

PDWARD57

THE PRITECH PROJECT
MANAGEMENT SCIENCES FOR HEALTH

November 8, 1985

Mr. Allen Randlov
S&T/Health
The Agency for International Development
Room 714
Arlington, VA.

Dear Mr. Randlov:

Please find enclosed a copy of the final PRITECH Second Annual Report,
covering the period of October 1, 1984 - September 30, 1985.

Sincerely,



John Alden
Project Director

cc. J. LeSar

SUITE 700, 1655 NORTH FORT MYER DRIVE, ARLINGTON, VIRGINIA 22209

(703) 841-0680

BOSTON

JAKARTA

PORT-AU-PRINCE

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The PRITECH Project

Second Annual Report

October 1, 1984 - September 30, 1985

September 30, 1985
CONTRACT # DPE-5927-C-00
3083-00

By: Management Sciences for
Health
1655 North Ft. Myer Drive
Suite 700
Arlington, Virginia 22209

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I. EXECUTIVE SUMMARY

A. INTRODUCTION

This Second Annual PRITECH Report reviews operations between October 1, 1984 and September 30, 1985. As in PY1, the levels of activity for the two major components of the project, Disease Control and Systems Support, have substantially surpassed the workplan projections. For Disease Control the workplan called for 27 person months of effort; 73.6 were delivered. In Systems Support, 33 person months were projected; 48.2 were delivered. This unanticipated level of effort has been funded, in part, with the additional resources made available in PRITECH's augmented contract. This amendment, which was signed in July, 1985, raised the contract ceiling from \$8.7 million to \$19.0 million.

The Report is divided into two main sections (following the Executive Summary): A Progress Report on the Approved Annual Workplan and a Summary Description of Field Programs. Appendix 1 is a matrix outlining field activities for the major components of the contract in Disease Control and Systems Support. This is complemented in Appendix 2 with a summary Table of estimated contract expenditures during PY1 and PY2. Appendix 3 is a list of PRITECH promotional and strategy disease control countries in which the project is actively involved.

B. OVERVIEW OF PY2 ACTIVITIES

PRITECH's PY 2 has been productive and successful. In the projects Disease Control, Systems Support and Information Components, PRITECH was able to achieve essentially all of the output targets in the approved workplan and with AID's help, we have been able to resolve a number of our most pressing management problems.

PRITECH's disease control staff is both larger and technically stronger than a year ago. At headquarters and in the field we have added well-qualified senior professionals to help manage the expanding disease control program. We have also recruited some able and energetic junior professionals to monitor ORT program operations in PRITECH countries on a day-by-day basis. We also now have in place all of the basic management systems we need to plan, review, and monitor the field implementation of the ORT field program. This has involved re-thinking the original project concept of totally Washington-based field program management in favor of a mix of country project officers backed up by periodic support from U.S. and regionally-based senior technicians. The project's major methodological contribution - the ORT planning guidelines - has been completed, peer reviewed and delivered to AID. In addition, work is nearing completion on the ORT Program Managers' Manual that will complement the WHO ORT program series. During the second project year, PRITECH developed and received

AID's approval to implement nine ORT country programs and two programs with regional organizations. This brings the total of approved programs to eleven - four more than the workplan target.

PRITECH has sought opportunities for national program efforts, usually planning programs with other donors, particularly where USAID bilateral projects are not available. UNICEF country representatives have been especially forthcoming. Included in this year's program is an intervention in India that will field a two-person technical assistance team to assist the GOI and USAID to upgrade the technical content of a large ongoing USAID-funded child survival project and take the technical lead in designing a new one. During the second year, PRITECH's disease control program has moved from the promotion/strategy phase to the first steps in program implementation. Many of the field activities for this second batch of programs are now getting underway and we are just beginning to receive the first country-based reports of program outputs.

