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**EVALUATION REPORT:
DIALOGUE ON DIARRHOEA**

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EVALUATION REPORT: DIALOGUE ON DIARRHOEA

I. EXECUTIVE SUMMARY

A three member evaluation team met in London July 15-19 to conduct a mid-term evaluation of a Cooperative Agreement with the Appropriate Health Resources and Technology Action Group (AHRTAG). The Cooperative Agreement supports the newsletter **Dialogue on Diarrhoea** (formerly called Diarrhoea Dialogue) and provides funds specifically for the expansion of the English version, French translation, and other translations as appropriate. Additional health educational materials are also included in the scope of work. The team's mandate was to determine if funding should continue for the second year of the project and to recommend any changes necessary to comply with the scope of work.

The team, during its visit to the AHRTAG facilities, was impressed with the successful increase in distribution of the English version of **Dialogue on Diarrhoea** from 20,000 to 100,000 per issue. The team was glad to see innovative approaches to increasing the involvement of the readers in the newsletter such as the photographic competition. Since other activities in the Cooperative Agreement have not yet been started, the team recommends that no further promotional effort be made to expand the distribution of the English version, so that staff time can be devoted to these other activities. Reprinting of back copies once the current supply is exhausted is not recommended under the current budgetary levels. Instead, it is recommended that subsequent issues of **Dialogue on Diarrhoea** carry brief basic points about ORT on a regular basis so that new readers are educated about these basic messages, and regular readers are reminded of these fundamental points.

The team felt that the suggestion to decentralize the production of the English edition by providing camera-ready copy to a number of institutions around the world would prove neither efficient nor cost-effective.

A reader survey for quantitative information about the readership should be undertaken at the beginning of 1986.

The team felt that support to the French translation of **Dialogue on Diarrhoea** should receive high priority, particularly as there is a host institution (ORANA) willing to provide the services and staff for the production. The team also strongly recommended that support be given to the translation of the newsletter into Bahasa Indonesian. Translations into Swahili and Urdu should not be considered under current budgetary restrictions.

Although not covered by the AID Cooperative Agreement, the team hopes that AHRTAG will actively pursue funding arrangements for the Spanish-language version of **Dialogue on Diarrhoea**.

A number of additional activities were recommended to be carried out in conjunction with the ICORT II Conference, including a **Dialogue on Diarrhoea** exhibit, a participant survey, a **Dialogue on Diarrhoea** workshop and an Editorial Advisory meeting.

Specifically called for in the Cooperative Agreement, the team strongly reinforced the need to seek other donor support for **Dialogue on Diarrhoea**. The need for

a strategy for this as well as other administrative support to the specific **Dialogue on Diarrhoea** activities prompted the team to recommend the addition of a Project Manager-consultant. As further financial analysis and assistance was required by the team, it was determined that the evaluation be expanded to include a financial expert, familiar with the financial needs of AID. The report and findings from this financial analysis are found in Annex A.

Given the impending departure of Executive Editor Denise Ayers, the team recommended that strong continued support by Drs. Elliott and Cutting be afforded to current Editorial Assistant Kathy Attawell in a new position of Editor of **Dialogue on Diarrhoea** and that an editorial assistant be added to the staff.

The team appreciated the cooperation of the entire staff, and the enthusiasm which they bring to the **Dialogue on Diarrhoea** project. Their "Project Report for USAID" is attached as Annex E.

II. PROJECT BACKGROUND

In June 1983 during the first ICORT Conference, AID made a commitment to expand its support to ORT programs worldwide. At this time there was a consensus that a crucial factor in the adoption of ORT in developing countries was the availability of appropriate information. A review of programs was made to identify how AID, as a donor agency, could complement the work of other donors such as WHO and UNICEF to improve transfer of this information. Options available to AID included starting a new newsletter on ORT, developing alternative channels of information exchange, or supporting existing channels.

Dialogue on Diarrhoea, an existing publication, was looked at as a possible candidate for support because of the following:

- it was an existing vehicle for ORT information
- it was of good technical quality
- it had an established network
- it had the support of WHO and UNICEF
- although not U.S.-based, communication links with London are good

AID made the decision that the quickest and most cost-effective way to honor its commitment to support ORT information dissemination would be to add its support to **Dialogue on Diarrhoea**. On August 10, 1984, AID signed a Cooperative Agreement with the publishers of the newsletter, Appropriate Health Resources and Technology Action Group (AHRTAG).

The main points of the Agreement were as follows:

1. Publication, translation and distribution of their quarterly newsletter, **Diarrhoea Dialogue**. (English and French editions)
2. Expansion of the newsletter distribution as agreed to by both parties in the implementation plan. (This is to include new translations where feasible.)

3. Provision of technical information, back issues of the newsletter, etc. in response to requests from AID, LDC institutions, and health care providers and policy makers.
4. Provision of other information collection and dissemination activities relating to oral rehydration therapy and diarrheal diseases as mutually agreed upon.

AID expected other donor agencies to continue their support for the Spanish, Portuguese, and Arabic editions of **Dialogue on Diarrhoea**, validating its selection of this publication as a respected information disseminator, with the capability to expand its outreach to wider audiences worldwide.

III. EVALUATION PURPOSE AND METHODOLOGY

A. Purpose as defined in the Cooperative Agreement:

After the first 11 months of the project, an evaluation was to take place to assess the first year's progress. The evaluation team's report and recommendations would determine whether the second year's funding would be authorized or the project terminated.

B. Team composition:

The team consisted of the three following professionals: 1) Ms. Gayle Gibbons, Director of the Maternal and Infant Nutrition Clearinghouse, American Public Health Association (APHA), in Washington, D.C. Ms. Gibbons has an extensive background in issues of maternal and child health, nutrition, and information dissemination and is the editor of the newsletter, **Mothers and Children**. She has specific expertise in the formulation and production of newsletters. 2) Ms. Judy Brace, Director of the Clearinghouse on Development Communication. Ms. Brace, is a Senior Program Officer of the Academy for Educational Development (AED), and has been involved in international work for over 10 years. The Clearinghouse publishes **Development Communication Report** which Ms. Brace oversees. Like Ms. Gibbons, she has wide experience in newsletter production and in project management. 3) The AID Project Manager for **Dialogue on Diarrhoea**, Mr. Robert Clay. Mr. Clay has been associated with AID's Office of Health in the Bureau for Science and Technology for the past two years, where the major focus of his activities has been on diarrheal disease control, especially ORT programs. The fourth member of the team was to have been Dr. Vijay Kumar, a pediatrician, who did not to receive an exit visa from the Indian Government for his participation in the evaluation.

C. Team activities:

The on-site visit took place from July 15-20 in London, where the team visited the AHRTAG facilities, interviewed staff, met with technical advisors, developed recommendations, and drafted the report. (See attached schedule, Annex B)

1. Phase One: The initial phase of the evaluation was spent interviewing the **Dialogue on Diarrhoea**, unit and AHRTAG personnel, visiting the DD/AHRTAG facility including the resource center; reviewing the components involved in the production of the newsletter such as the mailing list, the article development process, the production

cycle, and distribution; assessing the level of communication with readers and responses to them; and meeting with advisors to the project.

2. Phase Two: During this phase, the team discussed their technical and operational concerns with the staff, focusing on the ways in which these two areas affect the overall functioning of the project. The team's mandate was to evaluate the technical quality of the newsletter, review its dissemination including new translations, and examine other project activities detailed in the Cooperative Agreement. As the evaluation proceeded it was felt that various organizational issues were affecting the project outputs and that these issues needed to be addressed in this review. A number of solutions evolved in response to the team's concerns, and these were discussed at length with all parties, in order to allow discussion, suggestions for changes, and revisions.

3. Phase Three: With the information gathered, the team prepared a draft report, incorporating findings and recommendations, which was sent for review to AHRTAG and the other Dialogue on Diarrhoea donors (WHO and UNICEF). Following this review, the final version of the report was prepared and submitted to AID.

IV. FINDINGS AND RECOMMENDATIONS

A. GENERAL RECOMMENDATIONS

"An evaluation of the Agreement shall be made after 11 months from the signing of this Agreement by an external evaluation team which shall focus on the first year's progress and problems...Continuance of the Agreement beyond the first year shall be dependent on a satisfactory report from the evaluation team..."
Cooperative Agreement.

A number of organizational problems surfaced that needed to be addressed as they were affecting the overall quality of project deliverables. There is a lack of specific accounting mechanisms that gives the appearance of inappropriate allocations; there is a failure to adhere to the levels-of-effort and salaries proposed to AID, and to which AID agreed; there is an institutional unwillingness to allow the project itself to seek support through other donor resources while at the same time no alternative funding strategy is being developed. These, plus the issues of inadequate space for the project, and the delay in starting other project activities warranted further attention to meet AID project requirements. However, because AHRTAG is inexperienced in carrying out AID contracts, and did not receive any special assistance from AID to remedy this lack of experience, the team will recommend a second year of funding contingent upon compliance with the team's recommendations. These include AHRTAG receiving assistance in financial management from AID, and managerial staff support to the Dialogue on Diarrhoea project. These recommendations - in brief - follow.

The evaluation team was very pleased with the success of Dialogue on Diarrhoea in expanding the circulation of the newsletter from 20,000 to 100,000 copies over the course of the past year. This is a sizable accomplishment given the constraints which the team identified. The team felt that this expansion was achieved without any loss of technical quality to the newsletter.

The launching of a photographic competition to strengthen readership involvement was an innovative and creative effort by the staff.

There are several areas of the Cooperative Agreement which need additional attention during the second half of the Agreement including translations and other health education material. These will be discussed further in the following section.

Regarding the technical information in **Dialogue on Diarrhoea**, the team suggested that the newsletter consistently carry basic ORT messages. Various communication/education projects have shown that messages must be reinforced frequently over time in order to have an impact on behavior. Since so many **Dialogue on Diarrhoea** readers have only just started receiving the publication, it is important to educate new readers about the basic messages of ORT, as well as to remind regular readers.

Readers in developed countries are being charged a subscription fee for **Dialogue on Diarrhoea**. The evaluation team recommends that this practice be continued and expanded. The team also recommends that an appropriate accounting system be established so that income from subscriptions is credited directly to the **Dialogue on Diarrhoea** account. This system shall also track the expiration dates, exchange and complimentary copies, and will flag duplicates in the system.

B. SPECIFIC FINDINGS AND RECOMMENDATIONS

1. Dialogue on Diarrhoea/English

Status: The increased distribution of **Dialogue on Diarrhoea** over the past year from 20,000 to 100,000 demonstrates an exceptional effort on the part of the **Dialogue on Diarrhoea** unit. The majority of the increased distribution was achieved through bulk mailings to institutions identified as involved in primary health care. There was also a special effort made to supply interested new readers with back issues of **Dialogue on Diarrhoea**, which necessitated reprinting and preparing collated sets of back issues for distribution. To accommodate the increased distribution, the mailing list was computerized, and organized by region. The labels produced by the computer carry the number of copies each package will contain. These mailing list labels are sent to Bourne Offset Ltd., the **Dialogue on Diarrhoea** printer, who also packages the publication for mailing and sends it to the bulk mail distributor.

The technical content of each issue is determined by an editorial committee consisting of the editorial staff and the Scientific Editors. Editorial advisers, WHO/CDD, and AID/S&T/H review the articles for accuracy and appropriateness.

Recommendations: While it was agreed that there remains a large audience for the English edition of **Dialogue on Diarrhoea** that could be targeted for outreach, the capacity of the staff to accomplish this would be at the expense of other activities required by the Cooperative Agreement. Therefore, the team recommends that no further promotional effort be made to expand the distribution of the English version. Reprinting of back issues, once the current supply is exhausted, is not recommended under the current budgetary levels. (See Section 3)

There was some discussion about the feasibility of decentralizing the production of **Dialogue on Diarrhoea** by sending camera-ready copy of the English edition to selected institutions in developing countries for printing and distribution. The logistical and managerial burden which this would place on these institutions was determined to be greater than any benefits which might derive from this arrangement, so the team recommends that this not be pursued.

The team recommends that the content of **Dialogue on Diarrhoea** should continue to reflect the varied levels of knowledge of the readership. This suggests articles aimed at the ministerial level, doctors, nurses, and regional health workers. In addition, others outside the health professions, such as teachers, need useful, understandable information on diarrheal disease as well and should be included in the target audience.

The team recommends that a simple reader survey be prepared for inclusion in **Dialogue on Diarrhoea** by January 1986. It is suggested that this be a self-mailer of one sheet of questions, which, when folded, has the **Dialogue on Diarrhoea** address on the back. This should be ready to distribute at the ICORT II conference in December 1985, as well. The results of the survey will provide more quantitative information concerning readership and geographical distribution, job activities, program activities, secondary readership, usefulness and utilization of the publication, etc. This survey would be designed in collaboration with the Technical Editors and reviewed by the Project Manager.

It is suggested that a return address to be added the **Dialogue on Diarrhoea** mailing envelopes which will allow more systematic return of undeliverable copies of the newsletter and will help to keep the mailing list current.

2. **Dialogue on Diarrhoea/Translations**

a. **French**

Status: The French edition of **Dialogue on Diarrhoea** is produced through l'Organisme de Recherche pour l'Alimentation et la Nutrition Africaines (ORANA), the regional nutrition institute located in Dakar. This arrangement, funded by AHRTAG, has provided 18 issues in French of **Dialogue on Diarrhoea** to date. A recent visit to ORANA by Judy Brace provided additional insights and information on the production process, and enabled ORANA, with the help of the PRITECH Sahel regional representative, to more accurately estimate their production costs, levels of efforts, and to develop a budget that realistically reflected these costs. (These findings, recommendations, and budget are attached as an Annex to this report.) As well as continuing to translate the English edition, ORANA, with the help of PRITECH, will be developing a regional (Francophone African) insert of 2 to 4 pages, that will feature country programs in ORT. Articles about these programs will be commissioned for the insert from local journalists, who will research the projects, photograph them, and write them up for the newsletter. In addition to the insert, ORANA is proposing to develop a composite issue of some 44 pages that would reprint key articles from the past 18 issues of the French edition of **Dialogue on Diarrhoea**.

With the assistance of the PRITECH regional representative, ORANA plans to increase the distribution of the French edition of **Dialogue on Diarrhoea** by including regional and local health clinics, nurses' associations, faculties of medicine, and other potential users of **Dialogue on Diarrhoea** on ORANA's mailing list for the Sahel region. It is hoped to increase the distribution from 6,000 to 10,000.

Recommendations: The team feels that all these activities that ORANA proposes, to increase the knowledge of diarrheal disease in the Sahel region, are desirable. However, because the budget of these proposed activities exceeds the amount budgeted by **Dialogue on Diarrhoea** for the French edition, the team recommends that AHRTAG review the budget to determine if the necessary funds could be obtained from other line items in the budget. If there are sufficient funds in other categories, the team would recommend their use to support these French edition activities. If only partial funding is available, the team would recommend postponing the compilation issue of

Dialogue on Diarrhoea until sufficient funds are available. However, the team feels that these activities should receive high priority for transferred funds.

b. **Tamil**

Status: RUSHA, Rural Unit for Social and Health Activities, an institution in Tamil Nadu, India is being provided 300 U.K. pounds to translate, publish, and distribute 1,000 copies of a single Tamil edition of **Dialogue on Diarrhoea**.

Recommendations: Because such a small cost will be incurred by this activity, the team feels that it is worthwhile to continue to support this proposed Tamil edition, to test the effectiveness of small-scale, targeted translations.

c. **Hindi**

Status: The Tata Institute, in conversation with Dr. Elliott, has offered the sum of 25,000 rupees toward a Hindi edition of **Dialogue on Diarrhoea**. There was discussion of the multiplier effect that might be achieved by coupling a Hindi edition with the work which will be done by PRITECH under of Dr. Jon Rhode, working in India, beginning in 1986. Dr. Daleep Mukarji from the Christian Medical Commission, urged greater distribution of the English edition rather than a Hindi edition, saying that the level of health worker targeted by **Dialogue on Diarrhoea** ensured that he/she would be an English speaker - that is, down to the level of the multipurpose health worker, who would in turn be training the village health worker.

Recommendations: The team recommends that production of a Hindi edition of **Dialogue on Diarrhoea** be postponed at this time.

d. **Indonesian**

Status: The possibility of an Indonesian edition of **Dialogue on Diarrhoea** is being discussed to complement the Diarrheal Disease Control Activities starting up in Indonesia. This is a new site of the Communication for Child Survival (HEALTHCOM) Project, which will integrate the use of media into a nationwide educational effort to teach the use of ORT. A local edition of **Dialogue on Diarrhoea** following the project's start-up would generate interest, and provide an outlet for project information. Previous conversations with USAID/Jakarta and host country officials indicated an interest in an Indonesian translation.

Recommendations: The team recommends that S&T/H contact USAID/Jakarta to explore further the possibility of collaboration and suggests a visit by the **Dialogue on Diarrhoea** staff to Indonesia to help identify appropriate institutions which may already be working in diarrheal disease that would be interested in being the translator, producer, and distributor of an Indonesian edition of **Dialogue on Diarrhoea**. If feedback is positive, the team recommends translation begin with **Dialogue on Diarrhoea** #19 and continue with the regular issues thereafter. This work should be coordinated with other contractor activity.

e. **Urdu**

Status: There has been some discussion about developing an Urdu edition of **Dialogue on Diarrhoea** for use in Pakistan, particularly among refugees.

Recommendations: The need for such a newsletter in Urdu should be better documented before being considered.

f. **Swahili**

Status: There was discussion about the usefulness of a Swahili edition of **Dialogue on Diarrhoea**. Dr. Richard Feacham reminded the team that almost without exception, anyone who would be literate in Swahili would be so in English or French. It is also felt that it currently would be very difficult to identify an institution capable of undertaking the translation, production, and distribution of a Swahili edition.

