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FROM - ADDIS ABABA

SUBJECT - End-of-Tour Report: Dr. Dirk J. Spruyt

REFERENCE -

663-11-500-655

Transmitted herewith is Dr. Spruyt's End-of-Tour Report. The comments of his supervisor, Dr. J. S. Prince, Chief of the USAID/E Public Health Division, are as follows:

"Dr. Spruyt's End-of-Tour Report is presented in considerable detail and clarity so that I have very little to add. Also, I may say, he has presented his own failings, such as they were, in a frank and reasonable perspective and I should merely like to point out, that, as he indicates, the assignment of a person like him for a job of this kind was not either in keeping with our original job description or with the normal requirement, of considerable experience in the field of operational public health research, which would be considered as highly important in the choice of a person for this particular position.

"Dr. Spruyt's comments about the lack of an incubator and resultant failures in stool bacteriology in the field, are particularly worthy of note. To be sure, I feel that Dr. Spruyt could have pursued this matter with more vigor than he did during the early part of the study but it still surprises me that, after at least 6 months of inquiry, GSA has not been able to locate a gas or kerosene operated bacteriologic incubator suitable for our needs. During the last war the Army must have had some field bacteriologic units equipped with this type of incubator and one wonders if the war surplus equipment lists have been adequately searched. In any case, the failure to obtain this single piece of relatively simple equipment has resulted in a more or less irreparable loss of data which could have been of considerable value in assessing the effectiveness of health services.

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OFFICE

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PHONE NO. DATE

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9/25/63

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" Dr. Spruyt's comments about the inadequacy of information concerning professional qualifications, personal characteristics, etc. of the personnel being transferred from one post to another are certainly well taken. This is especially true where such personnel are obliged to come into a small cohesive group working under very intimate conditions in the field for long periods of time.

"Finally it should be pointed out that, in spite of the several negative matters brought out in Dr. Spruyt's report, the general tenor of his comments is positive and, in my opinion, correctly so. Recent analysis, by our consultants, of the data so far obtained, tend to support this more positive view (which, admittedly, may be a prejudiced one on my part?). In any case, I feel that Dr. Spruyt's excellent report is worthy of circulation to the Ministry officials concerned and should, of course, be made a part of his personnel record. To the latter should be added the fact that Dr. Spruyt has expressed complete willingness to step down to the number two position on the team and to work under the leadership and direct supervision of a more experienced and qualified public health physician administrator."

As indicated above, it is recommended that a copy of Dr. Spruyt's report be placed in his personnel file.

VANCE

Attachment as Stated.



## End-of-Tour Report

Dirk J. Spruyt, M.D., Director

Demonstration and Evaluation Project  
August 22, 1983I. Project Objectives

The Demonstration and Evaluation Project is designed to achieve the following three principal objectives over a course of five years: First, to measure the impact of the national decentralized health center program; second, to gather systematic and representative data on the prevalence of the country's most common diseases; and third, to demonstrate the effectiveness of maximal supervision in the promotion of a health center program.

The objectives of my own role, as project director, can be summarized as follows:

1. To gain an appreciation of the background training and experience of health center staff through observations at the Public Health College & Training Center, Gondar.
2. To be responsible for ~~developing~~ a research design, methodology, and the necessary instruments for data collection and analysis through the joint efforts of all staff members and consultants.
3. To assemble the necessary supplies and equipment for field and central office operations.
4. To develop and improve technical and administrative procedures for the environmental, sociological and medical facets of field work.

5. To provide overall direction of the Project with immediate responsibility for the collection of medical data.
6. To be responsible for analysis of initial data and compilation of baseline report through the combined efforts of all staff members and consultants.
7. To plan an intensive supervisory program and health center staff evaluation.
8. To plan the re-survey.

## II. An Evaluation of Activities

1. A period of two and one half months was spent observing the health center staff training program. Unfortunately, a major portion of this was after the academic year had come to an end. My impressions from what teaching I did observe were that the capable staff was not able to carry out a completely satisfactory program because its limited numbers resulted in each individual having a staggering teaching load.

Many of the stimulating aspects of student-teacher exchange outside the classroom were prevented through faculty members living far from the campus. The mass exodus of faculty during noon hours and at six o'clock in the afternoon left the students abandoned during the major portion of their free time. This situation must be responsible, in at least in part, for poor student morale and the periodic emergence of disciplinary problems.

One of the most valuable experiences during this orientation period was the week spent in a training health center. The period could well have been longer but provided me a unique opportunity to get to know members of the staff, their programs, problems, strengths and weaknesses. Their competence in executing programs in different fields was counter-balanced by an understandable lack of maturity, particularly in the area of administration. A need for continuing supervision seemed very clear.

