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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
JULY-SEPTEMBER
1984

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1. INTRODUCTION

In October 1983, Management Sciences for Health (MSH) submitted its first quarterly report in reference to its technical assistance activities in support of the Yemen Arab Republic's Tihama Primary Health Care Project (TPHCP). Since that date, MSH has submitted three additional quarterly reports for January, April, and June 1984. As MSH assumed total technical responsibility for TPHCP activities in September 1983, the comments contained in the following paragraphs represent our response to our contractual obligation to provide USAID with an annual review of our activities in addition to a review of activities performed during the July - September 1984 quarter.

2. General Description of Activities

During the past year, the four-person MSH technical assistance team has worked in close collaboration with host country national counterparts attached to the Tihama Primary Health Care Project (TPHCP). The entire TPHCP team has concentrated its efforts upon developing a primary health care project which emphasizes an active community-oriented approach to providing preventive health care to the Tihama's rural villages. 32 primary health care workers (PHCWs) and 10 local birth attendants (LBAs) have assumed the major responsibility for organizing their com-

munities to participate in project-sponsored activities designed to monitor the growth and health of children and to provide the full range of under-five immunizations . Eight trainer/supervisors are presently receiving weekly TPHCP refresher training courses on selected primary health care topics and are using their newly acquired knowledge to more effectively support PHCW/LBA village activities.

In accordance with a 1984 workplan developed by national and international TPHCP senior staff, specific staff members have been responsible for the development of a project information system and of such PHC initiatives as malaria and tuberculosis control, child health monitoring, and diarrreal disease control. Other staff members have worked with seven short term consultants on such management/administrative issues as financial planning, health systems development, manpower planning and drug logistics. Finally, all TPHCP staff have worked together towards the objective of developing training programs and project activities which reflect national policy while, at the same time, help to modify and improve policies and guidelines which may be less than responsive to the needs of the Tihama's population or indeed, of the nation's primary health care priorities. In an effort to fully achieve this objective, TPHCP senior staff have also made a concerted effort to involve central Ministry of Health officials and staff of other primary health care programs in an exchange of information on all project activities.

With reference to Article I (Statement of Work) Section D (Scope of Work-Detailed) of the MSH/USAID June 1983 Technical

Assistance Contract, the following comments summarize our assessment of progress in meeting the specified scope of work.

2.1 Project Management (Section D. Paragraph 1)

a. Development of working rapport with MOH personnel in Sana'a and Hodeidah: As can be readily understood, this objective was accorded a high priority by the MSH technical assistance team during its first year of operations. With over 35 years of collective experience in third world countries, the MSH team was initially quite concerned with the lack of primary health care program management experience of our host country counterparts as well as with a certain lack of interest amongst these same individuals in developing a community-oriented program to provide preventive health care services to the Tihama's rural population. In reflecting upon our progress in gaining the confidence and support of our Yemeni counterparts, we are convinced that we have now succeeded in transferring to our senior colleagues an understanding of basic PHC program management issues. With our host country counterparts increased interest in field activities and their participation in training programs designed to strengthen the understanding and performance of existing trainer/supervisors and primary health care workers, we also believe that we have developed an effective working relationship with our host country counterparts and that the relationship is based on a mutual commitment to develop Yemen's first truly responsive primary health care program. At the same time, we remain concerned with what we consider to be a lack of national commitment to support and sustain primary health care activities

following the 1987 completion of the USAID/YARG project agreement. Thus, it is our intention to more vigorously pursue, in collaboration with the USAID/Sana'a Mission, the development of the YARG's commitment to effectively support and sustain a national primary health care program.

b. Develop informational exchange among other Yemeni primary health care projects: Our progress in this area has been largely limited to informal contacts between our technical advisers and other expatriates who are providing technical assistance to primary health care projects in Damar, Taiz, Amms, and Rowdah. Unfortunately, our Yemeni counterparts do not yet feel that they have the government's approval to freely associate with personnel from other projects. Thus, the information which we share with other projects is largely kept within the expatriate community. We should obviously like to change this situation but, at the present time, we anticipate that we will have real difficulty in doing so.

On the other hand, we have been able to work most successfully with other projects, such as the World Bank's Health Management Project and with such voluntary organizations as the German Volunteers (GTZ) and Oxfam. In fact, the World Bank is actively collaborating with the TPHCP in the development of nutrition assessment activities and the GTZ has agreed to support, with expatriate personnel, the management and operations of Al Zorah Clinic in the Tihama. According to our informal agreement with the GTZ, Al Zorah clinic will assist the TPHCP in the supervision and support of the TPHCP's primary health care units located in the Saudi border area of the Tihama.

c. Training of Yemeni counterpart staff in systems maintenance: If we were to identify one activity as having received the MSH team's major emphasis during this past year, we would clearly focus on on-the-job training of our counterparts as being that activity. During the past year, the project has instituted weekly in-service training programs with its eight trainer/supervisors. Each training session focuses upon a single topic with the expectation that the trainer/supervisors will transfer their knowledge to the project's thirty-two primary health care workers and ten local birth attendants. In addition, all senior technical staff - both international and national - have greatly increased their field activities to the extent that we have established a schedule of village-level health education activities which are largely conducted by host country national personnel and supported by the MSH technical assistance team. The goal of these visits is not only to develop health education activities in each of our project villages but also to work directly with the primary health care worker in the interest of increasing his ability to function as an effective agent for health initiatives. Finally, in the interest of institutionalizing primary health care activities as a private sector initiative, project senior level personnel have developed a proposal for expanded Oral Rehydration Therapy (ORT) activities. If the proposal is accepted and funded by USAID, we anticipate that we will be able to extend the project's impact from a targeted 70 villages to approximately 350 additional villages. With a simplified in-field training program of approximately 700 ORT agents at the community level, the

proposal places a major emphasis upon community support of the program while, at the same time, calling for minimal public support in terms of financing of recurrent costs.

d. Regular quarterly reports: As noted in the introduction to this report, all quarterly reports have been provided as called for in the contract.

