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Dialogue on Diarrhoea



**Mid-Term
Evaluation Report**

June 1987

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**The international newsletter on
the control of diarrhoeal diseases**

EVALUATION REPORT

DIALOGUE ON DIARRHOEA

**MID-TERM EVALUATION REPORT
JUNE, 1987**

EVALUATION TEAM MEMBERS:

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I. EXECUTIVE SUMMARY

A four-member team met in London from June 21-27, 1987 to conduct a mid-term evaluation of the first extension to a Cooperative Agreement (CA) with the Appropriate Health Resources and Technology Action Group (AHRTAG). The Cooperative Agreement supports the production and dissemination of a quarterly newsletter, Dialogue on Diarrhoea (DD), as well as the development of health education materials related to Diarrheal Disease Control (DDC). The purpose of the evaluation was to assess the progress of the newsletter since the preceding evaluation in July 1985. In addition, the team was to evaluate DD from a technical standpoint, assessing both the content of the newsletter and the degree to which it functions as a training tool and informational resource. The team's ultimate goal was to determine if funding should continue for the second year of the extension, and if so, to recommend ways of strengthening the newsletter.

The evaluation report covers the following areas: technical content, editorial issues, production management, fundraising, language editions, the resource center, financial matters, organizational structure, and general recommendations. In each of these areas, the team found strong evidence of the positive effects of A.I.D.'s support. We believe that A.I.D.'s contribution has been responsible for both stimulating the expansion of DD and catalyzing international and local support of the newsletter. The team also noted that, to a large extent, the recommendations of the previous evaluation have been implemented. The team distilled at least a dozen factors that illustrate how A.I.D.'s funding has both directly and indirectly strengthened DD. These factors provide the best justification for continued A.I.D. support, as they highlight how current activities are furthering the goals and objectives of the CA.

At present, AHRTAG has successfully balanced the production of DD with other organizational activities. However, new efforts that would greatly expand AHRTAG's portfolio appear imminent. The Overseas Development Agency (ODA) of the British government has recently approved a grant that will enable the AHRTAG resource center to support the creation of four centers in developing countries. Also, prospects are good for the development of a new newsletter on AIDS. The team applauds these initiatives but cautions against unmanageable growth that could impair the successful production and dissemination of DD.

We are pleased to note that all those interviewed, particularly the Scientific Editors and the AHRTAG staff, found external evaluations valuable. The Evaluation Team would like to thank the staff of AHRTAG, the Scientific Editors of DD, and the members of the DD Editorial Advisory Board and the AHRTAG council who made the process valuable for us as well.

TECHNICAL REVIEW

An examination of all 28 issues of DD, with particular emphasis on the last nine, led the Evaluation Team to recommend continued emphasis on the prevention and control of diarrheal diseases as well as the treatment of dehydration. In order to strengthen this, the team recommends that a future issue of the newsletter carry an editorial elaborating this policy and stressing the importance of a comprehensive approach to DDC programs.

The Evaluation Team recommends that a cyclical analysis of each basic issue related to diarrheal diseases be established, so that each topic would be explored in detail every two to three years. Also, attempts should be made to publish validated research and keep readers abreast of new developments in the field. A series of suggested topics discussed with the editors of the newsletter by the team is included in the evaluation report.

Regular meetings of the Scientific Editors, the Editorial Advisory Board and DD staff will facilitate the process of identifying basic issues and of planning for their periodic recurrence. A more systematized schedule of editorial meetings would allow all those participating to assist in collecting the most relevant scientific literature and graphic material for each issue. Furthermore, A.I.D., WHO and PAHO will be able to call upon their resources to provide more significant input to the newsletter.

Increasingly, health professionals need to speak in terms of outputs and outcomes of their programs. DD could foster this attitude by selecting and publishing articles and examples concerning a simple, practical Health Information System.

The editors should reassess their intended audience for Dialogue on Diarrhoea. The second issue stated that Primary Health Care (PHC) workers -- those who are actually caring for children with diarrhea -- were to be the principal audience for DD. Health professionals, originally thought to be a secondary audience behind PHC workers, are actually the primary recipients of the newsletter.

The Evaluation Team believes that important messages contained in the newsletter will reach PHC workers and, most importantly, mothers via training courses which use DD as training material and through the translation of DD into local languages. Furthermore, the translation of DD into local languages will ensure that messages are more immediately relevant to the specific needs of the readership. The newsletter affects actual implementation of DDC programs which directly reach PHC workers and mothers by reaching the planners and administrators involved in diarrheal disease control.

READERSHIP RESPONSE

Up to 300 letters are received monthly with no less than 250 requesting inclusion on the mailing list, which illustrates the value of the publication and the increasing interest of the readers. We recommend that a larger number of letters referring to successful and unsuccessful experiences as well as substantial questions be included in each issue. In order to save space, letters should be summarized to refer to the essence of their content.

COMPARISON OF THE TWO READERSHIP SURVEYS

Despite the fact that both surveys were deliberately biased (i.e. the surveys were not based on scientific sampling methods), the Evaluation Team feels that the two readership surveys provided useful information regarding the characteristics of the readers and, to some extent, the use of the scientific and technical content of the newsletter. The Evaluation Team believes that no new survey based on the same format should be performed during the period of the CA, as it would only duplicate information already obtained. Should A.I.D. decide -- as the team recommends -- to extend the CA, new surveys should be based on specific questions dealing with ORT and non-ORT interventions. Samples should be carefully selected based on quantitative methods to ensure the validity of the data.

EDITORIAL AND PRODUCTION REVIEW

AUDIENCE AND DISTRIBUTION

DD should consolidate its existing mailing list rather than attempt to distribute additional copies from the London office. The mailing list has certain weaknesses that should be corrected as soon as possible (e.g. duplicated names, inability to use mailing list to derive pertinent

information, etc). The team suggests the need for a computer consultant to improve the existing system.

Concurrently, the report includes recommendations on ways to strengthen the system of distributing the newsletter. The team suggests that the staff develop a plan of action for expanding its mailing to specific audiences once the mailing list system is revised.

Contrary to the findings of the previous evaluation, the team has found that the idea of supplying printing film for local (in-country) printing and distribution of DD appears to be feasible. Further, the team recommends that DD pursue this in collaboration with public and private organizations that have adequate logistical and technical capacity.

The Evaluation Team reinforces the conclusion of the previous report that no new back copies of the newsletter be printed. Photocopies of out-of-stock issues can be made when necessary.

EDITORIAL AND GRAPHICAL CONTENT

One of the outstanding facets of DD is its balance between scientific content and editorial style. The team recommends that this be maintained in the future. The visual content of the newsletter should be addressed as thoughtfully as the editorial content. Graphic elements such as charts, tables and line drawings should be used more frequently not only as supplemental to the narrative but also as instrumental educational elements in and of themselves. Scientific Editors, Editorial Advisors, Editing Staff and Resource Center Staff should be involved in looking for the best information to be included in each issue.

FUNDRAISING STRATEGY

The Evaluation Team feels that a commendable effort has been made in enlisting \$160,000 in non-A.I.D. funding to support DD last year. This seems to be a reasonable figure for DD staff to raise and should be included in the CA. The Scientific Editors have been particularly successful in obtaining contributions for DD. We encourage these activities, along with assistance from the Executive Editor, Project Coordinator, Editorial Advisors and AHRTAG Council members when appropriate.

LANGUAGE EDITIONS

The Evaluation Team recommends that DD staff continue to carefully identify appropriate organizations to be responsible for the in-country translation, printing, and distribution of the newsletter into other languages.

DD and these organizations should agree upon a policy relating to the addition of inserts on articles developed specifically for these language editions. Also, it is suggested that an in-country representative be identified to supervise and provide technical assistance to the local production of DD.

The team recommends an evaluation of the French edition as soon as feasible.

RESOURCE CENTER

The Resource Center, which has clearly expanded with A.I.D.'s contribution, should play an increasing role in the preparation of each issue of DD.

The Center has reached a stage at which the need for computerization has become essential. This will permit, as the team urges, linkage with databases, in the United States, United Kingdom, and other countries, most notably Medline, Medlars and other systems connected with the National Library of Medicine.

FINANCIAL MATTERS

The team has made recommendations regarding "indirect" costs, allocating salary costs based on timesheets and financial reports prepared by ORANA for the French edition of DD.

ORGANIZATIONAL STRUCTURE

The team has suggested an organizational structure for AHRTAG that would strengthen its ability to both produce DD effectively and to manage overall growth. The structure consolidates staff functions common to all AHRTAG projects and differentiates those positions from staff whose main activities fall under one project.

Should a new newsletter on AIDS be added to AHRTAG activities, the team suggests that a careful analysis be made of the most effective method of production and staffing structure that does not impair DD-related activities.

GENERAL RECOMMENDATIONS

The team strongly recommends the continuation of funds for the CA, and extension of the project beyond the period of the CA, because there is a great need for publications such as DD in the area of diarrheal disease control.

The team feels there is an urgent need to have a functional system of informational exchange between DD and the numerous A.I.D. health and nutrition projects. We encourage A.I.D. Project Officers to participate in this collaborative effort.

Both the Evaluation Team and DD staff have found the evaluation process to be useful for the management and direction of the project.

Should A.I.D. approve an extension of the CA for the next three to five years, as the team recommends, we suggest that the next evaluation take place in three years, in 1990. In the intervening period, regular contact through the required reports should suffice.

II. BACKGROUND

The ICORT I Conference emphasized the need for a regular publication such as a newsletter to disseminate information about diarrheal disease control that would assist in the changing of behaviors among health care providers and mothers. Instead of starting a new publication, A.I.D. decided to contribute funds towards the expansion of Dialogue on Diarrhoea (DD), a newsletter which was already well-known for its clear presentation of the complex issues surrounding diarrheal diseases. AHRTAG, the London-based PVO that produces DD, signed a two-year Cooperative Agreement with A.I.D. on August 10, 1984. A mid-term evaluation was held in July 1985, which recommended continued A.I.D. support. In August 1986, A.I.D. signed a two-year amendment and agreed to a mid-term evaluation in 1987, the results of which comprise this document.

HIGHLIGHTS SINCE 1984

A.I.D.'s three-year support of DD has resulted in a number of lasting contributions to the production, distribution and technical content of the newsletter. The Evaluation Team identified the following characteristics of DD that stem from A.I.D.'s involvement. The Cooperative Agreement has enabled DD staff to:

- 1) Increase circulation from 20,000 copies per quarter to 125,000 copies per quarter in English and 12,000 per quarter in French.
- 2) Oversee translation of selected articles into 56 different local dialects, thus spreading knowledge about the prevention of dehydration due to diarrheal disease.
- 3) Provide a forum for people in developing countries to express views, discuss issues and ask questions -- a true dialogue.
- 4) Disseminate information on new trends in Diarrheal Disease Control as well as reinforce old messages.
- 5) Examine specific subjects related to DDC in detail.
- 6) Conduct and analyze two readership surveys that identified the profile of readers and gave information about the newsletter's use as an educational tool.

- 7) Coordinate the translation of issues in Spanish, Portuguese, Tamil, Arabic, and, in the near future, Bengali and Urdu.
- 8) Plan ahead to combine better graphical elements and editorial content into each issue.
- 9) Strengthen and broaden the scope of the Resource Center.
- 10) Solicit additional resources from different donors in the amount of \$285,400.
- 11) Strengthen financial systems.
- 12) Strengthen and streamline the operations of the DD unit in particular and AHRTAG as a whole in general.

III. EVALUATION PURPOSE AND METHODOLOGY PURPOSE

PURPOSE

This evaluation intends to assess the accomplishments of Dialogue on Diarrhoea up to June 1987, in relation to specific items in the contract agreement and the evaluation scope of work (see Annex A). The Evaluation Team's findings and recommendations determine whether second-year funding should be authorized for the amendment to the CA or the project should be terminated.

METHODOLOGY

A.I.D. developed a scope of work for the evaluation based on the goals and objectives of the contract agreement, the reports and deliverables from AHRTAG, and the recommendations of the previous evaluation in July 1985. Three of the four members of the Evaluation Team met with the A.I.D. Project Officer in Washington on May 20, 1987 to review the scope of work, which was consequently revised in preparation for the on-site visit. From June 21-27, 1987, the Evaluation Team visited the AHRTAG offices in London and developed an initial draft of this report. During that time, the team interviewed AHRTAG staff and the Scientific Editors of DD, met with members of the Editorial Advisory Board and the AHRTAG Council, and talked with a representative of a PVO interested in local language editions of DD. Those interviewed included:

DD Editorial Staff

Dr. Katherine Elliott	Scientific Editor
Dr. William Cutting	Scientific Editor
Ms. Kathy Attawell	Executive Editor
Ms. Maria Spyrou	Editorial Assistant
Ms. Katherine Miles	Publications Officer

Resource Center

Ms. Suzanne Fustukian	Director, Resource Center
Ms. Mimi Khan	Resource Officer, DD liaison

AHRTAG Administration

Mr. Ken Ritchie	Executive Director
Mr. Philip Stockley	Program Coordinator
Ms. Fabienne Zaegler	Office Admin. (temp)
Ms. Gita Patel	Computer Operator

AHRTAG Council

Ms. Barbara Bubb
Dr. Marie-Therese Feuerstein

DD Editorial Advisors

Dr. Richard Feachem	Dept. of Tropical Hygiene, London School of Hygiene and Tropical Medicine
Dr. Andrew Tomkins	Dept. of Nutrition, London School of Hygiene and Tropical Medicine
Dr. David Candy	Institute of Child Health at the University of Birmingham, U.K.

In addition to interviews, each aspect of the evaluation entailed reviewing documents and materials pertaining to AHRTAG in general and DD in particular. To assist in the Evaluation Team's efforts, the staff was extremely helpful in providing up-to-date reports and in producing analyses of activities pertaining to DD. Reports were received from the Executive Editor (Project Report December 86 - June 87), the Project Coordinator, and the Director of the Resource Center.

Below, a list appears of the other supporting documents and analyses used to facilitate the evaluation.

Financial Matters, Fundraising and Organizational Structure.

- o financial reports, from 1977 to 1987
- o examination of financial systems
- o editorial files

Editorial and Graphic Content

- o Dialogue on Diarrhoea, issues 1-28 (including inserts)
- o photo files
- o editorial files

Audience and Distribution

- o mailing list statistics
- o letters to the editor
- o readership surveys and analyses
- o promotional materials

Resource Center

- o user records
- o holdings
- o resource lists and other publications

With information from interviews and documents, the team began to formulate answers to the questions raised in the scope of work. The team retained the overall structure of the scope of work while placing emphasis on specific findings and recommendations as necessary. Throughout the week, the team discussed their conclusions and concerns with the staff and advisors, who were all found to be receptive to new perceptions and forthcoming with their reactions.

Although the period was very short, the team met continually to discuss and refine their recommendations over the week of the evaluation. At the end of the week, the team presented their initial observations and recommendations to the AHRTAG staff, Dr. Elliott, and representatives of the AHRTAG Council. An initial draft, incorporating all findings and recommendations was then compiled and sent for review to the team members, the A.I.D., WHO and UNICEF. Following this review, the final version of the report was submitted to A.I.D.

IV. FINDINGS AND RECOMMENDATIONS**A. Assessment of the 1985 Evaluation Recommendations**

The Dialogue on Diarrhoea staff made a commendable effort to implement the recommendations put forth in the 1985 Evaluation Report. The following table illustrates the degree to which each recommendation was put into practice. Issues mentioned in the observation column are detailed in the report.

TABLE 1

ASSESSMENT OF THE 1985 EVALUATION RECOMMENDATIONS

<u>RECOMMENDATION</u>	<u>IMPLEMENTED</u>	<u>OBSERVATIONS</u>
1. No further promotional efforts be undertaken for the English language edition.	YES	Circulation has been increasing by 50 new subscribers monthly without any promotional efforts.
2. No reprinting of back copies.	YES	Back copies have been distributed. Additional copies needed are photocopied.
3. Decentralized production of the English edition by providing camera-ready copy not be pursued.	YES	It is now feasible to supply film for the local printing and distribution of DD.
4. DD continue to be targeted to a broad audience, to include those outside of the health system, e.g. teachers.	YES PARTIALLY	Readership has expanded within the health professions. Those outside are to be reached progressively through the training of trainers, translation of articles into local languages and implementation of Diarrheal Disease Control (DDC) programs.
5. A readership survey be taken in early 1986.	YES	See report and annex.
6. French language edition should receive high priority.	YES	Circulation has reached 12,000 copies. An evaluation has been recommended.
7. Tamil language edition will continue to be supported.	YES	A review has been suggested before proceeding.
8. Translation of DD into Indonesian be undertaken starting with Issue 19.	NO	Issue 19 was translated and distributed independently of AHRTAG. This edition included advertising from local pharmaceutical companies. The Evaluation Team recommends the source of this publication be identified.
9. The need for DD in local languages be documented before being actively pursued.	YES	Local translation is being actively pursued after careful identification of local institutions.

<u>RECOMMENDATION</u>	<u>IMPLEMENTED</u>	<u>OBSERVATIONS</u>
10. Funding from UNICEF for the Arabic edition be pursued	YES	DD received \$15,000 for two years from UNICEF. DD was printed and distributed in Egypt by means of film sent from London.
11. Spanish language edition receive priority and a funding strategy be developed.	YES PARTIALLY	Composite editions have been produced, but a stable source of funding for the regular translation of DD into Spanish has not been found.
12. Activities planned and materials developed for the ICORT II Conference.	YES	These activities and materials increased dialogue with the field.
13. The role of the Resource Center be defined.	YES	The Evaluation Team strongly recommends the computerization of the Resource Center.
14. Resource Center materials purchased with A.I.D. funding be identifiable.	YES	A coding system has been developed.
15. Information requests relating to the DD project be tracked.	YES	Information is tracked.
16. Visitors using DD collection be recorded.	YES	Visitors are recorded.
17. Donor support outside of A.I.D. be sought for DD.	YES	See Annex E which provides a listing of non-A.I.D. donor support.
18. A financial expert familiar with the needs of A.I.D. be sent to AHRTAG.	YES	A method of financial management was recommended and implemented.
19. The Project Coordinator provide the A.I.D. Project Officer with financial reports.	YES	Quarterly financial reports are submitted to the A.I.D. Project Officer.
20. An organizational and staffing structure was recommended.	YES	The recommended staff positions were filled.
21. Appropriate working space for DD staff be found.	YES	DD inhabits the basement offices of the AHRTAG premises. AHRTAG will be moving at the end of 1987.

B. TECHNICAL REVIEW

FINDINGS:

After examining 28 issues of Dialogue on Diarrhoea, with particular emphasis on the last nine, the team reached the conclusion that DD is a very valuable publication both with regard to the type of information covered and the broad dissemination of that information in successfully promoting child survival. Each issue provides a balanced combination of basic subjects related to diarrheal diseases along with practical topics useful for training, program formulation and implementation. The newsletter has consistently maintained a high quality of content in a style that is easily understood by its audience of health professionals. Since the A.I.D. grant began, there has been a deliberate effort to reiterate basic messages about oral rehydration, including information about ORS packets, home-made solutions or cereal-based solutions. Special emphasis has been placed on breastfeeding, nutrition, growth monitoring, and weaning foods. Attention has also been given to:

- o the role and ways of improving the physical environment (water supply and sanitation) and personal hygiene;
- o immunizations, (especially the measles vaccine);
- o food protection;
- o health and nutrition education for correcting behavior related to diarrheal diseases; and
- o the administration of Vitamin A when eye complications are present.

Articles have been written that addressed:

- o the availability of services;
- o timely referral of children with severe dehydration;
- o other forms of acute diarrhea, such as cholera and dysentery;
- o persistent diarrhea;
- o the proper use of drugs with particular emphasis on the treatment of acute diarrhea without drugs.

Through country studies, DD highlighted the diversity of mores and customs for treating the child in the early stages of diarrhea--a crucial period. To reiterate essential advice, a combination of key messages and pictures or graphs have often been included in the newsletter.

The team detected a special concern for maintaining quality when addressing the above-mentioned subjects. This was accomplished through expressing the scientific material in a language that is readily understood by the broad readership. The two readership surveys contain information on the

profile of readers. The letters to the editor also contain information concerning the problems the readers confront and the need for advice. These letters are perhaps the best evidence that a true dialogue between the newsletter and its readership has been established.

In practice, quality control is assured by the scientific editors, Drs. Elliott and Cutting, and by the procedure of external review conducted by Dr. Merson of WHO, and Mr. Clay of the A.I.D./Office of Health. In some cases, the members of the Editorial Advisory Board as well as selected specialists are consulted for further clarification and review. In general, the team believes this has been a sound approach. We hope that this review system will be maintained in the future. The team suggests that A.I.D. provide an additional scientific reviewer for each issue, such as Dr. Kenneth Brown of the Johns Hopkins University, School of Hygiene and Public Health, or Dr. Robert Northrop of PRITECH to assure a continuing emphasis on preventing diarrheal disease as well as preventing diarrheal dehydration.

RECOMMENDATIONS:

The Evaluation Team recommends:

- 1) The basic policy and conceptual framework of DD put more systematic emphasis on the control and/or prevention of diarrheal disease of different aetiologies including the prevention of dehydration and the reduction of mortality through ORT. Scientific Editors should examine and articulate the rationale of this policy and the major components of a diarrheal disease control program in a future issue.
- 2) On the basis of the above-mentioned policy, a plan for the analysis of each component of DDC should be prepared in advance so that sufficient scientific literature and graphic and written material can be prepared. Each basic message should be examined every two to three years on a cyclical basis. This advanced plan will be of use to A.I.D., WHO and UNICEF as well as the Editorial Advisors and others interested in contributing to future issues of DD.
- 3) A simple health information system, including indicators of processes and outcomes of DDC programs, should appear in a future issue of the newsletter. This would facilitate the monitoring of actions performed and the evaluation of objectives fulfilled.

- 4) Future topic areas to be considered include:
- a) The determinants and mechanisms of diarrheal diseases i.e., its pathogenesis--how children are affected.
 - b) The factors that kill the diseased child and how these mechanisms relate to a control program.
 - c) Simple methodologies to identify mothers's behaviors; i.e. what mothers have been traditionally doing, methods to correct them, if needed.
 - d) The role of urban overcrowding in the transmission of diarrheal diseases.
 - e) Health and nutrition education based on social marketing communication methods.
 - f) AIDS, diarrhea and malnutrition.
 - g) Review of DDC programs, both national and local in terms of successes and lack thereof.
 - h) Vitamin A and the reduction of morbidity and mortality due to diarrheal diseases.
 - i) Simple methods for the provision of water supply and systems of solid waste disposal.
 - j) Nutrition in Primary Health Care (PHC) including food supplementation at the health clinic and/or at home.
 - k) Review of persistent diarrhea and its effects on mortality. According to Drs. Tompkins and Candy this condition might be causing as much as 50% of children's deaths.
 - l) Countrywide health programs with or without external assistance where Child Development rather than Child Survival is a priority, i.e. Costa Rica, Chile, Cuba, Barbados, Jamaica, Sri Lanka, China and Taiwan.
- 5) While on overseas assignment, the Scientific Editors and members of the Editorial Advisory Board could assess the effective utilization of the newsletter according to an agreed upon format. The A.I.D. contribution could possibly contribute to part of these efforts, i.e. adding one day to existing schedule for DD specific work.
- 6) The target audiences that the editors aim to reach through Dialogue on Diarrhoea should be reviewed. As stated in Issue Two, the first group that the newsletter intended to reach was Primary Health Care workers - those who are actually caring for children with diarrhea. Health planners and administrators were targeted only secondarily. As the newsletter seems to address health professionals more directly, (borne out by the readers letters and the two readership surveys) the team recommends that the editors continue to concentrate on this audience and revise their statement

to identify clearly the readers they are targeting. Important messages can reach PHC workers and, above all, mothers by reaching trainers participating in training programs in diarrheal disease control and by the translation of DD into local languages.

1. **READERSHIP RESPONSE**

FINDINGS:

Approximately 300 letters a month are received by the DD staff, two-thirds of which are requests by readers to be placed on the mailing list or to express appreciation for the newsletter. The remainder request the reproduction of information contained in previous issues. Some describe their approach to a problem addressed in DD. A few readers ask for advice on very specific issues. The latter are usually answered by the Scientific Editors. Occasionally, there is a need to consult a specialist, in which case information is sought from the appropriate person.

In general, letters are answered in a timely fashion. Those that pertain to the mailing list or requests for materials are answered promptly. Some delay may occur with those that require scientific consultation, either in the United Kingdom or abroad.

The majority of the letters published are written by physicians and health professionals managing field programs. In general, readers express a consistent interest in the publication. This reinforces the team's notion that the major audience of the newsletter is the professional community involved directly in diarrheal disease control programs, or indirectly through Primary Health Care programs. The team notes that three to five letters are published per issue.

Through their letters, the readership expresses interest in learning more about various subjects including: parasites, laboratory diagnosis, the use and non-use of drugs, practical advice on feeding during episodes of diarrhea, water and sanitation, and how to produce soap locally. The Resource Center has been very helpful in meeting the informational needs of the readers.

The readers' response exemplifies an active dialogue between readers and the editorial staff of the newsletter. The team hopes that this dialogue continues and increases in the future, particularly in

response to the newsletter's systematic presentation of the components of diarrheal disease control, the outcomes of research, as well as significant breakthroughs and findings in this field.

RECOMMENDATIONS:

The team recommends that a larger number of letters referring to experiences and significant questions be printed in each issue. To this end, perhaps letters could be summarized to refer to the essence of their content.

2. IMPLICATION AND COMPARISON OF THE TWO READERSHIP SURVEYS

FINDINGS:

Two readership surveys have been conducted by the DD staff. The first survey, in 1983 prior to A.I.D. funding, was sent to 2,236 DD readers who were selected from the mailing list. As an incentive to respond, they were promised slides on diarrhea management. The response, as anticipated, was great; approximately 40 percent of the readers sent the surveys back. 640 questionnaires were analyzed. For the second survey, taken in 1986, no such incentives were offered. The questionnaire was sent to all readers. More than 1000 were returned, approximately a 1 percent return rate. 750 were analyzed by the DD staff. For the purpose of comparison, the 1986 questionnaire, along with a brief analysis of the findings are included in Annex B. The two surveys contained similar questions.

Both surveys are considered to be biased in that they were not based on scientific sampling methods and those readers most interested in the newsletter replied. There is no information about readers that did not have enough knowledge of the English language to respond or the many other readers who receive DD. Nonetheless, the Evaluation Team believes that the surveys have been useful exercises, as they have provided a basis for comparing the profile of readers during the newsletter's expansion. The surveys intended to find out about the readers themselves, their characteristics, their fields of work, their involvement in diarrheal disease control or prevention and to a lesser extent, their use of information in DD.

The surveys provide very useful information on the

readership of the newsletter. In general, even though the readership has broadened, the profile of the readers remains essentially the same, with doctors comprising the majority and the rest being largely health care professionals. There has been a substantial increase in the number of readers who manage cases of diarrhea in the field and work in training schools. Both groups, to a large extent, report that they have changed their concepts, attitudes, and their training methods for treating diarrhea as a result of information presented in DD.

The newsletter has been used in a variety of ways. It has been translated in part or whole into 56 languages. It has also been used as the basis for training materials. Each copy of the newsletter is shared among three to six people.

As in the readers' letters, the reiteration of basic subjects was requested. The topics most frequently requested were:

- o information on managing diarrhea,
- o information on the causes of diarrhea,
- o training and health education,
- o news about research and new scientific developments,
- and,
- o practical advice pages.

In sum then, the team feels that while the surveys were biased, they were illustrative and valuable. The team believes that no new survey based on the same questionnaire needs to be taken during the period of the Cooperative Agreement as it may not provide additional valuable information. Should A.I.D. decide, as the Evaluation Team recommends, to extend the agreement with AHRTAG, surveys may be conducted based on specific objectives with a particular audience. The sample size should be carefully selected based upon quantitative methods to test significance of results.

RECOMMENDATIONS

The Evaluation Team recommends that no new survey following the format of the two previous ones be taken during the period of the present Cooperative Agreement. In the future, new surveys should be based on specific questions dealing primarily with effective use of ORT and the impact of diarrheal disease control on morbidity and mortality rates. Samples should be selected based on quantitative methods to test the

significance of the results and provide a basis for comparison.

C. **EDITORIAL AND PRODUCTION REVIEW**

1. **AUDIENCE AND DISTRIBUTION**

FINDINGS:

The current number of copies distributed through the mail stands at 110,382 issues which go to 17,000 individual and institutional subscribers throughout the world. Approximately 2,000 of these are subscribers in developed countries, who receive over 5,000 copies. Over the past year, the number of subscribers has increased by nearly 10% with only minimal promotional effort, although the past six months show a decrease of one-half to one-third in the rate of new subscription requests. The number of subscribers can be expected to increase by 50 requests each month over the next year, entailing an additional 300 to 400 copies per month. Staff continues to fulfill individual requests for back copies, and send photocopies when one of the 13 out-of-stock issues is requested.

Over the past few years, the mailing list has grown tremendously and a great deal of staff effort has gone into responding to new requests in a timely manner. The staff has worked out an efficient system of ensuring that names are entered on the computerized mailing list, but this has left little time for regular "cleaning" of the list to check for mistaken or duplicate entries and invalid addresses. A brief glance at a print-out of the list revealed a substantial (2% - 10%) number of duplicates, which translates into an even greater number of copies due to the high proportion of subscribers receiving multiple copies. Throughout the past years of growth, there has been no systematic updating of the mailing list. As yet, return addresses have not been added to the mailing envelopes, but the staff plans to print return addresses for issue 29. Also, some thought has gone into including a reply card in future issues asking readers to indicate whether they still want to receive the newsletter in order to begin eliminating the addresses of non-respondents from the list.

Part of the problem of maintaining an up-dated list is simply mechanical. AHRTAG purchased a micro-computer for its mailing list in 1985 that was to have

sufficient power to produce necessary reports on the status of the list and print-out mailing labels for distribution. The system was designed to handle 8,000 subscribers, and the current number (17,000) taxes the system to such an extent that only the simplest manipulations can be performed. The editorial staff has kept redundant files of bulk subscribers in order to keep track of fields of interest -- information that could be much more efficiently processed given an effective computer data base. (see Annex C.)

