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PROGRESS REPORT

ON

FEASIBILITY STUDY OF THE RELATIONSHIP OF HEALTH AND EDUCATION INVESTMENTS

ON

SOCIAL AND ECONOMIC DEVELOPMENT

March 16, 1965 - January 31, 1966

(AID-Harvard University Contract eds/297)

Submitted by

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January 31, 1966

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Period March 15-June 15, 1955

Work in Tunisia: Drs. George Goethals and Edward Rolde continued their exploratory work in Tunisia through the middle of June. Their work was mainly confined to the study of a suburb of the city of Tunis (Djebel Djelloud) and portions of surrounding neighborhoods. The core effort continued to be the development and administration of a family interview schedule. The schedule combined questions on health, education, and social and economic parameters.

Households were chosen in a variety of ways; families of newborns, families of sixth grade students, patients at the local dispensary, women coming to a nearby family planning clinic, and some families chosen randomly from the community. As of June 15 about 250 families had been interviewed, representing about 1500 individuals. In addition to work with the interview schedule, extensive observations were carried out in the community area of health and education facilities in action, as well as on other political and social institutions.

Some preliminary comments: Although this approach has many difficulties and limitations, Drs. Goethals and Rolde were very encouraged by their efforts during the past year. The work seemed to interest the Tunisian Government, and there was excellent cooperation on all levels. The community chosen was one being used by the Tunisian Government as a pilot project in a multi-faceted attack on typical problems in a low income district. In this way it was possible to get a look at such an effort in action, as well as make our own efforts appear as part of the Tunisian effort itself. Interest was spontaneously expressed by Tunisian Government officials in administering our questionnaire in other regions of the country. On the local level, there were also several encouraging results. Their acceptance rate into homes was 100%. There are many complicated reasons behind this interesting result, but it does seem to underline the finding that in many ways Tunisia is a happy choice of site for this type of research. Population research here is feasible, as at a lower expense than was first envisaged.

The area chosen for study is a lower class suburb of Tunis, composed mainly of families that have migrated from rural areas to the city. The population is one that has undergone striking changes from the past generation to

the present in health, education, and many cultural factors. On the other hand there are also many attitudes and customs strongly but differentially resistant to change. It therefore has been feasible in this community methodologically and substantively to begin observations of many significant questions such as: how a specific community can be used as a testing ground for the evaluation of theoretical and real issues in national planning, the factors related to the acceptance of health and education as it develops in a community as it experiences an intensive development effort.

Work in Progress: Work in progress has included some continued administration of the questionnaire to randomly selected families, families of sixth grade students, and women at the family planning center. This work is being carried out by local staff trained during the past year, financed by the Harvard School of Public Health and supervised in the field by Dr. David Kinsey of the Harvard School of Education. In the United States work has begun on the analysis and writing up of the preliminary information collected. Some exploratory work is also being done in applying the same approach to a transition group in the U.S.A.; namely, the Puerto-Rican population of Boston.

Period June 16-November 30, 1965

Since Dr. Goethals and Dr. Rolde returned from Tunisia, they have been in the process of developing and organizing material for possible future publication in monograph form. The basic data will include the following: 1) their experiences in choosing a research site, and in dealing with the Tunisian Government and people; 2) approximately 300 household interviews administered in a neighborhood on the periphery of the city of Tunis; 3) their unstructured observations during their eight-month stay in Tunisia; and 4) their analysis of pertinent published documents and literature.

They have prepared a code book for the analysis of our household interviews. At present the interviews are being coded on code sheets in preparation for transfer to IFM punch cards. Each interview will occupy from six to twelve cards.

They have chosen to make the family the unit of study. The focus will be a description of a population that has shifted from a rural to an urban setting. It is hoped also to discuss these observations in relation to the problems of

the country as a whole. In addition, they plan to use interviews in a preliminary examination of correlations between economic, health, education, social and psychological factors, and to fully discuss their experiences, successes and failures in the implementation of their work. Attached is a draft of an outline for the development of their data.

