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LAC HEALTH OFFICER'S WORKSHOP

Annapolis, Maryland

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REPORT OF THE 1989  
WORKSHOP

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## EXECUTIVE SUMMARY

In February, 1989, the Bureau for Latin America and the Caribbean (LAC) organized a workshop for field officers to include health, population and nutrition topics. The main thrust of the workshop was looking to the 1990s, and, within that framework, issues of management, sustainability, child survival, AIDS, career development, training, and health financing.

The keynote address set the tone for the workshop by focusing on continuity of USAID programs and recommendations in a report by the Hamilton Committee, a committee created by Congress specifically for the purpose of evaluating USAID. There is a shift in the nature of accountability of USAID to Congress and a need to create a structure within the agency to respond to the shift.

The session on management and management tools stressed the lack of a strategic role at the policy level for Health, Population and Nutrition (HPN) Officers. Cost estimate problems in technical assistance contracts due to lack of financial management and the increasing importance of evaluation focusing on results were discussed. The use of lap-top computers and ISSA software was presented as a management tool for fast surveys in the field. The advantages and disadvantages of management systems and use of Demographic and Health Surveys as programmatic tools were discussed. There was also a presentation on a regional drug management system for the Eastern Caribbean which has produced substantial unit price savings on drugs to the region as a whole.

Issues concerning career development centered on the lack of opportunity for promotions and suggestions were presented to possibly facilitate the promotion process. The absence of a standardized selection process was a concern and said to impede promotions.

The need to offer more training at the regional level was discussed. Major issues are lack of funds for training and lack of training and performance indicators for contractors.

The program review and subsequent look to the Decade of the 90's included discussion on ORT, immunizations, child-spacing, ARI, population and nutrition. Regarding population, a major issue remains: how to generate resources for family planning with the projected increase in demand for more and varied methods of services. A key effort will be to link population with environment concerns. Nutrition continues to be a major area of focus; one about which more information is needed.

Lessons and priorities of population programs were presented and various studies described. These included involving the informal sector in marketing contraceptives, use of communications and pre-testing techniques. Advantages of use of the private sector in reaching the population were presented.

Child survival continues to be a major area of concern and one session was devoted to case studies and descriptions of projects in Belize, Haiti, Ecuador and Honduras. Child survival is being re-defined to include the family and a family-centered delivery system. The new program focus is away from a fast reduction in infant mortality and, instead, towards a more sustained, integrated and regional approach. The 1990's will see limited resources for child survival with an increase in funds for AIDS, a resurgence in malaria and urban vector-borne diseases, and increasing pressure to look to the private sector to provide services.

The session on AIDS focused on USAID policy, WHO and PAHO strategies, and the need for collaboration among donors. AIDSCOM and AIDSTECH activities were discussed and concern expressed that people from these projects be included on teams sent by PAHO to countries.

Sustainability was the topic for one day of sessions, with a focus on factors influencing sustainability, public/private partnerships, project design and criteria of sustainability. Presentations were given on projects in the Dominican Republic, Bolivia, and Jamaica.

Social service financing is a major issue. Various means and ideas were presented as possible methods of financing to meet increasing health and population needs. SOMARC use of business plans were discussed. Debt conversion/exchange and blocked asset deals were described as vehicles for expansion of resources, and a business analysis to sell birth-spacing to industry was discussed.

The last day was devoted to three special concerns of the 1990's: narcotics, breast-feeding and ARI. The main thrust of the narcotics program is to promote awareness of people in-country regarding production and trafficking concerns of the U.S. government. Manoff Weaning Projects were presented with emphasis on a comprehensive family approach and on the importance of educating families to improve their own nutrition using household foods. The 1990's will see increased recognition of ARI as a major cause of childhood mortality in developing countries and an emphasis on ARI programmatic interventions.

The final session was devoted to an evaluation and discussion of the workshop itself. The open discussion recognized the value of these workshops. In fact, it was generally felt that a HPN meeting could be held on a yearly basis in the field, and a meeting

held every other year in Washington. Such an approach would satisfy the need for more frequent exchange of information, while recognizing the advantages of both a more intimate meeting in the field and the dialogue with Washington-based officials.

## I. WELCOME AND ORIENTATION

The LAC HPN Workshop was held February 12-17, 1989 in Annapolis, Maryland and was attended by over 75 participants, including contractors. Appendix A contains the workshop agenda; Appendices B,C list the participants, speakers and contractors who attended.

Jerry Bowers, LAC Assistant Director for Technical Services, opened the initial session on Sunday evening with a welcoming statement. Maura Brackett, Chief, LAC/DR/P, followed with statements setting the overall tone of the workshop which was the current U.S. Government priority of sustainable development goals, namely an integrated approach (i.e. population, environment) and the need to apply business approaches to our development work. Paula Feeney, Chief, LAC/DR/HN, emphasized the need for specific recommendations from the field to USAID officials and addressed the need for input regarding nutrition.

Veronica Elliott, the workshop facilitator, provided an overview of the logistics of the workshop, while Barbara Spaid, LAC/DR/HN, provided an overview of objectives which included:

- . Facilitating dialogue between USAID/Washington and mission officers
- . Facilitating discussion among field officers
- . Technical updates on AIDS and population, in particular

The keynote address LAC Looks To The 90's was given by Terrence Brown, Director, LAC/DR, and focused on the view from Washington. Three areas presented for discussion were:

- . Foreign Policy
- . Legislative Efforts
- . Reinforcement of communication among the missions and USAID/Washington

### Foreign Policy

Under the new administration, it is not yet clear what shape foreign policy will take. Secretary Baker's confirmation hearing assures continued leadership in Latin American issues. Central America is the first item on the agenda with an emphasis on democratization, development and security. The Caribbean has demonstrated more stability with the election in Jamaica and the possible move to democratic elections in Haiti. South America is troubled with the narcotics issue and lack of resources.

## Legislative Efforts

Continuity of USAID programs in LAC is important, particularly to the development of sustainable growth and economic stability, and investment in human capital, i.e., education, and family planning.

Areas of emphasis include:

- . Sustainability of growth
- . Private provision of social services, i.e., health and education
- . Urbanization - the region is growing most rapidly in urban areas
- . Helping the democratic transition, i.e. election process, voter registration
- . Management - too many management problems
- . Enhancing relationship with Congress
- . USAID over-regulating (a task force has been created to look at the problem)

An evaluation of USAID was performed by the Hamilton Committee, a committee created by Congress for that purpose, and includes the following recommendations:

- . Create a new Foreign Assistance Act (current one is obsolete and funding has declined)
- . Restructure USAID as an implementing agency (not clear in what direction)
- . Implement assistance programs and shift focus from process to results
- . Implement effective accountability (measure, report, agree)
- . Coordinate U.S. relationships with other governments

In line with these recommendations, certain issues emerge, namely, it is not clear if Congress will appropriate funds to implement the recommendations; and decisions on programming resources would shift from Congress to USAID. The challenge is to create a structure that will handle the shift. The nature of USAID's accountability to Congress is changing; there is

accountability overload at the Mission-level and the Action-Plan process is too heavy.

LAC/DR is promoting:

- . De-centralization of management
- . Emphasis on regional strategies and efforts
- . Consolidation of efforts

## II. LAC MANAGEMENT CONCERNS

Jerry Bowers, Assistant Director for Technical Services, opened Monday's session with remarks on the Role of the HPN Officer. Mission directors must be fully engaged in the process of management at the Mission level. HPN officers should understand the differences between control and coordination and consider the following:

- . Use of minority and women-owned firms (8A) for procurement of services and technical assistance
- . Identification of those to be trained under various technical programs
- . Facilitation of donor coordination
- . Responsibility for own career, i.e, job preparation, training in management skills, word processing, etc.

The discussion that followed focused on the role of the HPN Officer and the observation that HPN is not always in a strategic role at the policy-making level.

Jack Francis, Chief, LAC/DP/SD, talked on Budget Trends & Education, with a focus on performance-based programs. Referring to USAID's experience with the Development Fund for Africa, in which functional accounts are dropped and funds are allocated by need and performance. The program is too new to make broad generalizations, but the following observations can be made:

- . Reporting is crucial, in order to assess performance
- . Progress against performance indicators may be used to determine who receives funds
- . Evaluation becomes important as Congress looks at results
- . The Africa Bureau has set-up a matrix for evaluating the program which closely resembles functional account breakdowns
- . The Development Fund for Africa totaled \$500 million in FY88 and \$550 million in FY89; of this latter amount, 10% is ear-marked for each area of HPN and 25-30% for non-project assistance
- . A major advantage of this fund is its flexibility.

Robert Pratt of ISTI spoke on the Cost Analysis of LAC Health Project Technical Assistance Contracts and he stated that costs

were continually escalating as the contracts were administered. A study was conducted for USAID identifying problems the officers had in cost-estimating due to the lack of a standard approach. The following findings were presented:

- . Initial contract budgets were substantially lower than corresponding RFP and PIO/T estimates
- . Total contract costs almost always increase substantially over life of contract
- . Increase use to expanded levels of effort, not to under-estimation of cost elements
- . Contract unit costs did not increase
- . Project paper cost estimates and presentations are different and not uniform
- . There is no similarity between costs and budget formats in project papers, PIO/T, and contracts

The overall conclusion drawn by Mr. Pratt was that unit costs did not go up. This was because:

- . Competitive pressures cause budgets to be less than PIO/T estimates. Allowances were not made for different pay scales
- . Contract cost expansion is a consequence of good performance, not poor performance nor poor cost estimating
- . Project designers need simple but uniform guidance/feedback on cost estimating and presentations
- . It is impossible to track item costs from design stage to project completion
- . LAC should not attempt to contain TA contract costs because they have been reasonable in the past
- . USAID should anticipate contract expansion
- . LAC should adopt uniform cost estimating
- . Bureau or Mission Management should provide standard unit costs for common elements
- . All inclusive "rule of thumb" estimates should be used at early design stage, e.g. \$xxx per person month

### III. CAREER DEVELOPMENT ISSUES

David Mein, Director of Foreign Service Personnel, began the Career Development session speaking on the need for communication between divisions. Mary Huntington, Associate Director of Personnel for Training, described the various training courses offered and stated that target groups for training are identified through a needs assessment.

