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**STRENGTHENING OF HEALTH DELIVERY SYSTEMS
IN CENTRAL AND WEST AFRICA
INTERIM PROJECT EVALUATION**

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EXECUTIVE SUMMARY

This Strengthening Health Delivery Systems (SHDS) project interim evaluation will focus upon the assessment of training and educational development programs in the AFRO/SHDS orbit of participating institutions. The objectives are to assess the progress achieved and to define the current state of the art, as well as the constraints, both general and program specific, as these have influenced the SHDS manpower training programs.

The project is administered under the terms of a grant agreement, signed in September 1977 between the World Health Organization, Regional Office for Africa (WHO/AFRO) and the United States Agency for International Development (AID).

WHO/AFRO has the primary responsibility for administering the project. Boston University, through an AID contract has the responsibility for coordinating and implementing program activity among the several participating institutions. This is accomplished by Boston University through a headquarters office (SHDS) in Abidjan, Ivory coast, from which the Project Director, supported by three program specific consultants/experts provides the leadership for program direction and activity.

To accomplish the goals of the project, four objectives were set:

1. To develop health management training competencies for producing primary health care managers at peripheral, district and regional levels.
2. To increase the skills and improve the utilization of health personnel providing generalized services at the supervisory and local levels.
3. To improve regional and national disease surveillance and health/demographic data systems and to integrate these into national health delivery systems.
4. To develop training, service and research demonstration models for local health service delivery, through applied research.

² This joint WHO/AID interim evaluation team composed of three members was requested to evaluate the project in the context of the above stated goals, with reference to an evaluation instrument prepared jointly by WHO/AFRO, AID/REOSO and the team leader. For details, logistics, etc., of the evaluation, see the section on evaluation methodology in Appendix A.

FINDINGS

The AFRO/SHDS project in its substance, methodology and goals is entirely relevant to the resolution of specific, high priority problem areas in health in the 20 country region.

The project continues to make good progress toward its goals. Further, the AFRO/SHDS training program in the four objective areas have been thoroughly institutionalized within the curriculum and/or the administrative structure of the participating institutions.

SHDS is making good progress toward implementing its management and reporting systems and in the use of quantifiable indicators for the goals and objectives of the project.

We also feel that the AFRO/SHDS project has provided the stimulus and defined the need for an additional dimension in health manpower development training, at the senior technical/leadership levels in public health. We refer here to the need, through development activity, to expand and improve training in schools of public health at the master's degree level.

What few impediments to full implementation of the planned SHDS programs that do exist, are related to (1) severe economic instability in some of the countries, (2) failure to follow through in the use or support of course participants, by some governments, and/or (3) the realities of AID budgetary constraints.

OBJECTIVE I

Discussion with AFRO network consultants and others indicate that program activity in this objective is proceeding as planned. For example, training of trainers (TOT) programs have been established in four network institutions and at least one non-network institution has reached this capability. At least ten network consultant/trainers are available to serve as senior consultants to network and other institutions.

The level of participation and support for AFRO/SHDS activities at the administrative, faculty and student levels in NAM and IPAES has been maximized.

The relevance, scope and adequacy of the training programs offered to faculty in the training of trainers program is relevant, appropriately inclusive in scope and of high quality.

Information available to the evaluators suggests that the adequacy of the coordinating and liaison mechanisms to achieve optimal program implementation, is open to some question.

OBJECTIVE II

Reg. 1a) Training Centers (RTC)

A regional capability has been institutionalized in the Lomé RTC, to provide formal on-the-job apprentice training to produce primary health care program designers, implementors and evaluators. Twelve apprentices have been trained since 1982.

The Lomé RTC has established and evaluated procedures for producing training materials and the educational materials production center is operational. Some materials have been distributed within the region. It is anticipated that the materials production center will be fully operational by late 1985/early 1986.

The Lomé RTC staff are currently in the process of developing the capability of using word processing on computers to develop training materials.

For a variety of complex reasons, overall program activities and outcomes in the Lagos RTC, especially those related to the SMDS apprentice training program, have been disappointing.

Nursing Education (anglophone)

Through SMDS leadership and MACN strengths, MACN has emerged as a focal institution in coordinating and implementing AFRO/SMDS program activity in nursing education in anglophone countries in the region.

A regional program of Continuing Education for Basic schools of nursing graduates has been developed under SMDS/MACN auspices. A proposal for funding has been prepared in support of implementation.

Through MACN, curriculum reformulation and evaluation has been institutionalized in the Cullington University College (Liberia) post-basic nursing program.

Curriculum reformulation to emphasize primary health care has been institutionalized in two basic schools of nursing (IN/MA and the National School of Nursing, Freetown) in the region.

Faculty at basic schools of nursing in anglophone countries have been increased through SMDS fellowships to Cullington University College.

Master's degree level faculty have been increased at Cullington University College through SMDS fellowships to Boston University College of Nursing.

Field practice sites have been identified, programs formulated and at least one is operational.

Plans to initiate more broad communication and ultimately a collaborative relationship between the anglophone and francophone nursing institutions in the region are under way, but no definitive or organizational mechanisms have been developed.

Nursing Education (francophone)

CESI (Dakar and Yaounde) staff are in the process of institutionalizing curriculum reforms, which are at various levels of revision.

Guidelines for fixed practice sites for nursing students have been developed and three sites identified. No field practice sites are operational.

Through AFRO/SHDS scholarships, progress has been made toward increasing the number of master's level faculty at each CESI.

One CESI (Yaounde) staff member has been trained in curriculum evaluation via participation in the CESI (Dakar) evaluation and will provide the leadership for that activity at CESI (Yaounde).

For activity to create anglophone and francophone collaboration see above (under anglophone nursing).

OBJECTIVE III

An intensive course in basic field epidemiology for medical epidemiologists has been developed for the francophone countries in the region and has been institutionalized by OCEAC. Twenty-three medical personnel have been trained in epidemiology.

Several former students have been appointed directors of epidemiology and statistics units in their countries, a former student directed an epidemiology workshop and another has been selected for high level training in public health.

Plans for development of a mid-level and/or an advanced course in field epidemiology are being discussed and defined.

A national system of rapid collection, storage and analysis of data from the periphery (village level) in support of primary health care surveillance has been introduced and is operational, but not yet fully implemented. This is the AFRO/SHDS Health Information Systems (HIS) program in Sierra Leone.

OBJECTIVE IV

Three countries have organized and presented Applied Research (AR) courses at the national level. Sixty-two investigators have been trained in these courses.

A final edition of the AFRO/SHDS AR course manual has been prepared and distributed throughout the region.

Twenty-two trainers in AR have been trained at a regional TOT course and they have, in turn, trained another 30 persons in their respective countries.

Twenty research proposals have been developed by former AFRO/SHDS AR course trainers. Four research projects have been funded at a level of about \$45,000. Four more are planned for funding this year, subject to the availability of funds (\$60,000).

Plans to collaborate with WHO/AFRO in the development of a network of institutions to promote AR and to promote exchange of AR materials and strategies on a regional and an inter-regional basis are underway. The Directors of INRSP-Bamako and INSP-Abidjan have formally discussed ways of improving collaboration between their institutions and representatives from thirteen countries in the WHO/AFRO region were convened to discuss inter-regional collaboration.

ADMINISTRATION

The consultants provided by AFRO and by SHDS, including those recruited on an ad hoc basis by Boston University, are of excellent quality and are effective.

The SHDS project director is experienced, sensitive, creative, highly motivated and effective.

The articulation and coordination between Boston University and SHDS Headquarters in Abidjan is excellent, as is the case with SHDS headquarters and AID/REDSO. The articulation and coordination between AFRO and SHDS and between AID/REDSO and WHO/AFRO requires some attention and clarification of roles with respect to the implementation of field (program) activity.

The PCC and PRC are traditional oversight/linkage committees that effectively serve to maintain the relevance of the project to the 20 country region.

SUMMARY OF RECOMMENDATIONS

GENERAL

o The project is progressing well toward its goals. We recommend, therefore, that continued support for the project, in the substance of its four objectives, be provided.

In projections and planning for the next phase of SHDS project activity, we further recommend that AID consider an additional dimension (objective) in health manpower development. This would include the development of academic training programs at the master's level in public health. We refer here to a core public health curriculum with optional areas for degree (career) emphasis in, for example, tropical medicine, nutrition, maternal and child health, health systems organization, health administration, and epidemiology.

The SHDS program is providing the stimulus and has defined the need for this upward mobility in public health leadership roles for the region. Further, the advantage of this training occurring in indigenous institutions in the local environment, in terms of relevance, cost and especially retention (in Africa) of those trained, is undeniable.

One mechanism for accomplishing this is to match selected U.S. schools of public health with new and developing schools of public health in the WHO/AFRO region, in terms of faculty, curriculum and activities development. We, therefore, urge AID/REOSO to undertake a feasibility study to determine the overall validity of this recommendation.

o Considering the difference in levels of maturity of the individual programs, we recommend that SHDS focus creatively on the more mature of these, in an effort to expand the capacity and, therefore, the product, at a more rapid rate.

o The experience of the participating institutions in the project and their relationship with AFRO/SHDS has developed to the point that we recommend the program directors of these mature programs be participants in whatever annual, overall program planning exercise(s) that occur. This would provide valuable input from the field perspective.

OBJECTIVE 1

o We recommend that SHDS, through creative program management, maximize the opportunity for expanding program activity at IPAES and

possibly ENAM, thereby increasing the size of the pool of potential program facilitators. Further, they should consider the involvement of other appropriate institutional resources, not now in the SHDS orbit (e.g., schools of public health in the WHO/AFRO region).

• IPAES is one of the institutions in precarious financial balance. We recommend that it be given high priority for any international donor assistance that is generated for the AFRO/SHDS project (see administrative recommendation following).

OBJECTIVE II

WHO Regional Training Centers (Lagos and Lomé)

• We recommend that a headquarters team of AFRO and SHDS consultants at policy level, visit the Lagos Regional Training Center and with the WHO Regional Coordinator there, identify the issues that frustrate SHDS program activity and develop realistic solutions to the existing problems.

• The Lomé Regional Training Center is a well run, mature program, but there is little coordination between it and other institutions hosting relevant AFRO/SHDS programs. We recommend that to maximize overall program resources that SHDS step up its current emphasis on articulation and communication between and among its related programs and especially the activities at the Regional Training Centers (RTC) and the Epidemiology/Surveillance Center at OCFAC.

• Consonant with the WHO emphasis on primary health care, we recommend that SHDS programs put more stress on the design of activities (including field work components), to prepare trainers to mobilize professional and especially lay health care workers for active participation in the development and implementation of primary care program activities.

Nursing Education (Anglophone)

• To maximize the benefits of sharing anglophone-francophone experiences in nursing education, we recommend stepped-up emphasis in communication and collaboration between the schools of nursing in the 20 country region.

• We recommend that MACW be given high priority for institutional support through mechanisms developed with the international donor community, to support certain SHDS programs. This is in consideration of (1) its current role in coordinating and implementing SHDS program activity in the anglophone institutions in the region, (2) its potential role in providing linkage for communication and collaboration between the anglophone and francophone institutions in

the region, and (3) as is predicted, the likelihood that WACN may become the natural successor organization in nursing education to the SHDS project, when it terminates.

o Because of its excellence, we recommend that AFRO/SHDS urge, promote and export the TNIMA design for its curriculum in Basic Nursing Education as a blueprint for the anglophone and francophone nursing schools in the region.

o We recommend that, if necessary, AFRO and REDSO assist SHDS and WACN in obtaining funding support for the proposal to establish and implement continuing education programs in nursing education, designed to serve all the anglophone institutions in the region. The development of such programs is also recommended for the francophone institutions.

o To modify the negative perceptions of the existing 2 1/2 year Post-Basic Nursing curriculum at Cuttington University College for potential applicants, SHDS in consultation with CUC, should study the cost-benefit ratio and other implications necessary to change the current Post-Basic Nursing Curriculum to a master's program.

o We recommend that SHDS assist CUC in the development of an operational research program or a core curriculum offering that will provide fundamental orientation to the students in the philosophies of Primary Health Care and the importance of community participation in the planning, development and implementation of these programs. This would be appropriate in the francophone nursing institutions as well.

Nursing Education (francophone)

o There is some general concern among the CESSI/CUSS participating countries and institutions with regard to proposed curriculum revision that would extend the current two-year program to three years. We recommend that SHDS coordinate a meeting between CESSI-rounde and the sponsoring agencies in an attempt to clarify the issue and reach closure.

o We urge SHDS to re-think its positions regarding implementing field practice sites in francophone programs in the region. Field practice is being implemented in the anglophone institutions and we consider it a basic ingredient in nursing education programs in Primary Health Care.

o As is planned for the anglophone nursing schools, we recommend that AFRO/SHDS give consideration to the development of continuing education programs for faculty and post graduate students in CESSI-Dakar and rounde.

- o We recommend that SHDS support the publication of a regular newsletter in the CESSIs to strengthen linkages between CESSI post graduates and the faculty.
- o We support the continued SHDS emphasis on developing mechanisms to support cross-fertilization between anglophone and francophone nursing institutions.