Period December 1, 1965-January 31, 1966

I. Economic and Medical Inputs and Possible Effects on Human Growth and Health in Tunis

It was decided in December to bring two consultants to the United States to attend meetings on the Tunisian Project. These consultants were Dr. Harben J. Boutourline-Young, Associate in Physiology, Harvard School of Public Health and Director, Harvard-Florence Research Project on "Investigations on the Health, Growth and Development of School Children in Italy," and Dr. David C. Kinsey, Historian and Specialist in Education, Research Associate in the Center for Studies and Development of Education, assigned to Tunisia on a research project for Harvard University since January, 1965, who has been part of the field staff of the Tunisian Project for several months.

Two general meetings were held on December 9 and December 14 to review the past work of the Project and to plan future steps. Members of the Advisory Committee and Tunisian Project Staff present at the December 9th meeting were Dr. John C. Snyder, Dr. Richard H. Daggy, Dr. George W. Goethals, Professor A. J. Meyer, Professor C. T. W. Curle, and Dr. Edward J. Rolde. Invited guests included Dr. James L. Whittenberger, Professor of Physiology and Assistant Dean, Harvard School of Public Health, Professor Raymond Vernon, Director of the Development Advisory Service of the Center for International Affairs, Harvard University, and Mr. Stephen L. Klineberg, Instructor in Social Relations, Harvard University.

Present at the December 14th meeting were Dr. H. Boutourline-Young, Dr. C. T. W. Curle, Dr. Richard H. Daggy, Dr. David C. Kinsey, Dr. A. J. Meyer, Dr. Edward J. Rolde, and Dean John C. Snyder.

At these meetings it was decided to do further field work in the development of indices of physical and psychological development. As a first step plans were made to make physical and psychological measurements on seven year

old children in Tunis. The object will be first to determine the practicality of specific measures, and second, to get a preliminary idea of variance and the correlation of variance to different length of exposure to an improved health environment, and differing economic levels. An oral report of the conclusions and plans was presented in Washington to Dr. Harald Frederiksen, Agency for International Development, by Dr. Boutourline-Young.

In February, 1966 Dr. Rolie, Dr. Kinsey, Dr. Boutourline-Young and some of his research associates from Florence, Italy, will spend approximately three weeks in Tunis making these measurements on a small sample of children. These results will be correlated with background information already obtained. These findings will be used in the consideration of a larger and more rigorous study correlating differences in child development with varying health and welfare inputs.

II. Development and Evaluation of Techniques for National Health Planning

Dr. Roy Panchansky visited Buenos Aires, Argentina, from December 7 to December 29 and Dr. Ralph Barry joined him for the period December 12 to December 19.

This visit was undertaken to:

- Discuss the current efforts of the various government health groups who are attempting to rationalize current programs or to plan new programs;
- Discuss the possibility of evaluating any planning approaches currently being undertaken;
- Develop new approaches to health planning or rationalization suitable to Argentina that might be experimented with; and
- Discuss the Pan American Health Organization-Center for Development Studies' health planning methodology with persons who developed it and/or have experience with its implementation.

Argentina was chosen for these activities because of:

- Dr. Panchansky's previous work in Argentina and his knowledge of their health systems, problems, and personnel;
- The existence of a National Development Council, Conada, through which economically or operationally oriented health planning approaches

might be employed and to which the Development Advisory Service of Harvard University provides consultants;

The interest on the part of Conade, the Ministry of Health, and the Consejo Federal Inversiones (CFI) in health planning.

The holding, by the Pan American Health Organization, of a meeting on Administration in Health Planning in Buenos Aires, Argentina, during the week of December 13 which was attended by a number of persons who have extensive experience with the PAHO-CENDES methodology.

The major consequence of the trip was that during it, and in consultation with personnel in Conade and CFI, an outline for a new approach to health planning was developed. This approach was presented to the head of the Conade and his approval for its implementation was readily obtained. Efforts are now being made to obtain the cooperation of the Ministry of the Treasury (and the use of the staff of its Budget Bureau) in developing and applying the approach. Their support is expected.

The approach, in its most basic form, is a way to evaluate in a systematic way the costs (in dollars and resources), benefits, outputs, administration, and effects on development and future capital and manpower, needs of every national (and later provincial) health program.

