

STRENGTHENING HEALTH PLANNING CAPACITY
BURKINA FASO

SIX-MONTH PROGRESS REPORT

USAID/BF 686-0251

CONTRACT NO. AFR-0251-C-00-4037-00

PRAGMA/MCD

JANUARY - JUNE 1987



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January - June 1987

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I. INTRODUCTION

Activities at the DEP during the first and second quarters of 1987 continued at a relatively high level, despite the absence of a Chief of Party and the absence of the acting Chief of Party for two months due to the illness of one of his children. Because of these absences, a six-month report was prepared instead of two quarterly reports.

Major activities during the past six months included the Second Annual Conference of Donors in January; publication of the 1986 - 1990 Five Year Plan and the 1987 Annual Plan; work on the design of the Boulgou Province cost-recovery study; completion of the field work of the maternal mortality study; completion of the first phase of the schistosomiasis study in Ouhritenga Province; and the training of the two documentalists to use the computerized bibliographic data base.

The third computer order, consisting of four additional IBM PC/XT's and accessories was delivered in June. However, only one or two of them will be put into service in the near future because of space limitation in the present building. Construction on the new DEP building is seriously behind schedule. The building is now expected to be dedicated in August but may not be ready for occupancy until September.

Two of the TA team members, the documentalist and the epidemiologist, will be leaving Burkina Faso in July, immediately following the project's mid-term evaluation (scheduled for June 24 through July 15). It is expected that a replacement epidemiologist will be recruited.

However, the documentalist reports that her work is finished, and it has been suggested that she be replaced by a computer programmer. Any additional technical assistance for the documentation center could then be provided as short-term assistance. A final decision will follow the recommendations of the mid-term evaluation.

The several other questions about the project's future direction will also be weighed by the evaluation team.

II. ACTIVITIES DURING THE REPORTING PERIOD

A. Training

During the past two quarters, candidates have been identified for the last two long-term training slots planned for the project:

- administration/human resources
- computer information sciences

Also, an intensive, short-term training course was identified to improve the DEP's statistical clerks' computer skills.

1. English Classes

The thrice weekly evening English Language course was again sponsored for DEP and certain other Ministry personnel who will be participants in training and/or project related visits in Anglophone countries. These classes are conducted at the American Language Center.

2. Participant Training

a. Computer Information Science - The DEP programmer was designated by the MOH for a two-year Associate's degree in Computer Information Sciences. Northern Virginia Community College has been identified as the school of choice. It is planned that the candidate will take a month of intensive English in Ouagadougou and two months in the U.S. before starting school in January 1988.

b. Management/Human Resources - The Director of the Directorate for Administrative and Financial Affairs was designated by the MOH for a two-year training period. The training will take place in Dakar at the Institut Africain de Developpement Economique et de la Planification (IDEP).

c. Management/Administration - It was decided that the DEP administrator would attend a program in Dakar rather than in the United States, and he took and passed the competitive examinations necessary for admission to the Centre Africain d'Etudes Superieures en Gestion (CESAG).

d. Computer/Health Statistics - A one-month intensive course in the use of microcomputers for health statistics was identified at the Zaire School of Public Health. The DEP's two statistical clerks will both be sent to this training session which will be held in Kinshasa from

July 20 through August 14, 1987. This course replaces the training that had been sought with the African Medical and Research Foundation. The course is being given by the Zaire School of Public Health in collaboration with the Tulane University School of Public Health, and several other institutions. The course emphasizes training in the use of Dbase III, Lotus, word processing software, and SPSS - the same software packages that are in use at the DEP.

3. In-Service Training of Office Personnel

In accordance with the present mandate regular classes for the DEP secretarial staff have continued. During the past two quarters, most of the typists have been attending the training sessions very regularly. There has been a great improvement in their typing speed and accuracy which has resulted in better performance in their work. They have been working on advanced exercises, and some of the typists have significantly improved their skills in French grammar and vocabulary.

