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LAMPANG HEALTH DEVELOPMENT PROJECT
TENTH QUARTERLY PROGRESS REPORT

(January 1 thru March 31, 1977)

Introduction

Major efforts were made during this quarter to deal with a number of unresolved problems and incomplete project operations. Careful study was given to the support and supervision constraints associated with the community health volunteers, and more attention was given to management problems within the Project staff, and between the Project staff and the provincial health officials. At the same time, new steps were taken to more effectively involve the private sector. All of these efforts were considered crucial to project progress, because it has become apparent that if they are not dealt with effectively, success in the expanded six-district area of operations could be jeopardized.

Project Inputs

	Number in Training During Quarter	Total Number Trained (Cumulative)
Health Post Volunteers	22	283 (through April 28)
Health Communicators	398	3,258
Traditional Birth Attendants	-	171
Wechakorn	26 (Class II)	15 (Class I)

A. Volunteer Training and Deployment

During this quarter, 22 Health Post Volunteers and 398 Health Communicators completed training. This brings the total number of volunteers trained thus far to 283 Health Post Volunteers, 3,258 Health Communicators, and 171 Traditional Midwives (figures cover period through April 28), in the Project operational areas, including Hang Chat District. Most of the volunteers trained during this quarter came from Muang, Mae Moh, and Ko Kha districts, which are the first of the six E_2 districts to be covered.

At the same time, establishment of health coordinating committees in all villages of Muang, Mae Moh, and Ko Kha districts was completed, and volunteers have been selected for training.

With the responsibility for training now much increased, the staff of the Training Division cannot carry out actual training activities for all of the volunteer groups. As a result, two more groups of trainers were trained during the quarter, preparing a total of 70 health workers for the task of helping to carry out volunteer training activities. This is a strategy similar to the one now being planned by the Ministry of Public Health to implement expanded training of health volunteers in 20 provinces of the country. The Director of the Personnel Development Division, the Project Field Director, and other staff members have been invited to take part in MOPH-sponsored sessions on planning for training and deployment of community health volunteers in the 20 expansion provinces.

B. Wechakorn Training and Deployment

The second group of wechakorn was scheduled to complete their didactic phase during the end of this quarter, and since their number is quite large (26), planning sessions were held with hospital staff to determine the various rotations during the preceptorship phase. More use will be made of the district Medical and Health Centers (now called District Hospitals) than was made with the first group. Also, since subsequent wechakorn group will be predominantly midwives and sanitarians (all nurses selected will have completed their training), Project staff and outside advisors are working to modify the curriculum to meet the more homogenous level of these two groups.

C. Integrating Traditional Medicine

Project staff have for some time discussed the possibility of introducing Health Post Volunteer use of indigenous herbal medicines. Although the course of training for officially-sanctioned herbalists is quite long, it is thought that short-term training in the use of some of the more simple herbal medicines might be useful. The Project Director suggested that some volunteers might be given brief training in the use of some herbal medicines on a trial basis. As a result, Project staff arranged a meeting with representatives of herbalist in the community and with staff from the School of Traditional Medicine in Chiengmai to discuss possible ways of cooperation in training the health post volunteers.

D. Private Sector Involvement

As part of its effort to involve private sector practitioners in Project activities on a realistic basis, Project staff organized a meeting of representatives from private sector facilities, predominantly private clinics and drug stores, to find areas of cooperation of benefit to both sides. The meeting produced some general agreeemnts on cooperation, and a follow-up session was scheduled for April to work out the operational details. Suggested cooperative mechanisms were:

(1) Referral of more serious cases from both clinics and drug stores to Provincial Hospital.

(2) Training for some of the drug sellers.

(3) Notifying PCMO of reportable diseases.

E. Strengthening Management Practices

1. Community Health Volunteers. During the quarter, Mr. David Drucker, a Social Science Consultant from WHO, and Professor Nit Sammaphan, of NIDA, were invited by the Project Director to make an outside appraisal of current performance of the Project's Community Health Volunteer and village committee network. The consultants praised the progress that has been achieved thus far with the health volunteers, but observed some general problems that need attention immediately:

a. Many of the health communicators do not seem to play a very active role.

b. The nature, quality, and quantity of supervision and support of health post volunteers needs to be investigated.

c. Aside from assisting in the selection of the village volunteers, the Village Health Committees do not seem to be taking an active role in providing local support for the volunteers.