OBJECTIVE III

Epidemiology Training/Disease Surveillance Center, OCEAC

- o Since training in epidemiology and disease surveillance is so germane to primary care and applied research training, we recommend that SHDS place future emphasis on improving communication and developing collaborative activity between the OCEAC epidemiology training programs and other relevant SHDS training activities, e.g., the Regional Training Centers at Lome and Lagos, the INSAP programs at Bamako and the developing MIS program in Sierra Leone.
- o OCEAC senior staff suggested during our interview that for OCEAC member states, SHDS should establish a course on the collection and utilization of data to fill the existing void in this area in health administration and services training programs. We agree, but recommend that this goal would best be actualized by ensuring that such a course(s) be developed and stressed for participants in relevant SHDS courses and educational meetings, throughout the region.
- o Although it is outside present SHDS objectives, to augment the already successful program in basic epidemiology, we recommend that SHDS maintain its interest and lend its influence to the development of mid-level, and/or advanced-level training courses in epidemiology.

OBJECTIVE IV

- o We recommend that support for the continued development of the MIS project should be of highest priority in future SHDS funding cycles.
- o The SHDS planned collaboration between the MIS program activity and the basic epidemiology training program at OCEAC, is a natural melding of complementary disciplines. We therefore recommend that close articulation and collaboration be supported through additional funding for linkage if indicated.
- o We recommend that INSAP, in Bamako, be encouraged in its interest to develop training programs in mid-level and/or advanced-level epidemiology as a natural articulation with the ongoing, successful basic course in epidemiology provided by OCEAC.

PROJECT MANAGEMENT

o Any project coordination activity that engages 20 participating countries, AID, WHO/AFRO, thirteen programs, a university and its satellite and two international committees providing oversight, becomes a distinct challenge to effective project management. In the context of the foregoing, we recommend that AFRO and SHDS put high on their respective agendas the need to improve communication and articulation between them, as this relates to AFRO/SHDS program activity. What is needed most is a clear definition of their respective areas of role, authority and responsibility. It might also be helpful, in this process, to review definitions of existing roles and responsibility within the WHO/AFRO administration for AFRO/SHDS program activity.

o We suggest that these important management decisions can best be reviewed and clarified through a meeting involving WHO/AFRO and SHDS leadership and their respective senior program coordinators/consultants. We recommend that the essence of these deliberations should be clearly communicated to the AFRO/SHDS program directors as soon as is feasible.

o We feel that the "network" concept, as conceived, could be a good program management strategy. As currently perceived, however, the concept is elusive. If one goes beyond the mere identification of "network" institutions, the definition, objectives, functions and the criteria for institutional participation in the concept are amorphous.

We therefore recommend that AFRO, AID/REDSO and SHDS and the participating institutions define and clarify the "network" concept, so as to make it meaningful and useful as a program strategy for all concerned in the AFRO/SHDS project.

o We recommend better communication between all AFRO/SHDS programs in the region and urge active collaboration, especially in those programs relevant to each other (e.g., epidemiology training and applied research, MIS and some programs in the Regional Training Centers). Further, we urge increased active collaboration between programs in the SHDS region and comparable network programs outside the region.

o The subject of the value and current need for long-term versus short-term consultancies was initiated by several program administrators, with respect to effective total program development. We recommend that AFRO/SHDS consultants/coordinators, in consultation with program participants, evaluate the issue on an individual program basis. We submit that external validation should balance actual consultant needs against program requests, with consideration of a number of variables specific to the problems and progress in the individual programs.

• To compensate for financial instability in some institutions and a lack of trained personnel capable of developing audio-visual aids and other teaching materials, we recommend that AFRO/SHDS consider the establishment of a support mechanism for designing and producing A-V and other teaching materials, by developing a common project-development activity.

ADMINISTRATION

• To avoid unnecessary frustration and confusion among program participants, WHO/AFRO and AID/REDSO must improve their communication and the articulation between them, for more effective program implementation. In addition they must reconcile the differences between their administrative, budgetary and accounting systems.

• We recommend that AFRO, AID/REDSO and SHDS leadership place special focus and emphasis on engendering host country (Ministry of Health) participation and collaboration in program activity related to specific countries. There appears to be a direct correlation between the level and effectiveness of program activity by country and the degree to which the host country Ministry of Health is engaged and involved, to a lesser extent, this is also true of the involvement of the local USAID mission.

• We recommend that WHO/AFRO, AID/REDSO and Boston University mobilize their combined influences to assist participating institutions to secure grants-in-aid for basic teaching materials and equipment from the international community of donor organizations, especially those whose emphasis is on education and training. Several participating institutions in the region are in precarious financial balance, based largely upon the current severely depressed economies of their governments. This threatens and in some instances encumbers AFRO/SHDS program activity and optimal implementation.

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Additionally, we thank the directors of the thirteen participating institutions and their staffs and the Ministries of Health in those countries for the courtesy of their time, their willingness to share their thoughts and to respond to queries during our visits. The credit for whatever positive that may issue from this report belongs to the above contributors, the mistakes are ours.

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INTRODUCTION AND HISTORICAL PERSPECTIVE

The primary goal of this SHDS project interim evaluation is to assess the development, progress and the current operational status of manpower training programs at AFRO/SHDS participating institutions. Further, a major outcome of this evaluation is to ascertain the degree to which the SHDS programs have been institutionalized within the curriculum and/or administrative framework of the several participating institutions. The evaluation should provide information that will permit those involved--WHO/AFRO, AID/REDSO, the Project Coordinating Committee (PCC), the Project Review Committee (PRC), Boston University/SHDS and the twenty West and Central African countries, to make the necessary management, policy and planning decisions regarding future SHDS activity. These include those decisions which need to be made regarding the project, such as extension beyond current end-point, expansion of current programs, redesign, advisability of creating new program areas, level of funding, and questions concerning mechanisms needed to improve coordination and articulation and effectiveness.

The evaluation occurred between February 25 and April 4, 1985. Thirteen programs were evaluated and for details and logistics of the evaluation, refer to the evaluation protocol instrument in Appendix A.

The SHDS project evolved from the AID-supported Small Pox Eradication/Measles Control Program which was successfully concluded in 1971. The SHDS project, like the small pox/measles program, involved the twenty contiguous countries in West and Central Africa. Funded under a grant agreement between WHO/AFRO and USAID/Africa Bureau (REDSO) and implemented through an AID contract with Boston University, the project is in an extension of Phase II and is currently in its eighth year.

The 1977 AID and WHO/AFRO agreement to mount the SHDS project describes the relationship between AID, WHO and the participating countries. Letters of implementation authorize AID funds for the WHO implementation role. Boston University was awarded a contract in 1978 to provide technical support, long-term U.S. participant consultants, commodities and equipment and other costs incurred in the U.S., relating to project activity.

Funds in the grant agreement are utilized by WHO/AFRO to cover costs budgeted for technical and other services obtained from Africa, e.g., per diem and travel costs, etc. The funds are transferred to WHO/AFRO through letters of implementation provided by AID.

WHO/AFRO has overall responsibility for project management and guidance. In carrying out this responsibility, WHO/AFRO will be assisted by the SHDS Project Director in Abidjan. WHO/AFRO and the SHDS Project Director will, in turn, be guided by a Project Coordinating Committee (PCC) and a Project Review Committee (PRC). The PCC is composed of representatives from WHO, AID, other donors and four representatives (two anglophone and two francophone) from the participating countries. The PRC has the same composition except that there is one representative from each of the participating countries.

During the life of the project, the major SHDS program emphasis has been on encouraging and assisting regional and national training institutions in the 20-country area to mount health manpower training programs in several disciplines and at several levels of manpower training for Primary Health Care development and implementation. The major focus of these programs has been consonant with the WHO program emphasis on PHC and the WHO strategy of "Health for All by the Year 2000".

EVALUATION OF SPECIFIC AFRO/SHDS PROGRAMS

WHO/AFRO REGIONAL TRAINING CENTER (RTC)

Lagos, Nigeria

The WHO/AFRO Regional Training Center (RTC) in Lagos was developed about 1964 and has been engaged in SHDS programs since about 1978. During early SHDS program activity, Dr. El Neil had a relatively brief tenure as Center Director. Before that time, and afterwards, direction of the center was maintained by acting directors and often only administrators. The Nigerian government has never come forth with support and there has been no local USAID mission involvement.

Discussions were held with the WHO Coordinator, Dr. Perez, and his administrator, Mr. Vij. They were cooperative and candid in their evaluations of program effectiveness during two days of intensive interviews, although it was clear that the level of frustration in both was quite high.

The RTC in Lagos is attempting to implement three major training programs. One of these, supported by AFRO, is in Health Planning and Management Training for mid-level supervisors and administrators. It is offered twice a year, and the duration of the course is fourteen weeks. Another, supported by SHDS, is an apprentice/facilitator training program in management emphasizing primary health care. It is designed for the training of trainers. The other major RTC activity is their program in environmental health and malaria control, in which SHDS is not involved.

According to the WHO Coordinator and Administrator, neither the AFRO nor SHDS-supported efforts are going well and attempts by the RTC to correct the problems have been frustrating and disappointing. While the WHO Coordinator thinks the SHDS apprentice program has the most potential for training health manpower in the region, it is actually fairing worse than the rest (there were no candidates for the course during the past year.). He and the Administrator describe the overall problems of the RTC as follows:

(1) Major personnel problems have plagued the operation. The training program's two previous facilitators resigned abruptly about ten months ago in June 1984 due to an unresolvable conflict regarding salary. As a result of the prevailing salary level for facilitators and the high cost of living in Lagos, the RTC has not been able to recruit and replace the facilitators with well-trained professionals. The entire responsibility for implementing the AFRO/SHDS programs for training mid-level health personnel and apprentice-trainers has fallen

directly on the WHO Coordinator and Administrator, who have had to serve as facilitators, in addition to their other duties.

(2) Since 1983, program support from SHDS has been practically nil, despite a 1983 meeting of the WHO Coordinator, the Administrator, the Director of the SHDS and SHDS Management Consultant. At that time, according to Perez, SHDS support and involvement was mutually agreed upon, but since then, nothing has materialized.

(3) In regard to problems associated with recruiting participants for the apprentice training program and follow-up programs for mid-level management, the WHO Coordinator feels this is largely a matter of poor communication and failure of the governments to provide the potential participants release time from work. The WHO/RIC identifies potential participants, WHO/AFRO extends formal invitations to their respective governments, but those invited do not attend. The WHO/RIC Coordinator feels that the process could be improved by appropriate follow-up at the local government level after the AFRO invitation, but does not see this as his role, consistent with WHO protocol.

(4) The WHO/RIC Coordinator further feels that if the RIC had the authority to recruit program participants from beyond the five anglophone countries within the region, this broader base of anglophone countries outside the region would enable him to fill his quota of apprentice trainers annually.

(5) Further discussion revealed that the cost of living in Lagos has risen 400-700 percent since 1982. Since no budgetary adjustment has been made by WHO/AFRO to off-set this inflationary increase in the cost of goods, materials, equipment and supplies, an already marginal budget for the RIC has become sub-marginal. This, according to WHO's Coordinator, makes it difficult to effectively implement its programs.

(6) When asked what corrective measures would put the RIC back on course, Dr. Perez and Mr. Vij indicated the following: (a) they would like a definitive working relationship with SHDS in which SHDS would be willing and available to support short-term consultations in management and would also provide materials and supplies, sometimes on short notice; (b) they would also like SHDS to make available other network consultants, especially in epidemiology; (c) they would like SHDS to provide financial support for the salary of a full-time facilitator/coordinator for the apprentice training program, with WHO providing two facilitators/coordinators for the other two major training programs. Most importantly, the WHO Regional Coordinator would like follow-through on whatever relationships and decisions are agreed upon.

EVALUATOR'S CRITIQUE

The overall training activities at the Regional Training Center in Lagos are not functioning effectively--in fact, the SHDS program in Apprentice Training is not functioning at all. It is difficult to sort out the details of reality, fact, and fiction in this complex equation involving both AFRO and SHDS programs, in a single visit by an external evaluator. With respect to the apprentice/facilitator program supported by SHDS, however, the evaluation team strongly recommends that a headquarters team of AFRO and SHDS consultants at policy-level visit the WMO/RTC to identify the issues with the WMO Regional Coordinator, and to develop realistic solutions to the existing problems. The evaluators feel that the apprentice/facilitator training program at the RTC in Lagos, Nigeria (a country with half the population in the 20 country area) has too much potential for supporting AFRO/SHDS goals in Objective 1, not to be evaluated carefully.

WHO/AFRO REGIONAL TRAINING CENTER (RTC)

Lomé, Togo

The WHO Regional Training Center (RTC) in Lomé has institutionalized SHOS Objective II which emphasizes increasing skill level and knowledge of Primary Health Care concepts among health personnel. The Regional Training Center in Lomé was initiated under the excellent leadership of an effective educator/physician who, on retirement, appointed his well-trained deputy as his successor. In addition, the government of Togo and the USAID mission have supported development of the Lomé Center.

The Coordinator of Studies, Dr. A. d'Almeida, has submitted proposals to government for strengthening the Primary Health Care delivery system in Togo. A national committee has been established to consider these proposals, and prepare for their implementation. The evaluator met with Dr. Eadjaba, a physician assigned full-time to RTC by the Ministry of Health and ~~Amo~~ Ahaapo, the Administrative Officer.

