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ANNUAL REPORT FROM THE
AMERICAN PUBLIC HEALTH ASSOCIATION
TO
THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
IN RELATION TO
CONTRACT AID/csd-3423

MAY 21, 1974

1. Introduction.

This report summarizes the second year's activity under the above numbered contract. It includes approximately two months' operation under Amendment No. 3, based on a requirement for expanded capability to develop and evaluate integrated delivery systems which are adaptable to country-wide or national use in developing countries.

Accomplishments of the first year are mentioned when it is necessary to show the program status at the beginning of the second year. A complete list of publications is included for convenience of the reader.

2. Staff of Project.

The core staff has consisted of the two Co-Directors, each serving the DEIDS project approximately half time; two professional staff members full time and two secretarial/administrative assistant staff members. The work of the above staff has been augmented by professional consultants (236 man-days during the first year and 794 man-days during the second year of the contract) as well as by part-time typing services as needed.

One new full-time employee was added prior to May 3, 1974. At the end of this report period, search was underway to identify other staff members needed to implement Amendment No. 3.

3. Narrative.

3.1 As a follow-up to actions of the first year, the Co-Director of the project again attended the meetings of the World Health Assembly in Geneva, Switzerland in May 1973. During the meeting, the five Regional Directors of WHO and selected country delegations were visited to remind them of the DEIDS activities of APHA, to deliver an informal progress report and to seek expressions of their interest in DEIDS activities for their regions or countries. A high level of interest continued to be indicated. There has been continued follow-up on these contacts.

3.2 The contract amendment was negotiated during the period from November 1973 to March 1974. This amendment requires that APHA respond to requests from AID (TA/H) to perform a number of additional tasks, such as: initial survey for planning low cost health delivery systems (LCHDS); development and design of innovative planning of LCHDS; performing evaluations of LCHDS; adding to the manpower listing; and other related tasks.

APHA has formulated and forwarded to TA/H suggestions for implementation of these expanded duties. The plan is directed toward an efficient and effective operation, intended to enhance the productivity of staff and consultants beyond that attainable through sole reliance on a stimulus-response basis.

Several AID memoranda have been issued referring directly or indirectly to the APHA capability and availability. APHA is developing follow-up materials for the proposed plan of operations referred to above.

3.3 A review of low-cost health delivery system projects was called for by the original contract and amplified in Amendment No. 3. A systematic study of reports of DEIDS-like projects were begun last fall and intensive study and summarization were begun in January. Consultants and staff developed a preliminary report and submitted it to AID in March. The report included description of 48 projects, each of which has some similarity to DEIDS. Observation of such projects was limited to a few that were briefly visited while conducting Phases I and II.

Plans for refinement and amplification of the report and the methods of analyzing the content are under discussion.

3.4 Visits were made to Nepal and to India to observe LCHDS projects in those countries.

4. Phase I - Reconnaissance Visits.

Reconnaissance visits had been completed to several countries during the first contract year (Pakistan, Thailand, Korea, Philippine Islands, Ecuador, Panama, Nicaragua, Honduras, Paraguay). (The Honduras visit was incomplete because of interruption by a change of government leadership.)

Responses from African countries to DEIDS correspondence were slow in coming and pre-reconnaissance visits were made in the first year to Niger, Nigeria and Zaire. During the second year, fuller reconnaissance visits were made to each of the above countries, and a report of each visit forwarded to the Office of Health soon after the visits were made.

On the basis of the above reports and after full discussions with the Office of Health and the members of the reconnaissance team, Nigeria was selected as the African country for Phase II detailed planning.

The above twelve visits completed the APHA's Phase I tasks, in response to requests received to date.

5. Phase II Developments.

APHA has continued to involve in both Phases I and II consultants who are staff members of institutions that might be interested in continuing work with the Association in providing consultants or in serving as subcontractors for Phase III.

