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FROM
THE AMERICAN PUBLIC HEALTH ASSOCIATION
TO
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
IN RELATION TO
CONTRACT AID/ta-C-1320

JANUARY - JUNE 1978

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INTRODUCTION

The Agency for International Development has contracted with the American Public Health Association, International Health Programs to apply its expertise to the Development and Evaluation of Integrated Health Delivery Systems, referred to as the DEIDS project. It started in 1972 with an anticipated ten-year duration. The first contract was written for a period of three years but then was extended one more year. The present contract, also for three years' duration, was signed in May, 1976.

Under the contract, APHA/IHP undertakes seven responsibilities, as follows:

1. Intermediate Management of the Demonstration Project in Thailand
2. Provision of Technical Assistance
3. Development of Evaluation Guidelines
4. State-of-the-Art Analysis
5. Information Dissemination
6. Conference Management
7. Participation in Project Evaluation.

This semi-annual report describes the activities which have been undertaken between January 1 and June 30, 1978 in compliance with the terms of the DEIDS contract.

1. Intermediate Management of the Demonstration Project in Thailand

The Lampang Project was initiated in 1974 as an integrated, low cost rural health delivery system which would be refined and then replicated in other areas of Thailand. Key features of the Project include:

- a. Training, placement, supervision and management of several levels of health workers beyond physicians and nurses.
- b. Integration of nutrition, family planning with other preventive and curative health services.
- c. Extension of health information and primary care from centers to the community and the family.

- d. Systematic monitoring and evaluation of the project which would provide for improved operation and for selecting program aspects which should be replicated.

The role of APHA in the Lampang Project includes providing technical and administrative assistance, evaluation oversight and advice on program design.

A. Lampang Project

1. In May, the fourth and last group of 30 wechakorn trainees entered training of one year's duration, bringing to 56 the number of wechakorn in training during the first six months of 1978. Two Border Patrol policemen and two Social Welfare Department nurse/aides are included in this group; consequently, of the 96 wechakorn trained by the Project, 92 will be assigned to the Lampang area. In addition, 28 Health Post Volunteers, 48 Health Communicators and 72 Traditional Midwives received training during the first six months of the year for cumulative totals trained during the Project of:

498 Health Post Volunteers
4,724 Health Communicators
243 Traditional Midwives

2. The Lampang Community Health Department is the only one of its kind in a provincial hospital in Thailand, although the Ministry of Health is planning to organize such departments in all provincial hospitals. After starting slowly because of organizational arrangements, the Department has gradually defined and expanded its role by undertaking a number of important activities both within and outside the Provincial Hospital.
 - a. Within the Hospital, the Department staff has gained experience and has begun to restructure the physical organization of services to reorient them to mesh with the needs of patients. Greatly expanding numbers of patients are utilizing the Department's services, and the Department is increasingly responsible for the preventive and promotive aspects of community health that go hand-in-hand with clinical care.
 - b. The Department's mobile vasectomy team has visited many districts of the province, and there has been an unexpectedly high rate of vasectomy acceptance by rural, low-income men.

In fact, a review of statistics during the team's first eight months of operation (since October 1977) shows that Lampang leads the nation in mobile vasectomy services, having handled over 700 cases.

- c. The team has also provided out-patient care, immunizations and health education, the latter primarily to mothers concerned with feeding and child care. These clinics have produced a very beneficial link between the provincial hospital and the rural health centers, giving the hospital staff a chance to get a broader view of the condition of rural patients and providing valuable encouragement and support to the local health center staffs.
3. The Project's Programming and Planning Division has begun planning for implementation in the remaining districts that comprise Experimental Areas II and III. Operations will be fully implemented in these areas in the last half of 1978.
4. A review of project evaluation activities was held at the time of the Project Semi-Annual Administrative Review in Honolulu in April with representatives from the Project, the Ministry of Health, APHA, AID/Washington and the University of Hawaii participating to assess overall evaluation activities. As a follow-up to this meeting, the Chief of the Project's Evaluation and Research Division and the University of Hawaii Project staff member concerned with evaluation held several days of intensive discussions about the evaluation results with APHA and AID staff in Washington in May. In June, Dr. Reinke, an APHA Evaluation Consultant to the Project, again met with Project and AID/Thailand staff to review evaluation plans for the final phase of the Project.
5. APHA and Project staff have worked closely with World Bank personnel in facilitating their study of the project for adaptation and extension to 20 additional provinces throughout Thailand. This expanded project is being funded by the Bank and American and European donor agencies.
6. The Project has continued to be visited by large numbers of Thai and foreign government officials, AID representatives and those of international and private organizations interested in primary health care. An Information Officer to deal with visitors has been added to the staff.

During February and March, Drs. Nopadol Somboone and Wannarat Channukul of the Project's Personnel Development Division traveled to Pakistan at the request of the Pakistani Government to assist the Government in developing a national basic health services network. During the same period, the Chief of the Project's Evaluation and Research Division, Dr. Pien, presented a paper on the Project to a meeting in Manila sponsored by the United Nation's Asian Planning and Development Institute.

In February, the Project Director, along with officials of the Faculty of Public Health at Mahidol University, was granted an audience with the King of Thailand. A copy of the film on the Project was presented to the King, and he was invited to visit the Project.

- B. APHA continues to provide on-going support for the financial and administrative activities of the project, as well as consultation assistance.
- C. Two APHA staff participated in the Semi-Annual Administrative Review in Hawaii in April which focused primarily on planning for phase out of certain activities, the assembling and dissemination of Project documentation and information and long-term planning for contract termination in September 1979. Considerable discussion focused on the desirability of maintaining an operational base at Lampang beyond that date for study and testing of numerous aspects of primary health care given the plans for replication and expansion of the same type of project throughout Thailand.

2. Provision of Technical Assistance

In compliance with the DEIDS contract to "provide assistance to delivery-oriented projects sponsored by AID Regional Bureaus, Missions and LCDs", APHA provided 435 man/days of intermittent consultant services and 91 man/days of APHA staff service assignments outside Washington, D.C., for a total of 526 man/days during the period January 1 - June 30, 1978. This was a dramatic increase over the preceding six-month period.

During the January-June 1978 period, technical consultation services were provided to four countries in Africa (Botswana, Liberia, Benin, Gambia), four countries in Asia (India, Indonesia, Nepal and Thailand), two Latin American countries (Bolivia and El Salvador) and to meetings in two countries in the Near East (Egypt and Iran). In addition, there were eight conference assignments in North America and Europe.

African countries received 83 consultant man/days, Asian countries 160 and Latin American countries 161. 84 man/days were utilized in providing assistance to conferences in North American and Europe.

In addition to an increase in the number of countries and the total man/days, there was an expansion of the scope of services requested. A complete list of assistance is shown on the following charts. Several assignments, however, warrant special mention:

- A. In April, the Government of Indonesia requested the services of two experts in hand-pump design to demonstrate the AID-developed hand-pump in Indonesia, assess its suitability for use and the feasibility of local manufacture of the pump and spare parts by Indonesian foundries. The Government's objective was to obtain a hand-pump in the quantity and quality needed for its expanding rural sanitation program. The AID pump was determined adequate and feasible for local manufacture. This request, it is interesting to note, originated not in the Ministry of Health, but in the Ministry of Industry.

APHA was also requested by Indonesia to provide consultant services for a Cost Benefit Analysis and Economic Appraisal of a proposed National Immunization Program.

- B. In Bolivia, assistance was requested in preparing documentation in support of a grant which would provide funds for the expansion of a successful pilot health project in Santa Cruz Province to all other rural areas of the country. For this assignment, the services of seven consultants were utilized for two to three weeks duration extending over the period from May 10 to July 15, 1978. Consultants included manpower development specialists, health services planners, health facilities and logistics specialists and economists.

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Data Pertaining to Staff and Consultants Assignments for the Period - Latin America

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days Consul./Staff</u>
<u>South America</u>						
El Salvador	To assist the Mission in developing the Rural Health Aide Project	Eugene Boostrom, M.D., M.P.H., D. P.H.	Advisor - Academia de Ciencias Medicas Fesicas y Naturales de Guatemala - Guatemala City - Guatemala		3/11-18/78	8
El Salvador	Consultation regarding Rural Aides Project	Eugene Boostrom, same			4/15-21/78	8
Bolivia	To assist the Mission's Program Officer in preparing a Project Paper for a Grant for a National Rural Health Delivery System.	John Massey, B.A. Carlton College M.P.H. - Minnesota Lee Hougen, Ph.D.	Curriculum Specialist - Center for Educational Dev. in Hlth., Boston U. Management Spec.-Arthur Young & Co., Santa Domingo, Dominican Republic		5/13-6/1/78 5/27-6/10/78	19 12
		Hector Correa, M.S. Kansas State '56; Ph.D., Netherlands, School of Economics, '61	Associate Professor, Graduate, School of Public and International Affairs - Univ. of Pittsburgh		5/20-26/78 6/25-7/7/78	7 11
		Sheldon Miller, M.H.A. - North-western Univ., '47	Retired - USPHS Commissioned Officer, Director - Grade Health Facilities Specialist		5/22-6/22/78	31
		Robert Bradbury, M.S., Ohio State, '73; Ph.D. Ohio State, '75	Assistant Director, Central Massachusetts Health Systems Agency, Inc.		6/3-6/18/78	22
		Doris Denney, B.S. Pharmacy, Univ. of Conn., '62	Chief - Pharmaceutical Servs. Comm. Hlth. Clinic, Inc. Nampa, Idaho		6/4-25/78	22

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Data Pertaining to Staff and Consultants Assignments for the Period - Africa

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days</u> <u>Consul/Staff</u>	
<u>Africa</u>							
Botswana	To assist the Mission and Government of Botswana prepare a Project Proposal for the Training of the Manpower necessary for an expanded Rural Health Delivery Service.	Margaret Racz	Retired Nursing Educator - Agency for International Development		2/5/78 - 5/2/78	48	
Liberia	Evaluation of the Lofa County Health Project and Recommendations for Project Revisions.	Reginald Gipson, M.D. University of California/Berkley - '74; MPH University of California '74; Resident, International Health Johns Hopkins '75-'76	National Health Service Corps, Former - Evaluation Specialist, International Health Programs, American Public Health Association		4/2-21/78	17	
Benin & Gambia	To assess the accomplishments of the MCH Projects in Gambia and Benin and recommend future appropriate action by AID.	Jean Pierre Bendell, Ph.D., Carnegie-Mellon University, Pa.	Assistant Professor - Public Administration, Pennsylvania State University		5/29/78-6/16/78	18	
Total						83	0

