

SHDS PROJECT ACTIVITY REPORT

The time frame for this report has been chosen to cover the period October 1, 1978, through March 31, 1979. That period was chosen since it represents an important block of time in terms of project activity beginning with the return of the Project Director (then the sole health professional) from home leave through the culmination of a number of activities which will determine the future course of the project, perhaps, over a period of several years. Many of these activities have not been worked out in detail but their direction and intent have been developed sufficiently so that more detailed development can now occur.

During Phase I of the project (through March 31, 1978), the emphasis and intent of project activities was the development of a functional project based on a conceptual mandate given by the Ministries of health of the 20 participating countries and their secretariat, the African Regional Office of WHO (AFRO). The vast majority of the project effort was so directed although there were several functional or operational activities which did occur during that initial period of time. For a period of time (May 1976-April 1977), a second health professional (Joel Montague) was assigned to the project office in Abidjan providing a resident professional staff of two. These two health professionals were backed up by a number of consultants who were called upon to come from the United States. Many of these consultants came from Boston University, primarily from its African Studies Center, School of Nursing, and the Center for Educational Development in Health. One consultant did come from the Boston University School of Medicine on several occasions. Additionally, several consultants came from other institutions, namely, the School of Hygiene and Public Health (Department of International Health) of Johns Hopkins University, Howard University, the National Institute of Health (NIH, Harvard University, the Division of International Health of the American Public Health Association (APHA). And, it should be noted that the project has benefited from the assistance of two others from the Boston University during that period, Professor Bruce Mackenzie, who contributed considerably

in the development of planning and administration, and Dr. Frederick Stone, who functioned during that period as part-time administrative liaison within the Boston University.

With the assumption of significant operational responsibilities in preparation for Phase II, it became necessary to establish full time expanded administrative and programmatic backup at Boston University. The first step in this process was the transference of the then deputy project director from the field back to the University during April 1977, where he now holds the key position of campus coordinator.

It then became essential to fill two assistant director positions for the field in order to augment the professional and administrative roles of the project director in view of the increasing operational activities. After an extensive search over approximately one year throughout the United States for candidates for these two slots, the two incumbents (Mary Harvey and Saul Helfenbein) were selected during the period of home leave of the project director in the late summer of 1978. These two young and dynamic individuals were selected after careful evaluation of a number of factors and after consultation with a number of people currently actively involved in the field of international health. Their youth, the nature of their past work experiences (domestic and international), their sense of dedication and commitment, and the potential for growth with and through the project were critical to their selection. Our experience to date has borne this out. Both of these individuals came aboard as full time field staff during November 1978.

PROGRAM PROGRESSION AND ACTIVITIES OCT. 7, 1978-MARCH 31, 1979

The new assistant project directors arrived in Abidjan to take up residency during the last two weeks of November 1978. The Project Coordination Committee (PCC) met from November 27 through December 1, 1978, in Abidjan. The PCC meets every other year ad interim between meetings of the full 20 country Project Review Committee. The PCC is composed of only 7 members and is charged with acting definitively in the name of the 20 country group. A report prepared by the SHDS project staff in Abidjan dated November

16, 1978, was used as the basis for the deliberations of the PCC. This document and the report of the meeting, i.e., additions and recommendations have been distributed to all interested and involved parties.

One day of the PCC meeting was spent visiting expanded immunization program activities in Abidjan (part of a five year nationwide program) supported by Project SHDS. These visits included the laboratory and other support activities at the National Institute of Public Health, actual field immunization activity in process nearby Abidjan, and the field program center at the Institute of Hygiene. The PCC was shepherded throughout the day by the Director of the Institute of Hygiene - which has national responsibility within the ministry of health for immunization programs - and his assistant, an operations officer of the CDC supplied as a part of Project SHDS.

One might summarize the output of the PCC meeting by saying that certain topics were selected for rather extensive discussions from the report prepared by the project headquarters staff. Those topics not specifically chosen for discussion were considered approved as were most of those discussed, albeit, with certain modifications or comments (ref. the Report of the PCC Meeting, Abidjan, 27 November-1 December 1978). Two proposals were made to the PCC with action as outlined:

- i. Proposal for a Sub-Regional Post-Basic Nursing Program at Cuttington University College, Suacoco, Liberia. Considerable discussions resulted in consideration of this proposal which had been developed over the previous year mostly through the combined effort of the Chief Nurse of the Liberian Ministry of Health, certain faculty of Cuttington University College and the Tubman National Institute for Medical Arts, and consultants from the Boston University School of Nursing. It was the opinion of the SHDS staff and

others in attendance, that the proposal was approved in principle with the understanding that it be rewritten reflecting certain modifications of terminology and description, but not as to basic program intent. And, the proposal is to be represented for final approval to the PCC before institution. Ad interim, in addition to necessary activities to rewrite the proposal, there would be the awarding of graduate nursing fellowships (two per year in toto for Liberia, Sierra Leone and the Gambia) and the holding of annual workshops furthering curriculum and teaching development for the three target countries.

- ii. Proposal for Objective IV Project: SHDS support of the Regional African Center for Tropical Health in Cameroon and development of a similar Anglophone entity. This proposal was developed primarily through the efforts of Professor Monekosso (then the Director of the University of Yaoundé University Health Sciences Center (CUSS)) and his staff with consultative input from the Boston University African Studies Center and staff of the SHDS Project as well as input from one faculty member of the Boston University School of Medicine. Four out of a proposed series of five conference/workshops had been held between October 1977 and November 1978 to develop back-ground information for this proposal.

There were two unforeseen modifying occurrences which had great effect on the determinations of the PCC relative to this proposal. Firstly, there was a change in the leadership (director and deputy director) of the CUSS and secondly, the presentation and defence of the proposal were to have been made by Professor Monekosso himself who at the last minute was unable to attend the PCC meeting. No action therefore was

taken on this proposal which it was agreed, should be represented at a later date allowing for more detailed analysis by the PCC members, assurances of support by the new CUSS leadership, possible modifications of the proposal, and additional considerations as might come from WHO/AFRO.

Other Project activities which have occurred other than the PCC meeting can best be reviewed by following the travel schedules of the Project staff of the Abidjan headquarters and the consultants from Boston University for December 1978 through March 1979.

OCTOBER 1978

I. Yaoundé Cameroon (5-13)

WHO/Geneva sponsored CUSS workshop/conference on "Applied Research Aspects of Primary Care" and further development of the proposal for SHDS assistance to the CUSS, developing Regional African Center for Tropical Health.

The above meetings were in collaboration with the CUSS staff as well as African and European consultants as follows:

CUSS Faculty

Professor L. Kaptue Noche

Professor G.L. Monekosso

Dr. N'Chinda

Professor J.L. Ngu

Dr. Tsala Mbala

Other Attendees

Dr. Bell, University of Liverpool

Dr. Carrie, OCEAC, Yaoundé

Dr. Dackey, WHO Country Coordinator, Yaoundé

Dr. Eyakuze, WHO Regional Office, Brazzaville

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Dr. N. Njikam, Faculty of Science, Univ. of Yaoundé
Dr. Tamba Vemba, UMAZA, Kinshasa
Dr. Varagunum, WHO, Geneva
Dr. Gandji, ONAREST, Yaoundé

SHDS Consultants attending this conference were:

1. Dr. David M. French, SHDS Project Director,
Abidjan Office
2. Dr. Ann Brownlee, SHDS Planning and Evaluation
Coordinator, Boston University backup office, and
staff member Boston University African Studies
Center
3. Dr. John Harris, Director, Boston University
African Studies Center
4. Dr. Joseph Vitale, Director, Nutrition Programs,
Boston University Medical School
5. Mrs. Louise Zimmerman, field consultant, Boston
University School of Nursing.

This, the third of five planned CUSS conference/
workshops, dealt with the following topics:
Introduction/Orientation in Health Sciences Research,
Selection of Research Topics and Design of Research
Projects, Practical Research Techniques in Community
Medical Research, Interpretation Presentation and
Publication of Research Results, and Evaluation of
Student Research Projects. Working papers were
prepared and presented by the various African and
European attendees in general sessions which included
the SHDS consultants. Several small group sessions
were also held. Results of discussions as well as
working papers are being put into a compendium to
cover all five conferences. Information from this
conference, as the others, will be used for planning
of SHDS input in the area of applied research for
a Regional African Center for Tropical Health, hope-
fully to be developed at the CUSS. Information

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gleaned from the workshops as well will be used to prepare a handbook or manual probably to be titled "Tropical Community Medicine - A Practical Guide for Health Sciences Students".

II. Ife, Nigeria (13-16)

The Project Director visited the University of Ife along with Dr. John Harris, Director of The Boston University African Studies Center. Dr. Harris' many long standing contacts at the University of Ife along with those of Professor Robert Morgan also of the Boston University African Studies Center were useful in establishing contact with the Department of Community Medicine which has developed programmatic collaboration in the delivery of health services along with local officials. Due to a stated project expectation in developing an anglophone health delivery system involvement this initial visit was made. Expression of interest and an invitation for possible programmatic involvement was expressed. Follow-up is anticipated.

III. Monrovia, Liberia (30 & 31)

The Project Director joined the Boston University School of Nursing SHDS Program Coordinator/consultant and the Boston University Nursing Field consultant to initiate working meetings with the nursing subcommittee of the SHDS committee of the Ministry of Health. The Monrovia meetings and follow-up activity at Project Headquarters in Abidjan resulted in the completion of the proposal for a "Subregional Post-Basic Nursing Program at Cuttington College - Suacoco, Liberia" later presented to the Project Coordination Committee November-December 1978 in Abidjan.

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NOVEMBER 1978

Brazzaville, Congo (20-27)

The Assistant Project Director covering Disease Surveillance activities for Project SHDS along with a consultant Public Health Adviser from CDC/Atlanta, after preliminary consultative collaboration with the Abidjan committee charged with arrangements for the upcoming April Intercountry Training Course on Planning and Management for Expanded Programs on Immunization, visited the WHO African Regional Office (WHO/AFRO) for course planning purposes. This second African (franco-phone) training course involving participants from some 15 sub-saharan African countries, was initiated by SHDS and CDC/Atlanta and is occurring under WHO/AFRO sponsorship, with technical input by CDC and WHO, and major funding and administrative support from Project SHDS.

DECEMBER 1978

I. Monrovia, Liberia (2-5)

The Project Director met with the Liberian Ministry of Health SHDS Committee and its Sub-committee on Nursing, informing them of the actions of the PCC during its Abidjan meetings November 27-December 2, 1978, re the Subregional Post-Basic Nursing Program at the Cuttington College - Suacoco, Liberia. Although disappointed by the consequent postponement of this program which they had anticipated would have its first students in March 1979, they were willing to accept interim post-graduate fellowships to the United States and the first annual workshop while working on revision of the proposal as advised by the PCC. A plan was devised by the Nursing Sub-committee and approved by the Ministry of Health as follows:

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- a. an early January first working session for proposal revision to be held in Monrovia to include the SHDS Assistant Director for Training programs and the Boston University Field Nursing consultant;
- b. a late January second and final meeting of the same group to complete revision of the nursing proposal as suggested by the PCC with presentation to the Minister of Health;
- c. following "b" above, a delegation from the Ministry of Health accompanied by the SHDS Assistant Project Director for Training would visit the Ministries of Health of Sierra Leone and Gambia as well as appropriate nursing education officials in those countries, allowing their input or comments on the proposal and soliciting their support for it;
- d. assuming successful accomplishment of "c" above, the Minister of Health would formally seek the support of the Ministers of Sierra Leone and Gambia. The Liberian Minister of Health would also solicit the support of Ministers of Health of other of the 20 participating SHDS countries prior to the 1979 meeting of the PCC.

II. Lomé, Togo (2-4)

The Assistant Project Director for Training visited the WHO Regional Training Center (francophone) meeting with the center director and staff for the first time. Specifically, the following objectives were also accomplished:

- a. reviewed the results of the first half of the Boston University Center for Educational Development in Health (CEDH) design team activity, i.e., the four country village health worker training needs survey;
- b. developed terms of reference for the final report of the design team survey, and
- c. began development of plans for the scheduled June 1979 workshop on Village Health Worker training materials.

III. Lagos, Nigeria (8-14)

The Assistant Project Director for Training visited the WHO Regional Training Center (anglophone) meeting with the center director and staff for the first time. These were the first discussions held with the relatively new WHO center director to begin an approach to SHDS technical assistance with program objectives re the training of trainers similar to those already developed with CEDH assistance for the francophone Regional Training Center in Lomé.

JANUARY 1979

I. Monrovia, Liberia (2-5)

The Assistant Project Director for Training participated along with the Boston University Field Nursing consultant in the initiation of the revision of the proposal for the "Anglophone Subregional Nursing Education Program" in collaboration with the SHDS nursing subcommittee of the Liberian Ministry of Health as previously proposed by the Ministry of Health during the visit of the Project Director early December 1978.

II. Lagos, Nigeria (2-20)

The Assistant Project Director for Disease Surveillance participated in the first (anglophone) WHO/AFRO sponsored, SHDS/CDC supported (funds, technical and administrative) "Intercountry Training Course on Planning and Management for Expanded Programs on Immunization. This course was attended by representatives of 13 anglophone countries from sub-sahara Africa (8 from Nigeria).

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III. Lomé, Togo (12-14)

The Assistant Project Director for Training visited the WHO Regional Training Center meeting with the center director to update and revise implementation planning for SHDS assistance to that center. Much of this activity was the consequence of incompletely accomplished goals of the first half activity of the design team (CEDH) and the necessity to make modifications and search for alternative solutions in order to meet program activity goals during 1979.