A major problem is that training is traditionally the first item to be cut from the budget and money assigned for training is sometimes lost to other items. It was pointed out, in discussion, that regional training, management skills courses and comprehensive training programs for technical skills, (i.e. computer, language, secretarial), have had a strong impact on morale at the regional level and are very cost effective.

The Child Survival State of the Art (SOTA) Course, to be held in Washington, D.C. July 9-21, 1989, has a maximum enrollment of 30 people. As this is a very popular course, it was strongly felt that if the number of enrollees could not be increased, then perhaps the course should be offered more than once a year.

Cecilia Pitas, Career Development Branch, identified three programs within Personnel for employees:

- . Management of Alternative Placement Programs (for those who are retiring)
- . Advocacy (i.e., substances abuse, child abuse)
- . Employee Consultation Services (for those whose personal problems are interfering with job performance)

Concerning promotions within USAID, the current slow-down of promotions is not expected to pick up in the near future. The following suggestions were made to facilitate the promotion process:

- . Establish realistic expectations - examine promotion intervals (the average interval from FS1, to senior-level foreign service is 6 1/4 years; from FS2 to FS1, is 4 1/2 years)
- . Look carefully at assignments and be willing to trade certain advantages such as geography, high schools, for an assignment that may lead to promotion
- . Avoid technical jargon in evaluations
- . Ensure that evaluations are easy to read

The Foreign Service Division will be re-assessing Classifications and Classification standards for promotions. A question was raised concerning the selection process for promotion. There is no standard selection process as selection boards change from year to year and are too varied. The development of standard criteria which would apply to different areas such as health, agriculture, etc. remains a problem. Selection boards assess such leadership skills as the ability to take an idea, implement it and move a program forward.

There is no current method of training, awarding nor evaluating the performance of contractors (the shadow work force). This is recognized as a critical need.

#### IV. PROGRAM MANAGEMENT TOOLS

Monday afternoon's session opened with Xavier Gonzalez speaking on the IPPF Network Management System: MIS to Desktop Publishing. In evaluating management systems to learn which is the best for each individual region, he presented a case study of MEXFAM:

##### MEXFAM: An MIS Study Case

	<u>1983</u>	<u>1988</u>
Total employees	353	151
Headquarters employees	76	33
Salaries as % of budget	78%	30%
Number of FP projects	23	211
States covered	7	28
Contraceptive users	180,000	500,000
Budget	US \$98,000	US \$2,900,000
Donor institutions	2	17

The advantages of this approach were:

- . Through use of the system, the program was able to expand, ranging from clinic management to community doctors
- . System can be adapted to donor requirements

He emphasized that MEXFAM's role is as a model and catalyzer, not to increase use of contraception.

Luis Ochoa from Westinghouse IRD spoke on the use of Lap Top Computers and ISSA Software for Fast Surveys.

Demographic Health Surveys (DHS) allows projects to process complex data from surveys and manage hierarchical data.

Integrated System for Survey Analysis (ISSA) is a micro-computer package that supports the creation, maintenance and analysis of large, complex data sets. Westinghouse trains people in the use of ISSA so that they can process data from beginning to end.

Advantages of ISSA include:

- . Editing while entering data, therefore inconsistencies can be corrected in the field

- . With customized questions, a computer can be programmed to respond to the particular individual being interviewed
- . Time saving, as the process can be completed in one operation
- . Data is compressed into small data sets

The main problem is cost, as Lap Tops are still expensive.

The advantages of using DHS Surveys as Programmatic Tools include the following:

- . Projection of contraceptive needs
- . Ability to locate target groups for family planning efforts
- . Quick turn-around of data, i.e, Botswana had a preliminary report completed in one month

The discussion following this presentation focused on the following issues:

- . Institutionalization of the system and getting potential users involved
- . Identification of follow-up surveys done in-country without technical assistance from Westinghouse
- . Need for USAID officers to give emphasis to the system so it could be used as a more effective tool
- . Politics of a country sometimes intervene so it is difficult to get data out
- . DHS provides an overall Latin American perspective, instead of county-by-country, leading to more effective use of data

In the session on Pharmaceutical Management, Gail Goodridge from RDO/C spoke on the Eastern Caribbean Drug Service (ECDS). The purpose of this program is:

- . To create a drug tendering system
- . To improve drug supply forecasting, inventory management and prescribing/dispensing systems of the participating Eastern Caribbean Countries
- . To develop a regional program which is self-financing

The mechanics of the drug tendering program are:

- . Leaders meet annually to select drugs and provide estimate of quantities to be included in tender-invitation
- . Countries procure drugs directly
- . Purchase orders are transmitted via ECDS
- . Orders are paid for from special "pharmaceutical accounts" established by each country at the Eastern Caribbean Central Bank (ECCB)

This system is critical to the success of the program as the ECCB pays the supplier and charges the government 15% of the purchase order value as an administrative fee, therefore the program is self financing.

The drug tendering system captured 75% of the public sector drug market during the first tender round, and ECDS covered 57% of operating costs. One and a half million dollars worth of drugs are purchased a year.

Goals of the program include:

- . Improve management
- . Reduce the number of small orders (to twice/year orders)
- . Increase self-sustainability
- . Continue to promote sole-source commitment (only those drugs on the list)
- . Improve quality control

Issues raised by the program include:

- . Cost-recovery/cost containment (issue of user fees)
- . Contraceptives are not part of formulary
- . Drugs in the program are curative, not preventative

## V. PROGRAM REVIEW AND LOOK TO THE 90s

Kenneth Bart, Agency Director for Health, spoke on projections for the next decade which include:

- . A changing environment with extraordinary population growth leading to pressures and migration from rural to urban areas and industrialization
- . Change in population dynamics, especially an aging population with increasing demand for services
- . Competition for limited social services and a need for creative thinking about allocation of resources and health care financing i.e, expanded use of managed care systems
- . Urbanization problems
  - New emphasis on water and sanitation
  - Prevention of urban vector-borne diseases
  - New urban diseases and increased AIDS
- . Malaria resurgence
- . AIDS issues
- . Child survival and our obligation to put in place appropriate programs, technology and tools, for a full decade and not waiver from this focus

A major emphasis is program sustainability. Child Survival programs will continue to focus on:

- . ORT
- . Child-spacing initiatives
- . Immunizations
- . Nutrition

Anne Tinker, Chief of the Health Services Division S&T/H, spoke on efforts to increase access and effective use of:

- . ORT
- . Immunization
  - Polio eradication efforts
  - REACH Project
  - Access to CDC
- . ARI interventions
  - small part of PRITECH
  - lack of diagnostic response
  - need for suggestions from the field

- . There is increased recognition of the need for health care financing efforts and a concomitant shift from the public to the private sector, especially in curative areas.
- . Training
  - not enough people are trained
  - focus is on nurses as they are principal health care providers

John Austin, Chief of the Water & Vector Control Division, spoke on Water and Sanitation (WASH Project) efforts which include the following:

- . Working with Housing Offices in various countries in such areas as service provision, quality of life, strategies vector-born diseases, i.e., Dengue Fever, Malaria
- . Increased interaction with other projects, i.e., REACH, PRITECH
- . Financing and the need to work with organizations such as the World Bank, in developing water service payment schemes
- . Working increasingly in peri-urban areas

Pamela Johnson, Acting Chief of the Applied Research Division, said that there is a commitment to improve current technology and ensure its impact on programs.

New technologies include:

- . A promising measles vaccine which is effective for 4-6 month old children
- . Improved ORS formulations, including a rice-based solution and nutritional management
- . Improved immunization hardware
  - single dose, locking syringe
  - low cost temperature markers for cold chain equipment (tested in Thailand)
  - low birth-weight scales
- . Better diagnostics for Malaria and ARI

Discussion yielded the following:

- . There is a need for more collaboration and sharing of information among field officers and with AID/W regarding research and programs
- . There is difficulty in accessing central technical assistance projects, because of funding and contract regulations. The current buy-in arrangement does not work well for technical assistance. There should be more central funds in the contract available to USAID
- . It was generally felt that the WASH project is a particularly well managed project
- . WHO's policy promotes the use of reusable syringes instead of disposable syringes
- . Bolivia and Peru are providing training in field epidemiology in an effort to improve information systems

Sarah Clark, Deputy Director for S&T/Population, identified the key issue in Population for the 90's as: How to generate enough resources for family planning.

The users of family planning, world-wide, went from 15% in the 1960's to 40% in 1988. In the LAC region, the percentage was 58% users in 1988. Donor funds increased from \$2 million in the mid-60's to \$.5 billion in 1988.

There is a projected demand for more and varied methods of services. In conjunction with this demand is a dramatic increase in cost. There is a projected \$250 million annual increase over the next 22 years. To meet this demand, efforts are being made to stimulate new resource development and improve efficiency and management through pilot programs and improved technology. An estimated 20% will come from donors. There is a need to engage the private sector e.g., the Options Project will be a major new project in support of private sector family planning services.

