

THE PRAGMA CORPORATION

FIRST QUARTERLY REPORT 1986

15 January 1986 - 15 April 1986

STRENGTHENING HEALTH PLANNING CAPACITY PROJECT

USAID/ BF 686-0251
Contract No. AFR 0251-C-00-4037-00

THE PRAGMA CORPORATION

116 East Broad Street • Falls Church Virginia 22046
Tel. 703-237-9303 • Telex 203507 PRAGMA FSCH UR

President
Jacques Defay

Established 1977

Countries:

Africa:

Botswana
Burkina Faso
Central African
Republic
Ivory Coast
Mali
Niger
Rwanda
Sierra Leone
Zaire
Zimbabwe

Asia:

India
Indonesia
Nepal
Pakistan
Philippines
Singapore

Latin America:

Argentina
Bolivia
Costa Rica
Ecuador
Guayana
Honduras
Mexico
Nicaragua
Panama
Paraguay
Peru

Caribbean:

Antigua
Barbados
Belize
Dominica
Dominican Republic
Haiti
Jamaica
St. Kitts/Nevis

North Africa/ Middle East

Egypt
Lebanon
Morocco
Tunisia
Yemen

Fields:

Agriculture/Rural Development
Health, Water Sanitation
Financial Management
Private Sector Development
Conference Management
Training, Education
Industrial Development and Finance
Microcomputer Application, Hardware and Software

Clients:

AID
World Bank
IDB
IFAD
OAS
Peace Corps

Overseas Offices:

Belize/Belize City
Tel: 44362
Telex: 120 VILLA BZ

Burkina Faso/Ouagadougou
Tel: 335339
Telex: SAG 5237BF

Indonesia/Jakarta
Tel: 793480
Telex: 47319 FINAS IA

Panama/Panama City
Tel: 643862
Tel: 637842
Telex: 2116 TRTELCOR PA

Zaire/Kinshasa
Tel: 32714
Telex: 21340 DAM ZR

FIRST QUARTERLY REPORT

15 January 1986 - 15 April 1986

STRENGTHENING HEALTH PLANNING CAPACITY PROJECT

USAID/ BF 686-0251

Contract No. AFR 0251-C-00-4037-00

TABLE OF CONTENTS

I. Introduction	1
II. Activities	2
A. Training	2
B. Health Information System	4
C. National/Regional Technical Exchanges	7
D. Construction	9
E. Operational Research	9
F. Other Activities	11
III. Liaison with Pragma/MCD	13
IV. Liaison with USAID	14
V. Liaison with Other Departments/Organizations	14
A. Ministry of Health	14
B. Health Services Development Project.	15
C. Ministry of Planning	15
D. World Health Organization.	16
E. UNICEF	16
F. CUAM.	16
G. German Cooperation Project	17
VI. Problems Encountered	17
A. Construction.	17
B. Present Building	17
C. Delay in Computer Order	18
D. Budget Increase.	18
E. Time for In-Service Training	18
F. Bilingual Secretary.	19
VII. Projected Activities for Second Quarter, 1986	19
A. Administrative/Management	19
B. Training	19
C. Health Information System	20
D. National/Regional Conferences/Exchanges	21
E. Construction	22
F. Operational Research	22
G. Other Activities	23
VIII. Administrative Plans	23
IX. General Comments.	24

Annexes

Facsimile Annexes Under Different Cover

Strengthening Health Planning Capacity of
The Ministry of Health - Burkina Faso

Project USAID/BF 686-0251
Contract No. AFR 0251-C-00-4037-00

THE PRAGMA CORPORATION
TECHNICAL ASSISTANCE TEAM ACTIVITY REPORT
First Quarterly Report for Calendar Year 1986

I. INTRODUCTION AND OVERVIEW

As the project moves into its second year, normal routine activities are evolving. As in 1985, the DEP/Project Plan of Activities was finalized and a functional budget for 1986 adopted. Following a year of intense preparation, the new health data collection system was launched throughout the country and preparations for computer storage, processing, and analysis of the weekly disease and quarterly health service reports were made. The first project-sponsored DEP participant trainee began a five-month study program in the United States and training plans for other participants during 1986 were finalized. After general adoption of the Five-Year Plan for the Health Sector, the Planning Unit turned its attention to a number of new projects and the analysis of steps proposed to implement the country's Primary Health Care (PHC) Program following the government's successful recruitment and basic training of PHC workers for most of the country's villages. In this, particular attention was given to financial supports and comments/advice on the distribution and pricing of medications. With the permanent arrival of the TA team Information Specialist during the quarter, the work of the Health Information and Documentation Center of the DEP has begun in earnest. To increase the capacity and productivity of the TA team, a new Bilingual Secretary/Administrative Assistant was brought aboard early in the reporting period.

Certain problems have developed, particularly with the fall in value of the dollar and the subsequent drop in project purchasing power. However, cooperation continues to be forthcoming from all parties involved in seeking appropriate responses to this and other problems. At the time of reporting, we are awaiting word on the size and allocation of the proposed project budget increase.

