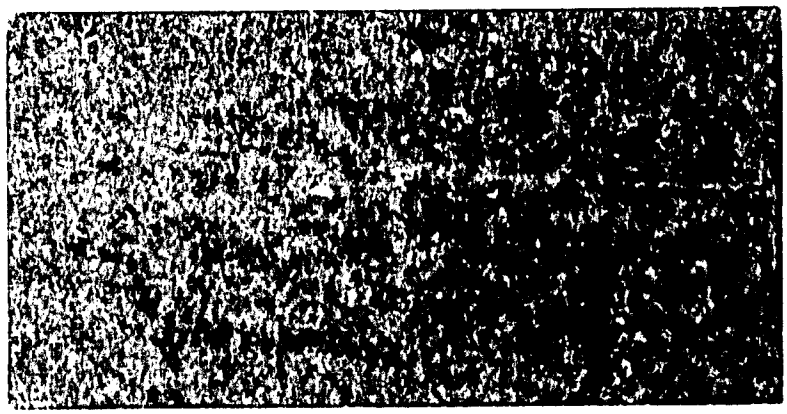
INTERNATIONAL HEALTH PROGRAMS



AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

SEMIANNUAL REPORT
October 1, 1981 - March 31, 1982
Contract Number: AID/DSPE-C-0053
Project Number: 936-5900
Project Title:
Accelerated Delivery Systems Support (ADSS)

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Introduction

Through the Accelerated Delivery Systems Support (ADSS) contract, the American Public Health Association (APHA) is called on to help the Agency for International Development (AID) exert a leadership role in promoting and developing health delivery systems and primary health care in the developing world.

APHA's program under this contract is carried out through three inter-related activities:

- providing expert consultants to advise on field assignments;
- helping to meet the information and training needs of AID field staff and host country health workers engaged in providing basic health services to the rural underserved; and
- carrying out studies and analyses on issues in the delivery of primary health care.

This report highlights the achievements of the six-month period October 1981 - March 1982, the fifth of six half-year periods; the ADSS project is scheduled to reach completion on September 30, 1982.

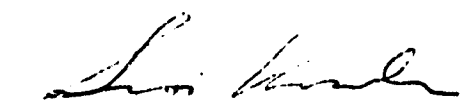
Highlights of this period are:

- provision of some 70 person-months of technical advisory services;
- implementation of continuing education programs for AID health, population, and nutrition officers in Asia and Africa, and planning for a similar program for Latin America/Caribbean-based officers;
- publication of two issues papers on the subjects of growth monitoring and community financing for primary health care;

- implementation of a workshop on moving from small-scale to large-scale primary health care programs;

- continued publication of the Salubritas newsletter and distribution of information packets on primary health care.

Reaction to the recent issues papers and continuing education conference activities indicates that they, along with the more established ADSS work products, are helping meet the information and training needs of field officers and other members of the international health community. Through its ADSS activities APHA has become a center for information and resources in primary health care--developing, applying, and transferring knowledge on the critical issues in planning and implementing primary health care.



Susi Kessler, M.D.
Director
International Health Programs

Substantive Report

A. Specific Contract Activities

The purpose of the ADSS project is to reinforce and expand AID's capability to exert a leadership and supportive role in the promotion, planning, development, and evaluation of affordable health and family planning delivery systems and primary health care in most of the developing countries. The ADSS contract took effect on September 30, 1979, and is scheduled to terminate on September 29, 1982.

Services provided by APHA under the contract are grouped into three categories:

- technical advisory services;
- promotional information and education;
- evaluation and special studies.

1. Technical Advisory Services

The Technical Advisory Services Unit arranges short-term rapidly responding consultant services in the fields of primary health care, family planning and population, nutrition, health services delivery, and water supply and sanitation.

Assignments

Contract requirement:

- Provision of 360 person-months of such services to AID regional programs, governments, and non-governmental organizations in developing countries as requested through the Regional Bureaus and Technical Offices of AID.

During this report period, 69.5 person-months were utilized in carrying out the 37 technical advisory assignments received from AID Technical Officers and Regional Bureaus. A total of 60 consultants were involved in these assignments and consultant utilization for each of the six-month periods of contract operation during the past two years.

As may be noted, utilization during this report period remained almost unchanged from the previous period. To date, a total of 456.5 person-months have been used or encumbered for ongoing assignments; 427.7 funded by the ADSS contract and 28.8 supported by the UNFPA, WASH and the AID Africa Bureau.

A complete listing of assignments carried out during this period is contained in Table A.

Table A

Number of Task Assignments Made

And Consultants and Person-Months Used

10/1/79 - 3/31/82

Period	HEALTH			POPULATION			TOTAL		
	No. of Assign.	No. of Consult.	No. of Per. Mo.	No. of Assign.	No. of Consult.	No. of Per. Mo.	No. of Assign.	No. of Consult.	No. of Per. Mo.
10/1/79 - 3/31/80	26	35	34.2	33	54	55.7	59	89	89.9
4/1/80 - 9/31/80	25	43	56.7	32	59	83.1	57	102	139.8
10/1/80 - 3/31/81	21	30	30.3	30	41	49.8	51	71	80.1
4/1/81 - 9/30/81	10	12	18.4	28	46	48.3	38	48	66.7
10/1/81 - 3/31/82	15	26	31.1	22	34	38.5	37	60	69.5
TOTAL	97	146	170.7	143	234	275.4	242	380	446.0

Consultant services were requested for all regions of the developing world. The number of requests received was fairly uniform among the regions, with the exception of a higher number in Africa. Requests from the African region were almost four times higher during this reporting period than during the previous six-month period. Table B reflects the regional distribution of the 37 task assignments undertaken during this reporting period.

Table B

Number of Assignments by Region

During Six-Month Period*

	Population	Health	Regional Totals
Latin America and the Caribbean	9	0	9
Asia	7	5	12
Africa	2	1	3
Near East	5	3	8
Inter-regional	5	1	6
Total	28	10	38

*Does not include cancelled assignments

Highlights of Selected Assignments

Five major evaluation assignments were initiated during this period. The first involved the evaluation of the "Regional Training Service Agency for Asia" contract, currently held by the University of Hawaii School of Public Health. A three-person team was sent to four countries in Asia, and an extensive review of contract files and materials was conducted in both Washington and Hawaii. The evaluation is expected to be completed by the end of April.

An evaluation of the "Dualabs" contract was also conducted during this period. This assignment involved a three-person team, two of whom traveled to Jamaica and Peru with a stopover in Miami to visit Delta Systems, a subcontractor to Dualabs.

APHA assisted the Near East Bureau in conducting a health sector assessment for the USAID health and population program in Egypt. Work entails examining AID's health programs in Egypt during the past five years and providing guidance for future AID programming efforts. Six public health specialists and five population consultants were assigned to this task during the first phase (February/April), which concentrates primarily on the extent to which prior goals and programs have succeeded, and the factors associated with success or failure. During the second phase (May/June), which emphasizes future support directions and levels, four additional consultants will take part.

The health specialists focused on manpower training needs, health education programs and issues, program planning and policy analyses, health service delivery, and logistics. The family planning team examined demographic and program policy issues, service delivery, field operations, and information, education and communications.

An evaluation of the "Health Improvement for Young Children Project," of the Government of Jamaica and USAID, Kingston, represented another major evaluation conducted during this period. During a three-week period, a two-person team on site in Jamaica reviewed documents and conducted interviews with project and Ministry of Health staff.

The fifth evaluation conducted was of the University of Chicago, Community and Family Study Center project on "Strengthening International Population Communication and Training."

Three consultants participated in this assignment, two of whom visited project activities in six host countries. The team assessed the impact of participant training programs in part by interviewing workshop participants and conducting a mail survey of over 800 participants. The response rate to the questionnaire was over 25%. Additionally, the team reviewed grant activities with project staff in Washington and Chicago.

One particularly interesting assignment of this period involved the production of an English language version of the Nigerian film "Soubane," which promotes child spacing. The original film is in the Djerma language, which is spoken only in villages of the southern region of Niger. An English version would permit a wider distribution of the film throughout Anglophone countries. Mr. Mustapha Allassane of the National Center for Social and Scientific Research at Niamey, Niger, original producer of the film, was brought to Washington, D.C. to work with George Washington University and Byron Laboratories technical staff on the English soundtrack. The film will be shown to African village audiences.

Evaluation of TA Services

APHA routinely evaluates technical advisory services and their management through separate questionnaires sent to the consultant(s), the requesting missions, and AID/W. During this six-month period, 52 of the 71 questionnaires distributed were returned, and follow-up letters were sent to non-respondents.

Results indicate that the AID field staff and Washington-based technical officers requesting these services are quite satisfied with consultant performance--93 percent rated it in the category of very good to excellent. The consultants also received high ratings for their understanding of the scope of work and for the quality of the reports submitted.

For their part, the consultants perceive a need for more complete information on the assignment's scope of work and desire more information on consultant fee determiniation.

Registry

Contract requirement:

- Establishment and maintenance of a registry of consultants. By end of contract, 3000 qualified consultants should be enrolled in the registry.

The APHA Consultant Registry presently contains information on 2776 health and health related specialists. Records of training, work experience, language abilities, and other information allow APHA and AID to identify consultants tailored to the specific assignments. (See Appendices B and C.)

In its continuing recruitment process, APHA makes a concerted effort to seek out and attract the enrollment of minorities and women. Since inception of the ADSS contract, the percentage of registrants that are female has increased from 30% to 37%; the percentage of registrants that are minorities has risen from 20% to 27%.

During this period, recruitment efforts included publication of information on APHA's registry in several professional publications. The response to these notices was excellent--some fifty specialists were added to the registry as a result of this effort. Notices were placed in publications of the American Sociological Society and the American Anthropological Association.

Myrna Seidman joined the staff of APHA on December 1 as the new chief of the Technical Advisory Services unit.

2. Promotional Information and Education

Conferences

APHA is mandated to undertake conferences and workshops on subjects vital to the promotion, development, operation, and better understanding of primary health care and affordable health and family planning delivery systems.

a. Conferences with AID

Contract requirement:

- One conference per year in collaboration with AID and designed primarily to keep AID and AID contractors, field staff, and developing country participants up to date on current developments in areas of primary health care and to provide for an exchange of information about lessons learned from AID-assisted country programs.

Africa Region

The American Public Health Association, in collaboration with the AID Africa Bureau, the Office of Health/Science & Technology, and the Office of Personnel Management of the Training Division, organized a continuing education program entitled "Primary Health Care in Africa," during November 15-20, 1981, in Lomé, Togo. The 98 participants included 24 AID Health, Nutrition and Population Officers, and 29 African counterparts from 23 countries. USAID/Togo, AID/Washington, AID contractors, WHO offices in Togo and Nigeria, and the Peace Corps also sent representatives.

The faculty for the continuing education program included experts from Africa and the United States. This program marked the first time that AID field staff, their national counterparts, and AID contractors were brought together under the auspices of AID.

The program was designed for participants:

1) to learn about newer primary health care concepts and technologies;

2) to share their experiences in development programs;

3) to exchange approaches to implementation problems;

4) to enhance their capabilities in primary health care programming;

5) where relevant, to earn continuing education medical education credits applicable to physician licenses.

Specific objectives were developed for each session. The program included sessions on:

- the principles of primary health care and their application in Africa;
- the rationale and application of PHC strategies in high risk groups;
- the planning of logistics, including pharmaceuticals, and support for PHC;
- the role and management of community participation;
- planning water and sanitation programs in Africa;
- implementing water and sanitation programs in Africa;
- evaluating water and sanitation programs in Africa;
- the delivery methods of oral rehydration;
- planning of educational objectives and training methodology for primary health care.

In addition to the continuing education program, complementary sessions were planned during the evening to discuss and explore AID development programs, review of tropical diseases, and current U.S. emphasis on development and its impact on health programming. Along with plenary sessions and workshops, the experts were available to discuss and exchange information with individual participants on an informal basis.

Through the American Public Health Association, the program was accredited for continuing medical education. Thirty-two participants received CME credits.

Appendix D contains the full program for the meeting.

In response to an evaluation questionnaire, one-half of the 44 respondents indicated a need for continuing education credits for licensure. Three-fourths of respondents said they would recommend this course to colleagues. The most popular program items were the presentations on oral rehydration and on water supply and sanitation. Participants have a keen

interest in future training activities related to malaria and other tropical diseases, diarrhea, drug purchasing, manpower for primary health care, cold chain management, and technologies for maternal/child health and family planning. Further information on these assessments is found in Appendices E and F.

Asia Region

During November 8-14, 1981, APHA collaborated with the AID/Office of Personnel, Training & Development Division and the Asia Bureau in Sponsoring a conference for Asia-based health, population, and nutrition officers in Chiang Mai, Thailand.

Participants were 35 AID field staff, 15 AID/Washington personnel, 10 faculty, and the APHA coordinator.

One-half of the program was devoted to policy and administration issues, and one-half was devoted to continuing medical education sessions. The latter focused on:

- primary health care financing;
- evaluation for improved management;
- recent developments in contraception and sterilization;
- control of selected communicable diseases;
- inter-relationship of malnutrition, infection, and diarrhea;
- oral rehydration therapy.

Conference evaluation questionnaires were received from 23 participants. Responses were extremely positive. Among the highest rated items were the services from conference managers, the hotel facilities, and the overall quality of presentations. Appropriateness of topics and level of individual involvement also received high ratings, as shown in Table C.

TABLE C
Chiang Mai Conference
Results of Evaluation by Participants*

	Poor		%		Excellen
	1	2	3	4	5
1. Appropriateness of Topics	0	4	29	46	21
2. Overall Quality of Presentations	0	9	23	64	4
3. Opportunity for Serious Debate	4	9	35	35	17
4. Opportunity for Informal Discussion	4	17	30	26	22
5. Level of Individual Involvement	0	22	22	48	9
6. Services from Conference Managers	0	0	16	33	52
7. Adequacy of Hotel	0	0	9	48	43
Total %	1	9	24	44	21

*Based on 23 respondents.

Five courses were offered with a total of 18 continuing medical education credit hours.

A copy of the program is contained in Appendix 6.

Latin America and the Caribbean

Plans are being finalized for the April 18-23, 1982, AID/Latin America Bureau Health, Population, and Nutrition Officers Conference. Over 75 field-based officers, AID/Washington staff, APHA staff, and faculty will assemble in Coolfont, West Virginia, for the five days of sessions that will center on:

- malnutrition, diarrhea, and infections in Latin America;
- nutrition interventions;
- malaria control and expanded immunization programs;
- commercial retail sales of contraceptives;
- reviews of current policies and strategies;
- private sector health initiatives;
- supplies management;
- mass communications in changing health behavior.

b. Conferences with Other Donors

Contract requirement:

- One conference per year in collaboration with other donors and designed to help the health leadership in developing countries plan and extend national primary health care programs.

APHA collaborated with the Strengthening Health Delivery Systems Project (SHDS) in West Africa and WHO/Brazzaville in conducting a multisector conference on management for health development, held in Lomé, Togo, during October 26-30, 1981. The participants represented ministries of health from the Central Africa Republic, Gabon, Guinea-Bissau, Republic of the Congo, Togo, and Zaire.

The objectives of the conference were to enable participants to:

1) understand the concepts of modern management;

2) appreciate its applicability to intra and inter-organizational collaboration;

3) prepare case studies dealing with important managerial problems that prevent the realization of socioeconomic development goals, with special emphasis on health.

APHA supported the participation of a consultant to plan and conduct the workshop.

c. Workshop

Contract requirement:

- Two workshops per year in collaboration with other donors and designed to focus on the interests, problems, and needs of developing country health personnel at the intermediate level who have operational responsibility for planning or executing primary health care programs, particularly in poor urban or rural areas.

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PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

2. Promotional Information & Education

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTE
Conferences in collaboration with AID	1 per year	Year 1:													
		Year 2:													
		Year 3:		● ●					o						
Conferences in collaboration with other donors	1 per year	Year 1:													
		Year 2:					●			●				●	
		Year 3:	●												
Workshops	2 per year	Year 1:					●								
		Year 2:	●								●			●	
		Year 3:							o*			o*			

o planned

● accomplished

* shelved

3/31/82

30 months into contrsct

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

2. Promotional Information & Education

Output	Quantity	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES
Salubritas Newsletter	Year 1:	●			●			●			●			Vol.4
	Year 2:	●			●			●			●			Vol.5
	Year 3:	●			●			o			o			Vol.6
Information Packets	Year 1:	●		●		●		●		●		●		#8-13
	Year 2:	●		●		●		●		●		●		#14-18
	Year 3:	●		●		●		o		o		o		#19-21
	Year 1:													
	Year 2:													
	Year 3:													

o planned

● accomplished

3/31/82

30 months into contract

Four workshops were carried out during the first two years of the ADSS project, as called for in the contract. The two workshops originally envisioned for Asia, to be implemented during the last year of the contract, have been shelved by AID due to budgetary constraints.

In response to a request from the Africa Bureau, APHA is now making plans for a June conference on guidelines for incorporating malaria control activities into primary health care in Africa. Draft guidelines now being developed will be refined at the conference by experts in the field. The guidelines are intended to help USAID health officers and their counterparts utilize existing primary health care infrastructure in malaria control activities.

Newsletter

Contract requirement:

- Publication of the quarterly newsletter Salubritas.

During October 1, 1981 - March 31, 1982, two issues of Salubritas were published. The October issue featured articles on record keeping in Tunisia, health messages through storytelling in Nigeria, and growth monitoring as a tool for measuring nutrition; the latter included guidelines for educating for better nutrition. The "How to" section explained packing medicine.

The January issue highlighted a study on oral rehydration methods in Egypt, a new Jamaican health workers' handbook, and anti-smoking measures in Egypt, Singapore, Malaysia, and the Arab Gulf States. The "How to" page offered advice on ordering by mail.

In both issues, readers were given information on publications, and training aids.

The mailing list continued to increase. Requests for new subscriptions came in at the rate of 124 per month. With subtraction for weeding the list of non-priority entries, the net increase is 63 per month.

As of the January issue, we distributed a total of 19,905 copies (2,000 to the Canadian Council on Smoking and Health):

	Single	Bulk		
English	5564	5491		
Spanish	2416	2733		
French	1250	2451		
Totals	9230	10,675	=	19,905

To cut postage costs, we reached distribution agreements with Catholic Relief Services, Save the Children, UNICEF, the Ford Foundation and UNDP. These organizations will now send Salubritas from their headquarters, thus saving expensive overseas postage.

We also supplied bulk copies for teaching purposes to the following individuals and organizations:

1) Prof. Jan Devries, School of Public Health, University of Michigan;

2) International Women's Health Coalition, Washington (French and Spanish editions for training courses for midwives);

3) Dr. Marian V. Hamburg, New York University (for graduate classes in international health);

4) Humphrey Fellowship Program, New York (Humphrey Fellows at Howard and Tulane Universities).

