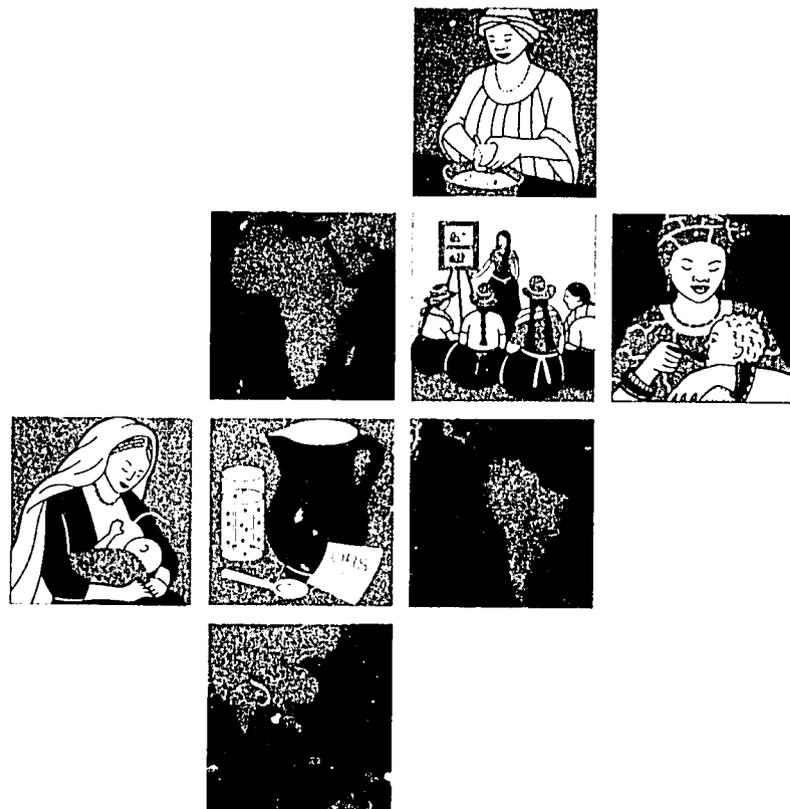


PRITECH

Technologies for Primary Health Care

QUARTERLY MANAGEMENT REPORT

January - March 1993



PRITECH II
QUARTERLY MANAGEMENT REPORT

January - March 1993

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

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TABLE OF CONTENTS

PROGRAM MANAGEMENT AND ADMINISTRATION	3
INDIVIDUAL COUNTRY REPORTS	6
Bolivia	
Burkina Faso	
Cameroon	
The Gambia	
Indonesia	
Kenya	
Madagascar	
Mali	
Niger	
Senegal	
Uganda	
Zambia	
Central America Regional Office	
Sahel Regional Office	
HEALTH SYSTEMS SUPPORT	78
RESEARCH AND DEVELOPMENT	80
COMMERCIALIZATION	85
EVALUATION	87
CHOLERA ACTIVITIES	89
INFORMATION SUPPORT SERVICES	92

PROGRAM MANAGEMENT AND ADMINISTRATION
Quarterly Management Report
January - March 1993

The principal managerial tasks confronting the PRITECH project during the January - March 1993 period were the following:

- development of close-out procedures for the orderly termination of each of the country programs when the project ends in August 1993;
- continued refinement of the financial analysis of the project to determine exact week-by-week status as the project enters its final six months;
- refinement and initiation of plans and procedures for the final documentation of each of the country programs and the project as a whole.

I. DEVELOPMENT OF CLOSE-OUT PROCEDURES

The serious initiation of preparations for close-out of the country programs was undertaken in this quarter with the preparation and distribution of detailed guidelines. These guidelines dealt with both office-related issues and personal issues. Examples of the first were the finalization of inventories and the transfer of equipment and office materials, the organization and preparation for final disposition of office files, the termination of office leases, the closing of bank accounts and the submission of final field expenses, the termination of consultant services and the services of local employees. With respect to personal issues the guidelines dealt with the termination of personal housing leases, the processing of final education allowances, the authorization for temporary lodging allowance; the shipment of personal effects, the air travel of the employee and dependents to home of record, the regulations regarding rest and recuperation allowance and the taking of final vacations. Each country representative was to prepare a plan of action for approval by both the A.I.D. mission and A.I.D./Washington to make the termination of the project as smooth as possible.

II. FINANCIAL STATUS AND LEVEL OF EFFORT

Detailed analysis of the financial status of the project continued on a weekly basis using both open task assignments and the expenditure history as a cross-check on accrued expenditures. Total project funding now expected through the end of the project is \$34.3 million, still about \$1.6 million less than that foreseen in the original

contract of \$35.9 million. In this quarter, \$1.65 million was received in R&D core funding, the last input of this kind of funding expected under the project. In addition, a delivery order of \$527,136 was signed to carry out a program in Madagascar. The A.I.D. Office of Health also approved the reprogramming of \$335,446 for program costs in the Sahel, Zambia, and Indonesia. These funds had originally been intended for Sudan, Chad, and Asia regional purposes, but were not able to be used for the originally intended purposes.

The projections of the end-of-project financial status showed a balance remaining of approximately \$491,000 in R&D funding, \$420,000 in buy-in funding from contract modifications and \$23,000 in residue surplus from delivery orders. This total surplus represented about 2.6 percent of the total contract funding.

The level of effort projections showed an end-of-project total of 2,297 person months as opposed to an original contract level of 2,527. Given the reduction of funding available for the project, this level of effort was seen as directly on target.

III. PLANNING FOR FINAL DOCUMENTATION AND REPORTING

During this quarter, preparation got underway for the final documentation of the project. It was agreed that at the end of the project PRITECH would leave the following (in addition to the wealth of consultant and project reports already prepared): 1) an Annual Report for the Sixth Project Year which will also include the material normally covered in the Quarterly Management Report for the quarter ending June 30, 1993; and 2) a Final Report consisting of the following components: a) a Lessons Learned volume of Occasional Papers and commentary which relates the principal substantive experiences of the project; b) Country Intervention Reports which relate the accomplishments in each of the country programs; and c) sections summarizing the accomplishments of the Research and Development, Health Systems Support, Information Center, and Management and Finance components of the project. Initial drafting of this documentation has begun under the general direction of the Information Center.

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PRITECH II
TABLE I - SUMMARY PROJECT BUDGET THRU 8/31/93

Program Area	Expenses Thru 3/31/93			Estimated Accruals Thru 3/31/93			Projected Expenses 4/1-6/30/93			Projected Expenses 7/1-8/31/93			Total Expenses Thru 8/31/93		
	R & D/NE	Mod.	Del.Ord.	R & D/NE	Mod.	Del.Ord.	R & D/NE	Mod.	Del.Ord.	R & D/NE	Mod.	Del.Ord.	R & D/NE	Mod.	Del.Ord.
I. COUNTRY PROGRAMS															
A. Sustained	3,073,813	4,592,039	2,863,550	410,025	158,704	20,100	278,027	292,965	40,071	63,540	172,573	19,190	3,846,205	5,218,311	2,982,911
B. Intermittent	481,702	687,838	303,382	0	58,500	86,815	0	68,328	348,921	0	50,193	147,027	481,702	863,859	868,145
C. Ad Hoc	84,667	261,564	0	3,000	85,000	0	0	404,590	0	0	84,101	0	87,667	835,255	0
D. Program Promotion	96,310	0	0	0	0	0	0	0	0	0	0	0	96,310	0	0
E. Program Development															
1. Country Strategies	673,297	11,545	0	3,500	0	0	0	0	0	0	0	0	676,797	11,545	0
2. Commercialization	584,314	8,347	0	17,400	0	0	29,402	0	0	23,164	0	0	654,290	8,347	0
F. Supervision	128,165	2,555	4,170	0	2,000	4,000	0	2,908	8,500	0	1,938	4,495	128,165	8,398	21,165
G. Evaluation	145,602	0	0	12,000	0	0	21,444	0	0	8	0	0	179,048	0	0
II. SYSTEMS SUPPORT															
A. Health Systems Support	818,638	1,293,974	158,579	9,000	56,000	0	28,462	98,283	0	0	0	0	854,098	1,448,237	158,579
B. Supported Conferences	420,989	0	0	52,088	0	0	0	0	0	0	0	0	479,088	0	0
III. RESEARCH AND DEVELOPMENT															
A. Rand D Activities	1,393,280	0	0	64,000	0	0	43,428	0	0	18,258	0	0	1,539,944	0	0
B. Information Dissemination	982,208	0	0	41,378	0	0	71,044	0	0	47,363	0	0	1,141,991	0	0
C. Sponsored Conferences	230,149	0	0	0	0	0	0	0	0	0	0	0	230,149	0	0
IV. PROJECT MANAGEMENT															
A. Advisory Groups	130,123	0	0	5,500	0	0	0	0	0	0	0	0	135,623	0	0
B. Project Management Costs															
MSH	7,207,394	0	0	94,000	0	0	378,286	0	0	247,498	0	0	7,927,179	0	0
SUBS	2,427,278	0	0	73,000	0	0	30,000	0	0	10,000	0	0	2,540,278	0	0
V. UNALLOCATED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL BY SOURCE	18,857,339	8,659,862	3,349,681	804,892	358,204	110,915	881,091	868,082	397,492	450,824	308,805	170,712	20,974,206	8,392,953	4,028,800
GRAND TOTAL BY PERIOD		29,068,342			1,274,011			2,144,663			310,341			31,395,959	
CUM. EXPENSES BY SOURCE	18,857,339	8,659,862	3,349,681	19,667,291	7,218,058	3,460,596	20,548,382	8,084,148	3,858,088	20,974,206	8,392,953	4,028,800			
CUM. EXPENSES BY PERIOD		29,068,342			30,340,953			32,485,616			31,395,959				
CUM. FUNDING BY SOURCE				21,465,548	8,812,797	4,052,157	21,465,548	8,812,797	4,052,157	21,465,548	8,812,797	4,052,157			
CUM. FUNDING BY PERIOD					34,330,502			34,330,502			34,330,502				
SURPLUS/DEFICIT BY SOURCE				1,803,257	1,594,733	591,581	322,168	728,649	194,069	481,342	419,844	23,357			
SURPLUS/DEFICIT BY PERIOD					1,989,549			1,844,853			334,543				

BOLIVIA
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	376,207	129,333	505,540
Quarterly Expenditures	(7,854)	33,529	25,675
Cumulative Expenditures	339,434	89,603	429,037
% Expended of Budget	90%	69%	85%

II. PROGRAM PLANNING AND MANAGEMENT

The main activities during the January to March period were the reformulation of the cholera plan, the review of the persistent diarrhea data, elaboration of the cholera case management manual, CDD training courses in Tupiza and Sucre for regional unit teams and an evaluation visit to Pando.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

Support Dr. Suarez, National Cholera Coordinator, in organizing a meeting between UNICEF, WHO/PAHO and the MOH to review a draft of the National Plan of Cholera and design a new operational plan.

Planned Activities

- Revise the previous plan written by Dr. Mollinedo which needs to be more functional for donor agencies.
- Develop a draft plan to be presented at a joint interagency meeting.
- Prepare two-year plan and budget

- Present plan(s) to the Minister of Health and regional units.

Current Status

All the above activities were fulfilled during this period. The plan was approved and presented to potential donor agencies. Currently, only part of the budget is secured.

IV. TRAINING/EDUCATION/CASE MANAGEMENT/SUPERVISION

Objective

Edit "Manual de Procedimientos para el Manejo de Casos de Colera" prepared by representatives of PAHO, CCH, PRITECH and various units of the MOH.

Planned Activities

- Revise original draft made by above-listed working committee.
- Create a draft first edition of the manual.
- Organize a meeting to revise the first edition, especially concentrating on the newest sections of the manual that include hygiene, prevention of illness, and health services.
- Revise first edition and create final version.
- Send final version to printer and follow-up on printing.

Current Status

The "Manual de Procedimientos para el Manejo de Colera" is completed and has been presented to the MOH. This manual was an organized and combined effort of various agencies and MOH departments. The production of the manual was necessary and timely and contains the latest WHO/PAHO guidelines for cholera management. It represents a consensus of all the MOH units involved in the prevention, treatment, and surveillance of cholera.

Objective

Develop TOT training courses for regional units using the set of materials (slides, manuals for doctors, nurses, and VHWs) previously developed for this purpose.

Planned Activities

- Coordinating with Dr. Suarez, select the regional units where TOT training is most needed.
- Communicate with the regional units of Cochabamba, Tarija, Sucre, and Tupiza to select a team.
- Produce a three step training course during which trainees apply training methodologies.

Current Status

This activity was developed at the request of Dr. Suarez to support those health units undergoing an outbreak of cholera. Unfortunately, only in one unit (Tupiza) could we perform hands-on training; we did not find cholera cases in the other units selected. Another setback to this training exercise was that the regional units where TOT courses were developed could not reproduce them as there were not funds available for continued training.

V. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/ INFORMATION SYSTEMS

Objective

Conduct an evaluation visit to Cobija-Pando, the only health unit without cholera cases.

Planned Activities

- Request concurrence from Dr. Suarez for an evaluation visit to Cobija.
- Present evaluation guidelines, developed by PRITECH and tailored to the needs of this particular evaluation visit, to Dr. Suarez.
- Assist in the organization of trip logistics.

Current Status

Dr. Rolando Suarez and the country representative made a timely evaluation visit to Cobija-Pando where a week earlier two suspected cholera cases were reported by the press. Following the evaluation guidelines, health staff was interviewed, and visits made to the main hospital of the area, countryside outpatient clinics and

water/sewage plants. Main operational gaps were found in the efforts developed to control a cholera outbreak. The operative staff of these facilities were (re)trained.

Objective

Collaborate with the MOH to conduct a case management evaluation with WHO/PAHO methodology of health facilities.

Planned Activities

- Assist in organizing a meeting with PAHO, UNICEF, and the MOH to determine ways of sampling, desired sample size, decide the number of interviewers needed, and develop a budget.
- Secure a tri-institutional budget.
- Select participants from throughout the country.
- Participate in a one-week training course.
- Participate in a one-week health facilities evaluation.
- Participate in a one-week analysis of the data collected with the PAHO methodology.
- Input EPI5 program data collected in the evaluation.
- Analyze data and produce a report.

Current Status

Steps one through three have been accomplished. Dr. Guillermo Guibovich, PAHO consultant, is expected to return to Bolivia to conduct the actual evaluation exercise.

VI. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective

Conduct a prospective study of persistent diarrhea.

Planned Activities

- Select and hire personnel.

- Coordinate efforts with CCH, National Laboratories (INLASA) and CDC.
- Conduct and supervise research.
- Conduct data analysis and elaborate report.

Current Status

The report has been completed with Dr. Endsley's assistance and is currently being reviewed by the research team.

VII. OTHER ACCOMPLISHMENTS

During January, the country representative supported COTALMA in a one-week training course on lactation management targeted at evaluators in the Latin American region.