The SHOS program is an integral part of the work of RTC. Course objectives and content are oriented towards PHC, and efforts are being made to further increase the relevance of the courses. Students from fifteen countries are represented in the current semester and the number of applicants has been steadily increasing. However, the existing facilities do not permit handling of more than the present maximum of 26 students per course and five courses a year. These include a 3-month course for training trainers of PHC workers, a 3-month refresher course for health inspectors, a 3-week refresher course in health education, and two 3-month courses in Community Health. The courses are well-recognized by participating countries.

Practical field work is only done in the training of trainers course. It consists mainly of visits to rural areas to observe field activities. Practice in training is not yet included in the program.

A microcomputer has been installed and the Administrative Officer is trained to perform the limited procedures to which it is currently being put. It will be used in revision of the training manuals in the near future.

RTC experiences delays and difficulties because funds for supplies and equipment, employment of local temporary support staff, and other operational costs are not deposited in Lomé, but must be obtained piecemeal from AFRO via SHOS. The proposed funding changes identified

in the Evaluator's Critique will not entail an increase in the staff of the center.

Overall, the structure, staffing and activities of this Center do credit to the aims and objectives of the AFRO/SHDS program and deserve the additional support needed to improve the efficiency of current operations and prepare for eventual expansion of course offerings and student enrollment.

EVALUATOR'S CRITIQUE

SHDS project objectives are integral to the program at WHO/BTC in Lomé. While there exists adequate coordination with the Togolese Ministry of Health, there is little communication with other institutions hosting AFRO/SHDS programs.

The evaluator recommends the following:

(1) A review of program funding should be directed toward increasing administrative efficiency and program effectiveness;

(2) training courses for staff should include material on the collection and utilization of epidemiological and other health-related data;

(3) all training courses should include a field work component,

(4) training courses and other project activities should relate to specific communities, and

(5) project activities should be designed to prepare the trainee to mobilize professional and lay health care workers in active participation in Primary Health Care

WEST AFRICAN COLLEGE OF NURSING (MACN)

Lagos, Nigeria

The West African College of Nursing is one of several agencies of the West African Health Community, an anglophone umbrella organization supporting the interests of the West African College of Physicians, the College of Surgeons and the College of Pharmaceutical Sciences, in addition to MACN. Following several years of planning, MACN was founded in October 1980 by the Assembly of Health Ministers. Professor Peter Easan is Executive Director of the West African Health Community, Mrs. O. A. Adewole was the first President of MACN and is its current Immediate Past President. Mrs. Joana Samarasinghe is Coordinator for Nursing Affairs for MACN and Operations Officer. Interviewing these three West African Health Community and MACN leaders provided an in-depth exposure to its history, goals, objectives and philosophies. Mrs. Samarasinghe described the history of relationships between MACN and ABO/SHS and the details of past, current and projected program collaboration. The ABO/SHS liaison to MACN was originally Professor C. M. Finham of Boston University and for the past several years has been Dr. Charlotte Ferguson.

MACN has as its major objectives and responsibilities the following:

- (1) To promote excellence in nursing education at basic professional and advanced levels and maintain the standards of practice of nurses within the community.
- (2) To accredit institutions in the five anglophone countries for cooperating programs of the college.
- (3) To assist in the formulation of nursing education programs and to support the management and funding of such programs in accredited institutions in the member states.
- (4) Coordinate and/or sponsor in-service and continuing education programs.
- (5) To encourage uniformity in designations of specially qualified nurses in member states.
- (6) To contribute to the improvement of health care within the community.

MACN has an affiliate organization in every member state (Liberia, Gambia, Sierra Leone, Nigeria and Ghana) all of which are, in fact, extensions of the headquarters office in Lagos. Its annual budget of about U.S. \$100,000 is set by the Executive Board of the Assembly of Health Ministers and has not been increased since 1982. This is noteworthy because the cost of living and conducting business has gone up several hundred percent in Nigeria, making a marginal budget, which now supports considerably more program activity, sub-marginal.

MACN appreciates the need for additional training, knowledge and expertise in assuming the new leadership roles for nurses in management and policy making. MACN also recognizes a knowledge of Primary Health Care systems has become an essential component in nursing school curricula. Further, it is clear they are enthusiastic about working toward these goals in collaboration with AFRO/SHDS. Much of the past collaboration with AFRO/SHDS has been in the area of redesigning the curricula of several nursing schools in the MACN orbit, in order to accommodate the new knowledge required for expanding nurse roles in management, policy development, and in the operation of primary care systems. In addition, they are in the process of developing a common curriculum for the member schools at both the Basic and especially the more highly-specialized levels of nurse training. Current collaboration between MACN and AFRO/SHDS includes development of programs in continuing education. MACN and Dr. Ferguson recently completed a funding proposal for Continuing Education with the assistance of the participating states.

Some of the problems and constraints identified by MACN in implementing their programs are as follows:

(1) Development and organizational problems exist at MACN as a result of external constraints. With the exception of the Office of the Coordinator of Nursing Affairs in Lagos, all MACN activities carried out at the national level with affiliating institutions in other countries are provided on a voluntary basis by individuals who are also full-time employees of their respective institutions.

(2) Inability to support the national chapters, technically, materially (commodities, literature, etc.) and financially.

(3) Absence of an information system, i.e., data collection, analysis and storage, which would allow more rational planning and programming to address prioritized problems in nursing education.

(4) Problems exist in MACN headquarters communications with national chapters and with faculties in participating schools. Presently, resources are so scarce as to prohibit the development and distribution of a monthly or even quarterly newsletter.

EVALUATOR'S CRITIQUE

The MACN is a constituent part of a respected, experienced anglophone West African institution (The West African Health Community). MACN has excellent leadership among its small senior staff which is substantially its President and Coordinator for Nursing Affairs. The institution has credibility and has developed a solid cooperative network through organized affiliates in each of the five member states. AFRO/SHDS could not have found a better institution to coordinate and lead the implementation of its innovations in nursing education. The MACN Nursing Coordinator and the SHDS Nursing Coordinator hold each other in highest mutual professional respect and work closely in organizing, defining and implementing AFRO/SHDS programs and objectives for improving nursing education.

Their major collaborative effort of the past couple of years, which is now reaching a successful conclusion, is the restructuring of the Basic and Post-Basic curricula in Nursing Management and Primary Care to reflect the particular needs of cooperating institutions with an eye to developing a common curriculum for West African anglophone schools of nursing. They appear on their way to this goal. The latest MACN-AFRO/SHDS program objective is the development and implementation of a Continuing Education Program (CEP). This evaluator has had the opportunity to review a draft of their CEP program proposal and found it impressive. It deserves priority attention in the next SHDS funding cycle or alternatively WHO/AFRO and AID/REDSO should assist SHDS in finding funding.

MACN is a young, vital institution that has reached its present level of maturity, organization and excellence through the hard work, vision and motivation of its leadership--and with minimal financial support. It should be emphasized that the institutionalization and implementation of AFRO/SHDS programs in anglophone nursing education create additional burdens in terms of administrative, commodity and material outlays, which further compromise the inadequate MACN operating budget. This excellent institution and its programs are vital to SHDS goals in nursing education in anglophone countries in the region. At the termination of the SHDS program, it may also become the key coordinating agency for promoting and implementing communication and collaboration with francophone nursing institutions in the region.

RECOMMENDATION

o AFRO and AID should develop mechanisms that would support AFRO/SHDS involvement in 'institution-building', if MACN is to continue its demonstrated capacity to implement and coordinate programs for the improvement in the quality and relevancy of professional nursing education in the region. If this cannot be done directly, then WHO/AFRO and AID/REDSO should mobilize their combined influences and creativity to assist SHDS and MACN in securing support from other international donor agencies or institutions.

CUTTINGTON UNIVERSITY COLLEGE (CUC)

NURSING DIVISION

Phoebe, Liberia

Since 1974, the Nursing Division of the Cuttington University College (CUC) has maintained two programs, the Basic and the Post-Basic Programs of Nursing. It admits high school graduates who meet all college entrance requirements and desire to study in a 4-year collegiate nursing program. The Post-Basic Nursing (PBN) students are Registered Nurses (RN) from hospital diploma programs who desire a baccalaureate degree in Nursing. They must meet all the CUC entrance and general education or liberal arts requirements. For the twenty baccalaureate students currently enrolled, the length of study is approximately two and one-half years assuming they successfully pass examinations in the five Basic Nursing courses.

The Nursing Division is the center for the SHDS Post-Basic program in Gambia, Sierra Leone and Liberia. The last candidates graduated in 1983. The total number of baccalaureate students sponsored by the SHDS Project from 1980 to 1983 was twelve--ten Liberians and two Gambians. Sierra Leone had no candidates in the program. The PBN Program has welcomed students from other anglophone countries that are not in the SHDS 20-country region, including Lesotho, Swaziland, Botswana, and Zimbabwe. The WHO/SHDS liaison to the Cuttington Nursing Division is Dr. Charlotte Ferguson.

In the absence of Mrs. Mulbah, Division Director, the evaluator interviewed the following faculty members: Mrs. Hannah Sush, Mrs. Janet Moore, Mr. Joseph Adam, and Mr. Milton Kozala. Mrs. Moore described the internal dimensions and dynamics of the program, the impact of community economic patterns on the health status of the people, and the application of nursing process to the community. She also explored nutrition issues, emphasizing production and consumption of local food stuffs, weaning patterns, locally adopted methods of population control, and described health facilities and services available to the community, school health services, and community health nursing.

As a result of the A/RD/SHDS input, the Nursing Field Coordinator, the consultants and the nursing faculty have revised the PBN curriculum to emphasize the Primary Health Care concept. Primary Health Care is taught as a course, and it is also incorporated into the Basic Nursing courses. Principles of nutrition, pharmacology and nursing research have been included in the revised curriculum to adequately address PHC issues.

The AFRN/SHDS program has sponsored faculty members attending several regional workshops and seminars on PHC and curriculum development. Further, since 1983-84, SHDS has provided a budget for secretarial services, office equipment and supplies, reference books, periodicals and other teaching materials (e.g., audio-visual aids) for the CUC Nursing Division Library. The program also supported two full-time SHDS consultants for a period of more than four years. These consultants were originally hired on a 3-6 month contract, but as a result of the diaspora of experienced faculty after the coup d'etat, they were retained to teach in the Post-Basic Nursing Program and to train new and inexperienced faculty.

The Liberian government through the Ministry of Health and Social Welfare and the Cuttington University College administration approved additional financial and material support for the program. They fund salaries and/or subsidize eight of the ten faculty members, provide scholarships to baccalaureate (PBS) students, sponsor faculty member attendance at workshops and other Continuing Education programs, and provide relevant educational materials. The four room Nursing Division facility is located within the university compound. Special mention should be made of a set of the MEDEX series (provided by SHDS through WACN) for training non-M.D. health professionals from the Ministry of Health and Social Welfare, which the faculty found very useful.

The West African College of Nursing (WACN) has expressed interest in the CUC Nursing Program and is prepared to sponsor candidates who meet entrance requirements. Cooperative relations between the CUC Nursing Division and the Ministry of Health and Social Welfare, the National Nursing Association, and the National TBA Associations have positively affected the growth of the CUC nursing programs.

The SHDS-PBM Project is considered by the beneficiaries to have been successfully implemented on the whole, but they cite barriers and constraints which have impeded project implementation:

- (1) Lack of capacity to produce teaching materials, modules and teaching guides;
- (2) Insufficiency of budgetary allowances, as well as workshops focusing on preparation/production of teaching materials;
- (3) A decline in the number of baccalaureate (PBS) students since cessation of SHDS fellowship support in 1982;
- (4) Administration of the consultant contracts and salaries has been problematic due to incompatible and incongruent budgetary accounting procedures and policies between WHO/AFRO and USAID. Consultants have frequently received their salaries many weeks late--a situation which has dampened consultant motivation;

(5) Insufficient resources and facilities (dormitory, transportation, advanced educational materials) to facilitate the implementation of four additional courses in the PBN curriculum which are, in order of priority:

- a) Maternal/Child Health and Midwifery - RN/Midwifery now offered at Phoebe Hospital;
- b) Community Health/PHC Nursing;
- c) Nursing or Health Administration and Management course;
- d) Nursing Curriculum;

(6) Communication problems between member countries regarding the relocation of the Nursing Field Coordinator.

EVALUATOR'S CRITIQUE

The CUC-ND has the leadership and capacity necessary for the preparation of specialized students in the fields of clinical and community nursing. AFRO/SHDS consultants and nursing faculty members share a mutual professional respect and work closely in implementing AFRO/SHDS programs and objectives for improving nursing education. They have collaborated in planning the four PBN additional courses listed above. Previously, those courses have been taught by a voluntary consultant at Phoebe Hospital. There is a definite need for long-term consultants to implement the courses, and for a facilitator. Temporarily, one of the faculty members is taking responsibility for the course. Since this is a concern of the PHC Health Manpower Development Committee of Ministry of Health and Social Welfare, the Phoebe/CUC Administration, the WACN and the Division of Nursing faculty, AFRO/SHDS should consider the feasibility of using someone who already possesses the required experience and expertise and is known by the community.

