

MANAGEMENT SCIENCES FOR HEALTH  
TIHAMA PRIMARY HEALTH CARE PROJECT  
Yemen Arab Republic

3723/

Head Office  
Ministry of Health  
Hodeidah Governorate  
P. O. Box 4658  
Hodeidah, Y. A. R.  
Tel. 224449

PD - AAQ - 557

Sanaa Office  
P. O. Box 10650  
Sanaa Y. A. R.  
Tel. 207541

MANAGEMENT SCIENCES FOR HEALTH  
TIHAMA PRIMARY HEALTH CARE PROJECT  
USAID CONTRACT NO. NEB-0065-C-00-3032-00  
(279-0065)  
YEMEN ARAB REPUBLIC

-  
TECHNICAL ASSISTANCE ACTIVITIES  
October - December  
1984

MANAGEMENT SCIENCES FOR HEALTH  
TIHAMA PRIMARY HEALTH CARE PROJECT (279-0065)  
YEMEN ARAB REPUBLIC  
QUARTERLY REPORT - TECHNICAL ASSISTANCE ACTIVITIES  
October-December  
1984

1. INTRODUCTION

During the final quarter of Calendar Year 1984, Tihama Primary Health Care Project personnel have concentrated much of their attention upon the project's future direction both in terms of its management and in terms of the activities in which it will be engaged. Towards this end, the project has benefited from the services of eight short term consultants whose speciality areas ranged from media development to the training of female health workers. Despite the fact that there are a number of issues which need to be resolved, project senior staff look forward to 1985 as being a year in which primary health care activities in the Tihama receive increased levels of commitment from all concerned parties.

2. Review of Workplan 1984 Progress

In the July - September 1984 quarterly/annual report, activity objectives were established in eleven major areas. A summary of progress in each of these areas is as follows:

2.1 1985 Workplan Development

During the second week in December, senior project staff completed a review of 1984 activities and agreed upon major activity areas for 1985. In the process of agreeing upon 1985 activities, project staff reorganized the project's management

structure so that the Project Director can more rationally allocate responsibility for specific project areas to senior level host country national staff. During the month of January, all project staff will work together towards the development of a precise workplan for each project activity area. It is anticipated that the drafts of most portions of the workplan will be available towards the end of January 1985 and that the entire workplan will be translated into Arabic and prepared for the central level Ministry of Health's consideration by the middle of February 1985. It is important to note that the development of the 1985 Workplan, while essential to the continued progress of the TPHCP, is nonetheless a management exercise in which, for the first time, host country national personnel are expected to play the major development role.

## 2.2 PHCW Assessment and Recruitment

With the assistance of Mrs. Evelyn Thomas, a short-term consultant in primary health care training, the project has reviewed the curriculum in terms of its applicability for training purposes. The review resulted in a re-structuring of the curriculum so that it would more closely respond to the trainer/supervisors' need for guidelines on competency-based training techniques. At the same time, project staff ensured that the training program continued to adhere to the Health Manpower Institute's manual on subject matter to be included in Yemen's PHCW programs.

Dr. Arsalan, TPHCP Training Director, anticipated being able to begin the next PHCW training class on March 2, 1985. According to the project's revised training schedule, PHCW trainees will be

recruited for 9-month training classes of eight trainees each at intervals of every three months through June 1986. Each training cohort will receive three months' training at Zaiydia Health Center, Tahreer Health Center, and in the field with certified PHCWs and the project's trainer/supervisors. The advantage of this rotational-type training program is that it allows trainers give more attention to classes of a smaller size while still allowing the program to meet its training target. The project anticipates that it will have completed the training of a total of 80 primary health care workers by the month of February 1987.

### 2.3 Short-Term Consultancies

In the previous quarter's report, it was anticipated that eight short-term consultants would be recruited to provide the project with input in seven discrete areas. While the consultancy in curriculum development/PHCW training is still in progress, the following consultancies were initiated and completed during this past quarter:

- o Media Development/Health Education: Benjamin Tisa and Barbara Croken: October 1-December 1;
- o Female Health Workers: Mary Hebert: October 1-December 11;
- o Transport Systems: Jean Delienne: November 15-December 18;
- o Drug Logistics: James Bates: November 21-December 19;
- o Health Systems: Paul Torrens: December 1-December 22;
- o Finance: Margaret Huff: December 18-January 13.

Draft consultancy reports were completed by each consultant prior to his/her departure. Major recommendations of each consultant will be discussed later in this report.