e. Local currency budget submission: As all MSH contract costs are covered in a dollar cost budget, MSH has met its budgetary reporting requirements through monthly reports submitted by MSH's Boston office to USAID/Washington. In addition, the MSH/TPHCP Chief of Party has worked directly with the USAID/Sana'a Mission in providing them with budgetary estimates in a timely manner. Finally, in a spirit of collaboration with the USAID/Sana'a Mission, we have been pleased to periodically provide their financial officer with Standard Form 1034 which is submitted by our Boston office to USAID/Washington's Office of Financial Management.

f. 18-month implementation plan: In May 1983, MSH submitted to USAID an 18-month implementation plan as part of its six-week April-May 1983 consultancy report. This plan was developed in collaboration with the Director of the TPHCP, Dr. Abdul Halim and in consultation with Dr. Abdul Wahib Mekki, who was then Director of Primary Health Care Programs at the Ministry of Health/Sana'a. In January 1984, the MSH team and its host country counterparts spent three weeks on the development of a 1984 Workplan. This workplan essentially supports the original 18-month workplan while more precisely designating responsibility

for the performance of activities. However, although the workplan was developed and thoroughly modified , reviewed , and agreed upon by all senior project staff, by Dr. Al Junaid, the Director of the Hodeidah Health Office, by Dr. Abbas Zabarrah, the MOH/Sana'a Director of Primary Health Care Programs, and by Dr. Ahmed Hamami, the MOH Director of Medical and Health Services, we have yet to receive an official written approval of the workplan. While the inability of projects to obtain MOH written approvals for activities is one of the exigencies of working with Yemen's Ministry of Health, we recognize the inherent difficulties of having to work without the official approval of the Ministry of Health. Thus, with the assistance of the USAID/Sana'a Mission and its TPHCP project officer, we have established Ministry written approval to the forthcoming 1985 Workplan as a condition precedent to continued funding for project activities.

2.2 Implementation Assistance (Section D, Paragraph 2)

a. In-service training in family planning: Although this activity is included in our 1984 Workplan, the response of our Yemeni counterparts to the development of family planning activities is less than enthusiastic. However, our two female trainer/supervisors are prepared to support our efforts to introduce family planning as a standard primary health care initiative and , given time and the development of other equally important health care initiatives, we anticipate that we will be able to begin introducing FP activities as part of our program. On this issue, we should also note that, in an informal survey of health centers in the Tihama, we have found that the number of FP accep-

tors is on the increase even though, at the present time, FP acceptors will often not patronize their own area's health facility but will, instead, travel some distance to other health facilities in order to maintain their own anonymity.

b. Development of health education information for mass media dissemination : In our discussions on this issue with the USAID/Sana'a Mission, we have reached a mutual agreement that our ability to meet this objective will require us to proceed with caution in developing the necessary interministerial linkages of a mass media program. Thus, we have spent some time on the identification of an appropriate short-term consultancy team whose major responsibility will be to carry out a feasibility study in reference to this objective. We have accordingly scheduled a two-person media development consultancy for the month of October 1984 with one of the team members being a political scientist with extensive experience in Yemen and with the other consultant being an expert in media development. We have high expectations that this team , as a result of its work over a two-month period, will be able to provide us with a positive assessment of the feasibility of our being able to continue to work on this objective and that, as a result of this assessment, we will then be able to pursue our interest in media development beginning in calendar year 1985.

c. Orientation of village leaders: During the past year , project personnel have developed a strategy of using village-level health education sessions as the cornerstone for all TPHCP

rural activities. At these sessions, we have thus far focused on immunization activities, child health monitoring, and on the role of the primary health care worker in assisting the village in improving its population's health status. As host country nationals become more proficient in conducting these sessions, we anticipate that we will be introducing such topics as nutrition, environmental sanitation, disease control, ORT, and family planning as part of our health education campaign.. Although our experience in Yemen has indicated that seminars involving large numbers of persons of different backgrounds and interests are less productive than smaller, more directed village-level meetings, we nevertheless anticipate that, during 1985, we will be developing management seminars in-country for Ministry of Health personnel who have central-level responsibility for the administration and management of primary health care programs. On this issue, it should be noted that the YARG is presently reluctant to sponsor or give approval to meetings or seminars in which a large number of persons meet to discuss what some persons consider to be controversial issues. It should also be noted that the USAID/Sana'a Mission deserves a great amount of credit for having successfully organized the October 1983 national conference on maternal and child health in Sana'a. While we would very much like to provide a similar opportunity to a large number of persons to discuss basic issues of public health management and administration, we may have to settle for slightly smaller meetings at the Governorate level.

d. Course of treatment packaging trial: In April 1984, the

project arranged for two short term consultants to spend one month in Hodeidah working on basic logistics issues. During their stay in Hodeidah, the two consultants established a new medical supplies warehouse complete with inventory forms and logistics procedures. Thus, as we now believe that we are ready to address more conceptual issues such as course of treatment packaging and the development of a Ministry of Health policy on essential drugs, we have scheduled one of our April consultants to return to Yemen in November 1984 in order to specifically develop a workplan for addressing these issues. We should also note that a November-December 1983 change in Ministry of Health/Sana'a personnel resulted in the appointment of a number of key primary health care Central-level personnel whose understanding of public health management issues did not include an interest in course of therapy packaging or in the aggressive development of revolving funds. Nevertheless, we will continue to pursue our interest in this area with a concerted effort being placed on the orientation and education of senior-level Ministry of Health personnel.

e. Assessment of the use of mobile teams: Two mobile teams are presently working out of Tahreer and Zaydiah Health Centers ; in April 1985, with the assistance of the GTZ, a third mobile team will be operating out of Al Zorah Health Center. Each mobile team is totally staffed by host country personnel with either a physician or a TPHCP trainer/supervisor as team leader. Mr. Tim Irgens , MSH's adviser on logistics and community development, has worked in close collaboration with Dr. Arsalan Abdo, the TPHCP's host country Director of Training and Supervision to totally reorganize the mobile teams' supply and supervisory res-

possibilities . Although this reorganization has allowed the project to expand its supervision of primary health care units from 17 in 1983 to the present level of 32 primary health care units without increasing the number of vehicles or personnel, we very strongly believe that mobile team supervision is a short-term response to the larger issue of effective supervision from a well-developed network of health facilities. Thus, during the coming year, we intend to work with the Ministry of Health towards the development of activities and policies which will strengthen the supervisory role of the Ministry's existing subcenters. Once this role is defined and, once subcenter personnel are effectively functioning as supervisors of our primary health care workers, we also intend to work with the Ministry of Health towards an elimination of costly and labor-intensive mobile teams as a strategy for supervision of a rural primary health care program.

