PD-ACB-843

AGENCY FOR
INTERNATIONAL
DEVELOPMENT

# ANNUAL BUDGET SUBMISSION
# FY 1979

## TECHNICAL ASSISTANCE BUREAU
## OFFICE OF HEALTH

DEPARTMENT
OF
STATE

MAY 1977

INDEX


| PART I | PAGE |
|---|---|
| Office Narrative | 1 |
| Table V - FY 1979 Proposed Program Ranking | 22A |
| Office Tables | |
| CLUSTER DATA | |
| Health Delivery Systems - 1101 | |
| Narrative | 22F |
| A-1 Cluster Tables | 30 |
| MEDEX Primary Health Care Systems - PID | 36 |
| Development of Health Manpower Training Capability - PID | 51 |
| Development of Health Training Materials - PID | 59 |
| Health Planning - 1201 | |
| Narrative | 76 |
| A-1 Cluster Tables | 82 |
| Health Development Program - PID | 87 |
| Health Management Development - 1202 | |
| Narrative | 96 |
| A-1 Cluster Table | 99 |
| Rural Water Supply and Sanitation - 1301 | |
| Narrative | 101 |
| A-1 Cluster Tables | 104 |
| Water Supply and Sanitation Training - PID | 108 |
| Testing Predictive Sanitation Model - PID | 113 |
| Tropical Disease Research, Development and Training - 1302 | |
| Narrative | 120 |
| A-1 Cluster Tables | 122 |
| Tropical Disease Special Program - PID | 128 |
| Tropical Disease Grants - PID | 135 |
| Environmental Assessment - 1303 | |
| Narrative | 140 |
| A-1 Cluster Tables | 141 |
| Health Aspects of Environmental Assessment - PID | 144 |

| | | PAGE |
|---|---|---|
| | Malaria - 1304 | |
| | Narrative | 149 |
| | A-1 Cluster Tables | 154 |
| | Alternative Malaria Control Methodology - PID | 158 |
| | Self-Help Malaria Control - PID | 167 |
| | Comprehensive Malaria Control Methodology - PID | 176 |
| | Activities not Attributable to Specific Clusters: | |
| | A-2 Tables | 182 |
| PART II | (F and G Tables by Cluster): | |
| | Health Delivery Systems - 1101 | 188 |
| | Health Planning - 1201 | 201 |
| | Health Management Development - 1202 | 215 |
| | Rural Water Supply and Sanitation - 1301 | 216 |
| | Tropical Disease Research, Development and Training - 1302 | 222 |
| | Environmental Assessment - 1303 | 229 |
| | Malaria - 1304 | 231 |

PART I

TA/H

OFFICE NARRATIVE

A. OFFICE PROGRAM STRATEGY

--- Consistent with the specific language of Section 104 "to help provide services for the majority", in the areas of delivery systems, planning, environmental health, and disease control,

--- responsive to field program guidance issued by Governor Gilligan,

--- and in consultation with Regional Bureaus, TA/N, AGR, OST, RD, EHR, PHA/POP and PPC,

the TA/H program concentrates on interregional research, development and strategic planning in three main areas:

I. Health Delivery Systems

Program Cluster 1101

Problem: The majority of LDC populations do not have regular access to the most elementary health, nutrition or family planning services in the locations in which they live, in a socially acceptable form, and at a cost they can afford over the long term.

Goal: To assist Regional Bureaus in their programs to encourage governments to develop country-specific options which offer models for national coverage within a decade, as a means for expediting basic human health, family planning, and environmental sanitation goals.

Program: Mid-level manpower curriculum development (MEDEX, Center for Educational Development), consultation (American Hospital

Association), consultation and global information exchange (DEIDS CORE), and Demonstration Model (DEIDS Thailand).

Progress: Although intensive joint TA/H-Regional Bureau efforts have begun in 24 countries over the last five years, two-thirds of the A.I.D. eligible countries have begun no significant effort in this mandated area.

II. Health Planning

Cluster 1201 - Health Planning

Problem: Maldistribution of resources in the health sector and the multisectoral causes of this bias continue unresolved in most countries for lack of leadership training in the health sector planning. External resources are marginal to needs and internal resources are not likely to increase significantly over the next decade. It is critical that solutions be found within the limits of existing national resources.

Goal:

1) to support leadership training in the methodology and organization of multisectoral health planning.

2) to encourage governments and USAIDs to define national health, nutrition, and family planning needs through a coherent systematic process rather than through competitive unrelated planning.

Program: Leadership training (University of Michigan), health planning consultants (OIH/RSSA), and training, research and institutional development (Johns Hopkins University).

Progress: Less than 18 USAID or countries have engaged in a rational health planning process. Demand is increasing but progress is slow on a global scale for lack of training institutions and skilled leadership.

Cluster 1202 - Health Management

Problem: Poor managerial performance is an inherent problem. Many health sector programs falter for lack of adequate managerial skill. Lack of leadership training precludes improved output in existing field programs.

Goal: Regional Bureaus have expressed a wish for assistance in improving managerial performance in field programs. TA/H's immediate goal is to provide technical advisory resources for use in field programs.

Program: Service contract for health sector management proposed for FY 1978.

Progress: New project

III. Environmental Health

Cluster 1301 - Rural Water Supply and Sanitation

Problem: With reference to meeting basic human needs, 90% of populations do not have reasonable access to safe drinking water or hygienic excreta disposal services. The current state of biologic pollution impacts on human populations causing the spread of enteric and parasitic diseases with particularly high morbidity, malnutrition, and mortality in young children. Technological and investment alternatives are not fully understood.

Goal: Our goal is consistent with the U. S. position expressed during the UN Water Conference in Argentina (March 1977) to assist Regional Bureaus in their efforts to help countries meet minimal needs for water supply and sanitation during the next decade.

Program: Utilization of the new handpump, predictive sanitation model, regional sanitation training institutes, and strengthened technical support for LDC efforts to provide safe drinking water and hygienic excreta disposal.

Progress: A.I.D. has a long history of investment in urban and rural water supply. A.I.D.'s failure to achieve adequate extension suggests the need for greater emphasis on training in appropriate technology, utilization of existing knowledge, and development of better methods for predicting and selecting appropriate methods and systems.

Cluster 1302 - Tropical Disease Research, Development and Training

Problem: The major parasitic infections of agricultural and rural populations have not been reduced for the world majority. The next decade may see large increases in disease potential associated with agricultural irrigation and food production. Major problems: malaria, schistosomiasis, onchocerciasis, trypanosomiasis, and enteric diseases groups.

Goal: To contribute to a global effort to undertake research and training in these major diseases through three routes: an international consortium of donors to support a major international effort in tropical disease research, support of research by a limited number of U. S. institutions interested in tropical disease, and support of the International Institute for Health Research (IIHR) in Dacca.

Program: Contribution to the Special Program of Tropical Disease Research and Training; support of three U. S. institutions in tropical disease research and training; participation in establishing and funding the IIHR in Dacca; and continuation of schistosomiasis drug testing at Johns Hopkins University and Lowell University.

Progress: The international Tropical Disease Research consortium and associated U. S. institutional support are in the planning stage. The IIHR, Dacca has completed a proposal revising the scope of the Cholera Research Laboratory to study the relationship between enteric disease, malnutrition, and population growth. The

The schistosomiasis drug research is progressing satisfactorily at Johns Hopkins University.

Cluster 1303 - Environmental Assessment

Problem: The Agency's new Environmental Procedures (Regulation 16) require review of all project activities for potential environmental impact. The implication of this policy is that the Agency will require a capability to assess adverse effects of projects on human health, e.g. irrigation systems impact on increasing schistosomiasis and malaria, effect of dam construction on increasing tropical disease incidence, increase of diseases due to resettlement and migration, etc. The Agency does not currently have sufficient technical capability to assess the health implications of these changes.

Goal: To meet the intent of Regulation 16 by developing A.I.D.'s potential, internal and external, to provide the requisite professional talent.

Program: Development of a project to establish or expand a professional resource pool to meet Agency review requirements. Program includes in-house training for Agency personnel.

Progress: New program

Cluster 1304 - Malaria

Problem: In spite of elimination of malaria among over 200 million people during the past 20 years, malaria remains a threat to over one billion people living in tropical climates. No significant continental program has been launched in Africa. Major recurrences have occurred on the Indian subcontinent. Severe problems remain in Central Africa. Resistance of mosquitoes to insecticides and parasites to drug treatment make it imperative that technologies be evolved in addition to improvements in currently available control methods.

Goal: To bring malaria under control through the development and introduction of new technologies.

Program: Continue research on a malaria vaccine, an environmentally acceptable replacement for DDT, alternative malaria control methods, comprehensive vector control methods, and self-help malaria control methods for particular application in Africa.

Progress: A network of U. S. institutions is concentrating on development of a malaria vaccine. The first success in culturing the malaria parasite in the laboratory was reported from Rockefeller University. The first successful immunization of monkeys against human malaria was reported by the University of Hawaii. DDT replacements are being tested in the field. New program proposals in alternative and more comprehensive control methods are being studied.

## B. CONCLUSIONS FROM RESEARCH AND DEVELOPMENT PRIORITY SETTING EXERCISE

Field responses to the TAB circular cable are still incomplete. On the basis of the first fifteen responses, high priority was accorded to development of alternative methods for low-cost health delivery systems, auxiliary manpower training methods, new technology in health planning, and improved methods for rural water supply. High marks were also given to studies on traditional systems of health delivery and new technology for enteric diseases. Given the limited number of health people in USAIDs, it is premature to draw further conclusions on field views until a wider response has been analyzed.

## C. CRITERIA FOR SETTING FY 1979 PRIORITIES AND DETERMINING COMPOSITION OF DECISION PACKAGES

### 1. Legislative Mandate

First priority consideration is given to those activities which offer immediate applicability or extension of services. Accepting the problem of social equity as most urgent, basic priority is given to those activities in delivery systems, planning, or ongoing institutions like IIHR which permit immediate support of Regional Bureau objectives.

### 2. Bureau Interest

Priorities have been set after a series of consultations with all four Regional Bureau technical offices supplemented by discussion with other TAB offices and PHA/POP and PPC. A significant criterion is the ability of TA/H to make an initial program contribution over a

period of several years (in the areas of delivery systems, planning and tropical disease reduction) until Regional Bureaus evolve country and regional activities of their own.

3. Stated Interest of the New Administration

Governor Gilligan's first circular program guidance to the field stresses the importance of low-cost health delivery systems. Public expression of interest by the President's Special Assistant for Health Issues suggests Administration interest in collaborative donor programs in support of tropical disease research and training.

4. Approved U. S. Position at UN Water Conference

Implementation of U. S. support to its position on water supply and sanitation denotes an A.I.D. requirement for more intense efforts at leadership training and extension of existing knowledge.

5. Agency Statutory or Legal Requirements

Implementation of environmental procedures will require action that cannot easily be deferred if A.I.D. is to show its good faith and intent.

6. Field Responses to TAB Circular Cable on Research and Development Priorities

The TAB program should remain as directly responsive as possible to stated field interests.

D. FY 1979 NEW PROGRAM DIRECTIONS

1. Delivery Systems: No major new program directions are planned. The focus of A.I.D.'s effort should be on application and extension of the evolving field-based methodology.

2. Planning: The major new initiative planned is the development of a network of regional planning institutions which emphasize a multi-sectoral approach to planning.

The U. S. has only two potential candidates (University of Michigan and Johns Hopkins University). There are no regional multisectoral planning institutions anywhere now following closure of the CENDES Planning Center in Santiago, Chile.

3. Environmental Health

a. International Institute for Health Research

TA/H has included $1 million in the base with an additional $1 million in the current decision package. If the IIHR proposal is successful, donor contributions should reduce the requirement for A.I.D. to provide all of the second million. The program is obviously long range, unique in its disease/nutrition/population approach, and requires full support.

b. Tropical Disease Research, Development and Training

This is clearly a long-term program which offers the fiscal efficiency of multidonor support. The increased social equity

and improved health effects, from this program on rural, poor, agricultural communities around the world should be significant. Strong Administration interest merits priority consideration.

The multidonor program requires balance with separate U. S. institutional support where some of the world's best expertise exists on advanced technology (drugs, vector control, vaccines). A major issue is whether the level of support suggested is commensurate with Administration interest and whether A.I.D. is prepared to continue support to this effort over the long term.

c. Rural Water Supply Sanitation Training Institutions

The Habitat Conference in Vancouver and the follow-up UN Water Conference in Argentina directed global attention to the need for training, estimated at 44,000 professionals and 2.1 million subprofessionals for major progress in community water supply and sanitation. Sanitary Engineering is a unique American product. Extension of U. S. knowledge adapted to the developing countries would be a major initiative, not only for health and for reduced adverse environmental impact of water pollution, but for improving the condition of women who still bear the major burden of drawing water under the most primative conditions.

d. Environmental Assessment

The legal and public relations implications of A.I.D.'s environmental policy leave no choice but to develop A.I.D.'s

institutional capability for competent response. Acknowledging the responsibility is Agency-wide; the issue is whether TAB identification of professional resources can reduce the familiar conflict of Agency responses of varying quality, and support a consistent professional capability to identify the potential impact on human life of A.I.D. projects.

## E. DECISION PACKAGE - MINIMUM

### 1. Rationale

Clearly, legislative mandate, Agency guidance, and Bureau activity place the delivery systems program in top priority. TAB activities, per se, are supportive of Bureau initiatives through consultation, manpower, training, and information. The urgency for program extension, exchange of information, and application of existing experience is high. The importance of this program to nutrition and population initiatives is as high as to health as such.

The same urgency for extension of knowledge and practice applies to health planning, where the two training activities (Johns Hopkins University and University of Michigan) for leadership, and the OIH/RSSA backup for sector analysis and planning are strategic and should be continued in the base.

Research on the malaria vaccine, as an ongoing program with recent breakthroughs, should be maintained in momentum along with the ongoing field trials for effective alternatives.

The fourth element in the base is continuation of the ongoing Johns Hopkins and Lowell University schistosomiasis research plus $1 million of the total $2 million anticipated requirement for IIHR. Base inclusion assumes that successful efforts to attract donors may reduce the requirement that A.I.D. provide all of the $2 million. A.I.D.'s commitment is already clear, not only on grounds of political value in Bangladesh, but on the basis of the unique joint study of relationships between enteric disease, nutrition, and population that this project affords. There is no other laboratory in the world with this perspective.

The continuation and expansion of support to rural water supply and sanitation activities address a basic problem of the rural poor, namely, the diarrheal diseases which are a major contributing factor in infant and child mortality and which contribute greatly to the inefficient utilization of food. Pursuit of these activities is also consistent with the positions taken by the U. S. at the UN Conference on Human Settlements (Habitat) in Vancouver, and the UN Water Conference in Argentina.

2. Required Work Force

Approved FY 1977 strength of 17 is required, plus an engineer (Wehman) on detail from SER/ENG, and the non-reimbursable detail of one malariologist (Bonnet) for a total of 19.

The addition of one Sanitary Engineer in lieu of a Tropical Disease Officer for the IIHR will be required to fulfill the role

of TA/H in rural water supply and sanitation. Our current staff is unable to respond to Bureau requests for assistance, review project development activity and adequately manage our own efforts to try to develop new appropriate technology in this field of activity. Responsibilities in this area are growing and it is expected that they will continue to grow. In FY 1977 there are 22 new and ongoing projects with rural water supply and sanitation components; in FY 1978 the number is expected to exceed 30. There are many agricultural and rural development projects where drinking water at least should be incorporated as a component part. Technical assistance in planning, in identification of technology appropriate to local conditions, in adaptation of technology and in training will be an important part of this increased effort. The current TA/H workload in this cluster limits our ability to be responsive to a greater effort and continuation of staff at current levels will require a reduction in Regional Bureau support at a time when demand is actually increasing.

3. Impact on Population Growth (Section 117)

Strategy for all components include the need for concurrent population programming. The long-range effects of the program outlined above would influence lowered population growth rates except for the viable malaria vaccine project which would reduce death rates. Research activity, as such, has no demographic impact.

4. Percentage of Office Time Spent on D-1 Functional Categories

| Function | Percentage |
|---|---|
| Planning/Strategizing | 13.3 |
| Regional Bureau/Mission Support | 19.0 |
| Project Development and Management | 17.7 |
| International Organizations/ Professional Organizations | 4.8 |
| Administrative/Supervision | 45.2 |
| TOTAL | 100.0 |

Administrative/Supervision time is relatively high, but not excessive in AID/W considering the complexity of the program process, and the large volume of non-cluster related program activities.

F. DECISION PACKAGE - CURRENT

1. Rationale

a. IIHR: Assuming donor support is inadequate to meet the annual budget, TAB would have to be prepared to fund the $2 million.

b. Environmental Health Assessment: Legal and statutory requirements argue for the provision for professional support. Measurement and correction of adverse biological impact of the environment on human well being are central to A.I.D.'s goals.

c. Delivery Systems: The addition of the American Hospital Association with the CURRENT package completes the set of services

covering principal components of the system. Clinic and hospital costs continue to be a major cost element of national systems. Assessment and modification of these costs require professional skills available through the American Hospital Association.

2. Required Work Force

The basic work force requires an increase by one Environmental Assessment Officer. This is a new request and is required to meet minimum needs of the Office for adequate technical input and review of environmental impact on human health.

3. Impact on Population Growth (Section 117)

As the nature of most parasitic diseases affect morbidity, rather than mortality (except in the case of acute infections in children), the anticipated effects on population growth would be minimal.

4. Percentage of Office Time Spent on D-1 Functional Categories

No significant change from MINIMUM package.

G. DECISION PACKAGE PROPOSED A

1. Rationale

Significant new initiatives assume program availabilities in excess of CURRENT package criteria of 100% of FY 1978 C.P.

a. Tropical Disease Research and Training

A reasonable multidonor effort is projected to require $30-40 million annually to support research in six major diseases, plus

global network of research training activities. The current donor input is in the order of $10 million in 1977. This may be adequate for one or two diseases, but not for six nor for the training program outlined by the Tropical Disease Research Special Program. A.I.D. should not consider contributing less than $1 million annually to the multidonor consortium with the expectation that a contribution in the order of $3-5 million will be required annually in future years. Our DECISION package - proposal C includes full funding of the Tropical Disease Research activity at the level of $5 million per year.

Concurrently, the multidonor program should be supplemented by support to at least three U. S. tropical disease centers to maintain outstanding U. S. expertise in research and training. Resolution of major technical constraints will require U. S. scientific participation in contrast to the outlook for several decades of delay if reliance is placed predominantly on LDC institutions for scientific breakthroughs. We propose $2 million for the initial institutional development support contribution.

We firmly believe that A.I.D. should not become involved in an activity of marginal productivity and should, therefore, not enter the Tropical Disease Research field without the clear intention of contributing support at the initial combined Tropical Disease Research and institutional support level of $3 million annually.

b. Malaria

Given the environmental emphasis on finding alternatives to insecticides, particularly DDT, and to determine more effective ways to combat malaria, TA/H proposes inclusion of three project proposals specifically seeking innovative solutions to these problems:

Alternative Malaria Control Methods

Self-Help Malaria Control Methods

Comprehensive Vector Control Methods

c. Health Planning

Provision of full funding for Office of International Health/ DHEW, RSSA for support services to Regional Bureaus as at present. (An additional $465,000 is required.)

Research on "Health Impact of the Non-Health Sector Activities." This is of central importance to a rational presentation of the need for multisectoral health planning and should be included within the first increment above 100% of FY 1978 C.P.

d. Delivery Systems

Assuming funding is increased, there is merit in permitting the DEIDS CORE contract to continue a central service, releasing Regional Bureaus for full concentration on initiating field programs. (An additional $240,000 is required.)

2. Required Work Force

Assuming approved FY 1978 malariologist position is filled, no position increment is required. At the present time we have a non-reimbursable position filled by the Center for Disease Control. From the standpoint of manpower usage, we have already demonstrated the need for this additional position. We could not carry out these additional, necessary activities without this position. The Tropical Disease Research functions will be handled by the Tropical Disease Research Officer approved for FY 1977 incumbency.

3. Impact on Population Growth (Section 117)

Research and support activities would have no immediate population impact. Application of effective disease control methods would require concurrent population activities to balance anticipated effects on lowered morbidity and mortality.

4. Percentage of Office Time Spent on D-1 Functional Categories

No change from MINIMUM Package.

H. DECISION PACKAGE PROPOSED B

1. Rationale

Health Development Institutes and Regional Sanitation Training Institutes, both of very major importance in extension of planning and environmental health knowledge, are added in this increment to indicate their value to achieve A.I.D. objectives in these areas. With substantial incremental funding, TAB funding would be logical

as a mechanism to begin activities which Regional Bureaus have not yet initiated. In the absence of incremental funding, logic may require Regional Bureaus attempt to build such institutions on existing country projects within available Regional Bureau funds.

In response to the research and development field circular, one project in delivery systems is included to initiate research on cross-cultural communication and sensitization.

2. Required Work Force

One additional engineer would be required to support program development in regional sanitation training institutes. This would provide us with a total of three engineers the minimum necessary if we are to initiate the development of these institutes.

3. Impact on Population Growth

The long-range influence of Health Development Institutes would encourage a decrease in fertility. Regional sanitation training institutes would train leadership whose influence would lead to an expected decrease in mortality with a corresponding increase in child survival.

4. Percentage of Office Time Spent on D-1 Functional Categories

No change from MINIMUM package

I. DECISION PACKAGE PROPOSED C

1. Rationale

Given administration interest in tropical disease research and training, and in the furtherance of collaborative research with other

donors, full and adequate funding of this area may be reasonable, assuming an increased FY 1979 budget. The proposed $6 million increment is divided: $4 million for the Tropical Disease Research Special Program (a total of $5 million annually for the multidonor consortium) and $2 million for U. S. tropical disease institutional grants (total $4 million annually) in support of research and training.

2. Required Work Force

No increase in staff

3. Impact on Population Growth

No immediate impact due to research, but a long-range decrease in morbidity and mortality with application of findings may impact on rates of population growth.

4. Percentage of Office Time Spent on D-1 Functional Categories

No change

J. IMPACT ON PROJECT IF FY 1977 WORK FORCE CEILING MAINTAINED THROUGH FY 1979

The MINIMUM package could be sustained except for adequate attention to rural water supply and sanitation and health support and involvement in environmental assessment activities. Both of these activities are necessary if we are to carry out minimum responsibilities in these two key areas. Improved water supply is a requirement for improved health of poor populations and an important budgetary element in Agency funding

of development projects. The environmental impact of development activities on people may not be adequately addressed unless there is appropriate monitoring of impact statements. We do not have staff with time available for this purpose in the minimum package.

K. IMPACT ON PROGRAM IF FY 1978 WORK FORCE CEILING MAINTAINED THROUGH FY 1979

Assuming two approved FY 1978 positions are retained (one Sanitary Engineer instead of an IIHR Officer and one Malaria Officer), the FY 1979 program could include support of A.I.D.'s position on water and the three malaria projects in the Decision Package - Proposal A could be sustained. Only the environmental assessment and regional sanitation training institutes would be beyond the staff capability of the office.

## TABLE V - FY 1979 PROPOSED PROGRAM RANKING

DECISION UNIT: TA/H | REVISED BY: | CONSOLIDATED BY:

| RANK | DECISION PACKAGES/PROGRAM ACTIVITY/SUPPORT ITEM DESCRIPTION | APPROP ACCT | RESOURCE REQUIREMENTS: CUMULATIVE MISSION OPERATING EXPENSES (000) | WORKFORCE (DH ONLY) INCREMENT US | WORKFORCE (DH ONLY) INCREMENT FN | WORKFORCE (DH ONLY) CUMULATIVE US | WORKFORCE (DH ONLY) CUMULATIVE FN | PROGRAM FUNDING (000) INCREMENT | PROGRAM FUNDING (000) CUMULATIVE |
|---|---|---|---|---|---|---|---|---|---|
| | Decision Package - Minimum | | | | | | | | |
| | Workforce (assuming no FY 1979 obligations) | | | 30 1/ | | 30 | | | |
| 1 | 1101 Health Delivery Systems | H | na | | na | 30 | na | 4178 | 4178 |
| 2 | 1201 Health Planning | H | | | | 30 | | 1499 | 5677 |
| 3 | 1304 Malaria Immunity and Vaccination | H | | | | 30 | | 1858 | 7535 |
| 4 | 1302 Tropical Disease Research Development & Training | H | | | | 30 | | 1236 | 8771 |
| 5 | 1301 Rural Water Supply and Sanitation | H | | 1 | | 31 | | - | 8771 |
| | Decision Package - Current | | | | | | | | |
| 6 | 1302 Tropical Disease Research Development & Training | H | na | | na | 31 | na | 1000 | 9771 |
| 7 | 1303 Environmental Assessment | H | | 1 | | 32 | | 450 | 10221 |
| 8 | 1101 Health Delivery Systems | H | | | | 32 | | 66 | 10287 |
| | Decision Package - Proposed A | | | | | | | | |
| 9 | 1302 Tropical Disease Research Development & Training | H | na | | na | 32 | na | 3000 | 13287 |
| 10 | 1304 Malaria Immunity and Vaccination | H | | | | 32 | | 1826 | 15113 |
| 11 | 1201 Health Planning | H | | | | 32 | | 630 | 15743 |
| 12 | 1101 Health Delivery Systems | H | | | | 32 | | 240 | 15983 |
| | Decision Package - Proposed B | | | | | | | | |
| 13 | 1201 Health Planning | H | na | | na | 32 | na | 2850 | 18833 |
| 14 | 1301 Rural Water Supply and Sanitation | H | | 1 | | 33 | | 3000 | 21833 |
| 15 | 1101 Health Delivery Systems | H | | | | 33 | | 183 | 22016 |
| | Decision Package - Proposed C | | | | | | | | |
| 16 | 1302 Tropical Disease Research Development & Training | H | na | | na | 33 | na | 6000 | 28016 |

1/ Includes: one position not charged to TA/H ceiling - Sanitary Engineer (V. Wehman); two PASA positions - R. Britanak and J. Davis; one part-time secretary - J. Sherman; and ten full-time secretaries.

AID 1330-9 (4-77)

CLUSTER #1101

HEALTH DELIVERY SYSTEMS

Cluster No. 1101 - Health Delivery Systems

1.0 Agency Strategy

The strategy adopted by TA/H and the Regional Bureaus continues to be that indicated by Agency guidance since 1973. Host governments are encouraged to undertake in-country field testing of health systems elements which will encourage replication on a national scale. Fundamental to this approach is improving access and a level and scale of health services which host countries can afford to support without prolonged external assistance. AID does not encourage provision of a full spectrum of services to population majorities, but rather the lowest common denominator of integrated services which will provide essential but inexpensive, health, family planning, and nutrition services directed especially towards preschool children and women of reproductive age.

AID developed initiatives are now increasingly found in programs of multilateral agencies such as WHO and UNICEF. More recently other bilateral donors have altered their mandates to address low cost health delivery issues. Most bilateral agencies are in early phases of program implementation in this field.

2.0 TA/H Strategy

Supporting activities are being continued at approximate FY 1978 levels in the Health Delivery Cluster and are as follows:

1. Promotion of concepts of integrated health delivery
2. Technical support in project design and development
3. Information exchange
4. Manpower development
5. Evaluation
6. Exploration of new directions

3.0 Continued and Expanded Projects

Five major activities are proposed for FY 1979 in support of the above priority emphases. These include DEIDS Core Staff and DEIDS Thailand sub-project (#931-0971). MEDEX (#931-1180), Health Facilities Administration (#931-0211) and Developing Health Manpower Training Capability (CEDH) (#931-1174). The Colombia Health Delivery System Project (PRIMOPS) which is to end in FY 1978 will have satisfied our major objectives.

3.1 DEIDS Core and Thailand

This project supports the Agency's capability to respond rapidly to requests for information, feasibility assessment, project design assistance, and evaluation of systems to deliver combined health, population, and nutrition services to a majority within the limits of national resources. It also manages the testing of one means of delivering such services in an LDC.

A major feature of the DEIDS Core contract is to respond to AID/W and international requests for assistance. Mechanisms in DEIDS Core Project permit many activities to be undertaken in the absence of sufficient numbers of direct hire staff to carry them out.

3.2 The MEDEX System

The MEDEX project has reached a point where mid level modular training materials will have been developed by December of 1977. A recent evaluation review group has strongly recommended: 1) field testing of modules, 2) involvement in implementation assistance to Missions, 3) expansion to make possible development of modular training materials for village health workers and 4) expanded project design and development capabilities be funded at

a level sufficient to make operational a planned MEDEX Consortium of five universities (Hawaii, North Dakota, Washington, Utah, and Tulane). This expansion will also support consultations and project development activity in more AID assisted countries than can be presently accommodated. The national, international, and multilateral attention the MEDEX system has attracted, and the evaluation of the review group, as well as the growing interests of Missions in MEDEX assistance collectively suggest this activity has reached the stage of developmental takeoff. The lead time and investment necessary to build a highly competent staff at Hawaii can be lost through premature expectation that Missions pick up expenses for the core group. The five year follow on project will make possible interim Mission support and assistance while interest, visit, consultation, and project identification phases are followed by design, development, documentation, review, approval, funding and implementation phases. Gestation period for a low cost health delivery systems project within AID is presently averaging a minimum of two to three years between idea and implementation. It is only at point of implementation that Missions can meaningfully pick up funding on a sustained basis. Institutional capacity of MEDEX core staff cannot be sustained on Mission funding. At the point Medex staff are appointed by Missions on a one to two year contractual basis extended support can be logically expected from Missions. The alternative would be an inter-regional Bureau Mission consortium maintaining a technical assistance resource for their use as needed in future. Such an arrangement would parallel TAB's raison d'etre.

3.3 CEDH

The Developing Health Manpower Training Capability Project (CEDH) represents a logical outgrowth of earlier investment in a project

titled Teaching of Community Medicine. The initial research and development investment activities have matured sufficiently to be at a point where useful field consultations and services are now offered to Missions. In the past four months 25 USAID Missions have requested CEDH assistance in systematic course design for health manpower training and training of trainers.

Unlike MEDEX, the CEDH group focuses on manpower development within pre-existing systems. MEDEX is a system package. The CEDH resource offers assistance with manpower development aspects of a health system in which the requesting country wishes to retain its basic health structure but to make improvements incrementally. Many countries reject major restructing of health institutions while others are much more interested in sweeping change. Requirements are very different in each situation. TA/H has developed human resource capacities to address both situations. It is proposed that the level of support for CEDH be expanded.

3.4 Health Facilities Administration

This technical service project provides professional consultation and international experience for planning, improving, and strengthening health facilities and administration in support of rural and urban low cost health delivery systems in LDC's. Health facilities are an essential and integral element of health systems in developing countries as well as developed.

4.0 New Directions

A PID for development of a Guide and training materials for cross cultural sensitization of primary health personnel has been proposed as a

new project. Developed in modular form, such material could become part of a CEDH program or as an additional module for the MEDEX system. The advantage in having this material developed separately relates to greater professional autonomy for the project directors. Were the project to be combined with another project, a second but less desirable alternative, would be to add funding to the CEDH activity for this purpose. Both projects involve Boston University faculty members. We have placed this PID in priority for FY 1979 on the basis that it represents a new direction which will become more important as the Agency fine-focuses on obstacles and impediments to system performance and implementation of effective delivery systems.

5.0 Review Questions Revised in Program Budget Guidance 79-2

A series of short paragraphs specifically addressing questions raised in PBG 79-2 follows below:

LDC development problems which cluster activities address:

The health delivery systems cluster addresses the basic problem that 80-85% of rural populations of developing countries have either no access to or entirely lack basic health services.

General objectives of cluster activities in relation to the problem:

A primary constraint to expansion of health services in LDC's is the unavailability or scarcity of appropriately trained, deployed, and supplied low cost, nonphysician health workers. Such workers are able to supply up to 90% of needed services if an appropriate mix of middle and village level health workers is provided. TA/H objectives have been to promote, increase

awareness and develop educational technological materials and training procedures for nonphysician health providers, to develop prototype materials and protocols which can be adapted by LDC's. Assistance is also actively provided in the areas of project identification, design and development to Missions and host countries for integrated low cost health delivery systems as well as to identify and supply relevant technical consultation as requested.

Assumption about non-TAB efforts necessary to solve the problems:

Ultimately, responsibility for operational health care delivery systems lies with the sovereign countries involved. U.S. technology, managerial know-how, technical assistance, design capability, and knowledge can assist developing countries to adopt and adapt solutions which will benefit the poor majority. These inputs are sought and welcomed by most AID assisted countries. The U.S. however can assist only in those countries which are AID assisted, and which are interested in U. S. support.

Estimated time required to reach cluster objectives:

With continued interest and good fortune cluster objectives may be approximated within a 25 year time frame. Regional differences will be marked however. Latin America countries can conceivably reach these objectives within a 10 year time frame where a national will exists. Asian countries can reach them within a 20 year time frame given national commitment. The Near Eastern countries with a few exceptions, can reach these objectives within a 20-35 year time frame, and sub-Saharan African countries in a 25-40 year time frame. These time frames represent a mid-point between optimistic and pessimistic estimates made by experienced international health workers.

Relation of ongoing and proposed projects to cluster objectives:

All projects, either ongoing or proposed in this cluster are currently directly related to central constraints in development of low cost health delivery systems, namely appropriately, trained, deployed, and supplied nonphysician health providers. Relative to need, projects are of modest scope. Relative to direct hire manpower they represent overextension of staff. Relative to the efforts of other bilateral donor agencies they are substantial in level of support.

Current estimate of progress towards cluster objectives:

Forward movement toward cluster objectives has been significant even bearing their long term nature in mind. Given additional TA/H professional staff more could be done to facilitate Mission and Bureau progress. Failing this, progress, at cost, has nonetheless been continued. A quantitative estimate can have no meaning in this instance beyond specifying the number of countries which AID has projects planned or programmed since such estimates would represent moving the target to hit the bullet.

Estimates of relative priority among cluster projects:

Because of TA/H/HDS workload constraints, all projects save for one new proposal represent the leanest possible program consistent with a critical mass.

Discussion of personnel required to manage cluster activities and comparison with likely availability of personnel:

Present work load can be managed by the RDA 11 Division staff complement allowed but with increased probability of over extension and unbalanced

administrative load/substantive involvement ratio. This is not viewed as desirable by Division professional staff. But is beyond the direct control of the Division.

Office TA/H

Cluster No. 1101 Title Health Delivery Systems

Activity Coordinator D. Ferguson, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority Base

Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning and Strategizing | | | | | | | | | | | | | | | | | |
| 1. Pre-project planning | | | | | | 14 | | | | | 22 | | | 25 | | | |
| 2. Other | | | | | | 16 | | | | | 23 | | | 25 | | | |
| TOTAL | | | | | XXXX | 30 | | XXXX | XXXX | XXXX | 45 | | XXXX | 50 | | | |
| TOTAL SMALL ACTIVITIES (SEE "G" TABLE) | | | | | ( - ) | - | | | (-) | ( - ) | - | | ( - ) | - | | | |
| B. RB/Mission Support | | | | | | | | | | | | | | | | | |
| 1. Review of Mission PIDs & PPs | | | | | | 107 | | | | | 118 | | | 96 | | | |
| 2. Meetings and Seminars | | | | | | 7 | | | | | 16 | | | 19 | | | |
| 3. Other | | | | | | 121 | | | | | 152 | | | 169 | | | |
| TOTAL | | | | | XXXX | 235 | | XXXX | XXXX | XXXX | 286 | | XXXX | 284 | | | |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

(***) Project also has significant field service element

Office TA/H
Cluster No. 1101 Title Health Delivery Systems
Activity Coordinator D.C.E. Ferguson, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| CONTINUED | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consul-tants | FY 1977 Unliqui dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0055 Colombia Health Delivery Systems | 189 | b | 1 | 11 | - | 20 | | - | 125 | 125 | 18 | | - | - | | 78 | |
| 0211 Health Facilities Administration | 187 | c | 1 | 11 | 63 | 9 | | 31 | 66 | 66 | 9 | | P I | 11 | | 79 | |
| 0235 MEDEX Phase II | 190 | b | 1 | 11 | 52 | 13 | | 102 | 600 | 17 | 6 | | - | - | | 78 | |
| 1180 MEDEX Primary Health Care Systems | 172 | b | 3 | 11 | | 14 | | - | - | 583 | 18 | | 1,134 | 24 | | | 8/77 |
| 0239 Teaching Comm. Medicine Phase III | 194 | b | 1 | 11 | - | 39 | | 212 | 246 | 246 | 35 | | - | 4 | | 79 | |
| 1174 Dev. Health Manp. Trng. Capability | 175 | b | 4 | 11 | - | 2 | | - | - | - | 4 | | 1117 | 40 | | | 8/77 |
| 0971A Dev/Eval. Integrated Health Delivery Syst. (C) | 177 | b | 1 | 11 | 2006 | 91 | | 1601 | 1043 | 2333 | 99 | | 1067& P II | 106 | | 79 | 1/78 |
| 0971B Dev/Eval. Integrated Health Del. Syst.(T) | 177 | b | 1 | 11 | | 48 | | | 1290 | | 50 | | 860 | 60 | | | |
| 1173 Dev. of Health Training Materials | 174 | b | 4 | 11 | | | | | | | | | P III | | | | |
| SUBTOTAL | | | | | 2121 | 236 | | 1946 | 3370 | 3370 | 239 | | 4178 | 245 | | | |
| C. Project Development & Management Non-Project | | | | | | 35 | | | | | 35 | | | 34 | | | |
| Work Days not Distributed Above | | | | | | 75 | | | | | 99 | | | 101 | | | |
| TOTAL | | | | | 2121 | 346 | | 1946 | 3370 | 3370 | 373 | | 4178 | 380 | | | — |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H

Cluster No. 1101 Title Health Delivery Systems

Activity Coordinator D.C.E. Ferguson, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority Base

Date 4/29/77

| CONTINUED | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL SMALL ACTIVITIES (SEE "G" TABLE) | | | | | ( 15) | - | | | ( - ) | ( 35 ) | 10 | | ( 25 ) | 5 | | | |
| D. Contact w/IO and Prof. Organizations | | | | | | | | | | | | | | | | | |
| Attend Meetings and Seminars | | | | | | 23 | | | | | 23 | | | 23 | | | |
| TOTAL | | | | | XXXX | 23 | | XXXX | XXXX | XXXX | 23 | | XXXX | 23 | | | |
| E. Administration and Supervision | | | | | | 80 | | | | | 93 | | | 94 | | | |
| TOTAL | | | | | XXXX | 80 | | XXXX | XXXX | XXXX | 93 | | XXXX | 94 | | | |
| GRAND TOTAL | | | | | 2121 | 714 | - | 1946 | 3370 | 3370 | 830 | - | 4178 | 836 | | | |

(*) Project also has significant amount of research activity

**) Project also has significant amount of adaptation or application activity

**) Project also has significant field service element

Office TA/H
Cluster No. T101 Title Health Delivery Systems
Activity Coordinator D.C.E. Ferguson, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority P I
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0211 Health Facilities Administration | 189 | c | 1 | 11 | - | | | | - | - | | | 66 | 6 | | 79 | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H

Cluster No. 1101 Title Health Delivery Systems

Activity Coordinator D. Ferguson, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority II

Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0971A Development/Evaluation of Integrated Health Delivery Systems | | b | 1 | 11 | | | | | | | | | 240 | | | | 1/78 |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

(***) Project also has significant field service element

Office TA/H
Cluster No. 1101 Title Health Delivery Systems
Activity Coordinator D. Ferguson, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority III
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revise or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| Development of Health Training Materials | [illegible] | b | 4 | 11 | | | | | | | | | 183 | 5 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY ENTITY: TA/H Adaptation and Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 931-1180

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (Maximum 40 characters): MEDEX Primary Health Care Systems

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 530 | 562 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | Donald C.E. Ferguson | Chief, Health Delivery | 4-18-77 | DCEF |
| B. | Lee M. Howard, M.D. | Director, TA/H | 4/18/77 | [illegible] |
| C. | Lohva Wakefield | Program Analyst | | |
| D. | Robert Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 11, Adaptation & Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1180

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 06

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): MEDEX Primary Health Care Systems

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP) B. DATE: MM 08 YY 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY [7 8] b. FINAL FY [8 2]

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 5334 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 5334 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT 5 Yrs. H. GRANT | LIFE OF PROJECT 5 Yrs. I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 530 | 562 | | 583 | | 5334 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 583 | | 5334 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each): 510

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): TNG | DEL | INTR | TECH | NUTR | EQTY

14. SECONDARY PURPOSE CODE: 500

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

To extend the delivery of integrated health systems to the majority of populations of LDC's at a cost which developing countries can support without prolonged external assistance.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

The purpose of this project is to: 1) Further refine and apply the MEDEX Technology for designing and implementation of primary health care systems. 2) To field test and further adopt the Stem Training modules. 3) Provide technical cooperation in design and assistance in implementation of programs which improve/expand primary health care service coverage in LDC's. (Emphasis will be place on development of a three tier system to provide maximal and rapid coverage.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

Appox. 14 DH Workdays will be required in FY 77 to prepare the PP.

18. ORIGINATING OFFICE CLEARANCE

Signature: for L. M. Howard, M.D.

Title: Director, Office of Health

Date Signed: MM 08 DD 18 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

I. Project Summary

MEDEX as an approach to improving and expanding primary health services using appropriately trained and deployed manpower was the underlying philosophy for creating the Health Manpower Development Staff (HMDS) at the University of Hawaii in 1974. It was felt at that time that the HMDS should begin preparing for what was becoming a global movement in the international development field: improvement of health coverage using middle-level and village-level health workers.

The MEDEX approach encompasses the planning, implementation, management and evaluation of these needed primary health care systems as well as training manpower for them. The training technology was most critical to develop initially. Thus, the scope of work of the Phase II project emphasized development of drafts of (1) prototype training modules (the training component), and (2) guidelines for planning, implementation and evaluation (the program development component). The project also called for reconnaissance visits to access LDC governments' interest in doctor-extender based primary health care programs. It also provided for project design and development assistance by the HMDS. To date, two countries, Pakistan and Guyana, are committed to MEDEX-type programs and desire HMDS technical assistance. The MEDEX approach proved to be the agreed upon approach to train doctor-extenders in Lesotho. A request for technical assistance is pending from USAID/ Lesotho. Other countries have indicated a strong desire for HMDS assistance with consultation visits scheduled in the Spring of 1977 to Ethiopia, Chad, Central Africa Empire, Cameroon and Liberia. Korea has requested technical assistance from HMDS and future requests are

anticipated from Haiti and Ecuador.

