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FINAL REPORT

EVALUATION OF HEALTH INSTITUTIONS FUNDED BY AID 122(d) GRANTS FOR AFRICAN PROGRAMS

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Prepared By:

George M. Coleman
Shepard Hollander
Victoria Jennings, PhD
DEVELOPMENT ASSOCIATES, INC.
2924 Columbia Pike
Arlington, Virginia 22204
(703) 979-0100

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I. PURPOSE AND SCOPE OF THE STUDY - AN OVERVIEW

Beginning in September, 1978, the Agency for International Development granted funds to a group of four U.S.-based health institutions which had the potential for expanding their training and technical assistance in the developing world, particularly in African countries. The purpose of these grants under Title 122(d) of the Foreign Assistance Act of 1961, as amended, was to provide funds "to research and educational institutions for the purpose of strengthening their capacity to develop and carry out programs concerned with the economic and social development of developing countries." In the case of the Health Institution Improvement Project (under 698-0412) these grants were to develop within each institution a capability for providing training and technical assistance for the design and implementation of improved health programs in developing countries. The four institutions which have received these AID grants are: Howard University in Washington, D.C., Meharry Medical College in Nashville, Tuskegee Institute in Alabama and the Drew Postgraduate Medical School in Los Angeles. The granting process began with the first grant to Howard University in September, 1978, followed by subsequent funding of the other three during the next calendar year. Each institution received a grant level of \$1.25 million to be funded over a five-year period.

Each institution agreed to focus on particular aspects of health and development, in accordance with AID's interests and in keeping with the specialized base of skills and experience which characterized each of the institutions. Accordingly, Howard University in its application to AID designated the areas of integrated rural health delivery systems and nutrition planning and ecology as its major foci for development. Meharry Medical College chose to continue the areas of emphasis encouraged by earlier AID funding, which were maternal and child health/family planning and applied nutrition program activities. The Tuskegee Institution, which has a broad experience in rural development and environmental health, focused on integrated rural and community development and environmental health and endemic disease control. The Drew Postgraduate Medical School, a relative newcomer to the field of international development, decided to concentrate on health planning/management and integrated rural and community development programs which fitted into its current competencies and interests as well as AID's program needs.

There were discussions among the four institutions and with AID prior to the formal submission of the grant applications to AID to exchange information on their respective interests and experiences to facilitate the achievement of complementary role development in support of international health activities. Specific details of these program areas and activities are described in this study in Chapter II.

Since the granting of the funds, beginning in 1978, there have been no evaluations made by AID on the impact of these grants on the development of international health competencies by the grantee institutions. There have been internal evaluations performed by some of these institutions during the past four years, and based on these self-analyses, several institutions have reorganized or relocated their international health programs in accordance with experience gained during the early years of performance. Most of the institutions have applied for extensions of time and/or additional funding under the AID 122(d) grants as the terms of grant funding approached an end. AID, therefore, requested the services of a team of evaluators from Development Associates Inc., of Arlington, Virginia to provide answers to a number of questions AID had about the effectiveness of the grant, the performance of the grantees in technical and administrative areas, and the general impact of the AID grants in achieving the purpose of developing institutional capability to provide improved technical assistance and training to developing African health programs.

A team of three specialists in evaluation, with competencies in general development assistance and public health, in training and curriculum development and in financial management were asked by AID to make onsite evaluations at the four institutions. AID proposed that the Development Associates team would provide assistance specifically to the Office of Regional Affairs of the Bureau for Africa in obtaining information and providing the basis for judgments by AID in the following areas:

1. The progress the four institutions had made toward achieving the purposes of the grants, including a description of activities conducted by each institution.
2. Problems encountered in carrying out the grant (with recommendations by the team) and how to achieve resolution of these problems.
3. Administrative controls and arrangements which each institution had established for implementing the grants.

4. Organizational location of the grant mechanisms within each institution, including a description of personnel funded by the grant.
5. Capital equipment which had been purchased through grant funds.
6. Likelihood of each institution to achieve the purposes of the grant within the original terms of the grant.

In early February, 1983, the team met with the staff of the Office of Regional Affairs, Africa Bureau of AID to establish purposes and outcomes of this evaluation effort, and to establish an itinerary for a series of field site visits to the institutions during late February and March. The Office of Regional Affairs furnished the team with background documents, including the original grant instruments and subsequent annual reports from the institutions. Through correspondence and telephone discussions, arrangements were completed with the institutions. They were provided copies of the scope of work for the evaluation and a description of the types of observations and interviews which the team needed to complete during their field visits.

The team spent one week at each institution observing their program activities, reviewing grant and financial records, participating in advisory committee meetings, reading curriculum and course descriptions, attending language training sessions, and individually interviewing key grant funded personnel, faculty involved in the international health programs of each institution, and students from the U.S. and overseas who were participating in international health courses.

Progress was noted in relation to the original purposes of the grants. Problems which had arisen in the course of administering the grants were discussed, and specific recommendations elicited from staff and faculty which should prove useful to AID in its future management of these grants. In general, the study was conducted under ideal conditions of cooperation extended by the four institutions. Full access was provided to records, files, financial reports and program documents. The schedules and interviews developed for the team by the institutions were appropriate and complete. Access for interviews with pertinent faculty and students was completely satisfactory. The evaluation team was gratified by the information exchanged and the ideas and opinions offered by the staff of the four institutions. The evaluation provided a useful forum for a mutual and constructive educational process whereby both the team and institution staff were able to profit from the information revealed during the site visits.

II. ASSESSMENT OF THE HEALTH INSTITUTIONS' PROGRESS UNDER THE 122(d) GRANT

The Evaluation Team found that each institution presented a unique situation with its own personality, characteristics, experience and potential. For example, curriculum development and implementation have occurred quite differently in the four universities. This largely has been due to the location of the 122(d) grant within the university, the general structure and focus of the university, and the universities' perceptions of the appropriate role of the 122(d) grant.

Therefore, presented with a choice of organizing the format for this report in accordance with substantive areas, such as financial management or curriculum development, and then discussing all four institutions within a given substantive topic, the team determined that description would be more clear and definitive if we discussed our findings in the report, institution by institution. Those trends and issues which emerged from the findings at each institution were later analyzed and presented for their more generalized implications in Chapter III, Findings and Recommendations.

The following discussion of the progress and impact of international health activities at the health institutions is presented in the order in which the institutions were visited by the team: Howard University, February 22-25; Meharry Medical College, February 28-March 4; Tuskegee Institute, March 7-11; and Drew Postgraduate Medical School, March 14-18.

A. Howard University

Howard University received the first 122(d) grant given by AID to health institutions in September, 1978. Its focus under the grant has been in the areas of strengthening integrated rural health delivery systems and developing greater competency in nutritional planning and human ecology. Its international health program went through a period of disorientation in the early years of the grant. The program, which has now been reorganized completely following a productive in-house evaluation, has been placed under new direction and is beginning to show evidence of gearing up to make a significant contribution to international health.

During the transition period last year, the university requested a moratorium on spending from AID and an extension of the grant period for one year at no additional cost. Howard University's financial administration of the grant is highly controlled and responsive to detailed information requests. It has a well organized management and financial control system.

A substantial amount of the progress achieved in reorienting the Howard University program stems from the presence of the new Director of International Health, a distinguished physician who in the past has been associated with AID's Africa Bureau. Contributing positively as staff of the International Health Program and as faculty of Howard University are highly trained health personnel who are foreign born and experienced in public health in their countries, and others who are U.S. born and have had extensive exposure to overseas public health and development activities. This impressive array of Howard University faculty is currently augmented by the presence of a senior AID official with significant overseas AID mission experience who has been deployed to the university under an IPA agreement.

Due to earlier imbalances in the planning and direction of the international health program, the accomplishments of the Howard program have not reached its expectations as stated in the grant application and work plan. This does not mean that there have been no significant accomplishments, however. Nor does the future of the Howard international program seem limited. The team was optimistic that with the new leadership, and the presence of talented and sophisticated faculty members who are collaborating with the health program, there is much to be realized from this effort, provided AID is willing to allow a little more time and perhaps some additional funding, if available.

1. Anticipated Outputs of the Howard University International Health Program Funded by the AID 122(d) Grant

At the onset of the AID funding, Howard University set as its program output goals a portfolio of training and teaching, faculty development, research and technical advisory services to developing countries, and the development of a resource data bank which would provide current

information on rural health development and related fields for use by Howard University, other development and academic institutions in the U.S. and international donors. Also planned were analyses and surveys of nutrition, rural health services, and family planning.

The production of these program outputs was intended to establish Howard University as a capable source of development research information and of advisory assistance to African health organizations and government health planners and as a high quality academic institution available for the preparation of faculty and students to perform international health program planning, design and implementation. The ultimate goal of these activities was to develop the competency of Howard University to serve as an enhanced resource to AID for training and technical advisory services in Africa. As the program developed among all the health institutions, the beneficiaries of these efforts would include developing nations in the Caribbean area.

The principal impact of the AID grant on Howard University has been the expansion of courses in international health. Some nine courses which have been initiated or revised by those faculty connected with the 122(d) may be credited to the AID grant. (See section on curriculum development below.)

Service Capability

In order to prepare itself for more effective technical assistance to African countries, Howard proposed to develop at least eight new courses for study by U.S. and foreign students at the university. In the course development process, it was intended that the new knowledge obtained would also accrue to the university faculty and would be used by them in their technical advisory roles overseas. To enhance the skills of a consultant pool, a program of orientation would be developed for each consultant team prior to its deployment on overseas missions, which would include detailed review of cultural, economic and social, and health conditions of the countries to be visited. To expand the effectiveness of Howard, closer working relationships would be sought with other 122(d) grant recipients through annual workshops and seminars in the U.S. or abroad.

The original grant document refers to the expected creation of linkages with African institutions to share expertise, plan health services and develop education methodologies. It sets forth a series of action steps to achieve such linkage including the identification of appropriate areas for collaboration, a task analysis phase, development of training and program materials, team selection processes, and supporting stipends, and funds for travel and logistic support.

In relation to the Purpose I of the grant, the strengthening of capability in the area of integrated rural health delivery systems, Howard proposed an expansion of three additional faculty, curriculum development and provision of experience through overseas field visits and conferences for Howard University faculty. A series of special short term courses would be designed emphasizing the training of trainers and primary health care providers aimed at village level health services. These paramedical-level courses would be designed in collaboration with African nationals. Another major target group would be the African health officials who require assistance through training in health planning, using workshops as the medium.

Research capacity would be upgraded through so-called "state of the art" analyses in African countries, which would expand the university's base of knowledge and information and identify requirements in-country for specific technical advisory services. This knowledge-gathering process was to include literature review and collection of program data from many other institutions engaged in public health overseas. Attention to the health infrastructures of selected African countries was also envisaged.

An impressive collection of technical books, journals and other literature has been assembled by the international health program at Howard, and housed in the central medical library. There are approximately 168,000 entries in this collection, which contains not only standard textbooks but many contemporary professional journals on such pertinent topics as tropical medicine, public health, maternal and child health, nutrition, etc. The team viewed this collection as a positive strengthening of the Howard University international health component and would recommend that the

library continue to expand its acquisition as new developments in primary health care are printed.

Nutrition Planning

To provide current appropriate data on nutrition, the university proposed to develop a nutrition survey methodology for use in African countries which would provide economic, technical or scientific, anthropometric data, etc. This was to be accomplished through the development of courses and research in cooperation with African technicians. There would also be attention given to improving skills in nutrition planning through coursework and exploratory research projects overseas for junior faculty. An important facet of this effort would be the development of specific courses to train U.S. and African professionals in the evaluation of nutritional status and in the use of native foods to counteract dietary deficiencies. Nutrition education materials were also to be developed for use in African countries.

Environmental Health

Using the same strategies as in other substantive areas, Howard University planned to strengthen capacity in environmental health by hiring an environmental health specialist, providing courses in environmental health at graduate and undergraduate level and facilitating the travel to Africa of faculty and graduate students in order to familiarize them with the environmental conditions in developing countries. A particular emphasis in environmental health would be design of environmental education methodology, development of visual aids and media resources, and communicating information in this area to the village level in Africa. Through Howard's School of Human Ecology, special training was to be given in the area of nutrition surveys and the collection and analysis of data from these sources. It was hoped that service to African groups in need of assistance for developing training programs for professional and para-professionals would be an important part of the grant activities.

The general plan presented was to coordinate all international health activities through the Office of International Health in cooperation with the Colleges of Medicine, Nursing, and Allied Health Sciences and with the School of Human Ecology. Faculty from these units would work with the Director of International Health to create linkages with African institutions to perform collaborative research with African colleagues and other Howard components, to teach international courses and develop technical services overseas.

Curriculum Development

Perhaps the greatest impact which the 122(d) grant has had on Howard University is in the development of new courses in international health. Nine new or revised courses have been initiated under the AID grant. By the end of the summer term of 1982, 120 students had completed these courses. The quality of these courses is high, and their content is appropriate to preparing new skills in international health project work. The breadth and content of these courses is briefly noted in the following list. The faculty which has prepared these courses for inclusion in the international health portfolio and who provide the lectures for them is a group of international health experts with appropriate practical overseas orientation and professional preparation. The courses are given through the College of Allied Health Sciences, the School of Human Ecology and the College of Medicine for the M.S. in Public Health program, as indicated on the list below.

Howard University has both a medical school and a general academic program which includes the Masters of Science in Public Health (MSPH). Howard has placed the 122(d) grant in the medical college. The international health unit has developed three courses which are offered as electives, two through the College of Allied Health Sciences and one through the College of Medicine to the MPH students, and are also open for students in both the medical school and the undergraduate studies areas. The first course, Introduction to International Health, is taught in a seminar format and is a general survey of socio-economic and health care issues in developing countries, with an emphasis on the organization and training of primary health care workers. This course consists of four basic modules:

LIST OF COURSES INITIATED AND/OR STRENGTHENED
THE INSTITUTIONAL GRANT 122D
Howard University

<u>Course No.</u>	<u>College/Department</u>	<u>Course Title</u>	<u>Course Hours</u>	<u>Instructor</u>
AH 570-100 Fall Semester	Allied Health Sc.	International Health Perspectives Health Delivery Systems	3	A. A. Moen
AH 570-100 Spring Semester	Allied Health Sc.	Comparative Health Perspectives-Training and Utilization of Health Manpower	3	A. A. Moen
HE 186-192-01 Fall Semester	Human Ecology	International Nutrition	3	A. Johnson
655-100-02 Spring Semester	MSPH	Introduction to International Health	2	A. A. Moen
658-100-02 Spring Semester	MSPH	Introduction to Public Health Nutrition	2	*N. H. Ozerol
655-140-02 Spring Semester	MSPH	Alternative Health Care System for LDC Special Studies	2	A. A. Moen
HE 193-199-01 Fall Semester 1980 and 1981	Human Ecology	Environmental Health In Developing Countries	3	*K. Kassim
HE 193-192-01 Spring Semester 1981	Human Ecology	Environmental Epidemiology	3	*K. Kassim
CM 918-400-04 Fall/Spring Semesters 1980 and 1981	Medicine	Environmental Occupational Health (Clerkship in Family Practice)	4	*K. Kassim

*Although Drs. Ozerol and Kassim are not involved in teaching these courses at present, the courses continue to be offered by the respective colleges and schools by other faculty members.

Nutrition, which reviews the nature, causes, and effects of nutritional problems in developing countries; Environmental and Epidemiological Health, which focuses on water supply and waste disposal for urban and rural communities and on the effects of communicable diseases on general development and health; Maternal and Child Health; and Comparative Health Care, which examines the distribution and accessibility of health care resources in developing countries. These modules are taught by faculty from the Departments of Nutrition and Epidemiology as well as by the International Health staff. The second course, International Health Perspectives, is offered to students from medical sciences, health care administration, African studies, human ecology, physicians assistants, nurses, nutritionists, and other allied health programs. The particular emphasis of the course is on the training, supervision, and utilization of non-physician primary health care workers in developing countries, through using a case study approach. The third course, Comparative Health Perspectives, provides a more indepth analysis of health care delivery systems in developing countries.

Additional courses that have been developed in other colleges and departments, with substantial support from the 122(d) grant, are International Nutrition, Nutrition Problems in Africa, Environmental Health in Developing Countries and Environmental Epidemiology.

Curricula development in internationally related health issues continues to be a major activity of the 122(d) grant faculty. Any course developed by the 122(d) faculty must obtain approval of the curriculum committee within the school or college in which the course is to be taught. Specifically, curricula planning and course designs are tailored to the teacher's competence areas and the needs of the colleges for such course options.

Several courses have been developed that are awaiting college approval, e.g., Chemical and Biological Agents in Environmental Pollution, Environmental Epidemiology, Environmental Health, and Appropriate Technologies for Developing Countries.

An eight week competency based Health Planning course has been developed to take place during the summer for a limited number of third world nationals. The course has not formally been approved, but a training announcement has been designed for distribution to USAID missions.

In addition to their work in the courses described above, the 122(d) faculty members serve as guest lecturers, advisors, or course coordinators in such courses as Global Epidemiology (909-218-01 College of Medicine); International Health Problems (909-233-01 College of Medicine); and Introduction to Patient Care II (950-102 College of Medicine).

Both faculty and students were interviewed regarding the perceived quality and potential impact of the international health courses. In general, the response was quite positive, particularly from the international students, most of whom plan to return to their own countries following graduation to work in health-related fields.

They believe that the background they have received at Howard will facilitate their work. Two specific suggestions that were made by these students are:

1. An international health major should be offered within the Master's of Science in Public Health program, rather than just the courses.
2. Students should have an opportunity to do international field work under the direction of the university.

The evaluation team recommends that, rather than an international health major which the university might not be able to support after the termination of the 122(d) grant, a mechanism for presenting information about the international health courses that are currently being offered through the various colleges and departments be developed. Certainly, funding for international field placements for students should be pursued, but because of the expense involved in international travel and difficulty of field supervision it would be appropriate to seek U.S.-based field placements that are as relevant as possible to the health conditions, programs, and needs of developing countries.

The current emphasis on reducing the number of courses supported by the 122(d) grant and encouraging internationally-focused courses as part of the regular curriculum in the colleges and departments is consistent both with the university's goal of institutionalizing an international health curriculum and with the International Health Center's concern for concentrating during the latter part of the grant on procuring additional contracts and grants and on further establishing linkages with health institutions in Africa and the Caribbean.

Other Accomplishments

Other accomplishments which are clearly attributable to the support from the 122(d) include the international seminars which were held during the earlier grant period in the Cameroon, Liberia and Togo. Joint seminars were held with the University of Yaounde and explorations made of the possibility for joint research and student exchanges between Howard University and the University of Yaounde. These have not materialized as yet.

Howard faculty members have been sent on exploratory missions to Kenya, Mauritius, and the Seychelles and Howard has served as the host to a number of officials from Africa and Caribbean nations. Howard has also sent international health staff and faculty members to several international conferences which provided new insights and knowledge about primary health care activities and nutrition programs.

In response to Requests for Proposals (RFPs), Howard has submitted a number of proposals to AID for project implementation, none of which has been accepted. The Division of International Health staff expressed their satisfaction with the experience gained through the proposal writing exercises and subsequent AID briefings which they feel will prepare them for future successes in their marketing efforts.

One of the key staff members of Howard University's international health effort, Dr. Moen, served on a short-term consultation in health planning and curriculum in Kuwait and North Yemen.

2. Problems Encountered

As may be seen from the above, most of the impact of the grant has been on improvements in teaching and development of international health courses at Howard University. The expected development of Howard faculty through training and the anticipated faculty and student exchanges with African institutions have not been achieved. Although there have been starts made in the planned state-of-the-art survey in nutrition, little has yet been accomplished.

