

PD-AAP-948

# PROJECT CONCERN INTERNATIONAL

Nonprofit nongovernmental health care training and development organization

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March 30, 1981

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SEMIANNUAL REPORT OF PROGRESS

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*Our twentieth year... reaching, teaching, saving lives*

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## P R O G R A M   U P D A T E S

### MEXICO PROGRAM

#### PROGRESS TOWARDS OBJECTIVES

##### 1. Hospital Materno Infantil:

Built and operated by Project Concern for 10 years, the Hospital was officially turned over to the Mexican agency Desarrollo Integral de la Familia (DIF) on November 11, 1980. Project Concern continues to provide donated supplies and pharmaceuticals to the facility as well as transportation and referral services for children requiring treatment in San Diego area hospitals.

##### 2. Colonia Program:

Program services were initiated in a third Tijuana colonia in late November 1980. Colonia Sanchez Diaz, an area of approximately 500 families, was one of five colonias visited by our staff in September and October for possible program extension. While residents in all of the colonias visited expressed an interest in such a program, only Colonia Sanchez Diaz met PCI criteria for a new program site.

At present, activities in Colonia Sanchez Diaz include outpatient and well-child clinics, vaccination and dental campaigns, the school hygiene and health program, and the training of community health workers (CHWs). The first training sessions for CHWs were held in early March, with 24 community members enrolled. A community health committee has

also been formed and has begun fundraising activities for their first project--the construction of a clinic facility.

Activities in Colonias Flores Magon and Panamericano are ongoing. (See "Table 1" of this report). January saw the graduation of 12 new CHWs in Colonia Flores Magon after a six-month training course that included first aid, maternal child health, disease prevention, and family planning. The graduation ceremony was attended by the community development committee and CHWs received certificates signed by PCI's Program Director and the Colonia's President. Currently, our Colonia Program staff is conducting a nine-week nutrition and home economics course as an area of emphasis for continuing CHW training. All 12 graduated CHWs are participating, and a second CHW training course is planned to begin next month in Colonia Flores Magon at the request of the community.

Program staff has met at least once monthly in each colonia with respective health and/or development committees. All three colonias are actively involved in fundraising efforts toward the construction of community clinic and training facilities.

A new and more efficient system of drug supply to the colonias' clinics was put into effect in February. Utilizing a revolving fund for purchase of drug supplies in each location, instituting drug fees at cost, and maintaining careful inventories, PCI can supply the majority of basic pharmaceuticals needed by colonia residents. Previously, patients were forced to rely on donated drugs, as available, and on private pharmacies, none of which are located in the affected colonias. This is a self-sustaining system that can be maintained by the community health committee after the withdrawal of PCI assistance.

3. Board of Directors:

PCI has operated under the Private Board of Charities in Mexico City since it began activities in Tijuana in 1966. After careful evaluation, it has been decided to shift the legal identity of the project to a local civil association, organized according to Mexican law with a Board of Directors composed of Tijuana citizens, colonia and school representatives. This is a necessary step towards achieving a self-sufficient project that will continue after the withdrawal of PCI assistance. A great deal of effort has been put into the selection of a Board president and choice of members. The legal documents required for the formation of the civil association are in preparation. We anticipate that the new entity will be formed and actively participating in fundraising and program planning by June 1981.

4. Coordination with Other Agencies:

Colonia CHWs have participated in two training sessions conducted by the Asociación de Planificación Familiar de Baja California Norte in recent months. The topics studied were human reproduction and family planning methods. The Association's clinic also serves as a referral center for family planning patients from the colonias.

The Ministry of Health (SSA) has assigned a physician to work with the Colonia Program on a temporary basis. SSA also continues to promote the participation of its dental brigade in each colonia bi-monthly and to provide vaccines as available for well-child and community immunization programs.

5. Ignacio Ramirez School

Enrollment at the Ignacio Ramirez Primary School is currently 180 students. PCI's school, the only free primary school in the area, provides regular medical and dental screening for all students. In February, dental screening and oral hygiene education was conducted by students from the University of Baja California at the school. Ignacio Ramirez students found to be in need of dental treatment, were channeled to the PCI dental clinic. In addition, health and hygiene education is an integral component of the school's curriculum. We are currently conducting an evaluation of the school's services and an investigation into possible local sources of funding. It is our goal to achieve self-sufficiency of this program component no later than mid-1982.

## PROBLEMS ENCOUNTERED AND SOLUTIONS

### 1. Administrative Obligations in Transfer of Hospital:

The turnover of the Hospital Materno Infantil has not been without a variety of problems. In particular, problems related to personnel and legal administrative obligations demanded the concentrated attention of Tijuana's administrator and bookkeeper through January 1981. As of this writing, all necessary action on our part has been taken.