2.3 Manpower Development (Section d, Paragraph 3)

a. Examine and assess the nature and extent of community involvement in primary health care: As noted in earlier paragraphs of this report, project personnel have devoted a considerable amount of time and effort to providing TPHCP communities with health education on selected primary health care activities. In October 1984, we will also be employing the services of a short term consultant whose major responsibility will be to recommend additional means by which we might increase the communities' involvement in our program. Finally, under our ORT proposal, we have indicated that we intend to greatly increase

the involvement of the communities in the ORT program through selecting one or two villagers in approximately 350 villages to receive on-site training as their villages' ORT agents. If we are successful in our plans to develop a network of ORT agents, we would hope to be able to use these same agents to introduce other health care initiatives in their villages.

b. Health Education programs for villagers: Although our progress in meeting this objective has already been discussed in this report, it is worth repeating that we consider our activities in health education to be the foundation upon which the success of all other project activities will rest. Thus, in the coming months of this project, we will be using the services of consultants experienced in the development of village-level education programs to assist the project in designing teaching tools to be used by primary health care workers in promoting a selected number of specific health initiatives. As these tools are developed, tested in the field, and modified, they will then represent one of our strongest means of providing program sustainability following the projected 1987 completion of our project.

c. Coordination with the Ministry of Information in carrying out media and health education components of the TPHCP: As noted in an earlier paragraph of this report, we have scheduled a media development two-person consultancy to specifically address the feasibility of the TPHCP's being able to pursue its interest in media education development. Included in the terms of reference for this consultancy is a task calling for the consultants to develop the initial linkages among the Ministries of Information, Education, and Health. Following the completion of the consul-

tants' two-month assignment, we will then be able to more fully evaluate the steps which we need to take in order to be able to reach this objective. It is important to note that , given the present lack of communication among Yemen's ministries as well as a certain amount of intragovernmental suspicion and rivalry, we must proceed with caution and tact in attempting to meet this objective. At the same time, we fully realize the importance of this objective to our project and we have every intention of assigning it the development priority which it deserves.

d. Coordinate with the MOH and Health Manpower Institute in the development of PHCW, LBA, and Trainor/Supervisor curriculum : During MSH's first year of technical assistance under the TPHCP, the program has completed the training of fifteen additional PHCWs and six LBAs. During this same time, we have been evaluating the effectiveness of training provided to our functioning health workers in the field and we have been indicating to the Ministry of Health areas in which we found the training to be deficient. The Ministry of Health has subsequently begun to evaluate its programs and , with the assistance of the World Bank's IDA project, it is beginning to revize its training curricula for PHCWs and Trainor/Supervisors. There is also a very strong possibility that the LBA program will be replaced with a training program for traditional birth attendants (TBAs) and/or family birth attendants (FBAs). In fact, we have been asked to assist the Ministry of Health in implementing a village-level survey which will provide the government with an assessment of birth attendant practises in the Tihama. - Finally, in November

1984, we will be using the services of a consultant to coordinate the development of our next PHCW training program with the Health Manpower Institute. While we recognize that the Government of Yemen must have a standardized national training program for primary health care workers and, indeed, for all categories of health workers, we also are now in the position to question the applicability of much of the PHCW training course to the tasks which the worker must perform once assigned to his village. Although we anticipate that we will encounter some difficulty in promoting our point of view, we are very hopeful that our record in the field will provide us with the necessary credibility by which we can succeed in effecting changes in the national curricula.

e. Develop a health status information program for the Tihama: Within the past year, the MSH team and its host country counterparts have concentrated on the development of an information system which will provide us with current data not only on the status of our activities but also on the level of curative and preventive care which is being provided by each PHCW to his village clientele. While this system is still in its nascent stage, we anticipate that, by June 1985, the project will be able to provide all interested parties with a current and reliable health profile of the TPHCP's population.

f. Conduct PHC seminars for health delivery personnel: During the past year, the MSH team and its host country TPHCP counterparts have devoted much of their time to the improvement of Trainor/Supervisor, PHCW, and LBA skills. As noted in earlier paragraphs of this report, we intend to provide Hodeidah Gover-

nerate and central-level Ministry of Health personnel with training in management and administration. However, at the present time, we are in the process of developing a training policy with the USAID/Sana'a Mission which will respond to the very unique training requirements of Yemen's health personnel. As soon as this policy is developed and agreed upon by the Ministry of Health, we will then be able to more positively respond to this most important project objective.

2.4 Management Systems (Section D. Paragraph 4)

a. Establishment of a revolving fund: As discussed earlier in this report, this past year's logistics activities have been restricted to the development of a drug supply system which will be capable of responding to the immediate and future needs of the TPHCP's primary health care workers. And, although the former Director of the Ministry of Health's primary health care programs was an active supporter of the development of innovative approaches to meeting Yemen's rural health care needs, the present MOH hierarchy is more reluctant to introduce concepts which seemingly contradict the YARG's official policy of providing free health care to all Yemeni citizens. Thus, MSH's present strategy on this and other controversial issues is to provide Ministry officials with position papers and consultants' reports which are designed to fully explore the rationale behind the development of initiatives such as course of treatment packaging, revolving funds, manpower planning, and the use of essential drugs in primary health care. At the same time, we take every opportunity to make it clear that the project is ready to assist the Ministry in

the further development of any and all of these initiatives.

