QUARTERLY REPORT #4
(APRIL - JUNE 1979)
MEDEX Phase III, Primary Health Care Systems
Contract No. AID/DSPE-C-0006
Highlights of HMDS Phase III's First Year:

HMDS continued to provide technical assistance to previously established nationwide primary health care programs in Pakistan (AID-funded) and Guyana (funded by International Development Research Centre, Ottawa), and initiated assistance to a primary health care program in Lesotho (AID-funded). HMDS participated in the development of a PID and a PP for an expanded primary health care program in Guyana, and conducted a Primary Health Care Seminar there. Exploratory briefings to inform Ministry of Health officials about MEDEX were held in Ghana and Liberia. During a consultation for WHO, Dr. Bomgaars made preliminary contacts with Ministry of Health officials in Burma and Nepal.

The worldwide acceptance of primary health care is gaining credence, due in large part to the international commitment to this concept expressed by participants at the International Conference on Primary Health Care in Alma Ata, U.S.S.R., September 6-12, 1978. Dr. Smith attended this conference and was able to discuss the MEDEX design approach with delegates from many developing countries. Dr. Smith also discussed the MEDEX approach with health officials from Kenya, Nigeria, Cameroon, and the Congo, and with USAID Health Officers for thirteen African countries at the USAID Mission African Health Officers Meeting held at Taita Hills, Kenya, in November.

To date, eighteen texts of the prototype STEM modules for medex and nine companion instructor's manuals have undergone a revision, and the initial draft of a new prototype STEM module was written. The initial drafts for seven prototype community health worker modules have been written. Management materials for medex were developed for Guyana, and resource management training materials from a variety of sources have been gathered.

The need for continuing education was discussed and agreed upon with officials of the Guyana MEDEX Program, technical assistance was provided to assist that program's staff to explore alternate approaches for feasibility and effectiveness, and prototype assessment instruments have been drafted. Further, a contract between the University of Hawaii and Micronesia to provide continuing education for that country has created an opportunity for HMDS to field test our newly developed continuing education approaches.

AN EQUAL OPPORTUNITY EMPLOYER
Numerous preparatory discussions culminated in the signing of network subcontracts by two Mainland universities. Year 01 MEDEX Network Conference was held in Honolulu in June.

I. Specific Services to be Provided:

2. (a) (1) Exploratory briefings in LDCs; informational briefings with AID Missions and host officials:

The dean of the Institute of Medicine of Tribhuvan University invited Drs. Mona Bomgaars and Richard Smith to Nepal this quarter. The USAID Mission concurred in this visit; however, for reasons that were never made completely clear to us, this planned trip had to be cancelled at the last moment on the advice of AID/W.

Drs. Smith and Eugene Boostrom visited Accra, Ghana, May 22-24 to discuss the MEDEX design approach with representatives of the USAID Mission and the Ghanaian Ministry of Health. Meetings with Drs. Moses Adibo (Director, Division of Planning) and Rex Asante of the MOH set the stage for a primary health care seminar that will be scheduled during the summer.

In Monrovia, Liberia, May 25-31, Drs. Smith and Boostrom reviewed with USAID Mission and MOH representatives the progress and development of a national primary health care system for that country. Meetings with Dr. Kate Byrant, the Minister of Health, revealed a very positive receptivity to the MEDEX approach to primary health care and to technical assistance from HMDS. Dr. Bryant would like to pursue this matter further in subsequent meetings after a WHO consultation which is scheduled in Liberia in August.

To assist anticipated exploratory briefings in Francophone countries, a portion of the tape/slide presentation introducing the MEDEX design approach was translated into French.