With the October issue, we changed printers from Reese Press in Baltimore to the Organization of American States (OAS) printing units in Springfield, VA. The change meant a savings of about one-third on printing. We also changed typesetters, from Letterform Graphics to OAS. This also meant a savings of about one-third on typesetting costs.

Readers' Survey

A questionnaire (Appendix H) was sent to readers with the October issue. The following represents a tabulation of the results of one quarter of the some 1800 completed questionnaires that were returned.

The sections most appreciated by readers are the Selected Readings (91%), training (46.7%), "How to" (54.3%), and "Notes" (43.6%).

Comments indicated that the articles play an important role in informing health professionals and health workers about programs in other parts of the world. Some 66 percent of respondents say they order books or other materials mentioned in Salubritas.

More than half our readers circulate Salubritas to students, colleagues and others. With a circulation of about 19,000, we can estimate conservatively that there are about 50,000 readers. About 50 percent of respondents indicated they file all or part of the newsletter for future reference.

Suggestions for subject matter most often cited were:

- community participation (73%)
- nutrition (57%)
- non-formal education (54%)
- training (51.5%)
- teaching materials (50%)

Other topics most often suggested by readers:

- sanitation, environment, pollution, protection of wells
- appropriate technology
- planning and evaluation of programs
- planning at the local level
- epidemiology
- tuberculosis
- communication
- pharmaceuticals, herbal medicines

About one half the respondents took the trouble to write in comments and suggestions for specific articles.

There were requests for information on: low cost solar-powered, two-way radios and telephones for health workers in very remote areas, diarrhea and vomiting, all upper respiratory infections, tropical diseases, imported pharmaceuticals, local customs that serve as an obstacle to the use of Western drugs, health and immigrants, health and refugees, preventive medicine, techniques for monitoring malnutrition and growth, physical handicaps, national health systems, occupational health, agriculture and horticulture, descriptions of both unsuccessful and successful programs, prostitution, health education in schools, scholarships and training programs, psychology and health, women-related themes, public health in urban settings, and the use of theater and traditional songs in health work.

There were two calls for more scientific information: one from doctors, and the other from health workers who wanted simple presentations of recent developments and research in medicine.

Other common requests included that:

- the "How to" section be easy to tear out for copying and filing;
- resources listed include more material in French and Spanish;
- texts include more illustrations;
- there be abstracts at the end of each article;
- an index be published at the end of each year;
- there be a Portuguese edition.

Many readers complained that they received the newsletter irregularly or with great delay. And finally, many readers asked that Salubritas be published monthly.

Future issues will reflect the suggestions and take into account the comments of Salubritas readers. That is, we will go after stories on the suggested topics, intensify our search for books and other materials in French and Spanish, make the

"How to" section easy to tear out and use, use more illustrations, and give more space to training programs and, whenever possible, include information on scholarships.

Given the short length of each Salubritas article, we do not deem it practical to include abstracts.

Budget permitting, we will issue an index at the end of each year. Otherwise, we will continue to publish an index every three years. (An index will be published with the October 1982 edition.)

A Portuguese edition should be considered. It might be possible to do this in Brazil. (There are precedents for such arrangements--DIARRHOEA DIALOGUE is one example.)

Irregular delivery seems to have more to do with national mail services than with our mailing procedures.

Information Packets

Contract requirement:

- Distribution, six times a year, of informational materials to AID Washington and field staff. Materials selected for the packets represent recent documents and publications that enable AID staff to keep up to date on current developments in primary health care.

Packets were distributed in November 1981 (#19), February 1982 (#20), and March 1982 (#21). The contents of the packets are listed in Appendix I.

On an experimental basis, annotated lists were sent out for packets #20 and #21. This is being done to test the cost effectiveness of having recipients select the materials that they wish to receive.

The mailing lists for packets #19, #20, and #21 are identical. Beginning with packet #19, the mailing list was reduced from 113 to 74, per POCI-007. The list is comprised of 61 USAID missions, 8 AID/Washington staff, and 5 file copies for use in the contractor's Resource Center.

Distribution and Information Services

The monograph series developed under the DEIDS project continues to generate interest. Some 94 copies of Health Care Financing in Developing Countries and 1200 copies of Environmental Sanitation and Integrated Health Delivery Programs were distributed. In addition, 82 photocopies of Planning Pharmaceuticals for Primary Health Care and 99 photocopies of Training and Use of Auxiliary Health Workers were mailed. Emphasis was placed on requests from developing countries. To continue to meet reader demand, APHA is reprinting the series with non-contract funds. They will then be made available at cost to readers.

Since December 4, 1981, the Resource Center has distributed 1617 copies of Immunizations and 1219 copies of Growth Monitoring. A reader survey was inserted into all the copies that were distributed. To date 40 reader surveys have been returned. Appendix J is a sampling of the requests that APHA has received for the Issues Papers.

During the six-month period the Resource Center received over 107 visitors and responded to more than 360 reference calls. Some 156 letters were sent in response to inquiries for APHA/IHP publications, IHP reports, brochures, and health information.

An index to the collection in the Resource Center is being compiled. The index will include a listing of the APHA reports by country, title, author, and year of publication. The vertical file of organizations was weeded and reorganized.

3. Evaluation and Special Studies

The Evaluation and Special Studies Unit has responsibility for several related activities that review progress in implementing primary health care in the developing world and that present decision makers with information on alternative strategies for strengthening primary health care activities.

Tracking Report

Contract requirement:

- To track the progress being made towards improving and extending health delivery systems and primary health care in AID-assisted countries.

The Tracking Report is a five-volume reference document with a summary description of all active AID primary health care projects and an analytical document that traces the progress made by projects and that looks at problems common to a number of projects across the lines of the regional bureaus.

Since the initial distribution to USAID Missions of Volumes I through IV, which describe AID-assisted projects in Asia, Latin America, Africa and the Near East, comments from the Missions and from contractors have been received regarding 35 of the projects. Project descriptions in Volumes I through IV have been revised or rewritten reflecting the above comments, and four new descriptions of projects in Jamaica, Guyana, and Swaziland have been added. Previously xeroxed in draft form, Volumes I through IV are now printed and bound. The first draft of Volume V, the analysis of PHC project experience in all four regions, was distributed to a review panel on June 22, 1981. The revised version of Volume V is completed and has been reviewed by the Office of Health. Distribution is expected in April 1982.

Volume I:	Describes nine primary health care projects in Asia. Status: Revised, printed, and distributed to AID.
Volume II:	Describes twenty projects in Latin America and the Caribbean. Status: Revised, printed, and distributed to AID.
Volume III:	Describes eighteen projects in Africa. Status: Revised, printed, and distributed to AID.
Volume IV:	Describes five projects in the Near East. Status: Revised, printed, and distributed to AID.
Volume V:	Analysis of primary health care project experience in four regions. Status: Final draft reviewed by Office of Health. Printing and distribution expected in April 1982.

Global Review - Issues Papers

Contract requirement:

- To prepare and publish reviews for the global "state of the art" applicable to primary health care.

The Global Review, printed under the title of "Primary Health Care Issues, " is directed primarily to individuals at institutional, national, and international levels who are responsible for translating policy into action. The Global Review provides readers with information useful in choosing among policy options and improving skills for designing and implementing national primary health care programs.

Research for the papers is based on various approaches, technologies, methods, policy designs, and components of primary health care gathered from multiple sources, including general development literature in the fields of education, community development, and agriculture. Papers in the "Primary Health Care Issues" series are published regularly for inclusion in a loose-leaf binder. During this period, two additional papers appeared in print: "Growth Monitoring" and "Community Financing of Primary Health Care." By the end of the three-year life of the ADSS project, readers will have a review of leading primary health care issues organized under appropriate headings and arranged for easy reference.

Selection criteria for the subjects of the issues papers chapters are derived from tracking report findings, suggestions from the AID missions, and consultations with primary health care specialists.

Ten stages of development guide the preparation of the issues papers:

1) identification of topic
2) development of outline
3) selection of specialist
4) technical working session
5) data collection and analysis
6) completion of first draft
7) internal review and revision
8) external technical review and revision
9) professional design and printing
10) delivery to AID for distribution

Status of ten chapters in the global review as of March 31, 1982:

Paper Number	Content	Stage of Development
I	Overview of Progress in Primary Health Care Movement.	
II	Immunizations in Primary Health Care. Broad coverage immunizations require considerable infrastructure but have the same target groups as nutrition and other health interventions.	10
III	Growth Monitoring in Primary Health Care. The first warning sign of the most widespread form of childhood malnutrition is failure to grow. This paper explores practical measures to detect growth failure in children through PHC programs.	10
IV	Community Financing of Primary Health Care. Developing country government resources are not sufficient to support primary health care at the present time unless local resources are also mobilized.	10
V	Health Communications in Primary Health Care. An empirical review of mass communications and other educational techniques draws from experiences in primary health care, family planning, and nutrition.	9
VI	Community Participation in Primary Health Care. More than any other criterion, community participation is the mark of a successful primary health care program.	7
VII	Simplified Health Information Systems in Primary Health Care. Too often primary health care workers must complete and send in forms they find meaningless and whose subsequent use, if any, they are not aware of. What are the minimum requirements for information for use in planning, implementation, and evaluation?	7

Paper Number	Content	State of Development
VIII	Bibliography and Resource Directory for Primary Health Care. Key references in a dozen sub fields of PHC are annotated, and a broad array of technical and specialized resources in the PHC field are listed.	9

A report on the distribution of issues papers and reader reaction to their publication is on page 24.

Special Studies/Workshops

Contract requirement:

- To conduct special studies and/or workshops that focus on particularly vital subjects and problems.

Special studies and workshops are designed to provide a timely response to critical issues in primary health care that surface in the field or during the preparation of "PHC issues papers" for the global review. The purpose of workshops is to bring together within a short period of time the best thinking experts can provide on the particular topic in question. Special studies are original or special purpose research undertaken by APHA staff or consultants.

Workshops and special studies undertaken thus far:

-- "Community Participation in Rural Health Programs"; a report of a workshop on community participation held in November 1980 was revised, rewritten, and resubmitted to AID during the last semi-annual period. Current Status: AID approval pending.

-- "Resource Directory for Primary Health Care Managers in Developing Areas" is a special study bibliography and resource guide in the highly diverse primary health care field. This study has evolved from an original PHC Bibliography by Edward Caparelli, M.D., but has entirely new format and content. It will be published as an Issues Paper. Current Status: In press.

-- Scaling Up from Small to Large-scale programs. Workshop conducted at Coolfont, W.VA. in December 1981, report was completed in January 1982. In-house review and revision completed in February. The draft is presently being reviewed by workshop participants. At the Coolfont workshop, over thirty participants representing a cross-section of primary health care project experience in Asia, Africa, Latin America, and the Near East exchanged views and formulated conclusions stressing that:

- scaling up requires a long-range plan with specific objectives;
- scaling up is not merely a matter of multiplying successful tactics used on a small scale--large scale projects have significantly different organizational and political dynamics;
- while governments must be involved in primary health care policy at the central level, implementation strategies may be decentralized;
- primary health care objectives should be targetted by locally determined priority of need (the "selective PHC" strategy was favored);
- an intermediate step may be required between micro and macro level programming;
- large-scale primary health care efforts should build on what already exists and must involve organizational as well as technical interventions.

Program participants called on external donor agencies to assist in these efforts by supporting health development without creating dependence, by helping to develop intermediate-scale projects, by exercising flexibility and encouraging local initiative, by facilitating exchange of experiences, and by assisting where necessary in the financing of recurrent costs.

-- As a service to the Africa Bureau/AID, APHA edited and reproduced notes on the Second Health Officers Conference in Abidjan, Ivory Coast, during the last semi-annual period.

-- ESS staff served as resource persons to two Expanded Immunization Program Workshops held in Quito, Ecuador, May 18-22, 1981, and Kingston, Jamaica, September 14-18, 1981. The subject of these workshops was implementing childhood immunizations in primary health care.

Appendix K contains a copy of the monthly report to AID on issues papers and special studies, instituted in response to POCI-003.

Data Bank

Contract requirement:

- To establish and maintain a data bank concerning primary health care programs in developing countries.

APHA is extending the data bank of 180 projects, researched under a previous contract, to 350 projects. Questionnaires from another 120 projects have been received, bringing the present total to 300 projects. A condensed version of the questionnaire has been prepared to obtain information on additional projects.

Current Status: In June 1981, the ADSS contract evaluators suggested that this activity be put on hold until the usefulness of the current data bank could be determined.

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

3. Evaluation & Special Studies

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOT
Tracking Report	Five-volume report	Year 1:												●	
		Year 2:	●	●	●										
		Year 3:							o						
Data Bank	350 projects by end of contract	Year 1:	300 projects on line												
		Year 2:													
		Year 3:													
Issues Papers	Eight chapters presently scheduled	Year 1:													
		Year 2:												●	
		Year 3:	●					●		o	o	o	o	o	

o planned

● accomplished

3/31/82

30 months into contract

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

3. Evaluation & Special Studies

Output	Quantity	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOT
Special Studies/ Workshops	Year 1:													
	Year 2:		●				●				●			
	Year 3:			●				o						
	Year 1:													
	Year 2:													
	Year 3:													
	Year 1:													
	Year 2:													
	Year 3:													

o planned

● accomplished

3/31/82

30 months into contract

B. Liaison Activities

World Federation of Public Health Associations (WFPHA)

APHA serves as the secretariat for the WFPHA, and is one of its founding members. The WFPHA, through a program of publications, meetings, and other related activities, enhances collaboration among national public health associations around the world in working toward improved community health and high standards for the public health professions. It is through the WFPHA, as a recognized non-governmental organization, that APHA relates officially to the World Health Organization, UNICEF, and other international organizations. Dr. Susi Kessler is the Federation's Executive Secretary.

- Report of Third International Congress

A great deal of the Secretariat's activities during this period centered on production of the formal report on the Calcutta Congress held last February. Entitled "Message from Calcutta," the 163-page publication features excerpts from some fifty of the presentations made on the topics of developing national plans of action, implementation of field programs, manpower planning and training, special demonstration and research projects, and community participation.

The report highlights the eleven recommendations adopted by the Congress and the keynote addresses by James Grant of UNICEF (the Second Hugh Leavell Lecture) and David Tejada de Rivero of WHO.

Funding for the report was derived from WFPHA funds and from a grant from the U.S. Department of Health and Human Services, Health Resources Administration. The report is now being printed in India and will be available for distribution in May.

- Membership

During the past year the WFPHA has received requests for information regarding membership from numerous groups and individuals and is working with many of them in establishing national public health associations. Inquiries have been received from Angola, Ghana, Zimbabwe, People's Republic of China, Peru,

Mozambique, Thailand, Norway, Benin, and Jamaica. The WFPHA's membership is currently made up of 36 national public health associations.

- Health Resources Group for Primary Health Care

Dr. Susi Kessler and Dr. Yousif Osman represented the WFPHA at the December 6-8, 1981 meeting of the Health Resources Group for Primary Health Care (HRG/PHC). Dr. Osman, of the Sudanese Society of Preventive & Social Medicine, is the current president of the WFPHA.

The HRG/PHC was established to help identify external resource requirements in support of well-defined strategies for health for all, to help match available resources to such needs, to help rationalize the use of such resources, and to help mobilize additional resources if necessary.

Country resource utilization reviews of five countries--Benin, Ecuador, Gambia, Sri Lanka, and Sudan--were presented and discussed. The outcome of these deliberations was the formulation of country primary health care resource groups consisting of representatives both of the host government and of interested external partners.

Visitors and Participation in Meetings

During March 16-19, Dr. Susi Kessler participated in the International Symposium on Measles Immunization, sponsored by the U.S. Department of Health and Human Services. APHA and AID, together with nine other national and international groups, collaborated in the conference planning and program. Dozens of participants from all over the world discussed the current impact of measles, measles vaccines, and current measles control.

Dr. Susi Kessler and Dr. Wayne Stinson took part in the January 12-14 workshop on "Family Planning and Health Components in Community Based Distribution Projects." Sponsored by Johns Hopkins University and held in Charlottesville, Virginia, the workshop covered such topics as selection of program components, selected interventions in CBD projects, categorical versus integrated programs, training, research needs, and the methodology for evaluation of health and family planning components in CBD projects.

APHA staff have sponsored a series of films on health care in developing countries. The films have been shown during "brown bag lunches" to which outside colleagues are invited. Films shown during the last six months include:

- "Primary Health Care in Mozambique: Medicine of Revolution"
- "The Most Precious Property" (PHC in Vietnam)
- "Stop Polio" (Save the Children)

Dr. Phyllis Piotrow, head of the Population Information Program at Johns Hopkins University, visited APHA on February 17 to demonstrate the on-line capabilities of POPLINE. The data base has over 80,000 annotated bibliographic citations on family planning, demographics, and population.

Editors from Volunteers in Technical Assistance (VITA), the Population Reference Bureau, and APHA met in January to discuss the status of their periodic publications and options for future directions.

During the APHA Annual Meeting in Los Angeles (November 1-4, 1981), ADSS project staff maintained a booth in the exhibit hall at which ADSS project activities were explained and such work products as issues papers, monographs, and Salubritas were distributed. Qualified specialists for the consultant registry were also recruited.