II. ACTIVITIES DURING THE PERIOD

A. Training

Building on the groundwork of the previous year, the formal training of project participants began with the departure of the DEP Chief Health Planner to the U.S.A. for a five-month university program in the Theory and Techniques of Health Planning for Developing Countries. Final arrangements were also made with U.S. universities for both long and short term participants to undergo/initiate project-funded training during 1986. From the proposed Five-Year Plan of Activities, a revised global training plan for the project was prepared. Working with TA team experts, the DEP Director, and the candidates themselves, the COP remains principally responsible for the coordination of these training arrangements:

1. English Courses - The project again sponsored English classes at The American Language Center (ALC) for members of the DEP staff. Steady progress, particularly for those who will be leaving for their studies in the second quarter, is being made by the students. With this basic, reasonably-priced, regular English course preparation, it is anticipated that a considerable savings over future statewide intensive language lessons will be made.
2. Chief Health Planner - The first project participant trainee since initiation of the project, Dr. Kyelem David, left in mid-January 1986 to begin a five-month course in Health Planning and Management for Developing Countries at The Johns Hopkins University. Correspondence is being maintained with him and his course professors during his training program. He has also had two consultations with the nearby Pragma/MCD home offices in Washington.
3. Other 1986 Participant Trainee Candidates - Required background papers were prepared and program acceptance was obtained for the following candidates who will be undergoing training in the second and third quarters:
 - a. Dr. Ouedraogo Louis Hamade, counterpart to the TA team Epidemiologist, was accepted in a two-year master's program at Emory University in Atlanta, GA. He is scheduled to depart during May 1986.

- b. Zerbo Soumaira, the Economist at the DEP has been accepted into the short-term Boston University Summer Certificate Program for Health Services in Developing Countries. This program will take place between May 21, and August 16, this year.
 - c. Dala Rene, the Chief Statistician, has been accepted into MPH program at the Tulane School of Public Health and Tropical Medicine. It is recommended that he take an eighteen-month program in order to complete the desired coursework and practicum. He is scheduled to leave during August of this year.
4. Other Participants Schedule for 1986 -
- a. Health Planner/Evaluator - The public health trained nurse who is responsible for the Bureau of Monitoring and Evaluation at the DEP, though approved, was unable to begin his twenty-four-month course in the WHO affiliated health program at The University of Benin in 1985. Anticipating admission this year, we were disappointed to learn that this particular master's program has been temporarily discontinued. Given this situation, the ministry has again requested USAID to make an exception so the candidate may pursue master's training in France. Unofficially, we have recently learned that this request will probably not be acceptable to USAID.
 - b. Statistician/Computer Operator - In keeping with the ongoing collaboration between the DEP and the U.S. Bureau of the Census, it has been suggested that a member of the statistics staff participate in the Four-Month Computer Application Course to take place September through December 1986.
5. Training Plan - From the general Five-Year Plan of Activities, a provisional training plan was drawn for the remainder of the project. Elaboration of the plan awaits final word on the actual amount of funds which will be available for training.
6. Other Training -
- a. During the months of February and March 1986, trips were made to approximately half of the country's provinces to hold follow-up workshops and consultations of in-service training in the

use of the new Health Data System forms, The TA team Epidemiologist was involved in the planning and implementation of these trips.

- b. A Ministry of Health training committee has been established to plan in-service training activities in conjunction with funds available under The World Bank financed Health Services Department Project. The TA team Health Planner represented the DEP at the initial meeting of this committee.
- c. Given the DEP staff and TA team interest in schistosomiasis and original support for the USAID/Cameroon sponsored fellowship for a two-year master's program at Tulane University, contact was established with the Ministry of Health candidate, USAID/BF, and Tulane University regarding this useful fellowship. The COP and the TA team Epidemiologist have been primarily involved in this contact. USAID/BF is assisting USAID/Cameroon process admission materials for the candidate.
- d. With the improvement in DEP staff English language proficiency, an attempt is being made to initiate in-service training using English reading materials. The COP has been principally involved with this. When possible, English is used when discussing the readings. As in 1985, some difficulty has been experienced in the regularity of these in-service sessions due to busy DEP staff schedules.

B. Health Information System

1. Health Data Collection System - The TA team Epidemiologist, working with the WHO Statistician and DEP statistics staff, continues his heavy involvement in this priority DEP activity.
 - a. Introduction of New Forms - Beginning in January 1986, use of the new data collection forms was initiated throughout the country. As noted in previous reports, data collection forms for all levels of health services (Hospital, Medical Center, Clinic -CSPS, Village Health Workers) were instituted in January 1986. Some feedback on reporting problems was obtained during field visits as village and clinic (CSPS) reports are made monthly. The DEP, however, will only

receive the provincial summary reports at the end of each quarter. These should begin to arrive for analysis near the end of April, 1986.