The staff has researched the possibility of contracting a mailing house to provide the required services, but the cost has proven prohibitive and ease of access to information would be limited. The Project Coordinator has begun to talk with other groups that have similar requirements to explore the possibility of either upgrading or replacing the existing system.

Difficulties with the computerization of the list have also affected the collection of subscription fees from readers in developed countries. For the past two years, DD has attempted to enforce its policy of paid subscriptions from subscribers in developed countries by including a letter requesting payment with initial copies and advertising subscription fees in issues No. 25 (Sept. 86) and No. 27 (Dec. 86). These means have yielded a few dozen subscribers among a potential audience of 1,700. However, due to difficulties with the mailing list, there is no adequate way of tracking subscription payments, expiration dates, or complimentary and exchange copies. (see Annex D) (The Resource Center does keep a separate listing of publications received in exchange for DD.) The staff plans to insert a payment form for all subscribers in developed countries in the December 1987 issue (No. 31).

Aside from individual subscribers, organizations account for close to two-thirds of the copies distributed in developed countries. One organization, GTZ in Germany, has requested 100 copies at the full subscription rate of US\$10 per copy; plans for approaching other organizations already on the mailing list have been discussed. At the present time, both institutions and individuals are requested to pay the same rate, and discounts on bulk orders are negotiable.

Organizations working in developing countries have also helped expand distribution locally. Sixteen thousand copies of DD are distributed in India by the Christian Medical Association of India (CMAI). The staff has

explored the possibility of supplying printing film to the distributors so that printing could be handled in-country as well. In Egypt, DD has coordinated local printing and distribution through the National Control of Diarrheal Diseases Program (NCDDP).

RECOMMENDATIONS:

- 1) As found in the previous evaluation, the majority of the expansion in subscribers continues to come from bulk mailings to institutions involved in Primary Health Care. While we are not certain if the specific target audience has been definitely reached, the readership survey and an informal look at the mailing list attest to the high numbers of health professionals. For the time being, DD should consolidate its existing readership rather than attempt to promote the distribution of additional copies from the London office. However, in the future, the team recommends that the staff develop a plan of action for expanding the mailing list based on specific audiences.
- 2) In order to remedy problems with the mailing list, the Project Coordinator should detail all of the information required from the mailing list, taking into account projections for future growth and special requirements, such as fundraising and subscription fees. A computer consultant identified by AHRTAG should then examine the existing system to determine what steps to take to speed up processing of the list.
- 3) Until the mailing list is functioning effectively, the current approach to individual subscribers should be kept as planned. Once a system is in place that will allow staff to track expiration dates and payments, two or more subscription cycles can be maintained that would allow billing more frequently than once a year. Certain organizations now on the mailing list could be approached for subscription fees with letters from the Scientific Editors, while others might only require an invoice from AHRTAG for payment.
- 4) The team suggests that a summary of the subscription policy appear in a regular place in each issue and in any promotional material (flyers, notices in other publication, etc.). Prior to this, the editors could outline a standard policy for discounts on bulk

subscriptions to institutions in conjunction with the Project Coordinator.

- 5) Future mailings of DD should include return addresses. The Project Coordinator should check with Pharos, the DD mailing house, about coordinating the return of undeliverable copies through local distribution centers, which could entail tailoring return addresses by country or region.
- 6) Reply cards should be inserted with mailing once a year which would indicate whether subscribers wish to continue to receive DD, and if so, whether the mailing address and the number of copies included are correct. Over a defined period of time, these reply cards should continue to be included for those not responding, but afterwards non-respondents should be deleted from the list. In following years, reply cards should be used to update the mailing list annually.
- 7) The team reinforces the conclusion of the previous evaluation, recommending that no copies be reprinted, and furthermore, photocopies of issues out-of-stock should only be done occasionally. The development of a composite edition and resource lists as planned in the Project Report should obviate the need for back copies and should be considered.
- 8) Supply of film and local printing of DD appear to be viable alternatives to printing in and distribution from Britain, considering the relationship already established with CMAI and NCDDP, provided other appropriate collaborating institutions can be found. The team recommends that DD staff continue to pursue the possibility of local printing in collaboration with organizations that have adequate logistical and technical capacity.

2. EDITORIAL AND GRAPHIC CONTENT

FINDINGS:

DD continues to maintain a careful balance between science and common sense, providing its audience with articles that appeal to varied interests at different

levels. The readership survey indicates that the editorial style is accurately focussed on what one Scientific Editor termed, "a Senior Nurse at the district level." Reflecting the technical content, the style varies from complex to practical throughout and between the articles in each issue and between different issues.

In general, the graphic content reflects this variety less than the copy itself. The visual appeal of the newsletter derives primarily from photographs and, occasionally, from line drawings, graphs, tables, and reproductions of training materials. The staff has made attempts to acquire more diverse materials through a photographic contest, which provided 142 photographs from 18 countries, and an upcoming poster competition. Also, the staff solicits photographs from authors, as well as relying on the resources of other organizations (WHO, UNICEF) and sometimes a photo library.

Although editorial duties are shared among the Executive Editor and two assistants, the Editor has not had the time to train an assistant adequately to take on the more demanding and time consuming task of editing for style and content. At present, all members of the core editorial team, including the production assistant, have some part in the process of identifying material for both future issues and inserts along with assisting to some degree with the writing and preparation of copy; however, most of these tasks are taken on by the Executive Editor herself.

RECOMMENDATIONS:

- 1) As recommended in the technical review, a detailed editorial plan should be developed that will allow the editorial staff more advance notice for developing the contents of future issues and planning the other editorial activities proposed in the Implementation Plan 1986-87 to A.I.D.
- 2) The team recommends that the balance of content and style be maintained as the focus shifts to a more deliberate elaboration of the aspects governing the control of diarrheal diseases.
- 3) The visual content of the newsletter should be addressed as thoughtfully as the editorial content. Graphic elements such as simplified charts and tables as well as line drawings should be used more frequently, not only as supplemental

to the narrative, but as instrumental, educative elements in and of themselves.

A.I.D. should identify contacts in the public relations office or in projects related to child health that would be able to provide the editors with graphic material. The editors should also try contacting UNICEF's photo library in New York. The planning of issues well in advance will allow the editorial and resource center staff adequate time to collect and prepare graphic materials.

- 4) The demands on the Executive Editor are excessive. A capable editorial assistant should be recruited and trained as soon as possible. The team recommends that the person selected have experience in the production management of publications, as well as editorial skills. Previous work in non-profits would be beneficial, as would some knowledge of public health issues in developing countries. The team suggests that the Executive Editor and the scientific editors be closely involved with the selection process.

The team recommends that all staff members continue to be involved in the scanning process according to their level and area of expertise, as this keeps everyone aware of current developments. However, the Resource Center should take a more active role in facilitating the search for information to enable the editorial staff to develop the supplemental materials suggested in the Implementation Plan. In addition to the editors and their assistants, the staff member assigned to DD from the Resource Center should take an increasingly active role in identifying a wider base of information for the editorial staff. (See Resource Center recommendations.)

3. PRODUCTION MANAGEMENT FINDINGS:

The production cycle for each issue begins approximately two months prior to the time copies are available from the printer (the third week of each third month). To date, the Executive Editor reports that there have been no significant difficulties with this schedule, except for an occasional delay caused by the approval process. As discussed in the previous section, the Editor assumes most of the editorial and production responsibilities for each issue, with her

assistants providing occasional support for proofreading, mark-up, and paste-up.

In general, the assistants are much more involved in the production of inserts and supplemental material and with the processing of letters and requests for back copies. The Production Assistant has expressed an interest in taking on more responsibility for design and lay-out, skills for which she has some training.

RECOMMENDATIONS:

- 1) The team recommends that the production cycle for each issue be extended by two weeks in order to more nearly match the amount of time designated in the workplan for DD. To push back the copy deadline would allow the Executive Editor more time to involve her assistants in different aspects of the production of each issue and would provide for a safer "buffer" between the time the final typescript is prepared and is finally approved. The editorial team should elaborate a more detailed workplan to ensure that the additional workload from supplemental materials and other publications does not interfere with the production of DD.
- 2) The Production Assistant should be encouraged to take more responsibility for the lay-out and paste-up of DD, as she has done for other material. The DD Editor, Project Coordinator, and Director of the Resource Center should continue to investigate the possibility of using computer-assisted publishing programs. Many non-profit groups in the United States are successfully using desk-top publishing equipment for newsletters and materials similar to those produced by AHRTAG.

D. **FUNDRAISING STRATEGY**

FINDINGS:

Since Dialogue on Diarrhoea currently represents approximately two-thirds of AHRTAG's revenues and expenses, we have considered the whole organization in the discussions of fundraising, financial management and organizational structure. For these topic areas, a tendency to think of the DD unit as an autonomous entity is apt to be both misleading and a potential disservice to AHRTAG.

The Cooperative Agreement required that "major emphasis (should) be given to increasing the level of support from other funders." During the past 12 months AHRTAG has attracted additional donor support of approximately \$160,000 towards the publication of DD in English and in translation. This falls short of the \$240,000 expectation in the Cooperative Agreement for 86/87 which was based on the original AHRTAG proposal; however, the trend has been positive:

Table 2:

Funding for DD from sources other than A.I.D.
1984 - 1987

	YR <u>84/85</u>	YR <u>85/86</u>	YR <u>86/87</u>
Non-A.I.D. Support	\$73,400	\$52,000	\$160,000

These figures are exclusive of subscription charges (covered in section on Audience and Distribution). Annex E attached to this report lists organizations contacted and briefly describes the piece of work funded when such a description is relevant. Since non-A.I.D. funding for DD has more than doubled during a two year period, the team feels this to be a significant accomplishment, despite the \$240,000 target. Potential barriers include:

- o The size of the A.I.D. grant might indicate to other donors that this is not a program area where AHRTAG needs their support.
- o The visibility of A.I.D. might cause other donors

to prefer another program area. Donors sometimes prefer to have more significant control over a program they fund.

- o The publication and distribution of DD represents recurrent costs that are unlikely to ever be covered from a source other than donor grants. Most donors try to avoid funding recurrent costs; there is only a very small market of donors willing to support an activity such as DD.
- o Beyond what has already been done (i.e. other language versions, or funding for special issues and inserts) it is difficult to find new ways to break off discrete pieces of the DD program to provide a "package" for another donor. (It should be noted that the Spanish "package" still lacks sufficient financial support.)

For these reasons, the dollar expectation for other funding established in the Cooperative Agreement and based on the original AHRTAG proposal is probably not realistic. More importantly, it is possibly not in the best interests of either A.I.D. or AHRTAG to have such a high percentage as a requirement of the grant: the valid concerns that normally underlie a requirement that an organization seek other financial support for a program may not pertain in the case of DD and AHRTAG.

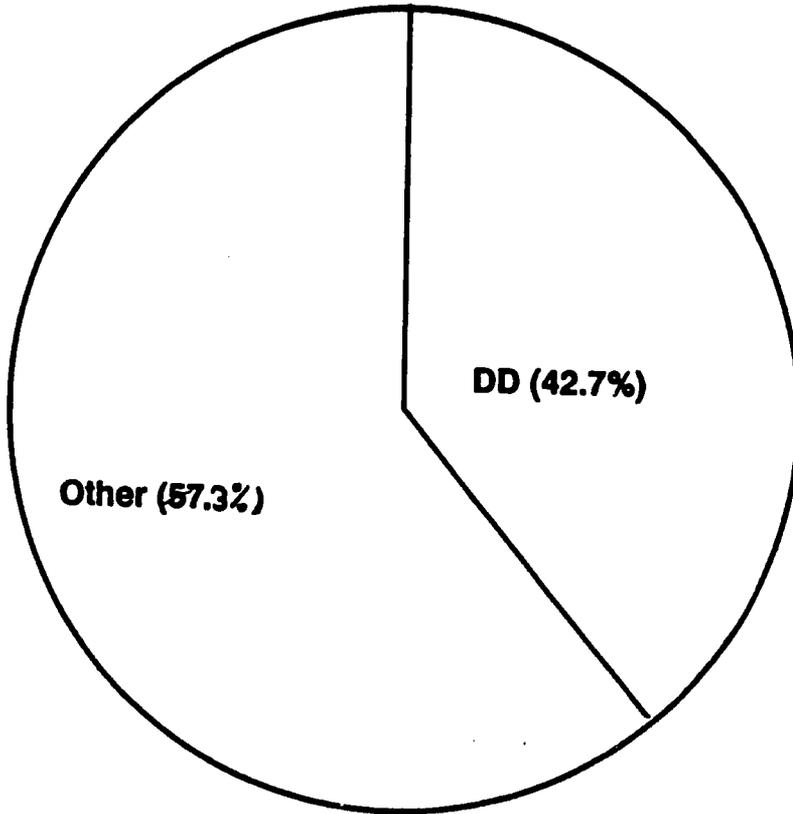
First, A.I.D., like most other donors, is normally concerned with the financial stability of an organization that is receiving a major portion of its support from one donor, i.e. A.I.D. This is a valid concern in AHRTAG's case. However, it would probably be more realistic and constructive to encourage AHRTAG to solicit further support from other donors for other programs (including related programs). In this case, the existence of DD as a high profile newsletter probably encourages donors to support new AHRTAG programs. This would both reduce AHRTAG's financial dependency on A.I.D. and reduce the imbalance that has developed in its project portfolio. (See pie charts on next page.) AHRTAG's institutional stability will contribute to the success of DD as one of its program areas. Therefore, encouraging more fundraising in the other program areas should be in A.I.D.'s interest, as long as sufficient staff is available to manage and implement these funds.

Second, A.I.D. and other donors are also concerned with the sustainability of any program activity and normally prefer not to fund recurrent costs. A.I.D. originally

EXHIBIT A

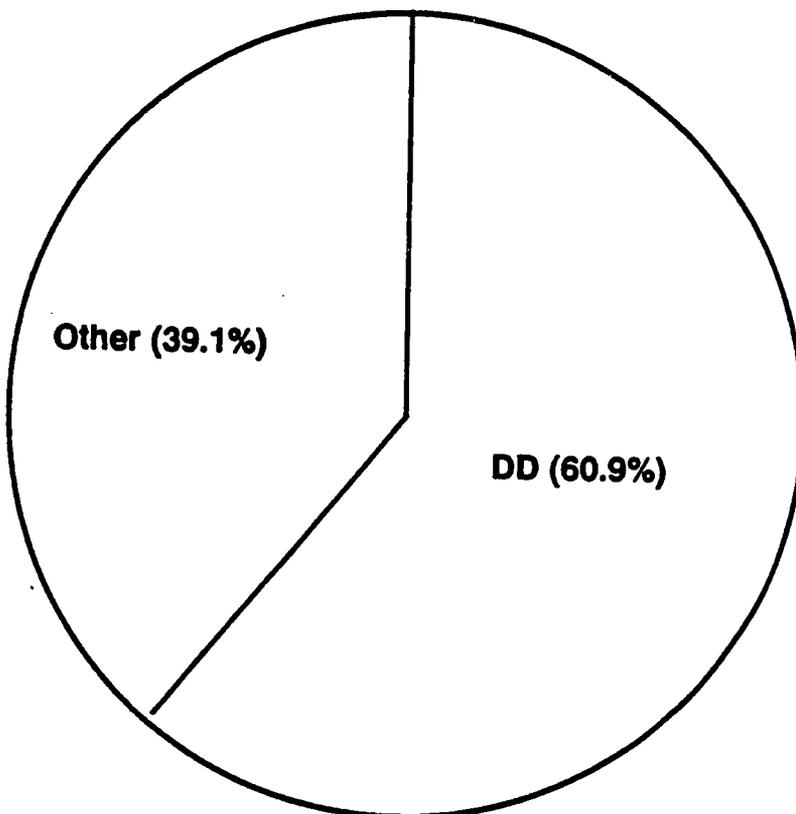
AHRTAG 1984

BALANCE OF PROJECT PORTFOLIO



AHRTAG 1986

BALANCE OF PROJECT PORTFOLIO



entered into a Cooperative Agreement that funds the recurrent costs of DD because:

- o AHRTAG was providing a service that fit with established A.I.D. policy directives.
- o DD had an established distribution network.
- o DD had a committed staff and reputable advisors.
- o Directing support to an existing program promised to be more effective than establishing a similar (presumably redundant) program in an American organization.

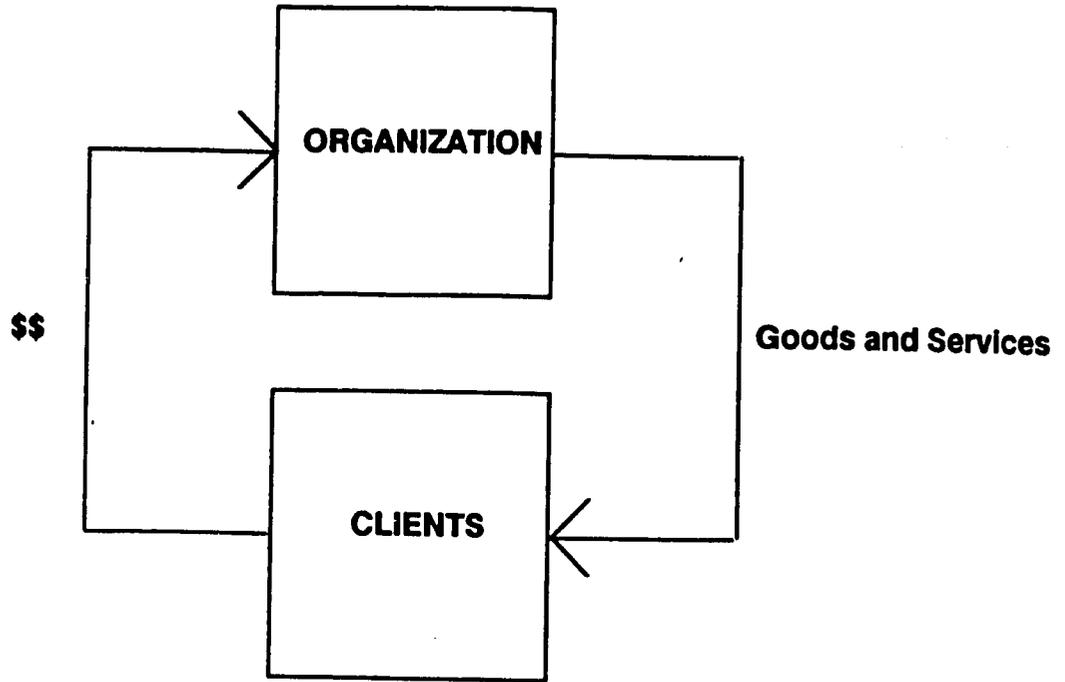
These assumptions still hold. In fact, our analysis of AHRTAG's cost structure compared to that of similar American private voluntary organizations (PVOs) indicates that salaries, fringe benefits and indirect costs collectively might be double in a U.S. organization. While a concern about DD's recurrent costs is valid, a planned withdrawal of funding by A.I.D. (the main donor) will mean that AHRTAG will attempt to cover the DD recurrent costs by soliciting grants from a collection of other donors. With the minor exception of subscriptions and public contributions, there is no other source of funding for an activity like DD except the small market of donors who are able and willing to fund it. As long as DD continues to fit with A.I.D.'s strategic priorities, funding should be continued at current levels.

Nevertheless, AHRTAG should be prepared for the withdrawal of A.I.D. funding and other future financial needs by formulating more focused and donor-oriented fundraising strategy. This should be an organizational strategy, including DD. (The very size of the DD program within AHRTAG will create a natural bias toward attracting funds for DD or complementary activities.)

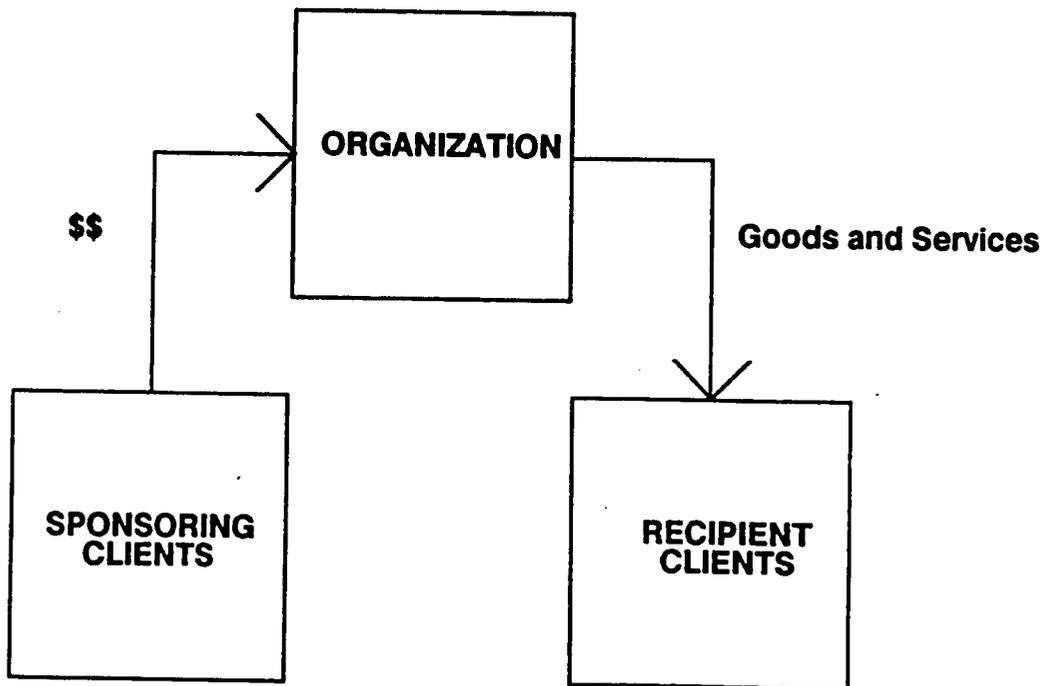
Fundraising is marketing, and the most basic element of marketing is knowing the market. Creating a private sector market exchange can be simpler than it is in the non-profit sector. The clients who are receiving the goods or services are also providing the revenues. In the case of a non-profit, the recipient clients are often not paying or paying very little. The non-profit has two (usually very different) types of markets: the recipients and the sponsors. (See Exhibit B).

EXHIBIT B

PRIVATE SECTOR MARKET EXCHANGE



NON-PROFIT MARKET EXCHANGE



AHRTAG has a strong commitment to its social goals. This has resulted in a focus on the recipient group. For example, projects are usually designed by the AHRTAG Staff or Council based on their knowledge of public health in the developing world and what they believe to be the next useful steps to take; then, a proposal is written and presented to a donor, or donors. While, this is clearly both a reasonable and professional course of action, it is also possible to study the donor market to determine what they are interested in funding, and develop a proposal that fits both with donor funding "trends" and perceived need in the developing world. In many cases, this is merely a matter of appropriate "packaging".

AHRTAG needs to develop its understanding of the donor market. During the past year a more significant effort has been invested in fundraising, and the results have been beneficial for DD. However, much of the effort seems rather circuitous given the network of organizational connections that AHRTAG should be able to make through members of the council, the Scientific Editors, the Editorial Advisors and the general membership. AHRTAG should be working closely with these professionals to develop its own institutional contacts with donors. Most of the successful fundraising for DD has depended to some extent on the professional contacts or reputations of the Scientific Editors. A strategy of pursuing the editors' contacts -- including sending fundraising appeals (letters and proposals) out under their names -- should be reinforced and imitated with AHRTAG's other professional contacts in other program areas. These professionals -- many of whom have international reputations -- should, in fact, be AHRTAG's "distribution network" to the donor market.

This suggestion is not intended to diminish the role of the Project Coordinator, who is currently responsible for fundraising both for DD and the rest of AHRTAG; fundraising efforts should be coordinated through him. However, most of his work should be the writing of proposals, drafting of letters, and design of inserts to newsletters. He needs the support and guidance of the Executive Director, and through him other professionals attached to AHRTAG in order to develop successful contacts and a knowledge of the donor market.

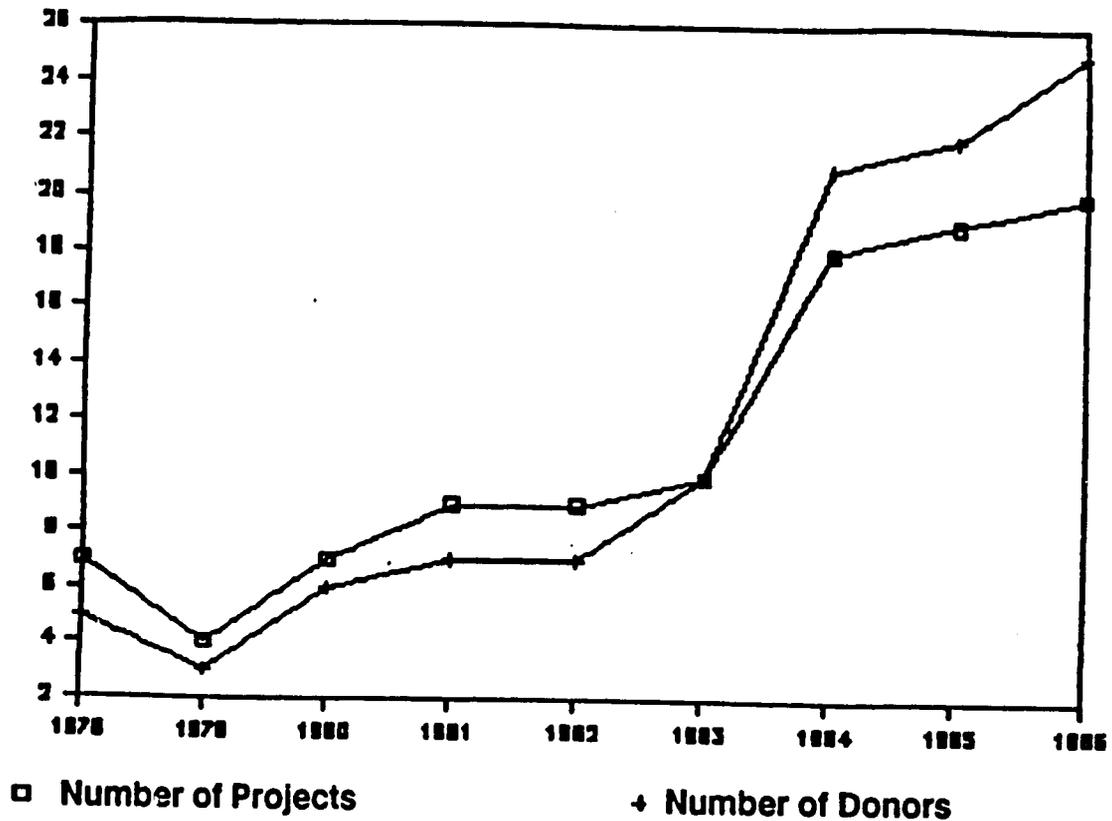
Also, these suggestions do not imply that AHRTAG has a poor track record in raising funds and expanding its donor base for DD and other program areas. AHRTAG's

record in this area is solid, particularly during the past several years. The graph below illustrates a steady trend toward increased organizational stability through an expansion of the donor and the project portfolio.

EXHIBIT C

AHRTAG

TRENDS IN PROJECTS AND DONORS



RECOMMENDATIONS:

- 1) The dollar expectation in the Cooperative Agreement for outside funding support of DD should be reduced to be maintained at approximately the current level (\$160,000 U.S.) until such time as further expansion of the program is considered appropriate.
- 2) Rather than encouraging further outside funding of DD (in excess of \$160,000 annually) A.I.D. should encourage AHRTAG to seek outside funding to support other current and planned program areas both to reduce the organization's dependency on one large donor (i.e. A.I.D) and to better balance its current project portfolio. This should be undertaken only if sufficient project staff are available to adequately manage and implement the new activities.
- 3) AHRTAG should develop a more aggressive and donor-oriented fundraising strategy with particular emphasis on developing contacts with and knowledge of donors through the network of prestigious professionals attached to the organization (i.e. Scientific Editors, Council Members, Editorial Advisors, Membership). The Executive Director needs to take a leadership role in this effort by working more with both the formal and informal sub-committee and staff members responsible for fundraising. Although the AHRTAG staff member responsible for coordinating fundraising should be informed of all planned efforts, leadership for such efforts should be assumed by those professionals who have expertise in the program area: in the case of DD this would mean the Scientific Editors, and as appropriate, the Editor.
- 4) In addition to this strategic thrust for AHRTAG's fundraising, we suggest specific changes that might enhance current efforts: bulk subscription rates for institutions; an AHRTAG membership charge that includes a free subscription for more affluent professionals in both developed and less developed countries, and less subtle requests for subscription fees and donations to be included both in newsletters and in personal letters.

E. LANGUAGE EDITIONS

In the short period of seven years, Dialogue on Diarrhoea has been published in English, French, Spanish, Portuguese, Arabic, and Tamil. Selected articles have been reproduced into 56 different local languages. The team considers this to be a remarkable achievement. In the following section we will examine the various language editions of DD.

1) FRENCH

FINDINGS:

Although a formal evaluation of the French edition of DD has not taken place, the team does have detailed information on administrative and production processes including printing and distribution.

The Overseas Development Agency (ODA) of the British Government is matching A.I.D.'s contribution for the French edition. There appears to be a sufficient amount of funding for the production of this language edition.

At present, the distribution of the French edition is 12,000 copies. The increase in circulation can be attributed to the commendable efforts of Dr. Suzanne Prysor-Jones, the resident Pritech representative in Dakar, and the ORANA staff working on the newsletter. While the distribution has doubled in two years, there are many more potential readers to be reached. There seems to be a lack of a systematic promotional effort to increase Francophone readership. We feel there is a great need for a French edition of DD and encourage increasing the outreach.

The team feels that the translations are of good quality. Each issue, along with inserts developed especially for the French edition, are reviewed by Dr. Prysor-Jones and DD editorial staff.

The French language edition seems to be published in a timely fashion. The French edition is currently five issues behind the English DD. A composite edition has been produced.