2. The basic research design is a "before" and "after" study using a number of indices in the areas of environmental sanitation, prevalence of common diseases, attitudes, practices, and aspirational levels as obtained through observation, interview, and examination of a representative sample in selected health center and control communities. The individual items to be studied were picked either as possibly important indicators of a change in the level of health or as important indicators of the nature of existing health problems.

Criteria were then established for grouping observations into a small number of categories, interview questions were phrased in an attempt to obtain information with greatest accuracy, and physical and laboratory examinations tailored for accuracy, simplicity and to include the more important and expected common diseases of the country. The importance of examining stool and blood specimens, for example, required special efforts to minimize non-participation.

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During a period of three months every effort was made to complete all preparations for the initiation of field work including formulating the research design, methodology, and necessary schedules for collecting data, assemblage of necessary supplies and equipment, and recruitment of needed staff. However, three months proved entirely too short to adequately accomplish all these objectives for a number of reasons related and unrelated to the project. Making arrangements for adequate office space and the death of the Empress were perhaps less time consuming, while my own lack of experience in field research techniques and needs, difficulties in obtaining needed supplies and personnel were more important factors.

3. Supplies and equipment have been those necessary to house and feed a field staff of sixteen under conditions varying from dry, dusty, hot climates with numerous flies to those of heavy, cold rains. Provision has had to be made for sheltering twenty to thirty towns-people while they were undergoing the several steps of medical processing. Additional facilities have included a complete field laboratory and out-patient clinic.
4. The development of initial technical and administrative procedures during this three month period of preparation and through a trial run had to be rushed in order to get to the first study community before the rainy season. This resulted in the need for more subsequent modifications and improvements in almost all facets of our field work than was desirable.

5. The administrative needs of this project have consumed more than 50% of my time. These have often been acute problems and varied widely from obtaining necessary budget, obtaining necessary supplies and equipment, arranging transportation, settling personnel problems, promoting and coordinating work with referral laboratories, developing methods of data and specimen processing, to name a few of the more important. These responsibilities plus that of doing all of the physical examinations and blood drawing have prevented me from doing an adequate job in a number of areas. This has resulted in delays in making needed modifications, lack of completely adequate supervision of personnel and certain other omissions.

Field bacteriology particularly has suffered and is illustrative of some of the above mentioned problems. The lack of an incubator, suitable for field use here in Ethiopia, resulted in a temporary, make-shift arrangement which, though the best that could be done as an immediate measure, has proven quite unsatisfactory. Restrictions in purchasing abroad initiated a search for a suitable incubator from an American company. Attempts to find one through the Mission Supply Advisor and through personal investigation of suggestions by others have, until now, been unsuccessful. Underestimation of the quantity of culture material needed and delays in its procurement resulted in material from the first two communities not being incubated on both of the recommended media. Delays in the provision of purchasing information for rectal swabs with further delays in shipment resulted in another compromise

in early culture techniques.

In this connection it should be pointed out that the original staffing pattern calling for two physicians has not been realized. This staffing was wisely conceived and time has proven it to be minimal in nature.

A possible alternative to the second physician would be an individual with a medical orientation and administrative skills--a person who could take over many of the administrative problems which I have found so time-consuming.

A further recommendation, which comes as a result of our difficulties in satisfying supply needs, is that there be created or activated an office in GS<sup>B</sup> which could back-stop supply advisors and provide complete information on the availability of specialized equipment. A considerable amount of our time has been spent in locating sources of needed equipment, whereas this service could be more efficiently and effectively performed by a specialized agency such as GSO.

At two different times the project has been beset by serious personnel problems. Sooner or later I have inevitably become involved. Many factors have contributed and in my position it is not possible to be completely objective. Furthermore, it should be remembered that retrospective analysis is a cheap brand of wisdom. If I can identify lessons to be learned from these experiences, of most importance I would say is the need for better communications and an awareness of the nature of potential and real problem situations. How can a project and its staff,

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for example, prepare to assimilate a new staff member, when the only advanced information is name and sex? Is it not a misuse of confidentiality to withhold from responsible members of a new mission post of assignment any of the benefits of years of experience with an individual staff member? In a number of its policies and practices, AID appreciates the hazards and difficulties of sending personnel to post far from home. In the case of transfers this seems to be forgotten.

Although it is not possible to compensate for everyone's weaknesses nor to completely overcome one's own, as project director I must assume major responsibility for the above-mentioned situations. The need for more positive direction of the project and its personnel, the need for greater encouragement of personnel, and a reduction in our work load and pace are corrective measures I can identify.

