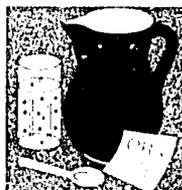


PRITECH

Technologies for Primary Health Care

WORKPLAN
PROJECT YEAR SIX

October 1992 - August 1993



THE PRITECH PROJECT

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WORKPLAN

October 1992-August 1993

Contract No: DPE-5969-Z-00-7064-00

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I. EXECUTIVE SUMMARY

This Workplan provides an in-depth view of progress made to date by the PRITECH II Project, as well as plans for the final year of the Project, covering the time period October 1, 1992 - August 31, 1993 (Project Year 6). Throughout the document, careful thought is given to an orderly phase out of PRITECH's activities, both for country programs and for support activities at PRITECH/Washington, in order to assure that the experience gained in PRITECH's 10 years of operation is successfully passed on to A.I.D., counterpart institutions in assorted countries, other donors, and other interested collaborating agencies approved by A.I.D. The phasing out of country programs in such a way as to lead to maximum sustainability for national CDD programs is also a major consideration.

Section II summarizes the A.I.D./PRITECH Strategy which closely follows the results of the TAG and other guidelines as provided by A.I.D. Section III, Emphases for the Final Year, provides the overall strategy for termination of the Project. In Section IV, Country Program Workplans, for each on-going PRITECH sustained country program, there are descriptions of current program status and principal strategies for PY6, as well as proposed evaluation activities, the planned process of termination of the country program, and a discussion of the projected needs of the national CDD program after PRITECH. Section VIII details plans for the phase-out of Project staff and for effective financial management of the Project in its final year.

Additional sections of this Workplan provide information concerning Developmental Programs, including Operations Research and Commercialization, Health Systems Support and the Information Support component of the Project. Detailed financial data and expenditure projections for PRITECH are found in Annex 1.

II. A.I.D./PRITECH STRATEGY

The PRITECH program strategy, in addition to a full range of public sector activities, now encompasses the commercial and non-government delivery of services; the prevention of diarrhea, especially through the promotion of exclusive breastfeeding; a more comprehensive approach to case management, including nutrition; and emergency preparations for cholera outbreaks. Most of these innovations have emerged from a redefined Research and Development program. The R&D activities were designed in response to field needs and were initiated as part of country programs, thereby accelerating the process of application. The PRITECH program has been extended to a new region, Central America, and to new countries, while existing country programs have been re-directed. The understanding about how to promote effective oral rehydration therapy has deepened, through inquiry into the performance of health workers and the search for better home therapies. These strategic advances have occurred within the stable structure of well-established country programs.

PRITECH's ability to make steady progress derives from four main strengths cited by the Mid-term Evaluation Team and the Technical Advisory Group (TAG):

- A project which permits flexibility to fill niches of need in each country, and long-term presence as the basis for work relationships within countries.
- A highly qualified and dedicated staff in the field.
- A unique ability to work directly with the private sector.
- A promotional orientation - in several countries PRITECH has become the prime motivator for progress in the CDD program.

The basic element of PRITECH's strategy is the country program, which typically provides technical assistance and some financial support to a comprehensive, national effort. Eighteen sustained and intermittent programs have been approved, along with three regional offices. The country programs are managed by fourteen country representatives, three regional supervisors in the field, and five staff members in Operations at headquarters.

- Most of these programs have been constructed on a foundation of public primary health care services.
- The primary objective is to improve management of diarrheal disease cases, at home and in clinical facilities.
- Through coordinated planning for each country, PRITECH defines its role to complement the efforts of WHO, UNICEF, and other donors.

- Each country program is patterned on a model which is based on balanced supply and demand for diarrhea case management services.
- The basic components of the model are training, improved supervision of health staff involved in clinical care, and program management. The model and these components are consistent with the priorities of WHO and UNICEF for strengthening primary health care systems.
- PRITECH's assistance is tailored to needs and opportunities within the basic array of "intervention elements". Capitalizing on its long-term presence of resident staff and continuing involvement with Ministries of Health, PRITECH concentrates on key institutional issues to strengthen health services systems: establishing national policy for case management, organizing information systems to monitor program progress, and promoting more rational drug use.
- PRITECH has steadily increased support for appropriate research to solve problems that emerge during program implementation.
- PRITECH has assiduously avoided unnecessary increases in recurrent costs for Ministries by promoting activities that are consistent with health programs and structures designed for integrated delivery of health services.

Where CDD is established in the public system and demand for ORT is growing, PRITECH is able to move beyond the MOH to promote private sector services, and to move beyond ORT treatment to promote diarrheal disease prevention and to broaden case management, for example, by emphasizing nutrition.

PRITECH is giving high priority to the development of private sector efforts in support of national CDD programs. Given limits on public resources and health and the limited reach of public health care services to families at risk of diarrheal disease, achievement of CDD objectives requires going beyond public sector services. Provision of ORT services through the existing infrastructure and resources of the private sector promises broader access to the population on a sustainable basis. PRITECH seeks to involve the private sector without creating dependence on public subsidy of the private effort. PRITECH promotes private effort where it builds on the foundation of sound public ORT policy and well established ORT practice in public systems. Efforts to promote commercial marketing of ORS are most fruitful if there has been effective public education about ORT resulting in demand for ORS products and the prospect of informed, effective use. Through developmental activities, PRITECH is exploring the potential effectiveness of various groups of private providers, including: commercial distributors such as pharmaceutical or consumer goods firms; private practitioners such as private physicians, pharmacists, and traditional healers; and private health care delivery systems such as missionary hospital associations.

To supplement country programs, PRITECH has used its research and development authority to give attention to a limited number of developmental activities. Some of these areas are: promotion of breastfeeding, identification of more effective nutrition messages, collaboration with traditional healers, and commercial distribution of ORS. These developmental activities are managed by the Technical staff at headquarters, including experts from Johns Hopkins School of Public Health and the Academy for Educational Development. These experts also give technical support to country programs. Selection of developmental activities was based on a combination of factors: recommendations of PRITECH's senior field managers, advice from the TAG, definition of a clear and specific objective, and feasibility of implementation within PRITECH's resources and management capability. Each developmental activity has a direct operational link with one or more country programs, with prospects for wider application of successful outcomes. Documents are being produced to make the results readily available.

A key aspect of PRITECH's strategy expanding ORT has been the dissemination and sharing of acquired information and experience. A primary source of information and experience stems from PRITECH's own key accomplishment - the initiation and support of successful national CDD programs. This practical field experience has provided increased understanding (i) of the obstacles to increased and effective use of ORS and (ii) of the techniques for establishing workable organizational structures. This information, acquired by hard effort in the field, provides crucial feedback about current strategies and provides the basis for program improvements. PRITECH's Information Center is the main vehicle for disseminating this information; we believe it is a highly cost-effective activity. It is managed by three Information Specialists from the Academy for Educational Development. The Technical Literature Update, which is published in English, Spanish, and French and distributed to more than 10,000 health professionals worldwide, is the Information Center's most popular product. Although the long-term benefits of the TLU are difficult to measure, testimonials from the international health community are evidence of widespread application, as is the growing readership. The Information Center also responds to more than 1,500 requests each year, and sends articles on child survival issues to 300 policy makers throughout the world. Documents on emerging problems are sent to the field, such as a recent packet of articles on cholera. PRITECH's strategy for PY6 is to capture major areas of program experience in a series of information products, such as the Occasional Operations Papers. An example of this is the documentation of Pakistan's success with ORS commercialization.

PRITECH has been an important instrument for A.I.D.'s collaboration with WHO and UNICEF; this cooperation has strengthened steadily, especially by joint efforts with both organizations on regional and country programs. Outbreaks of cholera in Africa and Latin America have required rapid, coordinated action. PRITECH has also sought to coordinate with other A.I.D.-financed projects: HEALTHCOM, Nutrition Communications, ADDR, the Quality Assurance Project, and WELLSTART.

PRITECH is consolidating an already effective strategy endorsed by the TAG (including WHO and UNICEF), LDC health authorities and the USAID Missions, and by the Mid-term

Evaluation Team. Continuity is essential in this long-term effort; persistent, sustained effort is the underlying explanation for progress in PRITECH's programs. A.I.D. has acknowledged the need for a sustained commitment to promote ORT in approving a 10-year project, a precedent for centrally-funded projects. Continuity is the key to further progress, building on the programs and the relationships already established. Since 1983, PRITECH's objective has been to improve treatment of children's diarrhea in public health clinics and homes. At least 80 percent of PRITECH's effort has been and will be directed at strengthening public health services to improve quality of care for diarrhea cases. As ORT becomes established, we are developing a more comprehensive approach to case management by giving attention, for example, to breastfeeding and nutrition. We are pursuing these objectives mainly through improvements in training and public education, according to WHO guidelines. As public sector services become established, we have begun seeking alternative private channels for delivering health services. So, the strategic progression of PRITECH's program objectives is generally as follows:

- first, improved quality of care for diarrhea cases in clinics and homes,
- second, more comprehensive case management,
- third, alternative private channels for delivering health services, and
- finally, a sustainable CDD effort within the framework of the national health care system.

These objectives guide the country programs and the developmental activities described in Sections IV and V. Health Systems Support, described in Section VI, provides assistance outside these objectives, yet strengthens public health services in complimentary ways. Information services, described in Section VII, reinforce attention to these objectives.

III. EMPHASES FOR THE FINAL YEAR, PY6

A. STRATEGY FOR PROJECT TERMINATION

The PRITECH Project, first initiated in September 1983, comes to its conclusion on August 31, 1993 completing ten years as one of A.I.D.'s principal contributions to the world-wide effort in Child Survival. The present contract, originally scheduled to end in August 1992, was extended for one year at no additional cost to A.I.D., but the funding was projected to be \$1.4 million short of the foreseen contract level of \$35.9 million. The expectation now is that R&D funding will total \$21,234,060 and buy-in funding composed of contract modifications (\$9,148,470) and expected delivery orders (\$4,174,000) will total \$13,322,470 for an expected project total of \$35,928,767. (See Annex 1.)

1. Guidelines for Decisions

In full discussion and collaboration with A.I.D., the following guidelines strategy for project termination were developed and are reflected in this Workplan:

- a) The highest priority for the programming of the remaining limited funds is to meet insofar as possible all commitments for buy-in country programs and to continue such country programs for as long as practical in relation to the contract termination date of August 31, 1993.
- b) A related priority is to keep all other country programs operating as long as possible, including those financed largely or totally through R&D funding. This would allow maximum time for Missions to make provision for follow-on activities if they wished, including the possibility of buying into the expected centrally-funded follow-on project for Child Survival. It would also permit the maximum time for PRITECH and the Missions to encourage other donor continuation of some activities previously financed through the project and to permit host government planning and provision for the continuation of the national CDD programs in the likely absence of future assistance through the PRITECH Project. Finally, it would reflect the clear conclusions of the TAG that the country programs of the PRITECH Project had made a major contribution and were a valuable resource to A.I.D. for future activities in Child Survival.
- c) If necessary, because of financial limitations, terminate earlier those country programs which both are totally or largely R&D funded and for which future Mission or Bureau interest in continuing the program through additional buy-in funding has not materialized.

- d) Terminate the Research and Development component of the project, financed totally through R&D funding, in 1992 as well as the Health Systems Support component, except for those activities financed through buy-in funding. Continue the implementation of the high-priority cholera activities in Latin America for as long as the buy-in funds remain or through the termination of the contract, whichever comes first.
- e) Reduce headquarters staff and expenses, including office space, in an orderly way and consistent with managerial responsibilities and contract obligations.
- f) Give priority to the continuation, until the end of the project, of the work of the Information Center and plan jointly with A.I.D. for the most useful disposition of the collections of the Center following the termination of the project.
- g) Give continuing priority and major staff attention to the evaluation of all country programs and the compilation of lessons learned through the publication of a series of Occasional Papers and Issues Papers summarizing the broad experience of the project.
- h) Continue at a phased-down level the commercialization effort of the project so that it may be incorporated into a follow-on effort if A.I.D. so desires.

2. Project Action Plan for Termination

The results of the budget analysis and the decisions reviewed with the Office of Health are as follows:

- a) Country programs are now scheduled to terminate according to the following schedule:

Bolivia	03-31-93 (except for cholera funding)
Burkina Faso	07-31-93
Cameroon	07-31-93
Central America	
Regional Office	03-31-93 (R&D funding)
	07-31-93 (cholera funding)
CESA Regional	
Office	09-30-92
Gambia	06-30-93
Indonesia	06-30-93
Kenya	03-31-93
Madagascar	07-31-93
Mali	07-31-93

Mexico	12-31-92 (R&D funding)
	03-31-93 (buy-in funding)
Niger	07-31-93
ORANA	07-31-93 (buy-in funding)
Sahel Regional Office	07-31-93
Senegal	03-31-93
Uganda	06-31-93
Zambia	03-31-93

- b) The Commercialization component will be phased-down with the departure of Rudolf Chandler as of October 1992, and the continuation of Camille Saade through July 1993.
- c) The Research and Development component of the project was virtually terminated in the summer of 1992 except for the completion of a few small studies already underway. Technical staff on the project were reduced, and the phase-out of remaining staff is listed in Section VIII (C).
- d) The Information Center is scheduled to remain operating through July 1993 at a reduced level of activity. A principal focus in the remaining months of the project will be the compilation of lessons learned through the publication of a series of Occasional Papers and Issues Papers covering the major experiences of the project. In addition, Country Intervention Evaluation Reports will be provided for each country program.
- e) Headquarters operating costs are greatly reduced through the phase-out of seven employees by the end of 1992 and a time-phased reduction of other employees in the March-August 1993 period.

3. Outstanding Issues

Annex 1 shows the financial summary of the project when this strategy is applied. Accounts are in general balance at the end of the contract period, August 31, 1993. However, two significant problems remain. One relates to the cash flow situation with respect to R&D funds at the end of March 1993. Assuming the present strategy and budget, and assuming that R&D funding were not available until April 1993, the deficit in R&D funding at the end of March would be approximately \$600,000. It is not financially possible for MSH to forward-fund the project in this amount before reimbursement from A.I.D., and thus every effort must be made to provide 1993 funding to the project as early in the fiscal year as possible and very preferably before January 1993. Related to this is the contractual obligation of the contractor to terminate all country programs and to repatriate staff and close out field offices. Financing for this

has been reserved in all country budgets, but early R&D funding is necessary to prevent excessive financial risk on the part of the contractor.

Another potential problem relates to the great desirability to extend some additional country programs, e.g., Indonesia, for another month as well as to extend some field and headquarters staff for an additional one or two months to bring them to the August 31 end of the contract and ease the transition to whatever follows. The estimated costs of these extensions total approximately \$400,000 to \$500,000 and are given in priority grouping in Annex 1. We urge the additional funding to ensure the orderly termination of the project and the orderly transition to follow-on activities in which A.I.D. is involved.

