

ENVIRONMENTAL HEALTH PROJECT

Report for the File No. 440

**EHP II Year 4 Quarterly Report 3
January – March 2003**

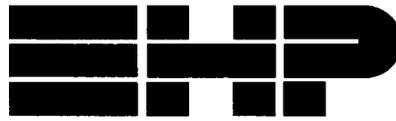
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Abbreviations

ANDA	National Aqueduct and Sewerage Administration (Administración Nacional de Acueductos y Alcantarillados), El Salvador
ANERA	American Near East Refugee Aid
ARI	Acute Respiratory Infection
ASOS	Action Santé Organisation Secours
BASICS	Basic Support for Institutionalizing Child Survival
CAPRE	Regional Potable Water Committee (Comité de Agua Potable para la Región)
CECI	Canadian Center for International Studies and Cooperation
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences
CESH	Community-Based Environmental Sanitation and Health
CRS	Catholic Relief Services
CORE Group	Child Survival Collaborations and Resources Group
COSUDE	Swiss Agency for Development and Cooperation (Agencia Suiza para el Desarrollo y la Cooperación)
CSTS	Child Survival Technical Support Project
CTO	Cognizant Technical Officer
DER	Data Entry Record
DHF	Dengue Hemorrhagic Fever
DHS	Demographic and Health Survey
DIGESA	General Directorate of Environmental Health (Dirección General de Salud Ambiental), Peru
DRC	Democratic Republic of Congo
ECHO	Environmental Change and Health Outcomes
ECHO/IVM	ECHO Integrated Vector Management

ECHO/XS	ECHO Cross-Sectoral Surveillance
EGAT	USAID/Washington's Economic Growth, Agriculture and Trade Bureau
EHP	Environmental Health Project
EHP II	EHP Phase II
ENACAL	Nicaraguan Water and Sewage Company (Empresa Nicaragüense de Acueductos y Alcantarillados)
EWARS	Early Warning Reporting System
EWOC	Emergency Water Operations Center
GESCOME	Community Management of Environmental Health (Gestion Communautaire de la Santé Environnementale), Benin
GIS	Geographic Information Systems
HAMSET	HIV/AIDS, malaria, sexually transmitted diseases, and tuberculosis
IC	Information Center
IEC	Information, Education, and Communication
IIN	International Institute for Nutrition
IMA	Interchurch Medical Assistance
INAPA	National Water Supply and Sewerage Institute (Instituto Nacional de Aguas Potables y Alcantarillados), Dominican Republic
INHP	Integrated Nutrition and Health Project
INSTAT	National Statistics Institute (Institut National de la Statistique), Madagascar
IVM	integrated vector management
JSR	Jamshedpur
MAARD	Modified Acquisition and Assistance Request Document
MEASURE	Monitoring and Evaluation to Assess and Use Results

MICET	Madagascar Institute for the Conservation of Tropical Ecosystems (Madagascar Institute pour la Conservation des Ecosystèmes Tropicaux)
MIM	Multilateral Initiative in Malaria
MINSA	MOH (Ministerio de Salud), Nicaragua
MISAU	MOH, Mozambique
MOH	ministry of health
MVDP	Malaria Vaccine Development Program
NGO	nongovernmental organization
NIAID	National Institute of Allergy and Infectious Diseases
PAHO/CEPIS	Pan American Health Organization Center for Sanitary Engineering and Environmental Sciences
PfEMP1	<i>Plasmodium falciparum</i> erythrocyte membrane protein 1
PROARCA	Central American Environmental Program (Programa Ambiental Regional para Centroamérica)
PVO	private voluntary organization
RCH II	Reproductive and Child Health Program II
SAF	Department for Development, Church of Jesus Christ, Madagascar
SAFE Project	Sanitation and Family Education Project, Bangladesh
SIMA	System-Wide Initiative on Malaria and Agriculture
SINAS	National Water and Sanitation Information System (Sistema de Información Nacional en Agua y Saneamiento), Nicaragua
SOW	Scope of Work
UNICEF	UN Children's Fund
USAID	U.S. Agency for International Development
VBDRTC	Vector-Borne Disease Research and Training Center
VS	Voahary Salama

VS/IPI	Voahary Salama/Integrated Programs Initiative, Madagascar
VWS	West Bank Village Water and Sanitation Program
WAWI	West Africa Water Initiative
WELL	Water and Environmental Health at London and Loughborough
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
WS&S	water supply and sanitation
XS	cross-sectoral surveillance

TASK ORDER 1

Task 1: Work Plan

Overview

Task 1 in Task Order 1 is the development and finalization of the yearly Environmental Health Project (EHP) work plans. Preparing the plan for the upcoming year of the project requires extensive assessments of existing activities; discussions and meetings with the U.S. Agency for International Development (USAID), the EHP technical staff, and subcontractor representatives; and the preparation of outlines, drafts, and final approved plans.

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter

- Monitor all new activities to make sure they conform to the Year 4 Work Plan (no staff time will be charged to this activity).
- Hold meetings with USAID and the EHP technical staff to discuss Year 5 activities.
- Draft the plan and submit it to USAID and EHP subcontractors for comments.
- Finalize the plan and deliver it to USAID.

Task 2: Policy and Lessons Learned

Overview

Task 2 includes the following five subtasks: performance monitoring, indicators, meetings and reports, partnerships, and lessons learned.

Performance monitoring, which is central to EHP's evidence-based planning and management, addresses internal needs as well as those of USAID. Under this subtask, monitoring and evaluation plans are developed for EHP, for its core activities, and for field programs. Systems and procedures are designed to track activities from planning through implementation to evaluation, and a quality management process of reviews and progress monitoring is implemented.

The purpose of the indicators subtask is to improve the validity and reliability of existing water, sanitation, and hygiene indicators and data collection methods and the

development of new indicators and methods. This subtask has three components: 1) build international consensus for the use of indicators to measure water supply and sanitation coverage and hygiene behaviors, 2) develop methods of collecting data at national and local levels to assist programmatic decision-making, and 3) develop methods to link water, sanitation, and hygiene indicators to health outcomes, human development and poverty reduction. EHP works closely with international and private voluntary organizations (PVOs) to implement this subtask.

The purpose of the meetings and reports subtask is to communicate information about EHP's technical areas of interest to wider audiences. Meetings, conferences, and workshop are organized, supported, and/or attended and reports or articles are published for promoting environmental health and the learning of the project. Reports and meetings may address policy issues, the state of environmental-health-related knowledge, or results of EHP activities.

The purpose of the partnerships subtask is to establish and maintain communication with other organizations and to identify opportunities for collaboration to achieve common goals. Working in partnership is an essential element for EHP to achieve its goal of mainstreaming the primary prevention of diarrhea, malaria, and acute respiratory infection within the child survival context. The following types of organizations are targeted for collaboration: USAID cooperating agencies, United Nations and other international agencies, private and nongovernmental organizations (PVOs and NGOs), the Office of Private and Voluntary Cooperation of the USAID Bureau for Humanitarian Response (BHR/PVC), and private commercial-sector partners.

Capturing the lessons learned from EHP's experience and keeping USAID updated on the project's progress are accomplished by regular technical and management meetings of EHP and USAID staff. In addition, this subtask includes maintaining the project's e-rooms and responding to non-activity-specific e-mails.

Performance Monitoring

Activities and Accomplishments

- Reviewed scopes of work for technical quality and consistency.
- Produced quarterly and annual reports.
- Ensured technical reviews and activity support routinely and as required.
- Responded to information requests or feedback related to environmental health issues in general and monitoring and evaluation specifically.

Plans for Next Quarter

- Track EHP performance-monitoring indicators quarterly based on end-of-project results for each task and key activities.

- Produce quarterly report.
- Perform technical reviews and activity support routinely and as required.

Indicators

Activities and Accomplishments

- Continued work with MACRO/Measure Demographic and Health Survey (DHS+) to improve indicators for water, sanitation, and hygiene, focusing on data collection about the urban poor.
- Completed the initial draft of the household hygiene improvement quantitative assessment guide, with second-level indicators (see also Task 3: Community-Based Environmental Sanitation and Health—CESH).
- Supported monitoring and evaluation activities in the Democratic Republic of the Congo, the Dominican Republic, Nicaragua, Peru, India, and the West Bank.
- Documented the strengths and weaknesses of participatory monitoring in the Dominican Republic.

Plans for Next Quarter

- Field test indicators and draft survey instruments (household and school) to monitor Vision 21 targets in CESH field activities.
- Finalize the household hygiene improvement quantitative assessment guide.
- Collaborate with the Child Survival Collaborations and Resources (CORE) group and the Child Survival Technical Support Project (CSTS) to revise and/or expand the hygiene improvement indicators.
- Continue work on water, sanitation, and hygiene indicators and expand data collection to include urban slums with the Household and Community Integrated Management of Childhood Illnesses (C-IMCI) Task Force and with MACRO/Measure DHS+.
- Collaborate with other USAID projects in improving water, sanitation, and hygiene indicators and participate in a Measure Evaluation Technical Advisory Group in May 2003.

Issues and Problems

- EHP should clarify with the Water and Sanitation Collaborative Council (WSSCC) the purpose and future needs of the Monitoring Task Force.