During the quarter, a "Guide for Use of the Data Collection Forms" was developed for distribution and use in field training. As a result of discussions both in the ministry and in the field, it was decided that a separate nutrition surveillance form would be needed. This was developed and distributed.

- b. Participation in Field Training Seminars - The training seminars (already mentioned above) were held in the provinces of Kadiogo, Banfora, Kossi, Oudalan, Yatenga, and Tapoa.
- c. Supervisory Visits - In addition to the provinces visited to hold training seminars, supervisory visits to monitor system use were also made to the provinces of Houet, Kenedougou, Moun-Hou, Sourou, Oubritenga, Sanmatenga, and Passore. Depending on the vigilance and resources of the provincial statistics officer, results vary enormously in the correct use of the new data collection system. In some provinces, few problems were encountered in completing the forms. But in others, many mistakes were noted. In certain areas of some provinces, the relevant forms had not even been distributed. With any new system change however, some problems must be expected, and in general the impression thus far is that the health workers are adapting fairly well to the new system.
- d. BUCEN Consultant in Computer Programming - From 12 February to 27 February 1986, Mr. Leo Hool, a computer programming consultant from the U.S. Bureau of the Census, carried out a project consultancy at the DEP. Working with the two DEP programmers, the consultant provided information to permit DEP programmers to complete a package program for processing the TLO (weekly communicable disease report form). He also designed and implemented the system files for analyzing the provincial quarterly reports. A directory structure (menu) was organized for the IBM-PC/XT computer during his stay. Various recommendations were also made in his preliminary report. In general, the consultancy was judged

to be very useful. DEP programmers are now fully introduced to the system and are in position to continue the necessary work without additional consultations in this area.

Following a year of intense preparation, the Health Data Collection System has developed steadily and the time has come to move on to the storage and analysis phase with evaluations of the overall system scheduled to occur every six months.

2. Information and Documentation Center -

- a. Arrival/Installation Information Specialist - The Information Specialist arrived in Ouagadougou to begin her long-term assignment on 24 January 1986.
- b. Development of Center Record Systems - Since the arrival of the Information Specialist, a new system for cataloging, classifying, and indexing documents was developed, a bibliographic data sheet designed and work begun on a central archiving system for ministry documents. Previous work of the Documentalist was reviewed and an annotated bibliography of training manuals for health workers already received at the Center prepared. The latter will appear in the first edition of the Bulletin of Epidemiology and Health Information.
- c. Contact with Ministry/Other Agencies -
 - 1) RESADOC - Contact has been established with this important regional scientific and technical information network which is coordinated by the Sahel Institute. Initial steps for participating in and exchanging information with RESADOC were made during February 1986 when the coordinator of RESADOC visited and held meetings with information centers in Ouagadougou.
 - 2) World Health Organization - Contact was also established during the quarter with the embryonic WHO Africa region information network. Considerable correspondence has been maintained with the Geneva headquarters of WHO as well, and both requested and

non-requested health documents are now being received by the center from WHO.

- 3) Central/Provincial MOH Directorates - A request has been sent to all Ministry Directorates to provide the center with an inventory list of technical documents which they receive or have on hand. This is being done to determine which health publications and other documents are already available to the ministry. After reviewing those documents already being received, document lists to be ordered by the center for ministry use will be prepared.

- d. Computer Use - Though several meetings have been held with DEP programmers, it is anticipated that the Center will not begin its automated storage and retrieval system until arrival of the second computer.

3. Bulletin of Epidemiology and Health Information - Originally scheduled for March 1986, it was decided to delay the publication of this first issue until April 1986. During the quarter, both the TA team Epidemiologist and the Information Specialist were engaged in the preparation of this first bulletin. The former coordinated the solicitation of articles and established a review system for them in addition to making a technical contribution. The Information Center is responsible for the editing and production of the bulletin. As noted earlier, they have also contributed an annotated bibliography to this first edition.

C. National/Regional Technical Exchanges

1. Field Visits - During this quarter, the Epidemiologist made two trips to various provinces to monitor the introduction of the new data collection system and to conduct training sessions with health personnel in its use. The Economist made a one-day journey to Boulgou province with the CUAM Project Director. This province will be a test zone for a number of health service studies, including a study of cost recovery in which the DEP Economist will participate.
2. RESADOC Seminar - The Information Specialist and her Documentalist counterpart attended one day of a

documentation seminar held in Ouagadougou under RESADOC sponsorship during February 1986.

