

621-0154

TANZANIA

CONTINUING Education for Health
Workers ↙

Project

Paper

FY 80

Proposal for

USAID OPERATIONAL PROGRAM GRANT

For

TANZANIA CONTINUING EDUCATION FOR
HEALTH WORKERS PROJECT

Submitted by

International/African Medical and Research Foundation

AMREF
PO Box 30125
Nairobi
Kenya

May 1980

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AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IDENTIFICATION DOCUMENT FACESHEET TO BE COMPLETED BY ORIGINATING OFFICE	1. TRANSACTION CODE <input type="checkbox"/> A A = ADD <input type="checkbox"/> B B = CHANGE <input type="checkbox"/> C C = DELETE	"PID" 2. DOCUMENT CODE
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3. COUNTRY/ENTITY UNITED REPUBLIC OF TANZANIA	4. DOCUMENT REVISION NUMBER
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5. PROJECT NUMBER (7 DIGITS) 621-0154	6. BUREAU/OFFICE A. SYMBOL AFR	B. CODE 06	7. PROJECT TITLE (MAXIMUM 40 CHARACTERS) CONTINUING EDUCATION FOR HEALTH WORKERS
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8. PROPOSED NEXT DOCUMENT A. <input type="checkbox"/> 3 = PRP <input type="checkbox"/> 3 = PP	B. DATE 08/8/0	10. ESTIMATED COSTS (\$1000 OR EQUIVALENT, \$1 = 8.2 Tsh)
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FUNDING SOURCE		AMOUNT
A. AID APPROPRIATED		1860
B. OTHER		
C. HOST COUNTRY		165
D. OTHER DONOR(S)		
TOTAL		2025

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION a. INITIAL FY 80 b. FINAL FY 82	
---	--

11. PROPOSED BUDGET AID APPROPRIATED FUNDS (\$000)							
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		E. FIRST FY 80		LIFE OF PROJECT	
		D. GRANT	D. LOAN	F. GRANT	G. LOAN	H. GRANT	I. LOAN
(1) PH	500	563		790		1860	
(2)							
(3)							
(4)							
TOTAL				790		1860	

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)					
230	350	450	510	540	530

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)						14. SECONDARY PURPOSE CODE
BR	DEL	ENV	TNG	PVON	TECH	530

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)
 To help Tanzania develop a health services system which can improve the health status of the people sufficiently for them to enjoy life and participate fully in community development activities and contribute to the goal of self-reliance.

16. PROJECT PURPOSE (MAXIMUM 480 CHARACTERS)
 To help Tanzania develop a program of regular in-service training to maintain its rural paramedical workers' knowledge and skills at appropriate and current levels.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)
 This will be PVO project, and the OPG is being developed by the PVO. No PDS funds will be required.

18. ORIGINATING OFFICE CLEARANCE Signature: <i>Howard L. Steverson</i> Title: Director, USAID/Tanzania Date Signed: 03/07/81	19. DATE DOCUMENT RECEIVED IN AID/W, or FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION 03/11/81
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UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT

P. O. Box 0130,
Dar es Salaam, Tanzania

Dr. Chris Wood
African Medical & Research Foundation
P. O. Box 30125
Nairobi, Kenya

Subject: Grant No. AID-621-17-110-80-1
Continuing Education for Health Workers Project (621-0154)

Dear Dr. Wood:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter as referred to as "A.I.D." or "Grantor") hereby grants to International/African Medical and Research Foundation (hereinafter referred to as "AMREF" or "Grantee") the sum of Two Million Two Hundred and Six Thousand United States Dollars (\$2,206,000) to provide life of project funding for a project which will assist Tanzania in developing a comprehensive continuing education program for rural health workers. These activities will first be centered in the Arusha region of Tanzania and as methods and materials are developed they will spread to other regions through the Continuing Education Section of the Ministry of Health. This project is more fully described in the attachment to this Grant entitled "Project Description."

This Grant is effective as of the date of signing this agreement and shall apply to commitments made by the Grantee in furtherance of project objectives during the period commencing on such date and continuing through October 31, 1983.

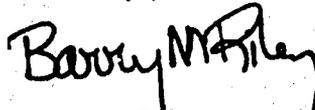
This Grant is made to AMREF on condition that the funds will be administered in accordance with the terms and conditions as set forth in attachment A entitled "Project Description" and Attachment B entitled "Standard Provisions", which have been agreed to by your organization.

Please sign the Statement of Assurance of Compliance enclosed herein, and the original and seven (7) copies of this letter to acknowledge your acceptance of the conditions under which these funds have been granted.

Dr. Chris Wood

Please return the Statement of Assurance of Compliance and the original and six (6) copies of the Grant to this office.

Sincerely yours,



Barry M. Riley
Acting Mission Director

Attachments:

- A. Project Description
- B. Standard Provision
- C. Statement of Assurance of Compliance

Accepted:

International/African Medical and Research Foundation

By: C. H. Wood

Title: Director of Training

Date: 15 / 8 / 80

Fiscal Data

Appropriation: 72-1101021.8

Allotment: 048-50-621-00-69-01

PIO/T: Not Applicable

Project No: 621-0154

Total Grant Amount: \$2,206,000

Clearance: RLA: ESpriggs 

II.

PROJECT DESCRIPTION

A. Project Purpose

The purpose of this Grant is to assist the Ministry of Health in the implementation of its program of Continuing Education for Health Workers in Tanzania. To accomplish this the project will establish a study area in the Arusha region in which careful evaluation will be made of all aspects of mounting such a program utilizing existing regional and district health personnel in the planning and implementation of the in-service training to be provided. Results of the on-going monitoring of this project will continually be made available for use in other regions as staff time and resources permit.

B. Specific Objectives

The project will provide in-service training for 461 rural health workers in the Arusha Region, which will upgrade their skills and will improve the health services for the rural population of the Region. The project will:

- 1) Strengthen the Continuing Education Section of the Education Unit within the Ministry of Health by:
 - a. providing long and short term technicians and
 - b. developing and field testing alternative methodologies and materials for in-service training of all rural health workers in Arusha region.

- 2) Establish a regular, ongoing continuing education program for the health workers of Arusha region by:
 - a. establishing the continuing education function under the direction of the Regional Medical Officer utilizing existing medical staff at regional and district levels and
 - b. providing refresher, extension and correspondence courses to the rural health workers of Arusha region.

- 3) Incorporate lessons learned and materials developed in Arusha region into the ongoing Continuing Education for Health Workers Program presently being implemented nationally.

C. Implementation

To achieve the above objectives, the Grantee will carry out the activities described below (and as described in more detail in its proposal dated May 1980) with funds provided by this Grant and from other sources as indicated below.

The Grantee will provide the services of a Medical Training Officer who will work with the Tanzanian Director of the Education Unit of the Ministry of Health. This person will be seconded to the Ministry to work primarily in the Continuing Education Section, but will take part in other education related activities at the Ministry that relate to the Continuing Education program. In addition the Grantee will provide a Project Manager who will facilitate management and logistics support for the project. These two technicians will be provided for the entire life of the project. Short term consultants will also be provided by the Grantee in support of the regional and district level workshops. In addition, Grantee will provide the services of a locally-hired administrative assistant, secretary and driver, support costs for 3 local MOH technicians, various forms of training, commodities and staff houses for a 3 year period beginning within the quarter the grant is executed. Administrative arrangements for all project inputs, including short term technical assistance, transportation, and materials production will be coordinated by the Project Manager.

The Grantee will fund post-degree training scholarships in tutor training/continuing education for one year for each of the three national technicians in the Continuing Education Section. Also, project funds will be made available for project personnel to travel to third country locations to observe ongoing continuing education programs.

To begin, information will be gathered and analyzed regarding other Continuing Education for Health Workers (CEHW) activities being carried out in Tanzania, both in the private sector and by government. Following this assessment major project activities will center around the planning, implementation and evaluation of short term workshops, which will be of two types:

- 1) Extension courses for present regional and district level health personnel which will concentrate on teacher training methodology for continuing education programs and on administrative and management issues. The courses will prepare these people for their positions as trainers in the ensuing refresher courses. All district and regional level management staff will receive this extension course training. Approximately six courses per year for an average of 15 participants each are planned. Following these extension courses and under the direction of Project Staff, needs assessments will be done gathering information from the health workers in a given locality which will result in the planning and implementation of refresher courses.
- 2) Refresher courses which will concentrate on specific areas of interest and need previously identified for a given locality and for specific cadres of health care workers. Every rural health worker in Arusha region will receive at least one such refresher course per year during the three year project period. It is projected that this will require approximately 20 courses per year for an average of 25 trainees per course. Correspondence courses will be developed to coincide with the refresher course program.

In addition, the national technicians of the Continuing Education Section will receive a 6 week tutor training course organized and conducted by AMREF's Training Department, coordinated by the Medical Training Officer. This formal training will be continually monitored and upgraded as necessary by the Medical Training Officer.

As refresher courses are implemented and experience is gained regarding relevant teaching methods and materials, this experience will be incorporated into the planning process for future courses. A distribution system for dissemination of this information will be developed and coordinated by the Continuing Education Section. A methodology for evaluation will be developed for CEHW programs. Expansion will then take place, first throughout the Arusha region and subsequently to other regions as Project time and resources permit. It is understood that Project personnel will give their first priority attention to implementing this program in the Arusha region, but will be available for consultation in other regions as time permits.

Following initial extension courses and after organizing refresher courses in their areas with the help of Project Staff, regional and district health personnel will continue to organize and manage their own continuing education program with minimal project staff input. Teaching materials developed during the course of the project will be duplicated and made available to these personnel following their initial application. After all extension courses are completed and a number of district level refresher courses are set up, the Project staff will be expected to provide more of a consultative input and to have more time available for extension of the program to other regions.

The two contract technicians will arrive in Tanzania and take up temporary residence in Dar es Salaam while the two staff houses are being constructed. The Medical Training Officer and Project Manager will orient themselves to the central and regional government officials with whom they will work, especially the Director of the Education Unit and the Director of the Health Manpower and Training Division. They will then develop a detailed work plan for the first year of the project activities in collaboration with the other project team members.