Recommendations: It is more important to reach a reader at least once in English, than possibly twice with a duplicating language. Field needs may show that other types of educational materials in Swahili, such as a poster for mothers, may be more appropriate than the newsletter.

g. **Arabic**

While the Arabic edition of **Dialogue on Diarrhoea** does not fall within the Cooperative Agreement with AID, it is important to recognize it as an information and programmatic vehicle. The Arabic edition of 15,000 copies forms a vital link to the primary health care community in North Africa and the Middle East. The team sees this language-specific support by UNICEF as an example of the way in which other donor agencies might contribute to the expanded outreach of information on diarrheal disease. (The Egyptian National Control of Diarrheal Diseases Project assisted in the printing and distribution of the Arabic edition in Egypt.)

h. **Spanish**

For some time, PAHO undertook the translation, production, and dissemination of a Spanish-language edition of **Dialogue on Diarrhoea**. For a number of reasons, this arrangement has not continued. Under AHRTAG's Cooperative Agreement, AID chose to support and expand the French and English editions. However, the lack of a Spanish edition of **Dialogue on Diarrhoea** is a significant gap in the distribution of appropriate diarrheal disease control information to Spanish-speaking Latin America. Publication of a Spanish edition should be a priority for **Dialogue on Diarrhoea** and AHRTAG, and a funding strategy should be developed and implemented as soon as possible.

3. **Back Copies**

As specified in the Cooperative Agreement, back issues of all the issues of **Dialogue on Diarrhoea** have been reprinted (5000 each). These back issues are put together in sets (issues 1-20), and distributed in response to requests from the field. To date, 2500 sets of back issues have been distributed. It is expected that during the next year, the remaining 2500 sets will be distributed.

Recommendations: The team recommends that the production of back copies not be expanded. The focus should instead be on distributing sets to organizations and institutions in the field to maximize the multiplier effect. This would include libraries, training institutions, and such meetings as the recent AID regional conferences in Bangladesh and Malawi, and the upcoming ICORT II conference.

It would also be helpful to follow up with selected recipients of these sets to determine their usefulness and appropriateness. This review should not be large scale - but rather a small selective sample (perhaps 25 in each region). This will provide feedback to project staff and will assist in planning future outreach activities.

If the budget will allow, the team also supports the production of a **Dialogue on Diarrhoea** compilation in French. This would appear to be a cost-efficient format to provide the field with selected articles from **Dialogue on Diarrhoea** on a range of technical and programmatic issues and would focus on and reinforce the key education messages of ORT. It would also appear to be particularly valuable for use in education and training as well as a reference tool. The usefulness of this format should then be assessed before undertaking the preparation of compilations in other languages.

4. **Other Health Education and Information Materials**

The focus during the first year of the Cooperative Agreement has been on the expansion of the English edition of **Dialogue on Diarrhoea**. Given the magnitude of this undertaking, no other materials were produced except those specifically related to the expansion effort (promotional poster etc.).

Recommendations: Given the staffing and space constraints of the project, the production of additional materials must be carefully undertaken. As stated in the project scope of work, these activities must be approved by the AID project manager. It is suggested that some materials be developed for distribution at the ICORT II conference in December 1985. Though the specific activities must be mutually agreed upon by **Dialogue on Diarrhoea** staff and AID, the following were suggested:

a. To prepare an exhibit about **Dialogue on Diarrhoea**. Conference attendees could meet with **Dialogue on Diarrhoea** staff and obtain issues of the newsletter. In addition a promotional kit on the project could be prepared and might include a poster developed for the conference from the winning photograph of the **Dialogue on Diarrhoea** contest, and a questionnaire/reader survey to be filled out by participants. This would provide an excellent opportunity to expand the **Dialogue on Diarrhoea** network and also to obtain information (though qualitative) about the effectiveness of its distribution in the field. It would also enable staff to meet with people who are active in the diarrheal disease field and who may be potential contributors to and distributors of **Dialogue on Diarrhoea**.

b. To convene a **Dialogue on Diarrhoea** workshop at ICORT II. It is hoped that this workshop would be an opportunity to increase the dialogue between the field and **Dialogue on Diarrhoea** staff, and would identify possible collaborative information dissemination undertakings.

c. To convene a meeting of **Dialogue on Diarrhoea's** Editorial Advisors who will be participating in ICORT II.

Assessing what is needed by the field is necessary before undertaking the development of any other specific materials.

5. **Other Project Information Services**

At the present time, approximately 1/3 of the AHRTAG library's operating budget (staff and materials) is being supported under the Cooperative Agreement.

Recommendations: The role of the library needs to be defined - both programmatically and for budgetary purposes. For example, in the **Dialogue on Diarrhoea** staff list, there is no mention of library staff, yet the budget reflects this.

The team recognizes the importance of information support in a project such as **Dialogue on Diarrhoea**. However, to ensure continued support and expansion of information services, the following are recommended:

a. All materials specifically ordered for the **Dialogue on Diarrhoea** project and purchased with AID funds must be identifiable. Generally, a specific **Dialogue on Diarrhoea** budget number should be assigned when ordering materials. This is a process used by most small libraries. It will enable both AHRTAG and AID to have a better sense of the amount of information support required for a project like this one, and will assist in planning and budgeting future activities.

b. A way to track information requests specific to the **Dialogue on Diarrhoea** project. When the librarian sends out information to the field in response to a query, this should be recorded, including what was sent, and to whom.

c. Visitors to the information center who wish to use the **Dialogue on Diarrhoea** collection or have been referred to AHRTAG because of **Dialogue on Diarrhoea** should be recorded. (A simple recording form can be developed.) Though it may be difficult to be precise about **Dialogue on Diarrhoea** users of the AHRTAG collection, some system has to be implemented that will provide a basis for both AID and AHRTAG to assess how resources are being used and allocated.

6. Other Donor Activity

"AHRTAG shall continue to seek other donor support (WHO, UNICEF, and others) for DIARRHOEA DIALOGUE. The level of donor support will be carefully reviewed during the project evaluations and continued financial support from other donors will be a major consideration for future AID support." Cooperative Agreement

Status: Two other funding organizations contribute to the support of **Dialogue on Diarrhoea**: UNICEF and WHO. Each organization contributes \$20,000 per year. The UNICEF funds are clearly designated for the translation and production of the Arabic edition of **Dialogue on Diarrhoea**. There have been two compilation editions to date which were bulk mailed to Jordan and distributed throughout the region. The WHO/UNICEF funds are used to support the distribution of newsletters to countries which are prohibited from receiving AID support.

The team was presented with a list of donor agencies that have been approached for funding for **Dialogue on Diarrhoea** (attached as Annex C). There was no indication, however, that there had been a preliminary strategy worked out to approach each agency with a request to fund that part of the **Dialogue on Diarrhoea** "package" that would have most appeal, or that there had been a cost breakdown that would illustrate the possible funding elements of **Dialogue on Diarrhoea**. It was indicated to the team that the AHRTAG management is concerned about fundraising specifically for **Dialogue on Diarrhoea**, as it could be competitive to fund raising for the institution as a whole. It is not the intent of AID to dictate organizational funding strategy. However, the Cooperative Agreement, specifically mandates that **Dialogue on Diarrhoea** must receive additional donor agency funding to qualify for consideration for future AID support.

Recommendations: The team, emphasizing this contingency factor of future AID funding, strongly recommends that priority be given to developing a comprehensive strategy for additional support. This strategy should be a primary activity of the **Dialogue on Diarrhoea** Project Manager-consultant, and should be ready for review by

AID a month following the starting date of the new Manager. The strategy could present a "menu" of components of **Dialogue on Diarrhoea** available for funding by other donor agencies. This might include specific issues devoted to a single topic, an insert, a particular language translation, or regional focus, etc. **Dialogue on Diarrhoea** Technical Editors, already familiar with appropriate persons in the field, should be encouraged to pursue leads and generate interest. The team recognizes that while AHRTAG management and the AHRTAG Council should be informed of these activities, the continued support of **Dialogue on Diarrhoea** by other funding sources should be the primary responsibility of the **Dialogue on Diarrhoea** staff and should not be subordinate to broader AHRTAG goals (which this can only strengthen).

7. Financial Management

"All funding provided by AID shall be for the sole purpose of support and expansion of DIARRHOEA DIALOGUE. Separate accounting shall be kept on all AID funds." Cooperative Agreement

Status: The team findings indicate that there has been an insufficient understanding of the accountability level expected by AID. Because there have been no tasks/work plan/job descriptions spelled out for the staff by AHRTAG, and no records kept of how staff activities specifically relate to **Dialogue on Diarrhoea** work in many instances, questions arose as to AHRTAG's ability to document these charges in the event of an audit. Charges based on a percentage of total outlay - as in the case of the library - are unacceptable within the terms of the Cooperative Agreement, and must be documented by item. The existence of a line item for a certain amount in the budget does not automatically mean that that amount can be flatly charged. What it means is that documented, incurred expenses up to that amount are allowed. If an audit finds no documentation to support such charges, they can be "disallowed" and monies received must be returned. Documentation includes timesheets filled in daily to indicate time spent on project work, invoices for materials charged, etc.

Recommendations: To assist AHRTAG to provide more accurate accounting of the expenses incurred in the carrying out of the Cooperative Agreement, the team recommends that a financial expert, familiar with the methodology of AID project record-keeping be sent to work with AHRTAG for several days, to familiarize staff with project accounting needs, and to suggest appropriate ways in which to deal with these needs. (See Annex A). The team also recommends that the Project Manager prepare regular reports on the financial status of the project, and that accountability rest within the **Dialogue on Diarrhoea** unit. That is, that the Project Manager approve all charges against the project (staff time, miscellaneous expenses, document purchases and the like), and be responsible as well for seeing that all invoices are paid in a timely manner. The payment of the charges incurred by ORANA, for example, frequently lagged many months behind. This process could benefit from ongoing oversight by the persons directly concerned.

8. Organizational and Staffing Structure

"That DIARRHOEA DIALOGUE continue to function as an autonomous project in AHRTAG and that the project management continue to be the responsibility of the Executive Editor." Cooperative Agreement.

"That the technical and scientific quality of **Dialogue on Diarrhoea** be maintained. AID feels that the Scientific Editors, Dr. Katherine Elliot and Dr. William Cutting and the Executive Editor, Ms. Denise Ayers, are uniquely

qualified and play a key role in DIARRHOEA DIALOGUE. Their continued involvement with the publication is essential for AID funding." Cooperative Agreement.

Status: The team found that while the Cooperative Agreement expects that the **Dialogue on Diarrhoea** project will be autonomous, with responsibility for fulfilling the terms of the agreement, managing its budget and staff, and space needs, that in fact, this is not the case. **Dialogue on Diarrhoea** staff is expected to work on other AHRTAG projects without additional staff to fulfill the remainder of the 100% time to be dedicated to the project. As additional staff have been added to the project (editorial assistant and secretary), salaries proposed by AHRTAG in its budget, and approved by AID, have not been the salaries offered new staff. This new staff has been added to existing crowded space, lowering efficiency and productivity. The team appreciates AHRTAG management's concern that some of these issues are internal organizational matters. However, since the budget as presented and approved presumably reflected AHRTAG's intentions in this regard, this is seen as an attempt to cut costs at the expense of the **Dialogue on Diarrhoea** project.

The team feels that the forthcoming departure of Denise Ayers leaves a critical void in the effective continuation of the work of **Dialogue on Diarrhoea** and that it is essential to have no lessening of the support provided by Drs. Elliott and Cutting. Because it is equally essential not to lose continuity of remaining staff, every support must be afforded Kathy Attawell in order to continue her professional development and to build on her knowledge, allowing **Dialogue on Diarrhoea** to adjust to the change with as little disruption as possible.

Recommendations: To enable **Dialogue on Diarrhoea** to fulfill the remaining terms of the Cooperative Agreement, the team recommends an increased level of effort to the project. As an autonomous project, **Dialogue on Diarrhoea** has not been able to act accordingly in seeking additional support, in taking responsibility for the project budget, and in planning and carrying out additional activities identified in the Cooperative Agreement. The team has identified a lack of any single full-time staff devoted to the project as a considerable handicap to project effectiveness and recommends that this be remedied for the remainder of the Cooperative Agreement by bringing on a full-time Project Manager-consultant who will take on the tasks of fund-raising, representing **Dialogue on Diarrhoea** internationally where necessary, developing and assisting remaining staff to produce other materials, such as for ICORT II, seeing that translations are arranged or proceeding with appropriate developing country institutions and production begun, working out accomodation issues, maintaining financial records, providing quarterly financial and program activity reports to AID. In other words, to move the project successfully through the remainder of the Cooperative Agreement in as efficient and timely a fashion as possible. This is intended to be a short-term position which could be extended. The staffing pattern that the team recommends reflects the need to adjust to the coming changes: That there be a one-year Project Manager-consultant at 100% time; that there be a new position of Editor at 80% time; that an editorial assistant be added; that a secretary be retained and that temporary staff be hired if needed at peak work periods; that Drs. Elliott and Cutting continue or increase their current levels-of-effort as needed to maintain technical quality; that job descriptions be specific to each project position; and lastly, that the management of the project reside within the project in actuality. In accordance with the Cooperative Agreement, AID must approve proposed staff for these positions.

9. Office Accomodations

"A provisional arrangement is possible over the next few months but would be unrealistic beyond early summer...If such suitable accomodation cannot be found, separate premises may have to be identified for the D.D. unit." AHRTAG discussion paper for Dr. Pease, 23 November 1983.

Status: The **Dialogue on Diarrhoea** unit is currently housed in a room on the third floor of the AHRTAG building. This room, approximately 225 square feet, is the office for the Executive Editor, the Assistant Editor, and the project secretary; is the work space for editorial production; and is the storage space for back copies (in bulk) of **Dialogue on Diarrhoea**. There is no room for the Scientific Editors, nor is there room for receiving frequent visitors. The mailing list operator and computer are housed in shared space on the building's first floor. Each staff member has a telephone, there are several typewriters, many filing cabinets and shelves of documents which must all be accomodated.

Recommendations: The team appreciates the correlation of productivity and the work environment. When judged against the demands of preparing and distributing what is perhaps the largest volume of any development newsletter, and when proportionate space is measured against proportionate income, the discrepancy of the inadequacy of space is unjustifiable. The team strongly recommends that an immediate effort be made to maximize the time spent on the project by providing a conducive working space for the staff. To ensure this, the team suggests that a proposal be presented to AID by September 15 to resolve the space issue. This may be a matter of rearranging space allocations within the building, or seeking out external arrangements. The use of funds for office accomodation was specifically agreed to at an earlier date, and should be acted upon. (A brief review of space needs is included as Annex D.)

REPORT OF ~~SMALL~~ MANAGEMENT ASSISTANCE
FINANCIAL

PROVIDED TO AHRTAG

SEPTEMBER, 1985

PREPARED BY

BERNARD FISKEN

APHA CONSULTANT

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14-

I. OVERVIEW

The purpose of this report is to summarize the technical assistance provided by Bernard Fisker, APHA Consultant, to AHRTAG during the period September 10 through September 13, 1985. The Consultant's Scope of Work was essentially the following:

1) To make recommendations that would bring AHRTAG's accounting system into conformity with acceptable U.S. AID procedures, with particular reference to AHRTAG's Dialog on Diarrhoea (DD) program.

2) To make recommendations on an internal financial management report that would provide accurate and timely financial information on the DD program.

In order to fulfill the Scope of Work, the Consultant used the following methodology:

1) Review of Appropriate Documents both in Washington, DC, USA and in London, England. These included: the AHRTAG Cooperative Agreement (CA) with U.S. AID; AHRTAG Quarterly Financial Status Reports to AID; AHRTAG initial project budget submission to AID; APHA Project Evaluation Team draft report; AHRTAG program progress report to AID;

AHRTAG Annual Report; AHRTAG audited financial statements; AHRTAG cash disbursements book; AHRTAG General Fund allocation ledger; and AHRTAG project expense ledger.

2) Interviews with selected AHRTAG-involved persons including Robert Clay, Denise Ayers, Katherine Elliot, Kathy Attawell, Ken Ritchie, Josie Taylor-Lewis, and Alan Morgan.

This report consists of three sections. First, AHRTAG's method for project cost accounting is discussed. Next, documentation of time is treated. Lastly, an internal financial management system is proposed.

The Consultant wishes to express his appreciation to AHRTAG personnel for their time, cooperation and hospitality during this consultancy.

II. PROJECT COST ACCOUNTING

The costs which AHRTAG assigns to its projects are of two types: direct and indirect. Direct Costs are those which are readily identifiable as project costs and can be almost immediately assigned to

a project. These types of costs include: newsletter,, consultants, distribution of newsletters, books/journals, staff travel and consultant travel.

The second type of costs are indirect costs, which not immediately assigned to a particular project but which are ly placed in a pool called the General Fund. At a later time, ally at the end of a quarter, the General Fund pool of expenses is analyzed and apportioned. Some of the General Fund expenses are never allocated out and are permanently classified as general fund expenses. These permanent general fund expenses are absorbed by AHRTAG, using its unrestricted funds. One example of a permanent general fund expense is program development costs for a yet unfunded program.

However, some of the general fund expenses do not permanently remain in the General Fund pool, but are apportioned out to projects. The formula used to apportion these costs back to projects is based on personnel. In the case of salary costs in the General Fund pool, the apportionment is made on the basis of estimated hours worked. In the case of non-salary costs in the General Fund pool the formula is as

follows:

$$\frac{\text{Number of Project Hours for Quarter}}{\text{Total Number of Hours for Quarter}} \times \text{Expense Category for Quarter}$$

Thus if the expense category to be allocated out of the General Fund pool for the quarter was Photocopier Expense of 100 pounds and 30% of the total hours worked for the quarter were for the DD project, then 30 pounds (or 30% x 100 pounds) would be charged to the DD project. Examples of non-salary expenses initially charged to the General Fund pool to be later apportioned are: postage, telephone, stationary, photocopier, premises, and sundry.

In some ways the General Fund pool method of AHRTAG is roughly analogous to the indirect cost (or overhead) pool approach used by many U.S. NGO's, with the unallowable indirect cost portion being that which AHRTAG chooses not to allocate out but absorb with its unrestricted funds and the allowable indirect cost portion being that which AHRTAG chooses to allocate out to its projects. The Consultant suggests that AHRTAG rethink its approach of absorbing certain indirect costs, since AHRTAG has very limited unrestricted funds and program development costs are typically viewed as indirect costs that are part

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of chargeable overhead.

