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DRH/CHPE/CDC

AID/RSSA QUARTERLY REPORT
FY 86: April-June 1986

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QUARTERLY HIGHLIGHTS

1. During this quarter, there were 21 person-trips made by 11 DRH/CDC staff members and consultants to 17 different countries (Table I-A). As shown in Table 1, there have now been a total of 67 person-trips this fiscal year, including 38 to the Latin America/Caribbean Region, 21 to Africa, 4 to Asia, and 4 to the Near East Region.

   There are 28 person-trips to 18 countries planned for the fourth quarter of FY 1986, utilizing 14 DRH/CDC staff members (Table I-B).

2. There were 21 RSSA trip reports issued between April 1986 and August 1986 for travel undertaken during this fiscal year (Table II-A). There are three reports pending for travel during the second and third quarter of this fiscal year (Table II-B). Other reports/projects this quarter (Table II-C) included six presentations at professional meetings and a manuscript published in Studies in Family Planning. DRH/CDC staff participated in logistics management workshops held in Kenya, and a seminar disseminating the results of the Chogoria Health District CBD evaluation survey was also held in Kenya. Consultation by Jeanne Gilliland and her staff to AID/W on computerization of their centrally-managed commodity distribution system continued with 10 person-trips to Washington during this quarter.

3. Logistics Management

   In the second quarter of Fiscal Year 1986, eight countries were provided consultation. Through the first three quarters of Fiscal Year 1986, 20 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. Kenya Logistics Management Workshops (ESAMI)
   Anthony Hudgins participated in three of a series of five regional workshops carried out to train clinic nurses and local warehouse personnel in contraceptive commodities management. These 1-week sessions were part of the followup activities to the Eastern and Southern Management Institute (ESAMI) Logistics Management Project. Prior to Hudgin's arrival, a workshop had been held in Nairobi and after his departure, the fifth and final workshop was planned for Mombasa. Each workshop had 30 to 40 participants. The schedule of the three workshops was as follows:

April 7-11	Nyeri and Muranga districts in Nyeri
April 14-18	Baringo, Kakamega, Kisumu districts in Kisumu
April 21-25	Meru and Embu districts in Meru

   An important feature of the workshops was local participation in the training. Several individuals from the MOH headquarters were involved as trainers along with local management personnel, who had attended an earlier national workshop as a followup to the needs assessment performed in August 1985. Using ESAMI-modified training modules originally

developed by DRH/CDC, the local trainers were able to learn and use modern training techniques that included more trainee participation and exercises than the more traditional didactic training. Evaluations by participants consistently showed a preference for the participative style of training, especially small group work. An additional advantage of using local personnel in the training is that they will supervise the trainees in managing the logistics system, and the training process enables them to establish common terminology and principles.

One of the modules—"Estimating Active Users from Logistics Data"--was too complex for the relatively low level of personnel who attended these workshops. The module was modified extensively, new handouts and exercises were prepared, and the session was presented in the last two workshops in Kisumu and Meru. In general, CDC provided advice on training techniques, especially in such details as developing effective visual aids.

B. Nigeria

Travel to Nigeria was undertaken at the request of the AID Affairs Office, Lagos, in connection with CDC's ongoing assistance in implementing Nigeria's national family planning recordkeeping and commodity management systems. In preparation for an MIS workshop planned for July/August 1986, Tim Johnson met with representatives of the Pathfinder Fund and the Federal Ministry of Health (FMOH). Several decisions on actions required in advance of the workshop were made.

The existing family planning service statistics system was reviewed with FMOH officials and Pathfinder representatives, and some minor revisions were made. The revised forms and instructions, which will be introduced during the upcoming workshop, will gradually be "phased in" throughout the country to replace the previous forms as these are used up.

Preliminary discussions on steps required for using microcomputers for program information processing were also held. Federal officials were enthusiastic about introducing a computerized commodity management system at the Federal level and have requested future CDC assistance in this effort.

Concerning supply status, it was found that some States are running short of some commodities. The contraceptive reserves available in Lagos also were, in some cases, becoming depleted. Action was initiated through AID and FPIA to re-activate a shipment previously postponed. Meanwhile arrangements were made for an emergency shipment of urgently needed contraceptives to Cross River State.

The inventory recordkeeping system at the AID Affairs Office, intended to keep a current accounting of reserved stock on hand, was found to be poorly maintained. A physical inventory of stocks was initiated, and a simple inventory control record system was introduced.

With the assistance of AID's Family Planning Commodities and Field Specialists, some information on State- and method-specific family planning performance was compiled and is included in the trip report.

C. Senegal/Ivory Coast

Followup assistance was provided by Jay Friedman to the Family Health Project in Senegal to evaluate the Management Information System (MIS), which monitors recordkeeping, service statistics, and logistics. This system was designed for the public sector facilities of the project in 1984. A further task was to design a similar system for use in private sector organizations, which will join the project this year. In general, the system was found to be working well due to the efforts of the project logistician. However, certain minor problems were identified and solutions proposed. These were:

1. Lack of filing cabinet space, since equipment recommended in 1985 has not been ordered. Orders will be placed.

2. Monthly service statistics reports were found to be needed less frequently. It was recommended they be prepared quarterly. Service statistics show that the primary method is the IUD.

