

PROJECT APPRAISAL REPORT (PAR)

PO-ADD²-220-
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1. SUBJECT NO. 931-11-540-975		2. PAR FOR PERIOD 6/30/74 TO 6/1/75		3. COUNTRY Worldwide		4. PAR SERIAL NO. 69	
5. PROJECT TITLE Teaching Community Medicine and Public Health (Harvard)							
6. PROJECT DURATION: Begins FY 74 Ends FY 76		7. DATE LATEST PROP 3/11/75		8. DATE LATEST PIP		9. DATE PRIOR PAR None	
10. U.S. FUNDING		a. Cumulative Obligation Thru Prior FY: \$ 151,555		b. Current FY Estimated Budget: \$ 162,000		c. Estimated Budget to completion After Current FY: \$ 0	
11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)							
a. NAME Harvard University - Boston				b. CONTRACT, PASA OR VOL. AG. NO. AID/csd-3613			

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

A. ACTION (X)		B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W/ MOST		
X	X	Check out schedule of AID Evaluation courses and notify Harvard.	7/1/75
	X	Get copy of short statement of Harvard Teaching Course and distribute to Ladenheim, Brackett, Heilman, etc.	7/15/75
	X	Harvard to make their work known to IBRD, Regional Banks, Canadian aid groups, TA/EHR, TA/N, MEDEX and other TAB contractors.	12/31/75
	X	Revise present manual and prepare simplified version for lower level personnel.	12/31/76
	X	Develop simulations for teaching of illiterates (ex. indigenous midwives).	To be determined
X		Eliminate output indicator number 5 as being impossible to measure within time frame of contract.	8/1/75
X		AID Research Abstracts - Inclusion of Harvard Project.	10/1/75

D. REPLACING REQUIRES

REVISED OR NEW



PROP



PIP



PRO AG



PIO/T



PIO/C



PIO/P

E. DATE OF MISSION REVIEW

PROJECT MANAGER: TYPED NAME, SIGNATURE, INITIALS AND DATE

Lloyd Florio, M.D.

MISSION DIRECTOR: TYPED NAME, SIGNATURE, INITIALS AND DATE

Lee M. Howard, M.D.

III. Standard/Key Questions:

A. Project Inputs

1. Are key inputs being supplied according to plan by:
(a) AID, (b) action agent, (c) cooperating countries,
(d) multilateral organizations, and/or (e) other donors?

YES

2. Are assumptions regarding the supply of inputs still valid?

YES

3. Rate performance of action agent(s) against plan:

OUTSTANDING

Comment: The program is not only on schedule, but, the product is being received with much enthusiasm. The demands for participation in the program have overtaken the budget and are overtaking the ability of the limited Harvard staff to provide the services requested. Examples are Nepal, and expressions of interest from Gabon, Jordan, Iran, Egypt and the Sudan and in the U.S. Association of Teachers of Preventive Medicine. The need in the Middle East and parts of Africa can possibly be met by AUB as a Harvard subcenter.

Even at this early point in the field testing of the project, it has become quite evident as to what revisions in the manual will be necessary, even though more time and experience will be required to refine the details of the revisions. These revisions include clarification and simplification. It is probably that another manual will need to be prepared for the use of individuals with a lower level of education and expertise.

The staff is extremely well accepted. The product is excellent and both AID/W and Harvard have badly underestimated the need and demand for this type of training.

B. Transformation of Inputs into Outputs

4. Given the answers above, i.e., progress to date in supplying inputs, changes in assumptions, etc., is the management hypothesis that the totality of the resources applied to the project will be sufficient to produce the predetermined outputs by the specified target dates still valid?

YES

5. Is the approach or course of action originally selected, i.e., project design and/or methodology, still the most appropriate?

YES

C. Project Outputs

6. List the output indicators, their planned targets, and the actual performance achieved for each during the period under review.

a. Was actual performance less than planned target?