The Association has extended its program of publicizing the DEIDS program and soliciting expressions of interest. In addition, during the past year, visits have been made to several predominately black institutions to interpret the DEIDS program to their staffs, to solicit their interest in participating, to gather resumes of staff members interested in consultation and to assay the institutional capability and interest in subcontracting a DEIDS project. The institutions visited included Tuskegee, Meharry and Howard.

As a result of these visits, a physician from Tuskegee Institute was made a member of the pre-planning team which visited Nigeria.

Certain schools involved in Year 1 reconnaissance visits and in detailed planning have expressed their continued interest in subcontracting Phase III operations and APHA has obtained approval for making subcontract awards on a sole source basis to the University of Hawaii for the Thailand project, the University of California at Los Angeles for the Ecuador project and the University of Texas for the Panama project.

5.1 Panama.

A plan for a Phase III operation in Panama was completed. In this proposal added emphasis was placed on the evaluation component since the country is already moving in the direction of the development of some key aspects of a DEIDS-like program. The program especially needs the benefits of improved evaluation as an ongoing part of the plan to deliver health services in order to provide feedback and response mechanism not otherwise available.

The fact that an apparently realistic plan for development of a LCHDS had been formulated and adopted by the Ministry of Health adds to the reason for continuing interest in a DEIDS project for Panama. Indeed, the fact that it is in the process of implementing a plan in advance of other countries is seen as a reason for a DEIDS project

in Panama. The accomplishments and findings in this country would do much to help guide the development of LCHDS in other countries as well.

Following a conference with representatives of the Office of Health and the Latin American Bureau, a revised Panama proposal was prepared which emphasized developmental aspects and the contributions which evaluation could make to further refinement and improvement, as well as extension, of the Panama Government's plan for low cost health, family planning and nutrition services to the rural population.

As this report is written, APHA and the University of Texas are planning to further up-date and revise this plan, with a view to its early resubmission and reconsideration as a DEIDS project.

5.2 Thailand.

A plan for Phase III for Thailand was completed and was submitted to TA/H in early February of this year. Copies have been distributed widely within AID. The plan was presented at a meeting specifically scheduled for that purpose on February 27. Discussions which followed raised issues in regard to evaluation, family planning and nutrition components of the plan as well as issues of replicability. It was suggested that Thai and U.S. inputs be more clearly identified. The plan as modified after the February 27th meeting was reviewed again at a meeting on March 15. These issues have been responded to with additional data and clarifications.

At this writing it appears that AID will proceed affirmatively with its processes leading to a Phase III operation in Thailand in the near future. The University of Hawaii has been kept apprised of these developments largely through the personal participation of Dr. Satoru Izutsu of that Faculty.

5.3 Ecuador.

Phase II has been completed in Ecuador with the assistance of consultants from the University of California at Los Angeles and the resultant plan for Phase III was transmitted to the Office of Health on March 18, 1974. The report had not been generally distributed by the end of this report period, pending completion of the processing of the Thailand plan.

5.4 Pakistan.

A Phase II operation was attempted in Pakistan as a result of a request from the Central Health Ministry. Staff of APHA, with consultants, including one from Harvard University (a potential subcontractor), visited Pakistan

on several occasions between June 1973 and April 1974. There were many delays and much retracing of negotiations. Despite many and repeated sessions with the Minister of Health and his staff, there still appears to be insufficient understanding and support for planning a project which would meet DEIDS criteria. In addition, the Director of Health Services and staff in the Province designated by the Central Government were not ready to proceed. On the other hand, the USAID Mission and the Health Unit in the Pakistan Planning Commission were strongly supportive.

APHA staff has prepared a "working paper" summarizing its views of the content which a Pakistan plan might include as a starting point for any future attempts which may be made to pursue Phase II in Pakistan.

Currently, we are giving consideration to the relation of a DEIDS project to a projected Health Sector Analysis for Pakistan. It is possible that further action on a DEIDS project will be deferred pending the completion of the Health Sector Analysis and a review of the report.