3. Project information systems have been computerized following recommendations of Research Triangle Institute consultants, but data is still simultaneously gathered manually by project midwives in both written and computer-coded form. The paperwork required by the computerized system was proved to be burdensome to field personnel. The suggestion was made and accepted to postpone computerized gathering of service statistics until the project expands.

4. A system of regional warehouses will eventually have to be established. However, related personnel and transport problems will have to be solved beforehand.

5. There have been stockouts of drug supplies but not of contraceptives. Future drug procurement should include buffer stocks.

6. After observing the MIS in practice, all private sector organizations, which will join the project, have agreed to adopt it.

A physical inventory was taken of direct AID and FPIA-supplied contraceptive commodities stored in the project warehouse. The physical count agreed with amounts on stock cards. Following this, the FY 1988 Contraceptive Procurement Tables were prepared. One problem observed was the 174,000 cycles of Noriday pills manufactured in June 1981 were supplied by AID in April 1985. In a similar situation are 14,400 cycles supplied by FPIA. AID/W was contacted to resolve this situation as these products are considered expired 5 years following the date of manufacture. Similarly, 78,600 cycles of Noriday and 840,000 condoms were found by a UNICEF representative in the National Pharmacy Warehouse with dates of manufacture of 1978 and 1979.

A 1-day meeting was also held with population advisors at the USAID regional office (REDSO/WCA) in Abidjan, Ivory Coast. Topics discussed were the types of assistance DRH/CDC has provided in West and Central Africa in the past and specific countries where assistance might be provided in the future.

D. Rwanda

Neal Ewen provided technical assistance to the Rwandan National Family Planning Program (ONAPO) in reviewing their family planning logistics system and data collection system. Field visits were made to 5 of 10 prefectures in the country. Service statistics and records of receipt and distribution of contraceptives were checked for accuracy and completeness. The family planning program has expanded considerably since 1982, and services are now available in each of the 10 prefectures.

In 1985, service activity reports were received from 152 health facilities. A review of reports and reporting procedures indicated that records are uniformly kept in each of the health centers visited. Service statistics are forwarded from hospitals and health centers to the ONAPO Regional Office at the prefectural level. There they are consolidated into a single report for the prefecture and are forwarded to the ONAPO Central Office where, for the year 1985, a detailed annual report was prepared.

Records of contraceptive supplies dispensed are maintained at the health center level and are forwarded from peripheral units to the regional offices at the prefectural level, but at the present time they are not consolidated and sent to the central office. Several recommendations were presented to ONAPO at the time of departure, including a change in the reporting procedure for contraceptive supplies. The general impression is that data collection procedures are uniform and that most of the reports expected are submitted. This reflects thorough training during a period of rapid expansion of program services and staff.

E. El Salvador

This consultation by Richard Monteith was a result of the Latin American Regional Contraceptive Logistics Workshop, which was conducted in Bogota, Colombia, in January 1986. DRH/CDC developed the training materials for the workshop and assisted in their presentation.

Representatives from the Ministry of Health (MOH), Instituto Salvadoreno del Seguro Social (ISSS), and the Asociacion Demografica Salvadorena (ADS) participated in the workshop. Recognizing the need to improve contraceptive logistics management in their country, they recommended, at the end of the workshop, that a followup consultation be conducted to assess the training needs for the three programs.

During this consultation, Monteith visited at least three contraceptive outlets in each program, their central warehouses, two MOH regional warehouses, and one ISSS regional warehouse. The focus of the evaluation was on the control and flow of contraceptives from top to bottom in each program and the flow of supply information and its use from lower levels to higher levels. Most of the problems that were encountered were associated with data management.

Evaluation of the MOH contraceptive supply system was facilitated by a study commissioned by USAID/El Salvador, which was conducted primarily during the second half of 1985. The study, entitled, "Inventario de Metodos Anticonceptivos del Ministerio de Salud Publica y Asistencia Social," and conducted by Marcable S.A., a private organization based in San Salvador, provides valuable insights into the MOH's system.

F. Honduras

During this consultation, Dick Monteith recommended modifications to the Instituto Hondureno de Seguridad Social (IHSS) family planning user and contraceptive supply reporting systems. Specifically, forms were developed to collect and report data on quantities of contraceptives dispensed to users and balances on hand, by method and brand. Program personnel were also trained to use these data to assess supply status in terms of months of supply on hand and to estimate active users served by the program, utilizing the Couple-Years-of-Protection methodology. If the recommendations are adopted, time spent completing paperwork should be reduced considerably, and IHSS personnel should have better indicators of program performance and supply status than they had before. The modified system should be implemented July 1, 1986. If this is done, a followup visit should be planned for October or November 1986 to assist program personnel in completing and analyzing the first quarterly report generated by the modified system.