#### 2.4 Assessment of TPHCP Information System

The project continues to move forward on the development of an information system on specific project-related topics. Information is presently being collected on malaria incidence, child health/immunization activities, and PHCW delivery of curative care services. With the assistance of Miss Margaret Huff, short-term consultant on Finance, the project's accountant is beginning to develop a program-specific cost accounting system. Within the coming quarter, the project anticipates being able to collect incidence data on tuberculosis and to be able to more accurately report upon the consumption of drugs by the primary health care units' clients.

#### 2.5 Participant Training Plan

As noted in the previous quarter's report, the Ministry of Health and the USAID/Sana'a Mission will need to resolve the issue of payment for airline tickets for host country nationals in training out side of Yemen. The project has submitted a tentative participant training plan to the USAID/Sana'a Mission. In implementing the training plan and with the agreement of the USAID/Sana'a Mission's Director, the project is now in the process of arranging PHC field observations in Morocco and Tunisia for two trainer/supervisors. The project also plans to work with USAID and the Ministry of Health on the development of a Boston-based management training program during the month of Ramadan (15 May-15 June). The project has also recently received notificatin that Dr. Arsalan's application as an MPH candidate at Johns Hopkins University has been accepted by JHU. If outstanding training issues can be resolved, the project anticipates being

able to send Dr. Arsalan for training beginning in July 1985.

#### 2.6 Malaria Surveillance Plan

At the beginning of the last quarter, the project planned to institute a malaria surveillance program in 13 of the TPHCP's 32 villages. Trainer/Supervisors and PHCWs have now been trained in each of the 13 selected villages and over 200 slides have been collected. During the coming quarter, the project intends to continue the surveillance program with the objective of implementing a malaria control program through health education provided by the PHCWs.

#### 2.7 Extension of Child Health Program

The target for this past quarter was to extend full-scale child health activities (Under-5 registration, weighing, nutrition monitoring, immunizations, and health education) to a total of 14 of the TPHCP's 32 villages. The project was able to exceed this target by extending child health activities to 17 of the project's villages. During the present quarter, the project intends to collaborate with the World Health Organization's Expanded Program on Immunizations to extend child health activities to all of the project's villages. One of the major objective of this accelerated activity will be to work toward developing the primary health care worker's skills in administering immunizations and to, thereby, cut back on non cost-effective mobile team operations. Mr. M.A. Barzagar, the World Health Organization's adviser on primary health care in Sana'a, has assured the project of support for this activity in terms of a streamlined vaccine logistics system and in terms of supplies and equipment.

in support of an effective cold chain operation. In mid-February, the project intends to employ the services of Mr. Anthony Battersby, an expert in the management of immunization programs, to assist the Government of Yemen in strengthening the operations of its Tihama immunization program.

#### 2.8 TB Follow-Up Activities

Although the project has initiated limited tuberculosis surveillance activities in six of its villages, project staff have had to delay further progress on this activity until 1985.

#### 2.9 Testing of ORT Protocol

With the establishment of a national-level diarrhea disease control program, project staff have been obliged to delay testing of the ORT protocol pending an establishment of policy on program approach from the central ministry of Health. Project staff continue to believe that a practical implementation of an oral rehydration therapy educational program at the village level represents one of the major components of a primary health care system. The project has every intention of according this activity the high priority it deserves during the first quarter of 1985.

#### 2.10 Analysis of PHCW Curative Care Practices

With this past quarter's completion of a drug logistics consultancy, the project is now in a position to begin an analysis of the data being generated under the revised inventory control system. It is expected that, within the next six months, project staff will have completed a tentative PHCU curative care analysis. The results of this analysis will serve as a base for recommendations on future curative care services to be offered by

primary health care workers.

### 2.11 Trainer/Supervisor In-Service Training

The weekly scheduling of in-service training sessions for trainer/supervisors continues to be a regular project activity. It is also anticipated that, in using the re-structured PHCW training curriculum, the trainer/supervisors will themselves be able to strengthen their own skills in teaching and in providing supervision of primary health care activities.

## 3. Specific Activities: Long-Term Advisers

### 3.1 William Emmet: Chief of Party/Management Specialist

During the last quarter of CY1984, the project's management specialist devoted a considerable amount of attention to the recruitment and coordination of short-term consultants and to the preparation of project personnel to assume responsibility for the development of the 1985 workplan. The management specialist also worked with the USAID/Sana'a Mission on the development of guidelines for the projected March 1985 mid-term evaluation of the TPHCP.

### 3.2 Rachel Feilden: Health Systems Analyst

In her capacity as the project's health systems analyst, Ms. Feilden has been working with the TPHCP's Project Director on the definition of information system needs. This specific activity was undertaken by Ms. Feilden in response to the central level Ministry of Health's expressed interest in strengthening its national guidelines on information generation. In continuing to work with the project's short-term consultants, Ms. Feilden de-

voted a considerable amount of her time during the past quarter to working with Ms. Mary Hebert, the project's short-term consultant on village-level MCH activities. During the coming quarter, it is anticipated that Ms. Feilden's continuing work on information system development will begin to provide the senior staff with systematic and accurate information on project activities.