It is important to note that NGO's have various methods of assigning their indirect costs (or overhead) to Fundors. Many NGO's charge a overhead rate percentage on program costs. This rate is developed through an exercise where the NGO classifies its total expenses into direct and indirect expenses and then formulates an overall organization overhead rate. Applying to U.S. AID for a provisional overhead rate is a rather formal process, requiring the submission of an indirect cost rate proposal.

Rather than using an organizational indirect cost rate, AHRTAG uses what is called the direct charge back method to recover its central administrative costs. In essence the central administrative costs are pooled in a General Fund. Some of these central administrative costs are absorbed through the use of unrestricted funds with the remainder of the General Fund being charged back to projects, based on a percentage of employee hours worked.

This discussion of indirect costs is critical to the DD project cost accounting system, since AHRTAG as an organization does incur central administrative costs and must think about how it is to recover these costs from funded projects. Were AHRTAG to be in the position of having unlimited unrestricted funds, it could absorb its central administrative costs. Unfortunately, AHRTAG does not enjoy such luxury and should look to funded projects as a possible means of paying for central administrative costs.

The common challenge faced by AHRTAG and U.S. Aid is how to have the AID cooperative agreement pay for its fair share of AHRTAG's overhead expenses, yet protect the program resources needed to achieve DD's programmatic objectives.

AHRTAG's overhead dilemma with the DD project is somewhat exacerbated by the format of the final cooperative agreement budget. This budget is essentially a direct cost (or program cost) budget with minimal consideration for the concept of overhead. It is not the Consultant's wish to assess blame; to reconstruct history; to determine motives; or to consider timing pressures but the plain fact is the DD

project budget did not lend itself to indirect cost recovery for an organization with limited funds to underwrite indirect costs.

Given this context, how can AHRTAG in the short run deal with recouping its central administrative costs from the DD project.

Its options are:

1) Not charge the project and absorb its central administrative costs through unrestricted funds. This may require raising additional sources of funds.

2) Charge the project, but assign the central administrative costs to other donors participating in the DD project. This AHRTAG has done on the June 1985 Financial Status Report to AID.

3) Obtain CA modifications to allow for overhead recovery. This AHRTAG has essentially and initially done for premises cost.

4) Charge the project using available line items - i.e., assigning a portion of certain administrative salaries to the salary line item.

5) Reducing the amount of its central administrative costs, by making certain cut-back decisions. In the future AHRTAG should be

cautious about entering into projects where it does not deal with overhead considerations in the project budget.

In reviewing the AID Quarterly Financial Report, the Consultant had some difficulty tracking the numbers back to the source information - i.e., cash disbursements book, General Fund Allocation Ledger and Currency Rate Conversion Formula. It is recommended that a worksheet be developed as an audit trail which will consolidate the information from the different source documents and tie into the AID Financial Status Report numbers.

III. Documentation of Time

At the present time AHRTAG does not have a system for recording employee time and work activity. It is critical that AHRTAG implement as quickly as possible a contemporaneous time sheet system where employees record both the amount of time worked and the activity worked upon. An example of a time sheet acceptable to AID was left at AHRTAG.

The reasons that timesheets are necessary are three-fold. First as a recipient of U.S. AID funds, AHRTAG is required under OMB (Office of Management and Budget) Circular A-122 to maintain employee time records. In receiving U.S. Government funds under a cost-reimbursable CA a NGO is expected to document its charges to AID. The document in support of salary charges must be a time sheet rather than an estimate of salary charges.

Second, AHRTAG uses salary hours as the basis for allocating General Fund (overhead) expenses back to projects. Therefore it is important that salary hours worked on a particular project be accurate, rather than approximate.

Third, there has been some concern expressed that a system where project hours are estimated rather than calculated from timesheets could lend to loading up staff time on certain funded projects.

In implementing the time sheet system, these further suggestions are made:

- 1) All employees at AHRTAG should keep a time sheet, even those employees not funded by U.S. AID. Total employee participation

is required since some employees may charge their time to the General Fund which eventually may be charged back to the DD project, plus certain employees not working on the DD project or on General Fund activity may be shifted over to such activity during the fiscal year.

2) Operational definitions should be developed for project activity and General Fund (overhead) activity. Some of the project activity is rather clear, while other project activity may need greater clarity - i.e., Resource Center activity. Also within the General Fund, definitions may be required for activity such as program development effort.

3) To help ensure that employee time will be spent in conformity with organizational priorities and available funding sources, a time budget should be formulated at the beginning of each month. This time budget should be discussed with employees to assure their understanding and acceptance. A process should be developed to deal with variations through the month caused by changing organizational priorities and the presentation of targets of opportunity.

IV. INTERNAL FINANCIAL MANAGEMENT SYSTEM

An area of challenge for many NGO's is how the accounting staff can provide accurate, timely and understandable financial data to program staff. AHRTAG's staff is no exception to this challenge.

At present the primary financial report dealing with the DD project is the Quarterly Financial Status Report submitted to AID. While this document may serve the financial reporting requirements of an outside fundor, it does have limitations as an internal financial management report for program staff. These limitations include: insufficient detail of the calculations, three month reporting cycle, no treatment of obligations incurred but not yet paid, and lack of comparing like periods.

It is recommended that AHRTAG develop an internal, continuing financial report for the DD project. The implementation of this reporting system should be a high priority. AHRTAG may wish to have an initial report which contains some and not all of the elements mentioned below, simply to get the reporting system in place. After the system has been working, then refinements could be made to

incorporate the remaining elements listed below or other elements.

The elements of an internal financial management system for DD should be:

1) Monthly reporting period. In a dynamic project like DD, decisions requiring knowledge of the project's financial status are constantly being made. Thus the 3 month reporting cycle for the AID Financial Status Report is inappropriate for the DD internal financial reporting system in that the financial information would be out-dated and stale. Therefore the internal report should be prepared on a monthly basis, as quickly after the close of the month as possible. Fully appreciating that certain expenses are incurred quarterly - i.e., rent and telephone - estimates could be used for the first and second month of the quarter. In the third month of the quarter adjustments could be made so that the third month reflects actual figures and ties into the AID Financial Status Report.

2) Use of line item format. Since both the CA budget and AID's Financial Status Report use a similar line item format, it is suggested that this same format be used for the internal financial

management report.

3. Show all DD funds. Since the DD project is larger than the AID funds for the project, the monthly report should show funds from other sources as well. This would allow program staff to grasp the totality of DD's financial situation and not simply the AID piece.

c) Compare estimate to actual for the period. At present the AID Quarterly Financial Report shows the actual expenses for the 3 month period and the actual expenses to date (or accumulated expenditures). Since the AID funding is for a 24 month period, it is difficult to determine if the current level of spending for DD is ahead or behind budget. Thus it would be prudent to formulate a budget for the budget, meaning that the ^{it} ^{the} expenses for a month are projected and then compared to the actual expenses when those actual numbers are calculated. Therefore the monthly financial management system should estimate the upcoming month's expenditure level. This is particularly relevant in the months when the DD Newsletter will be printed and mailed.

5. Obligations incurred. The monthly financial management report will reflect expenses that have been actually paid. In addition to these expenses AHRTAG may have obligated (or encumbered) funds. These may be either invoices received but not yet processed and/or obligations that are still in the pre-invoice stage. Should these obligations be material in amount, AHRTAG may wish to incorporate them in the internal financial management report by using a line item or a footnote to more fairly reflect the DD project's condition.

6) Detail of calculations. Since NGO program persons historically have differing levels of numeracy, it would be well for the monthly financial management report to have an attachment which details how some of the numbers were calculated. This would be particularly appropriate for the initial report so that there is a common understanding of the standard item representing project costs. Thereafter the details and formulae for standard recurring items might be deleted or abbreviated.

Schedule for AID Evaluation Team
July 15-19, 1985

Monday 15 July 1985 (CIBA Foundation)

a.m. General Review
p.m. Financial Review

Tuesday 16 July 1985 (CIBA & AHRTAG)

9:30 - 11:00 a.m. (AHRTAG)	Site visit (DD production & Accommodations)
11:00 - 12:30 (AHRTAG)	Joint Evaluation Team & DD meeting
12:30 - 2:00 (AHRTAG)	Working Lunch
2:00 - 3:00 (CIBA)	guest: Dr. Andrew Tomkins Staff Interview (Dr. Elliott)
3:00 - 4:00 (CIBA)	Staff interview (Dr. Cutting)
4:00 - 5:00 (CIBA)	Evaluation Team Meeting

Wednesday 17 July 1985 (CIBA)

9:30 - 10:30	Indian Translation (Dr. Cutting, Dr. Mulkujee, 1 AHRTAG staff)
10:30 - 11:30	Staff interview (Ms. Ayres)
11:30 - 12:30	Evaluation Team Meeting
12:30 - 1:30	Lunch
1:30 - 3:00	French Translation (Ms. Prysor-Jones and 1 AHRTAF staff)
3:00 - 4:00	Staff interview (Ms. Attawell)
4:00 - 5:30	Evaluation Team Meeting

Thursday 18 July 1985 (CIBA)

9:30 - 10:30	Other translations (Indonesia etc)
10:30 - 11:30	Staff interview as needed
11:30 - 12:30	Evaluation Team Meeting
12:00 - 2:00	Working Lunch
2:00 - 3:00	Guest: Dr. Richard Feachem
3:00 - 5:30	Other Donor Issues Report Writing

Friday 19 July 1985 (CIBA)

A.M.	Internal Closure (Review & Report Writing)
P.M.	Review Evaluation Results with AHRTAG

Donor agencies approached for funding for DD

i <u>International agencies</u>	UNICEF WHO
ii <u>Official aid programmes</u>	CIDA DANIDA GTZ NORAD ODA SIDA
iii <u>Trusts, NGOs etc</u>	IDRC OXFAM 35 British companies and trusts 6 non-British trusts

Space requirements for Diarrhoea Dialogue project staff

The Executive Editor, Assistant Editor and Project secretary currently work on the third floor of the building in one office (approx. 225 square feet). The room is also used for storage of back copies etc. The mailing list operator works in a separate, shared office on the first floor. There is no space in which the scientific editors can work and editorial meetings are held in the third floor office described above.

The provision of extra space for the project as described below would greatly improve working conditions:

EDITORIAL OFFICE - 200 square feet

Staff : Executive editor/Assistant Editor

Equipment: Filing cabinets/telephones/computer terminal

GENERAL OFFICE - 225 square feet

Staff: Project secretary/ mailing list operator

Equipment: Main computer station/ filing cabinets/ telephones/typewriters/ storage/ layout space

MEETING ROOM - 180 square feet

Staff: Meeting space for editorial meetings/ discussions with visitors/ working space for scientific editors.

Equipment: Large table/telephone. The meeting room could also house project resource materials.

EXTRA STORAGE SPACE - 70 square feet

For storing back copies of DD, stationery etc.

TOTAL SQUARE FOOTAGE
(Excluding shared areas
such as stairways/toilets etc)

675 square feet

DIALOGUE ON DIARRHOEA

PROJECT REPORT FOR USAID

July 1985

USAID EVALUATION OF DIARRHOEA
DIALOGUE

London, July 1985

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02

INTRODUCTION

Our aim on receipt of the CA from USAID in August 1984 was to work towards the expansion of the circulation of DD worldwide, focusing particularly on the English edition, the French edition, and other language editions to be started with CA funding.

A major strategy in reaching our objective was to be an extensive promotional campaign and the production and distribution of sets of back copies of the newsletter to readers. Over the past year, the success of the publicity programme has allowed us to reach our main goal for July 1985 of producing and distributing 100,000 copies of the English edition of the newsletter.

Progress with the development of other language editions has been slower than anticipated - largely due to problems in identification of groups who could reliably undertake this work (see section 3).

1. ENGLISH EDITION

a) Promotional campaign:

Promotional letters advising readers about the increased availability of DD were sent out to:

- international agencies and voluntary groups in developing and developed countries
- hospital and nursing federations
- paediatric associations
- journals, both in developed and developing countries
- resource centres in developing countries
- related short courses in the U.K.
- ministries of health

Response to these letters was rapid and encouraging. (see Table 1)

Table 1

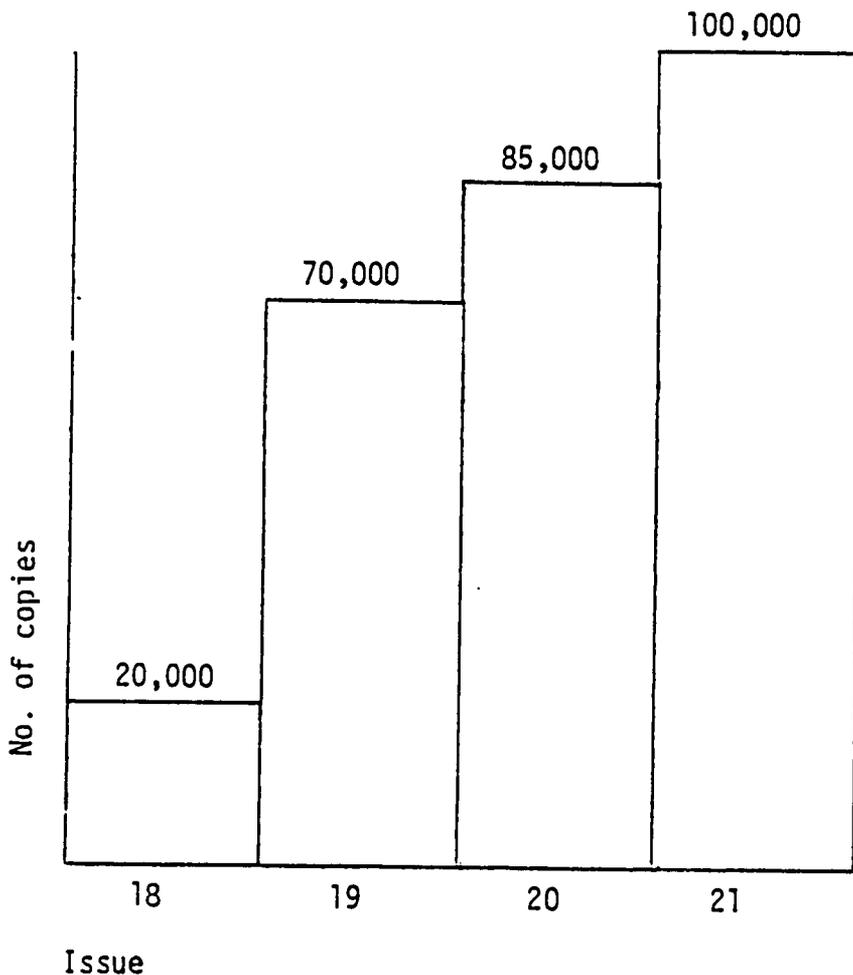
Extra copies requested as a result of promotional campaign (more than five copies) September 1984 - July 1985

Resource centres (LDCs)	8,213
Agencies	9,298
Church missions	302
Hospital/nursing federations	14,634
Journals (LDCs)	3,700
Ministries of health	14,760
Clinics/health centres/hospitals	9,723
Libraries	131
Educational: colleges/schools/medical schools	6,202
Short courses (U.K.)	216
Miscellaneous/individuals	8,176
TOTAL	<u>75,355</u>

As a result of this expansion we have been able to rapidly increase the print-run of the English edition of the newsletter in accordance with projections set out in the implementation plan:

Table II

Summary of issues printed/number of copies printed



b) Distribution

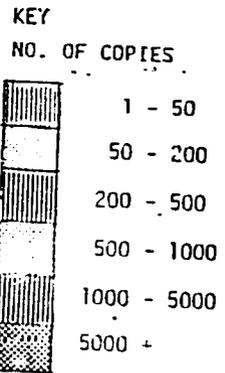
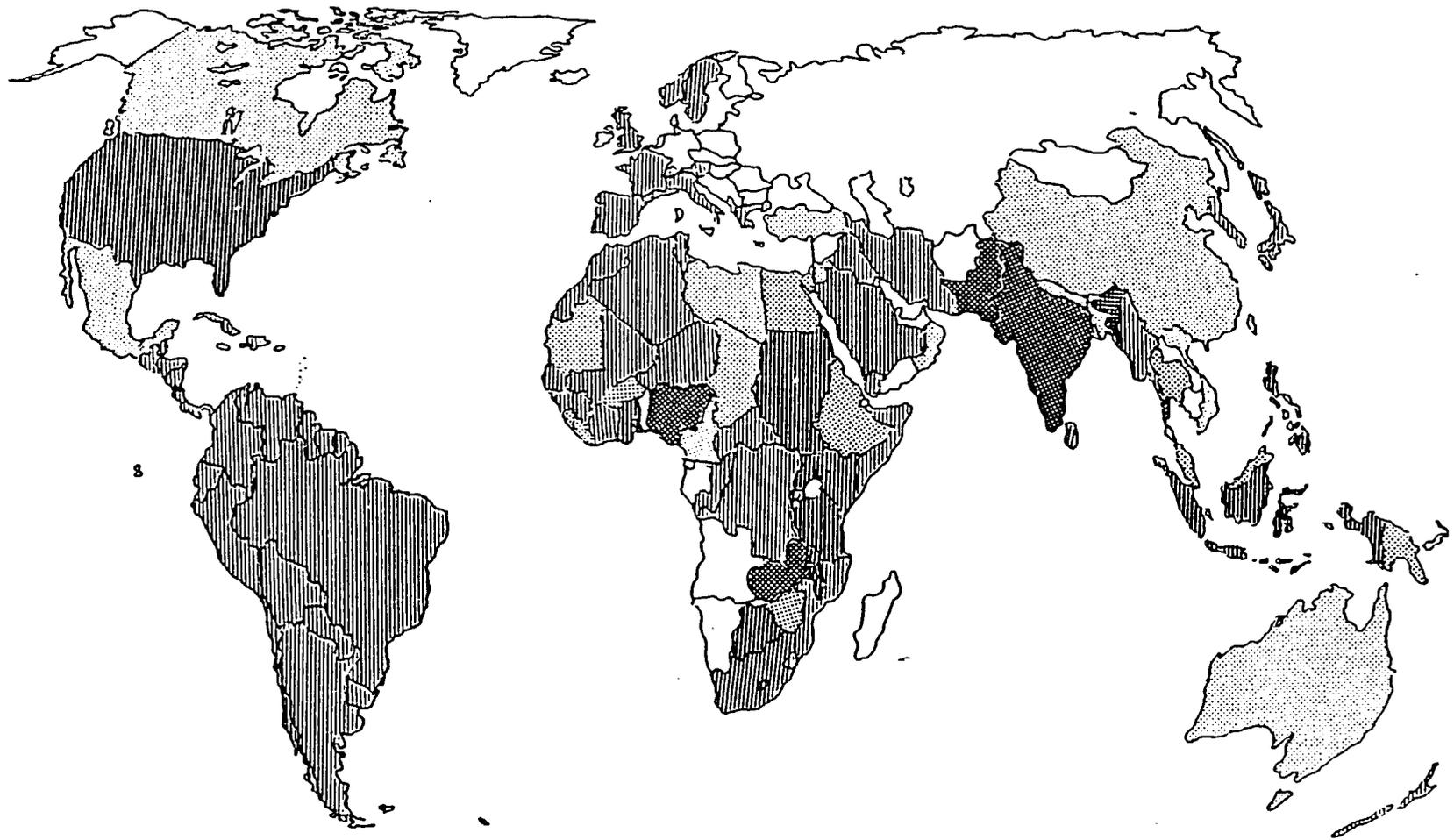
The attached map shows the increase in circulation by geographic area from July 1984 to April 1985. Figures show expected increases in circulation in areas such as India and parts of Africa which have always been well subscribed. However, they also show an encouraging increase in countries where we previously had a small circulation. Perhaps most important, the promotion campaign has enabled us to increase coverage

MAILING LIST INCREASES 1984-1985

July-August <u>1984</u>	585
September-October	11,395
November-December	11,279
January-February <u>1985</u>	14,481
March-April	23,772
May-June	14,465

Total	<u>76,107</u>
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INCREASE IN DD CIRCULATION FROM JULY 1984 - APRIL 1985



of key groups of people such as nurses in a much more effective way because of the increased availability of copies.

c) Mailing

Quantities of up to 5,000 copies are sent out through a mailing house by air-speeded post (see Attachment 1). PAHO and WHO are sent copies by air freight. Agencies in developed countries receiving copies in this way pay for the service.

d) Target audience

Attachment 2, detailing the results of the readership questionnaire carried out in 1983 indicates the composition of the readership then. Since the promotion campaign, the composition has developed in many countries to include more health providers than before, and people involved in training primary health care workers. Our up-dated mailing list currently being organized on the new ICL computer has a job classification for each reader and will enable us to put together a readership profile by country.

e) Editorial content

Since the CA was signed, three issues of the newsletter have been produced.

