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The PRITECH Project
ANNUAL REPORT
October 1, 1987 - September 30, 1988

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I. EXECUTIVE SUMMARY

A. Introduction

This report covers PRITECH I operations between October 1, 1987 and September 30, 1988, and PRITECH II operations between September 1, 1987 and September 30, 1988 (the agreed thirteen month period in PRITECH II's first year). The report also marks the completion of the original five years of PRITECH I and the first year of PRITECH II. Although essentially completed, PRITECH I has, in fact, been continued for an additional year to wind down a few activities already funded by mission and regional bureau "buy-ins" to the project. These should be completed during the next twelve months, or earlier. The PRITECH II activity during the first project year has, as planned, been focussed on developing the country program portfolio for the next four years of operations and establishing the management systems to support these activities.

As in the past the report for PRITECH I is divided into three sections:

- 1) The Executive Summary
- 2) The Progress Report on the Approved Workplans, and
- 3) A Narrative Summary of diarrheal disease control program activities now underway.

Appendix A is a summary matrix of the field activities for diarrheal disease control and systems support components of the contract. Appendix B is summary of estimated contract expenditures and the associated person month levels of effort for both contracts. Appendix C is a final tally of countries where PRITECH I undertook diarrheal disease control programs. The report for PRITECH II which follows, has the same structure.

The Executive Summary highlights the important accomplishments under PRITECH I, the start-up activities undertaken during the past year under PRITECH II, and discusses some of the continuing program issues we are addressing.

B. Review of Program Operation at the completion of Year Five of the PRITECH I contract and Year One of the PRITECH II Contract.

The PRITECH I contract is essentially completed. We have met almost all of the contract's program goals and we have been able to provide AID with about 250 more person months in professional services than was contemplated with the funding AID made available. Our resources are 98 percent expended. Regional Bureau and AID mission "buy-in" targets for the contract have been surpassed. With S&T support and assistance we have been able to help establish

or strengthen 22 CDD programs in many cases supported with AID regional and bilateral funds. Particularly in Africa, AID Regional Bureau and USAID interest in CDD, has dramatically increased. This enhanced interest has helped to stimulate support for continuation of almost all of the "bridgehead" interventions started there under PRITECH I as PRITECH II "sustained" programs.

Over the past year we have, with S&T's help, been able to identify most of the places where PRITECH II will work and to a large extent mobilize the funding support for these activities. We have also been able to establish agreed technical strategies for each of the important diarrheal disease control program components, and formulate and partially operationalize the management systems that will be used to administer the new project.

PRITECH I PROGRAM

PRITECH I has now landed 22 programs, in 20 countries and two regional institutions. Twelve of these are in Africa. Seven are in the ANE region and three are in Latin America. We are five programs short of the original contract target.

As we have indicated earlier we feel we could have reached AID's target if in the early stages of the project we had received more help from regional bureaus and AID missions - particularly in the Africa region where greater support for CDD is only now building. At the same, the PRITECH I program covers 11 of the 22 AID child Survival countries, and will impact on two others through our collaboration with INCAP.

The PRITECH I diarrheal disease control country program activities are now being concluded. In almost all cases there is a strong country interest in continuing these programs. We plan to carry out new program assessments in each PRITECH II country which will decide the content of the follow-on activity. Section 3 of this report provides a detailed description of the activities that have been undertaken under PRITECH I, the resources used and the outcome of these interventions.

We have been particularly gratified that AID had decided to "stay the course" with CDD through a decade long commitment to establishing and sustaining the ORT technology. Most of the countries where we are working will continue to need help for some time. In Africa, where the infrastructure is the weakest and the financial resources most stretched, the need for help will most probably continue for the life of the project. PRITECH I has been a very helpful tool to stimulate country interest, assess needs, establish professional relationships and start work on some important problems. We see the PRITECH II program capitalizing on these start-up activities.

PRITECH has continued to enjoy a close working relationship with UNICEF. Our relations with CCCD and WHO, while generally good, have been at times bumpy. Our difficulties with WHO seem to center on PRITECH's technical role. With CCCD we continue to have difficulty defining a supportive working relationship, outside our agreed collaboration in Nigeria. WHO/CDD has continued to serve as a source of technical guidance to the project.

The PRITECH I S&T activity has continued. An extraordinary amount of effort has gone to producing a comprehensive and very high quality set of CDD teaching materials for medical students. These were delivered to WHO on schedule in June, 1988. PRITECH S&T has also produced a very useful set of strategy papers that provide practical guidance for our Washington and field staff in planning and implementing various components of a CDD program. Our technical staff has also been heavily involved in providing ad-hoc technical advice to S&T/Health and various AID bureaus and missions. While most of the earlier S&T methodological work is completed, there are still two items outstanding. A complete status report is contained in Section II B.

The level of effort and focus of the PRITECH I project continued both to grow and to shift toward diarrheal disease control. In PY 5 we exceeded by almost 40 percent the levels we forecast in the workplan for this project component. Diarrheal disease control field programs and the small S&T component utilized almost 75 percent of our PY5 resources, an eight percent increase over PY4.

PRITECH I Systems Support has continued to run without significant problems. During PY5, Systems Support fielded 68 person months of short term consultant help to all AID regions. For reasons that we cannot fully explain the demand for this service during the last six months of PY5 slackened. As a result we fell 23 person months short of our overall contract target of 360 person months. However, about 30 percent (\$100,000) of the carryover balance of buy-in funds covered by the "no cost" contract extension will be used to fulfill already funded USAID mission requests for systems support. We estimate this will yield another ten person months of consultant assistance.

The ORT Information Center has continued to run smoothly. Demand for services continues to steadily increase as the center demonstrates its administrative reliability and its professional competence. During PY5 the Center has made a particular effort to integrate its activities into PRITECH's technical program. The Center has also provided expanded services to PRITECH consultants and PVO's. During PY5 ten issues of the CDD Technical Literature Update were produced and circulated. Because the collection has increased the Center is beginning to need added space, an issue that will have to be resolved in early 1989. On the basis of our five years of experience with the ORT Information Center, PRITECH management is persuaded that the current size and budget of the

center is about correct and that it should remain roughly at current levels during PRITECH II.

Six conferences were planned under PRITECH I. All of these have now been held. In fact, if you count ICORT II and the considerable preparation of ICORT III carried out by the PRITECH technical staff as "PRITECH conferences" the conference target has been exceeded. During PY5 PRITECH formally sponsored one conference. This was convened in Mauritania in February for 26 participants from Sahelian countries. The group considered how prevention and nutrition elements could be effectively integrated into CDD programs in their region.

In addition to the conference program PRITECH held a major planning and orientation meeting for the Washington and field based staff in January. This meeting successfully combined planning and management issues with CDD continuing education.

As we indicated above PRITECH I has now exceeded the level of effort stipulated in the contract by 250 person months. AID is likely to receive an additional 20 to 25 person months from the unexpended contract ceiling covered by the "no cost" extension.

PRITECH II Activities

The first year (thirteen months) of PRITECH II have been principally devoted to strategy development and planning, country program identification and resources mobilization, looking toward implementation of PRITECH II country activities beginning in PY2.

This work is essentially complete and a draft PRITECH II program will be ready to present to S&T/Health in early 1989. Four themes have merged from this planning exercise: 1) Most countries with PRITECH I programs wish to continue with PRITECH II. 2) Because the size of the individual country interventions are larger than contemplated in the contract the total number will probably be somewhat less than anticipated. 3) The ANE and LAC targets will probably not be met; the AFR targets will probably be exceeded. 4) With the exception of India and Bangladesh, where PRITECH CDD country activities are not now possible, and Zaire, where CCCD is providing major assistance, all of the most populous AID Child Survival countries will be reached by the PRITECH II project.

It appears that we have mobilized a sufficient amount of resources - combining S&T funding with USAID missions - to implement the program as currently planned. Mobilizing "buy in" funding has become a particularly complex venture since the further decentralization of funding approval to missions in the Africa Bureau. In the Sahel, for example, we are receiving allocations annually from each mission, rather than in a lump sum administered regionally as in PRITECH I.

Program strategies and implementation plans have been developed for Indonesia and Mexico and six of the programs in the Sahel.

A considerable effort has also been made to organize the PRITECH II management systems. This has included negotiating new subcontracts with our five professional collaborators, designing PRITECH II personnel policies and benefits package for field staff, and new field reporting systems.

We are recruiting new field staff for our expanded country portfolio and our strengthened technical staff.

Assuming that the proposed country portfolio and anticipated funding arrangements hold there is perhaps about \$2.0 million out of the \$19.0 million programmed for PRITECH II country activities that remains unprogrammed.

The bulk of the PRITECH II funding used to date has been for project management. About \$150,000 has also been used for Systems Support to implement short term consultant assignments financed largely by USAID missions.

C. PRITECH Program Finding and Issues

We are now in the process of wrapping up PRITECH I and are now set to start implementing PRITECH II in the countries where the program development phase has been completed. As we go forward with the new PRITECH programs the following issues concern us:

1) Stronger Technical Support for Field Programs

We believe that there is a no higher priority for PRITECH than the effective technical support of country interventions. We have tried various approaches to this problem including the use of part-time expertise with defined country responsibilities. We have regretfully come to the conclusion that assigning technical responsibility for country programs to part-time people has in most cases not worked out. This is because the experts are not available when we need them and are not able to stay sufficiently abreast of the local situations to "land running" on a short term assignment. We are exploring alternate approaches including the possibility of strengthening our headquarters technical staff with more full time people fully dedicated to field support.

2) The Future Use of the PRITECH Prepared Med-Ed Materials

Over the past year PRITECH prepared what we believe to be a very high quality and comprehensive set of CDD teaching materials for use in medical schools. The work was produced with support from WHO and AID. As agreed, these materials were turned over to WHO who are now condensing them for use worldwide in a much abbreviated form. We have found that there is a considerable

country interest in having access to the original PRITECH prepared materials. PRITECH needs to work out with WHO and AID to determine how these country needs can best be met.

3) From ORT to CDD and Beyond.

There is a continuing interest and pressure to broaden PRITECH's mandate to include other related activities. These range from promotion of breastfeeding, prevention and some components of nutrition to water and sanitation and ARI. There are many appropriate and practical linkages that PRITECH should pursue. However, given PRITECH's (and our collaborators) limited resources and absorptive capacity each of these initiatives should be weighed carefully as they are applied to specific program situations. PRITECH needs to reach an understanding with AID on this issue.

4) Working Relationships with WHO/CDD and the CCCD Project

Over the past year there have been some unfortunate tensions between the WHO/CDD unit and PRITECH. These seem to have centered on questions of PRITECH's technical capacity and role in relation to WHO and some misunderstanding within WHO regarding PRITECH's authority and responsibility versus those of AID Bureaus and Missions. In the PRITECH II project, AID has made a conscious effort to build a strong CDD technical capacity in PRITECH to responsibly support our country activities. We need AID's help in clarifying PRITECH's mandate to WHO/CDD.

After a very optimistic beginning some years ago our working collaboration with the CCCD project seems to be limited to our efforts in Nigeria. It is our impression that AID had expected that a fuller relationship would develop. PRITECH proposes to meet with CCCD again early in 1989 to discuss this issue. S&T/Health should collaborate in planning this session and participate in the meetings.

5) Community Participation in Country CDD Activities.

Thus far we have been only modestly successful in integrating our community participation resource CEDPA into our country activities. Because of the limited coverage of public sector health systems we remain convinced our community participation initiative is appropriate. With S&T/Health's agreement we intend to extend the CEDPA contract to permit more time to explore this opportunity.

6) Private Sector Marketing Opportunities

We have been very encouraged by the country and USAID response to our new private sector resource on the headquarters technical staff. The first six months has yielded a number of potentially exciting program possibilities. In many countries sustainable ORT/CDD programs are not achievable without the private sector collaboration. We believe that private sector marketing represents an important opportunity, and we will be seeking S&T/Health's continued support for this effort.

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After five year's of effort AID's worldwide support for public and private sector CDD programs through PRITECH has been institutionalized. The PRITECH I project has helped to establish and strengthen CDD programs in more than 20 countries. AID and PRITECH can take pride in this accomplishment. The PRITECH II program sustains AID's leadership role in ORT.

II. PROGRESS REPORT ON THE ANNUAL WORKPLAN: PRITECH I

A. Disease Control - Operations Component

1. Overview

Table 1 reports on the actual status of country and regional programs at the end of PY5 compared with the operations plan for PY5. During this period, October 1, 1987, through September 30, 1988, there were no promotional visits, assessments, or "starts." The program plan for Guinea was reviewed and the intervention has been delayed at the request of the mission; the "start" of the Philippines intervention also was delayed at the request of the mission. Implementation continued in six countries and nine program reviews took place. Fourteen interventions have been completed.

Table 1

DISEASE CONTROL COUNTRY AND REGIONAL PROGRAMS
PLANNED AND ACTUAL ACTIVITIES - FIFTH YEAR

	<u>Planned Activity</u>	<u>Current Status</u>
<u>AFRICA</u>		
Cameroon	Implementation	On schedule.
Chad	Implementation	On schedule, after program delayed awaiting project agreement by MOH, UNICEF, and Africare and the appointment of National ORT Coordinator, both of which occurred in June 1986. Africare grant extended to June 1988. USAID evaluation team in March 1988 assessed the Africare/PRITECH effort and made recommendations for future program activity. PRITECH assigned long-term consultant in May 1988.

L indicates Limited Program

	<u>Planned Activity</u>	<u>Current Status</u>
<u>AFRICA</u>		
Djibouti L	Intervention Completed	Limited intervention completed.
Gambia L	Implementation	On schedule. Funding likely from Mission through PRITECH 2.
Guinea L		No PRITECH intervention anticipated for immediate future. CCCD activities to continue.
Kenya	Implementation	On schedule. An acting part-time PRITECH Representative hired in fourth quarter PY4. Communications expert provided for eight months to May 1988 to assist CDD/MOH; long-term communications resource person hired PY5 second quarter to continue work on communication component of national CDD program. Dr. J. Alwar hired, at Mission request, for one year from September 1, 1987, to work on operations research, training, monitoring and evaluation.
Mali	Implementation	PRITECH I intervention completed. Protocol d'accord defining PRITECH responsibilities within context of National CDD Program under PRITECH II being prepared.
Mauritania L	Implementation	Funding under PRITECH II limited to one year due to discontinuance of Mission health sector activities. Program evaluation and health facilities survey scheduled for November/December 1988 to determine future course of action.

	<u>Planned Activity</u>	<u>Current Status</u>
<u>AFRICA</u>		
Niger	Implementation	PRITECH I intervention completed. PRITECH II activities within context of 5-year National CDD Program under development.
Nigeria	Implementation	On schedule. Program started in first quarter PY4. PRITECH representative hired in second quarter. Assessment took place August 1988. Implementation planning underway for PRITECH II.
ORANA L	Implementation	PRITECH I effort completed. Education and operations research in area of diarrhea-related nutrition issues being expanded. Negotiation of 4-year contract underway for PRITECH II funding. S&T/Health has provided "bridge" funding.
Senegal L	Implementation	Level of effort for consultants under PRITECH I has steadily increased; funding exceeded budget estimates. Under PRITECH II, limited assistance program, with provision of ad hoc consultants, to continue.
Sierra Leone L	--	Promotional visit deferred.
Swaziland L	--	Promotional visit deferred.
Zambia	Review and Implementation	On schedule. Review took place first quarter.
<u>ASIA AND NEAR EAST</u>		
Bangladesh L	Completed	Limited Intervention completed.

	<u>Planned Activity</u>	<u>Current Status</u>
Burma	--	PRITECH participated in AID Health Sector team which produced a Project Paper. Further program activity unlikely.
India	Review	PRITECH I intervention completed. Decision on PRITECH II activities depends on implementation of USAID bilateral project. Remainder of PRITECH I funds to be used for short-term TA.
Indonesia	Implementation	Based upon assessments of program progress by the MOH with WHO and USAID, the West Java program is being redesigned to reduce number of village cadre requiring training. Program activities are beginning in two additional provinces: South Sumatra and South Sulawesi. PRITECH activities will be extended to September 1989 under PRITECH II.
Morocco L	Implementation	In third quarter PY3 PRITECH team developed SOW for marketing research study on ORT/EPI to be undertaken in PY4 and research is now completed.
Oman L	Completed	PRITECH team completed five year Child Survival Plan as limited intervention plan in second quarter PY3.
Pakistan L	Implementation	PRITECH I program completed. PRITECH II program approved. Full time country representative appointed.
Philippines	Implementation	Program deferred to PRITECH II for funding.

	<u>Planned Activity</u>	<u>Current Status</u>
Tunisia	Implementation	PRITECH I intervention completed. Assessment for PRITECH II taking place November 1988.
Yemen L	Implementation	PRITECH collaborating with PATH to support local ORS production. Awaiting installation of production equipment.
 <u>LAC</u>		
Bolivia	Review and Implementation	On schedule. One-year extension approved to September 1988. Bilateral Child Survival project now in preparation. PRITECH II activity to provide TA to PVO Secretariat.
INCAP	Implementation and Report	Report to be made on intervention.
Mexico L	Implementation	On schedule. Limited intervention underway, through sub-contract with PAHO. Training targeted in states with highest diarrhea mortality. Review took place second quarter PY5. Agreement reached for continued limited intervention through 1992.

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PRITECH I WORKPLAN

region/country	FY 1988: PYS				A.I.D. CHILD SURVIVAL
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	
AFRICA					

Sahel:					
BURKINA FASO					
CHAD	implement_____				
GAMBIA	implement_____		completed		
MALI	review_	implement_	review_	completed	X
MAURITANIA	implement_____			completed	
NIGER	implement_____		review_	completed	X
SENEGAL	implement_____		review_	completed	X
ORANA	implement_____		completed		
Regional				review	
Central & Western:					
BURUNDI					
CAMEROON	implement_____				
C.A.R.					
CONGO					
GHANA					
GUINEA	rev.plan_				
GUINEA BISSAU					
IVORY COAST					
LIBERIA					
NIGERIA	implement_____		review_		X
RWANDA					
SIERRA LEONE					
TOGO					
ZAIRE					X
Eastern:					
DJIBOUTI	completed				
ETHIOPIA					
KENYA	implement_____		review_		X
SOMALIA					
SUDAN					X
TANZANIA					
UGANDA					
Regional					

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PRITECH I WORKPLAN

region/country	FY 1988: PYS				A.I.D. CHILD SURVIVAL
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	

Southern:

LESOTHO

MALAWI

MOZAMBIQUE

SWAZILAND

ZAMBIA

implement_____

X

ZIMBABWE

WORKPLAN ACTIVITIES SUMMARY

VISITS	0	0	0	0
ASSESSMENTS	0	0	0	0
PLANS	1	0	0	0
STARTS	0	0	0	0
IMPLEMENTATION	10	11	7	3
REVIEWS	1	0	3	3
COMPLETED	1	0	1	5

CUMULATIVE TOTALS

Active Programs:	11	11	10	5
Completed Prog.:	1	1	2	7

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PRITECH I WORKPLAN

region/country	FY 1988: PYS				A.I.D. CHILD SURVIVAL
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	

ASIA/NEAR EAST

Southeast:

INDONESIA	implement_____completed	X
PAPUA N.G.		
PHILIPPINES		
THAILAND		

South:

BANGLADESH	[completed PY3]	X
BURMA		
INDIA	implement_____completed	X
NEPAL		X
PAKISTAN	implement_____	X

SRI LANKA

West:

JORDAN		
OMAN	[completed PY3]	
TURKEY		
YEMEN	plan	X

No. Africa:

EGYPT		X
MOROCCO	implement_____completed	X
TUNISIA	implement_____	

WORKPLAN ACTIVITIES SUMMARY

VISITS	0	0	0	0
ASSESSMENTS	0	0	0	0
PLANS	1	0	0	0
STARTS	0	0	0	0
IMPLEMENTATION	5	5	3	2
REVIEWS	0	0	0	0
COMPLETED	0	0	2	1

CUMULATIVE TOTALS

Active Programs:	5	5	3	2
Completed Prog:	2	2	4	5

Sep.30,88

PRITECH I WORKPLAN

region/country	FY 1988: PYS				A.I.D. CHILD SURVIVAL
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	
LAC					

South America:					
BOLIVIA	review	implement	_____	completed	X
BRAZIL					
COLOMBIA					
ECUADOR					X
PARAGUAY					
PERU					X
Central America:					
EL SALVADOR					
GUATEMALA					X
HONDURAS					X
MEXICO	implement	_____	review	_____	
INCAP	completed				
Caribbean:					
DOMINICAN REP.					
HAITI					X

WORKPLAN ACTIVITIES SUMMARY

VISITS	0	0	0	0
ASSESSMENTS	0	0	0	0
PLANS	0	0	0	0
STARTS	0	0	0	0
IMPLEMENTATION	1	2	1	1
REVIEWS	1	0	1	0
COMPLETED	1	0	0	1

CUMULATIVE TOTALS

Active Programs:	2	2	2	1
Completed Prog.:	1	1	1	2

TOTAL WORKPLAN ACTIVITIES SUMMARY

VISITS	0	0	0	0
ASSESSMENTS	0	0	0	0
PLANS	2	0	0	0
STARTS	0	0	0	0
IMPLEMENTATION	16	18	11	6
REVIEWS	2	0	4	3
COMPLETED	2	0	3	7
Active Programs:	18	18	15	8
Completed:	4	4	7	14
Apprd,not Impl.:	2	2	2	2

II.B. DISEASE CONTROL - SCIENCE AND TECHNOLOGY COMPONENT:
PRITECH I

1. Overview

During the final six months of the fifth and final project year, the S&T component completed nearly all of the approved tasks. The few remaining tasks require only final "finishing touches." The medical education activity - a collaborative effort with WHO to prepare new diarrheal disease case management teaching materials for medical schools - absorbed the greatest amount of energy of the S&T component of the project.

2. Activities

The following reviews the status of the activities approved as part of the S&T component:

OBJECTIVE 1: IMPROVE THE OPERATIONAL IMPLEMENTATION OF ORT PROGRAMS

Planned Activity: PRITECH will organize:

- 1.1 A technical workshop on prevention and nutrition to be held in Mauritania in early 1988 for six Sahel countries. The program is funded under the conference component of the workplan.

Current Status

As reported in the last six month report, the workshop on prevention and nutrition was held in Mauritania in February 1988. Funding was provided under the project's conference component (D.3).

OBJECTIVE 2: IMPROVE SUPPLY/DEMAND AND PROGRAM PLANNING

Planned Activity:

- 2.1 Complete the diarrhea disease/ORT program model
- 2.2 Develop a participatory version of the model for country program managers

Current Status

The model was simplified and made more interactive. It was tested by a number of different individuals including students in the MPH program at Johns Hopkins School of Hygiene and Public Health and PRITECH and MSH staff. These individuals determined that the model still has difficulties

in its application. PRITECH staff reviewed the results of the testing and determined that further efforts to make the model a field predictive tool are not worth the cost involved. The model, as it stands, may be useful for training programs. No further investment in the development process is planned. The model along with an explanatory memo of the "lessons learned" from PRITECH's involvement in this activity will be sent to AID in January 1989.

OBJECTIVE 3: INCREASE THE USE OF ORT BY PHYSICIANS AND PHARMACISTS

Planned Activity:

3.1 Complete the revisions of the clinical materials portion of the medical education project (CDD-WHO/AID/PRITECH) and submit them for testing in WHO as well as PRITECH countries

3.2 Complete a strategy for increasing sales of ORS by pharmacists and other outlets in the private sector

3.3 Complete the revisions of the paper showing ORT is preferable to intravenous therapy for diarrhea cases not requiring intravenous case management and submit for publication.

Current Status

During PY5 the collaborative project with WHO-CDD to prepare teaching materials for medical schools on diarrhea case management was completed. WHO comments were incorporated into the materials and considerable effort was put into final editing and production of the materials. Six different volumes of over 1,500 pages were produced. The complete set consisted of:

- an Activity Library
- an Instructors' Manual
- Readings on Diarrhea (the equivalent of a textbook on diarrhea)
- Additional References (a volume of reproduced copies of the most current articles on CDD)
- Student Workbook
- Examination Questions

The materials were jointly introduced by PRITECH and WHO in a workshop for Philippine medical schools in August 1988. They are now in the process of being translated and adapted in Indonesia with a workshop for eight medical schools scheduled for February 1989. The materials and the experience of the Philippine workshop were reviewed by a WHO task force in Geneva in September. The task force has recommended reducing the volume of the materials and

subsequent testing and adaptation on a country by country basis. PRITECH will continue to participate as a member of the WHO task force and in the reduction/revision process.

As noted in the last report, PRITECH and HEALTHCOM completed the paper outlining a strategy for sales of ORS by the private sector providing a basis for assessing the potential for program action in specific countries. PRITECH's new staff member in social marketing is already quite active in seeking these opportunities in PRITECH country programs.

The Task Force and WHO reviewed and provided substantial comments on the paper, "Oral Therapy is Best". Because of the energy devoted to the medical education activities, PRITECH has not yet incorporated these comments into the final draft of the paper. The final draft will be completed during the first half of PRITECH II PY 2 and submitted to AID.

OBJECTIVE 4: IMPROVED COUNTRY POLICIES ON DIARRHEA CASE MANAGEMENT

Planned Activity:

- 4.1 Complete guidelines for the investigation of feeding practices and foods in various country settings leading to the most appropriate national recommendation for feeding practices during diarrhea.

Current Status:

Johns Hopkins University (JHU) completed the Guide for Program Planners and Decision Makers on improved nutritional therapy of diarrhea. JHU requested support for editing and desktop publishing of this guide. AID has approved this, and this activity will be supported under PRITECH II. The manual will be submitted to AID and distributed to field staff and at the ICORT conference at that time. The "how to" operational guide for conducting formative research was completed by Manoff International. The manual was positively reviewed by the Task Force and by WHO. It will also be copy edited, formatted and published with desktop publishing under financing of PRITECH II. PRITECH has begun promoting use of the manual to examine the feeding component of national CDD programs and to conduct feeding practice studies in order to prepare more specific messages for mothers regarding feeding and diarrhea.

OBJECTIVE 5: IMPROVE THE EFFECTIVENESS OF INTERPERSONAL HEALTH EDUCATION ACTIVITIES IN NATIONAL ORT PROGRAMS

Planned Activity:

5.1 Develop a manual for interpersonal/ORT related health education activities

Current Status:

As noted in the six month report, the manual for interpersonal communications was completed and has been used in a number of different settings. It was also incorporated into the WHO/PRITECH Medical Education curricular materials.

OBJECTIVE 6: PRITECH INTERNAL MONITORING OF DISEASE CONTROL ACTIVITIES

Funding for these activities are covered under PRITECH II.

OBJECTIVE 7: IMPROVE STRATEGIC AND OPERATIONAL POLICY REGARDING CHRONIC DIARRHEA AND DYSENTERY

Planned Activity:

7.1 Complete the operational guidelines for country programs regarding dysentery

7.2 Prepare, review and finalize operational guidelines for Chronic diarrhea by national CDD programs

Current Status:

The operational guidelines on dysentery for country program managers and for PRITECH field staff and consultants was not reviewed by WHO until after the end of PY 5. It was reviewed by the Task Force with minimal comments. WHO comments will be incorporated and final revisions made during the first half of PY 2 of PRITECH II.

The JHU paper on chronic diarrhea has not yet been translated into operational guidelines similar to those for dysentery. The paper will be completed and reviewed during PY 2 of PRITECH II.

OBJECTIVE 8: INCREASING THE USE OF ORT IN THE UNITED STATES

Current status:

The report on increasing ORT use in the United States was presented in a poster session at the American Pediatric Society/Society for Pediatric Research/Ambulatory Pediatric Association annual meeting held in Washington in May 1988. The conference report was reviewed by the Task Force. The Task Force recommended encouraging Dr. Snyder to submit a summary to the Lancet.

OBJECTIVE 9: CDD NURSING CURRICULUM REFORM IN THE SAHEL

Planned Activity:

9.1 Results of the use of the new nursing curriculum in the Sahel will be collected and published.

9.2 The English translation of the materials will be completed.

Current status:

The nursing curriculum is now being used in all of the nursing schools in the Sahel. The curriculum also has been translated into Arabic and English. The curriculum has also been adapted for use with peripheral health workers in Burkina Faso.

II. C. Systems Support: PRITECH I

1. Overview

During the fifth project year of PRITECH I, 68 person months of Systems Support short-term technical assistance were provided. This entailed fielding approximately 97 consultants in 27 countries in a total of 58 assignments. At the end of PY5, 337 person months of Systems Support short-term technical assistance had been provided to AID.

Regionally, the number of assignments and countries are as follows:

	<u>Number of Assignments</u>	<u>Number of Countries</u>
Africa	15	10
Asia	9	6
Latin America	17	10
Near East	1	1
Inter-Regional	16	-

Over the past year, approximately twenty-nine percent of the assignments conducted under Systems Support were funded by "buy-ins." The largest number of buy-in assignments were attributed to the FVA-PVC buy-in. Regionally, buy-in assignments included:

	<u>Number of Buy-In Assignments</u>
Africa	2
Asia	-
Latin America	3
Near East	-
FVA	<u>12</u>
	17

During this fifth project year, the Systems Support buy-in capacity reached its ceiling with a final Guatemala PIO/T for \$30,000. Person months have been reserved for the final year of PRITECH I to cover this buy-in as well as the remaining balances for several other Mission buy-ins previously amended in the contract.

The Guatemala buy-in poses a potential problem since repeated delays in conducting this two phase assignment may prevent its completion before September 30, 1989, the expiration date of the PRITECH I contract.

The FVA buy-in was the most actively used Systems Support buy-in in PY5. The PRITECH I FVA Systems Support assignments included the fielding of seven consultants to review FY88 Child Survival project proposals, and nine consultants for external technical reviews of project documents for Child Survival projects. Additionally, PRITECH consultants conducted final or midterm

evaluations of Private Voluntary Organization child survival projects in the following PVOs: for Catholic Relief Services in Ecuador, for CARE in Sudan, for Save the Children in Malawi, and for Save the Children in Zimbabwe.

In Latin America, PRITECH Systems Support activities included a four month study of traditional approaches to child health in Bolivia, and the fielding of six consultants in Costa Rica to install a computerized Drug Estimation Model. Assignments in Africa included evaluations of ORS distribution systems in Niger and Mali.

2. Current Status vis-a-vis PY5 Workplan

<u>Planned Activity</u>	<u>Current Status</u>
-------------------------	-----------------------

First Quarter

- | | |
|--|------------|
| 1. Provide 22.75 person months of short-term technical assistance. | Completed. |
| 2. Monitor utilization levels of Systems Support resources by region and by S&T funded vs. buy-in. | Completed. |
| 3. Maintain consultant registry. | Completed. |

Second Quarter

- | | |
|--|------------|
| 1. Provide 22.75 person months of short-term technical assistance. | Completed. |
| 2. Report on utilization levels of Systems Support resources by region and S&T funded buy-ins. | Completed. |
| 3. Report on status of PIO/Ts. | Completed. |
| 4. Maintain consultant registry. | Completed. |

Third Quarter

- | | |
|---|------------|
| 1. Provide 22.75 person months of | Completed. |
| 2. Review regional and bureau utilization levels of Systems Support resources and reallocate existing balances in collaboration with AID. | Postponed. |
| 3. Maintain consultant registry | Completed. |

Fourth Quarter

- | | |
|---|---------------------------------------|
| 1. Provide 22.75 person months of short-term technical assistance. | Postponed to final year of PRITECH I |
| 2. Provide final report on utilization levels of Systems Support, by region and by S&T funded vs. buy-in. | Postponed to final year of PRITECH I. |
| 3. Provide final report on PIO/Ts. | Completed. |
| 4. Maintain consultant registry. | Completed. |

II. D. INFORMATION SUPPORT COMPONENT: PRITECH I AND II

1. Overview

During the fifth year of the PRITECH I project and the first year of PRITECH II, the Information Center improved its services to country representatives, updated its country background files, expanded its exchange relationships, increased acquisitions, and expanded its dissemination activities. In addition, the Center produced a new PRITECH brochure and a second annotated bibliography and provided technical assistance to information centers in Senegal and Guatemala. The Center also acquired a new Information Center Director and, to strengthen Information Center management, a second Information Assistant, whose duties include cataloging documents, handling information requests, providing data entry assistance, and ordering new documents.

PY5/PY1 activities included many which were initiated in previous years. During the overlapping final project year of PRITECH I and first project year of PRITECH II, financing for the Information Center was provided by the PRITECH I contract. Thus, the report of the Center's activities appears in this section of the document. The Information Center was also further integrated into PRITECH technical activities. The Center is no longer producing, editing or tracking PRITECH reports, as these functions have been assumed by the PRITECH Program Support Office.

2. Activities

The current status of the Information Center activities in relation to the PY5/PY1 Workplan is as follows.

OBJECTIVE 1: INCREASE THE NUMBER AND SCOPE OF INFORMATION CENTER ACQUISITIONS

Planned Activities:

- 1.1 The Information Center will broaden its focus to include more materials on prevention, nutrition, social marketing, and financial and technical sustainability of programs.
- 1.2 The Center will explore and, as relevant, subscribe to on-line computer subscription services as additional sources of information.
- 1.3 The Center will begin to collect more materials from the field.
- 1.4 The Center will update and publicize its country background files.

Current Status

During the project year, the Information Center collected approximately 650 documents dealing with technical ORT issues, as well as program implementation, evaluation, and health education. These documents continue to be supplied through the Institute for Scientific Information (ISI) document service and Johns Hopkins' Population Information Program (PIP), among others. The Information Center expanded the scope of its collection by actively collecting documents on social marketing, prevention, nutrition, and financial and technical sustainability of programs. It also began to acquire documents on the relationship of AIDS to diarrhea in children and to other child survival issues. In addition, the Information Center began subscribing to several new journals in order to provide better coverage in training, health education, and social marketing.

The Information Center has purchased a copy of the Grateful Med software system, which, with a modem, allows the staff to access the on-line data bases of the National Library of Medicine. The Center is also exploring the possibility of subscribing to the DIALOG on-line system and will make a decision regarding this in PY2 of PRITECH II.

In an attempt to promote a two-way flow of information with PRITECH's field offices, the Information Center began to acquire more systematically documents from the field, such as KAP surveys, survey instruments, audiovisual materials, and case studies. These are publicized to other field staff through the monthly acquisitions list. The PRITECH conference in January 1988 provided a good opportunity for collecting ORT health education posters, ORS packets, and other materials from PRITECH field representatives.

A part-time research assistant joined the Information Center in early March to update the country background files for PRITECH staff and consultants. Basic socioeconomic and demographic information, as well as more specific health statistics, were collected on 55 countries. This information update covered both current and potential PRITECH intervention countries. Availability of the updated files has been publicized to PRITECH staff and consultants and to other organizations such as AID, AED, MSH, and the American Public Health Association. In PY2, these files will also be made available to PRITECH's short-term consultants. Many people have already used the collection either in person or through the mail.

OBJECTIVE 2: EXPAND RELATIONSHIPS WITH INFORMATION CENTERS
IN THE U.S. AND OVERSEAS

Planned Activities:

- 2.1 The Information Center will maintain technical liaison and assistance to the regional documentation centers, ORANA and INCAP.
- 2.2 Pursue opportunities for collaboration with other related projects, institutions and information centers in the areas of computer compatibility, document acquisition and information requests.
- 2.3 Investigate and contact international research institutions and universities with international health programs to collect published reports on completed CDD research projects.
- 2.4 Pursue inserts for Dialogue on Diarrhea with AHRTAG.

Current Status

In April, the Information Director visited the Information Center of ORANA in Senegal in order to formalize an exchange relationship, determine the status of the French version of the TLU, and gain an understanding of ORANA's acquisitions, technical processing, and dissemination activities. As a result of the visit, ORANA and PRITECH have a better appreciation of the relative strengths and weaknesses of each other's collections and have begun to exchange documents on a monthly basis. Furthermore, PRITECH has begun to send consultant reports on Francophone African countries to the ORANA Information Center.

The Information Director also traveled to Guatemala in June to visit INCAP's Child Survival Clearinghouse. During this visit, the Director of INCAP's Child Survival Clearinghouse and the PRITECH Information Director worked on a reader evaluation survey for INCAP's newsletter, Avances en Supervivencia Infantil, investigated the possibilities of producing a Spanish version of the TLU together and discussed ways in which the two institutions could help each other. A preliminary scope of work for an evaluation of INCAP's newsletter, bibliographic compilations and annotated bibliographies was prepared. The evaluation will take place in FY90. The visit was an extremely fruitful one.

To establish more formal linkages with other related projects, Information Center staff made visits to other AID-funded information centers, such as HEALTHCOM, WASH, the Clearinghouse on Infant Feeding and Maternal Nutrition, and the Clearinghouse on Development Communication. These visits

resulted in greater understanding of the role and scope of the various information centers and agreement to exchange documents freely. In addition, Information Center staff provided technical assistance to AED's new Nutrition Education Project in setting up the SciMate software system. The Information Center also established or strengthened exchange relationships with overseas information centers, such as the International Development Research Centre in Canada.

In September, a consultant was hired to establish formal exchange relationships with the AID Child Survival private voluntary organizations (PVOs). Establishment of such relationships will allow PRITECH to disseminate materials to PVO headquarters and field offices, and to acquire field materials, audiovisuals, and publications produced by PVOs.

Due to other demands, the Information Center has not yet contacted universities with international health programs for the purpose of collecting medical dissertations and other research papers on ORT and CDD-related topics, nor has it pursued the idea of inserts in Dialogue on Diarrhea with AHRTAG. These activities will take place in PY2.

OBJECTIVE 3: IMPROVE THE DISSEMINATION OF TECHNICAL INFORMATION

Planned Activities:

- 3.1 Respond to information requests.
- 3.2 Improve the dissemination of the ORT Technical Literature Update by expanding the mailing list, managing its translation into Spanish and French, and conducting a readership survey to obtain feedback on utilization and scope.
- 3.3 Circulate a monthly annotated list of new acquisitions to all PRITECH staff and selected others to keep them informed of recently acquired documents.
- 3.4 Produce and distribute the second annotated bibliography of Information Center holdings.
- 3.5 Continue to process and distribute PRITECH consultant reports.

Current Status

During the past year, the Information Center responded to 372 information requests (compared to 190 last year) from AID missions and bureaus, TLU readers, other AID contractors, PRITECH country representatives, and others. The number of such requests continues to grow at a rapid pace. Some forty

individuals visited the Information Center over the past year.

The Information Center has produced 10 issues of the Technical Literature Update since October 1987. Including multiples, TLU readership now numbers 3,480, which represents a 94 percent increase since last October. One reason for this growth is the decision on the part of the PRITECH country representatives to distribute multiple copies to their counterparts; some representatives give out as many as 200 copies. In an attempt to further expand TLU readership in developing countries, the Center is currently planning a TLU sample and mailing list sign-up form for consultant briefing packages with PRITECH's Program Support Office. The Information Center now produces the TLU with a desktop publishing software package, which makes it more readable and professional in appearance.

After discovering in Spring 1988 that production of the Spanish and French versions of the TLU was not proceeding as planned, PRITECH decided to formalize translation arrangements with Peter Cross, USAID/Honduras, for the Spanish, and ORANA in Senegal, for the French. The French version is now distributed by ORANA's Information Center. During PY2, the PRITECH Information Center will assume production and distribution of the Spanish version.

In September 1988, the Information Center began to develop a readership survey to evaluate the TLU. The survey will be sent out with the September issue of the TLU. The survey is being designed to develop a profile of readers, to determine the relevance of TLU content to readers' work and to solicit readers' suggestions for improving the TLU.

In November 1987, the Center began disseminating a new product, the Monthly Acquisitions List, which lists all new acquisitions by topic. The list goes to PRITECH staff, country representatives, local health information centers, among others. It serves the purpose of keeping people abreast of new documents in the CDD field. Since November, the Center has filled over 100 requests for documents from recipients of the list. Some of the country representatives are using documents requested from the lists as the basis for national CDD information centers.

The Information Center is in the final stages of producing its second annotated bibliography of holdings. It consists of a topically arranged comprehensive annotated list of PRITECH holdings. It also has an author index. Produced by a desktop publishing firm, 2000 copies will be distributed to AID/HPN officers, PRITECH country representatives and consultants, MOH officials, and others. It will be extremely useful to those in developing countries who have little or no

access to libraries, and will generate many requests for documents.

Though the consultant report production and tracking system has been assumed by PRITECH's Program Support Office, the Information Center continues to disseminate formal reports to AID missions and AID/Washington. In an effort to increase distribution, the Center now sends these reports to selected outside data bases and health information centers as well.

OBJECTIVE 4: IMPROVE INFORMATION SERVICES TO PRITECH COUNTRY REPRESENTATIVES

Planned Activity:

4.1 Prepare information packages for PRITECH country representatives; include regular updates on PRITECH project activities.

Current Status:

The Information Center has instituted several new services to PRITECH country representatives, surpassing its original plans. First, the Center distributed a survey to the country representatives at the PRITECH conference in January 1988 to determine if they knew about the information services the Center offers and to solicit suggestions for new services. On the basis of the survey results, the Center has obtained subscriptions of Dialogue on Diarrhea and Mothers and Children for all representatives. The Center has also started sending materials to country representatives on a regular basis that should keep them in touch with the project as a whole. Additionally, as mentioned earlier, country representatives now receive the Monthly Acquisitions Lists, which gives them access to the latest technical information on a timely basis.

OBJECTIVE 5: COLLABORATE WITH ISTI TO TRACK PROGRESS OF CDD AND ORT IN COUNTRIES AROUND THE WORLD

Planned Activity:

5.1 Assist in preparing a report for AID on progress in ORT.

Current Status

The Information Center has developed a prototype of the first ORT Progress Report to AID. This report will track progress of CDD and ORT programs in the AID Child Survival countries. The Center will work closely with ISTI in collecting the data and choosing appropriate indicators of progress.

OBJECTIVE 6: DISTRIBUTE PRITECH II PROMOTIONAL MATERIAL

Planned Activity:

6.1 Produce and distribute a PRITECH brochure.

Current Status:

The new PRITECH project brochure was produced in May 1988. It is a five-color, eight-panel brochure with colored photographs and an insert page listing PRITECH managers, key consultants, and country representatives. Five thousand copies have been printed. The brochure was widely disseminated at the NCIH conference in May. In addition, multiple copies have been sent to AID/S&T, MSH, PRITECH subcontractors, and country representatives.