In order to function as a technical assistance resource for programs being planned and after they become operational, HMDS has developed a consortium of U.S. institutions which have had MEDEX-type experience (five schools - University of Hawaii, University of Washington, University of North Dakcta, and Tulane University).

In addition to the consortium, the technical assistance capabilities developed in those countries which have institutionalized this approach to health services will be available to other LDC's. A five-year development program is anticipated with the following objectives:

1) Enhance the technical assistance capability of AID through the use of the experience and unique capability developed by the HMDS in the area of improving and expanding health services through emphasis on doctor-extender type manpower development.
2) Consultation with countries selected by AID or other institutions when there is potential to adapt the MEDEX approach to aid in strengthening primary health services.
3) Provide needed technical consultation and support in the planning and development of manpower-oriented primary health care programs in countries as requested.
4) Assist in staff recruitment, implementation, and collaborative management of resulting programs, either directly or by additional U.S./overseas institutional linkages.
5) Refine, adapt, and evaluate the problem-oriented SYSTEM TO TEACH ESSENTIALS TO MEDEX (STEM) which uses protocol-based training modules, including mid-level management and community health workers training modules.

II. Financial Requirements and Plans

See attached budget worksheets and costs summary sheet/

III. Development of the Project

1) As a result of a site-evaluation conducted on February 16-18, 1977 at the University of Hawaii, it was the unanimous conclusion of the evaluation panel that the HMDS had adequately fulfilled the goals of the Phase II project. The panel agreed that HMDS was ready to focus on field testing and adaptation of the training modules as a link in national efforts - 1) to mobilize health resources, particularly at the community level, and (2) to strengthen national organizational structure for health services delivery, with special emphasis on management.

2) Specific outputs of this project will include the following:

A. 15-20 Prototype Modules (published) including mid-level management modules.

B) Reconnaissance visits to at least 15 countries to discuss MEDEX system.

C) Project design assistance to at least eight MEDEX-type programs.

D) Eight operating primary health care programs using the MEDEX approach (includes providing assistance in preparing the necessary documentation).

E) A Network of U.S. and LDC institutions developed to improve cross-assistance capabilities, materials development and moral support for strengthening rural health care services delivery systems.

F) Six Community Health Workers Training Modules drafted and tested.

G) Fifteen Orientation Workshops on Primary Health Care and Manpower.

H) Eight Curriculum Adaptation Workshops.

3. The PROP for this project is expected to be forwarded for final approval in August 1977.

4. TDY HMDS visit to Washington is planned for late June 1977 for discussions prior to final review of the PP.

IV. Issues of a Policy or Programmatic Nature

Up to the present time the role of HMDS has been limited basically to developing methodology for training mid-level health manpower. There is strong evidence that the staff based at the University of Hawaii has competence in a broad range of disciplines and could be used by A.I.D. Missions or recipient governments as a multi-purpose contractor to help design, implement and evaluate total health delivery systems using middle level and primary level auxiliary personnel. It is essential that the MEDEX STEM modules be field-tested.

V. We do not anticipate that this project will have an adverse impact on the physical environment.

ESTIMATED BUDGET
1/1/78 through 12/31/82

| PERSONNEL: | Year 01 | Year 02 1/ | Year 03 | Year 04 | Year 05 |
|---|---|---|---|---|---|
| Project Director | -0- | -0- | | | |
| Staff Project Director | 51,000 | 53,805 | | | |
| Deputy Project Director | 35,422 | 37,370 | | | |
| Associate Director for Planning | 45,955 | 48,483 | | | |
| Associate Director for Evaluation | 33,435 | 35,274 | | | |
| Associate Director for Training | 33,435 | 35,274 | | | |
| Associate Director for Program Design | | 42,200 | | | |
| MEDEX | 21,408 | 22,585 | | | |
| Audio-Visual Technician | 13,977 | 14,745 | | | |
| Educational Specialist | 15,509 | 16,362 | | | |
| Administrative Assistant | 15,053 | 15,880 | | | |
| Clerk-Stenographer II | 8,735 | 9,216 | | | |
| Clerk-Stenographer II | 8,368 | 8,828 | | | |
| Clerk-Stenographer II | 8,368 | 8,828 | | | |
| Clerk-Stenographer II (TBR) | | 8,828 | | | |
| Health Systems Mngmnt Specialist (TBR) | | 31,650 | | | |
| Training Specialist (TBR) | | 26,376 | | | |
| FTE-U.H. (TBR) | | 31,651 | | | |
| FTE-U.W. (TBR) | | 36,924 | | | |
| FTE-N.D. (TBR) | | 36,924 | | | |
| FTE-UTAH (TBR) | | 36,924 | | | |
| FTE-Tulane (TBR) | | 36,924 | | | |
| | 290,665 | 595,051 | 629,007 | 662,811 | 699,245 |
| FRINGE BENEFITS: | | | | | |
| 20% of Salaries | 58,133 | 119,010 | 125,801 | 132,562 | 139,849 |
| CONSULTANTS: | | | | | |
| Management, Training, Planning, and Evaluation Consultation: | | | | | |
| 268 days @$125 | 33,500 | | | | |
| 340 days @$125 | | 42,500 | | | |
| 70 days Consortium Training @$125 | | 8,750 | | | |
| | 33,500 | 51,250 | 51,250 | 51,250 | 51,250 |
| Manpower Sub-total | 382,298 | 765,311 | 806,058 | 846,623 | 890,344 |

| TRAVEL AND PER DIEM: | Year 01 | | Year 02 | | Year 03 | Year 04 | Year 05 |
|---|---|---|---|---|---|---|---|
| HMDS Staff: Orientation visits, planning, training, and evaluation visits to LDC's. Also coordination of consortium activities to include training and travel to overseas activities, and domestic travel. | | | | | | | |
| 12 trips @ $2,000 | 24,000 | | | | | | |
| 168 days @ $40.00/day | 6,720 | | | | | | |
| 12 trips @ $600 | 7,200 | | | | | | |
| 84 days @ $40.00/day | 3,360 | 41,280 | | | | | |
| 15 trips @ $2,000 | | | 30,000 | | | | |
| 210 days @ $40.00/day | | | 8,400 | | | | |
| 10 trips @ $600 | | | 6,000 | | | | |
| 70 days @ $40.00/day | | | 2,800 | 47,200 | | | |
| Consultants: Site visits to LDC's to assist in various phases of development of plans for implementation. | | | | | | | |
| 15 trips @ $2,000 = | 30,000 | | | | | | |
| 260 days per diem @ $40.00/day | 10,400 | 40,400 | | | | | |
| 24 trips @ $2,000 | | | 48,000 | | | | |
| 340 days per diem @ $40.00/day | | | 13,600 | 61,600 | | | |
| International MEDEX: Communication and information dissemination meeting, to be held semi-annually. Countries represented: Pakistan, 3; Thailand, 3; Guyana, 3; Lesotho, 3; Korea, 3; Consortium, 4. | | | | | | | |
| Transportation: | | | | | | | |
| 3 x $2,000 x 2 meetings | | | 12,000 | | | | |
| 3 x $1,600 x 2 meetings | | | 9,600 | | | | |
| 3 x $1,100 x 2 meetings | | | 6,600 | | | | |
| 3 x $2,000 x 2 meetings | | | 12,000 | | | | |
| 3 x $1,500 x 2 meetings | | | 9,000 | | | | |
| 4 x $600 x 2 meetings | | | 4,800 | | | | |
| Per Diem: | | | | | | | |
| 19 x $40.00/day x 7 days x 2 meetings | | | 10,640 | 64,640 | | | |
| Travel & Per Diem Sub-Total: | | 81,680 | | 173,440 | 141,120 | 147,960 | 157,080 |

| OTHER DIRECT COSTS: | Year 01 | | Year 02 | | Year 03 | Year 04 | Year 05 |
|---|---|---|---|---|---|---|---|
| Materials and Supplies | 15,000 | | 15,000 | | | | |
| Office rental/renovation, 2,000 sq. ft. @ $8.00/sq. ft. | | | 16,000 | | | | |
| Communication | 16,000 | | 16,000 | | | | |
| Xerox, printing, publishing | 10,000 | | 10,000 | | | | |
| Repairs | 2,000 | | 2,000 | | | | |
| Rentals | 9,000 | | 9,000 | | | | |
| Freight and delivery | 1,000 | 53,000 | 1,000 | 69,000 | 69,000 | 69,000 | 69,000 |
| EQUIPMENT: | | | | | | | |
| Office Equipment | | | | | | | |
| 6 desks @ $250 | | | 1,500 | | | | |
| 6 chairs @ $125 | | | 750 | | | | |
| 1 Steno desk @ $200 | | | 200 | | | | |
| 1 Steno chair @ $100 | | | 100 | | | | |
| 4 File Cabinets @ $200 | 800 | | | | | | |
| Audio-Visual Equipment | 1,175 | | 1,000 | | | | |
| | | 1,975 | | 3,550 | 1,000 | 1,000 | 1,000 |
| OVERHEAD: 21% of Salaries[2/] | | 61,040 | | 124,960 | 132,091 | 139,190 | 146,841 |
| TOTAL: | | 579,993 | | 1,136,261 | 1,149,269 | 1,205,173 | 1,264,265 |
| GRAND TOTAL: | | $5,333,561 | | | | | |

1/ Salaries calculated on a 5.5 percentage increase per year.
2/ Rate negotiated through U.S. Air Force in 1977.

AID 1020-25 (10-70) REPORT U-446

# PROJECT APPRAISAL REPORT (PAR)

PAGE 1

| 1. PROJECT NO. | 2. PAR FOR PERIOD: | 3. COUNTRY | 4. PAR SERIAL NO. |
|---|---|---|---|
| 931-0235 | 19 June 1975 TO 19 Feb. 1977 | Worldwide | |

5. PROJECT TITLE

MEDEX

| 6. PROJECT DURATION: Began FY 75 Ends FY 79 | 7. DATE LATEST PROP | 8. DATE LATEST PIP | 9. DATE PRIOR PAR |
|---|---|---|---|
| | 11/3/75 | - | 4/3/75 |

| 10. U.S. FUNDING | a. Cumulative Obligation Thru Prior FY: 77 | b. Current FY Estimated Budget: | c. Estimated Budget to completion After Current FY: |
|---|---|---|---|
| | $884,000 | $ 52,000 | $ 901,000 |

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

| a. NAME | b. CONTRACT, PASA OR VOL. AG. NO. |
|---|---|
| DHEW, Office of International Health | HEW-RSSA-OIH-13-74 |
| University of Hawaii | Contract ASH-74-722 HHb |
| | |

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

| A. ACTION (X) USAID | A. ACTION (X) AID/W | A. ACTION (X) HOST | B. LIST OF ACTIONS | C. PROPOSED ACTION COMPLETION DATE |
|---|---|---|---|---|
| | X | | Develop new project which will include the following:<br>(a) Develop training modules for village health workers.<br>(b) Complete development and field testing of mid-level modules.<br>(c) Expand core staff to provide for conferences, additional visits behavorial scientist, management specialist and other personnel needed.<br>(d) Network with other universities in the U.S. with MEDEX programs and capacities.<br>(e) Assist host country institutions to develop their own training programs.<br>(f) Interface with nutrition, population, rural development, and human resource elements.<br>(g) Provide multiyear programming and funding so as to conserve valuable staff and time.<br>(h) Provide for participation in review by host country officials.<br>(i) Provide funding for MEDEX staff to provide technical assistance with implementation phases as funding is developed by LDCs and Missions. | Include in new project PID for FY 1979 Review cycle April '77 |

D. REPLANNING REQUIRES REVISED OR NEW: [X] PROP [ ] PIP [ ] PRO AG [ ] PIO/T [ ] PIO/C [ ] PIO/P

E. DATE OF MISSION REVIEW: 2/19/77

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE: Donald C.E. Ferguson, Ph.D. [signature]

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE: Office [signature] Lee M. Howard, M.D

45

III. Key Questions

A. Project Inputs

1. Are key inputs being supplied according to plan by: (a) AID, (b) action agent, (c) cooperating countries, (d) multilateral organizations, and/or (e) other donors?

X YES NO If no, explain

2. Are assumptions regarding the supply of inputs still valid?

X YES NO If no, explain

3. Rate performance of action agent(s) against plan:

Outstanding X Satisfactory Unsatisfactory

Comments on key factors determining rating:

Project on schedule. Quality and productivity of staff reflect program planning. Full complement of HMD staff as of December 16, 1974. STEM concept implemented by formulation of design. Testing of adaptability of MEDEX to LDC environment provided by Micronesia and Thailand experience. Input into DEIDS/Thailand Project by training of LDC staff. Input into Guyana through in country and Hawaii training of Guyanese staff. Field visits made to twelve LDC's. Communication initiated with National MEDEX Programs, National Council for MEDEX, WHO and Private Voluntary Agencies in Pakistan, Guyana, Lesotho, and Korea. Travel planned to six additional countries.

Once local medical establishments see that contral has not been threatened they become enthusiastic supporters.

B. Transformation of Inputs into Outputs

4. Given the answers above, i.e., progress to date in supplying inputs, changes in assumptions, etc., is the management hypothesis that the totality of the resources applied to the project will be sufficient to produce the predetermined outputs by the specified target dates still valid?

X YES NO If no, explain

5. Is the approach or course of action originally selected, i.e., project design and/or methodology, still the most appropriate?

X YES NO If no, what changes need to be made in either inputs, work plans and/or output expectations?

While the review of this project was favorable it soon became obvious that the project is limited by the boundaries of the contract. There is need for a new project to embrace the following:

(a) Develop training modules for village health workers.

(b) Complete development and field testing of mid-level modules.

(c) Expand core staff to provide for conferences, additional visits behavorial scientist, management specialist and other personnel needed.

(d) Network with other universities in the U.S. with MEDEX programs and capacities.

(e) Assist host country institutions to develop their own training programs.

(f) Interface with nutrition, population, rural development, and human resource elements.

(g) Provide multiyear programming and funding so as to conserve valuable staff and time.

(h) Provide for participation in review by host country officials.

(i) Provide funding for MEDEX staff to provide technical assistance with implementation phases as funding is developed by LDC's and Missions.

C. Project Outputs

6. List the output indicators, their planned targets, and the actual performance achieved for each during the period under review.

a. Was actual performance less than planned targets?

X YES NO If no, explain

Comment

An analysis of the contractor's quarterly reports of activities accomplished and comparison of OIH RSSA scope of work, demonstrates contractor met planned targets.

b. What changes, if any, are necessary in outputs, output indicators, target dates and assumptions?

Are they reflected in attached matrix?

YES X NO

Comment

The evaluation panel felt it was necessary to expand the scope of work in a subsequent project as the present project has been unrealistically truncated.

c. Do action agent's reports provide adequate progress data for monitoring and analysis?

X YES NO If no, what action will be taken to correct situation?

Comment

Verbal reporting by telephone was continous and timely throughout the contract period; written reports were often delayed. Project manager preferred frequent telephne conversations to provide first feedback. Reports thus serve an archival function. Management action based on telecons and letters.

D. Project Purpose

7. Give statement of purpose as currently conceived if different from from attached matrix.

a. Is it same as PP.

X YES NO

b. Same or consistent with contract/PASA/grant?

X YES NO

8. List conditions which will exist when above purpose is achieved - if different from those in attached matrix - or any other particular point in project implementation, and cite or refer to evidence to date of progress towards conditions (EOPS).

Comment

Goal path and strategy of project is valid as presently conceived. Answer to this question will be addressed in the evaluation narrative being revised to accommodate input of panel.

9. Are critical assumptions for achieving purpose still valid?

X YES NO

10. Is the development hypothesis that the aggregate production of outputs will lead to the creation of a set of conditions at the end of project. i.e., achievement of project purpose still valid?

X YES NO If no, explain

Is the rationale as stated in the PP still sound?

YES X NO If no, explain

If answer to either question above is negative, what changes are necessary (e.g., redisign, extend or terminate project, increase amount of inputs or production rate, change action agent)?

Redesign to incorporate elements indicated in item No. 5 are called for a new project.

E. Program Goal

11. Give statement or programming goal--if different from attached matrix--and/or key problem area addressed.

Is it same as the original PP

X YES NO

12. Does achievement of project purpose--in relation to other sector or KPA activity--still have the same priority and significance in contributing to the programming goal?

X YES NO

Cite evidence or justification or explain change.

Comment

The provision of adequate mid-level manpower is seen by numerous authorities as a priority element in modernizing LDC health delivery systems and extending health services to reach the poor majority in LDC's. Evidence for this is cited by the Senate Committee on Appropriations, Report (94-39), March 17, 1975, pg. 55, "Many authorities in the field of health services regard para-medical activities as one of the best ways to provide low-cost direct assistance to rural areas...", by current input into DEIDS/Thailand Project and receptivity of health personnel to concept in countries visited.

13. Are assumptions for achieving goal and measures of goal achievement still valid?

X YES No If no, what changes are necessary

Are they reflected in attached matrix?

14. If appropriate, comment on project interactions with: (a) other interregional, regional or mission GTS projects; (b) 211 (d) institutional grants; (c) interregional or mission research projects; and (d) other U.S. Government agencies.

Comment

By design, this project is meant to be responsive to needs of country projects and geared to react to specific requests by LDC governments. Project evaluation activity as anticipated will build upon current experience and technology in U.S. and upon the contractor's experience in Micronesia and Thailand as well as the experiences of the MEDEX group in Pakistan and Guyana.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H Adaptation and Application

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): 931-1174

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (Maximum 40 characters): Develop Health Manpower Trg Capability

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 539 | 560 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

| 15. CLEARANCES | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | Francis J. Murphy | Public Health Advisor | 4/18/77 | FJM |
| B. | Lee M. Howard, M.D. | Director, TA/H | 4/18/77 | [illegible] |
| C. | Lohva Wakefield | Program Analyst | | |
| D. | Robert Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-75)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 11, Adaptation and Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1174

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Devel. Health Manpower Trg. Capability

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP); B. DATE: MM 08 YY 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY [7 9]; b. FINAL FY [8 1]

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 1117 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 1117 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 539 | 560 | | 360 | | 1117 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 360 | | 1117 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

562 | 569

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): TECH | TRNG

14. SECONDARY PURPOSE CODE: 520

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

To extend the delivery of integrated health systems to the majority of populations of LDC's at a cost which developing countries can support without prolonged external assistance.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To develop innovative solutions to expedite development of curricula for training those categories of health manpower involved in the delivery of health services to the poor majority in LDC's, and to continue to work with collaborators in the LDC's.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

18. ORIGINATING OFFICE CLEARANCE

Signature

Title: Lee M. Howard, M.D.
Director, Office of Health

Date Signed: MM 04 DD 18 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Developing Health Manpower Training Capability
In The Health Fields for Emerging Nations

1. Summary of the Problem to be Addressed.

Shortage of trained health manpower continues to be a major problem in the LDCs. Methods of addressing the problem of developing curricula for delivering health care to the rural areas often fail to take into consideration:

the need to develop "on-the-job" skills of health workers. In most instances, courses and curricula (we define curricula as the sum total of courses comprising a teaching program) are designed without taking into consideration the specific skills, knowledge, and attitudes needed in performing a job.

the need to develop integrated curricular systems which relate curricula for peripheral level health workers to that of their supervisors and the senior health personnel who have overall charge of the program.

the fact that curriculum development and evaluation schemes require a lot of time and effort. There are no instant solutions.

even if training programs exist, extensive revisions are frequently necessary to produce graduates who will be able to address the primary health care needs of the poor.

in areas where innovative approaches have been taken, little evaluative data exist on student performance at the end of instruction or later on the job. Without such data, the utility of replicating programs in other locations becomes questionable.

A. Solution to the Problem

Solution of the health manpower development problem in the LDCs would benefit from a systematic program of intervention which is planned, implemented and evaluated according to the needs of each country. Long range technical assistance is required to train host country nationals, develop and revise curricula, evaluate work in progress, consult on problems, assist host country nationals in expanding health manpower training programs or adapting existing programs to their specific needs.

B. Description of the Proposed Project

The proposed project would:

explore innovative solutions to expedite development of curricula for training those categories of health manpower involved in the delivery of health care to the poor.

continues to work with collaborators in the LDCs to enable them to build upon present efforts.

1. Estimated Project Outputs

INNOVATIVE SOLUTIONS

Workshops and handbooks on curriculum development. This effort will address these questions: How does one define the overall problem of planning curricula? How do you decide on priorities? products? How do you design a realistic timetable for implementation? How do you sequence courses? How do you determine areas of redundancy and conversely areas where greater emphasis is needed? How do you decide on strategies for designing a career ladder (how can curricula be designed to facilitate career mobility for health workers?)

Workshops and handbook on development of low cost instructional problem. This effort will address these questions: How do teachers develop competency based teaching modules? How can teachers utilize or adapt existing materials? How do you field test instructional materials to determine if they meet their stated objectives?

ONGOING EFFORTS

Ongoing workshops on course design.

Ongoing consultation including assessment of problem, project formulation and follow-up.

Ongoing training of field directors/counterparts in the U.S. and in the host country.

2. Technical and physical resources required (See Financial Requirements and plan in 2 below).

3. Estimated disbursement period of the project: 3 years

C. Major Assumptions Pertinent to Project Success

General

Assurance by the Ministry of Health, the Ministry of Education and member institutions that the program of curriculum development being planned has high priority and will be completed.

Political forces are stable so as to assure implementation of the project.

The ministries in charge of the project are willing to

grant released time to health professionals to work on the project.

Institutional linkages are established and maintained.

In order to develop a critical mass of curriculum development activity, an ongoing technical assistance effort including assessment, teaching training, course development and follow-up is desirable.

Curriculum Design

Curriculum design includes a different set of skills than course design.

Curriculum design skills are lacking in health manpower programs overseas.

Evaluation

Testing programs in the LDCs often address trivial or non-valid issues. Testing programs may be wasteful of instructor time. Coherent testing programs are generally unavailable.

Instructional Materials Design

There is a shortage of competency based instructional materials which use a level of language suitable to the target population

Of the materials available, the bulk has not been field tested. Therefore, it becomes difficult to determine if materials are suitable in other settings.

Instructors want to develop instructional materials appropriate to their own instructional setting and target population.

D. Host Governments

Host governments (i.e., Nepal, Bolivia, Honduras, El Salvador) are making a concerted effort to develop health manpower suitable to the regions needs. Efforts to step up training of non-physician health workers are being made.

The project described here relates to the present CEDH-Boston University activity entitled Teaching Community Medicine Phase III, Project #931-11-540-239. This project assists health manpower development programs in the LDCs by training teachers, providing consultation and workshops on request. The project is also developing a teacher's manual and simplified version of Systematic Course Design for the Health Fields.

The project described here will build upon progress in curriculum development made in selected countries. It proposes to develop additional handbooks/workshops which are essential in implementing curriculum development projects overseas.

E. Realistic Alternatives to the Project

One alternative to the project is to develop curricula and instructional materials for given categories of health workers and then to use these in a variety of settings.

An argument can be made that curriculum development needs are sufficiently different from country-to-country to require an independent curriculum development activity in each geographic region. Further, that as a regions needs change, trained nationals should be available who are capable of changing curricula accordingly.

An argument can also be made that even if high quality instructional materials are available, nationals need to be trained to utilize these and to adapt these to their own instructional setting. Pre-packaged curricula are only a partial answer.

F. Major Beneficiaries

Direct beneficiaries are health professions teachers and their students; indirect beneficiaries are underserved underprivileged populations for whom primary health programs are designed.

G. Spread Effect

The innovative handbooks/workshops produced by the project will be available for use by health professions teachers throughout the developing world.

Because the project permits follow-up of existing health manpower development projects, initiated in the Boston University contract described above, the impetus initiated by that project can be built upon and brought to fruition.

2. Financial Requirements and Plans:

| | 1979 | 1980 | 1981 |
|---|---|---|---|
| OUTPUT #1 | | | |
| Train 12 Field Directors for 1 Month Each in Regional Centers Per Year | | | |
| Personnel - CEDH | $18.215 | $19.672 | $21.496 |
| Personnel- Regional | 16.240 | 16.240 | 16.240 |
| Air Fare - trainees ($500.00 each) | 6,000 | 6,000 | 6,000 |
| CEDH - trainees and CEDH ($1,000 each) | 4.000 | 4.000 | 4.000 |
| Per diem ($40.00 per day) | 18.400 | 18.400 | 18.400 |
| Services Purchased | 4,000 | 4,000 | 4.000 |
| Consultants | 6,000 | 6,000 | 6,000 |
| | $72.855 | $74.312 | $76,136 |
| OUTPUT #2 | | | |
| 5 Workshops in LDC's Per Year - 2 Instructors (1 for CEDH and 1 from Regional Center) | | | |
| Personnel | $35,825 | $38,691 | $41,786 |
| CEDH Air Fare ($1.000 each) | 5.000 | 5.000 | 5,000 |
| Regional Air Fare ($500.00 each) | 2.500 | 2.500 | 2.500 |
| Per diem ($50.00 per day) | 7.000 | 7.000 | 7.000 |
| Services Purchased | 4,000 | 4,000 | 4,000 |
| Consultants | 6.000 | 6.000 | 6.000 |
| | $60,325 | $63,191 | $66,286 |
| OUTPUT #3 | | | |
| Develop, Field Test 2, Handbook at 4 Sites | | | |
| Personnel | $ 90.000 | $ 90.000 | $ 80,000 |
| Services Purchased | 5,000 | 5,000 | 4,000 |
| Consultants | 3.000 | 3.000 | 3,000 |
| Air Fare - Travel ($1,000) | 4,000 | 8,000 | 8,000 |
| Per diem $50.00 per day) | 4.200 | 8,400 | 8,400 |
| | $106,200 | $114,400 | $103,400 |
| OUTPUT #4 | | | |
| 9 In Country Consultations Per Year (4 - 1 Consultant, 5 - 2 Consultants) | | | |
| Personnel | 75.489 | $ 75,528 | $ 88,050 |
| Air Fare ($1,000 each) | 14,000 | 14,000 | 14,000 |
| Per diem ($50.oo per day) | 21,000 | 21,000 | 21,000 |
| Consultants | 6,000 | 6,000 | 6,000 |
| Services Purchased | 4,000 | 4.000 | 4,000 |
| | $120,489 | $126,528 | $133,050 |
| TOTALS | $359,869 | $378.431 | $378,872 |
| GRAND TOTAL | | $1,117,172 | |

3. Development of the Project

A. Project Feasibility

Project is a natural follow-on of the Project: Teaching Community Medicine Phase III, and responds directly to the needs expressed by LDC officers and trainees who have participated in the earlier project. The technical outputs of the proposed project and their utilization have been identified and assessed through experience gained in the earlier program, and it is concluded that the proposed project can be designed with the information now on hand and well known.

B. Schedule

The PP will be prepared by TA/H staff without external assistance and will be forwarded to TA/PPU in August 1977.

4. Issues of a Policy or Programmatic Nature

No issues are known or can be identified at this time.

5. Environmental Impact of Project

It is believed that this project will have no adverse impact on the physical environment.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H Adaptation and Application

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): [931-1173]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Development of Health Training Materials]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 530 | 560 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | Francis J. Murphy | Public Health Advisor | 4/18/77 | FJM |
| B. | Lee M. Howard, M.D. | Director, TA/H | 4/[illegible] | [illegible] |
| C. | Lohva Wakefield | Program Analyst | | |
| D. | Robert Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 11, Adaptation and Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1173

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Development of Health Training Materials

8. PROPOSED NEXT DOCUMENT

A. 3 (2 = PRP, 3 = PP)

B. DATE: MM 08 YY 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION

a. INITIAL FY 79 b. FINAL FY 81

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 183 |
| B. OTHER U.S. 1. | |
| 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 183 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | D. LOAN | E. FIRST FY 79 F. GRANT | G. LOAN | LIFE OF PROJECT H. GRANT | I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 530 | 560 | | 64 | | 183 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 64 | | 183 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

569

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

BRW TNG

14. SECONDARY PURPOSE CODE: 520

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

To extend the delivery of integrated health systems to the majority of populations of LDCs at a cost which developing countries can support without prolonged external assistance.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

The purpose of this project is to improve the training of LDC health personnel who work in cross cultural health programs by developing and demonstrating training methods that will assist these health workers in increasing their sensitivity to the local conditions and cultural context within which they work.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

18. ORIGINATING OFFICE CLEARANCE

Signature: for [signature]

Title: Lee M. Howard, M.D.
Director, Office of Health
Technical Assistance Bureau

Date Signed: MM 04 DD 18 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

AID 1330-2 (3-76)

# DEVELOPMENT, DISSEMINATION AND DEMONSTRATION OF CROSS-CULTURAL HEALTH TRAINING MATERIALS

## I. SUMMARY OF THE PROBLEM AND PROPOSED RESPONSE TO THE PROBLEM

In recent times, there has been an increased interest in LDC health systems on the part of World Bank, AID, Peace Corps, foundations, and various other national and international agencies. Both public and private organizations have become more and more aware that the problems of delivering adequate care to the masses of the world's people are enormous, and the need for solutions pressing. Realization of the tremendous problems in this area has led to the funding of a large number of projects to improve health services and find new ways of preventing illness in the lesser developed countries.

A great many of these projects, are cross-cultural in nature - involving programs with staff of cultures different than many of the patients and community. Peace Corps, AID, and World Health Organization health programs involve staff of cultures different from those of the populations with which they are working. Nationally sponsored health programs in many countries assign health workers, for a variety of reasons, to regions where the ethnic background of those they serve is different than their own.

The record of current and previous interventions in the area of health is mixed. One factor hindering success is failure on the part of program planners and staff to preceive and take account of important social and cultural factors that should have a bearing on the type of program planned and implemented.

Lack of sensitivity to social and cultural factors that have a bearing on health program planning and implementation may take many forms. A list of problems in this area might include:

- Lack of awareness of the local political situation and economic conditions within the community - aspects of local life that influence the type of support the project will receive and the type of medical interventions that should be planned.

- Failure to understand cultural differences in family life that influence both the expectations of patients and their families as they seek assistance, and their reactions to the care they do receive.

- Lack of perception of the cultural variations in health beliefs and practices and the organization of both traditional and modern health care in the community.

The failure to understand these important social and cultural factors may lead to mistaken analysis of program problems, mistaken conceptions of solutions, communication breakdown or failure, increased frustration and mistrust on the part of both local groups and outsiders, and, ultimately, project failure.

Another and quite closely related factor hindering project success has been the failure of project personnel to involve local groups and individuals in both project planning and implementation. Increasingly, in recent times, there has been a realization of the importance of close collaboration with local groups and

thus development of programs that will have greater possibility of being continued and expanded after outside groups have left. Project emphasis has been shifting in many cases from "delivery of a product" to involvement of local groups in a "process of development" that they themselves can continue. Successful collaboration is not possible unless both outsiders and local staff and community are aware of social and cultural problems such as those discussed above that may hinder effective implementation of joint projects, and unless there is a real commitment on both sides to work steadily to solve the many difficulties that may arise on the way.

If chances of project success are to be strengthened, it is vitally important that health planners, and administrators, professionals, and lower-level workers who will actually implement programs, receive training that emphasizes these social and cultural factors so important in their work. This training should, at a minimum, give the worker tools for understanding:

-- Social and cultural differences in family life, the political and economic situation in the community, differences in education, religious beliefs and practices.

-- Local patterns of communication and language.

-- Local health beliefs and practices, local systems of traditional and modern medical care and local values and goals in the area of health.

-- The organization of the health program itself and its relation with other local organizations and the community in general.

Only if health workers are sensitized to important factors such as those listed above, will they have the tools to work effectively with local personnel in truly collaborative efforts to develop programs focused on the real needs of the local population.

The general goal of this project is to improve the training of health personnel who are planning to work in cross-cultural health programs by developing and demonstrating training methods that will assist these health workers in increasing their sensitivity to the local conditions and cultural context within which they will work.

The specific objectives of the project, three in number, are designed to meet these training needs. Briefly, they include:

A. development of materials that will enhance the usefulness of The Guide in cross-cultural health training programs, including a condensed version of an already developed manual titled The Guide, and a trainer's manual;

B. dissemination of The Guide and accompanying materials to potential users in the U.S. and abroad; and

C. development, implementation, and evaluation of demonstration training courses using these materials.

A more detailed discussion of these three objectives follows:

A. Development of materials that will enhance the usefulness of The Guide in cross-cultural health training programs, including development of a condensed version of The Guide and a trainer's manual.

The first product to be developed as part of this objective will be a condensed and simplified version of The Guide that can be used by trainees for lower-level health positions. While the larger version of The Guide is appropriate for trainers and higher-level health professionals and researchers, lower-level workers and trainees don't need the detail in this version, would have difficulty understanding parts of it, and would, in many cases, be discouraged by the length of the volume. For this group's needs a much simpler and shortened version, focused on the most relevant concerns of lower-level health workers, should be developed. The condensed version might also be appropriate for upper-level workers (doctors, nurses, administrators, etc.) who are not directly concerned with training and have little time. The condensed version of The Guide will make the most important principles of the longer version accessible, and within the price range of a much larger group of potential users.

The second product to be developed as part of this objective will be a trainer's manual that can be used in conjunction with the two Guides in cross-cultural training courses. These courses will be designed to sensitize workers to the social and cultural aspects of their work and to give them the tools and knowledge necessary to carry on the educational process themselves.

The trainer's manual will have modules that will focus on both the training of professional worker groups and lower-level workers and auxiliaries. The training modules developed will be experiential in orientation. Materials will be presented in such a way that they will assist the trainer in helping the trainee to develop skills that he can use to continue learning once he is on the job.

As both the condensed version of The Guide and the trainer's manual are being developed, drafts of the products being written will be studied and evaluated by a small panel of training experts. This panel will include both experts in health training methodology and decision makers in training programs that are likely to be sites for the demonstration training courses described under objective C.

B. Dissemination of The Guide and accompanying materials to potential users in the U.S. and abroad.

A wide number of university health sciences schools and health programs and organizations involved in cross-cultural training, both in the U.S. and abroad, will be identified, and The Guide and accompanying materials will be mailed to them with explanations of their potential use.

A short questionnaire will accompany the mailing, with a request for the recipients to evaluate the potential usefulness of the material and offer criticisms and suggestions.

An important part of the dissemination process will involve translation of the materials into Spanish and French and dissemination of these versions to

programs where these are the major languages used. Because many of the examples in The Guide come from these cultures, it would be especially relevant to have the materials translated into these languages. When the translated versions of the materials become available, they will also be forwarded to a sample of potential users.

C. Development, implementation, and evaluation of training courses using The Guide and materials accompanying it.

The initial step in development of training courses will be a series of informal "development tests." During the time while the materials are being developed, the investigator will arrange to give courses to different types of trainees using the materials herself and will use the feedback from these test courses in further development of the materials.

After the materials are drafted, demonstration courses will be developed in collaboration with trainers in programs that have expressed an interest in a course of the type that has been designed and have the personnel and resources to begin offering the course. The panel of experts developed as part of the process of evaluating the condensed version of The Guide and the training syllabus will be important resources in developing the necessary links with training programs that may serve as sites for the new course. Probably two or three demonstration courses will be developed.

Evaluation of the courses and the training materials used will be a crucial part of the total project design. The techniques used will be the final means of assessing the utility and relevance of the materials developed.

## II. FINANCIAL REQUIREMENT AND PLANS

Budget

| | 1st yr | 2nd yr | 3rd yr | TOTAL |
|---|---|---|---|---|
| I. Personnel | | | | |
| A. Principle investigator<br>50% x 1 acad. yr. x $20,000/acad. yr.<br>(+ 6% cost of living raise per year) | 10,000 | 10,600 | 11,236 | 31,836 |
| B. Research Assistant<br>50% x 1 acad. yr. x $12,000/acad. yr. | 6,000 | 6,360 | 6,742 | 19,102 |
| C. Secretary<br>25% x 1 acad. yr. x $10,000/acad. yr. | 2,500 | 2,650 | 2,809 | 7,959 |
| II. Fringe benefits | | | | |
| A. 18% of I.A. above | 1,800 | 1,908 | 2,022 | 5,730 |
| B. 18% of I.B. above | 1,080 | 1,145 | 1,214 | 3,439 |
| C. 14% of I.C. above | 350 | 371 | 393 | 1,114 |
| III. Travel and per diem expenses | | | | |
| A. Domestic travel | | | | |
| 1. Washington, D.C. | | | | |
| a. 6 round trips @ $110/trip | 330 | 220 | 110 | 660 |
| b. 18 days x $40 per diem | 360 | 240 | 120 | 720 |
| 2. New York | | | | |
| a. 8 round trips @ $70/trip | 210 | 210 | 140 | 560 |
| b. 21 days x $45 per diem | 360 | 360 | 225 | 945 |
| 3. Southwest U.S. | | | | |
| a. 3 round trips @ $422/trip | 422 | 422 | 422 | 1,266 |
| b. 45 days x $35 per diem | 210 | 210 | 1,155 | 1,575 |
| B. International travel | | | | |
| 1. West Africa | | | | |
| a. 2 round trips @ $1500/trip | | 1,500 | 1,500 | 3,000 |
| b. 45 days x $50 per diem | | 750 | 1,500 | 2,250 |

| | 1st yr | 2nd yr | 3rd yr | TOTAL |
|---|---|---|---|---|
| IV. Consultants | | | | |
| A. 8 consultants x 15 days x $145 fee (max.) | 5,800 | 6,960 | 4,640 | 17,400 |
| B. 8 consultants x 8 days x $40 per diem | 960 | 960 | 640 | 2,560 |
| C. Travel (from Washington, D.C. & N.Y.) | 400 | 400 | 400 | 1,200 |
| V. Translations | | | | |
| A. French translation | 9,000 | 3,600 | 3,600 | 16,200 |
| Est. 900 pages @ $18 per page | | | | |
| B. Spanish translation | 9,000 | 3,600 | 3,600 | 16,200 |
| Est. 900 pages @ $18 per page | | | | |
| VI. Other direct costs | | | | |
| A. Equipment | 900 | | | 900 |
| IBM Selectric (one) | | | | |
| B. Office supplies | 100 | 100 | 100 | 300 |
| C. Postage and telephone | 300 | 600 | 300 | 1,200 |
| D. Reproduction | 300 | 200 | 100 | 600 |
| E. Provision of free materials to potential users and participants in courses. | 500 | 4,250 | 1,500 | 6,250 |
| F. Misc. expenses | 800 | 800 | 800 | 2,400 |
| TOTAL DIRECT COSTS: | 51,682 | 48,416 | 45,268 | 145,366 |
| VII. Indirect Costs | | | | |
| 62.74% of salaries and wages | 11,607 | 12,303 | 13,042 | 36,952 |
| TOTAL PROJECT COSTS: | 63,289 | 60,719 | 58,310 | 182,318 |

## Budget Justification

The following is an explanation of the expenditures projected in the budget given on the preceding two pages:

I. Personnel

A. Principle investigator: The investigator will have a salary of $10,000 next fall in her half-time position at the Medical Center. The $10,000 requested would pay the remaining 50% of her salary at the African Studies Center, where she would do this project.

B. Research Assistant: As described in the body of the proposal and shown in the Project Timetable, a very substantial amount of work must be done in the three-year period, including extensive research on training methods, research on potential health programs for distribution of materials and course demonstrations, and literature search. In addition the distribution of course materials and questionnaires, coordination of consultant inputs, analysis of questionnaires and course evaluation results, coordination of project finances, etc. will be quite time consuming. Thus salary for a research assistant on a half-time basis is requested ($6,000 per year).

C. Secretary: Secretarial back-up will be needed for typing the drafts of the condensed Guide and trainer's manual, questionnaires and other evaluation materials, correspondence with consultant panel, potential users and demonstrration sites, and reproduction of various materials. Thus salary for a secretary on a quarter-time basis is requested ($2,500 per year).

For each of the above positions 6% has been added as a yearly cost of living raise on the salaries.

II. Fringe benefits

A. and B., 18% of the salary of the principle investigator and research assistant has been added as required by Boston University for "exempt" personnel.

C. 14% of the salary of the secretary has been added as required by Boston University for "nonexempt" personnel.

III. Travel and per diem expenses

A. Domestic travel

1. and 2. Washington, D.C. and New York: The investigator must meet a number of times with members of the consultant panel, many of whom will be in New York (Columbia University) and Washington, D. C. (Center for Human Resources Development, AID, Indian Health Service, Peace Corps, etc.). In addition, research to identify potential users and demonstration sites will involve some research in Washington, D. C. The airfare and per diem listed is a minimum for these investigations.

3. Southwest U.S.: One of the potential demonstration sites is an Indian Health Service training site in the southwest. Other potential demonstration sites include training programs for Chicano health programs in the southwest. Thus three trips for a total of 45 days will be the minimum necessary for arranging demonstration courses and observing and evaluating them at a later date.

B. International travel

1. West Africa: Another potential site for demonstration courses is the WHO Regional Training Center at either Lome, Togo or Lagos, Nigeria. Two trips for a total of 45 days will be the minimum necessary for arranging these demonstration courses and observing and evaluating them at a later date.

IV. Consultants

A. These consultants will give advice on cross-cultural training methods, read and criticize drafts of the condensed Guide and trainer's manual, assist in making arrangements for demonstration training courses. Some consultants will be used more than others, but 15 days per consultant over a three-year period seems a minimum average of what will be needed. Consultant fees will be calculated using USAID guidelines (a daily fee determined by dividing the consultant's highest yearly salary of the past three years by 260, with a maximum of $145 daily). The average daily fee paid will probably be somewhat lower than $145.

B. and C. A number of the consultants live in New York and Washington. It may be necessary, on a limited basis, to meet with them in Boston, and thus a small amount of per diem and travel for consultants is included.

V. Translations: A number of translation agencies in the Boston area have been contacted and the average fee is approximately $18 per page. Translation is planned for The Guide (500 + pages), condensed Guide (150 pages), and trainer's manual (150 pages) in both French and Spanish. If a reliable independent translator can be located, or a foreign publisher of The Guide is willing to underwrite some of the costs of translation, costs may be somewhat less.

VI. Other Direct Costs

A. Equipment: There is currently a research office at Boston University, but there is no typewriter. Because extensive typing of manuscripts, questionnaires, correspondence, reports, etc. will be necessary during the project, an IBM Selectric is requested.

B. Office Supplies: Supplies will include paper and other standard secretarial supplies.

C. Postage and telephone: Postage will be needed for mailing to the consultant panel, potential users receiving copies of materials, trainers at demonstration sites, etc. Long distance calls will be necessary to make arrangements with consultants and demonstration sites.

