



RESOURCE SUPPORT SERVICES AGREEMENT/FY86

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Leo Morris, Ph.D., M.P.H.
Chief, Program Evaluation Branch
Division of Reproductive Health (DRH)
AID/RSSA Project Director

Mark W. Oberle, M.D., M.P.H.
Assistant Chief
Program Evaluation Branch (DRH)
AID/RSSA Assistant Project Director

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
Center for Health Promotion and Education • Division of Reproductive Health
Atlanta, Georgia 30333

DRH/CHPE/CDC

AID/RSSA QUARTERLY REPORT
FY 86: January-March 1986

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QUARTERLY HIGHLIGHTS

1. During this quarter, there were 27 person-trips made by 19 DRH/CDC staff members and consultants to 14 different countries (Table I-A). As shown in Table 1, there have now been a total of 46 person-trips this fiscal year, including 23 to the Latin America/Caribbean Region, 15 to Africa, 4 to Asia, and 4 to the Near East Region.

There are 22 person-trips to 17 countries planned for the third quarter of FY 1986, utilizing 12 DRH/CDC staff members (Table I-B).

2. There were 25 RSSA trip reports issued between January 1986 and May 1986 for travel undertaken during this fiscal year (Table II-A). There are two reports pending for travel during the second quarter of this fiscal year (Table II-B). Other reports/projects this quarter (Table II-C) included two presentations at professional meetings and two at the Latin American Population Officers' Meeting in Miami. DRH/CDC staff participated in logistics management workshops held in Colombia, Zimbabwe, and Zambia. The English language report for the 1984 Family Planning/Maternal-Child Health Survey in Panama was issued in March. Consultation by Jeanne Gilliland and her staff to AID/W on computerization of their centrally-managed commodity distribution system continued with five TDY's in Washington during this quarter. Leo Morris participated in the AID Cooperating Agency Meeting in January.

3. Logistics Management

In the second quarter of Fiscal Year 1986, 11 countries, including those with participants attending the Latin American Regional Logistics Management Workshop, were provided consultation. Through the first half of Fiscal Year 1986, 16 countries have been provided logistics management assistance (Table 2). Brief reports for each country provided assistance this quarter are shown below. Further details are available for each country in their respective trip report.

- A. Latin American Regional Logistics Management Workshop

A Latin American Regional Workshop on contraceptive logistics management was held in Bogota, Colombia, January 27-31, 1986. Twenty-nine participants from 6 countries attended, including 4 AID population officers or their delegates, and 2 persons representing AID cooperating agencies. The countries included Brazil, El Salvador, Guatemala, Honduras, Mexico and Peru. Also attending was Anthony Boni, Chief, Commodity Management Branch, Family Planning Services Division, Office of Population. Richard Monteith and Mark Oberle of CDC participated as faculty.

The workshop, which was conducted in Spanish, was designed and developed by DRH/CDC. The workshop was hosted by PROFAMILIA, the International Planned Parenthood Federation affiliate in Bogota, in collaboration with Development Associates, Inc. During the workshop, participants identified essential supply data and learned ways to collect, report, analyze, and use these data for management purposes. Modules developed for this

workshop included the following subject areas:

The Logistics Cycle
Determining Issue Quantities
Assessing Supply Status
Warehousing
Forecasting
Couple-Years-of-Protection
Microcomputer Applications to Logistics Management
Evaluation and Problem Solving

In general, the workshop went well. Some lessons learned from this experience are:

- Followup visits to the participating countries will be necessary to evaluate the real impact of the workshop on improving contraceptive supply management practices in the region.
- Participants selected to attend future workshops should meet, to the extent possible, workshop criteria such as position descriptions, previous experience, etc. For workshops whose content is heavily analytical, all participants should possess basic skills in mathematics. The total number of participants attending the workshops should not exceed 25.
- Changes made in the format, content, and/or duration of the current workshop developed by CDC should be based on a complete understanding of the teaching objectives of the workshop and the workshop material, the needs of the individual programs represented at future workshops, and the maximum amount of time that participants can spend away from their work.
- If local instructors are used, sufficient time should be scheduled for them to prepare for and rehearse the sessions that they will present. In addition, care should be exercised in selecting local instructors, both from a quantitative and qualitative point of view. The number of instructors should also be limited.

B. ESAMI Logistics Management Workshops in Zambia and Zimbabwe

In cooperation with the Eastern and Southern African Institute (ESAMI), Family Planning Supply Management Workshops were held in Zimbabwe and Zambia in the last 2 weeks of January 1986. These were part of a series of joint CDC/ESAMI workshops for several countries in eastern and southern Africa held as an element of the ESAMI logistics management training and consultation project. The first two regional workshops were held in Arusha, Tanzania, in 1984 and 1985. An in-country workshop has also been held in Lesotho.

Participants in the course in Zimbabwe and Zambia were administrators, physicians, nurses, and warehouse/supply personnel assigned to the Ministry of Health or to the local Family Planning Association. Emphasis was placed on managing contraceptive supplies, including the determination of issue quantities, assessing supply imbalances, estima-

ting couple-years-contraceptive protection, and forecasting commodity needs. Trainers included staff from ESAMI, host country personnel trained in previous regional training courses, and a CDC consultant (Neal Ewen).

Country-specific workshops, such as those conducted in Zimbabwe and Zambia, are meant to supplement regional workshops and have several advantages over them. Participants are able to learn from each other about what is happening in different parts of the country, and MOH central level staff are able to learn about those procedures and practices which are effective and those which are not. In addition, local forms, requisitions, and reporting procedures can be discussed in detail. The interaction among participants and lecturers helps to identify problems and promote an exchange of ideas with MOH central staff as to how to solve them. In both countries, most of the problems centered on the missing information and on the flow of information and supplies.