In mid-July AID amended the PRITECH contract to focus the contract's disease control component on ORT and increase from 15 to 30 the number of country interventions. Two categories of programs are planned; about 17-20 country programs at the \$375,000 funding level and the remainder at roughly \$100-125,000 each. The Africa region priority was maintained. The country program implications of this amendment are reflected in our year three workplan which is now being prepared.

This amendment was fully discussed with PRITECH at the planning stage and reflects an agreement to set aside resources for an augmented central technical and management staff to handle the increased country workload, funding for ORT methodology work (such as the planning guidelines) and the ORT task force, and program and funding support for the PRITECH regional staff in West Africa and Asia that will be monitoring the country interventions. These contract changes will permit project implementation to proceed more smoothly and enable AID to more fully capitalize on the substantial ORT technical resources that the project has already mobilized.

The amended contract has sustained a concentration on the Africa region which PRITECH supports. However, the low priority for health in AID's Africa region continues to concern us. Outside the Sahel it is likely that only two of PRITECH's African interventions will support USAID bilaterals. The remainder will probably be developed by PRITECH in collaboration with US and host country PVO's, other donors and UNICEF. PRITECH stands ready to support AID field missions developing ORT activities and we are confident that African countries are clearly interested, but thus far not many African AID missions appear ready to include ORT in their bilateral programs.

Formulating the PRITECH program with PVOs, other AID donors, and international agencies has complicated the program development

process for us and introduced both new uncertainties and unplanned delays, thus far, all within the AID system. The "start-up" of our PRITECH-Africare agreement in Chad was held up for six months waiting the negotiation of the AID-funded PVC grant. The PRITECH/UNICEF collaboration in Djibouti has been delayed six months pending clearance from AID for PRITECH to work in that country. Fortunately, both these situations have been cleared up. We welcome the opportunity to collaborate with International assistance agencies, other donors and PVOs. We are hopeful that once the administrative hurdles have been cleared, program implementation will move forward rapidly.

Systems Support continues to be a highly useful resource, both centrally and in the field. In the Systems Support component of the project, PRITECH has supplied consultants for 46 field and interregional assignments in 32 countries. The numbers of person months supplied has surpassed our target by 46 percent. Many of the assignments were identified and funded by AID field missions as a buy-in to the PRITECH project. Systems Support has also been used to support some important Washington-based analytical tasks such as the design of the evaluation guidelines for child survival projects. As part of the planning for the amended PRITECH contract, we have established with AID target Systems Support "quotas" for each AID region and the two centrally funded bureaus (S&T and FVA) that receive services under the project. This procedure enables regional and central bureaus to plan more effectively their use of Systems Support resources.

The PRITECH Information Center is now fully operational and is regularly supplying ORT and, in lesser amount, Immunization materials to AID field officers worldwide. PRITECH has supplied each officer with a mini-ORT library which is being supplemented periodically. A computerized catalogue of holdings will be completed before the end of the year. Most recently, the Center has been asked to support the PVO community with materials on ORT and other child survival technologies--a task that is now underway. In general, the Center has opted to supply a limited amount of relatively brief and very selective material that will be of maximum technical value to the AID officers rather than supply a large volume of more comprehensive publications that may be sparingly used.

PRITECH has reached agreement with AID to distribute the "ORT Planning Guidelines" as the Second Annual Technical Update. In addition to this basic document, PRITECH is preparing at AID's request, a 15-page summary of the guidelines that will be distributed at the December ICORT-2 meeting.

During the second Project year, PRITECH sponsored two highly successful regional ORT conferences in Asia and Africa. The Bangladesh conference focused on ORT implementation issues. The Asian ORT program managers took a lead role in the discussions. At the Malawi meeting, which was held with CDC's CCCD Project, the conference stressed ORT planning and evaluation. There was

particularly strong African technical participation at this session.