BURKINA FASO
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	13,105	614,889	627,864
Quarterly Expenditures	0	37,526	37,526
Cumulative Expenditures	13,105	479,853	492,958
% Expended of Budget	100%	78%	79%

II. PROGRAM PLANNING AND MANAGEMENT

There is still no national CDD coordinator, a situation which has existed for the last seven months. Nonetheless, program activities have continued with the assistance of the Director of Preventive Medicine, Dr. Hien Sie Roger. Objectives for the continuation of the CDD program from July to December 1993 have been set. There has still been no ministerial level approval for the CDD technical committee which has several new members. Implementation of the cholera action plan has started; three working sessions have been held, the first two with the PRITECH country representative and head of Epidemiologic Services and the third with the additional participation of Dr. Hien and representatives from WHO and the Italian Cooperation.

CDD program objectives have been developed as the A.I.D. mission intends to pursue CDD activities after the PRITECH project close-down is accomplished. The development of the national logo and the study of home fluids are projected to be the main activities beyond the July 1993 PRITECH close-down.

Provincial workplans for CDD have been submitted to the central level, including requests for materials and supplies for the oral rehydration units (ORUs). In the future, perhaps as soon as 1994, sales of ORS under the Bamako Initiative will result in funds being generated at the health center level which can be used to purchase necessary supplies and materials.

III. TRAINING/EDUCATION/SUPERVISION

Training materials for health agents are out of date and require revision. This work has started but finalization will take place only after the national CDD policy has been written and approved to ensure that the training materials are accurate and consistent with the policy.

Training at the provincial level has fallen behind schedule, just four of eight provinces have trained drug sellers, only three of eight provinces have offered refresher training to health workers and only two of eight have offered refresher training to village health workers. Ideally, a supervisory visit to the provinces where training has been delayed would take place in order to identify the reason(s) for the delay. A decision will be made in April on this matter.

A training of trainers workshop took place in February. A comparison of pre- and post-test results indicated an improvement in knowledge among the participants. Unfortunately, a shortage of funds for training from WHO reduced the length of the TOT workshop to less than ten days.

A second round of training of the teachers from l'ENSP (National Public Health School) also took place in February. Following the recommendations of the first group trained, an extra day was added to the February workshop to allow more practical training.

IV. CASE MANAGEMENT

UNICEF donated materials to open ORUs in the 11 provinces which have recently been brought into the program. By the end of 1993, all of Burkina Faso will be effectively brought into the national CDD program.

V. AVAILABILITY AND DISTRIBUTION OF ORS AND DRUGS

The Italian Cooperation has given Ringer's lactate solution to aid in the treatment of dehydrated children, and has pledged continued support, pending the widespread implementation of cost recovery for essential drugs, including Ringer's lactate, anticipated in 1994. These supplies have been distributed among the provinces.

It is expected that the implementation of the Bamako Initiative will be effective in the beginning of 1994 in Burkina Faso. A new government office is being created, the Central Medical Stores for Essential and Generic Drugs (CAMEG). ORS is one of the essential drugs which will be sold by the Central Store.

VI. INFORMATION/EDUCATION/COMMUNICATION

With the assistance of Dr. Tambiano, a Burkinabe pharmacist, work has progressed on developing a document to train pharmacy managers (les gérants de dépôt) in the proper treatment of diarrhea. Dr. Tambiano's plan calls for the development of one set of materials for the training of the pharmacy managers, and another set to distribute to mothers visiting the pharmacies. The MOH Health Education Unit, DESA, was contacted in January to assist with producing the needed materials. DESA proved unresponsive, so a decision was made to ask three local artists to develop materials that would be pretested in rural areas and revised according to how the materials were received by this target audience.

DESA was also supposed to develop a national CDD logo, but it has now been decided to await the results of the household survey and to write the national CDD policy first so that the logo will be certain to convey a coherent message for the national program.

The activities to identify appropriate home fluids and feeding practices and to train health personnel in communication skills have been postponed due to the lack of time to complete the activities before the PRITECH close-down date.

VII. RESEARCH AND DEVELOPMENT ACTIVITIES

A study was conducted by the Family Health Directorate (DSF) to evaluate two different "guides d'animation" (training materials). One of the "guides" studied was developed by the DSF with the theme of CDD and related interventions, such as Vitamin A, while the other "guide" focused on the correct use of ORS and was developed by PRITECH. A report on this study is currently being written.

The household survey originally scheduled for November finally took place during this quarter. Following a week of training interviewers using role plays, the survey was conducted over a ten day period by five survey teams, each with five interviewers. In total, 40 clusters in ten provinces were sampled. The WHO consultant who assisted with this survey will have a preliminary report ready in April. This survey was coupled with a study of different measures found in households for one liter containers. If sufficient funds exist, PRITECH would like to expand the liter measure portion of the study to an additional six provinces.

A meeting of the CDD Technical Committee and the CDD Program Team from Bobo Dioulasso took place in February. The two objectives to the meeting were to share the results of the study in Bobo (risk factors for diarrhea) at the national level using the technical committee as the intermediary and to find a way to distribute the study results to outlying areas. The first objective was achieved but there has not

been agreement reached on how to address the second objective. A follow-up meeting will take place in June.

The report for the dysentery study was finalized. A copy was submitted to Washington and to the Burkina Faso program but no action has yet been taken regarding the use of the report results.

CAMEROON
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	6,049	1,147,000	1,153,049
Quarterly Expenditures	0	9,858	9,858
Cumulative Expenditures	6,049	1,018,313	1,024,362
% Expended of Budget	100%	89%	89%

II. PROGRAM HIGHLIGHTS

Decentralization of the CDD program in Cameroon associated with the closing of the PRITECH project in July 1993 dominated activities during this three-month period. A new provincial approach of the CDD program was proposed which will help to set the program on a solid base to become effective in the near future.

The training needs of the national CDD program (NCDDP) staff were identified and should be fulfilled before the project closes, especially the computer science training. Reviewing the NCDDP training materials was also a very important task this quarter as it was necessary to adjust the information regarding case management of severe dehydration, especially as PRITECH plans to reproduce these training modules on a large scale for distribution.

An IEC training seminar for health educators helped identify specific CDD/IEC activities at the provincial level and served as a planning exercise. A training course for CDD program managers was the other main activity this quarter. Together with the IEC seminar, the managing skills of a large number of provincial intervening parties were reinforced by these courses.

III. PROGRAM MANAGEMENT AND DECENTRALIZATION

Objective

In order to effectively decentralize the planning and implementation of CDD activities from the central level, PRITECH will assist the NCDDP in conducting a series of visits to each of Cameroon's ten provinces.

Planned Activities

- Initial visits to each province, of two to three days duration, will involve representatives of the NCDDP, donors, and the Provincial Delegate of Public Health and his key staff involved in PHC activities (Provincial Chief of Family Health, Provincial Chief of Preventative Medicine). These meetings will establish roles and responsibilities for CDD activities, including the naming of a provincial CDD manager.
- 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.

Current Status

The first round of visits achieved the identification of provincial collaborators of the NCDDP. An organizational structure was then proposed with a new sharing of responsibilities between central and provincial levels. A "Note sur la decentralisation de PNLMD" explaining and clarifying the situation was sent to all public health delegates and their chiefs of services for information.

IV. CASE MANAGEMENT TRAINING AND SUPERVISION

Objective

Print the PRITECH/Cameroon training modules and conduct at least two CDD clinical training courses at the provincial level.

Planned Activities

- 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.

- In collaboration with provincial CDD managers, finance and conduct two provincial level CDD training courses. These training courses will target health district level supervisory staff and will use the training modules discussed above. [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.]

Current Status

Training materials were reviewed during this trimester and corrections were made in collaboration with Professor Tetanye concerning case management of severe dehydration. Reproduction is scheduled for April 1993.

The NCDDP is still considering conducting a CDD clinical training course in the West Province in June. Cholera is epidemic in three departments of this province and June is usually a peak period. Furthermore, there is no skilled trainer in the DTU in Bafoussam since Dr. Kimbo's departure. This training, funded by PRITECH, would target health district level supervisory staff. It should be noted that no donors are currently working in this province.

Objective

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

Planned Activities

- 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.
- Follow through on the submission of these requests and monitor the distribution of materials when delivered.
- In collaboration with provincial CDD managers, ensure that each province has at least one training center equipped with basic ORT materials for training and demonstrations; materials to be purchased by PRITECH.

Current Status

NCDDP has received the needs for ORT materials from almost all the provinces. These needs will be compiled in April and transmitted to WHO with a pro-forma invoice in May. The needs of provinces from which nothing was requested will be estimated.

For distribution of these ORT materials, the usual channels will be used; under the monitoring of the Delegation of Public Health, development projects (SESA, GTZ, FAC, CARE, etc.) will ensure effective and adequate distribution. For the three provinces not yet covered by a project, the program will work with the Delegation itself.

The supplying of every provincial DTU with basic ORT materials and equipment will be discussed during the training of the CDD provincial managers in April. It is assumed that some of the provincial DTUs are not operational, mainly because of the lack of competent trainers in each province. The TOT that was planned to take place this year was postponed to next year due to WHO budgetary constraints.

Objective

Finalize an integrated CDD supervision form for use in the "Reorientation of PHC" system.

Planned Activities

- Obtain the input of key central level and provincial MOH personnel as well as PHC donors for the conception of an integrated supervision form.
- Pretest and finalize the above-mentioned form.
- Introduce the form into the ongoing supervisory activities of the different provincial MOH delegation and PHC projects.

Current Status

During January, a workshop organized by MOH and GTZ in Kribi targeting the training of central level agents together with provincial delegates in supervision techniques required by the new system. The follow-up workshop for the training of provincial level agents has not yet taken place.

DMPR, in close collaboration with PHC projects, has taken the lead in integrating supervision activities for the PHC Reorientation System and proposed integrated supervision forms. The NCDDP ensured that CDD basic indicators were included in the forms.

The specific CDD supervision form which was developed last year will be used by the Ministry, a Delegation or the NCDDP program when it would be useful to evaluate the diarrhea situation in a specific area, provincial hospitals or overall. This evaluation could serve a planning purpose, case management assessment, or a CDD activities revival, among other things.

V. INFORMATION/EDUCATION/COMMUNICATION

Objective

Provide provincial action plans for CDD/IEC activities.

Planned Activities

- Hold a meeting in Yaounde with the provincial health educators to provide these key MOH personnel with updated CDD messages and to discuss the development of CDD/IEC action plans.
- After the provincial health educators have had time to develop their plans in collaboration with appropriate local resources (radio, community development, etc.), the NCDDP staff will visit each of the provinces to finalize these plans (visits to be concurrent with provincial visits described above in Section III).

Current Status

The PRITECH funded meeting targeting health educators and animators took place in February. All ten health educators from provincial public health delegations attended together with one community health animator by province from MINAGRI (Community Development) or MINASCOF (Affaires Sociales). The main objective of this meeting was to help provincial health educators in planning feasible CDD/IEC activities. The meeting was very useful as all the provincial representatives presented a draft action plan specific to their environment, referring to updated messages and communication channels.

Objective

Continue to develop and produce appropriate and effective materials for public education.

Planned Activities

- Finalize the study of the CDD home treatment flyer conducted in June 1992.
- Print 75,000 additional home treatment flyers for selected distribution according to provincial CDD/IEC plans.
- In collaboration with Societe Internationale Linguistique (SIL), develop and print some CDD treatment messages in ten commonly spoken languages.

Current Status

The final version of the study of the CDD home treatment flyer is not yet available in Cameroon. Nevertheless, no modifications were required following our request for comments and suggestions from relevant trainers and individuals involved in the distribution or utilization of the home treatment flyer. The NCDDP plans the reprinting and distribution of the flyer in April.

We are still in contact with SIL and expect the entire set of books soon.

VI. ORS MARKETING INITIATIVE WITH POPULATION SERVICES INTERNATIONAL (PSI)

Objective

Provide technical support for PSI's ORS marketing initiative.

Planned Activities

- Follow-up visit by PRITECH Social Marketing Expert, 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.
- Provide technical assistance as appropriate to train PSI's sales force concerning CDD case management and ORS using external or locally available technical resources.

Current Status

Budgetary and scheduling constraints did not allow for the visit of Mr. Saade. However, BIOSEL was successfully launched and PSI effectively subcontracted with the firm of CIBA-GEIGY to handle the distribution of the product. PRITECH assisted PSI with technical information and visual aids on ORS. PRITECH also provided skilled trainers for the training of the medical sales force and will continue to support this training pending the resolution of administrative problems encountered by PSI.

VII. PROMOTION OF POSITIVE BREASTFEEDING PRACTICES

Objective

Assist in the implementation of national breastfeeding promotion program.

Planned Activities

- Assist the MOH in the modification and finalization of the National Breastfeeding Policy which was developed in a workshop during March 1992.
- 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.

Current Status

At this point in time, the breastfeeding policy remains to be signed by the Minister of Public Health. The policy document was recently reviewed by all ministry officers. Dr. Awasum (DSFM) and Dr. Baye (national focus person for breastfeeding) are asserting that the final version of the policy will be on the desk of the Minister for signature by the time Wellstart's people arrive in the country (May 22-29, 1993).

The implementation of the comprehensive action plan elaborated last year is therefore still pending. PRITECH could eventually contribute in financing part of this plan, particularly regarding the clarification of the training curriculum; the NCDDP is convinced that breastfeeding should be added in their training modules. Successfully achieving this implementation effort could be considered as the first step towards integrated training materials for PHC.

VIII. OTHER ACCOMPLISHMENT/ACTIVITIES

By providing some reports and data, the NCDDP assisted the CDC team which came in January to investigate the cholera situation in the North Province with the objective of the elaboration of a cholera preparedness plan. The program also prepared a list of cholera therapeutical needs (drugs, ORS, ORT equipment) for presentation to GTZ who was willing to finance cholera issues.

Basically, the NCDDP has banned antidiarrheals from Cameroonian schools' list of essential drugs by convincing the MINEDUC's doctor of the uselessness and danger of these drugs.

An ARI program design was started in February and it appears that it will be associated with the CDD program. The MOH will soon be looking for a donor to finance this program which some feel should be even more important than the CDD program considering mortality causes in Cameroon.

IX. OBSTACLES/ISSUES

The decision to designate the provincial Chief of Service, Preventive and Rural Medicine, as the focal person in the Delegations of Public Health generally halted CDD activities in the provinces during this period. This decision engendered confusion for some and disappointment for others.

Partly due to the anticipated close-down of the PRITECH project, a general loss of interest in the NCDDP program was evident, as well as in vertical programs.

The designation of Dr. Ncharre as CDD program manager was welcomed by everybody; unfortunately, he is working directly for the program less than 50 percent of his time. This is not enough to initiate new activities and follow the overall situation. CDD program management and execution is still mainly being accomplished by the PRITECH country representative. One of the two full-time agents was on sick leave for more than one month during this trimester. The second agent is in his office not more than 60 percent of his time.

We encouraged the program staff in writing letters and reports during this period to prepare them for PRITECH's departure. The results were conclusive; the program needs a manager who is present, shows initiative, and possesses comprehensive management capabilities.

THE GAMBIA
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	300,000	300,000
Quarterly Expenditures	0	19,644	19,644
Cumulative Expenditures	0	246,765	246,765
Expended of Budget	0	82%	82%

II. PROGRAM HIGHLIGHTS

Decentralization has officially taken off in the Medical and Health Department and concrete activities are slowly taking place to bring theory into practice. Health staff, particularly those on the new Divisional Health Teams (DHTs), continue to express doubts about the overall commitment to truly decentralize financial and decision-making power to the divisions; they have therefore chosen to term the process "divisionalization." In practical terms, the implementation of this process has meant that DHT staff, who should be largely responsible for all field-level CDD activities, are busy planning and organizing the management and administrative aspects of the new teams. CDD and other programming activities have slowed down accordingly. The CDD Unit has been meeting with the teams regularly to ensure some input into the supervisory and management guidelines that the teams are developing. The next quarter will be challenging and informative as the CDD Unit experiences what it means to work and coordinate with six teams instead of three.

