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MID-TERM EVALUATION OF

Technical Advisors in AIDS and Child Survival

TAACS

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submitted to:

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Mid-Term Evaluation

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)

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The *Mid-Term Evaluation of Technical Advisors in AIDS and Child Survival (TAACS)* was conducted under the auspices of the Office of Health, Bureau for Science and Technology , Agency for International Development. The Evaluation was conducted by the ASSIST Project of PRAGMA Corporation and the report submitted to A.I.D. under Contract #936-5939.05, Agreement # DPE-5939-C-00-7003.

TAACS Mid-Term Evaluation

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I. EXECUTIVE SUMMARY

In 1985, the U.S. Congress mandated special funding for Child Survival to improve the health and well-being of children in developing countries. In response, projects were initiated by A.I.D. giving special emphasis to immunization and control of diarrheal disease. These initiatives took place, however, at a time when A.I.D.'s monitoring and control needs were becoming more complex and permanent staff in the health sector was decreasing.

Recognizing the problem of reduced staffing, the House Committee on Appropriations determined that A.I.D. had "not moved forward on a number of health programs due to the lack of project planning and preparation." To increase the number of professional health experts working on health planning, the committee asked that "steps should be taken to obtain the assistance of the Public Health Service (USPHS)."

As a result, in the Foreign Assistance Appropriations Act of 1987, the Congress authorized the use of funds otherwise appropriated under the act "to reimburse the U.S. Public Health Service or the Centers for Disease Control" for the services of "additional" employees to carry out activities related to Child Survival. In the following years, this authority was broadened to include personnel from institutions of higher learning, state government agencies, and private and voluntary organizations (PVOs). The funds authorized for those personnel were increased over the years to $8 million in FY '91, and the programs eligible for support from this activity came to include not just all aspects of Child Survival but AIDS programs as well. Personnel employed by A.I.D. under this authority were exempt from the normal personnel ceilings of any government agency. The entire activity was referred to in A.I.D. as TAACS (Technical Advisors in AIDS and Child Survival).

Under the TAACS activity, the Office of Health of the Bureau for Science and Technology has a PASA with the Department of Health and Human Services, Office of International Health (HHS/OIH). That office in turn has a subagreement with the Centers for Disease Control (CDC) under which most of the TAACS related to the Public Health Service are provided. Another PASA directly between the CDC and A.I.D. covers TAACS related to AIDS. In addition to these PASAs, the agency uses the Intergovernmental Personnel Act (IPA) mechanism to secure the services of some TAACS related to universities. TAACS serve in both the missions overseas and in AID/W offices. They are eligible to serve as technical advisors or as A.I.D. managers (with the authority of direct-hire employees) or in a combination of the two roles. As of January 1991, A.I.D. had 23 designated TAACS advisors. Of these, 14 were assigned to overseas missions and nine to AID/W offices. Seventeen were obtained through the PASA with OIH and six were obtained through agreements with universities under the IPA.

Most TAACS advisors to date have been provided through an agreement with CDC (a sub-agreement to A.I.D.'s PASA with HHS/OIH). While it is expected that this relationship will continue in areas where CDC has a predominant capability, other mechanisms will be needed in areas where CDC does not have predominant capability.

Some differences have existed between A.I.D. and CDC regarding CDC's role in the project. CDC sees itself as a partner in Child Survival, while A.I.D. views CDC as one source from which they can draw technical assistance. From these diffenerences have flowed budget disagreements and the delay in some cases in transferring A.I.D. funds to CDC to meet agreed expenses, causing inconvenience to that agency. The situation is complicated by the intermediary role of HHS/OIH. While facilitating the employment of advisors within the Public Health Service (USPHS) but outside of CDC and while being responsive to A.I.D. in terms of providing up-to-date information on activity status, HHS/OIH is regarded by CDC as an obstacle to direct dialogue between the buyer of the services (A.I.D.) and the supplier of the overwhelming share of those services (CDC). The evaluation team recognized the outstanding work of the PASA managers in HHS/OIH, but shared the CDC recommendation for A.I.D. to consider any follow-on PASA as a direct agreement between CDC and A.I.D.

Another source of the budgetary controversy between S&T/H and CDC results from S&T/H's assuming too great a share of the real costs of providing advisors while the missions and other recipient offices assume too little. Some of the "support activities" which CDC sees as essential are regarded by S&T/H as superfluous. These issues are best resolved on a case-by-case basis, after direct technical discussion between the buying office (that is, the mission) and CDC, (with the awareness that the buying office will pay for the full cost of the agreed upon services). In this connection, it is particularly regrettable that missions in Africa, those which perhaps need this activity most, are absolved from contributing to the costs of it from their own program funds. (The TAACS project cannot accept DFA funds.) Thus TAACS is almost a free good for them and may not be subject to the kind of rigorous comparisons of cost-effectiveness which it deserves. A.I.D. should vigorously promote legislative changes to allow funding TAACS from any account within the agency which is otherwise used for Child Survival and AIDS projects, most especially the Development Fund for Africa.

Of the 23 TAACS presently employed, a small number are functioning essentially as technical advisors to the host country institutions. It is only a convention to call these advisors "TAACS" at all, since there is nothing from A.I.D.'s point of view which distinguishes them from other "contracted" technical advisors. Another small number are serving in exclusively A.I.D. managerial roles, usually related to health, family planning, and nutrition programs. The majority combine the roles of technical advisor and A.I.D. manager. Satisfaction with performance and role is great and widespread on the part of

both mission managers and TAACS themselves. Most appreciated is the flexibility to perform either technical advisory or project management roles as conditions in the missions warrant.

The recruitment, selection, orientation and assignment of personnel has generally proceeded satisfactorily. Although slow at first, the process has become more efficient as operating procedures have become more widely known. A disappointingly small number of TAACS advisors assigned through the USPHS have been career USPHS professionals, raising skepticism as to the extent of untapped resources foreseen by the TAACS legislation. Also, the length of time from request to assignment has averaged about a year, and is a source of frustration to missions; a large part of this time is taken up by security clearances. It is suggested that CDC develop a preselected pool of candidates, as is done in the Health and Child Survival Fellows program, to increase its ability to tap other sources with which it has close contact, for example, state health authorities. Orientation should also include increased familiarity with A.I.D. program documentation.

An important drawback is the four year limitation on the time that TAACS can serve in that status. If both the individual and A.I.D. wish to continue the relationship, this limitation should be removed so that A.I.D.'s investment and the TAACS' experience may be put to further use.

In the case of those TAACS employed through the IPA mechanism, there is usually little connection between the "sponsoring" university and the advisor; these TAACS are processed and oriented directly by A.I.D. The fact that they are program funded is particularly useful in securing program-related travel and procurement of necessary office equipment. The TAACS activity was the first occasion that IPA employees were assigned overseas, and the procedural guidelines remain unclear. These guidelines should be incorporated into the A.I.D. Handbooks and integrated into the A.I.D. personnel management system.

With respect to personnel support, there is virtually none provided nor expected from the sponsoring university for IPA employees. In the case of USPHS employees, the experience is varied. Some request and receive valuable continuing technical support from CDC, while others request none and receive none. CDC must accept the fact that missions and other offices may wish to buy very different packages of services through the PASA.

It is generally understood that the supervision and performance evaluation of the TAACS advisor is the responsibility of the A.I.D. supervisor under whom he or she works. In the case of the IPA-related TAACS advisors this is no problem, but in the case of the USPHS employee, it is essential that the evaluation be valid within the USPHS career system. It is suggested that all TAACS advisors be evaluated by A.I.D. officers using the

standard A.I.D. form, and that this evaluation be valid for all A.I.D.-related actions. In the case of USPHS employees, the CDC should be permitted no less than one supervisory visit per year to review with the A.I.D. mission progress in workplan implementation to assess career development needs, and to complete the evaluation form. This would be the formal and controlling evaluation for all actions within the USPHS.

The average overseas USPHS-related TAACS costs the agency about $220,000 per year (when all overhead and support costs are pro-rated). The figure for a direct-hire professional foreign service officer is estimated at $150,000. (Admittedly, all of the A.I.D. management costs are not pro-rated to the employee in the latter figure). While comparable figures are difficult to find, there is no doubt that TAACS advisors are substantially more expensive than direct -hire personnel, but as with contract employees, provide the agency with greater flexibility. More realistic is the comparison with other PASA and contract employees. General overhead paid to CDC is less than that paid to most consulting firms, but the number of person/months of support for each advisor in the field is higher than is normal under A.I.D. experience. In the case of IPA TAACS, there is no institutional overhead (or institutional backstopping), and therefore the costs are more comparable to those of a direct-hire employee.

There is still confusion within A.I.D. as to what the TAACS program does and does not do:

- it does not provide any additional funding: funds used for TAACS come from the Child Survival and Health accounts;

- it does not give the agency authority to procure services from any new source; A.I.D. could and has used USPHS and IPA personnel for many years, and there is no funding limit (other than the overall health account) on the amount of funds that can be used for technical services from those sources.

What the TAACS program does do is confer a new degree of flexibility in A.I.D.'s personnel system by:

- permitting the funding from program funds of individuals whose duties are wholly or partially those of an A.I.D. program manager (as opposed to being wholly of a technical advisory nature) and therefore normally funded from increasingly scarce operational expense (OE) funds;

- permitting personnel assigned to A.I.D.'s programs from the USPHS to be exempt from the personnel ceilings of their agencies, thus allowing greater involvement of essentially domestic agencies in international assistance than would otherwise be the case.

- permitting those employees brought into A.I.D. and assigned managerial functions of a direct-hire employee to be exempt from A.I.D. personnel ceilings.

A.I.D. has chosen to administer TAACS as a "program," signing separate PASA's and centralizing control within S&T/H. This has had the great advantage of securing advisors in the field (albeit in a labor-intensive way). The problem arises outside the health sector when similar authorities are granted, for example, in the cases of environment, population, and tropical forestry, and each responsible A.I.D. office sets up its own procedures for administration of the unique legislative authority.

If the only unique authority which the TAACS legislation confers is the ability to fund some managerial personnel from program funds and to exempt them from the personnel ceilings of federal agencies, A.I.D. should at least consider opting in the future for decentralized administration of this personnel mechanism. In other words, it would keep the focus on Child Survival and AIDS as relevant "programs" with select employees qualifying for "TAACS status," that is, the ability to serve as direct-hires with management authority exempt from personnel ceilings. Under this scenario, TAACS would clearly be a personnel mechanism administered on a decentralized basis, with the centralized function being related to maintaining a control of the number of personnel throughout the agency upon which such status is conferred to be certain that the legislative authorities are not exceeded.

A.I.D. should consider such a change, particularly since similar authority is being legislated in other fields, such as the environment and population. There is already confusion among essential staff offices, such as the Offices of Personnel and Financial Management, in other AID/W offices, and in the field regarding unclear operational procedures for TAACS personnel. Looking to the future, it is clearly in the interest of A.I.D. to get some standardization in the legislation related to this exceptional personnel authority, then to issue clear guidelines on its operations on a uniform and decentralized basis, and to integrate it as a standard element of A.I.D.'s workforce management system.

While there may be confusion related to the operations of TAACS, there is virtually universal agreement in A.I.D. on the seriousness of the need which TAACS was meant to address: the increasing inability (through lack of managerial personnel and OE funds) to meet the control and management requirements of its programs. TAACS, while a second-best solution (the best would be more OE funding or the removal of the OE/program fund distinction), is seen as the only one that is politically possible.

The overall reaction to TAACS may best be summed up by quoting a Mission cable:

> USAID X is extremely satisfied with the TAACS program and believes that in [country X] it has served both the function of providing essential technical expertise to our population and Child Survival program as well as improving a difficult staffing situation. Also the ability of the TAACS to function as a direct - hire staff member has been most valuable. Consequently, the skills of the TAACS advisor in technical areas has added depth to the program while the direct-hire capabilities have facilitated in the day-to-day management and implementation of the project. USAID X believes the TAACS program to be an excellent one.

While perhaps a greater balance between OE funding availability and program management requirements is needed, the TAACS program is meeting a very definite need for A.I.D. To be sustainable and efficient, administrative procedures for the TAACS program should become more standardized with similar authorities in other fields. This will require decentralized administration, and more integration into A.I.D.'s personnel management system.

II. INTRODUCTION

A.I.D.'s Office of Health in the Bureau for Science and Technology (S&T/H) asked the Pragma Corporation to undertake a mid-term evaluation of the Technical Advisors in AIDS and Child Survival (TAACS) activity in December 1990. It was to be limited to 35 work days of investigation involving the full-time participation of a contracted team leader and the part-time participation of three A.I.D. officers.

II.A. Scope of the Evaluation and Participants

The purpose of the evaluation was twofold. The first was to determine the extent to which the TAACS mechanism is meeting A.I.D.'s needs for additional technical resources for AIDS and Child Survival programs, and to assess the effectiveness of recruitment, processing, orientation, backstopping, and supervision of personnel under the activity. The second objective was to assess the program's costs and benefits relative to similar activities that provide technical and managerial assistance to A.I.D. missions.

The general scope of work was supplemented by a list of concerns expressed by the sponsoring office during the course of the evaluation in the following areas (see Annex A for a description of the scope of work of the evaluation):

- the role of TAACS in the missions;
- the role of TAACS with respect to host government agencies or other counterparts;
- the expectations of A.I.D. missions, host governments, other recipient agencies, and the sponsoring agencies of the TAACS activity and how the program was meeting these expectations;
- the management of the program, including the recruitment, processing, supervision and evaluation of general support given to the TAACS;
- the general performance of each major institution involved in the TAACS activity with particular reference to the role of the Department of Health and Human Services, Office of International Health (HHS/OIH), and the Centers for Disease Control (CDC);
- the costs of the TAACS under both the CDC and Intergovernmental Personnel Act (IPA) modes, and a comparison of these costs with similar programs.

The following individuals made up the evaluation team:

- Mr. Glenn O. Patterson, currently a private consultant in international economic development, previously a foreign service officer with A.I.D. with service as an A.I.D. mission director and as deputy assistant administrator.

- Mr. Leonard Kata, currently with A.I.D.'s Office of Procurement, with experience at a senior level in the field and in A.I.D.'s Washington office (AID/W) in agency contract negotiation and management.

- Dr. James Shepperd, currently deputy director of the Office of Health/Population/Nutrition (HPN) of the Africa Bureau's Division of Technical Resources.

- Dr. Lee Hougen, recently chief of the HPN Division within USAID Dominican Republic and with extensive prior experience with A.I.D. in the health field.

II.B. Methodology of the Evaluation

Prior to the start of the evaluation, the team sent cables to missions to inform TAACS of the evaluation, to request comments from mission management, and to provide advance notice of a forthcoming questionnaire intended for all overseas TAACS (Annex B sets out the questionnaire and interview protocols).

Following a team planning meeting in late November, a series of interviews, document reviews, and field visits were carried out in the early weeks of December. Messrs. Patterson and Kata conducted a series of interviews with all participating and interested A.I.D. offices and HHS/OIH. Discussions were held with all TAACS assigned to A.I.D.'s Washington offices and to A.I.D. missions.

Dr. Shepperd conducted field reviews of TAACS' experiences in Senegal and Mali, and Mr. Kata performed a similar activity in Honduras and Jamaica. Messrs, Patterson and Kata made a two-day visit to the Centers for Disease Control in Atlanta to discuss fully that agency's experience with the program. Dr. Hougen conducted an analysis of cost and financial management within the activity. A list of persons interviewed is shown in Annex C.

III. Background and Current Status of the TAACS Activity

III.A. The Initial and Continuing Need for the TAACS Activity

In 1985, the U.S. Congress mandated special funding for Child Survival in response to the growing need to improve the health and well-being of children in developing countries. A.I.D. identified 22 priority countries worldwide in need of immunization and diarrheal disease control services. The funding has enabled A.I.D. to give greater priority to Child Survival programs related to immunization, oral rehydration therapies, birth spacing, maternal and child nutrition, and breastfeeding. This package of interventions corresponded to similar emphases by other donors, such as the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), thereby facilitating A.I.D. donor collaboration.

As A.I.D.'s involvement broadened, it was evident that A.I.D. would have to address related institutional and human resource problems in the developing countries to ensure the program's sustainability. If the programs were to have long-term benefit to the population, they had to be integrated into the countries' primary health care system. Therefore, recent A.I.D. participation in Child Survival has not only expanded its program quantitatively, but has also made it more complex. As such, overall funding for Child Survival increased from about $132 million in 1985 to some $200 million in fiscal year 1991. Table 1 summarizes A.I.D. assistance to Child Survival and AIDS programs.