IV. Lagos and Ife, Nigeria, and Lomé, Togo (13-21)

The Project Director joined with an SHDS consulting team evaluating pharmaceutical purchasing, delivery, distribution and utilization in four countries, composed of an African University professor (University of Yaoundé) and an American School of Pharmacy dean (Massachusetts College of Pharmacy) in order to carry out the first activity (information gathering) of a project commitment. The latter was stated in the Project Review Committee approved Program for SHDS Phase II (July 1977), "To develop a proposal for a subregional purchasing, storage and distribution system for drugs and medical supplies in West and Central Africa. WHO and Ministry of Health officials were interviewed initially in Lagos prior to visiting the University of Ife Health Sciences School whose Department of Community Medicine and School of Pharmacy are currently involved in local health service delivery programs including supply of pharmaceuticals.

V. Banjul, Gambia (22-24)

The Project Director and the Assistant Project Director for Disease Surveillance and Health Delivery System Development joined with a CDC/Atlanta consultant

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epidemiologist and a CDC/Atlanta operations officer to finalize with the Gambian Director of Medical Services and AID Mission chief, the establishment of a Subregional Anglophone Epidemiological Surveillance activity in Banjul. Although established to collaborate with all five West African anglophone countries, this activity will especially focus on Gambia, Sierra Leone and Liberia. Administrative and logistic arrangements were also completed at this time to establish a CDC/SHDS Anglophone Subregional epidemiologist and an SHDS/CDC operations officer in Banjul. The latter for the purpose of collaborating in the functional establishment of a nation-wide multiple antigen (EPI) demonstration and training program for the Gambia similar to already existing SHDS/CDC programs in Cameroon and Ivory Coast.

VI. Dakar and Sine Saloum, Senegal (23-28)

The Assistant Director covering Health Delivery System Development and Disease Surveillance activities joined the previously mentioned pharmaceutical purchasing, delivery, distribution and utilization consultant team to carry out the initial information gathering activities, previously described, done in Nigeria and Togo.

VII. Dakar, Senegal (24-28)

The Assistant Project Director for Training visited Dakar with two objectives:

- a. to discuss with the director and staff of the WHO Regional Center for Health Planning the implementation plan activities for that center approved by the November-December 1978 meeting of the PCC. This included elaboration of terms of reference for recruitment of additional consultants to assist the Dakar center staff and also to

begin the preparation of the short courses planned in health administration and management, and

- b. to meet with the director and staff of the Dakar CESSI Program re the implementation of Year 02 SHDS collaboration.

VIII. Monrovia, Liberia (Jan. 29-Feb. 2)

The Assistant Director for Training collaborated with the Liberian SHDS Nursing Subcommittee finalizing the "Anglophone Sub-Regional Post-Basic Nursing Program" proposal. It was presented to the Minister of Health on completion and approved in principle.

IX. Boston, Massachusetts and Washington D.C. (Jan 28-Feb 17)

The Project Director having obtained results of the various consultative and staff visits to the several regional institutions and programs with which SHDS is collaboratively involved, having participated in the PCC meetings and having therefore a further updated concept of realistic expectations for SHDS accomplishment for 1979, visited the various Boston University back-up activities and AID/Washington. The purpose of the visit was to develop realistic budgetary and Boston University back-up support to match the anticipated program activities for 1979 in association with Boston University and AID/W officials. Additionally, the Project Director arranged three meetings with officials of the College of Medicine of Howard University in a continuing process hoping to develop meaningful black institutional involvement in and through Project SHDS.

FEBRUARY 1979

I. Freetown, Sierra Leone and Banjul, Gambia (4-13)

The Assistant Project Director for Training accompanied a team from the Liberian Ministry of Health SHDS Nursing Sub-committee to meet with their counterparts and the Ministers of Health and Chief Medical Officers of Sierra Leone and Gambia. The draft proposal for an Anglophone Subregional Post-Basic Nursing Program was presented for comment and change. Ultimately, a final proposal was supported in principle by both Chief Medical Officers and Ministers of Health.

II. Bobo-Dioulasso (20-23)

The Project Director met with the Director of OCCGE to clarify acceptance of Program proposed by Director of CDC/Atlanta Public Health Adviser and SHDS Project Director. Delayed response was found due to translation of documents (English to French) which were clarified. No issues of principle were involved. The Director of OCCGE agreed to prepare French language version (signed) in acceptable form for forwarding to CDC/Atlanta via SHDS Project Office, Abidjan.

III. Monrovia, Liberia (24-27)

The Project Director and both Assistant Project Directors met with WHO, Ministry of Health officials, and USAID officials on two objectives:

- a. finalization of the Anglophone Subregional Post-Basic Nursing proposals reflecting all national inputs and developing agenda and time frame for planning and program development activities for the interim workshop for senior nurse educators of Liberia, Sierra Leone and Gambia on

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teaching and curriculum development. Date set for the workshop was August 1979 allowing the workshop output to play a practical role in an Anglophone Subregional Post-Basic Nursing Training Program for the three countries at the Cuttington College if the revised program is approved by the PCC as requested. The latter part of 1979 (beyond August) would be taken up by program development activities, if the program is approved, in order to allow the March 1980 class entry date (postponed from March 1979) to be realized and averting the loss of yet another year (March 1981); and

- b. meeting with the SHDS EPI Sub-committee and officials of USAID in order to develop a positive response to an official request of the Minister of Health. Agreement was reached in principle to develop a collaborative program involving resources from both bilateral USAID and SHDS/CDC resources which in turn along with input from other donors and the Liberian government would permit that government to develop nation-wide EPI coverage (the SHDS EPI model).

IV. Lomé, Togo (Feb. 28-March 3)

The Assistant Director for Training met with the director of the WHO Regional Training Center to further review the progress and problems of the design team (CEDH) and further finalize alternative plans for completion of necessary tasks in order to meet commitments for planned training course activity for 1979. This included initiating the development of an alternative plan for development (reproduction) of training materials for the upcoming June workshop on Village Health Worker Training materials, the three month course for training of trainers, and the field testing of the materials.

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MARCH 1979

Yaoundé, Cameroon (6-9)

The Project Director and both Assistant Project Directors met with Ministry of Health, WHO, CUSS, University of Yaoundé and OCEAC officials as well as CDC/SHDS Epidemiologist and USAID officials to:

- a. re-establish collaboration understanding with the new Director of the CUSS re proceeding with development of the Strengthening of Health Delivery Systems Program development and CESSI activities already begun under the previous CUSS administration.
- b. implementation and future direction of EPI delivery and training activities in collaboration with the Ministry of Health.

Objective I

In the previous reporting periods, SHDS project consultants identified several major constraints to initiating activities in the WHO Center for Health Planning and Management in Dakar. The principal constraints were the fact that the Center Director lacked sufficient autonomy to program activities and that WHO/AFRO was not responding to request for recruiting the additional long term consultants necessary to support the additional workshops to be undertaken via the SHDS project.

During this reporting period several steps were taken by the SHDS to clarify the issues involved in operationalizing the Implementation Plan.

1. Discussion of the Implementation Plan at the PCC meeting held 27 Nov. to 1 Dec. 1978 in Abidjan. The Project Director specifically raised the issue of additional staff support to the center. The discussion which ensued finally resolved that the WHO/AFRO was responsible for recruitment of additional consultants, but that recruitment was to be based on the advice of and terms of reference prepared by the center.

2. Following this clarification Asst. SHDS Project Director visited the center to review the implementation plan and develop terms of reference for additional consultants.

A review of the implementation plan was undertaken i) to identify the activities to be undertaken during calendar year 1979, which constituted the new program year as recommended by AID, and approved by the PCC. and ii) to review the feasibility of following the initial schedule of activities in light of the constraints noted by SHDS consultants.

The center had completed on schedule the 6 week (27 Oct. - 6 Dec. 1978) health planning course for which 17 participant scholarships were provided by SHDS. This course was for anglophone

countries. In regard to carry^{ing} out the other planned activities (see implementation plan for Objective I), the center staff made the following observations confirming the previous consultant reports:

- 1) The center had no authority to plan its own program. It received its program from WHO/AFRO.
- 2) The center could not undertake the additional activities proposed under the implementation plan without supplementary staff support.
- 3) The center would not prepare terms of reference for additional consultants unless they were specifically authorized to do so by WHO/AFRO.

These points underlined the need for a joint review of Objective I by the SHDS project, WHO/AFRO and the Director of the staff. The center requires specific authorization from WHO/AFRO to proceed with its responsibilities in developing the terms of reference for additional long term consultants and for designing the additional workshops on health services administration.

If the center does not receive such authorization, the validity of Objective I as currently conceived will have to be reviewed, and alternative strategies to promote health planning and management explored.

At the heart of the issue is the continuation of WHO/AFRO support of the concept of a regional health planning program such as the center, which carries out country health programming exercises and also trains various levels of health personnel in planning and management techniques. At the PCC meeting the WHO representative asserted that WHO/AFRO was shifting its emphasis from a regional to a national strategy in health planning and management training, although the PCC meeting resolved that the two approaches were not mutually exclusive. The center staff, however, has been instructed to identify various national training institutes which might

serve as foci for health planning and management courses, to which WHO/AFRO could send participants for both long and short term training.

Thus given the nature of the current constraints on continuation of SHDS support to the center as identified by the center staff, and the new orientation of WHO/AFRO, several options present themselves to the SHDS project in achieving the goals of Objective I.

a) SHDS can work to foster the necessary understanding between WHO/AFRO conducive to operationalizing the implementation plan as currently conceived.

b) SHDS can develop a new approach to the center, corresponding to the new WHO/AFRO directives in institutionalizing health planning and management training. That is, instead of sponsoring courses at the center, SHDS would assist the center in developing selected national health planning and management training programs. Following this approach, SHDS assistance to the center would fall in line with assistance to other WHO training institutions; it would focus on training trainers in health planning and management, who would be the nucleus of teaching staff in their national institutes.

c) SHDS could provide direct support to selected national institutions identified by the center as potential health planning and management training sites. These institutions could serve as demonstration institutions for other national training programs in this field. For example: 1) Ivory Coast has expressed interest in new kinds of health planning methods developed in the U.S. schools. 2) Liberia is currently involved in upgrading its health planning capabilities. The Liberian SHDS Committee's subcommittee for Objective I could provide the modus operandi for instituting SHDS activities in this regard. Relevant to this is the fact that the center staff has identified the Liberian Institute of Public Administration as a possible site for developing a national health planning and management training capability. 3) The Center

itself could be the focus of such an approach as well, in view of the fact that WHO/AFRO has already requested the GOS to take it over as a national institution. This could serve as a third possible venue for focussing efforts on developing national training capabilities in health planning and management.

d) Intensify efforts to develop the health planning and management courses and curricula at the WHO Regional Training Centers in Lome and Lagos, and at the two CESSIs.. Such activity is already specified in the current Implementation Plan for Objective I under sub-objective 5. In addition SHDS support to the RTCs includes provision of health management specialists to assist in developing curricula in this regard. Thus there is already a base for further developing health planning and management training at these centers.

These options should not be considered mutually exclusive. These options suggest a multi-institutional approach to Objective I rather than the mono-institutional focus as currently conceived. This approach would allow SHDS i) to keep within the guidelines of current WHO/AFRO policy relative to institutional support, ii) develop programs within WHO institutions which are more solidly established than the center, while assisting the latter in a possible reorientation to training trainers, and iii) establish training capabilities in health planning and management within the individual countries. This three pronged approach would in turn create the possibility for a wider spectrum of support from U.S. educational institutions in years 3, 4, and 5 of the project, allowing for greater opportunity for complementarity in providing technical support for this objective.

Objective 1

This is a brief recapitulation of the SHDS Project activities from December 1978 to date aimed at operationalizing the implementation plan for Objective 1 of the SHDS project. This involves SHDS Project assistance to the WHO Center for Health planning and Management as described in Objective 1 sub-objectives 1-6 of the Implementation plan presented to the PCC meeting 27 November - 1 December 1978.

In a memorandum to Dr. Franklin dated 27/12/78 Mr. Helfenbein Assistant SHDS Project Director outlined scope of work of planned visit to Dakar. The visit was made January 24-27. Meetings were held with Dr. Badarou and his staff on January 24 and 25.

This report will comment on the results of the visit in regard to the five objectives noted in the scope of work.

1. Review of the Implementation plan for Objective 1 with Centers' director and staff

I) The Center could not execute the implementation plan for 1979 for 3 reasons:

- i. insufficient manpower. In order to expand its activities, the three additional consultants are needed.
- ii. insufficient autonomy in planning Center program. The Center schedule of activities was prepared by WHO/AFRO. It only included the 6 week (Oct - Dec) course for health planners.
- iii. The Center feels it has no authorization to follow-up with the MOH of Senegal such planned top level seminar on health planning to be hosted by the Government of Senegal.

II) Review of reports of previous SHDS consultants regarding upgrading training programs at the Center.

- i) The opinion of the staff was that in view of their lack of authority to develop activities at the Center, they could not follow up on the recommendations of the consultants. In addition, they believed further consultant visits would not be

productive unless they were specifically authorized by WHO/AFRO to follow-up the recommendations. As an example, they mentioned plans for a top-level seminar to be hosted by the MOH of Senegal. The visiting SHDS consultant Bruce Mckenzie discussed the idea in principle with the Minister of health. Although the Center staff thought the idea was interesting and worth pursuing, they felt they were not empowered to continue discussing this seminar with the Government of Senegal.