The CDD Unit participated in a workshop to develop a health policy for The Gambia. Everyone recognizes the need for a policy in order to guide activities over the next five years and to coordinate input into the health sector; however, all involved in the exercise agreed that it was a poorly managed exercise and are skeptical of the relevance of the final outcome.

The 1993 workplan for the CDD program was finalized and circulated, based on feedback from the DHTs and other programs.

Letters were exchanged and discussions held with PRITECH/Headquarters and USAID/Banjul about plans for the upcoming project close-down.

III. TRAINING/EDUCATION/SUPERVISION

Objective

Ensure that all re-training of village health workers (VHWs) and traditional birth attendants (TBAs) include sessions on CDD case management issues.

Current Status

The re-training of VHWs and TBAs, planned by the DHTs, has unfortunately been postponed once again due to lack of or miscommunication about funding. Two of the teams hope to carry-out training prior to the rainy (farming) season, but this is beginning to look less likely as time passes and funding is still not secured. Nevertheless, the CDD Unit remains in contact with the divisional trainers to keep abreast of progress, and is ready to participate as needed.

Objective

Ensure that, after staff attrition and transfers, all health facilities have at least one trained senior health worker.

Current Status

A CDD/ARI/Malaria integrated training curriculum was discussed and drafted by the responsible units and has been distributed to two of the health teams. Time has been allocated in June for case management training in four of the divisions.

Unfortunately, discussions with the staff at the pediatric ward in the hospital in Banjul did not result in definite plans for case management training for their nursing staff.

IV. INFORMATION/EDUCATION/COMMUNICATION

Objective

Intensify IEC activities using media in addition to health workers.

Current Status

- Two meetings of the Central Nutrition Education Team (CNET) were attended. The team is progressing well in clarifying their role and potential activities to coordinate and improve nutritional education throughout the country.
- Two sources of possible funding for re-printing the Sidi flipbook were identified and provided with the necessary information for their consideration.
- The PRITECH country representative participated in a workshop to develop a coordinated IEC workplan for maternal and child health as part of the new Population Policy Action Plan.

V. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/ INFORMATION SYSTEMS

Objective

Remobilize the sentinel community surveillance system by conducting one household survey.

Current Status

Plans for the household survey were finalized in early January; training and field work took place in late January and early February. Analysis of the findings and a draft report have been completed and will be finalized, circulated and discussed in April. The whole surveying exercise progressed smoothly.

VI. RESEARCH AND DEVELOPMENT ACTIVITIES

GAFNA continued the analysis of the weaning food recipe trials. Kinday Samba presented a report of the study at the CCCD Child Survival Conference in Dakar at the end of March.

VII. PROGRAM ISSUES AND PROPOSED ACTIONS

Uncertainty remains about funding for the CDD and other "child survival" programs after the close of PRITECH in June. Discussions with donors and other medical and health units are continuing.

INDONESIA
 Quarterly Field Report
 January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	1,137,000	544,365	1,681,365
Quarterly Expenditures	75,324	0	75,324
Cumulative Expenditures	619,676	544,365	1,164,041
% Expended of Budget	55%	100%	69%

II. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

Encourage all sources, government and private sector, to promote ORT, breastfeeding, and food during diarrhea as well as promoting handwashing and breastfeeding as preventative measures against diarrhea.

Current Status

Working with the MOH, sub-directorate diarrhea and Community Health and Education Unit in the development of interventions for drug sellers.

Working with the Indonesian Medical Association to develop orientation and training programs for members of the association.

PRITECH worked with UNICEF to redesign and modify ORS packets as well as pretest the new packets with policy makers and a target audience. The redesigned packets are now ready and UNICEF will be using the new design on future ORS packets.

Point-of-sale (POS) materials for drug sellers and training of trainers materials and training completed.

Planned Activities

Conduct workshop on quality control of ORS producers in collaboration with the MOH, Food and Drug Administration (FDA). A PATH representative will facilitate the workshop.

III. TRAINING/EDUCATION/CASE MANAGEMENT/SUPERVISION

Objective

Improve case management of diarrhea patients.

Current Status

Case management guidelines for physicians, developed by PRITECH and endorsed by the medical association, were printed in the association newsletter and circulated throughout the membership.

Focus group discussions (FGDs) and interviews with physicians to survey the prescribing practices and knowledge of ORT/ORS completed.

Booklet on ORS for physicians developed, reviewed, pretested with target audiences, and undergoing revision.

IV. ORS DISTRIBUTION, PRODUCTION, AND AVAILABILITY

In the public sector, the MOH and UNICEF agreed to pretesting and revision of the ORALIT (ORS) package design. PRITECH pretested the packet and suggested revisions, provided a sample photograph from a television spot that had already been pretested and worked with UNICEF to both redesign the packet and standardize the messages. PRITECH, working closely with UNICEF, has begun a policy dialogue with the FDA to request that the FDA recommend standardized messages and visuals to commercial ORS producers, on a voluntary basis with each company maintaining its personal design, brandname, and logo.

In the commercial sector, unit sales and value of sales of ORS have increased from 6,926,300 in 1991 to 8,285,200 units 1992. The value of sales went up from Rp 1,244,700,000 in 1991 to Rp 1,565,900,000 in 1992. The declining trend in commercial sales seems to have been reversed.

V. COMMERCIAL AND NON-PROFIT ACTIVITIES

Objective

- Increase ORS production in the commercial sector.
- Widen the distribution of ORS from mainly pharmaceutical outlets to all consumer outlets.

Current Status

As ORS sales have risen, so has the interest in ORS on the part of the commercial sector. Indofarma will be launching "Bioralit" in May with PRITECH collaborating (technical assistance only) in the development of promotional materials.

Through PRITECH's initial effort, Indofarma will also be collaborating with UNICEF in disseminating an ARI-related timer along with instructions for its use and referral materials.

PRITECH has obtained Tempo's agreement to market ORS using Tempo's own funds, pending several waivers/policy changes and Tempo asked PRITECH to assist with the interaction with the government.

The Indonesian Medical Association has agreed to appeal to ORS producers to detail ORS to its membership.

Objective

Promote breastfeeding and food during ORT through the commercial sector.

Current Status

Three firms are actively promoting food and breastmilk with ORS in their written materials.

Objective

Promote at least one preventive strategy, i.e., handwashing, through the commercial sector.

Current Status

PRITECH collaborated with Unilever to cover costs, Lintas Advertising Agency to provide creative talent, the Indonesian Medical Association to provide credibility and distribution of materials, the Advertising Council to obtain free air time, the Community and Health Education Unit of the MOH and the Yayasan Kusuma Buana (YKB) for distribution, to set the handwashing campaign underway. The current status of this combined effort is that one television spot is presently being telecast with a second spot ready to be aired; various radio announcements are being aired; a poster for physicians has been distributed and a poster targeted for school children has been delivered and incorporated into the deworming program for the Jakarta school system.

VI. INFORMATION/EDUCATION/COMMUNICATION

Objective

- Disseminate information to the government, NGOs, and commercial sector to encourage these groups to promote ORT and preventative measures such as breastfeeding and handwashing.
- Promote ORT to create consumer demand for ORS + breastfeeding + feeding during diarrhea.

Current Status

Initiated handwashing campaign.

Obtained commitment by the Indonesian Medical Association to promote ORT throughout its membership.

Working with the Advertising Council to develop and implement campaigns on diarrhea, handwashing, and breastfeeding.

Arranged with the education television channel to weave messages about handwashing and ORT into its new children's series.

Collaborating with the MOH and WHO in the project to promote ORT through drug sellers.

Worked with the MOH and production company to develop short radio programs; revised concepts and program outlines for broadcast.

VII. OTHER ACCOMPLISHMENTS

PRITECH and the Indonesian Medical Association obtained over 74,000 packets of ORS, free of cost, from ORS producers for the island of Flores which was the victim of earthquakes and flooding during this quarter. A shipping company donated the air transportation costs of the packets. Local representatives of the medical association will coordinate delivery of the ORS packages and caretaker education. A press conference regarding the emergency effort is planned for April 1993.

Perhaps the most effective means of widening access to ORS is to convince Tempo to market ORS through its existing network which includes the "Blue Circle" family planning products. (This would be similar to what was accomplished in Pakistan by convincing Woodward's to join the ORS market.) We have already managed to obtain Tempo's agreement pending a few modifications and/or waivers from the government (FDA). Now is the time for intensive policy dialogue with POM (FDA), and the Ministry of Health to obtain the necessary waivers.

Continued collaboration with the following companies to ensure that their marketing and promotional strategies are being implemented:

- Indofarma in the development of promotional strategies for its new branded ORS product.
- Abbott to position and develop a promotional campaign for its new powdered ORS. This product should be available by the end of 1993.
- We have obtained the commitment of the powerful Indonesian Medical Association and began working with it to promote quality diarrhea case management to and through its membership. Now we need to work with IDI to obtain sponsorship from the commercial sector for the training of physicians through Indonesia, to develop and test a training video, among other things.
- The NGO sector has shown interest in piggy-backing ORT and related interventions to their on-going services and activities. We need to follow-up on this interest, to develop training and materials with and for NGOs.

During this quarter, the country representative conducted the evaluation of PATH's Strategic Institutional Development Project for PVOs for USAID and PATH. The country representative was able to accomplish this task through interviews and visits to eight of the twelve projects PATH currently has with NGOs, and also used field observation, document review and reports. During this task, the country representative was diverted from PRITECH project funding.

VIII. OBSTACLES/ISSUES

As expected, once sales of ORS rose, the commercial sector began to show interest in ORS as a product. In order to consolidate this endeavor and increase the probability that it will be sustainable, PRITECH needs to mount a concerted effort to continue working closely with existing ORS producers and enlist companies which have wide distribution networks to agree to market ORS. Given the project's very short time, a number of activities may have to be abandoned before they are completed or sustainable. UNICEF is likely to pick up at least some of PRITECH's activities and build them into its future plan.

As the project nears its end date, staff are leaving for positions in other firms/project which leaves the country representative alone to try to accomplish the PRITECH tasks. The country representative has asked PATH if PRITECH could hire one of their secretaries for the remaining three-month period and PATH is considering the request.

KENYA
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	806,000	571,000	1,377,000
Quarterly Expenditures	99,438	0	99,438
Cumulative Expenditures	776,307	567,385	1,343,692
% Expended of Budget	96%	99%	98%

II. PROGRAM HIGHLIGHTS

This was the final quarter of the PRITECH/Kenya country program as the program was closed March 31, 1993 with a closing ceremony sponsored by the Ministry of Health on March 18, 1993. Close-down activities included the final NGO diarrhea management TOT for the Christian Health Association of Kenya (CHAK) from March 1-6, 1993 at the Golf Hotel in Kakemega. A follow-up supervisory trip was carried out in January 1993 by the national CDD program (NCDDP) in collaboration with the Catholic secretariat, visiting the ten mission hospital staff who were trained in October 1992 in diarrhea management. A training assessment trip was carried out in February 1993 by the NCDDP and CHAK to assess hospital practices in diarrhea management.

A steady momentum was maintained during this period in the joint PRITECH/UNICEF/MOH private sector strategy for expanding the local commercialization of ORS in Kenya. PRITECH's Social Marketing Specialist, Camille Saade, returned to Kenya February 23 - March 2, 1993 to review the preliminary advertising and promotional materials for the commercialization of the Sterling Health ORS product, OKOA. The April 1993 launch date of OKOA has been delayed and is being scheduled for a later date in 1993.

In communications, the Kenya Institute of Education (KIE) working with PRITECH, UNICEF and the MOH, finalized and distributed the pictorial chart and primary school materials targeted for students. The KIE/CDD school education

materials for both teachers and students is jointly funded by PRITECH and UNICEF. PRITECH/Kenya continued to collaborate with the MOH/CDD Unit on program-wide communication activities.

The KNH Lactation Management Center was renovated and operational in January 1993. An inauguration ceremony will be hosted by KNH, the Nutrition Unit and the Department of Pediatrics. The KNH lactation management curriculum was completed and 250 copies were printed for distribution.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

- Continue to build the partnership approach for the local commercialization of ORS with UNICEF, the MOH and Sterling Health.
- Foster collaboration between the Nutrition and CDD Units at the Division of Family Health, particularly in the area of breastfeeding. Establish the lactation management resource center at Kenyatta National Hospital.

Current Status

The Kenyatta National Hospital Lactation Management Training Team finalized their lactation management training curriculum and 250 copies were printed for distribution. The Lactation Management Resource Center was fully renovated and is operational.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

Finalize the Kenyatta National Hospital (KNH) lactation management training curriculum, print 250 copies and distribute to the MOH, NGOs and sister agencies.

Current Status

The KNH lactation management curriculum was finalized, printed and distributed to the Ministry of Health, NGOs and sister agencies.

Objective

Print and distribute 200 copies of the KNH Lactation Management Health Workers' and Mothers' Breastfeeding KAP Studies.

Current Status

The KNH Lactation Management Health Workers' and Mothers' Breastfeeding KAP Studies were completed by PRITECH consultant, Altrena Mukuria.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objective

Finalize the partnership agreement with financial assistance for the mid-1993 re-launch of a Sterling Health ORS product in collaboration with UNICEF, PRITECH and the MOH. PRITECH will help develop and review all promotional materials developed by the advertising agency, ScanAd.

Current Status

ScanAd finalized the creative copy strategy and developed promotional materials for the target audiences. ScanAd was requested to develop a creative copy strategy for each of the following target audiences:

- the end-users (mothers)
- the purchasers (retailers, distributors)
- the influencers (health professionals)

ScanAd presented mock-ups of all promotional materials on February 25 during the consultant visit of PRITECH's Social Marketing Specialist, Camille Saade.

Planned Activities

- Camille Saade will return to Kenya to continue to provide technical assistance to Sterling Health and ScanAd en-route to PRITECH/Madagascar in May 1993.
- Additional steps will be taken in collaboration with UNICEF to approach companies, East African Industries in particular, interested in adding a general ORS measuring symbol for their 500 ml containers.

VI. COMMERCIAL AND NONPROFIT ACTIVITIES

Objective

- Provide technical assistance and support to select NGOs (Catholic Secretariat, Christian Health Association of Kenya, Aga Khan Health Services) in CDD case management, prevention, and communication materials to promote effective diarrheal prevention and treatment practices.
- Host the March 1993 diarrhea management TOT workshop for the Christian Health Association of Kenya (CHAK) in collaboration with the NCDDP in Western Kenya.

Current Status

The NCDDP successfully carried out the PRITECH-sponsored diarrhea management TOT for ten CHAK mission hospitals in Western Kenya. CDD/WHO/Geneva provided the training materials for the workshop.

Planned Activities

Aga Khan Health Services in Mombasa will complete their Home Case Management Community Project in June/July 1993 with financial and technical assistance from CEDPA and PRITECH/Headquarters.

VII. INFORMATION/EDUCATION/COMMUNICATION

Objective

Finalize CDD outreach materials which provide home case management and prevention messages for mothers in collaboration with PATH/Kenya and the CDD Unit.