Also, they have been performing all levels of "making neat" exercises, which teach them to use standard formats, and to look for and correct mistakes before typing a document. The next step in their training will be more advanced secretarial skills and an introduction to computerized word processing. A text book for secretarial skills will be bought to help teach more advanced topics.

Due to the unforeseen number of typists and their great interest in learning word processing, it will be necessary to carefully plan the word processing training. Word processing lessons will begin after a third computer order is installed.

The conference room in the DEP's new building should provide a better environment for the training sessions (less noise and fewer interruptions).

4. On-the-job Counterpart Training

During the last quarter especially, on-the-job training in the use of the computers has intensified. The TA economist has developed an outline of topics to be discussed and mastered by his homologue.

a. Documentation Center - The TA documentalist conducted an intensive course of training for her counterparts in May and June 1987. The training consisted of data entry, data base manipulation, searching, and report generation. Instructions for carrying out specific computer operations were also prepared for the documentalists. The training was to have started earlier (in March), but was delayed due to malfunctioning of computer equipment.

b. Health Information System - The TA epidemiologist and the DEP programmer began holding regular daily training sessions for the two statistical clerks. They are rapidly gaining skills in the use of DBase III Plus, especially in editing data, sorting data, and generating reports. Hopefully, this will facilitate the dissemination of data to the periphery.

c. Regarding training of the DEP economist, a schedule has been developed and one-on-one discussion sessions are held as the counterpart's schedule permits. The TA economist and the DEP economist have developed a close and effective working relationship.

5. Long-Term Training

Periodic communication continues with the long-term training participants and their program coordinators by both DEP staff and the Pragma home office.

a. Rene Dalla - Mr. Dalla's faculty advisor, Dr. Nancy Mock, has recommended that he remain at Tulane an additional (fourth) semester in order to get more microcomputer experience. Dr. Mock and Mr. Dalla will be sending official correspondence to Dr. Somble in order to request the GOBF's approval of the extension. If the extension is granted, he will return in May, 1988, after two full academic years, instead of in December 1987.

b. Dr. Louis Hamad Ouedraogo - Dr. Ouedraogo's faculty advisor at Emory University requested that an IBM compatible computer should be purchased for his use. After discussions with USAID this was approved, and it was proposed that the same computer be passed on to George Kabore for his use at Northern Virginia Community College. Dr. Ouedraogo will be returning to Burkina Faso for four months to do a field study (September through December). He will then return to Emory University for the spring semester to analyze the data he will have collected and write a report.

B. Health Information System

1. Health Data Collection System

a. Due to the absence of the epidemiologist, it was not possible to complete the programming for output tables from the 1986 quarterly reports during the first and second quarters. After the epidemiologist's return daily sessions were programmed to train the two statistical clerks to produce output tables.

Also, both statistical clerks - Bernard Guirma and Paul Nikiema will be sent to Kinshasa, Zaire, to participate in a one-month intensive training course in the use of microcomputers. Following this training, they should be able to produce the output tables necessary for the 1986 annual report.

b. The new Rode/PC data entry program was used to enter some of the personnel files. The DEP programmer became acquainted with Rode/PC, and agreed that it gave much faster data entry than the Dbase III plus data entry program. However, time limitations did not permit thorough training in the use of this software package. Hiring a programmer to replace the documentalist would ameliorate programming problems in the DEP.

c. Two data entry clerks joined the service to help finish data entry for the Ministry of Health (MOH) personnel files - individual data sheets on over 4,000 people. One of the data entry clerks has been assigned permanently to the DEP. All of the personnel data sheets have been entered and the statistical clerks are in process of correcting data entry errors and completing missing data.

d. Despite the absence of the epidemiologist, the two statistical clerks made good progress in creating the health infrastructure data base.

e. Supervisory visits by DEP personnel (the head of the statistical service accompanied by the WHO statistician) have been made to 12 provinces during the past six months, in order to ensure understanding of the modifications made in the 1986 forms and respond to any problems encountered by the provincial statistical clerks. The following provinces were visited: Gnagna, Houet, Sissili, Kenedougou, Como, Boujouriba, Passor, Sourou, MouHoun, Kossi, Sangui, and Boukiem.

