TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)

QUARTERLY PROGRESS REPORTS
APRIL-JUNE/JULY-SEPTEMBER 1992

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
FUNDED TECHNICAL ASSISTANCE
IMPLEMENTED BY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
INTERNATIONAL HEALTH PROGRAM OFFICE
ATLANTA, GEORGIA 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

January 29, 1993

Dale Gibb
TAACS Project Manager
Research and Development for Health
Washington, D.C. 20523

Dear Dale:

Enclosed are the TAACS quarterly reports for April-June and July -September 1992. They have been arranged by program emphasis areas as follows:

PAGE	ACTIVITY	COUNTRY	QUARTERS	ADVISOR
1-12	Nutrition	Niger	3 & 4	Etian
13-18	Water	Honduras	3 & 4	Caudill
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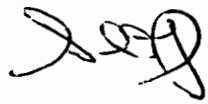
Reading two quarterly reports back to back provides an enlightening perspective on program implementation. Highlights of these reports include the strengthening of Health Information (Cameroon and Yemen), data use in the formulation of policy (Ecuador, Niger and Indonesia), project development (Nicaragua and Rwanda), program implementation (Honduras-water, Togo-child survival, and Uganda-diarrheal disease control), and HIV research (Bolivia and Indonesia).

Taken as a whole these reports produce a striking affirmation of the developmental relevance of the TAACS program. From my perspective, three aspects stand out:

1. The facilitative role the TAACS advisors are providing in networking PVOs, private contractors, and CDC technical experts.
2. The community empowerment that is occurring especially in the water project in Honduras and the Nutrition project in Niger.
3. The innovative cutting edge research being carried out in health financing in Ecuador, Chagas in Bolivia, and HIV in Bolivia and Indonesia.

As I reread these reports in preparation for writing this cover note, I was struck by the relevance of this document as a teaching tool for AID interns. As reading preparation for a discussion on technical assistance, the documents provide a collage of opportunities for technical assistance, implementations issues, successes, failures, joys, and frustrations.

Sincerely yours,



Stanley O. Foster MD, MPH
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TECHNICAL ADVISORS IN AIDS
AND
CHILD SURVIVAL
(TAACS)

In 1985, the United States Congress established a special Child Survival fund in response to the growing worldwide need and challenge to improve the health and well being of children in developing countries. The United States Agency for International Development (USAID) was appointed administrator and directed to focus a substantial portion of its efforts on child survival activities. In separate but related legislation, Congress authorized the Secretary, Health and Human Services, to use Public Health Service Employees (PHS) to assist in the carrying out of child survival activities.

Through a Participating Agency Services Agreement (PASA) the Agency for International Development (A.I.D.) contracted with PHS, Office of International Health (OIH) to carry out the Technical Advisors in AIDS and Child Survival (TAACS) Program. In a sub-agreement with OIH the Centers for Disease Control and Prevention (CDC), International Health Program Office implements the TAACS Program activities.

Through the TAACS Program CDC assigns long-term advisors to assist USAID Missions in carrying out those child survival interventions identified by A.I.D. as priorities including, immunization, oral rehydration therapies, nutritional improvements, birth spacing, and STD HIV/AIDS prevention. The TAACS can manage and/or coordinate A.I.D. project activities, act as a liaison between Ministries of Health and international or collaborating country organization on behalf of A.I.D.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORTS
APRIL-JUNE/JULY-SEPTEMBER 1992

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TECHNICAL ADVISOR IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Sylva Etian

Activity: Nutrition

Reporting Quarter: April-June 1992

Post: Niamey, Niger

A. MAJOR ACHIEVEMENTS AND ACTIVITIES

The National Food and Nutrition Policy Seminar

The National Seminar, on the Food and Nutrition Policy for Niger was held at the Omarou Ganda Cultural Center from May 4-8. Over 65 decision-makers representing the Ministries of Public Health, Agriculture, Environment, Communications as well as members of international and local donor groups were present to participate in the seminar. The objective of the intensive five day workshop was to launch a national food and nutrition policy for all international, private and domestic groups to follow when designing nutrition interventions in Niger. It is hoped that the final document will serve as a model in the International Conference on Nutrition sponsored by OMS/FAO in Rome in December 1992.

Vitamin A Social Marketing Mini-Project

Peter Gottert of the Academy for Educational Development (AED) visited Niger this quarter and accompanied the TAACS Advisor and members of the Vitamin A technical committee to Birni N' Konni district to monitor theatrical sketches performed by three village groups. The remainder of his time was spent with the technical committee reviewing the lessons learned from the pilot project, planning the activities and the accompanying budget for the three-month extension, and presenting the discussion paper for an additional 18 month Phase II extension of the project to the USAID/Health Officer. Upon the TAACS Advisor's recommendation, Phase II will encompass a more global nutrition communications outlook, and address various micro-nutrient deficiencies. The Vitamin A technical committee returned to Birni N' Konni in mid-April to monitor the work of the village-based animation committees in each of 13 villages and 3 towns. They also conducted a three day workshop for 20 trained government field workers (six of the original 26 workers were eliminated). The main objectives of the training were to

introduce subject-specific activities that field agents could incorporate into their daily responsibilities. For example, teachers would introduce nutrition-related activities (observations of local gardens, songs composed about vitamin A, picture card games matching complementary foods, etc.). in their classrooms, while agriculture agents could introduce and encourage the planting of Vitamin A rich plants and trees, the consumption of vitamin A rich vegetables and fruits in their daily talks with local farmers, etc.

A French and Nigerian artist were hired to design visuals corresponding to six identified messages that could be used as teaching aids for the 20 field agents. After developing the testing strategy and initiating her colleagues in testing methods, the Advisor accompanied the members of the technical committee to pre-test the dozen posters with various village groups (mothers, fathers, elders, collectively and individually). Visual aids (in the form of one page technical cards) are also being developed for use in the subject-specific activities to be promoted by the health, hygiene, education, and agriculture agents in their jobs.

The 18 month experiment in utilizing social marketing techniques to promote the production and consumption of Vitamin A rich foods culminated in al LIVER & GREEN LEAFY VEGETABLES MINI-FESTIVAL. The day long event brought together 19 5-member village animation groups to there centralized locations, where members of the Niamey-based technical committee were on hand to review all the dramatizations, award personalized certificates of achievement, and hand out custom designed T-shirts sporting large orange squash on the front, and Nigerians savoring Vitamin A rich foods on the back. The TAACS Advisor was elated to discover that some village groups left their villages on foot at 4:00 a.m. in the drizzling rain to be on time for the festival activities beginning at 9:00 that morning., And, during the planting season! Local inhabitants - especially pregnant and lactating women - were encouraged to attend; their reactions were gauged to ascertain comprehension, acceptability, and entertainment value of the numerous theatrical presentations. The festivities concluded with a mechoui (roasted lamb) shared with the village chiefs, elders, and the stars of the productions.

Upon the advice of Dr. Stan Foster, the TAACS Advisor asked AED to contact a CDC-based evaluation expert to assist the Niger technical committee in its efforts to evaluate impact of the communications strategies identified.

Mickey Leland Memorial Fund Training Program

The Government of Japan is sponsoring a Memorial Fund Training Program for Africans working in the health sector in honor of Senator Mickey Leland, who died during a fact-finding mission to Ethiopia. Upon the recommendation of the TAACS Advisor, the Head of the Nutrition Division Hamani Harouna was selected to attend the Health Program Management course offered at Boston University from June 8 to July 31, 1992. The Advisor also proposed colleagues Omarou Mohamadou for the Nutritional Epidemiology course offered by the University of Michigan at Ann Arbor from July 13-31, and Mme. Aissa Madoul, Coordinator of the Vitamin A Social Marketing project, for the Health Communications Course offered by the Population Communications Service of John Hopkins University from September 28 to October 16, 1992. The AID/Niger Health Office was very supportive in the selection process, and, AID/Washington has confirmed the admissions of all three Nutrition Division colleagues in the proposed courses.

B. OTHER NUTRITION ACTIVITIES

The TAACS Advisor and a junior member of the Nutrition Division Fati Garba accompanied a team of CARE, International, consultants to evaluate CARE's rural health project: the Zinder Child Health Project. The two week field visit solicited responses from field health authorities, practitioners, volunteers, and mothers on CARE's nutrition and diarrheal disease management interventions. Although the Advisor did not remain with the team for the entire trip, it was her intent to initiate her junior colleague to professional responsibilities usually assigned to her male superiors.

Peace Corps asked the Advisor to conduct a morning session on Nutrition Curriculum Development for the annual in-service nutrition training workshop for 30 Peace Corps Nutrition Volunteers. The volunteer nutritionists are exploring the possibilities of incorporating nutrition lessons into the existing primary school education system. The Advisor illustrated her presentation with lesson plans from the school textbooks developed for grades 1 through 6 in a prior assignment in Zaire.

Omar Mohamadou accompanied consultant Ming Hung to Diffa to conduct a training of trainers workshop for local health personnel. Topics covered included maternal and infant nutrition, growth monitoring, vitamin A prevention and treatment, and non-formal nutrition education strategies. Ms. Hung developed a nutrition training manual which will be adopted (and adapted) by the Nutrition Division for future nutrition training programs. This activity was sponsored by AFRICARE.

In keeping with USAID's policy of integrating health delivery systems across Niger's health infrastructure, the TAACS Advisor encouraged members of the nutrition division to take an active role in the Niamey pilot dispensary project. The directorate of the family planning division has identified four dispensaries in need of health materials and training for its personnel in the outskirts of Niamey. Plans are underway to integrate the various health interventions in these four dispensaries. As nutrition is one of the four priorities, Ms. Aissa Madoul of the Nutrition Division has volunteered to work with a local nurse to design and conduct a basic nutrition workshop at each of the public health centers.

Nutritionist Omar Mohamadou accompanied several colleagues from the Directorate of Maternal and Child Health (DSMI) to review health service delivery at all the district medical centers in Dosso department. This annual activity, financed currently by the World Bank IDA Project, allows Health Ministry personnel to monitor activities in all seven departments of Niger. The group plans to spend ten days in each department. To gain field experience, Fati Garba, a junior member of the Nutrition Division, will participate in a similar fact-finding visit to the Tillbery Department next quarter.

UNICEF sponsored a two day workshop in Niamey with medical and agricultural division heads representing three major project zones to ascertain the progress of UNICEF's growth monitoring efforts. A member of the Nutrition Division, responsible for the monitoring and evaluation of the nutrition surveillance model, presided over the meeting. The Advisor suggested improvements over the existing growth monitoring and data gathering forms based on materials she has used in neighboring African nations.

The Nutrition Division head invited health professionals from various organizations, and international groups to review and revise nutrition education materials developed by the Ministry.

The TAACS Advisor attended the official inauguration of the VITAMIN WEANING FOODS production facility. The Minister of Public health was present to cut the official ribbon and express his gratitude to the Netherlands Royal Nutrition Institute for thier contribution to the development of the weaning food packets. The Holland based institute provided funds, technical assistance, and research capabilities to the local PVO CARITAS for the development, production, and distribution of the 500 gram weaning food packets comprised of peanut flour, cowpeas, boabob leaves, and millet.

A small delegation of health personnel from neighboring Chad visited Niger's Ministry of Public Health on a fact-finding mission. The Chadians chose Niger's health infrastructure to investigate, and, eventually use as a model for the Health Ministry that they are trying to establish in their war-torn nation. Discussions were held with members of the Nutrition Division to review the organizational structure of the maternal and child health directorate, existing health policy guidelines, and workplans of the various health sectors.

B. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

The Women and Infants Nutrition Support Project (WINS) will provide technical assistance to the Nutrition Division next quarter. The initial three week visit is to review the existing nutrition interventions and determine how future programs and strategies can be refocused to address nutrition and food security issues more effectively. A second visit will serve to help the Nutrition Division develop long-term objectives for nutrition-related activities based on the recommendations of the initial visit.

A radio programming and production workshop sponsored by FAO for Africans from five Sahelian nations will be held in August in Burkina Faso. The TAACS Advisor has recommended that the Coordinator of the Vitamin A Social Marketing project attend the three week workshop. It is anticipated that the messages developed through the Vitamin A project, and the theatrical presentations conceived by the village animation teams will form the basis for future radio programs diffused by Niger's ORTN. The Advisor will assist her FAO colleagues during the initial introductory week of the workshop. This workshop is a result of the FAO meeting held in Bamako in which representatives from the five Sahelian countries developed a strategy on how to train government personnel in the use of various media (TV, radio, audio-visual aids) to diffuse nutrition messages aimed at preventing micro-nutrient deficiencies. The Vitamin A technical committee has collaborated closely with the local FAO representative to combine the efforts of both projects.

Sixteen new Peace Corps Nutrition Volunteers arrived in Niger June 19. The TAACS Advisor has been asked to conduct a two hour training module on communication techniques and message development. She has also been asked to host the group during a visit to the Ministry of Public Health next quarter.

C. MAJOR ISSUES AND ACTIONS

Niger's political and economic environment is at an all-time low. The delay in paying government salaries is currently three months. The treasury is in desperate need of funds, but international donors, understandably, hesitate to donate substantially to an unstable transitional government. Violence (home break-ins, residential guards attacked and killed) has increased dramatically, leading to the union of residential guards demanding authorization from the government to kill thieves on sight during the wee hours of the morning. Consequently, the Advisor has hired a day residential guard and acquired a large dog whose vocal cords strike fear into the less hardy souls that lurk around dark corners in the middle of the night.

D. CONSULTANTS

Peter Gottert of AED visited this quarter for the Vitamin A Social Marketing Project. His direct supervisor, Ms. Claudia Fishman, made a 48 hour visit to Niger to review the progress of the current Vitamin A interventions with the TAACS Advisor and to discuss an expanded Phase II component of the project with the USAID Health Officer.

Nutritionist Ming Hung was hired through the auspices of AFRICARE to conduct a nutrition training of trainers workshop with a member of the Nutrition Division in AFRICARE's project.

E. SUPPLIES AND SERVICES

The Heart Interface voltage invertor (transforming 12V to 110V) was repaired through the TAACS AID Direct Reimbursement Budget. Although it does not work properly with the CDC provided AST computer, the Nutrition Division has connected the invertor to their French Goupil Computer with positive results. A Heart Interface invertor purchased for the Ministry through the Tulane University project is currently being used with the AST computer.

The OKIDATA printer has never functioned properly, and is currently at a local computer store for repairs. The computer expert working on the Tulane project claims that the voltage specifications of the printer do not match those of the CPU unit. The TAACS Advisor recommends that prior to shipping, all hardware equipment should be tested for compatibility and efficiency. In the event that this is not possible, out-going field personnel should be given an orientation on hardware installation. A third alternative would require CDC computer personnel to make site visits to those areas where hardware problems prevail.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Sylva Etian

Actvity: Child Survival

Reporting Quarter: July-September 1992

Post: Niamey, Niger

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Preparation for International Conference on Nutrition

Dr. Guimba Diop, Director of the Child and Maternal Health Directorate, represented the Nutrition Division in Geneva the week of August 17th. This preliminary meeting of francophone and lussophone African nations was called in preparation for the International Conference on Nutrition to be held in Rome in December 1992. Dr. Guimba presented Niger's National Food and Nutrition Policy document at this meeting.

Mickey Leland Memorial Scholarship Training Program

The head of the Nutrition Division Hamani Harouna returned form a seven week course in Health Project Management held at Boston University. He and his five colleagues received the highest marks in the graduate-level courses offered by the University's Public Health Department. The USAID General Development Officer made an excellent suggestion to harness the expertise acquired by the Nigerian team and to explore the means of strengthening the management capabilities of the Ministry of Public Health through these six Mickey Leyland Scholarship recipients.

Nutritionist Omar Mohamadou attended a three week course in Nutritional Epidemiology and Behavioral Modification at the University of Michigan in Ann Arbor. As the computer specialist and nutrition researcher in the Division, the epidemiology course reinforced Mr. Mohamadou's skills, and whetted his appetite for further epidemiological training. Both candidates were recommended for training by the Advisor as part of the Mickey Leland Scholarship Training Program sponsored by AID/W and financed by the Government of Japan.

A third member of the Division, Mme. Aissa Madoul, will attend a three week workshop next quarter on Health Communications at John Hopkins University as part of the Leyland program. This training activity is timely, as Mme. Madoul is the Coordinator of the vitamin A Social Marketing project, and will have a significant role representing the Ministry in the global Nutrition Communication project which will be launched in early 1993.