Faculty members mentioned interest in projected WACN-sponsored SHDS program activities in continuing education. The evaluator also supports AFRO/SHDS plans to establish a Continuing Education Program through WACN that would serve all anglophone countries.

In the revised PBN curriculum which introduces PHC concepts, field practice in the community is of high priority and as such is a condition of graduation. This is currently met through entrance requirements which stipulate two years of nursing practice for RNs seeking a SHDS fellowship. However, this evaluator believes a system of PHC internship should be established. During the period of internship, the future graduate would work in the community to assure community participation in operational research undertaken during the final program year. AFRO/SHDS should create a supportive mechanism of field research activities in the PBN program.

One SHDS Nursing Project objective was to collaborate with CUC-ND in reformulating its Post-Basic Nursing curriculum. This objective has been met and the PBN curriculum is in place.

Some consideration should be given by SHDS to the feasibility of helping to establish a Master's Program at Cuttington. At present, RN-prepared students study for two and one-half years, receiving only a B.S. in Nursing with specialization in MCH/Midwifery upon graduation. Students face the possibility of obtaining no increase in salary, no improvement in position, nor opportunity to engage in more challenging work after receiving their baccalaureate. The frustrations inherent in this situation are evident. Further, it could be a demotivating factor and may contribute to the decreasing number of students enrolled in the PBN program. Since the CUC-ND's goal is to aim at a Master's Degree Program, the evaluator recommends that SHDS, in consultation with CUC, should study the cost-benefit ratio and other implications necessary to change the Post-Basic nursing curriculum into a Master's program.

With respect to operating funds for equipment such as photocopiers, the evaluator suggests the school might create a system of charging a small semester or annual fee that would serve to maintain the machines. Meanwhile, AFRO/SHDS should provide a consultant/expert in preparation and production of teaching materials. SHDS could also sponsor a student whose primary interest is in this area.

AFRO/SHDS has allocated sufficient resources to enable CUC-ND to meet the objectives of the program, which indicates positive administrative support. There is, however, room for expanding the resources, particularly with reference to transportation and audio-visual aids. At the outset of 1984, CUC received a SHDS vehicle for use in the Post-Basic Nursing Program, an event that met with great satisfaction at CUC. AFRO/SHDS must look toward the possibility of creating outreach activities. Development of such capabilities would be a major AFRO/SHDS contribution to help the African countries prepare to meet the challenging social goal of "Health for All by the Year 2000".

NATIONAL SCHOOL OF NURSING

Freetown, Sierra Leone

The National School of Nursing, located in Freetown has institutionalized SHDS goals of primary care emphasis, curriculum revision and management training in nursing education. These shifts in orientation within the educational program of the National School of Nursing reflect not only the positive SHDS influence, but also the significant changes taking place in the field of nursing, internationally. It is encouraging to note the strides being made toward greater competency and leadership preparation at this institution which are in tune with regional and wider developments in nursing education. Success in meeting these SHDS Objective II goals has resulted in part from an initial and continuing cooperative relationship with SHDS and the inspiring example offered by the West African College of Nursing.

Even though limited direct program activity has taken place with AFRO/SHDS in the past, National School of Nursing Principal, Ms. Nadia Osborne is pleased with the prospect of more direct program relationships with SHDS and is optimistic about the future. She was very positive about the SHDS impact on anglophone nursing institutions in the region, which has occurred as a result of the intermediary activity and leadership of WACN.

SHDS support to date includes the SHDS Newsletter and periodic progress reports received from SHDS Nursing Program Consultant/Coordinator, Dr. Charlotte Ferguson, who makes an average of two visits per year to the institution. These major points of articulation are complemented by SHDS workshops involving the Principal and faculty members.

Regional programs have also contributed to an understanding of the relevance of SHDS objectives to current trends in nursing education. A regional workshop concentrating on primary health care nursing was held in 1982. Curriculum development in advanced nursing was the subject of a similar workshop in October 1984. Both of these involved about four participants from each of the five anglophone countries. Ms. Osborne and three or four faculty members also participated in an AFRO/SHDS-sponsored 10 week workshop series on curriculum reorganization offered in Liberia in 1982. This was the primary AFRO/SHDS stimulus for the introduction of curriculum changes emphasizing primary care nursing at the National School of Nursing in Freetown.

To improve and expand the SHDS impact on nursing education in Sierra Leone, Ms. Osborne would like to see quarterly rather than semi-annual workshops on appropriate nursing education issues (including continuing education). Further, Ms. Osborne and the Sierra Leone National School of Nursing would welcome more literature on nursing affairs and management for their permanent library collection. They have been provided with lists of such material, but do not have the money to purchase recent books and journals on these topics.

EVALUATOR'S CRITIQUE

At this institution, the goals in SHDS Objective II for Nursing are well on their way to final development. Certainly the emphasis on primary care, curriculum modification and management training programs in nursing are in the process of being institutionalized. The enthusiasm for SHDS program objectives is high and the Principal of the Sierra Leone National Nursing School looks forward eagerly to future collaborative efforts and expanded institutional relationships with AFRO/SHDS and WACN.

Taking into account the severely depressed national economy of Sierra Leone (perhaps the worst in the region) and considering the progress achieved so far by this capable and enthusiastic principal and faculty, SHDS/AFRO should make every effort to capitalize on this institutional resource and should expand its program relationship and support level. Funding should include the provision of appropriate program materials, literature and equipment.

RECOMMENDATION

• See recommendation for institution building in West African College of Nursing (WACN) report.

TUBMAN NATIONAL INSTITUTE OF MEDICAL ARTS (TNIMA)**JOHN F. KENNEDY MEDICAL COMPLEX****Monrovia, Liberia**

Tubman National Institute of Medical Arts (TNIMA) is a multidisciplinary training center for various health care specialists and is an integral part of the John F. Kennedy Medical Center. The School of Nursing and Midwifery is one of the four schools within the Institute. The school offers a 3-year Professional Nurse Course (RN), a 2-year course in Practical Nursing (LPN) and, a 2-year course in midwifery. The School of Nursing was established in 1945 through the cooperation of the National Public Health Service of Liberia and a team provided by the U.S. Public Health Service, the latter under AID auspices.

Liberia politically and materially supports a philosophy which views promotion and protection of the health of the people as essential to economic and social development and therefore protects the public's right and responsibility to participate individually and collectively in the planning and management of their health care service. The Government of Liberia through the Ministry of Health and Social Welfare (MOH/SW) has adopted Primary Health Care as a means of providing basic health care services to the people of Liberia--particularly to those in the rural areas.

The School of Nursing and Midwifery (SNM) operates within the framework of the philosophy and purpose of the entire Institute. Because the JFK Medical Center is a referral center for complex medical/surgical and maternity problems, TNIMA students have the opportunity to train in about fifteen different disciplines at the Center, greatly expanding the educational potential of the Institute. The School of Nursing and Midwifery program is headed by a Director who collaborates with the Administrator of TNIMA in planning, implementing, evaluating, revising and promoting the training curriculum of the school. The Director certifies that the curriculum of the SNM meets the standard of not only the Institute but also of the Liberian Board for Nursing and Midwifery.

For various reasons, the JFK Medical Center was closed for almost two years. It opened again in early 1985. At the time of this evaluation, however, the TNIMA was still closed. It appears that insufficiency of resources and logistic support are the main obstacles.

In the absence of other senior staff who were attending the West African College of Nursing (WACN) annual meeting in Banjul, the evaluator was able to meet Mrs. Mabel Yaloo, Chief Nursing Administrator at the Ministry of Health and Social Welfare. In the course of discussion of the history and philosophies of the INIMA Nursing School, she emphasized the positive contribution of the AFRO/SHDS program in the education of ten nurses. Four of them had received SHDS fellowship support while completing Master's in Nursing (MSN) degrees in Boston. The greatest achievement of SHDS project was to collaborate with the faculty members in developing a curriculum with emphasis on Primary Health Care for the School of Nursing.

Among the seven instructors currently employed by INIMA Nursing School, only one of them, the Nursing School Director, has a master's degree. Three of the seven have received baccalaureate degrees from Cuttington University College, while the remaining hold no academic degree. Mrs. Ellen Georges, Director of the Nursing School, has spoken to the Liberian Board of Nursing in an effort to procure additional and more qualified instructors for the training program.

EVALUATOR'S CRITIQUE

The evaluator was advised that AFRO/SHDS program had made significant contributions to Nursing Education at INIMA. Despite severe local institutional problems, they expressed the hope that AFRO/SHDS will continue its support in terms of fellowships and workshops.

This evaluator noted problems associated with the reopening of the facility and the insufficient number of qualified trainers able to implement the curriculum reformulation. Apart from the survival of the School of Nursing, there is evidence to suggest the demise of the entire Institute (INIMA).

In this regard, the evaluator feels that AFRO/SHDS should approach continued support of INIMA with real caution--at least until the Liberian government has demonstrated its support to the role of INIMA as a National Training Center. On the other hand, AFRO/SHDS should promote the use of the INIMA Nursing School curriculum design as a blueprint for Basic nursing programs by anglophone and francophone participating as well as non-participating institutions. The evaluator feels the curriculum design for INIMA School of Nursing and Midwifery contains excellent, well-articulated course descriptions that clearly define the course objectives and teaching methodologies. It is not only a valuable document for local students and faculty, but is also worthy of exporting.

To briefly outline the curriculum format, the following components are found in each course description

(1) a definition of course purpose which describes briefly the relevance of the course,

(2) a section on time constraints provides the opportunity for the instructor to choose from various paces and levels as well as from theoretical or practical course orientations, and it permits the instructor to select emphasis based on the course prerequisites;

(3) its course objectives and learning objectives that could be easily measured; and

(4) course syllabi in which classroom and field activities are synchronized in such a way that students and teachers know what to expect.

With this kind of course syllabus format, both program implementation and student performance can be evaluated with greater ease than with other formats. Also, this format presents no barriers to the addition of more advanced curricular material in the future, to meet the increasing demand for nurse leaders in research, teaching methodology and health policy development.

RECOMMENDATIONS

o (1) Because of its excellence, AFRO/SHDS should urge and promote the use of the INJMA nursing school design for the Basic nursing curriculum as a blueprint for anglophone and francophone nursing schools in the region.

o (2) AFRO/SHDS should approach further material support of the INJMA with real caution. This institution has neither the priority nor the governmental support to make it viable at this time.

CENTRE D'ENSEIGNEMENT SUPERIEUR EN SOINS INFIRMIERS (CESSI)

(Center for Higher Training in Nursing Care)

Dakar, Senegal

Following adoption of a resolution mandating higher trained nurses and midwives during the Eleventh Session of the Regional Committee of the African Region for WHO, in 1968 an International School for Advanced Nursing (CESSI) was created under a tripartite operational plan that was signed by WHO, UNICEF and the Government of Senegal.

As a distinct, WHO-supported Unit at the University of Dakar, CESSI operates independently under the direction of Ms. Pelgrin, National Coordinator and Director of Program Implementation. Ms. Pelgrin traced the history and philosophy of the school and pointed out that from 1970 to 1984 more than 310 students from 20 countries (included Madagascar and the Comores Islands) have been graduated after a 2-year training program. When the first SMDS consultant arrived in 1970, most of the work had been completed. The current SMDS consultant visited in 1980 and together with the nursing faculty members prepared a program to assure that CESSI post-graduates act as agents of improvement in their professional community.

The institutional objectives of CESSI-Dakar were stated as follows:

- (1) Participate in the policy of national health development by offering advanced training to community-oriented nurses and midwives;
- (2) Collaborate with other health manpower training institutions in developing teaching methods to resolve public health problems;
- (3) Cooperate with health services and principal development sectors to improve nursing/midwifery and to promote Primary Health Care;
- (4) Participate with the national authorities in continuing education for the nursing/midwifery personnel and community health workers.
- (5) Assure training at university level to enable graduates to pursue advanced studies leading to a Master's Degree in Nursing/Midwifery and PHC.
- (6) Evaluate continuously the pertinence of the training program through follow-up of the CESSI graduates in order to make appropriate program adjustments.

Because WHO support is allocated in a specific budget, CESSI is more financially secure than most of the participating nursing institutions. With the assistance of the SHOS consultant, another program was added to compensate for the fact that in the previous program, curriculum evaluation and student performance had not been measured. The new curriculum was developed by module and put in place in 1981. This was done using follow-up findings obtained through the analysis of the questionnaires sent to the CESSI graduates. It has been proposed that in the coming year SHOS will conduct a program evaluation.

The contribution of the Government of Senegal is made via the Ministry of Health and the University of Dakar and consists of facility provision for CESSI activities.

Since 1978, AFRO/SHOS has provided two consultants, sent three nationals to a master's degree program in Canada, and sponsored faculty member attendance at seminars and workshops in PHC on the role of a CESSI teacher's consultancy. As the result of successful collaboration with university faculty and good recognition of the School, the nursing faculty members and especially the CESSI Program Director, Ms. Pelgrin, have been frequently consulted on nursing problems and invited as workshop facilitators. In that respect a 2-day workshop on PHC issues was organized at the national level and Ms. Pelgrin was designated as President.