ISSUE	MAJOR TOPIC	RELATED ARTICLES	INSERT
DD 19	Oral rehydration therapy	<ul style="list-style-type: none"> o teaching aids o country programmes o rice powder ORS o BRAC review 	Oral rehydration therapy
DD 20	Operational research	<ul style="list-style-type: none"> o country reports o writing a funding proposal o AID and PRICOR reviews 	DD index (1-19) Photographic competition

DD 21	Blindness and diarrhoea	o Vitamin A sources o refugees and the problem of diarrhoea o diarrhoea and cataract	No insert
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Many of the topics included in these issues were those requested by readers in the readership survey. The interest in issue 19 in particular, reiterating basic facts about ORT, underlines the fact that certain basic points can never be made too often. Country reports are always very popular as are practical advice pages that give people information on which they can act. Issue 20 advertised a photographic competition to which we have had a fair response. The intention was to try to involve readers more in the Dialogue and to get more information about local initiatives in diarrhoeal disease control. The competition report will appear in DD 22. The practical advice page in DD 20 with hints on writing a funding proposal has been very popular. DD 21 took a slightly different approach to 19 and 20, looking at a specific but important condition related to diarrhoeal disease: xerophthalmia. The editorial objective was to bring people back to the idea of treating the whole malnourished child.

Major topics for the next three issues are neonatal diarrhoea; ORT outside the health services; growth monitoring and diarrhoeal diseases; and an update and review of laboratory techniques (the latter has been requested by many readers).

Format

The overall format of the newsletter has remained unchanged.

Following discussions with the Communications Review Board USAID and in accordance with the request to modify the title, a sub-title has been added - 'The international newsletter on the control of diarrhoeal diseases' - and the main title reversed to read 'Dialogue on Diarrhoea' therefore making it possible to continue to refer to the publication as DD.

f) Back copies

Complete sets of back copies of the newsletter were printed in Autumn 1984. Since the 2,500 sets have been sent out all over the world, principally to new readers involved in provision of health care and to small resource centres and nursing and other training institutions. DD 19 included a mailing card for readers to return if they wanted sets of back copies and there was a high response to this. Requests have now levelled off slightly but we are still sending out between 50 and 75 sets a week. We must now decide whether to continue provision of this service or to adopt a different strategy such as the reprinting only of selected articles from past issues.

g) Other editorial and promotional activities

- o Dr Elliott and Dr Cutting have continued to promote DD through their teaching and training commitments.
- o Posters publicizing DD have been produced and distributed as described in the implementation plan.

The development of other materials has not been possible yet because of the amount of staff time taken up in the main part of the project work related to the CA.

2. FRENCH EDITION

The French edition has continued to be produced by ORANA in Senegal but without any expansion in circulation up to now. Despite requests by letter to the ORANA Director, Dr M Ndiaye, to let us know to what extent ORANA could cope with expanding the circulation of the French edition, and the costs that would be involved, we have not had any response from him on this. It was felt that more might be achieved by a personal visit to Senegal and the Executive Editor planned to go in April but unfortunately illness prevented the trip. However, fortunately for us, Suzanne Prysor-Jones (PRITECH) and Judy Brace (A.E.D.) were also in Dakar in April discussing the PRITECH/ORANA workplan. Suzanne prepared an extremely helpful paper (Attachment 3) outlining what the potential was at ORANA for expanding the circulation of Diarrhee Dialogue and developing related materials, and how these activities would dovetail with the PRITECH workplan. It was agreed that the activities proposed by ORANA would be discussed with the evaluation team in July before any further action was taken.

3. OTHER LANGUAGE EDITIONS

When the promotional campaign was undertaken, a letter was sent to groups in developing countries to see how much interest there was in carrying out new translated editions, and which languages would be most popular. After an initial response, we wrote again to the groups which had sounded most promising and asked for more details about work plans and budgets.

The first letter requested the following information:

- o language proposed
- o name and address of organization
- o no. of copies to be produced
- o frequency of publication
- o method of distribution
- o cost of operation
- o other comments

Requests were received to produce DD in the following languages:

Akan (Ghana)	Oriya -
Mende (Sierra Leone)	Farsi
Swahili	Kaonde
Telugu	Hausa
Bengali	Ibo
Hindi	Homa
Indonesian	Philippino
Fijian	Laonde (Zambia)
Pashto	Nepal
Thai/Malyasian	Amharic
Tamil	Luganda (Uganda)
Urdu	
Marathi	

Attachment 4 shows the information received so far from the various groups. Not surprisingly, many have not responded with further details after showing initial interest. Of the ones who have sent more information, the only group we have asked to proceed with translating work is RUHSA in Tamil Nadu. We have had contact with this group before and feel that they will undertake the work satisfactorily.

Since the amount of funding requested by other groups considerably exceeds the amount allocated in the CA for supporting new editions, we have not taken any further decisions on which other editions might receive assistance. Hindi, Swahili, Urdu and Indonesian would appear to be priorities. In the case of Urdu, the UNICEF office in Islamabad expressed considerable interest in helping to produce and distribute this edition but have not come forward with a definite proposal. As far as a possible Indonesian edition is concerned, staff in the USAID office in Jakarta, the CDD programme officer and Dr Michael Gracey (DD editorial board member in Australia) have all discussed how this might be realized but again, no definite proposal has been formulated.

On an ad hoc basis, readers continue to send in single articles or items that they have selected from DD and reproduced in local publications.

Constraints in the expansion of the circulation of DD

1. Air freighting of large quantities of DD to developing countries has not been successful because of import duties payable on receipt of the goods. We are now either mailing these quantities via our mailing house or looking into the possibility of other agencies within countries receiving them and passing them on to the recipients.
2. In some cases where very large quantities of DD have been requested, for example the Nigerian Nurses Federation, who asked for 20,000 copies for distribution to all members, we have proposed sending out part of the order but asking whether, if, on receipt of artwork or film, the organization in question could print some of its own copies. We have not had a very good response to these suggestions even when proposing other groups within the country who may be able to assist with printing and distribution.
3. The mailing out of sets of back copies has proved to be even more time-consuming than expected.
4. Space constraints in the office remain a problem both from the point of view of storage of material and access to quiet working areas.
5. The delay in setting up the programme on the new ICL computer caused difficulties with keeping the mailing list up to date, given the large number of new readers. However, the list has now been revised and updated and should run smoothly in future.

Summary

Taking into account the constraints mentioned above, we feel overall that the principal aim of expanding the availability of the English edition of DD in developing countries has progressed in accordance with the implementation plan. We hope that following discussion of the paper on the French DD with the evaluation team, it will be possible to move forward on implementing expansion of this edition as soon as possible. Development of other language editions will need greater consideration over the next few months.

1/6

ATTACHMENT 1: Cost cutting measures

DIALOGUE ON DIARRHOEA - PRESENT COSTS AND WAYS IN WHICH COSTS HAVE BEEN REDUCED. PLANS FOR REDUCING FUTURE COSTS.

1. Printing and publication costs

Dialogue on Diarrhoea is a quarterly eight page newsletter published by AHRTAG. Since the commencement of AHRTAG's contract with USAID in July 1984 the circulation of the newsletter has increased from 20,000 to 100,000 copies.

<u>Current typesetter/printer:</u>	<u>Cost</u> (issue 20: 85,000 copies)
Bourne Offset Ltd, Iver, Buckinghamshire.	£6,378.00 (8,282.00 (including index insert))

o AHRTAG has investigated ways in which printing costs could be reduced and has considered several options:

- Paper quality. With the same weight but poorer quality of paper the saving on a print run of 100,000 copies would only be £294.00.
- Computer link-up. We have discussed the possibility of this with two typesetting firms (both of which could use word processed copy) One in addition could link up with AHRTAG via a telephone and the other, Digital Graphics, also based in London, which has the facility to collect text from AHRTAG's word processor via a 'milking machine' if the computers are not compatible, or by direct transfer from disks if they are. This could potentially reduce typesetting costs per issue by 30-40 per cent, largely through saving time in keying in copy twice. However, the proportion of total production costs represented by typesetting costs is very small and the savings gained would be minimal. This type of technology is not yet firmly established in the U.K. and is still a relatively expensive facility for a small publication. It is, however, a possibility which AHRTAG will continue to review.

Bourne Offset our current printers are planning to invest in new technology during 1985, in particular a phototypesetting system, high speed binding machinery and larger format presses, all of which they have estimated could save up to 20 per cent on the current overall price of producing DD.

Although Bourne Offset are not the cheapest printers we could use, AHRTAG has in the past used other printers and typesetters where costs were lower, for other newsletters, and has found from experience that they do not necessarily

provide a good service. Reduced costs have been offset by the increased time involved in liaising with printers and typesetter, proof-reading, poorer quality of reproduction etc. On balance, the current system seems to provide the best combination of price and quality.

- As the print run has increased the run-on price per 1,000 copies reduces dramatically, considerably lowering the price per individual copy.

2. Distribution costs

AHRTAG has already investigated the alternatives for mailing newsletters both singly and in bulk. In late 1980 we began to use Pharos a bulk mailing house whose costs are considerably less than those incurred by using the Post Office. AHRTAG estimates that the costs of distribution are halved by using Pharos.

Only those receiving large consignments who are able to afford air freight costs are sent newsletters by air. These are PAHO, WHO and UNICEF. It currently costs £47.00 to send a bulk consignment to WHO every quarter.

Bulk consignments for developing countries are sent via Pharos as this reduces costs both to AHRTAG and to the recipient. We have discovered from readers initially receiving bulk supplies by air freight that they incurred high charges for custom's clearance as well as the problem of travelling to airports to collect packages.

<u>5,680 single copies of DD</u>	<u>cost through Pharos: £1,136.00</u>
	<u>estimated cost through</u>
	<u>the Post Office (@ £0.50 per</u>
	<u>envelope): £2,840.00</u>

3. Increases in paid subscriptions

An annual subscription fee of £5.00/\$5.00 per individual and £10.00/\$10.00 per organization in developed countries is charged. Subscribers are usually sent an invoice and asked to return the form with a cheque. Since July 1984 we estimate that approximately \$3,550 in paid subscriptions has been received. Bearing in mind the overall increase in circulation the total increase in paid subscriptions has not been large, but the efforts of the Dialogue staff have been directed towards increasing the readership in developing countries rather than towards trying to increase the number of paid subscriptions.

4. Mailing list

The newsletters increasingly large mailing list is handled in-house. The mailing list has recently been transferred from AHRTAG's old computer to a new ICL Personal Computer. The previous machine was unable to cope with the increase in numbers of subscribers, making alterations was a slow process and analysis of information about the readership was not possible using the computer.

It is intended that the new computer will increase efficiency of all mailing list functions, including new additions, alterations, changes and deletions, tabulations, label printing etc. A major saving will be on using outside label producing outfits, for the last two issues costing over £200.00 per issue, to produce labels for subscribers who had not yet been put on the mailing list because the computer was unable to process information quickly enough.

Possibilities of extracting information about the readership:

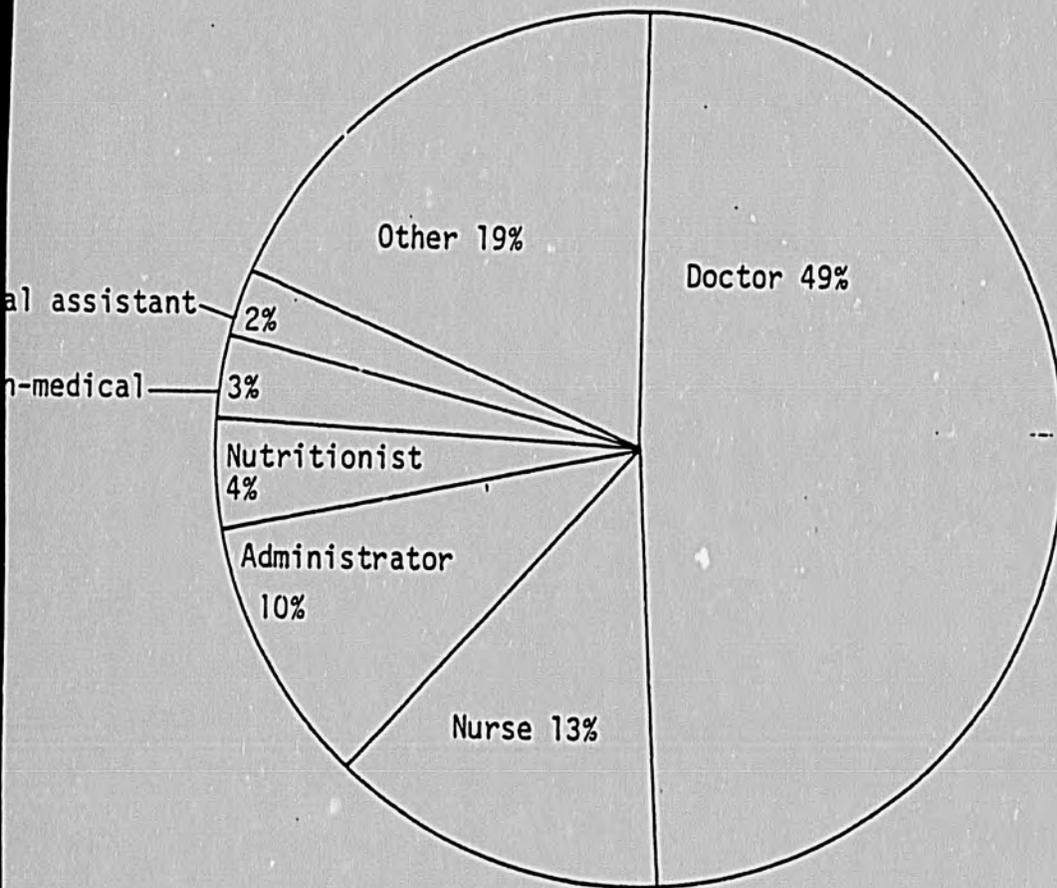
It is anticipated that we will be able to extract a greater amount of information concerning the mailing list using the new computer, and be able to analyse this information to show, for example:

- o The total number of readers by country, by region
- o The total number of copies of the newsletter being sent to each country, region.
- o An analysis of those readers receiving other language editions apart from the English edition.