Looking back on PY 2, we have made enormous strides in programming ORT interventions in the field and establishing the management systems to support them. The evolving relationships with UNICEF and the PVOs has made us optimistic about meeting our Africa regional targets. Some initial program intervention outputs are being delivered. The added resources from AID have made it possible to expand the field program, strengthen both our technical staff and the technical program content and increase the amounts of short-term consultant help for the AID missions and AID Bureaus.

Looking ahead to PY 3, we anticipate a substantial increase in our ORT program intervention deliverables, some new program starts in Africa, Asia and the Near East, a number of new ORT technical resource materials and an expanded and more technically focused short-term consultant program.

II. PROGRESS REPORT ON THE PY 2 WORKPLAN

A. Disease Control - Operations Component

1. Overview

Table 1 reports on the actual status of country and regional programs at the end of the second program year, compared with the previous Workplan. During the second program year, program strategies or plans were completed for seventeen programs. AID/W has approved program plans for eleven programs, in comparison with the target of ten approved programs by September 1985, and nine of these programs are underway. Four more program plans are in the final stages of preparation.

2. Current Status Vis-a-Vis PY 2 Workplan

Table 1

DISEASE CONTROL COUNTRY AND REGIONAL PROGRAMS
PLANNED AND ACTUAL ACTIVITIES SECOND YEAR

	<u>Planned Activity</u>	<u>Current Status</u>
<u>Africa</u>		
Cameroon	Strategy scheduled for second quarter of FY 1986	Strategy completed on schedule. In August, a PRITECH planning team developed a proposal for a new bilateral project. PRITECH will provide interim assistance until project is underway in FY 87 or FY 88.
Chad	A program start was scheduled for the second quarter of FY 1986.	Start was delayed until the fourth quarter of FY 85. A companion grant to Africare was approved by the AID Contract Management office in August 1985. Funding for Africare was needed before PRITECH could start the program and provide assistance.
Djibouti	Approval of a program plan was scheduled for the second quarter with a start in the third quarter.	The program strategy cum plan was completed on schedule in collaboration with the USAID. The Africa Bureau held up implementation of the program plan, pending decisions about the future status of the USAID program. Participation by CRS was cancelled. UNICEF has agreed to

		take responsibility for the program with funds allocated from AID. UNICEF has requested PRITECH technical assistance.
Gambia	Not scheduled.	A PRITECH team has developed a program plan for limited activities to follow up the prior mass media effort.
Kenya	A program plan was expected by the fourth quarter.	Deferred. Based on discussions with the USAID Health and Population Officer, the Mission is not currently ready to re-request a planning team. PRITECH will propose a promotion visit.
Mali	A program strategy/plan was scheduled for the second quarter.	The plan was completed on schedule, was approved and is being implemented.
Mauritania	Not scheduled.	Plan for a limited program drafted in the fourth quarter. Now being reviewed.
Niger	A program start was scheduled for the second quarter.	Program underway as scheduled.
ORANA	A program start was scheduled for the third quarter.	Program underway as scheduled.
Senegal	Strategy/Plan scheduled for the first quarter.	Not completed. The GOS has not yet agreed to an implementation plan for the ORT component of the bilateral Sine Saloum project. PRITECH assistance is a component of the bilateral program. PRITECH has proposed a series of short term consultants to help define a program plan.
Sudan	Strategy scheduled for the second quarter.	Cancelled.
<u>Asia</u>		
Bangladesh	Strategy scheduled for the second quarter.	Cancelled. USAID decided against a comprehensive ORT assessment. Instead, the USAID is proceeding with an ORT program limited to social marketing. Technical as-

sistance is being provided by PRITECH.

India Program start scheduled for the third quarter.

Start delayed until fourth quarter. A strategy/planning team scheduled to go to India in January was cancelled by the GOI because of Indian state elections. The team was rescheduled for May. AID has approved assignment of two long-term experts, the first arrived in August.

Pakistan A program start was scheduled for the third quarter.

On schedule. A limited program for one year was approved in January based upon recommendations in the Grieser-Louis communications and training strategy.