The first draft of a "Matrix Checklist for Designing and Implementing a National Primary Health Care Program" was developed. This matrix will be refined and used as a guide for determining appropriateness of MEDEX-type technical assistance in a country, as well as assisting in the assessment of the state of readiness of a country for MEDEX. It will serve as a checklist for planning each of the major components of a country's MEDEX program. It will probably also serve as a guide for any country that is considering using a three-tiered manpower structure as the integral elements of an expanded primary health care program. The refined matrix will become part of the transfer methodology HMDS will use to teach network university personnel about the MEDEX design approach and the implementation of MEDEX in LDCs.
2. (a)(2) Exploratory briefings in LDCs; seminars for Ministry of Health officials, health planners, and other leaders within the medical community:

Dr. Smith conducted a Primary Health Care Seminar in Georgetown, Guyana, on March 26, for Ministry of Health officials, representatives from Guyana's public and private health sectors, and invitees from the USAID Mission. Among the issues discussed were: 1) training of health workers in urban vs. rural areas, 2) community financing of community health workers, and 3) institutionalization of a primary health care program in an MDH/University setting.*

No Primary Health Care seminars were held during the fourth quarter.

2. (b) The Contractor shall draft, develop and produce training modules and related teaching materials for the following four specific categories of training:

2. (b)(1) MEDEX Training Modules:

Preliminary materials for a Causes of Disease module were reviewed and the textual materials outlined. Text reviews have been made of the following draft prototype STEM modules: Family Planning, Prenatal and Postnatal Care, Community Family Planning, Child Care, and Community Nutrition. Of these five modules, three were subsequently revised during this quarter: Family Planning, Community Family Planning, and Community Nutrition.

Instructor's manual revisions were made for Diseases of Infants and Children and for the Gastro-intestinal Problems modules. Genito-urinary Problems, Common Skin Problems, Respiratory System and Heart Problems, and Community Nutrition modules are currently undergoing revision.

Mr. Sunil Mehra, a specialist in communications for developing countries, consulted with HMDS in Honolulu June 4-15. Mr. Mehra surveyed some of the visual materials presently developed for mid-level and community health workers (e.g., flip charts, slides, text drawings) in order to assess their applicability to various developing country settings, recommend improvements, and make suggestions for further development on the basis of various indicators such as technical quality, cultural applicability, duplicability, costs, and communicative appropriateness.

2. (b)(2) Management Training Modules:

Mr. Petrich met with officials of the International Training Division of the American Management Association, in New York, April 2 and again in June 20-21, to discuss the availability of new management training materials and their potential adaptation for appropriate use in LDCs. In addition he gathered, reviewed, and selected management training resource materials for use in LDCs to support management training, and completed a comprehensive survey of literature on management training curricula and methods.

The first and second drafts of the prototype task analysis table for supervisory medex (which emphasize management skills) were written this quarter.

2. (b) (3) Community Health Worker (CHW) Training Modules:

Mr. Mark Rasmuson was hired as a consultant to HMDS in Honolulu June 25-29, to supervise the final editing and production of a 16mm film from the current video-tape on Community Health Workers. When it is completed, this film will be used to introduce the CHW concept during LDC briefing visits. It will also be used in countries who have initiated a MEDEX program to educate health workers and health service administrators.

2. (b) (4) Continuing Education Materials:

The School of Medicine of the University of Hawaii has a contract with Micronesia to provide continuing education for that country's medex and health assistants. This situation has provided an opportunity for HMDS to field test newly developed CE approaches. In mid-April, three HMDS personnel traveled to various districts in Micronesia to assess the continuing education requirements of the graduate medex and health assistants working in that country prior to development of specific CE materials. Tom Coles was in Yap District April 13-19 and in Saipan April 19-22, Joyce Lyons visited Truk April 15-18 and Ponape April 19-20, and John Rich went to Majuro in the Marshall Islands April 12-22. Subsequent to these information-gathering visits, Dr. Rodney Powell joined Ms. Lyons, Mr. Coles, and Mr. Rich in Ponape where they met with the Trust Territory Health Manpower Development Training Program staff. Mr. Coles then went to Saipan to present the continuing education plan to Dr. Masao Kumangai, Director of Micronesia's Bureau of Health Services, and his advisory board. These activities were preparatory to designing and implementing MEDEX CE approaches.

Subsequent to these preliminary trips to Micronesia, preparation of the initial draft of a Micronesia Continuing Education Curriculum for medex was written and submitted for the review of Micronesia's District Directors of Health Services. Based on field findings and reviews, this curriculum has been revised and submitted to the Trust Territory Health Manpower Development Training Program staff. Two continuing education seminars have been scheduled in Micronesia: Seminar I, November 12-23 with follow-up activities November 24-30, 1979; Seminar II, June 9-20 with follow-up activities June 21-27, 1980.