OBJECTIVE 7: PROVIDE SUPPORT OF CONFERENCES AND MEETINGS SPONSORED BY PRITECH AND OTHERS

Planned Activities:

7.1 Backstop the organization and management of PRITECH ORT Task Force sessions.

7.2 Support PRITECH participation at professional meetings.

7.3 Prepare a professional meeting exhibit on ORT.

7.4 Distribute PRITECH conference proceedings.

Current Status:

During PY1, the Information Center provided support for several PRITECH conferences and participated in one outside conference. First, the Center produced a fact sheet and gave a presentation on Information Center services for the PRITECH conference in January 1988. Second, the Center prepared a fact sheet on the PRITECH II project for the HPN Conference held in Abidjan in March. Third, the Center provided preparation and logistical support for the PRITECH ORT Task Force meeting, which took place in April 1988.

In May, the Center sponsored an exhibit at the Annual Conference of the National Council on International Health in Washington, D.C. Hundreds of conference participants visited the exhibit. As a result, the Center disseminated about 300 copies of the PRITECH brochure, 60 PRITECH reports, and added some 60 people to the TLU mailing list.

In addition, the Information Director made a presentation on the Information Center at the Health Information Awareness Workshop sponsored by AID and the National Council on

International Health. The purpose of the workshop was to introduce participants to AID-funded health information services and technologies. About 100 individuals from developing countries and organizations in the Washington area attended.

The Information Center disseminated copies of the Cereal-Based ORT Conference Proceedings in collaboration with the International Child Health Foundation.

OBJECTIVE 8: IMPROVE INFORMATION CENTER MANAGEMENT

Planned Activities:

- 8.1 Recruit a second Information Assistant.
- 8.2 Revise thesaurus of Information Center terms.
- 8.3 Change word processing software package.

Current Status

In March 1988, the Information Center hired a second Information Assistant, whose duties include cataloging documents, handling information requests, providing data entry assistance, and ordering new documents. The addition of another person has allowed the Center to expand its dissemination activities and respond to information requests on a more timely basis.

In collaboration with a physician in PRITECH's Technical Unit, an information consultant has begun to revise the controlled vocabulary used in document cataloging and is developing a formal, hierarchical thesaurus of terms in the CDD field. Development of the thesaurus will clarify relationships between terms and facilitate both cataloging and the handling of information requests. The thesaurus is also a product that can be shared with other information centers and, perhaps, translated.

The Information Center has replaced its Multimate word processing software with WordPerfect in order to be more compatible with the rest of the Technical Unit.

II. E. Project Management: PRITECH I

1. Overview and Summary of Planned Activity

The bulk of the management issues covered by the combined PRITECH I and PRITECH II workplan were associated with the PRITECH II project. However the workplan did address two important PRITECH I management issues:

- We proposed that PRITECH II funds be used to cover only those costs that could not be approximately funded under PRITECH I: newly hired PRITECH II staff; PRITECH II Program Problem Solving Activities; some PRITECH II country program development. S&T/Health agreed that we should proceed on this basis.

- We proposed that AID agree to a one year "no-cost" extension of PRITECH I to enable us to complete some agreed program activities - much of which was funded by "buy-ins" from AID missions. At the time we presented the workplan we estimated about \$1,000,000 would be available as of 9/30/88. We now estimate that about \$450,000 will remain. All of this balance is connected to regional bureau and mission "buy-ins" and not yet completed ORT activities in PRITECH I countries. AID agreed to a one year "no-cost" extension of PRITECH I which was executed in late PY5.

2. Current Status

1. Most of the PRITECH I disease control intervention activities are concluded and the project intervention reports prepared. The remaining reports will be prepared as soon as the interventions covered by the contract extension are concluded.

2. PRITECH I Information Center activity has been concluded and a report covering these activities will be submitted to AID in early 1989. Some Systems Support work has been extended into "PY6". When this is completed a full Systems Support Report will be prepared and submitted to AID.

3. AID decided not to conduct a final evaluation of PRITECH I.

4. AID agreed to a "no cost" contract extension to conclude ongoing PRITECH I activities.

5. The final PRITECH I TAG was held on November 13, 1987.

6. PRITECH I's final contract report will be deferred until the extended contract is concluded.

We established in our PY5 workplan that PRITECH I management cost would be \$762,564. Our PY5 estimated costs were \$761,528.

III. STATUS REPORT ON COUNTRY DISEASE CONTROL PROGRAMS: PRITECH I

PRITECH REPRESENTATIVE: Curt Schaeffer
PRITECH CONSULTANT: Dra. Ana Maria Aguilar

BOLIVIA - CARITAS NATIONWIDE ORT PROGRAM

A. Status

Program plan approved by AID in June 1985: \$310,000 for three years. Other resources come from CRS' OPG, from USAID P.L. 480 funds, and from in-kind contributions from CARITAS and other PVOs. An additional \$100,000 came to PRITECH from USAID in July 1987.

Agreements signed with CRS and CARITAS in January 1986. Full implementation began in March 1986.

B. Project Description

Through the 1800 existing mothers' clubs established already by CARITAS, PRITECH is working to increase the coverage of oral rehydration therapy. Currently, CARITAS distributes Title II food to over 200,000 beneficiaries through these mothers' clubs, and the expectation is that 240,000 children under five can be reached with ORT through these clubs. The idea is to transform the local mothers' clubs from passive food recipients into more active agents in a process of self-help and outreach to non-members. Long-term maintenance of the ORT effort is envisioned either through the establishment of a cost-recovery system or through general service fees paid by mothers' club members.

PRITECH has employed a country representative, a local pediatrician, and an educator to work directly with CARITAS on both ORT and growth monitoring. CARITAS has hired a national coordinator and a social-communications person to lead the project. They, the PRITECH people, and other principals such as CRS and USAID representatives have developed a detailed workplan. A cost-recovery program has been under discussion. On the one hand, Bolivia believes strongly in the right of all to free health services; on the other hand, the ability of the health system to provide such services remains severely constrained. Acceptance of cost recovery would mark a major policy change for the Ministry, and thereby assist the Ministry in offering and sustaining basic health-service delivery more widely.

The linkage of an ORT/growth-monitoring program with an existing food-distribution program is also an opportunity to demonstrate an approach that could prove useful in other places where food distribution has created a network of its own -- with distribution, logistics, infrastructure, and credibility.

The project is using mass media and extensive direct training to reach both mothers and mothers' clubs' coordinators and promoters. PRITECH's technical assistance includes: 1) management and administration, 2) development of educational and training materials and design of radio programs, 3) testing of local homemade ORT solutions, and 4) evaluation.

C. Progress/Problems

The sale of packets through the mothers' clubs has been opposed by the local UNICEF office, and the project continues without immediate prospect of a cost-recovery system.

After long delays, the project is underway, in the form that was originally planned. The first year's stage, covering La Paz and Oruro departments with their 600 clubs, began with the training of diocesan supervisors and club coordinators, who are in turn training the 600 club promoters. The project is now underway in Area II, the valley region of central and southern Bolivia. Training courses have started, with educational materials adapted to the valley setting and Quechua culture. Radio programs have been written, taped, tested in the field, revised, and broadcast. A contest has been run, by radio, to stimulate learning among mothers.

In four dioceses in Area I and four dioceses in Area II, courses given and promoters trained were:

	<u>ORT</u>	<u>Growth Monitoring</u>	<u>Nutrition</u>
Courses	33	31	28
Trainees	797	513	664

A supply of packets was initially secured through UNICEF. Additional supplies have been assured through USAID.

To date, the commitment of the CARITAS hierarchy to the project has been limited, casting serious doubt on their willingness to make the project their own. It may be that CARITAS is institutionally reluctant to become heavily committed to a program that AID, through PRITECH, has only a limited commitment to so far. They may be recoiling from anticipated recurrent costs. What is needed is full-hearted commitment by each bishop and diocesan CARITAS director, by the national director, and by the President of CARITAS; best evidence of this commitment would be the employment of field staff to ensure project operations. A recently completed evaluation by CRS stresses the critical need for more field staff, both for project implementation and for on-going supervision of trained promoters. CRS sees this need even in Area I, the region most accessible to La Paz, and insists that without major staff additions the project's work in Areas II and III will be unable to have any useful impact.

PRITECH has also been a source of technical assistance to other AID-funded PVOs working in Bolivia.

Work in Area II begins in January 1989, with Caritas support coming directly through USAID.

Transition to PRITECH II

The PRITECH/Caritas arrangement ended on September 30, 1988. As noted, Caritas will carry the mothers' club training into Area III with USAID assistance.

Under PRITECH II, with \$360,000 from S&T/H over four years, PRITECH staff will become technical resource people within the newly formed Secretariat of AID-funded PVOs working in child survival. The PRITECH library and librarian have already moved to the Secretariat, with Secretariat funding. PRITECH II will support a child-survival specialist and an educator to serve all the member PVOs (this includes Caritas), under the direction of the Executive Secretary of the PVO Secretariat.

While PRITECH resources are geared to inputs to the Secretariat, we expect outputs such as child-survival plans by each PVO, greater coordination by PVOs and the MOH, and standardization of ORT messages throughout the PVO/MOH health-services systems.

PRITECH Representative:
Ms. Robin Steinwand

Cameroon National CDD Coordinator:
Dr. Owona, Assistant Director of
Preventive Medicine

CAMEROON - National Diarrheal Disease Control Program

A. STATUS

- o Original PRITECH assessment and planning visit completed in October, 1986
- o Ministry of Health, Secretary of State for Health formally accepted PRITECH collaboration in April, 1987
- o National program strategy and start-up activities currently in progress

B. PROJECT DESCRIPTION

The Secretary of State for health has taken a personal interest in the development of the national CDD programs since the initial PRITECH assessment visit in October of 1986. She approved the assignment of a short-term PRITECH representative in December, 1986 and formalized her agreement to the placement of a longer term PRITECH representative in April 1987. Progress has been slow but steady since the beginning of 1987:

- o A national CDD program manager was assigned by the MOH in February, 1987. A more complete team was designated in July/August.
- o An ORT demonstration unit in the National MCH clinic was started with WHO assistance in early 1987.
- o A national CDD conference attended by over 100 participants from the MOH and four other ministries was held in April, 1987.
- o As a partial result of this conference, a detailed national CDD strategy was drafted and now awaits formal ministry approval.
- o CDD was included as a major topic of discussion in the African Pediatric Society meetings held in Yaounde in May.
- o A feasibility study re local production of ORS salts was completed in July 1987. MOH currently plans to maintain the one-liter as the measure of ORS in Cameroon.
- o The Health Education Service of the MOH is in the process of developing an initial communications strategy proposal.
- o WHO assisted the MOH with the development and planning of a series of CDD related training activities for medical personnel which started in October.

- o In January a meeting of collaborative organizations was held to review CDD-related activities and the MOH decision to create an official body to coordinate all PHC activities, including those with an impact on the CDD program.
- o February meeting to plan for and launch training activities in the two national DTUs.
- o MOH/CDD team convened meeting of major contributors to the CDD program in February to assess funding commitments for key start-up activities programmed for the next 18 months.
- o MOH budget for fiscal year 1988 - 1989 for first time includes a separate line item for the CDD program.
- o There are now functioning DTUs in seven of the ten provinces.
- o Two training of trainers workshops were held in May. The first week 13 people from the national level and Central Province participated, led by two PRITECH trainers. The following week, ten of the original 13 conducted a second TOT for 21 participants from the remaining francophone provinces. The participants were a combination of doctors and nurses.
- o In July a TOT for the two anglophone provinces was held. Trainers - who had participated as trainees in the first national TOT in May - included Dr. Nkodo, Health Director SCF; Mr. Ndeso, CDD Program Manager, and the PRITECH representative.
- o During July and August 25 focus group interviewers were trained in preparation for the MOH/CDD focus group study in all six sociocultural regions.

These activities have created a base from which to develop a coordinated, multi-dimensional national CDD program including training of health personnel, educating of mothers, development of an ORS procurement and distribution system and design and implementation of appropriate information gathering methods. The PRITECH representative started working in early November 1987 to replace the first representative who resigned in July.

PROGRESS AND PROBLEMS

It is to be expected that the development of a full-scale national CDD program will require a relatively long start-up period. Given the geographical and cultural diversity of Cameroon, the relatively difficult accessibility of many parts of the country, the weak resources of the MOH, and the multiplicity of private, religious and international organizations active in the health sector, care will have to be exercised to develop strategies and approaches which are feasible and appropriate as

well as sustainable and effective. The approval and expected rapid startup of the USAID Child Survival Project should provide considerable opportunity to strengthen the PRITECH supported national CDD program by creating a framework in which to test and implement key CDD strategies in the two regions targeted by that project.

It is hoped that the official national CDD strategy will be formally adopted by the MOH in the near future so as to provide clear programmatic guidelines. Adoption of this strategy is vital to assuring that CDD related initiatives by the many agencies and organizations working in the health sector (PVO's, diverse ministries, missions etc.) will be mutually supported and cohesive.

CHAD NATIONAL, ORT PROGRAM

A. Status

PRITECH plan for a full program approved by AID December 1984; \$160,000 for two years. Activities extended to February 1989 within the original budget and scope of effort. AID grant to Africare approved March 1985 and executed August 1985; extended to August 1988. Implementation began in September 1985.

B. Program Description

The Chadian National ORT Program receives support from UNICEF, PRITECH, and Africare. Africare and PRITECH have provided educational materials for use in health systems with mothers, developed and tested with help of short-term communications experts and under the supervision of the PRITECH Regional Advisor. UNICEF has provided ORS packets and has supported in-country training, as has PRITECH.

The program operates through the public and private health system (Medecins Sans Frontieres, and networks of Protestant Catholic hospitals and clinics). The program is coordinated by the National health Services Coordinating Committee which brings together donors under the leadership of the Director General of the Ministry of Health.

C. Progress/Problems

At the Mission's request, AFRICARE carried out an evaluation of the ORT project in April, 1988. The evaluation resulted in two major decisions, which were subsequently carried out:

- (1) Because of the effort needed to get the national CDD program underway, the current project was extended until February 1989, using remaining project funds.
- (2) PRITECH provided a communications expert for a maximum of six months to assist the ORT team with detailed planning and execution of the communications campaign which was to be completed before the end of the Project.

The communications campaign has subsequently made a great deal of progress. Education sessions, short sketches, interviews, and messages have been aired regularly on the radio. Two television spots have also been aired. A film has been completed, with the assistance of a local NGO, showing ORT in Chad. UNICEF also filmed Project ORT activities and broadcast the results over CNN in the U.S.

Among other activities designed to promote ORT, during "Sport-Aid" in September, Project ORT served ORS to runners with the help of Red Cross volunteers. Negotiations with Peace Corps have been

begun to encourage volunteers to become involved in ORT activities. Local women's groups have taken responsibility for ORT education activities in their neighborhood with assistance of ORT staff, and contests designed to test mothers on correct mixing procedures of ORS were carried out in November.

Another major ORT activity was a training seminar which took place in October, 1988. Thirty-one physicians and eight trainers participated in this workshop which was designed to convince the physicians of the validity and usefulness of ORT in case management of diarrhea, and to obtain their support for the development of a national CDD program. Evaluation results of the seminar indicated that knowledge about the subject matter increased, despite the fact, that, unfortunately, there were no opportunities for actual clinical practice during the seminar. It was also found that participant satisfaction was high, though there was guarded optimism that physicians had been thoroughly convinced of the efficacy of ORT.

Despite, all these events, the future of the national CDD program remains unclear. A USAID Child-Survival project has been approved, and is expected to get underway sometime in late 1989. A PID effort is expected to be carried out by the Mission early 1989. A PP design team, to be coordinated by PRITECH, will follow up around March, 1989. In addition, an evaluation of communications activities, which may include PRITECH assistance, is scheduled to take place in early 1989.

In the meantime, UNICEF continues to express a willingness to support a CDD program and to collaborate closely with PRITECH. Furthermore, a new country representative from WHO is due to arrive in January, 1989 and can be expected to support a CDD effort.

Level of interest by the MOH, on the other hand, does not appear to be as clear as that of the donor community, which would like to see a transition from an ORT project to a full-scale national CDD program, run by the Ministry of Health with appropriate assistance from the international community. Meetings with MOH officials following the physicians' training seminar were inconclusive. And while there appeared to be a willingness to pursue the idea of establishing a national ORT reference and training center, there did not appear to be a recognition of the complexity of a CDD program.

It has been proposed that the MOH organize a CDD planning committee made up of appropriate MOH and donor representatives who will study the results of the Africare evaluation, the seminar recommendations, and the communications evaluation to develop a strategy for the "transition period" between the ORT project and the national CDD program as well as at least an initial operational outline for that national program.

I. DJIBOUTI (LIMITED PROGRAM)

A. Status

Program plan reviewed by AID - January 1985 AID deferred program implementation pending discussion with UNICEF about their responsibility for program management.

UNICEF accepted responsibility for program with allocation of financial support from USAID. UNICEF requested PRITECH technical assistance - September 1985.

B. Program Description

Diarrheal disease mortality rates are very high: diarrhea is implicated in 60% of under-5 deaths. Substantial, measurable reduction in the relatively near term is possible given Djibouti's small concentrated urban population and effective communication channels, both face-to-face (the MCH network, community health committees) and broadcast (radio and television).

The Djiboutian Ministry of Health is reorienting its health system to the delivery of primary health care services and has appointed a bright, energetic young Djiboutian doctor to a key coordinating role (Coordinator of Primary Health Care). Control of diarrheal disease, promotion of breastfeeding, and nutrition education are among the top priorities of the Ministry's emerging 5year plan. The Service d'Hygiene has been involved over the past year in an impressive process of organizing and working with community health committees.

There has been excellent cooperation among WHO, UNICEF, and USAID, and a convergence of interest in addressing the diarrheal disease problem in Djibouti. UNICEF has already played a major role in diarrheal disease control, having supplied most of the country's ORS packets for the past 5 years, and sponsored health worker training that included ORT. USAID has channelled much of its funding through UNICEF. WHO is funding a morbidity/mortality survey and providing training.

The role of French aid program (FAC) in Djibouti's emerging diarrheal disease control program is unclear. USAID and WHO have approached FAC with a request to actively participate in the CDD planning process and received an expression of positive interest. FAC is by far the largest donor to the health sector in Djibouti, primarily the curative services. Winning the support of the French is critical to the establishment of ORT in Djibouti's clinical services. The establishment in October, 1987, of a National Diarrheal Disease Control Planning and Coordinating Committee composed of the French advisor to the MOH, the heads of UNICEF

and WHO as well as top-level MOH personnel are expected to further coordination of donor inputs as well as overall effective program implementation.

In October and November 1984, a PRITECH team working with USAID, UNICEF, WHO and Catholic Relief Service (CRS) staff developed a program plan with the following components:

1. Formulation of national policy and plan: treatment norms for home, clinic, and hospital levels; policy statements on infant formula and anti-diarrheal medications; training plans; plans for procurement and distribution of ORS packets and other necessary commodities; evaluation strategy; financial and management plans; etc.
2. Research and evaluation: baseline survey including morbidity, mortality, and KAP data; management information system for program monitoring; media research and other formative evaluation for educational planning; dietetic and feeding program operations research; post-intervention evaluation.
3. Health-worker training: a national seminar on management of diarrhea and malnutrition targeted primarily at physicians; a national training of trainers on ORT, nutrition education, and training methods; and a series of short, practical training workshops on ORT and appropriate feeding practices for health workers and other community extension agents.
4. Community training and education: broadcast, print, and interpersonal communication channels (such as health committees and women's groups) should be used to educate the public on a carefully limited set of topics: appropriate home management of diarrhea, importance of breastfeeding, and appropriate infant feeding practices.
5. Strengthening of surveillance and referral system: could operate at two levels: (a) growth monitoring and assessment of dehydration in MCH clinics and (b) community surveillance and referral of diarrhea and malnutrition cases by health committees.
6. Strengthening of clinical ORT/refeeding services: should include establishment of oral-rehydration unit at Peltier Hospital; establishment of oral-rehydration services at all MCH clinics; and experimentation with system of refeeding for children with serious cases of diarrhea and malnutrition.

C. Progress/Problems

The arrival in September 1986 of a new WHO representative makes active WHO involvement a strong project asset. UNICEF employed an interim health coordinator from January to June 1986, which greatly strengthened the Health Education Unit, and hired a full-time coordinator in June 1987. In the interim, PRITECH provided a six-

month (January-June 1987) coordinator to work with UNICEF to prepare for the diarrhea season that starts in May. The PRITECH temporary coordinator was involved in preparing a KAP study on diarrhea and nutrition, the testing of health-education materials, the training of local women's groups, and the initiation of plans to have Djiboutians visit Egypt's ORT program. PRITECH also provided an ORT physician for the planning of, and participation in, a national ORT conference for physicians and nurses in May 1987.

A catalyst for the ORT activity in Djibouti has been the attendance of a five-person Djiboutian delegation at ICORT II in December 1985.

PRITECH's role has been to support the MOH by working with UNICEF. Now that UNICEF has its own DDC coordinator, PRITECH may be more directly responsive on an ad hoc basis to MOH requests made through the office of the AID representative.

THE GAMBIA (LIMITED INTERVENTION)

A. Status

\$100,000 has been approved for this limited intervention.

B. Program Description

Following on the September 1985 presentation in The Gambia of the final data from the Mass Media and Health Practices project, the Gambian Director of Medical Services requested further technical assistance through the local AID representative. Because PRITECH maintained a regional office in Dakar, the AID representative saw PRITECH as the logical vehicle to respond to those requests. The Gambians asked:

1. That a follow-up study on ORT understanding among mothers and health workers be carried out to determine the staying power of the KAP gains measured during the project.
2. That the Medical and Health Department be assisted with the development of a community-based diarrheal-disease surveillance system.
3. That the Department's Health Education Unit be given support to follow-up educational activities begun by the MMHP project, in the areas of health-worker training, materials production, and radio programming.

PRITECH has now carried out these requests. The completed study is with the Gambians now. What the study showed was a serious decline in KAP gains measured during the MMHP project. Accordingly, PRITECH continues its regular technical assistance support for the Health Education Unit.

Given PRITECH's limited resources of both time and money, and given the research results indicating the need for on-going support for desired KAP changes, PRITECH has urged the Gambian authorities to request assistance in areas that will be funded by a pending World Bank investment in the Gambian health sector and the Gambians, who share PRITECH's interest in long-term programs, will be making proposals along those lines. This question of the maintenance of health-education gains is not well explored: what degree of intensity should a health-education program have to be maintained -- 20%, 50%, 100%?

To reverse this trend, the Gambian Ministry is seeking to take specific health-education measures that will renew many of the MMHP efforts and develop new educational materials as appropriate.

The Director of Medical Services has for the first time appointed a diarrheal-disease control program coordinator, a move that will add greater coherence to program implementation.

C. Progress/Problems

The support of the local AID office for work in the health sector represents a departure from the Mission's reluctance to allow earlier follow-on to the MMHP. The AID representative is confident of being able to provide approximately \$50,000 annually for PRITECH activities over the next 3 - 4 years. The general lack of resources within the Medical and Health Department calls for continuing donor support -- a continuity that PRITECH and then the World Bank are in position to provide. The capacity to absorb assistance is also limited, a factor that PRITECH has considered in offering its intermittent consultancies. However, the Gambians involved in the diarrhea program are committed and energetic and experienced, a major asset upon which sustained support can build.

The Medical and Health Department has submitted to PRITECH a request for funds for local expenses and a vehicle. Because PRITECH does not have a representative in The Gambia, funds will be channeled through the local UNICEF office.

The national CDD Program Manager has begun monitoring ORS supply and distribution, initially revealing low stocks in the Central Pharmacy. The MOH made an emergency request to UNICEF; UNICEF is prepared to provide ORS packets on a regular basis.

The World Bank project has initiated planning exercises to cover the next three years for the entire health sector. The CDD Program Manager has taken part, and developed a three-year general plan with considerable detail for Year One. Near-term activities planned include:

- o follow-up on the establishment of ORT units in hospitals and ORT/nutrition centers in seven large health centers.
- o a review of packet supply in health centers.
- o final printing of the ORT flipchart - a process long delayed.
- o Push for regular broadcast of existing radio spots, and for translation of these spots into two additional local languages.

The management of PRITECH funds by UNICEF has had some difficulties, requiring some reworking of assumptions about procedures. The CDD Manager will have to press constantly to assure timely disbursement of funds.

Finally, PRITECH is urging the MOH to appoint a second person to the CDD office, in anticipation of a study leave abroad by the present manager.

Transition to PRITECH II

The activities proposed for the next four years include training, ORS supply systems, community education/communications, supervision, diarrhea-case-management training, information systems and evaluation, and program management. Planning for these efforts was done initially in April by Medical and Health Department staff during a planning seminar sponsored by the World Bank. In June, a PRITECH team worked with the CDD Program Manager to make these plans more specific and the budget calculations more explicit.

On the basis of fairly precise information, we estimate that local costs plus technical assistance over the next four years will be about \$200,000 -- the amount that the AID representative feels will be available for PRITECH over that span. In addition to these PRITECH expenditures, WHO will be paying for regional case-management training and some training in Ethiopia, UNICEF will continue to supply packets, and the World Bank's National Health Department Project will share costs with PRITECH on the production of some educational materials.

Other goals include tightening systems for working with Radio Gambia, the Nutrition Unit, and the Chief of Medical Stores (for better ORS procurement).

PRITECH TECHNICAL ASSISTANCE FOR INDIA

A. Status

Program plan approved by AID in July 1985: \$980,000 for 2-1/2 years. Implementation began in August 1985. The intervention concluded September 1988 with remaining funds to be used for short-term technical assistance.

B. Program Activities

AID's Integrated Rural Health and Population Project (IRHPP) from its inception gave special emphasis to 12 priority child mortality and fertility problems and related interventions; however, in implementation, project states were often preoccupied with infrastructure development, to which the majority of project funds were allocated. With infrastructure more or less in place, attention shifted to the major difficult task of child mortality improvement, and the GOI and states made greater efforts to strengthen both diarrheal disease and immunization programs.

The states were interested in intensifying priority child mortality and fertility reduction activities, with eventual expansion to state-wide coverage and support. Substantial progress was made in the IRHP Project districts, using a combination of USAID technical staff and short-term consultants (including PRITECH). USAID/INDIA recognized that increased depth and continuity of technical assistance was required. PRITECH provided two long-term resident advisors to increase the mission's ability to support GOI/state efforts and to develop a new child mortality-focused project. Each advisor was provided for approximately two-year assignments.

The immediate objective of PRITECH's involvement in India was primarily to assist three IRHP Project states (Maharashtra, Gujarat, Himachal Pradesh) to plan, effectively implement, monitor, and assess the progress of their ORT and EPI programs (including introduction of measles vaccine) in eight project districts. A longer-term objective, was to assist the India mission in identifying the elements and approaches of the states' child survival activities which would form the basis for a follow-on IRHP II project providing program support on a statewide basis. Therefore, the experiences gained in developing ORT and improved EPI programs in project districts would be of direct relevance to later statewide programs. PRITECH staff not only supported and strengthened district level activities, but also identified state-level technical needs and systems required to expand these activities throughout the state. The PRITECH mandate in India was also to support other mission Health/Nutrition projects, but initially major attention was to be given to IRHP.

December 31, 1986, marked the end of the six-year-plus Integrated Rural Health and Population Project (IRHP) and this also saw the end of much of PRITECH's mandated state level technical interaction. In view of this, in the months awaiting the completion of the implementation plans for the new Child Survival Health Project, the Public Health Advisor focused on the following activities: work with the MIHFW to develop child survival monitoring guidelines; planning of ORT and immunization activities with some PVO groups funded under the PVOH Project; as well as setting up information and monitoring system; continued work with the MOHFW on developing implementation plans for the Child Survival Health Project. In March 1987, the Public Health Advisor resigned to take a position with AID.

C. Progress/Problems

With the approval of the Child Survival PID in late April, 1987, the development of a detailed Project Paper and supporting documentation for the \$65 million Child Survival Project was carried out in May and June. PRITECH staff contributed to the technical design of the paper including National Immunization Program, National ORT Program, state level activities in Training, Communications, Information Systems, Innovative Programs and Research with particular attention to an "Indian Congress of ORT" and related proposal for research projects in diarrheal disease, technical analysis and justification, and the overall project implementation plan. The final Project Paper was approved in Washington in late July and the team helped prepare negotiated modifications regarding agreement, initial workplans and specific negotiations regarding planning and disbursement of monies against specific project activities both at national and state level.

The PRITECH Senior Technical Advisor (STA) assisted in the planning and implementation of the Indian Medical Association's effort to retrain its membership in the modern management of diarrheal disease focusing on correct use of ORT. The STA worked on the development of standardized 2 1/2 day curriculum for resource person training in four clinical ORT training centers. During the second quarter of 1987 these units were put into operation and trained some 150 IMA members who became certified as trainers in the national program. A video cassette was prepared along with instructors' manual and various resource materials enabling a standardized three hour course to be conducted at each IMA branch throughout the country.

Motivation of branches through IMA news and the JIMA as well as through the state organizational structure resulted in some 250 branch meetings with over 8,000 members participating throughout the second half of 1987. The enthusiastic attendance at these meetings and its impact on knowledge about treatment of diarrhea was verified through the administration of a pretest posttest and an evaluation sheet which have been processed in a small computer to provide individual branch records and statewide

summaries in a timely way. The IMA sponsored Child Survival Week in 1987 featured the theme of "Oral rehydration for every child with diarrhea."

A second major PRITECH contribution to the diarrhea program in India has been extensive work with the Indian Marketing Research Bureau (IMRB) first in its design and field execution of the nation wide survey of knowledge attitude and practices by mothers about diarrhea and then in the analysis of this extensive data set and the preparation of reports and presentations to donor agencies, to government, to parliamentarians and for publications in the lay and scientific literature. Through this project, IMRB has developed a staff capable of understanding many of the critical issues related to questionnaire design in diarrheal disease to field investigation and the interpretation of the results. A 16 volume report describes the situation viewed from mothers, medical practitioners, paramedical workers, and chemists in each of 16 states throughout the country. A large quantitative survey of 5,400 mothers in 440 villages throughout the country provides the baseline data upon which to redesign the national CDD program and to develop a comprehensive communication strategy that will reach into the most remote rural areas carrying a believable and practical message on proper fluids, feeding and referral in diarrheal illness. Not only the institutional development of IMRB but also the output of this work is an important asset to the overall diarrhea control program in India.

The PRITECH STA worked on the development of improved training materials for CDD. This involved preparation of video training film for IMA and the extensive field shooting of clinical video material, its eventual editing and script writing for a major educational film comprising 22 modules on clinical diarrheal disease and the role of oral rehydration and feeding. This film was paid for and produced by UNICEF with technical direction and guidance from the STA.

Finally, the STA prepared an extensive revision of the manual "Better Care in Diarrhea" following revised insights gained from the IMRB surveys. This booklet will become the standard training tool at all levels of the country being translated into 15 languages and published in three to five million copies.

The STA's work with mission related programs has included interactions with CARE and its planning for its field programs, particularly with respect to expanding its ORT training as well as evaluating its past activities using the two-ended plastic spoon and cup. With CRS, he helped them focus on the importance of standardized training for mothers participating in their programs. Through AID's PVOH, he spoke with various voluntary groups on the important role that ORT can offer to their field activities. In addition, the STA gave talks to the Catholic Hospital Association of India, Christian Medical Association of

India and the VHAI on the specific aspects of ORT and diarrheal disease control.

EPI/UIP

The STA's most important contributions to this program relate to strategies for urban immunization, involvement of Rotary, development of an information system for UIP planning, and assistance to IMRB in the planning, implementation and interpretation of a national EPI/KAP study.

1987 saw the in-depth evaluation of four UIP districts with comprehensive management as well as coverage evaluation surveys conducted by an independent team headed by Dr. Sokhey with participation by WHO and UNICEF. The STA assisted WHO and UNICEF colleagues in identifying areas of investigation and interpreting their findings. The increasing number of coverage evaluation surveys have enabled the Ministry of Health to make a more realistic assessment of vaccine use and of the management challenges in implementation of this large scale program. No other program in Indian history has ever reached the percent of population already being covered in UIP districts. Sustained coverage of 65% fully immunized by first birthday is a remarkable achievement in this country where fewer than 20% of the population use the public health system in a given year.

Growth Monitoring and Nutrition

During 1987, the STA was involved in the development of an improved weighing scale with particular attention to the Australian designed vibrating beam solar powered digital scale with its own internal computer enabling computation of weight of the baby held in the arms of an adult.

In late 1986, the STA was asked to be a guest editor of the Indian Journal of Pediatrics preparing a special supplementary issue on growth monitoring. Some 18 articles were handed over to the editors in late May with the expectation of publication later in the year.

Through regular meetings with Dr. Atwood of CARE and the staff of CRS as well as other members of the growth monitoring task force, the STA was able to help identify operational weaknesses in existing programs and attempt to help these agencies embark upon a new course in their nutrition programs focusing on behavioral change and effective child growth as primary outcomes.

In June 1988 the PRITECH intervention concluded with the PRITECH senior technical advisor moving to UNICEF. The PRITECH office was closed in September and the remaining funds will be used for short-term technical assistance.

Indonesia National Diarrheal Disease Program

A. Status

USAID/Indonesia and the Government of Indonesia Ministry of Health have approved in September, 1986, a \$3 million project to help reduce the diarrheal diseases case fatality rate among children under five years of age. The project duration is three years. A PRITECH team, working with Healthcom experts, helped design the project in October, 1985. PRITECH is providing \$400,000 of technical assistance as part of the USAID project; the PRITECH effort began in January, 1986, focusing on the overall technical strategy, training of health professionals, logistics and CDD program management systems. Healthcom experts are focusing on communications and education, beginning with a social marketing campaign in West Java Province, the initial area for program intensification. This effort concludes in September 1988; however, the PRITECH II project continues these activities for one year.

B. Program Description

The project will achieve the following objectives through both national activities and an intensified CDD program in West Java and perhaps other provinces:

1. To improve the knowledge, attitudes, and practices (KAP) of mothers, village health workers (kader), and health personnel regarding ORT, through training and communication activities.
2. To strengthen the capability of the national CDD office to manage support systems related to ORT interventions (i.e., the disease information system, monitoring and evaluation, logistics, and central office operations).

C. Progress/Problems

The Ministry of Health's Sub Directorate CDD is implementing ORT intensification programs in three provinces, that is: West Java, South Sumatra and South Sulawesi. In each province, the program consists of efforts to improve mass communications, clinical training and supply management in support of ORT. South Sumatra and South Sulawesi are just getting organized.

1. West Java

The Ministry of Health launched the West Java ORT Intensification Campaign in Kabupaten Garut in July 1986. The principal elements of the campaign were training of Health Center staff and Kaders, or community based workers to provide ORT services, including dispensing ORS; distributing posters and leaflets promoting ORT; and broadcasting radio messages and promoting ORT. In

February and March 1987, the Campaign expanded to three additional Kabupatens, including Tassikmalaya, Bandung and Kodamadya Bandung. The total population to be served by these efforts is 8,356,000.

ORS Supply Management

A Survey carried out in Garut between November 1986 and January 1987, revealed a number of serious problems with the management of the supplies needed to support the Campaign.

In order to overcome these deficiencies, the Sub Directorate CDD collaborated with staff from the Provincial Health Office in West Java to design a supply system that could meet the needs of the Campaign. From April to September, they developed a training program to teach participants at the Kabupaten, Health Center and Desa levels to operate the different components of the system. The training took place between October 1987 and February 1988 in the four Kabupatens participating in the Campaign. In April 1988, Province Health Office staff carried out a survey to evaluate the effectiveness of this training program and determine to what extent problems of supply management for the West Java ORT Intensification Campaign had been overcome.

The survey data show that ORS 200cc was available at the great majority of sites and persons visited. Health Center staff dispensed the product to 91% of all diarrhea cases and the average dose was 4 packets. It appears that the basic supply system design is viable and that the product is being distributed. That it can distribute ORS through the Kabupaten and Health Center levels is hardly surprising given the relatively effective coverage of the public sector drug supply system. What is new and positive is that the system also distributes ORS out into communities through the network of Kader Coordinators functioning at the Desa level who are responsible for supplying Kaders Anak Sehat at the RW level.

The management information system is not functioning and therefore supervisors at the Health Center, Kabupaten and Province levels have no ongoing means of monitoring the stocks, off take and dispensing rates at different levels of the distribution system. And while distribution of ORS appears to be taking place, the same is not true for leaflets. Most sites or persons had few or none of the ORT promotional leaflets intended for distribution to mothers. Finally, it appears that a high proportion of the Kader Coordinators and Kaders Anak Sehat who were

trained may not be very active and this raises serious questions about the amount of ORS that the distribution system is actually placing in the hands of mothers of children with diarrhea.

2. South Sumatra

A baseline study of ORS management in South Sumatra, has been designed and carried out by a joint MOH/province team, with technical assistance from PRITECH. During the first week of August, this team developed a data collection instrument based on experience from site visits within South Sumatra at the provincial, kabupaten, puskesmas and community levels.

The ORS management baseline survey consists of two parts: "Management of ORS Stocks" and "Prescribing for Diarrheal Disease." Structuring data collection and analysis under these two general topics permits systematic review of ORS management at each step in supply process, that is:

- * Demand Estimation
- * Production Selection
- * Procurement
- * Distribution
- * and Product Use

The purposes which it serves are:

- * Providing the basis for planning improved ORS management services for the South Sumatra ORT intensification campaign.
- * Providing the prototype for an automated "ORS Management Assessment Package" which will enable the Sub Directorate CDD to efficiently replicate this study in any province in the future. This package would be used for both pre-intervention baseline data gathering and post-intervention evaluations.

Some of the key findings are:

- * the difficulties of ORS requirements planning when two package sizes are involved;
- * 200 ml packets are prescribed in average doses of 600 ml per episode, while 1000 ml packets are prescribed in average doses of 1400 ml; we think this two fold difference is a "package size artifact" unrelated to severity of disease, but cannot be sure from the data;
- * creative diversity of drugs used to treat diarrheal disease
- * relatively good ORS usage rates (78% under-fives, 72% five and over)
- * high cost and frequency of antibiotic use

3. Other program activity areas which PRITECH assisted are:

o Program Planning

Detailed implementation plans have been approved by the MOH and by USAID. Evaluation criteria for all major plan elements were defined by MOH/CDD.

Provincial workshops produced workplans for all three provinces, although there have been some difficulties with West Java. Supervision systems need more attention.

o Organization and Management

The PRITECH Country Representative, Bill Emmet, has given high priority to this area, especially strengthening CDD staff management skills and better coordination of program activities at central and provincial levels.

o Policy

A visit to Egypt is planned for Indonesia's CDD program managers.

o Training/Education

Rob Northrup has been working with Indonesian colleagues to produce materials for a medial school curriculum concerning diarrhea. PRITECH is arranging a training program at ICDDR/B in Dhaka.

The training for village health workers is being reviewed and revised. Guidelines for DTUs have been revised by Rob Northrup.

- o Information Dissemination

Following discussion about the possibility of three information centers, only one center - in Jakarta will be developed. This center will link with PRITECH's information center in Washington.

PRITECH Country Representative (Acting) J. Baker
PRITECH CDD Expert: Dr. J. Alwar
PRITECH Communications
Resources person: N. Dondi

KENYA CDD Program

A. Status

Program plan approved by AID, January 1987;
\$300,000 for twenty months.

B. Program Description

In July 1986, the Kenyan Ministry of Health and the USAID Mission in Nairobi requested PRITECH to send a team to develop a proposal for assistance to the national CDD program. This request followed a series of promotional visits by PRITECH -- the first in March/April 1984 by Dr. Myron Levine and PRITECH Project Director John Alden, and two subsequent visits by John Alden in February and June of 1986.

The team was asked to review the Kenya National CDD Program and propose specific potential PRITECH inputs to it. Assistance in the development of a public communication strategy and of training materials for health personnel, were identified by the Ministry of Health as particular, but not exclusive, interests.

The Government of Kenya had first embarked on a program for CDD in 1980 but due to lack of funds the action plan was not implemented. In late 1984 a joint Kenya/WHO/DANIDA mission outlined a CDD project proposal and made a number of recommendations. A CDD program manager was appointed in 1986 and WHO assigned an Associate Expert to the program. In October 1986 the Kenyan CDD program was officially launched.

In December 1986 S&T/H and AFR/TR/HPN agreed that PRITECH should proceed with a limited program to assist the Kenya national CDD program. In January 1987, John Alden visited Kenya and realized that the MOH was not in entire agreement with the content of the program outlined in the PRITECH strategy paper of 11/4/86. The MOH did not favor and was not prepared to agree to the large number of short term communications consultancies proposed; instead the MOH preferred a single longer term, broader-gauged expert to both help develop a communications strategy and to begin its implementation. In addition, the MOH preferred that PRITECH provide a long-term communications resource specialist to be seconded to the Kenya CDD Program at the MOH.

As a result, the PRITECH intervention underwent some changes. The intervention included the eight month communications consultancy of Joan Mayer (October 1987 - May 1988), the long-term (24 months) communications resource person for the MOH (N. Dondi) and a variety of program support facilitated through UNICEF (\$115,000 for vehicle, office equipment and supplies, development of educational materials, and operations research).

In November 1987 J. Baker was appointed as the PRITECH Country Representative working initially on a part-time basis (25%) with the understanding this time-commitment might need to be expanded to 40%.

In addition, the mission requested PRITECH, on behalf of the MOH, to fund the services of Dr. John Alwar, pediatrician, from September 1, 1987 to September 1, 1988. Dr. Alwar, who is a member of the MOH/CDD-PRITECH team is to help streamline and formalize the CDD program, both at central and district level. Dr. Alwar is focusing on operations research, training, management evaluation and monitoring.

In late 1987 PRITECH established an office in the Kenyatta Medical Research Institute.

Progress/Problems

At the request of the MOH PRITECH's proposed assistance to the Kenyan national CDD program was reduced initially to the health communications component, with consultant Mayer in-country October 1987 - May 1988 to complete the following objectives:

(A) To develop in Western Kenya a regional CDD health communication strategy and plan. It was planned that this strategy would then be implemented and tested in mid-1988, with an aim of replicating it in other regions as the national CDD program expanded nationwide.

(B) To develop, test, and produce selected training and public education materials which will both support the specific needs of the Western Kenya communications program and serve as prototypes for adaptation in other regions as the program expands.

Ms. Mayer completed her assignment in May 1988. Follow-on work on the communications component is being done by Nicholas Dondi who was hired as the long-term PRITECH Communications Resource specialist.

Other activities include:

- o PRITECH is assisting the CDD management unit with the completion of the manual for operational-level training. Operational level training was begun in the western districts, however, using the WHO modules.
- o A CDD baseline survey focusing on ORT use was carried out in 15 districts with a sample of 2,100 children under 5.
- o PRITECH funded and organized a one-week retreat in April 1988 for 8 CDD/MOH participants, 4 PRITECH participants plus representatives from USAID and UNICEF. The objectives included coordination of the various CDD activities and the

initiation of a joint planning process. At this retreat the MOH/CDD policy statement was finalized and decisions taken on issues such as packet size, recommended containers, role of NGOs and sugar-salt solution.