A second review of IHSS's general supply system was also conducted in an attempt to identify interventions which could improve it. Monteith recommended that the system routinely report quantities of medicines/drugs dispensed to clients and balances on hand, by product code. In addition, all supply transactions utilizing these and other data should be processed on a computer located in IHSS's central warehouse. Lic. Wilfredo Sabillon, Chief, Central Warehouse, and Lic. Renen Pinto, Chief, IHHS's Computer Center, should be given the opportunity to review the computerized supply management information system of the Instituto Salvadoreno del Seguro Social in San Salvador, El Salvador, in order to further define the informational and computer needs of IHSS's supply system.

G. Panama

Since the Contraceptive Logistics Seminar in July 1985, the Ministry of Health has made no progress at the central level in improving contraceptive logistics. In fact, the logistics situation has worsened because the MOH allowed shortages to develop while the last shipment of bilateral contraceptives sat in the Customs warehouse for 9 months. The Maternal and Child Health Office was not able to obtain the use of a vehicle to pick up the supplies from Customs until after Dr. Mark Oberle brought this problem to the MCH director's attention during this consultation.

In mid-July, CDC consultants will review the final draft of the Spanish language Contraceptive Prevalence Survey report and will review the logistics system at the province level. The basic recommendations outlined in CDC's report of May 15, 1980, remain valid: "If the MOH demonstrates no reasonable effort to improve contraceptive logistics, the contraceptive distribution system should be turned over to the Social Security Institute."

H. Ecuador

During this consultation by Richard Monteith and Steve Kinchen, an 8-day workshop was conducted to train representatives from five Ecuadorean family planning programs in the use of two contraceptive logistics management computer systems which were developed by DRH/CDC. The workshop was hosted by CEPAR, a private Ecuadorean demographic organization, with local costs financed in part, by USAID/Ecuador.

Twelve participants, representing APROFE, CEMOPLAF, FFAA, IESS, AND SSC attended the workshop. Srita. Alicia Ruiz, CEPAR's computer programmer, also participated in the training and will provide first-line technical assistance to the programs in the event problems arise in their use of the systems.

The systems included the Contraceptive Commodity Monitoring System (CCMS) and the Contraceptive Procurement Table (CPT) system. The CCMS is designed to monitor supply status of individual contraceptive methods/brands, and to provide estimates of active users based on data on contraceptives dispensed to users. The system allows operators to assess the supply status and number of active users served by individual contraceptive outlets (clinics, CBD posts, etc.), and by program subdivisions (regions, districts).

The CPT system is a computerized version of AID's contraceptive procurement tables, which are completed annually by USAID as part of their Annual Budget Submission (ABS) to AID/Washington. The computerized system is designed to facilitate the completion of the tables and to reduce arithmetic errors.

The focus of the training was on providing as much practical "hands-on" experience to the participants as possible. At the end of the workshop, the CDC consultants felt that most participants were capable of operating the systems without supervision.

4. Survey Consultation

A. Mexico

Leo Morris presented a paper entitled, "Sexual Experience and Contraceptive Use Among Young Adults in Mexico city," at the 44th Annual Meeting of the U.S.-Mexico Border Health Association. The data presented in this paper, from the 1985 Mexico City Young Adult Reproductive Health Survey, will also serve as the core for Chapter 6 of the survey report now in progress. Copies of the paper are available on request. Morris also reviewed progress on the preparation of the Spanish language report for the Young Adult Reproductive Health Survey by CORA and AMIDEM. Although the end of April was projected for the completion of a final draft, early June is now a more realistic deadline as other commitments and projects have kept our Mexican colleagues from working full time on the report. Concurrently, Patricia Bailey of Family Health International and Morris will be working on the English language summary report.

While in Mexico City, Morris reviewed protocols or results in progress for the following projects:

1. Arrepentimiento del Uso de la Oclusion Tubaria Bilateral en el Valle de Mexico (AMIDEM).

2. Tasas de Continuacion de Uso de Metodos de Barreras en Jovenes Adultos (CORA).

3. Proyecto de Diagnostico para el Diseno y Evaluacion de Un Programa de Servicios Integrados en las Cuidades de Xalapa y Vera Cruz, Vera Cruz (CORA).

B. Guatemala

Leo Morris and Joan Herold provided technical assistance to the Asociacion Guatemalteca de Educacion Sexual (AGES) in the pretest of the questionnaire for the Guatemala City Young Adult Reproductive Health Survey (YARHS) scheduled for July 1986. Previous trip reports have discussed the objectives, sample design, and budget for this survey (See CDC Guatemala trip reports dated November 18, 1985, and March 5, 1986.

The interviewer manual and coding boxes on the questionnaires were also reviewed following the pretest. In addition, a meeting was held with Bruce Newman of Clapp and Mayne to review data processing procedures. Newman will provide data entry, editing, marginals, and a clean tape through a direct contract with AGES. The logical record length (LRECL) for the household form will be 89 and for the individual questionnaire, the LRECL=332. The survey has been scheduled for the period, July 16-September 13, 1986. Training will take place July 16-22 followed by field work during the remainder of the period. Twelve of 12 male and 3 of 12 female interview candidates have been recruited. CDC will provide assistance for the interviewer training and implementation of field work.