2. Development of a plan of action for year 02 (1979) to operationalize Implementation plan.

i. In view of the programming constraints (i.e. programmes already established by WHO/AFRO) the Center staff indicated that if they receive authorization from WHO/AFRO, it might be possible to schedule in an additional 2 week workshop in August and a 3 day top level seminar in mid December after the 6 week health planning course. Other activities mentioned in the implementation plan would not be possible this year.

ii. The Center staff also advised that unless they were authorized to start planning for 1980, their schedule of activities will have been already determined by WHO/AFRO.

3. Study of terms of reference for consultants necessary to upgrade training activities at the Center to be proposed to WHO/AFRO for Action on recruitment

i. Although the recommendations of the PCC regarding recruitment of consultants was conveyed to the Center staff, they felt they had no direct authorization from WHO/AFRO to proceed with drawing up terms of reference for consultants. In their view, similar requests in the past had not been productive, and that unless they received an official request from WHO/AFRO to submit the terms of reference for additional consultants, they did not believe an additional exercise in this regard to be worthwhile.

4. Identification of supplementary equipment and materials
required by the Center for year 02

Time did not permit discussion of this item. It was noted however that;

- i. some of the audiovisual and instructional equipment ordered under the SHDS program had arrived; and
- ii. that a full time bilingual secretary was absolutely necessary at the Center in order to expedite producing materials in French and English, and facilitate administration of francophone and anglophone programs.

For the further realization of activities under Objective 1 it was considered desirable to convoke a meeting between representatives from WHO/AFRO, the Dakar Center, and SHDS/Abidjan, to jointly review the terms of reference of SHDS project assistance, and explicitly articulate the responsibilities of each in realizing this objective.

OBJECTIVE II

INTRODUCTION

Objective II of the SHDS Project embraces three areas of health manpower training which aim "to increase skills and improve utilization of health personnel providing generalized health services at the supervisory and local levels" SHDS activities focus on two regional training centers (Lomé and Lagos), post basic nursing education programs in Dakar and Yaoundé, and on establishing a new regional program for post basic nursing education for the West African subregion of Liberia, Sierra Leone and the Gambia. The scope of training includes a broad variety of health personnel at the Lomé and Lagos centers, and nurses with basic education for the franco-phone and anglophone post basic nursing programs. October-March reporting period was characterized by further refinement of the Implementation plans for these programs as a result of PCC meeting deliberations, continued review by personnel at the institutional level. Educational equipment began to arrive, field consultants were posted and the new Assistant SHDS Project Director for Training became actively involved in program development. The progress pace of operationalizing the Implementation plans led to reconsideration of scheduling activities, and review of the role of and requirements for short and long term consultancies. For example, the need for consultants with bilingual capabilities was established in both CESSIs. Concurrently, the change in status of some institutions, notably the CESSIs since the project proposal was developed suggested new relations might have to be developed between them and SHDS. In addition the development of the sub regional anglophone training program revealed the complexity inherent in establishing a new regional institution within the SHDS project multi organizational management context and the difference in interpretation that can arise regarding the proposed and approved courses of development. The following sections deal in detail with these three component programs of Objective II of the SHDS Project.

OBJECTIVE II

LOME AND LAGOS REGIONAL TRAINING CENTERS

The major program activities of the SHDS project assistance to Lome and Lagos during this period were to continue to promote Lome staff capabilities in designing and teaching courses and to initiate a new program for the training of trainers of village health workers. These specific activities are noted in the Implementation Plan for the centers submitted to the PCC meeting in Nov. 1978. The Implementation Plan consists of 8 sub-objectives, of which those of immediate concern focus on:

- i) Provision of consultants and education resource and equipment.
- ii) the development of VHW training materials
- iii) improvement of VHW training materials
- iv) development of center consultation services in primary health care manpower development.

The longer term sub-objectives relate to establishing collaborative relations with other regional centers, developing evaluation systems, and preparing the transition of the centers from international to national status.

During this period most of the SHDS Project activities centered in the Lome Center. Field consultants from the Center for Educational Development (CEDH), Boston University, were responsible for the technical aspects in preparing the VHW training materials, while SHDS Project staff continued to work with the Director of Studies of the Lome (and Lagos) Center in further developing the scope of SHDS Project assistance and in supervising the field consultants activities.

The following narrative recapitulates the developments during this period related to 1) the development of VHW training program, 2) the promotion of center staff capabilities in course design and 3) continued development of the SHDS Project goals for the two Centers.

1. The Development of VHW Training Programs

There are three component activities within this program:

- i) Development of VHW training materials
- ii) Holding of a seminar to introduce the VHW materials to health manpower policy makers
- iii) Establishment of a 3 month course of the Centers to train trainers of VHWs in the use of these materials, and other aspects of training related to primary health care.

Most of the SHDS Project development related to the developments related to the development of the VHW training materials. The first phase of this program involved identifying specific health care responsibilities of the VHWs, by surveying VHW programs in four countries of the SHDS region. This was carried out Oct. to Dec. by two consultants recruited by CEDH, and one African consultant recruited by WHO/AFRO. The three consultants visited VHW programs in Niger, Congo, Nigeria and the Gambia. On the basis of on-site observations, the consultants identified 50 principal health care tasks performed by VHWs. Using a method designed by CEDH, these tasks were analysed so as to facilitate the design of instructional materials. Additional consultation provided by a Togolese nurse helped finalize a set of job descriptions for the VHW, based on the field survey data. (The report on the first phase is in final stages of preparation.)

The second phase of this program began in January with the constitution of a second design team composed of an educational technologist recruited by CEDH and a graphic artist, recruited by WHO/AFRO, who will design instructional materials, covering four areas of health service - nutrition, care of underfives, maternal care, sanitation. These materials detail the methods and materials to be used in training VHWs, and present a complete course of training divided up into daily session plans related to specific educational objectives and health care responsibilities. These instructional materials are being designed for easy adaptation to local environment, health care needs and training

possibilities. These materials thus differ from other manuals on primary health care which focus on the health care tasks to be performed rather than on the method of training for these tasks. The materials will include session plans, visual aids, teacher manuals and methods of adapting the training materials to local conditions and constraints. By the end of March the training materials for nutrition and care of underfives will have been completed, along with a plan for developmental testing of the materials. The nutrition "module" has been reviewed by local subject matter specialist. During the next period, materials for the three remaining areas of health care will be developed, and all materials will be tested. The design team goal is to have the materials completed and reproduced in time for the workshop scheduled for June and the 3 month course on training trainers of VWHs scheduled for Oct. - Dec. 1979.

Preparations on the workshop and three month training course begun during the last reporting period continued with a visit by CEDH consultant to Lome and Lagos in November and December. Previous discussions between the Director of the Lome Center and the Coordinator of CEDH concluded that efforts should be made to maximize the outcomes of the workshop and 3 month training courses by requesting participants with previous or prospective involvement in Primary Health Care projects. In November the Center Director submitted to WHO/AFRO participants selection criteria that reflected this strategy. In Nov. - Dec. a CEDH consultant in collaboration with the Center's Director prepared the initial program and agenda for the workshop, and began to define the educational objectives of the three month course for francophone countries in Lome and anglophone countries in Lagos in year O3.

These efforts will continue into the next reporting period. From April to June CEDH will work with the Center staff to prepare and administer the workshop, as well as to develop the educational objectives, instructional material, teaching methodology of the course, as well as assist in its implementati

2. Improvement of Staff Capabilities in Course Design

SHDS strategy for improving curriculum was support for series of local subject matter committees to define course content and staff training in systematic course design, a method developed by CEDH. In regard to the first SHDS sponsored nine meetings under the auspices of the Center's Director. The latter was to be accomplished by training four additional staff members (long term consultants recruited by WHO/AFRO through SHDS funding), in early December. However, because of the long delay in posting and identifying these consultants, (two of which arrived only in March) the training session has been postponed to the next reporting period. The educational technologist and the Center Director will be responsible for initiating the training using the CEDH method, until a CEDH consultant arrives to give formal workshop.

3. Continued Development of SHDS Project Activities in Lome and Lagos Centers

Since December the Asst. P.D. visited Lome monthly for discussion with the Director of the Lome Center and maintained written contact with the Director of the Lagos Center regarding development of SHDS Program activities. These discussions resulted in a revised version of the Implementation Plan for year 02 (1979) clarifying the needs and role of SHDS consultation in the development of the Lome and Lagos training programs. For Lagos CEDH would continue direct involvement in the courses and in recruitment of long term consultants, while in Lome, CEDH would focus on staff training, and on the special VHW training project. (i.e. development of instructional materials, the workshop, 3 month training courses, and as necessary in country follow-up activities.) (See revised Implementation Plan).

In addition, these discussions also focussed on program development options for year 03, with respect to continuation of on-going programs and the initiation of new ones, aimed at achieving the various sub-objectives and overall Objective II

These ideas will be elaborated in the next reporting period, but mainly deal with in-country follow-up strategies, field testing training materials, continuation of the training of trainers course, and the introduction of new course in connection with the EPI program.

The Asst. P.D. visits also provided an opportunity to review the design team's work and plan the monthly activities. In this regard, the Asst. P.D. provided consultation on assessing local resources for reproducing the VHW training materials and designing a reproduction plan.

Conclusion

Despite some delays in staff training, the SHDS Project has made considerable headway in operationalizing the Implementation Plan to achieve the sub-objectives. The VHW training materials are in production, plans for their reproduction have been developed and the groundwork for the workshop and 3 month course has been laid. The forms of assistance to other aspects of course development have been defined and the process of program planning for year 03 has been set in motion. During this period as well SHDS Project began to actively involve the Lagos Center in the implementation of the program. These achievements are in a large measure the result of the strong leadership at the Centers, the highly specific objectives of the program, and continuing close cooperation between the Centers and the SHDS Project staff in supervising and evaluating the process of implementation.

OBJECTIVE II

FRANCOPHONE REGIONAL POST-BASIC NURSING EDUCATION PROGRAMS IN CESSI. (CENTRE D'ENSEIGNEMENT SUPERIEUR DE SOINS INFIRMIERS) - DAKAR AND YAOUNDE

During this period SHDS Project planned to commence providing technical assistance to the two CESSIs, according to the schedule outlined in the Implementation Plan. Technical assistance included the provision of services of a long term field consultant, short term consultants and limited educational equipment.

As originally planned, implementation of each of the 8 sub-objectives was to begin during this period (see Implementation Plan), starting in CESSI Yaoundé, in which the BUSON field consultant was to be based during the first 4 1/2 month segment of her consultancy. The intended focus of activity during this period was on establishing the first of a series of continuing education workshops, beginning a process of curriculum development, carrying out a systematic evaluation of the CESSI programs, establishing a consultancy services to national nursing programs and upgrading research capabilities of the CESSI staff. The BUSON consultant arrived in Yaoundé in October.

In operationalizing the Implementation Plan, several modifications in the original scheme were required owing to local circumstances.

- 1) Owing to a change in leadership at the University Center for Health Sciences of the University of Yaoundé, (of which CESSI Yaoundé is a part) and the consequent need to reestablish the terms of reference for SHDS project activities, the BUSON field consultant moved to Dakar until outstanding issues in Yaoundé could be resolved.

2) The exiguous personnel situation of CESSI Dakar which placed stringent constraints on local participation in carrying out the implementation activities, necessitated a review of the sub-objectives, a rescheduling of events and a reordering of priorities.

3) The changing institutional status of both CESSI/Dakar and CESSI/Yaounde, i.e. the accelerated pace of integration into national education structures, necessitated a review of SHDS strategies in promoting their development.

I. Activities of the BUSON field consultant in Dakar

i) Planned continuing education workshop, tentatively scheduled for end of the year.

ii) Developed plan for systematic evaluation of CESSI program and curriculum. In this regard, the BUSON field consultant prepared the questionnaire, which is ready for mailing.

iii) Explored way to improve research methodology

iv) Developed selection process for masters level fellowship candidates.

II. Revision of Implementation Plan

The Asst. P.D. visited CESSI Dakar to review budgetary requirements for year 02, to review the Implementation Plan and to determine what activities could be feasibly undertaken during this program year. The sub-objectives of the Implementation Plan was revised for greater clarity, and rescheduled to accommodate the constraints under which CESSI/Dakar operates. The most significant constraint is current lack of sufficient teaching personnel. The teaching obligations of the three WHO staff members (one a recently engaged consultant to supplement the full-time WHO personnel) restricts participation in the development activities proposed in the Implementation Plan,

such as planning and implementing the continuing education workshop in April, curriculum development planning, initiating a consultant service, collaborative relation with other regional training institutions or revising the research component of the curriculum. The revised Implementation Plan rescheduled the last four mentioned activities for implementation and consideration in year 03 (1980). It established evaluation as the priority for the current and upcoming reporting period and tentatively scheduled the first continuing education workshop for the end of 1979'. It focussed on development of student evaluative procedures as the principal objective in developing the new curriculum, which began prior to the initiation of SHDS Project activities.

In March the SHDS project staff visited Yaoundé to establish terms of reference for resumption of SHDS project activities in the University Center for Health Sciences. Discussions with the CUSS and CESSI directors resulted in the establishment of the same priority for this CESSI - the systematic evaluation of the CESSI program and curriculum. The new director implied other activities could be undertaken beginning year 03, based on the implications of the evaluation. Further technical discussions with the Directrice of CESSI resulted in a plan for SHDS participation in the CESSI Yaoundé evaluation. As the questionnaires have already been designed SHDS participation would focus mainly on supporting the collection and analysis of the data.