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Data Pertaining to Staff and Consultants Assignments for the Period - Asia

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days</u> <u>Consul./Staff</u>	
<u>Asia</u>							
Indonesia	To survey requirements for Village hand pump, determine suitability of AID pump and assess feasibility of local manufacture of pump in quantity required for rural sanitation project	Phillip Potts Kermit Moh	Engineering Experimental Station - Georgia Institute of Technology Engineering Experimental Station - Georgia Institute of Technology		4/20-5/19/78	29	
Nepal	To appraise existing health manpower availability and and supporting training system	Carl Taylor, M.D.	Professor, School of Public Health and Hygiene - Johns Hopkins University		4/14-20/78	7	
Thailand	To assist Government of Thailand prepare evaluation Plan for Rural Pro-Provincial Health Centers Project.	William Reinke, M.D.	Professor, School of Public Health and Hygiene - Johns Hopkins University		6/15-7/14/78	30	
Thailand - Honolulu	To participate in DEIDS Thailand Mid-Year Review	William Reinke, M.D. Dr. Somboon Wachrochai Dr. Prakorb Tichenda Dr. Vitura Saegsingkeo Dr. Sommai Yasamut Dr. Pien Chiowanich	Johns Hopkins University School of Public Health and Hygiene Government of Thailand Ministry of Health Lampang Health Project Staff	Patrick Marnane Susi Kessler	4/1-4/78	4 4 4 4 4	4 4

DEIDS Semi-Annual Report - January 1978 - June 30, 1978
Data Pertaining to Staff and Consultants Assignments for the Period - Near East

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days Consul./Staff</u>	
<u>Near East</u> Egypt	To discuss with USAID in Cairo future request for assistance to the Egyptian Government in Rural Health Services To confer with WHO Staff in Alexandria on Low Cost Health Delivery Systems in the Middle East			Russell Morgan	3/14-19/78		6
Iran	To participate in Regional Conference on Delivery of Health Care			Russell Morgan	3/7-10/78		4
Total						0	10

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Data Pertaining to Staff and Consultants Assignments for the Period - North America

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days</u> <u>Consul./Staff</u>	
North America							
Canada (Halifax)	To participate in WHO/Canadian Public Health Association Conference of Rural Health Delivery Systems	Werner Ascoli, M.D. Temple University - '55; M.P.H. Columbia University - '59	Director, Private Preventive Medicine Program for Industrial, Commercial and Agricultural Enterprises - Guatemala City, Guatemala	Susi Kessler, M.D. Russell Morgan, M.S. Barry Karlin, : Ph.D. Sylvia McCracken Barbara Levine	5/22-26/78	5	5
		Juan Ortiz, M.D.	San Ramon Comm. Hlth.Project, San Ramon, Costa Rica			5	5
		Clarence Pearson	Vice President - Metropolitan Life Insurance Co., Chairman, International Resources Consortium.			5	5
United States (Washington) From Thailand	To participate in Technical Evaluation Meeting, Lampang Project	Pien Chiowanich, M.D.	Evaluation Specialist, Lampang Evaluation Board - Lampang Project - Thailand		5/25-29/78	5	
United States (Washington) From Mexico	To attend meeting of Salubritas Advisory Board.	Andres DeWit Greene, M.D.			4/20-22/78	3	
Canada (Halifax)	To participate in the preparatory meeting for the WHO Halifax Conference			Russell Morgan, M.S.	4/19-20/78		2
Canada (Halifax)	To participate in the Planning Conference for Primary Health Care, WHO Conference in Halifax			Russell Morgan, M.S.	2/1-2/78		2
Total						23	29

DEIDS Semi-Annual Report - January 1978 - June 30, 1978
Data Pertaining to Staff and Consultants Assignments for the Period - Europe

<u>Region & Country</u>	<u>Assignment</u>	<u>Consultant Name</u>	<u>Professional Association of Consultant</u>	<u>Staff Name</u>	<u>Date of Assignment</u>	<u>Man days Consul./Staff</u>
<u>Europe</u>						
Switzerland	To meet with WHO Staff on Coordination of DEIDS input into Halifax and Alma Alta Primary Health Care Conferences			Russell Morgan	3/21-22/78	2
France	To meet with OECD Staff on Low Cost Health Delivery Systems DAC Advisory Meeting			Russell Morgan	3/23/78	1
				Susi Kessler	5/7-10/78	4
Switzerland	To participate in the 31st World Health Assembly			William McBeath	5/7-12/78	6
				Susi Kessler	5/11-20/78	10
				Russell Morgan	5/7-15/78	9
Total						0 32

3. Development of Evaluation Guidelines

Under the DEIDS contract, APHA/IHP is required to form an Evaluation Task Force to develop Guidelines for Health Delivery Systems Evaluation, as a working tool for use both centrally and in the field.

- A. Evaluation staff have continued to collect and review materials concerned with evaluation of basic health services projects and to search for documentation that indicates the effects such projects are having. This has included contacting many people with field and headquarters responsibilities for basic health services projects in the U.S. and overseas.
- B. The Evaluation Guidelines Task Force (two APHA Evaluation staff and seven consultants) met only once during January - June 1978 as the meeting planned for February had to be cancelled because of the rescheduling of the DEIDS Review for that time. A meeting was held in June at which the recommendations of the Review Panel were discussed, as well as needed changes in scope and format of the Guidelines to meet the recommendation that the Guidelines will address AID and host country officials responsible for health service programs and for project management. It was re-emphasized that the Guidelines must be practical. They should assist in making decisions about evaluation design and in using evaluation output to improve health services programming (some revision of assignments for Task Force Members resulted). A draft of the guidelines will be prepared for September.
- C. A protocol for use by site visitors interested in describing basic health service projects and their evaluation systems has been drafted and is expected to be reviewed and revised during the last half of 1978. The protocol will be used to standardize the description and comparison of evaluation systems. In a simplified form, it could also be used more generally as a self-administered tool for project officials.
- D. Contacts with Evaluation Units of WHO, UNICEF and various Washington-based agencies have continued. These have proven useful in identifying reference materials and in learning of the strategies being used to assess health conditions and evaluate projects.

- E. In February, Patrick Marnane of the APHA staff participated in a meeting sponsored by WHO/SEARO in New Delhi at which research and research needs regarding basic health services in that region were explored. In May, David Lambert attended the annual meeting of the National Council for International Health in New York.

4. State-of-the-Art Analysis

APHA continues to pursue its contractual responsibilities to "identify the most significant and innovative features of health delivery systems now in operation." The initial State-of-the-Art report, published in January 1977, continues to be in great demand and has generated closer working relationships with numerous health-related agencies, including the Battelle Corporation, Community Systems Foundation, IPPF, UNDP, the Peace Corps, World Vision, Project HOPE, CARE, the Hesperian Foundation, Westinghouse, International Voluntary Service, Project Esperanza and the World Bank.

- A. The State-of-the-Art report was reprinted and distributed by the Peace Corps, the National Technical Information Service and the Nutrition Information Service in Ann Arbor. APHA has made the following distribution:

<u>Type of Organization</u>	<u>No of copies</u>
International:	
Health Projects	496
Multilateral & Bilateral Agencies	472
U.S. Institutions & Individuals	629
Other	<u>156</u>
Total	1,733

Requests for copies of the Report continue to arrive daily and APHA has found it necessary to refer almost all such request to NTIS, reserving its limited supply for agencies abroad. The Report is now available for the first time in Spanish and French, and it is anticipated that the availability of these editions, coupled with recently completed translations of the State-of-the-Art Questionnaire, will strengthen APHA's ability to secure information from Spanish and French-speaking projects.

- B. Updating and expansion of the State-of-the-Art study is in process with the preparation of appropriate letters, reports, questionnaires and mailing lists. A special effort has been made to identify AID-supported projects with public health components and to include these projects in the study. Additional

emphasis is also being given to projects with family planning components, as well as those supported by agencies of the U.N..

All of the projects known to APHA are being reviewed, and thirty innovative projects are being written up in capsule form for publication and distribution to AID health officials and others in the field. Samples of six capsules have been submitted to AID's Office of Health for review and 24 additional capsules are under preparation. The plan is to produce each capsule on heavy three-hole paper with tabs showing the country location to facilitate ease of use and up-dating.

- C. In accordance with the terms of the DEIDS contract, indepth case studies will be prepared of six to ten projects after site visits have been made. The policy has been adopted of having each field team include one or two representatives of other projects in other countries, with the advantage of the diversity of perspective which these individuals contribute to the project review.

Case studies of the first two sites visited by APHA field teams (the "Katiwala" project in Davao City, Philippines and the Family Health Worker Project in Kang Wa, Korea) are in preparation, and additional site visits have been arranged for West Africa in the fall. Preliminary investigation is underway of potential sites in Nepal, Bolivia, Nicaragua and India. An article on the work of the Development of People's Foundation in Davao City will appear in the forthcoming issue of SALUBRITAS, and arrangements have been made to have project representatives present papers at the 1978 Annual Meeting of APHA in Los Angeles in October.

- D. Assisted by contacts made in carrying out the State-of-the-Art study, an ambitious international public health exchange has been planned for the Annual APHA Meeting that will include presentations from representatives of projects in Ghana, Nigeria, Mexico, the Philippines, China and Thailand.
- E. A joint study has been initiated between APHA and the International Center for Education Development in Connecticut to collect and analyze information describing activities at the Lampang Health Development Project in Thailand. A case study and data required for the preparation of papers to be delivered at Alma Ata and at the APHA Annual Meeting will result.

5. Information Dissemination

To comply with the DEIDS mandate to compile and disseminate information about low-cost health care delivery systems, three major activities are underway (in addition to the State-of-the-Art):

- A. SALUBRITAS
 - B. Monographs
 - C. The Resource Center
- A. The DEIDS contract specifies that APHA shall publish a quarterly newsletter, which has been entitled SALUBRITAS, to foster the exchange of information which will help field workers in developing countries.

1. The fifth issue (Vol. II, No. 1) of SALUBRITAS was published in the Spring. Copies distributed to both individual readers and bulk subscribers in 163 geographic entities numbered 4,883 for the English edition, 2,276 for the Spanish edition and 1,488 for the French edition, for a total of 8,647 out of 10,000 copies printed. Additional copies were distributed via meetings (200 at the Primary Health Care Conference in Halifax in May), through one-time bulk mailings to institutions (200 copies to the Foundation for Latin American Development in Buenos Aires) and to new subscribers.

