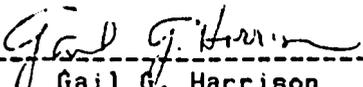


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Trip Report

Egypt Nutrition CRSP
Cairo, Egypt
June 8 - August 20, 1984



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Objectives

The trip was undertaken for the purpose of ongoing general project management, in accordance with the agreement of the Egypt project PI's that one of the U.S. Principal Investigators should be in the field most of the time and that frequent meetings and going communications among PI's are essential during the data collection phase. Specific objectives included in above were:

- 1) To participate in ongoing training, collaboration, quality control and analysis of data in the areas of morbidity and anthropometry.
- 2) To facilitate the implementation of methodological investigation of food intake data collection methods, as agreed upon at the May 1984 SCB meeting.
- 3) To facilitate the implementation of all aspects of the core design not yet in place as of early June, i.e.,
 - a) Resting metabolic rate measurements
 - b) Parasite screening
 - c) Measurement of water quality
 - d) Vision and hearing tests
- 4) To participate in the planning for, conduct, and action subsequent to the visit of representatives of the External Evaluation Panel (EEP) during mid-July.
- 5) To participate in overall project management, including budgeting, and further project development.

Approximately 14 of the 73 days during this time were spent working on non-CRSP activities; per diem for this time equivalent has been charged to other sources.

An additional goal of this trip, accomplished during non-working time, was to improve my competence in Arabic; this was done through attendance at the American University of Cairo's Arabic Language Unit intensive summer course, June 10 - August 2.

Accomplishment and Assessments

This section will be organized in relationship to the objectives previously stated.

Objective number one, the ongoing training, collaboration, and quality control activities in the areas for which the young physicians are responsible, was an ongoing activity during the entire summer but most especially during the month of July, when Dr. Farouk Shaheen was on annual leave. During this time three of the more experienced physicians were assigned leadership roles for overall group management, field operations, and data management. During this time I worked closely with them on day to day operations, and on preparations for and evaluation of the visit of the external evaluation panel (EEP) representatives. This leadership arrangement worked extremely well and on Dr. Farouk's return at the end of July these roles were assigned to other young physicians in order to provide an opportunity for others to gain leadership experience within the group. These roles will be regularly rotated within the group.

Specific accomplishments included the following:

- 1) The revision of monthly morbidity summary forms developed by the Kenya project in order to adapt them for use in Egypt. These revisions were communicated to Arizona, where the final version was sent to the Kansas Data Management Unit for approval (copy attached, Appendix).
- 2) Revision and expansion of the Morbidity Manual. During the summer we worked closely with the young physicians group, in communication with Drs. Sieber and Ritenbaugh in the U.S., to develop a list of approved pharmaceuticals and standard treatment protocols for management of common illnesses. These are now part of the revised morbidity manual, copies of which have been filed with the project's annual month report.
- 3) Data management and quality control. The error forms provided by Kansas for detection, correction and documentation of errors in the data were discussed at length, and the first batch of error forms was assigned to representatives of the young physicians group for resolution with Data Management Unit. In addition, numerous meetings including weekly all-day sessions with the entire group were devoted to issues of standardization, field management of data, relationships with Data Management Unit and field operations.
- 4) Approximately ten new physicians have joined the group in the previous six months. Considerable time was spent by the more experienced members in training these individuals in CRSP morbidity protocols and in anthropometric technics.
- 5) The first target infants were born in Kalama in July. Details of the birth subroutine, including coordination or the work of the reproduction group and the physician group,

targeted group as well as coordination with the dayas (traditional midwives) and the health center in the village were worked out prior to this time and during the handling of the first few infants. By the end of the summer the system seemed to be working well. The reproductive group under the direction of Dr. Nargis Bassily now produces each month a list of women nearing the end of their pregnancies along with notations of their expected due dates. These women are visited every day or almost every day, and all data collectors have instructions to report 'immediately to Dr. Nargis' group if when they are in a household, they observe the target woman in labor or having recently delivered. Dayas and the mothers themselves are encouraged to notify project staff. Upon notification of a birth, Dr. Nargis notifies in person or by telephone the physician group and Dr. Zeinab Bishry (who is responsible for the Brazelton exam within the first week). A representative of Dr. Nargis' group visits the mother within the first 24 hours to weigh the baby and implement the birth sub-routine. Within the first 72 hours, preferably the first 48, one of the physician group visits the mother and infant and performs the Dubowitz exam and the newborn clinical examination. Dr. Bishry visits the infants in the first week to administer the Brazelton examination.

- 6) Training of the new group of physicians and retraining of the more experienced group with regard to the Dubowitz examination was begun. Data from the first few infants were reviewed and discussed both with representatives of the young physicians group and Dr. Shaheen.

Objective number two, facilitation of the methodological investigation of food intake, as agreed upon at the May SCB meeting, was accomplished in collaboration with Dr. Galal and Dr. Wafaa Moussa, Dr. Jerome when she was present in the field, and Dr. Soheir Sukkary-Stolba.

