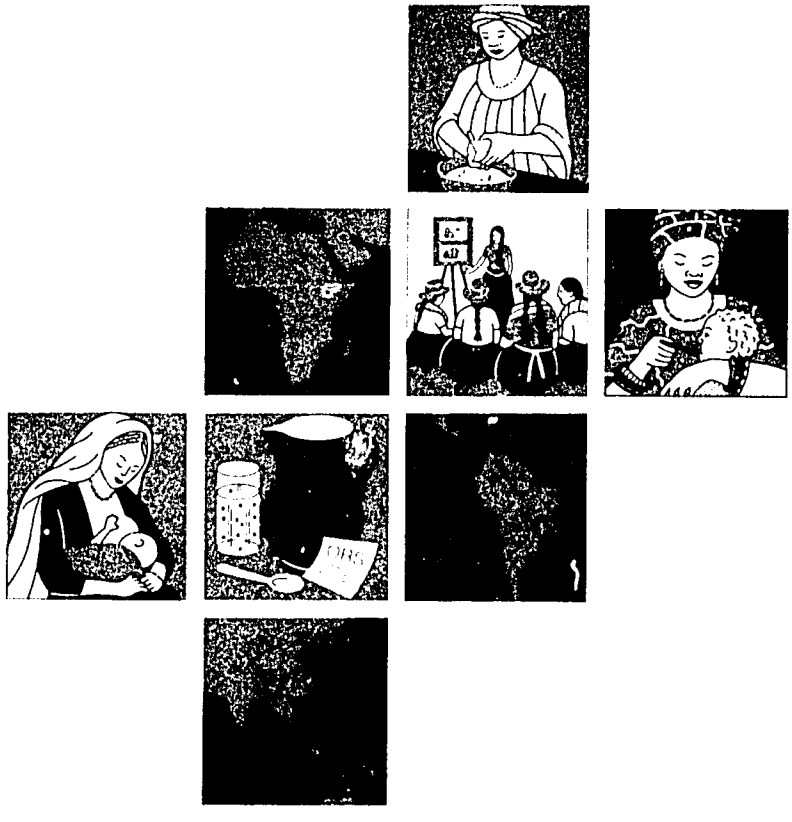
PD-ABG-924

PRITECH

Technologies for Primary Health Care

QUARTERLY MANAGEMENT REPORT

October - December 1992



MANAGEMENT SCIENCES FOR HEALTH
1925 North Lynn Street, Suite 400, Arlington, Virginia 22209

PD-ABG-924

PRITECH II

QUARTERLY MANAGEMENT REPORT

October - December 1992

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

By: Management Sciences for Health
The PRITECH II Project
Suite 400
1925 North Lynn Street
Arlington, Virginia 22209

TABLE OF CONTENTS

PROGRAM MANAGEMENT AND ADMINISTRATION 1

INDIVIDUAL COUNTRY REPORTS 5
- Bolivia
- Burkina Faso
- Cameroon
- The Gambia
- Indonesia
- Kenya
- Madagascar
- Mali
- Mexico
- Niger
- Senegal
- Uganda
- Zambia
- Central America Regional Office
- Sahel Regional Office

HEALTH SYSTEMS SUPPORT 82

RESEARCH AND DEVELOPMENT 84

COMMERCIALIZATION 89

EVALUATION 93

INFORMATION SUPPORT SERVICES 95

MANAGEMENT AND ADMINISTRATION
Quarterly Report
October - December 1992

A. PROJECT CLOSEOUT STRATEGY

As the PRITECH project entered its sixth and final year, lengthy discussions were held with A.I.D. and an agreed-upon termination strategy was developed. That strategy took into account the recommendations of the recently concluded TAG meeting and the views and desires of A.I.D. Missions and Regional Bureaus as well as of the Office of Health. The major elements of that strategy are:

- giving highest priority to the continuation of country programs, especially those financed through buy-in funds, so as to continue operations to the latest possible date under the contract. This would provide Missions and host countries the maximum opportunity to plan in an orderly way for the continuity of activities after the PRITECH contract comes to an end. As a result, Missions were notified that in most cases (all Sahel country programs, Uganda, Cameroon, and Madagascar) buy-in country programs would continue through July 31, 1993, the latest practicable date given the termination of the contract on August 31, 1993.

- a second priority was given for the same reasons to the continuity of country programs financed through R&D funding, especially those where Missions wished to continue CDD programs as part of its broader child survival effort. Funding was preserved for the continuation of The Gambia and Indonesia country programs through June 1993. Phase-out in March 1993 wa^S planned for the Kenya program, and the financing of Central America and Bolivia activities after that date was programmed to be through cholera buy-in funds.

- after the continuation of country programs, next priority was given to the documentation of experiences and lessons learned under the PRITECH project and the final evaluation of all sustained country programs. A proposed series of Occasional Papers, Issues Papers, and Country Intervention Reports was planned and approved by A.I.D.

- in order to accommodate these activities within the overall funding level projected for PY6, major reductions in other parts of the project were necessary. Centrally funded research and development activities, except commercialization and cholera were brought to a conclusion in the quarter.

- the Health Systems Support component of the project had previously been terminated except for a small number of short-term consultancies for which buy-in funding was available.

- some activities of the Information Center and the Commercialization effort were also reduced and the full-time staffing for the commercialization and private sector activities reduced from two to one officer.

- three departing headquarters staff were not replaced and the services of one additional financial officer and one technical officer were terminated and those of another reduced to part time.

- the Senior Program Manager for the Sahel Region departed to take up the directorship of another A.I.D.-funded project, and her responsibilities were absorbed by the Regional Technical Officer for the Sahel.

- office space at headquarters was reduced by about 30 percent, and travel and office expenses drastically curtailed.

- other staff were projected to be off project funding on a staggered basis with most having departed by June 30, leaving only three full-time employees for final closeout on August 31. With many country programs continuing through July 31, the heavy work load involved in the repatriation of field staff and household effects, and in the closeout of field offices, this reduction was acknowledged to be unrealistic, and a claim was made for additional R&D funding to meet this need for an additional month for headquarters staff.

The phaseout strategy was communicated to each of the Missions and host country ministries, thus allowing them sufficient time to make preparations for the continuation of PRITECH-supported activities in country as appropriate.

B. FINANCIAL STATUS

The strategy described above conformed to the financial realities facing the project. Total project funding now expected through the end of the project is $34.1 million, about $1.8 million less than that foreseen in the original contract of $35.9 million. In PY6, a final input of $1.754 million was expected in R&D funding, bringing the total from that source to $21.4 million. The remaining funding in the project consisted of $8.7 million in contract modifications related to buy-ins and about $4.0 million in buy-ins through the delivery order mechanism. The projection of end-of-project financing status through the strategy outlined above was a surplus of approximately $490,000 in buy-in funds and a deficit of about $200,000 in R&D funding.

A summary of the overall project budget giving both sources and programmed uses of funds as well as projected end-of-project financial status is given in Table 1 - Summary Project Budget Through 8/31/93.

It was on the basis of these projections, and especially the deficit in R&D funding and the projected surplus in some buy-in funding (as well as the need to continue some additional headquarters staff through August 31 to bring the project to an orderly conclusion) that a request was made to A.I.D. to permit some reprogramming of buy-in funds for obligations now requiring scarce R&D funding. Specifically, it was argued that funding originally proposed for Sudan, Chad, and some other countries which through no fault of the project were not used for the intended purposed could now be used to substitute for R&D funding programmed for Zambia, the Sahel Regional Program, and other country uses. The project was awaiting A.I.D. approval of this proposal. In the absence of the possibility to re-program existing funds, additional R&D funding of between $250,000 and $700,000 would be required to fully finance activities now planned for PY6.

Project financial analysis and discussions became considerably more precise as the result of continuing progress, as described in the previous report, in the reorganization of the financial information system of the project.

C. LEVEL OF EFFORT

Total level of effort for professional staff through PY5 was 1920 person months. An additional 354 person months was projected for PY6 which would result in a life of project total of 2273. This related to a ceiling of 2527 contained in the original contract. Thus, given the reduction in life-of-project funding of about $1.8 million, the presently projected level of effort was foreseen as remarkably on target.

Table 1
goes here

BOLIVIA
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

During this trimester, the cholera epidemic in Bolivia continued with an increase of cases in new communities towards the end of the year. The MOH efforts to control cholera were expressed by the appointment of a new coordinator, Dr. Rolando Suarez, and by the restructuring of the interagency and technical committees.

In November, RD/H Cholera Coordinator John Tomaro came to Bolivia. In December, a team headed by Dr. Suarez started developing the cholera case management and prevention manual.

The PRITECH/Bolivia representative's role during this quarter was primarily to continue training and education efforts in cholera prevention and control, to arrange appointments for Dr. Tomaro and to accompany him to some of these appointments, to assist the newly appointed coordinator in his activities, and to develop the scope of work of PRITECH activities for the first few months of 1993.

III. TRAINING/EDUCATION/CASE MANAGEMENT/SUPERVISION

Objective

Collaborate with the CDD program to train health teams in urban and rural districts in the prevention, control, and treatment of cholera/diarrhea.

Planned activities

- Identify health districts at risk.
- Prepare educational material and programs.
- Coordinate activities with district heads involved.
- Carry out training.

Current status

This item has been partially fulfilled. The change of authority in the MOH and the course of the cholera epidemic in the country determined a new categorization of districts at risk. Training for these districts was postponed for the first few months of this year, however, educational materials for doctors, auxiliary nurses and VHWs are ready to be used.

Objective

Provide technical assistance to the MOH cholera coordinator.

Current status

In light of the absence of planned activities for cholera, PRITECH was requested by A.I.D. to provide technical assistance to the new cholera coordinator in the development of activities. Previously, assistance was provided as specific needs arose.

Principal activities developed

- Update Dr. Suarez on current issues of cholera.
- Help develop an emergency budget for supplies to be presented at the interagency committee.
- Review the draft of the national cholera plan.
- Translate and present cholera check list use at local level.

IV. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective

Conduct a prospective study of persistent diarrhea.

Planned Activities

- Select and hire personnel.
- Coordinate with the Community and Child Health Project (CCH), National Laboratories (INLASA) and the Centers for Disease Control.
- Conduct research.
- Supervise research.
- Conduct data analysis.
- Prepare report.

Status

We are in the process of analyzing the study data. Because of the significance of the research (this study is the first of its kind undertaken in Bolivia), the data must be analyzed carefully. For this reason, we requested technical assistance from Dr. Scott Endsley and, with his support, plan to complete the report by the end of the first trimester of 1993.

V. OTHER ACCOMPLISHMENTS

During December, a PRITECH team helped Dr. Suarez with the organization and development of a revised cholera management manual. All professionals involved with the treatment of cholera and diarrhea were gathered together for a three day workshop, during which a first draft of the manual was produced. PRITECH's team did the grammatical correction of the first draft. They also prepared for inclusion in the report sections on water and sanitation, and organization and management of health facilities, areas which had not been included in the first draft since the representatives of these programs could not attend the workshop.

During this trimester, the PRITECH representative traveled to Washington, D.C. to meet with PRITECH's staff at the headquarters office. During this visit, she received very important feedback for her job during the next semester. Following

this visit, Dr. Aguilar traveled to Rome to attend the FAO/WHO International Conference on Nutrition. Sponsored by the A.I.D. Office of Nutrition and PRITECH, Dr. Aguilar attended to encourage the inclusion of all aspects of breast and infant feeding in the final document. Fortunately, this was accomplished due to high levels of commitment to this issue of the participants.

VI. OBSTACLES/ISSUES

It is always an issue when there is a change of authorities at the national level. Although, at the moment the new cholera coordinator is very active and open to initiatives, it is important to note certain characteristics which may delay the development of activities. Dr. Suarez is very new to the MOH, and his previous experience is primarily with NGOs, such as CARE. Therefore, he is not familiar with the MOH people or regulations. Also, he has not been involved with cholera /diarrhea related programs in the past. At the end of the quarter, Dr. Suarez broke his arm and had to recuperate in Santa Cruz rather than in La Paz.

BURKINA FASO
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

During this period, there has been a lot of change within the Ministry of Health. The new Minister of Health, Christophe Dabire, established a new organizational chart for the MOH which was put in place at the end of the year. The CDD program was incorporated in the Department of Preventive Medicine, which is now part of the general Department of Public Health. A new Director of Preventive Medicine, Roger Hien, was appointed, however, the program has not had a program manager since Dr Zerbo left for training in public health.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

- Assist the MOH in defining CDD policies and drafting a national CDD plan.
- Establish the plan of action for cholera.
- Assist with the provincial planning meetings.

Accomplishments and Status

- The program review was to be the base of the revitalization of the program so as to define, finally, the CDD national policy and to write the plans of action. In the absence of a CDD manager, no activity has yet been done about defining a CDD national policy.

- The PRITECH representative and the former director of DCMT attended the CDD managers meeting in Niamey, November 23-26, 1992. They were able to discuss training issues with the CDD/AFRO manager.

- The technical committee is still waiting for an official nomination. A proposition naming committee members, has been made to the Ministry of Health. In spite of the delay of the appointment, some members are taking action in organizing workshop sessions.

- A new director for the Department of Preventive Medicine, Dr Roger Hien, was named. He was formerly a program manager for the Dracunculiasis Program.