The fifth issue carried articles on an adaptive approach to family planning developed by the International Institute of Rural Reconstruction in the Philippines, three institutional resources for requesting technical assistance through the mail, the appropriate technology program of WHO, and the International Year of the Child. Health education aids from the Voluntary Health Association of India, the World Health Organization and the Institute of Child Health were featured. Quarterly columns on "Training Opportunities", "Readers' Exchange" and "Selected Readings" also appeared.

The sixth issue (Vol. II, No.2) is in the production stage and includes articles on the "Katiwala" Program in the Philippines and the "Radio Docteur" Program in Haiti.

2. A survey was conducted among a selected group of 52 readers to solicit comments on the first four issues of SALUBRITAS. The survey was sent to 16 readers in Latin America, 13 readers in Asia, 19 readers in Africa and 4 in the Mideast. Readers canvassed fell into three categories: AID Mission personnel, field workers involved primarily in health delivery and field workers involved primarily in training. Thirty of the fifty-two readers contacted returned the completed survey. Results show that the more specific articles dealing with

a particular innovative aspect of health programs were the most popular (i.e., "Health Workers Arm with Bangle Bracelets", "Folk Beliefs Used to Fight Malnutrition"). The response to continuation of publication was positive and various suggestions regarding content were received.

3. The second SALUBRITAS Advisory Board Meeting was held on April 28. Advisory Board members and guest participants provided valuable comments and suggestions. It was generally agreed that, while specific articles are the most useful, there is a need for general articles to serve as "motivators" to other health projects. It was decided that articles submitted should continue to be reviewed on an informal basis. Some alternatives for future funding were suggested.
4. As a result of a suggestion at the Advisory Board Meeting, guidelines for writing articles for SALUBRITAS have been developed. These have been duplicated on a one-page sheet and are distributed to potential authors via letters and personal contacts. A copy of the guidelines accompanies this report as Appendix A.
5. Since mailing list commitments are reaching the estimated ceiling of 10,000 copies, a note to all single copy subscribers will be included with the mailing of the sixth issue. Readers will be required to return a portion of the note with their mailing label if they wish to continue to receive SALUBRITAS. Bulk copy subscribers will be "weeded" at a future time since most of them are quite recent additions to the mailing list.

B. Monographs

As one component of information dissemination, the DEIDS contract provides for the preparation of monographs to provide technical and/or more detailed information about aspects of health delivery.

In collaboration with AID, six subjects related to Integrated Health Care Delivery were selected where information gaps exist, and highly qualified authors have been selected. Conferences have been held with the authors to clarify the scope and approach of the reports. Seminars with the authors, staff, and selected consultants have provided the opportunity to refine the project treatment of each topic.

1. The paper on Analysis of the Questionnaire for Determining Practices in Low Cost Health Delivery Systems in Developing Countries by Professor Ralph Frerichs was revised from what was to be a monograph to an introduction and guide for using

the State of the Art Questionnaire and will be bound with it. The document will appear in Spanish and French as well as English.

2. The draft of the Monograph by Dr. Dieter Zschock on Health Care Financing in Developing Countries was reviewed by seven outstanding professionals. A copy was sent to AID/Office of Health for its review prior to publication.
3. A rough draft of the monograph on Design and Management of Auxiliary Based Health Programs: Lessons from Developing Countries, by Ms. Dory Storms, is being edited and should be ready for final review by the end of the summer.
4. The final draft of the monograph by Dr. Oscar Gish and Ms. Loretta Feller on Planning Pharmaceuticals for Primary Health Care: The Supply and Utilization of Drugs in the Third World has been received and is being reviewed.
5. The monograph on Mobilization of the Private Sector in Low Cost Health Delivery Systems in Developing Countries by Drs. Howard and Foulie Perlmutter will be finished by the end of August or mid-September. Discussions have been held in Washington with Foulie Perlmutter, and both authors are now bringing their references into final form.
6. Several meetings have taken place with the Office of Health relative to the outline and scope of Charles Pineo's monograph on Environmental Sanitation as Part of an Integrated Health Delivery Program. A last revision has been submitted for approval.
7. At its May 3 meeting, APHA's International Health Committee asked that it be involved in reviewing the monographs. A system has been established whereby Dr. Alonzo Yerby of the Committee will receive copies of draft monographs.

C. The Resource Center

The DEIDS contract states that, "An information management system shall be developed comprising a central point for collection, analysis and dissemination of information pertinent to the delivery of comprehensive and diversified health services." The Resource Center was initiated in August of 1977 in partial fulfillment of that directive.

1. In March, the Resource Center moved into an area adjoining the International Health Programs offices. This physical proximity promotes closer communication, and staff and consultants visit it to do their own research and with more frequent requests.

In turn, the Resource Center personnel are able to keep abreast of on-going activities, identifying appropriate resource materials.

Unpacking of previously stored material, plus acquisition of material housed in staff offices, is proceeding though somewhat slowly due to other staff commitments.

2. A program of information dissemination of public health documents and materials relating to appropriate health delivery systems has been initiated. There will be periodic (approximately every 6 weeks) mailings to 86 overseas and AID/Washington personnel. Appropriate material will be identified by APHA. The Resource Center will handle the logistics of compilation and delivery to the Department of State Diplomatic Mail Facility. The first mailing will be in late July.
3. Continued study is going on regarding computerization of resource materials. A meeting was held with Informatics in Rockville, Maryland regarding possible computer indexing (conversation to KWIC). It was concluded that this project is premature at this time. However, the needs for entrance into such a data base system are being taken into consideration as cataloguing and shelving is done.
4. Collaboration with other information centers has continued through attendance at local APLIC (Association for Family Planning Libraries, International) meetings and the APLIC Annual Conference in Atlanta and at the Medical Library Association Meeting in Chicago, where the Resource Center Manager joined the International Cooperation Committee. Local contacts were also made with the Urban Institute Library and the Joint Bank Fund Library, as well as with the new Office of Development Information and Utilization at AID.

6. Conference Management

The DEIDS contract states that APHA is to "sponsor and manage conferences or symposia ... and participate in programs sponsored by others". A further decision was made in 1977 to emphasize APHA participation in and support of conferences convened by other groups, particularly those of WHO related to primary health care.

- A. In cooperation with the Canadian Public Health Association, APHA was responsible for the planning and management of the NGO Conference on Primary Health Care held in Halifax, Nova Scotia on May 23 - 26, 1978. The conference was attended by 1,200 participants from non-governmental organizations throughout the world, including five APHA staff and two APHA-sponsored participants:

1. Dr. Werner Ascoli
Director, Private Preventive Medicine Program for
Industrial, Commercial and Agricultural Enterprises,
Guatemala City, Guatemala
2. Dr. Juan Ortiz
Medical Director, San Ramon Community Health Project,
San Ramon, Costa Rica

Work is now underway to develop a conference document which will be a synthesis of the 190 technical presentations.

One of the principal outcomes of the conference was a NGO Position Paper on Primary Health Care which was accepted as an "official document" for the WHO Alma Ata Conference. APHA staff were responsible for translation of the document from English into the five other U.N. languages and for printing in all languages.

- B. APHA has continued to provide assistance to WHO and UNICEF in coordinating the international NGO input into the WHO Conference on Primary Health Care scheduled to be held in Alma Ata in early September.
- C. The third issue of the Primary Health Conference Bulletin was published in April, and 6,000 copies in English, Spanish and French were distributed. In addition, the final editing and translation (into Spanish and French) of the monograph on PHC and Nutrition was completed. The printing is being done in Mexico, and copies should be available for distribution by August.
- D. Three APHA staff attended the National Council for International Health's conference on "Child Health in a Changing World" held in New York in May. In addition, two of the conference speakers were sponsored by APHA:
 1. Dr. Rosa J. Cisneros, Specialist in Family and Agrarian Rights and Community Development, San Salvador, El Salvador.
 2. Dr. P. M. Shah, Professor of Pediatrics, Bombay, India.
- E. An APHA staff member participated in the National PHC Conference in Shiraz, Iran in March at the invitation of the Iranian Public Health Association. A paper was presented on DEIDS contract activities.
- F. Several meetings have been held with WHO and its regional offices regarding conference activities at the regional and country level. In addition meetings have been held with UNICEF, the World Bank and the OECD to discuss areas of common interest. In May, Dr. Kessler participated in a DAC Donor Meeting at OECD/Paris.

- G. As a result of a request from the International Conference of Nurses, APHA and ICN staff are exploring ways that APHA can be of assistance to a planned conference in Nairobi in May 1979. An invitation has also been received from the African-American Free Labor Union for APHA to assist in developing a workshop for labor union women in West Africa.
- H. The International Health Resource Consortium held its first Policy Board meeting in January at the Celanese Corporation in New York. Subsequent Executive Committee meetings were held in March and May, hosted by Rockefeller University and the Metropolitan Life Insurance Company respectively, to discuss future activities and financial support.
- I. Project development activities of the Consortium are well underway in two areas:
 - 1. Approximately 20 corporate executives from 12 firms attended meetings in April and June to discuss increased corporation interest in health activities for their employees in developing countries. APHA staff and consultants organized the meetings, which were hosted by Metropolitan Life and ITT respectively, and are now assisting the group in designing an international conference on "Health Education in the Workplace";
 - 2. Meetings were held in January and March between Consortium officers and representatives of the Pan American Health Organization and the General Electric Company to discuss a demonstration Primary Health Care X-ray project. Subsequently, G.E. advised that, together with seven other U.S. manufacturers, it will be donating four X-ray systems (\$50,000 each) to the Consortium for project implementation in, probably, a Central American country.

7. Participation in Project Evaluation

The DEIDS contract calls for APHA to provide AID with a review of its activities and outputs. Such a review was to have been held prior to December 1976 and annually thereafter. As a result of changes within AID, the review was not scheduled until November 1977. It was subsequently again postponed, and finally took place at APHA on February 15 - 16, 1978. Attached as Appendices B and C are AID's Evaluation of the DEIDS (and CATAS) contract and APHA's response to the Evaluation Report.

There has been limited direct participation in evaluation of specific overseas projects during this period, but it is anticipated that there will be a number of project evaluations taking place during the third year of the DEIDS contract.

8. Other Related Activities

APHA International Health Programs staff serve as resource personnel for a wide variety of agencies and individuals, including universities, multi-lateral organizations and private groups. Counsel is provided with respect to health conditions and resources in various countries and available expertise for particular needs in international health.

