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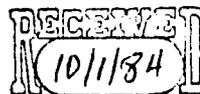
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INTEGRATED RURAL HEALTH DELIVERY  
SYSTEMS AND NUTRITION PLANNING/  
HUMAN ECOLOGY

122d Annual Report

Howard University

**HOWARD UNIVERSITY**  
WASHINGTON, D.C. 20059



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**COLLEGE OF MEDICINE**  
**DEPARTMENT OF COMMUNITY HEALTH**  
**AND FAMILY PRACTICE**

September 12, 1984

Mr. James R. Cumminsky  
Office Regional Affairs  
Bureau for Africa  
Agency for International Development  
Washington, D.C. 20523

Dear Mr. Cumminsky:

The Annual Report for 1982-1983 of the AID 122d Grant to Howard University, Integrated Rural Health Delivery Systems and Nutrition Planning/Human Ecology is hereby transmitted in accordance with AID Handbook 13, Appendix 2B.

We would appreciate the opportunity to discuss the report after the document has been reviewed by AID.

Sincerely,

  
Thomas W. Georges, Jr., M.D.  
Project Director  
Chairman, CHFP

TWG/FJS/vjs

122d Annual Report  
Date Due 22 November 1983

GRANT TITLE: Integrated Rural Health Delivery Systems  
and Nutrition Planning/Human Ecology

GRANTEE: Howard University, Washington, D.C.

AID SPONSORING TECHNICAL OFFICE: Office of Regional Affairs Bureau for  
Africa, Agency for International  
Development

Statistical Summary:

Period of Grant 22 September 1978 to 22 September 1983  
Amount of Grant \$1,250,000, 5 years, extended to September 1984  
Expenditure for Report Year 1982-1983 - \$115,212

Accumulated	\$973,871
Anticipated for next Year	191,441

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## I. INTRODUCTION

The period covered in this Annual Report is from September 22, 1982 until September 21, 1983.

Last year's report focused on the change in the management of the program as a result of a re-organization which occurred. In effect, this year's report is transitional in nature and will attempt to evaluate progress made and problems encountered in light of the work plan proposed last year.

Most of the targets delineated in last year's revised work plan have been met. However, some of the activities proposed have been set back, but, hopefully, will be accomplished by the terminal date of the project.

Some of the delays in implementation have come about because targets may have been too ambitious and not enough human resources were assigned to accomplish the tasks identified. However, the greater impediment to implementation, in our view, is embodied in comments which we made in last year's annual report under the section entitled Review of Critical Assumptions. Briefly, we expressed concern about the lack of close technical monitoring of the grant by AID and lack of overall feedback from the Agency, particularly relating to project proposals submitted by Howard to AID. The situation described in last year's annual report has not improved perceptibly. For example, a program evaluation conducted by AID contractors in January, 1983 has not yet been formally discussed with the university, and recommendations made in the report have not been acted upon. Other examples of a similar nature will be discussed under the section "Problems Encountered."

We are aware of the heavy work load of AID on its reduced staff. We appreciate the pressures personnel are under to produce more with

less. But, we feel the need to benefit from timely critique from AID to initiatives which we are attempting to get under-way.

In spite of our concerns, we do feel a sense of accomplishment. We are in the final stages in the approval process of a major project in Africa. We feel we have benefited from the external evaluation performed in early 1983 even though the document has not been acted upon by AID. But, perhaps, most important of all, we feel we are continuing Howard University's commitment of service to underserved people throughout the world by demonstrating our expertise in the field of international health.

## II. NARRATIVE SUMMARY

### A. Principal Accomplishments

The principal accomplishments of the grant prior to this reporting year are as follows:

#### 1. Curriculum Development and Teaching Activities at Howard University

Six courses with emphasis on International Health initiated previously are presently being taught in the College of Allied Health Sciences, the School of Human Ecology and the Master of Science in Public Health program in the College of Medicine.

#### 2. International Seminars and Consultation

The staff of the Division of International Health (DIH) was involved in professional seminars and curriculum workshops/field observation trips and consultations in Somalia, Nigeria, Malawi, Liberia, Trinidad and Jamaica.

#### 3. Development of Project Proposals

An unsolicited proposal was developed and submitted to AID for a project in the area of Primary Health Care Manpower and Institutional Development in Malawi. In addition, one proposal on Health Manpower Planning in Upper Volta was discussed with a Private Voluntary Organization. There were also considerable discussion and correspondence centered around a possible project with a Tropical Disease Research Center in Africa as well as cardiovascular epidemiological research project in Mauritius.

#### 4. Statement of Capability

The Division of International Health produced its first statement of capability in June, 1983. The statement was distributed to appropriate international, public and private

organizations. It was also forwarded to Historically Black Colleges and Universities (HBCU) and other institutions involved in international health. Initial reactions and comments were very favorable.

The statement is in the process of revision. A modified narrative and pictorial version of the statement will be produced in brochure form for marketing and public relations.

5. University-wide Survey of Faculty Interested in Participating in International Health Activities

A methodical survey is being conducted in which interested faculty are interviewed, CVs collected and organized into a Human Resource Data Bank.

B. Detailed Report

1. General Background and Description of the Problem

Most of the developing countries, particularly, African countries, are approaching the end of this century with many health problems associated with poverty. These problems include ill health, technological under-development, hazardous environments, over-population, hunger and malnutrition - most of which require immediate and appropriate solutions. A paucity of trained health manpower and a lack of financial resources impede balanced development and equitable distribution of health facilities in most of the LDCs. But, other equally serious problems have also not yet been addressed, such as lack of viable health infrastructure and management capabilities, logistical support for distribution of medical supplies and drugs, simple knowledge about health and diseases, use of appropriate modern and indigenous technologies in the areas of oral

rehydration therapy, immunization, family planning and child spacing, nutrition, clean water supplies, waste disposal and combating of tropical and infectious childhood diseases.

These identified issues cannot be resolved with the existing resources available in these developing countries. Their aspiration for self-reliance and their own desire to mobilize rural communities which form the majority of their population cannot be achieved without significant support and stimulation from outside sources. Multilateral and bilateral organizations have responded and shared their scientific and technological expertise with these countries, either through direct involvement or through other less direct means. Modern management and scientific know-how must be delivered to the mid-level and peripheral units in health and development areas. These interventions will strengthen not only the central government apparatus, but will also permit a more even and equitable distribution of health services.

In view of the congressional mandate to improve the health conditions of the poorer segments of developing countries, the health strategy of the Africa Bureau (AFR), as outlined in "Health in Africa," is to support programs which have as their goals developing and implementing effective and affordable health services. A key element in this strategy is to assist the governments in these countries to establish viable rural health delivery systems and improved nutrition programs by providing technical assistance and training opportunities. AID is providing such assistance to several countries through bilaterally supported health, agricultural and rural development projects.

Howard University's participation in addressing the developmental problems of health in Africa and other developing countries is consistent with the above mentioned goals and strategies, and is also an expression of its desire to assist the United States in carrying out its foreign assistance health related activities. Recently, the President of Howard University reiterated that the university is committed to the international development scene in general and will commit itself to support the purposes and objectives of the proposed grant.

The need for better coordination of nutritional planning and integrated rural health delivery services in many LDCs has generally been recognized as important health and developmental priorities for the next two decades. Howard University has been involved with health delivery and nutritional planning in rural, peri-urban and urban communities in America. The university's target population has more often than not, been Americans of African descent. The socio-cultural characteristics of LDCs are sufficiently parallel to permit the technical knowledge of Howard's faculty to be extrapolated to many African and other developing countries. The University's previous involvement with LDCs has been in training and in selective research areas such as sickle cell diseases and communicable diseases.

Since its inception in 1867, Howard has educated a considerable number of African students and students from other developing countries in various fields of health. Howard's goal, in terms of this grant, is to expand its capacity and capability to work with the United States Agency for International

Development (USAID) and Less Developed Countries (LDCs) on health problems which impinge on development in the African continent and elsewhere. Howard seeks to enhance its competence in international health by augmenting the knowledge of its faculty. As a consequence, the University will increase its course offerings in international health and will also step-up its research and service programs in the field.

The university is organized into six functional divisions, each headed by a Vice President: Academic Affairs; Health Affairs; Administration; Development and University Relations; Business and Fiscal Affairs; and Students Affairs. The campus divisions which have expertise that can be brought to bear most directly on integrated rural health delivery systems and nutrition planning and human ecology are the Divisions of Academic Affairs and Health Affairs.

The Division of Academic Affairs is responsible for the administration of 12 of the University's 17 schools and colleges including the School of Human Ecology. The Division of Health Affairs is responsible for the faculties and programs of five colleges, namely, medicine, dentistry, pharmacy and pharmaceutical science, nursing and allied health as well as several health and research centers and institutes and Howard University Hospital.

The goal of the 122d Institutional Development grant programs is to create, adopt and strengthen the competence and expertise of U.S. educational and university affiliated research institutions to deal with the key problems impeding economic and social development in less developed countries. Howard University has well established colleges, institutes and centers

which provide the mechanism to conduct large scale multi-disciplinary programs in public health education, management sciences, population, environmental, epidemiology, medicine, economics, engineering, etc.

The purposes of the 122d grant to Howard is to further develop the University's expertise in the area of Rural Health Delivery Systems and Nutrition and Human Ecology. Success in achieving the grant purposes will provide AID, other development agencies and an added resource to address the health needs in Less Developed Countries.

Targeted areas of development specified in the grant are Integrated Rural Health Delivery Systems (IRHDS), Nutrition Planning and Human Ecology (NP/HE). Consequently, only the most germane components of the university were involved initially. This was done to provide clear evidence that the institutional development at Howard is directed toward the areas of skills or knowledge that are related to the priorities identified by international experts in USAID and LDCs.

