



PI-AAP-411

ISA 40192

6980412

OFFICE OF INTERNATIONAL HEALTH  
AND ECONOMIC DEVELOPMENT

0022 ✓



002258

0022

S

**MARTIN LUTHER KING, JR. HOSPITAL/  
CHARLES R. DREW MEDICAL CENTER**

PD-AAR 417

ANNUAL PROGRESS REPORT

FY 1982-83

# TABLE OF CONTENTS

	Page
SUMMARY OF ACHIEVEMENTS.....	1
Section 1 -- INTRODUCTION.....	3
Background.....	5
Approach to Institutional Development.....	7
SECTION 2 -- ADMINISTRATIVE INFRASTRUCTURE	
DEVELOPMENT.....	12
Staff Resources.....	14
Program Development.....	18
Library.....	21
Resource File/Data Center.....	22
Linkages.....	22
Enabling Linkages.....	22
Functional Linkages.....	26
SECTION 3 -- EDUCATION AND TRAINING.....	28
Core Courses.....	29
Selected Courses.....	31
International Exchange of Ideas.....	33
Staff Development.....	34
Faculty/Student Exchanges.....	35
SECTION 4 -- RESEARCH.....	36

	Page
SECTION 5 -- ADVISORY AND ASSISTANCE.....	39
Health Planning and Management.....	40
Kenya HPIP.....	40
Kenya - Kitui.....	42
Zimbabwe.....	42
Latin America/Caribbean.....	43
IQC.....	44
Integrated Rural and Community Development.....	44
Nutrition.....	44
Women In Development.....	45
SECTION 6 -- CONCLUSION AND SUMMARY.....	46
SECTION 7 -- FINANCIAL STATEMENT.....	53

## SUMMARY OF ACHIEVEMENTS

The major achievements toward institutionalizing an international health capability at Drew Medical School during FY 1982-1983 are described below.

### ADMINISTRATIVE INFRASTRUCTURE DEVELOPMENT

- o Initiated a population and family planning division of IHED.
- o Classified IHED resource documents utilizing the Library of Congress and National Library of Medicine classification systems.
- o Coded 243 consultant (personnel) resource files into the WANG OIS-130 System. Consultant data can be retrieved by over 30 areas of specialty, language capability, regional experience, and/or educational level.
- o Established a working relationship (linkage) with the University and Ministry of Health - Zimbabwe.
- o Established new collaborative relationships with nine organizations involved in international development work.

### EDUCATION AND TRAINING

- o Graduated seven (7) students from Uganda and Ethiopia from Drew's African Physician's Assistants Program (DAPA).
- o Defined an institutional structure and approach to offering core courses in international health, along with the proposed courses and faculty.
- o Conducted a six-week certificated course entitled, "Training of Health Planning and Management Trainers" for five (5) Kenyan health officials.
- o Developed, in conjunction with training participants, a planning and evaluation training manual and trainer's guide.
- o Conducted observational tours of the King/Drew Center for three (3) health delegations, and two (2) women delegations.

- o Attended three (3) local conferences on African development.
- o Sponsored a week-long women in development conference.
- o Arranged a 12-week internship for a Ugandan student in Drew's Infectious Diseases Division.
- o Implemented a one-year faculty exchange program for Drew faculty with the University of Zimbabwe.

#### RESEARCH

- o Completed a draft state-of-art paper on community organization and participation.
- o Developed a proposal to conduct an operations research project of Zimbabwe's village health program.
- o Worked on a compendium of papers from a conference on women in development.
- o Completed a paper on the role of traditional healers in Zimbabwe's health delivery system.
- o Developed three (3) concept papers on strategies for planning effective, low-cost health delivery systems.

#### ADVISORY AND ASSISTANCE }

- o Submitted an operations research proposal.
- o Submitted one integrated rural and community development proposal.
- o Completed a work order under the IQC for a hospital equipment specialist to provide services to Mehalla Hospital in Egypt.
- o Awarded a \$47,000 work order under the IQC to organize a Primary Health Care Conference for Eastern and Southern Africa.
- o Received a grant from the Rockefeller Foundation to hold a conference of women to discuss health and development issues and strategies.

SECTION 1  
INTRODUCTION

## INTRODUCTION

This report summarizes the programmatic and financial status of the Office of International Health and Economic Development (IHED) at the Charles Drew Medical School in Los Angeles, California during FY 1982-83. Progress towards meeting the fourth year objectives of IHED's five-year institutional development grant (122(d)) awarded by the Agency for International Development (AID) are specifically analyzed. The submission of this document to AID conforms with the agency's annual review requirements.

In addition to the introduction, the report is divided into six major sections. Sections 2-5 correspond to and describe the four major outputs proposed in the grant: 1) administrative infrastructure development, 2) expanded education and training capacity, 3) expanded knowledge and research capabilities, and 4) expanded advisory and assistance capacity. Section 6 is the summary and conclusion. The final section includes the financial statement for FY 1982-83, and a summary of the cumulative expenditures for the grant period to date.

### Background

The Charles Drew Medical School is a private, non-profit institution which opened in 1966. The School augments the Martin Luther King, Jr. (MLK) General Hospital (a public teaching hospital) in meeting, through research and service, the unique needs of approximately one million predominately low income status persons. The Drew School also offers educational programs and rotating clerkships for resident physicians in all major specialties, with particular emphasis on primary health care. In 1981, Drew started an undergraduate medical program in collaboration with UCLA.

The Drew School's involvement in Africa and other developing countries is a natural extension of its concern to positively impact the health status and well-being of underserved populations. Although the magnitude of the problems differ on an absolute scale, relatively speaking, the health and general development problems of Africa and the King/Drew community are similar. A socially and economically disadvantaged population, poor health status measured by various indices, inadequate medical resources of all kinds, poor transportation, poor environmental conditions, and lack of employment opportunities describe some of the health and development problems of Africa and the region served by Drew.