RECOMMENDATIONS:

An evaluation of the French edition should take place as soon as feasible. The team felt this should be conducted by Dr. Elliott and Ms. Attawell. Special attention should be placed on the review of ORANA's effectiveness in producing the newsletter, the quality of inserts, and prospects for increased distribution. Further, the team recommends that DD staff examine the possibility of sending the newsletter to Haiti, a Francophone country with a high incidence of diarrheal disease.

2) TAMIL

An edition in Tamil was translated and distributed by RUHSA. 10,000 copies were produced and most were distributed.

The team perceives the need for a publication such as DD to disseminate information on diarrheal dehydration and its control to the approximately 70 million Tamil speaking people in Tamil Nadu Province. The 16,000 copies in English are already being sent to India. There is a need to ascertain the proportion of English speaking health professionals in the Tamil Nadu area. Moreover, before proceeding with the Tamil edition, DD staff need to be certain RUHSA is the most effective organization to be charged with translating and distributing the newsletter. We note that RUHSA took 18 months to produce the first issue.

Therefore, before initiating another Tamil edition, the team recommends that an evaluation of this edition be conducted to review RUHSA's effectiveness in translating and distributing DD.

Based on the results of this review, DD staff and A.I.D. should decide whether it is more appropriate for the Tamil population to receive the English version of DD or a special one in Tamil. In any event, the Tamil speaking area is in need of regular distribution of the newsletter.

3) BENGALI

BRAC, a well respected Bangladeshi PVO, has expressed interest in and taken steps towards the production of a Bengali edition. Funds in support of this edition have been received from the Swiss Development Corporation, Swedish SIDA Foundation and UNICEF. Seventy thousand copies will be produced. Sixty thousand of which will

be distributed within Bangladesh, and the remaining 10,000 will be sent to West Bengal in India. The first Bengali issue will begin with No. 29 of the English edition, which examines medical curricula and the training of doctors in DDC. This issue will also contain selected articles from previous issues. The International Center for Diarrheal Disease Research (ICDDR/B) has agreed to provide technical assistance to BRAC to ensure accurate translation. The Evaluation Team applauds these efforts and encourages DD staff to keep the Government of Bangladesh informed of their activities so as to ensure their support.

As with all non-English versions of DD, the inclusion of any additional inserts or articles should have the prior consent of DD editorial staff. This process should be agreed upon and established before the publication of a language edition.

4) URDU

In Pakistan, a commercial agency named IMAJICS, publishers of a national health magazine, have been selected to undertake the translation of DD into Urdu. The leading professor of pediatrics of Sindh University will be responsible for the technical review of each issue. The Aga Khan Foundation and UNICEF has been approached for funding. As the production of the Urdu version is in its preliminary stages, more information is not available at the present time. The team encourages DD editors to pursue the production of this language edition and to secure local sources of funding.

5) SPANISH

PAHO originally produced and distributed 6,000 copies each of issues one to six of Dialogo Sobre la Diarrea, the Spanish edition. PAHO, however, was unable to continue support, so in December 1985 a Spanish composite edition, based on material from issues seven through twelve of the English edition, was produced privately in Washington, D.C. Nine thousand copies were printed and distributed to those on the original PAHO mailing list and to readers who had requested copies in the interim. The Spanish mailing list has been updated and a mailing form was enclosed with the composite edition to analyze potential demand for the Spanish edition. The mailing list has increased to 13,000 readers. A second composite edition, covering issues 13 to 18 of the English edition, was produced and distributed in 1986.

A third composite edition has recently been produced with funds from the Canadian Public Health Association (\$10,000) and UNICEF/Colombia (\$5,000). This money enabled production of the third composite edition covering issues 18-24 of the English edition. Thirteen thousand copies of the newsletter were printed and distributed. Five thousand were sent to INCAP in Guatemala for distribution. The remaining 8,000 were sent directly from Washington to Latin America. A fourth composite covering issues 25 to 30 of the English edition is being planned in order to bring Spanish readers up-to-date.

Though it costs \$15,000 to produce a 24-page composite edition, it would only cost approximately \$10,000 to produce a regular 8-page issue. To produce four issues on a regular basis would cost approximately \$40,000 annually. It is hoped that a stable source of funding can be found by 1988 for the regular printing and distribution of the newsletter.

6) PORTUGUESE EDITION

TAPS, the Portuguese organization that undertook the translation and distribution of DD, produced two composite editions based on material from issues 1 - 22 of the English edition.

The editors of DD provided a listing of several potential sources of funds for the Portuguese edition. The Evaluation Team strongly recommends that these sources be pursued. Perhaps the UNICEF representative in Brazil could be asked to identify a new agency to be responsible for the translation, printing and distribution of DD. Technical assistance, if necessary, could be provided by PAHO. As diarrheal diseases have high prevalence in Portuguese-speaking countries, we feel there is a great need to reach these people through DD.

7) BAHASA-INDONESIAN

Issue 19 of DD has been translated into Bahasa by an unknown source and presumably distributed within Indonesia. This issue contained advertising from local pharmaceutical companies, which is contrary to DD's policy. As the team could not obtain further information on this matter, we strongly recommend that the source of this edition be identified and no further translations be pursued without the prior knowledge and consent of DD staff.

8) ARABIC EDITION

Two composite editions in Arabic based on material from issues 1 - 18 of the English edition were produced. A third composite is in the process of being translated. Through conversations with Dr. Salman Rawaf, the team learned that there is a great need for an Arabic version of DD. A special Arabic thesaurus has been developed to facilitate translation. DD provided the NCDDP in Egypt with the film of this edition, and 10,000 copies were produced and distributed in-country. At present, UNICEF has provided \$15,000 for the next two years. As there is a great need to provide regular distribution to the Arabic-speaking countries, the question of future financing is paramount. The logical source should be the Arab governments and Arab foundations themselves. The Evaluation Team recommends that the Arab Embassies in London be approached for funds. If necessary, an Arabic-speaking consultant may be identified to discuss the Arabic edition with national authorities.

9) CHINESE EDITION

Dr. Cutting informed the team that he was contacted by a group of Chinese physicians regarding the publication of DD in Chinese. They indicated that 500,000 copies were needed. The team recommends that the views of the Chinese government be solicited before pursuing the publication of this edition. Moreover, information on the nature of diarrheal diseases, which are both acute and persistent in China, need to be researched in order to ascertain whether DD contains the most useful information for health professionals in the Peoples Republic of China. In short, the health situation in China should be carefully examined before producing this language edition.

10) HINDI EDITION

As there appears to be a great potential for increasing the distribution of the English version of DD in India, particularly amongst the Hindi-speaking states where most health professionals speak English, the team concurs with 1985 Evaluation recommendation that no Hindi edition be produced at this time.

Sixteen thousand copies of the English edition are currently sent in bulk to India. Dr. Mukaji has coordinated the distribution of these copies through the Christian Medical Association very effectively. He would be the most likely person to undertake the publishing and distribution of DD in English in India. The team recommends that this be pursued in the near future, as in-country printing would greatly reduce the administrative burden on the London staff.

11) TAGALOG-PHILIPPINES

The team perceives a need for a Tagalog edition of DD. However, before actively pursuing the production of such an edition, the team recommends that the present efforts in other languages be consolidated. Once these other editions are underway, the team recommends that the Tagalog edition be pursued in the same manner as the Bengali and Urdu versions.

RECOMMENDATIONS:

- 1) Due to the managerial burden that can be created for the DD staff as a result of a large number of language editions, the team recommends that DD staff carefully identify organizations that will be responsible for the translation, printing and distribution of DD locally. Also, local sources of funding to support these editions should continue to be pursued.
- 2) The team recommends that a policy statement relating to the development of inserts or articles for language editions be agreed upon and established from the outset to avoid the publication of articles that might be contrary to DD's policy.
- 3) It is also advisable that an in-country representative be identified to supervise and provide technical assistance, if necessary, to these editions.
- 4) Finally, it is recommended that any problems or issues relating to local language editions be examined in the suggested formal meetings among Scientific Editors, Executive Editor, Project Coordinator, and the DD Editorial Advisory Board members.

F. RESOURCE CENTER

FINDINGS:

The Resource Center provides a number of essential activities that support the preparation and dissemination of DD and other materials related to diarrheal disease. Resource materials enable the editorial staff to keep abreast of recent developments both in the field and in the laboratory. As mentioned earlier, the Center provides DD with information specifically related to upcoming editorial content. The relationship between DD and the Resource Center has been formalized recently with the assignment of one of the Center staff to serve as liaison to the DD project.

All materials purchased with A.I.D. funds in the Resource Center have been coded with a special number to signify the DD account, including, most recently, the purchase of a VCR and videotapes. Nine of the 13 videos owned by the Center relate to diarrheal disease, as well as all of those currently on order. The Resource Center has successfully solicited periodicals in exchange for DD, and at the present time, close to half (111 of 262) are received under such an arrangement.

The Resource Center also helps DD staff respond to inquiries from readers, the number of which has nearly tripled over the past year, from 76 in 1986 to 213 in 1987. When inquiries come in, they are tallied as to source and type of information requested. To handle the increasing number of inquiries, the Resource Center staff has used the above information to prepare a number of publications and resource lists, including:

Material

Status

Health education materials...

in French	Being updated
in Spanish	Being updated
in Arabic	Not yet begun
in Portuguese	In progress
for prevention & control of DD	In final draft

Free international newsletters	Now available
Community health education	In final draft

Over the next year, the editorial staff and the staff of the Resource Center plan to work on a number of additional publications including:

- o information sheets responding to frequently asked questions;
- o resource lists on topics covered in issues of DD;
- o guidelines for starting a newsletter;
- o Health Basics inserts;
- o resource lists based on country profiles for local language editions.

In addition to responding to written inquiries, the Resource Center received 293 visitors over the past 11 months, of which three-quarters used materials related to diarrheal diseases or indicated an interest in knowing more about DD. "User Records" now track the number of visitors to the Resource Center and their interests. The records are easy to fill out and appear to request all essential information. (See Annex F, "Report from AHRTAG Resource Center".)

Plans have been made to expand the capacity and network of the Resource Center, particularly through access to existing computerized data bases related to health. Dr. Richard Feachem, a member of the DD Editorial Advisory Board has developed a data base on environmental and epidemiological aspects of diarrheal disease, which the Resource Center is considering acquiring and managing under the guidance of Dr. Feachem. While the team was visiting AHRTAG, the Director of the Resource Center learned that a recent proposal had been approved for the strengthening of resource centers in India, Kenya, Tanzania, and the West Bank which promises to greatly expand the operation of the Center.

RECOMMENDATIONS:

- 1) The Resource Center should continue to be involved in all the editorial meetings, as planned. Also, implementation plans developed for DD should include an elaboration of the activities of the Resource Center, both to outline editorial support needed for upcoming issues and to describe the development of additional materials related to diarrheal diseases.
- 2) The newly-funded AHRTAG project to support the development of resource centers overseas promises to benefit DD, both in terms of the publication's dissemination and by providing greater opportunity for local input. However, care should be taken during the initial start-up of the project to

ensure that DD receive necessary and continuing support from Resource Center staff.

- 3) The team encourages the Resource Center to take advantage of existing computerized data bases, such as those available from the National Library of Medicine (Medline and Medlars). The take-over of Dr. Feachem's data-base could prove a valuable asset to both the Resource Center and DD; however, the team suggests that the Resource Center consider the effort involved in managing a data base carefully as the Center plans for the future. A.I.D. should facilitate the exchange of information between the Resource Center and related projects under A.I.D.'s aegis (PRICOR, PRITECH, HEALTHCOM, REACH, WASH, etc.) that maintain similar information centers.
- 4) The Resource Center should develop some means of evaluating the effectiveness of the supplemental material developed for DD readers. This might be included with the targeted readership surveys suggested among the recommendations under "Readership Response".

G. FINANCIAL MATTERS

FINDINGS:

Although most of the focus in this section is on financial matters related to DD, we have considered AHRTAG as a whole where it seemed relevant or useful.

For a small non-profit organization, AHRTAG has had an unusually good accounting system throughout its ten-year history. (See graph below of major financial trends.) Financial statements have been produced and audited by the same firm of chartered accountants during this time period. This lends both credibility to the financial statements and provides continuity through institutional memory for AHRTAG's financial operations. The statements themselves have become slightly more sophisticated, and, therefore, informative over time. During recent years expenditure analysis has shifted from funding sources to program activities. This means that, rather than reporting on WHO expenditures compared to A.I.D. expenditures, costs have been collected for 20 different program activities (e.g., DD English edition, French, Arabic, Spanish and Others).

Naturally, AHRTAG has needed to continue collecting costs by donor to fulfill reporting requirements. This type of "matrix" accounting -- by donor and by programmatic activity -- is very useful for planning and analysis, but also an administrative burden that most non-profits are unable or unwilling to tackle.

Although we did not attempt to audit AHRTAG's books, we did examine the kind of financial and managerial information provided by the system. The AHRTAG accounting system was able to provide much useful data for analysis during the course of this evaluation. Most of the collection and analysis of data that we requested was completed by the Project Coordinator, who has been keeping the accounts for DD and the Resource Center. The easy availability of the data alone was a good indicator of the quality of the design and operation of the accounting system. The kinds of information provided by the Project Coordinator included:

- 1) Unit costs of DD (\$0.65)
- 2) Marginal costs of DD (\$0.30) -- distribution & printing.
- 3) Unit costs of "Aids for Living" (\$1.62)
- 4) Unit costs of "Acute Respiratory Infections" (\$1.00)

- 5) Breakdown of Costs of Production for DD (See Annex H). This allowed us to compare AHRTAG's cost structure to that of a typical American PVO.
- 6) The timing and amounts of payments through the grant.
- 7) A draft budget 87/88 for DD.
- 8) Effect of currency fluctuations on the A.I.D. grant.

The accounting system has also been computerized. (See "Notes on AHRTAG Accounting System" and "Analysis of DD Costs" attached to this report as Annexes G and H respectively.) In addition to regular reports to A.I.D., the Project Coordinator also maintains an internal reporting system to ensure that allocated charges are appropriate and the costs of DD are within the grant's budget limitations. He is currently soliciting quotes from various printers in an attempt to reduce printing and distribution costs. (Both a "Summary of Record-keeping and Allocation Systems for the A.I.D. Financial Status Reports" and the most recent "Summary of the AHRTAG Internal Report on the Financial Status of DD" are attached here as Annexes I and J respectively.)

Since the last evaluation of DD, AHRTAG has introduced staff timesheets. (These are not currently signed by all staff members and should be.) The Project Coordinator allocates all staff salaries to projects on the basis of total hours charged directly to individual projects, including DD. We discussed the utility of including leave time in the allocation base, both to provide information on leave time costs and to avoid computational problems when an individual staff member has a high proportion of leave time during a month. This change is only a suggestion, and not considered essential.

The computer is being used to allocate both the salaries and core costs. Core costs (e.g. telephone, photocopies, heat, light, rent) are allocated to projects on the same basis as staff hours. This is an acceptable and standard method of allocating what would be considered "indirect costs". During the previous evaluation, the Financial Advisor recommended that these be accepted by A.I.D. A.I.D. management services has approved recovery of all overhead charges pertaining to DD through direct charges to individual line items.

There was some concern about the adequacy of the Resource Center budget. During the week of this evaluation, ODA awarded a grant to the Center of \$144,000 over the next three years. This will provide adequate funding over that period.

The disbursement system from A.I.D. has occasionally created cashflow problems for AHRTAG, requiring the use of reserves to pay project expenses. There have also been problems related to the timing of disbursements to ORANA. First, there were delayed payments from the U.S. when AHRTAG was short on reserve funds; this delay was prolonged by staff turnover at AHRTAG. More recently, ORANA has not provided AHRTAG with financial reports. This last problem still exists.

In summary, the AHRTAG accounting systems seem to provide both basic control and good financial management information. Costs are collected in categories that provide relevant information, allow simple and equitable allocations, and comparative analysis. For a small non-profit organization, the systems are unusually well designed and maintained.

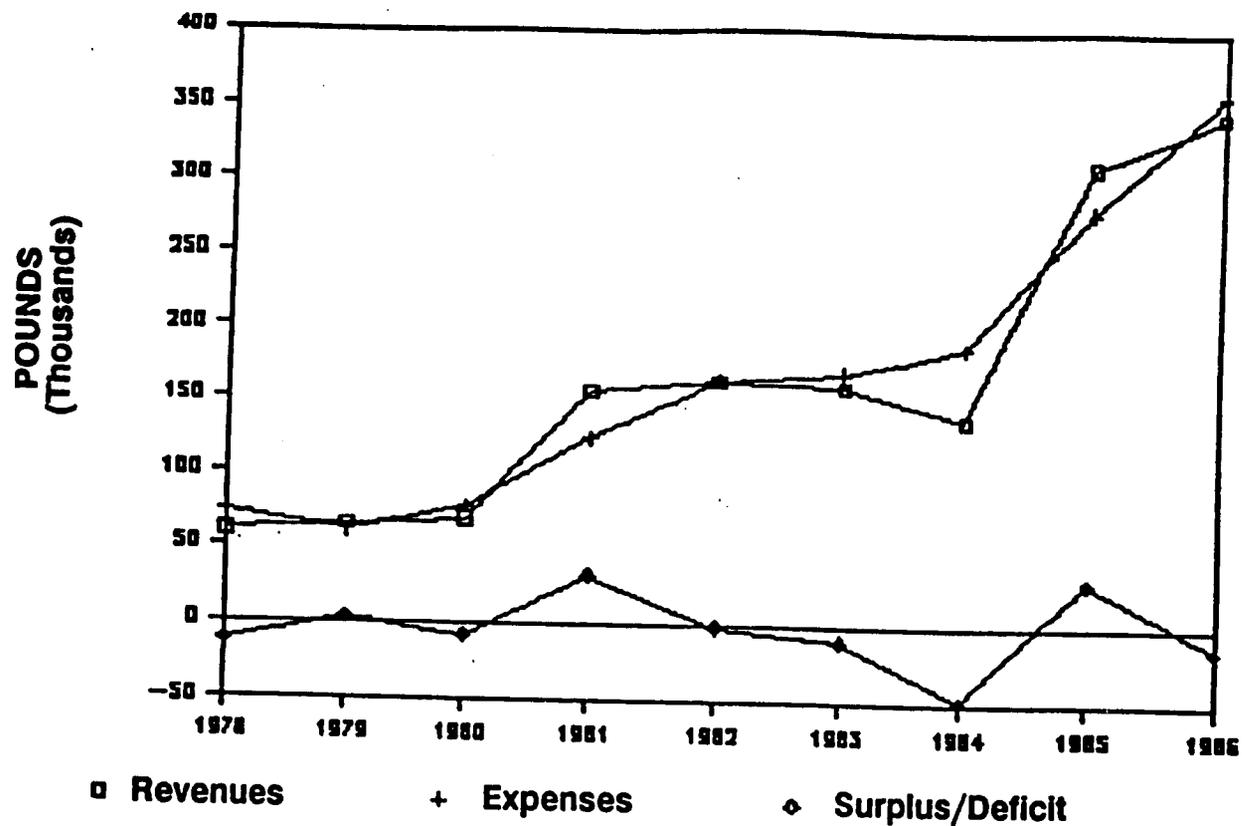
RECOMMENDATIONS:

- 1) Costs that would normally be considered "indirect" are being allocated to the DD grant; these should be accepted by A.I.D. in accordance with the normal restrictions under OMB Circular 121.
- 2) Consideration should be given to adjusting the method of allocating salary costs based on timesheet hours so that total hours (i.e. including leave time) are used as a base rather than total direct hours. Leave time costs should then be allocated over all direct salary costs. This change would allow AHRTAG to track the cost of employee leave time and eliminate computational problems during months when a staff member has charged a high portion of his/her time to leave. Timesheets should be signed by individual staff members.
- 3) Further inquiries should be made to identify causes for ORANA's not having made financial reports. If necessary, administrative assistance should be provided through the PRITECH Representative or another staff member.

EXHIBIT D

AHRTAG

MAJOR FINANCIAL TRENDS



H. ORGANIZATIONAL STRUCTURE

FINDINGS:

In this section, we have considered how the DD unit is integrated with the whole organization and how it affects and relates to the rest of AHRTAG.

AHRTAG is a small, informal organization. With only about a dozen staff members, the project portfolio requires that individuals be flexible, have a high tolerance for ambiguity, and be committed to the organization's goals. AHRTAG displays all the best attributes of organizations of its type. Nevertheless, as one staff member said "such organizations are not all light and air". The lack of structure can create both flexibility and confusion, and high levels of commitment can mean a personal investment leading to both high quality work and the establishment of "territory" that produces friction between staff members.

During our interviews, we asked four individuals to draw an organizational chart of AHRTAG: the DD Executive Editor, one of the Scientific Editors, the Project Coordinator and the Executive Director. (No formal organizational chart currently exists, which is quite common in this type or organization.) None of the charts were exactly the same, although there were common elements. Some people resisted creating a hierarchy, and paused after drawing a box for the Executive Director with a remark such as, "We're really a very collegial, cooperative group, you know". Others recognized as they were drawing that there were parts of the organization that they probably perceived differently than other people would.

With two exceptions, none of the differences in staff perceptions about how AHRTAG does or should look seem to present any real problems. The exceptions were the placements of the Project Coordinator and the Scientific Editors in the organizational structure.

While the Scientific Editors are not a formal part of AHRTAG as an organization, they play a more active role in its program activities (i.e. the DD Newsletter) than most - if not all - Council Members. (We met twice with the two council members that take an active interest in DD.) While the Scientific Editors appeared on only one of the organizational charts drawn for us, another chart included five formal and informal sub-committees of the Council. Since individual Council

Members have specific areas of interest, the move toward formal and informal sub-committees is a good direction for AHRTAG to take. We recommend that the Scientific Editors also be considered as a formal or informal AHRTAG advisory board. Specifically, this means that the Scientific Editors, the Executive Director, the Executive Editor of DD, and the Project Coordinator should have meetings on a regular basis, perhaps once or twice a month. Currently the Executive Editor and the Scientific Editors are meeting outside AHRTAG's offices because of space limitations. An increase in communications should be beneficial to both the newsletter and AHRTAG as a whole.

The Project Coordinator appeared in different places on the charts, and two people put him in one place and then crossed it out and put him in another. In two charts he appeared as a staff member in the DD program, and in the others, he had a direct line of responsibility to the Executive Director. In no case was he linked to the Office Administrator whose functions should be closely tied to his own. This lack of clarity reflects conflicting expectations about his role from different staff members. The functions he is currently performing are useful to AHRTAG as a whole and to DD in particular; currently he is spending approximately 50% of his time on DD activities. We recommend that his position be considered a staff position, supporting all AHRTAG activities, including DD. Also, he should be working more closely with the Office Administrator. Ideally, there should be a supervisory relationship between these two staff members.

The Executive Director is currently spending approximately 70% of his time on internal management. He would prefer to be spending approximately 70% of his time on AHRTAG's external relationships. This is an objective we support, especially given fundraising expectations. Reducing his own direct supervision of staff members who are primarily involved with general administration is one way to reduce the burden of internal management.

Another aspect of AHRTAG's organizational structure is not a current issue but may soon become one. AHRTAG has recently received funding to start a newsletter on AIDS. There has been some discussion about the possibility of putting this new activity under the direction of the DD Executive Editor. The Executive Editor is already working ten-hour days frequently; DD

is still expanding, and her staff needs further training to better develop skills for the current level of activity. In addition, demands on staff time for an AIDS newsletter could be tremendous (both for subscriptions and general information). We recommend that a new Editor be hired to manage activities related to the AIDS newsletter. Also, any new program activities of this magnitude should be separated to avoid an imbalance in organizational structure.

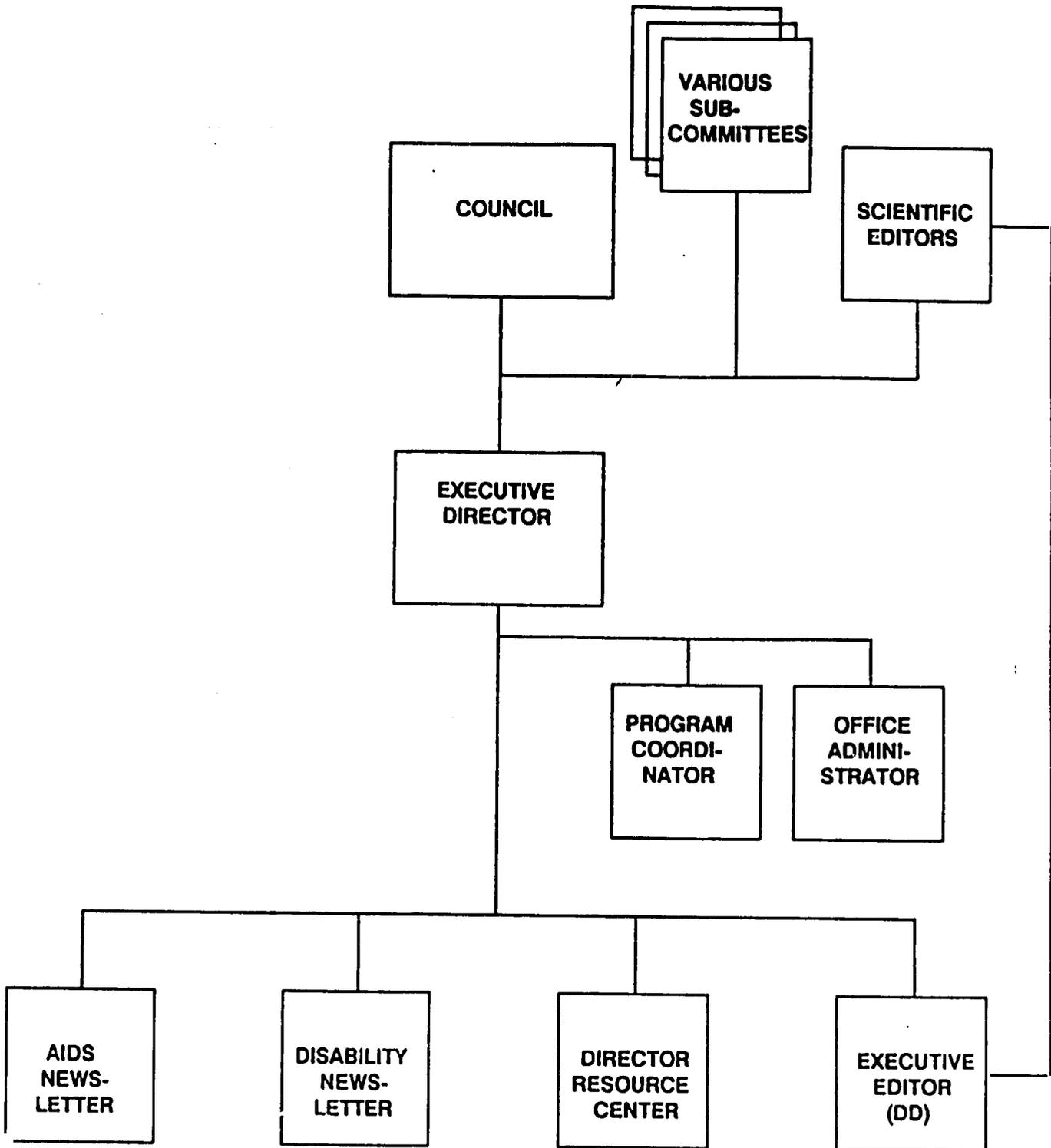
An organizational chart for AHRTAG, including these recommendations but conforming to the common elements in the charts drawn for us, is illustrated on the next page.

Over the longer term, however, AHRTAG could develop a senior managerial position over all of the newsletter editors. This would require highly developed management skills (i.e. an ability to get things done through other people and develop them). Since the Executive Editor of DD has been exceptionally productive and committed, it is probably in the interest of both AHRTAG and DD to support her in obtaining outside training in management as preparation for such a future role.

In other respects, AHRTAG appears to be taking precisely the kinds of actions that should create an appropriate organizational environment and develop both the staff and the organization itself. At a policy or planning level, one good example of this is the move toward developing advisory sub-committees. (Support of this initiative is reinforced by our recommendations under fundraising; reinforcing this process could be quite beneficial.) Examples of other practices that encourage good communication and staff involvement/development include:

- o Council meetings are open to AHRTAG staff members.
- o Internal staff meetings are held every two weeks.
- o Annual performance reviews are conducted with each staff member using individual job descriptions for guidance; minutes are written up jointly.

EXHIBIT E
(SUGGESTED)
AHRTAG
ORGANIZATIONAL CHART



RECOMMENDATIONS:

- 1) A restructuring of the staff relationships is suggested with particular focus on the DD Project Coordinator or Manager, Philip Stockley. Mr. Stockley is currently spending approximately 50% of his time on DD activities. He is responsible for AHRTAG fundraising, some accounting functions, and the computerized mailing list. While all of these functions primarily serve the DD program, they also support AHRTAG as a whole. It would be more practical and cause less confusion if Mr. Stockley's position were designated as a staff (rather than a line) position. The Office Administrator's position should also be a staff position, allowing the two staff members to work more closely together - both are functionally related and support all the AHRTAG program activities, including DD. (This would have no impact on salary charges to DD.)
- 2) If AHRTAG adds any new publications (e.g. AIDS newsletter), we recommend that a new editor be hired to manage this new activity and that a new program be created under the Executive Director. Over the longer term, another structure may be preferable. (See text)
- 3) The Scientific Editors should be considered as a formal or informal AHRTAG advisory board, similar to sub-committees that have been organized through the Council Membership. Specifically, we are suggesting that the Scientific Editors, the Executive Editor of DD, the project Coordinator and the Director of the Resource Center should have meetings on a regular basis, perhaps twice a month. Also, the Scientific Editors should be invited to contribute to other relevant meetings. This recommendation is also linked to those under fundraising.

I. CONCLUSIONS AND GENERAL RECOMMENDATIONS

The A.I.D. contribution has been responsible for both stimulating the expansion of DD and catalyzing international and local support of the newsletter. The team strongly recommends the continuation of funds for the next year and the extension of the project beyond the period of the present agreement, as there is a great need for a publication such as DD in the area of diarrheal disease control.