4. Specific Termination Action Plans

Specific Termination Action Plans will be prepared for each country program in the form of a Task Assignment within two months prior to the closeout of the country program. The Action Plan will cover the process of program continuity, the closing of the field office, the termination of local staff and the repatriation and termination of international staff, the closeout of bank accounts, the termination of leases, and the disposition of equipment and supplies.

B. EVALUATION AND LESSONS LEARNED: STRATEGY FOR DOCUMENTATION

1. Country Program Evaluations

The PRITECH II contract states that "country intervention evaluation reports shall be submitted...within two months of completion of each sustained country program".

In order to fulfill the contract mandate of final county intervention evaluation report, PRITECH proposes to undertake the following three activities:

- a) **Final Intervention Report:** A comprehensive format for end-of-project country reports to be completed by PRITECH staff in late 1992 and early 1993. These reports will utilize a revised version of the PRITECH INFOMAN to assist in systematic utilization of program information.
- b) **Continued support for WHO Focused Programme Reviews:** The project will continue to collaborate in the conduct of program reviews using the WHO Focused Programme Review methodology.
- c) **Private Sector Country Assessments:** Implement in one or two countries, an innovative methodology which would assist in assessing the level of activity and

potential public health impact of specific CDD-related activities of commercial and non-commercial groups in the private sector.

2. Compilation of Lessons Learned

As the project draws to a close, a highest priority is the documentation of the experience of the last ten years and leaving that documentation in a form that is of maximum usefulness to A.I.D. and other donors, including NGOs and national CDD programs.

Two series of papers are being developed as part of this effort to document the experience of the project. The first, the PRITECH Occasional Operations Papers are short opinion pieces related to a particular area of PRITECH activity and written as reflective of the experience and opinion of the Project Officer. These papers will be assembled into a final annotated book for presentation to A.I.D. at the conclusion of the project.

Another set of papers, Issues Papers, are longer, more analytic pieces reviewing key issues related to diarrheal disease programs and applying the experience of PRITECH to discerning lessons learned from that experience. These papers will cover such central issues as CDD Case Management, The Role of Government in Private Sector CDD Activities, Medical Education and CDD, etc.

A list of proposed Occasional Papers and Issues Papers is shown in Annex 2.

IV. COUNTRY PROGRAM WORKPLANS

BOLIVIA

A. STATUS OF COUNTRY PROGRAM

During project year six, PRITECH/Bolivia will continue to pursue activities which commenced in project year five and will begin new activities, focusing on cholera prevention and control and research and development activities.

PRITECH/Bolivia Country Representative Dra. Ana Maria Aguilar has continued to carry out a wide variety of technical assistance since October 1991, the point at which she began to work directly for PRITECH rather than through PROCOSI (the consortium of ten AID-funded health PVOs). This change in status has enable Dra. Aguilar to respond more directly to requests for technical assistance from the MOH and other parties. In PY5, Dra. Aguilar worked with the Ministry of Health on an evaluation of its community oral rehydration units (UROs-C), and on the design of educational and training material for URO-C staff to improve their ability to recognize and manage cholera cases. The manuals have been used in multiprogrammatic training courses for staff at regional health units, organized by DINAP (Dirección de Atención a las Personas). At this time, district level courses for rural areas in high cholera risk areas are in progress.

Although Dra. Aguilar has been devoting 75 percent of her time to cholera prevention and control activities since June 1992, she continued her active role in the persistent diarrhea research study carried out at the Children's Hospital in La Paz in collaboration with the Community and Child Health (CCH) Project, the Centers for Disease Control, and hospital staff. The study is currently in the final analysis stage, with report completion expected by early 1993.

B. STRATEGY AND PROGRAM EMPHASIS

The overall strategy of the Bolivia country program is to support the Ministry of Health in its efforts to strengthen its CDD program and cholera prevention and control efforts. The objectives for PY6 are as follows:

- 1) To continue training sessions for MOH staff in 10 health districts identified as high risk for cholera;
- 2) To develop a proposal for a cholera training center in conjunction with UNICEF;
- 3) To evaluate community based oral rehydration centers in June and July as a follow-on to evaluations conducted last year;

- 4) To continue to provide technical assistance to the MOH CDD program and cholera/diarrheal disease coordinator;
- 5) To provide technical assistance to research programs in the national children's hospital and national laboratory (INLASA);
- 6) To participate in the diarrheal disease quality control study in cooperation with PAHO;
- 7) To complete the report on the persistent diarrhea study begun at the end of PY4;
- 8) To provide technical assistance to COTALMA, the breastfeeding promotion group, as needed.

C. PROPOSED EVALUATION ACTIVITIES

PRITECH/Bolivia will complete the Country Intervention Report during PY6, and any other evaluation documents required by PRITECH/W.

D. TERMINATION OF THE COUNTRY PROGRAM

PRITECH/Bolivia will work to ensure the smooth termination of the country program, with all activities to be concluded by March 31, 1993, with the exception of cholera-related activities, which are to be completed by July 31, 1993. The PRITECH office is now located in CCH offices. It is anticipated that CCH will continue some of PRITECH's activities, particularly those directed toward cholera prevention and control, upon termination of the country program.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

The most important needs of the Bolivian CDD program are to:

- a. Ensure the provision of ORS packets for a long period of time;
- b. Organize the distribution of ORS packets;
- c. Improve case management at the household and health facility levels;
- d. Increase geographical areas to which technical assistance is provided; and
- e. Increase the quality of supervision.

In this last year of PRITECH, Bolivia program efforts will focus on activities related to meeting needs c, d, and e, as outlined in section B, with the possibility of providing some short-term assistance in areas a and b.

BURKINA FASO

A. STATUS OF COUNTRY PROGRAM

Although the CDD program had an active year, its present state is somewhat precarious since the CDD coordinator has left for long-term training and has not yet been replaced. The context of the Ministry of Health is also rather unstable following a recent reorganization and the naming of new individuals to key posts. The WHO/UNICEF/PRITECH Focused Program Review which took place in mid-1992 highlighted a number of significant achievements and emphasized the need to update the National CDD Policy and National Programme Plan. Some steps have been taken in this direction but the organizational problems mentioned above have meant delay in their implementation.

The eight USAID/PRITECH-supported provinces have been active in several areas this year: training and re-training health staff, establishment of ORUs, and some IEC activities. However, consolidation of these activities through systematic supervision has not yet been fully accomplished.

The CDD coordinator was successful in finding funding to cover CDD activities in provinces which were not covered by USAID or Unicef. Activities in these provinces have been modeled on the USAID/PRITECH experience, particularly with respect to planning and training methodologies. Burkina thus now has the foundation upon which to build a coherent national program.

B. STRATEGY AND PROGRAM EMPHASIS

PRITECH plans to assist the Ministry of Health to clarify a national policy and produce a national plan for CDD in the coming year. We also plan to assist the Ministry to develop realistic management systems for program implementation and monitoring.

Emphasis in the eight USAID/PRITECH provinces will be placed on supervision and continuing education to consolidate improved case management practices and stimulate the IEC component of the program.

Key activities include:

- Study of liter measures for home treatment of diarrhea.
- Assistance to the MOH in defining CDD policies and drafting a national CDD plan.
- Support of provincial staff planning meetings.

- Support of training/continuing education sessions in the eight PRITECH provinces.
- Refinement of supervision tools for national and provincial levels.
- Organization of supervision visits with central and regional staff.
- Update of CDD training manual for clinical case management.
- Monitor ORS distribution in public and private sectors.
- Assist the Division of Family Health in their efforts to identify appropriate home fluids and feeding practices and to train health personnel in communication skills.
- Training of nursing school teachers in clinical case management with appropriate follow-up support.

C. PROPOSED EVALUATION ACTIVITIES

1. Program evaluation: Monitor the implementation of the recommendations of the Focused Programme Review, and complete the PRITECH internal evaluation using the INFOMAN software
2. DHS: Preliminary results from the DHS may be available before the end of PRITECH II and will permit an evaluation of home treatment practices (ORT use rates, etc.).

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

The national program is already supported by USAID, WHO, and UNICEF and their activities will extend beyond the end date of PRITECH. Nonetheless, discussions will be held with USAID/Ouagadougou to explore mechanisms to ensure continued technical support of the CDD program after PRITECH II.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

There will be a continuing need for technical assistance to consolidate the implementation of the national program. For example, this might include development and implementation of the IEC component; addressing issues of ORS supply and commercialization; continued work with medical and nursing schools to improve pre-service training; support of monitoring and supervision activities at all levels; periodic evaluation of case management practices and household treatment and behaviors.

CAMEROON

A. STATUS OF THE COUNTRY PROGRAM

Since the beginning of the Cameroon National CDD Program in 1987, PRITECH has played an instrumental role in helping the Program to successfully implement initiatives for training, IEC, and ORS distribution. With scarce financial resources, the Cameroon CDD Program has directly trained over 650 doctors and health workers, and reached many others through secondary training efforts and through the introduction of the CDD Program into the national medical school.

In the 1991-1992 time period, the National Program, with PRITECH assistance, has carried out a series of evaluation activities, including a Health Facilities Survey, a Household Survey, and, in July 1992, a Comprehensive Program Review followed by a detailed planning process for the 1993-95 time period. The results of these evaluations confirm the strong progress of the National Program in strengthening case management at health centers and at the home. The Program Review recommended the decentralization of CDD activities to the provincial level, a recommendation based on both the increasing importance of PHC projects operating at the provincial level in Cameroon and the lack of assured funding for the CDD Program at the central level.

The National CDD Program and PRITECH have recently become involved in a series of initiatives aimed at complementing the gains of the program in terms of case management. These initiatives include:

1. Working with Community Development agents for the distribution of CDD home treatment messages;
2. The development of a National Breastfeeding Policy and the implementation of a breastfeeding promotion program at the national level (in collaboration with the WELLSTART project);
3. Cooperation with Population Services International (PSI) for the promotion of an ORS brand in the private sector.

B. STRATEGY AND PROGRAM EMPHASIS

Program Management and Decentralization

Objective 1: In order to effectively decentralize the planning and implementation of CDD activities from the central level to the provincial level, PRITECH will assist the National CDD Program to conduct a series of visits to each of Cameroon's ten provinces.

Activity 1: Initial visits to each province, of 2-3 days duration, will involve representatives of the National CDD Program, donors, and the Provincial Delegate of Public Health and his key staff involved in PHC activities (Provincial Chief of Family Health, Provincial Chief of Preventive Medicine). These meetings will establish roles and responsibilities for CDD activities, including the naming a provincial CDD manager. (November 1992 - January 1993).

Activity 2: A second round of visits to each province will involve close work with the provincial CDD managers for the planning of upcoming activities, including training, IEC, and monitoring of ORS distribution and sales (February - April 1993).

Objective 2: To complete the recruitment and training of a new PRITECH Country Representative, and to provide effective ongoing support and supervision of that person.

Activity 1: Hire a new PRITECH Country Representative (by October 1992).

Activity 2: Training and orientation of the new Representative through overlap with the outgoing representative (October - November 1992).

Activity 3: Attendance of the new Representative at the WHO CDD Briefing to be held November 9-13, 1992 in Geneva.

Activity 4: At least one short-term supervisory visit by PRITECH/W staff to Cameroon (January - May 1993).

Case Management Training and Supervision

Objective 1: To print the PRITECH/Cameroon training modules, and to conduct at least two CDD clinical training courses at the provincial level.

Activity 1: Print the PRITECH/Cameroon training modules, developed over the past year and designed for use within Cameroon's PHC "Reorientation" system. Print 100 trainers' modules, 600 participants' modules, and 300 health center guidebooks (by December 1992).

Activity 2: In collaboration with provincial CDD managers, to finance and conduct 2 provincial level CDD training courses. These training courses will target health district level supervisory staff and will use the training modules discussed above. (January - May 1993).

Note: CDD training in additional provinces will be sponsored by other donors working at the provincial level, and will use the same PRITECH/Cameroon training modules.

Objective 2: Assess the need for small ORT materials by province and equip provincial training centers.

Activity 1: In collaboration with provincial CDD managers, determine the need for ORT materials (cups, bowls, spoons) in health facilities. Requests for financing the procurement of these materials will be submitted to WHO and UNICEF. (By March 1993).

Activity 2: To follow through on the submission of these requests, and to monitor the distribution of materials when delivered (by May 1993).

Activity 3: In collaboration with provincial CDD managers, to ensure that each province has at least one training center equipped with basic ORT materials for training and demonstration -- materials to be purchased by PRITECH (by March 1993).

Objective 3: To finalize an integrated CDD supervision form for use in the "Reorientation of PHC" system.

Activity 1: Obtain the input of key central level and provincial MOH personnel as well as PHC donors for the conception of an integrated supervision form (by December 1992).

Activity 2: Pretest and finalize this form (by March 1993).

Activity 3: Introduce the form into the on-going supervisory activities of the different provincial MOH delegations and PHC projects.

Information, Education, Communication (IEC)

Objective 1: To develop provincial action plans for CDD IEC activities.

Activity 1: Hold a meeting in Yaounde with all of the provincial Health Educators, in order to provide these key MOH personnel with updated CDD messages and to discuss the development of CDD IEC action plans (January 1993).

Activity 2: After the provincial Health Educators have had time to develop their plans in collaboration with appropriate local resources (radio, Community Development, etc.), the National CDD Program staff will visit each of the provinces to finalize these plans (visits to be concurrent with provincial visits described above under "Program Management and Decentralization").

Objective 2: To continue to develop and produce appropriate and effective printed materials for public education.

Activity 1: Finalize the study of the CDD home treatment flyer conducted in June 1992 (by November 1992).

Activity 2: To print 75,000 additional home treatment flyers for selected distribution according to provincial CDD IEC plans (printing to be completed by March 1993).

Activity 3: In collaboration with Société Internationale Linguistique, to develop and print CDD home treatment messages in 10 commonly spoken local languages (by January 1993).

ORS Marketing Initiative with Population Services International (PSI)

Objective 1: To provide promotional support for PSI's BIOSEL brand of ORS.

Activity 1: Develop and print a flyer which will be used as an insert for the BIOSEL ORS and will include a description of good home treatment practices for diarrhea (October 1992).

- Objective 2:** To provide technical support for PSI's ORS marketing initiative.
- Activity 1:** A follow-up visit by PRITECH social marketing expert Mr. Camille Saade to Cameroon to assist PSI in the development of a comprehensive ORS marketing plan and in the training of PSI's sales force.
- Activity 2:** Provide technical assistance as appropriate to train PSI's sales force concerning CDD case management and ORS, using external or locally available technical resources.

Promotion of Positive Breastfeeding Practices

- Objective 1:** Assist in the implementation of national breastfeeding promotion program.
- Activity 1:** Assist the MOH in the modification and finalization of the National Breastfeeding Policy developed in a workshop in March 1992.
- Activity 2:** (With the WELLSTART Project) assist the MOH in the development of a comprehensive action plan for breastfeeding, including specific activities and potential sources of funding, and the implementation of the initial phases of that plan.

