EVALUATION REPORT ON AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT (UNC - AID/CM/pha - C 73-33)

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During The Period:

JANUARY 12 through JANUARY 30, 1976

Under The Auspices Of:

AMERICAN PUBLIC HEALTH ASSOCIATION

In Agreement With The:

U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT

AUTHORIZATION:
AID/pha/C-1100
Ltr. POP/FPS 11/25/76
APHA Assgn. 1100-024

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ABBREVIATIONS

UNC-CH	University of North Carolina at Chapel Hill
CPC	Carolina Population Center
AAMC	Association of American Medical Colleges
AID	Agency for International Development
AHTIP	African Health Training Institutions Project
AMSA	Association of Medical Schools in Africa
HTI	Health Training Institution
SI	Self Instructional
WHO	World Health Organization
SFRA	Sudan Fertility Research Association
MOH	Ministry of Health

EVALUATION REPORT
AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT

I. SITUATION AND BACKGROUND

A. Background.

The University of North Carolina at Chapel Hill (UNC-CH) has fathered a number of population and family planning activities, several of which have come to work internationally. In 1966, the Carolina Population Center (CPC) was founded and drew together some of these activities and further integrated them with a wide range of academic and administrative resources at the University. Among the specialist bodies at UNC is an Office of Medical Studies. This office is an academic unit attached to the Dean's office of the School of Medicine. Its basic mission is to assist the faculty in analyzing, developing and improving ongoing and new instructional programs. The staff includes educational psychologists, instructional evaluators and designers, who work with individual instructors, course committees, and/or departmental faculty groups.

In 1971 the Association of American Medical Colleges (AAMC), using an Agency for International Development (AID) grant, organized a meeting in Kampala, Uganda, on the teaching and practice of family health, and followed it over the next 18 months with local seminars on the same topic in Accra, Benghasi, Nairobi and Dakar. These meetings were organized on behalf of AAMC by Mr. Jack Swartwood, M.P.H. Among the resources he called upon to support this work were the skills of the Office of Medical Studies at UNC. At the same time CPC also executed small pilot studies in family health at African Universities using another AID grant. The network of African leadership built up at this time, formally and informally, supported the continuation and expansion of the initiative that had been taken in the teaching and practice of Family Health.

It was logical, then, that during the course of 1972 the Bureau of Population and Humanitarian Assistance (PHA) of AID selected CPC to assist in carrying forward the important but sensitive next step of their work in Africa.

A contract (AID/CM/pha-C-73-33) was signed for an estimated $3,237,840 for the Fiscal Years 1973-1978 beginning July 1, 1973.

The philosophy behind the contract was to promote interest and action in the field of family planning among African health professionals, in the broad context of family health. During the course of the project, the concept of family health has come to be defined as:

> "The family, as a basic social unit, considerably influences the health of man, and because of the multiple biologic, social and economic interdependencies through which it exerts these influences, it deserves special study.
>
> Family health has as its ultimate goal the successful adaptation of families to their total environment through the delivery of health services by a health team of the family as a unit. It is concerned with the different aspects of the environment: the biologic, physical, social, and economic, taking into consideration the various types of family and the phases of family life. Thus, individual family members and their needs are considered in the light of their family roles, and full advantage is taken of the opportunities provided by the family structure for more effective promotive, preventive, and curative care.
>
> Major family health concerns in developing countries are the reproductive process, child rearing, nutrition, infectious diseases, health education and environmental hygiene.
>
> The goals of family health can best be achieved by giving due consideration to the community in which the family exists, including participation of communities in the planning, implementation, and evaluation of services delivered as an essential component." (Working Groups on Medical Curriculum In Family Health, December 1975, Chapel Hill.)

The Project, entitled the African Health Training Institutions Project (AHTIP), required coordinated

activities by several professional groups and organizations in America and Africa; i.e. 1) The Association of American Medical Colleges (AAMC), 2) The Association of Medical Schools in Africa (AMSA), and 3) African and American Health Training Institutions (HTIs)

The work was to be achieved by holding seminars and conferences, creating teaching materials (including self instructional (SI) materials), circulating publications, and, through a program of consultant visits to Africa and fellowships for Africans.

AMSA formally endorsed the project during their General Assembly, June, 1974, in Alexandria, and "welcomed the fact that the Project is now ready to go into the implementation stages", encouraging member medical schools to participate in the activities.

The first director of the Project was Richmond Anderson, MD, PhD, who began work in July, 1973, and remained until July, 1975 when he joined the IFR Program. A Deputy Director, Merrel Flair, Ph.D., was also appointed and continues in the post which he combines with Directorship of the UNC School of Medicine's Office of Medical Studies. One other Office of Medical Studies staff member, Acting Director James Lea, Ph.D., and a number of other educational specialists also work with AHTIP on a part-time basis. Mr. Jack Swartwood began working with AHTIP on a 40 percent time basis in July, 1973, and transferred as full-time Administrative Associate in July, 1975. In January, 1976 he was appointed Assistant Director, becoming the senior full-time person of the Project at the time of the evaluation. Jean Martin, MD, DTM, a public health physician with working experience in both franco- and anglophone African countries, was appointed Field Director early in 1974 and worked out of Yaounde, Cameroon. At the end of April, 1976, he will take up a public health post in his native country, Switzerland. At the time of the evaluation, candidates were being interviewed for the posts of Director, Field Director and two other junior staff appointments. Any reconsideration of goals which arises as a result of this evaluation will be relevant to the appointment of this new leadership.

A number of specific objectives, for the interval July 1, 1973 through December 31, 1975 are stated in the AID

contract. The project staff have evaluated their own work as it progressed. In February, 1975, a three-day evaluation meeting of representatives from AID, AAMC, CPC, AHTIP and the AHTIP Advisory Committee was held in Quail Roost, North Carolina. It confirmed the original aims, saw a need to concentrate effort on institutions "which have demonstrated readiness to move ahead on their own", endorsed the need for a Field Office to "be continued throughout the life of the Project", identified the need for a "well prepared and experienced nurse/midwife", saw limited possibility for action in francophone African institutions, and commented upon the need for flexibility within the contract relating to the timing and format of seminars. The present evaluation was requested by AID and was conducted in December 1975/ January 1976. The contract AID/CM/pha-C-73-33 runs from July 1, 1973 to June 30, 1978 and therefore has now completed the first part of its lifetime.

B. Purpose Of The Evaluation.

The original contract was amended in late 1975, to permit a second internal evaluation in November, 1976. Goals for achievement in the internal July 1, 1976 until the Project ends were defined in the original contract and the present external evaluation report is relevant to sustaining, modifying or rejecting these objectives.

In the course of their work, the Evaluation Team reviewed the way in which money had been disbursed, but no financial audit was undertaken.

To the extent possible, the Team followed the Project Evaluation Guidelines (AID Document MO 10261) in developing their methodology. Following an initial review of AHTIP and discussions with the Chief of Manpower & Institutions, and AHTIP monitor in AID, in December 1975, the Team drew up the following list of questions concerning the past work and future potential of the project:

1. What are the major achievements and shortcomings of AHTIP?

2. Should the work be spread widely or concentrated in fewer areas?

3. How should the Project deal with HTIs in francophone countries?

4. What kinds of technical assistance do African HTIs require, with particular reference to Family Health/Family Planning curricular developments?

5. Are the SI-units being developed scientifically accurate and appropriate for African Schools? Do African HTIs view self-instructional units as valuable teaching tools? Are there more efficient ways to integrate these topics into curriculum?

6. Can these units eventually form a comprehensive curriculum in "Health and Fertility Care" to cover preventive medicine, epidemiology of human reproduction, reproductive physiology, techniques of family limitation and reproductive care as it relates to Maternal and Child Health and Nutrition?

7. Do African HTIs see the George Washington Population Reports regularly, and if so do they find the material useful? Can this and other AID funded programs be used to update self-instructional units and support in other appropriate ways AHTIP?

8. In the future, can all or most of the project work be transferred directly to AMSA? Would it be feasible to invite the support of additional donor agencies to support HTI work in family health?

C. Methodology.

The Team met with AHTIP and UNC-CH in Chapel Hill, and with representatives of African HTIs in Ghana, Egypt, Nigeria, Sudan and Kenya (Appendix A). In order to extend the coverage of the evaluation, members of the Team entered into correspondence with eight HTI leaders in six African countries and posed a number of questions for their review. (Appendix B)

The aims of the project include "increasing the capability of health professionals", "upgrading" and training, and "influencing" curricula development. All these general

objectives are of a qualitative, non-service nature. Therefore it was particularly valuable that two members of the Team were able to attend part of the Medical Curriculum Conference in Chapel Hill (December 1st - 12th, 1975), which included representatives from eight African countries and the national Seminar/Workshop on Teaching of Family Health at the Faculty of Medicine, University of Khartoum (10th to 15th January 1976), representing the departments of Social and Preventive Medicine and including participants from the Ministry of Health and the Nursing College, Khartoum.

The Project Design Summary used at the AHTIP February, 1975 Evaluation meeting posed a number of quantitive measures of the Project's goals, including "measurable reduction" in fertility and infant mortality. Objectively verifiable indicators of the end of project status included:

1) "50% of HTIs in Africa sent representatives to teaching institutes, conferences, seminars or workshops in 1978.

2) At least 55 HTIs request assistance in establishing FP/MCH material in their curricula by 1978.

3) FP/MCH curricula established in 21 medical schools, and 34 nursing/midwifery and allied HTIs by 1978.

4) A minimum of one faculty member in each HTI integrating FP/MCH material will have specialized training in FP/MCH by 1978."

An accelerating schedule of activities is visualized and tabulated.

An allied evaluation by Mrs. Judith Rook, of AHTIP, was conducted in December 1975 with particular reference to the nursing aspects of the program and has been reported separately.

II. FINDINGS AND RECOMMENDATIONS

A. Program Goal.

The primary goal of AHTIP is to ensure that family planning, in the context of family health, becomes an accepted part of training at African HTIs, in order to ensure that all levels of health personnel involved in MCH and Family Health are familiar with and identify with family planning and play an optimal role in the availability of services.

B. Project Purposes.

The end purpose of the project is to ensure that personnel trained at African HTIs provide effective and appropriate family planning services in all MCH facilities. Objectively verifiable indicators of the final goal should include:

1) Inclusion of family planning and nutrition of infant and mother in the context of family health in the curricula of African HTIs.

2) The presence of faculty members trained in family planning teaching, as an integral part of MCH.

3) Availability of appropriate teaching materials.

4) Creative use of successful experience in family health teaching by HTIs already advanced in this subject in influencing more conservative schools.

5) Maximum transfer of technical skills to Africa necessary to sustain and further build up curricular and allied teaching techniques.

6) The demonstrable improvement of family planning services in localities selected for the most intensive inputs.

The contract foresees achievements in a five-year time frame, of which just over half has already expired. In the

current evaluation, the Team concentrated on the first four achievement criteria.

The scale of the project is insufficient to have a pan-African effect and the Team accepts as self evident that the project will have to concentrate on selected localities, although even to fulfill short-term goals we assume that all categories of HTIs - physician, nurse, midwife, and health auxiliary training schools - need to be included.

The Team has used largely qualitative measures to verify the achievement, or no-achievement, of the end-of-project conditions. These have been evaluated in terms of the investment made and also attempt to take into account the political and cultural constraints within which AHTIP had to conduct its work.

There are a number of very significant cultural and political pressures behind the project and these even make the definition of goals and analysis of achievements difficult. At the initiation of the project, AID adopted a family health emphasis, partly because a direct approach to family planning seemed blocked. This sensitivity to the perceptions of many African leaders has proven popular on the continent. Comments heard included "It is a sign of changing AID attitudes to population control" (Pediatric specialist) and "Previously, it was not possible to get AID money, unless for population control" (Obstetrician).

Dr. Jean Martin has contributed a thoughtful analysis based on two years experience of the problems and opportunities for technical assistance in family health and family planning in Africa. He feels that family planning <u>per se</u> has been an over-exposed subject of which leadership groups on the continent have become antagonistic. Yet in practice, family planning continues to become increasingly available in most countries. Indeed, there is sometimes little difference between the availability of family planning services in countries with or without national family planning policies. Martin sees the prime need as one of commitment by those providing the services. He says, "The key factor lies with attitudes. As long as attitudes have not been modified through appropriate in-depth action, the injection of technical know-how (or

contraceptive supplies for that matter) will achieve little".

In a sense, the policy decisions facing AHTIP are a microcosm of the issues that arose at the Bucharest World Population Conference. AHTIP, like that Conference, has fitted family planning into a broader health context.

The Team observed that AHTIP has gained credibility for itself in those places where it has become well-known and understood. This is a positive achievement. Again, to quote Martin, ".... in a field like education, not many outside individuals/agencies are considered valid interlocators nowadays in tropical Africa".

However, the problem remains should the end-of-project status simply be the acceptance of the family health concept by African HTIs, or should it be defined more strictly in family planning terms characteristic of AID-supported programs on other continents? What if enthusiasm for family health results in diffusion of efforts related to family planning and population?

The problem is a real one and central to evaluating AHTIP. Family planning has generated great enthusiasm in some professional groups for the reason that it has so many social, individual, health and economic benefits. Therefore, the effort to link its progress, particularly in medical education, to the broad concept of family health is in one sense unexceptional. In another sense, such broadening may be dangerous because it gives those who are opposed to family planning a camouflage behind which they can see funds, originally earmarked for family planning, used for non-family planning purposes. The problem is particularly important because, in general terms, those opposed to family planning also tend to be hierarchical in medical terms, reluctant to delegate what they believe to be physician duties to auxiliaries, and feel most at home practicing curative medicine in Western-type hospitals. In this latter situation, a Family Health/MCH emphasis can even be used to exclude the possibility of vigorous family planning programs, both inside and outside health projects. By contrast, those who support the maximum responsibilities for auxiliaries in all aspects of medical care, and who promote the preventive aspects of pediatrics and maternity care, fully and sincerely encompass family planning in everything they do

and support its availability outside purely health projects.

C. Answers And Recommendations Concerning Past Work And Future Potential.

1. What Are The Main Achievements and Shortcomings Of AHTIP?

The AID-UNC contract begins by citing the need "To establish and/or increase the capability among health professionals (in selected African countries) to provide family planning services in addition to Maternal Child Health services already provided". This clause has not been met in a direct way. The AHTIP staff have consciously combined it with the second item in the contract, namely "To stimulate recognition on the parts of deans and directors of Health Training Institutions (HTIs) that family planning.....is a proper and significant component of professional education and health services."

Among the leaders of African HTIs with whom the Team met, the majority understood and supported the need for family planning and nearly all recognized the role of trained auxiliary workers in health care. A minority were openly opposed to family planning, but we feel their inclusion in AHTIP's work has been an essential prerequisite for developing a realistic strategy of curricular reorientation.

However, the question remains, whether AHTIP's emphasis on family health has been so strong that it has significantly altered the direction of the original contract. Certainly, the balance of political and cultural pressures operating on AHTIP has been and remain difficult to control. Any broad based family planning project can all too easily lose direction; yet overemphasis in the opposite direction, for example in the field of contraceptive distribution, will be castigated as an "unipurpose" program "doomed to failure".