- In December, two meetings were held on workplan for 1993 for all 30 provinces. CDD activities accomplished at national and province levels were discussed. Individual province workplans were also discussed with facilitators. The final plans were to be finalized and budgeted and then sent on to the central level. During the sessions, other topics were discussed such as: fund management, supervision, and cholera prevention and control.

- All CDD activities (training of trainers, planning workshop, and distribution of ORS and ORT materials) have yet to be completed in all 30 provinces.

- Because of the absence of a program manager, the cholera control strategy is still being developed, with the help of an epidemiologist of DPM.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Assist with the training/continuing education sessions in the eight PRITECH provinces.

- Refine the supervision tools for national and provincial levels.

- Organize supervision visits with central and regional staff.

- Update CDD training manual for clinical management.

- Train nursing school teachers in clinical case management with appropriate follow-up support.

Accomplishments and Status

- During the planning workshop in December, it was possible to assess with the provincial public health director the number of health workers trained: since 1987; 1257 health workers have been trained in 19 provinces (728 in the 8-PRITECH supported provinces). Unfortunately, few remained at their original post and it is difficult to assess that situation.

- The MOH and the Italian Corporation are discussing the possibility of locally producing Ringer Lactate for the treatment of severe cases of dehydration.

- Some provinces had their own supervision guide which was sometimes different from the guide used in supported provinces. Other health workers tended to develop a integrated supervision form. During the planning workshop, the form proposed by PRITECH (included in the training manual) was discussed and accepted by all participants, and will be used in all provinces. No supervision visits were done this quarter.

- During the planning meeting, the supervision system has been discussed for national and provincial levels. Efforts should be made to make the supervision visits more useful in improving case management, however, funding for supervision visits remains a problem.

- Some ORT units have been established and the province health director requested materials for those units. In the Sissili and Gourma provinces, ORT unit materials are missing in the provincial store rooms and will need to be replaced.

- In October, a training session for nursing school teachers was conducted for 19 teachers from three nursing schools out of four. The second session was planned for December, but has been postponed to February 1993.

V. ORS PRODUCTION, DISTRIBUTION, AND AVAILABILITY

Objectives

- Monitor ORS distribution in public and private sectors.

- Divide ORS stocks according to the needs of each province.

Accomplishments and Status

- UNICEF donated 500,000 sachets of ORS to Burkina Faso. UNICEF is willing to contribute the same amount for each of the next two years, but is urging the MOH to implement the Bamako Initiative.

- The Bamako Initiative has begun to be implemented in Burkina Faso with a new office being created, Central Medical Stores for Essential and Generic Drugs (CAMEG). ORS is one of the essential drugs which will be sold by the Central Store.

- ORS stocks were distributed to the provinces, taking into account the amount ORS used in the previous year by each province. If one includes the entire number of actual diarrhea cases, the available stock would not be sufficient. There were 274,000 sachets in the Central Store.

VI. INFORMATION/EDUCATION/COMMUNICATION

Objectives

- Assist the Division of Family Health in their efforts to identify appropriate home fluids and feeding practices and to train health personnel in communication skills.

- Distribute IEC teaching manuals (guide d'animation) after translation into Gourmantche and Niouni to the four provinces that have not yet been covered.

- Develop, test and distribute a guide for warehouse managers.

Accomplishments and Status

- The program continued the distribution of Diarrhea Assessment and Surveillance cards to help health workers improve the case management. The cards have been reviewed according to the new WHO standards, and the budgets available for the provinces (by the demand of the DPS) in order to distribute the cards in all health centers throughout the entire year.

- The rest of the manuals (guide d'animation) have been distributed in the provinces not yet covered. The guide is being evaluated by the Division of Family Health. The study began in December and will end in February.

- The guide for the warehouse managers is still to be finalized in January 1993. Objectives and tasks have been defined.

- The DESA has been contacted to develop a CDD national logo. The workshop is planned for January.

- Bazega Province filmed a prize-winning school theater sketch on health and ORT. The film has been shown in three villages in the Province, and a questionnaire has been developed during the program review to evaluate the impact.

- A group of nurses called 'Amicale des Infirmières' has requested the CDD program to open a stand during the FESPACO (Festival of African Movie) where the three rules of home case management will be taught. The training of the nurses in charge will take place before the event. The training will include the utilization of the Guide d'Animation.

VII. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/ INFORMATION SYSTEMS

Objectives

- Prepare and conduct a study of liter measures for home treatment of diarrhea.

- Take into account recommendations from the dysentery study for the national CDD strategy.

Accomplishments and Status

- The Household Study recommended following the program review was planned for November 1992, but funds were not available outside of WHO. In December, the funds were available but a consultant was not available. The CDD program is planning to do the liter measurement study at the same time. We hope that the studies will be done in the first quarter of 1993.

- The report for the dysentery study has not been finalized.

- A Demographic Health Study has begun and should finish in April 1993.

- The PRITECH representative drafted the Final Country Intervention Report.

CAMEROON
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

This three month period was one of major adjustments: 1) a new representative took office at the end of October, requiring a certain time for training and orientation given by the outgoing representative and also at WHO/Geneva; 2) a new Cameroonian CDD manager was designated within the DMPR (not full-time however); and 3) it appears that the provincial CDD managers will be replaced by "Chefs de service provinciaux" MPR in order that the program rely on structures rather than on individuals.

It was a period of adjustment also for the Cameroonian counterparts who officially learned of the closing of the PRITECH Project in July. Although project representatives reassured them, underlining a continuation of USAID funding for the CDD program, the news did come as a shock and dampened their interest in the project.

It was also the scheduled time to begin implementing the recommendations of the WHO Focused Program Review, especially regarding the decentralization of the National CDD Program (NCDDP). The NCDDP thus visited all ten provinces to discuss the "October 1992 - September 1994 Plan of Activities" with the delegations, relevant donors, and other intervening parties. Also discussed were the possible duties of the provincial "focal persons". Feasible and province-specific CDD activities integrated into on-going Primary Health Care (PHC) activities were also examined during these visits.

III. PROGRAM MANAGEMENT AND DECENTRALIZATION

Objective 1

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 2-3 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.

Current Status

Visits to the MOH provincial delegations were done during November and December. NCDDP personnel and the PRITECH representative shared the traveling. The goal of these meetings was to discuss the NCDDP 1992-1994 action plan and the implementation of the program's decentralization.

The major objective was to have designated a focal CDD person to play the role of managing the CDD activities at the provincial level and to explain the new responsibilities shared between the two levels. The termination of the PRITECH Project was also pointed out. The PHC development projects (USAID/SESA, GTZ, FAC, CARE, and Save the Children) were invited to participate in these discussions as these groups are fundamental players in this decentralization process. The current provincial CDD situation was examined and possible activities were put forward.

In all ten provinces, the delegates designed as "focal person" were individuals already involved in the CDD program activities. When we returned with the meeting summaries, the director strongly recommended that the CSPMPR (Chef de service provincial Médecine préventive et rurale) play the role of provincial manager, as supervision was their responsibility within the delegation. It was decided that this adjustment would be discussed with the delegates in January under the responsibility of the NCDDP Manager, Dr. Ncarre Chouaibou.

A seminar on CDD Program Management, targeting these provincial managers and funded by WHO, will take place in Younde at the end of March.

We hope that this change of link person will not have a negative impact on the program.

Objective 2

Complete the recruitment and training of a new PRITECH country representative, and provide effective ongoing support and supervision of that person.

Planned Activities

- Hire a new PRITECH country representative.
- Training and orientation of the new representative through the overlap of the outgoing representative.
- Attendance of the new representative at the WHO/CDD briefing to be held November 9-13, 1992 in Geneva.

Current Status

The new country representative was at post at the end of October. Her training and orientation, both in Younde and Geneva, went as scheduled.

IV. CASE MANAGEMENT TRAINING AND SUPERVISION

Objective 1

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.

Current Status

The printing of the training materials was not carried out in December because of the time-consuming visits to the provinces and other miscellaneous activities. It will be done in January or February 1993 after a last review by Prof. Tetanywe who will attend a WHO Congress (CDD training materials will be assessed) in Lusaka sometime during January 1993.

Objective 2

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

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.

Current Status

A workshop organized by MOH and GTZ will be held in January 1993 to discuss supervision standards, especially regarding PHC reorientation and cost recovery systems. During this seminar, MOH will train its central level agents together with the provincial delegates in the new supervision techniques required by the new system.

V. INFORMATION/EDUCATION/COMMUNICATION

Objective 1

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

Planned Activities

Finalize the study of the CDD home treatment flyer conducted in June 1992.

Current Status

This study is being reviewed by Dr. Elizabeth Herman, Ani Hyslop, and Hugh Waters.

Objective 2

Print 75,000 additional home treatment flyers for selected distribution according to provincial CDD IEC plans.

Current Status

A memo will be sent to several relevant trainers or individuals involved in the distribution or utilization of the home treatment flyer asking for comments and

suggestions before reprinting it. The NCDDP will also take advantage of the Health Educators Seminar to collect the observations from attendees and eventually revise the flyer. The NCDDP, together with the provincial managers will have to plan the distribution of this material very carefully to ensure that it will effectively reach the targets; it appears that the previous distribution of flyers, especially in the North Province, was not monitored correctly and the end result being that many of the flyers were a total loss.

Objective 3

In collaboration with Société Internationale Linguistique (SIL), develop and print CDD home treatment messages in ten commonly spoken local languages.

Current Status

The negotiations with SIL took place in November 1992 and the booklets are expected for delivery in January 1993.

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

Objective 1

Provide promotional support for PSI's BIOSEL brand of ORS.

Current Status

The printing of the flyer was completed in October 1992 and delivered to PSI.

VII. PROMOTION OF POSITIVE BREASTFEEDING PRACTICES

Objective 1

Assist in the implementation of national breastfeeding promotion program.

Planned Activities

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

- In collaboration 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

As of December 31, the breastfeeding policy is yet to be signed by the Minister of health. A few minor changes have been made since the last review and we are expecting the officialization of the policy in January 1993.

THE GAMBIA
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

In this quarter, The Gambia focused CDD activities on developing the program's plans for 1993, and formulating and finalizing a proposal for a community survey.

II. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

Improve the supervision and coordination of CDD activities at the regional, divisional and national levels.

Accomplishments and Status

- The CDD workplan for 1993 has been drafted and sent to the regional Health Team and other central units for feedback. Meetings were held in the Central and Eastern Regions with PRITECH, CDD unit, and all other units to discuss with the RHT members and NGO representatives. During those meetings positive steps were taken towards improved planning and coordination between the central units and the RHTs.

- The CDD unit and PRITECH attended the UNICEF 1992 Program Review of their two projects in health; support to EPI and Revitalization of PHC

through the Bamako Initiative. Following the meeting, UNICEF drafted and circulated their plans for 1993. Some money will be available for the program for the training of the new divisional health teams.

- Several contacts were made between PRITECH headquarters, the regional office, and the country representative to determine the amount of funds available and plan for expenditures through the end of the project. Regional office staff visited The Gambia in December to hand over responsibilities since the Senior Program Manager, Suzanne Prysor-Jones, will be leaving her position as regional representative. The USAID mission again reiterated that no mission money will be available for the follow-on child survival project in The Gambia.

- The PRITECH representative began work on the Final Country Intervention Report.

III. TRAINING/EDUCATION/SUPERVISION

Objectives

- Ensure that all re-training of VHWs and TBAs include sessions on CDD case management issues.

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

- Ensure that 100 percent of nurses coming into the health system are trained during pre-service in proper diarrhea case management.

Accomplishments and Status

- During October and November, new village health workers (VHWs) and traditional birth attendants (TBAs) were trained in Western and Central Regions. This training of new VHWs and TBAs to replace staff that have resigned was long overdue, and was a welcome development by all the department. The CDD unit held discussions with all the trainers to ensure that they had copies of and were familiar with the CDD curriculum and visual aids.

- The PRITECH representative assisted the ARI unit in drafting and finalizing a revised ARI curriculum for the VHWs, as the information in the training manual is out-of-date.

- A first draft of the ARI component of the CDD/ARI Supervisory Manual was completed and circulated. More feedback on the CDD component was received by the unit.

- A CDD case management training course was held in November for senior staff from health facilities in the Eastern Region of the country. With the completion of this training, at least one worker from every health facility in the country has been trained.

- The CDD assistant program manager and the in-service training coordinator attended a case management training of trainers course in Sierra Leone and subsequently assumed full responsibility for the training in the Eastern Region.

- Two tutors from the School for State-Enrolled Nurses at Bansang attended the case management training in November. They developed a draft proposal for CDD activities at their school and the nearby hospital. The two tutors from the school for Community Health Nurses at Mansakonko who attended a diarrhea case management training in July followed-up on students' CDD experiences during practicums, and worked at maintaining the ORT Corner at the nearby health center. They also developed plans and asked for assistance from CDD Unit for strengthening the corner.

IV. ORS DISTRIBUTION AND AVAILABILITY

Objectives

Ensure that 100 percent of health facilities and community workers have a continuous and adequate supply of ORS.

Accomplishments and Status

During CDD unit supervisory visit this quarter, shortages of ORS were found at peripheral health facilities and village-posts, despite an adequate supply of ORS at Central Medical Stores. The chief pharmacist and director of health services responded to memorandums and meetings expressing the concerns of the CDD unit, and again distributed their own memorandums to staff about the pricing and requisitioning of the packets.

V. INFORMATION/EDUCATION/COMMUNICATION

Objectives

Intensify IEC activities using media in addition to health workers.

