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PA-1135-840

DETAILED PREPARATIONS FOR A WHO/US
AGENCY FOR INTERNATIONAL DEVELOPMENT (REACH)
WORKSHOP FOR ACCELERATED CONTROL
OF NEONATAL TETANUS

MARCH 1988

Resources for
Child Health
Project

REACH



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PA-NEE-840

ISA 63746

Detailed Preparations for a WHO/US Agency for
International Development (REACH) Workshop for
Accelerated Control of Neonatal Tetanus

4 - 14 March 1988

Brazzaville, Congo
Geneva, Switzerland

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AID Contract no.: DPE-5927-C-00-5068-00

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GLOSSARY

AFRO	WHO Regional Office for Africa
AMREF	African Medical Research and Education Foundation
AID	Agency for International Development
CCCD	Combatting Childhood Communicable Diseases
CDC	Centers for Disease Control
CS	Child Survival
EPI	Expanded Program on Immunization
GAG	Global Advisory Group
HQ	Headquarters
KAP	Knowledge, Attitude and Practice
MCH	Maternal and Child Health
MOH	Ministry of Health
NT	Neonatal Tetanus
PHA	Public Health Association
REACH	Resources for Child Health Project
SRHDO	Sub-regional Health Development Office
ST TA	Short-term Technical Assistance
STC	Short-term Consultant
TBA	Traditional Birth Attendant
TDY	Temporary Duty Assignment
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WR	WHO Representative

I. Executive Summary

Although NT is the second leading cause of child death among the six EPI-target diseases and kills an estimated 310,000 infants annually in Africa alone, its control has been neglected relative to the other immuno-preventable diseases and relative to an available safe, efficacious and inexpensive heat-stable vaccine.

To accelerate NT control in Africa, AFRO plans to conduct five NT workshops--two of each for English and French-speaking countries and one for Portuguese-speaking countries. WHO/AFRO turned to REACH for technical and financial support in conducting the first workshop in Harare, Zimbabwe from 18-25 July 1988.

This report details the results of technical, administrative and financial discussions and negotiations that this consultant undertook with WHO in Brazzaville and Geneva.

Key Findings

A WHO/US Agency for International Development (REACH) Workshop for Accelerated Control of Neonatal Tetanus will be conducted in Harare, Zimbabwe from 18-25 July, 1988. Each of 9 English-speaking countries (Ethiopia, the Gambia, Ghana, Liberia, Nigeria, Sierra Leone, Tanzania, Zambia, Zimbabwe) will be invited by AFRO on behalf of AFRO/REACH to send three national participants--national EPI manager, MCH focal point, and Senior Epidemiologist. Additionally, the most suitable representative of an external agency in each country will be invited to participate at the workshop and in NT control activities.

An outline of the workshop appears in Annex 3, giving the general and specific objectives; provisional agenda in outline; participating countries and category of participants; methods; agencies provisionally providing resource persons/facilitators and observers; and source and amount of funds. Methodologies will be taught for NT surveillance, monitoring, and special studies. Detailed action plans (including designing surveys, monitoring forms, etc.) will be elaborated in country-specific working groups covering all aspects of NT control.

REACH will be responsible for travel and per diem for only the national participants from all countries except Zimbabwe. WHO will cover travel, per diem and stipends for national facilitators and travel and per diem for participants from Zimbabwe. Direct costs are split evenly between WHO and REACH, with REACH responsible for printing the workshop proceedings and WHO responsible for providing all background documents.

REACH will provide three full-time and one part-time resource person/facilitators, one administrative associate, and one professional trainer to conduct the pre-workshop facilitators' meeting and guide the workshop itself. WHO will provide three resource persons/facilitators from Geneva, and two technical and two administrative staff from their Harare Sub-Regional Health Development Office. Most administrative details will be handled by WHO.

Key Recommendations

1. AID through REACH should collaborate with WHO/AFRO in conducting a Workshop on Accelerated Control of Neonatal Tetanus in Harare, Zimbabwe from 18-25 July 1988 for participants from nine English-speaking African countries.
2. The workshop should qualify contractually as a REACH-organized workshop, given the level of REACH technical, financial and administrative support.

II. Acknowledgments

The excellent preparatory work performed by WHO colleagues, particularly Dr. Francois Gasse (Medical Officer, EPI, WHO/Geneva) and Dr. Levon Arevshatian (Medical Officer, EPI, WHO/AFRO) smoothed the way for this consultancy. This consultant also wishes to acknowledge the helpful assistance provided by Mr. Lahouari Belgharbi (Administrative Officer, EPI, WHO/AFRO).

III. Purpose of Visit

AID agreed to AFRO's request for REACH assistance in the first of five neonatal tetanus (NT) workshops, which will be conducted for nine English-speaking countries in Harare, Zimbabwe from 18-25 July 1988. The purpose of this TDY was to collaborate with AFRO to discuss the nature and extent of REACH financial and administrative support and to provide technical assistance on the workshop design in terms of:

- preparing workshop objectives;
- designing workshop procedures;
- preparing a workshop agenda;
- defining working and background documents;
- preparing an advance list of data/information to be requested from participants; and
- writing guidelines for monitoring immunization coverage of women.

IV. Background

This TDY grew out of discussions that Dr. N. Hirschhorn (REACH Project Director) and Dr. P. Claquin (REACH EPI Associate Director) had with Dr. L. Arevshatian of the WHO Regional Office for Africa during the Kenya EPI Managers Meeting in Nairobi in October, 1987. AFRO requested REACH technical and financial support for neonatal tetanus (NT) control in Africa.

Although NT is the second leading cause of child death among the six EPI-target diseases and kills an estimated 310,000 infants annually in Africa alone, its control has been neglected relative to the other immuno-preventable diseases and relative to an available safe, efficacious and inexpensive heat-stable vaccine.

To accelerate NT control in Africa, AFRO plans to conduct five NT workshops--two each for English and French-speaking countries and one for Portuguese-speaking countries. A list prepared by AFRO of the participating countries, venue, proposed dates and expected funding of each workshop appears in Annex 2. (The dates have since undergone revision.) Every USAID-assisted country in Africa is included to participate in the workshops with the exception of South Africa and of three African countries (Sudan, Somalia, Djibouti) which administratively fall under the WHO Eastern Mediterranean Region. This consultant has entered on Annex II next to each country its status as either an AID "child survival" country (AID-CS), an "AID African Child Survival Initiative--Combatting Childhood Communicable Diseases country" (AID-CCCD), or a country not receiving AID assistance (non-AID).