Latin America

Bolivia A program start was scheduled for the third quarter.

The start was delayed until July, while AID developed a grant to CRS to provide dollar funds for CARITAS program costs needed to supplement PL480 pesos.

INCAP Program start scheduled for second quarter.

Program underway as scheduled.

Mexico Not scheduled.

Although not scheduled for this period, a program strategy was completed in February by a PRITECH team.

Near East

Morocco Program start scheduled for fourth quarter.

Delayed one quarter. Program approved by AID in August 1985.

Tunisia Program strategy scheduled for second quarter.

A PRITECH strategy team has been rescheduled to November 1985.

The emerging PRITECH country programs reveal the following pattern:

- PRITECH has found countries primed for large scale or nation-wide ORT efforts;
- although USAID is not always in position to finance bilateral programs for primary health care, resources have not been a constraint. UNICEF and other donors have had adequate funds available;
- the major obstacles have been the mobilization of available resources and the establishment of program momentum;
- governments sometimes resist short-term experts who are seen as expensive and unfamiliar with the country situation; there is a preference for experts who have a long-term continuing involvement with the country;
- PRITECH and other donor funding for local costs has been essential. PRITECH funds pay for educational materials or other costs which are related to PRITECH's technical tasks and are easily monitored;
- PRITECH activities proceed better with resident staff who keep up program momentum. PRITECH has been able to recruit low-cost local representatives who can facilitate the visits of PRITECH experts.

The countries where PRITECH is able to play an effective and influential role have the following characteristics:

- the USAID is willing to sponsor PRITECH activities even if unable to give administrative or program support;
- the government or a national organization is willing to make the commitment to an ORT or immunization program but is uncertain about how to proceed;
- UNICEF or other organizations such as PVOs or CCCD have resources available and are willing to collaborate with PRITECH;
- a decision-maker in the country endorses PRITECH's approach and then authorizes action, including designation of a national program coordinator and assignment of resident PRITECH staff.

When these conditions do not exist, PRITECH has a more difficult time establishing a program. In some countries where conditions are lacking, PRITECH has defined a limited program and role, where PRITECH is responsible only for supplying resources (inputs) rather than producing program results.

In Africa, outside the Sahel, USAIDs have generally not been able to sponsor PRITECH activities. The USAIDs are faced with Bureau policies which urge focusing programs on increasing food production while avoiding other programs which may increase administrative and management burdens. Although PRITECH's Sahel program provides evidence to the contrary, African Missions see primary health care programs as requiring too much management by A.I.D. and as a diversion from their highest program priority. PRITECH is sympathetic to these concerns; however, PRITECH has shown it can operate without creating a management burden. Other donors may be able to provide the needed resources. PRITECH needs a stronger mandate from the Africa Bureau in order to proceed with programs in eastern and southern Africa.

The next year will reveal whether PRITECH can continue to find the needed experts for country programs. The Haiti planning course enlarged the roster of program planning experts, especially physicians. Five of the Haiti course participants have already been used for PRITECH ORT assignments. The funding of other new projects, such as Health Communications and PRITECH II, will increase demand for some skills which are already getting scarce, such as mass media/public education experts, or supply/logistics experts. Enlarging the pool of qualified experts is a continuing PRITECH task.

Table 2 presents the schedule for program year three, from October 1985 to September 1986. Table 3 summarizes the schedule of field activities for PY 3. PRITECH hopes to have twenty-four active or completed programs by the end of year three. This workplan incorporates the distinction contained in the approved contract amendment between full programs and limited programs. Full programs typically involve PRITECH in achievement of specific outputs, and generally cost \$300,000 to \$500,000 for PRITECH assistance. Limited programs will cost less, averaging \$100,000, and may limit PRITECH's role to timely provision of requested inputs, such as short-term experts. A few programs will be funded by the S&T office of Health budget; most programs require funds from the Regional Bureau or USAID programs.