2. Information and Documentation Center

Activities of the documentation center included the following:

a. A major technical publications order for the documentation center (value approximately \$10,000) was submitted for procurement to Pragma. Pragma has chosen a purchasing agent who is proceeding with the acquisition of the materials. The order consists of approximately 80 journal subscriptions and 200 monograph titles. The list was generated from a data base set up with the software package SCIMATE.

b. The documentation center's bibliographic data base (operating on the software package SCIMATE) is now functioning. Six hundred bibliographic data sheets have been entered and hard copy subject indexes have been generated from this data.

c. The task of assigning "cluster groups" to the indexing terms used by the documentation center has been completed. The technical processing thesaurus has been generated. The controlled vocabulary and thesaurus have been set up as a data base, using SCIMATE. Both documentalists of the DEP have responded positively to this document technical processing "tool". The controlled vocabulary list and thesaurus were established on the basis of the "free term" indexing done to date.

d. Cataloguing of materials presently held by the documentation center has proceeded satisfactorily. The information management specialist has continued to edit all data entry sheets and review the corrections with the DEP documentalists as part of the in-house training process. Approximately 1200 documents have been catalogued to date.

e. A data base for the Planning Service files has been established (on SCIMATE). A revised set of analytic indexes has been generated from the data base.

3. Bulletin of Epidemiology and Health Information

a. Approximately 700 copies of issues 4 and 5 of the BULLETIN D'EPIDEMIOLOGIE ET D'INFORMATION SANITAIRE were distributed in January and May. The most recent exchange agreements for the BULLETIN include the American Public Health Association's Clearinghouse on Infant Feeding and Maternal Nutrition and the

"Projet de Restauration de la Planification Sanitaire" in Chad. An information alert and annotated bibliography were prepared for issues 4 and 5, respectively, of the BULLETIN.

d. The second meeting of the editorial committee is planned for July 6, 1987. It is planned to ask one of the committee members, preferably a member of the Directorate of Epidemiologic Surveillance, to take over coordination of the EPI Bulletin from George Kabore. This is necessary, since preparations are being made for Mr. Kabore (who is also the DEP programmer) to begin long-term training in microcomputer information science in the United States.

C. Planning, Evaluation and Economic Analysis

1. Publication of the MOH Five-Year Plan, 1986 - 1990, and the 1987 Annual Plan.

The publication of both plans was completed in time for them to be distributed at the Central and Provincial Directors' Conference in June. An enormous amount of work went into the development of these plans. The TA health planner and his homologue faced two major difficulties in assembling the plans - a lack of coordination between different elements of the plans, and a lack of reliable cost figures.

The elaboration of the annual plan was done in several steps. First, annual plans were submitted by the central and provincial directorates. These plans were then analyzed at the DEP, and annotated and returned for correction and/or improvement. Discussions were held on an individual basis with all of the central directors and with most of the provincial directors. Invested efforts in this year's planning process should yield better result for 1988 annual plan.

2. The Evaluation Committee

Due to scheduling conflicts, most of the members of the Commission d'Evaluation des Projets de Sante (CEPS) were unable to participate in the evaluation of the German Health Project which took place in December. However, it was decided that such conflicts would not occur frequently, and no recommendation to change the composition of the committee was made. (The CEPS is composed of Senior officials, many of them central directors, who were designated by an administrative decree from the MOH.)

A meeting of the CEPS was held on February 27 to plan the year's activities. The Dutch Government had requested that their project in Sissili Province be evaluated, and this request was accepted by the CEPS.

The TA planner and his homologue visited Sissili Province in March for preliminary discussions regarding the proposed evaluation. After further discussions with Dutch officials in Ouagadougou during the second quarter, the evaluation was scheduled to begin during the week of September 14.