Overall, we feel the project sidestepped some of the major pitfalls that stood in its path. But while it has successfully avoided doing the things it ought not to have done, it has left undone some things it might have done. There has been a lack of vigour in pressing toward the specific family planning goals set out in the original

contract. The teaching now instituted does not relate sufficiently close to the current or foreseeable family planning service programs. These comments are not intended to override political difficulties facing the project (as, for example, outlined by Jean Martin), or to reduce the family health component of the project to a mere facade. Surefooted leadership was necessary for the very reason that it is difficult to find ways around the obstacles that confront family planning in Africa.

To have been more successful the Project would have required two qualities that it never really attained. First, a pattern of trust needed to be established between the donors, grantees and foreign recipients. Secondly, an individual or group was required to give and sustain clear policy direction to the grantee's work. In the case of AHTIP, there has been a small but noticeable uncertainty in the relationship between AID and the grantee during the more recent phases of the program. Conversely, when the program was young, it was the African HTIs who were slightly distrustful of the work, although the credibility of the African end of the Project has been strengthened more recently. And where it has been possible to make the necessary input, AHTIP has established a good rapport with African HTI leaders. The strains in the relationships between the donor, grantee and recipients have not been greater than in many projects, and when they have arisen they have been mainly the result of shortcomings in the second area related to leadership.

The salaried staff of AHTIP have suffered from a number of problems; such as:

a) All the AHTIP staff in Chapel Hill at the present time are specialists in education. While they have become immersed in the technical aspects of their topic, it is difficult for them to have the foundation of understanding to recognize and respond to some of the major policy and political decisions demanded in a family health/family planning project. Currently, no person or group of people is available to manage their important skills in the most effective way.

b) For a number of reasons, the turnover of staff has been high, but the recruitment time has often

been extended.

c) Currently all the senior Chapel Hill staff but one divide their time between AHTIP and purely UNC-CH duties. While applauding the maximum use of specialist consultants, we wonder if a critical mass of skill and commitment exists in AHTIP Chapel Hill to drive the project forward as powerfully as desirable.

The existing Chapel Hill staff has done a satisfactory task organizationally, and their human relationships with the leaders of African medical education are good to excellent. They have also applied their technical educational skills. Nevertheless, in professional decisions relating to family planning and family health policies, they had to rely on the advice of others.

The AHTIP Chapel Hill staff are relatively small in number, which is of itself a good pattern of efficiency. They have the option of calling on consultants to deal with specific problems. We see no need for staff beyond the posts now filled or open for recruitment. Routine administrative matters are handled by CPC backed up by UNC-CH. An overhead of eight percent on all direct expenditures is charged by the University (D.A.). Most administrative matters have to fall in with the routines of this large state university. For example, an appointment to AHTIP staff involves setting up a University search committee, which shortlists candidates from whom a committee of CPC makes a draft selection. This is reviewed by a federally required Affirmative Action Committee and then passed on for final University approval. The process may well take six or seven months and has continued in at least one case over one year. Given the small staff of AHTIP and its finite lifetime, these procedures are a senior impediment to the Project's progress.

It is a CPC requirement that the Project have a Technical Advisory Committee composed of individuals from outside both UNC-CH and CPC. In AHTIP's case the committee consists of US-professionals and one Nigerian national resident in Chapel Hill. It used to meet quarterly, but since Dr. Anderson's resignation the committee itself has requested to be consulted by telephone. (Representatives

of the Committee contributed to the Quail Roost internal evaluation of AHTIP). While useful, the technical advisory committee has not been close enough to the day-to-day work of AHTIP to provide the necessary guidance and leadership.

The contract requires a "consultative body of allied HTI's directors and faculty to advise on project activities. This body has been created and consists of eight physicians and nursing advisors and it has met on two occasions, once in Ghana and once in Nigeria.

AHTIP has organized a number of seminar/workshops (Appendix C). A significant part of the work conducted at this workshop has been to create SI units. The contract does not specify the type of teaching material to be developed, but requires AHTIP to "hold teaching techniques and materials development workshops". In practice two main types of teaching material have been developed: (1) Self Instructional units (SI), and (2) sample case histories. The development and use of Self Instructional units represents a considerable part of AHTIPs work and is considered separately under questions 5 and 6. The concept of sample case histories is a most recent happy addition and the Team sees them having the following advantages:

a) They teach attitudes as well as facts.

b) They teach decision making in the face of difficult problems.

c) They can be constructed so as to highlight the need for preventive as well as curative measures.

d) They can open discussion of economic and social factors relevant to family health.

e) They force interdisciplinary dialogue among teachers which in turn will affect the student's training.

f) They have a universality unattainable by self instructional units. The same case history can be used for physicians (who will be expected to make a diagnosis and offer a treatment) and for the most junior auxiliary (whose

ability to make a referral, or treat the patient himself can be sharpened and tested).

The Evaluation Team is not aware of any other teaching material being developed, such as audiovisual aids.

Following the contract, AHTIP has printed and distributed a bilingual newsletter (English/French) which is called RAPPORT. Six issues have appeared.

A system of awarding fellowships has been organized and a number of physicians and nurses from the African HTIs have been brought to the United States. We are not able to evaluate this program fully. Two persons who had been involved were consulted and we consider them appropriate to have been selected.

To some extent AHTIP has been overtaken by events. Since its inception, the non-clinical distribution of oral contraceptives has made rapid strides. An AID funded experiment in household distribution of pills is underway in one francophone North African country. The AID funded international project of the Association for Voluntary Sterilization, through a combination of introducing new technologies and exchanging experiences and ideas across frontiers is making a considerable impact on medical attitudes, including those in Africa. An African country, Tunisia, is hosting the third international sterilization meeting in February 1976. The International Fertility Research Program, which is also AID funded, has an ever expanding network of contracts with research workers in institutional departments. It has helped to found two national fertility research associations, some of the members of which overlap with those involved with AHTIP. Another AID project, at George Washington University, has grown rapidly and supplies a stream of up-to-date technical information which, while not supplanting AHTIP, provides one essential element in upgrading and reorienting family planning instruction.

In conclusion, the Team considers AHTIP has achieved certain goals and that some of the initiative it has gained can be further exploited. In other areas, however, the original objectives have not been fulfilled. Where failure has occurred, it has not been due to any professional

weakness in the UNC-staff who are specialized in educational technology, but due to poor management of their skills. Specific comments on a number of topics are reserved for questions 3 and 5. Question 8 suggests some new directions the project might want to take.

Recommendations.

a) Fill the vacant posts in UNC-CH and appoint a field director, taking into account the recommendations made elsewhere in this report.

b) Develop a closer relationship with the African consultative body and present them with the challenges that arise in the execution of the project.

c) The African Medical Student Association has demonstrated an enlightened understanding of family health/family planning issues in its international meeting held in Endu, Nigeria in 1974, and in the planning of the follow-up pan-African meeting to be held in 1976. It would be useful to consult with this group. The Secretariat rotates and the current President comes from Uganda.

d) Further develop sample illustrative cases as a teaching technique. (Also see question 8).

e) AHTIP should be aware of existing technical assistant programs in family health/family planning and establish liaison with such programs where appropriate. They should also pay particular attention to HTIs which have a relationship, or may develop such a relationship in the future, with service programs.

2. Should The Work Be Spread Widely Or Concentrated In Fewer Areas?

It was made clear to the Team in Nigeria, Ghana, Egypt and Kenya that the seminar/workshops run by AHTIP have been valuable to participants, but the

durability of their effect has been questioned in each place. There has been insufficient possibility of reinforcement. The staff strength, nationally and internationally, is limited and must concentrate its efforts in relatively few centers.

We recommend a strategy to select appropriate centers in which to invest AHTIP skills. It may be preferable to concentrate on those countries in Africa in which the present level of awareness of the need for family planning and family health activities has been demonstrated to be consistently high. In some countries, where national family planning and population activities have been enounciated, the health establishment is beginning to train itself to play a role in family planning services. A major consideration, which can override other factors, must be the priority which is given to centers where an individual or group of professional workers has taken a demonstrable leadership in conceiving and implementing family health/family planning projects. Where necessary, programs may be worked on a separate discipline basis, as well as combined teams working across various departments.

The investment made by AHTIP is likely to be further strengthened if the centers selected are associated with, or likely to be associated with, field programs in family health and family planning.

In francophone countries, the evolution of opportunities is often one step behind that in English speaking countries. Nevertheless, the same principles apply of attempting to select a small number of localities with as many factors as possible favoring success.

Recommendations.

a) Select centers for AHTIP which exhibit a high level of awareness of family health/ family planning activities.

b) Select centers where an individual or group has demonstrated a capacity to take leadership in the field of family health/family planning.

c) AHTIP should use its resources so that an adequate follow-up of seminars and other activities is possible.

d) AHTIP should be alert to the possibility of linking curricula development and new teaching devices to ongoing and projected field projects in family health and family planning.

3. How Should The Project Deal With The HTIs In Francophone Countries?

Approximately one-third of the population of Africa live in francophone countries; i.e., over 100 million people. Except for Gabon and some parts of Cameroon, birth rates are exceedingly high. While discussion of family planning in the isolated population context remains controversial and counterproductive, family planning in the context of family health is acceptable. It may be expected that the dramatic changes in attitude and legislation that have occurred in France in the 1970s will be watched carefully and are likely to have an influence in the francophone countries. It should be noted that Tunisia is the most advanced African country with respect to population policies and realistic access to the widest range of means to control fertility. A spectacular drop in the birth rate over the last three years will be linked, by many observing African countries, with the bold policies which Tunisia has promulgated with considerable intensity over the last few years. The recent evolution in Tunisia and France may be considered as a signal prelude to change in many other francophone countries.

For the past two years, the AHTIP field director was a French speaking physician stationed in Cameroon. His many efforts to make AHTIP philosophy unmistakably understood in francophone countries are commendable and have begun to establish a credible base for future action. However, the only concerted AHTIP effort has been one workshop/seminar for midwives in Dakar, grouping invitees from seven francophone countries. If this long drawn out investment is not to be lost, it must be followed up in 1976 in Dakar and other selected places in francophone Africa.

The Team recognizes the limitation of resources open to AHTIP and therefore recommends that, both to strengthen activities in francophone Africa at the political level and to expand the total available resources, the possibility of cooperation with institutions in France, Canada and Switzerland should be explored. It should be noted that AHTIP has contacts with the Rockefeller Foundation to support faculty fellowships at Rennes Ecole Nationale de Santé Publique. The Team feels that the start AID has heralded in the teaching of family health/family planning is creative, non-political and non-controversial and should be acceptable to other donors.

Recommendations.

a) Exploratory talks should be undertaken with the French Government Cooperation Technique d'Outre Mer, Canada's international assistance organizations (CIDA & IRDC), and Swissaid to test the possibility of additional support for technical assistance related to the training of health care personnel in francophone African institutions, to build on and expand the work begun by AHTIP.

4. What Kinds Of Technical Assistance Do African HTIs Require With Particular Reference To Family Health/ Family Planning Curricular Development?

Some of the oldest medical schools in the world, as well as some of the newest, are in Africa. As in other continents, teaching has been traditionally by lecture, but currently there is an interest in a wider use of SI units and other teaching aids. New medical schools are being founded and existing schools are often expanding and sometimes attempting to handle uniquely large numbers of students.

There is an awareness in many, but not all, schools that the teaching of hospital based, largely curative medical care, as was introduced in colonial times and further reinforced by the first generations of African teachers, is not meeting the needs of the countries concerned. Yet, even where this appreciation is

strongest, it can be difficult to alter curricula, because of the momentum of the present system and the pressure of immediate problems. Therefore, in the Team's opinion there is scope for external support to be offered to those members of the medical faculty who see the need to drive in new directions. The availability of such assistance, in turn, strengthens the hands of those wishing to develop new curricula, and there are opportunities to accelerate the adoption of family health/family planning concepts in medical schools.

Inevitably, the requests which are generated for technical assistance in health teaching tend to reflect the administrative strength of African ATHs. Traditionally, medical schools have taken a large proportion of health budgets in Africa, often absorbing talent and money disproportionately to the sector of the population served. Therefore, international assistance in the health care field has an obligation to give particular attention to the training and use of non-doctor health personnel. AHTIP has been led to support the strong without sufficiently strengthening the weak. This is a particularly important problem, because the greatest potential for some of the technology offered may well lie in training auxiliary workers.

We recognize that the political will to develop auxiliary training is often dependent upon the attitudes of the already influential medical school. Some of the individuals involved in AHTIPs work have a keen awareness of the need for auxiliary workers and, for example, in the Sudan such leaders are in a position to influence the training and use of auxiliary personnel. However, the need to provide technical assistance to the 200 or more HTIs working with non-doctor personnel is so great that we feel our final judgment must be that the start which has been made was commendable in its philosophy, but protracted in its execution. It is important to note some types of innovative work already carried out in training and supervising health auxiliaries, as in Tanzania, have to date remained totally unexploited by AHTIP.

In the opinion of the Team, the technical skills in developing and introducing teaching materials are of

a type that can, and in principle should, be transferred to Africa during the second phase of any project. They involve trained personnel, who need to know and be trusted by the teachers with whom they work. There is a minimal need for equipment, other than secretarial assistance. The problem of relating the Project to an appropriate African institution, or institutions, is discussed under question 8.

The technical assistance which AHTIP has provided, and which it could provide in the future, is applicable to all aspects of teaching in health care in training institutions - from pharmacology and village water supplies to psychiatry and well-baby clinics. Some SI units, from outside AHTIP are being developed in preclinical medical courses, for example in Kenya. (Ongoing work in the Anatomy department is related to work in U.S. universities.) We see this as a potential advantage in gaining additional support for the Project.

Recommendations.

a) The next stage of the project should pay considerably greater attention to strengthening the centers of auxiliary training in selected anglophone countries and the need to initiate the same process of change and support in francophone nations.

b) Transfer the relevant technical skills from UNC-CH to Africa, with AHTIP staff remaining as consultants to the project during, and for a suitable interval after, any transfer of activities in Africa.

c) AHTIP and AID should recognize that the skills developed in the project are relevant to a wider range of disciplines than family health and where possible, should use this fact as an inducement to widen the funding base for the next phase of the Project.

5a Are The SI Units Being Developed Scientifically Accurate And Appropriate For African Schools?

A wide sample of SI material was reviewed and the topic discussed with AHTIP staff and African teachers. The contract required AHTIP to "Produce, test, revise and distribute on an initial basis (June 30, 1973 to December 31, 1975) approximately 165 SI units of up to one hour's duration".

To date, 52 medical units have been accepted although only four have been completed, including the all important practical tests with students. Ninety-five nursing units have been "tentatively accepted" and a number completed. The geographical spread covered by AHTIP workshops and requests for 51 units, are summarized in Appendix C. Therefore, there is a modest short fall in production volume and a somewhat greater slippage of the production schedule. Over half the medical units and one third of the nursing units relate to family planning, and we view this balance as a reasonable one. No SI units have been created in, or translated into, French.