C. Panama

The Ministry of Health scheduled a working group to review the Spanish language report of the recent Family Planning/Maternal-Child Health Survey. However, the Spanish version of the survey report had not yet been reviewed by CDC (the English language report was issued in March 1986). Mark Oberle's review of the report revealed that the draft contained errors in data tables and interpretation. Subsequently, the MOH Statistics Office also discovered that they had used incorrect codes for urban/rural status in a number of the survey's sample clusters. This oversight required a laborious revision of the basic report tables, although the conclusions of the report remain unchanged. After appropriate revisions, the MOH plans a national seminar to disseminate the survey results in September rather than July. In mid-July, Oberle will review the final draft of the Spanish language CPS report.

D. Brazil

Field work for the national Maternal-Child Health/Family Planning Survey (part of the DHS program) was initiated on May 12 as scheduled (See Morris' trip report of March 28, 1986, for background on sampling design, questionnaire development, and training/field work plans). During the first week of field work, Leo Morris monitored field work in operational Region A (Rio de Janeiro and Sao Paulo). In the first 4 days, 231 households were visited by 3 interview teams. Household forms were completed for 178 households (77 percent) with the others scheduled for revisits. In the 178 households, 175 women between the ages of 15 and 44 were identified for interview. Of these 175 women, 97 (55 percent) were interviewed at the time of the first visit. Average interview time was 37.7 minutes. Morris is working in collaboration with Luis Ochoa of Westinghouse in monitoring this survey.

Discussions also took place with Jose Milare of BEMFAM concerning a proposal for a Logistics Management Workshop in Brazil in followup to the Latin American Regional Logistics Management Workshop held in Bogota in January 1986.

E. Jamaica

Consultation was provided by Leo Morris and Anne Whatley to the National Family Planning Board (NFPB) of the Government of Jamaica in planning a Young Adult (15-24 years of age) Reproductive Health Survey to be conducted in early 1987. This survey, which will be similar to the young adult surveys conducted in Mexico City and Guatemala City in 1985 and 1986, respectively, is related to the USAID bilateral project in Jamaica. During this consultation, a draft questionnaire was developed in addition to discussions on sampling and field work plans and data processing. The questionnaire is scheduled to be pretested in October or November 1986, and field work has been programmed for February-March 1987.

F. Kenya

Howard Goldberg went to Kenya for three purposes related to the 1985 Chogoria Community Health Survey: presenting seminars on the survey and its results; discussing further analyses of the data and report preparation; and exploring the possibility of a followup survey. He assisted in the presentation of four seminars on the survey findings and recommendations to various audiences. He held discussions with Chogoria Community Health Department (CHD) staff regarding the interpretation of survey results so far, additional analyses to be performed for inclusion in the summary and final survey reports, and plans for drafting and publishing these reports. The survey results indicate that the population of the catchment area is one with high contraceptive prevalence, low fertility, and high levels of use of MCH services compared to the rest of Kenya and Sub-Saharan Africa. Total fertility was measured at 4.8 births per woman, about three births lower than in Kenya as a whole. Forty-two percent of married respondents were using a family planning method, predominantly highly effective methods. Pills (16 percent) and IUDs (11 percent) accounted for well over half of all use. Only 8 percent of respondents were categorized as in need of family planning services. In spite of this low figure, 52 percent of recent pregnancies were classified by respondents as unplanned, 41 percent mistimed, and 11 percent unwanted. A large majority of women with at least four children said they wanted to have no more children.

Virtually all women reported having prenatal exams during their last pregnancy, with about 95 percent of them occurring at health facilities. Immunization levels were high among young children: 95 percent had received BCG, 75 percent measles vaccinations, and 79 percent complete DPT-Polio vaccinations. About 20 percent of children were mildly undernourished and 4 percent severely undernourished. About 20 percent of young children had had diarrhea in the previous 2 weeks, but there were still many mothers unaware of the proper steps to take in the treatment of diarrhea. There were large differences in most areas of family planning, health status, and use of MCH services between the relatively well-off, high and middle altitude zones, and the drier, more impoverished low zone, as well as according to various socioeconomic indicators.

Lastly, he discussed with officials from Chogoria CHD, USAID, and other organizations the usefulness of conducting a followup survey, which would attempt to determine the role CHD programs have played in bringing about the high levels of family planning and maternal-child health service utilization and the relatively good health status of children in the

Chogoria Hospital catchment area. This projected survey would consist of interviews with women of reproductive age in two areas (one inside the catchment area and one outside), similar in as many respects as possible, except
in terms of FP/MCH services offered.

G. Mauritius

In Mauritius, Howard Goldberg consulted on activities related to the 1985 Mauritius Contraceptive Prevalence Survey. He discussed survey findings and recommendations and the planning of a survey report with Ministry of Health (MOH) staff. Plans were made for a seminar on the survey findings, to be held in August. Additionally, he talked with various officials regarding papers to be presented, based on survey results and regarding some possible future studies dealing with family planning in Mauritius.