3. The Provincial Health Services Conference

The Assessment of Provincial Health Services Conference was prepared and presented at the semi-annual conference of central and provincial level directors of the Ministry of Health held June 11 - 14. Using the Province of Boulgou as reference, the paper suggests methods for assessing inputs and outputs of the health care system at the provincial level. As the paper was well received by participants of the conference, it may be refined and more widely distributed in the future.

4. Five-Year Plan Reports

A computer spreadsneet program has been prepared to generate the quarterly follow-up reports of health projects in the Five-Year Plan. Manual preparation of these reports consumes a considerable portion of the DEP economist's time. It had been expected that the program would be used to generate the first quarter (March) report of 1987. Unfortunately, reports from the field were unusually late and, as of June, incomplete. About a third of the projects had not yet sent in their reports.

National/Regional Technical Exchanges

1. Observational Visit to The Gambia, February 27 to March 7

The visit to The Gambia by Dr. Sawadogo, Camarade Adjibad and the PA epidemiologist took place from February 27 through March 7. The Gambia undoubtedly has one of the best organized national primary care systems in West Africa. There were three features of special interest.

a. Supervision of village health workers (VHW) - In Gambia, there is a special nurse - the community health nurse - whose job is the supervision of VHW's. The supervisory strategy used is unusual and effective : these nurses are not based in the health facilities, but in a "key" village with a primary health post, and also supervise the surrounding five or six health posts. They - the nurses - are supervised by regional public health nurses rather than the nurses from the nearest health facility. This avoids a problem frequently observed in Burkina Faso - the inability or unwillingness of a dispensary nurse to leave his curative work to supervise VHW's.

b. Integration of MCH care in mobile teams - In order to improve coverage of prenatal consultations, vaccinations, etc., the Gambia has created integrated mobile teams which simultaneously do vaccinations, prenatal consultations, and growth monitoring.

c. Community distribution of contraceptives - The Gambia's family planning program (which began in 1975) implemented a program of community distribution system for contraceptives in 1985. Condoms are distributed free of charge by VHW's and oral contraceptives may be distributed by village midwives to women who have been examined and given an initial prescription by a community health nurse.

2. First 1987 Conference for Central and Provincial Health Directors, Kambouins, June 10 to 14

The June Health Directors Conference (the fourth organized and sponsored by the DEP since the beginning of the project) was held at Kambouins, about 10 miles outside of Ouagadougou. The 1987 Annual Plan, the 1986 - 1990 Five-Year Plan, and the personal expenditure study results for Boulgou Province were presented to the directors by the DEP.

Additional subjects discussed were the results of a national vaccination coverage survey, AIDS, trypanosomiasis, the status of the primary health care program, and the strengthening of the Directorate for Epidemiologic Surveillance (DSE).

3. Health Education Planning Seminar, Ouagadougou, April 15 to 25

This seminar was organized by the Directorate of Education for Health and Hygiene (DESA) and financed by the project. The seminar brought together technicians from diverse backgrounds in order to choose priorities and elaborate a five-year plan for the

4. The Burkinabe-German Working Group's Seminar on Drug Delivery Systems, Gorom-Gorom, April 5 to 9. The TA planner attended this meeting. Discussion centered on drug supply systems and on plans for the 1987 - 1989 period in light of the December 1986 evaluation of the Burkinabe-German project.

The DEP Epidemiologic and Statistical Guide was also discussed as a basis for analyzing and understanding a province's health situation.

5. The Annual Donor Conference January 5 - 6, 1987

This second annual conference of donor representatives, organized and financed by the DEP, brought together all major donor organizations and representatives of many smaller organizations.

The goals of the conference were to:

- a. provide donors with an update on Ministry planning;
- b. give donors a chance to question Ministry officials regarding present activities or future plans;
- c. increase the coordination of donor and Ministry activities.

As participants in the conference, the DEP economists presented an analysis of donor participation in the health sector. The analysis grouped donors by type, by size of funds allocated to the project, geographic area of activity, project duration, and sub-sector of activity. The analysis was well received by conference participants. The DEP economists thus intend to redesign the questionnaire and produce more elaborate reports for future conferences.