In summary, achievements of the goals and outputs stated in the original grant document have been meager. The one shining light has been the quality and quantity of international health courses developed. The base which has been laid within the Department of Community Medicine and Family Practice is impressive, however, and portends well for the future evolution of the international health program.

Among the constraints which have been felt by the present staff at Howard are those cited earlier in this section: vague objectives as stated within the grant document; poor initial planning; inappropriate staffing; inadequate organization; incomplete communication and weak management within the Office of International Health; and just some plain bad luck in presenting project proposals on a competitive basis to AID. The staff of the Division of International Health Division feel also that there were actions which AID might have taken to assist Howard University to better achieve its grant objectives. There has been until now (since 1978) no evaluation or monitoring of the grant activities by AID. Except for one gathering early in the grant of 122(d) institutions in Washington, convoked by AID to exchange ideas and definitions of the AID health strategy, no one has visited from the responsible technical offices to discuss Howard's progress or to provide assistance in interpreting AID policies.* This has been the case in other institutions as well. One

*According to AID, the technical health officers have visited the schools and worked on proposals and spent considerable time in helping Howard to revise its program.

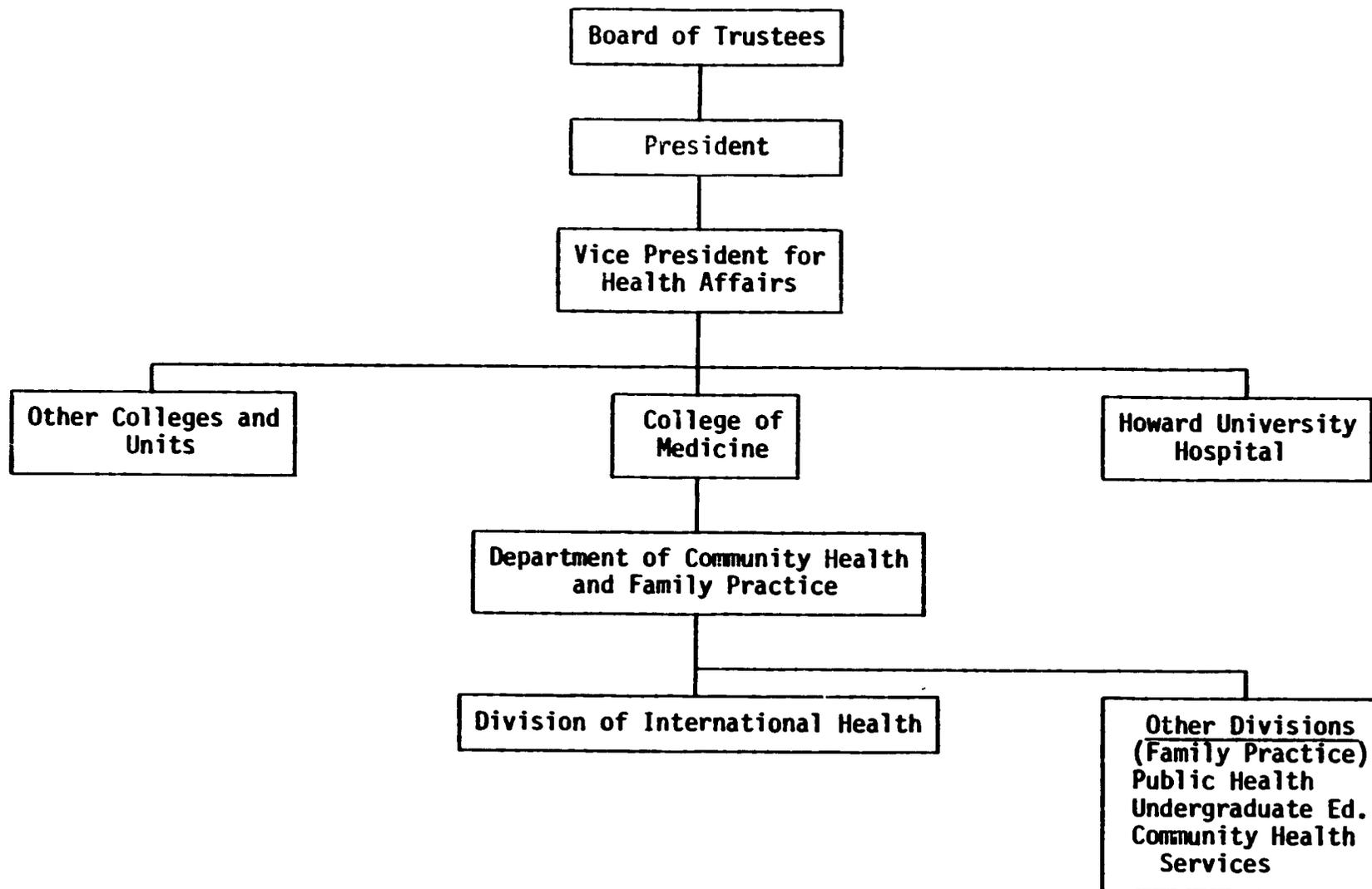
reason given by AID which cannot apply to the Howard University situation, is that insufficient funds were available to AID program monitors to take the trips required for effective monitoring. If this be true, AID is making a serious management decision in not making available a few thousand dollars worth of transportation to safeguard an investment of \$5 million. Beyond the monetary investment, however, is the risk of losing out on the development of valuable institutional competencies by failing to provide minimum guidance to potentially useful institutions.

AID also has been slow to respond to reports and correspondence submitted by the university, which views AID critiques and policy guidance essential to growth for Howard's new endeavor. The international health staff, for example, has yet to receive a response to their letter of November 1982 which transmitted their current annual report for AID review and reaction. While they continue to carry out some grant activities, the staff feels it is slowed down by not knowing whether AID is in agreement with the planned work activities and budget allocations for these activities.

3. Organization - The Placement of the 122(d) Grant within the University

In accordance with the original grant proposal submitted by Howard University, the international health program was placed under the supervision of the Vice President for Health Affairs, which theoretically provided the program with a suitable base for coordination of activities with the college and schools most directly linked to international health: the colleges of medicine, nursing, allied health sciences, and the school of human ecology. In early 1982, the Vice President of Health Affairs requested an internal evaluation of the international health program. The report of this evaluation completed in April, 1982, noted that the "program was directed toward a hazily drawn set of objectives which do not seem closely related to the AID perception of the purpose of institutional development grants". The evaluation report also described a combination of "poor planning, inappropriate staffing, inadequate organization, incomplete communication, and weak management", as having frustrated ... "movement toward an effective and self-supporting program in international health". The report also suggested that the office of international health may have been inappropriately placed.

HOWARD UNIVERSITY
CENTER FOR THE HEALTH SCIENCES
ORGANIZATIONAL CHART



Therefore, Howard University reorganized the efforts under 122(d) and transferred the program activities to the Division of International Health within the Department of Community Health and Family Practice of the College of Medicine. The grant was placed under the direction of Dr. Thomas W. Georges, Jr., M.D. Chairman of the Department of Community Health and Family Practice who had considerable international health and AID experience with the African Bureau. This new staff undertook to design a more coherent strategy to achieve the objectives and outputs of the grant. Howard University also took the courageous step of placing the grant in partial suspension for three months, with AID concurrence, until the new staff and program were in effect. The reorganization report also suggested the exploration of closer ties with the three other health institutions receiving 122(d) support from AID which might take the form of merely information exchanges or some more formal tie such as a consortium capable of joint ventures in African health projects.

Staffing of the Division of International Health

The new core staff was reduced from an average of four full time professional personnel to one senior public health administrator and secretarial-clerical person.

The remaining staff who participate in International program activities although not paid directly from the AID grant, include the Director of International Health, Dr. Georges who is an experienced physician with additional training in public health, who served formerly as the principal health advisor to the Africa Bureau. He has had significant experience in studying cross-national health care systems and has served on public health missions to African countries, including Liberia, Kenya, Ghana, and Senegal. Fermino Spencer, former AID mission director to Zaire and Director of the Coastal West Africa office of AID/Washington, is assigned to the Division of International Health of Howard University under an IPA agreement. He brings many year of pragmatic experience to the new staff. He holds a masters degree in education. His position is not charged to the AID grant.

The only professional staff member charged to the grant (at 90% time) is Dr. Ahmed Moen, who received his Doctorate in Public Health from Johns Hopkins University and has been an Assistant Professor of International Health at Howard since 1978. Dr. Moen was formerly the national director of the Medical Service Division of the Ethiopian Ministry of Public Health and has long experience with the national malaria eradication program of Ethiopia. He has also contributed to the survey of basic health service planning in Jamaica and was consultant on health manpower training and the training of trainers in Kuwait and Liberia.

In addition, the Division of International Health has established strong ties with faculty members of other departments and colleges of Howard University, whose salaries are not paid from the grant, but whose services are available for short term assignment and technical advice as needed on particular public health issues.

Thus the new staff for the Division of International Health is a well-balanced, experienced senior group of development and health experts who should shape the newly organized program at Howard University into a coherent, productive effort. This will take time and, as will be restated later, may require an extension of both funding and time by AID in order to realize the institutional development which until now have been slow in coming but about to come to fruition.

4. Administrative Budgeting and Accounting Controls

The current program of Howard's 122(d) grant reflects a plan that was devised as a result of Howard's own evaluation completed in April, 1982. As stated earlier, that evaluation concluded that as a result of poor planning, incomplete communication, and weak management, "... little has been achieved with this grant support in the past three and a half years."

The current plan, which was drawn up by the current Project Director with the aid of his staff and of Executive Committee of the Faculty of the Department of Community Health and Family Practice, details specific activities that are to be undertaken during the remainder of the grant

period, and indicate a time frame for their accomplishment. This plan is contained in Howard's most recent annual report, dated November 22, 1982 and is only now being implemented.

The grant funds authorized to carry out the program are subjected to Howard's centralized budgeting and accounting controls which are embodied in a modern, computerized system. As increments of the grant are received, a proposed budget is prepared by the Project Director with the cooperation of his staff. The budget is incorporated in a form called a Grant Recommendation, and lists amounts by object class, with supporting detail (i.e., personnel, consultants, travel and supplies), leaving in reserve whatever amount is unbudgeted. The Grant Recommendation must be approved by the Dean of the Medical School, the University's Budget Director, the Director of Personnel, the University's Vice President for Health Affairs, and finally, by the President.

Before final approval, however, the Grant Recommendation is reviewed by the University Controller, under whom there is operated a section responsible for accounting for restricted funds. This is the section that maintains accounting controls over the approximately 1000 grants currently received by Howard from all sources. The Controller reviews the Grant Recommendation to determine that it conforms to the policy set forth in the Grant Agreement as signed by the University and AID, and that it is also in conformity with Howard policy.

With the final approval of the Grant Recommendation the amounts budgeted therein are entered in the University's computerized accounting system, and become the controls over subsequent obligations and disbursements. Adjustments in the budget are effected by means of a Budget Recommendation Form, which is subjected to the same approval process as the original budgetary allocation.

The above procedures are primarily relevant to the early years of the grant. It is noted that the only adjustment to the budget for the grant made pursuant to the reorganization in April, 1982, was the elimination of four grant-funded positions. A corresponding reduction in the amount

budgeted for direct hire personnel was not made. Subsequently, in December 1982, an amount of \$50,000 was transferred from the unallocated reserve to foreign travel. No further budgetary adjustments or allocations have been made.

Obligations

Following are the procedures for obligating funds in the several budget categories. The procedures for obligations follow essentially the same approval channels as those described above for the budgeting of funds.

● Direct Hire Personnel

Direct hire personnel are employed pursuant to a Personnel Recommendation Form, which in addition to such data as job title and proposed salary, includes a justification for the employment, as well as a copy of the proposed employee's curriculum vitae. Through this procedure the hiring of each employee must be approved by essentially the same authorities who approved the budgeting of the grant funds.

Approximately 87% of all grant funds obligated to date have been for direct hire personnel and employee benefits. As a result of the reorganization, since June, 1982, the only salaries charged to the grant are 90 percent of the salary of an assistant professor and 100 percent of the salary of a secretary. Salaries of other personnel responsible for the administration of the grant, including the Project Director, are paid by the University. An advisor to the Project Director is an AID employee on loan to Howard by means of an Intergovernmental Personnel Agreement.

The secretary charged to grant funds is required to submit a bi-weekly time sheet, showing periods actually worked. This sheet is signed by the employee and approved by the Project Director, as well as the Dean of the School of Medicine. On the other hand, as is the case of all faculty members, the assistant professor paid with grant funds is not required to submit a time sheet, but is on an honor system, reporting only those periods when he is absent from work.

● Consultants

It appears that Howard intends to limit the number of direct hire employees paid with grant funds until such time as it can afford to hire its own employees for this activity. Meanwhile, in accordance with project needs, additional staffing requirements will be met by consultants. Indeed, Howard's most recent annual report indicates an amount of \$72,000 will be budgeted in the current year and \$70,000 for next year for consultant hire. These sums should be compared with the cumulative total budget of \$13,450 and disbursements of \$3,450 for consultants since the inception of the program through January 31, 1983.

Consultants are hired pursuant to a separate form, which, while requiring fewer approvals, must still be authorized by the Dean of the Medical School, and approved by the University's Controller. The Medical School's record indicated that thus far only four consultants have been hired under the grant, with individual fees being \$2,000 or less.

● Travel

Travel, whether domestic or foreign, must be approved in advance by the Dean or department head, the Vice President of Health Affairs, and the Controller's office. In addition, foreign travel must be approved in advance by the University President, and, in accordance with the grant agreement by AID as well.

The University has promulgated detailed travel regulations which explain the allowability of travel costs, travel advances, and claims for reimbursement. There is prior agreement by the traveler, as a condition to his obtaining an advance of travel funds, to submit a settlement report within ten days of the travel, or, in the absence of such a report, to have the amount of the advance deducted from the following payroll check.

Prior to the reorganization of the administration of the grant in 1982, international travel was of some significance. During this period, enforcement of the restrictions on the travel included in paragraph 16C of the Standard Provisions of the grant agreement was in the hands of the administrative assistant employed by the Project Director. Since the reorganization, international travel has become much more limited, and is under the direct supervision of the Project Director. All international travel is by U.S. flag carrier.

● Procurement

The University's procurement regulations, which have been promulgated both for internal use as well as for vendors doing business with Howard, are based on the Federal Procurement Regulations, and are grounded on the policy of competitive bidding. For purchases under \$5,000, informal quotations are generally obtained by telephone. For items costing between \$5,000 and \$10,000, informal bids or proposals are solicited among a representative group of sellers. Procurement in excess of \$10,000 is subject to formal competitive bidding.

Goods or services to be purchased by the University's purchasing agent must be requested on a separate form, signed by the Project Director and approved by the Dean of the School of Medicine. As in the case of the other obligations referred to above, the purchase order is cleared through the restricted funds section of the Controller's office to determine that appropriate funds have been allocated and are available, and that the proposed purchase conforms with the provisions of the grant agreement.

Because of the limited amounts of procurement, problems in enforcing the restrictions in the Standard Provisions relating to geographic source and order of preference, ineligible goods and services, and restricted goods have thus far not arisen. However, the official in charge of the restricted funds section appears fully familiar with these restrictions, and reviews all requests for the procurement against them.

5. Capital Equipment

The following capital equipment has been purchased with grant funds:

<u>Date Purchased</u>	<u>Description</u>	<u>Cost</u>
11/29/78	IBM Correcting Selectric Typewriter	\$ 780.00
11/29/78	IBM Correcting Selectric Typewriter	780.00
04/03/79	Executive High-Back Chair, Reception Chair	731.00
04/10/79	IBM Correcting Selectric Typewriter	780.00
04/10/79	Craig Dictation Recorder w/Accessories	1,875.11
01/13/80	IBM Correcting Selectric Typewriter	780.00
04/21/81	Steel Drawer File Cabinets w/Lock (4 ea.)	1,632.00
01/29/82	Tennsco Steel Book Case (3 ea.)	347.10
01/29/82	Ovura Swivel/Tilt Arm Chair	205.00
	TOTAL	<u>\$7,910.21</u>

Disbursements

All disbursements are channeled through the central accounting system maintained by the Controller. Disbursements are effected only against proper documentation, such as time sheets, travel authorizations or reports covering the receipt of property purchased. Each disbursement must be charged to a previously approved and recorded obligation.

The AID grant is funded entirely on a reimbursement basis. That is, the University disburses its own funds for the purposes of the grant and, upon submission of appropriate documentation to AID, reimbursement is obtained.

Howard has not availed itself of the advance payment provisions authorized in Attachment C to the Grant Agreement because it feels that the requirement that all receipts and disbursements be channeled through a special account would not be compatible with its computerized accounting system, which is keyed to a single bank account.

The documentation to support all disbursements is retained at Howard, pending an audit by AID. Thus far AID has not audited this documentation.

6. Financial Status of Grant as of January 31, 1983

The following tabulation shows the cumulative amounts budgeted and disbursed from the inception of the grant to January 31, 1983, along with the encumbered and the available balances.

<u>Expense Category</u>	<u>Budgeted</u>	<u>Disbursed</u>	<u>Encumbered</u>	<u>Funds Available</u>
Salaries & Wages	\$684,890	\$ 631,179	\$ 9,862	\$ 43,849
Employee Benefits	130,321	124,739	-	5,582
Travel	125,888	67,965	19,696	38,227
Supplies & Misc.	26,393	11,467	1,920	13,006
Rentals & Repairs	14,211	14,211	-	-
Consultants	13,450	3,450	700	9,300
Equipment	12,140	8,052	-	4,088
Books, Audio/Visual Printing, etc.	7,406	5,968	1,438	
Balance	235,301	-	-	-
	<u>\$1,250,000</u>	<u>\$867,031</u>	<u>\$33,616</u>	<u>\$349,353</u>

Public Accountants' Report

The most recent public accountants' report available for Howard University was issued in August, 1982, by Peat, Marwick, Mitchell & Co. and covered an audit of federal grants and other agreements for the year ended June 30, 1981. While the auditors found no condition that they "believe to be a material weakness" there were a number of recommendations for improved procedures, including the improvements in recovery of indirect costs and fringe benefit charges and in documenting time and effort charges for university personnel paid with grant funds. The comments of the university included in the report indicate that corrective action was taken on all recommendations.

7. The Future of the Howard Program

Despite the setbacks which were experienced over the past several years, Howard's Division of International Health generates confidence that much of the slow start will be overcome through the implementation of the work plan that has been drafted for activities during the remainder of the grant, which is scheduled to terminate in September, 1984. This work plan and budget, incidentally, have been drawn up with the assistance of an intercollegiate planning committee.

To improve Howard's readiness to offer skilled technical services to AID, other development agencies and host country health agencies, Howard plans to perform a survey of expertise in international health, beginning with all schools and colleges at Howard. A survey form has been designed and is ready for circulation; some interviews with Howard faculty have already begun. Other faculty members of the local university consortium in which Howard collaborates will be included in this survey. A further expansion of the planned consultant network involves consultants who are located in predominately minority institutions and on the staffs of private voluntary organizations.

Another thrust to equip Howard to better perform in marketing its services will be the preparation of a university capability statement. From this exercise will probably emerge certain evidences of gaps of skills, experience and expertise which needs action by Howard University to correct. This will lead to a plan of action. Already it is clear to Howard that to be competitive with other organizations offering technical services in Africa, the university must develop faculty proficiency in official languages and accordingly has made plans to offer language training systematically to its faculty, particularly in French and Spanish. At the same time, the international health staff proposes to enrich the current teaching of African languages (some fourteen local African languages are now offered by the Department of African Studies) at Howard by engaging the services of foreign students with appropriate language facility to serve as conversational models and language support aids.