Current Status

The home case management flyer for mothers on the importance of ORT was printed and distributed during this quarter.

Objective

Pre-test, print and distribute the pictorial chart and student booklet for GOK primary schools throughout the country in collaboration with the Kenya Institute of Education (KIE), the NCDDP and UNICEF.

Current Status

Both the KIE pictorial chart and the CDD student booklet for primary school instruction were finalized, printed and distributed during this quarter.

VIII. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/ INFORMATION SYSTEMS

Objective

Present the findings from the health workers' and mothers' questionnaires to ascertain their knowledge, attitudes, and practices at Kenyatta National Hospital.

Current Status

The KNH Health Workers' and Mothers' KAP Studies written by PRITECH consultant Altrena Mukuria, were printed and distributed to the MOH, NGOs and sister agencies during this quarter.

IX. RESEARCH AND DEVELOPMENT ACTIVITIES

Objectives

Participate with the UNICEF Baby Friendly Initiative and Wellstart activities.

Current Status

Assisted Wellstart in coordinating their Kenya program activities with the Nutrition Unit of the Division of Family Health.

Objective

Attend advanced Word Perfect, Lotus 1-2-3, and D-base computer courses to upgrade collective staff computer skills.

Current Status

PRITECH staff continued to upgrade their computer skills in Word Perfect and Lotus 1-2-3.

X. LESSONS LEARNED

The joint UNICEF/PRITECH private sector initiative expanding the local commercialization of ORS has been a slow, arduous process with Sterling Health, the primary partner. PRITECH's social marketing specialist will continue to provide technical assistance to Sterling Health through August 1993 following the March 31, 1993 shut-down of PRITECH/Kenya.

The PRITECH/Kenya NGO/CDD strategy is in the implementation phase, with technical input from the NGO's, the CDD Unit, CEDPA consultants and PRITECH staff members. Every effort should be made to apply existing technical expertise and lessons learned from the MOH/CDD Unit program. The two major NGO health providers, Kenya Catholic Secretariat and the Christian Health Association of Kenya, have greatly benefitted from the expertise of the NCDDP in the control of diarrheal diseases.

Following recent discussion with PRITECH/UNICEF/MOH, MEDS, the Essential Drug Supply for Mission Hospitals, agreed to put ORS on their drug list in 1992, and is now requesting 25,000 sachets monthly from UNICEF. There is no doubt that the increased communication between the NGO mission hospitals through the PRITECH/CDD Unit NGO Initiative has been the cause of this dramatic change in policy and ORS supply at mission hospitals. Communication should continue.

The CDD School Materials Project with KIE, the Kenya Institute of Education, has developed into a promising primary school project in spite of the lengthy delays and bureaucratic hurdles earlier experienced in order to work with the Ministry of Health and the Ministry of Education. It has proven fruitful to weather lengthy delays for inter-ministerial collaboration. Targeting children to teach lessons about the prevention of diarrheal diseases should offer many rewards.

MADAGASCAR
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	527,136	527,136
Quarterly Expenditures	0	106,418	106,418
Cumulative Expenditures	0	115,082	115,082
% Expended of Budget	0	22%	22%

II. PROGRAM HIGHLIGHTS

During this quarter, PRITECH began implementing the approved Delivery Order between PRITECH and USAID/Antananarivo. The agreement calls for an intensive PRITECH effort over an eight month period to support the Ministry of Health in its efforts to reduce diarrheal disease morbidity and mortality through improved case management, increased access to and availability of ORS, and improved CDD program management. The focus of PRITECH activity during the January to March period was on developing the IEC component of the National CDD Policy, with particular emphasis on IEC materials development for ORS promotion.

In March, PRITECH staff member Camille Saade and consultant Jacqueline Bouwmans conducted back-to-back workshops in Madagascar which provided participants, in the first instance, with a greater understanding of IEC strategy and product development and which led, in the second instance, to the initial development of IEC action plan for the production of materials for the promotion of ORS. Follow-up visits by both Mr. Saade and Ms. Bouwmans are planned for the next quarter.

Concurrent with the IEC workshops, PRITECH staff member Carrie O'Neill spent two weeks in Madagascar to help set up the PRITECH office, procure necessary office equipment, arrange for an April DTU workshop, and discuss the Delivery Order budget and workplan with the USAID mission. Ms. O'Neill's visit was in

place of the scheduled TDY by Karen Blyth, who remained in Kenya to close-down the PRITECH program there.

Headquarters support for the Madagascar program during this period included budget modifications, continued discussion of the scope of work for the Delivery Order, recruitment of consultants for task assignments and training interventions, planning of third country training for two Malagasy CDD staff members, the provision of a large volume of training and reference materials to the national program, and regular communication with USAID/Antananarivo.

Although minor delays have occurred in project implementation, the work is basically on schedule in Madagascar. There was no adverse effect from the national elections, and we are optimistic that the program will continue to progress as planned. The country representative for Madagascar, Ms. Karen Blyth, is scheduled to arrive in Antananarivo in early April, following a one week orientation and briefing at PRITECH/Headquarters.

MALI
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	1,200,000	1,200,000
Quarterly Expenditures	0	25,205	25,205
Cumulative Expenditures	0	839,947	839,947
% Expended of Budget	0	70%	70%

II. PROGRAM HIGHLIGHTS

The school crisis in Mali is disrupting normal activity, yet the Government seems unable to solve this crisis. Nonetheless, the program has managed to carry out activities planned for this quarter. The main activity has been the preparation and the implementation of the health facility survey. Ms. Lisa Duke, Country Representative, was on maternity leave (January 26-April 27) and Adama Kone, Senior Program Manager, assumed the country representative's responsibilities during her absence.

The new USAID HPN Officer, Lynn Gorton took office in March. Ms. Gorton been briefed by the acting country representative about the CDD program activities in Mali.

Questions have been raised by the new DSF director, Dr. Doukouré, about the role of the country representative. This situation needs to be clarified before the end of PRITECH II. Dr. Kone has gotten agreement from Ms. Gorton and Dr. Doukouré on a course of action to resolve the questions.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

- Assist with development of a national CDD workplan for 1993.
- Coordinate funding with UNICEF and WHO
- Assist in developing a national ARI plan.

Current Status

The CDD Operational Plan for 1993 was finalized with PRITECH assistance. This plan has been integrated into the overall Plan of Operation of the DSF during a meeting in January with all regional staff in charge of MCH activities. The overall plan is being printed but activities have not yet started in this trimester except for those of the CDD program and Family Planning Unit.

UNICEF has agreed to fund some CDD activities including training of health personnel in diarrhea case management, the establishment of ORT units, and related ORS procurement and distribution activities. However, in the future, UNICEF is planning to fund CDD activities in an integrated form with other program activities through the PSPHR project (Projet Santé Population et Hydraulique Rurale). Donor agencies include the World Bank, UNICEF, USAID, Belgian and German organizations.

The PRITECH/Sahel ARI advisor assisted with the finalization of the National ARI Plan. He participated at the technical committee meeting to adopt the program document. The ARI program coordinator has to be named.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

- Train oral rehydration unit (ORU) staff throughout Mali in diarrhea case management and use of naso-gastric tube.
- Incorporate ORT training modules in the nursing schools' curricula.
- Train community opinion leaders in the regions in diarrhea case management and facilitation skills.
- Supervise and evaluate the regional reference post ORUs.

Current Status

The DSF, with PRITECH assistance and UNICEF funding, organized and conducted diarrhea case management training for 26 health professionals in the Mopti region during March. Local facilitators were involved in the training.

The revised nursing school modules have been sent to the schools. No follow-up visits were made.

No training was done this quarter for community opinion leaders.

No supervisory visits occurred this quarter due to the non-availability of UNICEF funds.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objective

Establish the systematic production and distribution of ORS packets.

Current Status

The local ORS manufacturer is projected to produce one million packets in 1993. The pricing issue is not yet solved. The price of ORS packet is still CFA 80 instead of CFA 55.

VI. INFORMATION/EDUCATION/COMMUNICATION

Objective

- Assist with the establishment of a strategy for the coordination and development of health education activities in Mali.
- Assist with the development of radio and television spots.

Current Status

The IEC team focused their efforts on CDD activities. A KAP study was planned in order to review educational material and to develop new radio and television spots. Unfortunately, the HealthCom advisor left the project and all activities planned this quarter were canceled.

VII. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective

- Evaluate the feasibility of examining the nutrition of sick and recuperating children in Mali, researching the question of mothers' feeding practices during and after diarrheal episodes.
- Make preparations for a nationwide KAP and health facilities study evaluating the program to date.
- Evaluate ORS availability and use in health facilities.

Current Status

The follow-on activities of the quantitative infant feeding study were dropped because of lack of funds and time before the end of PRITECH II.

In the last quarter, HealthCom and PRITECH had planned a joint household and health facility survey (HFS); the program decided to carry out only the HFS because the HealthCom project withdrew its support from the joint study. During this quarter, PRITECH assisted with the preparation of the HFS. Questionnaires were revised and adapted, the protocol was developed, and supervisors and interviewers were identified. The budget was prepared and sent to PRITECH/Headquarters. In early April, the CDD program, with PRITECH assistance, will proceed with the training of survey interviewers and supervisors and with the field work.

Regarding ORS availability, the report of the study is finalized. Activities to be drawn from this study are to be identified and planned with UNICEF, DSF and pharmaceutical division.

NIGER
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	760,000	760,000
Quarterly Expenditures	0	22,153	22,153
Cumulative Expenditures	0	650,474	650,474
% Expended of Budget	0	86%	86%

II. PROGRAM HIGHLIGHTS

This quarter was marked by the planning of activities for 1993, particularly by the coordination with donors on research for the financing of central and regional level activities. The process of decentralization began with a larger delegation of responsibilities and decentralization of funds. Support activities (regional training, development of the animation guide) began early this year.

III. PLANNING/MANAGEMENT

Annual Planning of Activities: The planning of activities consumed a large portion of the quarter. The different recommendations cited in the targeted CDD program review, the case management study, and at the meeting of CDD managers from French-speaking Africa were taken into consideration during the planning sessions.

Meetings:

- a. Meetings of staff of the Direction of Health Care Establishments (DES) were held. The objectives of the meetings were to summarize activities undertaken in 1992 and to program visits with other divisions and management programs, the principal difficulty facing the DES and other divisions lies in the need for improved coordination of different programs during the same period.

The meetings reviewed the organization of supervision undertaken by the central level and the development of a supervision card by level, with clear and precise objectives.

- b. The meeting of departmental CDD coordinators will take place in Tahoua April 26-29, 1993. The specific objectives are the following: 1) evaluate the recommendations made at the preceding meeting; 2) identify the constraints and perspectives of programs in terms of the results of the recent evaluation; 3) examine the 1993 Action Plan; 4) discuss integrated case management of the sick child; and 5) organize supervision with a view toward the effective decentralization of program activities.

USAID Workshop: From February 24-26, USAID/Niger coordinated a workshop concerning the health problems in Niger. The objectives were to evaluate the effectiveness of USAID health programs and to provide guidance on future actions on the following themes:

- reinforcement/establishment of institutional structures;
- quality of health care services; and
- sustainability of health programs.

Decentralization of Activities: This is progressing with the decentralization of funds to regions (UNICEF will directly finance the activities of three departments) and with a greater delegation of responsibilities through supervision.

Procedures for Project Termination: The process has begun; a close-down plan was sent to PRITECH/Headquarters on April 2, 1993. A visit by Carrie O'Neill is expected during the month of May.

Funding Difficulties: The regional projects covering four departments and the CUN submitted to the IDA project of the World Bank have not yet been approved; although training activities and supervision were taken over by SDS with A.I.D. funds. The funds to be sought represent 46 percent of the sum of the regional budgets. The solution may be to mobilize local NGO funds and to reduce the cost of certain activities.

IV. INFORMATION/EDUCATION/COMMUNICATION

The Animation Guide on Diarrhea/Nutrition: At the end of January, the Nutrition and Health Education Divisions decided to revive the joint diarrhea/nutrition activity. The goal of this action is to arrive at a consensus with the nutrition division regarding harmonization of messages, and also to use the results of available studies in the field to help health personnel communicate essential messages for appropriate

feeding of the child in general and of the sick child in particular. A series of meetings with an eight-person committee resulted in recommendations concerning child feeding practices, case management and sick child prevention practices.

A draft was submitted to Elizabeth Herman for comments and informal meetings were held with Nancy Keith and Sylvie Etienne with the goal being the quality improvement of the work undertaken.

The draft animation guide should be pretested at the end of May and the modified final version should be submitted at the end of June for printing. PRITECH is funding the conception phase and UNICEF is funding the printing of educational materials.

V. TRAINING

Regional Training: During March, training took place in the departments of Dosso and Zinder; supervision of these training sessions was ensured in Dosso by the adjunct coordinator and in Zinder by the national coordinator. A total of 175 health personnel will be reached (75 in Dosso, 100 in Zinder). These seminars are financed by SDS.

Training of Private Sector Personnel: In collaboration with the Office of Work Medical Inspection (IMT), the program will train 31 nurses working in private businesses. The objective of this training is to improve the case management of diarrhea and acute respiratory illness. During the month of March, some contacts were made with the office of IMT in order to discuss the conditions for case management, the course content, and the training methods.

Training in Technical Supervision: The Center for Research and Training (CIMEFOR) was solicited to organize/train the medical district heads in technical supervision. CIMEFOR potential involvement in the training process is welcomed because the center already organizes planning and management courses for departmental medical chiefs, and a module on supervision techniques has already been developed.

VI. CASE MANAGEMENT

Establishment of the ORUs at the departmental level should continue during the second quarter in the departments of Tillabéry, Tahoua and Agadez. In Tahoua, this activity will follow the bi-annual CDD coordinators meeting. Mamadou Sene, Senegal Country Representative, will assist the program with the preparations for these two activities which will take place April 26-29 and April 30-May 3.

VII. SUPERVISION

Supervision by Level: According to the new supervision plan limiting central supervision adopted by the DES, the program has developed a supervision card detailing the management activities of the CDD program at the departmental health level and at the medical district level. This card will be tested during the next supervision session and will serve to support the decentralization of the CDD program foreseen in the 1993 Action Plan.

Integrated Supervision: A group is working on setting norms and standards with an eye toward the development of an integrated supervision card concerning malaria, diarrhea, ARI, and nutrition.

Supervision of the ESV: After the development and testing of the integrated supervision guide instrument for village health workers (ESVs), eight supervisors from Maradi (the area tested) were trained at the end of February. Instructions were provided to supervisors of the zone. We are waiting for funds to conduct the supervision session according to the protocol envisioned by the study.

Supervision from the Regional Office: Dr. Adama Koné made a supervisory visit to Niger from March 6-10, 1993. The planning of activities for the program in general and the planning of PRITECH activities in particular were discussed. Aspects related to the financing of PRITECH were also addressed with an adjustment anticipated. Finally, close-down procedures were clarified. During his stay, Dr. Koné met with the Director of DES who would like an evaluation of the project to be done by the Ministry of Health. Dr. Koné also visited the Pediatric Training Division for diarrhea (UFD) in the hospital, which is not yet operational; Dr. Gamatié expressed difficulties in organizing pediatric training as there is a lack of personnel.