The consultants recommended that new attention be given to establishing a clearer role for the Health Communicators and for the Village Coordinating Committees. They also recommended that task-oriented training sessions be set up for village committee members to provide them with practical skills in managing and supporting volunteer and other development programs.

2. Village Coordinating Committees. At the meeting of the Provincial Executive Committee, which is chaired by the Governor and includes all district officers, it was recommended that Village Coordinating Committees be more closely linked to the Tambol Council, which would enable the local district officer and other officials to provide needed support and encourage committee activities. Some district officers felt that they had not been involved sufficiently, and felt that linking the village committee to the Tambol Council would be a more effective way to monitor, support, and coordinate village committee activities.

3. Project-Provincial Staff. In early February, Professor Nit Sammaphan of NIDA spent several days at the Project to continue his work with the senior staff in improving management and team-building. With most of the Project staff participating, Professor Nit summarized the feedback that had been gathered about the performance of each staff member. Staff members had been interviewed and had been asked to comment on the performance of their colleagues, and these were summarized into written data sheets for the group to review. These discussions brought many of the personnel problems out into the open, and constructive plans were laid out for making improvements.

F. Project Evaluation

During the early part of the quarter, senior faculty members at NIDA informed Project staff that they had held self-assessment meetings to try to overcome some of the past problems related to their performance in providing evaluative services to the LHDP. As a result, there has been a redistribution of NIDA staff assignments related to Project activity which is expected to result in more productive performance.

In early February, the Evaluation & Research Division staff began the Community Health Survey in the six districts of E_2. The Community Health Survey has been revised and now includes a nutrition component, which is an abbreviated version of the independent Nutrition & Dental Health Survey done earlier in Hang Chat. The Community Health Survey will cover over 2,600 households. Data collection for this survey employs a staff of about 20 persons, and will take about three months to complete.

Project staff have assisted in the development of a Performance Appraisal Methodology for primary health care volunteers (HPV's and Communicators) in cooperation with Professor Prapon Piyarat and his staff at Chulalongkorn University Medical School. Dr. Prapon has been asked by WHO to help the Ministry of Public Health develop a simple performance appraisal mechanism to evaluate the work of primary health care volunteers in the twenty provinces to which the Ministry is expanding this type of activity. Mr. Karl Skansig, of WHO, also acted as a consultant to Dr. Prapon's team.

After discussion with NIDA staff, it has been determined that all data from the E_1, C_1, and C_2 Community Health Survey will be available in the next quarter. Evaluation Division staff suggest that a Community Health Survey Preliminary Report will be available in July. At the same time, reports on Administrative Analysis and Cost and Task Analysis are currently being completed, and should be available about the same time.

Visits and Visitors

A. Early in January representatives of the Civil Service Commission visited the Project as part of their review of the request for increased salaries for wechakorn. To date, the Civil Service Commission has not yet approved the increased salary for the first group of wechakorn trained.

B. In January, Dr. Pricha Deesawasdi, the Project Field Director, travelled to India to take part in a meeting on primary health care.

C. Mr. Charles Gladson, Director of USOM/Thailand, and Mr. Chira Mekwichai, Chief of the AID Division of DTEC, visited the Project in late January for general familiarization purposes.

D. During February, Medex Tom Coles, of the Health Manpower Development Staff, University of Hawaii Medical School, requested permission to visit the Project to observe progress that has taken place in the wechakorn program. Since no member of the HMDS group had visited the Project in over a year and a half, they were interested in reviewing the Lampang experience with wechakorn as a part of their process of revising and developing their approaches for other countries. At the same time Medex Coles shared new HMDS materials with the Project staff.

E. Mr. Kukielka, from WHO, visited the Project on February 7.

F. Dr. J.D. Vervoorn and Dr. L.M. Serpenti, both associated with the health project in Solo, Indonesia, visited the Project to compare experiences with Project staff.

G. In mid-February, Dr. Irwin Hornstein, from the Nutrition Division, AID/TA/Health, visited the Project to study various nutrition activities in which the Project is involved (see attached report).

H. Mr. Tom Harriman, of AID/Population/Thailand, and Mr. Larry Oritolla, an AID Auditor, along with Mr. Karoon of USOM/Thailand, visited the Project to review population and family planning activities that are related to Project.