Accomplishments and Status

- CDD radio spots for airing are being up-dated slowly.
- Meetings were held with two NGOs, Action Aid and SCF-USA, to discuss the possibility of jointly funding the re-printing of the CDD picture flip-book. This suggestion was well received and both NGOs are currently reviewing their health project budgets to identify potential funds.
- It was thought by CDD unit and other staff in the Medical and Health Department that the CDD unit should be more involved in diarrhea prevention activities. The CDD unit attended their first meeting of the Central Nutrition Education Committee and Water and Sanitation Working Group.

VI. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/INFORMATION SYSTEMS

Objectives

Re-mobilize the sentinel community surveillance system by conducting one household survey.

Accomplishments and Status

After a long delay, much of November and December were spent preparing a proposal for a household survey to be held in January. The proposal was submitted to UNICEF for funding. Planning has been done in collaboration with the ARI Unit, Vector Control (Malaria) Unit, and the Epidemiology and Statistics Unit.

VII. RESEARCH AND DEVELOPMENT ACTIVITIES

GAFNA is continuing the analysis of the results of the weaning food recipe trials and a draft report is expected in mid-February.

No new issues arose in this quarter.

VIII. PROGRAM ISSUES AND PROPOSED ACTIONS

Within the department as a whole, decentralization continues to be the topic of concern. Two new divisional health teams are to be inaugurated on January 1st, but there seems to be a reluctance on the part of the staff involved because logistic support and administrative problems could be involved.

INDONESIA
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

Many tasks were accomplished during this period. Working with the government, we completed the development and pretesting of prototype materials for pharmacists with National CDD program, WHO, UNICEF, and the Advertising Council, and obtained POM's (FDA) agreement to co-sponsor workshop on quality control and management for ORS production staff from ORS producers, to be conducted by PATH.

In the commercial sector, we worked on a brand specific promotion/demand creation handwashing campaign with UNILEVER, Lintas, Advertising Council, and the Indonesian Medical Association (IDI) was expanded. We also worked with the Indonesian Medical Association to promote diarrhea case management through promotion and planned orientation/training for membership and handwashing campaign.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective

Encourage all sources, government and private sector, to promote ORT, breastfeeding and food during diarrhea, handwashing, and breastfeeding to prevent diarrhea.

Planned Activities:

- Maintain working relationships/collaboration with GOI.
- Maintain collaboration with international agencies, NGOs, and other projects.

Accomplishments:

- Television spot about ORT developed in response to a request by POM was completed, pretested, revised and is presently being telecast by three television stations at no cost through the Advertising Council.
- Prototype printed materials for pharmacists/drug sellers were completed and pretested, and are ready for revision.
- Continued collaboration with PATH, UNICEF, and WHO through periodic meetings and with UNICEF and WHO through collaboration in the development of a program for pharmacists/drug sellers.

Current Status:

PATH and YPS (Advertising Council)

- PATH's representative, Leona D'Agnes, left Indonesia for the Philippines, and Don Douglas, former PATH representative in Thailand, replaced her at the end of December 1992. However, he had not begun working at the office because he is settling down and learning the Indonesian language. We hope to continue working closely with PATH.
- YPS has been collaborating in the PRITECH-initiated handwashing campaign as well as the on-going ORT mass media campaign.
- PRITECH suggested, and the team agreed, to have YPS coordinate the pretesting effort (materials for pharmacists) which have just been completed. Since YPS and PRITECH share an office, this facilitated coordination.

IV. TRAINING/EDUCATION/CASE MANAGEMENT/SUPERVISION

COLLABORATION WITH THE INDONESIAN MEDICAL ASSOCIATION

Short term: PRITECH and IDI are developing a booklet for physicians about case management of acute diarrhea. The booklet has undergone five revisions in

response to feedback from "gate keepers" and is being pretested with the target audience.

PRITECH developed two posters for IDI to enclose in its publication. Now we are looking for funds to print it. (IDI has 27,000 members and we only have enough funds to cover the development and printing of 1,000 posters.)

Planning was developed by IDI and PRITECH to obtain support from ORS producers for meetings of physicians during which a video presentation about management of diarrhea is seen. A booklet is received at the end of the seminar for future referral.

Long term: PRITECH and IDI are planning the following for the last few months of the PRITECH country program: 1) FGDs with physicians; and 2) surveys of IDI's membership.

Based on the above, we will assist IDI in developing plans for training and promotion of diarrhea case management for its membership. We will also assist IDI in obtaining sponsorship from ORS producers. Activities aside from the research and plans will take place after the end of the PRITECH Project.

V. ORS DISTRIBUTION, PRODUCTION, AND AVAILABILITY

UNICEF's assessment of the distribution system for ORS is not yet finalized. There is no specific new information about this item.

VI. COMMERCIAL AND NONPROFIT ACTIVITIES

Objective

Increase ORS production by the commercial sector.

Status

PT Abbott will start producing powder ORS following the WHO composition within six months. Presently Abbott produces the liquid Pedialyte, which is very expensive (Rp 3,300 for 400 ml). Abbott already has the production capacity and has been producing powder ORS for export to Malaysia. Presently Abbott is conducting tests to ensure that the new formulation (WHO) meets its standards.

Objective

Widen the distribution of ORS from pharmaceutical to consumer outlets.

Status

P.T. Dupa, which was close to reaching an agreement to purchase ORS from Indo Farma rather than produce it itself, has decided to wait. Because of the banning of several antidiarrheals, PT Dupa is more interested in antidiarrheal drugs. On the other hand, it remains interested in marketing rice ORS because it is a new product, and it can be advertised as reducing stool output. PT Dupa continues trying to work out an agreement with Galatina. However, if this materializes at all, it will be in the distant future. Galatina does not seem to be willing to transfer its technology. Instead it wants to export the powder to be packaged in Indonesia. PT Dupa is not interested in importing the powder because of government restrictions on importation of rice products and cost.

Objective

Promote breastfeeding and food along with ORS through the commercial sector.

Status

The only companies that have begun promoting breastfeeding and food along with ORS are Pharos and Abbott. Others have shown interest and stated that they would, but have not started yet.

Planned Activity

In order to increase the number of producers promoting ORS + breastfeeding + food, PRITECH asked IDI to meet with ORS producers to tell them that IDI would like them to begin a major detailing effort of ORS, breastfeeding and food to physicians. The meeting will take place at IDI's headquarters on January 26, 1993.

Objective

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

Status

- Two TV spots are being telecast.

- Two posters have been completed and delivered to the Jakarta school system and through IDI's branches to restaurants, physicians and health facilities.

- Radio spots are being developed.

- Story boards for two new PSAs were developed and pretested, and are presently being revised.

- The Advertising Council Board has agreed to assist with the telecast at no cost.

Achievement

The handwashing television campaign has been underway for about one year with two television spots, one public service announcement (PSA) and one brand spot (Lifebuoy), both sponsored by UNILEVER. The campaign has been broadened to include two additional spots, both PSAs, posters for schools which were integrated into an on-going deworming program in Jakarta schools run by the Yayasan Kusuma Buana (YKB), and radio spots and posters for members of the IDI and health facilities. PRITECH brought together a group consisting of the commercial sector (UNILEVER and Lintas Ad Agency) and NGOs (the Advertising Council and, starting July 1992, the IDI, and more recently the YKB). PRITECH continues to initiate ideas and participate in this effort, however, over the past three months our effort has been to transfer responsibilities to the IDI and to UNILEVER. These organizations are taking on coordinating roles for the public and private sectors respectively.

VII. INFORMATION/EDUCATION/COMMUNICATION

Objective

Disseminate information to the government, NGOs, and commercial sectors in order to convince these groups to promote ORT and preventive measures such as breastfeeding and handwashing.

Status

PRITECH continues disseminating materials to the government and private sectors. PRITECH's Information Center has been a most valuable resource. PRITECH's activities in education and communication can be found under the various items above and below.

VII. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective

Provide information to assist ORS producers with marketing of ORS/ORT.

Status

- Consumer survey completed.

- Trade audit or store check to show ORS producers sales/movement (trade audit) of their products outside pharmaceutical outlets or penetration (store check).

Objective

Continue purchasing data from the IMS to monitor changes over time. in order to obtain information about sales and prescription trends over time and to conduct formative and summative evaluations.

Status

- Consumers: The survey about consumer usage and perception of ORS and drugs for diarrhea is completed.

- ORS sales outside pharmaceutical outlets: By the time the task assignment for this item was approved, it was too late to join SRI's store check. Since then there has been a gap, SRI has been debating about whether to continue store checks or to start trade audits. For our purposes it would be more useful to have a recent store check because we already have store checks for ORS for 1986, 1988 and 1989 (purchased by PATH). The trade audit cannot be compared with the store checks.

- Plans: Conduct a similar consumer survey in April, 1993. I have been discussing with SRI the possibility of conducting a store check for us. However, the cost involved is prohibitive. Usually a number of companies buy into the store check or trade audit, thus lowering the cost.

New activities with the IDI

Because of the problem represented by very low prescribing of ORS and excessive prescribing of antibiotics and antidiarrheals, we feel that we must address this problem systematically. Thus, in collaboration with IDI, we will conduct research on which to base the development of a strategy to change physician prescription

patterns. No funds are presently available. However, IDI will contribute staff, and I am confident that we will be able to find funding sources for research of FGDs with physicians and for a survey of the membership of IDI.

IX. OTHER ACCOMPLISHMENTS

PRITECH continues working as a member of the Coalition for AIDS Free Indonesia as well as an advisor to the Advertising Council and to the Breastfeeding Coordinating Committee.

PRITECH initiated and is coordinating an effort to provide ORS and promote correct home management of diarrhea to victims of Flores' earthquake through the IDI.

X. OBSTACLES/ISSUES

Difficulty in maintaining commercial sector in ORS: It has been very difficult to maintain interest on the part of the commercial sector in marketing ORS. The reasons are that the financial returns on this product are very low, and it is perceived as a government product. We have come a long way from where we were when we started working here in August 1991, however, it will take an enormous amount of on-going lobbying efforts to be able to keep ORS producers focused on ORS.

Our plan for dealing with this problem is to continue working through POM and the IDI to show ORS producers that, although financial profit may be low, there are other benefits like improved image, particularly from regulators and physicians.

Problems in convincing consumer companies to market ORS: If ORS is to be available everywhere, even in the smallest "warungs" (small shops), we must bring in new companies which have wide consumer distribution systems. There are at least two sine qua non requirements to interest companies which have large consumer distribution networks to market ORS:

1) Consumer demand: There has been progress in this due to increased generic and brand specific promotion of ORS, which in turn should increase consumer demand. Support of POM and the IDI have increased prestige of this product. Thus, companies which initially did not even want to hear about ORS (Oralit) now show interest in this product. However, the cost of launching a new product, particularly one which does not "fit" the company's product line, is enormous.

2) Incentive: Initially we had planned on providing loans to test market the product. There had been interest in the loans because the cost of borrowing money in Indonesia is extremely high, over 24 percent. Unfortunately, due to delays in approval of the plan and task assignments for activities which date from April, 1992, and reductions in the budget which cut the incentives and loans to companies, we have not been able to make progress in commercialization of ORS beyond the pharmacy, drug store and large outlet levels.

Lack of prescriptions of ORS by physicians: Physician prescribing is very important in providing credibility to a product. The lack of it seems to result in a lack of confidence of pharmacists and other sellers to recommend it and parents to ask for it. Prescription data for Indonesia show that between 1990 and 1991 there was a 30 percent decrease in prescriptions for ORS. However, there was an overall decline (18 percent) in prescriptions for diarrhea, perhaps due to the banning of several antidiarrheal drugs. The share of prescriptions of ORS, however, increased.

Our plan is to work through the IDI to convince physicians to prescribe ORS and to encourage ORS producers to detail ORS to physicians more actively.

KENYA
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

This was an extremely productive quarter as PRITECH/Kenya sponsored two Diarrhea Management TOT Workshops in collaboration with the National CDD Program and WHO at the Golf Hotel in Kakemega. Plans became reality with the successful beginning of the NGO/CDD PRITECH/Kenya Initiative. The first NGO Diarrhea Management TOT was conducted in Kakemega by the National CDD Unit for ten Catholic mission hospitals, primarily from Western Kenya.

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 Social Marketing Specialist, Camille Saade, returned to Kenya December 1-4, 1992 to follow up on Sterling Health's ORS marketing plan and to provide input into the promotional strategy.

In communications, the Kenya Institute of Education (KIE) working with PRITECH UNICEF, and the MOH, finalized the pictorial chart and primary school materials targeted for students. The KIE/CDD school education materials for both teacher and learners will be jointly funded by PRITECH and UNICEF. PRITECH/Kenya continued to collaborate with the MOH CDD Unit on program-wide communication activities.

Progress continued on the establishment of the KNH Lactation Management Center following briefing meetings with Professor Meme, the newly appointed Director of

Kenyatta National Hospital. The draft KNH Lactation Management Curricula was successfully pretested November 9-20, 1992 at Kenyatta National Hospital for 18 health workers.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

- Continue to build the partnership approach for the local commercialization of ORS with UNICEF, 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.