In recognition of these parallels, the Drew School instituted a Program of International Health and Development and, in 1979 received a major institutional development grant (122(d)) from the U.S. Agency for International Development. The grant afforded Drew the opportunity to expand its capacity for technical assistance and cooperative exchange with health and health-related institutions in developing countries, particularly in Africa. The mission of the newly established organization was in the spirit of peer relating and mutuality of interests and skills. It was expected that Drew would collaborate with its African counterparts in organizing relevant health services for the poor.

Accordingly, IHED selected two specific areas of involvement in which to focus its work in developing countries. Health planning and management represent the principal technical assistance area; integrated rural and community development is a secondary and related specialty area. Moreover, a multifaceted approach was designed to expand the institution's service delivery capacity overseas, including the development of an administrative base, education and training programs, research, and technical assistance programs.

A detailed discussion of the progress made in each of these areas can be found in the following sections. Drew's approach to institutional development is discussed first, however, to set the context for the report.

### IHED'S Approach to Institutional Development

An analysis of the achievements and problems experienced during the past year requires an overview of IHED's model or approach to institutional development. Over the last four years, IHED has continued to expand upon and refine its understanding of and, subsequently, approach to institutional development. In general, a two pronged approach is used. First, IHED prescribes to the conventional definition and guiding concepts of institution building (IB) as described by Esman.<sup>1</sup> The objectives, assumptions, and general approach utilized in implementing the 122(d) grant are found within this model, and provide the conceptual framework for a review of IHED's progress to date. This, however, is juxtaposed to a more aggressive plan of action for acquiring expanded resources and capabilities to provide health development assistance to African countries.

IHED views institution building as the process of creating a new organization that is designed to achieve certain defined goals through new, previously unavailable interventions. Thus, the 122(d) institutional development grant is specifically

---

<sup>1</sup>Esman, Milton, "The Elements of Institution Building," in Institution Building and Development, Sage Publications, Beverly Hills, 1972: 19-40.

intended to organize into an administrative unit those programs, services, technologies, and other resources of Drew which can uniquely contribute to the on-going international health development activities of the U.S.

It is unquestionable that with its internationally recruited faculty and staff, and over a decade of training, research, and service in a medically underserved community, Drew can make an important, world-wide contribution to "Achieving Health for All by the Year 2000." Harnessing these resources for international service, however, requires a structured plan of action. This process is defined as institution building.

In general, IB is seen as two distinct, but closely related activities: 1) building a viable organization, and 2) managing external relationships. The organizational development component focuses on creating relevant services, and the support mechanisms needed to conduct and sustain an international health operation. The establishment of working relationships (linkages) with various client, funding, and collegial groups is an equally vital developmental activity. It facilitates the acceptance of IHED's resources and services within the larger international community.

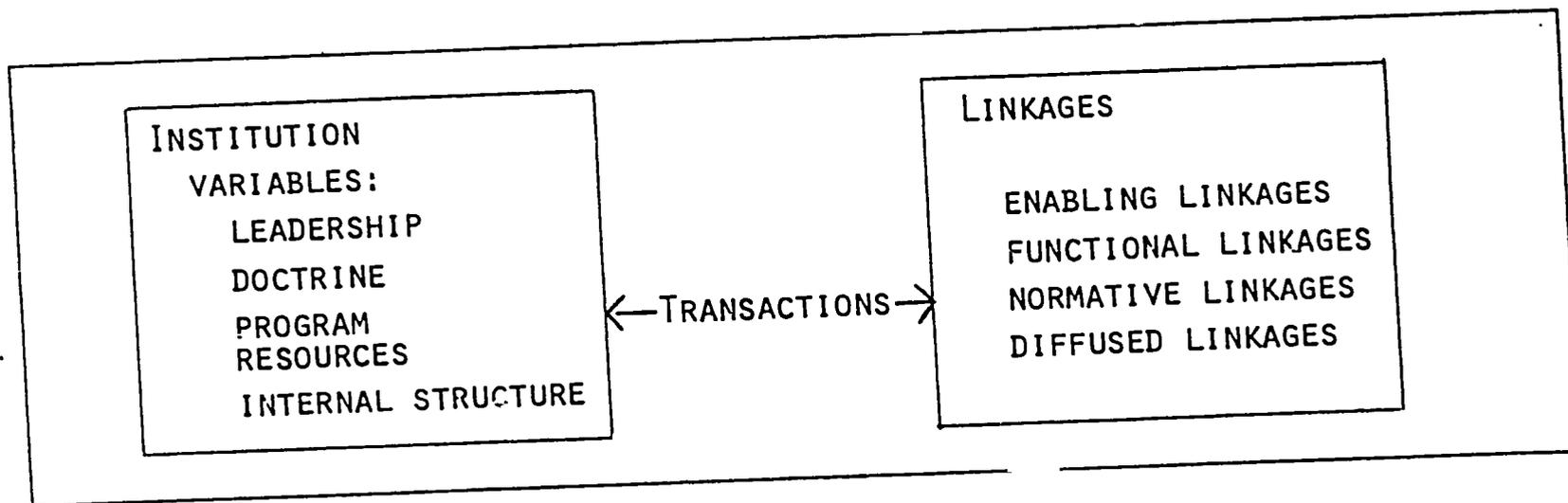
The diagram on the following page depicts the key components of the institution building process. The model succinctly reflects IHED's perspective and interpretation of its 122(d) institutional development mandate.

The conventional approach to institution building, however, does not ensure institutionality, despite the model's logic. There exist built-in constraints to being a well established and accepted development resource. Namely:

- IHED, as an organization, can only perform in direct relationship to the amount of resources invested in it.
- Other organizations compete for control of the market.
- The external environment is essentially political, and represents a broad spectrum of willingness to accept new organizations and innovations.