b. Ongoing and improved management of three TPHCP health centers: In October 1983, the MSH technical assistance team, with the agreement of the USAID/Sana'a Mission's project officer, clearly established its intention to concentrate its efforts upon the development of the TPHCP's primary health care program and to move away from the project's earlier emphasis upon the support of the Tihama'a secondary level of curative health care. Thus, although we will continue to maintain our relationship with the Zaydah and Tahreer Health Centers as referral bases for our PHCWs and as part-time training centers for the TPHCP's future PHCW trainees, we will be devoting most of the project's resources to strengthening the TPHCP's primary health care program at the village level. However, it should also be noted that the project's Chief of Party will continue to work with the TPHCP's Director and with central-level Ministry of Health officials towards the design of a project proposal which will address the Ministry's immediate need for the development of a supervisory infrastructure to support its national primary health care program. Indeed, the MSH technical assistance team firmly believes that supervision at the health center or, ideally, subcenter level is essential to the future of Yemen's primary health care program.

c. Analyze and establish criteria on the role of health centers: As discussed in the above paragraph, MSH supports the government of Yemen in its interest in the development of subcenters. In fact, we have scheduled a December 1984 consultancy to

address the issue of the effective use and role of subcenters with the expectation that our consultant will be able to provide the government with alternative strategies for more effectively integrating the nation's subcenters into its national public health program. However, we should like to stress that the TPHCP's present resources do not allow us to go further than providing consultants to assist the government to explore its alternatives and to perhaps develop project proposals which will explore one or more of these alternatives.

d. Management systems for health centers and subcenters : While the MSH technical assistance team would be the first to support the importance of this objective, it is clearly beyond the scope of the present project to develop a management system for static health units while, at the same time, attempting to implement a village-oriented primary health care program for the Tihama. However, as noted in the above two paragraphs, we will continue to work with the Ministry of Health towards the exploration of issues and towards the design of project proposals which will address the development of management systems for Yemen's secondary level of health care.

e. Development of training courses and workshops on the management of health delivery systems: As noted in earlier paragraphs of this report, we are presently attempting, in collaboration with the USAID/San'a Mission and with officials from the Ministry of Health, to develop a mutually acceptable policy which will address Yemen's rather unique participant training needs. As we hope to reach an agreement upon the TPHCP's training

policy within the near future, we anticipate that the in-country training objective will be more fully addressed during the project's next two years.

3. Summary of Progress towards expected outputs (Article I, Section E.)

3.1 Establishment of functioning primary health care system in the Tihama (Section E. Paragraph 1): As noted in the above paragraphs of this report, the MSH technical assistance team, in collaboration with its host country counterparts, has succeeded in modifying the TPHCP so that its 32 primary health care workers are now beginning to function as community-oriented promoters of preventive health care with a present emphasis on child health care. Over the coming months we anticipate being able to initiate PHC activities in such priority areas as nutrition, tuberculosis and malaria control, environmental sanitation, maternal health, and family planning. In addition, if the TPHCP's ORT proposal is accepted by USAID and by the Ministry of Health and funded by USAID, we plan to extend the project's impact from a targeted 70 villages to approximately 350 additional villages. It should also be noted that all project activities are being developed in accordance with Ministry of Health standards and guidelines.

3.2 Progress on Specific Outputs (Article I, Section E., Paragraph 2):

a. Two follow-up surveys: These surveys will be scheduled for May 1986 and May 1987.

b. Manuals developed and tested: Project personnel have developed draft manuals for immunizations, information systems, and TB control. As the project progresses we expect to develop and test manuals in such areas as health education, ORT, environmental sanitation, family planning, and maternal health.

c. Task analysis and curriculum development: Activities towards satisfying this output have centered upon in-field assessment of performance of PHCWs and LBAs. During 1985, we will be working with the Health Manpower Institute towards a modification of existing curricula to reflect the needs of the field. We expect these modifications to be prepared in draft form by January 1985 so that we will be able to test the curricula on our next cohort of PHCW trainees.

d. 80 Primary Health Care Workers Trained : According to the Yemen Arab Republic's national guidelines, the TPHCP is expected to train 70 health care workers by June 1987. With 32 PHCWs already trained and working in the field and with an additional 20-25 PHCWs scheduled to be trained during 1985, we do not expect any difficulties in being able to reach the government's specified target. However, it should be noted that our ability to continue training PHCW assumes that the Ministry of Health will continue to employ those PHCWs who are trained under the program. Thus, if we find that the Ministry's budget cannot sustain additional primary health care workers, we will either need to modify our targets or, alternatively, establish another means of financing PHCWs work in the field. In fact, as we expect that this assumption of government financing will become an issue within the near future, we have already begun to lay the groundwork for the

government's consideration of community-level financing of primary health care programs.

e. 75 LBAs trained: Again, this output is at variance with the Ministry of Health's specified output of 35 trained LBAs by 1987. In addition, the Ministry of Health has recently determined that LBA training may not be the most effective response to providing villages with maternal care. MSH's technical assistance team supports the Ministry of Health's movement in the direction of more appropriate training and we understand that the government will, within the very near future, the Ministry of be clarifying its position on this matter. Thus, we are prepared to immediately assist the Ministry of Health in the development of new training curricula for what we confidently expect to be an emphasis upon traditional birth attendant(TBA) training or, where applicable, training for family birth attendants(FBAs).

f. Participant Training: In evaluating our efforts in meeting this output, we must frankly admit that , with only two person months of training provided during the past year, we do not expect that we will be able to reach the expected output during the life of the project.

On this issue, we firmly believe that USAID participant training policies, as applied to senior Yemeni physicians, argue against the project's being able to ever achieve its training targets. In fact, during the past year, we have been obligated , because of a number of USAID regulations, to refuse training at Johns Hopkins University for a candidate who had achieved a superior TOEFL score of 613.. In addition, because of a USAID/MOH

misunderstanding on project agreements regarding the payment of airfares, we have had to cancel the development of a training program for our project's eight trainor supervisors as well as for a number of physicians who have been scheduled to attend short-term training in management and administration.

Despite these difficulties, we would argue that participant training overseas continues to represent the most effective means of ensuring that the program will be able to sustain itself following the expected 1987 completion of the technical assistance contract. We therefore intend to continue to work with the Ministry of Health and with the USAID/Sana'a Mission towards the development of a participant training policy which, while responding to the rather unique training constraints of Yemen's Ministry of Health, will also respond to USAID's ability to provide such training. As a final note, we would urge all concerned individuals to attempt to understand the very real constraints to providing effective and intensive training within Yemen and to work with us and with our host country counterparts towards the development of a truly effective bilateral short-term and long-term training program in primary health care administration and management.

g. Media Development for PHC information and support: As noted in earlier paragraphs of this report, we have scheduled a two-month, two-person short term media development consultancy for the month of October 1984. It should be noted that, with the agreement of the USAID/Sana'a Mission's project officer, we have designed this consultancy as a feasibility study whose results

will assist us in determining whether it is possible for us to continue development, within our project towards providing primary health care information via the media. This, in our next quarterly summary of activities, we expect to be able to report more concretely on our expectations of being able to achieve the project's specified media development output.