Liaison with Other Groups

To promote collaboration and strengthen concerted efforts in international health, APHA keeps in close contact with many governmental and non-governmental groups. During the past six months APHA has had active contact with the following groups:

Academy for Educational Development
African Medical and Research Foundation
Africare
African Development Bank
AID Bureau for Africa
AID Bureau for Asia
AID Bureau for Latin America and the Caribbean
AID Bureau for the Near East

AID/DS Office of Development Information and Utilization
AID Office of Health
AID Office of Nutrition
AID Office of Rural Development
AID/PPC Office of Evaluation
Alan Guttmacher Institute
American Medical Association
Appropriate Health Resources Technology Action Group (AHRTAG)
CARE
Caribbean Community Secretariat (CARICOM)
Catholic Relief Services
Center for Population Activities
Child-to-Child Programme
Christian Medical Commission
Columbia University
Cornell University
Creative Associates
Earthscan
Educational Development Center
Food and Agriculture Organization
Ford Foundation
Georgetown Medical Library
Harvard School of Public Health
Helen Keller International
Hesperian Foundation
Infact
Inter-American Development Bank
Inter-American Foundation
International Development Research Centre
International Health Section of APHA
International Voluntary Services
Johns Hopkins School of Hygiene and Public Health
League for International Food Education
Leckie Associates
Library of Congress
London School of Hygiene and Tropical Medicine
Management Sciences for Health
Manoff International
Ministry of Health, Kuwait
National Academy of Sciences
National Council for International Health (NCIH)
National Health Information Clearinghouse
National Institutes of Health
National Library of Medicine
National Referral Center
National Technical Information Center
North Carolina School of Public Health
Office of International Health (HHS)
Overseas Development Council (ODC)
OXFAM
Pan American Health Organization
Pathfinder Fund
Peace Corps
PIACT

Planned Parenthood Federation
Population Information Program of Johns Hopkins University
Population Crisis Committee
Population Reference Bureau
Project HOPE
Rockefeller Foundation
Society for International Development (SID)
SHDS Project, Boston University
Technical Assistance Information Clearinghouse (TAICH)
Transcentury Corporation
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Information Centre
U.S. Department of Health and Human Services
University of Pittsburgh
University of the West Indies
University Research Corporation
University of Vermont
Urban Institute
Volunteers in Technical Assistance (VITA)
Water and Sanitation for Health Project
The World Bank (International Bank for Reconstruction and Development)
World Concern
World Federation of Public Health Associations (WFPHA) - 36 national public health associations
World Health Organization (WHO)
World Neighbors

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Administrative Report

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ADSS PROJECT

PIPELINE ANALYSIS OCTOBER 1, 1979 THRU MARCH 31, 1982

Item	Project Total	Information Dissemination	Salubritas	Conferences	T.A. Pop	T.A. Health	T.A. Registry	Evaluation/SP Studies	Overall Project Management
BUDGET years 1 & 2 Accumulated	7,497,476	236,476	308,370	718,158	2,243,859	1,027,089	157,626	1,476,603	1,329,295
Less Expenditures Oct. 1979-March 31, 1982	6,900,606	197,825	293,475	436,918	2,099,755	1,342,382	93,157	1,272,603	1,164,491
Less: Encumbrances as of March 31, 1982	362,559	-0-	-0-	26,182	176,006	160,371	-0-	-0-	-0-
BALANCE March 31, 1982	234,311	38,651	14,895	255,058	(31,902)	(475,664)	64,469	204,000	164,804

Total Estimated Contract Cost	7,497,476
Total Amount Obligated 3/31/82	7 345,575
Minus Total Expended to 3/31/82	6,900,606
Minus Funds Encumbered 3/31/82	362,559
Estimated Balance of Obligated Funds 3/31/82	82,410
Funds available	234,311

EMPLOYEES ASSIGNED TO THE ADSS CONTRACT MARCH 31, 1982

EMPLOYEE NAME	RESPONSIBILITY/TITLE
Dr. Susi Kessler	Director
Dr. Alfred Gerald	Program Manager
Ronald Augustin	Courier/Clerk
Jenny Aung	Registry Coordinator
Alberta Brasfield	Conference Manager
Susan Brems	Program Associate
Dr. Paul Burgess	Chief, Evaluation & Special Studi
Martha De la Rosa	Senior Office Assistant
Michael Favin	Research Associate
Carollyn Gibson	Senior Office Assistant
Danielle Grant	Program Assistant
Sallie Jennings	Clerk Typist
Dr. Barry Karlin	Technical Advisory Services Manag
Susan Klinefelter	Office Assistant
Saundra Looper	Office Assistant
Maria McMurtry	Resource Center Manager
Patricia Martin	Research Assistant
Stuart Mowatt	Fiscal Manager
Edward Sabin	Research Associate
Ina Selden	Editor, Salubritas
Sandra Singleton	Office Assistant
Dr. Wayne Stinson	Special Studies Analyst
Sonia Vargas	Office Assistant
Lisa Vest	Office Assistant
Catherine Wu	Travel and Logistics Coordinator
Catherine Young	Office Assistant

APPENDICES

Appendix A

Technical Advisory Services for Six-Month Period

APPENDIX A - TECHNICAL ADVISORY ASSIGNMENTS CONDUCTED DURING THE SIX-MONTH PERIOD (10/1/81-3/31/82)

HEALTH

Reference Number	Consultant(s)	Country	Report Title (Assignment Description)	Dates To/From Field	(Estimated) Person Days
*583087	Bernhart,M.,Ph.D. Quintana,O.,Dr.B.A.	Jordan	(Advise MOH on Financial & Management Matters.)	12/4-12/17/82	(24)
*583088	Sellers,S.	Panama	(Work with National Baseline Study Questionnaire.)	1/3-1/16/82	(17)
*583089	Delgado,R.,M.D.	Mauritania	(Assist in Development & Utilization of a National Health Information System.)	3/25-4/25/82	(33)
*583090	Leighton,C.,M.A.	Senegal	(Assist USAID/Senegal in Developing Methodology for Study of Recurrent Costs Generated by Senegal Rural Health Projects.)	1/28-2/17/82	(18)
*583091		Senegal	(Evaluation of Sine Saloum Primary Health Care Project.)	April-May 1982	(30)
*583092	Correa,H.,Ph.D.	Costa Rica	(Provide Administrative Assistance to Social Security System.)	1/25-2/15/82	(12)
*583093	Carlaw,R.,Dr.PH Reyes,P.,Sc.D. Storms,D. Jeffers,J.,Ph.D. Benjamin,R.,M.D. Fabricant,S.,M.B.A.	Egypt	(Health Sector Assessment; Arab Republic of Egypt.)	2/14-4/7/82	(166)
*583094	Henn,A.,M.D. Knauff,L.	Jamaica	(Evaluation of Health Improvement for Young Children Project.)	2/23-3/17/82	(54)

HEALTH

Reference Number	Consultant(s)	Country	Report Title (Assignment Description)	Dates To/From Field	(Estimated) Person Days
*583095	Donaldson,D.	Nepal	(Prepare a Report on Community Financing Schemes in Nepal.)	2/16-3/10/82	(20)
*583096	DeLien,H.,M.D.	Philippines	(Work with Minister of Health in Reorganization of Ministry of Health.)	2/22-4/30/82	(40)
*583097	Rogoach,J.	All Regions	(Assist in Preparing a Strategy Paper on the Transfer of Technology	2/23-3/9/82	(15)
*583098	Shutt,M.,M.D.	Kenya	(Develop Terms of Reference for a Health/Nutritions/Population Sector Assessment.)	3/12-3/26/82	(21)
*583099	2 Consultants	Zaire	(Evaluation of North Shaba Rural Development Project.)	April-May 1982	(42)
*583100	Ryder,B.,M.D. Donaldson,D.	Sudan	(Evaluation of Primary Health Care Project.)	3/18-4/15/82	(50)
*583101	Kennedy,J.,M.D. Makinen,M.,Ph.D. Bertrand,W.,Ph.D.	Niger	(Technical Assistance for the Niger Rural Health Improvement Redesign.)	3/28-4/26/82	(79)

POPULATION ASSIGNMENT

Reference Number	Consultant(s)	Country	Report Title (Assignment Description)	Dates To/From Field	(Estimated) Person Days
*582125	Shutt,M.,M.D.	Pakistan	(Assist GOP in Development of Population Project.)	11/19-12/19/81	(30)
*582126	Fahlandt,C.	Bolivia	(Conduct Contraceptive Sales Survey.)	1/10-1/31/82	(23)
*582127	Labbok,M.,M.D. Lecomte,J.,M.D.	Morocco	(Evaluation of Population and Family Planning Support Project.)	11/30-12/21/81	(44)
582128	Marnane,P.	Bolivia	(Assist in the Design of an Operations Research Project in Bolivia.) Report Waiver	11/16-11/28/81	11
*582129	Morris,J. Marshall,J.,Ph.D.	All Regions	(Mid-term Evaluation of Contract with Johns Hopkins University.)	12/1-12/14/81	(15)
*582130	Bouvier,L.,Ph.D.	Barbados Jamaica Trinidad	(Develop Population Policy Section of New RDO/C Population Project and Assess Feasibility of Population Projections for the Caribbean.)	11/30-12/11/81 1/10-1/30/82	(42)
*582131		Senegal	(Assist ASBEF in Refining Current Draft Proposal.)	Postponed	
*582132	Grey,B. Giorgis,B.,Ph.D.	U.S.	(Presentation at CASH Seminar on Female Circumcision and Effects on MCH/FP Systems.)	2/2/82	(1)
*582133	Fishburne,J.,M.D. Holtrop,R.,M.D.	U.S.	(To Advise AID on Components of Medical Kits for Use in Surgical Emergencies.)	2/10/82	(2)

POPULATION ASSIGNMENT

Reference Number	Consultant(s)	Country	Report Title (Assignment Description)	Dates To/From Field	(Estimated) Person Days
*582134	Coale,A., Ph.D.	Egypt	(Discuss & Present to Egyptian Government Officials Report of Recent Trends in Fertility & Mortality in Egypt.)	1/25-1/30/82	(10)
*582135	Lecomte,J.,M.D.	Zaire	(Evaluation of Centrally Funded IPPF Affiliate in Zaire; National Committee for Desirable Births.)	1/22-2/12/82	(21)
*582136	Louis,T.	Pakistan	(Prepare Project Paper on Contraceptive Sales and Social Marketing.)	2/1-2/15/82	(19)
*582137	Shutt,M.,M.D.	Pakistan	(Assist in Preparation of Population Project Paper.)	2/3-2/21/82	(14)
*582138	Berndtson,B.	Morocco	(Development and Testing of Family Planning Mass Media.)	2/15-3/29/82	(35)
*582139	Mauldin,P.,M.S. Croley,T.,Ph.D. Leonard,A. Voulgaropoulos,E.,M.D. McNicoll,G.	Egypt	(Evaluate Family Planning Program.)	2/25-4/12/82	(190)
*582140	Saunders,L.,M.A. Knauff,L. Fischman,S.,Dr.PH	All Regions	(Evaluation of the Regional Service Training Agency/Asia, at the University of Hawaii School of Public Health.)	3/15-4/15/82	(90)
*582141 (583098)	Shutt,M.,M.D.	Kenya	(Develop Terms of Reference for a Health/Nutrition/Population Sector Assessment.)	3/12-3/26/82	(21)
*582142	Rothschild,C.,Ph.D. Grant,F.,M.B.A. Edmonston,B.,Ph.D.	All Regions	(Evaluation of the Dualabs Contract.)	3/22-4/7/82	(30)

POPULATION ASSIGNMENT

Reference Number	Consultant(s)	Country	Report Title (Assignment Description)	Dates To/From Field	(Estimated) Person Days
*582143	Gordon,M.,Ph.D.	Sudan	(Assist Sudanese Dept. of Statistics in Cartographic Preparation for Sudan Census.)	5/6-6/20/82	(40)
*582144	Phillips,J.,Ph.D.	Jordan	(Analysis of Demographic Data.)	4/26-5/10/82	(14)
*582145	Jabine,T.	Thailand	(Assist National Statistical Office in Thailand on Design of Evaluation & Quality Control Procedures in Household Surveys.)	7/1-8/31/82	(67)
*582146	Belsky,R.	Bangladesh	(Quality Control Testing of Condoms in Bangladesh.)	4/5-4/30/82	(23)

Appendix B

Representation in Consultant Registry by
Expertise and Work Experience
Cross-Referenced by Language Capability

FIELD OF EXPERTISE		L1	L2	L3	L4	L5	L6	L7	L8	L9
010	Public Health Services	1217	344	317	88	44	48	47	12	257
* 011	Maternal & Child Health	70	28	16	8	3	5	1	0	15
020	Communicable/Trop. Disease Ctrl	318	92	80	26	12	20	13	4	83
* 021	Tropical Disease Research	4	3	3	1	0	1	0	0	1
030	Vector-Borne Disease Control	72	17	19	5	4	4	3	3	19
040	Epidemiology	373	112	102	43	17	18	16	9	87
050	Health Laboratory Sciences	78	16	12	4	3	3	1	2	20
060	Ground Water Development	126	29	33	10	5	3	3	1	25
070	Water Treatment, Distribution	47	13	13	0	0	3	2	2	14
080	Environmental Sanitation	47	10	11	2	1	3	2	1	14
* 090	Medical Care	639	179	171	49	23	21	16	9	115
* 091	Dental Health	0	0	0	0	0	0	0	0	0
* 092	Emergency/Occupational Health	4	1	2	0	0	0	0	0	0
100	Population, Family Planning	1078	306	300	76	48	44	58	15	237
110	Demography	267	71	62	18	15	11	16	4	61
120	Food And Nutrition	351	118	112	26	15	7	22	7	89
	Behavioral Sciences	381	102	112	32	11	12	13	7	79
* 130	Health Education	418	111	120	32	12	14	15	7	87
140	Anthropology	166	71	69	11	8	11	6	6	46
150	Economics	197	68	64	21	11	4	6	0	41
160	Political Science	121	45	31	9	5	6	7	2	22
170	Sociology, Psychology	253	75	84	14	11	14	6	0	43
180	Computer Sciences	62	15	15	6	1	3	2	1	11
990	Other	768	210	192	58	25	15	18	10	154
EXPERIENCE										
01	Administration & Management	1357	370	343	100	49	46	52	18	268
02	Statistics, Vital Data	341	88	87	25	17	11	15	3	64
*021	Health Information Systems	13	4	5	2	0	1	0	0	2
03	National Health Planning	801	237	228	60	33	35	24	10	175
04	Project Evaluation	1264	376	365	101	62	43	47	16	218
05	Operational Research	270	73	76	24	14	13	11	5	53
*051	Survey Research	40	14	14	3	3	2	4	0	6
06	Program Planning & Design	1194	341	324	89	51	40	36	14	227
07	Social, Community Analysis	140	36	34	13	6	6	6	2	19
08	Community Org. & Participation	629	165	174	32	19	26	26	7	142
09	Info., Communications Media	292	88	83	20	12	12	15	4	66
*091	Health Services Marketing	6	2	3	1	0	0	0	0	1
10	Manpower Training	872	252	227	67	31	35	34	12	198
*101	Manpower Development Planning	23	12	8	3	0	1	1	0	5
11	Clinical Services	458	141	107	40	11	10	8	8	99
12	Logistics Plng. & Mngmt.	61	16	10	4	0	2	1	1	11
*121	Equip., Transportation Mngmt.	3	2	1	2	0	1	0	0	0
13	Architecture	26	13	10	2	1	2	0	0	5
14	Cost Analysis	123	41	38	15	4	3	3	2	22
15	Rural Health Development	475	147	149	29	18	23	27	10	154
*151	Urban Health Development	15	9	7	1	1	1	0	0	2
16	Women & Health	160	58	49	10	9	9	7	3	36
99	Other	344	104	86	24	11	11	14	3	77

* Represent Areas of Fields and Experiences Added to the Modified Form.

CODE LANGUAGE

L1 ENGLISH L2 FRENCH L3 SPANISH L4 GERMAN L5 PORTUGUESE

L6 ARABIC L7 HINDI L8 THAI L9 OTHER

Appendix C

Growth in Representation in Consultant Registry of Minorities and Women

	Number of Registrants as of 10/1/79			Number of New Registrants as of 3/31/82		
	Female	Male	Total	Female	Male	Total
American Indian	4	2	6	0	4	4
Asian or Pacific Islander	11	42	53	34	84	118
Black/not Hispanic	44	76	120	65	120	185
Hispanic	16	54	70	29	62	91
White/not Hispanic	285	697	982	411	666	1077
Not Identified	23	40	63	1	6	7
Total:	383	911	1294	540	942	1482

Total registrants 10/1/79	1294
New registrants 3/31/82	1482
Total in registry	2776

Since inception of the ADSS contract (10/1/79), the percentage of registrants that are female has increased from 30% to 37%; the percentage of registrants that are minorities has risen from 20% to 27%.

Appendix D

Agenda of Lome Continuing Education Program

CONTINUING EDUCATION PROGRAM
PRIMARY HEALTH CARE/AFRICA
November 15 - 20, 1981
Lome, Togo

Agenda

Sunday, November 15, 1981

7:00 PM — Pre-Program Activities

- Registration
- Orientation

8:00 PM — Informal Reception

Monday, November 16, 1981

9:00 AM — Opening Session - Hotel du 2 Fevrier
Keran Room

Presiding: Dr. James D. Shepperd
Chief of Health and Nutrition
Africa Bureau
Agency for International Development
Washington, D.C., U.S.A.

Welcome and Introductory Remarks from Government and Agency Representatives:

- Mr. John Lundgren
  Representative
  USAID/Togo

- Dr. Hamed El Neil
  Director
  World Health Organization Training Center/Yaba
  Lagos, Nigeria

- Dr. Michael White
  Health Officer
  USAID/Senegal

- Dr. Susi Kessler
  Director
  International Health Programs
  American Public Health Association
  U.S.A.

- Mr. N'DJalawe B. Assonam
  Attache de Cabinet
  Ministry of Health
  Togo

10:30 AM **Session I:** <u>The Principles of Primary Health Care and Their Application in Africa</u>

Faculty: Dr. A. D'Almeida
World Health Organization Training Center
Lome, Togo

Dr. Hamed El Neil
World Health Organization Training Center/Yaba
Lagos, Nigeria

Assisted: Dr. David French
Director
Strengthening Health Delivery Systems Project (SHDS)
Abidjan, Ivory Coast

Dr. Sif Ericsson
Strengthening Health Delivery Systems Project (SHDS)
Abidjan, Ivory Coast

1:00 PM **LUNCH**

2:30 PM **Session II:** <u>The Rationale and Application of Primary Health Care (PHC) Strategies in High Risk Groups</u>

Faculty: Dr. David Sanders
Lecturer in Paediatrics & Child Health
University of Zimbabwe
Salisbury, Zimbabwe

Dr. Cecile de Sweemer
Associate Professor
Department of International Health
Johns Hopkins University
Baltimore, MD, U.S.A.

6:00-8:00 PM **Complementary Session I**

Agency for International Development Programs

1. Primary Health Care - Operations Research

- Mrs. Anne Tinker
  Acting Chief
  Health Services Division
  S&T/Health
  AID/Washington
  U.S.A.

- Dr. Stanley Scheyer
  Senior Scientist
  Center for Human Services
  Washington, D.C.
  U.S.A.

2. Combatting Childhood Communicable Diseases (CCCD)
   Concentrated Development in Africa (CDA)

   - Dr. James D. Shepperd
     AID/Washington
     U.S.A.

   - Mr. Andrew Agle
     Center for Disease Control
     Atlanta, GA, U.S.A.

3. Nutrition Programs

   Dr. John McKigney
   Nutrition Advisor
   Office of Nutrition
   AID/Washington
   U.S.A.

4. Population Programs

   Mr. William Bair
   REDSO/WA
   USAID/Ivory Coast

Tuesday, November 17, 1981

9:00 AM — **Session III:** The Planning of Logistics, Including Pharmaceuticals, and Support for PHC

Faculty: Mlle Ana Coulibaly
Office National des Produits
Pharmaceutiques et Chimiques
Niamey, Niger

Dr. Reginald Gipson
Project Director
Charles R. Drew Postgraduate
Medical School
Nairobi, Kenya

Dr. Rosalyn King
Public Health Pharmacist
Charles R. Drew Postgraduate
Medical School
U.S.A.

4:30 PM

Session IV: The Role and Management of Community Participation (CP) in PHC

- Definitions
- Training
- Management, Planning, Implementation and Maintenance of Participation

Faculty: Dr. James D. Shepperd
AID/Washington
U.S.A.