Because of these existing and potential capabilities in the areas of health services development, the Colleges of Medicine, Nursing, Allied Health Sciences and the School of Human Ecology have assumed the primary role in carrying out the institutional development process at Howard University. Moreover, the involvement of these colleges and schools which cut across University divisional lines, i.e. the Division of Health Affairs and the Division of Academic Affairs, have promoted and supported the cross-fertilization of these divisions in the areas of health service project planning, management and evaluation, as well as faculty development research, teaching and services.

## 2. Purpose of Grant

The overall goal of the grant is to expand the capacities and capabilities of Howard University "to address International Health issues germane to Africa and LDCs". Progress toward achievement of this goal is to be attained through two purposes as follows:

Purpose I: To strengthen the capacities and capabilities of Howard University to provide assistance to African and LDC countries in Integrated Rural Health Delivery Systems (IRHDS).

Purpose II: To strengthen the capacities and capabilities of Howard University to provide assistance to African and LDC countries in nutrition planning/human ecology.

## 3. Objectives of the Grant

The original grant proposal does not list general objectives. However, activities to accomplish the purpose of the grant were documented in the original proposal and are restated as recommended in AID Handbook 13, Appendix 2B from pages 38 and 39 of the grant proposal.

"Howard University's response capability in the areas of Integrated Rural Health Delivery Systems (IRHDS), and "Nutrition Planning and Human Ecology (NP/HE), will be coordinated through the Division of Health Affairs of Howard University and will involve participation primarily from the Colleges of Medicine, Nursing, and Allied Health Sciences, and from the School of Human Ecology. Personnel from these colleges and schools will work with the Director of the Project to implement the efforts related to linkage, teaching, research and service set forth in grant.

"Initial activity will involve organization of the Advisory Committee, surveying the campus in regard to international health experiences and resources, establishing a data bank, and establishing linkages with African institutions. In addition, needs assessment will be conducted in Africa and faculty/student exchanges will be initiated. Concurrently and thereafter, curricula will be developed in specialized areas for both Africans and Americans, and research protocols will be approved. Also, staff training will be instituted.

"Ultimately, Howard University faculty with overseas experience will receive refresher training to enhance their availability as overseas consultants, additional international health courses will be made available, and periodic workshops will be conducted in the U.S. and Africa on topics related to IRHDS and NP/HE".

b. Review of Objectives

An internal review of the program was conducted during the period covered by the previous annual report. These objectives are reflected in the work plan which was submitted last year and remain unchanged for the present. However, considerable thought has been given to new objectives in expectation that the 122d Grant will be extended.

The goal of the 122d Grant Program at Howard University is to assist the university to become a viable resource for AID in the

agency's efforts to address health problems in LDCs. Initially, the university's efforts were centered in the areas of Integrated Rural Health Delivery Systems and Nutrition Planning and Human Ecology. But we feel that our expertise in health manpower training, planning and research should also be utilized.

The objectives of the program for purposes I & II are incorporated in the Work Plan and remain unchanged from last year's submission. Please see page 9 and page 10 for a restatement of these objectives.

c. Review of Critical Assumptions

As recommended in AID Handbook 13, Appendix 2B critical assumptions are hereby re-stated:

"The following interrelated critical assumptions apply to all aspects of the statements of Goal, Purpose, Outputs and Inputs:

1. That cooperation and participation will continue among the relevant components within the university.
2. That the university will continue to provide resources toward support of the various grant activities.
3. That African LDC's and institutions will, in connection with the university, continue to utilize the linkages, training, research and services.
4. That AID will procure and utilize the increased capacities and capabilities of the university in connection with its LDC programs."

In last year's annual report we discussed some critical assumptions outside of Howard University's control which were not included in the original proposal. Briefly stated they are:

1. Close technical monitoring of the grant by AID

The AID sponsoring office, until only recently, utilized generalist type professionals to monitor the grant. It is felt that there has been limited input to AID's management of the grant by the Africa Bureau's Office of Health and Nutrition and the Agency's Office of Health. In the future, more participation from health service experts in these two offices would be most welcome.

2. Feedback from AID

The former Office of International Health (OIH) received limited critique to annual reports previously submitted. Further, OIH records indicate little or no documentation or formal feedback regarding proposals which Howard submitted AID. Here again, the new Division of International Health (DIH) would appreciate a continuing education of its written products and activities initiated under the grant.

3. Possible approval and funding of some of the proposals submitted by Howard University

During the life of the grant report, Howard submitted a number proposals to AID for funding. Two of these proposals were not considered because the projects were eventually shelved. At least two other proposals were forwarded and also not considered. Howard is hopeful that our proposal for the Malawi Health Institutions Development project under review will be approved and funded.

As already mentioned above under II A Principal Accomplishments, the assumptions which Howard University expected from AID have not materialized. We will discuss the consequences of this problem in greater detail under Section II Problems Encountered and Recommended Actions. For the purpose of this document, the critical assumptions previously stated in last year's annual report remain in force.

### III. ACCOMPLISHMENTS

#### A. Curriculum Development and Teaching Activities at Howard University

Teaching activities in the field of International Health continues as a significant accomplishment. Courses in relation to African health care administration, alternative rural health delivery systems, nutrition planning/services and environmental health continued to be offered.

This development took an added dimension as a result of the geographic distribution of graduate students in the College of Medicine's Master of Science in Public Health (MSPH) Program. Almost all of the entering students in the program for the academic year 1983-1984 were citizens of the developing world. As a consequence, the MSPH curriculum was adjusted to accommodate the needs of these graduate students, 8 of whom were physicians. Lecturers were careful to use examples and case histories from the developing world to illustrate concepts being taught. Students were encouraged to relate their experiences in their homelands which could enhance the knowledge of both the instructors and their fellow students. Most of the graduates of the MSPH Program this year wrote required research papers which addressed public health problems in the developing world.

In short, the course offerings in international health at Howard and the faculty's willingness to re-cast their presentations to meet the needs of the MSPH students resulted in a practical and pragmatic program. MSPH graduates have stated that their program at Howard will enable them to be more effective in leadership roles in their respective countries. Attached is a copy of a letter from the Dean of the Medical School sent to each MSPH graduate which also makes this point. (Figure 1)

Much the same could be said for undergraduate courses developed by the grant and taught in the College of Allied Health and the School of Human Ecology. These classes attracted third world country students as well as U.S. citizens. From all indications the courses were well received.

Listed below are courses developed as a direct result of the 122d grant. (Figure 2)

B. International Seminars and Consultations

The following activities can be directly attributed to the 122d grant.

University Conference Center, Ibadan, Nigeria: November 24, 1982

Dr. Thomas W. Georges, Jr., Chairman of the Department of Community Health and Family Practice was invited to the Sixteenth Annual Round Table Conference of the Council of International Organizations of Medical Sciences (CIOMS). The topic discussed in the conference was "Health For All - A Challenge to Research in Health Manpower Development." Approximately 200 delegates representing W.H.O., a variety of international medical bodies, and fifty nations attended. Manpower needs for primary health care systems were explored and areas of research needs were identified.

COLLEGE OF MEDICINE  
OFFICE OF THE DEAN

I welcome this opportunity to congratulate you for the successful completion of your graduate study and research paper leading to the Master of Science in Public Health degree.

The Master of Science program has offered you a rigorous curriculum of study and research. You have successfully met the challenge with enthusiastic commitment and persistence. The MSPH degree to be conferred by Howard University qualifies you for a leadership role in the delivery of health services to the underserved populations of the world.

I hope that you will accept this new challenge of leadership with equal enthusiasm and persistence.

Sincerely yours,



Russell L. Miller, M.D.  
Dean

RLM:sab

List of Courses Initiated and/or Strengthened by The Institutional Grant  
122d Howard University 1978 - 1984

<u>Course No.</u>	<u>College/Department</u>	<u>Course Title</u>	<u>Course Hours</u>	<u>Instructor</u>
AH 570-100	Allied Health Sciences	International Health Perspectives Health Delivery Systems	3	Ahmed A. Moen
<u>Fall Semester</u>				
AH 570-200	Allied Health Sciences	Comparative Health Perspectives- Training and Utilization of Health Manpower	3	Ahmed A. Moen
<u>Spring Semester</u>				
HE 196-192-01	Human Ecology	International Nutrition	3	Allan Johnson
<u>Fall Semester</u>				
655-100-02	MSPH	Introduction to International Health	2	Ahmed A. Moen
<u>Spring Semester</u>				
655-140-02	MSPH	Alternative Health Care System for IDC Special Studies	2	Fermino Spencer
<u>Spring Semester</u>				
HE 193-199-01	Human Ecology	Environmental Health In Developing Countries	3	N/A
<u>Fall Semester</u>				
<u>1980 to 1981</u>				

Ministry of Health and Social Affairs, Monrovia, Liberia:  
November 28 - December 2, 1982

In response to a request from Deputy Ministry of Health, Dr. Thomas W. Georges, Jr., Chairman of the Department of Community Health and Family Practice discussed the planning and organization of Howard University-Liberia Health Manpower Development Workshop to be held January 5-12, 1983.

Liberia - HU Curriculum Development Workshop - January, 1983

The Division of International Health arranged for four faculty members from the Colleges of Allied Health Sciences, Medicine and Nursing to organize and conduct a curriculum development workshop at Cuttington University College, Suacoco, Liberia, January 5-12, 1983 (See Report of Workshop - Annex A).