Having critiqued its own failures to obtain contracts for African health projects, the Division of International Health will attempt to approach country selection and marketing in a more systematic manner. Until the faculty has become proficient in other languages, Howard plans to concentrate its efforts toward reaching English speaking countries. A set of criteria for selecting target countries for assistance efforts has been drawn up and a strategy for upgrading its knowledge of African and Caribbean developments in health is being developed. Included in this strategy will be specific efforts to review AID's and other donor institutions policy and strategy issuances, congressional presentations, and budget submissions and more extended contracts with host country and embassy officials concerning development plans. To publicize the services available at Howard, the staff will also encourage more contacts with international organizations, wider circulation of Howard's publications and research findings, and the organization of conferences on major health issues in Africa and the Caribbean. They will also encourage faculty to publish the outcomes of their international research projects and to present papers at international health conferences.

The Division of International Health will continue the provision of courses in international health, revising these as new information is received about specific country situations and health status.

The program will also seek to expand its network of information exchanges and consultations with professionals in Caribbean and African institutions. Delegates have been sent from Howard University to Nigeria for the WHO sponsored Council on Organizations and International Medical Services and to the British Commonwealth medical conference held in the Caribbean. They will continue to respond to invitations for such meetings as a means of obtaining updated information on health programs and for exchanging ideas with representatives from developing countries about their requirements for technical assistance and program support.

Looking toward an expanded role of direct service to developing health institutions in Africa and the Caribbean, the Howard staff has planned to hold several workshops of key significance to improved health management.

They have already held a successful workshop in Liberia last December and January, which assisted the Ministry of Health there to present current thinking on multidisciplinary curriculum development and the training of trainers for primary health care activities. Howard provided the expertise from its faculty for the workshop sessions and plans another similar workshop in an as yet undesignated location during this calendar year.

Keeping in mind the new AID emphasis as expressed in its recently released health policy and strategy documents, the Howard staff will seek to develop management and training manuals which will be useful for specific African countries to improve local competence in health planning and implementation. At the request of a country, the Division of International Health will develop the appropriate manuals and test them in the field against the realities of a specific national need.

To further develop faculty available from Howard University for technical assistance overseas, the Division plans to formalize a health preceptorship program which will provide carefully designed experience to the faculty. For example, on overseas trips for consultant or workshop participation an experienced faculty member travels with a less experienced faculty person to provide guidance, advice and supervision as the less experienced advisor performs his or her work assignment. Part of this effort also will involve workshops for faculty on research, design and methodology in such topics as health planning, manpower development, biomedical research and nutrition. This experience will be supplemented with language training in French, Arabic, Spanish or Portuguese. An additional important skill is currently being developed through an ongoing course for the faculty in computer sciences, which is expected to respond to a growing need for assistance in managing health systems using computers.

In support of both foci of the grant, integrated rural health and nutrition/human ecology, Howard plans to improve its ability to evaluate programs by developing methodologies related to the evaluation of integrated rural health deliver systems, medical logistics systems, and village health care. With these skills, the Division of International

Health plans to develop proposals to AID for evaluation of African rural health projects as these requirements for evaluation develop over the course of the next year and a half.

Likelihood of Howard University to Achieve Grant Purposes

Despite a slow start, there has been a noticeable development of the international health staff and Howard University faculty generally toward a realistic approach to planning developing country health projects. With continued exposure to overseas health projects through consultants and workshops and continuing progress being made in creating and submitting proposals to AID, the evaluation team is optimistic that Howard will within a few years achieve the level of competency it is seeking. As discussed with the international staff, it is considered useful for Howard University to expand its horizons and look to international development agencies in addition to AID for future support. There are other sources of funding within the UN family, the World Bank, the African Development Bank, and Caribbean regional funding agencies which are in need of technical advisory services. Howard University plans to visit these soon to explore the potential among these groups for funding of health project and research activities.

Experience has shown that institutional development is a long, slow, costly process. The team feels that there is a basis laid at Howard University which would be lost, if funding for strengthening of its capabilities were terminated too prematurely. Therefore, it suggests that AID consider extending the 122(d) effort beyond the present funding period and continue to build up the competence, expertise and impetus toward self-support which has been stimulated thus far. This would probably mean in the case of Howard an additional two years at approximately the same annual level of funding as the present grant. To drop support now, however, would be dooming a potential if as yet unrealized source of technical assistance to AID projects, whereas an additional boost to the original grant will likely result in the establishment of a sophisticated, knowledgeable, and pragmatic team of consultants available to African health projects in the future.

B. Meharry Medical College

The AID 122(d) grant of \$1,250,000 to Meharry which began in September, 1978 is a sequel to an earlier AID grant, beginning in 1971. With the original funds from the development grant in 1971, Meharry established within the School of Graduate Studies an International Center for Health Sciences (ICHS), which continues to the present to function exclusively with the assistance of AID and no other external donors. Because of the long history of AID support to Meharry, it would have been advantageous to AID if the evaluation team had been given a mandate to extend the scope of the evaluation retrogressively over a longer period of time (into the earlier seventies) in order to gain a better understanding of the base on which the ICHS is founded. However, five days were sufficient only to perform the present scope of work, i.e., an assessment of the impact which the present 122(d) grant has had on Meharry's ability to strengthen its multi-disciplinary capacity in the field of maternal/child health, applied nutrition, and bio-medical ecology. To accomplish this strengthening, Meharry created a core staff of public health personnel with expertise in "training, advising, sector analysis, project design and implementation, research and evaluation". This staff is intended to serve less developed countries, primarily in Africa, to develop their services for the benefit of maternal and child health projects with components of applied nutritional interventions. Meharry has also developed a resource center, i.e., a clearinghouse of information in these areas for Meharry faculty and consultants and for developing country needs. A fundamental strategy of this technical assistance effort is to be the establishment of formal linkages with health institutions and ministries of several African nations.

1. Achievement of Grant Purposes and Description of Activities

Meharry arranges its outputs from this grant in five action areas:

- Expanded Knowledge Base and Research Capability
- Increased Education and Training Capability
- Strengthened Advisory Capacity
- Expanded Information and Dissemination Capacity
- Expanded Linkages and Networks

Expanded Knowledge Base and Research Capability

This component was to be initiated through a state of the arts survey to identify needs for MCH/nutrition assistance in less developed countries, to assist in future development of health plans in this areas and to design training and advisory services. This survey would be accomplished through travel to Africa, literature surveys, research in combination with AID and less developed country institutions and examination of Meharry's own technical resources.

Systematic reviews have been made by the ICHS staff of reports and other literature concerning successful experience in developing countries with various approaches to design and implementation of projects involving maternal and child health and applied nutrition activities. These are available through the ICHS library for the use of clinical associates and other staff and faculty at Meharry who are preparing for overseas consultation or revisions of course materials. This has not been an extensive undertaking but has provided some useful reference materials for expanding the knowledge of Meharry faculty about what strategies and approaches have been tried, with what degree of success, and with what implications for projects and proposals being considered by the Meharry ICHS. This material was useful for example in preparing for the Malawi Nutrition Workshop which was offered by Meharry in 1981.

The role of the ICHS library in processing and updating these materials is significant to the continued successful progress of this aspect of the grant. The linkage of these materials through the ICHS library to the central Meharry library collection has been beneficial in assuring the availability of this resource to faculty and students who are not directly connected to the ICHS program. The Meharry collection and similar resources being developed at the other three minority health institutions supported by the AID 122(d) grant is a formidable source of information about primary health systems in Africa and other developing areas. Some formal means of exchange of this information should be undertaken by the four institutions so that sharing among them may be facilitated.

Increased Education and Training Capabilities

The thrust of this output is the creation of new and revised course offerings and curriculum, including the establishment of a summer academic program in international Maternal and Child Health/Family Planning (MCH/FP) and applied nutrition for the U.S. and foreign students who are studying health services. While there is no specific mention of an international health course, there is a stated intention to develop interdisciplinary courses at graduate level. There is also a component for the training of trainers, presumably at Meharry and overseas. Included also is the goal of establishing a special curriculum for a masters degree in international health with emphasis on MCH/FP, health care delivery, and nutrition.

Since 1979, Meharry's ICHS staff has conducted a six-week summer program on maternal and child health and applied nutrition, a certificate course attended by ten masters degree candidates from the U.S. and overseas who are studying health sciences at American universities. These students receive stipends from the grant to participate in the summer programs. The course is an effective mixture of didactic and practical training, and contains a range of lectures which expose participants to among other topics, nutrition, food technology, health education, physiology of growth, obstetrics and gynecology, epidemiology, health project management and evaluation, and environmental and cultural impacts on health. Practicum is provided through field visits to laboratories, clinics, environmental units, etc., located at Meharry or in nearby Nashville locations.

A comprehensive international health course has been developed by the staff of ICHS in cooperation with other faculty of Meharry. The course is designed to include a series of lectures and seminars to help students understand approaches used by various countries, with more emphasis on developing nations of the world, in preventing diseases, promoting health, and improving their health delivery systems; to make them familiar with the work of some of the major international health organizations; and to enable them to analyze some of the current issues in international health. The course was coordinated by the Center, and lectures were delivered by the Center's faculty and other collaborating faculty.

An unfortunate barrier to continuing to provide this course, however, is that while it is scheduled for inclusion within the Community Health Department curriculum, this department has suffered recent losses of funding support and may be unable to continue the degree program including those students who would undertake this course. Some other arrangements should be made by Meharry to provide this course under other auspices within the college so that the momentum gained in planning, developing and teaching this relevant course material will not be lost.

No other courses have been developed, nor has substantial progress been made to integrate international materials and information into other existing related courses. This is partly because it is difficult to get course changes through the Curriculum Committee, the evaluation team was told. Also the present curriculum requirements are tight and complete with little room for additional international health materials. It may be that the ICHS may need to become more aggressive in this effort to internationalize course materials. As a less desirable alternative but still somewhat productive, the core staff might consider presenting additional international health forums for the benefit of faculty and students who are now able to pursue the nonexistent international health courses. These international health presentation should be presented at times convenient to students of the medical school, as well, so that some impact on them will result from the AID grant.

It was not possible to interview any of the students who had attended the international health seminar. However, five of the certificate level students were interviewed to determine their perceptions and suggestions for the future summer courses. Again, the overall assessment was quite positive. The students were particularly impressed with the Center's ability to coordinate a course utilizing a large number of faculty as well as with the faculty's flexibility to meet the needs of the individual students.

The evaluation team recommends that the summer course be continued as it is, but with an increased effort to recruit U.S. students who are interested in working in developing countries. The degree level course

also should be offered again, and recruitment efforts should go beyond the Community Health Sciences graduate students to include Meharry medical and dental students as well as students enrolled in other area universities. In addition, the Center staff should make a specific effort to work with collaborating faculty (and other interested professors) to assist them in incorporating an international health focus into the existing curriculum. Finally, the Center staff should utilize the general readings course, Special Problems in Community Health, which is listed through the Division of Community Health Sciences. This is a faculty directed, individualized course which provides the student(s) the opportunity to explore indepth a particular community health problem. This approach would require that the Center make known to the community health students that its faculty members are available for the Special Problems readings course.

Strengthened Advisory Capacity

The accomplishment of this input was a plan to train faculty at Meharry in project design and evaluation through courses offered by AID, through French and Swahili language training, and on site consultations and technical assistance in Africa. An important assumption to this output concerns the expectation of requests from selected African countries for short-term technical advisory services.

Although there have been no major demands from Africa for the services of the Meharry faculty to provide technical assistance in its chosen areas of maternal and child health, Meharry has continued to prepare itself for the future when such service will be rendered. Meharry staff and faculty have attended a number of international health conferences and meetings which have added to their understanding of the complexities of delivering health and nutrition services in the developing world. The Meharry international nutritionist attended the XII International Congress of Nutrition which was well attended by developing country nutritionists. Several ICHS staff benefitted from the APHA Annual Meetings, particularly the mini-courses on primary health care in developing countries and the relationship of health and social development policy and planning.

Other productive external sessions attended by Meharry faculty during the course of the grant period have been:

- attendance at the APHA Institute "Evaluation of Community Nutrition Services," in 1979 by the ICHS Director
- the APHA Decision Analysis Workshop for Health Professionals, attended by the ICHS Director in 1979
- the Joint Conference of the American Institute of Nutrition, American Society for Clinical Nutrition and the Nutrition Society of Canada, which the ICHS Human Nutritionist attended
- the NIH Conference on Nutrition Education in the 1980's
- The Famine Workshop held in Kinshasa, Zaire in 1980 in which the Director of ICHS participated
- AID's Program Design and Evaluation Seminar, in which three ICHS staff participated

Expanded Information and Dissemination Capacity

Several information and data generating activities have been planned as outputs of the grant:

An African Resource Clearinghouse would be established to gather and exchange information on maternal child health/family planning, applied nutrition and medical ecology. A semi-annual newsletter on MCH/FP activities was to be published. In addition, a group of refresher workshops on maternal/child health and nutrition was to be sponsored and the proceedings of these workshops distributed to participants and AID missions. An MCH conference was also planned, sponsored at Meharry or in Africa to disseminate successful experience with maternal/child health activities.

The Clearinghouse, which serves as a resource on African health information has been established, at this stage as a library which now is located within the office area of the International Center for Health Sciences, and is linked to the main Meharry library through reference cards. Assistance from the central library staff has been obtained to make the two collections compatible and consistent with each other.

For marketing purposes, the Program Development Specialist has prepared public information brochures on the Meharry program and an international capabilities statement which uses a cross-disciplinary approach to presenting Meharry resources. A newsletter has been published irregularly by the International Center for Health Sciences.

A dozen International Forums, which afford opportunities to faculty to discuss timely topics on international health, have been held in past years. The momentum of these forums has been slowed recently, but more are planned for the coming year. Most personnel interviewed thought the forum was a useful means of expanding knowledge and suggested that they should deal with primary health, nutrition, family planning and maternal and child health.

Expanded Linkages and Networks

In order to expand the expertise of Meharry faculty, it was planned to establish relationships between African institutions and Meharry, and between Meharry and diverse development related organizations including APHA, WHO, World Bank, UNESCO, etc. The linkages with African institutions would provide feedback on requirements for technical advisory service, training, research and technical data. These linkages were to be sustained through regular exchange visits of Meharry and cooperating agencies to plan pooling of expertise, research, and program information, and to coordinate health program activities.

An important assumption underlying these planned outputs was that support additional to the AID grant would be obtained from such sources as the World Bank, United Nations agencies, WHO, and private voluntary organizations including religious groups.

There has been a formal linkage established between Meharry and the Government of Malawi, which was signed in March 1981. The linkage eventually will foster the exchange of health professionals between Malawi and Meharry, the performance of joint research activities, and joint

surveys in Malawi in environmental nutrition areas. Thus far, the linkage has not been very productive, probably due to a number of institutional constraints in Malawi which have not yet been resolved.

Other explorations have been made in Tanzania, Gambia, Ghana and Sierra Leone to determine potential areas of cooperation in Maternal and Child Health and Applied Nutrition programs. These have not as yet produced project activities nor formalized linkage agreements, but have served the useful purpose of providing Meharry faculty with onsite observations of health activities in the developing world and provided new information for incorporation into proposed curriculum for international health courses at Meharry.

2. Problems Encountered

During the period of the grant, Meharry had had a series of breaks in project direction caused by the resignation of the first director who decided to do medical studies overseas. The Meharry international health staff was not at full strength during the past year due to illness. These staff shortages were partly responsible for the failure of the program to achieve the full level of outputs that had been anticipated by the Meharry staff. This problem has been resolved now and one can anticipate a more vigorous performance during the balance of the grant funding period.

Meharry, like all of the health institutions visited by the evaluation team, has not had adequate monitoring and supervision from the AID Africa Bureau. One person has visited Meharry for one day only during the entire grant period.* Apparently, AID/Washington has not had available the necessary travel funds to permit field site visits for monitoring of these institutions. Therefore, there have been many questions in the minds of the staff at Meharry as to how to interpret grant language or AID policy which have kept them from moving ahead resolutely toward development of project activities.

*According to AID reviewers of this evaluation report in draft, there was in fact a one week visit to Meharry made by a technical officer from the Africa Bureau to assist in development of training for Somalia.

On the other hand, the Meharry international health program has had the full support of higher level Meharry administrative officials. The Vice President for Academic Affairs has been fully supportive of the international program as is the new President of Meharry, who gave generous amounts of his time to the evaluation team and has indicated the great importance he assigns to establishing international health competency at Meharry.

3. Organizational Placement

To establish the infrastructure necessary to support these activities, the International Center for Health sciences was established in the School of Graduate Studies. A core full-time staff of seven professionals was to be recruited to carry out the complex activities outlined above. This professional staff would consist of:

<u>CURRENT GRANT SUPPORT</u> (% of Time)	<u>INTERNATIONAL HEALTH STAFF</u>	<u>ORIGINALLY SCHEDULED TIME</u>
50%	1. Project Director	100%
0 (will be recruited)	2. Assistant Administrator	100
100	3. Fiscal Officer	100
100 (Project Development Specialist)	4. Medical Anthropologist	100
100	5. Health Educator	100
100	6. Nutritionist	100
0	7. Nurse Midwife	40

They would be supported by an Administrative Secretary and a Receptionist/Secretary at 100% time.

The quality of the Meharry international health staff is very high and conducive to the development of the capability sought under the AID

institution building grant. The acting Director is a senior, experienced physician who has spent much of his career in health programs in Liberia. There is a Ghanaian senior nutritionist also with extensive overseas experience, an Ethiopian health educator with lengthy experience in disease control programs in his own country, a highly trained program development specialist who has added much to the information program, and a competent financial administration officer. Most of this staff has had relevant exposure through the grant to new concepts of primary health care and have made visits to African health institutions in recent years. Some of them have participated in the French language training program set up under the grant and have made significant progress toward being capable of working in the language. As a whole, they provide a strong base for future technical service to overseas programs.

