

**MID-TERM**  
**EXTERNAL EVALUATION**  
**OF**  
**TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH PROJECT**  
**COMPONENT FOR MANAGEMENT TRAINING**  
**(Association of University Programs in Health Administration)**

**Project Number: 597-0006/598-0632**

**Cooperative Agreement Number: LAC-0000-A-00-5102-00**

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## 1. PURPOSE OF ACTIVITY EVALUATED

### A. What is the Problem Being Addressed?

Problems of management now facing the health sector in Latin American and Caribbean (LAC) countries in many ways are more acute in the Region than elsewhere in the developing world due to several unique forces at work. The ineffectiveness of management stands as an obstacle in efforts to deliver services for Child Survival, in reforms to decentralize organizations and control recurring costs in massive hospital systems found throughout the LAC Region, and appeals to find new sources of health sector funding, which were eroded by recently climbing debt levels burdening LAC country economies.

The management personnel assigned to operate the offices and sections of health ministries, social security organizations, hospitals, clinics, and outpost health stations are mainly untrained or undertrained in management, are under-supported by supervising agencies, and are unrecognized as having or needing special skills for their work. Many of the people at senior levels of LAC health organizations are physicians who may also carry-on clinical practices in their medical specialties. At the middle levels of management, duties in the specialized work of finance, logistics, statistics, supply, and computing often are assigned to people who were prepared for their work with secondary school education and on-the-job experience. As resources become more scarce to support the health sectors of LAC countries, it is becoming critical to direct concerted action toward strengthening health management training institutions and the networks whereby they can gain from each others' innovations.

Large-scale attention to the problems of management in the health services of Latin America and the Caribbean during the past twenty (20) years has succeeded thus far in establishing a core group of dedicated but largely isolated training programs scattered around the Region. A combination of outside grants from North American sources, including the W. K. Kellogg Foundation and USAID, and local initiative provided these institutions with a starting-point. The programs throughout the Region use largely part-time faculties, which often teach highly descriptive courses based on North American service concepts. The progress made in the Region, relative to other parts of the world, has been great. Significant problems remain to be solved in improving the effectiveness of existing teaching programs and filling the gaps which present training resources now miss (Conferencia Latinoamericana . . . , 1967).

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### B. What is the Technical Solution?

The project seeks to strengthen and extend the supply of health management training resources in the LAC Region countries through technical services provided under a Cooperative Agreement with the Association of University Programs in Health Administration (AUPHA). At its core, the technical solution depends on AUPHA as a catalyst in providing carefully controlled inputs of information, communications network enhancements, and expert advice based on its essentially unique role in the field.

Founded in 1948 as a nonprofit consortium of North American educational programs in health administration, AUPHA evolved as the world-wide focal point for communication among educators, managers, and policy-makers concerned about developing the capabilities of those who manage health sector institutions. Membership among training institutions now numbers over 450 and nearly 25 programs from Latin America are affiliated. Many other programs in Latin America and elsewhere are unable, except with outside funding such as that provided by the project, to maintain contact with the network provided through AUPHA.

Project activities are addressed to the immediate and long-term aspects of the problems facing training programs. Work under the project is divided among nine (9) activities as given below in Table 1.1. Project activities are arranged to complement existing AUPHA member services provided already to its member institutions and to give special emphasis to USAID areas of priority concern.

### C. What is the Intended Purpose?

The project seeks to achieve significant improvement in LAC Region health management training resources by use of a multi-country effort to focus attention on needs and accomplish required changes. The project seeks to achieve "economies of scale, consistency, and improved quality control" in health sector institutions through strengthened training arrangements, especially those focused on middle-management positions (USAID Project Paper, p. 21). The project objectives are given in Attachment A, as stated in the Cooperative Agreement between USAID and AUPHA.

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**TABLE 1.1. Project Activities Included in Agreement**

|             |                                                                                                                                                                                                                                                          |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity 1. | Collect and disseminate information on training centers in the LAC Region                                                                                                                                                                                |
| Activity 2. | Collect and disseminate information on worldwide consultants for health administration education                                                                                                                                                         |
| Activity 3. | Provide technical assistance to LAC Region USAIDs, training institutions, and health service provider institutions (2 person-months per year of short term technical assistance)                                                                         |
| Activity 4. | Coordinate health management training needs of individual trainers requiring courses or degree programs outside their own country                                                                                                                        |
| Activity 5. | Enhance the communications network of educational and service institutions throughout the LAC Region                                                                                                                                                     |
| Activity 6. | Conduct seminars and workshops on key areas of health administration education (approximately 2 per year, convened in LAC Region countries)                                                                                                              |
| Activity 7. | Establish or expand publications focused on problems and concerns of LAC Region training institutions (in Spanish language), including: a newsletter, the <u>Journal of Health Administration Education</u> , monographs and reports, and bibliographies |
| Activity 8. | Expand the existing LAC Region collection of curricular materials, training plans, and health sector analytical documents in the central AUPHA Resource Center in Arlington, Virginia                                                                    |
| Activity 9. | Arrange necessary support activities to meet project requirements for logistics, communications, office and conference space, and financial and publications management.                                                                                 |

**D. Does the Project Activity Address USAID Strategy?**

The USAID strategy for the LAC Region contains a strong emphasis on primary health care in countries with infant mortality rates of more than 50/1000 as well as attention to other health problems affecting infants and children. In addition, the strategy gives attention to those communicable diseases which affect the productivity of the adult population. Management improvements of health delivery systems are being pursued in the LAC Region where past investments are at risk of being lost due to low levels of economic growth, economic austerity programs, and the like.

Throughout the LAC Region, repeated failures have been experienced among primary health care programs in their attempts to establish adequate central management support programs. The lack of adequate transport, logistics, maintenance, supervision, and related management capacities frequently has resulted in greatly diminished progress of primary health care efforts. Individual, bilateral management improvement projects were initiated in several countries of the LAC Region to remedy problems with these inadequate support systems by use of technical assistance advice.

The present project does address the LAC Region strategy and offers a long-term solution through investment in the core training resources of the host country institutions. Rather than attempting further individual problem solving by projects aimed at stop-gap training and technical advice, the present project is directed toward a sustained training strategy with an emphasis on greatly expanded mutual assistance among LAC Region trainers and their institutions.

The newly developed Central American Health and Nutrition Strategy (Approved February 1988) contains a separate element focused on management training. A two-year effort to identify problems and options for solutions in health management/administration training is to be followed by institutional development activities. The project already is providing assistance to the surveys in Central America as part of the first phase of the strategy.

E. What are the Constraints?

The project component in health management training was addressed to five (5) interrelated constraints facing the region (USAID Project Paper, 1985, pp. 14-15):

- (a) Design of existing training programs is unsystematic, often ignoring the need to match supply and demand in the labor market place.
- (b) Training programs are narrow and lack integration among fields of health services delivery [including epidemiology], public administration, and business management.
- (c) Quantity of trainees graduating in the region is too small due to the lack of fellowship support and the impractical and unrealistic nature of many present curricula and teaching procedures.
- (d) Central focus of nearly all training programs is on the senior management level, leaving mid-level managers isolated and without legitimized professional

development prospects. As a corollary, curricula offered throughout the Region have largely ignored the mid-level management specialties in: finance, logistics, pharmaceuticals and supplies, transport, supervision, manpower analysis, facilities management, and vertical program and project management.