EVALUATOR'S CRITIQUE

The following general comments are based on overall issues discussed by the CESSI Director and the evaluator. This evaluator recommends strongly that AFRO/SHOS establish a Continuing Education Program for instructors and post-graduate students. Communication linkages should also be established between CESSI and the West African College of Nursing (WACN). A Research Program in Nursing should be introduced into the curriculum training. These research activities should focus on PHC and community participation. In that respect, one of the implications of community involvement in PHC is that the mechanism for organization and decision-making will stem from the people themselves and it is they who will assume responsibility for maintaining its effectiveness. However, if the health personnel from any level, particularly the local health center, are to play their roles as technical advisors, educators and motivators, they must acquire a knowledge of how communities organize themselves for communal living and decision-making. The national 2-day Studies Seminar on Primary Health Care should be oriented toward that concept.

CYCLE D'ETUDES SUPERIEURES EN SOINS INFIRMIERS (CESSI)

(Center for Higher Training in Nursing Care)

DU CENTRE UNIVERSITAIRE DES SCIENCES DE LA SANTE (CUSS)

(of the University Center for Health Sciences)

Yaounde, Cameroon

The Post-Basic Nursing School (CESSI) of Yaounde's University Health Sciences Complex (CUSS), was developed in 1972 to support nursing education in the Central African francophone countries. This was in response to the need for higher education opportunities for nurses and midwives in the areas of management and teaching. CESSI-Yaounde was created in response to a Presidential Decree that was signed in 1975 by the Government of Cameroon, and later approved by WHO and UNICEF. Its objectives were to:

- (1) create a Post-Basic School of Nursing where students from the African Region with a basic Diploma of Nursing and/or Midwifery (RN) can earn a higher degree in Nursing;
- (2) develop a curriculum based on the ability to respond to the informational and technical demands on health services in the region; and
- (3) train nursing personnel to assume functions as trainers of trainers, supervisors and managers of health services.

The evaluator had the opportunity to discuss progress on AFRD/SHDS program objectives with Dr. Jacob Ngu, Director of CUSS, Mrs. Melene Awatum, who heads the Nursing Division in the Ministry of Public Health, Ms. (illy Nwanjima, head of the Paramedical Training Unit in the Ministry of Public Health, and Dr. G. Quince, WHO Program Coordinator, and Mrs. Sybille Misse, Coordinator of CESSI and head of the Nursing Unit of CUSS. In addition, the following faculty members were interviewed: Mr. Nassourou Ousman, Mrs. Juliette Nguematch, Mrs. Elise Bollanga, Mr. Andre Noussi, and Mrs. Lydia Alangoh.

During the 1978-79 CESSI project evaluation which was financially underwritten by AFRD/SHDS, CESSI teachers were sent to four neighboring countries to collect information from the ex-CESSI graduates. Ms. Jeanne F. Carriere, the field Nursing Consultant and Coordinator, was chief liaison for AFRD/SHDS at CESSI-Yaounde. From 1979 to 1980, the

Field Nursing Consultant helped faculty members develop a revised curriculum introducing the PHC approach and served as facilitator to CESSI instructors. During that period, and again in 1980-81, AFRO/SHDS provided scholarships to three instructors to earn master's degrees in Boston and Montreal. SHDS fellowships were awarded to four faculty members to attend the WHO workshop organized in Lomé for the trainers of trainers of nursing personnel.

In addition to subsidies given to the teachers by AFRO on behalf of SHDS and allotments for audio-visual equipment and office furniture, SHDS budgeted U.S.\$3,000 per year for two academic years (1981-82 and 1982-83) for subscriptions to periodicals and instructional materials. AFRO/SHDS has also provided scholarships to CESSI post-graduates and sponsored faculty members to workshops and other Continuing Education programs.

As a result of this input, faculty members were able to improve their teaching methods. A questionnaire circulated at the end of term among students helped the instructors to be more flexible in teaching/learning objectives. Also, from the various PHC seminars, the CESSI Coordinator prepared a field project report that will serve as a field practice guide to meeting the Community Health learning objectives. Other field placements have been at University Hospital, the community health centers for clinical nursing and at basic nursing schools for those preparing to teach Nursing. All students are supervised by their instructors and also by the head nurses of the Unit or by faculty at the basic nursing school.

The Government of Cameroon through the Ministry of Public Health contributes support to CESSI in various ways. The budget allocation is approximately 600,000 CFA per year. The CESSI has provided facilities on its campus. The allocation and consumption of resources indicates that efforts have been made to provide reasonable resources for meeting the objectives of the program, thus demonstrating positive government support.

After successfully completing the the 2-year Post-Basic Nursing program, the student should be capable of improving the delivery of health services by assisting in the resolution of those problems which affect nursing education. In 1982 the CESSI program curriculum was revised. As a result, the SHDS Consultant and the nursing faculty established a 2-year curriculum leading to a Bachelor's Degree in Nursing. This 2-year Post-Basic Nursing Program emphasizes Primary Health Care Nursing, principles of Nursing Administration and Management, methodology of Operational Research in Nursing and development of curriculum guidelines, thus addressing SHDS Objective II goals in Nursing Education. In this regard, the SHDS project has been successfully institutionalized and contributes considerably to the improvement of the health status of the people by supporting higher education for nurse professionals.

Areas which continue to be problematical were identified by faculty members of the CUSS Nursing Division and the head of the Nursing Division at the Ministry of Public Health. They presented the following barriers and constraints to project implementation:

(1) In the absence of follow-up of post-graduates from CESSI, it has been difficult to identify their needs in order to maximize assistance to them.

(2) Faculty members using the institution's current materials stated that there is a need to increase the quantity of instructional materials, particularly textbooks and audio-visual aids.

(3) The faculty of CESSI, who are very well qualified personnel, do not participate in the planning of the national and/or international PHC projects.

(4) The CESSI nursing faculty members do not have a clearly defined position description as do other members of the university faculties. This makes them insecure and contributes to a lowering of self-esteem and teaching motivation.

(5) There are communication problems between CESSI, CUSS and the MOH which contribute to gaps in administrative coordination.

(6) There is a lack of continuing education opportunities for CUSS instructors which impedes their desires to improve their teaching performance.

EVALUATOR'S CRITIQUE

From the remarks of those interviewed, it was apparent that the AFRO/SHDS program has been very successful and that it should be pursued. At one point in discussion, however, there was confusion between the objectives of AFRO and of SHDS, even though they understood that both were pursuing the same goals. Therefore, it is recommended that SHDS and AFRO clearly define for the participating institution the respective roles of the two institutions.

Collaboration, communication and information should be improved among all member countries, participating institutions and international organizations (MACN) in order to exchange views and ideas about nursing development programs, nursing research and health education in nursing. That was the general opinion of the people with whom the evaluator spoke. By organizing specific seminars and consultancies between member states, AFRO/SHDS will create a conceptualized framework for coordinating activity among the participating institutions as well as the non-participating basic or post-basic nursing schools in the region. AFRO/SHDS might also wish to establish an exchange student program with other schools of nursing in more developed countries.

After a one-day workshop on the role of nurses in PHC, based on content provided by SHDS, the CESSI Coordinator submitted a project document on Primary Health Care and community participation to the PHC Manpower Development Unit of the Ministry of Public Health. The AFRO/SHDS programs should give grants to successfully implement such PHC activities on a self-reliant village-based basis. The village approach could serve as a prototype for community development in PHC activity.

The proposed revision of the CESSI-CUSS 2-year program to a 3-year program causes a problem for some member countries. Some feel they may be unable to offer adequate status to nationals who graduate with the proposed higher qualification. Others may be reluctant to send students for an additional year of study. A meeting of member countries should be held to consider these and other matters, and to reach agreements reflecting the wishes of host country officials and decision makers.

In addition to supporting the development and production of instructional materials, AFRO/SHDS should continue to support subscriptions to various periodicals which have lapsed since the 1983 departure of the Field Nursing Consultant. In addition, AFRO/SHDS should support the idea of publishing a newsletter to strengthen linkages between CESSI post-graduates and the faculty. This newsletter should serve as a resource through which teachers and students can reach solutions to problems related to their roles and responsibilities.

Through multisectorial and multidisciplinary seminars and workshops, AFRO/SHDS could provide Continuing Education for the faculty as well as for CESSI post-graduates. National workshops also would help reconcile the administrative hierarchy, and would improve understanding of the WHO strategic and social goal of "Health for All by the Year 2000" and the philosophy of Primary Health Care as a team approach to solve health care problems and to improve the health status of the people.

OBJECTIVE III: EPIDEMIOLOGY TRAINING/DISEASE SURVEILLANCE

ORGANIZATION DE COORDINATION POUR LA LUTTE CONTRE ENDEMIES
EN AFRIQUE CENTRALE (OCEAC)

(Organization for Coordination in the Control of Major Endemic Diseases)

Yaounde, Cameroon

The rate and level of development of AFRO/SHDS programs at OCEAC are limited by the level of development of the respective countries and the availability of local resources. There is considerable interest and goodwill, as well as dependence on SHDS, for maintaining the present activities.

OCEAC progress in achieving SHDS Objective III was the focus of discussions with Dr. Sentilhes, Honorary Secretary-General, and Dr. Roger Josseran, Chief of the Center for Training and Documentation, who directs the Epidemiology course and is Chief of Administration and Finance. Dr. Kouka Bemba, the Secretary-General, was away.

The OCEAC center conducts the following courses: a 2-year course for Senior Laboratory Technicians, a 2-month course four times a year on leprosy and tuberculosis control and a 2-month epidemiology course for physicians. The latter is SHDS-funded and is regarded by the Course Director as a separate program and is not integrated into the work of the center. However, the epidemiology course has been written into the OCEAC 5-year plan and has been approved by the OCEAC interministerial governing council. Nevertheless, it increases their workload for a total of about four months per year. SHDS provides a secretary during the course period of two months. There is no supplementary allowance for the Course Director, to which consideration should be given. Normally, four facilitators are provided by WHO and SHDS. This year five have been required to cover the work involved.

Practical field experience is only available during the year following completion of the course. Only three of the thirteen students from the first course replied to the questionnaire sent out regarding their field work. Many of them complained of lack of local funds for the work, especially for the travel involved. Subsequently, an allowance for this travel was recommended for inclusion as part of the student scholarship allocation. SHDS is insisting on prior detailed justification for each item of this expense.

Governments have been requested to select two students per country and to guarantee that they will continue to work in related spheres at the end of their training. The relevance and value of the course is well-recognized by member states. Past students from several countries

have been appointed directors of Epidemiological and Statistics Units, a former student directed an Epidemiology workshop, while another was selected for high-level training in Public Health.

There is no possibility of increasing the number of students or the number of courses at present, but if OCEAC plans to conduct a higher level Public Health course in Brazzaville beginning in 1987, then space would become available in Yaounde. This course is expected to lead to the establishment of university level training in epidemiology, which is lacking at present in Africa. The evaluator does not support AFRO's suggestion that the epidemiology course should consist of 10-week theory in Yaounde followed by a 6 week field exercise in Mali or other countries. Rather, there should be articulation between theory and practice exercises during the course.

There is no direct coordination or communication with other centers in Bamako, Nairobi, or elsewhere, and no apparent desire for this with respect to the 20-country region outside the OCEAC zone. Provision has already been made for coordination and dissemination of epidemiological information concerning OCEAC countries in two bi-weekly publications: EPI-Notes, a bilingual newsletter, and the OCEAC Bulletin of Coordination and Documentation.

OCEAC senior staff suggest that SHDS establish a course on the collection and utilization of epidemiological and other health data to fill the gap which exists in this area in health administration in member states. The evaluator recommends that this objective would be best achieved by ensuring that this very important aspect is more adequately reflected and stressed in all SHDS training courses and educational meetings.

The evaluator recommends that urgent steps be taken to modify the system of financing the SHDS program in OCEAC. In the past, OCEAC advanced money to the program to avoid delays, but refunding by SHDS was often difficult. OCEAC claims that a large sum is still outstanding from the first course. The present cash flow situation is such that OCEAC is not likely to be able to make the usual advances this year. Unless funds are deposited with OCEAC beforehand to cover these charges, difficulties may arise in running the course.

EVALUATOR'S CRITIQUE

At OCEAC, the epidemiology course impinges to a considerable extent for about four months in the year on OCEAC resources, and is not viewed by some staff as an integral part of the work of the center. There has been good progress in achieving Objective III disease surveillance goals in the SHDS activities at OCEAC. There is, however, very little communication and coordination with other SHDS participating institutions. The overall attitude toward SHDS objectives and programs is very positive.

It is suggested that the nature and extent of the problems in West and Central Africa call for a new direction in the orientation of training and manpower development. Partially to address this issue, the evaluator recommends the following:

(1) Changes should be made in the funding of the SHDS program at OCEAC in order to improve its effectiveness.

(2) Greater emphasis should be placed on the collection and utilization of epidemiological and other health-related data in all training courses for all categories of staff.