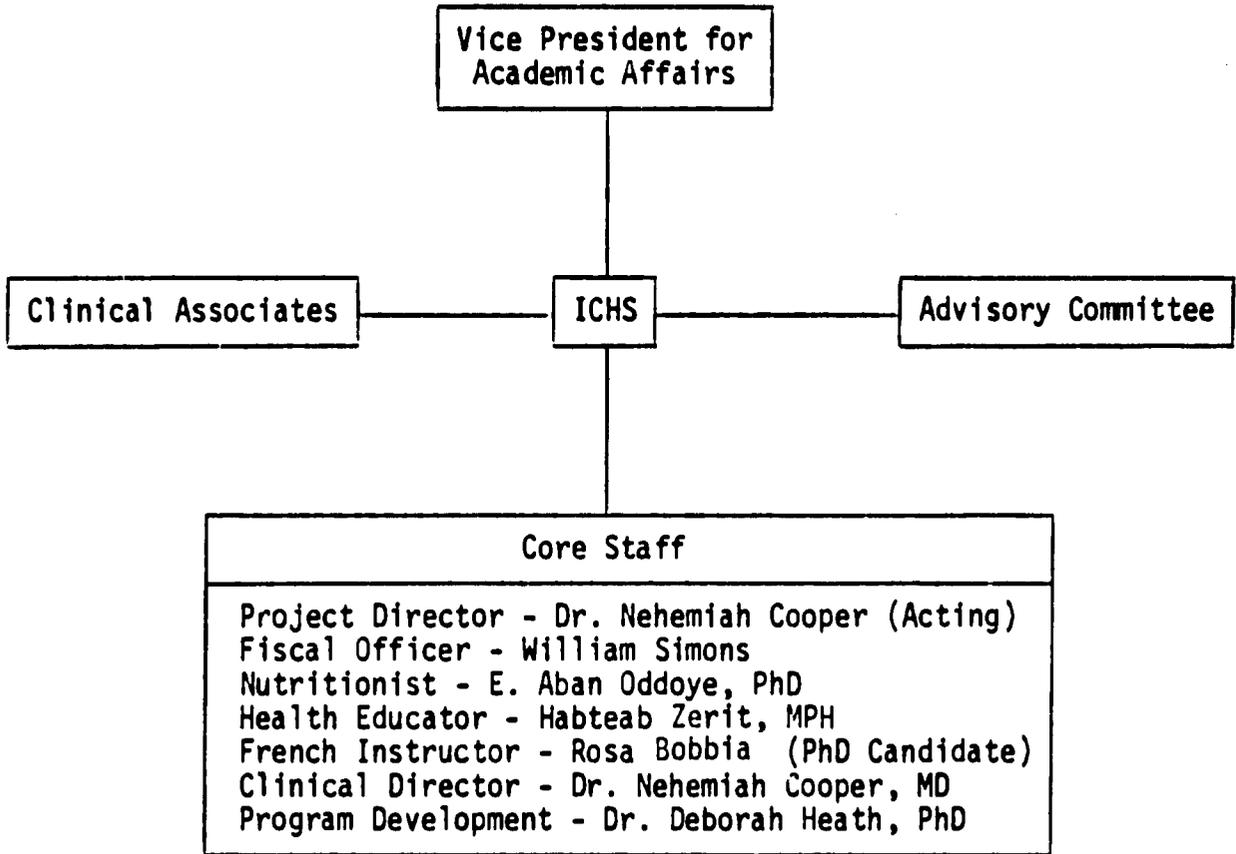
On the following page is a chart which shows the present position of The International Center for Health Sciences within the Meharry Medical College structure.

4. Administrative Arrangements and Financial Controls at Meharry

The International Center for Health Sciences was established in the School of Graduate Studies and Research at Meharry Medical College on July 1, 1971. The Center has been funded entirely by means of grants from AID. Prior to the 122(d) grant under review, the Center has received grants totalling \$4.4 million for nurses training and related programs in Malawi and Botswana.

Since the only funding received by the Center has been provided by AID grants, an evaluation of the effectiveness of AID support in building the Center as an institution should not consider the 122(d) grant in isolation. On the contrary, more rounded evaluation of the impact of the grant funds provided by AID in the Center's development can only be obtained by considering the results of all AID funds provided to the Center.

MEHARRY MEDICAL COLLEGE



The terms of reference for this evaluation have limited the present inquiry to the 122(d) grant. However, an evaluation which takes into account the progress made by the Center under all AID grant funds appears called for.

Budgeting and Accounting Controls

The two goals of the grant are to improve the capacity of Meharry to offer assistance to selected lesser developed countries in maternal-child health/family planning programs and in the field of applied nutrition and bio-medical ecology.

In 1979 and 1980 formal work plans were prepared which, grouping together the two above goals, provided for specific programs in the five objectives included in the grant agreement: expanded knowledge base and research capability; increased education and training capabilities; a strengthened advisory capacity; expanded information and dissemination; and expanded linkages and networks.

Following 1980, formal annual work plans were not prepared. Instead, the subsequent year programs were said to be extensions of the 1980 work plan, adjusted as a result of discussions in daily meetings of the core staff and in the quarterly meetings of the Center's Advisory Group.*

To implement the work plans, an annual fiscal budget is prepared in increments of \$250,000. Following these budgets the grant is accounted for by the College in annual \$250,000 increments, rather than by the grant total of \$1,250,000. At the end of each fiscal year, whatever budgeted balances remain unobligated are transferred to the unallocated reserve.

The college's accounting system does not provide totals which would show for the entire grant the cumulative amounts allotted, unallocated reserve, obligations, disbursements, and unliquidated encumbrances. To obtain the cumulative numbers, it is necessary for the Center's Fiscal Officer manually

*The Advisory Group, which was organized in September, 1982, consists of the Center's core staff and 12 senior officials from various departments of the College.

to add the totals for the various budget years, taking into account the various amounts transferred each year to the unallocated reserve.

The largest amount (currently 73%) in the budget is for direct hire personnel costs. The budget includes a line item for the salary and related costs of each direct hire employee. The balance of the budget consists of line items for such objects as supplies and equipment, utilities, and for "other operations," which includes travel, consultants' costs, and stipends for summer students.

The budget is prepared by the Fiscal Officer in accordance with instructions from the Center's Interim Director, and is reviewed and approved by the Grants and Contracts Office of the College's Finance and Business Division for conformity with provisions in the grant agreement. The budget also required the approval of the College's Vice President for Academic Affairs and of the College's Finance Committee, which includes the Vice President for Finance, the Treasurer, and the Business Managers for the Medical, Dental and Graduate Schools. Upon approval, the budget is entered in the Institute's computer, and becomes the control against which future obligations and disbursements can be incurred.

Subsequent adjustments to the various line items in the budget, provided the \$250,000 annual ceiling is not exceeded, may be made informally by the Fiscal Officer, with the concurrence of the Grants and Contracts Office.

Obligations

● Personnel

The staff of the Center including two secretaries consists of eight persons, the salaries of all of whom, with the exception of that of the Interim Director, are paid entirely with grant funds. Half of the salary of the latter official is paid with grant funds. The College pays the other half from its budgeted funds.

The entering salary and subsequent raises for all the Center's employees must be approved by the Vice President for Academic Affairs. Individual sheets showing approved pay scales for each employee support the budget submitted by the Center for review and approval.

A time and attendance card, which is maintained for each Center employee by the Fiscal Officer, and approved by the Center's Interim Director and the Vice President for Academic Affairs, is the basis for obligating payroll funds in each of 26 pay periods per year.

● Supplies and Equipment

The procurement of supplies and equipment is obligated pursuant to a form prepared by the Fiscal Officer, approved by the Interim Director, and further reviewed and approved by the Business Manager who reports to the College's Vice President for Academic Affairs. The purchase order form is then reviewed and approved by the Grants and Contracts Office to determine that the requested procurement is in accordance with the provisions of the grant agreement and that funds are available. The purchase order then is sent to the College's Purchasing Agent.

Meharry's procurement procedures require obtaining at least two informal quotations for purchases valued at up to \$300.00. Procurement valued at over \$500 requires at least three written bids or proposals. However, it was stated, because of questions concerning Meharry's credit, many local suppliers are unwilling to do business with the College.

Of those who are willing to sell goods and services to Meharry, many require payment in advance. The result is a restricted universe of procurement open to Meharry, which sometimes results in higher prices or lower quality than could otherwise be obtained.

Where payment is not required in advance, a receiving report is required from the end user of the equipment or supplies before payment is made.

The Fiscal Officer explained that because of the availability of 122(d) grant funds, he has sometimes been able to obtain supplies and equipment without payment in advance. He always checks the actual receipt of the merchandise against the invoices and purchase orders before authorizing payment. In addition, the Fiscal Officer stated that it is his practice to obtain informal quotations so as to specify procurement by Meharry's Purchasing Agent from those suppliers who offer the most advantageous terms to the center.

● Other Operations

The principal components in this budget category are travel, consultants, and stipends paid to summer students. The Center's budget does not provide a breakdown of these components, but merely includes a line item for the total. This amount is arrived at by estimating the individual amounts required for the components in the line. Reporting the line item as a total obviates the necessity of making subsequent adjustments to amounts actually required for the total's various components. This is said to be a standard Meharry practice.

As obligations in "Other Operations" category are incurred during the budget year, they are recorded according to their respective subclassifications in the College's computer.

Travel is authorized by a travel itinerary form which must be approved by the Director of the Center, as well as by the Vice President for Academic Affairs. In addition, foreign travel requires the prior approval of the College's President as well as that of AID. The travel itinerary form must be further approved by the College's Accounting Department, and by the Grants and Contracts Office, which reviews the proposed travel for consistence with the purposes of the grant.

Travel is performed in accordance with the College's travel regulations, which have been promulgated, the most recent revision being dated May 25, 1982. For travel within the United States, per diem rates as authorized by the College are used. Since the College does not have a

schedule of per diem rates for travel outside the United States, standard U.S. government per diem rates are authorized for the Center's foreign travel.

Until November, 1982, the Center was responsible for its own travel arrangements, having procured transportation tickets through an outside travel agency. Since that date, all College travel, including that of the Center, has been handled by the College's Travel Officer, who purchases all tickets through a travel agency, and who reviews all travel vouchers.

U.S. flag carriers are used exclusively for all grant-funded international travel. The Travel Officer was unfamiliar with the exceptions to this policy, as specified in the Standard Provisions to the grant agreement. However, these exceptions are known and applied by the Fiscal Officer.

A traveler is given one month after completion of travel to submit a travel voucher accounting for any travel advance. Failure of a traveler to submit such a voucher or to repay the advance results in the withholding of the amount of the advance from future salary payments.

Consultant services are obligated pursuant to individual form contracts which specify services to be provided and the payment to be received by the consultant. The contracts are signed by the Vice President for Academic Affairs, and are reviewed and approved by the Grants and Contracts Office for compliance with the provisions of the grant agreement and for the availability of funds. When the contractual services have been delivered, payment is requested on a separate form by the Center's Fiscal Officer, approved by the Vice President for Academic Affairs, and further reviewed and approved by the Grants and Contracts Office.

A review was made of the 29 contracts negotiated for consultants services from the inception of the program. Primarily, the contracts

were negotiated with lecturers and professors to assist at the summer courses and seminars at the Center and at the workshops in Africa. They range in value from \$100 to \$7,500, and include salary, per diem, and transportation where appropriate. With the exception of two cooperating country nationals in Africa, the remainder of the consultants are apparently U.S. nationals.

Summer students are given stipends of \$100 per week while they attend courses. Funds therefor are obligated on a bi-weekly basis, in accordance with lists of students prepared by the Fiscal Officer. This list is prepared after consultation with one of the Center's lecturers, who keeps attendance records. The students are informed that they will receive their stipends only to the extent that they attend classes. It was stated that no student, other than an occasional drop-out, has ever received less than the full amount of his authorized stipend.

● Disbursing

In accordance with the Standard Provisions to the grant agreement, a Special Bank Account was established in March, 1979, the bank selected being the Citizens Savings & Trust Bank of Nashville, Tennessee. An original advance of \$40,000 was deposited into the Special Account, to be replenished as expenditures accrued. No interest is paid on the account

Originally, disbursements for the grant program were made from the College's regular disbursing system, which was periodically reimbursed from the Special Account. This procedure was changed in January, 1980 so that currently all grant disbursements, other than payroll, are charged directly to the Special Account.

The College found that charging the grant-funded payroll directly to the Special Account would not be compatible with the computerized payroll system now in effect for all College employees. Therefore, each pay period a charge is made to the Special Account for all grant-funded

employees paid by the college during the period. This charge is supported by a computer printout, which is examined by the Fiscal Officer, and, if correct, the charges thereon are included in the request for reimbursement from AID.

The request to AID for reimbursement is supported only by computer printouts, which in addition to payroll charges, include all other disbursements, such as travel or consultants fees. Documentation to support all charges is retained by the College. This documentation has never been audited by AID, an oversight which would appear to be of some significance in view of a series of adverse audit findings regarding Meharry's administration grants and contracts. These audit findings are discussed below.

Status of Grant as of March 2, 1983

		Amount of Grant		\$1,250,000
	<u>Cumulative Disbursements</u>	<u>Unliquidated Encumbrances</u>	<u>Total</u>	
Salaries and Benefits	\$595,386.71	---	595,386.71	
Supplies	29,184.78	686.60	29,871.38	
Utilities	5,454.21	414.10	5,868.31	
Travel	139,645.66	3,600.84	143,246.50	
Contract Services	51,904.92	---	51,904.92	
Student Aid	30,013.75	---	30,013.75	
Staff Development	5,856.32	3.75	5,860.07	
Publications	1,734.55	---	1,734.55	
Equipment	6,160.50	---	6,160.50	
Library	<u>2,242.67</u>	---	<u>2,242.67</u>	
Totals	<u>\$867,584.07</u>	<u>\$4,705.29</u>	<u>\$872,289.36</u>	<u>\$872,289.31</u>
		Grant Funds Available		\$377,710.69

As of the date of this report Meharry had received the final grant increment in the amount of \$292,000, and was in the process of preparing a revised budget.

Audit Findings

In March, 1982, the Inspector General of the U.S. Department of Health and Human Services issued a report of audit of direct costs incurred by Meharry on federal grants and contracts for the period from July 1, 1977, through June 30, 1979. The report concluded:

"The college's financial management system does not provide for the effective control over and accountability for Federal funds. The College's problems with controlling and accounting for Federal funds have been documented in previous reports by us as well as in reports by the College's own external auditor..."

A report by Meharry's auditors, Peat, Marwick, Mitchell and Company, issued on October 15, 1982, which covered the year ended June 30, 1982 reported:

"As more fully discussed in note 14, Meharry Medical College does not have a labor distribution system that meets the effort reporting requirements of Federal regulations. It is not possible to determine the amount, if any, of personnel costs charged to Federal grants which may be disallowed due to the failure to meet the aforementioned requirements."

A Meharry internal audit report on operations of the 122(d) grant as of June 15, 1981, stated:

"Based on the results of our audit, we formulated the opinion that there are a number of instances where deficiencies exist, controls are not operating effectively, and improvements are needed. These areas are: (1) the Office of Grants and Contracts, primarily responsible

for record keeping and certification of Meharry's grants, being unaware of a number of requirements of the AID grant, (2) open commitments being disregarded at grant year end, (3) one instance of claiming expenditures in excess of those on the books, (4) coding errors in posting to the accounts, and (5) inability to locate support for several disbursements."

Based on discussions with a number of the College's officials, there appears to have recently been a significant improvement in the effectiveness of many of the financial controls which were criticized by the auditors. For example, there has been developed improved financial reporting so as to expedite the College processing of claims on grantor agencies. Line item budgets are subjected to a prior review against the provisions of the corresponding grant agreements. Obligations must now be supported by firm documentation corresponding to an approved budget and must now be examined by the Grants and Contracts Office before the obligations are entered on the books of the College. Requests for disbursement are now honored only if they can be charged to previously accepted obligations and have received all prior reviews and approvals as required by College procedures. Unliquidated obligations are said to be currently reviewed on a monthly basis. It was further stated that controls are being established to cover the distribution of salaries and expenses of College employees to the approximately 60 grant funds administered by the College.

There are, in addition, a number of other improvements in the College's financial management procedures. The effectiveness of the revised procedures and controls, as well as the documentation supporting reimbursement paid by AID, should be examined in an appropriate audit at an early date.

5. Capital Equipment

The following is a list of capital equipment purchased with grant funds:

<u>Date of purchase</u>	<u>Description</u>	<u>Cost</u>
February, 1980	Four dictaphones and two transcribers	\$2,792.00
June, 1980	IBM correcting Selectric typewriter	830.00
October, 1980	IBM electronic typewriter with alternate battery pack	<u>2,538.50</u>
	Total	\$6,160.50

The fiscal officer appears familiar with the restrictions of the Standard Provisions of the Grant Agreement relating to the provisions of goods and services. Most of these restrictions have not been applicable to the limited procurement of capital equipment as indicated above.

6. Likelihood of Achieving Purposes of Grant

Meharry has gathered together a competent, experienced and dedicated staff. It has developed a constituency within the Meharry faculty through the device of the clinical associate program, which can bring a potentially useful talent to bear on the issues and problems of international health programs in the developing world. What Meharry has not yet accomplished is the harnessing of its bureaucratic powers in ways to create a productive output of courses and other media for internationalizing the capabilities of this latent faculty resources. Meharry should be able to create new courses and to penetrate existing courses with an international perspective. If it does succeed in this expansion of output, i.e., create new courses, present timely international health forums, invite to the campus distinguished international health experts, it will come closer than it has thus far to creating the quality of institutional capacity envisaged in the grant. As mentioned earlier, there are constraints on such productive activities, including lack of funds to sustain the academic units on which courses and curriculum depend and the cumbersome system which apparently exists for the review and approval of new curriculum. If these constraints can be reduced, there is reasonable hope that the international health program can grow and achieve the level of service its staff aspires to.

The staff is now assembled, has more constant leadership and has gained some relevant overseas experience, despite a slow beginning. There appears to be the commitment of top leadership to encouraging the growth of the international health effort. It will take a longer time than anticipated for a full blown program to be developed but with persistence, careful channeling of resources toward well targeted objectives and some well timed guidance from AID, Meharry will be able to achieve its objectives.

C. Tuskegee Institute

The 122(d) grant from AID to Tuskegee Institute in August, 1979, was to provide further development of its international capability to deliver technical assistance in Africa. Tuskegee's chosen areas of emphasis were environmental health/sanitation and integrated rural/community development programs. As with the other health institutions funded by the 122(d) mechanism, a series of program outputs were described in the grant document which became the basis of a work plan. This plan was elaborated by Tuskegee's international health core staff, consisting of a program coordinator (part-time) and a full-time information services specialist and administrative secretary, which formed The Office of International Health. An inventory of the human resources of Tuskegee which are particularly able to serve in international health activities was scheduled for early completion. There was to be established an international "Health Information Center" which would also draw upon the resources of the Tuskegee Institute Library, to be expanded through acquisition of relevant international health texts and journals. It was stated initially in the grant document that some formal or informal mechanism would be established between Tuskegee Institute and the three other Black Health Science Centers funded by AID to share expertise and other resources and coordinate their respective efforts in Africa.

Achievement of Tuskegee's education and training goals involved curriculum development and development of its faculty to prepare more advisors and technicians to work in international health program activities. Collaboration of the Schools of Veterinary Medicine, Nursing and Applied Sciences, including representation from Nutrition and Business divisions and from the Allied Health division faculty was planned. Curriculum development would involve not only the development of new courses but enrichment of existing courses to provide appropriate treatment of health issues in African countries.

The Tuskegee faculty would benefit from a series of African Rural Health seminars at Tuskegee focused on integrated rural health and community development. Faculty would also make field visits to several African countries to review and discuss rural health service systems and community

development programs. The purpose of these trips was to add knowledge and understanding of African realities to the expertise now abundantly represented at Tuskegee Institute in the units of the Institute involved in rural development and primary health care.

To sharpen Tuskegee's analytical and programming skills to provide materials for the development of coursework and faculty orientation, a series of "State of the Art" literature reviews were planned. Two on-site surveys and reports on rural community development projects which include provisions for primary health care were also scheduled. Additional research was to be pursued on African health topics and issues, from sources not related to the AID grant. Included generally in Tuskegee's research interests were such topics as African endemic diseases, environmental health, health manpower, and primary health care. Because of Tuskegee's longheld interest in animal health, emphasis would also be given to research on animal disease vectors and herd management to improve nutritional status of Africans.

Having prepared itself in the above manner for action overseas, Tuskegee proposed that the international health staff would be able to provide technical assistance from the schools and divisions directly related to rural development and health, augmented by experts from other Tuskegee divisions such as behavioral sciences, sociology and human resource development.

Tuskegee also has considerable expertise in environmental sanitation, and thus would plan to develop its capabilities to provide technical assistance overseas in training programs for community level sanitation workers.