Accomplishments and Status

The Kenyatta National Hospital Lactation Management Training Team finalized their lactation management training curricula and successfully hosted the November 9-20, 1992 pretesting of the curricula and the setting-up of the resource center.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Finalize the findings from the KMTC CDD Case Management Facility Assessment and define follow-up implementation steps with the Nursing and Clinical Officers' Councils, UNICEF, and WHO.
- Pretest and finalize the KNH Lactation Management Training Curricula from November 9-20, 1992 at KNH for health worker in-service training.
- Present the findings from the Kenyatta National Hospital Lactation Management Health Workers' and Mothers' Breastfeeding KAP Studies.

Accomplishments and Status

- The KMTC CDD Case Management Facility Assessment was carried out by the task force in Coast, Central and Eastern Provinces from September 14-27, 1992.

- The first KNH Lactation Management Training Program was successfully implemented November 9-20, 1992 for 18 health workers. Revisions were made accordingly to the KNH Curricula.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objectives

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.

Accomplishments and Status

- The advertising agency ScanAd developed a brand name/concept which was tested in focus groups by Research International. Following the results of the testing, Sterling Health decided to select the brand name OKOA (the rescuer, the life-saver), one of the two brand names preferred by the tested mothers. A new advertising brief was presented by Sterling Health to ScanAd on December 4, 1992 which details the marketing strategy, the revised advertising objective and the updated guidelines.

- ScanAd was requested to develop a creative copy strategy for each of the target audiences:

    * The end-user (mother)
    * The influences (health professionals)
    * The purchasers (retailers, distributors)

- ScanAd will present their creative copy strategies the week of January 25-29, 1993.

VI. COMMERCIAL AND NONPROFIT ACTIVITIES

Objectives

- 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 October 1992 Diarrhea Management TOT Workshop for Kenya Catholic Secretariat in collaboration with the National CDD Program in Western Kenya..

Accomplishments and Status

- PRITECH/Kenya in collaboration with the NCDDP successfully carried out the October 25-31 NGO Diarrhea Management TOT in Western Kenya for 20 participants from ten Kenyan Catholic hospitals in Eastern, Central, Nyanza, and Western Provinces. CDD/WHO/Geneva provided training materials for the Kenya Catholic Secretariat Diarrhea Management TOT. UNICEF provided funds to support the Diarrhea Management TOT Workshop.

- The Aga Khan Health Services successfully sponsored a CDD Counseling Skills Workshop in Mombasa for community health leaders, September 28-October 2, with the technical assistance of the PRITECH representative. The Workshop was facilitated by James Lwanga, a CEDPA regional consultant and Esther Nagawa, the Project Manager of the Aga Khan Mombasa Primary Health Care Project.

VII. INFORMATION/EDUCATION/COMMUNICATION

Objectives

- Revise the (PRITECH, MOH, PATH) CDD Interpersonal Communication Skills Training Module to be incorporated into CDD Effective Case Management Training Workshops.

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

- Finalize and pretest the pictorial chart and student materials with the Kenya Institute of Education (KIE) for the School Radio and CDD School Curriculum Development Projects.

Accomplishments and Status

- The draft home case management flyer which was developed for mothers on the importance of ORT was finalized and printed in this quarter.

- Both the KIE Pictorial Chart and the CDD Student Booklet for primary school instruction were finalized in this quarter and will be ready for printing in January 1993.

VIII. EVALUATION/RESEARCH/INFORMATION DISSEMINATION/ INFORMATION SYSTEMS

Objectives

Present the findings from the Mothers' Questionnaires to ascertain their knowledge, attitudes, and practices at Kenyatta National Hospital.

Accomplishments and Status

- The KMTC Task Force analyzed the findings from the September 14-27th KMTC CDD Case Management Facility Assessment and defined follow-up implementation steps with the Nursing and Clinical Officers' Councils, UNICEF, and WHO.

- PRITECH Lactation Consultant, Altrena Mukuria, presented the final findings from the KNH Mothers' Breastfeeding KAP Study to the Lactation Team. Altrena Mukuria also submitted her draft KNH Mothers' Breastfeeding Study to PRITECH.

IX. RESEARCH AND DEVELOPMENT ACTIVITIES

Objectives

- Collaborate with other CDD activities which include follow-up plans following the WHO 1992 CDD Comprehensive Program Review.

- Participate with the UNICEF Baby Friendly Initiative and WELLSTART activities.

- Attend advanced WordPerfect, Lotus, and D-base computer courses for PRITECH Kenya staff to upgrade collective computer skills.

Accomplishments and Status

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

PRITECH staff continued to upgrade their computer skills in advanced WordPerfect and Lotus.

X. PROGRAM ISSUES AND PROPOSED ACTIONS

PRITECH and UNICEF will finalize all partnership agreements with the pharmaceutical company Sterling Health, to support the local commercialization of ORS, ensuring the long-term sustainability and accessibility of ORS in Kenya on the commercial market.

PRITECH/Kenya will continue to offer technical assistance in effective case management, communication materials and home case management for the NGO/CDD Initiative.

UNICEF, PRITECH, and the CDD Unit will finalize the pictorial chart and student booklets for the CDD Curriculum Materials for Schools with KIE (the Kenya Institute of Education).

PRITECH/Kenya will continue to work closely with the Kenyatta National Hospital Lactation Management Training Team in the implementation of in-service lactation management training programs for health workers at Kenyatta National Hospital. PRITECH/Kenya will also help the KNH team members ensure that the KNH Lactation Management Resource Center is operational and seek 1994 donor funding for in-service training courses.

PRITECH/Kenya and the MOH will edit and pretest the Kenya Interpersonal Communication Skills Module to be incorporated into Effective Case Management Training Programs.

PRITECH/Kenya will evaluate the effectiveness of the CDD audio tape cassettes in government health centers with solar tape players in Mombasa.

PRITECH/Kenya will continue to collaborate closely with the CDD Unit to assess and strengthen effective case management and prevention components in the Kenya Medical Training Colleges.

XI. LESSONS LEARNED

The joint UNICEF/PRITECH private sector initiative expanding the local commercialization of ORS has been a slow, arduous process with the primary partner, Sterling Health. Camille Saade, PRITECH's Social Marketing Specialist,

will continue to provide technical assistance to Sterling Health 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 NGOs, 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 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
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

During this quarter the Delivery Order between PRITECH and the USAID/Antananarivo HPN Office was finalized and all but approved. The agreement calls for an intensive PRITECH effort in the remaining months of the project 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.

PRITECH staff members Karen Blyth and Camille Saade visited Madagascar in early December to mark the official beginning of the program. Saade's visit was the first of three that are planned to examine the ORS market in Madagascar. He met with MOH officials, the ORS production unit (ODIVA), donors, and high ranking officials of local pharmaceutical companies to examine the prospects for increasing the demand for ORS and to discuss options for meeting the demand through continued local ORS production and/or importation. He also helped design a follow up activity scheduled for March 1993, which will develop an IEC action plan in support of the national CDD Policy, train participants in IEC strategy and materials development, and begin the actual design of a campaign and materials to increase demand for ORS.

Karen Blyth's visit coincided with Saade's and allowed her the opportunity to determine whether she wanted to be proposed as the PRITECH candidate for the country representative position at the completion of her Kenya assignment. She

made important contacts with key CDD team members and USAID staff, participated with Saade in many of his meetings, revised the PRITECH workplan, and laid the groundwork for upcoming activities. She is scheduled to return to Madagascar for further planning and administrative preparations in early March, 1993.

Headquarters support for the Madagascar program during this period included budget development and negotiation of the Delivery Order, identification of potential consultants for proposed assignments, the first steps in the establishment of a CDD documentation center for the national program, and regular communication between PRITECH and USAID/Antananarivo.

While PRITECH is eager to apply its experience and expertise to the program in Madagascar, and is thankful for the high level of interest expressed by USAID and the MOH, there is very little time to accomplish the ambitious program called for in the Delivery Order. Even minor delays in implementation, which could result from political unrest in the wake of national elections, for example, could seriously jeopardize the achievement of the program of activities.

MALI
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

Except in the three northern regions of the country where health activities are hampered by fear of rebels attacks, the overall level of productivity and general atmosphere has improved.

Even though the program coordinator has other responsibilities within the DSF (integrated activities), she played a key role in conducting CDD planned activities.

On-going activities were completed, others had to be rescheduled due to the change of the DSF plan of activities for the remainder of 1992. The new DSF administration became more solidly in place.

Suzanne Prysor-Jones made her final visit to Mali as the Regional Director. Adama Kone made preparations to take on the role through the end of the project. He also met with the country representative to take over her duties while she is on maternity leave in 1993.

In this trimester, the PRITECH representative, with the help of PRITECH regional staff, wrote the Final Country Intervention Report.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

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

Accomplishments and Status

- The CDD Operation Plan for 1993 has been discussed in close collaboration with PRITECH. This plan is to be integrated to the overall plan of operation of the DSF during a meeting planned for January.
- UNICEF funding is still an issue. UNICEF is willing to pay for activities related to ORS distribution after the study on ORS availability, but they are mainly focused on funding CDD activities through the World Bank project called PSPHR (Project Santé Population et Hydraulic Rural).
- The PRITECH/SAHEL ARI advisor assisted in the completion of the final draft of the National ARI Plan. The program is likely to be housed in the DSF. He also completed a comprehensive bibliography of ARI research already accomplished in Mali. His next visit is slated for early in the first trimester of 1993 to finalize the National Plan with the ARI Technical Committee.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- 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.

Accomplishments and Status

- The DSF and PRITECH conducted two case management training sessions for 26 health professional in Koulikoro region. The local costs were supported by UNICEF with PRITECH technical assistance. Local facilitators were involved in the training and subsequently requested training materials so they might conducted sessions in their localities.

- No follow-up visit was done this quarter to the nursing school after the completion of the staff training in case management.

- Thirty-three community opinion leaders were trained in Kenieba (Kayes region). The training covered home case management for diarrhea, communication techniques with mothers, and leaders-led demonstrations in the villages. The program is developing a training manual for community opinion leaders.

- No supervisory visits occurred this quarter due to the non-availability of UNICEF funds. Although supervision will be integrated, the CDD program managed to plan in 1993 specific supervision visits for CDD activities. This will allow PRITECH to evaluate DSF staff skill and give necessary correction if needed.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objectives

Establish the systematic production and distribution of ORS packets.

Accomplishments and Status

The local ORS manufacturer, the Usine Malienne de Produits Pharmaceutiques (UMPP), ended the year having produced 570,000 packets of ORS, which surpassed their production projection. They expect to produce one million packets during 1993, and they want to export packets to neighboring countries.

VI. INFORMATION/EDUCATION/COMMUNICATION

Objectives

- 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.

Accomplishments and Status

- The IEC team participated in a workshop in Baltimore (September-October 1992) on New Orientation of Communication. After the workshop, the team conducted five training sessions for drug retail dealers on communication techniques.

- The IEC unit was busy providing in-service training to their own members so that IEC activities would improve. The KAP study results will the base for the development of new spots for radio and television.

VII. RESEARCH AND DEVELOPMENT ACTIVITIES

Objectives

- Evaluate feasibility of examining the nutrition of sick and recuperating children in Mali by researching mothers' feeding practices during and after diarrheal episodes.

- Make preparations for nationwide KAP and Health Facilities studies evaluating the program to date.

- Evaluate ORS availability and use in health facilities.

Accomplishments and Status

- PRITECH assisted in the development of a quantitative infant feeding study. The goal was to determine the beneficial nutritional practices mothers would be willing to adopt in feeding their sick and/or recovering children. From the study conclusions, national messages on the feeding of young children with diarrhea could be developed. Although initially thought to be both a high priority and feasible by the DSF, after a protocol and a budget was completed, it was determined that the costs and time required far exceeded the capabilities of the DSF and PRITECH in 1992.

- Many planning meetings have been held to prepare for the upcoming CDD Household and Health Facilities Surveys. The last ones were completed in 1989 and 1988, respectively. Technical and financial discussions have been held in collaboration with AED/Healthcom. The studies will concentrate on mothers' practices relating to ORT, the impact that CDD/IEC efforts have had on their KAP, and the performance of health workers. Questionnaires

are being revised following criticism and comments. However, it is rumored that Healthcom is ending, and the funding issue is therefore to be reviewed.

After many delays the ORS packet distribution and availability study undertaken by UNICEF and the DSF was completed during this period. Preliminary results were discussed at a meeting of the CDD technical committee. The study was done country-wide except in unrest regions of the north. Some of the findings were as follows: ORS (Keneyaji and other packets) was available in 56 percent of the centers visited at the time of the study; 87 percent of health workers interviewed said that they prescribed ORS, but only 56 percent of children with diarrhea were treated with ORS; 51 percent of health workers interviewed continue to prescribe antidiarrheal drugs with or without ORS. The usage rates of ORS however were inconclusive as the study did not differentiate between first and subsequent visits. Activities to be drawn from this study are to be identified and planned with UNICEF, the DSF, and the pharmaceutical division.

MEXICO
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

During this quarter, PRITECH completed its almost seven years of periodic assistance to the Mexican government's CDD program.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

- The national program underwent an evaluation and planning meeting in December 1992 at which PRITECH participated. A formal evaluation of the PRITECH activity will be carried out by the MOH in January 1993.

- Of transcendental importance for the CDD program in this quarter was its elevation to management by a commission with presidential support. The commission stretches beyond the past confines of the MOH to include the Social Security system, Mexico's most prestigious government health service provider. The head of the commission is the MOH official that supervises state health officials and it is hoped that this will assure a higher profile for CDD within the state health systems.

- The biannual meeting of the state heads of the CDD program was held during this quarter.