The project training team composed of the 3 Tanzania health professionals - Senior Medical Officer, Public Health Nurse and Public Health Officer, the Medical Training Officer and support staff, secretary and driver/assistant, will constitute the MOH Continuing Education Section within the Education Unit. The team will commence implementation of the project in the Arusha region, carrying out the activities that have been described previously and according to the detailed implementation plan that follows. A base of operation will be established in the Arusha region, most probably at a training facility in Arusha. Transport and other support services will be available in Arusha for the project team.

The Medical Training Officer and training team will receive technical support from senior AMREF staff. The Project Manager will coordinate the various AMREF inputs such as transport services, teaching materials, provision of short-term consultants, etc. Since the project team will be located in Dar es Salaam but travelling extensively to Arusha, the management of the logistics and supply services becomes an important function for the Project Manager.

I/AMREF will be responsible to USAID for monitoring and reporting on project performance while the Project Steering Committee will be reviewing project performance and determining policy issues when required. A detailed implementation schedule is attached as appendix A.

As detailed in the budget below, in addition to AID financed inputs there will be AMREF and Government of Tanzania contributions to the project. The Government of Tanzania will provide one senior medical officer who is the Director of the Education Unit within the Ministry of Health and who will direct project activities in the Continuing Education Section. In addition, the Government will provide trained personnel at the regional and/or district levels who will be trained to carry out the continuing education program in their areas. They will also make all other health personnel in the Arusha region available to attend the in-service training workshops that will occur.

AMREF will provide staff support for the Project through their offices in Nairobi, where they maintain a staff of professionals who have gained experience in educational development and the development and production of training materials. The knowledge and experience of this staff will be placed at the disposal of the Project to be utilized as necessary.

AMREF will also make available to the Project its considerable transport and communication system for support of project activities. AMREF maintains an air transportation network in Tanzania through other projects and through the East African Flying Doctor's Services. This system will be made available to move people and distribute materials developed in the project to other areas of Tanzania. Staff from the Project will be able to use these transport facilities as space is available. The radio communication system will be used in planning and arranging for workshops in remote areas of the country. In addition, AMREF will provide one vehicle for Project use.

D. Reporting:

AMREF will submit the following, to USAID Tanzania (4 copies each):

- 1) Semi-annual progress reports summarizing project activities and progress made toward project activities will be prepared. The first report is due April 15, 1981 (covering the first six month period) and every 6 months thereafter.
- 2) A detailed workplan for each year of project activities will be prepared. For the first year this plan will be due January 15, 1981 and each year thereafter. This work plan will include the following information where applicable: the projected number of courses to be undertaken; how many and what types of health workers will be trained; plans for needs assessments to be undertaken in the areas where courses are planned; types of teaching materials to be used; projected needs for short term consulting from i/AMREF or outside sources; data gathering needs for the year; plans for any evaluations that will be undertaken.
- 3) A copy of the expenditure report submitted under Section 10(d) (7) of the Standard Provisions for U.S. Grantee and U.S. Subgrantees (Attachment B) shall also be mailed directly to:

USAID/Tanzania
c/o Department of State
Washington D.C. 20520

Expenditures shown in the report shall be by budget line item.

E. Budget:

The funds obliged in this Grant Agreement will be made available to I/AMREF/Nairobi through a Federal Reserve Letter of Credit in U.S. dollars. Grantee hereby agrees that any funds converted to local currency will be converted at highest legal rate of exchange on date of conversion, and that such conversion shall be in accordance with applicable laws in Tanzania. The following is an illustrative budget for the project showing the items to be financed under this grant, the items coming from AMREF resources, and items anticipated to be financed by the Government of Tanzania.

<u>Cost Element</u>	<u>Project Budget</u>		
	<u>AID</u> (Obligated)	<u>AMREF</u>	<u>TANGOV</u>
1) Technical Assistance			
a) Long term	270		
b) Short term	240		
2) Local hire	88,5		
3) Training			
a) Continuing Education Courses	104	269	161,5
b) Participant Training	102		
4) Commodities	204,5	17	
5) Vehicles	25		
6) Construction	120		
7) Other Costs	257	72	
8) I/AMREF Overhead (17%)	240,5		
9) Contingency, Inflation	554,5		
Total	2,206,0	358	164,5

Total Project cost = \$2,728,5

III. SUMMARY

Grantee and Implementing Agencies

The requesting Grantee is the International/African Medical and Research Foundation who will also serve as the primary executing agency in collaboration with the Ministry of Health. Actively participating in the implementation will be the Arusha Regional Medical Office and district medical offices in the region.

The International Medical and Research Foundation (IMRF) through its affiliated headquarters and operational organization in Kenya, the African Medical and Research Foundation (AMREF) has over 20 years experience in delivery of rural health services in developing countries, including Tanzania. Throughout, the aim of the I/AMREF has been to 'explore and implement new methods of providing health care in developing countries and to teach others those methods which prove of value'.

United States administrative offices are located in New York, 833 United Nations Plaza and are registered as a charitable organization in the United States. It is also registered with USAID¹ and will be the project holder. This office has 2 full-time staff members - Executive Director and Administrative Assistant, and a Board of Directors. The U.S. Office is actively engaged in fund raising, liaison, administration and evaluation of rural health programs in Eastern Africa and is an integral part of the Foundation's senior support services. Currently, I/AMREF is implementing 3 USAID grants:

1. 650-0019 Assistance Towards Implementation of Primary Health Care Program, Southern Sudan Region
2. AID/afr-G-1560 Assistance to I/AMREF to carry out Public Health Programs in Kenya as requested by the Government of Kenya, Ministry of Health
3. AID/afr-G-1465 To print and distribute AHTIP medical and nursing training materials

The field headquarters are located at Wilson Airport, Nairobi, Kenya. They are registered with the Government of Kenya as a charitable company limited by guarantee and that company is registered with the Government of Tanzania as a charitable organization in Tanzania.

¹PVO reference number 205

As of 30th November 1979, these headquarters had 100 employees which were engaged throughout its 11 departments and sections:

- Rural Health Development
- Training
- Health Behaviour
- Clinical Services including Flying Doctors' Services
- Printing and Publications
- Nursing and Medical Radio Communications
- Mobile Medicine
- Research
- Management Services and Administration
- Consultancy Services
- Aviation

Reference is made to the Foundation 1979 Annual Field Report for a description of overall program activities, field and outreach program and AMREF REPORTS, PROGRESS DEVELOPMENT of various AMREF Projects for the period January - June 1979.

IV. PROJECT BACKGROUND

A. General

Since the Arusha Declaration of 1967, Tanzania has worked toward the objectives of socialist development. The health sector has been a priority in this effort, as expressed in the 1971 political party resolution "that from now on the vital needs for water, schools and health shall be given priority in our expenditures."

The intended beneficiaries of the Tanzanian development program are the rural villagers who make up 87% of the population of 17.5 million. President's Julius Nyerere's commitment to focussing appropriate technology on the health needs of the people was evident in 1973, when he said, "We must not again be tempted by offers of a big new hospital, with all the high running costs involved - at least until every one of our citizens has basic medical services readily available to him."

The development of basic medical services in Tanzania has marked progress during the 1970's. There has been a national build-up of rural health services with widespread construction of village dispensaries and rural health centres and with increased numbers of auxiliary health personnel. AID has contributed to this program through the Maternal and Child Health Aide Training Project which has built 18 MCH Aide training centres throughout Tanzania which have already trained over 1000 aides for dispensary work.

Other donors, particularly the Scandinavian countries, are supporting physician, nurse, medical assistant and rural medical aide training and hospital, health centre and dispensary construction as well as water systems, sanitation, specific disease control efforts, expanded immunization and numerous other health sector interventions.

B. AMREF

The African Medical and Research Foundation (AMREF) headquartered in Nairobi and registered in Tanzania has been involved over the past 20 years in assisting the Tanzania Ministry of Health deliver rural health services. On-going activities include:

- carrying out 6-week training courses in health behaviour and environmental health for Assistant Medical Officers;
- producing and distributing training manuals (9 to date) to rural health training schools in Tanzania;
- assisting MOH Health Education Unit in developing a health education strategy for clinical institutions;
- establish a rural health workshop at Ndareda for training hospital technicians and producing medical/hospital equipment (weighing scales, delivery beds etc.) and appropriate technology items (water pumps, ox carts, solar collectors, etc.);
- providing and operating a medical radio communications system linking 37 rural health facilities in Tanzania;
- assisting Bugando Hill Hospital and KCMC implement their medical specialist outreach programmes through provision of an AMREF aircraft and pilot (Muhimbili to be added in 1980);
- providing leprosy reconstructive surgical services to Hombolo and Sikonge hospitals;
- providing reconstructive surgical services on weekly basis to Kilimanjaro Christian Medical Centre (KCMC).

AMREF staff participated in MOH planning activities dating back to the 1964 Report to Government - The Health Services of Tanganyika by Titmus, Abel-Smith, Macdonald, Williams and AMREF's C H Wood to Wood's recent participation in the MOH's workshop on planning the evaluation of primary health care activities in Tanzania.

AMREF carries on a regular dialogue with MOH regarding AMREF assistance, and as a result of discussions regarding the Ministry's desire to develop a national programme for continuing education for rural health workers,* AMREF prepared this project proposal.

C. Continuing Education for Rural Health Workers

The principal constraint to the provision of health care in the rural areas is the shortage of adequate numbers of appropriately trained staff. Training requires both relevant basic training to start with and then continuing education to maintain, develop and update knowledge and skills of all health workers throughout their working lives.

Rapid development in new medical knowledge and accelerating change in methods of delivering health care, for instance primary health care, make continuing education particularly essential. Professional decay or obsolescence is inevitable, unless health workers make a personal commitment to life-long learning and are provided with opportunities to fulfil that commitment. Moreover continuing education is essential if maximum benefit is to be obtained from the initial investment in basic education.

The main purpose of continuing education is to maintain motivation among health workers and to improve their competence in carrying out daily tasks. Plans of continuing education for rural health workers should be incorporated into every educational and health service programme from the outset.

In principle, the content of continuing education programmes should be based primarily on identified needs, shortcomings and faults occurring in everyday practice and caused by lack of knowledge or skill or motivation.

Continuing education should have 3 aspects:-

1. training personnel to perform their rural daily task more efficiently;
2. reorienting personnel towards changing concepts, priorities and techniques; and
3. training personnel to undertake new and revised tasks.

*The large majority of rural health workers are Medical Assistants, Rural Medical Aides, Nurses, Maternal and Child Health Aides, Health Assistants, Village Health Workers. There are a few Medical Officers, Assistant Medical Officers, A Nurses and Health Officers in supervisory roles.