As an additional preparation for the faculty and graduate students, special French language training courses would be developed.

1. Accomplishments in International Health Activities at Tuskegee

The "Health Information Center," referred to earlier in describing the objectives of the grant, has been established and contains many documents, textbooks, and current professional journals of use to the Tuskegee staff in preparing themselves for roles as technical advisors in health. There

is a printed bibliographic resource book which is available to staff and has also been distributed to other institutions working in international health.

The international health grant supported the work of the Behavioral Science Research Division of the Carver Research Foundation located at the Tuskegee Institute. The Behavioral Science group has accumulated a very distinguished collection of books, microfilm, and papers related to social development, cultural determinants, demographic and census phenomena, etc., including the library of the late anthropologist, Vera Green, and the library from the now defunct National Rural Center. These very valuable resources have provided Tuskegee faculty and students with useful research data, and should be available to other development institutions for use as a research resource.

The Carver Research Foundation was provided a microcomputer and training assistance through the 122(d) grant to enable it to more adequately track sources of grants and keep abreast of international development proposals.

Although there have been some new courses introduced through support from the 122(d) grant, the emphasis at Tuskegee at this stage of development appears to be the addition of "international increments" to existing courses, thus bringing new dimensions to students and faculty within familiar course parameters. This is not all that has been accomplished, however. Through the efforts of Dr. Linus C. Okere, supported in part by the 122(d) grant, there have been new courses developed which relate directly to institutional strengthening for international service. Dr. Okere developed and has presented a course titled Introduction to Modern Africa - (Sociology 401) which provides a survey of the African realities of culture, social structure, politics, religion and economy. He developed also Applied Nutritional Anthropology which interweaves the influence of environment on food habits and nutritional problems. He also reoriented existing courses, such as The Sociology of Health Care and Applied Anthropology, adding new international materials. Tuskegee also has a number of courses on Rural Sociology, Socio-cultural Change in Africa, Agricultural Policy Planning in Developing Countries, African History,

Economic Development, and International Economics which are relevant to the 122(d)-supported activities. These courses will be reviewed periodically for the purpose of adding new information which will provide more knowledge and understanding of these topics from the international vantage point.

The core staff and faculty have attended a series of development-related conferences, workshops, and seminars, including an AID-sponsored Program Design and Evaluation Seminar, an MIT-sponsored workshop on international food and nutrition policies, the UN Mid-Decade Conference on Women, and the National Council for International Health Annual Conference on "Financing Health Services in Developing Countries."

In April, 1980, Tuskegee, through the 122(d) grant, sponsored a conference on the role of U.S. universities in international rural agricultural development. Under AID support, Tuskegee hosted a seminar for over forty professionals from Africa and Asia now studying in the U.S. which had as its theme "Rural and Urban Health" with special emphasis on the planning and design of integrated rural development related to health.

Three graduate assistantships/research fellowships have been awarded under the 122(d) grant to students in Master's programs. These students, from the U.S. and overseas, have already produced research papers on such topics as integrated rural development programs in Liberia, and water resource development in Nigeria. The purpose of these fellowships is to develop skills in research, teaching, or technical assistance in support of international health activities.

Tuskegee continued the development of its International Seminar series for the benefit of its faculty throughout the funding period. Included in the series were presentations by Dr. Shepperd of AID's Bureau for Africa, who enlightened the Tuskegee faculty on AID's interest in the health area, including primary health care integrated programs, tropical disease research and socio-cultural values for health. Other topics presented through the international seminar forum were the planning, design and implementation of integrated rural development, and rural development information systems. In addition, on the occasion of the inauguration of

the new Tuskegee Institute President, Dr. Benjamin F. Payton a two-day symposium was presented on "Values, Responsibility and International Transfer of Technology." In addition, the Institute has offered a mid-winter seminar to participants from developing countries who were attending U.S. institutions for long-term training under the auspices of the USAID Office of International Training.

The evaluation team recommends that the International Health and Rural Development Program continue its efforts to internationalize existing courses, develop new courses that can be incorporated into the regular listings of the various departments, and provide mid-winter seminars to international trainees. Because Tuskegee Institute is uniquely qualified in the combined area of health and rural development, it also would be appropriate to develop short courses that could be offered to integrated rural development administrators from developing countries, with participation sponsored by USAID missions, the USAID/OIT, foundations, and host country governments.

The Tuskegee staff and faculty involved in international health activities have made a series of trips to African nations to explore the opportunities for institutional linkages which would provide means for technical assistance and training activities. Included in the countries visited thus far have been Liberia, Sudan and Senegal.

These field visits have resulted in a nearly completed agreement between Tuskegee Institute and Cuttington University College in Liberia which will assist Cuttington to develop a laboratory community for testing innovations in primary health care delivery including training components, development of curriculum materials for use in community health nursing, aid in conducting baseline data surveys and other training activities for local health care providers. Other topics being discussed involve closer relationships between Tuskegee and the Rural Development Institute, ruminant production related to nutrition and community development programs, assistance in farm management improvements and research on animal foods. Food processing and preserving and production of certain vegetable crops will also be given assistance by Tuskegee. Additional topics for

inclusion in future cooperation include training of teachers and development of vocational education programs related to rural development. The above topics are included in this report as illustrative of the types of cooperative ventures to be included; the agreement is in the final stages of refinement, and is scheduled to be signed later this year during a visit of the President of Tuskegee, Dr. Payton, to Liberia.

Other prospective linkages have been explored, for example with the University of Gezira of the Sudan and with the Sine Saloum Rural Health Project in southern Senegal. These have not reached the same stage of development as has the Liberian effort.

2. Problems Tuskegee Encountered with the 122(d) Grant

The principal difficulty Tuskegee has encountered in attempting to achieve the purposes of this grant has been the lack of contact with AID technical and program personnel. The international health staff felt that there were times when some additional guidance from the AID headquarters staff would have helped them to clarify interpretations of program ventures in terms of the original goal and objective statements for the grant. Except for one meeting in Washington when AID hosted all four health institutions, there has been no evaluation or visit by AID personnel since the initiation of funding. Tuskegee staff have made visits to Washington and consulted with African Bureau staff, according to AID officials.

There have also been delays in reporting from Tuskegee to AID/Washington. As of this date, however, all required annual reports have been submitted. Apparently, there have been some difficulties in internal communication and coordination between the International Health Office and other units of the faculty of Tuskegee. It is expected that with the installation of a central Office of International Programs and the increased participation of the new International Programs Administrative Committee, some of these problems will be resolved.

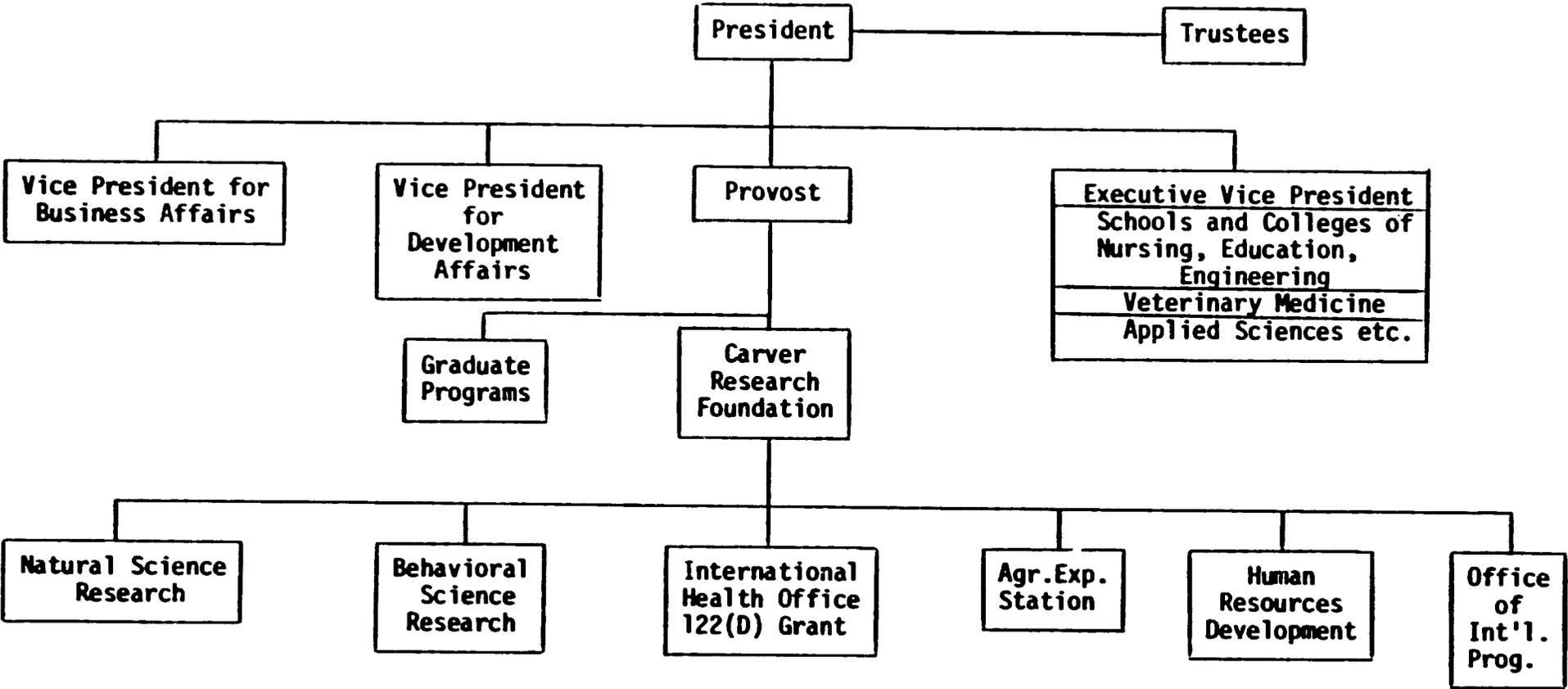
3. Organizational Placement of the Grant Program

The program office for the 122(d) was established at Tuskegee under the interim direction of the Executive Director of the John A. Andrew Health Center, which in theory gave the international health program a location from which it could have impact on health science personnel within the hospital complex and in nearby offices. Later in the course of the implementation of the grant, the Office of International Health was placed under the supervision of the Director of the Carver Research Foundation.

An International Program Advisory Committee was appointed by the President of the Institute, composed of deans and directors of those academic units which related to the international program. The Advisory Committee was to oversee the development of the international health project, provide access to faculty and staff within the related academic units and select a project director. Representation on the Advisory Committee includes the Deans of Nursing, Applied Sciences, Associate Dean of Veterinary Medicine and directors of cooperative extension research, behavioral science research, and the head of the Department of Home Economic/Food Science and Nutrition. See the organizational chart on the next page for current placement of the international health office.

During several in-house evaluations last year requested by the new President of the Institute, the international health program was viewed as not accomplishing all that it might, and several reforms were initiated to overcome the constraints in coordination and implementation of the overall international program at Tuskegee. There would be created a new Office of International Programs at a high administrative level at Tuskegee to provide more support for all international programs including the health projects. A new International Program Administrative Committee has been established to serve as an advisory body for international programs at Tuskegee; it has begun to meet and review existing projects and suggest strategy for obtaining additional funding for new ventures. Another faculty advisory committee is planned, which will survey faculty interest in international programs and recommend policies related to tenure,

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ORGANIZATIONAL PLACEMENT OF
INTERNATIONAL HEALTH PROGRAM**



promotion, overseas allowances, etc., so as to attract experienced people to international programs. Pending a decision from AID on Tuskegee's request for a two year extension of the grant, the present interim Director of International Health position would not be filled on a permanent basis.

4. Administrative Controls and Arrangements at Tuskegee

Separate interviews were held with members of the grant management and financial administrative staff at Tuskegee, to determine the status of management procedures for controlling such aspects as budgetting, disbursements, contracting, procurement, and financial reporting. The findings of this phase of the evaluation at Tuskegee continue below.

Budgeting and Accounting Controls

Annual plans are developed by the Acting Director of the Office of International Health with the assistance of his staff. The plans outline the goal, purpose, scope of work, expected output, personnel required, and completion date for the various activities to be undertaken during the year. The work plans are reviewed by the Director of the Carver Research Foundation, who confers with appropriate deans and determines that the plans meet the purposes of the grant. Following this review the work plans are submitted to the Provost, who may approve them on his own authority, or seek the approval of Tuskegee's President. It was said that only rarely is a work plan prepared by the Office of International Health changed on subsequent review. On one occasion, for example, the Provost questioned the suitability of the academic field of a prospective participant in grant-funded activities.

Following approval of the annual work plan, a proposed budget is prepared by the staff of the Office of International Health. This document is reviewed by the Director of the Carver Research Foundation and subsequently by the Office of Grants Management to determine that the budget is consistent with the terms of the grant agreement. The budget is further reviewed by the Provost and the Vice President for Business Affairs. Once approved,

the budgeted amounts are entered in Tuskegee's computerized accounting system, and become the controlling numbers against which obligations and disbursements may be incurred. Adjustments to the budget are made by the Acting Director of the Office of International Health, with the approval of the Director of the Carter Research Foundation.

Obligations

The obligation processes for personnel, consultants, and travel are described in the following section.

● Personnel

Approximately two thirds of all obligations are for direct hire personnel costs. There are currently three employees whose salaries are charged entirely to the grant and eight others whose salaries are partially paid by grant funds in portions varying from 10 to 75 percent.

Determination of what percentage of an employee's salary is to be charged to grant funds is based on the estimated amount of time that each employee will devote to grant activity. The estimations are made by the supervisors of the employees, and reviewed and approved by the Office of Grants Management, as well as by the Vice President for Business Affairs. In addition the percentage of effort distributions are reviewed annually by the Provost when he reviews and approves the budget for the Office of International Health.

Personnel are recruited by Tuskegee's staff personnel office pursuant to a Request for Personnel Action form. In the case of the grant program, this form is initiated by the Acting Director of the Office of International Health and reviewed and approved by the Director of the Carver Research Foundation, and by the Office of Grants Management for consistency with the terms of the grant agreement and for the availability of funds. The form is further reviewed by the Director of the Staff Personnel Office, who determines, among other things, that the proposed salary conforms to Tuskegee's policy on salaries. Finally, the form is

reviewed and approved by the Executive Vice President or by the President. Position openings are advertised on campus, as well as by the Alabama Employment Service.

Each faculty or staff appointment at Tuskegee is made on a yearly basis. Thus, grant-funded employees are hired for terms which expire at the close of the grant year, or August 31. If an employee is funded by two grants, the employee will be paid pursuant to two contracts, each of which expires at the end of its own grant year. An employee who is partially paid with 122(d) grant funds and partially by Tuskegee's regular budget will also be paid pursuant to two contracts. The contract covering that portion of his salary paid by Tuskegee's budget will expire at the end of the Institute's fiscal year, or May 31.

Salaries of all employees are obligated yearly on the basis of their contracts. Time and attendance cards are maintained for each employee. Each employee maintains his or her own card, which is reviewed and approved by the Acting Director of the Office of International Health, and serves as the basis for salary payment.

● Consultants

Most of the funds obligated for consultants represent payments made to a large number of short term employees hired on the basis of informal work orders and for whom no formal contracts were negotiated. These consultants provided such services, for example, as participating in conferences and symposiums, presenting activities of the second grant year, and interpreting.

In the latter part of calendar 1982, four formal consultant contracts were negotiated with funds totalling approximately \$20,000. The largest contract was for \$7,400. All contracts were for specialized technical services such as, for example, help in preparing a research proposal for the diagnosis of schistosomiasis, and all contracts appear to have been awarded to well qualified personnel.

The contracts were requested by the Acting Director of the Office of International Health; the requests were reviewed and approved by the Director of the Carver Research Foundation, by the Grants Management Office, and, finally, by the Vice President for Business Affairs.

Payment for services is made in accordance with contractual arrangements and is authorized by the Acting Director of the Office of International Health after he is satisfied that the consultant's services have been satisfactorily performed.

● Travel

The cost of air tickets for domestic travel is obligated on the basis of a request by the Acting Director of the Office of International Health and reviewed and approved by the Director of the Carver Research Foundation. Advances of funds are not authorized for domestic travel. Tuskegee's travel regulations cover domestic travel by grant-funded employees.

Foreign travel is authorized only pursuant to a letter from AID/Washington and a request initiated by the Acting Director of the Office of International Health, which must be reviewed and approved by the Director of the Carver Research Foundation and the Office of Grants Management. Cash advances are permitted for foreign travel, based on expenditures estimated in accordance with U.S. Government standard travel regulations. Cash advances are not charged to grant funds until an expense report is received from the traveler. Unless such a report is submitted within 30 days after the completion of the travel, the entire amount of the advance is charged to the traveler's salary.

The Office of Grant Management appears familiar with the restriction on international travel contained in the standard provisions to the grant agreement, and is responsible for enforcing those regulations. All foreign travel is limited to U.S. carriers.

● Procurement

All procurement of supplies and equipment needed for grant-funded activities is made through Tuskegee's central purchasing department. Procurement regulations, which are based on the code of ethics of the National Association of Educational Buyers, have been promulgated.

All procurement amounting to \$500.00 or more requires at least two or more competitive bids. At the discretion of the purchasing agent bids may also be requested on lesser amounts. The bids may be verbal or the prospective suppliers may be requested to submit written proposals. For construction or major items of procurement formal competitive bidding procedures are followed.

For grant-funded procurement, a requisition to the purchasing department is issued, signed by the Acting Director of the Office of International Health, and reviewed and approved by the Director of the Carver Research Foundation and by the Grants Management Office, which checks the proposed purchase for consistency with the terms of the grant agreement, and for the availability of funds. The requisition is then reviewed and approved by Tuskegee's Controller who may, if he deems it advisable, refer the requisition to the Vice President for Business Affairs. Finally, the requisition is acted on by the Purchasing Department.

For payment to be made, the Office of Grants Management requires an invoice to be received directly from the supplier, plus a receiving report from the Office of International Health.

Application of the restrictions on procurement contained in the Standards Provisions to the grant agreement is the responsibility of the Office of Grants Management, whose officials appear to be familiar with those regulations. Most of these restrictions have not been applicable to the limited procurement of capital equipment as indicated above.

● Disbursing

Tuskegee has not received an advance of grant funds from AID. It pays all grant expenses with its own funds, and submits a monthly claim for reimbursement, showing the various categories of expenditures and details of each category. All documentation remains at Tuskegee, subject to audit by AID. Thus far no such audit has been made.

Status of Grant as of August 31, 1982

The following table summarizes the status of the grant as of the close of Tuskegee's most recently completed grant year, August 31, 1982.

<u>Expense Category</u>	<u>Budgeted</u>	<u>Disbursed</u>	<u>Encumbered</u>	<u>Funds Available</u>
Salaries and Benefits	\$326,435.83	\$361,128.92	\$3,207.52	(\$37,900.61)
Supplies, Equipment and Telephone	27,132.38	35,572.54	8,351.81	(16,791.97)
Consultants	21,079.14	30,114.95	9,248.92	(18,284.73)
Travel	82,120.43	78,034.99	10,293.20	(6,207.76)
Workshops and Seminars	10,676.63	7,441.30	---	3,235.33
Miscellaneous	37,429.87	34,616.03	5,441.70	(2,627.60)
Space Usage		6,249.60		(6,249.60)
Unallocated Balance	<u>745,125.72</u>	<u>---</u>	<u>---</u>	<u>745,125.52</u>
<u>Totals</u>	<u>\$1,250,000.00</u>	<u>\$553,158.33</u>	<u>\$36,543.15</u>	<u>\$660,298.52</u>

Audit by Public Accountants

The most recent audit by Tuskegee's firm of certified public accountants, Touche Ross and Company, was issued in September, 1982, and covered the fiscal years ended May 31, 1981 and 1982. Tuskegee received an unqualified certification of its accounts for those years.