D. Reproduction: During the first year copies of The Guide must be reproduced and sent to the consultant panel. As the condensed version of The Guide and the trainer's manual are developed, draft copies must also be reproduced for the panel. In addition, questionnaires, correspondence, etc., must be copied. The amounts listed cover these continuing costs.

E. Provision of free materials to potential users and participants in courses: Estimates are that reproduction of one set of Guide, condensed Guide, and trainer's manual may cost approximately $25 (either for xeroxed or published copies). 150 copies of the materials will be given to potential users (150 x $25 or $3,750) and approximately 100 copies will be given to students in developmental test and demonstration courses (100 x $25 or $2,500).

F. Miscellaneous expenses: These may include any expenses not covered by above categories, such as extra expenses during field research, purchase of necessary documents, and possibly attendance at a pertinent professional conference such as that of the APHA.

VII. Indirect Costs: Boston University requires that 62.74% of salaries and wages be added as indirect costs when this is permitted by the funding agency.

III. DEVELOPMENT OF THE PROJECT

The discussion of the methodology used in the project also will be divided into the same three project sections as discussed under "Objectives":

A. development of additional materials, including a condensed version of The Guide and a training syllabus;

B. dissemination of The Guide and accompanying materials to potential users in the U.S. and abroad; and

C. development, implementation and evaluation of training courses using these materials.

A project timetable will follow after the discussion of these three portions of the project.

A. Development of additional materials, including a condensed version of The Guide and a trainer's manual:

The first task of this portion of the project will be to gather information on potential users of The Guides and training materials, to identify potential sites for demonstration courses later in the project, and to develop the panel of experts that will serve as consultants on the development of training materials.

Information on potential users of the materials and possible sites for demonstration courses will be obtained through contacts with officials and training specialists in such organizations as medical and health sciences schools, the Association of American Medical Colleges, the U.S. Dept. of Health, Education, and Welfare, the Indian Health Service, Action (including Vista and Peace Corps), the American Public Health Association, the Agency for International Development, the World Bank, UNDP, UNICEF, and the World Health Organization.

As part of this same process, individuals who can serve as training consultants on the project will be identified. This panel of consultants should consist of cross-cultural health training experts, working in various capacities in the U.S. and abroad. Some of these consultants will, ideally, be individuals who will make or influence decisions concerning training in organizations that may sponsor some of the demonstration cross-cultural health training courses.

The panel of experts will serve as consultants on development of both the condensed guide and the trainer's manual, give feedback on drafts of these materials, and also, in some cases, help to arrange, evaluate, and/or teach demonstration courses using the completed materials. The timetable that follows this section on methodology indicates when these consultants will be used.

The use of a panel of cross-cultural health training experts seems the most useful development and evaluation tool that could be devised for

this project. Consultant experts who are paid for the time spent contributing to the development and evaluation of project materials are, in the opinion of the writer, more likely to make valuable contributions than unpaid volunteers. Involvement, from the beginning, of key representatives of organizations that may use the training materials seems wise as then realistic planning for demonstration courses can be started early.

Some thought was given to relying heavily for evaluative feedback on questionnaires that could be sent, along with each piece of project material developed, to a large sample of potential users. But the low return rate and questionable validity of mailed questionnaires is well known, and a small number of experts is much more likely to contribute something substantial than a large number of respondents chosen randomly. Thus, use of the panel of expert consultants was chosen as the major source of feedback.

After the consultant panel has been selected, the research effort will be focused on development of a condensed version of The Guide. The general format of the larger version will probably be retained, but the language will be simplified, and the detail of each chapter considerably reduced and its emphasis altered. An analysis will be made of which sections within the larger Guide (and/or other topics) will be of most interest and greatest use to lower-level workers, and those sections will be emphasized in the condensed version.

The final condensed version of The Guide will be approximately 100 to 150 pages. Appropriate consultants from the training panel will give input into development of the condensed version of The Guide and evaluate drafts of the completed product.

The second product to be developed will be the trainer's manual which will accompany the two versions of The Guide. Preliminary research on the manual will be somewhat longer than that for the condensed Guide. Written materials used in the preliminary research might include such works as Conditions of Learning by Gagne (64), Systematic Course Design for the Health Fields by Segall, Vanderschmidt, et al (66), Guidelines for Peace Corps Cross-Cultural Training (four volumes including one on specific methods and techniques of training) (70), "The Design of Cross-Cultural Training: An Alternative to the University Model" by Harrison and Hopkins (65), and others.

The trainer's manual developed will be a guide for teachers and trainers who will be training health workers and students in cross-cultural awareness and the aspects of community and organizational life imporant in cross-cultural health work.

The trainer's manual will have several modules including, perhaps, a module for training of lower-level and auxiliary health workers, a module for training students in university health science courses. (The modules could be easily adapted, at some later date, to focus on training

for workers going into particular specialities such as health education, nutrition, family planning, sanitation, etc.)

The trainer's manual will give instructions on how to use The Guide (either the larger or condensed version, depending on the level of the trainee) as the trainee text. The manual will give the trainer a flexible course curriculum that relies on the two Guides and various social and cultural aspects of community and organizational life which the health trainee should begin to understand in the community and health program where he or she will work. Various sections may focus on what health personnel should know about relations among staff, patients, and community within the health program, inter-organizational relations, community health beliefs and practices, traditional and modern health systems within the region, cross-cultural communications problems in the health area, the organization of the family, the political, economic, religious, and educational situation within the community.

Techniques that will be employed within the course curricula developed may include role playing, study of critical incidents and case histories, discussions with patients and community leaders served by nearby health programs, investigations within the community itself, etc. The exercises will be presented in such a way that they will involve the trainee actively in the learning process and assist the trainee in developing skills that he or she can use to continue learning once on the job. The course curricula presented in the various modules of the trainer's manual will be of flexible length but, in general, the aim will be to develop courses from several weeks to several months in length that would fit easily as one component of the health worker's overall training for cross-cultural health work.

The trainer's manual, including several separate modules, will be approximately 100 to 150 pages in length. Members of the consultant panel will also give input into the development of the manual and evaluate drafts of the completed product.

B. Dissemination of The Guide and accompanying materials to potential users abroad.

One important goal of the project, as mentioned earlier, is to distribute The Guide and materials developed to go with it to a wide sample of potential users.

A list of schools, health organizations, and other groups that should receive copies of the completed materials will be developed, as mentioned above, in the very first part of the project. The organizations that might receive copies of the materials could include university medical health science programs involved in cross-cultural training, Peace Corps and Vista training programs; and training programs of AID, WHO and other international and indigenous health organizations. Copies of the materials will be sent to approximately 100 to 150 potential user groups.

The dissemination process will involve determining who within each of these organizations makes the major decisions concerning health-worker training, and mailing free copies of The Guide and other materials to these decision-makers with explanations of their potential use. If the materials are in published form at this time, published copies will be sent. If not, xeroxed copies will be forwarded with notification of the date publication is expected.

A short evaluation questionnaire will be developed and will accompany each set of materials. This questionnaire will include inquiries concerning the usefulness of the materials (The Guide, condensed version of The Guide, and trainer's manual) to the program contacted, whether the program might use the materials in training, and any suggestions for revisions in the format and content of the materials themselves.

Another aspect of the dissemination process will be translation of the two Guides and manual into French and Spanish. As mentioned earlier, since the original research was done in both French and Spanish-speaking cultures, the materials may be of particular use in training programs oriented toward these cultures. Translation of the original version of The Guide will be arranged in the first stage of the project. Translation of the condensed version of The Guide and the manual will be initiated after each is completed.

Those materials that have been completely translated into French and/or Spanish when the mailing is made will be included as part of the package sent to programs serving French-speaking and Spanish-speaking populations.

C. Development, implementation and evaluation of training courses using The Guide and materials accompanying it.

As mentioned earlier, the first step in development of training courses will be informal "development tests" of use of the course materials while these are being developed.

In addition, efforts will be made from the beginning of the project to identify potential sites for informal demonstration courses. A portion of the consultant panel will be chosen because the individuals are either health trainers or decision makers within organizations that might develop demonstration courses. Planning for development of these courses will continue throughout the first and second phases of the project.

Potential sites for the demonstration courses might include: 1) a health science school giving cross-cultural health training to its students, such as the Boston University Medical School or School of Nursing; 2) an organization giving training for health trainees who will work cross-culturally within the United States, such as the Indian Health Service and its training centers, and 3) an organization training workers for cross-cultural health programs abroad, such as WHO and its WHO Regional Training Center in Lagos, Nigeria or Lome, Togo. Other potential sites

will be considered, but the final number of demonstration courses developed will probably not be more than three.

For each course a potential trainer within the organization will be identified, and the investigator will work with this individual and other appropriate staff members to plan and schedule the first course offering. Courses most likely will range from two weeks to two months in length.

If appropriate, one of the members of the consultant panel or the training organization itself might also be involved in the evaluation of each demonstration course. If successful, the course will ideally be continued as a permanent component of each organization's training program and serve as a model for courses in other organizations.

The final task of the three year project will be development of a final report on the activities of the project. This report will include: 1) a discussion of materials produced and activities undertaken during the project; 2) an evaluation of both the project activities and the materials themselves;and 3) suggestions for future investigators interested in working on similar projects.

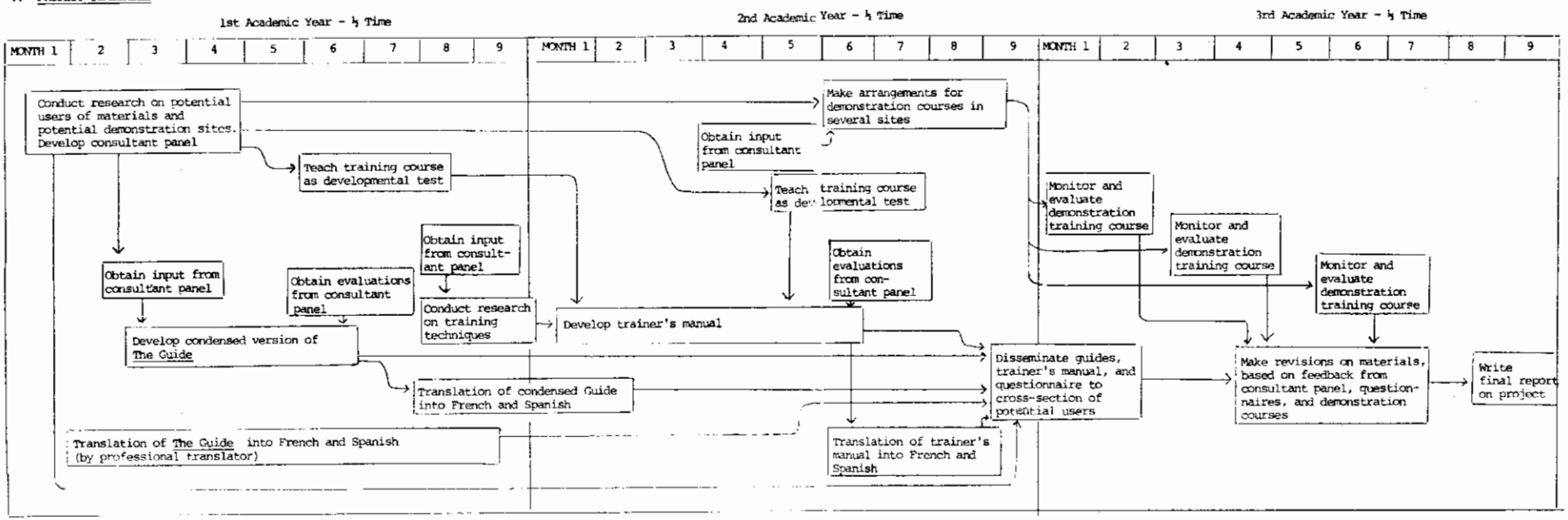
D. Schedule

The PP for the proposed project will be developed by TA/H staff without external assistance and will be forwarded to TA/PPU in August 1977.

## IV. Issues of a Policy or Programmatic Nature

There are no known issues at this time.

V. PROJECT TIMETABLE



CLUSTER #1201

HEALTH PLANNING

## CLUSTER NO. 1201 - Health Planning

Major problems exist in utilizing the health sector of LDCs to improve the quality of life of rural poor populations. It is obvious that an improvement in health represents an important improvement in well being or quality of life. The problems arise with the recognition that current health sector activities have very little impact on the rural poor target group and even if they maximally impacted these groups, the current health activities would not influence health a great deal. Succinctly, the health sector of LDCs currently delivers inappropriate services, ignores the impoverished rural poor target group, and does not even attempt to influence activities in other sectors which have a greater impact on health than most health sector activities. This situation must change before AID is to make any meaningful progress towards convincing LDC governments to undertake continued support to programs which improve the health status of rural poor populations. Health planning is not a useful program adjunct but an essential element which must be in place produce significant sectoral change.

### TA/H - Strategy

TA/H seeks to support the Agency-wide trend in health planning through - 1) the provision of service in the form of access to information and professional advisory service, 2) technical development through the provision of appropriate guidelines, 3) development of planning tools and their demonstration, 4) professional training, and 5) research with particular emphasis on the effects of the non-health sector on health sector activities.

Experience over the past five years has allowed us to determine more accurately what LDC priority needs are in health planning, what LDC institutional absorptive capacity is, and what research and development needs are to further the state of the art in health planning in LDCs. Specifically, we have learned that similar

to other sectors, well-planned structured health sector assessments can: 1) Yield an accurate determination of gaps in LDC health sector activities and a comparison of alternative ways to resolve them; and 2) develop a constituency of committed LDC national decision makers to the suggested initiatives resulting from the assessments. The success of health sector assessment activities in improving LDC health planning institutional capability is to be evaluated in FY-77 and 78. Experience with health sector assessments has also resulted in the identification of critical technical and information gaps to more adequate health planning. The most important of these are: 1) Generalizaing information on effectiveness and efficiency of alternative ways to achieve a given health objective (examples include systems dependent upon physicians vs non-physicians, hand-pumped wells vs more complex potable water supply systems, etc.); and 2) techniques and information to better plan for health in the total economic, cultural, and environmental milieu of LDCs. There is a large literature, principally anecdotal, which indicates that changes in other sectors can be expected to have a greater impact on health, positively or negatively, than most health sector activities. To the present time, however, the techniques and information required to handle these complex relationships are not well developed and have not been applied to health planning in LDCs.

RDA#12 health planning has for the past five years concentrated on three major areas: 1) The mobilization of technical expertise to assist AID and LDC governments in health sector assessments, health planning, and health project evaluation; 2)training of LDC health planners; and 3) research on the cost-effectiveness of alternative health interventions.

The TA/H program has made reasonable progress in areas 1 and 2 above. In FY-77, the Agency has extensively utilized services from the OIH/RSSA, APHA-b budget and the eight IQC contractors with capability in health planning. Participant training at Johns Hopkins ten-week health planning track and the University of

Michigan health planners training course appear to be adequate for the existing and potential demand for U.S. training of LDC health planners. In FY-77, the project with Johns Hopkins was expanded to provide a transfer of pedagogy and methodology for the development of LDC institutions training health planners. In the research area, we have been less successful. Initially, our strategy was to utilize LDC institutions for research to simultaneously develop their capability and to accomplish our research objectives. Our lack of success seems to have been due to lack of staff to survey LDC institutions, design, and negotiate projects, slow communications, working through USAID intermediaries and sometimes national reticence to recognize need for technical help in research. The one positive development is the FY-77 proposed project on "Health Impacts on Non-Health Sector Activities" which was developed by TA/H with the assistance of a September, 1975 working group on health planning research. A second development is the new utilization of Johns Hopkins for small overseas research projects.

In the coming two to five years the following reorientation of emphasis is contemplated: 1) In research TA/H is currently utilizing the services of OIH, JHU, and APHA to assist us in the second phase of research strategy development. It is expected that by the beginning of FY-78 we will have completed a research strategy sufficiently rigorous to be presented to RAC and AAC for an expanded health research program in FY-80. 2) The country profiles (Syncrisis) series produced by OIH is to be modified to provide a more current updated country health data file useful for problem identification and country strategy development by AID. 3) TA/H will seek ways to utilize its resources better to promote sound health projects in AID supported LDCs through strategy development, rather than passively respond to ideas when they are generated by the field or host country governments.

4) TA/H proposes to begin the necessary but difficult process of directly improving LDC health planning centers such that they can, over the long run, take on the responsibilities for teaching, research, information dissemination and technical advisory services that AID is providing from institutions external to LDCs at the current time. This is the only new project proposed for FY-79.
5) TA/H expects to develop interim methods, techniques, and guidelines for planning health in its multisectoral context by use of OIH staff for this purpose beginning in late FY-79.

1. Service

a. Mobilization of the services of OIH/DHEW professional staff for TA/H, regional bureaus and USAID's. At the current time, a total of seven professionals provide expert advisory services to AID while three research assistants or post-graduate interns prepare eight to twelve country health profile documents annually. The development of a current updating of a minimal information base on health in LDCs is currently under consideration.

b. Provision of health information to LDC institutions by the National Library of Medicine. At the current time, about 150,000 requests for information or literature searches are handled annually. The responsibility for this activity is to be transferred to TA/PPU/EUI in FY-79.

c. Mobilization of the expert services of the National Institute of Medicine to assist the Agency in conceptualization and strategic planning in selected areas of health.

2. Technical Development

A series of small short-term projects designed to have rapid payoff. Guideline manuals for health sector assessments will be prepared late in FY-77,

comparative evaluations of health sector assessments will be done in FY-77 and 78, a demonstration model of multisectoral planning will be developed in FY-78, tools and manuals for demonstrating health policy analysis techniques will be developed in FY-77 and FY-78, and methodological tools will be developed for planning health sector financial systems, planning health facilities location and use of remote sensing in planning low-cost health delivery systems.

3. Training

Basic training in health planning and the health development relationships will continue by support to the training of LDC health planners at Johns Hopkins and the University of Michigan. Beginning in FY-77, the Johns Hopkins University Services Agreement will initiate the development of overseas institutional capability in training health planners.

4. Research

Research will address selected topics in the efficiency of alternative health interventions and the intersectoral relationships of health and changes in other sectors.

5. Institutions Working with LDCs

The only proposed new project for FY-79 is support to the development of an LDC institutional health development network as a member of a consortium of donors. The network will be comprised of LDC institutions with skills in training on an interregional basis, research, and problem solving advisory services. The underlying concept for all institutions is the need for planning for health in its total development.

Funding Alternatives

The attached Table A-1 provides a priority listing of projects. The basic core includes those activities which represent an inducible minimum

below which the cluster concept risks viability.

TA/H requests FY-79 funding through the Priority III level. If a drastic cut in funding must be imposed, TA/H's basic figure of $1,449 would equal 30% of the total needed. If further funds can be made available, the attached funding table defines TA/H's project priorities. The non-core activities represent new research direction, the type of investigation and support required to provide guidance and leadership.

The principal funding options are as follows:

| | | |
|---|---|---|
| FY-79: | | |
| Base | | $1449 |
| Priority II: | | |
| 2nd year funding Health Imp. Non-Health Sector Cost | $165 | |
| 2nd increment funding for funding for OIH/RSSA | $100 | |
| Priority III: | | |
| Health Development Program | $2750 | |
| Development of Model for Demonstration | $100 | 2850 |
| TOTAL FY-79 Need | | $4979 |

Office TA/H
Cluster No. 1201 Title Health Planning
Activity Coordinator Joe Davis, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning and Strategizing | | | | | | | | | | | | | | | | | |
| 1. Pre-project Planning | | | | | | 35 | | | | | 15 | | | 15 | | | |
| 2. Other | | | | | | 32 | | | | | 58 | | | 87 | | | |
| TOTAL | | | | | XXXX | 67 | | XXXX | XXXX | XXXX | 73 | | XXXX | 102 | | | |
| TOTAL Small Activities | | | | | ( - ) | | | | ( - ) | ( - ) | | | ( - ) | | | | |
| B. Regional Bureau/Mission Support | | | | | | | | | | | | | | | | | |
| 1. Review of Mission PIDs and PPs | | | | | | 23 | | | | | 23 | | | 23 | | | |
| 2. Assistance to Country Missions | | | | | | | | | | | 5 | | | 10 | | | |
| TOTAL | | | | | XXXX | 23 | | XXXX | XXXX | XXXX | 28 | | XXXX | 33 | | | |
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0035A Training LDC Health Planners | 201 | c | 1 | 12 | 125 | 8 | | 172 | | 125 | 8 | | 175 | 8 | | 79 | 11/78 |
| 0065 National Library of Medicine | [illegible] | d | 1 | 12 | 70 | 8 | | 59 | 70 | | 8 | | | | | 79 | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1201 Title Health Planning
Activity Coordinator Joe Davis, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Approv'd Thru | Revised or New ED Dec. Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0067 Office of International Health Support | [illegible] | c | 1 | 12 | 845 a/ | 75 | | 400 | 835 | 780 | 38 | | 618 & P II | 40 | | | 4/77 |
| 0101 Health Planning and Low-Cost Delivery Systems | 204 | f | 1 | 12 | 65 | 6 | | | | | | | | | | 77 | |
| 0207 Guidelines/Health Sector Analysis | [illegible] | e | 1 | 12 | 35 | 8 | | 120 | | | 2 | | | | | 77 | |
| 0260 Efficiency of Health Measures | [illegible] | a | 1 | 12 | | 10 | | 107 | 104 | 104 | 10 | | | 10 | | 79 | |
| 0587 Cost Effect./Alternative Health Measures | [illegible] | a | 1 | 12 | | 5 | | | | | | | | | | 78 | |
| 1014 Health Impact Non-Health Sector Act. | [illegible] | a | 2 | 12 | 109 | 20 | | 109 | | | 5 | | P II | | | | 4/77 |
| 1015 Health Planning Services | [illegible] | b | 2 | 12 | 731 b/ | 40 | | 641 | | | 40 | | 706 | 40 | | | 4/77 |
| 1101 Dev. of Model for Demonstration | [illegible] | a | 4 | 12 | | | | | | | | | P III | | | | 4/77 |
| 1102 Tech. Support for Health Res. Dev. | [illegible] | b | 3 | 12 | | 20 | | | 200 | 200 | 45 | | | 45 | | | 7/77 |
| 1103 Demo. of Health Policy Analysis Tech. | [illegible] | b | 2 | 12 | 75 | 20 | | 66 | | | 10 | | | | | | 4/77 |
| 1175 Health Development Program | [illegible] | e | 4 | 12 | | | | | | | | | P III | | | | 12/78 |

a/ Reduced from $880 to accommodate increase in Project No. 0207.

b/ Reduced from $796 to accommodate increase in Project No. 0101.

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1201 Title Health Planning
Activity Coordinator Joe Davis, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Non-Projects | | | | | | 33 | | | | | 39 | | | 24 | | | |
| Work Days not Distributed Above | | | | | | 124 | | | | | 122 | | | 128 | | | |
| TOTAL | | | | | 2055 | 377 | | 1674 | 1209 | 1209 | 327 | | 1481 | 295 | | | |
| TOTAL SMALL ACT. (SEE "G" TABLE) | | | | | (105) | 20 | | | ( - ) | (105) | 22 | | ( - ) | - | | | |
| D. Contact w/IO and Prof. Orgs. | | | | | | | | | | | | | | | | | |
| 1. Project | | | | | | 3 | | | | | 3 | | | 3 | | | |
| 2. Attend Meetings & Seminars | | | | | | 5 | | | | | 5 | | | 5 | | | |
| TOTAL | | | | | XXXX | 8 | | XXXX | XXXX | XXXX | 8 | | XXXX | 8 | | | |
| E. Administration and Supervision | | | | | | 39 | | | | | 39 | | | 40 | | | |
| TOTAL | | | | | XXXX | 39 | | XXXX | XXXX | XXXX | 39 | | XXXX | 40 | | | |
| GRAND TOTAL | | | | | 2055 | 534 | | 1674 | 1209 | 1209 | 497 | | 1481 | 478 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1201 Title Health Planning
Activity Coordinator J. Davis, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority II
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0067 Office of International Health Support | 203 | c | 1 | 12 | | | | | | | | | 465 | | | | 4/77 |
| 1014 Health Impact Non-Health Sector Activity | 207 | a | 2 | 12 | | | | | | | | | 165 | 10 | | | 4/77 |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1201 Title Health Planning
Activity Coordinator Joe Davis, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority III
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revise or Ne PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1101 Development of Model for Demonstration | | a | 4 | 12 | | | | | | | 10 | | 100 | 1 | | | 4/77 |
| 1175 Health Development Program | | e | 4 | 12 | | 10 | | | | | 10 | | 2750 | 10 | | | 12/78 |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H, RDA 12, Inst. working w/LDCc

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): [931-1175]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Health Development Program]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13): ACTION TAKEN [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 582 | 520 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A. [ ] (2 = PRP, 3 = PP); B. PROPOSED NEXT DOCUMENT DATE (MM YY): [ ]

13. COMMENTS (Maximum 240 characters): [ ]

14. ACTION REFERENCE: A. AIRGRAMS [AIDTOA]; TELEGRAMS [STATE]; MEMORANDA [ ]; B. ACTION REFERENCE DATE (MM DD YY): [ ]

| 15. CLEARANCES | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | J. Davis | Project Manager | 4/19/77 | |
| B. | L.M. Howard | Director, TA/H | 4/21/77 | |
| C. | L. Wakefield | Program Analyst, TA/PPU | | |
| D. | R. Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE (MM DD YY): [ ]

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: Interregional

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1175

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 8

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Health Development Program

8. PROPOSED NEXT DOCUMENT

A. [3] (2 = PRP, 3 = PP)

B. DATE: MM 12 YY 78

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION

a. INITIAL FY 79 b. FINAL FY 83

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 5,000 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | 4,000 |
| D. OTHER DONOR(S) | 15,000 |
| TOTAL | 24,000 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 582 | 520 | | 2,750 | | 5,000 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 2,750 | | 5,000 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

500

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): EQTY | INTR | TRNG | TECH | R/H

14. SECONDARY PURPOSE CODE: 500

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

To improve the efficient use and equitable distribution of LDC health sector resources.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

Develop LDC institutional capability to plan for health improvement within a multisectoral context. The specific institutional characteristics to be developed are information dissemination, research, training and technical advisory services capability.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

70 days direct hire staff
750 days RSSA staff
$35,000 small development contract

18. ORIGINATING OFFICE CLEARANCE

Signature:

Title: Lee M. Howard, M.D.
Director, Office of Health

Date Signed: MM 04 DD 08 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

## I. Summary of the Problem to be Addressed and The Proposed Response to the Problem

### A. The Problem:

Planning within the health sector in all countries can be characterized as extremely weak with regard to its capability to influence decision making processes concerning health sector organization, financing, and resource allocation within the health sector. When viewed from the larger perspective of national decision making in the allocation of resources within other sectors and between sectors, existing health planning processes exert no influence whatsoever. It is commonly recognized, however, that the latter area is the one which exerts greatest influence on the health of LDC populations.

The reasons for the failure to thrive of LDC health planning processes are several. They are all based in major part on the relative newness of the concept of health planning and are the result of a developing art, which has never received adequate support, learning from its past mistakes. Problems include: lack of trained personnel; inappropriate governmental organization for planning; the need to adapt techniques and methods to the LDC setting; lack of a minimally adequate information base. Recently it has been recognized that many of the attempts by international donors to improve LDC health planning processes have failed due to the intrinsic political, social, and cultural nature of the planning process.

### B. The Solution:

This project seeks to address the set of problems outlined above by directly strengthening LDC planning institutions on a regional basis as a member of a group of donors addressing the same problem area.

A coordinated donor group approach is indicated for the following reasons: 1) resources and time required are of such a magnitude that a single donor would not provide a sufficient impetus to resolve the problem; 2) multiple donors bring the wider variety of support and influence to bear that this problem area requires; 3) WHO has indicated its willingness to coordinate the user and donor contribution for this project.

C. Project Description:

1) Outputs

The proposed project will develop a series of 8-12 regional and inter-regional LDC institutions which will have a capability to take on the following planning responsibilities: collection and dissemination of health planning information; training of health planners; health planning research; and provision of technical advisory services. Roughly 2-3 institutions would be developed with a predominant capability in one of the four areas mentioned above.

Best current estimates concerning the critical size and nature of the institutions to be developed are:

a) Information collection and dissemination institutions would require a composite staffing level of 25-35 individuals with skills in information collection, abstracting communications skills, editing, and data processing.

b) Training institutuions should have a minimum capacity for 20 trainees annually which would entail staffing requirements of four full time equivalents; staff would be required to have a skill concentration in economics, organizational dynamics, epidemiology, and public health.

c) Health planning research institutions would focus on four major areas of research. 1) The relationships of health and development; 2) health

services research; 3) organizational dynamics and; 4) socio-cultural aspects of illness and health seeking behavior. Minimum staffing requirements would range from 10-15 senior level professionals with skills in economics, organizational dynamics, anthropology, statistics, public health research, epidemiology with a similar or larger number of research assistants, interviewers, and data analysts.

d) Institutions concentrating on the provision of technical advisory services to LDC governments would require staffing by multidisciplinary teams comprising skills in economics, organizational dynamics, health services, health policy analysis, communications and education technology, and public health. Probably each institution should have a minimum of two to three such teams.

2) Imputs:

The development of institutions with the characteristics mentioned above will require training of staff, funding for research, data processing and dissemination equipment, facilities and technical advisory services for the establishment of institutional capability. (Ref. section II)

3) Dispersement Period:

It is estimated that the establishment and continuance of viable LDC institutional capability in the areas described above will require long-term support in the range of 10-20 years. It is probably the case, however, that the support required for the LDC institutions will diminish by a like amount the support required for U.S. institutions to undertake similar activities.

D) Assumptions:

The major assumptions pertinent to project success are: 1) That a viable long-term multidonor commitment can be obtained; 2) that LDCs will collaborate on a regional or interregional basis; 3) that the critical mass of individuals required for the various institutional components can be recruited and maintained given the relatively high international demand for personnel with such skills; 4) that an appropriate organizational structure can be established to accomplish the three requirements of: a) LDC support, b) interinstitutional collaboration, and c) multidonor collaboration.

E) Other Donor and LDC Activities:

The only ongoing activities of the type described in this document is the WHO supported health planner training center in Bangkok, Thailand. The new Johns Hopkins project, Health Planning Services, will also directly address the training component of this project.

F) Alternatives:

The realistic alternatives to this project are few. Experience to date indicates that unless the planning initiative comes from LDCs themselves little can be expected from health planning activities. The major alternative has to do with whether we should approach the problem alone or as a member of a consortium of donor or not at all.

G) Beneficiaries:

The direct beneficiaries of the project are LDC planning institutions. The indirect beneficiaries are LDC populations whose health will be effected by planning and decisions based on good planning.

H) Spread Effect:

The project is expected to have a very large spread effect. When the network becomes operational, it should directly influence health planning activities in all LDCs. The information dissemination activity alone should reach at least 250 LDC institutions.

## II. Financial Requirements and Plans

The best estimate of the project cost is $4,750,000 for the first five years of the project. This support would be chiefly in the form of grants to LDC institutions but a minor portion would be for contracts with U.S. institutions for training and technical advisory services. The proposed AID input would represent 20-25% of total donor requirements. Other donors will include the World Health Organization.

The tentative budget for the first three years of AID funding is broken down as follows:

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Training (participants) | 120 | 120 | 120 |
| Research | 125 | 300 | 300 |
| Technical Advisory Services | 165 | 300 | 300 |
| Organization and Administration | 310 | 200 | 200 |
| Contingencies | 30 | 80 | 80 |
| TOTAL | 750 | 1,000 | 1,000 |

## III. Development of the Project

The development of this project will be a very complex endeavor due to the need to start a completely new organizational structure from the LDC level through regional and interregional levels to the coordinated donor approach proposed. For the proposed program a grassroots organization involving all LDCs must be developed to assure that the goals of stimulating LDC initiatives can be accomplished.

Institutions must be selected, their scopes of work negotiated and their technical and policy coordination committees be set up. The donor members must be rapdily identified and the feasibility of the required long-term commitment established. The majority of this work should proceed the preparation of the PP.

The WHO contribution to the donor group is to be discussed in May, 1977.

The following is the tentative schedule for the development of major project components:

1) 5/77 - WHO approval of project
2) 8/77 - AID approval of PID
3) 6/77 - 12/77 - WHO consultation with other potential donors
4) 1/78 - 12/78 - selection of LDC institutions and establishment of institution specific technical committees
6) 1/79 - 3/79 - development of scopes of work for LDC institutions
7) 5/79 - submission of PP

The following issues must be addressed in project development.

1) The appropriate coordinating mechanism should this be WHO staff, World Bank or the establishment of a separate entity like the International Institute for Applications of Systems Analysis.

2) The most appropriate national and international project selection and monitoring mechanisms.

3) A better specification of required critical mass both for individual institutions and the program as a whole.

4) The areas of comparative advantage for investment of Agency resources.

5) Specification of scopes of work for individual institutions and the program as a whole.

The development of this program will use a modest component of TAB personnel time - FY 77 - 10 days, FY 78 - 20 days, and FY 79 - 40 days. It is proposed that the nature of the activity directly relates to the skills developed at OIH

under AID/RSSA and it is proposed that approximately 18 man months annually in FY 78 and FY 79 be devoted to project development. In addition, TA/H proposes the use of a $35,000 small project in FY 78 to further develop the proposal to study the issues listed above.

## IV. Issues of a Policy or Programmatic Nature

Several policy issues must be resolved early in project development. The first relates to AID internal organizational policy. The project has several components some of which are directly relevant to TAB responsibility and some of which are more Regional Bureau responsibility. Should the project be jointly funded within AID? Does the combination of this project, Tropical Disease Research, the Cholera Laboratory, and proposed support to Regional Sanitation Centers argue for a special allocation of Agency resources for these purposes?

The second major issue is the form of organizational structure AID would prefer/require for its participation in the program. A special WHO fund, World Bank management, a separate institution staffed by WHO or other personnel or direct funding to LDC institutions.

We do not now anticipate any adverse environmental impacts in the implementation of this project.

CLUSTER #1202

HEALTH MANAGEMENT DEVELOPMENT

## CLUSTER NO. 1202 - Health Management

Managerial capacity, in the modern sense of achieving desired results through organization, is a critical constraint to health development efforts in LDCs - at all levels; national, regional, and down to local operations units in close proximity to the people. A major reason is that modern knowledge and supporting inputs and services which offer a high potential for more rapid food, health, or educational development, also require managerial and institutional effectiveness.

Such widespread deficiencies severely impede development efforts and effective and economical utilization of A.I.D. and other donor inputs. Resolution of these deficiencies warrant increased analysis and investment as an essential component of assistance efforts. Managerial and institutional capacity building should be seen as an essential means to an end, not as an end in itself. In combination with other vital factors - technical, economic, and social - improved institutional management can make a significant difference in increasing the effectiveness of sectoral development efforts, and reducing the risk of failure or lack of success.

The resolution of the aforementioned factors is one in which previous experience of almost all donors has been disappointing. A recent review of 26 AID health projects concludes that all of them recognized the critical nature of the management problem and none of them adequately addressed the problems they found. No easy answers have been forthcoming. Managerial and administrative systems are products not only of knowledge but of social and cultural parameters and tend to be similar across all sectors in LDCs. The fact remains, however, that lack of efficient LDC managerial systems severely impedes all other AID

efforts to improve the quality of life of rural populations. Additionally, health management is an area where the U.S. has a comparative advantage to almost all other nations given the dynamic changing nature of the health system in this country with its accompanying managerial innovations.

The long range cluster objective is the development of LDC managerial capacity sufficient to assure the efficient implementation of planned resource allocations. The accomplishment of this long range objective is several decades in the future.

The short range objectives are: 1) The strengthening of the management components of AID's bilateral support to the health sectors to the point that these projects adequately address and resolve the critical management problems required; and 2) the experimentation with upgrading of LDC institutional capability to train health managers. The TA/DA projects focus more specifically on the development of methods and materials for appraising health management systems and training health mangers in LDC institutions.

The three projects are presented as of equal priority and form an integrated package to progressively address health management problems in LDCs. The two TA/DA managed projects develop techniques and materials whose dissemination is undertaken by the TA/H managed project.

This cluster proposes to address this problem set by: 1) Mobilization of skilled advisory services capable of assisting AID at all organizational levels in developing, planning, reviewing, implementing, and evaluating health, population, and nutrition projects; 2) identifying critical managerial and administrative constraints which require research or demonstration of promising new approaches and implementing such research; and 3) supporting the strengthening of LDC insitutional capability to train managers and administrators.

This is not an area where there is much activity by AID or other donors. PHA/POP provides some support to family planning management. PAHO has recently undertaken with Kellogg support of the strengthening of six training centers in Latin America. The University of North Carolina has submitted a proposal to WHO on health management support which TA/H has not reviewed.

Three projects are proposed in the health management cluster. They are the TA/H managed project "Health Management Services" and two TA/DA managed projects, "Appraisal of Health Management Systems" and "Training Materials for Health Management". The larger project, Health Management Services, addresses all the short-term objects of the cluster and incorporates technical assistance to development of AID health projects, research into management problems and their resolution.

The cluster will require some 275 man days/years to manage of which TA/DA staff and Agency consultants will devote 235 man days and TA/H 40 man days.

Office TA/H
Cluster No. 1202 Title Health Managem. Development
Activity Coordinator Joe Jacobs

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revise or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning and Strategizing | | | | | | 4 | | | | | 6 | | | 6 | | | |
| B. RB/Mission Support | | | | | | | | | | | 7 | | | 17 | | | |
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1104 Health Mgt. Support | | e | 3 | 12 | | 10 | | | 625 | 625 | 40 | | | 40 | | | 7/77 |
| Non-Project | | | | | | 5 | | | | | 2 | | | 2 | | | |
| Cluster Work-days not Distributed Above | | | | | | 10 | | | | | 14 | | | 4 | | | |
| TOTAL | | | | | - | 25 | | - | 625 | 625 | 56 | | - | 46 | | | |
| TOTAL SMALL ACT. (SEE "C" TABLE) | | | | | ( - ) | - | | | ( - ) | ( - ) | - | | ( - ) | - | | | |
| D. Contact w/IO and Professional Orgs. | | | | | | - | | | | | 5 | | | 5 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
***) Project also has significant field service element

Office TA/H

Cluster No. 1202 Title Health Managem. Development

Activity Coordinator Joe Jacobs

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority Base

Date 4/15/77

| CONTINUED | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E. Administration and Supervision | | | | | - | 7 | | | - | - | 9 | | - | 14 | | | |
| GRAND TOTAL | | | | | - | 36 | | - | 625 | 625 | 83 | | - | 88 | | | |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

(***) Project also has significant field service element

CLUSTER #1301

RURAL WATER SUPPLY AND SANITATION

RDA #13 Environmental Health

The hostile environment in which most people in the developing countries live contributes to sickness and disease. The natural ecological conditions of warm temperatures, relatively high rainfall, rapid growth of disease organisms and perennial breeding of vectors create highly favorable conditions for the spread of vector borne diseases such as malaria and schistosomiasis. Man's pollution of the environment with his own wastes contributes to the high prevalence of diarrheal diseases and his attempts at development have frequently modified the environment in such a way as to enhance the conditions for disease transmission.

The major causes of morbidity and mortality in the LDCs are associated with the environment. Most of these disease problems emerge from the common base of water-related diseases such as diarrheal diseases (which precipitate malnutrition by poor utilization of caloric intake which in turn places a larger burden on food supply), cholera, schistosomiasis, and malaria. Man contributes to the problem by development works which alter the physical environment in ways conducive to disease transmission. It is anticipated that the food crisis and the consequent emphasis on increased agricultural irrigation will increase the risk of water-related diseases.

In responding to the Congressional Mandate "to prevent and combat disease", in the context of the poor majority in the LDCs, AID is endeavoring to address the most critical and prevalent health problems of that majority.

The TA/H program in environmental health focuses on four key aspects, rural water supply and sanitation, control of tropical diseases the health aspects of environmental change from development and malaria.

Cluster 1301 Rural Water Supply and Sanitation

Some 1.2 billion people in the LDCs do not have reasonable access to safe drinking water. Slightly more than that number do not have hygienic excreta disposal facilities. The lack of these services adds to the disease burden of the LDCs. Safe drinking water and sanitary excreta disposal are basic elements in the combat of diarrheal diseases; they afford one of the best measures for the control of schistosomiasis. The U.N. Water Conference in Argentina in March 1977, produced unanimous agreement on the desirability to address the human need for safe drinking water and hygienic excreta disposal facilities, particularly in the rural areas. As a result of the U.N. Water Conference, and the U.N. Conference on Human Settlements (Habitat) before it, many countries are indicating an interest in developing more meaningful programs. While it is agreed that such an undertaking will require considerable additional financing, it is generally recognized that there are other constraints. Among those marked for priority attention by the Water Conference are the lack of trained manpower, inadequacies in organizational and institutional infrastructure and the lack of appropriate and cost effective technology.

The TA/H program will address these constraints by focusing on assistance in developing LDC institutions for the training of LDC staff to plan and implement country programs, and on the better dissemination of information on the appropriate selection of existing technology, the adaptation of that technology to local conditions and the development of new technologies appropriate for the LDCs. TA/H will provide technical support to Regional Bureaus and Field Missions to assist them in being responsive to what is expected to be an increasing number of country requests for assistance with development of rural water supply and sanitation programs. The requirements of increased activity in this cluster, as a result of growing awareness

and concern in the LDCs and a willingness of AID to be responsive will require additional in-house staff time. Current workload has precluded the establishment of a close working relationship with the Regional Bureaus, effective liaison with other agencies and institutions which share a common interest and a projection into technical field activities, workshops, and symposia which relate to field problems. It has likewise limited our ability to develop and exploit outside technical resources and to be fully responsive to Regional Bureau and Mission needs.

The two new project activities, in the dissemination and selection of appropriate technology and in assistance in developing manpower resources in the LDCs are complex undertakings which will require substantial inputs of staff and consultants in project development and implementation. Present manpower is not adequate even for current needs.

As a first step, TA/H proposes the conversion of the FY 78 approved position for a Tropical Disease Officer (Cholera Research Laboratory/ International Institute for Health Research) to a second Sanitary Engineer. The IIHR can be managed within the scope of currently authorized staffing for Tropical Diseases; increased activity in this cluster cannot. If the proposed project for the development of manpower resources is undertaken a third Sanitary Engineer will be required in FY 79.

In developing this program TA/H will work closely with TA/RD and TA/UD on the study of the social organization structure necessary for the implementation of water supply and sanitation in rural areas and among the poor of the urban fringe.