VIII. EVALUATION/RESEARCH/INFORMATION SYSTEMS AND DISSEMINATION

The distribution of articles in existing magazines: The national coordinator published an article on diarrheal diseases in an official journal in March. Colette Geslin prepared two articles on the quality of CDD case management in health facilities in 1992 and on dysentery; the articles should appear in the next issue of *Health Information*, the bulletin edited by National Health Information System (SNIS).

Subscriptions for Health Facilities to specialized magazines: At the request of the regional coordinators, subscriptions have been requested to the following magazines: *Mothers and Children*, *The Prescriber* (UNICEF), and *World Health* (WHO).

Health Facility Survey: Part of the draft report of the health facility survey on diarrhea case management and ARI, conducted in May in three districts, as well as at the Niamey urban community, is now finalized. The ARI section of the report is not yet drafted. One copy of the draft has been sent to PRITECH/Headquarters.

Village Health Worker Supervision: Regarding the integrated VHW supervision objective, the form has been developed and tested. Eight supervisors were trained in Maradi during late February.

IX. COORDINATION

Coordination with ministry partners has been effective, particularly with the Nutrition Division and with the Health Education Division on the development of the animation guide, with DEP for the preparations for the household survey, and with IMT in organizing training for private sector representatives. The focus has been on coordinating the financing of activities for this year.

X. CONFERENCES

Niger was well represented at the conference held in Dakar from March 29 - April 2, 1993 on the state of the advancement of child survival in Africa. Through the different presentations from African countries, the conference attenders could appreciate the large diversity of actions undertaken in support of child survival, but one must admit that much remains to be done to guarantee the improved health of the African child.

Integrated case management of the sick child is really the solution for countries where the economic environment is the least favorable. The conditions for the effective application of this innovative approach remain to be defined.

XI. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

The country representative continued her routine visits to ONPPC to track information on the production and distribution of ORS.

Although the detailman now has a motorcycle, he has not yet begun working with drug sellers regarding ORS promotion. He has requested some further resources which have not yet been satisfied.

XII. ARI ACTIVITIES

The ARI program, developed with the assistance of the PRITECH regional advisor, was finally adopted. Dr. Gamatie, a pediatrician, was appointed as the ARI program coordinator. The program is being housed at the Directorate of Family Health.

WHO organized a case management course on ARI in late March.

SENEGAL
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	359,009	359,009
Quarterly Expenditures	0	30,822	30,822
Cumulative Expenditures	0	275,115	275,115
% Expended of Budget	0	77%	77%

II. PROGRAM HIGHLIGHTS

The main activities for this trimester were focused on CDD and nutrition training. CDD activities have been revitalized in the health centers.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

Assist the MOH with the management of the national ORT and nutrition programs within the context of the decentralization process.

Current Status

Senegal CDD program activities were planned through March 1993. The PRITECH/Senegal program will be closed at that time unless the mission extends funding through July 1993. SANAS and the MOH have been informed. The HPN Officer is hoping that CDD activities, including training, can be funded through PRITECH/MSH assistance through July.

A CDD national policy was developed and distributed to health staff throughout the country. This document includes "Diarrhea Home Case Management" and "Case

Management in Health Centers." Feeding is also emphasized and recipes have been recommended for children with diarrhea.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

- Assist with the consolidation of the CDD training that has already taken place.
- Assist with the improvement and extension of nutrition training.
- Assist with the improvement of CDD teaching in nursing schools.
- Assist in the provision of tested nutrition education messages for inclusion in national education materials.

Current Status

During January and March, two training sessions were organized by the regional team in the three USAID-supported regions with the assistance of SANAS and PRITECH to train the district training team on nutrition issues. Each session lasted five days. During these sessions, the manual on nutrition was tested.

The district health team carried out two training sessions for health workers and social workers working in the health posts. This training took place in January and March and was supervised by the SANAS team.

The SANAS team also supervised diarrhea case management training courses for health workers responsible for the health posts in the Fatick districts at Foundiougne, Sokone and Guiguineo.

Regarding ORT Units, most of the units in the three USAID-supported regions were not functioning properly. In January, SANAS and PRITECH carried out two-week visits in the Kaolack and Louga regions to discuss with the staff the role of ORT units, the organizational issue of the units, and case management activities. Some materials, including technical forms and posters, were distributed to the personnel of the health centers visited.

The SANAS team, with PRITECH assistance, finalized the module on nutrition, incorporating comments and critics from pediatrician, nutritionist and communication specialists. Funds have been requested from PRITECH/Headquarters for the printing costs.

On February 13-14, PRITECH and ORANA organized a week-end information seminar on nutrition for the Association of the Catholic Private Health Centers in Senegal. During the sessions, the growth monitoring chart, management of nutritional cases, and communication-related problems with mothers were discussed.

The SANAS and the Health Education Unit are still discussing guidelines for the measurements of salt for the sugar-salt solution. It has been suggested to use a half coffee-spoon of salt (between 2.039 g and 3.945 g) for one liter of water. The weight obtained for finger pinches was well below the WHO recommended measure for salt (between 0.039 and 0.8 g).

Activities carried out this trimester on the feeding study were as follows: as a result of the focus group, counselling cards were developed and the contents discussed with the Health Education Unit and the SANAS. The cards were tested on ten mothers from a control village in the same area as the study villages. After testing, the cards' contents were refined. The printing of the cards and training courses are the next steps. During this same period, to prepare for the training of the service providers, preliminary visits were made to select and discuss with women's groups and matrons their participation and expected implications for the study.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objective

Assist the MOH in the establishment of autonomous management systems in the national pharmacy.

Current Status

During January, the MSH/MIS group organized a training session that covered the rationalization of drugs and essential products management, logistics and the role of PNA. This seminar was called "Initiative de MBOUR". The participants of the workshop included government representatives, donor agencies, regional health representatives, national pharmacy (PNA) and regional pharmacy (PRA) representatives. Participants discussed existing logistics (from USAID, UNICEF, PNA, etc.), and developed the future role of the PNA which should lead to an autonomous management of the PNA and the decentralization of its functions.

VI. EVALUATION/RESEARCH/INFORMATION SYSTEMS

Dr Rogier, the principal investigator of the dysentery study, has submitted the final draft of the study. The findings are controversial. According to the study, *entamoeba histolytica* (30 percent) is the leading cause of dysentery among under-five-year-old children, before *shigella* (18 percent), pathogenic *escherichia coli* (12 percent) or *giardia lamblia* (6 percent). The report is being reviewed by PRITECH/Headquarters.

PRITECH is assisting Weilstart in making contact with the MOH/SANAS to organize a training workshop on breastfeeding.

UGANDA
 Quarterly Field Report
 January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	13,758	820,000	833,758
Quarterly Expenditures	0	8,730	8,730
Cumulative Expenditures	13,758	692,875	706,633
% Expended of Budget	100%	84%	85%

II. PROGRAM HIGHLIGHTS

The overall strategy of PRITECH assistance in Uganda during the final year will be the continuation of the program activities as stated in the Project Year Five Workplan, with an emphasis on possible mid-term or final evaluation of selected activities in the course of the year.

Among the highlights of the first quarter of 1993 was the field testing of most of the health learning material for the Uganda Traditional Healers Initiative (UTHI). No major difficulties were encountered. Secondly, a contingent of Ugandans went to the USAID/CCCD/CDC conference in Dakar. The majority of these people were directly linked to the PRITECH project and they either presented papers or posters, or just visited at the invitation of the local mission. Thirdly, with PRITECH assistance a strongroom was rehabilitated in the DTU. When it was finished, a computer and other educational development equipment was presented to the DTU by the PRITECH Operations Director, Ken Heise, who was visiting Uganda at the time. Lastly, considerable time was put into the writing of an occasional paper on the development of the UTHI.

The CDD program highlight was the approval of the Plan of Action for this year and the appointment of Dr. Dorothy Ochola as the new Deputy Program Manager.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective 1

Improve program management.

Planned Activities

- 1.1 Continue to develop a management procedures manual.
- 1.2 Train CDD trainers and supervisors in supervision techniques.

Unanticipated Activities

- 1.3 Train the office attendant in record filing
- 1.4 Train the CDD secretaries in desk-top publishing

Current Status

- 1.1 To speed up the development process of the management manual, a draft outline of a chapter and a list of chapter topics was written by the country representative. When this draft is approved, more people will be involved in the development of the manual, though still coordinated by the country representative. This collaboration may improve the ownership of the manual.
- 1.2 See Training and Supervision.
- 1.3 As part of the general management improvement process it was found necessary to improve the filing system. An office attendant was sent, with the approval of USAID, to a records management course. This course is run by the Management Training and Advisory Center, a local institution. Upon the attendant's return, he began implementing what he learned; however, a lack of some essential logistics is the main problem and a report has been forwarded to the program manager outlining some of the problems and suggestions for improvements.
- 1.4 The WHO/Health Learning Materials (HLM) network office, an inter-regional office that supports local HLM initiatives in ten countries, assisted the Uganda HLM project with the organization of an advanced word-processing and desk-top publishing workshop. Two secretaries of the CDD program attended the workshop. They were taught about Word Perfect and introduced to Ventura and Pagemaker Desk-Top Publishing programs but lack the computer programs in their office to continue practicing.

Objective 2

Improve central and district planning.

Planned Activities

- 1.1 Assist in financial planning of district health services.
- 1.2 Approve the 1993 CDD Plan of Action.

Current Status

- 1.1 The Three-Year Plan for the health sector is currently being used as the basis for planning in the districts. With the help of the staff of the MOH Health Planning Unit (HPU), district officials are being guided to consolidate the existing services and reorient themselves to PHC, the two main objectives of the Three-Year Plan. This is being done through the development of a financial picture of the district health services (DHTs); DHTs and local politicians are guided through a process in which current and desired performance and costs are set. The difference in costs is a gap that needs to be filled by cost sharing. To date, this process has taken place in the thirteen Northern districts; the country representative participated in the Palissa District. Although still highly unreliable, it seems a useful process of guiding district people in the development of their health plan as well as showing the local politicians the costs involved and getting them to accept the various forms of cost sharing as suggested.

The CDD program needs to address this new way of budgeting in the district and provide guidelines on the unit costs to assist the districts in their budgeting of CDD activities. This matter will be addressed in the coming year with the help of UNICEF and the HPU.

- 1.2 Various meetings were held between CDD program management, UNICEF, and PRITECH about the range of activities and costs for the coming year. The responsibilities were finally approved at the end of February. The requests to UNICEF for logistics went out at the same time so as to prevent the delays that were experienced last year.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

Improve case management training of categories of health workers.

Planned Activities

- 1.1 Train supervisors and trainers in the problem-solving-method as a supervision technique.
- 1.2 Assist in the preparation and implementation of DTU courses.

Current Status

- 1.1 The country representative facilitated a two-day in-house workshop on the concepts of supervision, introducing a practical problem-solving-method (adapted from the WHO program managers course, no longer available through still very useful). The course was highly appreciated and a pre/post test indicated immediate progress. The post-test will be done again in April 1993 when the supervisors and trainers have returned from their quarterly supervision tour to review the retaining of knowledge and to repeat the message.

Several requests have come from the CDD program staff about organizing management theme courses more often as there seems to be a need for post-basic, on-the-job training. Time allowing, this training will be attempted in the last few months of PRITECH's assistance to the CDD program.

- 1.2 Another DTU TOT course was held, attended by medical training college tutors and some pediatricians. It was also attended by a WHO consultant who assisted the DTU training team and made some valuable comments for improvement. The consultant was very pleased with the DTU modules as developed by the DTU training team and PRITECH.

In another development, the Ugandan Lactation Management and Education Team (ULMET) finished their first round of introducing selected health centers and hospitals to the Baby Friendly Initiative. The Minister of Health awarded two certificates, one to a hospital and the other to a health center, for having achieved baby-friendly status. The exercise of introducing more health units to the initiative will continue.

V. ORS PRODUCTION AND AVAILABILITY

Planned Activities

- Provision of technical marketing assistance to Medipharm by PATH.
- Provision of technical manufacturing assistance to Medipharm by PATH.

Current Status

As reported in the last quarter, US\$500,000 was identified that may be used for further PATH assistance. However, these funds have not been obligated yet. It now seems that another US\$500,000 may be available from the same source. This money will be channeled through the UNICEF subcontract to assist the CDD program for another twelve to eighteen months after December 1993.

VI. COMMERCIAL AND NON-PROFIT ACTIVITIES

Objective

Engage local NGOs in diarrheal disease program.

Planned Activities

Assist the Uganda Red Cross (URC) in promoting home available fluids (HAV) in the Masindi District.

Current Status

CEDPA approved the URC submitted project budget. Two-thirds of the budget was released with the stipulation that accountability needs to take place before the remaining money is released. The local consultant, James Lwanga, assisted the URC in further training staff in CDD messages for the homestead.

VII. INFORMATION/EDUCATION/COMMUNICATION

There were no planned activities, however, two drama groups have, with USAID PL480 funds, been developing and staging plays in sub-county headquarters in the Mukono and Mpigi Districts. The country representative assisted in the development of the budgets. The plays have been well received by single audiences of up to 400 people. After the play, the actors, in collaboration with the RC mass communications secretaries, talk about hygiene in the homestead to boost the message of the play even more.

Furthermore, PL480 funds were allocated to air ORADEX marketing messages on Radio Uganda until June, another 70 times.

VIII. EVALUATION/INFORMATION DISSEMINATION/INFORMATION SYSTEMS

There were no objectives identified but two main activities have taken place during this quarter:

Ugandans attending the USAID/CCCD/CDC Conference on Child Survival in Dakar, Senegal: The PRITECH project was approached to assist potential Ugandan candidates in submitting abstracts for the CDC/CCCD conference in Dakar in March 1993. Five abstracts were submitted and approved for paper or poster presentation by people with which PRITECH works very closely: Louise Serunjogi on weaning food practices, Dr. Mukassa on breastfeeding, Dr. Mugeru on the DTU development, Dr. Musonge on Uganda's cholera experiences, and James Lwanga on the UTHI. Furthermore, Dr. Zirembuzi was to present a paper on pediatric AIDS and Dr. Lwamafa, a poster presentation on the nutritional problems of Uganda. This assistance effort was time consuming for both the country representative and CDC representative in the Kampala Mission. Communication from the firm organizing the event was often not very clear, causing one person (Dr. Zirembuzi) to miss the conference.

Household Survey: Uganda has not yet done a full household survey; therefore, household diarrhea morbidity/mortality patterns are not known nor can any CDD program progress be measured. Several meetings have been held between CDD program management, UNICEF, PRITECH, and the DTU staff for the planning of a household survey for later this year. The WHO method was chosen. If at all possible, it is hoped that a similar exercise for ARI will be done concurrently so that the ARI program can be started with a proper baseline.

IX. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective 1

Development links between bio-medical practitioners and traditional healers.

Planned Activities

- 1.1 Field test UTHI health learning material.
- 1.2 Further develop the UTHI health learning material.

Current Status

- 1.1 During January, James Lwanga, the UTHI Technical Coordinator, and a small team went out and field-tested the mothers' flyer, the referral card and

the logo in another county of the Mpigi District. Through focus groups and individual interviews with a broad range of people including leaders, health workers, and mothers, they found that only minor, mainly pictorial changes had to be made to the developed material. During February, a field test report was developed and the artist was informed of the required changes, which were subsequently made.