I. In early March, Mr. Vernon Scott, Population Officer for USOM/Thailand, and a UNICEF team, composed of Mr. Roberto Esquerra-Berry, Regional Director for East Asia and Pakistan, Mrs. Suchada Saengsingkeo of UNICEF/Thailand, Mr. Michael Park, UNICEF/Korea Program Officer, and Mr. Song Kyu Chun, Chief Home Improvement Division, Office of Rural Development/Korea, visited the Project as part of their planning for similar types of projects in Korea.

J. A group of doctors and medical students from Ramathibodi Faculty of Medicine, Mahidol University, Bangkok, visited the Project in March.

K. Mr. Fred Arnold from the East-West Center in Hawaii, Mr. Allois Kuhner from WHO/Geneva, and Dr. Yawaraj from the Faculty of Public Health in Bangkok visited the Project in March to hold discussions with Project staff on evaluation methodology which centered on deriving demographic and vital events data.

L. In March, Dr. Yonglarb, Provincial Chief Medical Officer, Dr. Somboon, Project Director, and Drs. Wilson and Jumroon, University of Hawaii Staff, travelled to Kuala Lumpur to take part in a meeting concerned with integration of family planning, nutrition, and parasite control in health services, sponsored by IGCC, the Regional Organization for Intergovernmental Cooperation and Coordination in Population and Family Planning in Southeast Asia.

Problems Encountered

While Project staff and collaborators have taken positive action to resolve the problems reported earlier, another problem emerged which was humerously alluded to by the Regional UNICEF Director, Mr. Roberto Esquerra-Berry, when he visited the Project with several other visitors and remarked, "one of the major problem which must always be addressed by community health projects is the problem of visitors!" The Lampang Project is receiving increasing numbers of visitors, averaging one group per week with each group staying about two days. As the number of visitors increases, there is a proportionate decrease in the time available for key staff to work on project implementation.

Conclusion

The problem of increasing numbers of visitors and other administrative matters will be addressed at the LHDP Semiannual Review scheduled to be held at the University of Hawaii, April 13-14, 1977.

While the Project is still giving attention to the strengthening of management practices in the first intervention area, the E_1 district of Hang Chat, most Project effort is now directed towards expanding interventions to the six additional E_2 districts which include the southern half of Lampang Province and the capital district.

Signed:

Dr. Pricha Desawasdi, Field Director

Dr. Ronald G. Wilson, Associate Field Director and U.S. Counterpart

REPORT OF EVALUATION BOARD MEETING NO. 29

FEBRUARY 21, 1977

1. The minutes of the January 10th Meeting were reviewed and minor modifications made.

2. Dr. Titaya discussed general plans for the Administrative Analysis, and said that further detailed planning and staff assignments will be made after the first round report is completed. Dr. Titaya informed the Board that the Research Institute has expressed willingness to take overall responsibility for the Administrative Analysis in principle, and the details remain to be worked out. Dr. Titaya further requested that all Board members review the Pensri/Snit reports on the first round Administrative Analysis and provide him with written comments and suggestions by March 18 so the reports can be revised and distributed.

3. Dr. Prachoom informed the Board that the Faculty of the Applied Statistics as a whole will not take responsibility for cost/task analysis, since this would tend to expand participation, which would be less useful to the Project. Therefore, a committee within the faculty will take responsibility for the cost/task analysis. The committee is made up of four members: Dr. Prachoom, Dr. Anumongkol, Dr. Nikorn, and Ajarn Upatham, with Dr. Prachoom as the spokesman for the group and standing member of the Evaluation Board.

Dr. Prachoom also distributed his written proposals for both Cost and Task Analysis that may be carried out in the E_2 area, and Board members commented on these proposals.

Ajarn Suchin also joined the Board Meeting to discuss progress on the first round cost/task analysis report. At the request of the Board, Ajarn Suchin agreed to distribute his written report to the Board members before March 18.

4. Dr. Titaya distributed his proposal for studying the performance of the various community committees associated with project interventions. The proposal covered all committees from the provincial advisory group down to village coordinating committees. However, it was observed that the current functioning of the provincial and district level advisory committees has been minimal, and would offer a little material for systematic study. Therefore, the Board requested that Dr. Titaya limit his study to the tambol and village level committees. The request was accepted and Dr. Titaya agreed to present a modified proposal in the next Board meeting.