FAO Regional Sahelian Communication Project

The Advisor accompanied Mme. Aissa Madoul of the Nutrition Division, Mr. Ibrahim Sow of the National TV & Radio Service, and Mr. Ousmane Abdou of the A/V Division of the Ministry of Agriculture to an FAO sponsored Rural Radio workshop held in Ouagadougou. In its program of expanding the use of mass communications to diffuse positive health and agricultural messages throughout the Sahel, the Communications Branch of FAO/Rome has designed a five-country regional project. Based out of CIERRO (Centre d'Etudes de Radio Rural de Ougadougou), the first component of the project entails bringing together three government officials form five countries (Burkino Faso, Mali, Niger, Mauritania, and Chad) representing the Ministries of Health, Agriculture, and Communications to design, produce, and diffuse educational radio programs. The rationale of the workshop is to equip each of these nations with a multi-sectorial through multiple communication channels. This workshop is the first in three (the others are in TV production and Audio-Visual materials production).

Mme. Madoul will utilize messages developed and tested in Niger's Vitamin A project as a basis for producing educational radio broadcasts at the workshop. The Advisor found the workshop to be highly inspiring, practical-oriented, and innovative. The participants had ample opportunity to experiment with program content and format during their two field visits. The containers were recognized communicators in their field - having over 25 years of African field experience in the areas of radio and television production. The Advisor anticipates that the newly formed Nigerian team that attended the workshop will become active members of the Technical Working Committee in charge of implementing the $350,000 Phase II Global Nutrition Communication project. (The Advisor worked closely with Peter Gottert of AED to propose and promote the extension of the Vitamin A Mini-Project into a larger global nutrition intervention encompassing four districts in the Tahoua Department. USAID/Niger has approved the project and will provide the funding in fiscal year 1993).

Vitamin A Social Marketing/Nutrition Communications Project

The eighteen month Niger Vitamin A Social Marketing Communications Project has recently come to an end. In order to evaluate the effectiveness of utilizing traditional theater forms as the main channel of communicating positive nutritional messages, the Advisor (on the recommendation of AED) sought the services of Dr. Kone Hugues, Director of CERCOM, the Center for Communications Research, an Institute within the University of Abidjan. Dr. Kone has agreed to conduct the evaluation in late September-early October in collaboration with members of the local technical community.

B. FIELD TRIPS/TRAVEL

TDY in Abidjan

During her visit to Abidjan, the Advisor met with the co-directors of a local Ivorian firm ECOFORM (Société Ivoirienne d'Etude, de Conseil et de Formation) to discuss future collaboration in the areas of curricula development, training, preparation of educational materials, and mass and folk communications. ECOFORM has a contract with Peace Corps/Côte d'Ivoire to conduct workshops in health communications. The firm also has considerable experience in W. Africa developing health curricula, designing social marketing campaigns (i.e. They have a sub-contract with PSI working in the successful PRUDENCE condom promotion campaign), and conducting training workshops. ECOFORM could be a useful contract for future technical assistance needs.

The TAACS Advisor met with Moussa Coulibaly, the Regional Nutrition Advisor, and Ms. Jones-Patron, head of the Health Office at REDSO/Abidjan. Mr. Coulibaly informed the Advisor that Niger was the only mission responding to his cable (sent to 17 African nations) requesting information on nutrition activities related activities in Niger, and was pleased to learn that Mr. Coulibaly would be available to provide technical assistance to the Niger program in the future.

The TAACS Advisor also met with CDC colleagues Dr. DeCock and Ms. Vetter at the RETRO-CI offices located at CHU Hospital in Treicheville, Abidjan.

C. OTHER

Nutrition Activities

The TAACS Advisor conducted a two hour training module for the newly arrived 16 Peace Corps nutrition volunteers on communication techniques and message development. She also hosted the Peace Corp Nutrition trainees at the Ministry of Public Health. The newly arrived trainees met with the Director of Maternal and Child Health Directorate, and had an opportunity to explore the human and material resources that could be made available to them in the field.

A professional film crew from New York, sponsored by Helen Keller International, arrived to film a documentary on HKI Vitamin A interventions. The three part documentary will feature scenes form Africa (Niger), South America and Asia. The Advisor assisted HKI headquarters in reviewing the script prior to the arrival of the crew, and was pleased to have one of the theatrical sketches developed as part of the Vitamin A Social Marketing Mini-Project filmed as part of the documentary. The Advisor requested a copy of the finished product.

The Advisor briefed the newly appointed FAO Expert, Nutritionalist Muderwa Runesha, Chief of Party of the Bouza District Vitamin A Gardening and Social Marketing Project, on the nutrition situation in Niger. The Advisor was Mr. Runesha's direct supervisor in Zaire in 1983, and nominated him to the MOH degree at Tulane University as part of the participant training component of the $5 million dollar USAID Nutrition Area Improvement Project. (The Advisor was the Director of the Regional Center for Nutrition Communications Project anticipates working closely with the FAO project; one of the four project sites includes the Bouza district.

The Advisor went on home leave during this quarter. During her visit to the states, she anticipates trips to Atlanta for consultations with IHPO and the Nutrition Division staff, and to Washington, DC for a two day overseas security seminar and consultations with Office of Nutrition and AED personnel. She'll return to post mid-November.

D. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER

The International Nutrition Conference will be held in Rome in December. FAO/Niger is currently seeking funding to finance several representatives from Niger. The TAACS Advisor anticipates attending the week long conference.

A second FAO communications workshop, on the design and production of Audio-Visual Aids, is scheduled for November. The site and dates of the workshop have not yet been determined.

The Women and Infants Nutrition Support (WINS) project has been asked to return to Niger next quarter to assist the Nutrition Division to develop long-term objectives for nutrition-related activities based on the recommendations made during this quarter's consultancy visit.

Ms. Madoul, the current Coordinator of the Vitamin A project will attend a three-week Health Communications workshop at John Hopkins University next quarter.

In the fall of 1990, the World Bank Project IDA identified five mid-level government health workers and two senior nutritionalists for long-term overseas training. As of the writing, none of the candidates have been sent for the designated training. There is a possibility, if the Government of Niger meets its financial obligations, that several of the proposed candidates may benefit from these scholarships beginning next quarter.

Two agriculture engineers have received scholarships, one from the ATLAS (US) program to pursue a MS and PHD in Nutrition and Toxicology from Purdue University, and another from Canadian government to pursue a PHD in Nutrition from Laval University. Both candidates left Niger, and are expected to return, the two candidates will reinforce the Nutrition Division in the Health Ministry rather than return to the Ministry of Agriculture.

E. MAJOR ISSUES AND ACTIONS

After the tremendous effort put forth by the members of the Nutrition Division to create an InterMinistrial Committee on Nutrition, conduct numerous meetings, host a national food and nutrition seminar, launch a food and nutrition policy document, and attend initial sub-regional technical planning seminars - all in preparation for the International Nutrition Conference in Rome it is unfortunate that NOT ONE member of the Nutrition Division is designated by the Ministry to represent Niger at the important December nutrition conference. The Director of Maternal and Child Health attended the pre-conference meeting in Geneva this quarter. Although funding through FAO is scarce, the Ministry of Public Health, the Secretary-General, and the Director of Maternal and Child Health have all expressed an interest in attending the Rome conference. The TAACS Advisor has sought assistance from her colleagues in the A.I.D./Health office to support a nutritionist to the International Nutrition Conference.

D. CONSULTANTS

Ms. Bibi Essma of the two Women and Infant Nutrition Support (WINS) project and Dr. Christian Kodjo Doh Agbo worked members of the Nutrition Division to conduct a nutrition assessment and food security study. The team spent the three weeks reviewing nutrition-related project documents, meetings with representatives of PVOs and international agencies, and making two field visits to Tillaberi and Tahoua Departments. Ms. Essma will return next quarter to review for findings and assist the Division to develop strategies for action based on the recommendations of the assessment.

Peter Gottert of the Academy for Educational Development came to Niamey this quarter to work with the Vitamin A project technical committee. Issues discussed were the up-coming evaluation of the communication strategy implemented in the Mini-Project, the final production of the technical information sheets and visual aids development under the project, and the planning for the Global Nutrition Communication project. The TAACS Advisor's current concern is the feasibility of conducting an academically or scientifically accepted evaluation of the strategies used in the project in the absence of a baseline study. This concern was shared with Dr. Kone during the Advisor's visit to CERCOM in August.

E. SUPPLIES AND SERVICES

The OKIDATA printer has recently been repaired at a local computer repair facility. It works well directly attached to the Advisor's personal laptop computer. However, the office computer installation is not yet functional. The Advisor will seek further technical assistance in reviewing the installation upon her return from home leave.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Herbert Caudill

Activity: Child Survival/Epidemiology

Reporting Quarter: April-June 1992

Post: Tegucigalpa, Honduras

A. MAJOR ACHIEVEMENTS/ACTIVITIES

First Year Evaluation of Water Technicians

After their first full year of work, the newly created water technicians were evaluated. Preliminary results from survey indicate that most of them are doing well the triple job of water system construction/community organization/health education.

O&M Survey Completed

A rural water system operation and maintenance survey was conducted during the months of May and June. Preliminary review of data indicates that local water boards are working well. However, certain areas such as chlorination of water systems require further emphasis.

Creation of "Latrine Task Force"

An interagency task force was created to review latrine designs currently being used in Honduras. While the topic may seem trivial, certain latrine models being constructed are difficult to keep odor-free, thus there are low usage rates, and therefore no health benefits. Task force hopes to come up with useful recommendations for future latrine construction.

Water Quality Lab

The El Progreso water quality lab is now fully staffed with Honduran employees. The Peace Corps volunteers assigned to the lab are attempting to work themselves out of a job. The lab is taking an active role in encouraging rural water boards to bring in water samples for testing. Smaller water quality labs have been established in Santa Rosa and La Ceiba.

Creation of SANAA Technical Committee

A permanent committee has been created in SANAA to continuously review design criteria for rural water supply and sanitation systems.

Second consultation to USAID/EL Salvador

A follow-up visit was made to El Salvador to meet with GOES officials on recommendations proposed in previous visit. With minor changes, all recommendations were accepted. As a follow-up to this visit, a group of twelve individuals working on the El Salvador rural water and sanitation program visited Honduras to observe project implementation and methodology.

Child Survival Activities PVOs

The MOH signed an Agreement with the Honduran PVO Fundación Hondureña por los Derechos del Niño for conducting child survival activities in the Department of Francisco Morazán. The project will serve thirty villages with a combined population of approximately 9,000. This brings to 7 the number of PVOs working in child survival activities.

B. TRAINING

SANAA engineer sent to Colorado State University for a course in Design of Water Quality Monitoring Networks

Six SANAA employees trained in computer use for streamlining administrative procedures

Twenty eight SANAA employees trained in administrative streamlining procedures

Thirty SANAA Water Technicians trained in Water Quality Monitoring

Seven SANAA engineers participated in a seminar conducted by the University of North Carolina on rural water consumption design figures

Two new Peace Corps volunteers that will be working with SANAA were given an orientation to SANAA

C. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

Agreement with APRODIB

Sign an agreement between SANAA and the PVO APRODIB for the construction of rural water supply and sanitation systems in the Bay Island Department. The Agreement will form the basis for including later other child survival programs as well as vector-borne disease control programs. This will bring to 6 the number of PVOs working in water supply and sanitation.

Rural Water Boards

Continue working with SANAA in transferring responsibility of rural water systems operation and maintenance to village water boards.

Training of Engineers from PVOs

SANAA will conduct a special course to train engineers from the PVOs that are working with the Health Sector II program in design of rural water supply and sanitation systems.

Cholera Control

A special order of construction materials will be purchased to build water supply and sanitation facilities in small villages near the Salvadorean border where there have been chlorea outbreaks. The Ministry of Health/Chlorea Task Force will manage this program.

C. MAJOR ISSUES AND ACTIONS

A.I.D. continues to be unable to supply the minimum funds requires to carry out the activities of Health Sector II as planned.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Herbert Caudill

Activity: Epidemiology/Child Survival

Reporting Quarter: July-September 1992

Post: Tegucigalpa, Honduras

A. MAJOR ACHIEVEMENTS/ACTIVITIES

PVO Agreement with APRODIB

SANAA and the PVO APRODIB signed an AID-funded agreement for the construction of rural water supply and sanitation systems in the Bay Islands Department. This brings to 6 the number of PVOs working in water supply and sanitation under Health Sector II. It is anticipated that 12,700 individuals in 16 communities will have safe drinking water and adequate excreta disposal facilities after this project is completed.

New Water Board Guidelines Publication

SANAA has published an attractive edition of the new guidelines for rural water boards. These copies will be distributed to village water boards, and to all SANAA and PVO personnel working with rural communities.

Time Used in Hauling Water Study

The University of North Carolina has begun, in conjunction with SANAA, a study of the time utilized by water users in hauling water in areas where domestic taps are not available. The study should result in hard numbers supporting what we all know: That people in Honduras spend an awful lot of time providing water for their families.

Visits from El Salvador

As a follow up of the CDC TAACS advisor's trips to El Salvador, four delegations of GOES officials visited Honduras this quarter to observe implementation of the Health Sector II.

Cholera Activities

SANAA and the MOH have been working with communities where there are existing water systems (not constructed by Health Sector II) and encouraging them to chlorinate. A very effective technique has been to donate to the community a supply of chlorine for several months and a chlorine testing kit. The village water board is taught how to chlorinate and how to use the kit. The donation is on condition that they will purchase subsequent supplies of chlorine. A.I.D./W has agreed to provide us with additional chlorine and test kits using central funds.

Honduras Outreach Child Survival Activities

Honduras Outreach, a small, Decatur, Georgia-based PVO has started its child survival activities in Olancho Department. They have now completed one health center at their headquarters, and have almost completed a rural health center in a remote village. It is anticipated that this PVO will provide primary health care services to 25,000 people in 20 communities.

World Vision Child Survival Activities

World Vision International, a PVO, has started implementation of an A.I.D. Washington funded child survival project. The primary health care activities will be conducted in San Miguel, a low-income area of Tegucigalpa.

B. TRAINING

SANAA

Program Management for Water Technicians. Thirty-one water technicians attended. The water technicians are a creation of Health Sector II, and are a mid-level type personnel who direct construction of water systems, provide health education to villagers, and organize village water boards to operate boards and maintain water system.

Supervision of Well Construction for 29 engineers working either directly with SANAA or with PVOs in the construction of rural water systems.

Operation of Chlorinators. SANAA held two courses for village water system operators to teach them how to operate chlorinators. A total of 32 operators were trained.

Rural Water System Design. SANAA held a courses for 22 engineers working for PVOs in rural water system design.

Use of Computers in Rural Water System Design Thirteen engineers working in the SANAA-A.I.D. program participated in this course.

The SANAA-A.I.D. Deputy Chief went to Colorado State University for a course entitled Treatment of Water Contaminants.

B. MAJOR OBJECTIVES FOR THE QUARTER SEPTEMBER THROUGH DECEMBER 1992

Agreement with FEDECOH

The MOH and FEDECOH, a Honduran PVO, will sign an AID-funded agreement to conduct child survival activities in Lempira Department. It is anticipated that 10,650 people in 50 small villages will benefit from this effort. FEDECOH is already conducting a rural water and sanitation program with Health Sector II funding, and is doing an excellent job.

SANAA Supervision of Rural Water Boards

The TAACS Advisor will continue conversations with SANAA to discuss developing a workable model for providing supervision to rural water boards. The new guideline gives the boards autonomy from SANAA. However, the boards will require technical support from time to time. This is the next major step in developing a sustainable water supply program in Honduras.

Improving Health Education Efforts

Serious efforts will be made to see how SANAA's health education efforts can be strengthened.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor:	Joel Kuritsky
Activity:	Epidemiology/Child Survival
Reporting Quarter:	July-September 1992
Post:	La Paz, Bolivia

A. MAJOR ACHIEVEMENTS/ACTIVITIES

STD/HIV Prevention Project

Design of an intervention strategy in La Paz

The design is to do intensive counseling of night-clubs CSW's in the clinic, and to do outreach work in the second and third class prostibulos. This latter part is designed as an experimental research protocol. IRB approval has been granted. We are also attempting to link interventions I CSW's with clinic records.

We have begun operations in Santa Cruz, through a sub-contract to PROSALUD, a local PVO.

In terms of problems, I view the major issues to be administrative and logistic. The project has grown very rapidly. Going with our philosophy of offering two half-time positions for every opening, has swelled our staff to 35. At the present time we need to consolidate the staff.