Office TA/H

Cluster No. 1301 Title Rural Water Supply and Sanitation

Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority Base

Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| Planning and strategy | | | | | - | 35 | 15 | - | - | - | 48 | 10 | - | 62 | 10 | - | - |
| U.N. Water Conference | | | | | - | 24 | - | - | - | - | - | - | - | - | - | - | - |
| Other | | | | | - | 8 | - | - | - | - | 8 | - | - | 8 | - | - | - |
| SER/ENG Responsibilities | | | | | - | 10 | - | - | - | - | 10 | - | - | 10 | - | - | - |
| TOTAL | | | | | | 77 | 15 | - | - | - | 66 | 10 | - | 80 | 10 | - | - |
| B. RB/Mission Support | | | | | | | | | | | | | | | | | |
| Bureau/Mission Support | | | | | - | 150 | 120 | - | - | - | 186 | 130 | - | 318 | 135 | - | - |
| Meetings, Seminars, etc. | | | | | - | 9 | - | - | - | - | 15 | - | - | 29 | - | - | - |
| TOTAL | | | | | - | 159 | 120 | - | - | - | 201 | 130 | - | 347 | 135 | | |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

***) Project also has significant field service element

Office Health
Cluster No. 1301 Title Rural Water Supply & Sanitation Technical Assistance Bureau Program Review
Activity Coordinator J. Thomson

Cluster Related A-1
Priority Base
Date 4/29/77

## Office Summary of Proposed Obligations by Cluster
($ in thousands)

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0079 Eval. & Util. AID Hand Pump | 216 | b | 1 | 13 | - | 50 | 5 | 60 | - | - | 35 | 5 | - | 30 | 10 | 78 | |
| 0563 Lower Cost Water & Waste Water Treatment in LDCs | — | a | - | 13 | - | 36 | 10 | - | - | - | - | - | - | - | - | - | |
| 0867 Food Waste/Sanitation-Cost Benefit Methodology | 217 | b | 1 | 13 | 299 | 25 | - | 270 | - | - | 25 | - | - | - | - | 78 | |
| 1059 Testing Predictive Sanitation Mod. | 212 | b | 3 | 13 | - | 74 | 20 | - | 350 | 350 | 54 | 30 | - | 40 | 20 | | 7/77 |
| 1176 Water Supply & Sanitation Train. | 219 | c | 4 | 13 | - | - | - | - | - | - | - | - | P III | - | - | - | 3/78 |
| Health Benefits New or Improved Water | — | - | - | - | - | 5 | - | - | - | - | - | - | - | - | - | - | - |
| Non Project | | | | | | | | | | | | | | | | | |
| SER/ENG Responsibilities | | - | - | - | - | 10 | - | - | - | - | 10 | - | - | 10 | | | |
| Workdays not distributed above | | | | | | 42 | | | | | 38 | - | - | 37 | - | - | - |
| TOTAL | | | | | 299 | 242 | 35 | 330 | 350 | 350 | 162 | 35 | - | 117 | 30 | - | - |
| Total Small Act. (see "G" Tables) | | - | - | - | (85) | 35 | - | (-) | (-) | (335) | 102 | - | (99) | 45 | - | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office
Cluster No. 1301 Title Rural Water Supply & Sanitation
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D. Contact w/10 & Prof. Orgs. | | | | | | | | | | | | | | | | | |
| Planning & Strategy | | | | | - | 9 | - | - | - | - | 5 | - | - | 11 | - | - | - |
| UN Water Conference | | | | | - | 2 | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL | | | | | - | 11 | - | - | - | - | 5 | - | - | 11 | - | - | - |
| E. Administration & Supervision | | | | | | | | | | | | | | | | | |
| 0079 Eval. & Util. AID Hand Pump | 216 | | | | - | 6 | - | - | - | - | 4 | - | - | 3 | - | - | - |
| 0563 Lower Cost Water & Waste Water Treatment | — | | | | - | 6 | - | - | - | - | - | - | - | - | - | - | - |
| 0867 Food Waste/Sanitation Cost Benefit | 217 | | | | - | 7 | - | - | - | - | 5 | - | - | - | - | - | - |
| 1059 Testing Predictive Sanitation Model | 218 | | | | - | - | - | - | - | - | 6 | - | - | 7 | - | - | - |
| Bureau/Mission Support | | | | | - | 5 | - | - | - | - | 20 | - | - | 55 | - | - | - |
| Other | | | | | - | 8 | - | - | - | - | 8 | - | - | 9 | - | - | |
| Small Activities | | | | | - | - | - | - | - | - | 4 | - | - | 6 | - | - | - |
| TOTAL | | | | | - | 32 | - | - | - | - | 47 | - | - | 80 | - | - | - |
| GRAND TOTAL | | | | | 299 | 556 | 170 | 330 | 350 | 350 | 583 | 175 | - | 605 | 175 | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
***) Project also has significant field service element

Office Health

Cluster No. 1301 Title Rural Water Supply & Sanitation

Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority III

Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | - | - | | | - | - | | - | - | | - | - | - |
| B. RB/Mission Support | | | | | | | | | | | | | | | | | |
| Bureau/Mission Support | | | | | - | - | - | - | - | - | | - | - | 64 | - | - | - |
| Meetings, Seminars, etc. | | | | | - | - | - | - | - | - | | - | - | 3 | - | - | - |
| TOTAL | | | | | - | - | - | - | - | - | 33 | - | - | 67 | - | - | - |
| C. Proj. Dev. & Management | | | | | | | | | | | | | | | | | |
| 0079 Eval. & Util. AID Hand Pump | 214 | b | 1 | 13 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 1176 Water Sup. and Sanitation Training | 219 | c | 4 | 13 | - | - | - | - | - | - | 70 | 40 | 3000 | 200 | 60 | | 3/78 |
| Small Activities | | | | | | | | | | | | | | | | - | - |
| TOTAL | | | | | - | - | - | - | - | - | 70 | 40 | 3000 | 200 | 60 | - | - |
| E. Administration & Supervision | | | | | - | - | - | - | - | - | | - | - | 10 | - | - | - |
| GRAND TOTAL | | | | | - | - | - | - | - | - | 70 | 40 | 3000 | 277 | 60 | - | - |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

(***) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE) — PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H, RDA 13, Field Service

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): [931-1176]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Water Supply and Sanitation Training]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY ____ F. GRANT | E. FIRST FY ____ G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 510 | 540 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A. [ ] (2 = PRP, 3 = PP); B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA; TELEGRAMS: STATE; MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | J. F. Thomson | Project Manager | 4/19/77 | JFT |
| B. | L. M. Howard, M.D. | Director, TA/H | 4/19/77 | [illegible] |
| C. | L. Wakefield | Prog. Analyst, TA/PPU | | |
| D. | R. Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 13, Field Service

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1176

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Water Supply and Sanitation Training

8. PROPOSED NEXT DOCUMENT: A. [1] (2 = PRP, 3 = PP); B. DATE: MM 03, YY 78

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY 79; b. FINAL FY 83

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 15,000 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 15,000 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY ____ F. GRANT | E. FIRST FY ____ G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 510 | 540 | | 3,000 | | 15,000 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 3,000 | | 15,000 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To establish an LDC competence in training engineers and public health workers in appropriate technologies and techniques applicable to community water supply and sanitation activities in LDCs.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

About 30 DH and 40 Consultant work-days will be required in FY 1978

18. ORIGINATING OFFICE CLEARANCE

Signature:

Lee M. Howard, M.D.

Title: Director, Office of Health, TAB

Date Signed: MM 04, DD 15, YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM, DD, YY

AID 1330-2 (3-76)

Project Identification Document (PID)

Water Supply and Sanitation Training
(New FY 79)

I. Summary of the Problem and Proposed Response

In the LDCs there are 1.2 billion people who lack reasonable access to safe water supply and 1.35 billion without adequate excreta disposal facilities. This combination of circumstances conspires to increase the spread of diarrheal diseases which sap strength, reduce human productivity and decrease the effective utilization of available calories.

At the U.N. Water Conference there was evidence that community water supply and sanitation are of increasing concern to the LDCs and agreement that greater attention should be given to programs in this area. There was also evidence that LDCs recognize that additional financing alone will not resolve the problem. The lack of trained manpower to plan and implement programs was one of the major constraints which were marked for priority action. The lack of appropriate technology was also listed for priority action.

The U.N. Conference on Human Settlements recommended action to provide safe water and sanitary excreta disposal to all people by 1990, if possible. The U.N. Water Conference laid the ground work for significant advance toward that target. Although the target is extremely ambitious and probably not attainable in the time frame set, it is anticipated that much can be done over the next twelve years to improve the situation. How much will be done is largely dependent on the LDCs themselves and the emphasis they place on such programs.

The degree of progress will also depend on meeting needs for trained manpower. In 1970 WHO surveyed 91 countries regarding nationally perceived training needs for water supply and sanitation in the period 1972-76. The countries inidcated a need for the training of 44,000 professionals and 2.1

million sub-professionals. Countries stated that there were no in-country facilities for training 6,500 professionals and 18,500 sub-professionals. Although there are no statistics on how many have been trained it is doubtful that the amount of training done in the interim has diminished the magnitude of the need to any great extent. The proposed response to the need for training is, in cooperation with developing countries and possibly with other donors, to support the strengthening and expanding of one or two institutions in Africa, Asia and Latin America to serve as regional foci for training and development and adaptation of technology. The objective would be the development of regionally focused multi-disciplinary centers which would:

1. Provide training for planners, designers and upper-level sub-professional staff in the technical, administrative and multi-sectoral aspects of planning programs for domestic water supply and sanitation and for design and management of projects.
2. Systematically disseminate information regarding the range of available technologies and the selection of those most appropriate for local circumstances.
3. Stimulate the development, adaptation and transfer of technology compatible with prevailing local conditions.
4. Provide assistance in developing or improving country training programs.
5. Assist countries of the region in gathering data and developing plans for projects in water supply and sanitation.

II. Financial Requirements and Plans

It is anticipated that this will be a five-year program with an estimated cost of $15 million. No LDC or other donor cost sharing can be predicted but concerted efforts will be made to encourage participation of other donors.

III. Development of Project

It is anticipated that Small Projects - Inputs will be required in the development of the Project Paper. These will be done in three parts:

1. An assessment of the needs for training in water supply and sanitation in the LDCs.
2. The assessment of institutional capabilities in the LDCs.
3. A workshop on curricula development for training in water supply and sanitation.

These will be accomplished through contract or by consultants. The project will be developed in close collaboration with the Regional Bureaus and with Missions where selected institutions are located.

IV. Issues

Since this project pretends to select, strengthen and develop existing institutions in LDCs, the question of whether it should be a centrally funded TAB project is an issue.

We do not anticipate that the implementation of this project will have an adverse environmental impact.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H, RDA 13, Adaptation and Application

4. DOCUMENT REVISION NUMBER: [--]

5. PROJECT NUMBER (7 digits): [931-1059]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Testing Predictive Sanitation Model]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 512 | 540 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT A. [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | Victor Wehman | Project Manager | | |
| B. | L.M. Howard, M.D. | Director, TA/H | | |
| C. | L. Wakefield | TA/PPU | | |
| D. | J. Gunning | TA/PPU | | |
| E. | C. Fritz | Director, TA/PPU | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY 77

AID 1330-5 (5-75)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 13, Adaptation and Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1057

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): TESTING PREDICTIVE SANITATION MODEL

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP); B. DATE: MM 07 YY 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY [78]; b. FINAL FY [79]

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED 350 | 350 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 350 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY ____ F. GRANT | E. FIRST FY ____ G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 512 | 540 | | 350 | | 350 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 350 | | 350 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Improve the quality of human life in LDCs through the reduction of water supply and wastewater disposal associated diseases.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

1. To make LDC decision-makers, planners, and designers aware of appropriate technology concepts and knowledgable of the alternatives available for utilization of in-country resources to meet LDC needs in water supply and wastewater treatment. 2. To demonstrate the value of the prediction methodology model for appropriate water and wastewater processes when applied under actual LDC resource constraints.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

18. ORIGINATING OFFICE CLEARANCE

Signature:

Lee M. Howard, M.D.

Title: Director, Office of Health

Date Signed: MM 04 DD 15 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Title: Workshops on Appropriate Technology Concepts Incorporating Utilization of a Mathematical Model for Predicting an Appropriate Use of In-Country Resources for Treating Water and Wastewater in Developing Countries

Short Title: Testing Predictive Sanitation Model

I. Summary of the Problem

The use of appropriate technology for meeting developing countries water supply and excreta disposal requirements is currently a subject of considerable discussion among the various International Development Organizations and LDCs. Because of extremely high LDC morbidity and mortality statistics directly associated with bacterial and viral diarrhea and/or intestinal parasites, the developing countries are beginning to focus on remedies or control measures to reduce the human suffering and improve the water supply and general "sanitation conditions" of the countries. Oftentimes because of lack of personal experience or lack of technical knowledge in dealing with water and wastewater/excreta disposal system alternatives, the developing countries are found to either flounder with ill conceived, completely irrational programs or invite external source international consulting engineering organizations into the country to prepare sanitation system assessments or feasibility studies.

There exists reasonably common agreement among public health entities that ample safe water supplies and sanitary sewage disposal should be of extremely high priority in the LDCs; that effective improvement programs are few; and that a major obstruction to the design of effective improvement programs is that decision makers do not have ready access to information concerning alternative courses of action open to them. Because they are unaware of these alternatives, decision makers contend that costs of water supply and sanitary waste disposal improvements are excessive. This is

frequently true only because of the use of inappropriate and wasteful technology that is incompatible with their resources.

PROPOSED RESPONSE TO THE PROBLEM:

The proposed response is to initiate a well conceived, concise series of "Appropriate Technology in Water and Wastewater Regional Workshops" around the world wherein the local national government decision-makers and local consulting engineers could be exposed to appropriate technology discussions and taught how to effectively utilize an existing model for predicting appropriate use of in-country resources for treating water and wastewater, and (2) initiate a field utilization program using the existing model to determine if two selected LDCs having tremendous water supply and wastewater treatment responsibilities and problems, can use the predictive model to bring together the large number of critical social. technological and existing economy inputs relating to the effective installation and use of appropriate water and wastewater treatment methods or processes, ultimately allowing the investigator to look at all plausible processes, their related costs, operation, maintenance, and the manpower requirements associated with each of the various processes.

PREDICTIVE METHODOLOGY TO BE UTILIZED:

During the period 1974 through 1976, AID sponsored a program at the Univ. of Oklahoma which developed a predictive methodology for identifying appropriate processes for treatment of water and wastewater, i.e., ones that made maximum use of in-country capabilities. The predictive methodology uses socio-economic. population scale, in-country physical resources. water quality parameters. manpower requirements and costs to forecast the most suitable treatment process for the given situation.

The model has the ability to bring together a number of critical inputs relating to the effective installation and use of various water and wastewater

treatment processes in developing country communities. This output allows planners or project engineers to look at all the pausible processes and their related costs, plus the operation, maintenance, and manpower requirements associated with each of the various processes. This techique will eliminate the problem of overlooking good processes for water and wastewater treatment.

II. Financial Requirements and Plans:

The best estimate of project cost is approximately $350,000. The AID share of the projected costs would be $350,000 in the form of a grant. It is probable that the University of Oklahoma will wish to contribute a considerable portion of their normal overhead expense to the project. Any overhead expenses will only be applied to salaries and services performed at the University of Oklahoma facility. The project would be funded in Oct. 1977 and continue until the end of September, 1979.

III. Development of the Project:

The project will be developed primarily between USAID and the University of Oklahoma (Prof. George Reid and invited workshop presentation assistants). Dr. Reid and his associates will prepare the workshop materials, arrange for workshop personnel and translator requirements, and develop the program in close coordination with AID/W project development staff and the AID/W project manger in TAB.

1. General - The project is envisioned to take place in five distinct phases. The first phase will be the workshop development and gathering of materials to serve as handouts and class discussion aids.

The second phase will consist of a workshop on "Appropriate Technology Concepts Incorporating Utilization of a Mathematical Model for Predicting an Approximate Use of In-Country Resources for Treating Water and Wastewater in Developing Countries in Washington, D.C. This initial workshop will

be given under USAID auspices in Washington, D.C. for a five (5) day period in late November or early December 1977. The participants will be USAID interbureau personnel and invited appropriate technology program officers in WHO, BID, IBRD, PAHO, IDRC, UNICEF and CARE.

Phase three will consist of the presentation of the adjusted or modified Washington. D.C. workshop in five (5) global or regional areas. The workshops will be presented in English with mobile translation facilities capable of four (4) language simultaneous translation.

Phase four initiates a field demonstration of the use of the methodology in 2 countries (probably Indonesia and Colombia). The methodology will be applied against actual country programs and statistics and will be developed by 2 project investigators and secretarial staffs in each country, for a three (3) month period working directly with the local government agencies involved with planning and implementing water and wastewater programs.

Upon the successful completion of the methodology field utilization demonstration studies, the project will initiate a series of 15 regional five (5) day workshops similar to the five (5) workshops given in phase 3. These will be performed between Sept. 1978 and September 1979.

These 15 regional 5-day workshops (Phase 5) will be used to spread the ideas of appropriate use of technology in water and wastewater treatment to a large segment of the decision-makers in the developing world.

2. The next proposed document for submission before funding would be the PP, to be submitted 1 July 1977 with tentative approval by 8/1/77.

3. AID/W, TA/H projects the following manpower requirements for development and writing of the PP:

| | | |
|---|---|---|
| TA/H personnel | - 1 person | 1 man week |
| 2 Univ. of Oklahoma consultants | | 4 man weeks |
| | Total - | 5 man weeks |

TA/H will provide travel and per diem funds for 2 Univ. of Oklahoma consultants to come to Wash., D.C. for PP discussions and writing of document.

Once the PID has been approved, considerable coordination will commence between TA/H, USAID bureau offices, the Univ. of Oklahoma, PAHO, WHO, the Missions involved, and host country government personnel

Estimated USAID costs of preparing PP will be about $2500 from TA/H consultant funds and approximately $600 for TA/H personnel.

IV. Issues of a Policy or Programmatic Nature:

1. Issue: Should the University of Oklahoma be considered for the implementing organization for the project since there were 2 time overruns, without additional cost to AID, amounting to a total of 1 year on the previous contract.

Answer: Dr. George Reid and his interdisciplinary staff at the University of Oklahoma should definitely be the primary implementing participants for the project. The two time delays that resulted in a 1 year time extension without additional funding resulted from subcontracts between the Univ. of Oklahoma and various overseas universities. The overseas universities simply did not produce within the time frame outlined by the Univ. of Oklahoma subcontracts, leaving Oklahoma holding the bag. TA/H is extremely pleased with the professional approach that Dr. Reid and his capable staff have exhibited in the execution of the previous research contract on "Lower Cost Methods of Treating Water and Wastewater in Developing Countries". The multitude of documents produced under the contract were concise, well organized, and innovative. Professor Reid and his staff are more familiar with the predictive methodology to be used in the workshops and field utilization portion than anyone in the devloped world. His ability to explain the methodololgy, its usefulness and applicability is unequaled.

CLUSTER #1302

TROPICAL DISEASE RESEARCH, DEVELOPMENT AND TRAINING

Cluster 1302 Tropical Disease Research, Development and Training

Development among millions of people in tropical countries is greatly hampered by the effects of the major tropical diseases. Some 600 million people are at risk to schistosomiasis; the number actually infected probably approaches 300 million. Filariasis is another widespread disease which, in various forms, affects some 300 million. Onchocerciasis, or the river blindness form of filariasis, effectively denies the development of large, fertile areas of West Africa. Human trypanosomiasis, or sleeping sickness is a major limiting factor in the production of food, both animal and vegetable, in Africa. The diarrheal diseases in general, and cholera in particular, continue their large-scale waste of caloric intake.

The tools currently available for the combat of these and other tropical diseases are inadequate and costly. Disease control is dependent on the development of new and more effective methods and on more efficient application of those existing.

A major world-wide effort of research and training in tropical diseases is being undertaken under the sponsorship of WHO, UNDP and the World Bank Group with the support of financing from many donors. TA/H will contribute to that multi-donor effort for research and training and will support the strengthening of the capabilities of U.S. institutions which have expertise required in the development of new technology and the better application of existing methods. We will maintain close collaboration with WHO to facilitate the sharing of technical resources. Efforts toward the development of a better chemotherapeutic drug for schistosomiasis will be continued.

TA/H will continue to play a lead role in the transformation of the Cholera Research Laboratory into the International Institute for Health Research. This transformation will extend the support base from one of a

bilateral technical assistance project to one of multi-donor financing and broaden the operational base to form a world center for the development of new and improved technologies for the reduction of morbidity and mortality, resulting from enteric diseases, for the reduction of malnutrition, and for the purpose of slowing population growth. It will also serve as a center for the development and demonstration of methods which will optimize the application of new and existing technologies.

TA/H will continue to provide technical support for Regional Bureaus and Field Missions in the development and monitoring of tropical disease projects.

The management of the activities of this cluster can be done with the two Tropical Disease Officers currently authorized.

Office Health
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| Planning & Strategy | | | | | - | 107 | 20 | - | - | - | 88 | 10 | - | 90 | 10 | - | - |
| Bureau & Mission Support | | | | | - | 13 | - | | - | - | - | - | - | - | - | - | - |
| Meetings, Seminars, etc. | | | | | - | 9 | - | - | - | - | - | - | - | - | - | - | - |
| Others | | | | | - | 27 | - | - | - | - | 21 | - | - | 17 | - | - | - |
| TOTAL | | | | | - | 156 | 20 | - | - | - | 109 | 10 | - | 107 | 10 | - | - |
| B. RB/Mission Support | | | | | | | | | | | | | | | | | |
| Bureau/Mission Support | | | | | - | 93 | - | - | - | - | 210 | - | - | 243 | - | - | - |
| Meetings, Seminars, etc. | | | | | - | 5 | - | - | - | - | 22 | - | - | 26 | - | - | - |
| TOTAL | | | | | - | 98 | - | - | - | - | 232 | - | - | 269 | - | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.
Activity Coordinator J. Stockard, M.D.

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0642A Anti-Schistosomal Drug Test A | [illegible] | a | 1 | 13 | - | 15 | 5 | 129 | - | - | 20 | 5 | 60 | 20 | 5 | 78 | |
| 0642B Anti-Schistosomal Drug Test B & D | [illegible] | a | 3 | 13 | - | 25 | 5 | - | - | 125 | 20 | 5 | 100 | 20 | 5 | | 8/21/76 |
| 1012 International Institute for Health Research | [illegible] | a | 4 | 13 | - | 70 | 40 | - | - | - | 100 | 30 | 1000 & P I | 90 | 20 | | 6/78 |
| 1108 Impact Schistosomiasis on Econ. Act. | — | a | 3 | 13 | - | - | - | - | 125 | - | - | - | - | - | - | | |
| 1126A Tropical Disease Special Programs | [illegible] | a | 4 | 13 | - | 8 | - | - | 800 | 800 | 60 | - | P II & P IV | 60 | - | | 6/77 |
| 1133 Water Projects Effects | [illegible] | b | 4 | 13 | - | 9 | - | - | - | - | - | - | 76 | 5 | - | | 4/77 |
| 1177 Tropical Disease Grants | [illegible] | d | 4 | 13 | - | - | - | - | - | - | - | - | P II & P IV | | - | | 3/78 |
| Cluster Work-days not distributed by Project | | | | | - | 73 | - | - | - | - | 54 | - | - | 54 | - | | |
| TOTAL | | | | | - | 200 | 50 | 129 | 925 | 925 | 254 | 40 | 1236 | 249 | 40 | - | |
| Total Small Act. (See "G" Table) | | | | | (-) | - | - | (-) | (-) | (65) | 27 | - | (70) | 25 | - | - | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office Health
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.

Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1

Priority Base

Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D. Contact w/IO & Prof. Orgs. | | | | | | | | | | | | | | | | | |
| 1012 Int. Inst. for Health Research | [illegible] | | | | - | - | - | - | - | - | 5 | - | - | 5 | - | - | - |
| 1026 Trop. Dis. Spec. Prog. | [illegible] | | | | | 8 | | | | - | 22 | - | - | 23 | | - | - |
| Planning & Strategy | | | | | - | 4 | - | - | - | - | 14 | - | - | 15 | - | - | - |
| Other | | | | | - | 7 | - | - | - | - | 7 | - | - | 7 | - | - | - |
| TOTAL | | | | | - | 19 | - | - | - | - | 51 | - | - | 50 | - | - | - |
| E. Administration & Supervision | | | | | | | | | | | | | | | | | |
| 0642A Anti-Schisto Drug Test - A | [illegible] | | | | - | 3 | - | - | - | - | 3 | - | - | 3 | - | - | - |
| 0642B Anti-Schisto Drug Test-B & D | [illegible] | | | | - | 5 | - | - | | | 3 | | - | 3 | - | - | - |
| 1126 Tropical Dis. Spec. Prog. | [illegible] | | | | - | - | - | - | - | - | 5 | - | - | 5 | - | - | - |
| Small Activities | | | | | - | - | - | - | - | - | 5 | - | - | 5 | - | - | - |
| Other | | | | | - | 12 | - | - | - | - | 18 | - | - | 18 | - | - | - |
| TOTAL | | | | | - | 20 | - | - | - | - | 34 | - | - | 34 | - | - | - |
| GRAND TOTAL | | | | | - | 493 | 70 | 129 | 925 | 925 | 707 | 50 | 1,236 | 734 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority I
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revise or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1012 International Institute for Health Research | 224 | a | 4 | 13 | | | | | | | | | 1000 | | | | 6/78 |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority II
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1126 Tropical Disease Special Program | [illegible] | a | 4 | 13 | | | | | | | 30 | 30 | 1000 | 50 | 50 | | 6/77 |
| 1177 Tropical Disease Grant | [illegible] | a | 4 | 13 | | | | | | | 100 | 40 | 2000 | 130 | 70 | | 3/78 |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1302 Title Trop. Dis. Res. Dev. & Trng.
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority IV
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revise or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1126A Tropical Disease Special Program | [illegible] | a | 4 | 13 | | | | | | | | | 4000 | | | | 6/77 |
| 1177 Tropical Disease Grants | [illegible] | d | 4 | 13 | | | | | | | | | 2000 | | | | 3/78 |
| TOTAL | | | | | | | | | | | | | 6000 | | | | |
| Small Activities (See "G" Table) | | | | | (-) | - | - | (-) | (-) | (-) | 17 | - | (-) | 15 | - | - | |
| E. Administration and Supervision | | | | | | | | | | | | | | | | | |
| 1126 Trop. Dis. Spec. Programs | [illegible] | | | | | | | | | | 5 | | | 5 | | | |
| 1177 Trop. Disease Grants | [illegible] | | | | | | | | | | 10 | | | 10 | | | |
| TOTAL | | | | | - | - | - | - | - | - | 15 | - | - | 15 | - | - | |
| GRAND TOTAL | | | | | - | - | - | - | - | - | 32 | - | 6000 | 15 | - | - | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [ ] A = ADD, C = CHANGE, D = DELETE

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H, RDA 13, Research

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): 931-1126

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (Maximum 40 characters): Tropical Disease Special Program

8. RELATED DOCUMENT CODE: [ ] 1 = PID, 2 = PRP

9. PROJECT DOCUMENT ACTION: (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 511 | 540 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] 1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED

12. PROPOSED NEXT DOCUMENT: A [ ] 2 = PRP, 3 = PP

B. PROPOSED NEXT DOCUMENT DATE: MM YY

COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A | J. F. Thomson | Project Manager | Apr. 19, 77 | JFT |
| B | L. M. Howard, M.D. | Director, TA/H | 4/19/77 | |
| C. | L. Wakefield | Program Analyst, TA/PPU | | |
| D. | R. Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 13, Research

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1126

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Tropical Disease Special Program

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP); B. DATE: MM 06 YY 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY [78]; b. FINAL FY [82]

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 28,800 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | 111,200 |
| D. OTHER DONOR(S) | 140,000 |
| TOTAL | |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 511 | 540 | | 800 | | 28,800 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 800 | | 28,800 | |

12. SECONDARY TECHNICAL CODES (*maximum six codes of three positions each*)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To coordinate and expand the worldwide research needed to grossly reduce or eliminate selected tropical diseases as a threat to man's health.

17. PLANNING RESOURCE REQUIREMENTS (*staff/funds*)

18. ORIGINATING OFFICE CLEARANCE

Signature

L. M. Howard, M.D.

Title: Director, Office of Health

Date Signed: MM 04 DD 15 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Project Identification Document (PID)

Tropical Disease Special Program - New FY 78

I. Summary of Problem and Proposed Response

Development among millions of people in tropical countries is greatly hampered by the heavy burden of disease. Some 1.2 billion people are still exposed to some risk from malaria and it has been estimated that one million children under the age of 14 years die from this disease in Africa alone. Of more than 600 million exposed to schistosomiasis, it is estimated that probably 200 million are infected. Filariasis is another widespread disease which, in various forms, affects about 300 million people.

These are the three most wide-spread tropical infections afflicting man but there are a score of others which also impair economic development by limiting human resource potential.

Several of these diseases are increasing in prevalence in the developing countries, sometimes as a product of development itself. The full extent of their increased prevalence is yet unknown.

The tools currently available to control these diseases are inadequate and costly. The control of tropical diseases is dependent on the development of new and more effective methods and more efficient application of present technology. The present level of research and development is insufficient to obtain the necessary tools.

In the last thirty years large investments of money and talent in bio-medical research have produced a dramatic increase of knowledge. The new knowledge has revolutionized health care in the developed countries through such advances as new drugs, antibiotics and vaccines against diseases such as poliomyelitis and measles.

These advances have not extended to new technologies against the major tropical diseases, where methods of control and treatment have not changed much

in the past three decades. It has been estimated that the world's total annual research budget for all tropical diseases is about $30 million. More than nine times this amount is spent on cancer research in one country alone. Research in tropical diseases has lagged far behind.

Despite the remarkable advances in medical science, parasite diseases still threaten over a billion people in the tropical countries and in many regions--as noted earlier--they appear to be increasing in prevalence. The technologies presently available for control of these diseases fall far short of the ideal. For example, in malaria, chloroquine-resistant strains are now widespread and no really satisfactory substitute drug has been identified. Similarly, the range of safe and effective chemicals for the control of disease is very limited. Furthermore, there is no vaccine available to protect human populations from any of the parasitic diseases. The academic community and the pharmaceutical industry are diminishing rather than increasing research activity in the field of tropical diseases. Vector control methods are hampered by the increasing cost of pesticides, by insecticide resistance, and by the risk of environmental pollution.

Given greater resources and a coordinated effort it is likely that modern science could produce reliable vaccines against several of the major tropical diseases, as well as new and more cost-effective means of control. In addition, short-term operational research should lead to more effective ways of applying present knowledge so as to reduce disease transmission and control disease incidence.

The Special Program for Research and Training in Tropical Diseases is a WHO/UNDP initiative, developed over the last three years, to focus research and training efforts on major tropical diseases. The Program has been developed through deliberations of Scientific Working Groups and consultations with

interested parties and is now emerging in clearer form. It is based on general agreement on the importance of greater attention to tropical diseases.

The Program calls for a major effort of research and training to be put into effect on a global scale, with initial emphasis on the African Continent. Although technical advances and creation of new research potential in tropical countries may well be achieved in the early years, the full benefits of the control of disease cannot be expected in a short period of time. The Program is therefore seen as a long-term endeavor.

The Program will focus on the following objectives:

1. The development of improved tools needed to control tropical diseases - To develop new preventive, diagnostic, therapeutic and vector control methods specifically suited to prevent, treat and control selected tropical diseases in the countries most affected by them. The new methods must be susceptible to implementation:

   a. At a cost that can be borne by developing countries;

   b. Requiring minimal skills or supervision; and

   c. In a manner which allows their eventual integration into the health services, especially the primary health care systems of developing countries.

2. Strengthening of biomedical research capability in tropical countries

   Initially, the Program will address six diseases:

   a. Malaria
   b. Schistosomiasis
   c. Filariasis (including onchocerciasis)
   4. Trypanosomiasis (including African Sleeping Sickness and South American Chagas' disease)
   5. Leprosy
   6. Leishmaniasis

In doing so, it will attempt to bring relevant knowledge together in a goal-oriented multi-disciplinary attack on these diseases. Full attention will be given to the application of new advances in the fundamental biological sciences.

Epidemiology and operational research will serve both to provide specifications of the tools to be developed and to assess their effectiveness in use. Research will be based on practical problems and opportunities for disease control as they occur in different countries. Fundamental to this will be maximum possible involvement of workers in the tropical countries. At the same time, the technical competence of the industrially developed countries is required. The Program will strengthen, coordinate, and supplement relevant existing research.

The Special Program is being structured as a broad-based consortium-type activity involving multilateral and bilateral support. WHO, UNDP and, presumably, the World Bank Group will be the Sponsoring Agencies with WHO assuming the role of Executing Agency and the World Bank Group, presumably, acting as the Fiscal Agency. There is similarity to the structuring of the Onchocerciasis Control Program. A Tropical Diseases Research Fund will be established for the sole purpose of supporting the Special Program; the World Bank Group has been requested to manage that Fund.

The proposed budget of the Special Program is $140 million over the period 1977-1981.

II. Financial Requirements and Plans

For FY 78, TA/H has budgeted $800,000 and requested an additional $1.7 million subject to the availability of funds. For FY 79 TA/H is anticipating a U.S. contribution of $5 million, which will represent about 15% of the projected Special Program budget for 1979. In subsequent years it is expected that the AID contribution will remain at a level of $7.8 million per year. Thus the total AID contribution will represent about 20% of the $140 million, five-year budget.

III. Development of Project

This project will take the form of participation in a multi-donor consortium effort which has the potential to marshall resources necessary to provide the critical mass which is essential to the success of such an undertaking. The

development of the Program and the organizational structure has been underway for three years and program activities are beginning to be initiated with resources which other countries have made available. The specifics of program and organizational structure will be detailed in the Project Paper.

V. Issues

The active participation of the Agency in the development of the Program has brought resolution to most of the issues which had been previously identified. The one remaining issue is that of the establishment of a Tropical Disease Research Fund with the World Bank Group designated as Fiscal Agent. In recent discussions with WHO, UNDP, CIDA and the World Bank Group it appeared that concensus had been reached and resolution of this issue was imminent.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY/ENTITY: TA/H, RDA 13, Institution working w/LDCs

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): [931-1177]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Tropical Disease Grants]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 500 | 540 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

15. CLEARANCES

| | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | J. F. Thomson | Project Manager | 4/19/77 | JFT |
| B. | L. M. Howard, M.D. | Director, TA/H | 4/19/77 | [illegible] |
| C. | L. Wakefield | Prog. Analyst, TA/PPU | | |
| D. | R. Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

AID 1330-5 (5-76)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] A = ADD, C = CHANGE, D = DELETE

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 13, Institutions working w/LDCs

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1177

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Tropical Disease Grants

8. PROPOSED NEXT DOCUMENT: A. [3] 2 = PRP, 3 = PP; B. DATE: MM 03 YY 78

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY 79; b. FINAL FY 83

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 20,000 |
| B. OTHER 1. U.S. | |
| B. OTHER 2. | |
| B. HOST COUNTRY | |
| B. OTHER DONOR(S) | |
| TOTAL | 20,000 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 500 | 540 | | 4,000 | | 20,000 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 4,000 | | 20,000 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

To reduce the adverse effect of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To increase the ability of a consortium of U.S. universities to undertake teaching, research and field study projects related to the major tropical diseases.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

About 110, DH work-days will be required in FY 1978

18. ORIGINATING OFFICE CLEARANCE

Signature

Lee M. Howard, M.D.

Title

Director, Office of Health, TAB

Date Signed: MM 04 DD 17 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Project Identification Document (PID)

Tropical Disease Teaching, Research and Field Study Grants
(New FY 79)

I. Summary of Problem and Proposed Response

Large numbers of people in the developing world live in areas affected by the major tropical diseases. These diseases affect every aspect of human life and impede economic and social development. They limit productivity and reduce incomes, accentuating poverty. They deny access to potentially productive lands and they impose a major burden on public health budgets.

Currently available methods for the control of the worst of these diseases (malaria, schistosomiasis, filariasis and human trypanosomiasis) are inadequate and too costly for broad scale application. In the long term, new and more effective methods are needed; more effective and efficient application of current methods are needed for the short-term. The Special Program for Tropical Disease Research and Training (TDR) a long-term, multi-donor effort, is designed to address these problems.

The success of TDR is going to be dependent, to a large extent, on tropical disease expertise in the developed countries where much of the sophisticated basic research and advanced training will have to be done. Advanced technologies must come from the more advanced countries. Many of the skills required for research and training within the TDR program can only be developed by strengthening existing capabilities. The best potential for this lies in the U.S.

Given the magnitude of the tropical disease problem and its effect on social and economic development AID must, of necessity, consider ways and means of developing resources to complement the efforts of others and to further its bilateral programs. In doing so it is dependent on the potential of these same existing capabilities. There is a need to strengthen

these capabilities if they are to be maintained as a part of the collaborative effort against the tropical diseases. If the U.S. is to make a major contribution in an effort to overcome or limit the effect of tropical diseases, U.S. institutions must be involved to share U.S. research and teaching skills.

While many institutions are collaborating in bits and pieces of tropical disease research and teaching, there are few institutions in the U.S. or overseas which are capable of putting together a multi-sectoral view of the tropical disease problem. In the U.S. perhaps Johns Hopkins, Harvard, UCLA, Tulane and the University of Texas (Houston), have the potential for this type of framework. Federal facilities such as NIH and CDC are particularly competent in different aspects of tropical disease but they do not provide a multi-sectoral institutional framework for teaching or research. Three or four basic institutions with multi-sectoral interest and focus will be supported through this project. Research in a limited number of critical areas would be supported in institutions where particular expertise might exist as is the case with the malaria vaccine network. The essential interchange between U.S. institutions and centers for research and training in the LDCs will be a component of this project as will be field study activities linked to specific AID development projects in areas in which the diseases are a problem.

Support to U.S. institutions for multi-sectoral research and teaching for LDC policy makers and senior professionals and for U.S. professionals who will constitute a core of technical assistance for developing countries is an important component in the development of an overall tropical disease program.

II. Financial Requirements and Plan

A five-year program at a level of $4 million per year is anticipated. If the U.S. wishes to undertake a role of leadership in an international effort to combat disease this substantial commitment is necessary. A modest

contribution in this case will not be likely to produce any significant impact on tropical disease control.

III. Development of Project

The Project will be developed as a 211(d) consortium or through individual grants. A review of the current status of and potential for tropical disease research and teaching in U.S. institutions will be undertaken as a precursor to project design. This will be done as a small activity in FY 78. It is anticipated that DHEW (NIH) and DOD, which have interests in tropical diseases similar to those of AID will be able to make major contributions to the development of the Project.

CLUSTER #1303

ENVIRONMENTAL ASSESSMENT

Cluster 1303 Environmental Assessment

In the health aspects of environmental change TA/H will assist in the implementation of Agency procedures for the assessment of environmental impact by marshalling resources to assess the health aspects of development projects and to develop measures to reduce to the greatest extent possible the adverse effects associated with them. Given the potential impact of development activities on the environment, the importance of the potential of environmental change to increase the transmission of major tropical diseases and the Agency interest in minimizing any adverse effect on the environment of development activities which may manifest themselves in increased disease, it is incumbent on TA/H to assure that proper substantive judgments are made in considering the health aspects of environmental assessment. This responsibility can only be undertaken with adequate in-house capability to monitor the human health aspects of the Agency's development projects, to design and analyze the environmental impact studies which must be done, to develop and monitor research projects related to the impact of the environment on human health and to marshall and manage outside resources to support the implementation of Agency environmental policy. TA/H does not have that staff capability and cannot be fully responsive to this need without one additional staff position.

Within AID, TA/H is collaborating on program development with TA/AGR on pesticide research, with SER/ENGR on sanitary engineering, with the Environmental Coordinator on the implementation of Agency procedures for the assessment of environmental impact and with the Regional Bureaus on program design. Greater collaboration with TA/AGR will be undertaken in an attempt to limit the spread of water-related diseases in agricultural water projects.

Office Health
Cluster No. 1303 Title Environmental Assessment
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| Environmental Working Group | | | | | - | 20 | - | - | - | - | 15 | - | - | 15 | - | - | - |
| Environmental Procedures | | | | | - | - | - | - | - | - | 15 | - | - | 25 | - | - | - |
| Other | | | | | - | 4 | - | - | - | - | 4 | - | - | 6 | - | - | - |
| TOTAL | | | | | - | 24 | - | - | - | - | 34 | - | - | 46 | - | - | - |
| B. RB/Mission Support | | | | | | | | | | | | | | | | | |
| Bureau/Mission Support | | | | | - | - | - | - | - | - | 34 | - | - | 161 | - | - | - |
| Meetings, Seminars, etc. | | | | | - | - | - | - | - | - | 7 | - | - | 23 | - | - | - |
| TOTAL | | | | | - | - | - | - | - | - | 41 | - | - | 184 | - | - | - |

(*) Project also has significant amount of research activity
**) Project also has significant amount of adaptation or application activity
**) Project also has significant field service element

Office Health
Cluster No. 1303 Title Environmental Assessment
Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1178 Health Aspects of Environ. Assess. | [ ] | c | 4 | 13 | - | - | - | - | - | - | - | - | P I | - | - | - | 3/78 |
| Cluster Work-days not distributed by Project | | | | | - | 2 | - | - | - | - | 6 | - | - | - | - | - | - |
| TOTAL | | | | | - | 2 | - | - | - | - | 6 | - | - | - | - | - | - |
| Total Small Act. (see "G" Table) | | | | | (50) | 10 | - | (-) | (-) | (10) | 10 | | (-) | - | | | |
| D. Contact w/IO & Prof. Orgs. | | | | | | | | | | | | | | | | | |
| Environmental Working Group | | | | | - | - | - | - | - | - | 5 | - | - | 10 | - | - | - |
| B. Administration & Supervision | | | | | | | | | | | | | | | | | |
| Bureau/Mission Support & Other | | | | | - | 2 | - | - | - | - | 9 | - | - | 15 | - | - | - |
| GRAND TOTAL | | | | | - | 38 | - | - | - | - | 105 | - | - | 255 | - | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office Health

Cluster No. 1303 Title Environmental Assessment

Activity Coordinator J. Thomson

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Cluster Related A-1

Priority P I

Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 1178 Health Aspects of Environ. Assess. | | c | 4 | 13 | - | - | - | - | - | - | 10 | - | 450 | 15 | - | - | 3/78 |
| D. Administration & Supervision | | | | | | | | | | | | | | | | | |
| 1178 Health Aspects of Environ. Assess. | | | | | - | - | - | - | - | - | - | - | - | 5 | - | - | - |
| Bureau/Mission Support | | | | | - | - | - | - | - | - | - | - | - | 10 | - | - | - |
| TOTAL | | | | | - | - | - | - | - | - | - | - | - | 15 | - | - | - |
| GRAND TOTAL | | | | | - | - | - | - | - | - | 10 | - | 450 | 30 | - | - | - |

(A) Project also has significant amount of research activity

(AA) Project also has significant amount of adaptation or application activity

(AA) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE) — PDAF

2. DOCUMENT CODE: 4

3. COUNTRY ENTITY: IA/H, RDA 13, Field Services

4. DOCUMENT REVISION NUMBER: [ ]

5. PROJECT NUMBER (7 digits): [931-1178]

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: [08]

7. PROJECT TITLE (Maximum 40 characters): [Health Aspects of Environmental Assess.]

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION: (ENTER COMMENT FOR * ITEMS IN BLOCK 13)

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 510 | 540 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY [ ]

13. COMMENTS (Maximum 240 characters)

[ ]

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA

TELEGRAMS: STATE

MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY [ ]

| 15. CLEARANCES | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| A. | J. F. Thomson | Project Manager | 4/19/77 | JFT |
| B. | L. M. Howard, M.D. | Director, TA/H | 4/19/77 | [illegible] |
| C. | L. Wakefield | Prog. Analyst, TA/PPU | | |
| D. | R. Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACT ON DATE: MM DD YY [ ]

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA 13, Field Services

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1178

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Health Aspects of Environmental Assess.