### 2. Budgetary and Administrative Constraints:

Budgetary and administrative constraints as a result of pending hospital obligations have delayed the expansion of the Colonia Program to the fourth colonia. Current projections indicate the initiation of activities in a fourth colonia by July, and in a fifth by late October.

### 3. Professional Staffing of Colonia Health Programs:

The cyclical assignment of physicians by the SSA is a problem for all programs that utilize their services. While the assignment of an SSA intern has allowed the Colonia Program to expand to a third colonia with minimal added cost, this is a very insecure arrangement. We have been forced to contract a third physician on a daily basis several times since the SSA physician was assigned to us in February. We anticipate filling this position with a permanent individual in April. In addition, program expansion will necessitate the addition of at least one community health education assistant by June 1st.

4. Assignment and Responsibilities of new Program Director:

We are currently in the process of filling the Tijuana Program Director position. Andrew Krefft, previously Director of PCI's Guatemala program, will assume the Tijuana position on April 1st. Before proceeding with program expansion and recruitment of the health education consultant proposed in September 1980's matching grant report, Mr. Krefft will be asked to evaluate the program and make long term recommendations concerning PCI involvement. He will also be working closely with the newly organized Board of Directors and will necessarily strive to involve the Board in all program decisions.

PROJECTED ACTIVITIES FOR NEXT SIX MONTHS

- Complete formation and orientation of Tijuana Civil Association, Board of Directors.
- Evaluate current program activities, scope and existing resources toward long term program planning and budgeting.
- Complete investigation and initiate activities in a fourth colonia.
- Begin investigation of expansion to a fifth colonia.
- By June, recruit a health education specialist to train Colonia staff in non-formal teaching techniques, community health education, etc.
- Ongoing services in the three colonias currently involved in the program.
- Hire and train additional program staff.

TABLE I

Colonia Program Activities and Services

Oct. 1980 - Mar. 1981

	<u>Flores Magon</u>	<u>Panamericano</u>	<u>Sanchez Diaz*</u>
CHWs trained or in-training 3/81	17	5	24
School health committee projects this semester	2	7	4
Community Health Committee activities this semester	2	10	5
Well-child program enrollment	30	22	24
School health medical and dental exams/mo.	15	40	19
Total patient visits/mo.	84	74	56

\* Activities begun in late November 1980. One clinic session/week only.

## BOLIVIA PROGRAM

### PROGRESS TOWARDS OBJECTIVES

#### 1. Oruro Program Development

In October 1980, PCI's Program Director and Nurse Educator were able to begin pre-planning orientation of the Oruro Health Department staff. A counterpart planning commission of Health Department staff was formed in October by the District Health Director and members of the commission together with PCI Program Director, Greg Rake, visited sites in three regions of the department on an initial fact-finding trip in November. The results of this trip were very positive. It allowed Mr. Rake to get a better feeling for the felt needs and current level of community participation in the rural areas and to exchange information with the Bolivia counterpart team.

A second team member was hired and received headquarters and in-country orientation January 19 through February 20, and is now actively involved in the program planning phase in Oruro. It is anticipated that her initial priorities as the program's Nurse Educator will be to assess training needs and to coordinate curriculum planning. In February she began her initial assessment of training needs at a District continuing education course for rural auxiliary nurses.

The Ministry of Health is currently in the process of developing a national primary health care system. In keeping with our goal of information sharing and program replication, Mr. Rake is developing in national forums to develop the supervision system for the national program plan.

2. Pando:

The first supervision trip to the Pando program since its turnover to the District Health Office was made by our Director and Nurse Educator in late September 1980. The report of their visit indicated that the population coverage and distribution of rural nurse auxiliaries remained constant throughout 1980. Mr. Rake reported that the administrative and fiscal program controls were also found to be in order. The monthly activity reports submitted from September to December 1980 show slight increases in health education sessions and home visits conducted by rural auxiliary nurses over the last half of 1980. The number of patients treated has also increased in most locations. A deficiency in the area of well-child and pre-natal preventive care has been noted and will be addressed by Mr. Rake during his March supervision visit.

3. General:

In March, the official agreement between PCI and the new government was signed. The agreement provides for our continued support of the Pando program and for the joint development of an implementation plan for the Oruro program. The agreement was originally developed and submitted to the previous government in June 1980 and has been pending approval since it was again submitted in early February 1981.

PROBLEMS ENCOUNTERED AND SOLUTIONS

The political instability in Bolivia and the insecurity of our key MOH contacts during the last quarter of 1980 had a disruptive effect on both the Pando and Oruro programs. Start-up of the planning phase scheduled to begin

in August in Oruro was delayed until mid-October. The removal and subsequent reinstatement of the Pando District Health Director caused a freeze in spending during December, suspension of supervisory visits, and a postponement in the continuing education course for rural auxiliary nurses that had been planned for January. Our team and our MOH contacts have weathered the delays well. The planning process was begun in Oruro in October, and once again given central level authorization in March. And, the Pando program continues to operate with the two week continuing education course rescheduled for mid-April.