Washington, D.C. - May, 1983

Dr. Thomas W. Georges, Jr., Dr. Ahmed A. Moen and Mr. Fermino J. Spencer presented papers in the Second Annual Conference of the Association of African Physicians in America which was held in Washington, D.C. from May 19-20, 1983. The titles of the presentations were: Health Care Delivery Issues in Africa, Dr. Thomas W. Georges, Jr.; The Role of AAPNA in Promoting Assistance to the African Governments, Mr. Fermino J. Spencer; and Health Manpower Training and Development and the Role of Schools of Public Health in Africa, Dr. Ahmed A. Moen.

Montreal, Canada - November, 1983

Mr. Fermino J. Spencer, Chief, Division of International Health and Dr. Ahmed A. Moen, Assistant Professor, International Health, Department of Community Health and Family Practice, College of Medicine participated in the Annual Meeting of the American Public Health Association, Montreal, Canada, November 14-18, 1983. Dr. Moen

presented a paper on "Collaborative Ventures in Health Manpower Development-Social Changes and Medical Education: An Ethiopian Experiment in International Collaboration."

The following activities were not directly related to the 122d grant. However, these activities are illustrative of Howard University's contribution and commitment to international health.

#### International Seminars and Consultations

In November 1982, Howard faculty headed by Dr. Carlton P. Alexis, Vice President for Health Affairs participated in the Scientific Conference of the Commonwealth Medical Association in Port of Spain, Trinidad. Other members of the Howard University delegation included, Dr. Calvin H. Sinnette, Assistant to the Vice President for Health Affairs, Dr. Pauline Titus-Dillon, Associate Dean, College of Medicine and Dr. Thomas W. Georges, Jr., Chairman of the Department of Community Health and Family Practice. Presentations by Howard representatives focused on the creation and management of a Department of Family Practice in the College of Medicine and the relationship between Family Practice and Community Health.

#### January, 1983 - Dhubai

Dr. Charles H. Epps, Jr., Professor and Chief of Division of Orthopedic Surgery, College of Medicine, Howard University was invited to present a paper entitled Amputation Surgery-Present Concepts to the Orthopedic Conference in Dhubai, United Arab Emirates, January 24-26, 1983.

#### June, 1983 - Tanzania

Dr. George W. Jones, Professor, Division of Neurology, Department of Surgery, College of Medicine, was a visiting professor at the

College of Medicine of the University of Tanzania. Dr. Jones lectured on "Renal Cell Carcinoma," "Testicular Carcinoma" and "Prostatic Carcinoma." Dr. Jones also participated in surgery for cancer of the bladder.

Dr. Jones was a visiting professor at the College of Medicine, University of Ibadan, Nigeria and delivered lectures in his specialty at the John F. Kennedy Hospital, Monrovia, Liberia.

C. Seminars/Observations Events at Howard University in International Health

During the past years, no large scale seminars in International Health were sponsored by the 122d grant. However, a number of smaller seminars were conducted primarily for graduate students in the MSPH program and interested faculty. Very often, these seminars are associated with a study tour for guests from the developing world. To the extent possible, the International Health Division has attempted to take advantage of the opportunities presented. For example, during the past reporting year the Medical Director from the Ministry of Health in Liberia conducted a seminar on Public Health Problems in his country. He also briefed members of the faculty who were about to depart for Liberia to conduct a curriculum development workshop for health professionals.

In another instance, a seminar was designed in which the Principal Secretary of the Ministry of Health in Malawi and the Ministry's Chief Medical Officer spoke to graduate students and faculty on health activities of Malawi. The two Malawian officials were in the U.S. to get a better insight into public health techniques employed in the U.S. Their tour in the US was designed by the International Health Division of Howard University. Thus, it appeared patently logical

for the DIH staff to avail itself of the expertise embodied in our distinguished visitors and engage them in a dialogue with faculty and graduate students. A similar study tour by several health officials from Nepal led to the enrollment of two Nepalese professionals in the MSPH program at Howard University.

The International Health Division has noted an increased number of requests for health professionals from LDCs to visit and tour Howard University's health facilities. These requests now average two to three per month. Some of the professionals who came last year include a group of professors from the Medical School in Rwanda headed by their dean. The group was mainly interested in child spacing and family planning activities in Howard University Hospital. We also had official visitors from Senegal, Zaire, Upper Volta, a WHO representative from Jamaica, the Director of Health from the Sudan and mixed team from the Indian and Pakistani Medical Syndicates. The division encourages and welcomes the exchange with colleagues from health ministries throughout the developing world. It is felt that these personal contacts are an indication that Howard University is making itself better known and thereby extending its linkages with LDCs. But, more importantly the opportunities to exchange views with visitors is providing Howard an added form of staff development.

#### D. Development of Project Proposals

During this report year, the major effort in this area was the development of the Malawi Health Institutions Development Project. A detailed project design report is appended as Annex B. Briefly described, the project resulted from an invitation by the Government of Malawi to Howard University and Meharry Medical College to submit

an unsolicited proposal. A team of experts from both Howard and Meharry spent the month of June 1983 designing the project. It should be underscored, however, that this project was designed jointly by the Howard-Meharry team and Ministry of Health officials. The first draft of the project proposal was completed on schedule in July 1983. The project has undergone extensive review in Washington and some re-writing has occurred as a result of these reviews. Although the review process has been lengthy and tortuous, Howard is convinced that the project is well-designed, has the full support of the Government of Malawi and has the possibility of being a prototype of training projects in the developing world.

A great deal of effort was expended by the Division of International Health in exploring the possibility of developing research proposals in two different areas in Africa. The first dealt with the possibility of developing a relationship with the Institute of Tropical Disease Research in Ndola. These discussions started when an official from the Tropical Disease Research Center (TDRC) met with an AID Health Officer who suggested that AID would be interested in supporting a joint Zambia-Howard Research Initiative. At first, the discussions and correspondence centered around the possibility of Howard's conducting a Research Methodology Seminar at Ndola. Inability to procure travel funds from AID was one of the major stumbling blocks. This proved to be an insurmountable problem in spite of the fact that numerous meetings were held with AID-NIH officials and at least one meeting in which an official from Uniformed Services University of the Health Sciences also participated. After discussions and correspondence which lasted over a 2 year period, Howard determined that a program

could not be developed with Ndola at this time. Officials at the TDRC were informed that, regretfully, we would terminate our discussions on the possibility of our collaborating with Ndola, but hoped that some means could be found in the future to establish a relationship with the Institution.

Another example of the International Health Division's involvement in developing project proposals is our effort to procure funds to do a Cardiovascular Disease Epidemiology Survey in Mauritius. Howard was invited by the Government of Mauritius to conduct this survey. Initial contacts with the Mauritius Government were made in 1981. Efforts were made by Howard to procure funds for this survey. The project was strongly supported by the US Embassy in Mauritius. There were numerous discussions held by Howard and AID and considerable correspondence took place between Howard officials and Mauritius officials over the period from 1981-84. In the final analysis it was determined by Howard that AID's inaction was in effect a negative decision. The Government of Mauritius was then informed that Howard University was not able to procure the necessary funds to conduct this very important survey. It should be noted that according to the MOH officials in Mauritius, the death rate attributable to Cardiovascular Diseases in Mauritius is one of the highest in the world.

Howard University considered proposing for several other projects in Africa. There was some preliminary work done on two proposals in which Howard would be a subcontractor. The first was the Liberia Primary Health Care Project. Howard decided not to submit a proposal mainly because of the extremely stringent qualifying criteria of the RFP. Howard also worked with a Private Voluntary Organization in a

Health Management Systems proposal in Upper Volta. Midway through the development of the proposal, AID determined that the project should be offered for open competition. This in effect restricted the participation of the PVO prime contractor, thereby rendering our participation moot.

Howard University continues to monitor the Commerce Business Daily for opportunities to bid on projects for which we feel we have the capability of successfully implementing.

#### E. Problem Encountered

In several of the preceding sections, i.e., Section I, Introduction, Section II, B, 3, c Review of Critical Assumptions, Section III D, Development of Project Proposals, we have alluded to the problems encountered as a result of what Howard perceives as unenthusiastic monitoring of the project by AID. One of the major areas in which we feel AID may have been unresponsive to the project centers around the evaluation of 122d Grants to minority institutions in health which was conducted by an AID contractor, Development Associates, Inc. in January 1983. The report was issued on May 18, 1984 and contained fourteen valid recommendations. Among these, the evaluator recommended extension and increased funding of grants to the four evaluated schools, closer monitoring of the projects by AID technical staff, faster turn-around time regarding requests and proposals made to AID, better use by AID of the technical expertise present in the 122d schools and other recommendations dealing with audit and management. To date, the four institutions have not received a reaction to the evaluation. Most of the programs will be without funds shortly and there is no indication from AID that extension of the programs is imminent.

Howard's involvement with the possible research project with the Tropical Disease Research Center in Ndola, Zambia and the proposed cardiovascular epidemiological research project in Mauritius have already been discussed. Unfortunately, Howard had to suspend its relationship with both countries because it was perceived that AID had no interest in pursuing their requests. Howard would have appreciated a more timely, even-though negative, decision at an earlier stage in the development of these two initiatives. It is hoped that Howard's credibility with these countries has not been adversely affected as a result of the interminable amount of time it took for AID to convey a non-decision. To AID's credit, however, there was participation by technical personnel in the discussion Howard had on both of these projects. Further, AID technical officers were most supportive of both proposals, but apparently could not persuade the Agency's program and policy officers that the projects were worthwhile.