This will be done through application of cost efficiency studies, administrative reviews, development evaluations, and so on, to the programs. The availability of this information on all major programs should permit improved allocation of funds within the health sphere, provide a basis for estimating future manpower and capital requirements, provide a basis for judging program points caused by administrative limitations, suggest any changes needed in operating procedures and, in general, make possible rationalization of current programs and provide a sounder basis for future decisions.

At the present time efforts are being made at Harvard to outline and adjust to the health setting the specific techniques and questions to be employed. Two persons who have experience with cost-efficiency studies as applied in the defense field (one of whom also has some knowledge of the health field) are working with Drs. Perry and Penschansky to adjust the techniques employed in such studies to the health sector. Dr. Berry is developing questions, the answers to which will hopefully give us some information on

the effects of each program on certain factors affecting development. Dr. Penchansky is preparing approaches to the evaluation of the administrative aspects of the program.

It is expected that an extensive proposal will be developed outlining the objectives and procedures for the program evaluations as well as the ways in which this information can be used to improve the operation of the health sector in Argentina. This proposal will be sent to Argentina and meetings will then be held between the Harvard group and Conade, The Ministry of Treasury, CFI, and the Ministry of Health to explore whether such an effort is feasible and acceptable. If agreement is reached the procedures for implementing the study will then be discussed and an effort will be made to develop some basis for measuring the effect of the application of this approach.

DRAFT OUTLINE FOR DEVELOPMENT OF DATA

The Process of Change: Tunisia

- I. Introduction.
 - A. The study comes from a convergence of three interests: the developing countries, the welfare of human beings, the process of change.
 - B. Description of the framework of the report: the study of the family in rural to urban transition.
- II. Tunisia: History and geography as a background to the study of change.
 - A. Tunisia as a country successively invaded by major developed cultures.
 - B. Tunisia as two countries with differing developmental and cultural histories.
 - C. Tunisians as a people now experiencing rapid and overwhelming change.
- III. The developmental history of the present study.
 - A. The conceptual framework from Cambridge and Washington: a multi-disciplinary attempt to study the effects of investments in health and education on economic development and social change. The choosing of Tunisia.
 - B. Preliminary field work: the method and criteria for the type of study and its geographic location. The choice of Djebel Djelloud.
 - C. The problems and method of the work. The body of information to be analyzed.
- IV. The characteristics of Djebel Djelloud
 - A. The history and geography of a community of rural-urban migrants.
 - B. Gross description: comparison with similar communities in other countries, variance within the community, comparisons over time.
 - C. A theoretical framework for observation: who is changing, at what rate, and why?
- V. An analysis of some of the modalities of change.
 - A. Migration: national social change and the search for a better life. Who came from where and when?
 - B. The Family: the stubborn vestige of the past, and the mechanism of modernization. Who lives with whom and the results?
 - C. Education: a gulf between generations. Who is becoming educated and what does this portend for the others?
 - D. Health. The most concrete meaning of social change for the individual. The use of medical facilities and the changing concept of health and disease.
 - E. The standard of living: individual dignity and the significance of living conditions.
 - F. Child rearing: the formation of personality and attitudes.
 - G. Family planning: a central problem.

- VI. The culture of poverty and the rural-urban migration.
 - A. A large share of the studies of poor and underprivileged populations in both developed and developing countries have been concerned with groups that have migrated from the country to the city: studies in Uganda, South Africa, North Africa, the Oscar Lewis, Miller and Swanson studies in Detroit of Puerto Ricans in New York.
 - B. The conclusions that emerge from this perspective are different in many ways from those that might emerge from observations of a particular locality over time.

- VII. The study of Djebel Djelloud and national planning in Tunisia.
 - A. The suburbs of Tunis and national planning in Tunisia.
 - B. Priorities of the plan and the needs of the community.
 - C. The relation of what is happening to what is planned.
 - D. The relevance of community studies to evaluation of the plan.
 - E. The relation of the community to the plan in the light of current economic development theories: Rostow and Hirshman.

- VIII. Conclusion. Methodology, substance, and the generalizability and applicability of results.