3. Seminars Attended -

- a. Ministry of Planning - During February 1986, the TA team Health Planner participated in a two-day workshop which was sponsored by the Ministry of Planning on the general objectives and functioning of ministerial departments of Project Studies and Planning (DEP). While only three ministries (Planning, Agriculture, Health) presently have such a structure, it is hoped that eventually each government ministry will establish its own DEP.
 - b. German Cooperation Seminar - During the quarter, the GTZ funded-project held one of its regular coordination meetings in Ouagadougou for the ten provinces in which it is working. Various sessions during these meetings were attended by the members of the TA team. The Epidemiologist also attended a presentation of preliminary results of the GTZ sponsored Health Services Utilization Study.
 - c. Ministry of Health/UNICEF PEV Seminar - During March 1986, a two-day meeting of the major donors who participated in Operation Commando and subsequent provincial PEV programs was held at the School of Public Health. The TA team Health Planner participated in this PEV seminar for international donors.
4. The semi-annual DEP-sponsored meeting for Central and Provincial Directors of Health which was due to take place in March 1986 has been rescheduled for May 1986. The COP and Health Planner will be involved in the preparation of this meeting.
 5. During the quarter, the DEP Documentalist was invited to attend a two-week RESADOC Documentation Seminar to be held in Bamako. Project funds will be used for this seminar/observation visit. Initial preparations to make possible to Documentalist participation in the seminar were begun during the reporting period. Other observation visits to health programs in the sub-region planned for the first quarter were not possible because of busy workloads. While information has been received on programs

of interest to DEP staff in neighboring countries, it is doubtful that many observation visits will take place during this year because of staff shortages due to the departure of certain staff on long and short term training this year.

6. The TA team Epidemiologist participated in an ad hoc committee of health professionals to recommend standard treatment regimen for sexually-transmitted diseases (STD).

D. Construction

It is regrettable to report that again this quarter, little progress was made in resolving the outstanding problems related to the construction of the new DEP building. The difficulties encountered center principally on the contractor's request for an increase in funds due to material price increases. This was eventually verified by the Government architect and a modest increase for inflation in cost of materials recommended. As the quarter came to a close, all parties (the Contractor, GOBF, USAID) expressed their eagerness to get the construction moving again. One constraint has arisen due to the fall in value of the U.S. dollar. While an ample margin of security to allow for inflation and the requested modifications was available when the construction commenced last August, the present dollar amount of the CFA cost now greatly exceeds the available budget the construction. Funds will therefore have to be taken from other budget line items to make up the difference. It is hoped that the contractor can again begin construction while awaiting the proposed project budget increase.

E. Operational Research

1. Consumer Expenditure Study - Both technical and financial support was again made to this national study which is coordinated by the Ministry's Directorate of Epidemiologic Services. Preliminary information from this study will be useful toward determining population purchase capability for health services and medications. From these and other expenditures for health, the TA team Economist was able to make rough projections of available resources in his background paper for the proposed study of cost recovery in Boulgou Province. Financial support of this nationwide study continues to be in the form of gasoline used for data collection and supervision.

2. Boulgou Test Zone - As noted in previous reports, the World Bank funded Project for Health Service Development has designated Boulgou Province as the test zone for a number of operational research studies. Several meetings were held with the National Director for the Health Services Development Project (PDSS) and members of the Italian CUAM Boulgou-based health team during the quarter to discuss this project. The TA team Economist and Health Planner, and to a lesser extent the COP, were all involved in efforts to lay groundwork for the Boulgou studies.

After initial discussion, it was determined that a short-term consultant should be sought to develop the actual study design. The Health Planner aided in the drafting of terms of reference for this consultancy. Background papers were also developed by the TA team for the three major aspects of the study:

- (1) Organization of Health Services
- (2) Distribution of Essential Medications
- (3) Cost Recovery for Health Services

The Planner was responsible for papers on the first two subjects while the Economist contributed the paper on cost recovery. As noted earlier, the Economist also made a field visit to Boulgou Province during the quarter.

While a number of candidates have been proposed for the short-term consultancy, final selection has not yet been made. It is proposed that Dr. Abraham Bekele, a candidate for the TA team Health Economist post, is an excellent candidate for this short-term consultancy.

3. Maternal Mortality - While some meetings were held during previous periods, a maternal mortality committee was formed and commenced its activities during the first quarter. Five working meetings were held in February and March 1986. A two-phase case-control study has been proposed. The first phase will cover a period of four to five months in which cases of maternal mortality will be recorded. Then, a field survey will be made to determine associated factors. The TA team Epidemiologist has been heavily involved in the organization of this study. Pragma/MCD home offices have also obtained and relayed relevant literature for the study.

4. Other Studies -

- a. Schistosomiasis - Working with the Italian financed non-governmental agency, LVIA, the TA team Epidemiologist and his counterpart have contributed to the design of a community-based schistosomiasis control study in neighboring Oubritenga Province. The latter has developed the research protocol for this study which involves the use of village health workers.
- b. Sexually-Transmitted Diseases (STD) - As a result of a working group (in which the TA team Epidemiologist participated) to reexamine treatment schedules for the several types of STD found in Ouagadougou and other parts of the country, a proposal has been submitted for a relatively inexpensive laboratory study to test the continuing sensibility of Neisseria gonorrhoea to penicillin. In other areas of Africa and the world, the increasing prevalence of penicillin-resistant gonorrhoea has become a major barrier to the treatment and control of this disease. It is likely that the project will contribute funds to this study because of interest in disease surveillance and to promote medical student interest in applied research.
- c. Infant Mortality - A committee of representatives from the Ministry of Health, the Faculty of Medicine, ORSTOM, OCCGE, the French Cooperation, and UNICEF has been formed to coordinate the study and determination of factors related to infant mortality. A number of small projects are underway in several provinces of the country. With assistance of the TA team Epidemiologist, the DEP has organized this study group.