A few changes need to be made before future workshops are conducted. Handouts summarizing the main points of presentations need to be prepared in advance and local staff have to be trained in advance. The high cost of photocopying in Zimbabwe and the breakdown of photocopying machines in Zambia indicate that it would probably be better to prepare all course materials well before the course is held and ship them to the country (countries) where the training will take place.

Certain terms used in the distribution of contraceptive supplies need to be defined so that they have the same meaning for everyone. Obtaining in advance organization charts and explanations of reporting procedures would facilitate the extensive discussions which these subjects generate.

Participants at both workshops submitted a number of recommendations to central level personnel from the MOH or Family Planning Association concerning supply and reporting procedures. Additional technical assistance will be requested by Zimbabwe to further identify problems in their supply and reporting systems. Technical assistance is needed in Zambia to determine contraceptive levels on hand and rates of consumption so that it is not necessary to continue to place emergency orders for contraceptives.

C. Nepal

At the request of USAID/Nepal, CDC consultants, Jay Friedman and J. Timothy Johnson, assessed the adequacy of the contraceptive distribution system in Nepal in anticipation of an increase in the use of temporary methods. To accomplish the scope of work, they visited the central offices and selected field stations of the main family planning service providers: the Family Planning/Maternal-Child Health Project, the Integrated Community Health Service Development Project, and the Contraceptive Retail Sales Project.

Recommendations were made for improving the system, including improvements in providing information on commodity flows to USAID/Nepal. They also analyzed service statistics and logistics information to assess the validity of these data and made recommendations on forecasting future commodity requirements.

D. Costa Rica

Since 1966, the Asociacion Demografica Costarricense (ADC) has played a major role in contraceptive logistics for the public sector family planning program, which includes the Ministry of Health (MOH) and the Caja Costarricense de Seguro Social (CCSS). In this role, ADC has been responsible for forecasting supply requirements for the national program, clearing and receiving shipments of contraceptive supplies from international donors, central storage, and distribution of supplies to the MOH and the CCSS.

In the case of the MOH, until 1984 ADC resupplied approximately 160 MOH health facilities directly from its central warehouse. Thus, no contraceptive supplies were managed by the MOH supply system, except at the outlet level. Under this arrangement, ADC was responsible for monitoring the supply status of the MOH facilities and for determining issue quantities.

In the case of the CCSS, ADC issued contraceptive supplies to the CCSS central warehouse which, in turn, was responsible for resupplying approximately 130 CCSS health facilities throughout the country. Thus, after receipt of supplies from ADC, the CCSS was responsible for monitoring the flow of contraceptive supplies through its supply system and for determining issue quantities.

In 1984, integration of health services of the MOH and the CCSS advanced another step. Where the MOH's and the CCSS's curative and preventive services are housed in the same health facility, the services have been integrated. In some towns, because of space limitations, it has not been possible for the two organizations to share the same facility, and services remained physically apart, although they are considered integrated. In any event, under integration, drugs, medicines, contraceptives, and other health supplies are managed by the CCSS supply system and dispensed to patients through CCSS pharmacies. This is the case, even where services are physically separated.

The principal finding of this evaluation by Richard Monteith is that key supply data are not reported and/or analyzed to assess the supply status of the national programs and to determine issue quantities. As a result, there are frequent stockouts of contraceptive supplies in health facilities. Monteith recommended that the proposed contraceptive logistics system currently under consideration include a data system to determine issue quantities, assess supply status in terms of months of supply on hand, and to estimate active users served by the program.

In light of the findings of the evaluation, it was also recommended that the operations research project on contraceptive logistics be postponed until the new contraceptive logistics system is implemented. The new system is key to generating the necessary indicators which will be required to measure the performance of the experimental and control areas. Other factors mitigate against conducting an operations research project at this time.

4. Clinic Management Studies

A. Botswana

The purpose of this consultation was to establish a local capability to conduct Patient Flow Analysis (PFA) studies, including collecting and processing data, interpreting the computer output, and applying the results in clinic evaluation and redesign. Jeanne Gilliland installed the PFA computer programs in the IBM-PC computer owned by the Family Health Division (FHD) of the Botswana Ministry of Health (MOH) and trained local personnel to operate the computer. Jack Graves collaborated with local staff in adapting the PFA instruction manual (which was written for U.S. Public Health clinics) to Botswana conditions, continued the training for computer operations, trained central and field staff to collect PFA data and, in collaboration with Maurice Glatzer, trained field staff to interpret and apply the results of PFA studies. In addition, Glatzer trained central staff to operate the computer and assisted field staff in collecting data for use in the interpretation and application training course.

They also provided consultation to the MCH/FP director on the design of a study to measure the impact on health and clinic utilization of the clinic integration project of the Botswana MOH. Graves also discussed the use of PFA in evaluating hospital outpatient clinics with the Undersecretary, Manpower Division, MOH; and Glatzer discussed the ESAMI project for improving family planning logistics in Eastern and Southern Africa with MOH/FHD and USAID/Gaborone officials.

B. Costa Rica

The computerized Patient Flow Analysis programs were installed on the Costa Rica Demographic Association (ADS) microcomputer in February 1985. Since then, ADC staff have carried out initial PFA studies in 42 Social Security and Ministry of Health clinics, and CDC has continued to assist ADC by producing color plots and simulations of possible changes on the CDC mainframe computer. After the studies, the results are discussed with clinic staff at group meetings with staff from approximately 7 to 10 clinics attending each meeting. During these meetings, plans for improvement are developed. In February 1986, Tony Hudgins returned to Costa Rica to provide further instruction in the use of PFA, discuss results of recent clinic simulations, and to plan future activities.

The potential for improvement of clinic efficiency was dramatically demonstrated by the use of the simulation programs. In one example, they demonstrated the possibility of decreasing the average waiting time for patients from 161 minutes to 12 minutes by only modifying the already existing appointment system.

The original work plan had called for a second complete round of studies once the original studies had been done. Hudgins suggested, instead, that ADC work intensively with approximately 10 clinics where there is greatest potential for improvement and then do a second evaluative study on these clinics.