The review by AID of the Health Institution Development Project in Malawi is another example of the Agency's protracted response to an action initiated by the Grantee. This project has been briefly described above and the problems associated with the review process have been alluded to. But, not only has the review process been lengthy, but with each successive review new issues were raised which had gone unnoticed or held in abeyance. Howard has attempted to cooperate with the AID review process and has responded to demands made upon the university in a timely fashion. But, each time new demands are made, or inordinate delays between decisions are allowed, the very small staff of the Division of International Health is constrained to re-order its priorities. As a consequence, targets outlined in the work plan are placed in jeopardy

of not being met. To a limited degree, this did occur during the past year, and will be further discussed in the assessment of the current Plan of Action which follows in the next section.

As a result of the experiences described above, the International Health staff has concluded that it must be more flexible in its monitoring of the existing 122d Grant work plan. More frequent re-assessment of targets is indicated and action will be taken to readjust existing time-tables.

## II. ASSESSMENT OF PLAN OF ACTION

A detailed narrative work plan together with a schematic chart which indicated proposed activities and implementation timetable was presented in last year's report. An attempt will be made to assess the Plan of Action in terms of output status and experience gained.

The following actions were proposed to satisfy the organizational supportive services of the grant:

### A. Determine In-house and Other Available Capabilities

Status: To a large extent, this action has been achieved. A comprehensive survey of faculty interested in international health was accomplished. In addition to procuring CVs of faculty and staff, each person was interviewed and a standard form which listed training, experience and area of interest was completed. This information will be computerized for easy retrieval. A second wave of interviews is under consideration in an attempt to identify faculty who may not have been available earlier, or who recently joined Howard University. There has been discussion with other members of 122d Grant schools in International Health about the possibility of expanding the roster of professionals available for work in International Health. This

may lead to an informal network which can identify consultants in pre-dominately minority institutions and PVOs. To be effective, this must be considered an ongoing and perhaps never-ending activity.

Experience Gained: There is a wealth of talent in international health located in Howard and other HBCUs. Some individuals are prepared to accept field assignments. Others are reluctant, mainly because of a skepticism that positions will be available.

#### B. Prepare Comprehensive Capability Statement

Status: A comprehensive capability statement in International Health has been developed. It was completed in May 1983, but work has already begun to up-date the document.

Experience Gained: The document was prepared with the help of a short-term consultant. It came as a pleasant surprise to many who read the statement that Howard does indeed have an impressive track record and capability in international health. However, the potential for even greater service is equally impressive and could easily be fulfilled with increased funding availability. Most of the areas of topical and faculty/staff experience have been identified in the capability statement but will need further refinement in an up-dated version. Further, an inexpensive, handout capability brochure, as well as a shorter "slick" capability statement is necessary at this point in our marketing effort. Discussions are underway to prepare these documents.

#### C. Establishment of Howard University African/Caribbean Network

Status: This action is ongoing and continues to expand. Plans are under-way to contact foreign Howard University alumni who have returned to their homelands and now occupy positions of influence in

health ministries, or who occupy jobs in other departments at a policy level in their respective governments. Plans are to keep foreign alumni lists current. These lists will provide a ready reference of contacts in countries in which Howard University may pursue international health activities.

Experience Gained: Howard University alumni contacts in Africa and the Caribbean are indeed an important resource. Heretofore, it appears that these contacts have been made informally. A more structured program for maintaining a dialogue with foreign alumni is necessary if the network is to become more efficient.

D. Identify areas where Howard University requires strengthening and expansion

Status: This activity was designed mainly to assess the University's capability in foreign languages, both European and African. There have been some exploratory discussions with faculty in the language departments centered on providing instruction to faculty who only speak English. Two factors have impeded further progress in this area. First, most of Howard's International Health efforts to be of service in Africa has been in English-speaking countries. Opportunities to work in English-speaking Africa have been more frequent and frankly much easier. The other side of the coin is that unless there is a definite possibility that a project is at hand in a country whose major language is either French, Spanish or Portuguese, there is little incentive for faculty to acquire additional language skills. The faculty survey mentioned earlier did uncover persons interested in international health who already speak foreign languages. If these individuals were to be selected for participation in a given project their skills would have to be up-graded and programs would be designed and implemented accordingly.

Howard continues to have the capability to provide training in African languages. At present, the Department of African Studies offers twenty African languages for credit. European languages are also offered in the College of Liberal Arts. Should the need arise for training in a language not presently offered, it is quite possible that this capability could be found in Howard's large international faculty and student body.

Experience Gained: The capability to teach African languages is one of Howard's strengths. Efforts should continue to provide training to faculty in European languages spoken on the continent.

The possibility of mounting a project in a French-speaking, Portugese-speaking or other non-English speaking country will encourage faculty to pursue additional language training.

#### E. Develop and Implement Marketing Strategy

Status: In effect, this segment of the work plan is the International Health Division's Marketing Strategy. For the most part, progress has been made in all areas. However, the marketing strategy must be considered on-going and never-ending. Success can not only be measured by the number of contracts landed. The marketing process will also have its rewards. As a result of this process Howard is convinced that:

1. Howard University must "know where there is a need for kinds of services that the university can offer";
2. Howard has been and continues to be introduced to "the appropriate U.S. Agency and/or host-country officials who may be in need of or interested in (the university's) services"; and
3. Increasingly "appropriate persons are convinced that Howard is uniquely qualified to provide these services."

(quotations are from parts 1, 2, & 3 of Section E - Develop and Implement Marketing Strategy of Work Plan)

Experience Gained: A great many of the activities listed in the Marketing Strategy were planned to be carried out in the U.S. A greater effort should be made to conduct our marketing activities on the continent of Africa. This implies more travel to Africa by selected Howard faculty and staff. During the remainder of the grant period, more marketing efforts in Africa as well as in other LDCs will be encouraged.

The following is an assessment of status of achievements measured against the proposed activities of work plan for October 1, 1982 to September 30, 1983. The Proposed Activities and Time Schedule of the project is included as Figure 3.

INSTITUTIONAL DEVELOPMENT GRANT  
PLAN OF ACTION  
ANNUAL PROGRESS REPORT  
OCTOBER 1, 1982 TO SEPTEMBER 30, 1983

PLANNED ACTIVITY

OUTPUT

OUTPUT STATUS

I. TEACHING CAPABILITIES

Faculty Development (Purpose I & II)

- a. Institute international health preceptorship/mentorship program to provide experiences to HU faculty who are academically qualified in medical and health research and teaching.

ACHIEVED

-A multi-disciplinary team from the Colleges of Medicine, Nursing and Allied Health Sciences made of two senior and two junior faculty travelled to Liberia for Training of Trainers Seminar in Cuttington College, Sponsored by the Ministry of Health and Social Welfare/HU.

December, 1982 thru January, 1983

-A multi-disciplinary team for designing of the Malawi Institutional Development Project included two Senior and two junior faculty of HU.

May - June, 1983

-The Dean of College of Nursing accompanied by DIH Chief made a study tour in Liberia and Ivory Coast.

January, 1983.

- b. Organize two workshops for HU on research, teaching design and methodologies in international health planning, manpower development, biomedical research and nutrition.

PARTIALLY ACHIEVED

-The focus was on international student's course development with planning, manpower and research methodology in MSPH.

-Guest speakers were invited to address health manpower training and development as a priority in LDC.

6

PLAN OF ACTION  
ANNUAL PROGRESS REPORT  
OCTOBER 1, 1982 TO SEPTEMBER 30, 1983

PLANNED ACTIVITY

OUTPUT

OUTPUT STATUS

c. Develop faculty capabilities in major African languages including French, Spanish, Portuguese and Arabic.

AN ONGOING LONG TERM OUTPUT  
The current program concentration and focus are on Anglophone speaking countries. This activity is modified and deferred.

II. SERVICES CAPABILITIES (Purpose I & II)

1. Institute one/two workshops on project planning, curriculum designs and methodologies oriented towards Trainers and Health Workers engaged in Integrated Rural Health Delivery Services (PHC) Nutrition and Human Ecology.

A curriculum development workshop for trainers of trainers in the Ministry of Health in Liberia was implemented in January, 1983.

2. Develop PHC management and training manuals appropriate to the needs of specific countries in Sub-Saharan Africa and other LDCs.

AN ONGOING LONG TERM OUTPUT  
This output was found difficult to achieve when not in the context of an approved field project.

3. Develop HU capabilities to participate in in-country needs analysis, health planning, manpower training and development and management programs in LDCs.

AN ONGOING LONG TERM OUTPUT  
This output was found difficult to achieve when not in the context of an approved field project.