Another central issues is how the project should work with gay and bisexual men. We have made the fundamental decision to work with this community. We have also identified a key individual with whom we can work. The key issues are HIV testing, offering services, counseling, etc. Key decisions will be made in January/February of 1993.

DDM Project

First round of training was completed in early September.

A first round of follow-up visits was made by the two main Bolivia consultants, Antonio Gomez, Coco Velasco.

Chagas' Project

This was presented to a generally enthusiastic review at USAID. We have planned a review session, November 30 to December 4, 1992, to review with our counterparts all the recommendations, and to plan LOP goals. Bob Klein, who directed the evaluation team, and Andy Arata from VBC will be coming here.

Diarrhea Studies

We are working with CDC in the design of a project to assess the use of water bottles in rural La Paz. Eric Mintz and Rob Quick have designated the study, and it will start November-December of this year.

B. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

Complete intervention design CSW's in Santa Cruz.

Begin intervention training of promotoras in La Paz.

Complete first round follow-up by DDM consultants in December.

Complete review of Chagas' project.

C. CONSULTANT

DDM:
Rob Quick
Rebecca Prevots
Ava Navin
Steve Thacker
Brad Otto

STD/HIV:
Bill Levine
Joel Lewis
Linda Wright D Aguaro

Parasitic Diseases:
Anne More
Ralph Bryan

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Mike Linnan

Activity: Medical Epidemiology/Child Survival

Reporting Quarter: April-June 1992

Post: Jakarta, Indonesia

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Travel and all activities outside of Jakarta were restricted for the first half of the quarter due to the problems with the administration of the PASA and with transfer of my fourth year funding through R&D/Health. As this included all funds for my local expenses, I continued to have to pay all my local costs from personal funds. Not surprisingly, this situation, continuing from the previous two quarters has placed major limitations on my activities. At the urging of the Health Office and the Programs Office, the Finance Office allowed me to travel on an "urgent basis where necessary to avoid complete shutdown of activities". This allowed several trips to Surabaya to deal with problems in MotherCare, CDC/STD and AIDSCOM projects. At the end of May I received notice that the transfer of funds from R&D/Health was in the process of happening and my travel restrictions were lifted and I filed for all my un-reimbursed expenses.

After my travel restriction as lifted, I traveled to the U.S. for a visit to the CDC to deal with supervisory matters, and a proposed 2 year extension of the PASA. I visited Washington to deal with technical and administrative issues with MotherCare, teams concerning the developmental impact of STD/HIV issues with the Rockerfeller Foundation. The World Bank was especially productive, as the meetings resulted in a consensus within the policy makers at the regional level (Asia) in the bank that AIDS and HIV was a serious developmental issue, and must be addressed by the Bank such as in its regional projects and loans. One additional extremely positive outcome was the donor group for Indonesia (CGI-Consultative Group on Indonesia) meeting in Paris adopting AIDS/HIV as a separate item on the development agenda for all the donors to address within their loans/grants/projects. The repercussions of these actions were immediately felt in Indonesia, as I am now gaining access to policy makers several levels above the MOH and have begun working with various agencies and offices that I was not previously able to effectively work with.

Safe Motherhood Initiative

East Java Safe Motherhood Project: (Brief project description and summary is in quarterly report 6, Jan-Apr 1992) planning activities continued on this project intensively. I was unable to travel early in the quarter, but made several trips in May and June. Field visits to the kabupatens (pasaruan and Probolingo) were made to secure the necessary political permissions and to begin a series of team building activities. Questionnaire development for the maternal and economic portions continued, and intensive planning for the baseline surveys started. Materials development for social marketing was begun. Bids for the computers are being solicited.

Bacterial Vaginosis

Dr. Riduan Joesoef returned in May to help oversee the Jakarta and Surabaya study sites. Two additional clinics were added in Surabaya. These were selected to access low SES clients and also to access women from the predominant minority group, the Madurese. We began a series of quality control checks with the readings of the slides from the Jakarta and Surabaya centers and based on the outcome did some retraining for the microscopists. We also began to do a QC study on the chlamydia tests in the two cities.

Gastric Delivery Iron Study

Materials development continued. The questionnaires are finished and have been pretested. Communication materials are under development with the initial artwork finished and the pretesting underway. Bids are being solicited for the computers. Staff training in underway for the four sites.

Tanjungsari Regionalization Project

The project continued with little input from myself. Fortunately we have found a local person to put on staff for the MotherCare Project (Mary Jo Hansell), and she is able to travel and work without the same financial problems as I have. I supervise her activities and have given her responsibility for the Tanjungsari project, as well as Indramaya and the Jakarta portion of the BV study. Mary is in the process of "negotiating" with Dr. Anna concerning the uses of the birthing huts, the management staff responsibilities and the process of developing a social marketing program as well as the economic analysis for the study. Radio communications continues to be a problem; site surveys have been difficult to obtain, as well as permits for use of the radios. Finally, Dr. Anna's travel schedule has become a major problem for the project, and Joy Riggs-Perla, myself and the MotherCare staff have begun to discuss this issue with Dr. Anna.

CDC/STD Project

The Surabaya Commercial Sex Industry Study was finalized, and I worked intensively to secure the necessary permissions from all political levels and from the various parties who will be involved. We finished the sample selection process, finished the draft protocols, firmed up the testing methodology with CDC and NAMRU labs and began to do the focus group and individual interviews that will generate the basic questionnaires for the individual groups. Riduan Joesoef has been very busy at the CDC getting the institutional review process going and generating many of the documents and protocols needed for getting the study under way.

AIDS Yayasan

I continued to work with the AIDSCOM and AED staff to develop the foundation to begin community outreach activities dealing with STDs and HIV. We selected a group that has been running a hotline aimed primarily at adolescent and young adults and dealing with issues regarding sex and sexuality. We began to work with the group to develop the capacity for counseling activities as well as community outreach activities. With joint sponsorship with the Indonesian Medical Association, a counseling training workshop was held in April. These counsellor will serve as the nucleus for the training of counsellors under the CDC-STD project. I worked intensively with the staff to familiarize them with the methodology of the CDC study, as they will be the major partners in the study along with staff from RSUD Soetomo. We had several days of "workshop" on study design issues, questionnaire development, sample selection, communications and counselling issues, etc., with the result that the foundation now feels that they are partners in the activities and are beginning to take a leadership role in many of the activities.

B. OTHER HIV/STD ACTIVITIES

World Bank (CGI)

I continued to work for placing AIDS on the development agenda, and the World Bank has been one focus of this activity for the last two years. Over the last two years I have been working with various country and regional teams here for various projects, and have tried to sensitize them to AIDS/HIV as a development issues.

Susan Stout has been an especially effective and cooperative person to work with on this, and has facilitated the process for me within the Bank hierarchy. This quarter I finished several background papers and worked intensively with the CHNIII appraisal team while they were here from Washington.
It appears that KFW (German equivalent of USAID) fast disbursing funds now will be allocated to an STD/HIV prevention project under CHNIII, which will focus on social marketing of condoms, communications research and behavioral research. I spent a great deal of time working with the Bank consultant to help develop this activity (currently at 12-14 million dollar level of effort). The current design is to extend the STD/HIV pilot program that we have begun in East Java. The appraisal for it if OK'd will be October or during my trip to the states I stopped in Washington to work with Susan Stout who is in charge of the CHNIII and POP5 loans. Susan has been very receptive to the need to get HIV/STDs on the development agenda, and she arranged a meeting with the Asia division personnel, as well as senior bank management. I spent a day working with Clifford Gilpin and the regional team on the STD/HIV problem, and they agreed to press Dr. Sukirman strongly on the issue when he came through the next week. Dr. Sukirman is the director of the national agency charged with development and the direct counterpart for all Bank activities. This happened as planned, and on return to Indonesia, Dr. Sukirman asked for me to work with his staff to develop projections on the development impact of HIV for Indonesia.

Additionally, I worked with the team formulating the activities for the CGI Conference in Paris in July. This is the Consultative Group on Indonesia, the forum where all foreign donors to Indonesia gather and determine the next years programs. We put a special section in the background documents for the CGI staff on STDs/HIV and put my piece on the developmental impact of HIV in the materials as well. The outcome of the activity was the inclusion of STD/HIV as a separate item to be considered under all new loans/grants, similar to the inclusion of environmental issues for each new project or loans.

Finally, I began working with the Bank's economic modelers in conjunction with Dr. Seth Berkerly of the Rockefeller Foundation, who has been charged with developing Bank policy on HIV/STDs. I met separately with Seth in New York to begin this process and to use Indonesia as one of the priority countries in this activity.

Denpasar NIH/AID Commercial Sex Workers and Clients Project

I was unable to travel and provide assistance for the behavioral research component of this project. It will be a priority when I can travel.

AIDS Modeling

I continued to work with the FETP and MOH equivalent of the NIH to get them to start using projection models. We worked on a baseline file for IWG-AIDS and on the AIDS Impact Model/DEMPROJ.

C. OTHER

MORVITA Study

This is a placebo controlled vitamin A intervention study to determine if provision of vitamin A to infant decreases diarrheal or respiratory morbidities or mortalities. I spent a significant amount of time dealing with the initial analysis which has turned up some potentially disturbing results. I worked with Michael Dibley and Chris Kolhede to develop a survivorship analysis plan which controlled for the cohort design of the study.

D. CONSULTANTS

CDC Consultants: Riduan Joesoef

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Michael Linnan

Activity: Child Survival

Reporting Quarter: July-September 1992

Post: Jakarta, Indonesia

A. MAJOR ACHIEVEMENT/ACTIVITIES

HIV/AIDS/STD.

I continued to spend a great deal of time helping to implement the STD and behavioral studies in Surabaya. These studies are aimed at helping us understand the epidemiology of STD (including HIV) in East Java, by age, sex, gender, socieconomic status, ethnic group and national origin. We are also collecting strains of various organisms to learn about sensitivities for optimal syndromic treatments, collecting behavioral data to learn about specific behaviors by risk, and doing large scale studies on knowledge of, behaviors relating to define the population groups we are working in and this will allow rates to be derived and used for modeling/projecting.

I have continued to work with policy makers and key decision makers at the national level to help raise awareness of AIDS/STD and to begin to address the issues in the context of development, not in the context of health. I have been working with health economists, development economists, and development planners to form a working group for this. This working group will be one of the target audiences for the translated version of the IWG-AIDS and AIM software.

I attended the IWG-AIDS workshop at CDC with two Indonesians in August. Both now have a good understanding of the model, its use and how it will be useful for awareness generation in planners as well as modelling the epidemic here and modelling intervention strategies. We came back from the workshop and formed a working group to develop the data for the baseline file for the model. We will be making a East Java file initially and then make West Java, Bali and other baseline files.

Finally, a great deal of time was spent getting the HIV/STD PASA extension in place. This PASA will be a "bridge" under which we will implement initial activities in our pilot programs while we design a follow-on bilateral project. The activities are both NGO based as well as private sector based, and focus on communications, condoms, STD control and policy development.

East Java Safe Motherhood Project

Activities continues on this project intensively. Social marketing materials have been finished and are in use in the intervention areas. The baseline surveys for the maternal and costing studies have been completed, and the data is waiting for entry when the computer system is installed. The only serious problem for the study now involves the costing portion. The TA provided by MotherCare has been working with the costing investigator in isolation from the rest of the project team, and this is beginning to cause problems among the team members. Additionally, future World Bank follow-on activities have confused the team members as well, and I am spending significant amounts of time trying to coordinate matters concerned with this.

Bacterial Vaginosis

Dr. Riduan Joesoef returned in July to help oversee the Jakarta and Surabaya study sites. Two additional clinics were added in Surabaya. These were selected to access low SES clients and also to access women from the predominant minority group, the Madurese. We continued with the quality control checks with the readings of the slides from the Jakarta and Surabaya centers and based on the outcome did continued retraining for the microscopists. We finished the QC trial for the chlamydia diagnostics for the sites, and based on the results have decided to use serologic diagnostics for this. We will use the DFA reagents for the STD study. Preliminary results of the studies in Jakarta and Surabya show 10-15% of women coming for ANC visits have an STD (chlamydia, gonorrhea or syphilis). About 15% of all women tested have bacterial vaginosis.

Gastric Delivery Iron Study

Materials development continued. The questionnaires are finished and have been pretested. Communication materials are finished, the computers have been purchased and shipped from Washington to Jakarta. I shipped the computers to Surabaya and am installing them now. Staff training is finished, and sampling is now beginning. Test shipments of the fresh blood to Kansas University need to be conducted soon, and then the project can proceed.

Tanjungsari Regionalization Project

The project continues with input mainly from the MotherCare TA person here (Dr. Mary Jo Hansell). MotherCare/Washington staff visited in July and identified a number of potential problems and solutions to them.

CDC/STD Project

The Surabaya Commercial Sex Industry Study was finalized, and activities began in the hospital and in clinics associated with the clinics. Women attending ANC clinics, FP clinics and men and women attending STD clinics are the target populations for the first phase of the study. The laboratory portion is a collaborative effort between CDC, the hospital, and NAMRU. Dr. Riduan Joesoef is the primary TA person from the CDC and his help in organizing the study and implementing activities has been one of the keys to its success so far.

AIDS Yayasan

I continued to work with the AIDSCOM and AED staff to develop the foundation to begin community outreach activities dealing with STDs and HIV. The foundation has established an education and information hotline for STDs and HIV, has trained a cadre of STD/HIV/AIDS counsellors, and developing an outreach network among sex workers and other marginalized groups in Surabaya. We are using the network as well as the counsellors to help conduct the large behavioral and STD survey of the population in Surabaya.

B. OTHER HIV/STD ACTIVITIES

AIDS Modeling

I attended the IWG-AIDS Modelling Workshop in Atlanta, Georgia at the CDC along with two representatives from the Indonesian MOH. On returning to Indonesia, we began to put together the necessary data for constructing a baseline file, and formed a team to work with a consultant from AIDSCAP to further this activity. We plan to have a trial baseline file for East Java by years end, and then to conduct two modelling workshops here in Indonesia early next year.

New Studies

I am working with NAMRU on the design of several studies to look at circulating strains of HIV, natural history of HIV here in Indonesia, TB as a sentinel disease here, volume/rates of imported STDs/HIV by sailors, and using T cell subsets and viral antigens to help define efficiency of surveillance.

C. OTHER

I spent considerable time during August and September working on the 2 year extension of the PASA. The new PASA was signed on September 30, and goes into effect in January 1993. The funding source is the Strengthening Institutional Development project, and this provides access to NGOs which will facilitate the STD/HIV control activities.

D. FIELD TRIPS/TRAVEL

Surabaya	July 9-10
	July 15-17
	July 23-24
	July 28-30
	Aug 11-12
	Sept 7-8
	Sept 14-16
	Sept 26-27

Jakarta/Atlanta/Seattle/Jakarta Aug 14-28

E. CONSULTANTS

Riduan Joesoef, Linda Valleroy

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: David Puckett

Activity: Public Health/Child Survival

Reporting Quarter: April-June 1992

Post: Kampala, Uganda

A. MAJOR ACHIEVEMENTS/ACTIVITIES

CDD/Nutrition

The recently opened Diarrheal Training Unit (DTU) at Old Mulago Hospital is now almost completely equipped and is operating at full capacity. The financial crisis that is affecting all of government has affected the DTU as well and the CDD Program has no funds for the feeding program there. The Program manager approached USAID for assistance and funds may be forthcoming if certain preconditions can be sorted out. The controller had earlier agreed to provide local currency funding to CDD through UNICEF but UNICEF is in the process of setting up a MOH bank account for all of its project assistance and would have USAID money go into that account. CDD on the other hand is setting up an individual account with selected senior MOH officials designated as signatories. This would seem to provide the checks and balances needed but no final decision has been taken yet since a proposal still has not been received form CDD Program. Further complicating any release of funds to CDD is the news that the program accountant has been released and no replacement has been named.

A PRITECH consultant conducted a two-week workshop in Mbale and guided the working group to completion of the training curriculum that will be used at the DTU. The set of modules developed by this group covers understanding diarrheal diseases, patient care/ORT corner set-up, communication skills, supervisory skills/record keeping and training skills. Additionally, two modules on breast feeding that complement the package were developed by Mulago Hospital staff who previously attended the Wellstart program on breast feeding in San Diego. Representatives from the Lactation Management Center and Wellstart also participated in the workshop. The training modules will be put into use in the first training session at the DTU during the next quarter. PATH consultants visited again during this quarter for a periodic technical review of the Mediphram factory and to assess ORS marketing and sales. During their visit a meeting was held with all of the interested parties in capacity and capabilities relate to those needs.