5. Surveys

A. Jordan

In February, Phyllis Wingo and Patrick Whitaker traveled to Jordan to install the system of COBOL programs designed to edit data collected in the 1985 Jordan Husband's Fertility Survey, to train the Department of Statistics (DOS) programmer how to run the system, and to instruct persons responsible for editing the survey data how to interpret the lists of errors.

The programs and system documentation were developed at CDC and were revised in Jordan to accommodate: (1) unanticipated presentations of the data, (2) peculiarities on the NCR computer, and (3) the needs of the user. The revised documentation was mailed to Fahad Al Hiyari on March 17, 1986, with copies to Abed Awad, Hana Al Masri, and Abdel Haleem Kharobshe. The documentation is on file at CDC and available on request.

Recommendations regarding surveys conducted by the DOC are also included in the consultant's trip report and focus on two general areas of concern: forms design and the data processing of present and future surveys.

The survey is proceeding on schedule. A clean tape will be sent to DRH/CDC in mid-May, and data analysis will extend from June until late August. A preliminary report will be available in September, and a seminar to present the results has been scheduled for October or November.

B. Mexico

Leo Morris and Patricia Bailey of FHI assisted their counterparts from CORA and AMIDEM in the preparation of the report for the Young Adult Reproductive Health Survey conducted in Mexico City last year. The content of the report will include the following chapters (The persons with primary responsibility for each chapter are also shown):

<u>Chapter</u>	<u>Primary Responsibility</u>
Acknowledgements	Velasco, Nunez
1. Introduction	Velasco, Nunez
2. Methodology	Cardenas, Nunez
3. General Characteristics of the Respondents	Nunez
4. Sex Education and Knowledge of Young Adults	Velasco, Bailey
5. Attitudes	Bailey, Velasco
6. Sexual Experience and Use of Contraception	Morris, Nunez
7. Fertility	Nunez, Morris
8. Conclusions	All

Anne Whatley has played a key role in data management for Chapters 4, 5, and 6. Data management for Chapters 2, 3, and 7 has been the responsibility of our Mexican counterparts.

During this trip, tables were developed for each chapter from previously planned computer printouts based on the survey analysis plan. In some cases, additional computer runs were made to clarify data inconsistencies and/or provide more detail for important variables.

C. Guatemala

Followup consultation was provided by Leo Morris to the Guatemala Association of Sex Education (AGES) in planning a Young Adult (15-24 years of age) Reproductive Health Survey for Guatemala City. This survey, which will be similar to the Young Adult Survey conducted in Mexico City in 1985, is related to a new 5-year USAID project with AGES initiated in January 1986. During this consultation, the questionnaire was finalized for pretesting, the sample design completed, and the timetable revised. Preliminary discussions were held on data processing plans. The questionnaire is scheduled to be pretested in May 1986, and field work has been programmed for July-August.

D. Costa Rica

Mark Oberle and Jose Becerra assisted the Costa Rica Demographic Association (ADC) in training interviewers for the 1986 Maternal-Child Health/Family Planning Survey. Field work began on January 14 and will last 2-1/2 months. In March, at the request of ADC, Stan Becker assisted in reviewing data collection, data entry procedures, and consistency checks for data editing, as well as the tabulation plan for the survey report.

E. Brazil

In collaboration with technical staff from the Demographic and Health Survey (DHS) Project of the Westinghouse Institute for Resource Development, Leo Morris provided technical assistance to the Brazilian Planned Parenthood affiliate (BEMFAM) in the development of the questionnaire and field work plans for the 1986 Demographic Health Survey. The questionnaire was pretested both in October 1985 and March 1986, and field work is scheduled to begin on May 12, 1986, following the first training period scheduled for April 28-May 9, 1986. Approximately 7,300 women are scheduled to be interviewed in 8,700 sample households. The sample frame is the Census Bureau's National Household Survey (PNAD) from which a subsample has been selected. There will be six Brazilian geographic regions with independent estimates. PNAD Regions IV and VI and VII and VIII have been combined for the DHS. Only Region V, the Northeast Region, will be designed to have independent estimates for urban and rural areas.

In addition, Morris reviewed plans at CPAIMC for the final report on their sterilization failure study. DRH/CDC has provided technical assistance for this study.

6. Family Planning Private Sector Project--Kenya

Pat McConnon participated in the external project evaluation of the Family Planning Private Sector Project in Kenya, undertaken as part of the original Cooperative Agreement between USAID/Kenya and John Snow, Inc., Research and Training Institute (JSI) under the USAID/Government of Kenya Memorandum of Understanding of September 15, 1983.

The 4-year project was designed to "demonstrate and increase the institutional capacity of private sector organizations to carry out sustainable programs for the delivery of family planning and related maternal-child health services." The project design included the establishment of 30 demonstration subprojects, establishment of an efficient contraceptive supply and management system, and provision of training for personnel to undertake family planning activities in the private sector.

The evaluation team consisted of:

Dr. J. Mati	University of Nairobi
Dr. J. Ssenyonga	University of Nairobi
Mr. J. M. Hungu	National Council for Population and Development (NCPD), Government of Kenya
Mr. P. McConnon	Division of Reproductive Health, CHPE, Centers for Disease Control

The primary finding by the evaluation team was that the Family Planning Private Sector Project was well designed and is meeting the major objectives of the project related to (1) recruitment of private sector organizations as family planning/maternal-child health subproject providers; (2) recruitment of new acceptors through the subprojects; (3) establishment of a commodity supply system for subprojects; (4) provision of professional training for subproject staff; and (5) increasing the institutional capacity of private sector organizations to carry out sustainable programs for delivery of family planning and maternal-child health services.

The recommendations of the evaluation team supported expansion of the project to additional private sector organizations and strengthening training components for subproject program management, information/education, and community-based workers.