Objective number three, facilitation of the implementation of aspects of the core design not yet in place as of early summer, consisted of the following major activities:

- a) Resting metabolic rate: At the beginning of the summer, the Beckman metabolic cart was still not operational due to the lack of availability of calibrating gases. During June, we arranged to borrow equipment (an Ergo-Oxy-Screen) from the National Sports Center. This machine was taken to Kalama and data collection was begun. By mid-July, when the EEP representatives visited, we had accumulated data on about 20 subjects and it was clear that there were both equipment and personnel difficulties to the degree that continuing to collect data under this arrangement would not be a good use of resources. We therefore turned our attention to

reorganizing the RMR component. A decision was made to try to locate the responsibility for the RMR measurements within the Nutrition Institute rather than an outside organization. The most logical individuals to involve in these activities are young physicians, but after many discussions it became clear that due to the current field load in Kalama and the stage of the young physicians group in their training, it would be at least October before a small group of young physicians could be diverted to this activity. Therefore it was decided that we would attempt to bring an American technician, already experienced in use of the metabolic cart, to Cairo for the interim for training purposes. Dr. Jed Gardiner, work physiologist for the Kenya project agreed to consult with us, and to assume responsibility for overall supervision of this aspect of the Egypt project. The calibrating gasses were finally freed from customs early in August, and Dr. Gardiner arrived immediately thereafter and spent a little more than a week during which he was able to get the system operational and to train one individual from the Institute, Dr. Morsey, to operate the instrument. Details of that work are contained in Dr. Gardiner's trip report, already filed.

b) Parasite screening. Arrangements were made to screen all target households as agreed in the core design, during and shortly after the visit of Dr. Farouk Gaafar from Purdue University in July. Details of his activities and results are contained in his trip report. My role during this time was primarily facilitative.

c) Measurement of water quality. I held several meetings with Dr. Fahmy Sedig and Dr. Redda El-Sherbini of the Nutrition Institute in order to devise a sampling and analytical protocol for measurement of water quality in Kalama. These tests were begun in August.

d) Vision and hearing tests. Protocols for administering vision tests to schoolers, and target adults and hearing tests to all targets were worked out with the young physicians group. The vision tests for toddlers was referred to the cognitive group for evaluation and planning.

With regard to objective number four, Drs. Gerald Keusch and Phillip Payne, representing the External Evaluation panel, visited the project in mid-July. Their evaluation report is on file. Their thorough, supportive, and scientifically helpful approach, was a tremendous morale booster for the entire Egyptian staff. I felt that their visit and the evaluation which resulted was exceedingly useful to the project.

With regard to objective number five, overall project management, budgeting, and planning, a few items are worthy of note:

a) There was a major backup of data flow from the Nutrition Institute to Kansas, which we temporarily solved by hiring high school students on vacation to accomplish photocopying.

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b) The need to move data entry and management to Egypt is recognized by all. During July, I became aware of a large and highly competent computer center located at Al-Ahram, the major government newspaper. The computer center has two IBM main frames, SPSS on line, a large number of data entry terminals, and a 24-hour operation. They do a great deal of business contracting, and have a dual rate structure in which researchers are charged less than commercial contractors. I had three meetings with the data management director and their scientific coordinator, and obtained the information which laid the groundwork for Dr. Jerome and others to continue negotiations with them after I left in August.

c) Planning for the Egyptian portion of the CRSP budget from October 1, 1984 through August 31, 1987 was accomplished in multiple meetings with the Field Coordinator and the Egyptian Principal Investigator.

d) Plans for limited, immediate local analysis of data without computer facilities were begun with a goal toward producing an integrated data set on a subset of households prior to the SCB meeting in late September.

e) The Institute acquired four small Hewlett Packard #85 microcomputers, from the Ministry of Health. These arrived after having been used on another project and arrived without user manuals or any kind of guide. I was able before I left to ascertain that at least the calculating functions did work, but at the time I left Egypt they were still without instructions or software. After returning to Arizona, we acquired a users manual and sent it to Egypt immediately; also in September, when Dr. Galal was in Tucson, we observed a demonstration of the limited software available for this machine and ordered basic statistical packages which have now been sent to Egypt. (These are very small machines without disk drives, so they in no way solve any computer problems other than the very important one of familiarizing Institute staff with the use of microcomputers. They may also be highly useful in management of day-to-day field operations and analysis of very small subsets of data.)

SCHEDULE OF ACTIVITIES

June 8-9

In transit, Tucson to Cairo

Week 1, June 9 - June 14

Initial discussions with Ms. Meyer, Drs. Galal and Shaheen about followup from May SCB meeting (modifications approved, publications policy, laboratory quality control, budget, etc.) and general update on field operations and data flow.

Dr. Soheir Sukkary-Stolba arrived on June 10 to begin 3 weeks ethnographic field work in Kalama. Spent several days planning her work with her and Drs. Galal and Wafaa, and evaluating the field situation with her after initial visits to Kalama.