C. PROPOSED EVALUATION ACTIVITIES

A series of evaluation activities completed in the 1991-92 time frame, including a Health Facilities Survey, Household Survey, and Comprehensive Program Review, have provided the Cameroon CDD Program with useful data and recommendations for future activities. Additionally, PRITECH will prepare a series of "lessons learned" papers from the PRITECH/Cameroon program, including a paper on the development of the CDD training modules and a paper on the role played by the PRITECH Country Representatives in the implementation of National CDD Program activities.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

From an administrative standpoint, termination of PRITECH/ Cameroon activities, including closing of the bank account and transfer of materials to the Ministry of Health, will be carried out by the PRITECH Country Representative with administrative assistance from PRITECH/W. The important role that PRITECH has played in the management of CDD Program activities will be progressively transferred to MOH staff in anticipation of the ending of PRITECH technical assistance and the beginning of a comprehensive USAID child survival project which will include financial assistance for CDD.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

The major emphasis for the Cameroon National CDD Program after the phase out of PRITECH assistance will continue to be the successful decentralization of the planning and implementation of program activities. In each province of Cameroon there is currently at least one donor working to support PHC activities, and integration into these ongoing operations will be essential in order to assure both funding for and sustainability of CDD activities, including training, supervision, and IEC. Public sector ORS distribution will in the future be uniquely through cost recovery systems complementing the PHC system, except for a reserve stock managed by the National CDD Program for cholera control.

The majority of the funding for future CDD activities is likely to come from donors working at the provincial level for integrated PHC. However, this funding is not assured and ensuring that provincial level CDD activities are adequately funded will be a priority for the National CDD Program. Support for activities at the central level will potentially come from USAID/Yaounde through an umbrella child survival project also including support for ARI, breastfeeding and vaccination programs. Support for specific activities, including studies and future evaluations may be available from WHO. UNICEF/Cameroon has indicated a willingness to support specific CDD activities in the area of IEC.

F. OTHER ACTIVITIES FOR WHICH FUNDING IS NECESSARY

Financial limitations for the PRITECH/Cameroon program have meant that the activities described in this workplan for PY6 have been scaled back to a great extent from what will be necessary for the CDD Program to function effectively in all of Cameroon's provinces. Specifically, PRITECH would have to finance 6-8 clinical training courses instead of the two mentioned in this workplan. Additionally, the number of home treatment flyers printed would have to be greatly increased in order to adequately cover the needs of provincial Health Educators and NGOs who have expressed an interest in assisting with the distribution of these flyers.

CENTRAL AMERICA

A. STATUS OF THE REGIONAL PROGRAM

The INCAP Social Communication effort aimed at improving dietary management of diarrhea, the centerpiece of the PRITECH Central American Strategy, was put on hold due to the severe financial straits in which PRITECH found itself. The research which represented the first step of the first of the six phases in the Social Communication Project, was completed before the project was shut down.

Efforts are currently underway to get the A.I.D. approvals for financing a Distance Education activity aimed at improving physician management of cholera and, by implication, of diarrhea in general. PRITECH has completed technical and financial reviews of INCAP's proposal for this activity.

B. STRATEGY AND PROGRAM EMPHASIS

What happens in PY6 depends almost entirely on the PRITECH financial situation. If funds are available we will proceed with both projects. This is, however, improbable. The best case scenario would see PRITECH assisting with the initiating of the Distance Education activity, the finalization of which would have to be under some other A.I.D. project, central, regional or local.

C. PROPOSED EVALUATION ACTIVITIES

There are not sufficient activities initiated under the Central American initiative to warrant an evaluation although there probably are lessons to be learned and these can be analyzed and documented over the remaining life of project.

D. TERMINATION OF THE PRITECH REGIONAL PROGRAM

The Central American PRITECH office only consists of one person who operates out of his home with the assistance of the Bayan Health Project for donated office space in La Ceiba, Honduras. With minimum equipment and files, closeout should be with little or no trauma.

E. CDD NEEDS IN THE REGION AFTER PRITECH

The remaining needs are largely those identified in the Central American Strategy document. These include training, public health education related to weaning and breastfeeding and information dissemination related to new advances, i.e., micro-nutrients and Vitamin A. There is a need to continue policy dialogue to keep CDD as a public health priority. There is a need to improve donor coordination and program implementation at the country level. Additionally, private sector ORS supply and distribution must be increased.

THE GAMBIA

A. STATUS OF THE COUNTRY PROGRAM

The focus of the CDD Program in The Gambia continues to be strengthening case management within the public sector, at health facility and village-level. By the end of October, 1992 at least one senior nurse from each health facility will have been trained in standard case management. All Village Health Workers and Traditional Birth Attendants have been trained in the use of ORS as part of sound case management, and now have ORS available at their village posts. As health workers remain the primary source of information for caretakers, training and supervision activities have also included practice in counselling caretakers, and the use of available IEC visual materials. Initiation of the distribution of ORS packets to the village health services has required close monitoring to ensure that adequate supplies reach the peripheral levels.

The challenge facing the program over the coming year will be to consolidate the efforts at improving case management and ORS distribution in the public sector through improved supervision and ongoing health worker training. This must take place within the framework of the decentralization process of the Medical and Health Department.

B. STRATEGY AND PROGRAM EMPHASIS

Objectives for PY6 include:

1. Improve the supervision and coordination of CDD activities at the Regional, Divisional, and National levels.
 - Complete the CDD/ARI Supervisory Manual.
 - Carry-out a CDD/ARI Supervisory Skills Workshop for Divisional Health Team staff, including use of the Manual.
 - Carry-out supervisory treks with Divisional Health Teams (DHTs) to all health facilities and a sample of community health workers.
 - Continue to participate in Departmental meetings and workshops about decentralization.

2. Ensure that 100% of health facilities and community workers have a continuous and adequate supply of ORS.
 - Continue meetings and distribution of memos about ORS to Central and Regional Stores and the Drug Revolving Fund.
 - Emphasize the importance of monitoring of ORS supplies as part of DHT Supervisory Skills training.

3. Ensure that all re-training of VHWs and TBAs include sessions on CDD case management issues.
 - Discuss training priorities and distribute training materials to all Regional training teams.
4. Ensure that, after staff attrition and transfers, all health facilities have at least one trained senior health worker.
 - Assist DHTs to conduct 3 Case Management Courses (1/Region).
5. Ensure that 100% of nurses coming into the health system are trained during pre-service in proper diarrhea case management.
 - Continue to meet regularly with Nursing School staff and assist with the monitoring of ORT corners for students' practical training experience.
6. Intensify IEC activities using media in addition to health workers.
 - Re-draft and produce new radio diarrhea spots.
 - Support GAFNA in the development of IEC messages and materials, based on their weaning food studies.
7. Remobilize the sentinel community surveillance system by conducting one household survey.
 - Develop proposal for submission to UNICEF prior to December 1992.
 - Conduct training and survey in January/February 1993.

C. PROPOSED EVALUATION ACTIVITIES

The coming year presents an opportune time for the Program to review the current status of its activities and evaluate its progress towards its objectives. The Assistant Program Manager has gained training and experience managing the program over the past two years, the Program Manager will be returning from studies in the UK, and results from a Household Survey and a Regional Health Facility Survey will be available. The closure of PRITECH II in 1993 necessitates that the Program shows progress as it presents plans for future programming directions to alternative funding sources.

As mentioned above, a primary objective of PY6 will be to remobilize the sentinel community surveillance system by conducting a household survey in January 1993 during

the second peak diarrhea season. This survey will provide important data regarding health and health care behaviors as well as data regarding the effectiveness of the CDD Program's IEC component in educating mothers and modifying health care behaviors when compared to survey data from the last household survey conducted in 1989.

A Regional Health Facility Survey will also be performed early in 1993 in order to evaluate the CDD Program's effectiveness in moving towards the objectives as described in sections 2, 3, 4, and 5 above. Supervisory treks to health facilities will also be utilized for the gathering of anecdotal information important to the evaluation process.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

Another primary objective in PY6 is to prepare the program for a smooth transition and continuation of activities after the closure of PRITECH II on June 31, 1993. The National CDD Program Manager will return from studies in the United Kingdom in April, therefore, there will be approximately 2-3 months of overlap to bring him up to speed on the current activities. Work will focus on assisting the CDD Program Manager and staff to utilize the information available from the program evaluations and to review and set targets for the coming years and thus prioritize activities. PRITECH assistance should also be available to assist the staff to develop a coherent 5-year plan and approach possible donors for funding of the activities.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

At this point funding for future CDD activities has not been clearly identified. CDD program funds from UNICEF, as well as funds for ARI program support have dried up with no indication of further support. Finding funding for CDD Program activities will be essential for the continuation of the CDD Program after the closure of PRITECH II.

F. OTHER ACTIVITIES FOR WHICH FUNDING IS NECESSARY

UNICEF's funds for the ARI program are insufficient. Another US\$10,000 is needed for Case Management Training Workshops and for IEC materials such as posters and training manuals.

GAFNA may have results from ethnographic surveys to disseminate through workshops, trainings, and possibly posters and flyers. There is currently no funding for these activities; however, it is questionable whether the results will be ready before closure of PRITECH/Gambia.

INDONESIA

A. STATUS OF THE COUNTRY PROGRAM

1. Accomplishments to date:

Despite delays in approval of the Indonesian plan, which was completed in mid October 1991 and approved only in late April 1992, and related funding delays, the project has accomplished, and in some cases exceeded, most of its objectives for year 1 (PY5):

a) Government

- PRITECH obtained support from the relevant departments within the Ministry of Health: CDD (P2M), FDA (POM) and Community Health Education (PKM):
 - All have participated in and sponsored PRITECH proposed activities at no cost to the project;
 - Commercial sector activities in the PRITECH plan were incorporated into the National CDD plan.

b) International Agencies

- WHO and UNICEF fully support PRITECH's activities:
 - PRITECH asked to join CDD and WHO on the committee to develop strategies and materials for drug sellers;
 - PRITECH asked to work and to coordinate with UNICEF on a commercial sector strategy for UNICEF and to work with UNICEF's urban program;
 - The Health Sector Financing Project (USAID) agreed to sponsor a television ad developed by PRITECH in collaboration with the Advertising Council.

c) NGOs

- The Indonesian Medical Association has lent us its full support and is collaborating with PRITECH in the generic campaign aimed at physicians.
- The Advertising Council is sponsoring the generic promotion of ORT and will begin a collaborative efforts on handwashing and breastfeeding. PRITECH's role is to initiate proposals, provide technical assistance and coordination.

d) **Commercial Sector**

- Major ORS producers have developed plans for marketing ORS.
- One major ORS producer has invested in new machinery and widened the distribution of ORS.
- Two major ORS producers are promoting breast feeding and food along with ORS.
- The major soap producer is sponsoring a handwashing campaign and has positioned one of its best selling soaps for handwashing.
- Detailmen and salesmen from a major ORS producer were trained to detail ORT, not just ORS.

2. **Major Challenges to be Addressed**

a) **Widen distribution system.** The project was not able to experiment with different distribution mechanisms as planned, due to shortage of funds. This is critical for increased access to ORS.

- **Innovative marketing and distribution approaches.** The project planned to work with PATH to use its loan fund to test innovative marketing and distribution approaches. The focus would be on developing innovative marketing and distribution approaches which can be used by the commercial sector to increase access to ORS. For instance, ORS producers would work with NGOs currently distributing/selling contraceptives for the Blue Circle Social Marketing Program to use the same network to distribute/sell ORS. Another approach could involve a sequential launch of ORS, looking at different marketing questions such as profit margin, effectiveness of point of sales materials, etc.
- **Bring in consumer companies which have wide distribution networks.** Only after we are able to show an increase in sales of ORS in pharmacies (apotiks) and drug stores (toko obat) in the IMS, are new companies and particularly consumer companies likely to show interest in marketing this product. This means that this is a challenge for year 3, after the end of the project.

Key Activities:

- Enlist consumer companies to market ORS.
- Assist consumer companies to develop marketing and promotional strategies to market ORS.

- b) How to measure quality of care of children with diarrhea and identify to what extent the project contributed to this versus other interventions and environmental changes, within our limited budget.

B. STRATEGY AND PROGRAM EMPHASIS

1. Strategies:

- a) Foster involvement of the commercial sector in marketing and promotion of ORT and handwashing. Create demand through brand specific promotion.

The initial focus of this effort was on pharmaceutical companies which produce ORS or which could produce and/or market ORS in the near future, i.e., within one year. Greater emphasis was placed on companies with wide OTC (over the counter) and/or consumer distribution networks.

- b) Operations/Market Research: Share contracted market research with ORS producers to help them develop and improve marketing and promotion plans and activities for ORT.

(1) Trade audits and/or store checks which provide information about penetration and sales of ORS in various regions of Indonesia.

(2) Consumer research with information about consumer perception and use of ORS and other antidiarrheal drugs, product pricing, availability, impact of promotion, etc.

2. **Objectives:** To complement the government's effort to reduce mortality and morbidity due to diarrhea using private, including commercial, sector channels.

Objective 1: To increase access to ORS in a sustainable manner.

Indicators for PY6

- Investment by at least two major ORS producers in production, distribution, marketing/promotion of ORS.
- Increase in production and commercial sales of ORS by at least 10% overall.
- Increase in percentage of pharmacies and drug stores selling ORS by at least 10% in urban and semi-urban areas.

Activities

- Continue motivating and assisting producers to market ORS and promote ORT.
- Facilitate interaction between the commercial sector and the government.
- Share contracted market research with ORS producers.
- Workshop on quality control and plant management.

Objective 2: Improve the quality of care of children with diarrhea through the private sector.

Indicators for PY6

- Promotion of correct case management of diarrhea through private sources:
 - At least three major producers;
 - At least three private sector groups, including the Indonesian Medical Association (IDI) and the Advertising Council.

Activities

- Work with the Indonesian Medical Association, IDI, to conduct audience research and develop a strategy, programs and materials to train and promote correct case management of diarrhea and counselling of parents to IDI's 27,000 members (pending funding).
- Conduct Training of Focus Group Discussion (FGD) leaders with Atma Jaya University. Purpose: FGD with physicians to develop concepts for promotional materials about ORT (Ford Foundation funds).
- Develop prototype promotional materials for physicians and consumers to serve as samples for ORS producers.
- Work with the Advertising Council (YPS) to promote ORT, breastfeeding and handwashing generically through mass media.
- Work with the MOH, particularly PKM, Community Health Education, to establish an on-going relationship between PKM and the commercial sector.
- Collaborate with the Education Television and the North Australia Film Corporation to add health messages, particularly ORT, handwashing, vitamin A and iodized salts, to the new children's program "Jalan Kita, "Our Street".

- Train detail and sales personnel working with ORS producers to enable them to promote Oral Rehydration Therapy (pending funding).

Objective 3: Reduce the incidence of diarrhea through promotion of preventive strategies, i.e. hand washing and breastfeeding, through the private sector.

Indicators for PY6

- At least one major soap producer will promote its product for hand washing to prevent diarrhea and will conduct a hand washing campaign.
- At least two private groups will promote handwashing.