F. Other Activities

1. Development of Job Descriptions - During the reporting period, the COP made final the initial set of job descriptions for the professional and non-professional staff at the DEP. Carried out over a period of months, these were developed through interviews and written descriptions from personnel holding the posts, observations from their supervisors and the TA team, and from job descriptions of similar positions in other organizations.

2. Project Reviews - During the quarter, the TA team Health Planner has contributed to a number of new project reviews. Among these were projects for malaria control, school health, training and nutrition centers, and mutual pharmacies.
3. Program Analyses - Both the TA team Economist and the Health Planner have been involved in a variety of program analyses. Recurrent costs continued to be a subject of interest. In addition, the TA team Economist devoted considerable time to the analysis of pricing and managing medications for the community-based primary health care program. A number of contacts were made with non-profit agencies through which medications may be ordered at reasonable costs (UNIPAC, MEMISA, IDA, etc.). Arrangements were made for government and agencies representatives to meet. As noted above, both the TA team Health Planner and the Economist developed background papers for The World Bank funded-Boulgou test zone project.

In preparing for this year's planning process, the TA team Health Planner developed initial guidelines for the provincial directors to use in developing their provincial health plans for 1987. The Economist also provided an analysis and suggestions for revamping the summary table of ongoing and proposed major health sector projects which are funded by international donors. The presentation of this table was the subject of considerable discussion at the DEP sponsored meeting for health donors held last December.

4. Secretary/Typist Evaluation - Training - The new TA team Bilingual Secretary/Administrative Assistant, initiated a program of assessment and training in secretarial and office management skills for DEP office staff. Typing tests were given and standards recommended for typists. Additional assessment and individual training is planned to improve skills. It is also felt that some additional training in French language grammar will be necessary to improve DEP secretarial and typing performance. Motivation has been cited as an important factor in typing pool efficiency.

III. - LIAISON WITH PRAGMA/MCD

Regular communication continues to be satisfactorily maintained with the Pragma/MCD home office through the use of the SAG Transport telex service. Due to the sub-contracting nature of this arrangement, it has not been possible to obtain exoneration from certain small service taxes which are not normally paid by USAID development projects. The great amount of telex communication continues to be administrative and much gratitude is expressed to the tireless efforts of the Pragma Financial Manager in maintaining this important link. During the first quarter of 1986, the previously designated Pragma backstopping person, Mr. Richard Osanski, left the company to take a position with AID in Pakistan. Ms. Margaret Chadwick has since assumed some of this role and periodic update telephone conversations are held with her.

With the opening of a DHL Courier office in Ouagadougou, it is now possible to transmit letter and other paper correspondence to and from the home office in just a few days. While this service remains rather expensive and is thus not routinely used, it does appear that the cost may be reduced if these dispatches are sent through DHL via the U.S.G. The possibility of this saving is currently being investigated.

The translation and final production of the project quarterly report continues to be made at the Pragma/MCD home office though local translation is planned in the future in an attempt to speed up turn around time.

Backup support in the purchase of needed office supplies and other small items not available in Burkina Faso is continually appreciated as are the library searches and technical papers referred to above under Operational Research. Wall planning charts and replacement parts for the electronic stencil cutter are examples of the type of needed office materials received which are not locally available or procurable.

Important support has also been provided to the project-sponsored participant trainee who is studying at Johns Hopkins University in neighboring Baltimore. Frequent telephone contact is maintained with the trainee and he has visited the home offices for consultations on two occasions.

In January 1986, while on R and R annual leave in the U.S., the COP spent two days at the home office for consultations.

IV. - LIAISON WITH USAID

The principal contact with USAID/BF is through the Health, Nutrition, and Population Officer and staff (HNPO). All contract and project expenditures are authorized by this office. Information cables on training and other relevant programs are passed to the contract team and DEP by the HNPO. The continuation of this support is critical to the success of the project and is much appreciated by both the TA team and the DEP staff.

In preparation for the departure of both long-term and short-term participant training candidates, more than the usual contact was maintained with the USAID training unit during the quarter. They have been particularly helpful in providing advice and carrying out the necessary paperwork to make the training grants possible.

The USAID Management Office continues to provide personal support to the TA team and was particularly helpful this quarter with the arrivals of the Information Specialist and the Bilingual Secretary/Administrative Assistant.

In addition to personal support, the Management Office is also coordinating the solicitation of bids for the second computer order.

Contact is also maintained with the Office of Financial Management (OFM) with regard to voucher problems, advice on allowable expenditures, per diem and exchange rates, etc. The Sahel Region Financial Management Office continues to provide advice on financial reporting of the project local budget funds.

