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PD-ABP-583

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A = Add, C = Change, D = Delete — Amendment Number 95189

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: Regional

3. PROJECT NUMBER: 698-0471

4. BUREAU/OFFICE: Africa 06

5. PROJECT TITLE (maximum 40 characters): Operations Level Management Development

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 29 YY 91

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 87 B. Quarter 4 C. Final FY 91

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY 87 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(657)	( )	(657)	(6,100)	( )	(6,100)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country						
Other Donor(s)						
TOTALS	657		657	6,100		6,100

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) DHX	583					6,100		6,100	
(2)									
(3)									
(4)									
TOTALS						6,100		6,100	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 510 520 562 563

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To provide assistance to the Medex Group, University of Hawaii, in its refinement, testing and application of a methodology for improving operations level health care management systems in Africa

14. SCHEDULED EVALUATIONS: Interim MM 09 YY 89; MM YY; Final MM 06 YY 91

15. SOURCE/ORIGIN OF GOODS AND SERVICES: [X] 000 [ ] 941 [X] Local [ ] Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

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17. APPROVED BY

Signature: Keith W. Sherper

Title: Director, AFR/TR

Date Signed: MM 07 DD 16 YY 87

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-4 (8-79)

PDABP-523

95789

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR FOR AFRICA

FROM: AFR/PD, Carol Peasley C Peasley

SUBJECT: Operations Level Management Development: The Medex Group (698-0471)

I. Problem: Your approval is requested (1) to authorize $6,100,000 from the Section 104 Health Appropriation for a four-year project designed to improve operations level management development in Africa as described below and (2) to award a cooperative agreement, based on an unsolicited proposal, to the Medex Group, John A. Burns School of Medicine, University of Hawaii to implement this project. The planned FY87 obligation is $657,000.

II. Discussion:

A. Background

1. Project Development

On June 20, 1986, the Medex Group submitted an unsolicited proposal entitled "Operations Level Management: A Project to Strengthen and Sustain Health Programs in Africa." The proposed project was for five years at an estimated cost of $10,800,000. The proposal was reviewed by a technical committee organized by AFR/TR and the committee concluded that the proposal was much too ambitious in terms of scope, time table and cost. The Medex Group was advised that the proposal should be revised to reduce the scope and cost, and to link planned activities to A.I.D. child survival efforts. The Medex Group revised the proposal and resubmitted it to A.I.D. on April 6, 1987. The revised proposal was for a project with a total cost of $6,100,000 and a duration of four years.

2. Committee Review and Findings

The proposal was reviewed at Issues and ECPR meetings held on May 12, 1987 and May 22, 1987 respectively and the proposal was conditionally approved subject to resolution of several issues which follow:

(a) Project Design - The ECPR accepted the basic project concept but indicated that Medex needed to develop a more detailed implementation planning phase into the overall design. During this period Medex would be expected to indicate which countries would be included in the project. It was understood that there would be significant involvement of AFR/TR and local Missions in the selection of project countries.

(b) End of Project Status - The proposal was unclear regarding how much of the project resources would actually be provided within the region. Medex was asked to review its proposed budget to assure that adequate resources would be provided to the region and not to Medex/Hawaii. In addition there was not enough attention in the proposal to working with regional management institutes.

(c) Evaluation - Medex did not include an evaluation plan in their proposal and needed to develop one.

(d) Other Concerns - The ECPR was also concerned that Medex needed to direct more effort at working with the private sector and developing programs in child survival emphasis countries. In addition Medex would need to explain in more detail the transition between its current ST/H funded program and this proposed Africa Bureau funded effort. Finally, there were some technical concerns regarding the appropriateness of the planned use of micro-computers and the need for the management training manuals.

3. Medex Response to ECPR Issues - In response to the issues/concerns raised at the ECPR, Medex provided an addendum to its proposal. The additional information was reviewed by the Project Committee, including the ECPR chairperson, and the information was judged adequate to proceed with project authorization. Essentially Medex agreed to add a more explicit pre-implementation planning stage to the project during which the two countries would be selected and detailed country plans would be developed. These plans would be reviewed and approved by the respective Mission's involved and A.I.D./W. Medex will also secure written host country approval of the country plans. In addition, Medex agreed to provide a more detailed evaluation plan during this initial period. For any issues that were not fully resolved, language will be included into the Medex agreement which will provide assurances required by A.I.D./W. In this regard, the "Special Conditions" section of this memorandum provides this information.

B. Project Description

This project provides assistance to the Medex Group in its refinement, testing and application of a methodology for improving operations-level management systems for primary health care in Africa. Through the provision of technical assistance and training and the development of key technologies, the project plans to achieve the following in two anglophone African countries:

- 1 Develop a methodology for improving operations level management: By refining and adapting key training technologies, Medex will improve basic management systems within host country ministries of health.

- 2 Establish a receptive framework for operations-level management development: Through meetings and workshops, policymakers learn the potential benefits of operations-level management development, as well as the likely adjustments in health system policies and procedures that the program will require at the operations level.

- 3 Assess operations-level management needs: Management specialists who understand the national health plan -- particularly PHC program objectives -- conduct an assessment to answer the question: "What management support and capabilities do operations-level personnel require to achieve Child Survival and other PHC program objectives in their districts or service area?"

- 4 Analyze and redesign operations-level organizational structures and management systems: A group of officials from various levels of the health system will be formed to develop and implement action plans for strengthening operations-level management systems that support PHC activities.

- 5 Develop and carry out management training for all operations-level personnel: Operations-level personnel will receive skill-oriented, competency-based training that directly supports the implementation of action plans.

- 6 Introduce and maintain the new operations-level management systems and practices: This is the centerpiece of operations-level management development. Its major results are (a) a rational resource allocation,

(b) a simple information system.

The four technologies to be addressed by this project have been utilized in other health program areas. However, they have not been adapted for use in operations level management. Medex will refine and adapt the following technologies for use in this project:

1. Critical Incident Technology: A technique for analyzing work-related events to determine operations-level management needs. This technology will provide a rapid and accurate management needs assessment tool for countries that use it.

2. Distance Learning Technology: The use of self-instructional "scrambled books" to provide training for isolated operations-level health personnel who are scattered over large geographical areas.

3. Case Study Technology: The methodology and tools to prepare and use written cases based on trainees' actual experiences. Cases are designed to challenge old assumptions and encourage fresh solutions to operations-level management problems.

4. Resource Allocation Technology: A reliable and adaptable set of community investment indicators to help operations-level managers direct scarce health resources to communities which are able to use them most effectively.

At the end of this four year project, it is expected that (1) four management technologies will be developed, (2) a comprehensive operations level management development process will be implemented and institutionalized in two African countries, (3) simple and appropriate management systems will be in place which support primary health care/child survival activities including trained personnel able to use these systems, (4) a functioning supervisory system linked to an on going in-service training program and (5) reproducible prototype training manuals, workbooks and other materials will be developed and field tested for use in Africa.

C. Project Implementation

As indicated in Section A, additional planning is required to satisfy Section 611 (a)(1) for the implementation phase. To meet this requirement, a planning phase has been added to the project for which $657,000 initially will be obligated. During this phase Medex will develop detailed, country specific plans which will be approved by A.I.D. before obligation of funds for implementation. These plans will include:

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- Country Selection - There is to be maximum A.I.D./W, local U.S.A.I.D. Mission and host country involvement in the selection of the two project countries and final selection must be approved by A.I.D./W and the field mission. Potential project countries include Ghana, Kenya*, Lesotho, Malawi*, Nigeria*, Sudan*, Swaziland and Zambia. Currently, the local U.S.A.I.D. Missions and governments of these countries have not been informed of this project but will be contacted after the project is authorized. Site visits will be made to approximately six countries and two will be selected according to criteria agreed upon by A.I.D. and Medex during the planning phase.

- Country Plans - The country plans developed by this project are considered a major activity upon which all future project activity will depend. For this reason, A.I.D./W will require in these plans a high level of detail. Medex will be required to show in these country plans that sufficent analysis and planning has occurred to justify the implementation phase and the country proposed. Medex should include the following in these plans:

  - A clear statement of purpose, planned inputs, projected outputs, an implementation plan, an evaluation plan, measurable indicators of success and a detailed budget.

  - A review of the country's health system and an indication of how this project fits in.

  - A discussion of project technical feasibility, cost effectiveness and beneficiaries.

  - An indication of what host country resources are being contributed to this project.

*Child-survival emphasis country

- Administrative arrangements for this project including an indication of what provision has been made for receiving host country tax exemptions.

- A logical framework (log frame) which summarizes all of the above.

Host Country Agreement - There must be written agreement of the selected host country (1) agreeing to the project, (2) agreeing to provide necessary resources including personnel, and (3) providing necessary tax and duty exemption.

- Plan Review - When the country plans have been submitted to A.I.D./W, they will be reviewed and approved by the Project Committee including representatives of AFR/TR, AFR/PD, the appropriate geographic office, AFR/DP, ST/H and GC/AFR.

D. Financial Summary

The life-of-project funding will be $6.1 million and the cost breakdown is as follows:

Salaries	$1,766,050
Fringe	312,351
Consultants	442,579 ~~103,916~~
Travel and Transportation	873,436
Allowances	556,289
Other Direct Costs	700,561
Equipment, Vehicles, Supplies*	241,763
Participant and In Country Training*	154,354
Indirect Costs	1,056,401
TOTAL	6,103,786

*These figures have been modified from the original submission to reflect ECPR/project committee guidance that the budget be modified to include funds for the payment of in-country training costs such as trainee travel and per diem.

E. Special Conditions

The following special conditions, described in more detail in the attached Project Authorization, will be included in the Cooperative Agreement with the Medex Group:

- Country Selection and Planning - Requires A.I.D./W and local Mission and host country written approval of the project countries selected and the specific country plans developed.

- Prototype Manuals - Requires A.I.D./W approval of the quantity and content of all training manuals developed.

- Evaluation Plan - Requires the development of a detailed evaluation plan

- Regional Management Institutes - Requires the Medex Group to work with African institutions.

- Key Personnel - Designates that selected project staff must be approved by A.I. D./W.

F. Designated Officer: The cognizant technical officer for this project is Dr. James Shepperd, AFR/TR/HPN.

III. Assistance Mode - Medex originally submitted an unsolicited proposal for a contract. However, the ECPR decided that an assistance instrument is more appropriate than a contract because A.I.D.'s purpose is to provide support for Medex's own activities rather than to achieve a result specified by A.I.D. For instance, Medex will be refining and testing a methodology that it has developed. It is anticipated that Medex will have a greater degree of independence than is normally associated with a contract. Thus, use of an assistance instrument is justified under Handbook 13, Ch. 13 2a(3)(a) which authorizes use of an assistance instrument " to support or intensify the activities of independent organizations which contribute to the achievement of Foreign Assistance Act objectives." A cooperative agreement rather than a grant is appropriate because of the need for substantial A.I.D. involvement in the activity as set forth in the project authorization.

Handbook 13, Ch 2B3d permits the responsible Assistant Administrator or his/her designee to consider unsolicited applications for a grant or cooperative agreement " under circumstances in which competition is not an issue (i.e. where the only issue is for A.I.D. to decide whether or not to provide assistance to a particular applicant)...". Here, competition is not an issue because the proposal, which was unsolicited, describes innovative approaches to management training that were originated by Medex and that are not available to the Agency from another source. It is appropriate to provide the project assistance to Medex because application of these approaches will advance the Agency's efforts to improve primary health care, child survival and population programs. Medex's capabilities, related experiences and facilities are integral factors for advancing the proposed objectives and the qualifications, capabilities and experience of the proposed key personnel are satisfactory.

IV. Method of Financing- The method of financing will be through a Letter of Credit. The Cooperating Agency, University of Hawaii, has appropriate accounting control systems in place.

V. Waivers - No waivers are anticipated at this time. However this will be subject to reconsideration at the time the final selection of project countries is made.

VI. Justification to the Congress: A congressional notification for this project has been submitted on July 1, 1987 and the fifteen day waiting period expired on July 16, 1987 without objection.

VII. Environmental Review: A categorical exclusion has been approved by the Bureau Environmental Officer and GC/AFR.

VIII. Recommendation: That you sign the attached project authorization and thereby approve (1) life of project funding of $6,100,000 for this project and (2) award of a cooperative agreement to the Medex Group, University of Hawaii, for the implementation of this project..

Clearances:

AFR/TR:KSherper(Draft) KJ	Date 7/1/87
AFR/DP:JGovan(Draft)	Date 7/28/87
M/AAA/SER:JOwens(Draft)	Date 7/10/87
AFR/CONT:RKing(Draft)	Date 7/10/87
AFR/EA:SMintz (Draft)	Date 7/1/87
AFR/SA:RCarlson(Draft)	Date 7/6/87
AFR/SWA:PDichter(Draft)	Date 7/9/87
AFR/CCWA:JColes(Draft)	Date 7/9/87
AFR/PD/CCWAP:JHradsky(Dft)	Date 6/29/87
GC/AFR:MAKleinjan	Date

Drafted: AVGe~~ilsen~~ AG:AFR/PD/CCWAP:647-9069:AFS:3342:6/25/85

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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

PROJECT AUTHORIZATION

COOPERATING AGENCY: The Medex Group

PROJECT NAME: Operations Level Management Development

PROJECT NUMBER 698-0471

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, (the "Act") I hereby authorize a cooperative agreement with the Medex Group (the "Recipient") for the Operations Level Management Development Project (the "Project") involving planned obligations of not to exceed six million one hundred thousand U.S. dollars ($6,100,000) in grant funds over a four year period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of Project is four years from the date of initial obligation, except as A.I.D. may otherwise agree in writing.

2. The Project consists of assistance to the Recipient in its refinement, testing and application of a methodology for improving operations-level management systems for primary health care in Africa.

3. The Cooperative Agreement which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

4a. Source and Origin of Commodities, Nationality of Services

Commodities financed by A.I.D. under the Project shall have their source and orgin, and suppliers of commodities and services financed under the Project shall have their nationality, as specified in Handbook 1B, Chapter 16B1b and in

the applicable cooperating country. Ocean shipping financed by A.I.D. under the Project shall be financed as prescribed in Handbook 1B, Chaper 16B1b, except as A.I.D. may otherwise agree in writing.

4b. Special Undertakings

1. Country Selection and Planning - Prior to the obligation of funds for the implementation phase, A.I.D./W and the applicable A.I.D. Mission shall approve in writing the countries selected as project sites and the detailed country specific plans which are developed. In approving these plans, A.I.D. will give special attention to the adequacy of financial resources being provided to the country programs. The selected countries shall provide (1) written approval of the Project, (2) written agreement to provide necessary resources, including personnel, and (3) necessary tax and duty exemptions.

2. Prototype Manuals - The number, types, and content of all prototype training manuals developed under the Project must be reviewed and approved in writing by A.I.D. The Recipient will submit a list of planned manuals including a synopsis of the content of each manual prior to their development. A.I.D. reserves the right to review and improve these documents prior to publication.

3. Evaluation Plan - Before obligation of funds for the implementation phase, the Recipient will submit a detailed evaluation plan including measurable indicators of program success.

4. Regional Management Institutes - The Recipient will develop a format written agreement with an African management institute to conduct some of the work proposed under the Project. A.I.D. reserves the right to approve the institute selected and the agreement which is negotiated.

5. Key Personnel - The project director and the four management development specialists will be designated by name as key personnel in the Cooperative Agreement and may not be changed without A.I.D. written approval.

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4c. Based on the authority and justification contained in the accompanying action memorandum, I hereby approve award of a cooperative agreement to the Medex Group, based on an unsolicited proposal, in an amount not to exceed six million one hundred thousand dollars to implement the Project.

Edward L. Saiers
Acting Assistant Administrator
Bureau for Africa

July 31, 1987
Date

Clearances:

AFT/TR:KSherper	KS (Draft)	Date	7/1/87
AFR/DP:JGovan	(Draft)	Date	7/29/87
AFR/CONT:RKing	(Draft)	Date	7/10/87
AFR/EA:SMintz	(Draft)	Date	7/1/87
AFR/SA:RCarlson	(Draft)	Date	7/6/87
AFR/CCWA:JColes	(Draft)	Date	7/9/87
AFR/PD/CCWAP:JHradsky	(Draft)	Date	6/29/87
AFR/PD:CPeasley	CP	Date	7/29
AFR/SWA/PDichter	(Draft)	Date	7/9/87

GC/AFR:MAKleinjan/gw 2238H:79218/7/13/87

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The MEDEX Group
John A. Burns School of Medicine
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Telex: WUI 634144
Cable: MEDEX (Hawaii)

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT:
A PROJECT TO STRENGTHEN AND SUSTAIN HEALTH PROGRAMS IN AFRICA

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT:
A PROJECT TO STRENGTHEN AND SUSTAIN HEALTH PROGRAMS IN AFRICA

A Proposal Submitted to:
Agency for International Development

By:
The University of Hawaii at Manoa

Moheb A. Ghali
Director
Office of Research Administration
University of Hawaii

Terence A. Rogers, Ph.D., Dean
John A. Burns School of Medicine
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April 6, 1987 Revision

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*See original proposal submitted June 13, 1986

PREFACE

APRIL 6, 1987 REVISION

This document revises the project design, implementation plan and budget of the June 13, 1986 proposal "Operations-Level Management Development: A Project to Strengthen and Sustain Health Programs in Africa" submitted to the Agency for International Development by The MEDEX Group of the University of Hawaii at Manoa.

The original proposal for a seven year effort (three phases) with an initial implementation plan of five years (Phase I, II) at an estimated cost of $10.8 million. Following technical reviews, the Bureau for Africa of the Agency for International Development instructed The MEDEX Group to redesign the project to cover an initial implementation period of four years at a cost of approximately $6.0 million. The MEDEX Group has complied with these instructions and herewith submits the revised project design, implementation schedules and budget.

The project is redesigned into two phases. Phase I of the revised project design incorporates Phases I and II of the original proposal and is presented in detail herein.

This document does not repeat all the narrative project description, background data and appendices contained in the June 13, 1986 original proposal. Therefore, it should be read in conjunction with the original June 13, 1986 document.

SUMMARY

April 6, 1987 Revision

This is a project to strengthen operations-level management of Primary Health Care (PHC) programs in Africa.* The proposed management technology will be developed and applied in five (5) African countries. The budget for the initial four years of project activities in two countries is $6.1 million.

The overall goal of the Operations-Level Management Development Project is to strengthen capabilities to implement and sustain health programs in Africa through improved management support for Child Survival and other PHC programs. Management support is particularly important at the operations level where essential preventive, promotive and curative services are delivered.

The MEDEX Group's twelve years of experience in primary health care, including field work in 16 developing countries in 1985-86, have led us to the conclusion that poor management is the single greatest obstacle to successfully implementing and sustaining PHC activities. Management problems are most serious in African countries where the extension of health services to the periphery frequently exposes chronic management weaknesses that threaten the long-term viability of these efforts. Therefore, this proposal addresses the key issue facing the Agency for International Development's (AID) health programs: how to sustain health development activities at the grassroots level in African countries.

In recent years international donors have put millions of dollars into Third World management frameworks that historically have not been able to support and sustain health development. This is a painful issue, yet it must be acknowledged, or we will make little progress in our current efforts to increase child survival and improve health. The AIDS (Acquired Immune Deficiency Syndrome) pandemic has further complicated the health situation in Africa. The AIDS pandemic lends urgency to this

*Excluding the Arab countries and the Republic of South Africa.

Operations-Level Management Development Proposal, which takes a fresh approach and concentrates on developing and strengthening management infrastructures at the critical grassroots or operations level. The MEDEX Group is convinced that unless we give urgent priority to operations-level management, we cannot realistically hope to sustain the ambitious Child Survival and other PHC programs now planned and being implemented in Africa. In addition, unless we give significant attention to management at this level, we will not be able to provide the health education and other preventive services needed to contain the AIDS pandemic threatening to sweep the continent.

The revised Operations-Level Management Development Project is divided into two phases:

> Phase I (Project Years 1-4): Institutionalize a comprehensive Operations-Level Management Technology within Ministries of Health in two African countries; conceptualize, design, and field test operational-level management technologies resulting in reproducible prototype manuals, modules, workbooks and other management materials,
>
> Phase II: Use the Operations-Level Management Technology to support health programs in three additional African countries; publish a comprehensive, adaptable, prototype Operations-Level Management Technology for Africa, and transfer it throughout Africa; and assist African countries in the adaptation and use of this prototype Management Technology.

The goals and outputs of each phase are shown in Diagram A at the end of this summary section.

The Operations-Level Management Development proposal is a direct outgrowth of The MEDEX Group's decade-long effort to improve the delivery of basic health services in the developing world. During this period, we learned from experience the necessity of a management infrastructure to support the mid-level and community-level health workers being trained in our overseas projects. We now propose to build on our experience by developing a comprehensive Operations-Level Management Technology to support PHC activities in Africa. In order to achieve the greatest possible use of this comprehensive technology, we will publish prototype methods and materials in 20 adaptable volumes during Phase II of the project.

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The project proposes to use the six-step Operations-Level Management Development process shown in Diagram B at the end of this summary section. Operations-Level Management Development is a systems approach to management in the Third World. While the individual steps of the process are not new, Operations-Level Management Development is unique in that it combines all the essential components of successful management development into a comprehensive, systematic approach to strengthening management at the operations level. Each of the six steps in the Operations-Level Management Development process is briefly described below.

STEP 1. Establish a receptive framework for Operations-Level Management Development: Through meetings and workshops, policymakers learn the potential benefits of Operations-Level Management Development, as well as the likely adjustments in health system policies and procedures that the program will require at the operations level.

STEP 2. Assess operations-level management needs: Management specialists who understand the national health plan -- particularly PHC program objectives -- conduct an assessment to answer the questions: "What management support and capabilities do operations-level personnel require to achieve Child Survival and other PHC program objectives in their districts or service areas?"

STEP 3. Analyze and redesign operations-level organizational structure and management systems: This step results in the formation of a group of officials from various levels of the health system to develop and implement Action Plans for strengthening operations-level management systems that support PHC activities.

STEP 4. Develop and carry out management training for all operations-level personnel: As a result of this step, operations-level personnel receive skill-oriented, competency-based training that directly supports the implementation of the Action Plans in Step 3.

STEP 5. Introduce and maintain the new operations-level management systems and practices: This step is the centerpiece of Operations-Level Management Development. Its major results are (a) a rational resource allocation, (b) a simple information system that maximizes the flow of information among operations-level personnel, (c) a formal, operations-level system for decision-making and problem-solving, (d) a monitoring system to detect and correct deviations from the Action Plans, and (e) a supervisory system capable of supporting the new operations-level management systems and practices.

STEP 6. Evaluate results and impact of the Operations-Level Management Development project: At six-month intervals, an operations-level evaluation system will assess (a) the effectiveness and long-term viability of the new operations-level management systems and practices, (b) the effectiveness of the operations-level management training that the project provides, and (c) the project's effectiveness in meeting the management needs determined in Step 2.

As part of Operations-Level Management Development, the project proposes to develop five specialized management technologies. These technologies are targeted at key "leverage points" in the overall development process. These leverage points are indicated on Diagram B at the end of this summary section. The specialized management technologies are:

1. Critical Incident Technology: A technique for analyzing work-related events to determine operations-level management needs. This technology will provide a rapid and accurate management needs assessment tool for countries that use it.