- (e) Weak management systems in health ministries and other major health provider institutions inhibit officials from recognizing and articulating the depth and significance of their management problems.

The opening of the decade of the 1990's will find managers, policymakers, and users of the health services in these countries facing some of the greatest challenges yet seen as the health workers and provider institutions confront shortfalls in funding of massive proportions (Akin, Birdsall, & de Ferranti, 1986).

Added to the above five (5) areas of concern should be a sixth constraint, which has evolved to become critical since the project was designed and implemented:

- (f) Severe constraints on financing of all health services throughout the Region are placing difficult challenges on policymakers and managers to maintain adequate preventive and promotive services while curative services consume ever larger proportions of available resources. Health sector funding in a particular country may or may not continue to be provided at levels which are proportionate to the gross national product (GNP), but GNP is declining in several countries thereby making the situation much worse.

This sixth constraint challenges health sector managers to develop and implement complex financial and organizational arrangements largely untried in these countries or elsewhere, including: cost containment and cost recovery, demand assessment and market research, prepayment and capitation payment funding, entrepreneurial and incentive reward systems, decentralization of management, and reorganization of roles played by private and public sector health institutions. The central focus of the project is not changed by the addition of this sixth constraint, but experts in the field agree that the urgency with which progress is needed in developing improved training capacity has risen dramatically in the face of the difficult financial realities of the sector and the Region.

Mirroring the financial problems faced by educational institutions throughout the developing world, there is a continuing problem maintaining the financial stability of the existing training resources. Numerous efforts to create additional or alternative networks among these parties have consistently

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foundered due to lack of resources to fund information flow, meetings, or other forms of contact. Without the resources and catalytic forces creating isolated pockets among Latin American sub-regions, there may be little or no interaction among those few people engaged in health management training within a particular country. They end up talking largely to themselves. Given the extremely small base of institutions now in place, such isolation and lack of interaction is of itself a continuing cause for ineffective reaction to local and national needs for improved training.

## 2. PURPOSE OF EVALUATION AND METHODOLOGY

### A. Why was the Evaluation Undertaken?

This evaluation covers the first two years of a four-year life of project. The evaluation includes within its terms of reference a requirement to review the project design, determine whether implementation has facilitated attainment of the project's objectives, and provide recommendations for improving performance or modifying project direction.

As a mid-project evaluation, the specific objectives required of the evaluation team by the terms of reference were as given in Table 2.1, below. These evaluation components were investigated during the four-week period of activity for the evaluation team's work in February 1988.

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TABLE 2.1. Mid-Term Evaluation Terms of Reference

- (1) Evaluate the appropriateness of the design of the project components in terms of usefulness to the LAC Missions and cooperating countries.
  - (2) Review and evaluate the attainment of purpose-level achievements for each project component.
  - (3) Review and evaluate management and logistics procedures and processes for the project components.
  - (4) Review and evaluate the products.
  - (5) Review the budgets for each project component.
  - (6) Review the Price Waterhouse report on financial management and discuss in terms of overall project management.
  - (7) Review the procurements, subcontracts, etc., procedures under current agreements and discuss in terms of project management.
  - (8) Review the suggested evaluation questions provided by each contractor/grantee in preparation for this mid-term evaluation.
- 

## B. Methodology

The evaluation was conducted to ensure that the required areas of investigation were examined using techniques that could provide valid and useful results. Studies specific to the Management Training Component of the Technology Development and Transfer in Health Project were conducted by Robert C. Emrey.

The methodology started with reviews of all file documentation in the LAC Bureau, including cable traffic, correspondence, contractual documents, and reports. Interviews were conducted in person and by telephone with individuals participating in the project. People interviewed included cooperating agency (that is, AUPHA) officials, USAID officers in Washington and LAC Missions, participating training institutions, and AUPHA-institution faculty members. In addition, experts in the field of health administration education in Latin America and the Caribbean were contacted for advice and perspectives on the project and problems faced in implementing the work plan of AUPHA. These discussions included individuals at the World Bank and W. K. Kellogg Foundation. A cabled questionnaire was sent to all LAC Region Missions and Representatives requesting their insights concerning the project and its progress. Finally, a variety of related studies, conference discussion proceedings, and related materials was reviewed to identify available technologies potentially useful to those implementing the project and to discover additional issues requiring attention during the evaluation.

A complete list of documents produced by AUPHA during the project is provided in Attachment F to this report, together with a list of other documents consulted during preparation of the evaluation findings. A complete list of persons contacted in person and by telephone during the evaluation is provided in Attachment G to this report.

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### 3. FINDINGS AND CONCLUSIONS

#### A. Appropriateness of Design

In terms of usefulness to LAC Missions and cooperating countries, the project is well designed and planned. Missions have made numerous requests for services; network and information dissemination activities have attracted a wide range of participating individuals and institutions; and experimental approaches to education are under development. Only one instance was found where project activities were curtailed after being initiated by a USAID Mission. The case identified was that of USAID/Ecuador, where a change in Health Officers resulted in a decision to curtail project activity initiated under the former officer. The newly arrived Officer said in an evaluation interview that his priorities for the Mission program had led him to de-emphasize the activities involving the project, but that he had no reason to doubt the competence or potential usefulness of the project work under appropriate circumstances.

Two areas where the overall design of the project placed a limitation on activities of AUPHA deserve some attention. First, there is the issue of providing project support for visits of LAC Region trainers to the U.S. for short periods of time. At several points in the evaluation, there was mention of the limitation placed under the present design on the development of such tutorials or study visits to U.S. institutions.

Second, the development of experimental training activities is not now a part of the project design. In the case of Colombia, USAID Mission officials have arranged to add funds for a "buy-in" to cover the technical assistance aspects of these efforts for Universidad del Norte at Barranquilla. In other cases, work on high priority areas of concern in training program methods, curriculum development, and related matters have been limited or eliminated due to lack of agreement on sources of funds outside those programmed in the original project design. Extensive discussions in the Dominican Republic, for example, led to broad agreement on the usefulness of an experimental model for middle-level training based on earlier work done in Mexico.

#### B. Attainment of Contracted Purposes and Objectives

The operating experience in two years of activity demonstrated the wisdom of establishing a broad mandate within the project cooperative agreement. The design encouraged a catalyst role for AUPHA in conducting its several work elements. Participating countries, USAID officials, and training institutions were to make progress toward strengthened training capacities within

their own perceived needs and capabilities. The evaluation identified numerous instances where AUPHA's Project Manager was highly successful in serving as catalyst for action to strengthen training activities in host countries. Through his discussions with LAC Region Mission officials, he was able also to establish for them an improved frame of reference for use in identifying management training needs and available resources within the host country programs.

The project personnel consist of the full-time Project Manager and secretary and the part-time services of the President of AUPHA and the Resource Center librarian. They have succeeded in accomplishing all of the required technical assistance visits (2 person months per year), workshops (approximately 2 per year), and publication preparation and dissemination activities. The requests presented for additional services in host country institutions were numerous, and additional requests can be expected. The list of requests under consideration at the time of the evaluation is given in Attachment C.

The requests for additional technical assistance beyond the original Action Plan to be accomplished in the coming two years cannot be accomplished within the present capacity of the AUPHA staff. Under the arrangements used during the first two years, several experts from AUPHA member institutions have also participated in the technical assistance activity. Even coordination of such additional consultant advisors would require greater staffing than is presently available under project personnel.