Meetings and Reports

Activities and Accomplishments

- Assisted the Aga Khan Development Network (AKDN) to design and facilitate a four-day workshop in February 2003 in Mombasa, Kenya, for 24 Aga Khan country-level water and sanitation staff from seven countries in Asia and East Africa to improve the availability of services and environmental health within the AKDN Built Environment; prepared a draft of the workshop report.

Plans for Next Quarter

- Finalize the report of the AKDN workshop.
- Discuss topics and deliverables during Year 5 work plan meetings.

Partnerships

Activities and Accomplishments

- Participated with the Basic Support for Institutionalizing Child Survival (BASICS) project and with CORE in the Latin America Regional Expert Consultation on C-IMCI in February 2003 in Nicaragua.
- Held session on integrating environmental health into C-IMCI programs for the consultation mentioned above for 35 participants from five countries.
- Participated in a meeting of the Steering Committee on the Initiative for Public-Private Partnership for Handwashing with Soap with the Water and Sanitation Program and other partners during Water Week at the World Bank and prepared and distributed a draft monitoring framework for initiative activities on the country level.
- Provided Catholic Relief Services (CRS) with draft chapters integrating hygiene into diarrhea case management for inclusion in the C-IMCI handbook used by CRS in the Philippines, Kenya, and other countries.

Plans for Next Quarter

- Continue routine contacts and agreed activities with international organizations and other partners.
- Continue work as a member of the steering committee for the Initiative on Public-Private Partnerships for Handwashing with Soap; attend the spring meeting of CORE; and participate on the Request for Mission Partnership (RFMP) Working Group.

Lessons Learned and Progress

Activities and Accomplishments

- Kept USAID up to date on the project through regular meetings, captured lessons learned, and coordinated staff activities.

Plans for Next Quarter

- Continue routine activities.

Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)

CESH Core Activities

Overview

Interventions under CESH develop, apply, and disseminate tools that help NGO and government program managers and communities identify local environmental health priority conditions and behaviors and guide selection and evaluation of actions to reduce the incidence of diarrhea in children under five years of age. The task is scheduled to continue for the duration of EHP. The activities under the task are expected to contribute to USAID Office of Health Results 6 and 7 by developing a project approach to diarrhea prevention.

CESH works in four major areas: 1) operations research, 2) environmental sanitation policy, 3) development of tools for diarrheal disease prevention, and 4) field application of those tools in USAID-supported Population, Health and Nutrition (PHN) countries.

Operations Research

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter.

- Review final draft of the literature review on the safe disposal of children's excreta and consider publication as a key policy document.

Environmental Sanitation Policy

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter

- Continue dissemination activities.
- Follow up on additional possibilities for applying the guidelines with the Water and Environmental Health at London and Loughborough (WELL II) project, with the Water and Sanitation Program of the World Bank, and the Pan American Health Organization Center for Sanitary Engineering and Environmental Sciences (PAHO/CEPIS) in Peru.

Development of Tools for Diarrheal Disease Prevention

Activities and Accomplishments

- Finalized scope of work and subcontract with the PVO NicaSalud in Nicaragua for the implementation phase of the community-based participatory monitoring and evaluation tool, user guide, and user training module.
- Revised the hygiene-improvement-framework advocacy document to make it more appropriate for its intended audience and addressed the issue of finding and incorporating the most recent research.
- Prepared the second draft of the hygiene improvement quantitative assessment guide, with second-level indicators and solicited reviews from EHP and USAID staff (see also Task 2: Policy and Lessons Learned.)
- Supported the Manoff Group as they worked under contract to prepare the first draft of the Action Learning Package: Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention.
- Agreed to revise the UNICEF Sanitation Programming Guide that was developed in 1997 to incorporate new understandings about sanitation programming, for presentation at the WSSCC meeting in Dakar, Senegal, in March 2004.

Plans for Next Quarter

- Develop a work plan and establish memoranda of understanding with three or four NGO implementers under the subcontract with the PVO NicaSalud in Nicaragua for the implementation phase of the community-based participatory monitoring and evaluation tool, user guide, and user training module
- Prepare the final draft for review of the hygiene improvement quantitative assessment guide; solicit review comments from external reviewers; finalize document and submit to EHP's Information Center for publication and distribution.
- Continue to pursue UNICEF's participation in production of the hygiene-improvement-framework advocacy document.

- Come to internal agreement on the hygiene improvement framework advocacy document, solicit reviews from USAID and others, finalize the document, and develop a dissemination strategy for it.
- Complete first draft of the Action Learning Package: Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention (being drafted by Manoff).
- Begin drafting revised UNICEF Sanitation Programming Guide; organize a meeting with key partners to review the partial draft in mid-May; and complete the first draft.

Issues and Problems

EHP staff is discussing how the Action Learning Package for Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention might be shaped to become a deliverable for another EHP activity. Discussions were held about shaping the ALP as a deliverable for the EHP/PAHO behavior change activity in Nicaragua and the DR.

Field Application of Tools for Diarrheal Disease Prevention

See next section.

CESH Field Programs (Listed Alphabetically)

Asia/Near East (ANE) Urban Health Initiative/Cairo Healthy Neighborhood Program

Overview

The Asia/ Near East (ANE) region is characterized by rapid population growth and high urbanization rates. The urban population of Asia is expected to increase dramatically, from 1.2 billion in 1995 to 2.5 billion in 2025, with more than 400 million residing in cities of ten million or more. The region is also characterized by high infant and child mortality, high maternal mortality, low female literacy, low status of women, high rates of malnutrition, and the rapid spread of HIV/AIDS. Concerned that USAID's health programming is not keeping pace with the reality of rampant urbanization and the dire conditions of small children in the region's slums, USAID's ANE Region health officers have developed a three-phased urban health activity, which EHP is implementing. The purpose of the activity is to persuade PHN officers in USAID's ANE missions to direct resources toward programs designed to meet the health needs of the urban poor, by assessing the state of current knowledge of urban slum populations, by piloting health improvement actions in one country, and by offering practical guidelines for urban slum health program development and implementation.

Activities and Accomplishments (Cairo Healthy Neighborhood Program)

- Developed scopes of work for startup activities: situation analysis, literature review, local coordinator.
- Hired a local coordinator and provided him with a day-long orientation to EHP.
- Identified a consultant to conduct the Cairo literature review.
- Participated in a working group at USAID to develop a slum environmental health module for DHS.
- Began baseline slum survey using the draft module in a Cairo slum neighborhood.

Key Products

- Slum environmental health module for DHS.
- SOW for Situation Analysis

Plans for Next Quarter

- Hire a team of consultants to conduct participatory situation analysis of Ezbet El Nakhl.
- Carry out the situation analysis and identify key stakeholders.
- Design a stakeholder meeting and identify facilitators.

Issues and Problems

- Difficulties have been encountered in identifying appropriate organizations and consultants.
- Work has been reduced to one slum, Ezbet El Nakhl, since the other is being demolished.

Benin: GESCOME II

Overview

GESCOME II is the continuation of GESCOME I, a Community Involvement in the Management of Environmental Pollution (CEMEP) activity under EHP I, which ran from 1997 to 1999. Benin program activities consisted of refining EHP's community-based approach, applying it in the field, conducting operations research and scale-up activities, and promoting environmental sanitation policies. Project activities were essentially

completed May 1, 2001. However, lessons learned activities are ongoing and will continue under a new scope of work.

Activities and Accomplishments

- Completed the final report and lessons learned document.

Key Products

- Strategic Report #5: The GESCOME Difference. Lessons Learned from Gestion Communautaire de Sante Environnemental (GESCOME). The Environmental Health Project II CESH Benin Activity by Laurie Krieger, Sheldon Gellar, Salifou Yallou, and Pascal Zinzindohoue, January 2003.
- EHP Brief #12: Local Government Support to Community Management of Environmental Health in Benin by EHP Staff.
- Activity Report 113F. Rapport de Fin de Projet du CESH au Bénin. Résumé Analytique. Projet de Santé Environnementale. Gestion Communautaire de Santé Environnementale II (GESCOME II). French. Laurie Krieger. Salifou Yallou. December 2002.

Plans for Next Quarter

This activity is now completed.

Democratic Republic of the Congo: Technical Assistance to SANRU III

Overview

EHP is assisting the SANRU III project in implementing the water supply and sanitation component. SANRU III is a five-year \$25 million rural health project, which includes a wide range of primary health care interventions and operates in 63 of 300 health zones. The goal of EHP assistance is to strengthen the management capacity of zonal water and sanitation coordinators to carry out a hygiene behavior change program that will result in a decrease in diarrheal disease incidence.

Activities and Accomplishments

- Completed a hygiene behavior-change strategy by sending an EHP consultant to the Democratic Republic of the Congo to plan the formative research.
- Developed communications materials based on the key messages of the strategy.
- Worked with SANRU to develop two training designs to implement the behavior-change strategy: one to train zonal health staff and the other to train zonal staff to train health area communications agents.

- Trained staff in the ten pilot health zones.
- Entered into a subcontract with the Interchurch Medical Assistance (IMA) to implement a quantitative baseline survey to allow EHP to measure changes in behavior.
- Finalized the formative research report prepared by the School of Public Health in the University of Kinshasa, under contract to EHP (in French).

Plans for Next Quarter

- Conduct two workshops in April for zonal level staff.
- Conduct quantitative baseline survey to measure changes in key hygiene behaviors.
- Initiate planning for the second year of activities that will begin in July 2003.