List of members attending:

1) Dr. Pien Chiowanich
2) Dr. Prachoom Suwattee
3) Dr. Titaya Suvanajata
4) Dr. Pradith Siddhichai
5) Dr. Ronald Wilson
6) Dr. Jumroon Mikhanorm
7) Mr. John Rogosch

REPORT OF EVALUATION BOARD MEETING NO. 30

MARCH 18, 1977

1. The minutes of the February 21 meeting were reviewed and minor modifications made as follows:

a. In item 2, line 4, the text should be changed to read "Research Center", instead of "Research Institute".

b. The last sentence of item 4, reading "The request....next Board Meeting." should be deleted.

2. Dr. Titaya reported on his proposal to study the village committees organized at all levels. After reading the report of David Drucker, Dr. Titaya suggested that his study be undertaken after the various changes in the committee structure and performance are introduced.

3. Administrative Analysis. Dr. Titaya stated that after receiving the comments of the Board members, a revised report on the first round of the Administrative Analysis would be completed sometime in May, 1977. The subsequent schedule of events for administrative analysis includes the non-participant observation at the provincial and district levels in Hang Chat in July, 1977. After some discussion, it was also suggested that the follow-up study of change in the E_1 area should not be done immediately, but should be carried out after complete project implementation, sometime after 1979. It was also suggested that data collection in the E_2 area should begin as soon as possible, but because of the field interviewers current engagement in other survey activities, this probably will not possible till near the end of 1977.

4. Following Dr. Titaya's request, the Board members presented their written comments on the Administrative Analysis Reports of Dr. Sanit and Professor Pensri. The comments are summarized as follows:

a. The report, which in actuality is two separate reports, is not integrated. The two parts may be compatible, but this would have to be arranged between the two writers.

b. The two-part report appears to be a preliminary draft, rather than a finished report. There is no introduction or outline of the study, objectives, and there is no summary of concepts, nor of the methodologies of data collection and analysis. There are some sample results presented, but no general description of the population sampled. The general comment was that the report of such a research study must be complete enough so that any outside reader can understand what was undertaken and what the results were.

c. It was also suggested that the study should focus on the pre-program existing administrative relationships, responsibilities, and problems, and then measure the changes after program interventions have been introduced.

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d. A number of questions were raised concerning the tabular presentation in both parts I and II. Some of the sample sizes indicated as "N" are not really the sample size, but are sub-samples of the total sample. The percentages then used are really not percentages of the sample, but percentages of the sub-sample. If the percentages of the total sample were actually indicated in the tabular presentation, the results would often be insignificantly small. Also, at times, conclusions are made without a notation of data presented to substantiate the conclusion. In several cases, a corelation relationship is mentioned, but no corelation coefficient is specified.

e. The general conclusion of the Board was that it appears that some of data need to be reanalyzed, and that the two authors need to join their presentation and findings into one complete report. Board members are willing to assist in any way possible.

5. Dr. Prachoom reported he and his staff will be travelling to Lampang the week of March 21 to begin preliminary work on the next round of Cost and Task Analysis. He requested that Ajarn Upatham's report of cost and task analysis in the hospital be reviewed and comments presented at the next meeting.

The Board observed that Ajarn Suchin had not presented his written report for the cost and task analysis, which he had promised for March 18th meeting. Dr. Pien therefore stated that he planned to write a formal letter to Ajarn Suchin requesting his report and all data collected, and that a copy would be sent to Dr. Prachoom, Dean of the Faculty of Applied Statistic, and to the Rector of NIDA.

6. Board members agreed that all components head should sent their final reports to the Board before the end of July, 1977. Reviews of the preliminary drafts will be scheduled at the forthcoming Board meetings before that date. Dr. Pradith suggested that the Community Health Survey report for E_1 will be completed by approximately May 30.

The next Board Meeting was scheduled tentatively for April 22.

List of members attending:
1) Dr. Pien Chiowanich
2) Dr. Prachoom Suwattee
3) Dr. Titaya Suvanajata
4) Dr. Pradith Siddhichai
5) Dr. Chaichana Suvanavejh
6) Mr. John Rogosch

REPORT OF EVALUATION BOARD MEETING NO. 28

JANUARY 10, 1977

After reviewing the minutes of the last meeting, the Board members discussed the items on the agenda.