### C. Management and Logistics Procedures and Processes

Management relationships among the parties to the project appear to be working well. The project tracking arrangement consists of quarterly progress reports together with frequent meetings between the USAID Project Officer and project personnel. A successful working relationship is reported by all USAID Mission personnel contacted for the evaluation. The AUPHA Project Manager has been highly conscientious in providing information to USAID/Washington and Mission personnel; in notifying interested parties concerning travel plans, clearances, and briefings; and collaborating closely with host country personnel in plans for workshops and technical assistance. The project secretary has demonstrated a high degree of competence in ensuring that records and requests required for USAID/Washington and Missions are prepared properly and presented on a timely basis.

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#### D. What were the Products?

The products of the project aim at strengthening the network of training programs in the LAC Region and consist of meetings, publications, and other communications originating in the three basic areas of attention addressed by the project:

- (1) Assessments of host countries needs and resources.
- (2) Workshops and conferences concerning key problem areas.
- (3) Technical assistance to host country institutions.

The progress to date in development of products meets the requirements of the original project agreements and work plan.

Assessments.--The assessments conducted throughout Latin America and the Caribbean were prepared by the Project Manager, Dr. Bernardo Ramirez. He brought to the assessment process many years of experience in assessing training resources in Latin America, most recently as expert advisor to the W. K. Kellogg Foundation for the extensive tenth year evaluation of their ten (10) PROASA Advanced Health Administration Education Programs in Latin America and the Caribbean. Beginning in February 1986, he succeeded in conducting detailed assessment visits in the 12 countries (see Table 3.1, below). The products from these visits are to be measured both in terms of their contribution to the network of communications among providers and users of training as well in the written materials that were developed. As a result of these visits and a written questionnaire survey distributed prior to beginning the process of assessment, a total of 88 programs has now been identified and documented in the LAC Region. These efforts were culminated in the publication of the AUPHA directory of programs in the LAC Region (Educación en Administración . . . . 1987, which contains detailed descriptions of each training program listed.

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**TABLE 3.1. Country Management Training Assessments Completed**

|                                                       |                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Belize (December 1986)                                | El Salvador (November 1987)                                                                   |
| Bolivia (July 1986)                                   | Guatemala (July 1986 and<br>November 1987)                                                    |
| Brazil (April 1986)                                   | Haiti (March 1987)                                                                            |
| Colombia (February 1986 and<br>August 1987)           | Mexico (March 1986 and<br>September 1986)                                                     |
| Costa Rica (April 1986 and<br>November 1987)          | Panama (April 1986)                                                                           |
| Dominican Republic (February<br>1986 and August 1987) | Regional Office for Central<br>America and Panama<br>(ROCAP) (July 1986<br>and December 1987) |
| Ecuador (February and<br>August 1986)                 |                                                                                               |

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One important if not unexpected conclusion from the assessments is that there remain vast differences in the needs and the state of health management training development among the LAC Region countries. The countries with the earliest experience in this field of training--including: Mexico, Brazil, Argentina, Colombia, and Venezuela--stand-out in sharp contrast to other countries of the region in the availability of resources to conduct this training. These countries now have a highly elaborated system of training institutions and much greater depth of faculty than is found elsewhere. On the other hand, even these countries shared in the general lack of local support for continued development and expansion of training capacity found throughout the LAC Region. Only a handful of the 88 programs identified in the LAC Region can rely on the services of full-time faculty members. The rest must operate with the participation of a variety of part-time instructors, who often spend most of their time in day-to-day management posts or clinical practice.

Workshops.--The workshop activities of the project constituted an opportunity again to expand the network of contacts among LAC Region trainers, providing them with an opportunity to observe new training processes and meet fellow trainers. There have been four (4) workshops convened-- in Mexico, Colombia, Dominican Republic, and Costa Rica --up to the time of the evaluation. Details of the workshops are given in Table 3.2, below. A total of 114 individuals from a total of 13 countries in the LAC Region have participated in the sessions. In addition, faculty members representing 7 U.S. universities participated in one or more of the workshops. Representatives of USAID Missions have participated in each country where there was a workshop, but to date there has been no participation by USAID/Washington officials in the project workshops. As follow-up to the sessions, published proceedings have been prepared for the meeting in Colombia and others are reported to be in preparation. In summary, it can be noted that the meetings were highly successful in achieving their purpose of extending and deepening the discussion of needed changes in approaches to training.

The workshops highlighted many realities of the supply and demand for health management personnel in the region. Two emerging areas of concern on the supply-side which emerged from the workshops deserve continued attention within the project: undergraduate education and training for project management. One concern on the demand-side stands out from the workshops: there is no accepted career path for graduates of training programs in the Region, excepting for those in-house training programs developed within health ministries or social security institutions.

First, there is a growing respect being accorded to undergraduate education as an appropriate technology to fill many critical gaps in the management capacity of the region, as was highlighted at the work shops in Columbia and

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TABLE 3.2. Workshop Topics and Attendance

|                                        | <u>Countries</u> | <u>Individuals</u> | <u>Institutions</u> |
|----------------------------------------|------------------|--------------------|---------------------|
| <u>Mexico (Sept. 1986)</u>             |                  |                    |                     |
| Topic:                                 |                  |                    |                     |
| Health Svcs Admin.                     |                  |                    |                     |
| Main Meeting                           | 4                | 26                 | 20                  |
| Small Group                            |                  | 20                 | 6                   |
| <u>Colombia (Nov. 1986)</u>            |                  |                    |                     |
| Topic:                                 |                  |                    |                     |
| Hospital Admin.                        |                  |                    |                     |
| Main Meeting                           | 12               | 24                 | 21                  |
| Small Group                            |                  | 10                 | 6                   |
| <u>Dominican Republic (Sept. 1987)</u> |                  |                    |                     |
| Topic:                                 |                  |                    |                     |
| Undergraduate Educ.                    |                  |                    |                     |
| Main Meeting                           | 11               | 23                 | 19                  |
| Small Group                            |                  | 30                 | 16                  |
| <u>Costa Rica (Dec. 1987)</u>          |                  |                    |                     |
| Topic:                                 |                  |                    |                     |
| Project Management                     |                  |                    |                     |
| Main Meeting                           | 6                | 11                 | 8                   |

## SUMMARY STATISTICS CONCERNING WORKSHOPS

Total Individuals: 114Total Countries: 13

|           |                    |           |
|-----------|--------------------|-----------|
| Argentina | Costa Rica         | Mexico    |
| Bolivia   | Dominican Republic | Panama    |
| Brazil    | Ecuador            | Peru      |
| Chile     | Guatemala          | Venezuela |
| Colombia  |                    |           |

Total U.S. Universities: 7

|                   |                      |                  |
|-------------------|----------------------|------------------|
| Clark University  | Univ. of Kentucky    | Quinnipiac Coll. |
| Univ. of Missouri | Univ. of Puerto Rico | Case West. Res.  |

the Dominican Republic. Higher education in North America emphasizes the pursuit of a master's degree or doctorate for professional practice in management of health or educational services. Unlike this post-World War II emphasis in U.S. and Canada, Latin American and, to a large extent, Caribbean institutions have developed their higher education patterns after the Continental Europe models. The basic European degree is the License, which provides a highly respected undergraduate preparation for professional work in five years of study. The Licenciatura de Administración de Empresas throughout the LAC Region stands for respected, competent preparation in management. After nearly 25 years of emulating North American degree models and career paths in training senior level health administrators, there is an opening now to consider undergraduate education for middle-level managers in health services. Among the programs identified as leaders in undergraduate education for health administration are the following:

- (1) Universidad Católica Madre y Maestra, Dominican Republic
- (2) Centro Sao Camilo de Desenvolvimento em Administracao da Saude, Sao Paulo, Brazil

Second, project management as an area of training activity has had a long existence in the health sector and elsewhere (Bainbridge & Sapirie, 1974). Two schools of thought were identified during the workshop on project management in Costa Rica:

- (a) training for project management may serve as a stepping stone to more advanced and complex responsibilities in health administration; additional training may follow upon the completion of initial project tasks and exercises; or
- (b) training for project management is an independent, self-contained body of management practice, which merits study in its own right and for which there can and will be an identifiable career path involving projects to be managed of increasingly greater complexity.