The preliminary results of the survey reveal a population with extremely high contraceptive prevalence and low and rapidly declining fertility levels. On Mauritius Island, 75 percent of women in union reported that they were currently using some form of contraception. A large variety of methods were in use, led by pills (21 percent), withdrawal (13 percent), rhythm (calendar only) (11 percent), condoms (10 percent), and injectables (6 percent).

Knowledge of pills, IUD, condoms, and injectables was almost universal, and all supplied methods, except the diaphragm, were known to at least half of respondents. The survey total fertility rate was 2.0 (below replacement level), and the crude birth rate was 19.6, both very similar to vital statistics figures. Slightly over one-fourth of recent pregnancies were classified as unplanned despite the low level of fertility. Seventy percent of respondents reported wanting to have no more children. However, only 5 percent of respondents have been contraceptively sterilized. Women wanting more than two additional children were extremely rare, even among those of low parity. The proportion of women defined as in need of family planning services was very low, only 3 percent, and varied little across the population. In summary, the data demonstrate a population with high levels of contraception, but substantial numbers of unintended pregnancy and a need to shift to more effective methods among many women.

5. The computerized Patient Flow Analysis (PFA) programs were installed on the Costarican Demographic Association (ADS) microcomputer in February 1985. Since then, ADC staff have carried out initial PFA studies in 52 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. This visit by Tony Hudgins was to assist in preparation of a report on this first phase of the project and to plan the next phase of the project.

The table shown below shows that clinics with more blocks of appointments (and therefore fewer patients in each block) had progressively shorter average waiting times for patients than clinics without appointments or only one block.

Patient Waiting Time by Appointment System
51 Clinics--Costa Rica

Appointment System	Number of Clinics	Average Patient Waiting Time
None or 1 block	19	186 min.
2 blocks	16	139 min.
3 or more blocks	16	97 min.
TOTAL	51	141 min.

It is especially noteworthy that the majority of clinics studied had some form of appointment system. A frequent statement in developing countries is that the clients are not accustomed to appointments, and it is therefore difficult to set up a functioning appointment system. However, in this group of clinics, it will be possible to decrease patient waiting substantially by only modifying the existing system to distributed patient arrivals throughout the session.

6. As shown in the Budget Report (Section IV), funds committed during the first three quarters of the fiscal year were within 10 percent of those budgeted. At this time, we estimate a $150,000 carryover for Fiscal Year 1987.

7. Thus far in Fiscal Year 1986, DRH has had visits from 30 international health/family planning professionals, distributed by region, as shown below (see Table V).

Region	No. of Visitors
Africa	19
Latin America	8
Asia	3
Near East	0
Other	0

TABLE 1

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

Region and Country	FY 82	FY 83	FY 84	FY 85	FY 86 (Oct.-June)
Africa					
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	5
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	1
Niger	0	0	0	0	1
Nigeria	0	1	7	3	4
Rwanda	1	0	0	0	1
Senegal	5	3	7	1	1
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
	15	23	34	40	21
Asia					
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
	23	18	10	6	4

TABLE 1

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

Region and Country	FY 82	FY 83	FY 84	FY 85	FY 86 (Oct.-June)
Latin America/ Caribbean					
Antigua	0	2	0	1	1
Barbados	3	4	1	3	0
Brazil	6	6	10	2	4
Colombia	2	1	0	1	2
Costa Rica	0	3	9	7	9
Dominican Repub.	2	2	1	0	0
Dominica	1	3	0	2	0
Ecuador	0	0	0	2	2
El Salvador	1	1	0	2	2
Grenada	0	0	1	1	0
Guatemala	5	9	5	3	4
Guyana	0	0	1	1	0
Haiti	0	1	0	1	1
Honduras	3	2	4	3	1
Jamaica	2	5	0	0	2
Mexico	4	0	6	9	7
Montserrat	1	1	0	1	0
Panama	2	4	10	10	3
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
	39	50	50	55	38
Near East					
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
	2	7	6	6	4
TOTAL Person-Trips	79	98	100	107	67
TOTAL Countries	35	36	32	43	29
Consultations/Ctry	2.3	2.7	3.1	2.5	2.3

*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-June FY 1986,
by Country and Fiscal Year

Country	81	82	83	84	85	86 (Oct.-June)
AFRICA						
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				X
Senegal		X		X	X	X
Sierra Leone					X	
Somalia		X	X		X	X
Sudan		X			X	
Swaziland					X	
Tanzania				X		
Uganda				X	X	
Zaire		X	X			
Zambia				X	X	X
Zimbabwe			X	X	X	X
TOTAL Countries	2	6	6	11	14	9
ASIA						
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	2	7	4	3	3	2

