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121-39155

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

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TECHNICAL ASSISTANCE ACTIVITIES
January - March
1985

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QUARTERLY REPORT - TECHNICAL ASSISTANCE ACTIVITIES
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1. INTRODUCTION

Tihama Primary Health Care Project activities during the first quarter of Calendar Year 1985 were largely overshadowed by Ministry of Health and USAID/Sana'a deliberations on the project's March 1985 mid-term evaluation. Although project personnel continued to meet general expectations in their performance of assigned tasks and responsibilities, movement on the initiation of new activities was somewhat curtailed pending the results of the evaluation.

2. GENERAL SUMMARY OF ACTIVITIES

2.1 1985 Workplan Development

In MSH's October-December 1984 quarterly report, it was noted that project senior staff looked forward to 1985 as being a year in which primary health care activities in the Tihama would receive increased levels of commitment from all concerned parties. Consequently, during the month of January 1985, project staff worked together towards what was expected to be the completion of the project's 1985 workplan. However, towards the end of January, the MSH technical assistance team and USAID/Sana'a became concerned with the project's ability to plan for the future in the face of a significant number of unresolved issues. Thus,

MSH was instructed by USAID/Sana'a to prepare a technical assistance workplan which would limit USAID's technical assistance and financial inputs to those activities which could be completed by July 31, 1985. It was reasoned that, following the March-April 1985 evaluation, all concerned parties would be in a better position to determine the extent to which technical assistance to ARG could be continued most effectively. It was further reasoned that, with the limited scope of the technical assistance workplan, essential project activities could continue without committing any of the concerned parties to activities which the evaluation team might determine to be inappropriate or infeasible.

Although the MSH technical assistance team submitted the requested workplan to USAID in mid-February, it should be clearly understood that the workplan did not include any significant input from host country national counterparts. However, the technical assistance team made every effort to ensure that the technical assistance workplan could be regarded as a continuation and consolidation of those activities which were either previously contained in the 1984 workplan or which had been discussed by all project staff during the unfortunately aborted development of the 1985 workplan. If the evaluation indicates that MSH should continue to provide the project with a technical assistance team, MSH fully expects to be able to revive the concept of a coordinated project workplan. Indeed, it is to be hoped that, as a result of the evaluation, central MOH personnel will also be encouraged to play a more active role in the future definition of

the TPHCP's activities.

2.2 YARG Employment of PHCWs/LBAs

The project has continued its effort to ensure that all of the TPHCP's trained primary health care workers and local birth attendants are enrolled as government employees. As of the date of this report, all 32 PHCWs and all but two of the project's LBAs are employed by the government and are receiving their monthly salaries.

2.3 Training of Primary Health Care Workers

In mid-March, the project began to train its next cohort of 8 primary health care workers. In the interest of collaborating with other primary health care project's in the Tihama area, the PHCW training program has also enrolled two trainees from the British Volunteer's project in A'bs. Although the training of additional cohorts of primary health care workers is contingent upon the evaluation team's findings, the project anticipates that it will be able to meet its enrollment target of 24 primary health care workers by the end of Calendar Year 1985. Trainer/Supervisors are actively using the curriculum format which was originally designed by Dr. Arsalan in collaboration with an MSH consultant, Mrs. Evelyn Thomas.

2.4 Follow-up on Consultancies

A significant amount of the project's staff's time has been spent in an effort to follow-up on recommendations of consultants:

In Health Education (October-December 1984, Mary He-

bert), village level health education activities have been initiated on a trial basis. With the active participation of the project's Yemeni midwives and Sudanese health visitors, 22 discrete topics are being introduced in 6 sites. Although specific attention has been paid to up-grading the skills of local birth attendants, project staff have been pleased to note the interest and involvement of other village women in this activity. It is anticipated that the results of this trial activity will be fully documented within the next quarter.

In Primary Health Care Worker Training (December-January 1985, Evelyn Thomas), over fifty lesson plans have been translated and are being actively used by the trainer/supervisors in the on-going course for 10 primary health care workers. Dr. Arsalan, the project's Director of Training, is playing a major role in this effort.

In Project Administration (December 1984, Paul Torrens), project staff are beginning to work with and modify the project management matrix which was developed in collaboration with all project staff. During the manpower planning consultancy (Jan-Feb 1985, Peter Hornby), job descriptions for each of the five positions included in the matrix were developed and are presently undergoing a final review and modification prior to their formal incorporation as essential elements of the project's administration/manpower structure.

In Finance (December 1984, Margaret Huff), Wares Gulam Mohammed, the project's accountant, has made considerable progress in the computer assisted development of the recommended

cost accounting system. It is anticipated that, by the end of July, sufficient data will have been entered into the system's model to enable project staff to work with Hodeidah Governorate staff in using the model as a decision making tool.