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP); B. DATE: MM 03, YY 78

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY 79; b. FINAL FY 79

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | [illegible] |
|---|---|
| A. AID APPROPRIATED | 450 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 450 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 510 | 540 | | 450 | | 450 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 450 | | 450 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To provide an AID, Mission and LDC resource for the assessment of the environmental impact of development projects on human health

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

About 10 DH work-days will be required in FY 1978

18. ORIGINATING OFFICE CLEARANCE

Signature: [signature]

Lee M. Howard, M.D.

Title: Director, Office of Health, TAB

Date Signed: MM 04, DD 15, YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Project Identification Document (PID)

Health Aspects of Environmental Assessment
(New FY 79)

I. Summary of Problem and Proposed Response

In June 1976 AID adopted new Environmental Procedures (Regulation 16) which required the Agency to review all of its activities for possible significant environmental impact prior to a final decision on implementation. The responsibility for fulfilling these procedural requirements rests with each Regional Bureau and Office. Overall policy guidance, coordination and assistance in the implementation of the procedures has been assigned to the Environmental Coordinator in the Office of Science and Technology, TAB. TA/H has a responsibility for insuring that the health aspects related to development projects are fully considered.

The effort and seriousness which the Agency displays in carrying out its new environmental commitments will be under close surveillance by the environmental public interests groups, which initiated the recent litigation against AID, and the Council on Environmental Quality. Success in this endeavor will rely on Bureaus and offices having technically competent environmental specialists supplemented by expert assistance from outside the Agency to perform a number of tasks to insure that all aspects of environmental impact are given proper consideration. The hostile environment in which most people in the developing countries live contributes to sickness and disease. The natural ecological conditions of warm temperatures, relatively high rainfall, rapid growth of disease organisms, and perennial breeding of vectors create highly favorable conditions for the spread of disease. Any environmental change which occurs as the result of development projects must be looked at carefully to insure that it brings no adverse health effect by improving the conditions for disease transmission. It is therefore incumbent

on AID to look at all of its projects in relation to the disease transmission potential of the environment to ensure that disease potential is designed out of development projects. It is also necessary for AID to work with the LDCs to assist them in assessing the impact of their own efforts on human health.

The proposed response to assisting the Agency in this effort is a field support activity which provides a high degree of technical competence in assessing the potential health impact of proposed development activities, and in designing, implementing and analyzing environmental studies related to development projects. It will also provide AID with technical support to give assistance to LDCs in building a capability for the assessment of health factors in environmental impact. The specific activity of this project will provide a pool of technical resources for the identification of those tropical diseases which may be affected by environmental change and the factors of that change which contribute to the transmission of the disease. This resource pool will be established through an IQC or a Basic Ordering Agreement with an organization or institution which can serve as a focal point for the accumulation of the necessary expertise.

II. Financial Requirements and Plans

This support activity is to be initiated as an independent activity funded centrally by TAB upon which all elements of the Agency may draw for technical resources necessary in the assessment of the health aspects of environmental change. At present a 3 year program is anticipated with an estimated total funding of $450,000. A project paper will be prepared which will outline in more detail the technical expertise required for this activity.

III. Development of Project

The concept for this project stems from PD 63 and the adoption of the Environmental Procedures of Regulation 16 and the need for providing support

to Regional Bureaus and Missions in fulfilling these requirements. The project paper will be developed in close consultation with the Agency Working Group on Environment and Development to ensure that the activities outlined are useful and responsive to Bureau needs and that they reflect the Agency's needs as a whole.

IV. Issues of a Policy Nature

This project is directly related to the commitments made by the Agency under PD 63 and Regulation 16 and it is an important part of the Agency response to its responsibilities concerning the environment.

We do not anticipate that the implementation of this project will have an adverse environmental impact.

CLUSTER #1304

MALARIA

# Cluster 1304 - Malaria

## 1. LDC development problems which cluster activities address

Approximately two-thirds of the world's population live in the economically poorer tropical and subtropical areas of the world where the control of vector-borne diseases is a problem. This is particularly true of malaria which takes a heavy toll in mortality and morbidity especially among the youngest.

In recent years there has been a resurgence of malaria incidence, particularly in Asia and Central America. The reasons for this dramatic increase are varied but include resistance of the vector to available insecticides, resistance of the parasites to anti-malaria drugs, lack of LDC government support, political and economical instability, overconfidence and public apathy.

In Africa, malaria remains one of the most common sicknesses with large scale infant mortality and widespread debility in the population at risk. The successful gains of malaria campaigns in many areas of the world have never been realized in tropical Africa as malaria efforts of any kind have remained more or less limited in scope to urban areas.

Presently, the prospects for initiating mass malaria control campaigns which are designed to use residual insecticides on a large scale, appear to be beyond the economic capabilities of most of the countries involved. Hence, the disease will continue to affect approximately 270 million people south of the Sahara in Africa and is considered to be the main cause of mortality/morbidity by the World Health Organization (WHO). It is estimated that some protection is given to only 17% of the population at risk of malaria.

2. General objectives of cluster activities in relation to the problem

The research on malaria immunity and vaccination and the testing of alternative insecticides together with the three new proposed projects are all designed to assist the developing countries cope with their malaria problems. These three new proposed projects (Alternative Malaria Control, Low-Cost, Self-Help Malaria Control and Comprehensive Vector Control) are all designed to find answers to the question of how to control malaria when residual insecticides fail to do the job. These projects will meet the needs expressed by USAID Missions in Nepal, India, ROCAP, Nicaragua, and El Salvador in response to the first TAB circular airgram on research needs and are also responsive to the priorities expressed by Santa Domingo and Zaire in their replies to the second circular airgram. Support of these projects would be indicative of good faith on the part of AID in the EIS statements answering critical comments made by environmental activist groups which took AID to task for not supporting the development of alternative methods of malaria control which do not depend on pesticides alone. Critics also urged AID to take a leadership role in this effort instead of leaving it to WHO.

3. Assumptions about related non-TAB efforts necessary to solve the problem

Efforts necessary to solve these problems are many and varied, e.g. planning strategy and developing programs in such areas of regional field programs, implementing new programs in alternative and comprehensive methods approach in malaria control, and networking for malaria immunity and vaccination research and the development of techniques for *in vitro* cultivation of malaria parasites.

TA/H provides the major AID worldwide technical support to missions. Anticipated needs for malaria technical assistance through direct hire consultant help during FY 78-79 will include Zaire, Ethiopia, Pakistan, Bangladesh, Nepal, Sinai, Sri Lanka, Indonesia, Haiti, El Salvador and other Latin American countries. Direct TA/H project management activities focus heavily upon the development of a malaria vaccine. Other emphases are DDT replacement, alternative malaria control methods, self-help, and comprehensive vector control methods.

4. Estimated time required to achieve cluster objectives

The malaria cluster of activities is designed to find solutions to the problem of controlling malaria in the LDCs. In order to do so, it is necessary to support a variety of projects including the field testing of new methods currently available, but not yet in general use, development of new technology, and innovative approaches to utilization of a variety of methods in an integrated program of comprehensive malaria vector control.

The strategy for malaria involves support of a group of R&D projects leading to the development of new technology for the control of malaria and improving the effectiveness of currently available methods. Malaria immunity research aimed at development of a malaria vaccine for use in malarious countries is high in priority, but is long range. There is an urgent need for development and testing of a variety of new methods for malaria control which may be utilized in the developing countries

within three to five years. An integral part of the strategy is the development of priorities through workshops and expert consultant groups to insure that AID funds are invested in areas considered strategically important in the solution of the malaria problems of the developing countries.

5. Relation of ongoing and proposed projects to cluster objectives

A collaborating network of U.S. institutions was established to expedite the development of a malaria vaccine. Substantial progress has been made by individual laboratories in the network in demonstrating the biological feasibility of immunization against malaria, in developing a method for continuous in vitro culture of malaria parasites and in successful immunization of monkeys against human malaria for the first time. All these developments bring the possibility of a malaria vaccine closer to reality. Support of this research for the next several years is crucial to the successful development of a vaccine against malaria.

The search for and testing of environmentally acceptable replacements for DDT as a residual wall spray for control of malaria is extremely important at the present time, both on environmental grounds and because the mosquito vector in many countries is resistant to DDT.

6. Current estimate of progress toward cluster objectives

The network of U.S. institutions is concentrating on the development of a malaria vaccine. The first success in cultivating the malaria parasite in the laboratory was reported from the Rockefeller University with AID support. This major advance permits culture of sufficient quantities of the parasites for work in further development of a vaccine and points the

way for eventual mass production. Another breakthrough has been achieved by scientists at the University of Hawaii also under an AID grant. This scientist has developed a new experimental malaria vaccine that for the first time successfully immunized laboratory monkeys against the deadliest form of human malaria, a disease that afflicts millions of people in tropical countries. DDT replacements are being tested in the field with encouraging results.

7. Estimate of relative priority among cluster projects, with discussion of low priority ongoing projects which should be reduced or terminated

Ongoing projects are subject to regular review to determine merit and pertinence of performance in relation to objectives. Two current projects (N.Y.U. - Jahiel and U. of Illinois - Metcalf) may be terminated after the next review.

The malaria immunity methods, the development of environmentally acceptable replacements for DDT and the three new proposed projects for development of new methods merit equal priority in that both long and short range approaches are necessary.

8. Discussion of personnel required to manage cluster activities and comparison with likely availability or personnel

The number of persons required to manage cluster activities as presented is four professionals. One of those is a Public Health Service Officer who is detailed to TA/H and whose assignment will terminate by March 1978. The workload should not be affected in FY 78 and 79 since an additional position for one professional has been approved and the incumbent will be recruited in time for adequate overlap.

Office of Health
Cluster No. 1304 Title Malaria
Activity Coordinator E. Smith

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning and Strategizing | | | | | | | | | | | | | | | | | |
| 1. Project Planning | | | | | | 35 | | | | | 22 | | | 20 | | | |
| 2. Small Activity Planning | | | | | | 11 | | | | | 15 | | | 10 | | | |
| 3. Meetings and Seminars | | | | | | 18 | | | | | 24 | | | 27 | | | |
| 4. Regional Bureau/Mission Assistance | | | | | | 24 | | | | | 25 | | | 25 | | | |
| 5. Other | | | | | | 15 | | | | | 10 | | | 10 | | | |
| TOTAL | | | | | | 103 | | | | | 96 | | | 92 | | | |
| B. Regional Bureau/Mission Support | | | | | | | | | | | | | | | | | |
| 1. TAB Project | | | | | | 13 | | | | | 8 | | | 4 | | | |
| 2. Non-Project | | | | | | 327 | | | | | 301 | | | 355 | | | |
| 3. Other | | | | | | 2 | | | | | 2 | | | 2 | | | |
| TOTAL | | | | | | 342 | | | | | 311 | | | 361 | | | |
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0068 Develop Environmental Acceptable Replacement for DDT | [illegible] | b | 1 | 13 | 222 | 27 | | 145 | 137 | 137 | 18 | | 247 | 15 | | 81 | |
| 0453 Malaria Immunity and Vaccination | [illegible] | a | 1 | 13 | 736 a/ | 37 | | 1246 | 1746 | 1746 | 34 | | 1611 | 26 | | 81 | |
| 1058 Alternative Malaria Control Methods | [illegible] | a | 4 | 13 | | 19 | | | | | 20 | | P II | 18 | | | 4/78 |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

a/ Reduced from $792 to accommodate increase in Project No. 0068.

Office of Health
Cluster No. 1304 Title Malaria
Activity Coordinator E. Smith

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1060 Self-Help Malaria Control | | b | 4 | 13 | | 11 | | | | | 5 | | P II | | | | 4/78 |
| 1179 Comprehensive Vector Control Methods | | a | 4 | 13 | | 12 | | | | | 12 | | P II | 15 | | | 6/78 |
| Assistance to Regional Bureaus/Missions | | | | | | 16 | | | | | 19 | | | 19 | | | |
| Meetings and Seminars | | | | | | 8 | | | | | 8 | | | 8 | | | |
| Cluster Work-days not distributed above | | | | | | 44 | | | | | 40 | | | 44 | | | |
| TOTAL | | | | | 958 | 174 | | 1391 | 1883 | 1883 | 156 | | 1858 | 145 | | | |
| TOTAL Small Activities (see "G" Table) | | | | | (105) | 18 | | (-) | (-) | (230) | 24 | | (120) | 26 | | | |
| B. Contact with International Organizations and Professional Organizations | | | | | | | | | | | | | | | | | |
| 1. TAB Project | | | | | | 54 | | | | | 50 | | | 43 | | | |
| 2. Non-Project | | | | | | 37 | | | | | 40 | | | 41 | | | |
| 3. Other | | | | | | 1 | | | | | 1 | | | 1 | | | |
| TOTAL | | | | | | 92 | | | | | 91 | | | 85 | | | |
| E. Administration and Supervision | | | | | | | | | | | | | | | | | |
| 1. TAB Project | | | | | | 32 | | | | | 31 | | | 30 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office of Health
Cluster No. 1304 Title Malaria
Activity Coordinator E. Smith

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority Base
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Administration and Supervision (Contd.) | | | | | | | | | | | | | | | | | |
| 2. Non-Project | | | | | | 38 | | | | | 39 | | | 41 | | | |
| 3. Other | | | | | | 10 | | | | | 10 | | | 12 | | | |
| TOTAL | | | | | | 80 | | | | | 80 | | | 83 | | | |
| GRAND TOTAL | | | | | 958 | 810 | | 1391 | 1883 | 1883 | 758 | | 1858 | 792 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office TA/H
Cluster No. 1304 Title Malaria
Activity Coordinator E. Smith

Technical Assistance Bureau Program Review
Office Summary of Proposed Obligations by Cluster
($ in thousands)

Cluster Related A-1
Priority II
Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Project Development and Management | | | | | | | | | | | | | | | | | |
| 0068 Dev. Environ. Accept. Replace. for DDT | [illegible] | b | 1 | 13 | - | - | - | - | - | - | 6 | 6 | - | 18 | 6 | | |
| 0453 Malaria Immun. and Vaccin. | [illegible] | a | 1 | 13 | - | 22 | 22 | - | - | - | 30 | 30 | - | 43 | 43 | | |
| 1058 Alternative Malaria Cont. Meth. | [illegible] | a | 4 | 13 | - | - | - | - | - | - | - | - | 780 | 10 | 10 | | 4/78 |
| 1060 Self-Help Malaria Control | [illegible] | b | 4 | 13 | - | - | - | - | - | - | - | - | 746 | 35 | 10 | | |
| 1179 Comprehensive Vector Cont. Meth. | [illegible] | a | 4 | 13 | - | - | - | - | - | - | - | - | 300 | 7 | 2 | | |
| TOTAL | | | | | - | 22 | 22 | - | - | - | 36 | 36 | 1826 | 113 | 71 | | |
| TOTAL SMALL ACT. | | | | | ( - ) | 18 | 18 | ( - ) | ( - ) | ( - ) | 24 | 24 | ( - ) | 26 | 26 | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] A = ADD, C = CHANGE, D = DELETE

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA-13 Research

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1058

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Alternative Malaria Control Methods

8. PROPOSED NEXT DOCUMENT: A. [3] 2 = PRP, 3 = PP; B. DATE (MM YY): 06 77

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY 78 *; b. FINAL FY 80

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 780 |
| B. OTHER 1. U.S. | |
| B. OTHER 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 780 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE: C. GRANT | PRIMARY TECH. CODE: D. LOAN | E. FIRST FY 78: F. GRANT | E. FIRST FY 78: G. LOAN | LIFE OF PROJECT: H. GRANT | LIFE OF PROJECT: I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 511 | 542 | | 440 | | 780 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | TOTAL | 440 | | 780 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): R/H

14. SECONDARY PURPOSE CODE: -

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment upon the quality of human life by controlling the most critical disease problem of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To support field trials carried out by the USDA to further develop genetic control techniques to control An. albimanus in rural areas of El Salvador.

* This project has received higher priority due to EIS and is now considered a shelf-item for FY 1977 subject to availability of funds.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

15 days - consultant for project review ($1500) plus travel ($300)
60 days - TA/H time ($6,000) plus travel ($1,250) total - $9050

18. ORIGINATING OFFICE CLEARANCE

Signature: Lee M. Howard, M.D.

Title: Director, Office of Health

Date Signed: MM DD YY

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

Abstract

This research project is to test a method of integrated malaria mosquito control, that does not depend solely on pesticides. It is proposed by a field test to initially reduce the larval population of Anopheles albimanus with the release of an obligatory parasitic nematode.

Earlier, laboratory and field tests by the USDA suggest a favorable reduction.

The reduced population will then be challenged by the release of sterile male mosquitoes. The combined effect should be a significant reduction or elimination of the malaria vector in the experimental area. Where dry season breeding occurs in some limited brackish water areas, it may be necessary to use Abate for larval control. Abate is registered in the U.S. and is commonly used for this purpose.

The personnel of the Central American Research Station, CDC, already established in El Salvador, have agreed to cooperate in this project by assessing the effects on the incidence of malaria.

The Research Project Paper is in the process of preparation.

PROJECT IDENTIFICATION DOCUMENT (PID)

DEVELOPMENT OF MALARIA CONTROL METHODOLOGY THROUGH

USE OF TECHNIQUES OTHER THAN INSECTICIDES

I. Summary of the Problem to be Addressed and the Proposed Response to the Problem.

A. The dramatic resurgence of malaria in several countries during recent years has been of such magnitude as to jeopardize the gains already made in the eradication and/or reduction of malaria and creates a threat to the success of agricultural and economic development programs. It is obvious that malaria control or eradication programs should be a part of ongoing national health efforts for a considerable period of time in the future. In many areas of the world the mosquito vector has developed resistance or tolerance to the insecticides normally used in malaria programs and now efforts are constantly being made to identify new insecticides or to improve on the efficiency of the older insecticides. It is becoming increasingly more expensive for private concerns to identify and develop new insecticides through the various test processes required for certification for use. In certain areas, outdoor transmission of malaria also prevents malaria reduction in control programs and methods of handling this type malaria transmission are needed.

If the countries affected by malaria are to have the ability to control malaria, it will be necessary to develop new operational tools of the trade against the mosquito vector. A great deal of activity and thought have already been given to the use of such techniques as insect growth regulators, biological control agents including pathogens and predators, larvicidal plants and genetic control (including both insect sterilization by chemicals or radiation and genetic aberrations) to regulate and control vector mosquito larvae and adults. The scientific organizations of the world concerned with malaria such as the World Health Organization (WHO) are attempting to give priority to the various types of development work in mosquito and malaria control. One of the priority methods that is emerging more and more for the control of vector mosquitoes is the sterile insect release technique (SIRT) or genetic control, which depends on inducing high levels of sterility into natural populations by the release of sterile insects. This method may be effective alone or when combined with other methods already in use. The success in the use of this alternate approach to control against the screwworm has lead to

its development against other pests and field trials to determine its feasibility against a variety of pests including mosquito vectors. Early field trials against mosquitoes such as Anopheles quadrimaculatus and Aedes aegypti in the late 1950's and early 1960's were not successful. However, recently the United States Department of Agriculture, through its Gainesville laboratory, has demonstrated successful mosquito control by this technique in small scale field tests against Culex quinquefasciatus on a small island off the coast of Florida and against Anopheles albimanus in a five square mile area in El Salvador. However, there is a great deal of knowledge and development required to determine if the method can become economically feasible in problem areas.

One of the malaria vector mosquitoes which is causing widespread malaria problems in Central America is Anopheles albimanus. This mosquito has proven to be highly adaptable in its response to various insecticides and is resistant to a variety of these compounds. There is also considerable outdoor transmission limiting the effectiveness of residual insecticides. This vector is clearly a candidate mosquito for developing and using methods of control other than insecticides. For some years the U.S. Department of Agriculture in Gainesville, Florida, has been engaged in a series of experiments involving An. albimanus and these experiments have reached the point where field trials have begun. Currently a combination of insecticides against larvae and the release of sterile males is under study in a 50 square mile area in El Salvador to determine the feasibility of malaria control. This project is supported by temporary funds of the USDA to determine the potential of this new approach. Current USDA funding is projected through FY 1977 with the possibility of a one year extension through FY 1978. Additionally, USDA plans to test a biological control agent, a nematode, developed at its Lake Charles, Louisiana, laboratory against Anopheles albimanus in El Salvador during FY 1977. USDA also has developed a pathogen, Nosema algerae, at its Gainesville laboratory that may be another biological control agent against Anopheles albimanus. Limited field trials in the field in Panama showed high levels of infection in A. albimanus treated with this pathogen. Finally, the Gainesville Laboratory is testing insect growth regulators which show promise against anopheline mosquitoes as well as other species and has developed special genetic stocks of A. albimanus that could be used in place of sterile males for release programs. Thus, the potential for developing new alternative methods of control for this malaria vector is well underway with the potential of developing highly effective, new control strategies such as SIRT and genetic control, biological control, and insect growth regulators along with the potential of integrating these methods into effective control methods.

The purpose of this project would be two-fold. First, it would permit the continued development of new and integrated technology for malaria control by extending the research initiated by the USDA and DHEW in El Salvador. Secondly, it would provide a research and development capability to carry this research into operational use in problem areas in Central America. The base of operation would be the U.S. Department of Agriculture field station at San Salvador. The scientist-in-charge of the project would be an entomologist from the Gainesville laboratory who has been dealing with the genetic studies of this mosquito. The trials would be for a three year period starting in FY 1978. The country of El Salvador has been experiencing a rapid rise in malaria and in 1974 a reported 67,000 cases of malaria were found. This 1974 rise represents a great increase in malaria cases since 1970. This rise of malaria cases has been attributed to the insecticide resistance of Anopheles albimanus.

The project is aimed primarily at developing SIRT techniques and genetic control for this vector in pilot areas of El Salvador covering 25,000-50,000 people in areas of 100 square miles. Improved methods of mass-production, sterilization, handling, and release of insects are needed. It should also be possible to develop methods for incorporating the use of insecticides and biological control agents into the control operations. The work of this project would fit well into the ongoing activities in tropical diseases which are being carried out by the Center for Disease Control through its field station (Central American Research Station) in El Salvador.

B. The scope of the project would include the assessment of both mosquito control and malaria incidence and transmission in areas which are experiencing a high rate of malaria, i.e., reducing mosquito density to the point where transmission is greatly reduced or eliminated.

The project would be under the supervision of a full-time U.S. professional entomologist familiar with SIRT and genetic control techniques and the ecology and biology of mosquitoes. Specialists from the U.S. would be available on a part-time basis for advising on specialized phases of the project. The project would require the full-time assistance of two entomologists (mosquito-rearing and field evaluation) and a full-time administrative assistant. The total staff would include up to 30 to 40 local nationals for rearing, handling, releasing, and evaluation.

The project would require space for offices, laboratory, and mass production of insects as well as a small shop and vehicle storage. USDA has currently such space in El Salvador using rented facilities which they have developed. Small additions to this total space might have to be made. Equipment, supplies, and vehicles will be needed.

C. The disbursement period would cover FY 1978 through December 1981.

D. Anti-malaria activities in El Salvador date back to 1900 when anti-larval measures and, later, drainage projects were undertaken. In 1938, a Section on Malariology and Fight Against Malaria was created. Later in 1946, a malaria control campaign was established. The country of El Salvador has been engaged in malaria eradication efforts since 1956. The rapid rise in malaria case rates during the last few years is a cause for both social and economic concern. The Government of El Salvador is spending approximately $2.0 million (equiv.) each year on malaria work. The World Health Organization (PAHO) has also provided assistance to El Salvador on this problem by assigning four malaria specialists to the country, and by supporting malaria research through their regional office.

E. There are a number of genetic systems to be considered for mosquito and malaria control. Currently genetic methods depend upon inducing sterility in the natural population by the release of mosquitoes rendered completely or partially sterile by chemicals, radiation, or genetic manipulation. Methods are currently available for chemical sterilization. Sterilization by radiation is under study. Laboratory research has developed specialized genetic stocks containing translocations and inversions that could also be used for release. Thus, the project should concentrate its initial efforts on the release of chemically sterilized mosquitoes. If small-scale trials indicate other types of genetically-altered insects are effective, they can also be used or replace chemically sterilized insects. There are a number of additional variations to genetic control which could involve other means of obtaining control such as conditional lethals, sex-killing systems, or compound chromosomes. If successfully developed these could be considered for use. However, none of these are currently developed for A. albimanus. This project would develop sufficient experience in genetic control to lead to the incorporation of new developments when they occur.

F. The major direct beneficiaries of the outputs of this project are the rural populations living in malarious areas of the countries.

G. If the techniques of genetic control used in this project are determined to be successful in the reduction of A. albimanus, then this methodology can be replicated not only throughout El Salvador but in

large areas of Central and South America, including Haiti. It can also be expected that if the specialized techniques prove to be workable in El Salvador, then these same techniques may prove useful with other malaria vectors in Africa and Asia.

H. The environmental impact of this project is very good as the activities are directly related to achieving malaria control without the use of residual insecticides. The work aims at biological control of the vector mosquito and thus the environment is not subject to any detrimental environmental actions.

I. This project also relates directly to the suggestion received from the A.I.D. Nicaraguan Mission which specifically suggests that centrally funded research on alternative technological methods for malaria vector control be done (FY 1977-ABS).

## II. Financial Requirements and Plans

### A. Project Estimates

($1,000s)

| Item | 1978 | 1979 | 1980 | Total |
|---|---|---|---|---|
| 1. Entomologists | 70 | 75 | 80 | 225 |
| 2. Local Staff Costs | 80 | 85 | 100 | 265 |
| 3. Housing | 6 | 7 | 8 | 21 |
| 4. Capital Equipment | 20 | 5 | 5 | 30 |
| 5. Vehicles, parts | 30 | 10 | 10 | 50 |
| 6. Travel and Per Diem | 15 | 18 | 20 | 53 |
| 7. Other Costs (petrol supplies for office, utilities) | 24 | 32 | 20 | 76 |
| 8. Consultants | 10 | 10 | 10 | 30 |
| 9. Embassy Costs | ____ | ____ | ____ | ____ |
| | 265 | 252 | 263 | 780 |

B. The project is to be completely funded by the USAID.

C. The USDA has been carrying out with their own funds the preliminary studies on the SIRT for several years and has indicated the experience gained in laboratory studies warrants an extensive field trial in an area where malaria is transmitted by A. albimanus. As already indicated the CDC field station (Central American Research Station) would be carrying out concurrent studies on malaria while these field trials are conducted.

The USDA has verbally stated that they do not have authority to carry this type of work beyond three years, which is about to expire and is, therefore in need of funds to conduct the field trials. It is definitely to the interest of AID supported malaria control programs, not only in A. albimanus areas, (Central America), but the techniques, if successful would have wide applicability throughout the world where malaria occurs.

There will be some indirect support of the project through the funds of the USDA and possibly some overlapping of support in FY 1978.

III. Development of the Project

A. The development of this project will require an in-depth analysis of the laboratory work already accomplished by the USDA Gainesville laboratory on A. albimanus to insure that the work is in fact ready for further development for operational use. This review will be made by a TA/H consultant with expertise in the field. If the available data do indicate that the work should be continued to develop for operational use, then necessary arrangements can be made with the Government of El Salvador to cooperate in these field trials. Arrangement would be necessary to obtain clearance from the USDA that facilities could be made available in El Salvador for project work and the assignment of one of USDA's entomolcgists could be allowed for the project. The establishment of the project as part of the ongoing USDA work program in El Salvador will create a supportive work environment for the project and make the establishment of the laboratory and test sites much easier. The USDA has verbally agreed that they would cooperate in every way possitle to establish and support the project.

B. The schedule of PP documentation is as follows:

| | Preparation | Submission | Approval |
|---|---|---|---|
| PP - | February 1977 | May 1977 | July 1977 |

C. 1. The preparation of the PP will require approximately two man months of TA/H time including two trips to the USDA Gainesville laboratory and one trip to El Salvador to the proposed research station and worksite. A total of $7200 is estimated for the cost of preparation of the PP for this project.

2. The use of 5 days of consultant time will be required to review the PRP and USDA proposals for the project. The cost of the consultant will be grant funded from TA/H consultant sources. The PP will require approximately 10 days of consultant time to review the final proposals and to submit opinions on the feasibility of the project. The consultant will be available in the Washington, D. C. area, so the cost will be 15 x 100 - $1,500 for services and one trip to Gainesville for $300 total in travel.

3. It is expected that the USDA will take considerable responsibility in the preparation of the PP to insure that the responsibility being accepted is clearly understood and that the terms of the project are agreeable to the USDA both technically and operationally. It is assumed that USDA staff time given in preparation of the PP will not be a project charge.

## IV. Issues of a Policy or Programmatic Nature

A. There are no issues of a policy nature with this project foreseen.

B. The programmatic issue which could arise is to insure that village populations are fully informed as to the events regarding the project and are encouraged through educational means to allow the project to proceed, cooperate with the work and, if possible, actually participate in the activities.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: TA/H, RDA-13, Adaptation and Application

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): [931-1060]

6. BUREAU/OFFICE: A. SYMBOL [AFR] B. CODE [08]

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): [Self-Help Malaria Control]

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP) B. DATE [MM 09 YY 77]

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY [78]* b. FINAL FY [80]

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 746 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | 14 |
| D. OTHER DONOR(S) (WHO) | 40 |
| TOTAL | 800 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 78 F. GRANT | E. FIRST FY 78 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) | 512 | 542 | | 505 | | 760 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 505 | | 746 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each): 562

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): BR

14. SECONDARY PURPOSE CODE:

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment upon the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To provide support to the World Health Organization (WHO) to carry out a series of field trials to control malaria in rural villages in Tanzania and Nigeria using self-help methodology.

*Due to environmental considerations this project is now being given higher priority and is being placed as a shelf-item for 1977.

17. PLANNING RESOURCE REQUIREMENTS (s/m/ffunds)

6 man months of consultant work, $30,000 in consultant costs and travel.

18. ORIGINATING OFFICE CLEARANCE

Signature

Title: Director, Office of Health

Date Signed: MM 11 DD 30 YY 76

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

PROJECT IDENTIFICATION DOCUMENT (PID)

Self-Help Malaria Control

## I. Summary of the Problem to be Addressed and the Proposed Response to the Problem

A. In Africa, malaria remains one of the most common infections, causing large scale infant mortality and widespread debility in the populations at risk. The successful gains of malaria campaigns in many areas of the world have never been realized in tropical Africa as malaria efforts of any kind have remained limited in scope. At the present time, the prospects for initiation of mass malaria control/eradication campaigns, which are designed to use residual insecticides on a large scale, appear to be beyond the economic capabilities of most of the countries in tropical Africa due to the rapid rise in the cost of pesticides. However, the disease affects approximately 268 million people south of the Sahara in Africa and is considered to be the main cause of morbidity and mortality by the World Health Organization (WHO). It is estimated that only 17% of the population-at-risk of malaria in Africa presently receives some type of protection and this activity is mainly confined to urban areas.

To understand the malaria situation it is useful to look at the overall health status of the area. Africa's general health status can be crudely assessed from the following indices: neonatal mortality of 50-80 per 1,000 births; infant mortality of 100-200 per 1,000. WHO and other sources usually indicate a ratio of one physician for 20,000 population in many African countries, but the ratio is even more extreme in many rural areas. The most immediate need is for the development and provision of basic health services to as many people, rural and urban, as possible. The need is so great and the gap between the existing facilities and the required facilities so large that clearly there needs to be established a community participation mechanism to help the community towards better health through local action and involvement during the period when more formal health facilities are being developed.

The purpose of this project is to explore a number of possible self-help malaria control techniques in the village sites in Africa which will lower the morbidity and mortality rates by controlling this major disease problem. The project work will be carried out in two field locations. The first field location will be in Benin, Nigeria

and will be part of the newly established WHO research project. This WHO project is a further extension of the Kaduna project which WHO has operated for a number of years. In Benin, the WHO plans to experiment with a number of techniques in controlling An. gambiae in various ecological situations, i.e. wet and dry savannah. The WHO has informally asked for AID assistance in this field project. The second location would be in Tanzania and would be a part of the presently ongoing village development programs of the Government of Tanzania. In Tanzania, sanitarians and field medical assistants are being trained to carry out anti-malaria activities and villager self-help procedures could be attempted through this ongoing effort.

A program in the use of self-help and low-cost malaria control methods has a number of possible avenues to try with village populations. The major methods which might be tried include: 1. the promotion of the use of physical barriers between the vector mosquito and the population-at-risk of malaria such as bed nets, plastic screens; 2. wide use of anti-malarial drugs; 3. use of household pyrethrum sprays(produced locally in Tanzania); 4. village dry season larvicidal control; 5. larvivorous fish; and 6. health education. It is essential that those attempting to carry out such activities be closely associated with the project villages. It is planned that the major efforts in this project would be carried out by a member of the village itself. Through these or similar measures, the project can be directed towards the achievement of the large health goal of lowering the malaria morbidity and mortality rates of the community. This project is in accord with the recommendations of the report made by a group of AID consultants who visited several areas of Africa from April 27 - May 30, 1975 to review the possibilities for such a self-help system.

B. The project outputs necessary to achieve the project purpose will include the creation of a national working staff of six persons which is trained in health education, malaria control, environmental health and public health, which under the trained guidance of a malaria technical officer would develop a variety of self-help programs for malaria control in 20 to 25 African rural villages. The detailed planning for the project will have to be coordinated with: 1. World Health Organization and Nigerian Government; and, 2. the Government of Tanzania and the WHO Inter-country team located in Dar Es Salaam. The use of a limited number of participant training grants for short term observation studies for staff would also provide trained malaria control personnel at the end of the project.

The project's major technical inputs to be financed by AID will be confined to two technical officers recruited and supervised by the WHO and six national public health workers, three at each project site. The physical resources to be financed by AID will include supplies, field and spraying equipment, chemicals, six vehicles, bicycles, anti-malaria drugs, and limited local cost support for approximately 25 village workers. It is planned that the project site in Nigeria would use the physical facilities of the WHO research station and AID will contribute a pro-rata share of its support costs for training, office work and storage. In Tanzania, it is hoped that Government of Tanzania facilities might be available which could be used by the project. There also may be physical facilities in Amani, Tanzania for this purpose at the Institute of Tropical Diseases which is directed by Dr. Philip Wegesa. The project would obtain village workers selected by the villagers from the villages that are to be included in the trials, train these workers as close to the village as possible and for only a very limited period and set up some sort of a supervision and referral system. The training would focus on developing methods which village people themselves can participate in without large scale financial inputs. Adequate and effective supervision is an absolute necessity.

The period of the project would range over three years from 1978-80.

C. The major assumptions pertinent to project success are that both the national and WHO groups support the project targets and provide coordination for the project activities. The project also assumes that suitable test areas can be determined and that the villagers would respond favorably to the idea of trying malaria control procedures as well as being available for participation in the training and the trials. It is equally important to assume that the work can be integrated with other health development activities within the village community. It is foreseen that the project will not be successful if the work does not interlock with other village development activities.

D. Nigeria has recently initiated a major malaria control effort and has allotted upwards of 60 million dollars to this effort. The organization of the malaria control effort is very active in Nigeria at the present time and the health development situation appears to be ripe for acceptance and action on new ideas. The WHO test site at Benin was created in 1975; and the WHO is looking for projects

such as this one to fit into its testing plans. In Tanzania, the work on malaria control is very limited and generally confined to clinical treatment. Some insecticide spraying does take place, but there are no country-wide national malaria control schemes as there are in other parts of the world. A WHO inter-country malaria team is assigned in Dar Es Salaam and could be used for the supervision and training required in the project. The addition of a WHO technical officer to that team would appear to be administratively sound and his assignment to Dar Es Salaam would afford a base from which he could assist in execution of the project.

E. The alternatives to the project are to continue to rely on the slow development of the formalized health service structure to provide malaria control services. The thrust of this project is to attempt to demonstrate that villagers can and will participate physically and financially in the improvement of their health if given limited training, mass education, supplies and supervision.

F. The major beneficiaries of this project will be people in the lower economic stratas of society living in rural or semi-rural areas. Especially affected by this project are the women and children as the major thrusts of the project will be aimed at this group.

G. The spread effect of this project will be dependent on whether successful techniques can be developed for rural villages using low-cost, self-help methods. If some insights can be obtained by this project as to what techniques are possible, and replicable, then the spread effect could be very great in Africa. Whether these same techniques would be effective in Asia is not clear, but one would assume that technology of this type would be transferable.

H. The environmental impact of this project would be favorable as methodology is being developed to use methods mainly outside of residual insecticides to control malaria. If water management and source reduction techniques are developed, then the environment will be improved.

## II. AID Financial Requirements and Plans

A. The project estimates are as follows ($1,000's):

| | | Fiscal Years | | | |
|---|---|---|---|---|---|
| 1. | Benin, Nigeria: | 78 | 79 | 80 | Total |
| | Technical Asst.* | 60 | 65 | 70 | 195 |
| | Travel, per diem | 12 | 12 | 12 | 36 |
| | Physical facilities | 5 | 5 | 5 | 15 |
| | Local costs | 15 | 15 | 15 | 45 |
| | Vehicles, parts | 32 | 5 | 5 | 42 |
| | Supplies, equip. | 10 | 12 | 12 | 36 |
| | Total | 134 | 107 | 112 | 353 |
| 2. | Tanzania: | 78 | 79 | 80 | Total |
| | Technical asst.* | 60 | 65 | 70 | 195 |
| | Travel, per diem | 12 | 12 | 12 | 36 |
| | Physical facilities | 5 | 5 | 5 | 15 |
| | Local costs | 15 | 15 | 15 | 45 |
| | Vehicles, parts | 32 | 5 | 5 | 42 |
| | Supplies, equip. | 10 | 5 | 5 | 20 |
| | Total | 134 | 107 | 112 | 353 |
| 3. | Total Costs Summary: | 78 | 78 | 80 | Total |
| | Nigeria | 134 | 107 | 112 | 353 |
| | Tanzania | 134 | 107 | 112 | 353 |
| | Add: Consultants | 12 | 12 | 16 | 40 |
| | | 280 | 226 | 240 | 746 |

* One technical officer, three national public health assistants

B. This project will be funded primarily by AID. There will be in-kind/direct contributions over the life of the project from WHO and the Host Governments and these are now estimated at $40,000 for WHO and $14,000 from the Host Government. In the case of each country, the project will be integrated as part of a larger development program.

III. Development of the Project

A. There are a number of studies and documents which relate to self-help projects in Africa. These documents will need to be reviewed and studied prior to the preparation of the PP to provide more specific focus to the objectives of the project. There is a need to discuss the project at length with the WHO both in Geneva and in the field. If the PID is approved, it will be necessary to carry out these discussions as soon as possible. Preliminary discussions with WHO have resulted in their informal request for AID assistance in the execution of this type of project, but many of the details will have to be carefully reviewed by TA/H prior to the preparation of the PP. When the PP has been drafted it will have to be reviewed with WHO during a joint AID/WHO visit to the field sites to coordinate with the Host Government and to get a general agreement as to the field areas which might be available and agreeable to the Host Government for the project. If one government or the other is not in favor of the project as written, then an alternative site in Kisumu, Kenya will be explored. In any case, the Host Governments will have to be informally approached by WHO after the PID approval to obtain government response to such a project and their views as to how the project can be integrated into their development pattern.

B. The documentation schedule for the PP is as follows:

| | Submitted | Approved |
|---|---|---|
| PP | Dec. 77 | Feb. 78 |

The PP will require six man-months of consultant time, three months for writing and documentation and two months for field review and base line data collection. Two months of this field consultant period will be spent in French-speaking Africa on a review of possible self-help project situations. An additional five days of consultant time will be required at the end of the PP documentation for outside review opinions. There are no field AID Mission fiscal inputs required as the work will be centrally funded and executed through WHO agreements or contracts. Special assistance will be required for the social and economic analysis portions of the PP and these inputs are included in the six months of consultant time.

* See Issue III for reason for visit to French-speaking Africa.

IV Issues of a Policy or Programmatic Nature

1. Environmental Assessment (EA) is required for this proposed project. The cost of the EA in relation to the value of the project needs to be considered.

Discussion: The need for an EA for this project has been discussed in-depth with WHO and more discussion on the EA will take place during the Malaria Coordination Meeting in Geneva on May31 - June 1, 1977. The cost of the EA has been included in the PID along with other necessary planning costs. The general environmental impact of this project will be favorable as techniques will be employed which are as closely related to village patterns as possible. Widespread use of insecticides is not a part of the activities of this project.

2. The concept of the project is to take a systems approach to the problem of malaria in a series of African villages with the interventions to be used largely confined to those which the villagers can carry out themselves with only limited outside finance, commodities, or resources. What systems are being considered?

Discussion: The development of the specific system to be tried in the various pilot areas will not be fully developed until the planning stage. It is possible that such self-help methods might be tried within the framework of an existing rural development scheme, a public health infrastructure, a cooperative institution, a tribal council or an organized political or social structure. The type of structure will be adapted to meet the specific trial area.