2. Distance Learning Technology: The use of self-instructional "scrambled books" to provide training for isolated operations-level health personnel who are scattered over large geographical areas.

3. Case Study Technology: The methodology and tools to prepare and use written cases based on trainees' actual experiences. Cases are designed to challenge old assumptions and encourages fresh solutions to operations-level management problems.

4. Resource Allocation Technology: A reliable and adaptable set of community investment indicators to help operations-level managers direct scarce health resources to communities which are able to use them most effectively.

5. Microcomputer Technology: The introduction of rugged microcomputers with appropriate software at the operations level for use in in-service training, and in the management of a simple operations-level health information system.

The MEDEX Group will operate this project through USAID Missions in Africa and the ministries of health of the selected countries. The World Health Organization in Brazzaville, and the Eastern and Southern African Management Institute in Arusha are committed to pursuing this project with The MEDEX Group and supporting project activities. The American Institutes for Research in the Behavioral Sciences (Washington, Cambridge, Palo Alto)

will collaborate with The MEDEX Group in the development of the Resource Allocation Technology. Four international development specialists (management, community development and public administration) from Stanford, Johns Hopkins and Harvard Universities will also join us in this effort.

We believe that our record of achievement in health projects in Africa and other parts of the world gives The MEDEX Group the organizational, technical, and cross-cultural capability to successfully implement this Operations-Level Management Development Project aimed at strengthening capabilities to implement and sustain PHC programs in Africa. We would welcome the opportunity to join with the Agency for International Development to improve the management support for health programs in Africa. We stand ready to provide the personnel and technical assistance to successfully implement this important project and meet the urgent need for improved health in Africa.

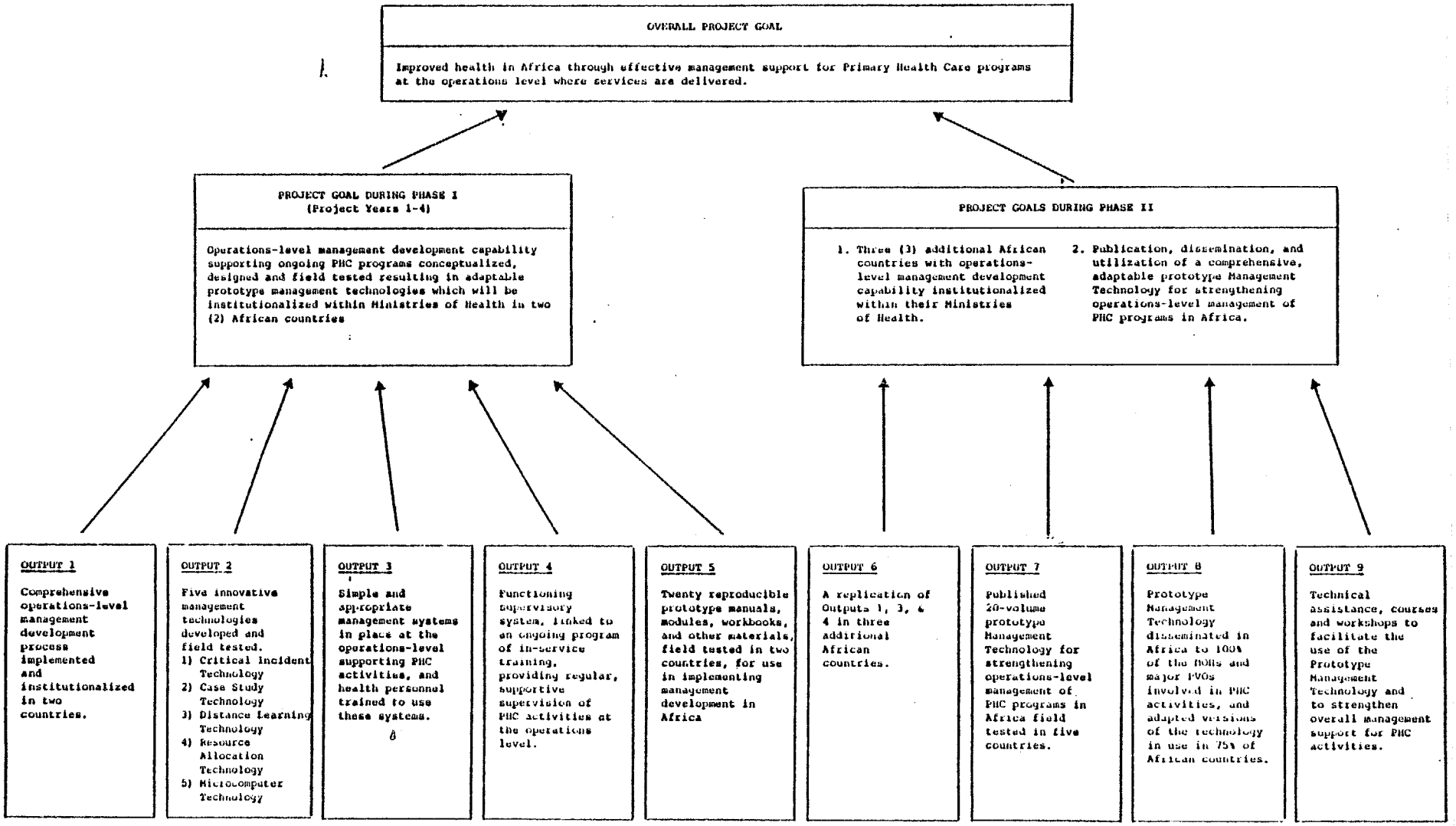

DIAGRAM A

SUMMARY OF PROJECT GOALS AND OUTPUTS

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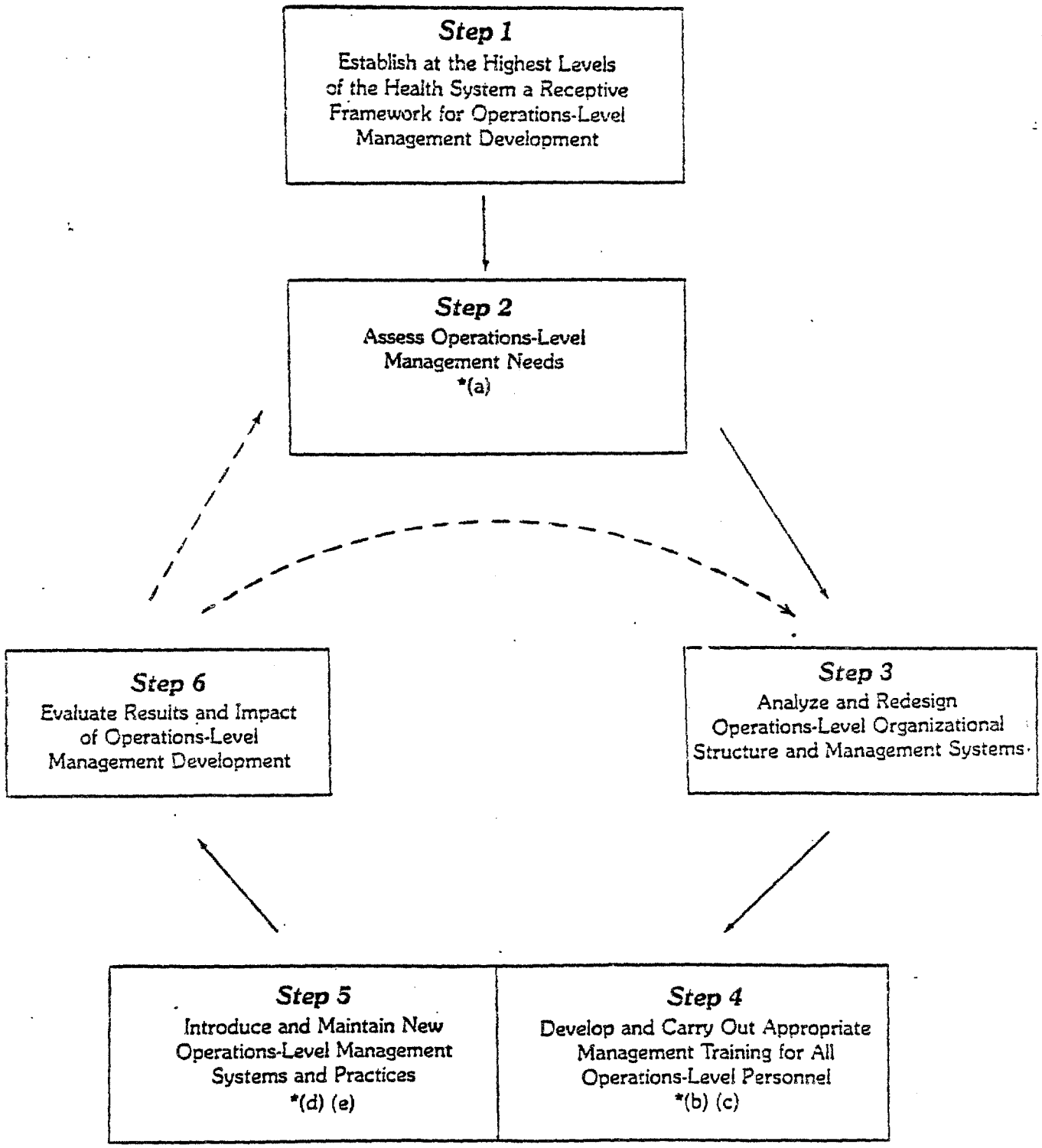
DIAGRAM B

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT PROCESS



* Leverage Points for New Technology Input

(a) Critical Incident Technology
(b) Distance Learning Technology
(c) Case Study Technology
(d) Resource Allocation Technology
(e) Microcomputer Technology

INTRODUCTION

The people of Africa suffer the poorest health in the Third World. Today, African nations are struggling with limited resources to improve the delivery of life-saving health services. Ministries of health throughout the continent have adopted the Alma Ata Declaration, and primary health care programs now exist in all African countries. The purpose of this project is to develop the management underpinnings to support and sustain intensified Primary Health Care activities as part of these ongoing programs in Africa.

The Agency for International Development recently launched an ambitious Child Survival Action Program (CSAP) aimed at reducing illness and death among children in developing countries. In Africa, the success of Primary Health Care (including CSAP) is jeopardized by a lack of day-to-day management at the operations level where essential health services are actually delivered. The MEDEX Group proposes to join with the Agency for International Development to strengthen the overall Primary Health Care effort by improving management support for these important programs, and also support for special programs now being developed to combat the AIDS pandemic in Africa.

Health services in the majority of African countries are dominated by a culture of administration, rather than a culture of management. This culture is characterized by a belief that whatever senior officials or ministries want to happen, will happen, if a sufficiently clear plan is drawn up and communicated to the appropriate officers. The result is that problems in the management and delivery of PHC services are attributed to poor planning, rather than to insufficiently trained or experienced managers at the operations level. This project aims to create a "culture of management" in five African countries. This "culture of management" will be characterized by skilled managers at the operations level who are able to use resources efficiently to achieve PHC program objectives.

In recent years millions of dollars have been spent by Governments and international donors to improve the delivery of health services in Africa.

A variety of reasons have been offered to explain the delays and setbacks suffered in this effort -- lack of government commitment, insufficient resources, and failure of overall socioeconomic development upon which health depends. To this list must be added another important reason -- inadequate management support to sustain health programs. In other words, the success of health programs has been limited by an overemphasis on the technical side without a balance of development on the management side. This project is based on the premise that effective management in the health sector, especially at the operations level where services are actually delivered, will strengthen PHC programs and have a substantial impact on improving the level of health in Africa.

Services cannot be used if they are not available, and for all practical purposes, health services have not been made available to the majority of Africa's population, except at great cost to the potential users. The "costs" may be financial, psychological, or social -- all of which represent real barriers to the potential user. Making PHC programs function so that services will be available at a cost acceptable to the user and provider is the primary concern of management. Previous experience, including field work in 14 developing countries in 1985, has led The MEDEX Group to the conclusion that the single greatest obstacle to the successful implementation of PHC activities in Africa is poor management. This problem is most serious in African countries, where the extension of PHC services to the periphery has exposed chronic management weaknesses that the health sector was previously able to ignore.

Since the early 1970s, management development has been one of several important parts of the work of The MEDEX Group. Now we want to narrow our focus to Operations-Level Management Development as described in this proposal, because we view good management as the key to providing and sustaining PHC programs for African populations. Operations-Level Management Development is a systems approach to Third World management. While the six steps of our proposed Management Development Process are not new, Operations-Level Management Development uniquely combines all the essential components of successful management development into a

comprehensive, systematic approach to strengthening management at the operations or grassroots level.

Because this project focuses on the operations level, we are not concerned directly with broad policy issues such as the overall organization of a country's health care system, how much of the national budget should be allocated to health, or what the country's health strategy should be. We assume that these decisions have already been made and that our task is to work within the basic policy framework to achieve more satisfactory results at the operations level where the policies are being implemented. It is at the operations level of government health systems that management is the weakest,* and for this reason, management development at this level has the greatest potential for increasing the impact of health programs in Africa.

Management at the operations level is the process of using resources efficiently to achieve objectives. A manager is a person who assumes responsibility for this process -- a person who makes things happen. The term "manager" is not a title or even a specific position. An effective health organization will have many persons at all levels performing management functions. These persons may be physicians, nurses, administrators, field workers, or whatever. Their professional background is unimportant. What characterizes them as managers is the way they approach their jobs. They ask such questions as:

"What are we really trying to accomplish?"
"How can we improve the way we work?"
"How can we stretch our resources?"
"How can we make our services more effective?"

Managers ask these and similar questions and then commit themselves to acting on the answers. What distinguishes a manager is this commitment to action. A manager is committed to making the health organization function more effectively.

*Human Resource Development for PHC, Evaluation Study No. 9, United Nations Development Program, New York, 1983.

Unfortunately, both managerial perspective and management skills are often lacking in health organizations in Africa. Long established service routines (usually curative oriented) are followed blindly even though they are costly, ineffective, and may even hinder the achievement of PHC program objectives. This project is concerned with changing this outdated approach to health care delivery by creating true managers at the operations level who are able to use resources efficiently to achieve PHC objectives.

This project's primary focus is the operations level close to where essential health services are actually delivered. In most African countries, "operations level" means districts* and health centers. Since the effectiveness of PHC programs ultimately rests on the health workers who are delivering the services, it is appropriate to look first at their management needs and the potential for management improvements at the level where they work. For this reason the project places special emphasis on management development at the operations level, i.e. at districts and health centers.

In our work in many developing countries, The MEDEX Group has found that operations-level personnel in the health sector commonly have attitudes that contrast sharply with what is considered a good managerial perspective. These operations-level personnel too often say: "What difference do we make; we cannot change the way things are done. The Ministry will not listen to us." This viewpoint reflects the traditionally passive role of operations-level health personnel in African countries. They wait for senior officials to make decisions and supply resources. They then wait for people in the community to seek them out rather than actively promoting their services. Management training provided as part of this project aims to help these operations-level personnel to redefine their roles in more active terms: to accept responsibility, to take initiative, to be creative. We have found that much can be achieved by

*The term "district" refers to a defined geographical area with one main hospital and numerous outlying health centers serving a total population of between 100,000 and 500,000.

operations-level personnel even when they receive only minimal support and encouragement from higher levels. This project prepares the "higher levels" to better support the operations level, but the emphasis is on equipping operations-level personnel to act positively and creatively to solve problems and achieve results even if resources are meager and higher levels are only minimally supportive. This "management perspective" is the key to successful PHC programs in Africa.

The Agency for International Development has recently adopted a Child Survival strategy aimed at reducing illness and death among children in developing countries. An ambitious development effort such as this, like other PHC programs, must concern itself with sustainability. In a recent publication the Agency addressed this important issue:

> "Child Survival activities, by their very nature, must be ongoing. There are always new cases of diarrhea to be treated, new groups of mothers to be trained, new candidates for vaccination. Without continuing support...Child Survival activities may lose their effectiveness. With long-term commitment, they're likely to pay off."*

The purpose of this project is to ensure that child survival and other PHC activities "pay off" in the long-term by developing and applying the management technology needed to support Child Survival programs in Africa.

This project is complex, because management development is complex. However, by structuring activities according to a comprehensive six-step Operations-Level Management Development Process (see Diagram B on page 8), we approach the task systematically and with confidence that significant results will be achieved. The hallmark of this project will be a concern with results, and a focus on the actions required at the operations level to achieve results in PHC programs.

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*Child Survival: A Report to Congress on the AID Program, AID Publication, December 1985, p. 43.

A. TECHNICAL PROPOSAL

1. The MEDEX Group's Approach to Management Development

Since the Alma Ata Declaration in 1978, health care worldwide has been growing and changing at a staggering rate, and policymakers are increasingly looking to the management sciences for help in coping with these enormous changes. This Operations-Level Management Development Project represents part of The MEDEX Group's continuing effort to meet the changing management needs of health care programs in the developing world.

The MEDEX Group has evolved an approach to management development based on improving management systems and management practices, and then applying these improvements to achieve substantial, cost-effective results by individuals, teams, and entire health organizations. It is a practical, results-oriented approach that emphasizes the strengthening of management at the operations level of the health system. The roots of this approach go back to the 1970's and it has been field tested and strengthened through long-term AID health projects in four countries.* The process of learning from experience and helping others to learn from their experience is a distinguishing feature of The MEDEX Group's approach to management development.

Successful management development is a process in which the concerned individuals and organizations have control over the direction of the development. This project will not result in The MEDEX Group making decisions on how things should be managed, or The MEDEX Group telling people how to do their jobs. What The MEDEX Group will do is use its expertise to structure a process that will encourage individuals and teams to extract from their experiences how best to manage their resources. This approach is highly skill oriented, with an emphasis on individuals and teams learning from experience and applying this learning in the workplace.

*Pakistan, Guyana, Lesotho, and Liberia.

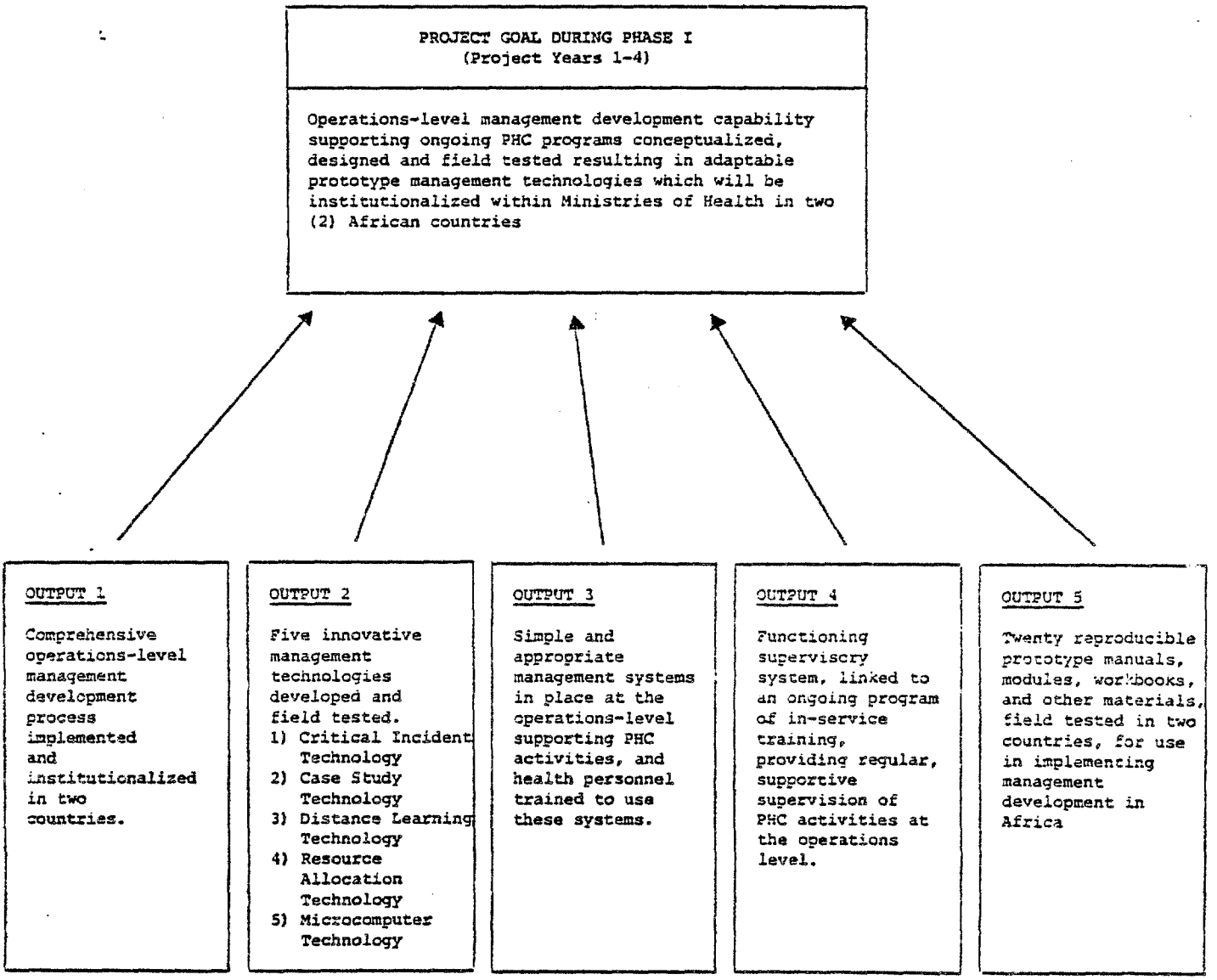
An important part of management development is to establish a common management language and a common approach to management throughout a health system. The MEDEX Group will help five African countries to develop a common management language and approach that will bring central, district, health center, and community levels together in a way that diversity becomes a strength rather than a weakness.

There is a need in every health organization to avoid "perpetual tampering," yet always a need for fresh ideas and improvements. The MEDEX Group's approach to management development strikes a balance between these two extremes by allowing people working within the organization to set the pace of development. In this way, we ensure that management development does not become change imposed from outside, but rather change initiated and controlled from within the health organization.

Successful management development is a combination of many factors. However, we have found that in any development process, success leads to more success, because it creates feelings of confidence and satisfaction among health personnel. Conversely, failure leads to failure because it creates feelings of anxiety, frustration, and inferiority. The MEDEX Group's approach to management development is to start out with small success at the operations level which build feelings of confidence that eventually infiltrate the entire health system. The secret is to start small, achieve modest successes, and slowly build momentum that enables individuals and work teams to tackle larger and larger management problems.

2. Discussion of Project Goal and Outputs in Phase I

The Operations-Level Management Development Project is divided into two phases. The goal and five outputs for Phase I (Project Years 1-4) are shown in the diagram.



We believe the project must produce these five (5) major outputs in order to reach the Phase I goal. Each of these outputs is discussed on the following pages.

OUTPUT 1: Comprehensive operations-level management development process implemented and institutionalized in two countries.