7. Contraceptive Technology Workshop--Niger

Nancy Binkin, a French-speaking medical epidemiologist, assisted Family Health International in presenting a Contraceptive Technology Workshop in Niger during the last week of February. The objectives of the workshop were:

to present the role of family planning in improving maternal and child health;

to update the participants' knowledge of current contraceptive technologies, their advantages, disadvantages, and contraindications;

to discuss family planning methods and needs of special target groups (e.g., lactating mothers, grand multiparous women, adolescents, older women);

to describe the relationship between family planning methods and chronic diseases, cancer, infections, STD's; and

to define the role of biomedical research in family planning programs and identify research needs specific to Niger.

8. Mexican Academy of Medical Demography (MAMD)

During this quarter, DRH/CHPE responded to two requests for technical assistance from the MAMD through the AID representative/Mexico. In collaboration with the Population Council, Carol Hogue, Ph.D., reviewed the feasibility of a study on the health impact of the Social Security (IMSS) family planning program, and Ed Bartlett, Ph.D., a CDC consultant, consulted with IMSS staff on evaluation of the IMSS family planning education program.

9. As shown in the Budget Report (Section IV), funds committed during the first half of the fiscal year were within 8 percent of those budgeted.

10. Thus far in Fiscal Year 1986, DRH has had visits from 14 international health/family planning professionals, distributed by region, as shown below (see Table V).

<u>Region</u>	<u>No of Visitors</u>
Latin America	7
Africa	5
Asia	2
Near East	0
Other	0

TABLE 1

DRH/CHPE/CDC
International Consultations by Country*
FY 1982-1985 and October-March, FY 1986

<u>Region and Country</u>	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86 (Oct.-Mar.)</u>
<u>Africa</u>					
Botswana	0	0	1	1	3
Burkina Faso	0	0	1	1	0
Gambia	0	2	1	0	0
Ghana	1	2	2	1	1
Kenya	3	10	5	12	3
Lesotho	0	0	1	3	0
Liberia	0	0	0	2	0
Madagascar	0	0	0	0	1
Malawi	0	0	0	1	0
Mali	1	0	0	0	0
Mauritius	0	0	1	6	0
Niger	0	0	0	0	1
Nigeria	0	1	7	3	3
Rwanda	1	0	0	0	0
Senegal	5	3	7	1	0
Sierra Leone	0	0	0	1	0
Somalia	1	1	0	2	0
Sudan	2	0	0	1	0
Swaziland	0	0	0	1	0
Tanzania	0	0	1	1	1
Uganda	0	0	2	0	0
Zaire	1	2	0	0	0
Zambia	0	0	1	0	1
Zimbabwe	0	2	4	3	1
	<u>15</u>	<u>23</u>	<u>34</u>	<u>40</u>	<u>15</u>
<u>Asia</u>					
Bangladesh	5	2	3	1	0
India	3	0	4	3	0
Indonesia	5	2	1	0	0
Nepal	0	0	0	0	2
Pakistan	2	2	0	1	1
Philippines	2	1	0	0	0
Singapore	1	1	0	0	0
Sri Lanka	1	1	0	0	0
Thailand	4	9	2	1	1
	<u>23</u>	<u>18</u>	<u>10</u>	<u>6</u>	<u>4</u>

TABLE 1

DRH/CHPE/CDC
International Consultations by Country*
FY 1982-1985 and October-March, FY 1986
(Continued)

<u>Region and Country</u>	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u> <u>(Oct.-Mar.)</u>
<u>Latin America/</u>					
<u>Caribbean</u>					
Antigua	0	2	0	1	0
Barbados	3	4	1	3	0
Brazil	6	6	10	2	3
Colombia	2	1	0	1	2
Costa Rica	0	3	9	7	8
Dominican Repub.	2	2	1	0	0
Dominica	1	3	0	2	0
Ecuador	0	0	0	2	0
El Salvador	1	1	0	2	1
Grenada	0	0	1	1	0
Guatemala	5	9	5	3	2
Guyana	0	0	1	1	0
Haiti	0	1	0	1	0
Honduras	3	2	4	3	0
Jamaica	2	5	0	0	0
Mexico	4	0	6	9	5
Montserrat	1	1	0	1	0
Panama	2	4	10	10	2
Peru	1	1	0	2	0
St. Kitts-Nevis	1	1	0	2	0
St. Lucia	2	2	1	1	0
St. Vincent	2	1	1	1	0
Trinidad	0	1	0	0	0
Venezuela	1	0	0	0	0
	<u>39</u>	<u>50</u>	<u>50</u>	<u>55</u>	<u>23</u>
<u>Near East</u>					
Egypt	1	0	1	2	0
Jordan	0	6	4	3	3
Morocco	1	0	1	0	0
Tunisia	0	1	0	1	0
Turkey	0	0	0	0	1
	<u>2</u>	<u>7</u>	<u>6</u>	<u>6</u>	<u>4</u>
TOTAL Person-Trips	<u>79</u>	<u>98</u>	<u>100</u>	<u>107</u>	<u>46</u>
TOTAL Countries	<u>35</u>	<u>36</u>	<u>32</u>	<u>43</u>	<u>21</u>
Consultations/Ctry	2.3	2.7	3.1	2.5	2.2

*Defined as a consultation conducted by a DRH staff member and described in his/her consultant trip report; most trips were funded by AID, but some meeting and consultant travel was funded from other sources (WHO, Ford Foundation, Rockefeller Foundation).