PLAN OF ACTION  
ANNUAL PROGRESS REPORT  
OCTOBER 1, 1982 TO SEPTEMBER 30, 1983

PLANNED ACTIVITY	OUTPUT	OUTPUT STATUS
III. <u>EVALUATION CAPABILITIES (Purpose I and II)</u>	<ol style="list-style-type: none"> <li>1. Develop methodologies/protocols to evaluate Integrated Rural Health Delivery Services, Village Health Workers, Traditional Health Practices, Rural Drug Supplies and Distribution, Logistics, etc...</li> <li>2. Develop and submit to USAID at least two projects proposals to evaluate various aspects of USAID of Rural Projects in an African country.</li> </ol>	<p><u>AN ONGOING LONG TERM OUTPUT</u> This activity has been delayed due to re-ordering of priorities of the DIH. It is doubtful that this target will be met during the life of the project.</p> <p><u>AN ONGOING LONG TERM OUTPUT</u> As above, this target has not been achieved due to re-ordering of priorities of the DIH.</p>

NUTRITION AND HUMAN ECOLOGY  
(Purpose II)

SERVICE CAPABILITIES

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Provide services in selected international health programs in MCH/Nutrition in areas of growth monitoring, nutrition education, breast-feeding, nutrition treatment and/or rehabilitation, food supplies and famine ecology.</li> <li>2. Develop in-country training and demonstration project appropriate to both rural and urban settings in environmental sanitation, water supply and waste disposal services in selected Sub-Saharan African countries and/or any other LDCs.</li> </ol> | <p><u>AN ONGOING LONG TERM OUTPUT</u><br/>These two targets are also in danger of not being met. However DIH has collaborated with Dept. of Physiology to obtain funding for collaborative research project (University of Ife, Nigeria &amp; Howard University) on selected properties of mother's milk.</p> |
|---|---|

INSTITUTIONAL DEVELOPMENT GRANT 122D  
PLAN OF ACTION  
ANNUAL PROGRESS REPORT  
OCTOBER 1, 1982 TO SEPTEMBER 30, 1983

Figure 3 (Cont'g)

<u>PLANNED ACTIVITY</u>	<u>OUTPUT</u>	<u>OUTPUT STATUS</u>
IV. <u>RESEARCH CAPABILITIES (Purpose I &amp; II)</u>	1. Develop and participate in conducting bio-medical and health service research in Integrated Rural Health Delivery Services, Nutrition and Human Ecology in Sub-Saharan Africa and other LDCs.	<u>PARTIALLY ACHIEVED</u> Efforts were made to conduct an evaluative research on cardiovascular epidemiology in Mauritius and another on collaborative bio-medical research with the Zambian Research Center in Ndola. February 1983 and March 1983 respectively. Neither project was funded.

V. Impact of Grant Supported Activities in Achieving Grant Purpose

Grant supported activities have had a reasonable impact in achieving the grant purposes. Howard University's capabilities particularly in Rural Health Delivery Systems and to a lesser degree in Nutrition and Human Ecology have been enhanced.

As reported in the 1982 Annual Report, courses developed under the program continue to be offered and taught in the College of Allied Health, the School of Human Ecology and the Master of Science in Public Health Program in the College of Medicine. University students from the Colleges of Liberal Arts, Dentistry and Pharmacy can satisfy their program requirements by cross registration and enrollment in international health courses. This has resulted in a more efficient utilization of faculty resources.

One measure of grant supported activities is the perception of Howard University and its capabilities in international health by entities outside of the university community. The grant has offered us the opportunity to market our services through direct means such as the capability statement which we prepared. But, our participation in meetings and conferences, our implementation in seminars, and our deliberate attempts to expand our contacts with foreign international health officials have also had an impact. We find that requests by foreign officials to visit Howard and tour our facilities in health have increased markedly. We also note that other universities and organizations in the private sector are requesting that Howard participate with these outside groups in responding to RFPs in international health. Earlier this year, we received thirteen different requests from various universities and consulting firms to join their groups to prepare a proposal to implement a primary health care project.

The axiom, however, that "nothing breeds success, like success" will be all the more relevant should Howard be awarded an AID contract to implement a project in Malawi for which the university prepared an unsolicited proposal. As pointed out in the Introduction of this report, the project is undergoing final review and we are hopeful that the program will be funded. We feel strongly that Howard will successfully implement the Malawi Health Institutions Development project. To a great degree, the AID 122d Institutional Development Grant has had a major impact in bringing us to this point.

#### VI. OTHER RESOURCES FOR GRANT RELATED ACTIVITIES

During the reporting year, Howard University did not receive any other resources for grant-related activities.

#### VII. NEXT YEAR'S ANTICIPATED EXPENDITURES

The following documents will satisfy the requirements of Table II as requested in AID Handbook 13, Appendix 2B. The documents listed conform to the format presented in the original grant proposal.

- Total Budget Summary
- Budget-Project Purpose I
- Budget-Project Purpose II
- Howard University, Financial Accounting System, Summary Report in Whole Dollars, Account as of 09/30/83.

The Howard University Financial Accounting System, Summary Report in Whole Dollars showed a Budget Balance Available of \$217,800 as of 09/30/83. The estimated balance for the budget year 1982-1983 was \$191,441. In effect, a surplus of \$26,359 has been carried over from the 1982-1983 budget year to the 1983-1984 budget year.

In the management of this grant, Howard University has exercised

care not to expend resources only because funds were available. Rather, we have exercised constraint in spending for only those items that were felt necessary to accomplish the work at hand. Further, as pointed out early in the report, the Division of International Health ordered its priorities to meet the demands connected with the review of the Malawi Health Institutions Development Grant. As a consequence, projected foreign and domestic travel was kept to a minimum. Also, the 1982-1983 budget programed more monies for consultancies than was actually encumbered or expended. These consultancies were planned because the staff was greatly reduced in 1982 based upon an in-house study which recommended a re-organization of the project. This helps to explain the budget surplus.

It is felt that at the end of the next budget year, the budget balance available will also show a surplus. If this should occur, we request that these monies be carried over to the next year and that the project be further extended.

For the purposes of this project, the 1983-1984 budget proposed in last year's annual report will remain intact. At the end of the 1983-1984 reporting year, an assessment will be made of the funds available and subject to AID's approval on implementation plan and budget will be proposed for the 1984-1985 budget year.

31  
122D Grant  
1982 - 1983  
Total Budget Summary

	To Date	Year 5	Year 6	Total	Projecte Surplus
<u>Total Project Costs</u>	(1) <u>973,871</u>		<u>191,441</u>	<u>1,250,000</u>	<u>54,688</u>
Personnel			(2)		
International Public Health Specialist			26,797		
Administrative Secretary			14,830		
Fringe Benefits			8,325		
Supplies & Equipment			5,000		
Miscellaneous			3,000		
Consultants			70,000		
Travel			63,211		
<u>Organization</u>					
Personnel					
International Public Health Specialist			26,797		
Administrative Secretary			14,830		
Fringe Benefits			8,325		
Supplies & Equipment			2,778		
Miscellaneous			1,500		
Consultants			7,000		
Travel			6,500		
<u>Project Purpose I: RHDS</u>					
Personnel			-0-		
Fringe Benefits			-0-		
Supplies & Equipment			1,500		
Miscellaneous			1,500		
Consultants			42,000		
Travel			36,000		
<u>Project Purpose II: NP/HE</u>					
Personnel			-0-		
Fringe Benefits			-0-		
Supplies & Equipment			1,000		
Miscellaneous			500		
Consultants			21,000		
Travel			20,711		

(1) See Howard University Accounting System Summary Report

(2) Due to reorganization Salary Costs markedly reduced. Additional Professional and Staff be met through consultants.

Budget 32  
Project Purpose I

	YEARS	
	5	6
<u>(1) Organization</u>		
Personnel		
International Public Health Specialist		\$26,797
Administrative Secretary		14,300
Fringe Benefits		8,325
Supplies & Equipment		2,778
Miscellaneous		1,500
Consultants		7,000
Travel		6,500
<u>(2) Teaching Capability</u>		
Personnel		-0-
Supplies & Equipment		250
Miscellaneous		250
Consultants		3,200
Travel		3,000
<u>(3) Research Capability</u>		
Supplies & Equipment		500
Miscellaneous		400
Consultants		15,000
Travel		16,500
<u>(4) Service Capability</u>		
Supplies & Equipment		750
Miscellaneous		100
Consultants		23,250
Travel		16,500
TOTAL		\$148,330

Project Purpose II

	YEARS	
	5	6
<u>Teaching Capability</u>		
Personnel		\$ -0-
Supplies & Equipment		500
Miscellaneous		200
Consultants		2,100
Travel		6,400
<u>Research Capability</u>		
Miscellaneous		200
Consultants		8,300
Travel		3,711
<u>Service Capability</u>		
Supplies & Equipment		500
Miscellaneous		100
Consultants		10,500
Travel		10,600
TOTAL		<u>\$43,111</u>

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HOWARD UNIVERSITY  
 FINANCIAL ACCOUNTING SYSTEM  
 SUMMARY REPORT IN WHOLE DOLLARS  
 TOTAL SOURCE OF FUNDS  
 UNIVERSITY FISCAL YEAR

