

PD-AAN-763

EXECUTIVE SUMMARY

REPORT ON EVALUATION OF THE HEALTH INSTITUTIONS  
FUNDED BY AID 122(d) GRANTS  
FOR AFRICAN PROGRAMS  
(Under Contract No. AID/SOD/PDC-C-0394, Work Order No. 24)

I. Introduction

Beginning in September, 1978, AID granted funds to a group of four U.S.-based health institutions, under Title 122(d) of the Foreign Assistance Act of 1961, as amended. Title 122(d) provides funds "to research and educational institutions for the purpose of strengthening their capacity to develop and carry out programs concerned with the economic and social development of developing countries."

The four institutions which received these AID grants for health programs are: Howard University in Washington, D.C., Meharry Medical College in Nashville, Tuskegee Institute in Alabama and the Drew Postgraduate Medical School in Los Angeles. The granting process began with the first grants to Howard University and Tuskegee Institute in September, 1978, followed by subsequent funding of the other two during the next calendar year. Each institution received a grant of \$1.25 million to be funded over a five-year period. The purpose of the grants was to develop within each institution a capability for providing training and technical assistance for the design and implementation of improved health programs in developing countries, with particular emphasis on Africa.

Howard University, in its application to AID, designated the areas of integrated rural health delivery systems and nutrition planning and ecology as its major foci for development. Meharry Medical College chose the areas of emphasis encouraged by earlier AID funding, i.e., maternal and child health/family planning and applied nutrition program activities. The Tuskegee Institute focused on integrated rural and community development and

environmental health and endemic disease control. The Drew Postgraduate Medical School concentrated on health planning/management and integrated rural and community development programs.

Development Associates, under an IQC contract with AID, provided a team of three specialists in evaluation, with competencies in general development assistance and public health, in training and curriculum development and in financial management to make onsite evaluations at the four institutions.

The purpose of the evaluation was to determine the progress made by each of the four grantee institutions in achieving the stated objectives of its grant agreement, to review problems encountered in carrying out the grants as well as the effectiveness of the administrative controls and procedures adopted by the grantees, and to assess the likelihood of the final achievement of all goals set forth in the grant agreements.

The evaluation was carried out primarily by visits to the four institutions by the evaluation team, by interviews with appropriate members of their faculties and administrative staffs as well as with selected students, and a review of pertinent reports and other documents and accounts.

The status of the grants to each of these four institutions is summarized below.

II. STATUS OF HEALTH INSTITUTIONS IMPROVEMENT PROJECT GRANTS

A. Howard University, Washington, D.C.

(Project Number 698-0412-2)

The effective starting date of the grant was September, 1978. The Project Assistance Completion Date is September, 1984.

As of January 31, 1983, of the total grant of \$1,250,000, \$867,031 had been disbursed; an additional \$33,616 has been encumbered, leaving \$349,353 in funds available.

B. Meharry Medical College, Nashville, Tennessee

(Project Number 698-0412-1)

The effective starting date of this project was also September, 1978. The Project Assistance Completion Date is scheduled for September, 1983.

As of March 2, 1983, from a total grant of \$1,250,000, \$867,584.07 had been disbursed, with an additional \$4,705.29 encumbered. Available funds are \$377,710.69.

C. Tuskegee Institute, Tuskegee, Alabama

(Project Number 698-0412-4)

The effective starting date of this project was August, 1979. The Project Assistance Completion Date is August, 1984.

As of August 31, 1982, of the total grant of \$1,250,000, \$553,158.33 had been disbursed; \$36,543.75 had been encumbered, leaving \$660,298.52 in funds available.

D. Charles R. Drew Postgraduate Medical School, Los Angeles, California  
(Project Number 698-0412-3)

The effective starting date of this project was February, 1979. The Project Assistance Completion Date is February, 1984.

As of January 31, 1983, of the total grant of \$1,250,000, \$932,405.22 had been disbursed; \$18,420.98 had been encumbered; and \$299,173.80 remains in funds available.

### III. RECOMMENDATIONS

The AID 122(d) grants to the four health institutions studied by this evaluation team have had a positive impact on preparing the staff and faculty of these institutions to serve more effectively as providers of technical assistance in health and integrated rural development to development agencies worldwide, although most of them could have accomplished more than they have during the three or four years intervening since the initial funding.