ATTACHMENT 2: Readership questionnaire results (1983)

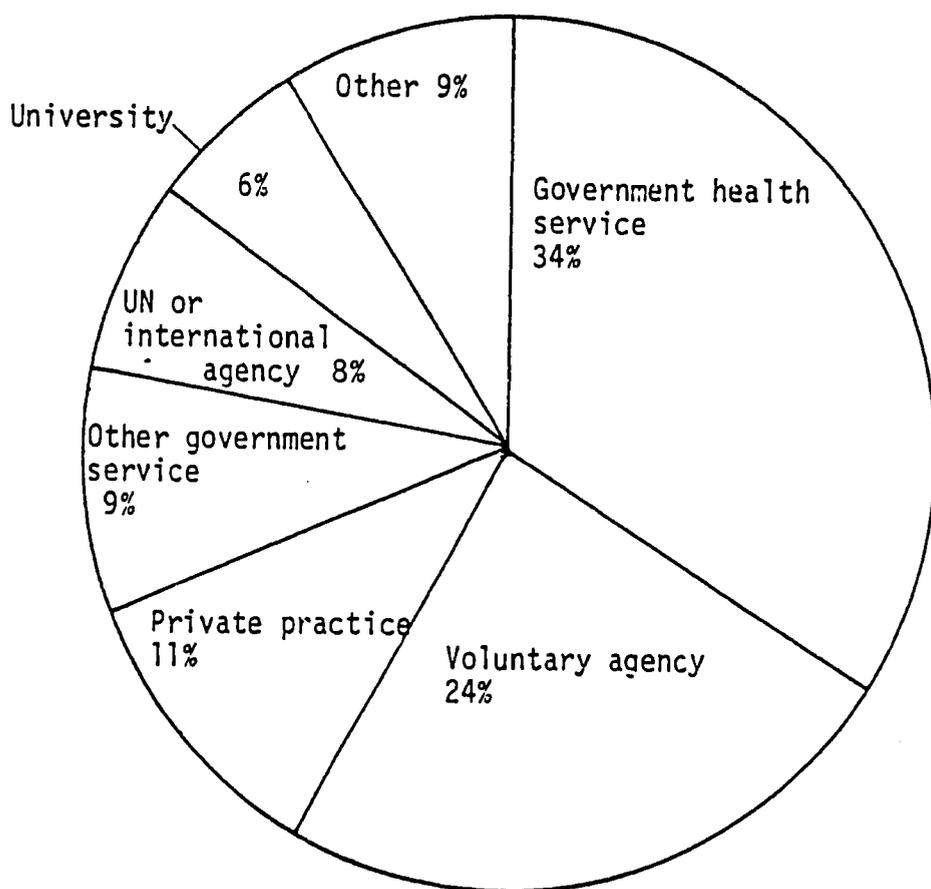
DIARRHOEA DIALOGUE QUESTIONNAIRE

Percentage breakdown of responses to the question 1: What is your job?



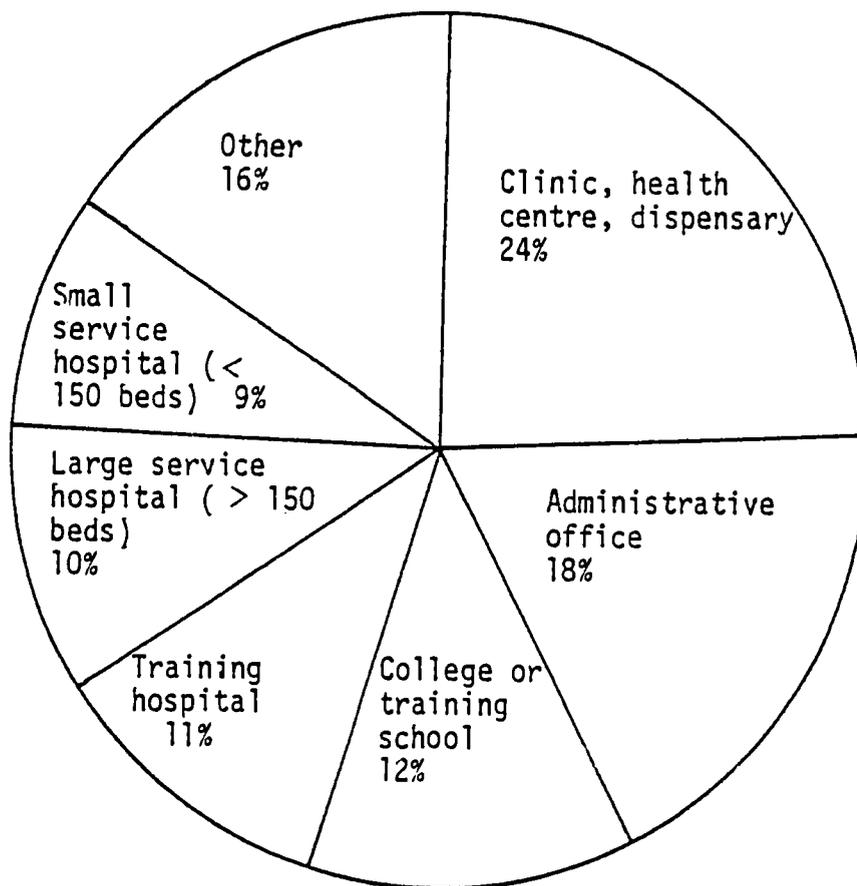
DIARRHOEA DIALOGUE QUESTIONNAIRE

Percentage breakdown of responses to question 2: Who do you work for?



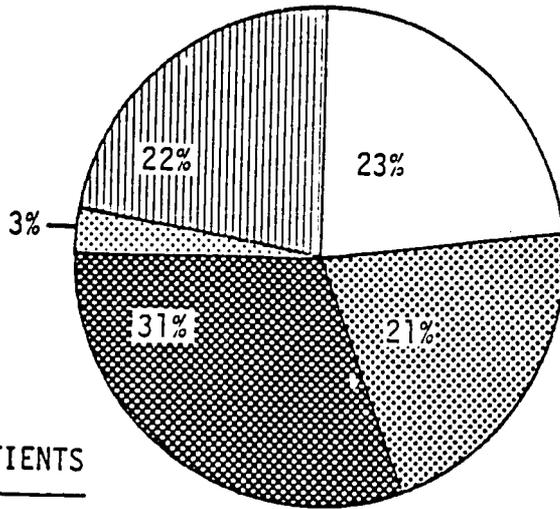
DIARRHOEA DIALOGUE QUESTIONNAIRE

Percentage breakdown of responses to question 3: Where do you work?

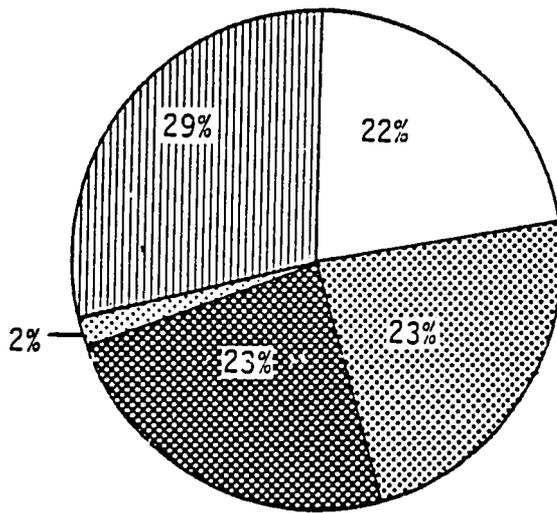


DIARRHOEA DIALOGUE QUESTIONNAIRE

Question 4: How does your job relate to diarrhoeal diseases?
Pies show percentage breakdown of responses relating to degree of involvement in diarrhoeal diseases work.



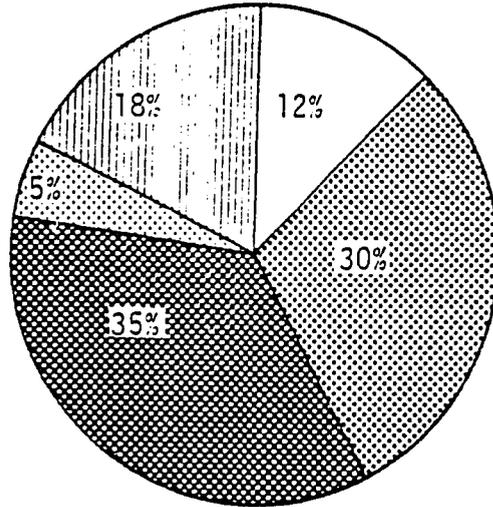
i) TREATING PATIENTS



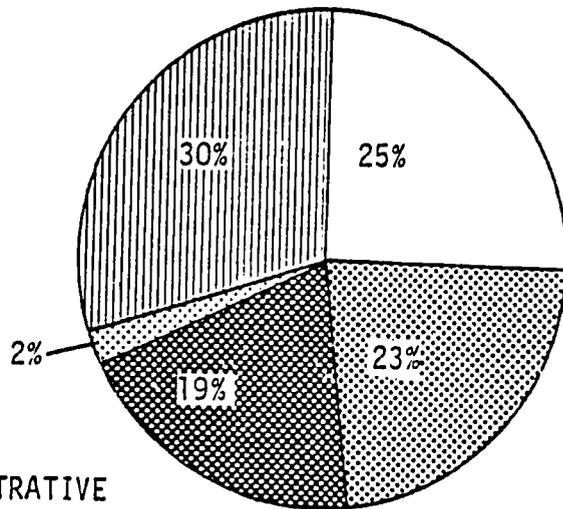
ii) SUPERVISING TREATMENT

Key:

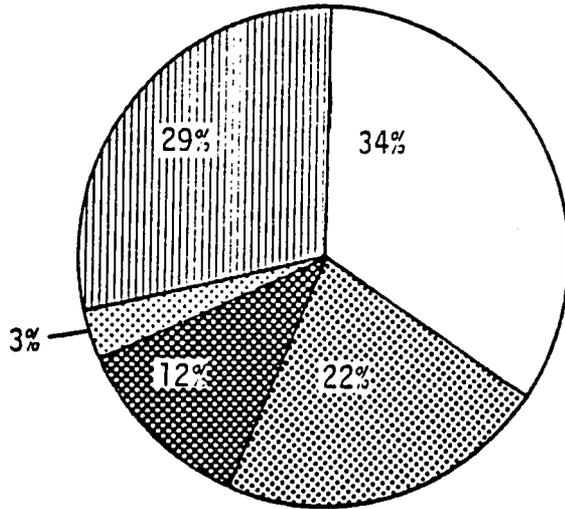
	No involvement
	Some involvement
	Very involved
	Involved, but degree not stated
	Not known or stated



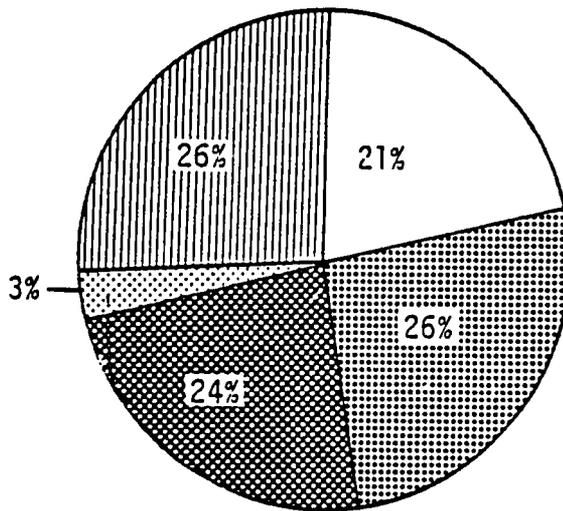
iii) TEACHING



iv) ADMINISTRATIVE

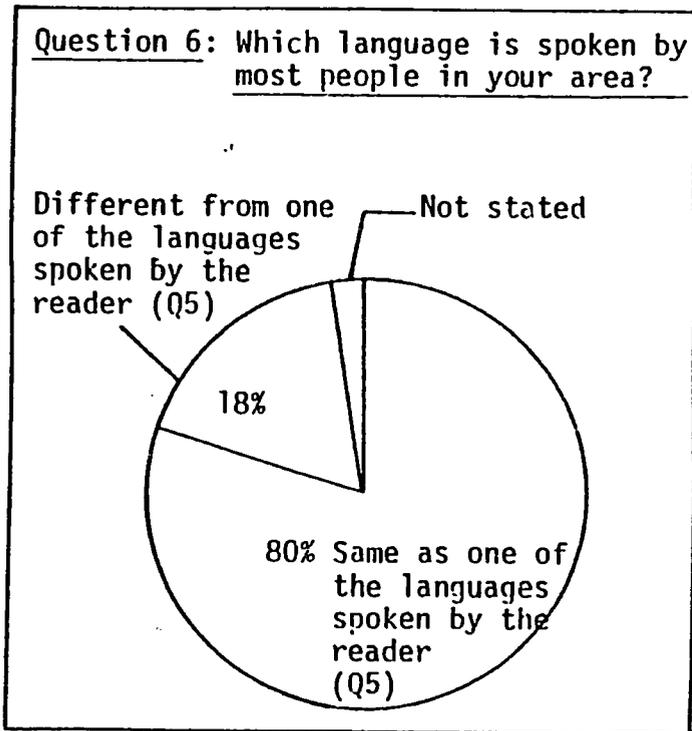
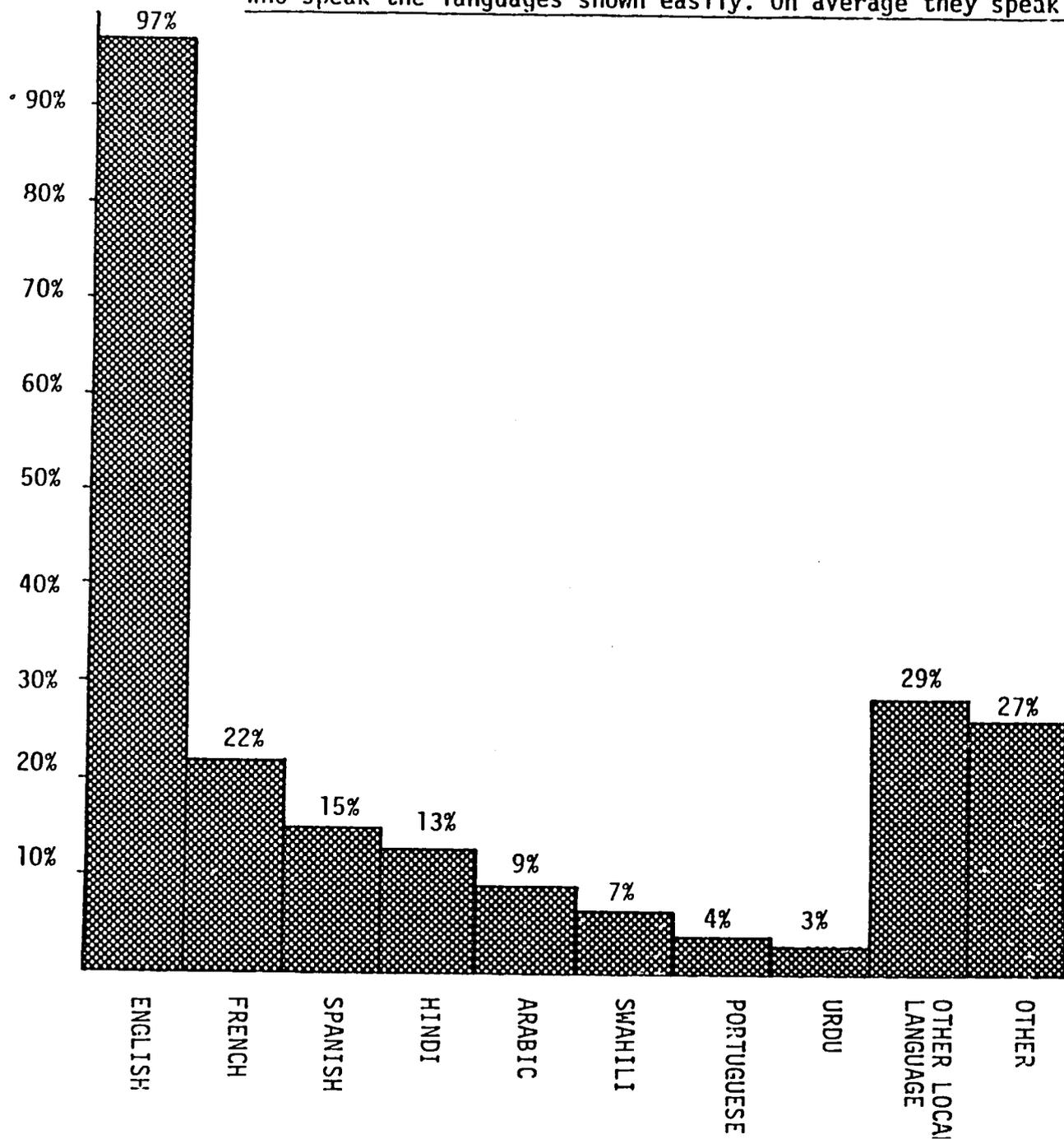


v) RESEARCH



vi) PROGRAMME PLANNING

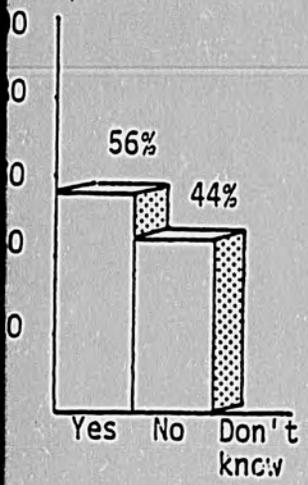
Question 5: Which languages do you speak easily? Graph shows percentage of replies from readers who speak the languages shown easily. On average they speak 1.3 other languages apart from English



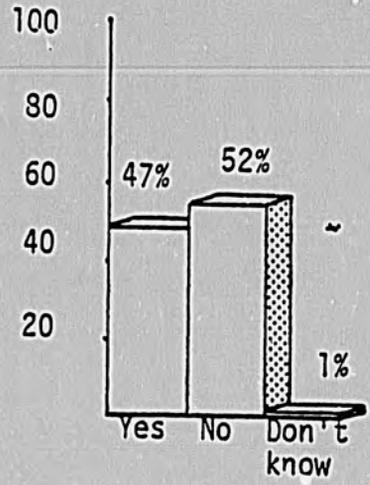
Question 7: What three features in DD do you find most useful?