These factors directly impact and mitigate against IHED's ability to satisfy the intent and purpose of its institutional development grant. Therefore, a more proactive strategy complements the basic institutional development model. IHED actively pursues other grants and contracts to: 1) help offset resource constraints (financial and personnel) of the basic grant; 2) improve its competitive stance through increased involvement in and exposure to the international health community, and through the establishment of a credible track record in the key areas of specialty; 3) operationalize,

# THE INSTITUTION - BUILDING MODEL



BUILDING A VIABLE ORGANIZATION AND MANAGING THEIR LINKAGES  
ARE CLOSELY RELATED ASPECTS OF A SINGLE INSTITUTION - BUILDING PROCESS.

(ESMAN, 1972)

expand, and refine administrative and service functions; and  
4) diversify, geographically and programmatically, to offset  
extant attitudinal and political barriers to entering selected  
international health markets.

This report and the achievements of the year reflect a  
synthesis of these two approaches to institutional  
development. Without this integrated approach, the results of  
IHED's institutional development activities would be more  
limited.

SECTION 2  
ADMINISTRATIVE INFRASTRUCTURE DEVELOPMENT

ADMINISTRATIVE INFRASTRUCTURE DEVELOPMENT

Drew's Office of International Health and Economic Development (IHED) improved and expanded its administrative infrastructure during the 1982-83 fiscal year. The School's capacity to undertake international health projects advanced through the strengthening of IHED's: 1) staff resources, 2) program development efforts, 3) library resources, 4) resource file and data center, and 5) linkages.

In general, with each new year, the fiscal and administrative capability of the Drew School for international projects has improved. In 1979, the institution established an International Health and Development Program as the central coordinating unit for all its international activities. Investment in the program's material and human resources was a major priority during the first two years of the program. The program focused on the acquisition of equipment, facilities, staff, and technical consultants, as a resource base. In addition, considerable work centered around "internationalizing" the fiscal and administrative policies and procedures at the institutional level.

The past two years focused on operationalizing and refining the program's administrative base. The acquisition of new AID contracts over the past few years helped to achieve this

objective. Moreover, the creation of linkages with other organizations in the international health community added to the program's information base for its various systems development efforts, as well as to staff knowledge. Though work continues on improving the program's administrative base, IHED claims pride in the quality of its current operations. Added efficiency will come about with the increased responsiveness and awareness of Finance, Personnel, Purchasing, and other administrative divisions to servicing overseas activities.

A more detailed discussion of these development activities for FY 1982-83 follows.

#### Staff Resources

Staff resources, in both quantitative and qualitative terms, are essential for an efficient and effective international operation. IHED maintains a philosophy that the technical performance and the commitments it evokes from its personnel are directly related to the amount of investment made in the technical and managerial capabilities of the staff.

IHED realized an overall reduction in personnel resources this year. The total number of staff and faculty assigned to the Office varied throughout the year. By the end of the fiscal year, however, personnel dropped from 10.5 Full Time

Equivalents (FTE) in FY 1981-82 to 8.0 FTE. This reduction represented a loss of 2.5 professional staff. The staff and faculty directly supported by the 122(d) grant changed from 5.5 FTE to 4 FTE. The other four positions included two professional staff and one clerical position assigned to the Kenya project, and an IPA position located in AID/Office of Health.

The directorship of the Office represented the most significant change during the year. Dr. Cannon, founder and Director of IHED, took a one-year sabbatical to study at the University of Zimbabwe, Department of Community Medicine (see Section 2, Enabling Linkages, and Section 4, Research). During his absence, Ms. Denise Fairchild, the Associate Director, and Mr. John Fullmore, Fiscal Affairs Officer, served as Acting Directors for nine (9) months and three (3) months, respectively.

A half-time training coordinator position was eliminated due to decreased responsibilities. The position was initially created to support the academic and counseling needs of Drew's African Physician's Assistants Program (DAPA). Since the program entered into its final year of operation, with the exception of two months of close-out activities, the services of the coordinator were no longer needed.

The Office also lost the services of Mr. Roland Betts, Community Development Specialist, and Dr. Vernon Dixon, Economist and Research Director. Mr. Betts was reassigned to a new project; Dr. Dixon became departmental chairman at Haverford College. Though neither Mr. Betts nor Dr. Dixon were funded by the grant and served only on a part-time basis, their activities proved vital to the research and service components of the grant. Moreover, they both contributed substantially to the integrated rural and community development area of specialty.

Despite the overall reduction in staff, under the directorship of Ms. Fairchild the Office maintained a strong administrative support unit and an active program development component. The activities of the Office were greatly assisted by the active involvement of the faculty advisory committee throughout the year. Moreover, Dr. Baldwin Carey, Department of OB/GYN, particularly proved to be a vital resource to IHED, serving in the capacity of technical consultant.

IHED also sought to upgrade its staff resources in a number of different ways. First, IHED pursued the recruitment of Mr. John Wooten, Sudan Desk Officer and economist in AID, to Drew on a two year IPA arrangement. Mr. Wooten would have been an invaluable resource in his knowledge of AID, Africa, and

integrated development strategies. Mr. Wooten accepted an assignment with the University of Arizona, however, due to time pressures to make a decision and the tentative arrangements that were made with that institution prior to IHED's recruitment efforts.

Second, IHED conducted staff training activities and completed staff performance standards to improve office operations. The work in this latter area coincided with the implementation of Drew's new personnel evaluation system. All positions in the Office were reevaluated and reclassified, as appropriate, to conform to local standards of pay and functions. The performance standards isolated critical and key task areas for each position. This helped to ensure that the key functions of the job were mutually understood and agreed upon by supervisor and employee. In addition, the standards ensure that merit compensation is not spuriously determined, but results from actual performance levels.