Home leave for program personnel, orientation time for the new Bolivia team members, and the moving of program and personal effects from Santa Cruz to Oruro caused further delays in the Oruro program planning process.

## PROJECTED ACTIVITIES FOR NEXT SIX MONTHS

### Oruro:

- A five year program plan and budget will be completed by PCI and the District Health Department planning commission. The goal of June 20, 1981 has been set for the submission of the plan for approval.
- A baseline survey and assessment of need will be completed.
- The curriculum and training plan for training of CHW trainers and supervisors will be developed.
- Supervision guidelines and existing transport system will be revised, as needed.
- A rural drug and supply system will be developed and ready for implementation in conjunction with training activities.

### Pando:

- Supervisory visits of the Pando program will be made in late March and July by PCI's Bolivia Program Director.
- Pando activities and funding status will be reviewed with the MOH to promote central level planning for self-sufficiency of that program by mid-1982.
- A two week continuing education course for rural auxiliary nurses will be held in April with the central theme being "well-child and pre-natal care," including oral rehydration, immunization and nutrition.

## GUATEMALA PROGRAM

### PROGRESS TOWARDS OBJECTIVES

#### 1. CHW Training Program:

As reported in September 1980, PCI began training a small group of CHW candidates when it became apparent that large group sessions, as previously planned, would not be feasible due to the increased political violence in the area. Four CHWs were subsequently trained and since October have provided care to approximately 180 patients per month in the canton of Panabaj. In addition, the positions of three medical auxiliaries have been converted to community supported CHW slots in Canton Cerro de Oro. And, the volunteer nutrition workers continue to provide neighborhood casefinding and health education. As of March 30, 1981, a total of nine community health workers or promoters have been trained and are under the supervision of PCI in Santiago Atitlan. The possibility of resuming small group training sessions for additional CHW candidates is under discussion at present.

#### 2. Program Management:

In October, PCI hired and trained a new administrative director of the Guatemala program. Since his arrival in Guatemala in November, Andrew Krefft has made good progress towards restructuring program staffing and activities towards greater cost effectiveness and local support. In addition, two other areas of effort have included establishing guidelines for the formation of a local board of directors and definition of the process for obtaining Guatemalan legal recognition for PCI toward program self-sufficiency.

3. Continuing Education of Auxiliary Personnel:

A training course for program auxiliary personnel was held in January to review pre-natal care, family planning and immunization schedules. In addition, nurse auxiliaries were taught to do follow-up on tuberculosis patients in the absence of the supervising physician.

4. Patient Care, and Results of Tuberculosis Program:

Primary care activities continue at all program facilities with an average 1,500 patients treated monthly. The most exciting program result we have witnessed in past years is the drastic reduction in active tuberculosis cases in Santiago Atitlan. PCI's tuberculosis program model has utilized trained Indian promoters for case-finding and follow-up. In February 1981, the active patient population was only 85, in contrast to 150 one year ago and 250 in 1979. Our tuberculosis program has shown an exceptionally high rate of patient compliance with therapy and resulting cure, whereas in general, this type of program suffers from high rates of desertion, non-compliance, and unsuccessful treatment. We attribute the great success of the Santiago Atitlan program to the ongoing efforts of local, Indian promoters who are culturally and linguistically accepted by the Indian population.

PROBLEMS ENCOUNTERED AND SOLUTIONS

A recent incident on the outskirts of Santiago Atitlan, culminating more than two months of military presence in the town, resulted in the deaths of at least 17 town residents. As a result and at PCI's request,

the program's director, Mr. Andrew Krefft, relocated his family from Santiago Atitlan to Guatemala City. He has continued to monitor program activities, commuting between Santiago and the capital since January. As mentioned earlier, Mr. Krefft is being transferred to our Tijuana program on April 1st and will be replaced at the Guatemala program site by Carl Fehlandt, a long time resident of Guatemala with extensive administrative and consulting background.

The cited increase in violence, the military occupation of the town of Santiago Atitlan, and the resulting threat to organized community groups and leaders are deplorable. PCI has suspended all group training and health education sessions until such time that these activities cease to be a threat to the personal safety of community participants and leaders. We continue to reinforce the training of program auxiliary personnel and to support the work of previously trained CHWs, promoters and nutrition volunteers. At such time that the resumption of small group training is possible, PCI staff will proceed to train and support additional CHWs.