The Danish Red Cross has been bringing in 1.8 million sachets of ORS a year through its assistance to the essential drug program, but since CDD is supported by other donors (USAID/UNICEF), DANIDA is interested in eliminating ORS from its essential drug kits that are widely distributed to government and NGO clinics throughout the country. The money saved by DANIDA could then be put into other medications. Mediphram will provide about one million sachets to the MOH, bringing the supply up to the approximately 3 million level which is the figure that has been used as the national requirement. The MOH doesn't want DANIDA to discontinue ORS, because it has no funds to purchase ORS. USAID funding that had been allotted for ORS sachets has been used to buy raw material for Mediphram to produce ORS. Mediphram has approached DANIDA with a proposal to buy ORS form Mediphram rather than form UNICEF in Copenhagen. DANIDA is generally agreeable, but it is getting a lower price in Copenhagen than Mediphram can offer. Discussions are continuing, however, and DANIDA recently visited the production plant. How ORADEX fits into this picture is another complicating factor. Is Mediphram making a commercial product that is destined to have a very limited market because the national need is being met with donated ORS? Projected sales for ORS in the private sector this year are between 500,000-600,000 and Mediphram and Armtrades combined have sold 17,000 through the first half of 1992. An agreement was finally reached that UNICEF is to purchase $30,000 worth of ORS from Mediphram using the funds remaining for raw materials from the USAID grant.

ORADEX (ORS) sales almost doubled over last quarter and are beginning to reach targets set by the technical consultants from PATH. As mentioned in last quarter's report, both Mediphram and Armtrades are selling the product and most of the discomfort over that issue seems to have been resolved, or at least a moratorium has been reached. Sales by Armtrades increased dramatically during this report period as shown in the chart below.

	Armtrades	Mediphram	Total
Oct-Dec 91	29,385	30,887	60,272
Jan-Mar 92	30,247	31,106	61,353
Apr-Jun 92	80,002	35,472	115,474
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	139,634	97,465	237,099

While the increase in ORS sales is encouraging, the contract with PATH for technical assistance expired June 30, 1992. Mediphram has made significant progress since it began manufacturing ORS 18 months ago, but continued assistance from PATH is critical. Mediphram has developed technical, managerial and business skills and has become much more disciplined in its overall approach. PATH estimates that in approximately one more year Mediphram will be relatively self-sufficient. The company is becoming increasingly sophisticated, and production figures indicate it is more efficient. For example, in the first year of production, 1.12 million sachets of ORS were produced; during the twelve-month period from June 1991 through May 1992, 1.5 million sachets were produced. The goal for CY 1992 is two million sachets. USAID has no additional funds that are readily available for continued assistance, but discussions with PATH have been going on for several months. In March 1992, PATH submitted a proposal for $335,000 which was far in excess of the amount expected. A scaled down version was requested and that was recently received in the amount of $208,000. It was believed that limited funding for PATH assistance might be made available through a sub-contract with PRITECH. However, it appears less likely that central funding that was earlier thought to be available will materialized. Negotiations to secure additional funding are continuing and indications are that there night be some money around for child survival activities at the end of the fiscal year.

Draft reports of the data analysis of the vitamin A survey in Kamuli district were completed and sent to the VITAL Project office in Washington for review and comment. Two reports were done by separate authors, one analyzing the clinical and anthropometric results and the other covering the dietary data. VITAL is interested in melding the two into a single document but that may be problematic because of personal interests involved. The serum results are not expected to be available until September and will also be included in the report. For that reason the National Dissemination Workshop to present the findings will be postponed until November.

Family Planning

In spite of the ban on condom advertising, Armtrades reports increased sales of the Protector condom. Sales figures for this report period were 348,000 compared to 307,000 condom in the previous quarter. The number sold would have been even higher if Armtrades had not run out of cardboard dispensers for packaging in May. The packaging materials and other promotional materials such as metal display posters for sales outlets arrived from Zimbabwe where they are printed and were put into use immediately. There has been no progress in lifting the ad ban though it remains a topic of discussion in the media. A workshop was officially opened by the Minister of Information but the news reports did not carry his response, if any was made. Uganda Television still has shown no interest in the Protector condom ads sponsoring soccer matches.

Armtrades has pursued other methods, however, running advertisements in the Makerere Medical Journal, the Ugandan army magazine and in the privately owned newspaper, the Weekly Advertiser. They also distributed sample condoms at public presentations of a popular play on AIDS at the city soccer stadium and attempted to distribute Protectors at the city taxi park. The City Council did not approve the taxi park exercise and asked them to work through the local government committees. Training in condoms use and promotion was provided for thirteen trainers/promoters from various locations throughout Uganda.

JHPIEGO conducted a 10-day needs assessment exercise in Jinja as a foundation for beginning its physician training in family planning clinical techniques. Perceived training needs were prioritized and developed, as well as a detailed course outline and course schedule. The first course is tentatively set for July and will be present by the JHPIEGO consultant from the University of Ibadan (Nigeria). MotherCare's life Saving Skills Program for Midwives completed two-week training of trainers courses for two groups of six selected midwives from Jinja (public) and Nsambya (private) hospitals. Following a baseline survey earlier this year, the training updated the midwives' skills and knowledge in risk assessment, problem solving and life saving. The training teams will return to their regular work sites and employ the skills learned in their own work situation for three months after which they will attend a one-week TOT workshop. Following a demonstration of competent performance, these midwives will return to their duty post and train others in life saving skills.

Representative from the Center for Development and Population Activities (CEDPA) visited twice in the quarter to begin start-up activities for their Health Improvement Project with the YWCA. The Project Coordinator and the Training Coordinator attended a seven-week course for Family Planning Mid-level Managers in Kenya. The project will provide family planning education and services primarily to under-served young women but will also reach a young male population as well. The project was officially launched at a ceremony at the YWCA by the Minister for Women in Development, Youth and Culture and attended by approximately 250 people. Clinical training is planned in Kenya for the YWCA nurses and some collaboration on IEC activities is being discussed with the MOH, Health Education division. Family Planning Logistics Management (FPLM) assessed contraceptives needs for Uganda and began putting together a national picture of contraceptive supplies and sources. Several alternatives were explored for consolidating or expanding and coordinating these activities; training requirements for logistics staff and cost-recovery mechanisms were also examined. The consultant also met with the Condom Coordinating Committee that has been formed in recent months. Recognition was given to the need for establishing additional storage sites, improving coordination and involving additional donors in procuring condoms to meet the increased demand. A follow-up visit is planned for October.

The Service Expansion and Technical Support (SEATS) project conducted its first clinical training course for fifteen service providers from the Islamic Medical Association and the Ministry of Labour. Both theoretical and practical training were included in the four-week session. The participants are in clinical practice and will offer family planning services on return to their clinics. An additional fifteen practioners were selected through the Uganda Private Midwives Association (UPMA) and received four weeks of clinical training in family planning skills. They were the first of approximately 200 midwives from the UPMA who will receive this training.

The Program for International Training in Health (INTRAH) conducted a three-week regional training of trainers workshop for 23 participants from Uganda and Tanzania. The participants designed and presented training sessions that will be used in their regular training activities back home using the model taught by the INTRAH consultants. In addition to the MOH participants, other family planning trainers came from NGOs, including CARE, UPMA and FPAU.

A representative of the Futures Group conducted another two-week workshop to complete the updating of the RAPID population projection model using data from the 1991 census. The updated version features new graphics and enhanced menu systems. At the completion of the training a presentation of the new model was arranged and presented at USAID. The session was well-attended by about 30 representatives from the Population Secretariat (Ministry of Finance and Economic Planning), Makerere University and USAID. Only minor revisions to the program appear to be needed.

PIO/Ts were completed for buy-ins for technical assistance and family planning projects with Pathfinder, JHU/PCS, INTRAH and SOMARC.

B. OTHER

The draft report of the National Plan of Action for Children was completed and distributed. The 127 page document sets some rather ambitious goals and includes topics on economic policy, health and nutrition, water and environmental sanitation, basic education and child protection. A workshop on the Plan of Action is planned for July.

Additional funding for the Health Volunteers Overseas (HVO) and the British Red Cross Society was projected by AID/W and necessary documents for amending the grant agreements to add funds and extend the project expiration dates were drafted. Negotiations continued with the International Service Volunteer's Association (AVSI) an Italian NGO and for local currency support from the mission to AVSI. AVSI operates up-country workshops that make prosthetic devices and is seeking the available raw materials used in the appliances. A response to the draft report on the evaluation of the Orthopedic and Physical Rehabilitation Project was prepared and sent to AID/W.

A conference on "Managing Uganda's Orphan Crisis" was organized and conducted in conjunction with the Ministry of Labour and Social Affairs at the end of April. It was to have been opened by the First Lady, Mrs. Museveni, but she was forced to cancel her appearance at the last minute. The conference was the first of its kind in Uganda and had been recommended by the USAID-sponsored assessment team that visited in July 1991. There was a strong interest in the conference and while initial plans were made for 75 participants, 121 actually attended. Presentations on specific topics provided new and or previously unrecognized information that resulted in much discussion in the smaller group sessions. It was obvious that the many agencies, NGOs and

religious groups involved in caring for orphans were ill-informed of what others around them were doing, even when they were working in the same district. The conference provided a valuable forum for the exchange of information and was judged to have been very successful by all concerned. The proceedings of the conference have since been edited and reprinted.

Coinciding with the orphans, additional funding will be provided by A.I.D./W to support the Experiment in International Living's small grant program for orphans. Several project proposals have been received, reviewed and resubmitted with modifications. Two of them will be approved for funding in the next quarter. One will provide support to the Uganda Women's Effort to Save the Orphans (UWESO), and NGO which will provide school fees and offer vocational training, and the other grant will assist the AIDS Widows and Orphans Family Support (AWOFS) project, focusing on small income generating activities.

Amendments to the Orthopedic and Physical Rehabilitation of the Disabled Project to increase funding for the Health Volunteers Overseas and for the British Red Cross will be authorized and signed obligating $250,000 and extending the projects until December 1993.

C. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

CDD/Nutrition

Continue and finalize negotiations with PATH, A.I.D./W and other involved parties for continued provision of technical assistance to Mediphram.

PRITECH consultants to present the first training session at the DTU at Mulago Hospital using the modules developed in-country and finalized during the PRITECH visit last quarter. DTU staff will be included in this training of trainers presentation.

Breastfeeding situation analysis to be conducted with the Uganda Lactation Management Education Team (ULMET) staff in August/September and financed by Mothercare and Wellstart. The study might also include an assessment of wearing practices and foods with technical assistance from WINS Project.

Family Planning

JHPIEGO to conduct its first training of Medical Officers through the Ugandan Reproductive Health Program using the curriculum developed in a workshop held last quarter. The course content includes a review of all methods of family planning, discussion

of STDs/AIDS and improvement of maternal health. SEATS/Uganda Private Midwives to conduct the second four-week workshop in family planning clinical skills training for midwives in the private sector.

JHU/Population Communication Services to begin project start-up activities for information, education and communication development with the Family Planning Association of Uganda starting with a baseline survey.

Center for Development and Population Activities (CEDPA) also to begin project start-up activities to provide family planning services which will target young females through YWCA.

USAID to provide office furniture and equipment for the MOH, MCH/FP office.

USAID to coordinate with UNFPA in the medium and long-term planning exercise schedule for August-September.

C. MAJOR ISSUES AND ACTIONS

Issue

The SEATS and CEDPA projects have not been able to secure waivers to purchase project vehicles because of A.I.D./W's refusal to authorize purchases of non-U.S. vehicles. The lack of vehicles has hampered project activities significantly.

Action

Discuss the problem with MOH representatives and propose that the EFHS Project finance these vehicles in exchange for SEATS provision of contraceptives.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: David Puckett

Activity: Public Health/Child Survival

Reporting Quarter: July - September 1992

Post: Kampala, Uganda

A. MAJOR ACHIEVEMENTS/ACTIVITIES

CDD/Nutrition

Consultants from PRITECH and WHO/Harare presented the first training course at the DTU at Old Mulago Hospital. The participants included medical officers, health tutors and DTU staff. The training modules developed by PRITECH and MOH/CDD staff covered understanding diarrheal diseases; patient care/ORT corner set-up; communication skills; supervisory skills/ record keeping; training skills; and two modules on breast feeding. The training session served as a trial for the modules and minor changes were made to the modules following the training. The DTU is now fully operational and an average of 30 patients are seen daily.

Application for local currency funding for the MOH/CDD Programme was virtually completed and approved in-house for 200 million shillings (approximately US$160,000). It will provide for the purchase of 150 million shillings of ORS from Medipharm, 28 million shillings for support to the DTU and the remainder will go for training Traditional Healers, presenting workshops, monitoring and supervising CDD activities. The funds must be approved by the Ministry of Finance and Economic Planning before a check is issued.

The search for additional funding for technical assistance to Medipharm from PATH continued throughout the quarter without success. Their sub-agreement through PRITECH ended on June 30, 1992. All parties involved recognize the importance of the technical assistance and support that PATH has given. The quarterly visits to the Medipharm factory regularly turned up problems and issues that usually had not been recognized, and

certainly had not been resolved. Management reviews focusing on increased incentives and improved morale for the factory workers were also valuable and beginning to show returns. The promotion campaign for the public sector sale of ORADEX may already be suffering as reflected in the quarterly sales figures seen below.

These observations will be used to attract increased interest in the pursuit of needed funds.

Sales of ORADEX for the quarter dropped off to almost identical levels as those prior to the April - June quarter. In addition to the absence of technical assistance in promoting sales, the original contractual agreement between Medipharm and Armtrades has expired. The disagreement between the manufacturer and the distributor has been brewing for some time and appears to have openly surfaced, with a strikingly negative effect on sales. The monthly sales figure by Armtrades for July was 32,315, for August 1,061 and for September 280. Both Medipharm and Armtrades continue to sell the product and while a moratorium had been reached on the right of exclusive sales, renegotiations are under way and Medipharm is not providing Armtrades with additional stocks of ORADEX.

Quarterly sales for the first year are given below:

	Armtrades	Medipharm	Total
Oct-Dec 91	29,385	30,887	60,272
Jan-Mar 92	30,247	31,106	61,353
Apr-Jun 92	80,002	35,472	115,474
Jul-Sep 92	33,656	26,959	60,615
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	173,290	124,424	297,714

The Uganda Traditional Healers Initiative had encountered some delays but Phase II was implemented in Gomba County, Mpigi District. A baseline survey will detail characteristics of traditional practices and identify Traditional Healers for training. Health learning materials are being developed to assist in the social mobilization of communities and training Traditional Healers and lower cadre health staff in home treatment and prevention of diarrhea.

Work continued on the draft report of the Vitamin A survey of Kamuli district and while the serum results had been expected they were not received until after the end of the quarter. The principal investigator of the survey requested a delay in the arrival of the technical assistance until a draft of the two

separate reports had been completed. The Project Director for VITAL Project planned a trip to Uganda for next quarter to sort out contractual arrangements, resolve consultancy scheduling and finalize plans for the national dissemination workshop and related activities.

An assessment of the infant feeding and weaning situation was conducted in two selected districts with technical assistance from the WINS Project and in conjunction with the Uganda Lactation Management Education Team (ULMET) staff. A breastfeeding assessment was also carried out with in-country assistance provided by MotherCare and Wellstart. The focus of the WINS assessment was on community based management of infant and young child feeding and on community level constraints to optimal feeding and weaning. Rapid assessment procedures used in the field included: 1) anthropometry on nearly 700 mothers, infants and young schoolchildren; 2) in-depth case histories on 32 households with children under two; 3) seven formal focus groups; 4) observation of 26 health service delivery points; 5) eight semi-structured group meetings; 6) numerous key informant interviews. The findings confirmed the results of the Uganda DHS showing high levels of moderate and severe stunting. Major illnesses were found to be the main factors precipitating specific periods of growth faltering. Other important situational factors were food unavailability, lack of access to quality health care, inadequate child care and social and family problems. The complete report will be available next quarter when the findings of both the breastfeeding and infant feeding assessments will be discussed in a dissemination seminar to be held in Kampala.

Family Planning

The Protector condom social marketing scheme was launched in August 1991. Sales for the first year are reported by Armtrades as follow:

Oct - Dec 1991	175,749
Jan - Mar 1992	307,000
Apr - Jun 1992	348,000
Jul - Sep 1992	315,946
Total	1,146,695

Slightly over one million condoms sold in the first year represents 70% of the initial target. Numerous problems encountered have affected sales, such as the ban on advertising and a depletion of packaging supplies. During the most recent visit by SOMARC, it was decided to abandon the approach of retaining Armtrades as exclusive agent for the Protector in an

effort to increase sales nationally. Other projects, such as SEATS and the AIDS prevention projects funded through World Learning, Inc. (formerly Experiment in International Living), have been offered access to Protector condoms for re-sale to the public. Bata shoe company will also initiate a Protector sales campaign.