TABLE 2

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

Country	81	82	83	84	85	86 (Oct.-June)
LATIN AMERICA/CARIBBEAN						
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	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	X
Peru	X		X		X	
St. Kitts-Nevis		X	X		X	
St. Lucia		X	X		X	
St. Vincent		X	X		X	
TOTAL Countries	7	11	15	6	16	9
NEAR EAST						
Egypt	X				X	
Morocco		X		X		
TOTAL Countries	1	1	0	1	1	0
TOTAL Countries	12	25	25	21	34	20

I. DRH/CDC INTERNATIONAL TRAVEL
A. Completed: April-June 1986

Dates	Country (Person(s))	Purpose of Travel
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.
5/10-18/86	Brazil (Morris)	Technical assistance in collaboration with Westinghouse on implementation of national DHS.
5/11-13/86	Ivory Coast (Friedman)	Consultation with AID staff at REDSO/WA Office.
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
A. Completed: April-June 1986
(Continued)

Dates	Country (Person(s))	Purpose of Travel
5/25-6/3/86 5/25-6/6/86	Guatemala (Morris) Guatemala (Herold)	Pretest and fieldwork planning for Young Adult Reproductive Health Survey planned for Guatemala City.
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 ADC.
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/CDC INTERNATIONAL TRAVEL
B. Planned/Proposed: July-September 1986
(Continued)

Dates	Country (Person(s))	Purpose of Travel
7/6-15/86	Eastern Caribbean: Antigua, Dominica, and St. Lucia (Goldberg)	Technical assistance to Caribbean Family Planning Affiliation in the design of a Family Planning/MCH survey.
7/7-16/86	Barbados (Glatzer)	Evaluation of Eastern Caribbean logistics management system.
7/7-22/86	Panama (Oberle, Leach)	Review of MOH logistics management system and Spanish language report for 1984 FP/MCH survey.
7/14-8/4/86	Swaziland (Graves)	Evaluation of logistics management segment of family planning program evaluation.
7/15-26/86 7/15-8/15/86	Guatemala (Morris) Guatemala (Jonas)	Assist AGES in interviewer training and implementation of field work for Young Adult Reproductive Health Survey.
7/16-19/86	Haiti (Goldberg)	Assist USAID in preparation of project paper for population project.
7/24-8/10/86 7/28-8/12/86	Nigeria (Monteith, Irwin) Nigeria (Johnson)	Family Planning Management Workshop for participants from 20 States, FMOH, and Armed Services.
7/27-8/2/86	Mexico (Morris)	Review status of draft of Spanish language report for Young Adult Reproductive Health Survey.
7/5-11/86	Botswana (Graves)	Review status of contraceptive supply situation and clinic management study at MOH.
8/6-9/86	Mexico (Oberle)	Planning meeting at MOH for logistics management workshop.
8/13-16/86	Sierra Leone (Johnson)	Review logistics management situation at MOH.
8/16-27/86	Mauritius (Friedman, Goldberg)	MOH seminar to disseminate results of 1985 FP/MCH survey.

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

Dates	Country (Person(s))	Purpose of Travel
8/17-23/86	Jamaica (Morris, Whatley)	Develop questionnaire, budget, and sample design for Young Adult Reproductive Health Survey.
9/4-10/3/86	Zimbabwe (Ewen)	Logistics management assistance.
9/8-13/86	Paraguay (Morris)	Assist USAID in developing plans for CPS.
9/14-25/86	Brazil (Morris)	Assist BEMFAM in preparing preliminary report for 1986 Demographic Health Survey.
9/15-10/3/86	Brazil (Hudgins)	Planning meeting at BEMFAM for logistics management workshop and clinic management study at ABEPF.
9/17-21/86	Panama (Oberle, Warren)	MOH seminar to disseminate results of FP/MCH survey.

I. DRH INTERNATIONAL TRAVEL

C. Foreign International Travel to DRH/CDC

April-June 1986

Dates	Person(s)	Country	Purpose of Travel
3/1-6/30/86	Shu-Jei Lo Ministry of Health	Taiwan	Analysis of data from islandwide fertility-family planning survey conducted in 1985 (Non-AID funds)
4/15-6/30/86	Luis Rosero University of Costa Rica	Costa Rica	Analysis of data from Costa Rican cancer-hormonal contraceptive case-control study (Non-AID funds).