The most effective methods of achieving these objectives needs careful study. The traditional classroom methods of basic training may require modification to incorporate some of the methods now used in adult education.

AMREF has considerable experience and expertise in this field and is currently implementing a continuing education programme for auxiliary health workers for the Kenya Ministry of Health. AMREF has also been requested by the Uganda Ministry of Health to undertake a similar programme in Uganda. A report of these activities, including AMREF's methodology for conducting continuing education programmes, is presented as an Exhibit to this proposal.

The two principle methods recently used for continuing education are refresher and extension courses. Refresher courses are generally arranged locally for mixed cadres of health workers working in an area to up-date their knowledge and skill on a number of common tasks, which have been locally identified as areas requiring special attention. Extension courses are used to extend the knowledge and skill of selected health workers into fields inadequately covered in their basic training eg. health service administration, teaching methodology etc. In addition a start has been made in augmenting the above by correspondence courses.

Another aspect of in-service training involves up-grading courses. This training of members of one cadre up to the next cadre, eg. Rural Medical Aide to Medical Assistants, may be regarded as a special form of basic training. It is the form of in-service training most developed by the MOH training institutions, though it only involves a limited number of the more than 10,000 auxiliary health workers recently in service. It is not considered in this proposal as part of continuing education required by all health workers.

Some of these workers had no formal training and the majority received their basic training 5, 10 or 20 years ago. Unfortunately, the opportunities for updating their knowledge have been very limited and largely as stated, confined to the few who are selected for upgrading into a higher cadre. MOH management has recognized their need for updating, especially for those who do not develop the habit of self learning and who, working in isolated remote areas, have little supervision, contact with colleagues or even books or journals to read.

In 1979 the Ministry of Health established a new education unit within the Manpower Development and Training Division.

One of the responsibilities of the new unit is to coordinate in-service training for all rural health units. Prior to the establishment of the new unit, continuing education for Health Workers occurred on an Ad Hoc basis with some short course seminars and workshops organised by the Ministry and various other groups such as private voluntary organisations and hospitals and dispensaries. It is estimated that these training programmes have reached only about 8% of the health workers due to scarcity of trainers, training sites, materials and lack of organisation.

The new Medical Education Unit has launched a national Continuing Education for Health Worker Program designed to standardise and coordinate the in-service training of all Tanzania Health Workers. As stated by Dr A D Chiduo, Director of the Division of Manpower Development, the objective of the unit is to reinforce the implementation of continuing education at regional and district levels by:-

1. developing continuing education teaching and learning materials for use in health auxiliary schools and other health unit
2. developing continuing education curricula for allied health professions;
3. providing advisory services on continuing education to health workers;
4. establishing liaison and working relations with existing bodies interested in continuing education;
5. publishing assessments and information about continuing education.

In addition to these MOH objectives

6. training and assisting district and regional health personnel organise and implement continuing education programs.

V. THE PROJECT

A. Project Purpose

This project is designed to be an integral part of the National Continuing Education for Health Workers (CEHW) Program. It will establish a study area, the Arusha region, in which careful evaluation will be made of methodologies for the training of trainers, alternative approaches to in-service training, the effectiveness of various forms of training materials and the cost of sustaining a comprehensive Continuing Education Programme.

Because the National Continuing Education for Health Worker Programme is already underway the lessons learned and the materials derived from this project will benefit the national programme as soon as results become available.

B. Project Input Components

1. Summary

At a cost of \$2,206,000 I/AMREF with AID OPG funds will contribute one long term technician, one project manager, short-term consultants, locally hired administrative assistant, secretary and driver, support costs for 3 local MOH technicians, various forms of training commodities and staff houses for a 3 year period beginning in the 4th quarter of fiscal year 1980. In Arusha region, as is necessary throughout the country, the project will utilise existing facilities and existing personnel. Administratively the programme will be implemented by regional and district level health staff involving their training in continuing education methods. The Continuing Education Section (CES) within the Education Unit is providing central MOH support to the regions for implementation of the national programme. A six member project steering committee will be established comprised of 3 representatives from Government, one being the Chairman, two from AMREF and a representative from US AID. The committee will review progress and facilitate implementation from a policy standpoint. The committee will meet quarterly.

The project objectives for the initial three year phase include:

start a continuing medical education programme for all rural health staff in the Arusha region and train regional and district health personnel in techniques of organizing and implementing CEHW programs.

develop and test teaching materials and methods for CEHW programs, including a material distribution system;

gather information about CEHW activities in the country, assess the need on a national basis and prepare a plan of action for a national CEHW program, including costs, as a second phase of the project.

continually make available project results in all areas of CES for incorporation into national program.

2. Administrative Relationships

The Continuing Education Section will be a functional part of the Educational Unit within the MOH with the Director being responsible to the Director of the Manpower Development and Training Division. The medical training officer technician will be seconded to MOH and will serve as counterpart to the Director of the Education Unit. The project technical staff comprising the Continuing Education Section will consist of:-

Senior Medical Officer	-	Director Education Unit
Medical Training Officer	-	Chief of Party (AMREF)
Public Health Nurse	-	MOH Staff
Public Health Officer	-	MOH staff

There will be a project manager who will serve as the AMREF representative, and therefore will be AMREF staff. Besides being responsible for facilitating management and logistics support for the project, he will also serve as a technical resources person, eg. organising and participating in extension courses for health services administration, developing the distribution system for CEHW materials, assisting other CEHW programmes in the country, etc. The project team will be technically supported by I/AMREF HQ staff. The project will be based in Dar es Salaam so that the project team can assist the Education Unit in developing the teaching methods and materials for field testing while the materials themselves will be tested in Arusha region. CES staff will make frequent trips to the Arusha region for long periods therefore the operational base including accommodation, office space and stores is required. This facility will be attached to a training centre or school in the Arusha region such as the Rural Medical Aid Training School in Arusha. The Arusha Regional Medical Officer in collaboration with the Director of the Education Unit and CES will appoint a CEHW coordinator for the

region who will either be an existing RMO staff member or a principal of an appropriate Training School such as a Rural Medical Aid School.

The CEHW coordinator will work closely with the CES team members regarding project development, implementation and evaluation. He/she will be operationally responsible to the RMO and in charge of the CEHW programme for Arusha region with technical support from the CES.

During the project period the CES will be technically assisted by I/AMREF HQ staff members whose inputs will be organised and coordinated by the Project Manager. Additional technical assistance will be provided by the US AID/Tanzania Health Nutrition and Population Office.

Quarterly project progress and financial reports will be submitted by I/AMREF to US AID/Tanzania, MOH Tanzania and US AID/Washington.

Project funds will be granted to I/AMREF on a federal letter of credit basis.

Funds can be transferred between budget line items with the concurrence of AID/Tanzania. All district health officers along with the Arusha regional health office will be actively involved in the CEHW programme developed and conducted in their respective districts. The staff will receive in-service tutor training and will participate with the project team in carrying out the CEHW programme. As is AMREF's policy with CEHW programmes, the goal is to provide technical support and back-up to the regional and district CEHW programmes undertaken by the respective local authorities once they have received training/instruction in how to organise and conduct the programmes and have participated with the project team in carrying out the initial series of courses.

All auxiliary health workers in the Arusha region will be involved as trainees in the project. The project and regional/district staff will conduct courses at district level and utilise whatever facilities are available.

The training course target - each rural health worker to receive one refresher course per annum - is the optimum goal for the CEHW program. However, if this target number is unobtainable due to a limited absorptive capacity at RMO/DMO levels, the CES will expand the geographical coverage to cover another region such as Singida or Coast.

In addition, if the CEHW methods and materials are developed, tested and determined appropriate before the end of the pilot phase, it does not preclude the project from initiating the CEHW program in other regions during the remaining period of the project. The project team will have its own mobile teaching equipment. Teaching materials for the refresher courses will be produced and

distributed as part of the project. This includes correspondence courses and the use of radio broadcast if feasible.

The project team will systematically assess other CEHW programmes being carried out in Tanzania under the CES. AMREF's air transport services in Tanzania will be utilized.

The role of the Continuing Education Training Section will be that of organizing, planning and evaluation. Part of the actual implementation will be done by district and regional health staff in local training institutions.

Close liaison will be established with the national health service units at Muhimbili Medical Centre, Bugando Hill Hospital and KCMC. These institutions are staffed with personnel that can provide support training for continuing education in peripheral health service units like regional and district hospitals whose staff can in turn organise and conduct continuing education programs for their peripheral units. The project will assist these institutions in developing CEHW programmes as well since AMREF is already providing communication and transport services to these institutions. It will be more of an indirect than direct involvement by the project staff, for instance, discussing CEHW methods, disseminating CEHW materials, participating in training course as resource persons, etc.

3. Refresher Course Training

As part of the refresher course component of the continuing education program, the goal is for each rural health worker to receive one refresher course per annum after a detailed plan of action has been worked out involving a review of available teaching facilities and determination of the number of rural health workers in the Arusha region. The recent inventory of rural health facilities will provide most of this information along with the health sector evaluation findings.

The methodology developed by AMREF for organising and conducting refresher courses will be utilized in the project where appropriate and involves the following steps:

determine the felt needs and weaknesses of the rural health workers in the training catchment area through interviews and discussions with district authorities, rural health workers and community leaders, which involves visits to the respective health facilities;

develop the course topics based on the above findings and include as many practical fieldwork activities as possible.

Questionnaire forms have been developed by AMREF for gathering the above data and will be discussed later in the section on evaluation. Owing to the shortage of relief staff it is difficult to get rural health workers away from their stations for more than a week. It is also expensive and time consuming if they have far to travel for a course. Therefore whenever possible the local hospital or training centre or school will be utilized.

However training schools that are committed to basic training are often understaffed and seldom able or willing to devote more than a token of time and energy to continuing education. The project will attempt to reverse this trend by developing the capability of district personnel to organise and carry out active CBW programmes involving the training school staff in the process. Through this cooperation, momentum and enthusiasm can be developed for CBW programmes along with a demand from the rural health workers for such courses.

4. Correspondence Courses

Correspondence courses are very popular and play an important role in training in many fields and at various levels. Practically nothing is available in the health field and such courses represent an innovation in the field of health training. While some subjects lend themselves to learning by this method more easily than others, it is increasingly recognized that correspondence courses can make a major contribution in many subjects, especially when combined with short practical courses, such as refresher courses.