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TABLE 2

DISEASE CONTROL COUNTRY AND REGIONAL PROGRAMS
THIRD YEAR OPERATIONS PLAN

		<u>FY 1986</u>				
	La/	1	2	3	4	Comments
AFRICA (17)						
Cameroon		Plan	Plan	Start	Implement	Plans completed in August for PRITECH program and USAID project.
Chad		Implement	Implement	Implement	Review	Joint effort with Africare.
Djibouti	L	Start	Implement	Implement	Implement	PRITECH assistance to UNICEF supported Program.
Gambia	L	Start	Implement	Implement	Implement	Limited effort following on mass media effort.
Guinea	L	-	Plan	Start	Implement	CCCD has requested PRITECH assistance for ORT component.
Ivory Coast	L	-	Plan	Start	Implement	CCCD has requested PRITECH assistance for ORT component.
Kenya	L	Promotion	Plan	Plan	Start	USAID interest remains uncertain.
Malawi						Opportunity to collaborate with IEF being considered.
Mali		Implement	Implement	Implement	Review	Commercial distribution of ORS packets needs attention in review.
Mauritania	L	Start	Implement	Implement	Implement	Program plan completed in August 1985.
Mozambique						Awaiting A.I.D. decisions about bilateral program.
Niger		Implement	Review	Implement	Implement	Supply and distribution of ORS packets still uncertain
Nigeria		Plan	Start	Implement	Implement	Joint effort with CCCD.
ORANA	L	Implement	Review	Implement	Implement	AHRTAG funding needed.
Senegal		Plan	Start	Implement	Implement	PRITECH plan awaiting implementation plan for USAID project.
Swaziland	L					Possible bilateral funding for private sector activity
Zambia		Plan	Start	Implement	Implement	GOZ has requested PRITECH assistance.
Zimbabwe	L					Opportunity to collaborate with PVO or UNICEF being considered.
ASIA (6)						
Bangladesh	L	Completed				Studies for social marketing program.
Burma		Plan				Need for ORT program will be assessed by AID design team.
India		Implement	Implement	Implement	Review	Rohde arrives January 1986.
Indonesia		Plan	Start	Implement	Implement	PRITECH to help design bilateral project and coordinate with other donors.
Pakistan	L	Review	Implement	Implement	Implement	Limited program will probably be completed in FY 1986.
Philippines	L					PRITECH considering whether further promotion needed.

a/'L' Indicates Limited Program.

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TABLE 2

DISEASE CONTROL COUNTRY AND REGIONAL PROGRAMS
THIRD YEAR OPERATIONS PLAN (Page 2)

LAC/	<u>FY 1986</u>				Comments
	1	2	3	4	
<u>LAC (5)</u>					
Brazil					
Bolivia	Implement	Implement	Implement	Review	LAC Regional funding needed.
El Salvador		Promotion			Joint effort with CRS.
Mexico		Plan	Start	Implement	Promotion needed to determine USAID and GOES interest.
INCAP	Review	Implement	Implement	Implement	LAC Regional funding needed. Roles of INCAP and PRITECH need reassessment.
<u>NEAR EAST (3)</u>					
Morocco	Start	Implement	Implement	Review	Program focus on public education needs broadening.
Oman	L Start	Implement	Implement	Implement	Activity may be completed in FY 86.
Tunisia	Plan	Plan	Start	Implement	GOT supports a collaborative PRITECH program with with CRS for FY 86.
Yemen	L Promotion	Plan	Start	Implement	Possible joint effort with A.I.D.'s Health Communi- cations project.

a/'L' Indicates Limited Program.