Discussion of Output 1: The MEDEX Group's Operations-Level Management Development process contains six steps (see Diagram B on the following page). While the various steps tend to overlap, particularly steps 4 and 5, we will discuss each step separately and in its proper sequence. Unfortunately, this makes the process seem rigid, but in practice it is flexible and has been used successfully on a small scale for management development in four long-term PHC projects implemented by The MEDEX Group.

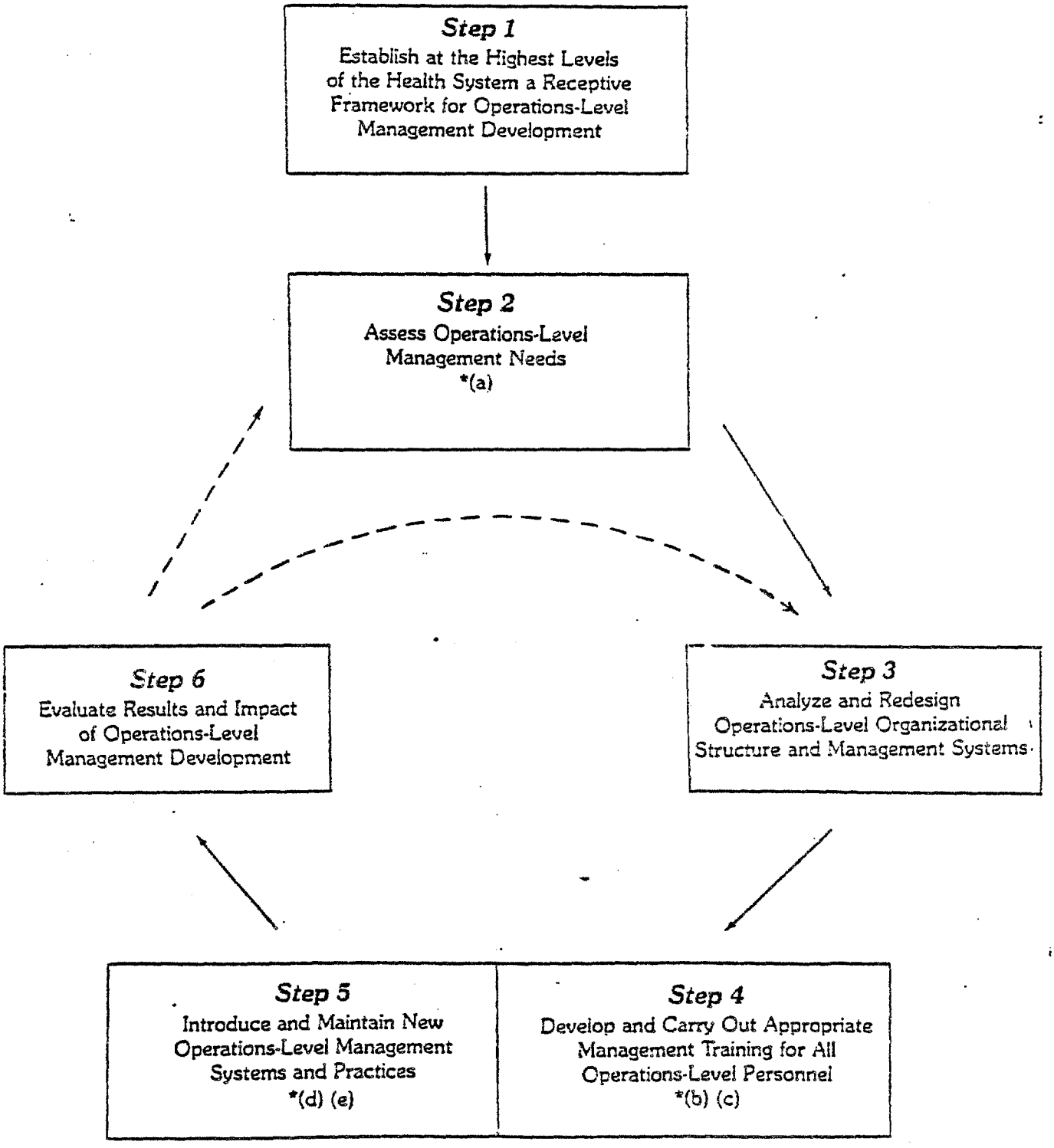
STEP 1: Establish at the Highest Levels of the Health System a Receptive Framework for Operations-Level Management Development

Operations-Level Management Development begins at the highest levels of the health system, usually with senior policymakers at central headquarters. The objective of this initial step is to make these officials and the policies and procedures they have established -- the framework of the health system -- receptive to Operations-Level Management Development. Receptive frameworks are equally important at other levels of the health system, and they tend to develop as a natural result of proper structuring of Step 2 and Step 3.

Senior officials must be receptive to Operations-Level Management Development at the outset, because they control the resources necessary for beginning such a program. Later, these same officials must be receptive to changes in existing policies and procedures, because Operations-Level Management Development invariably leads to a need for adjustment at other levels of the health system.

DIAGRAM B

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT PROCESS



* Leverage Points for New Technology Input

(a) Critical Incident Technology
(b) Distance Learning Technology
(c) Case Study Technology
(d) Resource Allocation Technology
(e) Microcomputer Technology

In our work with many health systems, we have found that it is important to accomplish four major objectives during Step 1:

1. To achieve policymakers' understanding and appreciation of the potential advantages of Operations-Level Management Development, which include more efficient use of resources, more effective health services, and ultimately improved levels of health in the country.

2. To achieve policymakers' understanding and acceptance of the six steps of Operations-Level Management Development and the activities necessary during each step.

3. To achieve policymakers' understanding and acceptance of the estimated resources and time necessary to complete the first cycle of the Operations-Level Management Development process. We have found that policymakers frequently underestimate the resources and time required.

4. To achieve policymakers' awareness and acceptance of the likely side-effects of Operations-Level Management Development, which include pressure for decentralization, increased demand for resources for the operations level, the need to adjust existing policies and procedures, and the "ripple effect" that a change at the operations level can have on other levels in the health system.

We have found that meetings culminating in a one-day workshop for policymakers to be an effective means of achieving these objectives. During the workshop, we use practical exercises to demonstrate, rather than just explain, the principles of management development. Policymakers generally regard this workshop as good management training for themselves. Even though we conduct this workshop at the central level, we consider it an essential first step in Operations-Level Management Development.

STEP 2: Assess Operations-Level Management Needs

The purpose of the management needs assessment is to answer this question:

> "What type of management system is needed to enable operations-level personnel to achieve PHC objectives in their district or service area?"

To answer this question, the person(s) doing the assessment must understand the national health plan, and particularly the country's PHC objectives. Furthermore, they must be familiar with conditions at the operations level, including the social, economic, and political context within which health personnel are working. A common mistake during the Management Assessment Phase is to focus too narrowly on immediate management problems and overlook the broader picture and its implications for management.

We have found that a management specialist from outside the health system is best suited for conducting the Management Needs Assessment. Such a specialist generally lacks the vested interests that sometimes interfere with objectivity; furthermore, this assessment is the starting point for Operations-Level Management Development, and to ensure getting off to a good start, it ought to be done by someone with a background in management theory and practice. The length of time required to complete a Management Needs Assessment depends on the assessment methods used and the complexity of the health system. However, in our experience, six to eight weeks is usually sufficient time to conduct a thorough assessment in most countries.

Although focused on the operations level, the Management Needs Assessment includes all levels of the health system. We recommend that the assessment begin at the level of district operations. If we start lower in the system -- for example, at the health center level -- there is a risk of losing sight of the overall management framework of the health system. Perhaps an even greater danger lies in starting above the district level, where the concerns of senior administrators and policymakers are likely to guide the assessment into areas that may or may not be related to improving management at the operations level. By beginning the assessment at the district level, we ensure that subsequent management development efforts are focused on the crucial operations level.

To assess operations-level management needs, we recommend the following techniques:

1. Critical Incident Analysis -- a simple and straightforward analysis of decisive, work-related events as a precise tool for focusing management development efforts on operations-level management needs;

2. Job Analysis -- includes diary entries to document management needs of key personnel;

3. Interviews and Small Workshops;

4. Participatory Observation -- to verify data from critical incident analysis, job analysis, diary entries, and interviews and workshops.

Before ending this discussion of Management Needs Assessment, we want to emphasize that the purpose of such an assessment is to determine management requirements, especially those at the operations level. A distinction is made between management "requirements" and management "problems." During a Management Needs Assessment, many management problems are documented, but the focus is not on problems but on management needs. (The focus on management problems occurs during the Management Analysis Phase described in Step 3.)

STEP 3: Analyze and Redesign Operations-Level Organizational Structure and Management Systems

Once Step 2 has identified management needs, a detailed analysis of the operations-level organizational structure and management systems is necessary. Organizational structure can mean many things: the way the organization assigns duties and responsibilities; the way it structures tasks and activities; or the way it groups people into work teams. Operations-level organizational structure determines whether health personnel develop a sense of teamwork and a commitment to achieving objectives, or place themselves in narrow jobs and develop a commitment only to meeting minimal standards of performance. Knowing how to structure an organization to achieve objectives is an important tool for operations-level managers.

Traditionally, high-level policymakers have determined the organizational structure of health systems. But in recent years, the decentralization of health systems has created more flexibility in operations-level organizational structure. One of the objectives of this project is to help operations-level personnel restructure their organizations so that they become better able to support teamwork, commitment to high standards of performance, and problem-solving procedures. With improved organizational structures, operations-level personnel are able to organize their programs for achieving health objectives, such as increasing immunization coverage and other activities to reach PHC goals.

The management analyst who spearheads activities during Step 3 must be a person with in-depth understanding of conditions at the operations level, preferably based on first-hand work experience at that level. We have found that with proper training and guidance, mid-level technicians and administrators make excellent management analysts. They are able to collect data, identify management problems, and write simple reports explaining the causes of the problems and offer possible solutions.

A carefully selected group of health personnel representing the different levels of the health system uses the local management analysts' written reports as a starting point for discussion. The written reports serve primarily to stimulate group discussion and action. Based on the cumulative experience of its members, and whether agreeing or disagreeing with the reports' presentations of problems and solutions, the group moves toward identifying real problems and feasible solutions. We have found that the reports of local management analysts recruited from the mid-level of the health system serve as better catalysts for group action than do the technical -- perhaps more professional -- reports of short-term foreign consultants.

The task of the group that studies these reports is to reach a consensus on the priority management problems at the operations level,

and then redesign the organizational structure and management systems in order to eliminate or at least minimize the problems. The MEDEX Group provides technical advice during this period, but the group of host country health personnel makes the decisions. Proper structuring of the group's work results in detailed Action Plans for Operations-Level Management Development. Peer pressure helps motivate group members to implement these Action Plans. We have found that this approach works particularly well at the operations level, where the number of key personnel is fewer, and accountability and commitment to the Action Plans are correspondingly greater.

The simplest Action Plan should specify what the required actions are, who should perform them, and when. More complex Action Plans are sometimes necessary, especially if they extend over more than a year. Action Plans are discussed further in Step 5. The group that makes the Action Plans must format the plans to fit their management development objectives. A simple method for planning and monitoring actions is one of the operations-level manager's most essential tools.

One of the objectives of this project is to teach operations-level managers simple techniques for planning and monitoring actions. Designing Action Plans is not difficult; in our experience, operations-level personnel have learned the technique in one-day workshops.

Unfortunately, good Action Plans do not ensure good management. Operations-level personnel must be committed to carrying out the plans. Monitoring and feedback are the keys to successful implementation of Action Plans. Consequently, another objective of this project is to institutionalize a simple action planning and monitoring process at the operations level that will enable managers not only to measure progress but also to motivate personnel to achieve objectives.

A basic management problem at the operations level is to keep health personnel oriented toward PHC objectives. Since the Alma Ata

Declaration in 1978, policymakers in developing countries have completely reoriented their health systems to primary health care, but old habits and routines change slowly at the operations level. Traditionally, health personnel have had a tendency to give priority to curative services that contribute little to achieving PHC objectives. Operations-level management must continually focus services on the achievement of PHC objectives.

Our experience has taught us several important lessons about Step 3, the Analysis and Redesign Phase of Operations-Level Management Development. First, information is the glue that holds any health system together; yet information systems in the health sector are invariably very weak. Therefore, we will give early attention to a thorough analysis and strengthening of the information system. During this project, we propose to introduce microcomputers at the operations level in order to modernize information systems and provide managers with the data they need. Operations-level microcomputers will complement computer technology already found at central planning levels in many African countries.

Second, improving and strengthening existing management systems is almost always more effective than trying to introduce completely new and different systems. Operations-level management systems are only parts of an overall health system that frequently rejects the introduction of something completely new and unfamiliar.

Third, reorganizing and redesigning operations-level management systems almost always means simplifying the existing systems. For example, district health departments are usually small-scale replicas of the ministry of health, i.e., organized according to a hierarchy, and having many organizational levels. Yet an organizational structure that works well at the central level, where the chief concern is policymaking and planning, frequently is not appropriate for the district level, where the chief concern is implementation. Therefore, Step 3 of Operations-Level Management Development usually results in simplification of the organizational structure to one with

less hierarchy and fewer levels. Such an organizational structure encourages teamwork, the key to effective implementation.

Furthermore, we have found that extensive recordkeeping and reporting is required of already overburdened operations-level personnel, who frequently respond by ignoring paperwork, which is one reason for the generally poor management of supplies and logistics systems at the periphery of most health systems. By streamlining regulations and reducing paperwork, Operations-Level Management Development unburdens operations-level personnel and allows them to focus on essential management activities.

STEP 4: Develop and Carry Out Appropriate Management Training for All Operations-Level Personnel

Health professionals often enter the health service with general medical backgrounds, but rarely have they been trained in management. This immediately creates a frustrating, uncomfortable situation for these professionals. The clinical tasks demanded of them tend to be routine and repetitive, so they soon become bored. Their motivation and enthusiasm declines. However, if they are trained to view their job from a management perspective, i.e., a creative effort to use resources efficiently to achieve objectives, then their approach is different and more productive. Yet clinical personnel are rarely trained to approach their jobs from a management perspective. In fact, they are frequently unaware of any aspects of their jobs other than the clinical routines, and therefore may appear to have little initiative simply because they have no concept of what else they might be doing. And if they do have a broader concept of their jobs, they may feel unqualified to take effective action, because their professional training emphasized medical, not management, subjects. One of the goals of this project is to develop appropriate management training for all categories of operations-level personnel, including clinicians who find themselves with important management responsibilities.

This project is based on the premise that people like to use, and will use, skills in which they feel competent. We have found that when operations-level personnel, including clinicians, are given management skill training, then the opportunity for them to use these skills is likely to be highly motivating. This project treats training as an important management tool, and therefore, operations-level personnel not only receive management training but also are taught how to provide such training for their subordinates.

The Action Plans developed in Step 3 will require a number of changes in the operations-level organizational structure and management systems. Each change will be accompanied by training for the personnel working in the system(s) being changed, as well as for health personnel affected by the change. Such training may range from an informal explanation of the new system to formal workshops and courses. A distinguishing feature of this project is that all management training is related to and directly supports the implementation of the Action Plans.

Based on our experience, we recommend and use competency-based, results-oriented management training for operations-level personnel. Competency-based training focuses on the development of essential job-related knowledge and skills. Consequently, only knowledge and skills directly related to job performance will be included in the management training developed and carried out as part of this project.

In developing management training for operations-level personnel, the project will follow this procedure:

1. Determine the precise management knowledge and skills required at the operations level for successful implementation of the Action Plans.

2. Determine the categories of operations-level personnel and their present workloads and management responsibilities.

3. Distribute management responsibilities among the different categories of personnel in such a way that they are able to implement the Action Plans efficiently.

4. Determine the present management knowledge and skills of operations-level personnel and compare these with the knowledge and skills they need to carry out the Action Plans.

5. Develop competency-based management training for those categories of health personnel who lack the required knowledge and skills; develop orientation to the new procedures for those personnel who possess the required knowledge and skills.

6. Carry out the required management training, including orientations; all training is sequenced to support the implementation of the Action Plans.

7. Evaluate the management skills of graduates at regular intervals after they have completed their training to ensure that they are carrying out their management responsibilities effectively; provide refresher or supplementary management training as necessary.

We have found that successful use of this training procedure requires both the services of a full-time training specialist and the support of an in-country training institution. We believe that management institutes in Africa can provide such support, and that they are uniquely qualified to become focal points for management development in the health sector. Therefore, where appropriate this project will work with management institutes as well as other training organizations associated with ministries of health.

In developing and carrying out management training for operations-level health personnel over the past ten years, we have learned several important lessons. First, management training should focus on developing practical skills. While health personnel enjoy learning management theory -- perhaps because their own professional training included so much theory -- most management theory has limited applicability at the operations level in developing countries. On the other hand, practical management techniques and skills have great applicability, and therefore must be the focal point of management training.

Second, management training must be integrated with the supervisory and continuing education systems in order to ensure its long-term effectiveness. Supervisors are in the best position to evaluate the results of management training. If they themselves receive proper training, supervisors can provide remedial management training as part of ongoing, in-service training programs; thus a country can avoid the common mistake of treating management as separate from other technical and professional training. Careful integration is the key to institutionalizing management training within a health system.

Third, operations-level personnel must be involved in the development of the management training program. Their experiences provide the best content for many training sessions. We have found a surprisingly high level of practical management ability -- usually learned through painful trial and error -- among operations-level personnel. By involving these people in the development of the management training program, we ensure that the training does not repeat what they and their colleagues already know, but rather provides new and necessary management knowledge and skills. We have also found that operations-level personnel make excellent teachers for management training sessions.

Fourth, management training must rely heavily on practical exercises and field work, or "learning by doing." Lectures should never exceed an hour (preferably ½ hour) without a break for some practical exercise or demonstration. Furthermore, we have found that trainees readily accept and enjoy non-formal training methods that rely on small-group work. Case studies are particularly effective, and one of the objectives of this project is to institutionalize the ability to develop and use culture-specific case studies as part of Operations-Level Management Development. The participatory approach to problem-solving that case studies encourage is precisely the process we want to encourage among operations-level managers. We propose to develop technology for the local preparation and use of written and videotaped case studies. We will base these case studies on the trainees' actual experiences in order to challenge their old

assumptions and encourage fresh approaches and new solutions to operations-level management problems.

A fifth important lesson we have learned is that distance learning is a particularly effective way to provide ongoing management training at the operations level, where personnel are frequently posted at facilities scattered over a large geographical area. With a reliable postal service (or a suitable substitute), a management training institute can provide management training by using self-instruction materials and maintaining regular correspondence with operations-level personnel. One of the objectives of this project is to establish successful distance learning programs in five African countries. The MEDEX Group has developed and field-tested sample distance-learning materials called "scrambled books," based on The MEDEX Primary Health Care Series. (See sample scrambled book in Appendix B.) We will develop scrambled books for a variety of PHC activities, because distance learning materials provide a useful management tool for supervision of operations-level personnel.

STEP 5: Introduce and Maintain New Operations-Level Management Systems and Practices

The project concentrates its resources on Step 5. The overall goal of Operations-Level Management Development is to introduce and maintain new and improved operations-level management systems and practices. Step 5 brings Action Plans and trained personnel together to begin accomplishing this goal.

We have found the introduction of new operations-level management practices to be surprisingly easy. New procedures and the accompanying management training generate interest and enthusiasm among operations level personnel; also, the introduction of new management systems frequently results in the availability of additional resources. The interest, enthusiasm, and additional resources invariably produce short-term, and sometimes dramatic, management improvements. However, the test of new management

practices is how well the operations-level personnel maintain them after the initial enthusiasm wanes and the additional resources diminish or disappear. This project pays particular attention to maintenance and long-term effectiveness. In our experiences, we have learned that long-term effectiveness depends on (1) rational resource allocation, (2) timely decision-making and problem-solving, (3) continual monitoring, and most importantly (4) adequate supervision.

Rational Resource Allocation. The MEDEX Group believes that the trend in developing countries toward decentralization will continue, requiring more and more operations-level decisions about resource allocation. We must begin now to develop simple resource allocation methods to give operations-level managers the tools they need to get maximum results from scarce health resources. We propose to develop for adaptation a set of reliable indicators to identify the communities with the greatest willingness and ability to use their resources to support PHC activities. The objectives of categorizing communities in this way are (1) to maximize the impact of scarce health resources and (2) eventually to bring all communities to a level of willingness and ability sufficient to support PHC activities. (See Appendix A for a detailed discussion of the Resource Allocation Technology to be developed during this project.)

A rational approach to resource allocation is one of the primary concerns of operations-level management. One of the reasons for this concern is that management itself is a consumer of resources, especially of staff time. Consequently, wasting or haphazardly allocating resources not only adversely affects the quality of health care but also starves the management systems of resources, leaving them seriously -- if not terminally -- weakened. Categorizing communities according to their willingness and ability to use their resources to support health activities is one way of helping to ensure the appropriate allocation of health sector resources. This approach has the added benefit of encouraging community involvement in the management of health services, and such support represents additional

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resources for operations-level managers. Previous experience also tells us that success with development in one community often serves as an encouragement and model for nearby communities to pursue similar development activities.

Timely Decision-Making and Problem-Solving. To foster timely decision-making and problem-solving, the project proposes to introduce a simple operations-level information system which includes microcomputer technology appropriate for PHC programs in Africa. This system will minimize paperwork but encourage a continual flow of essential information among operations-level facilities and personnel. The Microcomputer Technology is discussed in more detail under Output 2.

Key operations-level personnel will receive training in decision-making and problem-solving skills, with emphasis on encouraging individuals to make decisions that fall within their authority and to take the initiative in solving problems. The objective of this training is to create a group of effective decision-makers and problem-solvers who, acting both collectively and individually, will significantly improve operations-level management. The project will establish a formal system for decision-making and problem-solving, including regularly scheduled meetings and workshops. The project will emphasize decision-making and problem-solving as important management functions that all operations-level personnel must perform regularly.

Continual Monitoring. In Operations-Level Management Development, monitoring means following the progress in implementation of Action Plans and making corrections and adjustments when necessary. Operations-level monitoring is necessary to maintain the new management systems and to keep Operations-Level Management Development on track. We recommend that monitoring be built into the Action Plan, and that the Action Plan format include space for writing monitoring results.

Adequate Supervision. Monitoring and supervision are closely related, because supervisors do much of the monitoring. Introducing improved management systems and practices at the operational level is a complex undertaking that involves many people. The improved management systems, no matter how streamlined and functional, will need minor adjustments from time to time; operations personnel, no matter how thoroughly trained, will need management advice and support. Supervisors are able to make the minor adjustments and provide the needed advice essential to the long-term maintenance of the new management systems. This project will give particular attention to making the existing supervisory system sufficiently strong to support Operations-Level Management Development.

STEP 6: Evaluate Results and Impact of Operations-Level Management Development

Operations-Level Management Development makes a clear distinction between periodic evaluation (Step 6) and continual monitoring (Step 5). Monitoring is collecting and analyzing information about day-to-day operations so that deviations from the Action Plans are detected and corrected. Evaluation is also concerned with collecting and analyzing information, but the aim of evaluation is to assess final outcomes and the impact of operations-level management improvements on the overall delivery of health services. Ultimately, evaluation is concerned with the impact of management improvements on PHC. Evaluation is broader in scope, more technically complex, and more time-consuming than monitoring. Few operations-level personnel have either the time or the technical expertise to carry out full-scale evaluations.