Additional study and discussion will be required to provide a full appreciation of the merits in each of these two approaches. The project is engaged through its technical assistance with the Universidad del Norte in Barranquilla, Colombia, in experimental arrangements of a type (a) project management arrangement.

On the demand-side of training, the four workshops have augmented the limited data available on the labor market for graduates of health administration training programs in the region. The workshops highlighted the concern that even in

countries where there is mandatory licensing of health facility managers, the rules are nearly always ignored or exceptions are made. Furthermore, unlike the extensive record keeping that is done on graduates of colleges and universities in North America, very little data, if any, are kept on the whereabouts and career experiences of graduates in the Region. Even among the largest and oldest master's degree programs for health administration in the LAC Region, only a few if any conduct surveys or otherwise provide follow-up and continuing education programs for former students.

Technical Assistance.--Technical assistance products cover a wide range of areas, representing the diverse interests of each of the host countries. A summary of the countries in which technical assistance activities have been implemented thus far is given in Table 3.3, below. These efforts in technical assistance largely involved direct visits by project staff members or other experts to assess faculty requirements, develop curricula, select instructional methods, or assist trainers in their role as students for advanced study.

The PASCAP assessment of management training activities is directed toward supporting a joint USAID/PAHO survey of management education needs in Central America and toward development of options for use by USAID in institutionalizing management training in Central America.

The supply of publications, such as books, journals, and newsletters, needed by health management training institutions in the LAC Region is much too small. AUPHA has inaugurated several publications under the project to serve the needs of trainers. The Boletín Latinoamericana was started with project funds and to date has been issued six (6) times. A Spanish language section to the Journal of Health Administration Education has been initiated, containing highly useful articles appropriate to the needs of LAC Region trainers. Other publications, such as bibliographies needed by trainers, are being planned. Also, as mentioned above in the section on assessments, a complete directory in the form of a paperback book has been published summarizing the 88 LAC Region training programs and their curricula. A follow-on second edition of the directory is planned at the end of the project, incorporating the large amount of new and revised data collected since the first edition was prepared. All of these publication efforts are aimed to satisfy the project objective of increasing the cohesiveness of the network of health administration education programs throughout the Americas.

It is noted that six (6) countries have not been visited by AUPHA project participants nor have they requested specific technical assistance (see Table 3.4, below). Throughout the project, the distribution of publications, including newsletters

**TABLE 3.3. Countries Receiving Project Technical Assistance**

|                           |                               |
|---------------------------|-------------------------------|
| Belize (1987)             | Ecuador (1986, 1987,<br>1988) |
| Bolivia (1986)            | El Salvador (1986, 1987)      |
| Brazil (1986)             | ROCAP, Guatemala (1987)       |
| Colombia (1987)           | Haiti (1987)                  |
| Costa Rica (1986, 1987)   | Mexico (1987)                 |
| Dominican Republic (1987) |                               |

**TABLE 3.4. Countries Not Visited or Requesting Project Technical Assistance**

|          |          |
|----------|----------|
| Barbados | Paraguay |
| Honduras | Peru     |
| Jamaica  | Uruguay  |

and directories, has included all USAID Missions and Representatives and host countries institutions in these six countries.

#### **E. Budget Review**

The project budgeted and actual expenditures are given in Attachment B to this report. The total funds of \$1,008,172 are programmed over the four years to permit increased activity in each of the first three years, with a considerable decrease in funded activities in the final, fourth year. At the end of year two of the project, the AUPHA had spent \$474,988 or 47.1% of the total budget, and there was adequate funding available within the existing budget to complete the assigned work. The level of effort for personnel is being delivered at rates anticipated under the project agreements. The percentage in year two of actual expenditures for Central America was: 31%, beginning at the time AUPHA was notified to separate its accounts for Central America work and covering the work done during the second project year.

To their additional credit, it is noted that AUPHA has operated the project under a voluntary sharing of indirect costs with USAID, whereby they agreed to a substantial reduction in the Federally-approved indirect cost rates that are applied to expenses of this project.

The Price Waterhouse draft report on AUPHA financial procedures, reporting investigations under a blanket USAID contract to review current contractor financial performance and made during 1987, was reviewed during the evaluation. The aspects of that

report which pertain to AUPHA appear to be quite minor and easily remedied matters of record keeping and reporting. Several of the recommendations concerning the AUPHA project are directed to USAID/Washington officials in their capacity as project monitors, suggesting amendment of the existing agreement to require certain reports. One recommendation in their report concerned the adoption by AUPHA of certain serial-numbered forms for processing of expense records within the AUPHA internal accounting system. This one recommendation appears to offer very little benefit in financial accountability to the Association or to the Federal Government, while adding a considerable, potentially costly burden to the accounting personnel of AUPHA. Inasmuch as the Price Waterhouse report has been neither reviewed by USAID/Washington officials nor transmitted to AUPHA for comment, it is not known at the time of this evaluation the degree to which USAID will accept or reject the recommended actions in the report.

The remaining significant financial issue concerns the allocation of additional contingency funds to the project for purposes of expanding its efforts within the current scope of work. Two types of activities are included in this area: Mission-funded buy-ins and centrally-funded buy-ins. The proposed Mission buy-ins total approximately \$655,000 and is summarized in Attachment C. A series of proposals was made by AUPHA in varying degrees of formality over the last months of 1987 and early 1988. These proposals total \$1,033,500 and are summarized in Attachment D. Additional details are presented in Attachment E for an unsolicited middle management training proposal, prepared by AUPHA and transmitted to LAC/DR/HN on May 27, 1987. The total amount given above includes funds proposed for the Developmental Phase of two years for the middle management program but not for the Implementation Phase. Additional discussion of these proposals is provided in the section below concerning Recommendations.

#### F. Contract Procedures Under Current Agreements

The project is contracted under a Cooperative Agreement with AUPHA, which was awarded on the basis of a predominant capability by AUPHA, owing to its unique role in the field of health administration education. AUPHA presently and in the past has administered numerous Federal grants and contracts and, therefore, has established procedures for conducting its activities in accordance with Federal requirements. There is no evidence from discussions with USAID and AUPHA officials that management problems have arisen from the contracting arrangements now in place.