The first presentation of the Ugandan Reproductive Health Program was made by the Ugandan project faculty with assistance from the JHPIEGO consultant from the University of Ibadan (Nigeria). The course curriculum was developed in a workshop held last quarter and reviewed and finalized prior to this training session. The course included a review of all methods of contraception, adolescent sexuality and pregnancy, socio-economic and health benefits of family planning, management of high risk pregnancies, gynecological emergencies, a discussion of STDs/AIDS, infection prevention, client counselling and screening, demonstrations on anatomic models and clinical practice at selected clinics. Ten participants completed the training and recommended an added emphasis on problem solving skills and assessment and management of side-effects and complications. Also noted was the need for skills training for the faculty in designing training materials and audio/visuals, presentation of instructional content, development of assessment tests and developing clinical skills.

Following MotherCare's Life Saving Skills Program for Midwives training of trainers courses last quarter, the training team from Nsambya Hospital conducted their first session. The goals of the training were to develop the competency of the five midwives in attendance, and to assess the ability of the trainers to conduct the training. The Life-Savings Skills Manual for Midwives and other recently developed or revised reference materials were used routinely by both faculty and trainees. The training included demonstrations and return demonstrations in the classroom and clinical areas. This competency based program places great emphasis on skill performance.

Representatives from the Center for Development and Population Activities (CEDPA) made two visits in the quarter to develop clinic procedures and guidelines, and to develop an implementation plan for the community based distribution/outreach component of their Health Improvement Project with the YWCA. Other project start-up activities included assessing training needs; reviewing the training manual and curriculum; implementing records systems for commodities, supplies and clients; and conducting orientation sessions for YWCA staff volunteers. Discussions were also initiated on providing education, counselling and family planning services for the AIDS Information Center's Post-Test Club.

The Service Expansion and Technical Support (SEATS) project conducted the second four-week clinical training course for service providers from the Islamic Medical Association (IMA) and the Ministry of Labour. Following the first training provided to IMA nursing staff, service has been initiated at five sites where family planning services had never been offered before. Site visits were made to several different districts and ten additional clinics were selected to participate in the program in 1993. Clinical service providers who have completed the SEATS clinical training participated in an IEC workshop to develop an IEC strategy for Uganda and an action plan for implementation was prepared. A "volunteer" from Visions in Action (an organization modeled along the lines of the Peace Corps) was selected and hired to work with the SEATS activities at the Family Planning Association of Uganda.

Consultants for JHU/Population Communication Services held a formative research workshop for 15 Family Planning Association of Uganda (FPAU) personnel to provide training in focus group discussions and in-depth interviews. The participants returned to their respective work locations and gathered information that will be used to develop family planning messages at a follow-on workshop. An audience research questionnaire was designed and tested for use in a baseline survey in Kampala, Mbarara, Jinja and Masaka districts.

The Program for International Training in Health (INTRAH) Resident Advisor completed her assignment with the MOH, MCH/FP. She served as a clinical consultant to the MOH training team in planning, conducting and evaluating training activities. Approximately 250 Nursing Aides and Dressers were trained in the provision of family planning services by INTRAH over the past two years. This consultant also played a major role in developing, revising, editing and publishing the Uganda National Policy Guidelines for Family Planning and Maternal Health Service Delivery which is expected to be distributed in January 1993.

A consultant from The Futures Group was in-country to review progress under the RAPID III buy-in and to discuss future RAPID activities in Uganda. Activities under RAPID III were: 1) assistance in developing a microcomputer model and presentation showing the relationship between population growth and high fertility and socioeconomic development; 2) assistance for dissemination of the RAPID model, especially at the regional level; 3) training in the use of population projection software (DemProj) and computer presentation (StoryBoard, Harvard Graphics); and 4) support to the Department of Geography,

Makerere University for population and land use studies. Most of these activities have been completed and most objectives met. Several follow-on activities have been proposed under RAPID IV but, at least in part, a decision on that is dependent on whether or not Uganda is designated a priority country for USAID population activities. That decision will be taken in the near future.

B. OTHER

A grant amendment to the Orthopedic and Physical Rehabilitation of the Disabled Project increased funding to the Health Volunteers Overseas (HVO) and to the British Red Cross by an additional $250,000. The amendment also extended the projects until December 1993. Total project funding is $2,882,000. Some of the HVO funds will be used to renovate a guest house at Old Mulago Hospital to house visiting volunteers (surgeons and therapists), adding sustainability to project activities after funding from USAID has ended.

Since renovations to the orthopedic operating theater were completed approximately 18 months ago, more than 850 surgical operations have been performed on disabled children and adults. Approximately 600 of these procedures were performed for children crippled from polio residuals and osteomyelitis; the remainder were for trauma and complications of fractures.

Three vehicles were purchased by Save the Children Fund with USAID funding and handed over by the Mission Director to the Minister of the Ministry of Labour and Social Affairs in a public ceremony.

Two sub-grants for orphans activities were completed through World Learning, Inc., providing almost $400,000 in total funding. The grant to the Uganda Women's Effort to Save the Orphans (UWESO) will provide school fees and offer vocational training. The other grant will assist the AIDS Widows and Orphans Family Support (AWOFS) project, focusing on small income generating activities. Another twelve proposals have been received and a committee will be formed next quarter to determine which will be funded.

B. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

CDD/Nutrition

Continue and finalize negotiations with PATH, AID/W and other involved parties for continued provision of technical assistance to Medipharm.

Complete arrangements for local currency grant to the CDD Programme which will be used to purchase ORS from Medipharm, provide support to the DTU and for supervisory and monitoring activities.

Family Planning

Participate in the Project Implementation Design of the new USAID/Uganda project, Delivery of Improved Services for Health (DISH).

Other

Review remaining orphans proposals and make final grant selections for funding through World Learning, Inc.

C. MAJOR ISSUES AND ACTIONS

Issue:

Funds have yet to be secured to continue the provision of technical assistance from PATH to Medipharm as discussed in No. A.1. above. Production of ORS was completely halted from June 1 - August 21, 1992 while Medipharm installed a dust removing system that was necessary to eliminate quality control problems caused by excessive dust. Medipharm completed this installation on the advice of PATH, but without on-site assistance. This is an example of the kind of continuing attention to detail and technical expertise that is needed and that must be provided by PATH.

Action:

Continue discussions and the search for funds through USAID/Kampala and AID/Washington.

D. CONSULTANTS

Larry Casazza	PRITECH	7/07 - 28/92
Hans Troedsson	WHO	7/14 - 25/92
Karusa Kiragu	JHU/PCS	7/18 - 8/12/92
Mary Kairu	CEDPA	8/2 - 21/92
Nancy Newton	SEATS	8/9 - 23/92
Mary Luke	CEDPA	8/9 - 21/92
E.O. Otolorin	JHPIEGO	8/11 - 31/92
Mindy Johal	SEATS	8/15 - 9/25/92
Jacqueline Bouwmans	PRITECH	8/15 - 9/15/92
Seth Ong'uti	PRITECH	8/15 - 9/1/92
Elizabeth Lule	Pathfinder Fund	8/16 - 22/92
Wilson Kisubi	Pathfinder Fund	8/16 - 22/92
Robert Evans	CDC	8/23 - 9/4/92
Martha Holley	Wellstart	8/23 - 9/10/92
Gail Allison	MotherCare	8/28 - 9/19/92
Yirga Alem	Pathfinder Fund	8/29 - 9/2/92
Betty Farrell	ACNM	9/1 - 20/92
Mary Kairu	CEDPA	9/6 - 25/92
Craig Naude	SOMARC	9/7 - 9/19/92
Vicky Baird	SOMARC	9/11 - 17/92
Charles Teller	PRAGMA	9/11 - 10/2/92
Charlotte Neumann	MANOFF	9/11 - 10/2/92
John Stover	Futures Group	9/21 - 25/92

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Ken Yamashita

Activity: Child Survival/Population

Reporting Quarter: April-June 1992

Post: Quito, Ecuador

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Project Implementation

The Child Survival Project has been redesigned with small but significant changes which will help project implementation and impact. Specific changes include greater emphasis on diarrheal disease control, regionalization, and health care finance.

The Health and Family Planning Project is progressing smoothly, with an excellent success to date beyond expectations. On the private sector side, the family planning NGO's are well on their way towards financial sustainability, already having achieved levels of cost recovery which are much greater than expected. On the public sector side, the Ministry of Health has published new family planning norms, the National Development Council (CONADE) has established a National Population Commission, and the Social Security has officially added family planning as a separate and self standing reproductive health service.

The Malaria project has been completed. The project close out process is ongoing, but serious problems remain, especially with respect to financial management and inventory control.

The Ministry of Health celebrated its 25th anniversary. Assistance by the U.S. was highlighted in two ceremonies. The first was the inauguration of a vaccine bank. The first of its kind in Latin America, the bank is a self standing building with room for over one million vaccines.

A small project on Leishmaniasis was completed with the development of a vaccine against Leishmaniasis. This is a success given that the funding level was very small and represents the impact a well designed project can have. Assistance in Cholera control continues. A visit by ICDDR, Bangladesh experts took place this quarter as a follow up to a visit a year ago. The experts found that case management and community education improved substantially, but active surveillance is still weak.

A World Bank health sector loan for $70 million is being negotiated. The USAID Mission has indicated its concern in several areas, including lack of policy conditionalities, lack of emphasis on health care financing and utilization of the non-governmental entitles, lack of emphasis on decentralization and sustainability. The disagreement between USAID and World Bank have reached levels of political decision making within the State Department and the Executive Directors of the Bank.

Field Visits

A one day visit to Cemoplaf's family planning clinic in Guaranda, which is at the foothills of Chimborazo, in the Sierra. The clinic is one of the last ones established by Cemoplaf. Since Guaranda is an economically depressed area, and given the relatively newness of Cemoplaf's clinic, it's not surprising that there are not too many family planning clients going to the clinic. The personnel, however are quite motivated and are determined to increase significantly the number of family planning users through outreach and community education activities.

A two day visit to Aprofe, including discussions at headquarters on a number of project issues, and a one day visit to their clinic in Salinas, on the coast. The Aprofe clinic in Salinas is strategically situated and brings in many clients. However, there seems to be some personnel problems especially in relation to communications with headquarters. This problem is characteristic of Aprofe, which tends to be hierarchical, without allowing for decentralized decision making.

Malaria

A one day visit to the headquarters of the Malaria Eradication Service (SNEM) in order to discuss with Director Yepez various issues related to the close out of the project. We spent half a day at the Social Security hospital in Quito (Hospital Andrade Marin) to observe their voluntary surgical contraception techniques. At this hospital, the laparotomy technique is used with full anesthesia. We observed one procedure, then discussed the hospitals desire to expand their services. At the present, there is a backlog of three hundred patients, which will take some six months to clear.

B. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

Meeting with Child Survival Group and with the Family Planning Group for a strategic Planning Exercise. This exercise includes USAID and counterparts. During a couple of days, we discuss project impact, vision statement, and future role for USAID. We use this opportunity to make any changes in the projects.

Training

There are two short term courses on health care finance that would be worth sending key counterparts. The courses are scheduled for September in Washington and in Boston. We will identity the appropriate counterparts once the presidential election results are known.

C. SUPPLIES AND SERVICES

Yellow Fever

Three cases of possible yellow fever were reported in June. The Ministry asked CDC for reconfirmation. We gave the Ministry the necessary information. The Ministry proceeded through PAHO. The yellow fever cases have been confirmed, but no new cases have been found.

Diphtheria

One case of diphtheria was reported in June in Guayaquil. The Ministry asked for diphtheria antitoxin from CDC. The request was channeled through PAHO.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: S. Ken Yamashita

Activity: Child Survival/Population

Reporting Quarter: July-September 1992

Post: Quito, Ecuador

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Policy Dialogue

Ministry of Health. I met with the new Minister of Health, Dr. Leonardo Viteri. He mentioned three priority areas for his government: Malaria control, Essential Drugs, and Health Education. He also said that the policy of free health care had to be reversed, and that some kind of fee for service had to be instated. In the context of health education, he reiterated the importance of family planning and his desire to improve family planning services being provided by the Ministry of Health, especially in voluntary surgical contraception. I responded to his requests by summarizing the child survival and family planning project components, and how he might take advantage of the resources available under those projects.

Ministry of Social Welfare. I met with the new Minster of Social Welfare, Dr. Mariana Argundo. The Ecuadorian Institute of Social Security (IESS) is under this ministry, although it has an independent budget. Dr. Argundo highlighted the problems facing IESS and her hope that USAID would help her in resolving them. Specifically, the Minister would like to see part (if not all) of the social security privatized. I informed her of the study which USAID had recently commissioned to look at the IESS in terms of its financial status, administrative capacity, coverage, etc.

Ministry of Urbanization and Housing. The activities which USAID has supported in water and sanitation have been with the Ecuadorian Institute of Saniatart Works (Instituto Ecuatoriano de Obras Sanitarias-IEOS), which until this government were under the responsibility of the Ministry of Health. With the new government, IEOS was passed over to the new Ministry of Urbanization and Housing. I met with the Sub-secretary for Environmental Sanitation, Ing. Vladimir Roura, who promised

support for the USAID water and sanitation project, and hoped that the good relations established with USAID would continue and expand. There is still some issue as to whether IEOS will be reorganized, and what that will imply for the water and sanitation project. Since the Ministry of Urbanization and Housing is still a new ministry, it is not yet clear what the final organizational chart will look like, and where IEOS will fit within that chart.

Field Visits

I travelled to Guayaquil on two occasions, once to visit the offices of the Malaria control agency (SNEM), and once to the offices of APROFE. The visit to SNEM was part of the project close-out procedure, which included review of administrative documentation, inventory, and financial assessment. The visit to the offices of APROFE was to attend a Board of Director's meeting, and to monitor the progress of sustainability activities.

B. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

Attend LA Congress on Family Planning, in Mexico City, November 28 through December 6, 1992.

Social Marketing Assessment, to determine possible future activities in social marketing, both within the current project, which focuses on family planning and with other new initiatives related to child survival.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Stanley S. Terrell

Activity: Epidemiology/Child Survival

Reporting Quarter: April-June 1992

Post: Tegucigalpa, Honduras

A. MAJOR ACHIEVEMENTS/ACTIVITIES

National Epidemiology and Family Health Survey (EPHS)

The data collection was completed during the first week of the quarter, all of the data has been entered into microcomputers and preliminary reports for each of the health regions have been prepared and disseminated. A one week workshop on the fertility and infant mortality results was held with consultants from CELADE and PHI and another workshop on the nutritional status of the children was also held. Meetings have been held with the technical divisions of the MOH to prepare workshops on in-depth analysis of the different questionnaire modules.

Community Participation (Madres Lideres)

The motivation/recruitment video and discussion guide has been completed and pretested with the collaboration of the Health Education Division and the EPI program. Sufficient copies have been made for national distribution as part of the campaign to extend the network of voluntary collaborators in PHC.

Vector Control Activities

Cooperation with the Vector Control Division has slowed during the past quarter due to Mission ambivalence as to what kind of relationship the Health sector II Project (HS II) should have with the Division given the poor utilization of resources to date and total lack of success in controlling malaria (steadily increased from 19,000 cases in 1987 to 73,000 in 1991). Little progress was made in the area of physical larval control or the application of BTI. The Bay Islands project proposal for a private/public sector proposal was modified, but no specific actions have taken place as of yet.

The Synthetic Peptide Malaria Diagnosis Project with the Jameses from Tulane University is entering its second phase (field trials) and an extra component has been added in coordination with Harvard University to validate the new peptide test against the more established Quick Buffy Coat (QBC).

A scope of work was prepared with the VBC Project for a management training program for the Vector Control Division, but due to recent OYB cutbacks, the Mission may not be able to buy-in to this activity.

Cholera

Honduras continues to be fortunate relative to its neighbors relative to the expansion of the cholera epidemic (approximately 200 cases to date), however, the bacteria has been positively identified in 20 of the 285 municipalities in various regions of the country and conditions are ripe for an explosion at any time. Cooperation has been maintained with Washington to maintain basic supplies (chlorine and I.V. fluids, etc.) and CDC will provide technical assistance to the laboratory after a training course in October.