During Step 1 of Operations-Level Management Development, senior policymakers determine the type of evaluation they expect during Step 6. Policymakers normally want to know what activities operations-level personnel have carried out and how these activities have improved operations-level management systems and practices. In addition, they may want to know the impact of Operations-Level

Management Development on the overall health system as well as on PHC. Evaluation can be as simple or as complex as policymakers wish to make it. The minimum evaluation system used during this project will evaluate the project outputs at six-month intervals. In addition, we will develop a system of indicators and data-analysis procedures to provide whatever type of evaluation senior policymakers decide upon in Step 1.

Operations-level personnel will be primarily responsible for evaluation, but they will receive technical assistance from the central level. Data for the evaluation will come largely from the on-going monitoring at the operations level; therefore, the evaluation will impose little additional reporting or recordkeeping on operations-level personnel.

In summary, The MEDEX Group proposes to use a six-step Operations-Level Management Development Process in this project. Summarized below are the major objectives for each of the six steps.

STEP 1: ESTABLISH AT THE HIGHEST LEVELS OF THE HEALTH SYSTEM A RECEPTIVE FRAMEWORK FOR OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT

1. Meetings culminating in a workshop for the senior policymakers of the health organization.

2. Policymakers who understand the six steps of Operations-Level Management Development, its potential benefits, and the adjustments it is likely to require in health system policies and procedures.

3. Commitment from policymakers to undertake and to allocate time and resources for Operations-Level Management Development.

STEP 2: ASSESS OPERATIONS-LEVEL MANAGEMENT NEEDS

1. Critical-incident analysis to highlight strengths and weaknesses of operations-level management.

2. Daily diaries of key operations-level personnel that document management activities and management needs.

3. Interviews and small workshops that focus on management responsibilities and management needs of operations-level personnel.

4. Management Needs Assessment based on data verified by participatory observation at all levels of the health system.

STEP 3: ANALYZE AND REDESIGN OPERATIONS-LEVEL ORGANIZATIONAL STRUCTURE AND MANAGEMENT SYSTEMS

1. Systematic analysis of operations-level organizational structure and management systems.

2. Formation of group committed to developing and implementing Action Plans for strengthening operations-level management.

3. Development and implementation of Action Plans.

STEP 4: DEVELOP AND CARRY OUT APPROPRIATE MANAGEMENT TRAINING FOR ALL OPERATIONS-LEVEL PERSONNEL

1. Competency-based management training for all operations-level personnel to directly support implementation of Action Plans.

2. Distribution of management responsibilities among various categories of operations-level personnel to ensure efficient implementation of Action Plans.

3. Collaboration with an in-country management institute in Operations-Level Management Development.

4. Institutionalization of management training by integrating it into existing pre-service and in-service training programs.

5. Involvement of operations-level personnel in Operations-Level Management Development and in facilitating management training sessions.

6. Institutionalization of management training and use of case studies for Operations-Level Management Development.

7. Development of a distance learning program for providing management training for operations-level personnel involved in PHC activities.

STEP 5: INTRODUCE AND MAINTAIN NEW OPERATIONS-LEVEL MANAGEMENT SYSTEMS AND PRACTICES

1. Rational allocation of operations-level resources.

2. A simple information system, including microcomputers, that minimizes paperwork and maximizes the flow of information among operations-level personnel.

3. A group of effective decision-makers and problem-solvers prepared to act both individually and collectively to improve operations-level management.

4. A formal operations-level system for decision-making and problem-solving.

5. A monitoring system that includes a standardized monitoring tool and operations-level personnel capable of gathering and analyzing information to detect and correct deviations from Action Plans.

6. A supervisory system capable of supporting the new operations-level management systems and practices.

STEP 6: EVALUATE RESULTS AND IMPACT OF OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT

1. An assessment of the short-term and long-term effectiveness of the improved operations-level management systems and practices.

2. An assessment of the effectiveness of the operations-level management training.

3. An assessment of the effectiveness of Operations-Level Management Development in meeting the needs identified in Step 2.

4. An operations-level evaluation system that carries out formal evaluations at six-month intervals.

OUTPUT 2: Five innovative management technologies developed and field tested.

Discussion of Output 2: The MEDEX Group proposes to develop or adapt five special management technologies for use at key leverage points in the Operations-Level Management Development process.

1. Critical Incident Technology

> The Critical Incident Technique analyzes decisive, work-related events as a precise tool for focusing management development efforts on operations-level management needs. It is used during Step 2 of Operations-Level Management Development.

The Critical Incident Technique involves eliciting and analyzing work-related events (or incidents) as a precise tool for assessing management needs. The technique is simple, straightforward and has great potential for focusing management development efforts on the actual operations-level management problems commonly found in Africa. By developing an adaptable Critical Incident Technology specifically designed for the health sector, we will be providing the developing world with a powerful, yet sensitive, management tool that has been used effectively in the industrialized world for over 40 years.

The Critical Incident Technique was invented during the closing years of World War II when a group of psychologists led by John C. Flanagan* developed and used it to analyze training conditions that would improve the performance of combat pilots. Subsequently, the Critical Incident Technique has had hundreds of applications in both the public and private sectors. One of the early applications of this technique in the United States was by the National Board of Medical Examiners who used it to describe

*Flanagan, John C., The Critical Incident Technique, Psychological Bulletin, Vol. 51, No. 4, July 1954.

the competence expected of a physician at the conclusion of an internship.

The Critical Incident Technique has not been widely used in developing countries. One of the few documented uses was in a 1984 study conducted in nine African countries to assess management competency at various levels in the public and private sectors. Using interviews, a questionnaire, and diaries kept by managers at various levels, management events (critical incidents) were collected, classified and coded. When the sample number reached 2,000, all relevant experience had been captured, in the sense that no new major categories of "management events" emerged. Frequency analysis of the data, including simple correlations and counting, was then used to quantify the management events. In this African study the emphasis was on events that reflected the application of management skills or knowledge.

The combination of interview, questionnaire, and diary entries will form the first part of our Critical Incident Technology, which will be adapted to form an important part of the Management Needs Assessment in Step 2 of Operations-Level Management Development. The remainder of this technology will describe procedures for the collection and analysis of data and ways to arrive at conclusions. The purpose of developing this technology is to provide operations-level managers with a simple tool for identifying bottlenecks and problems in their management systems, so that they can take remedial action.

Dr. John D. Montgomery, former director of the John F. Kennedy School of Government and presently a member of the public administration faculty at Harvard, will provide substantial assistance to The MEDEX Group in developing the Critical Incident Technology.

2. Distance Learning Technology

The MEDEX Group has developed and field-tested sample distance-learning materials called "scrambled books," based on The MEDEX Primary Health Care Series. These materials are particularly effective for providing in-service management training to operations-level personnel who are posted at facilities scattered over a large geographical area. We will also develop scrambled books for additional PHC activities. Distance learning materials provide a useful management tool for supervision of health personnel and in-service management training. This technology is used during Step 4 of Operations-Level Management Development.

Distance learning is defined as a teaching method in which the trainees are at a distance from their trainers for all, or most all, of their course of study. Its effectiveness in situations where trainees are isolated from each other and from training facilities has been demonstrated.

The MEDEX Group has developed and field-tested sample distance-learning packages derived from The MEDEX Primary Health Care Series. Called "scrambled books", they use an algorithmic (logic-tree) approach to instruction, designed to stimulate maximum learning. Lay-out and content have been arranged so as to overcome the customary boredom experienced by trainees while studying the usual correspondence course texts, or while working through other types of programmed materials. These instructional booklets have proved effective for training in management competencies. The MEDEX Group envisages the use of such instructional materials both for the training of managers at the operations level and as a tool for supportive supervision. One of the prime functions of field supervisors is the provision of in-service PHC training to health workers. Scrambled books are regarded as being very useful and cost-effective in such efforts.

There are several important advantages to using this innovative approach to management and health training in Africa. First, individuals are able to study by themselves, at their own pace.

During training in groups, slower learners are often discouraged and impede the progress of faster learners, who, in turn become frustrated. Scrambled books allow the learner to set his or her own pace and work in private. Privacy is important to many trainees who find unacceptable, in front of their peers, the step-by-step evaluation and feedback necessary for successful learning. Using scrambled books, slow learners will not feel rushed, discouraged or embarrassed, while fast learners will not become frustrated because they are being held back by others. Self-pacing and private learning solve one of the problems that has always beset instruction: allowing for individual differences.

Another very important advantage in using scrambled books is that they will ensure uniformity of instruction, both in terms of quality and content. Many variables affect learning outcomes in more traditional training, not the least of these variables being the instructors and participants themselves. No two instructors teach the same way, nor with the same results, even when objectives are identical. No two participants learn in precisely the same way or to the same extent. No single instructor presents the same content in precisely the same way on each occasion. The scrambled books, however, will present the same content in the same manner and will demand the same level of accomplishment by all trainees. This will have the effect of turning out graduates which share the same concepts and terminology.

Results obtained by using Distance Learning Technology will be more uniform than results which might have resulted from a series of workshops devoted to the same content. The effectiveness of the scrambled books will have been determined prior to their distribution and use. In the course of their development, they will have been subjected to empirical tests on sample groups of

trainees. Subsequently, they will be modified or revised as often as necessary to ensure that they are effective instructional packages.

The development of scrambled books is based on a meticulously detailed analysis of what the trainee is to learn. The writing of such instructional materials is time-consuming and requires special talents, knowledge, and skills. Some of the competencies required are as follows:

*Knowledge and experience in instructional development technology

*Knowledge of the subject-matter and work experience in developing countries

*Technical writing skills

*Cross-cultural sensitivity and appreciation of language comprehension levels

*Graphics capabilities, layout and design

*Technical editing skills

Even though development of scrambled books will require a large initial effort, this technology will prove economical in the long run, especially as economies of scale will begin to operate as ever larger numbers of trainees are enrolled. Since the individual trainee can work through the books at his or her workplace, travel, per diem and other workshop costs will be greatly decreased.

The MEDEX Group has always insisted that training be competency-based. The objective of training is improved job-performance rather than academic excellence. The appropriateness of competency-based training has been demonstrated by MEDEX training programs in the United States and

overseas. We are certain that management practices at the operations level can be improved significantly using competency-based methods allied to an effective Distance Learning Technology.

3. Case Study Technology

> The case method encourages the type of participatory management needed at the operations level of almost every health system. We propose to develop technology for the preparation and use of written cases appropriate for Third World conditions. We will base these cases on the trainees' actual experiences in order to challenge their old assumptions and encourage fresh approaches and new solutions to operations-level management problems. The Case Study Technology is used during Step 4 of Operations-Level Management Development.

The case method is used extensively for high-level professional training in the health and management fields in the industrialized world; however, it is rarely used in the Third World for operations-level management training. Yet the case method has the advantage of engaging trainees in a participative process of management problem solving.

We propose to develop simple, adaptable training materials using the case method. The Case Study Technology will have four basic components: prototype management cases, a methodology for adapting the prototypes to local situations, methodology and tools to develop written cases locally, and a guide for trainers who plan to use the cases in management training. The cases will be based on the trainees' actual work experiences, will challenge their old assumptions and encourage fresh approaches and new solutions to operations-level management problems. Case studies will be used in combination with other training methods to bolster the management skills of operations-level managers.

The case method is based on the concept of metaphors and simulation. Each case is a description of a real management situation and serves as a metaphor for a particular group of problems. The actual situations which operations-level managers face may differ from the situation described in a particular case, but taken together, cases provide a useful and relevant set of metaphors to improve problem definition and problem solving skills. The case method of management instruction recognizes that management is a skill rather than a collection of techniques or concepts. The best way to learn this skill is to practice in a simulation-type exercise such as analyzing a real case.

Students learning by the case method first read and analyze cases that describe an actual management situation. Guided by the instructor, they then discuss the problem, propose and defend their own plan of action, and react to the solutions proposed by their classmates. The case method provides trainees with exposure to a wide range of management issues in a great variety of settings, sharpens their skills in defining problems and developing solutions, and increases their confidence in their ability to make decisions.

In recent work in nine African countries,* a study team found that cases were not being used in management training institutions. Instead, instructors in Africa relied heavily on the lecture method. The few cases discovered by the team were not being used, either because the cases were irrelevant to the local management environment or the instructor was uncomfortable or unable to teach using this method. The Case Study Technology developed by this project will help to overcome these problems.

*Improving Management in Southern Africa, Report to SADCC by the National Association of Schools of Public Affairs and Administration, January 1985.

Effective management cases are based on actual and relevant situations and extensive research and work is required to develop them. We plan to visit both public and private health organizations in African countries, interview health managers at various levels, and review records, reports, and other documents to compile relevant materials for a series of prototype cases in the management of health services. The project will also train operations personnel to write cases based on their own experiences. The Critical Incident Technology discussed earlier will contribute material for the development of cases.

The Case Study Technology will be aimed at developing local capability in writing, editing, adapting and teaching cases. In combination with other training methods, the cases will provide practical training in basic management techniques that can be immediately applied at the operations level.

4. Resource Allocation Technology

> The MEDEX Group believes that the trend toward decentralization will continue, requiring more and more operations-level decisions about resource allocation. We must begin now to develop simple resource allocation technology to give operations-level managers the tools they need to get maximum effectiveness from scarce health resources. We propose to develop for adaptation a set of reliable indicators to identify the communities with the greatest willingness and ability to successfully support PHC activities. This technology is used during Step 5 of Operations-Level Management Development.

A "Willing and Able" classification system used successfully in Thailand to target village development resources will be the starting point for developing a Resource Allocation Technology appropriate for the operations level in African countries. This technology will be based on a set of reliable indicators which rank communities' willingness and ability to successfully support PHC activities. It is a tool that will help operations-level managers increase the success rate of PHC programs by identifying

communities that have the most potential for success. Initial efforts can then be focused on these natural "starting points" for PHC programs. And once a project is successful in one community, neighboring communities are often eager to implement similar activities. This Resource Allocation Technology will help to target operations-level resources more effectively.

As decentralization of health services continues, more and more resource allocation decisions will be made at the operations level. The operations level does not presently have, and most likely never will have, the sophisticated planning and budgeting capacity of the central-level health bureaucracy. We must begin now to develop new and simple resource allocation methods that give operations-level managers the tools they need to target scarce health resources for maximum impact.

The Resource Allocation Technology to be developed during this project is an adaptation of successful operations research into village investment behavior. The original "black box" or set of indicators to help direct resource allocation was developed and used successfully in Thailand. The result of this project will be a similar "black box" with immediate applicability at the operations level in Africa. The health sector throughout the developing world is in critical need of technology to help target scarce resources into communities with the greatest potential to successfully support and sustain health activities.

The MEDEX Group believes that development of this Resource Allocation Technology will be a major step forward in helping to make PHC services, including Child Survival programs, accessible on a large-scale, and on a permanent basis, to rural and urban populations in African countries.

The MEDEX Group will collaborate with the American Institutes for Research in the Behavioral Sciences (AIR) in developing the Resource Allocation Technology described above. AIR developed

the original "black box" of indicators used in Thailand. Also consulting with us on this part of the project will be Dr. Eugene J. Webb, Associate Dean for Academic Affairs at the Stanford Graduate School of Business. (See Appendix A for a detailed description of the Resource Allocation Technology to be developed by this project.)

5. Microcomputer Technology

The MEDEX Group successfully introduced microcomputers into health projects in Lesotho and Liberia, and we believe that portable (lap model) computers have an important role to play in Operations-Level Management Development in Africa. Based on our experience, the use of this technology will require programmable memory of at least 356K, a reliable energy source such as solar charged batteries, maintenance services to prevent down-times in excess of four weeks, and rugged hardware which is resistant to dirt and moisture.

The operations-level management systems to be developed in five African countries will be designed for computerized operations. However, we intend to base this project on a traditional, manual information system. Nevertheless, we will introduce microcomputers at the operations level at selected sites in five African countries in order to field test and refine the technology. This project will not be able to introduce microcomputers throughout the five countries, because of the capital costs involved. However, once the technology is developed and successfully being used at the selected sites, we will assist countries to seek funds for expanding their use of microcomputers at the operations level.

This project will develop and use two computer programs at the operations level. Program #1 will replace pencil and paper scrambled books as the media used for distance learning aimed at operations-level supervisors. Program #2 will record outpatient

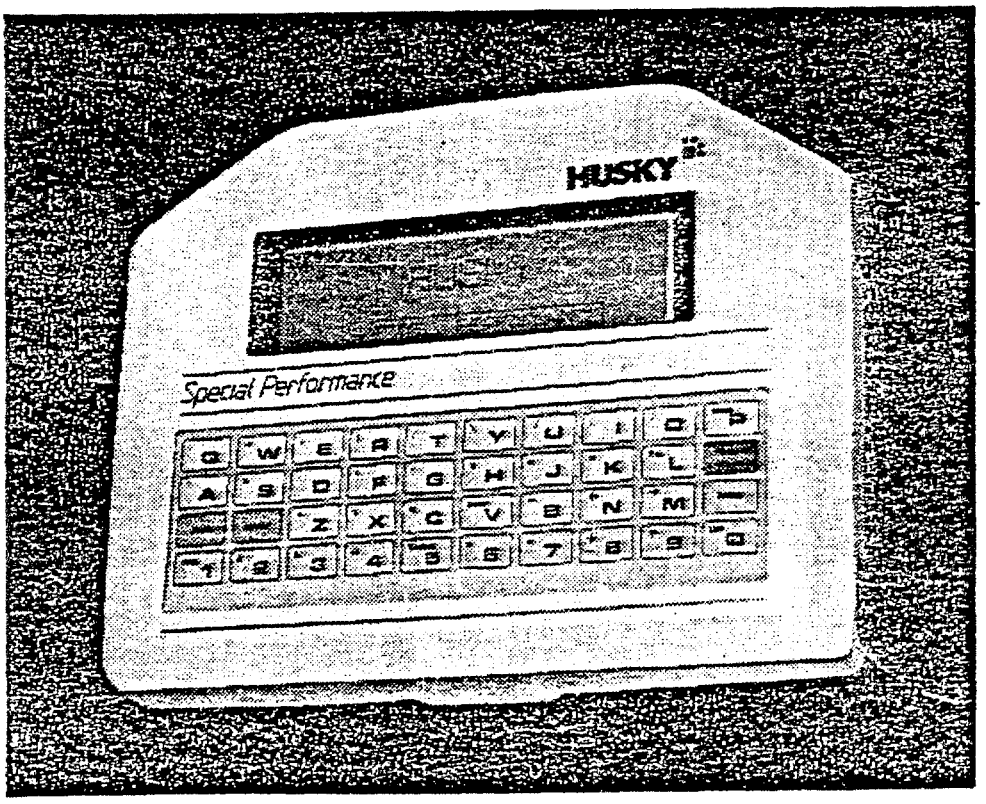
visits, diagnosis, and drugs prescribed, and use this information to re-order drugs and supplies, as well as to calculate drug costs per outpatient visit. This program will provide useful health statistics and epidemiological data, as well as enabling supervisors to monitor drug utilization. Important information can be downloaded by the supervisor's portable microcomputer in order to supply data to central statistics departments. Also, supervisors will check scrambled book test scores and provide immediate feedback and on-the-job training. The supervisor will then load new scrambled books into the microcomputer to provide additional distance learning programs.

After a long search, The MEDEX Group has identified the microcomputer hardware appropriate for this project. It is called the Husky Special Performance (see next page). This microcomputer is lightweight, rugged, resists dirt and moisture and is ideal for use in desert and jungle environments where conventional computers fail. The Husky which has a mean time between repairs of 10,000 hours, has great potential for many PHC and Child Survival programs especially those where AID is "making a special effort to collect reliable data."* The Husky also has great potential for revolutionizing the operations-level information systems in African countries. We often use the example of the transistor radio, which within one generation has found its way to the remotest African villages. We believe that new Microcomputer Technology is likely to achieve this degree of acceptance by the Year 2000, resulting in a quantum leap forward in operations-level management. Through this project, The MEDEX Group wants to collaborate with AID in this coming information revolution in Africa.

*Child Survival: A Report to Congress on the AID Program, AID Publication, December 1955, p. 43.

SARASOTA

HUSKY "SPECIAL PERFORMANCE"



- Up to 352K bytes of RAM memory
- Extended battery life
- Fast communication capabilities
- Full CP/M compatibility
- Extensive graphic commands

The "Special Performance" version of the HUSKY has a RAM capacity of up to 352K bytes of memory and provides extended battery life. HUSKY SP can be used for large, complex, high level language programs written and compiled on other computers for subsequent downloading, allowing a degree of artificial intelligence to be implemented in a portable system for the first time. It features full CP/M compatibility and extensive graphics in a rugged, waterproof case.

OUTPUT 3: Simple and appropriate management systems in place at the operations level and supporting PHC activities, and health personnel trained to use these systems.

Discussion of Output 3: Management at the operations level is an area of weakness in African health systems. However, as the focal point for the delivery of PHC services, the operations level must be well managed if this project is to succeed in achieving its overall goal. We believe the key to better operations-level management is (1) simple and appropriate management systems, and (2) health personnel competent to use these systems.

Based on our experience in many countries, including long-term experience in Lesotho and Liberia, we have identified ten (10) management support systems needed to sustain PHC activities at the operations level.

1. Drugs and Medical Supply System
2. General Supply System
3. Maintenance System
4. Transportation Systems
5. Communication Systems
6. Personnel System
7. Finance System
8. Information System
9. Referral System
10. Supervisory System

These systems are interrelated, and each system is important for supporting health activities. During the Operations-Level Management Development process discussed under Output 1, these ten systems are analyzed and strengthened. This process usually involves simplifying existing systems, for example by streamlining regulations and reducing paperwork. The objective is to design each system so that the focus is on supporting PHC activities. Our overall approach to strengthening management systems is discussed in more detail under Output 1.

Management systems are only as good as the people who manage them, and therefore this project will give special attention to management training for operations-level personnel. The MEDEX Group uses a competency-based, results-oriented training methodology which focuses on the development of essential job-related management skills. Our approach to training is also discussed in more detail under Output 1.

OUTPUT 4: Functioning supervisory system, linked to an ongoing program of in-service training, providing regular, supportive supervision of PHC activities at the operations level.

Discussion of Output 4: Planning and implementing PHC programs receives much attention from ministries of health and international donor organizations. But afterwards, the maintenance of these programs is left to supervisors who are frequently overworked, undertrained, and without access to resources. We have found that supervision is the "weak link" in health programs worldwide.

The first step in strengthening supervision is to acknowledge it as crucial to the success of the project. We often refer to supervision as the "glue" that holds a PHC program together, and therefore we have emphasized supervision by making it a separate output of this project.

The second step in strengthening supervision is to integrate supervision and in-service training into one overall support system for operations-level personnel. Supervisors are in the best position to determine the in-service training needs of health workers, and to provide on-the-spot training when and where it is most needed. Especially at the operations level, supervision and in-service training become two parts of one overall support system for grassroots health activities.