It is difficult to maintain motivation for correspondence courses, so it is planned that some refresher courses will be preceded by a qualifying correspondence course so that the refresher course becomes a reward for completing the correspondence course.

AMREF is currently developing a correspondence course programme for rural health workers with the first course utilizing the Communicable Diseases training manual developed by AMREF's Training Department with the medical assistant teachers from Tanzania. The proposed 12-unit course in Communicable Diseases has been tested on participants at refresher courses. It was generally well received and many participants said they would like to complete the course when it was available.

5. Extension Courses

As mentioned earlier, extension courses are a form of continuing education for health workers whose basic training did not cover some of the activities that they are now required to do. One of the most important tasks in this field is teacher training. Apart from nursing there are no systematic training courses available for those selected as staff for auxiliary training schools. Also included in this context are the skills and training to organise and conduct CBW programmes. Therefore, a priority type of extension course will be training regional and district health teams how to organise develop, conduct and evaluate their own CBW courses.

Another important field is administration. Very few staff with responsibility for administration of rural health services, either at health centre or district level, have had any training in management. For such extension courses where the needs in any one district are small and extra facilities may be required, it is more efficient to run them at a regional training centre facility.

For the project's extension course programme component, a needs assessment study will be carried out before determining which types of courses will be conducted besides those courses related to training the trainers for the CBW programme.

6. Other Related MOH Training Courses

The CES staff will participate as resource personnel in other related MOH training courses and programmes, especially those related to curriculum development, evaluation and teaching materials.

7. CEHW Materials and Learning Resources

At present the availability of appropriate books, manuals and journals for health auxiliaries is very limited. With the expansion of many training programs throughout Africa, the tremendous need for locally relevant teaching materials has grown steadily. While some textbooks for professional cadres may be inter-changeable internationally, those required for lower cadres need to be much more specific to the region. Both the unsuitability and the high cost of imported books demand the production of more local books and teaching materials.

The cooperation of local teachers and practitioners in the writing, review and production of local books and manuals provides an excellent opportunity for standardizing some teaching and practical procedures. This opportunity can only be realized by close collaboration between authors, teachers, practitioners and publishers. AMREF does this by holding workshops to consider drafts of manuals before production.

Up to May 1980, AMREF had produced 11 training manuals as part of its Rural Health Series: Child Health, Diagnostic Pathways, Health Education, Obstetric Emergencies, Pharmacology and Therapeutics, Mental Health, Epidemiology, Hand Injuries, Communicable Diseases, Occupational Health and Management Schedules for Dispensaries. All of these manuals were either directly authored by health specialists working in Tanzania or by authors with considerable Tanzanian rural health experience. This also holds true for other manuals now being developed.

- Obstetric & Gynaecology
- Health Centre Surgery
- Therapeutic Guidelines

AMREF distributes 1,000 free copies of each new manual to rural health training schools in Tanzania, Kenya, Uganda and Sudan. The Foundation has just received USAID funds to produce and distribute 5 manuals per annum including translation of one per annum into Swahili. All the manuals produced to date have been reprinted to meet demand. They are distributed at near cost by the Moshi Bookshop and Kenya Textbook Centre

Table - Reprints of AMREF Training Manuals

<u>Manual</u>	<u>First Run</u>	<u>No. of Reprints</u>
Child Health	1975	19,000
Diagnostic Pathways	1977	4,000
Health Education	1976	12,000
Obstetric Emergencies	1976	10,000
Pharmacology & Therapeutics	1976	9,000
Mental Health	1977	6,000
Communicable Diseases	1978	5,000
The Hand	1979	2,000
Epidemiology	1978	2,000
		<u>69,000</u>

Since this form of teaching material is being developed by AMREF from other sources, including USAID, development of training manuals will not represent a direct project activity. Rather the project will:

- Identify health areas for manual development including potential authors;
- assist AMREF's Training Department evaluate the manuals to determine if they are fulfilling their potential as learning resources;
- assist AMREF's Distribution Unit in ensuring that every rural health worker has access to the manuals.

AMREF has prepared and printed over 50 teaching handouts in support of continuing education programs it has conducted. Similar materials will be produced by the project for the training programs and made available to all groups carrying out CBW programs in the country. A catalogue of available material will be produced and distributed to rural health workers and regional/district authorities. A mail order system will be developed for distribution in collaboration with AMREF's Distribution Unit. Printing facilities at the Health Education Unit in Dar es Salaam will be utilised and back-stopped by AMREF's Printing Department.

AMREF's magazines DEFENDER and AFYA will be utilized as teaching materials and further developed as a result of project field testing and evaluation as learning resources.

Tanzania has had favourable experience using radio broadcasts for health education and dissemination of public health information. The project will draw upon these past experiences and develop radio programs as part of the continuing medical education program based on initial feasibility studies.

1. Staff Training

The national technicians in the CES will receive a 6-week tutor training course organised and conducted by AMREF's Training Department in collaboration with the Medical Training Officer before carrying out their first courses. Continuing in-service tutor training will be given by the Medical Training Officer for the national CES team members.

There are few relevant training programs in medical education teacher training. However, each of the three national technicians in the CES (senior medical officer, public health nurse, public health officer) will receive participant training at an appropriate medical education institution the first priority being in Africa, then overseas in the US, Australia or the United Kingdom. Replacement staff will be assigned by the Ministry during the training period.

The project will also provide 12 person months of observational tour training to familiarize the CES technicians and appropriate regional and district staff with continuing education programmes, either being carried out in other African countries or discussed at workshops or seminars conducted at medical institutions, eg. University of Dundee.

C. Outputs

The following outcomes/outputs will result from the project:

1. Information gathered about and support given to other CEHW activities being carried out in Tanzania, both private sector and by government;
2. Needs assessment study carried out, both quantitative and qualitative, of CEHW requirements in Arusha and nationally;
3. Every rural health worker in Arusha region (461)* will have received at least 3 refresher courses, approximately 20 courses for 25 trainees each per annum;
4. All regional and district level management staff will have received extension course training, mainly in teacher training methodology in relation to CEHW programmes, and health centre staff in administration, etc. 6 courses per annum for 15 participants each are planned.

5. Correspondence courses developed to coincide with the refresher course program;
6. Teaching methods and materials developed and tested for CEHW programs and a distribution system established to disseminate the materials;
7. Evaluation methodology developed for CEHW programs
8. Regional and district health personnel in Arusha region capable of organising and managing their own CEHW programs, with technical support as required from MOH CES;

According to Inventory of Health Facilities 1978, Arusha Region.

D. End of Project Status

Continuing education training methods and materials will have been developed and tested in Arusha region through a refresher, extension and correspondence course program which involved all rural health workers in the region. Results of this project will have been continually assessed and utilised in the national program through the CES. Regional and district health staff in Arusha region will have the capability to organise, manage and evaluate their own continuing education training programs for rural health workers.

E. Assessment, Evaluation and Planning a National CEHW Program

The evaluation methodology for this project is of particular importance because results will be incorporated into the ongoing national CEHW program. As methods prove themselves they will be disbursed nationally as the program continues.

AMREF will apply the evaluation techniques and instruments that it has developed elsewhere for continuing medical education. This activity represents a major project component since the most productive and cost effective continuing education methods must be developed for a successful program and this process will require testing and comparing alternative approaches.

1. CEHW Assessment

A key project activity is to assess what other health related institutions in Tanzania are doing in the field of continuing education. The project team will visit relevant training schools and confer with the training staff, collect CEHW materials that are being utilised and will share teaching materials and curricula developed by the project. AMREF communications and transport facilities will be utilised. Other AMREF staff working in Tanzania will assist the project team in carrying out this activity.

A CEHW needs assessment study will include the above information plus visits to selected areas, to discuss with district authorities, community leaders and rural health workers their felt needs and weaknesses regarding continuing education and how best a CEHW Programme can be organised.

The national health services inventory as well as the evaluation of the health sector results again will be utilised. The evaluation methodology forms discussed in the next section will also be used in selected areas outside the Arusha region in order to get an overview of the CEHW needs on a national scale.

The assessment will be carried out as part of the training programme and will involve district staff so that they can gain experience regarding assessment methodology.

2. Evaluation of CEHW Training Activities

a) Refresher courses

The refresher training program and its evaluation component will consist of three phases:

- gathering baseline data
- conducting refresher courses
- gathering final evaluation data

All districts in the Arusha region will be evaluated however, 2 districts will receive more in-depth analysis. They will be selected as broadly representative of different types of areas and stages of development within the region.

The evaluation methodology for the test districts will measure change in practical skill and applied knowledge. It involves visits to district dispensaries and health centres to observe how clinical officers and dispensary staff manage patients. Forms will be used to standardise the observations recorded. These in-depth surveys are made before the courses, and several months afterwards. Details of the medical and physical facilities the worker has in his/her unit will also be recorded as these definitely influence the care he/she is able to deliver. They will be compared with the inventory study information.

Theoretical knowledge will be assessed by tests conducted before and after courses. The tests are made as close to the practical situation in the dispensary as possible. Assessing the knowledge the health workers have and the physical/medical facilities available in their units enables the project to plan more relevant courses and helps validate the plan of action for a national program. A report utilizing the above forms, tests and methodology for a district level continuing education training program developed by AMREF appears as Annex A.²

b) Teaching Materials and Training Manuals

The teaching materials that will be developed for the CBW programme will be evaluated as part of the project to determine their value for use elsewhere. AMREF's Training Department will assist the project team on both scores, the development and evaluation of teaching materials. AMREF again will apply evaluation methodology it has developed for learning resources, which involved test five cadres of rural health workers in Tanzania and their comprehension of AMREF Manual 'Child Health'.

²First Annual Progress Report for 1978, DANIDA AID to the Government of Kenya for Development of AMREF Training and Publications Departments, August 1979.

Specifically the evaluation of the project-produced learning resources will involve a number of tests based on actual students using the materials:

- readability tests to see how fluently readers read the material;
- reference tests which require readers to look up answers to questions in the materials;
- multiple-choice question tests which try to identify how readers interpreted the nature and purpose of passages;
- learning tests which try to see how far readers could transform a formal text into a practical form;
- questionnaire forms to determine what readers think of the materials, and how far they use them.