(3) The following elements should be included in the objectives, goals and strategies of all training courses and other project activities:

(a) to prepare the trainee to mobilize the professional and lay members of any given community or group of persons, to collaborate actively with the existing health services in providing all eight features of Primary Health Care;

(b) to orientate the activities of each program toward specific local, national, and sub-regional communities; and

(c) to include a component of practical field work in all training courses.

OBJECTIVE IV: APPLIED RESEARCH DEVELOPMENT AND TRAINING

HEALTH INFORMATION SYSTEM (HIS) PROJECT

Bombali District, Sierra Leone

The Health Information System (HIS) Project differs from all the other SHDS/AFRO regional programs in that it is an applied research project in the process of development. The HIS Project is designed to test the appropriateness of microcomputer technology for use at the village level, for the collection and storage of health information and other systems data for health-program use and for subsequent transmission of relevant data to a central computer in the Ministry of Health. Thus, it provides the basis for a surveillance system at the village level.

Bombali District, where a model Primary Health Care program was developed several years ago, is the target area selected for data collection in the HIS project. The microcomputer and computer personnel are housed in the administrative headquarters of the primary care program in Makeni. The HIS Project Director, Mr. Horton, is a highly-trained and experienced medical statistician who serves as Senior Statistician for the Ministry of Health with offices in Freetown, the capital city, about 130 miles from Makeni. Mr. Horton uses a Kaypro 10 microcomputer, compatible with the Kaypro 4 at Makeni.

At the village level, village health workers (VHW) and traditional birth attendants (TRA) collect the health data on their daily rounds. In addition to census data, the data collected covers the usual health statistics information including births, deaths, disease outbreaks, nutritional status, treatment data, etc. This information is collected from the village health workers and traditional birth attendants by one of the computer programmers who spends half his time in the field travelling with the medical officer from headquarters, who visits each central village site weekly. Collected data is entered in the HIS computer on a weekly basis for some data (e.g., reportable disease outbreaks, deaths, etc.) and on a monthly basis for other data (e.g., births, drug usage, disease patterns, etc.) So far, data is being analyzed by HIS personnel and stored. Reporting forms for collecting health and disease information have been developed as a result of this SHDS activity. A SHDS-funded design consultant consolidated and modified existing reporting forms for better Primary Health Care record-keeping, appropriate for computer storage.

At a meeting of Dr. Kamara, Primary Care Program Director, Mr. Horton, the Chief Medical Officer, the District Health Superintendent, other senior personnel and this evaluator, the current priorities in data collection were reviewed and reaffirmed.

EVALUATOR'S CRITIQUE

The HIS program has been very well planned and considering its positive beginning has, this evaluator believes, an excellent chance for success. The positive influences are as follows:

The Director of the SHDS program in Abidjan has a personal interest in this program because of the potential it holds for Primary Health Care in the entire region and because of its potential articulation with the ongoing and planned training programs in epidemiology and disease surveillance in the region.

The HIS program has available to it, to provide local leadership, an experienced senior statistician, who heads the Statistics Section at the Ministry of Health. He appears enthusiastic about the program and his participation.

The microcomputer was installed in August 1984 and now seven months later, it is still working well, with only minor problems, despite the lack of air-conditioned space (dust, heat, moisture, etc.) and the problems of the local electrical system (outages, fluctuations in current, etc.). An air conditioner has arrived and a generator for the facility has been ordered.

An excellent team of computer experts from the U.S. has been engaged by SHDS since the beginning of the program to visit the HIS project periodically. They have provided much needed early and on-going support in the areas of teaching, programming, computer maintenance and general information. This has been a definite advantage.

RECOMMENDATIONS

(1) Support for the continued development of the HIS project should be of highest priority in future funding cycles for SHDS.

(2) A close relationship between HIS project activity and the epidemiology training program in OCEAC is planned. Close collaboration and articulation should be encouraged and supported.

NATIONAL INSTITUTE FOR RESEARCH IN PUBLIC HEALTH (INRSP)**Bamako, Mali**

Created in 1981 from a pre-existing Public Health Biology Laboratory, the functions of which are still carried out, the National Institute of Research in Public Health (INRSP) is a division of the Ministry of Health. Unlike other divisions, it is under the independent management of a Public Health Administrative Council, with representation from ministries of Education, Agriculture, Planning, Labor and Finance, and is presided over by the Minister of Health. There is a Committee for Science and Technology chaired by the Vice-Dean of the Medical Faculty, with representatives from Veterinary, Pharmacy, Agriculture, Economics and other faculties. There is also an Administrative and Finance Committee. The evaluator met with INRSP Director-General, Dr. Agraly; Deputy Director-General, Dr. Sine Bayo; Chief, Clinical Biology Unit, Dr. Boubacar Cisse, a pharmacist; Acting Chief, Community Health Unit, M^{me}. Bokou, an epidemiologist; Chief of Finance, Mr. Bary Sidibe; and Chief of the Training and Administrative Units, Mr. Sedi-Dara. The Director-General gave a general description of the structure, administration and function of the Institute.

Presently, there are 150 staff members including twenty research workers, three of whom are Professors and three Chiefs of Clinical Units. The Institute's field work is conducted in three Rural Research Centers which previously served as field practice areas for medical students:

(1) Kolobani Area is located 140 kms north of Bamako. It has a field laboratory.

(2) Selingue Area, 140 kms south of Bamako, where a hydroelectric dam was started in 1980, has a field laboratory.

(3) Gossi Lake Area is the newest field practice area, being only one year old. It is at this area in the desert that research in public health among nomads is being carried out. A laboratory will soon be provided.

(4) A fourth center in Kaye (Bafaluba) in a very isolated area in the West of Mali is planned for completion next year. Each center has an epidemiologist and a biologist. At Kolobani and Selingue, a laboratory technician complements the staff.

The first training course for trainers in applied research was held in 1983 and was attended by four persons from Bamako including the Director-General. Subsequently, they conducted workshops at INRSP and passed on their skills to other national researchers. Courses were held in Selingue for other staff; in Bobo for heads of divisions; and another for research workers which was attended by 22 students. As a result of these workshops, ten research topics were identified as being of short and medium-term priority, and eleven others as being less urgent. Individual projects were then selected under these topics and submitted, first to the Scientific and Technical Committee, then to the Administrative and Finance Committee for approval and funding allocation. Ultimately, four of these were approved.

A grant request to Canadian AID (CIDA) has been made to support an international seminar on Research Methodology to be held in Gao, North Mali, in 1986 with participants from eight countries.

The Administrative Council and the Scientific and Technical Committee are responsible for coordination with other Health Division units in project planning and implementation. Intersectoral coordination is carried out by INRSP members who serve on Councils in Pharmacy, Veterinary Laboratories, and in the Selingue Dam, among others. Reciprocal relations with those involved in operational research from other sectors, are regularly exercised.

A German-directed and funded project to assess different methods of Bilharzia control, which existed long before 1981, continues to function in close association with INRSP. Currently the Acting Chief of the Community Health Unit is also Acting Deputy Chief of this project. There is close cooperation with French Technical Assistance in Primary Health Care projects. In the future, a Vaccine Production Unit is to be created at INRSP.

Professor Sine Bayo, Deputy Director-General, is an histopathologist who is responsible for coordinating research and for coordinating continuing education for the medical faculty. Major INRSP projects in progress and in planning stages include:

(1) Evaluation of PHC in Koro, in the Bobo area on the border with Burkina Faso, 800 km from Bamako. Three districts comprising 46 villages are involved in assessing the provision of basic health care and environmental sanitary control, in collaboration with village health workers and traditional birth attendants.

(2) A 3-year epidemiological study of malaria, bilharzia, and trypanosomiasis funded by USAID is to begin in 1986.

(3) According to ~~Mr.~~ Bobou, Acting Chief, Community Health Unit, seventeen projects in community health have been proposed and twelve of them will be implemented in 1985. They relate to:

- (a) training of lay people in oral rehydration;
- (b) treatment of fever cases as part of a strategy for malaria control;
- (c) weaning methods;
- (d) diseases related to the construction of hydroelectric dams;
- (e) relevance and adequacy of the training offered to health staff to prepare them for field activities;
- (f) identification of maternal risk factors in pregnancy;
- (g) Primary Health Care in nomadic areas;
- (h) a study of health status in relation to PHC available in Gossi area (projected completion, February 1985);
- (i) Primary Health Care in Plateau Dogon;
- (j) aging in urban and rural areas (U.N. funded); and
- (k) socio-economic status in relation to health in Goma area (UNICEF funded).

The Director-General is to provide a list showing the total number of projects submitted, number approved, number of 25 new trainees who submitted protocols, and number specific to Applied Research.

The evaluator's estimates from discussions are:

Protocols submitted	12
Protocols approved	8
Protocols by new trainees	6
Protocols specific to Applied Research	6

EVALUATOR'S CRITIQUE

Progress in Applied Research with respect to Objective IV planned targets remains a significant, measurable criteria for determining success in AFRO/SHDS projects at INRSP. To date, 25 trainees have been prepared at regional TOT workshops. These have in turn trained another 30 persons in their respective countries.

Apart from contact made by individuals at regional meetings, no coordination, communication or collaboration has as yet occurred between the INRSP and the OCEAC training centers.

Though it is outside the scope of present SHDS objectives, the evaluator recommends that SHDS assist INRSP in improving existing facilities in order to make them suitable for middle and senior level epidemiology courses.

The evaluator also believes both the AFRO/SHDS program and INRSP will benefit from a collaboration with the WHO sanitary engineer from the WHO Inter-country Project on Water Supply based in Bamako.

SUMMARY OF RECOMMENDATIONS

GENERAL

o The project is progressing well toward its goals. We recommend, therefore, that continued support for the project, in the substance of its four objectives, be provided.

In projections and planning for the next phase of SHDS project activity, we further recommend that AID consider an additional dimension (objective) in health manpower development. This would include the development of academic training programs at the master's level in public health. We refer here to a core public health curriculum with optional areas for degree (career) emphasis in, for example, tropical medicine, nutrition, maternal and child health, health systems organization, health administration, and epidemiology.

The SHDS program is providing the stimulus and has defined the need for this upward mobility in public health leadership roles for the regions. Further, the advantage of this training occurring in indigenous institutions in the local environment, in terms of relevance, cost and especially retention (in Africa) of those trained, is undeniable.

One mechanism for accomplishing this is to match selected U.S. schools of public health with new and developing schools of public health in the WHO/AFRO region, in terms of faculty, curriculum and activities development. We, therefore, urge AID/REDSO to undertake a feasibility study to determine the overall validity of this recommendation.

o Considering the difference in levels of maturity of the individual programs, we recommend that SHDS focus creatively on the more mature of these, in an effort to expand the capacity and, therefore, the product, at a more rapid rate.

o The experience of the participating institutions in the project and their relationship with AFRO/SHDS has developed to the point that we recommend the program directors of these mature programs be participants in whatever annual, overall program planning exercise(s) that occur. This would provide valuable input from the field perspective.

OBJECTIVE 1

o We recommend that SHDS, through creative program management, maximize the opportunity for expanding program activity at IPAES and

possibly ENAM, thereby increasing the size of the pool of potential program facilitators. Further, they should consider the involvement of other appropriate institutional resources, not now in the SHDS orbit (e.g., schools of public health in the WHO/AFRO region).

o IPAES is one of the institutions in precarious financial balance. We recommend that it be given high priority for any international donor assistance that is generated for the AFRO/SHDS project (see administrative recommendation following).

OBJECTIVE II

WHO Regional Training Centers (Lagos and Lomé)

o We recommend that a headquarters team of AFRO and SHDS consultants at policy level, visit the Lagos Regional Training Center and with the WHO Regional Coordinator there, identify the issues that frustrate SHDS program activity and develop realistic solutions to the existing problems.

o The Lomé Regional Training Center is a well run, mature program, but there is little coordination between it and other institutions hosting relevant AFRO/SHDS programs. We recommend that to maximize overall program resources that SHDS step up its current emphasis on articulation and communication between and among its related programs and especially the activities at the Regional Training Centers (RTC) and the Epidemiology/Surveillance Center at DCEAC.

o Consonant with the WHO emphasis on primary health care, we recommend that SHDS programs put more stress on the design of activities (including field work components), to prepare trainers to mobilize professional and especially lay health care workers for active participation in the development and implementation of primary care program activities.

Nursing Education (Anglophone)

o To maximize the benefits of sharing anglophone-francophone experiences in nursing education, we recommend stepped-up emphasis in communication and collaboration between the respective institutions in the 20 country region.

o We recommend that MACM be given high priority for institutional support through mechanisms developed to support certain SHDS programs. This is in consideration of (1) its current role in coordinating and implementing SHDS program activity in the anglophone institutions in the region, (2) its potential role in providing linkage for communication and collaboration between the anglophone and francophone

institutions in region, and (3) as is predicted, the likelihood that WACHM may become the natural successor organization in nursing to the SHDS project, when it terminates.

o Because of its excellence, we recommend that AFRO/SHDS urge, promote and export the INIMA design for its curriculum in Basic Nursing Education as a blueprint for the anglophone and francophone nursing schools in the region.

o We recommend that, if necessary, AFRO and REDSO assist SHDS and WACHM in obtaining funding support for the proposal to establish and implement continuing education programs in nursing education, designed to serve all the anglophone institutions in the region. The development of such programs is also recommended for the francophone institutions.

o To modify the current negative perceptions of the existing 2 1/2 year Post-Basic Nursing curriculum at Cuttington University College for potential applicants, SHDS in consultation with CUC, should study the cost-benefit ratio and other implications necessary to change the Post-Basic Nursing Curriculum to a master's program.

o We recommend that SHDS assist CUC in the development of an operational research program or course curriculum offering that will provide fundamental orientation to the students in the philosophies of Primary Health Care and the importance of community participation in the planning, development and implementation of these programs.