- o In May 1988 the DMS signed the national CDD policy which recommends that "ORS be locally produced, procured and made available in 500 mls. of safe, drinking water."

Comment: When the MOH took the decision to change from liter packets to half-liter packets PRITECH expressed concern that the half-liter packets would not be available in-country in time for the pilot communications campaign planned to start September 1988 and urged that PRITECH provide a logistics/distribution expert to assist with an assessment of the implications of this decision and a plan for the phasing out of liter packets. While the MOH has now decided to delay the communications campaign until Spring 1989, the MOH has yet to concur in PRITECH's proposal for logistics/distribution assistance.

- o In the Kenya CDD Plan 1988-1992, the MOH set the following targets for the end of the first five years:
 - a. to reduce the current under-fives' diarrhea-associated mortality by 30%;
 - b. to reduce current under-fives' diarrheal morbidity by 20%.

MALI NATIONAL DIARRHEAL DISEASE PROGRAM

A. Status

Program plan approved by AID in April 1985: \$380,000 for three years. Implementation began in August 1985.

B. Program Description

The Malian Ministry of Public Health and Social Affairs (MOPHSA) approved a PRITECH proposal outlining the initial phases of a national program to reduce child mortality caused by diarrheal disease. The PRITECH proposal covers a three year period, 1985 to 1988, with donor financing provided by UNICEF, WHO and AID/PRITECH. Full implementation of the national program may require seven to ten years, and will depend upon donor financing for the subsequent phases. USAID is prepared to consider providing follow-on financing as part of future health program.

The PRITECH program has four components which fit within the Malian diarrheal disease program plan developed with WHO assistance. The four components are: (1) training of health workers to establish ORT in the health system; (2) promotion of ORT in the community; (3) local production and distribution of ORS packets, initially through health facilities and later through sales by commercial outlets; and (4) education of mothers to use ORT effectively, with ORS packets and sugar-salt solutions prepared in the home.

PRITECH funds provide a full-time expatriate representative to help administer the program under the direction of PRITECH's Regional Office based in Dakar. PRITECH also provides short-term technical assistance and funding for educational materials and program evaluation. UNICEF and WHO finance training and promotion costs as well as the equipment and supplies to produce ORS packets.

There is a large gap between the furthest extension of rural health areas; coverage of health services may be as low as five percent. The program activities with the health workers and through health service facilities are an essential first step but will have modest results. It has been advised that, as soon as possible, distribution of ORS packets should move beyond the health system into commercial channels.

C. Progress/Problems

An evaluation of the National CDD Program was carried out in May 1988. The team, which included members from the MOPHSA, UNICEF, WHO, and PRITECH, examined the program's progress vis-a-vis the objectives specified in its national CDD plan. Constraints limiting advancement of the program were noted, and recommendations aimed at solving problems identified were made.

Program Management

The CDD program has been integrated into Family Health Division. While close collaboration with related MOH activities has been cost effective, special attention to specific program components, e.g., training, supervision, and coordinators' meetings, has been curtailed.

Four full time staff members at the national level plus the expatriate PRITECH program assistant have been assigned to the CDD program. In each region, there is an individual who has responsibility for CDD program coordination functions. Lack of delegation of management responsibility from the national to the regional and district levels has caused some difficulties, however, especially in those regions that have a weak capacity for program implementation in general. The program is attempting to establish a more rational division of labor and simple programming/management tools designed to increase efficiency.

Training

Training seminars for health care providers at a variety of levels have been organized and held in all regions of the country. A Health Facility Survey carried out with PRITECH assistance revealed the need for refresher training and intensive follow up of case management in health care facilities. The evaluation of the program confirmed the need for follow up of training, especially because most training sessions lack children with varying degrees of dehydration. A physician who has recently joined the program is in charge of setting up demonstration OR units within each region. Practicums centered around the use of this infrastructure will be developed for health care staff for the purposes of giving them more practical experience.

Communication and Education

Education materials have been printed and distributed to all regions and the District of Bamako. Follow-up on the distribution and utilization of materials within each region has not yet been carried out due to limited numbers of supervision trips.

Radio and TV spots have been developed and were used extensively in 1988 but since then, their use has been sporadic. Attempts have been made to revitalize working relationships with the radio but this has been difficult probably due to lack of financial incentives within the program.

In January, 1988, a program of community mobilization was carried out to raise awareness of ORT using media, schools, a national song contest, theatre, etc. A plan has been developed to continue these activities at the community level for Bamako but strategies have not yet been devised for other regions.

Logistics

UNICEF-supplied ORS packets are currently distributed free throughout the health care system. They are sold only in some community pharmacies and through village health worker projects. There are no well-organized monitoring or delivery systems. Stockpiling occurs in some places, stock-outs in others.

The program is promoting local production of ORS in the government pharmaceutical factory and intends to institute ORS sales as widely as possible in the private sector. Equipment and raw materials for local ORS production are in place, however, the unit has yet to be tested. Staff have not yet been trained in production techniques, a pricing system has not yet been defined, and sales circuits remain undetermined.

A study of the ORS drug distribution system was performed by a PRITECH short-term consultant in November, 1988. He recommended that efforts be made to determine the present stock of UNICEF supplied-packets and to improve methods for monitoring and distribution of supplies. Also, effective marketing and pricing strategies must be developed. Another PRITECH consultant will be requested to provide assistance in this area. Once the production facility is up and running, the balance between supply and demand will need to be monitored; special effort will be needed to stimulate demand.

MAURITANIA NATIONAL CDD PROGRAM

A. Status

PRITECH's program plan approved by AID in December, 1985; limited three year program for up to \$100,000. National CDD coordinator appointed in December, 1985. Implementation began in January 1986.

B. Program Description

A national plan for control of diarrheal disease (CDD) was developed in August 1985 with help from the PRITECH Regional Officer, Suzanne Prysor-Jones, and Dr. Olivier Fontaine, from ORANA. The objectives of the program are to (a) train all health services personnel in proper application of ORT; (b) organize a public education program about ORT; (c) inform mothers about ORT; (d) provide ORS packets throughout the country; (e) ensure effective utilization of ORS packets for treatment of diarrhea.

The National Coordinator reports to the Director of Preventive Medical Services. Training of medical personnel at various levels takes place in all regions. The educational campaign, managed by the Health Education Division, has included radio and television broadcasting, flyers for mothers depicting ORS preparation, illustrated booklets for training community workers, and posters. UNICEF-supplied ORS packets are distributed at no cost; commercial sale of packets will be considered for the future.

The program is supported by UNICEF, WHO, and USAID. UNICEF finances preparation of educational and training materials, supplies approximately 200,000 ORS packets annually, and supports supervision costs including a vehicle and travel costs, maintenance of an ORS storage facility, and program evaluation. WHO helps support the training of health personnel, including observation visits to other African countries. USAID, through its bilateral project for the Trarza and Guidimakha regions, finances educational materials and technical assistance. PRITECH supports program management and short-term assistance from its Regional Office in Dakar.

C. Progress/problems

Program Management

In September 1987, PRITECH worked with the national program and UNICEF to define CDD program activities and financial needs within UNICEF's health sector planning document for the period of 1988-92. The following february, PRITECH found, much to its disappointment, that UNICEF had not specified CDD activities in its planning document. The program activities that PRITECH had presented were "integrated" into UNICEF's support to the MOH for EPI, MCH, and Health Education activities. While there are some advantages to an integrated approach, PRITECH pointed out that some CDD activities, such as health facility surveys, KAP studies, and certain types of

training, need to be handled independently of other MOH activities. A verbal agreement was reached that UNICEF would be flexible about providing some special funding for CDD activities if and when it could be justified that integration would be practical.

As of early 1989, the USAID Mission will discontinue its health sector activities. The Health/Population Officer position will be eliminated, although there will be a locally-hired Personnel Services Contractor (PSC) available to monitor program activities already in progress. The USAID Mission will no longer provide funds for local costs for CDD program activities, nor for a buy-in to PRITECH.

It is believed that, if the current CDD program is to continue, donor funds will be required for local costs of training and supervision of health workers, public education, and ORS supply. Without USAID bilateral funds, the main source of funds will be UNICEF. Given UNICEF's commitment to integration and a tight country budget, future funding for the national CDD program may be inadequate.

In the meantime, the MOH and the USAID mission have requested that PRITECH perform an evaluation of the national program. The findings of this evaluation, to be carried out before the end of the year, will help define the future course of the program, and to large extent, will determine the need for and/or nature of PRITECH's further involvement.

Training

The Program, with significant help from members of other services at central level, has assisted regional staff to organize periphery-level training sessions in all regions. All training sessions have been supported by WHO and have covered most aspects of the CDD program (case management, use of educational materials, ORS management, information collections, etc.). The program has been encouraged to put emphasis on follow-up of training through supervision visits at all levels.

The Nurse Training School has integrated PRITECH module in to its curriculum for years 2 and 3. There is some question, however, as to whether practical rehydration activities have been included, not only in the nursing school training but with other types of training as well.

Logistics

Little information about the distribution of the approximately 200,000 ORS packets annually supplied by UNICEF is available. Repeated efforts to coordinate with the Central Pharmacy have met with little success. CREDES, a French consulting firm under contract

with the African Development Bank has done a preliminary study of the drug supply system, through its findings were not immediately available.

The Government has adopted a policy of liberalizing the importation and sale of drugs, while at the same time eliminating the parastatal pharmaceutical importer/distributor. It is unclear as to what implications this policy will have on packet distribution.

Communications and Education

Printed materials developed by the program have been widely distributed. This distribution took place, for the most part, during the training sessions held in each region. There has been only limited supervision done to determine whether materials have been distributed to the periphery and being effectively used.

Television and radio spots, developed with the assistance of PRITECH consultant, Mbaye Seye, have not been systematically broadcasted. Difficulties between the MOH and the television station have prevented CDD spots from being aired altogether. Misunderstandings with the radio station have impeded routine diffusion of CDD radio spots. Re-negotiations with both television and radio stations are taking place.

Mexico (Limited Intervention)

A. Status

PRITECH's familiarity with Mexico's ORT program has grown, beginning with the February 1985 Strategy Assessment and including PRITECH participation in the National ORT Conference in April 1986. Early collaboration with PAHO and Healthcom (which was carrying out a major ORT practices and prevalences survey with the Ministry's Department of Epidemiology) led to PRITECH's meeting with Mexican officials in Washington as well.

In 1986, the mission bought in to PRITECH for approximately two months of technical assistance, relating to widespread use of anti-diarrheal drugs and the place of ORT in the curriculum of medical education. In the fall of 1986, a PRITECH planning team travelled to Mexico and made its recommendations for a limited intervention in certain states within Mexico. That intervention, executed via a \$275,000 subcontract with PAHO with MOH and USAID approval, will be virtually complete by September 1988. PRITECH added \$25,000 for technical assistance.

B. Project Description

PRITECH has been working with the Health Secretariat, or Ministry of Health, of Mexico in its Program for the Prevention and Control of Diarrhea (PRECED). PRECED is now in its fourth year, and PRITECH has worked with the program almost from the start, providing technical speakers to national ORT congresses sponsored by PRECED and, as noted, a team of experts to carry out a strategy assessment for diarrhea control in Mexico. That assessment produced a list of recommendations, some of which have already been acted upon by PRECED, with assistance from USAID/Mexico, Healthcom, and PRITECH. The PRITECH I project was rooted in those recommendations, and PRITECH II project builds on that basis as well.

Central to PRECED's work to date has been the training of three-person teams from the states, at the Oral Rehydration Unit of the Children's Hospital in Mexico City. With funding from AID, through USAID and PRITECH teams have now been trained from all thirty-one states in Mexico and have set up an ORU in their states.

Through PAHO, PRITECH has been carrying out a limited intervention to support the Children's Hospital in this way and to support ORT training within the six states that have the highest diarrhea-death rates among children 0-4 years old. These are Oaxaca, Chiapas, Tabasco, Tlaxcala, Guanajuato, and Mexico. This training was built upon the people already trained and the one ORU already set up in each state, to offer training to regional and community health staff and to set up additional ORUs at the regional and community levels.

USAID, as an active collaborator in health programs, is kept abreast of developments and expenditures.

C. Progress/Problems

Training plans were developed in all six states. Oaxaca has taken the lead, with strong local direction and commitment. At the Children's Hospital, state-level delegations have been trained, and all states are being covered according to schedule.

In the priority states, through August 1988, 85.6 percent of health staff have been trained in ORT (2820 out of 3295 projected), while 74 percent of the planned ORT units have been established (44 out of 59). Over 100 state-level persons have been trained at the Children's Hospital.

Transition to PRITECH II

PRITECH participated in the seminar of donors in December 1987, to discuss the MOH 1988 - 1991 plan for CDD and ARI; PRITECH had two representatives take part in the three-week joint evaluation of the CDD/ARI program in April 1988 - involving WHO, UNICEF, and USAID; PRITECH supported and took part in the international CDD conference sponsored by the Children's Hospital in June 1988. These focussed discussions, held over many months, were developed by PRITECH into a program proposal for PRITECH II.

This proposal has the following elements:

- a. state-level training and supervision in four additional states and in the populous Federal district;
- b. specialized CDD seminars at the Children's Hospital for pediatrics professors, as a way to transform medical education in terms of diarrhea case management;
- c. on-going supervision in the six states given priority during PRITECH I;
- d. continuity of the communication activities initiated under Healthcom;
- e. limited technical assistance.

The PRITECH II Proposal has been approved by AID/W, USAID/Mexico City, PAHO, and the MOH. Local costs will be handled by PAHO and by the Mexican Foundation for Health. S&T/H funding in the amount of \$500,000 will be provided through August 1992.

MOROCCO NATIONAL ORT/EPI PROGRAM

A. Status

PRITECH program plan approved by AID in August 1985: \$300,000 for three years. This program has been delayed since then, however, and PRITECH's long-term role there was reduced to a technical-assistance one, in support of research on both EPI and CDD status.

B. Program Description

The Moroccan immunization program appears to be a very well-planned, well-organized enterprise which has achieved 40-60% national coverage of the child population since it was launched in 1981. The program, integrated within the country's maternal and child health service, has trained large numbers of health workers, maintains a reliable cold chain, and has a functional information system.

Urged on by UNICEF, Morocco carried out a major immunization campaign during the last three months of 1987. This effort had the strong backing of the king, so the government's commitment is very strong.

Morocco's diarrheal disease control program, begun in the same year as the vaccination program, has received considerably less emphasis. Several successful clinical trials of ORT were conducted which resulted in the adoption by the Ministry of Public Health (MOPH) of ORT as a national policy. But little formal training of health staff has been carried out, and the extent of utilization and acceptance of ORT by health workers and the public is largely unknown. The MOPH ORS production facility with a capacity of 5.5 million packets per year continues to have problems. UNICEF, which helped to establish the facility, has had to acquire the necessary spare parts and contract with a German firm to repair the machinery. A private company will also be producing up to 450,000 packets/year in the near future.

Because of the priority being given to the EPI campaign, diarrheal disease remains in the background. PRITECH's technical assistance has been limited to the design of a request for proposals to solicit a KAP study relating to both ORT and EPI and to provide some oversight to this study. Future PRITECH involvement in Morocco will be contingent on the Ministry's specifications for future ORT efforts. But given the many delays since the 1985 program plan, that plan will have to be reassessed before proceeding now.

UNICEF has been and will continue to be the most important donor to the Moroccan EPI and ORT programs. UNICEF is providing funding for the EPI manual and for in-service training of 3000 nurses and 90 physicians in 1985-86 with which the project hopes to collaborate. UNICEF is also continuing to fund the MOPH ORS production unit in Casablanca.

C. Progress/Problems

The MOPH does not support PRITECH having a local project coordinator with any independent role in the ORT program. They want the PRITECH person in their own office and under their supervision. PRITECH's impression is that the MOPH regards PRITECH as a financial mechanism rather than as a technical partner in the national ORT and EPI programs. Such a circumscribed role for a PRITECH coordinator will hamper collaboration with UNICEF, with the private ORS firm, and with other government agencies both inside and outside the Ministry. It appears that the MOPH is continuing in this position, making a long-term PRITECH involvement in Morocco through the Ministry ever less likely.

Nigeria - National Diarrheal Disease Program.

A. Status

A PRITECH-CCCD team conducted a strategy assessment visit in October 1985. A proposal for a Nigeria CCCD project, including substantial technical assistance by PRITECH in the CDD component, resulted. In anticipation of a 1986 project start, a PRITECH intervention plan was developed in late 1985, outlining technical assistance in 5 areas: program policy, planning and management; budgeting and financial planning; pharmaceutical (specifically ORS) supply management; training; and information, evaluation and research.

A follow-up strategy visit was conducted in late March/early April 1986 by consultants from PRITECH, CCCD and Development Alternatives, Inc., to review outstanding policy, financial and management issues. A revised summary proposal was drafted, which included a full-time ORT adviser (Nigerian) attached to the Federal Epidemiological Division and funded by PRITECH.

AID approval for a CCCD project in Nigeria was given in August 1986. The PRITECH component of the project was for \$525,000 over approximately two years. An implementation plan for Year One was developed in November 1986; this specified that PRITECH involvement be in financial planning and management, ORS supply management, training, and operational research. The CCCD project got underway in January 1987. The PRITECH component of the CCCD project began in February 1987 when the PRITECH ORT Operations Adviser assumed his post in the Ministry of Health.

In August 1987, primary health care was formally launched in Nigeria. A phased schedule of planning and implementation at local government level has begun. A major issue facing the already well-established EPI and ORT programs is how they will be integrated into the PHC structure without compromising quality.

B. Program Description

The Nigerian Federal Ministry of Health, in conjunction with UNICEF, developed a National ORT Promotion Plan between April and September 1985, culminating in a National Planning Workshop on ORT in September 1985 during which the plan was discussed with state representatives. The plan specified the use of ORS to treat cases of diarrhea and dehydration presenting to health facilities; the education of mothers in the use of sugar-salt solutions (SSS) at home and proper feeding during the episodes of diarrhea; local commercial production and marketing of ORS in 600 ml packets; in-service and pre-service curricula changes of health-workers' training; mass public education campaigns; and the linking of ORT with efforts in EPI, water and sanitation and other primary-health-care activities. The five-year objectives of the ORT promotion plan were to reduce under-five diarrhea mortality (by 50%) and

diarrhea morbidity, the mortality reduction to be accomplished through the widespread use of ORS to treat diarrhea cases presenting to health facilities and the widespread training of mothers on ORT, including the importance of proper feeding during diarrhea and the use of SSS at home to prevent dehydration.

The implementation of the plan began in the last quarter of 1985. Numerous workshops were held to promote the concept of ORT among health professionals, including nurses and physicians. These workshops resulted in the rapid proliferation of ORT units. As of June 1986, there were a total of some 236 units established in the then 19 states plus Federal Capital Territory, plus 4 zonal units.

Other early accomplishments of the program was the local production of 600 ml ORS packets by a private company in Nigeria, beginning in July 1986. Diarrhea morbidity and treatment practice questions were included as part of the EPI coverage surveys conducted in all states in September 1986.

Areas requiring attention include management and supervision, particularly at state level; monitoring and evaluation; ORS distribution; clinical training; budgeting; public education and mobilization; ORT integration with EPI and other PHC activities; and non-ORT strategies for diarrheal disease control.

C. Progress/Problems

PRITECH's involvement in the Nigerian program has served to support the ongoing ORT program and strengthen areas of need, and to complement other types of assistance provided under the overall CCCD project.

The PRITECH ORT Operations Adviser began work on February 1, 1987 and began visiting CCCD focus states (and others) to assess implementation problems and constraints, working with state and local managers to solve identified problems in logistics, record keeping, supervision, and training. It became clear from these state visits that although the ORT program had achieved marked success in getting ORT activities started, much more work was needed to improve the quality of care that diarrhea patients receive at health care facilities. Beginning in the latter part of 1987, the adviser began working in 2-3 states with local staff to assess quality of case management at facilities, define and prioritize problems, and initiate specific measures to overcome these problems. This exercise has thus far provided a good opportunity for on-the-job training of health workers in ORT units and ORT management staff.

State assessment visits conducted by the MOH, UNICEF, WHO, and CCCD in February-March 1987 identified management and supervision as problem areas in all states visited and highlighted the need for specific management training. In the third quarter of 1987, PRITECH,

in cooperation with WHO, began the tasks of examining management needs and of outlining a plan for adapting/developing management training materials specific for the needs of the Nigerian ORT and EPI programs.

In December 1987, state ORT and EPI managers convened for a supervisory skills course using WHO materials. A PRITECH consultant attended this course to assess the usefulness of these training materials in the Nigerian context, and to begin adapting them as necessary. Work on these materials, first aimed at local government level ORT/EPI managers (and possibly PHC coordinators), began in early 1988.

In February and March 1987, PRITECH consultants developed a workplan for financial planning and management assistance. The financial situation analyses (FSA) in Niger and Lagos states began in September 1987. A tool was developed for use by states in collecting cost data. An assessment of the Nigerian revolving drug fund experiences to date was carried out in April 1988.

PRITECH consultants have examined questions of ORS supply management, and made recommendations for CCCD's role in supporting local production and encouraging private sector involvement in ORS supply in the public and private sectors.

A February 1988 PRITECH consultancy examined financing and sustainability options for the national child-survival program. The conclusions and recommendations, suggested that PRITECH shift attention from budget analysis towards operational programs to reduce financial constraints.

Transition to PRITECH II

In July and September 1988, PRITECH assessment teams began to develop the PRITECH II program for the next three years. While still under discussion, the PRITECH plan hopes to place an ORT advisor in each of the four zones and a national supervisor in Lagos. Emphasis will be on health-worker training, using the new modules made for Nigeria on the basis of the WHO Supervisory Skills course. PRITECH is also prepared to test the MEDIAC materials in one Nigerian site and to work with the national pharmacists association to stimulate the distribution of ORS through pharmacies. FMOH priority, however, is on training.

On September 2, 1988, the Minister of Health clarified FMOH policy on the use of ORS packets and of sugar-salt solution. Packets are not to be used in homes. Packets are only to be used by health-care providers in health-care facilities. Just as immunizations are not given by mothers but by health-care providers, so it will be for ORS packets in Nigeria.

Therefore the FMOH is calling for two broad educational efforts. One is training for public sector health-care providers in diarrhea case management. The other is training for mothers in

SSS. This suggests a major research and communications push - to be spearheaded by Healthcom or PRITECH. The Minister emphasized the public-sector health-care providers, specifically citing responsibility for the public sector rather than for the private sector. It is not clear what proportion of health care in Nigeria is provided by the private sector, though everyone concedes that it is substantial.

The next steps for PRITECH will be (1) to see the training modules through to final publication, and (2) to develop consensus of the PRITECH II implementation plan.

NIGER NATIONAL ORT PROGRAM

A. Status

PRITECH's program plan approved by AID in December 1984; sustained program for up to \$345,000. Implementation began in January 1985.

B. Program Description

The Nigerian National Disease Control Committee developed a three year plan with ORT training and education aimed at the village level, with distribution of ORS packets supplied initially by UNICEF and eventually from local production. The objective is to encourage the use of homemade fluid at the onset of diarrhea and to provide ORS packets for cases determined to be serious. The CDD program builds upon the government's expansion and strengthening of the primary health care system at the village level, with the assistance of USAID's Rural Health Improvement Project (RHIP). The program began with MOH-initiated activities and an educational campaign.

The major components of the program are (a) training of health staff in each of the seven geographic departments through organized seminars; (b) development of educational materials for use by health workers and other extension agents, and ORT messages for broadcast by mass media; (c) focussed training and supervision of health workers; (d) distribution of UNICEF-supplied ORS packets; (e) local production of packets with equipment provided by the Belgians; (f) baseline, evaluation, and operations research studies.

The program is a multi-donor effort with commitments of almost \$1 million in addition to resources from USAID's RHIP and provision of ORS packets by UNICEF. Other support comes from WHO, Belgium, and the Netherlands. The PRITECH program provides support for educational materials, some education assistance, and a full-time resident PRITECH representative who began working at the beginning of 1988. Previously, a part-time resident program assistant provided help with program management and implementation from 1985-87. Short term technical assistance is also provided by PRITECH Regional Officers.

C. Progress/Problems

At the invitation of the Ministry of Public Health and Social Affairs (MOPHSA), a 12-member team evaluated the national CDD program from June 20 to July 10, 1988. The team examined the program's progress vis-a-vis the objectives specified in 1984-88 national CDD plan of action, and constraints limiting the advancement of the program. The team made recommendations aimed at resolving problems that were identified.

Program Management

The MOPHSA has demonstrated considerable commitment to dealing with diarrheal diseases, and has given consistent support to the National Program Coordinator. The MOPHSA has also been active in appointing representatives to the CDD Committee, which shares responsibility for the implementation of the program. A new five year national CDD plan, which is projected to go into effect in 1989, has been approved by the National Committee and is now awaiting approval by the MOPHSA.

The second annual meeting of the department level coordinators is being held at the end of November in Niamey. In addition to the coordinators, PRITECH Regional Officers, NGO's and other organizations that have child survival projects will be participating, and will assist with the development of department specific CDD program plans based on the national plan. Efforts will be made to ease the management burdens by departmental level coordinators who, in addition to CDD responsibilities, are faced with numerous other responsibilities.

Supervision of the program at different levels has proven inadequate due, primarily, to lack of availability of competent supervisors and dependable transportation. A new guide for national level supervision has recently been developed. It is intended to provide a more effective approach to evaluating the status of activities in the field and to be used as a means of giving timely and meaningful feedback to those who work in rural areas.

Training

Over 1,900 health care providers, teachers, and others whose work relates directly or indirectly to those at whom CDD program activities are aimed have received training in ORT. CDD course work has been also included in the curricula of the public health and medical schools. Unfortunately, few of these training sessions provided opportunities for practical, hands-on application of ORT principles. Routine follow-up of individuals trained has also been lacking. Commitments have been made to set up DTUs in main hospitals and to supplement training done so far with practicums in these units.

Logistics

From the beginning of the program in 1985 until the end of 1987 almost two million sachets were contributed by UNICEF, and distributed by the National Committee. Since March, 1987, sachets have been produced and available at the government pharmaceutical manufacturing facility, ONPPC. By October 1987, health facilities were supposed to start purchasing ORS packets along with other medicines but because of poor logistical management and the high cost of the locally produced sachets, they are not widely available.

While the MOPHSA has acknowledged that the drug supply system needs to be reformed, decisions regarding the nature of the changes have been slow in emerging. Consequently, this has limited the ability of the Program to make locally-produced ORS packets widely available for sale. The government has decided to lower the price of ORS and it is taking measures to increase the number of authorized selling points. The Program would also like to obtain the declassification of ORS as a drug, thus enabling it to be sold in a much wider range of outlets.

Communication and Education

Educational messages about the prevention of diarrhea, dehydration, and ORT have been developed and diffused using the television, radio, posters, and booklets. According to the June/July evaluation, it was found that a large percentage of mothers had heard of ORT, and that many understood its purpose. Few mothers, however, knew how to correctly describe the preparation of ORS, and even fewer knew how to correctly prepare it. New TV spots, which are considered to be clearer and more concise are currently being pretested.

Another one of the program's communication education strategies has involved the village health worker (VHW) system, estimated to cover about 40% of the rural population. General problems with the primary health care system, i.e., the lack of funding for training and supervision, have limited the effectiveness of the VHWs. Thus, their reliability as a CDD program mechanism is questionable. The program does plan, however, to adopt a more aggressive community mobilization strategy, one in which regions are required to make full use of community organizations, projects and PVO's utilizing, for example, theatre groups and sensitization days involving national and local authorities and leaders.

ORANA (LIMITED PROGRAM)

A. Status

Program approved by AID in January, 1985; \$105,000 for three years. Implementation began in May 1985.

B. Program Description

The strategy for ORT programs in the Sahel Region provides for collection and dissemination of information about ORT programs and related issues. ORANA, a Dakar-based regional institute with a mandate to conduct research and provide information on nutrition, works with PRITECH to perform this function. The effort is managed by the PRITECH Regional Office in Dakar. The recipients of this information include health workers, ranging from health policy makers to community health agents, who are concerned with health service delivery in eight Sahelian countries.

ORANA is a member of the institution of the Regional Organization for Cooperation in the Control of Endemic Diseases (OCCGE). The OCCGE groups eight Francophone countries in the Sahel and West African Region: Benin, Burkina Faso, Ivory Coast, Mali, Mauritania, Niger, Senegal, and Togo. France is an associate member of the OCCGE. Fifty percent of ORANA's budget has come from the contributions of OCCGE members states, including France, and the other half from research grants, whose sources have included CIRDS, WHO, FAO, World Bank, UNICEF, several French funding institutions, and USAID, which contracted ORANA to do some nutritional status survey work in 1983.

ORANA's library has thus far served mainly local needs. The only information support for the region from ORANA has been the distribution of Diarrhea Dialogue which has approximately 12,000 readers.

PRITECH has assisted ORANA to become more effective as a source of information by providing funds that has enabled the Institution to:

1. Hire a full-time (or two part-time) local person to manage the activities of information gathering and dissemination;
2. Organize the transition and distribution of selected articles that would be useful for personnel at different levels involved in national ORT programs in the Region;
3. Respond to requests for information from policy-makers and field workers from several countries;
4. Generate and/or edit articles of special interest for the Region to be published (with funding from AHRTAG) as inserts in Diarrhea Dialogue.

C. Progress/Problems

The working relationship between ORANA and PRITECH/Sahel is productive; an annual evaluation performed in April 1988 by Judy Brace (AED) and Karen White (PRITECH Information Center) found the ORANA Information Center working according to plans established for the year in May 1987. Documents have been accumulated at a steady rate, acquisitions lists published, requests for copies responded to, key documents translated into French and circulated to those considered to be decision-makers. Also disseminated are PRITECH Technical Updates, compilations of articles on diarrhea and nutrition as well as Diarrhea Dialogue and Diarrhea Dialogue Africa supplements, as previously mentioned.

Recently, fluctuations in the dollar, increased demand for the Information Center's services, and the need for additional regional support activities have caused the Information Center budget to become a serious constraint. PRITECH's fixed price contract arrangement with ORANA has been inadequate for the scope of work. The center has not been able to give attention to diarrhea-related nutrition issues nor to develop technical materials that have been identified by several country programs for use on a regional basis.

Under PRITECH II, PRITECH proposes to continue activities already underway, and to add research activities, particularly in the area of diarrhea-related nutrition issues; however, budgetary and staffing limitations will have to be overcome. PRITECH will request proposals for a four-year contract, to be awarded under a competitive selection process. The contract will provide: (a) a continuation of the ORT Information Center; (b) additional Information Center activities to cover information-gathering and diffusion on selected diarrhea-related nutrition issues; (c) the development of technical education materials for health personnel, including continuing education materials for health personnel, including continuing education mini-modules for refresher training, technical fiches on case management and related issues, counter detailing materials on ORS for physicians, pharmacists, and health facility staff; (d) follow-up of introduction of CDD modules into medical and nursing schools; (e) assistance with CDD-related problem solving and operations research; (f) assistance with the evaluation and follow-up of case management issues and other evaluation studies.

PAKISTAN (LIMITED PROGRAM)

A. Status

Program approved by AID in February 1985: \$120,000 for 12 to 18 months. Subsequent activities approved case-by-case, pending development of a long-term program plan with the USAID Mission and the NIH.

Implementation began in April 1985.

B. Program Description

The PRITECH I program in Pakistan began in 1985 as a limited activity; a budget level of \$120,000 was approved. The objectives were to help develop a communications campaign to increase demand for ORS, and to make some recommendations about the curriculum for training health workers. PRITECH contributed short-term consultants. These objectives were achieved, although the benefits to the program have been less than expected. The design of the communications campaign became a management headache because of bad working relationships between National Institute of Health officials and the private advertising agency. The training recommendations were not implemented because they were overtaken by a restructuring of health services. Less than \$50,000 was spent on these activities.

In November 1986, PRITECH's Technical Director Rob Northrup and the WHO/CDD Director Mike Merson assessed the Pakistan CDD program and recommended an accelerated, comprehensive program. Previously, a PRITECH logistics consultant had found aging stockpiles of ORS; the NIH solved the problem by using village vaccination teams to distribute packets to households. The Merson/Northrup recommendations emphasized education of families and training of health professionals to promote proper ORT practices. The recommendations were accepted and transformed into a one-year action plan. WHO agreed to provide technical leadership and to assign a senior level CDD advisor to NIH. The government agreed to develop provincial CDD programs, and to assign CDD operations officers to create a program structure similar to the successful EPI operation, relying on the EPI delivery system. UNICEF and USAID committed resources to the planned program. PRITECH was asked to provide technical assistance, within the framework of the original PRITECH program budget.

C. Progress/Problems

During the past year the mission has been formulating a Child Survival Project, which includes a "big push" for the diarrheal disease program. Based on an October 1987 visit to Pakistan by Rob Northrup, PRITECH was asked to recommend a PRITECH effort which would support the new project. The project is likely to include a major effort to involve the medical schools and teaching hospitals in clinical training and monitoring diarrheal disease morbidity and mortality. PRITECH II could be the source of some of the technical

assistance, through a buy-in from the bilateral program, initially from the Primary Health Care Project which expires around March 1989. The scope and nature of the PRITECH II program must await final design of the implementation arrangements for the Child Survival project. It is likely that organizational responsibilities within the government will be reviewed during the coming months to accommodate the new project, and as a result of the January 1988 retirement of the forceful Director of NIH, Major General Burney. The opportunity for PRITECH to work effectively may change as a result, for example, if the focus of program responsibility shifts within the MOH, or becomes dispersed or fragmented. The new project, focussing on diarrhea training, may involve a different array of institutions.

In the meantime, the Mission and NIH have requested PRITECH to increase the level of assistance, mainly with the resident staff and short term experts. Assistance is needed in the areas of communications, clinical training, logistics, management information plus general program management. NIH has appointed a senior and very competent National CDD Program Manager, Colonel Akram; he also directs the EPI program. There is active support coming from UNICEF and recently from CIDA in the area of communications. There are substantial resources available in USAID's existing Primary Health Care project. We believe PRITECH can make an effective contribution at this time, at least while the current program structure is in place. PRITECH's objectives are:

1. to develop a standard curriculum for Diarrhea Training Units, and to test the curriculum at a leading medical college, by May 1987 as the next diarrhea season begins;
2. to organize a program to establish DTUs in at least three additional Provincial-level institutions;
3. to follow through on recommendations to strengthen logistics management and management information systems;
4. to monitor the public education program, and to improve the messages and educational materials, as appropriate;
5. to give general support and assistance to the national CDD Program Manager.

PRITECH is providing a resident PRITECH Country Representative: Dr. Lucia Ferraz-Tabor has been working with the national program manager, both as a communications expert and as a general advisor on program management. She has been an effective coordinator with USAID and among the donors. PRITECH is working with NIH and the donors in drafting an operational plan for the coming year of activity in the national program; specific tasks for PRITECH will be identified.

WHO Assessment

The WHO assessment was completed early in 1988. The National overall awareness of ORS was 88%, 71% had ORS at home at the time of interview, 83% had ever used ORS and 84% could prepare ORS correctly.

NIH's survey of March 1987 showed 73% awareness of ORS, 43% had ORS packet at the time of interview, 55% ever used ORS and 49% could prepare ORS correctly.

Survey	Awareness of ORS	ORS at home	Ever Used	Could Prepare
1987	73%	43%	55%	49%
1988	88%	71%	83%	84%

The following activities were carried out with PRITECH assistance during the reporting period:

1. Antidiarrheal Drugs

While ORS has at times been in short supply, antidiarrheal and antimotility drugs are not; they are still being indented by the provinces. PRITECH brought this problem to the attention of Senator Javed Jabbar, chairman of the Senate Committee on Health, both in personal discussions and through a letter which was later endorsed by UNICEF. Sind has developed a list of essential drugs, over 200, which includes antidiarrheal/antimotility drugs. Two members of the committee which makes policy concerning drugs for the health system in Sind have agreed to order only the "least damaging" antidiarrheal drugs.

2. DTUs

Despite the large numbers of medical personnel trained in ORT, the majority of medical facilities does not seem to be implementing proper diarrhea case management. Specific problems include the prescription of inappropriate drugs, excessive and unjustified use of IVs and antibiotics and lack of demonstration and two way communication with mothers.

Dr. Jon Rohde, PRITECH, and eight of Pakistan's leading pediatricians reviewed the current status of case management of diarrhea in government health facilities and developed a strategy to address problems identified. They concluded that the design of a curriculum and traditional training programs are not sufficient to make a major impact on the performance of health facilities. The strategy the group proposed focuses on improved quality of health care rather than on numbers of people trained. There was

agreement that, at the health facility, there is a need for a professional training team whose job is limited to DTU training and providing assistance to trainees with implementation. The proposal is to have a team consisting of one physician and one Lady Health Visitor (LHV) per National Diarrhea Training Unit (NDTU) and one team at the National Institute of Health (NIH). This team will work with the teaching college to which it is assigned as well as with provincial health officials such as the CDD manager, DHOs and ADHOs. Thus, it will serve as a link between teaching colleges and provincial health facilities. The NIH team will provide overall coordination and technical assistance to the provinces.

The implementation of DTUs has been extremely difficult, particularly because some provincial health officials are not giving full support. Vehicles are a touchy issue, the provinces believe that their personnel instead of the teaching colleges' should receive vehicles. The hiring of staff has been delayed. Colonel Akram wrote a letter in May to the secretaries and DHS explaining the DTUs. Sind and NWFP have agreed with the proposed strategy in principle, although details need to be worked out. There is no agreement from the Punjabi government.

Despite all problems, USAID is reportedly pleased that PRITECH enabled the Mission to set up a contract with a Pakistani firm to hire staff to organize the DTU program.

3. Private Sector

a. Woodward's:

Woodward's a private pharmaceutical firm, produced an ORS plastic jug to be distributed to physicians and to be used to measure one liter of water to prepare ORS. On June 18, Woodward's sponsored a seminar for physicians in Islamabad to introduce the ORS jug. General Burney spoke on Pakistan's CDD policy and program, Dr. Mushtaq Khan on the clinical aspects of ORT and the PRITECH representative on the importance of educating parents. Dr. Mushtaq and the PRITECH representative wrote a brief paper on ORT which was distributed to participants. Woodward's agreed to print and distribute posters about the assessment and treatment of dehydration.

b. ORS Liquid:

Chawdry Dairies is proceeding with the testing of liquid ORS following the WHO guidelines for production. USAID/ARD arranged to have the samples tested at Land O'Lakes in the US. PRITECH arranged to have other

samples tested at NIH. Once the technical feasibility is established the company would like to test market it; however, it does not want to use its own funds to do so.

4. Communications

a. Television:

PRITECH worked with Dr. Mushtaq Khan, Children's Hospital, and a producer of Pakistan's Television in the production of a ten minute programme on Oral Rehydration Therapy. This program was broadcast once. The target audience was mothers. The program was filmed at Children's Hospital and showed children with zero to various degrees of dehydration. It also showed mothers preparing and feeding their children ORS. Dr. Mushtaq emphasized the need for liquid at the onset of diarrhea, the correct preparation and administration of ORS, the need for frequent feeding during diarrhea to avoid malnutrition and suggested foods like yogurt, boiled rice and lentils and banana. He also talked about the importance of breast feeding and the danger of bottle feeding. The program was well received and will be rebroadcast.

b. Printed Materials:

NIH has printed 3.5 million small leaflets to be enclosed in the ORS boxes, 20 thousand posters for health workers to use to teach mothers and 20 thousand posters to emphasize liquids ORS plus breast feeding. These materials were developed with PRITECH's assistance.

5. M.I.S.:

a. CDD Register:

Data from the pre-test of the CDD register at Children's Hospital have been computerized with PRITECH's assistance. Shafat Sharif, PRITECH's administrative assistant, has entered 1,923 records using dBASE III PLUS and has produced reports required by Dr. Mushtaq Khan. Children's Hospital will enter their own data in the future.

b. Computers:

Two computers were ordered for the CDD program: one for the National Institute for Health (NIH) and one for Children's Hospital, one of the DTUs. The rationale for starting with NIH and Children's Hospital is that

NIH is the institution responsible for Pakistan's data on CDD. Children's Hospital was the only DTU which collected sufficient data (1,923) during the pre-test of the CDD register to lead us to believe that it will continue doing so and is likely to make use of the computer for this purpose.

6. ORS Supply and Distribution:

NIH and the provinces show no interest in ORS supply and distribution issues. However, they are extremely interested in storage. Provinces and NIH would like storage facilities for ORS at the divisional level to allow divisions to speed up distribution and to have some stock available to meet unforeseen requirements and not to depend exclusively on the national government for timely supply.

SENEGAL

In August 1984, USAID approved a \$1.2 million bilateral project for a national diarrheal disease program which included provision of technical assistance from PRITECH. Subsequently, PRITECH located its Sahel Regional Officers in Dakar to ensure active support for the Senegal program.

At the request of USAID/Senegal, PRITECH started giving limited technical assistance to the national CDD program in 1985. The PRITECH Regional Office proposed a short-term technical assistance plan based on the existing national program, however, SANAS, the Nutrition Division which runs the program never reacted to the plan. Thus far, no comprehensive plan for the national CDD program has been developed. Nor has a full-time coordinator been assigned to the program.

PRITECH has not yet reached agreement with the MOH on a long-term workplan. Consequently, PRITECH's input has been limited to the provision of ad hoc consultants for specific problems identified by the MOH and the PRITECH Regional Officers. The program has developed in a piecemeal fashion; some educational materials have been produced, intermediate level health staff have been trained, and an ORS production feasibility study has been carried out.

A USAID-funded mid-term evaluation of the program was carried out by a team consisting of three PRITECH consultants and three MOH officials. Among other things, it was found that few mothers give their children appropriate fluids for acute diarrhea, few health providers treat children with diarrhea according to the treatment protocols established by the government, and few health facilities have regularly available stocks of even the most basic materials needed for effective rehydration of children and for education of mothers.

While recommendations for ameliorating the program were given, efforts to implement them appear to be impeded. Practically all decisions regarding the program must be made through one individual (Colonel Sy). Program direction is frequently interrupted due to multiple demands, and there appears to be little willingness to delegate responsibilities. Essential planning and coordinating of diverse but technically related elements have often not occurred.

Yet, despite the less than enthusiastic efforts made to maintain sustained activities and the lack of a national program plan, CDD activities are proceeding. The demand for PRITECH assistance has risen greatly since 1987, due, primarily, to the influence of a part-time coordinator. PRITECH has provided assistance in the following areas:

Case Management

PRITECH assisted SANAS in undertaking a Health Facility Survey to assess current case management practice and the effectiveness of CDD training by the Program.

