

PROJECT AUTHORIZATION

1. PROJECT NUMBER <b>698-11-580-373</b>	3. COUNTRY <b>AFRICA REGIONAL</b>	4. AUTHORIZATION NUMBER <b>0188</b>
2. PROJECT TITLE <b>Maternal and Child Health/Family Planning Training and Research Center Development</b>		5. AUTHORIZATION DATE <b>May 25, 1971</b>
7. LIFE OF PROJECT		6. PROP DATED <b>May 19, 1971</b>

a. Number of Years of Funding: 4  
Starting FY 19 71, Terminal FY 19 74

b. Estimated Duration of Physical Work  
After Last Year of Funding (in Months): 24 months

8. FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent)	DOLLARS		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY Exchange Rate: \$1 =			
	GRANT	LOAN		U.S. OWNED		HOST COUNTRY	
				GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY 70	-						
Operational FY 71	2,231						
Budget FY 72	-						
B + 1 FY 73	796						
B + 2 FY 74	808						
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>	<b>3,835</b>						

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

10. CONDITIONS OF APPROVAL OF PROJECT

BEST AVAILABLE

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL	CLEARANCES	DATE
 SIGNATURE A.A.A.F.R. Samuel C. Adams, Jr. TITLE	AFR/TAC:MSBelcher <i>MSB</i>	5/21/71
	AFR/DP:DShear <i>MS</i>	5/21/71
	DAA/AFR:PBirnbaum <i>PB</i>	5/21/71
	A. CONT	

25/May/1971

DATE

NON-CAPITAL PROJECT PAPER (PROP)

Country: Africa Regional

Project No. 698-11-580-373

Submission Date: May 19, 1971

Original X

Project Title: Maternal and Child Health/Family Planning Training  
and Research Center Development

U.S. Obligation Span: FY 1971 through FY 1974

Physical Implementation Span: FY 1971 through FY 1976

Gross life of project financial requirements:

U.S. Dollars

\$3,835,000

## I. SUMMARY DESCRIPTION

The purposes of this Grant are to establish in Nashville a Training and Research Center in Maternal and Child Health/Family Planning which will provide a corps of American advisors and training for American and African personnel to introduce and assist in developing integrated MCH/FP services in African countries. The Center will:

- (a) provide consultants at the request of A.I.D. to undertake short-term feasibility studies, or provide short-term consultation to African institutions in relation to MCH/FP activities;
- (b) train Americans for longer term assignments as needed to assist African institutions in developing MCH/FP operational, training and research projects; and
- (c) initiate and conduct training programs for middle and high level African personnel in the MCH/FP fields.

Meharry Medical College of Nashville, Tennessee, will undertake the development of the Center in association with other institutions in the Nashville area. Meharry will be responsible for the administration of the Center under a joint coordinating committee composed of one or more representatives from each of the participating institutions. Full-time staff of the Center will consist of an administrative core and a technical staff.

In agreement with A.I.D., the staff of the Center will develop contacts in selected African countries for the purpose of assessing training and program development needs in their specifics, and to assist in the selection of candidates for U.S. training. The Center staff will develop training programs for African participants in Nashville, both short and long term, based on the specific requirements ascertained in field visits. Training of American personnel will be directed toward preparing medical and paramedical personnel to undertake operational activities in MCH/FP in Africa. The capabilities of the staff within the Nashville group will also be developed as required in order to increase their competencies to provide consultative and advisory services to African countries.

### A. Need and Justification

The Africa Bureau anticipates a rapid expansion of interest in the development and extension of maternal and child health services with family planning as an integral part of such services. Recent experiences of the Bureau in attempting to recruit individuals and institutions to undertake activities of this nature in Africa has

a dearth of qualified personnel in this field. As a means of meeting both the present and anticipated demands for assistance, it is imperative that additional U.S. institutional capacity be developed and personnel trained as soon as possible.

The family planning-population policies of the Africa Bureau, as stated in AIDTO Circular A-1491, emphasize in part that "our interest in population/family planning in Africa will be most widely shared by Africans if it is a part of a broader common interest in improving the quality of life of Africans". It recognizes that "we must assist in promoting parental understanding of the burden of many children on health and in improvement in family welfare", and further states that "we believe that in many countries family planning, particularly child spacing, is most readily understood and accepted by Africans when provided as part of broader programs to improve the health of mothers and children". Thus, improvement of public health services and their ability to reach more Africans may have the greatest potential for making information and assistance on child spacing available to them.