Democratic Republic of the Congo: Urban Environmental Health Assessments

Overview

With funds provided by the Regional Urban Development Office (RUDO) in South Africa, EHP is helping to develop a proposal to update and expand an environmental health strategy for the Democratic Republic of the Congo. The goal is to develop a fundable proposal that would be implemented under the “Making Cities Work” initiative.

Activities and Accomplishments

- Fielded a consultant for a three-week assignment to develop the proposal.
- Submitted draft proposal for internal review and comment by RUDO/South Africa (SA) and USAID/Democratic Republic of the Congo (DRC).
- Incorporated feedback from USAID client officers and reached consensus on the proposal.

Plans for the Next Quarter

- Finalize the proposal.
- Close the activity.

Dominican Republic: Community-Level Hygiene Behavior Change

Overview

The purpose of this activity is to strengthen the behavior-change component of the community health, water, and sanitation interventions currently under way within the USAID/Dominican Republic reconstruction program in order to achieve the maximum project health impact. EHP will provide assistance to Entrena (a group of NGOs involved in water supply and sanitation reconstruction efforts) and the Ministry of Health to design and implement a strategy to prevent diarrheal disease through improved hygiene behaviors. An interactive approach will identify NGO strengths and work in a participatory fashion to improve the community-level behavior-change capacity of the NGOs and the Ministry of Health. The basic approach is to improve the behavior-change component by strengthening the capacity of the participating NGOs to design and implement behavior change activities. This technical assistance will be coordinated with technical assistance for community-level behavior change in the areas of nutrition and social mobilization for vaccinations, and ultimately it will be incorporated into the Dominican IMCI model. This activity was to conclude on December 31, 2001. However, EHP and USAID/Global Health agreed to provide additional CESH core support to allow for follow-up assessments to be compared with baseline data to monitor long-term behavior change and for expanding the approach to other organizations.

Activities and Accomplishments

- Drafted the final report, which describes the activity and results to date.
- Drafted a report comparing the baseline and mid-project assessment data for the activity.
- Completed training of a cadre of Dominican trainers in Nicaragua (January 2003) and Peru (February 2003).
- Signed a contract with the umbrella NGO Alianza to serve as locus of support and coordination to continue and expand use of the hygiene behavior-change approach.

Plans for Next Quarter

- Finalize the final and data-assessment reports.
- Carry out additional activities in Hato Mayor, including an additional round of data collection in June 2003.
- Initiate promotion, training, and coordination activities of Alianza.

Dominican Republic: Decentralization of Rural Water and Sanitation Services

Overview

USAID/Dominican Republic and the National Water Supply and Sewerage Institute (INAPA) (the national water utility) have agreed to work together and co-finance a pilot rural water supply and sanitation project in Hato Mayor Province. The joint effort allows INAPA to develop and test approaches to implement its decentralization strategy, which will subsequently be scaled up to the national level. The pilot project applies the total community participation model and constructs sanitation systems and water supply infrastructure. USAID provides INAPA with technical assistance and training. Entrena (a local contractor) manages the NGO contracts under the pilot project, and EHP provides technical assistance to help develop and strengthen INAPA's capacity to implement the decentralization strategy, using the pilot project as its testing ground. This activity officially ended on December 31, 2001. However, EHP and USAID/Global Health agreed to use CESH core funds to write an EHP report describing the work in the Dominican Republic over the last four years and placing it in the context of the hygiene improvement framework, and USAID/DR provided EHP with a modest Modified Acquisition and Assistance Request Document (MAARD) to hire a local consultant to provide ongoing coaching to INAPA so that the technical assistance that has been provided is not lost.

Activities and Accomplishments

- Initiated technical assistance support to INAPA through a local consultant.

Plans for Next Quarter

- Continue to provide limited technical assistance to INAPA's Rural Water Department staff in its community-oriented role.

Honduras: Development of Supervisory System for Environmental Health Technicians

Overview

USAID has been working with the Honduran Ministry of Health since 1993 in the development of an integrated environmental health program. To date, the ministry has trained 270 Environmental Health Technicians (TSAs) and is in the process of training 50 supervisory TSAs. More TSAs are to be trained during 2002. Because of the growth in the TSA program, USAID/Honduras has requested that EHP provide an advisor in environmental health to assist the ministry to develop a working model for TSA supervision, task definition, evaluation, and reporting.

Activities and Accomplishments

- Planned the third and final visit of the EHP consultant, scheduled for June 2003.

Plans for the Next Quarter

- Carry out third consultant visit.
- Draft EHP report on activity.

India: Child Health and Nutrition among the Urban Poor

Overview

In November 2000, a team of child survival and nutrition specialists from Washington, DC, and Delhi outlined how a modest level of resources could be invested in India to achieve USAID/India's Strategic Objective 3: Improved child survival and nutrition in selected areas of India. The team found that in urban areas of the country, the health conditions of infants and children and the priorities for intervention are similar to those in rural areas: nutrition, neonatal health, immunization, and reduction of childhood illness and death due to acute respiratory infections (ARI) and diarrhea. Based upon the severity of the health conditions and the existence of successful urban health activities investigated, the team recommended that improved child health and nutrition among the urban poor in selected cities be one of four intermediate results for the strategic objective. Subsequently, in June and July 2001, EHP developed an approach, strategy, and work plan for an urban health program in support of the intermediate result and, in January 2002, developed a draft action plan for a five-year urban slum child health program. The RUDO Program Officer, the USAID Child Survival Advisor, and the newly hired EHP Urban Health Program Director, as well as the directors of the USAID/India PHN and RUDO offices contributed to the development of the plan.

Activities and Accomplishments

- Awarded subcontracts to five NGOs or community-based organizations (CBOs) in Indore and provided them with 30% of their budgets for activity startup.
- Hired a program coordinator for Indore and a program coordinator for Jamshedpur (JSR).
- Sent a final draft of the Jharkhand Development Report to USAID India.
- Began planning a national urban health conference to be held in Bhopal in mid-May.
- Assisted the *Indian Journal of Pediatrics* with a special issue on child health in urban slums.

- Organized an urban health symposium at the Indian Academy of Preventive and Social Medicine: guest speakers made presentations, and prizes were awarded to three top essayist in an all-Indian essay contest on challenges and options for the delivery of primary health care in disadvantaged urban areas.
- Met with key officials of the government of Madhya Pradesh and created a task force to develop a state-level plan for urban health.
- Submitted guidelines on improving primary health care services in urban slums of selected cities under Reproductive and Child Health Program II (RCH II).
- Participated in a World Bank meeting on opportunities and challenges of communication for Urban Health.
- Continued support to CARE's Integrated Nutrition and Health Project (INHP).

Plans for Next Quarter

- Hold the National Urban Health Conference.
- Facilitate participation of the program director in the Global Health Council meeting as a panelist.
- Open the EHP office in Indore.

Latin America and the Caribbean (LAC): Decentralization

Overview

The primary purpose of this activity is to develop case studies on decentralization of water supply and sanitation systems in Latin America. The case studies have been completed, and all that remains is ongoing dissemination. With the remaining funds in the activity, EHP initiated an activity to develop guidelines for creating an institutional support mechanism to provide backup to rural water supply and sanitation systems—one of the main themes of the case studies.

Activities and Accomplishments

- Translated the guidelines into Spanish (Strategic Report #6: Institutional Support Mechanisms for Community-Managed Rural Water Supply and Sanitation Systems in Latin America by Harold Lockwood, December 2002).

Key Products

- See above.

Plans for Next Quarter

- Present institutional support mechanisms concept at meeting on scaling up community management in London in April. The meeting is sponsored by IRC.
- Continue to identify opportunities to promote the institutional support mechanism concept.

Latin America and the Caribbean (LAC): Sanitation in Small Towns

Overview

EHP is developing practical guidance for USAID missions and contractors on improving sanitation in small towns. This activity builds on EHP's previous decentralization work in Latin America and the Caribbean that focused on small towns and rural areas. EHP has developed a draft overview document that defines the problem and a methodology that can be used to develop a plan to improve sanitation services in small towns.

Activities and Accomplishments

- Wrote an EHP activity report on the regional workshops in Cuzco, Peru, October 1–3, and in Tela, Honduras, November 19–21, 2002.
- Debriefed USAID on the accomplishments of this activity.
- Identified Paraguay and Panama as the two most likely countries for follow-on assistance from EHP.
- Developed a concept paper for the final year of this activity, which begins in July 2003.

Key Products

- Activity Report #117: Sanitation in Small Towns, Summary Report on Sub-regional Workshops, Environmental Health Project, Water and Sanitation Program, Pan-American Health Organization. Cuzco, Peru, October 1–3, 2002. Tela, Honduras, November 19–21, 2002 by Eddie Perez and Fred Rosensweig, February 2003.

Plans for Next Quarter

- Complete planning for follow-on assistance in Paraguay and Panama.
- Finalize plans for follow-on work for the final year.

Nepal: Technical Support to the Asian Development Bank and Initiation of EHP Support to the Public-Private Partnership for Handwashing with Soap Initiative

Overview

EHP is assisting the Asian Development Bank (ADB) in supporting the Community-Based Water Supply and Sanitation Project in Nepal, an integrated water supply, sanitation, and hygiene promotion activity that will be eligible for financing through the ADB's sector loan modality. The ADB will establish a draft sector strategy to help prioritize investment decisions and then will develop a project design that is truly community-driven. EHP's role is to ensure that the strategy takes into consideration the importance of health outcomes and the multi-sectoral linkages between a rural water supply and sanitation strategy and the improvement of child health. In addition to its work with the ADB, EHP will also initiate a partnership with UNICEF Nepal for the promotion of handwashing as a public health initiative.