Finally, the clerical and administrative staff attended a variety of courses and seminars to further sharpen the skills important for performing their duties. The seminars included:

- Effective Secretaries
- Communication Skills for Managers

- USAID Seminar on Project Documentation
- Effective Time Management
- Courses for the Wang OIS-130: Basic Word Processing, Glossary, Math/Sort, List Processing, Supervisory Functions.

### Program Development

The IHED directorate continues to dedicate part of its time to strategic planning. The purpose is to ensure the future integrity of Drew's international division. The identification of an appropriate organizational structure and the development of new programs and services fall within this aspect of administrative infrastructure development.

Concerned with establishing a self-sufficient program, two major planning activities were pursued during the year. First, the IHED advisory committee met regularly to deliberate over an institutional structure which would increase the financial and personnel resources available to the program.<sup>1</sup> Specifically, the committee considered the options of creating an international health department or establishing a semi-autonomous institute or center for the program. IHED

---

<sup>1</sup> The president's decision to integrate all free-standing programs (such as IHED) into a department by the end of FY 1982-83 also created an urgency to revise the program's organizational structure.

staff surveyed the organizational and financial base of other international programs around the nation as background information for the committee. A proposal to establish a joint department of International and Community Health was recommended to the Dean and now awaits institutional approval. This structure would increase access to institutional funds for faculty, staff, and operations. Moreover, the program would be able to offer tuition-based courses which would assist in generating additional revenue. (See also Section 3, Core Courses).

The proposed strategy for increasing IHED's self-sufficiency requires a minimum two-year cost extension of the 122(d) grant. The additional time would be used to develop both the internal (institutional) and external relationships and resources critical for carrying out a program of self-sufficiency. Several meetings were held and letters exchanged with officials in the Regional Affairs Office of the Africa Bureau pertaining to this matter. One such meeting involved a detailed self-evaluation, utilizing transparencies and graphic illustrations of IHED's institutional development model and progress. Throughout the year, IHED received

different input regarding its request for an extension, somewhat reflecting the various changes in project officers and directorship of the Regional Affairs Office during the year. It was finally determined that an external evaluation of all 122(d) grants would take place as a basis for considering an extension.

With respect to establishing new international services, programs, and markets, several different tactics were pursued. First, several marketing sessions were held to isolate an approach to attracting development contracts. These meetings included at various times, Dr. Rosalyn King, Drew's IPA in AID's Office of Health. The maximum utilization of the School's Indefinite Quantity Contract (IQC) represented the principal marketing strategy (see also Section 2, Linkages, and Section 5, IQC). Time constraints, in addition to inadequate staff and personnel resources limited field-based marketing and other progressive marketing approaches from occurring.

A major thrust also went into developing a population and family planning division of IHED. Dr. Baldwin Carey, OB/GYN and technical consultant to IHED, met on several occasions with officials in AID's population division to gain insight into the full range of opportunities in the field. Pursuant to these meetings, contacts were made with the Johns Hopkins Program for

International Education in Gynecology and Obstetrics (JHPIEGO), Development Associates, and the Program in International Training in Health (INTRA) at the University of North Carolina. Drew's capabilities, particularly in the area of training, as opposed to research or service, were discussed with members of these organizations in quest of collaborative involvement. IHED is hopeful that an opportunity for subcontracting may occur, as it pursues other strategies for providing family planning services to African countries.

#### Library

A detailed consultant study was prepared to improve the IHED Library. The report provided recommendations in each of the following areas: acquisition, selection, cataloguing, storing, and maintenance.

The cataloguing of library materials utilizing the Library of Congress and National Library of Medicine classification systems started this year. The processing of materials represents a time-consuming and tedious undertaking. The advantage of this activity, however, lies in the ability to integrate the IHED library into the larger King/Drew Library system. This allows students and faculty greater access to IHED's library resources.

### Resource File/Data Center

The complete coding of IHED's consultant (personnel) resource file was completed for data processing and storage. Key data for a total of 243 resource files were entered into the WANG and tested with specific manpower information requests. The system was subsequently refined after the validation procedures were undertaken. The active resource files were updated and resumes refiled according to the new scheme. It is now possible to identify, within minutes, consultants by over 30 areas of speciality, in addition to language capability, regional experience, and/or educational level. This capability greatly assists in identifying consultants for long-term and short-term assignments.

### Linkages

Several types of linkages were sought and achieved in pursuit of increased involvement and recognition within the international development community. These are distinguished by two major types: 1) enabling, and 2) functional.

#### 1. Enabling Linkages

IHED concentrated on enhancing its relationship with organizations able to authorize or provide resources needed for the program to function. This principally involved contacts within the Agency for International

Development (AID) (and other donor agencies), which allocates health development funds, and African officials and organizations who serve as hosts and key decision-makers with respect to development projects.

Quarterly visits to AID Washington were made to facilitate mutual exchange of information and support. Concerted effort revolved around marketing Drew's Indefinite Quantity Contract (IQC). Accordingly, the chiefs and other staff in the health and nutrition divisions of the Near East, Latin America and Asia Bureaus were visited. This was in addition to regular meetings with the Africa Bureau officials.

IHED particularly sought to extend relationships initiated with the Near East and Latin America Bureaus through two IQC Work Orders enacted during the year (See Section 5, IQC). The meetings proved beneficial for informational purposes, if not for collaborative involvement.

Pursuant to these meetings in Washington, IHED launched a mass mailing of its brochures to the AID missions throughout the world. Mr. Jack Royer, IQC

Project Officer, and other AID officials recommended this strategy for notifying the missions of Drew's resources and capabilities. The response from this mailing was essentially negligible.

Establishing both formal and informal relationships with African institutions and officials remains a paramount concern for IHED. Formal relationships through signed linkage agreements between institutions, however, proved ill-fated from past experience with such an arrangement with the University of Somalia. It raised expectations for faculty/student exchange and a variety of other projects for which there were inadequate 122(d) resources to support. Moreover, unsolicited proposals developed to fund linkage activities never succeeded.