## G. Issues Raised by Contractor Evaluation Questions

AUPHA project participants developed, prior to the beginning of the evaluation, a series of questions to guide evaluation interviews. The questions were arranged around the three specific objectives of the project. The questions were incorporated into a larger set of questions which guided the evaluation process. None of the questions submitted by AUPHA raise contracting or implementation issues which are not accounted for elsewhere in this report.

## H. Progress in Required Project Activities

### Activity 1.--Information on Training Centers

Task Requirement.--Collect, publish, and distribute guides to LAC health management training resources to host country health care institutions (e.g., Ministries of Health, Social Security Institutions), and health management training institutions. Distribute current edition of such directories of U.S. health management training resources to same groups. On request, provide additional information regarding such training resources, or make appropriate referral to a source of such information [per Cooperative Agreement].

Findings.--Questionnaires, field interviews, and document reviews were completed and incorporated into First Edition of LAC Directory. Only about 20 completed Institution Questionnaires were returned for use in the LAC Directory. A total of 88 LAC, Spain, and Portugal programs were identified and described. Distribution of the 1987-88 LAC and U.S. guides has been completed. A revised and extended Second Edition of LAC Directory is proposed to be prepared. In addition to the directories, the AUPHA data resources about LAC supply and demand for health management education and training (including country and program assessments) are both valuable and unique in the field. Aside from articles in the Boletín, these data resources are largely unavailable to USAID and host country officials concerned with future LAC needs (see recommendations, below).

### Activity 2.--Information on World-Wide Consultants for Health Administration Education

Task Requirement.--Establish and maintain an index of U.S. and LAC specialists with health management skills [per Cooperative Agreement].

Findings.--Nearly 1500 forms for the consultant index were distributed but few completed forms were returned. A total of 150 specially selected consultants available to assist training

programs are registered in the computer data base. Questionnaire forms appear to request relevant, useful indicators for use in identifying consultant advisors. The computer data base as yet is not programmed to facilitate recovery of data or of summary reports.

### Activity 3.--Technical Assistance

Task Requirement.--Provide up to 2 person-months of site visits per year to training institutions or host country institutions to assist in identifying and defining health management training or technical assistance needs [per Cooperative Agreement].

Findings.--The overall level of effort in site visits matches nearly exactly the required 2 person-months per year for Project Years 1 and 2. The purposes of the site visits include: observation of training programs, consultations with USAID officials, arrangement of follow-on training program consultations, and preparation of workshops. Present commitments of Project staff for work in Colombia, Costa Rica, Ecuador, Haiti, and the Dominican Republic appear to be greater than available staff can handle. No visits have been made under the Project to Jamaica or the Eastern Caribbean countries.

### Activity 4.--Coordination of Health Management Training Needs

Task Requirement.--Assist in matching health management training and site visit needs and training programs or specialists [per Cooperative Agreement].

Findings.--Student placements have been arranged for students (as training of trainers) in Colombia, Haiti and Belize. Mailing lists have been prepared to inform interested groups in Embassies about health management education programs. The process of coordination appears to be working well.

### Activity 5.--Establish Network of Educational and Service Institutions Throughout the Region

Task Requirement.--Enlarge and maintain the network of LAC and US health management training institutions, and MOH's and Social Security Institutions in LAC [per Cooperative Agreement].

Findings.--Numerous meetings, mailings, and items of correspondence have been developed to enlarge and maintain the network. The network thus far appears to concentrate on educational much more than service institutions. As was planned, the major

efforts in this Activity are expended within other components of the Project and the benefits of those components accrue to this Activity.

#### Activity 6.--Seminars and Workshops

Task Requirement.--Annually, carry-out either a region-wide workshop or a combination of smaller sub-regional workshops or topic-specific seminars. Reports on such workshops or seminars should appear in the newsletter described below [per Cooperative Agreement].

Findings.--Important workshops have been held as follows:

1. México (September 1986)
2. Javeriana University, Bogotá, Colombia (November 1986)
3. Dominican Republic, Santiago de los Caballeros (September 1987)
4. Instituto Centroamericano de Administración Pública, San Jose, Costa Rica (Dec. 1987)

Wide participation from throughout the Region has been encouraged for each Workshop. Only locally available USAID officials have participated in the Workshops. In addition, the participating institutions have assisted in preparing documentation of the findings from the workshops. Additional workshops are proposed for the remaining Project life in the following areas: Technology Assessment for Health Managers and Project Management Training Techniques.

#### Activity 7.--Publications

##### o Newsletter

Task Requirements.--Prepare and distribute a semi-annual newsletter on health management training to the LAC members of the network. (Newsletter may be made available at cost to U.S. health training institutions.) [per Cooperative Agreement]

Findings.--Six issues of a professional bulletin have been prepared and distributed to LAC institutions and individuals. The frequency of publication is approximately quarterly. No data were found to be available concerning actual readership or reaction of reader population.

o The Journal of Health Administration Education

Task Requirements.--Distribute AUPHA periodicals (such as the Journal of Health Administration Education) and special reports to LAC network members quarterly. Translate summaries of principal articles into Spanish and include them in the JHAE [per Cooperative Agreement].

Findings.--Professional articles of interest to LAC network members are translated and published on a regular basis. Especially important in this respect was the publication in Spanish of carefully selected articles from back issues of JHAE describing other health management educational programs world-wide.

o Monographs and Reports

Task Requirements.--Not included in Cooperative Agreement tasks.

Findings.--No products from this effort were identified. (Note: The Directory of LAC training programs was published under the project and is described above under Activity 1)

o Bibliographies

Task Requirements.--Publish and distribute to LAC members of the network two bibliographies on health administration education [per Cooperative Agreement].

Findings.--No products from this effort were identified.

Activity 3.--Resource Center

Task Requirements.--Expand and maintain a reference collection of teaching materials [per Cooperative Agreement].

Findings.--Systematic collection and storage of teaching materials has continued for a period of several decades at AUPHA. The Project Trips have increased the stock of LAC materials greatly during the past two years. The materials are well organized by country and program. There is no index or classification of LAC teaching materials. There is no entry-point available to users which is organized by topic or type of instructional methodology. During the balance of the project, it is proposed to identify, purchase, and distribute under the Project a specially-prepared Basic Teaching Collection of books and materials for 30 LAC teaching programs in USAID countries (see also Recommendations, below).

Activity 9.--Support Activities

Task Requirements.--No specific tasks are given in the Cooperative Agreement.

Findings.--A complete office for the Project has been prepared, including professional and secretarial staff, office equipment and furniture, two personal computers and a printer, and related filing equipment. Regular quarterly reports are being prepared to demonstrate progress and identify obstacles encountered. The quarterly reports contain also a set of indicators of work accomplished during the past period.

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#### 4. RECOMMENDATIONS

##### A. Recommendations Concerning Operational Activities

The following comments are based on the evaluation review of project activities during the first two years of a four-year agreement. The comments present recommended courses of action for consideration by USAID and the project participants. These recommended actions are believed by the evaluation team to have little or no budgetary impact involved with their implementation. The order of presentation is not meant to suggest any particular priority levels for these actions.