REPORT PAGE 3858

PAGE 01

5-24542 ~~ALONZO D GASTON~~ AID

ACCOUNT STATUS AS OF 09/30/83  
 DEPT NO. 3851301

PERC OF YEAR EXPIRED 025%  
 BEGIN DATE 09/78  
 EXPIRE DATE 09/84

211-D- INSTITUTIONAL DEVELOPMENT GRANT  
 DEPT " 8813

SUB CODE	DESCRIPTION	BUDGET	-----EXPENDED-----		BALANCE	ENCUMBERED	BUDGET BALANCE AVAILABLE	PC EX	PC EN	TOTAL EXPND
			CURRENT-MONTH	YR-TO-MONTH						
100	POSIT'N SAL-BUD POOL	8,488			8,488		8,488			
101	FAC SAL-PROFESSORS	43,795		43,795						
102	FAC SAL-ASSOC PROFES	3,288		3,288				100		100
103	FAC SAL-ASSIST PROFE	175,755	4,108	150,755	20,892	20,892		100		100
104	FAC SAL-INSTRUCTORS	14,385		14,385				088	011	099
108	FAC SAL-VISITING	1,289		1,289				100		100
120		4,451			4,451		4,451			
123	SAL-GRADUATE ASSISTA	7,485		7,485				100		100
130		39,058			39,058		39,058			
131	SAL-ADMN EXEMPT F/T	88,880		88,880				100		100
132	SAL-PROF EXEMPT F/T	319,779		319,779				100		100
133	SAL-TECHNICAL F/T	4,783		4,783				100		100
134	SAL-OFFICE/SECRE F/T SALARIES	54,472 785,828	1,209 5,317	38,752 872,931	14,511 87,378	14,511 35,403		073	028	099
							51,978	088	004	092
150	NONPOSIT'N SAL-BD PL	489			489		489			
151	SAL-ADMN EXEM P/T-OT	11,739		11,739				100		100
180		77-			77-		77-			
181	SAL-ADMIN EX OT/DIF WAGES	77 12,207		77 11,818				100		100
					382		382	098		098
	*SALARIES & WAGES	777,834	5,317	884,747	87,770	35,403	82,387	088	004	092
190	EMPLOY BEN-BUD POOL	12,478			12,478		12,478			
181	EMPLOYEE BENEFITS BENEFITS	138,432 148,910	1,083 1,083	138,389 135,389				100		100
					12,478		12,478	091		091
200	SUPPL & EXP-BUD POOL	8,285			8,285		8,285			
201	OFFICE SUPPLIES	8,597		8,387		230				
202	POSTAGE	185		185		230		097	002	099
203	PRINTED MATERIAL	53		53				100		100
205	DUES/SUBSCRIPTIONS	388		198	190	190		100		100
208		105		105				050	049	099
209	MISCELLANEOUS	4,717		4,617	100	100		100		100
221	OTHER CONSUMABLE SUP	218		218				097	002	099
224		197		197				100		100
273	CONSULT FEES & EXPNS	12,000		2,650	9,350		9,350			
274	CONSULTANT	5,800		3,750	2,050	2,050		022		022
282	REPAIRS/MAINT-EQUIP	483		483				084	038	099
281	RENTAL-EQUIPMENT	13,575		13,575				100		100
292	RENTAL-BLDG SPACE	845		845				100		100

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HOWARD UNIVERSITY  
 FINANCIAL ACCOUNTING SYSTEM  
 SUMMARY REPORT IN WHOLE DOLLARS  
 TOTAL SOURCE OF FUNDS  
 UNIVERSITY FISCAL YEAR

REPORT PAGE 3859

PAGE 02

ACCOUNT STATUS AS OF 09/30/83

PERC OF YEAR EXPIRED 025%  
 BEGIN DATE 09/78  
 EXPIRE DATE 09/84

5-24542 ~~ALONZO D GASTON~~ AID

211-D- INSTITUTIONAL DEVELOPMENT GRANT  
 DEPT = 8513

SUB CODE	DESCRIPTION	BUDGET	-----EXPENDED-----		BALANCE	ENCUMBERED	BUDGET BALANCE AVAILABLE	PC EX	PC EN	TOTAL EXPND
			CURRENT-MONTH	YR-TO-MONTH						
300		855		855						
305	TEL INSTAL/MOVE CHRQ	582		582					100	100
308	TELEGRAPH CHARGE	194		194					100	100
321	BOOKS, PER, FLM-NONLIB	3,234		2,780	474	474			085 014	099
351		573		573					100	100
373	INTERDEPT-AUDIO/VISU	280		280					100	100
374	INTERDEPT-PRNT/REPRO	1,435		1,085	350	350			075 024	088
375	INTERDEPT-SECUR/SFTY	219		219					100	100
378	INTERDEPT-PHYSCL PLN	75		75					100	100
381	UNIVERSITY CHOIR	1,440		440	1,000	1,000			030 089	098
389		355		355					100	100
400	TRAVEL-BUDGET POOL	31,738			31,738		31,738			
401	TRAVEL-LOCAL	1,423		1,423					100	100
402	TRAVEL-OTHER DOMESTI	12,229		12,030	199	199			098 001	089
403	TRAVEL-FOREIGN	110,300		89,881	20,839	11,929	8,711		081 010	091
451	FOOD SERVICE COSTS	200		180	40	24	18		079 012	091
	SUPPLIES & EXPEN	217,348		145,704	71,844	18,548	55,098		087 007	074
500	EQUIP & LIB BK-BD PL	4,088			4,088		4,088			
501	OFFICE EQUIPMENT	8,052		8,052					100	100
	EQUIPMENT	12,140		8,052	4,088		4,088		088	088
990	UNALLOCATED BUDGET	93,789			93,789		93,789			
**EXPENSE TOTAL		1,250,000	8,381	973,871	289,748	51,948	217,800		078 004	082
* TOTAL *		1,250,000	8,381	973,871	289,748	51,948	217,800		078 004	082

\*\*\*\*\* THIS REPORT SHOULD BE REVIEWED IMMEDIATELY. IF NO ERRORS ARE REPORTED TO THE \*\*\*\*\*  
 \*\*\*\*\* COMPTROLLERS OFFICE WITHIN 10 DAYS, YOUR ACCOUNT WILL BE CONSIDERED CORRECT. \*\*\*\*\*

OPEN COMMITMENT STATUS

ACCOUNT	REF.	DATE	DESCRIPTION	ORIGINAL AMOUNT	CURRENT AMOUNT	
5-24542-103U	S000001	09/09/83	SIDNEY F PAIGE	25,000	20,892 83	09/84
5-24542-134U	S000001	09/09/83	VANESSA J STROMAN	18,720	14,511 83	09/84
5-24542-201U	P078911	12/27/82	JACOBS GARDNER	318	230 83	09/84
5-24542-205U	H072577	10/14/82	WORLD HEALTH	18	18 83	09/84
5-24542-208U	H104403	08/31/83	SUPERINTENDENT	178	178 83	09/84
5-24542-209U	E524843	09/03/82	P/C-CRAWFORD	100	100 82	09/84

cc  
 1-54

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HOWARD UNIVERSITY  
 FINANCIAL ACCOUNTING SYSTEM  
 REPORT OF TRANSACTIONS FOR 09/30

REPORT PAGE 5788

DEPT = 8513

EXP. DATE 09/84 ~~ALONZO D GASTON~~ AID ACCOUNT 5-24542 DEPT. NO. 3851301

SUB CODE	DESCRIPTION	DATE	REF NO.	TRANS IDENT.	OFFSET ACCOUNT	BUDGET ENTRIES	CURRENT EXPENDED	COMMITMENTS	BATCH REF
100		09/09/83		21-		53,405.00			RMTA720 090883
100	CM TOTAL POSIT'N SAL-BUD					53,405.00			
103	SIDNEY F PAIGE	09/09/83		52-S000001	-			25,000.00	RMTA719 090983
	MOEN, AHMED A	09/18/83		82-S000001	0-98888-181CR		1,092.50	1,092.50-	PAYC058 091883
	PAIGE, SIDNEY FOSTER	09/18/83		82-S000001	0-98888-181CR		981.54	981.54-	PAYC058 091883
	PAIGE, SIDNEY FOSTER	09/30/83		82-S000001	0-98888-181CR		981.54	981.54-	PAYC058 093083
	MOEN, AHMED A	09/30/83		82-S000001	0-98888-181CR		1,092.50	1,092.50-	PAYC058 093083
103	CM TOTAL FAC SAL-ASSIST P						4,108.08	20,891.92	
130		09/09/83		21-		15,720.00			RMTA720 090983
130	CM TOTAL					15,720.00			
132	CM TOTAL SAL-PROF EXEMPT								
134	VANESSA J STROMAN	09/09/83		52-S000001				15,720.00	RMTA719 090983
	STROMAN, VANESA J	09/18/83		82-S000001	0-98888-181CR		604.82	604.82-	PAYC058 091883
	STROMAN, VANESA J	09/30/83		82-S000001	0-98888-181CR		604.82	604.82-	PAYC058 093083
134	CM TOTAL SAL-OFFICE/SECRE						1,208.24	14,510.78	
190		09/09/83		21-		13,825.00			RMTA720 090983
190	CM TOTAL EMPLOY BEN-BUD P					13,825.00			
191	STAFF BENEFITS	09/30/83	000000	61-M000952	2-90000-192CR		1,083.46		MPRO123 093083
191	CM TOTAL EMPLOYEE BENEFIT						1,083.46		
201	CM TOTAL OFFICE SUPPLIES								
205	SUPERINTENDENT	08/31/83		50-H104403				175.00	EJDD102 092783
205	CM TOTAL DUES/SUBSCRIPTIO							175.00	
209	DROP FLAG-RESET POOL	09/19/83	R500082	68-	5-24542-209CR		.01-		RMTA804 091983
	DROP FLAG-RESET POOL	09/19/83	R500082	68-	5-24542-209CR		.01		RMTA804 091983
209	CM TOTAL MISCELLANEOUS								
273	CM TOTAL CONSULT FEES & E								
274	CM TOTAL CONSULTANT								
321	CM TOTAL BOOKS, PER, FLM-NO								
373	CM TOTAL INTERDEPT-AUDIO/								
374	PRINTING & REPRODUCT	08/28/83		50-H104404				350.00	EJDD082 092783
374	CM TOTAL INTERDEPT-PRNT/R							350.00	
381	CM TOTAL UNIVERSITY CHOIR								

COMPUTER DATE 10/03/83  
TIME OF DAY 04:28:10  
PGM=AM091

HOWARD UNIVERSITY  
FINANCIAL ACCOUNTING SYSTEM  
REPORT OF TRANSACTIONS FOR 09/30

REPORT PAGE 8789

DEPT = 8513

EXP. DATE 09/84      ~~ALONZO D GASTON~~      AID      ACCOUNT 5-24542      DEPT. NO. 3851301

SUB CODE	DESCRIPTION	DATE	REF NO.	TRANS IDENT.	OFFSET ACCOUNT	BUDGET ENTRIES	CURRENT EXPENDED	COMMITMENTS	BATCH REF
401	CM TOTAL TRAVEL-LOCAL								
403	CM TOTAL TRAVEL-FOREIGN								
990		09/09/83		21-		82,950.00-			RMTA720 090983
990	CM TOTAL UNALLOCATED BUDG					82,950.00-			
*** ACCOUNT TOTAL ***						0.00	8,380.78	35,927.88	

\*\*\*\*\* THIS REPORT SHOULD BE REVIEWED IMMEDIATELY. IF NO ERRORS ARE REPORTED TO THE \*\*\*\*\*  
\*\*\*\*\* COMPTROLLERS OFFICE WITHIN 10 DAYS, YOUR ACCOUNT WILL BE CONSIDERED CORRECT. \*\*\*\*\*

### VIII. INVOLVEMENT OF MINORITY PERSONNEL AND WOMEN

The enrollment of Howard University is about 90% black. There is a very small percentage of other minorities as well as white students. The same can be said for the University's faculty, but whose non-black faculty is composed of a veritable cross section of representatives from other races and cultures. Women faculty and students enjoy the same opportunities as their male counterparts and compete equally in all facets of the university community. As reported last, "over 95% of the full time Departmental Chairpersons and Faculty of the Colleges of Allied Health and Nursing are women. The figures previously reported for the percentages of women in the College of Medicine and the School of Human Ecology remain at 23% and 70% respectively. Further, three distinguished women educators are Deans of the College of Dentistry, the College of Nursing and the School of Human Ecology.