TABLE 2

Logistics Assistance Provided by CDC/DRH
Fiscal Years 1981-1985, and October-March FY 1986,
by Country and Fiscal Year

<u>Country</u>	<u>81</u>	<u>82</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u> <u>(Oct.-Mar.)</u>
<u>AFRICA</u>						
Botswana				X		
Burkina Faso				X	X	
Gambia			X			
Ghana	X	X	X	X	X	X
Kenya					X	X
Lesotho				X	X	
Malawi					X	
Mali	X					
Mauritius				X		X
Nigeria			X	X	X	X
Rwanda		X				
Senegal		X		X	X	
Sierra Leone					X	
Somalia		X	X		X	X
Sudan		X			X	
Swaziland					X	
Tanzania				X		
Uganda				X	X	
Zaire		X				
Zambia				X	X	X
Zimbabwe			X	X	X	X
TOTAL Countries	<u>2</u>	<u>6</u>	<u>5</u>	<u>11</u>	<u>14</u>	<u>7</u>
<u>ASIA</u>						
Bangladesh	X	X	X	X		
India		X		X	X	
Indonesia		X	X			
Nepal						X
Pakistan		X	X		X	X
Philippines		X				
Sri Lanka		X				
Thailand	X	X	X	X	X	
TOTAL Countries	<u>2</u>	<u>7</u>	<u>4</u>	<u>3</u>	<u>3</u>	<u>2</u>

TABLE 2

Logistics Assistance Provided by CDC/DRH
Fiscal Years 1981-1985 and October-March FY 86
by Country and Fiscal Year
(Continued)

<u>Country</u>	<u>81</u>	<u>82</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u> <u>(Oct.-Mar.)</u>
<u>LATIN AMERICA/CARIBBEAN</u>						
Antigua			X		X	
Barbados		X	X	X	X	
Brazil				X		X
Colombia					X	X
Costa Rica			X		X	X
Dominican Republic	X	X				
Dominica		X	X		X	
Ecuador	X				X	
El Salvador			X		X	X
Guatemala	X	X	X	X	X	X
Haiti	X		X		X	
Honduras	X	X	X	X	X	X
Jamaica	X	X	X			
Mexico		X		X		X
Montserrat		X	X		X	
Panama			X	X	X	
Peru	X		X		X	
St. Kitts-Nevis		X	X		X	
St. Lucia		X	X		X	
St. Vincent		X	X		X	
<u>TOTAL Countries</u>	<u>7</u>	<u>11</u>	<u>15</u>	<u>6</u>	<u>16</u>	<u>7</u>
<u>NEAR EAST</u>						
Egypt	X				X	
Morocco		X		X		
<u>TOTAL Countries</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>
<u>TOTAL Countries</u>	<u>12</u>	<u>25</u>	<u>24</u>	<u>21</u>	<u>34</u>	<u>16</u>

I. DRH/CDC INTERNATIONAL TRAVEL
A. Completed: January-March 1986

<u>Dates</u>	<u>Country (Person(s))</u>	<u>Purpose of Travel</u>
1/2-6/86	Thailand (Johnson)	Presentation at Second International Symposium on Public Health in Asia and the Pacific Basin entitled, "Program Performance: An Assessment of Organized Asian Family Planning Efforts."
1/6-2/3/86	Nepal (Friedman, Johnson)	Logistics management assistance.
1/5-18/86	Costa Rica (Oberle, Becerra)	Provide technical assistance to ADC for training of interviewers and implementation of field work for 1986 FP/MCH survey.
1/13-2/3/86	Colombia (Monteith)	Latin America Regional Logistics Management Workshop.
1/23-2/1/86	Colombia (Oberle)	
1/16-25/86	Zimbabwe (Ewen)	Monitor in-country Logistics Management Workshop in collaboration with ESAMI.
1/26-2/1/86	Zambia (Ewen)	Monitor in-country Logistics Management Workshop in collaboration with ESAMI.
1/26-27/86	Brazil (Gilliland)	Review installation of Patient Flow Analysis (PFA) microcomputer programs at ABEPF.
1/28-2/8/86	Botswana (Gilliland)	Installation of PFA microcomputer programs and training of MOH staff to interpret and apply PFA studies for improving clinic management.
1/28-3/2/86	Botswana (Graves)	
2/13-3/2/86	Botswana (Glatzer)	
2/2-15/86	Mexico (Morris)	Consultation on the development and analyses of statistical tables for the final report of the Mexico City Young Adult Health Survey.
2/7-26/86	Jordan (Wingo, Whitaker)	Installation of COBOL programs designed to edit data collected in the 1985 Husband's Fertility and Family Planning Survey and training of local staff to run the system.
2/9-14/86	Costa Rica (Hudgins)	Consultation on data analysis and simulation studies for 42 PFA studies carried out by ADC in MOH and Social Security family planning clinics.

I. DRH/CDC INTERNATIONAL TRAVEL
 A. Completed: January-March 1986
 (Continued)

<u>Dates</u>	<u>Country (Person(s))</u>	<u>Purpose of Travel</u>
2/10-15/86	Kenya (Warren)	Consultation to University of Nairobi Medical School on reproductive health survey in high fertility versus low fertility areas.
2/14-3/9/86	Kenya (McConnon)	Participate on evaluation team for midproject review of Private Sector Program.
2/16-21/86	Jordan (Warren)	Consultation to Department of Statistics on analysis plan for 1985 Husband's Fertility and Family Planning Survey.
2/19-25/86	Mexico (Hogue)	In collaboration with Population Council and Mexican Academy of Medical Demography, review feasibility of study on health impact of Social Security family planning program.
2/22-28/86	Niger (Binkin)	In collaboration with FHI, participate in Reproductive Health/Family Planning Workshop.
2/22-3/4/86	Guatemala (Morris)	Finalize questionnaire and sampling plan for Young Adult Reproductive Health Survey scheduled for pretest in late May.
2/24-3/7/86	Niger (Binkin)	In collaboration with FHI, participate in Reproductive Health/Family Planning Workshop.
3/9-21/86	Mexico (Bartlett)	Consultation in collaboration with Mexican Academy of Medical Demography on evaluation of Social Security Family Planning education program.
3/12-23/86	Brazil (Morris)	In collaboration with WIRD, analysis of questionnaire pretest and review of field work plans for national DHS survey.
3/23-27/86	Costa Rica (Becker)	Review of data collection, data entry and data collection procedures for FP/MCH survey.
3/31-4/8/86	Costa Rica (Monteith)	Review feasibility of Population Council operation research project on improvement of logistics management.