V. - LIAISON WITH OTHER DEPARTMENTS/ORGANIZATIONS

A. Ministry of Health

As the Ministry Unit responsible for project reviews, planning and health statistics, the DEP interfaces with nearly all Central and Provincial Directorates in its routine work. However, depending on time of the year and nature of work, the amount of such contact with any one directorate may vary by reporting period.

Again this quarter, the DEP provided certain English to French translations for the office of the Minister (Cabinet) and of the Secretary-General. The TA team Bilingual Secretary/Administrative Assistant was primarily involved in this work. As the needed translations are periodic and

generally not urgent or long in nature, the Secretary has to date been able to comply with these requests along with her regular workload.

With the advent of increased planning and preparation for the study of maternal mortality, contact has been maintained with the MCH (DSMI) directorate as well as with the Department of Obstetrics and Gynecology at the National Hospital. As part of the continuing interest of the DEP in the planning of the countrywide vaccination program, contact is maintained with DPV (the Directorate for the Promotion of Vaccinations). This new directorate was formed also with DSE (Directorate of Epidemiological Surveillance) when the services of DSEV, the Directorate previously fulfilling both these functions were divided. Contact with the latter is also frequent for it is with this directorate that the DEP shares the services of the TA team Epidemiologist counterpart.

Frequent contact was maintained with the DFP (Directorate of Professional Training) regarding initial approval of project participant trainees and also in helping the DFP to develop training materials for the Community Health Worker (ASV) training programs. The TA team Economist provided a number of suggestions in this regard, particularly with respect to the fair pricing of medications sold at the village level by the ASVs. Periodic contact was maintained with the Ministry's Inspection Technique (principally by the TA team Health Planner on PHC follow-up and the mutual pharmacy proposal and the DESA (Education and Hygiene) during the first quarter of calendar year 1986.

B. Health Services Development Project (PDSS)

As noted under Operational Research, a number of contacts were made by TA team members with this Ministry Office for managing The World Bank development loan. It is expected that a close working relationship will continue to be maintained between the TA team's work at the DEP and this project. The PDSS is by far the largest single source of Ministry funding for carrying out its Five-Year Health Sector Plan.

C. Ministry of Planning

Considerable contact in finalizing the Five-Year Health Sector Plan was maintained with the Ministry of Planning during January 1986 by the DEP Director. The TA team Health Planner also participated in a seminar organized by the Ministry of Planning during March 1986.

D. World Health Organization

Periodic contact is maintained with both local and international WHO offices on many occasions as this organization remains the principal international reference point for health. In addition to contact regarding the order and receipt of their documents (previously referred to), liaison is maintained particularly with the Geneva program offices, on a variety of technical issues. During his R and R leave in Europe, the COP made a courtesy visit to the Geneva headquarters where he met with program people from the Strengthening Health Services, Tropical Disease, and Mental Health Departments. A close working relationship is also maintained with the DEP-based WHO expert in statistics.

E. UNICEF

As health remains a focal point for UNICEF in Burkina Faso, frequent contact is also maintained with this organization. The principal contacts concerned their continuing interest and program support for the country vaccination program, the Infant Mortality Research Committee and discussions related to Government procurement of medications through their supply organization, UNIPAC. Other DEP staff met with them on several occasions during the quarter regarding their GOBIFFF health strategy in Burkina Faso.

F. CUAM

CUAM is an Italian non-governmental agency which has been contracted by the Italian Government to aid Burkina Faso in the renovation, staffing, and training personnel of the regional hospital at Tenkodogo in Boulgou Province. While not the specific aim of their project, it was believed that they would also play a leading role in the organization of health services in Boulgou Province. It is now clear that their role will be somewhat more limited in this respect. Since this province is the designated test zone for a variety of operational studies (in which DEP will collaborate) to be funded under the World Bank Health Services Development Project, several meetings were held with the Project Director and other CUAM personnel during the quarter. The TA team COP, Planner, and Economist were involved in meetings with CUAM. The Economist, who is to work closely with the Boulgou Province in carrying out the operational studies, in particular, had several meetings with CUAM during the quarter.

G. German Cooperation Project

Liaison continues with this important multi-province health project. As noted previously, TA team and DEP staff attended meetings and presentations sponsored by GTZ during the quarter.

VI. - PROBLEMS ENCOUNTERED

A. Construction

As noted above, construction did not recommence during the quarter as expected. The principal reason for the delay is the need for agreement on the amount of increase to be allowed in the amendment for inflationary costs claimed by the contractor. To determine this, a small market survey of current and past prices of building materials was conducted by the Ministry of Buildings. With the drastic decline in the value of the dollar over the past few months, the current total price of the construction with needed modification now considerable exceeds the budgeted amount. It will thus be necessary to determine from which other budgetary categories these funds will be obtained.

Near the end of the reporting period, word was received that a compromise had been reached with the contractor. A meeting has been scheduled to reach accord on the exact size of the required amendment. It is hoped that construction may begin in earnest during the next quarter.