See Annex B for a description of an evaluation of the AMREF training manual Child Health with health workers in Kenya and Tanzania.³

3. National CEHW Program

The third type of evaluation to be done will involve an assessment of how effectively information on project implementation will be made available to and utilised by the national program. As already stated above the national program will be on-going in its present form coordinated through the CES at the same time that this project is being implemented.

It is an important objective of the project to provide to the national program methods and materials that have proved effective in the Arusha region. The extent to which this process is occurring will be monitored beginning with the second year of project implementation. This should not be difficult to accomplish since staff of the CES who will be dealing with the project will also be the people responsible for coordination of the national program.

³ Report of an investigation into the Manual "Child Health" with Health Workers in Kenya and Tanzania, Peter Godwin, Educational Officer, AMREF March- November 1979.

F. Implementation Plan

1. Summary

The two contract technicians will arrive in Tanzania and take up temporary residence in Dar es Salaam while the two staff houses are being constructed. The Medical Training Officer and Project Manager will orient themselves to the central and regional government officials with whom they will work, especially the Director of the Education Unit and the Director of the Health Manpower and Training Division. They will then develop a detailed work plan for the first year of the project activities in collaboration with the other project team members.

The project training team composed of the 3 Tanzania health professionals - Senior Medical Officer, Public Health Nurse and Public Health Officer, the Medical Training Officer and support staff, secretary and driver/assistant, will constitute the MOH Continuing Education Section within the Education Unit. The team will commence implementation of the project in the Arusha region, carrying out the activities that have been described previously and according to the detailed implementation plan that follows.

A base of operation will be established in the Arusha region, most probably at a training facility in Arusha. Transport and other support services will be available in Arusha for the project team.

The Medical Training Officer and training team will receive technical support from senior AMREF staff. The Project Manager will coordinate the various AMREF inputs such as transport services, teaching materials, provision of short-term consultants, etc. Since the project team will be located in Dar es Salaam but travelling extensively to Arusha, the management of the logistics and supply services becomes an important function for the Project Manager.

I/AMREF will be responsible to US AID for monitoring and reporting on project performance while the Project Steering Committee will be reviewing project performance and determining policy issues when required.

2. Detailed
Implementation Schedule

The following steps represent the implementation schedule for the Project:

	<u>Date</u>	<u>Activity</u>	<u>Action Agent (s)</u>
1.	May 80	OPG Submitted	I/AMREF
2.	June 80	OPG approved	USAID/T
3.	Aug. 80	OPG signed	I/AMREF/USAID/T,AID
4.	Oct.80	Medical Training Officer, Project Manager technicians arrive Tanzania	I/AMREF
5.	Oct.80	3 MOH appointed staff to CEHW Project in collaboration with AMREF - Senior Medical Officer, Public Health Nurse, Public Health Officer	TANGO, I/AMREF
6.	Oct.80	Local Tanzania staff recruited	I/AMREF
7.	Oct.80	Technician Swahili training (if non-speaker)	I/AMREF
8.	Oct.80	Vehicles ordered	I/AMREF
9.	Oct.80	Office equipment/supplies ordered	I/AMREF
10.	Nov.80	Construction contract negotiated and signed	I/AMREF
11.	Nov.80	Teaching/camping equipment ordered	I/AMREF
12.	Nov.80	Project team assesses present state of CEHW programs in Arusha region, discusses project with regional/district authorities and identifies potential training facilities for project CEHW programs.	Receives tutor training instruction from I/AMREF Training Dept. I/AMREF, TANGO
13.	Nov.80	Housing construction begins	I/AMREF
14.	Nov.80	Schedules/sites for 3 extension courses for regional/district staff (all RMOs & DMOs) in CEHW teacher training -1st year program	I/AMREF, TANGO
15.	Dec.80	Schedules/sites for 10 refresher courses - 1st year program	I/AMREF, TANGO
16.	Dec.80	Development of teaching materials and distribution system organised	I/AMREF, TANGO
17.	Dec.80	Extension courses begun	I/AMREF

<u>Date</u>	<u>Activity</u>	<u>Action Agent(s)</u>
18. Jan.81	Gathering of baseline data begun for evaluating refresher course program	I/AMREF
19. Jan.81	Refresher courses begun	I/AMREF
20. Jan.81	Production and distribution of teaching materials for CEHW project courses	I/AMREF
21. Apr.81	Visits to trainees to assess impact of CEHW courses	I/AMREF
22. June 81	CEHW courses and materials evaluated and training revised if necessary	I/AMREF, TANGOV
23. Oct.81	Schedules/sites for 6 extension courses -2nd year program	I/AMREF, TANGOV
24. Oct.81	Project staff participate in other relevant government training courses, particularly tutor training	I/AMREF, TANGOV
25. Nov.81	First Annual Report Due	I/AMREF
26. Nov.81	Schedules/sites for 20 refresher courses 2nd year program	I/AMREF, TANGOV
27. Nov.81	Gathering of baseline data begun for evaluating refresher course program	I/AMREF, TANGOV
28. Nov.81	Extension courses begun	I/AMREF
29. Dec.81	Refresher courses begun	I/AMREF
30. Dec. 81	Visits made to other regions/districts to assess state of affairs of CEHW	I/AMREF
31. Apr.82	Visits to trainees to assess impact of CEHW courses	I/AMREF
32. May 82	External evaluation conducted	USAID/T, TANGOV, I/AMREF
33. June 82	Results of May evaluation utilized in revising CEHW training if necessary and in developing plan for subsequent phase of program	USAID/T, TANGOV, I/AMREF

<u>Date</u>	<u>Date</u>	<u>Activity</u>	<u>Action Agent(s)</u>
34.	Oct. 82	Project staff participate in other MOH courses	I/AMREF, TANGO
35.	Oct. 82	Schedule/sites for 6 extension courses 3rd year program	I/AMREF, TANGO
36.	Nov. 82	Second Annual Report due	I/AMREF
37.	Nov. 82	Schedule/sites for 20 refresher courses 3rd year program	I/AMREF, TANGO
38.	Nov. 82	Gathering of baseline data begun for evaluating refresher course program	I/AMREF, TANGO
39.	Nov. 82	Extension courses begun	I/AMREF
40.	Dec. 82	Refresher courses begun	I/AMREF
41.	Dec. 82	Visits made to other regions/districts to assess state of affairs of CEHW programs	I/AMREF
42.	Mar. 83	Visits to trainees to assess impact of CEHW courses	I/AMREF
43.	Apr. 83	Final evaluation by external evaluation team	USAID/T, TANGO I/AMREF
44.	June 83	Report of final evaluation due	I/AMREF
45.	Nov. 83	Third Annual Report due	I/AMREF

VI. PROJECT PREPARATION ANALYSIS

A. Economic Feasibility

Because the Tanzania Continuing Education for Health Worker Project is not designed to generate any revenue, its economic justification must be established on the basis of its being carefully costed out, less expensive than alternative approaches, suited to the present and recurrent cost capacity of Tanzania, directed at a sufficiently large number of beneficiaries, and capable of generating financial savings through the reduction of social conditions which are costly to deal with.

1. Reasonable Costs

The budget for the project is presented in Section IV and Annex B and the project inputs have been individually costed out on the basis of established prices in December 1979. In most instances, as reported in the Financial Analysis, the Ministry of Health has assisted in establishing cost estimates. An I/AMREF overhead rate of 17% is being used. A contingency factor of 10% was applied and an inflation rate of 12%, compounded annually from 1980 was used.

2. Alternatives

The Ministry of Health has established a Continuing Education Training Unit. This project is a further step in this process. What is needed is organizational and management assistance at regional and district levels to strengthen their capability to incorporate continuing education for rural health workers as a regular program activity. The alternative to embarking on this project is to have CEHW programs continue without the benefit of detailed knowledge regarding the most effective alternatives and best methods to use.

The alternative of testing materials and methodologies throughout the country was considered but since the CEHW program cannot be expected to reach all of the health workers at the national level in the immediate future, it was felt that a geographical focus for the project would be preferable since it would permit examination of the difficulties encountered in attempting total coverage and since at threshold level of improvement, and the knowledge, attitudes and practices of the region's health workers might be attained which should be reflected in improved health in the population served.

3. Recurrent Costs

As one of the world's most poor countries, Tanzania operates under severe budget constraints in all sectors. This has recently been aggravated by the need to finance the war resulting from Uganda's invasion of Tanzania. Any project being undertaken at this time must assume that Tanzania will not be able to sustain substantially increased costs in any sector for sometime.

This project has been designed to be implemented by existing government personnel working in their present positions at their present salaries and in their present facilities, technically supported by limited technical assistance and government seconded health training specialists forming the CES team. The Tanzania contribution to the project is substantial in terms of number and skills of professionals, yet it represents no added costs to the present budget. Many of the I/AMREF costs will not necessarily be incurred following initial results. Such one time 'starter' costs include technical assistance, local personnel, development of training methods and materials, needs assessment studies and some of the other costs. However, CEHW program costs such as conducting one refresher course per annum all rural health workers must be added to the district medical office budgets. A project objective during the initial three year phase is to define this course cost as accurately as possible.

The cost of implementing the national program, the basis of which is to ensure that each rural health worker receives at least one refresher course per annum, will cost approximately \$375,000 per annum to develop the project in every district. These figures are based on a cost of \$75 per trainee times a total of 5,000 rural health workers. AID should be prepared to share in these costs over the 10-15 years following the pilot phase if this project is successful.

4. Beneficiaries

The direct beneficiaries of the Tanzania Continuing Education for Health Workers project will be the rural health workers in the Arusha region and other regions who will receive refresher and extension courses and who will benefit from the teaching materials developed for the Project. The total number of rural health workers in the region of Arusha is 461. Other direct beneficiaries will be the regional and district medical office teams that will receive instruction in how to organize, conduct and evaluate their own CEHW programs.

Secondary beneficiaries include the rural people served by health workers who have received CEHW training. Assuming 50% population coverage by each health facility in the Arusha region, the number of people benefiting from improved rural health services resulting from higher skilled health workers is 464,239*. Importantly, the majority of these beneficiaries will be rural poor women and children.

Tertiary beneficiaries will be other CEHW programmes which will receive the teaching materials produced by the project and the health facilities and training institutions covered by AMREF's airbus transport services. The total number amounts to over 30 institutions. Other tertiary beneficiaries include village communities who will profit from the preventive and promotive outreach activities undertaken by the health workers since these activities will be particularly emphasized as part of the CET training program, e.g. safe water, supplies, human and animal waste disposal, nutrition education, etc.