Table 1: Summary Funding for Child Survival and AIDS Programs, Fiscal Year 1985-1991 (Thousands of dollars)

FY	Child Survival	AIDS
1985	132,234	0
1986	155,617	0
1987	184,471	0
1988	172,619	34,685
1989	203,347	47,122
1990	185,588	48,504
1991*	203,022	79,800

Source: CHI/ISTI 1990 USAID Health Information System
Table 1 (SR February 1990)
* Activity Code/Special Interest (AC/SI) System, PPC/PB

At the same time that these programs were expanding by congressional mandate, the personnel ceilings and operating expense (OE) funding for designing, managing, and evaluating Child Survival and other health programs were being reduced. Table 2 shows

A.I.D. experience during the same period (fiscal years 1985-91) with OE funding. Although funding has increased by about $100 million, the amount allocated for managing health programs is negligible (accurate statistics are not readily available). At the same time, the number of permanent staff employed in A.I.D. health, population, and nutrition programs declined from about 155 in 1982 to about 115 in 1990.

Table 2: OE Funding for Child Survival and Other Health Programs, Fiscal Years 1985-90 (thousands of dollars)

FY	Amount Requested	Obligations
1985	440,276,400	439,587,300
1986	437,136,000	435,503,100
1987	419,215,700	413,578,200
1988	495,615,900	493,320,200
1989	530,615,700	526,945,200
1990	540,000,000	538,995,000

Table 3 depicts the countervailing trends in overall funding levels for A.I.D.'s health, population, and nutrition employment rates and programs. (See following page.)

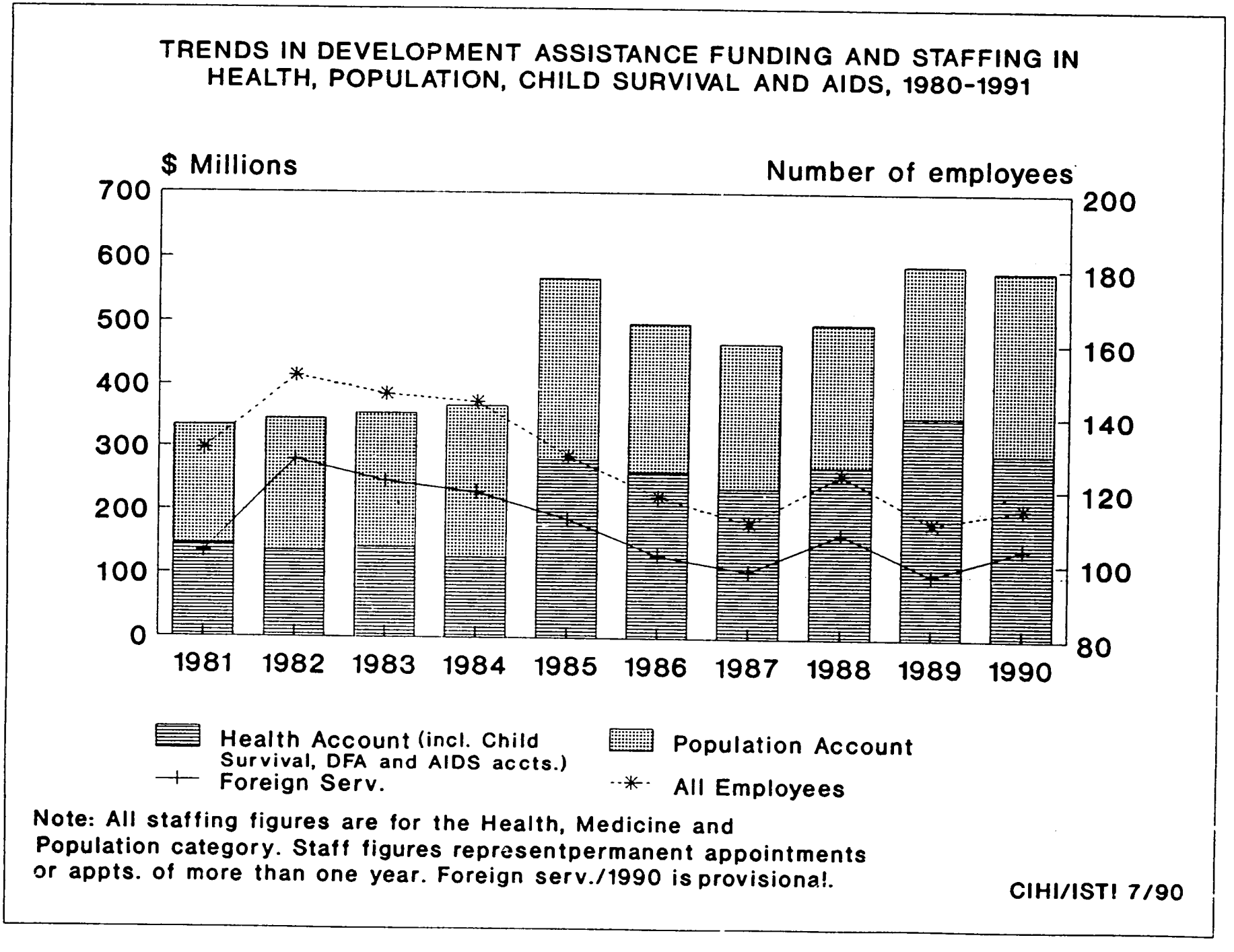
Not only were the number of programs increasing, but A.I.D.'s monitoring and control needs were becoming more complex as a result of legislative requirements and A.I.D. procedural guidelines. At the same time, the availability of funding for A.I.D. managerial personnel to carry out these duties was becoming scarce, hampering A.I.D.'s implementation of congressional initiatives in Child Survival programs.

III.B. Legislative History

Recognizing the problem of reduced staffing, the House Committee on Appropriations stated in 1987 that "the Committee has learned that A.I.D. has not moved forward on a number of health programs due to the lack of project planning and preparation. In order to increase the number of professional health experts working on health planning, the Committee feels that steps should be taken to obtain assistance from the Public Health Service."

In the 1987 Foreign Assistance Appropriations Act, Congress authorized the use of up to $4.15 million "to reimburse the U.S. Public Health Service (USPHS) or the Centers for Disease Control for the full cost of up to an additional 30 Public Health Service (USPHS) employees specifically for the purpose of carrying out immunization activities of

Table 3


TRENDS IN DEVELOPMENT ASSISTANCE FUNDING AND STAFFING IN HEALTH, POPULATION, CHILD SURVIVAL AND AIDS, 1980-1991
$ Millions
Number of employees
700
600
500
400
300
200
100
0
200
180
160
140
120
100
80
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
Health Account (incl. Child Survival, DFA and AIDS accts.)
Population Account
Foreign Serv.
All Employees
Note: All staffing figures are for the Health, Medicine and Population category. Staff figures representpermanent appointments or appts. of more than one year. Foreign serv./1990 is provisional.
CIHI/IST! 7/90

the Child Survival Fund." Thus, Congress foresaw that A.I.D.'s managerial problem could at least be partially resolved by assigning Public Health Service employees to A.I.D. projects.

In 1988, this authority was broadened to allow for up to $5 million to carry out Child Survival activities in addition to immunization programs. Also, personnel could now be recruited from "United States government agencies, agencies of State governments, and institutions of higher learning." The legislation also exempted such individuals from any personnel ceiling limitations of their respective agencies. Similar authority and guidance was included for the Public Health Service in the appropriations legislation for the Department of Health and Human Services.

Legislation for 1989 increased the amount of funding permitted to $6 million. It also stated that in addition to Child Survival programs, the authority could be used for "research on, and the treatment and control of, acquired immune deficiency syndrome (AIDS) in developing countries." The name given by A.I.D. for the personnel assigned under this authority was changed from Technical Advisors in Child Survival (TACS) to Technical Advisors in AIDS and Child Survival (TAACS).

In fiscal year 1991, Congress increased the funding available for TAACS to $8 million. It also provided for those funds to be used "to reimburse United States Government agencies, agencies of State governments, institutions of higher learning, and private and voluntary organizations for the full cost of individuals (including for the personal services of such individuals) detailed or assigned to, or contracted by, as the case may be, the Agency for International Development" to carry out Child Survival and AIDS activities. This vague language has not been clearly interpreted by the Agency's Office of the General Counsel, but may have actually broadened the TAACS activity's potential sources of personnel to include not only standard private voluntary organizations, but personal services contracts and not-for-profit firms. A chronological summary of relevant legislative text is shown in Annex D.

III.C. Experience of the TAACS Activity to Date

There was considerable confusion within A.I.D. regarding what new authority the legislation conferred and the most efficient way to implement it. In a desire to move the activity forward, S&T/H set up a separate project - the TACS, later TAACS, program - administered by a project manager.

A.I.D. prepared a general announcement and distributed it to the missions and A.I.D.'s Washington offices describing the mechanisms to be put into place. However, the

announcement did not clearly define the criteria, priorities and mechanisms for using the TAACS authority.

In August 1987, A.I.D. signed a participating agency service agreement (PASA) with HHS/OIH. OIH in turn signed a subagreement with the Centers for Disease Control to support specific technical expertise. OIH also made use of two pre-existing subcontracts (with Devres and LTS) to carry out specific duties included in the PASA with A.I.D. Following legislation authorizing inclusion of AIDS program personnel, A.I.D. signed another PASA with the Centers for Disease Control in 1989 to provide personnel and support in this field. Concurrent authority was granted for the Bureau for Science and Technology to confer Public Health Service employees with all authorities and privileges of direct-hire employees, giving TAACS flexibility to act as advisors to country institutions, USAID project managers, or a combination of both roles.

In addition to the advisors affiliated with the Public Health Service, A.I.D. recruited others using its Intergovernmental Personnel Act IPA mechanism with universities and other institutions. These employees were granted management authority equivalent to that of direct-hire A.I.D. employees. All personnel employed under the activity were exempt from normal personnel ceilings of any government agency. Salaries and support were financed from program funds rather than the increasingly scarce OE budget.

Figure 4 shows a diagram of the sources of TAACS to date. (See following page).

As of January 1991, A.I.D. has placed 28 TAACS under the activity. (For the purposes of this evaluation, the term TAACS is used to refer to those employees hired by A.I.D. to carry out this mandate. It does not include those "ceiling-exempt personnel" provided for under legislation within HHS to service international programs in A.I.D., WHO, and UNICEF.) Most TAACS have been assigned to field missions (54 percent), and most have been employed through the PASA with OIH and the Centers for Disease Control (68 percent of the total). Of the total, six have served or are currently serving in Africa, two in the Asia and Near East region, and seven in Latin America and the Caribbean. Of the 13 assigned to AID/W, 10 are assigned to the Bureau of Science and Technology, 2 to the Regional Bureaus, and 1 to other AID/W offices. These numbers are cumulative and represent both past and present TAACS. Table 5 provides a summary profile of TAACS advisors as of January 1991. Annex E lists all TAACS, past and present, and gives their affiliations and assignments.

Table 4

Structure of TAACS

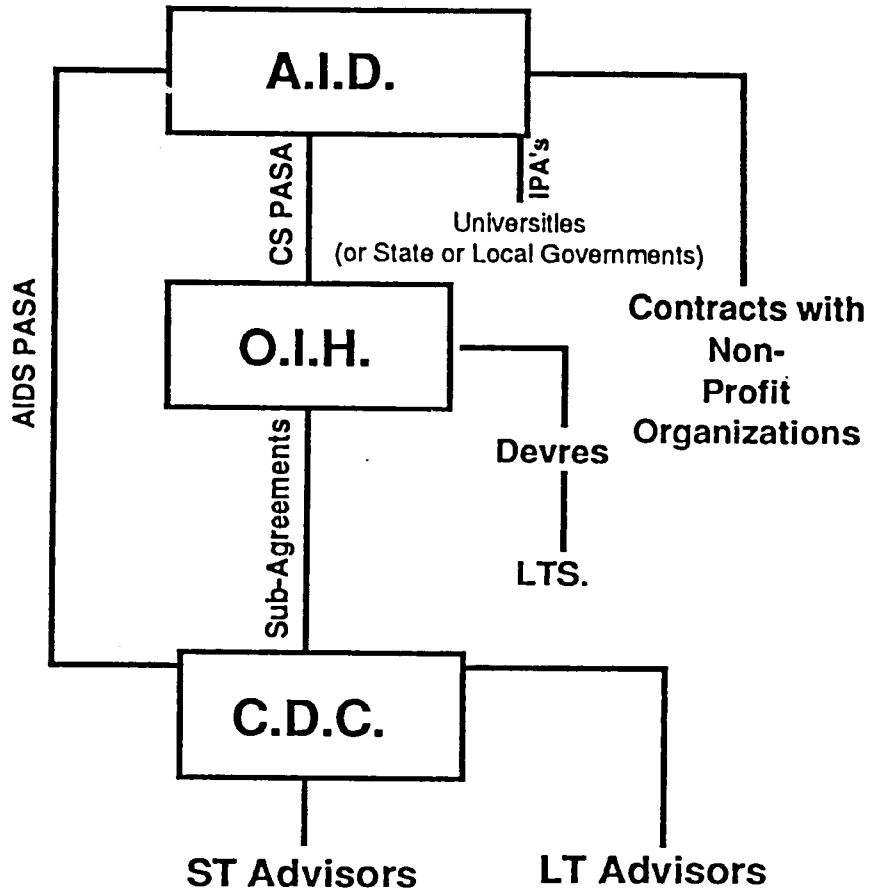


Table 5*
Summary Profile of TAACS Advisors

	USPHS/IPA		USAID Missions & AID/W		Health, Child Survival &- AIDS		Bureaus				
FY	*USPHS PASA*	*IPA Other*	*USAID*	*AID/W*	*H,CS*	*AIDS*	*AFR*	*LAC*	*ANE*	*S&T/H*	*Other*
1987	1	0	1	0	1	0	1	0	0	0	0
1988	6	3	3	6	8	1	2	1	0	4	2
1989	7	5	7	5	11	1	2	3	2	3	2
1990	5	1	4	2	5	1	2	2	0	1	1
Total	19	9	15	13	25	3	7	6	2	8	5

*H=Health, CS=Child Survival, LAC=Bureau for Latin America and the Caribbean, ANE=Bureau for Asia and Near East (*now Bureau for Eastern Europe Near East (E/NE)*)

III.D. Funding of the TAACS Activity

The legislation provides no additional funding above appropriations otherwise made available for Child Survival and health activities. It permits specified amounts to be used for TAACS. A.I.D. has committed nearly the full amount authorized in each fiscal year of the program.

The S&T Bureau provides core funding for the administrative costs of the PASA, with buy-in funding provided by the missions and AID/W offices receiving TAACS. In some cases, these funds have been allotted directly to the mission or office and then transferred to S&T for inclusion in the activity. In other cases, budgetary transfers were made directly to S&T/H for services. The inability to draw upon the Development Fund for Africa has required the subsidization of Africa programs from worldwide Child Survival and health accounts. Table 6 shows the history of A.I.D. funding for TAACS as of January, 1991.

Table 6
Funding for TAACS Activity by A.I.D.

FY	Authorized	Obligated	S&T OYB	Mission buy-ins
1987	4.15	1,321,000	1,185,000	136,000
1988	5	1,566,698	889,318	677,380
1989	6	4,096,165	1,836,000	2,260,165
1990	6	5,012,828	3,716,840	1,295,988
1991*	8	6,800,000	5,200,000	1,600,000

*Projected figures

III.E. Operations of the TAACS Activity

Within A.I.D., S&T/H is responsible for managing and administering the TAACS activity. S&T/H hired a project manager and project assistant to coordinate the activity on behalf of A.I.D.

Under the PASA signed with OIH, OIH "coordinates the development and management of subagreements for services to be provided by components of the USPHS," and is the direct liaison between the Public Health Service and A.I.D.

The major share of the activity is carried out through a subagreement with the Centers for Disease Control, which has the following responsibilities for personnel:

- developing, in collaboration with missions, the scope of work of long-term advisors;
- recruiting long- and short-term advisors as needed;
- identifying candidates for proposal to A.I.D.;
- providing advisors with appropriate training and orientation before assignment;
- handling all logistical arrangements related to placement of advisors;
- monitoring and evaluating advisors during their assignment.

In the case of those TAACS not related to the Public Health Service (9 of 28 assigned so far), A.I.D.'s Office of Personnel Management uses and administers the Intergovernmental Personnel Act in collaboration with the sponsoring regional bureau (for missions or other AID/W offices). In such cases, logistical support is handled similarly to that which is customary for direct-hire employees. The only difference is the use of program rather than OE funds.

