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AFRICA BUREAU HEALTH PROGRAM

FUNCTIONAL REVIEW PRESENTATION - DECEMBER 1981

Prepared by: AFR/DR/HN

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The Africa Bureau Health and Nutrition Division of the Development Resources Office was established in 1975. Since that time, the project technical support has grown to as many as 50 technicians but has now been reduced to 26. The projects have increased to 85 at present with funding of \$292.2 million for bilateral and \$105 million for regional projects. There are 20 health officers in the field, five in AFR/DR/HN and one in the Office of Regional Affairs. These technicians are responsible for managing the health program of the bureau, the complexity of which is suggested by the listing below.

1.0 Health Sector in Africa

1.1 The goal of the Africa Bureau Health Sector development program is to assist the countries of the region to address their health problems on a national and regional basis.

1.2 - Health programs are supported in five general categories. (Table I) (Figure I)

1.2.1. Primary Health Care - These multi-disciplinary projects provide support for systems of health services for rural communities. Projects usually consist of training village health workers and their supervisors and providing logistic support. Seven basic services are recommended for primary health care systems.

1.2.2. Health Planning and Management. Training and Technical Assistance are provided to countries and regional organizations (WHO) to develop national capabilities to manage national primary health care programs.

1.2.3. Water and Sanitation - Support is provided for developing safe water sources in rural communities, and maintaining environmental safeguards. Education of communities is an important aspect of these projects.

1.2.4. Endemic Disease Control - Bilateral, regional, and multilateral projects address the tropical disease problems of vast geographic areas. Diseases such as malaria, schistosomiasis, onchocerciasis, and trypanosomiasis are endemic in most of Africa. Programs include surveillance, vector control, treatment, chemo-prophylaxis, and immunizations.

1.2.5. Health Manpower Development - Bilateral, regional and multi-lateral projects address Africa's main constraint to health development - lack of health manpower. This growing element of the portfolio exist in nearly all the projects, but has only recently begun to be institutionalize sufficiently to increase national long-term productivity.

2.0 Health Sector Staff

2.1 AFR/DR/HN Staff and Responsibility

The functions of the office are handled both by country assignments and by technical areas. A geographic division of responsibility is necessary to facilitate AFR/DR/HN working as closely as possible with AFR/DR "projects officers" and with the desk units. In addition, the officers in AFR/DR/HN do have knowledge of certain sub-regions or

countries in Africa from recent field assignments in those locations. The functions are currently organized as follows:

Division Chief: James Shepperd, M.D., M.P.H. (Foreign Service)
technical area: public health physician
health management systems,
Health Manpower Development
responsible for: overall office operations and programs
regional project activities
S&T, multi-national organizations

Medical Officer: Joe Stockard, M.D., M.P.H. (civil service)
technical area: tropical disease
endemic disease control
responsible for: Sahel and West African health projects

Public Health Advisor: Gilda DeLuca, R.N., M.P.H. (foreign service)
technical area: health care delivery systems
public health nursing
responsible for: Central African health projects

Public Health Advisor: Joy Riggs-Perla, M.P.H. (foreign service)
technical area: public health administration
maternal and child health care
responsible for: southern African health projects

Temporary Public Health Advisor: (on FS Complement) Curt Anderson, M.P.H. (foreign service)
technical area: environmental sanitation
water supply systems
responsible for: East African health projects

Nutrition Advisor - position deleted.

The office in general provides technical inputs into the project backstopping responsibilities of AFR/DR (i.e., develops scopes of work for field activities, selects appropriate consultants, provides briefings for contractors proceeding out to the field, reviews project status reports and evaluations and so on). The Office also coordinates the activities of centrally-funded projects being implemented in Africa. AFR/DR/HN also participates in reviewing CDSS's and ABS's, reviews project documentation and other reports for their technical soundness. The office is normally on contractor selection committees for health projects in Africa and other centrally-funded projects. Whenever possible, AFR/DR/HN staff travel to field Missions to offer direct technical services. AFR/DR HN also represents the Africa Bureau at international health meetings and with health officials of other donor organizations. (Table II).

Responsibility for nutrition programs is shared with DR/ARD. Liaison with the Population Division of AFR/DR and S&T is shared by all staff.