Recent examples include discussions with a Battelle Institute consultant regarding primary health care programs in Latin America as background for a series of workshops they hope to set up later in the year and assistance to the Institute of Medicine regarding a study team being sent to Egypt.

APHA staff have also continued to provide assistance to the Peace Corps' Training Office, most recently through preparation of a document that incorporates approaches for organizing communities to assure on-going participation and support of health education activities.

In addition, International Health Programs staff have maintained contact with professional colleagues abroad. This has included a visit to APHA by a five-member group from the USSR Medical Workers Union in February and, the result of a visit by Cuban public health officials in 1977, an invitation from the Ministry of Health for APHA to send a study group to Cuba for two weeks in early 1979.

At the request of the Office of Health, APHA staff is developing an approximately twenty minute slide show presentation, including a taped narrative, which will explain the services provided by the DEIDS contract. When completed, the slide/sound package will be available to AID/Washington and Mission personnel for presentation to host country officials and other interested persons.

Considerable staff time has been spent preparing budgeting data for the third year of the DEIDS contract. An amendment for incremental funding for the June - August 1978 period has been signed with AID and three budget proposals have been submitted for the September 1978 - May 1979 period.

SHARE via SALUBRITAS

To meet the needs of readers for information on successful, low-cost practices in health delivery, SALUBRITAS depends on submissions from health workers in the field. Often these workers are willing to contribute to the information exchange, but find it difficult to make room in their busy schedules and are uncertain about what kind of piece to write. The suggestions given below are intended to guide potential authors in selecting and writing on those aspects of their programs which are most useful and interesting to the wide range of SALUBRITAS readers. All articles need not answer all these questions, however; concentrate on those points which are most applicable to your activity.

- Place your activity within context: geographic location, type and number of population served, years project has been in existence, types of services rendered, etc. This information need not necessarily go at the beginning.
- Limit your account to one, or at the most two, particularly *successful or innovative aspects of the program*. Also welcome are accounts of innovations that proved unsatisfactory. Make your report as detailed as you can, always with a view towards giving the reader enough information to judge if this *technique, practice or method* can be adapted to his/her situation.

Activity reported on: _____

Describe the specific technique, practice or method within the activity:

- how your project learned of or developed it
 - what other projects or areas have had success with it
 - what problem(s) this new practice relieves
 - how and when it was introduced into the health system
 - how those served reacted to it
 - what technical information readers need to duplicate physical parts
 - what the procedure for the health worker is in using the new method
 - what negative and/or positive consequences it has brought about
 - how effective it has been; if before and after statistics are available, please include
 - what the limitations have been in your experience
- Make your account personal, Refer by name to others working in the program and community leaders. Use quotes from those actually implementing or benefitting from the new technique, practice or method.
 - Provide the name and address of the person to contact for further information.
 - Send along black and white photos or any other illustrative visuals or artifacts.
 - Include information about the author: nationality, job title, work experience, description of current work.
 - Since readers from all over the world will share your experience, take care to explain any terms that are local to your culture.
 - The entire article should be between 500 and 700 words.
 - If at all possible, please type your article double-spaced.

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APHA DEIDS AND CATAS EVALUATION

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ANNEX

I. Introduction and Summary

The Evaluation Panel (herein called the Panel) was requested to evaluate the Core Contract, between AID and the American Public Health Association (herein called APHA) entitled "Development and Evaluation of Integrated Delivery Systems" (DEIDS), in a memorandum from Donald C. E. Ferguson, DS/H dated January 16, 1978. On January 24, 1978, the Panel was further charged to include the Office of Population (POP) contract in the scope of the evaluation. A letter to this effect was sent on February 1, 1978 from Sander Levin, Assistant Administrator for the Development Support Bureau to Dr. Susi Kessler of APHA. It was understood that evaluation of the POP Consultation and Technical Services (CATAS) Contract, No. AID/PHA-C 1100, would be limited to those aspects of that contract which bear on the evaluation of the DEIDS contract, particularly in view of the September 1977 evaluation of the former contract by Management Sciences for Health. Finally, it was understood that the Panel would not evaluate the DEIDS/Thailand (Lampong) project per se.

Throughout our preliminary work of familiarization and at the formal evaluation sessions on February 15 and 16, 1978 at APHA, we received excellent cooperation from the relevant officers of both APHA and AID. We are particularly grateful to APHA for its helpfulness, without which we could not have carried out our work.

We have looked at each of the seven component parts of the DEIDS contract and our evaluation of each of these constitutes chapter IV of this report. This chapter is intended to give an overview of our work.

On the basis of the original contract, the Panel focused on three principal questions:

(1) Has the AID/APHA relationship resulted in the development of "... guidance for the national planning of cost-effective delivery systems in less-developed countries and did it develop" ... a prototype delivery system which may be adapted and adjusted for country-wide or national use in any less developed country (LDC).?"

(2) Are the seven activities of the APHA contract in some way a necessary whole, each reinforcing the others and constituting as a unit a particularly relevant approach to meeting the objectives of (1) above and would the objectives be met less well by the exclusion of one or more items and/or better met by the inclusion of other items?

(3) Are there contract modifications which are required and, specifically, is there merit in having one contract for the CATAS and DEIDS activities rather than two? (A third contract with the Africa Bureau of AID is no longer active and was not examined as part of this evaluation.)

Our response to the questions are summarized as follows:

(1) Attainment of Objectives. The objectives of the 1972 contract have not been achieved. Partly this is a question of time; we are looking at an activity in the midst of its life. Partly the fact that the DEIDS/Thailand project is the only active DEIDS project rather than one of several has changed the nature of the concept and has minimized the intended results of the original contract. Whether as a consequence of this smaller than intended base or for other reasons, the provision of technical services has been anemic with approximately thirty overseas consultancies undertaken under the present contract thus far. Had there been other DEIDS projects, AID would presumably have been staffed more generously in the field and in Washington with professional health personnel who would have been able to make greater use of APHA's professional competence. The country situation in Thailand is atypical as compared to most LDCs (e.g., relatively high per capita GNP, literacy and urbanization rates). This uniqueness in both senses (only one test case; Thailand's atypicality) when combined with the spare use of APHA's consultancies, has meant that it is unlikely that at contract termination there will be a prototype delivery system which, once adapted and adjusted, would be available for country-wide or national use in any LDC. This does not obviate the positive benefits realized by having a "success story" and the learning experience derived from the process of developing a system; it only calls into question its replicability.

In the APHA contract, AID has a tool which it continues to need and which it is not using adequately. However the contract with APHA does not and cannot compensate completely for inadequacies in AID staffing and a sluggish determination to mount health programs. On the other hand, APHA with all of its potential of professional and disciplinary strength, has not been able to buttress the AID weakness and to help AID achieve many desired objectives. Thus, although we are in the midst of the process and not at its conclusion, there is no basis for believing that all project objectives as stated in 1972 will be met at the end of the contract.

(2) Interrelationship of Contract Components. The succeeding chapters contain a more detailed discussion of the contract's constituent parts. Specific recommendations are made.

One point should be made here, however. We are not persuaded that APHA management of the Thailand project affects the feasibility of the project as a demonstration. Would the same results occur if APHA were a participant observer rather than, as at present, a low-key project manager? Does an arrangement under which APHA subcontracts with the University of Hawaii for project management not appear to be too cumbersome? Is not the fact that USAID/Thailand is currently expanding, as is our program to Thailand, a reason for vesting management responsibility for the Lampong project in USAID/Thailand? We do not see the claimed resonance between managing this project and disseminating DEIDS results. We would prefer more of APHA's energy to be devoted to expanding the DEIDS concept to other projects, for the existence of only one demonstration project minimizes the intended results of the original contract.

(3) Contract Modifications. The new Development Support Bureau (DSB) includes both population and health activities in the same cluster of activities under the same Deputy Assistant Administrator. Thus, there is the obvious logic of neatness in having only one contract covering both health and population activities. We do not deem this an issue of primary importance, but we recommend that the new Bureau consider the usefulness of combining the contracts.

Dr. Kessler of APHA made a number of suggestions as to how the scope of the contract could be expanded to make use of APHA's ability and knowledge. We found some of these recommendations interesting and provocative. We do not, however, advocate any expansion of the contract to include new activities forming new separate chapters of the contract. We believe necessary expansion can be incorporated in present chapters. Additionally, some sections of the contract should be amended to drop altogether or change certain components in accordance with our section by section recommendations contained below.

APHA is not an Indefinite Quantity Contractor (IQC); thus limiting the AID-APHA association to activities dealing with low-cost health delivery systems. This appears to both organizations to be at times overly restrictive. There are activities on the margin of health delivery which have sometimes been ruled (by AID) to be outside the scope of the contract. We do not believe that APHA should also be made an IQC; we do, however, believe that AID needs to interpret the contract more broadly. If necessary the next contract needs to be written less restrictively in the area of technical assistance provision.

II. Conclusions

If AID is to be active in the provision of low-cost rural health

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delivery system projects, it will continue to need professional help. Clearly APHA is an organization through which competent professional help can be obtained. Despite the disappointment of the non-proliferation of the DEIDS projects beyond Thailand, despite some unevenness in the quality of backstop staffing, the process under which APHA can augment AID efforts is underway. This process needs to be allowed to continue and to mature.

A major concern is the question of scale (and thus of cost). At the present scale of activities, particularly given the uniqueness of DEIDS/Thailand and the sluggish use of the consultancy tool, it is doubtful whether the desired catalytic effect of the APHA/AID relationship can operate adequately. APHA's role of leadership in international health is endangered to some degree by the failure to water the plant of leadership. On a less elevated level, the question of whether it is worth it to AID arises.

The dissemination of information elements of the DEIDS contract have been quite well carried out although greater responsiveness to field needs should be emphasized in the future. They are essential to the objective of mounting low-cost rural health delivery system projects by AID and must be continued and expanded. Also, APHA consultancy services should be utilized more to supplement not only the skill and talent which AID lacks, but also to achieve the scale required to permit APHA to carry out its desired leadership role of improving health conditions in the developing world. This relates to the need for APHA to cast a broader net in identifying possible candidates for consultation with much greater emphasis placed on the identification of minority candidates all within the necessity of maintaining and in some cases up-grading quality. We do not believe these desiderata are incompatible.

III. Summary of Recommendations

We have summarized below only those recommendations which are significant deviations from current practice. Other less general recommendations are found in Section IV.

