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ANNUAL PROGRESS REPORT ON FUNCTIONAL ANALYSIS STUDIES

July 1, 1965 to June 30, 1966

Functional Analysis of Health Center Activities

Discussions on research design for the Functional Analysis studies actually began two years prior to the period covered by this report. A framework was developed for a comparative analysis and evaluation of the place of health centers in meeting the special health problems of developing countries. Data gathered from operating health centers in various nations will become the basis of a generalized methodology for planning new patterns of personnel and resource utilization appropriate to the stages of development of diverse countries. Although the research focuses on a particular unit, its purpose is to develop a methodology that can be applied generally.

Information is being gathered from three sources: the health center itself; house-to-house surveys in the surrounding villages and special studies in the communities such as surveys of local practitioners including indigenous health personnel. Intensive work is being done in two countries.

India

In July 1965 the groundwork was laid for the Functional Analysis Study in India and the research tools were developed by the staff of the Rural Health Research Project and Dr. Carl E. Taylor. Soon after the arrival of Dr. Alfred Neumann in August, a staff meeting was held to discuss the plan of operations.

A household survey was planned to identify different health functions being performed in the villages and who performs these functions and to

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determine the cost to the families of individual illness and/or maternity care. A work sampling analysis of the health centers themselves was also planned. Using preliminary forms a pretest was done in Kerala and the Punjab.

The pretest results were discussed during the second visit of Dr. Taylor in January 1966. The household survey that was conducted in four villages, two in Kerala and two in the Punjab, covered 250 households in each area. Eleven field investigators were specially recruited and trained for the data collection.

Between November and February data was collected for an additional study on the "Beliefs of Villagers About Causation and Cure of Diseases and Classification of Foods". This study was in its third survey stage having been through anthropological depth interviews and then open-ended cross-sectional survey to define the questions to be asked. The final survey was done in seven areas of India again in teaching health centers of medical schools.

By March data collection for the household survey had been completed. A code sheet was then developed and tabulation of the data began. Analysis of the data will take place during the summer of 1966. The health center work sampling analysis will then be started.

The report on the Beliefs Study is already being written.

A feasibility report on the functional analysis study will be submitted to AID in the fall.

Turkey

The research design for the Turkish Functional Analysis Study has been completed and detailed plans for data gathering have been finalized.

The team was able to get approval from the Turkish Government for both the research design and the plans for data collection. The project is being conducted jointly with the Ankara School of Public Health and Hacettepe Medical Center. Information will be gathered from three main sources: the household, the rural health center and the community. The villages are in the Ortabereket health unit of the Etimesgut teaching health center area near Ankara.

Field work got underway in June 1966 when Dr. Warren Winkler, project co-director and Richard Scott, social anthropologist, arrived in Turkey. The plan of operations was discussed at a staff meeting in mid-June when Dr. Taylor visited Turkey.

Phase I of the project will be a feasibility study of the approach which has been planned. This preliminary study will have the limited objective of showing that it is possible to gather in the planned functional context information about rural health needs and the dynamics of meeting these needs. The feasibility study which will be conducted over a three-month period beginning in July 1966. The village of Ortabereket is a relatively remote village and has not had intensive survey exposure.

The survey program is outlined as follows:

1. Hypothetical Response Survey. This has been designed to get an indication of what help villagers expect to get for specific health problems.

2. Morbidity Survey. The interview schedule to be used in this survey is to serve two purposes: to obtain information about the incidence of morbidity in each functional class over the previous two weeks; and to identify the patterns of response to morbidity which they actually used.

The classification of health functions continues to occupy major attention.

3. Rural Health Center Function Allocation Survey. This survey will provide the preliminary information for determining the availability of different kinds of health functionaries in the health unit area.

4. Rural Health Center Time Allocation Survey. Quantitative data about the activities contributing to each function during the regular clinic hours will be provided by this survey.