2.2 Health Sector Field Staff in Africa

The health projects as listed in the 1982 Congressional Presentation are displayed in Table III. This table lists only Bilateral projects and omits several large Africa regional projects--Strengthening Health Delivery Systems (SHDS) and Combatting Childhood Communicable Diseases (CCCD), Blue Nile health constraints to rural production and Onchocerciasis control. The table also omits projects funded by the Science and Technology Bureau which are operating in Africa.

This table shows the extent of bilateral activity which can be easily documented. In several countries, missions have funded Private and Voluntary Organizations (PVO) or hired Personnel Service Contractors (PSC) without providing notice to AFR/DR, and are therefore omitted.

The allocation of health staff by dollar size of portfolio (Figure II) and by number of known bilateral health projects is Figure III. These figures show in a clear fashion the disparity between workload and staffing from country to country. It is clear that a country the size of Sudan with five large Bilateral and 9 centrally-funded Health and population projects is under-staffed with one health officer and an I.D.I. located in the Northern half of the country. Other countries have as many as three professionals but only one or two projects. These examples focus attention on the numbers of staff to support health projects, but does not relate qualifications to job requirements. A workload analysis is further complicated by the diversity of health projects.

3.0 MAJOR ISSUES

3.1. Project Management Needs

Analyses done by both the American Public Health Association, and the General Accounting Office of AID-funded primary health care projects throughout the world conclude that one of the major difficulties in implementing the projects is the weak management and support systems for the health services in the developing countries. The Africa Bureau has recognized the problem for some time and many of the projects are designed to address these organizational problems. The fact is, however, that because host country management systems are weak, the projects require fairly intensive administration in addition to technical support from AID, working along-side their counterparts. Complex service delivery projects particularly in Africa require intensive project management by USAIDs. The issue now is how to accomplish that kind of attention to projects in the face of declining AID technical staff centrally and overseas.

3.2 Health Officer placements

With fewer staff, it becomes increasingly important that the match between needs and the personnel placements must be a rational one. The matching of Health officer skills and experiences to mission project portfolio management needs must be made in a more logical way. From the pie diagrams included in this presentation, one can see that in too many countries, the health/nutrition/population officers are distributed in an almost random manner. Some countries are overstaffed and others are staffed by officers having inappropriate training for the kind of portfolios they are managing. More than a quarter of the total health dollars for projects in the Africa Bureau are managed by people other than health officers. (population officers, general development officers, etc.)

The Africa Bureau has a total of 33 direct-hire health, nutrition and population officers assigned to field Missions, the two REDEOs and AID/W. The 25 field officers include

four IDI's, four population officers, two physicians, ten Generalist, and five Sanitary Engineers. Additionally, three Missions have personal service contractors serving as AID health officers. In AID/W, there are four health officer positions in AFR/DR/HN (2 Public Health Advisors and 2 Public Health physicians), 3 population officers in AFR/DR/POP and one health officer in AFR/RA. REDSO/WA is staffed by a health officer, a nutrition officer and a population officer. REDSO/EA has an agricultural economist who has health credentials and spends part of her time on health activities in the region. There is also a regional population officer position soon to be filled. The health officer in Swaziland also encumbers a regional position and is responsible for health activities in three southern African countries.

3.3 The following are a few of the significant problems with the current staffing arrangement:

a). The REDSO support services are weak and should be improved. REDSO/EA needs, at a minimum, a full-time senior public health officer, a regional nutrition officer and a population officer. The activities of this regional staff should be limited to providing technical assistance to Missions for discrete activities such as project design or evaluations or with technical problem solving. They should have no project management responsibilities even for Missions with no health officers. REDSO/WA, although better staffed than REDSO/EA, needs to utilize their health staff for the kinds of activities discussed above. The recent transfer of project management responsibility for the SHDS projects to REDSO/WA will surely limit their ability to serve the USAIDs adequately. Both REDSOs also need technical resources in critical areas such as epidemiology, public health nursing, health education, tropical medicine, general clinical health care (preventive and curative) which can be made available both by proper staffing and through contractors.

b). The distribution of health officers could be improved. Liberia will soon have four health officers and very little health activity unless the Primary Health Care project is approved and started this year. The health officers in the Sudan are carrying an enormous load of complex bilateral health projects and many centrally-funded activities. One health officer overseeing ten health projects in six southern African countries is grossly inadequate. Ghana has a capable population officer but with the design of a large health services delivery project, a health officer position will be mandatory. Zaire and Tanzania have too many of health sector activities in proportion to the number of health and population staff in those countries.

c). Many of our health officers in the Africa Bureau are health sector 'generalists' in that they have training in public health fields which prepare them to be good managers, planners and capable of working with a broad range of health development problems and issues. These individuals maybe ideal project managers but may lack technical knowledge. Health development requires specialized health technicians available on a regular basis to Missions. These technicians might be assigned regional offices and made available to participate in activities which require highly specialized skills for limited periods of time, and some could be made available through contractors.

d). Control over placement of health officers.