Activities

- Finalize the handwashing campaign with Unilever, Lintas, Indonesian Medical Association and the Advertising Council and implement it.
- Work with the Yayasan Kusuma Buana (YKB), an NGO, and the Jakarta School system to promote handwashing in at least 1,000 schools.
- Continue working with PATH's Child Survival project in Lombok to promote handwashing and to obtain soaps from the commercial sector at no cost to the health system.
- Explore the possibility of a partnership between a commercial soap producer and the Posyandu (community health) system to promote handwashing to reduce the incidence of diseases, particularly diarrhea.

C. PROPOSED EVALUATION ACTIVITIES

1. Ongoing Evaluation

Presently contracted market research will provide information about:

- Consumer purchasing behavior of diarrhea medications.
- ORS, antidiarrheal and antibiotic sales in pharmacies and drug stores.
- Prescriptions of ORS, antidiarrheal drugs and antibiotics for diarrhea.

2. Future Evaluation

Additional evaluation activities should be conducted by an outside, independent group 12 months or longer after the completion of the project to assess its sustainability. For this purpose, all market research contracted during years 1 and 2 should be continued for a third year, whether or not the project is continued. Due to funding delays research was postponed, therefore in order to have means of measuring the project progress it is

critical to continue funding at least the purchase of IMS, consumer index twice a year and store checks of ORS. In the future, it will not be possible for evaluators to assess the impact and sustainability of the project through only interviews and observations during a visit to Indonesia. On-going, longitudinal data will be needed and should be made available to evaluators.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

The PRITECH Country Representative is attempting to incorporate the private, particularly commercial sector, into the MOH, Community Health Education (PKM) and the Indonesian Medical Association. She has also been talking with UNICEF about taking over some commercial sector activities.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

The collaboration with the private sector has been incorporated into the National CDD plan. However, PRITECH still initiates activities and the CDD participates in them. Thus, it is not likely that, once PRITECH leaves, private sector activities will be continued within CDD. Because of this, the PRITECH Country Representative has been working with another part of the MOH, PKM, which is charged with communications and information. PKM may be more proactive than CDD. As a back up, she is also working with the Indonesian Medical Association (IDI) to institutionalize CDD within its plans and programs, including interaction with the commercial sector. IDI has a lot more clout with pharmaceutical companies than the government does.

F. OTHER ACTIVITIES FOR WHICH FUNDING IS NECESSARY

PATH had planned to earmark approximately \$50,000 for soft loans to participating ORS producers and consumer product distributors. Additional loan funds would be available if there is demand and the participating firms qualify financially to carry such debts. These funds were to be used to purchase inventories of ORS for participating companies, which are currently not producers of ORS but have wide distribution networks; these companies would have to buy ORS from ORS producers. The loans would be repaid from the ORS sales. As part of the design of each test market, we would develop realistic sales projections, plus price and cost estimates, that would also indicate how much inventory would be required and on what terms (interest rate and repayment period) the firms can repay their loans. We expect that, as a result, the companies would begin marketing ORS, thereby widening ORS' distribution network.

Additional activities include:

1. PRITECH had planned to earmark at least \$50,000 for loans and/or matching funds up to \$10,000.00 per company for private sector promotional activities related to diarrheal diseases which have potential high impact.
2. Training of detail and sales forces of ORS producers (PRITECH funds, per plan). All training and promotional activities would have to follow the National CDD Policy. Detailmen often serve as the source of continuing education for physicians and pharmacists. ORS producers have large numbers of detail and salesmen who reach physicians and pharmacists everywhere. It is very important to utilize this resource.
3. Collaborate with the Indonesian Medical Association (IDI) to:
 - Conduct survey of membership about case management of diarrhea;
 - Conduct Focus Group Discussions (FGDs) to identify motivating factors behind prescribing behaviors;
 - Develop training programs about case management in its journal and other publications for physicians.

IDI has 27,000 members and chapters in every province. IDI gives continuing education credit to physicians, has monthly meetings and has publications through which it disseminates information to physicians.

4. PATH: Provide training and assistance to ORS producers in maximization of resources through improved plant management and quality control.

It is important to ensure high quality of ORS produced. In addition, through improved plant and resource management, ORS producers will be able to increase production without increasing cost.

KENYA

A. STATUS OF THE COUNTRY PROGRAM

PRITECH/Kenya will continue to work in its five primary project areas through the end of the PRITECH II Project, with emphasis on the two newly launched areas, the commercialization of ORS and the private voluntary (NGO) sector. The five PRITECH/Kenya project areas are the following:

- Private Commercial Sector
- Private NGO Sector
- Lactation Management Training
- MOH Communications Programs
- Kenya Medical Training Colleges CDD Curriculum Development

The accessibility and sustainability of Oral Rehydration Salts (ORS) continues to be of utmost importance to PRITECH/Kenya in the last year of the project. A partnership was developed between UNICEF, PRITECH and the Ministry of Health to complement the MOH ORS supply efforts, by involving the private commercial sector in the expansion of the commercialization of ORS in Kenya.

Sterling Health, a leading pharmaceutical company in Kenya, agreed to re-launch an ORS product by mid-1993 with financial assistance from UNICEF and PRITECH to offset heavy initial expenditures that Sterling Health was reluctant to shoulder alone. PRITECH will need to continue to provide technical assistance to assist Sterling Health in successfully marketing and promoting their ORS product, and to ensure that important ORT messages are included in their promotional campaign.

PRITECH/Kenya will not be able to fully achieve planned objectives to develop a cadre of CDD trainers within the NGO/Church health community in Kenya due to an early shut-down of the PRITECH/Kenya Country Program. In collaboration with the CDD Unit, however, approximately one-third of hospital pediatric staff of the Catholic Secretariat's 30 hospitals nationwide will be trained in good clinical case management of diarrheal diseases.

The Lactation Management Training Team from Kenyatta National Hospital will have developed and pre-tested the KNH lactation training curricula for the in-service training of hospital health workers. A resource center will be established at Kenyatta National Hospital in the Maternity Ward by early 1993. The PRITECH Communications Specialist, in collaboration with the Kenya Institute of Education, the CDD Unit and UNICEF, will distribute to two targeted provinces, a pictorial chart for teachers and a

school booklet for students on both the prevention and treatment of diarrheal diseases by December, 1992.

B. STRATEGY AND PROGRAM EMPHASIS

The overall strategy of the PRITECH/Kenya Project is to strengthen specific program areas in the Kenya CDD Program in the reduction of diarrheal disease morbidity and mortality rates, in partnership with the Ministry of Health, the private sector, the NGO health community and sister agencies (UNICEF, WHO). Emphasis in PY6 will be focused primarily on the private commercial sector. Below is an outline of each project area in the Kenya Country Program Workplan and corresponding indicators for achievement by mid-1993.

- (1) **Private Commercial Sector:** To mobilize the resources of the private commercial sector to sell ORS products widely in order to better satisfy national needs for ORS throughout the country and to address ORS regulatory and container issues.

Indicators: By mid-1993, a Sterling ORS product will be on the market in Kenya, widely distributed and accurately promoted throughout the country at an affordable cost.

By mid-1993, one 500 ml product (Kimbo plastic container) will have a 500 ml logo stamped on the container, promoting their product line for the home mixing of ORS.

- (2) **Private NGO Sector:** To provide technical assistance to select NGOs (Catholic Secretariat, and Aga Khan Health Services) with health care facilities in CDD case management, prevention and community outreach in harmony with the MOH/CDD policy guidelines.

Indicators: By mid-1993, a NGO/CDD Training Team will have acquired CDD effective case management skills, designed and delivered one six-day Workshop on Effective Case Management and Prevention Measures for the Control of Diarrheal Diseases to their facility staff members in two provinces.

By mid-1993, 20 participants, representing 10 NGO health facilities in four provinces, who attended the NGO/CDD Effective Case Management and Prevention Workshops will be able to:

- a) Properly assess and treat dehydrated patients according to WHO guidelines.
- b) Incorporate prevention messages more effectively into their clinical and outreach settings.

- c) Have stronger management commitment demonstrated by the establishment of ORT Centers and periodic assessment.
- (3) **Lactation Management Training:** To develop a Lactation Management Training Program at Kenyatta National Hospital (KNH) by the training team who will design, implement and evaluate in-service lactation training for hospital staff.

Indicator: By mid-1993, a lactation management curricula will be developed by the KNH training team for in-service training of hospital health workers, so that they can more effectively counsel mothers/patients about lactation management.

By mid-1993, a lactation management curricula outline and strategy will be developed by the KNH training team for pre-service training of students at health institutions of higher learning affiliated with Kenyatta National Hospital.

By mid-1993, PRITECH/Kenya will have secured a donor who will provide continued funding and support of the pilot Lactation Management Training Program at KNH, which will then be incorporated into national, provincial and district-level training programs on breastfeeding.

- (4) **MOH Communications Programs:** To complete on-going MOH communication activities, consider the development of one or two new communication materials with the MOH, and strengthen NGO capabilities in the promotion of comprehensive case-management prevention.

Indicators: By mid-1993, an interpersonal-communication training module will be incorporated into MOH/NGO CDD Training Courses on Effective Case Management, Prevention and Community Outreach.

By mid-1993, several Outreach CDD Educational Materials for mothers or home case management and prevention will be developed and distributed to NGO Community Health Workers.

By mid-1993, all health facilities of CHAK, Catholic Secretariat and Aga Khan will have adequate supplies of MOH/UNICEF/PRITECH CDD communication materials.

- (5) **KMTC CDD Curriculum Development:** To assess and strengthen the diarrheal disease control curricula at the Kenya Medical Training Colleges (KMTC).

Indicators: By mid-1993, the KMTC's will have received updated guidance from the CDD Unit on ways to improve their CDD curricula in the areas of prevention and effective case management.

C. PROPOSED EVALUATION ACTIVITIES

There are no plans for a PRITECH/Kenya Country Program evaluation unless directed from PRITECH/Washington. PRITECH/Kenya will outline lessons learned pending guidance from PRITECH/Washington.

PRITECH/Kenya and PRITECH consultants participated in the WHO Focused Program Review of the National CDD Program in two phases during the second quarter of 1992. The recommendations of the review team were integrated into a workplan for 1992-1994 and a Plan of Operation for 1992-1997 by staff of the Central Management Unit. The NCDDP is to use the Plan of Operation to negotiate funding of the outlined activities with the Ministry of Health and relevant donors.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

PRITECH/Kenya will turn over all items as stipulated belonging to the USAID Mission at the shut-down of the project. The USAID Mission has voiced an interest in maintaining the PRITECH/Kenya Offices in the Division of Family Health to house future USAID-financed projects. PRITECH/Kenya will turn over all items to the CDD Unit per our agreement with the Ministry of Health. All documents will be transferred accordingly upon instructions from PRITECH Washington.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

Diarrhea continues to be the second leading killer of children in Kenya and is associated with over 50% of all childhood diseases. Increased supervision and monitoring of CDD activities is an important established goal in the 1992-1997 Plan of Operation. Increased attention on IEC activities is also needed to educate caretakers in effective home case management. Training of all health workers will remain one of the key strategies in the CDD Program. The improved distribution of ORS is needed to ensure the reliable availability of ORS in the public health system.

Of critical importance is the future sustainability of program implementation. The NCDDP has largely been funded through major financial contributions by external donors. USAID funds, inclusive of PRITECH, which have represented the largest contributions will end in the next year. Fiscal contributions by the Government of Kenya (GOK) to support the CDD Program have been minimal. The CDD Unit has entered into discussions with the Ministry of Health requesting increased MOH funds for the CDD Program. The CDD Unit will begin to seek alternative donors to support the 1992-1997 Plan of Operation.

PRITECH/Kenya began dialogue with the NGO Church Institutions who provide such important care to their communities. PRITECH/Kenya will be unable to complete planned objectives for the NGO Initiative and donor funding will be sought for 1993 and beyond to upgrade effective case management skills for hospital and community outreach staff at NGO Health Institutions. Both UNICEF and WELLSTART will be approached by PRITECH/Kenya to continue support of the Kenyatta National Hospital Lactation Management Training Program.

PRITECH/Kenya's greatest contribution to the possible sustainability of the CDD effort is through the private commercialization of ORS in collaboration with UNICEF and Sterling Health. It is hoped that Sterling Health will be able to market an ORS product at an affordable price, making the product widely available throughout the country by mid-1993.

MALI

A. STATUS OF THE COUNTRY PROGRAM

Daily operations of the Division of Family Health (DSF) and those of the CDD program have resumed a normal pace after upheaval for much of the year. Closure of the DSF, installation of a new presidential administration, naming of an interim Director of the DSF, as well as the appointment of a National CDD Coordinator, all taking several months, made accomplishment of program objectives particularly challenging. Because of the flux in the administration of the DSF this year, planned activities are well-established only through the end of 1992. Due to the effort to integrate activities and responsibilities at the DSF, the CDD team consists of two members, who also have other work domains (supervision and IEC), in addition to the National Coordinator and the PRITECH Representative.

Much time and preoccupation centered this year on the lack of availability of ORS packets in the field. This problem was noted by UNICEF, who has funded the production of 130,000 packets at the national drug factory in Bamako. They instigated and funded a study examining the situation throughout the country. Participation by the personnel of the DSF was critical since UNICEF refused to consider further funding of activities until the problem was resolved to their satisfaction. Instead of one month, the study took the better part of five months to complete. The final report is slated to be ready in October. Because of this situation, PRITECH has funded all CDD activities to date in 1992, except one training session which was subsidized by WHO.

Major program accomplishments include:

- Establishment of the systematic production and distribution of ORS packets;
- Training of Oral Rehydration Unit (ORU) staff throughout Mali (except Gao and Tombouctou) in diarrhea case management and use of naso-gastric tubes;
- Incorporation of ORT training modules in the nursing schools' curricula;
- Development and airing of radio and television spots;
- Training of Community Opinion Leaders in the regions in diarrhea case management and facilitation skills;
- Analysis of children at nutritional risk presenting at ORUs with a follow-up study to develop appropriate IEC messages for sick and convalescing children;

- Two KAP studies (1989 and 1992).

Two significant challenges exist to be addressed. Improved funding participation by other donors (e.g., UNICEF, WHO) will be necessary until the government is able to support activities itself. In light of the many demands on staff's time and energy, maintaining the focus on the CDD Program goals will be a challenge.

B. STRATEGY AND PROGRAM EMPHASIS

Due to the limitations of time and funds in the PRITECH Project, the CDD Program planners propose concentrating efforts in two primary areas: Training and Supervision.

1. Training

Objectives

Instruction of Community Opinion Leaders in diarrhea case management and facilitation:

- 25 Community Opinion Leaders in Koulikoro Region;
- 26 Community Opinion Leaders in Segou Region;
- 26 Community Opinion Leaders in Mopti Region.

2. Supervision

Objectives

Supervision and evaluation of the regional reference post ORUs:

- Region of Kayes;
- Region of Koulikoro;
- Region of Mopti;
- Region of Sikasso.