In response to questions following the presentation, these points were made:

- . Natural family planning - There will be an evaluation in April of the "Family of Americas" project
- . No change in level of funding - just under \$200 million for 1989-1990
- . Procurements
  - PAC 2B completed in 1989
  - SEATS RFP issued March 13, 1989
  - Operation's Research Latin America up for re-bid

- . Teen-age services
  - no peer-to-peer services
  - no free-standing clinics
  - no training for peer counseling or distribution of contraceptives
  - adolescent services integrated into other services
- . The number of grants has stayed constant over the past five years, i.e, dropped some, added some
- . AIDS related efforts
  - support of studies on AIDS prevalence
  - helped WHO buy condoms through procurement system
- . Any population sector funds used for items not designated family planning must be supported by documentation that the funds ultimately benefitted family planning

An overriding concern is how can we rationalize family planning efforts when economic and political stability is the current priority for the new administration? The IMPACT Project produces an economic rationale for family planning and an SAS White Paper also helps rationalize population efforts on macro-economic level. Both of these will be available towards the end of 1989.

Nancy Pielmeier, PPC/PDPR/SP, spoke on the HPN Policy Environment and identified Nutrition as a key area of focus. A study outlining the causes of malnutrition and approaches to the problem were outlined:

Causes:

- . Inadequate access to food
- . Unsanitary health environment
- . Inadequate health services
- . Dangerous and inadequate health behavior

Approaches:

- . Macro-economic policy reform
- . Agricultural re-distribution
- . Health, Population and Child Survival Intervention
- . Food Aid

Steps to be taken:

- . Develop guidelines and plan of action for USAID
- . Work on developing relationship with donors and international organizations
- . Recommendations for AID funding and programming

A problem exists in the form of pressures to spend efforts and funds on problems other than child survival, i.e, aging, prosthesis, malaria vaccine, chronic diseases.

A fund of \$20 million will be available for new activities in the private sector to stimulate activities in this area, i.e, privatization, social marketing, employer-provided services.

In conclusion, the role of health in environmental issues will be increasingly important. We should develop criteria to strike a balance between urban and rural issues.

Child Survival funding for child-spacing has remained constant at 5-10%. Local PVO projects are costly on a per capita basis.

#### **GRANTEE/CONTRACTOR FAIR**

A three-hour period on Tuesday was set aside for the workshop participants to interact with representatives of HPN grantees and contractors. The setting was informal and unstructured, and participants could circulate as they wished. A list of the grantee and contractor organizations represented at the Fair is included in Appendix D.

## VI. POPULATION: LESSONS AND PRIORITIES

Ken Yamashita from the Futures Group spoke on Population and Sustainable Development: Need for Policy Dialogue to Meet Unmet Demands. Governments in many countries are setting demographic targets and it is not always clear to them how many women need to be reached.

There is projected to be a population of 50 million in Central America by the year 2020 and a large proportion of them will be under 15 years old. Rapid population growth per se is not necessarily a problem; it becomes a problem when needs cannot be met and there is inefficient use of land.

The majority of the population in Central America lives along the Pacific Coast. A large proportion live in poverty and cannot purchase resources needed for agriculture. This lack of opportunity leads many to move into marginally urban and urban areas. There has been an increase in population density and a decrease in agriculture land due to slash and burn methods of deforestation resulting in land degradation, erosion, loss of diversity producing even worse conditions for the existing rural population.

There is an overwhelming need is for a regional, integrated approach for population and environmental issues.

John Novak of John Short and Associates spoke on How to Reach Out to the Growing Informal Sector. As the demand for family planning services steadily increases there is a need for expansion of services so more people can participate. The challenge is to provide services at the lowest sustainable cost. A survey of 500 street vendors or mobile marketers was done in Honduras to determine their potential as a possible outlet for contraceptives. The majority sell more than one type of product and choose products that have client demand and ensure a quick sale. They have an established distribution system, low overhead and good prices.

- . They sell approximately \$10 of goods a day
- . They have 15% profit margin
- . Total annual sales volume: U.S. \$3.6 million

The typical vendor is female (75%); has a primary school education (53%); and is Catholic (51%).

Thirty-six percent of the vendors surveyed said they would sell contraceptives. Fifty-two percent said they would not; but 12% of that number would sell them if it was profitable. Of the group who said they would not sell them, the reasons given were controversial product; profit margin; church resistance.

The program could be started if vendors could be convinced of market demand, and given start-up supplies. Prior to start up, it would be important to evaluate profitability and assess consumer demand.

In the session on Young Adult Surveys: What We Learned About Premarital Sexual Experience and Contraception, Leo Morris from CDC discussed a study of sexual experience and use of contraception in Latin America and suggested that the problem with most surveys is that they are based on information from in-union couples. If out-of-union couples were included, reported condom use would probably be higher.

A study in Jamaica of 13-15 year olds who had their first pregnancy indicated that 80% were in school at the time of pregnancy. Seventy four percent did not return to school after the birth.

A study of sex education indicated:

- . 90% receive information on menstrual cycle
- . 80% of males receive information on contraception
- . 60-70% of females receive information on contraception
- . 13-30% of females had their first sexual experience prior to age 15

The implications of these studies are that Secondary school is too late to begin sex education. Further, young women need information on contraception. A major programmatic implication is that unmarried couples are not getting contraceptives in the public sector.

Patrick Coleman of the Population Communication Services Project at Johns Hopkins spoke on Communications: Need For Pretesting Messages. Pretesting means field testing communications materials before they are produced or printed. Pretesting should be done with two audiences in mind: the target audience and influentials such as politicians. The communications materials should be attractive, understandable, culturally acceptable and persuasive. Pre-testing can demonstrate to public officials a demand for information by the public. A media campaign in Colombia, which had been pre-tested, produced the following results:

- . 10% increase in use of condoms by males
- . 25-30 increase in sales
- . Increase in women buying condoms

- . The percentage of men who used condoms only outside of their marriage dropped from 77% to 54% (more men using condoms within their unions)

Pretesting may have to be done several times but allows you to identify issues and problems with the material before distribution and can prevent expensive disasters.

Sharon Tipping from the Futures Group closed Tuesday's session with Male Involvement Using Responsible Parenthood Messages. Condom usage is increasing but varies widely in Latin America. For instance, for males ages 18-45, the range is 39% in Barbados to 9% in Ecuador. In addressing male motivation, she listed the following issues:

- . Creative advertising, such as, in-store brochures; linking of condom ads with athletic events
- . Joint AIDS and family planning efforts
- . Local involvement of condom manufacturers
- . Techniques to establish informed condom use
- . Taking "economic responsibility" for your children is an appealing motivator stressing child spacing and smaller families

The campaign in Mexico resulted in increased knowledge about condoms and aided in the design and evaluation of an AIDS campaign. One advantage of private sector initiatives is cost-sharing, thus decreasing the financial burden to USAID. Campaigns have been found to be very effective. When the campaign ends, sales of contraceptives go down but level off at a higher point than previously. Re-advertising must be done periodically as the goal is for the product to become institutionalized. Increasingly, countries are including the cost of contraceptives in their cost-of-living index.

## VII. CHILD SURVIVAL: LESSONS LEARNED

Petra Reyes, Child Survival Advisor to the LAC Bureau, opened Wednesday's morning session with an Overview of Lessons Learned. In 1985, USAID established ambitious goals for the reduction in infant mortality but can see now that these may have been unrealistic goals within the time-frame. Countries started out with different IMR levels, different infrastructure constraints, resources and levels of external funding support. We have learned a great deal. For example, Haiti and Guatemala could handle only one major national program in the public sector as the human infrastructure was too weak to support more than that. We have learned a lot about infant mortality and its structure, and about our technologies.

Further reductions in infant mortality will require more sustained effort and more attention to child-spacing and family planning. Therefore, there is an increased focus on broadening the program approach, and an integration of interventions. The move is to a regional approach and hard-to-reach pockets of the population.

USAID is also increasingly concerned about program sustainability, including financial, system and managerial sustainability. This requires public and private sector collaboration, donor coordination, information sharing, and coordination of approaches.

The remainder of the morning's session was devoted to presentations of country case studies. These presenters were Sam Dowding from USAID/Belize, David Eckerson from USAID/Haiti, Bill Goldman from USAID/Ecuador, and Tom Park from USAID/Honduras.

### 1. Belize:

In 1986 there were seven projects in the health and population sector; two in water and sanitation and five in child survival and family planning. Four of these seven projects have been combined into a single project and include a grant to CARE and one to Project HOPE.

One problem which has resulted is that one of the local PVOS did not really understand what was involved and ultimately, felt its independence was compromised since they now have to report to CARE instead of directly to USAID. Management issues should have been discussed and better clarified before discussion of technical issues.

The management mechanism used by the project includes a monthly meeting with USAID and all four of the agencies involved. At present a Belizean coordinates T.A. management for two local

PVO's. The Coordinator has negotiated technical components with each of the four organizations separately.

**Results:**

- . CARE is responsible for improving management capabilities of the two local PVOs'; their overhead rate is 9%
- . With the expansion of program field workers, a network of support groups has been established, (i.e., breast-feeding counselors, etc.) resulting in increased program impact
- . 48% of women are breast-feeding now; previously, hospitals did not encourage women to breast-feed but put babies on the bottle

In the discussion following the presentation, it was suggested that:

- . HPN Office should conduct an evaluation of health/population specified umbrella organizations in region and that a session at the next LAC meeting should be devoted to reviewing the results of this evaluation
- . A session on PVO coordination and networking groups should also be included at the next workshop

**2. Haiti**

The project in Haiti has been 100% private sector oriented with technical support from U.S. PVO's CFP's and indigenous NGO's. It is serving 500,000 people, instead of the one million which should have been served, due to management problems in both USAID's and PVO's part, the chaotic political situation, exaggerated expectation and under-funding. Lessons which have resulted from this project are:

- . Coordination of health and family planning inputs is both essential and difficult
- . PVO programs are:
  - Management intensive from USAID point of view
  - Expensive and require significant personnel inputs
  - Not sufficient in and of themselves; maximum 25% coverage in Haiti

- Demanding and require careful coordination with Ministry of Health
- . Successful only when assistance is carefully chosen and sufficient resources are available for collaboration.