1. The State of the Art activity needs to be improved and expanded. More analysis and evaluation, as opposed to description, is needed. Future activity should provide for a system of information gathering which not only expands the number of projects covered but periodically updates and analyzes the information concerning all projects included in the data base. Collection of this data should take precedence over other possible sources which might be considered for inclusion in a "resource center" or a "clearing house". The preparation and dissemination of more detailed analysis of a selected group of health projects is considered to be of great operational utility.

2. Monographs. Beginning with Monograph 3, more thought needs to be given to the audience for which monographs are intended which would then affect the size and nature of the printing. Authors should be instructed accordingly. The cost of the monograph activity is high, hence AID and APHA should carefully consider the essentiality of each monograph which has not already reached the point of no return. Efforts should be made to cut back on the pace of expenditures under this item and to defer the writing of further monographs until the utility of those monographs in process have been assessed.

3. Development of Evaluation Guidelines. We are doubtful that the outcome of the activity as now being pursued will be a useful and practical instrument in the assessment of primary care systems in developing countries. This activity should be discontinued in its present form and AID and APHA should consult on appropriate follow-up, if any. Professional advice should be sought from whatever sources are appropriate to assure a future product that is truly useful. We are not suggesting that all efforts at developing evaluation guidelines be dropped; only that substantial redirection be considered perhaps with a focus on developing adequate measurements of improvements in the status of health in health service delivery programs. We believe a date should be set by when a new plan should be submitted. The end of June would appear feasible and desirable.

4. Serious efforts should be made to utilize the Provision of Technical Assistance item of the contract more frequently overseas. AID needs to review its staffing of health personnel in Washington and overseas to determine whether such staffing is adequate for the objective of mounting a larger low-cost rural health delivery portfolio of projects. We are persuaded that while the APHA contract can be utilized more frequently and advantageously, it cannot supplant direct-hire AID staffing; it can only augment such staffing.

We are distressed in the cases of both the DEIDS and CATAS contract by the degree of AID interference with consultant selections. An AID role is necessary, however it needs to be carried out with greater tact, modesty and humility. For AID interference to diminish confidence must be gained in APHA's ability consistently to provide quality candidates. There is of course a cyclical chicken and egg element to this equation.

We recommend that the contractor be instructed to keep a continuing record of minority (race and sex) personnel and organization availability and its rate of utilization. We are aware of the advantages of continuity and knowledge gathered from previous association but do not want this to become an excuse for cronyism and less than the best effort possible to assure affirmative action objectives.

5. The management part of the Demonstration Project in Thailand should be dropped from the present APHA contract. We recommend the vesting of this responsibility in the Asia Bureau with USAID/Thailand. It thus follows that the component of the contract entitled Participation in Project Management should be dropped.

6. DSB should study the feasibility of combining the DEIDS and CATAS contracts in the future.

7. AID and APHA should meet within two weeks of the issuance of this report to discuss the recommendations and to develop an action plan to be monitored periodically during the next six months.

IV. Contract Components

State of the Art Analysis

A. Contract Provisions. "A State of the Art Analysis shall identify the most significant and innovative features of health delivery systems now in operation. It shall include an analysis of patterns or trends in low-cost health delivery. Cross-project comparisons shall be made of the use of physician assistants, techniques of logistic support, supervision techniques and strategies for assuring community participation. Data from the State of the Art shall be compiled; analyzed and stored in a manner permitting ready retrievability for the use of interested LDCs and other agencies."

Specific tasks included:

— a completed inventory of 1,000 systems or components thereof with a summary report which analyzes and describes patterns of delivery systems prepared three months after project begins, including successful and unsuccessful innovations;

— detailed files of 100-200 projects or systems which attempt particular innovation features, with minimal computerization of major characteristics;

— a descriptive report concerning 30 such systems; and

— in-depth case studies on 6-10 of the above published within 24 months after start of project.

B. Work Completed

— the required inventory of 1,000 health care systems in LDCs was prepared and submitted to AID;

— a summary report on 180 projects was published in January 1977. This seems to conform with the terms of the contract. Detailed files on these projects have been established and maintained.

-- the descriptive reports of 30 selected systems have been submitted to AID; and

-- the in-depth studies of 6-10 of these 30 systems have been initiated and it is anticipated that they will be completed on schedule.

In addition to work completed on the specific tasks outlined and in line with the general provisions of this section, data are being gathered on additional systems.

C. Costs

June '76 - May '77	\$180,404 (act.)
June '77 - May '78	\$175,182 (budget)
June '78 - May '79	\$254,894 (est.)

D. Comments and Recommendations

The Panel agrees that the collection, storage, analysis and dissemination of information regarding low-cost, integrated systems of health care is very desirable and will be of benefit to AID, other international health agencies and the countries involved in the development of such programs. Certainly, APHA has met its obligations in relation to this section of the contract in commendable fashion although more attention needs to be paid to how useful the information can be made to be to program planners and implementers. In considering the possible future of this activity, however, there are two points of concern, which AID must carefully consider.

First, the published "State of the Art" document contains a great deal of useful information and analyzes it in relation to many characteristics. There is an excellent "Executive Summary" which not only sets forth major findings but points out the difficulties confronting those performing the analysis. One major defect which is alluded to is the problem of making any judgments as to quality, effectiveness or transferability of the projects or any of their elements. The Panel is not prepared to suggest possible solutions to this serious defect. We recommend that this activity be continued. It is also recommended that AID and APHA make every effort to incorporate in future analyses some estimates of the probable quality, effectiveness and transferability of the projects and their several elements including the innovations.

Second, the material collected for the State of the Art Analysis can undoubtedly provide a valuable nucleus of data for use in carrying out the terms of the contract dealing with Information Dissemination. However, it seems clear that there will in all likelihood be modifications in this portion of the contract, based on experience gained. It

is recommended that any future contract which continues activities directed at the dissemination of information provides for a system of information gathering which not only expands the number of projects covered but periodically updates and analyzes the information concerning all projects included in the data base. Collection of this data should take precedence over other possible sources which might be considered for inclusion in a "Resource Center" or a "Clearing House". Also, the preparation and dissemination of more detailed analysis of a selected group of health projects is considered to be of great operational utility.

Information Dissemination

Salubritas

A. Contract Provisions. The contract calls for the development of a quarterly newsletter "... designed primarily to meet the needs of field level workers in developing countries; and at a level of sophistication easily adaptable to translation."

Specific tasks included:

1. The newsletter was to be distributed to an audience of 10,000 readers,
2. Information exchange channels for contributions were to be established with 10 international donors, 10 universities, 10 private and voluntary organizations, and 2 developing countries.
3. Negotiation with other external donors for a target transfer of the project to other funding in the third year.

B. Work Completed. Since January, 1977, four issues of the newsletter, entitled, "Salubritas", have been published and distributed, in the requisite number of copies, in English, Spanish and French. The audience by geographic area is as follows: 32% of the recipients in Latin America; 24% - Africa; 18% - Asia; 11% - Middle East, and 15% - industrialized nations, totalling 128 countries.

Each issue contains: 1) two feature articles on primary health care delivery; 2) three regular features (a review of selected publications for rural health workers, announcements of training opportunities, a reader exchange column); 3) announcements of coming conferences and other events.

APHA has established information exchange channels, as required, although this exchange has focused primarily on increasing distribution and collecting data on new projects and publications for announcement purposes rather than for developing feature articles.

Discussions have been initiated with a number of donors concerning alternative funding sources, including the International Health and

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Tropical Disease Society (Canada), the International Development Research Center (IDRC), Canadian International Development Agency (CIDA) and the Canadian Public Health Association (CPHA).

C. Costs

June '76 - May '77	\$ 65,984 (act.)
June '77 - May '78	\$132,619 (budget)
May '78 - June '79	\$226,639 (est.)

D. Comments and Recommendations. While APHA has essentially met the contractual requirements for the newsletter, and the Panel supports the concept of "Salubritas", content could be further improved, and the audience more appropriately selected to match the content. Since the objective is to meet the needs of field level workers, the articles could focus more clearly on delivery problems and experiences. Presumably, the analysis and evaluation of rural health programs currently being implemented throughout the developing world would be appropriate article material, particularly as APHA collects additional information through its State of the Art activity. Furthermore, the newsletter could effectively include information useful to workers in the development field dealing with health problems in the broader context of rural development.

The audience now being reached is probably too technical and too far removed from field operations. Greater effort should be made to reach further down to the field level worker.

The above recommendations are made with the recognition that the newsletter activity is little more than one year old and has made commendable progress to date in publishing and disseminating its initial issues, establishing information exchange contacts and inviting feedback from readers. The evaluation currently underway is a valuable effort in which 50 readers throughout the developing world in varying professions have been asked to comment on and evaluate the newsletter.

Resource Center

A. Contract Provisions. The contractor was requested to develop "an information management system ... comprising a central point for collection, analysis and dissemination of information pertinent to the delivery of comprehensive and diversified health services". This resource was to form the information base for the monographs and newsletters. The contractor was also to institute a system of computerized storage of coded information covering selected variables and disseminate information in furtherance of the DEIDS project.

B. Work Completed. APHA has only recently begun the establishment of the Resource Center. A physical location within APHA offices has been identified, and previously collected materials are being classified and stored. To date, no systematic effort has been made to reach beyond the APHA staff and consultants with provision of information, or to expand the resource base beyond existing materials or staff requests.

The contract provides a broad mandate regarding the Resource Center, with insufficient specificity concerning kinds of materials to be collected and audiences to be reached. Because of the newness of the Resource Center, it has not been used, as originally envisioned, as a resource base for the monographs and newsletters, which have been in development for over a year. The center has also not yet established liaisons in the developing countries for the provision of information.

C. Costs

June '76 - May '77	\$48,277 (act.)
June '77 - May '78	\$47,804 (budget)
June '78 - May '79	\$88,234 (est.)

D. Comments and Recommendations. AID and APHA should define more clearly the role and scope of the Resource Center. We also recommend that APHA develop a more aggressive system of information distribution, with an emphasis on meeting developing country needs. An excellent beginning would be notification to AID/W and AID field missions that the service exists and a description of what can be provided, as well as the development of some basic information packets on rural health service delivery to be distributed to missions and selected developing country nationals. Contact might profitably be established with medical and nursing schools overseas, as well.

Monographs

A. Contract Provisions: An information management system shall be developed comprising a central point for collection, analysis and dissemination of information pertinent to the delivery of comprehensive and diversified health services; and specifically encompassing planning, budgeting, health manpower training and utilization, the mobilization of the private sector community institutions in health delivery systems, research and evaluation, and techniques for delivery of traditional and new technology to specified populations. The product of this activity shall be published monographs and a quarterly issued, approximately eight-page newsletter.