Accordingly, IHED adopted a policy to sign formal linkages only when funds were available for the specified scope of work. This approach was used in IHED's efforts to sign a linkage agreement with the Ministry of Health and the University of Zimbabwe.

In the course of negotiating a linkage agreement with the University and Ministry of Health in Zimbabwe over the last two years, several areas of mutual assistance

were identified. The initial efforts to acquire funds to strengthen the country's health planning and management capabilities and Drew's technical assistance capabilities in this area failed.<sup>2</sup>

The second area of assistance related to the country's interest in expanding its health manpower through certification and training of traditional healers and village health workers. Because Dr. Cannon, IHED Director, maintained a long term interest in traditional healing (partly because of its increasing significance in the King/Drew community), he agreed to personally finance a year long sabbatical to both learn about traditional healing and its role in primary health care delivery, and to assist the government's efforts to find financial support to fund its health manpower development projects.

Dr. Cannon arranged his exchange through the Department of Community Medicine at the University of

---

<sup>2</sup> Drew and GOZ/MOH joint ventured in submitting two proposals for both the planning grant and project grant for USAID Health Development Planning Project (AID Project No. 936-5901); (see the 1981-82 Annual Report).

Zimbabwe. His studies at the Zimbabwe Herbal College, however, were sponsored by Professor G. L. Chavunduka. The scope of his work in the area of traditional medicine is described in his paper "Traditional Medicine in Zimbabwe: Preliminary Observations," which is enclosed with this report. In addition to research, Dr. Cannon assisted the GOZ by seeking funds for the herbal college and for the development of an operations research project of its village health worker program (see Section 4, Research).

This linkage arrangement with Zimbabwe was complemented by a number of informal meetings and exchanges with African dignitaries from other countries by Drew and IHED faculty and staff. Specifically, vital linkages were established with Ambassador Kamara from Sierra Leone, Ambassador Moteane Melamu from Botswana, and Ambassador Malieno Tau from Lesotho. Meetings were held to discuss the countries' health development needs in relation to Drew's health resources.

## 2. Functional Linkages

A host of functional linkages were forged in pursuit of on-going and future collaborative endeavors. The

linkages potentially offered Drew either the inputs needed in carrying out its international health mandate (e.g., technical consultants, development services, training programs, etc.), or accepted IHED's outputs. These organizations ranged from universities and consultant firms, to international organizations, and included:

- Expand Associates, Inc.  
Dr. Reid Jackson, President
- TransAfrica  
Mr. Randall Robinson, Exec. Director
- UCLA's Division of Developmental Disability  
at the Neuropsychiatric Institute  
Mr. Andrew Pollard
- Executive Secretariat of the Organization of  
African Unity  
Mr. Mustafa Sam, Asst. Executive Secretary
- African-American Institute  
Mr. Ron Springwater and Ms. Charlotte  
McPhearson
- Nellum and Associates  
Mr. Martin Blank, Vice President for Program  
Development
- Loma Linda University  
Dr. Haynal, Dean; Dr. Dysinger, faculty;  
Dr. Johnston, Director of International  
Programs
- Westat Research Corporation  
Bob Liermont, Research Associate
- Southwest Regional Laboratory

SECTION 3  
EDUCATION AND TRAINING

## EDUCATION AND TRAINING

The bulk of IHED's resources and level of effort went into advancing its education and training component during this fiscal year. A full range of activities took place. The Office worked on the development of core and selected courses, and conducted several informal educational services through observational tours and the international exchange of ideas. The most significant accomplishment was the implementation of an intensive six-week course in planning and evaluation for five Kenyan health professionals. The full scope of these activities is further described below.

### Core Courses

IHED continued to provide administrative support to Drew's African Physician's Assistants Program (DAPA) organized collaboratively with the MEDEX Program in 1980. Negotiations continued with the Phelps-Stokes Fund to finance a tropical and public health training module of the DAPA Program. The module, designed jointly by IHED and Drew faculty and staff, focused on increasing the relevance of the standard physician's assistants (MEDEX-PA) training program for the African students. Unfortunately, the module was not implemented due to a lack of funds. Despite this constraint, the last quarter of the DAPA Program provided the students with relevant field experience.

In December 1982, seven of the eleven students originally sponsored under the refugee assistance training program graduated from Drew's MEDEX Program. IHED supported, through its training coordinator, the mechanics of the students' departure.

During the year, several meetings were held with the MEDEX director to explore the possibility of replicating the DAPA Program with a new group of students. Several opportunities seemed viable. The untimely death of the MEDEX director, however, precluded any significant follow-up.

The development of other core courses within the institution was tackled by the IHED Advisory Committee. The committee deliberated over the organizational structure appropriate for offering core courses in international health and for attracting faculty commensurate with the policy requirements of the institution. A survey of other international programs was conducted to provide a base for informed decision-making. A proposal to resurrect Drew's defunct Community Medicine department to form a joint Department of International and Community Health was developed for the Dean's consideration. A listing of proposed faculty and courses was also developed, including over seven courses and 15 Drew faculty and staff. Action on the recommendation awaited the return of IHED's director from Zimbabwe.

It should be noted that in the absence of basic public and international health courses at the Drew School, such offerings have been made available (and utilized) through an affiliation established this year with Loma Linda University.

### Selected Courses

The major focus this year revolved around developing and implementing selected courses in planning and management for foreign health professionals. The thrust to improve Drew's participant training capabilities stems from the need to generate revenues to increase IHED's self-sufficiency.

The most significant achievement this year involved the offering of IHED's first short-term training program. The intensive six-week course, which began on June 21, was entitled, "Training of Health Planning and Management Trainers". In the absence of a working linkage arrangement, IHED utilized its relationship with the Government of Kenya and designed a course which, though specific to the country's needs, was replicable. The initial effort was conducted for five high level Kenyan health officials who were part of a large scale effort to develop a national, decentralized health planning and management system.