The decision making process in regards staff mix at a USAID mission is a decision of the mission director. There is no viable relationship between the technical division and the mission except through the E.M.S. As a result mission decisions about staff sizes and staff skills are made without adequate consultation with the technical division.

A revision in the assignments process requiring technical recommendations and approval would result in better allocations of AID Health manpower.

There needs to be substantive comment on placement of Health officers in USAID missions and the Regional offices. Consideration is being given to recommending health managers for USAID, and placing more skilled technicians in the three regional offices and in AFR/DR/HN.

e). Assignments of Regional Affairs and REDSO health officers need to be coordinated with AFR/DR/HN and USAID mission requirements.

Table I

Health Sector Obligations by fiscal yearAFRICA

	(actual) 1980	(actual) 1981	(\$000) (estimate) 1982	(ABS minimum) 1983
Health Planning & Management	1,466	1,849	1,200	2,300
Health Service Delivery	18,619	35,360	23,800	13,837
Water Supply & Sanitation	10,830	14,257	11,600	4,742
Endemic Disease Control	4,488	7,041	8,657	10,057
Total	35,403	58,507	45,257	30,936

source: PFC/PB/PIA October 1981
FY 1983 OMB Submission

Figure I

Total Health Obligations
(actual ; projected)
Africa

(Millions
of \$)