Percentage responses relating to the individual topics are shown in decreasing order of usefulness

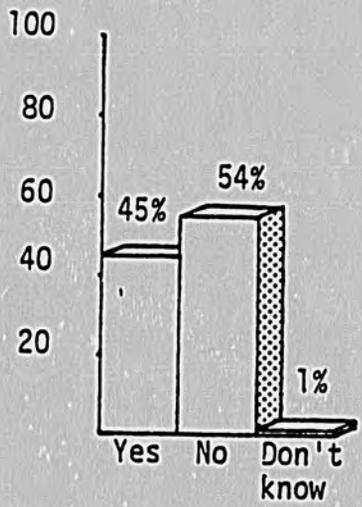
i) Information about management by rehydration



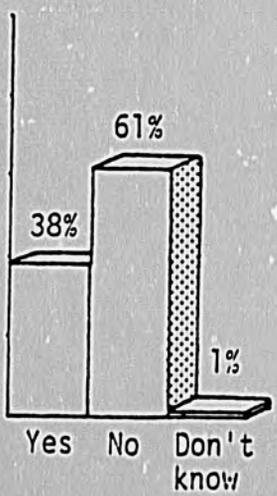
ii) Feeding and diarrhoea



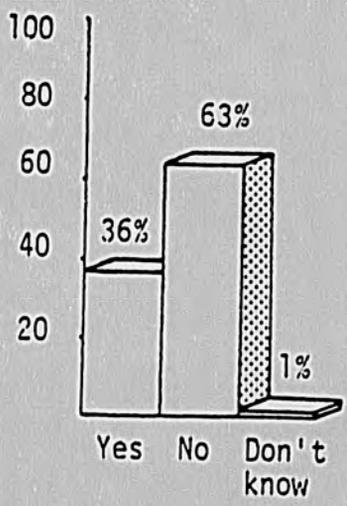
iii) Training and health education



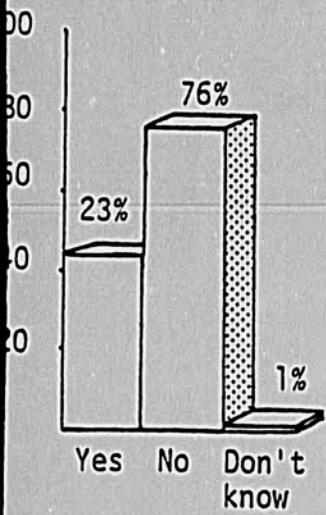
iv) News about research and new developments



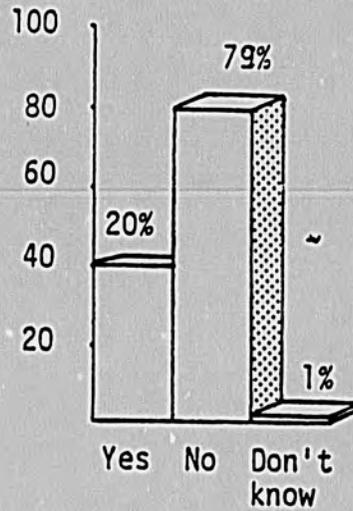
v) Information about causes of diarrhoea



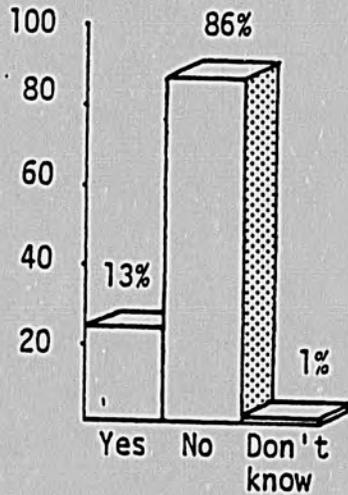
vi) Prevention by better water supply and sanitation



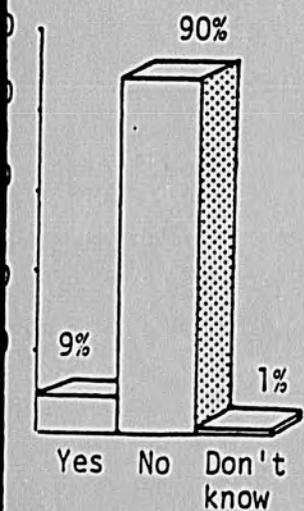
vii) Descriptions of country diarrhoea control programmes



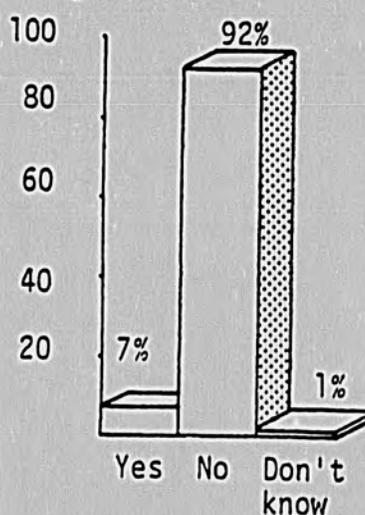
ii) Letters with questions and answers



Laboratory services and diagnosis of the problem

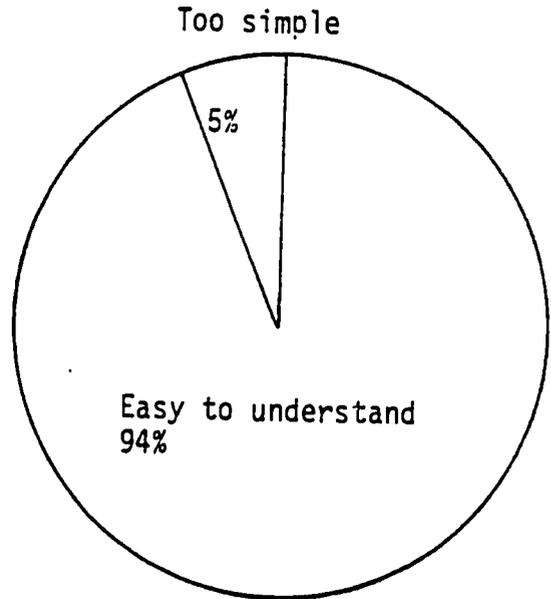


x) Information about management by medicines



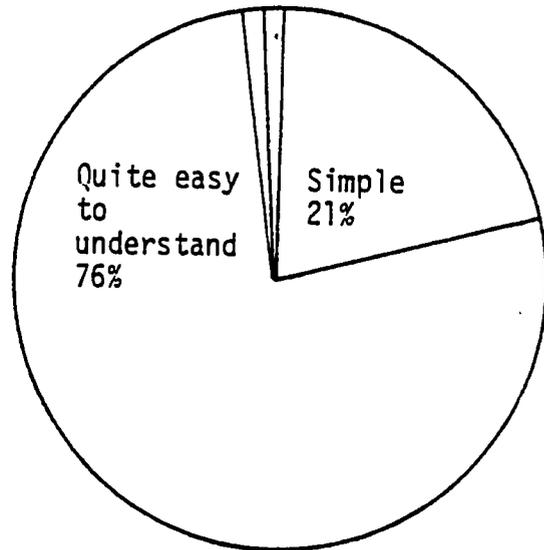
DD QUESTIONNAIRE: SUBJECT MATTER

Question 8: Do you find the subjects in DD:



Question 9: Do you find DD too technical?

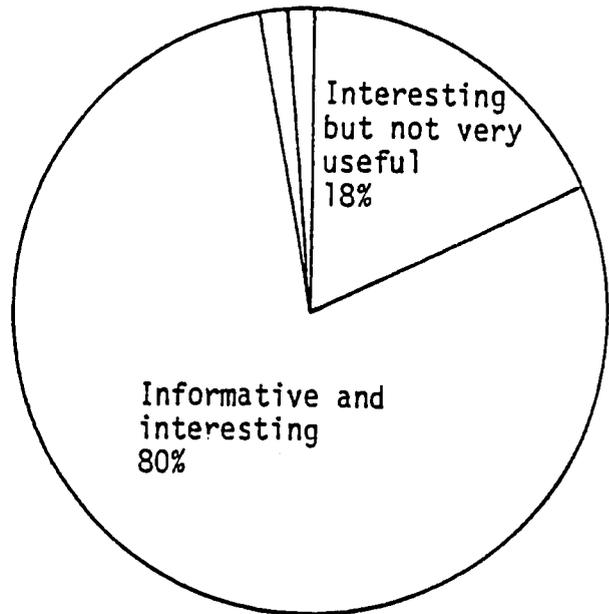
Don't know 1% Quite difficult 1%



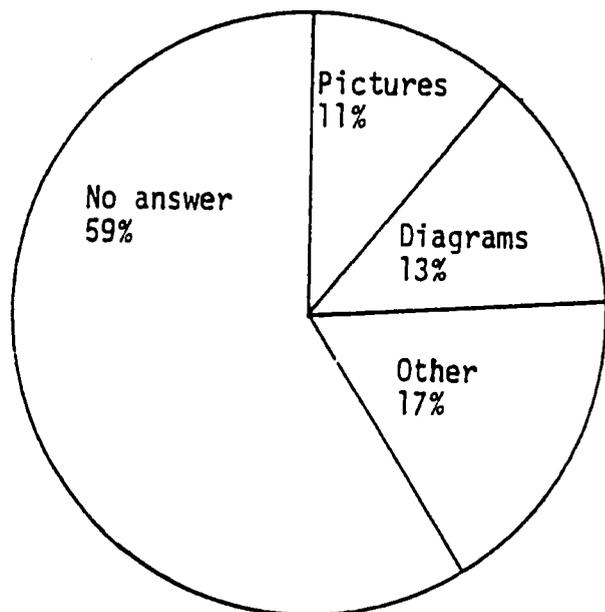
DD QUESTIONNAIRE: ILLUSTRATIONS

Question 10: What do you think about the illustrations in DD?

Unnecessary 1% Don't know 1%

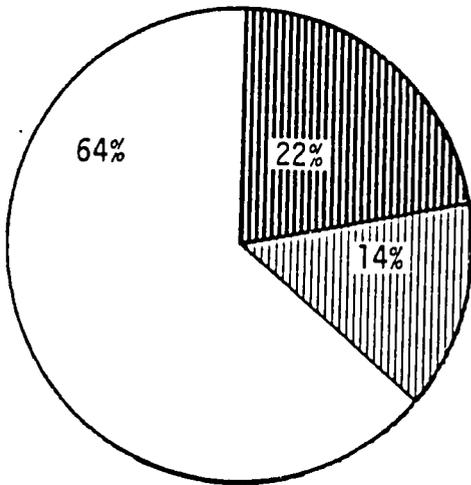


Question 10a: What sort of illustrations would you like?

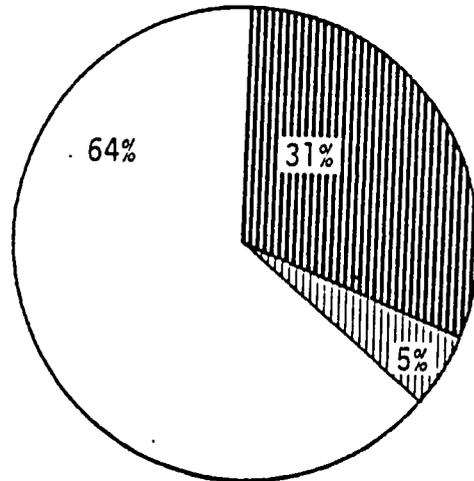


DD QUESTIONNAIRE: ILLUSTRATIONS

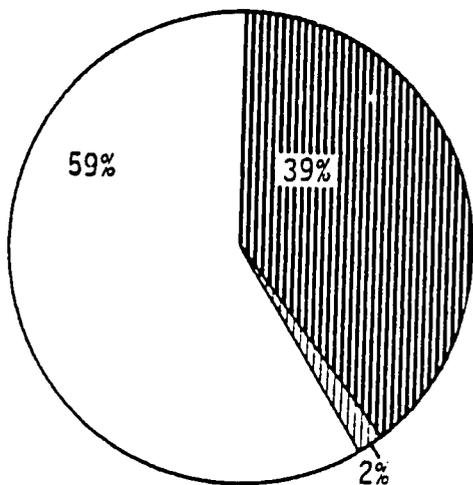
Question 11: Would you like to see more or less of the following type of illustration?



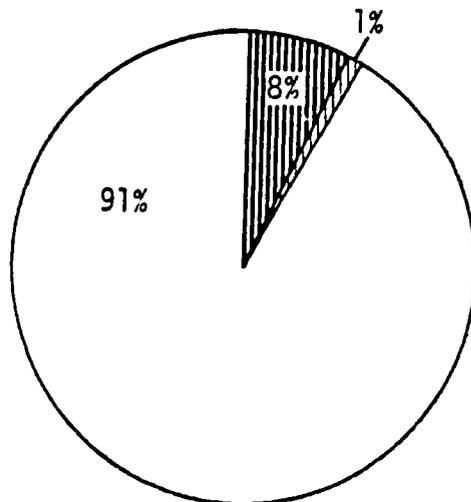
Photographs



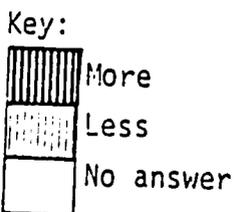
Line drawings



Diagrams



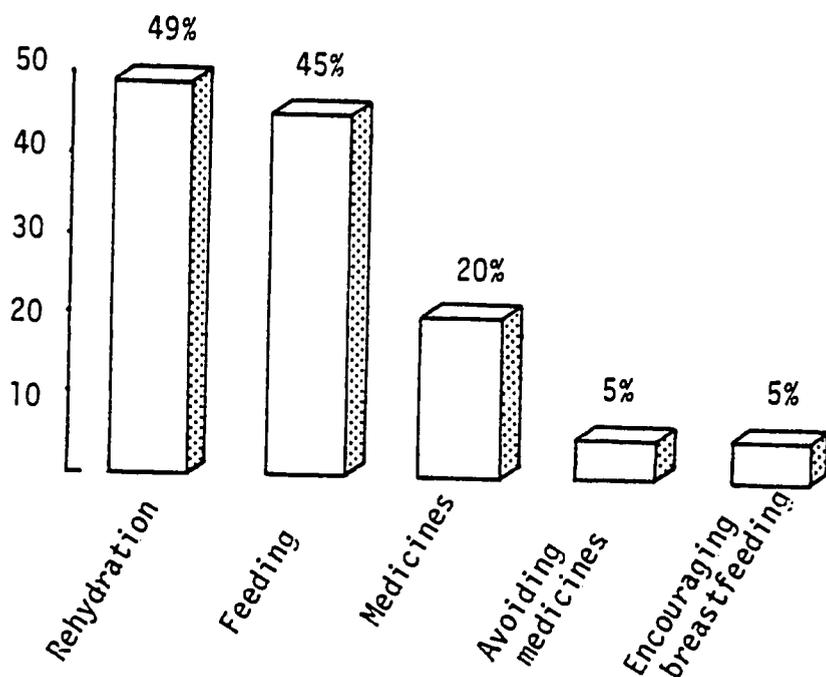
Other illustrations



DD QUESTIONNAIRE: INFLUENCE OF DD

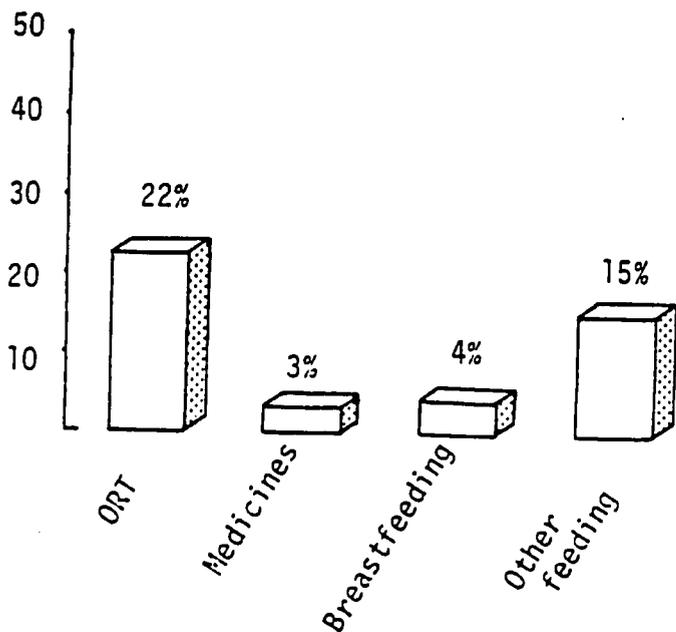
Question 12: Has DD changed your method of managing patients with diarrhoea?

Figures are shown in percentage form: response of those who had changed their method of managing patients in each specific area:

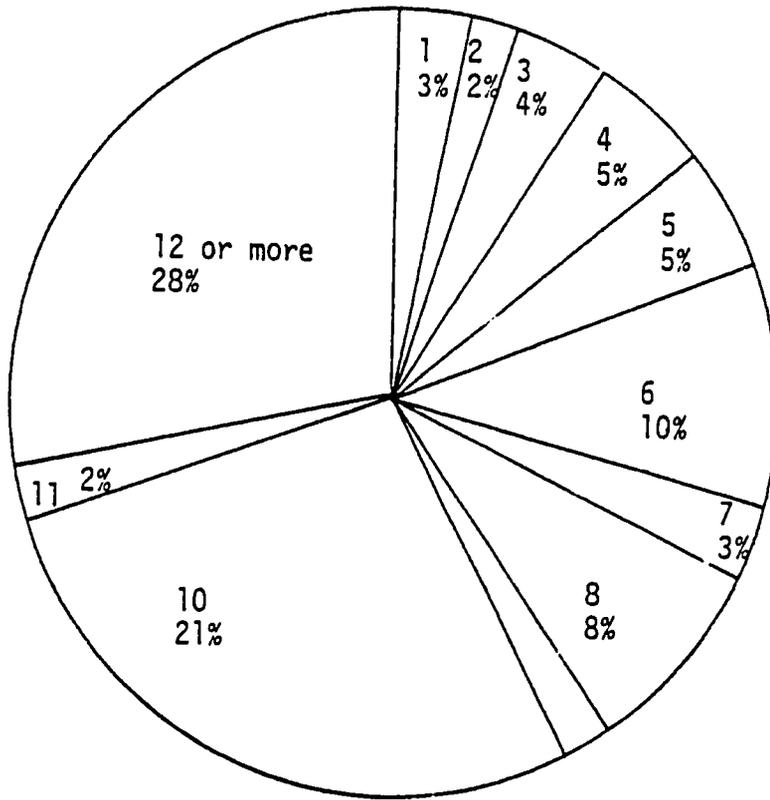


Question 13: What information from DD has altered what you TEACH about diarrhoea?