All of the institutions, with the exception of Drew, have faced leadership changes and reorganizations which temporarily delayed the growth or development of their planned strengthening activities. In addition, some reformations have come about and others are planned as a result of intensive self-evaluations by the leadership of the institutions. The result of these changes is a potential improvement in the readiness of these institutions to respond eventually to needs for their advisory services. This process probably has caused delays for three of the institutions in achieving one of the major intents of the grant, to prepare themselves to assume roles in providing technical assistance to health providers in Africa and to develop a marketable capacity which would end their dependence on AID for grant as opposed to contract support. However, these changes generally have had a positive effect. Institution building is a slow, deliberate process. Results cannot be anticipated within a five year time frame under any circumstances. Because of the need to preserve what has been developed and to avoid losing the impetus for growth and improvement which was found at all the insitutions, it is suggested that AID extend the period of funding of these four grants and, in effect, agree with the team's findings that more time and funds are required to complete the development process which has been initiated.

Some of the inaction and confusion which led to program delays and reorganizations of international health staffs at these institutions are expected phenomema of growth and development. Some of the problems, however, have resulted from the

apparent inattention of AID to its responsibilities for monitoring and for providing answers to requests for interpretation of grant terminology and AID policy regarding procurement and contracting requirements. There has never been an AID evaluation of these grants prior to the deployment of the present team. There have been few visits by AID representatives. The reason given is that no travel funds are available for the monitoring effort. It seemed to the evaluation team that an investment of \$5 million demands more effective stewardship than has been provided to these institutions.

Therefore an immediate strategy for adoption is apparent. AID should review the status of requests which have accumulated from the institutions and provide rapid response to the outstanding issues which have been raised. AID should also make available funds for travel to the institutions by Africa Bureau program personnel and advisors from AID's technical resource offices as indicated by the outstanding requests from the institutions. AID should also host a meeting of the four institutions, with travel funds to be provided from each of the grants for the respective representatives sent by each institution. This meeting should discuss how the institutions can work together as a formal or informal consortium to pool their resources toward obtaining contracts for training and technical assistance.

In summary, it is recommended that:

- AID should allot additional resources, human and financial, to supervising, monitoring, evaluating, and supporting the activities of these institutions, including funds for travel by Bureau for Africa personnel to these institutions and for making the expertise within AID's technical offices available to the institutions.
- AID should convene semi-annual meetings of the four institutions to exchange information on programs, on African health conditions, on potential other donors, etc., looking toward the formal or informal union of these institutions into a consortium. Funding of such meetings can be paid by each institution from its grant, if necessary. The timing of the first of such meetings should be set for no later than three months from now.
- The institutions have stated their concern that a number of requests for decisions involving their programs and budgets have not been answered by AID/Washington. The team recommends that AID/Washington review the status

of these requests and respond as quickly as possible. AID should at least acknowledge the receipt of letters and reports if no immediate action is possible. This applies to the annual reports as well, since the institutions have indicated that they would appreciate reaction and feedback from AID which will help guide them in the future.

- A valuable resource of technical information in the form of books, occasional papers, journals, reports, etc., has been accumulated in the four health institutions through the 122(d) funding. AID should explore with these institutions a means for effecting an exchange of such information and should also determine whether AID's reference service could avail itself of this resource, through receipt of bibliographic summaries, abstracts, or other bibliographic listings from each of the institutions.
- The four health institutions should continue to explore the feasibility of forming a consortium to pool their human and material resources more effectively. Each has unique but incomplete resources and complementary overseas experiences which would make them very competitive with other similar technical resources should they pool their capabilities.

If a formal consortium is not attractive to all, there would still be benefits accruing should all institutions systematically share information among themselves on available faculty and consultant expertise, technical information, resources at each institution, results of field trips, developing country health data, etc.

- Each 122(d) grant agreement contains a program focus for each institution. This is commendable. AID should continue to incorporate this policy into future 122(d) grant negotiations, with the recognition that the institutions involved in this program are relatively small and cannot be expected to excel in all areas of public health.
- AID should make a deliberate effort to employ the technical expertise already available in these institutions in order to increase their exposure to overseas health programs, by recruiting as individual members of a health sector assessment, project design or evaluation team, faculty who are participating in the international health programs at these institutions. AID, when appropriate, may also wish to request that an institution provide an entire team for such an assignment. AID should also encourage the use of the sabbatical as a time when faculty of these institutions could gain an overseas experience.
- AID should consider ways of assisting the grantee institutions to deal with the problems caused by leadership changes in their 122(d) programs. One avenue that might be explored is the development of future leaders by means of an internship program for faculty and students of those institutions, either at AID/Washington or overseas. Another approach that may warrant consideration would be a policy by the grantees of obtaining formal commitments for fixed periods of service from future program directors.
- Because establishing separate graduate degree programs in international health may be a costly and slow process, and duplicative of existing efforts within U.S. public health school, the four institutions should explore alternative uses of their training potential. In many cases, their energies

may better be devoted to developing curricula for in-country training targetted to primary health care activities or to providing short-term training in combination with study tours in the U.S. of health officials from developing countries, as some institutions are already doing. There are benefits from providing selected international non-degree courses or adding international health modules to existing courses, so as to complement the professional specialties of already trained personnel. These are effective but less costly ways of "internationalizing" public health training.