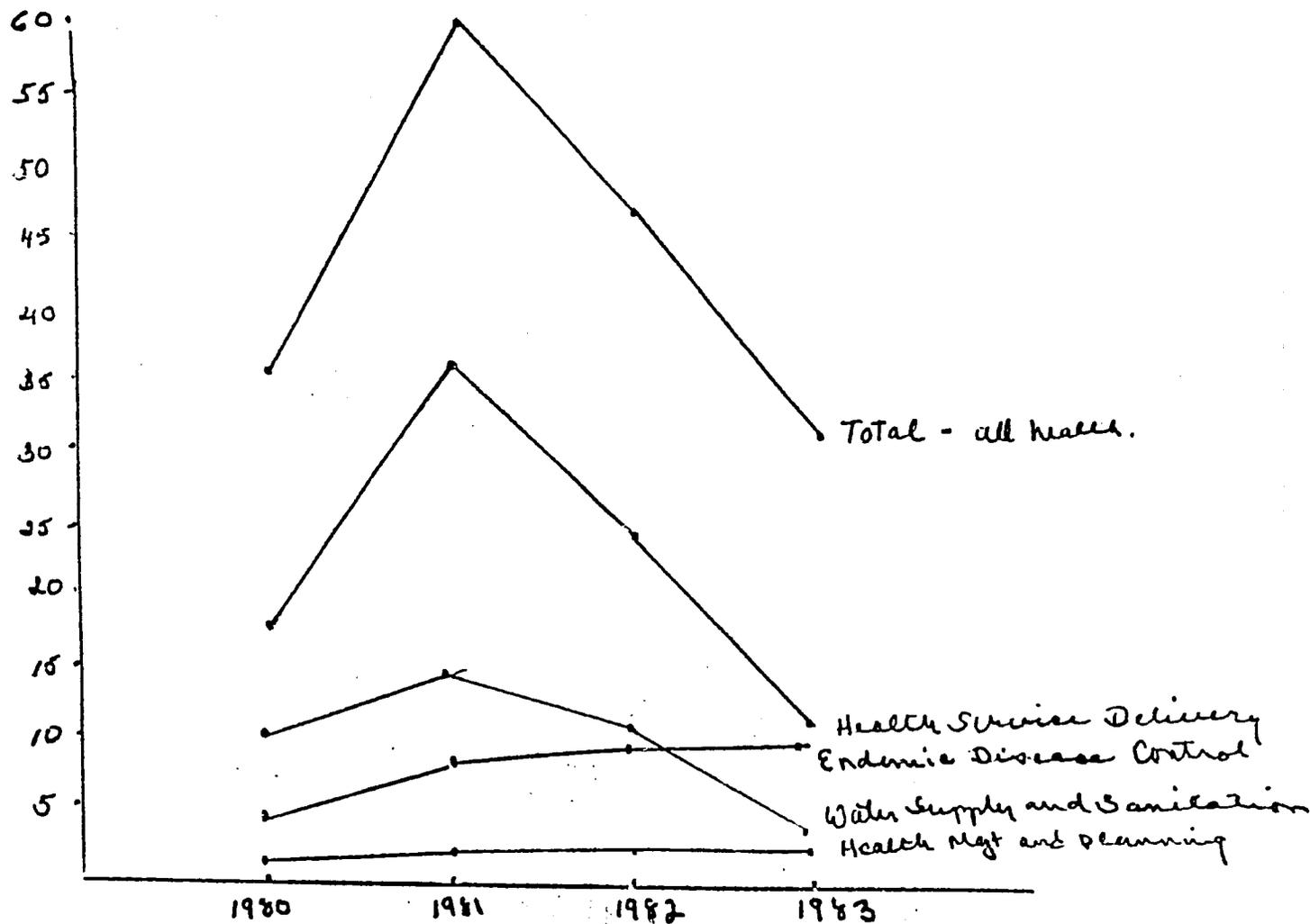


TABLE II a

AFR/DR/IIN				<u>GEOGRAPHIC BACKSTOPPING RESPONSIBILITIES & DR/IIN</u>	<u>Regional Affairs</u>
J. Stockard	C. Andersen	J. Riggs-Perla	G. DeLuca	J. Cumiskey	
River Basins & Sahel	East	Southern	Central	Regional	
Niger, Niamey	Ethiopia, Addis Ababa	Botswana, Gaborone	Burundi, Bujumbura	Strengthening Health Delivery Systems	
Mali, Bamako		Lesotho, Maseru	Rwanda, Kigali		
Senegal, Dakar	Sudan, Khartoum	Swaziland, Mbabane	C.A.R.	Combatting Childhood Communicable Diseases	
Mauritania, Nouak.	Djibouti Republic of Dji.	Malawi, Lilongwe	Congo, Brazzaville		
Benin, Cotonou	Tanzania, Dar es Salaam	Mozambique, Maputo	Zaire, Kinshasa	Family Health Initiatives	
Togo, Lome	Mauritius, Port Louis	Salisbury, Zimbabwe	Cameroon, Yaounde		
Upper, Volta, Quad.	Malagasy, Tananarive	Zambia, Lusaka	Somalia, Mogadiscio	AIP-Immunization	
Chad, Ndjamena	Sierra Leone, Freetown	Guinea, Conakry	Uganda, Kampala		
Gambia, Banjul		Guinea-Bissau Bissau	Kenya, Nairobi		
		Cape Verde, Praia	Liberia, Monrovia		
			Ghana, Accra		
Dr. Shepperd - Regional S&T POP., etc. Multi-Lateral Organizations					

TABLE II b

Workload Chart

AFR/DR/HN Activities in Washington-CY-81

1. CDSS and SPD Reviews	25
2. Project Papers	10
3. Project Evaluations	5
4. ABS Reviews	30
5. Cables - Too numerous to count	
6. Contractor Selections	10
7. PID Review	6
8. Sector Analysis Review	1

Mission Request for Technical Assistance - FY 82

Project Designs	8 visits	3-8 wks each
Evaluations	18 visits	3-4 wks each
PID	7 visits	3-4 wks each
Consultation Re: Implementation	1 visit	2 wks each