Some aspects of the Self Instructional manuals relating to family planning are disappointing in content and philosophy. At times the work is an unhappy combination of the family planning perspective present in a highly urbanized, well-educated American community and the slightly unthinking copying from out-of-date textbooks which characterized the training of developing country family planning workers in the 1950s and 1960s. Consequently, although offered by Africans, some of the instructional material, especially in the field of contraceptive practice, lacks expert guidance and falls outside the social realities, as well as the logistic possibility for services present in many African communities. The MCH aspects of the SI units are more satisfactory, and some are particularly good.

In some respects the approach of the SI units is disappointingly unimaginative. For example, in a society of high fertility, it could have been useful to compare the action of the Pill to that of pregnancy

or prolonged lactation, building on existing knowledge in a positive way. The traditional methods of contraception (particularly coitus interruptus in Moslem communities) deserved something other than the flippant uninformed approach which has been adopted since they represent a stepping stone to more sophisticated methods. Conversely, it is doubtful that the diaphragm (and certainly the cervical cap) is going to be used at all. They might be omitted altogether. The rhythm method also has little place. If it is to be described, it should be put over in sufficient detail that it can be used. One draft manual says "avoid intercourse two days prior to the chance of ovulation". This is not useful instruction.

Factually, and in their emphasis, the information on certain technical aspects is weak. An unreliable mythology about coitus interruptus is repeated more than once. The data on condoms comes from a rather nonrepresentative selection of sources. There are editorial weaknesses in dealing with contraceptive options. Some of the IUDs included have little use, particularly in Africa, and at least one has been withdrawn altogether. A policy should have been set of giving priority to commodities available in national programs, and particularly to those supplied by AID.

There could have been a more thoughtful use of illustrations. Rather than having a gratuitous illustration of a happy family, in, for example, An Introduction to Family Planning, Contraception and the IUD, bar charts of maternal and infant mortality relating to pregnancy spacing could have been used.

There is a lack of internal consistency between the manuals. For example, the chance of abortion is variously said to be between one and fifteen percent of all pregnancies. Sometimes four explanations of IUD action are given and sometimes two.

Some additional technical inputs may be necessary in the first generation of SI units. More work could be done in ordering of the material, so as to put it into the most effective learning sequence. There may be opportunities for isolating the essential clinical

decisions that have to be taken somewhat more clearly. Flow diagrams of decision-making might be useful in some circumstances. Selective cases illustrating difficult problems should be considered as an addition to the course material.

As noted elsewhere, the project has been weak in leadership of a type technically informed and experienced in real life family planning programs. It is probably for this reason that the draft manuals fail to inculcate a philosophy, as much as actual facts. And the factual information is often presented mechanically, without an attempt to highlight difficult or key areas.

Basically, family planning consists of a simple series of procedures, with occasional individuals who appear to have some valid social or clinical reasons for avoiding practically every method of fertility regulation. Then difficult, imperfect choices have to be made. Students at all levels need to be trained in seeing these problems and in discussing situations where there are no clear cut or perfect answers. Some important questions are not faced at all. For example, when discussing intrauterine devices in an African context, it is essential to deal with the question of whether IUDs are to be inserted by doctors or by trained auxiliaries. While it can be impolitic to answer such a question directly, at least it must be posed. In any curricula development it is essential to ensure that the next generation of nurses and medical students understand and face problems of creative and responsible medical delegation. Equally, doctors and health workers must learn that they do not control all the variables in human fertility. Indeed, they often only influence relatively few. It would be creative in the African context to emphasize the potential value of the non-clinical distribution of condoms and pills. So far this area has not been covered.

Shortcomings also extend to one or two aspects of maternal and child care. There is insufficient emphasis on the disadvantages of breast feeding in a traditional society, and on the threat which artificial feeding carries to the actual life of an African child.

The balance between details about hormones and information necessary to understand the mechanics of suckling is bad. In a sentence, the potentially useful technique of self instruction is in danger of being used to perpetuate certain biases towards sophisticated hospital based medicine which Africa has inherited from Europe, and which is already so detrimental to the welfare of her people, rather than as a lever to introduce new and relevant ideas.

There are a number of actions which could have been taken to forestall some of the weaknesses in the design of instruction material, without destroying the valid policy of using African authors. Potential authors should have been supplied with a more thorough and carefully selected group of background papers. They would have welcomed such material, as it would have assisted them in the writing task. The review of first drafts should have been much more careful and have related the manuals to one another. The selection of people to carry out this review deserved more care than it was given. It would have been wise to check the content of material against the technical standards set by other programs (such as the AID supported Population Reports), or which were internationally accepted (such as the technical publications of the International Planned Parenthood Federation).

It probably would have been counterproductive to have suggested to authors that their work must conform to certain defined policies, but with a happier choice of background material and more thorough review in UNC-CH, a higher standard of publication could have been achieved without modifying the local flavor or destroying the needed and creative input of the selected African authors.

On the credit side, we recognize that AHTIP has taught the skill of constructing SI units to African teachers, and once it has been learned it can generate additional material without further investment. There is some evidence that additional SI material, outside the field of family health, but stiumlated by AHTIP, has been created. (There has also been a geographical spread of the SI concept with reports from Turkey,

Pakistan, India, Thailand, Lebanon, Indonesia and the Philippines.)

The Team feels that involvement by the African faculty in the production and development of new teaching materials increases the possibility that they will be incorporated into existing and new curricula. At the same time it does not seem to have been sufficiently appreciated that not all the units a center might use need be produced locally.

Recommendations.

a) Institute a review of all SI units now in draft form.

b) Ensure appropriate selection of background material for authors of future units.

c) Ensure close review of all units by consultants familiar with the social background and logistic problems underlying family health and family planning programs in Africa.

d) Key SI units to agreed policies and administrative frameworks likely to be met in the field and which can relate to other AID funded programs.

e) Pursue an active policy of offering units produced in one area to other localities, seeking where appropriate necessary local modification, advice and approval.

f) AHTIP should institute a process to ensure the revision and updating of existing SI units.

5b. Do African HTIs View Self Instructional Units As Valuable Teaching Tools?

Teaching is a complicated process, depending, among other things, on the quality of teacher, the background and talents of the pupil, and the selection and nature of the teaching materials. Educators recognize that poor teaching using a good technique will give poor results, and vice versa.

In relation to AHTIP, the Team found medical school teachers who were appreciative and aware of the usefulness of self instructional material. A more limited insight into auxiliary training schools suggested that perhaps they were less aware of the possibility of self instruction material, but as soon as it was understood the material was requested. African HTIs face rapid expansion and improved teaching materials have the potential of maintaining or improving teaching standards and at the same time handling increasing numbers of students.

Work at UNC-CH has demonstrated the effectiveness of SI material. The results of students using this material for certain courses was compared with the performance of the same students overall and in relation to the total pool of students taking National Board Examinations in the United States. (Stritter, F.T. Besford, H.J., Johnson, S.R. and Talbert, L.M. Documentation of the Effectiveness of Self Instructional Materials, Undated, duplicated paper.) Similar data does not exist for Africa.

Experience in curricula reform in the United States has shown the greatest impact to have occurred where new teaching materials were available to help implement any changes in the curricula. Therefore, we support the logic of the AHTIP program of creating teaching aids, and see them as an efficient way to integrate new curricula into African schools. At the same time, the Team also recognizes that family planning is a controversial subject - a controversy that is partially expressed by the slow evolution of medical attitudes. Consequently, while it is important to improve teaching techniques, it also is essential to avoid so strengthening the system that it becomes crystallized at an immature stage, blocking long term future developments.

No realistic budget appears to have been set aside to pay for the printing of SI units. Clearer policies need to be defined by the donor and UNC-CH. If the final result is creative, then there must be a way of producing it in the quantities needed. At a stage when curricula are being altered, it is probably

necessary for the donor to carry most of the costs of the first round, wide-scale use of materials.

Recommendations.

a) Publish and disseminate the data on the effectiveness of SI units from UNC-CH.

b) Explore the possibility of repeating the study using SI units developed by AHTIP in Africa.

c) Reallocate budgets so as to allow for the cost of printing and distributing the number of SI units necessary to launch their use in selected HTIs.

5c. Are There More Efficient Ways Than SI Units To Integrate Family Health Into The Curriculum?

The Evaluation Team appreciates the usefulness of SI units. If a streamlined system of production can be initiated, we recommend their continued production. Possibly some increase in efficiency can be obtained by seeking the assistance of national experts in one country to make whatever modifications are necessary to units produced in other African countries. (Also see question 5a, Recommendation e).

We are also impressed with the usefulness of creating sample case histories to illustrate and teach problems in family health. The creation of such materials requires interdisciplinary effort by teachers and it is a format capable of: (a) developing a positive philosophy among health care workers, (b) developing principles of team work, and (c) helping students deal with problems that do not fit comfortably into normal textbook teachings, but nevertheless all to commonly exist, and which require treatment or referral depending on the level of worker involved.

Recommendations.

a) AHTIP should exploit the usefulness of sample case histories.

b) AHTIP should encourage experiments in the use of a common series of sample case histories for the training of medical students and auxiliaries.

c) AHTIP should share experience with sample case histories with other training institutions and groups inside and outside Africa.

6. Can The SI Units Eventually Form A Comprehensive Curriculum In Health And Fertility Care To Cover Preventive Medicine, Edidemiology Of Human Reproduction, Reproductive Physiology, Techniques Of Family Limitation And Reproductive Care As It Relates To Maternal And Child Health And Nutrition?

In theory, SI units might come to form a complete population/family planning curriculum covering demography, population theory, reproductive physiology, techniques of fertility control and reproductive health care, as related to maternal and child health care and nutrition. In each area SI units, if adopted, could play a useful role, but it is unlikely to be an exclusive role.

SI is more useful in some areas, such as reproductive physiology, where a foundation of knowledge is necessary, than others, such as family planning, which is a simple subject where instilling common sense is more important than recalling facts. In practice, some disciplines will adopt SI as part of their teaching course and others will not. In medical schools individualism among teachers is marked, so an ad hoc approach is likely to remain appropriate for the foreseeable future.

7. Do African HTIs See The George Washington Population Reports Regularly, And If So, Do They Find The Material Useful? Can This And Other Aid-Funded Programs Be Used To Update Self Instructional Units And Support In Other Appropriate Ways The AHTIP?

There are still gaps in the distribution of Population Reports. "None of the George Washington

Population Reports are being mailed to me, or to members that are keen and interested in their data" reported a past Dean of a Medical School.

The response of African HTIs to the Reports vary from enthusiasm: "I find them (Population Reports) an excellent resource, and can hardly wait to look at them when they arrive. I have no way of knowing how wide the circulation is, but I think they need to be seen by as many teachers as possible" (Head, Department of Community Medicine) to finding some, but not all the Reports, useful.

There is every reason to relate the activities of George Washington University Medical Center, Department of Medical and Social Affairs and AHTIP. Both are AID-assisted programs.

Another source of technical information, which should not be overlooked, is contained in the medical publications of the International Planned Parenthood Federation. This material also has the advantage of carrying with it the imprint of an internationally representative medical committee and expert groups. Again, there should be cross-checking that all the individuals and institutions with whom AHTIP works receive the IPPF Medical Bulletin, the IPPF handbooks and other relevant materials. The IPPF Regional Office in Nairobi and the Central Office in London both have departments devoted to training. The IPPF is partially AID funded and, as a result of its international links in Europe as well as in Africa, is the strongest family planning organization in francophone countries.

We also see AHTIP assisting in enlarging the usefulness of the Population Reports in those areas where AHTIP has been active and has established credibility. It will help in gaining acceptance for the Population Reports, and blunt the criticism that is sometimes made of foreign assistance in relation to family planning and population, if those already attuned to and trusting one AID program can receive and help distribute the productions of another.

Briefly, Population Reports can be invaluable for teachers. They may be useful for the very ambitious

student, but to make a general impact on medical education the data they contain must be digested and put across to medical students and auxiliaries indirectly and by African teachers. We foresee a symbiotic relationship between Population Reports and AHTIP.

Recommendations.

a) Check AHTIPs mailing lists against those of the George Washington University, Department of Medical and Public Affairs.

b) AHTIP and George Washington University project staff should embark upon joint planning of whatever administrative procedures are necessary to secure the maximum mutual support of one another's programs.

c) Make relevant Population Reports available to individuals writing SI units or involved in creating sample case histories.

d) The Editorial staff of AHTIP, whose professional skills are in education, must familiarize themselves with Population Reports and check the technical information in the material they prepare against the published data.

e) As each Population Report is published, an effort should be made to check through and update teaching materials already prepared.

f) AHTIP staff should establish contact with the staff of IPPF Central Office in London and African Regional Office in Nairobi.

8. In The Future, Can All Or Most Of The Project Work Be Transferred Directly To Africa?

As noted previously (question 4) the Evaluation Team is of the opinion that technically much of the work of AHTIP can, and should, be transferred to Africa in the next two years, maintaining a consultant backup from Chapel Hill for as long as is appropriate. In

this question we review and make recommendations concerning the logistics of this transfer.

From the point of view of medical schools, AMSA had endorsed AHTIPs work and has greatly assisted in guiding and facilitating its progress. Hopefully, it will continue and actually increase its role in the future.

On the one hand, AMSA has the strength of being an indigenous and representative organization involving, or having the potential to involve, all developing countries in Africa (Appendix D). It has demonstrated a commitment and willingness to be involved in Family Health/Family Planning projects. AMSA also has the advantage that if support is forthcoming it could disseminate the teaching skills of AHTIP to other disciplines.

On the other hand, AMSA is a weak organization administratively. Currently, it's effectiveness depends on a few senior officers without an adequate secretariat to back them up, all of whom suffer from competing demands upon their time. AMSA acts as a liaison committee whose main function is to arrange an annual meeting hosted by one medical school for which the remaining schools support from their own budgets by underwriting the transportation costs for representatives. The secretariat rotates with the officers. The current President is Professor Almofti (Ain Shams University, Cairo, Egypt) and the Secretary is A. Grillo (Ife University, Ife, Nigeria). In some medical schools there is a lack of continuity in affairs relating to AMSA. It is unusual for a senior officer of the medical school to attend AMSA meetings, but common for such posts to rotate at relative short intervals, and information concerning AMSA is not always passed on within member medical schools.

AMSA requires new medical schools to be at least two years beyond the graduation of their first generation of medical students before they are eligible for full-fledged membership. AMSA wishes to watch the progress of a medical school before admitting it but it could be a channel of technical assistance from early in the life of the school.

From the point of view of providing an African base for AHTIP, AMSA has one major drawback. It is an association of established medical faculties and, while sympathetic to auxiliary training schools, it has no direct access to such training institutions.

There is no analogue to AMSA among non-doctor HTIs. However, the World Health Organization (WHO) has attempted to assist such training establishments and presents one possible channel through which outside donors might give technical assistance to such institutions on a pan-African basis. The need for a close working relationship between AHTIP and WHO was expressed by persons in Chapel Hill and Africa.