- The biannual meeting of the heads of the diarrheal training units was held during this quarter.

IV. TRAINING/EDUCATION/SUPERVISION

- Twenty-five professors, 13 medical and 12 nursing, attended a seminar for medical and nursing school professors held in Vera Cruz.

- A training meeting was held in the State of Vera Cruz for the jurisdictional heads of the CDD programs.

- A Clinical Case Management course was held in Pachuca, Hidalgo.

- A CDD Management course was held for the state leaders of the CDD program. This activity was particularly important as it is hoped that it will open up a new range of government workers to CDD promotion and ORS distribution.

V. INFORMATION/EDUCATION/COMMUNICATION

The Senior Program Manager completed the Infoman program for Mexico and provided PRITECH/Washington with a draft Final Country Evaluation report.

NIGER
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

The general atmosphere in Niger is still unstable. Civil servants are being paid months late. The northern part of the country is still unsafe and no health activity can be accomplished in this area. At this moment there is no hope on agreement between rebels and the government.

The Ministry of Health is working as usual, meaning in the general malaise. The CDD Program still has no office; the team is working in different offices. The working atmosphere is uneasy, particularly for the PRITECH representative. The program coordinator has mood changes as usual and the PRITECH representative continues to do work which should be done by the coordinator.

Some CDD activities were accomplished in this trimester. A Program Managers course was conducted for 19 people at the national level and for all regional directors of health.

The first CDD Managers Meeting for Francophone Africa was held in Niamey, November 23-26 1992. Twenty-two CDD managers and UNICEF advisors for some countries attended the meeting. Program achievements were discussed. WHO, UNICEF, and PRITECH met with individual country CDD managers to discuss their country profile. Specific topics were also discussed during the meetings, including: cholera prevention, integration of CDD and other activities, and communication.

The second phase of the program review was conducted in December.

Radio and television restarted broadcasting spots on diarrhea.

Funding from the Health Sector Grant (SDS) was made finally available.

No progress has been made on ARI. It is more than likely that ARI programs will be under the Directorate of Family Health, and this director is known to be difficult in collaborating with others. Vincent Joret, PRITECH ARI Specialist, has sent the draft of the proposal of the national plan but the ministry has not yet asked for a meeting to discuss the plan.

The PRITECH representative drafted the Final Country Intervention Report.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

- Assist the coordination committee with the development of a National Plan of Action.
- Reinforce program management at national and regional levels through semi-annual meetings of regional managers and meetings of the national CDD committee.
- Follow up coordination efforts with the donors and NGOs involved in child survival programs.
- Computerize the training status of personnel.

Accomplishments and Status

- Several activities related to planning have not taken place due to the general lack of direction in the central CDD team; it has been difficult for the PRITECH representative to get the program coordinator to finalize the workplan for 1993.
- The second phase of the program review was conducted in December. During the review, the program objectives were reviewed and a two-year workplan was developed. Recommendations were made for program management, training/supervision, and IEC issues.

- No semi-annual or monthly national committee meetings were held this trimester. The lack of committee meetings means that several issues have gone unaddressed, and the members are becoming disaffected.

- The WHO representative organized a donor meeting to discuss the National Health Development Plan.

- PRITECH played a key role in following up with WHO on the funding of country program review activities, budgeting, and requesting funds for activities.

- In coordination with WHO, Niger held a CDD Managers' meeting for 25 countries on November 23-26, 1992.

- The national information system has been reinforced with a computer system and personnel. It will now be possible to computerize the personnel training and the supply of ORS.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Organize and supervise regional training.

- Follow-up the utilization of training modules in schools and work for improved performance of nursing school students.

- Put ORT units into place at the district level.

- Supervise regional activities.

Accomplishments and Status

- The PRITECH representative and the CDD deputy coordinator assisted with a refresher course on case management for regional health personnel organized by the Directorate of MCH. This updated course is held once a year, and all programs are invited to give updated information on their program.

- With WHO assistance, the CDD program organized and completed a CDD managers course November 9-14, 1992 for 19 decisional-level health personnel. A Training of Trainers (TOT)course for six people was organized a week before the training.

- The training sessions planned at the regional level have been postponed until 1993 due to financial problems.

- There were no supervisory visits done in this trimester, however, some activities have been planned in order to improve the efficiency of the supervision: 1) review of the supervision form with regards to the facility level and 2) integrate activities (e.g., IRA and malaria).

- No ORT unit was established this quarter.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objectives

- Continue to track information on production, distribution and stocks of ORS at the different levels.

- Work with ONPPC detailpeople for the promotion of ORS.

Accomplishments and Status

- A visit to the ONPPC this trimester concerning ORS production and distribution to health centers provided the following information:

  - From January through November the company produced 915,000 sachets. Of this production, 477,400 sachets were distributed and 464,400 are still in stock.

  - Distribution status: 26,200 sachets were in stock at the beginning of the year; 420,000 were received from the production unit; and only 9,6640 sachets were in stock at the distribution area.

  - The last Health Facility Survey done in May 1992 has shown that only 42 percent of health centers visited at that time had sufficient stock of ORS, and 21 percent were out of stock.

- Although the detailperson has a motorcycle, he has not yet started working with drug sellers. He requested some resources for the functioning of the motorcycle (insurance, petrol, etc.) and it was thought that ONPPC would provide those resources.

- ONPPC celebrated its 30th anniversary. The program took this opportunity to inform pharmacy managers on the utilization of ORS and advice to give to the caretakers who buy ORS from the pharmacy.

VI. INFORMATION/EDUCATION/COMMUNICATION

Objectives

- Follow-up on the distribution of ORS promotional materials.
- Develop, test, and produce educational materials on the themes of diarrhea and nutrition.

Accomplishments and Status

- Starting in October, radio and TV spots were aired. After the program review, it has been recommended that sugar-salt-solution not be promoted anymore.
- Educational material and the training content would have to be revised according to the recommendations.
- The printing of posters to promote ORS use has not yet been done. UNICEF is funding this activity.

VII. EVALUATION/RESEARCH/INFORMATION SYSTEMS/DISSEMINATION

Objectives

- Evaluate the impact of training of health center personnel.
- Collaborate with the Quality Assurance Project to improve the supervision of village health teams in the areas of malaria, diarrhea, and maternal/child health care.

Accomplishments and Status

- The study of case management of diarrhea and ARI was conducted in May in three districts, as well as at the Niamey Urban Community. The final report is not yet available.
- The DHS study will be finalized in January. Preliminary results are available.

- The consultant from QAP visited from October 5-16 to finalize the integrated supervision instrument and guide. The content and methodology of the training manual have been defined. The team is waiting for the resources to undertake the training sessions, which will start in Maradi region. Africare will use the instrument in its upcoming supervision in Diffa.

- The study on nutrition started with Nancy Keith, and was followed up by Ming Hung who analyzed the feeding recipes. The analysis will be finished in early 1993. A proposal is being discussed with the Nutrition Unit to test the feasibility of the recipes and to develop a counselling card to help health workers in nutritional communication efforts.

- The persistent diarrhea study has been finalized, and the thesis was successfully defended in November. The program will consider the results to improve health worker training in diarrhea case management with emphasis on feeding, rehydration, and rational use of drugs.

- The second phase of the program review was finalized in December. Four teams interviewed health care users in seven departments to assess CDD program problems in terms of management planning, training and supervision of health workers, and IEC activities. Realistic solutions have been proposed and a two-year workplan has been developed.

VIII. ARI ACTIVITIES

- At the request of the MOH, a second version of the three-year National Action Plan, previously drafted and presented by PRITECH's regional advisor, was written. This version incorporates the comments and remarks made by the MOH, and was sent to Dr. Maoude (DES) and USAID/Niger.

- The study on the Dosso hospital was finalized and sent to the MOH.

SENEGAL
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

Very few activities were accomplished this trimester because of the health personnel strike. This strike ended in November.

The main activities for this trimester were: 1) the development of training modules on nutrition; and 2) the planning meeting with responsible regional staff to re-plan activities and prioritize activities to be carried out after the strike.

Supervision visits were carried out by SANAS in three districts in the three USAID-financed regions. The supervision visits were financed directly with the PRITECH funds made available for local costs, in accordance with the amendment of the USAID/Senegal buy-in contract.

The PRITECH ARI advisor has continued analyzing data from the regional hospitals. The responsible staff in charge of the ARI program does not have enough time for the program. The trainings scheduled are not financed yet.

MSH/PRITECH has continued to give important assistance to the government pharmaceutical association (PNA) in its efforts to ensure a better essential drug management system, including ORS.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

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

Accomplishments and Status

- PRITECH participated with USAID, UGD and SANAS in three USAID-financed regions and helped develop the first trimester workplan for 1993 regarding the establishment of ORT units, the supervision of training activities on CDD and nutrition, and the testing of the nutrition manual.

- PRITECH met with UGP and Regional Health responsible staff to re-plan and budget activities because of the delay due to the strike.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Assist with the improvement of case management through training and the establishment of ORUs.

- Assist with the improvement of nutrition training.

- Assist with the improvement of CDD teaching in the nursing schools.

- Assist in the provision of tested nutrition education messages for inclusion in national education materials.

Accomplishments and Status

- Trainings have been conducted in the region of Fatick in Foudiougue and Sokone. The SANAS CDD members supervised the training sessions.

- 350 training manuals have been distributed during training sessions.

- Other training sessions have not been carried out because of the strike of health personnel for half of this trimester.

- The SANAS team, with PRITECH's assistance, is finishing the module on nutrition. We hope that it will be tested in the first trimester of 1993.

- There was confusion about the availability of WHO funds for the training of nursing school teachers. WHO sent a memo that they did not receive the request for funding from the Ministry, but it seems that the request had been sent through WHO's office in Senegal. At any rate, the training has not yet taken place.

- The study on sugar-salt-solution was finalized. A meeting was held to discuss the results. It was decided to change the measures of salt and sugar, using either 1/2 the coffee spoon or the 2 pinches of 3 fingers for the salt measurement, and to use the tea cup no.8 to measure the sugar powder which is more available in the house.

- Activities carried out this trimester on the Feeding Study, Phase III (Diene) were as follows: 1) focus groups; 2) discussion on the feeding practices; 3) baseline study on KAP of feeding practices during and after illness in the nine villages; and 4) detailed analysis of the data collected so far. Significant progress has been made towards the next step, which is the production of counseling cards based on the results of the analysis of the information collected during Phase II. Training of the service providers (nurses, matrons, and nutrition promoters) will be the next step.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Objectives

Assist the MOH to establish management systems to improve the National Pharmacy's level of autonomy.

Accomplishments and Status

- After updating the ORS production feasibility study from 1985, Parke-Davis has decided that it is not interested in ORS production. Local production in Senegal is unlikely to happen in the near future.

- A meeting between PRITECH, USAID, UNICEF, and PNA was held on ORS procurement and distribution issues. A decision had to be made immediately regarding the availability of ORS. USAID will provide 500 to 800000 ORS packets a year, and the distribution will be made through the PNA. The PNA planned to bid for 500,000 packets to cover Senegal's ORS needs.

- The PNA is going to handle ORS management as part of essential drugs. MSH/MIS group is working with the PNA, through PRITECH, to help this

agency with this management mechanisms. A workshop session was prepared this trimester on Drug Logistics, including the management of drugs and the role of the PNA. The workshop is going to take place in January 1993.

V. EVALUATION/RESEARCH/INFORMATION SYSTEMS

An intermediary draft report was submitted a year ago by the Principal Investigator of the dysentery study. The study will be finished in early February 1993. PRITECH will receive the final report in late February.

No follow-up activities were done regarding the WELLSTART breastfeeding study. Activities were planned, including a workshop to define a promotional policy for breastfeeding and to develop an operational research (IEC), but no action has been taken so far.

UGANDA
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

The highlights during the final quarter of 1992 were, firstly, the Gomba county baseline survey of traditional healers under the Uganda Traditional Healers Initiative. Four hundred and thirty-seven healers were interviewed about their (possible) practice in handling diarrheal cases as well as their knowledge on prevention of the disease, to set a basis for healer training activities. Secondly, the 1993 Action Plan for the CDD program was developed, which includes separate plans for ARI activities and DTU training. In addition, the status of the 1991 CDD evaluation recommendations was reviewed, and if possible, will be incorporated as activities in next year's plan.

Considerable time was put into the development of PRITECH contract requirements, i.e., input into occasional papers as well as a major Country Intervention Report.

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 secretarial staff in computer program applications.

Current Status

1.1 Various parts were drafted with the help of the program staff. Among others, the perceived job descriptions of the staff were collected, which will be used for ultimate task and procedure definition.

A transport log form was developed to monitor vehicle use on a weekly basis; vehicles are registered as either grounded or used for program activities or office running. This overview will be useful to justify future vehicle demands to donors.

1.2 By using a CDD secretary during the data input and analysis of the UTHI Gomba baseline survey, she was introduced to EPI-INFO 5. Further on-the-job training is planned to keep her up-to-date.

Objective 2

Improve central and district planning.

Planned Activities

1.1 Research information requirements for program planning.

1.2 Develop the 1993 CDD Plan of Action.

Current Status

1.1 The Kabarole district in Western Uganda was visited to verify their information requirements and use of data. Despite the heavy reliance on external assistance and the concentration still on the administration of the information system, i.e., the collection and analysis of the data, some of the information received is being used for activity planning and health unit activity comparison.