NO

b. What changes, if any, are necessary in outputs, output indicators, target dates, and assumptions? Are they reflected in attached matrix?

YES

Comment: The output indicator originally included to the effect that the project should evaluate the service elements to access impact on improved delivery systems is unrealistic within the time frame of this contract and has therefore been eliminated in the attached matrix.

c. Do action agents reports provide adequate progress data for monitoring and analysis?

YES

D. Project Purpose

7. Give statement of purpose as currently conceived if different from attached matrix.

a. Is it same as in PROP?

YES

b. Same or consistent with contract/PASA/grant?

YES

8. List conditions which will exist when above purpose is achieved--if different from those in attached matrix--or at any other particular point in project implementation, and cite or refer to evidence to date of progress towards conditions (EOPS).

DO NOT DIFFER

9. Are critical assumptions for achieving purpose still valid?

YES

10. Is the development hypothesis that the aggregate production of outputs will lead to the creation of a set of conditions at the end of project, i.e., achievement of project purpose, still valid?

YES

Is the rationale as stated in the PROP still sound?

YES

E. Program Goal

11. Give statement or programming goal--if different from attached matrix--and/or key problem area addressed.

Is it same as in PROP?

YES

12. Does achievement of project purpose--in relation to other sector or KPA activity--still have the same priority and significance in contributing to the programming goal?

YES

Comment: If affordable health delivery systems are in fact to succeed in the LDC's, one of the most important objectives will be the training of lower level personnel to deliver such services, for any scheme based on highly trained personnel in the western sense is doomed to failure. The teaching and training of this huge cadre of deliverers of service becomes a matter of prime importance, therefore. The teachers are frequently trained and indoctrinated in western methodology and concepts and tend to teach in the patterns they have been taught. This is not only inappropriate, but, it is ineffective in the settings in which health services must be delivered. This project forces an analysis of the situation, requires a job analysis as well as a consideration of the abilities of the deliverers of service in the settings in which services will be given. Consequently, the courses taught and the practical training required will be appropriate to the conditions, diseases, finances, practicability, etc. of the particular LDC environment.

13. Are assumptions for achieving goal and measures of goal achievement still valid?

YES

Are they reflected in attached matrix?

YES

- 14. If appropriate, comment on project interactions with:
 - (a) other interregional, regional or mission GTS projects;
 - (b) 211(d) institutional grants; (c) interregional or mission research projects; and (d) other U.S. Government agencies.

COMMENT: Harvard has already made certain contacts in order to "spread the gospel". Such as WHO, PAHO, SIDA (Sweden), U.S. and foreign universities (example: Beersheba and American University of Beirut and certain Latin American institutions). However, as a result of the PAR review, it is evident that much more can and should be done and some indications of further interactions are given on the face sheet.

Additional Comments not Covered in Proceeding Material:

1. Attitudinal development needs a more careful look. Because of the authoritarian experience of LDC teachers "human" support will be more vital than for American teachers. Some hand holding will be necessary for awhile
2. It is now important to take the course at Harvard before attempting to develop a program in the field. AUB has had enough experience, however, to act as a "branch" of Harvard in teaching. The requirement for prior training at Harvard will gradually disappear however.
3. Many translations of the material will be required, but, with the exception of spanish and french which are already underway this must be done locally.
4. Harvard has now developed a center for Educational Development in Health. This includes the colleges of Education, Medicine, Denistry and Public Health. This group will enhance the program that has been developed in the School of Public Health as represented in this project.
5. Harvard will take all health professionals for the course in Boston including osteopaths. While the project is designed to teach teachers how to teach biological subjects (Medicine, dentistry, public health, etc.), its general principles are applicable to other disciplines.
6. In a seperate contract (non-AID), Dr. Segall, the Director of this program, has been working with the University in Beersheba (Israel) on a new medical curriculum involving the Harvard methodology. This needs watching, for some interesting results may be forthcoming about which it is premature to talk at present.

PAR Committee:

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