### 3. Ecuador

In 1985, the PREMI-Health Project was initiated and has been very successful even though in August of 1988 a new government was inaugurated that resisted continuation of any programs from the previous administrations. Project activities include:

- . Population/Child Spacing, i.e. support of commercial activities such as SOMARC
- . Child survival, i.e. support of decentralization of service delivery, epidemiology, resource targeting
- . Water supply/sanitation, i.e. community involvement & financing
- . Malaria - cost containment

The PREMI - Health Project has resulted in:

- . National Population Policy
- . National Health Plan
- . Decentralization
- . FONASA - National Water Works increase in budget and involvement in developing rural water supplies
- . National Nutrition policy
- . Community ownership of rural water system
- . Commercial involvement in child spacing programs
- . Social Marketing to increase child survival impact of water and Sanitation activities - assistance in project to improve hygiene behavior

Although the project has been successful, more emphasis should be placed on the collaborative process with governments and ministries of health.

#### 4. Honduras

The Ministry of Health's policy commitment to primary health care began in 1972-74 and budget support is 50%. There has been public sector analyses of problems, continuity of personnel, consensus building around data and a recognition to move into the communities and use community workers. Results have been:

- . A steady decline in the infant mortality rate:  
1968: 127  
1985: 85-90  
1987: 60
- . A decrease in childhood diseases due to immunizations
- . A decline in fertility
- . ORT use rates of 17%

Problems remain in that real increase has dropped from 1980 to 1987 and 40% of the under-5 population suffer from malnutrition. The programs are costly, time-consuming and technical assistance dependent.

The primary education program reaches 80% of females in Honduras. For mothers who have 6-7 years of primary education the of infant mortality rate is 30 and contraceptive prevalence is 60%. Even though female literacy has improved in Honduras, the need remains to further educate young women.

### VIII. CHILD SURVIVAL IN THE 1990'S

Bradshaw Langmaid, Deputy Assistant Administrator for Research, spoke on the decade of the 1990's from two perspectives:

- . The future of USAID with regard to the Hamilton Report
- . Real world situation, i.e, the field

Washington's focus is to re-define child survival to include the family. A report will be coming out addressing such issues as:

- . Health improvements due to technology change, not just increased per capita income
- . Technology has run its course and improvements must come from increases in income
- . In the poorest countries infant mortality is increasing

As to the future, the following issues were raised:

- . Limited resources for child survival
- . More resources for AIDS
- . Population and aging are worldwide problems
- . Increased privatization
- . Urban versus rural population needs
- . Need for new technology, especially for AIDS
- . Resurgence of malaria

The concept of child survival mobilized public and private resources. The question is, do we look to build on that perception, which requires health infrastructure, or do we go a different route, i.e, a family centered delivery system?

Increasingly, health professionals must view the population issue as linked to environmental issue.

Nancy Pielemeier, PPC/PDPR/SP, spoke on the need for sustainability and the increasing pressure to look to the private sector to provide health-care and family planning services.

## IX. AIDS

Bradshaw Langmaid, Deputy Assistant Administrator for Research, opened the Wednesday afternoon session with an Overview of Agency Policy on AIDS reiterating the need for coordination of efforts. AIDS activities may have to be funded from other accounts (e.g. health) in countries where AIDS funds are insufficient.

Considerable mobilization of governments, ministries, and services has been achieved. The priorities now are:

- . Need to sustain the efforts
- . Create better utilization of mobilization without jeopardizing other programs
- . Outreach
- . Innovation and creativity - bringing flexibility to the forefront - using private groups
- . Improve monitoring and evaluation - applying what was learned in EPI and diarrhea disease programs

Ron St. John of PAHO spoke on the role of PAHO in providing assistance to countries in establishing AIDS prevention and control programs. PAHO is sending teams to countries to make recommendations and cost-out future plans. Priority countries are Central America, Andean Countries, Mexico and Brazil.

There is a trend within PAHO to place people regionally who are general medical officers with a strong background in medical management.

PAHO is being uncharacteristically tough with their AIDS funds because some countries have treated AIDS funding as a blank check. Countries will be held to their National Plans of Action in order to receive funds.

Peter Lampty of Family Health International spoke briefly on AIDSTECH activities in the field.

AIDSTECH provides assistance to projects in Mexico, Dominican Republic, Eastern Caribbean, Haiti, Peru, Ecuador and El Salvador.

Areas for assistance are:

- . Prevention of HIV infection through sexual and peri-natal transmission; prevention of HIV transmission by infected blood and skin piercing procedures

- . Development of surveillance systems to track spread of HIV infection
- . Health care finance assistance
- . Information dissemination

AIDSCOM, promotes communication and education necessary to change behavior. Michael Ramah of AED spoke on Communication Strategies and Examples of AIDSCOM Intervention in LAC. AIDSCOM has provided technical assistance to 17 countries with USAID Mission buy-ins which exceed \$1 Million.

The strategies used by AIDSCOM include:

- . Counseling Prevention: Train the trainer workshop model to increase skills; regional workshops; follow-up workshops; evaluation of model
- . Media development

Results include:

- . 60 trained trainers
- . 19 countries represented
- . 4 national workshops
- . 5481 people trained by trainers

In an AIDSCOM campaign to increase the use of condoms, 300 commercial female sex workers who were interviewed by AIDSCOM perceived sexually transmitted diseases (STDs) as a risk but did not link STDs with AIDS. One of the questions in the survey was, "What are condoms used for?" Before the campaign, only 2% said "AIDS." After the campaign, 96% said "AIDS."

Jeff Harris, S&T/H, in his State of the Art Review emphasized, along with others, not to use the label "high-risk groups" but to use the terminology of "groups that exhibit high-risk behavior."

A major focus is on reaching prostitutes and a study found that about one-third use barrier contraception while the majority use no barrier contraception. There is clearly a need to develop something women can use without relying on male cooperation, i.e., a female condom.

CDC will probably get further funding from Congress leading to collaboration with USAID in the field. Policy evaluation will include:

- . Keeping WHO as the cornerstone
- . Adding bilateral programs

- . Comparative advantage areas, ie. implementation capacity, condom procurement, PVO support

The issues discussed included:

- . Better collaboration between PAHO/WHO and USAID is needed
- . An AIDSTECH or AIDSCOM person should be included on teams sent out by PAHO
- . Donor coordination is needed at a national level
- . With increased demand for condoms, gloves, etc., we need to look into indigenous supplies

## X. S&T/POP ASSISTANCE: STATUS AND EMERGING PRIORITIES

Jim Shelton, Chief, Research Division, S&T/POP, gave a Contraceptive Technology Update.

### Comparison of IUD's, 1988:

	Lippes Loop	Cut-200	Cut-380
Life	Indefinite	41 yrs.	10+ yrs.
Preg. Rate	2-3%	2%	0.5%
*Cost	\$.40 bulk	\$.70	\$1.00
1 Size Fits All	No	Yes	Yes
Individual Pre-sterile Pack	No	Yes	Yes
*Infertility	++	+	+
*Blood Loss	++	+	+
*Expulsion	++	+	+
*Removal	++	+	+

\* = Approximate

Phase III evaluation of 90-day Norethindrone Microspheres is underway. Depo-Provera will not be approved in U.S. soon. Norplant could be approved before the end of 1989. The cost is \$15/set of six. The potential advantages and disadvantage of an improved condom include:

#### Advantages:

- . Cheaper
- . Thinner
- . Stronger
- . More durable
- . Less allergenic

#### Disadvantages:

- . Plastic
- . Plastizer (chemical)
- . Unknown

The main problem with condoms is breakage. More testing of spermicidal lubricated condoms for breakage is needed.

Female condoms are being tested for acceptability. They are made of poly-urethane and are re-usable.

Exclusive breast-feeding should be encouraged for family planning purposes as it provides more than 98% protection during the first 6 months, postpartum, if the mother is not menstruating.

Elizabeth Maguire, Chief, Population Policy Development Division, S&T/POP, in her Programmatic Review and Issues stated that population assistance is provided to 25 countries in the region in the amount of \$35 million, 25% of which is for technical assistance. Because of the continued large demand for assistance in Latin America, the budget constraints, and the need to focus on aid for Africa, there is a pressing need to develop private sector funds and involvement and to consolidate subcontracts. Greater effort needs to be made in the areas of management systems, logistics, training and expansion of services. The programs which began a few years ago such as Enterprise, TIPPS, IMPACT, are now beginning the evaluation process. Concerning procurement issues, guidelines are available. Standardized guidelines will be available on Buy-ins and a cable will be going out on the time-table.

During the discussion period, the following issues were raised:

- . There is a need to package differently the contraceptives for the private sector and PVO's in Guatemala
- . As there is an upswing in projects that are jointly funded, there is a need for donor coordination

## XI. SUSTAINABILITY: ISSUES IN HEALTH

Herb Birch, Chairman, Birch & Davis International, opened the Thursday morning session with an Overview of Approaches in Health.

Health care is one of the biggest items in the budgets of most of the world's governments and, as in the U.S., health care costs are escalating at a rate that substantially out-paces the economy as a whole.

A worldwide trend is "Public/Private Partnerships." Exhibit 1 on the following page addresses the question: How do we build the most appropriate model?

In applying this model, it is important to keep in mind the following:

- . Demographics dictates design of infrastructure
- . Ability and willingness to pay dictates financing
- . Minimum/Supplemental benefits to be considered
- . Capacity: regulations, guidelines, dictate roles of the public/private sector
- . Appropriate incentives include copays/deductibles, tax breaks, penalties. The critical thing is building incentives into the system, whether public or private, to encourage the people to make the most effective use of the system

Examples from the UK, USA, Egypt, Indonesia and Malaysia were presented to illustrate the public-private partnership model.