III.F. Relationship to Other A.I.D. Activities

Following the experience under the TAACS program, A.I.D. legislation has provided the flexibility to use program funds for managerial and personnel expenses related to three other activities in addition to the TAACS activity, namely:

- environment
- family planning
- tropical forestry and biological diversity

Each activity is guided by separate legislative authority with different A.I.D. guidelines for the application of each authority. The highly selective use of authority is becoming a significant element in A.I.D.'s personnel and management planning. This suggests that A.I.D. should consider encouraging the passage of legislation that permits standard criteria and procedural guidelines to administer new authorities across fields so that they may be integrated into a rational workforce management strategy.

IV. CURRENT OPERATIONAL ISSUES

This section discusses operational issues pertinent to the TAACS activity, including the roles and effectiveness of TAACS and sponsoring institutions, general implementation of the activity, management of TAACS, and costs and financing.

IV.A. Roles and Effectiveness of TAACS and Roles of Sponsoring Institutions

1. Roles and Effectiveness of TAACS in USAID Missions

Of the total number of TAACS, 14 are currently serving overseas and 1 has completed the assignment and has left A.I.D. Another 9 are now being recruited for service in the missions. Table 7 lists Public Health Service TAACS currently serving in missions and their scope of work as technical advisor, A.I.D. manager, or a combination of both roles. Annex F lists all TAACS services to the missions.

Table 7
TAACS Advisor Assignments by Base of Assignment And Primary Responsibility

	Base		*Primary Area of Responsibility*	
	MOH	USAID	Technical Assistance	Project Management
Ecuador (Baldi)	85%	15%		Directs unit that coordinates $6.2 million USAID funded project in Child Survival
(Yamashita)		100%	Carries out policy research in health. Provides TA to Ecuadorian Policy Development organizations to strengthen their institutional capacity to carry out policy analysis and health care financing activities. Assists USAID in design of private sector components of CS Program.	Assist USAID in preparation of the Population Sector Strategy Paper, PID, and PD

Table 7 (cont'd)

	Base		*Primary Area of Responsibility*	
	MOH	USAID	Technical Assistance	Project Management
Sudan (Hawkins)	30%	70%	Advises USAID, MOH & PVOs on TA requirements and technical implica-cations of proposed plans Provides advice on impact of technology and participates Child Survival evaluation exercises.	Backstops and monitors $5 mil USAID grant to UNICEF. Manages use of central funds for other PVO projects in Child Survival. Advises MOH & PVOs in management issues and participates in planning, evaluating & fiscal management exercises
Bolivia (Kuritsky)	30%	70%	Reviews TA & commodity requirements of target communities, & coordinates and plans for ongoing TA & input into the Child Survival Project.	Develops project documents for a $16 million USAID Child Survival project. Assures strategies are sound & designed to meet project goals.
Uganda		100%		Manages elements of the USAID health portfolio. Develops project documents for a $10.5 mil 6 yr) project.
Indonesia (Linnan)		100%	Provides TA & oversight of A.I.D.-funded health activities. Provides TA in developing new USAID Child Survival project. Works with agencies out-side of USAID to assist in epidemiology of priority health problems, design intervention & evaluate outcomes.	
Senegal (Lagace)		100%	Reviews TA requirements and advises and/or coordinates plans for TA for the Rural Health Delivery Services. Project II. Provides overall management support to RHDS II.	Develops and monitors development of project paper documents for reprogramming child funds ($6 mil).

Table 7 (cont'd)

	Base		Primary Area of Responsibility	
	MOH	USAID	Technical Assistance	Project Management
Mali (Qualls)	100%			Provides overall support to USAID in planning, design, administration and evaluation of child survival & AIDS activities. Manages elements of USAID health portfolio & services as primary contact on Child Survival activities with other donors. Develops a child survival assistance strategy for USAID.
Peru	100%		Assists in developing and teaching courses in epidemiology/bio-statistics to trainees in outbreak investigation, surveillance long-term projects & scientific writing.	Assists in establishing the Field Epidemiology Training Program (FETP) as a permanent training institution within the MOH.
Honduras (Terrell)	70%	30%	Complements the primary USAID CS Contractor (MSH) in areas of Vector Control, AIDS and Nutrition through establishment of epidemiological surveillance, project monitoring, computerized planning for project activities	Backs up the USAID HPNO when required. Prepares PIO/Ts for TA and assists in purchasing lab and computer supplies.
(Caudill)	80%	20%	Assists MOH in planning and implementing water and sanitation projects.	Prepares PIO/Ts related to project and provides advise to USAID in related fields.

As Table 7 shows, only a small percentage of advisors describe their role as completely that of a technical advisor to host country institutions. Similarly, only a few are described as wholly managers of A.I.D. programs assigned to the USAID. Most combine the two roles. The TAACS authority permits this kind of flexibility that allows one individual to perform two traditionally separate A.I.D. roles.

In general, both mission managers and the TAACS themselves describe experience with the TAACS activity positively. The TAACS' flexible, dual role permits adjustment to country conditions as mission programs warrant. It also allows the mission to take advantage of the skills of an individual advisor to bolster the capabilities of a small USAID team in managing the overall portfolio. In most cases, TAACS in managerial roles are involved with the entire portfolio of mission activities in health, nutrition, and family planning. If the advisor's capabilities lie in a particular functional area, for example, information systems or operations of private voluntary organizations, that advisor is often part of a broader mission committee concerned with those areas throughout the country program.

In the light of fewer people having to manage more diverse programs, the flexibility of the TAACS activity accounts for the almost universal enthusiasm which it engenders. Several missions state that they would not have undertaken Child Survival activities or broadened their health programs to include AIDS if this flexibility had not been available. Mission managers report that for the most part the advisors' technical skills are of high quality, but in some cases they lack language skills and most have less than ideal knowledge of A.I.D. documentation procedures.

TAACS report that in most cases they are fully accepted as part of the direct-hire mission team and perform most of the control and management functions of regular A.I.D. employees. This generally includes all related privileges, such as access to the commissary, pouch privileges, and assistance in locating housing. This acceptance is almost universally true of CDC employees, but with IPAs some exceptions have occurred because the guidelines to mission administrative and financial management personnel on funding procedures have been less clear.

In some countries, direct-hire status also has some negative implications. Direct-hires are part of an overall ceiling of official Americans stationed in-country, whereas contract advisors are sometimes not counted against this ceiling. There are sometimes complaints about already overstretched mission support personnel (GSO and motor pools, for example) unable to accommodate additional staff. More often, the advantages of TAACS status outweigh these mission concerns because the TAACS status provides necessary funds for equipment support and travel costs.

Dissatisfaction with the time needed to recruit and assign an advisor to a post, and with the limitations on the time an advisor is permitted to serve in that status is widespread. These issues are discussed in greater detail later.

Conclusions

(1) The view of TAACS and mission managers on the role of TAACS in the mission program is almost universally positive.

(2) The flexibility inherent in the TAACS activity has clearly had an important role in accelerating Child Survival and AIDS programs within A.I.D.

(3) In some cases the program's flexibility has permitted A.I.D. to fill two needs: technical advisor and USAID manager with a single individual.

2. Roles and Effectiveness of the TAACS in AID/W

Of the total number of TAACS employed by A.I.D., nine are currently serving in positions in AID/W and five have completed assignments in AID/W offices. Another four are presently being recruited for assignment to AID/W. Table 8 shows those TAACS presently serving in AID/W.

Table 8
TAACS Present Serves in AID/Washington

Office	Advisor	Start Date
PPC/PDPR	Melanie Marlett	September 1988
AFR/TR/HPN	Laurie Ackerman	September 1990
ST/H/CD	Kirk Miller	October 1988
ANE/TR/HPN	Julia Terry	October 1989
ST/H/AR	Petra Reyes	September 1989
ST/H/HSD	Robert Emrey	September 1989
ST/H/AIDS	Celeste Carr	August 1989
ST/H/HSD	Jerry Gibson	August 1990
ST/POP	Pamela Wolf	August 1990

Two overall issues are pertinent to the assignment of TAACS to AID/W, namely:

1. Proper ratio of AID/W to field assignments: 54 percent of the TAACS are serving in field missions;

2. A proper function for TAACS within AID/W: some A.I.D. managers believe that this kind of TAACS-like authority should be limited to field positions or to those offices in AID/W very directly involved in project design and implementation of Child Survival and AIDS programs.

The majority of TAACS in AID/W are assigned to the Regional Bureau technical offices and to the Bureau for Science and Technology for the management of Child Survival and AIDS activities in the field. Nevertheless, A.I.D. has chosen to interpret the legislation rather broadly to permit the assignment of TAACS to the Bureau of Program Policy and Coordination and other support offices not directly involved in project activities.

As in the case of the missions, AID/W offices recognize the usefulness of the TAACS mechanism, pointing out its flexibility in the use of program funds for highly qualified people in ceiling-exempt positions. Both TAACS and their supervisors support the activity. Even more than in the field, the support of TAACS through program funding for travel and equipment is highly advantageous. Often, travel to the field or consultation with other institutions, such as UNICEF and WHO, is more feasible for TAACS than for direct-hire personnel because of stringent limitations on OE funding.

In contrast with the field experience, several of the TAACS assigned to AID/W are employed through the IPA mechanism rather than through CDC or the Public Health Service.

The legislative intent of the TAACS authority was to provide additional A.I.D. personnel to work on Child Survival and AIDS. Although a figure for the period prior to the legislation is unavailable, it appears that the number of "contracted" personnel working in Child Survival has definitely increased. While the number of direct-hire personnel, and even the number of direct-hire HPN officers plus TAACS personnel has declined, one may argue that the decline would have been even greater if the TAACS authority did not exist. (Health, population and nutrition staff have shared in the general reduction applied to all A.I.D. technical officers.)

Conclusions

(1) The experience of AID/W managers and TAACS advisors assigned to AID/W has been positive for both managers and TAACS.

(2) Most TAACS are directly involved in managing Child Survival and AIDS projects, but some assignments are only related peripherally to the intent of the legislation. Criteria should be established giving priority for TAACS to field missions and to AID/W offices directly involved in managing Child Survival and AIDS projects.

3. Role of the Office of International Health and the Centers for Disease Control

Of the total number of TAACS currently in A.I.D. assignments, 17 of 23 are serving through the existing PASA with the Office of International Health and its subagreement with the Centers for Disease Control. Table 9 shows the annual funding by A.I.D. of the PASA with OIH.

Table 9
A.I.D. Funding for TAACS Activity Through the Public Health Service
(Millions of Dollars)

FY	Amount *Total Authorized for Project*		S&T/OYB *Obligated*	Buy-Ins
1987	4.15	1,321,000	1,185,000	136,000
1988	5	1,432,380	755,000	677,380
1989	6	3,053,147	1,013,982	2,039,105
1990	6	4,648,867	3,412,879	1,235,988
1991*	8	5,900,000	4,300,000	1,600,000

**Projected figures*

The clear intent of the original legislation was closer collaboration between A.I.D. and the Public Health Service, and although the authority has been broadened to cover other sources of expertise, the USPHS continues to play a prominent role. A.I.D. managers regard the Child Survival and AIDS programs as totally an A.I.D. responsibility, with the USPHS performing certain contractual functions. Conversely, many in the USPHS regard the legislation as initiating a joint cooperative program in which leadership is shared. Consequently, operational misunderstandings continue to occur.

Note that the substantive programs are Child Survival and AIDS, not the TAACS activity. The TAACS activity is best seen as a personnel device to facilitate the design and implementation of substantive programs. The CDC and other agencies of the USPHS make major technical contributions to A.I.D.'s health programs, of which the TAACS activity is only one aspect. Still, A.I.D. has not chosen to delegate it leadership of overseas Child Survival and AIDS projects to the USPHS, preferring to call on a wide variety of institutions and contractors for missions to use.

Conclusions

(1) The Centers for Disease Control and the USPHS are making an important contribution to the high quality of A.I.D.'s Child Survival and AIDS programs

overseas. Nevertheless, programs are best served by missions having access to a variety of sources of expertise and retaining managerial responsibility for their programs.

(2) CDC services differ greatly from mission to mission and should be the subject of clear agreement between the two agencies before initiating CDC personnel actions.

The role of the OIH is as facilitator for access to A.I.D. for all of the U.S. Public Health Service, not just the CDC. Specifically under the PASA between A.I.D. and OIH which relates exclusively to Child Survival, (AIDS is on a separate PASA directly with CDC), the functions of OIH are described as follows:

- as liaison with S&T/H;
- coordinating overall Public Health Service participation in the activity;
- coordinating short-term assignments of non-governmental personnel with CDC;
- reimbursing CDC for costs associated with participation;
- preparing agreements and subagreements in consultation with CDC and A.I.D.;
- addressing policy issues related to the activity;
- helping CDC, on exceptional occasions, handle logistical details of processing Washington-based assignees;
- preparing consolidated fiscal and progress reports for submission to A.I.D.;
- conveying formal budgets to the A.I.D. contract officer.

To carry out these activities, a subagreement is in place with CDC under which the bulk of Public Health Service activities are carried out. OIH also has a contract with Devres (who in turn has subcontracted to LTS) to perform certain logistical functions related to short-term advisors, such as arranging travel. OIH has three employees assigned to this activity, which is financed through a 10 percent overhead charge (dropping to 7 percent in 1991) on the work performed under the subagreement with CDC.

The major share of work connected with the TAACS takes place under the subagreement with CDC. CDC is responsible for the following:

- designating a coordinator of the activity to serve as liaison between OIH and A.I.D.;

- developing an annual work plan, including objectives and inputs;

- developing and maintaining a roster of possible short-term and long-term consultants and advisors, both governmental and nongovernmental;

- nominating for assignment and providing all necessary support services such as

training and travel for governmental personnel and providing information to OIH for use by Devres to prepare work orders (for example, consulting fees, travel and training costs, for nongovernmental personnel);

- advertising for advisors as appropriate through both Public Health Service and private sector channels;

- executing all necessary personnel actions, including all clearances to permit assignment;

- providing the necessary orientation, training, technical, supervisory, programmatic, and administrative assistance related to both long- and short-term assignments;

- working with missions through correspondence and visits to develop agreed upon scopes of work and plans of action;

- providing technical support to long-term advisors, including responding to requests for information and short-term technical assistance.

To operate its agreement, CDC in fiscal year 1990 used 58.5 person-months for administrative personnel in Atlanta at a cost to A.I.D. of $200,366. For 1991 CDC proposed an increase to 85 person-months at a cost of $312,723. The costs under the umbrella agreement in total were approximately $550,000 in 1990 (including international and domestic travel, temporary appointments prior to assignment to the field, short-term technical assistance requested by missions, security clearances, training and orientation, and so on). The CDC-proposed budget in 1991 increased to $648,845. A.I.D. has vigorously contested these costs. Note also that all costs, including a 20 percent overhead for CDC and an additional 10 percent (now 7 percent) overhead for OIH, are assumed completely by S&T/H. They are not passed on to missions or to offices buying services. A copy of the actual CDC budget for fiscal year 1990 and the approved fiscal year 1991 budget are shown in Annex G.

While no one disputes that the primary role within the Public Health Service is with the CDC, perceptions of the usefulness of OIH's role differ. It is said to allow for broader access to the USPHS other than CDC; yet CDC staff say they could recruit from these agencies as well. While some A.I.D. technical officers have not found a necessary role for OIH, the managers of the TAACS activity describe the reporting and personal contact with OIH extremely useful and "user friendly." Responsible officers in CDC regard the intervention of OIH as a major deterrent to the activity's smooth functioning. They would strongly prefer to have direct and regular contact with A.I.D., since it is A.I.D. that is implementing the activity. They hold that the intermediary role of OIH is not only unnecessary, but impedes the function of the PASA. They contrast their positive view of

the AIDS PASA (directly within the technical office in A.I.D) with the unsatisfactory relationship under the indirect Child Survival PASA.

The evaluation team shares to a large extent the CDC view of this issue. Nevertheless, the team believes that the perception of more user friendly reporting and information is a result of outstanding work from the OIH project and financial officers. A.I.D. has a variety of other PASAs with CDC (including a direct PASA related to AIDS under the TAACS activity) and reporting under these is presumably satisfactory for A.I.D.'s requirements.

CDC feels strongly that its relationship with A.I.D. is more problematic under this Child Survival PASA than under any other it has ever undertaken with A.I.D. overseas programs. We believe this perception to be unfortunate for both agencies, and it warrants more direct and regular dialogue between the two agencies.