E. Operational Research

1. Health Care Financing

- a. Boulgou Test Zone - The proposal on the "Health Care Financing Study" in the province of Boulgou was finalized, translated to French, and submitted to the Director of DEP.

The proposal advances the principle of "Bottom-Up" planning in which the community served is involved in every stage of the choice, development, and execution of the financing

options. It envisages the involvement of all rural development organizations and all organized community groups. Instead of dividing the province into different sub-zones where different financing plans would be tried, the new approach advocates deferring the choice of plan to the community and progressively covering the province beginning with one 'zone sanitaire'.

In March, the Ministry of Health appointed a Commission to supervise the study. The Commission consists of the following seven members:

Director of DEP - President
Economist of DEP
DPS of Boulgou Province
Director of "Inspection Technique"
Director of SONAPHARM
Director of "Projet du Developpement des Services de Sante" (PDSS) (financed by the World Bank)
DPS of Houet Province

Drs. Bekele and Midy are invited participants.

The Commission held two seminars in April. Based on the proposal submitted, it developed a detailed outline of strategies and activities (protocol) of the study. Dr. Bekele and Mr. Zerou (DEP economist) will propose activities for the strategy on financial management and control. A third seminar is to be held in June and it is hoped that the study protocol will be finalized during this seminar.

D. Out-of-Pocket Expenditures - Returns of the first six months of the survey on personal expenditures on health have been received from nearly all the 30 provinces. Dr. Sokal had presented his analysis of the quality of the data to the conference of directors held in December 1986. For in-depth analysis, Boulgou Province was selected. Expenditures were analyzed by sex, age, locality, and by modern or traditional sector of health care. These results were presented at the June Conference of Directors. More analyses will be carried out in selected provinces on the basis of the quality of supervision.

The level of personal health expenditures was recently chosen as one of three national indicators for the health sector to be followed on a long-term basis (see below V, B). The experience gained in the above-mentioned study will be invaluable in designing the methodology for long-term, periodic measurement of this indicator.

c. A Case Study of Existing User Fees - During the DPS Conference in Bobo in December 1986, Nasso CSPA was visited and the existence of a user-fee scheme was observed. A proposal to carry out a case study of this CSPA was submitted to and approved by the Director of DEP.

In February 1987, this CSPA was visited by Bekele, Zerbo, and a junior statistician from the DEP. Data obtained during this visit were entered on the computer and a preliminary analysis of utilization and financial operations of the CSPA was partially completed. Results were not encouraging because records of the CSPA were very incomplete. Thus, an alternative approach is being considered. It may be more interesting to design a completely new data collection scheme and system of financial controls, and carry out a prospective study on cost recovery.

2. High Risk Pregnancy/Maternal Mortality Studies

a. Maternal Height as a Risk Factor for Feto-Pelvic Dystocia - Preliminary results of the analysis were presented to the provincial directors at the December meeting. Additional measurement of women's heights was done in Bobo-Dioulasso during the first quarter by personnel in the City Health Department in Bobo-Dioulasso. These data suggested that height measurements are unreliable in the hands of paramedical personnel, unless there is very close supervision.

Additional bibliographic research turned up an article that suggests that measuring foot length is as good as height as an indicator of the risk of dystocia! Since foot length would be easier for paramedical personnel to measure, a follow-up study is proposed.

Maternal Mortality - The field phase of the study was completed as planned with the two teams visiting the same twelve provinces between January 19 and February 13. Each team was accompanied by the one of the principal investigators: Dr. Luc Sawadogo, obstetrician-gynecologist specialist at the National Hospital (Hopital Yalgado);

Mrs. Alima Adjibad, midwife with the Maternal and Child Health Directorate; a medical student, Alf Dahir; and the TA epidemiologist.

Analysis of the data has begun. A preliminary analysis is expected to be completed before the departure of the epidemiologist.