Five regions of the country were selected at random and 52 health facilities were visited. It was found that 84% of the cases observed were correctly classified according to dehydration status. However, only 59% of the health workers could classify cases correctly on interview. Children diagnosed as having moderate dehydration were sent home with a packet, and not kept under surveillance according to WHO norms. Advice given to mothers was generally poor, educational materials were not used, and nutritional aspects of diarrhea treatment were notably absent.

Training

As of March 30, 1988, the program had trained a total of 2,215 health staff throughout the country, and more than 1,500 development workers for other sectors had at least some "sensibilisation" through their participation in the periphery-level training sessions. Thus, all regions and departments in the country have run training sessions. This widespread training, however, has not covered hospital staff.

Education and Communication

Follow-up of all educational efforts made by the program thus far (radio, TV, distribution and use of printed materials) has been considered inadequate. Coordination problems between SANAS and the Health Education Unit have diffused responsibilities for this, which has subsequently led to inertia.

SANAS has promoted work on the definition of nutritional messages and materials to broaden the scope of educational efforts in the field. With considerable PRITECH assistance and limited SANAS participation, the Health Education Unit has conducted focus groups on selected nutrition problems throughout the country, and has developed some key messages for inclusion into a flip-book for educators.

Logistics

Since 1985, the program has distributed packets representing over 700,000 liters of ORS. According to the most recent Health Facilities Survey, approximately 62% of health facilities visited had stock-outs. One cause of this problem may be the policy of equal division of UNICEF-supplied packets among all departments regardless of differences in population or numbers of diarrhea cases.

At the present time, there is no authorization for the importation and sale of packets. Yet the program's strategy is to encourage private wholesalers to import packets and to distribute them as widely as possible.

The local production remains unresolved. Donors have expressed skepticism at the MOH idea of ORS production in the National Pharmacy. A WHO/Geneva expert is expected to advise on the matter during a visit scheduled before the end of the year.

TUNISIA NATIONAL CDD PROGRAM

A. Status

In 1986, a subcontract between USAID/PRITECH and Catholic Relief Services (CRS) signed; PRITECH provided \$300,000 in bridge funding from 1986 to 1988.

B. Program Description

The Diarrheal Disease Management (DDM) program is a three-year project which focuses on education aimed at prevention of dehydration through the use of appropriate remedies at home at the onset of diarrhea, and oral rehydration of moderate to severe cases of diarrhea at health centers using ORS. CRS, in an agreement with MOH and PRITECH, has been charged with management and implementation of the national program. Activities carried out under CRS have included staff training, formulative research, strategy development, and educational planning.

PRITECH has provided "bridge funding" for the general operation of the project. Short-term technical assistance has also been provided with policy clarification, development and preparation of training and educational materials, and assessment of local ORS production, pricing, and distribution issues.

C. Progress/Problems

An assessment of the CDD program was carried out by a PRITECH evaluation team in November, 1988. While the final draft of the report has not yet been received, preliminary reports suggest that considerable progress has been made with the national program. One finding that may attest to the program's favorable impact is that both mortality and morbidity due to diarrheal disease have been markedly reduced since 1980 when the national program began. Less dehydration from diarrhea (especially serious dehydration) is being seen in the health establishment. In fact, findings indicate that there is a decreasing proportion of clinic consultations for diarrhea. And of those children who are hospitalized, rare are those who die from dehydration, due to improved treatment measures, notably ORT.

It can be noted that those factors contributing to these changes, which have involved PRITECH, include the mass media campaign and the development of educational materials for use in health care facilities and in nursing schools. Technical modules development for health workers has resulted in improvements in case management, both at home and within health care facilities. PRITECH has been requested to provide assistance with modification of media training materials and mass media messages.

Another factor that is expected to have favorable impact is the resumption of ORS production at the local parastatal facility, Pharmacie Centrale de Tunisie (PCT). PRITECH is expected to provide short term technical assistance with plans for modification of the facility, selection and procurement of supplies and equipment, and operationalization of the facility.

In the meantime, closing of the CRS/Tunis office has been mandated by its headquarters office for reasons that remain unclear. CRS involvement with the national program is scheduled to end March 31, 1989. A two-month postponement has been requested to allow for the completion of outstanding reports and other documentation. Because CRS will no longer be involved in the national program, PRITECH's future remains uncertain.

YEMEN (LIMITED INTERVENTION)

A. Status

PRITECH'S subcontractor PATH (Programs for Appropriate Technology in Health) has received a \$100,000 pass-through from PRITECH and supplemented that amount with another \$100,000 from Project SUPPORT. (Project SUPPORT is another AID contract, held by PATH, to assist countries in their ability to product ORS.) PATH staff have now made two visits to Yemen.

B. Project Description

The purpose of this limited intervention is to provide technical assistance to the parastatal Yemen Drug Company for Industry and Commerce for the production and quality assurance of Oral Rehydration Salts (ORS). PATH has proposed to assist YEDCO in the following areas:

- production engineering, including facility design, equipment specification, new material specification, and package design;
- procurement of equipment and materials on tender basis, according to YEDCO's decisions;
- equipment installation; and,
- management and staff training, including training in quality assurance

Concurrent with this PRITECH/PATH intervention, a USAID bilateral child-survival project is poised to get underway. HEALTHCOM will be responsible for the health-education component, to ensure that the packets that are produced and distributed will be used by an educated population and health staff. Project implementation activities got underway in October 1987 with a workshop involving all parties in Sana's including PATH and HEALTHCOM representatives. During this visit to Yemen, PATH will continue its discussion with YEDCO and other potential ORS producers, as well as explore strategies to expand the promotion and marketing of ORS.

ZAMBIA

A. Status

Program plan approved by AID April 1986; revised plan signed by MOH, Government of Zambia (GRZ), June 1986: \$360,000 for two years.

Implementation began August 1986.

B. Program Description

PRITECH made a number of promotional visits to Zambia 1984-1986 which were followed-up by a Strategy Assessment team in February/March 1986. This team, led by Dr. Roy Brown, made recommendations to DMS Dr. E.K. Njelesani for PRITECH activities in Zambia. This intervention strategy was based on the February 1986 plan of operation for "The Control of Diarrheal Disease Programme" published by the MOH, GRZ.

The PRITECH plan and budget were developed to provide external resources for the national CDD program over a two-year period, through contributions from PRITECH, WHO, and UNICEF.

PRITECH'S plan includes a full-time resident expert to work with the MOH's CDD program management team and manage PRITECH'S contributions to the project, plus an office, transport and administrative support for the resident expert.

In addition, PRITECH will provide some funding for ORS production and distribution, training, development and reproduction of materials, baseline and follow-up survey, and small studies or operations research. Up to ten weeks of short-term technical assistance has been made available to the CDD Program by PRITECH. UNICEF will provide administrative support to PRITECH including the management of some funds.

C. Progress/Problems

In June 1986, the MOH appointed Dr. H.B. Himonga as the full-time CDD Program Manager and he is assisted by two full-time public health nurses. In May 1988 Dr. Himonga was also given responsibility for family health and traditional medicine.

PRITECH Representative's Office

Mr. Paul Freund was appointed as the PRITECH Resident Representative with effect from September 1, 1986. Since then, Mr. Freund has rented office space on Longolongo Road in Lusaka. In addition, Mr. Freund has hired a full-time secretary/administrative assistant. The computer and printer provided by PRITECH are installed and were used for data entry and analysis of the baseline survey.

ORS Packets

In late 1986 the MOH decided that in the future only one liter ORS packets would be used in Zambia. As a result, General Pharmaceuticals Limited has changed production from 750 ml packets to one liter packets. The MOH, UNICEF, PRITECH, GPL and Medical Stores have now agreed to an arrangement which should ensure a steady supply of ORS; UNICEF and PRITECH will provide funds for UNICEF to purchase raw materials which will be given to the GPL to produce ORS packets. In December 1987 UNICEF purchased \$24,000-worth of raw materials for the manufacture of 1.4 million sachets. These packets will be purchased from the GPL by Medical Stores for distribution through the health system.

In addition, the MOH has decided that the new pharmacy catalogue will no longer carry the anti-diarrheal Kaolin and will offer only ORS.

Baseline Survey

The data collection phase of the baseline survey was completed in November and on the basis of preliminary district cluster summaries, 4379 urban and 4292 rural households were surveyed. Dr. E. Brenner (WHO/Geneva) visited Zambia in April to assist in the analysis.

PRITECH was actively involved in helping the MOH to organize the training workshops, questionnaire design, sampling, methodology as well as data entry analysis and report writing. The published report was distributed through WHO and the MOH.

Health Education

The first meeting of the CDD Health Education Materials Committee was held in December 1986. The Committee includes most members of the MOH Health Education Unit as well as representatives from WHO and PRITECH and mass media specialists, nutrition and public health nurses.

The Committee meets regularly to review progress on the production of materials. Final revision work on the two posters developed was completed by local artists in February 1988 and pretesting of these posters, the ORT leaflet and pamphlet was done in April. PRITECH has been working with a SIDA consultant on a nutrition booklet, particularly sections dealing with ORS/SSS and feeding during diarrhea.

The fourth series of radio programs was completed in June with interviews with health personnel, NGOs and technical experts.

PRITECH hired two popular theater groups to develop plays on ORT which they performed 12 times each week in the Lusaka area over a three-month period.

The popular theater group - Maloza - was active promoting various child survival activities including CDD. They have contacted various provincial theater groups and negotiated for future tours to train key leaders in those areas.

ORT Training Unit

By end-January, final designs for the UTH training unit had been developed and circulated to the CDD National Committee. A technical subcommittee reviewed these plans and made some revisions. The new budget estimate is 695,000 Kwacha of which WHO/Brazzaville is providing Kwacha 490,000. WHO/Zambia and PRITECH developed a funding proposal which was circulated to the donor agencies. In September 1987 work began on the ORT unit, which is expected to be completed by December 1988. The Canadian High Commission is providing \$40,000 for the purchase of equipment and furnishings. PRITECH is providing \$5,000 of equipment (slide projector, carousels, tape recorder, etc).

Surveys

PRITECH conducted three separate surveys of the availability and distribution of ORS, making a preliminary assessment of alternative distribution networks.

- a. Health Center Survey. In February 1987 a questionnaire was mailed to a sample of 210 health centers and district hospitals throughout Zambia. There was a 94% response rate, which illustrates well the value of collecting such data by mail even from the most remote parts of the country.
- b. Private Surgery Survey. Data were calculated using a structured questionnaire on diarrhea case management and ORS from 50 private surgeries in Lusaka, Ndola, and Kitwe. This sample represented 24% of the 212 registered private surgeries which are largely concentrated in the large urban centers.
- c. Chemist Survey. The third component of the distribution study consisted of a sample survey of 40 retail chemists. Data were collected through a structured questionnaire consisting of 10 questions on antidiarrheals, ORS availability, and sales patterns from 40 retail chemists.

The distribution survey was completed by September 1987 and the report circulated to UNICEF, WHO, and the MOH. It was evident from the survey findings that effective distribution of ORS in Zambia will require a large collaborative effort from the MOH/HQ to the health center level. PRITECH plans to continue to work closely with the MOH and the wide range of other interested organizations (PPAZ, Red Cross, YWCA, CMAZ, ADRA, National Drug Company, Jaycees, etc.) to improve the distribution network.

In late September 1987 the MOH, with support from PRITECH, carried out operations research including community-based effective use surveys in 57 health centers in five provinces.

The results of these surveys provided a clearer picture of ORS distribution and use, particularly in underserved areas.

A traditional healers survey is being conducted and data collection will be completed by end-October 1988. When data analysis is complete it is planned to discuss the reports with the Traditional Practitioners Association of Zambia (TPAZ) and to examine possible areas of cooperation.

WHO Associate Expert

In September 1987 Dr. Stefan Salmonsson, the WHO Associate Expert CDD/EPI completed his two-year assignment and returned to Sweden. Dr. Salmonsson played an important role in the CDD program and PRITECH and the MOH are concerned that his departure will deplete the program significantly, particularly in the areas of case management and clinical training. PRITECH has expressed this concern to WHO/Geneva.

APPENDICES

PRITECH I

APPENDIX A: Summary of Disease Control Activities: PRITECH I
BY REGION
AFRICA

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 12	ORT Promotional Visit & Attend Mission Directors' Conference	Gambia Senegal Rwanda Kenya	Rohde, J.	January 1984	16	PRITECH	\$ 12,297.00
DC 20	Promotional Visit	Kenya Djibouti Zimbabwe	Alden, J. Parker, R. Levine, M.	3/22-4/20/84 4/11-4/20/84 3/25-4/3/84	22 10 9	PRITECH	\$ 24,551.00 (excluding JHU.)
DC 21	Attend Sahel Health Officers' Conference	Senegal	LeSar, J.	3/20-3/22/84	5.6	PRITECH	\$ 4,257.00
DC 22	CCCD	Togo	LeSar, J.	3/26-3/29/84	5.6	PRITECH	\$ 3,875.00
DC 23	Promotional ORT Visit	Ivory Coast Mali Niger	LeSar, J. Jones, S.	3/31-4/18/84 3/27-4/18/84	17.5 14	PRITECH	\$22,860.00
DC 26	Promotional Visit and attend Nigerian Senior Nurses Seminar on Continuing Ed	Nigeria	Pollack, M. Rasmuson, M. Parker, R.	4/10-4/22/84 4/8-4/13/84 4/8-4/10/84	12 5 2	PRITECH	\$ 8,729.00 excluding AED & JHU covered sub-contract

I. PROGRAMMED (cont.)

2.
AFRICA

DC 42	Review Kenya Social Marketing Pilot Project.	Kenya	Clements, M.L.		.5	PRITECH	\$ 181.50
DC 35	Promotional ORT Visit.	Cameroon	Henn, A.	4/21-4/29/83	10	PRITECH	7,247.00
DC 44	Promotional ORT Visit/Amendment to Project.	Senegal	Herrington, J. Rasmuson, M.	5/3-5/16/84	12 4	PRITECH	5,207.00 (excluding AED covered subcontract.)
DC 45	Promotional ORT Visit	Chad	Bates, J. Henn, A.	5/16-6/14/84	24 19	PRITECH	21,091.00
DC 46	Analyze Kenya Action Plan for Diarrheal Disease Control	Wash, DC	Harrison, L.	5/9-5/10/84	2	PRITECH	1,020.00
DC 51	Senegalese MOH officials visit to ORT activities in Haiti.	Wash, DC	Lioy, M.	6/29-7/6/84	5.5	PRITECH	1,134.00
DC 54	PRITECH Strategy for Sahel.	Wash, DC	Simpson, R.	7/5-7/19/84	11	SWA/SDP	4,142.00
DC 55	Promotional Visit	Nigeria Zambia	Alden, J. Parker, R.	7/29-8/3/84 7/22-8/3/84	5 6	PRITECH	4,236.00
DC 61	Promotional Visit	Sudan	2 Consultants	Postponed		PRITECH	
DC 62	Strategy Development	Mali	Prysor-Jones, S. Simpson, R. Bates, J. Fabricant, S.	2/10-2/28/85	57	SWA/SDP	31,429.00

1. PROGRAMMED (cont.)

DC 63	Conference on West African Nutrition in PHC & Strategy for Sahel Region & ORANA	Ivory Coast Senegal	Prysor-Jones, S. Simpson/R. Gabbidon, G.	10/30-11/23/84 10/31-11/9/84	36	SWA/SDP	\$21,131.00
DC 64	Develop an ORT Strategy	Niger	Prysor-Jones, S. Simpson, R.	9/17-10/18/84 10/9-10/18/84	37	SWA/SDP	20,242.00
DC 65	Follow-up promo. ORT visit	Chad	Prysor-Jones, S. Simpson, R.	10/19-10/29/84 10/19-10/30/84	21	SWA/SDP	14,751.00
DC 72	Design ORT Component of Food & Nutrition Program	Djibouti	Rasmuson, M.	10/20-11/12/84	15	PRITECH	Covered under AED
DC 79	Conference in Malawi on ORT	Malawi	Cash, R. Brown, J. Rohde, J. Prysor-Jones, S.	3/29-3/30/85	26	PRITECH	37,810.00
DC 80	Development of Sahel Regional Program	Washington, D.C.	Simpson, R. Prysor-Jones	11/13-1/4/85	61	SWA/SDP	28,365.00
DC 83	Evaluate Curriculum Inputs in Nurse/Mid-wife Training in ORT	Nigeria	Lyons, J.	1/5-1/17/85	14	PRITECH	9,310.00
DC 84	Conduct Feasibility study of ORS Production	Nigeria	Quick, J.	3/17-3/28/85	12	PRITECH	7,093.00
DC 85	Develop Education Materials for Sine Saloum PHC	Senegal	Wolfheim, C.	2/26-5/26/85	90	SWA/SDP	Covered under AED
DC 87	Development of MCH Project	Cameroon	Henn, A.	3/11-3/15/85	12	PRITECH	7,311.00
DC 89	Begin Implementation of Country Program Plan	Niger	Prysor-Jones, S.	1/14-1/30/85	18	SWA/SDP	9,659.00

I. PROGRAMMED (cont.)

4.
AFRICA

DC 106	Consult with ORANA	Senegal	Huff, M. Brace, J.	4/27-5/11/85	24	SWA/SDP	7,500.00 (excluding AED)
DC 110	Promotional Visit	Gambia	Pryor-Jones, S. Rasmuson, M.	5/31-6/7/85	13	SWA/SDP	2,700.00 (excluding AED)
DC 113	Begin Implementation of Country Program Plan	Mali	Pryor-Jones, S.	6/8-6/15/85	6	SWA/SDP	4,000.00
DC 115	Follow-up on Education Materials and Plan Next Phase of Country Program	Niger	Pryor-Jones, S.	6/16-6/26/85	12	SWA/SDP	7,000.00
DC 119	Design of MCH Project and PRITECH Strategy	Cameroon	Henn, A. Patterson, G. Shepard, D. Bisson, D.	7/22-8/18/85	109	PRITECH	52,050 (excluding AED)
DC 124	Participate in Training Seminars for Anti-Cholera Action Program	Mali	Toureau, S.	8/5-8/26/85	28	SWA/SDP	\$11,000

I. PROGRAMMED (cont.)

5.
AFRICA

DC 125	Promotional ORT Visit	Mauritania	Prysor-Jones, S.	7/28-8/4/85	12	SWA/SDP	\$5,500
DC 130	Conduct Feasibility Study for Local Production of ORS Packets	Senegal	Fabricant, S.	9/15-10/12/85	28	SWA/SDP	\$15,000
DC 132	Assist in Communication Planning for the Gambia	Gambia	Prysor-Jones, S. Rasmuson, M. Spain, P. McDivitt, J.	9/9-9/21/85	15	SWA/SDP	3,700.00 (excluding AED)
DC 133	Strategy Assessment	Nigeria	Olson, C. Rasmuson, M. Mosley, H. Berman, P. Quick, J. Sears, S.	10/5/-10/26/85	129	PRITECH	32,000.00 (excluding JHU & AED)
DC 134	Develop Materials for ORT Education Campaign	Mali	Wolfheim, C.	9/30-11/14/85	40	SWA/SDP	Covered under AED
DC 135	Develop TA Role in UNICEF ORT Program	Djibouti	Rasmuson, H.	9/16-9/20/85	5	PRITECH	Covered under AED

I. PROGRAMMED (Cont.)

6.
AFRICA

DC 137	Develop Implementation Plan for ORT Program	Chad	Rasmuson, M. Prysor-Jones, S.	9/23-10/5/85	25	SWA/SDP	\$7,500 (excluding AED)
DC 138	Implementation of the Country Program	Mali	Prysor-Jones, S.	8/20-9/3/85	13	SWA/SDP	\$6,800
DC 146	Conduct Study on Utilization of ORT Among Health Workers & Rural Mothers	The Gambia	Sankar, P.	10/17-12/31/85	36	SWA/SDP	Covered under AED
DC 145	Follow-up Promotional Visits	Zambia Zimbabwe	Alden, J.	11/6-11/22/85	15	PRITECH	\$11,700
DC 149	Implementation of Country Program	Niger	Pryor-Jones, S.	11/23-11/29/85	6	SWA/SDP	\$3,800
DC 151	Assist MOH w/ Development of Evaluation Methods for ORT Program	Mali	Genece, E.	11/18-12/15/85	27	SWA/SDP	\$14,300
DC 153	Strategy Assessment	Djibouti	Fontaine, O. Torrey, Tisa, B. Whittet, S.	02/17-05/25/86	88	PRITECH	\$6,200 (excluding AED)
DC 154	Develop Materials for ORT Education Campaign	Mali	Wolfheim, K	01/29-03/14/86	40	SWA/SDP	Covered under AED

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I. PROGRAMMED (Cont.)

7.
AFRICA

DC 158	Follow-up visit for National ORT Program Planning	Mauritania	Prysor-Jones, S. Fontaine, O.	01/26-2/1/86	12	SWA/SDP	\$5,300
DC 160	Strategy Assessment	Zambia	Simpson, P. Brown, R. Fabricant, S. Alden, J. Slabbaert,	02/24-3/12/86	58	PRITECH	\$34,500 (Excluding AED)
DC 163	Follow-Up Promotional Visit	Kenya	Alden, J.	2/20-3/01/86	9	PRITECH	\$ 8,000
DC 165	Interim Evaluation of Country Program	Niger	Prysor-Jones, S Simpson, R. Northrup, R.	3/14-3/20/86	30	SWA/SDP	\$25,000
DC 166	Attend CCCD Annual Meeting	Congo	Northrup, R. Prysor-Jones, S	3/20-3/27/86	14	PRITECH	\$11,300
DC 167	Consult with Sahel - Regional Office	Senegal	Northrup, R.	3/27-4/01/86	4	SWA/SDP	\$ 3,500
DC 168	Follow-Up of Feasibility Study of ORS Production	Senegal	Fabricant, S.	2/24-2/28/86	6	SWA/SDP	\$ 3,200
DC 169	Assist MOH in Development of Educational Material	Mauritania	Prysor-Jones, S	3/2-3/09/86	7	SWA/SDP	\$ 4,000

I. PROGRAMMED (Cont.)

8.
AFRICA

DC 172	Development of Health Education Materials	Senegal	Wolfheim, K.	3/24-5/2/86	36	SWA/SDP	Covered under AED
DC 174	Follow-up strategy visit	Nigeria	Blum, D. Rasmuson, M.	3/25-4/5/86	22	PRITECH	\$ 5,000 (excluding AED)
DC 180	Review ORANA Activities and Workplans	ORANA	Brace, J.	4/24-5/3/86	9	SWA/SDP	Covered under AED
DC 182	Participate in National ORT Training Course	Mauritania	Prysor-Jones, S. Fontaine, O.	4/19-4/24/86	10	SWA/SDP	\$5,400
DC 184	Supervision of National ORT Program	Mali	Prysor-Jones, S.	4/4-4/11/86	7	SWA/SDP	\$4,500
DC 185	Follow up Strategy Visit	Zambia	Simpson, R.	5/15-5/25/86	10	PRITECH	\$9,800
DC 188	Design ORT Component of Sector Grant Proposal	Niger	Prysor-Jones, S.	5/21-6/4/86	14	SWA/SDP	\$8,200
DC 187	Follow-up Strategy Visit	Zambia	Alden, J. Brown, J. Brown, R.	6/2-6/12/86	17	PRITECH	\$15,500
DC 189	Follow-up Strategy Visit	Kenya Zimbabwe	Alden, J. Brown, J.	6/2-6/14/86	21	PRITECH	\$14,500

I. PROGRAMMED (Cont.)

9.
AFRICA

DC 191	Implement Country Program	Gambia	Prysor-Jones, S.	6/11-6/17/86	6	PRITECH	\$ 3,300
DC 192	Implement Country Program	Mauritania	Prysor-Jones, S.	6/22-6/29/86	7	PRITECH	\$ 4,200
DC 193	Implement Country Program	Mali	Prysor-Jones, S.	7/19-7/28/86	9	PRITECH	\$ 5,600
DC 198	Begin Implementation of PRITECH ORT Program	Chad	Prysor-Jones, S. Kone, A.	7/21-7/31/86	20	PRITECH	\$ 11,000
DC 199	Monitoring of ORT Country Program	Niger	Prysor-Jones, S. Kone, A.	8/11-8/19/86	16	PRITECH	\$ 9,400
DC 201	Assist SANAS and Health Education Unit w/Development of Educational Materials	Senegal	Wolfheim, K. Prysor-Jones, S.	7/7-8/1/86	44	Covered under AED.	AED
DC 202	Assist in Development and Revisions of ORT Mass Media and Educational Materials	Gambia	Wolfheim, K. Prysor-Jones, S. Kone, A.	12/5/86	71	PRITECH & AED	\$ 5,400 (excluding AED)
DC 203	Monitoring of PRITECH ORT Program	Mali	Kone, A. Prysor-Jones, S.	8/22-8/29/86	14	PRITECH	\$ 8,600
DC 213	Strategy Visit	Ivory Coast	Mitchell, M. Rasmuson, M.	7/28-8/2/86	18	PRITECH	\$ 7,600
DC 214	Conduct an Assessment of the National ORT Program	Burkina Faso	Prysor-Jones, S. Kone, A.	8/15-8/22/86	14	SWA/SDP	\$ 8,400

I. PROGRAMMED (Cont.)

10.
AFRICA

DC 215	Assist ORANA in ADDR Research Proposal Development	Senegal	Northrup, R.	8/5-8/9/86	5	PRITECH	\$ 3,629
DC 216	Strategy Development Visit	Kenya	Brown, J. Rasmuson, M. Blum, D.	9/3-9/20/86	41	PRITECH	\$ 5,000 (excluding AED & JHU)
DC 217	Preparation of Intervention and PRITECH Zambia Office	Zambia	Brown, J. Grant, D.	9/9-9/23/86	22	PRITECH	\$ 13,000
DC 223	Educational Materials Development	Chad	Tisa, B.	9/10-12/31/86	50	Covered Under AED	\$ 22,109
DC 224	Design Team to finalize design of MOPH/PRITECH ORT Project	Cameroon	Prins, A. Halpert, P. De Coeyere, D. Rasmuson, M.	9/26-10/18/86	81	PRITECH	\$ 31,614 (Excluding AED)
DC 225	Supervision of National ORT Program	Mali	Kone, A.	9/1-4/86	4	PRITECH	\$ 2,588
DC 226	Review of Health Ed. Materials & Planning Future Efforts	Gambia	Prysor-Jones, S.	9/8-10/86	3	PRITECH	\$ 1,607
DC 227	Monitoring of PRITECH Program	Niger	Kone, A. Prysor-Jones, S.	10/12-31/86	18	PRITECH	\$ 9,826
DC 235	Introduction to the ORT program, status & needs	Djibouti	Klenicki, A. Prins, A.	10/25-11/1/86	17	PRITECH	\$ 11,807

1. PROGRAMMED (Cont.)

11.
AFRICA

DC 237	Marketing/Communications preparation for marketing campaign.	Mauritania	Seye, S.M. Prysor-Jones, S.	10/25-30/86 11/31-12/8/86 12/14-20/86 1/11-17/86	38	PRITECH	\$14,401
DC 238	CCCD Work Plan for National ORT Program.	Nigeria	Blum, D. Rasmuson, M.	10/21-11/22/86	45	PRITECH	Covered Under AED & JHU
DC 239	Promotional visit for PRITECH limited intervention.	Sierre Leone	Blum, D. Brown, J.	10/29-11/8/86	23	PRITECH	\$6,323 (Excludes JHU)
DC 240	Follow-up on strategy visit.	Ivory Coast	Brown, J.	11/12-16/86	4	PRITECH	\$3,080
DC 246	Implementation of country program	Chad	Prysor-Jones, S.	11/16-27/86	11	PRITECH	\$7,361
DC 247	Conduct National ORT Training Courses.	Mauritania	Kone, A.	11/17-27/86	10	PRITECH	\$4,280
DC 248	Conduct an Epidemiological Survey.	The Gambia	Prysor-Jones, S. Kone, A. Fontaine, A.	12/1-6/86	21	PRITECH	\$8,272
DC 249	Conduct ORT Training Courses	Mali	Prysor-Jones, S. Kone, A.	12/21-28/86	16	PRITECH	\$9,054
DC 250	Follow-up to National ORT Intervention	Mali	Prysor-Jones, S.	11/23-30/86	8	PRITECH	\$5,293
DC 251	Evaluation/field Study of National ORT Intervention	Niger	Kone, A.	11/30-12/10/86	11	PRITECH	\$4,947

PROGRAMMED (Cont.)

12.
AFRICA

DC 254	Begin National Program Implementation.	Cameroon	Prins, A.	12/7/86-12/86	6	PRITECH	\$4,801
DC 256	Interim Country Representative	Djibouti	Klenicki, A.	12/27/86-3/28/87	132	PRITECH	\$80,576
DC 257	Continue Development of Educational Materials	Mauritania	Seye, S.M.	12/14-29/86	14	PRITECH	\$5,168
DC 258	Consult w/Field Staff on Country Intervention Progress	Zambia	Brown, J.	12/29/86-1/15/87	17	PRITECH	\$11,271
DC 259	Work as Interim Country Representative	Cameroon	Githens, W.	12/15-5/28/86	90	PRITECH	\$22,156
DC 261	Review and finalize content of PRITECH ORT Program	Kenya	Alden, J.	1/8-23/87	15	PRITECH	\$11,476

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 262	Explore Possibilities for Commercial Distribution of ORS Packets	Swaziland	Alden, J.				PRITECH (Postponed)
DC 264	Develop & Conduct ORT Training Course and Modules	Mali	Pryor-Jones, S. Seye, S.H.	1/24-2/6/87	24	\$13,159	SWA/SDP
DC 265	Conduct National ORT Training Course	Chad	Kone, A.	2/9-21/87	12	\$6,909	SWA/SDP
DC 266	Development of PRITECH Country Intervention	Cameroon	Prins, A.	1/30-2/7/87	9	\$8,096	PRITECH
DC 270	Orient Resident ORT Advisor & Initiate Implementation of Intervention	Nigeria	Blum, D.	2/28-4/7/87	23	Covered under JHU.	PRITECH
DC 271	Provide TA in Financial Planning and Management	Nigeria	Berman, P. Wouters, A.	2/22-3/21/87	53	Covered under JHU.	PRITECH
DC 272	Management of Field Program	Mauritania	Pryor-Jones, S.	2/20-22/87	3	\$2,061	SWA/SDP
DC 273	Management of Field Program	Gambia	Pryor-Jones, S.	2/23-25/87	3	\$1,586	SWA/SDP
DC 274	Facilitate WHO/CDD Supervisors Course	Ethiopia	Blum, D.	3/7-24/87	18	Covered under JHU.	PRITECH
DC 275	Provide TA in ORS Production & Supply	Nigeria	Fry, M.	3/1-31/87	33	\$17,165	PRITECH
DC 277	Assist PRITECH Country Representative w/ CAHCORT	Cameroon	Grant, D.	3/7-21/87	14	\$7,699	PRITECH
DC 278	Discuss PRITECH TA in Communications w/ MOH/CDD Program Manager	Kenya	Rasmussen, M. Bravo, H.	3/21-26/87	12	Covered under AED.	PRITECH
DC 279	Development of ORT Program Materials	Chad	Seye, S.H.	3/15-4/1/87	14	\$5,376	SWA/SDP
DC 281	Assist w/ Cameroon Nat'l. Conf. on ORT	Cameroon	Hayer, J. Wolfheim, C. Hygino, J. Prins, A. Davachi, F.	3/15-4/11/87	60	\$20,868 (Excluding AED & JHU)	PRITECH

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
IDC 262	Development of CDD Surveillance System & Revision of Educ. Materials	Gambia	Fontaine, O. Ikone, A. Wolfheim, C.	13/12-26/87	29	\$8,058 (Excluding AED)	ISWA/SDP
IDC 285	Work with Health Unit & Radio/TV	Mali	Gaye, S.M.	14/18-29/87	20	\$8,890	ISWA/SDP
IDC 287	Work on PRITECH Implementation Plan	U.S.	Hollis, D.	14/6-8/87	3	\$1,655	ISWA/SDP
IDC 297	Provide Training for Central Health Personnel and In-Place Planning for Peripheral Training	Chad	Ikone, A.	15/7-16/87	8	\$5,485	ISWA/SDP
IDC 299	Conduct Eval. of PRITECH DRT Interv.	Zambia	Brown, J. Brown, R. Spain, P.	15/14-30/87	39	\$18,558 (Excluding)	PRITECH
IDC 300	Review ORANA Work-plan and Opportunities for Collaboration with PRITECH.	Senegal	Jennings, L. Brace, J.	15/18-29/87	18	Covered under AED.	ISWA/SDP
IDC 301	Develop Terms of Reference on ORS Distribution and Processing Studies.	Niger	Roberts, D.	15/18-24/87	5	\$4,474	ISWA/SDP
IDC 303	Review of National ORS Production & Distribution Capab.	Nigeria	Olson, C.	15/26-6/8/87	10	\$6,205	PRITECH
IDC 305	Participate in UNAFSA Conference.	Cameroon	Davachi, F.	15/23-6/6/87	12	\$7,979	PRITECH
IDC 307	Development of Sentinel System for DRT Surveillance.	Gambia	Pryor-Jones, S. Fontaine, O.	15/17-30/87	24	\$10,246	ISWA/SDP
IDC 308	Provide TA for Educational Materials on Nutrition for National DCC Prog.	Senegal	Wolfheim, C.	15/23-6/8/87	14	Covered under AED.	ISWA/SDP
IDC 309	Attend Sub-regional Conference on DRT.	Mali	Pryor-Jones, S. Ikone, A.	15/30-6/6/87	14	\$8,308	ISWA/SDP
IDC 315	Prepare & Conduct DRT Training Course for Physicians.	Djibouti	Fontaine, O.	16/1-13/87	13	\$6,736	PRITECH

Assign- Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 319	Implementation of PRITECH ORT Program	Chad	Pryor-Jones, S. Kone, A. Seye, S.M.	6/7-21/87	38	\$20,144	SWA/SDP
DC 320	Participate in Training Efforts.	Mauritania	Pryor-Jones, S.	6/14-28/87	14	\$8,436	SWA/SDP
DC 321	Discuss PRITECH Staffing w/ MOH. Review Program Plan	Niger	Pryor-Jones, S. Kone, A.	7/21-8/4/87	28	\$16,071	SWA/SDP
DC 322	Review ORS Prod. Activities.	Zambia	Fabricant, S.	3/31-4/4/87	6	Covered	PRITECH under PATH
DC 324	Discuss ORS Production & Supply PRITECH Activities and 1987 Plan.	Nigeria	Blum, D. Quick, J.	7/12-17/87	10	\$1,204 (Excluding JMU)	PRITECH
DC 325	Work w/ MOH&UNICEF in Defining GDD Program.	Djibouti	Prins, A.	6/5-30/87	21	\$14,600	PRITECH
DC 327	Assess ORS Supply, Production & Distr.	Cameroon	Fabricant, S.	7/19-8/5/87	16	Covered	PRITECH under PATH
DC 328	Participate in Management Assess- ment Team. Develop Training Materials.	Nigeria	Aubel, J. Fry, S. Blum, D.	8/22-10/4/87	80	\$16,824 (Excluding AKD)	PRITECH
DC 334	Assist the MOH with Educational & Eval. Objectives for Nat'l. ORT Program	Mali	Beninati, J.	7/25-10/24/87	90	\$18,030	SWA/SDP
DC 335	Assist SANAS to Address Diarrhea- Related Issues.	Senegal	Bouche, M. Kane, M.	7/13-10/12/87	180	\$63,867	SWA/SDP
DC 339	Conduct Follow-up Visits to Nurse Training Schools.	Mali	Kone, A.	8/29-9/5/87	10	\$5,608	SWA/SDP
DC 340	Conduct Follow-up Visits to Nurse Training Schools.	Niger	Kone, A.	9/6-15/87	9	\$4,787	SWA/SDP
DC 341	Conduct Follow-up Visits to Nurse Training Schools.	Mauritania	Kone, A.	10/10-17/87	7	\$3,773	SWA/SDP

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 346	Provide TA to CHS & SANAS - Health Ed & Child Survival.	Senegal	Roberts, R. Wolfheim, K.	9/25-10/24/87	37	\$8,422	SWA/SDP
DC 347	Work w/ UNICEF on 5-Year Nat'l. OMT Plan.	Mauritania	Pryor-Jones, S.	9/1-7/87	8	\$5,433	SWA/SDP
DC 348	Conduct Evaluation of Nat'l. OMT Program.	Mali	Northrup, R. Pryor-Jones, S. Frere, J.J.	9/6-18/87	39	\$29,092	SWA/SDP
DC 349	Conduct Study of SRO OMT Packet Sales & Distribut.	Niger	Roberts, R.	9/27-10/17/87	20	\$16,347	SWA/SDP
DC 351	Resident Resource Person in Communications for CDD Program	Kenya	Hayer, J. Rasmussen, M.	9/14-5/21/88	215	Covered under AED	PRITECH
DC 352	Conducted Financial Situation Analysis of Health Sector	Nigeria	Wouter, A. Golings, S. Reinke, W.	9/15-10/23/87	102	Covered under JHU	PRITECH
DC 353	Review PRITECH Intervention	Cameroon	Prins, A.	9/4-9/10/87	6	\$5,000	PRITECH
DC 359	Assess Results of Data Gathered on ORS Distribution and Logistics	Niger	Hall, E.	9/27-10/5/87	9	\$5,400	SWA/SDP
DC 360	Conduct CDD Surveillance System Training Course	The Gambia	Kone, A.	11/2-11/13/87	11	\$4,400	SWA/SDP
DC 361	Information System and CARE Management Follow-up Workshop	Mali	Kone, A.	11/23-12/2/87 12/13-12/24/87	20	\$11,000	SWA/SDP
DC 362	General Supervision of PRITECH CDD Program	Chad	Pryor-Jones, S.	10/27-11/3/87	7	\$6,500	SWA/SDP
DC 363	Participate in OMT Training Workshop	Mauritania	Pryor-Jones, S.	12/18-12/24/87	6	\$4,500	SWA/SDP
DC 364	Work on CDD CARE Management	Niger	Kone, A. Davachi, F.	10/19-10/23/87	14		SWA/SDP

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 367	Assess potential PRITECH assistance to Guinea National CDD program.	Guinea	Prins, A.	11/23-12/6/87	12	Covered Under AED	PRITECH
DC 368	Evaluate first year CCGD Project, begin second year PRITECH implementation.	Nigeria	Blum, D. Quick, J. Tawfik, Y.	11/6-21/87 10/27-11/3/87	20	\$3,000 (excluding JHU)	PRITECH
DC 373	Develop, pilot test and evaluate CDD research, training and operations.	Kenya	Alwar, J.	9/1/87-9/1/88	258	\$29,330	PRITECH
DC 374	Develop educational materials.	Chad	Seye, M.	11/2-12/5/87	14	\$6,600	SWA/SDP
DC 376	Review Progress of PRITECH ORT Program	Zambia	Brown, J.	11/23-12/11/87	16	\$9,200	PRITECH
DC 377	Assess production of ORS at Mali Drug Factory (UMPP)	Mali	Hygino, J.	10/15-11/9/87	29	Covered Under PATH Sub-Contract	SWA/SDP
DC 381	Develop program plans with New Country Rep.	Cameroon	Prins, A.		12	Covered Under AED	PRITECH
DC 382	Follow-Up Financial Planning and Development of Management Training Materials.	Nigeria	Wouters, A. Avila, C.	11/8-12/18/87	38	\$14,500 (excluding JHU)	PRITECH
DC 383	Monitor ORT Country Program.	Kenya	Baker, J.	10/1/87-9/30/88	65	\$21,000	PRITECH
DC 385	Program visit.	Niger	Pryor-Jones, S.	12/6-12/16/87	10	\$7,500	SWA/SDP
DC 388	Provide Assistance to DDC. Through UNICEF.	The Gambia	UNICEF	12/1/87-9/30/88		\$49,375	SWA/SDP
DC 390	Preparatory visit of New Country Representative.	Niger	Hall, B.	12/15-1/23/88	36	\$15,900	SWA/SDP

Project Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Cost	Funding
393	WHO Health Facility Survey	Senegal	Coulibaly, N.	11/17-3/10/88	45	419,900	ISMA/SDF
394	Develop CDD/EP1/EPIC Training Strategy and Equip. Training Materials	Nigeria	Rose-Avila, C.	11/23-2/21/88		45,100	IFR/TECH
395	Review Economic Reports of 15 Programs	Nigeria	White, A. Hlum, D.	11/29-2/16/88	36	417,400 (excluding JIRD)	IFR/TECH
396	Review drug utilization and cost recovery schemes.	Nigeria	Goings, S. Houters, A.	11/22-2/25/88 2/7-3/9/88	50	Covered Under JIF	IFR/TECH
398	Review and revise education messages in Senegal w/SANAS.	Senegal	Wolfheim, C.	12/10-2/24/88	22	Covered Under AED	ISMA/SDF
399	WHO Workshop in Mauritania.	Mauritania	Consultants Country Reps. Facilitators	12/21-2/25/88	23	449,500	IFR/TECH
405	Assist INTERHEM w/WHO administration and determine target audiences.	Zambia	Johnson, D. Fields, R. Elliott, J.	12/29-3/7/88	12	Covered Under FAIII	IFR/TECH
406	Evaluation of National WHO Program.	Senegal	Mitchell, M. Snyder, L. Roberts, D.	12/19-3/16/88	42	425,940 (excluding AED)	ISMA/SDF
411	WHO CDD Project Consultant Meeting.	Ivory Coast	Bryson-Jones, S. Schleudorf, J. Frins, A.	5/3/20-4/1/88	24	411,270	IFR/TECH
412	WHO Health Facility Survey.	Senegal	Coulibaly, N.	13/28-6/5/88	60	431,500	ISMA/SDF
417	Evaluation of WHO CDD Program.	Madagascar	Frins, A.	4/2-4/14/88	10	Covered Under AED	ISMA/SDF
418	Communications resource person for WHO Nat. Unit.	Kenya	Dondi, N.	13/8-4/10/88	7	Payment Made A.E.	IFR/TECH
419	WHO Training in health integration of CDD training Module.	Mauritania	Fall, A.	13/26-3/31/88	5	42,100	ISMA/SDF