- 1.2 The health learning materials were given out for translation into Luganda. When the changes and translation are back, final versions can be made and sent to the printer.

The UTHI team also embarked on the further development of the TOT training manual. Several resource persons were approached to develop a certain part of the manual following a standard outline for a teaching session. This is due back in mid-April.

Objective 2

Determine local foods and fluids for inclusion in the CDD policy on home available fluids.

Planned Activities

Conduct a foods and fluids study.

Current Status

The Child Health Development Center, to which the study was commissioned, is still designing the study, however, one of their progress reports suggested that since so many studies have been done that rather than doing a field study, they want to conduct a desk study. In a meeting with the CHDC, UNICEF, and PRITECH, the CDD program manager expressed his desire to review some of the material before he approves the study design.

X. OTHER ACCOMPLISHMENTS

UTHI Occasional Paper: The country representative wrote an Occasional Paper on the UTHI. This paper turned out to be a rather lengthy piece of work but much has happened during the last three years concerning the Initiative. It will be finalized during the coming months with assistance from the PRITECH Technical Unit, Elizabeth Herman, and the former Senior Program Manager, Agma Prins.

External Review of the UNICEF Program: The country representative participated as the USAID representative during this review which included representatives from a local NGO, MOH, Norway and Sweden. Through discussion with project officers and their counterparts, and the study of documents, the progress of the country program was reviewed and suggestions were made for further improvement of performance during the remaining time of the country program, as well as for a possible new country program. The final document was used during the formal mid-term review between government and donors, which took place in mid-March. Many of the recommendations suggested by the health component review team have been taken and will guide UNICEF's program in Uganda during the next few years.

Close-out Memorandum: A PRITECH/Uganda project close-out memorandum was prepared. It is envisaged that the project will close formally on June 30, 1993, and administratively during mid-July. Depending on the availability of funds, this close-out may be delayed two to four weeks.

Health Inspectorate Needs Assessment Study: Several meetings were held to follow-up on this study. There was some initial confusion as there seemed to be two reports in circulation. Most people only received the trip report but not the report with the findings and recommendations. The Information Center sent more copies of the latter report. A workshop is now planned for April in which the various job descriptions and use of the health inspectorate staff by the various program and departments will be discussed. This information will then form the basis for an actual needs assessment that will lead to appropriate curriculum revision or development.

African Conference on Diarrheal Diseases (AFCODD): Several meetings were held by the AFCODD task force. The budget was finalized and forwarded to the International Health Division of Harvard University which will be assisting in approaching potential donors. Furthermore, the conference announcement was drafted. The PRITECH country representative is developing this draft in a desk-top publishing program so that it can be printed and sent out to all African institutions that are working in the diarrheal diseases field. The Information Center of PRITECH/Headquarters greatly assisted in compiling a list of all addresses in Africa.

XI. PROGRAM ISSUES/OBSTACLES

We were informed by the newly appointed HPN Officer, Jay Anderson, that there is no place for USAID-assisted child survival activities in Uganda. The Mission wants to concentrate on adult health activities, i.e., family planning and AIDS/STDs prevention.

The UTHI is going very slowly, we may not finish the training material in time to see any training actually happen. This is partly due to too many activities being carried out by the CDD program and partly because the CDD program needs to do as many activities that provide income as possible.

ZAMBIA
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	883,482	0	883,482
Quarterly Expenditures	28,088	0	28,088
Cumulative Expenditures	615,872	0	615,872
% Expended of Budget	70%	0	70%

II. PROGRAM PLANNING/POLICY

The Action plans from nine cholera-prone districts were summarized and presented to a cholera donors meeting in January.

A workshop was held March 2-4 to develop an ARI policy. Various subgroups developed policy statements on case management, training, logistics/supplies, antibiotics, and research. The PRITECH representative served on the policy subcommittee and edited the document which will be presented to the MOH for approval early next quarter.

An urban PHC task group met throughout the quarter to develop a strategy/plan of implementation. The PRITECH representative is a member of the group and also acts as an advisor to the MOH Planning Unit who will integrate the recommendations of the task group into overall health policy.

The CDD program staff, MOH planning unit and PRITECH representative continued work on an epidemic response/preparedness plan.

The CDD secretariat developed material for the MOH budget which was debated in Parliament in February. The CDD program provided brief overviews of its activities and Plan of Action for 1993.

III. TRAINING/EDUCATION/SUPERVISION

A four day refresher course for DTU staff and UTH nurses was held at the DTU in early January with fifteen participants attending. The course was intended to improve the case management skills of new DTU staff and nurses following a large number of staff transfers during the year.

An international course for medical school teachers (Meded) was held at the DTU from January 18-23, 1993. The course was sponsored by WHO and was facilitated by Drs. N. Pierce and I. Lejnev. The participants from ten countries will form a task group who will be called upon to organize training courses for medical schools. The course was very successful and the DTU has been selected as the site for a regional course for Anglophone medical schools in Africa in November 1993.

A training course for environmental health staff supported by PRITECH took place in Western Province February 22-27. Eighteen participants took part from districts in Western and Southern Provinces.

A provincial lactation training course for nurses working in hospital labor wards, post-partum units and OB/GYN units took place in Lusaka in March. The UNICEF-sponsored course was organized by the Wellstart trained team and MCH Unit (MOH). The PRITECH representative assisted in course organization, provided lectures on the KAP-Breastfeeding survey and breastfeeding/diarrhea and acted as a resource person.

Integrated training courses begun last quarter continued in March. The CDD secretariat staff provided on-the-job training for RHC staff in five districts in Eastern Province. ORT corner kits were also distributed. The other programs involved are Nutrition, MCH, UCI and Family Planning (MCH).

IV. ORS SUPPLY/DISTRIBUTION

The availability of ORS has been adequate throughout the quarter. UNICEF purchased 800,000 sachets which arrived in January. In addition, the Red Cross and other donor organizations brought in ORS under the drought relief program for distribution in Southern, Western and Eastern Provinces.

Distribution of ORS improved in Lusaka's urban area, largely as a result of the logistical support provided during the cholera epidemic. A vehicle has also been purchased by the MOH for supply logistics in urban Lusaka.

V. IEC MATERIALS/SOCIAL MOBILIZATION

A film producer from the charitable organization, Education Trust for the Environment (with funds from WHO) arrived in January to make a film on cholera. The producer was joined by a film crew from Zimbabwe who spent two weeks filming in clinics, communities, soap factories and water treatment facilities. The film focused on the positive responses to cholera and will be distributed worldwide. In addition, the footage will be edited to produce a version to be used to inform Zambian policy makers. The PRITECH representative, WHO APO, and MOH's Health Education Unit organized the filming schedules, set up interviews with key officials, and arranged a popular theater group performance. The film will be ready for distribution early next quarter.

A two week training workshop funded by Finnida for 18 popular theater group leaders was held in Eastern Province. The purpose of the workshop was to train the leaders in script writing, acting techniques, community participation and evaluation methods. The PRITECH representative provided materials on diarrhea, cholera/dysentery and wrote lectures on data collection techniques appropriate for popular theater groups. Following the completion of the workshop the theater group leaders will develop plays on health and development issues and perform in communities in their respective areas.

The CDD Secretariat and Health Education Unit (MOH) developed local language cholera informational leaflets which were distributed to all cholera-prone areas in January through March.

The CDD program held discussions with JICA (Japanese International Cooperation Agency) which will provide assistance in developing videos and other health education materials. JICA has also purchased a television and video for the DTU which will be used to provide health education for caretakers in the ORT area.

UNICEF has decided not to print the national CDD policy guidelines poster. Funds for printing will now be sought from JICA or NORAD.

The CDD secretariat has continued to distribute leaflets (100,000) and ORT posters (2,000) throughout the quarter.

A Bwino position paper on traditional healers has been produced by the Health Education Unit (MOH). The PRITECH representative provided editorial assistance and technical advice for the issue.

VI. RESEARCH AND DEVELOPMENT

Data analysis of the National Household Case Management Survey was completed and the report finalized. Analysis of the breastfeeding data of more than 4,000 mothers revealed an exclusive breastfeeding rate of 3 to 4 percent. Funds to print the report have been obtained from UNICEF. The preliminary draft was distributed to key officials in the MOH, and UTH. The PRITECH representative has presented the results of the survey during training courses and other fora.

The Executive Breastfeeding Promotion and Support Committee reviewed and approved a survey of "Baby Friendly" initiatives in three hospitals with support from UNICEF. The survey was conducted by the MCH (MOH) coordinator and revealed that all of the hospitals ranked low in terms of the UNICEF protocol used. The research results were presented to an executive committee meeting and will form the basis of hospital based policy statements developed by the National Advisory Committee.

JICA sponsored a one-day seminar for the presentation of their three-year infectious disease project at the DTU as well as other research on diarrhea/ORT carried out at the DTU and UTH. Research was conducted at the Cholera Transit Center UTH on patient characteristics, at the DTU on IV use, mortality patterns and knowledge/use of ORS. The operational studies at the DTU which highlighted problems related to chronic staff shortages, case management skills, and communication with caretakers were discussed at a meeting of the CDD program staff, DTU staff and JICA personnel. JICA has agreed to work out a cooperative strategy to deal with improvement of case management and begin a more intensive IEC/social mobilization campaign for mothers and enhance communication skills of health workers (HWs). Efforts have already begun with the purchase of training material and work on local language videos.

Two post-graduate students, Drs. Kavindele and Amadi, have completed data analysis of their projects on persistent diarrhoea and breastfeeding of neonates. The PRITECH representative has assisted them throughout their research.

The PRITECH representative also assisted two sixth-year medical students and a post basic nursing student in designing protocols for studies of ORS use and clinic utilization in urban Lusaka.

The PRITECH representative and Dr. Jepsson (WHO APO) have continued their study of Lusaka mortality and have expanded the data collection to include 1986-1992.

The PRITECH representative also assisted two graduate students conducting research on the cultural aspects of nutrition and mental health and gender issues.

A study on cholera awareness and preventive practices was conducted by the HE Unit and analyzed by the CDD program manager with assistance of the PRITECH representative. The results of the KAP survey in Lusaka peri-urban compounds will help in focusing HE/social mobilization efforts for cholera prevention/control.

VII. INFORMATION/EDUCATION/COMMUNICATION

During the most recent cholera outbreak, November 1992 through March 1993, the CDD program manager was given a mandate by the minister to improve the cholera reporting system. The CDD program has recently received a computer from UNICEF which will increase the capacity of the secretariat to analyze information compiled from ORS monthly returns, CDD coordinators reports and cholera/dysentery data. The PRITECH representative also installed the Infoman program and instructed the secretariat on its use. The program should make the task of completing annual reports and the WHO profile much easier.

UNICEF has printed 1,000 ORT corner registers and ORS monthly return forms which will be distributed in ORT corner kits. The availability of ORS monthly return forms will increase coverage as lack of stationery has been a major constraint. The DHS survey results were officially presented in a one day workshop in March. The major findings included a high IMR and CMR as well as a high adolescent fertility rate. The policy implications of these results were discussed and will be followed up more extensively by individual programs, including CDD.

VIII. CASE MANAGEMENT

ORT corner kits were distributed by the CDD secretariat throughout the quarter. Additional equipment for kits has been purchased by UNICEF using drought relief funds which will enable the program to assemble sufficient kits to supply all RHCs and district hospitals.

IX. DONOR COLLABORATION/COORDINATION

A major donor meeting to mobilize support for cholera prevention/control with emphasis on water sanitation activities was held in January. The ten donors represented at the meeting were provided with an overview of the cholera situation, the role of donors and a discussion of the district level plans from nine cholera-prone areas. The meeting served to identify donor interest in supporting district projects. After the meeting, the CDD staff and PRITECH representative contacted those donors unable to attend the meeting and followed up with key donors who expressed interest in supporting cholera activities.

The donor mobilization effort was very successful and resulted in a donation of drugs/equipment from the Japanese government in February. Indications of substantial support have also been received from NORAD, CIDA, EEC, World Vision, and Care International.

The CDD program staff had a meeting with representatives of the Italian Embassy and a coordinator for a regional cholera control project (Mozambique, Tanzania, Zambia). A project intervention proposal was written by the CDD program staff which targeted the Luapula Province. The project will include provision of case management training for health workers, on-the-job training for laboratory and environmental staff, provision of ORS, ORT corners, an intensive HE/social mobilization campaign and water/sanitation activities. A total of \$100,000 has been allocated for the project.

A one-day meeting was held with Africare to discuss their project proposal for a regional five-year water/sanitation project supported by USAID. Africare expressed the desire to work closely with the CDD program throughout the project which will begin next quarter.

Coordination of cholera activities became more difficult since the National Cholera Surveillance Committee has been dissolved. Currently, cholera activities are being coordinated by a Lusaka cholera task force.

X. MONITORING/EVALUATION

The preliminary drafts of the World Bank Health Sector Review conducted in November/December 1992 were received by the MOH in January. Discussions regarding various components (central level management, district decentralization/planning, etc.) began in February and continued throughout the quarter. The PRITECH representative was a part of the district level planning evaluation team and will continue to work with the MOH Planning Unit in discussing the recommendations and in the development of district level action plans.

The ORT corner project carried out in collaboration with MSF (Medicins sans Frontières) in November 1990 through March 1991 was evaluated by two post-graduate nurses in January 1993. In general, they found that the corners were functioning and that ORS knowledge/use was high among mothers interviewed. However, case management had suffered due to a number of clinic staff transfers.

XI. OTHER ACCOMPLISHMENTS

The PRITECH representative was instrumental in establishing a DTU resource library which will be used by participants of training courses, medical students and researchers. The representative provided materials collected over the past ten years as well as furniture. The library hopes to enlist the aid of a librarian from the medical library to assist in organizing/cataloguing the material and a part time secretary to monitor use.

XII. ISSUES/PROBLEMS/DELAYS

The major program constraints continue to be chronic staff shortages, poor economic situation, low morale among health workers, and cholera/dysentery epidemics.

The National Cholera Surveillance Committee was dissolved by the Minister of Health. The absence of the committee made it difficult to coordinate supplies/logistics and donor support. The UTH Board of Management was also dissolved by the minister in January. As a result, normal administrative activities have been dissipated and the future organization and position of some high level personnel is in doubt.

Central level reorganization of the MOH is still unclear and the position of program heads including the CDD program manager is undecided. The uncertainty regarding the program manager's position has delayed the invitation of a CDC epidemiological team to assist the MOH in strengthening the HIS including cholera/dysentery reporting.

Finally, a shipment of ORT corner kits for Luapula Province was stolen along the Zaire/Zambia pedicle road which will require replacement.

XIII. CORRECTIVE ACTIONS

The issue of the lack of a National Cholera Surveillance Committee was discussed by former members of the committee and raised with the minister. It is likely that a coordinating committee will be established next quarter. It is important that such a committee is in place, particularly as a large number of donors are now involved in cholera control and water/sanitation activities.

The CDD program is in the process of developing a broad-based health education/social mobilization campaign following the results of the recent national household case management results which revealed problems with improper mixing

of ORS and low knowledge of correct referral. Support in this effort will come from UNICEF, NORAD, JICA, and WHO as well as donors involved in water/sanitation projects.