1. Administrative Analysis. Professor Titaya informed the group that Ajarn Pensri will be withdrawing from the Administrative Analysis and that further activities will be carried out by either Dr. Titaya or Dr. Snit and their staffs. Dr. Titaya also stated that the preliminary reports from the first round of the administrative analysis need to be reviewed and revised, after which they will be presented to the Board for approval.

Dr. Titaya also mentioned that from experience in the first round of the administrative analysis, it appears that the structured interviews used with the government officials involved in the Project were not as effective as non-structured interviews. Therefore, in the next round unstructured interviews will be used for this group.

The next round of data collection in both the E_1 and E_2 areas was discussed, and a rough schedule of operations was laid out. The first step to be taken is that Dr. Titaya and Dr. Snit will carry out the non-participant observation component of the administrative analysis.

2. Dr. Pien informed the group that Ajarn Nit Sammapan of NIDA and Mr. David Drucker of WHO are currently studying the role of the village health volunteers and the various committees. However, Dr. Pien felt that their approach is probably not systematic, and suggested that perhaps Professor Titaya might want to undertake a more systematic evaluation of the community committees' function and role. Professor Titaya agreed that this would interest him, and he will prepare proposal and look for potential field staff to work with the Project. The proposal, he suggested, will cover five areas: information about the project, role perception of the committees, their commitment, their influence on the direction of volunteer work, and the support activities they provide. Their roles as committee members in other voluntary work should be also studied. This proposal will be reviewed at the next meeting.

3. Cost and Task Analysis. Since Mr. Suchin is no longer going to be running the cost and task analysis, the question was raised concerning who might carry out the study in the future. One suggestion was that Ajarn Upatham, who is currently doing the cost and task data collection in the hospital, extend his activities to cover the rural segments also. However, Dr. Prachoom informed the group that although he is sure Ajarn Upatham would be willing to begin that work, there is a very high probability that Ajarn Upatham will be leaving the latter part of the year to continue graduate study in the United States. The question then was whether it would be wise to have Ajarn Upatham begin the work now and then have to turn over to someone else in the near future, or whether it would be better to find the new person now who

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could carry the work on throughout the rest of the project. After some discussion, one suggestion was raised: It was suggested that Dr. Prachoom's faculty as a group take responsibility for cost and task analysis, and that the responsibility be shared between various members of the staff according to their skills and time available. Therefore, if someone were to leave, there still would be overall responsibility within the faculty, and they could handle continued operations. Similarly, it was suggested that the NIDA Research Institute (headed by Dr. Titaya) should consider Administrative Analysis as its responsibility.

The meeting was closed and February 21 as the tentative date for the next Board meeting.

February 16, 1977

TO : Dr. Somboon Vachrotai, Lampang Project Director, MOPH

FROM : Irwin Hornstein, Deputy Director, Office of Nutrition, AID/W

SUBJECT: "Nutrition" in Lampang (DEIDS) Project

One of the recommendations of the second annual review of the Lampang Project (DEIDS Thailand) was that a staff member of the Office of Nutrition, AID, visit the Project to review the nutrition aspects of Project. My visit is in response to that recommendation.

On my arrival I met in a group session with Dr. Wilson, Mr. Rogosch, Dr. Pricha, Dr. Choomnoom, Dr. Pien and Dr. Amnuey. Dr. Pricha described the Project, and a training/orientation film of the Lampang Project was shown. In subsequent discussions I was briefed on the major nutrition efforts underway. These included the following:

(1) A Food Habits and Nutritional Status Survey

(2) A Child Weighing Program

(3) Child Feeding Stations

Both (2) and (3) include nutrition education arrangements.

I also had an opportunity to visit a child feeding station; the home of a health post volunteer where children were being weighed and their height measured; a well established Child Nutrition Center; a relatively new (1 year) Day Care Center and two subdistrict health centers. Nutrition Education is a component in all of these programs.

All of the above programs with the exception of the Child Nutrition Centers are new and will probably require some modification with time.

The following paragraphs contain several specific comments concerning the ongoing "nutrition program" and some general suggestions that may be appropriate.