AIDS

There was a major investment in time during the last quarter in providing briefings to the Mission in preparing for the annual action plan meeting in Washington where Honduras' possible selection as a priority/emphasis country was discussed with LAC and R&D-AIDSCAP planning team to assess the feasibility of developing an AIDSCAP Project in Honduras.

Harrison Stetler and Richard George continued their trials of algorithms for improving HIV screening and AIDS case confirmation procedures using the new rapid diagnostic tests Phase II of their trials will continue during this quarter. I also provided some TA to a PVO developing proposals for peer counseling projects (adolescents and community representatives). A group from Tulane School of Public Health developed with the national counterpart and submitted a proposal to NIH to identify cohorts for possible vaccine trials in Honduras.

Breastfeeding Activities

The HS II Project, in collaboration with the Wellstart Project, has provided the MOH with TA to develop a national multisectorial program in cooperation with other donor agencies and the private sector (the Honduran La Leche League affiliate). The Mission will sponsor the component of this program related to the creation of a network of community counselors which is in keeping with the twin policies of sustainability and the participation of women in development projects.

Micronutrients

In cooperation with the VITAL Project, priority activities were established for the use of $400,000 in central funds for micronutrient projects in Honduras. These priorities will form the basis for a 2 day retreat with personnel from the MCH and Nutrition Divisions to develop a national strategy for micronutrients (with emphasis on Vitamin A).

B. OTHER

In addition to the EHPS which continues to occupy a major part of my time, I have also helped coordinate a HNTS Project funded study on the cost-effectiveness of the intrahospital promotion of breastfeeding. I have also been supporting our Food for Peace officers in the development of a nutrition impact monitoring system of the food supplementation programs and a cost-effectiveness study of the various food/income. supplementation/distribution programs.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Stanley Terrell

Activity: Epidemiology/Child Survival

Reporting Quarter: July-September 1992

Post: Tegucigalpa, Honduras

A. MAJOR ACHIEVEMENTS/ACTIVITIES

This quarterly report for the third quarter of 1992 includes the first 10 days of the fourth quarter due to the fact that the TAACS will be away from post for the major part of this period on home leave and consultation in the states.

National Epidemiology and Family Health Survey (EHFS)

The survey data has gained wide acceptance, both within Honduras and at conferences abroad, for providing valid indicators on the current health status. The preparation of the final report has been going a little more slowly than originally anticipated due to the participatory method of the process, i.e. each technical division of the MOH is writing the chapter related to their specialty. Although this will delay the release of the final report, it will greatly enhance the ultimate utilization and institutionalization of the information and the process.

Vector Control Activities

The political level of the MOH has provided their o.k. to place the heavy equipment under the control of CARE. A preliminary meeting was held with members of the Vector Control Division, CARE, the sub-director General for the North, and the Head of the Project Coordination Unit. It was tentatively agreed that the MOH would be responsible for Epidemiologic and Entomologic Surveillance, stratification, and Evaluation and that CARE would perform the engineering design and execution of the projects. CARE has also been successful in obtaining municipal collaboration in providing counterpart contribution (money and materials) and "pick and shovel" community participation activities to complement the physical improvements of the heavy equipment. If successful, these projects could form a model for vector control/municipal development projects coordinating the activities of the public and private sectors.

Cholera

Honduras continues to be relatively fortunate compared to its neighbors (approximately 330 cases since the first outbreak in the fall of 1991). Technical assistance from Dr. Brad Kay of CDC/Johns Hopkins in laboratory diagnosis has been arranged for through the LAC regional Cholera PASA. A donation for Honduras of I.V. fluids and a limited amount of ORS (375,000) packets was also coordinated through the regional project.

AIDS

Richard George and Harrison Stetler completed the first phase of their rapid HIV diagnostic trails and began the second phase. The Honduran counterpart presented the results of the first phase at the regional laboratory director's conference in Mexico city during the last week of September. The activity has caught the attention of the GPA who is interested in expanding the activity to other countries in the Americas.

The SOW for the AIDSCAP socio-economic cost impact study was completed and an AIDSCAP team made their first visit to Honduras to collect information and identify the counterpart. The activity has received broad interest and support from the counterpart. The two main goals of this activity are to: Develop the methodology for replication by other countries in the Americas; 2) train the counterpart in the presentation and maintenance of the model for policy dialogue.

Arrangements have been made for a site planning visit during the latter part of January by a combined LAC, R&D/Health, AIDSCAP team to develop a proposal for a project in Honduras taking into account the problem, mission resources, and the counterpart commitment. One of the issues to be discussed is if Honduras will become one of the 16 AIDSCAP priority countries. The team will look into STD's, Social Marketing, IEC, Epidemiology, PVO, and Policy Dialogue issues. It is anticipated that there will be AID participation on the team.

Ron Roddy and Belinda Irsula of FHI visited Honduras for a week to explore the feasibility of establishing a study of the effectiveness of Nanoxynol-9 reducing HIV transmission.

Mike Merson of the GPA visited in Honduras and was duly impressed with the necessity for accelerating control activities. He has offered to make another visit to Honduras and we are going to explore if it will be feasible to coordinate an April presentation of the results of the socio-economic cost impact study with his arrival.

Breastfeeding

A multisectoral group finalized a national strategy with 5 components: 1) Training of Health Personnel, 2) The Development of a Documentation/Information Center, 3) The establishment of two training centers for a national network of community counselor, 4) Policy Dialogue, and 5) Infrastructure Development. The World Bank will sponsor the first component and UNICEF the second one. USAID/Honduras will be responsible for the third component which will be executed by the Honduran La Leche League affiliate in cooperation with the MOH and with financial and technical assistance from Wellstart. The Mission will support local costs with a combination of Health Sector II and PL-480 Title III funds.

The HNTS Project-supported study on the cost-benefits of the intrahospital promotion of breastfeeding completed their data collection and are processing to the analysis stage. The results, which will form part of a 3 country comparative study (with Brazil and Mexico) will be presented in Honduras this spring. It is expected that the results will also serve as a kind of a baseline study for the above-mentioned breastfeeding initiative and will also provide indicators for on-going hospital compliance with the baby-friendly initiative.

Micronutrients

The Nutrition Directorate coordinated two separate 2 day retreats to develop an integrated national strategy for micronutrients (Vitamin A, iodine, iron, and possibly fluoride) with participation of Dr. Jose Mora of the Vital Project, INCAP, and the MCH, Health Education, Epidemiology and Food control divisions. Funding from LAC channeled through the Vital Project and a local PVO will be used to coordinate the efforts of the above-mentioned entities, UNICEF, and the private sector (sugar and salt producers and PVO's) in a variety of interventions including epidemiologic surveillance, sugar and salt fortification, supplementation programs, vitamin rich food production, conservation and consumption, and health education.

Technical Assistance

USAID project staff dedicated a considerable amount of time reviewing the needs for technical assistance for the balance of the Project (1993-95) as part of the preparation for the reprogramming exercise of the Health Sector II Project budget and activities to be conducted with the MOH pending their presentation of the priorities. An agreement was reached with the MOH and AED for the phaseout activities of their resident advisor and final transfer of the technology after 10 years of their presence in Honduras.

Conferences

I attended the sub-regional PAHO/EPI conference in Panama in August. One of the main topics was the current campaign for the elimination of measles in the sub-region. This has placed a real burden on the PHC system and has become a point of tension between PAHO and USAID.

I also attended in INCAP sponsored meeting in Guatemala to discuss Surveillance Systems for Nutrition and Food Security. The Honduran delegation advocated an emphasis on bottom-up information systems emphasizing the use of the data at the lower level before passing it up. An effort also was made to distinguish between "food security" and nutritional status emphasizing the importance of integrated PHC for protecting the nutritional status of the mother and young infant.

Information Systems

Much time was dedicated to policy dialogue with the MOH and the contract technical assistance team (MSH) in setting conditions precedent before entering into a large purchase of computers for establishing a network to coordinate the administrative, financial and human resource information systems at the central level. The SOW for short term TA for performing preliminary analysis of the system design and hardware necessities was also developed.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Karen Wilkins

Activity: Epidemiology/Child Survival

Reporting Quarter: July-September 1992

Post: Lome, Togo

A. MAJOR ACHIEVEMENT/ACTIVITIES

EPI

Preliminary figures for the 1992 showed no improvement over 1991's performance. Since those reports were established, fuel for supervision and mobile activities has been distributed. Those prefectures showing the least improvement will be seen individually for problem identification and resolution.

All 44 USAID refrigerators have been distributed to replace broken down refrigerators.

A preliminary evaluation of the Missed Opportunities Study in the Ogou and Sotouboua Prefectures was done. The evaluation pointed out several weaknesses in both the intervention and control prefecture which will be resolved in the study extension period.

National EPI Coordinator supervised of activities in Central regions of Togo.

Surveillance of suspected polio continues. Thirteen cases have been reported in 1992 from four sites. Laboratory results are available for 7 suspected cases, of whom 5 were positive for polio, type I, wild. Follow-up has been done for the 7 cases of whom 6 were still paralysed and one was lost to follow-up.

CDD

Cholera workshop held in Atakpame with intersectorial participation from 5 Prefectures. Each prefecture has established an action plan for the next possible epidemic.

Preparations for a CDD workshop for finalization of a national policy and development of a program completed. The workshop is to be held the week of 5 October, 1992.

Malaria

Training in malaria resistance surveillance held for laboratory technicians and medical assistants. A manual has been developed for use by all medical personnel.

Recruitment begun for agents to perform house to house visits in Lome as part of a four year program financed by the GOT.

Training

The Integrated Child Care Center has received minimal equipment for opening. Training program for staff and materials developed with technical assistance from CDC/Atlanta.

Health Information Systems

Survey of data users and providers done by the National Health Statistics Service. Results to be complied for national workshop on integrated system design.

Several unforseen hardware and software problems have delayed publication of the 1991 Annual Report. It has now been completed and should be published in the next quarter.

Health Education/Promotion

Supervision of prefectual health education teams in two regions done by the National Health Education Service.

The Health Sector Support for Child Survival Project has begun national evaluation of its health education component.

Operational Research

Symposium for presentation of operational research project results delayed until last quarter 1992.

Preliminary reports for 7 protocols completed and distributed for comments during symposium. Data collection continues for the G6PD protocol.

Data collected for evaluation of the Family Planning/EPI protocol and transmitted to the Population Council for analysis. Report should be finalized during next quarter, but preliminary graphs are in the annex.

Supervision

The National Coordinator, Dr. Aflaga, supervised CCCD activities in Savanna, Kara and Central Regions.

CDD coordinator supervised activities throughout the country.

B. OTHER

Workshop for 1993 actions plans sponsored by the UPC (HSSCS). Workshop for finalization of World Bank (IDA) support to health sector held in Kpalime.

Technical assistance provided by the Centers for Disease Control to the National Program for AIDS Control for the surveillance of HIV/AIDS.

C. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

EPI

Continue surveillance of suspected polio cases.

CDD

Hold workshop for development of national policy and strategies.

Malaria

Participate in several international fora for malaria control.

Begin data collection for bednet study.

D. TRAINING

Health Information Systems

Publish 1991 annual report.

Collate and analyze questionnaire on data use in the field.

Hold national workshop for integrates system design.

Health Education/Promotion

Publish results of national evaluation by Health Sector Support for Child Survival team and supervision by SNES.

Operational Research

Hold workshop for:
- finalization of 7 study reports;
- round table discussion of future of O.R. in Togo.

Supervision

Routine

Other

Solicit prolongation of CCCD project to permit completion of priority activities delayed during 1992.

Perform second round of epidemiology training for medcins chef de prefecture (sponsored by WHO).

E. CONSULTANTS

Harrison Stetler, CDC/Atlanta, HIV/AIDS Surveillance
Dale Huntington, Population Council, FP and EPI Study
Joanne Birkmayer, CDC/Atlanta, Missed Opportunities for Vaccination
Elisabeth Warlick, CDC/Atlanta, ICCC
Ann Rodman, CDC/Atlanta, ICCC
Waverly Rennie, Independent, CDD Workshop presentation

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: James Zingeser

Activity: Health Management Information Systems (HMIS)

Reporting Quarter: April-June 1992

Post: Yaounde, Cameroon

A. MAJOR ACHIEVEMENT/ACTIVITIES

Health Management Information System (HMIS)

The initial request for TAACS was made on the part of the Ad-Hoc subcommittee for HMIS, which is the actual coordinator of the HMIS. Two meetings of the subcommittee have been held since I arrived. At each, a short progress report was given.

A meeting of the directorate was called in which I presented a plan for the first six months. The director was asked to comment on the plan, but has not. By the end of the quarter, my preferred counterparts had been recognized as such by the director. Others in the directorate have been invited to participate in HMIS meetings. A program of visits to other directorate and participating agencies involved in the HMIS is underway. I travel with either my counterpart or the Chief of Statistics. We collect information on information needs, data resources for each agency. Two health projects within the Directorate of Rural and Preventive Medicine are developing provincial HMISs. Both use "Clipper" software and expensive mapping software. We are sharing their field experience and software.

EPI Conference

I attended the regional EPI conference in Yaounde. Kevin Murphy also attended, which allowed him to make a site visit. The presence of Ron Waldman gave us the pretext to discuss HMIS with coordinators from other francophone countries in Africa. He may organize an african HIS conference under the auspices of WHO in 1993.

HMIS Indicator Workshop

Held in Kribi, this workshop brought together directors or their representatives in the MOPH to discuss indicators. This was the culmination of a series of workshops begun in 1991. Forty indicators were selected using epidemiologic, management and political criteria.

Epidemic Preparedness in Far North Province

Richard Greene, Health Officer, USAID/Yaounde, with the MOPH Director of Rural and Preventive Medicine, has requested CDC assistance in preparing for epidemics of yellow fever, cholera and meningitis in the Far North. I have been able to answer information requests from A.I.D./and CDC. If properly managed, this TA could demonstrate the need for, and use of, health management information, at both the central and provincial levels.

B. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

HMIS Team

We shall begin to hold weekly meetings and invite participation within MOPH and form epidemiologists outside. Interest will need to be generated through personal visits.

Credibility of DEPSS

Through presentations to other directorates, assistance in epi/statistics, and HMIS bulletin.

Train Counterparts

In use of computer software and hardware and general system management.

HMIS Bulletin

Begin to write and distribute a simple bulletin for the HMIS, eventually to expand to present health data and information to the MOPH central and provincial levels, public health programs, hospital directors, university epidemiologists and the national epidemiology board. This can be a non-political forum for presenting and discussing the work of our team. I hope to have the first edition out by the end of September, 1992.

Revise Indicators

Review and revise indicators selected at Kribi using practical criteria.

Monthly Report Forms

Design new monthly report forms with the new indicators.

Epidemic Preparedness in Far North Province

Coordinate the technical assistance (TA) preparation in Cameroon to make this a success. Establish contacts in Far North to facilitate the epi preparedness effort and long-term HMIS program.

C. MAJOR ISSUES AND ACTIONS

Motivation

I have met with my two closest collaborators to discuss motivation. Each has personal goals which may serve as strong motivating factors. We have redesigned our strategies to meet their needs while building the HMIS.

Respect for DEPSS

DEPSS is considered a non-health department within the MOPH, merely technicians to work for the other directorates. The HMIS bulletin will attempt to be a non-political forum for presenting the health information system and build respect for DEPSS within the health community.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: James A. Zingeser

Activity: Health Management Information Systems (HMIS)

Reporting Quarter: July-September 1992

Post: Yaounde, Cameroon

A. MAJOR ACTIVITIES/ACHIEVEMENTS

National Health Management Information System (NHMIS)

One of the initial barriers to working efficiently within the political structure of the Subcommittee for the Implementation of the NHMIS has been competition between the Directorate of Preventive Medicine (DMPR) and the Directorate of Planning and Health Statistics (DEPSS). The former was instrumental in bringing me here and will be one of the primary users of the NHMIS. However, the Minister has chosen to install the NHMIS in the DEPSS. In July, my counterpart and I proposed a new working unit to involve both directorates. The idea was rejected by the Director of DEPSS but influential persons in the MOPH are now interested.

A team of three persons from the DEPSS, consisting of my counterpart, the Chief of Health Statistics and me, visited all of the MOPH directorates, divisions and projects. Each director and selected Section Chiefs were interviewed to determine their information needs and resources, and expectations for the NHMIS. Each director was requested to designate our primary contact person. Two of the DMPR projects which are developing provincial HMISs were visited both in Yaoundé and in the field. This gave the DEPSS team their first chance to visit rural health centers, interview rural MOPH staff and look at record-keeping practices.