1. Attention to the Caribbean. The special needs in management for the health services of the Eastern English Caribbean countries and Jamaica are well-documented within the field. While AUPHA has maintained channels of communication with these island countries and provided project materials on a regular basis, up to now there have been no requests for service from these countries to the project. The evaluation recommends: (1) that during the next six (6) months the project conduct an assessment of needs for the countries of Jamaica and the Eastern English Caribbean, using assessment techniques believed to be appropriate in the judgement of AUPHA project managers; (2) that direct contact be made in the next three (3) months to determine what technical assistance, materials, or other project involvement may be of benefit to the existing health administration program at the University of the West Indies; and (3) that results of the assessment and contact with UWI be summarized in a brief but thorough written summary for circulation to USAID/Washington, Caribbean area USAID Missions, and RDO/C.

2. Effectiveness and Career Path Studies. The second half of the project now envisions technical assistance to several innovative training efforts in various parts of the LAC Region. The results of these training activities can contribute greatly to many present gaps in knowledge about effective training program development. The evaluation recommends: (1) that USAID/Washington insist on and AUPHA encourage the incorporation of systematic evaluation arrangements and effectiveness measures within each of the upcoming Mission buy-in training programs, including but not limited to the technical assistance to: Universidad del Norte in Barranquilla, INAP in Costa Rica, and the "non-traditional" training under discussion for the Dominican Republic; and (2) that upcoming workshops under the project incorporate some discussion to issues and methodologies for determining instructional effectiveness and the market demand for training program graduates.

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3. Dissemination of Workshop Results. The project workshops provided numerous benefits to those 114 people who were privileged to attend. The workshop information dissemination arrangements have been left in the hands of the host institution to arrange. AUPHA has taken a role in summarizing the workshops in their quarterly journal, but the evaluation team considers these efforts to be insufficient to ensure the necessary dissemination required throughout the LAC Region. The evaluation recommends that AUPHA take the lead in arranging full and complete documentation of the workshop results, organizing them for publication in several forms for use especially by: trainers of management personnel in the health sector and other sectors of each country (Spanish); USAID officials throughout the Region (English); and health service provider and financier institutions and professional societies involved in the health sector of each country (Spanish).

4. Analysis of Publication Effectiveness. The evaluation team considers the newly inaugurated Boletín Latinoamericana, Directory of LAC country training programs, and the new Spanish language section of the Journal of Health Administration Education, produced under project funding, to be major contributions to the development of the field. The highly readable and professional quality of these publications demonstrates a commitment by AUPHA to high standards of communications excellence. Having commented on the publications, the evaluation team remains concerned about the size and character of actual readership for the publications as well as their readers' evaluation of these products in terms of usefulness. The evaluation recommends: (1) that AUPHA develop and implement during the next six (6) months a brief but thorough investigation of the actual readership and readers' evaluation of the Boletín, Directory, and Spanish section of the Journal; (2) that results of the evaluation be used in considering possible revisions to format and content of the publications; (3) and that AUPHA investigate possible approaches to achieving outside financial support, if necessary through expanded readership, preferably from within the LAC region, for publication of the Boletín after the close of the project.

5. Decentralization of non-English Translations. The continuing need for greater availability of non-English materials (Spanish, French, and Portuguese) has worsened in recent times. Much of the problem is due to an unwillingness of international publishers to confront numerous problems related to the shortage of foreign exchange within the LAC Region. The high level of energy given by AUPHA to preparing Spanish translations of documents important to LAC Region trainers in the field is to be congratulated. Nonetheless, the evaluation team is concerned that translations should be prepared using alternative means which do not require time of the small core project staff. The evaluation recommends: (1) that AUPHA consider expanding its use

of faculty participants from the LAC Region in preparing translations for AUPHA publications; (2) that in the short term AUPHA consider expanding its present limited use of local translators and the PAHO machine translation (English to Spanish) system serving the international institutions in the Washington area; and (3) that AUPHA investigate the costs and benefits of expanding non-English translations to include also French and Portuguese in some of its key publications related to the LAC Region, perhaps by involving faculty of training institutions in Haiti and Brazil.

6. Developing Innovations in Publishing. AUPHA has moved vigorously to address the grave problems stemming from the lack of available health management publications in the international market. A joint venture between AUPHA and the Pan American Health Organization is near to being arranged with the urging of AUPHA. As a corollary to the previous recommendation, the evaluation recommends that AUPHA expand and extend its efforts to meet the needs of the training community in the LAC Region by pursuing additional innovative approaches to expanding the publications base. Such approaches could include, among others, redoubling efforts by AUPHA toward encouraging preparation of publishable manuscripts of training materials from the LAC Region institutions and pursuing additional arrangements such as joint ventures for publications in the LAC Region.

7. Attention to Continuing USAID Contacts. Turn-over of USAID Mission personnel is a fact of life in the Region. The evaluation recommends that both LAC/DR/HN and AUPHA continue and even expand its efforts to inform USAID Mission personnel in the LAC Region concerning the essential issues and needs of health administration education as well as of the purposes and services of the project.

## B. Recommendations Concerning Project Management

1. Indicators of Project Activity. By common agreement between the USAID Project Manager and AUPHA, a set of indicators showing project activity is prepared for each quarterly report. The present set of indicators includes such items as numbers of meetings attended by project staff, numbers of workshops convened, and numbers of inquiries processed. The evaluation team endorses and recommends continued use of the present set of indicators as being valid, efficient measures of project activity. It is noted that the present indicator set cannot be used realistically to demonstrate progress toward satisfying a project objective. (Also, the indicators were found to be of quite limited use to the evaluation team in conducting its investigations.) Project objectives in this four-year effort have focused on accomplishment of processes seen as critical to establishing a critical mass of networked training sites. Any follow-

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on activity past 1989 should be prepared to attempt work elements involving measurable trainer-and-trainee impacts. Such future project elements might, for example, involve pursuit of measurable changes in penetration of specific career fields by trained graduates. The evaluation recommends that follow-on LAC project activities in management training include project objectives which contain trainer and/or trainee impacts as a direct result of project work.

2. Possible Establishment of Technical Advisory Group.

The evaluation team deliberated on the potential merits of establishing a Technical Advisory Group to the project but came to no firm conclusion or recommendation in this area. The previous USAID/AUPHA project operated with a contract mandatory technical advisory group, which admirably served the needs of that project. The team suggests that an internal AUPHA TAG could be useful.

C. Recommendations Concerning Project Scope and Funding

1. Health Services Middle Management Development. The ambitious proposal to provide solutions for Middle Management Development was noted with great interest by the evaluation team. The evaluation team is concerned, however, that much remains to be discovered concerning the causes of the middle management training problem as well as for the available options that might lead to solutions. The unsolicited proposal submitted by AUPHA in May 1987 was prepared for initial discussions within USAID and can be seen as a starting point for further development of an approach to middle management training (see budget summary in Attachment E to this report). The May 1987 proposal places great emphasis on a particular form of instructional technology, used successfully in Mexico and elsewhere, for individual self-instruction with supervised exercise activities. The evaluation team was not persuaded by the available evidence that such an approach has yet been demonstrated to have the potential for generalized middle level training in all LAC Regions as is proposed by AUPHA. This is not to say that the potential for much progress may not lie in use of such self-instructional technology as part of a broader attack on the problem.