5. Capital Equipment

Presented below is a list of all capital equipment purchased with grant funds from the inception of the program through January 31, 1983:

<u>Description</u>	<u>Date Purchased</u>	<u>Cost</u>
Bookcase, 7 shelf 84"	8/11/81 1	\$ 145.00
Bookcase, 4 shelf, 48"	8/11/81 1	280.95
Cassette Course, Berlitz French	2/22/82 3	387.00
Chairs, Executive Swivel brown	3/5/81 6	1,069.20
Chair, Steno brown fabric	3/5/81 1	148.00
Chairs, Reception	8/11/81 4	306.00
Computer, Apple III Option C	5/27/81 1	5,472.00
Computer, Cume Sprint 5/45 Printer	5/27/81 1	2,846.00
Data Master Modules, Dedicated work station	1/20/81 1	280.00
Desks, Double Pedestal	8/11/81 6	1,176.00
File, 4-drawer card bronze metal	11/20/81 1	159.00
File, Horizontal	8/11/81 1	93.90
File, Lateral 2-drawer	8/11/81 3	958.50
Stand, Data Master Printer	10/16/81 1	165.00
Tractor, Cume Forms	5/27/81 1	214.00
Typewriter, IBM Selectric III	2/6/81 1	1,057.50
Typewriter, Remington Rand Error Correcting	3/1/82 1	820.00
Arm, Life size human	8/1782 1	231.88
Apple Writer III	1/22/82 1	225.00
Apple Profile, Hard Disk for Apple III	1/22/82 1	3,499.00
Apple III, Mail List Manager	1/22/82 1	150.00
Apple II, Writer	9/17/82 1	150.00
Apple II, Plus System 48K	5/10/82 1	1,250.00
AMDEK Video, Monitor 100G	5/10/82 1	505.00
AMDEK 33G Monitor	5/10/82 1	225.00
Card, Interface 232	9/17/82 1	195.00
Disk II, Floppy and Interface	5/10/82 1	490.00
Disk II, Second Disk Drive	5/10/82 1	295.00
Disk Drive 3	9/17/82 1	495.00
Torso, life size human male and female	8/17/82 1	744.29
VISICALC II	5/12/82 1	250.00
TOTAL		\$24,342.22

6. Likelihood of Achieving Grant Purposes

As can be seen from the above description of the program accomplishments, a good base of activities have been laid at Tuskegee. The evaluation team felt that more could have been accomplished, particularly in the area of course development and preparation of faculty for future participation in

technical assistance efforts. The French language training will finally get underway this year, but could have been initiated earlier. Nevertheless, the evaluation team viewed the accomplishments as satisfactory particularly in the acquisition of experienced international staff including the Field Project Manager, the development of a professionally designed information system and the efforts to establish linkages with African institutions. So as not to lose the momentum established, particularly with the strengthening of the whole operation through the proposed establishment of a coordinating Office of International Programs and more active monitoring of the international program by the new Administrative Committee, the evaluation team recommends that AID consider favorably the request for Tuskegee Institute for a two-year extension of the development grant. The team also recommends that Tuskegee complete its reorganization of the program by appointment of a permanent director for the international health operations. Tentative arrangements of personnel only create uncertainties for those directing the program; it would be far more productive to make staff decisions now rather than later and get on with the completion of the program development which has now begun.

With the finalization and implementation of the agreement with Cuttington University, Tuskegee will be well on its way to achieving the grant purposes. Further development of international courses and more aggressive pursuit of opportunities through AID and other donor agencies for program support of technical assistance activities will also do much to establish Tuskegee as a major source of international rural health expertise. In summary, there has been a deliberate if slow development which portends well for the future of Tuskegee's role in international health programs.

The evaluation team interviewed a number of participating staff and faculty for their ideas on how to improve the program. One important step is to make a complete survey of what has been accomplished through projects and in the development of faculty expertise. There are bits and pieces of this information available but it needs to be collected in one report for the review of the Administrative Committee.

Some informants felt that Tuskegee should not limit its programs as it has until now to Anglophone countries. There are a number of faculty who already are sufficiently proficient in French to work with Francophone health agencies in Africa. The new intensive French language courses will prepare others.

Regarding what types of projects to pursue, many felt these should not at first be large, overly ambitious undertakings. Instead, small projects in integrated rural development would serve Tuskegee and the participating countries well, provided they are designed with specific objectives and outputs and carefully planned as far as scheduling of technical assistance assignments. Eventually, training should be primarily in-country, an emphasis which could help to fill in the gap between highly trained and unskilled workers. If equipment and other resources are not yet available in-country, Tuskegee could train personnel from developing countries at Tuskegee, while awaiting installation, for example, of a laboratory in-country. Thus time usually taken for delays in procurement and installation in developing countries would not be wasted, and trained personnel would exist by the time facilities are operational. Tuskegee can also do much more in preparing already professionally formed personnel at the Institute to become trainers. In this connection, African students can be usefully employed in training efforts at Tuskegee to provide insights into conditions in their countries, help with orientation of the faculty, and in some cases act as language models for those faculty and students who are undertaking language training.

Another constructive criticism made by Tuskegee faculty was that systematic self-monitoring needs to be initiated so that comparisons of project progress are made in relation to the original objectives, purposes, and outputs of a project being implemented.

A wealth of information is available from faculty returning from overseas field trips, but it is not fed systematically back to others at Tuskegee. In this connection, the newly-formed Administrative Committee could well be enlarged to include faculty who have had actual overseas project experience.

By giving careful attention to these concerns, the International Program Advisory Committee can do much in the time remaining in the grant, to gradually improve the potential of Tuskegee to contribute its expertise to technical assistance requirements of health programs in Africa.

D. Drew Postgraduate Medical School (at Los Angeles)

The grant of \$1,250,000 by AID to the Charles R. Drew Postgraduate Medical School was effective on February 1, 1979. It was directed at strengthening Drew's capabilities to provide overseas technical assistance in health planning and management and integrated rural and community development programs. As with other 122(d) institutions, Drew would become a more competent source of expertise in education and training, research, and provision of technical advisory services in African countries (primarily). To create the appropriate administrative infrastructures, Drew planned to hire additional professional and support staff and to upgrade the capabilities of the current project staff through in-service and special short-term training. This staff improvement process has been realized. The Drew International Health and Economic Development project (IHED) has been skillfully directed during the past four years and has benefitted from this upgrading process.

1. Achievements of Grant Purpose and Description of Activities

In support of its management requirements, Drew installed a computerized data center which is used, among other purposes, for maintaining a personnel resource on several hundred expert consultants and faculty. The data center is fully operational and provides operational, technical and manpower information to the IHED staff. Another useful resource which has been developed is the international component of the Drew medical library. The IHED portion of this collection has been made an integral part of the main library collection and valuable assistance has been provided IHED through an information management consultant, on integrating the data center, library and management information requirements. In this connection, the personnel resource file consisting of hundreds of resumes of consultants has been placed on the WANG unit and provides facile access to key skills areas of the pool of consultant resources available to Drew.

The IHED was able to place under an IPA arrangement with AID a Drew staff person who will spend two years at the AID/Washington Bureau of Science and Technology, Office of Health. She most likely will become an invaluable source of insight and information to Drew's IHED office and will expand considerably the ability of Drew to compete internationally for health projects overseas, having acquired hands-on experience with AID's health strategy and program operation. It would be useful for Drew to add another dimension by inviting a reverse IPA arrangement, an experienced technical person from AID for an IPA tour at Drew.

In the areas of education and training, over the four years of grant operations, Drew has been significantly active. While no full-time international health courses have been offered by Drew (and should be before the end of the grant period), there has been a gradual development of training activities of a more limited scope.

A six-week certified training program entitled "Training of Health Planning and Management Trainers" was offered in 1982. It offers skills in the subject areas as well as experience to enable participants to train others in health planning and management.

Curriculum Development

Because Drew Medical School currently does not have an undergraduate program and its graduate program is post-graduate medical training, it has not developed specific course offerings in international health. The Office of International Health and Economic Development has developed the following curricula:

- a. The University was contacted by the Phelps-Stokes Fund to train eleven refugees from Uganda and Ethiopia as physicians' assistants. The University trained these students in a specially-designed course of study, the Drew African Physician Assistant Program (DAPA), based on the MEDEX program which Drew regularly offers in the Department of Family Medicine. In addition to this fifteen-month clinical training program, Drew arranged for these students to enroll for one year of basic courses

at California State University at Dominguez Hills and in a one-year nursing course at a local technical school prior to their enrollment in the DAPA program. All administrative arrangements for this training were made by the Office of International Health and Economic Development. IHED also helped to develop an additional segment of training to prepare the students for working in Africa. Their request for a three-month extension to implement this training was denied by Phelps-Stokes, however. The students who were placed in this program had no background in health, and most were actually more interested in pursuing a non health-related course of study than in the DAPA program. Of the eleven who originally enrolled seven finished the entire program. None of the seven passed the National Board Exams, although the other students in the Physician's Assistant Program did pass. By comparing the overall performance of the DAPA program students, it was determined that the lack of test-taking skills was a substantial factor in the DAPA students failure to pass the National Board Exam.

Based on this experience, the IHED Office in conjunction with the MEDEX program will conduct the DAPA program again if the University is permitted to participate in student selection, and if test-taking skills and the African health unit can be a part of the course curriculum.

- b. The Office of International Health and Economic Development was the coordinating unit for a six-week health administration course for five Kenyan Ministry of Health officials. This was a joint project of the 122(d) grant and the Kenya Health Planning and Information Project, with which Drew has been involved in since 1980. The Government of Kenya selected the participants and gave some extremely general ideas about what was expected from the training. The IHED staff conceptualized the course objectives and content, coordinated all training activities and presented some portions of the curriculum. Because this was essentially a training-of-trainers course, a health administration training manual was developed by the participants as their course project. This manual is based on a case-study approach and could easily be adapted to other rural settings. It has since been field tested and additional modules developed. It is anticipated that, with minor modifications, this

course could be given again, either at Drew or in a host country, and could be an important aspect of management training for African health officials. The Drew Curriculum Committee approved and certified the program. The Committee has been advised of the IHED's intent to continue offering this course as the need exists.

Beginning in the fall of 1983, Drew will expand its medical training to include undergraduate students. Since the IHED is not an academic department, it will not be able to offer required courses to these students. However, it is recommended that the IHED offer "selectives" in international health and work with faculty in the regular clinical departments to incorporate an international focus into their regular courses. Additionally, the IHED could develop short-term courses in international health for the professional staff of the University (as well as UCLA and other institutions with which it frequently collaborates). Having already developed the health management/administration course, it also would be appropriate for the IHED staff to make known its capability and interest in this area and provide participant training to health professionals from developing countries.

IHED also is planning to develop core courses in international health planning and management to the first Drew undergraduate medical students who will begin their studies in the fall of 1983. There are still many arrangements to be achieved within the Drew academic mechanism before such courses can be approved and offered to this undergraduate group at Drew, however.

Drew is also pursuing other training possibilities in Kenya and Zimbabwe and through other than AID sponsorship such as the World Health Organization.

Preparing itself for an expanded role in health assistance overseas, during the grant period to date, Drew IHED has pursued research in a number of areas relevant to developing country health assistance requirements. In the process, IHED has crystallized its strategies and policies for national health planning. Specifically, a creditable state of the art paper on

health planning has been published. Integrated rural and community development is the subject of another research document. A paper on the problems attending to the increasing numbers of African refugees is yet another useful production of this program.

Under contract with AID's Africa Bureau, Drew has produced a paper on logistics and drug supply systems in African primary health care projects, which has been widely distributed. Distribution of the other papers should be systematically increased; there are many organizations which have not yet received the papers on health planning and rural health, for example. The team viewed these analyses as very useful background information for developing country technicians and health planners and as useful to AID as well.

The IHED staff has produced a useful system of assuring that the faculty and the immediate community have access to ideas and information on international health program approaches, through regularly convened international health forums sponsored by the IHED staff, through arranging access of faculty to distinguished visitors from overseas health agencies who visit the Los Angeles area and the Drew School, and through carefully designed orientations which are provided to consultants before they are sent to their field assignments.

Drew has already provided technical assistance through its IQC contract with AID and through other mechanisms acquired or facilitated through the 122(d) grant. For example, the Executive Vice President at the request of the IHED staff participated in the development of a project identification document (PID) for AID on the administrative reform of the social security system of Costa Rica. A hospital equipment specialist was made available to Egypt; he was sent by Drew after recruitment through the cooperative arrangement Drew has with UCLA.

IHED has been successful in obtaining a project under AID funding in Kenya. The Health Planning Information Project which is a three year effort to assist the Ministry of Health in institutionalizing planning within its staff. The project is effected through the creation of a planning unit and

through training of provincial level officials and consultations with high level Ministry of Health officials. It began with the training of five Kenyan M.D.'s in a joint program arranged by Drew in collaboration with Loma Linda University in California, which provided the Master in Public Health courses. Drew oriented the Kenyan group through special seminars at its campus. The project is staffed at present by two Drew professionals experienced in health planning and management techniques. A third professional, an information specialist, is being recruited. There is a Kenyan health planner attached to the project.

Additional enhancement of the capability of the Drew International Health staff was realized through the sabbatical which the IHED Director, Dr. Cannon has just finished in Zimbabwe. Following up on the Seminar on Traditional Medicine held jointly by Drew and the African Studies Center, Dr. Cannon during the past year, studied traditional medicine at the University of Zimbabwe. He also participated in the establishment of a medical school for traditional practitioners including developing the curriculum for the 18-month program which will produce more qualified traditional healers for practice in Zimbabwe, now recognized under recent Zimbabwean legislation.

Taking advantage of Dr. Cannon's sabbatical in Zimbabwe at the University Medical School, Drew began developing an operations research proposal to be funded in Zimbabwe through the PRICOR project. The research would be performed in the area of community participation in the delivery of primary health care services.

The IHED staff has been active in submitting proposals for such technical assistance projects of AID as the Jamaica Health Management Improvement Project and the Kitui Health Project. Over ten solicited and unsolicited proposals, most in the areas of health planning and management, have been submitted to AID since the start of the program. This effort has given Drew staff very real experience in continuing to develop their presentations and capabilities statements, looking toward the future when Drew will become more independent and self-supporting as a provider of technical assistance overseas.

In anticipating the future, Drew has been very wise to explore linkages with other U.S.-based technical services groups, which provide certain skills areas presently lacking within the IHED staff and pool of consultants. The evaluation team discussed a number of ideas with the IHED staff involving ways to reach out to non-AID sources of funding, including agencies of the UN system and regional organizations such as the African Development Bank.

Drew is also developing linkages with African governments and academic institutions. It has signed a linkage agreement with the University of Somalia. It is awaiting completion of an agreement with Ahmadu Bello University in Nigeria, has an ongoing health project with the Ministry of Health of Kenya, is planning an institutional agreement with the university in that country, and has pending an agreement of cooperation with the University of Zimbabwe for education and training activities.

The IHED staff has also functional linkages with a number of U.S. institutions. In addition to the relationships it has with the other three minority health institutions through the 122(d) grant, Drew has cooperating arrangements with UCLA for training and consultant resources, with Loma Linda where a number of public health students from Africa, sponsored and supported by Drew staff, are studying, and with the Southwest Regional Laboratory where educational facilities are available. Drew has also made productive information exchanges with the American Public Health Association and the World Health Organization. In this connection, the evaluation team suggested that the IHED also explore the potential for assistance from the WHO regional organization, the Pan American Sanitary Bureau, for possible connections with PAHO's Caribbean efforts.

Another successful IQC award was won by the IHED for the planning and coordination of a Regional Primary Health Care Conference for Eastern and Southern African countries which is still in the planning stages.

2. Problems Encountered in Carrying Out the Grant

Drew has achieved notable progress in preparing itself for a future important role in technical assistance and training activities in

international health. During the course of our interviews with the IHED staff, it was apparent that they feel frustrated at times with the slowness of response of AID to inquiries regarding program and budget questions. This does not apply simply to grant activities but also to those proposals to carry out projects independent of the grant. They have not received visits from AID technical persons. The team is of the opinion that the letting of a contract with SECON would have been arranged more in keeping with AID's procurement policies had there been better communication with AID/Washington in general. This is discussed below under Administrative Controls and Arrangements.

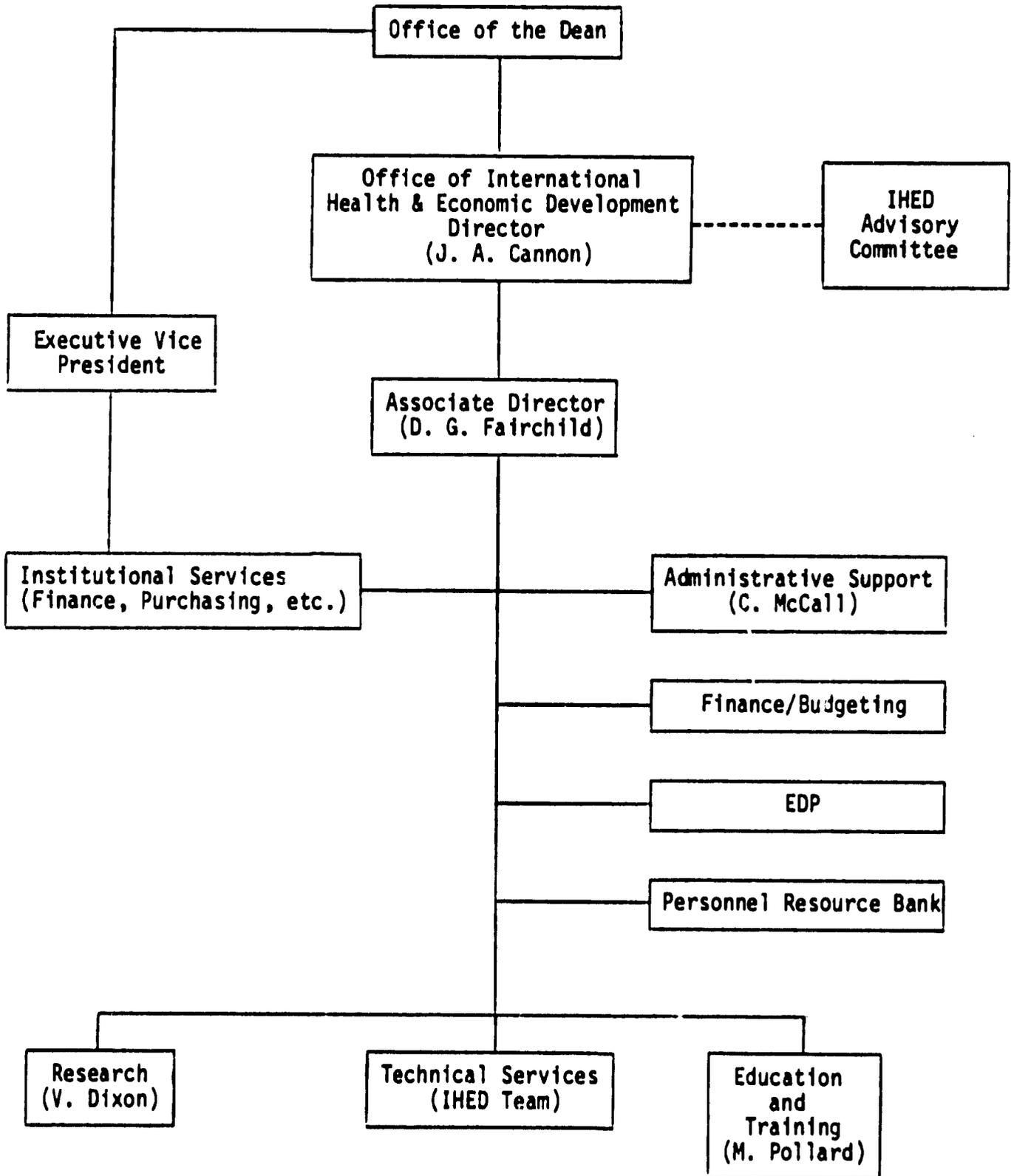
Another specific area of weakness noted by the Drew staff is in followup to their proposals; a decision by AID takes months. Even if a decision is reached that is negative to the Drew proposal, it would be extremely helpful to have a constructive critique by which Drew could receive a positive educational experience. Part of growing and developing in expertise is the feedback which AID, with its far vaster experience in development activities, can provide to institutions such as Drew which are competent but still new to overseas development.