Planning for the WHO/US Agency for International Development (REACH) Workshop for Accelerated Control of Neonatal Tetanus began prior to this TDY. Dr. F. Gasse (EPI Medical Officer, WHO/Geneva) had already prepared some draft materials including workshop objectives, agenda, format for country presentations, list of background materials and a list of possible facilitators. In addition, Dr. L. Arevshatian (EPI Medical Officer, WHO/AFRO) had prepared a draft invitation letter to the local WHO offices and had sent a telex to the WHO office in Zimbabwe concerning logistic arrangements. All the above drafts needed review and revision during this TDY. As respective schedules did not permit a meeting with Dr. Gasse in Brazzaville, this consultant stopped in Geneva on the return from Brazzaville to brief and collaborate with WHO/Geneva EPI staff.

V. Trip Activities

Technical, administrative and financial discussions and negotiations were held in both WHO/AFRO and in WHO/Geneva.

VI. Results/Conclusions

A WHO/US Agency for International Development (REACH) Workshop for Accelerated Control of Neonatal Tetanus will be conducted in Harare, Zimbabwe from 18-25 July 1988. Each of 9 English-speaking countries (Ethiopia, the Gambia, Ghana, Liberia, Nigeria, Sierra Leone, Tanzania, Zambia, Zimbabwe) will be invited by AFRO on behalf of AFRO/REACH to send three national participants--national EPI manager, MCH focal point, and Senior Epidemiologist. Additionally, the most suitable representative of an external agency in each country will be invited to participate at the workshop and in NT control activities.

An outline of the workshop appears in Annex 3, giving the general and specific objectives; provisional agenda in outline; participating countries and category of participants; methods; agencies provisionally providing resource persons/facilitators and observers; and source and amount of funds. Methodologies will be taught for NT surveillance, monitoring, and special studies, using case studies whenever possible. Detailed action plans (including designing surveys, monitoring forms, etc.) will be elaborated in country-specific working groups covering all aspects of NT control.

A detailed provisional agenda appears in Annex 4. Eight distinct sessions will be conducted over seven working days. A tentative schedule of presentations in plenary and names of presenters is given in Annex 5. Background documents are listed in Annex 6.

A matrix to guide the working groups in each session to assess the situation, identify problems and their solutions, and prepare a detailed action plan (by objective, activity, inputs, responsibility, schedule, and output indicators) appears in Annex 7. Specific "charges" will be prepared for each working group and a sample matrix will be filled in advance for use by each group. A post-workshop checklist for implementing the action plan for prevention of NT through immunization appears in Annex 8.

A tentative list of resource persons/facilitators and observers appears in Annex 9. Their attendance in all cases is subject to confirmation. A 4-day pre-workshop facilitators meeting will be held 13-16 July with the guidance of a professional trainer, who will be present throughout the workshop to facilitate the learning process.

Invitation letters were prepared for local WHO offices for transmittal of contents to the Governments and for proposed resource persons, facilitators and observers and were modified to fit the particular circumstances. A sample draft invitation letter appropriate for seven local WHO offices appears as Annex 10, and includes three attachments (provisional agenda; demographic, epidemiological and health services data; and country presentation format).

The budget for the workshop, broken down into WHO and REACH portions, is given in Annex 11. REACH will cover approximately \$60,000 of the \$77,468 total cost. Major costs not included in the budget are WHO, REACH and other agency administrative and technical staff at headquarters and in Harare who will devote time to the workshop.

REACH will pick up the following pieces: travel and per diem (at USAID rates) of only the national participants from all countries except Zimbabwe. WHO will cover travel, per diem and stipends for national facilitators and travel and per diem for participants from Zimbabwe. Direct costs are split evenly between WHO and REACH, with REACH responsible for printing the workshop proceedings and WHO responsible for providing all background documents.

REACH will provide three full-time and one part-time resource persons/facilitators, one professional trainer, and one administrative associate, while WHO will provide three resource persons/facilitators from Geneva, and two technical and two administrative staff from their Harare Sub-Regional Health Development Office.

External agencies will pay all costs of their own staff who will attend as resource persons, facilitators, observers, or country-designated participants.

Most administrative details will be handled by WHO and include hotel bookings; arranging meeting rooms; providing airport/hotel/airport travel in Harare; arranging secretarial support, office equipment and stationery; re-confirming travel reservations (along with the REACH administrative associate); organizing the opening and closing ceremonies and arranging media coverage.

Through a travel agent of their choice, REACH will make flight bookings for the national participants and either wire the tickets to the carriers in the respective countries or send the tickets by DHL to the local WHO office for distribution. Only full economy tickets are available for the West African participants. Excursion tickets (minimum 7 days) can be provided to participants on direct flights from Ethiopia, Zambia, and Tanzania for from half to two-thirds the cost of full-economy tickets.

As presently routed (see Annex 11), all participants will be able to obtain any visas, if needed, in their own countries. Visa availability should be considered in any change of routing. Nairobi is considered the best transit point, rather than Ethiopia (for example), because of cost factors and easy availability of transit visas.

This consultant was informed by the AFRO travel agent (HEVAS), which quoted the published fares appearing in the budget, that American carriers are not available at all and also that carriers in Africa do not provide hotel accommodations for transiting passengers. HEVAS was unaware of any single travel agent who could provide unpublished cheaper fares.

All the above travel information should be confirmed by REACH staff. Also consideration will need to be given as to the best routes. The most direct route may cost more in terms of per diem for 3 or 4 day transit layovers (not to mention the inconvenience) than the added cost of indirect routings. For example, participants from the Gambia will probably need to be routed through Dakar, Senegal (overland or by air). Connections between West and East Africa are irregular, which explains the many days of transit estimated in the budget for per diem payments.

Discussions were held with the AFRO budget and finance officer regarding the use of local WHO offices as a conduit for REACH per diem advances and post-workshop final settlements. The only condition under which WHO was prepared to waive its usual 13% overhead charge on processing per diem payments was if REACH could deposit funds in a WHO account and authorize WHO to send unsigned travelers check to the participants through pouches to their local offices. As neither the 13% overhead fee nor the sending of unsigned travelers checks is an acceptable solution, REACH will continue to explore other possibilities. Any currency exchange restrictions in force in these countries will need to be considered. Per Diem advances will not be paid.

Since AID requirements governing per diem are substantially different from those of WHO and are foreign to the participants, the involvement of a REACH administrative associate at the workshop will be especially useful. For payment of per diem in Harare, REACH will need to explore the various possibilities and exchange regulations in Zimbabwe.

Other discussions in AFRO concerned the first French-speaking NT workshop. It will take place tentatively in mid-September in Cotonou, Benin. AFRO is interested to have REACH provide two facilitators.

VII. Recommendations

1. REACH should collaborate with WHO/AFRO in conducting a Workshop on Accelerated Control of Neonatal Tetanus in Harare, Zimbabwe from 18-25 July 1988 for participants from nine English-speaking African countries.
2. The workshop should qualify contractually as a REACH-organized workshop, given the level of REACH technical, financial and administrative support.

VIII. Follow-up Action Required

Required follow-up actions, specified by REACH, AFRO, or WHO/Geneva appear as Annex 12.