Mr. Ben Lamine
Health Educator
World Health Organization Training Center for Health Services Personnel
Lome, Togo

Harban S. Takulia
Professor
Muhimbili Medical Center
Dar es Salaam, Tanzania

5:30 PM

Groups (4) - problem solving

6:15 PM

Coffee Break

6:30 PM

Discussion of solutions to problems

Panelist: Professor Harban S. Takulia
Professor
Tanzania

Dr. Joseph D. Otoo
SMO in Charge
Health Manpower Development
Ministry of Health
Accra, Ghana

Dr. Raymond Isely
Associate Director
Water and Sanitation for Health Project (WASH)
Arlington, VA
U.S.A.

Mr. Ben Lamine
WHO Training Center/Togo
Lome, Togo

Dr. James D. Shepperd
AID/Washington
U.S.A.

Mrs. Martha K. Belleh
Minister of Health
Monrovia, Liberia

Wednesday, November 18, 1981

9:00 AM Session V: Planning Water Supply and Sanitation (WS&S) Programs in Africa

- Types of Water Supply and Sanitation Projects and Their Contribution to PHC Programs
- The Role of The Health Officer in WS&S Projects
- Steps in Designing WS&S Projects
- Methods for Insuring Efficiency and Effectiveness of Projects
- Adaptation of Conceptual Approach to Local Resource Constraints
- Discussion
- Evaluation

Faculty: Dr. Raymond Isely
Associate Director
Water and Sanitation for Health Project (WASH)
Arlington, VA
U.S.A.

Dr. Craig R. Hafner
Senior Project Officer
Water and Sanitation for Health Project (WASH)
Arlington, VA
U.S.A.

Dr. Daniel A. Okun
Kenan Professor of Environmental Engineering
University of North Carolina for WASH Project
U.S.A.

Dr. David M. Sanders
University of Zimbabwe
Salisbury, Zimbabwe

Mr. F. Eugene McJunkin
Chief
Water Supply and Sanitation
Division
S&T/Health
AID/Washington
U.S.A.

1:00 PM LUNCH

2:30 PM Session VI: Implementing Water Supply and Sanitation Program in Africa

- Types of Water Supply and Sanitation Projects and Their Contribution to PHC Programs
- The Role of The Health Officer in WS&S Projects
- Steps in Designing and Implementing WS&S Projects
- Methods for Insuring Efficiency and Effectiveness of Projects
- Adaptation of Conceptual Approach to Local Resource Constraints
- Discussion
- Evaluation

Faculty: Dr. Raymond Isely
Associate Director
WASH Project
U.S.A.

Dr. Craig R. Hafner
Senior Project Officer
WASH Project
U.S.A.

Dr. Daniel A. Okun
University of North Carolina
U.S.A.

Mr. F. Eugene McJunkin
AID/Washington
U.S.A.

6:00-8:00 PM Complementary Session II

1. Review of Tropical Diseases

Dr. Peter Knebel
Public Health Advisor
USAID/Mali

2. Current U.S. Emphasis on Development - Impact on Health Programming

Mrs. Abby L. Bloom
Health Policy Analyst
PPC/PDPR/HR
AID/Washington
U.S.A.

Dr. James D. Shepperd
AID/Washington
U.S.A.

ıursday, November 19, 1981

9:00 AM — Session VII: Evaluating Water Supply and Sanitation Programs in Africa

- Types of Water Supply and Sanitation Projects and Their Contribution to PHC Programs
- The Role of The Health Officer in WS&S Projects
- Steps in Designing and Evaluating WS&S Projects
- Methods for Insuring Efficiency and Effectiveness of Projects
- Adaptation of Conceptual Approach to Local Resource Constraints
- Discussion
- Evaluation

Faculty: Dr. Raymond Isely
Associate Director
WASH Project
U.S.A.

Dr. Craig R. Hafner
Senior Project Officer
WASH Project
U.S.A.

Dr. Daniel A. Okun
University of North Carolina
U.S.A.

Mr. F. Eugene McJunkin
AID/Washington
U.S.A.

1:00 PM — **LUNCH**

2:30 PM	Session VIII: <u>The Delivery Methods of Oral Rehydration</u>

- Pathophsiology of Dehydration from Diarrhea; Appropriate Prevention and Treatment

  Dr. R. Bradley Sack
  Chief
  Division of Geographic Medicine
  Johns Hopkins University School of Medicine
  Baltimore, MD
  U.S.A.

3:30 PM	Coffee Break

3:45 PM	

- Planning and Delivery of Oral Rehydration Therapy in Primary Health Care

  Dr. R. Bradley Sack
  Johns Hopkins University
  U.S.A.

  Mrs. Anne Tinker
  AID/Washington
  U.S.A.

4:15 PM	Group Sessions (3)
5:00 PM	Group Reports

Group I:	Dr. Bernard Diop Ministry of Health Dakar, Senegal
Group II:	Dr. Joseph D. Otoo Ministry of Health Accra, Ghana
Group III:	Mr. Sofo Bawa Mamane Administrator Ministry of Health Niamey, Niger

5:30-6:00 PM	Discussion - Plenary
6:30-8:00 PM	In Meeting Room I

Dr. Sack and Dr. Peter Knebel were available for in-depth discussions

Friday, November 20, 1981

8:00 AM

Session IX: Planning of Education Objectives and Training Methodology for PHC

Faculty: Dr. Hamed El Neil
WHO/Yaba
Nigeria

Dr. A. D'Almeida
WHO/Togo
Togo

Dr. David French
SHDS Project
Ivory Coast

Mr. Saul Helfenbein
SHDS Project
Ivory Coast

Dr. Sif Ericsson
SHDS Project
Ivory Coast

11:00 AM

Closing Session

Session X: Program Evaluation and Feedback

Faculty: Dr. James D. Shepperd
AID/Washington
U.S.A.

Dr. Cecile de Sweemer
Johns Hopkins University
U.S.A.

Appendix E

Summary of Evaluation of Togo Conference

Summary of Evaluation -- C.E. Program
on Primary Health Care in Africa
for AID Health Officers
Lome, Togo
November 15-20, 1981

Participation:	a.	AID Missions/Africa	24
	b.	African Counterparts	25
	c.	AID Contractors	16
	d.	C.M.E. Faculty	10
	e.	AID/Washington	6
	f.	Peace Corps/Togo	6
	g.	WHO	6
	h.	Foreign Service	3
	i.	APHA Staff	2
			98

CME topics included:

The principles of primary health care (PHC) and their application in Africa; The rationale and application of PHC strategies in high risk groups; The planning of logistics, including pharmaceuticals, and support for PHC; The Role and management of community participation in PHC; Planning water supply and sanitation (WS&S) programs in Africa; Implementing WS&S programs in Africa; Evaluating WS&S programs in Africa; The delivery methods of oral rehydration; Planning of educational objectives and training methodology for PHC.

Complementary Sessions included:

PHC operations research; Combatting childhood communicable diseases (CCCD); Concentrated development in Africa; AID nutrition and population programs; Review of tropical diseases; Current U.S. emphasis on development - impact on health programming.

Summary of Evaluation by Participants (44 respondents)

AID	15
National Governments	15
Contractors	7
Other	7
	44

Questions and Responses

1. Are you required to obtain C.E. credits for licensure?

Yes 22 No 22

2. The need for C.E. on the subjects covered by this program was:

	Minimal 1	2	Average 3	4	Considerable 5	No Response
Responses	1	1	10	14	12	6

3. This C.E. program fulfilled its learning objectives:

	Minimal 1	2	Average 3	4	Considerable 5	No Response
Responses	0	7	26	9	1	1

4. Did you acquire new information, viewpoints or attitudes?

	No new inf. viewpoints of attitudes acquired 1	2	3	Much new inf. viewpoints or attitudes acquired 4	5	No Response
Responses	0	7	22	14	1	0

	Excellent	Very Good	Good	Fair	Poor	No Response
5. Overall effectiveness of the faculty - Responses	5	11	15	3	1	9
6. Overall course quality - Responses	1	9	20	5	3	6
7. Overall relevance to practice - Responses	4	9	15	9	1	6
Totals	10	29	50	17	5	21

8. Would you recommend this course to a colleague?

Yes 32 No 5 No response 5 Other 2

9. What specific things did you like most about this C.E. program?

	No. of Response
a. Presentation on oral rehydration	14
b. Presentations on water supply and sanitation	13
c. Exchange of experiences and ideas with colleagues	8
d. Information on experiences in other countries	5
e. Participation of African counterparts	4
f. Interchange between AID/W, AID/Afr., counterparts, and faculty	3

10. Which one thing about this C.E. program would you change?

a. Provide opportunity for problem solving sessions	8
b. More time for informal exchange	7
c. Provide all materials in French	6
d. Less crowded program	5

11. Which information and/or technology will be of most value to you on the job when you return home?

a. The information on oral rehydration	13
b. Planning, implementing and evaluating water supply and sanitation programs in Africa	9
c. Documents provided	5
d. Resources available to AID/W managers for health, nutrition and population programs	3
e. Information on primary health care workers	2
f. Importance of community participation	2

Department of State

INCOMING TELEGRAM

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ACTION AID-35

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AMEMBASSY BUJUMBURA
AMEMBASSY CONAKRY
AMEMBASSY COTONOU
AMEMBASSY DAR ES SALAAM
AMEMBASSY DJIBOUTI
AMEMBASSY FREETOWN
AMEMBASSY GABORONE
AMEMBASSY KAMPALA
AMEMBASSY KHARTOUM
AMEMBASSY KIGALI
AMEMBASSY KINSHASA
AMEMBASSY LAGOS
AMEMBASSY LILONGWE
AMEMBASSY LUSAKA
AMEMBASSY MASERU
AMEMBASSY MBABANE
AMEMBASSY MOGADISHU
AMEMBASSY MONROVIA
AMEMBASSY NAIROBI
AMEMBASSY NIAMEY
AMEMBASSY NOUAKCHOTT
AMEMBASSY OUAGADOUGOU
AMEMBASSY PRAIA
AMEMBASSY SALISBURY
AMEMBASSY YAOUNDE

ENCLAS SECTION 01 OF 02 DAKAR 09929

AIDAC
SECSTATE FOR AFR/DP, ST/HEALTH POPULATION AND NUTRITION
AND PPC

E.O. 12065: N/A
SUBJECT: CONTINUING EDUCATION PROGRAM ON PRIMARY
HEALTH CARE/AFRICA - LOME, TOGO 15-22 NOVEMBER 1981

REF: LOME 5716

1. USAID SENEGAL WOULD LIKE TO HEARTILY CONGRATULATE
THE ORGANIZERS OF THE SUBJECT CONFERENCE PARTICULARLY
AFR/DP/HEALTH, ST/HEALTH, AND THE AMERICAN PUBLIC
HEALTH ASSOCIATION FOR MAKING MADE A SIGNIFICANT
IMPACT [illegible] HEALTH CARE [illegible] APPLICABLE IN
SENEGAL AND, SUPPOSEDLY, ELSEWHERE IN AFRICA.

2. [illegible] THE THREE SENEGALESE
[illegible], THE HEALTH OFFICER AS CONFIRMED
[illegible]

[illegible]

DISCUSSION ABOUT HOW TO SCIENTIFICALLY TARGET PHC
INTERVENTIONS AND AT THE SAME TIME ASSURE COMMUNITY
PARTICIPATION IN PHC PROGRAMS.

B) ;ALL THREE WERE PARTICULARLY INTERESTED AND
INFLUENCED BY THE DISCUSSION OF ISSUES RELATED TO
ORAL REHYDRATION. THE TWO PHYSICIANS INVOLVED
DIRECTLY WITH PHC PROGRAMS HAD PREVIOUSLY ADVOCATED
THE USE OF SULFONAMIDES FOR THE TREATMENT OF DIARRHEA
IN CHILDREN, BUT NOW ARE ABSOLUTELY CONVINCED THAT
THIS IS A WASTEFUL, USELESS PRACTICE. THIS CHANGE
IN ATTITUDES ALONE JUSTIFIES THE SENEGALESE DELEGATION'S
PARTICIPATION IN THE CONFERENCE.

DIRECTLY AS A RESULT OF HIS DISCUSSIONS WITH
DR. BRADLY SACK, WHO IS A MEMBER OF THE APPROPRIATE
WHO RESEARCH COMMITTEE, THE DIRECTOR OF THE DIARRHEAL
DISEASE CONTROL PROGRAM WILL ATTEMPT TO MOUNT A
RESEARCH PROGRAM AT THE UNIVERSITY OF DAKAR WHICH
MAY WELL HAVE IMPORTANT RAMIFICATIONS FOR ALL OF
FRANCOPHONE WEST AFRICA.

3. THE USAID/SENEGAL HEALTH OFFICER PERSONALLY FOUND
HIS DISCUSSIONS WITH EXPERTS SUCH AS DRS. BRADLY SACK
AND DANIEL SHUM, AND MR. EUGENE MOJUNKIN AND THE
STAFF OF THE USAID/USAID SUPPORTED PHC TRAINING CENTER
IN LOME OF GREAT PRACTICAL VALUE. HE BELIEVES HE IS
TECHNICALLY BETTER EQUIPPED TO DO HIS JOB BECAUSE OF
THIS OPPORTUNITY.

4. THE USAID/SENEGAL HEALTH OFFICER'S CRITICISMS ARE
AS FOLLOWS:

A) THE PROGRAM ATTEMPTED TO COVER A BREADTH OF
ISSUES RELATED TO INTEGRATING WATER AND SANITATION
ISSUES INTO PHC PROGRAMS RATHER THAN ATTEMPTING

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AMEMBASSY BUJUMBURA
AMEMBASSY CONAKRY
AMEMBASSY COTONOU
AMEMBASSY DAR ES SALAAM
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AMEMBASSY NAIROBI
AMEMBASSY NIAMEY
AMEMBASSY NOUAKCHOTT
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AMEMBASSY PRAIA
AMEMBASSY SALISBURY
AMEMBASSY YAOUNDE

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TO COVER A SINGLE ASPECT OF THE SUBJECT IN DEPTH.

B) ALTHOUGH MOST OF THE SESSIONS WERE INTERESTING, THE PROGRAM WAS TOO TIGHTLY STRUCTURED.

C) MANY AFRICANS DO NOT LIKE TO STAY IN LUXURY HOTELS SUCH AS THE 2 FEVRIER, NOR NO ONE LIKES TO HAVE TO TAKE ALL HIS OR HER MEALS IN THE SAME PLACE.

5. BASED ON THE ABOVE OBSERVATIONS, USAID/SENEGAL WOULD PROPOSE THE FOLLOWING FORMAT FOR THE NEXT CONTINUING EDUCATION CONFERENCE:

A) DEVOTE 1 1/2 DAYS TO A STATE OF THE ART REVIEW OF THE TECHNICAL INFORMATION RELATIVE TO A SINGLE SUBJECT.

B) DEVOTE 1 DAY TO A DISCUSSION OF PROGRAMMATIC STRATEGIES RELATING TO THE SUBJECT. THIS DISCUSSION [illegible]

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C) LEAVE ONE DAY FREE FOR A FIELD TRIP OR OTHER OPTIONAL CONFERENCE RELATED ACTIVITIA.

D) DEVOTE 1/2 DAY TO AN EVALUATION OF THE CONFERENCE AND THE PREPARATION OF RESOLUTIONS STEMMING FROM THE CONFERENCE AND THE DISCUSSION OF AN AGENDA FOR THE NEXT CONFERENCE.

E) DEVOTE THE LAST DAY OF THE CONFERENCE TO A DISCUSSION OF INTERNAL AID ISSUES.

7. FOR THE SAKE OF BEGINNING DISCUSSION RELATIVE TO THE NEXT CONFERENCE, AND CONSIDERING THE ABSOLUTE NECESSITY TO INTEGRATE HEALTH AND AGRICULTURAL STRATEGIES IN MOST AFRICAN COUNTRIES, USAID/SENEGAL WOULD SUGGEST ONE OF THE FOLLOWING TWO SUBJECTS FOR THE NEXT CONTINUING EDUCATION CONFERENCE:

A) MACRO (NATIONAL) AND MICRO (VILL[illegible]) LEVEL SURVEILLANCE OF NUTRITIONAL STATUS AND MONITORING OF FOOD DISTRIBUTION AND/OR CONSUMPTION.

B) SURVEILLANCE AND CONTROL OF VECTOR BORNE DISEASES IN IRRIGATED AGRICULTURAL PROJECTS. THIS DISCUSSION SHOULD BE LIMITED TO TWO OR THREE DISEASES AT MOST.

8. USAID/SENEGAL WOULD LIKE TO REEMPHASIZE THE IMPORTANCE IT ATTACHES TO ITS TECHNICIANS BEING TRULY UP TO DATE AND EXPERT IN THEIR FIELDS AND ENCOURAGES AID/W TO CONTINUE THE COMMITMENT TO THEIR CONTINUING EDUCATION THAT THIS CONFERENCE REPRESENTED. BRAY

	INFO	ACTION	
DIRECTOR			
		✓	

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INFO AMEMBASSY MBABANE
AMEMBASSY MASERU

UNCLAS GABORONE 5335

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E.O. 12065: N/A
SUBJECT: CONTINUING EDUCATION PROGRAM ON PRIMARY HEALTH CARE/AFRICA - LOME, TOGO 15-20 NOVEMBER 1981.

REF: LOME 05716

1. DEBOSE, REGIONAL HEALTH DEVELOPMENT OFFICER (RHDO) PRESENTLY ON TDY GABORONE PARTICIPATED IN SUBJECT PROGRAM. HE BELIEVES THAT PROGRAM WAS VERY SUCCESSFUL IN UPDATING SKILLS OF PARTICIPANTS IN THE AREAS OF RURAL WATER AND ENVIRONMENTAL SANITATION AND ORAL REHYDRATION.

2. THE LARGE NUMBER OF PARTICIPANTS IN ATTENDANCE PROVIDED AN UNUSUAL OPPORTUNITY FOR AID STAFF, AFRICAN COUNTERPARTS AND CONTRACTORS TO EXCHANGE SPECIFIC FIELD EXPERIENCES IN PLANNING AND IMPLEMENTING PRIMARY HEALTH CARE PROGRAMS IN AFRICA. THE CONCLUSIONS REACHED FROM REVIEW OF THE HEALTH SITUATION IN AFRICA CAN BE SUMMARIZED AS: (A) HEALTH DEVELOPMENT MUST BE INCLUDED AS A PART OF OVERALL ECONOMIC AND SOCIAL DEVELOPMENT, (B) PRIMARY HEALTH CARE (PHC) IS THE APPROPRIATE STRATEGY FOR IMPLEMENTING HEALTH DEVELOPMENT, AND (C) PLANNING, DESIGNING AND IMPLEMENTING PHC PROGRAMS AER TASKS MORE DIFFICULT TO SUCCESSFULLY ACCOMPLISH THAN MOST HEALTH EXPERTS REALIZED A FEW YEARS AGO.