In an attempt to open the discussion on the NHMIS to all potential contributors and users, informal meetings were held every two weeks from August 10 through September 21. Each meeting was attended by at least 11 persons representing a cross-section of the public health community (MOPH, PRITECH, University, National Epidemiology Board,...). Important contacts were made and goodwill was established between the DEPSS and other organizations. These meetings were sanctioned by the Director of DEPSS, but were abruptly discontinued by the Director of DMPR. Several influential expatriate members of the informal group interceded on our behalf, smoothing things out. Nonetheless, the meetings have been suspended.

With the help of the German technical assistance organization, GTZ, a workshop was held from August 17-19 in Yaoundé. Six provincial DEPSS representatives met with the NHMIS team, the GTZ epidemiologist and representatives of the central MOPH to design a monthly health center report (HCR). Management indicators for the district health center level were selected and used for the survey instrument. The NHMIS team then refined the HCR epidemiologically, linguistically and graphically. We attempted to involve the persons who would eventually use the information collected to standardize case definitions and formats. Teachers at a private nursing school and MOPH epidemiologists were surveyed to determine appropriate case definitions. GTZ offered to print the final product in English and French and distribute copies to health centers in the six provinces represented at the workshop for a three month retrospective field test. A face-to-face follow-up questionnaire was designed to further refine the HCR. Work was stopped in September, awaiting sanctioning by the Subcommittee.

Training of my counterpart and the Chief of Health Statistics in the use of computer hard- and software continues apace.

(Bertoua, July 20-23) -- All of the central and provincial decision-makers in the MOPH assembled to define new health districts. The districts are smaller than the existing administrative departments, and more logical for health care management. The meeting also allowed me to speak with provincial MOPH delegates and staff, particularly to plan the proposed TA (below).

B. TECHNICAL ASSISTANCE

Epidemic preparedness in Far North Province

Meetings were held with provincial MOPH and project directors to plan the CDC TA. Data on recent epidemics of yellow fever, cholera and meningitis in the Far North Province are being collected. The Data for Decision Making program (USAID and EPO/CDC) will direct the TA. Dr. Brad Perkins (Meningitis and Special Pathogens Branch/CID/CDC) is planning to visit Yaoundé and the Far North during the next quarter. I shall accompany him along with epidemiologists from DMPR and my counterpart.

C. MAJOR OBJECTIVES FOR THE NEXT QUARTER

Restructure the NHMIS working group

Try to have the informal meeting group officially recognized by the Subcommittee. We need to have a structure that is politically acceptable yet flexible to keep communications open with the other directorates without becoming pathologically formal. The Subcommittee was able to meet only once during the summer due to members' vacation and consultation schedules. Directors micro-manage, making it impossible to make decisions in their absence.

HMIS Bulletin

The proposed bulletin was planned in the informal meeting group but was stopped until being sanctioned by the Subcommittee. I still believe that a forum for presenting information and discussing public health and epidemiology would greatly benefit the MOPH.

Field Test the HCR

This must first be presented to the Subcommittee for approval. Two field tests should be undertaken before the HCR is finalized.

Epidemic Preparedness TA

Coordinate the visit of Dr. Perkins at the central and provincial levels. Data on the detection and response to actual epidemics will be collected before his arrival. Donor agencies will be surveyed on their resources, requirements and limits for epidemic response.

D. MAJOR ISSUES AND ACTIONS

Motivation

Issue:
Motivation remains a major problem.

Action:
I met with my counterpart and the Chief of Health Statistics separately to discuss motivation. Each was able to define a personal goal that I can help them to attain. Hopefully, this will be the basis for renewed motivation.

Blockage of DEPSS

Issue:
We do not have general consensus of the directors and this has slowed the process of designing the NHMIS. A system could be forced through without the consensus or participation of all of the directorates, but it could not provide the services needed by the MOPH.

Action:
Wait for the general meeting of the Subcommittee in October to present our progress report and action plan. At that time, we will ask that the informal working group be sanctioned or that a formal working group be defined. The HCR and methodology for testing it will be presented for approval. In the meanwhile, I have met with all of the directors and the major donors to present our position and to anticipate future problems.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Edward Kassira

Activity: Epidemiology/Child Survival

Reporting Quarter: April-June 1992

Post: Republic of Yemen

A. MAJOR ACHIEVEMENTS/ACTIVITIES

NEDS

Following the establishment and the start-up phase of NEDS implementation plan in the first quarter, 1992, the second quarter can be characterized as a phase of recognition and acceptance of NEDS as a national program for disease surveillance by the Ministry of Public Health (MOPH) and the international donors of health in Yemen.

Disease Surveillance

Two new sites of surveillance, Al-Rawdha and Al-Zahrawi health centers were added to the sentinel sites in SANAA making a total of three hospitals and five health centers. These surveillance centers cover a wide geographical area representing a good distribution of the population of SANAA.

Weekly disease reporting continued in the second quarter with weekly supervision conducted by the team leader of NEDS and the programmer.

The surveillance forms were printed by NEDS for the initial phases of the program in booklets with carbonated sheets and distributed to the sites. Health workers in the selected sites who will be responsible for reporting were trained on collecting and reporting the information to NEDS on weekly basis. The training emphasized the importance of timeliness, accuracy and reliability of Data reporting.

In coordination with and approval of the MOPH, NEDS started disease surveillance in Hajjah Governorate. Hajjah governorate is about 165 KM away from SANAA with a population exceeding one million. Most of the people are living in scattered villages most of which are mountainous although some are located at the

sea level. Transportation in Hajjah is generally very poor which makes health and other services difficult. Generally, standard of living and environmental sanitation are poor. The TAACS advisor, accompanied by one of the MOPH counterparts visited Hajjah for the establishment of NEDS activities. In coordination with the governorate health officer five new sites were selected for the surveillance. 1) Al-Jamhouri Hospital in Hajjah city, 2) Harad Hospital and Health Center in Harad, 3) Al-Mahabisha, 4) Al-Shaghadira, and 5) Abs health centers. For each one of these selected sites coordinators were named officially by the Hajjah Health Officer. The Director of Primary Health Care, Dr. Ismaeel Houmaid was named as the coordinator and the liaison person with NEDS at the governate level.

The sites selected for Hajjah met the approval of the MOPH and the counterparts of NEDS and books of reporting forms were distributed to the sites. The TAACS advisor accompanied by the governorate coordinator visited each one of these sites for personnel were assigned for disease recording and reporting.

Results of surveillance covering the second quarter 1992 (April 1-June 30) were aggregated for each health facility separately and for all SANAA area health facilities that were involved in the surveillance combined. Hajjah governorate surveillance results were reported and complied for the month of June in a similar way to that of SANAA. (Hajjah surveillance started on June, 1992).

Surveillance data were analyzed separately for in-patients and out-patients and also for both for SANAA city. Similarly results of surveillance for individual sites were analyzed and circulated.

Of the 24887 cases covered by NEDS in the 2nd quarter, 23992 (96.4%) cases were reported as out-patients and Primary Health Care centers cases combined. This compares to 12017 cases with 11278 out-patients (93.8%) for the 1st quarter (January-March) 1992. The increase in number of cases surveyed in the 2nd quarter may be due to the inclusion of two new sites in the surveillance. (Al-Rowdha and Al-Zahrawi Health centers) and may also indicate improved reporting.

Reports on the 2nd quarter 1992 disease surveillance were analyzed for SANAA according to age group, sex, site and by the month (April, May and June 1992).

Of the 24887 of cases surveyed, 15556 (62.5%) were under the age of 5, and out of this 5 age group 96% were out-patients (14929/15556). Among the 895 in-patient cases surveyed 61.0% (550) were males and 39.0% (345) were females. However, 47% of the out-patients surveyed were females)11289/23992).

Surveillance for the 2nd quarter, 1992 revealed that the Acute Respiratory Disease (ARI) had the highest number out of all cases surveyed 11678/24887 (47.0%) while diarrhea constituted 30.0% (7457/24887) and parasitic disease 13.5% (3349/24887).

A substantial increase in the number of cases was recorded for the month of May, 1992, with a total of 10803 as compared to 6260 for April and 7824 cases for June. The main increase was noticed for: ARI, Measles, Parasitic diseases, Pertussis and Polio. The increase in the number of cases for the month of May, 1992 was mainly noticed among the out-patients.

Cholera Update Report and Outbreak Investigation

During the 2nd quarter, NEDS Team Leader submitted a third cholera update report in Yemen on April 25, 1992.

On April 23, 1992 the NEDS Team Leader was asked by the Assistant Secretary of Health, of Health Services and Primary Health Care Dr. A. Makki, to assess a cholera and diarrheal outbreak in Hajjah Governorate, conduct training for workers, and recommend the necessary prevention and control measures. Dr. Kassira visited Hajjah city, on April 26, 1992, and printed survey forms which have been adopted and used by the governorate.

The TAACS advisor accompanied by one of NEDS counterparts (Mr. Al-Fadheel) and the National Cholera Consultant to the MOPH (Dr. Yaseen Al-Warith) visited 3 villages in Hajjah. Data were collected, stool specimen and water samples were examined and proved positive for Vibrio Cholera 01 ALTOR by the Central Health Laboratory. Dr. Kassira, accompanied by Hajjah Governorate Health Officer, visited the Governor of Hajjah for briefing on the 3 villages visited. The ongoing investigation has gathered information on more than 5,000 cases in Hajjah for the period of April 1 to June 30, 1992.

Counterparts to NEDS

Two more counterparts were assigned officially by Dr. Al-Saidi the Assistant Secretary of Health for Planning and Development making a total of 5 counterparts. The 2 new counterparts, Mr. Ahmad Al-Kohlani and Mr. Hamoud are responsible for the MOPH statistics and health information.

Three meetings of NEDS counterpart committee were held during the second quarter. Decisions and approvals were made on:

increasing the number of sentinel sites in SANAA to 3 hospitals and 5 health centers and establishing the surveillance in Hajjah Governorate.

Assigning 2 employees from the Statistics and Planning Directorate of the MOPH for training on data entry at NEDS office for sustainability.

Newsletter

The first issue of NEDS newsletter covering disease surveillance data in SANAA for the first quarter, 1992 was prepared in English and Arabic and edited by NEDS Team Leader.

The objectives of the Newsletter is to provide continuous feedback on disease surveillance and important endemic diseases in Yemen. Its target audience include all reporting units of NEDS, Yemeni health officials and local and international health donors.

NAMRU 3 Survey

NEDS participated in Village Survey, Yemen, in collaboration with NAMRU 3 Egypt; epidemiology team which visited Yemen June 20-28, 1992.

Meeting and Committee Participation

1. Weekly HPN meeting with Director USAID HPN Officer/Yemen

2. Weekly USAID/Yemen general staff meeting

3. EPI technical committee of the MOPH with UNICEF, WHO, and EPI donors

4. Central Cholera Committee of the MOPH with WHO and UNICEF participation

B. TRAINING

Two health related workers from each of the new sites in SANAA (Al-Rowdha and Al-Zahrawi) were trained by NEDS Team Leader and the programmer on collection and reporting of disease data. Training was also conducted early in June 1992 for 10 health workers in Hajjah. These trainees were assigned for disease surveillance by the Governorate Health Officer at the following new sites: Al-Jamhouri Hospital in Hajjah city, Harad Hospital, Mahabisha, Shaghadira, and ABS health centers.

In-service training was conducted for two laboratory technicians of the Central Public Health Laboratory on ELISA testing for HIV.

One day training on diarrheal and chlorea disease outbreak investigation was conducted by NEDS Team Leader for 20 Hajjah health workers on April 28, 1992 at the Governorate Health Office as part of a diarrhea field investigation and chlorea outbreak assessment in Hajjah.

B. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

Conduct a training course on disease outbreak investigation for physicians and health workers at the governorate and the central MOPH levels.

Start training of MOPH personnel at the central level on NEDS surveillance program.

Train Peace Corp Volunteers in the Central Public Health Laboratory for 3 weeks on diagnostic and other laboratory procedures.

Continuous training for health workers involved in disease surveillance in the new selected sites at Hajjah Governorates and SANAA to ensure timeliness, accuracy and reliability of reporting.

Continue in-service training for laboratory technicians for quality control and upgrading of diagnostic procedures.

Involve the university and medical school staff and students in disease surveillance and community health research.

Appoint a biostatistician and a microbiologist to upgrade the Central Public Health Laboratory and support NEDS activities.

Collaborate and coordinate activities with local and international health donors such as EPI, WHO & UNICEF.

Coordinate NEDS surveillance activities with other USAID/Yemen health programs, mainly MCH and Family Planning.

C. MAJOR ISSUES AND ACTIONS

NEDS could not appoint and contract a biostatistician and a microbiologist due to scarcity of professionals in these fields in this part of the world and the budgetary constraints to cover salaries for US or Third Country National (TCN) hire. One of the avenues we are exploring for filing these job openings is to

explore the availability of UN volunteers. Due to the expanded activities of NEDS, filing these jobs in now very pressing. NEDS budget was drafted in 1986 and does not fulfill the needs of NEDS program and demands. PASA budget (PIL No.9) is short of funds and currently is not sufficient to cover the technical support and expenditures needed for NEDS activities. Additionally, it is difficult to develop a tracking system on the available funds.

The USAID Director and the HPN Officer are very supportive in solving this problem through an amendment to the PASA budget.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Edward Kassira

Activity: Epidemiology/Child Survival

Reporting Quarter: July-September 1992

Post: Republic of Yemen

A. MAJOR ACHIEVEMENT/ACTIVITIES

The third quarter was marked by a follow-up and consolidation of NEDS activities in all surveillance sites in Sanaa City (3 hospitals and 5 primary health centers) and the start-up phase in Hajjah Governate. In addition, NEDS activities concentrated on supporting the on-going training activities for surveillance staff.

Disease Surveillance

Weekly disease reporting continued in the third quarter with weekly supervision conducted by the Team Leader and NEDS staff.

The disease surveillance system initiated in Hajjah Governate covering 5 health facilities (2 hospitals and 3 primary health centers) is working very well. Reports from this governate have been received from all sites for the months of June-September except Hajjah City.

The TAACS made multiple trips to Hajjah City and each of the surveillance sites of the rural health centers to secure proper development of disease surveillance activities and to ascertain proper disease registry, which was not present in some sites at the initiation phase of NEDS program in that governate.

Reporting of disease surveillance in the municipally of Sanaa, Hajjah city and the assigned Hajjah Governate rural health facilities were checked by NEDS Team Leader for accuracy and reliability of reporting.

Sanaa City Health Department and Hajjah Governate Health Office officially designated individuals in their statistics departments as coordinators with NEDS. Their duty will be to receive reports from the sites and reports to NEDS office on a timely basis. Copies of these reports will be retained at the sites and the health departments.

Surveillance data were complied and analyzed using formats of previous quarters. In this quarter, data from Hajjah Governate are also included in the reporting.

Results of surveillance covering third quarter 1992 (July 1-September 30) were aggregated for each of the sentinel health facility separately for Sanaa area and Hajjah Governate health facilities that were involved in the surveillance.

Surveillance data were analyzed separately for in-patients and out-patients, by sex and by age groups for Sanaa and Hajjah. Results of surveillance for individual sites were analyzed and circulated.

Disease trends by months and for Sanaa and Hajjah in-patients and out-patients were compared:

> of the 49428 cases covered by NEDS im the third quarter, 25270 were from Sanaa which compares to 24887 cases reported in the second quarter. Hajjah governate covered 24,158 cases for the four months period, June 1 to September 30, 1992.
>
> of the 49428 cases covered in the surveillance for the third quarter, 47,670 (96.4%) were reported as out-patients of Primary Health Care Centers and hospital. This proportion reported for out-patient cases is similar to the second quarter (23992/24887). The increase in the number of cases surveyed in the 3rd quarter is due mainly to the increase in the number of sites involved in NEDS activities (5 in Hajjah) and may also indicate improved reporting.
>
> of the 25270 surveyed in Sanaa 16601 (65.7%) were under the age of 5. This compares to only 34.8% in Hajjah Governate (8402/24158). Among the 1758 in-patient cases surveyed in both Sanaa and Hajjah, 59% (1037) were males and 41% (821) were females. However, 55% (12785) of the out-patients surveyed were males and 45% were females.

Surveillance for the third quarter, 1992 revealed that in Sanaa the leading in/out patient diseases reported were diarrhea 10074 (39.8%), acute respiratory infections (ARI) 9112 (36.0%) and parasitic diseases 4260 (16.8%). Diarrhea and ARI together accounted for 75.8% of all cases.