III. The Changing Institutional Status of CESSI

During this period the relative pace at which the CESSIs are becoming national institutions emerged as an important factor to be taken into consideration in the SHDS program.

i) CESSI/Dakar

Officially the Dakar CESSI will be transferred to the GOS in 1980; however CESSI personnel believe the GOS will request

continued WHO assistance in staff support, either in the provision of personnel or subsidization of funds. However, the process of nationalization has already begun and the CESSI falls into an ambiguous state between a WHO and national institute. Sensitivity of CESSI staff to this ambiguity affects the extent to which CESSI personnel can make administrative decisions regarding employment of a bilingual secretary or take responsibility for identifying candidates for masters level training fellowships. It also affects the autonomy in developing the CESSI curriculum. There is concern that a government plan to eventually include CESSI in a public health institute embracing all paramedical training institutions instead of continuing CESSI under the aegis of the University of Dakar, will lower the academic standards of CESSI and reduce its credibility as a post-basic nursing education program. This development will affect the process of curriculum development, continuing education programs and consultative services, which are major aspects of the SHDS program.

ii) CESSI/Yaoundé

Circumstances differ here; this CESSI has already been incorporated into the Cameroonian higher education structure. One immediate effect on SHDS program activities has already been seen: delay caused by stresses of internal University politics. A second long range concern is the effect on the educational program, which is in the opposite direction from that materializing in Dakar. As part of the university system, CESSI is subject to pressure to raise its academic standards, for example, by instituting a competitive entrance exam. Although this may result in post-basic diploma which may have in the long run a positive impact on nursing education and service, it may in the shorter run have the negative effect of excluding candidates from the region and consequently calling the CESSI rationale as a regional training institution (which is the fundamental basis of the SHDS support) into question.

OBJECTIVE II

SUB-REGIONAL ANGLOPHONE POST-BASIC NURSING EDUCATION PROGRAM

This report reviews the SHDS Project accomplishments as well as recapitulates the activities of the SHDS Project staff and consultants with respects to the three sub-objectives of the Implementation Plan for realizing the objectives of the program, during the current reporting period. The sub-objectives involve:

1. Development of a proposal for the program
2. The implementation of a workshop for senior nurse educators on curriculum in post basic nursing education
3. Selection of senior nursing personnel for masters level training in nursing education. (Sub-objectives 2 & 3 are conceived of as interim measures preparatory to the commencement of the program.)

The preparatory phases in the development of the anglophone sub-regional post-basic nursing education program at Cuttington University College continued during this reporting period. The SHDS Project adhered to the major outline of the Implementation Plan drafted in the previous reporting period; however, as anticipated, several changes were necessary to accommodate results of the PCC meeting and other factors affecting scheduling, etc. As a result of the PCC recommendation for revision of the draft proposal, sub-objective 1 was revised to include the steps required for continued development of the proposal. Time constraints as well as a review of the goal of the interim workshop led to changes in the schedule and to ^{an} increase in the number of participants, including the addition of a planning session several months prior to the date of workshop to establish the terms of reference for consultants to follow in preparing the workshop objectives and the methodology. The third sub-objective had

no major changes, except to reemphasize the programs interest to seek qualified staff for the program at Cuttington from the three participating countries.

In respect to sub-objective 1 the principal developments were as follows:

1. Completion of the first draft of the Proposal for Sub-regional Anglophone Post-basic Nursing Education Program to be established in Cuttington University College - Oct. 1978.
2. Presentation of the draft proposal to and review of the draft proposal by the PCC meeting 27 Nov. - 1 Dec. 1978.
3. Report of the P.D. to the Liberian SHDS Committee of the results of the PCC deliberations and recommendation for revising the proposal - 2 Dec. 1978.
4. Visit of the Asst. P.D. and BUSON field consultant to Liberia to revise the proposal in collaboration with the Liberian SHDS Sub-committee on Nursing, and to prepare implementation plan for year 02. 2-5 Jan. 1979.
5. Final revision of draft proposal and presentation of draft proposal to Liberian SHDS Committee and Liberia Minister of Health and Social Welfare. 29/1 - 2/2/79.
6. Visit by Asst. P.D. and representatives of the Liberian SHDS Committee to Sierra Leone and the Gambia to discuss the draft proposal with officials of the MOH of the participating countries. 29/1 - 13/2/79.
7. Visit of the Asst. P.D. to present the report of the visit to Gambia and Sierra Leone to the Liberian SHDS Committee. 26/2/79.

In regard to Sub-objective 2 the following is the principal development activity:

Development of a plan for the workshop including a pre-planning session workshop to be held in April and scheduling the workshop on curriculum needs for

serve as foci for health planning and management courses, to which WHO/AFRO could send participants for both long and short term training.

Thus given the nature of the current constraints on continuation of SHDS support to the center as identified by the center staff, and the new orientation of WHO/AFRO, several options present themselves to the SHDS project in achieving the goals of Objective I.

a) SHDS can work to foster the necessary understanding between WHO/AFRO conducive to operationalizing the implementation plan as currently conceived.

b) SHDS can develop a new approach to the center, corresponding to the new WHO/AFRO directives in institutionalizing health planning and management training. That is, instead of sponsoring courses at the center, SHDS would assist the center in developing selected national health planning and management training programs. Following this approach, SHDS assistance to the center would fall in line with assistance to other WHO training institutions; it would focus on training trainers in health planning and management, who would be the nucleus of teaching staff in their national institutes.

c) SHDS could provide direct support to selected national institutions identified by the center as potential health planning and management training sites. These institutions could serve as demonstration institutions for other national training programs in this field. For example: 1) Ivory Coast has expressed interest in new kinds of health planning methods developed in the U.S. schools. 2) Liberia is currently involved in upgrading its health planning capabilities. The Liberian SHDS Committee's subcommittee for Objective I could provide the modus operandi for instituting SHDS activities in this regard. Relevant to this is the fact that the center staff has identified the Liberian Institute of Public Administration as a possible site for developing a national health planning and management training capability. 3) The Center

post-basic nursing education in the sub-region, for August 1979

In regard to Sub-objective 3 the following occurred:

Identification of a second Liberian candidate for masters level training in nursing education.

Following is a more detailed narrative of the main points in the evolution of the Liberian nursing program objective.

Sub-objective 1

1. During the previous reporting period, several consultants visited the sub-region to discuss with MOH and nursing officials the requirements for a post-basic nursing education program in this region. The first draft of the proposal was completed during this period by BUSON program coordinator, Prof. Catherine Tinkham and field consultant, Louis Zimmerman in Nov. 1978, working in collaboration with the Liberian SHDS Committee Nursing Sub-committee. This draft proposal consolidated earlier consultant recommendations in six principal objectives that provide for establishing post-basic degree and non-degree programs in Cuttington University College and Tubman Institute of Medical Arts, continuing education programs in nursing education and teaching methodology, and applied nursing research.

2. The next principal stage in the development of the Liberia Nursing program occurred at the PCC meeting. The P.D. presented the draft proposal to the delegates. The discussion that ensued highlighted the following issues:

- i) Different interpretations of the concept of post-basic nursing education between the francophone and anglophone representatives viz. the different systems in European and British nursing education.
- ii) The concern that post-basic nursing education support primary health care strategies of the participating countries.

iii) The reluctance of some of the representative to undertake the formal approval of a new SHDS supported training institution without instructions from their governments.

3. The P.D. reported the results of the PCC meeting to the Liberian SHDS Committee. The P.D. and the Liberian SHDS Committee proposed that the Asst. P.D. and the Sub-committee on nursing revise the proposal in light of the PCC recommendations, and review the revised proposal with officials of the Gambia and Sierra Leone. The Liberian SHDS Committee also proposed that the Liberian Minister of Health circulate the revised proposal at the upcoming meeting of Ministers of Health in Geneva in May 1979 in order to gain the necessary support to authorize PCC representation to approve the proposal at the next PCC meeting scheduled for October 1979.

15TH 17 NOVEMBER

4. The Asst. P.D. and BUSON field consultant met with the Nursing Subcommittee to revise the proposal. Revision included:

i) Defining the concept of post-basic nursing education in relation to strengthening basic nursing education and supporting national primary health care strategies.

ii) Articulating the relationship of the 6 program objectives to primary health care strategies.

During this visit, the Asst. P.D. collaborated with the Chairperson of the Liberian SHDS Committee, the Asst. Minister of Coordination, in i) reviewing and updating the Implementation Plan for this objective, and ii) in planning for review of the revised proposal by MOH officials in Sierra Leone and Gambia. This resulted in a letter from the Minister of Health and Social Welfare to counterparts in the Gambia and Sierra Leone, requesting their participation in reviewing the revised proposal.

5. The objective of Asst. P.D.'s second visit to Liberia was to finalize the revised proposal and present it to the Liberian SHDS Committee. The Committee reviewed the proposal, and a special Ad Hoc Committee consisting of the Chairperson,

WHO Coordinator and Chief Nursing Officer incorporated suggestions and recommended changes. The final draft was submitted to the Minister of Health and Social Welfare, who approved it in principle.

6. The Asst. P.D., Chairpersons of the SHDS Committee and Nursing Sub-committee visited officials and Nursing education and service personnel (see report of this visit). Major issues discussed were i) relation of the proposed program to the recommendations of the West African Special Committee on Nursing, ii) the balance between degree and non-degree post basic nursing education courses, and iii) the means of insuring relevance of the program to individual country health needs vis a vis nursing service. The suggested clarifications were included.

Both Ministers of health approved the proposal in principle, as did the other medical and nursing officials with whom the revised proposal was discussed (see report of the trip to Sierra Leone and Gambia). The report of the results of the proposal review was prepared by the Chairpersons of the Liberian SHDS Committee and Nursing Sub-committee with the assistance of the Asst. P.D.

7. At the next meeting of the Liberian SHDS Committee, the report was presented to and reviewed by the Liberian SHDS Committee and subsequently submitted to Gambia and Sierra Leone Authorities. Thus the Proposal is ready for circulation among the PCC as well as PRC member countries and review at the next PCC meeting.

It is expected that the results of the curriculum workshop, which will serve as an annex to the Proposal will further reflect the specific modes by which the program intends to meet the need for improving nursing service and education and to support the primary health care strategies of the three countries.

Sub-objective II

Sub-objective II as noted above was conceived as a preparatory step in the development of the sub-regional anglophone post-basic nursing education program. It was designed to identify the curriculum content of the program, as well as to establish general guidelines and recommendations for the type of post-basic nursing education needed for the region.

During the Asst. P.D.'s ^{first and second} visits to Monrovia the sub-objective was elaborated. Owing to time constraints the workshop was scheduled for August 1979, and the number of participants were increased to 12, 4 senior nursing service and education personnel from Gambia and Sierra Leone, and 8 counterparts from Liberia, representing the 4 nursing schools and nursing service divisions. To assure the success of the workshop, a planning session to be held early April was included. The SHDS Liberian nursing sub-committee as well as workshop consultants would participate in developing the guidelines and objectives of the workshop. These would be based on documents related to basic nursing education submitted by the three countries, as agreed to during the discussions of the revised proposal with officials of the three member countries. It was agreed that the three principal consultants would be the program coordinator from BUSON, an African nurse educator with experience in establishing post-basic nursing education programs, and Liberian specialist in curriculum development. The SHDS Project would take steps to recruit the African nursing consultant, based on recommendations of BUSON and the Chairperson of the Liberian SHDS Committee, former nursing advisor to WHO/AFRO.

As a further development of this interim phase, it was decided to prepare the recruitment of a consultant to follow up the recommendations of the workshop regarding curriculum requirements. This consultant would be responsible for revising the present Cuttington nursing curriculum to ensure

that it reflects the training needs defined by the workshop participants, so that by March 1980, subject to the approval of the PCC, the post-basic nursing program would be ready to take in its first class of students.

On the eve of the planning session, AID/W unexpectedly informed SHDS and WHO/AFRO that they would not approve the BUSON program coordinator's visit to Monrovia for the purpose of planning the workshop contending that the latter was contingent on PCC approval of the revised proposal. On the other hand, AID/W would not allow the BUSON program coordinator to visit Monrovia to "revise" the proposal. AID/W also proposed that the workshop could be held by obtaining PCC approval of the proposal at the end of April, though did not suggest how this might be achieved.

SHDS staff registered its disagreement with the AID/W view, citing the AID/W - WHO/AFRO agreement and the AID-BU cost reimbursement contract, and the Implementation plan to show that the workshop like the U.S. fellowships were from the inception of Phase II of SHDS project conceived of as interim measures, independent of the approval of the proposal. Believing this to be the interpretation of the Liberian SHDS Committee as well as other PCC members. SHDS requested documentation both in regard to the issue of the workshop and to the fact that the Ministers of the three countries of the subregion had already approved in principal. In the SHDS project view these differing interpretations raised basic issues vis a vis fulfilment of contractual obligations as well as commitment to project development. SHDS project staff intended to air these issues in meetings in Brazzaville between SHDS, WHO/AFRO and AID/W during final discussions of the budget for year 02.

Sub - Objective III

Sub-objective III is also an interim measure to enhance Cuttington University College faculty capabilities in post-basic nursing education, by providing prospective staff training at the masters level in nursing education at a U.S. institution.