Assign- Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
IDC 417	Finalize Revolving Drug Fund Consltcy	Nigeria	Africa	Tawfik, Y. Quick, J.	3/14-3/16/88	4	\$2,200	FRITECH
IDC 419	Assessment of re- volving drug fund.	Nigeria	Africa	Greenberg, D. Fry, S.	4/18-5/15/88	26	???	FRITECH
IDC 421	Review of CDD Pro- gram and workplan development.	Nigeria	Africa	Schlendorf, J. Blum, D. Rasmuson, M. Northrup, R. Spain, P. Fry, S.	4/25-5/6/88	50	\$19,400 (excluding JHU & AED)	FRITECH
IDC 422	Annual Review of ORANA	Senegal	Africa	Brace, J. White, K.	4/9 - 4/15/88	10	\$13,124	SWA/SDF
IDC 423	TOT	Cameroon	Africa	Bowarts, K. Stone, R. Prins, A.	4/18 - 5/16/88	35	\$16,000 encl. AED	FRITECH
IDC 424	Educational Mat. Development	Niger	Africa	Seye, M. Kane, M.	4/11 - 4/18/88	14	\$8,100	SWA/SDF
IDC 429	Discussion for FRITECH II	Kenya	Africa	Brown, J.	4/22 - 4/30/88	8	\$6,000	FRITECH
IDC 431	Discuss Health Facility Review	Mali	Africa	Pryor-Jones, S.	5/88	8	\$6,500	SWA/SDF
IDC 432	Planning Assistance for Health Educ.	Mauritania	Africa	Pryor-Jones, S.	5/88	8	\$6,100	SWA/SDF
IDC 433	Test Evaluation Protocol	Niger	Africa	Kone	5/88	8	\$4,500	SWA/SDF
IDC 434	National Education Campaign	Chad	Africa	Purvis	5/88 - 10/88	100	\$17,023	SWA/SDF
IDC 435	Routine Supervisory Visit	Zambia	Africa	Brown, J.	5/1 - 5/9/88	7	\$6,250	FRITECH
IDC 438	Supervisory Visit; FRITECH II discuss.	Nigeria	Africa	Alden, J. Schlendorf, J.	5/23 - 6/2/88	16	\$15,000	FRITECH
IDC 442	Activities Assessment	Gambia	Africa	Spain, P. Pryor-Jones, S.	6/13 - 6/21/88	12	\$10,830	SWA/SDF

Assign- Number	Assignment Description	Country	Region	Consultants	Date of Assignment	Person Days/Est	Estimated Costs	Funding
DC 444	Four Year Programming	Mali	Africa	Pryor-Jones, S. Kone	6/88	12	\$9,000	SNA/SDP
DC 445	Training Nurses	Gambia	Africa	Kone	6/88	12	\$5,000	SNA/SDP
DC 446	Four Year Programming	Niger	Africa	Kone	7/88	6	\$3,600	SNA/SDP
DC 447	Group Study for Nat'l CDD Program	Cameroon	Africa	Ansel, J.	7/10 - 8/10/88	40	AED	PRITECH
DC 448	Project Strategy	Burkina Faso	Africa	Pryor-Jones, S.	4/25 - 5/6/88	10	\$7,515	SNA/SDP
DC 449	Review DTUs Plan Training	Senegal	Africa	Davachi	6/17 - 6/27/88	10	\$4,035 excl MHO	PRITECH
DC 450	Health Facility Survey	Mauritania	Africa	Conlibaly, M.	7/7 -	60	\$25,500	SNA/SDP
DC 451	Planning National Workshops	Nigeria	Africa	Mouters, A.M. Waino, W.	7/18 - 7/26/88	9	\$3,770	PRITECH
DC 452	Preparation of Visual Presentation	Senegal	Africa	Castelli, F.	8/17-31/88	14	\$5,000	SNA/SDP
DC 453	Meeting w/Regional Coordinators	Mali	Africa	Kone, A.	8/22 - 8/28/88	6	\$4,000	SNA/SDP
DC 454	Routine Operations Review	Niger	Africa	Simpson, B.	8/8 - 8/21/88	4	\$4,000	SNA/SDP
DC 455	Routine Operations Review	Mali	Africa	Simpson, B.	8/8 - 8/21/88	4	\$4,000	SNA/SDP
DC 456	Routine Operations Review	Senegal	Africa	Simpson, B.	8/8 - 8/21/88	5	\$4,000	SNA/SDP

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Ent	Estimated Costs	Funding
DC 457	Routine Operations Review	Mauritania	Africa	Simpson, R.	8/18-22/88	8	\$7,300	SNA/SDP
DC 458	Cancelled							
DC 460	National CDD Symposium	Nigeria	Africa	Northrup, R. Schlendorf, J. Spain, P.	8/29-31/88	15	\$11,529	USAID NIGERIA
DC 461	Finalize PRITECH I Assessment	Nigeria	Africa	Northrup, R. Schlendorf, J. Spain, P.	8/31 - 9/9/88	30	\$20,456	USAID NIGERIA
DC 464	Training Regional CDD Directors	Mauritania	Africa	Kone, A.	8/4-8/88	8	\$3,500	SNA/SDP
DC 465	Assist with National CDD Study	Cameroon	Africa	Idonko, F.	8/1 - 9/10/88	36	\$3,000	PRITECH
DC 467	Sahel Regional Meeting in Washington, D.C.	Sahel Regional	Africa	Roberts, R. Pryor-Jones, S. Kone, A. Hall, H. Bealnatl, J.	8/12-17/88	8	\$7,000	SNA/SDP
DC 469	Finalize PII Strategy	Nigeria	Africa	Bergquist, W.	8/7-11/30/88	65	\$27,000	PRITECH
DC 470	Assist in Preparing Five Year Plan	Niger	Africa	Kone, A. Pryor-Jones, S.	8/23-28/88	8	\$5,200	SNA/SDP
DC 471	Participate in OBT Training Seminar	Chad	Africa	Davachi, F.	10/9-15/88	6	\$4,500	SNA/SDP

23.
Africa

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Mt	Estimated Costs	Funding
DC 475	Assist w/LGA Workshops	Nigeria	Africa	Reinke, W. Monters, A.	11-12/88	43	\$26,000	PRIVTECH
DC 476	Provide Training at Regional Centers	Mali	Africa	Koss, A.	9/21-10/1/88	9	\$5,200	SMA/SDP

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DISEASE CONTROL SUMMARY REPORT
BY REGION

ASIA

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 24	Promotional Visit	India	Rohde, J. Smith, B.	5/6-5/13/84 5/6-5/13/84	7 5	PRITECH	\$ 5,520.00 (excluding AED-covered under Sub-contract)
DC 25	Strategy Visit and Review of ORT Program.	Philippines	Rohde, J. Fabricant, S. Edison, P.	4/23-5/6/84 4/23-5/6/84 3/29-August	11 13 90	PRITECH	\$ 27,576.00
DC 27	Promotional Visit and Strategy Development Visit	Pakistan	Snyder, J. Imhoof, M. Hewitt, B. Smith, B.	4/29-5/17/84 4/29-5/19/84 4/29-5/19/84 5/12-5/19/84	23 15 21 5	PRITECH	\$20,269.00 (excluding AED-covered under Sub-contract)
DC 28	Attend HPN Conference	Singapore	Smith, W. Rohde, J.	5/20-5/26/84	6 5	PRITECH	\$ 4,805.00 (excluding AED covered under Sub-contract)
DC 30	Assessment Team	Burma	LeSar, J. Fox, K. Fabricant, S.	5/6-5/27/84 5/6-5/27/84 5/6-5/20/84	18 15 17	PRITECH	\$ 23,170.00 (excluding AED)
DC 40	Visit CRL/ Promotional ORT Visit.	Bangladesh	Rohde, J.	5/14-5/19/84	5	PRITECH	\$ 3,966.00

I. PROGRAMMED (cont.)

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 47	Vaccine Production Feasibility Study	Indonesia	Cooper, M. Gray, A. Binnerts, R.	9/8-9/21/84	17 2.5 16	PRITECH	\$ 25,147.00
DC 56	Develop IEC and Mass Media Plans for ORT Assistance	Philippines	Rasmuson, M.	7/28-8/4/84	5	PRITECH	Covered under AED sub-contract.
DC 57	Address XVI Pakistan Medical Association	Pakistan	Tayback, M.	11/21-11/29/84	9	PRITECH	Covered under JHU sub-contract.
DC 60	Follow-up ORT Visit	India	Rohde, J.	9/12-9/20/84	11	USAID/India	\$ 9,162.00
DC 66	Promotional Visit	Thailand	Cash, R.	12/17/84-1/2/85	15	PRITECH	\$ 9,295.00
DC 67	Assist in Dev. & Implementation of an In-Country ORT Promotional Ed. Campaign	Pakistan	Grieser, M. Louis, T.	10/12-11/2/84 10/15-10/31/84	20 12	PRITECH	Covered under AED sub-contract.
DC 73	Prepare Mass Media Campaign Strategy Plan for ORT	Indonesia	Booth, B.	10/15-11/4/84	30	PRITECH	Covered under AED sub-contract
DC 75	Visit ORS Production Facility	Sri Lanka	Fabricant, S.	Cancelled	1	PRITECH	\$ 650.

I. PROGRAMMED (cont.)

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 81	Strategy Assessment	India	Santosham Modlin McBean, M. Silimperi, D. Louis, T. Brown, J. Arndt, T. Foreman, P.	4/14-5/24/85	194	PRITECH	\$ 52,000
DC 86	Socio-Anthropological Study of ORT	Bangladesh	Green, T. Louis, T.	1/20-2/1/85 1/19-2/1/85	27	USAID/ Bangladesh	Covered under AED sub- contract.
DC 88	Develop ORT Intervention	Pakistan	Simpson, R.	1/21-2/1/85	10.6	PRITECH	\$ 7,864.00
DC 76	Assess PRITECH's Future Role in Health Sector	India Pakistan	LeSar, J.	December	13	PRITECH	\$10,745.00
DC 78	Conference in Bangladesh on ORT	Bangladesh	Baker J. Cash, R. Rohde, J. LeSar, J. Versoza Louis, T. Green, J. Rasmuson, M.	3/17-3/20/85	79	PRITECH	\$27,792.00 (Excluding AED)
DC 97	Establishment of PRITECH Regional Office	India	LeSar, J. Rohde, J.	3/12-3/17/85	9	PRITECH	\$ 9,131.00

I. PROGRAMMED (Cont.)

4.
ASIA

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 100	Develop ORS Marketing Research Component to Social Marketing Project	Bangladesh	Louis, T.	3/22-4/2/85	8	USAID/Bangladesh	Covered under AED
DC 101	Develop Training Plan for Health Workers on ORT	Pakistan	Grieser, M.	3/30-4/15/85	20	PRITECH	Covered under AED
DC 107	Follow-Up on Socio-Anthropological & Market study of ORT.	Bangladesh	Louis, T. Green, T.	5/1-6/30/85	97	USAID/Bangladesh	Covered under AED sub-contract.
DC 112	Evaluation of ORT Communications Campaign Proposals	Pakistan	Louis, T.	6/1-6/8/85	8	PRITECH	Covered under AED sub-contract
DC 114	Child Survival Action Program: Monitoring and Evaluation	Phillippines	Black, R.	6/14-6/19/85	5	PRITECH	Covered under JHU sub-contract
DC 118	Preparation for PRITECH India Office	U.S. India	Rogosch, J. Grant, D.	7/15-9/2/85	25	PRITECH	\$11,100
DC 123	Supervise Trade and Consumer Survey for ORS Component of Social Marketing Project	Bangladesh	Louis T.	7/18-8/9/85	20	USAID/Bangladesh	Covered Under AED

I. PROGRAMMED

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 140	Preparations for ORT & Immunization Program in	India	Rohde, J.	10/4-10/23/85	18	PRITECH	\$ 10,000
DC 142	PRITECH Strategy Assessment	Indonesia	Northrup, R. Simpson, R. Bates, J. Currey, M. Marchette, N. Rosenberg, Z.	10/19-11/15/85	131	PRITECH	\$ 73,000
DC 143	Complete ORT Marketing Research Study	Bangladesh	Louis, T.	11/13-11/20/85	10	PRITECH	Covered under AED
DC 150	Follow-Up Promotional Visit	Philippines	Northrup, R.	11/13-11/15/85	4	PRITECH	\$ 3,400
DC 162	Begin Program Implementation	Indonesia	Northrup, R.	2/10-02/23/86	14	PRITECH	\$ 14,000
DC 164	Meet with MOH and USAID on ORT Program	Pakistan	Northrup, R.	2/24-02/27/86	4	PRITECH	\$ 3,900
DC 177	Review National ORT Promotional Plan for PRITECH	Pakistan	Louis, T.	4/11-5/11/86	2	PRITECH	Covered under AED
DC 181	Country Program Implementation	Indonesia	Northrup, R.	5/26-6/12/86	16	PRITECH	\$14,700

Assign- Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
IDC 195	Assess ORS Supply and Distribution	Pakistan	Bates, J. Olsen, C.	8/3-9/6/86	42	\$20,000	FRITECH
IDC 204	Initiate Drug Utili- zation Study on Diarrheal Diseases	Indonesia	Quick, J. Tawfik, Y.	7/21-8/6/86	20	\$11,800	FRITECH
IDC 231	Review of Produc- tion & Commercial Distribution of ORS	Indonesia	Agnes, L. Widjaya, A. Tomaro, J. Suratman, Y.	10/10-11/30/86	104	Covered under PATH	FRITECH
IDC 241	Needs Assessment for National ORT Program	Pakistan	Bishop, R. Northrup, R.	10/31-11/24/86	42	\$32,921	FRITECH
IDC 242	Participate in WHO/ IGOI Nat'l. EPI/CDD Program Evaluations	Indonesia	Senec, D. Northrup, R. Santoshan Baker, J.	11/14-12/14/86	61	\$45,303	FRITECH
IDC 263	Observe DDC Wkshp. Provide TA to Dev. & Review of Pilot Effort	Philippines	Blum, D.	12/14-21/87	8	Covered under JIU.	FRITECH
IDC 267	Develop. of Social Marketing & Commu- nications Program	Pakistan	Smith, B. Louis, T.	11/26-2/28/87	50	\$7,974 (Excluding AED)	FRITECH
IDC 285	ORS Container Design	Pakistan	Elliott, T.	12/14-28/87	14	Covered under PATH	FRITECH
IDC 288	Present Paper at Internat'l. Cong. on Maternal & Neo- natal Health	Pakistan	Northrup, R.	11/5-13/87	9	\$9,883	FRITECH
IDC 289	National Seminar & Wkshp. on ORT. Discuss Future FRITECH Activities	Philippines	Northrup, R.	3/29-4/4/87	7	\$7,280	FRITECH
IDC 290	Assist in Prepar- ation of Five-Year Plan for DIUs	Pakistan	Northrup, R.	4/10-27/87	15	\$15,398	FRITECH
IDC 294	Discuss Role of ORT & FRITECH w/ USAID	India	Connor, R.	4/8-10/87	3	\$2,253	FRITECH
IDC 302	Monitoring of FRITECH Program Intervention.	Indonesia	Northrup, R.	15/14-28/87	14	\$13,483	FRITECH

Assign- Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 304	Assist with Super- visory Skills Course. Work with MOH/WHO/USAID on CD Plan. Define PRITECH Assistance.	Philippines	Blum, D. Simpson, D. Emmet, D.	5/23-6/27/87	40	\$17,574 (Excluding JHU)	PRITECH
DC 311	Work on ORT Manage- ment Info. System. Assist Nat'l. CDD Coordinator with Implementation.	Pakistan	Mitchell, M. Roberts, D. Olson, C.	6/7-8/8/87	93	\$39,057	PRITECH
DC 317	Review KAP Study for Nat'l. Program.	Pakistan	Spain, P.	6/19-7/4/87	14	Covered under AED.	PRITECH
DC 323	Participate in Scientific Mtng. of Philippine Ped.Soc.	Philippines	Santosham, M.	6/26-30/87	4	Covered under JHU.	PRITECH
DC 330	Production of ORT Videotape	Pakistan	Hirschorn, B.	7/13-29/87		\$940	PRITECH
DC 336	Provide TA for Assessment of Current Clinical Training Strategies	Philippines	Claeson, M.	7/29-9/26/87	30	\$14,258	PRITECH
DC 344	Assist in Study of Mgmt. of Pharm.	Indonesia	Ross-Dagnan, D. Foreman, P.	7/20-9/28/87	28	\$16,570	PRITECH
DC 350	Assist on ORS Distribution and Supply System	Pakistan	Hopkins, P.	9/20-10/11/87	24	\$9,600	PRITECH
DC 369	Attend Maternal Child Health Conference, Review PRITECH ORT Program Initiate PRITECH II Program.	Pakistan	Northrop, R.	11/2-12/87	10	\$11,500	PRITECH
DC 370	Assess ORS produc- tion capabilities and costs.	Bangladesh	Fabricant, S. Northrop, R.	11/20-12/4/87 11/20-11/27/87	22	\$8,600	PRITECH
DC 375	Evaluate standard- ize ORS containers in the field	Pakistan	Clayton, C. Elliot, T.	11/2-12/5/87	54	Covered Under PATH Sub- Contract	PRITECH

8.
ASIA

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Eat	Estimated Costs	Funding
DC 384	Analyse ORS Supply Issues. Assist in Establishing Natl. Policy.	Philippines	Asia	Fabricant, S. Elliot, J.	12/4-12/18/87	23	Covered Under Path	PRITECH
DC 386	Provide TA on Curriculum Devp. & Review Training Materials.	Indonesia	Asia	Northrop, R.	11/28-12/12/87	12	\$13,000	PRITECH
DC 392	PRITECH I options review. CDD development for PRITECH II	India	Asia	Alden, J.	1/7-1/18/88	10	\$10,850	PRITECH
DC 402	DTU's funding, development, curriculum assistance.	Pakistan	Asia	Malik	2/29-6/20/88	60	\$19,200	PRITECH
DC 404	Curriculum and CDD development in Pakistan.	Pakistan	Asia	Rohde, J.	3/7/88-	30	\$23,000	PRITECH
DC 409	Country Program Planning.	Philippines	Asia	Schlendorf, J. Albright, W.	3/3-3/19/88	31	\$21,100	PRITECH
DC 425	Management of Pharmaceuticals	Indonesia	Asia	Quick, J.	4/12 - 4/30/88	17	\$15,200	USAID/Indonesia
DC 426	Negotiations/ Interviews	Philippines	Asia	Schlendorf, J.	4/22 - 5/4/88	12	\$8,700	PRITECH
DC 427	Negotiate Subcontracts	Pakistan	Asia	Grant, D.	4/14 - 4/30/88	14	\$9,100	PRITECH
DC 439	Routine Supervisory Visit	Indonesia	Asia	Northrup, R.	5/26 - 6/8/88	10	\$10,400	PRITECH
DC 462	Evaluation of Primary Health Care Financing Project	Philippines	Asia	Schlendorf, J. Farrow, J. Steinwand, R. Brown, R. Alt, D.	9/11 - 10/1/88	103	\$65,000	PRITECH
DC 466	Upgrade Drug Estimation and Monitoring System	Indonesia	Asia	Ross-Degnan Garcia, R. Foreman, P. Duggan, M.	9/88	40	\$16,043	USAID INDONESIA

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 473	Routine Supervisory Visit	Indonesia	Asia	Northrup, B.	8/16-25/88	7	\$7,500	PRITCH
DC 474	Mtgs w/Med School Planning Com and Pediatric Society	Philippines	Asia	Northrup, B.	8/24-30/88	6	\$6,700	PRITCH

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INTER-REGIONAL

I. PROGRAMMED

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 1	Participate as ORT and ITF Chairpersons in Task Force & Advisory Groups Meeting	Wash. DC	Rohde, J. McBean, A.M.	12/14-12/16/83	9	PRITECH	\$3,029.00 (excluding JHU)
DC 2	Meeting of Immunization Task Force	Wash. DC	LaForce, M. Pollack, M. Gangarosa, G. Guyer, B.	12/15-12/16/83	8	PRITECH	\$ 4,865.00
DC 3	Meeting of Diarrhea Task Force	Wash. DC	Northrup, R. Clements, M.L. Pierce, N. Parker, R. Cash, R.	12/15-12/16/83	13	PRITECH	\$ 3,440.00 (excluding JHU)
DC 4	Meeting of Special Concerns Advisory Group of PRITECH	Wash. DC	Harrison, L.	12/14-12/16/83	4	PRITECH	\$ 1,790.00
DC 5	Meeting of Management Advisory Group	Wash. DC	Reinke, W. Quick, J. Bloom, L. Rousselle, P. Labbock, M. Tayback, M.	12/14-12/16/83	19.5	PRITECH	\$ 4,150.00 (excluding JHU)

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 6	Meeting of Train. Advisory Group of PRITECH	Wash. DC	Lyons, J. Touchette, P. Golden, A.	12/14-12/16/83	9	PRITECH	\$1,440.00 (excluding JHU & AED)
DC 7	Meeting of Advisory Group on Technology and Commodities of PRITECH	Wash. DC	Sacca, S. Mahoney, J. Zimmerman, M.	12/14-12/16/83	10	PRITECH	\$ 3,976.00
DC 8	Meeting of Advisory Group on Private Sector/ PVOs/Cooperatives of PRITECH	Wash. DC	Danforth, N. Park, H. Syme, D. Farley, J. Fairbank, A.	12/14-12/16/83	17	PRITECH	\$ 5,485.00
DC 9	Meeting of Advisory Group on Public Education & Social Marketing	Wash. DC	Foote, D. Novelli, W. Lediard, M.	12/14-12/16/83	9	PRITECH	Covered under AED sub-contract
DC 10	Meeting of Advisory Group on Finance	Wash. DC	Zschock, D. Over, M. Shepard, D. Makinen, M.	12/14-12/16/83	14	PRITECH	\$ 6,755.00
DC 11	Complete Advisory Group's Report First Technical Meeting	Wash. DC	Harrison, L.	1/16-1/30/84	17	PRITECH	\$ 8,492
DC 15	Attend African Bureau Conference	Sierra Leone	Parker, R.	2/26-3/3/84	7	PRITECH	Covered under JHU Sub-contract

3.
Interregional

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Person Days	Funding	Estimated Costs
DC 16	Represent PRITECH at World Federation of Public Health Association Inter. Congress	Israel	Lediard, M.	2/16-2/25/84	3	PRITECH	Covered under AED Sub-contract
DC 33	Develop Study Guides for PRITECH Study Team Report Outline	Wash. DC	Harrison, L.	March	15	PRITECH	\$ 7,510
DC 34	Develop Cost Estimates for World-Wide ORT Programs	Wash. DC Boston	Shepard, D.	3/1-3/2/84	3.5	PRITECH	\$ 1,597
DC 38	Develop MIS for Disease Control Component of PRITECH	Wash. DC	Burns, J.	March	10	PRITECH	\$ 3,528
DC 43	Attend Essential Drugs Conference	Boston, MA	Molapo, N.	4/10-4/17/84		PRITECH	\$ 3,595
DC 58	Annual Technical Update	Wash, DC	Baker, J. Puffer, R. Shepard, D. Dunlop, D. Furst, B.		34 - 3 6 20	PRITECH	\$15,690
DC 68	ORT Task Force Meeting	Wash, DC	Rohde, J. Cash, R. Clements, M.L. Northrup, R. Hogan Snyder, J. Black, R.	10/15-10-17/84	38	PRITECH	\$35,128

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Person Days	Funding	Estimated Costs
DC 68 (Cont.)			Foote, D. Shepard, D. Hogan, B. Delgado, H. Feachem, R. Aziz, K. Elkins, H. Harrison, P.				
DC 69	Technical Advisory Meeting	Wash, DC	Rohde, J. McBean, M. Henderson, D. Smith, B. Liroy, M. Watson, W.	11/21/84	10.5	PRITECH	\$4,644 (excluding AED and JHU)
DC 70	Revise & Develop Guidelines for PRITECH Strategy Assessments	Wash. D. C.	Harrison, P.	10/18-1/18/85	101	PRITECH	\$32,142
DC 71	Develop Training Activities for Future PRITECH ORT Team Members	Wash. D. C.	Lyons, J. Northrup, R. Rohde, J. Fajaido, I.	10/18-10/1984 2/27-3/4/85	7	PRITECH	\$ 4,102
DC 74	Social Marketing Workshop	Wash. D. C.	Baker, J. Furst, B. Farley, J. Parker, B. Andreasen, A. Samuels, S. Elkamel, F. Batra, R. Black, R.	11/1-11/2/84	68	PRITECH	\$40,031
DC 82	Assist PRITECH Disease Control Component	Washington, D.C.	Simpson, R.	1/7-1/11/85	29	PRITECH	\$14,458

5.
Interregional

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Person Days/Est	Estimated Costs	Funding
DC 90	Planning Meeting for ICORT II	Wash., D.C.	Black, R. Querrant, R. Miracborn, M.	1/3/85	-	\$566	PRITECH
DC 94	Consultation with PRITECH	Wash., D.C.	Northrup, R.	2/21-3/16/85	6	\$4,400	PRITECH
DC 95	Evaluation & Planning Manual for ORT	Wash., D.C.	Elkins, H. Harrison, P. Buxbaum, A.	March	75	\$30,515	PRITECH
DC 102	Develop ORT Program Monitoring System	Wash., D.C.	Bates, J.	April	8	\$2,563	PRITECH
DC 116	Develop Document to Assess Country Capabilities for Vaccine Production	Senegal/US	McBean Ballowitz	7/15-12/16/85	68	Covered under JMU.	PRITECH
DC 141	Second Annual Technical Advisory Group Meeting	U.S.	Fooge, W. Merson, M. Smith, W. McBean, M. Joseph, S. Black, R. Agle, A. de Quadros, C. Urrutia, J. North, J.	10/10/85	-	\$2,450	PRITECH
DC 159	Meet with PRITECH to Discuss WHO/CDD	U.S.	Uda, R.	2/4/86	-	\$350	PRITECH
DC 173	Attend WHO/CDD Tech. Adv. Group	Egypt	Rohde, J.	3/14-22/86	10	\$5,436	PRITECH
DC 200	Attend Intern'l. Congress of Pediat.	Honolulu, HI	Northrup, R.	7/7-9/86	3	\$2,800	PRITECH
DC 207	Third Technical Advisory Group Mtng	Wash., D.C.	Smith, B. Holstead, S. Chen, L.	10/8/86	2	\$2,525 (Excluding ARD)	PRITECH
DC 208	Develop Diarrhea Disease/ORT Program Model	U.S.	Elkins, H. Sencer, D. Yoon, S.	8/1-9/29/86	68	\$26,529	PRITECH
DC 209	Medical Education Materials Project	U.S.	Northrup, R. Uda, R.	7/21-26/86 11/30-12/6/86	21	\$14,838	PRITECH
DC 210	Develop Protocol for Investigation of Feeding Practice During Diarrhea	U.S.	Harrison, P. Brown, K.	7/21-8/21/86	26	\$9,095 (Excluding JMU)	PRITECH

6.
Interregional

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
IDC 210	Develop Manual for IORT Health Ed. Act.	U.S.	Verzosa, C. Whitesell, P.	18/1-9/30/86 13/30-4/20/87	120 16	47,962 (Excl. AED)	FRITECH
IDC 218	IORT Third Task Force Meeting	U.S.	Northrup, R. Black, R. Snyder, J. Cash, R. Hogan, R. Greenough, W. Clements, M.L.	19/22-23/86	37	\$23,000	FRITECH
IDC 221	Meet with WHO: TAG Preparation and Follow-up FRITECH/WHO Activities	Switzerland	Alden, J.	19/6-9/86	4	\$3,353	FRITECH
IDC 234	AFHA Annual Confer.	U.S.	Pryor-Jones, B. Northrup, R.	19/28-10/2/86	10	\$7,088	FRITECH
IDC 243	IORT as Best Therapy	U.S.	Northrup, R. Blum, D.	11/2/1-24/86	33	\$3,876 (Excluding)	FRITECH
IDC 244	Prepare Paper on "Operational Considerations Regarding Desirable Interaction Btwn. Nat'l. DD Control & Nat. Efforts	U.S.	Baker, J.	11/5-11/86	5	\$1,609	FRITECH
IDC 245	Prepare Outline for Pharmacists and Advertisers Wshp.	U.S.	Baker, J.	11/17-21/86	5	\$1,609	FRITECH
IDC 268	Prepare Draft Proposal for Coordination of Central Contractors	U.S.	Baker, J.	11/27-28/87	2	\$625	FRITECH
IDC 276	Participate in WHO/CDD TAG	U.S.	Rohde, J.	13/7-14/87	7	\$3,805	FRITECH
IDC 291	Participate in CCCD Annual Meeting to Discuss DD Programs	U.S.	Simpson, R.	14/1-3/87	3	\$2,247	FRITECH
IDC 292	Participate in Meetings w/ UNICEF, WHO & AID on Child Survival Programs.	U.S.	Northrup, R.	14/7-8/87	2	\$1,690	FRITECH

7.
Interregional

Assign- Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est.	Estimated Costs	Funding
DC 310	Prepare Discussion Paper for PRITECH on Management of Chronic Diarrhea & Dysentery	U.S.	Black, B.	6/1-13/87	10	Covered under JHU.	PRITECH
DC 212	Publish the proc- eedings of the ORT Symposium of ICHF.	U.S.	ICHF	6/1-10/1/87	120	\$12,167	PRITECH
DC 313	Meeting of U.S. Pediatricians.	U.S.	Snyder, J. Northrup, R. 18 Participants	6/1-8/31/87	54	\$30,572	PRITECH
DC 326	Meet with PRITECH, HEALTHCOM, REACH & AID on EPI & CDD Activities in Kenya	U.S.	Mutie, D.	7/24-29/87	5	\$935	PRITECH
DC 354	Prepare Paper on Effects of ORT Programs	U.S.	Marks, M.	9/8-10/16/87	12	\$4,420	PRITECH
DC 355	Provide TA on MIS Approach to Country Programs	U.S.	Roberts, R.	10/15-10/20/87	4	\$2,564	PRITECH
DC 356	Prepare Summary on Feeding During Diarrhea	U.S.	Northrup, R.	10/1-10/2/87	2	\$1,249	PRITECH
DC 365	Design PRITECH Drug Management Strategy	U.S.	Foreman, P. Tawfik, Y. Quick, J.	10/22-11/4/87	10	\$4,700	PRITECH
DC 366	Fourth PRITECH Technical Advisory Group Meeting.	U.S.	Black, R. Smith, W. Perkin, G. Chen, L. Goodall, R. Halstead, S.	11/13/87	3	\$2,675	PRITECH
DC 372	Conduct discussion on common problems in mobilizing national gov.'s to implement DDC programs.						
DC 379	Participate in NCIH Meeting on Sustainability.	U.S.	Schlendorf, J.	11/5-11/7/87	2	\$1,300	PRITECH
DC 380	Develop PRITECH Finance Strategy.	U.S.	Coburn, C.	11/5-12/1/87	10	\$5,698	PRITECH

8.
Interregional

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 397	PRITECH Int'l Conference	U.S.	Inter-Regional	PRITECH field staff, Wash. staff, select consultants	1/24-1/29/88	62	\$29,582 (excluding JHU, AED, PATH)	PRITECH
DC 407	Reviews of WHO and others papers on planning and eval. and feeding.	U.S.	Inter-Regional	Black, R. Steinhoff, M.	2/88	2	Covered under JHU	PRITECH
DC 408	Anthropology Meeting on Primary Health Care.	U.S.	Inter-Regional	Northrup, R. Marx, M.	4/11-4/23/88	12	\$7,100	PRITECH
DC 410	Prepare practical guidelines for PRITECH field staff	U.S.	Inter-Regional	Prins	3/7-4/31/88	10	Covered under AED	PRITECH
DC 418	Papers for NCIH Conference.	U.S.	Inter-Regional	Northrup, R. Prins, A. Blum, D. Marx, M.	5/88	12	\$3,614 (excluding JHU & AED)	PRITECH
DC 428	Task Force Meeting	U.S.	Inter-regional	Feachen, R. Cash Hornik, R. Northrup, R. Marx, M.	4/18/88	10	\$8,760	PRITECH
DC 430	Program Team Review of Field Notes	U.S.	Inter-regional	Brown, R. 9 others	5/88 - 10/88	51	\$22,500	PRITECH
DC 436	Develop Research Feeding Guide	U.S.	Inter-regional	Manoff	5/88	20	\$5,808	PRITECH
DC 437	Produce Manual: Talking to Mothers	U.S.	Inter-regional	ACT Int'l	1987	30	\$7,500	PRITECH
DC 441	Breastfeeding Strategy Dev.	U.S.	Inter-regional	Naylor	5/5/88	1	\$411	PRITECH
DC 463	Technical Assistance during Debbie Blum's Maternity Leave	U.S.	Inter-regional	Guyon, A.	8-9/88	30	\$10,790	PRITECH

9.
Interregional

Design Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 460	Clinical Training	Egypt Thailand Bangladesh Senegal	Inter-regional	Narrow, J.	8/1-11/30/88	78	\$44,200	PRITECH

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DISEASE CONTROL SUMMARY REPORT
BY REGION

LATIN AMERICA

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 13	Assist in Strategy of ORT Programs for Central America	Honduras Guatemala Costa Rica	Rohde, J. LeSar, J.	2/21-3/2/84 2/27-3/9/84	19	PRITECH	\$13,671.00
DC 14	Attend PAHO EPI Meeting	Peru	Pollack, M.	3/1-3/10/84	10	PRITECH	\$ 5,276.00
DC 17	Identify Documents and Resource Center	Haiti	Burns, J.	3/1-3/10/84	3	PRITECH	\$ 1,388.00
DC 18	ORT Promotional and Assessment Visit	Ecuador	Hartman, F.	3/11-3/25/84	11	PRITECH	\$ 7,743.00
DC 19	Develop SOW for Strategy Development Visit	Dominican Republic	Rohde, J.	3/21-3/23/84	2	PRITECH	\$ 1,203.00

I. PROGRAMMED (cont.)

2.
Latin America

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 31	Promotional Immunization Visit	Haiti	McBean, M.	7/8-7/13/84	6	PRITECH	Covered under JHU Sub-contract.
DC 32	Promotional Visit	Bolivia	Booth, B.	4/20-5/1/84	7	PRITECH	Covered under AED sub-contract.
DC 36	Promotional ORT Visit/ Attend National ORT Conference	Mexico	Clements, M.L. Booth, B. Pollack, M.	5/1-5/4/84 5/1-5/10/84 5/4-5/9/84	(4) (9) 19 (6)	PRITECH	\$ 5,051.00 (excluding AED)
DC 41	Strategy Assessment	Peru	Pollack, M. Reyes, P. Zschock, D. Brace, J. Prentice, P. Pareja, R. Buxbaum, A. Harrison, P.	5/15-6/14/84 5/20-7/3/84 5/29-6/16/84 6/8-6/16/84 5/20-6/16/84 5/20-6/16/84	32 56 25 206 7 26 35 24 .75	PRITECH	\$71,175.00 (excluding AED)

I. PROGRAMMED (cont.)

3.
Latin America

DC 48	ROCAP ORT, Growth Monitor- ing and Educa- tion PP Develop- ment.	ROCAP/ INCAP	LeSar, J.	6/29-7/9/84	6	PRITECH (excluding AED)	\$38,673.00
			Rohde, J.	6/20-7/20/84	6		
			Arce, R.	6/24-7/7/84	23		
			Lewis, C.	7/9-7/23/84	13		
			Huff, M.	7/3-7/17/84	11.5		
			Booth, B.	7/9-7/23/84	10		
			Crone, C.	7/23-8/7/84	13		
Makinen, M.		14					
DC 49	Strategy Assessment	Bolivia	Clements, M.L.	8/6-8/15/84	8	PRITECH (excluding AED)	\$17,325.00
			Mata, J.	8/9-8/22/84	12		
			Pines, J.	8/5-8/22/84	18		
			Arce, R.	8/5-8/18/84	14		
			Booth, B.	8/5-8/24/84	17		
DC 50	Participate in National Pediatrics Conference	Bolivia	Clements, M.L.	7/30-8/5/84	8	PRITECH	\$ 8,248.00 (excluding AED)
			Pizarro, D.	7/30-8/15/84	18		
			Mata, J.	7/31-8/8/84	8		
DC 93	Follow-up Strategy Visit	Bolivia	Patterson, G. Becht, J.	2/15-5/1/85	51	PRITECH	\$ 20,950
DC 96	Prepare Project Paper for ORT & Immunization	Ecuador	Pollack, M. Smith, B.	3/3-3/24/85	31	PRITECH	\$ 8,414.00 (excluding AED)
DC 98	Participate in INCAP Training Course	ROCAP/ INCAP	Overholt, K. Brace, J. Agosto, N. Lopez	March	23	PRITECH	\$ 4,176.00 (excluding AED)
DC 99	Develop Guide- lines for Assessments of ORS	ROCAP/ INCAP	Arce, R.	3/18-4/1/85	14	PRITECH	\$ 3,500
DC 103	Train Anthro- pologists to Conduct Com- munity Studies	ROCAP/ INCAP	Scrimshaw, S.	4/13-4/21/85	9	PRITECH	\$ 5,500

I. PROGRAMMED (cont.)

DC 104	Assist in Completing Design of Child Survival PP Amendment	Ecuador	Gomez, V. Cardenas, P. Barriga,	4/15-5/4/85	17	PRITECH	\$ 4,156.00
DC 105	Technical Briefing on ORT & Imm. for Ecuador's First Lady	Ecuador	Pollack, M. Hartman, F. Pareja, R.	4/22-4/23/85	7	PRITECH	\$ 4,070.60
DC 109	Review Implementation Plan for CARITAS ORT Program	Bolivia	Simpson, R.	5/27-6/9/85	12	PRITECH	\$ 8,200.00
DC 111	Review Research Protocols	ROCAP/ INCAP	Rohde, J. Northrup, R.	6/3-6/9/85	11	PRITECH	\$ 7,700.00
DC 120	Review of Protocol for Epidemiology of Chronic Diarrhea Studies	ROCAP/ INCAP	Black, R.	7/21-7/24/85	4	PRITECH	Covered Under JHU
DC 121	Conduct Logistics Systems Analysis Workshop	ROCAP/ INCAP	Bates, J.	7/28-8/3/85	10	PRITECH	\$ 4,850

I. PROGRAMMED (cont.)

5.
Latin America

DC 122	Assist ROCAP/ INCAP in Plan- ning Workshop	ROCAP/ INCAP	Harrison, P. Berry, D. Fajardo, I. Wolff, J.	8/3-8/10/85	21.5	PRITECH	\$ 11,097
DC 126	Assist ROCAP/ INCAP in Analysis of Community Studies	ROCAP/ INCAP	Scrimshaw, S. Booth, B.	8/25-8/31/85	20	PRITECH	\$ 5,000 (excluding AED)
DC 127	Review of Pro- tocol for Epidemiology of Chronic Diarrhea Studies	ROCAP/ INCAP	Black, R.	9/3-9/4/85	10	PRITECH	\$ 2,600 (excluding JHU)
DC 128	Review of Protocol for Dietary Mgtm.	ROCAP/ INCAP	Rohde, J. Brown, K.	9/9-9/14/85	12	PRITECH	\$ 4,400 (excluding JHU)
DC 129	Assist CARITAS in Planning Communication Component of Mothers' Club/ ORT Program	Bolivia	Urban, D.	8/24-9/30/85	40	PRITECH	Covered Under AED
DC 139	Design of Base- line Community Level Survey	Bolivia	Elkins, H.	10/7-10/11/85	5	PRITECH	\$ 3,300
DC 144	Review of Evalua- tion Methodolo- gies for Panama- nian Breastfeed- ing Promotion	ROCAP/ INCAP	Harrison, P. Spain, P. Northrup, R.	10/21-11/27/85	48	PRITECH	\$ 17,900 (excluding AED)

I. PROGRAMMED

6.
Latin America

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 148	Finalization of Research Protocols	ROCAP/ INCAP	Brown, K. Black, R.	12/2-12/5/85	8	PRITECH	Covered under JHU
DC 157	Consult with ROCAP/INCAP	ROCAP/ INCAP	Harrison, P.	1/28-2/5/86	8	PRITECH	\$ 4,450
DC 161	Consult with PRITECH Country Representative	Bolivia	Grant, D.	2/11-2/18/86	6	PRITECH	\$ 3,100
DC 170	Assist INCAP in Editing Materials and Designing Layouts for Bulletin	ROCAP/ INCAP	Reid, H.	3/16-3/22/86	5	PRITECH	Covered under AED
DC 171	Design of PRITECH ORT Project	Mexico	Unda, R. Smith, W. Spain, P.	4/1-4/11/86	31	PRITECH	\$ 4,600 excluding (AED)
DC 175	Assist in Design of Field Procedures & Data Collection for Studies of Chronic Diarrhea	ROCAP/ INCAP	Bartlett, A. Victoro, C.	3/31-4/11/86	25	PRITECH	\$ 10,300
DC 176	Participate in Case Writing Workshop	ROCAP/ INCAP	Harrison, P.	3/24-3/28/86	5	PRITECH	\$ 1,980

I. PROGRAMMED

7.
Latin America

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 178	Conference in Latin America	Ecuador	Spain, P.	5/26-5/30/86	7	PRITECH	\$ 35,068 (excluding AED)
DC 179	Conduct Analytical Review of Anthropological Studies and Review of High Risk Research Project	ROCAP/ INCAP	Scrimshaw, S. Barros, F. Martorell, R.	5/6-8/29/86	44	PRITECH	\$ 24,000
DC 183	Consult w/ CARITAS & PRITECH on ORT Program	Bolivia	Spain, P.	5/15-5/19/86	5	PRITECH	Covered under AED
DC 186	Conduct Course on Communication Planning	ROCAP/ INCAP	Booth, B.	5/18-5/24/86	6	PRITECH	Covered under AED
DC 190	Data Collection for Etiology of Chronic Diarrhea Studies	ROCAP/ INCAP	Bartlett, A.	7/6-7/20/86	14	PRITECH	\$ 6,000
DC 196	Evaluation of ORT Growth Monitoring and Education Project	ROCAP/ INCAP	Harrison, P.	8/17-8/30/86	16	PRITECH	\$ 9,000
DC 205	Bibliographic Research on Selected Programs	ROCAP/ INCAP	Seltzer, J. Harrison, P.	7/14-7/25/86	15	PRITECH	\$ 4,200