The goals and objectives of the Cooperative Agreement are still valid and should be maintained. The translation of DD into a variety of different languages has been effective and should continue. In general, the activities ascribed to the staff in the 1986-87 Implementation Plan for DD have been fulfilled.

In view of the rapid growth the newsletter has experienced, the team feels there is a need to consolidate and strengthen present activities before further expansion. Funds outside of A.I.D. should continue to be sought to assist in the translation and/or dissemination of current issues.

Despite its great success, DD is still far from reaching its potential audience, both professional and non-professional within the health system. Once the consolidation process is completed, the team hopes that the circulation will continue to expand in order to reach greater numbers of its intended audience.

The Evaluation team feels there is an urgent need to have a better functional system of informational interchange between DD and the series of A.I.D. Health/Nutrition projects involved in Primary Health Care, especially diarrheal disease control (e.g. HEALTHCOM, PRITECH, PRICOR, REACH, DMD, WASH.) We encourage A.I.D. projects to participate in this collaborative effort, because vast amount of experience and knowledge accrued in these projects can be usefully disseminated through DD.

As a note of caution, the team expresses some concern about the potential negative impact that the publication of a new AIDS newsletter and the development of four new resource centers will have on the production of DD. We recommend, therefore, that a careful analysis be made in order to decide the best functional organizational arrangement to satisfy all the needs of AHRTAG and DD.

Both the Evaluation Team and DD staff have found the evaluation process to be useful to the management and direction of the project. With reference to this particular evaluation, the team feels the period of time allocated was very brief, especially as A.I.D. had provided a rather detailed scope of work to be answered.

Should A.I.D. approve an extension of the agreement for the next 3-5 years, as the team recommends, we suggest that the next Evaluation take place in three years, in 1990. The team suggests that an additional three days be added to the total evaluation time. In the intermediate period, regular contact through the required reports should suffice.

ANNEX A

53

EVALUATION'S SCOPE OF WORK

Major Issues to be addressed:

- A) General: To review project documents and files, and talk with staff of Dialogue on Diarrhea (DD). To assess the following issues and problems:
1. Has the 1987 implementation plan been followed and deadlines met for deliverable products.
 2. In light of the lessons learned to date by the grantee, what elements, if any, of the project should be redesigned?
 3. Are the purpose and assumptions of the project still valid?
 4. Have there been any deviations from project goals?
 5. Does the evaluation team recommend continuation of funds for the final year of the Cooperative Agreement, Amendment No. 1.
 6. Has the addition of new activities (newsletters) by AHRTAG effected the publication? If so, in what way?

B. Assessment of the implementation of the 1985 evaluation recommendation: To evaluate the implementation of the recommendation in the following areas:

- Technical content
- Readership survey
- Other donor support/fund raising activity.
- Language editions
 - English
 - French
 - Urdu
 - Bengali
 - Tamil
 - Bahasa
 - Spanish
- Resource Center
- Financial Management
- Organizational Structure/Office Accommodation
- Backcopies

C. Technical review: To evaluate the effectiveness of DD in the following areas through the examination of past issues:

- 1) relevance and practicality of topics
- 2) repetition of key messages
- 3) successful combination of graphical elements and editorial content
- 4) evidence of participation of LDC readers, including examination of letters to DD.
- 5) the maintenance of quality control throughout the expansion period

D. Editorial and Production Review: To assess the degree to which DD functions as a training tool, and an information resource in the following areas: (outside of training programs per se - DD readership surveys, letters from readers and other forms of feedback would be used as part of the assessment).

- 1) Audience and Distribution
- 2) Editorial and Graphical Content
- 3) Production Management

1) Audience and Distribution

General:

1. What is the current circulation of the newsletter? How regularly and by what means is the mailing list updated?
2. Has an effective system of subscriptions from developed countries (fees) been implemented? What has been the response? How are fees processed and readers notified about renewal?
3. Have return addresses been added to DD envelopes?
4. Are those on the mailing list appropriate to DD? Are we reaching the target audience? What was the composition of readership in 1983? Currently? (proportion of health care institutions, policy-makers, direct health service providers, etc.)
5. What audiences have been targeted for the future? What promotional means have been used to advertise the availability of DD to these audiences? (direct mailing of flyers, information in other newsletters and professional journals, etc.)

- 51'

6. What is the proportion of developing/developed country readership?

Readership Response

1. What types of letters come in from readers? What is the profile of readers who write?
2. How often do requests come in asking for repetition of articles? What types of readers are requesting these articles? What subjects are requested most frequently? To what extent are the same questions being asked?
3. Are there needs identified in letters and readership surveys that could be met by DD? What has DD tried to meet those needs?
4. Has correspondence been answered in a timely fashion? How long does it take staff to reply to correspondents?

Implications and Comparison of the Two Readership Surveys

1. How is the newsletter actually used by those who receive it? Has there been a difference in its usage over the period of the two surveys?
2. How has DD been used in LDCs for public health education, especially penetration into other print and mass media? Has this changed over time?
3. To what extent is there secondary distribution of DD in LDCs? (eg. shared readership) Has this changed over time?
4. What has been the impact of DD on the attitudes of the managers of diarrheal disease projects? How has DD attempted to measure this? To what extent has DD been effective in altering approaches to the clinical management of diarrhea, as well as teaching and training methods? Can this be measured? Has this changed over time?
5. What other lessons can be learned through the comparison of the two surveys?
6. Should another survey be taken? If so, when? Who will develop the questions? Should the same format of questions be used?

2) Editorial and Graphic Content

General

1. How is copy and graphic material solicited? What is done with unsolicited material?
2. Have any problems been encountered in editing/rewriting articles? What can be done to facilitate this process.
3. To what extent should key messages be reiterated? Were ORT messages consistently carried? Is there a balance between the presentation of new material and the repetition of old material? Any difficulties?
4. How are graphics (including lay-out) used to reinforce general content and specific key messages? How could graphics be used more effectively?

Expansion issues

1. How effective has DD been in reaching a broader audience? What editorial problems are being encountered as the audience broadened?
2. Is there difficulty in striking a balance between level of technical content and diversity of target audiences (medical doctors, nurses, health workers)? Has an effective medium been reached, and if not, is it possible to reach?

3) Production Management

General

1. How effective has the staff been in establishing a production schedule and meeting deadlines? Are time requirements realistically assessed?
2. If deadlines are not met, at which point in the production cycle do difficulties occur? Writing? Copy editing? Preparation of graphic materials? Lay-out? Paste-up? Printing? Distribution?
3. What is the break down of the unit costs of production in terms of editing, design, printing, and production and supervision?

Expansion Issues

1. Have the logistics of expanded circulation interfered with the development of the newsletter? How have these problems been addressed?
2. To what extent has the increased circulation made it difficult to meet the needs of a broader audience?
3. In what way has quality control been maintained throughout the expansion period? (eg. the quality of the graphics, lay-out etc.)

E. Fundraising strategy: Other donor support for the newsletter: To evaluate the effectiveness and success of these activities and to determine if any changes in emphasis should be considered.

1) What is the strategy for approaching other institutions? Is the strategy well defined? How successful has the Project Coordinator been in these efforts? Is sufficient time allocated for these efforts? What suggestions are there to strengthen this component? What organizations have been approached or identified? Results? What new activities can be undertaken to attract other donors? eg. new products.

2. Has the staff made necessary contacts with health professionals involved in diarrheal disease control? What were the results of contacts with WHO/CDD program managers, key people in national ORT programs, international agencies and other groups regarding funding and distribution of DD, translations, and subjects for future issues? How well have the plans been executed?

3. According to the Cooperative Agreement, AHRTAG and others were to have raised \$ 240,219 in 86/87. Did this happen? Is AHRTAG likely to meet the goal of raising \$235,060 in 87/88?

4. Has the fundraising strategy been directed towards regional areas? To what extent have efforts focused on National CDD Programs, providing information on national activities and country profiles?

5. As AID has set a funding ceiling for 125,000 copies under the English Edition, how effective has DD been in fundraising efforts to meet extra demand?

F. Language Editions: English and French Editions
To evaluate effectiveness and success of activities.

Note: As the majority of editorial, technical, financial and production issues pertain directly to the English edition, those sections have been dealt with separately. This section instead, focuses on the other language editions with only a brief section on the English edition for any other existing issues.

1. **English**

- a. What other issues exist in the production of the English edition that may effect the production of the other language editions?

2. **French Edition**

- a. What is the current distribution of the French edition? At the time of 1985 evaluation, circulation was 6,000, and in 1986, 7,000. As 10,000 copies were targeted, why has the increase been so gradual? Any problems?
- b. What arrangements have been made with ORANA for the expansion of the French issue? Who is responsible for maintaining the mailing list?
- c. Are there outstanding issues concerning the continued use of ORANA to produce the French edition? Do any communication problems exist?
- d. Are promotional efforts sufficient? Is there demand for a composite edition? Have regional or country specific inserts been developed? Are they appropriate? Is the quality of DD maintained?
- e. Have other donors been approached for funding? AID missions?
- f. Has the French edition been evaluated? If not, why not? If so, what are the findings? Have site visits been made?
- g. What are the current unit costs of the French DD? How do they compare to previous costs of the Newsletter?
- h. How effective has the staff been in establishing a production schedule and meeting deadlines? Are time requirements realistically assessed?

G. Other Language Editions:

General: To evaluate the effectiveness and success of these activities.

1. Have appropriate institutions been approached or identified to undertake local translation, printing and distribution of DD? What role are other donors playing in this process, including: international organizations, government agencies, NGOs, PVOs.
2. What level of technical assistance is required by such institutions? Is up-front money for technical assistance in local translations working? Will host countries produce their own versions? Will they translate parts or all of DD? How does DD maintain quality control in local translations?
3. What arrangements have been made to begin translation of DD into new languages? Are funds in the CA adequate for this? Should AID support be increased?
4. Has the Project Coordinator identified a strategy to combine the solicitation of donor support and identification of sponsoring organizations for DD translations and distribution into a one time effort?
5. What are problems encountered in seeking local funding? Does an in-country representative, as in the French edition, need to be identified to support such activities?
6. What other translations may be possible?

Tamil Edition

How effective was the first edition of the Tamil edition? How long did it take to produce it? Where was it distributed? Is the relationship with RUHSA effective? Should the Tamil edition continue to be supported?

Urdu and Bengali

What is the status of these two editions?

Indonesia-Bahasa

What is the status of this edition? How can DD assist in the support of the Bahasa translation?

Spanish

1. What is the status of the Spanish Edition? Should AID provide funding - perhaps on a matching grant basis with PAHO or other organizations?

2. Is a composite edition being considered?

H. Resource Center: To evaluate the effectiveness and success of these activities and to determine if any changes in emphasis should be considered.

1. Has the role of the resource center been defined?

2. Budget: Are materials purchased with AID funding identifiable? How is the budget allocated? Is this effective?

3. Has a system been implemented that provides a basis for both AID and AHRTAG to assess how the resources are being used?

4. What types of materials are being developed? How accessible are these materials? What percentage is devoted to diarrheal diseases? What new materials should be developed?

5. Were the needs in the field assessed adequately before the development of specific materials?

6. How were the materials developed for the ICORT II conference utilized? How effective were they? Did it increase dialogue between DD staff and the field?

7. What were the overall results of the photographic competition? Were materials received shared with other organizations? Should this be repeated in the future?

I. Financial Matters: To evaluate management, cost control and effectiveness of these activities, and to determine if any change in emphasis should be considered.

1. Have project expenditures been in line with projected costs in the budget?

2. Has the staff exercised sound technical, fiscal and management skills in implementing the project?

3. Has financial bookkeeping been carried out adequately? How are costs collected? Who analyzes these costs? Are these being used in future financial planning? Are they useful?
4. Have periodic payments to the project arrived on time?
5. What are implications for the project costs and budget due to the devaluation of the dollar to the pound?
6. Have recommendations for financial evaluation been followed? Are time-sheets being used accurately? Is it computerized? Is the system working well? How can it be improved.
7. How is the budget allocated? How fairly do time-sheets reflect the amount of time actually spent on AID-funded activity? How much time do DD staff spend on other AHRTAG projects?
8. Are there adequate funds for the resource center?
9. How have disbursements to other organizations (e.g. ORANA) been set up? How effective and timely is this process? What can be done to improve upon it?
10. What are the projected costs of newsletter? What are the projected unit costs?

J. Organizational Structure:

To evaluate the effectiveness and success of these activities:

1. Are the relations with AHRTAG council working well?
2. How have consultants been used on the project? How are consultants selected? Has their use been appropriate in relation to special needs, staff skills and availability?
3. How effectively is the staffing structure, as recommended in the 1985 evaluation, working? What is the evaluation of key staff performance? Does AHRTAG/DD have a method for evaluating staff performance? How effectively are the staff fulfilling their responsibilities?
4. How have other AHRTAG newsletters affected staff performance?

K. Office Accommodation:

1. Have workspace problems been resolved adequately? Should any changes be made at this time?

L. Backcopies

1. How many backcopies are left, and how many were requested? What are the plans for future distribution?

M. Other Concerns:

1. As A.I.D. support comprises the majority of the funding for the newsletter, what are the long term impacts likely to be? Is this an appropriate role in the future? What is the appropriate role for AID involvement in the future?

2. Relation of DD with other A.I.D. Health Projects:
What steps can/have been taken to encourage the cooperation of DD with other A.I.D. projects including HEALTHCOM, PRITECH, SUPPORT, PRICOR and WASH for the promotion of DD?

3. Evaluation Recommendations:

a. Are the evaluations helpful to the management and direction of the program? Can it be improved.

b. When should the next evaluation take place?

4. Has the AHRTAG Council relayed any concerns or issues that need to be addressed? How does the Team recommend the resolution of issues with the Council should they arise?

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ANNEX B

DD QUESTIONNAIRE

In 1983 *Dialogue on Diarrhoea* sent a questionnaire to a small selection of readers to find out their views on the newsletter. The questionnaire results provided us with valuable information but did not give all our readers the opportunity to comment. Since then the circulation of DD has increased to over 100,000. The purpose of this short questionnaire is to find out from our many new readers, as well as those who did not take part in the earlier survey, what you think about DD, how useful it is, and what you would like to see included in future issues. Please help us by completing the form and returning it to AHRTAG at 85, Marylebone High Street, London W1M 3DE, U.K.

- Read each question carefully and give your OWN opinion. NOT those of your colleagues.
- Each question indicates the number of boxes you are required to tick (✓) with your answer.
- Where a question asks for comments (*specify*), answer freely. If necessary use an extra sheet of paper and send it back with your completed questionnaire.
- All information you give will only be used for this study.

--	--	--	--	--

1 Which country are you working in?
.....

2 What is your job? (one (✓) only)

- Doctor
 Nurse
 Medical Assistant
 Auxiliary
 Administrator
 Nutritionist
 Other, (*specify*).....

3 Who do you work for?
(more than one (✓) if appropriate)

- Government health service
 Other government service
 Voluntary charitable agency
 International U.N. or associated agency
 Private practice
 Other, (*specify*).....

How does your job relate to diarrhoeal diseases?

For each of the following job categories please indicate your involvement by using the code below:

'1' — no involvement
 '2' — some involvement
 '3' — very involved

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 |
| a) Treating patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Supervising treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Administrative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Research | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Programme planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 Who does this current issue of DD belong to? (make one (✓) only)

- Yourself
 Colleague
 Department or Library
 Other (*specify*).....

6 If you receive a personal copy of DD how do you receive it? (make one (✓) only)

- By post from AHRTAG
 Through government department
 Through WHO regional office
 Through some other agency
 (*specify*).....
 In another way
 (*specify*).....

7 If you receive a personal copy of DD, does it arrive regularly?.....

- If not regularly, is this due to:
 Faulty post
 Change of address
 Other
 (*specify*).....

8 How many issues of DD have you read? (Please write approximate number in box)

--

9 How many other people read each copy of DD? (make one (✓) only)

- Nobody else
 One other person
 2 or 3 others
 4 to 6 others

10 Who are they? (make more than one (✓) if appropriate)

- Doctors
 Medical students
 Nurses
 Nursing students
 Medical assistants
 Medical assistant students
 Members of the public
 Other people, (*specify*).....

11 Where do you work? (more than one (✓) if appropriate)

- Clinic/Dispensary/Health centre
 Training hospital
 Service hospital — large (150 beds or more)
 Service hospital — small (under 150 beds)
 Training school or college
 Administrative office
 Research unit
 Other, (*specify*).....

12a Do you personally manage cases of diarrhoea?

- Yes
 No

In your management of diarrhoea, has DD influenced your method of:

- | | | |
|---------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Rehydration | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeding | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine prescribing | <input type="checkbox"/> | <input type="checkbox"/> |
| Advice to patients | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (<i>please specify</i>) | | |

.....

.....

If you have answered 'yes' to any of these please give examples:

.....

.....

.....

12b Do you teach or train others about managing cases of diarrhoea?

- Yes
 No

In your teaching, has DD influenced what you teach about:

- | | | |
|----------------------|--------------------------|--------------------------|
| | Yes | No |
| Rehydration | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeding | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine prescribing | <input type="checkbox"/> | <input type="checkbox"/> |
| Advice to patients | <input type="checkbox"/> | <input type="checkbox"/> |

Dialogue on Diarrhoea readership survey - 1986

In 1983 a questionnaire was sent to a selected number of DD readers (2,236) and 640 replies were analysed. The results provided valuable information but did not give all DD readers the opportunity to comment. Since then the circulation of DD has increased to 125,000, and another, more comprehensive questionnaire was distributed to all readers in January 1986. This 1986 survey aimed to find out from the many new DD readers, and those who did not receive the first questionnaire, what they do, what they think about DD, how useful it is to them, and what they would like to see included in future issues. More than 1,000 questionnaires were returned of which 750 have been analysed for this preliminary report.

Readership profile

As in the previous survey, the largest group of readers were doctors (41.7 per cent, compared with 49 per cent in 1983). Nurses and health administrators again comprised the second and third largest groups, with slight increases of 1.4 per cent (to 14.4 per cent) and 0.3 per cent (to 10.3 per cent) respectively. The proportion of medical assistants increased from only 2 per cent to 7.7 per cent. Generally an increase in the range of professions represented among the DD readership was apparent since 1986.

Nearly half of the respondents to the 1986 questionnaire work for government health services, compared with one third in 1983. There was also a slight increase in the percentage working for charitable agencies.

Other categories - government service, research organisations, universities, UN agencies - showed only slight variations. Within these categories there were, however, significant increases in the percentage working in clinics or dispensaries (from 24 to 38 per cent) and in training schools (from 12 to 20 per cent).

As in 1983 over two thirds of respondents received their own copy of DD. The most significant contrast with the previous survey was, not surprisingly, in the number of issues of DD which respondents had seen. In 1983 the largest percentage had had more than 12 issues, whereas in 1986, the largest group, over 30 per cent, had seen fewer than five issues, indicating that they are relatively new subscribers, probably as a result of the promotional campaign in 1984-1985. It is also apparent from the 1986 survey that, overall, the number of people reading each copy of DD has increased. In 1983 only 13 per cent said that their copy of DD was read by 4 to 6 other people. In the 1986 survey 34.2 per cent said that their copy of DD was read by 4 to 6 others. These tend to be in the same professions as the recipients. Over 50 per cent of these 'other readers' were doctors (compared with 26 per cent in 1983), nearly 50 per cent were nurses (21 per cent in 1983), and nearly 30 per cent (9 per cent in 1983), were medical assistants.

Over 90 per cent of respondents receive their copies of DD directly from AHRTAG. Three quarters said that their copies arrive regularly, whereas in 1983 the figure was 64 per cent. This is encouraging, particularly as a large proportion of copies are now sent out in bulk and distributed within receiving countries.

The extent to which respondents to the 1986 questionnaire are involved in management of diarrhoeal cases and teaching has also changed. There was an 11 per cent increase in the number who are 'very involved' in treating patients with diarrhoea, and similar increases in those supervising treatment, and who are 'very involved' in teaching others about treating diarrhoea.

Readership use of DD

It is clear from the questionnaire sample that many readers have reproduced material from DD. It is mainly used for teaching and training purposes, but also, for example, in the media, and as reference material for diagnosis and treatment. It was also encouraging to discover the extent to which DD material has been translated into local languages. Analysis of 750 questionnaires revealed that DD had been translated by the respondents into 56 languages.

Impact of DD

Over two thirds of respondents manage cases of diarrhoea themselves, and 78.6 per cent teach or train others to manage cases of DD. In view of this, it is encouraging to discover that the majority have been influenced in these areas by reading DD. The figures show that the Dialogue has obviously had a significant impact on attitudes and practices. Eighty-one per cent (45 per cent in 1983) had changed their management of diarrhoea with regard to feeding, 50 per cent (20 per cent in 1983) their attitudes to medicine prescribing, and 80.2 per cent the advice they give to patients.

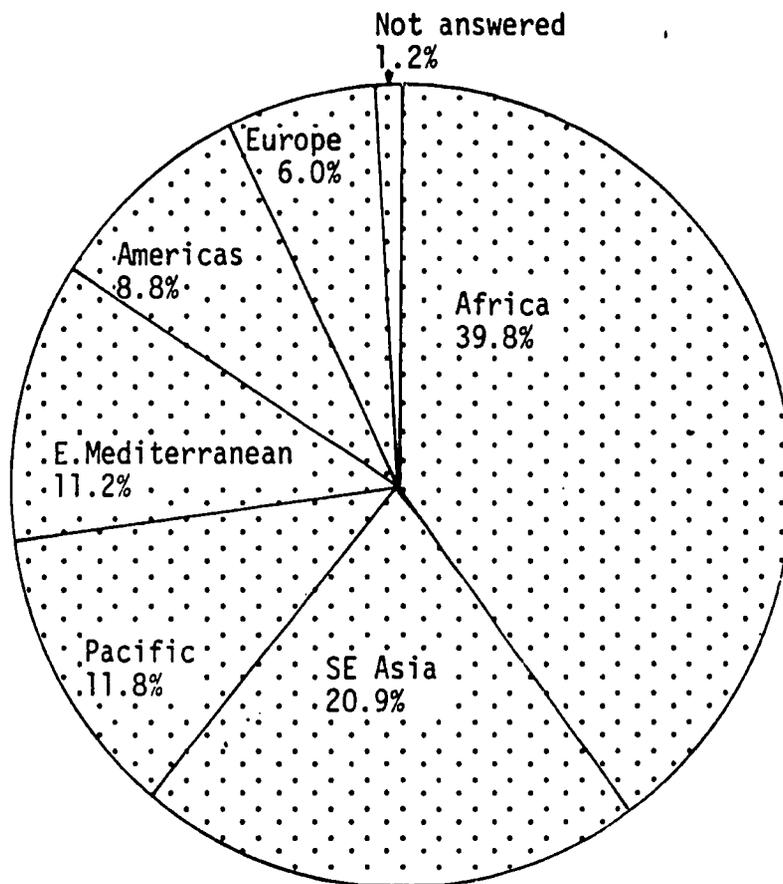
DD's influence on those who teach others about diarrhoea management is also very encouraging. There was an increase from 22 per cent to 82.1 per cent in those readers who said that DD had influenced what they taught others about rehydration. Nearly 46 per cent, as opposed to only 3 per cent in 1983, stated that DD had influenced what they taught about medicine prescribing, and 73.2 per cent, as opposed to 19 per cent in 1983, had been influenced in their teaching about feeding.

Content

Over 95 per cent of the respondents found both the technical content and level of language in DD easy to understand. Features which readers had found most useful were, in order of preference: information on management by rehydration; feeding and diarrhoea; information about the causes of diarrhoea; training and health education; news about research and new scientific developments; and practical advice pages. Requests for features to be included in future issues of DD covered a wide range of topics.

Question 1: Which country are you working in?

(Analysis by region)



Question 1: Which country are you working in?

Algeria	Panama
Australia	Portugal
Barbados	Qatar
Belize	Rwanda
Bangladesh	Saudi Arabia
Bhutan	Samoa
Bolivia	Sweden
Bophothatswana	Sierra Leone
Brazil	Somalia
Botswana	Solomon Islands
Burma	South Africa
Canada	Sri Lanka
Chile	Switzerland
China	Sudan
Colombia	Swaziland
Cameroun	Syria
Czechoslovakia	Tanzania
Dominica	Thailand
Ecuador	Trinidad
Egypt	Turkey
Ethiopia	United Arab Emirates
Fiji	Uganda
Finland	UK
France	United States
Gambia	Vanuatu
Germany	Vietnam
Ghana	Yemen
Grenada	Yugoslavia
Guyana	Zaire
Haiti	Zimbabwe
Hong Kong	Zambia
Indonesia	
India	
Iran	
Iraq	
Israel	
Jamaica	
Jordan	
Kenya	
Kuwait	
Liberia	
Libya	
Lesotho	
Malawi	
Malaysia	
Morocco	
Mozambique	
Nepal	
Nigeria	
Netherlands	
New Zealand	
Sultanate of Oman	
Paraguay	
Peru	
Papua New Guinea	
Philippines	
Pakistan	

Breakdown of replies within categories

DOCTOR



Doctor

NURSE



Nurse
Midwife

MEDICAL ASSISTANT



Medical Assistant

AUXILIARY



Auxiliary

ADMINISTRATOR



Administrator
Field Director
Project Manager

NUTRITIONIST



Nutritionist

COMMUNITY WORKER



Community Worker
Agricultural Extension Worker
Womens' Health Group Worker
Social Worker
Missionary
Public Health Worker

CONSULTANT



Consultant
Health Writer
Lactation Consultant
International Development Worker
Pharmacist/Pharmacy Consultant

TEACHER



Teaching
Education
Health Educator
School Teacher
Lecturer/Clinical Tutor
Breastfeeding Counsellor

RESEARCHER



Researcher
Information/Technical Officer
Journalist
Research
Virologist
Librarian
Social/Information Scientist
Epidemiologist

STUDENT



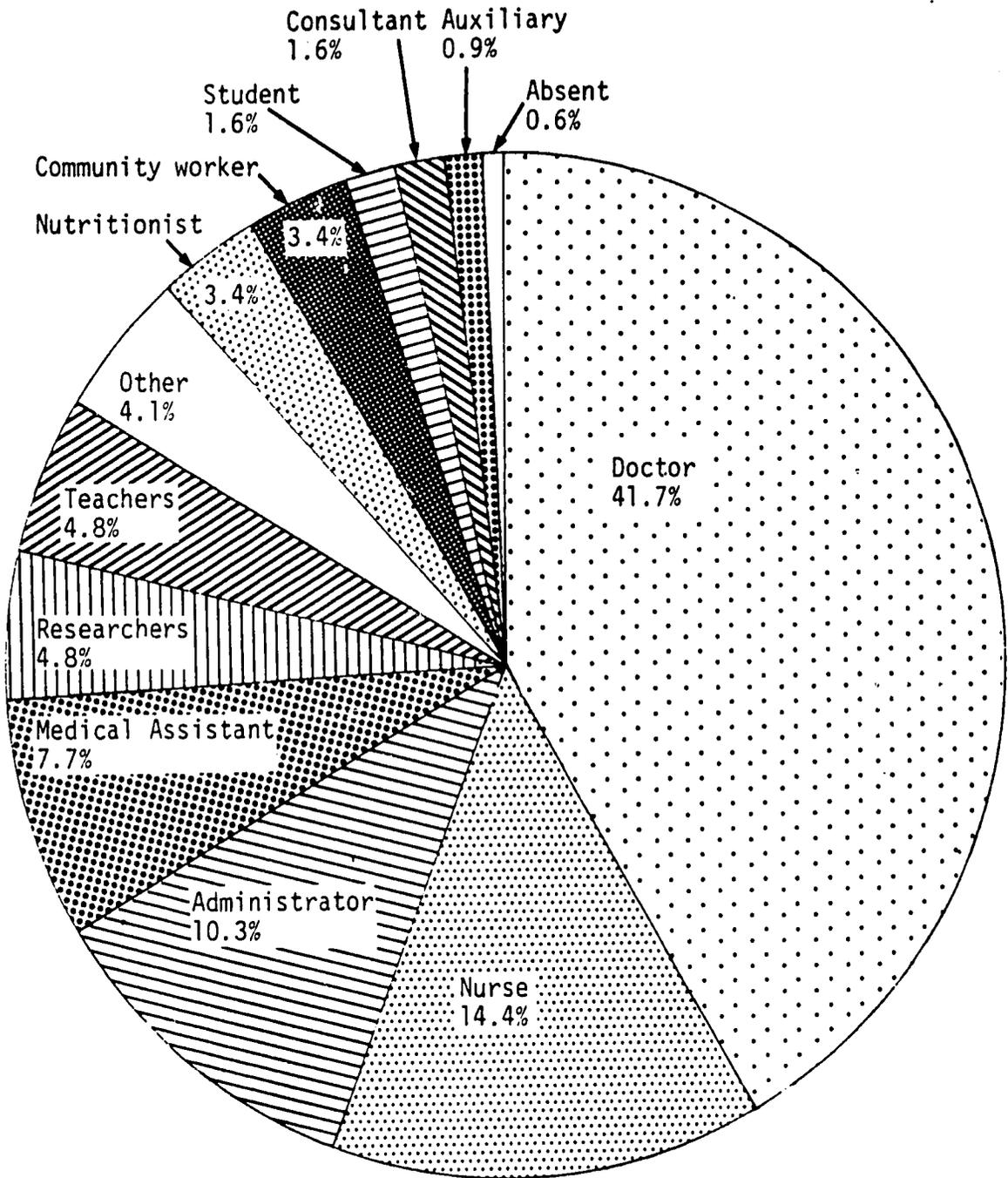
Student
Medical Student
Nutrition Student
Volunteer

OTHER

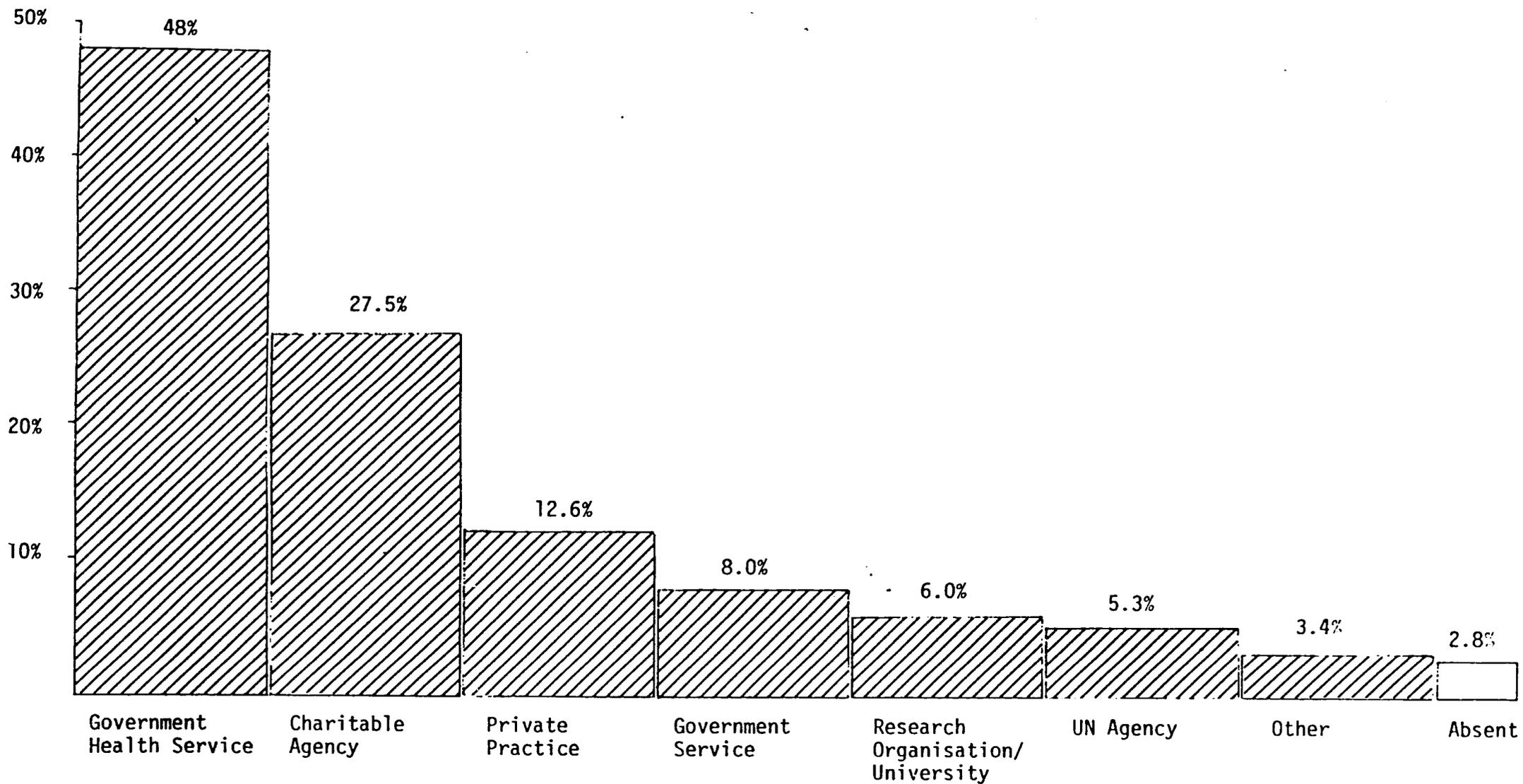


Other
Medical/Laboratory Technician
Radiographer
Editor
Volunteer
Anthropologist
Postman
Advertising Agency
Dental Surgeon
Manufacturer
Clerk/Office Worker
Underwriter/Insurance
Health Inspector/Superintendent

Question 2: What is your job?