In addition to improving their skills in health planning and management, the participants also learned how to teach others planning and management techniques. The major outputs of the training were a training manual and trainer's guide which were used by the Ministry of Health (MOH) of Kenya as a part of the district health team training scheme. In keeping with institutional policies and procedures, the course was officially certified after several evaluation meetings by Drew's Educational Policy and Planning Committee (EPPC).

The training program represented a major undertaking, drawing upon the staff and resources of both the 122(d) grant and the Kenya project at 100% level of effort for four months.

The course was conducted by King/Drew faculty and staff from the Offices of International Health and Curriculum Development, as well as consultants from UCLA and SWRL (Southwest Regional Laboratory for Educational Research). Dr. Haynes, President/Dean, and Dr. Haughton, Vice President for Finance and Administration, also contributed to the training program. Dr. Reginald Gipson, Chief-of-Party for IHED's Kenya Project, and Dr. Salvator Kanani, Sr. Deputy Director for Medical Services, Kenya MOH, were present during the orientation period to ensure that the training program met the objectives as defined by the Ministry.

Drew's Administrative Division worked along with IHED staff in identifying housing, dining, and training facilities; in providing multi-media services for the development of training materials; and in providing transportation, campus tours and a variety of other services.

Plans are now underway to offer the "Training of Health Planning and Management Trainers" course and similar programs to others who will be working in developing countries. The general objective is to create a development assistance training institute which would provide a variety of courses for health professionals interested or participating in development projects.

#### International Exchange of Ideas

IHED endeavored to maintain the exchange of information among Drew faculty and staff and health professionals from overseas. An international health forum was held allowing the Drew community an opportunity to interact with the Kenyan officials participating in the planning and management project:

In addition, IHED organized several observational tours for a number of visiting delegations. Specifically a half-day itinerary was prepared for two health officers from Egypt and one from India to visit the King/Drew Maternal and Child Health and Nutrition programs.

A second delegation of five Egyptian health officials studied Drew's approach to delivering primary health care services to the urban poor. Their interest stemmed from their involvement in implementing a five-year urban health delivery system project funded by AID in three of the most densely populated areas of Cairo.

A delegation of three women from Nigeria and the Secretary General of the University of Abidjan visited the Pan African Women's Secretariat while in Los Angeles. They were extremely excited about the mere existence of such an entity.

IHED also co-sponsored with the Rockefeller Foundation a five-day conference of women from Africa, the Caribbean, and the Americas to discuss priorities and strategies for advancing women's development.

#### Staff Development

Political, social, and economic development issues and ideas were shared among staff throughout the year through in-house journal sessions. Moreover, the staff attended conferences and other seminars that promoted awareness of Africa and its development and cultural dimensions. Three such meetings included a three-day conference on "African Development" sponsored by the African-American Institute; a

two-day conference entitled, "Bread and Justice in African Development", sponsored by the World Conference of Churches; and a three-day conference on Partnership in Third World Development".

#### Faculty/Student Exchange

IHED arranged a twelve-week internship for a Ugandan student, Mr. Michael K. Oryema, in Drew's Infectious Diseases Division. The student's training and accommodations were sponsored by the African-American Institute. During his stay with Drew, Mr. Oryema undertook research and copublished an article entitled, "Azlocillin Activity on Bacteroides Fragilis and Potentiation by Clavulanic Acid". The paper will be presented at an international conference in Vienna during August, 1983 by the chief of the Division of Infectious Diseases.

Dr. Cannon, Director of IHED, took advantage of a one-year exchange opportunity arranged by the University of Zimbabwe's Department of Community Medicine. Details of his exchange are further described in the Research and Linkages Sections of this report.

SECTION 4  
RESEARCH

RESEARCH

Several research projects took place during the year. The projects primarily focused on delineating policies, priorities, and strategies for implementing IHED's integrated rural and community development (IRCD) component. First, a preliminary draft of a state of art paper in the area of community participation and organization was developed. Two previous (IRCD) research papers isolated community participation as a core element in planning or implementing any IRCD program. Accordingly, a state of art paper was developed to help define IHED's technical approach and appropriate training programs in community organizations. Dr. Alex Norman, a professor in UCLA's School of Social Welfare, and Ms. Lynne Gaffikin were retained for the development of this research paper.

This research in community participation and organization was utilized as a basis of IHED's second research project: an operations research proposal submitted for the PRICOR project in conjunction with Zimbabwe's MOH and the University Medical School. The proposal addressed some of the community participation needs of Zimbabwe's village health workers program to adequately deliver primary health care services. Communication with the MOH and University was constant,

facilitated by the IHED Director who was performing sabbatical studies at the University. Though the proposal was not funded during this cycle, feedback and encouragement were provided for further development and resubmission of the proposal.

IHED identified the integration of women in development as the second critical element in its IRCD programming efforts. Both a research publication and technical assistance strategy in this area are currently being formulated from papers and discussions on this topic that emerged from a week-long conference of women from Africa and the Americas organized by IHED in August, 1982 (see also, Section 5, WID).

Several other research activities took place that added insight into improving the planning and management of effective, low-cost health delivery systems. Dr. Cannon completed a paper entitled "Traditional Medicine in Zimbabwe: Preliminary Observations", which summarized Zimbabwe's efforts to increase its health manpower through the formalization and increased use of traditional healers. Finally, three concept papers were developed by IHED staff:

- 1) Manufacturing of Pharmaceuticals in Africa as Private Sector Venture,
- 2) Socio-cultural Values for Health, and
- 3) Rural-Urban Migration: Implications for Health.

SECTION 5  
ADVISORY AND ASSISTANCE

### ADVISORY AND ASSISTANCE

The advisory and assistance component of the 122(d) grant emphasizes direct involvement in health development projects through the acquisition and implementation of major grants and contracts. Under these circumstances, IHED identifies and pulls together available expertise both within and outside of the institution to address project needs. In addition, the process of designing and carrying out an overseas assignment adds to Drew's capabilities.