3. DEBOSE WOULD LIKE TO CONGRATULATE THE AFRICA BUREAU, THE OFFICE OF HEALTH S AND T, TRAINING OFFICE, AND AMERICAN PUBLIC HEALTH ASSOCIATION FOR EXECUTING A WELL BALANCED AND STIMULATING CONTINUING EDUCATION PROGRAM.
DAWSON

	INFO	ACTION	INITIAL DATE
DIRECTOR			
PROGRAM			
CHIEF T.A			12/12/81
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CHIEF		✓	
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MATRIX			

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Appendix F

Summary of Requests by Togo Conference Participants for Information and Continuing Education

CONTINUING EDUCATION PROGRAM
Primary Health Care/Africa
November 15 - 20, 1981
Lome, Togo

REQUEST FOR INFORMATION AND CONTINUING EDUCATION

There is a clear need for continuing education of Health Workers in Africa. There are many ways to organize these programs for interested groups. Please identify topics about which you would like to have training activities.

1. Pathophysiology of various health problems:

Diarrhea	/12/
Respiratory Diseases	/10/
Malaria	/15/
Other Tropical Diseases	/8/

2. Treatment of clinical problems in tropical diseases

Please List:

Infant diarrhea - rehydration using locally available materials.

3. Clinical Signs and Symptoms of:

Malaria	/7/
Xerophthalmia	/5/
Schistosamiasis	/12/
Onchocerciasis	/11/
Asthma	/1/
Hypertension	/1/
Kidney Disease	/5/

Others:

1. Malnutrition and improvement of malnourished children
2. Variety of skin diseases
3. Guinea worm, immunizable disease (i.e., measles)
4. Skin diseases, Tetanus, and Tuberculosis

4. Health Delivery Systems:

 10 Primary Health Care

 6 Health Cooperatives

 16 Drug Purchasing at the Village Level Schemes

 9 Economic incentives and initiatives like Family Planning.

5. Health Manpower Requirements

Planning Manpower Requirements for:

 11 Ministries of Health

 15 Primary Health Care

 13 Health Centers,Dispensaries, Mobile Teams

6. Management of the cold chain in Immunization Programs 14

7. Selection of Technologies for Primary Health Care Programs:

 12 Water

 11 EPI

 16 MCH and Family Planning

8. Management for Problem-Solving 15

9. Communication with people from other countries and cultures 10

* *

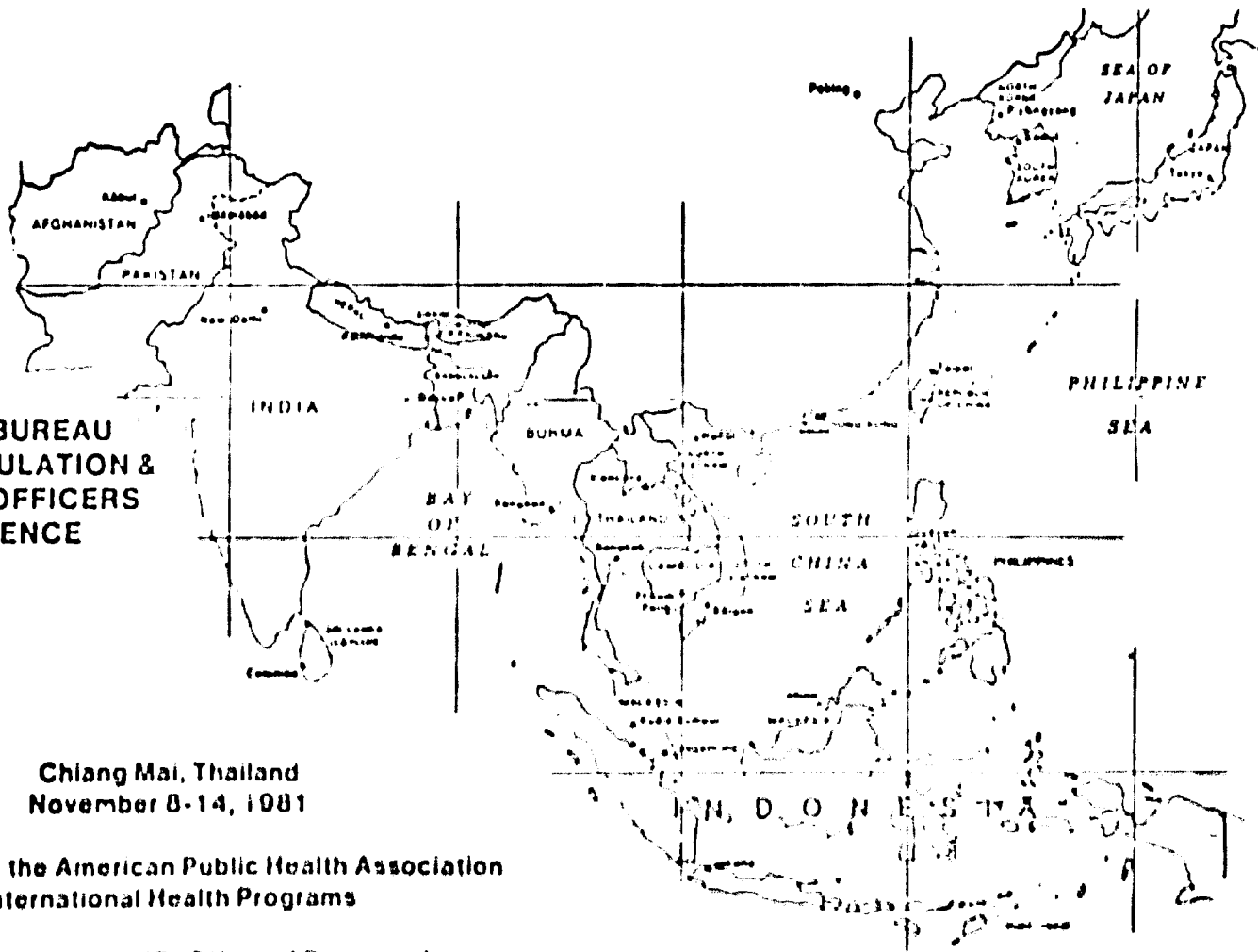
Additional topics offered by the participants:

1. Traditional versus modern treatments.
2. Integration of traditional health systems with modern techniques.
3. Demography: population patterns and their significance related to poor or improved health.
4. Nutrition interventions: identification of high risk populations. Avoid non-specific Health Education sessions.
5. Describe a few case studies - both badly and well managed programs.
6. Short course on basic epidemiological techniques, statistics and field research.
7. Copies of bibliographic materials, especially State-of the-Art in Primary Health Care and tropical medicine.

Appendix G

Agenda for AID/Asia Bureau Health, Population, and Nutrition Officers Conference

AID/ASIA BUREAU HEALTH, POPULATION & NUTRITION OFFICERS CONFERENCE



Chiang Mai, Thailand
November 8-14, 1981

Organized by the American Public Health Association
International Health Programs

Co-sponsored by AID/Office of Personnel,
Training & Development Division

AID/ASIA BUREAU
HEALTH, POPULATION &
NUTRITION OFFICERS
CONFERENCE

Chiang Mai, Thailand
November 8-14, 1981

Organized by the American Public Health Association
International Health Programs

Co-sponsored by AID/Office of Personnel,
Training & Development Division

AGENDA

		Sunday, November 8, 1981
I.	7:00 PM	INFORMAL RECEPTION, Hospitality Suite
		Monday, November 9, 1981
II.1.	8:15 AM	WELCOME AND INTRODUCTORY REMARKS a) Conference Goals & Plans, George Curlin, AID/Asia b) Conference Logistics, Barry Karlin, APHA
II.2	8:50 AM	Current AID Directions for HPN Programs Keynote Speaker: Tom Arndt, AID/Asia
II.3.a.	9:45 AM	Development of the Asia Bureau's Health, Population & Nutrition Strategies Speaker: Steve Sindine, Philippines
	10:15 AM	Coffee Break
II.3.b	10:30 AM	Suitability of Current Health Strategy & Programs: **Panelist** Moderator: George Curlin David Calder, Indonesia Jack LeSar, AID/India Steve Sinding, Philippines Gerald van der Vlugt, Nepal Abby Bloom Discussion

Monday, November 9, 1981 (Cont'd)

	Noon	Lunch
II.4.a.	1:30 PM	Identification of Selected Administrative Issues
	2:15 PM	(1) Speaker & Moderator: Tom Arndt, AID/W (2) Small Group Discussion

Group	Facilitator	Recorder
I.	Steve Thomas, Burma	Dave Oot, Thailand
II.	Joan La Rosa, Bangladesh	Tom Arndt
III.	Charles Johnson, Indonesia	Bob Chamberlain, Sri Lanka
IV.	Dave Calder, Indonesia	Jack LeSar, India

	3:30 PM	Break
II.4.b.	3.50 PM	Basic Issues in Technical Cooperation in Health, Population and Nutrition Moderator: Tom Arndt, AID/Asia
II.5.	6:00-8:00 PM	**Reception** by the U.S. Consulate, Chiang Mai Host: Paul J. Bennett, Consul General

Tuesday, November 10, 1981

		Moderator: Howard Keller, WASH Project
III.1.	8:30 AM	A Review of AID/W and AID/Asia Bureau Water Supply & Sanitation (WS&S) Strategies Speaker: F. Gene McJunkin, AID/S&T/Health Discussion
III.2.a.	9:10 AM	Recent Developments in W.S.& S. Technology and Resources Speaker: Ray Isely Discussion

Tuesday, November 10, 1981 (Cont'd)

III.3. 9:50 AM

Small Group Discussions:
Coordinator: Abby Bloom, PPC

Question: Should W.S.& S. Programs be An Integral Part of Asia Bureau HPN Funding:

Table	Discus. Leader	Recorder
A	Joan La Rosa, Bangladesh	Gary Cook, Philippines
B	Charlotte Cromer, Philippines	Jake van der Vlugt, Nepal
C	Howard Keller, AID/W	Carol Carpenter-Yaman, Bangladesh
D	Abby Bloom, PPC	Nick Studzinski, Indonesia
E	Sigrid Anderson, Nepal	Steve Thomas, Burma

(No coffee break; coffee will be served in discussion areas.)

11:00 AM Brief Break

III.4. 11:10 - Noon Current Views on the Asia Bureau's W.S.& S. Strategy

Highlights from Small Group Discussions
Presider: Ray Isely, WASH Project

Noon Lunch

POPULATION ISSUES AND ACTIVITIES

Moderator: Rep. of Office of Pop.

III.5. 1:30 PM A Review of AID/Asia Population Concerns

Speaker: Mike Jordan, AID/Asia
Discussion

III.6. 2:15 PM Voluntary Sterilization Policies & Programs

Speaker: Dallas Voran, AID/Pop.

III.7. 3:00 PM Central Resources for Population Programming

Speaker: William H. Johnson, AID/Pop.

III.8. 4:00-5:00 PM Host Country Financing of Contraceptives

Speaker: Ed Miniak, AID/Asia

7:00 PM Optional Caucus/Dinner Meetings

Wednesday, November 11, 1981

Moderator: Steve Sinding, Philippines

IV.1.	8:30 AM	Current Issues in Nutrition Programming Speaker: Hal Rice, AID/Asia, Speaker **Reaction Panel** Charles Johnson, Indonesia Maura Mack, Philippines Ed McKeithen, Thailand Mary Ann Anderson, India
IV.2.	9:30 AM	Food and Nutrition Economics and Policies Speaker: Nick Luykx, AID/Nutrition
	10:30 AM	Break
		SELECTED HPN ISSUES
IV.3.	10:50 AM	A. Integration Planning Speaker: John Dumm, Philippines Discussion
	Noon	Lunch
IV.4.	1:30 PM	B. Planning for Community and PVO Participation Speakers: Dave Piet, Indonesia; Ray Isely, WASH Project Discussion
	2:45 PM	Break
IV.5.	3:00-5:00 PM	C. Malaria Control: The State of the Program and Future Directions Speaker: Larry Cowper, Sri Lanka Discussion
IV.6.	3:00-5:00 PM	D. Population Forum, Moderator: Charles Johnson, Indonesia

Thursday, November 12, 1981

V.1.	8:30 AM	Enhanced Program Management through Evaluation **Faculty** a) Jack Reynolds, U.R.C. b) John Cool, U. Hawaii, East-West Center c) Bill Goldman, Philippines d) Carl M. Stevens, Reed College, Oregon
	Noon	Lunch

Thursday, November 12, 1981 (Cont'd)

V.2	1:30 PM	Local & National Financing of HPN Costs (CME) **Faculty** a) Carl M. Stevens, Chairperson, Reed College, Oregon b) Steven Sinding, Philippines
V.3.	3:50-5:00 PM	A Wrap-Up: Asia Bureau Policies and Programs John Cool, U. Hawaii, East-West Center, Fellow/Ford Found. George Curlin, AID/W

Friday, November 13, 1981

VI.1.	8:30 AM	Current Developments in Contraception and Sterilization (CME) **Faculty** a) Mr. Dallas Voran, Chairperson b) Dr. Kamheang Chaturachinda c) Dr. Kosin Amatayakol, Chiang Mai Univ.
	8:00 - Noon	(Optional Field Trips (no CME credits) a) Lampang Primary Health Care Programs
	Noon	Lunch
VI.2.	1:30-5:00 PM	The Control of TB, Malaria, Leprosy and Other Asian Communicable Diseases & EPI **Faculty** a) Dr. David Scollard, U. Illinois, Chairperson b) Dr. Larry Cowper, AID/Sri Lanka c) Dr. Al Buck, AID/Health d) Dr. Stan Foster, CDC, Atlanta, GA

Saturday, November 14, 1981

VII.	8:30-5:00 PM	CME Seminar: "The Relationships between Malnutrition, Diarrhea, Infections and Infestations: Holistic Analyses and Planning." **Faculty** a) Dr. Richard A. Cash, Harvard U., Chairperson b) Dr. Charles Carpenter, Case Western University c) Dr. Al Buck, AID/Health d) Dr. George Curlin, AID/W e) Dr. Gretchen Berggren, Harvard U. f) Dr. Jack LeSar, AID/India g) Dr. Stan Foster, CDC, Atlanta, GA

Appendix H

Questionnaire Used in *Salubritas* Readers' Survey

AMERICAN PUBLIC HEALTH ASSOCIATION
1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

October, 1981

Dear SALUBRITAS Reader,

For some time now you have been a subscriber to SALUBRITAS and we sincerely hope you have found the information in the newsletter timely and helpful in your work.

Now we need *your* help. On the other side of this letter is a questionnaire concerning the contents of SALUBRITAS. Your answers to these questions are very important; they will help guide us in writing future issues.

So please take a few moments to fill out the questionnaire and mail it back to us as soon as possible.

With the hope of hearing from you soon and with best wishes for the work you are doing to improve the health of the people in your country, I am,

Sincerely yours,

Ina Lee Selden

Ina Lee Selden
Editor, SALUBRITAS
International Health Programs

READERS' SURVEY

PLEASE CHECK THE APPROPRIATE ANSWER

1. Has the information in SALUBRITAS been helpful in your work?

   ___ Yes, most of it
   ___ Yes, some of it
   ___ No
   If not, why _____

2. Is SALUBRITAS: Easy to read___ Hard to read___

3. Should the articles be: Same length___ Shorter___

4. Here are some topics covered in six recent articles. Which did you find helpful in your work?

   ___ Training for midwives in Afghanistan
   ___ Child-to-child programs for preventing & treating accidents
   ___ Convincing village leaders to become part of health care network in Liberia
   ___ The "Thinness Chart" for malnutrition testing
   ___ New approaches to venereal disease
   ___ New approaches to leprosy

5. Have you used any of the techniques reported in SALUBRITAS?

   ___ Yes ___ No

   If yes, which one(s)? _____

6. Which sections of SALUBRITAS do you find useful?

   ___ Articles
   ___ Readers' Exchange
   ___ Notes
   ___ "How To"
   ___ Conference announcements
   ___ Training program announcements
   ___ Selected readings

7. Do you order books or other materials mentioned in SALUBRITAS?

   ___ Often
   ___ Sometimes
   ___ Rarely
   ___ Never

8. After reading SALUBRITAS what do you do with it?

   ___ Give to colleague(s)
   ___ Send to library
   ___ File all of it
   ___ File some of it
   ___ Post on bulletin board/display area
   ___ Circulate among student(s)
   Other _____

9. Future issues should contain information on

   ___ Management
   ___ Financing
   ___ Nutrition
   ___ Immunization
   ___ Community Participation
   ___ Non-formal Education
   ___ Training
   ___ Breastfeeding
   ___ Family Planning
   ___ Teaching
   ___ Materials
   Other _____

Please use the space below to make additional comments or suggestions regarding SALUBRITAS.

_____

_____

_____

Thank you for your cooperation. Please return this form to:

SALUBRITAS
American Public Health Association
1015 15th Street
Washington, D.C. 20005

Appendix I

Contents of Information Packets

AID/APHA

HEALTH INFORMATION PACKET

No. 20: PREVENTION OF BLINDNESS

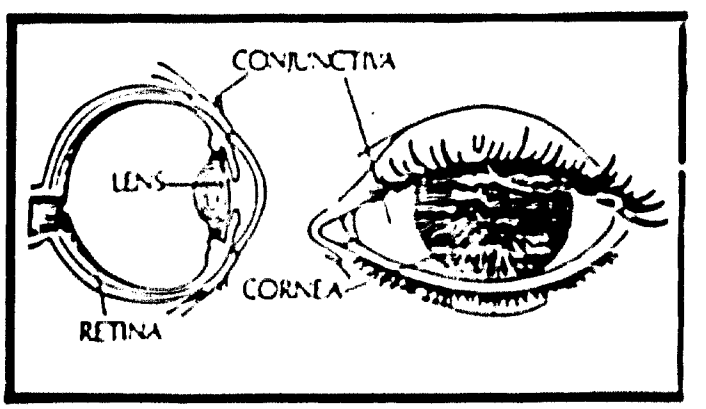
Resource Center
International Health Programs
American Public Health Association
1015 15th St., NW
Washington, DC 20005

MANUAL

International Eye Foundation. Primary Eye Care for Health Workers. 1980. 8 pp. illus.

This book on primary eye care, prepared for use in Kenya, is intended to help the health worker manage most eye problems. It details conditions treatable by the health worker and those which should be referred to a specialist. The book includes drawings and diagrams which show how to test for visual acuity, how to examine the eyes for trachoma and foreign matter, how to make an eye shield, and how to examine the eyes of a small child. A system for recording visual acuity is explained in detail. The book is available in English, Spanish, and French. Health workers in developing countries should inquire about special rates by writing to the International Eye Foundation, 7801 Norfolk Avenue, Bethesda, MD. 20014, U.S.A.