I. DRH/CDC INTERNATIONAL TRAVEL
 B. Planned/Proposed: April-June 1986

<u>Dates</u>	<u>Country (Person(s))</u>	<u>Purpose of Travel</u>
4/3-27/86	Kenya (Hudgins)	In-country Logistics Management Workshop in followup to ESAMI Regional Workshop in November 1985.
4/8-19-86	Peru (Oberle)	Epidemiologic investigation of ORS-related deaths (Office of Health RSSA).
4/24-5/4/86	Kenya (Goldberg)	Participate in seminars on findings of Chogoria Health District CBD evaluation survey.
4/27-5/3/86	Mexico (Morris)	Review progress of Young Adult Reproductive Health Survey Report.
4/28-5/10/86	Senegal (Friedman)	Followup review of logistics management information system.
5/4-10/86	Mauritius (Goldberg)	Assist MOH in preparation of CPS report and planning of CPS seminar to disseminate results.
5/5-18/86	El Salvador (Monteith)	Logistics management consultation in followup to January Regional Workshop in Bogota and review contraceptive procurement tables.
5/11-13/86	Ivory Coast (Friedman)	Consultation with AID staff at REDSO/WA Office.
5/10-18/86	Brazil (Morris)	Technical assistance in collaboration with Westinghouse on implementation of national DHS.
5/15-25/86	Nigeria (Johnson)	Followup consultation on management information system and planning for July workshop.
5/18-25/86	Honduras (Monteith)	Logistics management consultation in followup to January Regional Workshop in Bogota and review contraceptive procurement tables.
5/18-22/86	Panama (Oberle)	Review draft Spanish language FP/MCH Survey Report and assist in planning of August seminar to disseminate survey results; review progress in improvements recommended for logistics system.

I. DRH/CDC INTERNATIONAL TRAVEL
 B. Planned/Proposed: April-June 1986
 (Continued)

<u>Dates</u>	<u>Country (Person(s))</u>	<u>Purpose of Travel</u>
5/25-6/3/86	Guatemala (Morris)	Pretest and fieldwork planning for Young Adult Reproductive Health Survey planned for Guatemala City.
5/25-6/6/86	Guatemala (Herold)	
6/4-8/86	Mexico (Morris)	Review progress of Young Adult Reproductive Health Survey Report.
6/4-14/86	Rwanda (Ewen)	Logistics management consultation.
6/15-27/86	Ecuador (Monteith, Kinchen)	Logistics management consultation, including feasibility of implementing microcomputer logistics tracking system.
6/16-21/86	Jamaica (Morris, Whatley)	Planning discussions for Young Adult Reproductive Health Survey.
6/23-27/86	Costa Rica (Hudgins)	Followup technical assistance for clinic management study at CDC.
6/29-7/2/86	Canada (Goldberg)	Present paper on natural family planning (NFP) module used in Mauritius CPS at NFP International meeting.

I. DRH INTERNATIONAL TRAVEL
C. Foreign International Travel to DRH/CDC
January-March 1986

<u>Dates</u>	<u>Person(s)</u>	<u>Country</u>	<u>Purpose of Travel</u>
2/1-5/86	Reginald Wong Demographer Ministry of Health	Mauritius	Analysis of data and draft report for contraceptive prevalence survey conducted in 1985 with CDC technical assistance.
3/1-22/86	Malcolm McNeil Chogoria Health District Community Distribution Program	Kenya	Analysis of data and draft report for family planning evaluation survey conducted in 1985 with CDC technical assistance.

II. RSSA REPORTS
A. Completed: January-May 1986

<u>Date of RSSA Report</u>	<u>Dates of Travel</u>	<u>Country /Project</u>	<u>Person(s)</u>
1/29/86	1/5-18/86	<u>Costa Rica:</u> Provide technical assistance to ADC for training of interviewers and implementation of field work for 1986 FP/MCH survey.	Oberle Becerra
2/7/86	1/13-2/3/86	<u>Colombia:</u> Latin America Regional Logistics Management Workshop.	Monteith Oberle
2/21/86	2/2-15/86	<u>Mexico:</u> Consultation on the development and analyses of statistical tables for the final report of the Mexico City Young Adult Health Survey.	Morris
3/3/86	11/28-12/19/85	<u>Nigeria:</u> Review of status of State level management information and logistics system and consultation on creation of Federal MOH Evaluation Unit.	Graves Johnson
3/5/86	2/22-3/4/86	<u>Guatemala:</u> Finalize questionnaire and sampling plan for Young Adult Reproductive Health Survey scheduled for pretest in late May.	Morris
3/7/86	11/21-12/13/85	<u>Pakistan:</u> Participate on AID evaluation team with emphasis on logistics management.	Hudgins
3/10/86	11/24-27/85	<u>El Salvador:</u> Presentation on risk and benefits of contraception at Central American OB/GYN conference.	MacKay
3/11/86	1/2-6/86	<u>Thailand:</u> Presentation at Second International Symposium on Public Health in Asia and the Pacific Basin entitled, "Program Performance: An Assessment of Organized Asian Family Planning Efforts.	Johnson
3/11/86	1/6-2/3/86	<u>Nepal:</u> Logistics management assistance.	Friedman Johnson
3/11/86	2/10-15/86	<u>Kenya:</u> Consultation to University of Nairobi Medical School on reproductive health survey in high fertility versus low fertility areas.	Warren
3/11/86	2/16-21/86	<u>Jordan:</u> Consultation to Department of Statistics on analysis plan for 1985 Husband's Fertility and Family Planning Survey.	Warren
3/12/86	9/17-20/85	<u>Honduras:</u> Post-survey evaluation of demographic data and sampling plan of FP/MCH Survey.	Becker