The Health Planning Unit has started a major exercise to introduce the (neglected) Northern district to health planning using the current MOH three-year-plan as a basis. This planning is mainly based on the availability of resources and determination of the resource gap. The PRITECH country

representative (CR) has been actively involved in the methodology development.

Lastly, the CR assisted in the drafting of the terms of reference for a major DANIDA-assisted HIS project that will link drug consumption data to morbidity data. This will be of great importance to the CDD program as national and local ORS consumption is still undetermined.

1.2 During the second week of December the PRITECH CR facilitated the annual Action Plan Development Workshop. Participants included: Health Inspectorate staff, DTU staff, UNICEF and WHO staff, as well as the CDD program staff. Again, through the use of the visual planning technique, the cards (with the CDD evaluation recommendations) of last year's workshop were used to see what progress was made and what activities still need to be developed or continued. Both DTU staff and ARI staff had already developed action plans. Those action plans were integrated in the CDD plan though keeping their separate status for UNICEF funding purposes.

IV. TRAINING/EDUCATION/SUPERVISION

Objective

Improve case management training of categories of health workers.

Planned Activities

Assist in the preparation and implementation of DTU courses.

Current Status

After the successful TOT training and the in-house participant training in September, a DTU course was organized to train nurses in charge of pediatric, obstetric, and acute care units of the Mulago and Mbarara Hospitals. They were trained by the facilitators and resource persons that were trained during the TOT course. Together with the DTU administrator, the CR worked on the systemization of the hand-outs to be given out during the course. Some minor changes were again noted. These changes will be all incorporated in a final version when a few more courses have been conducted.

Meanwhile, the DTU clinical assessment form was finalized and cycle-styled in a few thousand copies for initial use. Negotiations with the Ministry's printer and some

Planned Activities

1.1 Continue to develop a management procedures manual.

1.2 Train CDD secretarial staff in computer program applications.

Current Status

1.1 Various parts were drafted with the help of the program staff. Among others, the perceived job descriptions of the staff were collected, which will be used for ultimate task and procedure definition.

A transport log form was developed to monitor vehicle use on a weekly basis; vehicles are registered as either grounded or used for program activities or office running. This overview will be useful to justify future vehicle demands to donors.

1.2 By using a CDD secretary during the data input and analysis of the UTHI Gomba baseline survey, she was introduced to EPI-INFO 5. Further on-the-job training is planned to keep her up-to-date.

Objective 2

Improve central and district planning.

Planned Activities

1.1 Research information requirements for program planning.

1.2 Develop the 1993 CDD Plan of Action.

Current Status

1.1 The Kabarole district in Western Uganda was visited to verify its information requirements and use of data. Despite the heavy reliance on external assistance and the concentration on the administration of the information system, i.e., the collection and analysis of the data, some of the information received is being used for activity planning and health unit activity comparison.

The Health Planning Unit has started a major exercise to introduce the (neglected) Northern district to health planning using the current MOH three-year plan as a basis. This planning is mainly based on the availability of resources and determination of the resource gap. The PRITECH country

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

Current Status

The PRITECH CR liaised between CEDPA, the local consultant James Lwanga and the URC to get the final project document and budget ready for forwarding to the CEDPA/Washington office. The project's implementation is due in the early months of 1993, to finish before the end of the PRITECH project.

VII. INFORMATION/EDUCATION/COMMUNICATION

Objective

Develop CDD material.

Planned Activities

- Adapt a local treatment chart.
- Adapt the diarrhea chapter of the Facts for Life booklet.

Current Status

This is an activity that develops independently from the PRITECH project with only some technical advice if and when requested. There are two main documents under local adaption: the WHO treatment chart, and the Facts for Life booklet, which has a diarrhea messages chapter. The former will include information on Uganda nutrition, while the latter stresses the importance of home case management with local HAFs.

Meanwhile, some early drafting attempts have been made on a visual treatment chart for Traditional Healers under the UTHI. This will need further development and field-testing.

VIII. EVALUATION/INFORMATION DISSEMINATION/INFORMATION SYSTEMS

In principle, there were no objectives identified, but 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 by people with which PRITECH works very closely. These abstracts were titled:

Weaning Food Practices, DTU Development, Breastfeeding Practices in Uganda, the UTHI, and The Cholera Experience of Uganda.

IX. RESEARCH AND DEVELOPMENT ACTIVITIES

Objective 1

Develop links between bio-medical practitioners and traditional healers.

Planned Activities

1.1 Conduct and document a baseline survey on TH practices with diarrhea in children under five in Gomba county, Mpigi district.

1.2 Further develop UTHI health learning material.

1.3 Provide technical assistance for the overall evaluation of the Vanguard project.

Current Status

1.1 A baseline survey on TH practices with diarrhea and other childhood diseases was carried out during October; the first two weeks of October were occupied with the organization of the survey, while the rest of the month was used by the survey. The instrument as presented in the UTHIVP proposal document was reviewed and redesigned. The Friday before the survey, participants were trained in the survey instrument as well as informed about the objectives of the UTHI (Vanguard) project. Participants included CFT, DFT members as well as selected members from Makerere University and the CDD program.

During the survey, four survey teams went out every day to a single parish where they sensitized (and often still mobilized) the local communities. Another (mobilization) team went ahead and prepared other parishes for the visits of the survey teams a few day later. During the mobilization/sensitization, religious leaders, community leaders, chiefs, health workers, teachers, mothers, and others were informed about the objectives of the UTHIVP: the possible collaboration between traditional healers and health workers and their possible training.

After the sensitization, THs that had gathered were individually interviewed or were looked up in their respective homes.

In all, 37 parishes were visited, with an average turn-up during the sensitization of over 50 persons and eventually 437 THs were surveyed. Great interest was shown in the possible training and likely collaboration. The data was subsequently analyzed and presented in a report, due for clearance by PRITECH and USAID. The results in the report will form the basis of the knowledge and skills training. The document also presents the criteria for selection of healers for the training courses.

1.2 The CR worked with the artist on some of the drawings which will be used in the Mother's Flyer and Referral Card. Meanwhile, the logo was circulated among the USAID Mission staff who were quite enthusiastic about the design: A child between bio-medical health worker and traditional healer who are holding hands.

1.3 In December, the consultant rate for the UTHI Technical Coordinator was approved. Mr James Lwanga, who has been longtime involved with the UTHI (and some of PRITECH's other activities), was appointed on a part-time basis, working an average of 10 days a month on the day-to-day running of the Initiative. He will be instrumental in the finalization of the UTHI/HLM and the design and implementation of the training courses.

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.

X. OTHER ACCOMPLISHMENTS

Thinking about the possible decentralization of health activity management has taken a major shape here in Uganda. Donors are especially interested in how these new developments can be incorporated in their existing programs or developed in new programs. The CR prepared and presented a background paper on how donors could participate in district health management strengthening activities. He also participated in a workshop on the sustainability of the health programs of an Italian

NGO. The CR was requested to develop a proposal for (Dutch) assistance to a MPH course at the Institute of Public Health that will have its emphasis on district health management and planning.

The CR facilitated a visit of the WHO/Europe regional nutrition adviser to the DTU, LMU and nutrition center at Mulago. She was very interested in the activities, especially in the work of the late Dr Jellife for which she has founded a foundation. The practices reminded her very much of the situation in some of the Eastern European countries as they are at the present time.

The last two weeks of December were spent on the development of the Country Intervention report, an end-of-project requirement.

Lastly, the CR participated in a taskforce for the African Conference on Diarrheal Diseases (AFCODD), to be held in Uganda in 1994. He sent out the first announcement and call for papers.

XI. PROGRAM ISSUES/OBSTACLES

The feeling can not be denied that with the end of the PRITECH project in sight, more time is being spent to fulfil contract requirements rather than providing technical assistance. The realization by the host government that PRITECH is pulling out increases the demands on the CR with a higher level of activities to be carried out under the PRITECH Project.

ZAMBIA
Quarterly Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

The CDD program has continued to make significant advances in spite of severe economic problems, shortage of personnel, cholera, dysentery and drought. Progress has been made in each of the major program areas as well as new initiatives including traditional healers and breastfeeding.

A resource library has been established at the DTU which will be used by course participants, medical students and researchers. PRITECH also assisted the DTU by funding the installation of burglar bars to secure the classroom and library.

The PRITECH representative served as a reviewer of research proposals submitted to the Study Fund (Social Action Program) as well as assisted numerous researchers carrying out research on diarrhea, cholera, nutrition, and maternal mortality.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

- Continue role as advisor to the MOH in the development of health policy reforms.

- Develop district action plans for cholera-prone areas.

Accomplishments and Status

- The PRITECH representative continued to work throughout the quarter with the MOH Planning Unit and MOH headquarters staff on district level implementation of the health policy reforms.

- The MOH has developed an epidemic preparedness document which outlines mechanisms for national, provincial and district responses. The plan will be circulated for discussion early next quarter.

- An ARI policy development workshop has been scheduled for early next quarter. The MOH has already agreed that ARI will be combined with CDD, and the CDD Secretariat will provide administrative support when the ARI Program becomes functional.

- The breastfeeding policy draft was discussed during a one day workshop (October 29). The revised document was presented to the MOH for approval. The policy includes national and hospital-based guidelines.

- A major planning activity involved training and assistance for districts to develop action plans for cholera. Nine districts in five provinces submitted plans to a subcommittee of the National Cholera Surveillance Committee (NCSC).

- Drs. Waldman and Acheson from the WHO/Geneva Cholera Task Force visited Zambia to assist the planning committee in reviewing the plans. A new planning format was designed, and the district teams were asked to reformulate their plans following the new guidelines. The revised plans were summarized in preparation for a donors' meeting to be held early next quarter.

- The traditional healers policy document has been circulated for ministerial reading and is due to be submitted to Parliament in early February.

- The CDD program secretariat developed a 1993 workplan. The workplan was discussed with UNICEF, WHO and PRITECH. CDD program staff also participated in budget review meetings with the MOH and other donors. The MOH has agreed that the CDD program will be accorded a high priority in 1993, which will be reflected in a substantially increased budget allocation.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Continue assistance to the General Nursing Council on curricula revision.
- Carry out integrated training.

Accomplishments and Status

- The General Nursing Council has requested the CDD Secretariat to assist them in finalizing their revised curricula. This is the last stage in a process begun one year ago, before the new curricula is implemented in nursing schools.
- The first integrated CDD/UCI/Nutrition/Family Planning training course in drought-affected areas was held in Eastern Province. The course, supported by UNICEF, involved district health workers and rural health center staff.
- CDD program staff began preparations for an International Training Workshop for medical school instructors to be held at the DTU in January. This course will be the first of its kind. It is intended to train a task group who will be called upon by WHO to facilitate training courses for medical school instructors.

V. ORS PRODUCTION, DISTRIBUTION AND AVAILABILITY

Supplies and distribution of ORS has been good during the quarter. In addition to regular supplies, ORS has been received from UNICEF and the Red Cross as part of drought emergency relief aid. Assessments of ORS availability in urban areas have shown an improvement over the last quarter.

VI. IEC MATERIALS/SOCIAL MOBILIZATION

Objectives

- Revise and reprint mothers' education leaflets.
- Print and distribute CDD posters.
- Revise, print and distribute the CDD policy poster.

- Revise the Zambia "Facts for Life" book.
- Continue popular theater.
- Expand community-based cholera awareness campaign.

Accomplishments and Status

- The mothers' education leaflet "How to care for a child with diarrhea" was revised. Arrangements were made with UNICEF to print an additional 100,000 copies.
- The CDD poster was reprinted and 6,000 copies distributed to all provinces and districts in ORT Unit kits and during visits by CDD baseline survey supervisors.
- The CDD policy poster was revised and final arrangements made for printing early next quarter.
- The Zambia "Facts for Life" was revised during a one-day seminar held by the Health Education Unit (MOH). The corrected version will be printed and distributed by June 1993.
- The popular theater groups continued working throughout the quarter. The theater groups performed plays on cholera, water, and sanitation issues in the Lusaka peri-urban area.
- Arrangements to produce a video on cholera were made involving WHO, MOH and the Television Trust for the Environment (London). The video is to be filmed in Zambia and is intended to be a positive look at cholera by using the best of Zambia's policies to illustrate effective strategies and to use these achievements as a blueprint for other countries.
- The CDD Secretariat is involved in the design, production and dissemination of cholera messages as part of their role on the cholera task force.

VII. RESEARCH/INFORMATION DISSEMINATION/INFORMATION SYSTEMS

Objectives

Complete preparations for a national CDD baseline follow-up survey, including training surveyors, completing data collection and completing data analysis.

Accomplishments and Status

- All preparations for the national CDD baseline survey were completed, and 66 surveyors were trained from October 18-23.

- Technical support was received from two WHO consultants from Harare. The PRITECH representative and the WHO APO acted as course facilitators. The training included a detailed review of the questionnaire, role plays, questionnaire pretest, map reading and logistic preparations. Team leaders were selected for each of the nine provincial teams as well as five central level supervisory teams. Each of the nine provincial teams were visited in the field by the central level teams, who supervised the initial data collection.

- Data collection was completed in all 60 clusters by early December. The data analysis stage began on December 8 and continued until December 24. A preliminary draft report with recommendations was completed. The results were generally good with significant improvements in most indicators since the 1986 survey. For example, the two week ORS use rate was 53 percent urban/37 percent rural, ORS use rate 83 percent, continued breastfeeding rate 97 percent, continued feeding 72 percent. The survey results did identify a problem in effective or correct ORS preparation where 30 percent used a 750 ml bottle to mix one liter sachets. The CDD program has already decided to focus more attention on community-based health education efforts to improve ORS preparation.