5.5 Nigeria.

On request of the Minister of Health of Nigeria and of the USAID Mission, and with concurrence by the Office of Health, a team of four individuals was selected and sent to Nigeria to embark on Phase II planning.

The team encountered a number of questions from the state selected for a DEIDS project. After making its report to the Central Ministry of Health and the Mission, the decision was reached to temporarily defer further planning effort until the Federal and State Ministries of Health have an opportunity to reach agreement on how to proceed. APHA is attempting to resolve the problem at an early date and to resume planning activities, possibly for a different state in Nigeria.

5.6 Other Developments.

APHA is supplying one consultant to assist in the development of a "plan for planning" in Korea. It is possible that this may lead to a request to APHA to develop a detailed plan for a LCHDS in Korea.

6. Conferences.

The following conferences and consultation sessions were organized by APHA during the past year:

6.1 A meeting was held at the University of Hawaii with attendance by UH faculty, representatives of the Ministry

of Public Health of the Royal Thai Government and APHA staff to discuss the developing plans for a DEIDS project in Thailand and the possible roles of the UH and its faculty in Phase III - Thailand.

6.2 A similar conference was held involving UCLA faculty, Ecuadorian representatives and APHA at UCLA.

6.3 Each of the above conferences was held end-to-end with the annual meeting of APHA in San Francisco. At that meeting a special session was held attended by all of the above representatives, plus representatives of TA/H and members of the International Health Committee of APHA. The participants shared their experiences and their plans for further development of Phase III proposals.

7. Literature Search-Resources Development.

7.1 Annotated Bibliography.

Under a contract with the George Washington University, Biological Sciences Communication Project produced an annotated bibliography in February 1973 and a supplement in June. Copies have been furnished to TA/H and to other interested persons and organizations. These bibliographies are being used by APHA as a guide for further study of the literature having relevance to DEIDS.

7.2 Behavioral Science Search.

An analysis is being prepared of cultural and anthropological factors affecting health practices in developing countries. The report is expected by June, 1974.

(Division - see
1973/23/10 to
Panama.)

7.3 Host Country Documents.

One result of country visits for reconnaissance or planning is the collection of a significant number of unpublished reports. These are being arranged and indexed for ready access.

7.4 Library and Reference File.

Resources accumulated in the library and reference materials of the Division have been reorganized and indexed in order to facilitate their retrieval when needed.

8. Plans for the third year of operation include, but are not limited to, the following:

8.1 Redraft Phase II plan for Panama and implement Phase III.

8.2 Begin Phase III in Thailand.

- 8.3 Begin Phase III in Ecuador.
- 8.4 Complete Phase II in Pakistan and Nigeria, or substitute countries.
- 8.5 Carry-out additional duties called for under Amendment No. 3.
- 8.6 Plan and conduct appropriate conferences.
- 8.7 Continue the literature search and continuously collect, organize and analyze material relating to LCIDS which may be useful to the staff and to AID.
- 8.8 Complete the necessary steps of recruiting and orienting new staff members, organizing their efforts, providing them with office space and equipment, etc.

9. The following reports and papers have been submitted to AID/W Technical Assistance Bureau/Office of Health, during the first two years of the contract.

9.1 Criteria for country selection.

9.2 Reconnaissance reports on:

- | | |
|--------------|----------------|
| a. Pakistan | g. Thailand |
| b. Panama | h. Korea |
| c. Ecuador | i. Philippines |
| d. Nicaragua | j. Nigeria |
| e. Honduras | k. Niger |
| f. Paraguay | l. Zaire |

9.3 Plans for Phase III for:

- a. Panama
- b. Thailand
- c. Ecuador

9.4 Interpretive visits to:

- a. Nigeria
- b. Niger
- c. Zaire

9.5 Guidelines for DEIDS planning:

- a. Maternal and Child Health
- b. Evaluation

9.6 Pakistan "Working Paper"

9.7 Low Cost Health Delivery Systems - Preliminary Report

9.8 Annual report (1st year).