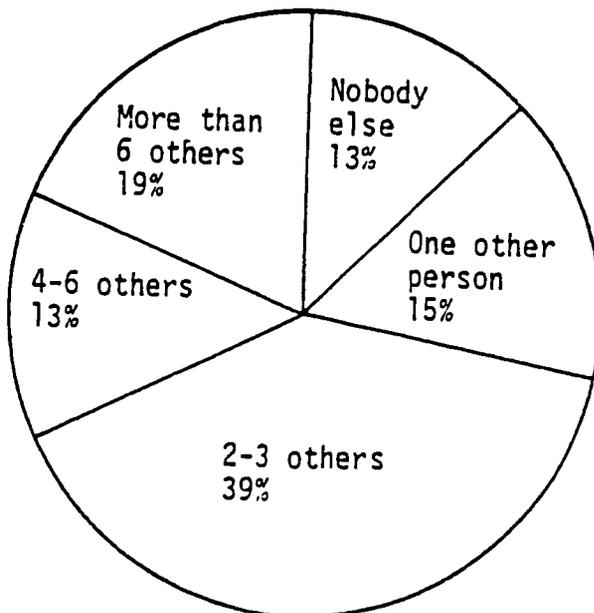
Percentage figures showing those respondents who had changed what they teach about diarrhoea regarding:



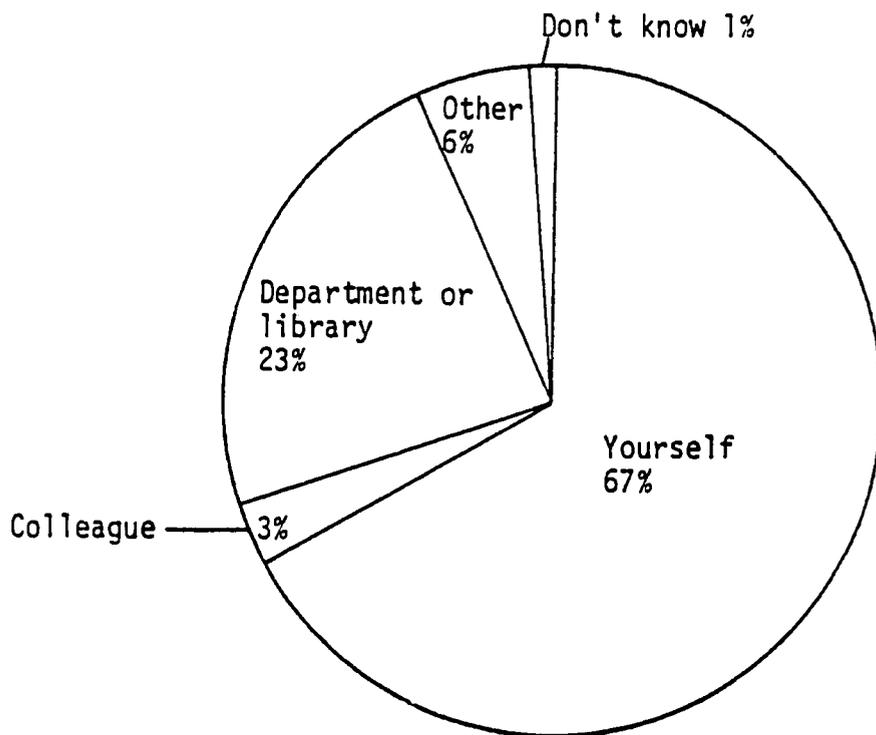
Question 15: How many issues of DD have you read?



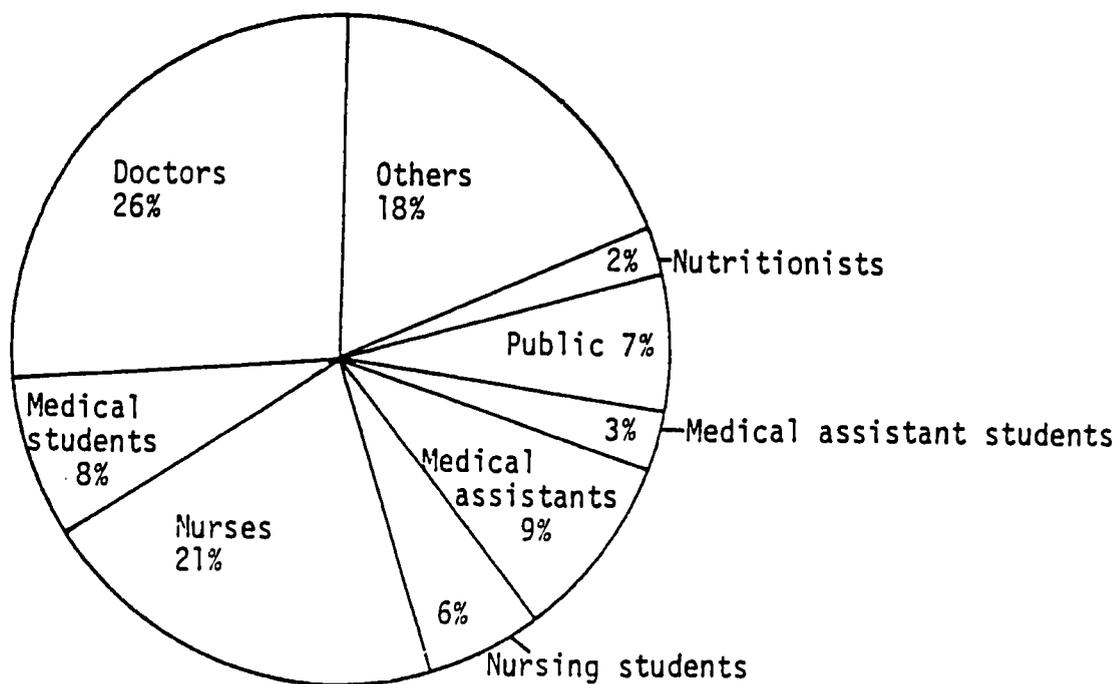
Question 16: How many other people read each copy of DD?



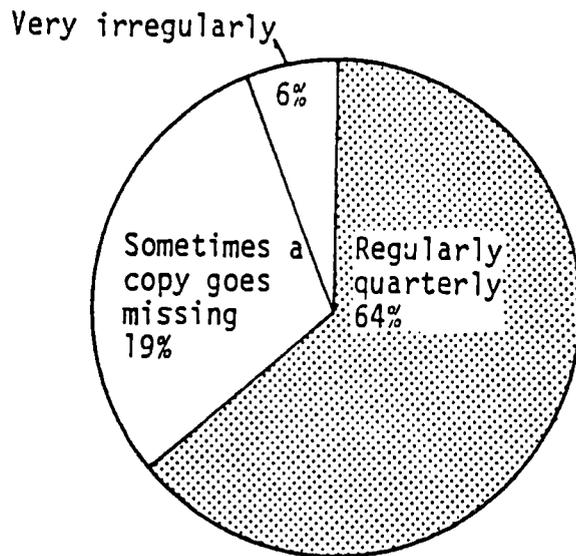
Question 17: Who does the current issue of DD belong to?



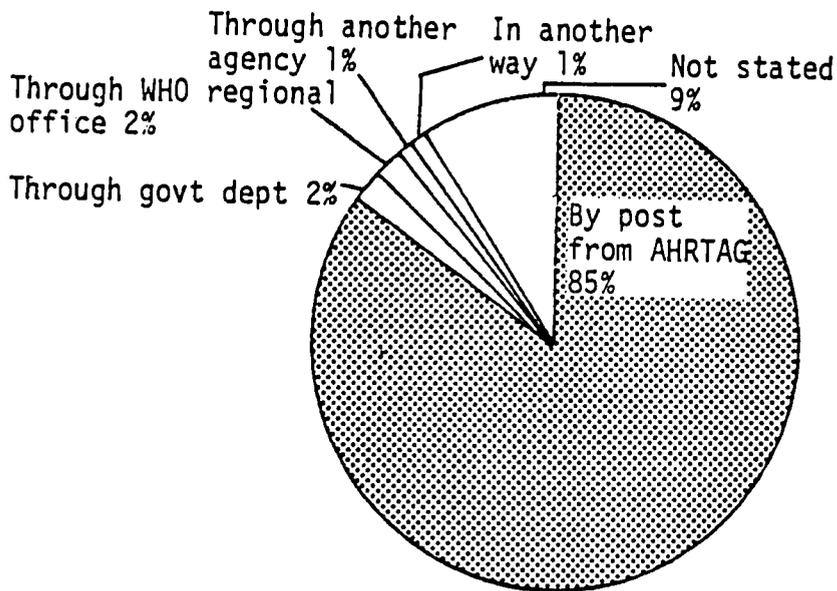
Question 18: Which other people read the same copy of DD as you?



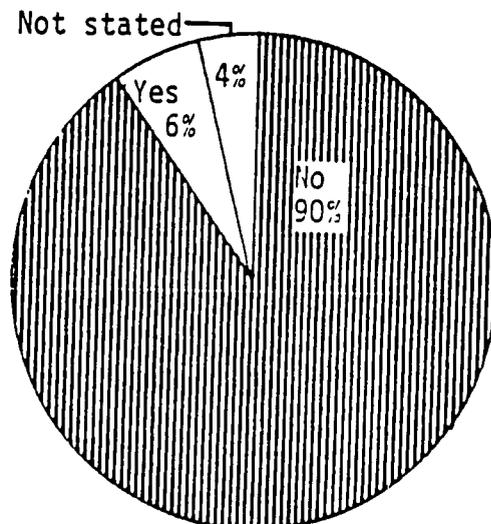
Question 19: If you receive a personal copy of DD does it arrive:



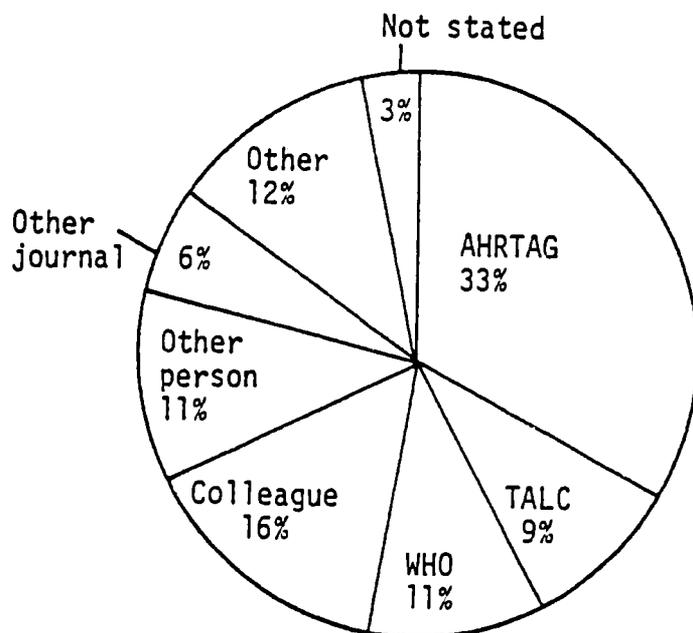
Question 20: If you receive a personal copy of DD, how do you receive it?



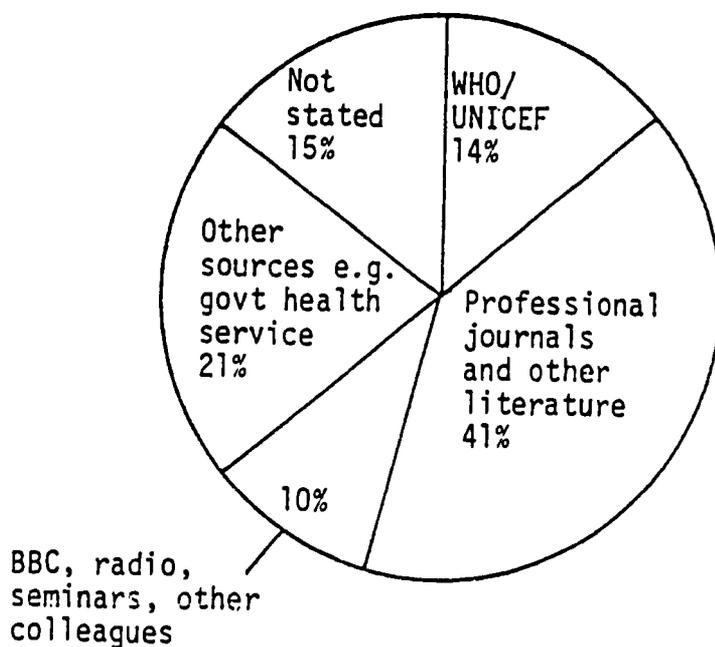
Question 21: Would you like to change the way you receive DD?



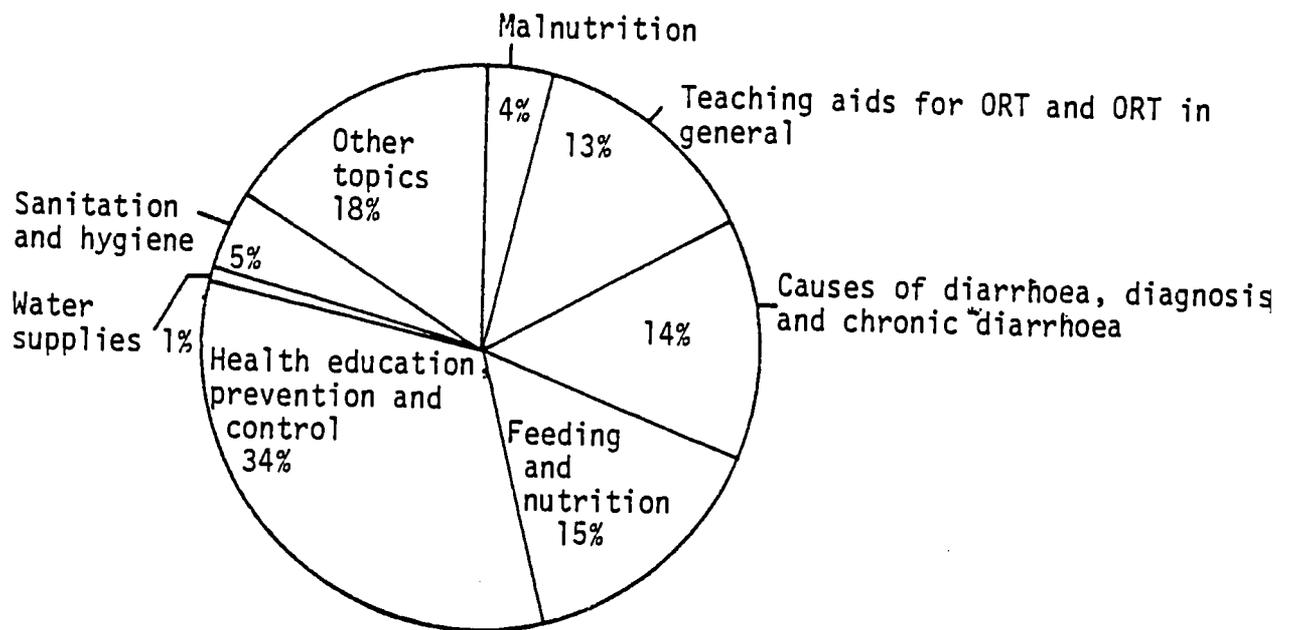
Question 22: How or where did you first hear about DD?



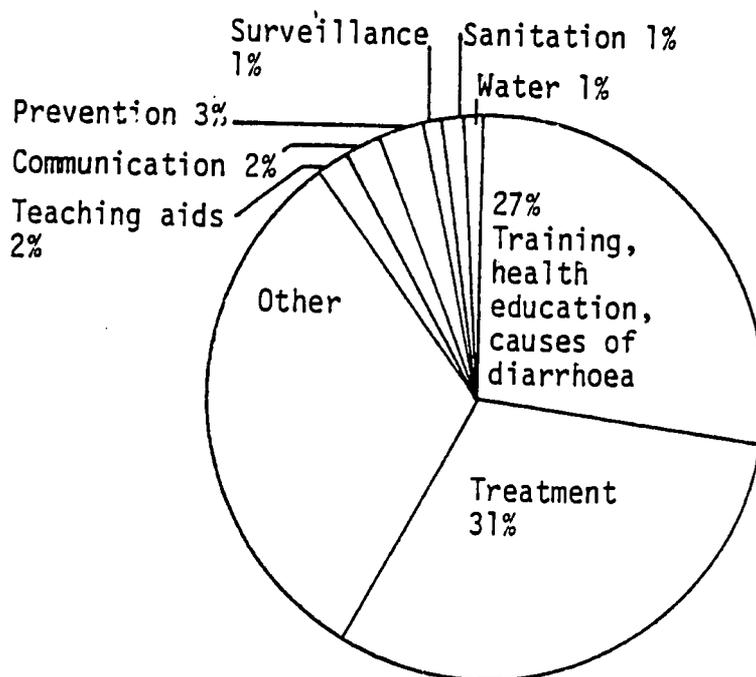
Question 24: Where do you get other information about diarrhoea treatment or control?



Question 25: What subjects would you like to see in future issues?



Question 26: What topics would you like to see covered regularly?



ATTACHMENT 3: Paper on Diarrhee Dialogue

INCREASED DISTRIBUTION AND REGION-SPECIFIC
INSERT FOR THE FRENCH VERSION OF
DIARRHOEA DIALOGUE

1. INTRODUCTION

ORANA has to date organized the translation and distribution of the first 16 editions of Diarrhoea Dialogue (DD). Approximately 6000 copies of each edition have been distributed, mostly to French-speaking African countries.

The review has been extremely well-received, and ORANA receives many comments on it through letters from readers, comments made at international conferences, discussions with promoters of other health-related publications, etc.

ORANA now plans to increase the distribution of DD, assuming that additional funding will be available for this purpose, and also to focus its distribution more systematically on health professionals and paraprofessionals presently giving health services in both urban and rural areas throughout the French-speaking Francophone Africa.

Up until now, the review has, for the most part, reached readers in larger urban centres, partly because local distribution networks are usually weak, and documents tend to congregate on the desks of high-level bureaucrats or, at best, mid-level workers. The nurse auxiliary working at the periphery rarely has access to up-to-date information, despite his/her obvious importance in the community and logical choice as a target audience.