Activities and Accomplishments

- Developed the section on health, hygiene and sanitation (using EHP's hygiene improvement framework) as part of a draft national rural water supply and sanitation sector strategy for Nepal.
- Refined a draft memorandum of understanding outlining a partnership between UNICEF, USAID, and the World Bank for the promotion of handwashing for diarrheal disease prevention.
- Subcontracted with Howard Delafield International to provide private sector/social marketing expertise to the handwashing initiative; accomplishments to date: assisted UNICEF to prepare requests for proposals for research company, drafted selection criteria, helped UNICEF set up a selection committee, and reviewed proposals.

Plans for Next Quarter

- Select a firm for consumer research.
- Sign memorandum of understanding with UNICEF.

Peru and Nicaragua: PAHO/C-IMCI—Behavior Change for the Prevention of Diarrheal Diseases

Overview

EHP is providing technical assistance to PAHO in Peru and Nicaragua to implement a C-IMCI module developed by EHP and used recently in the Dominican Republic. EHP is assisting the NGOs that will use the module to design and implement a strategy to

prevent diarrheal disease through improved hygiene behaviors. The activity further cements the partnership between EHP, USAID, PAHO, the NGOs involved, and the ministries of health in both countries. The first four phases of the activity (planning and development) are scheduled for project Year 4; the fifth and sixth (implementation), for project Year 5.

Activities and Accomplishments

- Continued fieldwork for the third and fourth phase of activities: Third phase: pretest materials, prepare the quantitative baseline, produce the manual for promoters, and appoint cadre of promoters. Fourth phase: train promoters, prepare a monitoring and follow-up plan, and set date for launch of the project.

Plans for Next Quarter

- Complete project launching.
- Develop work plan for EHP Year 5 C-IMCI activities in Nicaragua and Peru.

Peru: Urban Environmental Health

Overview

The purpose of this activity is to reduce health risks associated with exposure to locally generated contaminants and pathogens in peri-urban residential neighborhoods and communities. This purpose will be achieved by addressing environmental health threats through four types of interventions: 1) helping Peruvian agencies with environmental health responsibilities to improve their policies; 2) carrying out pilot projects to demonstrate innovative ways of addressing environmental health needs; 3) providing technical assistance, training, and local institutional strengthening; and 4) developing capacity in environmental health risk monitoring. EHP will provide support to the Ministry of Health's General Directorate of Environmental Health (DIGESA) and to the implementing PVOs and local authorities. The activity grew out of an earlier effort to reduce lead exposure in slum areas of Callao through behavioral change.

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter

There are no plans for next quarter.

West Africa Water Initiative (WAWI)

Overview

Ghana, Mali, and Niger have been selected as beneficiary countries for a \$41 million West Africa Water Initiative (WAWI). The initiative is supported by a public-private partnership led by the Conrad N. Hilton Foundation and USAID; the other partners include World Vision; UNICEF; WaterAid; the Cornell International Institution for Food, Agriculture, and Development; Winrock International; Lion's Club International; the World Chlorine Council; and the Desert Research Institute. The initiative's objectives include providing potable water and sanitation services to rural communities, preventing waterborne diseases (especially in children under five), improving food security, alleviating poverty, and preventing trachoma, onchocerciasis, guinea worm, and schistosomiasis. EHP's role is to help strengthen the water and sanitation component of the initiative, to ensure that health outcomes are achieved, and to provide technical assistance, as needed.

Activities and Accomplishments

- Launched project: developed the scope of work, prepared the budget and Data Entry Record (DER), and set up the activity on the EHP system.
- Solicited input from key partners on the scope of work and obtained their consensus.
- Began initial research on the monitoring and evaluation systems and state-of-the-art monitoring and evaluation practices of partners.

Plans for the Next Quarter

- Prepare the initial draft description of the monitoring and evaluation system prior to the start-up workshop.
- Participate in the start-up workshop and obtain input on the draft description.
- Revise draft as required.

Task 4: Environmental Change and Health Outcomes (ECHO)

ECHO, Task 4 of Task Order 1, is divided into two parts. Task 4A covers cross-sectoral surveillance and integrated vector management, with the focus on malaria prevention and control; Task 4B covers integrated health-environment programs.

Task 4A: ECHO: Cross-Sectoral Surveillance (XS) and Integrated Vector Management (IVM)

ECHO/XS activities are designed to develop methods for performing the integrated analysis of epidemiological, environmental, demographic, and other data to improve the prevention and control of malaria, other vector-borne diseases, and other environmental health problems. Work under this task consists of: 1) developing and testing methods for cross-sectoral surveillance; 2) creating tools to promote cross-sectoral surveillance as national policy and applying them in three countries; and 3) institutionalizing cross-sectoral surveillance approaches in three countries. Most work is conducted in the context of field activities.

ECHO/IVM activities determine the effectiveness of vector-control interventions and identify the settings in which they are likely to be effective, particularly in urban and rural settings in Africa. IVM approaches are promoted as part of official national malaria control plans and procedures. The emphasis is on developing better tools for vector control, including promoting the use of environmental management and larval control, developing IVM strategies appropriate to particular settings, and promoting community participation in vector-control programs.

ECHO/XS and IVM Core Activities

Activities and Accomplishments

- Launched new activity to initiate field trials to demonstrate the impact of larval control methods on malaria transmission in urban, highland, and desert fringe settings.
- Met with key officials of the World Health Organization (WHO) malaria program staff in Geneva to discuss convening a WHO technical advisory panel on malaria vector control in the fall of 2003, with EHP organizational support.
- Initiated planning for EHP Year 5 activities; identified highest priority activities and allocation of resources.

Plans for Next Quarter

- Complete EHP Year 5 work plan.
- Plan integrated vector management guidance and training activities for Zambia.
- Identify new sites for new larval control studies.
- Attend meetings of the National Institute of Allergy and Infectious Diseases (NIAID) International Centers for Tropical Disease Research Network and the Global Health Council.

ECHO/XS and IVM Field Programs

Eritrea: Technical Assistance to the Eritrea National Malaria Control Program

Overview

EHP is providing technical assistance to the Eritrea National Malaria Control Program to help strengthen its operational research, surveillance systems, and vector-control activities. The four-year-long activity will: 1) build capacity for entomological surveillance through a national survey of vector distribution and abundance and through longitudinal studies of larval ecology and adult mosquito biting behavior (year one); 2) continue entomological studies, conduct a national survey of parasite prevalence, and use data to identify sentinel surveillance sites and define protocols for routine surveillance (year two); and 3) strengthen surveillance, evidence-based decision making, and vector-control interventions at sentinel sites (years two and three). Activities during the current year are focused on improving surveillance systems, developing malaria risk maps, and conducting a larval-control pilot program in four pairs of treated and control villages.

Activities and Accomplishments

- Completed three drafts of maps depicting the geographic distribution of malaria risk in Eritrea; revisions were based on comments from zonal malaria coordinators.
- Provided assistance to the National Malaria Control Program to improve malaria surveillance: assembling historical databases for malaria cases and interventions, defining objectives and protocols for sentinel sites, analyzing historical data, designing and delivering software routines for extracting malaria data from the national health information management system, revising draft malaria risk maps, and liaising with other government ministries and support agencies.
- Completed field operations for the first year of the larval control pilot study in four pairs of treatment and control villages; organized and analyzed data; and prepared a report on results for the program's first year, which demonstrate that the measures being used reduce larval and adult mosquito populations and that effective larval control measures can be developed and implemented.
- Assisted the National Malaria Control Program prepare for the annual malaria program assessment workshop and mid-term review March 27–39, 2003.

Plans for Next Quarter

- Prepare a report of the malaria program assessment workshop.
- Continue to support improvement in malaria surveillance.
- Launch the second year of the larval control village pilot program.

Mozambique: Technical Assistance to the National Malaria Control Program

Overview

EHP is providing technical assistance to the Ministry of Health in Mozambique (MISAU) to improve malaria surveillance in Maputo, develop MISAU's capacity for using geographic information systems (GIS), and identify areas of Maputo with the highest risk of malaria. Local health officials will use this information to target malaria control interventions in Maputo. The activity supports the USAID mission's efforts to design an expanded program of technical assistance for the National Malaria Control Program. Work began under the EHP Phase I (EHP I) contract and continued until March 2002 when EHP funding was exhausted. USAID/Mozambique decided to cancel the procurement for follow-on work that EHP had been negotiating since October 2001. As a result, all activities in Mozambique are now complete, and no further work is anticipated.

Activities and Accomplishments

- Work continuing on finalizing report.

Plans for Next Quarter

- Finalize report.

Nepal: Program for the Prevention and Control of Selected Infectious Diseases

Overview

EHP is providing assistance to help strengthen the institutional capacity of the Vector-Borne Disease Research and Training Center (VBDRTC) at Hetauda, Nepal, and to assist the Ministry of Health in improving its surveillance and control programs for malaria, kala-azar, and Japanese encephalitis. Comprehensive information on this activity may be found in the trimesterly reports prepared by EHP's project office in Nepal.