Question 3: Who do you work for? (by percentage of respondents)



Question 3:

Government health service;

- hospital
- health centre
- government health service

Other government service

Charitable agency:

- voluntary charitable agency
- mission
- non-governmental organisation
- church programme
- Save the Children Fund
- Peace Corps
- ICDDR,B

UN agency:

- international UN agency
- Red Cross
- international organisation
- WHO

Private practice:

- private practice
- private hospital
- company hospital

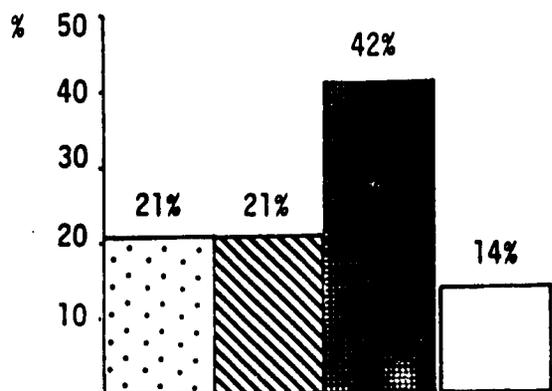
Research organisation:

- university
- medical faculty/university
- private college
- international research

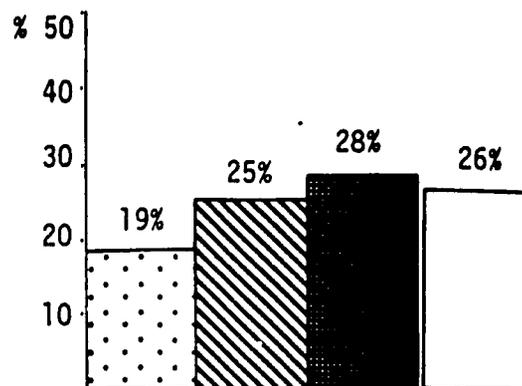
Other:

- clinic
- consulting firm
- industry
- manufacture
- plantation/estate
- professional/medical association
- schools organisation
- self-employed
- school teacher
- newspaper
- army
- research organisation

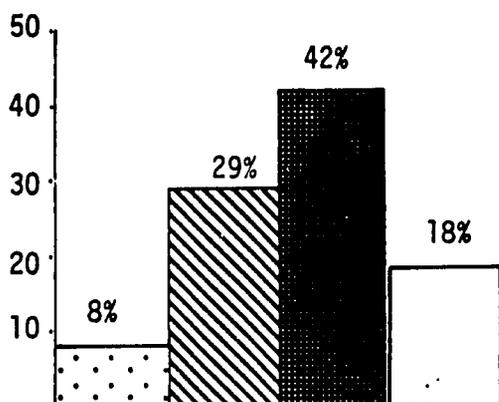
Question 4: How does your job relate to diarrhoeal diseases?



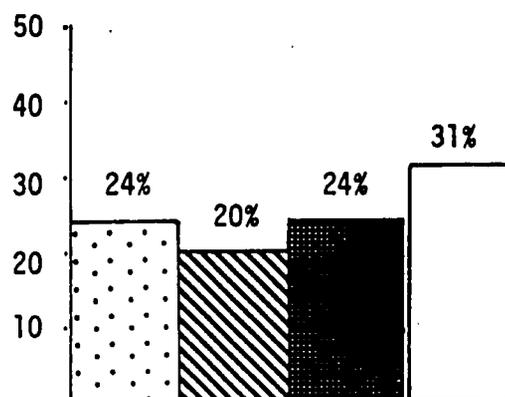
TREATING PATIENTS



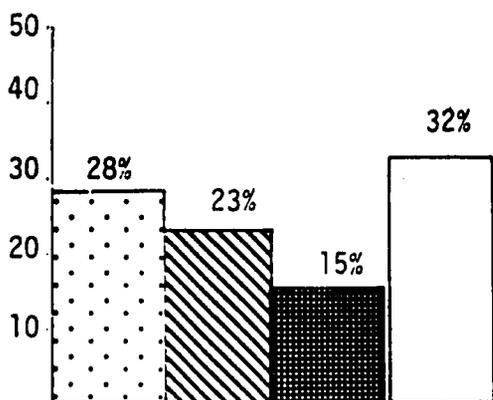
SUPERVISING TREATMENT



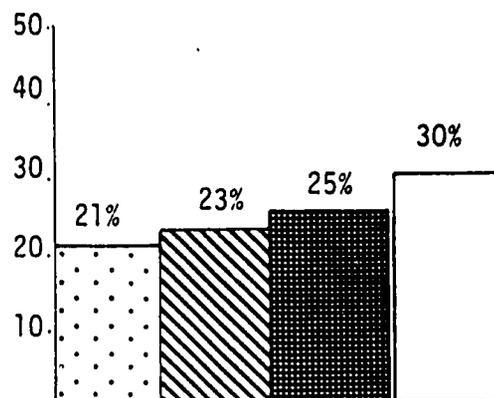
TEACHING



ADMINISTRATIVE

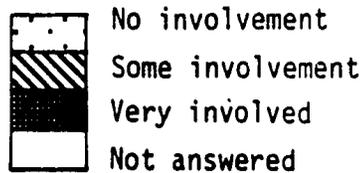


RESEARCH

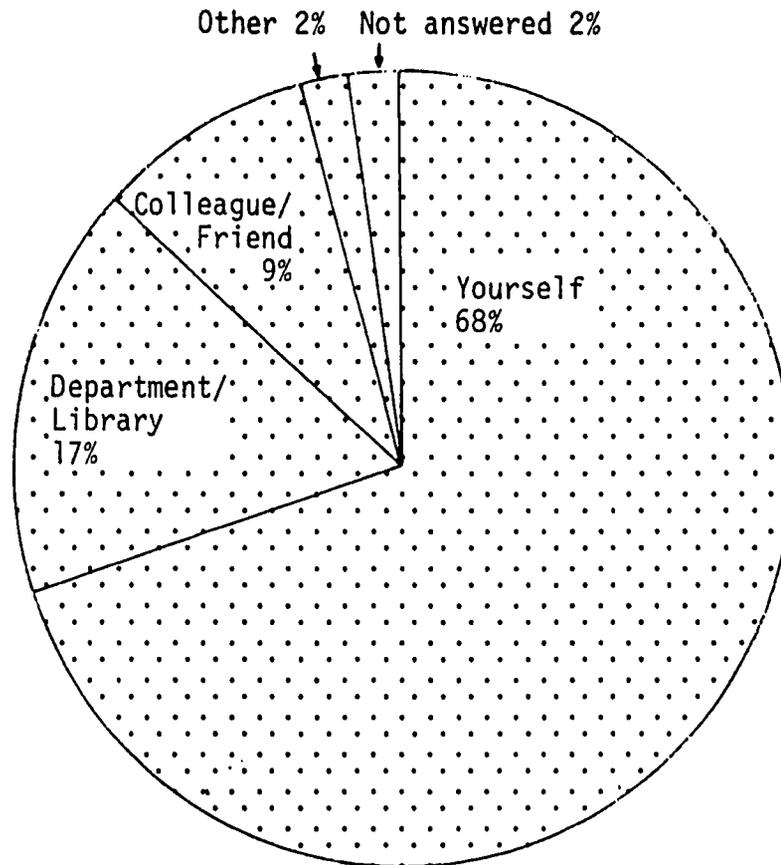


PROGRAMME PLANNING

Key:



Question 5: Who does this current issue of DD belong to?

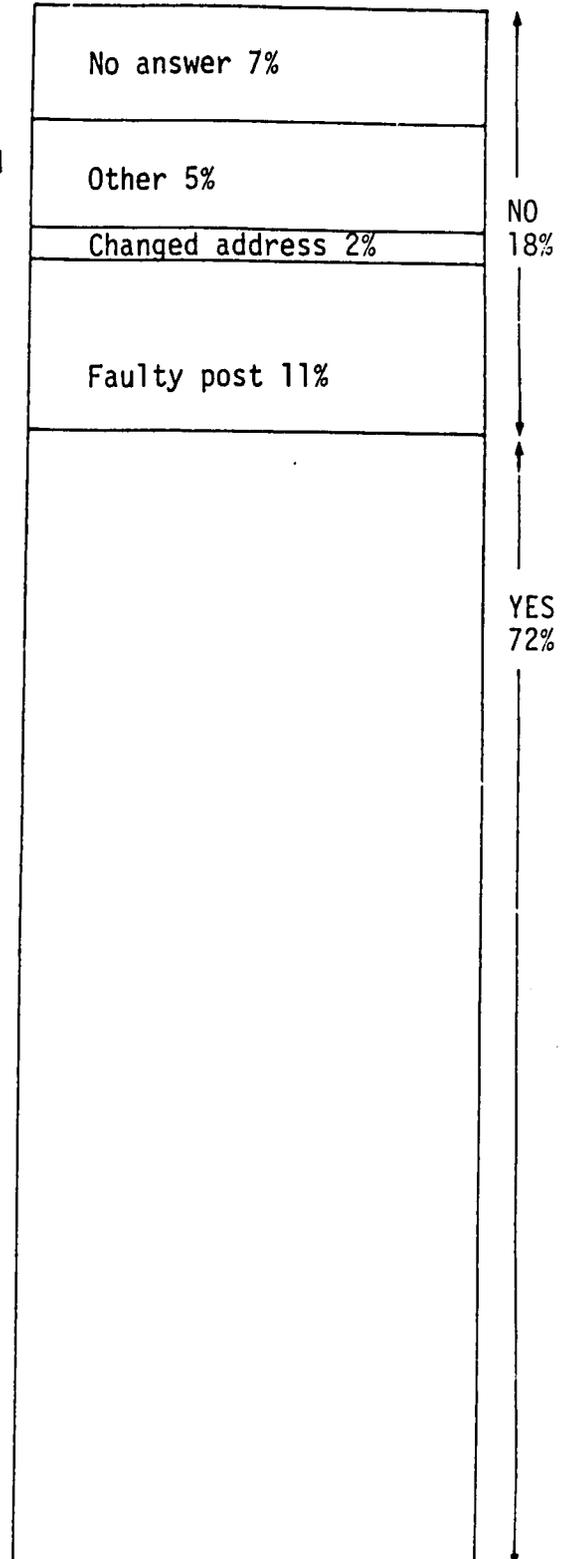
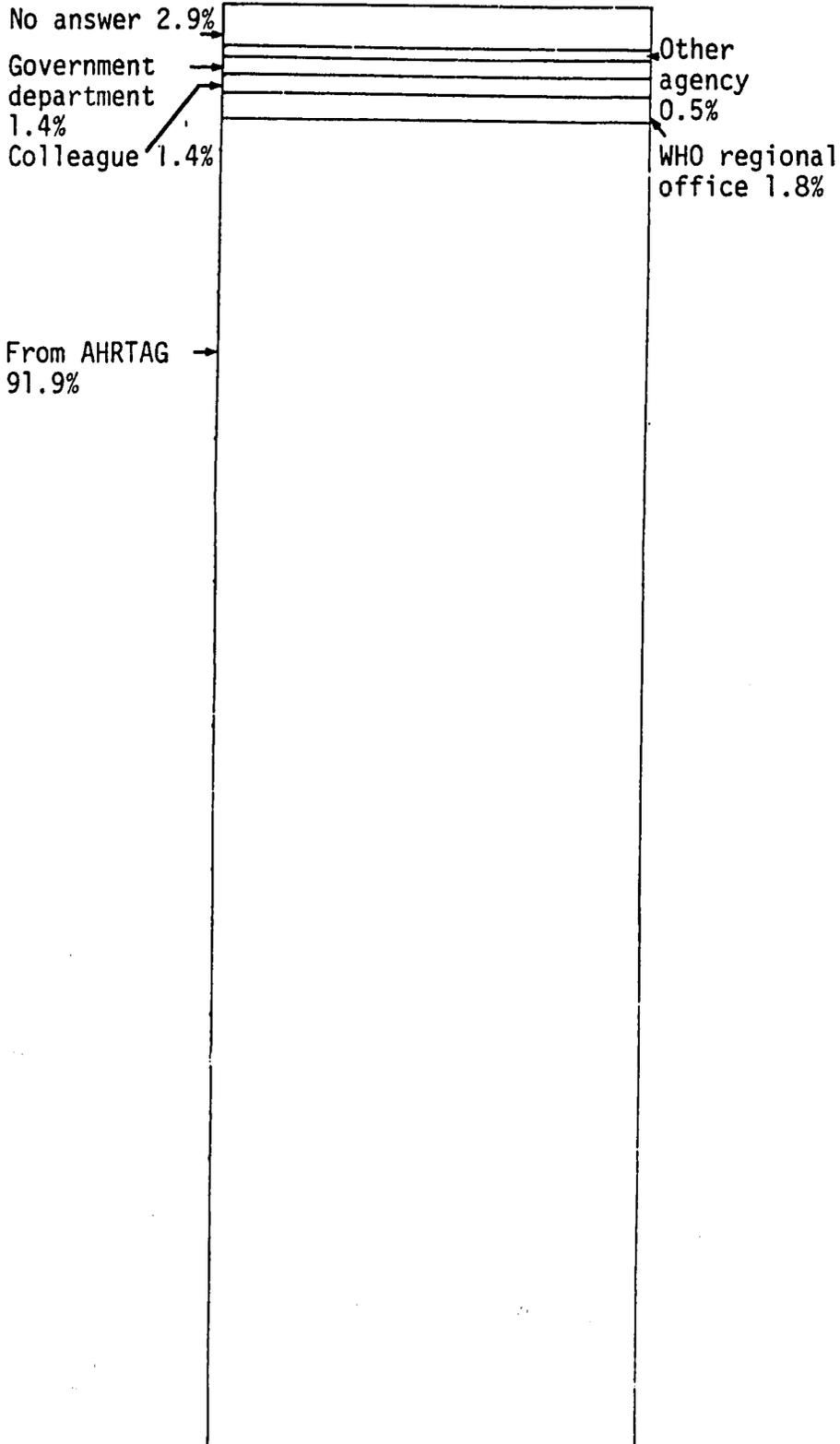


Other includes:

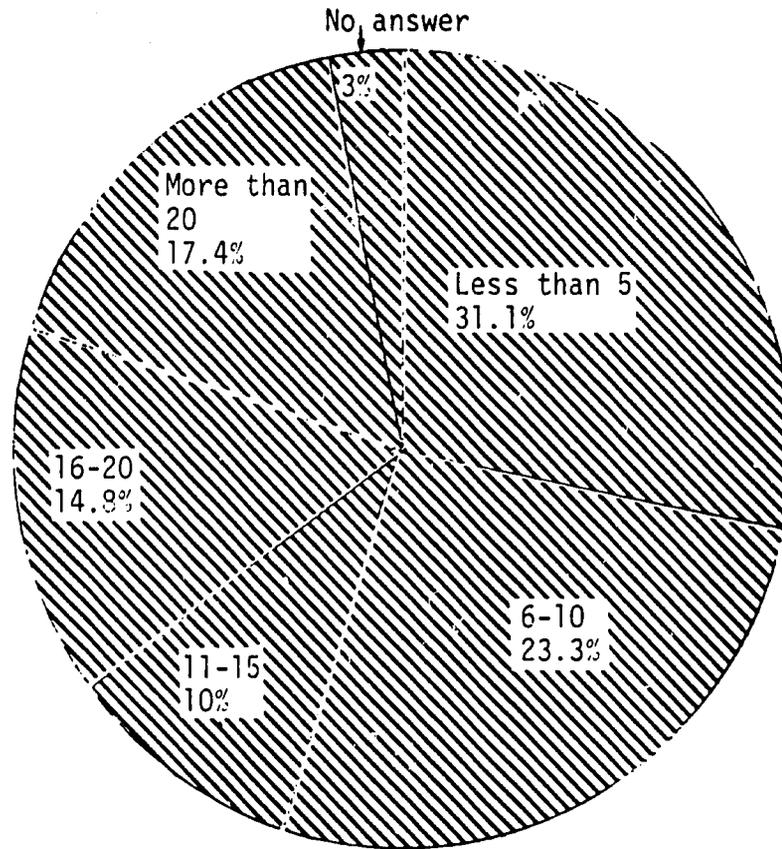
- paediatric ward
- dispensary/clinic/hospital/health director
- association/charity/NGO
- ministry of health
- medical conference

Question 6: If you receive a personal copy of DD, how do you receive it?

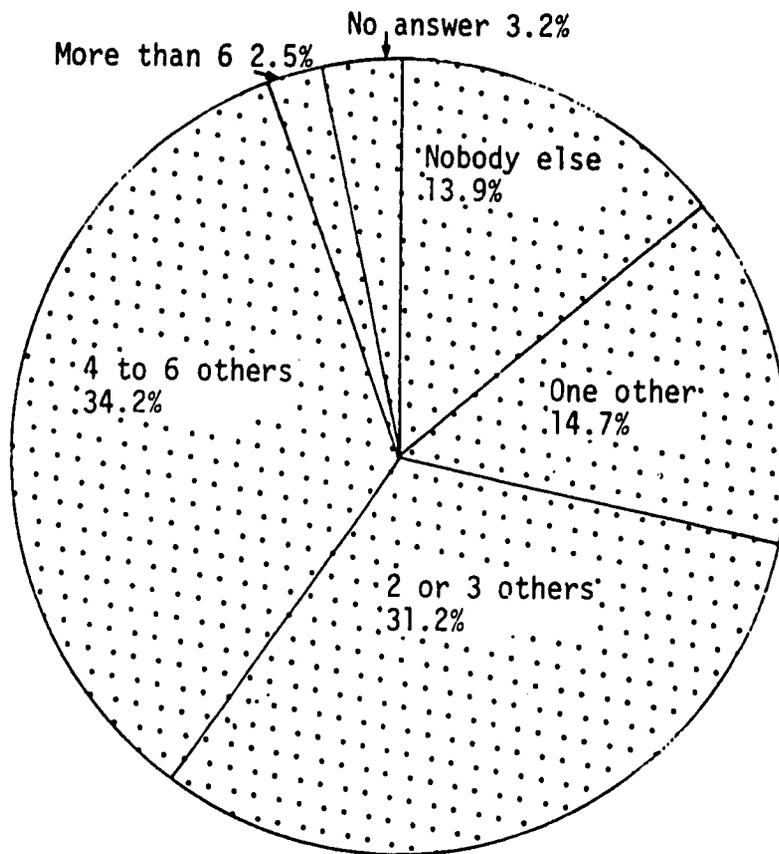
Question 7: Does it arrive regularly?



Question 8: How many copies of DD have you read?

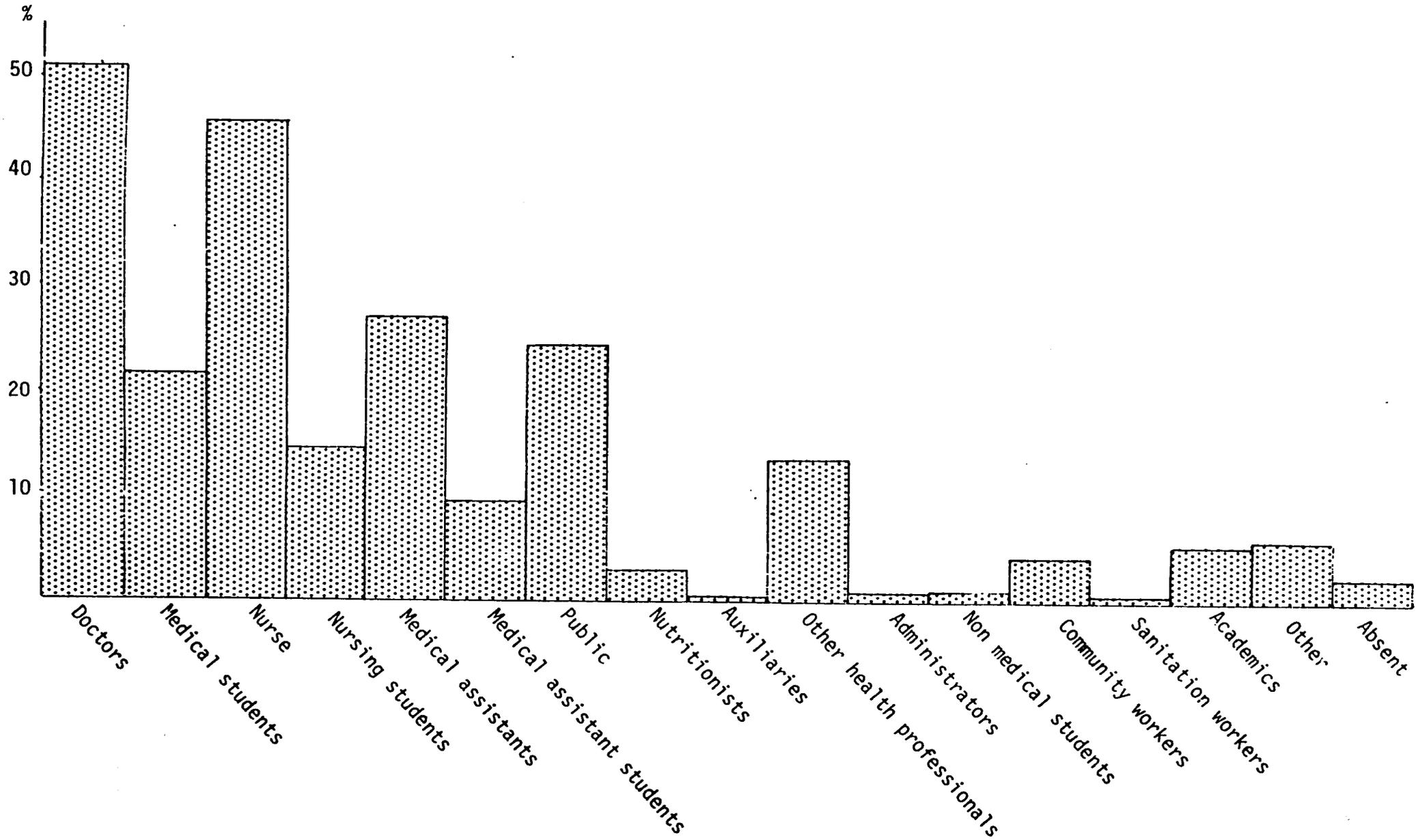


Question 9: How many other people read each copy of DD?



Question 10: Who are the other people who read DD?

15



Question 10

Categories breakdown:

Doctors

Medical students

Nurses

Nurse students

Medical Assistants

Medical Assistant Students

Public: includes

- patients
- parents
- schoolchildren

Academic: includes

- researchers/scientists
- biologists
- tutors/health lecturers
- epidemiologists
- tutors (nurses)

Other: includes

- vets
- information officer
- seminar participants/course participants
- interpreter/translator
- civil engineer
- journalist
- programmers
- colleagues

Community workers: includes

- community development assistants
- agricultural extension workers
- rural development officers
- school teachers
- social workers
- womens' groups
- family planning workers

Other health professionals: includes

- health students
- health workers
- health educators
- health inspectors
- hospital staff
- medical representatives
- ministry of health employees
- pharmacists
- clinical instructors
- midwives
- dietetic assistant
- medical technologists/laboratory technicians

Auxiliaries

Administrators: includes

- programme planners

Nutritionists

Sanitation workers: includes

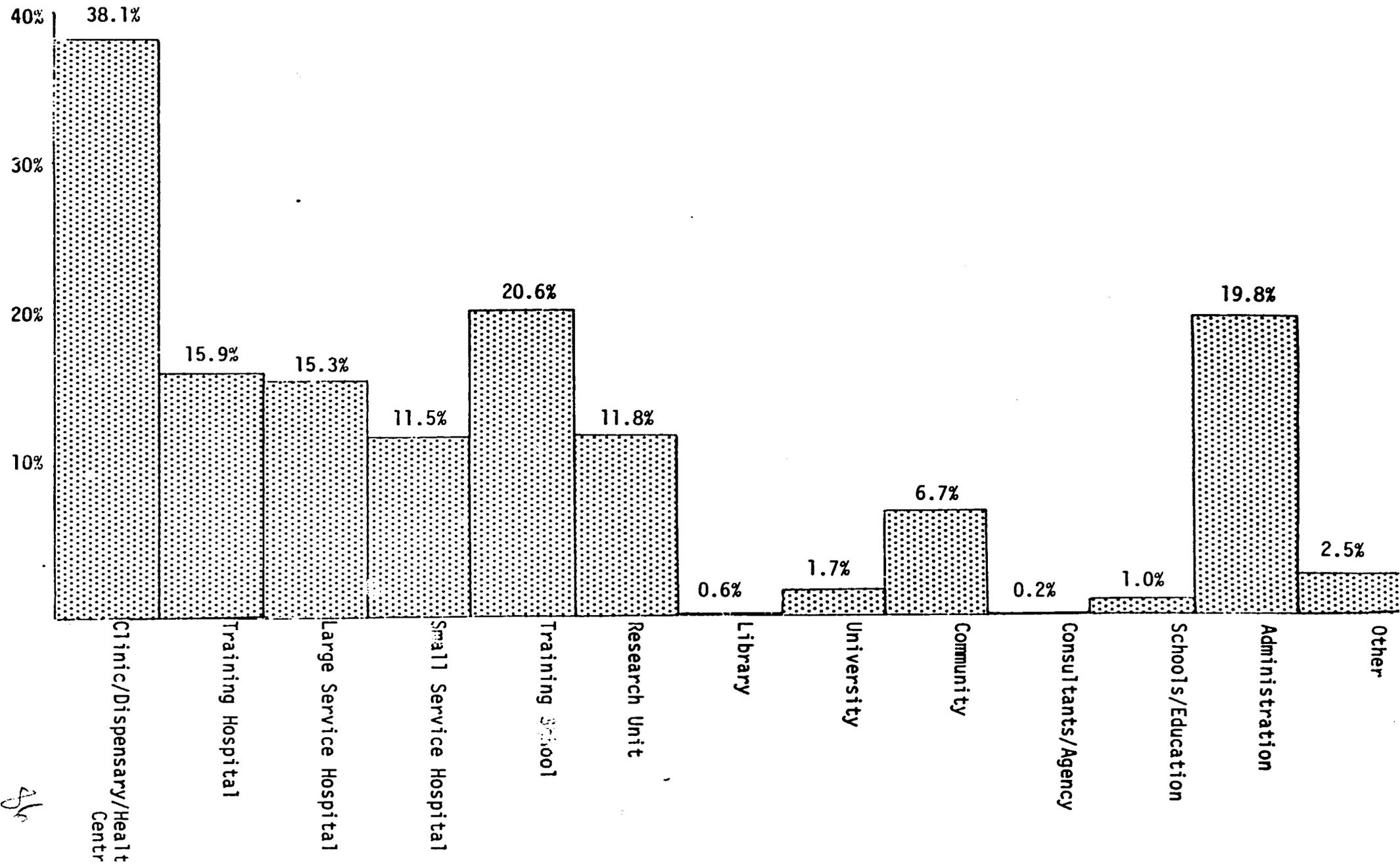
- water project personnel

Non-medical students: includes

- social scientists

45

Question 11: Where do you work?