The third step in strengthening supervision is to use a systems approach. Supervision is a system requiring trained personnel, transport, supplies, communication, finances, etc. The supervisory system must be treated like any other system, i.e., it must be planned, organized, monitored, and

adjusted from time to time. Furthermore, the supervisory system must be designed to operate within the resources available at the operations level. For example, it is fine to say that supervisors should visit clinics once a week, but if vehicles are not available, then the supervisory system should not be organized around weekly visits to clinics. These kinds of problems will be avoided by treating supervision as an important system and giving it the attention that it deserves from the very beginning of the project.

Supervisors are the managers who set the tone and direction of the health organization. Depending upon the style and skill of the supervisors, their visits are viewed as welcome opportunities to receive practical assistance, or dreaded occasions of inspection and fault finding.

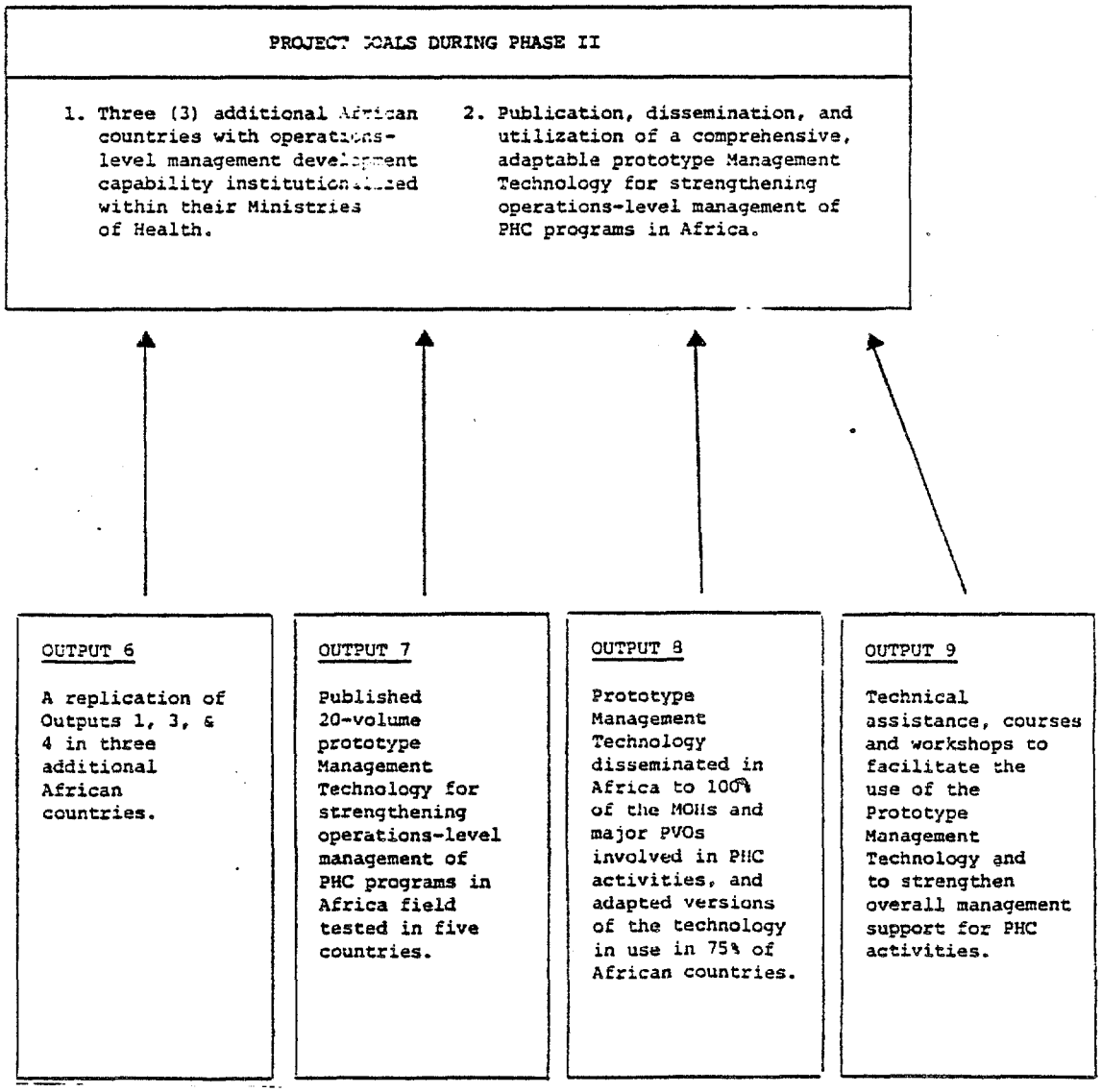
We have found that the roles and responsibilities of operations-level supervisors are often badly misunderstood. In some cases, the supervisor is looked upon as the person to solve all problems (over-expectation), while in other cases the supervisor is seen merely as an expert clinician (under-expectation). Ineffective autocratic styles of supervision, as well as ineffective laissez-faire styles, are the norm in too many health systems. These ineffective styles are defended on the grounds that they conform to cultural norms in developing countries. Yet in every culture, we have found those few managers who understand the supervisory role and how to develop the relationships with subordinates required to achieve program results. These managers are remarkably successful, and for them supervision is a powerful management tool. One of the objectives of this project is to determine the supervisory skills and approaches being used by effective local managers, and then to train large numbers of operations-level health personnel to use these same skills and approaches. In this way we will create a "critical mass" of effective supervisors at the operations level, who by interacting with each other and with senior officers at higher levels, will have a substantial impact on improving the management of PHC services. We have found that demand generated by competent supervisors at the operations level is the quickest and surest way to improve managerial practices throughout a health system.

OUTPUT 5: Twenty (20) reproducible prototype manuals, modules, workbooks, and other materials field tested in two countries, for use in implementing management development in Africa.

Discussion of Output 5: The MEDEX Group and its African colleagues will prepare drafts of all the materials used in operations management development efforts in the two countries. These materials will be compiled into twenty volumes of reproducible prototypes so that they will be readily available to others involved in management development in Africa. These materials will be based on actual field trials and experiences and will represent a valuable management resource.

3. Discussion of Project Goals and Outputs in Phase II

The Operations-Level Management Development Project is divided into two phases. The two goals and four outputs for Phase II are shown in the diagram. A budget and implementation schedule for Phase II will be worked out during the latter stages of Phase I, and are not included in this document.



This concludes the discussion of the technical approach we would use to achieve the five (5) major outputs during Phase I of this project. One of our first tasks upon being awarded this contract would be to develop quantitative indicators to measure progress toward these outputs. Before closing this section, we would like to emphasize that a complex project such as this will require a high level of cooperation among The MEDEX Group, African countries, USAID Missions, and AID/Washington. To achieve this needed cooperation, our project management approach will focus on maintaining open and effective communication among all parties. Our approach will also include full cooperation and collaboration with the World Health Organization, projects involved in Child Survival-related activities in Africa, PRITECH, REACH, Control of Communicable Childhood Diseases (CCCD) and other PHC projects.

B. IMPLEMENTATION PLAN

This section describes our proposed implementation strategy for Phase I of the Operations-Level Management Development Project. We discuss proposed project sites, project personnel and organizational structure, major project activities, and project implementation schedules.

1. Phase I Implementation Plan: Project Years 1-4

Project Sites for Phase I

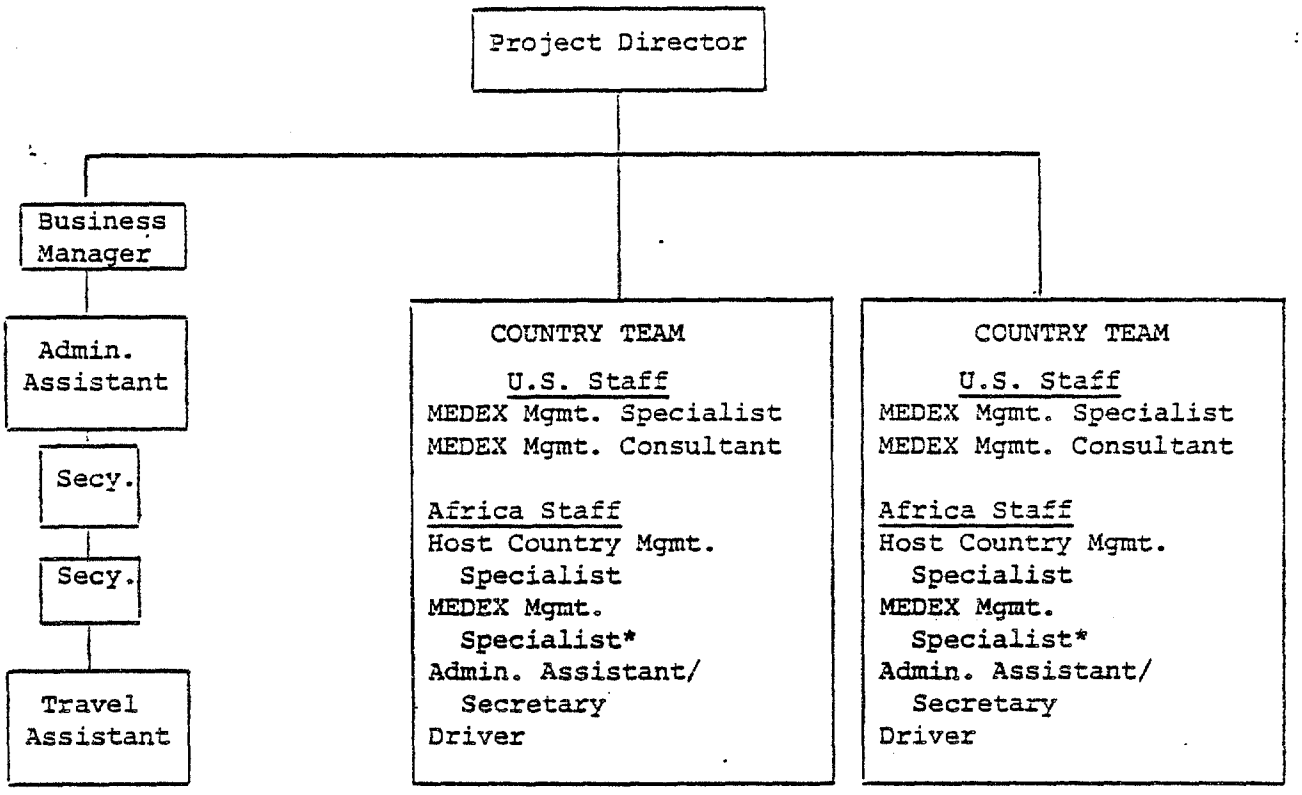
Two African countries will be selected as sites for implementing project activities during Phase I. The MEDEX Group, in collaboration with AID and the World Health Organization, will select the two project countries. The World Health Organization's regional office in Brazzaville is committed to collaboration with us in this project. Along with USAID Missions, WHO has relationships with African countries which will greatly assist in the selection of appropriate project sites.

The criteria for selection of countries will be the willingness and ability of a country to pursue Operations-Level Management Development. A "willing" country is one in which the government has expressed a commitment to address issues related to operations-level management on a national basis; an "able" country is one with the political stability and available human and material resources which point to a high potential for project success. The notion of a high potential for success is critical in this project. It has been our experience over the past fourteen years of health development in the Third World that acceptance of change comes slowly, especially when changes in administrative structures are involved. However, we have learned that success is infectious, and invariably aids in introducing further changes. It is for this reason that we have chosen the potential for success as a criterion for country selection.

Project Personnel for Phase I

Project personnel are grouped into two "country teams" (see project organization chart on next page). Each country team includes both U.S. and Africa-based personnel. The teams will be carefully organized so that the skills of team members complement each other.

PROJECT ORGANIZATIONAL STRUCTURE
PHASE I
(Project Years 1-4)



Specialist Consultants

1 Consultant for critical incident technology
2 Consultants for case study technology
1 Consultant for resource allocation technology
2 Consultants for microcomputer technology

*MEDEX Management Specialists will be based 24 months in Africa.

MEDEX Management Specialists (MxMS)

Four full time positions based at home office. However, two of these specialists will rotate to the field for two years, during which time they will become in-country LTAs. The MEDEX Management Specialists provide the technical support for project activities. They have responsibility for conceptualizing, developing and field testing the operations-level management technology.

MEDEX Management Consultants (MxMC)

Two part-time positions filled by consultants with extensive experience working with The MEDEX Group and with management development in the Third World. One MEDEX Management Consultant will be assigned to each country team, and provide technical support through consultations at regular intervals over the four years of the project.

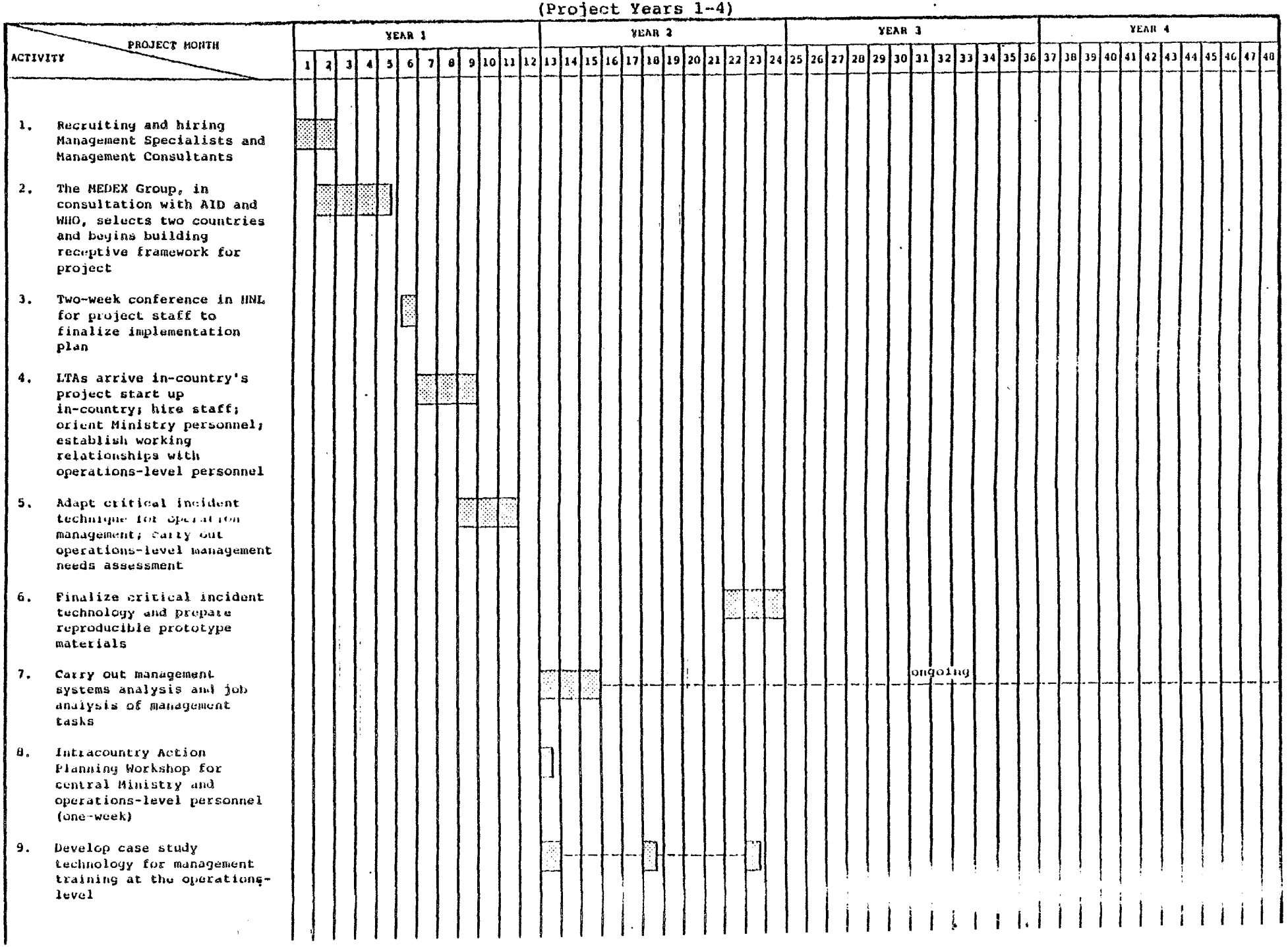
Host Country Management Specialist (HCMS)

Two full time positions, one in each country. The HCMS will be an experienced manager or administrator within the Ministry of Health, and in the country an expert on existing management systems and practices. The HCMS will participate in the full range of project activities, supervise in-country project support staff, and ultimately have responsibility for carrying on management development activities once the project is completed.

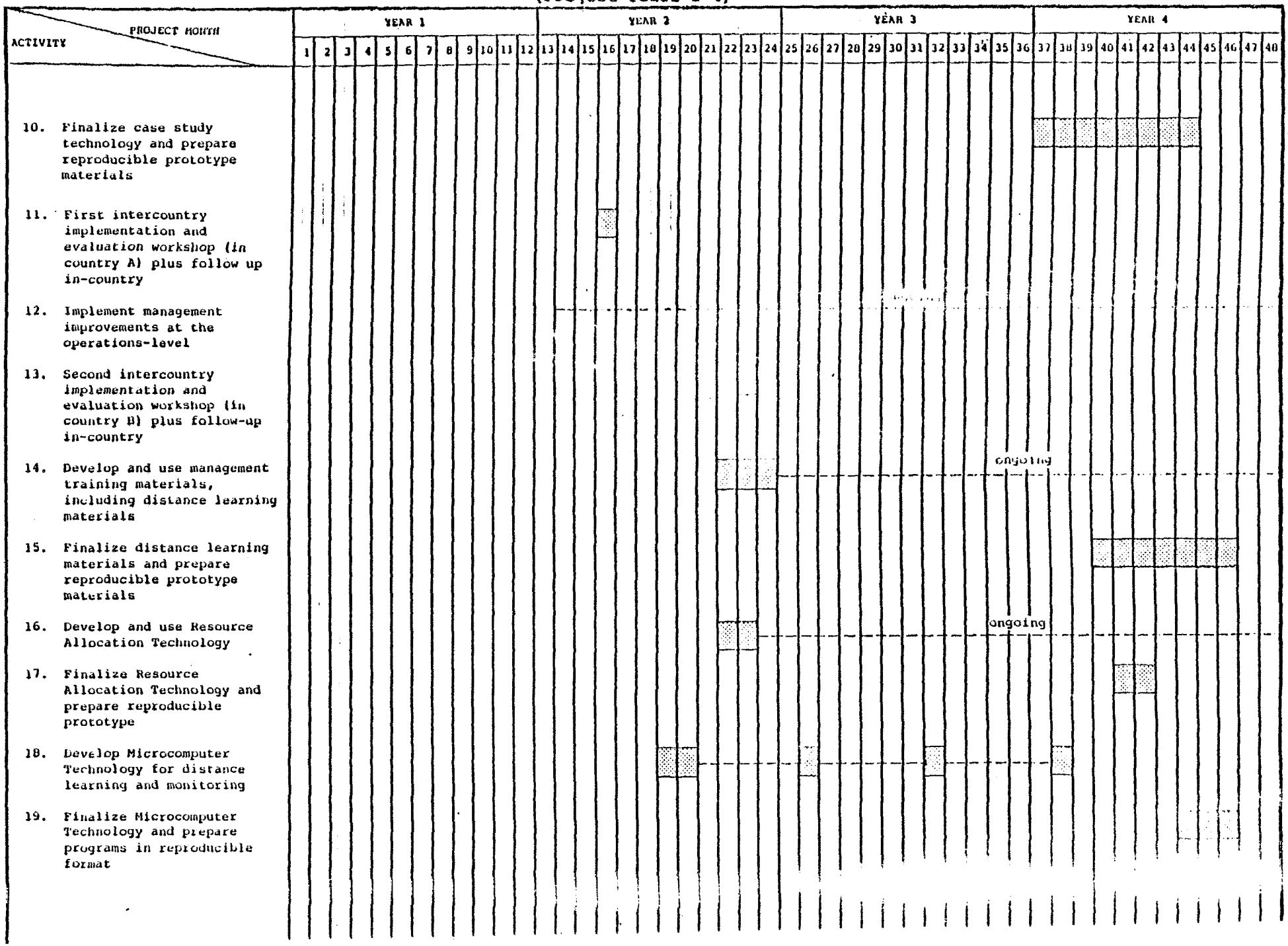
Project Implementation Schedule for Phase I

On the following page is the implementation schedule for the project.