Reports from survey teams and A.I.D. staff discussions with African governments indicate that this approach is acceptable to most countries of Africa. There is, therefore, a need to be able to respond to an increasing number of requests for assistance in integrating family planning-child-spacing services into MCH programs which are coming to the AFR Bureau. It is anticipated that such requests will increase further as an outcome of the African Population Conference which is to be held in December 1971 under the sponsorship of ECA.

#### B. Project Goals and Targets

The project goals are to:

(1) Make available a core of U.S. experts in various disciplines of MCH/FP, including socio-anthropological areas and with an in-depth knowledge of African Countries, for employment in A.I.D.-sponsored assistance;

(2) Provide short-term consultants to African institutions, i.e., universities, ministries of health, organizations providing MCH/FP services, and training facilities in order to assist them to increase their capabilities for undertaking or operating programs, undertaking research, training personnel and conducting evaluation studies;

(3) Develop a cadre of American medical and paramedical personnel capable of undertaking operational MCH/FP projects in Africa at the request of A.I.D.; and

(4) Develop in the U.S. a training program designed to meet the specific needs of African countries for middle and high level health personnel in MCH/FP.

C. General Approach and Plan of Action

After the Grant Agreement has been negotiated, the Grantee will undertake the recruitment of Administrative and Technical Staff and establish a Coordinating Committee composed of representatives of the participating institutions.

After the Center has been established, members of the staff will begin to visit selected African countries which have been agreed upon jointly with A.I.D. The purpose of the visits are:

- (1) to establish continuing relationships with appropriate institutions within the countries;
- (2) to assess training needs in relationship to MCH/FP;
- (3) to provide Center staff with information as a basis for developing training programs in Nashville designed to meet Africa's needs; and
- (4) to increase knowledge of Center staff in regard to health and population problems of African countries.

Additional Staff development will be undertaken as may be required to increase the manpower available for providing consultant and advisory services to Africa.

The Center will then initiate both short-term and long-term training programs for middle and high level African personnel and will undertake to provide training programs for Americans interested in pursuing careers in MCH/FP fields in projects in Africa. This training is targeted at an annual enrollment of 50 Africans and Americans acceptable to the grantee and designated by A.I.D. as program related. It will consist of both the provision of special emphasis in regular academic programs and specially tailored training programs directed to African development assistance requirements.

Center staff and other consultants will be available to undertake feasibility studies and short-term consultant activities in Africa at the request of A.I.D. An estimated total of 21 man months annually of temporary duty in Africa is provided for in the planned grant.

In order to achieve the objectives of this project, the following financial inputs are planned over the life of the project:

(a) Personnel: \$2,380,000, for core staff in the essential range of disciplines, resource personnel and consultants.

(b) Participant Training: \$747,000, includes \$450,000 for training African participants in the U.S., and \$297,000 for American trainees and fellowships for study in the U.S.

(c) Commodities: \$76,500, consisting chiefly of teaching aids, and various equipment and supplies.

(d) Other Costs: \$631,000, comprise essentially rents, utilities, computer services and administrative costs.

## II. SETTING

Though the population trend is grim, and the overall rate of population growth in Africa threatens to outrace economic growth, it is unrealistic to expect African countries to respond to the dire prognostications regarding the "population explosion" when many of these countries have vast empty spaces and at the same time little information regarding the demographic situation in their own countries. It is therefore the opinion of AFR that greatest current progress on population can be made, in most countries of Africa, by helping the leaders acquire the necessary demographic knowledge, and by responding to interest in family welfare by encouraging the integration of family planning-child spacing into the improvement of MCH service programs.

In Africa, as in most other developing countries, health manpower is in extremely short supply, health service facilities are inadequate, and the organization and administration of MCH services are generally very weak. In order for such services to be extended and to serve as the vehicle for family planning-child spacing programs, all of these problems have to be dealt with. Further, in most African countries, in-depth study of socio-cultural factors in relation to health practices and attitudes is required if programs are to be successfully implemented.

It is generally recognized, also, that, if maternal and child morbidity and mortality rates are to be reduced, and if these reductions are to contribute to and be accompanied by greater acceptance of family planning practices, much of the health service must not only be improved to include family planning, it will of necessity have to be provided by paramedical and auxiliary type health workers. These are, in most cases in Africa, the only types of health workers which might be made available in sufficient number or geographic distribution in the foreseeable future.

Recently, as a means of developing new approaches to extending MCH/FP services to rural population, AFR Bureau has initiated pilot projects in several African countries. As this type of activity expands with the increased interest expressed by other countries in undertaking projects of this nature, considerably more American expertise will be required if we are to assist African MCH/FP services in making an acceptable impact on the high fertility rates which exist in most African countries.