Nursing Education (Francophone)

o There is some general concern among the CESSI/CUSS participating countries and institutions with regard to proposed curriculum revision that would extend the current two-year program to three years. We recommend that SHDS coordinate a meeting between CESSI-Yanunde and the sponsoring agencies in an attempt to clarify the issue and reach closure.

o We urge SHDS to re-think its positions regarding implementing field practice sites in francophone programs in the region. Field practice is being implemented in the anglophone institutions and we consider it a basic ingredient in nursing education programs in Primary Health Care.

o We support the continued SHDS emphasis on developing mechanisms to support cross-fertilization between anglophone and francophone nursing institutions.

OBJECTIVE III**Epidemiology Training/Disease Surveillance Center, OCEAC**

- o Since training in epidemiology and disease surveillance is so germane to primary care and applied research training, we recommend that SHDS place future emphasis on improving communication and developing collaborative activity between the OCEAC epidemiology training programs and other relevant SHDS training activities, e.g., the Regional Training Centers at Lomé and Lagos, the INSRP programs at Bamako and the HIS program in Sierra Leone.
- o OCEAC senior staff suggested during our interview that for OCEAC member states, SHDS should establish a course on the collection and utilization of data to fill the existing void in this area in health administration and services training programs. We agree, but recommend that this goal would best be actualized by ensuring that such a course(s) be developed and stressed for participants in relevant SHDS courses and educational meetings, throughout the region.
- o Although it is outside present SHDS objectives, to augment the already successful program in basic epidemiology, we recommend that SHDS articulate its interest and lend its influence to the development of mid-level and/or advanced-level training courses in epidemiology.

OBJECTIVE IV

- o We recommend that support for the continued development of the HIS project should be of highest priority in future SHDS funding cycles.
- o The SHDS planned collaboration between the HIS program activity and the basic epidemiology training program at OCEAC, is a natural melding of complementary disciplines. We therefore recommend that close articulation and collaboration be supported through additional funding for linkage if indicated.
- o We recommend that INSRP, in Bamako, be encouraged in its interest to develop training programs in mid-level and/or advanced-level epidemiology as a natural articulation with the ongoing, successful basic course in epidemiology provided by OCEAC.

PROJECT MANAGEMENT

- o Any project coordination activity that engages 20 participating countries, AID, WHO/AfRO, thirteen programs, a university and its satellite and two international committees providing oversight, becomes a distinct challenge to effective project management. In the context of the foregoing, we recommend that AfRO and SHDS put high on their

respective agendas the need to improve communication and articulation between them, as this relates to AFRO/SHDS program activity. What is needed most is a clear definition of their respective areas of role, authority and responsibility. It might also be helpful, in this process, to review definitions of existing roles and responsibility within the AFRO administration for AFRO/SHDS program activity.

• We suggest that these important management decisions can best be reviewed and clarified through a meeting involving WHO/AFRO and SHDS leadership and their respective senior program coordinators/consultants. We recommend that the essence of these deliberations should be clearly communicated to the AFRO/SHDS program directors as soon as is feasible.

✓ • We feel that the "network" concept, as conceived, could be a good program management strategy. As currently perceived, however, the concept is elusive. If one goes beyond the mere identification of "network" institutions, the definition, objectives, functions and the criteria for institutional participation of the concept are amorphous. We therefore recommend that AFRO, AID/REDSO and SHDS and the participating institutions define and clarify the "network" concept, so as to make it meaningful and useful as a program strategy for all concerned in the AFRO/SHDS project.

• We recommend better communication between all AFRO/SHDS programs in the region and urge active collaboration, especially in those programs relevant to each other (e.g., epidemiology training and applied research, HIS and some programs in the Regional Training Centers). Further, we urge increased active collaboration between programs in the SHDS region and comparable network programs outside the region.

• The subject of the value and current need for long-term versus short-term consultancies was brought up by several program administrators, with respect to effective total program development. We recommend that AFRO/SHDS consultants/coordinators, in consultation with program participants, in their review, evaluate the issue on an individual program basis. We submit that external validation of actual consultant needs should be balanced against program requests, including a number of variables specific to the level of progression in individual programs.

• To compensate for financial instability and a lack of trained personnel capable of developing audio-visual aids and other teaching materials, we recommend that AFRO/SHDS consider the establishment of a support mechanism for designing and producing A-V and other teaching materials, by developing a common project development activity.

ADMINISTRATION

• To avoid unnecessary frustration and confusion among program participants, AFRO and AID/REDSO must improve their communication and the articulation between them for more effective program implementation. In addition they must reconcile the differences between their administrative budgetary and accounting systems.

• We recommend that AFRO, AID/REDSO and SHDS leadership place special focus and emphasis on engendering host country (Ministry of Health) participation and collaboration in program activity related to that country. There appears to be a direct correlation between the level and effectiveness of program activity by country and the degree to which the host country Ministry of Health is engaged and involved, to a lesser extent, this is also true of the involvement of the local USAID mission.

• We recommend that WHO/AFRO, AID/REDSO and Boston University mobilize their combined influences to assist participating institutions to secure grants-in-aid for basic teaching materials and equipment from the international community of developmental organizations, especially those whose emphasis is on education and training. Several participating institutions in the region are in precarious financial balance, based largely upon the current severely depressed economies of their governments. This threatens and in some instances encumbers AFRO/SHDS program activity and optimal implementation.

APPENDICES

APPENDIX A

INTERIM EVALUATION OF PROGRESS, SHDS PROJECT, MARCH 1985

INTRODUCTION

1. The March 1985 SHDS project evaluation will focus upon the assessment of the training and educational development programs. The objectives are to assess the progress achieved and to focus on the "state of the art" of these programs and to identify clearly the degree to which SHDS programs have become institutionalized within the framework of the several training institutions. The evaluation should provide information as to whether or not it is feasible or indicated that SHDS in collaboration with AFRO develop and support additional programs or support the expansion of existing programs.

2. The end product will permit those involved--WHO, AID, Boston University and the 20 West and Central African Countries--to make some of the necessary planning decisions about:

- (a) How to improve the current SHDS project;
- (b) What directions appear realistic for any new manpower development project; and
- (c) What management decisions need to be made regarding the project, e.g., extension past current end-point, redesign, extension of current programs, development of new program areas, funding, and mechanisms to improve coordination and effectiveness.

3. The present evaluation will cover the following training activities and institutional relationships of the SHDS project:

- (a) Network of Health Management Programs
 - Senior and mid-level management training: (MAN and IPALS)
 - Training of trainers programs: Regional Training Centers in Lomé and Lagos
- (b) Basic and Post-Basic Training of Nurses
 - (ESS) (Obar and Teounde)
 - Cullington College, Phebe, Liberia
 - National School of Nursing, Freetown, Sierra Leone
 - Tubman National Institute of Medical Arts, Monrovia, Liberia
 - West African College of Nursing (WACN), Lagos, Nigeria

- (c) Epidemiology Training Program (OCEAC, Yaounde, Cameroon)
- (d) Health Information Systems (HIS), pilot demonstration project (Makeni, Sierra Leone)
- (e) Training of Applied Research Investigators for the Network of Research Institutions (INSRP, Bamako, Mali)

EVALUATION

4. The present evaluation will be undertaken by a team of three consultants, consisting of Dr. George Lythcott, leader of the team; Dr. O. Adeniyi-Jones, and Mrs. Collette Samba Delhot.

DATES OF EVALUATION

5. The team will visit various institutions between 8 and 25 March 1985 to evaluate the progress, and will reassemble in Abidjan from 26 to 29 March 1985 for consultation and preparation of a draft report. A tentative schedule for visiting the institutions for the present evaluation is attached as an Annex.

6. Progress of SMDS activities will be evaluated on the basis of information obtained by the team, by means of individual interviews with the officials and others concerned with various training programs. A broad outline of the information to be collected by the team is given in the following paragraphs. The team will use this outline to formulate additional specific questions on each component of the program.

TRAINING COURSES--PROGRESS IN GENERAL

7. The general questions listed below will be answered in respect of all training programs.

Questions	Aspects	Source
a) Is the SMDS program an integral part of the institution, or a separate program?	Context Objective	AFRO Inst. Staff
b) Structural changes in educational technology resulting from SMDS programs.	Objective	AFRO Inst. Staff

Questions	Aspects	Source
<ul style="list-style-type: none"> -- Curriculum review and revision -- Change of teaching methodology -- Improvement in teaching materials -- Increased capacity to produce teaching materials--modules and guides -- Student and faculty assessment processes -- Improved educational administration -- New courses or programs -- New faculty strength -- Revision of course objectives and course content in relation to primary health care -- Increased capacity (numbers) for students -- Greater recognition of the school, course or program by participating nations and other schools -- Increased relevance of the courses; and -- Increased number of applicants for the courses 		
<p>c) Program input from SHDS/AFRO</p> <ul style="list-style-type: none"> -- consultants -- materials, supplies -- equipment 	Resources	AFRO
<p>d) Level of Government support received</p>	Resources	Inst. Staff

Questions	Aspects	Source
e) Institutionalization of the program specify:	Objective	Inst. Staff
f) Qualification of SHDS/AFRO consultants	Resources	AFRO/SHDS
g) Preparedness of institution for future programs: -- strengths -- weaknesses	Objective	Inst. Staff
h) Constraints identified, if any	Resources	AFRO
i) If the SHDS programs were to continue identify areas for additional disciplines of interest.	Objective	Inst. Staff

8. The team will collect the following information, specific to each program, first from the WHO Regional Officers concerned and then from the staff of the respective institutions:

8.1 Objective 1: Health Development Management Training Network

- a) Discuss with AFRO network project manager the current status of the network development project.
- b) At each participating institution (ENAM, Brazzaville, Congo, and Institute of Public Administration, Benin City, Nigeria) determine the level of participation and support for network activities at the administrative, faculty and student levels.
- c) At network institutions determine the relevance, scope and adequacy of training programs offered to faculty in the training of trainers strategy. How many have been trained at each institution? Interview teachers trained.
- d) Determine whether the network coordinating and liaison mechanism is adequately designed and implemented to achieve the objectives of the network.

8.2 Objective II: Increase skills and improve utilization of health personnel providing generalized services at supervisory and local levels.

Regional Training Institutions

Lagos, Nigeria - Interview regional training center director to determine level of activities in TOT, management training, etc. Determine why so few apprentice trainers are produced. Assess progress achieved in relation to planned targets.

Lome, Togo - In addition to general requirements, determine if educational materials production center is operational and has capacity planned. Assess progress in relation to planned targets.

NURSING

Anglophone

In addition to general requirements:

1. At Cuttington College, Phoebe, Liberia determine need for further inputs.
2. At TNIMA, Monrovia, Liberia assess progress in relation to planned targets, and
 - a) determine if curriculum reformulation has been implemented since reopening the hospital complex;
 - b) determine impact of new GOL policies regarding the TNIMA role as a training center for Liberia as opposed to a hospital in service operation; and
 - c) has TNIMA sufficient faculty to serve as a site for SHDS activities at this time?

Francophone, Yaounde, Cameroon and Dakar, Senegal: assess progress in relation to planned targets, and

1. determine the quality and character of the field training program supported by the project. Visit field practice sites to determine if nursing students have adequate opportunity to use their classroom knowledge to develop primary health care program applications.
 - (a) How is PHC organized in the field?
 - are all eight components of PHC organized? (specify)
 - in what ways do communities participate in this program?

- (b) Is logistic support available:
 - for PHC work in the community?
 - for field practice of students?
 - (c) What is the nursing qualification and experience in PHC of the Head Nurse?
 - (d) Are the students supervised during field practice by:
 - the head nurse responsible for the field practice area?
 - the teacher from CESSI?
2. Determine capacity of each CESSI to implement continuing education.
- Ascertain:
- the qualifications of the teachers
 - the numbers of teachers employed
 - the number of teachers present at time of visit
- Are you providing continuing education at present:
- if so, how?
 - if not, why?
 - the number of teachers who are able to support continuing education
 - what time of the year you can provide continuing education?

0.3 Objective III: Epidemiology Training

OCEAC Course, Yaounde, Cameroon: assess progress in relation to planned targets, and

1. Determine capacity of local OCEAC faculty to conduct the course with little or no outside assistance.
2. Determine relevance of course materials for West and Central African circumstances.
3. Have the several programs for training in epidemiology been well coordinated (WHO/CCCO/AFRO - Yaounde/Bamako/Nairobi)?
4. If there are problems of overlap or coordination, can these be corrected in the development of the senior middle-level epidemiology training courses?
5. How good is communication at the professional level between the several training centers in Africa (Yaounde, Bamako, Nairobi, Freetown)?
6. Would a transmitter be helpful, or what other mechanism?