ORANA's strategy for this increased distribution includes the following:

1. Obtaining complete listings of urban and rural health facilities through Diarrhoea Programme Coordinators or other contact persons in each Francophone country. This will be relatively easy at least in countries where PRITECH is currently working. In Niger, for example, a listing of 458 potential readers was obtained from the Programme Coordinator, with indications for their distribution. In general, each copy will bear the name of the health facility of its destination but, to save on postage, copies for rural dispensaries will be sent to Health Centres on which the dispensaries depend administratively. (Each Health Centre can be expected to have between 5 and 10 satellite dispensaries).

In countries which are not visited regularly by either PRITECH or ORANA, a contact person will be sought out, either through CCCD representatives, or through conference participant lists (e.g., the Malawi CCCD/PRITECH conference held earlier this year).

2. Obtaining distribution lists for other health-related publications to compare with the DD list. Priority listings will include those of "Carnets de l'Enfance", "Mères et Enfants", "Développement Communications Report".

The feedback that ORANA has received on the newsletter has consistently surfaced the problem of its lack of Africa-specific articles and photos. This criticism, along with the suggestion that ORANA produce a special supplement for the Francophone African audience, has been expressed in letters from readers and participants at international conferences, as well as by communications professionals in the Region. The clarification of priority target audiences (principally periphery-level health workers and students in health-related fields) further increases the importance of offering reading-matter to which lesser-educated readers in the Region can relate directly.

ORANA has therefore for some time wanted to produce a Region-specific insert, which would allow the following additions to the French version of the newsletter:

- articles on problems of special relevance to the countries of the Region, e.g., the almost universal use of Ganidan and charcoal as treatment for diarrhoea.
- up-dates on the progress of diarrhoea programmes in the Region.
- information on educational materials produced in the Region.
- exchange of experiences between health workers involved in ORT programmes in the Region.

The contract between ORANA and the PRITECH Project, signed in May, 1985, should increase ORANA's organizational capacity and permit the accomplishment of the additional work entailed in enlarging the distribution of D.D. and producing a region-specific supplement. A full-time, highly-trained librarian

is now employed by ORANA under the PRITECH/ORANA contract, and this person's job description includes:

- supervision of the computerization of the D.D. distribution list
- organization of the selection of new readers for D.D.
- organization of translation of articles of special interest to readers in the Region.
- writing of résumés of articles of interest
- organization of the commissioning of special articles for inclusion in the D.D. insert.

The librarian will work closely with ORANA and PRITECH resident personnel in carrying out these activities. She will also have the benefit of an Advisory Group which is to be established to guide the activities of the ORANA/PRITECH Information Centre on ORT that she is in charge of. ORANA-associated personnel and the Advisory Group include several specialists in the fields of public health, communications, and research into diarrhoeal diseases. There should thus be sufficient technical expertise available to monitor the relevance and accuracy of the contents of the insert which will, of course, also be submitted for approval to Diarrhoea Dialogue, London.

2. ANNUAL BUDGET FOR FRENCH VERSION OF DIARRHOEA DIALOGUE

1. TRANSLATION COSTS (8 pages of DD x 4 times a year)	350.000 CFA
2. PRINTING COSTS (10,000 copies)	
. 8 pages of DD (2.426.500)	
. 4 pages of insert (1.132.240)	3.639.740
. 48 pages of back-copies compilation (5,000 copies)	2.411.820
3. DISTRIBUTION COSTS	
. Secretarial costs for computerization of address list	180.000
. Computer print-out paper	100.000
. Envelopes GM 7000 x 4 editions + 3000 for compilation	1.559.000
. Stamps	4.200.000
. Glue	20.000
4. WRITING FEES	
. Commissioned articles + travel expenses	1.280.000
5. TELEPHONE 20.000 CFA/month	240.000
6. AID DOCUMENTALIST HALF-TIME SALARY (45.000 CFA/month)	540.000
	<hr/>
SUB-TOTAL	14.540.560 CFA
7. ORANA MANAGEMENT COSTS 5 %	727.025
8. MISCELLANEOUS 5 %	727.025
	<hr/>
TOTAL :	15.994.610 CFA
	<hr/> <hr/>

Equivalent in
U.S. \$: 35,544.00
(at 450 exchange rate)

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3. BUDGET ANNOTATIONS

The following notations, keyed to the numbers of the attached budget, attempt to clarify the respective items for a period of one year, on 4 issues of Diarrhoea Dialogue. Costs have been listed in CFAs whose exchange rate at the time of preparing the budget was 450 CFAs to U.S.\$ 1.

1. Translation Costs

AHRTAG first arranged with ORANA to translate D.D. four years ago, at a fixed price of £ 100 an issue. There have been changes of translator, and, in fact, there is a change underway at present. To bring the translation rate more in line with (but still less than) the current rate in Dakar, and to budget for the word processing of the translation, which is paid for by the translator, a fixed price of £ 175 per issue has been budgeted.

2. Printing Costs

ORANA has up till now had an excellent arrangement with a parastatal printer, who has not charged the full printing costs for D.D., considering the publication to be a public service. The printer now requires his charges to be revised, as follows:

- a) The charges for 8 pages of DD are budgeted at 2.426.000 CFA, four times a year, with an increase in the printing run from 6,000 to 10,000 copies an issue.
- b) Because of the AID concern to reach a wider audience in francophone Africa with current issues in ORT and diarrhoeal disease and information related to the particular needs and perceptions of this audience, a four-page insert, or supplement, is proposed. While the content of the supplement would be generated through the contacts being made by the

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PRITECH project's activities in the Sahel Region agreed upon by an advisory council made up of professionals in the field, and coordinated by the documentalist being hired by ORANA, the production and distribution costs for 10,000 inserts, 4 times a year, are included in the D.D. budget.

- c) A major effort is currently underway, and will be expanded, to increase D.D.'s distribution in francophone Africa. To make available to this new audience information that has been published in the 16 issues of D.D. to date, a "compilation" issue is planned. A 44-page "mock-up" has been put together, featuring selected articles from Nos. 1-16 of the French version of D.D. which will be sent to AHRTAG for approval. (We understand, however, that AHRTAG has already published such a compilation of past articles, and may want the French compilation to be identical.) For budgetary purposes, 5000 copies of this 44-page compilation are proposed.

3. Distribution Costs

- a) In the past, a computerized mailing list print-out for D.D. was provided to ORANA by AHRTAG. As this is no longer being done, a simple mailing list program has been suggested by PRITECH (see attached), to be entered on ORANA's microcomputer, enabling the planned expansion of the mailing list to be handled in an efficient manner. The costs of the initial key-punching, plus monthly up-dating have been included.
- b) Rather than using more costly self-adhering paper or labels, it is proposed to print out mailing addresses on regular computer paper, and to cut-and-paste them onto the distribution envelopes.
- c) Because paper products are imported from Europe, the cost of envelopes seems disproportionate. However, current bulk costs have been quoted for 7000 envelopes for D.D. 4 times a year, plus 3000 envelopes for the mailing of the compilation publication.
- d) The current costs of postage for D.D. has served as the basis for the proposed expanded mailing from 5000 to 7000 the first year.
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4. Writing Fees

Attempts in the past to solicit articles from French-speaking Africa on diarrheal disease - related activities have not proved successful. It is proposed, therefore, to commission and pay for such articles which will appear in the African insert in D.D. The travels of the PRITECH Regional Representative, as well as the experiences of the proposed Advisory Council are expected to assist in the selection of topics and appropriate writers, who might be local journalists. A maximum rate per article (50 000 CFA) at a maximum of 4 per supplement, plus expenses (which might include travel to a field site) are budgeted.

5. Telephone/Telex Costs

The telephone charges in Senegal are not itemized, so that an estimate was made for the long-distance phone or telex charges to communicate with the writers who will be commissioned to produce articles in the field.

6. Clerical Costs

Because the production and particularly the distribution of D.D. is labor-intensive, the realistic assignment of the costs of a half-time clerical person have been included in the budget.

ATTACHMENT 4: Notes on other language editions

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
SWAHILI	Dr F P Kavishe Tanzania Food and Nutrition Centre S.L.P. 977 Dar es Salaam Tanzania	5,000	-	TFNC and through Ministry of Health to Kenya, Tanzania, Uganda	£9,500 approx. for 3 editions of 5,000. (210,000 Tanz. Shill)	Distribution within Tanzania?
SWAHILI	Shila N Mwasenga Health and Safety Officer Tanzania Railways Corporation P.O. Box 214 Dodoma Tanzania	-	-	-	-	Distribution to Kenya, Tanzania, Uganda and Zaire no details given -
SWAHILI	Clement F Mangienya Society of Magicians P.O. Box 25309 Dar es Salaam	100,000	-	-	-	Possibly has contacts with the Ministry of Health - also gives address of the Tanzania Publishing House. NO more details given
AKAN (Ghana)	Benjamin Tabbie- Boateng Rural Health Centre P.O. Box 36 Akim Achiasi E.R. Ghana	-	-	-	-	Medical Assistant in charge of rural health centre
MENDE (Sierra Leone)	Simon F. Seneh PHC Programme Bo / Pujehun Rural Development Project, Ministry of Health Bo, Sierra Leone	sent full proposal for 368,000 in the 2 districts. distribution to health/MCH/ centres by personnel.	1,000 copies of each issue		le 2,910.00/issue.	<p>↑</p> <p>NB: KE written to University of Ghana Professor Bony replied. Akan translation unnecessary?</p>

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
TELUUGU	B Venkata Reddy Secretary, Santhi Reading Room Door No. 3-130 Nutakki 522 303 A.P India	-	-	-	-	Provide training programmes in field of appropriate technology
TELUUGU	Jacky Bonney Bethany Colony M Narasingha Raguntur Bapatla 522101 India	-	-	-	-	Have written to the Andhra Pradesh Voluntary Health Association of India asking if they could undertake a Telugu translation.
BENGALI	Dr Shariyar, Director Masscare Vision P.O. Box 38 Narayanganj Bangladesh	-	-	-	-	Non-profit NGO, already published 'Management of Acute Diarrhoea in Children' written to asking for budget etc - no reply.
BENGALI/ HINDI	D K Ghosh Dept of Chemical Eng. I I T Kharagpur 721302 India	-	-	-	-	written to asking for details - no reply
HINDI/ GUJARATI	Dr Shashi N Vani 24 Professors Quarters Civil Hospital Campus Ahmedabad India 380 016	-	-	-	-	offered. written to, no reply
	Dr N M Doogar 210 Sardapura Udaipur 313001 India	2,000				(-send 2000 DD already in English) written to - no reply
HINDI	N K Satiya Defence Institute of Physiology and Allied Sciences Delhi Cantont. 110010 India					offered.

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
FILII	Dr V Mataitoga for Permanent Secretary of Health and Social P.O. Box 2223 Government Buildings Suva, Fiji	-	-	Through ministry of Health and Social Welfare	-	Several unspecified local languages <i>Asked for detailed budget etc 28. Feb. No reply, although offered in original letter to send a project specification</i>
PASIND	Jamshed Khan Gadoon Amazai Area Development Project Govt of NWFP, Topi, District Mardan Pakistan	10,000	3 issues	? to educational institutions, elders of NW front and Afgan refugees etc	35,000 Rs £2,000 for one per issue	Have suggested an individual to check the translation. Price could be less if use cheaper quality paper.
BENGALI	Syed Saleheen Qadri 25/B University Staff quarters Nikhet Dhaka 2 Bangladesh					<i>Offered to do Bengali translation, no details. haven't written to.</i>
HINDI	VMAI, A. Velliah (Cuttack)					<i>Offered to produce - to be discussed with W.M.C</i>

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
TAMIL	M C A Alles, SATYODAYA No. 30, Pushpadana Hawatha Kandy, Sri Lanka.		12 Issues		Rs 18,000	
TAMIL	Dr A Abel, Chief Medical Officer, RUHSA, RUHSA P.O. via K V Kuppam 632 201 North Arcot District Tamil Naud, India.	1000	3 Issues	Mailed out with a publication.	Rs 5,100	
TAMIL	C Palaniswamy, Community Dev. Trust, Molachur, Sunguvarchtiram, 602 106, India.	1000	Monthly	Through Community Dev. Trust.		Written to say another org. to do translation. If produce an extra 1,000 could they distribute them.
TAMIL	Dr Vimala Charles, International Cancer Centre, Neyyoor, Post Bag No. 4, Neyyoor 629802, Tamilnadu, S. India.	15000	Once every 2 months	Through public- ations and organ. Social Service, health organ.	Rs.12,000	
TAMIL	Dr Kingsley Jebakumar Church of South India Mission General Hospital Worlur Tirchirapalli-3 620 003 India	-	-	-	-	Distribute through church group

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
URDU	Mohsin Iqbal Health Education Officer, Karachi Nusrat Clinic C-5 Eastern Square E.B. Area Block I Karachi, Pakistan	-	-	-	-	written to asking for detailed budget etc no reply.
URDU	Dr M A Khan Aslam Manzil Bungalow No 248 Sikandrabad Abbottabad Pakistan	-	-	-	-	suggested an urdu translation would be useful. possibility for distribution?
MARATHI	E M Radhakrishnan Centre for Develop- ment Studies and Activities, P.B. 843 Deccan Gymkhana Poona 411004 India	5,000	3 issues	posted	45,650 rupees (₹3,150)	To be checked by Dr N S Deodhar co-author of Health for All - An Alternative Strategy published by the Indian Social Science Research Council and Indian Council of Medical Research
TAMIL	P J Mannemplavan Social Work and Research Centre Subhoomi, 2/1B M Compound Kottaram 629 703 Kanyakumari Dt Tamil Nadu, India	2,000 each of Tamil & Malayalam		Through existing distribution network to schools colleges, libraries organizations receiving their monthly journal Subhoomi - also to rural develop- ment projects.	-	Cost only of translation and production - offered to undertake other local translations

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
INDIA (Hindi)	Director, Centre for Studies in Rural Dev. India H/1/1					Offered to send budget - Harnit will take.
MARATHI India	Dr Wishvas Rane, Jt. Hon. Secretary, Arogya Dakshata Mandal 1913 Sadashiv Peth, Pune 411 010, India.	6000	3 Issues	Through publication Silver Oak	Rs.24,179 (approx £1,600)	
BENGALI India Bangla.	M A Rub, Development Assistance Council (DAC) 13, Naya Paltan 1st Floor, Masjid Lane, Dhaka, Bangladesh.	5000	per month Fort issues per year		\$1 = 25 TK TK.24.900 DND TK = ₹ rupee \$16,570/ yr	Have organized technical advisors: Dr Aziz (ICDDR,B) + Editor
ORIYA	Dr K N Dondsena, Rural Community Health Centre, Nowrangpur-764 059 Orissa, India.	100	3 Issues	Different health centres and the staff.	Rs.10,500 (approx ₹750)	Wk carried out with cooperation of voluntary Health Association of ORISSA.
HINDI	Ms Shashi Sail, A-38 Shankar Nagar, Raipur 492001, M P India.	2000	Once a month	Jeewan Jyoti Ashram	₹100.00	
HINDI/ BENGALI	S B Maitra, Kalikata Bustee Pragati Sangstha, 27, Mirza Galib St. Calcutta, 700016, India.	2000	3 Issues	Through Kalikata.	Rs.10,000 (₹600) for 3 issues.	All Hindi or All Bengali or 1,000 of each

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
FARSI	Dr A Sadeghi-Hasanabadi Shiraz University Dept of Health Sciences, Medical School Shiraz, Iran.	-	-	To be sent to provincial health depts to distrib- ute to health centres.	-	Translated in the Health Sciences Dept, have already translated the diarrhoea management chart and other material from DD - used in teaching public health and preventive medicine to medical and para-medical students. <i>written to for more details - no reply.</i>
SWAHILI + Others	Dr H. Tshidimwena P.O. Box 36200 Lusaka, Zambia					<i>no details sent - haven't written asking for more. (sent 200 DD English)</i>
SWAHILI	H. Mzee Sheriff Blanket Ltd P.O. 6029523 Pareesalaam Tanzania					<i>offer - no details. not written to.</i>

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
KAONDE	Norman Mukanda Health Assistant Ministry of Health P.O. Box 120026 Kasempa, Zambia	-	-	Through ministry?	-	Kaonde is the local language of Kasempa district - the size of Holland.
IBO/HAUSA	Nkobi, MD, Secretary VHO, Hadejia General Hospital, Kano State Health Services Management Board.	-	-	Through Kano State Health Services Management Board	-	Voluntary Health Organization - organization of Medical workers promoting primary health services in rural Nigeria.
HAUSA/HOMA	Isaac Achegbulu Medical Clinic Police Staff College P.M.B. 2154 Jos, Plateau State Nigeria	-	-	<i>Distribute to local community health centres/ antnatal clinics, hospitals</i>	-	<i>Involved with Nigerian Standard newspaper - in Jos. They would check for technical accuracy</i>
HAUSA	<i>Dr A. M. Ahmed Acting Director Dept of Health Services University of Sokoto P.M.B. 2346 Sokoto Nigeria</i>					<i>would like to set up local translation, or use a local translation in his health centre/oc centre at Dept of Health Services - in a position to secure funds from university for research purposes. Send info re producing a local translation?</i>
<i>YORUBA Local languages x</i>	<i>Dr Bolarinwa P.O. Box 14289 University of Ibadan Post office, Ibadan Nigeria</i>					<i>Offered to do local translation No reply to letter asking for more detail</i>

LANGUAGE	NAME AND ADDRESS	NO. OF COPIES	FREQUENCY	METHOD OF DISTRIBUTION	COST	ANY OTHER COMMENTS
INDONESIAN	Dr M K Rajakumar Chairman, College of GPs of Malaysia Kuala Lumpur	-	-	Possibly through College of Practitioners of Malaysia.	-	Suggested translating into Malay and Thai as well.
INDONESIAN	Dr Bambang Winardi CDC Jakarta Metro Health Dept, Jl Kesehatan 10 Indonesia	-	-	Through Ministry of Health/CDC	-	Co-operation between Michael Gracey and Indonesian government. Possibility of funding from Australia.
INDONESIAN	Dr Nancy Pardede Paediatrician Jui Mawar 2729 Kamboja Palembang Indonesia	-	-	-	-	Interested in a translation - put in touch with Winardi
<p>NB USAID in Indonesia also interested in assisting. NB. Written to Dr Gracey as being re partition in Indonesian, B Winardi + USAID.</p>						

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