4. Long-Term Advisers - Summary of Activities

In May 1983, MSH completed a six-week, four-person consultancy in Yemen which had been primarily designed to provide USAID, the Government of Yemen, and MSH with an opportunity to work together towards a consensus on activities to be included in the Tihama Primary Health Care Project's next five years of operation. Two of the MSH consultants, Dr. William Emmet and Ms. Rachel Feilden, returned to Yemen in August 1983 to join with Mr. Tim Irgens, a long-standing member of the TPHCP's former technical assistance team, in implementing the May 1983 workplan. In November 1983, Dr. Claude Letarte became the fourth member to join MSH's long-term technical assistance team in Yemen. The following paragraphs summarize each team member's specific contribution to the project's progress over the past twelve months.

4.1 Project Management

Dr. William Emmet arrived in Yemen on August 10 to assume responsibility, as Chief of Party, for general management of MSH's technical assistance team. At the same time, Bill Emmet has been responsible for working with the central government and with TPHCP senior staff towards the development of an understanding of

primary health care program management issues. Thus, over the past year, the project's management specialist has assumed primary responsibility for working with Dr. Abdul Halim, the TP'CP's Director and Dr. Karim Al Junaid, Director of the Hodeidah Governorate's Health Office in establishing the project's general approach towards a community-oriented primary health care program.

As MSH's May 1983 consultancy had led us to strongly suspect that personnel at the central-level of the Ministry of Health were largely unaware of the TPHCP's goals and objectives, the Management Specialist has also spent a considerable amount of his time and energy in developing central-level working relationships with Dr. Abbas Zabarah, the Director of Primary Health Care Programs and with Dr. Ahmed Hamami, Director of Health and Medical Services for the Ministry of Health. At both levels of the government, Dr. Emmet has endeavored to work with government officials towards the goal of increasing the government's collaboration with the project in making the best use of available resources, whether personnel, financial, or materiel. As Chief of Party, Dr. Emmet has also been primarily responsible for providing USAID with information required under its technical assistance contract. In addition to providing the USAID/Sana'a Mission with quarterly activity reports, the project's Chief of Party has participated in monthly health review meetings at the Mission and has made himself available for discussions on countless occasions at the request of the Mission's TPHCP project officer.

During the past quarter, the Management Specialist was able

to assist in the resolution of two outstanding issues: salary subsidies and employment of primary health care workers. With the direct support and assistance of the USAID/Sana'a Mission, we have been able to reach agreement with our Hodeidah and central-level host country counterparts on a standardized subsidy scale for TPHCP personnel. The Government of Yemen has also reaffirmed that it stands by its 1983 agreement to reduce the project's support of salary subsidies at an annual rate of 25% starting in January 1985. Thus, it is expected that the project will be completely relieved of any salary support commitments by the projected 1987 completion of the technical assistance contract.

With reference to salaries of primary health care workers, MSH, in close collaboration with the Ministry of Health's personnel office, has been successful in getting 28 out of 40 of its PHCW/LBAs onto the government's payroll; we expect that the remaining 12 persons will begin receiving their salaries during the month of November. This very positive show of commitment by the government towards its primary health care program has now given us renewed hope that we will be able to continue to work with the Ministry of Health towards a truly sustainable primary health care program.

While it is fully understood that a Chief of Party's position calls for the occupant to be somewhat burdened with administrative matters, it should also be understood that the job's professional rewards can become buried in an avalanche of administrative details and bureaucratic maneuverings. Certainly, this proved to be the case during this first year in the development

of the project. Thus, during the coming year, the Chief of Party has every intention of freeing himself from as many administrative entrapments as possible so that he can more frequently join his colleagues in the field.

4.2 Health Systems

Immediately following her August - September 1983 participation in a six-week , Sana'a-based Arabic language training course, Ms. Rachel Feilden assumed her responsibilities as the TPHCP's adviser in health systems. With her base in Hodeidah, Ms. Feilden has been quietly but effectively forceful in her insistence upon systems development in the planning and implementation of project activities. Her influence on the flow of project operations can be seen in the improved registration system at Tahreer and Zaydiah Health Centers, in our increasingly-successful efforts to up-grade the PHCWs village registration efforts, and in the improved quality and reliability of project-related information available at Hodeidah's project office.

In her role as a systems expert, Ms. Feilden has been working with mid-level project staff and with the TPHCP's Director of Training and Supervision towards the development of host country national expertise in data collection and analysis. In support of this activity, Ms. Feilden has revised existing data collection instruments to better reflect information priorities.

In a review of annual activities, Ms. Feilden's efforts towards making effective use of available short-term consultancy time also bears mentioning. In collaboration with other team members and host country counterparts, Ms. Feilden has assisted

the project in defining each consultant's terms of reference and in working with each consultant during his/her assignment to Yemen. Ms. Feilden has also acted as the major contact person for short-term consultancies in manpower planning, health systems development, and financial planning.

Finally, in her willingness to assist the project in ensuring that its day-to-day operations are efficiently maintained with as little friction as possible, Ms. Feilden has initiated a major reorganization of office procedures and has assumed primary responsibility for administration of the Hodeidah project office.

Although much of Ms. Feilden's time during the last quarter was consumed by her duties as acting Chief of Party, she was nevertheless able to make a major contribution to the continued improvement of the project's child health monitoring activities. Indeed, prior to her taking annual leave in August/September, Ms. Feilden was able to make a large number of field visits to PHC sites as part of her analysis and development of the project's first draft manual on child health monitoring. And, since her return from leave, Ms. Feilden has begun to use her extensive working knowledge of the project and its activities to further refine its information system. With Ms. Feilden's continuing association with the project, we confidently expect that we will be able to provide our host country counterparts and staff with those basic analytical skills which are so necessary for effective management of a dynamic primary health care project. At the same time, we expect that, within the coming year, our information system will be sufficiently well-developed to be able to

provide our host country colleagues with the necessary informational support to allow them to more reliably fulfill their roles as senior decision makers.