It is recommended that: (1) within the remaining one and one-half years of the project a carefully controlled study be conducted to determine the effectiveness of the instructional methods proposed by AUPHA in a single country (as was described in the AUPHA proposal); (2) that through workshop discussion additional effort be given to further diagnosis of the conditions under which middle management personnel can be given instruction and employers can be persuaded to reward such instruction in various categories of LAC Region countries; (3) that the findings from these two activities be produced in published form for

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distribution to trainers, policymakers, and potential funding agencies including USAID in the LAC Region; and (4) that the funding for this activity within the upcoming two year period be limited to approximately \$150,000 instead of the \$513,500 proposed by AUPHA for the Development Phase of testing and initial application. (For discussion purposes, the evaluation team projected an amount of \$150,000 for the remaining one and one-half year time period, which might be funded largely by funds added-on by an interested USAID Mission.)

2. Provision of Strategy Guidance for Health Management Training in the LAC Region. The evaluation team recommends the addition of an activity which is not now part of project work plans for the remaining time period. It was the conclusion of the evaluators that a gap exists in the available information on strategies for development of training capacity within LAC Region countries. Neither the LAC Region directory produced under the project nor other materials now exist which draw together a coherent picture of health care management education and training for the Region.

What is needed would be a clear, up-to-date summary of the situation with respect to supply and demand for labor in health administration together with needs and strategies for each group of countries. The gap in available guidance is especially acute for AID/LAC countries in Central America and the Caribbean. The guidance should cover obstacles to utilization of training graduates, conditions for using effective instructional techniques in health administration, and a strategy for involvement of funding agencies, such as USAID and others, as well as potential hiring institutions involved in health services delivery. The evaluation team recommends: (1) that a new project task be added to the work plan for 1988 concerning this activity; (2) that if the project can be provided additional funding in an amount to permit the convening of a combination of working meetings and other arrangements be to draw-out the available understandings and guidance to be formulated in practical terms; (3) that such guidance be prepared in the form of a separate, identifiable publication; and (4) that this effort be given a high priority such that wide circulation within the LAC Region can be accomplished at the earliest possible date. (The additional cost of meetings and materials was estimated by the evaluation team to be approximately \$40,000.)

3. Core Staff Support for Buy-in Activities. The project has received requests for technical assistance which far exceed the original funding levels. The requests now under consideration are summarized in Attachment C to this report. The evaluation team recommends: (1) that no additional technical assistance buy-ins be accepted or processed, including those listed in Attachment C, without the additional core staff (1 technical person and 1 administrative person) proposed in

recommendation 1, above; (2) that if and when additional core staff is funded and available that the additional activities be considered for their contribution to understanding of regional issues of concern to USAID, including programs for developing undergraduate education in health administration and efforts to understand further the role and instructional requirements for middle-level managers; and (3) that consideration be given to requiring USAID Advanced Developing Country Missions which request buy-ins to provide funds for a proportionate share of core support for project operations (a type of internal overhead charge for the logistical and supervisory role played by the project staff).

4. Expanded Activities for Remaining Two Years. The six (6) proposed areas of additional activity as developed by AUPHA project participants are given in Attachment D to this report. These proposals originated from conversations with USAID and host country officials during the assessment and workshop activities of the project. The six additional activities proposed by AUPHA were as given in Table 4.1, below, including the AUPHA cost estimates.

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**TABLE 4.1. Priorities for Additional Project Activities as Recommended by AUPHA**

- |    |                                                              |
|----|--------------------------------------------------------------|
| 1. | Health Services Middle Management Development (\$513,500)    |
| 2. | Core Staff Support for Central America Expansion (\$200,000) |
| 3. | Management Appraisal Modules (MAPS) Series (\$30,000)        |
| 4. | Fellowship Program (\$150,000)                               |
| 5. | Foreign Training in U.S. Institutions Study (\$100,000)      |
| 6. | Developing Core Libraries (\$40,000)                         |
- 

The evaluation studies considered overall merits of the AUPHA proposals and of the recommended Strategy Guidelines for LAC Region for the period up to the present PACD date of January 31, 1990. The evaluation team strongly urges as the highest priority the continuation of concerted attention to the nine original work plan activities. The evaluation team recommends that additional central funding (if any becomes available) be considered to permit addition of activities and functions to the project in the priority order (with (1) as highest priority) given below in Table 4.2. These priorities are recommended to ensure the availability of core staff to the project organization which will be required to proceed with the Mission buy-in activities now proposed. The evaluation recommends the USAID/ Washington consider favorably a transfer of any available project contingency funds to provide resources for the two highest priority items in Table 4.2, below.

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**TABLE 4.2. Priorities for Additional Project Activities as Recommended by Evaluation Team**

**Critically Important Additions:**

- (1) Core Staff Support for Expansion (\$200,000)
- (2) Provision of Strategy Guidance for Health Management Training in the LAC Region (\$40,000)

**Valuable Contributions to Key Issues:**

- (3) Health Services Middle Management Development (\$150,000)
- (4) Developing Core Libraries (\$40,000)
- (5) Fellowship Program (\$150,000)

**Significantly Beneficial but Optional Additional Work:**

- (6) Foreign Training in U.S. Institutions Study (\$100,000)
- (7) Management Appraisal Modules (MAPS) Series (\$30,000)

5. Work in the Period After 1989. At project mid-point, the activities initiated under the project have made a significant impact already in health management education in the LAC Region. The evaluation team recommends: (1) that the LAC bureau support the proposed funding for an additional period of four (4) years of activity in the original nine work areas of the Management Training Component; (2) that consideration be given to further development of a Middle Management Training Activity through direct field implementation of the two or three most promising options identified for addressing this need during the four years following this project; (3) and that the AUPHA be given continued support as the cooperating agency to implement the continued work of the project, owing to its demonstrated competence and predominant capability in the field of health administration education.

## 5. LESSONS LEARNED

The main lesson concerning project implementation learned from activities of the first two years is the need for continual renewal of contacts between the project and USAID Mission personnel. This project staff has been especially diligent in its efforts to maintain and enhance such contacts, providing USAID officers with publications, advice, and notifications of upcoming project events. Health management training is only one of a large number of issues requiring USAID health officers' attention; further, some USAID officers having health sector responsibilities are more familiar than others with the technologies, requirements, and pitfalls inherent in the field. The resources required to be effective in such contacts include staff time, printed materials, and a carefully updated roster. Results of the assessment studies were provided shortly after the visits, for use by USAID officials in their work. The cost of such maintenance of Mission contacts is considerable, but a regional project such as this operates on a premise of equal access to project resources that can be fulfilled only where knowledge and opportunity to participate are properly distributed.

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## ATTACHMENT A. PROJECT OBJECTIVES

General Objective.—Increase utilization and application of management training for health programs in Latin America and the Caribbean [per Cooperative Agreement]

Specific Objectives [per Cooperative Agreement].

1. Facilitate contacts between consumers of health management training and technical knowledge, such as A.I.D. Missions and host country institutions on the one hand, and training centers and technical specialists on the other.
2. Increase communications between and among U.S. and LAC health management training centers.
3. Assist LAC health management training centers to improve the relevance, applicability, and responsiveness of training offered to LAC needs for health management skills.