## III. STRATEGY

Because of the inadequacy of U.S. manpower to meet increasing demands for technical assistance in MCH/FP in Africa and the need for more relevant training for Africans, the Africa Bureau proposes to assist a group of institutions in Nashville to develop a center with competence and capability in this area.

Meharry and the associated institutions in Nashville are particularly suited to providing this type of assistance to African countries for a number of reasons: First, they have had long experience in working with disadvantaged

black population groups in both urban and rural settings in the southeastern U.S. where sensitivities to family planning and population activities are comparable to the attitudes found in many African countries. Secondly, conditions existing in many rural southern situations closely approximate those found in some of the African countries, i.e., low economic levels, trained health manpower shortages, social and cultural deprivation. Thirdly, Meharry and several of the associated universities have, for several years, been oriented toward community service utilizing paramedical personnel in the provision of maternal and child care and family planning. Finally, these institutions have the potential for attracting personnel with the type of skills required to implement effectively A.I.D. MCH/FP policies in Africa.

This group of institutions is able to develop and provide expertise in a multidisciplinary approach to the peculiar types of problems encountered in Africa, and they have had long experience in collaborative projects both in areas of research and program operation and can draw upon experts with extensive African experience.

The approach of providing a Grant to establish this Center grows out of the difficulty experienced by the African Bureau in attempting to recruit contractors to undertake projects in Africa. First, these have resulted in very few institutions submitting proposals and, secondly, a relatively poor selection of candidates proposed by the contractors to fill field positions. Information regarding projects has been sent to as many as fifteen potential contractors on each selection effort. Responses have been received from few of these and, of those replying, possibly one or none may be of desirable quality, particularly in relation to field personnel.

In one or more instances, potential contractors circulated have included the University of North Carolina, the University of Michigan, Tulane University, Howard University, Johns Hopkins University, and others. It is apparent that such institutions fall far short of being able to effectively meet the needs of the AFR Bureau for undertaking operational programs in the MCH/FP field.

Therefore, the most feasible approach seems to be to develop this capacity to augment what may be available from existing schools of Public Health and Population Centers. After consideration of various institutions where capacity might be augmented, we conclude that the type of experience available among the Nashville group, which is outlined above, offers the best potential for providing the type of expertise to meet Africa Bureau requirements.

#### IV. PLANNED TARGETS, RESULTS AND OUTPUTS

By termination of the grant, in 5 years, the following targets/goals will have been reached:

1. Long-term, middle and/or hi-level African participants, short-term, operational or trainer-level African participants and American professional

staff for program assistance will have received training through the Center for employment in activities within or directly related to the provision of MCH/FP services. An estimated annual enrollment of fifty individuals concurred in by A.I.D. will be provided for.

2. Short-term consultant experts provided by the Center will have assisted several African countries in (a) developing MCH/FP and related action projects, and (b) establishing training programs for family planning, medical and paramedical staff and for non-medical community workers in the MCH/FP field.

3. Where indicated, longer term expert services from the Center's staff will have been made available and engaged, through specific task agreements with AID/AFR, to undertake MCH/FP service projects in several African countries. They will also have assisted several African institutions to achieve sufficient capability in providing training of services in the MCH/FP field so that they can, in subsequent years, accomplish these objectives with little or no additional outside assistance.

4. Experts from the Center will have assisted several African institutions to strengthen their research capabilities, and in designing and conducting relevant research and program evaluation activities.

5. A continuing capacity to assist future population/family planning activities will have been institutionalized in the Center.

## V. COURSE OF ACTION

1. Meharry will have the primary responsibility for the administration of the program. Institutions in Nashville which have agreed to participate in the development and operation of the Center are: Meharry Medical College, Vanderbilt University, Fisk University, Tennessee State University, George Peabody College for Teachers, Scarritt College, and the Family Planning Training Institute of Nashville which is under the auspices of the Nashville Planned Parenthood Association.

To coordinate activities and establish policies for the Center, a coordinating committee composed of representatives of the participating institutions will be established by cross registration of MCH/FP trainees and an effective integrated effort of the Center with the participating institutions will be encouraged by reciprocal arrangements for the part time utilization of Center staff in the participating institutions and utilization of the institutional staffs by the Center on an exchange basis.

2. The second step in implementing the project will be to recruit the core administrative and technical staff which will have full-time responsibility for conducting the program of the Center.

Staff training needs will be determined and staff development undertaken as required.

