

PN-AAZ-179

PA 4322

**USAID AFRICA BUREAU HEALTH, POPULATION AND
NUTRITION OFFICERS CONFERENCE**

June 17-22, 1984

Gettysburg, Pennsylvania

Summary of Conference Evaluations
(N = 22)

Conference participants were asked to comment on and rate the following activities on a scale of 1 (poor) to 5 (excellent). The average scores and summaries of participants remarks are presented below.

1. Overall Quality of Technical Presentations

Average Rating = 4.09

The majority of respondents felt that the technical presentations, in general, were excellent. Caveats to this evaluation included: (1) too many speakers in a limited timeframe resulting in an overload of information and audience fatigue; (2) some presentations were too broad resulting in a superficial overview or a repetition of information already known; and (3) most presentations were more programmatic than technical in content.

One participant identified PL-480 and tropical diseases, other than Malaria, as areas warranting additional coverage. Another respondent cited the presentations covering risk data (immunization and contraceptive/pregnancy risks) and cost data (CCD) as extremely helpful and much needed.

Excellent ratings were given to Joe Davis, Allan Rosenfield, Mike Levine, Gretchen Berggren and the videotape prepared by Al Buck.

**2. Relevance/Usefulness of Presentations to
Current/Future Job with USAID**

Average Rating = 4.04

Relevance varied

Several re-

Best Available Document

- personnel issues
- central and regional project exposition
- design and assessment
- ORT
- nutrition
- the benefits of health, population, and nutrition fields recognizing the need of pooling resources to work together
- the blend of technical, planning and management topics
- the explanation on how population programs can be implemented without bilateral projects.

8. Reaction to Film/Video Tape Presentations

The majority felt that the day's schedule was too busy to fully enjoy or view the films, and suggested that films be scheduled during the day. Those who viewed the films gave them a positive rating.

9. Reaction to the Computer Programs

The majority rated the computer programs as excellent and very useful. Some participants did not view the computer programs because of time and schedule limitations. One participant said that the programs needed more development for field use.

10. Additional Comments and/or Recommendations

The consensus was that the conference program was very good; however, it was overloaded and did not allow sufficient time for relaxation and networking. Recommendations included extending the conference one day to cover all the topics and monitoring speakers' time to allow more discussion. The efficiency and helpfulness of the conference coordinators was cited by several respondents. Other remarks included:

- a. Schedule AID programming and design on the first day.
- b. Include presentations on African project and case studies by AID officers or host country representatives.

- central resources
- service delivery management
- financing
- family planning
- Food for Peace
- management issues
- water and sanitation as it relates to primary health care
- epidemiological aspects of malaria and tropical diseases

Activities:

- structure more workshops to assure participation
- include more planning sessions that would lead to action plans
- allow time for individual consulting to cover mission specific problems
- include regional group meetings

6. Topics or Activities That Should Have Been Omitted From the Program

Topics:

- tropical medicine
- drought
- immunization
- reduce presentations by AID policymakers

Activities:

- evening activities
- reduce the number of speakers in each session

7. The Most Beneficial Aspects of the Conference

- updates on technical issues
- the opportunity to network with colleagues
- Agency policies
- AID programming and design
- finance
- community/social marketing
- IEC
- AFR/DP

issues. Criticisms included: (1) presentations were weak on management concerns; (2) some examples cited by presenters were not relevant to the African experience; and (3) presentations by non-field speakers unfamiliar with AID realities were not as realistic as they could have been. One participant suggested more presentations on funding mechanisms, programming and AFR/DP while another stated that good issues were raised, such as integration and policy dialogue, but little information was given on how to proceed. Several respondents felt the presentations would have been more relevant if more time had been allotted for audience participation.

3. Opportunity for Informal Exchange of Information Among Conference Participants

Average Rating = 2.95

The majority of respondents stated that the conference did not allow sufficient time for informal exchange due to extensive formal lectures, short breaks, extended hours and shortened lunch periods. They suggested including more concurrent small group workshops that precipitate exchange and omitting one afternoon session. Several participants thought that opportunities for informal exchange were good; the Wednesday evening reception provided an excellent opportunity for exchange.