3.3 Community Health

Mr. Tim Irgens, as the team member with the broadest experience in Yemen and in the Tihama, initially provided us with invaluable insights to assist us in establishing a viable, community-oriented primary health care project in rural Yemen.

While Mr. Irgens' most apparent asset is his fluency in Arabic, his linguistic capability is merely an indication of the extent of Tim's Irgens' ability to interpret and work within Yemen's society. As the project's community development adviser, Mr. Irgens has been responsible for working with host country counterparts and with individual villages on the recruitment of PHCW/LBA trainees. Upon completion of their training, the new health workers' return to their villages, their establishment in their new functions, and their inclusion on the project's supervisory schedule have also largely been Mr. Irgens' responsibility. Indeed, with the last batch of 15 new PHCWs - and in the total absence of promised PHC UNICEF equipment - Mr. Irgens personally ordered, collected, and distributed basic project-purchased equipment to the units so that the work of the new PHCWs would not be further delayed.

In addition to his carrying out his duties as the project's community development adviser, Mr. Irgens has also assumed responsibility for streamlining the trainer/supervisors' existing supervisory schedule so that it is now able to accommodate a 100%

increase in the number of PHCWs working in the field. And, in support of his network of PHCW/LBAs, Mr. Irgens has spent a considerable amount of time with the drug logistics short-term consultancy team of Stephen Sacca and James Bates. With the assistance of these two consultants and in collaboration with the project's host country pharmacist, Mr. Irgens has been able to revitalize what was formerly a dormant and unresponsive project drug supply system.

During the past quarter and before his early September departure for annual leave, Mr. Irgens was instrumental in providing information to assist the project in settling the project subsidy and primary health care worker employment issues. In addition, Mr. Irgens initiated a monthly review process for trainer/supervisors under which each primary health care unit will become the responsibility of a specific trainer/supervisor. Each trainer/supervisor will accordingly be responsible for preparing a monthly report on his units' activities and, should any problems occur at a unit, the trainer/supervisor responsible for that unit will be charged with solving them. While defined responsibility is a basic concept of any well-managed system, it is not quite as well-accepted in Yemen as it might be. Thus, during the coming year, it is expected that Mr. Irgens will be closely monitoring his supervisory and logistics systems and that he will be modifying them in order to improve their applicability within Yemen.

3.4 Primary Health Care

Dr. Claude Letarte. as the MSH/TPHCP Team's primary health

care adviser, arrived in Yemen on November 23rd 1983 after undergoing five months of clearance formalities instituted by the Government of Yemen.

After completing six weeks of Arabic language training - a language in which he is fast becoming proficient - Dr. Letarte immersed himself so effectively in project activities that he was able to play a major role in the design and formulation of the project's 1984 workplan. With his very precise technical knowledge on the development of primary health care initiatives, Dr. Letarte assumed responsibility for assisting workplan development participants in the establishment of realistic objectives and targets.

In addition to his contribution to the workplan - and to the periodic monitoring of progress in achieving specified targets - Dr. Letarte has been the one MSH team member most directly involved in the implementation of health initiatives in the TPHCP's 32 villages. Starting in April 1984, Dr. Letarte, in collaboration with other team members and host country counterparts, has directed the project's efforts to institute a village-level child health monitoring program. At the present time, the program calls for the registration of all village children under 5 years of age and for an immunization program which provides each registered child with the complete series of under-5 immunizations. At the same time, the program calls for each child to be weighed as a first step in monitoring the child's growth on a patient-retained "road to health" chart. Despite strong initial local skepticism on the feasibility of being able to apply Dr. Letarte's approach to developing health initiatives in the project's villages, all

senior TPHCP host country staff are now actively working towards a wide-spread implementation of Dr. Letarte's program throughout the project's villages. It should also be noted that, at the present time, much of the activity under this program is the responsibility of trainer/supervisors and senior TPHCP staff--both national and international. However, as PHCWs become more experienced with the introduction of health initiatives, we consider it vital to the programs long-term sustainability that the PHCWs assume primary responsibility for all health activities in their villages.

During the past quarter, Dr. Letarte has prepared and tested health initiative protocols for TB and malaria control and has begun to initiate activities to test the project's proposed ORT protocol. As mentioned earlier, Dr. Letarte continues to direct the project's immunization/child health monitoring "attack phase" activities which call for a minimum of six to eight task-specific visits to each village. We would anticipate that, during calendar year 1985, Dr. Letarte will guide the project in developing possibly two additional health initiatives per village with the likely candidates being nutrition and maternal health.

5. Short-Term Consultants - Summary of Activities

In our May 1983 discussion with USAID in Washington and Sana'a and with Ministry of Health officials in Sana'a and Hodeidah, MSH agreed to manage 80 person-months of TPHCP short-term consultancies with each consultancy being designed to respond to a specific area of the project's scope of work.

During the past 12 months, the following six project objectives have been addressed through the assistance of short term consultants * .

5.1 Manpower Development/Community Participation (Article I, Section D, Paragraph 3a): In November 1983, Dr. Donald Chauls completed a four-week consultancy during which he assessed the extent of community involvement in the Tihama'a primary health care program. His principal recommendation was that the community should be asked to provide on-going support of the program rather than the initial, start-up support which is presently being provided. He also recommended that each community form its own health council through which the community could reach a consensus on its health care priorities. While both of these recommendations had merit , Dr. Chauls' call for the formation of village health committees was judged by central-level Ministry of Health officials to be too politically sensitive. However, in following up on Dr. Chauls' first recommendation, we have been actively exploring ways in which to increase the communities support of primary health care initiatives. Indeed, we believe that the child health monitoring program, with its heavy reliance on the cooperation and active participation of all villagers, is a possible first step leading to the population's increased willingness to more fully support its primary health care worker and his health initiatives.

*

References cited refer to MSH/USAID's June 1983 Technical Assistance Contract Number NEB -0065-0-00-3032-00.