In Transport (November-December 1984, Jean Delienne), final modifications to the recommended transport control system have been completed. During the coming quarter, it is anticipated that the system will be implemented on a trial basis and that, by the end of July, it will be fully operational.

In Drug Logistics (November-December 1984, James Bates), project staff have prepared a final list of essential drugs to be ordered for the project's primary health care units. It is anticipated that this list will be forwarded to the Ministry of Health for its consideration and immediate action during the month of April/May 1985. Project staff have also been involved in the continuing maintenance of the project's warehouse and in the initial first steps of developing the recommended drug utilization information system at the primary health care unit level.

2.5

Child Health Program

During the past quarter, the project has experienced considerable difficulty in working with the Ministry of Health towards a clarification of the government's immunization program policy. With the assistance of a short term consultant (March 1985, Anthony Battersby), project staff have attempted to provide the MOH with information which will assist all concerned parties in the implementation of an effective immunization program. Pro-

ject staff are particularly gratified to note that the MOH is moving towards (1) a nation-wide policy of integrating the expanded program on immunizations into its existing primary health care program and (2) the development of primary health care workers' self-sufficiency in the maintenance of a community-level immunization program. Despite present technical disagreements with central level MOH personnel and international agencies on the timing and target of immunization activities, project staff remain convinced that all concerned parties will be able to resolve the disagreements to the benefit of an improved immunization coverage in the Tihama.

2.6 Participant Training

2.6.1 Short Term Training

Two of the project's trainer/supervisors completed a 5 week orientation tour of primary health care programs in Egypt, Tunisia, and Morocco. The success of this first effort to provide project field personnel with an exposure to other third world country primary health care programs has been very encouraging. If the evaluation team concludes that the project should continue, it would seem appropriate to plan for similar training/orientation activities for other project staff in the future.

2.6.2 Long Term Training.

Dr. Arsalan has been admitted once again to Johns Hopkins University's Masters of Public Health program for the academic year beginning in July 1985. The TPHCP is hopeful that the problems which the project has experienced in sending candidates

for training will be resolved and that Dr. Arsalan will be able to leave for the United States in late May.

2.7 Mid-Term Evaluation

The mid-term March-April evaluation of the TPHCP began on schedule during the last week of March. In addition to specifying that the evaluation will measure MSH's progress towards the achievement of end of project outputs, the evaluation's terms of reference call for an assessment of the project's present viability and of its long-term sustainability. The evaluation team is being asked also to consider whether the Ministry of Health's and USAID's support of project activities demonstrates a level of commitment to primary health care which is sufficient to justify the input of additional funds to continue the project. To assist the evaluation team in performing its assigned tasks, project staff have made available project documents which summarize the project's activities during the past 18 months. It has also prepared itineraries which will provide the evaluation team with a comprehensive orientation of the project's field activities.

3. SPECIFIC ACTIVITIES : LONG-TERM ADVISERS

3.1 William Emmet: Chief of Party/Management Specialist

During the first quarter of CY1985, much of the chief of party's time was devoted to the preparation of initial 1985 workplan documents and of the March-July 1985 technical assistance workplan. In addition, the chief of party coordinated MSH's efforts to produce a discussion paper on the TPHCP's future

direction. This paper was requested by the USAID/Sana'a mission director and has served as one of the principal documents for MSH's discussions with the mid-term evaluation team.

The TPHCP's management specialist also was able to spend some time observing the project's field activities. A trip to one of the project's primary health care units which was located in the mountains served to emphasize the difficulties which the Tihama's primary health care program will face in delivering services in the future.

During this quarter, the management specialist has worked closely with each of the project's four short-term consultants. The ability of each of the consultants to address specific and finite issues underscored the importance of using experienced and qualified consultants in an effort to meet the project's long-term goals.

3.2 Rachel Feilden: Health Systems Analyst

During this past quarter, Ms. Feilden has been working with project staff to implement village-level activities related to women's health. Her work with the project's midwives on a health education program has produced tangible evidence of the potential impact which appropriate educational interventions can have upon rural village level health practices.

Ms. Feilden's work with Mr. Anthony Battersby, MSH's short term consultant on immunization strategies, has resulted in the project staff's having a greater understanding of the importance of accurate and reliable data to the effective control and monitoring of primary health care activities. Because of her

work with Mr. Battersby and with host country national staff, Ms Feilden will now be able to assist project staff in the implementation of an evaluation methodology which will provide the project with more reliable information on the project's on-going immunization activities.

As the project's health systems analyst, Ms Feilden continues to focus upon the development of an information system which will assist the project in tracking the level and progress of its activities. As specified in the March-July 1985 technical assistance workplan, it is anticipated that Ms. Feilden will complete her work on the information system prior to her completion of contract and departure from Yemen in August 1985.