2/10

Question 11

Categories breakdown:

Clinic/Dispensary/Health Centre includes - private practice

Administration includes - administrative office
- department of agriculture
- professional/medical association
- national food/nutrition committee/project
- PHC secretariat
- donor agency
- field office
- administrator
- family welfare bureau
- news agency
- ministry of health

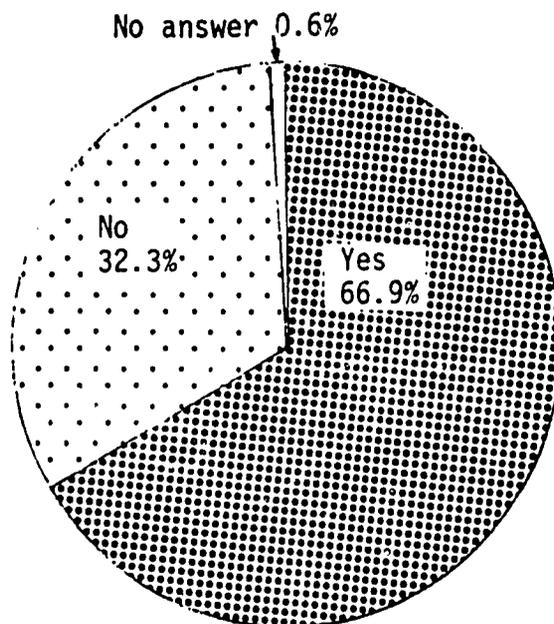
Research unit includes - development authority
- laboratory

Library includes - medical library in hospital

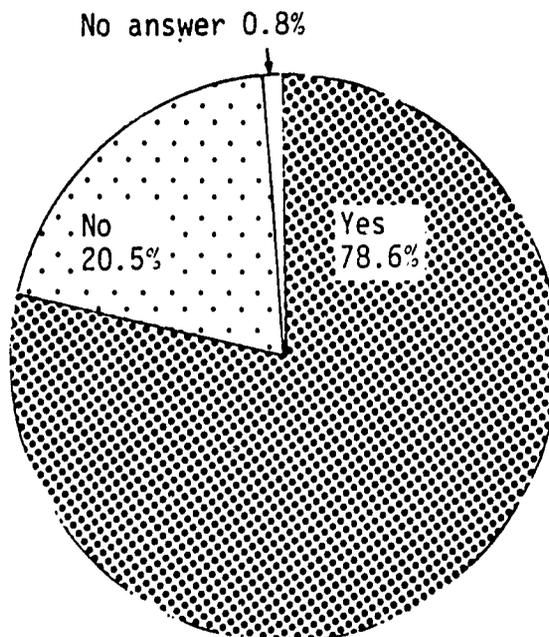
Community includes - church health programme
- field worker
- community worker
- womens clubs
- feeding centres
- PHC programme
- land institute workers
- refugee camp
- community health project

Other includes - rural health committee/development
- medical canteen
- orphanage
- home
- manufacturer
- appropriate health technology programme
- pharmaceutical company
- army
- publications desk
- administrator
- post office

Question 12a: Do you manage cases of diarrhoea?

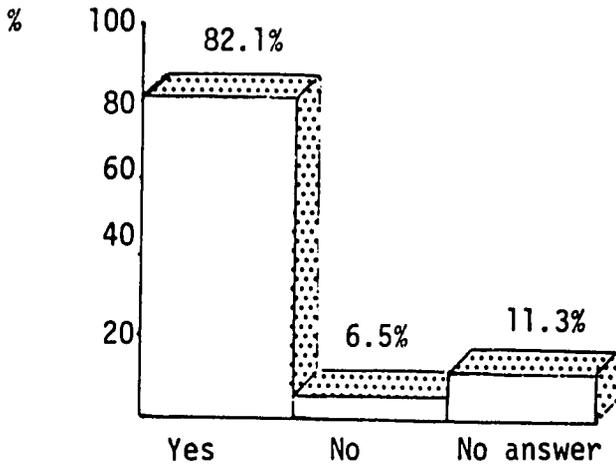


Question 12b: Do you teach or train others about managing diarrhoea?

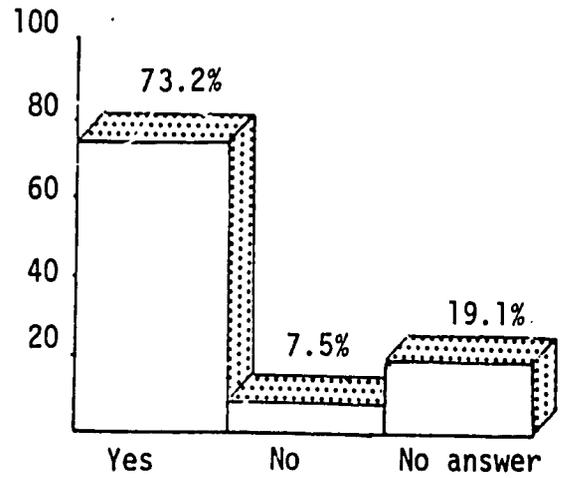


In your teaching, has DD influenced what you teach about:

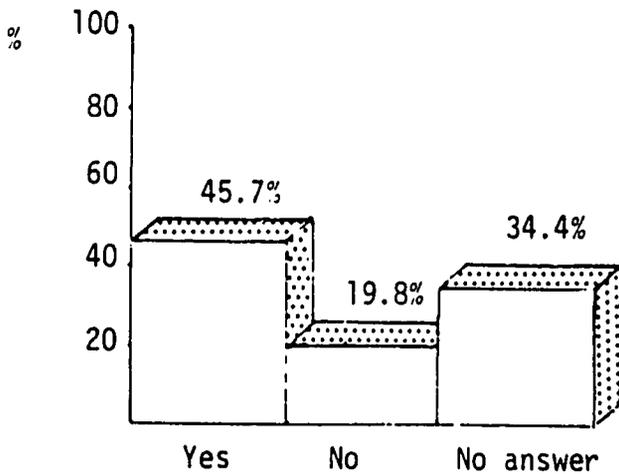
REHYDRATION



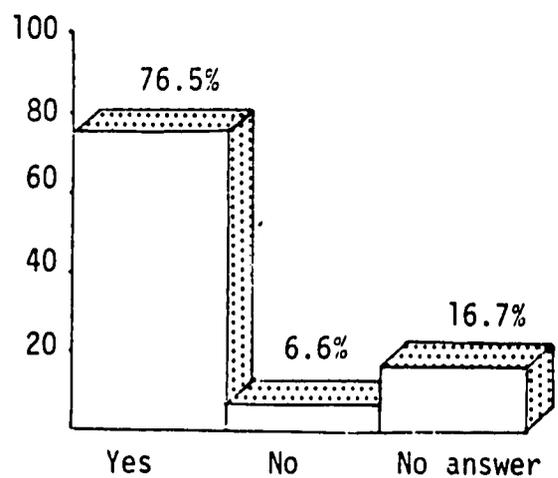
FEEDING



MEDICINE PRESCRIBING



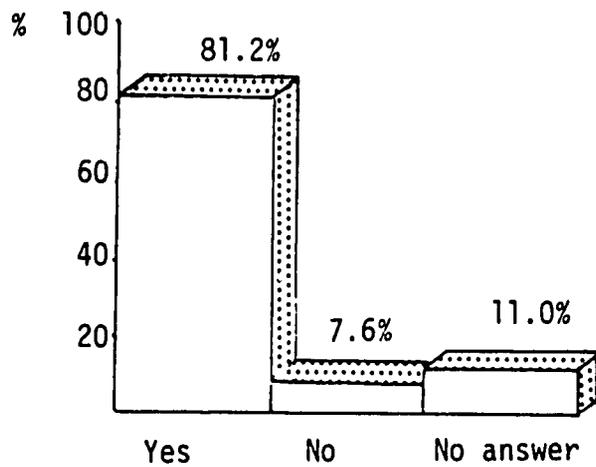
ADVICE TO PATIENTS



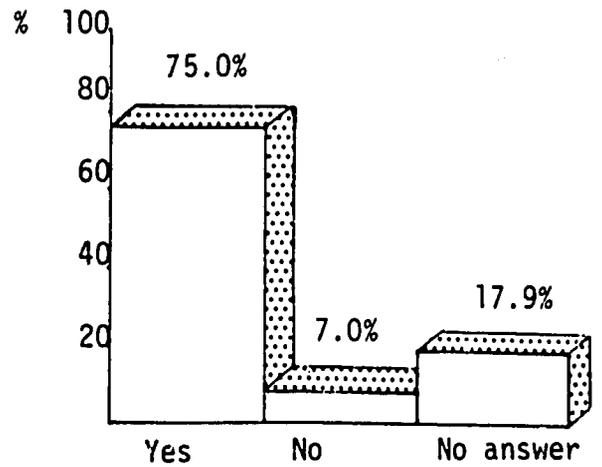
51

In your management of diarrhoea, has DD influenced your method of:

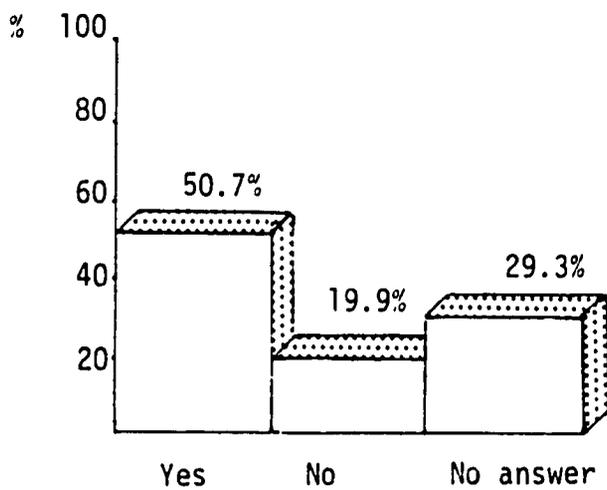
REHYDRATION



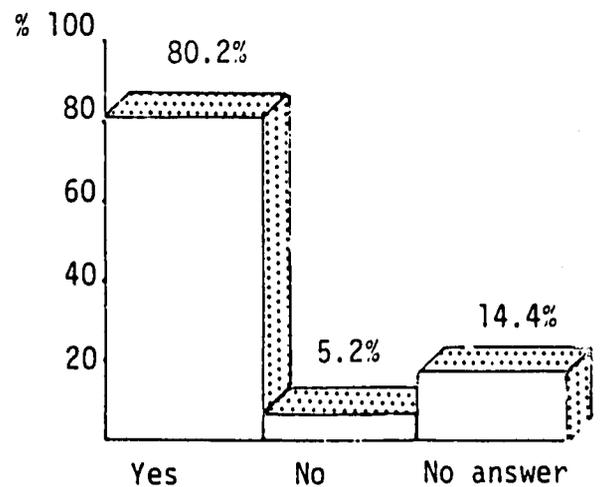
FEEDING



MEDICINE PRESCRIBING



ADVICE TO PATIENTS



In Question 12, readers were asked to give examples of the way in which DD has influenced what they teach and the advice they give to patients and parents.

● Question 12 a: examples of the way in which DD has influenced the management of cases of acute diarrhoea were divided into 8 main areas:

Appropriate food	19.9% of examples given
Appropriate treatment	44.6%
Child care	2.0%
Sanitation and hygiene	5.0%
Breastfeeding	8.8%
Teaching	14.4%
Traditional/cultural	0.4%
Other	5.0%

Specific comments within each area include:

Appropriate food

- . Advice about anorexia
- . Continuing feeding
- . Fluids
- . Nasogastric feeding
- . Weaning advice

Appropriate treatment

- . Reduce drugs
- . Using ORS, even if the child is vomiting
- . Use of appropriate drugs
- . Prescribing chloramphenicol
- . Rehydration of neonates by ORS
- . Using and advocating ORT
- . Cereal-based ORT
- . Less use of IV
- . Treatment of chronic diarrhoea
- . Using WHO formula
- . Follow up treatment
- . Less referral to hospital
- . Practical preparation of ORS
- . Strategy for vomiting
- . Rehydration
- . Providing spoons
- . Feeding by dropper technique
- . Use of rice water
- . Management of child refusing ORS

Child care

- . Measles vaccination
- . Immunisation
- . Baby care
- . Growth monitoring
- . Vitamin A
- . Vitamin supplementation
- . Vitamin C

Sanitation and hygiene

- . Prevention of diarrhoea
- . Hygiene
- . Prevention.
- . Clean water supplies

Traditional/cultural treatment

- . Breastfeeding
- . Coconut water
- . Use of herbal treatments
- . Acupuncture

Teaching

- . Teaching children to prepare ORS
- . Teaching strategy
- . Education of mothers and patients
- . Teaching mothers to prepare ORS
- . Encouraging patients
- . Giving patients DD to reinforce teaching
- . Giving health talks
- . DD led to change of opinion
- . Health education

Other

- . Home management of diarrhoea
- . Using local ingredients
- . Research into rice flour and home made solution
- . Laboratory studies
- . Solar promotion literature

● Question 12 b: examples of the way in which DD has influenced teaching:

Feeding	13.6% of examples given
Treatment/diagnosis	5.9%
Advice to patients	2.0%
Sanitation and hygiene	2.7%
Home management	5.8%
Teaching	16.2%
Traditional/cultural treatment	0.6%
Prescribing medicines	8.2%
Rehydration	21.7%
Case studies	1.1%
General child care	1.0%
Other	2.0%
No answer	42.6%

Question 18

Other languages in which DD, or material from DD has been produced

Amharic (Ethiopia)
Arabic
Baruba (Nigeria)
Bemba (Zambia)
Bhutanese (Bhutan)
Bissan (Nigeria)
Bengali (Bangladesh/India)
Berber (Morocco)
Bahasa (Indonesia)
Chagga (Tanzania)
Chichewa (Malawi)
Krio (Sierra Leone)
Dzongkhag (Bhutan)
Farsi (Iran)
Yoruba (Nigeria)
French
German
Guidebele (Zimbabwe)
Halenzin (Kenya)
Hindi (India)
Hinkdoo (Pakistan)
Hausa (Nigeria)
Thai (Thailand)
Ichoma (Nigeria)
Idama (Nigeria)
Igede (Nigeria)
Igbo (Nigeria)
Igala (Nigeria)
Indonesian (Indonesia)
Kannada (India)
Kiswahili (Tanzania/Zambia)
Loko (Sierra Leone)
Malayiam (Malaysia)
Mbulu (Tanzania)
Madzi (Zambia)
Marathi (India)
Mwaghavi (Nigeria)
Nuer (Sudan)

Portuguese (Brazil)
Quechua (Ecuador)
Shona (Zimbabwe)
Sinhala (Sri Lanka)
Sukuma (Tanzania)
Spanish (Peru/Panama)
Suidi (Pakistan)
Swahili (Tanzania)
Tamil (India)
Telegu (India)
Tangale (Zaire)
Thenine (Sierra Leone)
Tiur (Nigeria)
Turkish (Turkey)
Tiv (Nigeria)
Tansug(Philippines)
Urdu (Pakistan)
Vizayan (Philippines)

Question 19: What other health education material could DD produce that would be useful to you? On what subjects?

Readers' comments in response to this question were broken down into the following categories (responses are given as written):

CAUSES OF DIARRHOEA:

- . tables on causes and treatment of diarrhoea
- . treatment of children
- . causes of diarrhoea

ORT/ORS:

- . ORT
- . emergency rehydration kit
- . treatment checklist
- . anorexia in post-diarrhoeal period
- . rice water
- . spoons
- . ORS for travelling clinics

CARDS/CHARTS/POSTERS:

- . charts
- . centre spread as poster in each issue
- . demonstration cards
- . flannelgraphs
- . flash cards/flip charts
- . posters/charts
- . postcards
- . making posters
- . simple cards explaining treatment
- . teaching charts/material
- . teaching cards
- . material for overhead projector
- . ORT instruction sheet
- . charts for clinic walls
- . clinical advice page posters

CHILD CARE:

- . growth monitoring material
- . immunisation
- . vaccination programmes

FEEDING AND NUTRITION:

- . childhood anaemia
- . breastfeeding and weaning
- . feeding guidelines
- . feeding and diarrhoea
- . nutrition and malnutrition
- . data on nutritional status
- . how to promote breastfeeding
- . bottlefeeding
- . vitamin A deficiency
- . feeding and chronic diarrhoea

USE OF DRUGS:

- . misuse of antibiotics
- . banned drugs
- . medications causing diarrhoea
- . aftereffects/side effects of strong drugs
- . tetracyclines used too often - dangers

WOMEN'S HEALTH:

- . post and antenatal care
- . family planning
- . obstetrics manual

AUDIOVISUAL MATERIAL:

- . audiovisual material
- . material for broadcast
- . films and film strips
- . slides
- . tape cassettes
- . video cassettes
- . silent videos with script for dubbing
- . sheet on theory of ORS

TEACHING/HEALTH EDUCATION:

- . training material for paramedics
- . teaching package for medics
- . teaching techniques and methods
- . storytelling/role play
- . material for schools
- . material for teaching/aimed at mothers
- . model of diarrhoea baby
- . visual aids to demonstrate dehydration
- . material for illiterates

DIAGNOSIS:

- . diagnosis checklist
- . clinical diagnosis material
- . laboratory methods for diagnosis
- . laboratory diagnosis of organisms

HOME MANAGEMENT:

- . different home fluids
- . use of local resources
- . teaching mothers how to mix and give ORS
- . hands vs spoons for eating
- . home training and interventions
- . home remedies
- . making use of local knowledge
- . local beliefs and practices
- . home preparation of rice water
- . convincing mothers

OTHER PRINTED MATTER:

- . coloured pictures
- . diagrams
- . humorous drawings
- . leaflets
- . pictures
- . sequential pictures
- . visual aids
- . cartoons
- . flow sheets
- . stickers
- . graphic illustrations
- . pictures of steps in ORT

SANITATION/PREVENTION:

- . pit latrines
- . prevention
- . sanitation and hygiene
- . nail cutting
- . soap making
- . treating village water supplies
- . water supplies
- . associated diseases

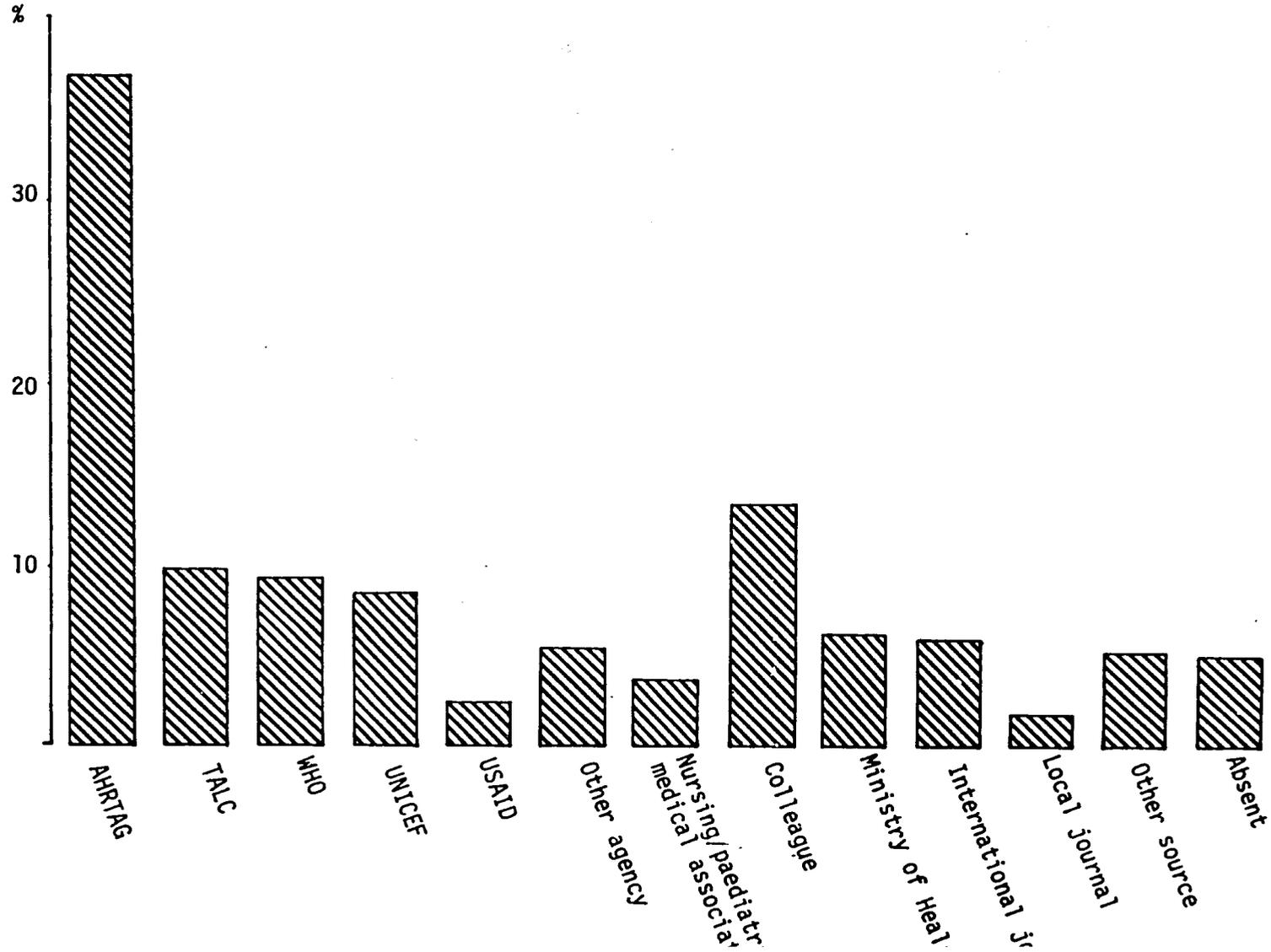
OTHER:

- . anatomy drawings
- . brief writeups with pictures
- . competitions
- . international status of diarrhoea
- . modified packaging

BIBLIOGRAPHY/RESEARCH:

- . booklets
- . medical dictionaries
- . current research
- . WHO manual for treatment of diarrhoea
- . bibliography of diarrhoea material
- . resource lists
- . organisations producing material

Question 20: Where did you hear about DD?



80

International journals included:

Lancet
Medicine Digest
Medicine International
Newsweek
Post graduate Doctor
World Health Magazine
IDRC Journal
Adult Education
Hacettepe University Advices
Mothers and Children
Africa Health
New Internationalist
SE Asian Journal of Tropical Medicine and Public Health
Arab Journal of Medicine
WHO Chronicle
WHO Forum
MAP International
Local journals

Local journals included:

SAMJ
Bwino
Nigerian Punch
La Leche League newsletter
Nigerian Nurse
Journal of Rural Paediatrics
Manicaland Newsletter UTANO

Other sources included:

London School of Tropical Medicine and Hygiene
ICDDR,B Bangladesh
CDC Atlanta
Transformation Resource Centre
International Health Programme, Canada
Radio/media
The Practitioner
Action Health 2000 Group
Elvira Monrovia
Health directorate
Library of Institute of Child Health
Liverpool School of Tropical Medicine
University/college/institute
Oxfam
CRS
World Bank
Royal Commonwealth Society for Preventing Blindness
Hospital/clinic
CUSO
CMAI
DDR, Dhaka
RHUSA, India
Meals for Millions
Neonatal intensive unit
Red Cross
Save the Children
Provincial Medical Director
Peruvian British Association
Mission
VSO

Other comments and suggestions

Other languages:

- . Bahasa version
- . Arabic version
- . Chichewa version
- . Indian language editions
- . Portuguese bibliography
- . Farsi edition
- . Swahili edition
- . Would like permission to translate
- . Urdu service
- . Continue to produce Spanish edition
- . DD in Indian languages

Case studies:

- . less on Africa - more on Asia
- . country epidemiological profiles
- . other countries experiences
- . more on Latin America
- . special case studies
- . information on countries banning antidiarrhoeals
- . quarterly evaluation of programmes
- . column on improving health standards in third world

Layout/format/editorial:

- . include abstracts
- . alternate pictures of African/Asian mother on front page
- . provide binders for DD
- . not enough detail in DD
- . exams for DD readers
- . more illustrations
- . key articles and advice should be summarised
- . longer issues - more pages
- . DD doesn't arrive
- . wider margins to make binding easier
- . include more articles
- . increase number of issues to 12 a year
- . more pictures
- . increase publicity and widen circulation
- . quiz
- . avoid repetition of subjects
- . more reviews
- . do not use the word simple
- . more technical advice
- . technical advice
- . DD is untidy
- . include an annual index
- . repetition of basic facts is good
- . make pages that can be used as visual aids
- . wider range of topics
- . sample and page handouts for ease of translation
- . convincing paediatricians and doctors
- . extend research column
- . references after articles are helpful
- . don't like the change of name
- . complexity of language and technical content varies too much
- . layout of letters page is bad
- . language too complex

- . include more sophisticated articles
- . start column for discussion for GPs
- . summary updates
- . like the more recent issues more
- . DD has lost its momentum since earlier issues

Diarrhoea management:

- . list of equipment/costs
- . more on antidiarrhoeal drugs
- . more on prevention
- . detailed articles on pathogens causing diarrhoea
- . sanitation
- . preventive medicine
- . more stress on prevention
- . does malignant diarrhoea mean persistent diarrhoea
- . preventive measures
- . relationship between allopathic medicine and diarrhoea

Community health:

- . colostrum
- . immunisation
- . mothers' health
- . DD should become more general paediatric publication
- . protein calorie malnutrition
- . interaction of growth monitoring/nutrition/diarrhoea
- . counselling
- . appropriate age for weaning foods
- . institute a campaign against bottlefeeding
- . continue to place emphasis on non-professional health workers
- . how to start a community health programme

Other diseases:

- . associated disorders as well as diarrhoea
- . drugs to prevent vomiting?
- . more on paediatrics generally
- . update on rotaviruses
- . include other diseases
- . column on children's problems

Problems with ORT:

- . less emphasis on packet ORS - more on using home resources
- . need to persuade manufacturers to standardise packet sizes
- . standard ORS packets unavailable
- . side effects of ORS
- . too many success stories - not enough on failures and pitfalls
- . bear in mind limited resources of developing countries
- . ORS too expensive
- . how to produce ORS more cheaply
- . is ORT alone sufficient where diarrhoea is caused by bacterial pathogens?
- . can ORT succeed where there is vomiting as well as diarrhoea
- . not as impressed by ORT as others seem to be
- . ORS solution should come ready prepared for those who do not have clean water
- . more critical research on effect of ORT on morbidity and mortality
- . ORT is difficult to translate
- . 1000 cc difficult measure - make packets to make up one cup measure

Other:

- . bring out a book
- . book reviews are useful
- . use of cinemas/TV/seminars to spread the message
- . arrange regional seminars and health training programmes
- . material for use in teaching mothers
- . family planning
- . more health education for health workers
- . resources lists
- . how to organise seminars
- . small manual to be updated regularly - annually
- . health education programmes
- . list of voluntary organisations with funds
- . importance of education
- . emphasise importance of demonstration in teaching
- . larger charts for assessing the degree of dehydration
- . produce calendar showing ORT information/conferences/courses/seminars
- . could DD investigate possibility of getting sponsors for health personnel to attend courses
- . train medical supervisors to coordinate properly
- . mobilise public and spread the message
- . colour centre spread to be used as posters

Other comments were mainly praise of DD in general.