Of special note is the number and country of origin of the international students at Howard. Figure 4, International Student Newsletter gives the existing distribution of International Students at Howard in the 1983-1984 academic year, and also gives some indication of the services available and to these students and campus oriented activities.

FIGURE 4

HOWARD UNIVERSITY



INTERNATIONAL  
STUDENT  
NEWSLETTER

PUBLISHED BY THE OFFICE OF INTERNATIONAL STUDENT SERVICES

January 1984

Number 26

Howard's International Students: Where Do They Come From?

During fall 1983 semester, there were 1968 international students registered throughout the university. In the past the Newsletter has carried statistics on the countries with the largest number of students, and several people have asked for the number of students from all countries and territories represented at Howard. Here are the statistics for fall semester.

Algeria	2	Haiti	14	Panama	2	Uganda	5
Antigua	8	Honduras	2	Peru	2	United Arab Emirates	1
Argentina	1	Hong Kong	3	Philippines	8	United Kingdom	32
Aruba	1	India	53	Portugal	1	Uruguay	1
Bahamas	23	Iran	141	Saudi Arabia	4	Venezuela	3
Bangladesh	8	Iraq	1	Senegal	5	Vietnam	3
Barbados	14	Israel	1	Seychelles	2	Yemen Arab Rep.	1
Benin	1	Ivory Coast	5	Sierra Leone	48	Zaire	1
Bermuda	42	Jamaica	230	Somalia	6	Zimbabwe	5
Botswana	10	Japan	7	South Africa	23		
Brazil	1	Jordan	8	Spain	1		
Cameroon	58	Kenya	28	Sri Lanka	1		
Canada	29	Korea	5	St. Kitts	5		
Chile	1	Kuwait	2	St. Lucia	5		
China	1	Lebanon	5	St. Vincent	3		
Colombia	2	Lesotho	4	Sudan	9		
Costa Rica	1	Liberia	30	Suriname	1		
Cuba	1	Libya	7	Swaziland	1		
Curaçao	1	Malaysia	2	Switzerland	1		
Dominica	5	Mali	2	Syria	1		
Egypt	10	Mexico	1	Taiwan	3		
Ethiopia	68	Morocco	1	Tanzania	10		
Gambia	7	Namibia	2	Thailand	11		
Germany (West)	2	Nepal	2	Togo	1		
Ghana	51	Netherlands	1	Trinidad & Tobago	262		
Gibraltar	1	Nevis	2	Tunisia	1		
Greece	1	Niger	1	Turkey	3		
Grenada	25	Nigeria	477	Turks & Caicos Islands	1		
Guinea	1	Norway	1				
Guyana	67	Pakistan	12				
		New Zealand	1				

That represents 98 countries/territories. Of the 1968 international students, there are 1285 males and 683 females; 1701 single students and 267 married students.

#### Orientation Course for Graduate International Students

There is a special course offered each semester for international graduate students new to the university. It is called "Intercultural Orientation" and carries course number 252-199. It is offered through the School of Education and carries one credit hour. The course is designed to help orient new graduate students to Howard University and to the United States. For additional information, see the Schedule of Courses for spring semester or talk to one of the international student advisors.

#### International Social Hour

The international social hour will continue during spring semester, beginning on Friday, January 6, and will be held each Friday afternoon during the semester from 3:30 pm to 5:00 pm. It will be held in room 142 of the Blackburn University Center. This is an informal get-together for international and U.S. students and anyone else who would care to attend. New students are especially invited.

#### Income Taxes

This is the time of the year that most Americans begin to think about income taxes owed to the federal and state governments. People who have been employed during the year must file a report, called a tax return, by April 15 to avoid any penalties.

If you earned any money in the United States during 1983, you are probably subject to income taxes, and these taxes should have been deducted from your pay check. Everyone who has worked must complete and submit an income tax form to the Internal Revenue Service of the U.S. Government and to the state income tax office for the state where you live. If you did not earn very much money, you may be eligible for a refund of some or all of the deducted taxes.

Information and forms are available at some post offices, some banks, in the lobby of Howard's administration building, and from the tax offices themselves. For federal tax information and forms, you can go to 1201 E Street, N.W., and you can call 488-3100 to order forms and to ask questions.

For state information and forms, consult the telephone book for the state in which you live under the heading District of Columbia Government, Maryland State Government, or Virginia Commonwealth. All forms and information are free of charge. If you submitted income tax forms last year and live at the same address, you should automatically receive this year's forms in the mail.

Every employer for whom you worked during 1983 should give you by January 30 a small form called a W-2 form, which is the official record of all wages that you earned at that place of employment and all deductions that were made. You must submit one copy of each W-2 form with your income tax forms.

For detailed information about tax matters for international students, you can obtain a publication called Foreign Scholars and Educational and Cultural Exchange Visitors. It is publication number 518 available from the Internal Revenue Service at the address and telephone number listed above.

### Medical Insurance

International students are reminded that the mandatory health fee which they pay when they register for classes provides medical coverage both at the University Health Service and, if referred there, at the Howard University Hospital. The coverage only begins, however, when the health fee is paid. If a student does not register for some reason, he/she is not covered by health insurance. The health fee provides insurance for the student only, not for spouse and children, although additional coverage can be purchased for family members through the University Health Service. There are two or three private insurance companies that offer medical insurance for international students, and anyone who would like additional insurance to that provided at the university might like to investigate these companies. Information is available from one of the international student advisors.

### Howard Students on Exchange Programs

Howard University is involved in an exchange of students within the United States and has agreements with 14 other schools. Records going back to 1971 indicate that 37 Howard students have spent a semester or academic year at one of these schools since 1971. Students have attended Williams College, Smith College, Mills College, Fisk University, Stanford University, Vassar College, Duke University, Denison University, and Swarthmore College. During the same period 103 students came to Howard for a semester or academic year.

In 1981 Howard joined the International Student Exchange Program (ISEP), which allows students to spend a semester or academic year abroad at one of approximately 40 universities around the world. Including the current academic year, 7 Howard students have gone abroad on this program to Nigeria, France, Scotland, Canada, Hong Kong, and Colombia. Seven students have come to Howard on the same program from Germany, France, Wales.

Since 1980 Howard students have attended an international summer school at the University of Oslo in Norway. The school usually offers 2 scholarships to Howard students. Ten Howard students have attended the summer school.

There are, of course, many students who go abroad on their own or through programs in which Howard is not directly involved, but there are no accurate records of how many students have done this. Information is available on all exchange programs in the Study Abroad Library, located in room 121 of the Blackburn University Center.

#### Homes Away From Home

The "Homes Away From Home" Cultural Exchange Program is a project built on the concept of establishing relationships between Black people internationally. Many black families in Los Angeles have agreed to open their homes during the 1984 Olympic Games to Black Americans as well as visitors from Africa, the Caribbean, Central and South America. The living together "housing" arrangement is designed to serve as the instrument through which Black individuals and families will begin to form relationships reflecting understanding, good will and solidarity. The plan is based on the belief that day-to-day interaction and sharing will enhance a true exchange of culture, custom, and friendship. If you would like more information about this program, contact Homes Away From Home, P.O. Box 84384, Los Angeles, California 90073, telephone (213) 291-3539.

## ANNEX A

Report of Liberia Curriculum Development Workshop, Cuttington University  
College, Liberia  
January 5 through 12, 1983

After initial contact with a team of Howard University officials in early 1982, Mrs. Martha Belleh, Minister of Health and Social Welfare of Liberia wrote to Dr. Thomas W. Georges, Jr., Director of International Health and reaffirmed her country's interest in collaborating with Howard University. Minister Belleh wished to maintain a long-term relationship with the university which would assist the Ministry of Health and Social Welfare (MHSW) to up-grade its health manpower and to strengthen the capability of Liberian Health institutions to provide relevant quality education. Howard University's contribution would focus on the following areas:

1. Curriculum Planning and Development
2. Faculty workshops
3. Faculty/Student Exchange
4. Supply of teaching aids and materials

As a result of discussions with the Ministry of Health in Liberia, Howard University was requested to conduct a Faculty Workshop from January 5-12, 1983 on Curriculum Planning and Design. The workshop faculty and planning committee was to be composed of four professionals from the Ministry of Health and four members of the Howard University faculty.