II. RSSA REPORTS
A. Completed: January-May 1986
(Continued)

<u>Date of RSSA Report</u>	<u>Dates of Travel</u>	<u>Country /Project</u>	<u>Person(s)</u>
3/13/86	2/7-26/86	<u>Jordan</u> : Installation of COBOL programs designed to edit data collected in the 1985 Husband's Fertility and Family Planning Survey and training of local staff to run the system.	Wingo Whitaker
3/14/86	1/16-25/86	<u>Zimbabwe</u> : Monitor in-country Logistics Management Workshop in collaboration with ESAMI.	Ewen
3/14/86	1/26-2/1/86	<u>Zambia</u> : Monitor in-country Logistics Management Workshop in collaboration with ESAMI.	Ewen
3/18/86	2/22-28/86	<u>Niger</u> : In collaboration with FHI, participate in Reproductive Health/Family Planning Workshop	Binkin
3/25/86	11/29-12/23/85	<u>Madagascar</u> : Review of MCH program and integration of FP activities (UNFPA funding).	Friede
3/28/86	10/19-30/85	<u>Brazil</u> : In collaboration with WIRD, review final questionnaire and sampling plans for 1986 DHS Survey to be conducted by BEMFAM.	Morris
3/28/86	1/28-3/2/86	<u>Botswana</u> : Installation of PFA microcomputer programs and training of MOH staff to interpret and apply PFA studies for improving clinic management.	Gilliland Graves Glatzer
3/28/86	3/12-23/86	<u>Brazil</u> : In collaboration with WIRD, analysis of questionnaire pretest and review of field work plans for national DHS survey.	Morris
3/28/86	2/9-14/86	<u>Costa Rica</u> : Consultation on data analysis and simulation studies for 42 PFA studies carried out by ADC in MOH and Social Security family planning clinics.	Hudgins
4/1/86	3/9-21/86	<u>Mexico</u> : Consultation in collaboration with Mexican Academy of Medical Demography on evaluation of Social Security family planning education program.	Bartlett
4/16/86	2/14-3/9/86	<u>Kenya</u> : Participate on evaluation team for mid-project review of private sector program.	McConnon
4/24/86	3/31-4/8/86	<u>Costa Rica</u> : Review feasibility of Population Council operation research project on improvement of logistics management.	Monreith
5/9/86	3/23-27/86	<u>Costa Rica</u> : Review of data entry and data editing procedures for FP/MCH survey.	Becker

II. RSSA REPORTS
B. In Progress--June 1986

<u>Dates of Travel</u>	<u>Country/Project</u>	<u>Person</u>
1/26-27/86	<u>Brazil</u> : Review installation of Patient Flow Analysis (PFA) microcomputer programs at ABEPF.	Gilliland
2/19-25/86	<u>Mexico</u> : In collaboration with Population Council and Mexican Academy of Medical Demography, review feasibility of study on health impact of Social Security family planning program.	Hogue

II. RSSA REPORTS
C. Other Reports/Projects
January-March 1986

- January - Presentation: Program Performance: An Assessment of Organized Asian Family Planning Efforts, at the Second International Symposium on Public Health in Asia and the Pacific Basin, Bangkok, Thailand (Johnson, Ness, Bernstein).
- January - Presentation: Use of Surveys to Collect Program Data on Males and Young Adults, at the Latin America Population Officer's Meeting, Miami (Morris).
- January - Presentation: Logistics Management Utilizing the Microcomputer, at the Latin America Population Officer's Meeting, Miami (Hudgins).
- January - Workshop: Latin American Regional Logistics Management Workshop, Bogota, Colombia, (Monteith, Oberle)
- January - Workshop: Logistics Management Workshop, Harare, Zimbabwe (Ewen).
- January - Workshop: Logistics Management Workshop, Lusaka, Zambia, (Ewen).
- March - Presentation: Use of Survey Data to Evaluate FP/MCH Programs in Guatemala and Panama, at the Regional Meeting of the National Council of International Health (Oberle, Warren, Monteith, Santiso, Guerra, Morris).
- March - Report: English language report of the 1984 Family Planning/Maternal-Child Health Survey, Panama (Warren, Oberle, Morris).

III. CATEGORIZATION OF INTERNATIONAL ACTIVITY UNITS¹
BY ACTIVITY AND CONTINENT

<u>Activity</u>	<u>Region</u>					
	<u>Total</u>	<u>Latin America</u>	<u>Africa</u>	<u>Asia</u>	<u>Near East</u>	<u>Other³</u>
A. Fiscal Year 1986: Oct. 1985-March 1986						
<u>TOTAL</u>	<u>64</u>	<u>35</u>	<u>18</u>	<u>4</u>	<u>4</u>	<u>5</u>
Estimation of contraceptive prevalence, including surveys	18	13	2	0	3	0
Logistics/Commodity management	17	6	5	3	0	3
Program evaluation/management	10	4	5	1	0	0
Meetings/Workshops	7	4	3	0	0	0
Epidemiology of fertility control and pregnancy outcome	6	4	1	0	0	1
Demographic Analysis	3	3	0	0	0	0
Service Statistics	2	0	1	0	1	0
Design and/or evaluate innovative programs ²	2	1	1	0	0	0
Consultant to other agencies	1	0	0	0	0	1
Population policy	0	0	0	0	0	0
B. Fiscal Year 1985: Oct. 1984-Sept. 1985						
<u>TOTAL</u>	<u>169</u>	<u>74</u>	<u>62</u>	<u>12</u>	<u>8</u>	<u>13</u>
Logistics/Commodity management	49	24	15	4	0	6
Estimation of contraceptive prevalence, including surveys	36	23	9	0	2	2
Program evaluation/management	19	3	11	1	4	0
Epidemiology of fertility control and pregnancy outcome	16	5	5	4	0	2
Meetings/Workshops	14	7	5	1	0	1
Demographic analysis	12	7	4	0	1	0
Service statistics	12	3	9	0	0	0
Design and/or evaluate innovative programs ²	6	2	4	0	0	0
Consultant to other agencies	5	0	0	2	1	2
Population policy	0	0	0	0	0	0

¹Defined as an activity conducted by a DRH consultant while overseas and described in their consultant's RSSA report or special project related to AID/W; consultants may perform more than one activity per trip and most trips were funded by AID. Some meeting and consultant travel was funded from other sources (WHO, IPPF).