The task analysis tables drafted for supervisory medex, see Section 2(b)(2), include continuing education as a major work component of supervision. These prototype tables will be used during the continuing education of practicing medex.
Draft assessment instruments were developed. Supervisors of practicing medex will be given these instruments to help them evaluate the adequacy of a medex's performance and to identify areas where continuing education would be helpful to the medex. Performance evaluation outlines were also drafted this quarter.

2. (a) Technical assistance and leadership in conducting training programs and project planning in LDCs:

2. (a)(1) Technical guidance in project design to USAID Missions and/or host governments in those LDCs where a decision has been made to pursue a MEDEX Primary Health Care program:

Ms. Lyons met in London, May 29-31, with representatives of the Open University to discuss design, development, and evaluation of training materials for radio, the effects of supplementing radio broadcasts with written materials and periodic tutoring, minimum technical requirements for implementing radio education, and the results of Open University's experiences in development and implementation of educational programs for developing countries. She met with Dr. Benjamin Essex to discuss his current work on protocols and development games. One of these games was used during the June MEDEX Network Conference to introduce participants to the technical differences that exist in other countries. On June 1, Ms. Lyons visited Dr. Rex Fendall in Liverpool to discuss the Teacher Training Seminar being offered annually at the School of Tropical Medicine there.

Mr. Petrich visited the Institute for Development Management, in Gaborone, Botswana, June 3-5, to evaluate the quality of their training programs in management and to determine the feasibility of using this institution for training host-country nationals in management (particularly under the participant training provisions of the MEDEX/Lesotho Project).

From June 6-18, Mr. Petrich was in Maseru, Lesotho, to review and assess management development needs and progress, to assist with planning of management systems development and management training needs, and to provide short-term consultation and resource material inputs to the management development efforts of Phase I of MEDEX/Lesotho.

A comprehensive literature survey on management systems analysis and design has been completed for use in future technical assistance visits.

Dr. Mushtaq Ahmad Chaudry, Pakistan's Deputy Director General for the Ministry of Health, and Drs. Michael O'Byrne and Michael Porter (HMD's long-term advisors to the MEDEX/Pakistan Program) were in Honolulu April 7-13 to meet with HMD's to review the progress of that country's Basic Health Services Program.

MEDEX/Pakistan long-term advisors Mr. John Eaton (management advisor) and Mr. Robert Mack (training advisor for the Punjab) were in Honolulu for further in-depth orientation to the MEDEX design approach and to discuss with HMD's the problems and issues in Pakistan, especially with
regard to administrative and personnel relationships with the University of Hawaii. Mr. Eaton was in Honolulu April 9-20; Mr. Mack, June 25-29.

Enroute home from Lesotho, Mr. Petrich met in London with Dr. Paul Torrens regarding Dr. Torrens' upcoming consultation relating to health services organization for the MEDEX/Lesotho Program. Mr. Petrich discussed the MEDEX design approach with Dr. Torrens and briefed him on the current situation in Lesotho.

2. (c)(2) Curriculum Adaptation Workshops:

No action this quarter.

2. (c)(3) Teacher Training Workshops:

Ms. Lyons and Mr. Rich were in Pakistan May 11-25, where they conducted a Teacher Training Workshop for the MEDEX/Pakistan Program in Islamabad. In addition, they visited Mid-Level Health Worker training schools at Sialkot and Gujarat (Punjab) and Bat Khela (Northwest Frontier), where they reviewed progress to date.

As well as observing Community Health Worker pilot projects in two Punjab villages, Partinwali and Jassoran, Ms. Lyons and Mr. Rich also visited the Rural Health Complex at Chawinda.

2. (c)(4) Management/Logistics Workshops:

In preparation for future Management Workshops, Mr. David Kuhl consulted with HMDS in Honolulu April 15 - May 15 to review and advise upon issues related to the development of drug and medical supply systems in support of the development of national primary health care services utilizing the MEDEX design approach. Mr. Kuhl's report will contribute to a draft prototype formulary module integrating a traditional formulary with management training in the operation of a logistic supply system.

