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FROM: ADDIS ABABA

DATE SENT: 7-18-66

SUBJECT: End of Tour Report - Dr. Brooks Ryder

REFERENCE:

Following is the End of Tour Report of Dr. Brooks Ryder, Director, Demonstration and Evaluation Project, No. [illegible]. The report presents a balanced and valid description and assessment of the project's activities and impact to date and its possibilities for the future.

The Mission concurs in Dr. Ryder's recommendations and is taking necessary action to assure sufficient staff to complete the project as suggested by Dr. Ryder in his recommendations A and B. In addition, the Mission will continue to exert its best effort to assure that the Ministry of Health maintains a positive and realistic view of and approach toward its Health Centers program, as suggested by Dr. Ryder in his recommendation No. 1.

DONHAUSER

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PAGE 1 OF 9 PAGES

| DRAFTED BY | OFFICE | PHONE NO. | DATE | APPROVED BY |
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| [illegible] | Program | 25 | 7/15/66 | C. J. Nelson, Deputy Director |

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END OF TOUR REPORT

Name Brooks Junior Job Title Director, Demonstration and Evaluation Project

Country of Assignment Ethiopia

Tour of Duty Began May 1964

Tour of Duty Ended August 1966 Prior country assignments and years
Ethiopia 1956-1960
Mali 1961-1962
Upper Volta 1962-1963

Project Demonstration and Evaluation Project 663-11-530-015

Demonstration and Evaluation Project

The Demonstration and Evaluation Project of the Public Health Division of USAID/Ethiopia is primarily designed to obtain two sorts of information: 1) epidemiological intelligence about disease prevalence and distribution in Ethiopia and 2) data based on a "before-and-after" study of the effect of the health centers which have recently been established in the Empire. It is intended that the information gathered by the Project will be fed back to the Ministry of Public Health and to its paramedical training institutions in order to improve the health services being rendered to the rural population of Ethiopia and to improved the training of Ethiopian health workers.

There are secondary objectives sought by the projects; these are described in detail in Mali's and similar documents and need not be listed here.

Another major goal of the project has been the development of a methodology for the evaluation of health services in developing countries. The technical procedures employed by the D & E Project are elaborate and sophisticated involving evaluative procedures of a high level of complexity.

They utilize new and developing methodologies of evaluative research. Thus the project has addressed itself not only to the solution of problems faced by Ethiopia as she develops a new pattern of health services, but has also addressed itself to AID/W and to the world scientific community as a research study in public health methodology.

The D & S Project represents the outgrowth of an earlier study in public health methodologic research which had been conceived and conducted in Syracuse, New York, by Dr. Julius B. Prince, the chief of USAID/K's Public Health Division. The present project design was carefully developed by Dr. Prince and the D & S staff with assistance from technical consultants at Johns Hopkins University, and much of the program had already been initiated and executed prior to the arrival of the writer, as Project Director, in 1964. There are available many reports, articles and other materials, such as K-1's and RKK's which document the conception, gestation and early years of the D & S Project; there is no need to recapitulate these here. The reader's attention is directed, in particular, to the various documents prepared in 1965 for submission to AID/WR which are detailed and definitive.

The writer has been concerned with the Project only since 1964. By the time of his arrival all of the planning and preparatory work for the study had been accomplished, the baseline portion of the field work had been finished, the major part of the epidemiological data had been collected and the organization and tabulation of the data collected was well under way.

Administratively, the project is established as a part of the Public Health Division of USAID/K working cooperatively with the Ministry of Public Health

[redacted] of the Imperial Ethiopian Government. As suggested above, the program design has required sophisticated technical skills and the planning and execution of the study was undertaken entirely as the responsibility of USAID/E personnel and their U.S. consultants.

Staffing presently [redacted] of five American technicians (two [redacted] public health physicians, one public health nurse, one sanitary engineer and a sociologist-anthropologist) and 8-12 Ethiopian workers (two laboratory technicians, a health officer, interpreters, drivers, etc.). All personnel except for three of the Ethiopian staff are direct employees of AID. Budgeting is also primarily an AID responsibility, with the Ministry of Public Health only contributing three staff members (a health officer, a sanitarian and a dresser) during the field work phase of activities, and office space, telephone service, and warehouse facilities.

From the foregoing it can be seen that, organizationally, the Demonstration and Evaluation Project is an American institution, responsible directly to the USAID/E Chief Public Health Adviser, and with no direct ties to the Ministry of Public Health. Of course, a Project Agreement has been jointly signed by the IHO and USAID/E and the final D & E report will be made to the Ministry, but administratively and technically, the project is unique in having few close links with the Ministry. This, in the writer's opinion, offers both advantages and disadvantages as an administrative arrangement. The Ministry has assisted the studies in many ways and has been most cooperative in all respects; the D & E offices and warehouse facilities are located within the Ministry's complex of buildings, thus permitting close contact with the

public health program of the government and an identification, in the public eye, of the D & E Project with the Ministry of Public Health. Since the Ministry exercises no direct supervision over the project, actual contacts with top Ministry officials have been infrequently required during the writer's tour of duty; matters needing Ministry approval and action are usually referred through the Chief Public Health Advisor. Informal contacts have, of course, been developed with Ministry personnel at lower levels in the hierarchy--most importantly with the Health Center Section--and these have proven to be fruitful and rewarding. However, as an organization that was developed to work parallel to, rather than integrated with, the Ministry, the D & E staff has had no Ethiopian counterparts and has undertaken no direct training functions.