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## ATTACHMENT B. PROJECT FINANCIAL ANALYSIS

Project Budget\*

|                        | Year 1           | Year 2           | Year 3           | Year 4           | Total              |
|------------------------|------------------|------------------|------------------|------------------|--------------------|
| Personnel Expense      | \$ 94,548        | \$ 99,500        | \$109,000        | \$116,000        | \$ 419,048         |
| Workshops and Seminars | 8,426            | 57,700           | 63,874           | 25,000           | 155,000            |
| Information/Networking | 58,384           | 70,800           | 67,816           | 35,000           | 232,000            |
| Indirect Costs         | <u>40,348</u>    | <u>57,000</u>    | <u>60,776</u>    | <u>44,000</u>    | <u>202,124</u>     |
| <b>Total</b>           | <b>\$201,706</b> | <b>\$285,000</b> | <b>\$301,466</b> | <b>\$220,000</b> | <b>\$1,008,172</b> |

\*Project budget includes \$8,188 modification of Cooperative Agreement, dated August 28, 1986, under PIO/T 518-0000-3-60053.

Actual Expenses (August 1985 to September 1987)

|                        | YEAR 1<br>(1985-<br>1986) | YEAR 2 (1986-1987) |                    |                    |                    |
|------------------------|---------------------------|--------------------|--------------------|--------------------|--------------------|
|                        |                           | 1st Qtr<br>Oct-Dec | 2nd Qtr<br>Jan-Mar | 3rd Qtr<br>Apr-Jun | 4th Qtr<br>Jul-Sep |
| Personnel Expense      |                           |                    |                    |                    |                    |
| LAC Regional           |                           | 14,238             | 15,355             | 15,990             | 15,867             |
| Central America        |                           | 9,492              | 10,245             | 10,660             | 10,578             |
| Total                  | \$ 94,548                 |                    |                    |                    |                    |
| Workshops and Seminars |                           |                    |                    |                    |                    |
| LAC Regional           |                           | 13,052             | 6,422              | 572                | 31,950             |
| Central America        |                           | 3,542              | 1,813              | 46                 | 1,816              |
| Total                  | 8,246                     |                    |                    |                    |                    |
| Information/Networking |                           |                    |                    |                    |                    |
| LAC Regional           |                           | 1,186              | 4,064              | 11,801             | 21,222             |
| Central America        |                           | 3,161              | 4,194              | 4,746              | 7,549              |
| Total                  | 58,384                    |                    |                    |                    |                    |
| Indirect Costs         |                           |                    |                    |                    |                    |
| LAC Regional           |                           | 6,510              | 6,460              | 7,091              | 17,260             |
| Central America        |                           | 4,657              | 4,063              | 3,863              | 4,986              |
| Total                  | <u>40,348</u>             |                    |                    |                    |                    |
| <b>Totals</b>          |                           |                    |                    |                    |                    |
| LAC Regional           |                           | 34,986             | 32,301             | 35,454             | 86,299             |
| Central America        |                           | <u>20,852</u>      | <u>19,145</u>      | <u>19,316</u>      | <u>24,929</u>      |
| Total                  | \$201,706                 | \$55,838           | \$51,446           | \$54,770           | \$111,228          |

Regional Fund Division

Year 1: Not Available  
 Year 2: LAC Regional —\$189,040 (69%); Central America—\$ 84,242 (31%)

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## ATTACHMENT C. PROPOSED MISSION ADDITIONS AND BUY-INS

Total Funds Required: \$655,000

Program total of \$655,000, excludes previously funded buy-ins shown below for Colombia and Ecuador

- (a) Colombia—\$175,000 (Already funded in Amount of \$24,915)
  - 1987—\$25,000
  - 1988—\$75,000
  - 1989—\$75,000
- (b) Costa Rica—(\$175,000)
  - 1988—\$100,000
  - 1989—\$75,000
- (c) El Salvador—\$175,000 (Very preliminary discussions held)
  - 1988—\$25,000
  - 1988 and 1989—\$150,000
- (d) Dominican Republic—\$130,000
  - 1988 and 89—\$130,000
- (e) Mexico—Total \$25,000
- (f) Ecuador—\$8,188 (Total already funded as Add-on)

## ATTACHMENT D. ADDITIONAL PROJECT ACTIVITIES PROPOSED BY AUPHA

Total Funds Required: \$1,033,500

\*Program total of \$1,033,500, excludes: implementation phase shown below for Health Services Middle Management Development)

## (a) Health Services Middle Management Development—\$513,500

|                                |                  |
|--------------------------------|------------------|
| Developmental Phase (2 years)  | \$ 513,500       |
| Implementation Phase (3 years) |                  |
| Regional Funding               | 2,327,000        |
| Host Country/Mission Funding   | <u>1,417,000</u> |
| Total                          | \$4,257,500      |

Methodology to train large numbers of mid-level people in administrative areas; implementation of the tested methodology.

## (b) Core Staff Support for Expansion—\$200,000

1988—\$100,000

1989—\$100,000

Add Technical Officer and Administrative Officer to improve capacity to respond to technical assistance requests in Central America

## (c) Management Appraisal Teaching Modules (MAPS) Series—\$30,000

MAPS series, used to diagnose management problems, translated into Spanish. AID already made investment of \$1 million to develop Modules.

## (d) Fellowship program (20 per year)—\$150,000

5-week training programs for IAC trainers to come to US training programs. Model is agricultural (CAPS program).

## (e) Foreign training in U.S. institutions—\$100,000

Systematic look at how effectively training institutions are meeting needs of foreign nationals in public health administration for IAC. University of North Carolina, Sagar Jayne.

## (f) Developing core libraries—\$40,000

Health management core libraries, distributed to 25 centers in the region.

\*NOTE: Order given above ((a) through (f)) reflects the proposed priority of funding importance proposed in the judgement of Filerman and Ramirez of AUPHA, where (a) is considered to be the highest priority additional activity.

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ATTACHMENT E. PROPOSED BUDGET FOR  
MIDDLE MANAGEMENT DEVELOPMENT PROGRAM

Developmental Phase—2 Years

|                        |                |
|------------------------|----------------|
| 1. Basic Support       | \$ 260,000     |
| 2. Host Country        | 105,000        |
| 3. Student Materials   | <u>30,000</u>  |
| Subtotal               | \$ 395,000     |
| 4. Indirect Cost (30%) | <u>118,500</u> |
| Total                  | \$ 513,500     |

Implementation Phase—3 Years

|                        |                |
|------------------------|----------------|
| Regional Funding       |                |
| 1. Basic Support       | \$ 390,000     |
| 2. Host Country        | 770,000        |
| 3. Student Materials   | <u>630,000</u> |
| Subtotal               | \$1,790,000    |
| 4. Indirect Cost (30%) | <u>537,000</u> |
| Total                  | \$2,327,000    |

|                                   |                |
|-----------------------------------|----------------|
| Host Country/Mission Cost Sharing |                |
| 5. Host Country                   | \$ 570,000     |
| 6. Student Materials              | <u>520,000</u> |
| Subtotal                          | \$1,090,000    |
| 7. Indirect Cost (30%)            | <u>327,000</u> |
| Total                             | \$1,417,000    |

Summary—5 Years

|                      |                  |
|----------------------|------------------|
| Developmental Phase  | \$ 513,500       |
| Implementation Phase |                  |
| Regional Funding     | 2,327,000        |
| Host Country/Mission | <u>1,417,000</u> |
| Total                | \$4,257,500      |

Source: Association of University Programs in Health Administration, unsolicited proposal to USAID/Washington, May 1987.

## ATTACHMENT F. DOCUMENTS CONSULTED FOR EVALUATION

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