Strengthening VBDRTC's Institutional Capacity

Activities and Accomplishments

- Conducted four sessions of training on malaria microscopy and one session on control of vector-borne diseases.
- Provided orientation/training on malaria for village health and maternal child health workers—31 in the Saptari district and 21 in Udayapur district—and for 37 peripheral health workers in Mahottari district.

Improving Surveillance of the Ministry of Health

Activities and Accomplishments

- Conducted two training sessions for medical records, statistical assistants, and laboratory personnel from hospitals and public health offices from pilot sentinel sites that have improved Early Warning and Response System (EWARS) plans.
- Held a workshop on standardization of surveillance approaches for Japanese encephalitis at the National Institute of Virology in Pune, India; the objective is to reach agreement on a standard case definition and a common approach to laboratory diagnosis for Japanese encephalitis in Bangladesh, Bhutan, India, and Nepal.
- Distributed approximately 400 K39 dipstick test strips and 24 chase buffers to various institutions for diagnosis of kala-azar (from January to March, the highest number of kala-azar cases tested positive: 146 cases).

Developing Sustainable Intervention Strategies for Prevention and Control

Activities and Accomplishments

- Continued to support the Epidemiology and Disease Control Division in Nepal in the preparation of request for funding from the Global Fund for acquired immunodeficiency syndrome (AIDS), tuberculosis, and malaria by assisting those responsible to prepare responses to issues raised during the technical review of Nepal's proposal.
- In response to requests from the Epidemiology and Disease Control Division and program districts, expanded certain village committee activities to include not just 18 village development committees, as originally planned, but village development committees in all intervention districts.
- Provided refresher training for female community health volunteers of the 18 pilot village development committees to reinforce their knowledge of kala-azar, to update them on the referral system, and to enhance their communication on kala-azar.
- Strengthened the existing referral system for kala-azar to insure a decrease in treatment dropouts and failures; developed and disseminated a referral system and treatment follow-up record-keeping card for use by the female community health volunteers.
- Supported a drug trial of Miltefosine, an oral drug for treatment of kala-azar, with institutional partners.

Inter-Country Linkages for Cross-Border Prevention and Control

Activities and Accomplishments

- Organized a meeting of officials from the Ministry of Health in Nepal and the Department of Health of Bihar, India, on kala-azar and malaria prevention and control and reached consensus on six key follow-up implementation activities.

Plans for Next Quarter

- Participate in training and operations research carried out under the Dhanusha-Mahottari vector-borne disease program.
- Continue to supply K39 dipsticks for the diagnosis of kala-azar and regularly monitor their use in government health facilities in kala-azar-endemic districts and Kathmandu.
- Monitor the response capacity and lab function of sentinel sites jointly with the Epidemiology and Disease Control Division.
- Evaluate the impact of behavior change communication messages and materials in use.
- Study the implications for kala-azar and malaria treatment of population movements across the border between Dhanusha-Mahottari, Nepal, and Bihar, India.

Issues and Problems

- EHP funding will no longer support the executive director of VBDRTC because he has completed his leave of absence from the government and, according to the memorandum of understanding signed between USAID and the government, he can no longer be funded by USAID. The government of Nepal is currently searching for a replacement.

Uganda: Reducing Urban Malaria Transmission

Overview

Malaria is a critical health problem in Uganda and has a dramatic impact on the health status of Uganda's rural population. Recent data indicating that malaria is also a problem in Kampala, Uganda's capital, are part of a growing body of evidence that local malaria transmission is a problem in many African cities. The Uganda urban malaria activity will identify areas in selected cities that appear to be at higher risk for malaria and will confirm local transmission, identify and characterize anopheline breeding sites in areas where transmission has been confirmed, and involve stakeholder groups in a participatory process for preparing an action plan to eliminate or manage productive breeding sites. The action plan will be developed in partnership with the local governments. The

ultimate result expected from implementation of the action plan will be a measurable reduction in malaria transmission in the intervention areas. This initial phase will run from September 2002 to July 2003.

Activities and Accomplishments

- Completed second round of entomological data collection in February in Kampala and Jinja.
- Completed planning for the team leader to visit Uganda the second half of April.

Plans for Next Quarter

- Develop action plans in both cities.
- Complete the third round of entomological data collection and the second round of clinical data collection in May 2003.
- Apply for Making Cities Work funding for the second year of the activity.

Asia-Near East (ANE): Standardizing Surveillance for Vector-Borne Diseases in Bangladesh, Bhutan, India and Nepal (BBIN)

Overview

EHP is providing technical support to help establish common surveillance procedures for priority vector-borne diseases in Bangladesh, Bhutan, India and Nepal (BBIN), as part of the regional strategy for infectious diseases of USAID/ANE. The BBIN network was formed in July 2000 at a workshop on cross-border issues of surveillance and control of vector-borne diseases organized by EHP/Nepal. Participants agreed to work towards standardizing vector-borne disease surveillance methods and sharing information on insecticide susceptibility and drug resistance. A key aspect of the regional strategy is to build on existing national initiatives and strengthen linkages among national programs. The work is currently focused on initiating a regional network of sentinel sites for monitoring resistance to antimalarial drugs and standardizing diagnosis and reporting procedures for Japanese encephalitis.

Activities and Accomplishments

- Held a workshop on standardizing diagnostic and surveillance methods for Japanese encephalitis in India in March 2003 with the co-sponsorship of the Program for Appropriate Technology in Health/Child Vaccine Program (PATH/CVP) and the participation of representatives from BBIN, the Indian Council of Medical Research, the National Anti-Malaria Program, and the Armed Forces Research Institute for Medical Sciences (AFRIMS).

- Met with officials in India, Nepal, and the WHO Regional Office for Southeast Asia (SEARO) to coordinate planning for clinical trials to evaluate resistance to anti-malarial drugs in areas along the Indo-Nepal border.

Plans for Next Quarter

- Attend meeting of the International Japanese Encephalitis Working Group in Geneva.
- Initiate work on a paired set of clinical trials to evaluate resistance to anti-malarial drugs at sites in West Bengal and Jhapa District along the Indo-Nepal border.

Latin America and the Caribbean (LAC): Best Practices in Dengue Control and Treatment

Overview

In the past ten years the number of cases of dengue and dengue hemorrhagic fever (DHF) has increased dramatically in Latin America and the Caribbean. *Aedes aegypti*, the mosquito that transmits dengue, had been largely eradicated but has returned due to a range of factors including a lack of surveillance, poor prevention, control, and treatment programs, increased urbanization, lack of resources, and inadequate public education efforts. In recognition of the increasing importance of dengue fever as a public health problem, the LAC Bureau has requested EHP to prepare a summary of best practices for the control and prevention of dengue.

Activities and Accomplishments

- Completed the English version of the best-practices document after an extensive external review by eight people.
- Made a presentation at the LAC state-of-the-art (SOTA) course in March.

Key Products

- Strategic Report #7: Best Practices for Dengue Prevention and Control in the Americas by Linda S. Lloyd, February 2003.
- EHP Brief #13: Best Practices for Dengue Control in the Americas by EHP staff, March 2003.

Plans for Next Quarter

- Translate the best practices document.
- Publish and disseminate both English and Spanish versions of the document.

Task 4B: ECHO: Integrated Programs (ECHO/IP)

Overview

One of EHP's primary tasks is to assist in the design, evaluation, and dissemination of lessons learned in integrating field activities in community-based natural resource management and population and health. The primary vehicle for carrying out this task is a four-year activity in Madagascar. EHP is subcontracting with local organizations in key environmental corridors to support integrated activities. Because of USAID programs in population and health and natural resource management, Madagascar is an ideal country to conduct this activity.

Activities and Accomplishments

- Completed planning for a visit by an EHP facilitator in early April to develop a long-range vision for institutionalizing Voahary Salama (VS).
- Prepared a proposal for VS under the Flexible Fund for Family Planning activities.
- Finalized the protocols with the key government ministries that VS works with.
- Evaluated the community-champion initiative in Beforona.
- Finalized and produced information, education, and communication (IEC) materials for the child-to-child and the farmer-to-farmer approaches.
- Presented the IEC materials developed by VS to other USAID partners, such as CARE and Catholic Relief Services (CRS).
- Began discussions with the National Statistics Institute in Madagascar (INSTAT) for the post-intervention survey in the fall of 2003.

Key Products

- VS Bulletin No. 7.

Plans for Next Quarter

- Conduct a two-day workshop in early April for VS to develop a long-term vision.
- Develop work plans for EHP Year 5.
- Prepare budget proposals for NGOs supported by EHP.

Issues and Problems

- The Madagascar Institute for the Conservation of Tropical Ecosystems (MICET), one of the NGOs that EHP has supported, will no longer receive funds from EHP. EHP is identifying a replacement NGO.
- EHP has not been able to obligate the \$140,000 in funding from USAID to replace Summit Foundation money. EHP has submitted a proposed subcontract for USAID Contracts Office approval.
- Activities by the Department for Development, Church of Jesus Christ (SAF), Action Sante Organisation Secours (ASOS), and MICET have slowed significantly with the end of Summit Foundation funding.

Task 6: Information Center

Overview

Information Center (IC) activities are organized under three subtasks:

- Strategy support—strategic support of Tasks 2, 3 and 4
- Partnerships for information exchange, sharing of technologies and reach to an expanded audience
- Provision of information and dissemination services.