- The CDD program benefitted from the visit of two Swedish postgraduate nurses who carried out research on ORS Units in Lusaka urban clinics and severely dehydrated children at the DTU. The CDD Secretariat, PRITECH representative, and WHO assisted them in designing appropriate protocols and data analysis. The results of their studies, particularly on ORT Units, have enabled the CDD program to monitor the effectiveness of ORS Units since they were established in 1991. Their results revealed that mothers had high levels of knowledge regarding ORS, its preparation and purpose. However, case management standards had deteriorated due to staff transfers.

- Two postgraduate physicians, Dr. Amadi and Dr. Kavindele, have completed data collection for their projects on breastfeeding in neonates and persistent diarrhea respectively. The PRITECH representative will assist them in data analysis.

- The scope of the Lusaka mortality study by the PRITECH representative and Dr. Jeppson (WHO/APO/MCH) has been expanded due to the interest it has

generated among donors and the MOH. Data will be analyzed from 1986 to 1992.

- A two week training course in research methodology and proposal writing was held, sponsored by ICHAR (Sweden). The focus was primarily on maternal health issues, and proposals developed included studies on antenatal attendance, maternal mortality and nutrition. The PRITECH representative presented a talk on the breastfeeding KAP study and will act as a supervisor and advisor to a number of the researchers.

VIII. MONITORING AND EVALUATION

Zambia received two World Bank evaluation teams during the quarter to conduct sector reviews of human resource development, education and water and sanitation.

Monitoring evaluation activities also included an evaluation of ORT Units in urban Lusaka and the national household case management survey (noted under Research).

The offer of technical assistance from CDC/Atlanta to establish a sentinel surveillance system and improve the reporting and monitoring of diarrheal diseases has been formally accepted by the MOH through the NCSC.

IX. DONOR MOBILIZATION AND COORDINATION

Objectives

Continue donor mobilization with particular emphasis on water and sanitation.

Accomplishments and Status

- The CDD program has been able to continue to interest a wide range of donors in supporting activities. The donors involved include EFC, Norad, World Vision, and the French, Belgian, German and Netherlands governments. In addition, the Italian and Japanese governments have plans to expand their support for water and sanitation projects and other CDD activities.

- Several visits of WHO consultants from the cholera task force provided an opportunity for CDD program staff to visit donors in order to gauge their interest in supporting water and sanitation activities.

X. CHOLERA

Cholera continues to be a major problem with periodic outbreaks in all but two provinces. The most recent outbreak began in August 1992 with over 6,000 cases by mid-December and over 500 deaths (CFR 8.3%). A major outbreak occurred in Kitwe in Copperbelt Province and was traced to a contaminated public water supply system. Generally supplies have been adequate and all cholera treatment centers have been provided with sufficient drugs, fluids and equipment. The Kitwe outbreak has emphasized the need to focus more attention on water and sanitation, to develop an epidemic preparedness plan, and to develop a program that would lead to a long-term solution to cholera in Zambia.

The number of dysentery cases has declined to an average of 3-4 per day admitted to the DTU. The majority are treated on an outpatient basis with nalidixic acid.

XI. ISSUES/PROBLEMS/DELAYS

The rapid spread of the Copperbelt (Kitwe) cholera outbreak and large number of deaths sparked a crisis management response by the MOH headquarters. MOH officials rushed to the area and became personally involved in organizing provincial health care staff, logistics and case management instead of utilizing existing organizational committees (i.e. NCSC, provincial cholera task force). A new organizational structure was therefore set up. This resulted in a fragmented response without the necessary involvement of the UTH staff, UTH laboratories, public health laboratory or Lusaka water affairs department.

The chronic staff shortages and frequent staff transfers have caused problems in maintaining good case management practices in ORT Units and at the DTU.

XII. CORRECTIVE ACTIONS

While the latest cholera outbreaks has presented new threats to the organizational integrity of the CDD program, it has successfully met the challenge. Although it remains to be seen how effective the organizational structure proposed in the epidemic preparedness plan will be, the CDD program will continue to play a major role in the response to cholera. Moreover, CDD staff have continually stressed that a strong CDD program is the best way to deal with cholera.

The CDD program has proposed a refresher course for the new DTU nurses and has secured funds from UNICEF to conduct the course.

The PRITECH representative has continued to serve on policy formulation committees, drought relief committees, and committees addressing managerial and staffing issues.

CENTRAL AMERICA REGIONAL OFFICE
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

The Senior Program Manager has spent this quarter overseeing the activities in Mexico, as well as traveling to other Latin American countries, working on cholera activities and collaborating with other organizations to help develop or maintain PRITECH's presence in the public health field.

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objective 1

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

Status

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

Objective 2

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

Status

INCAP and PRITECH received approval from A.I.D. to proceed with this activity. The short time frame remaining in the PRITECH project requires a modification of the task into phases which can be completed within the lifetime of PRITECH II. The modification should be available for PRITECH and A.I.D. consideration in January 1993.

III. TRAINING/EDUCATION/SUPERVISION

The Senior Program Manager responded to a request from USAID/Peru to assist in a seminar related to information systems and the interfacing of Peruvian NGOs with MOH systems.

The Senior Program Manager also provided support to an AED activity in Guatemala related to the impact of mothers' education on health, nutrition, and other development indicators. This was a follow-up activity to a PRITECH initiative in Guatemala dating from 1989.

SAHEL REGIONAL OFFICE
Quarterly Field Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

The following visits were made by Regional Staff and Consultants:

	Regional Staff	Consultants
The Gambia	1 visit	0 visit
Burkina	4 visits	0 visit
Mali	4 visits	0 visit
Niger	2 visits	0 visit
Senegal	residence	0 visit

The Sahel Regional Office has continued its functions in the areas of supervisory and technical support of five country program, coordination of research activities in the region, follow-up of CDD teaching in nursing schools, production of technical materials for health staff, supervision of ORANA Information Center activities, identification of new opportunities (e.g., breastfeeding, ARI management training), and coordination with other donors and projects (e.g., WHO/Geneva, WHO/AFRO, WELLSTART, VITAL, Nutrition Communications Project, HEALTHCOM).

III. PLANNING/MANAGEMENT/POLICY/COORDINATION/FINANCE

Objectives

- Ensure continued supervision and support of CDD programs in five Sahel countries as well as the ORANA Information Center.
- Identify opportunities to strengthen or complement CDD activities in the region through coordination with other projects and donors.

Accomplishments and Status

- Supervision of country programs was carried through regular phone contact (at least once a week) with the four country representatives, and visits from regional staff (11 visits in this quarter).
- Many of the visits were combined with technical support of country programs as required (especially in the areas of programming, training, follow-up of ORT Units, and evaluation).
- One WHO regional workshop was facilitated by PRITECH regional staff in Niger in November.
- Monthly meetings have been held with ORANA Information Center staff to review activities and discuss problems and future plans.

IV. TRAINING/EDUCATION/SUPERVISION

Objectives

- Improve CDD teaching in nursing and medical schools.
- Develop teaching materials for health workers on key CDD and nutrition topics on a regional basis (through ORANA), where possible.
- Finalize and publish the Sahel Statistics update.
- Assist with evaluation activities.
- Finalize research efforts.

Accomplishments and Status

- The PRITECH Nursing School Modules have been revised and the printing is in progress and the modules should be available in January.

- The training of nursing school teachers (second session) was planned for December; it has been postponed to February 1993. Senegal has not yet confirmed the dates. All training in the Sahel Region were accomplished with the assistance of PRITECH.

- PRITECH regional staff has done a follow-up visit to Niger on the courses held.

- The training of CDD in medical schools is done by pediatricians in Burkina Faso, Mali, and Niger. They are using the WHO manual "Lectures for Trainings Course for Clinical Management of Acute Diarrhea".

- WHO/Geneva, WHO/AFRO, and PRITECH have been communicating on plans for intervening jointly with medical schools in the region. Unfortunately, we are still waiting for WHO/Geneva to set dates. Because of this, it is not known yet whether PRITECH will be able to take part of those activities before closing.

V. INFORMATION/EDUCATION/COMMUNICATION

Objectives

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

Accomplishments and Status

- Letters have been out to numerous nursing or medical schools and other scientific organizations to collect theses or various documents on ORT, ARI, and nutrition.

- Continued work on CDD supplements (no.23 sent out with DD no.45, 30 Acquisitions Lists for CDD, 8 for Vitamin A, and 9 for Nutrition). The ARI news compilation and no. 21 were sent out. Work is progressing on the annotated bibliographies for CDD and Nutrition. ORANA has now collected 2519 documents on CDD, 879 on Nutrition, 661 on Vitamin A, and 105 on ARI.

- One document on ORT has been selected for a large distribution (Oral Rehydration and Feeding: State of the Art in Diarrhea Management).

- One hundred and fifteen documents on ORT, nine on nutrition, and four on vitamin A were copied and sent out to several CDD programs managers and university library.

- Three hundered and fifty posters on assessing dehydration have been distributed.

- In this quarter, ORANA has received 39 documents on ORT, three on ARI, 26 on nutrition, and 16 on vitamin A.

- The Sahel Statistics book is still being updated.

VI. RESEARCH AND DEVELOPMENT ACTIVITIES

Objectives

- Promote research on key CDD and nutrition issues in the region.

- Develop technical forms for Sahel countries on the management of persistent diarrhea and dysentery.

Accomplishments and Status

- The Dysentery study in Senegal will be finished in February 1993. Comments from WHO/Geneva and the PRITECH Technical Unit on the preliminary report submitted a year ago will be taken into account in the final report.

- We are still waiting for the final report on the Burkina Faso dysentery study.

- No follow-up activities were done regarding the WELLSTART breastfeeding study. Activities were planned, including a workshop to define a promotional policy for breastfeeding, and development of operational research (IEC), but no action has yet been taken.

- Regarding the study on nutrition in Niger, the analysis of feeding recipes will be finished in the first trimester of 1993. A proposal is being discussed with the Nutrition Unit to test the feasibility of the recipes and develop counselling cards to help health workers in their nutritional communication efforts.

- Mali is planning a household and health facilities combined study. The objectives and protocol are being discussed. The study will be done with HealthCom, but the financial issue is not yet solved with HealthCom.

VII. THE ARI INITIATIVE

Objectives

- Carry out preliminary work on ARI in the region, building on the CDD experience and documenting the process.

- Develop ARI activities in Senegal, Mali, and Niger.

Accomplishments and Status

- All follow-up visits to Niger and Mali which had been planned this quarter had to be canceled. In Mali, the planning did not match with the counterparts' schedules. In Niger, the local mission was reluctant to see the PRITECH representative initiate a new program.

- The regional ARI advisor made to trips to PRITECH/Washington and to WHO/Geneva to discuss ARI issues. WHO extra-budgetary funds could be made available for training activities in the three countries.

- In Senegal, during the weekend of November 14-15, the regional ARI advisor organized a two-day introductory training 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.

- From November 20 - December 1, the regional ARI advisor went on a field trip with counterparts to three regional hospitals in Senegal. The WHO-ARI protocol and ARI background were introduced to physicians working in pediatric wards. They also collected hospital registers for analysis.

- The analysis of data collected from hospitals continued. The study on the Dosso hospital (Niger) was finalized and sent to the Niger MOH. Data from Senegal regional hospitals are still being analyzed.

- At the request of WHO/Geneva, PRITECH's regional ARI advisor developed a series of statistical graphics on ARI in Senegal and Mali to be incorporated in the WHO francophone slide series presently being developed for a four day clinical training course module.

HEALTH SYSTEMS SUPPORT
Quarterly Management Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRESS TOWARD OBJECTIVES

The objective for the Health Systems Support component of PRITECH is to provide technical assistance under buy-ins for urban health and prosthetics project design and evaluation activities, and for activities financed by RD/Health central funds as selected on a case-by-case basis.

During this quarter, PRITECH sponsored four activities through Health Systems Support (HSS), expending approximately four person months.

In response to a request from USAID/Managua and the Nicaraguan Ministry of Health, in late October, PRITECH consultant and Mexican pediatrician Dr. Francisco Becerra and MSH/Honduras Logistics and Administration Advisor Susan Ross attended the Twenty-fourth Medical Congress of Nicaragua. Becerra and Ross were to give presentations on current issues in child survival and the local management of health center user fees, respectively. However, insufficient preparations by Congress organizers led to the diversion of the Congress from its original health issues agenda to a political agenda where opposing groups voiced their opinions on the future of Nicaragua. As a result, Becerra and Ross were prevented from giving their presentations. RD/Health provided central funds for this activity.

In early November, PRITECH Central America Regional Manager Dr. Barry Smith traveled to Peru to facilitate a meeting for Peruvian NGOs to discuss methods for

integrating NGO and MOH health management information systems. This activity was financed by RD/Health central funds.

Continuing assistance begun at the end of PY5, Dr. Diana Silimperi of MSH has been utilizing existing data bases (DHS data) to conduct comparative analyses to determine the variables which most likely reflect significant differences in health status among socio-economic groups in varying urban settings. Her findings will be written up in a report during the next reporting period.