Specific comments within each area included:

Feeding

- . Breastfeeding
- . Feeding
- . When to give milk
- . Milk banks
- . Feeding anorexic children
- . Appropriate food
- . Appropriate food
- . Protein
- . Realimentation

Treatment/diagnosis

- . Advice to patients on treatment
- . Diagnosis
- . Dosage
- . Cereal based ORS
- . Early treatment
- . ORS also effective for other febrile conditions
- . Changed from using sugar salt to rice powder
- . Identification of dehydration
- . IV
- . Use of diarrhoea management pull out
- . Appropriate nursing
- . Children given other medicines to please parents
- . Setting up diarrhoea units at health centre
- . Treatment
- . Follow up treatment

Advice to patients

- . Practical demonstrations
- . Rehydration demonstration in ward
- . Lecture on radio
- . Leaflet for mothers
- . Providing publications about feeding during and after diarrhoea
- . Encouraging patients

Sanitation and Hygiene

- . Clean water
- . Use of clean water
- . Proper hygiene

Home management

- . Home made sugar salt solution
- . Home management
- . Oral fluids taken on way to hospital
- . Preservation of ORS

Teaching

- . ORT included in students' syllabus
- . Training children at local schools
- . Teaching/lecturing
- . Education technique
- . Health talks
- . Teaching mothers
- . New methods
- . Used in project training as reference material/for advice to health workers

- . Share latest ideas, use DD examples, quotes
- . General education of patients and parents
- . Weekly discussion

Traditional/cultural treatment

- . Use of teas
- . Coconut water
- . Lecture on traditional beliefs

Prescribing medicines

- . Appropriate drugs
- . Vitamin A
- . Drug use

Rehydration

- . Preparation of ORS
- . Spoons for staff and parents
- . Fluids
- . ORS/ORT
- . Rehydration
- . Rice water

Case studies

- . Comparison with other countries
- . Epidemiology

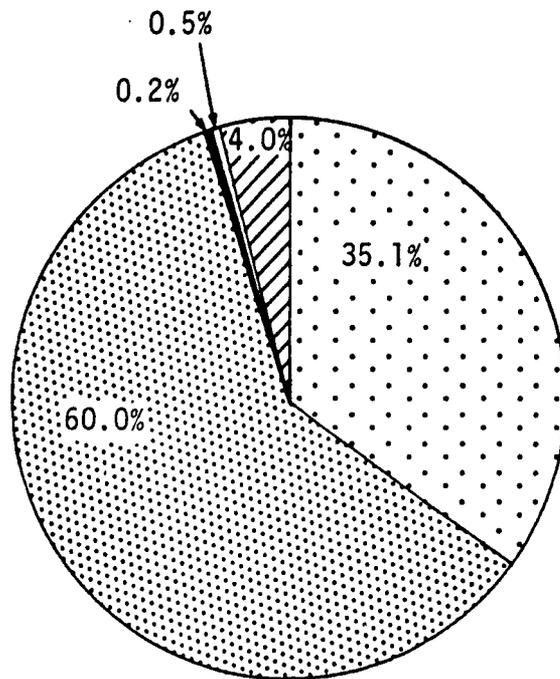
General child care

- . Malnutrition
- . Immunisation
- . Vomiting - treatment when
- . Growth

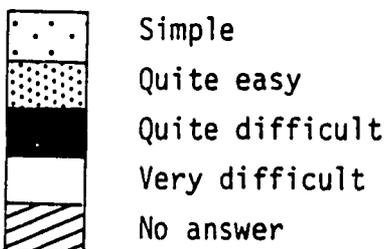
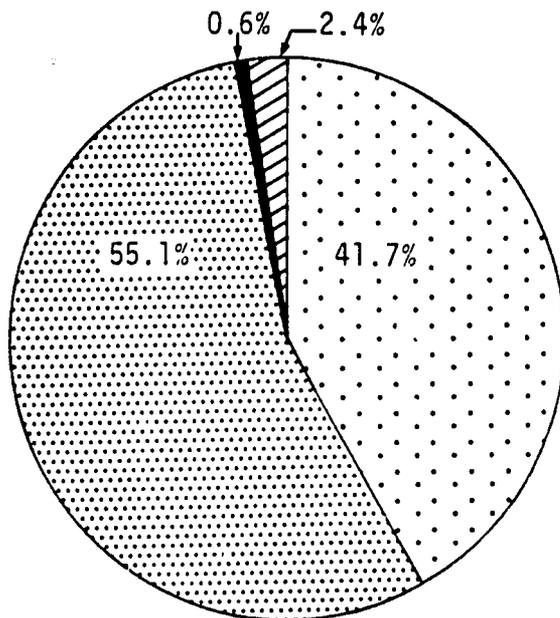
Other

- . Details and scientific support
- . Policy decisions
- . Prevention
- . Research
- . Writing

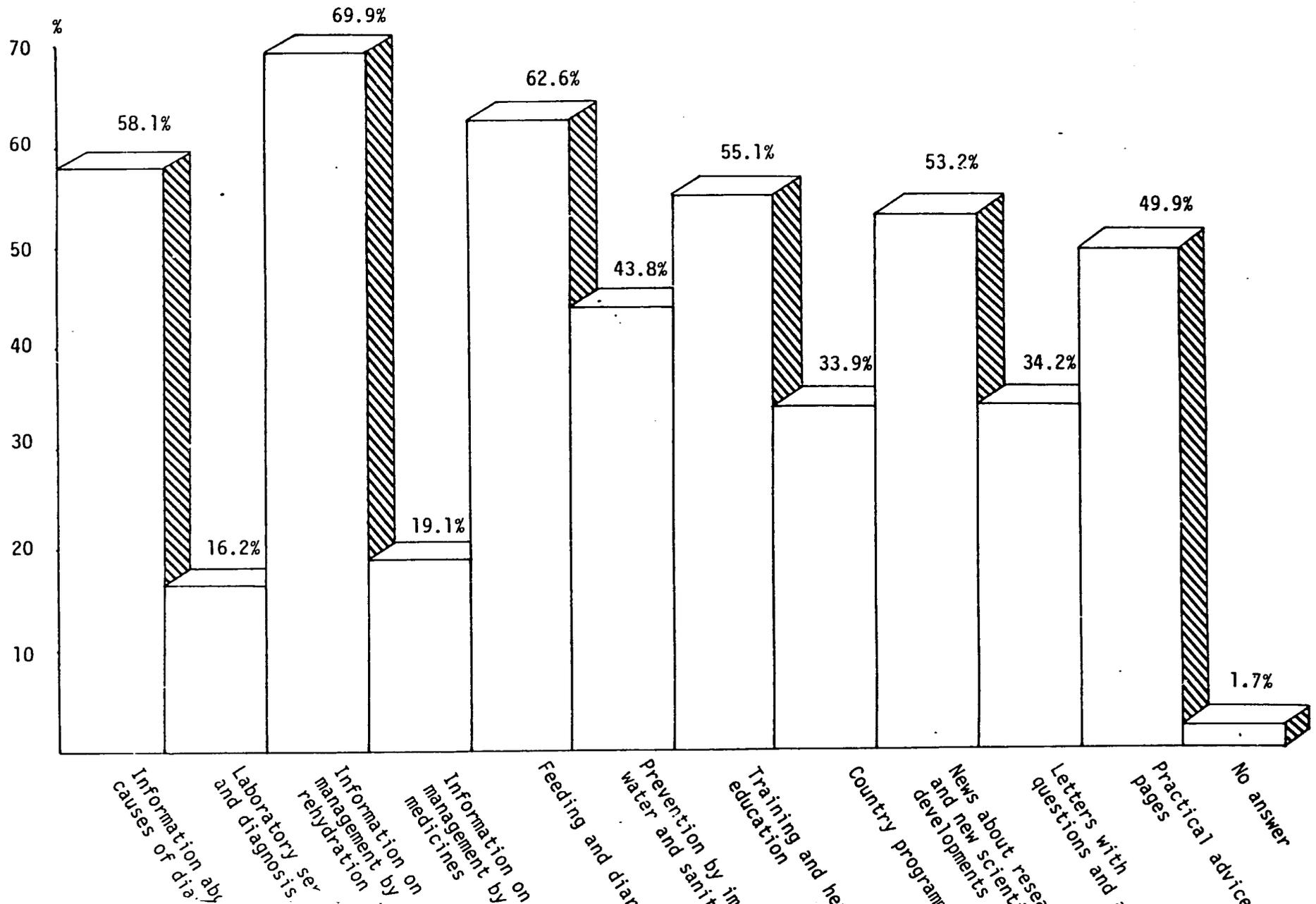
Question 13: Technical content of DD



Question 14: English language in DD



Question 15: Which features in DD do you find most useful?



Questions 16 and 17 asked readers to specify which articles from previous issues they would like to see updated in DD, and which subjects they would like DD to cover in future issues or inserts. The answers to these two questions have been combined and divided into major subject groups. These are outlined below along with verbatim requests.

Malnutrition/nutrition problems

- . diarrhoea and growth *
- . growth monitoring *
- . diarrhoea-malnutrition complex *
- . absorption of different foodstuffs in children with diarrhoea
- . role of cows milk
- . relationship between protein energy malnutrition and diarrhoea
- . malnutrition and diarrhoea

Aetiology/causes of diarrhoea

- . rotaviruses
- . rotaviruses 10 years on
- . amoebiasis
- . management of shigellosis
- . finding the guilty organisms*
- . laboratory services
- . new aetiological agents of diarrhoea
- . non-microbial causes of diarrhoea
- . searching for viruses*
- . viral diarrhoeas*
- . causes of childhood diarrhoea
- . clinicians guide to aetiology*
- . causes chart
- . aetiology
- . bedside diagnosis of causes
- . role of salmonella in diarrhoea
- . biochemical basis

Use of drugs

- . avoiding drugs
- . cautious prescription*
- . drug therapy
- . management by medicines
- . role of simple medicines for diarrhoea control

Prevention of diarrhoea

Feeding and diarrhoea

- . appropriate food in different countries
- . breastfeeding during diarrhoea*
- . breastfeeding to reduce severity of diarrhoea*
- . feeding and diarrhoea
- . feeding the anorexic child*
- . nutrition and diarrhoea
- . weaning and diarrhoea
- . breast or bottle*
- . breastfeeding - best start for all babies*
- . sources of potassium*
- . promoting better nutrition - leaf nutrient*
- . antimicrobial diet
- . breastmilk banking*
- . feeding and weight*

- . feeding, diarrhoea and food practices
- . weaning foods and routines
- . dietary management during measles
- . feeding
- . breastfeeding

ORS and super-ORS

- . enriched ORT*
- . home made ORS
- . home mix v packets
- . promoting ORT*
- . quantities of salt and sugar needed for ORS
- . UNICEF ORT*
- . nutritional value of ORT
- . how to make and use ORS solution
- . over the counter success*
- . successful ORT*
- . modified ORS
- . other ORS formulae
- . making ORS more attractive to mothers
- . recipe for solutions updated
- . ORS
- . ORS research/advances in ORS with rice powder ORS*
- . rice ORS
- . new types of OR solution
- . super ORS
- . cereal-based ORS
- . use of cereals

Treatment of diarrhoea

- . approaches to rehydration
- . cholera update
- . clinical advice page*
- . management of dehydration
- . rotavirus - expectations for a vaccine*
- . dangerous partners* (move to malnutrition)
- . careful management*
- . home fluids - food or drink*
- . treating diarrhoea early*
- . control strategies*
- . tamed by ORT*
- . progress in Zimbabwe and Bangladesh*
- . treating diarrhoeal early*
- . ORS alone in treatment of dysentery
- . first steps in child survival
- . controlling diarrhoea
- . management of diarrhoea
- . ORT/oral rehydration
- . correction of fluid and electrolyte imbalance
- . issues in oral rehydration
- . home/traditional/local treatments

Diagnosis of diarrhoea and dehydration

- . signs of dehydration and how to recognise them
- . diarrhoea need not kill - how to recognise dehydration*
- . signs and symptoms of diarrhoea

Hygiene and sanitation

- . hygiene/sanitation
- . water supply
- . dirty water to prepare ORS*
- . soapmaking*
- . sanitation
- . pit latrines*
- . water and sanitation

Research

- . 100 years of research on cholera*
- . control programmes, key role of laboratories
- . research

Diarrhoea - general

- . diarrhoea and the newborn*
- . persistent diarrhoea*
- . the most feared of diarrhoeal diseases (cholera)*
- . information and diarrhoeal disease control
- . diarrhoea and the new born*
- . the devastating disease (cholera)*
- . chronic diarrhoea*
- . management of diarrhoea

Case studies

- . evaluation of programmes
- . Nicaraguan and Honduran experiences*
- . episodal frequency of diarrhoea in Bangladesh
- . country programmes
- . diarrhoea in Bangladesh

General health

- . health education slide shows*
- . respiratory infections
- . growth
- . immunisation
- . malaria
- . effects of salicylic acid
- . health basics inserts
- . primary health care
- . measles immunisation and diarrhoea *
- . treating the whole child (vitamin A deficiency)*
- . post diarrhoea distentia
- . all material from issue 16 to do with immunisation
- . control of vomiting
- . acute respiratory infections

Education/ attitudes

- . attitude of doctors/convincing the doctors*
- . community participation
- . health education
- . making visuals for health workers
- . nutrition training for mothers
- . ORT and prevention in the community
- . promoting ORT
- . training
- . DD19 - audiovisual materials

10/11

- . getting the message across*
- . teaching aids*
- . health education for non-literates
- . guide to home management of diarrhoea
- . ORT education campaign
- . health education*
- . attitudes and beliefs about diarrhoea*

Diarrhoea and blindness

- . diarrhoea and blindness*
- . vitamin A supplementation*
- . diarrhoea and cataract*

Question 18: examples of type of material from DD reproduced by readers and the way in which material from DD is used by the readership

DIAGNOSIS

- . measuring the degree of dehydration
- . assessment of dehydration and treatment plans
- . identifying the dehydrated child
- . types of diarrhoea
- . finding the guilty organism

SANITATION

- . use of soap
- . handwashing
- . hygiene
- . pit latrines
- . material on clean water

PREVENTION

- . material on prevention

HOME TREATMENT

- . homemade rehydration fluids
- . home management guide reproduced
- . home/local remedies

TEACHING HEALTH PROFESSIONALS

- . group meetings
- . for a book
- . seminars
- . in studies/writing dissertations
- . for teaching/training
- . lectures

MEDIA/CIRCULATION

- . broadcasting
- . circulation
- . circulation to libraries
- . sent to customers
- . used in local magazine
- . used in newsletter
- . DD articles translated
- . made handouts
- . used in publications
- . library visitors reproduce articles for study
- . use in films/video/radio programmes
- . used in calendars
- . circulated to voluntary organisations

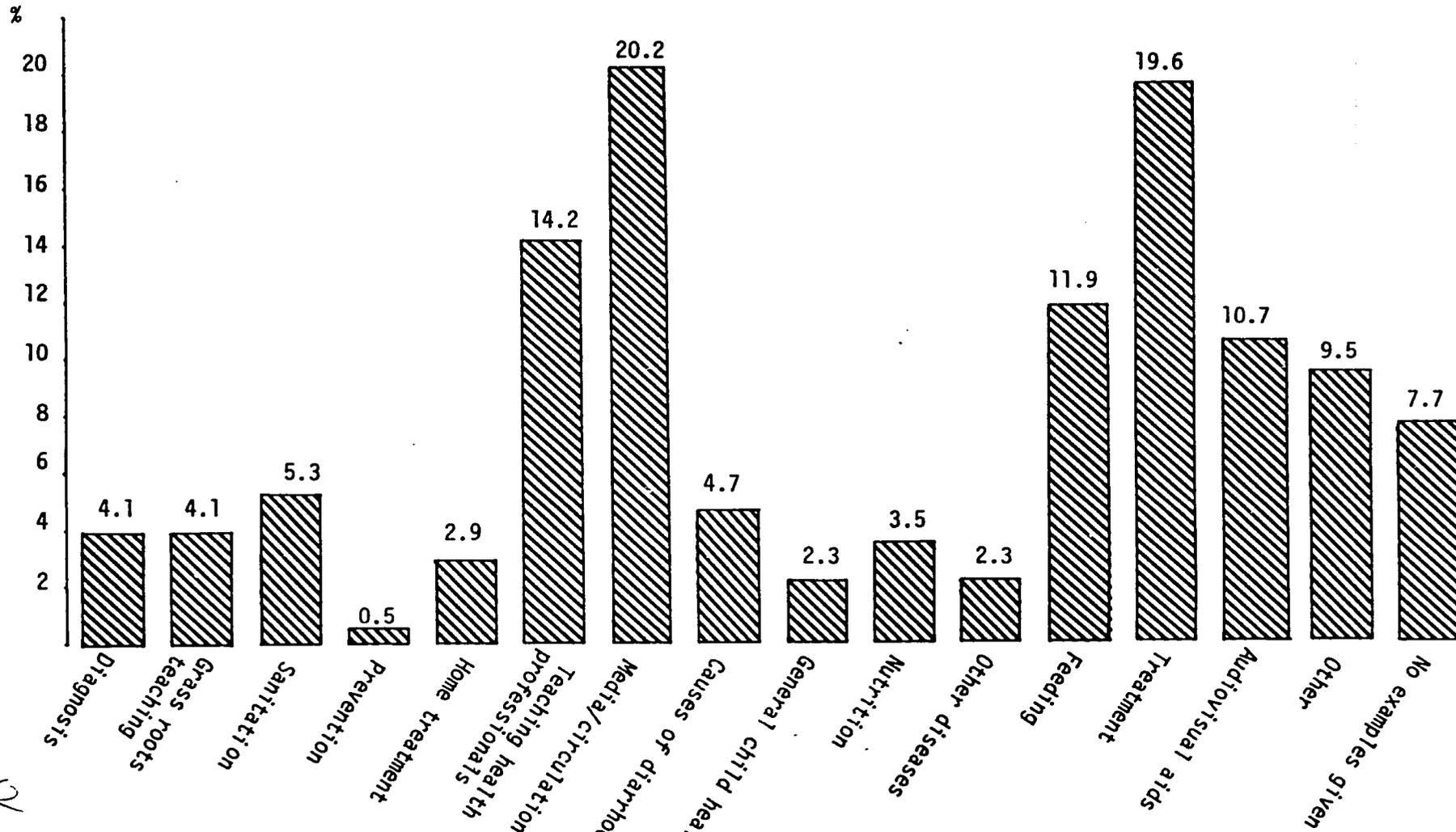
CAUSES OF DIARRHOEA

- . definitions
- . laboratory material
- . material on pathophysiology of diarrhoea

GENERAL CHILD HEALTH

- . health basics - breastfeeding and growth monitoring
- . issue on diarrhoea and growth

Question 18: Have you reproduced any material from DD? Twenty-two per cent of respondents said yes they had reproduced material from Dialogue on Diarrhoea. The graph below gives a percentage breakdown of examples of the type of material reproduced.



1/2

NUTRITION

- . breastfeeding issue
- . vitamin A deficiency

FEEDING

- . material on breastfeeding
- . material on feeding/weight
- . feeding anorexic children

TREATMENT

- . cereal based ORS
- . use of drugs
- . information on ORS
- . pullout on ORT - treatment plans
- . information on rehydration
- . rehydration table reproduced
- . advice about when to use IV treatment
- . rehydration guidelines
- . use of rice water

AUDIOVISUAL AIDS

- . cassettes
- . drawings reproduced
- . material used in posters and charts
- . photographs reproduced
- . tables used
- . used for home made charts
- . practical advice pages reproduced
- . material made into slides
- . cartoons

OTHER

- . material photocopied
- . DD material generally incorporated into own material
- . used as reference material
- . how to write a research proposal article used
- . used in discussion groups
- . DD material used in quiz
- . survey/research
- . used as resource material
- . cholera control

ANNEX C

NOTES ON COMPUTER AND MAILING LIST

MODEL

ICL 36/46 PC. This is a multi-user, multi-task system with 3 screens. It has a 20 megabyte hard disc and one floppy disc drive.

SOFTWARE

dBase II - The mailing list uses a suite of programmes written for AHRTAG using dBase II.

THE PROBLEM

The mailing list continues to grow in size and now contains approximately 17,000 records. This number is too large for the memory to store and still have room to process all the records for some reports. Thus in 1986 the mailing list was split into three 'user areas' - WHO regions 1, 2, 3; WHO region 4, 5, 6; and the Indian mailing list. Each user area is processed separately. The user area which contains regions 1, 2, 3 has now become too large to process, mainly due to region 3 (which consists mainly of Africa) and consequently further action will have to be taken.

Various options are open to us to overcome this problem.

1. Split WHO region 3 from regions 1 and 2- and possibly also split region 3. This is a temporary solution and would result in greater processing time needed to produce labels or reports.
2. Buy new hardware - either a new 20 megabyte hard disc, or possible a new computer system with more memory. This would provide greater memory space and consequently get over the problem.

A further problem exists with the fact that the software written for the Mailing list does not achieve many desirable functions, and it slow to run. some of these drawbacks can be overcome by developing more dBase II programs, or modifying present ones. A further option is to obtain a more user-friendly programming language and convert our present records to it.

Since this system was installed, computer hardware has become a lot cheaper, runs faster and has a greater amount of memory available. Software has also changed with the development of a number of program languages which are easier for the layman to understand and use, and do not need the skills of a programmer.

The various options outlined are being examined to determine the best way forward.

ANNEX D

Subscriptions

'Dialogue on Diarrhoea' is sent *free* to all readers, *except* to those in Western Europe and North America. To help pay for the others, we must ask the latter for a small annual subscription of US\$10.00 or £5.00 sterling to cover 4 issues. For details of payment, see below.

Donations

We need additional support to continue free distribution to developing countries. Any donation, however small, will help. If you are a British taxpayer and complete a Deed of Covenant, we can increase the value of your gift by reclaiming tax. If you are interested in doing this, please tick here:

How to subscribe or donate money to DD

- Bank accounts outside U.K. — to avoid bank charges to *DD*, please send (in sterling or dollars) a cheque, an international money order (obtainable from any bank), or a bank draft drawn on a British bank.
- British bank account holders can, of course, send a normal cheque.

Dialogue on Diarrhoea,
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London, W1M 3DE,
United Kingdom.
Tel: 01-486 4175.

International money orders, bank drafts or cheques should all be made payable to: AHRTAG, 'Dialogue on

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The international advisory board provides a valuable source of expertise in the field of diarrhoeal disease control, contributing material to the newsletter, promoting *DD*, and acting as a forum for new ideas and feedback for the *DD* staff.

**Dialogue on
Diarrhoea** 

DD is published by:

Appropriate Health Resources and Technologies Action Group Limited.

Dialogue on Diarrhoea



**The international newsletter on
the control of diarrhoeal diseases**

Dialogue on Diarrhoea

Dehydrating diarrhoea is responsible for the deaths of five million young children in developing countries every year. The tragedy is that most of these children need not die. Simple preventive measures taken by families and communities, and a simple solution — oral rehydration solution — to replace lost body fluids and salts, could save many young lives.

Diarrhoeal disease control is therefore an important component of programmes to improve health care in many countries, and promotion of oral rehydration therapy an integral part of the global child survival revolution. The availability of appropriate information is crucial to the success of these programmes. *Dialogue on Diarrhoea* plays a vital role in disseminating information to ensure that in future young children need no longer die simply for lack of a drink.



Background

Dialogue on Diarrhoea (DD) was first published in 1980 at the suggestion of the World Health Organization, to help meet the need for information about oral rehydration therapy (ORT) and diarrhoeal disease control. *DD* provides a focus for the exchange of practical information, current research findings and general news about all aspects of effective prevention and treatment of diarrhoeal disease. The English edition is published quarterly.



Target audience

Since so many people are involved in diarrhoeal disease control programmes, *DD* is aimed at a broad range of health personnel, from health planners and administrators, to public health and primary health care workers. The readership includes doctors, nurses, pharmacists and trainers of health workers, as well as representatives of sectors outside the health services, such as agricultural extension workers, school teachers, and volunteers working overseas on development aid programmes.



Circulation

The English edition is distributed to over 120,000 individuals and organisations in more than 165 countries. Between 150-200 letters are received each month from readers and new subscribers asking to be placed on the mailing list.



Content

The material included in *DD* is presented in clear, simple and easily understandable language, with an emphasis on useful, practical information. A major theme is selected for each issue reflecting the relationship between diarrhoeal disease, other illnesses and nutrition, and the environmental and social background to the disease. Previous editions have discussed:

- feeding and diarrhoea
- water and sanitation
- breastfeeding
- oral rehydration therapy
- immunisation and diarrhoea
- blindness and diarrhoea
- communications techniques



Occasional inserts

These inserts enable *DD* to include more detailed information of a practical nature on particular topics. Inserts focusing on breastfeeding, ORT, and growth monitoring have been published.



Other languages

DD is also published in:

- French
- Spanish
- Portuguese
- Arabic
- Tamil

DD readers have translated pages from the newsletter into additional languages including Hindi, Vietnamese, Turkish, Urdu, Thai and Nepali.



Feedback

Many readers write to express their appreciation of the newsletter, to ask for advice or to tell us about their work. This correspondence provides a vital dialogue between organisations and individuals working in diarrhoeal disease control, and enables other readers to benefit from the experience of their colleagues.



Funding

DD is currently funded by a variety of international agencies, private and non-governmental and government organisations. Further funding is needed to ensure continued publication of the newsletter.

How to join the 'Dialogue on Diarrhoea' mailing list

To become a regular reader, fill out the details below and return to:

Dialogue on Diarrhoea,
AHRTAG,
85 Marylebone High Street,
London, W1M 3DE,
United Kingdom.

Name _____

Organisation _____

Address _____

Type of Work _____

Language

The newsletter is available in several languages. Please tick the one you would like. If you can help us by distributing extra copies locally, please say how many copies you would like.

English _____

French _____

Spanish _____

Portuguese _____

Arabic _____

If it could be made available, in what other language would you like to receive *DD*? _____

Diarrhoea Dialogue



Published by the Appropriate Health Resources and Technologies Action Group Ltd (AHRTAG)

Scientific editors: Dr Katherine Elliott
Dr William Cutting
Executive editor: Denise Ayres

1986

Dear Friend,

Unfortunately we are no longer able to distribute Dialogue on Diarrhoea free of charge to developed countries.

If you would like to receive the newsletter, we have to ask you to make a small contribution to our costs.

If we do not hear from you, we will assume that you do not wish to go on the mailing list.

.....
I would like to receive Dialogue on Diarrhoea Yes/No

Charges for 1986 (four issues):

£5.00 (US\$ 10.00) for individuals
and organizations.....

Charges for a set of back copies are the same as above

I would like to receive a set of back copies Yes/No

I enclose £5.00 (US\$ 10.00).....

I enclose a total amount of.....

PLEASE MAKE PAYMENT IN £ STERLING OR US\$ ONLY. CHEQUES (UK ONLY), BANK DRAFTS (DRAWN ON A BRITISH BANK), OR INTERNATIONAL MONEY ORDERS SHOULD BE MADE PAYABLE TO AHRTAG.

.....
NAME.....

ORGANIZATION.....

ADDRESS.....
.....

We would welcome any other contribution, to further help with the production of the newsletter.

PLEASE RETURN THIS FORM TOGETHER WITH YOUR PAYMENT TO THE ADDRESS BELOW.

Please reply to: AHRTAG, 85 Marylebone High Street, London W1M 3DE, UK. Tel: 01-486 4175
Registered Charity No.274260 Company Registered No.1322161 (England)

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DD subscriptions

Due to rising costs and rapid expansion of the English mailing list, we are no longer able to distribute *DD* everywhere free of charge. We are therefore asking all our readers in North America and Western Europe, who can afford to do so, to make a small contribution in the form of a subscription fee. \$10.00 / £5.00 would cover the cost of producing and distributing your copies of *DD* for one year. This obviously does not apply to those who have already subscribed, or who are exempt for any reason - for example, if you contribute to *DD*, or work for an agency which funds the newsletter or distributes *DD* to health workers in developing countries.

Cheques, bank drafts, or international money orders should be made payable to 'Dialogue on Diarrhoea' (AHRTAG). Please make payments in £ sterling or US \$ and write your subscription number, if you have one, on the back of the cheque.

DD mailing list

- Funds for free distribution of *DD* are limited. We would like the newsletter to continue to reach those readers who find it useful. Please write to us or fill in and return the form below if you no longer wish to receive *DD*.
- Readers in North America, Western Europe, Australia and New Zealand are asked to pay an annual subscription to *DD* (US\$10.00 or £5.00 sterling). If you have not already paid, please send a cheque or international money order payable to AHRTAG (*DD*) together with your completed form.
- The *DD* mailing list is currently being updated. If we do not have your correct mailing address please complete the form and return to AHRTAG at 85 Marylebone High Street, London W1M 3DE, U.K.

Name
Address
.....
.....
Subscription No.
Readers in North America, Western Europe, Australia and New Zealand only:
I enclose payment for one year's subscription to <i>DD</i> <input type="checkbox"/>
I no longer wish to receive <i>DD</i> <input type="checkbox"/>

ANNEX E

NON-AID FUNDS FOR DIALOGUE ON DIARRHOEA, ENGLISH AND TRANSLATIONS, AT JUNE 1987

NOTE: two exchange rates have been used:

£ 1 : US \$ 1.62

£ 1 : US \$ 1.50 (distinguished by a * after the amount in \$. These amounts were generally received early in the project year)

1. English \$77,875 U.S.

1. Negotiations are underway with the UK's ODA for a grant of £10,000 (\$ 16,200). It is hoped that we will be able to re-apply for the period 1987/1988.

2. REACH is paying for the printing and distribution of an insert on EPI. They have agreed to pay £4,000 (\$6,480) towards printing, and will be asked for approximately £2,500 (\$ 4,050) for distribution.

3. Negotiations are underway with the Carnegie Corporation for £15,430 (\$ 25,000) for DD 30 on Women's issues.

4. UNICEF contributed £6,670 (\$ 10,000*)

5. WHO are expected to contribute a total of £13,340 (\$20,000*) of which £2,670 (\$4,000*) is for the Spanish.

6. Cadbury Schweppes Charitable Trust donated £100 (\$ 162).

7. Sim International donated £31 (\$ 50).

2. French \$23,490

1. The UK's ODA has matched the AID contribution for 1986/87 by providing £15,660 (\$ 23,490*). They have agreed to continue funding at this level (adjusted by 10% for inflation) for the next two years.

3. Arabic \$5,000

1. UNBICEF (Middle East) have contribute £3,340 (\$5,000*) for 1986/1987, and the same amount for 1987/1988.

4. Portuguese \$30,072

1. SIDA have contributed £3,000 (\$ 4,860) and may make a further contribution.

2. The Gulbenkain Foundation (UK) have contributed £2,900 (\$ 4,700).

3. The Methodist Division for Social Responsibility have contributed a total of \$ 6,480 from two of their trusts.

4. ODA have contributed £6,810 (\$11,032).

5. The Italian Government promised £2,000 (\$3,000*) in December 1985. This has not yet arrived, but is being chased.

5. Spanish \$26,500

1. UNICEF (Bogota) contributed £2,000 (\$3,000*) plus a further £2,670 (\$4,000*)

2. Oxfam (UK) contributed £670 (1,000*)

3. PAHO contributed £1,000 (\$ 1,500*)

4. PAHEF contributed £2,000 (\$ 3,000*)

5. WHO (Geneva) is providing £2,670 (\$ 4,000)

6. CPHA contributed £6,670 (\$ 10,000*)

6. POSTER COMPETITION

- various small donations have been made, in kind or in cash, towards prizes for this competition.