CRSP project meeting June 14; general update from all senior scientists

Week 2, June 17 - June 21

Extensive discussions with Dr. Sukkary-Stolba as her work in Kalama progressed; wrap-up summary discussions with her and Dr. Galal.

Planning with Dr. Shaheen and young physicians group for the July field load, EEP visit, handling of CRSP morbidity and related responsibilities while Dr. Shaheen would be absent (vacation for the month of July).

Work with morbidity and reproduction groups to coordinate newborn subroutine, as first target infants are beginning to be born.

Discussions with Dr. Fleita about immunology situation and needs, prior to her departure to US on sabbatical leave.

CRSP project meeting June 21; planning for EEP visit.

Week 3, June 24 - June 28

Meetings with Dr. Shaheen and Drs. Aiman, Magda, and Lubna (assigned leadership roles in young physicians group for month of July) regarding field schedule, newborn subroutine, quality control, morbidity manual revisions, data cleaning and corrections procedures.

Meeting with Dr. Fleita about budgetary needs for immunology work.

Meeting with Drs. el-Naggar and Farouk Abdel-Wahaab about RMR, need to get some substitute equipment in the field and working while awaiting the calibrating gases for the Beckman cart.

Meeting with Dr. Wafaa about food intake work subsequent to Dr. Sukkary's departure.

Trip to Bilbeis with Drs. Galal, Shaheen, Ghoneim, and Ms. Meyer to observe diarrheal disease/nutrition project there and meet with local staff.

Week 4, June 30 - July 5

Holidays June 29 - July 3
(feast marking the end of Ramadan)

Meetings at NI and in Kalama with young doctors, Ms. Meyer, Drs. Saneya and Galal about pregnancy followup, birth subroutine, coordination of morbidity group with data management unit, problems encountered with data so far, plans for EEP visit.

Meeting with Dr. Wafaa about MS theses of some graduate students under her direction.

Discussions with Dr. Saneya about pregnancy entries and exits.

Meetings with Mr. Ragaa and Dr. Galal about socioeconomic survey update; plans made to begin next week.

Week 5, July 7 - July 12

CRSP project meeting July 8th
(postponed from last week due to
holidays)

Planning for EEP visit with Ms.
Meyer, Dr. Galal, young physicians'
group.

Meetings with young physicians'
leaders to discuss Dubowitz
examinations and review data from
first few newborns, discuss
relationships between village dayas
(lay midwives) and CRSP, and other
aspects of newborn followup;
planning for training of new group
of young physicians in
anthropometry.

CRSP project meeting July 12th.

Week 6, July 14 - July 19

EEP visit - final preparations,
meeting with visitors in Cairo and
Kalama, and post-departure
evaluation with Drs. Jerome and
Galal and other Egyptian staff.

Week 7, July 21 - July 26

Budget planning with Ms. Meyer and
Dr. Galal

Continuing review and quality
control and solving of field
problems with young physicians.

Planning and facilitation of the
activities of Dr. Gaafar and
Egyptian counterpart staff re:
parasite screening in Kalama. Dr.
Gaafar arrived July 21.

Meeting with Dr. Esmat re:
immunology

Initial meeting with group
responsible for evaluation of water
quality (Drs. Fahmy Sediqu and Reda
el-Sherbini) to plan protocol.

Discussions about food intake with
Drs. Jerome, Wafaa, Galal and Ms.
Meyer prior to Dr. Jerome's
departure.

CRSP project meeting July 12th

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Week 8, July 28 - August 2

Continued meetings with water quality group

Continued meetings with young physicians general update and plans with Dr. Shaheen on his return (July 31st).

Discussions with Mr. Ragaa on minor issues to be resolved re: socioeconomic update.

Meeting with Dr. Jussef Walli (Minister of Agriculture), with Drs. Galal and Troy Wakefield (visiting from Tennessee State University in Nashville, Tennessee)

Visit to Al-Ahram Data Management center with Dr. Faisal Yuniss, followed by another visit with Dr. Yuniss and Dr. Galal. Gathering of information on their capabilities and costs re: data entry and verification.

CRSP project meeting August 2nd.

Week 9, August 4 - August 9

Meetings with Drs. Wafaa about food intake progress and with two senior dietitians assigned to be liaison with Dr. Sukkary.

Arrival of Dr. Sukkary for further fieldwork on August 5th; discussions with her about living situation in Kalama and about plans for the month.

Work on Nutrition Institute budget for periods 4, 5 and 6 with Ms. Meyer and Dr. Galal.

CRSP project meeting August 9th.

Week 10, August 11 - August 14

Dr. Jed Gardiner, work physiologist with the Kenya project, arrived August 9. Work with Dr. Gardiner on RMR situation, including several meetings with him and relevant NI staff.

Wrap up discussions with Dr. Jerome
(arrived August 12) and Drs. Galal
and Shaheen.

August 14, Tuesday

Left Cairo

August 15-19

In transit, vacation

August 20, Monday

Arrival in Tucson