4. Opportunity for Informative Discussion with Technical Experts

Average Rating = 3.40

The majority remarked that the tight schedule did not allow time for discussion with experts and that the number of panelists in each session prevented extensive question and answer periods. Some participants were reluctant to discuss issues in a formal session with a full audience and preferred more concurrent and small group sessions.

5. Topics or Activities that Should Have Been Included in the Program

Topics:

- PL-480 issues
- use of the private sector

**SUMMARY OF USAID AFRICA BUREAU
HEALTH, POPULATION AND NUTRITION OFFICERS' CONFERENCE**

I. Conference Objectives

The Conference had at least five objectives against which its success could be measured. They were:

1. To consider issues relating to the integration of HPN programs at all levels -- from national planning to village level delivery

The agenda clearly shows that this objective was met.

2. To update participants' technical knowledge and understanding of those aspects of HPN programs most relevant to Africa

Sessions on topics such as immunization, ORT, contraceptive technology, growth monitoring and finance accomplished this objective through the use of speakers who are recognized experts in their respective fields. Many of these sessions also actively discussed integration issues.

3. To have a collegial exchange of field experiences

Attempts to meet this objective were made by: (a) including some formal presentations of field experiences, and (b) designating field representatives to serve as either discussants or informal respondents during the technical presentations. However, attainment of this objective depended in large part on having adequate time outside the conference for informal discussions. Many of the field participants felt that the conference was overprogrammed to the detriment of informal exchanges. This is a valid comment.

4. To benefit from the presence of our African colleagues

Active participation of African representatives was an essentially AID oriented conference. The conference was a good discussion of quality

which was often lacking in other AID conferences which I have attended. The African attendees said that they gained many insights into AID's way of thinking.

5. To promote a constructive dialogue between AID/W and field officers

The week was notable for its lack of the "we-they" exchanges which are a common occurrence at other conferences. Workshop sessions were conducted without rancor and, in all likelihood, improved AID/Washington-field relations.

Thus, I believe it is reasonable to conclude that the objectives of the conference were, in the main, met.

II. Statements of General Consensus

The Conference was not organized to develop formal recommendations; however, it was felt that the group should record its views on certain issues of general interest. This was attempted through the use of workshops, a formal presentation and a plenary discussion of the presentation. While not all participants would necessarily subscribe to all points, I hope the discussion below is a fair representation of the group's views.

Integration

A commonality of certain HPN elements exists which naturally leads to integration in planning. This is often true during implementation as well. The greatest commonalities exist in the MCH aspects of health and nutrition programs and in the family planning aspects of population programs.

It is useful in most countries to have an integrated strategy for those HPN elements which have a commonality. Any strategy should always include in-country coordination with donors and host country implementing agencies. It should also provide a framework for effective AID coordination of its bilateral, concessional and multilaterally funded resources. This may not always lead to a total, integrated ~~implementation~~ ^{implementation} but often

integration happens informally among village level workers.

- The degree and type of integration to be carried out should be determined by each country. Factors critical to this decision include needs, country capability, resources and/or commitment to an integrated approach.
- Developing an appropriate strategy is the responsibility of the host country and the AID missions, but access to adequate technical resources must be reassured by AID/W.
- The steps necessary to insure the maximum benefits from an integrated approach are: clearly articulating the underlying rationale and inter-relations; stating attainable objectives; selecting a limited number of priority interventions; phasing the integration of activities; and realistically evaluating progress.
- The non-government sector should be used more often to complement public sector programs.
- Many programs have concentrated heavily on infant mortality and morbidity. This remains critical; however, one of the most important determinants of infant mortality is maternal health. Future integrated programs should recognize the importance of this as well.

Recommendations

- Missions should develop with host country officials a strategy for the integration of appropriate "PN interrelated services involving both public and private sectors. The strategy should indicate the rationale for and the degree of integration to be attained as well as the mechanisms for implementation.
- To further the goal of integration, the Health Services Bureau (missions, REDSO and health centers) should take full advantage of technical

resources available through a wide variety of mechanisms already in place. Additional access to skills in fields such as health economics and finance may be required.