Anne Tinker, Chief, Health Services Division, S&T/H, in her Overview of Agency Approach gave the agency definition of sustainability:

"A development program is sustainable when it is able to deliver an appropriate level of benefits for an extended period of time after major financial, managerial, and technical assistance, from an external donor, is terminated."

"A health program is sustainable when it is able to achieve permanent reductions in morbidity and mortality of a sufficient magnitude to justify project investments and incremental recurrent costs, after financial, managerial, and technical assistance from external donors is terminated."

# HOW DO WE BUILD THE MOST APPROPRIATE MODEL

40

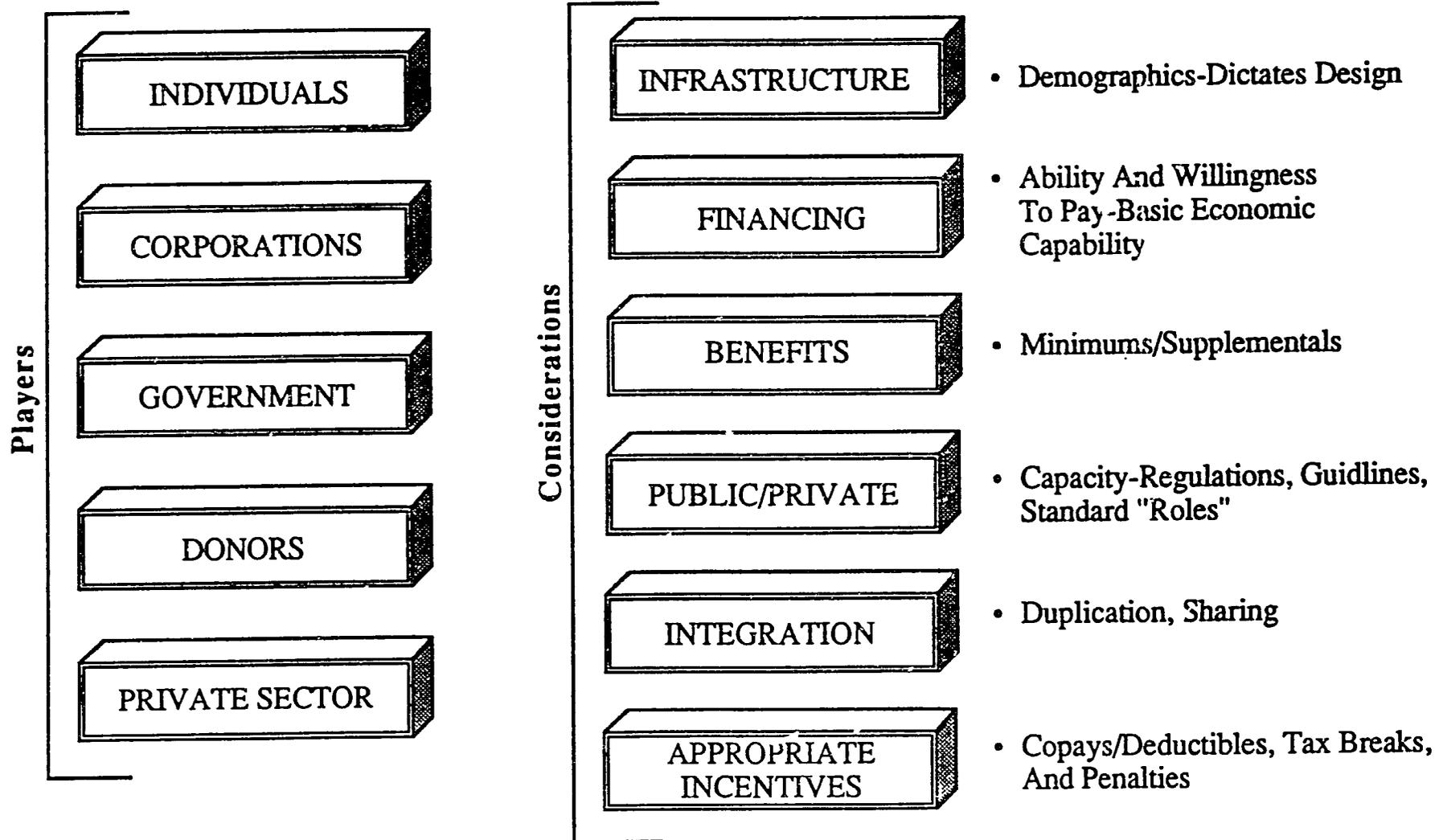


EXHIBIT 1

Factors influencing sustainability are:

- . Government policies
- . Management, organization, and local participation
- . Finance
- . Technology
- . Sociocultural
- . Environment and ecology
- . External political and economic circumstances

Factors that may be influenced by health projects:

- . Health sector policies
- . Managerial capability
- . Organizational capacity
- . Over-centralization
- . Local participation
- . Financial commitment
- . Level of technology
- . Sociocultural factors

Project design may use these factors as a checklist of where project intervention may be called for to create the conditions for sustainable benefits.

To produce sustainable programs, health projects must cope with these "given" factors through avoiding or overcoming them.

- . External political and economic circumstances - such as political instability, natural disasters and economic shocks
- . Macroeconomic government policies such as exchange rates, interest rates, the money supply and its effect on inflation pricing and subsidy policy, the role of the private sector, and personnel practices
- . Financial constraints - such as reduction in overall government appropriations, availability of foreign exchange

Projects in Egypt, Honduras, Kenya, Thailand and Indonesia are meeting goals of sustainability and impact on child survival.

Projects from three different countries were reported on by Lee Hougan from USAID/Dominican Republic, Paul Hartenberger from USAID/Bolivia, and Rebecca Conn from USAID/Jamaica.

#### **1. Dominican Republic Health Care Demand Study**

The rationale behind the study was to encourage the private sector to work with low income groups, to determine what health

care institutions people use and why they choose one institution over another. The study was a household survey of 1,800,000 people.

Before the study, the perception was that the MOH served 80% of the population. The study found that 30% of the population is served by MOH while 56% is private sector served resulting in recognition of utilization behavior previously unknown. Applications of the study include:

- . Assist MOH to correct low utilization by the lowest income group and to establish cost recovery to provide better care
- . Encouragement to design private health programs and to re-structure current projects such as AIDS, and family planning

## 2. Bolivia - Prosalud

The project began in 1983-84 with a target population of 700,000 and a cost of \$2.3 million over 6 years. The purpose is to demonstrate the feasibility of the private sector to deliver services. The first step was an analysis of sustainability including patient demand, clinic income and expenses. The advantage is cost control with one provider.

Marketing and advertising techniques used are word of mouth, health fairs and the mass media. Incentive systems encourage greater utilization and share the financial risks and benefits between providers and employees. Pricing strategies include risk-sharing and patient education to avoid patient abuse. Each clinic is a cost center with a budget to note costs by type of service and to project future costs.

The projection of sustainability is that in two years, 65-70% of management costs will be covered by clinics. As the operations research component is dropped, the coverage of management costs will climb to 80-90%.

## 3. Jamaica - Privatization

A very sophisticated health service has been built up over time in Jamaica. The challenge is how to maintain it with limited resources. The current health statistics are:

- . Life expectancy: 72%
- . Infant Mortality: 25%
- . Immunizations: 80%

Problems exist in the form of serious shortages of pharmaceutical and medical supplies, lack of maintenance for

equipment and plants, poor working conditions with shortages of medical personnel, and large-scale public dissatisfaction with health care. To solve these problems, the following initiatives are being undertaken:

- . Utilization of hospitals by converting them into private health care centers has resulted in considerable savings
- . Contracting out hospital support services (497 public sector employees were dismissed resulting in a savings of \$824,000 per year.)
- . Utilizing hospital user fees (hospitals retain 50%)
- . Privatization
  - Privatizing hospitals and primary health care centers
  - Contracting management of public hospitals with contractor at risk

In order to meet the objectives of efficient allocation of existing public resources and increased efficiency of operations with greater reliance on the private sector the following preparatory steps should be taken:

- . Prepare legal documents
- . Identify and register indigents
- . ID potential contractors
- . Develop capitation costs of indigents
- . Develop norms and standards
- . Conduct population survey

A critical need is for USAID/Jamaica to help identify sources of technical assistance in order for the field to work effectively. However, the field needs to articulate the scope of the problem/need in order for Washington to respond with technical assistance.

The final presentation of this session was Matilda Pinto de la Piedra, from John Snow, Inc., who reported on Health Financing LAC Cross-cutting Evaluation.

The purpose of this cross-cutting evaluation is to produce a tool for sharing experiences and producing guidelines that will be relevant to the field.

A household survey of health services utilization in Santo Domingo included the following findings:

- . Over half (56%) of all outpatient medical consultations take place in the private sector. The preference for private sector outpatient care is strong even among these with low household incomes
- . The majority of health care is provided by medical doctors (84%) or dentists (11%). Only 5% with paramedical providers
- . The private sector accounts for 50% of all hospitalizations
- . For those who seek medical care, price is not a major consideration: Increasing the prices charged for outpatient consultations will reduce utilization only slightly

Guidelines for an evaluation should encompass:

- . What is the problem within the health sector and outside of it?
- . What is the "state of the art" in addressing the issue?
  - Identify areas of action
  - Identify the setting
  - Identify the problem
    - availability of resources
    - allocation of resources
    - inefficiencies in the delivery of health care
  - Policy dialogue

An evaluation needs a focus, a critical analysis, not simply a listing of experiences from the field, ie. what has been tried and in what context? What has helped programs be successful?

In the discussion period the following points were made:

- . There should be a health care financing course available for USAID officers
- . Missions need to be "trained-up" before they can successfully use guidelines

## XII. ROUND TABLE ON SUSTAINABILITY

Patty Allman of The Futures Group opened Thursday afternoon's session with SOMARC Use of Business Plans to Calculate the Break-Even Point.