B. Present Building

While the current floor space of the DEP is large, it has not been possible to reallocate existing space to the complete satisfaction of all services. Steps were made to exploit some of the vast verandah by transforming a portion into a conference room. The extremely high noise level due to the busy thorough fare, pharmacy customers, etc. at the front of the building however has also made our initial attempt at this less than satisfactory. Plans are now being considered to construct a thatch hangar on the larger side verandah for this purpose as well as to provide more afternoon shade to the COP and other offices on that side of the building. Storage space has also been a problem, particularly for the growing demands of the Information Center. Temporary relief for this problem will be sought by better use of existing closet space, thus freeing up one or two

project-purchased metal cabinets.

With the onset of the hot season, the electrical capacity of the building was again questioned, particularly in regard to the permitted simultaneous use of the several DEP air conditioners between the allowable usage hours of 10:00-12:30 and 15:00-17:30. Air conditioning is particularly critical for the computer room whose windows must remain closed to prevent dust. While the experience of last year was that only one or two air conditioners could operate at a time, after recently inspecting our system, SONABEL has advised us that our internal electrical system is sufficient to support our maximum estimated usage. More power has been made available to the neighborhood since last year's experience. The more serious plumbing problem is water leakage and some sewage conduit blockage in certain water closets at the DEP precludes their use for needed storage space. Apparently, such major work renovations require permission and financial participation of the proprietor. This has not been forthcoming. Fortunately, to date, water leakage has been confined to the W.C./Washrooms and has not yet seeped through to the pharmacy on the main floor.

C. Delay in Computer Order

After finalizing the required elements for the second computer order and preparation of the relevant PIO/C, bids were requested directly by USAID from suppliers. The suppliers have been somewhat slow in submitting their bids. It is hoped that once all bids are in, the purchase may proceed. This second computer will permit the Information Center to begin its automated record system.

D. Budget Increase

Project activities for 1986 have been planned and budgeted in anticipation that the project will receive the requested budget increase. It is hoped that authorization of the increase is received prior to the need for these project expenditures. Training and computer equipment expenditures fall in this category.

E. Time for In-Service Training

Heavy DEP staff workloads have precluded until now a regular program of in-service staff training. The small discussion group using English readings on monitoring and

evaluation appears to be meeting with a similar fate. With more staff scheduled to leave for training and the ever increasing workload at the DEP, it is likely that staff schedules will become even more occupied and correspondingly less available for special training periods in coming months.

- F. With the arrival of the Bilingual Secretary/Administrative Assistant during the quarter, the COP is being gradually freed from certain time-consuming administrative duties as voucher preparation, file system management, etc. The translation of TA team English communications and the editing and careful presentation of their French written work has been substantially improved. As the Secretary/Administrative Assistant assumes even more responsibilities in future months, it is anticipated that TA team output will be even greater.

VII. - PROJECTED ACTIVITIES FOR SECOND QUARTER OF CALENDAR YEAR 1986

A. Administration/Management

Under the overall supervision of the DEP Director and in collaboration with the DEP Director and Administrator, the COP will have primary responsibility for this area.

1. Project Budget - On receipt of the final authorized project budget increase, relevant modifications will be made in the major line items and detailed item breakdowns made with a view to final revision of the five-year project budget.
2. Consultancies - Working with both field and home office personnel, a priority list of subjects for the use of remaining Technical Assistance consultancies will be developed.

B. Training

The COP will again oversee the training domain in the second quarter. During the month of May 1986, the Epidemiologist physician counterpart will leave for an eighteen-month program of studies in Epidemiology at Emory University in Atlanta, Georgia. The DEP Economist departs in May 1986 for a three-month short-term training program on health care in developing countries at Boston University.

In June 1986, the Chief Health Planner will return to the DEP from his five-month course in Health Planning at The Johns Hopkins University. The possibility that he participate in a one-week workshop on Project Monitoring and Evaluation during the period 2 June to 6 June 1986 is currently being explored.

Work continues in the search to locate an appropriate training program for the Planner/Evaluator. Selection and processing of the Statistician/Computer Programmer who will attend the four-month BUCEN program between September and December 1986 will also take place during the second quarter. Inquiries are being made into administration and management courses which are programmed for participant training in 1987.

DEP personnel will again be enrolled in the regular English course at the American Language Center (ALC) during the second quarter. The Epidemiologist-trainee and the Economist-trainee will undergo a daily two hour conversational English class during the four week period in April - May 1986 before their departure.

Depending on available staff time, attempts will also be made during the quarter to continue/begin in-service training in Statistics, Monitoring/Evaluation, and Management. English readings will be used, and when possible, discussions will also be conducted in English.

C. Health Information System

1. Bulletin of Epidemiology and Health Information - Early in the second quarter, the first edition of this proposed quarterly document will be published. Technical coordination will be provided by the Epidemiologist and editing/processing by the Information Specialist.
2. Health Data Collection System - Through routine field visits and other forms of communication, support and guidance will continue to be provided for the effective use of the new health data collection system. The system will be monitored during the quarter by visits and review of completed forms.