6. The analysis of data comprising 124 items for each of about 2200 individuals plus 134 items on each of about 1300 households is a task of considerable magnitude and only just begun. The environmental health and sociological data is being analyzed primarily by the sanitary engineer and the sociologist resident staff members, and the medical data is being analyzed by the project's biostatistical and epidemiological consultants and myself. Overall responsibility for the baseline report will rest with me. However, because of the pressing demands for health center supervision and staff evaluation prior to the re-survey, time will not likely permit full analysis of baseline data at this time.

7. Not fully anticipated at the outset was the extent to which health center programs might not be implemented by the time of the re-survey. This means that if the project were to continue as originally planned, the re-survey would essentially only demonstrate the lack of health center program implementation and not the effectiveness of the program itself. For this reason the initial two communities for the re-survey have been postponed one year and an intensive supervisory program planned before the re-survey starts.

It was appreciated at the beginning of the project that the development of methods to evaluate health center staffs and how these differences might be reflected in differences in program impact was important for data interpretation.

8. In the course of reviewing baseline data we have found some items to be non-productive, some to be less valuable than others in the same general area of investigation, and some to be of such character that no change can be expected during the period under study. This has resulted in the reduction to about half the numbers of items to be included in the re-survey schedules.

### III. Relations with other branches of HEALT

The D & E Project is the first and only unit of its kind in Ethiopia. Being entirely U.S. financed has required the establishment of a number of new administrative procedures and relationships. Although these have often taken time to be worked out, the project has enjoyed excellent cooperation with all other USAID offices with which it has had to deal. Particularly

noteworthy has been the assistance provided by the Executive Office, the Motor Pool, the Controllers Office, and the General Services Office. The nature of the project has precluded much contact with the other AID programs.

#### IV. Relations with the Imperial Ethiopian Government

The project and I personally have enjoyed exceptionally fine working relations with the Ministry of Public Health. A number of factors important in contributing to this situation can be identified. First, among the more important Ministry staff members are individuals who bring to their work unusually good training, a unique amount of public health experience as a result of being allowed to remain in the Ministry for a period longer than is customary in Ethiopian Government circles, and an unusual amount of foresightedness and dedication. Second, my own personal relations with several key people in the Ministry developed an early firm and healthy foundation through joint involvement in a field trip. The opportunities afforded under these circumstances to develop basic areas of mutual understanding and respect are unique and their importance in furthering the work of anyone involved in technical assistance cannot be over-emphasized. Although it is impossible to make a field trip with one's counterpart a requirement for all newly arriving technicians, every effort should be bent toward working this into his program early in his work in a new country.

Using the proper channels of communication and established local protocol has resulted in excellent relations and cooperation from other government agencies at central and local levels.

It would be amiss not to mention the very fine quality of the project's staff members. During the course of our field work they have matured considerably in their technical skills. Perhaps more remarkable in this cultural setting, they have learned how to enjoy project work as members of a team. This has resulted in the willingness of people like highly trained laboratory technicians to carry water and experienced administrators to put up tents, as well as carrying on work of their specialty.

V. Relations with other National and International Organizations

Support essential to the project's success has been unhesitatingly offered by representatives of WHO and UNICEF. Their support and the team spirit in the Ministry, for which they are partly responsible, has created a stimulating environment in which to work.

VI. Summary Comments and Recommendations

More adequate health center supervision, now in process of development, is an essential ingredient for an effective health center program. Through an alteration in its future program, the D & E project is to provide this kind of supervision and, hopefully, over a long enough period to bring about a measurable impact in the communities under study prior to the re-survey.

The baseline field work has produced a large quantity of useful information and experiences during field studies have led to numerous improvements in the processes of data collection. Still missing and still being searched for is an adequate field incubator. Assistance available from GS, in this and other regards has been disappointing.

The lack of a second physician or person able to carry many of the administrative responsibilities has resulted in a compromise in the quality of the project. The lack of my own experience in field research has been another factor limiting my contribution. A reduction in the amount of data to be collected during the re-survey will be more than countertalanced by the needs for intensive supervision and for evaluation of health center staffs, resulting in a continuing heavy work load, particularly for the American project staff members.

The brief nature of the interval between baseline and re-survey in relation to the types of changes the health centers are trying to introduce makes a re-survey after an interval of from five to ten years an important thing to consider if the basic objectives of the project are to be realized. Although I know of no project which has suspended operations for five years and reestablished itself with the same personnel, this fact in itself should not preclude an attempt to do just that in this particular instance.

The unique opportunities for developing mutual understanding and respect during field trips suggest this as an important way for AID technicians to develop more effective working relations with their counterparts. More conscientious efforts should be made to provide this kind of opportunity for every newly arriving technician.