3.3 Tim Irgens: Community Development Adviser

In January, Mr. Irgens completed the site selection for 10 new primary health care units. During the months of February and early March, Mr. Irgens assisted host country national staff in the recruitment of the 10 trainees, in negotiations with the A'bs project for the inclusion of 2 trainees in the TPHCP's training program, and in making final arrangements for all trainees to begin training in mid-March. As Mr. Irgens has now worked with host country nationals on recruitment activities for over twenty trainees, it is anticipated that Yemeni staff should be capable of managing recruitment procedures for all future trainees.

During the past quarter, Mr. Irgens has continued to assume major responsibility for working with host country national staff on the strengthening of the project's drug logistics

and transport systems. As a follow-up to Mr. Jean Delienne's recommendations on the up-grading of the project's transport system, Mr. Irgens has worked with the project's logistics officer and dispatcher on the development of procedures to monitor the use and maintenance of the project's available transport. These procedures are now in the process of being field tested and should be fully modified and implemented by the end of July 1985. With reference to the project's drug logistics system, Hodeidah-level-procedures are fully implemented and operational. During the coming quarter, Mr. Irgens intends to devote more attention to the strengthening of the drug logistics system at the level of the primary health care unit. It should also be noted that, in accordance with Mr. James Bates' recommendations on ordering essential drugs, Mr. Irgens has collaborated with Dr. Abdul Halim, Project Director of the TPHCP, in the preparation of an essential drug order which is presently under consideration by the central MOH.

Finally, Mr. Irgens' knowledge of the project and of the project area has been of real importance in the preparation of material for use by the evaluation team. During the month of March, Mr. Irgens prepared project maps, itineraries, and project staffing information which has made it possible for the evaluation team to make the best use of its limited time for field visits. Although Mr. Irgens' special efforts in support of the evaluation team's field visits merits special mention, it should be noted that the importance of his contribution to the administration and management of the project has long been recognized by all project staff.

3.4 Claude Letarte: Primary Health Care Adviser

During the past quarter, Dr. Letarte assumed primary responsibility for the organization and implementation of orientation visits to primary health care programs in Egypt, Tunisia and Morocco for two of the project's six trainer/supervisors. To assist the project in making certain that the orientation visits proceeded as scheduled, Dr. Letarte, with the agreement of USAID/Sana'a, accompanied the two trainer/supervisors to Egypt which was the first stop on their three-country orientation tour. It is anticipated that the project's other trainer/supervisors will be able to take part in similar orientation visits in the future now that the initial two trial visits have been successfully completed.

Dr. Letarte has continued to play a major role in working with host country nationals on the project's child health program. As mentioned earlier in this report, the project has experienced a certain amount of difficulty in coordinating its immunization activities with those of the central Ministry of Health. Dr. Letarte has been instrumental in clarifying the goals and objectives of the immunization component of the project's child health program so that it is now anticipated that the project will be able to move forward with its immunization program in direct collaboration with the Ministry of Health central-level Expanded Program on Immunizations.

4. SPECIFIC ACTIVITIES: SHORT TERM CONSULTANTS

During the past quarter, Dr. Ronald O'Connor, president of Management Sciences for Health, spent one week in Yemen conferring with Ministry of Health officials in Sana'a and Hodeidah, and with MSH and USAID/Sana'a staff. Dr. O'Connor was able to assess the project's progress during the past eighteen months and to work with all concerned parties towards a determination of the extent to which MSH could continue to make a meaningful contribution to the TPHCP's goals and objectives.

In addition to Dr. O'Connor visit, four short term consultants completed their work on behalf of the project during the past quarter. The preliminary drafts of each of the consultant's findings and recommendations have been submitted to USAID/Sana'a and to the Ministry of Health. A brief description of the consultants' recommendations would include the following points:

4.1 Manpower Management : During his second consultancy on behalf of the project, Mr. Peter Hornby worked with project senior staff to develop job descriptions for a project management staff structure which was originally proposed by Dr. Paul Torrens in December 1984. Mr. Hornby recommended that the project make final modifications to the prepared job descriptions within the immediate future. He further recommended that the job descriptions be formally institutionalized so that they can form the basis for the project director's improved management of project staff. As of the date of this report, all job descriptions are

in the process of being modified. It is anticipated that they will be formally adopted within this quarter.

4.2 Manpower planning: Because of the overlap in issues to be addressed, Mr. Peter Shipp's first consultancy on behalf of the TPHCP was purposely planned to coincide with Mr. Hornby's consultancy activities. As part of his consultancy, Mr. Shipp made specific recommendations towards the development of a methodology which would assist the project in identifying and addressing issues which affect staff motivation and discipline. Mr. Shipp also made the first tentative assessment of ways in which the project and the Hodeidah Governorate might begin to incorporate the Tihama's sub-centers into the primary health care program's supervisory structure. Mr. Shipp's recommendations on ways by which to increase project field staff's present level of motivation and discipline have already begun to be implemented. It is anticipated that his work on incorporating sub-centers into the project's supervisory structure will be addressed by the evaluation team and that it will most certainly form the basis for discussions on this issue during the remaining part of the year.