C. PROPOSED EVALUATION ACTIVITIES

The primary evaluative activities will be the KAP study and the supervision of the regional reference posts and their ORUs. The last CDD KAP study was completed in 1989. It centered on knowledge, attitudes and practices of mothers throughout the country. It also examined prescribers and vendors as they related to the use and commercialization of ORS. The upcoming KAP study will examine these issues, as well as have an increased emphasis on the nutrition of sick children and the impact IEC efforts have had in CDD. The new study will be a collaborative effort with the Nutrition

and IEC programs of the DSF. The latter receives support and funding from the Academy for Educational Development, which will assist in the funding of the study.

In addition, three other evaluative activities include:

1. Analysis and evaluation of data collected from Reference Posts (ORUs).
2. Evaluation of training provided the detail men at the UMPP (Usine Malien de Production Pharmaceutique), the local drug production factory, in oral rehydration therapy.
3. Evaluation of activities of the PPM (Pharmacie Populaire Malienne), local drug distributors, related to the distribution of ORS packets.

Although slated to occur annually, no supervision trips to the regional reference posts occurred in 1992. Those scheduled in 1993 will be the first which will be integrated with the other supervision activities of the Division. This integration, while perhaps sound in theory, proposes special challenges to the CDD program. As illustrated in 1992, an established coordinating body must exist to implement such involved efforts. Although the personnel of the DSF was trained by the PRITECH Regional Deputy Director, one wonders if, a year after their training, sufficient attention to evaluation of details and necessary correction will be given.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

Meetings and debriefings with the PRITECH Regional Director and the Mali Representative will be conducted with at least the following individuals:

- National Director of Public Health;
- Director of the DSF;
- National CDD Coordinator;
- CDD Team;
- USAID Mission Director;
- USAID Mission HPN Officer.

The process of closing out the PRITECH Mali program will follow the guidelines established by the grant agreement. Commodities potentially to be left to the Malian government for the use in CDD activities include a project vehicle, laptop computer and printer. All PRITECH/MSH documents will be shipped to MSH/Boston. The activities and responsibilities of the PRITECH Representative will not be transferred to the USAID Mission here.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

Certain program needs stand out particularly as this phase of PRITECH comes to a close. Strategies to rectify the problems of distribution and availability of the locally produced ORS packets must be developed.

While emphasis on CDD issues have not been a priority this year for the IEC staff, their programming will center on CDD in the coming year. This improvement will be essential to the continued CDD effort.

MEXICO

A. STATUS OF THE COUNTRY PROGRAM

The PRITECH II Mexico program in PY5 included three components: State level training in collaboration with the Ministry of Health, community education and information activities with the private consulting firm CICLOPE, and the increased private sector commercialization of ORS. Progress has been made in all three areas.

State level training in the six PRITECH II states was integrated into the overall 1992 Mexican CDD program, thereby assuring the coordination of A.I.D. inputs with those of PAHO, UNICEF, A.I.D./Mexico bilateral and others. Training has been carried as planned in all six states, including Puebla, the only PRITECH II State where implementation had not been initiated. Dra. Maria Teresa Garrido was hired to replace Dr. Francisco Becerra as PRITECH/PAHO CDD consultant. Three seminars for medical-school nursing and medical faculty have been conducted. The seventh International Course on ORT was held in April, 1992 with four presentations sponsored by PRITECH. The Household Management of Diarrhea study was completed and a Facility Case Management Survey conducted. The CICLOPE Health Education effort was completed, evaluated and presented at the NCIH Meeting in Washington, DC in June, 1992. A series of meetings between CICLOPE and MOH did not result in agreement by the MOH to adopt the CICLOPE methodology, but did stimulate the MOH to develop its own health education methodology and present it for financing. With Mission buy-in funds, a part-time private sector marketing consultant is working actively to stimulate private sector interest and assist them in marketing additional ORS.

B. STRATEGY AND PROGRAM EMPHASIS

The PY6 Strategy will be to close out the training activities at the end of 1992 and to conduct an evaluation of that three year effort. Specific objectives for the year are:

- One National Meeting of State Level CDD Managers;
- At least one Clinical Management Training in all six PRITECH States;
- Supervision and support visits to all six PRITECH States.

Private sector commercialization activities will continue.

C. PROPOSED EVALUATION ACTIVITIES

Two major studies, the Household Management of Diarrhea Study conducted in six PRITECH States, the recent Case Management Health Facility Survey, conducted in three of the PRITECH II States, and the monthly reports provided by the PRITECH/PAHO advisor provide a basis for evaluation of program effectiveness. That evaluation will be conducted by PRITECH field and central level staff early in CY93.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

Since the Mexican PRITECH office is fully integrated within the PAHO structure, there will not be any problem in closing out the office. It is assumed that either PAHO or the MOH will pick up Dra. Garrido's salary as she is a very valued member of the national CDD team.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

Both the Household survey and the Case Management Facility survey demonstrate remaining needs. The Household survey showed that levels of the use of inappropriate medications in diarrhea remain very high while levels of knowledge about when to refer children to health centers and about increasing liquids during diarrhea were very low. The Health Facility survey indicated that physicians continue with mistaken concepts about the use of antibiotics in diarrhea and in general health personnel are not very good at educating about when to bring their children back to the health facility. The Mexico CDD program also operates in relative isolation from the Social Security Institute, the major Mexican health care provider. The recent Mexican efforts in vaccination demonstrated the capacity and effectiveness of these two organizations to work together. This should be applied to the CDD program as well.

The PRITECH Mexico program, because it is so tightly integrated with the overall MOH CDD program and because it is a relatively small contribution compared with the overall program, has served to strengthen the national program and thus contribute to its sustainability.

SENEGAL

A. STATUS OF THE COUNTRY PROGRAM

The Senegal program picked up momentum when USAID funding for activities in three out of ten regions became available in March 1992. A planning process was set up with the three regions. Several training courses were carried out at national and regional levels on CDD and one training of trainers on nutrition was held. Unfortunately, repeated strikes of the health staff in September - October have hampered the necessary work to follow up on this training and consolidate a change of health worker behavior in the field.

The process of assisting the National Pharmacy to prepare the systems needed for it to assume its new autonomous status was started with coordinated assistance through PRITECH and the World Bank. One objective of this is to establish a single integrated drug system which can deal efficiently with contraceptives and ORS as well as other essential drugs.

Following the Lome Breastfeeding and Infant Feeding Conference, PRITECH has been able to facilitate the technical support of WELLSTART to the MOH. A national breastfeeding promotion plan is being finalized and activities for the coming year have been identified.

The Phase III of the Feeding-During-Diarrhea Study is underway in the Fatick Region. MOH, national, regional, and local staff are collaborating in the testing of messages/recipes previously identified and measuring the impact of different ways of doing nutrition education in villages with dispensaries.

The Persistent Diarrhea Descriptive Study has been finalized. Cases are still being recruited for the study on dysentery although preliminary results are available.

B. STRATEGY AND PROGRAM EMPHASIS

PRITECH's main strategy in the coming year is to continue to give much needed technical and organizational assistance to SANAS in their efforts to support the regions and districts in the areas of CDD and nutrition, following the MOH new decentralization policy. USAID funds are available for only three out of ten regions, and PRITECH will assist SANAS to negotiate with other donors, PVOs, etc., in order to work toward a national CDD effort.

Emphasis will also be placed in attempting to solve the ORS supply problem in Senegal. In addition, support to the National Pharmacy will continue to be part of the PRITECH strategy.

PRITECH will continue to facilitate the involvement of WELLSTART in developing the promotion of breastfeeding activities in Senegal.

Key activities of the program in the coming year will include:

- Consolidation of the CDD training that has already taken place through:
 - the establishment of Oral Rehydration Units in the districts;
 - supervision and follow-up of activities with national, regional, and district counterparts.
- Improvement and extension of nutrition training through:
 - modification of the current curriculum;
 - technical support for training sessions;
 - supervision and follow-up of field activities (with SANAS).
- Improvement of CDD teaching in the Nursing Schools:
 - facilitation of training of teachers in CDD;
 - follow-up (with SANAS) of the use of modules in the schools.
- Provision of tested nutrition education messages for inclusion in national education materials through:
 - the development of counselling cards as part of Phase III of the Feeding-During-Diarrhea Study (with SANAS and Health Education);
 - testing of the use of the cards, through the same study;
 - coordination with HEALTHCOM, SANAS, and Health Education to define and assist with developing national materials.
- Establishment of management systems for autonomy in the National Pharmacy through:
 - joint definition of management system needs (in coordination with the World Bank and other donors);
 - assistance to the PNA in establishing and maintaining of systems identified.

C. PROPOSED EVALUATION ACTIVITIES

The Demographic and Health Survey to be carried out later this year will provide evaluative information on CDD Program indicators. In addition, a WHO program review is programmed for 1993.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

USAID/Senegal is planning to continue its support of CDD efforts as part of its new bilateral project which is to start in April 1993.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

Needs for assistance and support remain high in Senegal in several domains:

- The three USAID regions need help to systematize the implementation and follow-up of CDD and nutrition activities at the district and local levels (supervision, problem-solving, information generation, and analysis).
- The SANAS requires support in its efforts to ensure national coverage and coordinated development of activities throughout the country (policy, programming, monitoring).
- Assistance is needed for the definition and implementation of national policy in the area of ORS supply and commercialization.
- The IEC component of the program needs support and coordination with the Health Education Unit and HEALTHCOM (rectification of home solution policy and educational effort, the promotion of better feeding during illness).
- The implementation of Oral Rehydration Corners in the field will take considerable effort.
- Assistance is needed with monitoring and evaluation of activities.
- The National Pharmacy requires assistance in setting up the management conditions for its autonomous status and consequent improved drug supply system.
- Inputs from other central projects in the area of nutrition require facilitation from PRITECH.

UGANDA

A. STATUS OF THE COUNTRY PROGRAM

At the start of PRITECH's final year in Uganda, and after one year of a country program with full-time representation, the status is as follows:

1. Uganda Traditional Healers Initiative (UTHI)

After a prolonged planning stage with in-depth needs assessment in two sub-counties, the UTHI has just embarked on the implementation of the phase II in Gomba county of Mpigi District, the so-called Vanguard Project. Shortly, a baseline survey in Gomba county will detail characteristics of traditional practices in the area as well as identifying potential traditional healers (THs) for training. Health Learning Material is being developed to assist in the social mobilization of communities and for the future training of lower cadre health staff and traditional healers in treatment and prevention of diarrhea.

2. Case Management Training: Diarrheal Training Unit (DTU)

The DTU has become fully operational during the past year. An average of 30 patients are seen daily. Of these many have complications, such as ARI, malnutrition and suspected AIDS, leading to a greater number of moderate and severe dehydration cases. The training modules have been tested during a TOT/Module testing workshop. Since then, the modules have been further developed and more or less finalized for use in the 3 courses that will be held over the next 6 months.

3. Prevention and Promotion: Health Inspectorate Training

During the last year, the Health Inspectorate (HI) has been redefining its role in the light of the CDD program evaluation of 1991, in which it was suggested that the health inspectorate should be strengthened with the help of AMREF and UNICEF. It was envisaged then that eventually Health Inspectorate staff who are based in the CDD program will move back and conduct (CDD) preventive activities from the HI unit.

4. ORS Production and Promotion

With the help of PATH, a commercial product (ORADEX) was launched by a local pharmaceutical company, Medipharm. ORADEX was distributed, mainly in the urban areas, by a distributing firm called Armtrades and by Medipharm

itself. Subsequent visits by PATH staff have assisted in quality assurance, product promotion and production forecasting. Due to inflation and the high cost of production the ORADEX sachet is currently being marketed at a cost that is beyond the buying power of most Ugandans. A further infiltration of free (donated) ORS sachets in the market makes it very difficult at the moment for the commercial product. The product is being promoted on national radio and through advertising in newspapers.

5. Management and Planning Status of the Program

The 1991 evaluation concluded that the NCDDP was a highly centralized program. With PRITECH assistance, an action plan was developed for 1992 that addressed the recommendations of the evaluation. Through various efforts, such as more regular supervision and activity financing through the Ministry of Local Government to the district, the NCDDP has slowly embarked on a process of decentralization; integration with other MCH programs is still very much centered around the program administrative duties. Unfortunately, the program lost its deputy program manager, who was transferred to the EPI program (possibly with a view to integrate the two programs at some point in the future).

In general, planning and management of the whole health sector, not just of the CDD program, is hampered by the availability of government funding for both activities and salaries. This leads to incremental, ad-hoc and donor-led initiatives that preempt any existing annual plans. Actual activity implementation depends very much on the degree of salary supplementation rather than on the health plan or priorities. And this is becoming increasingly worse, putting an uncomfortable strain on local donor representatives.

B. STRATEGY AND PROGRAM EMPHASIS

The overall strategy of the PRITECH assistance during the final year will be the continuation of the program activities as started during project year five, with an emphasis on possible midterm or final evaluation of selected activities during this year.

1. Uganda Traditional Healers Initiative

Objective 1: To improve home treatment of diarrheal cases

- Activity 1: To train THs and Health workers in the UTHI project area in diarrhea prevention and counselling of caretakers.
- Activity 2: To develop, produce and distribute Health Learning Material on case management, especially home treatment and prevention.

Objective 2: To enhance cooperation between allopathic and traditional health workers.

Activity 1: To train THs and Health workers in the UTHI project area in diarrhea case management, recognition of danger signs and (cross) referral methods.

Objective 3: To evaluate the UTHI Phase II

Activity 1: To conduct and document a baseline survey on TH practices with diarrhea in children under five.

Activity 2: To document processes and outcomes of the UTHI Vanguard Project (UTHI phase II) by collecting and compiling minutes of meetings, supervision and activity reports and survey instruments.

Activity 3: To monitor and follow-up trainees in between the training periods.

Activity 4: To provide technical assistance for the overall evaluation of the Vanguard project.

2. Case Management Training

Objective 1: To improve case management training for health workers

Activity 1: To assist in the preparation and implementation of DTU courses.

Activity 2: To assist in implementation of DTU case research.

Activity 3: To conduct a DTU training process and impact evaluation.

Objective 2: To integrate home case management in formalized Health Inspectorate courses

3. Program Planning and Management Assistance

Objective 1: To improve program management

Activity 1: To develop and implement a management procedure manual

Activity 2: To conduct supervision courses for central and district staff

Activity 3: To research information requirements for program management

Objective 2: To improve central and district planning

Activity 1: To research information requirements for program management

Activity 2: To draft a three year CDD plan

Activity 3: To conduct supervision courses for central and district staff

C. PROPOSED EVALUATION ACTIVITIES

1. Uganda Traditional Healers Initiative

A major component of the UTHI Vanguard Project is an evaluation component to assess feasibility and viability of expansion to other health and/or geographical areas.

It is proposed that the current Senior Program Manager return in May 1993, on an external consultancy basis, for three weeks to work together with the local evaluation coordinator on the assessment of the project.