The four chosen to represent Howard in Liberia were:

Dr. Ahmed Moen, Assistant Professor, College of Medicine;

Dr. Marilyn Edmondson, Assistant Professor, College of Nursing;

Mrs. Gene Gary-Williams, Acting Chairperson, Department of Physician Assistants, College of Allied Health Sciences; and

Dr. Lillie Williams, Chairperson, Department of Nutrition, College of Allied Health Sciences.

Prior to their departure for Liberia, the group met in a retreat to plan the workshop delivery mode and content. A series of meetings were also held on campus which briefed the Howard contingent on the historical, social, political and economic realities of Liberia. These meetings were conducted by officials from AID and the State Department, Howard faculty and a visiting official from the Ministry of Health in Liberia.

Meanwhile, in Liberia, a coordinating committee was established under the leadership of Mrs. Mary Nah Bropleh, Director of the Division of In-Service Education (MHSE). Other members of her committee were:

Arabella R. Greaves, Assistant Ministry, Bureau of Planning, Research and Development;

Jessie Duncan, Administrator, Tubman National Institute of Medical Arts;

Dr. Henry G. Kwekwe, Dean of Administration, Cuttington University College, Liberia;

Elizabeth Mulbah, Director of Nursing, Cuttington University College, Liberia; and

Carolyn Taylor, Health Planner/Bureau of Planning, Research and Development, Ministry of Health and Social Welfare, Liberia

The Howard faculty arrived in Liberia on December 30, 1982 in sufficient time to meet with their Liberian counterparts before the workshop began on January 5, 1983. The main objective of the workshop was to strengthen the skills of teachers of health training programs. This was to be accomplished by helping the participants to design task-oriented, competency-based curricula suitable to the needs of Liberia as part of the National PHC implementation strategy.

The Liberian workshop participants were mainly personnel from health training institutions who have supervisory and teaching functions aimed at improving the skills of primary health care workers. A training of trainers (TOT) approach was therefore deemed most appropriate for the workshop. An assessment of student perceived needs dictated a program which covered the following areas:

- a. Curriculum design, development and evaluation techniques;
- b. Assessment of existing curriculum for para-professionals working in the Liberian health services and training institutions;
- c. Development of multi-disciplinary competency-based (task-oriented) modules;
- d. Development of task or job analysis models useful for curriculum design and job description;
- e. Development of instructional units and strategies for training of Primary Health Workers; and
- f. Assessment/Evaluation (feedback) of the workshop training activities.

The setting in which the workshop was conducted was unique. Sessions were held in a large open-air pavilion with a thatched roof. After didactic presentations were made, the group divided itself into smaller work groups. These working groups were assigned problems dealing with the specific lecture contents. After a period of discussion, often intense, each working group was required to report its problem-solving techniques, findings and recommendations to the whole body.

The reports usually integrated the theoretical didactical framework presented in the lecture with the practical application of the curriculum in the light of the cumulative work and learning experience of the participants. In most instances, the participants were asked to use existing curricula from their own training institutions and/or job descriptions used in their work settings as reference instruments for curriculum design modules.

One of the most important dimensions of this workshop was its flexible design. The students were able to contribute to the modification of the original training schedule by stating their priorities and their expectations from the workshop. With this in mind the final agenda of the workshop was as follows:

## Workshop Topics

Needs Assessment	Dr. Marilyn Edmondson, Assistant Professor Howard University College of Nursing
Evaluation (Daily Feedback and Final Evaluation Forms)	Dr. Lillie Williams, Associate Professor College of Allied Health Sciences
Overview of the Curriculum Development Process Philosophy	Dr. Marilyn Edmondson
Curriculum Theories	Dr. Rosalita Roberts, Curriculum Specialist, Ministry of Education- Monrovia, Liberia (Paper read by Mrs. Summerville)
Behavioral Objectives	Mrs. Gene Gary-Williams, Associate Professor, Howard University
Functional-Task Analysis (Competency-based Curriculum)	Dr. Ahmed A. Moen, Assistant Professor College of Medicine, Howard University
Task Analysis Application	Mr. Wilton S. Kezala, WHO Consultant Cuttington University College of Liberia
Instructional Strategies	Dr. Marilyn Edmondson
Course Outlines	Mr. Wilton Zezala
Evaluating Students Performance	Mrs. Gene Gary-Williams Dr. Lillie Williams
Organizing for Curriculum Change	Dr. Marilyn Edmondson

A series of evaluation processes were applied throughout the workshop. As indicated earlier, a pre-workshop assessment of student needs was the first instrument used as an entry to the evaluation process. The findings of this assessment helped the workshop to determine its specific objectives.

A daily formative evaluation was used by the workshop as a means of acquiring immediate feedback from the participants. More importantly, information garnered as a result of the daily assessments helped the faculty to fine tune the program. For example, two major areas not originally planned were added to workshop schedule. These two areas were (a) Writing Learning Objectives and (b) Designing a Course Outline.

The final or summative evaluation included a review of all components of the workshop presentations. The overall results indicated that most of the workshop objectives as established by the facilitators and participants were achieved. On a scale of one (low) to five (high), ninety-five percent of the participants rated the overall workshop at and or above four. The participants did feel, however, that the workshop should have been longer with times suggested ranging from two to six weeks. Further, workshop members did request that the Howard team return to Liberia after one year in an attempt to assess the progress of the group and to provide additional training.

In summary, the Liberian Ministry of Health and Social Welfare Official, workshop participants and Howard University team were highly satisfied with the results of the workshop, and its overall achievements. The experience gained from this workshop by faculty exposure to training in a developing country setting contributed positively to the 122d grant objectives regarding staff and institutional development of Howard University.

REPORT ON THE  
MALAWI HEALTH INSTITUTIONS DEVELOPMENT PROJECT

I. BACKGROUND

At the invitation of the Malawi's Ministry of Health (MOH), Dr. Thomas W. Georges, Jr. (Howard University) and the late Dr. Nehemiah Cooper (Meharry Medical College), travelled to Malawi in May 1983 to assist MOH with preliminary planning for a health manpower training program for Malawi. As a result of this meeting, Howard and Meharry were asked to send a team to Malawi to work with personnel from the MOH to design a health manpower training project which addressed MOH's health development goals. The anticipated project was to include the 1) establishment and training of a new cadre called the Community Health Nurse, 2) introduction of maternal and child health (MCH) and child spacing training for enrolled nurse midwives, and 3) enhancement of the training of the Health Assistant and the Medical Assistant by incorporating public health and primary health care elements in the MOH's training curricula for these two cadres.

A Howard University-Meharry team was selected from a group of persons who had the appropriate professional backgrounds and international experience. The selected members of the design team were chosen for their expertise in relevant disciplines, their prior African experience and/or their potentiality for beneficial staff development

The individuals selected are listed below:

1. Thomas W. Georges, Jr., M.D., MPH, Chairman of Community Health and Family Practice, Team Leader, (Howard University).
2. Claudette Bailey, R.N., Nurse Midwife and Educator, (Howard University).
3. Cyril Crocker, M.D., Former Chairman of Obstetrics/Gynecology, Obstetrician/Gynecologist, Maternal and Child Health, (Howard University)

4. Sidney F. Paige, D. Env., M.P.H., Environmental Health Specialist (Howard University).
5. Deborah Smith, M.D., M.P.H., Obstetrician/Gynecologist, Maternal and Child Health (Howard University).
6. Pearline Gilpin, R.N., Nurse Midwife and Educator, (Meharry Medical College).
7. Deborah Heath, Ph.D., Educator, (Meharry Medical College).
8. Dr. Nehemiah Cooper, Interim Chief, International Health and Professor of Surgery, (Meharry Medical College).

## II. PRE-TRIP PREPARATION

Preparation for the trip consisted of collecting relevant background information about Malawi and providing orientation for the team members. The design team arrived in Malawi during the 2nd week in June and remained in the country for approximately one month until a project proposal was completed.

## III. PROJECT DESIGN ACTIVITIES

During the project design activities in Malawi, personnel from Howard University (HU), Meharry Medical College (MMC), and Malawi's Ministry of Health (MOH), worked together to survey the existing health delivery system and to develop a plan designed to enhance the country's training capabilities in the area of public health/primary health care. These activities culminated in a plenary session including all of the major participants of the project design effort. The Principal Secretary of Malawi's Ministry of Health, Mr. Justin C. Maleweza was a key decision point within the MOH. He was present at this final plenary session during which topical group leaders presented their recommendations. The Principal Secretary's presence helped make this session very productive and his observations and recommendations were incorporated in the final plan of action.

#### IV. PROPOSAL PREPARATION

The document was prepared by the joint MOH, HU, MMC team and it served as an unsolicited proposal to USAID for implementation of the health manpower training program. USAID-Malawi recommended that the document be drafted as a Project Paper. As with the other phases of this design effort, preparation of this proposal document was a joint MOH-HU-MMC effort.

Major responsibilities for preparation of the written portions of the proposal resided in each of the topical subgroups of the American portion of the design team. Prepared drafts were reviewed, commented upon and, where necessary, rewritten by the selected MOH officials and the design team leader. There was substantial and substantive technical input, as well as other types of assistance provided by the MOH.

Upon completion of the document, it was distributed to appropriate personnel within the Malawi government (MOH, Ministry of Finance, Ministry of Public Works, etc.) for their review and approval. The approved document was then submitted to the USAID-Malawi. With the exception of a few minor comments, all of the reviewers said they were impressed with the report and felt that it represented a viable project for implementation.

A final review of the document was performed by HU and MMC officials following return of the design team to the United States. The budget was refined and a variety of editing, changes were made at this time. All appropriate signatures were obtained within the administrations of HU and MMC, and the finalized document was submitted to USAID in Washington, D.C., on July 21, 1983.