In close collaboration with RD/Health, Dr. Silimperi has worked with a colleague from JSI to research and write a paper on global urban health issues. A first draft was produced and submitted to A.I.D./Washington for review. Revisions will be made during the first quarter of CY 1993. The end result will be a paper that will assist A.I.D. in its efforts to address the health problems facing growing urban populations in the developing world.

RESEARCH AND DEVELOPMENT
Quarterly Management Report
October - December, 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

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. They 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 completing country intervention reports, a key element in PRITECH's evaluation effort. Due to staff attrition, budget cuts, and closeout of programs, several of the functional programs have remained fallow this quarter. Most of the TU activity has occurred in PRITECH's private sector initiative (see section on Commercialization).

III. PROVISION OF EFFECTIVE TECHNICAL SUPPORT TO COUNTRY PROGRAMS

Objective 1

Provide technical input into country programs.

Status

Dr. Herman edited and revised the final report of the Cameroon Health Facility Survey.

Dr. Casazza has been involved in dialogue with country representatives in Indonesia, Mexico, and Kenya as well as with Pritech/Washington staff regarding guidelines for commercial promotion of ORS and CBORS products.

Dr. Herman reviewed the preliminary report of the sugar salt solution study conducted in Senegal.

Dr. Herman drafted and submitted for editorial review a Lessons Learned paper on the use of I.E.C. materials in the Sahel.

Objective 2

Provide support to operations research.

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.

IV. COMPLETION AND IMPLEMENTATION OF ACTIVITY PLANS

A. ACUTE RESPIRATORY INFECTIONS (ARI)

During this quarter, the Technical Unit worked closely with Dr. Vincent Joret during his visit to headquarters in October 1992 to update the Washington office with a progress report on the Sahel ARI efforts. He has been working to promote a strategy for ARI control in the Sahel since early 1992. Senegal, Mali, and Cameroon are the three countries targeted for future ARI activities. At the conclusion of his visit, it was agreed that PRITECH would support three activities:

1) clinical training in ARI for eight to ten key persons in the three countries drawn from central and regional levels;

2) participate in an ARI program managers courses in each of the three countries;

3) conduct a KAP study of healthworkers providing ARI services in the Region; the questionnaire and methodology will be developed by PRITECH staff.

The first two activities will be funded by WHO/CDR; PRITECH will support the KAP studies.

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

B. BREASTFEEDING

In Kenya, our 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 will be fully functional in 1993. Finally, Ms. Blyth is involved in assisting the KNH team to secure funding for their training program.

C. CASE MANAGEMENT

No direct involvement in case management training was carried out, but the Technical Unit 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 training to be carried out in Kenya and Uganda to improve the CDD promotional activities of community health workers through CEDPA was reviewed with CEDPA staff based in Washington and the comments shared with the respective country representatives.

With the departure of PRITECH's ARI Program Officer, Dr. Beth Rivin, in October, activities are now being conducted and supervised from the field. Dr. Vincent Joret, PRITECH's regional ARI advisor in the Sahel, visited PRITECH/Washington in November. He presented to PRITECH staff and to A.I.D. his activities to promote ARI planning in Senegal, Mali, and Niger. Dr. Rivin and Dr. Elizabeth Herman revised the ARI strategy, and this was reviewed with Dr. Joret during his visit.

D. NUTRITION

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 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.)

Niger: 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 revised. 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.

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

E. PERSISTENT DIARRHEA/DYSENTERY

Dr. Ana Maria Aguilar, the PRITECH resident representative in Bolivia, visited in November to work with Dr. Scott Endsley, consultant, on the finalization and analysis of the data from the persistent diarrhea study carried out in Bolivia. A plan to complete this work in early 1993 was agreed upon and Dr. Endsley will travel to Bolivia in January for this.

The Technical Unit 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 Uganda Traditional Healers Initiative 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. Herman collaborated with Peggy Bentley (JHU) and the United Nations University (UNU) to complete a manual, "Rapid Assessment Procedures: Developing Cultural Metaphors to Improve the Household Management of Diarrhea." The manual will be published by UNU.

On November 10, 1992, Dr. Casazza presented a paper titled, "Philippines CDD Training Evaluation: Looking Beyond to Performance" to the annual APHA meeting in Washington, D.C.

On December 10, 1992, Dr. Casazza represented PRITECH at the annual TAG for the Quality Assurance Project.

COMMERCIALIZATION
Quarterly Management Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

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

KENYA

PRITECH helped Sterling Health build its ORS marketing strategy which was translated into a brandname/concept developed by ScanAd, the selected advertising agency. The concept was tested among mothers in two rural and semi-urban areas. The results of the testing led to the selection of a new brandname, OKOA-ORS, and to the repositioning of the product as the life-saver of the child with diarrhea. A new advertising strategy was developed and submitted to ScanAd which was requested to work on a new creative copy strategy designed for each audience: the end-user, the influencer, and the purchaser (retailer).

MADAGASCAR

The PRITECH social marketing specialist visited Madagascar in December to provide technical assistance to the national CDD program and the local parastatal production unit of CRS regarding the areas of ORS supply, manufacturing and marketing. He assessed the ORS market situation, reviewed the production issues, and explored the capacities of the different drug distribution channels.

Based on his analysis, he discussed with the director of preventive medicine the key issues facing the sustainability of the actual production unit, the distribution status within the ministry of health and in the private sector, and the potential of working with private producers and marketers. He presented several options aimed at maximizing the actual resources for the short-term, while suggesting alternatives for the long-term.

MEXICO

The ORS market research studies on mothers' attitude and usage, retailers' attitude and usage, and price sensitivity were completed. Final reports were presented in December. Some highlights of the reports were as follows:

- Diarrhea is considered by mothers as the most serious and dangerous illness in children under 5.
- Mothers perceive the symptoms of dehydration as tiredness, depression, loss of weight, etc.
- The mothers' first reflex is to apply home remedies such as rice water, chamomile tea, a corn preparation, and water.
- Mothers believe that the above listed remedies increase stool consistency; they avoid giving "greasy food" (eggs, beans, milk, etc.).
- ORS is used as a second step to replace lost liquids during diarrhea.
- If diarrhea persists, mothers give their child medicines previously prescribed or recommended by doctors, relatives or older friends. If the problem is still present after 24 hours, then mothers will take the child to a physician.
- Mothers are ready to pay up to pesos 50,000 (US$ 16) for the treatment of an episode of diarrhea.
- The acceptable price range for a one liter sachet of ORS powder is between pesos 750 and 3500 (US$0.24 and 0.81), and the average optimum price is pesos 1400 (US$0.45). However, the acceptable price range for a half liter bottle of ORS pre-mixed solution is from pesos 2500 to 6000 (US$0.65 to 1.94), and the average optimum price is pesos 4300 (US$1.40).
- Pedialyte (Abbott's ORS solution) is better known than Vida Suero Oral (MOH's ORS in powder). Mothers prefer the liquid preparation because they consider it more hygienic and more practical; they expressed distrust for the government product.

- Drug retailers are familiar with ORS; they associate it with rehydration. They learned about ORS through propaganda from drug companies, distributors, physicians, and customer requests.
- The average pharmacy in Mexico receives approximately 165 requests a month for diarrhea treatments.
- Retailers usually recommend a kaolin-pectin suspension for diarrhea in children. Only 25% of retailers recommend ORS. They recommend it only when they see or hear evidence of dehydration. They do not believe that ORS is effective in stopping diarrhea, the main concern of their customers. Both physicians and distributors are important influencers on the products they recommend.

The results of the studies will be presented to target companies, highlighting the market opportunities for an OTC-type marketing.

Hector Bolanos will focus his approach on the leading OTC companies such as Bayer, Sterling, Schering-Plough, and Warner-Lambert. Contacts have already been established with the above companies and some preliminary discussions have raised their interest in ORS.

CAMEROON

Following Camille Saade's visit in September, PSI has since finalized their calendar of pre-launch activities. PRITECH has offered its input on the creative strategy when PSI and their advertising agency agree upon a first draft.

B. PROMOTIONAL VISITS

None

C. TASK FORCE MEETINGS

None

D. REGIONAL WORKSHOPS

The successful Asia ORS marketing workshop held in July required some follow-up activities. Several companies requested information/input on new or renewed ORS planned activities.

The publication draft on the Asia workshop was written, edited and approved during this period. Work with the selected designer was started, and we expect the printing of the publication by the end of February.

E. APPROACH TO MULTINATIONAL COMPANIES

Follow-up on Unilever's subsidiary in Kenya to convince them to promote handwashing along with a soap showed the limits of our possibilities on the local level, when, according to the new Unilever Pan-African advertising policy, the decision-making process is in another country (Malawi in the case of Lifeboy advertising).

F. PUBLICATIONS

The Asia workshop publication is underway; it is due in February. A distribution list will be established to ensure the earliest dissemination.

G. RAPID ASSESSMENT METHODOLOGY

An informal rapid assessment methodology was implemented in Cameroon and Madagascar.

IV. NEXT STEPS

Camille Saade will be visiting Kenya and Madagascar during the first quarter of 1993. In Kenya, he will hasten the preparation of the launching campaign with Sterling Health and ScanAd. In Madagascar, he will conduct an IEC workshop followed by a work group meeting on ORS promotion.

EVALUATION
Quarterly Management Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRESS AND CURRENT STATUS

This quarter PRITECH initiated the three-part evaluation effort of the entire project. The following evaluation activities occurred:

A. COUNTRY PROGRAM EVALUATION

1) Hugh Waters participated in a WHO Focused Programme Review in Morocco.

2) Implementation of the country intervention evaluations began.

All field staff were sent copies of the standardized country intervention report form, along with detailed instructions and a computer disk containing the PRITECH management information system computer instrument (INFOMAN). Field staff experienced varying degrees of difficulty completing the reports. In particular INFOMAN was felt to be of minimal use, as the INFOMAN program was larger than the memory capacity of many field computers. In response to this feedback, PRITECH/Washington agreed to have reports written by hand, with the responses to be entered onto computers at the PRITECH office in Washington.

B. PRITECH OCCASIONAL OPERATIONS PAPERS

Four Occasional Operations Papers were finalized and distributed through the Acquisitions List. Another nine draft occasional papers were received and are currently being reviewed. We expect a total of 28 papers to be written. These papers are being printed, bound and distributed individually, as they are completed. However, we plan to create a final bound volume of all the occasional papers to comprise part of PRITECH's evaluation package.

C. PRITECH ISSUES PAPERS

PRITECH plans to publish up to six Issues Papers. These papers will examine aspects of CDD in detail. Dr. Robert Northrup has been commissioned to write three papers: "CDD Case Management: Reaching Private Practitioners," "Evolution of CDD: Planning CDD for the Future," and "Medical Education and CDD."

INFORMATION SUPPORT COMPONENT
Quarterly Management Report
October - December 1992

I. FINANCIAL SUMMARY

FINANCIAL SUMMARY			
	R&D/H	Buy-In	Total
Approved Budget			
Obligated Funds			
Quarterly Expenditures			
Cumulative Expenditures			
% Expended of Budget			

II. PROGRAM HIGHLIGHTS

This quarter, the Information Center responded to more than 300 requests for documents and information. The Center also produced one issue of the Technical Literature Update.

As part of a PRITECH package of technical assistance to USAID/Antananarivo, the Center began work on establishment of two information centers in Madagascar. The work involves choice of key technical documents and program materials and the development of a card catalog system.

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

During Karen White's leave of absence in Fall 1992, Eileen Hanlon acted as Information Manager.

III. EFFECTIVE ACQUISITIONS OF MATERIALS

Objective

Acquire at least 70 new documents a month.

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 articles.

IV. EFFECTIVE DISSEMINATION OF CDD INFORMATION

Objective

Respond to at least 1,500 requests a year.

Status

This quarter, the Information Center responded to 313 requests for documents and information from the following user groups:

User Group	Percentage
PRITECH staff & consultants	23
Developing country nationals	18
A.I.D. Child Survival PVOs	17
A.I.D. R&D/H contractors	13
A.I.D. Bureaus and Missions	7
Overseas information centers	2
Other donors	3
Miscellaneous	14

This quarter, the Center distributed three acquisitions lists to PRITECH staff. Because of funding constraints, the Center decided to send the list to the 340 HPN officers, child survival PVOs, health officers at A.I.D./Washington, and overseas information centers on a bi-monthly basis. This decision has somewhat reduced the number of document requests coming in.

V. PRODUCE AND DISSEMINATE THE TECHNICAL LITERATURE UPDATE

This quarter, the Information Center distributed an issue of the Technical Literature Update (TLU) on health communications, guest edited by Dr. William Smith of the Academy for Educational Development. Financial constraints prevented the Center from distributing further issues during this period.

At the end of the quarter, TLU readership stood at 17,000, which is 30 percent higher than last quarter. This enormous increase in readers is a direct result of the readers' survey that took place in Spring 1992: readers supplied names of hundreds of libraries, research institutions, and health workers who would benefit by receiving the TLU.

Among the new subscribers to the TLU are health personnel in Eastern Europe and the Independent States.

VI. SUPPORT THE INFORMATION NEEDS OF THE PROJECT

As the project nears its end, the Information Center began to shift 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 Sahel nursing school modules; (2) the CICLOPE rural health communication effort in Mexico; and (3) the PROCOSI/PRITECH collaborative activities in Bolivia. The Center also worked on several other papers that are still in the production stage.

Center staff also assisted with the conference proceedings of the Asia ORS Marketing Workshop held in July 1992.