2. (c)(5-7) Preceptor Deployment Workshops, Continuing Education Workshops, and Evaluation Workshops:

No action this quarter.

2. (d) Network strengthening and strategizing:

2. (d)(1) Mobilization of U.S. MEDEX expertise and experience through a network organization of U.S. universities with MEDEX experience:

One of the significant activities of this quarter was the MEDEX Network Conference, Honolulu, June 25-29.
In preparation for this conference, Dr. Smith held a seminar for MEDEX/Northwest (University of Washington) officials in Seattle, April 6, to review with them the international characteristics of the MEDEX design approach and to discuss differences between domestic MEDEX programs (which focus almost entirely on training) and the development of a national primary health care system for a developing country (which demands that attention also be paid to many other areas, particularly management). Dr. Powell visited the Charles R. Drew Postgraduate Medical School in Los Angeles and the University of California at Davis's Family Nurse Practitioner Program in Sacramento, June 12-15, to discuss future relationships and potential participation in the Network with representatives of these two institutions. Mr. Petrich completed a survey of curricula and programs available from management training institutions, for future use in training management specialists during their Network residencies.

Network subcontracts were signed by the Universities of North Dakota and Washington for 1 June 1979 through 31 May 1982. Representatives of these two institutions attended the MEDEX Network Conference as the first step in their Network activities. Also attending the conference were Howard University officials, and Mrs. Jean Pease of AID/W.

Mr. Robert Mack, newly selected Training Advisor for the Punjab (LTA), MEDEX/Pakistan Program, attended portions of the conference as part of his orientation to the MEDEX design approach. Dr. John R. Watson, former Chief of Party of the MEDEX/Pakistan Program participated in the conference and served as a resource person for front-line information about the implementation of a nationwide primary health care system in a developing country.

Consultant Norma J. Kehrberg prepared and lead the cross-cultural simulation exercise for the MEDEX Network Conference, served as a resource person for small group sessions, and assisted in-depth discussions of the MEDEX design approach to development of the community health worker and other community-level activities.

During the conference, participants were introduced to international development, objectives, and activities, and oriented to the MEDEX technology. The role and function of the Network in FMDS's international development effort was discussed. The objectives and activities for the following residencies were discussed: a) planner/program design specialist, b) educational specialist/trainer, c) management advisor, d) administrator.

A residency curriculum has been outlined, both for the core residency which all Network residents will study, and for the specialist areas.

A copy of the Network Conference Schedule and the List of Participants follows.
Monday, June 25, Location: Campus Center, Room 308:

8:30 a.m. Greetings: Dr. John Wellington, Acting Dean School of Medicine.

8:45 a.m. Introduction to Conference: Objectives and Activities: Dr. Richard A. Smith.

9:15 a.m. International Trends in Primary Health Care: Dr. Rodney N. Powell, Dr. Mona R. Bomgaars.

10:00 a.m. Break

10:15 a.m. "District Health System" Group Activity by Dr. John Bryant, Director, Office of International Health, DHEW.

12:30-1:30 Lunch

1:30 p.m. Review of Primary Health Care Programs New Healers/Medicine of Liberation (VTR), Campus Center, Room 308.

2:30 p.m. Discussion

3:15 p.m. Leave Campus.

3:30 p.m. Tea: HMDS Offices, 1833 Kalakaua Avenue, Suite 700.

Tuesday, June 26, Location: Campus Center, Room 308:

8:30 a.m. World Health Organization: Perspective: Dr. J. Karefa-Smart.

9:15 a.m. Current Trend in International Health: Agency for International Development: Mrs. Jean Pease, Office of International Health.

9:45 a.m. Overview of MEDEX and Primary Health Care: Dr. Richard A. Smith.
Network Conference Schedule
June 25-29, 1979

Tuesday, June 26, con't.:

10:30 a.m. Break
10:45 a.m. HMDS Scope of Work Presentation and Discussion: Dr. Rodney N. Powell
11:30 a.m. "Village Immunization" game
12:30 p.m. Lunch
1:30-4:30 Design/Implementation of MEDEX PHC - Programs: Guyana/Pakistan/Lesotho. Panel Presentation and Group Discussion, Campus Center, Room 309.