II. RSSA REPORTS
A. Completed: April-August 1986

Date of RSSA Report	Dates of Travel	Country /Project	Person(s)
4/1/86	3/9-21/86	Mexico: 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	Kenya: Participate on evaluation team for mid-project review of private sector program.	McConnon
4/24/86	3/31-4/8/86	Costa Rica: Review feasibility of Population Council operation research project on improvement of logistics management.	Monteith
4/26/86	4/8-19/86	Peru: Epidemiologic investigation of ORS-related deaths (Office of Health RSSA).	Oberle
5/6/86	4/27-5/3/86	Mexico: Review progress of Young Adult Reproductive Health Survey report.	Morris
5/9/86	3/23-27/86	Costa Rica: Review of data entry and data editing procedures for FP/MCH survey.	Becker
5/23/86	5/10-18/86	Brazil: Technical assistance in collaboration with Westinghouse on implementation of national DHS.	Morris
5/26/86	4/28-5/10/86	Senegal: Followup review of logistics management information system.	Friedman
5/26/86	5/11-13/86	Ivory Coast: Consultation with AID staff at REDSO/WA Office.	Friedman
5/28/86	5/18-25/86	Honduras: Logistics management consultation in followup to January Regional Workshop in Bogota and review contraceptive procurement tables.	Monteith
5/29/86	5/5-18/86	El Salvador: Logistics management consultation in followup to January Regional Workshop in Bogota and review contraceptive procurement tables.	Monteith
6/11/86	5/25-6/6/86	Guatemala: Pretest and field work plans for Young Adult Reproductive Health Survey planned for Guatemala City.	Morris Herold
6/20/86	4/24-5/4/86	Kenya: Participate in seminars on findings of Chogoria Health District CBD evaluation survey.	Goldberg
6/20/86	5/4-10/86	Mauritius: Assist MOH in preparation of CPS report and planning of CPS seminar to disseminate results.	Goldberg

II. RSSA REPORTS
A. Completed: April-August 1986
(Continued)

Date of RSSA Report	Dates of Travel	Country /Project	Person(s)
6/24/86	6/16-21/86	Jamaica: Planning discussions for Young Adult Reproductive Health Survey.	Morris Whatley
7/7/86	6/4-14/86	Rwanda: Logistics management consultation.	Ewen
7/8/86	5/15-25/86	Nigeria: Followup consultation on management information system and planning for July workshop.	Johnson
7/8/86	5/18-22/86	Panama: 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.	Oberle
7/7/86	6/29-7/2/86	Canada: Present paper on natural family planning (NFP) module used in Mauritius CPS at NFP international meeting.	Goldberg
7/10/86	6/15-27/86	Ecuador: Logistics management consultation, including feasibility of implementing microcomputer logistics tracking system.	Monteith Kinchen)
8/12/86	4/3-27/86	Kenya: In-country Logistics Management Workshop in followup to ESAMI Regional Workshop in November 1986.	Hudgins

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

Dates of Travel	Country/Project	Person
1/26-27/86	Brazil: Review installation of Patient Flow Analysis (PFA) microcomputer programs at ABEPF.	Gilliland
2/19-25/86	Mexico: 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
6/23-27/86	Costa Rica: Followup technical assistance for clinic management study at ADC.	Hudgins

II. RSSA REPORTS
C. Other Reports/Projects
April-June 1986

April - Workshops:	Logistics Management workshop--Nairobi, Nyeri, Kisumu, Meru, and Mombasa, Kenya, in collaboration with ESAMI (Hudgins).
April - Seminars:	Findings of Chogoria Health District CBD evaluation survey--Chogoria and Nairobi, Kenya (Goldberg).
April/June - Presentations:	Sexual Experience and Contraceptive Use Among Young Adults in Mexico City, presented at the Population Association of America Meeting, San Francisco (April) and the U.S.-Mexico Border Public Health Meeting, Monterrey, Mexico (June) (Morris, Nunez, Monroy de Velasco, Bailey, Cardenas, Whatley).
April - Presentation:	Fertility and Family Planning in Mauritius, presented at the Population Association of America Meeting (Goldberg, Wong, Rajcoomar, Friedman).
April - Presentation:	Use of Health Services and Contraceptive Practice in Guatemala and Panama, presented at the Population Association of America Meeting (Warren, Monteith, Guerra, Zeissig).
June - Publication:	Breast-feeding Effects on Birth Interval Components: A Prospective Child Health Study in Gaza. Studies in Family Planning 17(3):153, May/June (Anderson, Becker, Guinena, McCarthy).
June - Presentation:	Contraceptive Prevalence Surveys and Their Use in Examining Natural Family Planning, presented at the International Congress of the International Federation for Family Life Promotion, Ottawa, Canada (Goldberg, Friedman, Wong, Rajcoomar).
June - Presentation:	Sex Education, Knowledge, and Attitude of Young Adults in Two Delegations of Mexico City, presented at the U.S.-Mexico Border Public Health Meeting, Monterrey, Mexico (Monroy de Velasco, Bailey, Morris, Nunez, Cardenas, Whatley).
June - Report:	Revised English language version of Panama Family Planning/MCH Survey Report (Warren, Oberle, Morris).

III. CATEGORIZATION OF INTERNATIONAL ACTIVITY UNITS[1] BY ACTIVITY AND CONTINENT

Activity	Region					
	Total	Latin America	Africa	Asia	Near East	Other[3]
A. Fiscal Year 1986: Oct. 1985-June 1986						
TOTAL	102	55	33	4	5	5
Logistics/Commodity management	28	13	9	3	0	3
Estimation of contraceptive prevalence, including surveys	24	18	3	0	3	0
Program evaluation/management	13	5	7	1	0	0
Meetings/Workshops	11	4	7	0	0	0
Design and/or evaluate innovative programs[2]	8	6	2	0	0	0
Epidemiology of fertility control and pregnancy outcome	6	4	1	0	0	1
Demographic Analysis	6	3	2	0	1	0
Service Statistics	4	1	2	0	1	0
Consultant to other agencies	2	1	0	0	0	1
Population policy	0	0	0	0	0	0
B. Fiscal Year 1985: Oct. 1984-Sept. 1985						
TOTAL	169	74	62	12	8	13
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

[1]Defined 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).
[2]Chiefly community-based distribution (CBD) or direct distribution of contraceptives.
[3]Includes 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 August 1986.