During the previous reporting period, one Liberian candidate was selected and admitted to a masters program in nursing education in Indiana University. In view of the fact that only one of the two fellowships reserved for this sub objective was accorded, the SHDS Project agreed to request use of remaining funds for mid-year admissions to a U.S. university for a second Liberian candidate to study nursing education. The MOH/SW identified a Liberian candidate and the SHDS project sought and obtained approval from the AID/W education officer for mid-year admission. BUSCN began processing the candidate's admission. However final authorization for disbursement of funds for the fellowship was delayed because of an error in WHO/AFRO accounting which attributed two SHDS fellowships to Liberia. Before the error could be corrected several weeks of the school semester had elapsed, by which time it was judged inadvisable to admit a new student into the academic program. The SHDS Project has requested the unused fellowship to be carried over to year 1979.

CONCLUSION

This program differs from the other two programs under Objective II in its focus on developing a new vehicle for regional training in contrast to the other two institutions in which SHDS aims at improving and expanding existing training programs. The activities described above illustrate many of the processes typical of launching new program and many of the procedures required to establish a new program that are unique to SHDS as a multi-organizational and regional program. During this period several different levels in the complex approval process had to be negotiated. Currently, the projects evolution has to reconcile different conception of responsibilities related to operationalizing the Implementation Plan.

During the next reporting period, the SHDS Project will focus on i) completing the remaining steps in the Implementation Plan, i.e. submitting the revised proposal for final approval to the PCC, ii) carrying out the interim workshops, and recruiting candidates for masters level training. In addition the SHDS Project will begin to develop the program's operational plan for 1980 funding.

*Handwritten: CO by Mr
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✓ II Liberia*

MM&SW-1-M/102/'79

January 4, 1979

The Honorable
The Minister of Health
Ministry of Health
Republic of The Gambia
The Gambia

Mr. Minister:

I have the honor to inform you that a draft proposal for a sub-regional Post-Basic Nursing Education Program encompassing Sierra Leone, The Gambia and Liberia will be ready for review at the end of January 1979. This draft proposal is a direct result of the mandate given to the SHDS (Strengthening Health Delivery Systems) Project and is being prepared by the Liberia SHDS Committee.

The Project Review Committee meeting of July 1977 held at the WHO Regional Office for Africa, Brazzaville stated the following: "an Anglophone country is proposed as the sub-regional site for a training, service and research center to serve the area encompassing Liberia, Sierra Leone and The Gambia." To strengthen the capabilities in this regard, it was proposed that assistance be provided to develop post basic nursing education program in Liberia within the Cuttington University College, Department of Nursing and the Tubman National Institute of Medical Arts (TNIMA).

The objective of this program is to prepare senior level nursing personnel from the three countries who will be capable of serving in the following capacities: teaching, management, planning, supervision, evaluation and research. Toward this end, curricula will be reviewed and revised accordingly.

In order to facilitate the implementation of the above mentioned program, the Ministry of Health and Social Welfare, Liberia and the Director of the SHDS Project, Baidjan, propose that a delegation of three from the Liberia SHDS Ministerial Committee bring the proposal to you for your review and consideration. The

The Honorable
The Minister of Health
Page 2
January 4, 1979

delegation will consist of Mrs. Rachel E. Marshall, Assistant Minister for Coordination, Ministry of Health and Social Welfare, Mrs. Mabel Yaidoo, Chief Nursing Officer, Ministry of Health and Social Welfare and Mr. Saul Helfenbein, Assistant Director, SHDS Project, Abidjan.

The dates proposed for this visit are 8 - 13 February 1979. I trust that this time will be convenient for you and that meeting/s can be arranged to discuss the proposal during this period.

I look forward to collaborative working relationship between our two countries in this and all other programs.

Kind regards.

Sincerely yours,

Kate C. Bryant, M.D.
MINISTER

OBJECTIVE 3

Since the previous reporting period several of the goals of SHDS objective 3 have been attained.

In January the first of two "inter-country Training Courses on Planning and Management for Expanded Programs on Immunizations" (EPI) was held. The SHDS funded course proved to be most useful to all the participants who attended from sub-sahara anglophone Africa. The participants who are in charge of the EPI programs in their countries were divided into 6 small working groups and led through 5 modules by a team of instructors. The modules covered every aspect of the planning and management of an immunization program. The two-week intensive course began with establishing priorities among immunization diseases, and included setting realistic objectives for vaccine coverage, analyzing coverage assessment, budgeting, writing job descriptions and concluded with interesting discussions which focussed on the identification and solving of operational problems of an EPI program. The group discussions were a benefit to all. The small group size enabled all participants to express their ideas and problems and draw upon the expertise and experience of others to help solve their particular management and operational problems. A second course for the 15 SHDS francophone countries will be held in Abidjan in April.

In February of 1979 an SHDS/CDC Operations Officer was assigned to the Gambia to work with the MOH in establishing an anglophone EPI demonstration site. Since the beginning of the SHDS Project 3 demonstration sites with an operations officer as well as a Subregional medical epidemiologist were planned. After months of negotiations this 3rd site was finally established and the administrative and technical aspects of his job were discussed during the Project Director and Assistant Directors and CDC Representatives visit with the USAID mission director and the Chief Medical (Dr. Samba) for the Ministry of Health. During the discussion with Dr. Samba, a draft plan for the Implementation of the EPI project in the

was discussed and it was accepted that the program be phased into action beginning with the partial coverage of the Western Division and by the end of 1979 full coverage of this area and the North Bank and part of McCarthy Island is expected. (Appendix 1).

A counterpart of the SHDS/CDC operations officer had been identified and was trained at the EPI Course in Nigeria. In August an SHDS/CDC Medical Epidemiologist will be assigned to the Gambia and he will be responsible for the medical evaluation and surveillance of communicable diseases in anglophone West Africa, with special emphasis on Gambia, Sierra Leone and Liberia. His counterpart in the Gambia will be Dr. Samba.

From the 24 - 27th of February the SHDS team went to Monrovia to attend the Liberian SHDS Coordinating Committee meeting and to pursue discussions pertaining to the strengthening of the Liberian EPI program. The Project Director and Assistant Director met with Mrs. R. Marshall, the Assistant Minister for Coordination in the Ministry of Health, Dr. Massaquou, the Director of Family Health and EPI and Dr. Fred Zerzavy of USAID. This meeting was a follow-up to the discussions the P.D. had last December with Dr. Kate Bryant, the Minister of Health of Liberia. Dr. Bryant formally requested in a letter to Dr. French on December 14, 1978 (copy attached) that the MOH welcomes SHDS collaboration in their EPI program. The MOH would be most interested in utilizing the services of the Regional SHDS/CDC epidemiologist who as of August 1979 will be based in the Gambia as well as the placement of an operations officer in Liberia to function as a part of Dr. Massaquoi's EPI Division (Appendix 2)

During the February meetings with Mrs. Marshall, Dr. Massaquoi and the USAID Health Officer Dr. Zerzavy, there was general agreement that the USAID mission would favorably act upon a request from the MOH to fund an Operations Officer for Liberia. Initial funding arranged by USAID was discussed in order to facilitate the process of hiring the Operations Officer and acquiring the necessary supplies and equipment in the relatively near future. A cable on the 17th of March

from the U.S. Secretary of State indicates the possibility of having a ~~CDC~~^{CCD} operations officer in Liberia by May of 1979 to provide technical assistance to assess short term needs of program and to design long term activity to be more fully complemented in FY 1980.

It is planned that Dr. Massaquoi and Dr. Zerzavy will visit the demonstration program in the Ivory Coast in order to take advantage of the experience and knowledge that has been gained in this program. Therefore the objective of using SHDS/CDC demonstration centers as training programs for health personnel from other countries will begin.

The EPI aspect of SHDS objective 3 as was noted by WHO/AFRO during our March meetings in Brazzaville has moved more quickly than anticipated. The program in Cameroon under the expert leadership of the SHDS/CDC epidemiologist has proven most successful not only in the coverage and results obtained but also in the training of personnel from the other OCEAC countries (Cameroon, Congo, Central African Empire, Tchad). Since the beginning of the EPI program in 1975 in Yaounde the prevalence of measles and flacid paralysis has lowered and the seroconversion rate to measles in children aged 9-24 months ranges from 57 to 77%. The percentage of children having received at least one dose of vaccine continues to grow as well as the number of return visits. With the place of an SHDS/CDC operations officer who will assist his Cameroonian counterpart, (who will be attending the EPI conference in Abidjan) it is planned that the EPI program will now be able to cover the Douala area as well as several other sites in Cameroon during 1979. The SHDS/CDC medical epidemiologist will then have more time to concentrate on the further development of a lab at OCEAC as well as fulfilling several of other sub-objectives of objective 3. A management review and audit of the program was carried out in December 1978 by an independent team, representing WHO and CDC. Their recommendations stressed many of the ideas that were discussed and stressed as being essential to a good EPI program. These were:

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1. Establishment of a well-defined EPI organizational structure, including complete job descriptions for personnel at all levels.
2. Revising the old 5 year plan based on the achievement, or difficulties of EPI activities to date.
3. Submit the revised plan for review and approval to WHO/AFRO.
4. Establish a written plan for the construction of a central vaccine storage depot - bilateral or international assistance may be needed.
5. Since the cold chain facilities are inadequate at present, it is recommended to expand vaccination activities only when the cold chain system is adequately working.
6. Increased Health Education and publicity is needed and when cold chain storage is adequate vaccination activities need to be augmented to include additional health centers.

In anticipation of planned expansion of vaccination activities and the creation of a National EPI the operational headquarters of the vaccination team will be transferred from OCEAC to "Direction de la Medecine Preventive et de l'Hygiene Publique".

The third EPI demonstration program is located in the Ivory Coast. The program developed by the SHDS/CDC Operations Officer along with Dr. Emmou Coffi the Director of the Institut d'Hygiene began its operational phase in Juen of 1978. The first of 3 demonstration zones in the Ivory Coast to become operational was the one in Abidjan. The other two sites presently being developed are in Abengourou and Korhogo. The program in Abidjan covers the Southland section of the City which has a population of approximately 455,000 people. Vaccinations are given in the 13 M-C-H clinics that cover this area as well as by mobile vaccination teams. People trained in the collection of disease statistics has been steadily increasing. Montly reports are now being received

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from 5 of 13 centers, plus the mobile teams. All 13 centers should be reporting by June of 1979. (Appendix 3) The data collected from these centers as well as the hospitals indicate a decline by almost 50% from a year ago in the prevalence of measles for the months of January - February 1979. The number of hospitalized cases as well as recorded deaths show a similar decline from the past. Although these figures indicate a change further evaluation studies will be carried out during the course of the year to adequately analyze this program and its achievement. One evaluation study on vaccine coverage is presently underway. The assistant project director has been working with Drs. Emmou (Director of Institute of Hygiene), Gateff (assistant director of Institut National de Sante Publique) and Boppe (Conseiller Technique au Ministere de la Sante) and a Peace Corps Volunteer and his Ivorian counterpart all assigned to the EPI program, to develop a protocol for the evaluation of vaccination coverage. This protocol will serve a two-fold purpose:

1. As a training tool for the participants attending the April EPI program.
2. As one of several evaluation methods to be employed in measuring the achievements and problems of the EPI demonstration program in Abidjan.

In contrast to the program in Cameroon the Ivory Coast program has benefited from a multi-donor approach. UNICEF, WHO, the International Children's Center, FAC and SHDS have established how collaborative effort amongst various organizations can cost/effectively contribute to the realization of a national EPI program. The Government of the Ivory Coast fully supports the EPI program, however the lack of adequate staffing has prevented this program from realizing its full potential. Presently counterparts have been assigned to work with the 2 Peace Corp volunteers assigned to the Abidjan program, one of whom has been involved with the development of the field evaluation protocol and another will be 1 of 7 observers attending the Abidjan EPI Conference. It is hoped

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that the well qualified person who has been identified as the counterpart to the SHDS/CDC Operations Officer will soon be assigned to his post. With the placement in August of an SHDS/CDC Medical epidemiologist to OCCGE headquarters in Ouagadougou, Upper Volta, the further development of the plans as stated for Objective 3 is envisioned.

As stated by WHO/AFRO it is expected that SHDS objective 3 will soon be moving beyond establishing demonstration centers and the supplying of measles vaccine. The effectiveness of this objective will not be based on immunization programs in three demonstration zones alone, but how these programs in these zones were used to affect the primary health care delivery system of the other participating countries. This can be done by:

1. Utilizing the surveillance data collected in 3 demonstration areas as a basis for the teaching of program planning in the Cotonou School of Public Health as well as in the CESSI and R.T.C.'s of Lagos and Lome, as well as in the planning agencies of the countries themselves.
2. Providing follow-up courses on national basis and to collaborate with participating countries and other international agencies to plan, implement EPI and to update and improve training in national disease surveillance/ data gathering.

Objective 3 is viewed by WHO as an integral part of the development of an affordable primary health care delivery system. To this end the experience and knowledge gained in the demonstration areas must not only be integrated into the generalized health services of all countries, but should also be used to answer basic questions in what to teach to the future national program planners of health care delivery.

Objective 4

The goal of objective 4 is to develop the capability to plan, implement and manage economically feasible health delivery systems in West and Central Africa. This objective, as expressed during the combined AID-SHDS meeting in March 1979 in Brazzaville, is the foundation for all the other objectives. SHDS has participated in 4 of 5 planned workshops at the CUSS in Yaounde where different approaches to primary health care systems were discussed by experts from Africa and the United States. The 5th workshop on pedagogic aspects of primary health care delivery has been approved by WHO/AFRO as well as the new director of the CUSS Dr. Eben-Moussi and is planned for June of 1979. The objective of this workshop will be to pull together all the materials and discussions and to develop a guide for the training of health service personnel. The design of this guide would be the output of the workshop. The guidelines and supporting material for this final workshop are in the process of being produced and will be discussed with WHO/AFRO before the workshop date. Professor Monekosso plans to use as a basis for this workshop the 3 tiered description of Primary Health Care as described in Richard A. Smith's book Manpower and Primary Health Care Guidelines for Improving/Expanding Health Service Coverage in Developing Countries and the current experience in Primary Health Care in Tanzania. It is planned to use this workshop to demonstrate how the basic principles of Primary Health Care can be organized to fit the varying socio-cultural, political and economic situations of an individual country.