Under the scope of work of the AIDS PASA, CDC is recognized as having more of a technical role in the program and not simply one of personnel placement. Under the AIDS PASA, CDC is responsible for the following:

- help formulate a national HIV prevention and control program, including related strategies and plans of action;

- provide short- and long-term technical assistance in disease surveillance, blood band operations, control of sexually transmitted diseases, and preventive education;

- help develop information systems, train health professionals, manage national programs, and strengthen the capacity of host country institutions.

In this case there is fuller agreement between A.I.D. and CDC on CDC's total role. This does not mean that vigorous disagreement does not arise under the AIDS PASA between A.I.D. and CDC on the scope of work, especially budgets, but at least there is a direct relationship with the responsible A.I.D. manager through which difficulties can be worked out.

With respect to the CDC budget related to the Child Survival PASA, there has been continuing controversy about the necessary and appropriate support costs related to this activity and charged to S&T/H, including questions of supervisory visits and the number of people charged to the activity in Atlanta. Although the scope of this evaluation did not permit a detailed auditing of the costs of the PASA, it did reveal that the using office and mission bear a disproportionately small part of the costs associated with recruiting and hiring TAACS. Therefore, the TAACS activity and CDC may arrange short-term

assistance and other forms of "free" technical support for a program that the Bureau for Science and Technology regards as an unnecessary luxury. The services from the CDC PASA must be used like other S&T activities, with the buying offices required to pay almost the full cost of the services they are requesting, and agreement must be reached with CDC on the magnitude and costs of those services on a timely basis. Thus, considerable reduction of the balance financed by S&T/H should be possible.

Another budgetary issue related to the CDC PASA concerns the use of the 20 percent overhead charged by CDC. This is considerably less than is standard with A.I.D. private contractors providing similar services. However, within CDC none of the overhead is available to the International Health Program Office, which actually provides the services. As a result, A.I.D. is required to pay for personnel services in Atlanta on a person-by-person basis with all of the controversy entailed about the amount of time actually needed for the work. In the case of a private contractor, the firm charges a competitive overhead (well above CDC's 20 percent), but overhead is expected to finance much of the backstopping services needed to carry out responsibilities.

Conclusion

(1) While management of the TAACS activity within the OIH has been outstanding, the activity would function more effectively with a direct agreement between A.I.D. and the principal agency, CDC. If demand in the field of Child Survival is sufficient for the S&T Bureau to sign a follow-on PASA with CDC, such an agreement should be with CDC as the responsible agency for implementation. A.I.D. should continue to coordinate closely with OIH and provision should be made for regular meetings between A.I.D. and CDC managers to review program status and related issues.

(2) As much as possible, all charges (including a pro-rated part of the overhead charges) should be borne by the missions and other participating offices. This will leave only a small balance for S&T funding. Scope of work for advisors and related support should be thoroughly agreed on by CDC and the purchasing office before CDC begins recruiting for the position. A.I.D. should take steps to ensure that payment is forthcoming in a timely way for agreed services.

(3) If possible, it would be desirable to establish a more commercial PASA relationship with CDC, forcing A.I.D. to pay a competitive overhead, and allowing CDC to manage its own affairs in such a way that overhead is available in large part to the International Health Program Office, the office actually performing the services. This reduces or eliminates the need for A.I.D. to finance specific person-months of support time in Atlanta.

4. Roles of Other Participating Institutions

Of the total number of TAACS, past and present, A.I.D. has employed nine not affiliated with the Public Health Service. Of these all have been through universities. To date no employees have been recruited from private voluntary organizations, state governments, or private firms.

Of these non-Public Health Service TAACS, seven have been assigned to AID/W offices and two to USAID missions. In all cases, a variation on the traditional IPA mechanism has been used that resembles the Joint Career Corps activity in agriculture.

The universities are responsible for recruiting advisors and paying their salaries and are reimbursed by A.I.D. For advisors assigned to AID/W, other direct support costs are often paid by the university and reimbursed by A.I.D., whereas those advisors assigned overseas are supported directly by USAID.

Under the IPA mechanism there is little or no financial incentive for universities to participate. The only justification to the university is the long-term, indirect benefit of having key staff gain overseas experience and familiarity with A.I.D. operations for future contracts. Of the university-associated TAACS surveyed, none had definite plans to affiliate with the sponsoring university after completion of the A I.D. assignment. Thus, A.I.D. is using the university association as a pragmatic way to secure the services of personnel previously known by A.I.D. through contracts or other relationships.

The use of non-Public Health Service sources for TAACS has both advantages and disadvantages for A.I.D. Although there is a high degree of flexibility without costly overhead, thereby reducing the cost of services considerably, institutional backstop support is usually not available, and A.I.D. must manage directly most of the administrative burden (security clearance, travel, transportation of effects, and so on). These TAACS are also limited to a four-year assignment.

Processing employees for overseas assignments using the IPA mechanism has presented more problems than Public Health Service programs because traditional IPA guidelines had to be modified, and clear operating instructions for financial management in the field were not provided.

A.I.D. has not needed to pursue aggressively other permissible sources of TAACS because an adequate supply has been available through the Public Health Service and universities.

Conclusions

(1) Through the provision of TAACS, some universities are making significant unreimbursed contributions to A.I.D.'s programs.

(2) As demand warrants, A.I.D. should pursue other sources of advisors, namely, state health authorities and private voluntary organizations.

(3) The IPA mechanism has been usefully adapted to employ advisors who are not part of the USHPS. Personnel processing and financial management procedures need to be clarified, especially those related to overseas staff recruited through the IPA.

IV.B. General Implementation of the TAACS Activity

1. Information Dissemination on the Mechanism and Criteria for Use

Following passage of the TAACS legislation, A.I.D. prepared a cable informing the missions of the availability of TAACS and the general criteria for their use. Also, a policies and procedures manual was drafted, but never finalized, and was not widely distributed. Therefore, the processing of TAACS has been largely on an *ad hoc* basis. In four years, only 28 TAACS have been employed. Managing this activity using the current labor-intensive effort seems impossible without further integration into A.I.D.'s overall personnel management effort, with clear procedural directions laid down in standard A.I.D. Handbooks.

Today, missions are generally well informed about the availability of TAACS, but are not clear on the advantages of this personnel mechanism over traditional ones. The great attraction has been the flexibility of filling badly needed project manager positions with highly effective technical experts who can be funded from program funds. Nevertheless, at least some TAACS could have been employed under personal services contracts to fulfill roles of technical advisor or mission employees not requiring extensive "direct-hire like" authorities.

In African countries, missions sometimes perceive TAACS as a free good, since they have interpreted legislation to permit funding from accounts earmarked for worldwide Child Survival, AIDS, and general health activities (separate from the Development Fund for Africa under which all other African health activities are funded.) The result is a necessary but unreasonable subsidy of African country programs from funds available to

other regions. Perhaps even more important, it may encourage missions to use TAACS when less expensive alternatives are available (for example, personal services contracts or Health and Child Survival Fellows).

As already pointed out, even in the case of non-African missions, the cost of a Public Health Service TAACS to the mission or employing AID/W office has been well below the real costs of such services, with the S&T Bureau assuming the difference.

AID/W offices are aware of the authority, but the criteria for its use are vague. The use of TAACS in the Bureau for Program Policy and Coordination seems excessively removed from the intention of the legislation, and is a lower priority than in those missions and offices responsible for carrying out Child Survival and AIDS projects.

Conclusions

(1) A.I.D. should integrate the authorities under the TAACS activity and similar activities in other fields within its overall workforce management system.

(2) Integrating the authorities calls for developing clear procedural guidelines on the operations of this personnel mechanism and incorporating such guidance into the A.I.D. Handbooks.

(3) If the demand for S&T-administered agreements for Child Survival and AIDS is sufficient, then the full cost of securing services, whether through the Public Health Service, IPA, or other mechanisms, should be charged to the extent possible to the requesting mission or office.

(4) It is reasonable for services to Africa to be financed from the fund set up for technical assistance in that region. If possible, the legislation should be modified to permit financing TAACS from the Development Fund for Africa.

2. Recruitment, Selection, Orientation, and Assignment of Personnel

a. TAACS Related to the Public Health Service. Only a few of the TAACS assigned through the Public Health Service have been career CDC or Public Health Service professionals. In most cases they have been recruited from outside (often by A.I.D.), and do not plan to have a long-term association with the Public Health Service. This may be because CDC staff do not meet the stringent requirements for overseas experience. The more common reason seems to be that professional CDC career personnel are less willing to serve lengthy tours in developing countries because of career or personal reasons.

This is not necessarily a criticism of the activity, but shows that experience has not matched expectations. To some extent, this situation has been advantageous to A.I.D. missions and offices that, in the absence of a CDC candidate, have done their own recruitment and have asked CDC to assign the individual to its rolls for the purpose of employment as a TAACS. Sometimes, the individual hired may have little or no knowledge of the Public Health Service.

To protect its professional legitimacy, CDC has tried to become more involved in "support services" than either the missions or the S&T Bureau think is necessary. Whereas A.I.D. tends to use the Child Survival element of the TAACS activity as a personnel mechanism, CDC wishes to see it used as a comprehensive Child Survival program of which long-term advisors are simply one element. A good deal of the budget controversy has made the Child Survival PASA under this activity excessively contentious.

The most sensible solution is to recognize that this is an A.I.D. program (not a joint USPHS/A.I.D. program), that requires CDC's full involvement in the advisor's original scope of work. There must be a clear understanding of the appropriate CDC support package, with the final decision for financing left to the A.I.D. requesting office. For its part, CDC must clearly understand that missions want and need support packages of different sizes and complexity. Thus, while one can appreciate CDC's professional reluctance to be associated with a program lacking technical elements of sufficient quality, it does not follow that CDC must consider itself responsible for those elements in every case.

For example, mission A may request and pay for a TAACS and a support package of X amount; mission B may request an advisor and a much more limited support package; and mission C's request may include an advisor and no support services. CDC must treat each of these cases individually and budget them accordingly.

CDC has extensive contacts with state and local public health authorities. CDC should be encouraged to cast its recruitment net wider and to develop a preselected pool of applicants similar to the practice with the Health and Child Survival Fellows.

The principal problem with the recruitment of advisors is the time that elapses between the request and the actual assignment: usually one year. This is due largely to the time required for security clearance (nine months to one year). This, however, is not unique to the TAACS activity.

According to A.I.D. offices, several delays in CDC recruitment in the past occurred because of a change of personnel in the International Health Program Office, with the result that some personnel actions were not initiated.

For the most part, TAACS believe that their orientation was carried out well by CDC and by the missions, although they feel that orientation in A.I.D. documentation, organization and procedures for those without previous agency experience is inadequate. Furthermore, missions tend to want advisors to report to post as quickly as possible, yet criticize CDC or AID/W for inadequate time spent in orientation.

Conclusions

(1) Experienced, professional Public Health Service employees are less available for overseas assignment with A.I.D. programs than the legislation on this activity assumed. Both CDC and A.I.D. have adapted to this situation with flexibility.

(2) Given this experience, CDC should pursue other sources of personnel (for example, state health authorities) and develop a preselected pool of possible candidates for assignment, thereby allowing a greater choice of candidates and reducing the time spent in making selection.

(3) While A.I.D. must make the final decision about the services it buys, it should welcome full CDC participation in the earliest stages of an assignment, particularly in relation to the scope of duties of a prospective advisor. A.I.D. must also find a way to ensure timely payment to CDC for its services.

(4) TAACS who will fill managerial roles in missions should have up to three weeks orientation in AID/W and training in A.I.D. program documentation. At a minimum, video cassettes of the Program Documentation Course should be made available to the missions and/or to CDC for self-instruction.

b. Recruitment Procedures for TAACS Related to Other Institutions. Most TAACS recruited through the IPA mechanism have been known to A.I.D. prior to a TAACS assignment through contract, as Child Survival Fellows or through other mechanisms. Any attachment to the sponsoring university or other institution is tenuous, and although this is of no great inconvenience to A.I.D., it does mean that A.I.D. is buying an individual and not an institutional relationship.

At present, there is little or no financial incentive for institutional involvement in the TAACS activity; A.I.D. does most of its recruitment directly. It may be useful, however, for both A.I.D. and universities, such as Historically Black Colleges and Universities, schools of public health, or private voluntary organizations to promote a longer-term relationship under which TAACS might be provided on a continuing basis.

A.I.D. should attempt to broaden its recruitment to state and local public health authorities and schools of public health. Some preselection process to develop a pool of potential candidates, similar to that in the Health and Child Survival Fellows Program, would be useful.

Legislation now permits recruitment from additional sources, for example, private voluntary organizations, and possibly through contracts for which the IPA mechanism is not appropriate. The process for using these other forms of recruitment (contracts, grants, and so on) must be more clearly delineated.

Most of the TAACS hired through the IPA mechanism have had previous experience with A.I.D., making orientation unnecessary in many cases. In those cases where orientation was needed, the recruiting office carried it out using the same programs available to direct-hire employees.

A major drawback of the present operation is the lack of clear guidance related to procedures for TAACS employed through the IPA mechanism. The guidance suffers from the following:

- unclear methods for allocating funds from one PIO/T to the parent institution and the mission;
- short lead time in allotting funds to missions to acquire suitable housing;
- lack of guidance on administration of benefits for TAACS (for example, coverage of TAACS under emergency medical evacuation procedures).

Conclusions

(1) The adaptation of the IPA mechanism has been a useful technique for recruiting TAACS not associated with the Public Health Service.

(2) There is still considerable confusion about the administrative procedures for recruiting and assigning an IPA TAACS overseas. The procedures should be clarified and the process streamlined.

(3) The recruitment should include state public health agencies, private voluntary organizations, Historically Black Colleges and Universities, and schools of public health, thereby encouraging a continuing institutional relationship with the field program.

(4) Contracts and grants may also qualify as mechanisms for recruiting TAACS. Procedures must be developed and disseminated on how to confer TAACS status on individuals hired under these personnel mechanisms.

3. Personnel Support, Supervision, and Evaluation

One of the most contentious issues of the TAACS activity has been related to the degree of technical and managerial support that CDC provides to TAACS associated with the Public Health Service. CDC has generally held that a support package is necessary for TAACS to function effectively, and has billed A.I.D. accordingly. A.I.D. has held that in many cases such support is not warranted to the extent suggested by CDC.

In terms of managerial support, the International Health Program Office management staff provide overall guidance to CDC and oversee and carry out the operations related to recruitment, clearances, orientation, language training, transportation and travel, and provision of equipment and supplies for the TAACS. The fiscal year 1991 budget proposal from CDC included 85 person-months (7.1 person/years) of backstop support in Atlanta for 19 field TAACS, or a ratio of 1 support person-year for each 2.7 person-years of field advisor. Since managerial support involves recruitment and assignment process, the level of support should be related to the number of assigned personnel as well as those already in their assignment. Even so, the total level of managerial support requested by CDC seems excessive.

With respect to management support from CDC during the course of assignment, reports from the TAACS in the missions differ. Some claim that they have frequently used CDC for support and received an excellent response. However, the majority claim that they have had little or no occasion to call upon CDC for management assistance during the course of their assignment.

In the case of technical support, CDC states that it provides the most up-to-date technical information and data to its field staff through the following mechanisms: weekly mailings of reports, articles, and so on; monthly "Research and Development Feedback" document; the CDC *Morbidity and Mortality Weekly Review*; field staff participation in Child Survival meetings; and the use of short-term technical experts in Child Survival and AIDS. The latter are usually financed through buy-ins from the mission. CDC has been highly responsive and reacted to TAACS' requests for technical support and information in a timely fashion. A few TAACS state that they have had little or no occasion to call upon CDC for any substantial technical support.

A way must be found to reduce the problems of the budget debate between CDC and A.I.D. about the level of managerial and technical support required for the TAACS activity. A.I.D. must approach these discussions with the aim of resolving genuine

differences. CDC sees the TAACS activity as a Child Survival program in which it is called upon to play a major technical role, while A.I.D. sees it as more of a personnel activity. CDC must recognize that its participation in providing an advisor to an individual program does not imply CDC involvement in the total range of Child Survival activities in that country. This issue is much less acute in the case of AIDS activities, as CDC is a major player in country programs and the scope of its involvement seems to be understood more fully at the beginning of the project.

Since A.I.D. is responsible for all logistical support for IPA-related TAACS, managerial and technical support has not been an issue. Universities have handled salary payments and the system for payment and reimbursement seems to be operating smoothly.