#### PROJECTED ACTIVITIES FOR NEXT SIX MONTHS

- Mr. Krefft was able to begin an in-depth evaluation of program services and cost effectiveness before his relocation and transfer. Mr. Fehlandt, the new director, will complete that evaluation and prepare a long term plan for local control and support of the program.
- We will proceed with the formation of a local Guatemalan Board of Directors as the future legal and administrative entity of the program.
- PCI will complete the legal documentation necessary to join the National Reconstruction Committee, a PVO coordinating division of the Guatemalan government. This is prerequisite to PCI legal recognition in Guatemala.

- The Santiago Atitlan program will continue to provide training and support of all levels of health workers involved in providing primary care services;
- Outpatient and preventive services as well as individual patient education will continue at the present level;
- PCI will resume training of CHWs as the situation permits.

## THE GAMBIA PROGRAM

### PROGRESS TOWARD OBJECTIVES

In Project Concern's last semiannual report, concern was voiced that the illness of our representative in The Gambia might delay and disrupt program progress. However, our program administrator's illness was promptly diagnosed upon his return to the U.S., he was placed on treatment, and returned to his assignment after a very minimal period of absence.

Program activities and progress during the current reporting period are set forth below.

#### 1. Preparation of Training Facilities:

After some delay, much progress is being made toward completion of renovation work in preparing training facilities for use. The delay was occasioned by the inability of the government to make its scheduled contribution of 50% of the required funds. PCI's portion of the funding was withheld until January at which time government funding was made available.

#### 2. Pre-Training of Health Workers:

Pre-Training and Functional Literacy handbooks have been designed, carefully reviewed and published. The pre-training is composed of two essential parts, including two weeks of orientation in health care concepts, and two weeks of essential literacy to provide basic skills in simple records keeping after being fully trained. The careful selection of candidates for the pre-training was reflected in the excellent attendance rate achieved.

The pre-training, concluded in mid-January, prepared 18 community health workers and 21 traditional birth attendants for the scheduled main training sessions.

Training material was prepared, and a one-week training course was presented to the Community Health Nurses to prepare them to assume the first level supervisory responsibilities in the Primary Health Care system

3. Preparation for Technical Training of Community Health Workers

As the current reporting period ends, the carefully prepared main course training curriculum has been completed, reviewed, and now readied for printing.

4. Selection of materials for Community Health Workers' Health Care Delivery

After much constructive discussion and input from responsible persons, the drug and equipment formularies have been established and published for use by community health workers in their delivery of health care. Effectiveness and economy in operations were principal criteria in determining needs.

VISITS BY GOVERNMENT AND INTERNATIONAL AUTHORITIES

1. The President of The Gambia visited the Primary Health Care program and its pre-training activities in January. His positive reaction to his visit indicated that he was impressed with his observations.
2. During December, two separate missions from W.H.O. Geneva visited and conducted a survey of the Primary Health Care program. They were very much impressed and upon learning of the unresolved problem

of future financing of the program, have returned to Geneva and submitted a proposal that The Gambia be given priority for receipt of funding from a sub-budget termed the "Initiation Fund."

#### PROBLEMS

In November the earlier financial commitments by the United Nations Capital Development Fund (UNCDF) and USAID for support of the Primary Health Care program were reportedly in doubt in the short term. A delay was attributed to administrative procedures, and it was advised that there would be a delay of a year.

#### PROJECTED ACTIVITIES

1. In consideration of anticipated delay in funding of the Primary Health Care program, priority will be given to discussions with leaders of communities to be served in an effort to identify resources to support the provision of drugs for use by the community health workers.
2. Technical training of the first 20 Community Health Workers.
3. With availability of funds, procurement of CHW health care delivery kits.
4. Continue in an advisory capacity and in information sharing with other ministries via the Primary Health Care Coordinating Committee.
5. Initial evaluation of the first training cycle.

## PROSPECTIVE NEW PROGRAMS

During this reporting period, Project Concern has been looking toward new program opportunities. Among those countries under consideration for new programs, the following are those in which positive progress has been made toward finalizing plans for program implementation:

### 1. Liberia

In PCI's last semiannual report to USAID, it was advised that approval of PCI's Project Proposal, following completion of a feasibility study, was held in abeyance by the new government of Liberia pending careful review by the Ministry of Planning and Economics. It was then estimated by the Ministry of Health that approval would be given in early 1981.

Last month the Ministry of Health advised Project Concern that funding had been made available for the country's agreed-upon input in the first year of PCI's proposed program and invited implementation of the program this year. It is now anticipated that a PCI program in Liberia will be operational during the last half of calendar year, 1981.

### 2. Vanuatu (New Hebrides)

Following a visit to Vanuatu by PCI's Director of Health Services in 1980, we received a formal invitation from the country's Ministry of Health to conduct a feasibility study with a view toward implementation of a Primary Health Care program.

In mid-January, our staff member, Mark Robbins, proceeded to Vanuatu to conduct the study. The feasibility study will soon be completed.