Information needed to find the break-even point:

- . Fixed costs, .e.g. rent on a building.
- . Variable cost, e.g. raw materials, direct wages
- . Sales price per unit
- . Total volume of sales in units

With this basic information, it is possible to develop all the formulas necessary to calculate the break-even point.

The break-even point is the precise moment (point) when revenues from sales of a product or service cover the total costs of a project (fixed + variable).

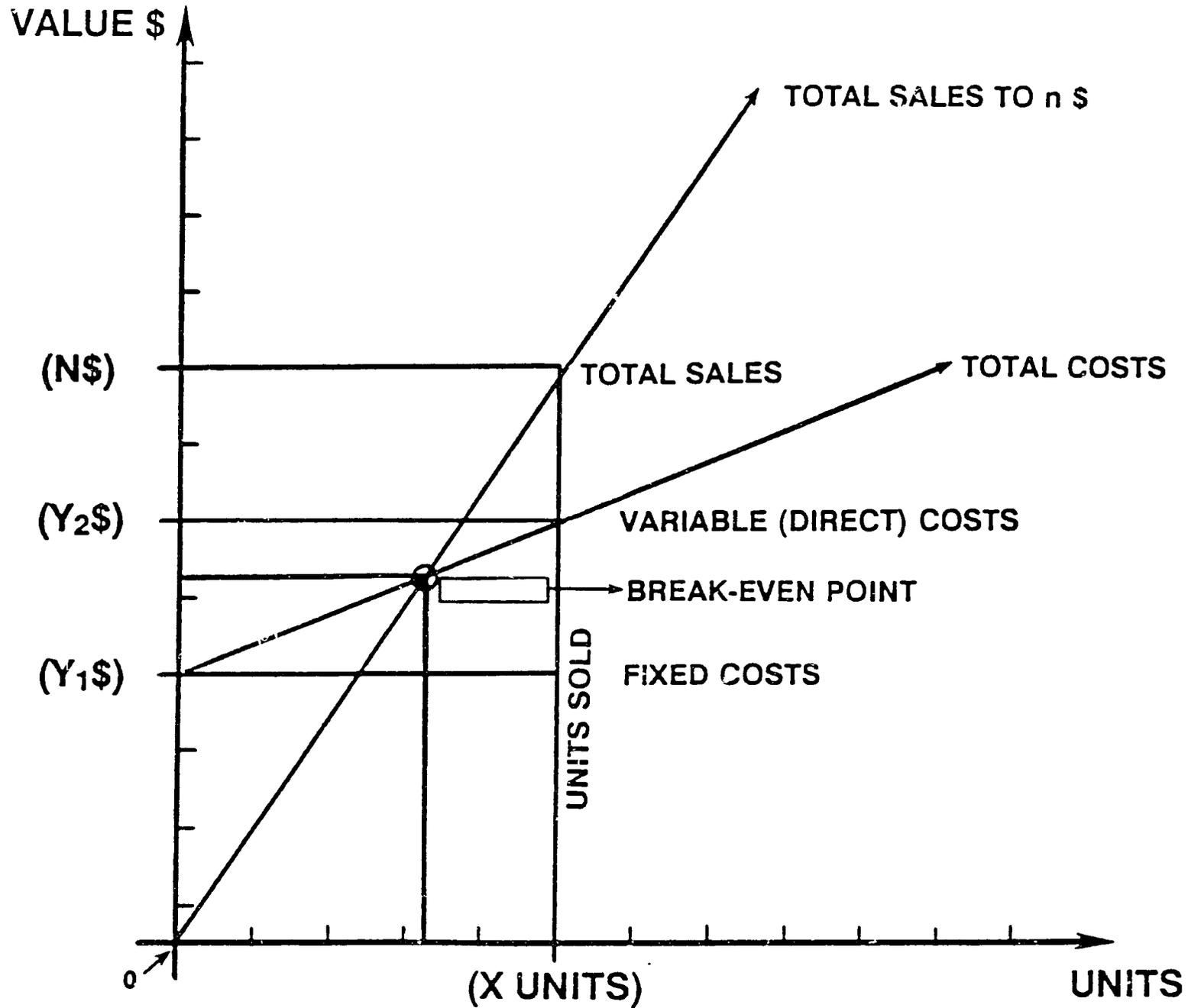
There are two ways to find the break-even point: numerically and graphically.

The graph method is very simple and leads logically to the same results as the numerical method (Exhibit II). The advantages are:

- . It permits one to visualize quickly all the important points of the current status of a product, such as the sales trends, cost trends, break-even point, etc.
- . It facilitates visual and numerical analysis of the possible results that would be obtained by using different alternative methods

Donald Bogue of the Social Development Center discussed Family Planning Costs to Year 2000: What's the Bill? and stated that USAID is, unfortunately, asking countries to become self-sustaining at the worst possible time. Women who were born during the time of early reductions in infant mortality rates are now in their child-bearing years and their children will begin to reproduce. In order to keep up with these demographics, it will be necessary to treble the number of people who will be contraceptive users by 2015. From 1995-2005 the total cost of family planning will be \$1 billion per year. Who will pay?

# STEP NO. 8 - DETERMINING THE BREAK-EVEN POINT



Discussing possible methods of financing for health and population programs, Deborah Burand of the Conservation International Foundation spoke on Debt for Development to Attain Social Sector Goals.

Debt conversion and/or exchange can be used for social purposes as it is not limited to financial transactions, i.e. can trade for a land mass deal. Countries may be looking for ways of "debt reduction." Instead of servicing their debt, they could take that money and use it for social services.

Before finalizing such an arrangement, one must look at the price of debt, government redemption, exchange rates, and make a comparison of ways of getting money into the country.

The role of USAID could be:

- . To finance a portion of the deal
- . To help out on acquisition of debt
- . To assist with transactional costs (financial support)

A blocked-assets deal is one where multi-nationals may have a pool of local currency that the banks will not allow them to convert to dollars. As that pool is subject to devaluation, the multi-national may be willing to sell their local currency at a discount.

Francisco Ramirez from IPPF/WHR spoke on Debt Conversion- A Vehicle for Expansion of Resources and gave the following suggestions:

- . It is safest to operate with major US banks in New York
- . Deal takes place in one day
- . All details are checked and monitored
- . Imperative for tight cash flow to avoid problems with devaluation
- . Obtain legal approval for transactions quickly or the transaction will be given to someone else
- . Need for flexibility as banks sell different packages
- . There exists a network of non-profits who are willing to take packages
- . Shop around, there are different discount rates
- . There are incentives for countries to make deals, i.e. half of the profit goes to the country and half to IPPF

John Novak from John Short and Associates closed Thursday's session with a Business Analysis to Sell Birth-spacing to Private Industry and discussed the TIPPS Project.

Generate Demand:

- . Identify influential firms
- . Conduct a business analysis
- . Present results to management
- . Disseminate industry-wide

Encourage Supply:

- . Identify service delivery organizations
- . Develop/improve capabilities
- . Link organizations with companies

Service delivery alternatives:

- . Within company clinics
- . HMO/Insurance Co. : Mexico-ABRAMGE
- . Service provision by outside organizations.  
Mexico - Medicos Comunitarios MEXFAN  
Peru - Medic SA

Companies are interested in providing health and family planning services to employees and will pay for these services. Absenteeism costs are related to employee morbidity.

The point is made to employers that preventive health care is more cost effective than curative care. Advantages to the employer include savings through decreased absenteeism and increased contraceptive prevalence through improved method availability.

For many companies, the cost of the program is not a concern as over time it becomes an investment.

Evaluation of the TIPPS Project is currently underway. Input from the field regarding demand is requested.

### XIII. SPECIAL CONCERNS OF THE 1990s

Marcia Griffith of Manoff International opened the Friday session with a report on Breast-feeding/Infant and Childhood Feeding Strategies. She stated that, in her view, nutrition is often left out of programs due to misconceptions of complexity. It is important to educate families to improve their own nutrition, through the use of common household foods.

With adequate nourishment for young children:

- . Measles case fatality rates were reduced by 50%
- . Diarrheal diseases were reduced by 50%
- . 2.7 million deaths were averted/year
- . Half of lives saved by better nutrition can be accomplished by improved weaning practices

Weaning was defined to extend from the first time a child takes food other than from the breast, until the time that a child is only taking food that is not from the breast.

Manoff International is assisting in weaning projects in Cameroon, Ecuador, Ghana, Indonesia, Swaziland, Zaire. Each project is involved in qualitative research to ensure problem identification and consumer based project design. Quantitative research is built into the design. A more comprehensive "family" approach is being adopted i.e., what do mothers and fathers want for their children over the long term? A need still exists to identify those people who really cannot do anything about the nutrition of their children.

Findings from the various projects include:

- . Maternal self-confidence - the relative sense of power and control plays a significant role in children's nutrition
- . Fathers play a more important role than expected
- . The medical profession can be a major obstacle to improving child feeding
- . Making foods thicker may improve nutrition
- . Mothers lack concept of food quantity
- . Almost no exclusive breast-feeding

Strategies that have been shown to succeed include:

- . Individual counseling, group sessions, demonstrations
- . Food vendors, small shops are important sources of information for mothers
- . Public information - general concepts, demand creation, prestige

During discussion, the majority of the participants stated they would like the Manoff Project set up for buy-ins.

Craig Buck, Director, LAC/SAM, stated, in his presentation on Narcotics, that the agency's concern is not for domestic drug problems but is driven by the desire to increase the awareness of people in developing countries regarding production and trafficking, with the result that they work with the U.S. government.

INM (International Narcotics Matters) and USAID are separate agencies but the role of both agencies is for institution building and involvement of PVO's.