Table III

Health Projects in Africa From FY 82 - Congressional Presentation

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$000) AID	STATUS	CONTRACTOR	HNP OFFICER	CATEGOR
Benin	Rural Water Supply Project	water supply health educ.	6,707	oper.	PSC Sarah Fry (health educ.)	none	n/a
Botswana	Environmental Sanitation and Protection Project	mass media health educ. sanitation	499	oper.	Transcentury Corp. (2 TA's)	none	n/a
	Health Services Development Proj.	health manpower training, nutrition planning	5,353	oper	MSCI contract terminated. redesign anticipated 2/82		
Burundi	Rural Health/MCH	PHC/FP	1,367	plan.	Dr. Aguilleaume (designed project)	none	n/a
Cameroon	Practical Training in Health Education	health educ.	3,000	oper.	Univ. of N. Carolina (3TA)	Ray Martin	population
	North Cameroon Health Education	health manpower training	500	oper.	CRS (centrally-funded)		
	Nutrition Advisory Services	nutrition planning	100	oper.	Tulane (1 TA)		
	SHDS	end. dis. control	3,000	oper.	CDC/BU/WHO		
	Health Constraints to Rural Dev'pt	end. dis. control	10,000	plan.			
	Margui/Wandala Water Project	water supply health educ.	1,460	oper.	CARE		

O - Operational
P - Planning
A - Approved

COUNTRY	PROJECT TITLE	PROJECT TYPE	AID \$	STATUS	CONTRACTOR	HNP OFFICER	CATEGORY
Cape Verde	Mindelo Desalination	water supply	65	proposed		none	
	SAL Desalination	water supply	5,765	oper.			
Congo	Nutrition Educ. and Training	health manpower training	227	oper.		NONE (approved, not funded)	
	Primary Health Care	PHC	500	approv.	CARE proposal		
Gambia	Primary Health Care	PHC services	1,200	prop.	Cindy Robinson PSC health Officer		
	SHDS	end. disease cont. manpower training planning/admin.		oper.			
	Mass media/Health Practices	health education		oper.			
Ghana	Community Health Team Support Project	IIPN	660	oper.	U. of Ghana	Larry Eicher	pop.
	Management of Rural Health Services	PHC	856	oper.			
	Population Support Program	population	2,445	oper.			
	Programs in Population Dynamics	population plan.	697				
	Delivery of Rural Health Services Project	PHC	15,600	plan.			
Guinea, Conakry		PHC			Missy Gershin (PHS)	none	

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	HN OFFICER	CATEGORY
Guinea	Water/Gardening	water supply	7,000	p		none	
Kenya	Health Planning	planning/mgt	2,450	0	RSSA HHC/Drew Univ. Reggie Gipsor(Min)	John Silberstein	pop
	Rural Blindness	endemic disease	1,870	0		International Eye Foundation (PVO)	Rose Britanak RSSA-HHS Nellie Kwenzia Kenyan
	Community water	water supply	5,200	p			MSW
	Kibwezi PHC project	PHC service del.	818	0	AMREF (PVO)		
	Kitui PHC project	PHC service del.	413	0	CODEL (PVO)	<i>John</i>	
	Kitui Rural Health	PHC service del.	4,700	A			
	Family Planning I	population	2,327	0			
	Family Planning II	population	2,000	p			
Lesotho	Rural Water Supply/ Sanitation Project	water supply health educa- tion	12,000	0	Morrison & Mairele Inc.	none	
	Rural Health Develop- ment Project	health man- power train- ing planning/ mgt.	3,000	0	University of Hawaii (MEDEX)		
	Nutrition Planning II	nutrition plan.	382	0	Planning Assistance International (PVO)		
Liberia	Health Management & Planning	planning/mgt	2,500	0	MSCI	Alan Foose	MHS,MS
	Hand-Dug Wells	water supply	267	0		Charles Witten	MPH, MSPH
	Primary Health Care	PHC service del. planning/mgt	10,000	p		Kate Jones-Patron	IDI
	AIP - Immunization	manpower trng.					

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	FIN OFFICER	CATEGORY
Liberia (cont)	SHDS	endemic disease cont. manpower trng. pianning/ mgt. nurse training		0-	CDC/BU/WHO <u>Charlotte Ferguson</u>		
Malawi	Health Manpower Trng.	MCH/FP worker training	6,000	p		none	
	Rural Water Supply Project	water supply health educa- tion	6,000	0	local Ministry		
Mali	Rural Water	water supply	259	0	PVO	Thomas Park	MPH
	Rural Health Services	PHC	2,705	0	Harvard Institute for Int'l Develop- ment. Peter Knebel, M.D. SDPRO Advisor PSC	Fransisco Samora	IDI
Mauritania	Rural Medical Assis- tance Project	PHC service delivery	1,662	0	Dimpex Associates (8A)	Linda Neuhauser	MPH
Niger	Rural Health Impro- ment Project	PHC	2,000	0	AFRICARE (PVO)	John McEnaney	
	Health Services Del. Project	PHC	1,350	0	Gov. of Niger		
Rwanda	Rural Health/FP Project	PHC and FP	6,000	A		Rob Robertson	MA