Activities and Accomplishments

Strategy Support

- Disseminated six issues of the *Malaria Bulletin* to 615 subscribers, three issues of the *Hygiene Bulletin* to 185 subscribers, and the biweekly *Environmental Health Updates* to 120 subscribers.
- Published two Briefs: #12: Local Government Support to Community Management of Environmental Health in Benin and #13: Best Practices for Dengue Control in the Americas.
- Conducted literature searches and obtained articles for EHP and USAID staff on hygiene promotion, AIDS and water, privatization of water utilities, and other topics.
- Provided support for EHP conference participation (through assembling information packets and reports, preparing PowerPoint presentations, producing CD-ROMs, etc.), as follows:

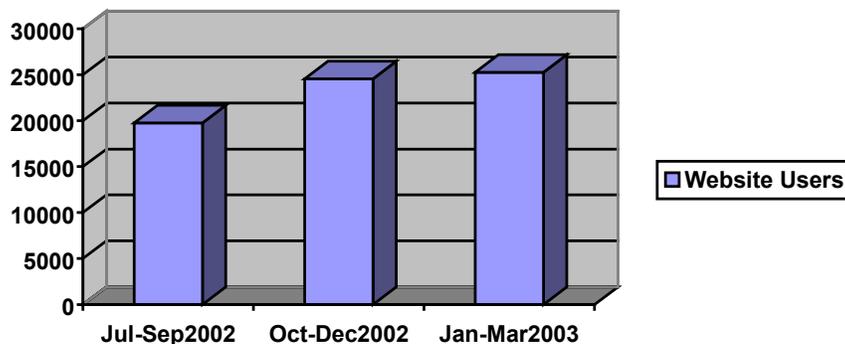
- Expert Consultation on Community Integrated Management of Child Illnesses (CIMCI) in Latin America, February 11–13, 2003.
- Aga Khan Workshop on Built Environment, Mombasa, Kenya, February 24–27, 2003.
- World Water Forum, Kyoto, Japan, March 16, 2003.
- Sixth Annual Malaria Program Assessment Workshop, Massawa, Eritrea, March 27–29, 2003.

Partnerships

- Shared current journals and provided copies of articles to the BASICS library and staff.
- Continued collaboration with the Partnership in Social Science for Malaria Control; attended a planning meeting in Geneva in January.
- Provided electronic copies of EHP I and II reports to the Urban 101 Seminar, sponsored by USAID’s Urban Programs, at their request.

Information Services

- Published two issues of EHP’s e-newsletter, “EHP News.”
- Responded to approximately 675 information requests: from staff and consultants (125), USAID (160), international and nongovernmental organizations (75), developing countries (280), and others (35).
- Maintained and extended the reach of the EHP website: during this (the third) quarter there were 25,254 visits to the site, compared with 24,538 the second quarter and 19,748 the first quarter of Year 4.



- Added “webliographies” on arsenic pollution, dengue prevention, and Acute Respiratory Infections (ARI) to the EHP website.
- Disseminated documents (brochures, briefs, malaria bulletins, etc.) through the Internet: during the quarter, 976 reports were downloaded via USAID’s Center for Development Information and Evaluation/Development Experience Clearinghouse (CDIE/DEC) website and 113,053 documents and/or files were downloaded and/or viewed via the EHP website, compared with 118,867 the previous quarter.
- Provided publication, editing, design, and translation support to EHP.
- Published two Activity Reports: #116: Urban Environmental Health Pilot Activities: Evaluation of Progress and Lessons Learned, USAID/Democratic Republic of Congo and #117: Sanitation in Small Towns, Summary Report on Sub-regional Workshops, Environmental Health Project, Water and Sanitation Program, Pan-American Health Organization..
- Published three Strategic Reports: #5: The GESCOME Difference. Lessons Learned from Gestion Communautaire de Sante Environnementale (GESCOME), #6: Institutional Support Mechanisms for Community-Managed Rural Water Supply and Sanitation Systems in Latin America, and #7: Best Practices for Dengue Prevention and Control in the Americas.
- Translated one Activity Report into French: #113F. End of Project Report. Environmental Health Project CESH Benin Activity. Gestion Communautaire de la Sante Environnementale II (GESCOME II).
- Received and cataloged nine Reports for the File.
- Published the EHP Year 3 Annual Report: July 2001–June 2002.
- Published the Work Plan for EHP Year 4, Task Order 1: July 2002–June 2003.
- Published the first quarterly report for EHP Year 4: July–September 2002.

Plans for the Next Quarter

- Draft a strategy for documenting lessons learned.
- Participate in Global Health Council conference.
- Update website.
- Produce e-newsletter.
- Begin EHP Year 5 work plan.

- Provide support for publication of quarterly reports.
- Provide support for publication of activity reports and strategic reports.
- Provide support for workshops and conferences.

Key Products

See above and Annex.

Task 7: Urban Health

Note: This activity is now included under Task 3: CESH Field Programs.

“Other” Tasks from Year 3 Work Plan, Pending Completion

Note: This activity is now included under Task 3: CESH Field Programs.

TASK ORDER 2

Malaria Vaccine Development Program (MVDP)

Overview

Support for the USAID Malaria Vaccine Development Program (MVDP) is conducted by EHP through Task Order 2 under its contract with USAID. The task’s planned duration is five years (Aug. 1, 1999, through July 31, 2004).

Activities and Accomplishments

- Supported the MVDP through the work of the MVDP technical adviser (and through a subcontract with Dr. Tony Holder at the National Institute for Medical Research, London).
- Prepared for and followed up on vaccine team meetings (AMA1, MSP1, ESC, and PfEMP1).
- Supported the formal evaluation of the MVDP project being carried out by USAID’s Monitoring, Evaluation, and Design Support (MEDS) project.
- Prepared for, attended, and followed up on the Scientific Consultants Group semi-annual meeting held in January 2003.

- Drafted and edited a new investigational new drug application to the U.S. Food and Drug Administration for the *Escherichia coli* Apical Membrane Protein 1 (AMA1) vaccine target antigen.
- Prepared a lecture about malaria and delivered it at Tulane University in February.
- Participated in other technical planning and monitoring meetings throughout the quarter.

Plans for Next Quarter

- Continue to participate in antigen team meetings.
- Plan for upcoming clinical trials with AMA1 and MSP1.
- Complete work on the AMA1 IND for submission to the U.S. Food and Drug Administration. Plan the next Scientific Consultants Group meeting to take place in January 2003.
- Complete and disseminate the Scientific Consultant Group report on the January 2003 meeting.
- Develop the FY 2004 MVDP budget and the new activity authorization document for the next ten years of the MVDP.
- Participate with EHP and the EHP Cognizant Technical Officer (CTO) to devise a plan to support several laboratory personnel at the Walter Reed Army Institute of Research.
- Continue to participate in technical planning and monitoring meetings.

TASK ORDERS 803 and 804

West Bank: Village Water and Sanitation Program (VWS): Health, Governance, Waste Water Reuse Studies, Designs, Program

Overview

The original purpose of USAID's West Bank Village Water and Sanitation Program (VWS) was to provide safe and sustainable water and sanitation services to 44 rural towns serving a population of 135,000 in the West Bank. The program was to focus on communities in the West Hebron and South Nablus areas. The VWS program supported one of the strategic objectives of USAID/West Bank: to provide greater access to and

more effective use of scarce water resources. Work was to be carried out in collaboration with the Palestinian Water Authority, as well as the Ministries of Agriculture, Environmental Affairs, Health, Local Government, and Planning. Implementation was to be carried out under three separate task orders:

- Task order 802: Engineering Studies. Now completed.
- Task order 803: Health, Governance, Wastewater Reuse Studies, Designs, and Program. The preparation of feasibility studies and the design of programs for improved community education and governance to improve water, sanitation, hygiene, and agricultural practices.
- Task Order 804: Engineering Designs. Development of designs and procurement packages for all of the proposed facilities.

In April 2002, the scope of EHP's work was expanded to include coordination of USAID's response to a humanitarian crisis brought about by the invasion and prolonged occupation of major Palestinian cities by the Israeli Defense Forces beginning on March 20, 2002. Task Orders 803 and 804 were converted to an emergency operation consisting of providing emergency water supplies and assessing water needs and availability, and the planned activities were deferred.

Activities and Accomplishments

- Continued work on the design of a new water supply infrastructure in West Hebron and Southern Nablus.
- Procurement and initial delivery of more than \$900,000 in emergency water supply commodities to respond to immediate and ongoing needs.
- Procurement and initial delivery/installation of stand-by generators and motors for major West Bank water systems to improve emergency preparedness.
- The completion of a major well rehabilitation program.
- Preparation of management systems to activate during the evacuation of expatriate personnel at the end of the reporting period.
- Active participation in emergency humanitarian forums for the health and water sectors, including the provision of regular debriefings on key environmental health areas of concern.

Year 4 Milestones, Status as of Year 4, 3rd Quarter

Shaded cells indicate target date for completion; those with “x” indicate that the target was achieved.