Wednesday, June 27, Location: Campus Center, Room 308:

8:30 a.m. Trans-Cultural Simulation
12:00 p.m. Lunch
1:00 p.m. Group Discussion: Network Development, Campus Center, Room 310.
- Roles of Network Institutions
- Intra Network Relationships
- Relationships with University of Hawaii (HMDS)
- Relationships with AID (AID/W and USAID Missions)
- Relationships with LDC governments
3:45 p.m. Leave Campus
4:00-5:00 University of Hawaii-Howard University Meeting: Dr. Richard A. Smith and Dr. Rodney N. Powell, HMDS offices.
7:00 p.m. Dinner, Dr. and Mrs. Smith's residence, 666 Prospect Street, #610.

Thursday, June 28, Location: Campus Center, Room 308:

Presentation and Discussion of Residency Objectives/Activities:

8:30 a.m. Management Specialist
9:30 a.m. Education/Training Specialist
10:30 a.m. Planner
11:30 a.m. Project Coordinator/Administrator
12:00 p.m. Present Residency Guidelines:
Network Conference Schedule
June 25-29, 1979

Thursday, June 28, con't.:  
12:30 p.m.   Lunch
1:30 p.m.   "Village Midwife: A Thai Experience" (VTR), Campus Center, Room 310.
2:30-4:30   "Safe Delivery" game

Friday, June 29, Location: HMDS Offices, 1833 Kalakaua Avenue, Suite 700:
8:30 a.m.   Discussion of contract administration: Frank R. White, Jr.
9:00-12:00 University of Washington and University of North Dakota develop residency schedules.
9:00-12:00 Discussions: Howard University/University of Hawaii.
12:00 p.m.  Lunch
1:00 p.m.   Wrap up.
LIST OF PARTICIPANTS FOR NETWORK CONFERENCE

HOWARD UNIVERSITY
Ms. Gloria Clemens  
Dr. Ann Duncan-Glasgow  
Dr. John Karefa-Smart  
Mr. Noel McFarlane  
Dr. Joseph Nidiry

UNIVERSITY OF NORTH DAKOTA
Ms. Bonnie Bata  
Ms. Judy DeMers  
Dr. Robert Eelkema  
Mrs. Mickey Knutson  
Ms. Sandy Tebben

UNIVERSITY OF WASHINGTON
Dick Blakney  
William Callen  
Sharry Erzinger  
Dr. Robert Harmon  
Sharon Hermanson  
Dr. Andrew Penman

From New Jersey to be at Pakistan Post:
Dr. Robert Mack

Visiting from AID:
Mrs. Jean Pease & Mary Ann

UH:
Dr. Jack Watson  
Dr. John Wellington

HMDS Staff:
David R. Alt, M.P.H.  
MEDEX Pakistan and  
MEDEX Lesotho Project Coordinator

Mona R. Bomgaars, M.D., M.P.H.  
Executive Officer for Development

Eugene R. Boostrom, M.D., Dr. P.H.  
Program Officer

Thomas G. Coles, Jr., Mx.  
Program Officer

Norma Kehrberg, M.P.H.  
Consultant

Joyce V. Lyons, R.N., M.Ed.  
Program Officer

Marian Morgan, M.P.H.  
Resource Materials Coordinator

Ernest E. Petrich  
Management Development Officer

Rodney N. Powell, M.D., M.P.H.  
Executive Officer for Operations

John Rich, R.N.  
Program Officer

Lorna Carrier Smith  
Executive Assistant

Richard A. Smith, M.D., M.P.H.  
Director

Frank R. White, Jr., M.B.A.  
Business Manager

Rev. 6/25/79
2. (d) (2) Inclusion in the network of those institutions within LDCs which will have become centers of MEDEX expertise:

The Year 02 MEDEX Network Conference has been scheduled for October 29-31, 1979. In addition to network participants from the University of North Dakota and the University of Washington, representatives from Lesotho, Pakistan, Guyana, and Micronesia will be present.

2. (e) Evaluation Protocol:

A suggested protocol for evaluation of national primary health care programs was written this quarter and has been submitted to AID for review.