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	HIN OFFICER	CATEGORY
Swaziland	Health Manpower Training Project	manpower training, & planning/mgt.	4,300	0	MSCI	Charles DeBose	MPH MPA PhD (Admin)
	Rural Water Borne Disease Control Project	endemic disease control, health education, sanitation	3,294	0	Academy for Educational Development (AED)		
	Strengthening Planning & Mgt. of MOH	planning/mgt	996	A	International Human Assistance Programs, Inc. (IHAP) PVO		
Tanzania	Hanang Dist. Village Health Project (PVO)	PHC	499 (524)	0	CODEL-PVO	Paul Ehmer	MPH
	Arusha Regional Planning/Village Dev.	planning	6,035	A	approved, not funded	John Burdick	Pop
	Cancer Control (PVO)	disease control	498 (550)	0	CODEL	Edward Kalundwa (Tanzanian)	MPH
	School Health Program	PHC	5,744		John P Snow Public Health Group.		
	Cont. Education for Health Workers (PVO)	manpower training	2,206	0	AMREF (bilateral OPC)		
	Village Health Worker Trg.	manpower trg.	9,975	P			
	Manpower Training for MCH Aides	manpower trg.	9,893	0	Loma Linda - final evaluation in progress		
	Malaria Control/zanzibar	endemic disease control	8,871	A			
	RAPID, TFNC, WASH activities			0	not projects but a series of activities which require HNP office mgt. time.		