Drew also would like to see another source of training funds, which would support the training scholarships needed, for example, for Drew to provide exchanges between itself and Nigerian and Zimbabwean faculty and students, under programs which are being discussed currently.

3. Organizational Placement

Originally the IHED office was located organizationally with the Department of Community Medicine of Drew, but in order to place the program where it could function across the various academic departments of the school, be more visible and acquire greater flexibility, the IHED project was elevated to the status of an "office" and placed in a direct reporting relationship to the Office of the Dean (and President) of Drew. See the current organization chart on the following page. An advisory committee was convoked to assure a direct impact on the program of the rich and varied experience of the Drew faculty. Much thought by Drew staff has been put into

DREW POSTGRADUATE MEDICAL SCHOOL
ORGANIZATION CHART



the evolution of the international health program as it becomes more sophisticated, complex and reaches the end of the period of funding by AID. This examination has been pursued through issue papers and discussions with the members of the Advisory Committee for IHED.

Concern has also been expressed about certain constraints which have emerged as experience has been gained in planning and implementing the IHED program. These constraints include the absence of full-time faculty and other resources to develop the staff needed to offer a broad scale international health program of interest to AID and other donors. This program, according to Drew thinking, should include important components of an international health effort such as maternal and child health, epidemiology, nutrition, environmental health, etc. There is also no arrangement whereby Drew faculty members could be given joint appointments to serve the international health unit and their own home departments. Furthermore, present organizational arrangements do not permit the offering of undergraduate courses in international health topics, which offering would coincide much more closely to the purposes of the AID strengthening grant. One alternative would be to retain the present office of IHED as is and provide undergraduate electives in international health through an existing department. Another would be the creation of a semi-autonomous or fully autonomous center. The center concept would likely provide the most flexible and effective arrangement for purposes of fund-raising, for it would insure a visible cohesive body of expertise which could be placed at the service of developing countries and could draw directly on Drew and allied academic organizations in the Los Angeles areas.

Other alternatives examined include establishing an academic Department of International Health to provide Drew institutional funds and full-time faculty, permitting the offering of for credit courses in international health to undergraduate students. This may lead in the future to a graduate degree in international public health and enhance Drew's offering of training opportunities to students from less developed countries, as well as to U.S. students.

Another possible configuration would be providing for the coordination of a dispersed international health studies through a small central administrative unit which administers training and research activities through faculty located in various academic locations within Drew.

4. Administrative Controls and Arrangements

Budgeting and Accounting Controls

The Office of International Health and Economic Development operates on a yearly budgeting cycle, corresponding to its grant year which ends on January 31. Prior to the preparation of the budget an operating plan is prepared. The plan is based on a series of staff conferences including a staff retreat at which various Drew faculty members join the IHED staff to review the accomplishments of the past year and to lay plans for activities for the coming year.

The operating plan represents a consensus of the IHED staff and concerned faculty members. The Director of IHED, who meets monthly with Drew's President, keeps the President informed of the operating plans, but does not seek the latter's formal approval.

The operating plan is followed by a budget which includes estimations by the IHED staff members of the funds needed to carry out activities that are included in the operating plan. Nearly two thirds of the budget is represented by such fixed costs as salaries and benefits for direct hire employees and for space that IHED rents commercially.

The budget is reviewed and approved by the Director of OIH and submitted for the scrutiny of the Director of the Office of Finance. The latter office reviews the budget for consistency with the provisions of the grant agreement as well as for cost factors. Amounts left unencumbered from the prior year budget by object class are taken into account, and the net amount needed for the current year budget is transferred from the unallocated balance of the grant.

Further review and approval of the budget is not required. Adjustments needed during the year are effected by means of a budget modification form, approved by the Director of IHED and reviewed and approved by the Director of the Office of Finance.

It was noted that for the grant year ended January 31, 1982, the operating plan was formalized in detail, indicating goals, objectives, outputs, and evaluation criteria. Similarly the budget submission for that year was supported by justification data showing the basis for calculating the various budgetary amounts.

However, budgetary operations for the 1983 and 1984 grant years are not supported by documentation of this type. For the 1983 grant year the minutes of the staff retreat serve as the operating plan, while the budget for that year as submitted to the Office of Finance, consists of 12 one line items unsupported by justification data. No work plan was produced for the 1984 grant year, the budget for which was submitted in somewhat greater detail than in the case of the 1983 grant year budget.

It was explained that the main thrust of the present program was established by the plan formalized for the 1982 grant year and that activities since that time have been essentially a continuation of those plans. Therefore, IHED felt that the time consuming preparation of formal operating plans is no longer required, and that more simplified budget preparation will satisfy the needs of IHED staff.

Once accepted by the Office of Finance, the budgeted amount are entered into the University's computerized accounting system, and thus become the controls over future requests for obligations and disbursements.

Obligations

The procedures for obligating funds for personnel, for handling indirect costs and for hiring consultants are discussed in the following sections.

● Personnel

The regular procedures of Drew are employed to recruit personnel paid from grant funds. When a new position is established, IHED prepares a position description which is reviewed by the University's Personnel Office. The responsibilities of the position are analyzed and the position is classified in accordance with Drew's existing policies covering responsibilities and salaries.

After classification, the Office of Personnel returns the position description to IHED which submits the document to the Office of Finance where it is reviewed against the approved budget and against the grant agreement.

With the approval of the Office of Finance, recruitment is undertaken to fill the position. Preference is given to Drew employees under consideration for promotion and, secondly, to any qualified former employee who was laid off through no fault of his or her own, or to qualified employees who have requested transfers. If preference hiring is not to take place, the position is posted at Drew as well as with the California Employment Service and at large public institutions, such as the various offices of the Los Angeles county government. The position may also be advertised.

The Office of Personnel reviews the applications of the prospective employees to ensure possession of minimum qualifications. Final selection is made by the Director of IHED. Normal salaries begin at the bottom of the scale at which a given position has been classified. Payment of any executive level salary, such as that received by the Director of IHED, requires the approval of the University's President.

There are at present six staff members whose salaries are paid from grant funds. In the case of the Director, the grant is charged with the maximum salary permitted under Federal regulations. A salary supplement of approximately \$15,000 annually is paid by Drew from its own budgetary resources. The salaries of the other five staff members are paid entirely with grant funds.

Time cards are kept by each grant-funded employee. They are reviewed and approved bi-weekly by the Director of IHED, and sent to the Office of Finance, where the payroll is obligated and disbursed.

● Indirect Costs

It was noted that as of January 31, 1983, Drew had been reimbursed in an amount of \$92,825.14 for indirect costs. Drew's illustrative budget included in the grant agreement as Appendix A contains a total of \$116,268 for indirect costs for the five year period, accompanied by a footnote which reads as follows:

"Current negotiated provisional rate for indirect costs recovery on federal grants and contracts is 51% of direct salary base. Direct cost requirements will not allow the full recovery of these costs as a result of the restricted funding level. Consequently, Drew will cost share, at different levels each year, that portion of the applicable indirect costs for which AID funding is not available."

Notwithstanding this budget and the explanatory footnote, Paragraph 9 of the Standard Provisions to the grant agreement contains the following passage:

"...It is mutually understood and agreed, unless otherwise provided hereing, that the Grantee will not allocate any costs to this Grant, which are normally charged as indirect costs (overhead) in accordance with the Grantee's normal accounting practices..."

Office of Finance officials maintain that the sum of \$116,269 contained in the illustrative budget for indirect costs is a fixed amount, agreed to by AID in lieu of Drew's negotiated provisional overhead rate of 51% of direct salary costs, for which insufficient grant funds were provided. It is Drew's practice to obtain reimbursement from AID for indirect costs by programming into its computer the same overhead rate currently used for any of its other grants that do not permit Drew to recover its indirect costs at its negotiated provisional rate. The application of such rates does not necessarily result in overhead charges that correspond with the amount indicated in the illustrative budget. For example, the latter document indicated that through January 31, 1983,

cumulative overhead charges would amount to \$82,074, as compared with the \$92,825.14, which, as indicated above, Drew had been reimbursed as of that date.

Office of Finance officials stated that an accounting adjustment would be made in the current, or final, grant year which will bring the cumulative total of overhead charges over the life of the grant to the total of \$116,268 indicated in the illustrative budget appended to the grant agreement.

Indirect costs represent the only budgetary item for which reimbursement from AID is considered by Drew to be fixed. All other items are reimbursed by AID to the extent that actual expenditures are incurred. The grant agreement itself is otherwise silent as to the actual amount of indirect costs to be reimbursed to Drew.

It may well be that the illustrative budget with its accompanying footnote was intended by the contracting parties to trigger the "unless otherwise provided herein" clause referred to above in the Standard Provisions. But if so, is the amount included in the illustrative budget to be the basis for permitting Drew to recover its indirect costs?

If Drew is to be reimbursed for indirect costs in an amount equal to the sum indicated in the illustrative budget, Paragraph 9 of the Standard Provisions should be amended to state this fact explicitly. Existing documentation appears to constitute questionable authority for reimbursement of overhead charges to Drew.

● Consultants

IHED has accumulated a bank of names of prospective consultants with specialized experience in the international health field in areas of interest in the implementation of the grant. These names have been assembled from the faculty and staff of Drew and UCLA, and their personal contacts. Drew regulations do not permit its own faculty or staff to earn extra fees as consultants for Drew-administered projects. Such

personnel are hired as consultants by taking leave without pay from their regular positions, or by means of an arrangement for reimbursable detail.

When IHED desires to employ a consultant, it seeks to match the skills indicated as available in its bank of consultants with the requirements for the position to be filled. Preference is given to Drew and UCLA faculty and staff, followed by consultants from outside these institutions.

IHED staff check a consultant's references and arrange an interview. If it is decided to hire a consultant, a form contract is signed by the consultant and by a representative of IHED. Salaries are governed by a "List of Position Categories, Rate of Compensation and Fixed Daily Rates" for consultants in public health, which was appended as Attachment B in Drew's IQC contract negotiated with AID on September 29, 1981.

Following the signing of the contract, it is forwarded to the Office of Finance along with biographic data and a memorandum which justifies the need for hiring a consultant. The Office of Finance reviews the contract for availability of funds, rate of pay, consistency with the terms of the grant agreement, and to preclude any extra compensation for a Drew employee.

The Director of the Office of Finance was asked to explain the usefulness of an ex post facto approval of a contract which has already been signed by the contracting parties. He explained that this procedure has been followed in order to avoid the necessity of a duplicate review and approval process - once when the proposed contract is in draft form and a second time after the contract has been signed. The Director acknowledged that the ex post facto review had created some problems for the University in the past (unrelated to the 122(d) grant) and resulted in the payment of contract costs personally by the University officials who had originally signed the disallowed contracts. The Director stated that in the future the form contracts used by Drew would contain a clause making the validity of the signed contract contingent of the subsequent review and approval of the Office of Finance or other appropriate authority in the University.

Newly adopted regulations require further approval of the Executive Vice President for any consultant contract involving a fee in excess of \$100 per day.

Payment is made in accordance with the terms of the contract, following performance of the required service. An invoice signed by the consultant and by the Director of IHED is submitted to the Office of Finance, which thereupon authorizes payment.

A review was made of the approximately 50 form contracts negotiated with consultants by IHED since the inception of the 122(d) grant program. While the files uniformly contain copies of memoranda to the Office of Finance justifying the need to hire the consultants, in most cases the copies of the contracts in the files of IHED do not indicate the approval of the reviewing Office. The Director of the Office of Finance explained this as a filing problem. However, this circumstance does raise the question as to how IHED can be satisfied that the Office of Finance has approved its contracts. The Administrative Analyst of IHED stated that in the absence of advice to the contrary from the Office of Finance, it is assumed that a consultant's contract has been approved.

With one notable exception, no contract exceeded \$3,000 in value, and most contracts are in amounts of less than \$1,000. A sampling of the contracts and the accompanying biographic data indicates that the contracts were negotiated with personnel well qualified in their respective fields.

● Contract with SECON, Inc.

The exception to the pattern of small contracts noted above was a cost plus fixed fee contract not to exceed \$40,000 negotiated on April 20, 1979, with a consulting firm called SECON, Inc. of Bethesda, Maryland. The contract was for the purpose of helping IHED prepare itself to administer the grant, the agreement for which had been signed on January

25 of that year. The contractor agreed to perform a number of duties such as developing criteria for selection of African countries and institutions with which Drew would establish linkages, definition of countries' health problems as a basis for cooperative effort, and the development of project priorities. The contract called for 12 weeks of effort during the year beginning February 1, 1979. Salaries and fringe benefits up to \$16,381 were authorized, along with \$11,500 for travel costs, overhead of \$9,502, and a fee of \$2,617.

The President and principal owner of SECON at the time the contract was signed was Dr. M. Alfred Haynes, a nationally recognized authority in the public health field, who had joined Drew in 1969 as one of the original faculty members and who, by 1976, had become the Acting Dean. In the latter year Dr. Haynes went on sabbatical leave, and in 1977 he became associated with SECON. He remained as President of SECON until July 1, 1979, at which time he returned to Drew as President and Dean. With the return of Dr. Haynes to Drew the contract with SECON was terminated. Expenses totalling \$19,552 were charged to the grant. Subsequently Dr. Haynes sold his interest in SECON.

The IHED Director stated that he sought out Dr. Haynes for assistance in implementing the grant not only because of Dr. Haynes' recognized expertise in the field of health management and planning but also because of his familiarity with the policies, systems, and procedures adopted by Drew.

The above circumstances raise questions as to the basis for SECON's selection and as to the rationale for determining the price of its contract. It is possible that the selection could be justified on the basis of the unique capability of Dr. Haynes.

Chapter 1, Paragraph 1U of AID Handbook 13, which seems to be incorporated by reference in Paragraph 13(e) of the Standard Provisions to the grant agreement, requires, among other things, of the grantee that:

"Procurement records and files for purchase (sic) in excess of \$10,000 shall include the following:

- (a) Basis for contractor selection;
- (b) Justification for lack of competition when competitive bids or offers are not obtained;
- (c) Basis for award cost or price."

The records and files of IHED contain none of this information with respect to the SECON contract. At the request of the evaluation team, a record of services performed under this contract was provided.

One problem here is that IHED was not familiar with the above cited AID Handbook reference, and had no copy of this document available to it. Another problem is that the reference to this document in the Standard Provisions to the grant agreement is parenthetical, lacking an explicit requirement that the cited provisions of AID Handbook 13 apply to the grant.

● Procurement

Drew's procurement policies are based on competition. There are four categories of procurement.

- a. Purchase of items such as supplies and materials costing less than \$1,200 is made informally from a list of prequalified suppliers. The suppliers are selected on the basis of competitive price lists requested from as many as 12 different business firms.
- b. Supplies or equipment costing between \$1,200 and \$2,500 are purchased by the informal solicitation of written quotations from three sources.
- c. Equipment and furniture costing between \$2,500 and \$5,000 are procured formally, with the exception that it is not advertised. Three or more firms are requested to submit bids, which are formally opened and evaluated.

- d. Equipment and furniture costing more than \$5,000, as well as construction, are procured pursuant to full formal procurement methods, including advertising.

When IHED desires to purchase supplies or equipment, a purchase requisition, approved by the IHED Director is sent to the Office of Procurement and Support Services, where the proposed purchase is priced in accordance with the procedures indicated above. After a price on the proposed purchase has been obtained and the supplier selected, the requisition is sent to the Office of Finance where it is checked against the budget for available funds and for consistency with the terms of the grant agreement. The Office of Finance returns the requisition to the Office of Procurement and Support Services, which issues a purchase order to the vendor.

Upon delivery, inspection is made of the supplies or equipment by both the Procurement and Support Service and by the IHED. A receiving report is signed by both offices and sent to the Office of Finance, which compares the receiving report to the invoice which is received directly from the vendor. If all is in order the invoice is paid.

● Travel

Grant funded domestic travel is authorized by the IHED Director. Drew's own travel regulations govern the payment of travel expenses and per diem.

Foreign travel requires the approval of Drew's President, in addition to prior authorization from AID. Payment of travel expenses and per diem in foreign travel is governed by standard U.S. Government travel regulations.

Travel advances are permitted in connection with domestic and foreign travel. However, the traveler is required to submit a travel voucher accounting for the advance within 10 days of the completion of the travel. In the absence of such a voucher the travel advance is charged to the salary of the traveler.

Officials of IHED appear to be familiar with the restrictions on travel included in Paragraph 16C of the Standard Provisions to the grant agreement, and are complying with them. All foreign travel is limited to U.S. carriers.

● Disbursements

In accordance with the payment provisions in Attachment C to the grant agreement an initial advance payment in the amount of \$50,000 was paid to Drew. This amount is maintained as Special Account in the Bank of Finance, a minority-owned banking institution in Los Angeles, California. No interest is paid on the account.

All disbursements pertaining to the grant are channeled in the first instance through Drew's computerized accounting system, and payments are made from Drew's regular banking accounts. Once a month reimbursement to the regular banking accounts is obtained from the Special Account. Office of Finance officials explained that payment of grant-funded expenses direct from the Special Account would not be compatible with its computerized accounting system.

When monthly reimbursement has been obtained from the Special Account, a statement of the amount expended, according to object class, is sent to AID, and forms the basis of Drew's request for reimbursement for the special account. The funds thus received from AID are then deposited in the Special Account, and are held there pending Drew's subsequent withdrawal to reimburse itself for grant expenditures.

The documentation supporting Drew's withdrawals from the Special Account is held at Drew, awaiting audit by AID. Thus far such an audit has never been made.

Drew feels that the above manner of disbursement enables it to comply with the Payment Provisions attached to the grant agreement, which require that "...all receipt and disbursements shall be recorded thereunder by the Grantee's Fiscal Department in such manner that it will

be possible to ascertain the balance in the advance payment account at any time."

● Status of Grant as of January 31, 1983

The following table summarizes the status of the grant as of the close of Drew's most recently completed grant year, January 31, 1983.