The following actions are additionally required by REACH:

- decide most appropriate methods of paying per diem in Harare and finalizing post-workshop travel expenses;
- telex AFRO that REACH is willing to send two facilitators to the French-speaking NT Workshop in Cotonou; and
- telex USAID in all participating countries to inform them of the NT workshop and that a single external agency in each country will be invited to provide one representative at the workshop to participate with the country team in elaborating detailed plans of action for NT control. Costs are to be borne by the external agency.

ANNEX 1

Persons and Places Visited

Persons Visited

Dr. Levon Arevshatian
EPI Medical Officer, WHO/AFRO
Brazzaville, Congo

Mr. Lahouari Belgharbi
EPI Administrative Officer, WHO/AFRO
Brazzaville, Congo

Mr. Niels Walloe-Meyer
Budget and Finance Officer, WHO/AFRO
Brazzaville, Congo

Mr. C.N. Kaul
Budget Officer, WHO/AFRO
Brazzaville, Congo

Dr. Francois Gasse
EPI Medical Officer, WHO/HQ
Geneva, Switzerland

Places Visited

WHO Regional Office for Africa
Brazzaville, Congo

WHO
Geneva, Switzerland

ANNEX 2
WHO/AFRO PLAN

Key

Country Status:

AID(CS) = 1

AID(CCCD) = 2

AID(neither CS or CCCD) = 3

non AID = 4

NEONATAL TETANUS WORKSHOPS FOR ENGLISH, FRENCH AND PORTUGUESE

SPEAKING COUNTRIES - 1988/89

English speaking Workshop - I	English speaking Workshop - II	French speaking Workshop - I	French speaking Workshop - II	Portuguese speaking Workshop
<p>Nigeria* 1,2 Ghana* 3 Sierra Leone* 3 Liberia* 2 Gambia* 3 Zimbabwe* 3 Ethiopia* 3 Tanzania* 3 Zambia* 3</p> <p><u>9 countries</u></p> <p><u>Proposed venue :</u></p> <p>1. Harare, Zimbabwe 2. Addis Ababa, Ethiopia</p> <p><u>Proposed dates</u></p> <p>9 - 16 May 1988</p> <p>Funding : expected REACH</p>	<p>Kenya 1 Swaziland* 2 Mauritius* 4 Lesotho* 2 Botswana 3 Malawi 1,2 Seychelles 4 Uganda* 3</p> <p><u>8 countries</u></p> <p><u>Proposed venue :</u></p> <p>1. Lilongwe, Malawi 2. Maseru, Lesotho</p> <p><u>Proposed dates :</u></p> <p>1st Quarter 1989</p> <p>Funding : expected Canada</p>	<p>Benin* 4 Burkina Faso* 3 Cote d'Ivoire* 2 Guinea* 2 Niger* 1 Togo* 2 Burundi* 2 Chad* 3 Comores* 4 Madagascar* 3 Zaire* 1,2</p> <p><u>11 countries</u></p> <p><u>Proposed venue :</u></p> <p>1. Cotonou, Benin 2. Lome, Togo</p> <p><u>Proposed dates :</u></p> <p>4-12 July 1988</p> <p>Funding : expected CANADA</p>	<p>Algeria 4 Mali 1 Mauritania 3 Senegal 1 Centrafrique 2 Cameroon 3 Congo 2 Gabon 4 Rwanda 2 Guinea Equatorial 4</p> <p><u>10 countries</u></p> <p><u>Proposed venue :</u></p> <p>1. Bamako, Mali 2. Dakar, Senegal</p> <p><u>Proposed dates :</u></p> <p>12-20 December, 1988</p> <p>Funding : CCCD</p>	<p>Mozambique 3 Angola 4 Sao Tome 4 Guinea Bissau 3 Cabo Verde 3</p> <p><u>5 countries</u></p> <p><u>Proposed venue :</u></p> <p>1. Maputo, Mozambique 2. Bissau, Guinea Biss</p> <p><u>Proposed dates :</u></p> <p>14-21 November 1988</p> <p>Funding : CCCD</p>
<p>*) - support for NNT control requested by countries</p>				

ANNEX 3

Outline

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP
FOR ACCELERATED CONTROL OF NEONATAL TETANUS
Harare, Zimbabwe
18-25 July, 1988

1. General Objectives

To accelerate reduction of morbidity and mortality from neonatal tetanus (NT) by immunization of women at risk.

2. Specific Objectives

- 2.1 Situation analysis of NT by reviewing available country data.
- 2.2 Learning methodology used for NT surveillance, sentinel surveillance, and case investigation; NT mortality surveys; monitoring and surveying TT coverage; missed opportunity surveys; and KAP surveys.
- 2.3 Revision of the national EPI action plan and elaboration of a detailed action plan with time schedule to implement activities for NT control:
 - selection of coverage targets, disease reduction targets and target groups
 - selection of innovative immunization approaches to improve coverage of women at risk with at least 3 doses of TT (operational feasibility, cost implications, complementary strategies, sustainability)
 - selection of specific actions to improve monitoring of TT coverage and surveillance and investigation of NT
 - selection of communication strategies in support of NT prevention and demand for immunization

3. Provisional Agenda

- Opening
- Situation Analysis: NT in the African Region
- Assessment of the Magnitude of NT at Country Level
- Surveillance of NT

- Monitoring of TT Coverage of Women at Risk by Routine Reporting and Cluster Surveys
- Alternative Immunization Strategies to Increase TT Coverage
- Social Mobilization and Communication Strategies for NT Control
- Preparation of Detailed Country Action Plans for NT control
- Implementation of Action Plan
- Closing

4. Participants:

Each participating country will send:

- National EPI Manager, MCH X 1
- Senior Epidemiologist, MOH X 1
- MCH focal point, MOH X 1
- Representative, External Agency X 1
(to be identified by countries)

5. Participating Countries

Ethiopia, The Gambia, Ghana, Liberia, Nigeria, Sierra Leone, Tanzania, Zambia and Zimbabwe

6. Methods:

- presentations in plenary
- working groups by country using matrix for:
 - assessment of situation
 - problem identification
 - overcoming identified problems
 - preparation of detailed action plan

7. Provisional Resource Persons, Facilitators, and Observers

1. WHO (EPI/HQ) and WHO/AFRO (Sub-Regional Health Development Office, III)
2. REACH Project
3. Ministry of Health (Uganda, Zaire, Nigeria and The Gambia)
4. UNICEF (Regional Office, Cote d'Ivoire)
5. AMREF
6. Rotary International
7. CDC/CCCD
8. Canadian PHA

8. Funds

- USAID (REACH Project)	\$59,854
- WHO (extra-budgetary)	<u>\$17,614</u>
	\$77,468

ANNEX 4

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP
FOR ACCELERATED CONTROL OF NEONATAL TETANUS
Harare, Zimbabwe
18-25 July 1988