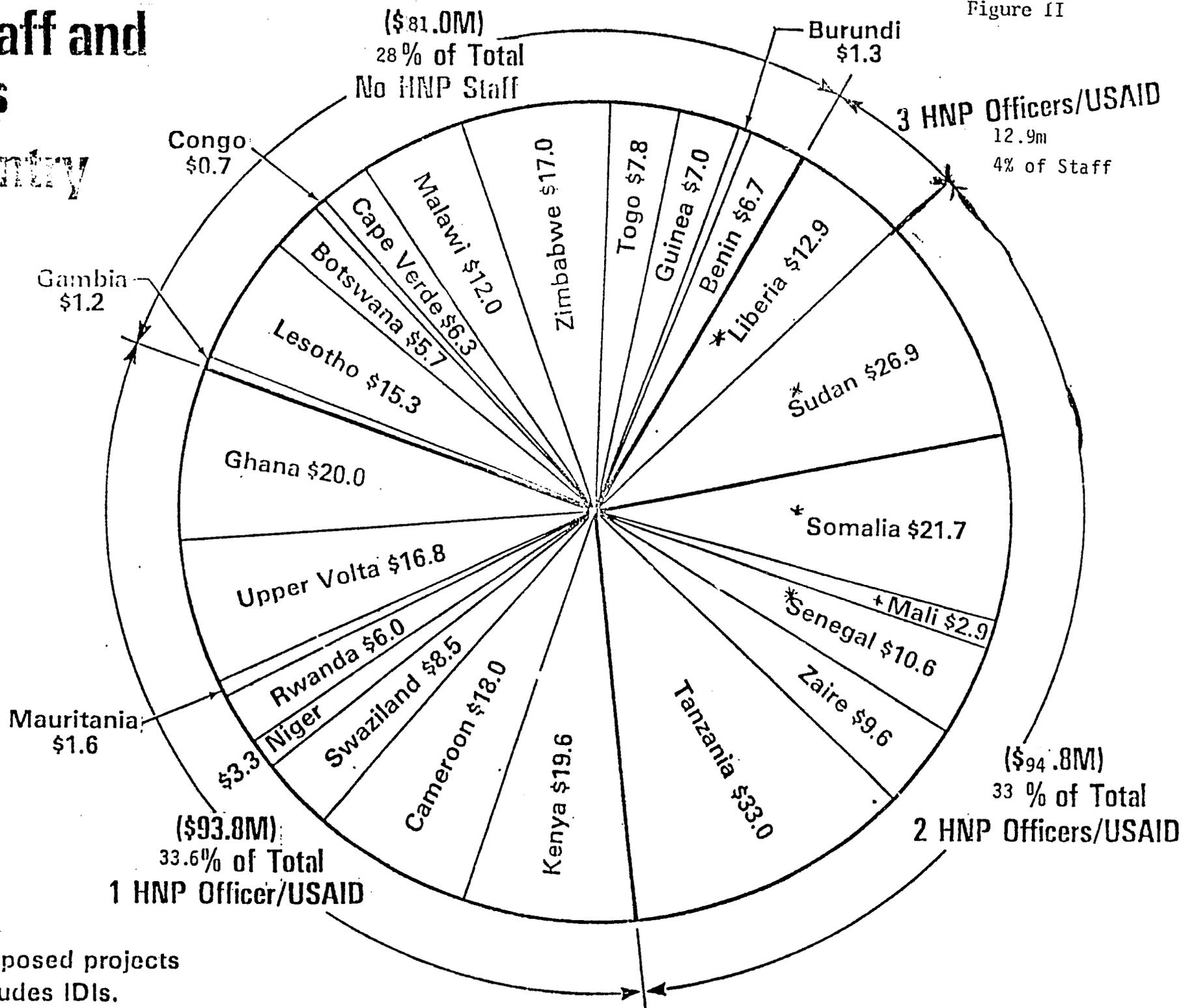
COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	IN OFFICER	CATEGORY
Senegal	Rural Health Services Delivery Project	PHC service delivery	3,300	0		Mike White	MD MPH
	Family Health	PHC	1,385	0		Mary Diop	MS-educational psychologist
	Rural Health Services Delivery II	PHC	3,000	p		Dawn Liberi	IDI (MPH)
	Family Health II	PHC	5,000	p			
	Oncho Control	endemic disease control, regional		0	WHO - Dr. Samba		
Somalia	Comprehensive Water Development	water supply	6,556	0	Roarke	Arjuna Abayomi-Cole	MPH
	Rural Health Delivery	PHC service delivery	15,249	0	MSCI - John Chipola	Charles Habis	IDI
Sudan	Primary Health Care (North)	PHC services	5,863	0	MSCI - Mark Merkorian	Mary Ann Micka	MD MPH
	Primary Health Care (South)	PHC services	3,186	0	AMREF (PVO) Chris Wood	Gary Leinen	IDI (MPH)
	Health Sector Support (North)	PHC services	18,063	0	One America (8A)		
	Health Sector Support (south)	PHC services		A	AMREF (PVO)		
	Health Constraints to Rural Dev't	endemic disease control		0	Joyce Jett (PSC)		

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	FIN OFFICER	CATEGORY
Togo	Rural Water Supplies Environmental Sanit.	Water supply, sanit. health education	7,839	0	Agma Prinz PSC for health educ.	none	
	Togo Family Health Project	PHC	1,278	0			
Upper Volta	Rural Health Planning Management	planning/mgt	3,000	P		Oliver Harper	DDS, MPH
	Oncho Free Area Village Development	endemic disease control	1,673	0			
	Rural water Supply SIDS	water supply endemic disease control/mgt. manpower transg	12,280	0	DIMPEX (SA) BU, CDC/WHO David Sokal, M.D.		
Zaire	Health Systems Dev.	planning/mgt.	610	0	Diana Koehn	Richard Thornton vacant post	MPII-MPA
	Endemic and Commuc. Disease Control	endemic disease cont.	966	0	Robert Turner		
	Basic Family Health Services	PHC	3,000	0			
	Nutrition Planning	planning/mgt	700	0			
	Integrated Rural Development (PVO)	PHC	490	0			
	Area Nutrition Im- provements	nutrition	4,040	0			
	Basic Rural Health Pop. Operations Research	PHC family planning	4,800	0 0	ECZ Implementing Agency Baptist Church Zaire Tulane Univ.		