Because of the possibility of use of program rather than OE funds, commodity support has been less of a problem with the TAACS than with the average A.I.D. health, population, and nutrition officer. In the case of USPHS employees, CDC provides some support items and is then reimbursed by A.I.D. In the case of IPA employees, all support is provided by the employing office on the same basis as for direct-hire employees, except that program funds are used.

Conclusions

(1) Disagreement between CDC and A.I.D. about the level of managerial and technical support serve neither agency's interests, and both agencies must take measures to resolve the issue.

(2) As already recommended, the PASA relationship and regular dialogue should be between CDC and A.I.D.

(3) There should be clear agreement between the recipient mission or office and CDC about the extent of services, both technical and managerial, that it is purchasing from CDC. CDC must participate fully in the decision and agree with it before recruitment of an advisor begins. The real costs of services, including pro-rated overhead, should be charged to the buying offices so that they are in a position to know and compare the real value of services.

(4) Prior to an individual's assignment, A.I.D. must be certain that mechanisms exist for the timely transfer of funds to CDC to cover legitimate managerial costs related to recruitment and processing.

(5) A two-person AID/CDC committee should review in detail possible modification to the backstop support structure and costs within CDC and A.I.D.

Under present agreements, it is understood that all TAACS are supervised by the appropriate A.I.D. officer at the mission or office to which they are assigned. In the case of the IPA-related TAACS the sponsoring institution is usually not involved. Evaluations are prepared on the standard A.I.D. Employee Evaluation Rating (EER) forms, copies of which may or may not be sent to the sponsoring university.

In the case of Public Health Service officers, the guideline from Handbook 12 governing other U.S. government agency personnel apply. That guideline states: "All official performance ratings are to be prepared by the PASA/RSSA employee's official supervisor in his/her parent agency. A.I.D. will prepare unofficial performance ratings using the parent agency's form when requested to do so by the parent agency. Otherwise PASA employees assigned overseas will receive unofficial ratings on A.I.D. forms."

Since most TAACS related to the USPHS are commissioned officers or long-term employees in the USPHS, it is important that they be evaluated using procedures comparable to those by which their colleagues are evaluated. A.I.D. and CDC generally agree that at least one supervisory visit is permitted to each USPHS TAACS per year from a supervisor in Atlanta to consult with the Mission or office and complete the official performance evaluation. Important inputs into this evaluation take the form of quarterly TAACS reports and an informal evaluation prepared by the A.I.D. supervisor at post.

The current arrangement whereby the A.I.D. supervisor uses the USPHS evaluation form for informal evaluation presents a problem for both agencies. A.I.D. staff find the 20-page USPHS form cumbersome and dislike it. Meanwhile CDC staff state that A.I.D. officers do not use the form properly and tend to rate much harder than is customary in the USPHS.

Conclusions

(1) In all cases all involved parties should understand that the direct supervisor is the A.I.D. officer at the mission or AID/W office to which an advisor is assigned.

(2) The duties and scope of work of an advisor should be clearly understood by both CDC and A.I.D, and modifications during the course of an assignment should be discussed with CDC.

(3) The A.I.D. supervisor should prepare an informal evaluation for all A.I.D.-related purposes using the A.I.D. form.

(4) The CDC supervisor should be guaranteed at least one supervisory visit per year to each field advisor (combining visits to cut travel costs). The CDC supervisor should prepare the official evaluation for use in the Public Health Service system using the

appropriate Public Health Service evaluation form. The supervisor should take full account of the informal evaluation prepared by the A.I.D. supervisor at post.

IV.C. Management of the TAACS Activity Within A.I.D.

Following the passage of the TAACS legislation, the S&T Bureau initiated action to implement the activity expeditiously and pragmatically. It was organized as the TAACS program involving signature of a separate PASA with USPHS/CDC to implement, and is administered by one contracted project manager and her assistant.

TAACS were hired, either by CDC or through IPAs, with the active participation and facilitation of the S&T project manager. The possibility of hiring TAACS through any A.I.D. mechanism financed through the Child Survival and AIDS accounts and meeting legislative criteria, was rejected in favor of a more direct TAACS program approach. As a result the program became more focused. Its possible disadvantages with respect to A.I.D.'s overall workforce management are discussed later.

In any event, the process proved extremely labor intensive for S&T and was only possible because of the relatively small number of advisors in the program. As more advisors are hired, there are advantages to standardizing the activity as a personnel mechanism (conferring direct-hire authority) and a bookkeeping device (funding tally and a tally of ceiling-exemptions) for individuals meeting certain criteria throughout the agency. The management of that bookkeeping device (as distinct from the management of the actual recruitment of the people) could be centralized in either S&T or A.I.D.'s Office of Personnel Management. Actual recruitment might be more efficient with standard procurement mechanisms (contracts, PASAs, grants, IPAs, and so on) used on a decentralized basis to hire specific individuals.

This does not imply that a separate PASA (or PASAs) between S&T and CDC is not warranted, only that such a PASA would be justified on Child Survival or AIDS grounds. It would certainly not require that all technical advisors be called TAACS, nor would it mean that TAACS were only obtainable through S&T. They would be available on a decentralized basis through any valid contract, PASA, and so on within the agency. The only requirement would be that the funding sources and the individual's duties qualify that person for TAACS status, and that the central office keep track to ensure that the legislated totals were not exceeded.

To sum up: the S&T Bureau was primarily concerned with the rapid and practical implementation of the TAACS authority at a time when it was relatively simple: only USPHS as a source, and only for Child Survival. The activity has matured to the point where other employing offices and missions might share to a greater extent the processing

follow-through, with centralized control in S&T to determine that legislative and budgetary authorities are not exceeded.

While the TAACS activity has been implemented with relative efficiency, many staff are anxious to have operating guidelines to streamline operations. An operations manual was developed in draft, but never formally issued. Even this draft does not contain clear guidelines as to who does what and when in the processing of TAACS. Furthermore, it makes no provision for the use of private voluntary organization and contract sources for TAACS.

Recordkeeping on the present status of TAACS and related funding has been considerably improved under current management of the activity. Nevertheless, having a form that summarizes the status of TAACS is important. Such a summary form would include the following:

- number of TAACS by year, by region and by AID/W office;
- classification of TAACS by Child Survival or AIDS;
- classification of TAACS by nature of assignment: technical advisor, manager, or combination of the two. (If the activity is restructured as suggested later, the technical advisor would no longer be called a TAACS, simply a Child Survival advisor);
- amount of funding and source of funding for the activity by year;
- tally of direct-hire authority and exemptions from personnel ceilings during the current year.

Conclusions

(1) S&T/H is to be commended on its initiative to put the TAACS legislation into practice through a centralized focus and management. The appreciation of recipient missions and offices for the TAACS authority is attributable to the TAACS manager's efforts to track and facilitate recruitment and assignment of each individual at each operational stage.

(2) However, what was efficient in the earlier stages may not be appropriate as the activity becomes larger and more complex. Strong consideration should be given to decentralizing the management of TAACS operations processing. (Conferring of direct-hire authority or TAACS status could continue to be centralized in S&T/H.)

(3) Whether management of the activity remains centralized or is decentralized, the publication of a clear set of operational procedures and guidelines is necessary. The most preferable approach would be to incorporate these into the Agency handbooks and standardize them across fields to the extent possible (for example, authorities for fields such as environment and population).

IV.D. Issues of Cost and Program Financing

1. Analysis of costs by advisor and participating institution

As of January 1991, 14 TAACS were active in the field, 12 sponsored by the USPHS and two by universities under the IPA arrangement.

In the PASA with OIH, A.I.D. provides two levels of program funding: CDC core administrative costs provided by S&T/H through the umbrella agreement, and advisor-specific costs that are detailed in the PIO/T provided by S&T/H when requesting the services of an advisor. For both types of payment to CDC, OIH and CDC charge an overhead. For fiscal year 1990, the OIH overhead was 10 percent, and CDC charged 20 percent on total costs. The total cost of the TAACS activity for fiscal year 1990 is obtained by summing the country-specific budgets in the corresponding PIO/Ts (negotiated buy-ins to the OIH/CDC PASA) plus the core financing.

Table 10a summarizes Costs per Advisor of Public Health Service TAACS (including AIDS TAACS) from 1987 through 1990.

Table 10a
Costs per Advisor of USPHS TAACS

FY	Admin Costs OIH/CDC Oblig. Overhead	Overseas Advisor Obligations		AID/W Advisor Obligations		Total Advisor Obligations		Total Obligated
		Amt.	Months	Amt.	Months	Total	Months	
	a.	b.	c.	d.	e.	(b+d)	(c+e)	
1987	1,185,000	136,000	12	0	0	136,000	12	1,321,000
1988	655,000	286,000	19	450,000	40	736,000	59	1,391,000
1989	458,000	4,081,077	210.5	364,900	46	4,445,977	256.5	4,903,977
1990	1,460,000	3,961,109	198.5	576,380	66	4,537,489	264.5	5,997,489

Table 10b
Costs for IPA TAACS

FY	Overseas Advisor Obligations		AID/W Advisor Obligations		Total Advisor Obligations	
	Amt. a.	Months b.	Amt. c.	Months d.	Total (a+c)	Months (b+d)
1987	0	0	0	0	0	0
1988	0	0	135,318	23	135,318	23
1989	280,800	24	622,018	84	902,818	108
1990	301,261	24	200,000	24	501,261	48
TOTAL	582,061	48	957,336	131	1,539,397	179

In fiscal year 1990, total funds expended by A.I.D. through the Public Health Service for TAACS totaled $5,997,489. S&T/H core financing for administrative support and overhead to OIH/CDC (including funding of the OIH/CDC umbrella agreement and the AIDS PASA) totaled $1,460,000, or 24 percent of the total. The remaining $4,537,489, or 76 percent of the funds obligated, went directly towards individual advisor costs, and was contributed by the requesting mission or AID/W office.

Drawing from the data in Table 10a, the annual cost of an advisor obtained through the Public Health Service and based in AID/W is $109,836 while the annual cost of an advisor obtained through the Public Health Service and based overseas is $230,841. These figures do not include administrative support costs and overhead for services received from CDC and OIH. When these costs are averaged over the advisors, regardless of their assignment location, the average cost increases by $76,175 per advisor per year bringing the cost of AID/W advisors to $186,000 per year, and overseas advisors to $307,000 per year.

Conclusions

(1) The annual cost per advisor of Public Health Service advisors overseas under the TAACS activity averages $306,723. A comparable cost for USPHS advisors assigned to AID/W is $185,163.

(2) The annual cost per advisor assigned overseas through the IPA mechanism is approximately $145,515, while the equivalent cost for those IPA advisors assigned to AID/W is approximately $87,668. These figures do not include the pro-rated share of administrative costs for administrative services provided by AID/W.

2. Comparison of Costs with Other Personnel Mechanisms

The cost of an average professional level direct-hire employee overseas at a level of seniority comparable to that of a TAACS was not available from A.I.D.'s Office of Personnel Management, but is estimated to be $150,000. However, the average cost of maintaining a direct-hire foreign service employee overseas was estimated at $92,000 per year. While comparisons are difficult, an overseas TAACS is definitely vastly more expensive than a comparable direct-hire employee.

It would be more appropriate to compare the costs of a USPHS-related TAACS with a contract employee at a comparable level. Again, however, data for an exact comparison are not available.

In the case of IPA TAACS overseas, the costs are comparable to those of direct-hire employees, because there are little or no overhead costs outside A.I.D. For TAACS assigned to AID/W, the cost of a USPHS-related employee is slightly more than that of a direct-hire employee (accounted for by the support costs of CDC). In the case of an IPA employee, costs are comparable to those of an AID/W employee at the same level of seniority.

The contrast in costs is greater when comparing the TAACS with the Health and Child Survival Fellows program. Admittedly, some of these are not of the same level of seniority and the benefits received (and management authorities) are considerably less.

When comparing costs, it is important to remember the artificial value put on a dollar from the OE account as compared to a dollar from the program account. The self-imposed shortage of OE funds distorts real values and is clearly uneconomical to the agency. Nevertheless, as long as these distortions exist, some still consider that it is "cheaper" for the agency to spend $306,723 of program funds for needed services than the estimated $150,00 of OE funds.

3. Procedures of Financial Management

There is need for further clarification on the procedures of financial management related to IPA TAACS assigned overseas. Such instructions should be incorporated in the A.I.D. Handbooks.

V. EFFECTIVENESS AND SUSTAINABILITY OF THE PRESENT TAACS ACTIVITY

This section discusses issues related to the overall effectiveness and sustainability of the TAACS activity as currently carried out and its contributions to Child Survival and AIDS programs.

V.A. Overall Qualitative and Quantitative Effect on A.I.D.'s Child Survival, AIDS, and Related Health Programs

The overall impact of the TAACS activity might best be summarized by quoting a typical mission: "USAID/X is extremely satisfied with the TAACS program and believes that in [country X] it has served both the function of providing essential technical expertise to our population and Child Survival program as well as improved a difficult staffing situation. Also the ability of the TAACS to function as a direct-hire staff member has been most valuable. Consequently, the skills of the TAACS advisor in technical areas has added depth to the project while the direct - hire capabilities have facilitated in the day-to-day management and implementation of the project. USAID/X believes the TAACS program to be an excellent one..."

Quantifying the overall effect of the TAACS activity on A.I.D. programs in Child Survival and AIDS is impossible, especially as there was no limit to the use of USPHS and other sources for the services of technical advisors even before the TAACS authority existed. With some exceptions in Africa, the overall experience with TAACS seems to be extremely positive. The technical expertise of the individuals assigned has been high, and the activity's flexibility has permitted missions to initiate more comprehensive Child Survival programs.

Conclusion:

Virtually all A.I.D. managers appreciate the TAACS activity for its unique flexibility. While quantifying the extent of the activity's contribution is impossible, it has clearly improved both the technical quality of A.I.D. Child Survival and AIDS projects and the quantity of such projects that A.I.D. can undertake. Not least of the benefits has been the ceiling-exempt provision permitting expansion of CDC participation in A.I.D.'s health activities.

V.B. Overall Cost Effectiveness and Sustainability of the Activity

The use of more costly PASA employees for direct-hire responsibilities would not be economically justified. Given the shortage of OE funding and direct-hire personnel, however, the activity can be considered cost-effective. Any artificial distinction between the tasks normally performed with program funds and those financed with OE funds contributes to the cost-effectiveness of the TAACS activity. Given the continuation of that artificial distinction, the TAACS activity allows one individual to perform tasks normally assigned to two people.

In terms of sustainability, management of the activity is highly labor intensive. Part of this problem is a result of its relatively new mechanism and the lack of procedural guidance.

Conclusions:

(1) The TAACS activity is highly cost-effective given the present A.I.D. environment, namely an inflexible line on the use of program versus OE funds where the latter are not available to meet management requirements.

(2) Real sustainability of this activity requires full understanding of its utility by the Office of Management and Budget and Congress, and integration within the A.I.D. personnel management system.

V.C. Appropriateness of the TAACS Mechanism for Application to Other Fields

The problems that the TAACS activity was meant to address in Child Survival and AIDS projects are not unique to the health field. In other Congressional mandates, new activities with which A.I.D. has had relatively little experience, for example, the environment, and where the program is expanding rapidly, A.I.D. is not only short of technical advisors, but of managerial personnel to assess strategies and interventions. In such cases, the flexibility inherent in the TAACS activity is very useful.

Conclusion:

(1) A.I.D., as part of its overall personnel management strategy, should apply the flexibility inherent in the TAACS activity to other fields.

(2) A.I.D. should attempt to standardize authorizing legislation across fields and develop standard procedural and operational guidelines for use throughout the agency.

(3) One of the clear roles of A.I.D. managers is to use personnel mechanisms to recruit needed technical and managerial services. Knowledge of advantages and disadvantages of each, including TAACS-like mechanisms, should permit managers to choose the most cost -effective strategy.

VI. THE TAACS ACTIVITY AS AN INTEGRATED ELEMENT OF A.I.D.'S WORKFORCE STRATEGY AND MANAGEMENT

This section discusses issues pertaining to the basic rationale behind and administration of the TAACS activity within the broader framework of A.I.D.'s workforce strategy and management.

VI.A TAACS: Program or Personnel Mechanism, Separate Activity Bookkeeping Device? Centralized Administration or Decentralized Administration?

The broader A.I.D. community outside the health field is still considerably confused as to what the TAACS activity is and is not. There is also a widespread belief that the activity must be progressively integrated into the A.I.D. personnel system.