I. PROGRAMMED

DC 206	Define INCAP Role in Supporting Private Sector in ORT	ROCAP/ INCAP	Arce, R. Tomaro, J.	7/12-7/19/86	19	PRITECH	Covered under PATH
DC 211	Review Bioimpedance Methodologies for Body Composition Studies	ROCAP/ INCAP	Prentice, A. Lukaski, H.	8/17-8/23/86	7	PRITECH	\$ 7,200
DC 219	Monitoring and Evaluation-INCAP	ROCAP/ INCAP	Rohde, J.	10/3-10/6/86	4	PRITECH	\$ 3,519
DC 220	Regional ORT Seminar	Mexico	Pizarro, D.	11/24-30/86	8	PRITECH	\$ 3,526
DC 229	Analysis of ORT curriculum. Preparation of documentation on indiscriminate use of anti-diarrheal medicines. Selection and transaction of articles.	Mexico	Unda, R.	9/20-10/31/86	30	PRITECH	\$13,956
DC 232	Implementation of field research activities	INCAP/ ROCAP	Bartlett, A.	10/15-10/24	10	PRITECH	\$ 4,572
DC 233	Develop PRITECH Program Proposal	Mexico	Pizarro, D. Spain, P.	10/14-10/31/86	41	PRITECH	\$ 7,636 (Excluding AED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est.	Estimated Costs	Funding
DC 236	Evaluation of ORT Growth Monitoring and Education Prog.	ROCAP/INCAP/ Guatemala	Harrison, P. Brown, R.	11/2-22/86	44	\$22,909	PRITECH
DC 253	Review of Country Intervention. Eval. of Instruments & Info. Systems.	Bolivia	Spain, P.	12/1-8/88	8	Covered under AED.	PRITECH
DC 260	Develop Computer Information sys.	Bolivia	Caranza, Duran & Arze	8/20/86	15	\$11,478	PRITECH
DC 269	Consult on Work Plan for Implement. of Intervention.	Mexico	Spain, P.	2/23-3/1/87	6	Covered under AED.	PRITECH
DC 280	Review Child Survival Data Base Rep.	Guatemala/ Honduras	Burleigh, E.	3/15-4/1/87	20	\$7,770	PRITECH
DC 293	Conduct Study on Food Availability and Nutrition.	Bolivia	Aguilar-Acha	4/16-17/87	10	\$375	PRITECH
DC 295	Provide TA to INCAP re: Dietary Manag. of Diarrhea Studies.	Guatemala	Brown, K.	4/8-14/87	6	Covered under JNU.	PRITECH
DC 296	Conduct Final Reviews - High Risk of Low Birth-weight Studies for INCAP.	Guatemala	Martorell, R.	4/18-25/87	7	\$4,310	PRITECH
DC 306	Review Progress of Anthropological Field Studies.	Guatemala	Scrivshaw, S.	5/25-31/87	7	\$3,966	PRITECH
DC 314	Review Research Proposal on High Risk of Low Birth-weight and Growth Monitoring.	U.S./ India	Harrison, P. Rohde, J.	8/5-10/87	4	\$1,879	PRITECH
DC316	Review & Revise Final Evaluation Plan for the Panama Breastfeeding Promotion Program.	Panama	Huffman, S.	8/5-13/87	7	Covered under JNU.	PRITECH
DC 318	Complete Data Collection on CS Baseline Survey. Assist INCAP Staff on Anthro. Focus Grp. Research Act.	Guatemala	Burleigh, E.	6/11-7/8/87	20	\$8,063	PRITECH

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 329	Review of Field Activities in Research on Chronic Diarrhea	Guatemala	Black, R.	7/20-25/87	5	Covered under JHU.	PRITECH
DC 331	Attend & Prepare Synthesis Document for Nat'l. Conf.	Panama	Huffman, S.	6/21-7/15/87	15	Covered under JHU.	PRITECH
DC 332	Sub-regional Mtng. of Andean Countries on DDC.	Columbia	Spain, P. 10 Participants	7/26-8/2/87	77	\$10,710 (Excluding AED)	PRITECH
DC 333	Assist INCAP to Develop a Case Methodology Wrkshp.	Guatemala	Overholt, C.	7/22-24/87	4	\$2,961	PRITECH
DC 337	Assist Central Amer: USAIDA in Preparing Data for 1987 Child Surv. Act. Report	Guatemala Belize Honduras El Salvador	Burleigh, R.	8/16-9/26/87	36	\$16,473	PRITECH
DC 338	Provide TA to INCAP on Growth Monitoring Proposal.	Guatemala	Martorell, R.	7/27-8/10/87	14	\$7,888	PRITECH
DC 342	Conduct Visit with PRITECH Field Staff: Discuss w/ CARITAS: PRITECH Extension.	Bolivia	Spain, P.	7/31-8/10/87	10	Covered under AED.	PRITECH
DC 343	Participate in Sub-regional Mtng. of Andean Countries on DDC.	Columbia	Sansyoa	7/27-8/2/87	7	\$1,074	PRITECH
DC 345	Establish Library Concerning ORT & Health Information.	Bolivia	Flores, M.	6/1-10/31/87	107	\$2,603	PRITECH
DC 357	Review of Integrated Modules for Child Survival.	Guatemala	Brown, R. Wray, J. Golden, A. Shedlin, M.	8/1-10/20/87	44	\$21,214	PRITECH
DC 358	Participate in Meeting of Anthropological Studies on Maternal and Infants Health and Nutrition.	Guatemala	Romero, Maria	10/4-10/10/87		\$1,378	PRITECH

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Assign- Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Est	Estimated Costs	Funding
DC 371	Develop an educational and training methodology for PRITECH/Bolivia.	Bolivia	Latin America	Barrera de Martines	10/9/87-1/9/88	98	\$1,700	PRITECH
DC 378	Assist in supporting the Information Systems Development for CARITAS	Bolivia	Latin America	Torres, B.	12/1/87-2/1/88	42	\$756	PRITECH
DC 387	Assist PVO Organizations with OPG for Child Survival Activities.	Bolivia	Latin America	Tucker, B.	12/1-12/2/87	2	\$462	PRITECH
DC 388	Review Process of PRITECH ORT.	Mexico	Latin America	Spain, P.	11/30-12/7/87	7	\$1,732	PRITECH
DC 400	Discuss PRITECH TA for ROCAP ORT, growth monitoring, and education.	Guatemala	Latin America	Simpson	2/10-2/13/88	5	\$4,301	PRITECH
DC 401	Nutritional Aspects of Proyecto Mejoramiento Infantil.	Bolivia	Latin America	Arze	2/29-5/29/88	60	\$2,770	PRITECH
DC 428	Participate in PAKO review team of CDD Program.	Mexico	Latin America	Spain, P.	4/10-4/27/88	13	Covered under AED	PRITECH
DC 440	Routine Supervisory Visit	Mexico	Latin America	Spain, P.	5/30 -6/6/88	6	\$3,063	PRITECH
DC 459	PRITECH I Review	Bolivia	LAC	Simpson, B. Spain, P.	9/17-23/88	12	\$10,622	PRITECH
DC 472	PII Policy Planning	Mexico	LAC	Burdman, G.	10/24-11/11/88	17	\$10,000	PRITECH

DISEASE CONTROL SUMMARY REPORT
BY REGION

I. PROGRAMMED

NEAR EAST

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 52	Promotional Visit	Tunisia	Alden, J.	7/21-7/29/84	6	PRITECH	\$4,951.00
DC 53	Promotional Visit	Morocco	Rasmuson, M.	7/22-7/27/84	5	PRITECH	Covered under AED sub-contract.
DC 59	Conduct Feasibility Study of Production and Distribution of ORT.	Tunisia	Fabricant, S	9/17-9/30/84	16	PRITECH	\$8,993.00
DC 77	Presentation at International Congress for Maternal and	Tunisia	Northrup, R.	11/22-11/26/84	11	PRITECH	\$6,600.00
DC 91	Promotional Visit	Oman	O'Connor, R.	5/12-5/16/85	7	PRITECH	
DC 92	Strategy Assessment	Morocco	Rasmuson, M. Guyer, B. Echols, J.	4/26-5/11/85	45	PRITECH	\$9,000.00 (excluding AED)
DC 108	Participate in Regional Training Programs for Pharmacists	Tunisia	Bisaillon, S	5/8-7/5/85	12	PRITECH	\$10,900.00
DC 117	Develop Five-Year Plan for Child Survival Strategy	Oman	Wallace, N. Chauls, D Bloom, L.	7/10-7/28/85	52	PRITECH	\$34,000
DC 131	Follow-up Promotional Visit	Tunisia	Alden, J.	9/15-9/22/85	8	PRITECH	\$7,100
DC 136	Promotional Visit	Yemen	Rasmuson, M.	9/20-9/21/85	2	PRITECH	Covered under AED
DC 147	Strategy Visit	Yemen	Hartman, F.	12/9-12/21/85	12	PRITECH	\$10,000

I. PROGRAMMED

2.
NEAR EAST

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 152	Design Five Year Child Survival Health Program	Oman	Sencer, D. Mata, L. Reggy, L. Bustillo, M. Wright, P. Roberts, I	12/29-2/23/86	155	PRITECH	\$100,000
DC 155	Begin Implementation Activities of ORT Program	Morocco	Rasmuson, M. Myers, C. Casanova, M.	2/4-2/19/86	51	PRITECH	\$6,500 (Excluding AED)
DC 156	Strategy Assessment	Tunisia	Rasmuson, M. King, J. Aubel, J.	2/6-2/24/86	44	PRITECH	\$10,900 (Excluding AED)
DC 194	Assist CRS in Training Activities of ORT Programs	Tunisia	Aubel, J.	6/12-9/12/86	90	PRITECH	Covered Under AED
DC 197	Review Project Status w/USAID and CRS	Tunisia	Sacca, S.	7/10/7/12/86	2	PRITECH	\$ 1,450
DC 222	Begin Program Implementation - Country Intervention	Tunisia	Alden, J.	9/10-12/86	3	PRITECH	\$3,627
DC 228	Review potential for ORS production	Tunisia	Fabricant, S.	9/29-10/4/86	12	PRITECH	Covered under PATH
DC 230	Assist CRS with implementation of ORT Project.	Tunisia	Aubel, J.	10/1/86- 2/25/87	119	PRITECH	Covered under AED
DC 252	Develop Sub-contract for Market Research Study	Morocco	Grant, D. Aubel, J.	11/23-30/86	16	PRITECH	\$4,500 (Excluding AED)

3.
NEAR EAST

Assign. Number	Assignment Description	Country	Region	Consultants	Dates of Assignment	Person Days/Eat	Estimated Costs	Funding
DC 255	Work with GSM Project Team	Tunisia	ANE	Prins, A.	12/14-21/86	9	Covered Under AED	PRITECH
DC 283	Participate on MOH Tech. Commission for Revision of KAP Study Request	Morocco	ANE	Finnan, C.	3/21-4/3/87	12	Covered Under AED	PRITECH
DC 284	Assist with Mother Education Courses	Tunisia	ANE	Aubel, J.	3/23-4/11/87	18	Covered Under AED	PRITECH
DC 298	Review Proposals Generated by RFP.	Morocco	ANE	Roberts, B. Fishman, C.	7/8-25/87	22	\$6,390 Excluding AED	PRITECH
DC 391	Provide Health Ed/ Training Assistance	Tunisia	ANE	Aubel, J.	1/9-3/12/88	48	Covered Under AED	PRITECH
DC 403	KAP Questionnaire Design with LMS	Morocco	ANE	Shafritz, L.	2/22-3/7/88	16	Covered Under AED	PRITECH
DC 414	Meeting to Discuss CDD Activities	Jordan	ANE	Blum, D.	3/25-4/3/88	7	Covered Under JBU	PRITECH

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September 30, 1988

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

AFRICA

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Estimated Funding Person Days	Estimated Cost
00 REGION AFRICA						
SS011	CONDUCT ECONOMIC ANALYSIS AND COSTING TABLES FOR EXPANDING IMMUNIZATION	ZAIRE	MAKINEN, M.	02/27/84-04/06/84	31.00 AFRICA/REGION	15225.00
SS014	PARTICIPATE IN TRAINING COURSE FOR UNICEF	UGANDA	LAROSE, J.	/ / - / /	0.00	0.00
SS016	FINANCIAL ANALYSIS ON CCCD ASSESSMENT TEAM	IVORY COAST		/ / - / /	0.00	0.00
SS010	NURSE CURRICULUM DEVELOPMENT	SWAZILAND		/ / - / /	0.00	0.00
SS021	PREPARE FAMILY HEALTH INITIATIVES PROJECT PAPER	NIGERIA	HOLFELD, J.	04/01/84-05/25/84	33.00 AFRICA/REGION	15683.00
SS024	STUDY LIBERIAN NATIONAL DRUG SUPPLY SYSTEM	LIBERIA		/ / - / /	0.00	0.00
SS025	EVALUATION OF PHC/MCH/FP PROGRAM	RWANDA	TOUMI, L. ROSS-LARSON, S. JEMAI, Y. MURRAY, T.	07/28/84-08/03/84	101.00 AFRICA/REGION	46471.02
SS026	COORDINATION & RESOURCE CONSULTANTS FOR AFRICA BUREAU HLTH OFFICERS' CONFER	U.S.	SCHWARZWALDER, T. LEVINE, M. STEVENS, C. GROSSE, B. PRYSOR-JONES, S.	06/01/84-06/19/84	37.00 AFRICA/ST	21250.80
SS032	WORK W/ BURUNDIAN OFFICIALS ON FUTURE ACTIVITIES IN POPULATION	BURUNDI	RENS, M.C.	07/25/84-08/25/84	25.00 AFRICA/ST	10953.50
SS039	EVALUATION OF SHDS	IVORY COAST, NIGERIA, LIBERIA	LYTHCOTT, G.	02/24/85-04/02/85	35.00 AFRICA/ST	22062.00
SS040	SWAZILAND RURAL HEALTH DEVELOPMENT PROJECT	SWAZILAND	ALDEN, J. THORNE, M. DLAMINI, M.	11/29/84-12/14/84	64.00 AFRICA/REGION	18780.30
SS043	ACCOMPANY DELEGATION FROM SENEGAL MOH IN WASHINGTON D.C.	U.S.	LLOY, M.	10/23/84-10/24/84	2.00 AFRICA/ST	452.00
SS058	ASSIST IN DEVELOPMENT/MGMT OF FAMILY HEALTH SERVICES	GHANA	LYONS, J. CUSHMAN, R.	04/05/85-04/27/85	50.00 AFRICA/REGION	30072.40
SS074	CONDUCT MORTALITY RELIABILITY SURVEY	ZAIRE	PEBLEY, A. CHAHNAZARIAN, A.	06/15/85-07/29/85	82.00 AFRICA/ST	35000.00
SS075	PARTICIPATE IN NCIM CONFERENCE	U.S.	KLOUDA, A.	06/01/85-06/05/85	0.00 AFRICA/ST	3000.00
SS077	DESIGN SWAZILAND PRIMARY HEALTH CARE PROJECT PAPER	SWAZILAND	ALDEN, J. THORNE, M. LEIGHTON, C.	06/17/85-07/12/85	78.00 AFRICA/REGION	45999.00

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APPENDIX A: Summary of Systems Support Activities: PRITECH I

**SYSTEMS SUPPORT SUMMARY REPORT
BY REGION**

AFRICA

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Estimated Funding Person Days	Estimated Cost
SS070	ASSIST IN EFFORTS WITH CHILD SURVIVAL PROGRAMS	NIGERIA	MATHISON, J.	08/13/86-10/14/86	44.00 AFRICA/ST	29121.00
SS080	FRENCH TRANSLATION OF WHO FEASIBILITY STUDY DOCUMENT	U.S.		07/01/86-07/31/86	0.00 AFRICA/ST	4000.00
SS096	PROVIDE TA TO CCCD ON HEALTH EDUCATION STRATEGY DEVELOPMENT	CONGO	FRY, S.	10/22/86-12/07/86	46.09 AFRICA/ST	26000.00
SS104	PARTICIPATE IN ICORT-II	U.S.	SULAIMAN, A. S.	12/08/86-12/18/86	0.00 AFRICA/ST	3200.00
SS113	REVIEW PAPER ON "COSTS OF CCCD PROJECT IN SWAZILAND"	SWAZILAND	ROSENTHAL, O.	01/21/86-01/21/86	1.00 ST/ST	409.00
SS116	CCCD TRAINING OF TRAINERS COURSE	TOGO, GUINEA, CONGO	GAYE, P.	02/17/86-03/28/86	29.00 AFRICA/REGION	14600.00
SS125	DEVELOP SOM FOR SALVATION ARMY HOME LEAGUE HEALTH PROJECT	KENYA	LADDOX, M.	03/07/86-03/08/86	2.00 FVA/REGION	0.00
SS127	CONDUCT HEALTH IMPACT STUDY	ZAIRE	KWBANK, D.	03/24/86-04/13/86	22.00 AFRICA/REGION	11800.00
SS128	ASSIST ZNFPC IN DEVELOPING HIS	ZIMBABWE	ELKINS, M.	04/28/86-06/17/86	23.00 AFRICA/ST	16300.00
SS129	DEVELOP MODEL FOR REVOLVING DRUG FUND	NIGERIA	MUNE, P.	04/14/86-05/04/86	20.00 AFRICA/ST	13800.00
SS136	BRIEF WITH JHU HEALTH PLANNERS	U.S.	SULAIMAN, S.	04/24/86-04/27/86	0.00 AFRICA/ST	226.00
SS138	PROJECT IMPACT ASSESSMENT FOR SALVATION ARMY	KENYA	MBUQUA, W.	06/10/86-06/30/86	20.00 FVA/REGION	9866.00
SS139	MEET WITH PRITECH TO DISCUSS EAST AFRICA	U.S.	TURKISH, V.	05/07/86-05/07/86	0.00 AFRICA/ST	350.00
SS140	CONDUCT TRAINING OF FACILITATORS FOR MLM	GUINEA	GAYE, P.	05/03/86-05/30/86	26.00 AFRICA/REGION	16500.00
SS142	CONDUCT HEALTH TRAINING COURSES	RWANDA	GAYE, P.	06/06/86-07/20/86	39.00 AFRICA/REGION	20000.00
SS146	PREPARE GUIDELINES FOR SUGAR/SALT SOLUTIONS	U.S.	CASH, R. BACH, S.	06/19/86-06/19/86	2.00 ST/ST	400.00
SS147	ASSIST ADRA IN BASE-LINE SURVEY	MALAWI	WALLACE, M. CHANG, J. ELKINS, M.	06/02/86-06/26/86	66.00 FVA/REGION	29000.00
SS152	DEVELOP TRAINING SESSIONS FOR PERIPHERAL LEVEL WORKERS	U.S.	CHAPONNIERE, P.	07/07/86-07/21/86	11.00 AFRICA/REGION	3900.00
SS154	ASSIST IN PREPARATION OF HLTH PORTION OF FIVE-YEAR DEVELOPMENT PLAN	NIGERIA	CUNNINGHAM, M. GOINGS, S.	07/31/86-08/17/86	32.00 AFRICA/ST	10900.00
SS156	CONDUCT MEASLES ANTIBODY STUDY	CONGO	DABIS, F.	08/13/86-09/06/86	18.00 AFRICA/REGION	8700.00

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

AFRICA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS163	LOGISTICS SUPPORT TO MANAGEMENT SUPPLY SYSTEM	GHANA	BATTERSBY, A. TAWFIK, Y. FOREMAN, P.	11/10/86-02/16/86	119.00 AFRICA/ST	68164.80
SS165	CONDUCT EVALUATION OF NATIONAL ORT CAMPAIGN	TOGO	SILVERMAN, A.	02/17/87-04/04/87	42.00 AFRICA/REGION	21347.00
SS169	ASSIST USAID IN REDESIGN OF HLTH PROJECT PID	TOGO	KING, J. ROBERTS, R.	10/31/86-11/24/86	46.00 AFRICA/ST	32156.40
SS171	CONDUCT HLTH SECTOR STRATEGY & ASSESSMENT	CAMEROON	BOAL, F.	11/16/86-12/15/86	24.00 AFRICA/ST	12989.00
SS176	PROVIDE TA ON DEVELOPMENT OF NATIONAL CHILD SURVIVAL STRATEGY	SENEGAL	MITCHELL, M. PRYSOR-JONES, S. MOGOSCH, J.	01/09/87-01/24/87	36.00 AFRICA/ST	26564.80
SS177	EVALUATION OF NATIONAL ORT PROGRAM	UGANDA	BOAL, F. WOLFHEIM, C.	02/02/87-03/15/87	84.00 AFRICA/REGION	23461.00
SS178	MID-TERM EVALUATION OF CCCD	GUINEA	KONE, A. PRINS, A.	01/18/87-03/09/87	21.00 AFRICA/REGION	13481.10
SS192	DEVELOP CHILD SURVIVAL IMPLEMENTATION PLAN	MALAWI	PATTERSON, G.	04/27/87-05/23/87	24.00 AFRICA/ST	16553.00
SS193	PROVIDE TA TO CCCD PROJECT	LIBERIA	JOHNSON, D.	04/26/87-05/25/87	24.00 AFRICA/REGION	11015.00
SS194	DEVELOP CHILD SURVIVAL IMPLEMENTATION PLAN	SENEGAL	MITCHELL, M. SRIMS, S.	05/08/87-06/05/87	34.00 AFRICA/ST	23107.60
SS196	CONDUCT HLTH SECTOR ANALYSIS & DEVELOP CHILD SURVIVAL IMPLEMENTATION PLAN	MALI	KONE, A. LEIGHTON, C. PRINS, A.	05/02/87-05/26/87	44.00 AFRICA/ST	28789.08
SS197	DEVELOP CHILD SURVIVAL IMPLEMENTATION PLAN	NIGERIA	REINKER, W.	05/01/87-05/17/87	15.00 AFRICA/ST	0.00
SS204	DEVELOP WORK PLAN FOR MEDIA HEALTH EDUCATION	IVORY COAST	WOLFHEIM, R.	06/20/87-07/29/87	34.00 AFRICA/REGION	0.00
SS208	PROVIDE TA FOR DESIGN & PRODUCTION OF ED. MATERIALS FOR SAHSD	KENYA	TISA, B.	07/17/87-08/21/87	30.00 FVA/REGION	0.00
SS209	ASSIST USAID W/ PROCUREMENT ARRANGEMENTS FOR HLTH CENTERS	RWANDA	ERHARDT, F.	07/02/87-07/30/87	25.00 AFRICA/ST	13514.00
SS211	WORK W/ AESI-CCCD PROJECT ON HIS DEVELOPMENT	RWANDA	DABIS, F.	07/19/87-08/15/87	24.00 AFRICA/REGION	11251.00
SS212	PARTICIPATE IN MID-TERM EVALUATION OF CSA PROGRAM	ZIMBABWE	KEILMAN, A.	07/18/87-08/01/87	12.00 FVA/REGION	6685.00
SS216	PROVIDE TA TO FVA/PVC FOR WORKSHOP & EVALUATION	RWANDA	DANFORTH, W.	07/16/87-08/26/87	33.00 FVA/REGION	19649.60
SS225	STRENGTHEN DD COMPONENT OF CCCD PROJECT	GUINEA	GODFREY, W.	09/06/87-10/01/87	23.00 AFRICA/REGION	14300.00
SS253	CARE/SUDAN MID-TERM EVALUATION	SUDAN	KIRLMANN, A.	04/28/88-05/12/88	14.00 FVA/REGION	11500.00

SYSTEMS SUPPORT MONTHLY ACTIVITIES REPORT
BY REGION

AFRICA

Assn. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS255	SUPPORT FOR ORT ACTIVITIES	GHANA	SPAIN, P.	02/28/88-03/ 15/88	14.00 AFR/ST	10540.00
SS257	ASSIST SCF WITH MID-TERM EVALUATION OF CHILD SURVIVAL PROJECT	MALAWI	STANSFIELD, S.	05/20/88-06/ 05/88	15.00 FVA/REGION	10120.00
SS261	TO ATTEND ORT PROGRAM LAUNCH AND CONFERENCE	GHANA	BROWN, R.	04/20/88-04/ 27/88	5.00 AFR/ST	5100.00
SS265	REVIEW SUDAN CHILD SURVIVAL PROJECT	SUDAN	BURKHALTER, B.	04/22/88-05/ 15/88	21.00 AFR/ST	15800.00
SS271	DDC EVALUATION	NIGER	ROBERTS	06/20/88-07/ 10/88	28.00 AFR/ST	22500.00
SS272	DDC EVALUATION	MALI	ROBERTS	05/10/88-06/ 28/88	15.00 AFR/ST	14300.00
SS273	IMPACT STUDY DATA ANALYSIS	ZAIRE	BWBANK	05/25/88-06/ 01/88	24.00 AFR/ST	1300.00

**SYSTEMS SUPPORT SUMMARY REPORT
BY REGION**

AFRICA

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Estimated Funding Person Days	Estimated Cost
SS281	PID TEAM	SUDAN	FRINS, A.	/ / - / /	0.00	0.00
SS284	FINAL EVALUATION OF FY85 CHILD SURVIVAL PROJECT	ZIMBABWE	BRANIC, G.	08/22/88-09/06/88	15.00 FVA/REGION	8922.00

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SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

ASIA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
** REGION ASIA						
SS001	DESIGN IMPLEMENTATION PLAN FOR DEVELOPMENT MANPOWER INFO. SYSTEM	INDONESIA	SHIPP, P.	11/16/83-01/31/84	48.00 ASIA/REGION	28385.60
SS002	DESIGN OF WORK PLAN FOR MANPOWER PLANNING	INDONESIA	HORNBY, P.	11/16/83-02/03/84	67.00 ASIA/REGION	41147.60
SS003	ASSIST W/ MANPOWER INFO. SYSTEM FOR NATL FAMILY PLANNING COORD. BOARD	INDONESIA	HUDDART, J.	11/16/83-02/16/84	90.00 ASIA/REGION	41116.00
SS004	ESTABLISH MANPOWER PLANNING METHODOLOGIES IN NATL PLANNING COORDINATBOARD	INDONESIA	HORNBY, P.	12/08/84-01/16/85	22.00 ASIA/REGION	14699.60
SS007	CONDUCT HEALTH CURRICULUM REVISION WORKSHOP	PAKISTAN	ARNOLD, H. AUSHERMAN, C. OBYRNE, M.	01/29/84-03/06/84	80.00 ASIA/REGION	38999.99
SS009	SUPPORT PAKISTANI GOVT. NATIONAL PHC HQMT WORKSHOP	PAKISTAN	HOLLEY, J. HUDDART, J. LEHMAN, S. LYONS, J.	03/09/84-04/05/84	68.00 ASIA/REGION	34110.38
SS018	ASSIST IN DEVELOPMENT OF MANAGEMENT TRAINING ASSISTANCE	INDIA	LYONS, J.	03/18/84-04/02/84	14.00 ASIA/ST	9000.00
SS020	HEALTH SECTOR ANALYSIS	INDIA	WALSU, J. FURST, B.	08/09/84-08/31/84	25.00 ASIA/REGION	14000.00
SS022	ASSIST MOH ON HEALTH TRAINING RESEARCH AND DEVELOPMENT PROJ. W/ MAN POWER	INDONESIA	HORNBY, P.	06/01/84-06/30/84	23.00 ASIA/REGION	18248.40
SS023	ASSIST MOH ON HLTH TRAINING RESEARCH & DEVELOPMT PROJ. W/ MANPOWER INFO. SYS	INDONESIA	SHIPP, P.	06/28/84-08/14/84	42.00 ASIA/REGION	26814.40
SS028	PARTICIPATE IN W-SHOP ON STATISTICS & INTERNTL CLASSIFICATION OF DI-SEASES	INDIA	PUFFER, R.	01/21/85-02/08/85	28.00 ASIA/REGION	17420.00
SS038	HEALTH CURRICULUM REVISIONS	PAKISTAN		/ / - / /	0.00	0.00
SS049	EVALUATION OF PRIMARY HEALTH CARE PROJECT I	BURMA	REYNOLDS, J. O'BRIEN, M.	01/21/85-02/08/85	41.00 ASIA/REGION	24270.00
SS050	HEALTH SECTOR REVIEW	BURMA	FAIRBANK, A. REYNOLDS, J. BAKER, J. THOMAS, S.	02/11/86-02/28/86	55.50 ASIA/REGION	18524.50

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

ASIA

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Estimated Funding Person Days	Estimated Cost
SS052	DEVELOP MALARIA MIS SYSTEM	INDIA	OSWALT, C.	02/18/85-04/06/85	24.00 ASIA/ST	9192.00
SS055	CONDUCT BURMA PHYSICIAN MANPOWER SURVEY	BURMA	FAIRBANK, A.	03/04/85-03/09/85	6.00 ASIA/REGION	2141.00
SS057	ASSIST IN DEVELOPING BIRTH/DEATH REGISTRY FOR W. SUMATRA	INDONESIA	WASHOLD, R.	05/06/85-05/29/85	22.00 ASIA/REGION	11500.00
SS066	EVALUATION OF RURAL PHC EXPANSION PROJECT	THAILAND	TSU, V.	05/06/85-05/10/85	20.00 ASIA/ST	7650.00
SS071	PARTICIPATE IN ASIA REGIONAL WORKSHOP ON MALARIA CONTROL	U.S.	ELLIOTT, V. SMITH, E.	05/17/85-05/22/85	7.00 ASIA/ST	2886.50
SS073	CONDUCT WORKSHOP ON HEALTH FINANCING/PREPAYMENT SCHEMES	PHILIPPINES	NORRIS, J. WOOD, M. ROSENBERG, B. BRADY, T.	05/17/85-06/02/85	59.00 ASIA/ST	40784.00
SS092	EVALUATION OF MALARIA CONTROL PROGRAM	PAKISTAN	GEORGHIOU, G.	10/03/85-10/25/85	19.00 ASIA/REGION	12500.00
SS093	FEASIBILITY STUDY TO PROMOTE THIRD WORLD PHYSICIANS IN PHC PROGRAMS	NEPAL, THAILAND, INDONESIA	BUTAR, P.	10/26/85-11/09/85	0.00 ST/ST	6000.00
SS094	REVIEW OF EPIDEMIOLOGY OF DIARRHEAL DISEASE	NEPAL	SHYDER, J.	10/27/85-11/12/85	19.00 ASIA/ST	10600.00
SS100	EVALUATION OF PHC PROGRAM	PAKISTAN	GUY, W. CHAULS, D. STEVENS, C. OSMANSKI, R.	11/07/85-12/14/85	102.00 ASIA/REGION	60999.98
SS102	PRESENTATION AT PEDIATRIC ASSOCIATION ON IEC FOR DIARRHEAL DISEASE	SRI LANKA	SPAIN, P.	11/18/85-11/25/85	9.00 ASIA/ST	0.00
SS106	PP FOR STRENGTHENING PHC DELIVERY PROJECT	BURMA	SMITH, D. LYONS, J. SPAIN, P.	01/16/86-02/10/86	56.00 ASIA/REGION	22000.00
SS107	ASSESSMENT & EXPANSION OF DTP TOXOID PRODUCTION	BURMA	COOPER, M.	01/06/86-01/19/86	22.00 ASIA/REGION	17500.00
SS109	CONSULT HFP SYSTEM ON PERSONNEL ADMINISTRATION ISSUES	NEPAL	HANCLARK, SHIPP, P.	01/01/86-01/31/86	28.00 ASIA/REGION	16000.00
SS115	ASSESS DESIGN & IMPLEMENTATION OF ORT COMPONENT OF PSI/SHP	BANGLADESH	FABRICANT, S. CASH, R.	01/25/86-02/04/86	17.00 ASIA/ST	9072.00
SS117	ACCOMPANY INDONESIAN DELEGATION ON VISIT OF IIMO	U.S.	NORRIS, J.	01/31/86-02/16/86	16.00 ASIA/REGION	7530.00

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

ASIA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS122	DEVELOPMENT OF AN ICDDR/B PLAN FOR COST CONTAINMENT & MQTM. EFFICIENCY	BANGLADESH	ROUSSELLE, P.	03/10/86-03/21/86	17.00 ST/ST	13800.00
SS131	DEVELOP PHARMACEUTICALS METHODOLOGY FOR CHILD SURVIVAL PROGRAM	NEPAL	O'CONNOR, R. KEMPNER, D.	03/31/86-05/20/86	40.00 ASIA/REGION	24999.98
SS132	DEVELOPMENT OF CHILD SURVIVAL STRATEGY	PAKISTAN	LESAR, J. SENCER, D. MITCHELL, M. O'BYRNE, M.	05/04/86-06/23/88	54.00 ASIA/ST	40801.43
SS145	CONDUCT REVIEW OF TRAINING ACTIVITIES OF IRHP PROJECT	INDIA	O'BYRNE, M.	08/15/86-07/12/86	27.00 ASIA/ST	16500.00
SS157	EVALUATION OF RURAL PHC EXPANSION PROJECT	THAILAND	WRIGHT, N.	08/25/86-09/20/86	26.00 ASIA/ST	15200.00
SS162	CARE/CDS EVALUATION	INDIA	HARRISON, P.	09/06/86-10/05/86	28.00 FVA/ST	16106.00
SS168	TA TO USAID ON PROGRAMMING HLTH FINANCING ACTIVITIES	INDONESIA	ABRAMSON, S.	10/25/86-11/16/86	0.00 ST/ST	6687.00
SS172	SUBPROJECT DESIGN TO SUPPORT SYSTEM OF FEMALE VILLAGE DEPOT HOLDERS ON ORT	BANGLADESH	SCHNEIDER, R. WALKER, D.	11/18/86-12/13/86	42.00 ASIA/REGION	25741.00
SS179	MID-TERM EVALUATION HKI/BANGLADESH CSI PROGRAM	BANGLADESH	MITCHELL, M.	02/11/87-04/26/87	18.00 FVA/REGION	13699.20
SS189	REVIEW & REVISION OF CSI EVALUATION DOCUMENT FOR SAWSO	PAKISTAN	MERCER, H.	03/27/87-05/02/87	31.00 FVA/REGION	0.00
SS191	CONDUCT FEASIBILITY STUDY OF COST RECOVERY ALT. FOR HLTH CARE DELIVERY	FIJI	MARZOLF, J. RENDA, O.	04/22/87-05/23/87	60.00 NE/REGION	29593.00
SS195	EVALUATION OF HEALTH CARE II PROJECT	BURMA	REYNOLDS, J.	04/24/87-05/01/87	76.00 ASIA/REGION	40610.00
SS198	PROVIDE TA TO CHIPS PROJECT DESIGN	PAKISTAN	MCEVOY, C.	05/04/87-05/29/87	18.00 ASIA/ST	0.00
SS202	ASSIST SAWSO IN THE CHILD SURVIVAL INITIATIVE PROJECT	BANGLADESH	STANFIELD, B.	06/07/87-07/04/87	25.00 FVA/REGION	14689.50
SS205	ASSIST CARE W/ MONITORING SYSTEM FOR PHC PROJECT	INDONESIA	VIS	07/01/87-09/30/87	20.00 FVA/REGION	17217.00
SS213	ASSIST W/ DESIGN OF IMPORTER SAMPLE SELECTIONS & SURVEY DESIGN	NEPAL	FOREMAN, P.	08/14/87-08/28/87	14.00 ASIA/REGION	10160.60
SS223	PREPARE PLAN FOR SOCIAL MARKETING PROJECT ON COMMUNITY-BASED SALE OFORS	BANGLADESH	WALKER, D. SCHNEIDER, R.	11/01/87-11/25/87	37.00 ASIA/ST	23188.00

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ASIA

Assn. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS224	ASSIST MOH WITH HIS SYSTEM FOR PHC PROJECT	PAKISTAN	MITCHELL, M.	08/30/87-09/27/87	28.00 ASIA/ST	18465.80
SS226	FOLLOW-UP TO MIDTERM EVALUATION OF SAWSO CHILD SURVIVAL PROJECT	PAKISTAN	HENCEU, M.	10/06/87-10/29/87	22.00 FVA/REGION	0.00
SS229	DESIGN OF CHILD SURVIVAL PROJECT	PAKISTAN	FATTERSON, G. SANGHVI, T. BUGHELI, C. ROHDE, J.	10/18/87-12/12/87	114.00 ASIA/ST	59000.00
SS238	ASSIST IN PLANNING CHIPPS/COME EVALUATION	INDONESIA	NORTHRUP, R.	12/07/87-12/09/87	3.00 ASIA/ST	2400.00
SS244	EVALUATION FOR PROJECT 367-0135	NEPAL	SHIPP, P.	01/07/88-02/06/88	26.00 ASIA/ST	1800.00
SS247	PARTICIPATE IN SEMINAR ON RATIONAL DRUG THERAPY/PEDIATRIC PRACTICE	INDIA	TAWFIK, Y.	01/08/88-01/16/88	10.00 ASIA/ST	8250.00
SS259	CONDUCT SEMINARS/WORKSHOPS ON BREASTFEEDING AND NUTRITION	PAKISTAN	JELLIFFE, E. JELLIFFE, D.	03/14/88-03/26/88	26.00 ASIA/ST	15680.00
SS264	KEYNOTE SPEAKER FOR PHILIPPINE PEDIATRIC CONFERENCE	PHILIPPINES	FINCH, M.	05/19/77-05/29/88	9.00 ASIA/ST	7500.00
SS266	ASSIST ADRA IN DEVELOPING AND REFINING SURVEY INSTRUMENT	PAKISTAN	SOLTER, S.	04/29/88-05/12/88	15.00 FVA/ST	13200.00
SS278	ASSIST MOH IN PERSONNEL ADMIN/MGT.	NEPAL	SHIPP	06/01/88-06/30/88	24.00 ASIA/ST	15500.00

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ASIA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
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SS286	ASSESS LOCAL CAPACITY FOR BANGLADESH ORB PRODUCTION		FRY, M. FIELDS, R.	08/22/88-09/06/88	28.00 ASIA/ST	20013.00

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INTER-REGIONAL

Assign. Number	Assignment Description	Country	Consultants	Date of Assignment	Estimated Funding Person Days	Estimated Cost
SS112	CONDUCT AN EVALUATION OF PROJECT CONCERN INTERNATIONAL	U.S.	O'CONNOR, R. DANFORTH, M. BIDDLE, S.	01/13/86-03/15/86	68.00 FVA/REGION	30189.48
SS118	REVIEW IMPLEMENTATION PLANS FOR THE CHILD SURVIVAL PROPOSALS	U.S.	WALLACE, M. MUFFMAN, S. MELITZER, D. MITCHELL, M. HARRISON, P. QUICK, J. REINKE, W. KRASOVEC, K.	02/04/86-02/05/86	26.00 FVA/REGION	6274.55
SS124	ASSIST AID IN REVIEW OF DIARRHEAL DISEASES ACTIVITIES	U.S.	HARRISON, P.	03/07/86-06/07/86	90.00 ST/ST	16116.00
SS135	PREPARE AID ORT STRATEGY PAPER	U.S.	HARRISON, P.	04/10/86-04/30/86	10.00 ST/ST	3960.00
SS137	REVIEW PVO CHILD SURVIVAL PROPOSALS	U.S.	TEPLY, L. GUYER, B. SANGHVI, T. HARRISON, P. ELSAMANI, E. KIGNEY, J. MCKIGNEY, J.	05/01/86-05/16/86	63.00 FVA/REGION	18492.50
SS151	REVIEW CHILD SURVIVAL PROJECT IMPLEMENTATION PLANS	U.S.	MITCHELL, M. WALLACE, M. MCKIGNEY, J.	02/06/86-02/07/86	6.00 FVA/REGION	2400.00
SS153	REVIEW CHILD SURVIVAL IMPLEMENTATION PLANS	U.S.	MITCHELL, M. WALLACE, M. MCKIGNEY, J.	07/21/86-07/22/86	4.00 FVA/REGION	1632.00
SS170	REVIEW FIRST ANNUAL REPORT OF CHILD SURVIVAL GRANTS	U.S.	MITCHELL, M. WALLACE, M. MCKIGNEY, J.	10/24/86-10/24/86	1.00 FVA/REGION	430.50
SS175	PROVIDE TA TO PVO CHILD SURVIVAL PROJECTS	U.S.	DANFORTH, M.	01/05/87-03/05/87	90.00 FVA/REGION	36202.00
SS182	ASSIST FVA/PVC WITH REVIEW OF FY'87 PVO DIPS	U.S.	MERCER, M. THORNE, M. GUYER, B. SANGHVI, T. MCKIGNEY, J. SWEZY, C.	04/13/87-04/24/87	22.00 FVA/REGION	6369.00
SS183	ASSIST FVA/PVC WITH REVIEW OF FY'87 PPS	U.S.	KENDALL, C. POUNDS, M. BAKER, T. GUYER, B. SANGHVI, T. MCKIGNEY, J. SWEZY, C.	03/25/87-04/10/87	34.00 FVA/REGION	8658.00
SS186	REVIEW OF AFRICARE DRAFT SURVEY QUESTIONAIRE	U.S.	MITCHELL, M.	03/04/87-03/09/87	4.00 FVA/REGION	1990.60

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Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
** REGION INTER-REGIONAL						
SS230	REVIEW HEALTH MATCHING GRANTS	WASHINGTON, DC	HARRISON, P.	10/13/87-11/09/87	20.00 FVA/PVC	8400.00
SS006	EVALUATION OF PROJECT CONCERN INTERN./BOLIVIA AND EYE FOUNDATION /MALAWI	BOLIVIA, MALAWI	BECHT, J. BRAVO, J. DANFORTH, M. SPRAGUE, J.	02/01/84-04/05/84	146.00 FVA/REGION	67945.78
SS027	DEVELOPMENT OF DRUG FORMULARY	U.S.	ROBINSON, I.	08/15/84-07/15/84	10.00 ST/ST	3840.00
SS034	ASSIST PRITECH AS OPERATIONS OFFICER	U.S.	MAYERS, H.	07/30/84-08/24/84	20.00 ST/ST	2400.00
SS046	ADVISORY PANEL ON MICROCOMPUTER S-WARE DEV FOR SURVEY & CENSUS	U.S.	ELKINS, H.	12/03/84-12/04/84	3.00 ST/ST	1640.80
SS047	ASSIST WITH PRITECH HIS	U.S.	BLOOM, L.	12/03/84-12/12/84	8.00 ST/ST	2671.80
SS061	BACKGROUND PAPER ON PRIVATE SECTOR ROLES ON IMMUNIZATION	U.S.	RAYMOND, S.	02/26/85-04/04/85	14.00 ST/ST	7233.50
SS062	HIS COMPONENT FOR CHILD SURVIVAL PROGRAM	U.S.	LESAR, J. ELKINS, H. NORTHRUP, R.	03/11/85-04/09/85	58.50 ST/ST	30511.30
SS064	ASSIST PRITECH AS OPERATIONS OFFICER	U.S.	CLIFT, R.	03/25/86-03/29/85	6.00 ST/ST	1012.50
SS068	MAKE PRESENTATIONS AT AID HEALTH OFFICERS' WORKSHOP	U.S.	SMITH, W. CASH, R. FABRICANT, S. HERSON, M. ELLISON, P. SANGHVI, T. HENDRATA, L.	07/29/86-08/09/85	11.00 ST/ST	7035.00
SS069	ATTEND WHO WORKSHOP ON LOGISTICS AND SUPPLY SYSTEMS	CANADA	QUICK, J.	06/09/85-06/15/85	8.00 ST/ST	4524.40
SS078	ASSIST INTERN. EYE FOUNDATION W/ CHILD SURVIVAL ACTIVITIES PROGRAM	U.S.	SHEPARD, D.	06/25/85-07/02/85	6.00 ST/ST	3400.00
SS085	PRESENT PROJECT MONITORING W-SHOP AT SAVE THE CHILDREN	U.S.	BATES, J.	09/08/85-09/06/85	1.00 FVA/ST	700.00
SS088	ASSIST SCF IN PREPARING WORK PLAN & HIS FOR CHILD SURVIVAL PROJECT	U.S.	BROWN, R.	09/09/85-10/09/85	27.00 ST/ST	16795.50
SS091	SUMMARY OF ORT GUIDELINES	U.S.	HARRISON, P.	09/23/85-10/04/85	10.00 ST/ST	4200.00
SS111	CONDUCT AN EVALUATION OF MHEDEX	U.S.	BANTA, J. SOUSA, V. THORNE, M.	01/13/86-01/17/86	24.00 ST/ST	11000.00