3. Schistosomiasis

a. Ouhritenga Province - The first phase of an operational study of the feasibility of the treatment of *S. haematobium* infections by primary health care workers was carried out in February and March (protocol in annex). Dr. Kadydiatou Traore, the principal investigator based at the Yalgado Hospital Laboratory, performed quite well in her first experience as director of a field study.

After laboratory diagnosis of infections, a second visit was made to the villages to explain the importance of treatment with praziquantel, which was made available to the villagers through the primary health care worker.

Next year, the second phase of the study will assess the infection rate in each village - one where free mass treatment was given, and two in which praziquantel was sold by the primary health care worker (at the real cost - not a subsidized price).

b. *S. Mansoni* in Houet Province in the Valle du Kou - No response was received to the formal request which was made for a consultation by OCCGE's Schistosomiasis laboratory in Niamey. A follow-up letter will be sent. Kits for *S. Mansoni* testing were obtained through WHO channels. This study might be used by the epidemiologist-in-training as a thesis research.

4. Sexually Transmitted Diseases

The DEP-financed study of the sensitivity of *Nisseria gonorrhoea* to penicillin was begun by Professor Sondre, a Medical School faculty member, in the first quarter of 1987 and should be completed in the next quarter. Preliminary

results suggest that in Ouagadougou, penicillin resistance is a serious problem. In addition to the culturing of *Nisseria gonorrhoea*, serum samples are being drawn to be tested for syphilis, AIDS, and chlamydia antibodies.

F. Preparation for the Evaluation Team

Preparations for the team's arrival were planned in collaboration with the USAID Project Officer:

- TA team members drew up a suggested list of people with whom the evaluators will meet.
- The acting COP generated the six-month report (January - June) in preparation of the team's scheduled arrival, June 24.
- A memo presenting a brief list of key issues was prepared for the evaluation team.
- Arrangements were made for a trip to Boulgou Province during the week of June 29 to July 3. An additional province (Sanmatenga) could be visited if the evaluators deem it important.

G. Construction

Construction fell far behind schedule in the last half of 1986, and the Contractor is now expected to complete the building in August. Transfer of the DEP to the new building will probably occur in August or September.

I. LIAISON WITH PRAGMA/MCD

The home office was particularly busy during the past two quarters in negotiating a contract amendment, and continuing the search for Chief of Party (COP) candidates.

The contract amendment was finally signed by both parties during the second quarter, and detailed instructions were sent from Pragma regarding the changeover to a new administrative set-up.

The first checks for local costs from Pragma (totalling \$ 19,000) arrived and were deposited.

During the site visit of Pragma/MCD backstopping personnel Nga-Ambun Kabwasa, Financial Manager and Joseph Carter, Assistant Project Director, in March, considerable effort was expended with the team members in comparing project outputs attained to date with those prescribed to date in the project paper. The purpose of this monitoring exercise was to identify areas of weakness associated with the project's implementation so that appropriate corrective steps could be applied. Fortunately, influencing the planning of health services, no shortcomings of importance were revealed.

Following a series of meetings with GOBF and USAID personnel, Kabwasa and Carter were able to finalize a draft copy of the contract pipeline analysis and cost proposal for the contract amendment and extension which they submitted to the mission and the RCO in Abidjan. Subsequent discussions in Abidjan lead to the revisions of the cost proposal. In order to finalize this effort Kabwasa spent additional time in Abidjan to generate the final version of the amendment with the RCO prior to his departure. The RCO nonetheless requested further revisions upon his return to Washington. Ultimately, an agreement was reached among the RCO, USAID/Ouaga and Pragma/MCD. A signed contract amendment was officially forwarded to the contractor by the RCO for implementation. This amendment extends the estimated completion date from July 31, 1989 to March 31, 1990.

Of major significance under the terms of the amended contract, is the expanded role of the contractor in the administration of all local project funds to include operations research, workshop, conference, seminar and operating costs.

Home office personnel were also actively involved in the ongoing search for acceptable candidates. The effort met with some success and candidates were proposed for invitational travel. Additional candidates were also identified during the annual June meeting of the National Council of International Health. To date however, a final candidate has not been identified.