- No additional formal guidance is needed from AID/W regarding integration.
- The importance of maternal health should not be overlooked when designing and implementing integrated programs.

Oral Rehydration Therapy (ORT)

- The benefits of ORT were fully recognized by all participants.
- As the demand for ORT increases even more, we need to avoid the pitfalls of the early days of other important programs. An analogy was made to the population program when the sole measure of success was the number of contraceptives distributed. If this becomes true of oral rehydration salts, opportunities for integration will be lost.
- ORT can provide an excellent entree into communities, especially those with limited prior exposure to health and/or family planning workers. Confidence can be established through the delivery of a service which produces dramatic, visible results. Subsequently, sensitive topics such as family planning can then be addressed.
- It is not clear whether future resources to support the new ORT initiative will continue to be additive to regular health monies.
- The new initiative is in conflict with Africa Bureau field guidance (especially that which was emphasized at the last Mission Directors' Conference) which clearly placed agriculture and consolidation of existing programs as the major priorities.

Recommendations

- Missions should look to ORT as the possible leading edge for increased efforts in integration and, in any event, integrate ORT into existing programs to the greatest extent possible.
- The Africa Bureau needs to be more precise in its general guidance on: (a) the priority to be given to ORT in relation to other areas of activity, and (b) the future resource picture for ORT.

Non-Government Sector

- AID's HPN programs in Africa have not given proper attention to the role and potential of the non-government sector. This is particularly crucial since the bulk of the expenditures made on health in LDCs is in the non-government sector.
- There is a wide range of components to the NGO sector which merit consideration for future HPN programs. Among these are:
 - Religious missions which could expand their existing fee-for-service programs with AID's support perhaps after an initial operations research effort.
 - Co-ops where pre-payment schemes could incorporate HPN financing into income generating efforts.
 - Associations of practitioners (e.g., TBAs, MDs, nurses) to develop HMO like operations.
 - Other associations such as unions, youth groups, women's clubs, etc.
 - Large scale employers (e.g., plantations, industries) which can take advantage of economies of scale to provide low cost insurance schemes.
 - The for-profit pharmaceutical sector schemes (as distinct from social marketing) to promote the distribution of essential drugs.
 - Retail bazaars to get greater coverage for health products (e.g., oral rehydration salts, clean water kits).

- Small loan funds such as those previously used to encourage small businesses could be provided to private practitioners emphasizing PHC with repayment to come from fees for services.
- Social marketing programs hold greater future promise. The existing experience base can be consolidated and move toward: (a) marketing other socially desirable products (e.g., ORT), and (b) using non-conventional retailers (e.g., traditional medicine men, TBAs, itinerant peddlers, etc.)

Recommendations

- The Africa Bureau should begin systematically collecting and disseminating summaries of experiences within Africa and from other regions using NGOs as HPN providers.
- After careful planning, a country specific or possibly regional conference should be undertaken on the role of NGOs and financing.
- S&T should establish a unit to promote alternative financing schemes by assisting missions and LDCs to formulate appropriate strategies.
- PD&S money should be available to missions wanting to begin, e.g., by cataloging the current NGO health providers.
- S&T or the Africa Bureau should develop a project to provide technical assistance in support of in-country experimentation. A contract should be awarded to an organization that has a good track record in social marketing and private sector work.

Resources/Project Design and Management

- HPN concerns have been given low priority in Africa. However, recent developments in HPN and within many of the host countries are encouraging. (Bene Larigue de Adju's strong personal investment in Africa and the work he has done there and the evolving

policies in many African nations, especially regarding family planning.

- HPN advocates need to be more aggressive in pursuing broader access to resources. Actions which need to be taken as part of this effort include:
 - Document and publicize success stories.
 - Assess Africa-wide implementation experience with HPN efforts to see objectively how it compares with other sectors.
 - Develop a better data base on health status and needs leading to a RAPID-like presentation for health.
 - Develop a better data base on the economic impact of health interventions, including a possible short-term course on health and economic development.
 - Review aspects of supply/demand considerations in which the Africa Bureau has shown a long standing institutional bias toward supply (agriculture) rather than demand (size and health status of the population).