PROPOSED IMPLEMENTATION SCHEDULE FOR PHASE I
(Project Years 1-4)



PROPOSED IMPLEMENTATION SCHEDULE FOR PHASE I
(Project Years 1-4)



PROPOSED IMPLEMENTATION SCHEDULE FOR PHASE I
(Project Years 1-4)

ACTIVITY \ PROJECT MONTH	YEAR 1												YEAR 2												YEAR 3												YEAR 4											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
20. Third intercountry implementation and evaluation workshop (in country A); LTAs depart and relocate to home office, but continue to support in-country activities through regular consultation visits																																																
21. Intracountry evaluation of operations management development; development of plan for future																																																
22. Final intercountry workshop on institutionalization																																																
23. Wrap up Phase I activities																																																
24. Technical support by MEDEX-U.S. staff of in-country project activities																											ongoing																						

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT PROJECT

BUDGET SUMMARY

		YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
I.	Salaries	$ 409,747	$ 430,233	$ 451,741	$ 474,329	$1,766,050
II.	Fringe	72,469	76,093	79,897	83,892	312,351
III.	Consultants	103,916	126,675	108,771	103,217	442,579
IV.	Travel and Transportation	252,864	237,895	216,458	166,221	873,438
V.	Allowances	153,490	192,125	123,524	87,150	556,289
VI.	Other Direct Costs	162,759	172,760	179,339	185,703	700,561
VII.	Equipment, Vehicles, Materials and Supplies	205,410	26,313	27,629	29,011	288,363
VIII.	Participant Training	25,000	26,250	27,563	28,941	107,754
IX.	Indirect Costs	262,472	279,740	263,402	250,787	1,056,401
	TOTALS	$1,648,127	$1,568,084	$1,478,324	$1,409,251	$6,103,786

OPERATIONS-LEVEL DEVELOPMENT MANAGEMENT PROJECT

	YEAR 01		YEAR 02		YEAR 03		YEAR 04		TOTAL	
	PM	Salary	PM	Salary	PM	Salary	PM	Salary	PM	Salary
I. SALARIES										
Home Office Staff										
Director	12	$ 74,895	12	$ 78,639	12	$ 82,571	12	$ 86,699	48	$ 322,804
Management Development Specialist	12	47,804	12	50,195	12	52,704	12	55,340	48	206,043
Management Development Specialist	12	44,352	12	46,570	12	48,898	12	51,343	48	191,163
Management Development Specialist	6	22,176	0		6	24,449	12	51,343	24	97,968
Management Development Specialist	6	20,526	0		6	22,629	12	47,521	24	90,676
Business Manager	6	14,560	6	15,288	6	16,052	6	16,855	24	62,755
Administrative Assistant	12	21,685	12	22,769	12	23,907	12	25,103	48	93,464
Travel Assistant	12	21,685	12	22,769	12	23,907	12	25,103	48	93,464
Secretary	12	18,081	12	18,985	12	19,934	12	20,931	48	77,931
Secretary	12	18,081	12	18,985	12	19,934	12	20,931	48	77,931
Total Home Office Staff	102	$303,945	90	$274,200	102	$334,985	114	$401,169	408	$1,314,199
In-Country Staff										
Long-Term Advisor/Management Development Specialist	6	$ 22,176	12	$ 46,570	6	$ 24,449			24	$ 93,195
Long-Term Advisor/Management Development Specialist	6	20,526	12	43,103	6	22,629			24	86,258
Host Country Management Spec.	12	18,000	12	18,900	12	19,845	12	20,837	48	77,582
Host Country Management Spec.	12	18,000	12	18,900	12	19,845	12	20,837	48	77,582
Administrative Assistant/Secretary	12	10,000	12	10,500	12	11,025	12	11,576	48	43,101
Administrative Assistant/Secretary	12	10,000	12	10,500	12	11,025	12	11,576	48	43,101
Driver	12	3,600	12	3,780	12	3,969	12	4,167	48	15,516
Driver	12	3,600	12	3,780	12	3,969	12	4,167	48	15,516
Total In-Country Staff	84	$105,902	96	$156,033	84	$116,756	72	$ 73,160	336	$ 451,851
TOTAL SALARIES	186	$409,747	186	$430,233	186	451,741	186	474,329	744	$1,766,050

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
II. FRINGE					
20% of U.S. Salaries	$ 69,309	$ 72,775	$ 76,413	$ 80,234	$298,731
5% of Host Country Nationals	3,160	3,318	3,484	3,658	13,620
TOTAL FRINGE	$ 72,469	$ 76,093	$ 79,897	$ 83,892	$312,351
III. CONSULTANTS					$442,579
Year 01	$103,916				
Year 02		$126,675			
Year 03			$108,771		
Year 04				$103,217	
IV. TRAVEL AND TRANSPORTATION					
Domestic Travel					
Home Office Staff	$ 6,936	$ 3,640	$ 3,820	$ 6,015	$ 20,411
Consultants	15,606	5,460	3,820	8,020	32,906
Others	5,202				5,202
Total Domestic Travel	$ 27,744	$ 9,100	$ 7,640	$ 14,035	$ 58,519
International Travel					
Home Office Staff	$ 62,400	$ 47,775	$ 60,519	$ 63,531	$234,225
Long-Term Advisors	18,420	39,480	22,074		79,974
Consultants	50,200	64,155	41,448	27,195	182,998
Host Country Nationals	9,400	9,870	1,764	1,851	22,885
Others	23,500	35,595	15,543	27,195	101,833
Total International Travel	$163,920	$196,875	$141,348	$119,772	$621,915
Transportation of Household Effects					
Baggage and Vehicles					
Air and Surface Shipments	$ 24,000		$ 26,460		$ 50,460
Vehicle Shipment	8,000		8,820		16,820
Total Transportation	$ 32,000		$ 35,280		$ 67,280
Storage of Household Effects	$ 1,200	$ 2,520	$ 1,320		$ 5,040

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
IV. TRAVEL AND TRANSPORTATION (continued)					
In-Country Travel and Per Diem	$ 20,000	$ 21,000	$ 22,050	$ 23,153	$ 86,203
In-Country Workshops	$ 8,000	$ 8,400	$ 8,820	$ 9,261	$ 34,481
TOTAL TRAVEL AND TRANSPORTATION	$252,864	$237,895	$216,458	$166,221	$873,438
V. ALLOWANCES					
Post Differential @ 20%	$ 8,540	$ 17,935	$ 9,416		$ 35,891
Housing Allowance	$ 14,400	$ 30,240	$ 15,876		$ 60,516
Furnishing Allowance	$ 20,000				$ 20,000
Education Allowance	$ 12,900	$ 27,100	$ 14,232		$ 54,232
Domestic Per Diem					
Home Office Staff	$ 2,700	$ 1,425	$ 1,500	$ 2,100	$ 7,725
Consultants	13,500	5,700	3,000	18,900	41,100
Total Domestic Per Diem	$16,200	$ 7,125	$ 4,500	$ 21,000	$ 48,825
International Per Diem					
Home Office Staff	$39,600	$ 28,500	$ 42,000	$ 31,500	$141,600
Long-Term Advisors		2,850	1,500		4,350
Consultants	27,000	45,600	30,000	25,200	127,800
Host Country Nationals	3,600	2,850	1,500	1,575	9,525
Others	11,250	29,925	4,500	7,875	53,550
Total International Per Diem	$ 81,450	$109,725	$ 79,500	$ 66,150	$336,825
TOTAL ALLOWANCES	$153,490	$192,125	$123,524	$ 87,150	$556,289

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
VI. OTHER DIRECT COSTS					
DBA Insurance	$ 5,359	$ 7,490	$ 5,804	$ 3,491	$ 22,144
Office Rent	72,000	75,600	79,380	83,349	310,329
Telephones, Long Distance	$ 18,600	$ 19,530	$ 20,507	$ 21,532	80,169
Telephones, Equip. Rental	8,400	8,820	9,261	9,724	36,205
Telex, Cables	10,200	10,710	11,246	11,808	43,964
Photocopy	13,200	13,860	14,553	15,281	56,894
Postage	6,000	6,300	6,615	6,946	25,861
Vehicle Maintenance & Fuel	14,400	15,120	15,876	16,670	62,066
Equipment Maintenance	8,600	9,030	9,482	9,956	37,068
Other Costs	6,000	6,300	6,615	6,946	25,861
TOTAL OTHER DIRECT COSTS	$162,759	$172,760	$179,339	$185,703	$ 700,561
VII. EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES					
Materials and Supplies					
Office Supplies	$ 14,460	$ 15,183	$ 15,942	$ 16,739	$ 62,324
Training Supplies	6,600	6,930	7,277	7,641	28,448
Freight	7,750	4,200	4,410	4,631	20,991
Equipment	146,600				146,600
Vehicles	30,000				30,000
TOTAL EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES	$205,410	$ 26,313	$ 27,629	$ 29,011	$288,363

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
VIII. PARTICIPANT TRAINING					
Participant Tuition	$ 9,500	$ 9,975	$ 10,474	$ 10,997	$ 40,946
Participant Stipends	6,500	6,825	7,166	7,525	28,016
Participant Travel	9,000	9,450	9,923	10,419	38,792
TOTAL PARTICIPANT TRAINING	$ 25,000	$ 26,250	$ 27,563	$ 28,941	$ 107,754
IX. INDIRECT COSTS (22% of MTDC)	$ 262,472	$ 279,740	$ 263,402	$ 250,787	$1,056,401
TOTALS	$1,648,127	$1,568,084	$1,478,324	$1,409,251	$6,103,786

OPERATIONS-LEVEL MANAGEMENT DEVELOPMENT PROJECT
BUDGET NARRATIVE

Note: An inflation factor of 5% after Year 01 is reflected throughout the budget.

I. SALARIES:

Home Office Staff: Two members of the Home Office Staff, the two Human Resource Development Specialist positions, will be located at the Home Office for the first six months of Year 01 of the project. For the second six months of Year 01, all of Year 02, and the first six months of Year 03, they will be moved overseas to function as Long-Term Advisors, one in each African country. For the second six months of Year 03 and all of Year 04, they will be located at the Home Office.

In-Country Staff: As detailed in the "Home Office Staff" section above, the two Human Resource Development Specialist positions will be relocated overseas for part of Year 01, all of Year 02, and part of Year 03 of the project. Host Country Management Specialists will be on staff throughout the project, Years 01-04. Also on staff, to assist them, will be one Administrative Assistant/Secretary and one Driver for each of the two African countries.

II. FRINGE:

Rates of 20% for U.S. nationals and 5% for host country nationals are based on fringe rates currently being paid.

III. CONSULTANTS:

Consultancies have been scheduled in varying time periods to assist with the Critical Incident, Case Study, Resource Allocation and Microcomputer technologies, and with the overall functioning of the project.

IV: TRAVEL & TRANSPORTATION:

Domestic Travel:

Home Office Staff: 4 trips in Year 01, 2 trips in Year 02, 2 trips in Year 03, and 3 trips in Year 04 to attend conferences or meet with AID officials.

Consultants: 9 trips to Home Office in Year 01; 3 trips in Year 02; 2 trips in Year 03; 4 trips in Year 04.

Others: 3 trips are scheduled in Year 01 for personnel from collaborating institutions.

International Travel:

The following international travel includes all travel to and from Africa, as well as travel within Africa outside of the countries in which we are based.

Home Office Staff: 16 trips in Year 01; 11 trips in Year 02; 13 trips in Year 03; 13 trips in Year 04.

Long-Term Advisors: 6 trips in Year 01; 8 trips in Year 02; 7 trips in Year 03. Long-Term Advisor trips include moving of LTAs and dependents to post, R&R leave, and official meetings.

Consultants: 12 trips in Year 01; 13 trips in Year 02; 8 trips in Year 03; 5 trips in Year 04.

Host-Country Nationals: 2 trips in Year 01; 2 trips in Year 02; 1 trip in Year 03; 1 trip in Year 04.

Others: Travel for personnel from collaborating institutions is scheduled as follows: 5 trips in Year 01; 3 trips in Year 02; 3 trips in Year 03; 5 trips in Year 04. Additionally, 18 trips are scheduled for the Case Study Workshop participants in Year 02.

Transportation and Storage:

Air, surface and vehicle shipments for the two Long-Term Advisors to relocate them to Africa in Year 01 and return them to their home base in Year 03. Storage for a limited amount of household and personal goods at their home base.

In-Country Travel and Per Diem:

Travel and per diem for LTAs and Host Country Management Specialists to travel within their particular country.

In-Country Workshops:

Incidental expenses such as on-site photocopying, space rental, typing or messenger services, etc., for an estimated 4 workshops per year.

V. ALLOWANCES:

Housing Allowance: Monthly house rental for two Long-Term Advisors while overseas.

Furnishing Allowance: One-time $10,000 allowance per family for household furnishings such as appliances, carpets, drapes.

Education Allowance: Tuition fees for children of Long-Term Advisors.

Per Diem: Per diem is budgeted according to number of trips detailed in Domestic Travel and International Travel, with varying lengths of stay for each trip.

VI. OTHER DIRECT COSTS:

DBA: Defense Base Act Insurance. This is a required workers' compensation policy for staff and consultants living and/or working overseas.

Office Rent: Rental of office space at the Home Office.

Other Costs: Miscellaneous costs such as recruitment fees, brochure production, etc.

VII. EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES:

Office Supplies: Office supplies purchased both in Africa and at Home Office.

Training Supplies: Supplies purchased in Africa for use in workshops and other training activities.

Freights: Freight on supplies and equipment to be shipped to Africa.

Equipment: Year 01 includes purchase of the following for each country: manual typewriter, electric typewriter, file cabinets, desks, chairs, calculator, tables, dictaphone, personal computer, computer printer, and 35mm camera. Year 01 also includes purchase of 25 microcomputers for each country.

Vehicles: 1 vehicle per country to be purchased in Africa in Year 01.

VIII. PARTICIPANT TRAINING

Funds for three to four participants per year to attend training workshops in the U.S. Included are tuition, stipend and travel costs for each participant.

CONTENTS OF ADDENDUM

1. Detailed Implementation Plan and Budget for Start Up Phase - Project Months 1-6.

2. Budget Analysis - Staff and Staff Support Costs for Medex Hawaii.

3. Staffing Pattern for Operations - Level Management Development Project with Attached Biodata Forms.

4. Monitoring and Evaluation Plan with Sample Indicators for Management Systems.

OPERATIONS LEVEL MANAGEMENT DEVELOPMENT PROJECT

START UP PHASE PROJECT MONTHS 1 - 6

MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
Meeting in WDC . AID/W . MEDEX Group . WHO/Brazzaville . ESAMI Identify six potential project countries; work out an individual approach to each country - - - - - - - - - - - Recruitment of project staff - - - - - - - - - - - Start up preparations AFR Bureau cable to AFR USAIDs explaining Project	⟵ ASSESSMENT VISITS TO SIX COUNTRIES* ⟶ . two weeks per country . two assessment teams working simultaneously in Africa . WHO and ESAMI involvement depends on approaches decided at WDC Meeting in Month 1		Selection of Two Project Countries** Meeting in WDC to finalize selection . AID/W . MEDEX Group	Teams visit two countries to work out terms of reference and scopes of work leading to Memorandum of Agreement - - - - - - - - - - - Recruitment of Host Country Management Specialist and other Host Country Staff - - - - - - - - - - - In-Country Logistical Arrangements for Project	Memorandum of Agreement signed with each country

*Activities During Assessment Visits:

1. Meet and discuss project with MOH, AID Mission and others
2. Make formal presentation on project goals, strategy & MOH inputs
3. Meet and interview potential host country management specialist
4. Make site visits to assess the situation at the operations level
5. Determine MOH commitment to decentralization (review MOH development plans)
6. Identify donor support for health sector and its possible contribution to project implementation

**Criteria for Country Selection:

1. Overall likelihood of project success
2. MOH commitment to operations management development and decentralization
3. Availability of suitable counterparts
4. AID/W's interest in the country
5. Local AID Mission's interest in project
6. Country's potential for generating prototype management materials
7. Infrastructure to support project (communications, logistics)
8. Political stability and economic strength of the country

OPERATIONS-LEVEL DEVELOPMENT MANAGEMENT PROJECT

BUDGET FOR MONTHS 1-6

		PM	Salary
I.	SALARIES		
	Home Office Staff		
	Director	6	$ 37,448
	Management Development Specialist	6	23,902
	Management Development Specialist	6	22,176
	Management Development Specialist	6	22,176
	Management Development Specialist	6	20,526
	Business Manager	3	7,280
	Administrative Assistant	6	10,843
	Travel Assistant	6	10,843
	Secretary	6	9,041
	Secretary	6	9,041
	TOTAL SALARIES	57	$173,276
II.	FRINGE (20% of U.S. Salaries)		$ 34,655
III.	CONSULTANTS		$ 48,208
IV.	TRAVEL AND TRANSPORTATION		
	Domestic Travel		
	Home Office Staff		$ 11,438
	Consultants		11,438
	Total Domestic Travel		$ 22,876
	International Travel		
	Home Office Staff		$ 56,600
	Consultants		26,700
	Others		15,800
	Total International Travel		$ 99,100
	In-Country Travel		$ 6,000
	TOTAL TRAVEL AND TRANSPORTATION		$127,976
V.	ALLOWANCES		
	Domestic Per Diem		
	Home Office Staff		$ 4,410
	Consultants		8,190
	Others		1,260
	Total Domestic Per Diem		$ 13,860

V. ALLOWANCES (continued)

International Per Diem	
Home Office Staff	$ 32,760
Consultants	15,120
Others	3,780
Total International Per Diem	$ 51,660
TOTAL ALLOWANCES	$ 65,520

VI. OTHER DIRECT COSTS

DBA Insurance	$ 2,249
Office Rent	36,000
Telephones, Long Distance	9,300
Telephones, Equipment Rental	4,200
Telex, Cables	5,100
Photocopy	6,600
Postage	3,000
Equipment Maintenance	4,300
Other Costs	10,680
TOTAL OTHER DIRECT COSTS	$ 81,429

VII. EQUIPMENT, VEHICLES, MATERIALS & SUPPLIES

Materials and Supplies	
Office Supplies	$ 7,230
TOTAL EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES	$ 7,230

VIII. INDIRECT COSTS (22% of MTDC)	$118,425
TOTALS	$656,719

BUDGET ANALYSIS

STAFF AND STAFF SUPPORT COSTS FOR MEDEX HAWAII $ 1,930,427
TOTAL PROJECT COST 6,103,786
% for Medex Group Hawaii 31.6%

BUDGET PROPOSAL

OPERATIONS-LEVEL DEVELOPMENT MANAGEMENT PROJECT

	YEAR 01		YEAR 02		YEAR 03		YEAR 04		TOTAL		
	PM	Salary	PM	Salary	PM	Salary	PM	Salary	PM	Salary	
I. SALARIES											
Home Office Staff											
Director	12	$ 74,895	12	$ 78,639	12	$ 82,571	12	$ 86,699	48	$ ~~322,804~~	161,402
Management Development Specialist	12	47,804	12	50,195	12	52,704	12	55,340	48	~~206,043~~	103,022
Management Development Specialist	12	44,352	12	46,570	12	48,898	12	51,343	48	~~191,163~~	95,582
Management Development Specialist	6	22,176	0		6	24,449	12	51,343	24	~~97,968~~	48,984 *
Management Development Specialist	6	20,526	0		6	22,629	12	47,521	24	~~90,676~~	45,338
Business Manager	6	14,560	6	15,288	6	16,052	6	16,855	24	62,755	
Administrative Assistant	12	21,685	12	22,769	12	23,907	12	25,103	48	93,464	
Travel Assistant	12	21,685	12	22,769	12	23,907	12	25,103	48	93,464	
Secretary	12	18,081	12	18,985	12	19,934	12	20,931	48	77,931	
Secretary	12	18,081	12	18,985	12	19,934	12	20,931	48	77,931	
Total Home Office Staff	102	$303,845	90	$274,200	102	$334,985	114	$401,169	408	~~$1,314,199~~	$ 859,873
In-Country Staff											
Long-Term Advisor/Management Development Specialist	6	$ 22,176	12	$ 46,570	6	$ 24,449			24	$ 93,195	—
Long-Term Advisor/Management Development Specialist	6	20,526	12	43,103	6	22,629			24	86,258	
Host Country Management Spec.	12	18,000	12	18,900	12	19,845	12	20,837	48	77,582	
Host Country Management Spec.	12	18,000	12	18,900	12	19,845	12	20,837	48	77,582	
Administrative Assistant/Secretary	12	10,000	12	10,500	12	11,025	12	11,576	48	43,101	
Administrative Assistant/Secretary	12	10,000	12	10,500	12	11,025	12	11,576	48	43,101	
Driver	12	3,600	12	3,780	12	3,969	12	4,167	48	15,516	
Driver	12	3,600	12	3,780	12	3,969	12	4,167	48	15,516	
Total In-Country Staff	84	$105,902	96	$156,033	84	$116,756	72	$ 73,160	336	$ 451,851	0
TOTAL SALARIES	186	$409,747	186	$430,233	186	451,741	186	474,329	744	$1,766,050	$ 859,873

* Director and Mgmt. Specialists will spend a minimum of 6 mos/yr in Africa; therefore, only half of their salary is allocated to Medex Hawaii.

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL	
II. FRINGE						
20% of U.S. Salaries	$ 69,309	$ 72,775	$ 76,413	$ 80,234	~~$298,731~~	(20% x 859,873 =)
5% of Host Country Nationals	3,160	3,318	3,484	3,658	~~13,620~~	
TOTAL FRINGE	$ 72,469	$ 76,093	$ 79,897	$ 83,892	~~$312,351~~	$ 171,975
III. CONSULTANTS					~~$442,579~~	
Year 01	$103,916					
Year 02		$126,675				
Year 03			$108,771			
Year 04				$103,217		
IV. TRAVEL AND TRANSPORTATION						
Domestic Travel						
Home Office Staff	$ 6,936	$ 3,640	$ 3,820	$ 6,015	$ 20,411	20,411
Consultants	15,606	5,460	3,820	8,020	32,906	—
Others	5,202				5,202	—
Total Domestic Travel	$ 27,744	$ 9,100	$ 7,640	$ 14,035	$ 58,519	$ 20,411
International Travel						
Home Office Staff	$ 62,400	$ 47,775	$ 60,519	$ 63,531	$234,225	234,255
Long-Term Advisors	18,420	39,480	22,074		79,974	—
Consultants	50,200	64,155	41,448	27,195	182,998	—
Host Country Nationals	9,400	9,870	1,764	1,851	22,885	—
Others	23,500	35,595	15,543	27,195	101,833	—
Total International Travel	$163,920	$196,875	$141,348	$119,772	$621,915	$ 234,255
Transportation of Household Effects						
Baggage and Vehicles						
Air and Surface Shipments	$ 24,000		$ 26,460		$ 50,460	
Vehicle Shipment	8,000		8,820		16,820	
Total Transportation	$ 32,000		$ 35,280		$ 67,280	
Storage of Household Effects	$ 1,200	$ 2,520	$ 1,320		$ 5,040	

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL	
IV. TRAVEL AND TRANSPORTATION (continued)						
In-Country Travel and Per Diem	$ 20,000	$ 21,000	$ 22,050	$ 23,153	$ 86,203	
In-Country Workshops	$ 8,000	$ 8,400	$ 8,820	$ 9,261	$ 34,481	
TOTAL TRAVEL AND TRANSPORTATION	$252,864	$237,895	$216,458	$166,221	$873,438	
V. ALLOWANCES						
Post Differential @ 20%	$ 8,540	$ 17,935	$ 9,416		$ 35,891	
Housing Allowance	$ 14,400	$ 30,240	$ 15,876		$ 60,516	
Furnishing Allowance	$ 20,000				$ 20,000	
Education Allowance	$ 12,900	$ 27,100	$ 14,232		$ 54,232	
Domestic Per Diem						
Home Office Staff	$ 2,700	$ 1,425	$ 1,500	$ 2,100	$ 7,725	7,725
Consultants	13,500	5,700	3,000	18,900	41,100	
Total Domestic Per Diem	$16,200	$ 7,125	$ 4,500	$ 21,000	$ 48,825	7,725
International Per Diem						
Home Office Staff	$39,600	$ 28,500	$ 42,000	$ 31,500	$141,600	141,600
Long-Term Advisors		2,850	1,500		4,350	
Consultants	27,000	45,600	30,000	25,200	127,800	
Host Country Nationals	3,600	2,850	1,500	1,575	9,525	
Others	11,250	29,925	4,500	7,875	53,550	
Total International Per Diem	$ 81,450	$109,725	$ 79,500	$ 66,150	$336,825	141,600
TOTAL ALLOWANCES	$153,490	$192,125	$123,524	$ 87,150	$556,289	$149,325

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL	
VI. OTHER DIRECT COSTS						
DBA Insurance	$ 5,359	$ 7,490	$ 5,804	$ 3,491	$ ~~22,144~~	
Office Rent	72,000	75,600	79,380	83,349	310,329	310,329
Telephones, Long Distance	$ 18,600	$ 19,530	$ 20,507	$ 21,532	80,169	40,169 (½ Hawaii)
Telephones, Equip. Rental	8,400	8,820	9,261	9,724	36,205	18,103 (" ")
Telex, Cables	10,200	10,710	11,246	11,808	43,964	21,982 (" ")
Photocopy	13,200	13,860	14,553	15,281	56,894	28,447 (" ")
Postage	6,000	6,300	6,615	6,946	25,861	12,931 (" ")
Vehicle Maintenance & Fuel	14,400	15,120	15,876	16,670	~~62,066~~	—
Equipment Maintenance	8,600	9,030	9,482	9,956	37,068	18,534 (" ")
Other Costs	6,000	6,300	6,615	6,946	25,861	12,931 (" ")
TOTAL OTHER DIRECT COSTS	$162,759	$172,760	$179,339	$185,703	$ 700,561	$463,426
VII. EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES						
Materials and Supplies						
Office Supplies	$ 14,460	$ 15,183	$ 15,942	$ 16,739	$ 62,324	31,162
Training Supplies	6,600	6,930	7,277	7,641	28,448	—
Freight	7,750	4,200	4,410	4,631	20,991	—
Equipment	146,600				146,600	—
Vehicles	30,000				30,000	—
TOTAL EQUIPMENT, VEHICLES, MATERIALS AND SUPPLIES	$205,410	$ 26,313	$ 27,629	$ 29,011	$288,363	31,162

	YEAR 01	YEAR 02	YEAR 03	YEAR 04	TOTAL
VIII. PARTICIPANT TRAINING					
Participant Tuition	$ 9,500	$ 9,975	$ 10,474	$ 10,997	$ 40,946
Participant Stipends	6,500	6,825	7,166	7,525	28,016
Participant Travel	9,000	9,450	9,923	10,419	38,792
TOTAL PARTICIPANT TRAINING	$ 25,000	$ 26,250	$ 27,563	$ 28,941	$ 107,754
IX. INDIRECT COSTS (22% of MTDC)	$ 262,472	$ 279,740	$ 263,402	$ 250,787	$1,056,401
TOTALS	$1,648,127	$1,568,084	$1,478,324	$1,409,251	$6,103,786

TOTAL $1,430,427

STAFFING PATTERN FOR OPERATIONS LEVEL DEV. PROJECT

Director	
Mgmt Development Specialist[1]	Richard Smith/Rodney Powell[1]
Mgmt Development Specialist	Patrick Dougherty
Mgmt Development Specialist	Gregory Miles
Mgmt Development Specialist	Seymour Greben
Consultants	[3]

1. Director responsibilities will be divided on approx. a 50/50 basis between Dr. Smith and Dr. Powell.

2. Two of the Mgmt Development Specialists will relocate to the field as LTA's.

3. Medex Group will draw consultants from a pool which includes Richard Ainsworth, David Alt, Rolf Lynton, Harriet Lynton, Kess Hottle, and Don Rudisuhle. Additional consultants will be identified during the 6-month start up phase.