3. The Project Developments are high for this project.

Discussion: The project development costs seem high for the project as there are few examples of such activity to draw experience from in Africa. There have been similar activities in Senegal and Malagasy Republic, but these activities were mainly the distribution of anti-malaria drugs. However, the systems should be studied carefully.

It is also expected that other add-on benefits in the health area may occur as a result of the project as have taken place in the Cameroons. If the project can be replicated elsewhere as is now envisaged, the cost element will be reduced considerably.

The project planning costs will include visits by one or more consultants to several countries, including a French-speaking country in order to gain insights into previous experiences there.

It is planned to use a contracting group rather than consultants on the planning aspects of the project.

4. The WHO relationships in the project must be clearly defined.

Discussion: The project has been discussed with WHO personnel both in the Malaria and Parasitic Disease Division and the Vector Biology and Control Division. More discussions with WHO will be held at the Malaria Coordination Meeting in order to sharpen their role in the project. The use of a U.S. contractor to work under WHO professional guidance seems the best arrangement.

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT DOCUMENT ACTION FORM

1. TRANSACTION CODE: [A] (A = ADD, C = CHANGE, D = DELETE)

PDAF

2. DOCUMENT CODE: 4

3. COUNTRY ENTITY: TA/H, RDA 13 Research

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 931-1179

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (Maximum 40 characters): Comprehensive Malaria Control Methods

8. RELATED DOCUMENT CODE: [1] (1 = PID, 2 = PRP)

9. PROJECT DOCUMENT ACTION (ENTER COMMENT FOR * ITEMS IN BLOCK 13):

ACTION TAKEN: [ ] (A = APPROVED, D = DISAPPROVED*, S = SUSPENDED*, CA = CONDITIONALLY APPROVED*, DD = DECISION DEFERRED*)

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH CODE C. GRANT | PRIMARY TECH CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 511 | 542 | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTALS | | | | | | | |

11. PROPOSED PLANNING RESOURCES: [ ] (1 = APPROVED, 2 = DISAPPROVED, 3 = APPROVED AS MODIFIED)

12. PROPOSED NEXT DOCUMENT: A [ ] (2 = PRP, 3 = PP)

B. PROPOSED NEXT DOCUMENT DATE: MM YY

13. COMMENTS (Maximum 240 characters):

14. ACTION REFERENCE

A. AIRGRAMS: AIDTOA
TELEGRAMS: STATE
MEMORANDA:

B. ACTION REFERENCE DATE: MM DD YY

| 15. CLEARANCES | TYPED NAME | TITLE | DATE | INITIALS |
|---|---|---|---|---|
| | Edgar A. Smith | Chief, TA/H/VBD | 4/15/77 | |
| B. | Lee M. Howard, M.D. | Director, TA/H | | |
| C. | Lohva Wakefield | Prog. Analyst, TA/PPU | | |
| D. | Robert Simpson | Director, TA/PPU | | |
| E. | | | | |
| F. | | | | |

16. RESPONSIBLE BUREAU SIGNATURE

17. ACTION DATE: MM DD YY

A.I.D. 1330-5 (5-74)

AGENCY FOR INTERNATIONAL DEVELOPMENT

# PROJECT IDENTIFICATION DOCUMENT FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE: [A] (A = Add, C = Change, D = Delete)

PID

2. DOCUMENT CODE: 1

3. COUNTRY/ENTITY: RA/H, RDA 13 Research

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 DIGITS): 931-1179

6. BUREAU/OFFICE: A. SYMBOL: TAB; B. CODE: 08

7. PROJECT TITLE (MAXIMUM 40 CHARACTERS): Comprehensive Malaria Control Methods

8. PROPOSED NEXT DOCUMENT: A. [3] (2 = PRP, 3 = PP); B. DATE: MM 04 YY 78

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION: a. INITIAL FY 79; b. FINAL FY 82

10. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 = )

| FUNDING SOURCE | LIFE OF PROJECT |
|---|---|
| A. AID APPROPRIATED | 300 |
| B. OTHER U.S. 1. | |
| B. OTHER U.S. 2. | |
| C. HOST COUNTRY | |
| D. OTHER DONOR(S) | |
| TOTAL | 300 |

11. PROPOSED BUDGET AID APPROPRIATED FUNDS ($000)

| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE C. GRANT | PRIMARY TECH. CODE D. LOAN | E. FIRST FY 79 F. GRANT | E. FIRST FY 79 G. LOAN | LIFE OF PROJECT H. GRANT | LIFE OF PROJECT I. LOAN |
|---|---|---|---|---|---|---|---|
| (1) PH | 511 | 542 | | 75 | | 300 | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| TOTAL | | | | 75 | | 300 | |

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each): 540

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH): BE; R/H; TECH

14. SECONDARY PURPOSE CODE: 513

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)

To make sound decisions on the choice of methodology for comprehensive malaria control programs involving selective use of a variety of insect control methods and their effects on target and non-target organisms as well as their effect on the environment.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

12 days - consultant for project review ($1200) plus travel ($800)
40 days - TA/H time ($4,000) plus travel ($1,250) Total - $7,250

18. ORIGINATING OFFICE CLEARANCE

a. Signature

b. Lee M. Howard, M.D.

c.

Director, Office of Health, TAB

Date Signed: MM 04 DD 18 YY 77

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-2 (3-76)

# PROJECT IDENTIFICATION DOCUMENT (PID)

Title: Technological Development of Comprehensive Malaria Control

## I. Summary of the Problem and Proposed Response

Approximately two-thirds of the world's population live in the econominally poorer tropical and subtropical areas of the world where the control of communicable diseases is a problem. This is particularly true of malaria which takes a heavy toll in mortality and morbidity particularly among the younger age groups.

In recent years there has been a build-up of malaria incidence, particularly in Asia and Central America. The reasons for this increase are various but include resistance of the vector to available insecticides, drug resistance of the parasite, lack of government support, political instability, overconfidence, and public apathy.

Recent concern for the protection of the environment and the unavailability of newer insecticides that are biodegradable and the increasing evidence that more of the important malaria vectors are becoming resistant, makes it incumbent upon the people concerned with the control of malaria, that new techniques be developed for the comprehensive control of the malaria vectors.

It is becoming evident that one must look to other methods which will accomplish this goal. In the scientific literature of the last two decades there has been increased interest in the development of what is called "Biological Control". This is the study of the effect of

natural predators, parasites or obligate insect pathogens. In addition, there have been developed sophisticated studies on insect growth regulators, synthetic insect hormones, synthetic attractants including insect sex lures, that have been used to disrupt normal mating behavior. Further advances are studies on the use of sterile insect release technique (SIRT) and chromosomal translocations causing sterile mating. Some of these techniques are self-perpetuating resulting eventually in an equilibrium of the population at a level that would reduce the transmission of malaria or other mosquito borne diseases. Further, a side benefit would be the possible spin-off applicability of methodology in the reduction of other medically important insects.

## II. Financial Requirements and Plans

### A. Project Estimates

| Item | 1979 | 1980 | 1981 | Total |
|---|---|---|---|---|
| Research Contracts | 70,000 | 100,000 | 125,000 | 295,000 |
| Consultants | 5,000 | | | 5,000 |
| | 75,000 | 100,000 | 125,000 | 300,000 |

The initial year would be devoted to exploring the possibility of developing a comprehensive malaria control program. Perhaps the mechanism could be a network of collaborating research institutions, similar to the research network operating in the development of a malaria vaccine. Admittedly an effective integrated comprehensive malaria control is not in sight, but it is necessary to start at some point and it is felt that point has come and a project should be programmed now.

III. Development of the Project

A. The development of this project will require an in-depth review of the pertinent literature of the past 15 years on biological, insect hormones, and insect attractants as insect control methods and the effect upon target and non-target organisms and their effect on the environment. This literature review could be done by contract with an appropriate one or more individuals and probably could be completed in six man-months. Further this review would indicate those institutions and researchers active in the field. This is in accord with many of the recommendations contained in the publication "Pest Control Strategies for the Future, National Academy of Sciences (1972).

Upon review, recommendations can be made and decisions arrived at on the method of choice in research for a comprehensive malaria control program which could involve selective use of methods which are currently in the experimental stage of development, e.g. pyrethoids, encapsulation of newly developed larvicides, source reduction and water management, etc.

Special attention would be to arrive at a methodology that would have the least detrimental effect upon the environment and the greatest benefit in the reduction of disease vectors.

IV. Issues of a Policy or Programmatic Nature

A. This project fits well with the policy aim of AID of eliminating or reducing the dependence of malaria control programs on unacceptable and undesirable pesticides.

B. The programmatic issue which could arise is the establishment

of a workable network of research institutions and a review mechanism ensuring that the most qualified scientists will be contracted to engage in this activity.

CLUSTER #0006

NON-CLUSTER ACTIVITIES

Office of Health

Activities which cannot be attributed to Specific Clusters

A-2

Activity Coordinator L.M. Howard, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster

($ in thousands)

Priority Base

Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| 1. ABS preparation, review & approval | | | | | | 211 | | | | | 236 | | | 240 | | | |
| 2. CP preparation, review & approval | | | | | | 88 | | | | | 96 | | | 89 | | | |
| 3. OYB preparation, review & approval | | | | | | 37 | | | | | 36 | | | 36 | | | |
| 4. Liaison w/IO & Prof. Orgs. | | | | | | 24 | | | | | 33 | | | 30 | | | |
| 5. Response to Inquiries | | | | | | 8 | | | | | 13 | | | 13 | | | |
| 6. Dev. & review Policy & Position Papers | | | | | | 40 | | | | | 40 | | | 40 | | | |
| 7. Meetings | | | | | | 55 | | | | | 70 | | | 86 | | | |
| 8. Training | | | | | | - | | | | | 5 | | | 3 | | | |
| 9. R&D Priorities | | | | | | 6 | | | | | 8 | | | 5 | | | |
| 10. Participation in Country Priorities | | | | | | 7 | | | | | 8 | | | 7 | | | |
| TOTAL | | | | | - | 476 | - | - | - | - | 544 | - | - | 549 | | | |

(*) Project also has significant amount of research activity

(**) Project also has significant amount of adaptation or application activity

(***) Project also has significant field service element

Office of Health

Activity Coordinator L.M. Howard, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster
($ in thousands)

Activities which cannot be attributed to Specific Clusters — A-2

Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Regional Bureau & Mission Service | | | | | | | | | | | | | | | | | |
| 1. Response to Inquiries | | | | | | 5 | | | | | 7 | | | 7 | | | |
| 2. Liaison w/IO & Prof. Org. | | | | | | 4 | | | | | 4 | | | 2 | | | |
| | | | | | - | 9 | - | - | - | - | 11 | - | - | 9 | - | | |
| C. Project Development & Management | | | | | | | | | | | | | | | | | |
| 1. ABS preparation, review & approval | | | | | | 2 | | | | | 2 | | | 2 | | | |
| 2. CP preparation, review & approval | | | | | | 2 | | | | | 2 | | | 2 | | | |
| 3. Response to Inquiries | | | | | | 2 | | | | | 3 | | | 3 | | | |
| 4. Liaison w/IO & Prof. Org. | | | | | | 4 | | | | | 4 | | | 2 | | | |
| | | | | | - | 10 | - | - | - | - | 11 | - | - | 9 | - | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office of Health

Activities which cannot be attributed to Specific Clusters A-2

Technical Assistance Bureau Program Review

Activity Coordinator L.M. Howard, M.D.

Office Summary of Proposed Obligations by Cluster
($ in thousands)

Priority Base
Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui-dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D. Contacts and Interactions with International & Professional Organizations & Other Professional Offices | | | | | | | | | | | | | | | | | |
| 1. Response to Inquiries | | | | | | 3 | | | | | 3 | | | 3 | | | |
| 2. Liaison w/IO & Prof. Orgs. | | | | | | 108 | | | | | 118 | | | 115 | | | |
| 3. R & D Priorities | | | | | | 2 | | | | | 3 | | | 2 | | | |
| 4. Participation in Country Priorities. | | | | | | 2 | | | | | 6 | | | 5 | | | |
| 5. Personnel Recruitment | | | | | | 2 | | | | | 2 | | | 2 | | | |
| 6. Meetings | | | | | | 20 | | | | | 20 | | | 20 | | | |
| | | | | | - | 137 | | | | - | 154 | - | - | 149 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office of Health

Activities which cannot be attributed to Specific Clusters A-2

Activity Coordinator L.M. Howard, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster
($ in thousands)

Priority Base

Date 4/15/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Total | FY 1977 Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Total | FY 1978 Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Total | FY 1979 Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E. Administration and Supervision | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | - | 806 | - | - | - | - | 943 | - | - | 985 | | | |
| GRAND TOTAL | | | | | | 1438 | | | | | 1663 | | | 1701 | | | |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office of Health

Activities which cannot be attributed to Specific Clusters A-2

Activity Coordinator L.M. Howard, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster
($ in thousands)

Priority 1

Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consul-tants | FY 1977 Unliqui dated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consul-tants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consul-tants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| 1. ABS preparation, review & approval | | | | | | - | | | | | - | | | 4 | | | |
| 2. C.P. preparation, review & approval | | | | | | - | | | | | - | | | 1 | | | |
| 3. OYB preparation, review & approval | | | | | | - | | | | | - | | | 1 | | | |
| 4. Staff Meetings | | | | | | - | | | | | 2 | | | 10 | | | |
| TOTAL | | | | | - | - | - | - | - | - | 2 | - | - | 16 | - | - | - |
| E. Administration and Supervision | | | | | - | - | - | - | - | - | 8 | - | - | 40 | - | - | - |
| GRAND TOTAL | | | | | - | - | - | - | - | - | 10 | - | - | 56 | - | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

Office of Health

Activity Coordinator L.M. Howard, M.D.

Technical Assistance Bureau Program Review

Office Summary of Proposed Obligations by Cluster
($ in thousands)

Activities which cannot be attributed to Specific Clusters A-2

Priority III

Date 4/29/77

| | Page in ABS | Des. Cat. | Obl. Stat. | RDA | FY 1977 Revised OYB | FY 1977 Work Days Total | FY 1977 Work Days Consultants | FY 1977 Unliquidated 9/30/77 | FY 1978 C. P. | FY 1978 C.P. Redist | FY 1978 Work Days Total | FY 1978 Work Days Consultants | FY 1979 Reqst'd Amount | FY 1979 Work Days Total | FY 1979 Work Days Consultants | Project Service Apprv'd Thru | Revised or New PP Due Mo/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Planning & Strategizing | | | | | | | | | | | | | | | | | |
| Staff Meetings | | | | | - | - | - | - | - | - | - | - | - | 2 | - | - | - |
| E. Administration and Supervision | | | | | - | - | - | - | - | - | - | - | - | 8 | - | - | - |
| Grand Total | | | | | - | - | - | - | - | - | - | - | - | 10 | - | - | - |

(*) Project also has significant amount of research activity
(**) Project also has significant amount of adaptation or application activity
(***) Project also has significant field service element

PART II - CLUSTER #1101

# ONGOING PROJECT FISCAL DATA SHEET, F- 1

**A. Project Identification**

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0055 4. Code 533
5. Project Title Colombia Health Delivery Systems
6. Contractor: Tulane University
7. Contract No. ta-C-1125
8. Project Manager Francis J. Murphy
9. Appropriation 2 10 Category B

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 77 | FY 78 |
| 2. Service: | FY 75 | FY 78 | FY 78 |
| 3. LOP Costs: | | $1024 | $1119 |

**C. Countries**

Colombia

**D. Project Documentation Status Data**

1. Date Current Approval 11/11/75
2. New/Revised PP due TA/PPU N/A
3. Date Last Eval. 12/14/76
4. Date of Current PAR 4/15/77
5. Next Evaluation 5/15/78
   - In-depth Evaluation X
   - Terminal Evaluation
   - Special Evaluation
6. Period 12/76 - 5/78

**E. Project Description**

**1 Planned Outputs**

1. Establish an evaluation system for a model low cost health delivery system in peri-urban area of Cali, Colombia.
2. Written evaluation methodology and published reports of evaluation research.
3. Trained personnel.

**2. Progress in Achieving Outputs/Est. Completion Date**

1. Model low cost delivery system in place and active. Phase II Evaluation Research Studies (5), data for first round has been completed.
2. Evaluation methodology published. First round data of 5 evaluative studies now undergoing analysis.
3. Training was completed in March 1977 for 3 Colombian professionals.

**3. Purpose of Project/Anticipated Achievement Date**

To establish an evaluative model for peri-urban low cost integrated health delivery system.

Project achievement date - October 1978

**4. Project Change Requiring Revised PP and/or PAF**

N/A

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 20 | | | | 20 |
| 1978 | 18 | | | | 18 |
| 1979 | - | | | | - |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 961 | | | | 6 | 27 | 994 | 477 | 517 | 12 | 77 | Start up and two year funding for |
| 2. Est. FY 1977 | | | | | | | | 517 | | | | Phase II activities |
| 3. Est. FY 1978 | 100 | 186 | | | | 25 | 125 | 125 | | 10 | 78 | Ten month project extension |
| 4. Proposed FY 1979 | | | | | | | | | | | | and final evaluation |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 1061 | | | | 6 | 52 | 1119 | 1119 | | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title: Health Delivery Systems
3. Project # 0211 4. Code 500
5. Project Title: Health Facilities Administration
6. Contractor: American Hospital Assoc. (AHA)
7. Contract No. CM/ta-BOA 73-46
8. Project Manager Francis J. Murphy
9. Appropriation 2 and 4 10 Category C

**B. Project Approval Status ($000)**

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 70 | FY 78 | FY 81 |
| 2. Service: | FY 70 | FY 79 | FY 82 |
| 3. LOP Costs: | | $ 521 | $ 727 |

**C. Countries**

EL SALVADOR
CYPRUS

**D. Project Documentation Status Data**

1. Date Current Approval 5/28/76
2. New/Revised PP due TA/PPU
3. Date Last Eval, 9/75
4. Date of Current PAR 9/75
5. Next Evaluation 6/77
   In-depth Evaluation X
   Terminal Evaluation
   Special Evaluation
6. Period 9/75 - 6/77

**E. Project Description**

**1 Planned Outputs**

1. Technical advice and information including corres- with Missions and LDC's in the broad field of hospital and health facilities administration.

2. Assistance on the recruitment of U.S. personnel for consultant and direct hire postiions in LDC's.

3. Planning and evaluation of A.I.D. sponsored training programs in health facility administration including backstopping of certain A.I.D. participants.

4. Promotion and strengthening of voluntary hospital associations in LDC's.

5. Maintenance of an information center on health facilities and on training in U.S. chools of hospital administration.

**2. Progress in Achieving Outputs/Est. Completion Date**

1. Provided advice to 40 countries through 400 pieces of correspondence.

2. Identified 12 consultants for overseas consultations, provided personal consultation in El Salvador and Nicaragua provided a consultant through a BOA Task Order for Cyprus.

3. Participated in training program and strategy in Nicaragua. Backsgopped 5 long term participants and 10 short term participants.

4. Helped plan and will attend International meeting at Tokyo, Japan in May 1977, and in Mexico 1966.

5. Ongoing Activity

**3. Purpose of Project/Anticipated Achievement Date**

This Technical Service BOA provides professional consultation and international experience for planning, improving, and strengthening health facilities, and administration in support of Low Cost Rural and Urban Delivery Systems in LDC's.

AA DATE - 3/31/79

**4. Project Change Requiring Revised PP and/or PAR**

FY 79 a Revised PP with identical scope of work, but funding changed from present Basic Ordering Agreement with Task Order #1 for core staff to direct TAB contracting arrangement.

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 9 | | | | 9 |
| 1978 | 9 | | | | 9 |
| 1979 | 11 | | | | 11 |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 392 | | | | | | 392 | 362 | 30 | 3 | 77 | |
| 2. Est. FY 1977 | 62 | 24 | | | | | 62 | 62 | 30 | 3 | 78 | Service Year |
| 3. Est. FY 1978 | 66 | 24 | | | | | 66 | 63 | 33 | 3 | 79 | Service Year |
| 4. Proposed FY 1979 | 66 | 24 | | | | | 66 | 67 | 32 | 3 | 80 | Service Year |
| 5. Proposed FY 1980 | 69 | | | | | | 69 | 69 | 32 | 3 | 81 | Service Year |
| 6. Proposed FY 1981 | 72 | | | | | | 72 | 72 | 32 | 3 | 82 | Service Year |
| 7. All other | | | | | | | | 32 | | | | |
| 8. TOTAL | 727 | | | | | | 727 | 727 | | | | |

A. Project Identification

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0235 4. Code 530
5. Project Title MEDEX Phase II
6. Contractor: OIH, DHEW
7. Contract No. RSSA HEW/OIH 1-76
8. Project Manager Donald C.E. Ferguson
9. Appropriation 2 10 Category B

ONGOING PROJECT FISCAL DATA SHEET F- 1

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 76 | FY 77 | FY 78 |
| 2. Service: | FY 76 | FY 78 | FY 78 |
| 3. LOP Costs: | | $ 884 | $ 901 |

C. Countries

Thailand
Korea
Pakistan
Lesotho
Jordan
Chad
Ethopia
Fuyana

D. Project Documentation Status Data

1. Date Current Approval 11/3/75
2. New/Revised PP due TA/PPU NA
3. Date Last Eval, 2/18/77
4. Date of Current PAR 2/19/77
5. Next Evaluation 2/10/78
   In-depth Evaluation
   Terminal Evaluation X
   Special Evaluation
6. Period 2/77 - 2/78

E. Project Description

1 Planned Outputs

1. A draft detailed curriculum (STEM modules) for teaching medically approved basic health skills designed, and refined.

2. Technical assistance for assessing feasibility (reconnaissance visits).

3. Project development and design assistance in approximately six requesting countries.

4. Draft guidelines of MEDEX for the use of national health planners which include the philosophy, organizational procedures and evaluation.

2. Progress in Achieving Outputs/Est. Completion Date

1. Drafting on all STEM modules, with 15 in final draft stage by December 1977.

2. Follow on visits have been made to Pakistan, Guyana, Lesotho, Liberia, Korea, Cameroon, Chad, Central African Empire, Ethiopia, Jordan, Nepal, Philippines, Ghana, Barbados.

3. Project design assistance has been provided to Lesotho, Pakistan, Chad, Guyana. Jordan, Philippines, Cameroon are expected to included by end of project.

4. Draft Guidelines will be completed by December 1977.

3. Purpose of Project/Anticipated Achievement Date

The purpose of this project is to develop a new approach and methodology for the accelerated training and deployment of mid-level health manpower, and to provide guidance and project design assistance to requesting LDCs.

4. Project Change Requiring Revised PP and/or PAF

A new and expanded project PID is being submitted.

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 13 | | | | 13 |
| 1978 | 6 | | | | 6 |
| 1979 | - | | | | - |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 768 | | | | | 64 | 832 | 335 | 497 | 12 | 77 | two year funding for subcontract staff |
| 2. Est. FY 1977 | 52 | 12 | | | | | 52 | 447 | 102 | 9 | 77 | Incremental funding of RSSA staff |
| 3. Est. FY 1978 | 17 | 3 | | | | | 17 | 119 | - | 12 | 77 | Incremental funding of RSSA staff |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 837 | | | | | 64 | 901 | 901 | | | | |

A. Project Identification

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0235 4. Code 530
5. Project Title ~~MEDEX Phase II~~
6. Contractor: University of Hawaii
7. Contract No. DHEW ASH75-277
8. Project Manager Richard B. Ulrich, M.D.
9. Appropriation 2 10 Category B

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 76 | FY 77 | FY |
| 2. Service: | FY 76 | FY 78 | FY |
| 3. LOP Costs: | | $ 786 | $ |

C. Countries

1/

D. Project Documentation Status Data 1/

1. Date Current Approval
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation
6. Period

E. Project Description

1. Planned Outputs 1/

2. Progress in Achieving Outputs/Est. Completion Date

1/

3. Purpose of Project/Anticipated Achievement Date

1/

4. Project Change Requiring Revised PP and/or PAF

1/

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | | | | | |
| 1978 | | | | | |
| 1979 | | | | | |

1/ See Summary F-1 Table
Because RSSA staff and contractor personnel function as an entity in the pursuit of the project, it is not feasible or possible to identify or evaluate their inputs or outputs in separate analyses.

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 722 | | | | | 64 | 786 | 289 | 497 | 12 | 77 | Two year funding of subcontract staff |
| 2. Est. FY 1977 | | | | | | | | 395 | 102 | | | |
| 3. Est. FY 1978 | | | | | | | | 102 | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 722 | | | | | 64 | 786 | 786 | | | | |

SUB-PROJECT FISCAL DATA SHEET F-3

A. Project Identification
1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0235 4. Code 530
5. Project Title MEDEX Phase II
6. Contractor: OIH/DHEW
7. Contract No. RSSA HEW/OIH-1-76
8. Project Manager Donald C.E. Ferguson
9. Appropriation 2 10 Category B

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 76 | FY 77 | FY 78 |
| 2. Service: | FY 76 | FY 78 | FY 78 |
| 3. LOP Costs: | | $ 98 | $115 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation
In-depth Evaluation
Terminal Evaluation
Special Evaluation
6. Period

E. Project Description

1 Planned Outputs

See Summary F-1 Table.

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | | | | | |
| 1978 | | | | | |
| 1979 | | | | | |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 46 | | | | | | 46 | 46 | | 9 | 76 | Incremental funding of |
| 2. Est. FY 1977 | 52 | 12 | | | | | 52 | 52 | | 9 | 77 | RSSA staff |
| 3. Est. FY 1978 | 17 | 3 | | | | | 17 | 17 | | 12 | 77 | Incremental funding of RSSA staff |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 115 | | | | | | 115 | 115 | | | | |

A. Project Identification

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title: Health Delivery Systems
3. Project # 1180 4. Code 530
5. Project Title MEDEX Primary Health Care Systems
6. Contractor: University of Hawaii & DHEW RSSA
7. Contract No.
8. Project Manager D. Ferguson
9. Appropriation 4 10 Category B

PROJECT FISCAL DATA SHEET F-2

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 78 | FY | FY 82 |
| 2. Service: | FY 78 | FY | FY 83 |
| 3. LOP Costs: | | $ | $ 5334 |

C. Countries

Pakistan
Guyana
CAE
Chad
Lesotho

D. Project Documentation Status Data

1. Date of Current PID Approval N/A
2. Draft Project Paper due TA/PPU 8/77

E. Project Description

PROJECT GOAL (stay within brackets)

[To extend the delivery of integrated health systems to the majority of populations of LDC's at a cost which developing countries can support without prolonged external assistance.]

PROJECT PURPOSE(S) (stay within brackets)

[The purpose of this project is to: 1) Refine and apply the MEDEX Technology for designing & implementation of primary health care systems; to field test and further adopt the Stem Training modules; and provide technical cooperation in design and assistance in implementation of programs which improve/expand primary health care services coverage in LDC's.]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 14 | | | | 14 |
| 1978 | 18 | | | | 18 |
| 1979 | 24 | | | | 24 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) WM | (2) Participants Dollars | (2) WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | 583 | 153 | | | | | 583 | 440 | 143 | 1 | 79 | Incremental funding for each year as shown |
| 4. Proposed FY 1979 | 1134 | 264 | | | | | 1134 | 987 | 290 | 1 | 80 | |
| 5. Proposed FY 1980 | 1149 | | | | | | 1149 | 1159 | 280 | 1 | 81 | |
| 6. Proposed FY 1981 | 1204 | | | | | | 1204 | 1180 | 304 | 1 | 82 | |
| 7. All other | 1264 | | | | | | 1264 | 1568 | | 1 | 83 | |
| 8. TOTAL | 5334 | | | | | | 5334 | 5334 | | | | |

ONGOING PROJECT FISCAL DATA SHEET F-1

A. Project Identification
1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0239 4. Code 539
5. Project Title Teaching Community Medicine, Phase III
6. Contractor: Boston University
7. Contract No. ta-C-1355
8. Project Manager Francis J. Murphy
9. Appropriation 2 10 Category B

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY TQ | FY 78 | FY |
| 2. Service: | FY TQ | FY 79 | FY |
| 3. LOP Costs: | | $ 683 | $ |

C. Countries
El Salvador
Bolivia
Nepal
Chile
Nicaragua
Honduras
Guatemala
Bahrein
Peru, etc.

D. Project Documentation Status Data
1. Date Current Approval 8/2/76
2. New/Revised PP due TA/PPU 8/77
3. Date Last Eval, NA
4. Date of Current PAR NA
5. Next Evaluation 10/77
In-depth Evaluation X
Terminal Evaluation
Special Evaluation
6. Period 9/76 - 10/77

E. Project Description

1. Planned Outputs

1. Curricula developed or revised at request of LDC's and in collaboration with Field Directors.

2. Contractor trained LDC nationals to provide leadership in systematic instructional design for the health fields.

3. Trained teachers of health professions by Field Directors with support from contractor.

4. Adapt, field test and publish a simplified version of text Systematic Course design for the Health Field and a Teachers Manual for use in LDC's.

2. Progress in Achieving Outputs/Est. Completion Date

1. Cable requests for proposed or immediate assistance received from 22 countries.

2. Two Bolivian Nationals arrived at Boston University on 4/4/77 for training.

3. On going in Bolivia, El Salvador, and Honduras.

Field test sites in process of selection.
Text in process of adaptation. Teachers manual first draft completed.

3. Purpose of Project/Anticipated Achievement Date

To improve the teaching and training of health professional and paramedical personnel in LDC's.

Anticipated achievement date 9/19/79.

4. Project Change Requiring Revised PP and/or PAF

N/A

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 39 | | | | 39 |
| 1978 | 35 | | | | 35 |
| 1979 | 4 | | | | 4 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|
| | |

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 419 | | | | | 18 | 437 | -0- | 437 | 8 | 78 | Phase III. Utilization; 2 yr. funding |
| 2. Est. FY 1977 | | | | | | | | 225 | 212 | | | |
| 3. Est. FY 1978 | 214. | 60 | | | | 7 | 246 | 265 | 193 | 8 | 79 | Third year utilization |
| 4. Proposed FY 1979 | | | | | | | | 193 | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 633 | | | | | 25 | 683 | 683 | | | | |

A. Project Identification

1. Cluster # 1101 Title Health Delivery Systems

2. RDA # 11 Title Health Delivery Systems

3. Project # 1174 4. Code 530

5. Project Title Develop Health Manpower Training Capability

6. Contractor: Boston University

7. Contract No.

8. Project Manager Francis J. Murphy

9. Appropriation 2 10 Category B

# PROJECT FISCAL DATA SHEET F-2

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 81 |
| 2. Service: | FY 79 | FY | FY 82 |
| 3. LOP Costs: | | FY | $ 1117 |

C. Countries

All Regions
LA
AFR
ASIA
NE

D. Project Documentation Status Data

1. Date Current Approval New Project
2. New/~~Revised~~ PP due TA/PPU 8/77
3. Date Last Eval, NA
4. Date of Current PAR NA
5. Next Evaluation NA
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation
6. Period

E. Project Description

PROJECT GOAL (stay within brackets)

To extend the delivery of integrated health systems to the majority of populations of LDC's at a cost which developing countries can support without prolonged external assistance.

PROJECT PURPOSE(S) (stay within brackets)

To develop innovative solutions to expedite development of curricula for training those categoires of health manpower involved in the delivery of health services to the poor majority in LDC's, and to continue to work with collaborators in the LDC's.

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 2 | | | | 2 |
| 1978 | 4 | | | | 4 |
| 1979 | 40 | | | | 40 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 1068 | 154 | | | | 49 | 1117 | - 5 - | 1112 | 9 | 82 | Life of Project funding |
| 5. Proposed FY 1980 | | | | | | | | 380 | 732 | | | |
| 6. Proposed FY 1981 | | | | | | | | 362 | 370 | | | |
| 7. All other | | | | | | | | 370 | | | | |
| 8. TOTAL | 1068 | | | | | 49 | 1117 | 1117 | | | | |

A. Project Identification

1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0971 4. Code 530
5. Project Title Development and Evaluation of Integrated Health Delivery Systems (DEIDS)
6. Contractor: APHA
7. Contract No. ta-C-1320
8. Project Manager Donald C. E. Ferguson
9. Appropriation 4 10 Category B

ONGOING PROJECT FISCAL DATA SHEET F- 1

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 72 | FY 78 | FY 81 |
| 2. Service: | FY 73 | FY 79 | FY 82 |
| 3. LOP Costs: | | $ 10,539 1/ | $15,979 |

C. Countries

Thailand
Guatemala
Korea
CAR
Liberia
Egypt

D. Project Documentation Status Data

1. Date Current Approval 5/26/76
2. New/Revised PP due TA/PPU 1/78
3. Date Last Eval, 8/14/75
4. Date of Current PAR 11/31/75
5. Next Evaluation 5/77
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period 5/76 - 5/77

E. Project Description

1 Planned Outputs

1. Continued testing of the hypothesis in the Thai subproject that majority coverage can be provided target populations at affordable costs.
2. Provide technical assistance to requesting countries on asse sing feasibility, project design, evaluation of integrated health delivery systems.
3. Develop and publish guidelines for evaluating local and national integrated delivery systems.
4. Research and publish State-of-the-Art survey of low cost health delivery systems.
5. Establish an information exchange system (including the publishing of Monographs and a Newsletter)
6. Promotion and coordination of integrated health delivery activities. Includes conferences.

2. Progress in Achieving Outputs/Est. Completion Date

1. Project completed second successful year with 2,749 communicators, health post vol., traditional midwives and 15 MEDEX trained and in place and 26 MEDEX in preceptor training. Services in place in Hang Chet District, being extended to 6 additional districts by 12/78, entire province (11 districts by 12/79; progress increase in target pop. with convenient acess from 40% in 1979 to 65% in 1981. Evaluation activities ongoing; experience being disseminated.
2. T.A. provided to 19 countries in assessment, design and/or evaluation.
3. Evaluation format completed.
4. Phase I State-of-Art Summary report completed and 780 copies distributed.
5. 4665 copies (Eng. Fr.Sp.) of first issue quarterly Newsletter, "Salubritas," disseminated 1/77. Channels of communication for information exchange being established. First Monograph ready for publication and second in outline form.
6. Project funded attendance and participation at a number of Conferences and Seminars.

3. Purpose of Project/Anticipated Achievement Date

Support Agency's capability to response rapidly to requests for information, feasibility assessment, project design assistance and evaluation of systems to deliver combined health population and nutrition services to a national majority within the limits of national resources and to manage the testing of one means of delivering such services in an LDC to be completed 1979.

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 139 | | | | 139 |
| 1978 | 149 | | | | 149 |
| 1979 | 166 | | | | 166 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum.Thru 9/30/76 | 3185 | | | | | 2808 | 5993 | 4343 | 1650 | 3 | 77 | |
| 2. Est. FY 1977 | 1407 | 288 | | | | 599 | 2006 | 2052 | 1604 | 5 | 78 | |
| 3. Est. FY 1978 | 1645 | 358 | | | | 688 | 2333 | 1924 | 2013 | 9 | 79 | Support Regional Bureau programs, |
| 4. Proposed FY 1979 | 1552 | 344 | | | | 615 | 2167 | 2220 | 1960 | 9 | 80 | Implement Documentation Program |
| 5. Proposed FY 1980 | 1283 | | | | | 507 | 1790 | 1975 | 1775 | 9 | 81 | |
| 6. Proposed FY 1981 | 1215 | | | | | 475 | 1690 | 1800 | 1665 | 9 | 82 | |
| 7. All other | | | | | | | | 1665 | | | | |
| 8. TOTAL | 10,287 | | | | | 5692 | 15,979 | 15,979 | | | | |

1/ Figure calculated from total obligations of earlier contract (CSD 3424) wich were: $4,121.

A. Project Identification

1. Cluster # 1101 Title Health Delivery System
2. RDA # 11 Title Health Delivery Systems
3. Project # 0971 4. Code 530
5. Project Title DEIDS Core Staff
6. Contractor: APHA
7. Contract No. ta-C-1320
8. Project Manager D. Ferguson
9. Appropriation 4 10 Category B

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 72 | FY 78 | FY 81 |
| 2. Service: | FY 73 | FY 79 | FY 82 |
| 3. LOP Costs: | | $ 6692 | $ 9992 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 5/26/76
2. New/Revised PP due TA/PPU 1/78
3. Date Last Eval, 8/14/75
4. Date of Current PAR 11/31/75
5. Next Evaluation 5/77
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period 5/76 - 5/77

E. Project Description

1. Planned Outputs

1. Provide technical assistance to requesting countries on assessing feasbility, project design, evaluation of integrated health delivery systems.

2. Develop and publish guidelines for evaluating local and national integrated delivery systems.

3. Research and publish State-of-the-Art survey of low cost health delivery systems.

4. Establish an information exchange System (including the publishing of Monographs and a Newsletter).

5. Promotion and coordination of integrated health delivery activities, including conferences.

2. Progress in Achieving Outputs/Est. Completion Date

1. As of 2/77 425 MM days at T.A. provided to 19 countries in assessment, design and/or design.
2. Evaluation officer appt. 8/76, evaluation guidelines plan developed, format for guidelines completed.
3. Phase I State-of-Art Summary Report completed and 780 copies distributed, in process identification of 30 field projects from which 6-10 will be selected for field study.
4. 4665 copies (Eng., Fr.,Sp.) of first issue quarterly newsletter "Salubritas", distributed 1/77; channels of communication for information exchanged established with IBRD,PAHO,WHO, UN,LIFE, 48 institutions. First Monograph and second in outline form.
5. Project funded participation/attendance at a number of Conferences & Seminars. (National Council for International Health, APHA, Mexican P.H. Association, etc.).

3. Purpose of Project/Anticipated Achievement Date

Support Agency's capability to response rapidly to request for information, feasibility assessment, project design assistance and evaluation of systems to deliver combined health, population and nutrition services to a national majority within the limits of national resources and to manage the testing of on means of delivering such services in an LDC to be completed 9/79.

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 91 | | | | 91 |
| 1978 | 99 | | | | 99 |
| 1979 | 106 | | | | 106 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 1816 | | | | | 2180 | 3996 | 3189 | 807 | 4 | 77 | |
| 2. Est. FY 1977 | 967 | 233 | | | | 390 | 1357 | 1167 | 997 | 5 | 78 | |
| 3. Est. FY 1978 | 813 | 253 | | | | 319 | 1132 | 1024 | 1105 | 5 | 79 | |
| 4. Proposed FY 1979 | 962 | 270 | | | | 345 | 1307 | 1312 | 1100 | 9 | 79 | Support Regional Bureau programs |
| 5. Proposed FY 1980 | 810 | | | | | 290 | 1100 | 1125 | 1075 | 9 | 80 | |
| 6. Proposed FY 1981 | 810 | | | | | 290 | 1100 | 1100 | 1075 | 9 | 81 | |
| 7. All other | | | | | | | | 1075 | | 9 | 82 | |
| 8. TOTAL | 6178 | | | | | 3814 | 9992 | 9992 | | | | |

SUB-PROJECT FISCAL DATA SHEET F-3

A. Project Identification
1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 0971 4. Code 530
5. Project Title DEIDS Thailand Subproject
6. Contractor: APHA: Subcontractor U. of Hawaii
7. Contract No. ta-C-1320
8. Project Manager D. Ferguson
9. Appropriation 4 10 Category B

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 74 | FY 78 | FY 81 |
| 2. Service: | FY 75 | FY 79 | FY 82 |
| 3. LOP Costs: | | $ 3847 | $ 5987 |

C. Countries

D. Project Documentation Status Date
1. Date Current Approval 8/23/76
2. New/Revised PP due TA/PPU 1/78
3. Date Last Eval. 11/26/76
4. Date of Current PAR 12/14/76
5. Next Evaluation 11/77
In-depth Evaluation
Terminal Evaluation
Special Evaluation X
6. Period 11/76 - 11/77

E. Project Description

1. Planned Outputs

1. An operational system which delivers minimal family planning, nutrition and basic health services to at least two-thirds of women of reproductive age and children under six at a cost within Thai capability.
2. Dissemination of experience in Thailand.
3. Training of key public and private leaders from all Thailand provinces in the replicable elements of the system.
4. An evaluation system for utilization, impact process, replicability.

2. Progress in Achieving Outputs/Est. Completion Date

1. Demonstration project has completed second successful year with services in place in one district; services being extended to six additional districts, with all services in place and operational in 7 districts by 12/78; entire province (11 districts) covered by 12/79; progressive increase in target population with convenient access from 40% in 1979 to 65% in 1981; trained and functioning are 2,366 communicators; 212 health post volunteers; 171 traditional midwives, 15 MEDEX with 26 MEDEX in field preceptor training.
2. Experience disseminated thru 2nd annual review 11/76, seminars, publications reports.
3. Participation in annual seminar, meetings and project evaluation.
4. Community Health survey; nutrition survey, vital events monitoring; administrative, task, cost analysis.

3. Purpose of Project/Anticipated Achievement Date

To develop and evaluate a health delivery system in Lampang Province capable of providing integrated maternal and child health, family planning and nutrition services to a majority of women of child bearing age and children under six at a cost affordable by the RTG.

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| FY | LW | USA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 48 | | | | 48 |
| 1978 | 50 | | | | 50 |
| 1979 | 60 | | | | 60 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|
| | |

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 1369 | | | | | 628 | 1997 | 1154 | 843 | 4 | 77 | Implement and Evaluate Demonstration |
| 2. Est. FY 1977 | 440 | 55 | | | | 209 | 649 | 885 | 607 | 5 | 78 | Project in Thailand |
| 3. Est. FY 1978 | 832 | 105 | | | | 369 | 1201 | 900 | 908 | 9 | 79 | Project in Thailand |
| 4. Proposed FY 1979 | 590 | 74 | | | | 270 | 860 | 908 | 860 | 9 | 80 | Project in Thailand |
| 5. Proposed FY 1980 | 473 | | | | | 217 | 690 | 850 | 700 | 9 | 81 | Project in Thailand |
| 6. Proposed FY 1981 | 405 | | | | | 185 | 590 | 700 | 590 | 9 | 82 | Project in Thailand |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 4109 | | | | | 1878 | 5987 | 5987 | | | | |

1/ Figure cites U.S. technicians and U.S. consultants only.