During FY 1982-83, IHED made only modest gains in the development and acquisition of international grants and contracts. These achievements are discussed by the program's areas of specialty.

#### Health Planning and Management

Since HPM is IHED's major area of specialty, a number of projects were pursued that would lead to greater Drew involvement. While many of these activities were exploratory and developmental in nature, others were operational in scope. The major projects were:

1. Kenya HPIP

Progress being made under the AID-funded Health Planning and Information Project has been exceptional

despite some communication difficulties encountered with AID/Kenya. The technical assistance staff made significant strides in the development of the Ministry of Health's planning and information management systems. Moreover, greater experience in undertaking an overseas project has been developed by IHED staff. By providing administrative and technical support to the Kenya project, the 122(d) staff has increased its understanding of USAID health policies, project design, implementation, and evaluation processes.

In addition, the program has refined and expanded its administrative systems and procedures including fiscal reporting, procurement, and contract negotiations and modifications. Expertise in participant training has also been acquired.

Two noteworthy accomplishments were made this year. First was the completion of a Drew site evaluation by Drs. Farag and Zukin, including an exit interview to discuss evaluation findings and approaches to improve project operations. The second was the development and implementation of a six-week training program for

five (5) Kenyan health officials in health planning/management, and completion of a basic course manual and trainer's guide in planning and evaluation for district health teams (see Section 3, Selected Courses).

2. Kenya - Kitui

Discussions were held between the IHED staff and Kenyan MPH participant trainees regarding the feasibility and implementation strategies for the proposed Kitui health project. Contacts were also made with Bill Thompson of Tuskegee and Birdie Brassfield of APHA regarding the possibility of joint venturing on this project. The project was not pursued for fear of being overexposed or overly involved in one country. The project was also deemed to be unduly complicated and controversial, thereby limiting the probability of it being successful.

3. Zimbabwe

In response to solicitation by the Primary Health Care Operations Research Program (PRICOR), IHED developed, in close collaboration with the Ministry of Health, a proposal to conduct applied research on Zimbabwe's newly initiated (October, 1981) village health worker

program. The research proposed to examine questions concerned with the selection, recruitment, training, supervision, and remuneration of village health workers (VHW). The outcome was expected to identify the best utilization of VHWS in promoting improved nutritional levels of women and children.

The proposal was not funded, though encouragement to revise and resubmit the proposal for the next funding cycle was received. Due to a number of considerations, the project was not pursued further.

4. Latin America/Caribbean

Two projects, initiated in the previous year, were completed this year. Several meetings were held with Dr. James Haughton, Vice President for Finance and Administration, to follow-up his IQC assignment to design a project for administrative reform of the Costa Rican Social Security System. The report was finalized and efforts were made to track the steps to project implementation.

The second project involved the submission and tracking of a proposal for the Jamaican Health

Management Improvement Project, prepared in collaboration with Southwest Regional Laboratories (SWRL). The Drew/SWRL consortium was not awarded the contract.

5. IQC

A materials management specialist was hired and deployed on a four-week assignment to Mehalla Hospital in Egypt to assist in evaluating proposals to provide the hospital with various types of equipment.

In addition, IHED developed a proposal and was awarded a \$47,000 work order to plan and coordinate a Regional Primary Health Care Conference for Eastern and Southern African Countries to be held in 1983 in Kenya.

Integrated Rural and Community Development

1. Nutrition

IHED developed and submitted a proposal in response to an RFP for an IQC in nutrition. This effort was pursued in conjunction with WESTAT, a profit-making research organization, and Planning Assistance, a private voluntary organization (PVO). The contract, however, was not awarded to this consortium.

2. Women in Development Programs

In the effort to develop strategies designed to effectively integrate women in health and other development projects, the Pan African Women's Secretariat of IHED organized and held a week-long (Aug. 23-27, 1982) conference of Black women from Africa, the Caribbean and Americas to discuss common goals and strategies for improving their respective conditions of health and development. The conference was principally sponsored by a grant awarded by the Rockefeller Foundation. The compendium of conference papers is scheduled for publication during next year. The conference was useful in identifying women's priorities in health and their overall development concerns.

See Section 2, Education and Training - International Exchange of Ideas, for description of additional activities.

CONCLUSION AND SUMMARY

Drew's Office of International Health and Economic Development, created as a result of the 122(d) grant, continues to make cumulative gains in fulfilling its institutional development mandate. In general, the major components of an administrative infrastructure are established and operational, including staff and consultant resources, policies and procedures, library, and data center. IHED has developed and implemented training, research, and technical assistance projects in its principle area of specialty - health planning and management. Research and technical assistance work has also taken place in selected areas of integrated rural and community development. Finally, the program has demonstrated the ability to respond to RFPs.

These accomplishments notwithstanding, several major outputs initially specified in the grant remain to be tackled. Moreover, a program of self-sufficiency must be developed and implemented to guarantee the original goal of institutionality is achieved, and to ensure the long-term integrity of the program. The basic scope of work remaining is discussed by each of the four program areas.

### Administrative Infrastructure Development

Proposed activities in the area of administrative infrastructure development can be delineated into three categories: 1) office operations, 2) linkages, and 3) program development. Each will be discussed in turn.

The major work in the area of office operations has been accomplished. Even so, IHED looks to upgrade the efficiency and overall resource base of its administrative infrastructure. Several dimensions are involved in this developmental thrust. First, the capabilities and information base of the data center need to be expanded. This involves operationalizing the interface between the WANG OIS-130 and Drew's IBM main-frame computer to facilitate data analysis capabilities. This is vital for research purposes. Second, additional library materials must be purchased in line with expanded course offerings, research, and advisory and assistance activities. Finally, the staff resources should be upgraded and expanded commensurate with both the functional and technical expertise required to carry out Drew's international program. This includes program administrators/managers, training and research specialists, planning, and integrated community development expertise.