AID 1:20-17 (4-69)

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(Submit in triplicate to contracting officer)

BUDGET BUREAU NO 24-R0064
Approval Expires May 1970

1. NAME (Last, First, Middle)
☒ Mr. ☐ Mrs. ☐ Miss SMITH, Richard Alfred

2. CONTRACTOR'S NAME
University of Hawaii, The MEDEX Group

3. ADDRESS (Include Zip Code)
666 Prospect St., #610
Honolulu, HI 96813

4. CONTRACT NO

5. POSITION UNDER CONTRACT
Director

6. PROPOSED SALARY

7. COUNTRY OF ASSIGNMENT

8. DURATION OF ASSIGNMENT

9. TELEPHONE NO (Include Area Code) 808 948-8643

10. MARITAL STATUS ☒ Married ☐ Single ☐ Other (Specify)

11. NAMES AND AGES OF DEPENDENTS TO ACCOMPANY (If applicable)

12. DATE OF BIRTH 10-13-32

13. PLACE OF BIRTH U.S.A. (Connecticut)

14. CITIZENSHIP (If non-U.S. Citizen, give visa status)
U.S.A.

15. EDUCATION (Include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	CREDITS COMPLETED: SEMESTER HOURS	CREDITS COMPLETED: QUARTER HOURS	TYPE OF DEGREE	DATE OF DEGREE
Howard University, Washington, D.C.	Chemistry			BS	1953
Howard University, Washington, D.C.	Medicine			MD	1957
Columbia University, New York	Public Health			MPH	1960

16. EMPLOYMENT HISTORY
1. Give last three years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered.

Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Yr.): FROM	DATES OF EMPLOYMENT (Mo., Yr.): TO	SALARY: DOLLARS	SALARY: PER
Director, The MEDEX Group	Research Corporation of the University of Hawaii	11/81	present	80,892	year
Director, The MEDEX Group	U.S. Public Health Service (assigned to U.H. School of Medicine)	9/72	10/81	56,000	year

17. SPECIFIC CONSULTANT SERVICES (Give last three years)

SERVICE PERFORMED	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Day, Yr.): FROM	DATES OF EMPLOYMENT (Mo., Day, Yr.): TO	DAILY RATE
Evaluation of Guyana Health Project	USAID/Guyana	6/6/81	6/30/81	---
Developed Policy Paper on Community PHC	WHO (Geneva)	9/1/81	10/1/81	$250
Cameroon Planning Project Paper	USAID/Cameroon	4/8/80	5/6/80	---
Gave seminar on Health Manpower Planning	Commonwealth Secretariat per AID (London)	1/18/80	1/19/80	---

18. LANGUAGE PROFICIENCY

LANGUAGE	SPEAKING: Fair	SPEAKING: Good	SPEAKING: Excl.	READING: Fair	READING: Good	READING: Excl.	WRITING: Fair	WRITING: Good	WRITING: Excl.	UNDERSTANDING: Fair	UNDERSTANDING: Good	UNDERSTANDING: Excl.

19. SPECIAL QUALIFICATIONS (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned, use reverse side of form, if necessary)
Member, Inst. of Medicine, NAS
William A. Jump Award (Public Administration (1968)
Rockefeller Public Serv Award (198
2 books & numerous publ. on PHC

20. CERTIFICATION:
To the best of my knowledge, the above facts as stated are true and correct.

SIGNATURE OF EMPLOYEE: Richard A Smith, M D

DATE: 7.30 83

See reverse for CONTRACTOR CERTIFICATION

17

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Form Approved
OMB No. 24-R0064

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name *(Last, First, Middle)* [X] Mr. [ ] Mrs. [ ] Miss [ ] Ms.
DOUGHERTY, Patrick B.

2. Contractor's Name

3. Address *(include ZIP Code)*
2999 Kalakaua Avenue #701
Honolulu, HI 96815

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
(808)948-8643

10. Marital Status [X] Married [ ] Single [ ] Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*

12. Date of Birth
03-13-47

13. Place of Birth
Tennessee, U.S.A.

14. Citizenship *(if non-U.S. citizen, give visa status)*
U.S.A.

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date of Degree
University of North Carolina, Chapel Hill	Reg.&Hth.planning,mgmt.			MRP	1975
University of Tennessee, Knoxville	Political science			BS	1969

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.) From	To	Salary Dollars	Per.
Management Development Director	The MEDEX Group, University of Hawaii	1984	Present	44,352	year
Management Specialist	The MEDEX Group, University of Hawaii	1981	1983		
Manager, Administration	Hospital Corporation International, Riyadh, Saudi Arabia	1980	1981		
PHC Proj. Manager	CARE-MEDICO, Managua, Nicaragua	1978	1979		
Health Administrator	Central Dist.Hth.Dept.,Serowe,Botswana	1975	1977		

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Day, Yr.) From	To	DAILY RATE
Analysis of material mgmt. sys.	The MEDEX Group/USAID & JFK Medical Center, Monrovia, Liberia	10/17/86	11/07/86	
Management need assessment	The MEDEX Group/Ministry of Health, Botswana	07/07/86	07/20/86	
Developed mgmt. trng. curricula	The MEDEX Group/National Institute of Health & Family Welfare, India	03/05/86 11/04/85	05/03/86 12/14/85	
Health services evaluation	The MEDEX Group/AID/Project HOPE, Grenada	12/03/84	12/20/84	see reverse

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Good	Excl.	Reading: Fair	Good	Excl.	Writing: Fair	Good	Excl.	Understanding: Fair	Good	Excl.
Spanish		X									X	
Samoan	X									X		

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned: use reverse side of form, if necessary)*

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: P. Dougherty

Date

AID 1420-17 (3-80)

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Form Approved
OMB No. 24-R0064

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name *(Last, First, Middle)* ☒ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
MILES, Gregory A.

2. Contractor's Name

3. Address *(include ZIP Code)*
1171 Lunaanela Street
Honolulu, HI 96734

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
(808)261-2051

10. Marital Status ☒ Married ☐ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*

12. Date of Birth
11-15-49

13. Place of Birth
Alaska, U.S.A.

14. Citizenship *(if non-U.S. citizen, give visa status)*
U.S.A.

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date of Degree
University of Hawaii, Honolulu, HI	International Health			MPH	1980
Southern Illinois University, Carbondale	Community Health Educ.			MS	1979
University of Washington, Seattle	History & Education			BA	1973
University of Montana, Missoula	Social Studies & Educ.			--	--

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.): From	To	Salary: Dollars	Per.
Associate Dir. of Instruct. Resource	The MEDEX Group, University of Hawaii	1986	Present	40,947	year
Human Resource Dev. Specialist	The MEDEX Group, University of Hawaii	1981	1986		
Health Training Specialist	Peace Corps Health Curriculum Development Project, Washington, D.C.	1981	1981		
Project Director	Peace Corps Health Training Materials Development Project, McLean, Virginia	1980	1981	see reverse	

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Day, Yr.): From	To	DAILY RATE
Dev. of non-lit. comm.hth.wkr. man.	The MEDEX Group/SERPHC Project. Liberia	03/27/87	05/01/87	
Training Workshop	The MEDEX Group/Department of Health, Papua New Guinea	04/01/86 01/24/86	04/18/86 02/14/86	
Management trng. curr. review	The MEDEX Group/Ministry of Health, Jamaica	12/02/85	12/13/85	
Supervision Workshop	The MEDEX Group/Ministries of Health, St. Kitts and Montserrat	11/18/85	11/29/85	see reverse

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Good	Excl.	Reading: Fair	Good	Excl.	Writing: Fair	Good	Excl.	Understanding: Fair	Good	Excl.
Arabic		X									X	
French	X									X		
Spanish		X			X					X		

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)*

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: Gregory A. Miles

Date: 05-13-87

AID 1420-17 (3-80)

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AID 1420-17 (4-69)

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(Submit in triplicate to contracting officer)

BUDGET BUREAU NO. 24-R0064 Approval Expires May, 1970

1. NAME (Last, First, Middle): ☒ Mr. ☐ Mrs. ☐ Miss GREBEN, SEYMOUR

2. CONTRACTOR'S NAME: HEALTH MANPOWER DEVELOP. STAFF - JOHN BURNS SCHOOL OF MEDICINE UNIVERSITY OF HAWAII

3. ADDRESS (Include Zip Code): 2419 SOLAR DRIVE, LOS ANGELES CA. 90046 USA

4. CONTRACT NO.

5. POSITION UNDER CONTRACT

6. PROPOSED SALARY

7. COUNTRY OF ASSIGNMENT

8. DURATION OF ASSIGNMENT

9. TELEPHONE NO. (Include Area Code): (213) 876-4419

10. MARITAL STATUS: ☒ Married ☐ Single ☐ Other (Specify)

11. NAMES AND AGES OF DEPENDENTS TO ACCOMPANY (If applicable)

12. DATE OF BIRTH: 7-22-25

13. PLACE OF BIRTH: CHICAGO, ILL (USA)

14. CITIZENSHIP (If non-U.S. Citizen, give visa status): USA

15. EDUCATION (Include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	CREDITS COMPLETED: SEMESTER HOURS	CREDITS COMPLETED: QUARTER HOURS	TYPE OF DEGREE	DATE OF DEGREE
ROOSEVELT UNIVERSITY - CHICAGO ILL	MANAGEMENT	32		—	—
U.C.L.A -- LOS ANGELES CA	SECONDARY SCHOOL EDUC	32		GEN'L SEC. TEACH CITIZENSHIP	— 1958
DEPAUL UNIV -- CHICAGO	POL. SCI - BUS ADMIN	128		BS	1948

16. EMPLOYMENT HISTORY

1. Give last three years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered.

Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Yr.): FROM	TO	SALARY: DOLLARS	PER.
MANAGEMENT CONSULTANT	E. BAY REGIONAL RAIL DISTRICT OAKLAND, CALIF	1980	PRESENT	$400.00	DAY
MANAGEMENT/BUDGET CONSULTANT (MALAWI FORESTRY)	WORLD BANK WASHINGTON D.C.	1985	"	$302.00	"
WOLFBERG - KANNER CO LOS ANGELES	PROGRAM MANAGEMENT DESIGN	1984	"	$350.00	"
PROGRAM MANAGER, NIGERIAN AGRIC DEVELOP PROJECT	WORLD BANK WASHINGTON D.C.	MAY 1981	MARCH 1983	$300.00	"

17. SPECIFIC CONSULTANT SERVICES (Give last three years)

SERVICE PERFORMED	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Day, Yr.): FROM	TO	DAILY RATE
MANAGEMENT/BUDGET CONSULTANT NIGERIA FORESTRY PROJECT	WORLD BANK WASHINGTON DC	MARCH, 1983 → APRIL '83 JUNE, 1983 → JULY, 83		$300.
MANAGEMENT/ORG. CONSULTANT U.S. PEACE CORPS/CAMEROON	U.S. PEACE CORPS WASHINGTON D.C.	FEB, 1981	MARCH '81	$230 @ DAY
MANPOWER PLANNING CONSULTANT U.S. PEACE CORPS/GHANA	U.S. PEACE CORPS WASHINGTON DC	SEPT, 1980	OCTOBER '80	$230. @ DAY
DESIGNED MGMT TRNG PROGRAM & CO-ORDINATED TRAINING	CITY OF LONG BEACH, CALIF DEPT OF REC. & HUMAN SERVICES	APR. 1983	JUNE '83	$275 @ "

18. LANGUAGE PROFICIENCY

LANGUAGE	SPEAKING: Fair	Good	Excl.	READING: Fair	Good	Excl.	WRITING: Fair	Good	Excl.	UNDERSTANDING: Fair	Good	Excl.
ENGLISH			✓			✓			✓			✓

19. SPECIAL QUALIFICATIONS (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned, use reverse side of form, if necessary)

- MEMBER, LOS ANGELES MAYOR BRADLEY'S ADVISORY COMMISSION;
- AUTHOR OF MANY ARTICLES & PUBLICATIONS HUMAN DEVELOPMENT PROGRAMS IN C
- PROGRAM DESIGN (AUTHOR/MANAGER) FO MAJOR W. AFRICA AGRIC DEVELOP PROG
- AUTHOR, CITY OF LONG BEACH HUM SERVICES PROGRAM FOR SE. ASIAN R

20. CERTIFICATION:

To the best of my knowledge, the above facts as stated are true and correct.

SIGNATURE OF EMPLOYEE: [signature]

DATE: 5/2/85

See reverse for CONTRACTOR CERTIFICATION

17 gb

AID 1420-17 (4-69)

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(Submit in triplicate to contracting officer)

BUDGET BUREAU NO. 24-R0064
Approval Expires May, 1970

1. NAME (Last, First, Middle)
XX Mr. ☐ Mrs. ☐ Miss FABRICANT, Stephen J.

2. CONTRACTOR'S NAME

3. ADDRESS (Include Zip Code)
128 Laurel Street
Ashland, OR 97520

4. CONTRACT NO

5. POSITION UNDER CONTRACT

6. PROPOSED SALARY

7. COUNTRY OF ASSIGNMENT

8. DURATION OF ASSIGNMENT

9. TELEPHONE NO. (Include Area Code)
(503) 488-2361

10. MARITAL STATUS
XX Married ☐ Single ☐ Other (Specify) _____

11. NAMES AND AGES OF DEPENDENTS TO ACCOMPANY (If applicable)

12. DATE OF BIRTH
01-09-43

13. PLACE OF BIRTH
New York

14. CITIZENSHIP (If non-U.S. Citizen, give visa status)
U.S.

15. EDUCATION (Include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	CREDITS COMPLETED: SEMESTER HOURS	CREDITS COMPLETED: QUARTER HOURS	TYPE OF DEGREE	DATE OF DEGREE
Univ. of California, Berkeley	Bus. Administration			MBA	6/71
Univ. of California, Berkeley	Biophysics		36		
Univ. of California, Berkelev	Electrical Engineering			B.S.	6/64

16. EMPLOYMENT HISTORY
1. Give last three years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered.

Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Yr.): FROM	DATES OF EMPLOYMENT (Mo., Yr.): TO	SALARY: DOLLARS	SALARY: PER.
Short-term consulting only since 1981					

17. SPECIFIC CONSULTANT SERVICES (Give last three years)

SERVICE PERFORMED	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Day, Yr.): FROM	DATES OF EMPLOYMENT (Mo., Day, Yr.): TO	DAILY RATE
ORT Program Design USAID/Mali	PRITECH-MSH (PATH) Arlington, VA	2-1-85	3-1-85	$210
Management Needs Assessment USAID/India	John Snow Public Health Group, Boston, MA	10/85	11/85	$203
ORS Local Production Study - Tunisia	PRITECH	9/85	9/85	$203
ORS Production - Egypt	John Snow Inc. (Prior-sec C.V.)	7/85	7/85	$195

18. LANGUAGE PROFICIENCY

LANGUAGE	SPEAKING: Fair	SPEAKING: Good	SPEAKING: Excl.	READING: Fair	READING: Good	READING: Excl.	WRITING: Fair	WRITING: Good	WRITING: Excl.	UNDERSTANDING: Fair	UNDERSTANDING: Good	UNDERSTANDING: Excl.
Arabic		X		X			X				X	
French		X				X		X				X
Farsi		X		X			X					X
German		X			X			X			X	
Spanish	X			X			X			X		

19. SPECIAL QUALIFICATIONS (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)

20. CERTIFICATION:

To the best of my knowledge, the above facts as stated are true and correct.

SIGNATURE OF EMPLOYEE: S. J. Fabricant

DATE: 4-14-85

See reverse for CONTRACTOR CERTIFICATION

17

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AID 1420-17 (4-69)

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(Submit in triplicate to contracting officer)

BUDGET BUREAU NO. 24-R0064 Approval Expires May, 1970

1. NAME (Last, First, Middle): ☒ Mr. ☐ Mrs. ☐ Miss AINSWORTH, Richard

2. CONTRACTOR'S NAME: University of Hawaii, The MEDEX Group

3. ADDRESS (Include Zip Code): Ministry of Health, Malawi

4. CONTRACT NO:

5. POSITION UNDER CONTRACT: Chief of Party

6. PROPOSED SALARY:

7. COUNTRY OF ASSIGNMENT:

8. DURATION OF ASSIGNMENT:

9. TELEPHONE NO (Include Area Code):

10. MARITAL STATUS: ☐ Married ☐ Single ☐ Other (Specify)

11. NAMES AND AGES OF DEPENDENTS TO ACCOMPANY (If applicable):

12. DATE OF BIRTH: 12-20-44

13. PLACE OF BIRTH: U.S.A.

14. CITIZENSHIP (If non-U.S. Citizen, give visa status): U.S.A.

15. EDUCATION (Include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	CREDITS COMPLETED: SEMESTER HOURS	CREDITS COMPLETED: QUARTER HOURS	TYPE OF DEGREE	DATE OF DEGREE
University of North Carolina, Chapel Hill	Hth.Planning&Admin.			MPH	1974
University of Redlands, California	Psychology			BA	1966
Howard University, Washington, D.C.	African Studies			--	1969-70

16. EMPLOYMENT HISTORY

1. Give last three years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered.

Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Yr.): FROM	TO	SALARY: DOLLARS	PER
Principal Health Coordinator	Ministry of Health Malawi	1982	present	$38,000	year
Deputy Director	U.S. Peace Corps Malawi	1978	1981		
Associate Director, Health	U.S. Peace Corps Liberia	1976	1978		
Associate Faculty	University Medical Center North Carolina	1974	1976	(see over)	

17. SPECIFIC CONSULTANT SERVICES (Give last three years)

SERVICE PERFORMED	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Day, Yr.): FROM	TO	DAILY RATE

18. LANGUAGE PROFICIENCY

LANGUAGE	SPEAKING: Fair	Good	Excl.	READING: Fair	Good	Excl.	WRITING: Fair	Good	Excl.	UNDERSTANDING: Fair	Good	Excl.
English			X			X			X			X

19. SPECIAL QUALIFICATIONS (honors, professional societies, special licenses, publications, research; special skills, and relevant education not previously mentioned, use reverse side of form, if necessary)

20. CERTIFICATION:

To the best of my knowledge, the above facts as stated are true and correct.

SIGNATURE OF EMPLOYEE:

DATE:

See reverse for CONTRACTOR CERTIFICATION

17

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Form Approv
OMB No. 24-

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate contracting officer. See reverse for Contr Certification.

1. Name *(Last, First, Middle)* ☒ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
Alt, David Robert

2. Contractor's Name

3. Address *(include ZIP Code)*
12555 Biscayne Blvd., No. 833
N. Miami, Florida 33181

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignr

9. Telephone Number *(include area code)*

10. Marital Status ☒ Married ☐ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicat*

12. Date of Birth
9/17/45

13. Place of Birth
Grant County, Wisconsin U.S.A.

14. Citizenship *(if non-U.S. citizen, give visa status)*

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed Semester Hours	Credits Completed Quarter Hours	Type of Degree	Dat Deg
University of Hawaii; Honolulu, Hawaii	Health services admin.			MPH	11
University of Wisconsin; Platteville, Wis.	English/journalism			B.S.	9
Cuba City High School; Cuba City, Wis.					

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Yr.)* From	To	Salary Dollars	
Health Manpower Development & Training Adv	Development Associates, Inc. 2924 Columbia Pike, Arlington, VA	3/83	1/84	$45,000	a
Director, Curriculum Development & Production	Health Manpower Development Staff 1833 Kalakaua Ave., Suite 700 Honolulu, Hawaii 96815	3/81	3/83	38,000	a

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Day, Yr.)* From	To	DAILY RATE
Manpower planning, Personnel management,	International Human Assistance Programs 360 Park Avenue South	7/84	present	$235
and Training Advisor to Swaziland MOH	New York, New York 10010			
Assessed MOH Swaziland personnel mgmt. system	HMDS, 1833 Kalakaua Ave., Suite 700 Honolulu, Hawaii 96815	3/84	6/84	$200
Evaluated family plng. training courses	Mr. John Coury, USAID, Kingston(ID), Dept. of State, Washington, D.C. 20520	1/84	2/84	$200

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking Fair	Speaking Good	Speaking Excl.	Reading Fair	Reading Good	Reading Excl.	Writing Fair	Writing Good	Writing Excl.	Understanding Fair	Understanding Good	Understanding Excl.
English			X			X			X			X
Tagalog										X		

19. Special Qualifications *(honors, professional societ special licenses, publications, research, special skil and relevant education not previously mentioned: reverse side of form, if necessary)*

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee David R. Alt

Date 14 April 1986

AID 1420-17 (3-80)

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Form Approved
OMB No. 24-R0064

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name *(Last, First, Middle)* ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
LYNTON, Rolf P.