PRIMARY EYE CARE FOR HEALTH WORKERS



CONTENTS

- Definition of primary health care
- Blindness prevention activities of health workers
- Recognition and treatment of eye conditions
- Recording of visual acuity

MONOGRAPH

Helen Keller International. Blindness in the Developing World: a Background Paper. Prepared for the International Development Research Center. New York, 1980. 1 Vol. (various pagings) bibl., illus.

This paper examines research and treatment in the field of blindness in the Third World. It lists government and non-government agencies involved with blindness, and makes recommendations concerning future research. Appended to the paper are the Second Annual Report of the Scientific Working Group on Filariasis (1978) and the Report of the WHO Task Force on the Programme of Research on the Control of Vitamin A Deficiency and Xerophthalmia (1979).

CONTENTS

- Education for the blind
- Rehabilitation for the blind
- Blindness prevention
- Recommended research in the field of blindness
- Resource list of agencies

SCHEDULE

Helen Keller International. Xerophthalmia Treatment and Prevention Schedule. 1981.

This 9" x 12" poster outlines the schedule of treatment and prevention recommended by the World Health Organization for patients with xerophthalmia.

XEROPHTHALMIA
TREATMENT AND PREVENTION SCHEDULE

1. CHILDREN* WITH XEROPHTHALMIA OR GENERAL ILLNESS OR MALNUTRITION

IMMEDIATELY	— 200 000 IU vitamin A orally or 100 000 IU vitamin A intramuscularly
FOLLOWING DAY	— 200 000 IU vitamin A orally
1-2 WEEKS LATER	— 200 000 IU vitamin A orally

Note: Water miscible vitamin A must be used for the intramuscular injection

2. ALL CHILDREN*

EVERY 4-6 MONTHS — 200 000 IU vitamin A orally

3. MOTHERS AT BIRTH OF CHILD OR WITHIN ONE MONTH AFTER DELIVERY

200 000 IU vitamin A orally

*FOR CHILDREN LESS THAN 1 YEAR OF AGE REDUCE ALL DOSES BY ONE HALF

HKI

RECOMMENDED BY WORLD HEALTH ORGANIZATION
Revised 1980

UPDATE

Helen Keller International. 1981 Xerophthalmia Update. 1981. 8 pp.

This offprint reviews current developments concerning xerophthalmia and suggests ways of preventing the disease in areas where vitamin A deficiency is a problem. References are included.

HELEN KELLER INTERNATIONAL INCORPORATED

[illegible]

1981 XEROPHTHALMIA UPDATE

1. On the basis of research carried out in Indonesia[1] and anecdotal data from India and Bangladesh[2] where the situation is at least as critical, it is estimated that 123,000 children in Asia alone become blind each year from xerophthalmia. The previous WHO worldwide est mate was 100,000.

2. The xerophthalmia treatment and prevention schedule recommended in the 1976 WHO report[3] has been revised. The newly recommended dosages have been agreed upon at the 1980 WHO Jakarta meeting and are in accord with the IVACG guidelines on the Safe Use of Vitamin A[4].

A. TREATMENT SCHEDULE

Children with xerophthalmia or severe illness or malnutrition

Immediately on diagnosis	- 200 000 IU vitamin A orally or 100 000 IU water miscible vitamin A intramuscularly
Following day	- 200 000 IU vitamin A orally
Prior to discharge, or 1-2 weeks later	- 200 000 IU vitamin A orally

B. PREVENTION SCHEDULE

Infants[6] months of age. If the infant is not breast fed or if it is at risk because the mother did not receive vitamin A at delivery or during the four weeks thereafter, 100,000 IU vitamin A may be given at any one time during the first 6 months.

All other children[6] under 6 years of age.

200 000 IU vitamin A orally every 4-6 months

Pregnant women[7]: Large doses of vitamin A should not be given at any time during pregnancy. During the first trimester there is strong evidence that teratogenic effects may result.[8] In the second and third trimesters there is the possibility of excessive transfer of vitamin A to the fetus.[9]

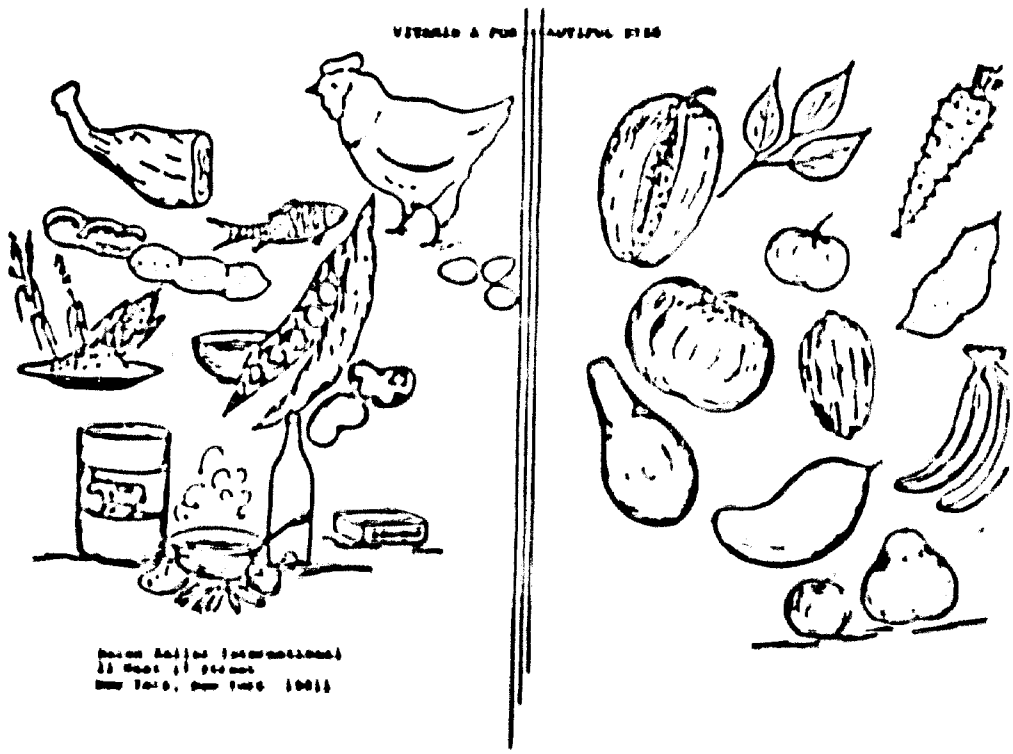
Women at and after birth of child. 200 000 IU vitamin A orally should be given to mothers immediately after the birth of their child or during the four weeks following delivery. A single dose has been shown to significantly raise the vitamin A concentration in breast milk for at least one month.[9]

[illegible]

FLIP CHART

Helen Keller International. Vitamin A for Beautiful Eyes. 1981. illus.

This flip chart, prepared in Haiti, gives the step-by-step story of the development of xerophthalmia in a young boy. It is intended to instruct mothers in the factors which contribute to nutritional blindness. The flip chart contains twenty-one 9" x 12" pictures bound in a spiral notebook. It is available in both English and Creole.



Vitamin A for Beautiful Eyes

ARTICLE

"Needless Tragedy." World Health, January 1981: 8-13.

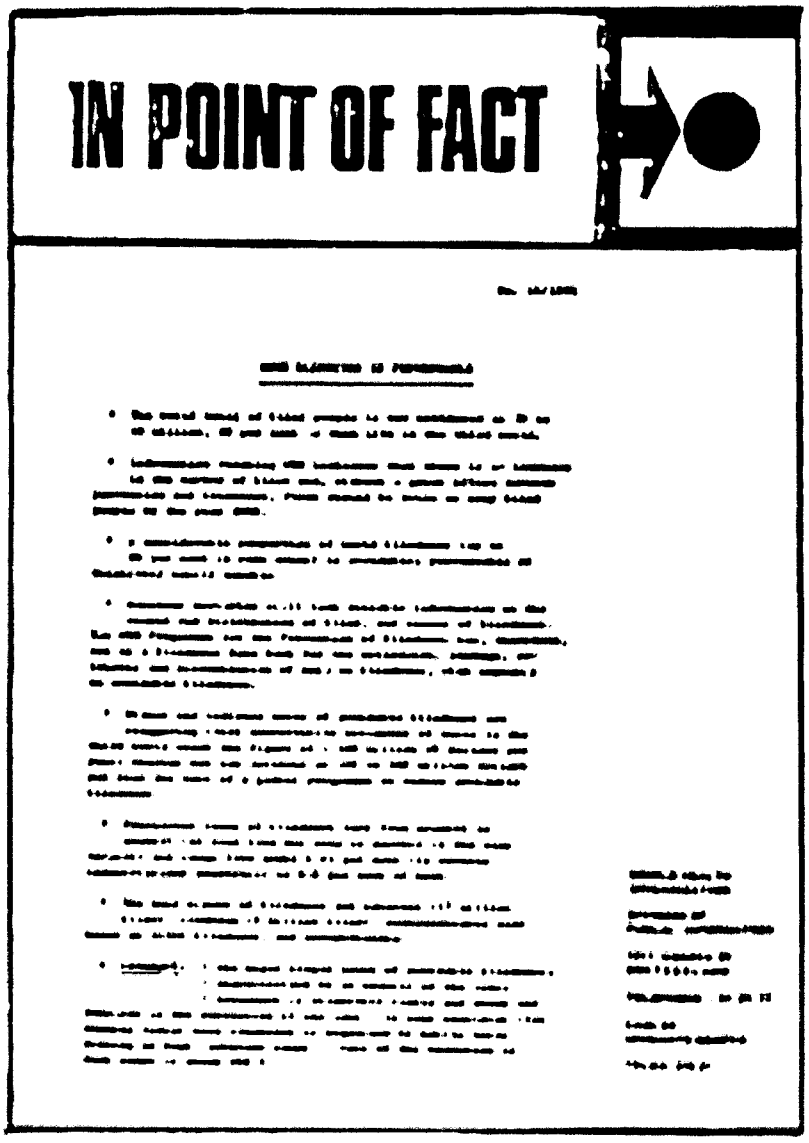
This article discusses the steps which are being taken to develop a global program of blindness control.

WORLD HEALTH
THE MAGAZINE OF THE WORLD HEALTH ORGANIZATION JANUARY 1981

PRESS RELEASE

"Much Blindness Is Preventable." In Point of Fact, no. 16, 1981: 1-2.

This press release briefly describes the four leading causes of blindness in the developing world: cataract, trachoma, onchocerciasis, and xerophthalmia. It presents information on prevalence of disease, national blindness rates, and countries with established blindness prevention programs.



MONOGRAPH AVAILABLE FROM W.H.O.

World Health Organization. Guidelines for Programmes for the Prevention of Blindness. Geneva, 1979. 47 pp. illus.

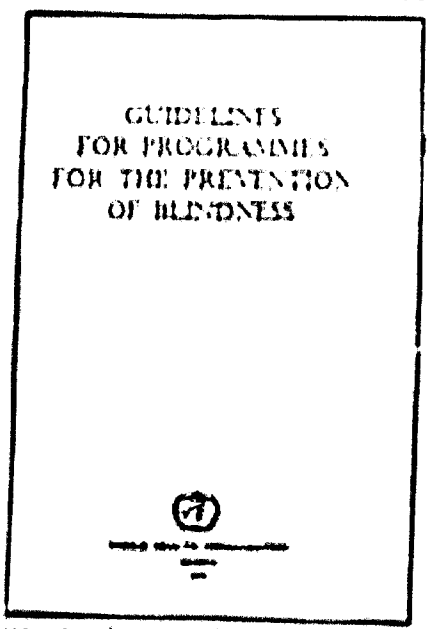
These guidelines constitute a basic reference work to be adapted and expanded as needed for the development of national and regional programs to prevent blindness. The guidelines have the following four components:

- Identification of communities with a high prevalence of avoidable blindness and determination of the causes of such blindness
- High priority treatment of the worst-affected communities
- Use of simple therapeutic and preventive measures to promote eye health
- Strengthening of ophthalmic services to provide adequate referral systems.

Definitions are given for the terms used, eye conditions are coded in accordance with the 1975 International Classification of Diseases, and references are included.

Available from: WHO, Distribution and Sales, 1211 Geneva 27, Switzerland.

Cost: US$ 6.00 (softbound)



Contents

- Goals and strategies
- National policies
- Initial assessment
- Methods of intervention
- Organization of national programs
- Program evaluation

AID/APHA

HEALTH INFORMATION PACKET

No. 20: PREVENTION OF BLINDNESS

RESPONSE CHECKLIST

Publications discussed in the Health Information Packet are available at no cost. Please check the publications you would like to receive. Because supplies are limited, only one copy of each publication can be provided.

PRIMARY EYE CARE FOR HEALTH WORKERS	_____	(01)
BLINDNESS IN THE DEVELOPING WORLD: A BACKGROUND PAPER	_____	(02)
XEROPHTHALMIA TREATMENT AND PREVENTION SCHEDULE	_____	(03)
1981 XEROPHTHALMIA UPDATE	_____	(04)
VITAMIN A FOR HEALTHFUL EYES	_____	(05)
NEEDLESS TRAGEDY	_____	(06)
MUCH BLINDNESS IS PREVENTABLE	_____	(07)

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

We welcome suggestions on primary health care subjects and resource materials you would like to see covered in the Health Information Packets.

PLACE
POSTAGE
HERE

AID/APHA Health Information Packet
Resource Center
International Health Programs
American Public Health Association
1015 15th Street, N.W.
Washington, D.C. 20005, U.S.A.

AID/APHA

No. 21: COMMUNICABLE DISEASES
ENVIRONMENTAL SANITATION
IMMUNIZATIONS

Resource Center
International Health Programs
American Public Health Association
1015 15th St., N.W.
Washington, D.C. 20005

REFERENCE BOOK

Benenson, Abram S., ed. Control of Communicable Diseases in Man. 13th edition. American Public Health Association, 1015 15th St., N.W., Washington, D.C. 20005. 1981. 443 pp.

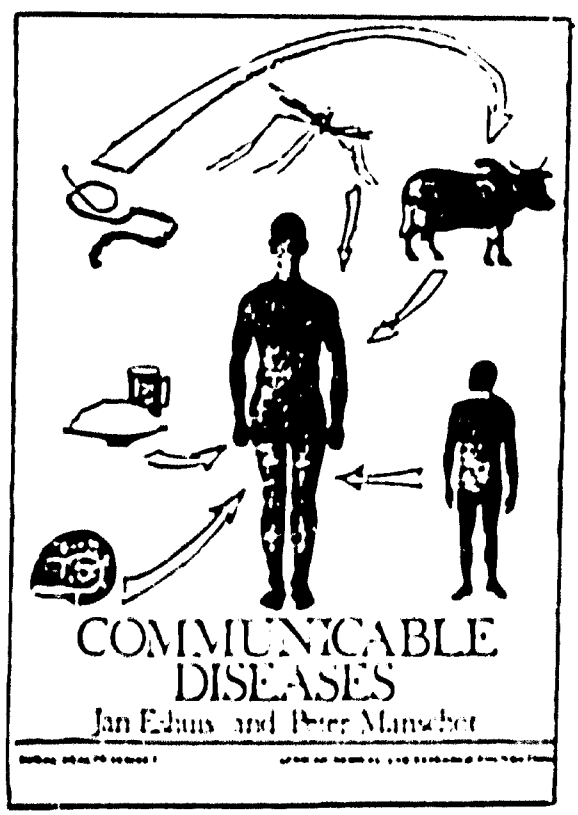
This handbook is a source of basic information on how to control communicable diseases in man. It provides information on how to recognize a specific disease, how to manage patients so that disease does not spread, and how to guide treatment. The book is international in scope and is directed at practitioners, teachers, and students of medicine and public health. 122 diseases are described and differentiated from one another. Occurrence, infectious agent, reservoir, mode of transmission, incubation period. period of communicability, susceptibility and resistance, disaster implications, and methods of control are discussed. Reporting systems are reviewed.

- Invaluable reference source
- International in scope
- Identifies 122 diseases
- Translated into 13 languages

MANUAL

Eshuis, Jan, and Peter Manschot. Communicable Diseases: a Manual for Rural Health Workers. Illustrated by Sister Jean Lorenz. African Medical and Research Foundation, P.O. Box 30125, Nairobi, Kenya. 1978. 349 pp. illus. (Rural Health Series, no. 7)

This manual was written for medical assistants and rural medical aids in Tanzania. It contains essential information on communicable diseases from both clinical and public health perspectives. The manual discusses basic treatment, prevention measures, and community participation. It organizes communicable diseases into eight categories: contact diseases, diseases caused by faecal contamination, helminthic diseases, diseases trasmitted through contact with animals or their products, airborne diseases, and tuberculosis and leprosy. The three appendices contain information on notification procedures and the communicable diseases for which immunization is possible.



The African Medical and Research Foundation which runs the (East African) Flying Doctor Service is a charitable body which also receives Government funds. It is as deeply committed to teaching the prevention of disease to lay people and the continuing education of medical assistants of all kinds as to the treatment of patients. Its education work takes three main forms. Firstly, teachers are flown to remote places to give general instruction and advice. Secondly, experts in some particular skill — for example anaesthesia — hold special courses up country lasting several days. Thirdly, it publishes books and journals devoted to medical education at a practical level — specifically, Afya for medical auxiliaries of all kinds and the Defender for lay people (in addition to the series of Rural Health Manuals). Undistorted by both commercial and official pressures, the Foundation's work is one of the most effective health agencies in the country.