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INTER-REGIONAL

Assn. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS199	WORK WITH PVO OFFICE ON CHILD SURVIVAL EVALUATION WORKSHOP	U.S.	LESAN, J.	05/20/87-06/21/87	2.00 FVA/REGION	1451.20
SS200	REVIEW NUTRITION PROPOSALS FOR NUTRITION OFFICE	U.S.	MCKIGNEY, J.	05/20/87-06/26/87	13.00 ST/ST	7045.00
SS203	PARTICIPATE IN EVALUATION OF DIARRHEA DIALOGUE PLAN	U.S.	HUFF-ROUSEELLE, M.	06/20/87-06/27/87	8.00 ST/ST	6294.60
SS217	PROVIDE TA FOR MODIFICATION OF FVA/PVC DOCUMENTS	U.S.	SANGHVI, T.	07/20/87-08/26/87	26.00 FVA/REGION	9287.60
SS218	PROVIDE TA TO FVA/PVC FOR REVIEW OF CHILD SURVIVAL REPORTS EVALUATIONS	U.S.	DANFORTH, M.	06/03/87-10/30/87	34.00 FVA/REGION	12178.80
SS230	REVIEW HEALTH MATCHING GRANTS	WASHINGTON, DC	HARRISON, P.	10/13/87-11/09/87	20.00 FVA/PVC	8400.00
SS233	PARTICIPATE IN EVALUATION OF DEMOGRAPHICS AND HEALTH SURVEY PROJECT	U.S.	ELKINS, M.	12/08/87-01/22/88	16.00 ST/ST	9400.00
SS248	REVIEW AID PROPOSAL	U.S.	BLUM, D. NORTHRUP, R.	01/04/88- /	1.50 ST/ST	370.00
SS240	ASSIST W/ SECOND ANNUAL WORKSHOP FOR PVO MGT. TECH. SUPPORT STAFF	U.S.	MERCER, M.A.	12/10/87-01/10/88	14.00 FVA/REGION	0.00
SS241	RESOURCE PERSON IN SECOND ANNUAL WORKSHOP FOR PVO HDQTRS. TECH. STAFF	U.S.	URQUHART, Q.	01/04/88-01/09/88	7.00 FVA/REGION	3200.00
SS245	REVIEW OF FY88 PVO CHILD SURVIVAL PROJECT PROPOSALS	U.S.	GUYER KENDALL TAYBACK BAUMSLAG PEREZ AIRHINENBUWA SOLTER MORA, J.	01/04/88-01/22/88	64.00 FVA/PVC	21297.00
SS254	REVIEW JHU PROPOSAL TO FOOD FOR PEACE, USAID	U.S.	MORA, J.	02/12/88-02/16/88	2.00 ST/ST	660.00
SS266	PREPARE BRIEFING PAPER ON STATUS OF REVOLVING DRUG FUNDS WORLDWIDE	U.S.	HUME, P. QUICK, J.	02/23/88-02/20/88	6.00 ST/ST	2850.00
SS260	REVIEW TECHNICAL COMPONENT OF CEDPA PUBLICATION	U.S.	BLUM, D. HUFFMAN, S.	02/29/88-03/02/88	4.00 ST/ST	0.00
SS267	REVIEW PVO CS PROJECTS	U.S.	SOLTER SANGHVI BENDER SCHORR THOMPSON QUINLEY BENJAMIN ROBINSON AIRHINENBUW	04/25/88-04/29/88	36.00 FVA/ST	16240.00
SS279	ATTEND LESSONS LEARNED CONFERENCE	ITALY	QUYON	06/05/88-06/10/88	11.00 FVA/ST	0.00

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INTER-REGIONAL

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS280	PROVIDE ASSISTANCE TO ANE/TR/HPN - STRATEGY DEVELOPMENT	U.S.	FURST, B.	06/20/88-09/30/88	30.00 ASIA/ST	7250.00
SS282	BAMAKO INITIATIVE	U.S.	BUME, P.	06/26/88-06/30/88	3.00 ST/ST	1750.00
SS286	ICORT III CONFERENCE COORDINATORS	U.S.	BROWN BLACK BENTLEY BOROWITZ PATTERSON	09/30/88-12/30/88	69.00 S&T/S&T	29047.00

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LATIN AMERICA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
** REGION LATIN AMERICA						
SS005	DESIGN OF NEW HEALTH SECTOR RESOURCE MANAGEMENT PROJECT	BARBADOS	GIRLING, R. CROSS, P. KEMPNER, D.	01/13/84-02/16/84	49.00 LAC/REGION	26355.81
SS008	EVALUATION OF HEALTH DEVELOPMENT PLANNING AND MANAGEMENT PROJECT	E. CARIBBEAN	BURNS, J. SHUTT, M.	02/01/84-02/28/84	49.00 ST/ST	27712.40
SS012	DEVELOPMENT OF PP FOR HEALTH SECTOR RESOURCE MANAGEMENT PROJECT	E. CARIBBEAN	BEKKE, A.	02/14/84-03/20/84	26.00 LAC/ST	15000.00
SS013	EVALUATION OF INTEGRATED RURAL HEALTH DELIVERY SYSTEMS PROJECT	ECUADOR	EMREY, R.	03/09/84-03/24/84	20.00 LAC/ST	9500.00
SS015	HEALTH SECTOR ASSESSMENT	HAITI	BICKNELL, W. OVER, H. BLOM, K. TERRY, J. LIOY, M. BRADLEY, T. BURNS, J.	04/02/84-06/06/84	148.00 LAC/REGION	66349.80
SS029	WRITE SCOPES OF WORK FOR EVALUATION OF TWO PNC PROJECTS	PERU	REYES, P.	06/25/84-06/28/84	3.00 LAC/ST	1500.00
SS036	ANALYZE & REVIEW CARE'S COMMUNITY HEALTH & NUTRITION EDUCATION PROGRAM	HONDURAS	BARRIGA, P.	08/10/84-08/31/84	30.00 LAC/ST	0.00
SS037	ASSIST IN DESIGN OF A FY85 PRIVATE SECTOR HEALTH PROJECT	GUATEMALA	OVERHOLT, K.	09/17/84-09/22/84	8.00 LAC/ST	4250.00
SS041	HAITI DRUG CASE FOR THE LA HEALTH OFFICERS' CONFERENCE	U.S.	BATES, J.	10/01/84-10/31/84	20.00 LAC/ST	7633.00
SS042	ASSIST IN DEVELOPING HEALTH POLICY & PLANNING PROJECT PID	PERU	REYES, P. ZSCHOCK, D.	10/01/84-10/31/84	40.00 LAC/ST	19000.00
SS014	ASSIST INCAP IN MQTM. TRAINING COURSE	GUATEMALA	LYONS, J.	11/18/84-11/22/84	6.00 LAC/ST	3632.40
SS015	FOLLOW-UP ORT MEXICO VISIT	MEXICO	NORRIS, J.	11/12/84-11/21/84	8.00 LAC/ST	5136.40
SS018	STRATEGY ASSESSMENT	MEXICO	DEL PRADO, S. PIZARRO, D. ARCE, R. SMITH, W. ZSCHOCK, D.	01/28/84-02/16/84	101.00 LAC/ST	23987.49

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Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS051	REVIEW PROTOCOLS FOR COMMUNITY ASSESSMENTS	GUATEMALA	HARRISON, P.	01/21/85-01/26/85	6.00 LAC/ST	3255.00
SS053	DESIGN REGIONAL PHARMACEUTICALS MGMT. PP	BARBADOS	SCHWARZWALDER, T . TURNBULL, J.	01/23/85-03/06/85	27.00 LAC/REGION	15969.80
SS056	PARTICIPATE IN SEMINAR ON FINANCING OF HEALTH SERVICES	PANAMA	ZSCHOCK, D.	05/02/85-05/03/85	7.00 LAC/ST	3500.00
SS065	ASSIST RDO/C IN FINALIZING PROJECT PAPER	BARBADOS	CROSS, P. HUME, P.	04/22/85-06/11/85	38.00 LAC/REGION	19180.20
SS067	EVALUATION OF TIWANACA RURAL HEALTH PROJECT	BOLIVIA	FAVIN, M.	05/16/85-05/29/85	17.00 LAC/ST	5700.00
SS070	PREPARE REPORT ON HEALTH FINANCING ACTIVITIES IN LATIN AMERICA	U.S.	OVERHOLT, K.	04/30/85-05/09/85	3.00 LAC/ST	1408.00
SS072	PARTICIPATE IN ORT CONFERENCE	MEXICO	PIZARRO, D.	09/29/85-10/04/85	7.00 LAC/ST	2700.50
SS076	REVIEW EVALUATION PLAN OF CHILD SURVIVAL PROGRAM	GUATEMALA	POLLACK, M.	06/09/85-08/16/85	8.00 LAC/ST	4500.00
SS081	PROVIDE TA TO CHILD SURVIVAL ACTION PROGRAM	ECUADOR	ELKINS, M.	07/01/85-07/12/85	11.00 LAC/ST	7000.00
SS082	PROVIDE TA ON ORS MARKETING ACTIVITIES	HAITI	HELITZER, D.	07/24/85-09/30/85	26.00 LAC/ST	0.00
SS083	PARTICIPATE IN NATL & REGI CONFERENCES OF DOMINICAN PEDIATRICS SOCIETY	DOMINICAN REPUBLIC	PIZARRO, D.	06/18/85-08/26/85	7.00 LAC/ST	2800.00
SS084	PARTICIPATE IN EVALUATION OF LOCAL ORT PROGRAM	PARAGUAY	SALAZAR-LINDO	08/16/85-09/07/85	22.00 LAC/ST	8534.00
SS086	DEVELOP BASELINE SURVEY FOR CHILD SURVIVAL PROJECT	ECUADOR	ELKINS, M.	09/30/85-10/08/85	6.00 LAC/ST	3800.00
SS087	ANALYZE SANTA FE HEALTH FOUNDATION & OTHER HEALTH PVO	COLOMBIA	OVERHOLT, K.	09/03/85-09/20/85	23.00 LAC/REGION	13028.80
SS090	ASSIST OECS STAFF IN DESIGN, LOCATION & IMPLEMENTATION OF REG. OFFICES	ST. LUCIA	TURNBULL, J.	09/23/85-11/20/85	50.00 LAC/REGION	24339.20
SS097	ASSIST ICC IN IMPLEMENTATION PLANS FOR IMMUNIZATION PROGRAM	HAITI	URQUHART, G.	10/20/85-10/27/85	8.00 FVA/REGION	3700.00
SS098	ASSIST IN DEVELOPMENT OF HAITI'S CHILD SURVIVAL STRATEGY	HAITI	KELLY, P. COOPER, E.	10/28/85-11/14/85	24.00 LAC/REGION	15500.00
SS099	DEVELOP PROJECT PAPER FOR NATL. ORT PROGRAM	GUATEMALA	ARCE, R. CLEMENTS, M. L. ENGR. E.	11/10/85-11/30/85	96.00 LAC/REGION	31500.00

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Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS105	PARTICIPATE IN ICORT II	U.S.	BENITEZ, E.	12/08/85-12/13/85	0.00 LAC/ST	1690.00
SS108	CONSULT W/ ORCS ON REGIONAL PHARMACUTICALS MOTH. PROJECT	ST. LUCIA	TURNBULL, J.	01/13/86-03/13/86	80.00 LAC/REGION	21000.00
SS110	ASSESSMENT OF HEALTH SECTOR	COSTA RICA	OVERHOLT, C. CROSS, P.	12/01/85-12/31/85	28.00 LAC/REGION	16640.00
SS121	PARTICIPATE IN SEMINAR ON DIARRHEAL DISEASES	COSTA RICA	LEVINE, M. BROWN, K.	09/29/86-10/04/86	6.00 LAC/ST	2900.00
SS123	PARTICIPATE IN SECOND INTERNATIONAL ORT SEMINAR	MEXICO	SALAZAR-LINDO, R. PIZARRO, D. SMITH, W. CHIRIBOGA, E. HARRISON, P.	04/01/86-04/05/86	20.00 LAC/ST	6100.00
SS126	PREPARE ORT PP SUPPLEMENT FOR IMMUNIZATION/CHILD SURVIVAL PROJECT	GUATEMALA	HARRISON, P.	03/08/86-03/16/86	14.00 LAC/REGION	7200.00
SS130	MGMT. ASSESSMENT OF HEALTH SYSTEMS VITALIZATION PROJECT	EL SALVADOR	KELLY, J.	03/31/86-04/25/86	32.00 LAC/REGION	18419.50
SS133	EVALUATION OF ADPS AND CITE SIMONE	HAITI	HARRISON, P. HUFF, M. OVERHOLT, K. PINGRO, S. HELITZER, D.	04/07/86-04/30/86	87.00 LAC/ST	36523.00
SS134	ASSESS FORMATIVE RESEARCH ON SOCIAL MARKETING OF ORT	HAITI	HELITZER, D.	04/06/86-04/13/86	9.00 LAC/ST	0.00
SS141	REVIEW MASS MEDIA CAMPAIGN	EL SALVADOR	ECHOLS, J.	05/07/86-05/20/86	14.00 LAC/ST	0.00
SS143	REVIEW MISSION ACTION PLANS	U.S.	OVERHOLT, K.	05/12/86-05/24/86	10.00 LAC/REGION	5300.00
SS148	PROVIDE TA ON INTRODUCTION OF ORS	DOMINICAN REPUBLIC	SCHARFFER, C.	07/01/86-07/14/86	14.00 LAC/ST	5201.60
SS149	SPEAK AT NATIONAL ORT CONFERENCE ON OPERATIONS RESEARCH OF ORT	HAITI	SCHUFTAN, C.	05/12/86-05/15/86	6.00 LAC/ST	3500.00
SS150	DESIGN IMPLEMENTATION PLAN FOR CHILD SURVIVAL	PARAGUAY	SCHNEIDER, R.	06/19/86-06/29/86	10.00 LAC/ST	6200.00
SS155	PROVIDE TA IN TRAINING HEALTH PROVIDERS	COSTA RICA	HARTMAN, F.	08/04/86-08/15/86	25.00 LAC/REGION	18103.80
SS158	REVIEW MONITORING & EVALUATION STRATEGY IN IMM. & ORT FOR CHILD SURVIVAL	GUATEMALA	HARRISON, P.	08/11/86-09/08/86	12.00 LAC/REGION	6500.00
SS159	PROVIDE MEDIA CONSULTATION TO RURAL DEVLP IN WATER, SANITATION & NUTRITION	BELIZE	MENRA, J.	09/21/86-10/22/86	31.00 LAC/ST	11165.00

**SYSTEMS SUPPORT SUMMARY REPORT
BY REGION**

LATIN AMERICA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS160	PARTICIPATE IN NATL ORT CONFERENCE	PARAGUAY	PIZARRO, D. SCHNEIDER, R.	10/06/86-10/10/86	21.00 LAC/REGION	10177.50
SS161	CURRICULUM DEVL P OF ORT INTO MCH FOR MCH & NURSING & OBSTETRICS SCHOOLS	PARAGUAY	HARR-BURDMAN, G.	11/03/86-11/21/86	28.00 LAC/REGION	14468.00
SS164	PARTICIPATE IN FIRST SEMINAR ON GASTROENTEROLOGY	HONDURAS	PIZARRO, D.	11/20/86-11/22/86	6.00 LAC/ST	2472.00
SS166	DEVELOP SOFTWARE FOR SAVE THE CHILDREN CHILD SURVIVAL PROGRAM	BOLIVIA	SANJINES, D.	06/15/86-09/15/86	65.00 FVA/REGION	4395.00
SS167	NATIONAL CHILD SURVIVAL WORKSHOPS	BELIZE	REIS, T.	10/13/86-10/17/86	10.00 LAC/ST	0.00
SS173	DEVELOP MEDICAL EDUCATION PACKAGE FOR TRAINING ORT PROFESSIONALS	PERU	BRAVO, M.	12/15/86-12/20/86	5.00 LAC/ST	0.00
SS174	IDENTIFY INFO ON HERBAL & OTHER TRADITIONAL FORMS OF DISEASE TREATMENT	U.S.	HARRISON, P.	01/06/87-01/10/87	5.00 LAC/ST	2180.00
SS180	BASELINE SURVEY - CARE	BELIZE	RICE, C.	03/09/87-04/04/87	54.00 LAC/ST	0.00
SS181	CONDUCT ASSESSMENT OF HEALTH EDUCATION NEEDS	BOLIVIA	HARR-BURDMAN, G.	02/22/87-03/24/87	30.00 LAC/ST	15129.00
SS184	PROVIDE TA TO PVI - SURVEY & MONITORING SYSTEM	BOLIVIA	ELKINS, W.	03/23/87-05/06/87	28.00 FVA/REGION	17124.60
SS185	DEVELOP ANALYTIC BASE FOR SUPPLEMENT TO PROJECT AID 620-0339	GUATEMALA & HONDURAS	HARRISON, P. CROSS, P. MCCARTHY FAJARDO HEALD	03/06/87-04/17/87	107.00 LAC/REGION	56159.80
SS187	PARTICIPATE IN INTERNATIONAL DD & ORT CONFERENCE	MEXICO	PIZARRO, D. BROWN, K. LIFSHITZ, F.	05/05/87-05/09/87	19.00 LAC/ST	5184.50
SS188	PLAN NUTRITION STUDY	BOLIVIA	DAZA, G.	12/19/86-01/18/87	30.00 FVA/REGION	2250.00
SS190	IMPLEMENT NUTRITION STUDY	BOLIVIA	DAZA, G.	01/19/87-04/18/87	90.00 FVA/REGION	6750.00
SS201	ASSIST WITH TASKS FOR USAID PRENI CHILD SURVIVAL PROJECT	ECUADOR	HENDERSON, P. BIRLLIK, R.	05/17/87-05/26/87	8.00 LAC/ST	4730.00
SS206	CONDUCT ANALYSIS FOR DESIGN OF CHILD SURVIVAL PROJECT	DOMINICAN REPUBLIC	RHEINBOLT, R. WYON, J. VALADEZ, J.	06/21/76-07/15/87	56.00 LAC/ST	26716.00
SS207	CARRY OUT CHILD SURVIVAL TRAINING IN DATA APPLICATIONS	GUATEMALA	HARRISON, P.	06/16/87-07/04/87	14.00 LAC/ST	7942.00
SS211	PARTICIPATE IN MID-TERM EVALUATION OF CS ACTION PROGRAM	ECUADOR	BENDER, D.	08/23/87-09/05/87	10.00 FVA/REGION	4565.00

SYSTEMS SUPPORT MONTHLY ACTIVITIES REPORT
BY REGION

LATIN AMERICA

Assn. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS215	ASSIST USAID W/ NEGOTIATIONS ON PP AMENDMENT	GUATEMALA	HEALD, G.	07/21/87-07/27/87	7.00 LAC/REGION	4158.50
SS219	PARTICIPATE IN PEDIATRIC CONGRESS IN COCHABAMBA	BOLIVIA	GALVAN, W.	08/02/87-00/12/87	0.00 LAC/ST	1722.00
SS220	DESIGN RURAL AUX. NURSE CURRICULUM FOR MOH & ESPERANZA	BOLIVIA	CORNEJO, F.	04/02/87-06/30/87	30.00 FVA/REGION	1283.00
SS221	SERVE AS ORT RESOURCE PERSON FOR PVO CHILD SURVIVAL WORKSHOP	BOLIVIA	STANSFIELD, S.	09/08/87-09/20/87	12.00 FVA/REGION	6941.00
SS222	PROVIDE TA TO CONDUCT A HLTH SECTOR ASSESSMENT	JAMAICA	SWEZY, C.	08/30/87-10/11/87	40.00 LAC/ST	23603.00
SS228	PROVIDE TA IN DESIGN & LOGISTICS PLANNING FOR SCHOOL FEEDING PROGRAM	DOMINICAN REPUBLIC	BRANT, L.	10/01/87-12/08/87	60.00 LAC/ST	18000.00
SS235	PRESENTATION OF EDUCATIONAL MODULES FOR TRAINING COURSE	COSTA RICA	HARTMAN, F.	11/09/87-11/23/87	16.00 LAC/REGION	11600.00
SS236	SPEAKER AT CENTRAL AMERICAN PEDIATRIC CONFERENCE ON ORT	COSTA RICA	GONZALEZ, H.	11/30/87-12/06/87	7.00 LAC/ST	1400.00
SS237	HEALTH SECTOR ANALYSIS	GUATEMALA	BURLEIGH, E.	10/19/87-11/28/87	42.00 LAC/ST	16165.00
SS239	CONDUCT TRAINING OF HEALTH SUPERVISORY TEAM MEMBERS FOR SCF	BOLIVIA	BENDER, D.	12/01/87-12/14/87	13.00 FVA/REGION	6750.00
SS242	TRAINING PHARMACISTS IN PATIENT EDUCATION TECHNIQUES	COSTA RICA	VIGANO, O.	01/16/88-02/06/88	15.00 LAC/REGION	6793.00
SS243	REVIEW SCF/BOLIVIA NUTRITION SURVEY AND RECOMMEND FOLLOW UP	U.S.	MORA, J. TELLER, C.	12/30/87- / /	2.00 FVA/REGION	773.00
SS249	REVIEW EFFECTIVENESS OF VOLUNTEER TRAINING PROGRAMS	GUATEMALA	HARRISON, P. ENGE, K.	01/16/88-01/30/88	34.00 LAC/ST	1600.00
SS250	STRENGTHEN DELIVERY PARTICIPATE IN MID-TERM EVALUATION OF CRS PROJECT	ECUADOR	MORA, J. TELLER, C.	01/25/88-02/07/88	30.00 FVA/REGION	15464.00
SS252	DEVELOP MANUAL/TRAINING PROGRAM FOR HEALTH PROMOTERS	DOMINICAN REPUBLIC	AVILA, P. MORA, J.	02/29/88-03/12/88	26.00 LAC/ST	10650.00
SS262	ATTEND PEDIATRIC CONFERENCE	PERU	PIZZANO, D.	05/16/88-05/21/88	7.00 LAC/ST	2350.00
SS263	LEAD EVALUATION TEAM TO LOOK AT ADRA/HAITI CS PROJECT	HAITI	GUYON, A.	/ / - / /	0.00 BOO	0.00

SYSTEMS SUPPORT MONTHLY ACTIVITIES REPORT
BY REGION

LATIN AMERICA

Assn. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS268	PARTICIPATION IN PP TEAM	BOLIVIA	LEBOW, R.	04/24/88-06/15/88	15.00 LAC/ST	9750.00
SS269	ASSESS HUMANITARIAN IMPACT OF ECON CRISIS	PANAMA	SCHAEFFER, C.	04/04/88-04/04/88	16.00 LAC/ST	6000.00
SS270	SYSTEMS ANALYSIS AND DESIGN FOR CS PROGRAM	BOLIVIA	LOPEZ, E. LOPEZ, D. LOPEZ, E.	04/04/87-04/04/87	68.00 FVA/REGION	3050.00
SS274	MEXICO DIARRHEA CONFERENCE	MEXICO	PIZARRO SALAZAR SPEROTTO AQUILAR	05/29/88-06/04/88	24.00 LAC/ST	11300.00
SS275	STUDY TRADITIONAL CS STRATEGIES	BOLIVIA	ALBA	06/01/88-07/01/88	30.00 LAC/ST	2000.00
SS277	ADAPTATION/ IMPLEMENTATION OF DRUG ESTIMATION MODEL	COSTA RICA	FOREMAN GARCIA ROSSJ-DEQMAN OLSON ECKRODE CAPONIGRO	06/06/88-06/06/88	61.00 LAC/REGION	22723.00

**SYSTEMS SUPPORT SUMMARY REPORT
BY REGION**

LATIN AMERICA

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
SS283	PARTICIPATE IN CONFERENCE	VENEZUELA	PIZARRO, D. MATA, L.	07/26/88-07/31/88	10.00 LAC/ST	5230.00

September 30, 1988

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

NEAR EAST

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
** REGION NEAR EAST						
SS010	ATTEND NEAR EAST BUREAU'S HEALTH, POP. AND NUTRITION OFFICERS' CONFER.	EGYPT	HILLS, M. SMITH, W. MAYERS, M.	02/13/84-02/18/84	0.00 NE/ST	2500.00
SS017	ASSIST IN DESIGN OF YEMEN HCU/FP PROJECT PAPER	YEMEN	KIMBALL, A. ADRA, N.	03/14/84-04/15/84	48.00 NE/REGION	28190.00
SS030	CONCEPTS PAPER FOR CHILD SURVIVAL PROGRAM	EGYPT	BOOSTROM, E. ELLIOTT, V.	06/07/84-08/06/84	11.00 NE/ST	4151.50
SS031	CONDUCT COMPREHENSIVE REVIEW OF STATUS OF PHC NEEDS IN URBAN AREAS OF N.E.	U.S.	MAYERS, M.	07/05/84-07/31/84	15.00 NE/ST	2162.50
SS033	REVISE PROCEEDINGS OF STRATEGIC PLANNING MEETING ON PRIVATE ROLES IN NE HLTH	U.S.	LYMOND, S.	07/05/84-07/31/84	3.00 NE/ST	1279.50
SS035	ASSIST NE BUREAU IN DEVELOP TO DESIGN PRIVATE SECTOR HEALTH ACTIVITY	EGYPT	MAYERS, M. BICKNELL, W. OVERHOLT, E.	08/01/84-08/31/84	1.00 NE/ST	1288.60
SS054	PREPARE BROCHURE FOR BURGENSTOCK FOLLOW-UP WORKSHOP	U.S.	MAYERS, M.	/ / / /	0.00 NE/REGION	0.00
SS059	PRIVATE SECTOR APPROACHES TO BASIC HEALTH CARE DELIVERY	TUNISIA, MOROCCO	MORRIS, J.	02/21/85-03/09/85	15.00 NE/REGION	5697.00
SS060	REVIEW EQUIPMENT LIST IN HOLY LAND CHRISTIAN MISSION PROPOSAL	ISRAEL	KHARDT, F.	02/28/85-03/08/85	25.00 NE/ST	7550.00
SS063	EVALUATION OF SCHISTOSOMIASIS ACTIVITIES	JORDAN	HALKE, E.	03/29/85-04/10/85	20.00 NE/REGION	10000.00
SS080	DEVELOP ITINERARY FOR MOBILE SEMINAR	MOROCCO	MORRIS, J.	09/22/85-10/01/85	13.00 NE/REGION	7680.00
SS095	MEET W/ MOH ON HEALTH FINANCING ISSUES	TURKEY	MORRIS, J. WALENSKY, O.	10/21/85-10/28/85	8.00 NE/REGION	14499.20
SS101	INDICATIVE SURVEY OF HEALTH FINANCING SITUATION	MOROCCO	UEBER-RAYMOND, S. MORRIS, J.	11/05/85-12/15/85	36.00 NE/REGION	19500.00
SS103	CONDUCT MOBILE HEALTH SEMINAR	MOROCCO	MORRIS, J. WOOD, M.	11/18/85-11/25/85	12.00 NE/REGION	42000.00
SS114	ASSESSMENT OF AID POPULATION ASSISTANCE PROGRAM	EGYPT	SCHWARZWALDER, T. TOMARO, J.	01/24/86-02/15/86	62.00 NE/ST	39791.50
SS119	PARTICIPATE IN PROJECT PAPER DESIGN TEAM	YEMEN	FABRICANT, S.	03/01/86-03/15/86	20.00 NE/ST	16110.00

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION

NEAR EAST

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Funding Person Days	Estimated Cost
** REGION NEAR EAST						
SS120	BERGENSTOCK II MEETING	U.S.	MORRIS, J. UEBER-RAYMOND, S. GLAUBER, A. ELLWOOD,	02/26/86-02/27/86	66.50 NE/REGION	36916.75
SS144	BEGIN DEVELOPMENT OF BUSINESS PLAN FOR CENTER FOR M.E. HEALTH	TURKEY	MORRIS, J.	05/12/86-06/12/86	30.00 NE/REGION	16000.00
SS210	PARTICIPATE IN IAP MEETING	CANADA	LAMINE-JOMNI	07/03/87-07/11/87	0.00 NE/ST	2226.00
SS227	PARTICIPATE AS PANELIST FOR CHILD SURVIVAL PHARMACEUTICALS SEMINAR	U.S.	THORNE, M.	09/24/87-09/24/87	1.00 NE/ST	0.00
SS258	TRAINING WORKSHOP FOR FACULTY AT UNIV. OF JORDAN	JORDAN	TAYBACK, M.	03/26/88-04/08/88	21.00 NE/ST	0.00

APPENDIX B

PRITECH I

Level of Effort and Expenditures

10/1/83 - 9/30/88

<u>ITEMS</u>	<u>PERSON MONTHS</u>					<u>TOTAL</u>
	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 5</u>	
I. Core Staff	57.12	65.40	64.47	70	46	303
II. MSH Staff and Expenses	4.39	4.28	2.55	3.7	3	18
III. Administrative Costs	--	--	--	--	--	--
IV. Disease Control	59.69	93.82	148.43	323.22	295	920
V. Information Center	18.00	22.00	22	24	28	114
VI. Systems Support	58.41	56.70	71.6	82.3	68	337
TOTALS	197.6	242.20	309.05	503.22	440	1,692

<u>ITEMS</u>	<u>COSTS</u>					<u>TOTAL</u>
	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 5</u>	
I. Core Staff	\$361,781	\$426,401	\$455,890	\$479,735	\$321,859	\$2,045,666
II. MSH Staff and Expenses	33,443	19,991	7,201	11,716	11,375	83,726
III. Administrative Costs	84,628	281,715	248,710	318,078	428,294	1,361,425
IV. Disease Control	710,154	1,518,800	1,916,684	3,441,841	3,894,730	11,482,209
V. Information Center	50,238	100,844	86,491	80,785	102,117	420,475
VI. Systems Support	569,992	541,273	748,732	738,255	572,685	3,170,937
TOTALS	\$1,810,236	\$2,889,024	\$3,463,708	\$5,070,410	\$5,331,060	\$18,564,438

APPENDIX C: Final Tally of PRITECH Disease Control Country Activities

		PRITECH I		
		STATUS		BUDGET
CATEGORY		SEPT. '88		(000'S)
AFRICA				
Central & Western				
	Cameroon	full	ongoing	300
	Nigeria	full	ongoing	469
Eastern				
	Djibouti	limited	completed	144
	Kenya	full	completed	400
Sahel				
	Chad	full	ongoing	160
	Gambia	limited	ongoing	100
	Mali	full	completed	467
	Mauritania	limited	ongoing	100
	Niger	full	completed	345
	ORANA	limited	completed	103
	Senegal	limited	completed	318
Southern				
	Zambia	full	ongoing	360
ASIA/NEAR EAST				
	Bangladesh	limited	completed	145
	India	full	completed	1142
	Indonesia	full	completed	369
	Morocco	limited	completed	100
	Oman	limited	completed	76
	Pakistan	limited	ongoing	630
	Tunisia	full	ongoing	229
LATIN AMERICA				
	Bolivia	full	completed	463
	Mexico	limited	ongoing	320
	INCAP	full	completed	288
TOTAL PROGRAMS		22		
FULL		12		
LIMITED		10		

PRITECH II

IV. PROGRESS REPORT ON THE ANNUAL WORKPLAN:

PRITECH II

IV. PROGRESS REPORT ON THE ANNUAL WORKPLAN: PRITECH II

A. Disease Control Operations Component: PRITECH II

The workplan for program year one anticipated extensive effort to investigate possible country programs (eighteen promotional visits) and intensive effort to plan programs before PRITECH I funding expired in September 1988 (twenty-one program plans). These targets were not reached, mainly for three reasons:

- after budgeting for countries already included in PRITECH I, only a few additional countries can be included in the PRITECH II budget;
- the extension of PRITECH I for an additional year allows more time to finish PRITECH I country programs and deferred the starting dates for PRITECH II programs in these countries;
- the efforts of PRITECH management were focussed on implementation of PRITECH I programs and organization of PRITECH II.

See the updated Workplan, attachment A; specific programs are discussed below.

Promotional Visits

Only one promotional visit was undertaken, to Burkina Faso, resulting in a Mission "buy-in" and a program plan. In most of the countries considered for promotional visits, we have concluded the prospects for a program are unlikely:

- Burundi: CCCD has not requested assistance from PRITECH as anticipated under the existing PRITECH I arrangement.
- Guinea Bissau and Sierra Leone: Buy-ins unlikely. Small populations. Not easily managed given PRITECH staffing and management structure.
- Malawi: CCCD may restart their program, if requested by the Mission
- Swaziland: Small population. Needs covered by resident health project team.
- Zimbabwe: Buy-in unlikely. In the future, PRITECH might propose a private sector activity for S&T/Health or Africa Bureau funding.
- Guatemala, Honduras and the Dominican Republic: No interest from the Missions or the LAC Bureau; bilateral programs are handling existing opportunities.

Unless the situation changes in the nine countries listed above, even if funding were to become available, we do not intend to pursue country programs. The remaining eight candidates for promotional visits have higher priority and will be considered in the future:

-Bangladesh: The Mission is not interested in a PRITECH program and has resisted a promotional visit by PRITECH staff.

-Turkey: Because of the large population and relatively high mortality rate, Turkey remains a high priority.

-Jordan and Papua New Guinea: Stimulated by Healthcom, PRITECH has discussed program opportunities with USAID staffs. Programs of limited scope are possible.

-Morocco: Given our difficulties implementing PRITECH I activities, we need a better collaborating agency than the MOH. Promotion deferred.

-Brazil: Obviously an important country, but we do not currently have the staff capability to organize a possible approach. Promotion deferred.

-Tanzania and Uganda: Promotion deferred until the newly assigned Regional Representative can schedule visits.

Assessments and Program Plans

About half the scheduled assessments (20 scheduled; 11 completed) and program plans (21 scheduled; 9 completed) were done.

Africa

Six programs were assessed and planned in the Sahel: Burkina Faso, Gambia, Mali, Niger, Senegal and the ORANA Institute. In addition, a plan for the Sahel Regional Office was presented. The Chad and Mauritania programs were not developed pending clarification of Mission strategies and resolution of funding issues. Chad activities continue with PRITECH I funds. Mauritania needs short-term "bridge" funding from PRITECH II, allowing up to a year for development of a program plan. Assessments and preliminary plans for Kenya and Nigeria require further development and negotiation, as does the plan for the East Africa Regional Office. The Nigeria program has sufficient PRITECH I funds to continue; Kenya will require "bridge" funding. Plans for Guinea and Zaire were not developed; these countries are being handled by CCCD. The Cameroon and Zambia plans were deferred because PRITECH I activities have not been completed.

Asia

The Indonesia and Pakistan programs were planned for relatively short periods, until future bilateral programs are established next year and PRITECH's roles can be redefined. A Philippines program was started after extended negotiations and recruitment of an advisor. The India program was dropped after program funding was transferred from USAID to UNICEF; the PRITECH Representative also transferred to UNICEF. The

Tunisia assessment was deferred until the completion of PRITECH I activities; however, the program is unlikely to continue.

Latin America and the Caribbean

The Bolivia program is scheduled to end in October 1988; prospects for a new program are unlikely, but a team will visit Bolivia before final decisions. The Ecuador Mission is still in the midst of planning the bilateral program; it is unclear whether a PRITECH program will be needed. The Mexico program was assessed, planned and started as scheduled.

Organization of Country Program Planning and Management

Most of the tasks listed in the Workplan were completed on schedule.

a. Definition of the Country Program Team: See the attached standard job descriptions for Senior Program Manager, Country Representative, Technical Officer and Operation Officer. Individuals in these positions and specific consultants were assigned to all active country programs.

b. Approved list of candidate countries: See approved Workplan.

c. Standard requirements for assessments and plans: See the attached guidelines; however, a standard format was not required.

d. Guidelines for technical components: See strategy papers prepared for the Easton Conference to train PRITECH staff.

e. Standard Field Reporting Format: Instructions were developed for review at the Easton Conference; the system was implemented on a six-month trial basis.

f. Draft evaluation plan, with procedural guidelines: In process.

g. Designation of Senior Program Managers: Done. See a. above.

h. Training and Orientation for all staff: Easton Conference, January 1988.

i. Selection of countries for special attention from sub-contractors: Occurring as part of program planning process. Selection of countries for CEDPA unsuccessful thus far.

j. Established methods for helping coordinate A.I.D.-supported DDC programs at the country level: This role has not been accepted by other contractors nor by Missions. For example, in Africa, CCCD has been designated by the Regional Bureau to coordinate health activities in countries.

FY 1988: PY 1

REGION/COUNTRY	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Category	A.I.D. CS
<u>AFRICA</u>						
Sahel:						
Burkina Faso				visit ✓		
Chad				proposal ✓		
✓ Gambia				assess plan → 1/89	Ad Hoc inter/sus.?	
✓ Mali				assess plan ✓ 12/88 ST/H	Intermit.	
✓ Mauritania				assess plan ✓ 12/88 ST/H	Sustained	X
				assess plan ✓ 12/88 ST/H	Intermit.	
✓ Niger				assess plan ✓ 12/88 ST/H	Sustained	X
✓ Senegal				assess plan ✓ 12/88 ST/H	Ad Hoc	X
ORANA				assess plan start impl. ✓	Intermit.	
Regional P	plan ---approve ✓					
Central & Western:						
Burundi				visit Not done	Ad Hoc	
Cameroon				assess plan → Feb 89	Sustained	
C.A.R.					Monitor	
Congo				visit	Monitor	
Ghana					Intermit. Cand.	
Guinea P				plan ✓ ----- on hold	Sustained	
Guinea Bissau				visit Not done	More Info.	
Ivory Coast					Ad Hoc	
Liberia					Monitor	
Nigeria				assess plan ✓ → 11/88	Sustained	X
Rwanda					Monitor	
Sierra Leone				visit Not done		
Togo					Monitor	
Zaire				assess plan start → 12/88 done	Sust. Cand.	X
Eastern:						
Djibouti					Ad Hoc	
Ethiopia					More Info.	
Kenya				assess plan ✓ → Nov 12/88	Sustained	X
Somalia					More Info.	
Sudan					Monitor	X
Tanzania				visit Not done	Sust. Cand.	
Uganda				visit Not done	Sust. Cand.	
Regional				plan approve →		

FY 1988: PY 1

REGION/COUNTRY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Category	A.I.D. CS
<u>AFRICA (con't.)</u>						
Southern:						
Botswana			visit ^{Not} done		Int.Cand.	
Lesotho					Monitor	
Malawi				visit ^{Not} done	Int.Cand.	X
Mozambique					Monitor	
Swaziland				visit ^{Not} done	Ind.Cand.	
Zambia			assess plan	→ Mar.89	Sustained	
Zimbabwe			visit ^{Not} done		Int.Cand.	

Workplan Activities Summary

					Total PII
Visits	0	4	6	0	10
Assessments	0	9	3	0	12
Plans	1	1	9	3	14
Starts	0	0	1	1	2
Implementation	0	0	0	1	1
Reviews	0	0	0	0	0
Reports	0	0	0	0	0

FY 1988: PY 1

REGION/COUNTRY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Category	A.I.D. CS
<u>ASIA/NEAR EAST</u>						
Southern:						
Indonesia		✓ ^{4/87} assess plan ✓			Sustained	X
Papua N.G.			visit ✓		Ad Hoc	
Philippines ^P			plan start	impl.	Sustained	
Thailand				✓ ^{4/88}	Monitor	
South:						
Bangladesh		visit	assess		Sust. Cand.	X
Burma						
×India			assess plan start impl.		Sustained	X
Nepal						X
✓Pakistan		assess ^{interim} plan		✓ start impl.	Sustained	X
Sri Lanka					Monitor	
West:						
Jordan			visit	→ Jan. 89	Ad Hoc	
Oman					Monitor	
Turkey				visit → Jan. 89	Int. Cand.	
Yemen					Monitor	X
No. Africa:						
Egypt					Monitor	X
Morocco				visit → ^{delayed}	-Int. Cand.	
Tunisia			assess plan	start impl.	Sust. Cand.	
				→ 11/88		

WORKPLAN ACTIVITIES SUMMARY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total PII
Visits	1	1	3	0	5
Assessments	1	4	0	0	5
Plans	0	3	1	0	4
Starts	0	0	4	0	4
Implementation	0	0	0	4	4
Reviews	0	0	0	0	0
Reports	0	0	0	0	0

FY 1988: PY 1

REGION/COUNTRY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Category	A.I.D. CS
<u>LAC</u>						
South American:						
Bolivia		✓ assess plan		start ✓	Sustained	X
Brazil		visit			Int. Cand.	
Colombia					Ad Hoc	
Ecuador		assess plan		start	Sust. Cand.	X
Paraguay					Monitor	
Peru					Monitor	
Central America:						
El Salvador					Monitor	
Guatemala			visit		Int. Cand.	X
Honduras		visit			Int. Cand.	X
Mexico		✓ assess plan		start ✓	Sust. Cand.	
INCAP		visit			Inst. Dev.	
Caribbean:						
Dominican Rep.			visit		Int. Cand.	
Haiti					Monitor	X

WORKPLAN ACTIVITIES SUMMARY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total PII
Visits	0	4	1	0	5
Assessments	0	3	0	0	3
Plans	0	0	3	0	3
Starts	0	0	0	3	3
Implementation	0	0	0	0	0
Reviews	0	0	0	0	0
Reports	0	0	0	0	0

TOTAL WORKPLAN ACTIVITIES SUMMARY

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total PII
Visits	1	8	8	0	17
Assessments	1	16	3	0	20
Plans	1	4	13	3	21
Starts	0	0	5	4	9
Implementation	0	0	0	0	0
Reviews	0	0	0	0	0
Reports	0	0	0	0	0

PRITECH JOB DESCRIPTION

DATE:

TITLE: Senior Program Manager

REPORTS TO: Deputy Director

ANNUAL TIME ALLOCATION:

JOB SUMMARY: PRITECH's country programs, whether "sustained" or "intermittent," are each assigned to a Senior Program Manager (SPM) who directs PRITECH's efforts to achieve program objectives. The SPM plays a key role in defining the program and in monitoring program activities. The SPM maintains working relationships with the other program managers who are involved: at the MOH, at USAID, at other donors such as WHO and UNICEF, and with other collaborating organizations such as Healthcom and CCCD. Most important, the SPM takes action to solve any problems that are within PRITECH's scope of responsibility for the country. To accomplish these tasks, the SPM will draw upon PRITECH's technical resources and seek guidance from PRITECH'S Technical Director. The SPM coordinates the Country Program Team and supervises the work of PRITECH's Country Representative and consultants. The SPM reports to the PRITECH Director about the progress of country programs.