### 3.3 Tim Irgens: Community Development

In support of his activities as the project's community development adviser, Mr. Irgens has also assumed responsibility for assisting host country nationals in an analysis of the project's logistics needs. In this capacity, Mr. Irgens has been working directly with Mr. Najeeb, the project's newly-appointed logistics officer. Mr. Irgens has also coordinated the activities of short-term consultants in logistics and transport and is responsible for assisting the project in follow-up activities recommended by consultants in these two areas. During the coming quarter, it is anticipated that Mr. Irgens will play a key role in assisting the Director of Training in the recruitment of the next cohort of PHCW trainees.

### 3.4 Claude Letarte: Primary Health Care Adviser

During this past quarter, Dr. Letarte has continued to play a major role in assisting his project counterparts in the implementation of the TPHCP's field activities. Child health activities and the development of the malaria surveillance protocol have received Dr. Letarte's specific attention. In addition, Dr. Letarte has been instrumental in working with the project's senior staff in a definition of the project's participant train-

ing needs and in the promotion of the project's participant training program objectives at both the central level of the Ministry of Health and with officials at the USAID/Sana'a Mission. During the coming quarter, it is anticipated that Dr. Letarte will be heavily involved in the projected expansion of the child health program and in working with the trainer/supervisors in using the re-structured PHCW training curriculum.

#### 4. Specific Activities: Short-Term Consultants

During the past quarter, the project benefited from the services of eight short-term consultants. Seven of these consultancies have been completed with preliminary drafts of all consultancy reports having been submitted to USAID/Sana'a and to the Ministry of Health. During the coming year, the project intends to address the follow issues and recommendations which were included in the consultants' reports:

4.1 Media Development (Croken/Tisa): In accordance with the consultants' recommendations, project staff will be working closely with the Ministry of Health's Health Education Unit(HEU) to develop a media development/health education component for the TPHCP. It is anticipated that project staff will need to work with the HEU, its branch office in Hodeidah, and the USAID mission in Sana'a to specify additional equipment which may be needed if the HEU is to be in a position to assist the project. The project also intends to develop a workplan with the HEU. The workplan will specify materials to be developed in support of the Tihama's PHC activities.

4.2 Female Health Workers (Hebert): Ms. Hebert's two month consultancy focused on the level of health activity and knowledge at the village-level. Her report has provided project staff with a sufficient degree of information with which to knowledgeably discuss the advantages and disadvantages of on-site training of traditional health workers. It is the project's intention to use Ms. Hebert's report in the interest of moving the Ministry of Health forward in making a policy decision on TBA/LBA training.

4.3 Transport Systems (Delienne): Mr. Delienne's report has already been translated into Arabic. During the coming quarter, the project will attempt to implement Mr. Delienne's recommendations on strengthening the project's transport system. Specific attention will be paid to the issue of preventive maintenance and to the rational use of available transport.

4.4 Drug Logistics( Bates): Mr. Bates' work on behalf of the project focused upon the extent to which the project had been successful in implementing the revised drug logistics system recommended during Mr. Bates' earlier consultancy in May 1984. Although the Hodeidah central operations appear to be well organized, Mr. Bates has recommended that the project's attention be directed towards the drug logistics operations at the level of the primary health care unit. Thus, the project intends to work closely with the primary health care workers to ensure that their part of the drug logistics system responds to the project's need for systemized management and for a regular and accurate flow of drug utilization information.

4.5 Health Systems (Torrens): Dr. Torrens' December 1984 consultancy represented a follow-up to his December 1983 short-term

assignment. Although Dr. Torrens concluded that the project had strengthened its organization over the last year, he continues to be concerned - as do the long-term advisers - with the Ministry of Health's low-level commitment to the TPHCP's goals and objectives. Thus, the project's long-term advisers intend to work with their Hodeidah and Sana'a Ministry of Health counterparts in an attempt to increase the role which the host country nationals presently play in day-to-day operations of the TPHCP. The project also intends to insist upon the March 1985 evaluation team's frank assessment of the Ministry of Health's understanding of and commitment to the Tihama's primary health care program.

4.6 Finance (Huff): Ms. Huff's major contribution during her consultancy was to establish parameters for the development of a cost accounting system. It will now be the project's responsibility to begin collecting the required data and to work with the Hodeidah Office of Health in an attempt to include all attributable PHC costs in the cost accounting system presently being developed.