It was recommended by WHO/AFRO that SHDS collaborate with the Regional Advisory Committee for Health Services Research, headed by Professor Monekosso in revising its proposal for applied research.

The outcome of these workshops and the applied research proposal is expected to provide answers to the managerial

and teaching problems that Dakar and the other objectives are faced with

Since December the Project Director and Assistant Directors have been involved in developing the two previously underdeveloped sub-objectives of objective 4, i.e. a possible proposal for a regional pharmaceutical purchasing, storage, distribution and training program and transportation support activities with UNICEF.

The need to provide essential drugs of good quality at low cost was recognized to be one of the sub-objectives in developing a low cost (affordable) health care delivery system. In addition, this is now a recognized world health priority and the study conducted by SHDS seems most timely; a scope of work for the 2 SHDS consultants (Dr. Wayne Evans, Assistant Dean of Massachusetts College of Pharmacy and Dr. Njifuti Njikam, professor at the CUSS and the Faculte Sciences, University of Yaounde, Cameroon) was formulated in collaboration with Dr. Atayi the WHO country representative to the Ivory Coast. It was decided that accompanied by the Project Director and Assistant Director the team would visit in January 1979 Nigeria, Togo, Senegal and Ivory Coast to study the system of delivert of pharmaceutical services in those countries. During the visit excellent cooperation was obtained from the USAID, WHO country representatives, MOH's and schools of pharmacy in each country.

The following observations and recommendations were made by the team:

1. A regional quality control lab is needed and desired by every country.
2. Establishment of a regional drug list limited to drugs with alternative therapeutic equivalents.
3. Investigate the feasibility of regional or sub-regional bulk purchasing of basic drugs.
4. Establishment of a regional training center for the education of the trainers of village dispensers.

During the consultancy it was discovered that only one nation applies the standards for the quality of drugs used in its country as well as for the drugs it exports. Although the World Health Assembly (Resolution WHA 28-65) recommend that member states:-

- 1) Apply the revised requirement for "good practices in the manufacture and quality control of drugs" as adopted by the assembly and
- 2) Participate in the revised "Certification Scheme on the quality of pharmaceutical products moving in international commerce"

There is yet no mechanism by means of which one can forcefully ensure that drug manufacturers comply with this resolution.

Laboratories that exist in 3 of the countries visited were equipped to various extents for physical and chemical testing of drugs, but no facilities existed for pharmacologic and pharmacokinetic testing. As a result drugs that may prove to be satisfactory from the physical and chemical analysis may be found to be unsatisfactory if pharmacologic and pharmacokinetic studies are carried out (i.e. tetracycline tablets using calcium stearate as the excipient markedly decreasing the solubility and absorption of the drug).

Even when simple testing leads to the detection of bad drugs, individual countries do not appear to have a big enough purchasing power to be able to apply pressure on the manufacturers to do something about it. Regional cooperation in bulk purchasing and distribution of pharmaceuticals would not only enable countries to demand better drugs but also better drugs would perhaps be available at a lower cost.

Needless to say, once drugs are available to all persons in a country a method for the stocking, maintenance and correct utilization of drugs is needed. Experience by such groups as the U.S. Army Special Forces medical corps primary health care workers in Bangladesh and in various other countries with health personnel shortages, has shown that a primary level health care worker can be trained in about 6 months beyond the primary or preferably secondary school level. The basis of this type of training rests on an approach called Symptomatic Differential Diagnosis and Training in Pharmacotherapy of the disorders of highest incidence in an area.

The training of trainers of Community Pharmacy dispenser would be incorporated in the curriculum of the Regional Training Programs and the knowledge of what the common disorders for treatment are would come from an effective system of disease surveillance. A copy of the consultants report will be made available to WHO/AFRO for review and comment and suggestions as to the approach they and the 20 countries would like to see SHDS take.

Since December the assistant director involved with objective 4 has been working with the Regional Transportation Advisor at UNICEF to discuss and formulate plans as to ways in which SHDS and UNICEF could collaborate in the development of a Regional Transportation and Training Program. They have discussed the problems of the TMO's and developed a preliminary proposal of collaboration between UNICEF/SHDS. (appendix)

The 1st phase of the collaborative effort was to be the hiring of a consultant, (by SHDS) trained and experienced in the field of transportation and the maintenance of vehicles, to gather information and evaluate the present system of TMO's. The consultant's work would hopefully lead to:

1. The funding of expanded and possibly new regional and national maintenance facilities.
2. The encouragement and wider acceptance, utilization and support of existing program.
3. The involvement in workshops for the training of skilled maintenance technicians and managerial personnel.

A consultant has been viewed as unnecessary as UNICEF feels it has a good understanding of the problems of maintaining an effective and low/cost transportation system.

It is hoped that after the UNICEF regional meeting in New York in April a clear vision of how we can collaborate will be established.

Republic of The Gambia
Ministry of Health, Labour, and Social Welfare
Strengthening Health Delivery Services (SHDS) Objective III
Draft Implementation Plan - January 25, 1978

I. Introduction

SHDS is a regional cooperative project of WHO and AID to improve health delivery in West and Central Africa. Through a PASA with the Center for Disease Control (CDC), a demonstration-training program for anglophone West Africa will be implemented in cooperation with the Republic of the Gambia. Background data on health in the Gambia is summarized in recent Ministry of Health WHO Country Health Programming Exercise, February 1978. SHDS objectives and plans are summarized in Phase I and II Project Papers.

Infant mortality in the Gambia ranges from 54 (Banjul) to 217 in rural areas. Overall infant mortality and under 5 mortality are estimated at 180 and 360/1000 live births respectively. Approximately 1/3 of these deaths can be prevented through effective use of currently available vaccines. With an annual birth rate of 50/1000 population, approximately 30,000 children are born annually. Of these, an estimated 10,800 children die annually, 4,000 of which can be prevented by currently available vaccines.

II. SHDS Objectives - Objective III

- A. To improve disease surveillance and health/demographic data systems.
- B. To integrate these systems into national health planning and delivery.
- C. To plan, implement, monitor, and evaluate an immunization program for 600,000 people.
- D. To use project for demonstration and training for other SHDS anglophone countries.

III. Gambia Project Objectives - Surveillance

- A. To develop nationwide surveillance system to:
 - 1. Collect routine data on morbidity and mortality.
 - 2. Develop ongoing system of data analysis.
 - 3. Provide system for investigating unexpected levels of morbidity and mortality.

4. Implement effective prevention or control for proven health risks.
5. Provide data to Ministry of Health for planning.
6. Evaluate health delivery effect on morbidity and mortality.
7. Provide regular feedback of results to all units.

IV. Surveillance Activities Timetable

August 1, 1979 - Assign full-time epidemiologist to Gambian Ministry of Health.

August - December 1979 - Evaluate current disease reporting system at dispensary, health center, division, and national level.

October 1979 - Initiate monthly surveillance newsletter.

October 1979 - March 1980 - Determine baseline levels of EPI diseases, morbidity and mortality, including identification of populations at risk and patterns of disease occurrence.

April - June 1980 - Establish ongoing evaluation of immunization activity in producing seroconversions and in reducing morbidity and mortality.

January 1980 - Provide Ministry of Health with reporting system evaluation and recommendations for improvement.

July 1980 - June 1981 - Identify and train individuals at each level on basic surveillance and epidemiology.

Ongoing - Investigate unusual reports of morbidity and mortality.

Ongoing - Provide epidemiologic consultation on disease surveillance to other anglophone SHDS countries (with concurrence of Gambian MOH).

Ongoing - Develop regional competence in laboratory backup for immunization activity evaluation.

Ongoing - Carry out applied research on methods to prevent or control morbidity and mortality.

Maintain coordination with other government and private institutions involved in disease investigation, prevention, and control (MRC Banjul, Institute Pasteur Dakar).

V. Gambia Project Objectives - Immunization

A. Major

1. To achieve an 80 percent reduction in morbidity and mortality from diphtheria, pertussis, measles, and tetanus by 1982 through immunization of pregnant women and infants and children 2 - 23 months.
2. To develop ongoing system of vaccine delivery in conjunction with maternal and child health.

B. Target Populations

1. BCG - birth or as soon as possible
2. DPT(TA) - 2, 3, 4 months
3. Polio, oral - 2, 3, 4, 9 months
4. Measles - 9 months
5. Yellow Fever - 9 months
6. DPT Booster - 18 months
7. Polio Booster - 18 months
8. Tetanus Toxoid - 2 shots to all pregnant women, plus booster every third year

C. Vaccine Administration

1. MCH Center with cold chain - 1 day per week
2. Outreach collecting points - 1 day per month
3. Combined with prenatals where possible
4. Separate EPI only where necessary

D. Area Targets

1978 - Western Division part through ODM

1979 - Western Division full, North Bank, and McCarthy Island part

1980 - Lower River, McCarthy Island Full

1981 - Upper River Division

E. Population Targets

<u>Year</u>	<u>Population</u>	<u>2-23 months</u>	<u>Pregnant Women</u>
1978	60,000	3,600	1,800
1979	220,000	13,200	6,600
1980	440,000	26,400	13,200
1981	600,000	36,000	18,000

F. Coverage Targets for Program Areas

1979	60%
1980	70%
1981	80%

G. Reduction of Morbidity and Mortality in Program Areas

1979	50%
1980	60%
1981	70%

VI. Detailed Plans for Area Program Implementation (2-4 districts)

A. Local Area Orientation and Planning Session

B. Weeks 1-2 Data Precollection

1. Bulletin Board
2. Map of villages and communications
3. List of villages with approximate populations (Yellow Fever data)
4. List of local chiefs, local leaders, and badge men
5. Graph of measles morbidity by month
6. Graph of previous immunizations by month
7. Estimate of target population

C. Carry Out Cluster Survey - Weeks 4-8

1. Select villages
2. Print forms
3. Set schedules
4. Train workers
5. Survey to measure:
 - Percent of children with cards (children born 1977)
 - Percent of children with DPT₁, DPT₂, DPT₃ vaccine
 - Percent of children with Measles vaccine
 - Percent of children with Yellow Fever vaccine
 - Percent of pregnant women with cards
 - Percent of women with TT₁ and TT₂ vaccine
6. Analyze and report data

D. Plan - Weeks 9-14

1. Select sites
2. Prepare schedule
3. Identify and obtain logistic requirements
4. Develop task assignments
5. Prepare job description

E. Train Staff - Weeks 11-16

1. Advance publicity
2. Cold Chain
3. Vaccine handling
4. Vaccine reconstitution
5. Immunization
6. Recording
7. Organization of site

8. Maintenance of supplies and equipment
 9. Sterilization
 10. Health education
- F. Meet with Local Leaders - Weeks 13-14
 - G. Begin Operation (4 Sites) - Weeks 15-26
 - H. Begin Operation (8 Sites) - Weeks 27 and on
 - I. Evaluation - Weeks 25 and beyond
 1. Immunizations given
 2. Immunizations as percent of target
 3. Coverage assessment as per C above
 4. Serosurvey to measure vaccine efficacy of measles vaccine
 5. Ongoing morbidity surveillance and analysis

See Appendix for 1979 Phasing

VII. Responsibilities of Gambian Government

- A. Central Directorate
 1. Program Manager
 2. Vaccine and Supplies Officer
 3. Statistician - Epidemiologic Trainee
 4. Clerk Typist
- B. Office Space and Furniture - National and Program Staff
- C. Field Staff
- D. Field Transport and Petrol
- E. Refrigerators - Field

VIII. UNICEF and WHO

- A. DPT
- B. Polio Vaccine
- C. Tetanus Toxoid

IX. USAID

- A. Operations Officer, his housing and his transport
- B. Epidemiologist, his housing and his transport *Q. Hall*
- C. Freezers - 6
- D. Injection Supplies
 - 1. Jet injector spare parts
 - 2. Needles and syringes
- E. Measles Vaccine, if not otherwise provided

X. Privileges

- A. Program commodities will be imported free of custom duties and taxes.
- B. Government will provide personal privileges normally provided to U.S. Government employees in the Gambia.

XI. Annual Program Review

Program will be reviewed annually and independently by 3-man team consisting of representatives from MOH, CDC, and AID.



REPUBLIC OF LIBERIA
MINISTRY OF HEALTH & SOCIAL WELFARE
MONROVIA, LIBERIA

Jan 3 1979

Liberia

OFFICE OF THE MINISTER

REF. NO. MH&SW-1-M/4750/'78

December 14, 1978

Dr. David French, Project Director
Strengthening Health Delivery Systems (SHDS)
care American Embassy, Abidjan
Abidjan, Ivory Coast

Dear Dr. French:

I refer to our discussion during your recent visit to Monrovia in December 1978 in connection with the Project (Strengthening Health Delivery Systems) SHDS. During said discussion, I indicated the Government of Liberia's interest in obtaining the collaboration of the project in our nationwide expanded program on immunization which falls within the framework of Objective III.

This is to confirm our interest and to request that such collaboration initially starts with the service of the Regional Epidemiologist based in The Gambia in addition to consultative input from the Communicable Disease Center in Atlanta, Georgia, U.S.A. This could be followed by an Operation Officer to be assigned to Liberia.