The cost to AID per direct and secondary beneficiaries is \$ 4.75 beneficiary. These costs will decrease after the initial technologies and materials have been developed.

5. Social Benefits

In addition to illustrating the relative cost-effectiveness of the project, certain social benefits deriving from the project can be described. These benefits include higher morale of health workers in the rural areas through participation in an on-going continuing education training programme and including, besides the courses themselves, receipt of regular relevant materials and participation in correspondence courses for updating and reference purposes. Through attendance at courses, health workers will have the opportunity to discuss individual problems with their supervisory staff, and they will have a chance to discuss with colleagues practical programmatic issues and new and innovative delivery systems that are being utilised.

*Inventory of Health Facilities 1978, Arusha Region, Ministry of Health August 15, ..

Through its work, AMREF has found that poor diagnostic practices are a major cause of drug shortages. Many health workers have not been trained properly in diagnosis or prescribing so they:

- a) treat patients symptomatically without a cure, so the drug is wasted;
- b) resort to the use of placebos for conditions they are not sure about;
- c) prescribe a multitude of drugs hoping one of them will hit at the mysterious illness;
- d) give under or overdosage in some of the conditions they are able to diagnose;
- e) ultimately encourage drug resistance among the organisms they are treating, thus requiring higher and higher doses to effect a cure.

It is assumed that a similar situation is occurring in Tanzania. Coupled with that, the current financial constraints in Tanzania is affecting Tanzania's ability to bear recurrent costs for drugs, among other things. Better diagnostic practices will be taught as part of the CET programmes, and this could help relieve the drug shortage problem over the longer term.

Few of these benefits can be quantified, but the project will attempt to evaluate its impact upon some of the more easily studied indices. A real economic gain should be achieved for the country if drugs can be used more effectively through proper diagnosis.

B. Evaluation Plan

Reference is made to the section on Assessment and Evaluation for a description of the evaluation methodology.

Formal evaluations will be conducted at the end of the first year, the twentieth month and the thirtieth month of this 3-year project. The first will be an "in house" AMREF evaluation designed to describe the project's progress and effectiveness in producing project materials and initiating project activities. The second evaluation will be an "external" evaluation involving AID personnel and will analyze the project to date.

The third evaluation will be used to validate the plan for the next five year period of the Continuing Education for Health Workers Program before it is submitted for funding and implementation. All three evaluations will be carried out in collaboration with MOH, the results discussed at Project Steering Committee meetings and appropriate action taken. Several indications of project effectiveness are presented in the Implementation Plan, and these will guide the formal evaluations.

In addition to these formal evaluations there will be a continual monitoring of project activities by AMREF Headquarters staff, USAID health staff, the project technicians and AMREF project manager and the Tanzanian MOH, regional and district authorities. Less formal evaluation will involve field testing of AMREF and project developed materials such as training manuals teaching handouts and impact effectiveness of the training courses. As described earlier, theoretical knowledge is assessed by tests conducted before and after courses and visits are made to selected trainees to assess how well the training is applied, in particular how well they are managing patients and their health facilities.

Project staff and the regional and district health personnel trained in CEHW methodology will establish baseline data utilising and modifying the forms AMREF has developed for CEHW programs. Monitoring this data throughout the life of the project will permit the recognition of any correlation between the following indicators:

- increased skills and knowledge of rural health workers
- more effective utilisation of scarce drug supplies
- more efficiently managed health facilities
- more comprehensive outreach programs
- increased number of preventive/promotive activities, e.g. safe water supplies, latrines, foodstorage, etc.
- increased number of CEHW programs
- improved community health status

These correlation analyses will complement the scheduled evaluations which will also consider the extent to which input and output targets are being achieved, the evidence that outputs are resulting in the desired end of project objectives, and the achievement of project purpose.

VII.

Financial Plan

Tanzania Continuing Medical Education Program

Summary Budget

USE	Source	AID		Tanzania		AMREF		Totals	
		FX	LC	FX	LC	FX	LC	FX	LC
Technical Assistance									
Long Term		270	88.5		3			270	91.5
Short Term		30						30	
AMREF		210						210	
Training		102	104		161.5	269		371	265.5
Commodities		121	108.5			17		138	108.5
Construction		96	24					96	24
Other Costs		44	213			72		116	213
Overhead		148	92.5					148	92.5
Contingency		101.5	63					101.5	63
Inflation		236	154					236	154
Sub Totals		1358.5	847.5		164.5	358		1716.5	1012
	Totals		2206		164.5	358			2728.5

Tanzania Continuing Medical Education Project

AID Detailed Budget

FISCAL YEAR	FY July-Sept 79/80		FY 80/81		FY 81/82		FY Oct-June 82/83		TOTALS	
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC
Detailed Financial Plan for AID Inputs										
A. Technical Assistance										
1. Long Term										
Medical training officer(36)*	\$ 11		45		45		34			135
Project Manager (36)	11		45		45		34			135
2. Short-term										
Short term consultants: curriculum development, development of teaching materials, learning resources, communications, etc. (6 mons @\$5,000)										
			15		10		5			30
3. I/AMREF										
Training, health behaviour, evaluation, supervision, reporting, management support (42 mons @\$5,000)										
	17.5		70		70		52.5			210
Sub-Total, Technical Assistance										
Local Personnel										
Assistant medical officer		2		8		8		2		20
Public Health nurse		1.5		6		6		1		14.5
Public health officer		1.5		6		6		1		14.5
Administrative assistant		2		8		8		6		24
Driver/assistant		.5		2		2		1.5		6
Secretary		1		3		3		2.5		9.5
Sub-Total, Technical Assistance	\$ 39.5	8.5	175	33	170	33	125.5	14	510	88.5

*(person-months)

DETAILED BUDGET

Tanzania Continuing Medical Education Project

FISCAL YEAR	FY July-Sept 79/80		FY 80/81		FY 81/82		FY Oct-June 82/83		TOTALS	
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC
C. <u>Commodities</u>										
1. <u>Teaching Equipment/Mats</u>										
Teaching equipment: duplicating machines, projectors, models, films, charters, etc.	10	5	5	3	2	3	2	3	19	14
Educational materials (\$15/trainee)		1		6		9		6.5		22.5
Assistance to training schools and/or DMOs undertaking CET programmes	2	3	5	5	5	5	5	5	17	18
Books and journals for demonstration, reference library	2.5		1		1		.5		5	
Production, handling, distribution of project and other CET materials	1	1	3	3	3	3	3	2	10	9
2. <u>Transport</u>										
Landrover (10 seater)	19								19	
Peugeot sedan	6								6	
3. <u>Office Equipment/Mats</u>										
Office equipment: typewriters, desk sets, chairs, filing cabinets, Rank Xerox 4,000 etc.	5	10	2	5	2	3	3	5	12	23
Office mats/supplies	2	3	1	5	1	5	1	5	5	18
4. <u>Camping equipment</u>										
		2		.5		.5		1		4
5. <u>Furnishing for technicians houses including appliances and shipping (\$14,000)</u>										
	28								28	
Sub Total, Commodities	75.5	25	17	27.5	14	28.	14.5	27.5	121	108.5

DETAILED BUDGET

Tanzania Continuing Medical Education Project

FISCAL YEAR	FY July-Sept 79/80		FY 80/81		FY 81/82		FY Oct-June 82/83		TOTALS	
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC
C. Commodities										
1. Teaching Equipment/Mats										
Teaching equipment: duplicating machines, projectors, models, films, charters, etc.	10	5	5	3	2	3	2	3	19	14
Educational materials (\$15/trainee)		1		6		9		6.5		22
Assistance to training schools and/or DMOs undertaking CET programmes	2	3	5	5	5	5	5	5	17	18
Books and journals for demonstration, reference library	2.5		1		1		.5		5	
Production, handling, distribution of project and other CET materials	1	1	3	3	3	3	3	2	10	9
2. Transport										
Landrover (10 seater)	19								19	
Peugeot sedan	6								6	
3. Office Equipment/Mats										
Office equipment: typewriters, desk sets, chairs, filing cabinets, Rank Xerox 4,000 etc.	5	10	2	5	2	3	3	5	12	23
Office mats/supplies	2	3	1	5	1	5	1	5	5	18
4. Camping equipment										
		2		.5		.5		1		4
5. Furnishing for technicians houses including appliances and shipping (\$14,000)										
	28								28	
Sub Total, Commodities	75.5	25	17	27.5	14	28.5	14.5	27.5	121	108

DETAILED BUDGET

40

Tanzania Continuing Medical Education Project

FISCAL YEAR	FY July-Sept 79/80		FY 80/81		FY 81/82		FY Oct-June 82/83		TOTALS
	FX	LC	FX	LC	FX	LC	FX	LC	
D. Construction									
Construction of 2 3-bedroom staff houses in Dar es Salaam @\$45,000 and one 3-bedroom staff house/office/store in Arusha @\$30,000	96	24							96 24
Sub-Total, Construction	96	24							96 24
E. Other costs									
1. Transport									
Transport rental for project team and other transport costs		3	3		3		3		12
Petrol, insurance, maintenance									18
Laddover (\$6,000)		2	6		6		4		13.5
Peugeot (\$4,500)		1.5	4.5		4.5		3		9
Renault (\$3,000)		.5	3		3		2.5		
Travelling cost to transport project team by air either AMREF or Air Tanzania 72 flying hours per annum @\$215	2.5	2.5	7	8.5	7	8.5	6	6	22.5 25
2. Rentals									
Training centre(s)		1	3		3		3		10
Staff housing including short-term consultants, AMREF staff (Dar es Salaam and Arusha)		5	15		15		10		45
Temporary office (Dar) and Arusha rent! IMRF	.5	5	1	15	1	15	1	10	3.5 45
Sub-Total, Other Costs C/F	3	20.5	8	58	8	58	7	41.5	26 178

DETAILED BUDGET
Tanzania Continuing Medical Education Project
(\$000)