# PROJECT FISCAL DATA SHEET F-2

A. Project Identification
1. Cluster # 1101 Title Health Delivery Systems
2. RDA # 11 Title Health Delivery Systems
3. Project # 1173 4. Code 530
5. Project Title Development of Health Training Materials
6. Contractor:
7. Contract No.
8. Project Manager F. J. Murphy
9. Appropriation 4 10 Category B

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 79 |
| 2. Service: | FY 79 | FY | FY 82 |
| 3. LOP Costs: | | FY | $ 183 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval N/A
2. New/Revised PP due TA/PPU 8/77
3. Date Last Eval, N/A
4. Date of Current PAR N/A
5. Next Evaluation
In-depth Evaluation
Terminal Evaluation
Special Evaluation
6. Period

E. Project Description

PROJECT GOAL (stay within brackets)

To extend the delivery of integrated health systems to the majority of populations of LDC's at a cost which developing countries can support without prolonged external assistance.

PROJECT PURPOSE(S) (stay within brackets)

The purpose of this project is to improve the training of LDC health personnel who work in cross cultural health programs by developing and demonstrating training methods that will assist these health workers in increasing their sensitivity to the local conditions and cultural context within which they will work.

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | | | | | |
| 1978 | | | | | |
| 1979 | 5 | | | | 5 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

F. Other Donors

| NAME | $000/Yr. |
|---|---|

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 139 | 48 | | | | 44 | 183 | 60 | 123 | 2 | 82 | Life of project funding - 3 years. |
| 5. Proposed FY 1980 | | | | | | | | 64 | 59 | | | |
| 6. Proposed FY 1981 | | | | | | | | 59 | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 139 | | | | | 44 | 183 | 183 | | | | |

Attachment G

SAMPLE: Small Activity Projects

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| A. Cluster # 1101 Title Health Delivery Systems | | | |
| 1. Small Research | | | |
| To convene in November 1978 a panel of five experts to examine the results and reports of evaluative research projects prepared by Tulane University on the PRIMOPS low cost integrated health delivery system Project at Cali, Colombia. The panel will determine the overall utility, format, type of printing, printing, publication, and distribution in order to obtain the widest distribution and replication of this $1 million series of evaluative studies. | | | 25/5 |
| 2. Special Projects - Inputs | | | |
| To provide refurbishing and costs associated with an exhibit for the annual meeting of the American Public Health Association to be held in Washington, D.C. October 30 - November 2, 1977. The exhibit will illustrate A.I.D.'s health program activities in response to the Congressional Mandate. | | 15 (HEW) | |
| To employ a Public Administration firm to investigate potential and actualities of management problems across the board which contribute to the failure or lack of success of LDC integrated low cost health delivery systems. To enumerate the problems and assist in the design of a centrally funded TA/H project to overcome these problems. | | | 35/10 |

PART II - CLUSTER #1201

A. Project Identification
1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 0035 4. Code 590
5. Project Title Training LDC Health Planners
6. Contractor: University of Michigan
7. Contract No. AID/ta-C-1101
8. Project Manager Joe W. Jacobs
9. Appropriation 2 and 4 10 Category C

ONGOING PROJECT FISCAL DATA SHEET F- 1

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 74 | FY 78 | FY 82 |
| 2. Service: | FY 74 | FY 79 | FY 84 |
| 3. LOP Costs: | | $600 | $1620 |

C. Countries
Asia
Africa
Near East
Latin America

D. Project Documentation Status Data
1. Date Current Approval 4/29/76
2. New/Revised PP due TA/PPU 11/15/78
3. Date Last Eval, 6/75
4. Date of Current PAR 6/76
5. Next Evaluation 9/30/78
In-depth Evaluation 9/30/78
Terminal Evaluation
Special Evaluation
6. Period 5/31/74 through 9/30/78

E. Project Description

1 Planned Outputs

a. Curriculum to incorporate training in the appropriate mix of disciplines to function on the interface of health and national planning.

b. Training for up to 20 LDC health planners annually.

c. Establish linkages with 2-3 LDC institutions in the curriculum of consultation in LDCs on health planning.

2. Progress in Achieving Outputs/Est. Completion Date

a. Curriculum development completed 1975.

b. A total of 13 LDC participants have been trained to date and possibly up to 12 will be attending the class that starts in September 1977.

c. Linkages have been established with health institutions in Thailand, Indonesia, Guatemala and India.

3. Purpose of Project/Anticipated Achievement Date

To assist LDCs to better integrate health sector planning and national economic development planning through the provision of training LDC economic and social planning personnel in the appropriate discipline to bring about efficient analysis and planning of health resources.

4. Project Change Requiring Revised PP and/or PAF

No changes anticipated.

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 8 | | | | 8 |
| 1978 | 8 | | | | 8 |
| 1979 | 8 | | | | 8 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|
| | |

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 350 | | | | | | 350 | 177 | 173 | 5 | 77 | |
| 2. Est. FY 1977 | 125 | 48 | | | | | 125 | 136 | 162 | 5 | 78 | |
| 3. Est. FY 1978 | 125 | 48 | | | | | 125 | 115 | 172 | 5 | 79 | |
| 4. Proposed FY 1979 | 175 | 48 | | | | | 175 | 172 | 175 | 5 | 80 | |
| 5. Proposed FY 1980 | 185 | | | | | | 185 | 180 | 180 | 5 | 81 | |
| 6. Proposed FY 1981 | 200 | | | | | | 200 | 185 | 195 | 5 | 82 | |
| 7. All other | 460 | | | | | | 460 | 655 | | 5 | 84 | |
| 8. TOTAL | 1620 | | | | | | 1620 | 1620 | | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title Health Planning
3. Project # 0065 4. Code 510
5. Project Title National Library of Medicine
6. Contractor: NIH/HEW
7. Contract No. RSSA HEW/NIH 5-74
8. Project Manager J. Jacobs
9. Appropriation 2 and 4 10. Category D

**B. Project Approval Status ($000)**

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 74 | FY 78 | FY |
| 2. Service: | FY 74 | FY 79 | FY |
| 3 LOP Costs: | | $ 259 | $ |

**C. Countries**

Asia
Latin America
Near East
Africa

**D. Project Documentation Status Data**

1. Date Current Approval 5/17/76
2. New/Revised PP due TA/PPU N/A
3. Date Last Eval, 11/1/76
4. Date of Current PAR 11/1/76
5. Next Evaluation 10/15/78
   In-depth Evaluation
   Terminal Evaluation X
   Special Evaluation
6. Period 11/2/76 - 9/30/78

**E. Project Description**

**1 Planned Outputs**

a. Inter-library loans

b. Reference searches and services

c. Subscriptions to NLM publications

**2. Progress in Achieving Outputs/Est. Completion Date**

In calendar year 1976, NLM provided to AID recipient countries 23,728 inter-library loans (supplying extracts for medical publications on requests) and 157 reference searches (furnishing citations on various biomedical subjects). In addition, in FY 1976 NLM provided 51 copies of its Index Medicus (periodic bibliography and 47 copies of its Abridged Index Medicus for subscribers in AID-supported countries.

**3. Purpose of Project/Anticipated Achievement Date**

To provide international health library services to AID recipient countries. This includes support of AID key problem areas in health, nutrition and family planning. TA/H will not fund project after FY 78 when TA/PPU/EUI may engage in a contractual arrangement with the library.

**4. Project Change Requiring Revised PP and/or PAF**

N/A

**5. Technical Office Support: (in work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 8 | | | | 8 |
| 1978 | 8 | | | | 8 |
| 1979 | | | | | |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 189 | | | | | | 189 | 124 | 65 | 9 | 77 | |
| 2. Est. FY 1977 | 70 | 36 | | | | | 70 | 76 | 59 | 9 | 78 | |
| 3. Est. FY 1978 | | | | | | | | 59 | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 259 | | | | | | 259 | 259 | | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 0067 4. Code
5. Project Title: Office of International Health
6. Contractor: OIH/HEW
7. Contract No. RSSA HEW/OIH 1/74
8. Project Manager J. Jacobs
9. Appropriation 2 and 4 10 Category C

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 76 | FY 77 |
| 2. Service: | FY 75 | FY 76 | FY 79 |
| 3. LOP Costs: | | $ 2194 | $ 7622 |

**C. Countries**

Asia
NEAR EAST
LATIN AMERICA
Africa

**D. Project Documentation Status Data**

1. Date Current Approval N/A
2. New/Revised PP due TA/PPU 4/1/77
3. Date Last Eval,
4. Date of Current PAR 10/20/76
5. Next Evaluation 10/20/78
   In-depth Evaluation X
   Terminal Evaluation
   Special Evaluation
6. Period 10/21/76 - 10/20/78

**E. Project Description**

1 Planned Outputs

a. Services to Missions include health sector assessments, assistance in project design, development, and evaluation, DAP preparation and other support in health development activities.

b. Preparation for health development activities in response to Mission/Bureau requests such as health profiles and briefing papers.

c. Other support to A.I.D.

2. Progress in Achieving Outputs/Est. Completion Date

a. Services have been provided to Nicaragua, Guatemala, Colombia, Bolivia, Jamaica, Senegal, Chad, El Salvador, Haiti, Dominican Republic, Syria, Egypt, Panama, Portugal, Jordan, Liberia and the Philippines.

b. Documents prepared for Jamaica, Syria, Bangladesh, Senegal, Pakistan, Morocco, Portugal, West Bank and Jordan.

c. Other services include: preparation of Guidelines for Health Sector Analysis (4 volumes), development of background data on water development projects, assistance on other development program issues.

3. Purpose of Project/Anticipated Achievement Date

This project provides health consultants to A.I.D. to support project development and project evaluation, particularly health sector assessments and health planning. A new PP is presently under review that will fund that project through FY 79.

4. Project Change Requiring Revised PP and/or PAF

N/A

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 75 | | | | 75 |
| 1978 | 38 | | | | 38 |
| 1979 | 40 | | | | 40 |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | 2194 | 1714 | 480 | | | |
| 2. Est. FY 1977 | | | | | | | 845 | 925 | 400 | | | |
| 3. Est. FY 1978 | | | | | | | 980 | 880 | 500 | | | |
| 4. Proposed FY 1979 | | | | | | | 1083 | 900 | 683 | | | |
| 5. Proposed FY 1980 | | | | | | | 1200 | 1100 | 783 | | | |
| 6. Proposed FY 1981 | | | | | | | 1320 | 1200 | 903 | | | |
| 7. All other | | | | | | | | 903 | | | | |
| 8. TOTAL | | | | | | | 7622 | 7622 | | | | |

A. Project Identification

1. Cluster # 1201 Title Health Planning

2. RDA # 12 Title: Health Planning

3. Project # 0101 4. Code 580

5. Project Title: Health Planning of Low-Cost Delivery Systems

6. Contractor: Johns Hopkins University

7. Contract No. CSD 1939

8. Project Manager J.W. Jacobs

9. Appropriation 2 10 Category F

# ONGOING PROJECT FISCAL DATA SHEET F-1

B. Project Approval Status ($000)

| Item | Initial | Final: Approved | Final: Requested |
|---|---|---|---|
| 1. Obligation: | FY 68 | FY 77 | FY |
| 2. Service: | FY 69 | FY 77 | FY |
| 3. LOP Costs: | | $2536 | $ |

C. Countries

Asia

Africa

Near East

Latin America

D. Project Documentation Status Data

1. Date Current Approval 3/23/77
2. New/Revised PP due TA/PPU N/A
3. Date Last Eval,
4. Date of Current PAR 4/11/76
5. Next Evaluation 7/10/76
   In-depth Evaluation
   Terminal Evaluation X
   Special Evaluation
6. Period 3/7/75 -6/15/77

E. Project Description

1 Planned Outputs

a. Provides training for from 50-70 health planners/year.

b. Conduct research in health planning.

c. Provide consultation services.

d. Collect and disseminate information on health planning.

e. Establish linkages with LDC institutions capable of providing instructions in curriculum.

2. Progress in Achieving Outputs/Est. Completion Date

a. Forty-one health planners are presently being trained at Johns Hopkins University.

b. Research is presently being conducted in Nigeria, Peru and Bangladesh.

c. Consultation services are being provided, as appropriate

d. Sixty-five documents consisting of books, publications, etc. have been prepared, reproduced and disseminated.

e. Linkages have been established and maintained.

3. Purpose of Project/Anticipated Achievement Date

To provide for utilization of an institutional response capability in national planning and low-cost health delivery systems.

4. Project Change Requiring Revised PP and/or PAR

N/A

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 6 | | | | 6 |
| 1978 | | | | | |
| 1979 | | | | | |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 2471 | | | | | | 2471 | 2278 | 193 | 3 | 77 | |
| 2. Est. FY 1977 | 65 | | | | | | 65 | 258 | | 6 | 77 | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 2536 | | | | | | 2536 | 2536 | | | | |

A. Project Identification
1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 0207 4. Code 589
5. Project Title Guidelines/Health Sector Analysis
6. Contractor: OIH/HEW
7. Contract No. RSSA HA/TAB-207-13-76
8. Project Manager J. Jacobs
9. Appropriation 2 10 Category E

ONGOING PROJECT FISCAL DATA SHEET F-1

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 76 | FY 77 | FY |
| 2. Service: | FY | FY 77 | FY |
| 3. LOP Costs: | | $ 185 | $ |

C. Countries
Latin America

D. Project Documentation Status Date
1. Date Current Approval 4/6/77
2. New/Revised PP due TA/PPU N/A
3. Date Last Eval. N/A
4. Date of Current PAR N/A
5. Next Evaluation
In-depth Evaluation
Terminal Evaluation X
Special Evaluation
6. Period 6/3/76 - 4/15/78

E. Project Description

1 Planned Outputs

A series of seven "how to" manuals to instruct health planners in the methodology and implementation of health sector assessment.

2. Progress in Achieving Outputs/Est. Completion Date

Funds in the amount of $150,000 were obligated in FY 76. However, a difference of 16% of salaries in determining the overhead costs estimated by the government, as opposed to the actual audited overhead rate was experienced by the sub-contractor. This necessitated an additional $35,000 funding requirement and an eleven-month extension of the contract. Anticipate project completion by April 1978.

3. Purpose of Project/Anticipated Achievement Date

Project is to provide seven basic methodological manuals required to orient and assure the completeness of collaborative health sector analysis. The manuals will be used as guides by LDC health planners.
Anticipated achievement date: April 1978.

4. Project Change Requiring Revised PP and/or PAF

Revised PP and PAF submitted to allow for additional funding of $35,000.

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 8 | | | | 8 |
| 1978 | 2 | | | | 2 |
| 1979 | | | | | |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 140 | | | | | 10 | 150 | | 150 | | | |
| 2. Est. FY 1977 | | | | | | 35 | 35 | 65 | 120 | | | |
| 3. Est. FY 1978 | | | | | | | | 120 | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 140 | | | | | 45 | 185 | 185 | | | | |

A. Project Identification
1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 0260 4. Code 594
5. Project Title: Efficiency of Health Measures
6. Contractor: University of Michigan
7. Contract No. Ta-C-1358
8. Project Manager J. Davis
9. Appropriation 4 10 Category A

ONGOING PROJECT FISCAL DATA SHEET F-1

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY TQ | FY 78 | FY |
| 2. Service: | FY TQ | FY 79 | FY |
| 3. LOP Costs: | | $ 296 | $ |

C. Countries
Colombia

D. Project Documentation Status Data
1. Date Current Approval 6/76
2. New/Revised PP due TA/PPU n/a
3. Date Last Eval, n/a
4. Date of Current PAR n/a
5. Next Evaluation 10/5/77
In-depth Evaluation X
Terminal Evaluation
Special Evaluation
6. Period 9/76-9/77

E. Project Description

1 Planned Outputs

1) A summary of existing literature concerning effectiveness of alternative health sector intervention to influence infant and child mortality.
2) A validated model simulating the interaction of environmental and technical factors in the casuality of infant and childhood mortality.
3) A linear Programming model which combines results of the stimulation model and resources required for intervention in order to identify least cost intervention alternatives.

2. Progress in Achieving Outputs/Est. Completion Date

Literature review complete
Colombian site visit complete
Colombian counterparts selected

3. Purpose of Project/Anticipated Achievement Date

To increase current knowledge concerning the effectiveness with which alternative health sector technologies influence health status in target groups of infants and children under five years of age in selected LDCs.

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 10 | | | | 10 |
| 1978 | 10 | | | | 10 |
| 1979 | 10 | | | | 10 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline |
|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 167 | | | | | | 287 | - | 187 |
| 2. Est. FY 1977 | | | | | | | - | 80 | 107 |
| 3. Est. FY 1978 | 48. | 35 | | | | 56 | 104 | 107 | 104 |
| 4. Proposed FY 1979 | | | | | | | | 104 | |
| 5. Proposed FY 1980 | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | |
| 7. All other | | | | | | | | | |
| 8. TOTAL | 235 | | | | | | 291 | 291 | |

(10) Services Funded Thru: Month Year

(11) Description of Funding

A. Project Identification

1. Cluster # 1201 Title Health Planning

2. RDA # 12 Title: Health Planning

3. Project # 0587 4. Code 580

5. Project Title: Cost Effectiveness/ Alternative Health Measures

6. Contractor: FONADE

7. Contract Nd.

8. Project Manager Dr. Joe H. Davis

9. Appropriation 2 10 Category A

# ONGOING PROJECT FISCAL DATA SHEET F- 1

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 74 | FY 75 | FY |
| 2. Service: | FY 75 | FY 78 | FY |
| 3. LOP Costs: | | $261 | $ |

C. Countries

Colombia

D. Project Documentation Status Data

1. Date Current Approval 5/7/74
2. New/Revised PP due TA/PPU
3. Date Last Eval. 12/76
4. Date of Current PAR 12/75
5. Next Evaluation N/A
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation
6. Period

E. Project Description

1 Planned Outputs

a. Information on the effectiveness of alternative health sector interventions on health status.

b. Information on the impact environmental and economic factors on health status.

c. Identification of the key indicators of health status most useful for the analysis of program strategies in LDCs.

2. Progress in Achieving Outputs/Est. Completion Date

Project achieved no progress.

TA/H advised termination of project 3/29/77.

3. Purpose of Project/Anticipated Achievement Date

N/A

4. Project Change Requiring Revised PP and/or PAF

N/A

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 5 | | | | 5 |
| 1978 | N/A | | | | |
| 1979 | | | | | |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum.Thru 9/30/76 | 250 | | | | | | 250 | 51 | 199 | 6 | 78 | |
| 2. Est. FY 1977 | | | | | | | | 199 | | | | TA/H advised project termination 3/77. |
| 3. Est. FY 1978 | | | | | | | | | | | | $199,000 to be deobligated. |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 250 | | | | | | 250 | 250 | | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1201 Title: Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 1014 4. Code S&T
5. Project Title: Health Impact of Non-Health Sector
6. Contractor:
7. Contract No.
8. Project Manager: J. H. Davis, M.D.
9. Appropriation: 2 10 Category A

**B. Project Approval Status ($000)**

| Item | Initial FY | Final Approved FY | Final Requested FY |
|---|---|---|---|
| 1. Obligation: | FY 77 | FY | FY 79 |
| 2. Service: | FY 77 | FY | FY 80 |
| 3. LOP Costs: | | FY | $ 274 |

**C. Countries**

N/A

**D. Project Documentation Status Data**

1. Date Current Approval
2. New/Revised PP due TA/PPU 3/77
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation 12/78
   In-depth Evaluation 12/78
   Terminal Evaluation 10/80
   Special Evaluation
6. Period

**E. Project Description**

**1 Planned Outputs**

1. A framework of analysis and a set of defined variables within that framework in the form of a disaggregated descriptive model.
2. Definition of a set of measures and indicators to estimate variables and relationships defined by the analytical framework.
3. A best current estimate of relationships between health and other sectors.
4. A set of hypotheses of further investigation

**2. Progress in Achieving Outputs/Est. Completion Date**

Project estimated to start in late FY 77

Outputs 1 through 3 are expected to be completed by 12/78.

Output 4 is expected to be completed by 9/80.

**3. Purpose of Project/Anticipated Achievement Date**

To define and provide a conceptual base for the study of the relationships between health and development. Estimated achievement date 10/80.

**4. Project Change Requiring Revised PP and/or PAF**

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 20 | | | | 20 |
| 1978 | 5 | | | | 5 |
| 1979 | 10 | | | | 10 |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | 65 | 49 | | | | 44 | 109 | | 109 | 12 | 78 | |
| 3. Est. FY 1978 | | | | | | | | 88 | 21 | | | |
| 4. Proposed FY 1979 | 97 | 64 | | | | 68 | 165 | 93 | 93 | 9 | 80 | |
| 5. Proposed FY 1980 | | | | | | | | 93 | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 162 | | | | | 112 | 274 | 274 | | | | |

A. Project Identification
1. Cluster #1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 1015 4. Code
5. Project Title: Health Planning Services
6. Contractor: Johns Hopkins University
7. Contract No.
8. Project Manager Joe H. Davis, M.D.
9. Appropriation 2 10 Category H

# ONGOING PROJECT FISCAL DATA SHEET F-1

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligations: | FY 77 | FY | FY 77 |
| 2. Service: | FY 77 | FY | FY 82 |
| 3. LOP Costs: | | FY | $ 2718 |

C. Countries
Asia
Africa
Near East
Latin America

D. Project Documentation Status Data
1. Date Current Approval Pending
2. New/Revised PP due TA/PPU N/A
3. Date Last Eval, N/A
4. Date of Current PAR N/A
5. Next Evaluation 8/78
In-depth Evaluation
Terminal Evaluation
Special Evaluation X
6. Period 6/77 - 6/78

E. Project Description

1 Planned Outputs

a. Approximately 25 senior health planners trained annually in the 10 or 20 week health planning course at Johns Hopkins University, Baltimore

b. Two regional LDC health-planner training institutions developed on a pilot experimental basis during the project, each with a capacity to train 20 health planners annually and staff trained for an additional four institutions.

c. Completion of approximately six, collaborative, LDC research projects during the five-year project.

2. Progress in Achieving Outputs/Est Completion Date

Project implementation date planned for June 1977

Estimated completion dates:

a. By July each year of project.

b. By the completion of the project.

c. By the completion of the project.

3. Purpose of Project/Anticipated Achievement Date

a. To assist LDC decision makers to make the allocation and distribution of health sector resources more efficient and equitable.
b. To improve (or strengthen) LDC institutional capability for training and research in health planning.
c. The implementation of collaborative field research projects.

4. Project Change Requiring Revised PP and/or PAF

N/A

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 40 | | | | 40 |
| 1978 | 40 | | | | 40 |
| 1979 | 40 | | | | 40 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | 731 | 90 | 641 | 6 | 79 | |
| 3. Est. FY 1978 | | | | | | | | 361 | 280 | | | |
| 4. Proposed FY 1979 | | | | | | | 706 | 460 | 526 | 6 | 80 | |
| 5. Proposed FY 1980 | | | | | | | 657 | 691 | 492 | 6 | 81 | |
| 6. Proposed FY 1981 | | | | | | | 624 | 652 | 464 | 6 | 82 | |
| 7. All other | | | | | | | | 464 | | | | |
| 8. TOTAL | | | | | | | 2718 | 2718 | | | | |

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title Health Planning
3. Project # 1101 4. Code 582
5. Project Title Development of Model for Demonstration
6. Contractor: -
7. Contract No. -
8. Project Manager J. H. Davis, M.D.
9. Appropriation 4 10 Category A

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY ___ | FY 79 |
| 2. Service: | FY 79 | FY ___ | FY 79 |
| 3. LOP Costs: | | $ ___ | $ 100 |

**C. Countries**

Asia
Latin America
Near East
Africa

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 3/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[To improve the efficiency of allocation and the equitable distribution of LDC health sector resources.]

PROJECT PURPOSE(S) (stay within brackets)

[To orient, sensitize and train LDC planners in the use of methods to plan for health in its multisectoral context.]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| direct hire staff | 10 man days |
| RSSA staff | 5 man days |

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 0 | | | | 0 |
| 1978 | 10 | | | | 10 |
| 1979 | 1 | | | | 1 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 37 | 25 | | | | 63 | 100 | 100 | - | 9 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 37 | | | | | 63 | 100 | 100 | | | | |

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 1102 4. Code 581
5. Project Title: Technical Support for Health Research & Development
6. Contractor: National Institue of Medicine
7. Contract No.
8. Project Manager Joe W. Jacobs
9. Appropriation 4 10 Category B

PROJECT FISCAL DATA SHEET F-2

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 78 | FY | FY 78 |
| 2. Service: | FY 78 | FY | FY 79 |
| 3. LOP Costs: | | $ | $ 200 |

**C. Countries**

Asia
Latin America
Near East
Africa

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 7/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[To improve the efficiency of utilization and distribution of LDC resources to improve health.]

PROJECT PURPOSE(S) (stay within brackets)

[The project purpose is the implementation of a system for periodic review of Agency health policy, expert consideration of new Agency initiatives in health and related sectors & expert consideration of problems which impede Agency programs in accomplishing the Project Goal.]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| Staff | 30 man days |

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 20 | | | | 20 |
| 1978 | 45 | | | | 45 |
| 1979 | 45 | | | | 45 |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | 20. | 10 | | | | 180 | 200 | 100 | 100 | 9 | 79 | |
| 4. Proposed FY 1979 | | | | | | | | 100 | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 20 | | | | | 180 | 200 | 200 | | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title: Health Planning
3. Project # 1103 4. Code
5. Project Title: Demonstration of Health Policy Analysis Techniques
6. Contractor:
7. Contract No.
8. Project Manager J. H. Davis, M.D.
9. Appropriation: 2 10 Category B

**B. Project Approval Status ($000)**

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 77 | FY | FY 77 |
| 2. Service: | FY 77 | FY | FY 78 |
| 3. LOP Costs: | | | $ 75 |

**C. Countries**

Egypt

**D. Project Documentation Status Data**

1. Date Current Approval
2. New/Revised PP due TA/PPU 3/77
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation 4/78
   In-depth Evaluation
   Terminal Evaluation 10/78
   Special Evaluation
6. Period 10 mos.

**E. Project Description**

**1 Planned Outputs**

The development of a procedural manual and structured group process technique to be used to analyze health policy issues for demonstration in three LDCs. The manual and guide will be pilot tested in one country with funds provided by this project with subsequent dissemination to three countries to be funded by the Near East Bureau.

**2. Progress in Achieving Outputs/Est. Completion Date**

Project proposed to begin 7/77.
Estimated achievement date 9/78.

**3. Purpose of Project/Anticipated Achievement Date**

The adoption and initiation of analytical health planning processes in the three countries where demonstrations will take place. Anticipated achievement date 9/79.

**4. Project Change Requiring Revised PP and/or PAF**

N/A

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 20 | | | | 20 |
| 1978 | 10 | | | | 10 |
| 1979 | | | | | |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | 44 | 19 | | | | 31 | 75 | 16 | 59 | 9 | 78 | |
| 3. Est. FY 1978 | | | | | | | | 59 | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 44 | | | | | 31 | 75 | 75 | | | | |

PROJECT FISCAL DATA SHEET P-2

**A. Project Identification**

1. Cluster # 1201 Title Health Planning
2. RDA # 12 Title Health Planning
3. Project # 1175 4. Code
5. Project Title Health Development Program
6. Contractor:
7. Contract No.
8. Project Manager J. H. Davis, M.D.
9. Appropriation H 10 Category E

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 82 |
| 2. Service: | FY 79 | FY | FY 83 |
| 3. LOP Costs: | | $ | $ 5,000 |

**C. Countries**

Asia
Latin America
Near East
Africa

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 12/78

**E. Project Description**

PROJECT GOAL (stay within brackets)

[Improve the efficiency of allocation and the equitable distribution of LDC health sector resources.]

PROJECT PURPOSE(S) (stay within brackets)

[Develop LDC institutional capability to plan for health improvements within a multisectoral context. The specific institutional characteristics to be developed are information dissemination, research, training and technical advisory services capability.]

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 10 | | | | 10 |
| 1978 | 10 | | | | 10 |
| 1979 | 30 | | | | 30 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) **Project Design**

| Type | Amount ($000) |
|---|---|
| Direct hire staff | 60 man days |
| RSSA Staff | 30 man days |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | 2750 | 500 | 2250 | 9 | 81 | |
| 5. Proposed FY 1980 | | | | | | | | 1000 | 1250 | | | |
| 6. Proposed FY 1981 | | | | | | | | 1000 | 250 | | | |
| 7. All other | | | | | | | 2250 | 2500 | | 9 | 83 | |
| 8. TOTAL | | | | | | | 5000 | 5000 | | | | |

Attachment G

SAMPLE: Small Activity Projects

| | | Resource Requirements $000/Work Days | | |
|---|---|---|---|---|
| | | FY 77 | FY 78 | FY 79 |
| A. Cluster # 1201 Title Health Planning | | | | |
| 1. Small Research | | | | |
| a. Analysis of Pharmaceutical Sector (methodology development and testing) | | | $25/5 | |
| b. Regional Resource Allocation (methodology development and testing) | | 35/5 | /3 | |
| c. Health Financing Study | | /3 | | |
| d. Health Facility Location Modeling | | /2 | /3 | |
| | SUB-TOTAL | 35/10 | 25/11 | |
| 2. Evaluation | | | | |
| a. Evaluation of Health Sector Assessments | | 45/5 | 45/5 | |
| | SUB-TOTAL | 45/5 | 45/5 | |
| 3. Utilization | | | | |
| 4. Special Projects Inputs | | | | |
| a. Technical Support for Health R&D project development | | 25/5 | /1 | |
| b. Health Development Program project development | | ——— | 35/5 | |
| | SUB-TOTAL | 25/5 | 35/6 | |
| CLUSTER TOTAL | | 105/20 | 105/22 | |

PART II - CLUSTER #1202

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1202 Title Health Management Development
2. RDA # 12 Title Health Planning
3. Project # 1104 4. Code
5. Project Title Health Management Support
6. Contractor: -
7. Contract No. -
8. Project Manager J. W. Jacobs
9. Appropriation L 10 Category E

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 78 | FY | FY 82 |
| 2. Service: | FY 78 | FY | FY 83 |
| 3. LOP Costs: | | $ | $ 2,625 |

**C. Countries**

Asia
Latin America
Near East
Africa

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 1/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[To improve the efficiency of allocation and the equitable distribution of LDC health sector resources.]

PROJECT PURPOSE(S) (stay within brackets)

[A. Provide expert technical advisory services to the Agency in order to improve the mgt. & admin. of AID financial health projects in LDCs. B. Undertake small research & demonstration activities in LDCs in order to test innovative approaches to amelioration of hlth. managerial & admin. problems. C. Support the development of LDC institutional capability in training health sector managers.]

Technical Office Support to Manage Project (in work days)

| FY | DH | TSA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 10 | | | | 10 |
| 1978 | 40 | | | | 40 |
| 1979 | 40 | | | | 40 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| Contract personnel | 6.5 |
| Staff | 7 man days |
| Consultant | 30 man days |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | 625 | 80 | 545 | 6 | 80 | |
| 4. Proposed FY 1979 | | | | | | | | 315 | 230 | | | |
| 5. Proposed FY 1980 | | | | | | | 525 | 330 | 425 | 6 | 81 | |
| 6. Proposed FY 1981 | | | | | | | 700 | 600 | 525 | 6 | 82 | |
| 7. All other | | | | | | | 775 | 1300 | -- | 6 | 83 | |
| 8. TOTAL | | | | | | | 2,625 | 2,625 | -- | | | |

PART II - CLUSTER #1301

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1301 Title Rural Water Supply and Sanitation
2. RDA # 13 Title: Environmental Health
3. Project # 0079 4. Code 512
5. Project Title: Evaluation and Utilization AID Hand Pump
6. Contractor: Georgia Instit. of Technology
7. Contract No. AID/ta-C-1354
8. Project Manager Victor Wehman
9. Appropriation: 2 10 Category B

**B. Project Approval Status ($000)**

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY TQ | FY TQ | FY TQ |
| 2. Service: | FY TQ | FY 78 | FY 79 |
| 3. LOP Costs: | | $ 126 | $ 126 |

**C. Countries**

Guatemala
Nicaragua
Costa Rica

**D. Project Documentation Status Data**

1. Date Current Approval 7/15/76
2. New/Revised PP due TA/PPU
3. Date Last Eval, -
4. Date of Current PAR -
5. Next Evaluation 9/77
   In-depth Evaluation
   Terminal Evaluation 9/78
   Special Evaluation
6. Period 9/76 - 9/78

**E. Project Description**

**1. Planned Outputs**

1. In-country manufacture of at least 30 AID designed handpumps in two countries (15 in each country).
2. Evaluation of quality of manufacture of handpumps plus cost of manufacture determination.
3. Thirty (30) AID and locally available handpumps will be installed each in Costa Rica & Nicaragua (15 AID & 15 competitor pumps).
4. Field evaluation over a 1-year time period of operation & maintenance difficulties with projections for useful service life of handpumps.
5. Detailed final report discussing quality of manufacture; difficulties encountered in manufacture & use of AID designed pump; comparison of initial cost, operation & maintenance costs, failure components & overall usefulness of AID design in comparison to other existing pumps.

**2. Progress in Achieving Outputs/Est. Completion Date**

1. Manufacture of AID handpumps currently underway in both countries--manufacture to be completed by 1 May 77.
2. All 60 pumps to be installed by 1 June 77.
3. Field evaluation period to start by 15 June 77.

**3. Purpose of Project/Anticipated Achievement Date**

Evaluate true capabilities of AID designed pump in local country manufacture and use situations and compare initial cost, operation and maintenance costs to existing handpumps.

**4. Project Change Requiring Revised PP and/or PAF**

None

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 48 | | 5 | | 53 |
| 1978 | 34 | | 5 | | 39 |
| 1979 | 13 | | 10 | | 23 |

**F. Other Donors**

NAME $000/Yr.

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru month | (10) Services Funded Thru year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 74 | | - | | 10 | 42 | 126 | - | 126 | 10 | 78 | |
| 2. Est. FY 1977 | | | | | | | | 66 | 60 | | | |
| 3. Est. FY 1978 | | | | | | | | 52 | 8 | | | |
| 4. Proposed FY 1979 | | | | | | | | 8 | - | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 74 | | | | 10 | 42 | 126 | 126 | - | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

**A. Project Identification**

1. Cluster # 1301 Title Rural Water Supply and Sanitation
2. RDA # 13 Title Environmental Health
3. Project # 0867 4. Code 580
5. Project Title Food Waste/Sanitation Cost Benefit Methodology
6. Contractor: University of North Carolina
7. Contract No. AID/csd-2959
8. Project Manager Joe L. Stockard, M.D.
9. Appropriation 72 10 Category B

**B. Project Approval Status ($000)**

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 71 | FY 77 | FY |
| 2. Service: | FY 72 | FY 78 | FY |
| 3. LOP Costs: | | $ 1810 | $ |

**C. Countries**

Guatemala

**D. Project Documentation Status Data**

1. Date Current Approval 1/24/77
2. New/Revised PP due TA/PPU -
3. Date Last Eval, 8/76
4. Date of Current PAR -
5. Next Evaluation -
   In-depth Evaluation
   Terminal Evaluation 7/78
   Special Evaluation
6. Period

**E. Project Description**

**1 Planned Outputs**

1. Results of Laboratory analyses for food waste.
2. Written description of project background & design.
3. Written description of the methodology employed in the field trial.
4. Report of scientific results of the field trial.
5. Produce a manual describing a simplified methodology that will provide LDCs with an analytic basis for program decisions regarding investments in water supplies, sanitation and health education.
6. Final report of the project incorporating items 1-5 above.

**2. Progress in Achieving Outputs/Est. Completion Date**

The contract extending this project from April 1, 1977 to March 31, 1978, was signed March 28, 1977. Completion dates of the planned outputs are as follows:

1. July 31, 1977
2. Aug. 1, 1977
3. Nov. 1, 1977
4. March 31, 1978
5. April 1, 1978
6. April 1, 1978

**3. Purpose of Project/Anticipated Achievement Date**

Produce a methodology and data which can be used to determine the economic relationship between different levels of improved sanitation, food waste due to malabsorption and intestinal diseases that are transmitted under unsanitary conditions.

**4. Project Change Requiring Revised PP and/or PAF**

NONE

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 32 | | | | 32 |
| 1978 | 30 | | | | 30 |
| 1979 | - | - | | | - |

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|
| None | |

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 1435 | | - | | 76 | - | 1511 | 1282 | 229 | | | |
| 2. Est. FY 1977 | 259 | ? | - | - | 40 | - | 299 | 328 | 200 | 3 | 78 | |
| 3. Est. FY 1978 | | | | | | | | 200 | - | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 1694 | | | | 116 | | 1810 | 1810 | - | | | |

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1301 Title Rural Water Supply and Sanitation
2. RDA # 13 Title Environmental Health
3. Project # 1059 4. Code 510
5. Project Title Testing Predictive Sanitation Model
6. Contractor: Univ. of Oklahoma/Dr. G. Reid
7. Contract No.
8. Project Manager V. Wehman
9. Appropriation G 10 Category E

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 78 | FY | FY 78 |
| 2. Service: | FY 78 | FY | FY 79 |
| 3. LOP Costs: | | $ | $350 |

**C. Countries**

Columbia
Indonesia
Asia
Africa
Latin America
Near East
(21 countries in all)

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 7/1/77
3. New/Revised PID due TA/PPU 4/15/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.]

PROJECT PURPOSE(S) (stay within brackets)

[To make LDC decision makers, planners & designers aware of appropriate technology concepts & knowledgeable of the alternatives available for utilization of in-country resources to meet LDC needs in water supply & wastewater treatment. 2. Demonstrate the value of the prediction methodology model for appropriate water and wastewater processes when applied under actual LDC resource constraints.]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 45 | | 10 | | 55 |
| 1978 | 30 | | 20 | | 50 |
| 1979 | 27 | | 10 | | 37 |

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|
| | |

**G. Budget Summary** In ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | 265 | | | | 20 | 65 | 350 | 200 | 150 | 9 | 79 | |
| 4. Proposed FY 1979 | | | | | | | | 150 | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 265 | | | | 20 | 65 | 350 | 350 | - | | | |

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1301 Title Rural Water Supply and Sanitation
2. RDA # 13 Title: Environmental Health
3. Project # 1176 4. Code 510
5. Project Title Water Supply and Sanitation Training
6. Contractor:
7. Contract No.
8. Project Manager Engineer #2
9. Appropriation 4 10 Category C (*)(**)

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 83 |
| 2. Service: | FY 79 | FY | FY 83 |
| 3. LOP Costs: | | $ | $ 15000 |

**C. Countries**

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 3/1/78
3. New/Revised PID due TA/PPU 4/15/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.]

PROJECT PURPOSE(S) (stay within brackets)

[To establish an LDC competence in training engineers and public health workers in appropriate technologies and techniques applicable to community water supply and sanitation activities in LDCs.]

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | -- | | -- | | -- |
| 1978 | 30 | | 40 | | 70 |
| 1979 | 150 | | 60 | | 210 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| Assessment of LDC Training Needs (Small Activity-FY 78) | $40 |
| Assess. of LDC Institu. Capability (Small Activity-FY 78) | $25 |
| Workshop on Curricula Develop. (Small Activity-FY 78) | $15 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | 3000 | 3000 | - | 9 | 79 | |
| 5. Proposed FY 1980 | | | | | | | 3000 | 3000 | - | 9 | 80 | |
| 6. Proposed FY 1981 | | | | | | | 3000 | 3000 | - | 9 | 81 | |
| 7. All other | | | | | | | 6000 | 6000 | - | 9 | 83 | |
| 8. TOTAL | | | | | | | 15000 | 15000 | | | | |

Attachment C

SAMPLE: Small Activity Projects

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| A. Cluster # 1301 Title Rural Water Supply and Sanitation | | | |
| 1. Small Research | | | |
| a. Development & Testing of the Rohn Valve Faucet for LDCs | | $24.8/05 | |
| b. Development & Testing of New Low Cost Water Meter for LDCs | | $23/12 | $20.6/10 |
| c. Feasibility Study of Using Bamboo Culms for Pump Rods | | | $24.5/08 |
| d. Development of Well Screens from Slotted Bamboo Culms | | $24.7/05 | $24.8/08 |
| e. Hand pump Yoke and Upper Structure Design Development | | | $24.7/05 |
| (Sub-Total) | -- | $74.5/22 | $98.6/31 |
| 2. Evaluation | | | |
| None | | | |
| 3. Training | | | |
| None | | | |
| 4. Special Projects Inputs | | | |
| a. State of the art study on evaluation of rural water supply and sanitation projects | | $5/7 | |
| b. Workshop on evaluation of rural water supply and sanitation projects | | $30/10 | |
| c. Assessment of LDC training needs in water supply and sanitation as precursor to design of project on Water Supply and Sanitation Training (FY 79), page_____. | | $40/8 | |
| d. Assessment of LDC institutional capability for training in water supply and sanitation as precursor to design of project on Water Supply and Sanitation Training (FY 79), page_____. | | $25/7 | |

Attachment G

SAMPLE: Small Activity Projects

A. Cluster # 1301 Title Rural Water Supply and Sanitation

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| 4. Special Projects Inputs (continued) | | | |
| e. Workshop on curricula development for water supply and sanitation training in LDCs as precursor to design of project on Water Supply and Sanitation Training (FY 79), page_____. | | $15/7 | |
| f. Workshop on strategy for water supply and sanitation | $25/13 | | |
| g. Workshop on appropriate technology needs for water supply and sanitation | | $45/10 | |
| h. Regional Workshops for Decision Makers and Planners | | $50/10 | |
| i. Project Paper design of appropriate technology in Water & Waste-water Regional Workshops | $10/15 | | |
| j. International Agencies Workshop on Establishing Criteria & Standards for Developing and Testing Hand Pumps | | $50/21 | |
| k. Development and revision of "Water & Man's Health", USAID publication for technical assistance information | $50/10 | | |
| (Sub Total) | $85/35 | $260/80 | -- |
| Cluster Total | $85/35 | $334.5/102 | $98.6/31 |

PART II - CLUSTER #1302

# ONGOING PROJECT FISCAL DATA SHEET F-1

A. Project Identification
1. Cluster # 1302 Title Tropical Disease Research Development Training
2. RDA # 15 Title Environmental Health
3. Project # 0642A 4. Code 511
5. Project Title Antischistosomal Drug Testing -A
6. Contractor: The Johns Hopkins University
7. Contract No. AID/ta-C-1312
8. Project Manager Joe L. Stockard, M.D.
9. Appropriation ? 10 Category A

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 76 | FY 76 | FY79 |
| 2. Service: | FY 76 | FY 78 | FY79 |
| 3. LOP Costs: | | $ 254 | $314 |

C. Countries
ASIA
AFRICA
LATIN AMERICA

D. Project Documentation Status Data
1. Date Current Approval 3/23/76
2. New/Revised PP due TA/PPU
3. Date Last Eval, 3/77
4. Date of Current PAR
5. Next Evaluation 5/78
In-depth Evaluation
Terminal Evaluation
Special Evaluation 5/78
6. Period

E. Project Description

1 Planned Outputs

1. Metabolism and mode of action of the drug will be determined.
2. Analogs of the drug will be synthesized and tested for efficacy and for evidence of greater safety.
3. Efforts will be made to dissociate mutagenic activity from the schistosomacidal properties of the drug.
4. Toxic effects on tissues of experimental animals will be evaluated.