7. Is the planned use of microcomputers in middle-level epidemiology courses appropriate, or should this technology be applied in the curriculum of senior-level epidemiology course?
8. How do we work towards standardization of reporting systems in the region (Anglophone/Francophone countries)?

8.4 Objective IV: Applied Research - Assess Progress in Relation to Planned Targets

1. At Bamako INSRP determine level of achievement of SHDS objectives to make the institution a network research center.
2. Numbers of Research Protocols submitted.
3. Numbers of Research Protocols approved.
4. Of 25 trainees, how many submitted new protocols?
5. Numbers of Protocols specific to applied research.

TENTATIVE PROGRAM FOR EVALUATION OF PROGRESS, SIOS ACTIVITIES: MARCH 1985

Activity	Institution Visited	Tentative Dates March 1985	Responsibility (Team)
Consultation with WHO: Preparation of Evaluation frame- work Review of Pro- gram with Regional Officers Concerned	WHO, AFRO (Brasilia)	2/9	Dr. G. Lythcott
Visits to institu- tions: Review of progress	Cole National d'Administration et de Registrature (CNAAR)	8	Dr. G. Lythcott
	Universidade Parana Estadual, Brasilia, Camp		
	Institute of Public Adminis- tration and Extension Services (IPAES)	(11/75)	Dr. G. Lythcott
	University of Bahia, Bahia City, Bahia Regional Training Center, Lagos, Nigeria	(11/75)	Dr. G. Lythcott
	West African College of Nursing (WACN), Lagos, Nigeria	(11/75)	
	Ministry of Health, Frankfurt, Sierra Leone and Health Information Systems (HIS) pilot demonstration project, Geneva	(11/75)	Dr. G. Lythcott
	CESS, Toronto, Canada	(16/75)	Mrs. C. Lamb Dietet
	CESS, Dakar, Senegal	(16/75)	Mrs. C. Lamb Dietet

Activity	Institution Visited	Tentative Dates March 1985	Responsibility (Team)
	Oustington College (Post-basic Nursing), Monrovia, Liberia	(16/75)	Mrs. C. Samba Delhot
	TUSA (Primary Care Nursing)	(16/75)	Mrs. C. Samba Delhot
	OCEAC (Epidemiology Training) Yaounde, Cameroon	(11/75)	Dr. Adeniyi Jones
	IARIAP (Applied Research) Banako, Mali	(11/75)	Dr. Adeniyi Jones
	Regional Training Center Lome, Togo	(11/75)	Dr. Adeniyi Jones
Final Consultation Preparation of Draft Report	SIDS, Abidjan, Ivory Coast	26/79	Dr. G. Lythcott Dr. Adeniyi Jones and Mrs. C. Samba Delhot

APPENDIX B

LIST OF PEOPLE INTERVIEWEDInstitute of Public Administration and Extension Services (IPAES),
Brazzaville

Professor M. F. Oia
Dr. C. K. Eboh
Ms. O.O.E. Ossai
Dr. S. O. Irune

National School for Administration and Management Program (ENAM),
Benin City

Professor K. Kinzounza
Dr. Nerve Diala
Dr. C. Amons
Dr. Leliet Boula-Boula

USAID Mission, Brazzaville

Health and Population Officer

WHO/AFRO Regional Training Center-Lagos, Nigeria

Dr. Peres
Mr. Vij

WHO Coordinating Office, Lagos

Dr. U. Shehu
Mr. Atoma

WHO/AFRO Regional Training Center-Lome, Togo

Dr. Gadjaba
Mr. Abatpo

West African College of Nursing (WACN), Lagos

Prof. Peter Fasan
Mrs. O. A. Adewole
Mrs. Joana Samarsinghe

Center for Higher Training in Nursing Care (CESSI), Dakar, Senegal

Ms. Pelgrin

Center for Higher Training in Nursing Care (CESSI), Yaounde, Cameroon

Mr. Jacob Ngu
Mrs. Helene Awasum
Ms. Emily Nkwanywo
Dr. G. Quincke
Mrs. Sybille Misse
Mr. Massourou, Ousman
Mrs. Juliette Nguematch
Mrs. Elise Bollanga
Mr. Andre Noumssi
Mrs. Lydia Alangeh

Cullington University College, Phoebe, Liberia

Mrs. Hannah Suah
Mrs. Janet Moore
Mr. Joseph Adam
Mr. Milton Kezala

National School of Nursing, Freetown, Sierra Leone

Ms. Nadia Osborne

Tubman National Institute of Medical Arts (TNIMA), Monrovia, Liberia

Mrs. Nabel Yaloo

USAID, Monrovia

Mr. Alan Foose

Organization de Coordination pour la Lutte contre Endemies en Afrique Centrale (OCEAC), Yaounde, Cameroon

Dr. Sentilhes
Dr. Roger Jossieran

WHO Coordinating Office, Freetown

Dr. M. Ila Davies

Ministry of Health, Freetown

Dr. Belmont Williams
Dr. Moria Brown

USAID Mission, Freetown

The Acting Health Program Coordinator

Health Information Systems Project (HIS), Freetown

Dr. Kamara
Mr. Horton
The District Health Superintendent

National Institute for Research in Public Health (INRSP), Location

Dr. Agraly
Dr. Sine Bayo
Dr. Boubacar Cisse
Mme. Bokou
Mr. Bary Sidibe
Mr. Sedi-Dara

The WHO Regional Office for Africa, Brazzaville

Dr. G. Monebosso
Dr. A. Franklin
Mr. C. Randriamana
Dr. V. Mojibu
Mr. Alary
Dr. Touke
Dr. Widdy-Widdis
Dr. Brun
Ms. Peron

The SHDS Headquarters Office, Abidjan

Dr. David French
Dr. Charlotte Ferguson
Dr. Jean Shaikh
Mr. Saul Helfenbein

USAID/REOSO, Abidjan

Mr. L. Bond
Dr. J. Shephard
Mr. George Jones
Ms. Rhama Bah

APPENDIX C

GLOSSARY

AID	Agency for International Development
AFRO	WHO/Africa Regional Office
APHA	American Public Health Association
BSN	Bachelor of Science in Nursing
CDC	Center for Disease Control
CEOM	Center for Educational Development in Health
CESSI	Center for Higher Training in Nursing Care
CIDA	Canadian International Development Agency
CUSS	Centre universitaire des Sciences de la Sante (University Center for Health Sciences)
DEIOS	Development and Evaluation of Integrated Delivery Systems
FED	Fonds Europeen de Development (European Development Fund)
HDS	Health Delivery Systems
HFA/2000	Health for All by the Year 2000
IMF	International Monetary Fund
NIHRSP	National Institute for Research in Public Health
MOH	Ministry of Health
MSN	Master of Science in Nursing
OCCGE	Organisation de Coordination et de Cooperation pour la Lutte Contre les Grandes Endemies (Organization for Coordination and Cooperation in the Control of Major Endemic Diseases)
OCEAC	Organisation de Coordination pour la Lutte Contre des Endemies en Afrique Centrale (Organization for Coordination in the Control of Major Endemic Diseases)

REDSO	Regional Economic Development Support Office, for West and Central Africa (USAID)
RTC	Regional Training Center
SHOS	Strengthening of Health Delivery Systems
TNIMA	Tubman National Institute for Medical Arts
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Educational Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization

APPENDIX D
 INSTITUTE OF PUBLIC ADMINISTRATION, UNIVERSITY OF BENIN
 DIPLOMA IN HEALTH ADMINISTRATION MANAGEMENT CURRICULUM

DHAM 1st Semester Courses

<u>Course Code</u>	<u>Course Title</u>	<u>Credits</u>
DHAM 060	Behavioral Science	3
DHAM 061	Personnel Management	3
DHAM 063	Organization of Health Services	3
DHAM 065	Principle of Econs. & Health Econs.	3
DHAM 066	Philosophy and Sociology of Health	3
DHAM 069	Admin. and Business Law	3
DHAM 070	Research Methods	3
DHAM 071	Health Ethics	3

DHAM 2nd Semester Courses

DHAM 072	Economics & Technique Sci. Environment	3
DHAM 073	Management of Health Services	3
DHAM 074	Management of Organization	3
DHAM 072	Political Environment	3
DHAM 068	Management Accounts and Finance	3
DHAM 067	Purchasing and Supplies	3
DHAM 072	Project Work	6

The course-work covers two semesters. The courses taught are spread over both semesters with final examinations at the end of each semester. The following courses will normally be covered:

Principles of Economics & Health Economics

A review of the basic concepts and principles of Economics with particular reference to choice and decision making in organizations. Topics to be covered include the concepts of efficiency and management effectiveness together with relevant decision and performance indexes and their application to the Health Industry. The role of the public sector in a developing economy, fiscal policies and governmental finance are also discussed.

Behavioral Sciences and Social Statistics (3 Credits)

During the first part of this course a survey of concepts, techniques and research from the behavioral sciences selected for their relevance to the study of work and organizational behavior will be made. The application of behavioral research findings to organizational problems in developing countries with special reference to Africa will also be given special emphasis. Topics covered will include social skills, motivation, communication, leadership, conflicts and conflict resolutions, stratification system and such institutional factors as the family, associations, education and community. The study here will be related to Personnel Management.

The Management of Organizations (3 Credits)

The Principles and Functions of Management; Theories of Organization and Practices of Management; Management Techniques, Management in Post-Industrial and Developing Societies. The Management of multinational organizations like WHO. The profession of Management; Management Associations: NIM, BIM, AMA, etc.; Industrial Management Associations; Management-Ethics; Management Journals. Comparative study of organizational structures from business industry, academic institutions, professional organizations, trade unions, hospitals, etc. Management of groups and department. Accountability, Delegation and Control. Financial Management. Committee procedure. The preparation and presentation of reports of technical nature.

The Organization and Management of the Health Services

The Philosophy of the Health Services. The development of the Health Services. The place given to the Health Services in the National Development Plans since 1946. The Organization and Management of the Health Services: Ministries of Health teaching Hospitals, other Health Establishments including State, Local and Voluntary Agency ones as well as drugs, equipment and other manufacturing organizations. The Health Laws, including Public Health Acts, Medical and Dental Practitioners Acts, the Pharmacy Act; the organizations for running the Midwives Act and the Nurses Act; the organization for running the Medical and Health professional bodies. Government and other reports on the Health Services.

Environment of the Health Services

The political organizations: Federal, State and Local; functions, powers and finances. The socio-cultural scene; nature and organization of society; the dynamics of culture change. The economic dimension; principles and problems of economic development; economic planning and

plan implementation. The developed nature of the techno-scientific scene. Special emergent problems: industrialization and urbanization. Impact of the environment on the organization and performance of the Health Services.

Purchasing and Supply Management (3 credits)

A survey of the procedures and techniques of procurement, storage and issue of materials, and equipment needed for organizational performance. Topics include the economics of purchasing; the procedures and documentation for requisitioning; ordering, receiving, inspection, storage and issue, perpetual inventory, minimum, maximum and reorder levels, economic order quantities, etc. A study of the laws relating to contracts and sale of goods and some private and state-owned purchasing and supply agencies, etc.

Principles and Practices of Personnel Management

The Principles of Personnel Management. The functions of Personnel Management including staffing the organizations, staff development, promotion of staff; staff discipline, remuneration of staff, staff welfare, conditions of health, staff services including sick-pay and pension schemes personnel research, personnel audit, industrial relations and public relations, personnel records and statistics, communications including public speaking, etc. National Manpower planning and Corporate Manpower planning. The concern for people in organizations. Labor laws including Trade Unions legislation. The Federal Ministry of Labor: Organization and functions. [educational institutions training high-level manpower. Disciplines relevant to Personnel Management.

Managerial Accounting and Finance (3 credits)

An appreciation course of the nature, compilation uses and limitations of Accounting and Financial Statements will be offered. [emphasis is on the use of accounting data for planning and control with particular reference to public sector organizations. Topics include Accounting Systems and Procedures, Accounting Documentation, Interpretation of Financial Accounting Statements, Elements of Costing and Costing Systems, Budgeting and Budgetary Control Procedures, Public Sector Budgets and Fiscal Policies. Internal Controls in the Public Sector.

Philosophy and Sociology of Health (3 Credits)

Administration and Business Law (3 Credits)

Research Methods and Social Statistics (3 Credits)

Ethics (3 Credits)

Thesis (6 Credits)

Entry Requirement and Duration

Candidates with one of the following qualifications are admissible to the DHAM Program.

1. A professional qualification in Hospital/Health Administration, of one of the professions relating to medicine including the Diploma in Public Health.
2. A University degree in medicine, nursing, hospital administration or any of the medical sciences. The Diploma in Health Administration and Management lasts for an academic year.

Philosophy and Objectives of the Diploma Program

The philosophy and objectives to the DHAM are rooted in the making and implementation of Nigeria's Health Development Plans. Specifically, this Diploma Program is designed to give the participants requisite knowledge of the principles and techniques of Administration and Management to enable them to develop their skills and attitudes for the effective and efficient performance of their duties in managerial positions in the Health Industry.

APPENDIX E

MAP OF AFRICA

Africa



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Scale in Kilometers