Factors influencing drug campaigns:

- . Local organizations in the private sector
- . Availability of local currency resources
- . Epidemiological studies
- . Innovation in public awareness campaigns, ie. involving communities

The current USAID funding going into the narcotics budget is \$3-3.5 Million.

Robert Kim-Farley of S&T/H, made a presentation on Acute Respiratory Infections (ARIs). ARIs are increasingly being recognized as an important cause of childhood mortality in developing countries:

- . An estimated 2-5 million childhood deaths annually are attributable to ARIs
- . 75% of these deaths are not preventable by routinely used EPI vaccines
- . In the LAC region, ARI is particularly important in view of the relatively successful CDD (Control of Diarrhea Diseases) and EPI programs which save children's lives

and result in an increasing proportion of infant and childhood deaths attributable to ARI

Current status of WHO/ARI program:

- . Strengthening ARI program
- . Revised ARI case management guidelines
- . Revised training modules on ARI case management
- . ARI program managers course is being developed and scheduled for field testing in Nov., Dec. 1989

Encouraged ARI activities include:

- . Strengthening elements of other child survival interventions that are supportive of ARI prevention
- . Strengthening immunization programs to provide basis for facilitating introduction of new vaccines for control of ARI
- . Strengthening case management aspects of child survival programs to provide a basis for facilitating introduction of ARI case management in the future
- . Establishment of ARI Training Units analogous to Diarrhea Training Units in selected countries
- . Conducting epidemiological, clinical or behavioral studies. One problem is how to measure respiratory rate since most people don't own a watch and sand timers don't work well

The decade of the 1990's will see increased importance placed on ARI as the programmatic interventions are refined, especially in the LAC region. A centrally funded project is now in the process of being planned with an ARI component.

## **IX. EVALUATION OF THE WORKSHOP RECOMMENDATIONS AND FEEDBACK**

Paula Feeney, Chief, LAC/DR/HN, opened the final session by expressing her appreciation to all the LAC HPN officers and her gratitude for their valuable and rewarding work experience at LAC.

Veronica Elliott then led the discussion on the Evaluation of the Workshop. An evaluation form had been given to each participant so that the sessions could be rated for appropriateness, quality and opportunity for discussion. The results of this survey are summarized on the following page.

The evaluation form also invited participants to comment on subjects about which they would like to know more; topics that should be included in the next workshop; the suitability of the workshop site; whether combining health and nutrition with population was recommended; and on any other matter.

The paragraphs below reflect both these written comments and the discussion during the workshop itself. Following this, recommendations that were made during other workshop sessions are summarized.

### **The Workshop Site**

Generally, the participants would like to have had more amenities than are offered at the Maryland Inn. However, they also recognized that cost is an important factor. If the timing of the workshop were resolved earlier, a more comfortable hotel might be possible next time.

Several participants favored Miami as a workshop site, but a large number liked Annapolis very much. A few respondents suggested Washington, D.C. as a better location.

### **Combining Health, Population & Nutrition**

Most participants favored combining HPN topics, as this reflects the reality of the field situation. Several pointed out, however, that the absence of S&T/Nutrition officials was most unfortunate and urged that office to be involved in the next workshop. It was also pointed out that population topics were accorded quite a bit more time than health and nutrition topics, and that this was an imbalance.

**EVALUATION OF LAC HEALTH POPULATION  
AND NUTRITION OFFICER'S WORKSHOP  
(February 12-17, 1989)**

Please rate the sessions using the following scores:  
1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Appropriateness	Quality	Opportunity for Discussion
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**Monday February 13, 1989**

1. LAC Management Concerns	<u>4.0</u>	<u>3.5</u>	<u>3.2</u>
2. Career Development Panel	<u>4.0</u>	<u>3.1</u>	<u>3.4</u>
3. Program Management Tools	<u>3.0</u>	<u>2.9</u>	<u>2.8</u>

**Tuesday February 14, 1989**

1. Program Review and Look to the 90s	<u>4.1</u>	<u>3.3</u>	<u>3.1</u>
2. Contractors/Grantees Fair	<u>4.2</u>	<u>3.1</u>	<u>3.9</u>
3. Population: Lessons Learned and Emerging Priorities	<u>4.1</u>	<u>3.8</u>	<u>3.2</u>

**Wednesday February 15, 1989**

1. Child Survival: Lessons Learned	<u>4.5</u>	<u>4.0</u>	<u>3.4</u>
2. Child Survival in the 90s	<u>4.0</u>	<u>3.0</u>	<u>3.1</u>
3. AIDS	<u>4.4</u>	<u>3.4</u>	<u>3.4</u>
4. ST/POP Assistance: Status and Emerging Priorities	<u>3.9</u>	<u>3.6</u>	<u>3.4</u>

**Thursday February 16, 1989**

1. Sustainability: Issues in Health	<u>4.6</u>	<u>3.6</u>	<u>3.3</u>
2. Roundtable on Sustainability	<u>4.3</u>	<u>4.2</u>	<u>3.6</u>

**Friday February 17, 1989**

1. Special Concerns of the 90s	<u>4.1</u>	<u>4.0</u>	<u>3.4</u>
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## **Workshop Format**

The participants were all but unanimous in reporting that they would have liked more discussion time and fewer presentations. Their comments made it clear that they had felt over-programmed and rushed, and deprived of opportunities for interaction with their colleagues. Participants felt days were too long and too structured.

There was considerable discussion about whether a different format would have worked better. No agreement was reached but a breakdown into themes with concurrent small group sessions was discussed, as was the use of more case studies to do problem solving exercises.

There was also discussion about the advantages of holding a workshop for fewer people in the field, alternating with a larger one in the U.S. It was argued that this scheme might satisfy both the need for dialogue among the HPN officers and the need for fresh inputs, technical updates and interchange with AID/W staff, contractors and grantees. Generally, it was argued that a workshop once each year was preferable, especially if the site varied.

## **Workshop Content**

Comments on the workshop content reflected some of the comments presented above. Had some participants felt more comfortable and had more opportunity for discussion, they might have been less concerned about the content. However, in general the comments on technical content were positive; people wanted more on certain topics. The participants were not asked what they would delete from the agenda in order to make time for the additional or expanded topics. Such a question would be helpful when the next workshop is evaluated.

The participants would have liked to spend more time on:

- . Sustainability and health care financing, especially on the discussion of actual experiences
- . ARI, especially the details of diagnosis and treatment
- . AIDS, especially policy issues
- . Nutrition, especially specific project experiences
- . Project how-to's and lessons learned
- . Advanced developing countries and their issues
- . PVOs and the PVO project experience

## **Other Comments**

The participants were appreciative of the logistics support provided to them, and many commented that they had found the workshop well managed.

The Grantee and Contractor Fair drew mixed reviews. Most participants liked the opportunity to meet with representatives of these groups; some recommended a late afternoon or early evening session, some preferred lunchtime.

The recommendations below were made over the five days of the workshop:

### **Training and Career Development:**

1. The yearly child Survival Course offered in Washington, D.C should be offered more than once a year.
2. Regional training and management skills courses are very effective and should be offered more often.
3. A standardized process and criteria for promotion should be developed.
4. Develop a method of training, awards, performance indicators for contractors.

### **Management Tools and Concerns:**

1. HPN officers need to play a more strategic role at the policy-making level.
2. USAID officers need to emphasize the Demographic and Health Survey System so it is used as an evaluation tool.
3. Identification of follow-up surveys done in-country without technical assistance is needed.

### **Technical Assistance and Research:**

1. There should be more central funds for accessing projects.
2. More collaboration and sharing of information is needed among field officers and with USAID.
3. USAID needs to help identify sources of technical assistance for the field.

**Donor Coordination:**

1. The HPN office should conduct an evaluation of health/population specific umbrella organizations in the LAC region.
2. The next LAC workshop should devote a session to the results of the evaluation.
3. PVO coordination and networking groups should also be included at next LAC meeting.

**ARI:**

1. There is a need for increased resources for ARI programs.
2. USAID should add a drug supply system for ARI to the already existing drug supply system.

**AIDS**

1. More collaboration is needed between PAHO/AD and USAID.
2. An AIDSTECH or AIDSCOM person should be included on teams sent by PAHO to countries.
3. There is a need to look into indigenous suppliers for condoms.

**Health Care Financing:**

1. LAC should have a health-care financing course.
2. Missions need to be "trained-up" before they can successfully use guidelines.

**General:**

1. More front-end policy dialogue with banks regarding project development is needed.
2. Separate and distinct packaging is needed for the contraceptives for the PVO's and the private sector in Guatemala.