A.I.D. program personnel and project managers are familiar with the traditional instruments to secure technical advisory services: PASAs with U.S. government agencies, private contracts, and grants. In the fields of Child Survival and AIDS, A.I.D. personnel managers are aware of the authority traditionally used to procure services from the Centers for Disease Control or the Public Health Service. Through a regional Child Survival project, the Africa Bureau has used advisors provided through a PASA with the Centers for Disease Control for long- and short-term advisory services. In fact, the Centers for Disease Control personnel have been involved with A.I.D. as technical advisors since the 1960s.

Furthermore, there have not been funding limitations on the use of advisors except to ensure that funding for all Child Survival and health programs is well managed. Now questions have arisen about the rationale for a separate PASA mechanism, separate funding limitations, and a separate administrative office for the TAACS activity.

If forced to find the distinction between a Public Health Service technical advisor under a Centers for Disease Control PASA and a TAACS, most A.I.D. officers would respond that the latter can be used to perform A.I.D. managerial functions in addition to technical advisory services. This is seen as a way to compensate for the shortage of direct-hire managerial personnel in the Child Survival and AIDS fields, and is the one characteristic of TAACS that is most understood and appreciated.

By contrast, most A.I.D. employees find it difficult to distinguish a Centers for Disease Control technical advisor from a TAACS, and the only apparent distinction to

them is that one is appointed to a mission through a regional or country PASA, and the other through an S&T-administered PASA.

By the same token, AID/W managers are aware of the Intergovernmental Personnel Act, which has been available for years to A.I.D. to staff its programs. Again, university-sponsored IPA employees and TAACS employees working on Child Survival and AIDS projects are usually difficult for AID/W managers to distinguish. Historically, IPA personnel served exclusively in AID/W and were available to missions.

A.I.D. managers must understand what the TAACS activity involves and make rational choices about how and when they want to use it. It is also more efficient with respect to workforce management to integrate personnel mechanisms and to provide clearly defined procedures.

Certain functions are not included in the TAACS activity, namely:

- TAACS does not provide additional funding for Child Survival and AIDS activities. The legislation permits funds to be used for only those purposes indicated;

- TAACS does not grant the Agency the authority to procure technical services from any new source.

As already stated, the Public Health Service provided A.I.D. with technical advisors to carry out (as opposed to administer) its health programs long before the TAACS legislation existed. The same may be said for personnel from universities, state governments, and private voluntary organizations. Funding for services from these sources has never been limited except by the overall limitations on funding for Child Survival and AIDS programs.

This raises the question of how <u>unique</u> or <u>additive</u> the TAACS activity is when compared to A.I.D.'s standard staffing mechanisms or what it adds to them. However, unlike the other mechanisms, the TAACS activity permits the following:

- Use of program funds for individuals whose duties are wholly or partially those of an A.I.D. technical program manager, as opposed to a technical advisor.

- Personnel assigned to A.I.D.'s programs under this authority from the Public Health Service (and other U.S. government agencies) are exempt from the personnel ceilings otherwise established for those agencies. This facilitates involvement in international programs through A.I.D.

- Employees brought into A.I.D. and assigned the managerial functions of a direct-hire employee are exempt from A.I.D. personnel ceilings.

- A.I.D. can hire additional personnel from program funds yet assign them the duties of a direct-hire A.I.D. manager.

It is a source of some confusion in A.I.D. as to why a new mechanism should be established to enable A.I.D. to do what it has always done -- that is, hire technical advisors from a variety of traditional sources, including the Public Health Service. Why not simply allow those offices managi Child Survival and AIDS programs to operate their traditional PASAs, grants, and contracts with the same authority granted by congressional legislation?

Under this view, the TAACS activity could be described as the authorization of a personnel mechanism that helps to staff and manage Child Survival and AIDS programs. Presumably, any Public Health Service, state or private voluntary organization employee, brought into the agency that works in Child Survival and AIDS under any standard agreement could qualify for TAACS status. A.I.D. would have to keep centralized records of those individuals under all agreements throughout the agency who had been given TAACS status to be sure that neither the number of personnel nor the funding exceeded authorized legislation.

Under this arrangement, no separate agreements would be required beyond those needed to supply personnel for the AIDS and Child Survival programs. The relevant technical office of A.I.D. would administer PASAs, contracts, grants from private voluntary organizations, and IPA proposals. The designation TAACS would simply be applied by either A.I.D.'s Office of Personnel Management or the management office of the S&T Bureau, making TAACS more of a bookkeeping device than a separate program.

To clarify terms, this report uses the term program for substantive A.I.D. interventions, such as the Child Survival and AIDS programs. It uses the term direct-hire management authority to refer to that authority conferred on individuals who meet the criteria to act as A.I.D. managers, even though they are not direct-hire employees. Finally, the TAACS activity refers to the pragmatic effort initiated by the S&T Bureau to proceed expeditiously to staff missions and selected offices in AID/W according to Congressional legislation.

There is no evidence that after passage of the legislation, either the General Counsel's Office or A.I.D.'s Office of Personnel Management took appropriate leadership at the time to analyze its implications for integration into A.I.D.'s personnel practices. In the absence of action by other offices within A.I.D., the S&T Bureau has attempted to give

practical effect to the legislation by centralizing its management and signing a separate PASA with the OIH to recruit the expertise needed.

Conclusions

(1) The General Counsel's Office, in collaboration with the Bureau for Legislative Affairs, the S&T Bureau, A.I.D.'s Office of Personnel Management should develop a practical analysis of precisely what unique authorities TAACS legislation confers upon A.I.D. to improve understanding throughout the agency.

(2) Following this analysis, A.I.D. should re-examine whether this unique authority is best applied through a continuation of a TAACS activity administered separately from the substantive programs, or whether TAACS should be considered a bookkeeping device for tracking personnel who qualify for certain exceptional authority and funding flexibility.

VI.B. Meeting Technical and Managerial Needs: TAACS as a Second-Best Solution

Regardless of any confusion in the agency about the precise nature of the TAACS activity, there is universal understanding of the problem that it seeks to redress: a scarcity of managerial personnel and the financial resources to initiate and monitor Child Survival, AIDS, and primary health care projects. A.I.D. is also using the TAACS authority to hire strictly technical advisors, especially in AIDS, but in those cases, A.I.D. could operate without the TAACS activity.

Child survival programs often become labor intensive. For example, initial concentration on relatively accessible target groups and highly focused programs in immunization and diarrheal disease control produces rather dramatic initial declines in mortality and morbidity. However, experience shows that these programs are not sustainable unless they are integrated into the country's ongoing primary health care system. This involves addressing a series of institutional and financial problems that were not the program's central focus. This more mature stage may involve greater use of multiple contractors and short-term consultants in a variety of disciplines, particularly in Africa, where institutions tend to be weakest and the base of skilled personnel most limited.

At the same time that the complexity, variety, and number of Child Survival projects have increased over the years, the number of direct-hire personnel qualified to manage these programs has declined. While A.I.D. contracts out a major share of its work, control and monitoring are delegated to direct-hire employees.

The number of strictly technical advisors to carry out programs has never presented a funding problem as program funds are available for such services. It is the dearth of direct-hire managers (or those who combine the duties of technical advisor and project manager) that has presented the greatest problem because of the legislative and Office of Management and Budget requirements for financing these employees from limited OE funds. The result, at least for health, population, and nutrition programs, was a strong reluctance to expand Child Survival and AIDS projects in response to congressional mandate due to a lack of managerial staff to carry out A.I.D.'s control and monitoring duties.

There is almost universal accord within A.I.D. on the magnitude of the problem, and agreement that the flexibility provided by the TAACS authority has been useful to help solve that problem. However, many A.I.D. staff also feel that this is a second-best and more costly solution to the more direct alternative of giving A.I.D. the OE funding and direct-hire personnel needed to carry out programs.

A small minority of program managers saw the problem as less one of a shortage of OE funds and direct-hire personnel than of the distribution of resources within A.I.D. They particularly referred to what they saw as disproportionate staffing of control offices (such as the Offices of the Inspector General and Program Policy and Coordination) in comparison with OE funding available to first line managers of A.I.D.'s programs (for example, USAID, S&T, and Regional Bureau Technical Offices). They believed that getting Office of Management and Budget and congressional approval for the necessary OE funding was a political impossibility, thereby making TAACS a necessity.

Conclusion

The TAACS activity as currently designed has been a useful mechanism for expanding A.I.D.'s portfolio of Child Survival and AIDS projects. However, it is a relatively costly solution whose major advantage is one of political feasibility, and is no substitute for adequate OE funding and appropriate managerial personnel.

VI.C. Appropriateness of a Central Role of the Public Health Service (and especially of the Centers for Disease Control)

The Centers for Disease Control has been a valuable source of technical personnel since the early days of A.I.D. health projects. A.I.D. currently has a large number of separate PASA relationships with the Centers for Disease Control, including mission, regional, and worldwide agreements, under which technical advisors are serving A.I.D. on a full-time basis either overseas or in the United States.

Prior to the initiation of TAACS authority, CDC's involvement was reaching its limit because CDC management saw such an intense involvement of its personnel with international programs as conflicting with its domestic mandate. The provision in the TAACS legislation that exempts the CDC officers assigned to A.I.D. from personnel ceilings made wider collaboration possible. The TAACS legislation also paved the way for A.I.D. to use CDC advisors in program management functions, increasing the potential demand for CDC services. Subsequent modifications to the legislation removed the uniqueness of the Public Health Service as a source of managerial talent, but it is still likely to be a principal recruitment source in the future.

There is an underlying contradiction in the legislation, which urges A.I.D. to take fuller advantage of the wealth of resources in the U.S. Public Health Service, and yet requires A.I.D. to use U.S. government agencies for technical services only after exhausting contracting possibilities in the private sector.

The CDC's great contribution to A.I.D. programs over the years is clearly recognized. The quality of their technical services is widely appreciated, and host country institutions often prefer to use a CDC advisor because they see this as an entree into an institution with which they are familiar and greatly respect. Therefore, the use of the Centers for Disease Control has sometimes made the difference between acceptance and nonacceptance of long -term assignments. From the mission point of view, the advantage of the Centers for Disease Control advisor is to support highly respected and diverse parent institutions; something private contract advisors may not bring.

With respect to competitive advantage in the technical sense, the Centers for Disease Control is seen as being particularly effective in the development of epidemiological surveillance programs, which most countries view as a public sector function.

In some technical areas, such as operational research in AIDS prevention, the Centers for Disease Control is also recognized for its long and unique experience. In other capabilities needed by A.I.D., the Centers for Disease Control is not perceived as having unique or even predominant capacity, and does not claim otherwise, for example in such areas as the training of primary health care workers, mass media campaigns, or managing equipment and supplies. The Centers for Disease Control is perceived as being less able than most private institutions to subcontract for these services. Thus, missions do not see CDC as the appropriate institution to implement all aspects of the Child Survival programs.

From the point of view of the Centers for Disease Control, CDC welcomes participation in A.I.D. overseas programs as a way to broaden the career opportunities of

its staff. There has been some internal discussion within CDC about technical advisors in the field. One view within CDC holds that the agency should not provide a technician unless CDC is heavily involved the Child Survival program in that country. This philosophy holds that CDC should not be a "body shop" for A.I.D. Another more flexible view within CDC is that the agency can and will provide technical and managerial personnel to A.I.D. even if the major share of the Child Survival work is furnished by another source. It is this second school of thought that is most compatible with the thinking of A.I.D. managers and missions. Even under the best of circumstances, however, A.I.D.'s and CDC's perception of projects in the field differs. A.I.D. perceives them as strictly A.I.D. programs for which CDC has rendered certain services, while CDC perceives them as joint programs in which both agencies collaborate. In addition, serious disagreements have arisen because a full agreement about the project's scope and limitations was not in place prior to CDC involvement.

Conclusions

(1) The Centers for Disease Control continues to be a major factor in the success of A.I.D.'s health programs in the field. However, the implementation and management of Child Survival and AIDS programs requires institutional support. While the CDC has a competitive advantage in providing some of these services, it should not be seen as the major source of advice.

(2) Depending on the nature of the program and the availability of alternative sources of services, different missions and offices will require varying degrees of assistance from the Centers for Disease Control in their Child Survival and AIDS programs. Final decision for the procurement of services should remain with the responsible A.I.D.mission or office.

(3) The S&T Bureau performs an extremely useful facilitative role by maintaining umbrella agreements into which missions may buy-in to secure services. An S&T PASA with the Centers for Disease Control is justified as one of several facilitative mechanisms to provide missions and AID/W offices with a variety of sources into which they can buy-in for specialized services. If demand warrants, S&T should sign a Child Survival PASA, and/or an AIDS PASA, managed by the appropriate technical office, upon which missions and AID/W offices can draw. However, a separate TAACS PASA may not be warranted. TAACS status, administered as a personnel mechanism and bookkeeping device, could be conferred upon individuals from any program agreement (PASAs, contracts) to individuals meeting certain legislative and administrative criteria.

(4) The Centers for Disease Control is a valuable resource for technical advisors mission health program managers. Mission and AID/W offices buying into any

central PASA with the Centers for Disease Control should clearly define the scope of services (including technical, managerial, and support services) they are requesting and to budget such services accordingly. Where the scope of work involves A.I.D., TAACS status could be conferred up to the permitted ceiling. Any CDC employee serving under an A.I.D. agreement involving Child Survival or AIDS could be designated as exempt from personnel ceilings.

VI.D. Relationship of the TAACS Mechanism to Future A.I.D. Staffing Trends

As noted earlier, the authority within the TAACS activity to finance the services of advisors through program funds has also been applied in the case of three other programs: environment, family planning, and tropical forests. In each of these areas the legislative authority differs in some respect, but the common characteristic is the attempt to correct staffing shortages in managing the design, implementation, and evaluation of new projects where expertise is scarce, and in which Congress has expressed a desire for development. To this end, the use of program funding is authorized in a more liberal way than normally allowed.

While there is a clear programmatic rationale for this flexibility, the proliferation of programs with different guidelines and operating principles is a source of confusion in financial management and personnel operations. Each technical office creates its own administering office that signs specialized agreements and performs other related functions. A much more efficient approach would be for the agency, based on a clear and defensible rationale, to develop standard operating procedures.

The Agency's task force on staffing is likely to determine that the Agency should develop broader, more flexible personnel mechanisms controlled by a central core of direct-hire A.I.D. staff. The TAACS-like authority would simply be based on specified criteria and carried out according to standard, well-publicized procedures.

Conclusion

In the continued absence of adequate OE funding and/or a direct-hire personnel ceiling, the capability to use an authority similar to TAACS should be continued and should provide clear and consistent procedures applicable across most technical fields. These procedures should be incorporated into A.I.D. Handbooks.

VII. SUMMARY OF SECTION CONCLUSIONS

Section VII. consolidates all section conclusions as stated previously.

A. Conclusions Related to Operations of the TAACS Activity

Section IV.A.(1)
The view of TAACS advisors and mission managers on the role of TAACS in the mission program is almost universally positive.

Section IV.A.(2)
There is clear evidence that the flexibility inherent in the TAACS activity has had an important role in expanding and accelerating Child Survival and AIDS programs within A.I.D.

Section IV.A.(3)
In some cases it has permitted A.I.D. to fill the two needs of technical advisor and USAID manager with one person.

Section IV.A.(4)
The experience of AID/W managers and TAACS advisors assigned to AID/W has been positive for both managers and TAACS.

Section IV.A.(5)
Most TAACS are directly involved in managing Child Survival and AIDS projects, but some assignments are only related peripherally to the intent of the legislation. Criteria should be established giving priority to field missions and to AID/W offices directly involved in managing Child Survival and AIDS projects that make use of the TAACS authority.

Section IV.A.(6)
The Centers for Disease Control and the Public Health Service are making an important contribution of high quality of A.I.D.'s Child Survival and AIDS programs overseas. Nevertheless, programs are best served by USAIDs having access to a variety of sources of expertise and for A.I.D.'s retaining managerial responsibility for those programs within its own hands.

Section IV.A.(7)
CDC services differ very much from mission to mission and should be the subject of clear agreement between the two agencies before initiation of personnel actions.

Section IV.A.(8)
While management of the TAACS activity within the OIH has been outstanding, the activity would function more effectively with a direct agreement between A.I.D. and the principal agency, CDC. If there is sufficient demand in the field of Child Survival for the S&T Bureau to sign a follow-on PASA with CDC, such an agreement should be directly with CDC as the responsible agency for implementation. Close coordination should continue to be maintained with OIH and provision made for regular meetings between A.I.D. and CDC managers to review program status and issues related to program implementation.