II.A. Travel by HMDS Personnel:

Mr. Petrich met with officials of the American Management Association, New York City, April 2. See Section 2(b)(2).

Drs. Bomgaars, Powell, and Smith, and Mr. Petrich participated in briefings, April 2-5, for AID/W Regional Bureaus (Africa, Asia, Near East, and Latin America), and the Development Services Bureau (Health, Population, Nutrition, and Education). These briefings were attended by members of the Non-Competitive Review Board.

Mr. Frank White, HMDS's Business Manager, met April 2-5 with AID contract and technical officers to discuss contract terms and conditions of HMDS's Phase II.

Dr. Smith with MEDEX/Northwest officials at University of Washington, Seattle, April 6. See Section 2(d)(1).

Mr. Coles, Ms. Lyons, Mr. Rich, and Dr. Powell to various districts in Micronesia in mid-April. See Section 2(b)(4).

Ms. Lyons and Mr. Rich to Pakistan, May 10-15. See Section 2(c)(3).

Ms. Lyons in London and Liverpool, May 28 - June 1. See Section 2(c)(1).

Dr. Smith met with AID/W regional bureaus, May 11 and 14, to discuss their health program plans.

Dr. Smith and Dr. Eugene Boostrom discussed training materials and country programming plans with WHO's Division of Health Manpower Development, in Geneva, May 15-18, enroute to Accra and Monrovia. See Section 2(a)(1) for details of the visits to Ghana and Liberia.

On the return home from Ghana and Liberia, Drs. Smith and Boostrom spent June 4-5 in London to discuss the possible application of the MEDEX technology in Pacific countries, with the Commonwealth Secretariat.
Dr. Smith was in Washington, D.C., June 6-14, to attend the International Health Council's meeting on the role of non-governmental organizations in international health. He also met with AID and Office of International Health representatives to update them on HMDS's activities.

Mr. Petrich met with Institute for Development Management officials, Gaborone, Botswana, June 3-5, and with MEDEX/Lesotho personnel in Maseru, Lesotho, June 6-18. See Section 2(c)(1). Enroute home, Mr. Petrich met with Dr. Paul Torrens in London, June 19 and 20 (Section II.E.); met with American Management Association officials in New York, June 20-21 (Section 2(b)(2); and interviewed Ken J. Hominick in Winnipeg, Canada, June 22, for possible employment as a short- or long-term management specialist.

Dr. Powell to Los Angeles and Sacramento, June 12-15. See Section 2(d)(1).

II.B. Consultants to HMDS:


Mr. Sunil Mehra, B.A., in Honolulu June 4-15. See Section 2(b)(1).

Ms. Laurie L. Thompson, M.L.S., an experienced Francophone reference librarian, in Honolulu June 1-19, to devise and implement a cataloging system for all audio-visual materials, journals, books, and ephemera in HMDS's collection, and to advise on needed equipment and supplies to maintain the cataloging system.


II.C. Visitors to HMDS:

Dr. John Steele, of the Trust Territory Health Manpower Development Training Program, Ponape, met with our staff April 18 and June 21, regarding development of the continuing education plan for Micronesia's health workers.

Mr. Hugh L. Dwelley, the AID Director of the Office of Contract Management, met in Honolulu with HMDS officials June 4.

Mrs. Jean Pease, our liaison officer with AID's Office of Health/DSB, was in Honolulu June 18-27, to review the current activities of HMDS, discuss anticipated future activities, and to participate in the MEDEX Network Meeting.
II.D. Other:

Dr. Mona R. Bomgaars discussed "Community Project Promoting the Acceptance of Family Pit Latrines," at the Vector Control Seminar held in Honolulu April 9 for Indonesian environmental sanitarians who are involved in Indonesia's Rural Sanitation Manpower Development Project.

Dr. Richard A. Smith discussed primary health care systems in developing countries during a lecture to a medical school class, April 25.

In preparation for an expanded role of the University of Hawaii School of Public Health in Thailand's developing primary health care program, federal Ministry of Health officials and a dozen public health faculty of Mahidol University spent the month of April in Honolulu. HMDS participated in various meetings as a result of our early involvement in the Lampang Health Program.
### III. Fiscal Status:

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