- In the short to medium term, access to markedly increased resources is likely to come from other than D.A. and Titles I and II. The following potential sources should be monitored closely: (a) the Economic Policy Initiative which should recognize HPN costs to central governments as an integral part of larger macro-economic concerns, (b) the Child Survival Amendment, (c) expanded Section 206 programs in which imports of milk and milk products will be monitored to support local currency projects, and (d) ESF.

- Access to greater resources depends on project development and management since ultimately sound projects seem to be able to get financed.

- A major project development concern is recurring costs. The Africa Bureau has been flexible on the financing of such costs, and current practice exceeds the worldwide average. However, the current and predictable economic situation in most African countries clearly indicates that the limited capacity for local recurring costs will

to no one's advantage to develop a project which can not be implemented because of local resource constraints. Other donors need to be fully engaged in this issue since they often promote schemes with unreasonably high recurring costs. On balance, AID should be as flexible as possible regarding the recurring costs of HPN activities in Africa; however, future policy might be related to acceptance of a phased approach by recipients to shift more costs to the non-government sector.

- Other constraints to HPN project development include:
 - staffing, especially French speaking technical officers;
 - the need for greater access to PD&S money; and
 - the lack of interest at the senior level of mission management.

- Some suggestions to improve implementation are: (a) pay greater attention to commodities logistics by assigning more people to the field, perhaps in regional jobs, and (b) S&T should continue to accelerate efforts to develop a comprehensive list of its activities in each country. The Office of Population has taken the leadership in this regard and other offices should follow suit.

- The harsh reality of natural disasters -- especially drought and famine -- is part of the African landscape. Often, project design and management objectives are altered drastically by such events. Missions need to increase their awareness of impending disaster to deal more effectively with situations that fall between short-term relief and longer-term DA.

Recommendations

- AFR/TR and other elements in the Africa Bureau should develop an action plan on how to strengthen HPN's claim on future resources.

- The Africa Bureau should address systematically the problem of recurring costs associated with HPN projects and develop a policy related to the management of these costs.

- Actions should be taken to alleviate the main bottlenecks to more effective HPN project design and implementation.
- The reality of disasters -- especially drought and famine - and possible program responses needs to be more explicitly addressed in missions in advance of crisis situations.

Anthony M. Schwarzwald

July 3, 1984

**USAID AFRICA BUREAU HEALTH, POPULATION AND
NUTRITION OFFICERS CONFERENCE**

**June 17 - 22, 1984
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**USAID AFRICA BUREAU HEALTH, POPULATION AND
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**June 17-22, 1984
Gettysburg, PA**

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USAID AFRICA BUREAU HEALTH, POPULATION AND
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June 17-22, 1984
Gettysburg, PA

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AGENDA

USAID AFRICA BUREAU HEALTH, POPULATION AND NUTRITION OFFICERS' CONFERENCE

June 17 - 22, 1984

Gettysburg, Pennsylvania

Sunday, June 17, 1984

2:00 p.m. BUS DEPARTS (State Department,
Diplomatic Entrance, C Street)

3:30 p.m. ARRIVE AT GETTYSBURG

6:30 p.m. - 8:30 p.m. REGISTRATION AND RECEPTION (cash bar)

Monday, June 18, 1984

8:00 a.m. - 9:00 a.m. INTRODUCTORY REMARKS

- Tony Schwarzwald, MSH
- Mark L. Edelman, AA/AFR (Acting)
- Nyle Brady, SAA/S&T

9:00 a.m. - 9:15 a.m. ADMINISTRATIVE REMARKS - Susan Richiedei

9:15 a.m. - 10:45 a.m. KEYNOTE ADDRESS - "Integration of HPN"

- Allan Rosenfield, Columbia University

FIELD DISCUSSANTS:

- James Shepperd, REDSO/W
- Keys MacManus, USAID/Nigeria

10:45 a.m. - 11:00 a.m. BREAK

11:00 a.m. - 12:30 p.m. POLICY AND PROGRAM DEVELOPMENT AT THE
HOST COUNTRY LEVEL
Moderator: Tony Schwarzwald, MSH

- Ray Love, DAA/Africa Bureau

FIELD DISCUSSANTS:

- Joseph Otoo, MOH, Ghana
- Ray Martin, USAID/Cameroon

12:30 p.m. - 2:00 p.m.