2. Diarrheal Training Unit

The PRITECH Project has been instrumental in the conceptualization and development of the DTU, including an initial impact assessment of the training.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

At the end of PY6, the country program will either be terminated or integrated into a possible new comprehensive health program as planned by the Kampala USAID Mission.

In case of termination, project equipment and supplies will be handed over to the National CDD program as stipulated in the Memorandum of Understanding. If in any case a PRITECH III will follow, it should be negotiated with the Mission that project and equipment are in custody of the Mission until such time that the project continues.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

The evaluation of 1991 has shown that the impact of the CDD program has been far from ideal. However, this goes for a considerable number of Ugandan health programs.

The resources for the program (USAID through UNICEF, PRITECH and PL480) are running out at the end of 1993. Resources have so far not been identified for the ARI program. It is also not sure whether the USAID will fund again through UNICEF.

Considering the low local funding base (as discussed above in the situation analysis), it would be difficult to predict that the Ugandan Government is able to take over, or at least finance a major part of the activities.

The addition of the ARI program may complicate the situation further. So far no funding, manpower or space has been identified for the program. There is also a general drive to integrate programs -- especially under the department of MCH/FP, programs such as nutrition, CDD and EPI may be integrated in the not too distant future.

Furthermore, Government policy is geared towards decentralization; the ministries have been advised to keep a skeleton staff at the central headquarters. These staff are supposed to be managerial in nature while technical staff is being sent out to the field to strengthen activity planning and management at the local level.

Considering the above, the following needs could be identified:

1. Continuation of the PRITECH-supported activities, such as the UTHI and case management training, with possible technical assistance expansion into the field of ARI (case management training), nutrition (breastfeeding and weaning practices) and rational use of drugs. The technical emphasis of the PRITECH Project should also be supportive of water and sanitation, food hygiene and environmental activities.
2. A strengthening of managerial and planning capacity at district level, to be supported and supervised by well trained managerial technical staff from the headquarters.
3. Technical assistance for health resource generation at local levels so that a more sustainable system can be developed.
4. Donor funding, if the momentum of strengthening, integrating and decentralizing the program is not to be lost. The extent of this donor funding, however, depends on the overall socio-economic status of the country and on the donors' attitudes towards the country.

F. OTHER ACTIVITIES FOR WHICH FUNDING IS NECESSARY

For PY6 the following activities are not yet funded:

1. A pilot study in Rational Use of Drugs in CDD case management.
2. A national assessment study on ORS consumption to assist both the CDD program and Medipharm in planning their production and/or donor requests.
3. A midterm evaluation of the DTU training, process and impact.

ZAMBIA

A. STATUS OF COUNTRY PROGRAM

The Zambian CDD program has made significant progress in a number of areas during the last year including Policy/Management training, IEC materials/social mobilization, donor collaboration, new initiatives (breastfeeding, traditional healers) and cholera preparedness.

Since the change in government following the October 1991 presidential and parliamentary elections there has been a flurry of activity by the Ministry of Health to formulate new policies for health reforms as well as to write specific policy statements on health financing, traditional medicine, malaria, nutrition and breastfeeding. The PRITECH representative has played an active role in this process by serving on committees and serving as a health policy advisor for the MOH. Moreover, the CDD Secretariat has been assuming more responsibility in developing workplans writing progress reports and monitoring achievements/objectives.

The decentralized intensive training schedule developed in October 1991 has been successfully carried out with the collaboration of seven different donors. The training activities included 3 National DTU courses, a National Program Managers Course, decentralized district level case management courses in 24 districts, a field test of WHO distance learning materials, an ORT corner project, 2 health inspectorate courses, 2 training/orientation courses for district CDD coordinators, and 2 lactation management courses.

IEC materials production/social mobilization efforts continued with support from WHO and UNICEF which included popular theater performances (Cholera, Diarrhea, Breastfeeding), revision/printing/distribution of a Diarrhea Guidelines Manual for health workers, ORS poster, production/distribution of 150,000 mothers leaflets, a Zambian version of Facts for Life, design of a CDD policy poster and design of a revised community health worker manual.

Donor collaboration has been outstanding, involving over 10 different donors supporting training, IEC materials and new initiatives. The current drought situation affecting Southern Africa has meant that even more donors will be involved. Moreover, there has been increasing interest in water and sanitation projects and commitments have already been received for health education and intersectoral water/sanitation activities.

Notable progress has been made in regard to Breastfeeding with the formation of a National executive committee for Breastfeeding promotion, lactation management seminars and a policy formulation committee. A traditional healers task force was

formed in January 1992 and has now completed a report with recommendations which will lead to the establishment of a National Council of traditional healers and a Parliamentary Act.

All of the achievements have been accomplished in spite of difficult/deteriorating economic conditions, continuing epidemics of cholera/dysentery, and a severe drought.

B. STRATEGY AND PROGRAM EMPHASIS

The major thrust of the CDD program for PY6 will be to continue/consolidate all of the key component areas including training, research, IEC/social mobilization, policy/management, donor collaboration. Specific areas that need to be strengthened include surveillance systems, supervision, training evaluation, and information/reporting coverage.

1. Training Activities/Targets

- Continue decentralized district training courses in 22 districts;
- Provide ORT corner equipment and in-service training for 245 health centers in 26 drought affected districts;
- Conduct cholera preparedness/planning workshops in 5 cholera affected districts (to develop district cholera action plans).

2. Research

- Conduct National CDD baseline survey follow-up;
- Conduct National KAP Breastfeeding survey;
- Coordinate research activities conducted at DTU;
- Establish DTU resource library for use by researchers and trainers.

3. IEC/Social Mobilization

- Produce/distribute CDD National policy poster;
- Continue popular theater;
- Produce Community Health Workers (CHW) Manual.

4. Policy/Management

- Develop district/national cholera action plan.

5. Donor Collaboration

- Continue donor collaboration with current donors and involve new donors in water/sanitation efforts;
- Improve donor coordination through regular donor/MOH meetings.

6. Surveillance

- Establish sentinel site surveillance system;
- Establish clear guidelines on disease reporting responsibilities for UTH.

7. Supervision/Training Evaluation

- DTU trainees to be followed up by central and provincial staff;
- Supervision of RHC staff to be conducted by district CDD coordinators and annual report provided to CDD Secretariat.

8. Information/Coverage

- Provide adequate stationery for ORS monthly returns for every health center.

C. PROPOSED EVALUATION ACTIVITIES

The evaluation of the impact of the intensive training activities carried out since October 1991 is part of the supervisory activities by the CDD headquarter staff and district CDD coordinators. The district coordinators have already been trained in the use of a supervisory checklist and case management assessment forms. The information collected during supervisory visits will be analyzed by district staff and reported to the CDD Secretariat. The CDD program staff has also developed a supervisory schedule which will begin in April 1993. In addition, supervision has been included in the training plan for the 26 drought affected areas.

The lessons learned relate to such issues as: the importance of staff training to ensure a functioning ORT corner, the need for careful selection of trainee participants along with adequate provision of after-training support (i.e., materials, supervision, etc.), the need for adequate preparedness to prevent high cholera case fatality rates, the need to properly orient/instruct district level CDD responsible officers to ensure that supervision occurs.

D. TERMINATION OF THE PRITECH COUNTRY PROGRAM

The process of termination of the Zambia project will involve the official handover to the MOH of the vehicle and computer. Small office furniture/books, etc., will be donated to the CDD Secretariat and DTU training facility.

E. NEEDS OF THE CDD PROGRAM AFTER PRITECH

In spite of the numerous achievements of the CDD program there are many needs that need to be addressed including the development of a surveillance system to monitor cholera/dysentery/meningitis. The system has already been proposed but not implemented due to competing priorities in the MOH. It is important to establish such a system which would include sentinel sites with clear and reporting procedure by UTH and Laboratories to enable better response to and monitoring of epidemic diseases. Surveillance will also be important in the drought affected regions.

A related issue is supervision which needs to be seriously addressed in order to monitor and evaluate the effect of training at central/provincial/district level. DTU trainees and provincial and district staff need to be followed up to monitor their progress, determine their constraints and improve their performance.

The resources available to the program have been fairly adequate and we have been very successful in mobilizing a wide range of donor support. It is likely that this will continue to be the case through PY6. the major resource constraint is a severe shortage of trained health personnel (doctors, nurses, clinical officers). The MOH is currently attempting to improve the personnel problem by revising conditions of service and through the provision of incentives.

Prospects for sustainability have been considerably improved over the last year as a result of a combination of factors including, the large number of health staff trained in case management and program management, the orientation of CDD district coordinators, the expanding range and continuing donor commitment and increasing confidence and ability of the CDD Secretariat. Moreover, financial sustainability will improve if the MOH government budgetary allocations for CDD are approved early 1993. The general political environment of the private sector also augers well for sustainability.

SAHEL REGIONAL OFFICE AND ORANA

A. STATUS OF THE REGIONAL PROGRAM

Over the last year the Sahel Regional Office has continued its functions in the areas of:

- Regular supervision visits of country programs (at least each trimester);
- Regular phone contact with country representatives;
- Technical support of country programs, as required, especially in the areas of programming, training, follow-up of Oral Rehydration Units (ORUs), and evaluation;
- Facilitation of WHO workshops (Cholera, case management);
- Coordination of research activities in the region (on persistent diarrhea, dysentery, breastfeeding, and infant feeding practices);
- Follow-up of CDD teaching in Nursing Schools (focus this year on organizing the CDD training of teaching staff, for which funds were allocated by WHO/Brazzaville);
- Production of technical material for health staff (including revision of Nursing School Modules, poster on assessment of dehydration);
- Supervision of ORANA Information Center activities;
- Collaboration with other donors and projects (WHO Geneva and Brazzaville, WELLSTART, VITAL, Nutrition Communications Project, HEALTHCOM)

The Office was strengthened considerably in the first trimester of 1992 by the recruitment of an ARI specialist, who is currently working with three countries on the preparatory and initial activities in the area of ARI. ORANA started to distribute the French version of ARI News - a timely complementary activity.

ORANA Information Center activities have consolidated in the area of Nutrition, where there is a growing demand for documents from Acquisitions Lists readers. Key documents have been sent to Nurse Training Schools to reinforce their libraries. A package of documents on Cholera was widely distributed to decision-makers. Work has progressed on annotated bibliographies on ORT and Nutrition issues. Production of the Africa Supplement to Dialogue on Diarrhea has continued.

B. STRATEGY AND PROGRAM EMPHASIS

For the period October 1992 - June 1993, the Sahel Office will attempt to continue key activities in support of country programs while reducing costs. The departure in January 1993 of the present Regional Representative and the increasing involvement of the training/education specialist, Mamadou Sene, in the Senegal Program, as well as attempts to prune the running costs of the office, will allow for considerable cost containment.

Emphasis of activities will be on:

- Technical support and supervision of country programs;
- Supervision of ORANA;
- Development of ARI activities in Senegal, Mali and Niger;
- Follow-up of CDD teaching in nursing schools;
- Participation in WHO/PRITECH initiatives to improve teaching in medical schools;
- Publication of Sahel Statistics update;
- Finalization of research efforts;
- Assistance with evaluation activities;
- Development of technical forms for country programs on the management of persistent diarrhea and dysentery.

C. PROPOSED EVALUATION ACTIVITIES

- ARI activities will be evaluated through regular reports and review of technical documents (PRITECH/JHU and WHO);
- ORANA efforts underwent a thorough evaluation in 1991. Regular reports and an end-of-project report should allow an evaluative overview of activities;
- An end-of-project report on the status of CDD teaching in Nursing Schools will be produced;
- Information presented in the Sahel Statistics update will provide an overview of evaluative information available on country programs.

D. TERMINATION OF THE PRITECH REGIONAL PROGRAM

1. ORANA provides the only source of regular information on CDD and Nutrition in Francophone Africa. Its services can also be easily expanded to cover ARI and other child survival issues. ORANA's effectiveness in this area is largely due to the excellent work done by Aisatou Wade, the Chief Documentalist, who is funded by PRITECH for 10 out of 12 months and by AHRTAG for the remaining two months. It would be extremely difficult if Ms. Wade were to take up another position and therefore be unavailable for continued activities with the subject matter. She would be almost impossible to replace.

2. Technical and supervisory support of country programs will be reduced as the country programs wind down.
3. The regional office will provide assistance with activities identified as part of the end-of-project evaluation effort.
4. Maximum effort will be made to transfer the role of follow-up Nursing Schools to the National CDD Programs. These are already involved in the process.

E. REMAINING NEEDS

- Work with the medical schools in the Region will probably just be beginning at the end of PRITECH II, owing to delays in preparation of WHO materials in French. Considerable follow-up will be required.
- Follow-up of the Nursing Schools from outside the country will still be required, given the limited authority and ability of CDD programs in-country to influence the schools as well as the constant changes in teaching staff and direction.
- Information center needs for Francophone Africa will continue (see comments above).
- CDD Programs will continue to need support and technical assistance which, we are convinced, can be provided most effectively and efficiently by a Regional Office.

V. DEVELOPMENTAL PROGRAMS

In PY 6, under the Research and Development (R&D) component (funded from a variety of central sources) of the project, PRITECH will finish its program of supplementing regular country program activities by funding ongoing studies and exploratory, experimental or pilot activities. These developmental studies and activities have provided the basis for redirecting and improving technical assistance and training to accommodate the local environment, for developing more effective approaches or channels for prevention and treatment of diarrhea, and for improving the potential for sustainability.

As PRITECH's developmental programs are being phased down all possible alternatives for continuing activities through other agencies are being explored, in keeping with PRITECH's philosophy. In some cases, as with the Uganda Traditional Healers Initiative, national governments are maintaining the effort; in others, such as the breastfeeding initiative in Kenya, other donor agencies (particularly WHO and UNICEF) are providing funding and technical assistance so that the activity can continue. Programs that are almost completely handed over include breastfeeding, case management, persistent diarrhea, dysentery, and rational use of drugs. PRITECH's program for the rational use of drugs will not, unfortunately, achieve the full scope and impact planned for PRITECH II. PRITECH recognizes that RAD is a very important area, where intervention is needed to alleviate the effects of incorrect drug prescribing and use.

In addition to ongoing activities, PRITECH has received funding to support one new activity: urban development. PRITECH will support data analysis of urban development and its impact on health in Cameroon.

Areas that will continue throughout PY 6 are evaluation, nutrition, traditional healers, ARI and commercialization. PRITECH's private sector commercialization program will remain very active until the end of PRITECH II, and is discussed in detail at the end of this section. The specific activities in these programs are discussed below:

A. EVALUATION

As the PRITECH Project phases down, the emphasis during the remainder of the project will be to document and evaluate the experiences gained and the lessons learned during PRITECH II.

- Development and implementation of a country profile evaluation instrument and guidelines by PRITECH country representatives to gather relevant data, identify information gaps and support selected data gathering activities.

- Incorporation of a selected set of sustainability indicators into the country profile instrument to assess the sustainability status of each country on an annual basis.
- Writing of Lessons Learned and Occasional Papers that will present the findings of PRITECH in an accessible and useful form.
- Writing of at least two (2) Issues Papers, which will explore and analyze the question of where CDD programs are headed, including comprehensive care of the sick child and integration of CDD within that framework.