I welcome the major goals to be achieved by the SHDS Project and look forward to an effective arrangement which can be made to ensure Liberia's active participation in the achievement of these goals.

Kind regards,

Sincerely yours,

Kate Bryant

Kate C. Bryant, M.D.
MINISTER

PROJECT
FOR STRENGTHENING HEALTH
DELIVERY SYSTEMS
IN CENTRAL AND WEST AFRICA

PROJET
RENFORCEMENT DU SYSTEME
DE PRESTATIONS DE SANTE PUBLIQUE
EN AFRIQUE CENTRALE ET OCCIDENTALE

Immeuble «LE GENERAL»
Angle Av. Gén. de Gaulle et Bd. Botreau Rousset
B.P. 4799 - ABIDJAN - COTE D'IVOIRE
Tél. 32 58 21 / 33 15 59
TELEX 2366

28 February 1979

Dr. Frederick Zerzavy
Health Officer
USAID
Monrovia, Liberia

Dear Fred,

It was certainly good to see you again. I think you will find Monrovia an exciting place to be and that Liberia will prove to be a worthy challenge to your drive and capabilities.

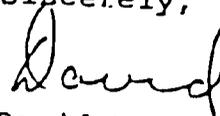
Unfortunately, our hopes of cooperative interplay were not workable in Ghana for reasons we both are all too aware of. Liberia, I believe, is already showing itself to be an entirely different situation. The opportunity we have to combine our resources along with CDC to lend impetus and direction to the FPI activities of Liberia is quite timely.

I am enclosing a copy of the letter I have written to the Minister which should in turn generate a formal request to USAID as planned. I am enclosing also a copy of my telex to CDC Atlanta to initiate their activities. I would suspect that while Bob Hogan of CDC is here in May, we shall visit Monrovia and hopefully, by that time, you will be in a position to confirm your bilateral input initially in the form of support for a CDC operations officer and some of the supplies and equipment he will need. Hogan's May visit would possibly allow the official intergovernmental activities to ensue in preparation for the arrival of the operations officer. Also, at that time, we would be able to do whatever further onsite planning activities with the Ministry of Health, including field trips that are necessary.

Again, many thanks for your input and co-operation and here's looking forward to seeing you in early April (2-6).

Best regards to Dotty.

Sincerely,



David M. French, M.D., M.P.H.
Director

ENC.: a/s

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AIDAC, ABIDJAN PASS TO DR. FRENCH, SHDS

E.O. 12065 N/A

TAGS:

SUBJECT: AFRICA-WIDE PROGRAM COMBATING CHILDHOOD COMMUNICABLE DISEASE - EXPANDED PROGRAM OF IMMUNIZATION COORD-EPI (698-0421)

REF: (A) MONROVIA 1678 (B) STATE 041191 (C) MONROVIA 9383

1. PER REFTTEL B, ASSISTANCE TO BE PROVIDED BY AFR THROUGH CDC PASA IS TO BE SHORT-TERM IN ORDER ASSIST MISSION/HOST COUNTRY DETERMINE IMMEDIATE NEEDS THAT COULD BE FINANCED THIS FISCAL YEAR.
2. PER PARA 2 REFTTEL A, ESTABLISHMENT OF A POSITION FOR CDC OFFICER IN LIBERIA IS NOT ENVISIONED BY AFR IN RELATION TO PROPOSED SHORT-TERM ASSISTANCE. AFR/W PLANS TO DESIGN LONG TERM ACTIVITY TO IMPLEMENT SUBJECT PROJECT IN FY 1980 AND FULL TIME WILL BE CONSIDERED LATER.
3. ZE WOULD EXPECT SHORT TERM CDC PERSONNEL TO ASSIST MISSION/HOST COUNTRY IN PREPARING PID FOR ACCELERATED IMPACT PROGRAM (AIP). CDC ASSESSMENT WILL HELP DETERMINE SUCH THINGS AS, WHAT IS NECESSARY TO ESTABLISH: EFFECTIVE COLD CHAIN; RELIABLE DATA; ADEQUATE LOGISTICAL SUPPORT; ETC.
4. AFR/RA DRAFTING PIO/T FOR PASA WITH CDC TO PROVIDE TECHNICAL ASSISTANCE TO ASSESS SHORT-TERM NEEDS. HOPE TO HAVE PASA PERSONNEL AVAILABLE BY MAY. MISSION SHOULD ADVISE WHAT AREAS OF PROGRAM NEEDS TO BE ASSESSED IN ORDER DETERMINE WHAT TYPE OF PERSONNEL IS NEEDED. DETAILS OF ABOVE DISCUSSED WITH MISSION DIRECTOR GARUFI DURING HIS TDY WASHINGTON. ADVISE. VANCE

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PROJECT
FOR STRENGTHENING HEALTH
DELIVERY SYSTEMS
IN CENTRAL AND WEST AFRICA

L. M. C.
PROJET
RENFORCEMENT DU SYSTEME
DE PRESTATIONS DE SANTE PUBLIQUE
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Immeuble «LE GENERAL»
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B.P. 4799 - ABIDJAN - COTE D'IVOIRE
Tél. 32 58 21 / 33 15 59
TELEX 2366

28 February 1979

The Honorable Kate C. Bryant
Minister for Health and Social Welfare
Monrovia, Liberia

Dear Dr. Bryant:

I am in receipt of your letter of December 14, 1978 of interest requesting SHDS collaboration in the developing nation-wide Liberian EPI program. Although there has been some delay in responding, it has been for the reason that we have been actively pursuing the means to effectively respond. I am happy to report the following:

1. SHDS and the United States Center for Disease Control (CDC) have recently completed all necessary inter-governmental arrangements (Gambia and the U.S.) making it possible to establish Dr. Harry Hall (CDC epidemiologist) in Banjul beginning approximately August 1, 1979. As I indicated in my discussion with you in December Dr. Hall will be available to the Ministry of Health and Social Welfare of Liberia to lend assistance as necessary in the development of Liberia's nation-wide EPI program.

2. During my December 1978 visit to Monrovia referred to in your letter, I spoke as well, to Mr. Anderson and Mr. Hagel of USAID Monrovia about a possible collaborative approach between USAID's bilateral assistance and SHDS' regional assistance in support of the developing nation-wide Liberian EPI program. During my just completed visit to Monrovia (24-27 February 79) these discussions were resumed and included Dr. Fred Zerzavy the newly arrived USAID Health Officer as well as Mrs. Marshall and Dr. Massaquoi. There was general agreement that the USAID mission would probably favorably act upon a request from you to fund an Operations Officer supplied by CDC who would function solely for Liberia and as a part of Dr. Massaquoi's EPI division. This would represent the first stage of a more broadly developed programmatic support in EPI in collaboration with SHDS and other donors including the Government of Liberia to be worked out after the arrival of the Operations Officer and with additional input from the epidemiologist to be stationed at Banjul as well as from consultants from the CDC in Atlanta, other donors and within the framework of Liberia's national EPI program. Initial funding of a special nature arranged by USAID would permit bringing aboard the Operations Officer and certain necessary supplies and equipment in the relatively near future assuming a positive response to your request to USAID.

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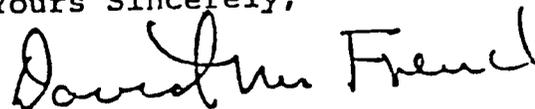
Letter to Hon. Kate C. Bryant
28 February 1979
Page 2

3. I am contacting CDC Atlanta this date by telex to confirm their collaboration relative to provision of an Operations Officer as outlined above.

4. Discussions with Drs. Massaquoi and Zerzavy on 26 February indicated the desirability of a visit by the two of them to Abidjan in the near future to observe a successful functional example here in Ivory Coast of a multidonor collaborative input similar to that envisioned for Liberia. Hopefully, Dr. Zerzavy will be able to fund such a visit following your request.

It is my belief based on my most recent visit that the above approach will be fruitful and productive beginning in the very near future.

Yours Sincerely,

A handwritten signature in cursive script that reads "David M. French".

David M. French, M.D., M.P.H.
Director

DMF/gm

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UNCLAS MONROVIA 1678

A. JAC

ABIDJAN PASS TO DR. FRENCH, SHDS

E.O. 12065: N/A

SUBJECT: EXPANDED PROGRAM IMMUNIZATION CCCD-EPI (698-421)

REF: STATE 41191 (NOTAL)

1. MISSION AND HOST COUNTRY INTEND TO MAKE FULL USE OF OFFERED ASSISTANCE FOR FY 1979.
2. RECENT CONFERENCE WITH MOHL AND DR. FRENCH AT MONROVIA MAKES ESTABLISHMENT OF SUCH ADDITIONAL SUPPORT VERY DESIRABLE. EXPECT TO ESTABLISH A POSITION OF A CDC OFFICER FOR LIBERIA IF THIS CAN BE ARRANGED.
3. PLEASE INDICATE WHEN PASA FROM CDC CAN COME TO ASSIST NECESSARY DESIGN.

BT
#1678

Action French
Info Jackson
Due Date 3/8
Action Taken

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PROPOSAL FOR A SUB-REGIONAL POST-BASIC NURSING PROGRAM
FOR TRAINING, SERVICE AND RESEARCH AT
CUTTINGTON UNIVERSITY COLLEGE
SUACOCO, LIBERIA

January 1979

INTRODUCTION

Objective II of Strengthening Health Delivery Systems (SHDS) Project for the 20 countries in West and Central Africa is to "increase the skills and improve the utilization of health personnel providing generalized services at the supervisory and local level". The goal of this proposal* is to enhance the competency and utilization of nursing personnel in the health delivery system of Liberia, Sierra Leone and The Gambia through strengthening a subregional post-basic nursing education program at Cuttington University College and the Tubman National Institute of Medical Arts in collaboration with the University of Liberia which will provide additional staff to workshops and continuing education programs.

In addition the program proposes to strengthen all basic nursing education programs in the three countries, through annual workshops, meeting and continuing education programs.

At the meeting of the 20 countries of SHDS Project Review Committee in 1977, it was determined that a Sub-Regional Post-Basic Nursing Program should be located at Cuttington University College Division of Nursing. Cuttington University College was selected because it is the only institution in the subregion with an established post-basic nursing education program.

The utilization of an established existing Bachelor's degree program in nursing as the one at Cuttington University College, is in accordance with the purpose of the SHDS Project.

The focus of the program will be community health nursing, management and teaching with special emphasis on primary health care in rural areas. Graduates of basic nursing programs of the three countries who hold senior positions in schools of nursing and in services areas and, who meet the requirements of the college will be eligible for admission in the first instance.

Upon completion of the program, students will receive a Bachelor's degree in nursing with speciality in one of the following areas: Planning and Management of Community Health Nursing in rural areas, Planning and Management of Maternal and Child Health/Midwifery programs, Teaching, Mental Health/Psychiatric Nursing and Medical/Surgical Nursing.

This proposal was developed collaboratively by the members of the SHDS Sub-Committee on Nursing and Nursing Consultants from Boston University School of Nursing. The Sub-Committee will continue in an advisory capacity to the SHDS committee throughout the project period. (A SHDS Committee for Liberia has been established by the Ministry of Health and Social Welfare. As part of this committee, a Sub-Committee on Nursing has been developed, representatives of which include the Ministry of Health & Social Welfare, Cuttington University College, Tubman National Institute of Medical Arts, the University of Liberia and the JFK Medical Center Nursing Service). The proposal has been approved in principal by the Ministry of Health & Social Welfare of Liberia, and has been discussed with the WHO Coordinator in Liberia who is also a member of the SHDS Committee.

To achieve the above, the program will assist Cuttington University College with the development and implementation of the revised curriculum. Selected faculty members will be given fellowships for master's degree study in nursing education.

In addition short term non-degree post-basic nursing education courses and programs such as refresher courses for graduates of the basic non-degree program and course for Certified Midwives will be offered at TNIMA with the support of the University of Liberia.

Assumptions underlying the proposal are:

1. Graduates of Regional Post-Basic Nursing Program will have advanced knowledge, skills and attitudes to improve all levels of nursing personnel in the countries of the sub-region.
2. Improvement in the education of nurses will enhance the quality of nursing services available to the people and will broaden the role of nursing in planning and implementing primary health care programs.
3. Curriculum development and education in teaching methodology and evaluation of basic and post-basic nursing education will improve the quality of education for all categories of nursing personnel.
4. The development of research skills in the post-basic degree nursing curriculum will lead to participation of nursing personnel in research activities related to primary health care.

The advantages of establishing the Post-Basic sub-regional nursing education program in Liberia are:

1. Cuttington University College has a well established educational program for nurses and some post-basic nursing students from the WHO African region are enrolled each year.
2. Tubman National Institute of Medical Arts (TNIMA) has a well established School of Nursing, School of Environmental Health and School of Physician Assistants.
3. Liberia has the basic staff for post-basic nursing education programs including staff with Master's degree.
4. The Liberian Government is supportive of the program.
5. The administration of Cuttington University College supports the program.
6. The University of Liberia will support and collaborate with the program.

BACKGROUND INFORMATION

The development of the Sub-Regional Post-Basic Nursing Program as described on the following pages, together with the other planned educational activities, is particularly relevant at this time.

In 1976, a special committee on Nursing Education in West Africa was appointed by the Chief Nursing Officers of the five countries of the West African Health Community. Their responsibility was to study the curricula of the nursing schools of the five English speaking West African countries, Nigeria, Gambia, Sierra Leone, Ghana and Liberia and to make recommendations regarding nursing education needs in order to enhance the effectiveness of nurses in the health care delivery systems of their respective countries.