PROVISIONAL AGENDA

Monday, July 18

8:00 - 9:00	Registration
9:00 - 9:30	Opening ceremony
9:30 - 9:40	Objectives of the workshop
9:40 - 10:00	Coffee break
	<u>1st Session: Situation Analysis: NT in Africa</u>
10:00 - 10:20	Prevention of NT through TT immunization (PLENARY)
10:20 - 10:40	Prevention of NT through other strategies (PLENARY)
10:40 - 13:00	Country presentations on NT situation (PLENARY: 15 minutes/country)
13:00 - 14:00	Lunch break
	<u>2nd Session: Assessment of the Magnitude of NT at Country Level</u>
14:00 - 14:10	Objectives of the session
14:10 - 15:10	WORKING GROUPS - analysis of available country data on magnitude of NT - identification of problems and solutions
15:10 - 15:30	Coffee break
15:30 - 15:45	Summary of problems identified (PLENARY)
15:45 - 16:45	Design and execution of NT mortality surveys and sample protocol (PLENARY)
16:45 - 17:00	Discussion (PLENARY)

Tuesday, July 19

3rd Session: Surveillance of NT

8:00 - 8:10 How to improve surveillance of NT through routine and sentinel reporting systems (PLENARY)

8:30 - 8:45 Discussion (PLENARY)

8:45 - 9:15 How to carry out NT case investigations (PLENARY)

9:15 - 9:30 Discussion (PLENARY)

9:30 - 9:50 Coffee break

9:50 - 13:00 WORKING GROUPS

- planning selected action to improve NT surveillance

13:00 - 14:00 Lunch break

4th Session: Monitoring TT coverage of women at risk by routine reporting and cluster surveys

14:00 - 14:10 Objectives of the session (PLENARY)

14:10 - 15:10 WORKING GROUPS

- analysis of available routine and survey data on TT coverage
- identification of problems and solutions in monitoring coverage

15:10 - 15:30 Coffee break

15:30 - 16:10 How to assess TT coverage through routine reporting (PLENARY)

16:10 - 16:30 Discussion (PLENARY)

16:30 - 17:10 How to carry out TT coverage surveys by cluster sampling technique (PLENARY)

17:10 - 17:30 Discussion (PLENARY)

Wednesday, July 20

8:00 - 9:00

WORKING GROUPS

- selected activities to improve monitoring of TT coverage

9:00 - 9:30

Summary of selected activities for monitoring coverage (PLENARY)

9:30 - 9:50

Coffee break

5th Session: Alternative immunization strategies to increase TT coverage

9:50 - 10:00

Objectives of the session (PLENARY)

10:00 - 11:00

WORKING GROUPS

- advantages and disadvantages for selection of various target groups and TT immunization strategies
- analysis of the country situation

11:00-11:30

EPI Global Advisory Group (GAG) recommendations - 1987 (PLENARY)
-target groups
-TT immunization schedule
-immunization strategies

11:30 - 12:00

How to carry out missed opportunity surveys for immunization of children and women (PLENARY)

12:00 - 12:20

Discussion (PLENARY)

12:20 - 12:40

Cost issues related to NT control strategies (PLENARY)

12:40 - 13:00

Discussion (PLENARY)

13:00 - 14:00

Lunch break

14:00 - 15:30

WORKING GROUPS

- planning alternative strategies to increase TT coverage

15:30 - 15:50

Coffee break

15:50 - 17:30

WORKING GROUPS

- alternative strategies (timelines and technical and financial assistance required for each planned activity)

Thursday, July 21

6th Session: Social mobilization and communication strategies for NT control

8:00 - 8:10	Objectives of the session (PLENARY)
8:10 - 9:30	WORKING GROUPS - analysis of current NT mobilization and communication activities - identification of problems and solutions
9:30 - 9:50	Coffee break
9:50 - 10:10	Summary of analysis, problems and solutions (PLENARY)
10:10 - 10:40	How to assess barriers to coverage (PLENARY)
10:40 - 11:00	Discussion (PLENARY)
11:00 - 11:40	Identification, implementation and evaluation of communication strategies to increase utilization of services (PLENARY)
11:40 - 12:00	Discussion (PLENARY)
12:00 - 13:00	WORKING GROUPS - planning of social mobilization and communication strategies to increase utilization of services
13:00 - 14:00	Lunch break
14:00 - 15:00	WORKING GROUPS - communication strategies
15:00 - 15:20	Coffee break
15:20 - 17:00	Summary of action selected by each country (PLENARY)

Friday, July 22

7th Session: Preparation of detailed country action plans for NT control

8:00 - 8:10	Objectives of the session (PLENARY)
8:10 - 9:30	Finalization of action plans (WORKING GROUPS) - timelines, resources, responsibilities, output indicators, etc.
9:30 - 9:50	Coffee break
9:50 - 13:00	Finalization of action plans (WORKING GROUPS)
13:00 - 14:00	Lunch break
14:00 - 15:30	Detailed programming on specific activities of the action plan (WORKING GROUPS) - protocol for surveys - implementation of new strategies - surveillance activities and monitoring coverage - communication strategies
15:30 - 15:50	Coffee break
15:50 - 17:30	Detailed programming (WORKING GROUPS)

Saturday, July 23

8:00 - 8:10	Objectives of the day (PLENARY)
8:10 - 9:30	Detailed programming (WORKING GROUPS)
9:30 - 9:50	Coffee break
9:50 - 12:00	Detailed programming (WORKING GROUPS)
12:00 - 13:00	Presentation of country action plans (PLENARY: 15 minutes/country)
13:00 - 14:00	Lunch break
14:00 - 15:30	Presentation of country action plans (PLENARY: 15 minutes/country)
15:30 - 15:50	Coffee break
15:50 - 16:45	Fine-tuning detailed programs (WORKING GROUPS)

Sunday, July 24

DAY OFF

Monday, July 25

8th Session: Implementation of Action Plans

8:00 - 8:20	Objectives of the Session (PLENARY)
8:20 - 9:30	WORKING GROUPS - lists of tasks, responsibilities, target dates, and resources required to implement action plan
9:30 - 9:50	Coffee break
9:50 - 11:00	WORKING GROUPS - lists of tasks, etc. to implement action plan and development of tracking system to periodically monitor post-Workshop progress
11:00 - 12:00	Evaluation of the workshop
12:00 - 13:00	Closing ceremony

ANNEX 5

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP
FOR ACCELERATED CONTROL OF NT
Harare, Zimbabwe
July 1988