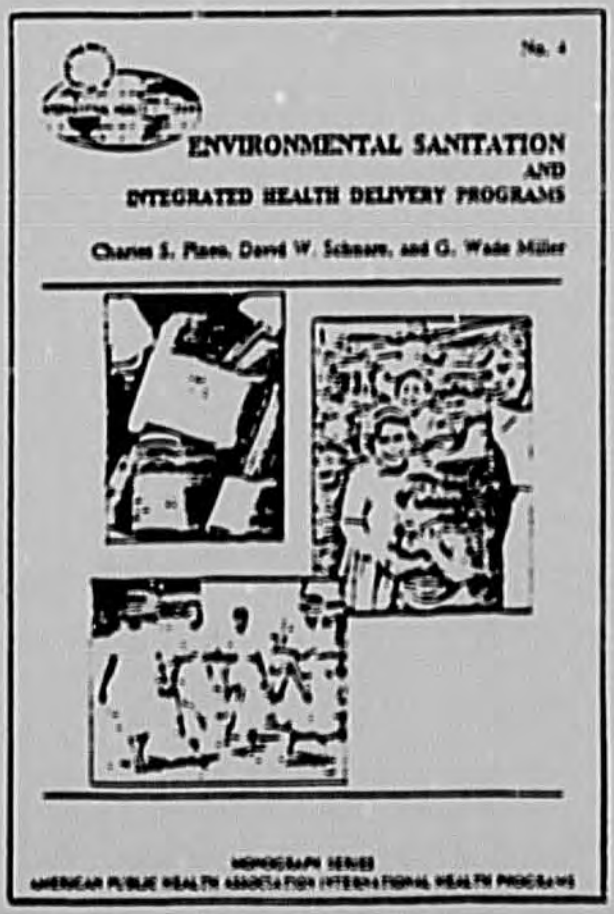
British Medical Journal, 27 May, 1977

MONOGRAPH

Pineo, Charles S., David W. Schnare, and G. Wade Miller. Environmental Sanitation and Integrated Health Delivery Programs. American Public Health Association, International Health Programs, 1015 15th St., N.W., Washington, D.C. 20005. 1981. 82 pp. illus., bibl. (International Health Programs Monograph Series, no. 4)

This monograph, directed at program planners, health workers, and heads of environmental health units, contains an overview of environmental health and all phases of program development, implementation, and evaluation. It provides specific examples of programs and shows the role local health workers play, emphasizing topics such as integration, decentralization, health education, promotion, and community participation. Appendix 1 is a selected bibliography and appendix 2 is a list of international environmental health organizations.

primary health care



- Provides a state-of-the-art review
- Cites specific programs
- Highlights the role played by local health workers
- Emphasizes topics such as health education and community participation

ISSUES PAPER

Primary Health Care Issues: Immunizations. American Public Health Association, International Health Programs, 1015 15th St., N.W., Washington, D.C. 20005. 1981. 43 pp. illus. (Primary Health Care Issues Series 1, no. 2)

This is a state of the art paper on the immunization of children. It discusses the Expanded Program on Immunization of the World Health Organization and summarizes published information on the effectiveness and cost of immunization programs. The paper compares the advantages and disadvantages of single-purpose immunization programs versus multi-purpose health programs which include immunizations. In addition, it describes problems frequently encountered in immunization programs (e.g., drop off in the completion of the immunization series and failure of the cold chain). The appendices include information on the delivery of immunizations and an annotated bibliography on immunizations in developing countries.

AMERICAN PUBLIC HEALTH ASSOCIATION Dr. William McBeath, Executive Director

International Health Programs Dr. Sue Kessler, Director

immunizations

PRIMARY HEALTH CARE ISSUES. Series I Number 2, "Immunizations," October 1981

PROJECT DIRECTOR: Paul Burgess

PRINCIPAL AUTHORS: Edward Sabin and Wayne Sunoon

TECHNICAL GUIDANCE AND ASSISTANCE: Cino De Quesne, Pan American Health Organization, Howard Muner, Alan Schnur, Steve Stephens, Lois Bradshaw

REVIEWERS: Alfred Buck, Office of Health, U.S. Agency for International Development, Ralph Henderson, Director, Expanded Program on Immunization, WHO, Stanley Foster and Andrew Agle, Center for Disease Control, U.S. Department of Health and Human Services, Oscar Echeverri, World Bank, L. H. David, Administrative Staff College, Hyderabad, India.

PRIMARY HEALTH CARE ISSUES is a series of reports designed to provide a concise, accurate and authoritative overview of important developments in the field of primary health care (PHC). The series is directed primarily to concerned health professionals such as program managers and decision makers who plan and implement programs around the world. The series will contemplate a stream of information related to an evolution with a special need for timely, relevant and useful information that is of most practical value and practically applicable. The series will:

- address PHC policy issues of national and international concern.
- chronicle common problems in PHC program management including planning, implementation and evaluation.
- identify gaps in knowledge about PHC and recommend research to fill those gaps.
- provide up-to-date technical and policy information on PHC delivery.

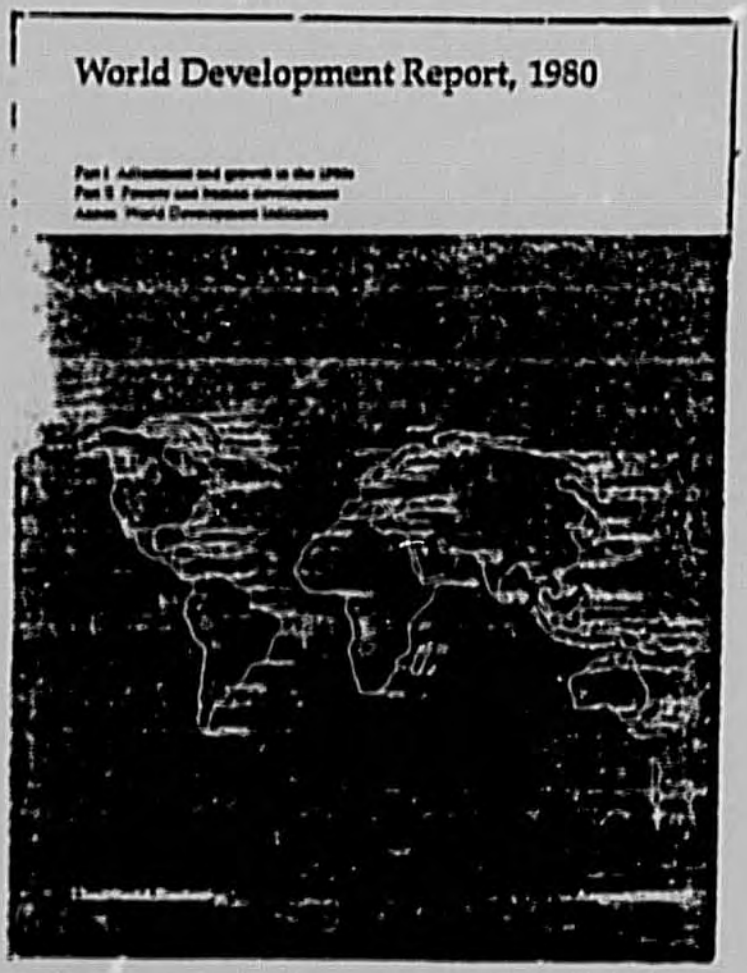
The views expressed in these reports do not necessarily reflect those of the Office of Health, Agency for International Development which supports the research under contract DSPE-C-0013.

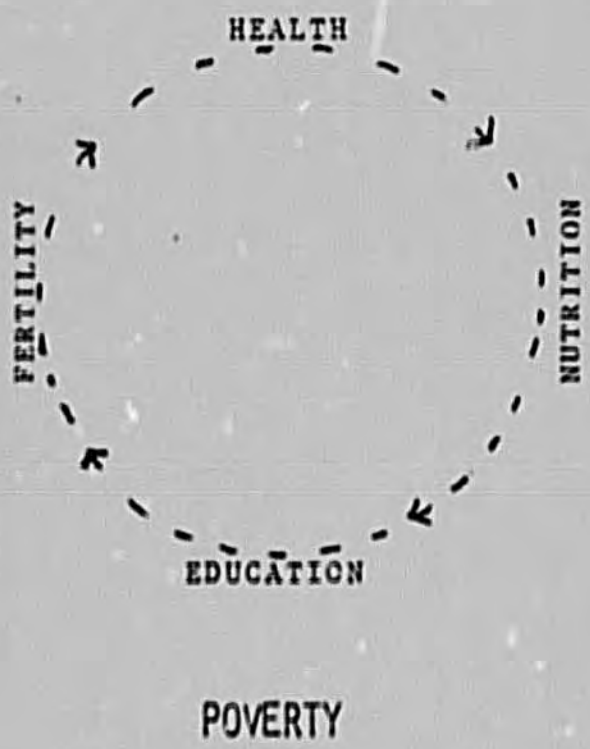
Reactions and comments from readers are invited and should be addressed to the Director, APHA/IHP, 1015 Fifteenth Street, N.W., Washington, DC 20005, U.S.A.

CHAPTER

"Human Development Issues and Policies." IN World Development Report; 1980. World Bank, 1818 H St., N.W., Washington, D.C. 20433. p. 46-70.

This chapter examines four areas of human development (education, health, nutrition, and fertility) and their interrelations. In each area, it considers the causes, effects, and ways of breaking the grip of poverty.





AID/APHA

HEALTH INFORMATION PACKET

No. 21: COMMUNICABLE DISEASES
ENVIRONMENTAL SANITATION
IMMUNIZATIONS

RESPONSE CHECKLIST

Publications discussed in the Health Information Packet are available at no cost. Please check the publications you would like to receive. Because supplies are limited, only one copy of each publication can be provided.

CONTROL OF COMMUNICABLE DISEASES _____ (08)

COMMUNICABLE DISEASES: A MANUAL _____ (09)

ENVIRONMENTAL SANITATION _____ (10)

IMMUNIZATIONS _____ (11)

HUMAN DEVELOPMENT ISSUES _____ (12)

_____
NAME

_____
TITLE

_____
ORGANIZATION

_____
ADDRESS

We welcome suggestions on primary health care subjects and resource materials you would like to see covered in the Health Information Packets.

PLACE
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AID/APHA Health Information Packet
Resource Center
International Health Programs
American Public Health Association
1015 15th Street, N.W.
Washington, D.C. 20005, U.S.A.

International Health Programs
Resource Center
Health Information Packet #19

APHA is pleased to provide you with the enclosed packet of materials on primary health care. Primary health care as defined by the World Health Organization is

> "...essential health care based on practical, scientifically valid and socially acceptable methods of technology, made universally accessible to the individuals and families within the community by their full participation, and at a cost which is reasonable for the community and the country at each phase of their development, in a spirit or self-responsibility and self-government."

Packet #19 includes the following publications:

Fendall, Neville R., and I.C. Tiwari. "Trends in Primary Health Care." Tropical Doctor, v. 10, no. 2, April 1980: 149-152.

This paper provides a review of the concept of primary health care. It discusses problems of planning and delivery of relevant services. In addition, it provides a practical means of overcoming the major obstacles to the establishment and expansion of these services.

Golladay, Fredrick, and Bernhard Liese. Health Problems and Policies in the Developing Countries. Washington, D.C.: World Bank, 1980. 54 pp. ill. (World Bank Staff Working Paper, no. 412)

This paper focuses on the health policy issues which developing countries will face during the next two decades. The paper singles out the need to improve the poor's access to essential health care services as a major issue of policy. It states that to implement such a policy, organizational and institutional problems must be overcome and suitable financing mechanisms must be created.

National Decision-Making for Primary Health Care: a Study by the UNICEF/WHO Joint Committee on Health Policy. Geneva: World Health Organization, 1981. 69 pp.

This report examines the establishment and implementation of primary health care in Burma, Costa Rica, Democratic Yemen, Finland, Mali, Mozambique, and Papua New Guinea. It evaluates the progress that has been achieved and the problems that have been faced or avoided. In addition, the report suggests ways of formulating future policy, and includes a set of recommendations.

"Primary Health Care." Children in the Tropics, no. 129, 1981: 1-32.

This special issue discusses the need for primary health care to be scientifically valid, socially acceptable, universally accessible, and reasonable in cost. It states that the success of primary health care is based on dialogue, a sense of responsibility, sharing of work, and integration into an overall development program. Other aspects of primary health care analyzed in the issue are the coordiantion of services, the supervision and evaluation of health care workers, and the training of future and presently employed health care workers. Pages 15-18 include plans for such training.

Seipp, Conrad, ed. Health Care for the Community: Selected Papers of Dr. John B. Grant. With a preface by Dr. Cecil G. Shaps. Balitmore, Md.: Johns Hopkins University Press, 1981. 194 pp. ill., bibl. (American Journal of Hygiene Monographic Series, no. 21)

This collection of papers sets forth the three principal concerns of Dr. John Grant. The first is the organization and integration of health care services. The second is the need for more appropriate programs of education for the health care professions. The third is the relationship of health care services to economic and social development. The papers set out guidelines for the effective development of health care services.

SERVING SOCIETY

AMERICAN PUBLIC HEALTH ASSOCIATION
1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

PROTECTING HEALTH

MEMORANDUM

TO: Information Packet Recipients **DATE:** 3/16/82

FROM: Resource Center

SUBJECT: Annotated List for Information Packets

Beginning with health information packet no. 20, an annotated list (attached) will be sent to you every two months. A checklist appears on the last page of the annotated list. Choose which of the materials you wish to receive by making a check next to the titles on the checklist. Detach the completed checklist, fold in thirds, staple, and mail to APHA. The return address is on the back of the checklist.

Remember that only those materials whose titles you check will be sent.

We look forward to meeting your need for information.

Appendix J

Selected Reader Requests for Issues Papers

The World Bank / 1818 H Street, N.W., Washington, D.C. 20433, U.S.A. • Telephone: (202) 477-1234 • Cables: INTBAFRAD

November 13, 1981

Dr. Susi Kessler
American Public Health Association
1015 15th Street, N. W.
Washington, D. C.

Dear Susi,

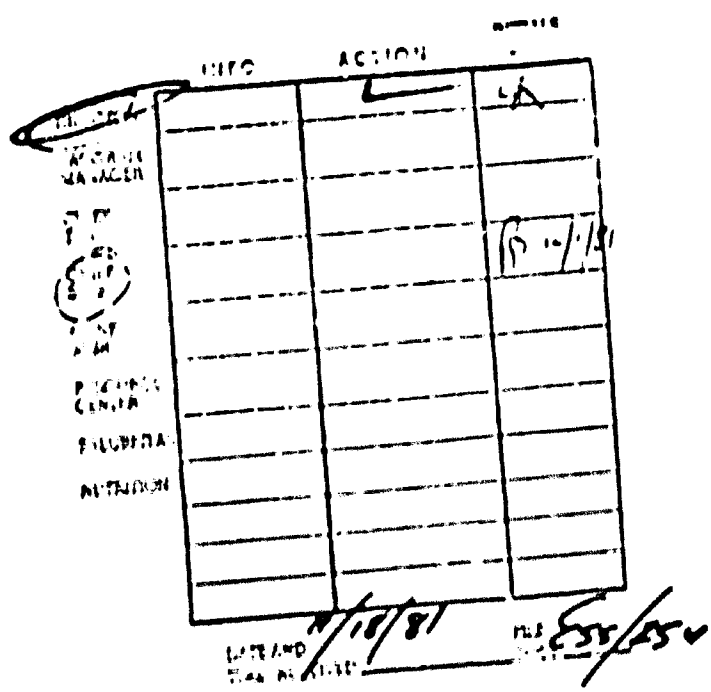
Congratulations on your PHC issues series. Your recent Growth Monitoring pamphlet by Marcia Griffiths is splendid.

I understand you have eleven titles in the works - but why none on nutrition in PHC?

Best

Alan

ABerg:am



Maria!

Please respond to this request + record the # see

BB

CABLE ADDRESS UNICEF

UNICEF

UNITED NATIONS CHILDREN'S FUND · FONDS DES NATIONS UNIES POUR L'ENFANCE
UNITED NATIONS, NEW YORK

2 November, 1981

Dr. Susy Kessler
American Public Health Association
1015 18 Street, N.W.
Washington, D.C. 20036

Dear Susy,

As discussed, I am writing to ask you if you could send us a few copies of the APH booklet on Immunizations. I have had a chance to look at this publication and think that it may be a very useful document for use by UNICEF Field Staff. What I propose to do is to send out initially a few copies and ask for some evaluation of its usefulness and, depending on the responses we get, we may wish to order a larger number.

I hope your week-end in Boston was a good one. Thank you very much for your hospitality, it was good to have had the opportunity of discussing some things with you and hopefully, we can continue in New York when we both return in early December.

Again many thanks - Have a good

Yours S

Dr. Susan Cole-King
Consultant on Primary Health Care

RECEIVED
NOV 13 1981
AMERICAN PUBLIC HEALTH ASSN.

11/12/81

1979 International Year of the Child

Secrétariat de Son Altesse l'Aga Khan

Aiglemont
60270 Gouvieux, France
Téléphone: (4)457-40-00

October 26, 1981

Dear Suzie,

Hope all goes well with you. If it is not too much trouble we would like to have two dozen copies of your excellent Primary Health Care issues : Immunisations, to send to our Boards in India, Pakistan, Bangladesh, Syria, Tanzania and Kenya.

Many thanks and best wishes,

INFO	ACTION	INITIALS DATE

DATE 11/2/81

p.p. Joel Montague
Head Hospital and Health Programmes

(dictated but signed in Mr Montague's absence)

Dr S. Kessler
Head,
International Health Programmes
American Public Health Association
1015 Fifteen Street, N.W.
Washington D.C.

JM/jm

Telex: 150064 ARCG

LOMA LINDA UNIVERSITY

LOMA LINDA CAMPUS
LOMA LINDA, CALIFORNIA 9235-

SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF HEALTH INSTRUCTION MEDIA

November 23, 1981

American Public Health Association
International Health Programs
1015 Fifteenth St., N.W.
Washington, D.C. 20005

Dear Friends:

Enclosed you will find my response to the reader survey for the "Growth Monitoring" publication. I found it so worthwhile that I have sent it to Ethiopia to a health educator who is starting a child health program. I would like to request another copy and information on how to get this publication for those who are interested in purchase. Thank you.

Sincerely,

Ruth M. White

Ruth M. White, Dr.P.H.
Professor

Enclosure

RMW/cu

	INFO	ACTION	
DIRECTOR			12-11-25

11/25/81

Téléphone Central/Exchange: 91 21 11
Direct: 91 39 59

In reply please refer to:
Prière de rappeler la référence: (EPI/I8/372/2 APHA)

Dr S. Kessler
International Health Programmes Unit
American Public Health Association
1015 Fifteenth Street, N.W.
Washington D.C. 20005
Etats-Unis d'Amérique

2nd February 1982

Dear Susi,

Primary Health Care Issues: Immunizations

Our warm thanks for sending us the requested 600 copies of the above document. They have just been received and will be distributed by us shortly.

With best regards,

Yours sincerely,

Dr R.H. Henderson
Director
Expanded Programme on Immunization

	INFO	ACTION	INITIALS DATE
DIRECTOR			
PROGRAM MANAGER			
CHIEF			
1			
2			

2/8/82 FILE ESS/Immunization

GENEVA 27-SWITZERLAND Telegr.: UNISANTE-GENEVA Telex: 27821 OMS 1211 GENEVE 27-SUISSE Télégr.: UNISANTE-GENEVE

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

June 2, 1981

Mr. Paul Burgess
Evaluation and Special Studies Unit
International Health Programs
American Public Health Association
1015 - 15th Street, N.W.
Washington, D.C. 20005

Dear Mr. Burgess:

I've read Marcia Griffiths' paper, "Growth Monitoring of Preschool Children."

I like the paper and believe it will provide field personnel with needed information. It would be helpful if an executive summary with conclusions and recommendations could be prepared. This could cover her opinions on the best procedure and equipment choice for lowest cost and most effectiveness in the interest of creating a long term self-sustaining growth monitoring process in village by villagers and with whatever needed level of supervision and feedback improvement.

A good job.

Sincerely,

Harold D. Rice
Health, Population
& Nutrition Division
Office of Technical Resources
Bureau for Asia

UNIVERSITY OF LONDON
INSTITUTE OF CHILD HEALTH
THE HOSPITAL FOR SICK CHILDREN
GREAT ORMOND STREET

DEPARTMENT OF CHILD HEALTH
NUFFIELD PROFESSOR OF CHILD HEALTH
OTTO H. WOLFF, M.D., F.R.C.P.