FISCAL YEAR	FY July-Sept 79/80		FY 80/81		FY 81/82		FY Oct-June 82/83		TOTALS	
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC
E. Other Costs B/F	3	20.5	8	58	8	58	7	41.5	26	178
3. Travel Expenses and per diems CETU Short-term Consultants AMREF staff		3		7		7		5		22
4. Telephone, telex, postage, accounting fees, etc. IMRF	2		6		6		4		18	
5. Utilities for technician's houses				5		5		3		13
Sub-Total Other Costs	5	23.5	14	70	14	70	11	49.5	44	213
Sub-Totals	216	86.5	258	162	232	180	167	109.5	873	538
1/AMREF Overhead rate (17%)	37	15	44	27.5	39	31	28	19	148	92.5
Contingency (10%)	25	10	30	19	27	21	19.5	13	101.5	63
Inflation 12% compounded annually from 1980/81	33	13	40	25	76	59	87	57	236	154
Sub-Totals	311	124.5	372	233.5	374	291	301.5	198.5	1358.5	847.5
AID TOTALS		435.5		605.5		665		500		2206

STATE 103898
APR 21, 1980
0915 HRS

USATE MSTR: (4/21/80)

ACTION: HNF *per M*

INFO: PRM
RF CHRON

TELEGRAM

PROJ: 621-0154 (PID)

UNCLASSIFIED

LOCATION DE RUEHC £3898 1111024
ID ZNR UUUUU ZZH
INFO R 2 0952Z APR 80
MESSAGE FM SECSTATE WASHDC
/DCM TO RUEHNS/AMEMBASSY DAR ES SALAAM 255
NR:CN INFO RUQMNI/AMEMBASSY NAIROBI 5625
BT
UNCLAS STATE 103898

Classification

AIDAC NAIROBI FOR REDSO/EA

E.O. 12065: N/A

TAGS:

SUBJECT: CONTINUING EDUCATION FOR HEALTH WORKERS
(621-0154) -- PID

0. SUBJECT PID-LIKE DOCUMENT FOR OPG PROPOSAL FROM
AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF) IS
APPROVED BY AA/AFR, SUBJECT TO THE QUALIFICATION
LISTED BELOW.

2. AID/W PROJECT COMMITTEE MET MARCH 17, 1980, TO
REVIEW SUBJECT PID. EXISTENCE OF HEALTH SECTOR
STRATEGY FACILITATED UNDERSTANDING OF PROJECT
OBJECTIVES AND LED TO QUICK PROJECT COMMITTEE REVIEW
AND APPROVAL.

3. CONCERNS TO BE ADDRESSED DURING FINAL
PROJECT PREPARATION:

A. CLARIFICATION THAT WHAT IS MEANT BY TERM MEDICAL
WORKERS IN OPG PROPOSAL ARE RURAL HEALTH WORKERS AND NOT
PHYSICIANS.

B. GREATER SPECIFICATION OF PROJECT OUTPUTS, SUCH AS
THE NUMBER OF RURAL HEALTH WORKERS TO BE TRAINED.

4. AFR/DR/HN WILL PROVIDE COPIES OF PAPERS ON
SIMILAR TRAINING PROJECTS WHICH HAVE BEEN SUCCESSFUL
ELSEWHERE TO ASSIST THE MISSION IN FINALIZING THIS
PROJECT.

5. THE MISSION HAS AUTHORITY UNDER DELEGATION
O 41 TO APPROVE THIS PROJECT.

6. AS RECOMMENDED IN THE PID, AA/AFR DEFERS CONCURRENCE
ON IEE UNTIL FINAL OPG PROPOSAL Classification

ACTION COPY
NO ACTION NECESSARY
REPLIED BY: *Cable*

MB
4/29/80
initiate

TELEGRAM

~~UNCLASSIFIED~~
Classification

PAGE 2

~~XXXXXX~~

~~ON IEE UNTIL FINAL OPG PROPOSAL IS SUBMITTED WHICH WILL ELABORATE ON SIGNIFICANT ENVIRONMENT CONCERNS. AID/W REQUESTS MISSION TO NOTIFY AID/W WHEN TO EXPECT THIS IEE. VANCE~~

BT

2 3 98

UNCLASSIFIED

Classification

I/AMREF Response to Issues Raised in PID Approval Cable

3. Concerns to Be Addressed During Final Project Preparation:

- A. Clarification that what is meant by term medical workers in OPG Proposal are rural health workers and not physicians.

The target training group for the project are the 461 rural health worker at dispensary and health centre level in Arusha region and the similar category in the other regions which will receive similar training as Project time and resources permit. The only type of course which will be given to medical officers will be for instruction as to how to organise and manage continuing education programmes for rural health workers. These medical officers will be those in charge of district health services. No clinical refresher course for physicians will be given as part of this project.

- B. Greater specification of project outputs, such as the number of rural health workers to be trained.

Every rural health worker in Arusha region (461) will have received at least 3 refresher courses, approximately 20 courses for 25 trainees each per annum. All regional and district level management staff will have received extension course training, mainly in teacher training methodology in relation to CEHW programmes, and health centre staff in administration, etc. 6 courses per annum for 15 participants each are planned. Correspondence courses developed to coincide with the refresher course program. Teaching materials and methods developed and tested for CEHW programs and a distribution system established to disseminate the materials. Evaluation methodology developed for CEHW program. Regional and district health personnel in Arusha region capable of organising and managing their own CEHW programs, with technical support as required from MOH CES.

WIZARA YA AFYA
(MINISTRY OF HEALTH)

PROJ: 621-0157

Aawaal ya Simu: "AFYA", DAR ES SALAAM.
(Telegram)
Simu ya Mdomo: 20261.
(Telephone)
Boraq note zindikwe kwa Katibu Mkuu.
Uanapojibu tafadhali taja:



SANDUKU LA POSTA 9083
DAR ES SALAAM.

Tarehe... 22.8.78..

Kumbukumbu Namba... PF/LS/1V/330

Dr. A. Michael Wood,
Director-General,
African Medical & Research Foundation,
P. O. Box 30125,
NAIROBI,
Kenya.

Dear Michael.

Re: AMREF Project Proposal; Rural Health
Services/Training Project Tanzania

The Tanzania Ministry of Health fully endorses the request made to AMREF by the Muhimbili Medical Centre (Ref: Professor Hiza's letter 23.1.78) requesting your organisation to assist Muhimbili implement its Specialist Outreach Programme to the Southern Regions of Tanzania. Medical specialist services are very much needed in that region and your assistance utilizing light aircraft for purposes of transporting the Muhimbili team is most welcome to the Ministry.

We would also appreciate your assisting our Training Department to establish a Continuing Education Training Unit which would be responsible, in collaboration with district health personnel, for providing refresher training courses for existing rural health workers. This assistance would help strengthen and improve the capability of health workers in their efforts to provide effective health care to the people in the rural areas.

We hope that you will be able to start this project as soon as possible.

Yours sincerely,

Dr. L. Stirling, M.P.
MINISTER FOR HEALTH

DEST	ACT	DISP
DER		
AD		
PK		
PRM		
FTF		
MCH		
SNP	X	
KIO		
CON		
AGR		
TEC		
GGO		
C&R		
RF		X
CHB		X
SPR		

RECEIVED

C & R

7/1/80

ANNEX C

611 ANALYSES: 611(a), 611(e) CERTIFICATION

611(a) and (e): Technical Analysis (Construction)/Houses

Construction activity under the proposed project will consist of building staff housing in Dar es Salaam for the use of long term project personnel and other project staff and a modified guest house/office space complex for project technicians to utilize in Arusha. Project personnel will be based in Dar es Salaam, but are expected to be travelling frequently to Arusha, which has been chosen as the region for initial implementation of the project. The two houses to be built in Dar es-Salaam will be three bedroom prefabricated units. The third unit for Arusha will be built along the same lines, but modified for use as a guest house, with provisions made for office space. These modifications can easily be made within the general framework of the house due to its modular construction. The detailed plans and specifications for these houses have been examined by REDSO engineers and have been approved for use in this project.

Plot allotments have not been made at this time, but REDSO engineers will be called upon to certify that all utilities, including electricity, water and sewage disposal will be available at the selected sites. Site access will also be determined by the REDSO engineer following final site selection.

Prefabricated houses are planned for the project because of the appreciable savings in construction time and improvement in building quality over conventional construction. A small savings in cost will also be realized. The prefabricated units will be purchased from a manufacturer in Nairobi, Kenya. The manufacturer will provide a unit of approximately 200m² in area (including carport, maids quarters etc) with living areas similar to the GOT standard senior staff model "A" type "H" house design used for other USAID projects in Tanzania. The units will be transported to the sites via Mombasa and Dar es Salaam ports. The houses will be erected by local contractors.

Cost estimates for the houses are based on quotations received from three Nairobi based manufacturers in June 1980. Costs are:

	UNIT	NO.	FX	LC
HOUSES	35,000 x	3	105,000	0
ERECTION	3,500 x	3		10,500
TRANSPORT (DAR)	5,000 x	2	10,000	
(ARUSHA)	6,000 x	1	<u>5,000</u>	<u>1,000</u>
		TOTAL	120,000	11,500

It is planned that the prefabricated units will be purchased and sites will be selected in July 1980. Arrangements for transportation to the sites and a construction contractor will be made in August 1980. Erection will take place in September and October 1980.

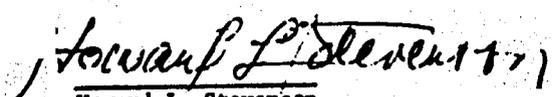
Sufficient planning has been done for the construction of the three proposed houses. Both plans and specifications have been examined by REDSO engineers and meet REDSO approval. All site services for the proposed construction will be certified by REDSO engineers. The above cost estimates per house are considered reasonably firm. REDSO/EA engineer considers that provisions of 611(a) are satisfied.

Drafted by: Stafford Baker, REDSO/EA/Engineer

CERTIFICATION PURSUANT TO SECTION 611 (e)
OF THE FOREIGN ASSISTANCE ACT AS AMENDED

I, Howard L. Steverson, the principal officer of the Agency for International Development in Tanzania, do herewith certify that in my judgement, Tanzania has both the financial capability and human resources to maintain and effectively utilize the facilities to be financed and constructed under this project entitled the Tanzania Continuing Educational Program for Health Workers.

This judgement is based upon the record of implementation of AID financed projects in Tanzania and the results of consultations undertaken during the review of this project.