XIV. CHOLERA/DYSENTERY SITUATION

The cholera outbreak which began in November 1992 and continued throughout the quarter consumed a great deal of the CDD Secretariat's time. Daily cholera task force meetings were held in Lusaka during January, chaired by the Minister and/or project staff. At the end of January, there were 1,300 cases of cholera reported with 1,000 deaths. Fortunately, in spite of heavy rains, the situation in Lusaka has not been as bad as anticipated in December and early January.

The number of dysentery cases has declined to an average of three per day at the DTU. Mortality of dysentery cases at the DTU has declined considerably since nalidixic acid became available in June 1992. Sporadic cases of dysentery are reported mainly from institutions such as prisons and schools. The reporting of dysentery cases is still unreliable.

CENTRAL AMERICA REGIONAL OFFICE
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	328,530	0	328,530
Quarterly Expenditures	50,476	0	50,476
Cumulative Expenditures	266,207	0	266,207
% Expended of Budget	81%	0	81%

II. PROGRAM PLANNING/POLICY

Objective

Change mother and health-care worker behavior regarding feeding and diarrhea.

Current Status

This INCAP/PRITECH activity continues to be on hold due to the continuing financial crisis.

III. TRAINING/EDUCATION/SUPERVISION

Objective

Collaborate with the Nutrition Institute of Central America and Panama (INCAP) in developing cholera training materials.

Current Status

PRITECH has been authorized to use LAC/Cholera funds to proceed with the first phase of the Distance Education Project. This will provide assistance to INCAP in developing distance education training modules for physicians and nurses in Central

America. During the quarter, needs assessment instruments were developed and applied in Guatemala and Honduras. A marketing analysis was begun and an institutional analysis of INCAP's strengths and weaknesses with regards to a distance education program was conducted.

Objective

Development of community health worker materials for Guatemalan CHWs.

Current Status

During this quarter, A.I.D. requested PRITECH assistance in developing training materials and methodologies for training of trainers of Guatemalan CHWs and materials and methodologies for training the CHWs themselves. An initial visit by the PRITECH Central American Senior Program Manager and the PRITECH/Headquarters Operations Officer laid the foundation for the considerable coordination which this effort will require. They were able to meet with key players within INCAP, representatives from the Ministry of Health's various divisions, the Clapp and Mayne technical advisory groups, and with experts in the health education community in preparation for identifying a PRITECH local-hire consultant.

IV. OTHER ACCOMPLISHMENTS

The Regional Senior Program Manager for Central America was diverted for about ten days to the World Bank to assist the new Minister of Health of Nicaragua in an analysis of the structure and function of the MOH's Planning Office in that country. This work was completed while the PRITECH representative was diverted from PRITECH funding.

V. ISSUES/PROBLEMS/DELAYS

The major current challenge in Central America is to identify an appropriate and qualified candidate for the CHW training program in Guatemala.

SAHEL REGIONAL OFFICE
Quarterly Field Report
January - March 1993

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Budget	284,000	2,007,000	2,291,000
Quarterly Expenses	112,336	(65,309)	47,027
Cumulative Expenses	268,960	1,885,306	2,154,266
% Expended Budget	95%	94%	94%

II. PROGRAM HIGHLIGHTS

The following visits were made by regional staff and consultants :

Regional Staff	Consultants
The Gambia visits	0 visits
Burkina Faso visits	0 visits
Mali visits	0 visits
Niger visits	0 visits
Senegal residence	0 visits

The Saon has continued its function in the areas of supervisory and technical support country programs, coordination of research activities in the region, follow-DD teaching in nursing schools, production of technical materials for health supervision of ORANA Information Center activities, identification of new options (e.g. breastfeeding, ARI etc.), and coordination with other donors and partners (e.g., WHO/Geneva, WHO/AFRO, Wellstart, VITAL, Nutrition Commons Project, HealthCom).

Al Baritech CTO from R&D/Health, visited Senegal in late March to participate in the CCCD conference. The regional staff had an opportunity to discuss the PRITECH/Sahel efforts in CDD programs in the Sahel and the

follow-on project after PRITECH II. He was very supportive of PRITECH/Sahel staff's work.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

Ensure continued supervision and technical support of CDD programs in five Sahel countries.

Current Status

Supervision of country programs was accomplished through regular phone contact (at least once a week) with the four country representatives, and visits from regional staff (eight visits during this quarter).

Many of the visits were combined with technical support of country programs, especially in the areas of programming, training, follow-up of ORT units and evaluation.

During this quarter, Adama Kone became the acting country representative in Mali during Lisa Duke's maternity leave. Over a three month period, he spent approximately one week a month in Mali.

Adama Kone visited PRITECH/Headquarters for one week to discuss administrative, managerial and financial issues. This visit became necessary when Ms. Suzanne Prysor-Jones resigned as Senior Program Manager and Adama Kone assumed the responsibilities of PRITECH/Sahel Region Senior Program Manager.

During February, Adama Kone participated in a consultative meeting on cholera and shigellosis at WHO/AFRO in Brazzaville. Strategies were developed to control the cholera epidemic in bordering zones. Time did not allow for the development of strategies for the control of shigellosis; however, strong recommendations were made for finding solutions facing the increasing spread of the shigellosis epidemic and the resistance of shigella dysenteriae type I to common antibiotics, particularly in the Central and Eastern regions of Africa.

Monthly meetings have been held with the ORANA Information Center staff to review activities and discuss problems and future plans. There was a delay in the reimbursement of ORANA expenses because the contract was not renewed on time.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

- Follow-up of CDD teaching in nursing schools.
- Participate in WHO/PRITECH initiatives to improve teaching in medical schools.
- Finalize and publish the Sahel Statistics update.
- Assist with evaluation activities.
- Finalize research efforts.

Current Status

The PRITECH nursing school modules have been printed and distribution to the nursing schools has begun.

The second session of the training of nursing school teachers in Burkina Faso was completed in February with PRITECH/Sahel assistance. Senegal has not yet confirmed its dates for training despite the WHO funding that has been made available for the training effort.

No activity was undertaken in the improvement of CDD teaching in medical schools in the region. PRITECH has been waiting for WHO to carry out jointly planned activities regarding this issue.

The Sahel Statistics Update is not yet finalized. Suggestions were made requiring the review of some of the data that would make the document more useful.

V. INFORMATION/EDUCATION/COMMUNICATION

Objective

Provide relevant information to decision-makers and health staff through the ORANA/PRITECH Information Center (ORT and nutrition).

Current Status

Letters have been sent to International Child Health Foundation and WHO/Geneva to collect training manuals.

Work was continued on the preparation and dissemination of documents: DD supplements #24 sent out with DD #46, Acquisition List #31 for CDD, #10 for vitamin A and #9 for Nutrition. ARI news #22 were sent out.

Work is progressing on the annotated bibliographies for CDD and nutrition. ORANA has now collected 2570 documents on CDD, 903 on nutrition, 677 on vitamin A and 105 on ARI.

Sixty-three documents on ORT, eight on nutrition and 14 on vitamin A were copied and sent to several CDD programs managers and university libraries.

During this quarter, ORANA received 43 documents on ORT, 24 on ARI, and 11 on nutrition.

The Sahel Statistics Book is still being updated.

VI. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective

Develop technical forms on the management of persistent diarrhea and dysentery.

Current Status

The final draft of the Senegal Dysentery Study Report was finalized in late March. PRITECH/Sahel has sent out the draft for comments to WHO/Geneva, WHO/AFRO and the PRITECH Technical Unit.

The final report on the Burkina Faso Dysentery Study was submitted to PRITECH/Sahel in March. Copies were sent out to PRITECH/Headquarters and USAID/Ouagadougou.

Wellstart is making contact with the MOH/SANAS in Senegal to organize a training workshop on breastfeeding.

Regarding the study on nutrition in Niger, the analysis of feeding recipes was finalized. A workshop with the Nutrition Unit and CDD program began in March to develop and test counselling cards to help health workers in their nutritional communication efforts.

The Mali CDD program has prepared a health facilities survey. A protocol was developed, the questionnaires revised and adapted. Survey supervisors and interviewers were identified and selected. The training of interviewers and

supervisors, and the field work will take place in April/May. Analysis of data and the final report are expected in June.

VII. THE ARI INITIATIVE

Objective

Develop ARI activities in Senegal, Mali and Niger.

Current Status

In this quarter, ARI program documents were finalized in Mali and Niger and have been adopted by respective MOHs. In Niger, a program coordinator was appointed. The Senegal ARI program is on standby mode; the program manager has not had much time to spend on program activities. However, funds still need to be found to carry out program activities in all these countries.

In March, WHO organized a case management course on ARI in Niger.

The Regional ARI advisor, Dr Vincent Joret, made his final trip to Mali. He assisted the MOH with the finalization and the adoption of the program document.

Dr. Joret resigned from PRITECH during the quarter; he has accepted an appointment as Chief of Party for a long-term health assistance program in Chad.

In Senegal, during November 14-15, the ARI regional advisor organized a two-day introductory training course on ARI for 74 nurses and two doctors of the "Association des Postes de Santé Privés Catholiques du Sénégal" (APSPCS) which is a religious health association.

The analysis of data collected from hospitals in Senegal and Niger was finalized.

**HSS QUARTERLY REPORT
JANUARY - MARCH 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	955,350	1,671,250	2,626,600
Quarterly Expenditures	(28,122)	32,572	4,450
Cumulative Expenditures	825,636	1,510,553	2,336,189
% Expended of Budget	86%	90%	89%

II. PROGRESS TOWARD OBJECTIVES

Objective

Provide technical assistance under buy-ins for urban health and prosthetics/orthotics needs assessment, project design, and evaluation activities, and for activities financed by R&D/H central funds as requested by A.I.D./Washington.

Current Status

- During this quarter, PRITECH undertook two activities funded by the War Victims Fund buy-in to PRITECH for prosthetics/orthotics project design and evaluation efforts, and continued efforts in the areas of urban and environmental health, expending approximately three and one-half person months.
- Under the direction of Dr. Diana Silimperi of MSH, comparative urban health analyses begun in the previous quarter continued during this quarter, focusing on the disaggregation of existing data on urban health populations in order to determine the groups at highest risk. Under a REDSO/ESA buy-in to PRITECH, Dr. Silimperi traveled to Nairobi to work with REDSO to prepare a draft technical paper to be used by the Africa and RD/H Bureaus as a technical reference and guide to urban health policy and programming issues in the region. Upon completion, the paper is to be submitted to a

peer-reviewed journal for possible publication. A draft of this paper will be available next quarter.

- In response to a request from USAID/Sri Lanka, PRITECH consultant Robert Singer departed in February for a three month trip to Sri Lanka to conduct needs assessments, training and evaluations of several Friend-In-Need-Society (FINS) workshops on prosthetics and orthotics scheduled for this period. Results of Mr. Singer's work will be available in late May.
- As part of the U.S. Government's new initiative to provide humanitarian assistance to Croatia, PRITECH consultant Bernard Chapnick participated in a team assessment of prosthetics/orthotics needs of the region, and identified areas which could be addressed with support from the Displaced Children and Orphans Fund and/or the War Victims Fund. Mr. Chapnick reports that prosthetic assistance is currently being provided by Handicap International (HI), which arrived in Croatia in January 1993, at which point there were an estimated 500-1,000 confirmed war amputees with no access to prosthetic assistance. HI's efforts to reach persons in need, of which the exact number is not known, have been hampered by transportation and communication difficulties. HI has not seen any demand for orthotics and is not equipped to deal with orthotics. According to Mr. Chapnick, the team assured HI of USAID interest in seeing, and possibly funding, follow-on efforts for the local production of permanent prostheses and the training of a local staff.
- Reports on the final results of the collaborative PRITECH/WASH activity to develop an assessment instrument for environmental health-related conditions in developing countries will become available during the second quarter of 1993. Consultant Dr. Barry Levy is currently working with WASH and with Dr. Clydette Powell of MSH to produce separate reports on the field-test undertaken in Ecuador in June 1992 and on the methodology used to determine the indicators.

**TECHNICAL SUPPORT ACTIVITIES
RESEARCH AND DEVELOPMENT
Quarterly Management Report
January - March 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	1,625,000	0	1,625,000
Quarterly Expenditures	174,953	0	174,953
Cumulative Expenditures	1,623,409	0	1,623,409
% Expended of Budget	100%	0	100%

II. PROGRAM HIGHLIGHTS

During this quarter there were no funds available for Washington-based Technical Unit (TU) personnel to travel to their assigned countries for direct supervision or technical assistance. The staff continued to monitor and support the resident representatives through careful review of the monthly field notes and responding to additional specific requests that originated from the field.

Activity has been concentrated on assisting the country representatives in finalizing country intervention reports, a key element in PRITECH's evaluation effort. Most of the TU activity has occurred in PRITECH's private sector initiative (see section on Commercialization) and collaborative activities for cholera control and prevention.

III. PROVISION OF EFFECTIVE TECHNICAL SUPPORT TO COUNTRY PROGRAMS

Objective

Technical input into country programs.

Current Status

- Dr. Casazza has been involved in dialogue with country representatives in Uganda, Zambia and the Sahel as well as with PRITECH/Headquarters staff regarding guidelines for commercial promotion of ORS and CBORS products.
- Dr. Elizabeth Herman provided comments on the National Policy drafted by the Madagascar CDD program as well as extensive input into the proposal for a combined Household and health Facility Survey in Mali.

Objective

Support of operations research.

Current Status

- As PRITECH enters its final project year, efforts are concentrated on completing and analyzing studies, rather than initiating new ones. Technical and financial inputs continue to support the third phases of two feeding studies, one in Niger and one in Senegal. The other main area of activity is in Bolivia, where a persistent diarrhea study is being completed and analyzed.
- In collaboration with the CCCD/CDC program, Dr. Casazza organized the preparation and presentation of seven abstracts by African researchers who have been associated with PRITECH-related activities. This took place at the ASCI/CCCD-sponsored Child Survival Forum in Dakar, Senegal.
- Dr. Herman collaborated on a report of the Cameroon CDD Flyer Study. She also worked on an occasional paper summarizing the results of four studies on the use of IEC materials in the Sahel as well as reviewing and providing comments on the SSS study in Senegal.

IV. COMPLETION AND IMPLEMENTATION OF ACTIVITY PLANS

A. ACUTE RESPIRATORY INFECTIONS (ARI)

During this quarter, the Technical Unit closed out its efforts in ARI with the resignation of Dr. Vincent Joret who has taken a new position in Chad. Prior to Dr. Joret's departure, he was able to finalize the Mali ARI Plan of Action with the assistance of Dr. Adama Kone. Dr. Joret also completed two studies to document pediatric morbidity and mortality due to ARI based on hospital registers - one in Senegal and the other in Niger.

In Uganda, Mr. Sjoerd Postma, PRITECH's resident representative, has worked with the MOH to develop a draft ARI Plan of Action to be presented to interested donors. This Plan of Action will form an integral part of the CDD/ARI Action Plan for 1993.

B. BREASTFEEDING

In Kenya, PRITECH's resident representative, Karen Blyth, has been working with the Kenyatta National Hospital (KNH) Lactation Management Training team to finalize their curriculum for routine in-service training of hospital personnel. This course was designed to address the needs that became obvious as a result of the KAP studies of KNH health personnel and post-partum mothers who deliver at the hospital. The KNH Lactation Management Resource Center has become functional in early 1993. Finally, Ms. Blyth is involved in assisting the KNH team to secure funding for their training program.