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
Task 1: Work Plan					
• Finalize and submit work plan to USAID					
Task 2: Lessons Learned & Policy					
• Host WSSCC M&E Task Force meeting.					
• Organize one technical meeting to review Vision 21 monitoring tests. (Revised version: Participate in an international technical meeting related to monitoring water, sanitation, and hygiene.)					Milestone revised and postponed to 4 th Q.
• Annual performance and milestone report		x			
• Support to the WSSD meeting in Johannesburg, South Africa.					
• Support to Kyoto meeting.					
• Abstracts submitted for Global Health Council Conference.					
• Active participation in Global Health Council Annual Meeting.					
• Three policy documents published or in draft.					To be discussed during Y5 work plan meetings.
• Develop an agenda and implement a C-IMCI workshop for LAC with BASICS and the CORE IMCI working group.			x		Postponed to 3 rd Q.
• Participate in a USAID request for a mission partnership activity for scaling up of C-IMCI, with a concrete EHP role established in at least one country.					
• Compile and document successful EHP partnerships in a short advocacy brief.					Y5 milestone

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
Task 3: CESH					
• Dedication of core funds to support a field-based operations research project in partnership with local specialists.	x				
• Assessment guidelines published by EHP.	x				
• Quantitative assessment tool refined based on findings from field application.					Postponed to Y5 1 st Q.
• Community-based monitoring tool developed and field opportunities identified for its application and testing.					Postponed to Y5 1 st Q.
• Working draft of the CESH programming guide for behavior change for diarrheal disease reduction completed.					
• Draft of situation analysis tool completed (background paper completed by H. Lockwood).					
• Minutes of meetings of stakeholders and activity managers involved in CESH produced and widely distributed.	x				
• Core CESH funds to facilitate hygiene improvement dedicated in one or more targeted countries as part of a GDA partnership.			x		Currently for M&E under WAWI Partnership
• Two-year action plan to provide technical assistance to SANRU finalized and supported.	X				
• Substantive progress made in the field, working with NGOs to develop draft diarrheal disease prevention modules.					
• Opportunity for focused effort in Nepal to assist the ongoing long-term work of sectoral partners identified and supported.		x			Opportunity identified.
• Focused program of support to NicaSalud developed and supported.					Plans were finalized but scope of work was not completed: deferred to 3 rd Q.
• Focused program of support to local partners in the Dominican Republic developed and supported.	x				
• EHP reports on urban environmental health activities in the DRC and behavior change activities in the Dominican Republic published and disseminated.					Postponed to 4 th Q.

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
Task 4A1: ECHO/XS					
• XS TWG meeting and report.	x				
• XS Concept paper: Improving information for malaria control decisions.					Deferred to Y5.
• Malaria risk stratification: methods and applications.					Deferred to Y5.
Task 4A2: ECHO/IVM					
• Draft guidelines for IVM.					Deferred pending further direction from WHO/AFRO.
• Session on larvae control at the Third Pan-African Conference on Malaria.		x			
• Field test of the vector control needs assessment protocol.		x			
ECHO/XS & IVM: Nepal					
• Review of VBDRTC progress in implementation of the work plan.					Deferred to Y5 at USAID's request.
• Recommendations from the Meeting on Standardization of Community-Based Kala-azar Surveillance and Case Management in Dhanusha/Mahottari, Nepal, and the Adjoining Districts of Bihar State, India.			x		
• Evaluation report of improved EWARS strategy in eight sentinel sites..					Deferred to 4 th Q.
• Recommendations on SO4, interventions 1 through 4, prepared in draft for further adjustments in Year 5.					
ECHO/XS & IVM: Eritrea					
• Protocols and training for sentinel site staff.	x				
• Complete review of the malaria vector control program.		x			
• Report of results for larvae control pilot programs.			x		
• Support to midterm review of the NMCP Five-Year Plan for Rolling Back Malaria.			x		

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
ECHO/XS & IVM: Uganda					
• Situation analysis completed.					
ECHO/XS & IVM: ANE					
• Regional workshop on Japanese encephalitis surveillance.			x		
• Regional workshop on kala-azar surveillance.					Cancelled
ECHO/XS & IVM: LAC- Dengue Fever					
• Best practices document completed.			x		
• Presentation to the LAC regional PHN SOTA meeting.			x		
Task 4B: ECHO/IP/Madagascar					
• General assembly meeting of Voahary Salama.	x				
• Institutionalization of VS as a legal entity.	x				
• Training-of-trainers workshop for community development agents.	x				
Task 6: IC					
• Changes to the website implemented, based on assessment recommendations, and report prepared.	x				
• A series of web-based bibliographies on diseases related to water supply and sanitation and certain vector-borne diseases developed.		x			
• One joint e-conference facilitated.					Deferred to 4 th Q.
• EH web ring established with other relevant websites.					

End-of-Project Results Achieved as of Year 4, 3rd Quarter

Policy and Lessons Learned

#	Result	Indicator	Status to Date
1.	Monitoring and evaluation plan <i>implemented</i> for CESH and ECHO.	Monitoring and evaluation plan with project-level and task-specific indicators.	EHP has developed a Monitoring and Evaluation Plan and is using it for monitoring CESH and ECHO activities.
2.	Indicators for water, sanitation, and hygiene that go beyond coverage and access <i>developed</i> , in collaboration with other organizations, and <i>tested</i> in CESH field programs.	List of indicators and data collection methods developed.	EHP has --Developed a comprehensive environmental health assessment that includes intestinal parasites as proximate measures for changes in water, sanitation and hygiene practices as well as water quality. --Tested a comprehensive environmental health assessment tool containing a core set of hygiene improvement indicators in the West Bank (March 2002). -Prepared draft indicators. -Developed a hygiene improvement quantitative assessment guide with second-level indicators.
3.	Indicators and data-collection instruments for cross-sectoral surveillance with a focus on malaria <i>developed</i> and <i>tested</i> , in coordination with WHO and other organizations.	List of indicators and instruments for cross-sectoral surveillance and IVM.	
4.	Four major international meetings <i>supported</i> by EHP participation and two <i>organized</i> by EHP.	Number of major international meetings in which EHP participates and which it organizes.	EHP has met the end-of-project target of organizing two major international meetings: 1. 2000, the Global Consultation on the Health Impacts of Indoor Air Pollution. 2. December, 2001, Monitoring and Evaluation of Water, Sanitation and Hygiene Behaviors, Delft, Netherlands. EHP played a role in

#	Result	Indicator	Status to Date
			<p>organizing this policy meeting, which included the participation of approximately 15 professionals from WHO, UNICEF, WELL, the London School of Hygiene and Tropical Medicine (LSHTM), the International Reference Center for Water Supply and Sanitation (IRC), and EHP. Consensus was reached on the establishment of a monitoring network to pursue agreed upon objectives for advancing the state of the art in monitoring.</p> <p>3. In addition, EHP organized an E-Forum on Hygiene Promotion, a month-long e-conference on EHP's hygiene improvement framework with a final report.</p> <p>EHP has met the end-of-project target by actively participating in four major international meetings:</p> <ol style="list-style-type: none"> 1. Respiratory Diseases and the Environment, Lucknow, India. 2. November, 2000. WSSCC meeting, Iguacu, Brazil. 3. November, 2001. American Public Health Association (APHA) annual meeting. 4. May, 2002. Global Health Council annual meeting.
5.	Major policy issues of global importance in CESH and ECHO <i>identified</i> and five reports <i>produced</i> to contribute to their consideration.	Number of reports published.	<p>EHP published a policy report on public-private partnerships for promoting hand washing.</p> <p>EHP has developed three other topics, but none has reached policy-report status:</p> <ol style="list-style-type: none"> 1. Funding for water and sanitation: case study produced but topic not pursued for policy report. 2. Hygiene and food security: discussion included in USAID's Global Health Nutrition Operational Plan. 3. HIV/AIDS and water and sanitation: concept paper disseminated.

Community-Based Environmental Sanitation and Hygiene

#	Result	Indicator	Status to Date
1.	Two operations research questions on diarrheal disease prevention in CESH programs <i>studied</i> and results <i>documented</i> .	Number of questions studied.	EHP is studying one operations research question: the safe disposal of children's excreta. The study is being implemented by the International Institute for Nutrition in Peru. EHP is studying the impact of household water chlorination on households with family members who have HIV/AIDS.
2.	At least one tool developed under CESH to promote environmental sanitation as national policy <i>applied</i> in five USAID-assisted countries.	Number of USAID-assisted countries in which tools have been applied.	
3.	Tools to assist non-governmental organizations (NGOs), governments, and communities to identify priorities and to select, implement, and evaluate interventions <i>developed</i> .	Tools developed, applied, and documented to (1) identify local priority environmental conditions related to diarrheal disease prevention, (2) to guide selection of interventions, (3) to guide implementation and monitoring, and (4) to evaluate impact on behaviors related to diarrheal disease in children under five.	EHP is developing two tools: 1. As part of the development of the Hygiene Improvement Quantitative Assessment Tool, gathering baseline information in the field in advance of program implementation to identify local priority environmental conditions related to diarrheal disease prevention and to evaluate impact on behaviors related to diarrheal disease in children under five – now being refined. 2. Action learning guide on behavior change for hygiene improvement to guide selection of interventions and to evaluate impact on behaviors related to diarrheal disease in children under five – now being developed by the Manoff Group. 3. Participatory monitoring and evaluation tool – development initiated.
4.	Activities using tools developed under result #3 <i>implemented</i> in at least three USAID-assisted PHN countries.	Number of USAID-assisted PHN countries which apply tools.	EHP tools have been or are being applied in four countries: 1. Benin (community-level project used tool on gathering baseline data). 2. Democratic Republic of Congo (a water and sanitation project is using tool on gathering baseline information and a training course on applying trials of improved practices (TIPs) methodology).