<u>Expense Category</u>	<u>Budgeted</u>	<u>Disbursed</u>	<u>Encumbered</u>	<u>Funds Available</u>
Salaries and Benefits	\$554,218	\$533,991.26	---	\$20,226.74
Consultants	60,780	31,723.39	200.00	28,856.61
Publications	16,223	8,730.85		7,492.15
Communications	11,340	13,027.15	324.38	(2,011.53)
Supplies and Materials	12,052	12,985.74	847.55	(1,781.29)
Purchased Services	19,918	18,569.28	150.00	1,198.72
Equipment	53,934	52,074.27	---	1,859.73
Travel	127,378	98,185.74	---	29,192.26
Space	65,423	53,808.66	---	11,614.34
Miscellaneous	15,771	16,483.74	14.91	727.65
Indirect Costs	97,095	92,825.14	16,884.14	(12,614.28)
Unallocated Balance	<u>215,868</u>	<u>---</u>	<u>---</u>	<u>215,868.00</u>
<u>TOTALS</u>	<u>\$1,250,000</u>	<u>\$932,405.22</u>	<u>\$.18,420.98</u>	<u>\$299,173.80</u>

● Audit by Public Accountants

The most recent audit by Drew's firm of certified public accountants, Coopers & Lybrand, was issued in October, 1982, and covered fiscal years ended June 30, 1981 and 1982. Drew received an unqualified certification of its accounts for those years.

5. Capital Equipment Purchased Through Grant

There is presented below a listing of all capital equipment purchased with grant funds from the inception of the program through January 31, 1983.

Under Drew procedures any item of equipment costing \$100 or more is inventoried, and is considered to be a capital item.

Description	Date Purchased	Cost
6-shelf bookcase, 4'x7' (2)	11/25/80	\$ 548.00
2-drawer file cabinet	12/04/80	147.87
Eike movie projector	07/30/80	757.00
Walnut Cabinet with sliding doors	09/27/79	165.00
Gold swivel arm chair (2)	09/25/80	230.00
Wang Center Processing Unit and Disk Drive	01/29/81	19,000.00*
Wang 64K workstation	01/29/81	4,900.00*
Computer work table (2)	03/13/81	218.00
Computer work table	04/06/81	115.54
Yellow Bookcase with doors	09/27/79	169.40
2-seater with wooden table	09/27/79	225.00
Black desk with walnut top	09/25/80	190.00
2-drawer legal file cabinet, black	08/03/82	165.45
Sony transcriber unit	04/10/80	771.68
6-shelf bookcase, walnut	01/17/80	222.60
Sony tape recorder	04/10/80	290.00
Kirkwood plaid sofa, rust	09/27/79	280.90
Storage Unit	09/27/79	132.00
4-drawer lateral file cabinet, yellow	09/27/79	377.36
8' conference table	11/27/79	196.10
Executive table	11/27/79	180.20
Rust velvet arm chair, rotary	11/27/79	280.90
Royal 5000 CD typewriter	06/20/79	798.18
Walnut shelving unit	10/15/79	180.00
Blue credenza	09/27/79	291.59
6-shelf bookcase, walnut	11/06/79	222.60
6-shelf bookcase walnut	11/06/79	222.60
Rust velvet armchairs (4)	01/31/79	508.80
IBM correcting selectric III	10/06/80	1,120.00
Walnut wooden file cabinet	12/04/80	147.87
2-shelf bookcase, blue	09/27/79	100.00
Display book truck with two shelves	06/26/80	112.25
Wang 33 CPS Daisy Printer	01/29/81	6,000.00*
Walnut bookcase	01/17/80	222.60
Kodak slide projector	06/26/80	199.96
		<u>\$39,689.45**</u>

*3-year lease purchase plan. Last payment to be made April, 1983.

**Approximate total. Some prices do not include taxes, handling charges, etc.

IHED employees appear familiar with the restrictions on the procurement of goods, as mentioned in Paragraph 13 of the Standard provisions to the grant agreement.

5. Likelihood for Drew to Achieve Grant Purposes

The evaluation team pursued the question of where Drew would be program-wise at the end of the five year grant period and what did it see for the future. There was a very optimistic response to this line of inquiry. Drew, perhaps of all the institutions visited, favors the concept of a consortium of the four minority health institutions. Drew has particularly sought to arrange with Tuskegee Institute a collaboration now which would provide in the IHED's opinion a perfect combination of resources in the integrated rural health and community development. Tuskegee lacks the medical component but is strong in rural development and agricultural and has experience and facilities for paramedical training, in addition to its professional nursing school.

Furthermore, Drew staff is examining the feasibility of a new institutional configuration (which has been discussed earlier under Organizational placement), the idea of a semi-autonomous center for international health.

The evaluation team was impressed with the progress made thus far at Drew, particularly in the systematic preparation of faculty, through overseas exposure and informational exchanges with distinguished visiting health leaders from Africa as described earlier. Certain organizational issues must be resolved before it is possible to say that Drew has developed sufficient international health coursework, but there is the basis existing already for improvements in this program area.

The exposure of the director of IHED to African realities of health services through his sabbatical in Zimbabwe was a positive advance. Clearly there is a competent technical staff at work within the IHED. They will require more time to fully complete the expected achievements of the 122(d) grant, but the team feels that AID should provide this support, if at all possible, not only in terms of money and additional time, but also

through more effective communication and technical advice from its Africa bureau and health office resources. As of the time of the evaluation team's visit, Drew was still awaiting a decision from AID on its request for an extension and additional funding for its program. We are convinced that Drew will in the long run develop a fully utilisable technical resource for AID requirements in Africa and the Caribbean. It will not likely achieve this level of development if support is terminated too soon, however.

III. FINDINGS AND RECOMMENATIONS

A. Summary of Findings

It is clear that the AID 122(d) grants to the four health institutions studied by this evaluation team have had a positive impact on preparing the staff and faculty of these institutions to serve more effectively as providers of technical assistance in health and integrated rural development to development agencies in Africa and the Caribbean. It is also clear that most of them could have accomplished more than they have during the three or four years intervening since the initial funding.

That they have not been able to accomplish all that might have been expected is attributable to a number of factors. That they will be able to accomplish still more in the remaining period of the grants is very likely in the view of the evaluators. Successful achievements of the original purposes of the grants by the time of termination of support from AID will depend on a number of strategies which are discussed below.

With the exception of Drew, all of the institutions have faced leadership changes and subsequent reorganizations which have temporarily delayed the growth or development of their planned strengthening activities. In addition, some reformations have come about and others are planned as a result of intensive self-evaluations by the leadership of the institutions. The result of these changes, in the opinion of the evaluation team, has been a potential improvement in the readiness of these institutions to grow, mature and be able to respond eventually to needs for their advisory services. Although this process probably has caused delays for three of the institutions in achieving one of the major intents of the grant, to prepare themselves to assume roles in providing technical assistance to health providers in Africa and to develop a marketable capacity which would end their dependence on AID for grant as opposed to contract support, it generally has had a positive effect. It may be that the objectives and time tables implied in the original grants were overly ambitious. It may well be, as stated elsewhere in this report, that institution building is a long, slow, deliberate process and that results

cannot be anticipated within a five year time frame under any circumstances. For these reasons, we have later in this report suggested that AID should extend the period of funding of this grant and, in effect, agree with the team's findings that more time and funds are required to complete the development process which has been initiated. This is in recognition of the need to preserve what has been developed and to avoid losing the impetus for growth and improvement which was found at all the insitutions.

Some of the inaction and confusion which led to program delays and reorganizations of international health staffs at these institutions are expected phenomema of growth and development. Some of the problems, however, have resulted from the apparent inattention of AID to its responsibilities for monitoring and for providing answers to requests for interpretation of grant terminology and AID policy regarding procurement and contracting requirements. There has never been an AID evaluation of these grants prior to the deployment of the present team. Only one institution has been visited by one representative for one day throughout the entire grant period.* The reason offered by AID personnel is that no travel funds are available for the monitoring effort. It seems to the evaluation team that an investment of \$5 million demands more effective stewardship than has been provided to these institutions.

Therefore an immediate strategy for adoption is apparent. AID, as is recommended in the section below, should review the status of requests which have accumulated from the institutions and provide rapid response to the outstanding issues which have been raised. AID should also make available funds for travel to the institutions by Africa Bureau program personnel and advisors from AID's technical resource offices as indicated by the outstanding requests from the institutions. AID should also host a meeting of the four institutions, with travel funds to be provided from each of the grants for the respective representatives sent by each institution. This would be a very timely event if held within the next three months because a number of common interests have developed which would benefit all institutions if a forum is

*AID officials state that there has been somewhat more attention than indicated by the grantees.

provided for an interchange of ideas. This meeting should discuss how the institutions can work together as a formal or informal consortium to pool their resources toward obtaining contracts for training and technical assistance.

In the following section, we outline specific recommendations for action by the institutions and by AID, which would resolve some of the problems encountered in this study. Some recommendations are for AID action; others refer to all institutions, and some are intended for the action of single institutions.

Recommendations

1. Institution building is a long, slow, costly process. The four institutions, while not performing many of the anticipated activities and not producing the scheduled outputs anticipated in the grant documents, have indeed laid, each in its own way, the basis for future competence. AID should consider building on these bases and extend both the time period and the funding period for these grants.
2. At the same that AID extends additional time and funding to these institutions, AID should allot additional resources, human and financial, to supervising, monitoring, evaluating, and supporting the activities of these institutions. Specifically, funds should be allocated for travel by Bureau for Africa personnel to these institutions to review their performance and to exchange information which will assist them to understand completely AID's health policies and strategies and how the 122(d) grants relate to them. The expertise available within AID's technical offices (particularly AFR/DR and S&T/H) should be more consistently engaged in these monitoring and technical support activities.
3. AID should convene semi-annual meetings of the four institutions together in Washington, or at the institutions, on a rotating basis, to exchange information on programs, on African health conditions, on potential other donors, etc., looking toward the formal or informal union of these institutions into a consortium. Funding of such meetings can be paid by

each institution from its grant, if necessary. The timing of the first of such meetings should be set for no later than three months from now.

4. The institutions have stated their concern that a number of requests for decisions involving their programs and budgets have not been answered by AID/Washington. The team recommends that AID/Washington review the status of these requests and respond as quickly as possible. AID should at least acknowledge the receipt of letters and reports if no immediate action is possible. This applies to the annual reports as well, since the institutions have indicated that they would appreciate reaction and feedback from AID which will help guide them in the future.
5. A valuable resource of technical information in the form of books, occasional papers, journals, reports, etc., has been accumulated in the four health institutions through the 122(d) funding. AID should explore with these institutions a means for effecting an exchange of such information and should also determine whether AID's reference service could avail itself of this resource, through receipt of bibliographic summaries, abstracts, or other bibliographic listings from each of the institutions.
6. The four health institutions should continue to explore the feasibility of forming a consortium to pool their human and material resources more effectively. Each has unique but incomplete resources and complementary overseas experiences which would make them very competitive with other similar technical resources should they pool their capabilities.

If a formal consortium is not attractive to all, there would still be benefits accruing should all institutions systematically share information among themselves on available faculty and consultant expertise, technical information, resources at each institution, results of field trips, developing country health data, etc.

7. Each 122(d) grant agreement contains a program focus for each institution. This is commendable. AID should continue to incorporate this policy into future 122(d) grant negotiations, with the recognition

that the institutions involved in this program are relatively small and cannot be expected to excel in all areas of public health.

8. AID should make a deliberate effort to employ the technical expertise already available in these institutions so as to increase their exposure to overseas health programs, by recruiting as individual members of a health sector assessment, project design or evaluation team, faculty which are participating in the international health programs at these institutions. AID, when appropriate, may also wish to request that an institution provide an entire team for such an assignment. AID should also encourage the use of the sabbatical as a time when faculty of these institutions could gain an overseas experience. These opportunities could add rich, new dimensions to the knowledge and understanding of the realities of overseas health program development.
9. Because establishing separate graduate degree programs in international health may be a costly and slow process, and duplicative of existing efforts within U.S. public health schools, the four institutions should explore alternative uses of their training potential. In many cases, their energies may better be devoted to developing curricula for in-country training targeted to primary health care activities. Another area of concentration could be that of developing short-term training in combination with study tours in the U.S. of health officials from developing countries. As some institutions are already doing, there are benefits from providing selected international non-degree courses or adding international health modules to existing courses, so as to complement the professional specialties of already trained personnel. These are effective but less costly ways of "internationalizing" public health training.
10. AID should consider ways of assisting the grantee institutions to deal with the problems caused by leadership changes in their 122(d) programs. One avenue that might be explored is the development of future leaders by means of an internship program for faculty and students of those institutions, either at AID/Washington or overseas. Another approach that

may warrant consideration would be a policy by the grantees of obtaining formal commitments for fixed periods of service from future program directors.

11. At several institutions, there has been difficulty in assuring the continuation of the international health course, into which much thought and resources have gone. This is due to the internal problems of the academic department which presented the course in the past or because the international health project is not located within an academic unit. It is recommended that some bureaucratic solution be arrived at as soon as possible so as not to lose the efforts thus far devoted to this significant course. Since Meharry, for example, seems to have a cumbersome curriculum revision procedure, it may be that, until this problem is solved, the international health staff should use the international health forum series as a means of developing and testing new curriculum so as not to lose valuable materials which have been developed under the grant.
12. The applicability to the grants of AID Handbook 13, Chapter 1, paragraph IU should be clarified. In discussing grantee's procurement system, Paragraph 13(e)(2) of the Standard Provisions appends a parenthetical reference to the cited regulation, but does not explicitly state whether the requirements of the Handbook so specified are to be followed by the grantee.

None of the four institutions visited had ever received a copy of the cited regulation, nor indicated any familiarity with it.

The unavailability of this regulation was at least partially responsible for Drew's negotiation without competition of a \$40,000 contract with a consultant firm owned by a former Drew Dean, who subsequently returned to Drew as its President and Dean.

13. The authorization in the grant agreement with Drew to reimburse that university for indirect costs amounting to \$112,268, as included in the illustrative budget appended to the grant agreement, should be reviewed and clarified.

14. AID should audit as soon as possible the more than \$3 million in documentation held by the four institutions under review, which support the disbursements by AID of grant funds to date. The need for such an examination is particularly indicated at Meharry, in the face of adverse findings on Meharry's procedures in a series of audits conducted by the Inspector General of HEW, by Meharry's firm of certified public accountants, and by the College's internal auditors.

15. The requirements respecting the Special Bank Account, in Paragraph C of the Payments Provisions to the grant agreements should be clarified. Because Howard and Tuskegee interpret this regulation as requiring that all disbursements be channeled directly into the Special Bank Account, and because such a procedure would be incompatible with their computerized accounting systems, those institutions have elected not to receive an advance of funds from AID, and to operate with their own funds with subsequent reimbursement from AID.

Meharry, on the other hand, has received an AID advance of funds, and directly charges its Special Bank Account with all grant expenditures except payroll. For the sake of compatibility with its computerized payroll system, it is necessary for Meharry to charge its payroll checks indirectly to the Special Bank Account, after first going through its regular bank account.

Finally, Drew, also with an advance from AID, charges all grant expenditures directly to its regular bank accounts, obtaining monthly reimbursement from its Special Bank Account. Drew believes that this procedure enables it to "ascertain the balance of the advance account at any time." Thus, Drew believes that its disbursement procedures are also in accordance with the applicable provisions of the grant agreement.

16. The geographic source requirements as set forth in the standard provisions to the grant agreements appear inconsistent with those contained in Handbook 13, Chapter 1, Paragraph IU, despite the fact that the latter

regulation seems to be included by reference in the grant agreements. According to the standard provisions to the grant agreements, the grantee is faced with an order of preferences in determining whether to purchase from the United States, selected free world countries, the cooperating country, or special free world countries. However, the grantee is allowed to make his own decision, which must be properly documented. On the other hand, the above cited Handbook reference requires the issuance by AID/Washington of formal geographic source waivers. This apparent contradiction should be clarified.

APPENDIX

**LIST OF PERSONS INTERVIEWED DURING EVALUATION
LISTED ALPHABETICALLY WITHIN EACH INSTITUTION**

PERSONS CONTACTED AT AID/WASHINGTON

**Richard Billig
Supervising Auditor
Office of Inspector General**

**James Cumiskey
Office of Regional Affairs
Bureau for Africa**

**Henry Miles
Office of Development Planning
Bureau for Africa**

**William Naylor
Office of Regional Affairs
Bureau for Africa**

**Dr. James Sheppard
Chief
Health and Nutrition Division
Office of Development Resources
Bureau for Africa**

**Walt Sherwin
Deputy Director
Office of Regional Affairs
Bureau for Africa**

**Michael Snyder
Office of Contracts Management**

PERSONS INTERVIEWED AT HOWARD UNIVERSITY

Caroline A. Forsythe
Supervisor, Restricted Funds Accounting
Office of the Comptroller

Dr. Thomas Georges, M.D.
Director of International Health

Wilbur R. Jones
Comptroller

Clarence W. Matthews
Budget and Accounting Officer
College of Medicine
Office of the Dean

Ahmed Moen, Dr. P.H.
Assistant Professor

Joseph B. Parker
Director of Purchasing

Fermino J. Spencer
Senior AID Official at
Howard University on IPA Agreement

PERSONS INTERVIEWED AT MEHARRY MEDICAL COLLEGE

Rosa Bobbia, Ph.D. Candidate
French Instructor, ICHS

Dr. H.N. Cooper, M.D.
Acting Director
International Center for Health Sciences (ICHS)

Dr. Deborah Heath
Program Development Specialist, ICHS

Robert E. Hardy, M.D.
Associate Chairman
Department of Internal Medicine
and Clinical Associate, ICHS

Dr. Edward High
Professor
Department of Biochemistry and Nutrition

Dr. Charles W. Johnson
Vice President for Academic Affairs

Melenee Jones
Assistant Administrator
Grants and Contracts Office

Ben Knight
Purchasing Agent

Charles E. McGruder, M.D.
Associate Professor
Department of Obstetrics and Gynecology
and Clinical Associate, ICHS

Dr. William B. Nesor
Chairman
Department of Community Health Sciences

Dr. E. Aban Oddoye
Nutritionist
ICHS

Fred Poellnitz, Jr.
Vice President
Division of Finance and Business

Dr. James Rarrett
College Treasurer

Dr. David Satcher
President

William Simon, B.S.
Fiscal Officer

George Williams
Administrator
Grants and Contracts Office

Lionel F. Willoughby, Jr., M.D.
Director, Child Development Center and
Clinical Associate, ICBS

Mr. Habteab Zerit
Health Educator, ICBS

Students of International Health enrolled in the
Department of Community Medicine

PERSONS INTERVIEWED AT TUSKEGEE INSTITUTE

Dr. E.W. Adams
Chairman International Program
Administrative Committee
Associate Dean, School of Veterinary
Medicine

Dr. W.W. Bowie
Dean
School of Veterinary Medicine

Dr. Marvin Burns
Head, Department of Agricultural Sciences

Dr. George Cooper
Dean, School of Applied Sciences

Mr. J.A. Fernandes
Purchasing Agent

Mrs. Abenaa Ghartey-Tagoe
Division of Behavioral Science Research

Patricia Harris, M.S.
Field Project Manager
International Health Project

Dr. J. Hefner
Provost
Tuskegee Institute

Mrs. R. Herron
Office of Grants Management

Olive Elaine Hume, M.S.W.
Information Specialist
International Health Project

Dr. Sherman Jones
Executive Vice President
Tuskegee Institute

Mamadou Keita
Student
Agricultural Education

Dr. B.D. Mayberry
Director of International Programs

Mr. E.M. Miller
Personnel Officer

A. Richelieu Mitchell
Student
Agricultural Education

Ramsey Nyepah
Student
Agricultural Education

Dr. Linus C. Okere
Research Associate
Department of Sociology

Dr. Ralphenia D. Pace
Assistant Professor
Department of Home Economics

Dr. Benjamin F. Payton
President
Tuskegee Institute

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Coordinator, International Nutrition Center

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Division of Behavioral Science Research

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Associate Professor
Vocational Education

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