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Specific tasks included the development of two monographs annually which should respond to the needs for more technical or detailed information on topics identified by AID and field inquiries from recipients of the newsletter. Topics selected could cover any aspect of health delivery.

B. Work Completed

1. Following a review of published literature, discussions regarding desirable subjects to be covered and the nature of their treatment were held with representatives of such agencies or institutions as WHO, UNICEF, IDRC, OIH (DHEW) and the Liverpool School of Tropical Medicine.

2. Based on these discussions and with the approval of AID, six titles were decided on and contracts entered into. (See Annex for a full list of monograph titles and authors)

3. The APHA states in its report that "The first three monographs will be completed during Year 2, and Year 3 will see the publication of the remaining monographs. The following subjects will have to be considered:

1. Finalizing of a system for monograph review prior to publication.
2. Determining the optimal distribution system.
3. Possibility of sale of monographs.

C. Costs

June '76 - May '77	\$ 54,012 (act.)
June '77 - May '78	\$152,158 (budget)
June '78 - May '79	\$261,817 (est.)

D. Comments and Recommendations. The Panel had available for study the outlines of Monographs 2-6 and three draft chapters of Monograph 3. The outlines appeared to be well organized and to include the major points of relevance. The three draft chapters of Monograph 3 were clearly and succinctly written. It is difficult on this basis to comment on the likely overall quality and pertinence of the finished monographs. The portion of Monograph 3 studied was pitched at a level which raises some question as to the intended audience: it would contain no surprises for economists, political scientists or experienced public health professionals

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in public agencies and, on the other hand, it would not be appropriate for lower level or subprofessional health workers. However, it might be useful as an elementary text for professionals about to assume, for the first time, responsibilities for the planning or implementation of health programs. This particular issue was not clearly addressed in the written or oral presentations to the Panel in relation to any of the proposed monographs. Therefore, before publication of Monograph 3 care should be exercised in determining the appropriate audience and, based on this, a decision arrived at as to the size and nature of the printing (if any). Obviously, the same consideration should be given to any other of the monographs which are in the final stages of completion.

More generally, before the writing of other monographs is initiated by authors with whom subcontracts have been entered into, intended audiences should be clearly identified by APHA and AID and the authors carefully instructed in this regard. This should be done in all cases where substantial portions of the texts have not been prepared.

The Panel was struck by the relatively large amount of money devoted to this item and questions whether this is justified. We have strong reservations regarding this in view of the probable benefits to be derived from this activity as compared to other elements of the contract. Therefore, in those instances, if any, where definite contractual agreements have not been reached with authors, AID and APHA should carefully consider the essentiality or desirability of the monograph and its possible deferral until there has been an opportunity to assess the value of those publications which have reached "the point of no return". In any event, every effort should be made to identify the appropriate readership and possible authors reconsidered on the basis of the intended audience.

Collaboration with Other Groups

Conference Management

A. Contract Provisions: (1) Develop a work plan for the three-year period, (2) Organize a conference for establishing an international information management and exchange network, (3) Convene at least one conference or symposium annually and (4) Support LDC participation in at least two conferences or symposia sponsored by other agencies or donors.

B. Work Completed

1. A three-year work plan was submitted to AID on August 24, 1976.
2. A conference for establishing an international information exchange network has not yet been held. However, discussions with international organizations (especially WHO) have been useful and APHA has signed agreements with PAHO, SFARO and WPRO to assist each of these

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regional WHO offices in pre-conference work related to information exchange.

3. In addition to the normal international health component, of the annual APHA convention, a conference on Nutrition and Primary Health Care was convened in Geneva.

4. A total of 33 participants have been supported to attend four conferences held by international donors. In addition, participants have been sponsored to attend the APHA convention and a conference on Manpower Training in the U.S.

C. Costs

June '76 - May '77	\$ 37,484 (act.)
June '77 - May '78	\$ 45,901 (budget)
June '78 - May '79	\$138,500 (est.)

(includes participant costs)

D. Comments and Recommendations. The Panel believes this activity is being effectively carried out and has no recommendations to make.

Private and Voluntary Organization Mobilization

A. Contract Provisions. "...to promote U.S. and developing country private, non-governmental organization involvement in providing cooperative supporting assistance to developing countries for the design, development, and evaluation of low-cost health delivery system."

Tasks expected to be accomplished through APHA efforts included:

1. Identification of non-governmental resources in the U.S. which would support indigenous voluntary efforts in LDCs designed to improve primary health care.

2. A mechanism would be developed to mobilize U.S. non-governmental resources and channel their efforts to support specific primary health activities in developing countries.

3. Steps would be taken to enable the mechanism to become self-supporting.

B. Work Accomplished

1. A survey of 1,100 U.S. corporations and 350 U.S. voluntary agencies was completed.

2. An International Health Resource Consortium (IHRC) was established by U.S. non-governmental groups to which APHA/DEIDS provides the secretariat services.

3. The IHRC prepared and began implementation of a development plan which now has realized the completion of several key objectives (establishment of a Policy Board and Advisory Panel, implementation of a demonstration project in rural Costa Rica, publication of a newsletter, etc.).

C. Costs

June '76 - May '77	\$ 7,000 (act.)
June '77 - May '78	\$23,540 (budget)
June '78 - May '79	\$75,750 (est.)

D. Comments and Recommendations. The Panel believes this activity has great potential for mobilizing private sector resources. The IHRC could make significant contributions if its future activities are well designed and produce results which are meaningful. We believe the activity should proceed along its current path.

Coordination with WHO

A. Contract Provisions. "...ensure that activities in the State of the Art, information exchange, evaluation and promotion are coordinated to the greatest extent possible with the World Health Organization (W.H.O.)".

The major task required in the submission to AID within 90 days of contract execution a plan of action for coordination with WHO activities in primary health care and the establishment of a formal agreement for this coordination once the plan is approved.

B. Work Accomplished

1. The work plan was submitted and approved by AID and a formal coordination plan developed with WHO.

2. Members of the APHA and WHO staffs have been designated as focal points for coordination and semi-annual reports will be exchanged between the two organizations.

C. Costs

June '76 - May '77	\$10,750 (act.)
June '77 - May '78	\$47,947 (budget)
June '78 - May '79	\$12,000 (est.)

D. Comments and Recommendations. The payoff could be high for the amount of money involved. We have no suggestions to make regarding this activity.

Provision of Technical Services

A. Contractual Arrangements. APHA should "provide technical assistance to delivery-oriented projects, as requested, including planning and design of project components, determination of project feasibility, consultation on program operations and project evaluation". The CATAS Contract similarly provides that: "Consultants will be sent overseas in response to requests from overseas governments and organizations transmitted through the USAID Missions".

B. Work Accomplished

1. The CATAS Contract has been utilized for 133 consultant assignments requiring the use of 100 individuals.

2. The DEIDS Contract has been utilized for 30 overseas consultancies requiring 43 individuals and 17 domestic consultancies (we have no record of how many individuals this required).

C. Costs

June '76 - May '77	\$376,048 (act.)
June '77 - May '78	\$384,851 (budget)
June '78 - May 79	\$437,625 (est.)

Note: The actual figure for '76 - '77 compares to a budgeted amount of \$502,879.

D. Comments and Recommendations. The CATAS Contract utilization rate appears adequate and commensurate with expectation. The Management Science for Health evaluation of September 1977 makes a point that the request for consultants was often not a request from overseas governments and organizations but rather from a Mission request or a central bureau requested consultation. Since the benefits of evaluation should redound to the benefit of the host government, we believe every effort should be made to correct this situation by severely reducing the number of evaluations not undertaken at the specific request of host governments.

The DEIDS consultancy part of the contract has clearly been underutilized. Of the thirty consultancies, fifteen were in Latin America, and the rate of Latin American consultancies has sharply dropped in recent

months -- indeed there have been none recently. The consultancies under the DEID contract are in our view the central element of that contract, without which APHA's role in the dissemination of experience gleaned from the DEIDS experience is sharply limited. Moreover, to the degree that the contractual arrangement with APHA was intended to strengthen AID's capacity to conceive and mount low-cost health delivery projects, the inadequate utilization of the consultancy provision of the contract is some indication of failure.

It can be argued that APHA provides consultants upon request and that its record in providing qualified consultants quickly has been good. It also can be argued that given AID's understaffing in the field and in Washington, it is inevitable that consultancy requests would be few and that program development rhythm anemic. But such arguments miss the point. The criticism must remain. More is spent on APHA backstopping than on consultants. APHA as a tool to strengthen AID's staffing inadequacies has failed to do its job. We believe the problem lies with both AID and APHA.

An old and troubling problem also arises in the cases of both contracts. This concerns the question of contractor professional responsibility and AID's interference in the selection process. On the one hand, we can quite understand AID's desire and need to make sure that consultants who are selected meet AID needs and in practice an AID veto of consultants selected is difficult to argue against. On the other hand, it is nothing short of an insult to the professionalism of APHA for AID to second guess APHA selections, particularly when the second guessing is, as it sometimes is, undertaken by professionally less qualified individuals than those who did the original selection in APHA. A particularly insulting manifestation of this problem are the cases when APHA suggests a team and AID accepts some members of the team and vetos others. We are not daring or wise enough to recommend as part of the evaluation of these contracts a solution to this generic problem. We do recommend to AID a more modest use of its veto powers and suggest that greater reliance on APHA professional competence on the part of AID might actually result in better selection of consultants by APHA. As the system works now, AID is paying for backstopping to secure professional competence which it is not using.

APHA does not keep records of consultants available or selected under both contracts by race and sex categories. Such information is available at APHA and was supplied upon request. But unless records are kept and utilized, affirmative action cannot be effectively undertaken. It is evident from the information which was provided to us that the list from which consultants were actually chosen was limited and that "repeats" were quite frequent. This is not necessarily a criticism since familiarity in many cases does add strength and since "name requests" were often made by AID (37% of the time in the CATAS contract and 40% for DEIDS). Nevertheless, keeping records which are readily available could prove useful in enlarging the area of professional competence from which consultants are selected, and joining with AID in its desire to make affirmative action

a reality.

Intermediate Management of the Demonstration Project in Thailand and Project Evaluation.

Originally, it was expected that four projects designed to demonstrate the advantages of integrated delivery systems could be undertaken. For a variety of reasons, only one such project (in the Lampong area of northern Thailand) is in operation. APHA has been charged with the responsibility of providing intermediate management to the project. Much of this responsibility is carried out through a subcontract with the University of Hawaii.