After careful review of the curricula from schools of nursing of the five countries, the Committee on Nursing Education submitted their report. The recommendations in this report mentioned a number of activities which are included in this proposal. Among these are faculty workshops, continuing education programs for tutors and nursing service personnel, inter-regional cooperation, research into traditional and present nursing practices, and utilization of existing training facilities for the improvement of service.

The proposal also takes into consideration the Committee's recommendation on the establishment of Post-Basic Nursing Programs in one of the three member countries. A Post-Basic Nursing Program is a formal structured course which is taken by a registered professional nurse.

Specific Objectives of the Proposal

1. Develop and implement a plan for up-grading nurses of the sub-region to strengthen the nursing service and nursing education programs in each of the three participating countries, thereby improving the quality of nursing care.
2. Provide assistance from SHDS Project to the nursing faculties of Cuttington University College, Division of Nursing, and of the Tubman National Institute of Medical Arts in Liberia; and to the faculty members of the national Schools of Nursing in Sierra Leone and The Gambia in faculty and curriculum development relevant to the needs of each participating country.
3. Strengthen and improve teaching methods in basic and post-basic nursing education in the nursing schools in the subregion.
4. Strengthen the on-going evaluation process at Cuttington University College sub-regional post-basic nursing program in relation to graduates, students, curricula, faculty and facilities.
5. Strengthen and/or implement an appropriate research component within the nursing curricula and stimulate participant faculty research activities.
6. Strengthen the collaborative efforts of the schools of nursing in the three countries in utilizing available sub-regional and regional resources.
7. Develop and implement a continuing education program for graduates of the basic diploma schools of nursing in each country.

OBJECTIVE 1

Develop and implement a plan for up-grading nurses of the subregion to strengthen the nursing service and nursing education programs in each of the three participating countries, thereby improving the quality of nursing care.

Rationale

A primary need in the three countries is to up-grade and increase faculty, and increase the number of Bachelor's degree educated nurses for leadership roles. There is a critical need for additional qualified Nationals on the faculties of basic nursing education schools as the demand for increasing the number of nursing students grows. The numbers of qualified faculty at present is inadequate to meet the needs of the countries.

There is an urgent need in each country for nurses with post-basic nursing education to improve the quality of nursing service and to apply managerial skills in the development of primary health care.

Method

1. To provide 16 fellowships annually to senior education and service personnel from the Gambia, Sierra Leone and Liberia who are eligible for admission at Cuttington University College. The distribution will be as follows: Five nurses from the Gambia, six nurses from Liberia and five nurses from Sierra Leone. The West African Examination Council will provide a mechanism for the assessment of those candidates who may not have the stated academic requirements.
2. Provide two fellowships for two years of Master's degree study in nursing in the United States each year .

Output

1. 48 graduate nurses educated at the Bachelor's degree level in nursing.
2. 6 nurses educated at the Master's degree level in nursing.

Input

1. Total of 48 post-basic nursing fellowships (undergraduate).
2. Total of 6 graduate fellowships for two year Master's degree study.
3. Supplemental education equipment, materials and supplies to support the program.

OBJECTIVE 2

Provide assistance from SHDS Project to the nursing faculties of Cuttington University College, Division of Nursing, and of the Tubman National Institute of Medical Arts in Liberia; and to the faculty members of the National Schools of Nursing in Sierra Leone and the Gambia in faculty and curricula development relevant to the needs of each participating country.

Rationale

Objective 2 is based on the recognized need of the faculties of Cuttington University College, TNIMA, and the directors of the National Schools of Nursing in Sierra Leone and the Gambia for assistance in curriculum revision and implementation.

Cuttington University College has recently completed revised curriculum and the director has requested assistance in adapting the curriculum to the individual needs of the post-basic nursing students from the Gambia, Sierra Leone and Liberia.

Method

Curriculum and faculty development workshops will be held annually for faculty members and nurse educators in schools of nursing in the Gambia, Liberia and Sierra Leone.

Output

1. Curriculum development and implementation, as well as faculty development at Cuttington University College and TNIMA.
2. Faculty and curriculum development in the schools of nursing in each country to improve the basic education of candidates for the sub-regional post-basic nursing program at Cuttington University College.

Input

1. Consultants from the African Region and elsewhere to conduct workshops on such topics as:
 - a. Curriculum development and implementation in nursing.
 - b. Strategies for incorporating community health nursing in the curriculum.
 - c. Current trends in nursing, i.e. the expanded role of the nurse, occupational health nursing, and school health nursing in primary health.

- d. Application of theory to nursing practice in Africa.
 - e. Selecting and organizing learning experiences and teaching methodologies.
 - f. Preventive health measures and their application in nursing.
 - g. Maternal and child health nursing.
 - h. Principles of research in nursing education.
2. Resources necessary to support workshops such as per diem, travel, and direct costs.

OBJECTIVE 3

Strengthen and improve teaching methods in basic and post-basic nursing education in the nursing schools in the subregion.

Rationale

For the Sub-Regional Post-Basic Nursing Education Program to be effective, a mechanism must be established for nurse educators from the participating countries to meet annually. This will provide an opportunity to report on developments in countries that affect nursing and nursing education, and to share and discuss mutual regional concerns and resources. The nurse educators who have the over-all responsibility for nursing education in their respective countries must be cognizant of the trends and methods in nursing education and their relevance to nursing curricula in the three countries.

Method

Senior nurse educators from Liberia, Sierra Leone and the Gambia will meet annually to review and evaluate teaching methods. Preferably meetings will be held successively in the three countries. It is intended that all meetings will focus attention on the teaching requirements for primary health care in rural areas.

Output

1. Teaching methods in basic and post-basic nursing education in the three countries improved.
2. Collaborative professional relationships among nurses in the three countries established.
3. Educational resources and facilities in the three countries shared.

Input

1. Annual meetings will be conducted. Some of the areas to be included might be:
 - a. Utilization of available educational resources in each country by nursing faculty from the other countries.
 - b. The role of the graduate of the post-basic nursing program in each country in improving nursing education.
 - c. Micro-teaching.
 - d. Administration in nursing education.
2. Resources necessary to support the annual meeting such as per diem, travel, operating costs.

OBJECTIVE 4

Strengthen the on-going evaluation process at Cuttington University College sub-regional post-basic nursing program in relation to graduates, students, curricula, faculty and facilities.

Rationale

An evaluation process is necessary to determine student attainment of established program objectives; to assess the success and utilization of graduates in their positions in health care delivery systems; and to appraise the effectiveness of the curriculum and faculty in facilitating student achievement.

Method

Actual development of the evaluation design will be prepared by the Cuttington University College faculty in collaboration with consultants. The evaluation will cover five broad areas--graduates, students, curriculum, faculty and facilities.

Output

1. An on-going evaluation process of the Sub-Regional Post-Basic Nursing Program at Cuttington University College.
2. Faculty prepared in evaluation.
3. On-going evaluation reports of the total project.
4. A final project evaluation report.

Input

1. Consultants from WHO African Region and elsewhere with expertise in nursing education evaluation.

OBJECTIVE 5

Strengthen and/or implement an appropriate research component within the nursing curricula and stimulate participant faculty research activities.

Rationale

Research is an essential component in the improvement of nursing practice. The participation of faculty in research activities will stimulate the interest of students in research. The graduates of the post-basic Nursing Education Program should be prepared to identify research problems in nursing and put the findings from nursing research into practice.

Method

Conferences and workshops on research methodology, design, statistics, and data analysis for faculty will be introduced as part of faculty and curriculum development. Opportunity will be provided for the publication of selected research conducted by faculty and/or students.

Outputs

1. Appropriate research methodologies included in the nursing curricula.
2. Faculty participation in research activities.
3. Published research reports of faculty and students.

Inputs

1. Conferences or workshops by consultants.
2. Funds to support research activities of faculty.

OBJECTIVE 6

Strengthening the collaborative efforts of the schools of nursing in the three countries in utilizing available sub-regional and regional resources.

Rationale

Collaboration is needed for the development of awareness and the utilization of existing resources, and of the new Sub-Regional Post-Basic Nursing Program. Better utilization of regional facilities will help the countries to meet their health needs and to re-orient personnel to serve effectively in developing primary health care programs.

Method

Consultants will provide initial guidance in the effective utilization of the Sub-Regional Post-Basic Nursing Program at Cuttington University College, as well as other available regional and sub-regional resources.

Output

1. Support for collaborative efforts of professional nursing organization of the countries of the Gambia, Sierra Leone and Liberia.
2. Strengthening of collaborative relationships of international nursing programs in the three participating countries.
3. Utilization of available resources and facilities at other WHO African Regional Centers.

Input

1. Support from the existing accrediting agencies within the three countries.
2. Consultants from the WHO African Region and elsewhere.

OBJECTIVE 7

Develop and implement continuing education program for graduates of the basic diploma schools of nursing in each country.

Rationale

A formal educational program does not prepare professional nurses for continual competence in practice. Up-grading is necessary in an ever-changing society to meet current and future health care needs. The Special Committee of the West African Health Secretariat recommended in their report "that continuing education, including in-service education, for nurses should be mandatory in order to maintain a standard of competence and due recognition". Primary health care practitioner skills and an understanding of the principles of prevention are of primary concern.

Method

Consultants will help plan workshops and/or short term courses to meet the identified needs of the graduates in each country. The workshops will be conducted by consultants from the WHO African Regional Training Centers, and from other institutions in Africa and elsewhere.

Output

An on-going continuing education program for practicing nurses in The Gambia, Sierra Leone, and Liberia will be established.

Input

1. Examples of areas in which workshops will be planned, depending upon the identified needs, are:
 - a. Strengthening the role of the nurses in the implementation of primary health care.
 - b. Health promotion, maintenance, rehabilitation, and prevention in nursing care.
 - c. Principles and methods of teaching, consultation and administration.
 - d. Basic elements of research in community health nursing.
2. Resources to support continuing education workshops including per diem, travel and direct costs.

Evaluation

The evaluation of the project will be continuous. The entire post-basic nursing education program will have a built-in evaluation component. Consultants will collaborate with the Ministries of Health and faculties of nursing schools of the subregion in the development of an evaluation of the projects' objectives and activities.

Periodic evaluation reports will be submitted by the SHDS Project in collaboration with the nursing faculties of the three countries and the Liberian SHDS Committee to WHO/AFRO and USAID.

Summary

The development of effective health care delivery systems is a primary concern of the Gambia, Sierra Leone and Liberia. The upgrading of professional nurses to manage primary health care services and to supervise and train other categories of health personnel is essential to the achievement of this goal, and to the improvement of national health services.

The achievement of these goals requires the initiation of a sub-regional post-basic nursing education program, the development of an institutional capability to implement and evaluate such a program, the improvement of basic nursing education programs, and the development of continuing education programs for practicing nursing personnel.

The establishment of this Sub-Regional Post-Basic Nursing Program to prepare nurses for leadership roles in management and teaching will contribute to the achievement of the second objective of the SHDS Project--"to increase the skills and improve the utilization of health personnel providing generalized health services at the supervisory and local levels".

GLOSSARY OF TERMS

1. POST-BASIC NURSING EDUCATION. An organized formal course of studies undertaken after the completion of basic nursing education program.
2. SHDS: Strengthening of Health Delivery Systems in Central and West Africa.
3. SUB-REGIONAL AREA: The countries of Sierra Leone, The Gambia, and Liberia.
4. PRIMARY HEALTH CARE AS DEFINED BY WHO: "Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community".
5. GENERALISED NURSE: A nurse who has received basic-nursing education and training in both preventive and curative areas and can perform such skills as required in general nursing and midwifery. He/she can perform simple diagnosis and treatment and works as a member of a health team.
6. WEST AFRICAN EXAMINATIONS COUNCIL: An organization consisting of the five anglophone countries of Ghana, Nigeria, The Gambia, Sierra Leone and Liberia. Its function is to develop and administer examinations and tests of a wide variety to schools within the countries listed above.
7. TNIMA: Tubman National Institute of Medical Arts

ADMISSIONS REQUIREMENT FOR A POST-BASIC DEGREE
AND NON DEGREE PROGRAM

Your application for admission will be completed only after these items are on file in the Admissions Office:

1. The Admissions Information Form is to be completed by the applicant.
2. The Medical Form: Part I of the Medical form should be completed by the applicant and a qualified medical doctor. The doctor should complete Part II, and send the entire form directly to the Office of Admissions.
3. The Principal's Recommendation Form should be completed by your high school principal and sent to the Admissions Office directly.
4. Personality Appraisal Form must be completed by two different people who are familiar with your ability and potential (teacher, clergy, community leaders).
5. An Official Transcript of high school records and/or an official transcript from any College or University you have attended. No duplicate copies will be accepted.
6. Two (2) recent passport size photographs of yourself.
7. Application Fee: \$15.00 for foreign students (non-Liberian) and \$10.00 for Liberian applicants.
8. All Liberian applicants are required to take the Cuttington College Entrance Exam. Proper I.D. cards must be presented on the examination day.
9. Foreign students must submit a copy of their School Leaving Certificates and/or Transcript of High School Records. Mechanism will be worked out with the West African Examinations Council to establish equivalences among the three (3) countries. Only Divisions I & II of the school certificate are acceptable. Students who have had any post secondary work must present a similar record of such work.
10. Two (2) years experience as a Registered Nurse/State Registered Nurse.
11. For the Post-Basic degree a challenging examination will be given.