TENTATIVE SCHEDULE OF PRESENTATIONS

<u>Presentation</u>	<u>Presented by</u>	<u>Date/time</u>
Prevention of NT through TT immunization	F. Gasse EPI, WHO/HQ	July 18 10:00-10:20
Prevention of NT through other strategies	S.G Kimemiah WHO, Harare	July 18 10:20-10:40
Country presentations on NT situation	Various	July 18 10:40-13:00
Design and execution of NT mortality surveys and sample protocol	A. Galazka EPI, WHO/HQ	July 18 15:45-16:45
How to improve surveillance of NT through routine and sentinel reporting systems	B. Dando WHO, Harare	July 19 8:00-8:30
How to carry out NT case investigations	C. Voumard UNICEF, Cote d'Ivoire	July 19 8:45-9:15
How to assess TT coverage through routine reporting	R. Steinglass REACH, Washington	July 19 15:30-16:10
How to carry out TT coverage surveys by the cluster sampling technique	K. Bergstrom EPI, WHO/HQ	July 19 16:30-17:10
Presentation of EPI Global Advisory Group (1987) recommendations on NT	F. Gasse EPI, WHO/HQ	July 20 11:00-11:30
How to carry our missed opportunity surveys for immunization of children and women	B. Dando WHO, Harare	July 20 11:30-12:00
Cost issues related to neonatal tetanus control strategies	R. Arnold REACH, Washington (jointly prepared by R. Arnold and L. Brenzel, REACH)	July 20 12:30-12:40
How to assess barriers to coverage	C. Voumard UNICEF, Cote d'Ivoire	July 21 10:10-10:40
Identification, implementation and evaluation of communication strategies to increase utilization of services	(to be identified)	July 21 11:00-11:40

ANNEX 6

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP
FOR CONTROL OF NNT
Harare, Zimbabwe
18-25 July 1988

LIST OF BACKGROUND DOCUMENTS

- EPI target disease surveillance and disease reduction targets. WHO (EPI/GEN/84/6).
- Guidelines for the investigation and control of outbreaks of EPI diseases. WHO (EPI/GEN/84/7/Rev.1)
- Guidelines on the community-based survey on neonatal tetanus mortality. (WHO/EPI/GEN/86/8)
- Prevention of neonatal tetanus through immunization. WHO. (WHO/EPI/GEN/86/9.Rev.1)
- Tetanus control. Weekly Epidemiological Record, no. 50, 11 December 1987.
- Neonatal tetanus in Africa. Weekly Epidemiological Record, no. 41. 9 October 1987.
- Issues in neonatal tetanus control. WHO (EPI/GAG/87/WP.11)
- EPI update: Neonatal tetanus - The invisible killer. WHO. September 1986.
- EPI update: Disease surveillance - Information for action. WHO. December 1987.
- Tetanus toxoid immunization: The neglected component of EPI, Anthony J. Radford in Health Policy and Planning; 2(1),90-93 (Oxford University Press), 1987
- The epidemiology of non-vaccination, EPI Newsletter, vol. VIII. no. 5, October 1986.
- Evaluate Vaccination Coverage, module from WHO EPI Mid-level Managers Course. WHO, Geneva.
- Preventing Neonatal Tetanus, module from Immunization in Practice: A Guide for Health Workers who Give Vaccines. WHO (EPI/PHW/87/8).

WORKING GROUP MATRIX

Session : _____

1. Assessment of Situation

What is being done well?	Where, When, Why?	What is being done poorly?	Where, When, Why ?
1.		5.	
2.		6.	
3.		7.	
4.		8.	

- Have any improvements occurred ? Explain.

- What is still not known about the situation ?

WORKING GROUP MATRIX

II. Problem Identification

What are the main problems ?	In which order would you overcome these problems?	Are there localities/areas which have overcome these problems ? Where, How, When ?
1.		
2.		
3.		
4.		

WORKING GROUP MATRIX

III. Solutions to Overcome Identified Problems

Problem	Solution(s)					Specific Output Measures		
1.								
2.								
3.								
4.								
Problem (above)	Is the above solution considered ?							
	technically feasible	culturally appropriate	acceptable to practitioners	likely to succeed	affordable or sustainable			
1.								
2.								
3.								
4.								

ANNEX 8

POST-WORKSHOP CHECKLIST FOR IMPLEMENTING ACTION PLAN FOR PREVENTION ON NNT THROUGH IMMUNIZATION

TASK

- 1) Undertake MOH review of current policies and revise, if needed;
- 2) Identify most appropriate strategies;
- 3) Prepare officially-approved plan of action based on NNT Workshop provisional plan;
- 4) Identify all potential service delivery points, based on chosen strategies;
- 5) Liaise within MOH with EPI, MCH, Epidemiology, health education, curative medicine, schools of nursing, etc. on NT control;
- 6) Liaise with other sectors and with community organizations on NT control;
- 7) Identify exact amount of resources and technical assistance required from local and external agencies;
- 8) Consider phasing in implementation of the action plan - by geographical area, by type of activity, etc;
- 9) Determine training and supervisory needs and conduct initial or in-service training;
- 10) Order vaccines and other supplies and equipment (6 months' lead time);
- 11) Review adequacy of routine recording and reporting forms in light of proposed policies and strategies (e.g., print a TT card);
- 12) Design and execute KAP study, if needed, to guide development of social communication strategies to increase coverage;
- 13) Systematically identify obstacles in order to solve them;
- 14) Conduct micro-planning and target-setting at local levels through workshops at various levels to motivate and educate staff;
- 15) Conduct coverage evaluation surveys of immunization coverage of women and infants;
- 16) Revise the Plan of Action as lessons are learned and change becomes necessary;
- 17) Provide feedback to staff through meetings, consolidated reports, bulletins, etc.

ANNEX 9

WHO/US AGENCY FOR
INTERNATIONAL DEVELOPMENT (REACH) WORKSHOP
FOR ACCELERATED CONTROL OF NNT
Harare, Zimbabwe
18-25 July 1988

TENTATIVE LIST OF RESOURCE PERSONS/FACILITATORS, OBSERVERS
AND ADMINISTRATIVE STAFF

Name	Title	Affiliation	Duty Station
A) <u>Resource persons/facilitators</u> *			
Dr. R. Arnold	Technical Officer	REACH	Washington
Dr. A.O. Babaniyi	Epidemiologist	MOH	Kware State, Nigeria
Dr. F.Z. Barenzi	EPI Manager	MOH	Kampala
Ms. K. Bergstrom	Consultant	WHO	Geneva
Dr. Okwo Bele	EPI Medical Officer	MOH	Kinshasa
Dr. B. Dando	Epidemiologist Sub-Regional Health Development Office III	WHO	Harare
Ms. C. Dunn-Rawn	Senior Technical Officer	REACH	Washington
Dr. A. Galazka	Medical Officer, EPI	WHO	Geneva
Dr. F. Gasse	Medical Officer, EPI	WHO	Geneva
Dr. N. Hirschhorn**	Director	REACH	Washington
Dr. S.G. Kimemiah	Medical Officer, MOH Sub-Regional Health Development Office III	WHO	Harare
Dr. J.P. Stanfield	Medical Director	AMREF	Nairobi
Mr. R. Steinglass	Senior Technical Officer	REACH	Washington
Dr. C. Voumard	Regional Medical Officer	UNICEF	Abidjan
Dr. P. Williams	Health Planner	MOH	Banjul