In our opinion AMSA would not wish to be, and should not be, asked to become the exclusive channel for AHTIP activities in Africa.

Recommendations.

a) AHTIP should maintain and strengthen liaison with AMSA and remain in constant readiness to incorporate all relevant activities within AMSA.

b) AHTIP should define and maintain its ability to support selected individuals and institutions (see question 2) directly, while informing AMSA and sharing whatever part of the work is possible.

c) AMSA should be invited to review the specific challenge presented by the possibility of channeling technical assistance to new medical schools.

d) If the load of work passing through AMSA becomes too great, then the project should work with AMSA to seek the necessary funding to enable AMSA to appoint an administrator and the necessary support staff to carry its share of the load arising from the work AHTIP will have started and has been able to transfer to AMSA.

e) AHTIP should construct a roster of HTIs involved in training non-doctor health personnel and establish contacts with the International Confederation of Midwives (which has also received AID support for actions in family health), The Federation International Obstetrics et Gynaecology (FIGO), and other organizations with a concern for auxiliary training.

9. Would It Be Feasible To Invite The Support Of Additional Donor Agencies To Support HTI Work In Family Health?

To some extent, we feel that AHTIP has fallen between two stools. It has not entirely fulfilled the original intention of providing a politically acceptable way to increase the capability of family planning services in an MCH context. At the same time, some of its creative activities have gone beyond the clauses of the original contract and its ability to upgrade teaching skills is demonstrably useful beyond the confines of family health/family planning. At this point in reviewing AHTIPs progress, we feel it would be realistic to recognize these facts and to use them creatively. We feel the ability to offer technical assistance to help training institutions should be widened to all appropriate disciplines, and that such a project could be attractive to new national and international donor agencies.

Recommendations.

a) AID, having made the original valuable contribution, should now seek the support of sister agencies, define those activities which it wishes to continue to fund and endeavor to share the support of other activities with like-minded donors.

b) If it becomes appropriate, AMSA should be so strengthened that it can formulate and handle project proposals in the new wider field of interest. One full-time professional person with appropriate supporting staff may be necessary.

c) AMSA should be offered the assistance of an experienced consultant familiar with Africa to advise on managerial problems, on fund raising procedures, and calling of donor agency meetings, with particular reference to Scandinavia, United Kingdom, Netherlands, Canada, France and Switzerland.

d) The possibility of strengthening alternative channels of technical assistance to serve the same goals, but with particular reference to non-physician HTIs, should be vigourously pursued. The AMSA consultant, or another person should be available to give full-time support to such an enterprise. The aim should be to secure strong potentially self-sustaining activities in selected institutions, keeping in mind the long term need to extend AHTIP-type activities to francophone as well as anglophone countries.

e) Exploratory discussions should begin with WHO representatives in Geneva, Brazzaville and Alexandria.

f) In the short term, immediate action is to be taken in relation to:

   (a) <u>The next general assembly meeting of AMSA to be held in Accra in early April</u> 1976. Following an informal discussion with the President of AMSA, Prof. Almofty, Cairo, the possibility arises of both placing discussion of AHTIPs future on the agenda and preceeding the meeting with an informal discussion among selected AMSA representatives and individuals involved in, or related to, the AHTIP project, as well as some resource persons.

   (b) <u>The succession of the Field Director and other AHTIP staff appointments</u>. Recently AHTIPs progress has been hindered by the change-over of senior staff. But in

another way, it may be convenient that important appointments are pending. We appreciate the fact that certain decisions have been postponed to await this evaluation.

The unanimous opinion of those questioned in Africa, and one supported by the Team, is that the post should be maintained and upgraded and that the successor should be African. It would be valuable, but should not be a prerequisite of such an appointment, that the new Field Director be bilingual.

III. SUMMARY OF RECOMMENDATIONS

1. Renegotiate the second part of AHTIP contract (July 1, 1976 - July, 1978).

2. Ensure adequate management of the skills of educational technologists with special reference to:

   a) Concentrating assistance with sufficient intensity in selected localities to achieve worthwhile lasting results.

   b) Training health auxiliaries at African HTIs.

   c) In selecting HTIs for concentrated support, particular attention should be given to individuals with the leadership potential to exploit the techniques AHTIP has to offer.

3. Recognize that the skills developed by AHTIP are relevant to a wider range of disciplines than family health.

4. Integrate the specifically family health/family planning portions of AHTIP work with relevant ongoing field programs.

5. Endeavor to recruit additional developed country and international support, particularly in relation to the broader aspects of the work.

6. Assist in seeding a complimentary project in francophone Africa.

7. Accelerate the transfer of the necessary assistance skills to Africa.

8. Aim for self-sustained African activities as rapidly as possible.

9. Alter the emphasis in educational support by:

   a) Improving the scientific input, editing and illustrations of SI units.

b) Further developing and exploiting teaching through seminars based on carefully designed sample case histories.

c) Exploring additional teaching tools, with particular reference to training auxiliaries.

10. Appoint the new leadership of AHTIP for its second-half-life time in consonance with above objectives.

IV. REPORT OF SITE VISITS

A. EGYPT (January 7-12, 1976).

Egypt is a country with 38 million people where the rate of natural increase is still rising and is now above the two percent level. There has been a national family planning program for many years, but during the last two years a new sense of urgency has entered the program. During the site visit in Alexandria, Mme Sadat openly spoke-out about the problems of overpopulation and social progress.

The nine Egyptian Medical schools face a formidable problem, each handling hundreds to thousands of students. The number of nurses and auxiliary workers trained is not proportional to the large number of physicians produced. A seminar workshop for physicians was held in Alexandria in May, 1975. Self instructional units were produced, but various participants pointed out that there has been no follow-up. A second workshop is planned for nurse-midwives in Alexandria in February, 1976.

Discussions confirmed that there is a perceived need for AHTIP activities in Egypt. A formal request was made to the evaluator to establish a self instructional material unit in the Faculty of Medicine in Alexandria. A medical educational center has recently been established and the self-instructional unit would be part of this interdepartmental effort.

Prof. Massoud, immediate past dean of the Faculty of Medicine in Alexandria, is President of the Association of Medical Schools of the Mid-East (AMSME). This post and his involvement in AMSA have given him particularly useful insights into the international associations of medical schools and specific discussions concerning AMSA were held.

B. KENYA (January 16-21, 1976).

Kenya has one of the highest population growth rates in the world (33 - 35 per thousand). It has had a government commitment to family planning since 1966 and the current modest demographic goal, is to cut the population growth rate

to 3.25 percent by 1978 and to 2.8 percent by the year 2000. Forty six percent of the population is under the age of 16. National (27 percent of the total) and international assistance to family planning adds up to a budget of $36 million during the Five Year Plan, 1974-78. The main outlet for the government program is through 298 MCH/Family Planning clinics and 8 mobile teams. In the country as a whole, there are 8000 people for every physician and 3,400 per midwife.

Yet, in the words of one obstetric specialist, "there is very little awareness and interest in family planning and population and it was not taught to the present generation of doctors". Kenya therefore is a country urgently in need of new attitudes, curricula and family health teaching aids to provide greater realism about the need for family planning and the magnitude of the problems facing the country.

AHTIP ran a meeting for physicians in Nairobi in January, 1975, and another for nurses and midwives in September, 1974. A representative of the Nairobi Medical School attended the December, 1975 Chapel Hill meeting and Mrs. Kiereni, the Government's Chief Nursing Officer, is on AHTIPs Consultative Group on Nursing, Midwifery and Allied Health Personnel which met in Nairobi in July, 1975. A further AHTIP sponsored meeting may take place in Nairobi in the summer of 1976.

To date none of the teaching tools developed have been adopted and no curricula changes achieved, but Mr. Swartwood was following up on previous work in the country at the time of the evaluation visit.

It would have been exceptional to see massive evidence of success in a project of this type at this stage, although it should be noted that the country had a head start over many in that it was one of the sites of a pre-contract Chapel Hill related seminar in 1972 on the Teaching and Practice of Family Health. The recent Chapel Hill curricula development meeting had not had time to make an impact at the time of the site visit. (The possibility is being considered of presenting the results of the Chapel Hill work as a Faculty paper for discussion.)

In a way which has been unrelated to the project, family planning is already taught in the medical schools

and nursing colleges, although in a way which is occasionally off target. The remaining achievement criteria of AHTIP have been met very weakly. Only one medical faculty member has been trained in family planning teaching as an integral part of MCH and Nutrition. Two self instructional units have been prepared, but none have been tested with students and none are in use. These negative findings do not prove the project has failed in Kenya, but neither do they encourage a positive attitude towards the work completed.

Technically and politically a number of comments were forthcoming on the project, its nature and the problems faced in Kenya. The central political issue is seen as a struggle between those "who want to bulldoze through population" and those who are "genuinely interested in family health" by the former Dean of Medical Faculty.

Technically self instructional material is regarded by doctors as useful; both to assist in handling a heavy teaching load with few qualified staff who have to cover many subjects and to promote an integrated teaching course with other disciplines. SI material prepared in the USA was described by one teacher as "useless" because it involves too high a degree of specialization which is irrelevant to the tasks his staff have to undertake. The AHTIP use local writers, which is applauded. In the medical school a need for technical assistance is perceived with respect to: (1) financing production, (2) preparing visual aids, and (3) extra staff.

Those involved in training auxiliaries did not express a comparable enthusiasm. Whether this is because they had not been exposed to the material, or whether it was a judgment based on sound reasoning was difficult to decide. The Ministry of Health personnel with responsibility for training gave the impression of being self sufficient and did not identify any particular needs for technical assistance or money.

Some non-AHTIP but U.S. related skills in medical education came to light. An audio-visual expert is working in the medical school and one of the pre-clinical department heads was preparing a cycle of self instructional material in relation to an East Coast U.S. medical school.

The Kenya Government family planning program is a living illustration of the strengths and weaknesses of a family health approach to family planning. A budget of $36 million over five years has been set aside with the goal of averting 150,000 births. In order to meet this target 640,000 family planning acceptors must be recruited. As has been noted, the end point of the program is to achieve a theoretical decline of 0.25 percent of the population growth rate - a statistic that almost certainly lies within the inaccuracies of the national vital statistics and can never be proved or disproved. A simple division of the total program costs by family planning acceptors gives a figure of $56 for each acceptor recruited for one year and of $240 for each birth averted. The per capita income in Kenya (1972) is $165.

In summary, the Ministry of Health program is expensive and will not meet the basic needs of the rural population in Kenya. Analysis of 1974 statistics eminating from the MOH but set out in different way show that each clinic, on average, sees two new pill users every three days and inserts just an IUD a month.

In practice the major part of the investment is being put towards the MCH side of the equation. Twenty-seven health centers and eight nurse training schools will be built with the aim of training 400 State Enrolled Community Nurses and 42 State Registered Nurse Supervisors. (Incidentally, the training program has drawn on the skills of the Downstate, AID funded project in nurses, and not AHTIP.)

The investment on behalf of maternal and child health may well be totally justifiable of itself, but is beyond the scope of this evaluation. Certainly, we are completely unanimous in recognizing the need to improve MCH services in Kenya in every possible way. However, the government program has been partially or largely financed by certain donors, including AID, because of its family planning input.

There can be no doubt that the expected achievement of the government program could be fulfilled much more cheaply by the non doctor-non health route-of contraceptive distribution. (Currently the private enterprise distribution of condom supplies is 10,000 gross yearly or 14,000 users-assuming 100 condoms used per year. That is, profit services reach 28 percent as many people as the subsidized government services. Population Services International.)

It is difficult to avoid the conclusion that it would be more straight-forward to fund MCH projects on their own self-justifying grounds and to look more objectively at possible ways of meeting the fertility regulation needs of the community, going if necessary beyond and outside the narrow, physical and philosophical channels of the Ministry of Health. The MOH program does not encompass the surgical methods of fertility control. AHTIP could help introduce these necessary methods, but other more direct channels could be as cost effective, or more so in this field.

C. SUDAN (January 10-15, 1976).

The Sudan has an estimated population of just over 15 million people and a growth rate of 3.2 percent per year. There is low literacy, few doctors but a strong tradition of auxiliary health workers. The Government has not announced a population policy, but has recognized (1970) the economic implications of rapid population growth. There is an IPPF affiliate and a recently created Sudan Fertility Research Association (SFRA).

The site visit coincided with a workshop/seminar in the Medical Faculty of Khartoum University. Representatives of several disciplines came together to create sample case histories illustrating particular problems in family health and family planning. The faculty members involved appreciated the opportunity to work together and the material produced proved to be lively and likely to form the nucleus of a new and practicable concept in the syllabus. It is hoped that each major discipline involved will release one teaching session to build up a program of family health education. Representatives of auxiliary HTI's attended part of the seminar but need to have their self-confidence strengthened.

A new medical school is to be established in Wad Medani in the Gezira. It is in an area where there are already a number of auxiliary teaching schools. Important innovative possibilities are presented by this combination of circumstances which could shape a new breed of Sudanese health professionals to cope with Sudanese health problems. Priority is to be given to a practical approach to training "both doctors and auxiliaries to combat the prevailing endemic and epidemic diseases at a community level rather than exhausting

the humble budget in prestige specialist medicine in hospitals". The dean of Wad Medani and many other staff come from Khartoum University.

Recommendations:

a) The Khartoum - Medani axis is a site to be selected for intense AHTIP support and follow-up.

b) Progress in Khartoum - Medani should be regarded as a test case of the usefulness of the AHTIP and evaluation should be made within one year, if further guidance on the future of AHTIP is requested.

c) Develop illustrative case histories for nurse/ midwife as well as medical student training.

APPENDICES

NOTE: Additional background material and correspondence related to this report are available in the AID, Office of Population, Family Planning Services Division.

USA

Carolina Population Center (CPC), Chapel Hill

James Lee
Merril Flair
Jack Swartwood
Jean Martin
Frank T. Stritter
Tom Hall
Majorie L. Kupper
Jane W. May
Betty Cogswell

International Fertility Research Program (IFRP), Chapel Hill

Richmond Anderson
Elton Kessel

Agency for International Development (AID), Washington

Gerold Winfield
Constance Collins

Egypt

Ali Khogali, Regional Officer for Health Manpower Development, WHO-EMRO
Gamal E. Massoud, Immediate past Dean, Medical Faculty, and President AMSME.
Aly El-Heneidy, Dean Faculty of Medicine, Alexandria
Enaam Y. Abou-Youssef, Director Higher Institute of Nursing, Alex.
Nahid M. Kamel, Head, Public Health Department, Fac. Med. Alex.
Ali Almoufti, President, AMSA
Abdel-Moneim, M.A., Department of Paediatrics, Fac. Med. Alex.
Badawi, Abdel-Hamid, Chairman, Dept. of Ob/Gyn. Cairo Univ.
Dr. Taba, Director, Eastern Mediterranean Regional Office, WHO

Sudan

Ali Fadl, Dean Fac. of Medicine and Deputy Vice Chancellor, Khartoum
Nasr El Din Ahmed, Dean, Gezeira Faculty of Medicine, Wad Medani
Bashir Hamad, Ag. Head, Dept. Social and Prev. Medicine, Khartoum

A/Rahman El Tom, Dept. Social and Prev. Medicine Khartoum
Hamid Rushwan, Dept. Obstetrics and Gynaecology, Khartoum
A/Rhaman Kabbashi, Ministry of Health, Khartoum
Subhi El Hakeem, Director of Medical Training, Ministry of Health
Mike Cruit, USAID Khartoum.