## 5. Future Activities and Issues

During the first quarter of CY1985, it is anticipated that project staff will be addressing the following activities and issues:

5.1 Participant Training: One of the project's primary objectives is to develop host country skills in the interest of ensuring program sustainability following the completion of the TPHCP's projected 1987 termination of its technical assistance component. During the coming quarter, project staff will be working with MOH

and USAID officials to clarify participant training policies and guidelines in an attempt to move forward more vigorously in providing long and short-term training for Yemen project staff.

5.2 Training of PHCWs: As mentioned earlier in this report, the project intends to begin training its next cohort of eight primary health care workers in the first week of March. With the cooperation and collaboration of the Health Manpower Institute, project staff intend to use the re-structured PHCW training curriculum presently being developed by Mrs. Evelyn Thomas, the TPHCP's short-term consultant in PHCW training.

5.3 Child Health Activities: As a continuing activity, the project's child health activities will be extended to a large majority of the project's 32 villages. In collaboration with the World Health Organization's Expanded Program on Immunizations, project staff will be working with existing primary health care workers in order to provide them with the in-service training in the administration of immunizations. It is expected that this training will result in the PHCWs being more self-sufficient in the management of village-level immunization efforts.

5.5 Information System Development: In their continuing effort to develop an information system on project-related activities, project staff will be addressing the following issues:

- o recurrent costs attributable to an on-going PHC project;
- o the extent of curative care being provided by primary health care workers;
- o the actual consumption of drugs by village-level populations being served by a primary health care unit; and

o the level of attainment of specific preventive health care targets by each of the project's primary health care units.

5.5 ORT: As noted earlier in this report, the project's interest in moving forward on the development of ORT activities - and indeed on an expansion of earlier anticipated ORT activities - has had to be contained pending the Ministry of Health's formulation of guidelines and policy on the future direction of its diarrhea disease program. During the coming quarter, project staff intend to push for an early definition of policies and guidelines so that the project can develop its regional ORT activities in accordance with the Ministry's national guidelines.

5.6 Media Development: As mentioned earlier in this report, the project intends to work in direct collaboration with the Ministry of Health's Health Education Unit towards the design of a work-plan which will define the project's future direction with regard to the development of health education materials in support of project activities. However, the project does not anticipate being able to actually develop any substantive health education materials during this coming quarter.

5.7 Malaria/TB Surveillance: Project staff recognize that the development of surveillance activities for malaria and tuberculosis has not met earlier expectations. While it is the project's intention to move forward on the development of surveillance activities, full-scale initiation of a surveillance program may have to be delayed until the following quarter.

5.8 Short-Term Consultancies: In addition to directing the completion of Mrs. Evelyn Thomas's consultancy on training, project staff will be engaging the services of three consultants in the

following two discrete areas:

o Manpower Planning: Mr. Peter Hornby, who will be returning for his second consultancy , and Mr. Peter Shipp will together assist the TPHCP in working toward the completion of project-related job specifications. The project also intends to ask Hornby and Shipp to work with the project and with the Ministry of Health in addressing manpower planning issues which have a direct relevance to the issue of long-term primary health care program sustainability.

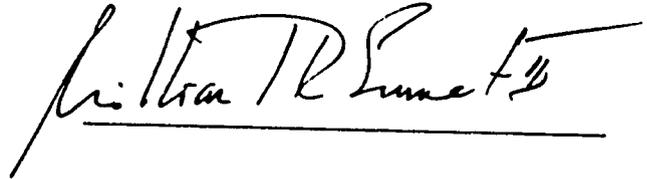
o EPI: Mr. Anthony Battersby, an expert in the operations and maintenance of immunization programs , will be responsible for evaluating the project's present immunization activities. The project also intends to ask Mr. Battersby to address the issue of PHCW training in the administration of immunizations and to advise the project on the development of an effective and efficient primary health care vaccine cold chain.

o Mid-term Evaluation: During the coming quarter, project staff will be preparing information and reports in anticipation of the projected mid-March external project evaluation. The project anticipates that the March evaluation will provide the Ministry of Health and USAID with information necessary to determine the project's future direction.

6. Summary

This report provides an account of activities carried out by Management Sciences for Health and the Yemen Arab Republic's Tihama Primary Health Care Project host country national staff from October to December 1984. It records the progress which has been achieved during the quarter and provides a program of activities which project staff anticipate undertaking during the months of January to March 1985.

January 26, 1985

A handwritten signature in cursive script, reading "William L. R. Emmet, Dr. P.H.", written over a horizontal line.

William L. R. Emmet, Dr. P.H.  
MSH Chief of Party/TPHCP