2. Contractor's Name

3. Address *(include ZIP Code)*
AID/POP, US Embassy, New Delhi, 110021, INDIA

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
600121 x 1521

10. Marital Status ☐ Married ☐ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*
Harriet R. Lynton (wife)

12. Date of Birth
4/13/24

13. Place of Birth
berlin, germany

14. Citizenship *(if non-U.S. citizen, give visa status)*
usa

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date of Degree

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Yr.)* From	To	Salary Dollars	Per.
Professor/Dean	Univ.of South Carolina	8/ 1974	9/1986	67,940	year
Senior Advisor	Hohns Hopkins University	11/1986		FS I "	"

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Day, Yr.)* From	To	DAILY RATE
Consultant & Joint Chief of Party	with AID Indonesia	8/1981	9/1986	FS I
Senior Advisor	with AID, India	11/1986		FS I

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Speaking: Good	Speaking: Excl.	Reading: Fair	Reading: Good	Reading: Excl.	Writing: Fair	Writing: Good	Writing: Excl.	Understanding: Fair	Understanding: Good	Understanding: Excl.
English			X			X			X			X
German			X			X		X				X
French	X				X		X				X	
Indonesian	X			X	X			X		X		
Hindi												

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)*

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: Rolf P. Lynton

Date: Dec. 1, 1986

AID 1420-17 (3-80)

Form Approved
OMB No. 24-R0064

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name *(Last, First, Middle)* ☐ Mr. ☒ Mrs. ☐ Miss ☐ Ms.
Lynton, Harriet Ronken

2. Contractor's Name

3. Address *(include ZIP Code)*
c/o AID, American Embassy
Shanti Path, New Delhi, India 20520
[illegible] New Delhi, Dept of State, Washington

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
[illegible] 1[illegible]

10. Marital Status ☒ Married ☐ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*
N/A

12. Date of Birth

13. Place of Birth

14. Citizenship *(if non-U.S. citizen, give visa status)*
USA

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date of Degree
Radcliffe College, Cambridge, Mass.	Constitutional Law	enough for		A.B.	3/41
Bryn Mawr College, Bryn Mawr, Pa.	Dynamic Psychology	short	only of 2nd foreig		
	language for M.A.				
Harvard Grad. School of Business Adm., faculty seminar by Elton Mayo		equiv. to approx. 18 c			
in Organizational Behavior		HBS did not then give women degre			

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Yr.)* From	To	Salary Dollars	Per.
faculty	Harvard Business School	1945	1954		
consultant	Harbridge House Management Consultants	1954	1955		
co-director	Aloka International Training Centre	1955-	1960		
leader, case development seminar	Administrative Staff College of India	1962&63-	-2-week seminars		

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Day, Yr.)* From	To	DAILY RATE
faculty in charge of case stream	U.N.C. International Workshop for Family Planning Administrators	1967, 1 month		~~2,000 for 3/4~~
Project supervisor	U.N.C. Case Project in Family Planning Administration	1967	1968	1500-2000 per
Case Development Consultant	AID, HTRD Project, Jakarta	1983	1986	1500 per case 750 per teach ~~150 per day~~

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Speaking: Good	Speaking: Excl.	Reading: Fair	Reading: Good	Reading: Excl.	Writing: Fair	Writing: Good	Writing: Excl.	Understanding: Fair	Understanding: Good	Understanding: Excl.
~~French~~	X				X		X					
Indonesian	X	X			X		X					
Hindi currently in intermediate class												

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form if necessary)*
A.B. Magna Cum Laude, Phi Beta Kap
Residency at Rockefeller Study Cen
Bellagio, Italy, 1979
Contemporary Authors listing
Board member, US Ed'l Found. in I

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: Harriet Ronken Lynton

Date: March 4, 1987

AID 1420-17 (3-80)

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Form Approved
OMB No. 24-RD

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name *(Last, First, Middle)* ☒ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
Hottle, Alvin Kessler

2. Contractor's Name

3. Address *(include ZIP Code)*
2191 Monroe St.
Eugene, Oregon 97405

4. Contract No.

5. Position Under Contract

6. Proposed Salary
221/da

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
503 343 5818

10. Marital Status ☒ Married ☐ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*

12. Date of Birth
28 April 1928

13. Place of Birth
USA

14. Citizenship *(if non-U.S. citizen, give visa status)*
USA

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date Degree
Harvard University, Kennedy School of Government	Public Admin/Health Administration	35		MPA	6t
Oregon State University, Corvallis	Business Admin.		208	BS	51

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.) From	To	Salary Dollars	P
Health Management Advisor	IHAP, 360 Park Ave. S., New York, 10010 (posted in Swaziland)	3/84	2/86	54,657 incl. bene	
Health Management Consultant	" " " "	84			
Health Management Advisor	The MEDEX Group, Honolulu (posted in Lesotho)	8/80	2/83		
Public Health Supervisor	IRC (posted in Thailand)	1/80	6/80	volunteer	

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr., Day) From	To	DAILY RATE
Primary Health Care Health organization, logistical support systems (development, implementation, training)	see above			

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Good	Excl.	Reading: Fair	Good	Excl.	Writing: Fair	Good	Excl.	Understanding: Fair	Good	Excl.
English			x						x			x

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills and relevant education not previously mentioned; use reverse side of form, if necessary)*
WHO Fellow
NIPA (Ford Foundation) Fellow

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: A-K. Hottle

Date: 10 Feb 1987

Form Approved
OMB No. 24-R00

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS: Submit in triplicate to contracting officer. See reverse for Contractc Certification.

1. Name *(Last, First, Middle)* ☒ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
Rudisuhle, Donovan Paul

2. Contractor's Name

3. Address *(include ZIP Code)*
115 Sansome Street, Suite 812
San Francisco, CA 94104

4. Contract No.

5. Position Under Contract

6. Proposed Salary

7. Country of Assignment

8. Duration of Assignment

9. Telephone Number *(include area code)*
415-981-6494

10. Marital Status ☐ Married ☒ Single ☐ Other *(specify)*

11. Names and Ages of Dependents to Accompany Individual *(if applicable)*
Not Applicable

12. Date of Birth
04/04/51

13. Place of Birth
Honolulu, Hawaii

14. Citizenship *(if non-U.S. citizen, give visa status)*
U.S.A.

15. EDUCATION *(include all secondary, business college or university training)*

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed: Semester Hours	Credits Completed: Quarter Hours	Type of Degree	Date of Degree
Cornell University, Ithaca, New York	Finance/Accounting	60		MBA	6/77
University of Santa Clara, Santa Clara, CA	Economics		185	BS	6/74
University of Paris, France (Censier)	Romance Languages	35		---	---
Stanford University, California	Data Processing		15	---	---

16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
2. Salary definition - basic periodic payment for services rendered.
Exclude bonuses, profit-sharing arrangemnets, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Yr.)* From	To	Salary Dollars	Per.
	Self-employed since 3/81				

17. SPECIFIC CONSULTANT SERVICES *(give last three (3) years)*

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment *(Mo., Day, Yr.)* From	To	DAILY RATE
Evaluate financing of health project	Int'l Science and Technology Instit. Washington, D.C. for USAID/Burundi	4/85	5/85	$251
Evaluate system at Social Security proj	Management Sciences for Health, Boston for USAID/Jamaica	2/85	4/84	$251
Design accounting/ procurement system	Management Sciences for Health, Boston for AID/PRICOR, Min. of Health, Dominica	7/84 1/84	8/84 and 2/84	$242
Financial Evaluation of health project	Management Sciences for Health, Boston for USAID/Mauritania	10/83	12/83	$242

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking: Fair	Good	Excl.	Reading: Fair	Good	Excl.	Writing: Fair	Good	Excl.	Understanding: Fair	Good	Excl.
Spanish			x			x			x			x
French			x			x			x			x
Portuguese		x			x			x			x	
Italian		x			x			x			x	

19. Special Qualifications *(honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)*
Microcomputer experience, especially instruction in IBM software packages such as LOTUS 1-2-3, SYMPHONY, WORDSTAR etc.

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee: Donovan P. Rudisuhle

Date

AID 1420-17 (3-80)

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OPERATIONS LEVEL MANAGEMENT DEVELOPMENT PROJECT

MONITORING AND EVALUATION PLAN

PROJECT YEARS 1 - 4

YEAR 1	YEAR 2	YEAR 3	YEAR 4
Technical Monitoring by MEDEX HNL of In-Country Project Activities →			→
	1st Intercountry* Implementation and Evaluation Workshop (Month 16) →	2nd Intercountry Implementation & Evaluation Workshop (Month 23) → 3rd Intercountry Implementation & Evaluation Workshop (Month 30)	→ Final Intercountry Evaluation & Institutionalization Workshop (Month 47)
Critical Incident Technique Used to Establish Baseline Data on Management Needs at Operations Level →			→ Critical Incident Technique Repeated to Determine Changes in Management Needs at Operations Level**
	Management Analysis Studies of 10 Management Systems (Baseline) →	Implementation of Improvements in the 10 Management Systems →	→ Management Analysis Studies Repeated**
	Assessment of Management Knowledge & Skills of Operations Level Personnel →	Implementation of Management Training Program	Re-Assessment of Management Knowledge & Skills of Operations Level Personnel**

*Intercountry workshops will monitor and evaluate progress in achieving the five major outputs of the Project

**Project impact on management at the operations level will be measured by repeating the Critical Incident Technique and Management Analysis Studies of the 10 systems, plus reassessing management skills of operations level personnel

Sample Indicators for Management Systems

Note: Indicators such as these will be developed for each of the countries, and will be included in the country specific plans.

Drug & Medical Supply System:	-% of standard drug items available at operations-level facilities
General Supply System:	-% of operations level facilities with accurate and up-to-date inventory control cards for general supply items
Maintenance System:	-% of basic medical equipment that is functional
	-% of operations-level facilities with preventive maintenance schedules for major equipment
Transportation System:	-% of downtime for vehicles due to maintenance problems
	-% of vehicles with accurate and up-to-date logbooks
Communication System:	-% of operations-level facilities holding weekly staff meetings.
Personnel System:	staff turnover rate at operations level facilities
	-% of operations level staff receiving annual performance evaluations
Finance System:	-% of operating costs covered by fees collected
	-% of budgeting process decentralized to operations - level.

Information System:	-% of operations - level facilities receiving regular feedback of statistical information -% of operations level facilities submitting accurate and timely statistical reports
Patient Referral System:	Number of patients referred -% of operations-level facilities which referred patients during the previous month
Supervisory System:	-% of supervisors who received in-service training during previous six months -% of operations level facilities which received one supervisory visit during the previous month.

AID/AFR/TR: WTrayfors:agb:6/10/87:X 79805:N 34040

INITIAL ENVIRONMENTAL EXAMINATION

OR

CATEGORICAL EXCLUSION

Project Country: Africa Regional

Project Title: Operations Level Management Development

Funding: FY (s) 87-91 $ 6.1 million

IEE Prepared by: AVGetson, AFR/PD/CCWAP

Environmental Action Recommended:

Positive Determination _____
Negative Determination _____
or
Categorical Exclusion: X

This activity meets the criteria for Categorical Exclusion in accordance with Section 216.2 (C) and is excluded from further review because: It is a health management training project which has no components that affect the environment. No construction is currently planned. If any construction is planned, a revised IEE will be submitted to the BEO.

Concurrence:
Bureau Environmental Officer

APPROVED X Keith Sherper

DISAPPROVED _____

DATE 7/29/87

Clearance: GC/AFR: MAKleinjan Date (Draft) 7/21/87

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded from Development Assistance loans; and B(3) applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1987 Continuing Resolution Sec. 523; FAA Sec. 634A. Describe how authorization and appropriations committees of Senate and House have been or will be notified concerning the project.

   CN 15 day waiting period expired without objection on July 16, 1987.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of $500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

   Funds will initially be obligated only for a planning phase. Prior to obligation of funds for the implementatio phase, additional plans will be prepared.

3. FAA Sec. 611(a)(2). If legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

   N/A

4. FAA Sec. 611(b); FY 1987 Continuing Resolution Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)

   N/A

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5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?	N/A
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.	This is a regional project which will be implemented in two African countries
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.	(a) N/A (b) Project will try to involve the private sector. (c) N/A (d) N/A (e) N/A (f) N/A
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).	N/A
9. FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.	Host country contributions will be reviewed at the time specific countries and country plans are approved.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?	Will be addressed at time of specific country selection.

11. FY 1987 Continuing Resolution Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A

12. FY 1987 Continuing Resolution Sec. 558 (as interpreted by conference report). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers? N/A

13. FY 1987 Continuing Resolution Sec. 559. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? NO

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14. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded, by helping to increase production on lands already cleared or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of

Yes. A categorical exclusion has been approved.

U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k) utilize the resources and abilities of all relevant U.S. government agencies?

15. FAA Sec. 119(g)(4)-(6). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas? — N/A

16. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate sysem for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? — N/A

17. FY 1987 Continuing Resolution Sec. 532. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution? — No

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and

(a) Project will result in improved health services for the poor.
(b) N/A
(c) Project will improve the country's health system and this improvement will support country's self help efforts.

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insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.

(d) Project will provide training for local level health staff many of whom will be women.
(e) N/A

b. FAA Secs. 103, 103A, 104, 105, 106, 120-21. Does the project fit the criteria for the source of funds (functional account) being used?

YES

c. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

d. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to whch the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?

This will be addressed at time of specific country selection.

e. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

YES

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f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

Poor management at the operations level is recognized as a key problem in most African health systems. This project attempts to improve operations level management by developing several management technologies and training staff to utilize these technologies.

g. FY 1987 Continuing Resolution Sec. 540. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions? NO

Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations? NO

Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? NO

h. FY 1987 Continuing Resolution. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization? NO

If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services? NO

i. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? YES

j. FY 1987 Continuing Resolution. How much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)? N/A

k. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b) take full account of the environmental impacts of the proposed activities on biological diversity? N/A

l. FAA Sec. 118(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? NO

m. FAA Sec. 118(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water NO

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control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

MEMORANDUM

TO: Files

FROM: Alan V. Getson

SUBJECT: Notes - ECPR Meeting on the Medex Proposal

The ECPR meeting for the Medex unsolicited proposal took place on May 22, 1987 at 1:30PM. The following persons participated in the meeting:

Carol Peasley, Chairperson
Jim Hradsky, AFR/PD/CCWAP
Alan Getson, AFR/PD/CCWAP
Richard Whitaker,AFR/DP/PAB
Jim Shepperd, AFR/TR/HPN
Minnie Sebsibe, AFR/TR/PRO
Frank Method, PPC/PDPR

Summary ECPR Decision: The unsolicited proposal by the MEDEX Group for Operations Level Management Development was conditionally approved for authorization provided that Medex revise and resubmit their proposal within the existing $6.1 million to include:

(1) A detailed implementation planning phase.

(2) A revised budget which incorporates the above implementation planning phase, shows a larger percentage of project resources, especially training resources, going into the region and includes a plan for working with African management institutes in the region.

(3) a detailed evaluation plan showing what kind of monitoring /feedback system will be developed for this project.

It is anticipated that these revisions coud be done by MEDEX during joint discussions in Washington early next month.

ECPR Guidance: The following ECPR guidance was provided for each of the issues discussed:

Issue #1 - Project Concept

The ECPR recommended that the revised proposal be kept at the $6.1 million level and that Medex incorporate a more detailed implementation planning phase into the overall project design. AFR/TR should provide guidance to MEDEX regarding what needs to be accomplished during this planning phase. During this planning period, Medex will be expected to indicate which countries will be included in the project. AFR/TR would provide a suggested list of up to six

countries in which MEDEX would make site visits to select two project countries. Criteria for country selection would include (1) It should be one of the child survival emphasis countries and (2) It should have and ongoing AID health/population portfolio including a health/population officer.(3) One country should be included from francophone and anglophone Africa. Once the countries are selected, MEDEX would be expected to develop as part of phase I of project implementation a detailed plan tailored to the needs of each country. AID/W, USAID and the host country government must approve the individual country plans prior to MEDEX implementation of the plans.

Issue #2 EOPS

The ECPR agreed with the Project Committee recommendation for this issue and indicated that MEDEX should address this issue in their revised submission. In addition MEDEX should include in their revised budget provision for the implementation planning phase discussed earlier.

Issue #3 Evaluation

The ECPR agreed that MEDEX should include a detailed evaluation plan in their revised proposal. MEDEX should indicate what kind of feedback/monitoring system will be developed for this project. In addition MEDEX will be expected to include detailed and measurable outputs in the country specific plans when they are developed.

Other Concerns

The ECPR agreed that the other concerns noted in the issues paper should be brought to MEDEX's attention. Medex should indicate how they would manage the new project this year in view of the fact that they have an ongoing ST/H project. Detailed staffing plans including biodata should be provided in the revised proposal. MEDEX should provide in the country specific plans a stronger justification for the planned use of microcomputers and finally the plan for the development of 20 prototype manuals should be deleted from the proposal unless a much stronger justification is provided..

Other ECPR Guidance:

The ECPR suggested that MEDEX be encouraged to think about how the current "AIDS" crisis will be dealt with by their project.

The ECPR suggested that AFR/TR(with AFR/PD participation) call MEDEX to discuss the results of the ECPR meeting and that MEDEX be requested to come to Washington during the first week in June to make the necessary revisions in their proposal. AFR/TR would be expected to provide detailed written guidanceto MEDEX regarding all the changes required in the revised submission. When the revised proposal is submitted and accepted by AID/W, AFR/PD will assist in preparing the necessary Action/Authorization memos. In addition AFR/TR will be expected to cable the missions in countries being considered as candidates for this project. The missions will be asked to indicate whether they are interested in the project and also whether there would be a possibility of "piggybacking" the management responsibility for this project on the CCCD project in their country.(If there is a CCCD project in the country).

The ECPR suggested that AFR/TR include in their guidance to MEDEX some indication of how to tailor the project to AID's child survival program. In addition some guidance should be provided regarding having the project explore options for working with the private voluntary as well as the for-profit sectors.

Attachment: ECPR Issues Paper

Drafted:AVGetson 5/27/87, Wang 3239K

ECPR
ISSUES PAPER
Medex Unsolicited Proposal

Country:	Africa Regional
Project Name:	Operations Level Management Development; The Medex Group
LOP Funding:	$6,103,786 (Phase I)
FY 87 Obligation:	$1,500,000
Authorization Venue:	AID/W
CN Expiration Date:	---

1. Description:
This project proposes to improve the health management system of the health ministries of two unspecified African countries by working at the operations (district or community) level. The objectives of this first phase (four years) are : (1) establish a receptive framework at senior ministerial levels for operations level management development, (2) assess operations level management needs (3) analyze and redesign operational level organizational structures and management systems (4) train operations level managers including the development of twenty prototype management training manuals and (5)maintain operations level management systems including the design of a simple data system using micro-computers. Upon completion of phase one, a second phase is planned to increase the number of countries and more broadly disseminate information and materials developed during phase 1.

This project was originally proposed in June, 1986 and was technically reviewed in January, 1987. The technical review panel found the proposed project to be "too ambitious in terms of scope, timetable, and cost." The Medex Group was asked to revise their proposal and re-submitted the revised proposal in April, 1987. The revised proposal was reviewed at an Issues Meeting on May 12, 1987.*

2. Issues:
Issue #1 - Project Concept: Is this project's single focus on operations level management development feasible in Africa? Is it possible to restructure an African health management system by concentrating primarily at the lowest level?

Discussion: The Project Committee felt that the proposal correctly identified important problem areas in developing country health systems, i.e. weak management systems and questions of system sustsainability. However, the committee

*The following persons attended the May 12th Issues Meeting: Jim Hradsky, AFR/PD/CCWAP, Alan Getson, AFR/PD/CCWAP, Bill Trayfors, AFR/TR, J. Shepperd, AFR/TR/HPN, Minnie Sebsibe, AFR/TR/PRO, George Jones AFR/SWA, Dwight Wilson AFR/DP/PAB, Rudolph Thomas, AFR/CCWA, Lloyd Feinberg, ST/H, Thomas Dailey, PPC/PDPR/RPD

noted several deficiencies in the proposal (discussed below) which will require that the proposal be revised again before it is acceptable for funding.

Most Project Committee members have serious reservations about the feasibility of this project in Africa. There is no evidence to show that it has been done effectively before in Africa and the proposal did not present a convincing case that it is possible. The committee felt that the approach proposed by the Medex was overly simplistic and did not illustrate an appropriate understanding of African health care systems nor the significant differences which exist among countries.

Recommendation: (a). The Project Committee recommends that a preliminary feasibility study phase be incorporated into the overall design to.identify project countries, develop country specific project plans and test out underlying project assumptions. This preliminary testing phase could be done either as a separately financed activity prior to approving a larger project or as the initial part of a larger project with the study results being utilized to redesign the project prior to approval and implementation.

(b). The Project Committee also recommends that this project be funded regionally but that it be implemented bilaterally in two countries with management responsibility delegated to the respective missions.

Issue #2 EOPS: What will be left in Africa after this project is completed?

Discussion: Almost 60 percent of the total budget is for staff and staff support costs of Medex in Hawaii with not much going into Africa. Approximately 25 percent of the total budget is for staff and staff support costs for the teams Medex proposes to establish in two countries so that staff and staff support costs are about 85% of the total budget. In addition, there is very little in the budget, less than 3 percent, for all the training which is supposed to be a major component of the project.

The committee also noted that there were no specific plans in the proposal to work with any African management institutes and this called into question how well the Medex approach would be institutionalized. The committee felt that the project might be more sustainable if Medex collaborated closely with institutes in the region and include such plans in the proposed budget for this project.

Recommendation: (a) Medex should be requested to reassess the proposed project budget to reduce U.S. core costs and increase the planned allocation for activities within the region, especially training.

(b) Within the design of the two country specific projects financed under this project, Medex should indicate how they would shift project resources to these countries and how they would develop appropriate institutional linkages.

Issue #3 Evaluation: How will this project be evaluated and what will be the feedback/monitoring system?

Discussion: The Project Committee noted that the proposal did not include an evaluation plan or any information regarding benchmarks or other indicators of success. In view of the unproven nature of the entire project, the absence of a feedback/monitoring procedure is a significant weakness.

Recommendation: Medex should be requested to indicate in their revised submission how they plan to evaluate the project and what kind of monitoring/feedback system will be developed. In addition, Medex should include detailed and measurable country specific outputs.

Other Concerns and Guidance:

Medex and Agency Health Priorities - Committee members questioned whether the proposed Medex project was consistent with current Agency priorities in health i.e., focus on child survival activities, increased emphasis on the private sector and the sustainability of health interventions. It was recommended that the proposed project be made more consistent with current health priorities by encouraging closer Medex collaboration with the private sector in the countries selected and limiting the project to A.I.D.'s child survival emphasis countries.

Africa Bureau and ST/H Funding - AFR/DP indicated that $1.5 million was being budgeted in FY87 for this project. The committee also noted the S&T/H obligation of $1.0 million in FY 87 for the final year of its program with Medex. The Committee questioned whether Medex could absorb that level of funding and whether the planned new Africa Bureau start might negatively affect Medex's performance the final year of the S&T/H project. It was recommended that Medex address this concern in its revised proposal by providing specific information regarding staffing including bio-data information.

Other Technical Concerns: The Project Committee reaffirmed the earlier concerns of the technical review committee about the applicability of distance learning in Africa and the appropriateness of the planned use of micro-computers. The committee also questioned the need for twenty prototype management training manuals in view of the fact that Medex has already developed 37 health training manuals (some dealing with management topics) under other A.I.D financed grants. It was recommended that these activities be significantly reduced or Medex should provide additional justification in their proposal to demonstrate the appropriateness of these project activities.