Kenya

Joseph Mungai, Past Dean Faculty of Medicine, University of Nairobi
J.R.G. Mati, Chairman Ob/Gyn Dept., Kenyatta Hospital, Nairobi
Mrs. F. Otete, Ministry of Health, Nairobi
Wilson Okwenje, Training Officer, IPPF, Nairobi
Ibrahim Shiek, Programme Officer, IPPF, Nairobi
Tom Lyons, Population Officer, USAID, Nairobi
Javis Mungambi, Businessman, Nairobi
Medical students

Other Individuals

Habte Demessi, Chairman, Dept. of Paediatrics, Addis Ababa, Ethiopia
Ibaziako, P.A. Dept. Ob/Gyn University of Ibadan, Nigeria
Kimati, V.P. Chairman, Dept. Child Health, University of Dares Salaam, Tanzania
Boniface Nasah, Chairman Dept. Ob/Gyn UCHS, Yaounde, Cameroon
Ofosu-Amaah, Chairman, Dept. Community Medicine, University of Ghana Medical School, Accra, Ghana
Umaru Shehu, Director, Institute of Health, Ahmadu Bello University, Zaria, Nigeria

Appendix B

Themes for Evaluation and Suggestions

The following 11 questions were circulated in 7 countries:

Dr. Ali Khogali, EMRO-WHO, Alexandria, Egypt

Dr. Gamal E. Massoud, Faculty of Medicine, Alexandria, Egypt

Dr. Ali Fadl, Faculty of Medicine, Khartoum, Sudan

Dr. Habte Demessi, Faculty of Medicine, Addis Ababa, Ethiopia

Dr. Boniface Nasah, Faculty of Medidine, Yaoundé, Cameroon

Dr. Ofosu-Amaah, Faculty of Medicine, Accra, Ghana

Dr. Umaru Shehu, Faculty of Medicine, Zaria, Nigeria

Dr. James Lea, Acting Director AHTIP, CPC, Chapel Hill, USA

1. Could you summarize the advantages and disadvantages of the family health approach to the more direct family planning approach in African curricula development?

2. What do you see as the major achievements (a) up to now, and (b) expected of the AHTIP project?

3. How important would you rate the self-instructional units in the potential success of the project? Can you see any alternative creative approaches, whether or not they have been tried?

4. Do African faculties view the self-instructional units as potential, valuable teaching tools? Are the self-instructional units that have been developed scientifically accurate and appropriate for African schools? What change should be made to this approach, if at all deemed necessary?

5. Do you think that these units could eventually form a comprehensive curriculum in "health and fertility care" to cover preventive medicine, epidemiology of human reproduction, reproductive physiology, techniques of family limitation; and reproductive care as it relates to maternal and child health and nutrition?

6. Are there more efficient ways to integrate these topics into curriculum?

7. Do you see the George Washington Population Reports regularly? If so, do you find them useful, or have any criticisms (we ask this because it is another project funded by USAID which has a potential impact on various schools on various continents)? Could these reports be used for updating the self-instructional units? If so, what would be a mechanism?

8. Should Dr. Martin's post be refilled? If so, should he/she preferably be an African, European, or American? Should his/her work be carried out from Africa, Europe, or the USA? Should he/she be as fluent in French as in English?

9. In the long term, do you think all or most of the project could/should be transferred directly to AMSA, on the assumption that part of the budget could be transferred through an acceptable agency?

10. What do you consider as the three most likely sites for such implantation on the African continent? We think here also in terms of access to a computer which would store information on AMSA-sponsored projects in health and fertility care (Pan-African Data Bank).

11. What do you think is the single most important question we should ask about this project? Please help us to answer it.

Replies from the persons involved are attached.

AMTIP SEMINAR/WORKSHOPS

ACTIVITY	DATES	NUMBER OF PARTICIPANTS				
		MEDICAL	NURSES	OTHER	CONSULTANTS	TOTAL
Ibadan Workshop	March, 1974		19		3	22
Ghana Workshop	July, 1974		23		3	26
Nairobi Seminar/Workshop	September, 1974		40	5	3	48
Nairobi Medical Seminar/Workshop	January, 1975	20			3	23
Ibadan Medical Seminar/Workshop	June, 1975		30	13	3	46
Lagos Medical Seminar/Workshop	July, 1975	27		4	3	34
Egypt Medical Seminar/Workshop	May, 1975	25		16	3	44
		72	112	38	21	243

Appendix D

1974-Membership of AMSA, By Country, Place, Language (Fr/Engl)
Country-specific membership per 10 Million Pop.

COUNTRY	Map #	PLACE	INSTITUTION [1]	2) Country's Mid-1973 Population	3) AMSA members per 10 Mil Populatio
Morocco	fr 1.	Rabat	Faculté de Médecine et de Pharmacie C.H.U. Hôpital Avicenne	16.309	0.61
Algeria	fr 2.	Alger	Faculte de Medecine et de Pharmacie Université d'Alger		
	fr 3.	Oran	Institut de Sciences Medicales Es-Senia		
	fr 4.	Constantine	Institut de Sciences Medicales de Constantine		
		The three institutions in Algeria		15.772	1.90
Tunisia	fr 5.	Tunis	Faculté de Medecine et de Pharmacie 9, rue Paul Bourde	5.509	1.82
Libya	6.	Benghazi	Faculty of Medicine University of Libya	2.161	4.63
Egypt	7.	Alexandria	Faculty of Medicine University of Alexandria		
	8.	Tanta	Faculty of Medicine Tanta		
	9.	Mansura	Faculty of Medicine Mansura		
	10.	Cairo	Cairo University Faculty of Medicine		
	11.	Cairo	Al-Azhar University Faculty of Medicine		
	12.	Cairo	Ain Shams University Faculty of Medicine		
	13.	Assiut	University of Assiut Faculty of Medicine		
		The seven institutions in Egypt.....		35.619	1.97
Sudan	14.	Khartoum	Faculty of Medicine University of Khartoum	16.901	0.59
Ethiopia	15.	Addis Abeba	Faculty of Medicine University of Addis Abeba	26.076	0.38
Guinea	fr 16.	Conakry	Faculté de Médecine de l'Institut Polytechnique"Gamal Abdel Nasser"	4.208	2.38
Liberia	17.	Monrovia	A.M. Deglioth College of Medicine University of Liberia	1.659	6.03
Ivory Coast	fr 18.	Abidjan	Faculté de Médecine C.H.U. de Cocody	4.641	2.15
Ghana	19.	Accra	Medical School University of Ghana, Korle Bu	9.355	1.07

COUNTRY	#	PLACE	INSTITUTION	Country's Mid-1973 Population	AMSA Members per 10 Mi Populati
Nigeria	20.	Lagos	College of Medicine, University of Lagos		
	21.	Ibadan	Medical School, University of Ibadan		
	22.	Zaria	Faculty of Medcine, Ahmadu Bello University		
	23.	Ife	Faculty of Health Sciences, University of Ife		
	24.	Enugu	Faculty of Medicine, University of Nigeria		
			The five institutions in Nigeria.....	59'607	0.84
Cameroon	fr 25.	Yaounde	Centre Universitaire des Sciences de la Santé, Université Fédérale du Cameroun	6'167	1.62
Zaire	fr 26.	Kinshasa	UNZA, Faculté de Médecine, Campus de Kinshasa		
	fr 27.	Kisangani	UNZA, Faculté de Médecine, Campus de Kisangani		
	fr 28.	Lumumbashi	UNZA, Faculté de Médecine, Campus de Lumumbashi		
			The three institutions in Zaire.....	23'563	1.27
Rwanda	fr 29.	Butare	Faculté de Médecine, Université Nationale du Rwanda	3'600	2.78
Uganda	30.	Kampala	Medical School, Makerere University	10'810	0.93
Kenya	31.	Nairobi	Faculty of Medicine, University of Nairobi	12'482	0.80
Tanzania	32.	Dar es Salam	Faculty of Medicine, University of Dar es Salam	14'377	0.70
Zambia	33.	Lusaka	School of Medicine, University of Zambia	4'175	2.40
19 Countries	33	Teaching institutions		272'991 [4]	1.21
11 Anglophone Countries	21	Teaching institutions		196'822	1.07
8 Francophone Countries	12	Teaching institutions		76'169	1.58

ootnotes:

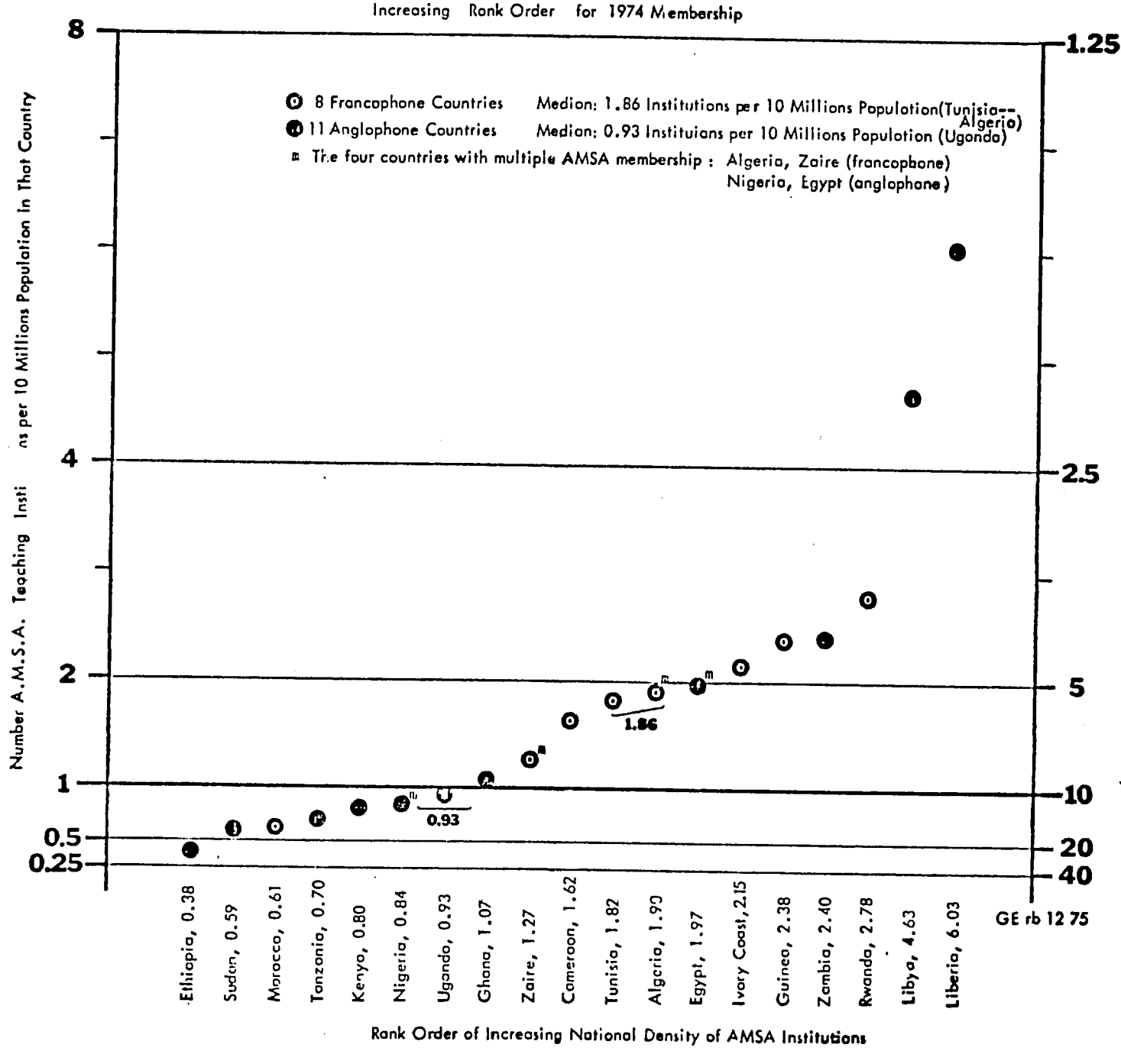
1) Stand , Autumn 1974 , updating desirable after April, 1976 meeting in Accra.
2) UN Demographic Yearbook, 1973, Table 2. Latest available figures.
3) Ratio -- AMSA member institutions per 10 Million population.
4) UN-DY, 1973 mid-year estimate for AFRICA is 374 millions. Hence AMSA membership covered 73 percent of the African Population in 1973.

21 December, 1975
GE rb

Chart 2

A.M.S.A. MEMBERSHIP DENSITY, BY LANGUAGE & COUNTRY

Increasing Rank Order for 1974 Membership



Number A.M.S.A. Teaching Insti ns per 10 Millions Population in That Country

One A.M.S.A. Teaching Institution per X Millions Population in That Country

Rank Order of Increasing National Density of AMSA Institutions

AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
CAROLINA POPULATION CENTER, UNIVERSITY SQUARE
CHAPEL HILL, N.C. 27514

CABLE: POPCENTER, CHAPEL HILL, N.C.

TELEPHONE: AREA 919: 942-3108

SEMI-ANNUAL REPORT OF PROJECT ACTIVITIES

July-December, 1978

(designated as AID/CM/PHA-C-73-33)

QUARTERLY REPORT ON PROJECT ACTIVITIES
October - December, 1978

(designated as AID/CM/PHA-C-73-33)

Submitted: January, 1979

QUARTERLY REPORT OF PROJECT ACTIVITIES, October-December, 1978

The African Health Training Institutions Project
(AID/CM/PHA-C-73-33)

I. ADMINISTRATION

Personnel -- The following key personnel have served during this reporting period:

James W. Lea, Director
Merrel D. Flair, Deputy Director
Enaam Abou-Youssef, Nurse/Midwife Educator
(field based in Alexandria, Egypt)
Elizabeth M. Edmands, Public Health Nurse Educator
Alan W. Cross, Medical Staff Advisor
Catherine J. Murphy, Coordinator of Educational Materials Development
Stella R. Schwartz, Administrative Coordinator
Herma E. Rojahn, Publications Coordinator

Periodic programmatic assistance relevant to specific tasks (content review of self-instructional materials (see Section III.), evaluation design and implementation, educational methodology, and program planning has been provided as needed on a limited time-commitment basis, along with full-time secretarial/clerical support.

There have been no changes in key personnel during this reporting period. The Chapel Hill offices have implemented, however, a translation system to prepare materials in French (medical self-instructional units, Topical Outline, etc.) for use at the Regional Orientation seminar for French-speaking Africa, scheduled in March, 1979. (See below). In addition to the team of translators, additional typing assistance has been recruited to prepare the camera-ready manuscripts and other necessary clerical support.