* REACH will also provide one professional trainer (to be identified) for the pre-workshop facilitators' meeting and for the workshop itself

** Part-time

B) Observers

Dr. E. Ragan	Director, C.I.I.P.	Canadian Public Health Association	Ottawa
(to be designated)	---	USAID	Harare

C) Administrative staff

Mr. Z.J. Kwemamuriwu	Administrative Officer Sub-Regional Health Development Office III	WHO	Harare
Ms. M. Pennay	Programme Associate	REACH	Washington
Mr. S. Ruhmaly	Administrative Assistant, Sub-Regional Health Development Office III	WHO	Harare

Sample Draft Invitation Letter

Dr.E.G.Beausoleil
Programme Manager
Disease Prevention and Control

To Those mentioned below

your ref :

Attention :

our ref :

Subject : Accelerating Neonatal Tetanus
(NNT) in the African Region :
Organization of NNT Workshop.

Noting that progress in the control of neonatal tetanus (NNT) remains insignificant compared with the progress in infant immunization, the Global Advisory Group (GAG) on EPI at its last meeting at Washington in November, 1987 recommended that countries take urgent steps to improve coverage with tetanus toxoid. Specifically, countries should:

- accept the challenge of eliminating NNT and should launch special initiatives to achieve it;
- widen the target group for tetanus toxoid to include all women of childbearing age, with special emphasis on pregnant women; and
- improve monitoring of immunization coverage.

The next GAG Meeting, which will be held in the African Region this year, will review what countries have done for accelerating NNT control.

To meet the challenge and to sensitize health personnel, we have planned in collaboration with EPI/HQ and with the technical and financial support of the United States Agency for International Development (Resources for Child Health Project) to organize a series of intercountry workshops with the specific objective of elaborating action plans for NNT control by the participating country teams. The country teams will consist of three key national personnel: the EPI Manager, MCH focal point and the Senior Epidemiologist. A staff member from an external agency actively or potentially involved in NNT control in the country will also be invited to the workshop. Considering the large number of countries in the African Region, at least five workshops will be necessary to cover the whole Region (two for English, two French and one for Portuguese-speaking countries).

During the African Immunization Year evaluation exercise, national authorities of your country of assignment indicated their interest in strengthening NNT control. Considering this, we have included the name of the country in the list for the first NNT workshop, which will take place in Harare, Zimbabwe from _____ to _____ 1988. A provisional agenda for the workshop appears in Annex 1. The office responsible for administering this workshop at Harare will be the WHO Sub-Regional Health Development Office. All costs concerning national participants will be covered by USAID(REACH).

All travel arrangements to and from Harare by the most direct air route in economy class (and with economy class accompanied baggage entitlement) will be made by the REACH Project. Additional costs associated with routings or accommodation class or excess baggage other than the above cannot be paid by REACH. Tickets will be wired direct to the originating air carrier in your country in the name of each participant, with an information telex copied to your office.

Per diem will be paid at prevailing USAID rates from the time of departure to the return home, including necessary transit stop-overs but not including the actual hours spent in flight. Participants are expected to arrange for passports, visas, passport photos, required immunizations, entry/exit taxes, and usual airport taxis -- all of which are reimbursable upon submission of original receipts. The participant's copy of the used airplane ticket ("white jacket") and original receipts for lodging during the trip and in Harare, showing exact dates, must be submitted with a travel claim at journey's end. (A deduction of 50% of per diem is made for each night's lodging; if no receipt is provided.) A REACH staff will be on hand in Harare to assist participants and to pay per diem; however, it is each participant's own responsibility to pay his hotel bill. ~~A suitable per diem advance will be paid by the end of April in US dollar traveler cheques in the name of the participant in care of _____.~~ Any questions related to travel arrangements and travel claims can be directed to REACH (telex no. 272896 JSIWUR) in Washington. Per diem advances will not be paid.

P.C.S.

R.C.S.

Participants will arrive in Harare by _____ 1988 at the latest and cable beforehand their flight number, expected date of arrival, passport number and its date of issue and expiration, and preference for single or double room to Dr Shehu, Director ICHDT-III, Harare, Zimbabwe, telex no. 6221. Arrangements will be made to meet them at the airport. If, for some reason, nobody is at the airport to receive them, they should get in touch with Dr Shehu, telephone 728991, or WR/Zimbabwe, telephone 702682 during office hours, or proceed direct to _____ Hotel.

It is understood that participation in this workshop does not in any way create any employee/employer relationship between the participant and WHO or USAID or REACH. WHO, USAID and REACH shall not be responsible for any medical or dental expenses arising from sickness, accident, or other causes, or any compensation in case of death. Such risks should, therefore, be provided for by any government or by the participant.

Since the objective of the workshop is to prepare country-specific action plans and to select appropriate activities and strategies for NNT control, the country teams consisting of the EPI manager, the MCH focal point and the Senior Epidemiologist are requested to bring to the Workshop the demographic, epidemiological, and health information and data which are listed in Annex 2, as well as any other data which they feel may be useful to prepare action plans.

The country team will give a 15 minute presentation on the NNT situation in their country on the first day of the workshop. The format for this presentation appears in Annex 3. An overhead projector and a slide projector will be available.

Please share the above information and annexes with the national authorities and collaborate in the nomination of the three participants. It is essential that you inform AFRO of their names and titles by _____. You are also requested in collaboration with the EPI manager to identify the most suitable external agency representative who can contribute to the elaboration of NNT action plans during the workshop. After receiving his name from you, AFRO will contact his headquarters for his release. The cost of his participation will be covered by his organization.

Best Regards.

Distribution to WR's : Ethiopia, Ghana, Liberia, Sierra Leone,
Tanzania and Zambia.

cc : Dir/SRHDO-I, Bamako.
Dir/SRHDO-III, Harare.
EPI/HQ
Dr N.Hirschhorn, Director REACH
9th Floor, 1100 Wilson Boulevard,
Arlington, Va. 22209 USA.