Section IV.A.(9)
As much as possible, all charges (including a pro-rated part of the overhead charge) should be borne by the missions and other participating offices. This will leave only a small balance for S&T funding. Scopes of work for advisors and related support should be thoroughly agreed upon between CDC and the purchasing office before CDC begins recruitment for the position. A.I.D. should take steps to ensure that payment is forthcoming in a timely way on agreed services.

Section IV.A.(10)
If possible, it would be desirable to establish a more consistent PASA relationship with CDC, forcing A.I.D. to pay a competitive overhead, and allowing CDC to manage its own affairs in such a way that overhead is available in large part to IHPO, the office actually performing the services. This reduces or eliminates the need for A.I.D. to finance specific person months of support time in Atlanta.

Section IV.A.(11)
Through the provision of TAACS, some universities are making significant and unreimbursed contributions to A.I.D.'s programs.

Section IV.A.(12)
As demand warrants, A.I.D. should pursue other sources of advisors, namely state health authorities and PVO's. (As recommended earlier in this paper, "TAACS status" could simply be conferred upon individuals employed under the traditional PASA's, contracts, and other program agreement throughout the Child Survival and AIDS field).

Section IV.A.(13)
The IPA mechanism has been usefully adapted to employ advisors who are not appropriately part of the Public Health Service. There is need to clarify

personnel processing and financial management, especially related to overseas IPA's.

Section IV.B.(1)
A.I.D. should integrate the authorities under the TAACS activity (and similar activities in other fields) within its overall workforce management system.

Section IV.B.(2)
This means developing clear procedural guidelines on the operations of this personnel mechanism and incorporating such guidance into A.I.D.'s Handbooks.

Section IV.B.(3)
If there is sufficient demand to warrant S&T-administered agreements for Child Survival and AIDS, then the full cost of the securing of the services, whether through Public Health Service, IPA, or other mechanism, should be fully charged to the extent practicable to the requesting mission or office.

Section IV.B.(4)
It is reasonable for services to Africa to be financed from the fund set up for technical assistance in that region. If possible, legislation should be modified to permit financing of TAACS from the Development Fund for Africa.

Section IV.B.(5)
Experienced professional staff of the Public Health Service staff are far less available for overseas assignment with A.I.D. programs than was assumed by the legislation on this activity. Both CDC and A.I.D. have adapted to this situation with flexibility.

Section IV.B.(6)
Given this experience, CDC should pursue other sources of personnel (for example, state health authorities) and develop a preselected pool of possible candidates for assignment, affording missions a greater choice of candidates and reducing the time spent in making selection.

Section IV.B.(7)
While A.I.D. must make the final decision regarding the services it buys, it should welcome full CDC participation in the earliest stages of the prospective assignment, especially as related to the scope of duties of the

advisor. A.I.D. must also find a way to ensure timely payment to CDC for the services it is providing.

Section IV.B.(7)
TAACS who will fill managerial roles in missions should have up to three weeks orientation in AID/W and training in A.I.D. program documentation. (At a minimum video cassettes of the Program Documentation Course should be made available to the missions and/or to CDC self-instruction).

Section IV.B.(9)
The adaptation of the IPA mechanism has been a useful technique for the recruitment of TAACS advisors not associated with the Public Health Service.

Section IV.B.(10)
There is still considerable confusion on the administrative procedures for recruitment and assignment of an IPA TAACS overseas. Procedures should be clarified and the process streamlined.

Section IV.B.(11)
Recruitment should include state public health agencies, PVO's, HBCU's and Schools of Public Health, encouraging a continuing institutional relationship with the field program.

Section IV.B.(12)
Contracts and grants may also qualify as mechanisms for recruitment of TAACS advisors. Procedures must be developed and disseminated on the procedures for conferring "TAACS status" on individuals under these personnel mechanisms.

Section IV.C.(1)
Contentions regarding the level of managerial and technical support between CDC and A.I.D. serve neither agency's interest, and measures must be taken on both sides to resolve it.

Section IV.C.(2)
As already recommended, the PASA relationship and regular dialogue should be between Center for Disease Control and A.I.D.

Section IV.C.(3)
There should be clear agreement between the recipient mission or office of the extent of technical and managerial services it is purchasing from CDC.

This scope must have the full CDC participation and agreement before recruitment begins for an advisor. Real costs of the services, including pro-rated overhead, should be charged to the buying offices so that they are in a position to know and compare the real value of services.

Section IV.C.(4)
Prior to assignment, A.I.D. must be certain that mechanisms exist for the timely transferral of funds to CDC to cover their legitimate managerial costs related to recruitment and processing prior to an individual's assignment.

Section IV.C.(5)
A two-person AID/CDC committee should review in detail possible modification to the backstop support structure and costs within CDC as well as A.I.D.

Section IV.C.(6)
In all cases it is understood that the direct supervisor is the A.I.D. officer at the Mission or officer to which the TAACS is assigned.

Section IV.C.(7)
The duties and scope of work of the TAACS should be clearly understood by CDC and A.I.D., and modifications should be communicated to CDC during the course of the assignment.

Section IV.C.(8)
An annual, informal evaluation for all A.I.D.-related assignments, should be prepared by the A.I.D. supervisor using the A.I.D. form.

Section IV.C.(9)
The CDC supervisor should be guaranteed at least one supervisory visit per year to each field TAACS (combining visits to cut travel costs). He should prepare the official evaluation of the individual for use in the Public Health Service personnel system using the appropriate Public Health Service evaluation form. The supervisor should take full account of the informal evaluation prepared by the A.I.D. supervisor at post.

Section IV.C.(10)
S&T/H is to be commended on the initiative taken to give practical effect to the TAACS legislation through a centralized focus and management. The appreciation of recipient missions and offices for the TAACS authority is

attributed to the painstaking efforts of the TAACS manager to track and facilitate recruitment and assignment of each individual at each operational stage along the way.

Section IV.C.(11)
However, what was efficient in the earlier stages may not be appropriate as the activity becomes more expanded and more complex. Strong consideration should be given to the decentralized use of standard procurement mechanisms (contracts, PASAs, grants, IPAs, etc.) to recruit and hire the specific individuals. Conferring direct-hire authority of TAACS-status, however, would continue to be centralized either in S&T/H or PM.

Section IV.C.(12)
With either decentralization or continued centralized management of the activity, there is need for publication of a clear set of operational procedures and guidelines. It would be far preferable if these were incorporated into the agency Handbooks and were standardized to the extent possible across fields (for example, environment and population).

Section IV.D.(1)
The costs per advisor/year of services of Public Health Service advisors overseas under the TAACS activity is about $306,733. A comparable cost for Public Health Service advisors assigned to AID/W is $185,163.

Section IV.D.(2)
The costs per advisor/year of TAACS assigned overseas through the IPA mechanism is approximately $145,515. The costs per advisor/year of those IPA advisors assigned to A.I.D./W is approximately $87,668. These figures do not include the pro-rated share of administrative costs for administrative services provided by AID/W.

B. Conclusions Related to the Effectiveness and Sustainability of the TAACS Activity

Section V.A.(1)
The TAACS activity is almost universally appreciated by A.I.D. managers for its unique flexibility. While it is impossible to quantify the extent, it is clear that TAACS has contributed to improving both the technical quality and the quantity of Child Survival and AIDS projects which A.I.D. could undertake. Not least of the benefits has been the ceiling-exempt provision permitting expansion of CDC participation in A.I.D.'s health activities.

Section V.B.(1)
The TAACS activity is highly cost effective within the present A.I.D. environment under conditions where there is an inflexible line on the use of "program" and "OE" funds, and where the latter are not available sufficiently to meet the management requirements involved in programming the former.

Section V.B.(2)
Real sustainability of this activity requires integration within the A.I.D. personnel management system.

Section V.C.(1)
A.I.D., as part of its overall personnel management strategy, should broaden the flexibility inherent in TAACS to other fields.

Section V.C.(2)
It should attempt to standardize authorizing legislation across fields, and to develop standard procedural and operational guidance for use throughout the agency.

Section V.C.(3)
One of the clear roles of the A.I.D. manager is to utilize personnel mechanisms to recruit needed technical and managerial services. The pros and cons of each, including TAACS-like mechanisms, should permit more intelligent use of the most cost effective strategy.

C. Conclusions Related to the Basic Rationale and Administration of TAACS Within the Broader Framework of A.I.D. Workforce Management and Planning

Section VI.A.(1)
The General Counsel's Office in collaboration with the Bureau for Legislative Affairs (LEG), the Bureau for Science and Technology (S&T), and A.I.D.'s Office of Personnel Management (PM) should develop a practical analysis of precisely what unique authorities TAACS legislation confers upon A.I.D. to improve understanding throughout the agency.

Section VI.A.(2)
Following this analysis, A.I.D. should re-examine whether this authority is best applied through a continuation of a "TAACS program" administered separately from the substantive programs (for example, Child Survival) or

whether TAACS should be considered a bookkeeping device for tracking persons who qualify for certain exceptional authority and funding flexibility.

Section VI.B.(1)
The TAACS activity, as presently designed, has been a most useful mechanism for expanding A.I.D.'s portfolio of Child Survival and AIDS projects. However, it is a more costly solution whose major advantage is one of political feasibility and is no substitute for adequate OE funding and appropriate managerial personnel.

Section VI.C.(1)
The Centers for Disease Control continues to be a major factor in the success of A.I.D.'s health programs in the field. However, the implementation and management of Child Survival and AIDS programs requires institutional support. While the Centers for Disease Control has a clear competitive advantage in providing some of these services, it should not be seen as the major source of technical advice.

Section VI.C.(2)
Depending on the nature of the program and the availability of alternative sources, different missions and offices will require varying degrees of assistance from the Centers for Disease Control in their Child Survival and AIDS programs. Final decision for the procurement of such services should remain with the responsible A.I.D. mission or office.

Section VI.C.(3)
The S&T Bureau performs an extremely useful facilitative role by maintaining umbrella agreements which Missions may buy-in to secure services. An S&T PASA with the Centers for Disease Control is justified as one of several facilitative mechanisms (like other S&T contracts - HealthCom, PRITECH, REACH, etc.) to provide Missions and AID/W offices with a variety of sources which they can buy into for specialized services. If demand warrants, S&T should sign a child Survival PASA, and/or an AIDS PASA managed by the appropriate technical office, upon which Missions and AID/W offices can draw. However, no separate "TAACS Child Survival PASA" would be warranted. "TAACS status," administered as a personnel mechanism and bookkeeping device could be conferred upon individuals from any program agreement - PASA's, contracts, etc. - to those individuals meeting certain legislative and administrative criteria.

Section VI.C.(4)

The Centers for Disease Control (CDC) is a valuable resource for technical advisors and mission health program managers. Mission and A.I.D./W offices buying into any central PASA with Center for Disease Control, (or establishing their own PASA's) should clearly define the scope of services (including technical, managerial, and support services) they are requesting and to budget such services accordingly. Where the scope of work involves A.I.D., "TAACS status" could be conferred up to the permitted ceiling. Any CDC employee serving under an A.I.D. agreement involved with Child Survival or AIDS could be designated as personnel ceiling-exempt.

Section VI.D.(1)

In the continued absence of adequate OE funding and/or direct-hire personnel ceiling, the capability to use an authority similar to TAACS should be continued and should provide clear and consistent procedures applicable across most technical fields. These procedures should be incorporated into A.I.D. Handbooks.

ANNEX A

EVALUATION SCOPE OF WORK

I. Evaluation Guidelines

The evaluation will take place during a three week period in the first quarter of fiscal year 1991 and will involve visits to the Centers for Disease Control for discussions and visits to one or two Intergovernmental Personnel Act institutions and visits to at least three TAACS advisors and missions. To enable comparison of the operation, costs and benefits of this program with other program-funded assistance, field visits to the Institute for International Programs at Johns Hopkins University, the headquarters of the Health and Child Survival Fellows program, to a few Fellows, and possibly to technical officers in the Control of Childhood Communicable Diseases (CCCD) program may be required.

Estimated time frame is three weeks during the first quarter of fiscal year 1991.

Estimated level of effort: four persons for three weeks each, totaling 12 person weeks, including one contractor, one professional from S&T and a regional bureau, and a contract or personnel specialist familiar with A.I.D.'s contracting and personnel policies, including a person from the AIDS office, and one from the regional bureau.

II. Key Questions

The key question is to what extent is the TAACS mechanism meeting A.I.D.'s needs for additional technical resources for Child Survival and AIDS?

Role of TAACS

- What is the role of TAACS in the mission?
- What is the role of TAACS with the host government and other counterparts?

Regarding the qualifications and assistance to be provided by TAACS, what are the expectations of:

- the host government
- the mission
- the sponsoring organization (such as A.I.D., the Office of International Health, the Centers for Disease Control, and employees covered under the Intergovernmental Personnel Act)

How effective are the TAACS advisors and short-term technical assistance provided under the program in meeting expectations of:

- the host government
- the mission
- the sponsoring agencies

What changes are suggested to make the role and expectations of TAACS advisors better coincide?

Management of the Program

How effective are:

- Recruitment:
  - -quality of advisor
  - -experience
  - -language facility
  - -satisfaction with the job
  - -choice of advisor
  - -process of recruitment and identification of candidates
  - -selection of appropriate agency

- Processing:
  - -time required

- Orientation:
  - -what orientation was provided at the Centers for Disease Control, A.I.D. and the mission
  - -how adequate was the orientation in the views of the mission, the host government and the TAACS

- Supervision:
  - -by mission
  - -sponsoring institution

-perception of supervision by the TAACS
-Is additional technical supervision needed? If so, by whom?

▪Support:
-by mission
-sponsoring institution
-perception of TAACS
-which agency funded and arranged travel to post, materials, technical assistance
-Is additional support needed? It so, what kind and by whom?

▪Communications (to the field):
-Has adequate information been provided to the field on programming, budgeting, technical and personnel support issues? If additional information is needed, who will provide it and how shall it be provided?

To what extent is the program facilitated in terms of management, technical matters, and the involvement of the Office of International Health?

III. Evaluation

Does an evaluation system exist for TAACS? Are performance objectives formalized, reviewed periodically and used as a basis for evaluation?

IV. Cost of the Program

- What is the backstopping cost per advisor, by year, under the Centers for Disease Control and the Intergovernmental Personnel Act modes (with and without consideration of the Office of International Health costs?)
- What is the backstopping cost per advisor for health and Child Survival Fellows?
- What is the backstopping field cost per advisor of CCCD advisors?
- What is the backstopping cost of other programs providing technical and managerial assistance?

Annex B

Questionnaire for Advisors

Advisor's Name: _____

Country of Service: _____

TAACS PROGRAM EVALUATION

This questionnaire is part of a broader evaluation of the TAACS program in which we will be trying to determine the extent to which the TAACS program is an effective mechanism for meeting A.I.D.'s needs for additional technical resources for Child Survival and AIDS. Your comments and responses will provide us with information about how to strengthen and improve the program to better meet the needs of the advisors, the Missions, and the host countries, so please be candid in your responses. Please feel free to attach additional sheets if your require more space for your answers.

Please return this questionnaire by / / to Stacey Lissit, TAACS Project Coordinator, S&T/H. (Fax # 703-875-5490)

1. What is your position/title? _____

_____

2. When did you begin your assignment? (month and year)

3. Is your agreement through an IPA, or through a PASA with CDC?

If through an IPA, who is your sponsoring organization?

4. Did you receive an orientation from:

	Yes	No
CDC?	___	___
AID/W?	___	___
Mission?	___	___

5. How would you rate this orientation?

a. CDC:

```
          1   2   3   4   5   6   7   8   9   10
          :---------------:-------------------:
slightly useful       adequate          extremely useful
```

b. AID/W:

```
          1   2   3   4   5   6   7   8   9   10
          :---------------:-------------------:
slightly useful       adequate          extremely useful
```

c. Mission:

```
          1   2   3   4   5   6   7   8   9   10
          :---------------:-------------------:
slightly useful       adequate          extremely useful
```

d. Please list any topics that were <u>not</u> covered during the orientation that you think should have been addressed:

_____

_____

_____

_____

_____

_____

6. Do you receive <u>technical support</u> from CDC? (or sponsoring organization, if IPA)

Yes _____ No _____

If yes, how would you rate this support?

```
          1   2   3   4   5   6   7   8   9   10
          :---------------:-------------------:
slightly useful       adequate          extremely helpful
```

Comments:

If no, what type of technical support do you feel would be helpful?