Preparations will continue into the second quarter for the receipt and computer analysis of the quarterly provincial reports. These reports will be collected on completion and tables and other printouts subsequently produced for analysis of data.

A special attempt will be made to provide report and other feedback to the provinces.

3. Information/Documentation Center - During the second quarter, the management system of the Documentation Center shall continue to evolve. In this respect, contact will be maintained with information networks such as WHO and RESADOC and contact with other relevant networks established. During the quarter, the work begun on classification and indexing systems will continue. Attention will also be paid during the quarter to the development of filing systems for the DEP project working documents.

As the inventory of ministry documents becomes more complete, lists of additional required documents for the Information Center will be developed for subsequent procurement.

An attempt, through the bulletin and other channels of communication, will be made during the quarter to maintain and establish contact with the various central and provincial health directorates concerning their document resources and needs.

During the second quarter, a visit is planned to Bobo to see the Documentation Center of the OCCGE.

D. National/Regional Conferences/Exchanges

1. Director's Conference - A major event planned for the second quarter of 1986 will be the DEP-sponsored conference for Central and Provincial Directors of public health programs. Under the general coordination of the DEP Director, the COP, the TA team Health Planner, and the DEP Administrator will continue to be involved in the preparation of this important conference. The seminar is currently proposed to take place in Ougadougou 20 - 23 May 1986.
2. Field Visits - Certain field visits and other types of liaison with the provinces will be made during the quarter, particularly keeping in mind preparation of the 1987 National Health Plan.
3. Observation Visits - As noted, the DEP Documentalist will spend two weeks in Bamako early in the quarter where she will attend a documentation seminar and become familiar with the RESADOC information network.

4. Other Planned Visits -

- a. Maternal Mortality Study - Inquiries are being made to MCH programs in Anglophone West African countries regarding possible exchange visits to view/consult on the identification/classification of high risk pregnancies and other factors related to maternal mortality and its prevention.
- b. Other Visits - Attempts are still being made to explore possible observation visits during the second quarter. The neighboring countries of Ghana and Niger have been cited for their exemplary planning, management and organization of oral rehydration therapy.

E. Construction

With the anticipated resolution of remaining problems, construction should finally begin anew during the second quarter of 1986.

F. Operational Research

1. Participation in the Boulgou Project - Continuing consultative support will be offered to this research project particularly in regard to the identification and selection of the short-term consultant to design the Boulgou operational research study.
2. Maternal Mortality - The first phase of the maternal mortality study is due to begin in the second quarter of 1986. This is the phase where the project area (e.g. several provinces are believed necessary) will be selected and the recording of maternal mortality cases begun. Plans for the second field survey will be developed during the coming quarter.
3. Health Expenditure Study - Support for this important study will continue during the second quarter.
4. Other Proposed Studies -
 - a. Schistosomiasis Control - A pilot study has been proposed to examine the efficacy of using village health workers as medication dispensing agents in the early detection and treatment of urinary schistosomiasis in Oubritenga. The Epidemiologist counterpart has developed the

research protocol for the study. Though the principal field support for this study will be provided by the LVIA, some logistical support for the acting principal investigator will be provided.

- b. Sexually-Transmitted Diseases - A small amount of support will also be given to the disease surveillance laboratory study to ascertain the current level of penicillin-resistant gonorrhea in Ouagadougou and other parts of the country.

G. Other Activities

As part of a normal DEP activities, TA team personnel will participate in a number of seminars and meetings during the quarter. The proposed Ministry of Planning seminar and the UNICEF sponsored PEV seminar are among those to be held during the second quarter.

VIII. - ADMINISTRATIVE PLANS

During the first quarter of 1986, the Health Planner returned from his R and R. The Chief of Party was absent during two weeks of R and R leave in 1986. The Economist returned from a short visit to Europe.

- The first project Economist, Dr. Jim E. Davis, will leave the project at the beginning of the quarter to return to the U.S.
- The designated replacement Economist will come to Ouagadougou early in the quarter for an interview with Ministry and AID officials.
- The COP plans a brief personal trip to Europe at the end of May early June 1986 to attend the graduation of his children.
- The Epidemiologist will take his R and R leave during June/July 1986.
- The project Director and Associate Project Director (Pragma/MCD) will visit the project in late April - early May 1986 for consultations with the TA team, USAID, and the Ministry of Health.

IX. - GENERAL COMMENTS

While much remains to be done to realize project objectives, the project continues to receive the important encouragement and support needed from both the Government of Burkina Faso and the American Government. In this respect, appreciation is particularly noted here for USAID diligence in seeking additional funds for the project. These funds will be used to address certain project deficiencies resulting principally from the considerable passage of time between preparation and implementation of the project. They will also enable the project to provide the required additional participant training and enable to MOH to meet expanded needs in information. In general, TA team members continue to experience and appreciate the warm personal and physical environment in which they work.