IV. BUDGET DATA

A. Expenditure Report, AID/CDC RSSA

Fiscal Year 1986: October 1, 1985-June 30, 1986

Budget Category	FY 86 Budget Requirements[3]	Amount Budgeted Thru 6/30/86	Estimated Expenditures Thru 6/30/86
11/12 Personnel (including benefits)	$ 948,522	$ 711,392	$ 693,204
21/22 Travel	352,803	261,074	207,721
23 Rent, Communication, Utilities	24,000	18,000	23,665
24 Printing, Reproduction, Distribution[1]	72,000	9,000	8,210
25 Other Services[2]	61,840	46,380	16,442
26 Supplies and Materials	6,000	4,500	2,080
31 Equipment	35,000	26,250	20,215
Direct	$1,500,165	$1,076,596	$ 971,537
Indirect (20 percent)	300,033	215,319	194,307
TOTAL[4]	$1,800,195	$1,291,915	$1,165,844

[1]Includes $60,000 for French language edition of Family Planning Methods and Practices: Africa publication.
[2]Includes consultants, contracts, and purchase orders.
[3]Amendment 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-June 30, 1986

Staff	Scheduled Weeks	Total Weeks Worked	Types of Activity
Marks (Acting Director, DRH))	9	9	S, A
Morris (RSSA Project Director)	29	36	A, DA, IC, PIC, M, S, C
Oberle (Deputy RSSA Project Director)	30	38	A, DA, PIC, IC, S,M
Medical Staff			
Lee	9	19	DA, S
Rubin	19	12	DA, S, C
Medical Epidemiologist (composite)	29	39	DA, IC, PIC, C
Demography/Management Staff			
Ewen	29	[illegible]	IC, PIC, C, TR
Friedman	36	38	DA, PIC, TR, IC
Glatzer	33	30	DA, IC, PIC, TR
Goldberg	29	39	DA, S, PIC, IC
Graves	27	21	DA, C, S, M, TR PIC, IC
Herold	8	3	PIC, IC
Hudgins	27	25	DA, IC, PIC, TR, C
Johnson	33	35	PIC, IC, DA, C
Leach	39	35	TR, O
McConnon	15	17	A, S, PIC, IC
Monteith	36	39	DA, PIC, C, TR, IC
Spitz	19	10	DA
Warren	22	35	DA, IC, PIC, C
Whatley	33	39	DA, PIC, IC
Public Health Analyst (composite)	19	7	PIC, IC, DA
Statistical Staff			
Gilliland	29	24	DA, S, PIC O, C, IC
Becker/Finch/Mandel	19	15	DA, O, PIC, IC
Smith	9	3	A, S
Wingo	10	8	A, S, PIC, IC
Whitaker/Kinchen	10	24	DA, O, PIC, IC
Other Statistical Staff	32	14	DA, O
Administrative Staff			
Williams	22	27	A
Mollenkamp	18	18	O
Riley	22	22	A
Secretarial Staff	191	167	O
	892	868	

Legend:

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

V. INTERNATIONAL VISITORS TO DRH/CDC
October 1985-June 1986

Date(s)	Name	Country	Title/Organization
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 Distribution Program
3/1-6/30/86	Shu-Jei Lo	Taiwan	Demographer Ministry of Health
4/15-6/30/86	Luis Rosero	Costa Rica	Demographer University of Costa Rica

V. INTERNATIONAL VISITORS TO DRH/CDC
October 1985-June 1986

Date(s)	Name	Country	Title/Organization
5/9/86	Participants--Operations Crossroads Africa, African and Caribbean Leaders Program		
	Dr. O. O. Campbell, Nigeria		
	Dr. El Bagir Al: A. El Faki, Sudan		
	Dr. Ngoni J. Gwavava, Zimbabwe		
	Dr. Abdoullaye Chirfi Haidara, Mali		
	Dr. Souleyman Farida, Chad		
	Dr. N. O. Raimi, Nigeria		
	Dr. Mbumb Mussong, Zaire		
	Dr. Antonio P. Delgado, Cape Verde		
	Dr. Igor Vaz, Mozambique		
	Dr. Sam Adjei, Ghana		
	Dr. El Tayeb Elmuzamil, Sudan		
	Dr. Mahamed Al: Farah, Somalia		
5/28/86	Alice Msachi, M.D.	Malawi	Director of MCH/FP Ministry of Health
6/10/86	Pascoal Manuel Mocumbi, M.D.	Mozambique	Minister of Health