DD FUNDRAISING APPROACHES MADE DURING 1986/87 - ENGLISH EDITION

1. INTERNATIONAL, GOVERNMENT AND NGOS.

ADAB (Australia)
Commonwealth Foundation
GTZ (Germany)
Japan International Co-operation Agency
Ministry of Health and Welfare, Japan
Memisa Medicus Mundi
ODA (UK) - Joint Funding Dept.
REACH (for EPI insert)
St. John Ambulance
Swiss Development Corporation
World Bank

2. FOUNDATIONS

Lord Ashdown Charitable Settlement
Baring Foundation
Beaverbrook Foundation
The British Academy
Bank of Sweden Tercentenary Foundation
The Carlsberg Foundation
European Cultural Foundation, Netherlands
Fondation de France, France
Fondation Roi Vandouin, Belgium
Fondazione Adriano Olivetti, Italy
Fondazione Gorgio Cini, Italy
Fritz Thyssen Stiftung, FRG
Fundacion Universidad-Empresa, Spain
The Hesketh Foundation
Inman Charitable Settlement
Koningin Julian Fonds, Netherlands
Lloyds Charitable Trust
Prins Bernhard Fonds, Netherlands
Robert Bosch Stiftung BmbH
Stiftervverband fur die Deutsche Wissenschaft, FRG
Stuftung Volkswagenwerk, FRG
The Shaw Foundation, Singapore
Thomson Foundation
Wolfson Foundation

3. COMPANIES

Anglo Chemical Ore
Britoil
British Airways
Birds Eye Walls ltd
Carnegie Corporation
Cadbury Schweppes
Dalgety
Delta Group
Grand Metropolitan
Guest, Keen and Nettlefolds
Glynwed International
Granda Group
Heron Corporation
Healthcon Ltd
IAL (Aeradio House)
International Sugar Organization
ICL
Lucas Industries
Massey Ferguson
MTP Press ltd
Nicholas Labs. Ltd
Paines and Byrne Ltd
Reed International
Rothschild (N M) and Sons
Reckitt and Colman
Revlon Health Care (UK) Ltd
Rodale Press Inc
Standard Chartered Bank
Standard Telephone and Cables
Servipharm Ltd
Triton Corporation
Tetra Pak
Trafalgar House
Television South (and TVS Charitable Trust)
Thomas Cook
Unilever plc

4. CHURCH GROUPS

Baptist Missionary Society
General Board of Global Ministries, United Methodist
Church, USA
International Assoc. for the work of Dr. Albert Schweitzer
of Lambarene
Salvation Army
Sim International

5. OTHER

Approx. 150 organizations in the USA have been approached to tell them about the newsletter and to ask for financial help.

Approaches have been made to obtain prizes for the poster competition.

The Methodist Division of Social Responsibility has been encouraged to have their members base an 'activity' around ORT, including a donation to DD. Unfortunately they have not taken the idea up.

ANNEX F

ahrtag

Resource Centre User Record

DATE

NUMBER

NAME

POSITION

HOME ADDRESS

ADDRESS OF ORGANISATION

Tel.

Tel.

SUBJECT(S) RESEARCHED

COUNTRY RESEARCHED

OBJECTIVE OF RESEARCH

DOCUMENTATION USED: Please state title of periodicals, title and author of books used.

Please tick

Books

Periodicals

Files

Audio Visuals

Other

No. of Photocopies:

Approximate time spent in library:

PTO

How did you get to know about AHRTAG?

Do you have any comments or suggestions to make about AHRTAG's services?

Note below the title, author, publisher and other relevant details of any book, periodical or other document that you think AHRTAG should have available in the library.

STAFF USE ONLY:

CONTACT BY: NOTES ON ACTION (TO BE) TAKEN

Visit
Letter (No)
Telephone
Staff member responsible

DIALOGUE ON DIARRHOEA: Report from AHRTAG Resource Centre

Status report on implementation plan, July 1986 - 1987.

1. RESOURCE MATERIALS

A specific financial code, 2082, has been assigned to resource materials purchased with DD/AID funds; the project code remains 41 signifying the Resource Centre.

Resource materials purchased: July-September	57.14
October-December	195.91
January-March	282.44
	<hr/>
	535.49

Figures for April-June are not yet available.

o Periodicals: out of 262 periodicals regularly received by the AHRTAG Resource Centre, 132 are directly used by the DIALOGUE ON DIARRHOEA Project. Of these 132, 111 are received in exchange for DIALOGUE ON DIARRHOEA (of these, 48 are free while 63 have waived subscriptions as part of the exchange agreement). 21 periodicals are subscribed to. See Appendix I for list.

o Video Cassette Recorder: A JVC multi-system VCR has been purchased and installed.

o Health education and training materials:
Videos: for list of videos available or on order, please see Appendix II.

Slide/tape sets: see Appendix II.

Posters: a poster display system has been purchased to allow easy viewing and access to posters received or ordered by the Resource Centre on areas related to diarrhoeal diseases. (Not yet installed).

Health education files: a simple display system has been developed to allow easy viewing and access to relevant leaflets, simple booklets, comics, newsletter articles, and other training and health education materials on the following subjects: diarrhoea and ORT (with a separate selection for materials in Arabic, French, Indonesian languages, Spanish, and Portuguese); water supply and sanitation; breastfeeding; and immunization. Files are being developed for MCH and community health.

An index to these materials is also being developed.

- o Materials available from AHRTAG (free and for sale):
See Appendix III.

- o Data files:

Separate files have been organized to allow easy access to:

- 1) all WHO/CDD documents, indexed by codes assigned by CDD;
- 2) The 'Feachem series' on 'Interventions for diarrhoea control';
- 3) periodical articles referred to in DIALOGUE ON DIARRHOEA, organized by issue and article (under preparation).

All data files have been checked for relevance, articles cross-referenced to relevant countries. Gaps in information have been identified and relevant information located (in progress).

Information files on organizations relevant to diarrhoeal diseases and related areas have been updated.

- o Books/manuals:

All books and manuals on diarrhoeal diseases catalogued to HC5 (AHRTAG classification Diseases - Diarrhoeal diseases), including author and title card, cross-referenced to subject and country(ies).

2. INFORMATION RESEARCH FOR DD PRODUCTION.

Regular (fortnightly) meetings have been instituted between DD editorial and Resource Centre staff to discuss outstanding work, upcoming issues etc.

It was also agreed to appoint Mimi Khan (Resource centre) as the 'liaison person' between editorial and resource centre staff, which includes attendance at DD editorial meetings.

Agreed to take over, from editorial staff, the development of comprehensive country profiles, listing key organizations and contacts in each country, basic socio-economic and health data, and on-going CDD and other relevant activities. Profiles have been started on most countries (i.e. addresses of known contracts and organizations); priority will be given to countries where local language editions of DD are underway or under consideration.

3. INQUIRIES (July 1986 - May 1987)

213 inquiries have been dealt with by the Resource Centre staff in this period. The following table provides a breakdown of the type of information requested specifically by DD readers' inquiries:

Subjects	Inquiries
Acute respiratory infections	26
Appropriate technology	3
Courses available on PHC	6
Diarrhoeal diseases	42
Drugs	2
General	82
Health education	22
Immunization	9
Mother and child health	8
Medical advice	4
Medical equipment	12
Nutrition	8
PHC	64
Resource centres/book purchase	15
Training personnel	3
Water supply & sanitation	9

4. VISITORS (July 1986 - May 1987).

293 visitors used the Resource Centre and/or met with Resource Centre staff during this period; of these 216 made use of the resource materials related to diarrhoeal diseases or expressed an interest to know more about and/or subscribe to Dialogue on Diarrhoea.

5. PREPARATION OF PUBLICATIONS AND RESOURCE LISTS RELATED TO DD

o Health education materials for prevention and control of diseases and user of ORT: Being prepared jointly with community health education bibliography (see below).

o Health education and training materials in French/Spanish: copies of the two lists have been updated and sent to organizations mentioned for checking and updating with new information/address/additions. (In progress).

o Health education and training materials in Arabic/Portuguese: Collaboration with TALC and WHO/HLM Network on listing of available materials in Portuguese (In progress)

Work on the Arabic list has not begun.

o Community health education bibliography: Draft version completed; final version nearing completion.

Free international newsletters: Production completed October 1986, printed January 1987.

FUTURE PLANS

Each of the following points have been discussed and agreed between DD editor and Resource Centre Coordinator for implementation in the coming year.

- o See Dialogue on Diarrhoea, Project Report: July 1986 - June 1987 (Kathy Attawell) page 2 under Future plans: Items 1 (information sheets), 3 (resource lists on specific themes, e.g. urban health), 6 (Guidelines for starting a newsletter), 7 (Guidelines for setting up a resource centre), 9 (further 'health basics' inserts), & 10 (resource lists based on country profiles, to be included in the various language editions).
- o Information sheets to include diagnostic lab procedures and a resource list of low-cost lab equipment.
- o Bibliography of: books/manuals, data files, audiovisuals related to diarrhoeal diseases prevention, treatment and control held by AHRTAG Resource Centre.
- o Computerization of above documentation (utilizing computer/software/MODEM purchased with funds from another project).
- o Production of an information leaflet about resource centre facilities to be sent to all courses, agencies and overseas organizations, including materials available for sale (and hire).
- o Continued purchase of relevant resource materials, particularly audiovisual media produced by regional and local organizations in developing countries.
- o Subscription to several key periodicals, e.g. International Journal of Epidemiology, Tropical Diseases Bulletin, American Journal of Tropical Medicine and Hygiene.
- o Discussion has been initiated with Professor Richard Feachem, Department of Tropical Hygiene, London School of Hygiene and Tropical Medicine and member of DD Editorial Board, concerning the take-over of the data-base on ENVIRONMENTAL AND EPIDEMIOLOGY ASPECTS OF DIARRHOEAL DISEASES by AHRTAG. The data-base has been in the process of development over the last four years at the Department of Tropical Hygiene and would continue under the guidance of Professor Feachem.

S. Fustukian 19 June 1987

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ANNEX G

NOTES ON AHRTAG ACCOUNTS

1. Account codes

All income and expenditure (other than special items such as IDI payments) is entered against a 4 digit account number.

Income codes - 1010 Grants and donations
1020 Sales & subscription income
1030 Services income
1040 Bank interest
1050 Other income

Expenditure codes

These are of the form 2nm. The middle two digits ('nn') show the 'cost type': current cost types are

01	Salaries	08	Resource materials
02	Consultants	09	Purchases for resale
03	Postage	10	Staff travel
04	Telephone	11	Consultants' travel
05	Stationery etc.	12	Premises
06	Printing	13	Other costs
07	Distribution	14	Overseas projects

The final digit ('m') is used when further classification is needed. A full list of current expenditure codes is shown in Appendix I.

2. Project codes

As well as being charged to an account number, income and expenditure is allocated to a 'cost centre' which is either a project code or the 'general fund'. Current project codes are:

11	General fund
13	USAID fund
21	DD - English
22	DD - French
23	DD - Arabic
24	DD - Other
25	DD - Portuguese
31	Aids for Living
32	Low-cost aids manual
33	Prostheses manual
34	Bangladesh EEC programme
39	Disability misc.
41	Resources/information
51	Dental Health
61	ARI News
71	Medicine Packaging

3. Classification of costs

Costs can be divided into 3 classes:

- direct project costs:

these are costs which can be directly allocated to projects at the time they are incurred, e.g. print costs for a newsletter.

- indirect project costs

these costs arise when payments cover all, or several, projects. Such costs are initially allocated to the General Fund (code 11) and then re-allocated at the end of each quarter. Postage and premises costs are examples.

- non-project costs

these are costs which cannot be allocated to projects, other than as a general overhead.

Note (1) The term 'overhead' needs to be used with care, and the way in which costs must be presented will vary from donor to donor. For some, 'premises' must be regarded as a 'core' cost which may or may not be charged as a general overhead, while for others there can be a project budget line for premises.

(2) In a sense 'non-project costs' can be regarded as core costs in that they must be funded from outside project budgets. However, they are only a very small part of 'core costs' in the sense of the costs of maintaining the organization even if no project work was undertaken.

(3) There is an argument for regarding all costs as project costs, either direct or indirect - this requires further consideration.

4. Allocation of indirect project costs

This is done quarterly on the basis of time spent by staff on different projects.

- individual staff salaries (+N.I. costs) are allocated in proportion to time spent by the staff member.

- other costs are allocated to projects on the basis of: (total time spent on project)/(total time, project time).

(Note: under the system the General Fund is treated as a project. Much of the time of certain staff is classed as 'General Fund' (e.g. Executive Director, Office Administrator), and the salary costs of this time will remain in the General Fund and not be allocated to projects. Similarly, a proportion of telephone, postage, premises costs, etc. based on General Fund time will remain as non-project costs. We need to consider whether and when we can recover some of these costs from projects).

5. Income

Most of AHRTAG's income comes in the form of project grants. This income is used to cover both direct and indirect project costs. Only with certain donors is it allowable to transfer some of the funds for non-project overheads.

A major part of AHRTAG's non-project income is proceeds from the sales of AHRTAG manuals. Full printing costs of manuals are normally included in the budgets for their preparation, and proceeds from sales are therefore 'profit'.

Because it is always likely that several projects will not be adequately funded through project grants, it is important that there should be a healthy excess of General Fund income over expenditure in order to finance project fund deficits.

It should also be noted that the cost allocation system described above does not cover items such as provisions for dilapidations, depreciation, etc. These costs are therefore borne by the General Fund (something which perhaps should be changed).

AHRTAG'S COMPUTERIZED BOOK-KEEPING SYSTEM

1. FINANCIAL PERIODS

Information is held for the current financial year (October - September) only. At the end of a financial year, data is transferred to a floppy disk and all fields are reset to zero.

The system allows the year to be divided into periods for analysis: for AHRTAG, periods will be quarters of the year.

2. ENTRY OF DATA

Data (income and expenditure from the current account plus income credited directly to deposit accounts) will be entered on Friday afternoon of each week.

On Friday afternoons at 3 p.m. the Office Administrator will have priority in the use of the computer for this purpose.

The 'Journal Entry' print out produced at the time of data entry will immediately be filed in page number sequence (the computer system itself generates page numbers, thereby providing a check on missing pages).

3. MONTH-END REPORTS

At the end of each month, immediately after entry of all data for the month and before entry of the following month's data, a 'balance listing' will be produced for accounts 1000-2999 (AHRTAG income and expenditure)

In this listing, 'This Period' will refer to 1, 2, or 3 months depending on whether it is the first, second or third month of the quarter. 'To-date' will refer to the total from 1st October to the end of the month which has been entered.

The following information should immediately be written on the balance listing report:

- "After page (last no. of journal entry listing)"
- "This period = (months to which it refers)"
- date of computer run

A separate file should be kept of balance listing reports.

4. QUARTER-END REPORTS

4.1 At the end of a quarter a balance listing report should be produced, labelled and filed as described in section 3 above (expect that accounts 1000-9999 will be used so as to include IDI etc.)

4.2 The journal entry listings and balance listing (which gives income and expenditure totals) will then be fully reconciled with bank statements.

4.3 Any corrections needed will then be entered, the journal entry page(s) for the corrections will be filed with the journal entry listings, and a further balance report produced as described in section 3. The balance report described in 4.1 should then be destroyed.

4.4 A 'cost centre analysis' program should then be run for cost centre 11 - 19 only. This will show costs which, for the quarter, have been initially charged to the General Fund (code 11) but which can be allocated to other projects. Other codes in this series will show funds held which can be applied to a range of projects (e.g. USAID funds, code 13).

4.5 The files will be copied to floppy disk at this stage to facilitate any corrections which might be needed in the allocations about to be made.

4.6 Allocations of costs to projects are calculated manually using the output of 4.4, staff salary information and staff time sheets. Allocations are then entered into the computer and journal entries filed.

4.7 A 'cost centre analysis' is then produced for all cost centres. The output is marked:

- "This period = (appropriate quarter)"
- "After page (last journal entry page no.)"
- date produced

Two photocopies of this listing will be produced and the original then filed.

4.8 A summary sheet will be produced (by the Executive Director) showing project fund balances at the quarter end (i.e. funds brought forward from previous year plus balances for current year).

4.9 Copies of the cost-centre analysis and summary sheet will be distributed as follows:

- (a) summary sheet to all staff;
- (b) summary sheet plus appropriate pages of one copy of cost centre analysis to section co-ordinators;
- (c) summary sheet and full copy of cost centre analysis to Honorary Treasurer;
- (d) summary sheet to all members of Council with next regular mailing.

4.10 A further copy of the files will be made. This should be clearly labelled, showing the last page of the journal entry listing (e.g. "1985/86 data to June 1986, after page 48").

4.11 The 'Transaction Analysis' program will then be run, with the 'removing transactions' option. The output will be filed in a separate file for transaction analysis. (Note: this program should be run, even if it has been necessary to clear the transaction file during the quarter.)

4.12 The period-end program will then be run to change the period to the next quarter.

5. NEXT QUARTER

During the work required at the quarter-end, data can continue to be loaded on a weekly basis by use of the 'next period' facility.

Payee: Name

Address (to be entered if not on attached documents)

Payment type

(cheque=6; see below for other types)

Date

(dummy)

Purpose of payment

Cheque / Ref. no.

(enter last 4 digits of cheque number)

0

Expenditure code

Amount

Project code

2

1

2

2

2

3

2

4

2

Cheque total (Enter if more than one entry above)

=====

Payment requested by (signature)

Project codes are as follows:

- General Fund - admin/management
General Fund - other projects/services
DD - English edition
DD - French edition
DD - Arabic edition
DD - Spanish edition
DD - Portuguese edition
DD - Other
Aids for Living
Low-cost aids manuals
Prostheses project
Bangladesh rehab. programme
Disability - miscellaneous
Resources and information - general
Resource Centre - Network
Resource Centre - Urban Health
Dental Health Manual
Dental Health - Delhi
ARI News
Medicine Packaging Project
PNC Newsletter

EXPENDITURE CODES

- 2010 SHH
2011 Contract staff
2012 Temps/Volunteer costs
2020 Consultant's fees
2030 Postage costs
2040 Telephones, telegrams, telex
2051 General stationery costs
2052 Photocopying costs
2053 Office equipment
2061 Printing of newsletters
2062 Printing of manuals
2063 Other printing costs
2070 Distribution of newsletters
2080 Resource Materials - general
2081 - DD
2081 - Disability
2085 - Dental
2086 - ARI
2090 Purchases for resale

- 2101 Staff travel in UK
2102 Staff travel overseas
2111 Consultants' travel in UK
2112 Consultants' travel overseas
2113 Other consultants' expenses
2121 Rent
2122 Rates
2123 Insurance and legal costs
2124 Heat and light
2125 Office cleaning
2126 Office maintenance and repairs
2131 Sundry expenses
2132 Computer costs
2133 Audit and accounting fees
2134 Bank charges
2135 Council expenses
2141 Overseas project grants
2142 Overseas project equipment

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ANNEX H

ANALYSIS OF DD COSTS

1. Unit Cost of DD:

Budget for year 1986/87 (and amount likely to spend)=
£ 200,000.

During the year 4 issues of 125,000 have been produced.

approximately £50,000 spent per issue.

£50,000 ÷ 125,000 = 40p (65 cents)

marginal costs = 19p

2. Unit Cost of "Aids for Living"

Budget = £15,000

3 issues of 5,000 copies = 15,000 copies/p.a.

unit cost = budget divided by no. copies = 1. (\$1.62)
each

3. Unit Costs of "Acute Respiratory Infections"

Budget: £ 47,700

3 issues of 25,000 copies = 75,000 p.a.

Budget divided by no. copies = .63p (\$1.00) each.

MARGINAL COSTS

Printing:

1. For typesetting, printing, collating, saddle-stitching & sending to distributor:

a. Each additional 8 pp newsletter costs:

10,000 copies = £ 700.

5,000 copies = £ 3,500 per issue

for a year = X 4 = £14,000

b. A 4pp insert into each 8 pp newsletter costs:

initial 20,000 copies = £505

Each additional 10,000 copies = £159

If assume insert already included, to produce 50,000 additional inserts = $159 \times 5 = 795$ per issue.

Note: b is alot less than a because of the other costs in a i.e. b = straight printing + a little extra work inserting it into the newsletter.

DISTRIBUTION

A rough mile of tracks used in distribution costs

= 11.6p per copy

50,000 copies would cost $50,000 \times .116$

= 5,800 per issue.

for a year = $\times 4 = 23,200$

Increases in circulation mean increases in correspondence requests for information, back copies etc. + additional mailing list work. These have been taken into account here.

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BREAKDOWN OF COSTS OF PRODUCTION - 1 ISSUE OF DD

A. DIRECT COSTS:

1.	<u>Staff Time:</u>	KA: 70% Editor	2016	3,400
		MS: 80% Edit. Asst.	1952	3,162
		KM: 70% Assistant	1707	2,765
		GP: 75% Comp. Op.	1885	7,054
		PS: 50% Proj. Cord.	1337	2,166
			<hr/>	<hr/>
			8897	14,413
2.	<u>Consultants:</u>	KE:	2100	3,402
		WC:	1050	1,700
			<hr/>	<hr/>
			3150	5,103
3.	<u>Printing:</u>	8pp x 125,000 copies	9053	14,666
4.	<u>Distribution:</u>	125,000 cps. x .116	14500	23,690
5.	<u>Travel:</u>		1250	2,025
6.	<u>Resource Centre:</u>	salaries	2600	4,212
		(approx. 44% R.C. time)		
			<hr/>	<hr/>
			£39450	£63,909

B. INDIRECT COSTS:

1.	<u>COMMUNICATIONS:</u> telephone/telex/Gen. Post:	1,600
2.	<u>Premises:</u> rent/rates/light/heat/ insurance/upkeep	2,150
3.	<u>Administration + Audit:</u>	2,000
4.	<u>Other Office Costs:</u> photocopying/stationery Sending/General Printing/computer maintenance	1,600
5.	<u>Resource Centre:</u> office costs/ materials/ Premises/Communication/Admin.etc	2,000

		9,350
	Plus Direct Costs:	39,450

		£48,800

Difference with £50,000 budget is fact salaries
should be adjusted upwards slightly.

FEDERAL PAYMENTS AUGUST 1984 -MARCH 1987 PLUS ESTIMATE APRIL-JUNE 87	ACTUAL FEDERAL PAYMENTS			ESTIMATED	\$
	AUGUST 84 - JUNE 85	JULY 85- JUNE 86	JULY 86 - MARCH 87	FEDERAL PAYMENT APRIL - JUNE 87	
					TOTAL ACTUAL + ESTIMATED AUGUST 84 - JUNE 87
1) ENGLISH	\$	\$	\$	\$	\$
a) Sal + Fees	52,037	76,052	66,586	27,621	222,296
b) Travel	1,969	8,795	2,086	6,698	19,548
c) Printing	29,361	38,326	36,166	4,630	108,483
d) Equipment	11,697	1,642	-	(-715)	12,624
e) Communication	27,285	59,302	47,875	20,868	155,330
f) Resource Ctr.	13,310	14,134	19,500	10,614	57,558
2) FRENCH					
a) AHRTAG	874	496	290	1,736	3,396
b) Printing	3,470	10,366	6,816	4,404	25,056
c) Distribution	4,868	13,055	6,405	3,761	28,089
d) Travel	-	-	-	-	-
3) BACKCOPIES					
a) Printing	4,705	7,420	(2,700)	-	9,425
b) Distribution	4,104	1,678	-adjusted in July 86 ie. A.I.D. share reduced.	-	5,782
4) NEW EDITIONS					
a) Translation	-	1,837	-	*travel costs this period relate to new translations	1,837
b) Production	-	1,497	-		1,497
c) Travel	-	-	-		-
d) Admin + Acc.	-	-	7,969	3,971	11,940
e) Office Costs	-	-	3,351	2,876	6,227
f) Premises	12,000	12,720	10,793	2,481	37,994
TOTALS	165,680	247,320	205,137	88,945	707,082

EFFECT OF CHANGES IN 1 \$ RATE

At the time the A.I.D. cooperative agreement amendment was signed, the rate of exchange was 1; US \$1.50. This meant that the \$367,672 earmarked for 1987/88 was worth £245,115 to AHRTAG.

The rate of exchange is now approximately 1: \$1.60. The \$367,672 earmarked is now worth £229,795 to AHRTAG i.e. £15,320 difference.

Every .01% change in the exchange rate for the total amount affects AHRTAG by £1,427.

Annual Salaries of an American PVO:

3,400 X 4 \$ 30,000 Editor
 \$ 22,000 Editorial Assistant
 \$ 18,000 Assistant
 \$ 16,000 Computer Operator
 \$ 26,000 Project Coordinator

+ 36% of all salaries for overhead

Consultants: \$ 3,402 X 4
 \$ 1,700 X 4

For U.S. add 20% fringe benefits to consultant salaries

Printing, distribution, and travel are more expensive for U.S.-based PVO due to increased distance.

Note: For DD overhead costs are written into contract through charge to direct line items.

ANNEX I

DD FINANCIAL RECORDS USED FOR A.I.D. FINANCIAL STATUS REPORT

RECORDS KEPT

1. All staff keep timesheets showing the hours they have worked each day for the projects they are employed to work on.
2. The financial transactions of the organization - i.e. invoices paid, money received etc. are entered into the computer on a regular basis. Codes are used to distinguish the cost types and which part of AHRTAG they are attributable to.

COST ALLOCATION SYSTEM

3. At the end of each quarter (January - March, April - June etc.) a print-out is obtained of the income and expenditure for the quarter. This will show two types of cost:
 - i. "Direct project costs" which are attributed directly to the project in question (eg. Printing DD).
 - ii. "Core costs" (eg, Telephone, photocopier). They are initially paid for by AHRTAG from its central funds. If it is appropriate to claim the amount back from Project budgets, this is done each quarter using a formula based on the time spent by staff on the different projects (see 6 below). If it is not appropriate to claim an amount back from projects, it remains as a cost to central funds and is paid for out of AHRTAG's central funds.
4. Timesheets are analyzed each quarter to find the percentage of staff time spent on different projects.
5. AHRTAG staff costs (ie. salaries and national Insurance Contributions) are totalled quarterly, and each person's salary is allocated to the projects they work on in proportion to the time spent on each project during that period.
6. Core costs are allocated back to projects according to the percentage of total staff time spent on each project, divided by the total time worked by all staff.
7. A "Cost Centre Analysis" is obtained from the computer, showing the totals of all costs allocated directly or indirectly to each project. This is used as the basis for the A.I.D. Financial Status Report.

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ANNEX J

SUMMARY OF FINANCIAL POSITION FOR DD ENGLISH AND FRENCH AT 31 March 1987

This is 3/4 through the year, with a quarter left to go. A comparison of the funds left in the budget at 31/3/87 with the amount estimated for the last quarter (April - June 1987) shows:

- 1a. Salaries and Fees: will overspend by approx £ 6,700 if the estimate is accurate.
- 1b. Travel: Should break even
- 1c. Printing: should break even
- 1d. Equipment: not spent the budget
- 1e. Communication/Distribution: should have approx £ 3,500 in hand
- 1f. Resource Centre: may just overspend
2. Admin and accounts: may just overspend
3. Other office costs : should have approx £3,300 in hand
4. Premises: approx. £ 270 in hand.

French - should be slightly underspent.

DD FINANCIAL RECORDS FOR PERIOD

Jan - March 1987

(in £)

<u>DESCRIPTION</u>	<u>1</u> <u>ESTIMATE</u>	<u>2</u> <u>ACTUAL</u>	<u>3</u> <u>DIFFERENCE</u> <u>(1 - 2)</u>	<u>4</u> <u>CUMULATIVE</u> <u>ACTUAL</u>	<u>5</u> <u>FUNDS LEFT IN</u> <u>BUDGET AT</u>
<u>ENGLISH</u>					
1a. Sal + fees	12,870	15,684	(-2,814)	43,809	7,361
1b. Travel	-	502	(- 502)	1,386	3,615
1c. Printing	10,000*	8,148	1,852	28,600	11,235
1d. Equipment	500	-	500	-	1,000
1e. Communication / Distribution	15,172	15,383	(- 211)	36,297	18,203
1f. Resource Centre	4,665	4,992	(- 327)	12,851	6,520
2. Admin + Accounts	1,812	2,019	(- 207)	6,482	1,657
3. Other Office cost	1,773	837	936	3,689	5,102**
4. Premises	2,790	1,995	795	8,481	3,179
Totals	49,582	49,560	22	142,049	57,872

ADDITIONAL
ACTIVITIESTRANSLATIONS

French	5,000	5,438	(- 483)	15,856	15,464***
Spanish					
Portuguese					
Arabic					
other					

OBLIGATIONSNOTES

* DD 27 Printing and Distribution

** Office costs of £ 3,402 plus £ 1700 computer costs

*** Amount left using AID/ODA budget.

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DD FINANCIAL RECORDS FOR PERIOD April - June 1987 (in £)

<u>DESCRIPTION</u>	<u>1</u> <u>ESTIMATE</u>	<u>2</u> <u>ACTUAL</u>	<u>3</u> <u>DIFFERENCE</u> <u>(1 - 2)</u>	<u>4</u> <u>CUMULATIVE</u> <u>ACTUAL</u>	<u>5</u> <u>FUNDS LEFT IN</u> <u>BUDGET AT</u>
<u>ENGLISH</u>					
1a. Sal + fees	14,048				
1b. Travel	3,500				
1c. Printing	11,000				
1d. Equipment	-				
1e. Communication	14,669				
1f. Resource Centre	6,665				
2. Admin + Accounts	1,812				
3. Other Office cost	1,759				
4. Premises	2,907				
	<hr/>				
Totals	56,370				

ADDITIONAL
ACTIVITIES

TRANSLATIONS

French	13,370
Spanish	
Portuguese	
Arabic	
other	

OBLIGATIONS

NOTES

PRINTING AND DISTRIBUTION

The production and distribution of Dialogue on Diarrhoea is being examined at present to determine if we are obtaining value for money and if we can reduce our costs.

Various printers have been approached for quotes for producing a newsletter and these will be compared to assess how they differ from the price and services offered by our present printer, Bourne Offset.

When the newsletter is produced the printer sub-contracts to a different company to fill envelopes and put on labels. This process is being examined to see if savings can be made by:

- altering the way labels are printed out eg. so that the computer sorts them by country, or sorts them into individual copies and multiple copies.
- Using sticky or non-stick labels
- The type of packing used - plastic envelopes may prove to be more expensive to buy per 1,000, but may result in savings on packing, labeling and weight.

The distribution system is also being examined - prompted partly by internal problems within our present distributors, Pharos. Their rates, and the rates of other companies are being explored and compared.