LUNCH

LUNCHEON ADDRESS - "Future Directions
for HPN in Africa"

- Frank Kimball, Counselor to the Agency

2:00 p.m. - 3:00 p.m.

HPN: PRESENT AND FUTURE DIRECTIONS
USAID Bureau for Science and Technology
Moderator: Tony Schwarzwaldner, MSH

- James Sarn, S&T/HP
- Steven Sinding, S&T/P
- Martin Forman, S&T/N

3:00 p.m. - 4:15 p.m.

PRACTICAL IMPLICATIONS OF INTEGRATION
FOR HPN PROGRAMMING - Working Groups

Chairpersons:

- Keys MacManus/Joseph Otoo
- Alan Getson/Moses Chirambo
- John Hicks/Linus Ndungu
- Peter Knebel/A.B. Sulaiman
- Ken Heise/Salvator Kanani

4:15 p.m. - 4:30 p.m.

BREAK

4:30 p.m. - 5:30 p.m.

WORKING GROUPS REPORT TO PLENARY SESSION
Moderator: Tony Schwarzwaldner, MSH

Tuesday, June 19, 1984

8:00 a.m. - 8:30 a.m.

EPIDEMIOLOGY

Moderator: Charles Gurney, AFR/TR

- Alfred Buck (video taped), S&T/H

8:30 a.m. - 10:45 a.m.

ORAL REHYDRATION THERAPY

Chair: Myron Levine, University of Maryland

- Peter Knebel, USAID/Mali
- Jack LeSar, Pritech
- Jean Michel N'diaye, MOH, Senegal

10:45 a.m. - 11:00 a.m.

BREAK

11:00 a.m. - 12:30 p.m.

CONCURRENT SESSIONS

a. Malaria and Tropical Medicine

- Larry Cowper, S&T/H
- Joe Stockard, AFR/TR/HH

b. The Impact of Drought in Africa

- Hunter Farnham, AFR/TR/ARD (chair)
- Nancy Binkin, CDC
- Dennis Long, S&T/H

c. Primary Health Care Drug Supply and Distribution

- Rosalyn King, S&T/H (chair)
- Salvator Kanani, MOH, Kenya
- Ronald O'Connor, MSH

12:30 p.m. - 1:30 p.m.

LUNCH

1:30 p.m. - 3:00 p.m.

CONCURRENT SESSIONS REPEAT

a. Malaria and Tropical Medicine

b. The Impact of Drought in Africa

c. Primary Health Care Drug Supply and Distribution

3:00 p.m. - 3:15 p.m.

BREAK

3:15 p.m. - 4:45 p.m.

UTILIZATION OF CENTRAL RESOURCES

Moderator: James Sarn, ST/HP

- Anne Tinker, S&T/H
- Duff Gillespie, S&T/P
- Martin Forman, S&T/N
- James Cumiskey, AFR/RA

4:45 p.m. - 6:00 p.m.

CENTRAL/REGIONAL PROJECT EXPOSITION

6:00 p.m. - 8:00 p.m.

RECEPTION (Cash Bar)

Wednesday, June 20, 1984

8:00 a.m. - 10:30 a.m.

CONTRACEPTIVE TECHNOLOGY

Chair: William Bair, AFR/TR/POP

a. Fertility Regulation Methods

- James Shelton, S&T/POP/R

b. Policy Considerations

- Allan Rosenfield, Columbia University

c. Procurement and Logistics

- Tony Boni, S&T/P
- Tony Hudgins, CDC

10:30 a.m. - 10:45 a.m.

BREAK

10:45 a.m. - 12:30 p.m.

IMMUNIZATIONS

Chair: Joe Stockard, AFR/TR

- Stanley Foster, CDC
- Joe Davis, AFR/RA
- Jean Michel N'diaye, MOH, Senegal

12:30 p.m. - 2:00 p.m.