During the third quarter there was a decline in the number of in/out patient visits over time from July to September. In the month of July there were 9421 visits, decreasing to 8946 and 6903 in August and September respectively. The decreasing trend is explainable by the apparent corresponding decline in the leading reported diseases Diarrhea, ARI and Parasitic diseases.

The surveillance data for Hajjah Governate covered four months (June-September). Of the 24158 total in/out patient reported cases, there were 7073 cases of malaria (29.2%) making this disease the leading cause of patient visits in that governate. The other leading causes of visits were diarrhea (20.6%), acute respiratory infections (16.9%), parasitic diseases (16.2%) and chlorea (7%). These five diseases constituted 90% of all cases reported.

Although some of the reported diseases have lower frequencies as they compare to the first five leading reported diseases in Hajjah Governate, however, it is of importance to note a reporting of 880 cases of TB, 482 cases of measles and 281 cases of meningitis. In Hajjah we can also notice a decline in disease reporting from 10381 cases in June to 3867 in September which is attributable mainly to delay of reporting from Al-Jamhori Hospital in Hajjah City for the month of September.

B. TRAINING

The following in-service training was conducted for laboratory technicians of the CHL:

a) Four persons of bacteriological investigation of stool, purulent exudate, STDs and respiratory tract infections.

b) Four laboratory technicians on antimicrobial susceptibility testing.

c) Two weeks training for 2 persons on testing antibodies to HIV with EIA and Serodia.

Other Training Activities

NEDS Team Leader gave a two-hour lecture on disease surveillance to 15 Health Technical Volunteers of U.S. Peace Corps.

NEDS Team Leader also gave lectures on disease surveillance in the Extended Program Immunization (EPI) and Primary Health Care (PHC) workshop organized for Directors of Health representing all governates of Yemen.

In accordance with the expressed desire of the MOPH to expand the current surveillance system into a future national health information system and to ensure sustainability of NEDS, two staff members from the Planning and Statistics department of the MOPH were nominated for training of NEDS programming and processing of data collected for surveillance.

Training of health workers and statistics department staff at the selected surveillance sites and at the central health office of Sanaa and Hajjah is on going, emphasizing proper disease registry, data collection and timely reporting.

C. OTHER ACTIVITIES

NEDS Team Leader was appointed as Honorary Professor of Community Medicine in the Medical School of Sanna University.

Agreement between UNDP and USAID has been drafted for employment of a microbiologist for NEDS activities and upgrading the CHL capability.

The Faculty of Medicine, Sanaa University, has designated two of its academic staff to serve as counterparts to NEDS. NEDS will assist students of this faculty in conducting research and participate in lectures at the department of community medicine. This area of collaboration is in line with NEDS Implementation Plan.

The Minister of Public Health paid a brief visit to NEDS. His remarks on NEDS were encouraging. Similarly, UNICEF Country Representative visited NEDS Office. He expressed the need to expand the services of NEDS to other governorate.

A draft agreement between NAMRU-3 Egypt and the Ministry of Public Health has been signed to undertake a study of viral hepatitis in Yemen. According to this agreement NEDS will be the liaison office during preparation and performance of all activities related to the study and its output. In addition, all documents regarding the field study results will be reviewed and approved by NEDS and the Ministry of Public Health prior to publication.

The Mayor of Sanaa and the Director of Sanaa City Health Department visited NEDS and were briefed by NEDS Team Leader on the activities of NEDS. They were appreciative of our efforts and confirmed their support.

Collaboration with CHL, a major NEDS partner, continued to develop during this quarter. The CHL complemented NEDS disease surveillance data on malaria, leishmaniasis, and fecal pathogenic bacteria as well as collaboration in training of staff.

NEDS is involved in surveillance and monitoring of the chlorea out-break and is updating the chlorea outbreak investigation data.

Data on disease surveillance in Yemen, and NEDS program activities were presented in the International meeting on surveillance in Islamabad, Pakistan by Dr. AbdulHaleem Hashim Director General of Primary Health Care of the MOPH.

B. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

Conduct a training course on disease outbreak investigation for physicians and health workers at the governate and the central MOPH levels.

Carry-out continuous training for health workers involved in disease surveillance in the new selected sites at Hodeidah Governate and Sanaa to ensure timeliness, accuracy and reliability of reporting.

Continue in-service training for laboratory technicians for quality control and upgrading of diagnostic procedures.

Involve the university and medical school staff and students in disease surveillance and community health research.

Appoint a biostatistician and a microbiologist to support NEDS activities and upgrade the Central Public Health Laboratory.

Collaborate and coordinate activities with local and international health donors such as EPI, WHO and UNICEF.

Publish and circulate the second, third edition of NEDS Newsletter.

C. MAJOR ISSUES AND ACTIONS

Issue

PASA budget was not sufficient to cover technical support and expenditure needed for the expanding NEDS activities, laboratory reagents and commodities needed for training and upgrading the capability of the Central Public Health Laboratory.

Action

The USAID Mission Director and the HPN Officer are reviewing thr situation and are reviewing the situation and are working on an amendment of the PASA budget for solving the problem.

D. CONSULTANT

George Stroh, Epidemiologist at the International Health Program Office (IHPO), CDC visited Sanaa on July 24-28 for:

Defining the needs for a proposed workshop on disease outbreak investigation for physicians and health workers and

Evaluate the available resources and assess the surveillance program.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Richard S. Monteith

Activity: Child Survival/Population

Reporting Quarter: July-September 1992

Post: Managua, Nicaragua

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Arrival at Post

On August 6, 1992, I arrived at post to begin a two-year assignment. Because of my two-month TDY with USAID/Nicaragua during the second quarter of this year, I was able to become a productive member of the General Development Office (GDO) staff shortly after my arrival. Thus, based on my experience, I would recommend that future TAACS advisors spend some time at their host USAID Mission prior to their posting in order to facilitate their administrative and technical transition to the USAID. I moved into my assigned house one week after my arrival, and received both my air and sea shipment one week later. In short, the move went very smoothly, and I would like to thank everyone who made it possible.

Decentralized Health Service Project

The Decentralized Health Service Project (DHS) with the Ministry of Health is to be a five-year, $31.589 million dollar activity. The A.I.D. contribution to the DHS is estimated at $22.0 million. The purpose of the Project will be to improve the management and increase the effectiveness of and access to Nicaragua's public health resources.

The Project will have four components:

Immediate Action Program. This component will be carried out in the first Project year, principally to survey and respond to the Ministry of Health's immediate requirements for technical assistance, training, and commodities needed to launch the maternal health and child survival activities in the Project's five geographical focus areas, or SILAIS.

Maternal Health and Child Survival. This component will support preventive maternal health and child survival interventions in the five focus SILAIS (Matagalpa, Jinotega,

and Managua Oriental, Occidental, and Central). These interventions will include control of diarrheal diseases, control of acute respiratory infections, maternal health (including birth spacing), nutrition (including growth monitoring and promotion of breastfeeding), and immunizations.

Management and Financial Decentralization. This component will be implemented in all Nicaragua's 19 SILAIS. The purpose of this component is to help the Ministry of Health define and establish an optimum SILAIS structure; develop and implement a financial management system; improve its use of computer hardware and software; and establish a management information system.

Alternate Sources of Finance. This component will be designed to help the Ministry of Health explore and test possible cost containment and cost recovery measures.

The project components will be implemented with the long-term technical assistance of a U.S. contractor procured through full and open competition. All commodities and medical supplies will be procured through a PASA with the U.S. Public Health Service.

Most of the Project Paper for the DHS was written during the period May-July, 1992. When I arrived in August, I was asked to write the technical analysis for the Maternal Health and Child Survival component. In September, a Project Review Committee met twice to discuss issues related to the Project. I participated in these meetings, both as an advocate and as an antagonist. At the end of the second meeting, the Project was approved by the Acting Mission Director, who also gave a green light to begin negotiations with the Ministry of Health on the content and focus of the Project. Late September all efforts to further develop the Project with the Ministry of Health were put on hold, pending resolution of questions raised in the U.S. Congress regarding A.I.D. assistance to Nicaragua.

The Project Officer for the DHS is a U.S. Direct Hire Health Officer (non-physician), who arrived at post in September. I will assist her in monitoring all components of the Project.

Family Planning Expansion and Regionalization Project

The Family Planning Expansion and Regionalization Project with PROFAMILIA, the International Planned Parenthood Federation (IPPF) affiliate in Nicaragua, is a $5.0 million activity designed to expand and strengthen PROFAMILIA's family planning services in the country. This on-going Project will expand and

regionalize PROFAMILIA's family planning service delivery network to encompass 400 community-based distribution (CBD) posts backstopped by four regional and two satellite centers in five of Nicaragua's six regions. During the five-year Project, which began in September, 1991, Couple-Years-of Protection (CYP) provided to contraceptive users by PROFAMILIA is expected to increase from 62,000 to 168,000.

Shortly after my arrival, I was designated as the Project Officer for the Project. My major activities to date with this Project have included:

Procuring medical supplies for the voluntary surgical contraception program and computers for the regional centers.

Evaluating CYP achievement to date. I found that CYP achievement had actually declined since the beginning of the Project, from 62,000 CYPs to 58,000 CYPs. The decrease in CYP is due to the availability of contraceptives in the Ministry of Health, which are given free or sold at a low price to users. In addition, oral contraceptives, allegedly from Honduras, are being sold in black market at prices lower than what PROFAMILIA charges in their clinics and CBD posts. Availability of contraceptives in CBD posts may also explain part of the decline in CYP achievement. Posts are not resupplied if the CBD supervisor does not receive PROFAMILIA's 50 percent share of sales revenue from the distributor.

Reviewing PROFAMILIA's report on the first year of the Project and their action plan for the coming Project year. I made several recommendations for improving both documents.

Participating in an evaluation of PROFAMILIA's contraceptive logistics system. The system was found to be sound, but over burdened with reporting requirements. Additionally, it was found that the data that are collected are not being used for decision making.

Coordinating the visits of consultants from the Population Council, IPPF, AVSC, and APROFAM, the IPPF affiliate in Guatemala.

Preparing A.I.D.'s semi-annual report (SAR) on this project.

Maternal/Child Health and Family Planning Survey Project

Shortly after my arrival I was designated as Project Officer for this activity.

The survey will be implemented by PROFAMILIA with the technical assistance of the Division of Reproductive Health, Centers for Disease Control, Atlanta, Georgia. The survey will help determine levels of fertility and maternal, infant and child morbidity and mortality in Nicaragua and assess the use of maternal and child health and family planning services.

Training of interviewers and supervisors is scheduled to begin on October 19, 1992 with fieldwork beginning on November 3, 1992. During fieldwork, approximately 9,300 households in three domains (strata) of 3,000 households each will be visited. This sample size should yield complete interviews with approximately 6,000 women aged 15-49, or 2,000 in each domain.

In August and September I assisted PROFAMILIA:

In negotiating a contract with the National Statistical and Census Institute to update the census sectors selected in the first stage sample. Subsequently, I trained the survey director on how to select the second stage sample.

In interviewing and selecting candidates for the positions of interviewer, team supervisor, and regional supervisor.

In procuring computers for data entry.

In reviewing the final draft of the questionnaire that will be used in the survey, and in negotiating a contract with a local printer to print 11,000 copies of the questionnaire.

In negotiating a contract with the local Toyota dealer to rent eight vehicles for the survey.

Since the survey director had never fielded a survey, I spent considerable time in preparing him on the tasks he'll need to carry out during the survey. Topics that we covered included the coordination and evaluation of fieldwork, the evaluation of interviewers and supervisors, the supervision of data entry, and the management of errors found in the questionnaires.

Finally, I prepared A.I.D.'s semi-annual report (SAR) on this project.

B. OTHER

Acted as an expert consultant on a Living Standard Survey that will be implemented in January, 1993. The survey will be coordinated by the World Bank. USAID/Nicaragua has granted $80,000 for this survey.

B. MAJOR OBJECTIVES FOR THE QUARTER OCTOBER THROUGH DECEMBER 1992

Provide technical assistance to PROFAMILIA in implementing and monitoring the progress of the MCH/FP survey.

Amend the Family Planning Expansion and Regionalization Project to provide funding and materials for PROFAMILIA's surgical contraception program.

Provide technical assistance to the Ministry of Health in implementing the Decentralized Health Services Project, if funded.

Act as the Mission's liaison with the Living Standards Survey.

Coordinate with UNFPA and the World Bank on reproductive health and child survival matters.

C. CONSULTANTS

Fernando Gomez, Association for Voluntary Surgical Contraceptions (AVSC)

Marie Infante, International Planned Parenthood Federation, Western Hemisphere Region

Ricardo Rossal, Association Pro-Bienestar de la Familia, Guatemala

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Christophe Grundmann

Activity: Public Health/Child Survival

Reporting Quarter: April-June 1992

Post: Kigali, Rwanda

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Rwanda Integrated MCH/FP (RIM) Project Paper Draft

Completed Rwanda Integrated MCH/FP (RIM) Project Paper Draft. Began process of obtaining required USAID project committee clearance.

Expanded Program for Breastfeeding (EPB)

Worked with the Expanded Program for Breastfeeding (EPB), which conducted the first breastfeeding practices assessment in Rwanda. Team found that breastfeeding is close to universal, but there is evidence that duration of breastfeeding is declining in the upper socioeconomic classes. Truly exclusive breastfeeding is almost non-existent due to the practice of withholding breast milk for the first 24 hors after birth.

RIM Project

Established the RIM Project contracting procedures and schedule with the REDSO/ESA Regional Contracting Officer.

HIV Vertical Transmission Study

Negotiated possible USAID participation in the proposed HIV vertical transmission study directed by Dr. Philippe Van de Perre (Belgian Cooperation)

RIM Project

Began development of performance-based standards for RIM Project contractors.

B. MAJOR OBJECTIVES FOR THE QUARTER JULY THROUGH SEPTEMBER 1992

RIM Project

Obtain project committee and GOR approval of the RIM Project.

Obligate initial $6 million in RIM Project funds by August 31, 1992.

Negotiate CDC participation in RIM Project.

Negotiate EPB participation in RIM Project.

Complete first draft of work statement for RIM Project contract PIO/T.

D. CONSULTANTS

Kelly Bussell, CDC/IHPO HIS consultant, April 27-May 2, 1992. Assessed initial HIS needs to be incorporated into the RIM Project.

TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL (TAACS)
QUARTERLY PROGRESS REPORT

Advisor: Christophe Grundmann

Activity: Epidemiology/Child Survival

Reporting Quarter: July-September 1992

Post: Kigali, Rwanda

A. MAJOR ACHIEVEMENTS/ACTIVITIES

Rwanda integrated MCH/FP (RIM) Project Paper signed by project committee and Mission Director.

Drafted Annexes I and III for RIM Project Agreement (project description and budget.)

RIM Project Agreement signed by GOR, USAID and U.S. Ambassador.

Drafted scope of work for the institutional contractor PIO/T.

Began negotiations with CDC/IHPO for first year bridging activities. Drafted PIO/T scope of work, timeline and budget.

Began negotiations with Expanded Program for Breastfeeding (EPB) for breastfeeding and weaning practices components of the RIM Project.

Continued negotiation with EPB and Dr. Philippe Van de Perre (Belgian Cooperation) for possible A.I.D. support to an HIV vertical transmission study.

Finalized the design for performance-based contracting, in which the RIM Project contractor award is indexed to pre-determined performance standards.

Drafted the RIM Project Foreign Service National scope of work.

Ministry of Health met the first RIM Project condition precedent by naming a Project Coordinator, Leon Nsengimana (currently in charge of the MCH/FP Section in the Ministry of Health.)

B. MAJOR OBJECTIVES FOR NEXT QUARTER OCTOBER THROUGH DECEMBER 1992

Finalize and sign PASA for CDC technical assistance and support activities to RIM Project.

Finalize and sign EPB sub-agreement for RIM Project breastfeeding and weaning practices promotion activities.

Submit PIO/T for RIM Project Institutional Contractor to REDSO Regional Contracts Office in Nairobi.

Complete draft instruments for RIM Project assessment activities.

C. MAJOR ISSUES AND ACTIONS

To date, CDC has been unable to identify a mechanism to meet Mission requirements for total RIM Project management (local hiring of personnel and local disbursement of funds) under the proposed PASA. Mission and TAACS Advisor have proposed strategies to resolve this issue, and await a response acceptable to the Mission.

D. CONSULTANTS

David Gittelman, IHPO Field Support Officer for Rwanda, September 20-October 2, 1992. Assisted TAACS Advisor in preparing for CDC technical assistance to the RIM Project.