B. NUTRITION

PRITECH has been very active in exploring feeding practices in the Sahel. A three phase feeding study in Gambia has been conducted in collaboration with the Gambia Food and Nutrition Association (GAFNA). It is expected that GAFNA will assimilate the technical assistance given by PRITECH to complete the study by the end of this project year. Implementation and evaluation of the recommendations developed through feeding practice studies conducted in Senegal and Niger continue, and will be handed over to the Senegalese and Nigerian Ministries of Health.

C. TRADITIONAL HEALERS

The Uganda Traditional Healers Initiative (UTHI) is a strategy for opening lines of communication between health workers and traditional healers as well as a method for improving traditional healers' case management of diarrhea cases. UTHI has been actively supported by PRITECH. Currently PRITECH is providing technical assistance for development of educational materials for traditional healer trainings. PRITECH will assist in the trainings and, if time permits, the evaluation of strategy and revision of plans. As the UTHI is a multi-year project, evaluation and analysis will be continued by the MOH after PRITECH has phased out. The UTHI is one of PRITECH's most innovative efforts and, therefore, every effort is being made to facilitate continuation of the strategy.

D. ACUTE RESPIRATORY INFECTIONS (ARI)

Along with diarrheal diseases, ARI are among the major causes of morbidity and mortality among children in developing countries. WHO and other donors, including A.I.D., have in recent years demonstrated the effectiveness of training community-based, primary health care workers to diagnose and treat certain categories of acute lower respiratory infection. The treatment protocols developed by WHO share characteristics with the protocols for treatment of diarrheal diseases that make close coordination of their interventions advantageous. In PY 5 PRITECH began exploration of the potential for closely coordinated or integrated CDD and ARI activities. These efforts have

focused on a few countries, namely Senegal, Mali and Niger, where this approach currently appears feasible and where the PRITECH field staff have relationships with ministries of health, donor organizations, other A.I.D. health projects and private voluntary organizations that would be supportive. The following activities will take place in PY 6:

- Support of regional ARI advisor, Dr. Vincent Joret, based in the PRITECH regional office in Dakar, Senegal.
- Continuation of introductory activities and data gathering (ARI morbidity and mortality, drug use, case management, home care practices) in each country.
- Analysis of existing sources of data for each country and preparation of a data synthesis for each country.
- Provision of technical assistance visits to countries which have demonstrated interest and commitment to develop an ARI program to provide assistance in the development of national ARI policies and plans and initial plans for action programs.

E. COMMERCIALIZATION

PRITECH's commercialization program complements national CDD programs by enlisting the resources of the private sector in the production, distribution and correct promotion of oral rehydration salts (ORS). PRITECH also promotes with the private sector diarrhea prevention activities through breastfeeding and handwashing.

The principal benefit of PRITECH's social marketing approach is that the commercial sector activities undertaken are self-sustainable, generally from the start. PRITECH does not subsidize any product costs or promotion costs except in rare specific cases where initial co-funding is appropriate. It stimulates companies to invest in new or expanded ORS marketing efforts with their own resources, utilizing their existing marketing and sales capabilities, and reaping the benefits of increased sales. PRITECH's approach aims at identifying market opportunities, and developing strategies jointly with the companies to exploit these opportunities in the most cost-effective way possible according to each company's resources. PRITECH seeks and encourages the participation of any firms interested in the production and marketing of ORS. The momentum generated by PRITECH will be maintained by individual companies and fueled by continued interest from the major donor agencies.

1. Commercialization Activities Conducted to Date

a) INDONESIA

In Indonesia, the placement of a PRITECH representative enormously facilitated PRITECH's involvement in the development of Indonesia's ORS production capabilities. Assistance is being provided to several ORS producers regarding optimization of market potential, distribution networks and accuracy of health claims. In July 1992, PRITECH invited a marketing expert, Alan Andreasan of the University of Connecticut, to conduct a strategic planning workshop based on a case study developed by local ORS producers. Strong interest is now being expressed by several ORS producers in branching into the production of cereal-based ORS.

For orderly termination of the Indonesia commercialization program, which is perhaps PRITECH's most active commercialization program, PRITECH's country representative, Lucia Ferraz-Tabor, is liaising with several other organizations, including the Indonesian government drug board and WHO.

b) **KENYA**

In Kenya, the total estimated market for ORS is 40-50 million units. Due to changing government regulation regarding ORS formula size, half of the ORS producers dropped out of the market in 1990, leaving production at only five million units approximately. PRITECH has researched interests and ability among current and ex-ORS producers to produce ORS in the quantities needed. One result of PRITECH's efforts has been the enthusiasm shown by Sterling Health in re-entering the ORS market. It is anticipated that their product, Winhydran, will be launched nationally by November 1992. In addition, PRITECH has been working with Unilever, the major soap producing company in East Africa, to incorporate handwashing messages into their soap promotions.

To complete this program, PRITECH's country representative Karen Blyth and marketing expert Camille Saade are and will be in frequent contact with Sterling Health through the launching of their ORS product. It is expected that with this initial "start-up" technical assistance, Sterling will continue marketing its ORS in a committed and responsible manner.

c) **MEXICO**

PRITECH's main objective in Mexico is to enlist and convince strong companies of the business opportunities of ORS marketing. PRITECH is conducting three market research activities on ORS price sensitivity measurement and on knowledge, attitudes and practices (KAP) among shopkeepers and caretakers. The placement of a part-time marketing consultant, Mr. Hector Bolaños, has facilitated the dialogue with local companies and the development of a production

feasibility study which will be presented jointly with the market research data to companies.

Mr. Bolaños keeps the Mexico CDD program manager cognizant of his activities. The Mexican government has been very interested in PRITECH's private sector activities, and may continue communications with the private sector companies after PRITECH's departure.

d) **PAKISTAN**

Over an eighteen-month period, PRITECH helped to develop a national ORS marketing plan that enlisted the resources of all private sector ORS manufacturers and identified key issues for harnessing both government and private sector resources in a national CDD effort. PRITECH forged a partnership between the government and the private sector that created incentives for outreach distribution and synergistic advertising efforts. The government agreed to step up the generic ORS advertising while the companies, through promotion of their own brands, capitalized on the existing awareness and translated it into product sales. PRITECH only stimulated ORS producers to increase their marketing efforts by upgrading their marketing and selling skills and co-financing market research studies, but the benefits gained from this effort were great: Sales of ORS have increased by 77% between 1989 and 1990, and ORS has been moved to consumer-goods distribution channels.

This project does not need additional termination plans, as the program was completed a year ago when PRITECH's country representative moved to Indonesia.

e) **ZAMBIA**

ORS production in Zambia lags behind potential demand by approximately five million units. In 1991, a beverage company launched an ORS. Being unfamiliar with marketing health products, the company requested and received assistance from PRITECH on how best to utilize their country-wide consumer-goods distribution network for the distribution of ORS sachets. This distribution network covers the whole Zambian territory (including the rural areas) and thus complements effectively the mainly urban distribution of the two main ORS producers.

In early 1992 laboratory analyses of their ORS product revealed that it did not meet the requirements of the WHO formulation. PRITECH worked with the company, who eagerly responded to PRITECH's advice, even shutting down ORS production while it upgraded its standards. PRITECH's country representative

is evaluating the commercialization possibilities of other companies and will be providing limited technical assistance to this task until the end of the project.

f) HONDURAS

In 1989, a PRITECH marketing expert worked with HEALTHCOM to assist one pharmaceutical manufacturer to develop the ORS product the MOH wanted. An introductory marketing plan was developed jointly with the producer in an effort to increase sales and popular access to the product. The marketing approach adopted by the company included a segmented marketing strategy which began with a low-priced "popular" product to be distributed in urban drug outlets. The government agreed to continue mass-advertising for the MOH-produced brand (Litrosol) which would have a beneficial spin-off effect on the demand for the private-sector brand, Hydrosol.

No termination plans are necessary for Honduras.

g) NIGER & MALI

In Mali and Niger, ORS was not available outside of public distribution channels. During 1989 and 1990, PRITECH provided training and technical assistance in marketing techniques to develop the commercial capacities of two parastatal pharmaceutical companies manufacturing ORS. This enhanced marketing expertise will allow these parastatals to place their ORS more effectively within the small but growing private sector.

No termination plans are necessary for Niger or Mali.

h) JORDAN

In Jordan, PRITECH provided short-term technical assistance in November 1989 to a local ORS producer. The marketing plan focused on revitalizing its ORS product within the market by targeting physicians and pharmacists using its main resource: the company's detailing force. Now ORS is part of the company's regular detailing program.

No termination plans are necessary for Jordan.

i) CAMEROON

In Cameroon, PRITECH provided technical assistance in September 1992 which helped PSI (Population Service International) plan for the marketing of 500,000 imported sachets of BIOSEL. This marketing plan took into consideration PSI's

successful efforts in marketing condoms in Cameroon, targeting wholesalers, pharmacies and the cost-recovery system linked to the MOH.

PSI will continue utilizing its marketing plan, and monitoring the marketing of BIOSEL.

j) **WORKSHOPS in MARKETING TRAINING**

PRITECH conducted an "Expanding ORS Marketing to New Horizons" two-day workshop in Singapore in July 1992. The workshop brought together the marketing executives of 16 pre-selected ORS producing and marketing companies from six Asian countries. The workshop was conducted to facilitate the transfer of experience among the six countries so that these more experienced companies could share examples of successful corporate involvement in CDD efforts. The transfer of experience and exposure to social marketing concepts turned the participating companies into **ORT champions** ready to commit their marketing capabilities for expansion of ORS. This training activity will result in the implementation of marketing strategies by the invited producers with minimum or no intervention from PRITECH.

k) **TASK FORCE MEETINGS**

PRITECH held two task force meetings which brought together health policy makers from WHO, UNICEF and A.I.D. as well as diarrheal disease experts and marketing specialists experienced with public health products. Participants provided guidance to issues related to private sector and commercialization activities.

The first meeting, held in November 1990, identified ways to encourage ORT promotion by multinational companies. The meeting resulted in negotiations with Unilever/Kenya to have Unilever promote handwashing with one of their soaps as a diarrhea prevention measure.

The March 1992 meeting reviewed the status of ORS products in LDC markets. The meeting provided guidance about the position PRITECH should take with regard to the arrival of cereal based ORS (CBORS) products in commercial markets. These guidelines are being applied by the marketing specialists in the field, especially in Indonesia and India.

2. **COMMERCIALIZATION ACTIVITIES FOR PY6**

- a) Promotional visit to **Madagascar** to assess the potential of the private sector to increase its commitment to ORS and ORT.

- b) Involvement of the private sector of **Mexico, Cameroon, and Kenya**, in developing sustainable ORS marketing. This will be done through visits to these countries to disseminate information; train salespeople and provide TA in marketing planning.
- c) Upgrading of the marketing skills of selected ORS manufacturers in the **Latin America/Caribbean** areas through regional training (workshop) in a LAC country. Specific activities will include two assessment trips to the LAC region and one workshop.
- d) Information to ORS manufacturers **worldwide** about how they can develop sustainable ORS marketing activities. First conceived as "marketing promotional materials", PRITECH's publications have grown to include more recently a "how to" manual, the "ORS Brand Plan Guide" as well as an "ORS Newsletter". The promotional materials were initially designed to help commercial firms determine if CDD activities may represent an area of opportunity for them. The guide also gives ORS marketers specific advice about how to develop a marketing plan for ORS. Three publications will be written and distributed:
 - 1) proceedings of Singapore and LAC workshops
 - 2) ORS quarterly newsletters, and
 - 3) ORS brand plan guide
- e) Upgrading of PRITECH staff skills on assessing private sector participation in CDD programs by finalizing the Rapid Assessment Methodology (RAM) and publishing it as an occasional paper for inclusion in the PRITECH Lessons Learned volume.

VI. HEALTH SYSTEMS SUPPORT

A. OVERVIEW AND OBJECTIVES

The Health Systems Support (HSS) component of the PRITECH project was designed to meet the short-term technical assistance needs of AID/Washington, USAID Missions, other AID bureaus, Ministries of Health, and other institutions involved in primary health care. During Project Year 5 (PY5), the principal areas of need addressed through HSS were: prosthetics/rehabilitation needs assessment and project design; maternal/child health, environmental health/health in the urban setting; evaluation and health sector assessment, drug management and rational drug use, and institution building. In PY5, 23.6 person months of assistance were provided through HSS, with 51 percent of overall activities funded by RD/H central funds and 49 percent funded by buy-ins.

Due to the financial constraints identified by PRITECH toward the end of PY5, it was determined that HSS activities in PY6 would be limited to those financed by buy-ins. The buy-ins currently available to PRITECH are those directed toward prosthetics/rehabilitation needs assessment and project design and urban health issues, and thus represent the principal areas of activity for HSS in PY6.

In PY6, it is anticipated that \$300,000 in War Victims buy-in funds will be used in expending approximately 20 - 24 person months on prosthetics-related assignments. Providing these funds are expended, the total of \$585,000 of War Victims funds allocated to PRITECH will have been spent, equivalent to an approximate level of effort of 47 person months. In the event that these funds are not programmed by March 1993, PRITECH will propose alternative uses for consideration to the Office of Health.

In September 1992, the Office of Health and REDSO/East Africa issued buy-ins to PRITECH totaling \$78,470 to be used to increase awareness, interest and action in the area of urban health. At the conclusion of PY5, PRITECH sponsored the preparation of an occasional paper to develop a framework and strategy for addressing urban health problems. Projected activities for PY6 include data analysis of variables which identify significant differences in health status among socio-economic groups, preparation of a technical paper to be used by REDSO as a technical reference and guide to policy and programming issues, and an in-country activity in urban health, to be determined. It is anticipated that the total buy-in funds of \$78,470 will be expended by the conclusion of PY6, equivalent to a level of effort of approximately six person months.

By the conclusion of the PRITECH project, PRITECH will have utilized a total of approximately 220 person months in providing technical assistance through HSS, with an approximate spending level of \$2,740,000.

B. SUPPORTED CONFERENCES

Due to financial constraints faced by the project, in PY6, PRITECH will only support conferences where this support can be drawn from buy-in funds.

VII. INFORMATION SUPPORT COMPONENT

A. OVERVIEW

One of the most important contributions that the PRITECH Project can make is to leave technical and programmatic information in the hands of those who are implementing diarrheal disease control programs in the field. For the past five years, the Information Center has helped increase awareness of the proper management of diarrhea among health professionals and project implementors through four mechanisms:

- Sending the *Technical Literature Update on Diarrhea* to more than 12,500 health professionals around the world.
- Responding to more than 1,500 information requests a year, primarily from health professionals in developing countries.
- Providing primary-health-care articles to 325 key policy makers and project implementors on a monthly basis. This service is the only one of its kind and may well represent the recipients' most reliable source of information on child survival issues.
- Documenting country program experiences through the Quarterly Highlights Report, Weekly Activity Report, and the PRITECH Occasional Operations Papers.