5.2 Management Systems/Health Systems (Article I, Section D, Paragraph 4d) : Dr. Paul Torrens' three-week, December 1983 short-term consultancy focused on the project's organizational ability to address its long-term objectives. While Dr. Torrens was generally quite positive about the project's progress in the training of health workers, he clearly indicated that the project's senior staff needed to be given a greater sense of direction towards specific short-term program management targets. As a consequence of Dr. Torrens' consultancy, the entire TPHCP senior staff devoted 12 days in January to the development of a 1984 workplan in which each staff member's responsibilities were appropriately designated. It is anticipated that Dr. Torrens will return in December 1984 to review the project's progress and to assist the Project Director in developing plans for the inclusion of subcenter personnel in the over-all management and supervision of TPHCP field personnel.

5.3 Management Systems/Manpower Planning (Article I, Section D, Paragraph 4d) : Mr. Peter Hornby, one of MSH's senior manpower planning consultants, carried out the first of what we fully expect to be a series of MSH manpower development consultancies. Starting in mid-February 1984, Mr. Hornby worked with senior project staff for four weeks on the development of prototype job specifications for over 15 categories of health system personnel. Following Mr. Hornby's departure, we have continued to work on finalizing the job specifications so that they can be formally considered by the Ministry. We have scheduled Mr. Hornby to return to the project in mid-January 1985 to work with the cen-

tral government in designing means of reliably assessing its growing manpower needs.

5.4 Management Systems/Finance (Article I, Section D, Paragraph 4d) : As expected, Peter Cross' February 1984 4-week financial management consultancy created the greatest amount of interest and reaction - of all of our consultancies. For example, in his analysis of the government of Yemen's ability to meet its national PHC recurrent cost obligations, Mr. Cross estimated that Yemen would be required to spend equal to its 1984 total Ministry of Health budget in order to meet its 1987 primary health care program recurrent cost obligations. However, Mr. Cross also acknowledged that his projections were based on available data which were possibly unreliable and definitely incomplete. Therefore, he recommended that the TPHCP develop a project cost accounting system for its Hodeidah-based operations so that the information generated by the system could be used by the national government to develop its own more reliable projections. Although the project has begun to develop the system recommended by Mr. Cross, we have decided to recruit an experienced business management accountant to assist us this December in refining what we freely admit is an inadequate system. Following the consultant's completion of the December consultancy, we will attempt to schedule a return visit by Mr. Cross or by another financial analyst for the early months of 1985.

5.5 Implementation Assistance/Logistics (Article I, Section D, Paragraph 2d): In April 1984, the logistics team of Stephen Sacca and James Bates applied their considerable expertise and talents to a reorganization of the TPHCP's system for providing drugs to

the project's existing 32 primary health care units. In addition, their terms of reference called for them to assess the project and the government's ability to continue to provide drug supplies and equipment as the project expands to a targeted 70 primary health care units. During their month in the Tihama, Messrs. Sacca and Bates established an entirely new and more centrally located warehouse in Hodeidah, complete with inventoried drugs, medical supplies, and equipment for the project's units. The two consultants were also able to design and implement a project-oriented drug supply control system and to recommend procedures to more effectively supply primary health care units with essential drugs. Under the guidance of Tim Irgens, the project continues to work on maintaining the supply system established during the Sacca/Bates consultancy. In November 1984, we have scheduled Mr. Bates' return to Yemen to work with the project and the central government in conducting a feasibility study on the design of a national policy in the use of essential drugs in primary health care. We also anticipate that Mr. Bates will be assisting us in putting together a workplan which will outline steps to be undertaken in the event that we, with the assistance of Mr. Bates and other consultants, are able to move the government forward in the direction of course of therapy packaging and village-level drug sales programs.

5.6 Implementation Assistance/Training (Article I, Section D, Paragraph 2a) : In May 1984, Mrs. Evelyn Thomas, a nurse with many years of experience in training indigenous health workers, assisted the project in a month-long performance assessment of

our in-field PHCW/LBAs. In her consultancy report, Mrs. Thomas commented that the health workers were well-integrated into their communities and that their level of motivation appeared to be quite high. However, she also stated that, as the training which the PHCW/LBAs had received had not been oriented towards teaching the workers to develop preventive health care activities within their communities, many of the present cadre of workers considered themselves responsible solely for delivering curative health care within the confines of their units. Thus, as her principal recommendation, Mrs. Thomas suggested that the project make a concerted effort to continue its program of refocusing the workers attention and activities on the traditional preventive health care and community-oriented approach of a primary health care program. Following Mrs. Thomas' visit, project staff have indeed continued to press forward with in-service training on preventive health care initiatives and to assist each PHCW/LBA in moving out from his primary health care unit to develop specific health care initiatives in collaboration with his community. We have also asked Mrs. Thomas to return to Yemen in November to work with the Health Manpower Institute on a possible revision of existing curricula. Thus, we clearly anticipate that any modifications to existing curricula within the project will be reflected in similar modifications at the national level.

6. Future Activities and Issues

This report has thus far summarized activities carried out by the MSH team and their TPHCP counterparts during MSH's first full year of its technical assistance contract. The report has

also provided, as called for in the USAID/MSH technical assistance contract, "... details on the project's progress towards goals, purposes, inputs and outputs while paying specific attention to progress achieved toward the fulfillment of end-of-project status...."

While expecting that we will continue to maintain our present level of progress towards end-of-project status, we base our ability to continue our present level of effort and progress on an assumption that five major issues will be addressed and resolved within the very near future. In this section on future issues and activities, we present a brief summary of each issue, action which we believe is required to resolve the issue, and project activities which we anticipate will follow the successful resolution of each issue.

6.1 Issue: The Ministry of Health, through various senior officials, has allowed rumours to persist and multiply to the effect that training of primary health care workers and/or local birth attendants is to be curtailed and/or delayed in all or some of the nation's governorates. This lack of clarification on training guidelines and targets has led senior TPHCP host country nationals to question the central government's commitment and support of the project's continuing efforts to develop a responsible and effective primary health care program for the Tihama.