2. Progress in Achieving Outputs/Est. Completion Date

1. Considerable progress has been made toward isolating the mutagenic metabolite. Due to small amounts of material being obtained from rodents, estimate 6 more months needed to begin attempts to characterize the chemical structure.(5/78).
2. Over 18 analogs synthesized but none are as effective as parent compound. Discovery of a safe, effective analog may fail.
3. It has been determined that the sulfur atom is critical for conferring both schistosomicidal activity and a lack of mutagenic activity. It also has been determined that production of the mutagenic metabolite can be prevented by the co-administration of a single dose of erythromycin.(5/78).
4. The cumulative $LD_{50}$ has been found to exceed the curative dose by a factor of 1000. Toxic effects are on the gallbladder and liver. These effects can be prevented by co-administration of a single dose of erythromycin. (12/77).

3. Purpose of Project/Anticipated Achievement Date

Contribute toward the development of an effective, safe drug for the treatment of human schistosomiasis. Present project is expected to terminate on schedule.

4. Project Change Requiring Revised PP and/or PAF

Delay in implementing complementary studies on monkeys at another institution necessitates extension of pharmacological and pathological investigations on monkey material at Johns Hopkin for an estimated additional 18 months.

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 14 | | 5 | | 19 |
| 1978 | 18 | | 5 | | 23 |
| 1979 | 18 | | 5 | | 23 |

F. Other Donors
NAME $000/Yr.

Ciba-Geigy Corp. is testing this drug, but the levels of funding and effort are unknown.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum.Thru 9/30/76 | 199 | //// | | | | 55 | 254 | 25 | 229 | 10 | 78 | |
| 2. Est. FY 1977 | | | | | | | | 100 | 129 | | | |
| 3. Est. FY 1978 | | | | | | | | 129 | - | | | |
| 4. Proposed FY 1979 | 48 | | | | | 12 | 60 | 60 | - | 9 | 79 | |
| 5. Proposed FY 1980 | | //// | | //// | | | | | | | | |
| 6. Proposed FY 1981 | | //// | | //// | | | | | | | | |
| 7. All other | | //// | | //// | | | | | | | | |
| 8. TOTAL | 247 | //// | | //// | | 67 | 314 | 314 | | | | |

PROJECT FISCAL DATA SHEET F-2

A. Project Identification

1. Cluster # 1302 Title Tropical Disease Research Development Training
2. RDA # 13 Title Environmental Health
3. Project # 0642 B 4. Code 511
5. Project Title Anti-schistosomal Drug Testing in Non-Human Primates - Parts B & D
6. Contractor: Lowell University
7. Contract No.
8. Project Manager Joe L. Stockard, M.D.
9. Appropriation 4 10 Category A

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 78 | FY | FY 79 |
| 2. Service: | FY 78 | FY | FY 79 |
| 3. LOP Costs: | | $ | $ 225 |

C. Countries

Asia
Africa
Latin America

D. Project Documentation Status Data

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 8/21/76

E. Project Description

PROJECT GOAL (stay within brackets)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

PROJECT PURPOSE(S) (stay within brackets)

This project is designed to provide reasonable assurance that the favorable findings in rodents given new formulations or analogs developed by Bueding of the drug CGP-4540 will persist in man.

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 25 | | 5 | | 30 |
| 1978 | 18 | | 5 | | 23 |
| 1979 | 18 | | 5 | | 23 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | 111 | | | | | 14 | 125 | 125 | - | 9 | 78 | |
| 4. Proposed FY 1979 | 85 | | | | | 15 | 100 | 100 | - | 9 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 196 | | | | | 29 | 225 | 225 | - | | | |

# PROJECT FISCAL DATA SHEET F-2

A. Project Identification
1. Cluster # 1302 Title Tropical Disease Research, Development, Training
2. RDA # [illegible] Title [illegible] Health
3. Project # 1013 4. Code
5. Project Title International Institute for Health Research (IIHR)
6. Contractor: IIHR
7. Contract No.
8. Project Manager J. L. Stockard, M.D.
9. Appropriation 4 10 Category A

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 79 | FY | FY 83 |
| 2. Service: | FY 79 | FY | FY 84 |
| 3. LOP Costs: | | $ | $10,000 |

C. Countries
Bangladesh

D. Project Documentation Status Data
1. Date of Course of Action Approval Dec. 76
2. Draft Project Paper due TA/PPC NA
3. New/Revised PID due TA/PPC NA
4. Date PP 6/15/78

E. Project Description

PROJECT GOAL (stay within brackets)

[Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.]

PROJECT PURPOSE(S) (stay within brackets)

[Create a world center for: 1. the development of new & improved techniques for the reduction of morbidity & mortality resulting from enteric diseases, the reduction of malnutrition and the slowing of population growth; and, 2. the development & demonstration of methods which will optimize the application of technologies learned]

Technical Office Support to Manage Project (in work days)

| FY | DH | TPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 30 | | 40 | | 70 |
| 1978 | 70 | | 30 | | 100 |
| 1979 | 70 | | 20 | | 90 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | 2000 | 1500 | 500 | 12 | 79 | Contributions to multi-donor fund |
| 5. Proposed FY 1980 | | | | | | | 2000 | 2000 | 500 | 12 | 80 | Contributions to multi-donor fund |
| 6. Proposed FY 1981 | | | | | | | 2000 | 2000 | 500 | 12 | 81 | Contributions to multi-donor fund |
| 7. All other | | | | | | | 4000 | 4500 | - | 12 | 83 | Contributions to multi-donor fund |
| a. TOTAL | | | | | | | 10000 | 10000 | - | | | |

**A. Project Identification**

1. Cluster # 1302 Title Tropical Disease Research Development Training
2. RDA # 13 Title Environmental Health
3. Project # 1126 4. Code 511
5. Project Title Tropical Disease Special Program
6. Contractor: -
7. Contract No. -
8. Project Manager Tropical Disease Officer #2
9. Appropriation 4 10 Category A

## PROJECT FISCAL DATA SHEET F-2

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 78 | FY | FY 82 |
| 2. Service: | FY 78 | FY | FY 82 |
| 3. LOP Costs: | | $ | $ 28800 |

**C. Countries**

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 6/30/77
3. New/Revised PID due TA/PPU 4/15/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority]

PROJECT PURPOSE(S) (stay within brackets)

[To coordinate and expand the worldwide research needed to grossly reduce or eliminate selected tropical diseases as a threat to man's health.]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| - | - |

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 16 | | - | | 16 |
| 1978 | 90 | | 30 | | 120 |
| 1979 | 88 | | 50 | | 138 |

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|
| UNDP | 1000 |
| WHO | |
| Sweden | 2-3000 |
| Denmark | 2500 |
| Switzerland | 300 |
| Norway | 1500 |
| U.K. | 750 |
| Zambia | 400 |

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Bal. FY 1978 | | | | | | | 800 | 800 | - | 9 | 78 | Annual contribution to Multi-Donor Fund |
| 4. Proposed FY 1979 | | | | | | | 5000 | 5000 | - | 9 | 79 | Priority 1 Shelf Item-Inc. of Annual Contribution |
| 5. Proposed FY 1980 | | | | | | | 7000 | 7000 | - | 9 | 80 | Annual Contribution to Multi-Donor Fund |
| 6. Proposed FY 1981 | | | | | | | 8000 | 8000 | - | 9 | 81 | " " " " " " |
| 7. All other | | | | | | | 8000 | 8000 | - | 9 | 82 | " " " " " " |
| 8. TOTAL | | | | | | | 28800 | 28800 | - | | | |

PROJECT FISCAL DATA SHEET F-2

A. Project Identification
1. Cluster # 630 Title Tropical Disease Research Development Training
2. RDA # 13 Title Environmental Health
3. Project # 1135 4. Code 511
5. Project Title Water Project Effects
6. Contractor: -
7. Contract No. -
8. Project Manager J. F. Thomson
9. Appropriation 4 10 Category B

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 79 | FY - | FY 79 |
| 2. Service: | FY 79 | FY - | FY 79 |
| 3. LOP Costs: | | $ | $ 76 |

C. Countries
Asia
Africa
Latin America

D. Project Documentation Status Data
1. Date of Current PID Approval 10/76
2. Draft Project Paper due TA/PPC 4/29/77

E. Project Description

PROJECT GOAL (stay within brackets)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority

PROJECT PURPOSE(S) (stay within brackets)

To expand a schistosomiasis transmission model into a methodology for determining impact of water projects on the spread of schistosomiasis and for choosing the most cost effective control measures.

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| NONE | |

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 9 | | - | | 9 |
| 1978 | - | | - | | - |
| 1979 | 5 | | - | | 5 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 47 | 24 | 1 | - | - | 29 | 76 | 76 | - | 9 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 47 | | | | | 29 | 76 | 76 | - | | | |

A. Project Identification

1. Cluster # 1302 Title Tropical Disease Research Development Training
2. RDA # 13 Title: Environmental Health
3. Project # 1177 4. Code 500
5. Project Title: Tropical Disease Grants
6. Contractor: -
7. Contract No. -
8. Project Manager Tropical Disease Officer #2
9. Appropriation 4 10 Category F

## PROJECT FISCAL DATA SHEET F-2

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 83 |
| 2. Service: | FY 79 | FY | FY 84 |
| 3. LOP Costs: | | $ | $ 20000 |

C. Countries

Asia
Africa
Latin America
Near East

D. Project Documentation Status Data

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU 3/30/78
3. PID Revision due TA/PPU 4/15/77

E. Project Description

PROJECT GOAL (stay within brackets)

[To reduce the adverse effect of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.]

PROJECT PURPOSE(S) (stay within brackets)

[to increase the ability of a consortium of U.S. universities to undertake teaching, research & field study projects related to the major tropical diseases.]

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | - | - | - | - | - |
| 1978 | 70 | - | 40 | - | 110 |
| 1979 | 70 | - | 70 | - | 140 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| Review current status of & potential for Tropical Disease Teaching & Research in U.S. institutions (Small Activity - FY 78) | $35 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | 4000 | 2000 | 2000 | 3 | 80 | Annual Increment |
| 5. Proposed FY 1980 | | | | | | | 4000 | 4000 | 2000 | 3 | 81 | " " |
| 6. Proposed FY 1981 | | | | | | | 4000 | 4000 | 2000 | 3 | 82 | " " |
| 7. All other | | | | | | | 8000 | 10000 | - | 3 | 84 | " " |
| 8. TOTAL | | | | | | | 20000 | 20000 | - | | | |

Attachment 6

SAMPLE: Small Activity Projects

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| A. Cluster # 1302 Title Tropical Health Research and Training | | | |
| Special Projects Inputs | | | |
| a. Review of current status of and potentials for Tropical Disease Training and Research in U.S. institutions as precursor to design of project on Tropical Disease Grants (FY 79), page____. | | $35/17 | |
| b. Workshop on the effects of schistosomiasis in human populations | | $30/10 | |
| c. Workshop on Tropical Disease Research | | | $35/15 |
| d. Workshop on Schistosomiasis Control Measures | | | $35/10 |
| (Sub Total) | -- | $65/27 | $70/25 |
| (Cluster Total) | -- | $65/27 | $70/25 |

PART II - CLUSTER #1303

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1303 Title Environmental Assessment
2. RDA # 13 Title Environmental Health
3. Project # 1178 4. Code 510
5. Project Title Health Aspects of Environmental Assessment
6. Contractor:
7. Contract No.
8. Project Manager Env. Assessment Officer
9. Appropriation H 10 Category C

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 79 |
| 2. Service: | FY 79 | FY | FY 81 |
| 3. LOP Costs: | | $ | $ 450 |

**C. Countries**

Asia
Africa
Latin America
Near East

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPC 3/1/78
3. New/Revised PID due TA/PPC 4/15/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.]

PROJECT PURPOSE(S) (stay within brackets)

[To provide an AID/W, Mission and LDC resource for the assessment of the environmental impact of development projects on human health.]

Technical Office Support to Manage Project (in work days)

| FY | HH | TAA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | - | | | | - |
| 1978 | 10 | | | | 10 |
| 1979 | 20 | | | | 20 |

PLANNING RESOURCE REQUIREMENTS (staff/funds)

| Type | Amount ($000) |
|---|---|
| Project Design | |

NONE

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 300 | | | | | 150 | 450 | 150 | 300 | 9 | 81 | |
| 5. Proposed FY 1980 | | | | | | | | 150 | 150 | | | |
| 6. Proposed FY 1981 | | | | | | | | 150 | - | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 300 | | | | | 150 | 450 | 450 | - | | | |

Attachment G

SAMPLE: Small Activity Projects

A. Cluster # 1303 Title Environmental Assessment

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| Special Projects Inputs | | | |
| a. Preparation of guidelines for initial examinations of the potential human health aspects of the environmental impact of development projects | | $10/10 | |
| b. Technical resource support for the consideration of the human health aspects in the design, execution and evaluation of environmental impact analyses | $50/10 | | |
| (Sub Total) | $50/10 | $10/10 | -- |
| Cluster Total | $50/10 | $10/10 | |

PART II - CLUSTER #1304

# ONGOING PROJECT FISCAL DATA SHEET F- 3

**A. Project Identification**

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 0068 4. Code 511
5. Project Title: Dev. Environ Accept Replace for DDT
6. Contractor: Multiple
7. Contract No. Multiple
8. Project Manager E.A. Smith
9. Appropriation 2 + 4 10 Category B

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 77 | FY 80 |
| 2. Service: | FY 75 | FY 78 | FY 81 |
| 3. LOP Costs: | | $ 499 | $1089 |

**C. Countries**

Indonesia

**D. Project Documentation Status Data**

1. Date Current Approval 3/10/75
2. New/Revised PP due TA/PPU 2 /15/77
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation
   - In-depth Evaluation x
   - Terminal Evaluation
   - Special Evaluation x
6. Period

**E. Project Description**

**1. Planned Outputs**

A. (Univ. of Illinois).
1. Production of candidate compounds in sufficient quantity for testing.
2. Data re biodegradability, persistence LD-50 for insects available at U. of Illinois.
3. LD-50 data for other insects, available at USDA, CDC, & London School of Tropical Medicine.

B. (WHO)
1. Central Java Research Sub-Unit, building, staff and equipment.
2. Baseline data on selected test and control villages.
3. Trial applications of candidate insecticides.
4. Post-treatment data and evaluation of results.
5. WHO Phase V certification.

**2. Progress in Achieving Outputs/Est. Completion Date**

A. In progress

B. In progress

**3. Purpose of Project/Anticipated Achievement Date**

The production of biodegradable substitutes for DDT.

**4. Project Change Requiring Revised PP and/or PAF**

None

**5. Technical Office Support: (In work days)**

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 27 | | | | 27 |
| 1978 | 19 | | 6 | | 25 |
| 1979 | 17 | | 6 | | 23 |

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline |
|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 234 | | | | 75 | 24 | 333 | 265 | 68 |
| 2. Est. FY 1977 | 180 | 53 | | | 42 | | 222 | 145 | 145 |
| 3. Est. FY 1978 | 93 | | | | 44 | | 137 | 222 | 60 |
| 4. Proposed FY 1979 | 125 | | | | 40 | 32 | 247 | 307 | – |
| 5. Proposed FY 1980 | 136 | | | | 48 | 16 | 200 | 200 | – |
| 6. Proposed FY 1981 | | | | | | | | | |
| 7. All other | | | | | | | | | |
| 8. TOTAL | 768 | | | | 249 | 72 | 1139 | 1139 | – |

(10) Services Funded Thru: Month / Year

(11) Description of Funding

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0068 4. Code
5. Project Title Dev. Environ. Accept. Replace. for DDT
6. Contractor: WHO
7. Contract No. AID/ta-C-1210
8. Project Manager E. A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 77 | FY 80 |
| 2. Service: | FY 76 | FY 78 | FY 81 |
| 3. LOP Costs: | | $ 332 | $ 916 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval
2. New/Revised PP due TA/PPU
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation Aug. 77
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period

E. Project Description

1. Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 20 | | - | | 20 |
| 1978 | 15 | | 2 | | 17 |
| 1979 | 15 | | 4 | | 19 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 160 | | | | 63 | | 223 | 223 | - | 6 | 77 | |
| 2. Est. FY 1977 | 79 | 24 | | | 30 | | 109 | 109 | - | 6 | 78 | |
| 3. Est. FY 1978 | 93 | 28 | | | 44 | | 137 | 137 | - | 6 | 79 | |
| 4. Proposed FY 1979 | 125 | 36 | | | 40 | 32 | 247 | 247 | - | 6 | 80 | |
| 5. Proposed FY 1980 | 136 | | | | 48 | 16 | 200 | 200 | - | 6 | 81 | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 593 | | - | | 225 | 48 | 916 | 916 | - | | | |

# SUB-PROJECT FISCAL DATA SHEET F-3

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0068 4. Code
5. Project Title Dev. Environ. Accept. Replace. for DDT
6. Contractor: Univ. of Illinois
7. Contract Nd. AID/ta-C-1228
8. Project Manager E. A. Smith
9. Appropriation 10 Category

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 75 | FY 77 | FY 77 |
| 2. Service: | FY 76 | FY 78 | FY 79 |
| 3. LOP Costs: | | $ 167 | $ 223 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval 3/10/75
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation June 77
In-depth Evaluation X
Terminal Evaluation
Special Evaluation
6. Period

E. Project Description

i Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 7 | - | | | 7 |
| 1978 | 4 | 4 | | | 8 |
| 1979 | 2 | 2 | | | 4 |

F. Other Donors NAME $000/Yr.

C. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 74 | | | | 12 | 24 | 110 | 42 | 68 | 6 | 77 | |
| 2. Est. FY 1977 | 101 | | | | 12 | | 113 | 36 | 145 | 6 | 79 | |
| 3. Est. FY 1978 | | | | | | | | 85 | 60 | | | |
| 4. Proposed FY 1979 | | | | | | | | 60 | - | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 175 | | | | 24 | 24 | 223 | 223 | - | | | |

# ONGOING PROJECT FISCAL DATA SHEET F-1

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code 511
5. Project Title Malaria Immunity and Vaccination
6. Contractor: Multiple
7. Contract No. Multiple
8. Project Manager E. A. Smith
9. Appropriation 2 + 4 10, Category A

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 66 | FY 79 | FY 79 |
| 2. Service: | FY 66 | FY 80 | FY 81 |
| 3. LOP Costs: | | $ 8752 | $ 13458 |

C. Countries
Asia
Africa
Latin America
Near East

D. Project Documentation Status Data
1. Date Current Approval
2. New/Revised PP due TA/PPU
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation
In-depth Evaluation
Terminal Evaluation
Special Evaluation
6. Period

E. Project Description

1 Planned Outputs

Development of a collaborating network to cover all aspects of malaria immunity research essential to the development of a malaria vaccine with emphasis on the three priority areas of:

1. Development of *in vitro* techniques for the production of erythrocytic stage antigens;
2. Evaluation of erythrocytic stage antigens;
3. Increasing the effectiveness of sporozoite immunity.

2. Progress in Achieving Outputs/Est. Completion Date

1. For the first time in history, positive results are being achieved in the multiplication of the human malaria parasites.

2. In progress.

3. In progress.

3. Purpose of Project/Anticipated Achievement Date

This project is supporting a relatively broad spectrum of research by a number of investigators and institutions. Since we cannot predict when major breakthroughs will occur, no definite date could be forecasted for anticipated achievement.

4. Project Change Requiring Revised PP and/or PAF

None

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 42 | | 22 | | 64 |
| 1978 | 41 | | 30 | | 72 |
| 1979 | 34 | | 43 | | 77 |

F. Other Donors

| NAME | $000/Yr. |
|---|---|
| | |

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 4422 | | | | 942 | 801 | 6165 | 4532 | 1633 | | | |
| 2. Est. FY 1977 | 530 | | | | 140 | 66 | 736 | 1123 | 1246 | | | |
| 3. Est. FY 1978 | 1142* | | | | 445 | 159 | 1746* | 1635* | 1357 | | | * Incl. $30,000 for evaluation |
| 4. Proposed FY 1979 | 1075 | | | | 404 | 132 | 1611 | 1870 | 1098 | | | a Preliminary estimate - not distributed to F-3s. |
| 5. Proposed FY 1980 | | | | | | | 1600[a] | 1880 | 818 | | | |
| 6. Proposed FY 1981 | | | | | | | 1600[a] | 1900 | 518 | | | |
| 7. All other | | | | | | | | 518 | | | | |
| 8. TOTAL | 7169 | | | | 1931 | 1158 | 13,458 | 13,458 | | | | |

4

# ONGOING PROJECT FISCAL DATA SHEET F-3

A. Project Identification
1. Cluster #1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 0453 4. Code
5. Project Title: Malaria Immun. & Vaccination
6. Contractor: New York Univ. (Prof. Nussenzweig)
7. Contract No. AID/ta-C-1199
8. Project Manager E.A. Smith
9. Appropriation 10. Category

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 75 | FY 79 | FY 79 |
| 2. Service: | FY 76 | FY 80 | FY 80 |
| 3. LOP Costs: | | $770 | $ 915 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval 3/23/76 (RAC)
2. New/Revised PP due TA/PPU 1/31/79
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation January 78
In-depth Evaluation
Terminal Evaluation
Special Evaluation X
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 5 | | 3 | | 8 |
| 1978 | 7 | | 4 | | 11 |
| 1979 | 6 | | 5 | | 11 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 322 | | | | 81 | 60 | 463 | 95 | 368 | 10 | 77 | |
| 2. Est. FY 1977 | | | | | | - | - | 300 | 68 | | | |
| 3. Est. FY 1978 | 153 | 36 | | | 30 | 9 | 192 | 200 | 60 | 3 | 79 | |
| 4. Proposed FY 1979 | 200 | 36 | | | 50 | 10 | 260 | 240 | 80 | 7 | 80 | |
| 5. Proposed FY 1980 | | | | | | | | 80 | - | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 675 | | | | 161 | 79 | 915 | 915 | - | | | |

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immun. & Vaccination
6. Contractor: Rockefeller Univ.
7. Contract No. AID/ta-C-1200
8. Project Manager E. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 79 | FY 79 |
| 2. Service: | FY 76 | FY 80 | FY 80 |
| 3. LOP Costs: | | $ 793 | $ 793 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval 2/23/76 (RAC)
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation January 78
In-depth Evaluation
Terminal Evaluation
Special Evaluation X
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 7 | | 5 | | 12 |
| 1978 | 7 | | 5 | | 12 |
| 1979 | 6 | | 6 | | 12 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 112 | | | | 33 | 5 | 150 | 107 | 43 | 12 | 76 | |
| 2. Est. FY 1977 | 130 | 26 | | | 60 | 12 | 202 | 200 | 45 | 12 | 77 | |
| 3. Est. FY 1978 | 135 | 26 | | | 65 | 14 | 214 | 220 | 39 | 12 | 78 | |
| 4. Proposed FY 1979 | 150 | 26 | | | 60 | 17 | 227 | 250 | 16 | 12 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | 16 | - | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 527 | | | | 218 | 48 | 793 | 793 | | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria

2. RDA # 13 Title Environmental Health

3. Project # 0453 4. Code

5. Project Title Malaria Immunity and Vaccination

6. Contractor: New York Univ. Med. Center

7. Contract No. AID/TA-C-1226

8. Project Manager

9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 76 | FY 76 |
| 2. Service: | FY 76 | FY 77 | FY 77 |
| 3. LOP Costs: | | $ 95 | $ 95 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 3/23/76 (RAC)
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation Sept. 77
   In-depth Evaluation
   Terminal Evaluation X
   Special Evaluation
6. Period

E. Project Description

1. Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 2 | | 2 | | 4 |
| 1978 | | | | | |
| 1979 | | | | | |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 60 | | | | 13 | 22 | 95 | 51 | 44 | 6 | 77 | |
| 2. Est. FY 1977 | | | | | | | - | 44 | - | | | |
| 3. Est. FY 1978 | | | | | | | - | | | | | |
| 4. Proposed FY 1979 | | | | | | | - | | | | | |
| 5. Proposed FY 1980 | | | | | | | - | | | | | |
| 6. Proposed FY 1981 | | | | | | | - | | | | | |
| 7. All other | | | | | | | - | | | | | |
| 8. TOTAL | 60 | | | | 13 | 22 | 95 | 95 | - | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immun. & Vaccination
6. Contractor: Rockefeller Univ.
7. Contract No. AID/ta-C-1200
8. Project Manager E. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 75 | FY 79 | FY 79 |
| 2. Service: | FY 76 | FY 80 | FY 80 |
| 3. LOP Costs: | | $ 793 | $ 793 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 2/23/76 (RAC)
2. New/Revised PP due TA/PPU
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation January 78
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 7 | | 5 | | 12 |
| 1978 | 7 | | 5 | | 12 |
| 1979 | 6 | | 6 | | 12 |

F. Other Donors NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 112 | | | | 33 | 5 | 150 | 107 | 43 | 12 | 76 | |
| 2. Est. FY 1977 | 130 | 26 | | | 60 | 12 | 202 | 200 | 45 | 12 | 77 | |
| 3. Est. FY 1978 | 135 | 26 | | | 65 | 14 | 214 | 220 | 39 | 12 | 78 | |
| 4. Proposed FY 1979 | 150 | 26 | | | 60 | 17 | 227 | 250 | 16 | 12 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | 16 | - | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 527 | | | | 218 | 48 | 793 | 793 | | | | |

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunity and Vaccination
6. Contractor: Parke-Davis and Company
7. Contract No. AID/ta-C-1258
8. Project Manager E. A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 76 | FY TQ | FY 79 |
| 2. Service: | FY 76 | FY 78 | FY 80 |
| 3. LOP Costs: | | $ 427 | $ 919 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval 3/23/76 (RAC)
2. New/Revised PP due TA/PPU 6/30/77
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation Sept. 77
In-depth Evaluation
Terminal Evaluation
Special Evaluation X
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 5 | | 5 | | 10 |
| 1978 | 5 | | 5 | | 10 |
| 1979 | 5 | | 6 | | 11 |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 234 | | | | 43 | 150 | 427 | 144 | 283 | 12 | 77 | |
| 2. Est. FY 1977 | | | | | | | - | 200 | 83 | | | |
| 3. Est. FY 1978 | 140 | 26 | | | 80 | 22 | 242 | 250 | 75 | 12 | 78 | |
| 4. Proposed FY 1979 | 158 | 26 | | | 80 | 12 | 250 | 275 | 50 | 12 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | 50 | - | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 532 | | | | 203 | 184 | 919 | 919 | - | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunity and Vaccination
6. Contractor: Univ. of New Mexico
7. Contract No. AID/ta-C-1259
8. Project Manager E. A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 76 | FY 79 | FY 79 |
| 2. Service: | FY 76 | FY 79 | FY 81 |
| 3. LOP Costs: | | $ 1402 | $ 1850 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 11/6/75 (RAC)
2. New/Revised PP due TA/PPU 11/30/78
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation Nov. 77
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 9 | | 3 | | 12 |
| 1978 | 8 | | 5 | | 13 |
| 1979 | 6 | | 7 | | 13 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (1) Personnel WM | (2) Participants Dollars | (2) Participants WM | (3) Commodities | (4) Other Costs | (5) Total | (6) Expenditures | (7) End FY Pipeline | (8) Services Funded Thru Month | (8) Services Funded Thru Year | (9) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 465 | | | | 242 | 163 | 870 | 153 | 717 | 3 | 78 | |
| 2. Est. FY 1977 | | | | | | | | 183 | 534 | | | |
| 3. Est. FY 1978 | 285 | 50 | | | 165 | 45 | 495 | 325 | 704 | 5 | 79 | |
| 4. Proposed FY 1979 | 290 | 50 | | | 145 | 50 | 485 | 455 | 734 | 5 | 81 | |
| 5. Proposed FY 1980 | | | | | | | | 560 | 174 | | | |
| 6. Proposed FY 1981 | | | | | | | | 174 | - | | | |
| 7. All other | | | | | | | | 5 | 5 | | | |
| 8. TOTAL | 1040 | | | | 552 | 258 | 1850 | 1850 | | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunization and Vaccination
6. Contractor: PAHO
7. Contract No. TA-1288
8. Project Manager E.A. Smith
9. Appropriation 10 Category

## SUB-PROJECT FISCAL DATA SHEET F. 3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 76 | FY 78 | FY 79 |
| 2. Service: | FY 77 | FY 79 | FY 80 |
| 3. LOP Costs: | | $ 313 | $ 353 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 11/6/75 (RAC)
2. New/Revised PP due TA/PPU 12/31/78
3. Date Last Eval,
4. Date of Current PAR
5. Next Evaluation January 78
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation X
6. Period

E. Project Description

1. Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 7 | | | | 7 |
| 1978 | 7 | | 6 | | 13 |
| 1979 | 6 | | 12 | | 18 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 36 | | | | 52 | 38 | 126 | 15 | 111 | 5 | 78 | |
| 2. Est. FY 1977 | 20 | 8 | | | 20 | | 40 | 50 | 101 | | | |
| 3. Est. FY 1978 | 36 | 12 | | | 47 | 10 | 93 | 120 | 74 | 6 | 79 | |
| 4. Proposed FY 1979 | 50 | 15 | | | 29 | 15 | 94 | 150 | 18 | 6 | 80 | |
| 5. Proposed FY 1980 | | | | | | | | 18 | - | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 142 | | | | 148 | 63 | 353 | | | | | |

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunization and Vaccination
6. Contractor: Univ. of Illinois
7. Contract No. AID/csd-1432
8. Project Manager E.A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 66 | FY72 | FY 72 |
| 2. Service: | FY 66 | FY72 | FY 72 |
| 3. LOP Costs: | | $1916 | $1916 |

C. Countries

D. Project Documentation Status Data
1. Date Current Approval
2. New/Revised PP due TA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation Terminated
In-depth Evaluation
Terminal Evaluation
Special Evaluation
6. Period

E. Project Description

1 Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | | | | | |
| 1978 | | | | | |
| 1979 | | | | | |

F. Other Donors
NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 1916 | | | | | | 1916 | 1916 | - | - | 72 | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 1916 | | | | | | 1916 | 1916 | - | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunity and Vaccination
6. Contractor: Univ. of New Mexico
7. Contract No. AID/csd-3689
8. Project Manager E. A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 72 | FY 76 | FY 76 |
| 2. Service: | FY 73 | FY 76 | FY 76 |
| 3. LOP Costs: | | $ 2003 | $ 2003 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval
2. New/Revised PP due IA/PPU
3. Date Last Eval.
4. Date of Current PAR
5. Next Evaluation Terminated
   In-depth Evaluation
   Terminal Evaluation
   Special Evaluation
6. Period

E. Project Description

1. Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (in work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | | | | | |
| 1978 | | | | | |
| 1979 | | | | | |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | 1194 | /// | | /// | 446 | 363 | 2003 | 1987 | 16 | 3 | 76 | |
| 2. Est. FY 1977 | | | | | | | | 16 | - | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | | | | | | | | | | | | |
| 5. Proposed FY 1980 | | | | | | | | | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 1194 | | | | 446 | 363 | 2003 | 2003 | | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 0453 4. Code
5. Project Title Malaria Immunity and Vaccination
6. Contractor: To be selected
7. Contract No. -
8. Project Manager E. A. Smith
9. Appropriation 10 Category

SUB-PROJECT FISCAL DATA SHEET F-3

B. Project Approval Status ($000)

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 77 | FY 79 | FY 79 |
| 2. Service: | FY 77 | FY 80 | FY 80 |
| 3. LOP Costs: | | $ 774 | $ 875 |

C. Countries

D. Project Documentation Status Data

1. Date Current Approval 11/6/75 (RAC)
2. New/Revised PP due TA/PPU 3/31/79
3. Date Last Eval., 
4. Date of Current PAR 
5. Next Evaluation 
   In-depth Evaluation 
   Terminal Evaluation 
   Special Evaluation 
6. Period 

E. Project Description

1. Planned Outputs

2. Progress in Achieving Outputs/Est. Completion Date

3. Purpose of Project/Anticipated Achievement Date

4. Project Change Requiring Revised PP and/or PAF

5. Technical Office Support: (In work days)

| F.Y. | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 4 | | - | | 4 |
| 1978 | 4 | | 4 | | 8 |
| 1979 | 4 | | 4 | | 8 |

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | - | - | - | | | |
| 2. Est. FY 1977 | 270 | 50 | | | 30 | 50 | 350 | - | 350 | 9 | 78 | |
| 3. Est. FY 1978 | 270 | 48 | | | 30 | 50 | 350 | 350 | 350 | 9 | 79 | |
| 4. Proposed FY 1979 | 120 | 20 | | | 30 | 25 | 175 | 350 | 175 | 9 | 80 | |
| 5. Proposed FY 1980 | | | | | | | | 175 | | | | |
| 6. Proposed FY 1981 | | | | | | | | | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 660 | | | | 90 | 125 | 875 | 875 | - | | | |

A. Project Identification

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 1058 4. Code 511
5. Project Title Alternative Malaria Control Methods
6. Contractor: USDA
7. Contract No. —
8. Project Manager E. A. Smith
9. Appropriation 4 10 Category A

## PROJECT FISCAL DATA SHEET F-2

B. Project Approval Status ($000)

| Item | Initial * | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 79 | FY | FY 79 |
| 2. Service: | FY 79 | FY | FY 81 |
| 3. LOP Costs: | | $ | $ 780 |

C. Countries

El Salvador

D. Project Documentation Status Data

1. Date of Current PID Approval 3/16/76
2. Draft Project Paper due TA/PPU

E. Project Description

PROJECT GOAL (stay within brackets)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

PROJECT PURPOSE(S) (stay within brackets)

To support field trials carried out by the USDA to further develop genetic control techniques to control An. albimanus in rural areas in El Salvador.

Technical Office Support to Manage Project (in work days)

| FY | OH | TPA | CONTRACT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 19 | | - | | 19 |
| 1978 | 20 | | - | | 20 |
| 1979 | 18 | | 10 | | 28 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|
| | 780 |

* Should additional funds become available in either FY 77 or FY 78, this project will be funded in the earlier of the two years.

F. Other Donors

NAME $000/Yr.

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 305 | 100 | | | 475 | | 780 | 280 | 500 | 560 | 79 | |
| 5. Proposed FY 1980 | | | | | | | | 220 | 280 | 10 | 80 | |
| 6. Proposed FY 1981 | | | | | | | | 280 | - | 10 | 81 | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 305 | | | | 475 | | 780 | 780 | | | | |

A. Project Identification
1. Cluster # 1304 Title Malaria
2. RDA # 13 Title: Environmental Health
3. Project # 1060 4. Code 512
5. Project Title Self-Help Malaria Control
6. Contractor: -
7. Contract No. -
8. Project Manager L. T. Cowper
9. Appropriation 4 10 Category B

# PROJECT FISCAL DATA SHEET F-2

B. Project Approval Status ($000)

| Item | Initial | Final Approved | Final Requested |
|---|---|---|---|
| 1. Obligation: | FY 79* | FY | FY 79 |
| 2. Service: | FY 79 | FY | FY 81 |
| 3 LOP Costs: | | $ | $746 |

C. Countries
Africa

D. Project Documentation Status Data
1. Date of Current PID Approval Pending
2. Draft Project Paper due TA/PPU

E. Project Description

PROJECT GOAL (stay within brackets)

Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority.

PROJECT PURPOSE(S) (stay within brackets)

To provide support to the World Health Organization (WHO) to carry out a series of field trials to control malaria in rural villages in Tanzania and/or Nigeria using self-help, low-cost methods.

Technical Office Support to Manage Project (in work days)

| FY | DH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 11 | | - | | 11 |
| 1978 | 5 | | - | | 5 |
| 1979 | - | | 10 | | 10 |

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

* Should additional funds become available in FY 78, this project will be funded in that year.

F. Other Donors

| NAME | $000/Yr. |
|---|---|

G. Budget Summary in ($000) and Work Months - WM

| | (1) Personnel Dollars | (2) Personnel WM | (3) Participants Dollars | (4) Participants WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY Pipeline | (10) Services Funded Thru Month | (10) Services Funded Thru Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 485 | 96 | | | 251 | 10 | 746 | 250 | 496 | 10 | 81 | |
| 5. Proposed FY 1980 | | | | | | | | 250 | 246 | | | |
| 6. Proposed FY 1981 | | | | | | | | 226 | | | | |
| 7. All other | | | | | | | | | | | | |
| 8. TOTAL | 485 | | | | 251 | 10 | 746 | 746 | | | | |

# PROJECT FISCAL DATA SHEET F-2

**A. Project Identification**

1. Cluster # 1304 Title Malaria
2. RDA # 13 Title Environmental Health
3. Project # 1179 4. Code
5. Project Title Comprehensive Methods of Vector Control
6. Contractor: -
7. Contract No. -
8. Project Manager E. A. Smith
9. Appropriation 4 10 Category A

**B. Project Approval Status ($000)**

| Item | Initial | Final | |
|---|---|---|---|
| | | Approved | Requested |
| 1. Obligation: | FY 79 | FY | FY 79 |
| 2. Service: | FY 79 | FY | FY 82 |
| 3. LOP Costs: | | $ | $ 300 |

**C. Countries**

**D. Project Documentation Status Data**

1. Date of Current PID Approval
2. Draft Project Paper due TA/PPU
   New PID due TA/PPU 4/15/77

**E. Project Description**

PROJECT GOAL (stay within brackets)

[ Reduce the adverse impact of the physical environment on the quality of human life by controlling the most critical disease problems of the poor majority. ]

PROJECT PURPOSE(S) (stay within brackets)

[ To make sound decisions on the choice of methodology for comprehensive malaria control programs involving selective use of a variety of insect control methods and their effects on target and non-target organisms as well as their effect on the environment. ]

PLANNING RESOURCE REQUIREMENTS (staff/funds) Project Design

| Type | Amount ($000) |
|---|---|

Technical Office Support to Manage Project (in work days)

| FY | PH | IPA | CONSULT | RSSA | TOTAL |
|---|---|---|---|---|---|
| 1977 | 12 | | - | | 12 |
| 1978 | 12 | | - | | 12 |
| 1979 | 15 | | 2 | | 17 |

**F. Other Donors**

| NAME | $000/Yr. |
|---|---|
| | |

**G. Budget Summary in ($000) and Work Months - WM**

| | (1) Personnel Dollars | (2) WM | (3) Participants Dollars | (4) WM | (5) Commodities | (6) Other Costs | (7) Total | (8) Expenditures | (9) End FY. Pipeline | (10) Services Funded Thru Month | (10) Year | (11) Description of Funding |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Cum. Thru 9/30/76 | | | | | | | | | | | | |
| 2. Est. FY 1977 | | | | | | | | | | | | |
| 3. Est. FY 1978 | | | | | | | | | | | | |
| 4. Proposed FY 1979 | 180 | 30 | | | 120 | | 300 | 75 | 225 | 12 | 81 | |
| 5. Proposed FY 1980 | | | | | | | - | 100 | 125 | | | |
| 6. Proposed FY 1981 | | | | | | | - | 100 | 25 | | | |
| 7. All other | | | | | | | | 25 | - | | | |
| 8. TOTAL | 180 | | | | 120 | | 300 | 300 | - | | | |

Attachment G

SAMPLE: Small Activity Projects

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| A. Cluster # 1304 Title Malaria | | | |
| 1. Small Research: | | | |
| a. Biochemical Analysis of Merozoites<br>Research to characterize the biochemical constituents of the polar organelles of erythrocytic merozoites of malaria. | 30/6 | | |
| b. Mosquito Control by Larviciding<br>Development of larvicide methods to control anopheline larvae mosquitoes under LDC conditions. | | 35/3 | |
| c. Biological Control of Mosquito Larvae<br>Development of pathogens as effective agents for control of anopheline larvae. | | 35/3 | |
| d. Mosquito Control by Adulticiding<br>Development of back-pack ultra-low-volume (ULV) methods for control of outdoor biting anopheline mosquitoes under LDC conditions. | | | 35/6 |
| e. Improvement of Insecticides<br>Increasing the effectiveness of insecticides for mosquito control through micro-encapsulation. | | | 35/6 |
| f. Environmental Effects of Pesticides as Used in Malaria Control Programs<br>An investigation of the ultimate fate and environmental significance (for human health and the ecosystem) of DDT, Malathion, etc. when used as residual wall sprays for central control. | | 35/6 | |
| Subtotal | 30/6 | 105/12 | 70/12 |

Attachment G

SAMPLE: Small Activity Projects

A. Cluster # 1304 Title Malaria

| | Resource Requirements $000/Work Days FY 77 | FY 78 | FY 79 |
|---|---|---|---|
| 2. Evaluation | | | |
| a. Analysis and Improvement of Country Malaria Program Evaluations. Assist TA/H in the development of an improved and statistically more valid system of the annual reviewing and evaluation of AID assisted malaria control programs. | 50/5 | | |
| Subtotal | 50/5 | | |

Attachment G

SAMPLE: Small Activity Projects

A. Cluster # 1304 Title Malaria

| | Resource Requirements $000/Work Days | | |
|---|---|---|---|
| | FY 77 | FY 78 | FY 79 |
| 3. Special Projects Inputs | | | |
| a. In Vitro Cultivation Workshop<br>Joint AID/WHO workshop on in vitro cultivation of the malaria parasite and the biology of the malaria parasite. | 25/6 | | |
| b. Workshop - Malaria Research Priorities<br>World leaders in the various fields of malaria research on direction of operational control programs to establish research priorities. | 50/6 | | |
| c. Malaria Immunology Workshop<br>To be sponsored jointly by AID/WHO/U.S. Navy. | | 25/3 | |
| d. Malaria Strategy for the Americas<br>Development of Strategy for Malaria Control in Central and South America | | 50/4 | |
| e. Malaria Strategy for Africa<br>Development of Strategy for Malaria Control in Africa. | | | 50/14 |
| Subtotals | 75/12 | 75/7 | 50/14 |
| GRAND TOTAL | 105/18 | 230/24 | 120/26 |