Specific Comments

1. Food Habits & Nutritional Status Survey. The second Food Habits Survey is being conducted in six additional districts as a sub-component of the Community Health Survey (CHS). A sample of approximately 2,700 households is included in the study. The survey consists of a food consumption survey and a nutritional status survey. In order to carry out the nutritional status part of the survey, two teams are currently in the field. Each team consists of two data collectors (twelfth grade education) and one nurse-nutritionist acting as supervisor. The data collectors have been taught to take age, height, and weight data and to recognize clinical signs of nutrient deficiencies. In the interest of cost, simplicity and rapidity, no laboratory measurements are now being made. This last decision should be reconsidered. Iron deficiency anemia and parasites are major problems. Their magnitude and distribution should be determined. The entire child population need not be sampled. For example,

every fifth child could be checked for hemoglobin/hematocrit and parasites. Perhaps the MALAN Center at Chiengmai could help in the laboratory work.

Since clinical signs will be used to detect nutrient deficiencies and the judgements are to be made by relatively inexperienced observers, it would be useful to have a physician (or other highly skilled individual) spot check those identified as normal and those considered as exhibiting clinical signs of nutrient deficiencies. These spot checks will help to assure that the system developed is operating satisfactorily. Spot-checking of height and weight recording should also prove useful.

2. Weighing of Children (Nutrition Monitoring). This activity is just beginning at the weighing location we visited. A Detecto beam balance scale was being used for weighings. It is my understanding that one of these scales is available at the health sub-center (on the average one scale for every 11 villages). This is recognized as being unsuitable, and the suggestion has been made that a "butcher balance" scale be used. This latter scale is similar to the type being used in the Philippines, and with some slight modifications, should prove adequate. The modifications could include the following:

a. The zero balance should be adjustable

b. The long arm of the balance should be made of metal

c. The hanging weight should be replaced by a weight that can slide along a notched arm

d. The "hook" should be replaced by some safer device.

3. The use of mass media should be seriously considered. Apparently both TV and radio are available and stations are government-owned. It should be possible to arrange for 1-2 minute spots several times a day. Posters could be utilized, etc. to convey specific nutrition messages. The nature of the message will depend on the results of current surveys. These messages could be used to change weaning habits, modify food consumption patterns, etc. They would supplement the more formal and personalized nutrition education programs that will be undertaken.

4. A final specific recommendation: Before too far along in the program, it may be useful for two-three of the key nutrition personnel to visit the Philippines where a comprehensive nutrition program is being launched. It should be useful to see the types of program that are actually underway.

General Comments

1. The key element in developing the nutrition program of the Lampang Project should be the weighing of all children aged 0-6. Weight-for-age can serve as a fairly reliable indicator of nutritional status. By comparison with a "country" or other appropriate standard, children can be grouped as normal, 1st, 2nd or 3rd degree malnutrition (Gomez Scale).

The weighing program will identify families and villages where 2nd and 3rd degree malnutrition are prevalent. These families and villages should receive priority attention.

The mother in this family could be given special instruction on how to provide calories and proteins from the family meal (e.g., rice, sugar, oil for calories; fish, bean, meat for protein). Food could be made available not only from family resources but through local government assistance and donated foods.

2. Weaning practices should receive special attention. It should be emphasized that supplementary feeding should be started at 4-6 months with introduction of small amounts of vegetables, soups with fish or meat, selected from foods commonly used.

3. Nutrition education can play a key role in modifying food behavior patterns. Both personal contacts and mass media can be used to supplement each other.

4. Periodic measurements of weight-for-age and weight-for-height can serve as a useful overall index for evaluating the effectiveness of the healthy nutrition program over time.

5. Specific intervention programs will require a careful assessment of the causes of malnutrition, and an inventory of available resources at the community level that can be utilized to implement programs.

6. As a result of our conversation at the end of my visit to Lampang, the following action will be undertaken:

a. I will urge APHA & TA/H to arrange for 3 members of the project to visit the Philippines to observe at first hand the nutrition program being implemented. A preferred time will be mid-May when Dr. Somboon will be in the Philippines.

b. I will explore the possibility of having Food For Peace provide Title II commodities for the Lampang Project and on a national basis. It is recognized that this effort may be non-productive.

c. The Brady Crop Cooker for producing low-cost food supplements may be a useful technology to explore. I will discuss this with Dr. Amorn of Kasetsart University and literature will be supplied to Dr. Amorn and Dr. Somboon.

d. If the impact of the nutrition inputs into the program is to be evaluated, this should be built into the program initially. One possibility is to divide one area e.g. (E_2) into 3 sections: (i) receives nutrition inputs only; (ii) receives health inputs only; and (iii) receives the full program.

e. Should assistance be required to develop the nutrition education program. TA/H will explore, if requested, to supply that assistance.