On the other hand, the project did assume supervisory responsibility for the work of three health centers (Maichew, Hosaina and Metu) which has resulted in close and stimulating contacts with health officers, nurses and sanitarians in these towns.

The Demonstration and Evaluation Project was initiated in April 1961 (although planning and program started many months before that date) and will be terminated, according to present plans, on 30 June 1967. Thus, this ETR, which covers only 24 months of a project whose life span is expected to total 75 months, represents but a small fraction of the whole. Earlier ETR's of D & E personnel, most notably those of Drs. Spruyt and Messing and Mr. Elder, together with K-1's, ProAgs, publications in technical journals and, most particularly, the "megavolume" which includes all of the epidemiological and baseline data, with the research methodology, hypotheses to be tested, etc.--

~~All of these documents describe the origin, structure and objectives of the~~



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all of these documents describe the origin, structure and objectives of the project. In 1965 a comprehensive review was prepared for submission to IHD/AID. Repetition of these materials in this RIR seems unnecessary. Besides, the project is not yet completed and subsequent reports yet to be made will be in a position better to reflect the role that the U & K Project will have played in improving the health program of Ethiopia and in contributing to the growing literature on evaluative research in public health.

4. Future Measures and Directions for U.S. Activities: Observations and Recommendations

A. The U & K staffing pattern has, from the beginning, called for two public health physicians; only for short periods of time between 1961 and 1964 were two physicians actually available. Consequently, workloads were very heavy and problems amassed.

The writer's observations during his tour of duty substantiate the wisdom of the earlier decision to have two physicians on board. During the remaining year of the project the need for two physicians will not diminish; to the contrary, there may be expected to occur some acute bottlenecks as the final writing of the study begins in early 1967. Considerable assistance will have to be given to Dr. Spruyt during this period; it is recommended that all possible efforts be made to have part of the administrative burden taken from Dr. Spruyt's shoulders by having Mr. Lemma's assistance, and that Dr. Prince be freed up from some of his many time-consuming activities to help with the writing-up, the planning and the analyses of U & K data.

Some time ago, the writer expressed his desire not to continue with the

Project beyond his present tour of duty and recommended that a replacement be sought. This not having been done, the best present alternative would appear to have assistance given to D & E from Public Health Advisory Services personnel (i.e., Dr. Prince and Mr. Lehman). Arrangements for this have already been agreed to: the need is cited here to stress the importance of the problem and to help in securing the support and understanding of USAID/E headquarters staff.

B. The present proposed timetable of D & E activities will be very tight. The preparation of the final report and the drafting of conclusions and recommendations deriving therefrom will be accomplished during June 1967. These findings and the recommendations must be reviewed carefully with the Ministry if they are to be understood and implemented. The present timetable, in the writer's opinion, will not allow adequate time for all of this to be accomplished.

It is recommended that serious consideration be given to an arrangement whereby Dr. Prince and Dr. Spruyt, and possibly Dr. Messing and Mr. Elder, be retained in Ethiopia for an additional two months after 30 June 1967; otherwise, there is the grave possibility that the entire D & E effort might repose on a shelf, collecting dust.

C. In the writer's opinion there exists a grave concern that the "before-and-after" study of health centers will reveal no measurable differences. The reasons are two fold: first, the entire health center program is new and developing; many problems have been encountered--problems largely of an administrative nature, such as poor Ministry personnel policies, inadequate

supply and logistical facilities and lack of administrative bookkeeping of all sorts. As a result, health centers are not functioning as yet to the degree at which they are technically and conceptually able to function. Secondly, the interval between the initial baseline study and the resurvey has been short — only 3½ years. Health practices, attitudes, behavior and status do not change rapidly. To expect measurable and statistically significant changes in a 3½ year period, at least during the early growing-pain stages of health center development is, in the writer's opinion, overly optimistic.

If this pessimistic view of things is correct, then two recommendations are offered; nothing will be lost if the premise proves unfounded:

1. Groundwork should be laid with the Ministry to ensure that negative [illegible] findings about health center effectiveness will not jeopardize the Ministry's health center program, which is well conceived and deserves continuing support. The epidemiological data collected by the [illegible] team is "solid" and will prove useful. The "before-and-after" data is the only portion of the study referred to in these remarks.

2. Groundwork should be laid for a repeat "resurvey" by AID or some other organization (Ford Foundation, Rockefeller, etc.) to be conducted 10 years after the baseline study. This will allow time for possible measurable changes to have occurred. In the writer's opinion, however, ~~[illegible]~~ justification for such a repeat study must be based entirely upon the contribution to be made to the world scientific community

and not upon its potential as an influence upon Ethiopia's developing health program.