

PROJECT APPRAISAL REPORT (PAR)

PAGE 1

1. PROJECT NO. 932-11-580-373	2. PAR FUL PERIOD Dec. 1974 TO Nov. 30, 1975	3. COUNTRY Regional (AFRICA)	4. PAR SERIAL NO.
----------------------------------	---	---------------------------------	-------------------

5. PROJECT TITLE
Maternal and Child Health/Family Planning and Research Center
Meharry Medical College AFR/797

6. PROJECT DURATION: Begin FY <u>6/71</u> Ends FY <u>11/76</u>	7. DATE LATEST PROP 5/25/71	8. DATE LATEST PIP Dec. 1975-PRP	9. DATE PRIOR PRP Proj Evaluation 4/29/75
--	--------------------------------	-------------------------------------	---

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ <u>3,091</u>	b. Current FY Estimated Budget: \$ <u>410</u>	c. Estimated Budget to completion After Current FY: \$ <u>1,620</u>
------------------	---	---	---

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME Meharry Medical College, Nashville, Tennessee	b. CONTRACT, PASA OR VOL. AG. NO. Grant
--	--

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID W	HCST		
	X		Project monitorship and interbureau coordination of project activities (specified in the new PRP) should be transferred to AFR/RA in accordance with AFR/DS, TA/N PHA/POP agreement. See AFR/RA Memo: Conroy/Ravenholt/P. Lyman/M. Forman memo, dated 10/10/75.	Jan. 1, 1976
	X		AFR/RA project monitor should periodically notify USAID's of integrated MCH/FP/Nutrition training programs, specifying didactic/clinical course content, admission requirements, etc. (Annual AID/W airgram)	Feb. 28, 1976
	X		AFR/DS, TA/N, PHA/POP should obtain waiver to enable grantee to continue to award participant travel grants as authorized under the present grant agreement.	Feb. 28, 1976
	X		Fill the position of Woman Health Specialist (Nurse Practitioner) authorized in the present grant staffing pattern.	Feb. 28, 1976
	X		Improve Training Center Library holdings, professional resources, student references and increase services to professional staff and African participants.	May 15, 1976
	X		Develop MCH/FP training handbooks for participant use and appropriate distribution to LDC's.	June 15, 1976
	X		Incorporate participant follow-up reports and all Preceptor Clinic Evaluations in each semi-annual report.	June '76; Jan. 77

D. REPLANNING REQUIRES	<input checked="" type="checkbox"/> PRP	<input type="checkbox"/> PIP	<input type="checkbox"/> PRO AG	<input type="checkbox"/> PIO T	<input type="checkbox"/> PIO/C	<input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW 1/15/76
------------------------	---	------------------------------	---------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------------

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Joseph M. Loudis, PHA/POP/MI 1/2/76	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Harriett S. Crowley, AA/PHA, Acting
--	---

J.M. Loudis

H.S. Crowley

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW		MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1. Moharry MCH/FP Training and Research Center					X							
2. U.S. Preceptor FP Training Clinics					X							
3.												

Comment on key factors determining rating

- Moharry MCH/FP Training Center has improved the didactic portion of the MCH/FP training program through development of an integrated MCH/FP/Nutrition curricula focused primarily on nurse, nurse/midwife training and accommodating higher level professional training as the situations warrant.**
- The Center has regularized its participant follow-up operations and is effectively evaluating the practical training that participants receive during their work in U.S. preceptor training clinics.**
- U.S. preceptor training institutions (hospitals) are working effectively with Moharry and are providing clinical training that reinforces the didactic part of the MCH/FP program.**

4. PARTICIPANT TRAINING					X							
-------------------------	--	--	--	--	----------	--	--	--	--	--	--	--

Comment on key factors determining rating

- The quality of the training program improves steadily despite considerable heterogeneity in the preparation and educational backgrounds of African trainees. A constant requirement is to improve participant selection procedures and to provide special assistance for trainees requiring additional education or skills training.**

5. COMMODITIES		X										
----------------	--	----------	--	--	--	--	--	--	--	--	--	--

Comment on key factors determining rating

The Center's library holdings, references, professional resources and services are inadequate to meet the needs of professional staff and African trainees. Grant funds allocated for library development/salaries have not been utilized efficiently or effectively. Little progress has been made on the FY 1975 Evaluation recommendation which addressed this deficiency.