The Panel did not evaluate APHA's performance in managing the Lampong project. However, several points seemed important. First, it was clear that this responsibility (however well it may be being discharged) occupies a large amount of APHA's time. This is understandable since everyone enjoys being associated with a successful project. Second, the amount of time and energy devoted to this activity is a drain away from other allocations of staff time. Third, the country situation in Thailand is atypical when standard indices of development are compared with most LDCs where AID is active in the health field. This severely limits the replicability objective of the project as a demonstration activity. Fourth, going back to the original idea of undertaking DEIDS demonstration activities in a variety of LDC settings seems out of the question.

Given the above-mentioned considerations, a basic question must be asked regarding the continued utility of having APHA involved with the project's management.

We conclude that, to the extent outside management is important for the Lampong project, it should be provided as part of the bilateral program funded by the regional bureau and not DSB through the current contract. This recommendation also applies to the development of evaluation guidelines and the conducting of evaluations of the Lampong project. The fact that our country program which was once moving toward termination is now becoming a full-fledged activity again makes this recommendation implementable. We recommend that DSB and the Asia Bureau begin now to consider how this transfer could be made during FY 1979.

This recommendation is not intended to downgrade the importance of the Lampong program as a tangible example that the concepts of integration can be put to work in a field situation. It is intended to put the effort into proper perspective for AID. Many other efforts are in various phases of implementation in countries which more closely approximate the conditions of the core group of LDCs which will be the

long-term recipients of AID financial support and these should be at the centre of APHA's future concerns.

Development of Evaluation Guidelines

A. Contract Provisions. The contract foresees the development of an "ideal" evaluation scheme which would demonstrate (a) appropriate use of single indicators and combinations of indicators to assess program effectiveness, (b) proper sequencing of actions to achieve the most useful and cost-effective evaluation and (c) methods of rapid feedback of evaluation data for management purposes.

Tasks required were:

1. Establish a staff and stable of consultants to develop "Guidelines for Health Delivery System Evaluation".
2. Review materials dealing with evaluation.
3. Observe and assess on-going evaluation efforts.
4. Prepare Guidelines.
5. Identify projects and mechanisms for contractor access to evaluation methodologies.

B. Work Performed.

1. A staff and stable of consultants has been identified.
2. The Task Force has met twice and assignments have been given to individual members to prepare papers on certain topics (e.g., Conceptual Framework for Evaluation, Community Profile and Evaluation Planning, Decision-Making in the Evaluation of Program Operations, etc.).

C. Costs

June '76 - May '77	\$121,059 (act.)
June '77 - May '78	\$159,233 (budget)
June '78 - May '79	\$347,147 (est.)

D. Comments and Recommendations. As can be seen from the data above, over \$600,000 would be spent on this activity over a three-year period.

We have no reason to believe the benefits derived will begin to approach those costs. In fact, we are concerned that the current effort will produce little which is new and operationally useful. We propose that AID go back to the drawing boards immediately to clearly articulate what it wants from this activity and then take whatever actions are necessary to redirect and, presumably, scale down the effort. We seriously doubt that development of an "ideal" evaluation scheme is a realistic goal. Perhaps what is needed is a generalized set of points to be considered when undertaking evaluations of health delivery systems --- hopefully those which emphasize the integrated approaches. To the extent that AID wants a product of this nature, it should look closely to see if work completed under other contractual arrangements doesn't already meet the need or could not do so at considerably less cost. We recommend that by the end of June 1978 APHA should submit to AID a new evaluation plan.

V. Other Considerations

A. Nutrition in Health Delivery Systems. Recently the Office of Nutrition entered into an agreement with O I H. The program is designed to insure inclusion of nutrition efforts into existing AID financed health delivery systems if this has not already been done and to fully incorporate nutrition into future activities in this field. As a minimum, full cooperation between APHA and the OIH group should be insured through frequent informal contracts. In addition, the program objectives of the contract might be realized sooner if APHA capacity in nutrition were tapped. To our knowledge, only limited use has been made of the APHA expertise in this area. We are not able to recommend precise steps, but do feel the linkage should be fully explored.

B. Relations with Regional Bureaus. It appears that inadequate efforts have been made to acquaint key regional bureau personnel with the services which APHA can provide. Airgrams to the field once a year are not sufficient. More aggressive contacts with health personnel and senior managers in AID/W and the field seem appropriate. For example, Mission Directors and Deputies from countries with the greatest health problems should visit APHA as part of their routine AID/W consultation process. DS /H can be helpful in this regard, but it

is clear that APHA must also be more aggressive in its contacts with regional bureaus which should, in many cases, be independent of its contacts with DS/H.

Eric Griffel (Chairman)
M. Alfred Haynes
John C. Hume
Anthony M. Schwarzwald
Ann Tinker

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(
7 April 1978

ANNEX

a. Monograph 1.

Title: "A Survey Instrument for Describing Low-Cost Health Delivery Systems in Developing Countries"

Authors: Ralph Frerichs, D.V.M., M.P.H., Dr. P.H., Assistant Professor, Department of Public Health and Preventive Medicine, L.S.U., New Orleans, Louisiana, and Stanley Bigman, M.A., Consultant on Survey Research, Washington, D.C.

Status: Draft submitted to AID, January 31, 1977. Still undergoing editorial work.

b. Monograph 2.

Title: "Training and Utilization of Health Practitioners in Low-Cost Health Delivery Systems"

Author: Doris L Storms, M.P.H., Assistant Dean for Program Evaluation and Director, Office of Health Manpower Studies, School of Health Services, (currently on leave), and candidate for degree of Doctor of Science, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.

Status: Outline approved by AID and draft expected March 1978.

c. Monograph 3.

Title: "Health Sector Financing in Developing Countries"

Author: Dieter K. Zschock, Ph.D., Assistant Professor of Economics State University of New York, Stony Brook.

Status: Outline of draft approved. The monograph is to include an

introduction, four chapters, a conclusion and bibliography.

At the time of the review, three chapters had been received with their pertinent bibliographies and the other material was expected in February or early March 1978.

d. Monograph 4.

Title: "Supply and Utilization of Pharmaceuticals in Developing Countries"

Authors: Oscar Gish, M.S.S., M. Phil., Professor, Health Planning and Administration, University of Michigan; and Loretta Feller (no information regarding degrees or position).

Status: Outline approved by AID and draft expected by June 1978.

e. Monograph 5.

Title: "Environmental Health as Part of an Integrated Health Delivery Program"

Author: Charles S. Pineo (no information regarding degrees or position).

Status: Outline prepared and revised. Apparently awaiting approval of AID.

f. Monograph 6.

Title: "Mobilization of Private Sector Institutions in Low-Cost Health Delivery Systems in Developing Countries"

Author: H. V. Perlmutter, Professor, and Dr. Foulie Pralidas-Perlmutter (no other information provided).

Status: Outline prepared and awaiting approval by AID.

APHA RESPONSE TO DEIDS EVALUATION

APHA appreciates the thoughtful comments of the evaluation panel and agrees with many of its recommendations. We have already initiated steps to take the suggested actions and are convinced that these steps, combined with the recommended reorientation within AID, will be mutually supportive of an activity which responds more effectively to AID's needs in promoting appropriate rural health care.

However, a number of the statements included in the report, especially those relating to the attainment of objectives, require, we feel, some comment and explanation. They are as follows:

The panel notes that the objectives of the 1972 contract have not been achieved. This observation is qualified with the statement that the contract is still "in the midst of its life;" and therefore, absolute judgements can not yet be made. The report points to deviation from the original plan for four field activities. The implication is, however, that APHA was responsible for the failure to achieve this objective.

A review of APHA activities regarding establishment of DEIDS projects between 1972 and 1975 indicates that problems regarding implementation of projects stemmed from AID rather than APHA.

APHA developed detailed project plans not only for Thailand, but also for Ecuador and Panama and preliminary studies for Pakistan and Nigeria, in addition to carrying out other feasibility studies. Successful negotiations between APHA and the governments in question regarding project initiation are attested to by copies of the extensive correspondence. Severe constraints resulted from a lack of coordination between AID/W and the field, from internal AID differences about certain project activities such as evaluation, from inadequate preparation of USAID Missions as to program objectives, from communications difficulties between AID Regional Bureaus and the central office, from differences in perception by AID staff of project pre-requisites, and from foreign political problems (i.e., seizing of U.S. fishing boats by Ecuador, etc.)

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APHA thus feels strongly that changes in contract direction resulted from difficulties totally beyond APHA's control. Throughout the period of negotiations APHA attempted repeatedly to facilitate the establishment of the country projects--at times only to be rebuffed or thwarted by somewhat undiplomatic interventions. It would therefore be recognized that any deviations from the objectives should not be attributed to APHA implementation of the contract.

In addition to the countries for which project plans were detailed, APHA received and transmitted to AID numerous other expressions of interest by governments for establishment of pilot activities.

Implementation of Panel's Recommendations

We outline here, briefly, some of the steps APHA is taking in line with the Panel's recommendations. We also take this opportunity to clarify a few additional points where we feel that presentations during the review were not quite clear or where we disagree strongly with the recommendation of the Review Panel

General Comments

Attainment of Objectives:

1. The panel recognizes that the activity is "in the midst of its life," nevertheless, states that the "objectives of the contract have not been met." We feel that the assessment should have been phrased as, "not yet fully met."
2. The fact that the Thailand project is the only operational activity has, indeed, changed or altered the means by which contract objectives are to be achieved; but, it has not "minimized the intended results." The DEIDS project continues to

strive "to provide guidance for planning low-cost delivery systems" and to point out delivery systems for adaptation in developing countries.

3. Costing of activities of the contract components as presented during the Review needs clarification. In each case, the entire cost of core staff time was distributed between the seven project components. As was pointed out during the Review, core staff is also required to respond to numerous other activity requests from AID or other, often AID funded groups. For example, costs allocated to evaluation guidelines in actual fact include core staff time devoted to additional DEIDS-related evaluation activities.

4. Interrelationship of Contract Components. Contract components, as presently constituted, are interrelated. A further concerted effort to integrate the activities will enhance project outcome. This includes management of the Thailand project as detailed below.

5. We agree fully that proposed expansions, including many of those suggested by Dr. Kessler during the review, can appropriately be incorporated into the present chapters.

In light of the current AID reorganization plan, we also agree that there may be some interest in considering, at a future time, combining the separate contracts currently in force with the Offices of Health and Population.