Relationships and assistance from U.S.-based and overseas mission and embassy personnel continue to be excellent. The continued successes enjoyed by AHTIP ventures in African hti's are aided immeasurably by efforts on the part of USAID. Also contributing significantly to the continued progress toward project goals in the cooperation of faculty from the Schools of Nursing, Medicine, and Public Health, UNC-CH, and continuing liaison with other departments, schools, and organizations on the Chapel Hill campus and elsewhere.

Field Office, Alexandria, Egypt -- The Nurse/Midwife Educator, based at the Higher Institute of Nursing, Alexandria, has continued to be involved extensively in the planning and conducting of field activities sponsored by the project, as well as assisting the Chapel Hill headquarters in program planning for continuation of activities into 1979. In addition to these responsibilities, she has implemented a translation operation for selected nursing/midwifery materials from the AHTIP Library of Family Health Teaching. These materials when translated into French, will be used at the Regional Orientation seminar for French-Speaking Africa, scheduled in March, 1979 (see section on Future Activities for more details).

Dr. Abou-Youssef also participated in a World Federation of Medical Education and World Health Organization meeting on implementation of recommendations from the Stockholm Conference, in Tunis, Tunisia. While there, she visited health professionals (medical and nursing/midwifery) for the purpose of making project contacts and to recruit participants from Tunisia for the regional Francophone seminar. She also made similar contacts in Rabat, Morocco.

Dr. Abou-Youssef was requested by USAID/Morocco to consult with them regarding the design and implementation of a country-wide training program for paramedical personnel. Due to communications problems, she was unable to do this during the time first proposed, but additional dates are being explored.

Project Staff travel -- in October, 1978, Dr. James W. Lea, Project Director, traveled to Los Angeles, California to participate in the annual meeting of the American Public Health Association. Dr. Lea presented a paper during the International Health Division's sessions regarding the AHTIP, its progress and evaluation.

In November, 1978, Dr. Lea traveled to Nairobi, Kenya to serve as outside consultant at the meeting of all AID/Africa Health, Population and Nutrition Officers.

Contract Negotiations -- Following the successful completion of contract negotiations with the Africa Bureau, AID, implementation of the African-based publication and distribution system began. The first shipment of original manuscript pages and art work to the African Medical and Research Foundation has been accomplished through the excellent cooperation of AID/Washington and USAID/Nairobi to ensure safe delivery. The first printed copies of these self-instructional materials and other AHTIP publications is expected in early 1979.

II. FIELD ACTIVITIES

During this reporting period, the following field activities were held:

1. October, 1978 -- Faculty at the Khartoum Nursing College and from the Faculty of Medicine, University of Khartoum. Hosted by Mrs. Awatif Osman, Director of the Khartoum Nursing College, Mrs. Awatif Bashir, AHTIP Liaison Person for Sudan, and Dr. Ali M. Fadl, Vice-Chancellor, University of Khartoum. Mrs. Osman and Dr. Hamad Bashir, Department of Social and Preventive Medicine, served as local resource persons; the AHTIP Workshop Team was made up of Dr. James W. Lea, Project Director, and Mr. Robert M. Hollister, UNC-CH, communications consultant. The theme of the workshop was "Integrated, Interdisciplinary Family Health Teaching," and was attended by 20-25 participants and observers, representing five department from the Faculty of Medicine and the faculty of KRC.

2. October, 1978 -- Nursing educators and administrators from several districts in Kenya gathered at the Medical Training Centre, Nairobi, Kenya, at the invitation of Mrs. Muringo Kiereini, Chief Nursing Officer, and Mrs. Margaret Ngure, AHTIP Liaison Person for Kenya. The purpose of this meeting was to follow-up on action plans formulated at the last AHTIP-sponsored workshop in Kenya, to identify problems and hear progress reports. The AHTIP Workshop Team was: Dr. Susan H. Fischman, Nursing/Midwifery Consultant from the University of Maryland School of Medicine, and Dr. James W. Lea, Project Director.

3. October, 1978 -- Follow-up with AHTIP contacts at the Faculty of Medicine, University of Alexandria, Egypt. At the request of Dr. Morsi Arab, Professor of Medicine and former AHTIP fellowship recipient, and Dean Khalil of the Faculty of Medicine, Dr. Merrel D. Flair conducted a three-day follow-up with these faculty members to ascertain results of their planned efforts at curriculum integration to include family health topics at this institution. This follow-up also surveyed the students at the University for their reactions to self-instructional materials as a teaching methodology and gathered data for continuing efforts of project evaluation.

4. December, 1978 -- Follow-up seminar with the faculty of the Higher Institute of Nursing, University of Alexandria, Egypt. Hosted by Dr. Soheir Mokabel, Director of the Institute and Dr. Seham Ragheb, AHTIP Liaison Person for Egypt, who also served as local resource persons. AHTIP was represented by Dr. Frank T. Stritter, educational methodologist. The theme of the workshop was "Family Health Teaching and Evaluation in the Clinical Setting."

5. December, 1978 -- Seminar/workshop for nursing educators in northern Nigeria, hosted by Mrs. Stella Savage, Deputy Chief Nursing Officer--Education and Training, Federal Ministry of Health, and Mrs. Elfrida Adebo, AHTIP Liaison Person for Nigeria. Participants included representatives from the northern part of Nigeria's nursing schools (both educators and administrators); this "zonal" workshop is the first of four planned by the Federal Ministry of Health to introduce the new B.Sc. Nursing Programme to faculty. AHTIP was requested to assist by providing this workshop in skill-building for such curriculum integration. Dr. Enaam Abou-Youssef, AHTIP Nurse/Midwife Educator, and Ms. Barbara Bunker, Nursing Education consultant, School of Nursing, UNC-CH, participated as AHTIP Workshop Facilitators.

III. EDUCATIONAL MATERIALS DEVELOPMENT, PRODUCTION, AND DISTRIBUTION

In preparation for the final distribution of the AHTIP Library of Teaching Materials, 50 camera-ready manuscripts of self-instructional materials, original artwork, two volumes of the Topical Outline, the Use Manual, and materials covers have been sent to the African Medical and Research Foundation in Nairobi, Kenya. (See Future Activities Section for time frame of other shipments). Early in this reporting period, the AHTIP conducted a needs assessment among those health training institutions with which AHTIP has a collegial relationship. The concept of this assessment had been developed to guarantee the most economical and effective use of funds awarded for 'interim distribution.' Attachment A gives additional details. Evaluation of returned questionnaires has confirmed early estimates that an average of about 700 copies of each publication will be needed.

Final editing on 46 self-instructional units was completed during this reporting period. The last 5 units will complete this process in early 1979; these are awaiting author feedback for completion. Eight of the completed units are currently in press. Following the interim distribution procedures and policies instituted during earlier reporting periods, a total of 83 titles were distributed within this system in this quarter. A total of 1,283 copies of publications were distributed; for details, see below.

The efforts during this quarter have completed the "Interim Distribution System," since funding for the permanent mass distribution effort has been secured. The chart below delineates copies of materials which have been sent:

	LP	Authors	Others	Total
Ghana	106	120	168	394
Nigeria	50	105	22	177
Sudan	47	25	64	136
Egypt	34	165	54	253
Kenya	54	25	--	81
Cameroon	22	5	--	27
Other Countries*	--	15	10	25
Field Office				190
	315	460	318	1283

*Sierra Leone and Uganda

French Materials Translation -- Following the extension of the AHTIP contract until June, 1979, and in response to strong recommendations of the AHTIP Consultative Group in their meetings of 1977 and 1978, the AHTIP staff began translation of project teaching materials during this reporting period. The operation was divided into two units -- one in Chapel Hill and one in the office of the Nurse/Midwife Educator in Alexandria, Egypt, the former for medical materials and the latter for nursing/midwifery materials.

As of December 31, 1978, about 50% of all materials have been translated; the remaining materials will be completed during the first four months of 1979. A priority listing of all materials was made and the translation has followed these priorities. This enables the project staff to have a sufficient variety and number of materials for the proposed regional Francophone seminar in March, 1979.

Four part-time translators were hired for the operation in Chapel Hill; various qualified faculty members were utilized at the Alexandria Field Office. In addition, a consultant with extensive French African health experience was retained to serve as a resource person for the standardization of recurring terms/educational and medical terminology. Support staff for the additional materials preparation were also hired.

Upon the recommendation of the Consultative Group, an additional 165 copies of the nursing Topical Outline and 20 copies of the medical Topical Outline were distributed during the current reporting period for use in the AHTIP participant institutions.

One issue of RAPPORT was published. It is anticipated that one final issue which will include an author and subject index of previous issues and a 'directory' of in-country resources (personnel and materials) for family health teaching, will be published during th. next reporting period.

Updated AHTIP Catalogues of Family Health Teaching Materials have been distributed, primarily in connection with the above-mentioned needs assessment questionnaires. A final updating and revision of these catalogues will be done during the January-March time period, prior to shipment of these originals to Nairobi for final printing.

IV: FELLOWSHIPS

There have been no fellowships awarded this quarter.

V. UPCOMING ACTIVITIES, January-March, 1979

a. Administration and Field Office Activities -- During the upcoming reporting period, a request for amendment to the AHTIP contract to clarify some of the language and to correct clerical errors will be submitted for consideration to AID/Contracts Management. It is not anticipated that these changes will be major nor will they affect the scope of projected activities. No staff changes are anticipated.

The Nurse/Midwife Educator will travel extensively on project business, including participating in the Internal Evaluation Meeting of Project Activities (Chapel Hill, January, 1979), and field activities.

b. Field Activities -- In January, 1979, the contractually required Internal Evaluation meeting will be held at the Quail Roost Conference Center, near Chapel Hill, North Carolina. Participants will include project staff and representatives of the AHTIP Technical Advisory Committee, AID/Washington's Development Support Bureau, and the Carolina Population Center, plus one "outside" evaluation expert.

Also in January, a long-term consultation is planned with the faculty of the Khartoum Nursing College, Khartoum, Sudan. This consultation at the request of Mrs. Awatif Osman, Director of KRC, will provide on-site assistance particularly in the area of audio-visual teaching aids preparation and utilization.

February, 1979 is the date set for the last meeting of the Consultative Group on Nursing, Midwifery, and Allied Health Professions. At the invitation of Mrs. Awatif Osman, Khartoum, Sudan will be the site for this meeting. Attending from Chapel Hill is Dr. James W. Lea, Project Director; from the project field office is Dr. Enaam Abou-Youssef.

Also in February a follow-up seminar will be held with former participants in AHTIP-sponsored activities in Kenya. Specific focus of this follow-up will be evaluation techniques for nursing education, again hosted by Mrs. Margaret Ngure, AHTIP Liaison Person for Kenya. AHTIP Workshop Leaders are Dr. Enaam Abou-Youssef and Ms. Sandra T. Hoffman, Family Nurse Practitioner, School of Nursing, UNC-CH.

March, 1979 activities include the Regional Orientation Seminar in Family Health Teaching for French-Speaking African Health Training Institutions, scheduled for Yaounde, Cameroon at the invitation of His Excellency, the Minister of Health, Government of Cameroon, and Mrs. Damaris Mounlom, Directrice of the National School for Nursing and Midwifery. 15-20 participants from eight Francophone countries will attend this 5-day meeting; AHTIP Workshop Team Members are James W. Lea, Project Director, Dr. Layla Kamel, educational consultant from the Higher Institute of Nursing, Alexandria, Egypt, and Ms. Jeanne B. Stillman, consultant on community health training.

Attached as Appendix **B** is a revised time-frame for AHTIP activities from January through June, 1979.

c. Educational Materials Development, Production, and Distribution -- during the next reporting period, the final issue of RAPPORT will be prepared and distributed (see page 6). Efforts will continue in the implementation of the mass distribution/production system from Nairobi. French translation of AHTIP materials will be completed in time for use at the Regional Francophone Seminar (see above). The final, updated version of the AHTIP Catalogue of Family Health Teaching Materials will be distributed from the Chapel Hill office; further updates will be available from the African Medical & Research Foundation, Nairobi, Kenya.

Work will continue on two companion publications to the Manual on the Use of Self-Instructional Materials in Teaching. The first is a Manual on the Preparation and Use of Case Studies in Teaching, which will cover development techniques involved in preparing case studies to use in family health teaching, with cross-references to other AHTIP teaching materials as resources. The second, tentatively titled "How to Develop and Write Self-Instructional Materials--A Manual for Development of Family Health Teaching Materials" will document the steps in the systematic approach to instruction and how these steps can be utilized in writing self-instructional materials. It will also include basic ways for organizing workshops for faculty members, innovations in the workshop formats which AHTIP has introduced over the last several years, and other resource materials that can be used in conjunction with SIU's in teaching. Publication of these two manuals is expected in early Spring, 1979.

d. Fellowships -- there are no fellowship awards anticipated during the next reporting period. Efforts to organize INSTITUTE '79: An Institute in Health Sciences Teaching (April-June, 1979) will continue. It is hoped that two nursing/midwifery tutors from each of the AHTIP Participant Institutions can attend this training session in Chapel Hill. Responses from 75% of the AHTIP Liaison Persons have already been received, and the remainder are anticipated soon.

DESCRIPTION of the
N E E D S A S S E S S M E N T FOR AHTIP TEACHING MATERIALS
conducted by the AHTIP among African Health Training Institutions Faculty

The concept to conduct a questionnaire assessment of the need for AHTIP teaching materials existing in African health training institutions was developed to guarantee the most economical use of funds the AHTIP hopes to secure for mass printing and distribution purposes;

Though the general need for these teaching materials in Africa has been well documented in the past (see distribution proposal) the AHTIP did not have enough hard data to estimate concrete numbers needed of individual teaching units, but could only estimate average numbers of copies needed per unit; However, as past experience shows, some AHTIP units are so widely applicable that a need for a much larger than average number of copies can be anticipated while others might be required in average or lower than average numbers of copies; therefore, it was decided to find out, in more detail and from the primary source (i.e. the prospective users) which materials will be needed where and in which quantities.

It was decided to conduct this needs assessment with several groups of African faculty:

- the Consultative Group
  who serve as AHTIP liaison to the Participant Countries
- the Liaison Persons
  who serve as AHTIP liaison to the Nursing/Midwifery Participant Institutions
- the Medical Department Chairmen
  who serve as AHTIP liaison to the Medical Participant Institutions
- the Authors
  who had attended AHTIP conducted workshops and authored units accepted into the AHTIP catalogues of materials
- the Fellows
  who had been recipients of AHTIP fellowships and therefore are familiar with the AHTIP teaching concepts
- the "Old Requesters"
  who are this group of African faculty who had been included in the Interim Distribution System and received materials in the frame of this system

Due to the different positions and AHTIP affiliation of these groups, it was decided to use two different basic formats for conducting the needs assessment:

- the "individual unit assessment" questionnaire

  In this questionnaire all AHTIP teaching units are listed by number and the individuals filling out these forms were asked to carefully study the accompanying catalogue and then to indicate the number of copies needed of each individual unit. As we anticipated this to be quite a time consuming procedure, we selected this form only for these groups of people that have a closer affiliation with the AHTIP.