This year, the Information Center also produced and disseminated three publications that document the project's field experiences: a booklet that describes accomplishments in ORS marketing in Pakistan's private sector, a series of PRITECH country program profiles, and an occasional paper about the ORANA Child Survival Information Center in Dakar, Senegal. The Center also produced a brochure that will help commercial firms determine if CDD activities represent an area of opportunity for them.

B. STRATEGY

In order to reach the people most in need of information with the best technical materials, the Information Center has a four-pronged strategy, consisting of (1) special mailings to a targeted group of health professionals; (2) sending out the *Technical Literature Update* and the Monthly Acquisitions List; (3) responding to information requests; and (4) documenting project experiences through a number of PRITECH publications.

The primary audiences for Information Center products and services are CDD program managers and health professionals in developing countries; the field offices of the A.I.D.

child survival PVOs; overseas information centers; A.I.D. health officers in the Bureaus and Missions; students in medical and nursing schools -- and other R&D/H contractors.

The Center's strategy for PY6 is to capitalize on the Project's nine years of country program experience by synthesizing and disseminating the lessons learned and mechanisms developed, which have considerable applicability and relevance for other child survival interventions. During PY6, the Center will edit the Project's Occasional Operations Papers, which focus on programmatic experiences in the field and on lessons PRITECH has learned; produce several papers on critical CDD issues; and produce a final "Lessons Learned" volume that will include all the occasional papers and some additional material.

C. OBJECTIVES

Objective 1: Effective Acquisitions of Materials — During PY6, the Information Center will continue to acquire the most up-to-date information on the technical and programmatic aspects of the CDD field. The Center will acquire at least 70 new documents a month, focusing particularly on the role of the private sector in child survival interventions; integration of MCH services at the field level; preventive aspects of CDD, such as breastfeeding and hygiene promotion; ARI; and technical articles on ORT.

The Center will obtain these documents through the Institute for Scientific Information database, PRITECH consultants and field representatives, searches on MEDLINE and POPLINE, and the National Library of Medicine. In addition, the Center will capitalize on contacts made with INCAP and ORANA earlier in the project to obtain materials in French and Spanish. The Center will also use its information exchange agreements with overseas and domestic information centers to obtain CDD documents.

Objective 2: Effective Dissemination of CDD Information — In order to increase awareness worldwide of the proper management of diarrheal disease, the Center will continue to target developing country health professionals, the health officers at USAID Missions and Bureaus, the field offices of PVOs, CDD program managers, other S&T/H contractors, medical and nursing schools, and overseas information centers with the latest CDD technical and program information.

The Monthly Acquisitions List, which was formerly disseminated each month, will now appear on a bi-monthly basis. This will conserve Information Center staff time and funds for other activities, such as producing the "Lessons Learned" volume.

In addition, the Information Center will continue to respond to requests from health professionals, researchers, project implementors, and others from developing and developed countries.

Objective 3: Produce and Disseminate the *Technical Literature Update* — During PY5, distribution of the *TLU* in three languages reached 12,500, including issues sent out by ORANA. This figure represents an increase of 22 percent over the number on the mailing list last year. Last year, the Information Center targeted medical and nursing students as an important group of information consumers to add to the *TLU* mailing list. In addition, as a result of the *TLU* readers' survey, approximately 2,500 names were added to the list; many of these represent students.

During PY6, the Center plans to produce four issues of the *TLU*. The first, to be guest-edited by Dr. William Smith of the Academy for Educational Development, is on health education issues in the child survival field. The second, to be guest-edited by Dr. David Sack of Johns Hopkins University, will cover the latest articles on rotavirus. The other two issues will be edited by Dr. Robert Northrup.

Objective 4: Support the Information Needs of the Project — During PY6, the Information Center will shift its focus from information acquisitions and dissemination to producing the occasional papers, the issues papers, and the final "Lessons Learned" volume for the project. The Center will continue to write the Weekly Activity Report to R&D/H and the Quarterly Highlights Report.

In order to increase the usefulness of the results of the Project and to raise PRITECH's profile, the Information Center began distributing Occasional Operations Papers in PY5. These papers focus on programmatic experiences in the field and on lessons PRITECH has learned. The audience for the papers consists of PRITECH field staff, A.I.D. health officers, child survival PVOs, and the field staff of other donors, such as UNICEF. The authors consist of PRITECH field representatives and their national counterparts, and members of the PRITECH Technical and Operations Units.

Once the Occasional Papers have been completed, the Center will produce a bound "Lessons Learned" volume that will include the papers in categories such as "Quality of Care" and "Alternatives to the Public Sector." Each category will be preceded by an introduction that describes PRITECH's strategy and highlights the lessons learned from the papers.

Another vehicle for synthesizing program experience will be a series of issues papers which the Technical Unit and outside consultants will produce on such topics as global cholera control, options for reaching private practitioners, and measuring public health progress in CDD initiatives.

Objective 5: Termination of Information Center Activities — About two months before the end of the PRITECH Project, the Information Center will begin arranging for the termination of information dissemination activities. The Center will send a letter to those receiving the Monthly Acquisitions List to inform them that they will no longer be

receiving the list. Similarly, an announcement will appear in the last issue of the *TLU* to let readers know that the *TLU* will no longer be published in its present form. However, the announcement will make clear that the follow-on project to PRITECH II may well include a similar product that is distributed to the same readers.

The mailing lists for both the Acquisitions List and the *TLU* will be preserved on computer disks for the follow-on project to use in dissemination of technical and program information. Center staff will pack the contents of the Information Center in boxes for later use by the follow-on project to PRITECH II, and preserve the database (which includes about 6,000 technical articles) on disk for the follow-on project.

The Center will also box the contents of the Project's central files and send them to the Management Sciences for Health headquarters in Boston, so they can be archived.

VIII. MANAGEMENT AND ADMINISTRATION

A. WORKLOAD SUMMARY

The PRITECH Project remains one of A.I.D.'s largest and most complex at a level of financing of \$35.9 million over a six-year period.

- It currently operates 16 country or regional programs in Africa, Asia, and Latin America. These programs are managed by 19 full-time resident staff positions and one part-time Marketing Consultant in Mexico.
- It has, through its Health Systems Support component, provided over 140 person months of short-term technical assistance to some 37 countries.
- It carries out a research and development program involving \$2 million for activities and contributions from experts on the PRITECH staff in a variety of functional areas which complement country programs.
- It has, through its information dissemination section, developed one of the most comprehensive and influential sources of technical and institutional information in the world related to the treatment of diarrheal diseases. This effort is managed by a staff of three.
- It carries out all of the complex financial and administrative tasks for this program with a staff of five in the Finance and Administration Division of the headquarters operation.
- As of the end of PY5, a total of 1,924.79 professional person months of effort have been used out of a total contracted level of 2,257, or approximately 85.3 percent.

B. STRATEGY FOR COMPLETION OF ACTIVITIES

Working closely with the Office of Health, the PRITECH Project has developed a phaseout strategy which we believe best preserves the many accomplishments of the project and brings this large and diverse project to an orderly phaseout as its contract comes to a conclusion in August 1993.

Soon after we were informed by the Office of Health in early 1992 of a likely funding shortfall of about \$1.1 million under the original contract level of \$35.9 million, we began the termination of the Health Systems Support and the centrally-funded research elements of the project. We have released several staff, and others who have chosen to

leave have not been replaced. We also initiated a detailed review of all other activities under the project to bring about the necessary savings in R&D funding.

In that process we have been guided by a few key considerations. Foremost among these has been the desire to ensure continuity of country programs. The unique capability and complexity of PRITECH relate to its field operations. There is general agreement reflected in the Mid-term Evaluation, in discussions with WHO, UNICEF, and other international donors, and in the conclusions of the TAG, that development of effective national CDD programs is best supported with the kind of hands-on, day-to-day field operations which have been the hallmark of PRITECH. It is the extensive field operation, most notably in Africa, which most distinguishes this project from other centrally funded activities. The recent TAG was particularly supportive of PRITECH's large array of operating country programs and we have given the highest priority to the smooth transition of those programs to Mission funding, to other donor support, or to sustainability by the national CDD program. Especially important has been our interest in fulfilling all Mission expectations under existing buy-ins, and this in turn has meant that we keep the management and backstopping services of the project operating (financed by R&D funding) at an adequate level to both manage the final phases of these programs and to oversee repatriation of our field staff and the closeout of country offices. Another consideration was to use available R&D funding to the extent possible to finance the continuation of those country programs (e.g., Indonesia, Zambia, Kenya, Bolivia, etc.) which are totally or primarily dependent on R&D funding.

In discussion with A.I.D. and MSH and the subcontractors, we reviewed all available options with highest priority given to the following considerations:

- maintaining country programs for as long as possible, and particularly fulfilling obligations for those country programs financed totally through buy-in funds;
- providing for orderly termination of activities with the least disruption to personnel as possible;
- completing all contractual obligations including the completion of project documentation required by the contractor;
- assuming no additional R&D funding and no reprogramming of buy-in funds for core costs not directly related to the purpose of the buy-in.

As a result of the very careful review of every project activity and assisted by some additional end-of-year increments of funds from A.I.D., we are now able to keep most country programs operating through June or July 1993. For details see Section III-A, above.

The scenario described above is one that attempts to bridge the financial gap while providing as much as possible for country program continuity. It is based on our presently foreseen availability of R&D funding, and therefore must be the basis for our

program planning unless and until additional availability of funds materializes. The country budget include funds for repatriation and closeout costs.

C. STAFF REDUCTION PLAN

Management is being reduced steadily, beginning in September 1992 until August 1993 when a small staff will be left to close the project. Most of the reductions prior to next summer are occurring by attrition. The table presented below in this section lists staff according to their departure time, as scheduled within the current budget. Most of the MSH headquarters staff will finish in June and July 1993. Field staff will need to complete their use of vacation time prior to going off the rolls; all travel and leave for overseas staff will be completed prior to August 15, 1993. We assume that most backstopping by subcontractors after December 1992 will be handled through indirect costs.

- Phasedown of MSH management staff consistent with termination, closeout project documentation responsibilities. We plan now that all but a minimal staff of accounting/operations personnel will be off R&D project funding after July 31, 1993.
- Completion of all tasks involving input of Technical expertise, e.g., development of training materials, by June 30, 1993, when Technical staff at headquarters will stop their activities.

Personnel Phasedown (Off R&D funding by dates indicated):

DATE	HEADQUARTERS	FIELD
10/15/92 - 11/15/92	Weinman Chandler Spain	Pryor-Jones - 2/3 time 10/92 to 12/92; off R&D funding after 12/92
03/31/93	Herman Sack (continuation to 07/31 under cholera funding)	Travel and Leave must be completed by 04/30/93: <ul style="list-style-type: none"> • Freund • Aguilar (except cholera funding) • Blyth - off Kenya funding, on Madagascar funding • Smith shifted to proposal writing, buy- in funding and non-PRITECH activities
06/30/93	Patterson Church Alegria Fulling Asam Waters Hyun Schroeder Lek Tucker Casazza	Travel and Leave must be completed by 07/15/93: <ul style="list-style-type: none"> • Ferraz-Tabor • Joret
07/31/93	Simpson Saade McCarthy O'Neill Casper White Hanlon Livinski	Travel and Leave must be completed by 08/15/93: <ul style="list-style-type: none"> • Corbin-Kam • Blyth • Geslin • Duke • Millsap • Postma • Kone • Sene
08/31/93	Heise Stupay Burnett	

D. FINANCIAL ANALYSIS

The amount of funding we now expect to be available to the project from all sources through the remainder of the project is \$34.6 million. That is a shortfall of \$1.3 million from the amount of \$35.9 million in the original contract. The most serious element of the shortfall is R&D funding. In addition, we have not been as successful as we would have liked in attracting Mission and Africa Bureau buy-ins to help finance some of the country programs during this final year of operation.

Last January when the Office of Health informed us there would be a funding shortfall, we agreed to make out best efforts to extend the project for an additional year. At that time, we were attempting to confirm the extent of the upturn in expenditure rates and to define better the estimates of accrued expenditures. It has taken more time than we had hoped to produce a detailed analysis of the project's financial status. It is not accurate, however, to suggest that our financial projections indicated that the project could be extended and objectives achieved with less than full funding.

PRITECH's Annual Report for Project Year Four presented accrued and projected expenditures for the complete project (see Annex 1, Table 1). The total expenditures presented are \$35.9 million, projecting need for \$21.9 million from the Office of Health. We requested \$6.5 million of R&D funds to be obligated in the final two years of the project. We wanted to state these requests clearly, before annual budget decisions were made by the Bureau. We understood that the projected sharp increase in expenditures would be questioned, in light of PRITECH's previous pipeline of unexpended funds. Nevertheless, our projection proved to be essentially accurate. The total expenditures projected for the period September 1991 through August 1992 were \$8.4 million, including \$4.9 million of R&D Bureau funds, an increase of 26% over the prior year. The recent expenditure reports, for the period July 1991 through June 1992, show total expenditures of \$8.3 million, including \$5.6 million of R&D Bureau funds.

The budget estimates presented to the Contracts Office with the request for a one-year extension of the contract also assumed full funding of \$35.9 million. There was no separate estimate in this document of R&D Bureau funds.

The F&A and Operations Divisions have worked laboriously over the past several months in collaboration with the field staff to get a more precise status of our financial situation. The result of these analyses produced a budget shortfall of approximately \$2.0 million in R&D funds between now and August 31, 1993. This shortfall, it must be added, was based on the assumption of the continuation of all country programs, all major subcontracts, and headquarter operations until August 31, 1993. It also assumed no re-programming of excess buy-in funds to finance core costs.

To bring the budget into balance, working with guidance and help from the CTO, we revised the budget along the lines described in the two previous sections. The results are shown in Annex I, Project Budget Tables I, II, and III. The final expenditures exceed estimated available funds by about \$100,000, assuming some use of contract modifications funding, less than \$300,000, for core contract costs.

While we have arrived at a scenario which we believe is the optimal use of the reduced available funding and which brings our project into financial and programmatic balance at the end, we at MSH do face a serious problem as a result of the proposed timing of the expected R&D funding in the final year.

Our agreed-upon strategy assumes a minimal input of \$1,754,000 in R&D funds in 1993. This represents about \$1 million less than that foreseen in the original contract. If this input were available before January 1993, it would finance termination in an orderly way for activities now agreed upon in the final year of the project. However, a delay in such R&D input until the April/May period or beyond exposes MSH to an excessive risk. The risk involves: a) the advance of up to \$1 million of MSH funds for committed activities prior to receipt of R&D funding, and b) the covering by MSH of the contractual requirement of repatriating staff and closing out of overseas offices should the foreseen A.I.D. input not materialize.

It is therefore, essential that we have the fullest possible assurance from A.I.D. that every effort will be made to advance the funding of the 1993 input to the October 1992-February 1993 period and if possible, to increase that funding to more closely approach the level in the original contract.