LUNCH

2:00 p.m. - 3:30 p.m.

CONCURRENT SESSIONS

a. Social Marketing and Community Based Distribution

Chair: Betty Ravenholt, The Futures Group

- William Novelli, Needham, Porter, Novelli
- Phil Harvey, PSI
- Carol Klein, FPIA

Informal Respondent: Keys MacManus

b. HPN Operations Research

Chair: Elizabeth Maguire, S&T/POP/R

- David Nicholas, PRICOR
- Donald Lauro, Columbia University

Informal Respondents, Session I:
Ann Heise and Mary Ann Micka

Informal Respondents, Session II:
David Lauro and Rose Britanak

3:30 p.m. - 3:45 p.m.

BREAK

3:45 p.m. - 5:15 p.m.

CONCURRENT SESSIONS REPEAT

a. Social Marketing and Community Based Distribution

b. HPN Operations Research

Thursday, June 21, 1984

8:00 a.m. - 9:00 a.m.

SERVICE DELIVERY MANAGEMENT CONSIDERATIONS
Concurrent Sessions:

a. Supervision

- James Heiby, S&T/H (Chair)
- Margaret Neuse, USAID/Somalia
- Peter Knebel, USAID/Mali

b. Training

- Jimi LaRose, MEDEX (Chair)
- Barbara Kennedy, REDSO/ESA
- Linus Ndungu, ESAMI, Tanzania
- Marilyn Schmidt, ST/POP/IT

c. Design and Assessment

- Duff Gillespie, S&T/P (Chair)
- A.B. Sulaiman, National Health Planning Division, Nigeria

d. Information, Education & Communication

- William Smith, Academy for Educational Development (Chair)
- Joseph Otoo, MOH, Ghana
- Mark Rasmuson, Pritech

9:00 a.m. - 10:00 a.m.

SERVICE DELIVERY MANAGEMENT CONSIDERATIONS
Concurrent Sessions Repeat

10:00 a.m. - 10:15 a.m.

BREAK

10:15 a.m. - 12:30 p.m.

MATERNAL AND INFANT NUTRITION

Chair: Martin Forman, S&T/N

- David Eckerson, AFR/TR/HH
- Roy Brown, International Nutrition Communication Service
- Gretchen Berggren, Independent Nutrition Consultant
- Claudio Schuftan, Tulane University
- Charles Teller, LTS/OIH - DHHS

Informal Respondent: Ken Heise

12:30 p.m. - 2:00 p.m.

LUNCH

2:00 p.m. - 3:30 p.m.

FINANCE

Chair: Tony Schwarzwaldner, MSH

- Carl Stevens, Reed College
- Robert Grosse, University of Michigan
- Michael Mills, The World Bank

Informal Respondents: Charles DeBose and Salvator Kanani

3:30 p.m. - 3:45 p.m.

BREAK

3:45 p.m. - 5:30 p.m.

WORKING GROUPS (Issues to be identified at conference)

Friday, June 22, 1984

8:00 a.m. - 9:30 a.m.

CONFERENCE SUMMARY AND DISCUSSION

- Tony Schwarzwaldner, MSH

9:30 a.m. - 9:45 a.m.

BREAK

9:45 a.m. - 11:30 p.m.

AID PROGRAMMING AND DESIGN

- Hariadene Johnson, AFR/DP (Chair)
- Larry Sakers, AFR/DP
- George Carner, AFR/DP/PPE
- Turra Bethune, AFR/DP/PAB

11:30 p.m. - 1:30 p.m.

LUNCH

1:30 p.m. - 2:30 p.m.

PERSONNEL CAREER DEVELOPMENT

- Jay Morris, DA/AID

2:30 p.m. - 3:30 p.m.

USAID PERSONNEL ISSUES

- Caroline McGraw, AFR/EMS
- Yvonne Price, M/PM/OS
- Richard Parsons, M/PM/OS

3:30 p.m. - 3:45 p.m.

BREAK

3:45 p.m. - 4:30 p.m.

PERSONNEL ISSUES (Cont.)

5:00 p.m.

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USAID AFRICA BUREAU HEALTH, POPULATION AND
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