**APPENDIX A**

**AGENDA**

**AGENDA**

**FOR**

**U.S.A.I.D.**

**LATIN AMERICA AND CARIBBEAN  
HEALTH, POPULATION AND NUTRITION  
OFFICERS' WORKSHOP**

**THE MARYLAND INN  
16 CHURCH CIRCLE  
ANNAPOLIS, MARYLAND**

**FEBRUARY 12-17, 1989**

LAC HEALTH, POPULATION, NUTRITION  
OFFICERS' WORKSHOP  
ANNAPOLIS, MARYLAND

February 12 - 17, 1989

AGENDA

SUNDAY FEBRUARY 12

2.00 Transport leaves State Department, C Street Entrance  
Hotel check-in and registration begins

5.30 - 7.00

WELCOME AND ORIENTATION

Welcome to the Workshop  
Maura Brackett  
Paula Feeny

Overview of Logistics  
Veronica Elliott

Overview of Objectives  
Barbara Spaid  
Ruth Frischer

Regional Overview  
Maura Brackett  
Paula Feeny

KEYNOTE ADDRESS: LAC LOOKS TO THE 90s

Terrence Brown  
Director, LAC/DR

Evening

Dinner (no group plans)

MONDAY FEBRUARY 13

7.30 - 8.30

Breakfast

8.30 - 10.30

LAC MANAGEMENT CONCERNS  
Paula Feeny (Chair)

8.30 - 8.50

The Role of the HPN Officer  
Jerry Bowers, LAC/DR

8.50 - 9.10

Discussion

Monday, Cont'd

9.10 - 9.30

Budget Trends and Evaluation  
Jack Francis, LAC/DP

9.30 - 9.50

Discussion

9.50 - 10.10

Cost Analysis of LAC Health Project  
Technical Assistance Contracts  
Bob Pratt, ISTI

10.10 - 10.30

Discussion

10.30 - 10.45

Refreshments

10.45 - 12.30

CAREER DEVELOPMENT PANEL  
Paula Feeny (Chair)

10.45 - 11.00

Foreign Service Issues  
David Mein,  
Director, Foreign Service Personnel  
PFM/PM/FSP

11.00 - 11.15

Career Development Issues  
Cecilia Pitas,  
Deputy Chief, Career Development Branch  
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BS 50 Career Development Officer

11.15 - 11.30

Training Issues  
Mary Huntington,  
Associate Director, Training Division  
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11.30 - 12.30

Discussion

12.30 - 2.30

Lunch (no group plans)

2.30 - 5.45

PROGRAM MANAGEMENT TOOLS  
Maura Brackett (Chair)

2.30 - 2.50

The IPPF Network Management System: MIS to  
Desktop Publishing  
Xavier Gonzalez,  
System Consultant

2.50 - 3.15

Laptop Computers and ISSA Software for Fast  
Surveys  
Luis Ochoa,  
Westinghouse IRD

3.15 - 3.45

Discussion

Monday, Cont'd.

3.45 - 4.00 Refreshments  
 4.00 - 4.25 Pharmaceutical Management  
 Gail Goodrich, RDO/C  
 4.25 - 4.50 DHS Surveys as Programmatic Tools  
 Luis Ochoa,  
 Westinghouse IRD  
 4.50 - 5.30 Discussion  
 Evening Dinner (no group plans)

**TUESDAY FEBRUARY 14**

7.30 - 8.30 Breakfast (no group plans)  
 8.30 - 11.45 **PROGRAM REVIEW AND LOOK TO THE 90s**  
 Barbara Spaid (Chair)  
 8.30 - 9.00 Office of Health  
 Kenneth Bart,  
 Director, S&T/H  
 9.00 - 9.30 Discussion  
 9.30 - 10.00 Office of Population  
 Sarah Clark,  
 Deputy Director  
 10.00 - 10.30 Discussion  
 10.30 - 10.45 Refreshments  
 10.45 - 11.15 HPN Policy Environment  
 Nancy Ptelemeier, PPC  
 11.15 - 11.45 Discussion  
 12.00 - 3.00 **CONTRACTORS/GRANTEES FAIR AND  
 BUFFET LUNCH**  
 (Governor Calvert House - State Circle)  
 3.15 - 7.00 **POPULATION: LESSONS LEARNED AND  
 EMERGING PRIORITIES**  
 Maura Brackett (Chair)

Tuesday, Cont'd.

3.15 - 3.45 Population and Sustainable Development: Need for  
 Policy Dialogue to Meet Unmet Demands  
 Ken Yamashita,  
 The Futures Group  
 3.45 - 4.15 How to Reach Out to the Growing Informal Sector  
 John Novak,  
 John Short and Associates  
 4.15 - 4.45 Young Adult Surveys: What We Learned About  
 Premarital Sexual Experience and Contraception  
 Leo Morris, CDC  
 4.45 - 5.15 Discussion  
 5.15 - 5.30 Refreshments  
 5.30 - 6.00 Communications: Need for Pretesting Messages  
 Patrick Coleman,  
 Johns Hopkins University  
 Center for Communications Program  
 6.00 - 6.30 Male Involvement Using Responsible Parenthood  
 Messages  
 Sharon Tipping,  
 The Futures Group  
 6.30 - 7.00 Discussion  
 Evening Dinner (no group plans)

**WEDNESDAY FEBRUARY 15**

7.30 - 8.30 Breakfast (no group plans)  
 8.30 - 11.15 **CHILD SURVIVAL: LESSONS LEARNED**  
 Julie Klement (Chair)  
 8.30 - 8.45 Overview of Lessons Learned  
 Petra Reyes, LAC  
 Child Survival Advisor  
 8.45 - 9.00 Discussion  
 9.00 - 9.15 Case Study: Haiti  
 David Eckerson, USAID/Haiti  
 9.15 - 9.30 Discussion

## Wednesday, cont'd.

9.30 - 9.45	Case Study: Belize Sam Dowding, USAID/Belize
9.45 - 10.00	Discussion
10.00 - 10.15	Refreshments
10.15 - 10.30	Case Study: Ecuador Bill Goldman, USAID/Ecuador
10.30 - 10.45	Discussion
10.45 - 11.00	Case Study: Honduras Tom Parks, USAID/Honduras
11.00 - 11.15	Discussion
11.15 - 12.30	<b>CHILD SURVIVAL IN THE 90s</b>
11.15 - 11.40	Look into the Future Brad Langmaid, DAA/ST
11.40 - 12.00	Policy Issues Nancy Ptelemeier, PPC/PDPR
12.00 - 12.30	Discussion
12.30 - 2.30	Lunch (Optional lunch with Daniel Tarantola, WHO/AIDS and Ron St. John, PAHO/AIDS)
2.30 - 4.30	<b>AIDS</b> Paula Feeny (Chair)
2.30 - 2.45	Overview of Agency Policy Brad Langmaid, DAA/ST
2.45 - 3.00	WHO/GPA Strategy for AIDS Daniel Tarantola, Chief, National Support Unit WHO/GPA
3.00 - 3.15	State of the Art Review Jeff Harris, ST/H
3.15 - 3.30	Epidemiology of AIDS and AIDSTECH Activities in LAC Peter Lampty, FHI

## Wednesday, Cont'd.

3.30 - 3.45	Communication Strategies and Examples of AIDSCO Intervention in LAC Michael Ramah, AED
3.45 - 4.30	Discussion
4.30 - 4.45	Refreshments
4.45 - 6.30	<b>ST/POP ASSISTANCE: STATUS AND EMERGING PRIORITIES</b> Maura Brackett (Chair)
4.45 - 5.15	Contraceptive Technology Update Jim Shelton, ST/POP/R
5.15 - 5.45	Programmatic Review and Issues Elizabeth Maguire, ST/POP
5.45 - 6.30	Discussion
Evening	Central American Health Officers meet with Julie Klement to discuss the development of the Health Management Training Strategy for C.A.

(Optional Session on Regional Priorities for Andean, Caribbean and ADC Health Officers.  
These above sessions may be scheduled around dinner.)

## THURSDAY FEBRUARY 16

7.30 - 8.30	Breakfast (no group plans)
8.30 - 12.30	<b>SUSTAINABILITY: ISSUES IN HEALTH</b> Tricia Moser (Chair)
8.30 - 9.00	Overview of Approaches in Health Herb Birch, Birch and Davis
9.00 - 9.30	Discussion
9.30 - 9.45	Overview of Agency Approach Anne Tinker, ST/H
9.45 - 10.00	Discussion
10.00 - 10.15	Refreshments

## Thursday, Cont'd.

10.15 - 10.30	Dominican Republic Demand Study Lee Hougan, USAID/D.R.
10.30 - 10.45	Discussion
10.45 - 11.00	Bolivia: Prosalud Paul Hartenburger, USAID/Bolivia
11.00 - 11.15	Discussion
11.15 - 11.30	Jamaica: Privatization Rebecca Cohn, USAID/Jamaica
11.30 - 11.45	Discussion
11.45 - 12.00	Health Financing LAC Cross-cutting Evaluation Matilda Pinto de la Piedra, John Snow, Inc.
12.00 - 12.30	Discussion
12.30 - 3.30	Lunch (no group plans)
3.30 - 6.45	<b>ROUNDTABLE ON SUSTAINABILITY</b> Maura Brackett (Chair)
3.30 - 4.00	SOMARC Use of Business Plans to Calculate the Break-even Point Santiago Plata, The Futures Group
4.00 - 4.30	Family Planning Costs to Year 2000: What's the Bill? Donald Bogue, Social Development Center
4.30 - 5.00	Debt for Development to Attain Social Sector Goals Deborah Burand, Conservation International Foundation
5.00 - 5.30	Debt Conversion: A Vehicle for Expansion of Resources Francisco Ramirez, IPPF/WHO
5.30 - 6.00	Discussion
6.00 - 6.15	Refreshments

## Thursday, Cont'd.

6.15 - 6.45	Business Analyses to Sell Birthspacing to Private Industry John Novak, John Short and Associates
6.45 - 7.00	Discussion
Evening	Dinner (no group plans)

## FRIDAY FEBRUARY 17

7.30 - 8.30	Breakfast (no group plans) and check out of hotel!
8.30 - 10.30	<b>SPECIAL CONCERNS OF THE 90s</b> Barbara Spaid (Chair)
8.30 - 9.30	Breastfeeding/Infant and Childhood Feeding Strategies Marcia Griffith, Manoff International
9.30 - 9.45	Narcotics Craig Buck, LAC/SAM and Paula Feeney
9.45 - 10.00	Discussion
10.00 - 10.15	ARI Robert Kim-Farley, ST/H
10.15 - 10.30	Discussion
10.30 - 10.45	Refreshments
10.45 - 12.00	<b>EVALUATION OF THE WORKSHOP RECOMMENDATIONS AND FEEDBACK</b>
12.00 - 1.00	<b>FAREWELL LUNCH</b> (Maryland Inn)
1.30	Transport leaves for State Department

**APPENDIX B**

**PARTICIPANTS**

APPENDIX B

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**APPENDIX C**

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APPENDIX C

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**APPENDIX D**

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February 12 -17, 1989  
Annapolis, Maryland  
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