Howard L. Steverson
Director, USAID/Tanzania

30 Jan 1980
Date

ANNEX D

INITIAL ENVIRONMENTAL EXAMINATION (IEE) *

Project Location : Arusha Region
United Republic of Tanzania

Project Title : Continuing Education for Health Workers

Funding : \$ 2,206,000

Life of Project : FY 80 - FY 83

I.E.E. Prepared by : USAID/Tanzania

Date : May 1980

Environmental Action Recommended : Negative Determination

Concurrence and Certification :

Dr. Howard L. Stevenson, Mission Director

Date: _____

1. PROJECT DESCRIPTION

The Continuing Education for Health Workers Project is a three year pilot project comprised of three major project activities:

- A. Strengthening the Continuing Education Training Unit (CETU) of the Ministry of Health
1. Provision of long and short term technicians.
 2. Developing and field-testing alternative methodologies for in-service training for rural paramedical workers.
- B. Providing continuing education to the health workers of the Arusha Region.
1. Establishing a continuing education function under the direction of the Regional Medical Officer.
 2. Providing refresher, extension and correspondence courses to the rural health workers of Arusha.
- C. Developing a plan for the extension of continuing education services to the rest of Tanzania.

* Re-typed from a signed copy 20 June 1980 by Dr Howard L. Stevenson, Mission Director.

II. EVALUATION OF IMPACT

- A. The major project activities, as outlined above will not have a significant impact upon the environment.
- B. Three staff houses will be erected according to standard pre-fabricated house plans approved by REDSO/EA. These houses will be located in accord with Dar es Salaam and Arusha city planning. REDSO/EA will make site inspection visits when the Tanzanian Government has allocated the sites to assure access to utilities.

III. SUMMARY RECOMMENDATION

The above discussion examines the project in general, and from this point of view, the project will not have a significant environmental impact.

It is therefore, recommended that the Assistant Administrator approve a Negative Determination for the Project.

ANNEX E

JUSTIFICATION FOR PROCUREMENT SOURCE/ORIGIN WAIVER

Problem: A request for commodity procurement source origin waiver from Geographic Code 000 (U.S. only) to Geographic Code 935 (Special Free World) follows:

- a) Cooperating Country : United Republic of Tanzania
- b) Authorizing Documents : Project Paper
- c) Project : Tanzania Continuing Educational Program for Rural Health Workers (PVO)(621-0154)
- d) Nature of Funding : OPG
- e) Description of Commodities : One (1) right-hand drive, 4 wheel drive 4 wheel station wagon; and one (1) right-hand drive 4 door sedan.
- f) Approximate Value : 1 station wagon \$17,500
1 sedan 7,500
\$25,000
- g) Procurement Origin : United Kingdom, France and/or Japan
- h) Probable Procurement Source: United Kingdom, France, Kenya and/or Tanzania

Discussion: Section 636(1) of the Foreign Assistance Act of 1961, as amended, provides that none of the funds made available to carry out the Act shall be used to purchase motor vehicles unless such motor vehicles are manufactured in the United States. Section 636(1) provides further that when special circumstances exist, the President is authorized to waive the provisions of this section in order to carry out the provisions of the Act. In the Conference Report on the Foreign Assistance Act of 1967 (which added Section 636(1) to the Act), it was reported that the committee of conference was in agreement that motor vehicles manufactured in the United States should be procured except when there are emergency or special situations, such as a need for right-hand drive or other types of vehicles not produced in the United States (House Report No.892 dated November 7, 1967). The waiver authority provided in Section 636(1) has been delegated to the Assistant Administrator by Executive Order No. 10933 and State Department Delegation of Authority No. 104, and subsequently to Mission Directors under Delegation of Authority No.140.

Further, AID Handbook 1, Supplement B, Section 4(b) states that procurement source/origin waivers may be based on unavailability of a commodity from countries included in the authorized geographic codes (Section 4(b) (2)) and on such other circumstance as are determined to be critical to the success of the project objectives (Section 4(b) (7)).

Justification: The purpose of the project is to initiate a continuing education training program in Tanzania and establish a Continuing Education Training Unit within the Ministry of Health which assesses what is being done throughout the country in this field, develops teaching methods and materials and trains

regional and district-level staff on how to undertake CET programs, firstly in the Arusha pilot region then leading to a national CET program. The project fieldwork activities will be undertaken in the Arusha Region of Tanzania. The area is remote and has some of the poorest roads in the country.

AID/W (COM/ALI) investigated the road conditions, spare parts availability, and repair facilities in remote areas for all kinds of vehicles during an extensive field visit in Tanzania during April and May 1979. The trip report of this visit emphasizes the necessity of right hand drive vehicles in Tanzania and states that, "The only two U.S. manufactured right hand drive vehicles are not acceptably represented in Tanzania-in effect, there is no U.S. vehicle representation in Tanzania at all." Regarding spare parts and maintenance, the report observes that there is "no maintenance or spare parts support in country except for limited maintenance in a few projects which are maintaining Jeep Wagoneers (L/H drive)".

An economical vehicle with adequate carrying capacity is required for transporting the project team members to regions via passable roads for the assessment survey activities and to Arusha from where field-work activities within the region will have to be undertaken using the 4 wheel drive vehicle for the reasons described above, e.g. poor and wet road conditions in the rainy seasons which require 4-wheel drive. The appropriate second project vehicle therefore is a sedan which will also provide transport for facilitating the administrative and supply support requirements for the project. For such purposes it is not economical to operate a 4-wheel drive vehicle since the transport need is mainly for town use and transporting the team members to the Arusha Region.

In summary, successful project implementation for this project requires right-hand drive vehicles for which spare parts and competent repair facilities are available in remote areas. There are no right hand drive sedans or 4 wheel drive 4 door station wagons manufactured in the U.S.A.. There are, however, non-U.S.-manufactured vehicles which meet these requirements and for which adequate service and spare parts are available.

Recommendation: Based upon the above discussion, it is requested that you 1) certify that exclusion of procurement of the project vehicles from countries included in AID Geographic Code 935 would seriously impede attainment of United States foreign policy objectives and the objectives of the Foreign Assistance Program, 2) conclude that special circumstances exist which justify waiver of the requirements of Section 636(i) of the Foreign Assistance Act of 1961, as amended and 3) approve the procurement source/origin waiver as described above.

APPROVAL: Bobby Kiley
DISAPPROVAL: _____
DATE: 8/12/80

Clearance

HNF:AEHenn (in draft)
FRM:WHFaulkner (in draft)
GSO:FAker (in draft)
SER/COM/ALI:THagan (in draft)

RLA:ESpriggs ES

Drafted by: JLewis, REDSO Procurement Office

JOB DESCRIPTIONS

A

Medical Training Officer

General

The Medical Training Officer will be the senior technical officer of the project, seconded to the Ministry of Health and responsible to the Senior Medical Officer Training.

He will be responsible for the implementation of all aspects of the project.

He will be Chief of Party.

Specific

The Medical Training Officer will:

1. assist the Senior Medical Officer Training establish a Continuing Education Training Unit (CETU) in the Department of Education at the Ministry of Health headquarters.
2. organize the in-service training for new CETU staff.
3. establish and maintain contact with Regional and District health staff in the project area.
4. organize the in-service training of Regional and District staff to enable them to assist the project.
5. assist the District teams to organize a study of training needs, a programme to meet the needs and an evaluation of the programme.
6. prepare and test appropriate teaching material.
7. gather information and prepare a plan for a national continuing education programme.

Qualifications

The person selected should be a medical officer of 10 years standing with experience of rural health work and teaching in a developing country. A higher qualification in Community Health or Medical Education would be an advantage.

Administrative ability should be demonstrated by recent experience.

An S2 level in Kiswahili is required and training will be provided as part of the contract.

B. Project Manager

General

The Project Manager will be responsible for the administrative support of the project and for all personnel matters for AMREF staff.

He will liaise with the Medical Training Officer and I/AMREF headquarters regarding project implementation.

Specific

The Project Manager will:

1. organize construction and procurement for the project.
2. manage the administration and finance for the project.
3. organize the short-term and I/AMREF consultants for the project.
4. direct the Medical Training Officer and AMREF headquarters in preparing the necessary reports.
5. organize the Tanzanian branch of AMREF's teaching materials.
6. participate in training courses in health service administration.
7. establish an AMREF office in Dar es Salaam.
8. undertake any other activities or directed by AMREF headquarters.

Qualifications

The Project Manager will have a degree in administration and/or an M.P.H. and 5 years experience in project management in developing countries.

An S2 level in Kiswahili is required and training will be provided as part of the contract.

JOB DESCRIPTIONS

A. Medical Training Officer

General

The Medical Training Officer will be the senior technical officer of the project, seconded to the Ministry of Health and responsible to the Senior Medical Officer Training.

He will be responsible for the implementation of all aspects of the project.

He will be Chief of Party.

Specific

The Medical Training Officer will:

1. assist the Senior Medical Officer Training establish a Continuing Education Training Unit (CETU) in the Department of Education at the Ministry of Health headquarters.
2. organize the in-service training for new CETU staff.
3. establish and maintain contact with Regional and District health staff in the project area.
4. organize the in-service training of Regional and District staff to enable them to assist the project.
5. assist the District teams to organize a study of training needs, a programme to meet the needs and an evaluation of the programme.
6. prepare and test appropriate teaching material.
7. gather information and prepare a plan for a national continuing education programme.

Qualifications

The person selected should be a medical officer of 10 years standing with experience of rural health work and teaching in a developing country. A higher qualification in Community Health or Medical Education would be an advantage.

Administrative ability should be demonstrated by recent experience.

An S2 level in Kiswahili is required and training will be provided as part of the contract.

B. Project Manager

General

The Project Manager will be responsible for the administrative support of the project and for all personnel matters for AMREF staff.

He will liaise with the Medical Training Officer and V/AMREF headquarters regarding project implementation.

Specific

The Project Manager will:

1. organize construction and procurement for the project.
2. manage the administration and finance for the project.
3. organize the short-term and V/AMREF consultants for the project.
4. direct the Medical Training Officer and AMREF headquarters in preparing the necessary reports.
5. organize the Tanzanian branch of AMREF's teaching materials.
6. participate in training courses in health service administration.
7. establish an AMREF office in Dar es Salaam.
8. undertake any other activities or directed by AMREF headquarters.

Qualifications

The Project Manager will have a degree in administration and/or an M.P.H. and 5 years experience in project management in developing countries.

An S2 level in Kiswahili is required and training will be provided as part of the contract.