- the "topic assessment" questionnaire

  In this questionnaire only the topics under which units are listed in the catalogues (e.g. "Puberty", "Family Planning") were listed and the individuals were asked to indicate the priority of these topics regarding their teaching and an average number of copies needed of units covering these topics. This questionnaire would not take much time to fill out and so we considered it for all less closely affiliated individuals.

Both questionnaires were developed in the nursing/midwifery and a medical version (see samples).

At the same time, the AHTIP decided to follow-up on the use and utility of materials sent out in the past, mainly in the frame of the interim distribution. A appropriatequestionnaire was developed by the AHTIP Educational Materials Specialists Group.

As some of the faculty included in this survey stand as representatives of their countries (Consultative Group), some as representatives of their Institutions (Liaison Persons, Medical Department Chairmen), the following procedure for conducting this needs assessment was decided upon:

Group	standing for	type of questionnaire	follow-up
Consultative Group	Participant Countries	Topic Assessment for overall need in country -	--
Liaison Persons	Participant Institutions	Individual Assessment for institution	on LP library
Medical Dept. Chairmen	Participant Institutions	Individual Assessment for institution	--
Authors	Individuals	Individual Assessment for themselves	on author copies
Fellows	Individuals	Individual Assessment for themselves	on fellow copies
"Old Requesters"	Individuals	Topic Assessment for Themselves	on copies int. distr.

The format of the questionnaires as well as the procedure for conducting the needs assessment was presented to the Consultative Group during its 1978 meeting; both were approved by them. With this input, the procedure was started in the beginning of June, 1978.

By this means, the AHTIP hopes to gather the following data:

- General need by topic and average numbers needed per institution in Participant Countries (CG)
- Concrete need of Participant Institutions (LP, MDCH)
- General need by topic of individuals in Participant Countries (OR)
- Concrete need of selected individuals in Participant Countries (AU, FE)

Combination and cross matching of all data obtained should give the AHTIP detailed and precise estimates of numbers of copies needed among health training institutions faculty in Africa. The data will serve as basis for all further and more detailed planning of the mass printing and distribution and therefore enable the AHTIP to use the funds at disposal for this purpose in the very best interest of family health teaching in Africa.

The evaluation of the incoming data will be carried out by the AHTIP Distribution and Publication Coordinator. The evaluation design was developed in coordination with the AHTIP Evaluation Specialist and staff from the UNC Computer Center. A report on the findings of this operation will be made upon completion of the evaluation.

July 1978.

REVISED TIME FRAME

PROJECTED ACTIVITIES

APPENDIX B

JANUARY, 1979

INTERNAL EVALUATION MEETING, AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT, Chapel Hill, N.C. -- January 23-25, 1978

Hosted by the AHTIP Staff, this contractually required 'internal' evaluation will also include representatives from AID/Washington; the Office of Medicial Studies, UNC-CH, the Carolina Population Center, and one evaluation consultant.

LONG-TERM CONSULTATION ON INSTRUCTIONAL MEDIA, Khartoum, Sudan -- dates tentative // Requested by Mrs. Awatif Osman, Director, Khartoum Nursing College; AHTIP Staff (tentative): Ms. Catherine J. Murphy.

FEBRUARY

SIXTH ANNUAL AHTIP CONSULTATIVE GROUP MEETING, Khartoum, Sudan -- February 3-7, 1979

Hosted by Mrs. Awatif Osman; AHTIP Staff: Dr. James W. Lea, Dr. Enaam Abou-Youssef. Participants from each of the 6 focus countries.

LONG-TERM CONSULTATION ON DEVELOPMENTOF SELF-INSTRUCTIONAL MATERIALS, Alexandria, Egypt -- dates tentative // Requested by Dr. Nahid Kamel, Dean of the School of Public Health, University of Alexandria; AHTIP Staff (tentative): Ms. Catherine J. Murphy.

FOLLOW-UP SEMINAR WITH KENYAN NURSING SCHOOL PARTICIPANTS, Nairobi, Kenya -- February 19-28, 1978

Hosted by Mrs. Margaret Ngure; AHTIP Staff: Dr. Susan H. Fischman - specific focus will be on evaluation techniques.

MARCH

REGIONAL ORIENTATION SEMINAR/WORKSHOP IN FAMILY HEALTH TEACHING FOR FRENCH-SPEAKING AFRICAN HEALTH TRAINING PERSONNEL, Yaounde, Cameroon March 15-31 (dates tentative), 1979

Hosted by: the Government of the Federal Republic of Cameroon and Mme Damaris Mouniom, AHTIP Consultative Group Member from Cameroon. AHTIP Staff: Dr. James W. Lea, Dr. Enaam Abou-Youssef, Dr. Layla Kamel, one consultant t.b.a.

This seminar will serve to introduce the AHTIP to French-speaking Africa and to begin steps for utilization of family health teaching techniques.

APRIL

No field activities are scheduled. Staff members will continue the efforts of the past months in finalizing the evaluation design (utilizing recommendations from the "Internal Evaluation Meeting" held in January; plans for final quarter of project operation will be made and reports will be drafted.

MAY

FOLLOW-UP SEMINAR WITH GHANAIAN NURSING SCHOOLS PARTICIPANTS (tentative), Accra, Ghana -- no firm dates

Hosted by Mrs. Margaret Osei-Boateng, AHTIP Liaison Person for Ghana; AHTIP Staff to be named

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INSTITUTE IN HEALTH SCIENCES TEACHING, Chapel Hill, N.C. -- May 14-June 22, 1979 (dates tentative)

Hosted by: The AHTIP Staff in cooperation with the faculty from the Schools of Medicine, Nursing, and Public Health. Participants (two each) from the six AHTIP focus countries are expected for this six-nine week program.

JUNE

No field activities are scheduled. In Chapel Hill, final [illegible]tion of project efforts will be completed. The Nurse/Midwife Educator will close down the Field Office and travel to the U.S. for de[illegible]iefing. All reports will be completed in draft form for [illegible]mission in final form during the following month.

AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
CAROLINA POPULATION CENTER, UNIVERSITY SQUARE
CHAPEL HILL, N.C. 27514

CABLE: POPCENTER, CHAPEL HILL, N.C.

TELEPHONE: AREA 919 942-3108

QUARTERLY REPORT--

July - September, 1978

(Contract Designation: AID/CM/PHA-C-73-33)

Submitted: October 1978

QUARTERLY REPORT OF PROJECT ACTIVITIES July-September, 1978

The African Health Training Institutions Project
(AID/CM/PHA-C-73-33)

I. ADMINISTRATION

Personnel -- The following key personnel have served during this reporting period:

James W. Lea, Director
Merrel D. Flair, Deputy Director
Enaam Abou-Youssef, Nurse/Midwife Educator
(field based in Alexandria, Egypt)
Elizabeth M. Edmands, Public Health Nurse Educator
Alan E. Cross, Medical Staff Advisor
Catherine J. Murphy, Coordinator of Educational Materials Development
Stella R. Schwartz, Administrative Coordinator
Herma E. Rojahn, Publications Coordinator

Periodic programmatic assistance relevant to specific tasks (content review of self-instructional materials (see Section III.), evaluation design and implementation, educational methodology, and program planning has been provided as needed on a limited time-commitment basis, along with full-time secretarial/clerical support.

Changes in personnel during this reporting period include the replacement of Dr. Kenneth Shuit as medical staff advisor by Dr. Alan E. Cross, a pediatrician with several years' experience in developing countries, particularly Kenya. Efforts for evaluation design and implementation are now the responsibility of Mr. Bruce Bennard. Dr. James Lea's time commitment to the project was increased to 85%, effective July 1, 1978.

Field Office, Alexandria, Egypt -- The Nurse/Midwife Educator, based at the Higher Institute of Nursing, Alexandria, has continued to be involved extensively in the planning and conducting of field activities sponsored by the project, as well as assisting the Chapel Hill Headquarters in program planning for continuation of activities past the current contract period.

Contract Negotiations -- During this reporting period, negotiations were successfully concluded to extend the current contract life through June, 1979, in order that the project could complete formulation of action plans in the AHTIP focus countries and as an additional step in broadening AHTIP's base in Africa, hold in French-speaking

African countries a seminar/workshop on the objectives of AHTIP. This seminar will serve to introduce participants to: concepts of teaching family health, integration of family health topics into curricula, and the use of innovative methodologies and materials for teaching. To this end, the AHTIP will also implement a system for translation into French of selected African-authored self-instructional materials, the two Topical Outlines, and other AHTIP publications. This translation will involve new staff at the Chapel Hill Office and at the Alexandria Field Office in Egypt.

Of primary importance to the AHTIP staff, final negotiations were also concluded successfully with the Africa Bureau of AID for supplementary funding, awarded directly to the African Medical & Research Foundation of Nairobi, Kenya, for the mass production and distribution of those self-instructional materials and other teaching tools developed over the last five years. The awarding of this contract concludes a three-year effort on the part of AMREF and the AHTIP staff to ensure that teaching materials developed by the project's colleagues in African health training institutions would be available in mass quantities or an "at cost" basis to faculty in every African country, even after the AHTIP contract is concluded.

Relationships and assistance from U.S.-based and overseas mission and embassy personnel continue to be excellent. The continued successes enjoyed by AHTIP ventures in African hti's are aided immeasurably by efforts on the part of USAID. Also contributing significantly to the continued progress toward project goals is the cooperation of faculty from the Schools of Nursing and Medicine, UNC-CH, and continuing liaison with other departments, schools, and organizations on the Chapel Hill campus.

II. FIELD ACTIVITIES

During this reporting period, the second annual meeting of the AHTIP Nursing/Midwifery Liaison Persons was held in Lagos, Nigeria, hosted by the Institute of Child Health, University of Lagos (through its director, Dr. O. Ransome-Kuti). Mrs. Stella Savage and Mrs. Jane Elegbe were resource persons; AHTIP staff attending were Dr. Enaam Abou-Youssef, Mr. Bruce Bennard, and Mr. Robert Hollister.

III. EDUCATIONAL MATERIALS DEVELOPMENT, PRODUCTION, AND DISTRIBUTION

During this reporting period, thirty (30) self-instructional units have undergone final educational and content revisions and have been added to the AHTIP Catalogue of Self-instructional Materials for interim production and distribution. With the completion of these units, the total number of African-authored units produced under project auspices and ready for distribution is 203; 6 more are presently being educationally reviewed; and 4 are being content reviewed. Thus, 213 units are currently listed in the new edition of the Catalogue; the remainder have been recalled for additional revisions for content accuracy, making a total number of approximately 220 units available for mass production and distribution to African colleagues. Of this number, 80 medical units and 114 nursing/midwifery units have been produced in the U.S. in limited quantities to continue the interim distribution program. By country, this distribution is as follows:

	DISTRIBUTION to:			TOTAL
	Liaison Person	Author	Others	
Ghana	106	65	330	501
Nigeria	48	125	48	221
Sudan	85	35	120	240
Egypt.	54	220	98	372
Kenya	12	45	15	72
Cameroon	38	5	--*	43
Other countries--		25	6	31
AHTIP Field Office			232	232
			Total Distributed	1,712

* no field activity held in Cameroon at which units were authored; Cameroonian faculty attended regional workshop.

** refers to actual copies of units, not to individual titles

IV. FELLOWSHIPS

There have been no fellowships awarded this quarter.

V. UPCOMING ACTIVITIES, October-December, 1978

a. Administration and Field Office Activities -- During the upcoming reporting period, a request for amendment to the AHTIP contract to clarify some of the language and to correct clerical errors will be submitted for consideration to AID Contracts Management. It is not anticipated that these changes will be major nor will they affect the scope of the projected activities. There are no anticipated key staff changes, although efforts to hire qualified French translators, a French Translation Coordinator, and clerical staff will continue.

For the next three months, the AHTIP Nurse/Midwife Educator will be very busy, with extensive traveling for on-site assistance to AHTIP contacts who are organizing and conducting workshops and seminars planned during the second annual meeting of the AHTIP Liaison Persons (Lagos, July, 1978), including the first of four 'Zonal Workshops for Nursing Education and Curriculum Integration,' to be held in Kano, Nigeria (for the northern regions), organized by Mrs. Stella Savage, Nursing Education and Training Officer, Federal Ministry of Health, Lagos.

b. Field Activities -- In October, 1978, the rescheduled, interdisciplinary (medical/nursing/midwifery) follow-up seminar on the integrated teaching of family health will be held with the faculties of the School of Medicine at the University of Khartoum and the Khartoum Nursing College. The AHTIP team for this workshop will be Dr. James W. Lea, Project Director, and Mr. Robert M. Hollister, Consultative and Communication Specialist.

Also in October will be a 3-5 day follow-up with nursing educators from several nursing schools in Kenya, organized through the efforts of the AHTIP Liaison Person, Mrs. Margaret Ngure. AHTIP resource persons will be Dr. Lea and Dr. Susan H. Fischman, C.N.M., Assistant Professor in the Department of Social and Preventive Medicine, University of Maryland School of Medicine.

In early December, two other AHTIP field activities are scheduled: (1) the first of four 'zonal' workshops for nursing educators and administrators is scheduled for Kano, Nigeria. The AHTIP Team will consist of Dr. Enaam Abou-Youssef, AHTIP Nurse/Midwife Educator, and Ms. Barbara Bunker, Assistant Professor, UNC-CH School of Nursing and co-chairperson of the School of Nursing's Curriculum Review Committee. The theme of these four workshops will be the integration of family health topics into the new B.Sc. Nursing Curriculum and the design of action plans for its implementation in basic schools of nursing throughout Nigeria.

At the same time, a five-day follow up with the faculty of the Higher Institute of Nursing, Alexaneria, Egypt will also take place -- focussing on teaching techniques and evaluation of the effectiveness of integrated teaching of family health topics. Since Dr. Abou-Youssef will be involved in the Nigerian activity, Dr. Frank T. Stritter, AHTIP Educational Methodology Specialist and Associate Professor, UNC-CH School of Education, will head the AHTIP team.

Attached as Appendix A is a revised time-frame for AHTIP activities from July, 1978 through June, 1979.

c. Educational Materials Development, Production, and Distribution -- during the next reporting period, it is expected that the "Interim Distribution System" (see Report of Project Activities, July-December, 1977) will be completed and all prior requests for self-instructional units and other AHTIP educational/teaching materials will have been filled. Also, to be implemented is the mass production and distribution system based at the African Medical & Research Foundation in Nairobi. To this end, Project Director James Lea will meet with representatives of AMREF during his October visit to set up administrative and quality control guidelines, reporting schedules, and receive data regarding plans from AMREF on technical aspects of their operation. It is anticipated that by the beginning of 1979, the first copies of mass-produced AHTIP teaching materials will be available for faculty members in health training institutions throughout Africa.