Specific Recommendations

1. Thailand Project

We would favor continuation of the APHA management role in the Thailand project when the project becomes a Regional Bureau responsibility for the following reasons:

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a. APHA was instrumental in orienting the Lampang project along the lines of the original DEIDS concept. Continued APHA involvement, now that considerable project replication is anticipated, would continue to be of value in order to assure that the lessons learned would be incorporated and that the Thailand experience continues to serve in a model capacity for international health development. APHA is in a position to compare the project with others, to assess which components of the project are relevant for other countries, and to determine how individual aspects can be applied, adapted or extended.

b. APHA, in its intermediate management role, was able to promote an extensive Thai involvement in project decision-making which has fostered strong Thai commitment. The confidence and trust which have developed between the Thais involved in the project and APHA and its subcontractor, The University of Hawaii, have contributed to the project's success.

c. As the project evaluation is almost complete, and the results of the numerous studies and analysis which have been initiated are becoming available, APHA should play a continued role in assisting in analyzing these results in a way most meaningful for AID needs. APHA has been instrumental in guiding the evaluation activities and in translating AID's evaluation requirements into operations consistent with the Thai capabilities.

d. Although the Thailand situation is in some ways atypical and not completely representative for all LDCs, the experiences gained here are of considerable relevance in other situations. Information collected by the DEIDS project suggests that there are a number of prototypes, rather than a single prototype appropriate to countries with different levels of development. Thus, not only are many features of the Lampang project suitable for replication within Thailand, but considerable interest in the Lampang model has been manifested by a number of other countries; such as Korea and the Phillipines. APHA can serve the useful function of helping to assure that the model or components of the model are applied to those countries or situation for which they are most relevant. Likewise, APHA should be able to identify elements of other projects which would be useful for the further development of the expanded project.

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e. APHA's management of the Thailand project enhances its ability to collect, analyze, and disseminate information worldwide on health delivery systems. The intimate involvement in project implementation as a result of our management role heightens awareness of problems, issues, needs, etc.

f. The ability of APHA to analyze other projects is greatly enhanced by the "credibility" which results from an operational experience. Therefore, if APHA is to continue to observe and assess operational programs, a continued involvement in at least one operational project is important. We do not feel that this responsibility demands an unwarranted amount of staff time or distracts staff from other responsibilities. On the contrary, it reinforces other activities related to promoting and studying low-cost health care systems.

g. We suggest that as the operational phase of the Lampang project becomes well established and transferred entirely to Thai responsibility, the Lampang experience could serve as a national and regional training and research focus for primary health care. The technical and management support of such a center would be an appropriate role for APHA.

2. State of the Art

We agree, in full, that State of the Art (SOA) activity needs to be expanded and have noted the Panel's recommendation for us to attempt to provide more analysis and evaluation.

In line with these recommendations, the following activities are planned for the third contract year:

a. Special emphasis will be placed on estimating "probable quality, effectiveness and transferability of projects" during the site visits.

b. A plan will be developed for updating information about projects included in the SOA study and for including addition-

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al projects and a computerized program will be developed to facilitate the storage and retrieval of information.

c. The Resource Center will place special emphasis on the collection of project documentation: special reports, publications, health education and training materials.

d. Site visit reports (6-8) will be prepared for presentation as a series of "project profiles" in a format which makes them useful to project implementers and which allows project comparisons.

e. Information from selected projects currently in SOA files will likewise be written up as "Project Capsules" for wider dissemination of more complete project data. At least 10 such "capsules" will be prepared.

f. Information regarding health delivery systems will be periodically distributed (at least quarterly) to each of the AID Missions and other organizations or groups interested in carrying out primary care programs. These packets will include the above mentioned profiles and project capsules as well as relevant reprints, analyses, conference reports, etc. to provide mission staff with up-to-date review of developments in primary health care.

g. Consideration will be given to selecting several (6-10) projects with prototypical characteristics which will be selected for closer follow-up monitoring and assessment. This kind of close follow-up of selected projects can perhaps compensate for the lack of additional direct field experience.

This scope of work will require a number of additional resources, i.e.:

Personnel

1. A half-time SOA Program Analyst
2. Research Assistant

Other Support

1. Printing and distribution of project profiles and project capsules
2. Dissemination of information packets to AID missions

3. Salubritas

Every effort will be made to continue to meet the needs of field level workers and focus on delivery problems and experiences.

During the third year emphasis will be placed on:

- a. Further improving content through active soliciting of field contributions.
- b. Expansion of the mailing list to reach additional field workers.
- c. Broadening areas covered to include additional developmental interests.
- d. Additional surveys of recipients to assess type of audience and impact, and information demands.

4. Resource Center

The scope envisioned for the Resource Center includes:

- a. Collection of SOA information and documentation.
- b. Liaison with other libraries and information services in order to obtain for APHA, AID, consultants, and country staff requested materials and information.

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c. Preparation of briefing documentation for APHA, AID and consultant staff prior to undertaking field trips or preparing project reports and/or proposals.

d. Assembling periodic information packets to be distributed to AID missions on current activities in low-cost health delivery services.

An aggressive approach to information dissemination will be followed.

5. Monographs

The Panel's recommendation to carefully review the intended audience with AID and the monograph authors will be followed. It should be recalled that monographs have been planned to fill information gaps on aspects of primary health care program development and to provide orientation and practical assistance to middle and upper level professionals involved in aspects of project planning or implementation. They have not been geared to the lower or subprofessional level of personnel. APHA continues to feel that the subjects addressed by the monographs represent critical areas which have not received adequate attention in the literature, especially from a pragmatic point of view.

Monograph costs include a sizeable component of staff back-stopping inputs which went into the planning of the monographs, the selection and orientation of authors, etc. Costs for writing the monographs and for their publication are as follows:

Consultant Fees	\$ 32,740
Travel	7,429
Other Direct Costs	758
	<hr/>
Total	\$ 40,927

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Writing of each of the monographs has been started and three are almost complete.

6. Provision of Technical Consultation

We are gratified that the panel views this as an area of considerable potential value to AID. We are fully agreed that the service under the Office of Health contract has not been fully utilized by AID. APHA will now attempt to more aggressively stimulate greater utilization.

A more flexible interpretation of contract guidelines by AID and concerted efforts by APHA to work closely with Regional Bureaus and efforts to have field missions informed of the availability of the services have already resulted in a considerable step up of consultations since the meeting of the Review Panel. (28 consultations in the past 12 months) Proposed intensification of the information dissemination activities, with particular emphasis on AID missions, should also contribute to greater utilization.

Steps have already been initiated to expand the consultant registry and to identify new competent consultant talents. The consultant form used in the registry has been redesigned to facilitate identification of minority candidates and to broaden the scope of expertise which is needed.

7. Evaluation Guidelines

In accordance with the recommendations of the Review Panel, a revised plan for the evaluation guidelines is being formulated. The revised guideline plan will be carefully reviewed with AID by mid-June. The emphasis will be placed on developing a field-level practical manual. The guidelines should result in:

a. A document which will provide guidance to AID in selecting, collecting, and analyzing information which will be useful for purposes of:

1. Health problem identification and magnitude assessment in developing countries including change in magnitude over time.
2. Assessment of health service projects in reducing the magnitude of the problems.
3. Measurement of project costs and anticipated costs for expansion.
4. Comparing programmatic approaches to the solution of health problems.

The audience for this document will be AID's Office of Health and Regional Bureau staff members who must address questions of health programming and project support.

b. A document aimed directly at project managers/implementers for the purposes of:

1. Guiding in design of project evaluation data systems which are practical and simple.
2. Assisting in the identification of project problems, setting priorities, and selection of evaluation topics.
3. Correcting the project as appropriate
4. Insuring the data needed by funding agencies and health programming agencies will be produced by the project.

Evaluation Guideline Plan

The guideline documents will be produced by APHA staff with assistance and direction given by a group of outside specialists on health services evaluation in developing countries. The staff and outside experts will constitute the project evaluation guidelines task force. Consultation with field managers and with AID health and evaluation persons will continue throughout the development of the guidelines.

APHA staff is developing documents which will constitute the main core of the guidelines. Outside specialists are now producing working papers on selected topics which will be incorporated into the project evaluation guidelines. In early June the task force met to discuss the revised format, to present the working papers, and to plan the integration of the documents.

APHA staff will continue to develop the final guideline documents seeking consultation from task force members, AID and others. In October-November of 1978, selected projects will be visited to consult with AID field level people and host country project managers in order to seek more formal input from this level. Suggestions and criticisms will be used in revising content and format.

In February, draft guidelines will be given to task force members and other interested persons for review. The task force will meet again in late February, 1979.

After the February meeting the final draft of the guidelines will be completed. They will be ready for distribution in May of 1979.

FISCAL STATUS

CONTRACT AID/ta-C-1320

JUNE 1976 - JUNE 1978

	<u>CUMULATIVE EXPENDITURES</u> <u>JUNE 1976 - DECEMBER 1977</u>	<u>CUMULATIVE EXPENDITURES</u> <u>JANUARY 1978 - JUNE 1978</u>	<u>CUMULATIVE EXPENDITURES</u> <u>JUNE 1976 - JUNE 1978</u>
Salaries and Wages	\$ 603,531	\$ 243,971	\$ 847,502
Fringe Benefits	\$ 102,558	\$ 35,264	\$ 137,822
Consultant Fees	\$ 195,200	\$ 68,210	\$ 263,410
Travel and Transportation	\$ 205,840	\$ 76,431	\$ 282,271
Equipment, Materials and Supplies	\$ 34,889	\$ 9,474	\$ 44,363
Other Direct Costs	\$ 120,560	\$ 36,056	\$ 156,616
Overhead	\$ 473,776	\$ 186,176	\$ 659,952
Sub-Total	\$1,736,354	\$ 655,582	\$2,391,936
<u>Thailand Project</u>			
Salaries and Wages	\$ 263,892	\$ 118,761	\$ 382,653
Honorarium	\$ 184,204	\$ 90,069	\$ 274,273
Travel and Transportation	\$ 73,733	\$ 19,004	\$ 92,737
Transportation of Commodities	\$ 131	\$ 65	\$ 196
Equipment and Supplies	\$ 70,262	\$ 25,330	\$ 95,592
Other Direct Costs	\$ 150,635	\$ 22,507	\$ 173,142
Sub-Total	\$ 742,857	\$ 275,736	\$1,018,593
University of Hawaii Sub-Contract	\$ 298,012	\$ 150,979	\$ 448,991
Grand Total	\$2,777,223	\$1,082,297	\$3,859,520