With respect to linkages, though it is not specified in the original grant, formal relationships with AID missions need to occur if the institution's accumulated resources and capabilities are to be maximally utilized. It is the key ingredient for increasing Drew's competitiveness in acquiring major AID contracts. New institutional linkages must be forged, both formal and informal, in hopes of creating widespread acceptance and involvement in the African health development arena.

The third category of program development encompasses IHED's proposed program of self-sufficiency. In general, it represents the planning and development of new structures and programs that would increase both the revenue-generating activities and the in-kind exchange of resources which are vital for achieving a financially self-supporting international health unit within the institution. The priority will be to develop maximum institutional support (financial/personnel), while gaining maximum visibility in the international arena.

#### Education and Training

IHED's education and training component represents the least developed area of the 122(d) grant. The previous constraints to development included, until this year, the

absence of an undergraduate medical curriculum and program; the lack of an appropriate institutional mechanism for attracting faculty to offer international health courses; priority on the acquisition of internal resources, knowledge and experience in international health in the form of administrative infrastructure development, research, and advisory and assistance activities. This component, however, moves to the forefront of IHED's program planning and development efforts.

The emphasis on education and training connotes two trends. First, the establishment of core courses emerges with the development of Drew's newly created undergraduate program. The prerequisites for core course offering, however, must be established. This includes a revised organizational structure placing IHED either within a department or as a department; recruitment of faculty to teach international health courses; development of international health modules for existing primary health care courses; and the development of core courses to be offered as electives for students wishing more advanced studies.

Second, selected, short-term courses form a key part of a revenue-generating, self-sufficient international training program. A major undertaking will be to expand, market, and offer selected courses in a variety of subject areas for African health professionals and others involved in development

work. The strategy is to expand faculty resources, develop a curriculum in MCH and family planning, nutrition, and other specialty areas, field-test selected modules, develop a training brochure, and market programs.

### Research

Proposed research activities will build upon work conducted to date in Drew's two areas of specialty, in addition to forging into new development issues. Specifically, the original state of art paper on health planning examined the nature of planning in Africa and recommended an approach to human resources development planning. A more in-depth specification of appropriate planning processes to achieve human resources development needs to be explicated for IHED's planning model. The social learning model versus societal guidance model of planning are particularly relevant alternatives to be studied in more detail.

The role of community organization and women in implementing effective integrated rural and community development strategies have been clearly delineated in the research done to date. A technical assistance model needs to be further defined and tested. Moreover, IHED proposes to specify a model which integrates nutrition and health, and

public works and health, utilizing community participation and women as the vehicles for development.

Finally, in keeping with the priority area of AID, IHED proposes to undertake state of art study in oral rehydration and immunization strategies.

#### Advisory and Assistance

A vital component of IHED's proposed self-sufficiency program is to strengthen its overall technical assistance capacity, marketing, and contract acquisition efforts. Extensive field work juxtaposed to some internal development is necessary to carry out this thrust. IHED plans to develop proposals, solicited and unsolicited, to provide training and technical assistance services. Beyond this, however, is the need to increase Drew's visibility among funding agencies and within host countries. To achieve this, IHED proposes to recruit faculty and train them in both AID's and IHED's project planning and IRCD development models. Field visitations will be conducted for faculty to discuss technical approaches to specific aspects of primary health care delivery. In-country workshops within select countries in areas of specialty will then be offered to gain relevant experience and to gain added visibility for development contracts.

In summary, with less than a year left to Drew's 122(d) grant, a great deal of work remains to push IHED towards its goal of institutionality. A minimum two year cost extension of the grant is critical to phase in a program of self-sufficiency and to complete the outputs specified in the original grant proposal.

SECTION 7  
FINANCIAL STATEMENT



-54-

**CHARLES R.  
DREW  
POSTGRADUATE MEDICAL SCHOOL**

1621 East 120th Street  
Los Angeles, California 90069  
Telephone (213) 603-3111

11/1/83

July 27, 1983

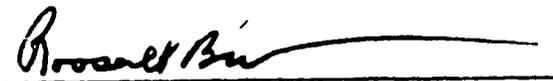
**AGENCY FOR INTERNATIONAL DEVELOPMENT  
CONTRACT NO. AID/AFR-C-1502  
(Account No. 1032-1011-1012-1013-1014)**

**ANNUAL FISCAL REPORT**

**This report represents costs incurred from February 1, 1982  
through January 31, 1983:**

Direct Labor	<u>93,105</u>
Fringe Benefits	<u>13,083</u>
Consultant Services	<u>5,045</u>
Supplies and Services	<u>22,444</u>
Equipment	<u>21,540</u>
Travel	<u>36,324</u>
Space	<u>25,288</u>
Miscellaneous	<u>5,674</u>
 Total Direct Cost	 <u>222,503</u>
 Indirect Cost	 <u>12,795</u>
 TOTAL COST	 <u>235,298</u>

The undersigned hereby certifies that the information is correct and such detailed supporting information as AID may require will be furnished by the grantee upon request.

  
\_\_\_\_\_  
Roosevelt Brown  
Controller

RB/ba

55-

# CUMULATIVE EXPENDITURES REPORT

Contract No. AID/AFR-G-1502

This report represents costs incurred from February 1, 1982 through January 31, 1983

Direct Labor	<u>476,940</u>
Fringe Benefits	<u>51,846</u>
Consultant Services	<u>48,676</u>
Supplies & Services	<u>63,007</u>
Equipment	<u>46,713</u>
Travel	<u>97,382</u>
Space	<u>53,808</u>
Miscellaneous	<u>19,935</u>
Total Direct Cost	<u>858,307</u>
Indirect Cost	<u>92,302</u>
Total Cost	<u>950,609</u>