Action Required: The Ministry of Health should, within the near future, convene a meeting of all national and international primary health care senior staff. At this meeting, the Ministry should clarify its policy on the training of all cadres of health

workers. At the same time, the Ministry should quantify the extent of its commitment to the support of trained primary health care personnel and primary health care activities. Finally, the meeting should be used as an occasion for each primary health care program to make a presentation of its activities and to work with all other primary health care programs and the Ministry of Health towards the development of a truly national primary health care program.

Project Activities to Follow: Once the Ministry of Health clarifies its position on training and support, the TPHCP will immediately be able to recruit and begin training the next class of field workers. At the present time, we are preparing to train 25 new PHCWs during 1985. In reference to the training of LBAs, the Ministry's policy on LBA training has been recently so contradictory and unclear that we have hesitated to make any plans for training LBAs during 1985. However, assuming that the Ministry clarifies its position, we are prepared to assist training officers in the development of curricula for any category of village birth attendants which the Ministry would want to train.

6.2 Issue: USAID participant training guidelines and regulations argue against the Ministry of Health's being able to nominate qualified and serious candidates for short-term or long-term training in the United States or in third-world countries.

Action Required: USAID should modify its policy on participant training with specific reference to public health graduate training of senior-level candidates with medical degrees. If the regulations cannot be modified to reflect the very unique train-

ing needs and backgrounds of potential candidates, then the project's participant training end-of-project status will need to be drastically reduced, if not eliminated. And, if participant training is essentially eliminated from the project's list of outputs, then all concerned parties will need to immediately address the advisability of continuing a program which will be unable to sustain itself following the completion of its technical assistance development phase.

Project Activities to Follow: If we are successful in working together to make the rules and regulations work for the benefit of all concerned, then MSH will be able to provide USAID with the detailed training program which is called for in the technical assistance contract. At the present time, we plan to take advantage of the slack period during Ramadan (May-June 1985) to train 8 TPHCP trainor/supervisors in basic PHC management at a Boston-based training course. We also plan to send at least one senior staff person for long-term M.P.H. training to the United States and, possibly, 2-3 additional senior staff for short-term training in administration/management.

6.3 Issue: The Ministry of Health continues to show a lack of understanding and interest in assisting the TPHCP to address basic supply, personnel, and financial needs.

Action Required: The Ministry of Health should, within the near future, request all primary health care programs to itemize their present resources as well as present and future needs in terms of supplies, equipment, workers enrolled/to be enrolled on the government payroll, and specific additional financial or

personnel support available or required. With this inventory in hand, the Ministry should then evaluate its present resources and determine how best to distribute them in order to respond to PHC programs' expressed needs. If it is determined that the Ministry cannot presently, or in the future, meet the needs of its primary health care programs, then the Ministry should solicit international assistance in exploring ways in which these needs can be met.

Project Activities to Follow: At the present time, MSH intends to continue to provide the Ministry with technical assistance in personnel, supply, and financial management during 1985. We strongly believe that an honest assessment of present and future management problems coupled with a presentation of alternative approaches to responding to these problems offers the Ministry the best hope of finding ways in which to develop and sustain a viable primary health care program throughout Yemen.

6.4 Issue: Long-term sustainability of Yemen's primary health care programs is based on the assumption that the nation's existing network of subcenters and health centers will provide the supervisory support and referral base so necessary to the viability of any health care program. In the TPHCP's operations area, only two health centers are providing any sort of support; none of the area's subcenters are in any way linked into the program.

Action Required: As the Tihama has by far the largest number of primary health care workers in the country, the Ministry of Health should immediately begin working with the Tihama's health officers to develop the area's facilities as prototypes for the type of supervisory system which the Ministry would like to see

established on a nationwide basis. Detailed financial and personnel needs should be drawn up and, if necessary, outside assistance should be sought in getting the system going. Each employee's role in the system should be specified with responsibility for supervision and support being clearly defined.

Project Activities to Follow: MSH has scheduled a December 1984 consultancy to assist the government in addressing this issue. We anticipate that the consultant will provide the government with alternative approaches to incorporating subcenters and health centers into activities which are presently being undertaken to supervise and support primary health care activities. We are also prepared to assist the government in providing additional technical assistance to further explore this issue.

6.5 Issue: Although the MSH team has made a concerted effort to link short-term consultancies to the project's workplan, it is evident that we have not succeeded in gaining our counterparts' or the central-level Ministry of Health's full support on the value of STCs. While there are many reasons for the Ministry's lack of support and interest in effectively using qualified technical personnel, it is nonetheless evident that we are not making the best use of a very valuable resource.

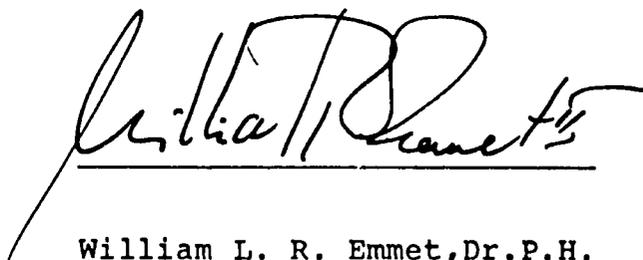
Action Required: MSH must enlist the collaboration of host country counterparts in more directly developing consultant's detailed terms of reference and in more thoroughly reviewing each consultant's assignment report. Action to be taken with reference to each consultant's recommendations should be clearly identified with responsibility for carrying out each acceptable recommendation being specifically assigned and understood.

Project Activities to Follow: MSH has already begun to more fully develop contacts within the Ministry of Health with whom we will be sharing information concerning the consultants' terms of reference and their assignment reports and recommendations. With the collaboration of our host country counterparts, we also intend to develop more vigorous procedures for reviewing consultants' reports so that our counterparts will be encouraged to take a more active role in the use of this resource.

7. Summary

This report provides a summary of annual activities carried out by Management Sciences for Health and its four-person technical assistance team from August 1983 through September 1984. It records the progress which has been achieved in reaching specified end-of-project status outputs and it discusses the contribution of each MSH team member and of all host country counterparts towards the achievement of outputs. Finally, the report contains a discussion of issues which must be resolved if the project is to continue towards a reasonable satisfaction of its objectives.

October 10, 1984



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