As always home office staff continued to provide the field team with assistance to obtaining bibliographic materials for ongoing operations research studies, computer equipment, and in meeting ad hoc requests for information pertaining to project implementation.

Additional COP candidates were identified during the annual June meeting of the National Council on International Health, held in Washington, D.C. It is expected that a decision will be made concerning a new COP after receipt of this latest batch of cv's.

. LIAISON WITH USAID

Close contact with the USAID Project Officer was maintained, especially regarding the recruitment of a new COP, the contract amendment, and the participant training activities.

The TA acting COP met with USAID, Pragma and MCD representatives to interview a COP candidate in Washington, D.C. in April. The recently signed contract amendment calls for some changes in the administration of the project. Several meetings were held with the USAID Project Officer and OFM personnel to discuss the transition from USAID funding to Pragma funding of local costs.

LIAISON WITH THE OTHER DEPARTMENTS/ORGANIZATIONS

A. Ministry of Health

Special contact was maintained with all Central and Provincial Directorates through the June, 1987 Health Directors' seminars.

Assistance was again provided to the Secretary-General, as requested documents were translated from English into French.

Following the establishment of a special committee (as noted above) for health services research in the Boulgou Province, a substantial amount of work was done in collaboration with the Director and staff of the Ministry's Health Service Development Project (PDSS), the Director of Houet Province, the "Inspection Technique", and SONAPHARM.

B. Ministry of Planning/Council of Ministers

DEP planning personnel were involved in a national multi-sectoral seminar to choose indicators which are to be followed on a long-term basis. DEP personnel submitted a large number of indicators from which three were initially chosen, and a fourth was later added. The indicators were chosen to represent both the Government's efforts on behalf of the people, and the peoples' efforts on their own behalf. The chosen indicators are:

- 1) Personal health expenditures (people's efforts on their own behalf).
- 2) The number and percent of functional village health posts (people's efforts on their own behalf).
- 3) The distance one has to travel to reach a health facility (the MOH's efforts to serve the people).
- 4) The incidence of certain diseases (the MOH's efforts to serve the people).

C. CUAM

CUAM is an Italian ONG which is assisting the health sector in Boulgou Province. Special attention was given to the renewal of this project because its activities have to be coordinated with the cost-recovery study being planned for Boulgou. The Italians were asked to provide certain resources to facilitate the study, and so far have responded positively, though the final outcome is not yet known.

D. Other Donor Organizations

The annual donor conference held in January (see above) was the occasion for formal and informal discussions on a wide range of topics.

. PROBLEMS ENCOUNTERED

A. Health Statistics

The unexpected absence of the TA epidemiologist for two months has delayed creation of computerized output tables for the 1986 annual report.

B. Operational Research

The TA epidemiologist's absence also led to a hiatus in discussions with the Centre Muray and the Houet DPS regarding the scheduling of a schistosomiasis survey in the Kou Valley.

In addition, it is not yet clear whether his absence will compromise the field study planned for his homologue, who is to return for four months, from September to December. Alternative

arrangements are being discussed with a CDC epidemiologist based at the Centre Muray in Bobo-Dioulasso.

C. Training

Due to poor English test scores, the departure of the DEP computer programmer for long-term training was changed from August 1 to November 1.

D. Construction

Due to construction delays, the new building will probably not be ready for occupancy until August at the earliest. This will temporarily limit the use of the new computers, as the present building does not have space for more than one or two additional machines.

E. Equipment Maintenance

Although the 1 KV power supply was successfully repaired, one of the computer monitors malfunctioned and had to be replaced. The photocopier has not been working well despite a major overhaul. Purchase of two new photocopiers is planned.

. PROJECTED ACTIVITIES - 3RD QUARTER 1987

A. Administration/Management

Toward the end of August 1987, it is anticipated that the DEP will be transferred to the new office building. In preparation for this move, the required construction of tables and shelving for this building will be ordered.

A new COP will be recruited along with candidates qualified to replace the documentalist and epidemiologist, both of whom are departing.