- At several institutions, there has been difficulty in assuring the continuation of the international health course(s), into which much thought and resources have gone. This is due to the internal problems of the academic department which presented the course in the past or because the international health project is not located within an academic unit. It is recommended that some bureaucratic solution be arrived at as soon as possible so as not to lose the efforts thus far devoted to this significant course. Until this problem is solved, the international health staff should use the international health forum series as a means of developing and testing new curriculum so as not to lose valuable materials which have been developed under the grant.
- The applicability to the grants of AID Handbook 13, Chapter 1, paragraph IU should be clarified. In discussing grantee's procurement system, paragraph 13(e)(2) of the Standard Provisions appends a parenthetical reference to the cited regulation, but does not explicitly state whether the requirements of the Handbook so specified are to be followed by the grantee.

None of the four institutions visited had ever received a copy of the cited regulation, nor indicated any familiarity with it. The unavailability of this regulation was at least partially responsible for Drew's negotiation without competition of a \$40,000 contract with a consultant firm owned by a former Drew Dean, who subsequently returned to Drew as its President and Dean.

- The authorization in the grant agreement with Drew to reimburse that university for indirect costs amounting to \$112,268, as included in the illustrative budget appended to the grant agreement, should be reviewed and clarified.
- AID should audit as soon as possible the more than \$3 million in documentation held by the four institutions under review, which support the disbursements by AID of grant funds to date. The need for such an examination is particularly indicated at Meharry, in the face of adverse findings on Meharry's procedures in a series of audits conducted by the Inspector General of HEW, by Meharry's firm of certified public accountants, and by the College's internal auditors.
- The requirements respecting the Special Bank Account, in Paragraph C of the Payments Provisions to the grant agreements should be clarified. Because Howard and Tuskegee interpret this regulation as requiring that all disbursements be channeled directly into the Special Bank Account, and

because such a procedure would be incompatible with their computerized accounting systems, those institutions have elected not to receive an advance of funds from AID, and to operate with their own funds with subsequent reimbursement from AID.

Meharry, on the other hand, has received an AID advance of funds, and directly charges its Special Bank Account with all grant expenditures except payroll. For the sake of compatibility with its computerized payroll system, it is necessary for Meharry to charge its payroll checks indirectly to the Special Bank Account, after first going through its regular bank account.

Finally, Drew, also with an advance from AID, charges all grant expenditures directly to its regular bank accounts, obtaining monthly reimbursement from its Special Bank Account. Drew believes that this procedure enables it to "ascertain the balance of the advance account at any time." Thus, Drew believes that its disbursement procedures are also in accordance with the applicable provisions of the grant agreement.

- The geographic source requirements as set forth in the Standard Provisions to the grant agreements appear inconsistent with those contained in Handbook 13, Chapter 1, Paragraph IU, despite the fact that the latter regulation seems to be included by reference in the grant agreements. According to the Standard Provisions to the grant agreements, the grantee is faced with an order of preference in determining whether to purchase from the United States, selected free world countries, the cooperating country, or special free world countries. However, the grantee is allowed to make his own decision, which must be properly documented. On the other hand, the above cited Handbook reference requires the issuance by AID/Washington of formal geographic source waivers. This apparent contradiction should be clarified.

Note: The Africa Evaluation Guidelines were reviewed by the Evaluation Team. The questions for the most part were not found to be applicable to this project as they are more appropriately concerned with discrete in-country development projects.

The first question, "What constraint did this project attempt to relieve?", is applicable to the Health Institutions evaluation in the sense that improved technical assistance and training for health programs should lead to more effective health service delivery. The extent to which such technical assistance and training are not available implies a constraint on improvements in health services.

The second question, "What technology did the project promote to relieve this constraint?", may be answered in a general way. New methods of planning and managing health programs may be considered the "technology" of this project. The problem here is that the grants will hopefully bring to bear upon developing countries such a great range of knowledge about modern ways of designing and implementing health services that neither a

single technology nor a small group of technologies will be identifiable in this project. Rather, the grants will stimulate the application of a broad spectrum of health planning and management techniques across many substantive areas including maternal and child health, family planning, nutrition, primary health care, etc.

The balance of the questions in the guidelines are simply not applicable to the 122(d) grant mechanism. Therefore we refer the reader to the discussion and recommendations.