4.3 Program Planning: Immunizations

Although Mr. Anthony Battersby's March consultancy represented his first work on behalf of the TPHCP, his association with Yemen's EPI program began in 1982 when he carried out an assignment on behalf of UNICEF. During his month with the TPHCP, Mr. Battersby completed a survey of immunization coverage in the

Tihama. At the same time, he was also able to address the efficacy of the Ministry of Health's present emphasis upon mass immunization as well as the progress of the TPHCP's immunization program which began in August 1984. Mr. Battersby has recommended that the project and the MOH focus its immunization efforts upon children under one-year of age as a means of improving upon the Tihama's present low-level coverage of children in this high-risk age group. The project is presently incorporating Mr. Battersby recommendations into the management of its immunization program. It is anticipated that the evaluation team will address this issue with the Ministry of Health as a means of assisting all concerned parties to develop a unified and effective immunization strategy for the Tihama.

4.4 PHCW Training

Mrs. Evelyn Thomas' second consultancy for the TPHCP has produced results which promise to have a long-lasting effect upon the TPHCP's training program. During her two months with the project, Mrs. Thomas worked in close collaboration with Dr. Arsalan al-Khouleidy towards the development of a PHCW training curriculum which incorporated the Health Manpower Institute's general guidelines on PHCW training but which also addressed the need for a teaching tool for the project's trainer/supervisors. The restructured curriculum is now being used by the project to train its new cohort of PHCWs. In addition, the Health Manpower Institute has indicated that it intends to introduce the Arsalan/Thomas curriculum format into PHCW training programs

throughout the country. Project staff are obviously pleased with HMI's reaction to the training curriculum as it represents the first concrete example of the MOH's interest in replicating a principal project activity in other parts of the country.

5. FUTURE ACTIVITIES AND ISSUES

In earlier quarterly reports, this section of the report has addressed the project's plans for the next quarter's activities. However, as the project's mid-term evaluation will certainly demand much of the project staff's time and attention during the month of April, it is reasonable to suspect that most activities carried out in April will be limited to those already in progress. Similarly it is difficult to predict the extent to which the evaluation's findings will effect the programming of activities during the months of May and June. Finally, with the holy month of Ramadan falling in the months of May and June, it is reasonable to suspect that most field activities will be significantly reduced to the point that little substantive field work will be accomplished over a period of at least six weeks.

At the same time, the March-July 1985 technical assistance workplan has committed the project's technical advisers to the completion of specific activities which can best be described as a "wrap-up" of two years of technical assistance to the Tihama Primary Health Care Project. A listing of these activities would include the following items:

Completion of Information System Guidelines

Completion of Computer Assisted Cost Accounting System

Orientation of Project Staff to Computer Utilization

Final Modification of the TPHCP Transport System

Analysis of PHCW Curative Care Data

Preliminary Draft of 2 Year TA Progress Report

Photo Documentation of Project Activities

Completion of Village-Level Health Education Trial

Implementation and Analysis of ORT Trial Protocol

Strengthening of PHCU Drug Logistics

Expansion of Child Health Immunization Program

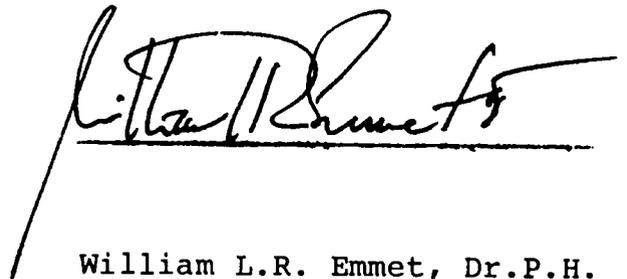
Development of Participant Training Opportunities

It should be obvious that successful completion of many of the above activities is largely dependant upon the findings of the evaluation team. However, project staff are confident that the project will be judged to have achieved a reasonable rate of progress over the past two years and that the evaluation team will recommend that the project be continued. In that event, project staff are reasonably confident that disruption to its normal working schedule will not prevent the project from maintaining an acceptable level of activity during the second quarter of 1985.

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 January to March 1985. In recording the progress which has been achieved during the past quarter, the report also makes note of the fact that both the March-April mid-term evaluation of the project and the low-level of activity expected during the May-June holy month of Ramadan can be expected to significantly effect the next quarter's level of progress.

May 5, 1985

A handwritten signature in black ink, appearing to read "William L.R. Emmet", is written over a horizontal line. The signature is stylized and cursive.

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