B. Training

1. English Language training for DEP and related project personnel will continue during the first quarter of 1987.
2. The two long-term candidates for management training will depart for Dakar.
3. The two statistical clerks will receive microcomputer training in Kinsasa.

4. The epidemiologist-in-training will return to do a field study in Burkina Faso as part of his training.
5. The biostatistician-in-training will submit a request to extend his training by one semester.

C. Health Information System

1. Health Data Collection System - Production of tables from the manual and computerized data bases for the 1986 annual report will be the major activity.
2. Documentation Center - The first shipment of technical documents should arrive. Soon, cataloguing this shipment and preparing to move into the new DEP building will constitute the major tasks of the Documentalist. In addition, the sixth Bulletin of Epidemiology and Health Information should be published.

D. Planning, Evaluation and Economic Analysis

1. The provincial annual plans for 1988 should arrive at the DEP for analysis.
2. The DEP plans to hold a planning workshop for new Provincial Directors.
3. The CEPS will evaluate the Dutch primary health care project in Sissili Province.
4. A revised questionnaire will be prepared for collection of data on donors' participation. Returns based on the revised questionnaire will be used for presentation of more detailed analysis of donors' participation at the next donors' conference.
5. Discussions with DAAF on estimation of actual expenditures on health will continue.
6. A concept paper on estimating cost of primary health care will be drafted. Attempts will be made to obtain actual data from the German project.
7. Computerization of the follow-up of health projects in the Five-Year Development Plan and counterpart training in use of the program will be finalized.

8. The Paper on "Assessment of Health Services at the Provincial Level" will be refined and will be ready for distribution at the next conference of directors.

E. National/Regional Conferences and Exchanges

A positive response was received from the Ivory Coast MOH regarding a visit by the DEP statistics team to observe the functioning of the Ivory Coast National disease reporting system and their computer installation. The visit may take place in the next quarter.

F. DEP Offices

As noted earlier, the DEP is expected to move into the new office building in August or September.

G. Operational Research

1. The Boulgou Cost Recovery Study - The study protocol should be complete or nearly so, and concrete planning for the study's execution should have begun.
2. Health Expenditures - Further analysis will be done on data already gathered, and recommendations will be given on a methodology for future long-term surveillance of this important indicator.
3. Sexually Transmitted Diseases - The field phase of the STD study should be completed.
4. Maternal Mortality - Analysis of the data will continue and should be completed during the fourth quarter.
5. Sponsorship of approved medical student theses will continue.

VIII. ADMINISTRATIVE PLANS

The TA epidemiologist who is also acting COP, and the TA documentalist will both leave the project in July. One of their houses (the epidemiologist's) will continue to be rented in anticipation of the arrival of new project personnel.

A new COP and a new epidemiologist should be chosen during the next quarter. Hopefully, the new COP will arrive in Ouagadougou before October 1, and the new epidemiologist in early December.

Also, during the third quarter:

- the TA health planner will take an "R & R" leave from August 10 to September 14.
- the TA economist will take an "R & R" leave from July 24 to August 31.

IX. CONCLUSION

As the project passes its midpoint, clear progress can be seen in the planning process, and in the institutionalization of planning and coordinating activities (i.e., the semi-annual directors' meetings, the annual donors' conferences, etc.).

The documentation center, with two Burkinabe documentalists, is now on solid footing and has demonstrated its ability to publish and distribute the Bulletin of Epidemiology and Health Information.

The Health Statistics personnel at the DEP are developing their computer skills and the new health statistics forms have been well accepted.

Several operational research studies have been started, and a number of medical student theses have been supported. However, it is not clear that the operational research component of the project has found its organizational niche. A more formal relationship between the project and the Directorate of Epidemiologic Surveillance and/or the Medical School may be necessary to institutionalize an operational research capacity.

In summary, while much work still remains to be done, great progress has been made.

The acting COP expresses his appreciation to all parties for their cooperation, and his regret for his unplanned departure due to illness of a family member.