²Chiefly community-based distribution (CBD) or direct distribution of contraceptives.

³Includes activities related to WHO (Geneva) as well as AID/W and AID Cooperating Agencies rather than Government programs.

Source: RSSA and other activity reports reviewed by Leo Morris in December 1985 and updated in June 1986.

IV. BUDGET DATA
A. Expenditure Report, AID/CDC RSSA
Fiscal Year 1986: October 1, 1985-March 31, 1986

<u>Budget Category</u>	<u>FY 86 Budget Requirements³</u>	<u>Amount Budgeted Thru 3/31/86</u>	<u>Estimated Expenditures Thru 3/31/86</u>
11/12 Personnel (including benefits)	\$ 948,522	\$ 474,261	\$ 462,405
21/22 Travel	352,803	162,289	152,975
23 Rent, Communication, Utilities	24,000	12,000	14,015
24 Printing, Reproduction, Distribution ¹	72,000	6,000	3,444
25 Other Services ²	61,840	30,920	11,170
26 Supplies and Materials	6,000	3,000	1,633
31 Equipment	<u>35,000</u>	<u>17,500</u>	<u>16,411</u>
Direct	\$1,500,165	\$ 705,970	\$ 662,053
Indirect (20 percent)	<u>300,033</u>	<u>141,194</u>	<u>132,411</u>
TOTAL ⁴	\$1,800,195	\$ 847,164	\$ 794,464

¹Includes \$60,000 for French language edition of Family Planning Methods and Practices: Africa publication.

²Includes consultants, contracts, and purchase orders.

³Amendment 21 to RSSA No. BST-0502-R-HC-2052-20.

IV. BUDGET DATA

B. Estimated Person-Weeks of CDC Staff Time Used for International Family Planning Activities Consistent with AID/CDC RSSA October 1, 1985-March 31, 1986

<u>Staff</u>	<u>Scheduled Weeks</u>	<u>Total Weeks Worked</u>	<u>Types of Activity</u>
Marks (Acting Director, DRH))	6	6	S, A
Morris (RSSA Project Director)	20	24	A, DA, IC, PIC, M, S, C
Oberle (Deputy RSSA Project Director)	20	25	A, DA, PIC, IC, S,M
<u>Medical Staff</u>			
Lee	6	11	DA, S
Rubin	16	8	DA, S, C
Medical Epidemiologist (composite)	20	27	DA, IC, PIC, C
<u>Demography/Management Staff</u>			
Ewen	20	15	IC, PIC, C, TR
Friedman	24	25	DA, PIC, TR
Glatzer	22	21	DA, IC, PIC, TR
Goldberg	20	26	DA, S
Graves	18	16	DA, C, S, M, TR
Herold	3	0	
Hudgins	18	16	DA, IC, PIC, TR, C
Johnson	22	24	PIC, IC, DA, C
Leach	26	22	TR, O
McConnon	10	12	A, S, PIC, IC
Monteith	24	26	DA, PIC, C, TR IC
Spitz	16	9	DA
Warren	15	24	DA, IC, PIC, C
Whatley	22	26	DA
Public Health Analyst (composite)	13	4	PIC, IC, DA
<u>Statistical Staff</u>			
Gilliland	20	15	DA, S, PIC O, C, IC
Becker/Finch/Mandel	13	13	DA, O, PIC, IC
Smith	6	2	A, S
Wingo	7	7	A, S, PIC, IC
Whitaker/Kinchen	7	9	DA, O, PIC, IC
Other Statistical Staff	22	13	DA, O
<u>Administrative Staff</u>			
Williams	15	18	A
Mollenkamp	12	12	O
Riley	15	14	A
Secretarial Staff	<u>121</u>	<u>114</u>	O
	599	584	

Legend:

<p>A = Administration-related to RSSA</p> <p>C = Consultation to AID/W, USAID, cooperating agencies or international at CDC</p> <p>DA = Data analysis and report writing</p> <p>IC = International consultation</p> <p>PIC = Preparation for international international consultation</p>	<p>M = Professional Meetings, organization activities (e.g., PAA, APHA, EIS)</p> <p>S = Supervision and training of CDC staff</p> <p>TR = Training activities</p> <p>O = Other activities</p>
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V. INTERNATIONAL VISITORS TO DRH/CDC
October 1985-March 1986

<u>Date(s)</u>	<u>Name</u>	<u>Country</u>	<u>Title/Organization</u>
9/22-10/6/85	Raul Batista Federico Guerra Juan Santamaria	Panama	Chief, Statistics, MOH Demographer, MOH Programmer, MOH
10/7-11/85 11/17-23/85	Anameli Monroy de Velasco	Mexico	Executive Director Centro de Orientacion de Adolescentes
10/15/85	Kees DeBoer, M.D.	Kenya	Chogoria Health District Community Distribution Program.
12/19-20/85	Participants--Hubert Humphrey Fellowship Program, Tulane School of Public Health and Tropical Medicine: Orientation visit to CDC: Dr. Jose Goncalves, Brazil Dr. Wilhelmina Holder, Liberia Dr. Luis Alfonso Loza, Guatemala Dr. Laufitu Kari Malani, Fiji Dr. Gilbert Milton Mpiuika, Uganda Dr. Suwit Wibuldolprasert, Thailand		
1/12-13/86	Clara Sunderland Correa	Mexico	Harvard University Cuernavaca Teenage Fertility Project
2/1-15/86	Reginald Wong	Mauritius	Demographer Ministry of Health
3/1-22/86	Malcolm McNeil	Kenya	Chogoria Health District Community Distribu- tion Program