JOHN T. HARRIES, M.D., M.Sc., F.R.C.P.
DAVID P. R. MULLER, D.M., M.D.
JAMES V. LEONARD, M.D., D.C.H., M.R.C.P.
PETER J. MILLA, M.D., D.C., M.Sc., M.R.C.P.
ISABEL SMITH, D.M., M.D., D.C., M.R.C.P., D.C.H.

30, GUILFORD STREET,
LONDON, WC1N 1EH

TELEPHONE
01-242 9789

TROPICAL CHILD HEALTH UNIT
DAVID C. MORLEY, M.D., F.R.C.P.
G. J. EBRAHIM, M.D., D.C., F.R.C.P., D.C.H.
M. HAMZA, M.D., D.C., F.R.C.P., D.C.H.
PATRICIA HARMAN, D.C.H., D.T., D.P.H.

FC,

DCM/ACG.

22nd February 1982.

Susan Brems,
American Public Health Association,
1015 Fifteenth Street, N.W.
Washington, D.C. 20005,

Dear Susan Brems,

I am delighted to see the A.P.H.A. have produced some further publications on Immuizations and Growth Monitoring.

I shall be most grateful if you could let have four copies so that they can be on loan to our students. I am particularly interested, of course, in your Growth Monitoring of Preschool Children, and I shall especially look forw ard to seeing this. Currently, I am working on a further development of the Edeverri strip, which will make it appropriate, we hope, for all age groups between birth and 6.

Best wishes

Yours sincerely,

Chandra Wickramasinghe

for David Morley,
Professor of Tropical Child Health.
University of London.

ACTION | INITIALS
DIRECTOR
PROGRAM MANAGER
CHIEF T.A.
CHIEF
CONT
RESOURCE CENTER
LUBRITAS
NUTRITION

DATE AND A COMPANY LIMITED BY GUARANTEE REGISTERED IN LONDON, NUMBER [illegible].
TITLE REGISTERED OFFICE LONDON WC1N 1EH.

ues Paper no. 3,
ted into each of
the recipients
the usefulness of

IHP MEM:ss 3-4

Enclosures (2 envelopes)

London School of Hygiene and Tropical Medicine

Keppel Street (Gower Street) London WC1E 7HT

Telephone 01-636 8636
Telegrams Hygower London
Telex 8953474
Department of Human Nutri

Marcia Griffiths
American Public Health Association
1015 Fifteenth St., N.W.,
Washington, D.C. 20005
U.S A

9th March, 1982

Dear Ms Griffiths,

I have been meaning to write to you to congratulate you on your pulication: Growth Monitoring. Forgive me for having taken so long.

I think that it is an excellent publication. It provides useful information in a style that is extremely easy to read and understand. I have shown it to several people here in the Department of Human Nutrition and Dr Nabarro has asked me to request a further 12 copies. He would like it for our students and to show to visitors who come to the Department.

Thank you for giving so much attention to the weight-for-height chart. It does seem to have caught on however - and I am enclosing a copy of our 2nd Chart Evaluation Report. We are currently low on chart stocks but hope to be reprinti more. We are also going ahead with the production of slim-line charts which can be used for mobile survey work and in situations where there are no walls for mounting the chart. Once this is ready I will send you details.

I am also enclosing the reader survey questionnaire, although I fear that I have not made any constructive comments! You may be interested to know that we are currently preparing a set of slide-tape shows for teaching health and development workers about the causes and consequences of child malnutrition. Although specific to Nepal we believe that it has universal application.

Yours sincerely

Julia Verney

Julia Verney

P.S I am also enclosing a paper written by David Nabarro on Nutritional Assessment. As it compliments your publication I thought you might be interested.

Appendix K

March Status Report on ADSS Contract Issues Papers and Special Studies

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Immunizations in Primary Health Care"

3. NARRATIVE STATUS REPORT: This Issues Paper has been professionally printed and is available for distribution. It has received high marks from reviewers and persons working in the field, such as Dr. Al Buck from the Office of Health, Dr. Duff Gillespie of the Population Office, and Dr. Ralph Henderson of the Expanded Program of Immunizations. Dr. Ciro de Quadros, Expanded Immunization Program Advisor for the Americas, is also enthusiastic and wishes to see the publication translated for use in Latin America.

4. AUTHORS: The principal authors are Drs. Ed Sabin and Wayne Stinson with the assistance of Howard Miner, Alan Schnur, Betsy Stephens, and Lois Bradshaw. Technical Advisor was Dr. Ciro de Quadros of PAHO.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Ed Sabin; Research Assistance, Wayne Stinson and Mike Favin.

6. REVIEWERS:
   Alfred Buck, AID Office of Health
   Ralph Henderson, Director, Expanded Program on Immunization
   Stanley Foster and Andrew Agle, Center for Disease Control
   Oscar Echeverri, Work Bank
   L.H. David, Administrative Staff College, Hyderabad

7. PROBLEMS: As the first Issues Paper, this publication absorbed much time as we formulated our research, writing, and production method on a trial and error basis.

8. ESTIMATED COMPLETION DATE: Was printed in September, 1981.

9. UPDATE SUMMARY COMMENT: Upon recommendation by AID, this publication, in combination with other ADSS contract publications, can be distributed to key health personnel in the international health field, including individuals and institutions in developing countries in addition to its distribution within AID. WHO has recently requested 600 copies for distribution to EPI managers, and a similar request is anticipated from UNICEF.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Growth Monitoring of Preschool Children: Practical Considerations for Primary Health Care"

3. NARRATIVE STATUS REPORT: This Issues Paper has been professionally printed and is available for distribution. It has received much positive reaction from reviewers and others including AID's Office of Nutrition.

4. AUTHORS: The principal author is Marcia Griffiths of Manoff, International. Technical Advisor was Marian Zeitlin of Tufts University School of Nutrition.

5. APHA STAFF: Director: Paul Burgess; Coordinator, Mike Favin; Editorial and production assistant, Gayle Gibbons.

6. REVIEWERS:
Carol Adelman, AID Near East Bureau
Naomi Baumslag, M.D., Consultant
Helen Bratcher, Catholic Relief Services
Elena Brineman, AID Latin America Bureau
Fr. Capone, M.D., Catholic Relief Services
John McKigney, AID Office of Nutrition
Harold Rice, AID Asia Bureau
Rick Trowbridge, Johns Hopkins Univerity
Merlyn Vermury, CARE
Marc Vincent, AID Office of Health
Carol Waslien, LIFE
Carolyn Weisskirch, Food for Peace
Jean-Audrey Wright, AID Office of Nutrition

7. PROBLEMS: The author's experience in the field plus her conscientious research and writing together with her frequent consultation with others experienced in nutrition programs combined to make this a relatively trouble-free paper from APHA standpoint.

8. ESTIMATED COMPLETION DATE: This paper was printed in October, 1981.

9. UPDATE SUMMARY COMMENT: Upon recommendation by AID, this paper plus other Issues Papers can be mailed to key personnel in the international health field, including individuals and organizations in developing countries. This is in addition to the paper's distribution within AID.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Community Financing for Primary Health Care"

3. NARRATIVE STATUS REPORT: The consensus, based on internal review of this paper in October, 1981, was that this is a very solid paper which needs some editing and simplification of tables to be ready. The same draft is now undergoing external technical review. With revision and editing, this paper will be ready for publication in mid-January, 1982.

4 AUTHORS: Wayne Stinson of APHA is the main author. Celeste Gaspari of the Department of Economics at the University of Vermont has served as technical advisor. Attribution will be given Drs. Roemer and Morrissey for their contribution.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Wayne Stinson; Research assistance, see 4. above.

6. REVIEWERS:

Oscar Gish, U. of Michigan
Mead Over, Williams College
Terri Lukas, AID Office of Health
Abby Bloom, AID/PPC
D. Qot, USAID/Bangkok
J. Rogosch, Lampang Project
Graham Kerr, AID Near East Bureau
L. Tarimo, WHO/Geneva
David Dunlop, AID/PPC

7. PROBLEMS: This paper has gone through several versions starting with work by Dr. Milt Roemer of UCLA and Dr. James Morrissey of Trinity University, The background research necessary to give this paper the desired empirical approach has proven to take much longer than anticipated.

8. ESTIMATED COMPLETION DATE: Printed and reaady for distribution.

9. UPDATE SUMMARY COMMENT: Indications are that this paper will be very much in demand. In anticipation of this demand, the Office of Health has authorized an additional 1,000 copies be printed in advance of the NCIH meeting--the focus of which will be Community Financing for PHC.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "The Use of Radio for Primary Health Care"

3. NARRATIVE STATUS REPORT: Barbara Furst, Jill Gay and Ron Parlato researched and completed the first draft of this paper. Additional technical input was provided by Dr. Anthony Meyer of AID's Office of Education. Upon review of the first draft it was decided that Mr. William O. Sweeney of the Ford Foundation should be enlisted to do further research and complete a second draft. Internal review of his draft determined it to be suitable for publication as an Issues Paper with some additional editing.

4. AUTHORS: Mr. Sweeney will be the main author, assisted by Ann Leonard, with attribution to others who contributed.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Barry Karlin. Staff provided production assistance.

6. REVIEWERS: Dr. Tony Meyer of AID's Office of Education has served as technical advisor on this paper. Additional outside reviewers to be selected.

7. PROBLEMS: Finding the fit between a relatively high technology enterprise such as mass media education and the focus in PHC on appropriate technology proved difficult in the production of this paper.

8. ESTIMATED COMPLETION DATE: External review (which resulted in very positive reaction) is complete and the manuscript will go to press within one week.

9. UPDATE SUMMARY COMMENT: External review completed. Changes being incorporated in final manuscript. Should go to press within the next few weeks.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Special Study/Issue Paper

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Bibliography and Resource Directory on Primary Health Care"

3. NARRATIVE STATUS REPORT: This bibliography and resource list evolved from a bibliography submitted to APHA by Edward Capparelli, M.D. in the fall of 1979. Subsequent modifications and drafts of the bibliography by Mike Favin, Barry Karlin and Ed Sabin, together with much new material by Joel and Shahnaz Montague of Management Sciences for Health, have resulted in an entirely new document now nearing completion.

4. AUTHORS: Joel and Shahnaz Montague will be listed as the main authors of this new document with Susan Pasquariella and Dr. Joe Wray listed as contributors together with the APHA staff mentioned above and Dr. Capparelli.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Ed Sabin.

6. REVIEWERS: The following persons have reviewed and made suggestions about those parts of the bibliography in their area of specialization. None have reviewed the whole document in its new form.

   Dr. Milt Roemer, UCLA School of Public Health
   Dr. Phyllis Piotrow, Population Information Program
   Dr. Stuart Kingma, Christian Medical Commission
   Dr. Andrew Agle, Center for Disease Control
   Dr. Allan Rosenfield, Center for Population and Family Health
   Dr. Jonathan Quick, Management Sciences for Health
   Dr. Robert Grosse, U. of Michigan
   Dr. K. Rasmussen, Cornell University
   Dr. Arnold Kaluzny, U. of North Carolina

7. PROBLEMS: The most difficult problem has been to know what to omit and what to include in this bibliography. Since PHC is made up of a number of distinct sub-fields, each having an extensive literature, a PHC bibliography could be enormous. In addition, knowledge of the various sub-fields is needed in order to choose the best references in each.

8. ESTIMATED COMPLETION DATE: Manuscript complete. Minor editorial and layout changes are being effected. Manuscript to go to printers within two weeks.

9. UPDATE SUMMARY COMMENT: External review being conducted. Should go to press in late March.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Health Information Systems in Primary Health Care"

3. NARRATIVE STATUS REPORT: Judy and Alan Jameson, consultants, from Little Rock, Arkansas, recommended by AID, wrote and revised a draft of this paper and submitted it to APHA in May, 1981. The draft was reviewed internally and thought to be deficient from a field experience point of view. It seemed to "go by the book" and not take into account the exigencies of actual programs on the ground.

4. AUTHORS: Judy and Alan Jameson authors of the first draft.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Ed Sabin.

6. REVIEWERS:
Dr. Martin Gorosh, Center for Population and Family Health
Ms. Betsy Stephens, consultant
Dr. Susan Cole-King, consultant
Dr. P. Rouselle, Management Sciences for Health
Dr. Dave Dunlop, AID, Office of Health
Mr. Bob Emery, consultant

7. PROBLEMS: There is much interest in this technical area. To make the technical aspects of the paper simple and easy to read is difficult. It is very easy for the paper to get lost in the technical world of data forms and data processing--difficult to constantly address the question of "why" collect this or that datum.

8. ESTIMATED COMPLETION DATE: At a minimum, this paper needs to be rewritten using the many good parts of the Jameson draft in an expanded new draft. A number of experts have been contacted with a view to rewrite. These include Dr. Martin Gorosh of Colombia University and Mr. Bob Emery. Completion date should be not later than mid-June 1982.

9. UPDATE SUMMARY COMMENT: Rewrite should be completed by April 1982.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: PDCI-003 Issues Papers Workshop

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Scaling Up from Pilot Projects to National Programs"

3. NARRATIVE STATUS REPORT: Several publications such as "Can Interventions Make a Difference?" by Gwatkin, Wilcox and Wray and "Health, Nutrition and Family Planning: A Survey of Experiments and Special Projects In India" by Faruqee and Johnson indicate that small and medium size integrated health and nutrition projects can impact on health status. What is involved in moving from the project level to the national program level? Many experts feel this is the key question for successful implementation of large scale PHC programs. This subject is the focus of an ADSS sponsored workshop on December 13-16, 1981. The Workshop Report will be published using the Issue Paper format for inclusion in the Global Review.

4. AUTHORS: Dr. David Pyle, Dr. Joe Wray.

5. APHA STAFF: Paul Burgess, Pat Martin, Sara Perkins and Ed Sabin have been involved in the planning of this workshop. David Pyle, consultant, is the principal organizer.

6. REVIEWERS: Davidson Gwatkin, Janet Wilcox and Joe Wray have reviewed plans for the workshop and suggested and invited participants.

7. PROBLEMS: Plans for this workshop, scheduled to take place in September, 1981 instead of December, 1981, broke down over the summer due to time conflicts and other difficulties encountered by Janet Wilcox, slated originally to be the workshop organizer.

8. ESTIMATED COMPLETION DATE: Workshop report is complete and is being reviewed by workshop participants. Review should be complete by mid-May and the manuscript should go to press immediately thereafter.

9. UPDATE SUMMARY COMMENT: First draft of Workshop proceedings completed. Internal review completed. Revisions being made.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Workshop Report/Issue Paper

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Planning Community Participation in Primary Health Care"

3. NARRATIVE STATUS REPORT: This 25 page paper is an edited version of Dr. Moye Freymann's report on an ADSS sponsored workshop on Community Participation on November 6 and 7, 1980. The editors were Lois Vetne, consultant and Pat Martin, APHA staff. Editing was done to make the report more readable and of broader interest and has succeeded in this aim. This paper is intended as a companion piece to the longer issues paper on Community Participation.

4. AUTHORS: Dr. Moye Freymann, edited by Lois Vetne and Pat Martin.

5. APHA STAFF: Director, Paul Burgess; Coordinator/Editor, Pat Martin.

6. REVIEWERS: Reviewers of the Freymann report included participants at the workshop, such as Arlene Fonaroff of the World Bank, James Sarn of Phoenix, AZ and Norman Uphoff of Cornell University.

7. PROBLEMS: The thrust of this workshop report is upstaged to a degree by the longer issues paper on the same subject which uses some of the concepts developed in the workshop. As an appendix to the larger paper it should prove most useful.

8. ESTIMATED COMPLETION DATE: Edited draft completed June 1981.

9. UPDATE SUMMARY COMMENT: The initial report drafted by the Workshop Rapporteur, Dr. Freymann, was transmitted to the Office of Health and was given limited distribution within AID.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Community Participation in Primary Health Care Projects: An Empirical Review"

3. NARRATIVE STATUS REPORT: This paper has been reviewed internally and is about to be sent to external reviewers. This is an important paper dealing with a nearly universal weak link in projects on the ground.

4. AUTHORS: The principal author is Pat Martin of APHA.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Pat Martin; Research Assistance, Jim Shepperd, Bonnie Kittle and Alice Henry.

6. REVIEWERS:
   Norman Uphoff, Rural Development Committee
   Ray Isely, M.D., WASH Project, Arlington, VA
   Marilyn Rice, Pan American Health Organization
   Alice Morton, AID/PPC
   Abby Bloom, AID/PPC
   Nancy Ruther, Institute for Public Service, U. of Conn.
   Philip Coombs, International Center for Educational Development

7. PROBLEMS: This subject has been very difficult to research and write up. The rhetoric surrounding the subject is so pervasive that attempts to be empirical are most difficult. The easy way out would have been a theoretical paper, but this would be unsatisfactory in the "lessons learned" area for future project planning.

8. ESTIMATED COMPLETION DATE: The initial draft of this paper is undergoing revision. A shorter, tighter version should be completed by mid-May.

9. UPDATE SUMMARY COMMENT: Comments from external reviewers being received. Suggested changes being incorporated as revisions in manuscript. Consideration being given to suggestion that the topic be dealt with as a Report instead of an Issues Paper.

STATUS REPORT ON ADSS CONTRACT ISSUES PAPERS AND SPECIAL STUDIES

REF: POCI-003 Issues Papers

1. FOR MONTH OF: March, 1982

2. PUBLICATION TITLE: "Health Information Systems in Primary Health Care"

3. NARRATIVE STATUS REPORT: Judy and Alan Jameson, consultants, from Little Rock, Arkansas, recommended by AID, wrote and revised a draft of this paper and submitted it to APHA in May, 1981. The draft was reviewed internally and thought to be deficient from a field experience point of view. It seemed to "go by the book" and not take into account the exigencies of actual programs on the ground.

4. AUTHORS: Judy and Alan Jameson authors of the first draft.

5. APHA STAFF: Director, Paul Burgess; Coordinator, Ed Sabin.

6. REVIEWERS:
   Dr. Martin Gorosh, Center for Population and Family Health
   Ms. Betsy Stephens, consultant
   Dr. Susan Cole-King, consultant
   Dr. P. Rouselle, Management Sciences for Health
   Dr. Dave Dunlop, AID, Office of Health
   Mr. Bob Emery, consultant

7. PROBLEMS: There is much interest in this technical area. To make the technical aspects of the paper simple and easy to read is difficult. It is very easy for the paper to get lost in the technical world of data forms and data processing--difficult to constantly address the question of "why" collect this or that datum.

8. ESTIMATED COMPLETION DATE: At a minimum, this paper needs to be rewritten using the many good parts of the Jameson draft in an expanded new draft. A number of experts have been contacted with a view to rewrite. These include Dr. Martin Gorosh of Colombia University and Mr. Bob Emery. Completion date should be not later than mid-June 1982.

9. UPDATE SUMMARY COMMENT: Rewrite should be completed by April 1982.