COUNTRY	PROJECT TITLE	PROJECT TYPE	(\$'000) AID	status	CONTRACTOR	HN OFFICER	CATEGORY
Zimbabwe	Rural Health Services	Construction	2,000	0	NOT implemented	none	
	Rural Health Development	PHC	15,000	P			
<u>Addendum - Regional Project</u>							
Ivory Coast	SIDS Headquarters	Planning, manpower, endemic disease, operations research. EPI Demonstration	20 m	0	Boston University CDC, World Health Organization. Regional Office (AFRO)	George Jones REDSO/WA	

HNP Staff and Health \$ per Country

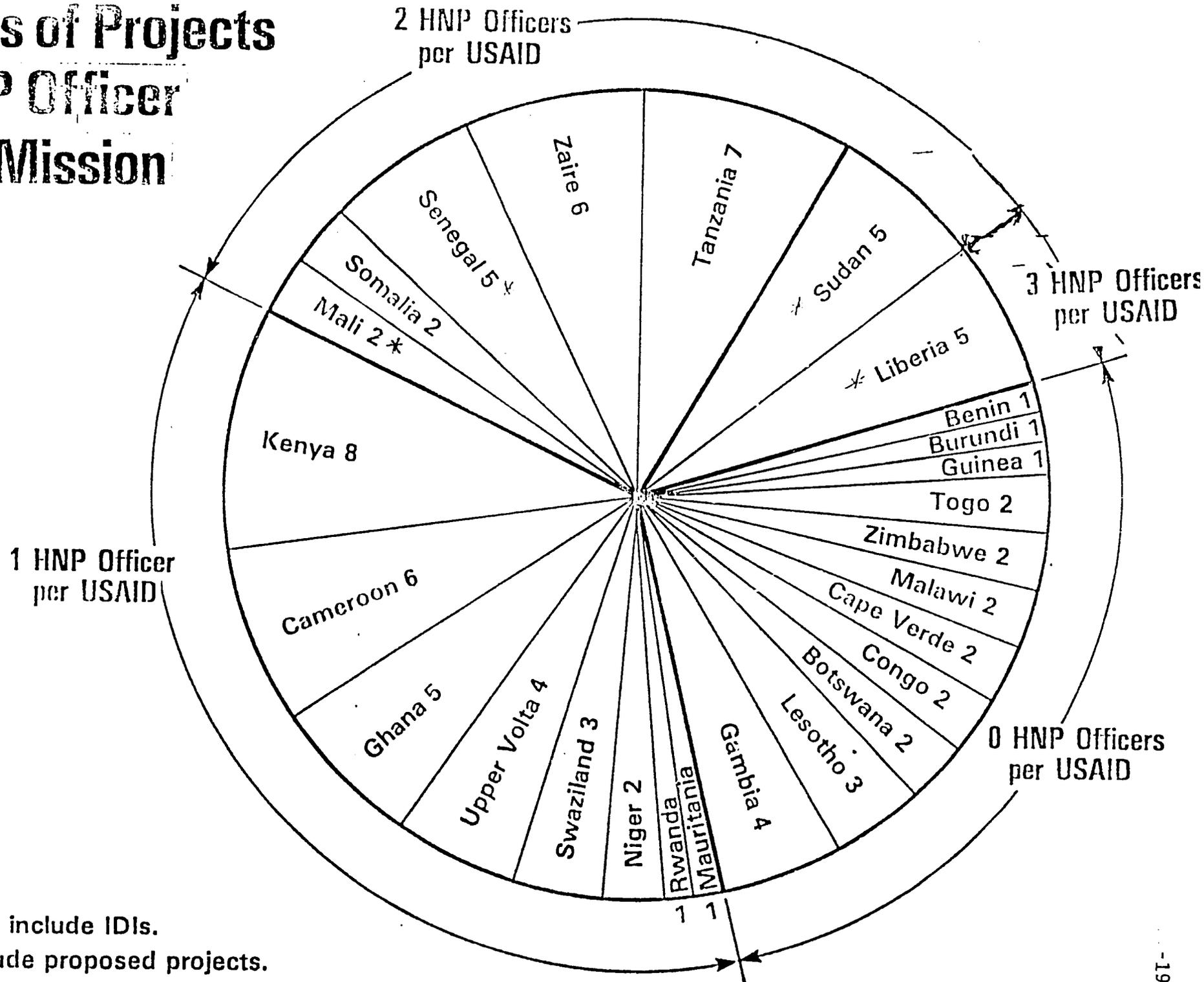
Figure II



*Includes proposed projects
 *Staffing includes IDIs.

Figure III

Numbers of Projects per HNP Officer in Each Mission



*HNP officers include IDIs.
*Projects include proposed projects.