#	Result	Indicator	Status to Date
			<p>3. Nicaragua (a program to increase the capacity of NGOs to bring about change in hygiene behavior used both tools).</p> <p>4. Dominican Republic (PAHO/DR C-IMCI training and educational materials adopted a module on diarrheal disease prevention).</p>

Environmental Change and Health Outcomes/Cross-Sectoral Surveillance

#	Result	Indicator	Status to Date
1.	Methods for cross-sectoral surveillance <i>developed</i> and <i>tested</i> .	Number of methods tested.	EHP has developed and has tested or is testing three methods: <ul style="list-style-type: none"> 1. Risk stratification at the national level, in Eritrea 2. Risk stratification at the local level, in Mozambique 3. Characterization of larval habitats in Eritrea, Mozambique, and Nepal.
2.	Tools to promote the use of cross-sectoral surveillance <i>developed</i> , in partnership with other international organizations.	Number of tools developed for promoting the use of cross-sectoral surveillance.	EHP has developed three tools for promoting cross-sectoral surveillance: <ul style="list-style-type: none"> 1. Draft activity report on risk stratification. 2. Draft activity report and professional journal articles on vector studies. 3. Draft activity report on a national prevalence survey in Eritrea. Articles submitted to professional journals on vector studies
3.	Cross-sectoral surveillance tools developed under result #2 <i>used</i> by EHP to promote cross-sectoral surveillance as part of official MOH policy in three USAID-assisted PHN countries.	Number of countries in which cross-sectoral surveillance methods have been promoted.	EHP has promoted cross-sectoral surveillance in three countries: <ul style="list-style-type: none"> 1. Eritrea. 2. Mozambique. 3. Nepal.

Environmental Change and Health Outcomes/Integrated Vector Management

#	Result	Indicator	Status to Date
4.	Effectiveness of IVM interventions determined and appropriate settings for each <i>identified</i> , with an emphasis on controlling malaria in Africa using community-based approaches.	Number of tests and evaluations supported by EHP.	EHP has supported three tests of larval control interventions: 1. Efficacy of bacterial larvicides in Eritrea.. 2. Operational feasibility and effectiveness of larval control for Eritrea 3. Environmental management for larval control in Uganda.
5	IVM approaches appropriate for malaria in urban and rural settings in Africa <i>developed</i> , in partnership with other international organizations.	Number of settings for which IVM approaches have been developed.	EHP has developed integrated vector management and control approaches for six different settings in Africa. (Technical meeting in January 2002 identified six different settings in Africa.)
6.	The use of IVM approaches as part of official national malaria control plans and procedures <i>promoted</i> , in collaboration with other major international organizations.	Number of countries in which EHP has promoted the use of IVM approaches.	EHP has promoted the use of integrated vector management approaches in two countries: Eritrea and Uganda.

Environmental Change and Health Outcomes/Integrated Programs

#	Result	Indicator	Status to Date
1.	Potential for scaling up integrated health, population, and environment program in rural settings along environmental corridors in Madagascar <i>evaluated, documented, and disseminated</i> .	Integrated health-population-environment evaluation approach developed, tested, applied, and disseminated.	

Annex

List of Products

Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)

CESH Field Programs

Asia/Near East (ANE) Urban Health Initiative/Cairo Healthy Neighborhood Program

- Slum environmental health module for DHS
- SOW for Situation Analysis

Benin: GESCOME II

- Strategic Report 5. The GESCOME Difference. Lessons Learned From Gestion Communautaire de Santé Environnementale (GESCOME). The Environmental Health Project II CESH Benin Activity. English. Laurie Krieger, Sheldon Gellar, Salifou Yallou, Pascal Zinzindohoue. English. January 2003.
- EHP Brief 12. *Local Government Support to Community Management of Environmental Health in Benin*. EHP Staff. January 2003
- Activity Report 113F. Rapport de Fin de Projet du CESH au Bénin. Résumé Analytique. Projet de Santé Environnementale. Gestion Communautaire de Santé Environnementale II (GESCOME II). French. Laurie Krieger. Salifou Yallou. December 2002. 26568/CESH.BENIN2.PUB02.

Latin America and the Caribbean (LAC): Decentralization

- Strategic Report 6S. SPANISH. Mecanismos de apoyo institucional para los sistemas rurales de agua potable y saneamiento manejados por las comunidades en América Latina. Spanish. Harold Lockwood. December 2002.

Latin America and the Caribbean (LAC): Sanitation in Small Towns

- Activity Report 117. Sanitation in Small Towns, Summary Report on Sub-regional Workshops, Environmental Health Project, Water and Sanitation Program, Pan American Health Organization. Cuzco, Peru, October 1–3, 2002. Tela, Honduras, November 19–21, 2002. Eddie Perez, Fred Rosensweig. February 2003.

Task 4: Environmental Change and Health Outcomes (ECHO)

Task 4A: ECHO: Cross-Sectoral Surveillance (XS) and Integrated Vector Management (IVM)

- Strategic Report 7. Best Practices for Dengue Prevention and Control in the Americas. Linda S. Lloyd. February 2003.
- EHP Brief 13. *Best Practices for Dengue Control in the Americas*. EHP Staff. 26568/IC.YR4.SERV. March 2003

Task 4B: ECHO: Integrated Programs (ECHO/IP)

- VS Bulletin No. 7

Task 6: Information Center

Products Published

Documents completed (*EHP News*, EHP Briefs, Activity Reports, Joint Publications and Strategic Reports) or received for archiving (Reports for the File), January–March 2003:

- Two issues of EHP News (EHP's e-newsletter)
- Activity Report 117. Sanitation in Small Towns, Summary Report on Sub-regional Workshops, Environmental Health Project, Water and Sanitation Program, Pan American Health Organization. Cuzco, Peru, October 1–3, 2002. Tela, Honduras, November 19–21, 2002. Eddie Perez, Fred Rosensweig. February 2003. 26568/OTHER.LACSAN.FOLLOWUP
- Activity Report 116. Urban Environmental Health Pilot Activities Evaluation of Progress and Lessons Learned USAID/Democratic Republic of Congo. Christopher L. McGahey. August 2001. 26568/CESH.DOC.DRCUEH.Y4
- Activity Report 113F. Rapport de Fin de Projet du CESH au Bénin. Résumé Analytique. Projet de Santé Environnementale. Gestion Communautaire de Santé Environnementale II (GESCOME II). French. Laurie Krieger. Salifou Yallou. December 2002. 26568/CESH.BENIN2.PUB02
- Strategic Report 7. Best Practices for Dengue Prevention and Control in the Americas. Linda S. Lloyd. February 2003. 26568/E.V.4.LACDENGUE
- Strategic Report 6. Institutional Support Mechanisms for Community-Managed Rural Water Supply & Sanitation Systems in Latin America. Harold Lockwood. December 2002. 26568/OTHER.LACDEC.GUIDELINES

- Strategic Report 5. The GESCOME Difference. Lessons Learned From Gestion Communautaire de Santé Environnementale (GESCOME). The Environmental Health Project II CESH Benin Activity. English. Laurie Krieger, Sheldon Gellar, Salifou Yallou, Pascal Zinzindohoue. English. January 2003. 26568/CESH.BENIN2.PUB01
- EHP Brief 13. Best Practices for Dengue Control in the Americas. EHP Staff. 26568/IC.YR4.SERV. March 2003
- EHP Brief 12. Local Government Support to Community Management of Environmental Health in Benin. EHP Staff. 26568/IC.YR4.SERV. January 2003

Products Archived

- Report for the File 428. An investigation of Hg and heavy metal contamination due to mining in the Rio-Ramis/Lake Titicaca watershed, Peru, Final Report. Prepared by the University of Montana. February 2003. 26568/OTHER.PE.URBANEH.SURVEILLANCE
- Report for the File 427. CESH Nepal Activity : Asian Development Bank Partnership for Hygiene Improvement and EHP Support to Handwashing Promotion—Trip Report, 10 February 2003. Lisa Nichols, Christopher McGahey. February 2003. 26568/ CESH.NEPAL.Y4
- Report for the File 426. Work Plan for Year 4 Task Order 1. February 2003. 26568/WORKPLAN.Y4
- Report for the File 425. EHP II Year 4 Quarterly Report 1. July–September 2002. February 2003. 26568/LLP.ME.YR4.PERF
- Report for the File 424. EHP II Year 3 Annual Report. July 2001–June 2002. February 2003. 26568/LLP.ME.YR4.PERF
- Report for the File 423. USAID-El Salvador: Water Policy Reform Efforts 2000–2002. October 2002. 29002/SV.REGULATORY.LABOR
- Report for the File 422. Perú: Sistema Nacional de Vigilancia en Salud Ambiental—Diseño y Estrategia de Implementación. Jan Mueller Volmer, Bill Jobin, Gavino Alva. 26568/OTHER.PE.URBANEH.SURVEILLANCE
- Report for the File 421: Cairo Urban Slum Child Health Scoping Trip Report, December 7–20, 2002. 26568/UH.EGYPT.SCOPE. 12/02
- Report for the File 420. Hygiene Behavior Change Training Support Materials (DR). November 2000. CESH.TOOLS.BCTRAIN