3. All activities to be undertaken in Africa will be concurred by AFR/W in close coordination with the other A.I.D. Regional Population Office field posts involved.

In consultation with the Regional Population Office, AID Missions/Posts, contacts will be initiated with selected African countries/institutions to assess MCH/FP training and service needs and to explore the requirements for developing African institutions to meet these needs.

Efforts will be made by the Grantee to establish on-going relationships with selected African institutions through faculty and student exchange programs with preference being given to candidates for studies which are a part of A.I.D. designated job-oriented programs.

4. On-going MCH/FP services and training programs of the U.S. institutions included in the Meharry group will be studied in depth and strengthened to serve international training needs.

Short-term and long-term training programs will be established for the purpose of developing appropriate cadres of U.S. and African medical and paramedical personnel. Fields of study would include:

Refresher MCH training

Family Planning

Demographic

Economic

Socio-cultural

Clinical

Training Methodology

The Organization and Administration of MCH/FP services

Interdisciplinary approach to MCH/FP

Research and Evaluation in FP programs

(For U.S. personnel - African Studies and French language training will be made available)

Feasibility studies, at the request of African countries and A.I.D., for the initiation of MCH/FP services research and/or training will be undertaken.

5. At the end of the initial two-year funding period, the project will be reviewed by A.I.D. and the Grantee to assess progress and determine the direction of activities to be undertaken during the final three years of the Grant.

It is anticipated that, by this time, the Center will have developed the capability to provide consultants and advisors to countries in Africa, will have undertaken feasibility studies, and be able to develop firm project proposals for undertaking MCH/FP assistance projects in one or more African countries which would be considered for A.I.D. funding under supplementary agreement.

6. During the remaining three years of the Grant, U.S.-based training programs will continue and expand as required; contacts with African institutions will be maintained and extended, consultants and advisors recruited and trained as required.

7. Operational research activities are included as an integral part of this project. In most instances, research activities will be undertaken in collaboration with African institutions. Types of research would include: socio-cultural factors and demographic and sociological changes affecting maternal and child morbidity and mortality; factors affecting family planning attitudes and practices; child care practices contributing to infant and child mortality; initiating attitudinal changes in relation to family planning, etc.

By collaborating with indigenous institutions, it is anticipated that their research competencies would be strengthened and they would gain increased capability in continuing operational research activities which could provide feed-back into the country MCH/FP program.

8. In order to assess progress toward the achievement of stated project goals and targets, the Grantee will, at the end of each year of the life-of-the-project, provide AID/W with a complete progress report including a financial statement on the utilization of grant funds. In addition, AID/W will reserve the right to have a 2-3 man project review committee visit the Nashville Center and field training programs and discuss with the Grantee and Coordinating Committee suggested activities or program modifications which might more effectively meet Africa Bureau needs. Any modifications which would be suggested would be within the overall existing framework of the project.

9. At the end of the five-year Grant period, a full evaluation of the project will be made.

NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN \$000)

PROP DATE  
Original 5/19/71  
Rev. No.  
Project No. 698-11-580-373

COUNTRY: AFRICA REGIONAL Project Title: Maternal and Child Health/Family Planning  
Training and Research Center Development

Fiscal Years	Ap	L/G	Total	Cont 1/	Personnel Serv.			Participants		Commodities		Other Costs	
					AID	PASA	CONT	U.S.	CONT	Dir	CONT	Dir &	CONT
										U.S.		U.S.	
										Ag		Ag	
Prior through Act. FY 70	DF	G	-	-	-	-	-	-	-	-	-	-	-
Oper. FY 71	DF	G	2,231	2,231		1,366	185 2/	150 3/		63		367 4/	
Budg. FY 72	TC	G	-	-		-	-	-		-		-	
B + 1 FY 73	TC	G	796	796		496	62 2/	100 3/		8		130 4/	
B + 2 FY 74	TC	G	808	808		518	50 2/	100 3/		6		134 4/	
B + 3 FY 75	TC	G	-	-		-	-	-		-		-	
All Subs													
Total Life			3,835	3,835		2,380	297 2/	450 3/		77		631 4/	

1/ Memorandum (nonadd) column

2/ These are contract training costs reflecting U.S. trainees and fellowships

3/ Funding for African participants to study in the U.S. in addition to participants funded by USAID's with PIO/P's under country program

4/ This includes administrative costs at 20% of salaries and wages. Grantee has reduced this cost in the interest of the program and as a supplementary contribution by Meharry Medical College. The approved HEW rate negotiated in 1969 is established @ 42.5%. Presently renegotiating for a rate of 47.5%.