The team which will be responsible for translation of selected AHTIP self-instructional materials, Topical Outlines, catalogues, manuals, etc. into French will have been assembled and significant progress made, preparatory to the previously mentioned "Orientation Seminar" for French-speaking African faculty from Senegal, Tunisia, Morocco, Togo, Benin, Ivory Coast, and Cameroon.

Distribution of the final issue of RAPPORT, the project's bilingual newsletter, was delayed from last reporting period, but will be accomplished during this next three months. During the upcoming period, also, work will be initiated for a final RAPPORT-type publication to be distributed in early spring, 1979. This publication will be a "Resource Directory for the Teaching of Family Health." This directory will provide summaries of the family health education in both medical and nursing/midwifery schools and of AHTIP-developed resources -- both materials and personnel -- within each of the six focus countries.

The new format for this publication will emphasize information particularly relevant to AHTIP activities, colleagues, and happenings in these countries, in AHTIP Participant Institutions, and specially designated AHTIP Consultative Group members and Liaison Persons.

Work will also be started on two companion publications to the Manual on the Use of Self-Instructional Materials in Teaching. The first, a Manual on the Preparation and Use of Case Studies in Teaching will cover development techniques involved in preparing case studies to use in family health teaching, with cross-references to other AHTIP teaching materials as resources. The second, tentatively entitled "How to Develop and Write Self-Instructional Materials -- A Manual for Development of Family Health Teaching Materials"will document the steps in the systematic approach to instruction and how these steps can be utilized in writing self-instructional materials. It will also include basic ways for organizing workshops for faculty members, innovations in the workshop formats which AHTIP has introduced over the last five years, and other resource materials that can be utilized in conjunction with SIU's in teaching. Publication of these two manuals is expected in early Spring, 1979.

d. Fellowships -- there are no fellowships anticipated during the next reporting period. Efforts will be initiated, however, to organize a training experience modeled on the "AHTIP Summer Institute in Health Sciences Teaching" (May-June, 1978), tentatively scheduled for February 26 through April 27, 1979. Inquiries and applications will be sent to each Liaison Person for nomination of potential trainees during the next reporting period. It is hoped that two nursing/midwifery tutors from each of the Participant Institutions can attend this training session in Chapel Hill. Appendix B gives additional details about the format, content, and scope of this "Institute, '79."

REVISED TIME FRAME -- Project Activities July, 1978 through June, 1979
(Date Prepared: October, 1978/sss)

July, 1978 -- Second Annual Liaison Persons Meeting

Site: Lagos, Nigeria
Hosted by: Mrs. Jane Elegbe, Institute of Child Health
Mrs. Stella Savage, Federal Ministry of Health
AHTIP Staff: Dr. Enaam Abou-Youssef, Nurse/Midwife Educator
Mr. Robert M. Hollister, Communications Consultant
Mr. Bruce Bennard, Evaluation Specialist

August, 1978 -- no field activities scheduled

September, 1978 -- no field activities scheduled

October, 1978 -- Workshop/Seminar on "Integrated, Interdisciplinary Family Health Teaching"

Site: Khartoum, Sudan
Hosted by: Mrs. Awatif Bashir, AHTIP Liaison Person for Sudan
Mrs. Awatif Osman, AHTIP Consultative Group Member
(both members of faculty at Khartoum Nursing College)
Dr. Bashir Hamad, Department of Social and Preventive Medicine, University of Khartoum Medical School
AHTIP Staff: Dr. James W. Lea, Project Director
Mr. Robert M. Hollister, Communications Consultant

* * * * * *

-- Follow-Up Seminar with former participants from Kenyan nursing schools

Site: Nairobi, Kenya
Hosted by: Mrs. Margaret Ngure, AHTIP Liaison Person for Kenya
Mrs. Muringo Kiereini, Consultative Group Member
AHTIP Team: Dr. James W. Lea, Project Director
Dr. Susan H. Fischman, Nursing/Midwifery Consultant

(Also in October, initiation of the mass production and distribution system for AHTIP-sponsored self-instructional and other teaching materials will begin from the African Medical & Research Foundation, Nairobi, Kenya. The translation of these materials into French will continue, so that the preparations for holding the "Orientation Seminar" (see March/April, 1979) can begin.)

November, 1978 -- no field activities scheduled

December, 1978 -- Follow-Up Seminar with former participants from the Higher Institute of Nursing

Site: Alexandria, Egypt
Hosted by: Dr. Seham Ragheb, AHTIP Liaison Person for Egypt
Dr. Soheir Mokabel, AHTIP Consultative Gropp Member
(both members of faculty at Higher Institute of Nursing)
AHTIP Staff: Dr. Frank T. Stritter, Educational Methodologist

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(continued -- page 2)

December, 1978 (continued) -- Seminar/Workshop for nursing educators/administrators Northern Nigeria

Site: Kano, Nigeria
Hosted by: Mrs. Stella O. Savage, Federal Ministry of Health (AHTIP Consultative Group Member)
AHTIP Team: Dr. Enaam Abou-Youssef, Nurse/Midwife Educator
Ms. Barbara Bunker, Curriculum Development Specialist

January, 1979 -- "Internal" Evaluation Meeting

Site: Quail's Roost, Rougemont, North Carolina
Hosted by: AHTIP Staff Members
Evaluation Team: members of AHTIP Technical Advisory Committee
representatives of the Agency for International Development, Washington, D. C.
one outside evaluation specialist
representatives of the Carolina Population Center

February, 1979 -- Sixth Annual AHTIP Consultative Group Meeting

Site: Khartoum, Sudan
Hosted by: Mrs. Awatif Osman, Director of the Khartoum Nursing College and Sudanese Consultative Group Member
AHTIP Staff: Dr. James W. Lea, Project Director
Dr. Enaam Abou-Youssef, Nurse/Midwife Educator

March, 1979 -- Regional Orientation Seminar in Family Health Teaching for French-Speaking African Health Training Institutions

Site: Yaounde, Cameroon
Hosted by: Mrs. Damaris Mounlom, Directrice of National School for Nursing and Midwifery and AHTIP Consultative Group Member
AHTIP Staff: Dr. James W. Lea, Project Director
Dr. Enaam Abou-Youssef, Nurse/Midwife Educator
Two other consultants to be named later

April, 1979 -- Alternate date for Orientation Seminar

* * * * * *

-- Potential Follow-Up in Nairobi, Kenya -- not yet firm

May, 1979 -- Potential Seminar/Workshop with Ghanaian nursing faculty -- not yet firm

June, 1979 -- De-briefing of AHTIP field representative and termination of Project -- Finalization of Reporting Requirements and Evaluation

Site: Chapel Hill, North Carolina
All staff involved

CABLE: POPCENTER, CHAPEL HILL, N.C.

AHTIP INSTITUTE IN
HEALTH SCIENCES TEACHING -- Spring, 1979

TELEPHONE: AREA 919: 942-3108

AHTIP is using the resources of the Office of Medical Studies, the Carolina Population Center, and the UNC-CH Schools of Medicine and Nursing to offer a special nine-week program of study this Spring in Chapel Hill. The goal of the program is to help you become a more effective teacher. Part science and part art, the function of teaching is to create a setting in which intended learning can take place. By the end of this program, you should have developed new competence and confidence in structuring an educational environment which will lead to learning.

The program will emphasize a systematic approach to instructional design as a means of improving your teaching. This approach does not offer instant solutions to specific teaching problems, but it does offer a flexible framework for arriving at solutions to such problems.

The systematic approach to instruction consists of a sequence of steps through which a teacher progresses in designing and conducting a course or portion of a course: Pre-Assessment, Definition of Objectives, Selection of Instructional Strategies, Implementation, Evaluation, and Revision. The first four weeks of the program will survey each step in this sequence in class sessions, small group activities, individualized study, and tutorial sessions in an attempt to establish common foundations and assist you in mastery of basic course material.

The program will also provide opportunities to practice applying steps in the systematic model to the design of instructional activities. There will be an opportunity to participate in several more specific topics which are designed to help with specific instructional strategies including use of lectures, small groups, individualized instruction, and media in teaching activities.

In addition, the last several weeks of the program will focus on the development of clinical teaching and clinical evaluation skills. Tentative plans for this experience include an opportunity to apply instructional principles in a clinical setting with faculty and students at the UNC-CH School of Nursing, School of Public Health, and/or School of Medicine. It is hoped that this practical experience will help "pull together" the classroom knowledge and skills gained by providing time to work in an area of interest with appropriate practice in a health care setting.

Tentative dates for the program are February 26 - April 27, 1979. More information on how to apply is attached. We look forward to working with you this Spring.

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AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
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CHAPEL HILL, N.C. 27514

CABLE: POPCENTER, CHAPEL HILL, N.C.

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AHTIP INSTITUTE IN HEALTH SCIENCES TEACHING -- Spring, 1979

Outline of Course Content

AHTIP is cooperating with the Office of Medical Studies, UNC-CH Schools of Medicine and Nursing and the Carolina Population Center in sponsoring a 9-week program of study from February 26-April 27, 1979, in Chapel Hill, North Carolina. The goal of the program is to assist participants in becoming more effective teachers and in structuring an educational environment.

The program will emphasize a systematic approach to instruction, which consists of a sequence of steps through which a teacher progresses in designing and conducting and evaluating instruction. In addition, the program will also focus on the development of clinical teaching and clinical evaluation skills, with an opportunity to apply the principles learned in a clinical setting.

An outline of the content to be covered in the program is as follows:

I. Systematic Approach to Instruction
   - A. Identification of Problem
     1. Present situation/Student level of knowledge
     2. Determination of instructional goals
   - B. Analysis of Context/Pre-assessment
     1. When to pre-assess
     2. What to pre-assess
        - a. Referent situation
        - b. Resources
        - c. Constraints
        - d. Need for program
        - e. Characteristics of students
   - C. Formulation of Instructional Objectives
     1. Objectives vs. Activities
     2. Uses of objectives
     3. Classification scheme
        - a. Domain
        - b. Level
        - c. Specificity
     4. Strategies for writing objectives

D. Measuring Your Objectives
   1. Test plan
   2. Instrument development (including items for cognitive achievement, psychomotor and affective outcomes)
   3. Feedback mechanisms
   4. Grading vs. Evaluation as feedback

E. Learning Theory
   1. Principles of learning
   2. Motivation
   3. Application to teaching

F. Instructional formats
   1. Format vs. Medium
   2. Five major formats
   3. Organizational variables of instruction
   4. Advantages and disadvantages of various formats

G. Selecting and Using Media
   1. Selection of types of media
   2. Identification of sources
   3. Evaluation of existing materials
   4. Putting media together
   5. Guidelines for use

H. Course/Program Evaluation
   1. What is evaluation?
   2. The process of evaluation
      a. Student evaluation
      b. Program evaluation
   3. Norm referenced vs. Criterion referenced
   4. Approaches to evaluation

I. Instructional Revision

J. Specific instructional strategies modules
   1. Lecture
   2. Small group
   3. Individualized instruction
   4. Developing simple media

II. Clinical Teaching

- A. Definition
- B. Research findings
- C. Teacher behaviors
- D. Operationalization of behaviors
- E. Evaluation of teaching behaviors
- F. Implementation/application of behaviors
  1. In clinical setting
  2. In association with faculty and students in that setting

III. Clinical Evaluation

- A. Setting expectations
- B. Development of measurement criteria
- C. Mechanisms for collecting data
- D. Feedback process
  1. Formative vs. Summative
  2. Student self-evaluation

The program will be implemented using individualized, small group and tutorial instruction based on the pre-assessed needs of the participants. It is expected that those persons attending will come with plans to work on a specific instructional situation, course, or program and that they will use the knowledge gained as they move through the program in developing that project. The clinical teaching and clinical evaluation components of the program will be carried out in collaboration with UNC School of Nursing faculty. Program participants will be paired with individual nursing faculty and will work with that faculty person in teaching nursing students in a clinical setting. It is anticipated that this active participation will facilitate sharing of knowledge and skills between program participants and School of Nursing faculty, thus serving as a faculty development opportunity for those working with the program as well as a real learning experience for the participants.

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CABLE: POPCENTER, CHAPEL HILL, N.C.

TELEPHONE: AREA 919: 942-3108

October, 1978

GUIDELINES FOR PARTICIPATION IN THE AHTIP INSTITUTE IN HEALTH SCIENCES TEACHING

As noted in the attached announcement, AHTIP is offering a nine-week Institute in the spring of 1979 (February 26-April 27), with its primary goal to help selected African nurses become more effective teachers. The first four weeks will survey the steps in the systematic approach to instruction and the last five weeks will focus on the development of clinical teaching and clinical evaluation skills. This entails development of the following specific skills:

FOR THE SYSTEMATIC APPROACH TO INSTRUCTION:

1. ability to assess the needs for a given instructional program and the resources available to implement the program;

2. ability to develop goals and objectives for a program, based on documented needs and available resources;

3. ability to develop appropriate instruments to determine whether program goals and objectives have been attained;

4. ability to select instructional formats and media appropriate to the program's goals and objectives, and to design activities based on some of these formats and media;

5. ability to evaluate the overall effectiveness of the program;

6. ability to revise the program based on the evaluation.

FOR THE CLINICAL TEACHING MODULE:

1. ability to discuss and examine the perceived strengths and weaknesses of own approach to clinical teaching;

2. ability to describe the components and considerations of effective clinical teaching;

3. ability to develop/identify ways to operationalize criteria for effective clinical teaching;

4. ability to analyze and evaluate segments of clinical teaching according to criteria for effective clinical teaching.

FOR THE CLINICAL EVALUATION MODULE:

1. ability to distinguish between the concepts of evaluation and grading;

2. ability to distinguish between criterion-referenced and norm-referenced methods for evaluation of students;

more.../

3. ability to identify a variety of ways to collect data in the clinical setting for feedback and evaluative purposes;

4. ability to develop and/or analyze a portion of a performance instrument to be used in clinical evaluation.

As part of the learning experience, all program participants will be expected to apply instructional principles learned to the development of a specific project that they can use or adapt back home. Such a project might be the development of a course component, an instrument for assessment or evaluation, or a workshop they might give. It is imperative that each participant nurse plan ahead and come to the Institute with such a project in mind. It is also essential that each participant bring any current course materials or other documents/information that they might want to use in the development of such a project. Special time during the Institute will be spent on individual development of the project so that each nurse will have a finished, usable potential program to take home.

It is also essential that each participant be primarily a teacher in her work responsibilities in her home institution. We prefer to have persons who are instructing other health professionals in teaching skills or those who are actively involved in teaching students.

In order to help us better plan the Institute program, each prospective participant is asked to follow the attached "Procedures Guide"; necessary forms should be filled out in duplicate and one copy returned to the address above immediately; a second copy should be retained and brought with each participant to Chapel Hill.

We are looking forward to this second Institute in Health Sciences Teaching and hope that it will be a meaningful experience for all of us. Thank you for reading these guidelines and following the instructions in them.

James W. Lea, AHTIP Project Director
Sandra T. Hoffman, Academic Coordinator
Stella R. Schwartz, Administrative Coordinator