In Zambia, PRITECH's resident representative, Paul Freund, together with PRITECH-supported Wellstart trainees, has provided technical input into the development of a national breastfeeding policy for that country.

C. CASE MANAGEMENT

No direct involvement in case management training was carried out, but the TU was called upon to comment extensively on the case management approaches employed in Kenya for meeting the needs of the two major NGOs there, the Christian Health Association of Kenya (CHAK) and the Kenya Catholic Secretariat (KCS). Also, the CDD training needs assessments undertaken by CHAK and KCS were reviewed for comment.

D. NUTRITION

The Gambia: Household trials and focus groups (Phase II) to test the acceptability of age specific feeding recommendations developed during Phase I were completed. Data analysis and drafting of a final report are in progress.

Issue: GAFNA may need assistance analyzing the data from household and focus groups, particularly if the results are to be ready in time for the CCCD meeting in March. Phil Hyun will ask Joan Millsap, The Gambia resident representative, to follow up with GAFNA. Help with data analysis might be provided inexpensively by sending data forms to Kate Dickin in Pakistan. (Ms. Dickin is the nutritionist who went to the Gambia to help with the design of the trials and focus groups.)

Mali: Plans are under way to conduct a nationwide household survey that will gather additional information regarding child feeding practices during diarrhea and convalescence.

Niger: The report entitled "Evaluation de la Valeur Nutritive de Trois Preparations Traditionnelles et de Recettes Preconisees par le Project PRITECH" by consultant Ming Hung was completed and finalized during this quarter.

The results of PRITECH-sponsored research conducted by Dr. Nancy Keith and nutritionist Ming Hung were synthesized into a concise summary document to be submitted to the MOH. The document is currently under internal review.

Issue: Nancy Keith has not responded to multiple requests for her final report and for input into the summary document on the Niger feeding studies. Another reminder was sent recently to her. If no response is received, it may be necessary to send a formal letter notifying her that she is not in compliance with her contract.

Senegal: Phase II studies were completed by Mamadou Sene. Study reports of Phases I and II were submitted and returned by the Mission with a request for further work on the recommendations sections. The requested revisions are currently being done by Mr. Sene. A concise summary of results in English was drafted and is currently under internal review. Serigne Diene is conducting Phase III of the research -- implementing the study recommendations through different channels of communication in a pilot community.

Issue: Serigne Diene has not responded to requests for an update on his progress and for additional information on weaning practices by age. It is recommended that no further funds be disbursed to Serigne Diene until he submits requested information.

E. PERSISTENT DIARRHEA/DYSENTERY

Dr. Scott Endsley, PRITECH consultant, visited Dr. Ana Maria Aguilar, the PRITECH resident representative in Bolivia, in January at which time they finished the preliminary analysis of the Bolivian persistent diarrhea study.

At this time all three persistent diarrhea studies (Bolivia, Senegal and Niger) have been completed; also data related to persistent diarrhea from the Zambian Health Facility survey has been analyzed. These findings will be summarized in an Issues Paper to be prepared by Dr. Endsley.

The TU continued to communicate with the team from CDC/Atlanta on the situation in Zambia related to the dysentery outbreak there. So far, there has been no definite request from Zambia to follow-up on the work there; the next step

would be technical assistance to establish a surveillance system for epidemic outbreaks particularly for cholera and dysentery.

F. TRADITIONAL HEALERS

No further traditional healers activities occurred this quarter under the purview of the Technical Unit. The UTHI is continuing, but all activities and supervision are taking place within the Uganda country program.

V. TECHNICAL SUPPORT TO R&D/H AND OTHER CDD ORGANIZATIONS

Dr. Casazza represented PRITECH at several meetings including:

- ADDR mid-term evaluation debriefing
- WASH debriefing on recent visit to Mozambique
- WHO presentation of Sick Child Case Management Charts.
- Consultation with CDC/Atlanta and R&D/H on abstracts and discussions for African Forum on Child Survival and the three-day Workshop that preceded the meeting in Dakar.

**TECHNICAL SUPPORT ACTIVITIES
COMMERCIALIZATION
Quarterly Management Report
January - March 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	1,390,000	93,545	1,483,545
Quarterly Expenditures	(21,204)	6,766	(14,438)
Cumulative Expenditures	1,278,511	83,438	1,361,949
% Expended of Budget	92%	89%	92%

II. BACKGROUND

The commercialization/private sector activities support the national CDD programs by promoting the role of the private sector in two areas: 1) the production, distribution, and correct promotion of ORS; and 2) the development, dissemination, and sponsoring of public information and messages on diarrhea prevention practices (e.g., handwashing in conjunction with soap advertising).

III. PROGRESS AND CURRENT STATUS

A. TECHNICAL SUPPORT TO COUNTRY PROGRAMS

Cameroon: PRITECH has provided its input on the BIOSEL creative strategy developed by PSI and their advertising agency. The launch material focused on detailing brochures to physicians and pharmacists. The launch is expected by early May 1993.

Kenya: The PRITECH Social Marketing Specialist, Mr. Camille Saade, visited Kenya to help Sterling-Health finalize its ORS marketing strategy, and promotion concept. He met with Sterling-Health management and ScanAd to update the calendar of activities in preparation of the launch of OKOA-ORS which is now scheduled for July 1993. Until then, a new brand manager will handle all pre-launch

activities. It should be noted that further management changes are expected during the next quarter. A new marketing director will join Sterling-Health in April.

Madagascar: The PRITECH Social Marketing Specialist visited Madagascar in March to provide technical assistance to the national CDD program and the local parastatal production unit of ORS/ODIVA. He conducted an IEC workshop followed by an ORS promotion workshop. The first part of the workshop dealt with the mechanisms of the communication process, the behavioral change process and the desired behavioral objectives for the correct treatment of diarrhea. The outcome was the development of the national CDD communication strategy and action plan.

The second workshop concentrated on elaborating the ORS promotion strategy for each of the two target audiences: the consumers and the providers (including the retailers). The participants developed mock-ups of selected promotional materials with the help of a graphic designer. Time constraints did not allow pre-testing of the material; however, the pre-testing concept was discussed and the pre-testing activities included in the action plan.

In the next few months, the national CDD staff will be implementing the IEC and ORS strategies developed during the workshop. They were supported by the Director of Preventive Medicine.

Mexico: Hector Bolanos has diligently followed-up on his approach to the leading OTC companies such as Bayer, Sterling, Schering-Plough, and Warner-Lambert. However, only Schering-Plough among the above companies has so far confirmed its interest in ORS. Schering is exploring a new ORS formulation based on cereals and amino-acids. The PRITECH Information Center forwarded a bibliography on CBORS that was highly appreciated by Schering. Further details on their plans will be discussed during the forthcoming meeting in May between Camille Saade and Schering management.

B. PUBLICATIONS

The Asia workshop publication was printed during this quarter. A distribution list has been established to ensure the broadest dissemination.

IV. NEXT STEPS

Camille Saade will be visiting Kenya and Madagascar during June/July 1993. In Kenya, he will contribute to the launch conference of OKOA-ORS with Sterling Health and ScanAd. In Madagascar, he will follow-up on the privatization efforts requested by the government and start negotiations with potential ORS-producing companies.

**TECHNICAL SUPPORT ACTIVITIES
EVALUATION
Quarterly Management Report
January - March 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	219,700	0	219,700
Quarterly Expenditures	(4,854)	0	(4,854)
Cumulative Expenditures	157,602	0	157,602
% Expended of Budget	72%	0	72%

II. PROGRAM HIGHLIGHTS

This quarter, PRITECH continued the three-part evaluation effort for the entire project. The following evaluation activities occurred:

A. COUNTRY PROGRAM EVALUATION

During this quarter, PRITECH/Headquarters received final country program intervention reports from most of the sustained country programs and regional offices. Technical and operations officers reviewed the reports and agreed to edit them to conform to a standardized length and format. Because the quality of the reports was somewhat uneven, various staff members are rewriting some of the reports so that the information and analysis of achievements will be complete.

B. PRITECH OCCASIONAL OPERATIONS PAPERS

The Information Center has now received twenty-three occasional papers on various aspects of PRITECH country programs. Some of these have been returned to the authors for revision; others have been finalized and distributed through the Monthly Acquisitions List. Two additional papers are being written. The Information Center is now preparing fifteen of the papers for publication in a final volume.

C. PRITECH ISSUES PAPERS

PRITECH plans to publish six issues papers. These are *Issues for Global Cholera Control*, by David Sack and William Jansen; and *Medical Education in the Context of CDD Programs, Reaching the Private Practitioner*, and *Evolution of Diarrheal Disease: Planning CDD for the Future*, by Robert Northrup. In addition, Scott Endsley has been commissioned to write an issues paper on persistent diarrhea and Elizabeth Herman is writing a paper on the four nutrition studies financed by PRITECH in the Sahel.

**TECHNICAL SUPPORT ACTIVITIES
CHOLERA ACTIVITIES
Quarterly Management Report
January - March 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	0	1,020,000	1,020,000
Quarterly Expenditures	0	85,663	85,663
Cumulative Expenditures	0	346,564	346,564
% Expended of Budget	0	34%	34%

II. PROGRAM HIGHLIGHTS

The first quarter of 1993 saw a significant increase in activities related to cholera. Following a meeting with Dr. Glenn Post and Ms. Carol Dabbs of A.I.D.'s LAC Bureau during which PRITECH was encouraged to take the more proactive stance it had long promoted, work began on a number of fronts.

Bolivia: Dra. Anna Maria Aguilar, PRITECH Country Representative for Bolivia, began this quarter to dedicate one hundred percent of her time to cholera related work. The appropriateness of this increased focus on cholera was apparent as January and February incidence rates in the main cities and provinces soared to four times what they had been last year.

Dra. Aguilar has played a significant role in both the development and implementation of a National Training Strategy for Cholera. Training of regional teams using PRITECH developed materials was carried out in Sucre, Cochabamba, Tupiza and Tarija. She has also played a significant role in the revision of the MOH norms and procedures manual for management of cholera.

Guatemala: During the first quarter, Dr. Barry Smith, PRITECH Regional Officer for Central America, worked actively with the A.I.D. Mission in Guatemala to define an appropriate intervention there to support an enhanced role for CHWs in the distribution and proper use of ORS.

PRITECH is working in collaboration with INCAP and the QA Project, whose current efforts in the departments of Suchitepequez and Quiche involve area epidemiologists and the implementation of rapid assessment tools. Current PRITECH activity involves an inventory of national cholera materials, an evaluation of those materials currently being used in the target departments, and ongoing training efforts whose cholera focus might be strengthened.

Guyana: In April Dr. David Sack, PRITECH's technical expert on cholera, and Dr. James Hospedales of CAREC traveled to Guyana to evaluate the degree to which cholera case management training, previously provided to key Guyana physicians, aided these physicians in effectively combating cholera once it appeared in Guyana.

Of the two persons trained, one (Dr. Wilson) was the primary clinical physician working in the cholera affected area, and led and trained medical teams during the epidemic. The other trainee (Dr. Persaad) is the Chief Medical Officer for the Guyana Sugar Corporation. Though cholera has not yet appeared on the sugar estates, medical staff serving the estates have been trained using workshop training materials. It was felt that the training provided at CAREC allowed trained persons to be recognized as experts and facilitated plans for cholera surveillance, established cholera control leadership, and helped provide an organized response to the outbreak.

Peru: In response to a request from the A.I.D. Mission in Peru, PRITECH consortium member PATH is currently providing technical assistance to LUSA, the laboratory in charge of local production of ORS and a significant portion of intravenous rehydration fluids in Peru. PATH is providing technical assistance in the areas of plant management, good manufacturing practices, and quality control. They will also be analyzing the possibilities to provide technical assistance in the areas of promotion, distribution, sales training and advertising.

Central America: PRITECH is currently working with INCAP in the development of distance education materials for the training of physicians and nurses in cholera case management. INCAP has previously developed materials related to other health themes as continuing education for health professionals unable to assist in more formal training sessions. Preliminary market analysis has demonstrated a significant demand for material related to cholera in several Central American countries.

Latin America: During the first quarter continued advances were made on a joint PAHO/PRITECH initiative to include cholera and cost elements in the WHO/PAHO Health Facility Survey. This survey has been the principal monitoring and evaluation tool for CDD national programs, and it is hoped that the inclusion of these additional elements will help provide strong economic arguments for appropriate case management of cholera and other diarrheal diseases. Limited field

testing has taken place in Mexico, Nicaragua and Guatemala, and a larger field test will take place in Honduras in May.

**TECHNICAL SUPPORT ACTIVITIES
INFORMATION CENTER
Quarterly Management Report
January - March 1993**

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved or Obligated Budget	1,158,000	0	1,158,000
Quarterly Expenditures	49,199	0	49,199
Cumulative Expenditures	1,023,584	0	1,023,584
% Expended of Budget	88%	0	88%

II. PROGRAM HIGHLIGHTS

This quarter, the Information Center responded to 300 requests for documents and information.

As part of a PRITECH package of technical assistance to USAID/Antananarivo, the Center established core CDD collections for two information centers in Madagascar, one at the Ministry of Health, the other at a medical school. This task involved identifying appropriate articles (most of which were in French), ordering monographs and supplies, and production of card catalogs. The two collections were mailed to Madagascar in March.

Because of popular demand, the Information Center reprinted the "Bibliographie annotee de theses sur les maladies diarrheiques et les themes associes en Afrique," an annotated bibliography of dissertations on CDD produced in Africa which the ORANA Information Center originally printed in 1990. The Center printed an additional 250 copies; half were sent to ORANA to distribute, and the other half were sent to African medical libraries.

Emphasis continued to shift from information collection and dissemination to documentation of project experiences. During this quarter, the Center edited and produced two occasional papers, which will form part of the lessons learned volume.

III. EFFECTIVE ACQUISITIONS OF MATERIALS

Objective

Acquire at least 70 new documents a month.

Current Status

During the quarter, the Center acquired 120 documents through the document delivery service of the Institute for Scientific Information and photocopying at the National Library of Medicine. Because of funding constraints, the Center has been more selective about acquiring new documents.

IV. EFFECTIVE DISSEMINATION OF CDD INFORMATION

Objective

Respond to at least 1,500 requests a year.

Current Status

This quarter, the Information Center responded to 300 requests for documents and information from the following user groups:

<u>User Group</u>	<u>Percentage</u>
PRITECH staff & consultants	19
Developing country nationals	22
A.I.D. R&D/H contractors	14
A.I.D. health officers	9
Other donors	9
Miscellaneous	14

Since the October-December 1992 quarter, the Center has been distributing the Monthly Acquisitions List to the 340 A.I.D. health officers, child survival PVOs, and overseas information centers on a bimonthly basis only. This decision has somewhat reduced the number of document requests coming in.

V. PRODUCE AND DISSEMINATE THE TECHNICAL LITERATURE UPDATE

Because of funding constraints, the Center did not produce an issue of the TLU this quarter.

IV. SUPPORT THE INFORMATION NEEDS OF THE PROJECT

As the project nears its end, the Information Center has increasingly shifted its attention to documenting PRITECH experiences in the field. During this quarter, Center staff edited and produced occasional papers on the following topics: (1) the Ugandan national diarrheal training unit; and (2) PRITECH's information dissemination effort. The Center also edited several other papers that are still in the production stage.