6. COOPERATING COUNTRY	a. PERSONNEL											
	b. OTHER											

Comment on key factors determining rating

N/A

7. OTHER DONORS												
-----------------	--	--	--	--	--	--	--	--	--	--	--	--

(See Next Page for Comments on Other Donors)

II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY 76		FY 77	FY 78	
			TO DATE	TO END			
120 Nurse, Nurse/Midwives trained for supporting African training and service delivery programs.	PLANNED	120	40	40	40	40	120 40
	ACTUAL PERFORM- ANCE	93	14				
	REPLANNED			26	40	40	106 26
9 U.S. medical students (ex- terns) providing MCH/FP assis- tance to key African Hospitals	PLANNED	9	1	3	3	3	9 3
	ACTUAL PERFORM- ANCE	6	1				
	REPLANNED			2	3	3	8 2
MCH/FP consultants providing technical assistance to African training and service delivery programs.	PLANNED	7	1	2	2	2	6 2
	ACTUAL PERFORM- ANCE	6	1				
	REPLANNED			1	2	2	5 1
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	<p>1. Didactic portion of training program adjusted to accommodate changing LDC MCH/FP needs. COMMENT: Following FY 1975 evaluation, it took several months to develop, test and integrate MCH/FP/Nutrition curricula into course-teaching form. The courses developed are being constantly adjusted to accommodate education and skills preparedness of incoming trainees.</p> <p>2. Methods established for measuring effectiveness of didactic and clinical training. COMMENT: New follow-up procedures have been instituted for measuring the effectiveness of post-didactic training in U.S. preceptor clinics; additional procedures are being instituted for regularizing trainee follow-up in LDC's.</p> <p>3. Consultant staff professionals assisting select LDC training programs. COMMENT: Considerable consultant services have been provided for indigenous MCH/FP training programs in Botswana. U.S. medical students (externs) have provided short-term assistance to MCH/FP hospitals in Nigeria, Liberia and Zaire.</p>						

AID 1020 25 (10-70)	PROJECT NO	PAR FOR PERIOD:	COUNTRY	PAR SERIAL NO.
PAGE 4 PAR	932-11-580-373	12/74 - 11/30/75	Regional (AFRICA)	

IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

To provide integrated MCH/FP training for middle and high-level persons especially Nurse, Nurse/Midwives who are operationally involved in implementing broad health/nutrition/family planning programs in African LDC's; and to provide limited technical assistance to African MCH/FP training institutions and operating programs.

B. 1. Conditions which will exist when above purpose is achieved

Participating LDC's will have a nucleus of U.S. trained Nurse, Nurse/Midwives available for delivering integrated MCH/FP services and for instructing other trainees in LDC operating programs.

LDC institutions will more effectively implement indigenous training and service programs with minimal outside assistance.

2. Evidence to date of progress toward these conditions.

Trained personnel are working in both MCH/FP training and service delivery programs in Kenya, Zaire, Nigeria, Sierra Leone, Liberia, Ethiopia, Swaziland, Lesotho, Botswana, Egypt and Zambia.

It is not yet possible to measure; however, considerable progress has been made in improving several service delivery capabilities in the above LDC's and in improving MCH/FP training programs in Botswana.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To show that family planning, when offered in the proper mix with other maternal child care services will have an effective impact on improving African health/FP training programs and delivery services.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

It is expected that African Medical practitioners will further accept and utilize trained nurse, nurse/midwives for delivering integrated health care and family planning services and for teaching other service delivery personnel in indigenous MCH/FP training institutions. The increased utilization of middle and high-level professionals will enable LDC's to extend services beyond present limitations.

41