7. Do you receive backstopping from CDC? (or sponsoring organization, if IPA)

Yes _____ No _____

If yes, how would you rate this backstopping?

```
1   2   3   4   5   6   7   8   9   10
:---------------:-------------------:
slightly useful      adequate          extremely helpful
```

Comments:

If no, what type of backstopping do you feel would be helpful?

8. Which agency provided the following for you?:

	Arranged	Funded	Comments
Travel to post	_____	_____	
Materials and Equipment	_____	_____	

9. Do you have any regular reporting requirements/assignments for CDC (or for your sponsoring organization)? for the Mission? If yes, please explain.

10. Does the mission carry out an evaluation of your work on a regular basis?

Yes ____ No _____

If yes, is the evaluation reviewed at the mission?

Yes ____ No _____

11. Has the TAACS position matched your expectations?

Yes ____ No _____

If no, please comment:

12. In your view, did your expectations of the position match with the expectations of:

The Mission? Yes ____ No ____

The host country? Yes ____ No ____

If no for either, please explain below:

13. How would you describe your role in the mission?

14. Do you feel that your non-direct hire status influences in any way, either positive or negative, your working relationship with:

a. the Mission? Yes _____ No _____

Comments:

b. host government/counterpart? Yes _____ No _____

Comments:

15. Do you have any general comments on the program, how it could be improved, its major strengths, weaknesses, etc?

Interview of the TAACS Advisor

Person interviewed: _____ Date: _____

Title: _____

Sponsoring institution (institutional affiliation): _____

Location and Office of Assignment: _____

1. Confirm arrival and departure data and nature of work.
   (See data, pg.1)

2. [ice-breaker - to capture first impressions] Are you generally pleased with the TAACS program as a way of serving as an advisor with AID? Have your expectations of the program more or less been fulfilled?

3. In defining and preparing for your assignment, please discuss the role of each of the following organizations:

   a. Sponsoring institution:

   b. AID/W (Office(s))

c. USAID Mission:

d. In-Country Participating Institution(s):

4. Please discuss the adequacy of the logistical/administrative support you have received from your sponsoring institution and the USAID Mission (or AID/W Office) in terms of the following:

	Sponsor	USAID
a. Clearances		
b. Travel arrangements, shipment of effects		
c. Housing and furnishings		
d. Office arrangements; equipment		
e. In-country transportation		

Any comments on how to improve the above arrangements?

5. To what extent have you been delegated authority to manage A.I.D. projects and supervise staff? Do you do the following?:

a. Participate in project design? _____

b. Clear project documents (PIDs, PPs, ProAgs, Amendments) _____

c. Sign vouchers (SF 1034) for administrative approval? _____

d. Sign administrative review of vouchers? _____

e. Sign correspondence as Project Officer? _____

f. Supervise contracted staff? _____

g. SuperviseF.S.N. staff? _____

h. SuperviseU.S.D.H.staff? _____

i. Other areas? (Please describe.) _____

6. Discuss the balance between your technical/advisory responsibilities and your administrative/management duties. If you were to divide your time between the technical and administrative aspects of your job, what percent would you roughly assign to each?:

Technical _____ Administrative _____

Is this what you expected when you took on the assignment? _____

Can you live with this breakdown? _____

How would you want to change this arrangement?

7. In what ways would you recommend improving the TAACS program that are not covered above?

draft
12/28/90
disk: TAADS L. Hougen
file: T-Interv

TAACS Evaluation

Telephone Interviews with Missions and AID/W Offices with TAACS Advisors

Mission or AID/W Office: _____

Please read all incoming cables and correspondence from the country re: TAACS evaluation BEFORE making phone contact. Attach correspondence and highlight areas of concern to be covered in the interview. Try to interview the TAACS Advisor and U.S.D.H. supervisor, preferably, the Health Officer.

Phone no(s): _____

_____

Person(s) interviewed: _____

_____

Interviewer: _____

TAACS Advisors in country (or AID/W Office):

Name	Title and Area of Work	Arrival	Departure

Comments/Items to discuss:

Interview of U.S.D.H. Manager

Person Interviewed: _____ Date: _____

Title: _____

1. Confirmation of the names and TAACS advisors in-country. Comment on any changes of information. Is information correct? Yes _____, No _____.

2. [ice breaker] Are you generally pleased with the TAACS program as a way of obtaining TA for Mission or (AID/W) health projects?

3. Have you had difficulty in obtaining an advisor with the required technical skills in the following areas?:

   a. Language

b. Professional background/experience

c. Interpersonal skills

d. Cultural sensitivity

e. Knowledge of AID operations and policy

4. What, if any, are some of the problems the Mission (or AID/W) has had with the program in terms of its organization and logistical support in the following areas?

a. Clarity of roles between AID/W, sponsoring institution, receiving Mission or AID/W office and participating field counterpart institution (i.e., MOH), if any.

b. Clearances

c. Timely arrival of advisor

d. Access to funds to provide local support to Advisor for office, housing furnishings, transportation, etc.

e. Other

5. How does the Mission (or AID/W Office) take advantage of the Advisor's direct hire status? Does the Advisor supervise:

USDH employees _____

FSN employees _____

Contract staff _____

Other Comments _____

_____

6. How do other elements of the Mission view this program? To what degree do they support the TAACS program?

a. Mission (AID/W Office) Management

b. Program Office

c. Projects Office

d. Management Office

e. Contracts Office

f. Controller

g. Health Office

7. How do you think the program could be improved? Specifically:

a. Has there been enough guidance from AID/W, CDC or the IPA institution on the operation of the program? Comment:

b. Are there clear administrative procedures for working with an Advisor? (This is an intended repeat of question 4a.)

c. Is the Advisor evaluated regularly against performance standards established at the beginning of the rating period? Comment:

8. Other comments related to this interview:

9. Follow-up issues:

10. Interviewer comments:

ANNEX C

Persons Interviewed

I. AID/W:

A. Bureau of Science and Technology

Dale Gibb, S&T/H
Stacey Lissit, S&T/H
Ann Van Deusen, S&T/H
Jeff Harris, S&T/H
Lois Bradshaw, S&T/H
Douglas Sheldon, S&T/DP
John Speicher, S&T/EN
Peter Askins, Workforce Planning Group
Ronald Levin, Workforce Planning Group
Robert Emrey, TAACS, S&T/H

B. Regional Bureaus

Michael Jordan, APRE/TR
Gary Merritt, AFR/TR/HPN
Glenn Post, AFR/TR/HPN
Barbara Parker, AFR/TR/HPN
Julia Terry, TAACS, ENE

C. Other AID/W Offices

Robert Bonnaffon, PM
Joycelyn Scriber, PFM
Richard Nygard, PPC
George Hill, PPC
Steven Dean, MS/SER/OP
Mark Walther, MS/SER/OP
Kate Latta, LEG
Robert Lester, GC
Melanie Marlett, TAACS, PPC

II. USAID Missions

A. USAID Senegal
B. USAID Mali
C. USAID Honduras
   Herb Caudill, TAACS
   George Wachtenheim, Acting Director
   Robert Haladay, HPN
D. USAID Jamaica
E. USAID Ecuador
   Kenneth Yamashita, TAACS

III. Office of International Health, Department of Health and Human Services

Linda Vogel
Terry Gay
Jerry Rutkoski

IV. Centers for Disease Control

Joe Davis
Nancy Nay
Stan Foster
Robert Evans
Andrew Agle
Carol Goettl
Ross Cox
Jerry Brimberry
Andrew Vernon

V. Other Institutions

Paul Seaton, Institute for International Programs

100 STAT. 3341-239 PUBLIC LAW 99-591—OCT. 30, 1986

Foreign Assistance & Related Programs Appropriations Act, 1987

SEC. 551. Of the funds made available by this Act and appropriated for the "Child Survival Fund" and "Health, Development Assistance", up to an additional $4,150,000 may be used to reimburse the U.S. Public Health Service or the Centers for Disease Control for the full cost of up to an additional thirty Public Health Service employees specifically for the purpose of carrying out immunization activities of the Child Survival Fund.

101 STAT. 1329-167 PUBLIC LAW 100-202—DEC. 22, 1987

Foreign Operations, Export Financing, & Related Programs Appropriations Act, 1988

CHILD SURVIVAL ACTIVITIES

SEC. 548. Of the funds made available by this Act and appropriated for the "Child Survival Fund" and "Health, Development Assistance", up to an additional $5,000,000 may be used to reimburse United States Government agencies, agencies of State governments, and institutions of higher learning for the full cost of up to thirty employees detailed or assigned, as the case may be, to the Agency for International Development for the purpose of carrying out child survival activities: *Provided*, That personnel which are detailed or assigned for the purposes of this section shall not be included within any personnel ceiling applicable to any United States Government agency during the period of detail or assignment.

PUBLIC LAW 100-461—OCT. 1, 1988 102 STAT. 2268-33

Foreign Operations, Export Financing, & Related Programs Appropriations Act, 1989

CHILD SURVIVAL AND AIDS ACTIVITIES

SEC. 545. Of the funds made available by this Act and appropriated for the "Child Survival Fund" and "Health, Development Assistance", up to $6,000,000 may be used to reimburse United States Government agencies, agencies of State governments, and institutions of higher learning for the full cost of employees detailed or assigned, as the case may be, to the Agency for International Development for the purpose of carrying out child survival activities and activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome in developing countries: *Provided*, That personnel which are detailed or assigned for the purposes of this section shall not be included within any personnel ceiling applicable to any United States Government agency during the period of detail or assignment.

PUBLIC LAW 101-167—NOV. 21, 1989 103 STAT. 1233

Foreign Operations, Export Financing, & Related Programs Appropriations Act, 1990

CHILD SURVIVAL AND AIDS ACTIVITIES

SEC. 544. Of the funds made available by this Act for assistance for health, child survival, and AIDS, up to $6,000,000 may be used to reimburse United States Government agencies, agencies of State governments, and institutions of higher learning for the full cost of employees detailed or assigned, as the case may be, to the Agency for International Development for the purpose of carrying out child survival activities and activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome in developing countries: *Provided*, That personnel who are detailed or assigned for the purposes of this section shall not be included within any personnel ceiling applicable to any United States Government agency during the period of detail or assignment.

Government organization and employees.

PUBLIC LAW 101-513

Item 118: Child Survival and AIDS Activities

Foreign Operations, Export Financing, & Related Programs Appropriations Act, 1991

Sec. 543 Of the funds made available by this Act for assistance for health, child survival, and AIDS, up to $8,000,000 may be used to reimburse United States Government agencies, agencies of State Governments, institutions of higher learning, and private and voluntary organizations for the full cost of individuals (including for the personal services of such individuals) detailed or assigned to, or contracted by, as the case may be, the Agency for International Development for the purpose of carrying out child survival activities and activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome in developing countries: Provided, That such individuals shall not be included within any personnel ceiling applicable to any Unted States Governmnent agency during the period of detail or assignment.

ANNEX E

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
Summary of Assignments and Requests as of January 1, 1991

Location	Description	Status/ Start Date	Funding Source
Assignments to Date			
AFRICA REGION:			
Mali	Advisor to manage USAID Child survival portfolio (M. Qualls)	On site (05/89)	AFR/TR
Senegal	Technical advisor to ministry of health and USAID for Child Survival programs (A. Legace)	On site (03/89)	AID/W
Uganda	Advisor to manage child spacing and ORS portfolio (D. Puckett)	On site (12/88)	USAID/ Kampala S&T/H
CAR (AIDS PASA)	AIDS/Advisor (R. Hawkins)	On site (4/90)	AFR/TR (AIDS -DFA)
Burkina Faso	Technical Advisor for Child Survival (Neen Alrutz)	On site (10/90)	AFR/TR (IPA)
Niger	Nutrition/Management Advisor (S. Etian)	On site (9/90)	AFR/TR

Location	Description	Status/ Start Date	Funding Source
Assignments Requested or in Process			
Burundi	Technical Advisor for Child Survival	recruiting	
Nigeria	Technical Advisor for Child Survival	recruiting	AFR/TR
Malawi	Technical Advisor for Child Survival	recruiting	AFR/TR
Zaire	AIDS Advisor	candidates identified	AFR/TR (AIDS PASA)
Uganda	AIDS Advisor	candidates identified	AFR/TR (AIDS PASA)
Kenya	Technical Advisor for Child Survival	recruiting	S&T/H
Cameroon	Technical Advisor for Child Survival	recruiting	S&T/H
Ghana	Technical Advisor for Child Survival	recruiting	S&T/H

LATIN AMERICA AND THE CARIBBEAN REGION

Assignments to Date:

Bolivia	Technical Advisor for Child Survival program (J. Kuritsky) (2-year extension granted)	On site (11/88)	12 mo. S&T/H 12 mo. USAID La Paz

Location	Description	Status/ Start Date	Funding Source
Ecuador	Health policy and planning Advisor to USAID (K. Yamashita)	On site (11/89)	USAID/Quito
Honduras	MD, MPH to advise USAID and ministry of health/child survival activities (S. Terrell)	On site (10/89)	USAID/ Tegucigalpa
Honduras	Water/sanitation advisor to USAID and ministry of health (H. Caudill)	On site (04/89)	USAID/ Tegucigalpa
Jamaica	Centers for Disease Control Advisor for providing HIV/STD organizational and management advice and AIDS assistance in support of the Jamaica AIDS control program (W. Duncan)	On site (06/90)	USAID/ Jamaica AID/ST/H/
Peru	Director for EPI training/ surveillance program (T. Betz)	On site (09/89)	USAID/Lima (PASA with CDC)
Assignments Requested/in Process:			
Guatemala	Short-term assistance	(08/90)	USAID/ Guatemala
Nicaragua	Technical assistance		USAID/ Managua
Guatemala	ROCAP		

Location	Description	Status/ Start Date	Funding Source
Haiti	Technical assistance for Child Survival		

Assignments Completed to Date:

Ecuador	Project coordinator PREMI Child Survival project (J. Baldi)	10/87-12/89	USAID/ Quito

ASIA AND NEAR EAST REGION:

Assignments to Date:

Indonesia	MD/MPH to coordinate child survival and MIS programs (M. Linnan) extending for third year	On site (01/89)	12 mo. S&T/H 12 mo. USAID
Morocco	Coordinator for child survival activities (M. Moloney)	On site (01/90)	USAID/Rabat (IPA)
Morocco Jordan Pakistan	Short-term consultancies to assist with various Child Survival activities		S&T/H

Assignments Requested/In Process:

Yemen	Epidemiologist for Central Laboratory (decision on placement pending)	Placement on hold	USAID/Sanaa

Location	Description	Status/ Start Date	Funding Source
AID/W Assignments to Date:			
PPC/PDPR	Nutrition Policy Advisor for Child Survival programs (M. Marlett)	On site (09/88)	S&T/H and PPC (IPA)
AFR/TR/HPN	CCCD Project Manager (L. Ackerman)	9/90	AFR/TR
S&T/H/WVC	Epidemiology Advisor, Malaria Project (K. Miller)	On site (10/88)	S&T/H
ANE/TR/HPN	Advisor to coordinate nutrition activities and provide HPN country backstops (J. Terry)	On site (10/89)	ANE/TR (IPA)
S&T/H/AR	Advisor for Epidemiology/ Statistics (P. Reyes)	On site (09/89)	S&T/H (IPA)
S&T/H/HSD	Health Care Financing Advisor (R. Emrey)	On site (09/89)	S&T/H (IPA)
S&T/H/AIDS	Public Health Advisor (C. Carr)	On site (08/89)	S&T/H/AIDS (CDC)
S&T/H/HSD	Immunization Advisor Health Services Division (J. Gibson)	On site (08/90)	S&T/H/HSD
S&T/POP	Epidemiologist (P. Wolf)	On site (08/90)	S&T/POP

Location	Description	Status/ Start Date	Funding Source
Assignments Completed to Date:			
AFR/TR	Technical assistance to CCCD program sites (F. Awantang)	3/88-3/89	S&T/H (IPA)
S&T/POP	Economist/Child spacing	7/89-7/90 (E. Jensen)	S&T/POP (IPA)
S&T/H	Health Services Advisor Immunizations (R. Kim-Farley)	7/88-8/89	S&T/H
AFR/TR	Assistance to ASCI-CCCD Project (M. Meites)	12/88-12/89	AFR/TR
S&T/POP	Social Science Analyst/ Child spacing (S. Schuler)	8/89-8/90	S&T/POP (IPA)

SUMMARY OF CURRENT TAACS ASSIGNMENTS

Location	PASA	IPA	TOTAL
AFR	5	1	6
LAC	6	-	6
ENE	1	1	2
AID/W	5	4	9
TOTAL	17	6	23