RESPONSIBILITIES:

1. Country assignments:
2. As appropriate, lead assessments of DDC problems and help define objectives for comprehensive national DDC programs. Participate in designing national programs, seeking agreement among the donors and the MOH about assignments of roles and responsibilities. Define a role for PRITECH which supports the national program and facilitates the efforts of the national DDC program manager. Prepare a country program plan for PRITECH, for review and approval by PRITECH and A.I.D.
3. Facilitate preparation and approval of an implementation plan for the national program. Submit to PRITECH an implementation plan for approved country programs; the plan will be revised annually.
4. Maintain working relationships with all the main participants in the national program: the national agencies responsible for the program such as the Ministry of Health; the major donors including USAID, WHO and UNICEF; private and voluntary organizations; DDC leaders including ORT experts and leading pediatricians. Mobilize the participants to deal with implementation problems. Take the lead in coordinating USAID-financed activities at the country level which are concerned with DDC.

5. Provide leadership in identifying and helping to solve implementation problems. This function will require both technical and managerial capability. Assist the national DDC program manager with the following: regular monitoring of implementation, identification and analysis of problems, recommending appropriate solutions, and mobilization of participants to take action.

6. Supervise the PRITECH Country Representative: defining job responsibilities, approving annual work plans, and evaluating performance. In some cases, Country Representatives will be employed by collaborating organizations; in these cases, the supervisory relationship will be worked out with the collaborating organization.

7. Coordinate the efforts of PRITECH's Country Program Team (Country Representative, Technical Officers, periodic consultants, and Operations Officer), drawing on members of the team as needed and delegating areas of responsibility. Together with the Country Representative, the SPM should maintain operational control of program implementation, for example determining scopes of work and selection of consultants, or communicating with USAIDs about program implementation. Together with the Technical Officers, the SPM will oversee the quality and soundness of PRITECH activities, including the work of PRITECH consultants. Together with the Operations Officer, the SPM will monitor program progress against the objectives in the program plan and the annual implementation plans, and will ensure that consultants are adequately prepared/briefed prior to assignments.

8. Oversee the administration of PRITECH funds allocated to the country program, reviewing requests for advances of funds as well as vouchers for payment, and monitoring use of bank accounts.

9. Send regular letters to the PRITECH Director reporting on progress and problems for each country program. These letters should be frank appraisals. The discussion should address all the main elements of the country program implementation plan. (Additional reporting requirements to be defined with Dick Roberts' help.)

QUALIFICATIONS: The SPM should have both the technical and managerial experience and skills needed to deal with the full range of activities in the national DDC program. The SPM can draw on extensive resources from PRITECH and other organizations, but the SPM must be able to determine what expertise is needed and to organize a working situation so the experts can perform effectively. The SPM should have experience directing technical assistance for primary health care activities in the field. The SPM should have technical training and field experience in some aspect of DDC programs. The SPM should have fluency in the national language for each assigned country.

(NOTE: Job descriptions will be supplemented by Annual Work Plans which specify objectives and tasks.)

PRITECH JOB DESCRIPTION

DATE:

TITLE: Country Representative

REPORTS TO: Senior Program Manager (SPM)

ANNUAL TIME ALLOCATION:

JOB SUMMARY: The Country Representative (CR) manages, under the direction of the SPM, PRITECH's resources for carrying out "sustained" or "intermittent" country programs. The CR assists the national CDD program manager. The CR administers PRITECH funds. The CR coordinates with USAID and other donors which support the program. The CR reports to the PRITECH Director about the progress of the country program.

RESPONSIBILITIES:

1. Assist the National DDC Program Manager to implement the national plan, providing staff assistance to help organize and administer program activities.
2. Manage PRITECH activities in accordance with the PRITECH Program Plan and the Annual Implementation Plan. Prepare drafts of the implementation plan and subsequent revisions.
3. Administer PRITECH funds in accordance with A.I.D.'s contract requirements and MSH financial management procedures.
4. Identify program implementation problems and bring them to the attention of the SPM and PRITECH management.
5. Prepare regular reports as indicated by PRITECH, including periodic field notes addressed to the PRITECH Director.
6. Coordinate with other donors which support the DDC program, and keep PRITECH's sponsor (usually USAID, or perhaps UNICEF) informed about the status of program activities.
7. Facilitate the work of PRITECH consultants, including preparation of worksopes and arranging administrative support.

QUALIFICATIONS: The CR should have experience working in the country, preferably with health services programs. Fluency in the language used by government is essential. The CR should have strong managerial, organizational and administrative skills. Training and/or work experience as an expert in a technical area of DDC is desirable. Social science research skills will be important where PRITECH's responsibilities include operations research and surveys.

(Note: Job descriptions will be supplemented by Annual Work Plans which specify objectives and tasks.)

PRITECH JOB DESCRIPTION

DATE:

TITLE: TECHNICAL OFFICER

REPORTS TO: TECHNICAL DIRECTOR

ANNUAL TIME ALLOCATION:

JOB SUMMARY: The Technical Officer (TO) is responsible for monitoring the technical aspects of assigned country programs in the TO's area of expertise. The TO will help design, implement, and evaluate country programs as requested by a Senior Program Manager or by PRITECH management. The TO will maintain a roster of technical resources - consultants, technical materials, documents, model programs - which are available to managers of DDC programs.

RESPONSIBILITIES:

1. **Program Monitoring:** For assigned countries, normally countries with important activities in the TO's area of expertise, the TO will work closely with the Country Program Team to ensure that the program's design and implementation are technically sound and in accord with program guidelines (PRITECH, WHO and A.I.D.). The TO will visit each assigned country periodically to observe program activities, review pertinent program documents, and participate in program review meetings and, as appropriate, field evaluations.

2. **Periodic Consulting:** As requested by a Senior Program Manager or by PRITECH management, the TO will be a consultant for particular country programs as a member of design or evaluation teams or as a long term periodic consultant carrying out a scope of work. These scopes of work will be defined by the Senior Program Manager; they may involve technical supervision for an area of the national program, carried out in conjunction with a technical counterpart who may be managing national program activities.

3. **Provision of Technical Resources:** The TO will be able to recommend technical resources for country programs. For expert consultants, the TO should have a roster of experts, including experts who can work in Spanish and French, who are available for hire as consultants. The TO will collaborate with the SPM in defining the scope of work. The TO will be responsible for technical supervision of the consultant, including preparation/ briefing of consultants, review of documents and reports in draft. The TO, working with the PRITECH Information Center, will make available technical materials (e.g., training materials produced by PRITECH country programs, technical guidelines (e.g., guidelines on effective use of ORT produced by PRITECH or by WHO), or technical literature by distributing materials to countries or by responding to requests. The TO will gather information about successful program models for dissemination.

4. Strategy and materials development: The TO will take the lead in preparing a strategic approach for PRITECH's activities in his/her area of expertise. As technical developments occur in the field, the TO will ensure that the strategy and activities are revised and consistent with the current state of knowledge. The TO will take the lead in developing methodologies, documents, training materials, study protocols, and other materials needed to communicate and implement PRITECH's activities in his/her area.

5. Technical Liaison: The TO will maintain professional relationships with other experts in his/her field as appropriate to Diarrhea Disease Control and will represent PRITECH as necessary in scientific and other meetings. The TO will take steps to maintain his/her knowledge and skills in his/her field needed to PRITECH's activities.

6. Program Problem Solving Studies: The TO will identify problems appropriate for operational study; develop protocols; provide technical assistance; participate in reviews, analysis and interpretation of data and studies; and do other necessary activities related to program problem solving studies in his/her area of expertise.

7. PRITECH Program and Activity Review: The TO will participate as appropriate in the preparations for, conduct of, and response to PRITECH management and technical review activities such as the Task Force, TAG, country program review, coordination and other technical and operational program review meetings.

QUALIFICATIONS:

(Note: Job descriptions will be supplemented by Annual Work Plans which specify objectives and tasks.)

21 Jan. 88

PRITECH JOB DESCRIPTION

TITLE: Operations Officer

REPORTS TO: Deputy Director

Job Summary

The Operations Staff is responsible for: 1. monitoring country program implementation, 2. providing operational support to field staff, and 3. advising the PRITECH Director on management and resource needs for each country program.

Monitoring: The Operations Officer works in collaboration with the Country Program Team (the Country Representative, the Senior Program Manager, the Technical Staff and consultants) to ensure that PRITECH is fulfilling its technical and managerial responsibilities. The Operations Officer closely monitors all aspects of country programs and provides management guidance to field personnel. By reviewing the current status of each program vis-a-vis the implementation plan, the Operations Officer will make independent judgments about program progress in relation to plan objectives.

Operational Support: The Operations Officer is the principal headquarters contact for Country Representatives and Senior Program Managers. The Operations Officer is responsible for making sure the necessary financial and personnel resources are available for each country program.

Program Management: The Operations Officer is responsible for managing the process in Washington for approval of country programs. The entire Country Program Team is responsible for anticipating and identifying problems in program implementation; however, the Senior Program Manager and the Operations Officer are responsible for advising the PRITECH Director about potential and acute problems which may prevent achievement of program objectives, and for recommending appropriate courses of action.

Responsibilities

1. Regional/country assignments: see attached list.
2. For each program, establish and maintain programming system procedures for the review, approval, and monitoring of country programs. The Operations staff is responsible for ensuring that all documentation relating to an intervention is produced, approved, and on file at PRITECH/HQ. These documents include: original assessment/strategy report, program plan, budget, implementation plan, field notes, SPM

monthly report, reviews, evaluations, etc. Country background information and representative program materials should also be available.

3. Direct and manage the development and organization of each country program planning effort, as well as the review of program implementation at PRITECH headquarters: analyze available information to identify potential "sustained" and "intermittent" country programs; participate in promotional and assessment/strategy team visits; manage the review and approval process for country activities including the implementation plan; identify, interview, and brief SPM and CR appointments; ensure that all members of each CPT work closely and interact frequently.

4. While the SPM will be most closely involved with his/her 3-4 "sustained" and "intermittent" country programs, the Operations staff is also familiar with each program and is able to analyze and to make independent judgements on the progress of the program and to report to the PRITECH Director on the current situation. The Operations staff keeps abreast of all country intervention developments, in particular to ensure that all components are progressing in a timely and balanced fashion and setbacks and delays are identified early. To do this, the Operations staff closely monitors implementation through periodic review of implementation plan, review of program expenditures, and frequent contact with SPMs and CRs by phone, letter, telex, reports, briefings/debriefings of consultants, country visits, contact with other donors.

5. Work with the Technical Officers to develop rosters of experts who will work regularly in country programs. Facilitate liaison between the Technical Officers and SPMs as members of the CPTs so that the project utilizes regularly and extensively the in-house technical expertise of the TOs in country interventions.
6. In timely response to country needs and in coordination with other members of the CPT, identify consultants to provide short-term technical assistance as required to the country interventions.
7. Establish and maintain a review system for each "sustained" and "intermittent" country intervention; this will entail regular personal interaction with the field staff; normally the Operations staff will make two field visits annually to each country program and resident representatives will visit PRITECH/HQ twice a year.

QUALIFICATIONS

- o Successful experience in managing international public health programs, both at field and headquarters levels;
- o Strong analytical, organizational, and interpersonal skills;
- o Extensive network of professional contacts;
- o Masters level training in public health or management;
- o Sound judgement;
- o Language skills, as appropriate.

IV.B. DISEASE CONTROL - RESEARCH AND DEVELOPMENT COMPONENT: PRITECH II

1. Overview

During the first project year, PRITECH II in its Research and Development component has focused on the three areas noted in the workplan:

- reviewing and strengthening existing diarrheal disease control approaches
- developing selected new approaches
- strengthening technical input into country programs.

Accomplishments in this area were influenced by concurrent PRITECH I activities, which in some cases consumed the time and the human resources originally planned for PRITECH II efforts. The preparation of materials for medical student teaching under the PRITECH I Medical Education effort, in particular, occupied the Technical Unit staff fully for nearly two quarters of PY1. Unplanned involvement with preparations for ICORT III, and difficulty in identifying well-qualified personnel to complete the Technical Unit staff, also interfered with completing the PY1 Technical Unit workplan.

Despite these obstacles, PRITECH made substantial progress in completing each of the objectives in its Research and Development component. These are described relative to the workplan objectives in the section which follows.

2. Activities

The following reviews the status of the activities approved as part of the Research and Development component.

OBJECTIVE 1: STRATEGY PAPERS DEVELOPED WHICH DEFINE AND REDEFINE THE CRITICAL PROGRAM ELEMENTS FOR NATIONAL CDD PROGRAMS

Planned Activities:

1.1 PRITECH will develop the following new strategies:

- a nutrition strategy
- a strategy for acute respiratory infections
- a strategy for diarrhea disease prevention
- a strategy for dysentery and persistent diarrhea
- a strategy for community mobilization through non-governmental organizations, especially women's organizations
- a strategy for problem solving studies

1.2 PRITECH will review the following strategies originally summarized in

PRITECH's Manual for Assessment and Planning of National ORT Programs, and revise them as necessary to orient them toward program implementation:

- a training strategy
- a communications strategy
- a strategy for ORS production
- a strategy for ORS supply management
- a strategy for ORS sales
- a strategy for improved management and health information systems
- a strategy for financing and sustainability of CDD programs
- a private sector strategy
- a strategy for country program evaluation

Current Status

PRITECH completed draft documents in all of the "new" areas with the exception of the strategy for persistent diarrhea. The documents were prepared with a view toward use by PRITECH field staff in the planning and implementation of their programs. The papers were distributed at the conference held for all PRITECH staff in January 1988. They were also provided to the Task Force, to UNICEF and to WHO for review and comment. Comments of PRITECH staff plus those of the other reviewers were subsequently incorporated into the documents. Final editing, proofing and production will be completed during the first part of PY 2. The paper on persistent diarrhea will be completed during PY 2.

PRITECH produced revised strategy statements in all of the areas noted. As with the new strategies for PRITECH field staff, these papers were distributed at the PRITECH staff conference. Comments of the field staff and selected other reviewers were incorporated into the drafts. The drafts will undergo final editing, proofing and production during the first part of PY 2. At this point they will be distributed to all of our field staff, regular consultants and subcontractors for use in developing and implementing country program workplans.

OBJECTIVE 2: COMPLETION OF OTHER SELECTED PAPERS AND DOCUMENTS ON ISSUES RELEVANT TO DIARRHEAL DISEASE CONTROL

Planned Activities:

- 2.1 Complete a guide for facilitators using the PAHO-HEALTHCOM diarrhea clinical training video
- 2.2 Develop and review other documents as requested by AID and other collaborating organizations managers

Current Status

PRITECH prepared a facilitators' guide for the video on diarrheal disease prepared by PAHO and AED. The 200 copies of the video and of the guide were distributed to medical, nursing and public health schools in Latin America.

PRITECH either reviewed or produced a number of other documents requested by AID or by other collaborating organizations. PRITECH estimates that a total of 40 person days were spent completing these activities. The activities included the following:

- review of a WHO document on Acute respiratory diseases
- review of a paper on catch-up foods by the Department of Agriculture
- review of a paper "Food and Food Ingredients..." presented to the Department of Agriculture
- review of a document on hygiene education by WASH
- review of the UNICEF document "Facts for Life"
- preparation of a document for the National Health Council
- preparation of a background document for Administrator Woods and James Grant
- preparation of a background document for the Bellagio conference
- review of a paper on feeding and diarrhea
- preparation of a background document for the WHO evaluation
- preparation of a presentation for the Society for Applied Anthropology meetings
- preparation of four papers for a panel on integrating CDD in primary health care presented at the NCIH meetings
- preparation of a summary article for the CEDPA News Bulletin
- review of the CEDPA manual on ORT for its community volunteers
- preparation of background documents for a planning meeting on breastfeeding
- review of a report of a survey on diarrheal morbidity and mortality in Bangladesh

In addition to these activities PRITECH technical staff participated in technical and advisory meetings for ADDR, AED/HEALTHCOM, Dietary Management of Diarrhea Project, the Child Survival Course for AID Health Officers, and APHA, NCIH, IAMANEH and the WHO Medical Education Task Force meetings.

OBJECTIVE 3:A PLAN FOR SUPPORTING OR CONDUCTING PROBLEM SOLVING STUDIES AS PART OF COUNTRY PROGRAMS; BEGINNING IMPLEMENTATION OF THESE STUDIES IN SELECTED COUNTRIES

Planned Activities:

- 3.1 Develop operational methodology for conducting problem solving studies
- 3.2 Implement up to six studies during the first project year
- 3.3 Assess feasibility and desirability of conducting selected studies in a number of countries simultaneously with common themes and protocols; if feasible, design the protocols and methods for one such study.

Current Status

PRITECH undertook all the activities noted in the workplan in order to arrive at an approach for identifying national CDD program problems needing study, designing appropriate studies and supporting them financially and technically.

These activities included:

- interviews of over 20 individuals associated with similar research activities to learn from their experience and seek their advice
- discussions with field and home office staff to identify potential relevant topic areas
- preparation of a draft approach for proposal generation, design review, funding guidelines, technical assistance and implementation
- review of the draft approach by PRITECH staff, AID and the Task Force
- revision of the draft approach in accordance with these reviews.

Based on these planning activities PRITECH plans to use the following approach toward problem solving studies:

-this activity is a resource available to country programs when they need to collect information or conduct special small scale studies that are oriented to CDD program implementation; it is not a separate research program for the purpose of conducting research or creating institutional capacity in research. PRITECH will not aim at achieving arbitrary numbers of studies, but rather provide the resources when they are needed and requested. Therefore:

-the single most important criterion of PRITECH central support of these studies is linkage to program decisions or action.

-there will be no competition or RFP process

-the review and approval process will be kept as simple and flexible as possible

PRITECH's assessment of CDD activities in its country programs has revealed that a number of country programs have conducted or are conducting problem solving studies, particularly Zambia, Indonesia and Pakistan. All of these studies have been supported with local funds rather than the central PRITECH study funds. Since the main purpose of these studies is to be program based rather than fiscally based, PRITECH is quite pleased that these studies are being conducted. PRITECH will develop a mechanism for enumerating those that are carried out with other sources of funding. PRITECH will also remind its field representatives of the availability of central funds to support program problem related studies should they need this support.

PRITECH prepared and presented to its Task Force two protocols for studies to be used by country programs. The first, a guide for conducting feeding practice studies, was prepared by Manoff International as a practical extension of the planning guide for incorporating nutrition activities into CDD programs prepared by Johns Hopkins University. The second, a protocol for conducting studies of Sugar-salt-solution (SSS) mixing by mothers, was prepared by PATH. The Task Force cautioned against PRITECH's imposing such studies on country programs but stated that it might be useful for country programs to have such protocols available should they perceive needs in these particular areas. Both guides have been reviewed by WHO. The feeding practice study guidelines have been completed and published and will be distributed to field staff. The comments of WHO on the SSS protocol need to be incorporated into a revised version before it

can be distributed to PRITECH field staff. The latter will be completed during the first part of PY 2.

OBJECTIVE 4: STRENGTHENED COORDINATION AND MONITORING

Planned Activities:

- 4.1 Increased full time technical staff
- 4.2 Improved PRITECH field reporting system
- 4.3 Improved country reviews
- 4.4 Continuing education for PRITECH staff
- 4.5 Improved short term consultant preparation
- 4.6 Increased ORT technical support for the S&T/Health office
- 4.7 Reporting ORT progress to A.I.D.
- 4.8 ORT Task Force
- 4.9 Coordination with other CDD projects and donor agencies

Current Status

PRITECH spent considerable effort on recruitment but has not been able to fully staff its technical unit. PRITECH through AED recruited an expert in social marketing. PRITECH has reassessed the structuring and organization of its technical unit. As a result, it has proposed to AID a restructuring of the technical unit to include three case management physicians to provide the expertise necessary for country CDD programs. This will be explained more fully in the PRITECH II PY2 Workplan. PRITECH had expended considerable energy in recruiting another physician but was not successful by the end of the first project year. The lack of full staffing has affected PRITECH's effectiveness and efficiency in reaching some of its objectives.

PRITECH's operations and technical staff worked together to revise the field reporting system. This activity is described in more detail in the operations section of this report. The system has been instituted and the field staff are submitting reports monthly. The technical staff has not successfully reviewed these reports on a routine basis because of limitations in its capacity as noted above.

PRITECH designed an improved outline for country program assessments, based on the components of country CDD programs as addressed in the PRITECH field reporting system and the PRITECH strategy papers. Organization of assessments according to a variety of formats, and inclusion of other responsibilities in many of the visits used for PRITECH II planning, however, led to substantial variation in the components and sequence of assessments and their resulting reports and plans. PRITECH will plan to fill in additional information needed to complete some of the gaps during PY2 for those countries where this is necessary. Increased emphasis on the desired assessment structure will be made for future assessments by more formal briefing of assessment teams prior to departure.

PRITECH initiated its continuing education efforts by requesting several of its staff, collaborators and consultants to present their technical experience for PRITECH staff and other invitees. Several of these sessions were held in

PRITECH offices. Others were held at AID. For example, Dr. James Tulloch spoke on CDD evaluation and Dr. Merson on overall WHO CDD strategies. Dr. Camille Saade spoke on the approach of social marketing and Dr. Jagdish Sobti of India on involvement of the Indian Medical Association in promoting ORT.

PRITECH organized several team planning meetings for its larger consultancies. These included planning for the Nigeria assessment and planning consultancy and the evaluation of the ORT effort in the Philippines. The team members reported that these sessions assisted them greatly in their work in the field. Through its Information Center, PRITECH also assembled country specific program documents available for background to consultants. The Information Center also is now capable of doing searches of documents related to a specific country or program and providing the list to the consultant so that s/he may choose those documents most relevant to the assignment. PRITECH prepared a simple evaluation tool for evaluating short term consultancies but has not used it to date.

As noted under Objective 2, PRITECH provided substantial technical support to the S&T Health Office. In addition to the items mentioned, PRITECH participated heavily in assisting with the preparation for the ICORT III conference.

PRITECH has collaborated with ISTI in preparing a report for S&T Health on the status of ORT worldwide. ISTI has available the WHO CDD data base and PRITECH has worked closely with ISTI staff to make use of this resource. PRITECH also has catalogued ORT related reports sent from the field in its Information Center and makes these available to a wide range of programs and individuals through its Monthly Acquisitions List. These activities are described in more detail in the Information Center section of the report on PRITECH I PY5.

PRITECH's Task Force met on April 18 and 19 in Baltimore, Md. It reviewed primarily the suggested approach for supporting problem solving studies and as noted above, provided valuable input to PRITECH's approach. The Task Force also reviewed a number of the strategy papers as noted.

PRITECH continued active collaboration with WHO, UNICEF, CCCD, ADDR, DMD and other organizations and projects working in diarrheal disease control activities. PRITECH's Senior Program Managers, Dr. Suzanne Prysor-Jones and Ms. Agma Prins each traveled to New York to meet with UNICEF about programs in the countries under her responsibility. Ms. Kathleen Cravero has met several times with PRITECH staff in Rosslyn. The CCCD Project staff met with PRITECH in the review of the Nigeria CDD effort. PRITECH also participated in the WHO Task Force for the Medical Education Curriculum materials.

OBJECTIVE 5: EVALUATION OF PRITECH EFFECTIVENESS

Planned Activity:

5.1 Develop an evaluation plan

Current Status:

PRITECH has not developed the evaluation plan noted in the workplan but plans to do so in the first part of PY 2.

IV. C. Health Systems Support: PRITECH II

1. Overview

During the first project year of PRITECH II, 17.44 person months of Health Systems Support short-term technical assistance were provided to AID. This entailed fielding 27 consultants in 3 countries in addition to three assignments conducted in the United States for a total of 12 assignments. The number of person months provided far exceeded first year expectations of five person months for Health Systems Support, largely due to a high level of "buy-in" activity caused by the fact that the Systems Support buy-in capacity under the PRITECH I contract had reached its ceiling. Six Health Systems Support PIO/Ts, totaling \$255,338, were amended into the PRITECH II contract, including three PIO/Ts from USAID/Ecuador, one from the Dominican Republic, one from Guatemala and one from PPC/PDPR.

Regionally, the number of assignments and countries are as follows:

	<u>Number of Assignments</u>	<u>Number of Countries</u>
Africa	-	-
Asia	-	-
Latin America	9	3
Near East	-	-
Inter-Regional	3	-

Approximately eighty-three percent of the assignments conducted under Health Systems Support were funded by buy-ins. Regionally, buy-in assignments included:

	<u>Number of Buy-In Assignments</u>
Africa	-
Asia	-
Latin America	9
Near East	-
FVA	-
Interregional	<u>1</u>
	10

As demonstrated in the above charts, the majority of Health Systems Support activity during the first project year was in Latin America. Of the twelve Health Systems Support assignments, seven were covered by three buy-ins from the USAID/Mission in Ecuador to assist them in the design of the new Child Survival Project. Assignments included: (1) the design of new Child Survival health strategies; (2) a review of public health financing; (3) a review of opportunities for private sector

assistance to Child Survival health projects; and (4) a study of "lessons learned" from Child Survival projects, including recommendations for design of new projects.

Despite the large volume of consultant assignments in Ecuador, developing a working relationship with the USAID Mission in Quito has not been easy. An extraordinary amount of time and effort on PRITECH's part went into meeting the Mission's demands. PRITECH's efforts were complicated by a lack of clarity as to scopes of work, short deadlines, confusion on the matter of hiring local consultants, and confusion on all sides concerning the relative responsibilities of USAID/Quito and PRITECH.

Other Health Systems Support assignments in Latin America included an institutional analysis in the Dominican Republic of the Government's public health and social assistance programs. In Guatemala, PRITECH consultants provided technical assistance to the Ministry of Health training program in the areas of ORT and immunization.

Interregional assignments included a subcontract with Creative Associates, Inc. for preparation for the ICORT III conference. Additionally, PRITECH subcontractor PATH prepared a document on cost-savings of ORT for use at the ICORT III conference. The latter assignment was covered by a buy-in from PPC/PDPR.

The FVA buy-in to the PRITECH II contract was not activated until after the end of FY1; consequently there were no FVA assignments for Health Systems Support during FY1.

Health Systems Support has had considerable success in meeting its objectives for the first project year of PRITECH II. At the end of the year, program staff had been hired and successfully trained to manage consultants assignments. The PRITECH II MIS system for tracking assignment costs, person months and PIO/Ts was in place and operated by trained staff. The tracking of person months has proven to be difficult and is still being worked out; however, the system has successfully tracked financial information for the first project year in a variety of different formats.

A revised system for tracking consultants' reports has also been implemented after a review of previous tracking methods. The new system includes a deadline-triggered mechanism for the notification of consultants and Missions delinquent in submitting or reviewing reports.

Two objectives for the first year, consultant evaluation and the determination of regional funding levels, were postponed to the second project year in light of the unexpectedly large number of Health Systems Support assignments conducted in the first project year.

2. Current Status vis-a-vis PY1 Workplan

Planned Activity _____ Current Status

Overall for Project Year

- | | |
|--|------------|
| 1. Provide five person months of short-term technical assistance. | Completed. |
| 2. Determine regional funding levels by person months and costs. | Postponed. |
| 3. Begin operation of MIS system for tracking assignment costs, person months and PIO/Ts. | Completed. |
| 4. Implement management/administrative system for fielding consultants. | Completed. |
| 5. Review tracking of consultant reports system. | Completed. |
| 6. Expand computerized consultant registry, particularly in the area of child survival activities. | On-going. |
| 7. Conduct evaluation of consultants. | Postponed. |

First Quarter

- | | |
|---|------------|
| 1. Provide two person months of short-term technical assistance. | Completed. |
| 2. Design and test MIS system for tracking assignment costs, person months and PIO/Ts. | Completed. |
| 3. Hire and train Program Assistant on management/administrative system for fielding consultants. | Completed. |
| 4. Determine regional funding levels with regional bureaus and S&T/Health. | Postponed. |
| 5. Maintain consultant registry. | Completed. |

Second Quarter

1. Provide one person month of short-term technical assistance. Completed.
2. Implement MIS system for tracking assignment costs, person months and PIO/Ts. Completed.
3. Implement management/administrative system for fielding consultants. Completed.
4. Design evaluation forms for consultants. Postponed.
5. Maintain consultant registry. Completed.

Third Quarter

1. Provide one person month of short-term technical assistance. Completed.
2. Review MIS system. Completed.
3. Distribute evaluation forms for consultants. Postponed.
4. Review tracking of consultant reports system. Completed.
5. Maintain consultant registry. Completed.

Fourth Quarter

1. Provide one person month of short-term technical assistance. Completed, with an additional 10 pm provided.
2. If needed, revise tracking of consultant reports system. Completed-Tracking System revised.
3. Review consultants' evaluation forms system. Postponed.
4. Recruit for consultant registry. Ongoing.

IV. D. INFORMATION SUPPORT: PRITECH II
(See II.D. on page 25)

IV. E. PROJECT MANAGEMENT: PRITECH II

1. Overview and Summary of Planned Activity

During PY1 the project management component was concerned with resolving the range of critical start-up issues that are necessary for successful program implementation. Many, but not all of these were accomplished. We estimated that we would need \$488,000 to cover PY1 management costs composed entirely of the PRITECH II share of core salaries. We, in fact, needed \$556,000 for PY1. The additional amount reflects covering some PRITECH II core costs for the subcontracts and some PRITECH II management consultant costs that we had not anticipated.

2. Current Status

The following is a status report on PRITECH II workplan objectives:

- a. PRITECH will meet with regional and central bureaus to assess relative regional bureau priority and interest in the project.

These meetings were held during the first quarter of PY1.

- b. Based on the results of this assessment regional allocations of sustained, intermediate and ad hoc country CDD programs will be developed. Systems Support ceilings will also be developed and allocated to regional and central bureaus.

Preliminary regional allocations for sustained, intermittent, and ad hoc programs were developed and discussed with regional bureaus and S&T/Health. Based on our experience in PY1 a life of project plan has been developed to be presented to AID in the PY2 workplan.

Some preliminary discussions on Systems Support allocations were held. PRITECH will present a life-of-project proposal in the PY2 workplan for AID approval.

- c. Buy-in targets for each program category will be established for each regional and central bureau.

Preliminary discussions have been completed. Buy-in targets for each regional and central bureau will be presented as part of the PY2 workplan.

- d. PRITECH will collaborate and support AID in the first round of resource mobilization in support of the agreed PRITECH II plan.

Completed.

- e. An agreed country management strategy defining the roles of the country representative, senior program managers, program operations officer and the technical staff will be developed and agreed to.

Completed.

- f. Sub-contracts with the five PRITECH institutional collaborators will be executed.

Completed.

- g. The new financial reporting system to account to AID by PIO/T will be developed and made operational.

Completed.

- h. Alternate office locations for PRITECH II in the Rosslyn area will be explored. A lease for space for PY2-5 will be signed.

Alternate space options have been explored. We decided to defer a final decision on location until the new PRITECH director was on board.

- i. Revised PRITECH office management procedures will be developed and installed.

A management study was completed and a few office procedures were revised. We have held off on major changes pending a decision on office location and our continuation in shared office space.

- j. All headquarters staff for PRITECH II will be recruited and on board.

All headquarters staff - with the exception of one secretary position - is now recruited and on board.

- k. An agreed system for the management and distribution of project reports will be operational.

An agreed system has been developed. It will be fully operational in PY2.

- l. PRITECH's AID reporting requirement will be renegotiated. PRITECH will regularly provide AID with the agreed reports.

Discussions have taken place. PRITECH will review reporting requirements with the CTO and present our proposed changes in the PY2 project workplan.

- m. An overall plan for field supervision will be developed in collaboration with the program operations and technical staffs.

Completed.

- n. New field staff support procedures will be developed and implemented.

Completed.

- o. The second PY2 TAG meeting will be held.

S&T/Health proposed and PRITECH agreed to defer this meeting until mid-1989.

- p. An agreed DDC continuing education program for field and headquarters staff will be developed in collaboration with the technical and program operations staff and AID.

A number of continuing education activities have taken place but a full plan has not yet been prepared. This activity has been deferred to PY2.

APPENDICES

PRITECH II

Page No. 1
10/01/88

PRITECH II DISEASE CONTROL
ASSIGNMENT REPORT

TYPE	COUNTRY	DESCRIPTION	CONSULTANTS	TASK ASSN DATE	STARTING DATE	ENDING DATE	EST. PER. DAYS	EST. COST	FUNDING SOURCE
** -----ASSIGNMENT TYPE: ACP									
ACP	1 GUATEMALA	ASSESS INFORMATION CENTER	WHITE, K.	06/13/88	06/21/88	06/25/88	4	2116	CENTRAL FUNDS
ACP	2 GUATEMALA	REVIEW DIARRHEA EPIDEMIOLOGY	KEUSCH, G.	08/11/88	08/07/88	08/11/88	4	4600	CENTRAL FUNDS
ACP	3 GUATEMALA	T.A. TO INCAP EDUC/TRAIN.	BROWN, R.	06/23/88	07/11/88	08/08/88	19	10800	CENTRAL FUNDS
ACP	4 GUATEMALA	DIETARY MAN. OF DIARRHEA	BROWN, K.	07/08/88	08/01/88	08/09/88	7	6053	CENTRAL FUNDS
** -----ASSIGNMENT TYPE: ADG									
ADG	1 INTERREGIONAL	ASSIST WHO MEDED TEAM	NORTHRUP, R.	09/19/88	10/16/88	09/30/89	36	30000	CENTRAL FUNDS
** -----ASSIGNMENT TYPE: COM									
COM	1 INTERREGIONAL	PREPARE FOR PRITECH CONFERENCE	CAI CARP, C. CURLIN, P.	01/22/88	01/01/88	01/25/88	97	170000	CENTRAL FUNDS
COM	2 INTERREGIONAL	ICORT III LOGISTICS RESEARCH	CAI; DAVIS LOCKETT	03/31/88	03/20/88	03/31/88	3	496	CENTRAL FUNDS
** -----ASSIGNMENT TYPE: FOS									
FOS	1 INDONESIA	FIELD OFFICE SUPPORT		09/25/88	10/01/88	09/30/89	0	73723	USAID INDONESIA
** -----ASSIGNMENT TYPE: ICP									
ICP	1 ORANA	INTERIM FUNDING FOR ORANA		07/27/88	05/01/88	12/31/88	0	20876	CENTRAL FUNDS

PRITECH II DISEASE CONTROL
ASSIGNMENT REPORT

TYPE	COUNTRY	DESCRIPTION	CONSULTANTS	TASK ASSN DATE	STARTING DATE	ENDING DATE	EST. PER. DAYS	EST. COST	FUNDING SOURCE
** -----ASSIGNMENT TYPE: RAD									
RAD	1 INTERREGIONAL	WRITE PRITECH II CONFERENCE REPORTS	TWENTY CONSULTANTS	01/22/88	11/20/87	01/25/88	162	42942	CENTRAL FUNDS
RAD	2 INTERREGIONAL	DEVELOP PAHO/HEALTHCOM VIDEO	FRY, S. BLUM, D. NORTHRUP, R.	03/01/88	12/01/87	12/31/87	10	4300	CENTRAL FUNDS
RAD	3 INTERREGIONAL	PREPARE ORS PROTOCOLS	TOMARO, J. TSU, V. ELLIOT, T. FIELDS, R.	04/08/88	04/01/88	04/30/88	16	6509	CENTRAL FUNDS
RAD	4 INTERREGIONAL	PRODUCE FINAL STRATEGY PAPERS	ROBERTS, R.	07/27/88	08/01/88	08/31/88	18	11000	CENTRAL FUNDS
** -----ASSIGNMENT TYPE: STP									
STP	1 NIGERIA	DEVELOP PRITECH II STRATEGY PLAN	NORTHRUP, R. SCHLENDORF, J.	07/06/88	07/18/88	07/31/88	25	22000	CENTRAL FUNDS
STP	3 KENYA	STRATEGY ASSESSMENT	PRINS, A. BROWN, J. GRANT, D. SANTOSHAM, M. RASMUSON, M. ALDEN, J.	09/06/88	09/01/88	09/30/88	120	81300	CENTRAL FUNDS
STP	4 CHAD	STRATEGY VISIT CONDUCT SEMINAR	PRINS, A.	09/19/88	10/02/88	10/17/88	15	11000	CENTRAL FUNDS

PRITECH II DISEASE CONTROL
ASSIGNMENT REPORT

TYPE	COUNTRY	DESCRIPTION	CONSULTANTS	TASK ASSM DATE	STARTING DATE	ENDING DATE	EST. PER. DAYS	EST. COST	FUNDING SOURCE
STP	5 PAKISTAN	CONDUCT PRIVATE SECTOR WORKSHOPS	SAADE, C.	09/22/88	10/08/88	10/27/88	15	15021	CENTRAL FUNDS
** -----ASSIGNMENT TYPE: SUP									
SUP	1 MALI	DRS DISTRIBUTION STUDY	ROBERTS, R.	09/21/88	10/08/88	11/20/88	28	25000	USAID MALI
SUP	2 INDONESIA	PRITECH COUNTRY PROGRAM	EMMET, B. BATES, J.	09/27/88	10/01/88	09/30/89	338	226656	USAID INDONESIA

PRITECH II: Health Systems Support
ASSIGNMENT REPORT

TYPE	COUNTRY	DESCRIPTION	CONSULTANTS	TASK ASSN DATE	STARTING DATE	ENDING DATE	EST. PER. DAYS	EST. COST	FUNDING SOURCE
** -----ASSIGNMENT TYPE: HSS									
HSS	1 ECUADOR	DESIGN CHILD SURVIVAL STRATEGY	SMITH, B. & SMITH, M.	10/20/87	11/10/87	12/12/87	46	17500	LAC/REGION
HSS	2 DOMINICAN REP	INSTITUTIONAL ANALYSIS/SESPAS	SMITH, B. & BRIDWELL, D.	04/06/88	05/02/88	06/02/88	46	25000	LAC/REGION
HSS	3 ECUADOR	PUBLIC HEALTH FINANCING REVIEW	MOORE, R., PROANO, CANDAS, LEON	04/29/88	05/09/88	06/15/88	132	5532	LAC/REGION
HSS	4 ECUADOR	MORTALITY RISK OF DELIVERY & PRE-NATAL SERVICES	CRESPO	05/24/88	05/05/88	06/10/88	30	1350	LAC/REGION
HSS	5 ECUADOR	PRIVATE SECTOR STUDY	THOMAS, SACOTO, BUCHELI	06/07/88	06/12/88	07/10/88	48	16375	LAC/REGION
HSS	6 ECUADOR	REVIEW LESSONS LEARNED	AGUILAR, CALDERON, CRE SPD, ECKROD, ENCALADA, VANONI	06/27/88	07/13/88	08/25/88	125	21000	LAC/REGION
HSS	7 ECUADOR	SOCIAL SOUNDNESS ANALYSIS	PEDERSEM	07/01/88	07/06/88	07/22/88	14	6050	LAC/REGION
HSS	8 USA	ICORT III PREPARATION (CAI SUBCONTRACT)	DAVIS, LOCKETT	07/15/88	07/06/88	07/30/88	20	11683	S&T/ACTIVITIES
HSS	9 GUATEMALA	IMMUNIZATION AND ORT SERVICES FOR CHILD SURVIVAL	ENGE, HEWES-CALDERON	07/11/88	07/14/88	09/25/88	120	54438	LAC/REGION
HSS	10 ECUADOR	FIELD WORK FOR SOCIAL SOUNDNESS ANALYSIS	ESCOBAR	08/22/88	08/01/88	10/15/88	60	5500	LAC/REGION

PRITECH II Systems Support
ASSIGNMENT REPORT

TYPE	COUNTRY	DESCRIPTION	CONSULTANTS	TASK ASSN DATE	STARTING DATE	ENDING DATE	EST. PER. DAYS	EST. COST	FUNDING SOURCE
HSS	11 USA	PREPARATION OF ICORT III DOCUMENT	FABRICANT, FIELDS, TOMARD, THOMAS	08/23/88	09/01/88	10/15/89	85	47460	PPC/PDPR
HSS	12 USA	REVIEW BANGLADESH REPORT	KEUSCH	09/08/88	09/04/88	09/09/88	3	1300	S&T/ACTIVITIES
HSS	13 MALI	INTEG. OF HEALTH TRAINING FOR FAMILY HEALTH MANUAL	AUBEL	09/21/88	09/25/88	10/30/88	30	15228	S&T/S&T
HSS	14 PAKISTAN	BREASTFEEDING AND CHILD SURVIVAL WORKSHOPS	JELLIFFE, D., JELLIFFE E., MAYLOR	09/29/88	11/04/88	12/08/88	86	46605	ASIA/S&T
HSS	17 ECUADOR	PROVIDE INPUT FOR CHILD SURVIVAL STRATEGY	Moore	04/29/88	05/09/88	06/15/88	36	18000	LAC/REGION

APPENDIX E

PRITECH II

Level of Effort and Expenditures

9/1/87 - 9/30/88

<u>Tasks</u>	<u>Person Months</u>	<u>Costs</u>
I. <u>Program Development</u>		
Promotional	.03	309.05
Strategy	4.01	24,506.65
II. <u>Country Programs</u>		
Sustained		20
Intermittent		7,092.20
Ad Hoc	1.47	14,974.17
III. <u>Health Systems Support</u>	17.44	115,531.11
IV. <u>Information Services</u>		
Information Center		0
Conferences		
Sponsored (5)	3.16	126,061.56
Supported (30)		0
V. <u>Research and Development</u>	6.34	61,777.89
VI. <u>Advisory Groups</u>		0
VII. <u>Management</u>		
Project Management	42.95	576,775.61
Supervision/Country Programs		0
Evaluation Country Programs		0
TOTAL	75.4	\$927,048.24