ATTACHMENT I

WHO/US Agency for International Development (REACH)
Workshop for Accelerated
Control of Neonatal Tetanus
Harare, Zimbabwe
18-25 July 1988

Provisional Agenda (in outline)

- Opening
- Situation Analysis: NT in the African Region
- Assessment of the Magnitude of NT at Country Level
- Surveillance of NT
- Monitoring of TT Coverage of Women at Risk by Routine Reporting and Cluster Surveys
- Alternative Immunization Strategies to Increase TT Coverage
- Social Mobilization and Communication Strategies for NT Control
- Preparation of Detailed Country Action Plans for NT Control
- Implementation of Action Plan
- Closing

ATTACHMENT II

WHO/US AGENCY FOR INTERNATIONAL DEVELOPMENT (REACH)
Workshop for Accelerated
Control of Neonatal Tetanus

Harare, Zimbabwe
18-23 July 1988

Demographic, Epidemiological and Health Services Data

1. Demographic Data

- 1.1 Total population of country
 - also give year of census and annual rate of population increase
- 1.2 Population by province, region, district
- 1.3 Population of women 15-44 years
- 1.4 Annual no. of newborns
 - also give crude birth rate = $\frac{\text{no. of births}}{1000 \text{ pop.}}$

2. Surveillance Data

- 2.1 No. of neonatal tetanus (NT) cases and deaths by administrative area for each year 1984-1987 according to routine reports
- 2.2 No. of NT cases and deaths by administrative area for each year 1984-1987 according to sentinel surveillance system, if any
- 2.3 Results of NT mortality survey, if any
 - year and area of execution
 - no. of live births surveyed
 - length of recall period used
 - no. of neonatal deaths surveyed
 - no. of NT deaths surveyed
- 2.4 Completeness of routine disease surveillance system (1987, or most recent year - specify)
 - $\frac{\text{NT deaths (or cases) reported}}{\text{NT deaths (or cases) estimated}} \times 100$

- 2.5 Efficiency of routine disease surveillance system (1987, or most recent year - specify)
- no. of country's health facilities
 - no. of health facilities reporting disease data at any time during year
 - no. of health facilities reporting more than 80% of time to higher levels
- 2.6 No. and type of sentinel sites and location. Report any special findings on NT.
- 2.7 Results of any NT case investigations

3. Operational data

- 3.1 Target group for TT immunization
- national policy and common practice (if different)
- 3.2 Immunization schedule for TT
- national policy and common practice (if different)
- 3.3 List of contra-indications to TT immunization
- national policy and common practice (if different)
- 3.4 Is there an immunization card for TT for women?
- if not, where is TT immunization recorded?
- 3.5 No. of immunization centers administering vaccines to infants (specify year)
- 3.6 No. of immunization centers administering TT to women (specify year)
- 3.7 Population (as absolute no. and as % of total population) living within catchment area of fixed health facilities
- 3.8 Population (as absolute no. and as % of total population) served by outreach and mobile units
- 3.9 Estimated % of total population with access to EPI
- 3.10 No. of ante-natal visits in country (specify year)
- 3.11 No. of births occurring in health facilities (specify year)
- 3.12 No. of TBA's trained each year, 1984-1987

3.13 Is NT notified separately from other tetanus?

3.14 Existence of a standard NT case definition (if yes, specify)

4. Immunization Activities

4.1 No. of TT (by dose) administered to the target group(s) for each year, 1984-1987

4.2 Based on routine reporting, what is the estimated national TT coverage by dose for the target group(s) for each year, 1984-1987?

- show absolute figures used and method of computation for each dose and year

4.3 No. of TT coverage surveys, by age group surveyed, 1984-1987

- which women were surveyed? (e.g., mothers of index children 0-11 or 12-23 months; all women; etc.?)

- which TT immunizations were counted? (e.g., up to time of survey; up to birth of child 12-23 months old; during pregnancy of child 12-23 months old at time of survey; etc.?)

4.4 No. of child immunization coverage surveys, 1984-87

4.5 TT drop-out rate for each year, 1984-87

$$\frac{TT1 - TT2}{TT1} \times 100$$

4.6 Immunizations performed by country, by dose and age

- fill attached standard forms for most recent two years (specify)

4.7 Results of missed opportunity surveys for TT immunization, if any

4.8 Results from immunization acceptability surveys, if any

5. Immunization Approaches Used

5.1 Pregnant women only

5.2 Women of Child-bearing age including pregnant women

5.3 School children

5.4 Ante-natal clinic only

5.5 During outreach activities

- 5.6 Mass campaign
- 5.7 At child immunization sessions
- 5.8 At any visit to a health center for curative or preventive care

6. Social Mobilization Strategies Used

- 6.1 Posters, TV, radio, newspapers
- 6.2 Frequency and content of messages
- 6.3 Resources allocated in 1986 or 1987
- 6.4 Any information on cultural understanding of NT or TT

7. Additional Data and Materials which Country Team Should Bring to Workshop

- 7.1 Overall EPI action plan
- 7.2 Population figures for country, and by towns and villages, if available
- 7.3 Reporting forms used for NT and other reported diseases
- 7.4 Reporting forms for TT doses administered
- 7.5 Child immunization card, woman's immunization card, registers
- 7.6 Detailed map of country, showing administrative areas
- 7.7 NT mortality survey report (for Uganda, Gambia, Ethiopia and Zimbabwe and if done in other countries)
- 7.8 Report of most recent EPI review
- 7.9 Sample of health education materials used for NT or TT
- 7.10 Sections of national training curricula for doctors, nurses, and immunization staff concerning NT control.

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**Number of persons immunized in relation to target population,
by age and vaccine**

Immunization Report

Country/Area: _____

Total Population: _____ Period: _____

Age Group	0-11 months	12-23 months	24+ months
Target population			
BCG			
Polio 0 ¹			
Polio I			
Polio II			
Polio III			
Polio others			
Polio total			
DPT I			
DPT II			
DPT III			
DPT others			
DPT total			
Measles			
Others ²			

Target group	Pregnant women	Women of child bearing age	Others ²
Target population			
Tetanus I			
Tetanus II			
Tetanus others			
Tetanus total			

1) To note doses of polio vaccine, given in the first 6 weeks of life
2) Specify

ATTACHMENT III

- Country presentation format : (15 minutes)
 - Magnitude of the neonatal tetanus problem (NT)
 - Targets for disease reduction and TT coverage
 - High risk areas or groups identified
 - TT coverage achieved in 1987 and progress made since 1984
 - Target groups for TT immunization
 - Immunisation approaches used to reach women at risk (strategies)
 - Association of TBA's with NT control
 - Results from case investigations, missed opportunity surveys, or immunization acceptability surveys.
 - Accelerated strategies carried out since 1986
 - Problems in NT control
 - Any plans in NT control

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ANNEX 11

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP FOR
ACCELERATED CONTROL OF NEONATAL TETANUSHarare, Zimbabwe
18-25 July, 1988ESTIMATED BUDGETResponsible
AgencyI. TRAVEL:

	No. Persons	Estimated Ticket	Total
<u>AIR: National Participants</u>			
Lagos/Nairobi/Harare + Return	3	\$1,400	\$ 4,200
Accra/Nairobi/Harare + Return	3	\$1,400	\$ 4,200
Freetown/Abidjan/Nairobi/ Harare + Return	3	\$1,700	\$ 5,100
Monrovia/Abidjan/Nairobi/ Harare + Return	3	\$1,600	\$ 4,800
Banjul/Dakar/Nairobi/ Harare + Return	3	\$1,850	\$ 5,550
Addis/Harare/Addis	3	\$1,200	\$ 3,600
Dar es Salaam/Harare/ Dar es Salaam	3	\$ 650	\$ 1,950
Lusaka/Harare/Lusaka	3	\$ 250	750
REACH	Sub-total		\$30,150
<u>AIR: National Facilitators</u>			
Kinshasa/Nairobi/Harare + Return	1	\$1,000	\$ 1,000
Lagos/Nairobi/Harare + Return	1	\$1,400	\$ 1,400
Kampala/Harare/Kampala	1	\$ 700	\$ 700
Banjul/Dakar/Nairobi/Harare + Return	1	\$1,850	\$ 1,850
WHO	Sub-total		\$ 4,950
<u>GROUND: National Participants</u>			
PFACH	\$30 x 24 persons	Sub-total	\$ 720
<u>GROUND: National Facilitators</u>			
WHO	\$30 x 4 persons	Sub-total	\$ 120
	REACH travel total		\$30,870
	WHO travel total		\$ 5,070
	Combined travel total		\$35,940

II. Per Diem

	<u>National Participants From</u>	<u>No. of Persons</u>	<u>Average Transit Days at Average Rate</u>	<u>Average Days in Harare at Average Rate</u>	<u>Total</u>
	Nigeria	3	x [7 x \$70	+ (8 x \$68)]	\$ 3,102
	Ghana	3	x [8 x \$70	+ (8 x \$68)]	\$ 3,312
	Sierra Leone	3	x [8 x \$90	+ (8 x \$68)]	\$ 3,798
	Liberia	3	x [8 x \$90	+ (8 x \$68)]	\$ 3,798
	Gambia	3	x [8 x \$90	+ (8 x \$68)]	\$ 3,798
	Ethiopia	3	x [5 x \$70	+ (8 x \$68)]	\$ 2,682
	Tanzania	3	x [2 x \$70	+ (8 x \$68)]	\$ 2,052
	Zambia	3	x [1 x \$70	+ (8 x \$68)]	\$ 1,342
REACH			Sub-total		\$24,384

WHO	Zimbabwe	3	x [0 x \$0	+ (8 x \$33)]	\$ 792
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National Facilitators From

	Zaire	1	x [3 x \$70	+ (13 x \$66)]	\$ 1,068
	Nigeria	1	x [7 x \$70	+ (13 x \$66)]	\$ 1,348
	Uganda	1	x [3 x \$70	+ (13 x \$66)]	\$ 1,068
	Gambia	1	x [8 x \$90	+ (13 x \$66)]	\$ 1,578
WHO			Sub-total		\$ 5,062

REACH per diem total \$24,384
 WHO per diem total \$ 5,854
 Combined per diem total \$30,238

III. Stipend (Honorarium) for National Facilitators

	<u>Nationals from</u>	<u>No. of Persons</u>	<u>Total No. of Days x Average Rate</u>	<u>Total</u>
	Zaire	1	16 x \$30	\$ 480
	Nigeria	1	20 x \$30	\$ 600
	Uganda	1	16 x \$30	\$ 480
	Gambia	1	21 x \$30	\$ 630
WHO			Sub-total	\$2,190

IV. <u>Direct Costs</u>		<u>Total</u>
WHO	Stationery	\$ 350
WHO	Photocopy	\$ 1,000
REACH	Telephone/telex/DHL	\$ 1,500
WHO	Telephone/telex/DHL	\$ 1,000
REACH	Miscellaneous	\$ 1,000
WHO	Miscellaneous	\$ 1,000
REACH	Printing proceedings	\$ 2,000
WHO	Background documents	<u>\$ 1,250</u>
REACH direct cost total		\$ 4,600
WHO direct cost total		\$ 4,500
Combined direct cost total		\$ 9,100
GRAND TOTAL REACH		\$59,854
GRAND TOTAL WHO		\$17,614
COMBINED GRAND TOTAL		\$77,468

NOTE:

Major costs not included in budget include:

REACH:

- Washington office administrative staff support
- 5 staff + 1 professional trainer directly involved at Harare
- 1 staff planning trip to Brazzaville

WHO:

- Brazzaville and Geneva office administrative and technical staff support
- 2 Harare sub-regional office technical staff
- 2 Harare sub-regional office administrative staff
- 3 Geneva technical staff in Harare

Other external agencies:

- varies

ANNEX 12

WHO/US AGENCY FOR INTERNATIONAL
DEVELOPMENT (REACH) WORKSHOP
FOR ACCELERATED CONTROL OF NEONATAL TETANUS
Harare, Zimbabwe
18-25 July 1988

Required Follow-up Actions

	<u>Task</u>	<u>Responsible</u>	<u>Target Date</u>
1.	Request Zimbabwe concurrence for new dates (by telex)	AFRO	14 March
2.	Inform Deming dates being changed	REACH	15 March
3.	Inform EPI/HQ and REACH by telex about new dates	AFRO	21 March
4.	Prepare questionnaire for data collection and finalize provisional agenda (send 80 copies to AFRO) and send by WHO pouch to AFRO	REACH and WHO/GENEVA	15 March
5.	Change dates on draft invitation letters and annexes* (drafts prepared by Steinglass already) and fill in any blanks (name of hotel, etc.)	AFRO	21 March
6.	Send invitation letters with 3 annexes to 9 WRs, Deming, Voumard, Pigman, Ragan, Stanfield	AFRO	25 March
7.	Send courtesy copy of WR/Zimbabwe invitational letter to Dando, de Haan, Kimemiah	AFRO	25 March
8.	Send materials (Steinglass prepared) to Kimemiah	AFRO	25 March
9.	Send materials - 55 sets - to Harare (See list Steinglass prepared)	WHO/GENEVA	15 April

- * There are from 2 to 3 places on the various invitational letters where dates must be changed (date of workshop, date of arrival in Harare, and date by which AFRO must receive concurrence). Be careful, since not all external persons need to arrive for facilitators' meeting in advance.

Required Follow-up Actions

	<u>Task</u>	<u>Responsible</u>	<u>Target Date</u>
10.	Update lists of resource persons, facilitators, observers based on response to invitations and inform REACH & EPI/Geneva by telex	AFRO	20 April
11.	Telex to REACH & EPI/Geneva the participants' names, titles and countries, and names and titles and countries of all external agency representatives invited.	AFRO	30 April
12.	Send invitation letters to external agencies.	WHO/Geneva	30 April
13.	Confirm by telex with Zimbabwe WR that materials were received.	AFRO	30 April
14.	Wire tickets and telex WHO in each country that tickets are wired (copy telex to AFRO)	AFRO	31 May