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TABLE 3

FIELD ACTIVITIES FOR PY 3

	<u>FY 1986</u>			
<u>Summary</u>	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>
Promotion	2	1	-	-
Plan	6	6	1	-
Start	5	4	6	1
Implement	6	11	17	18
Review	2	2	-	5
Completed	1	1	1	1
<u>Cummulative Active or Completed Programs</u>	<u>22</u>	<u>25</u>	<u>25</u>	<u>25</u>
Ongoing Approved Programs				
Full Program	7	11	14	14
Limited Program	6	6	0	10

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B. Disease Control--S&T Component

1. Overview

The status of the PY 2 S&T objectives from the AID-approved PY 2 Work Plan, as revised in the PY2 Semi-Annual Report, follows:

2. Current status Vis-a-Vis PY 2

OBJECTIVE 1: IMPROVE STRATEGIC PLANNING OF ORT PROGRAMS

<u>Planned Activity</u>	<u>Current Status</u>
1. Revisions of strategic guidelines into a form useful for PRITECH staff, consultants, and AID Health Officers.	DONE. The guidelines have been revised and are currently titled " <u>A Planning and Assessment Manual for National ORT Programs</u> " which will be used during the coming year as a working document and considered for revision in PY 4.
2. Development of and holding a consultants seminar/practicum on assessing and planning of ORT programs.	DONE. The consultants seminar/practicum was held for 18 participants in Haiti in June, 1985.

OBJECTIVE 2: IMPROVED OPERATIONAL PLANNING AND MANAGEMENT OF ORT PROGRAMS

1. Development of a supplement to the WHO Planning and Evaluation Manual focused on public education, commercial sales and program management information systems for ORT.	Work in Progress. Proposed to be incorporated into a management manual to be developed in PY 3.
2. Adapt the Training Needs Assessment (TNA) instruments to focus on ORT and other proven technologies.	Deferred per discussions with AID.

OBJECTIVE 3: IMPROVED PLANNING AND MANAGEMENT OF IMMUNIZATIONS AND OTHER PROVEN TECHNOLOGIES

1. Immunization "needs" analysis carried out, decisions made on immunization priorities for the remainder of	Analysis completed in second quarter, decisions reached in third quarter, and AID approval in July for holding of a workshop and production of a con-
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PY 2, and, if approved selected immunization S&T activities begun.

sensus document and evaluation checklist for assessing country capabilities for vaccine production.

Other S&T Activities

1. Conduct a Social Marketing Workshop on ORT.

DONE in October, 1984.

2. Prepare a short strategy paper on improving ORS distribution to guide PRITECH activities in PY 3 and beyond.

DONE in 4th quarter following discussions with PRITECH, AID, and others.

C. Systems Support

1. Overview

During the past year PRITECH has provided 48.2 person months of short term technical assistance in a total of 32 countries. On a regional basis PRITECH has supported activities in:

Africa	6 assignments
Asia	7 assignments
Latin America	15 assignments
Near East	5 assignments
Inter Regional	13 assignments

The range of tasks has been diverse. PRITECH provided individual consultants and teams for a health sector review in Burma, for a primary care project design in Swaziland, to conduct a health financing workshop in the Philippines, to design a health evaluation system in Ecuador and to help design a birth/death registry system in Western Sumatra.

At the request of REDSO/West, PRITECH is translating "HMO Guidelines" into French. These guidelines were developed by the Group Health Association of America, under contract to LAC. And, at the request of the Near East Bureau, PRITECH is translating Money for Health into French. This book is a manual for surveys of health expenditures within the sector, including ministries of health and private industry, insurance, other public authorities, and individuals. The original surveys were conducted with support of the Ministry of Health in Botswana.

In addition to these activities, PRITECH and the Near East Bureau are planning to conduct a "mobile seminar" for eight officials from the public and private sectors in Morocco to study prepaid health systems in the United States during the period November 12-23. PRITECH and Project HOPE will meet with the Ministry of Health in Ankara during the period October 21-26 to discuss options for alternative financing in the health sector.

2. Current Status Vis-a-Vis PY 2 Workplan

<u>PLANNED ACTIVITY</u>	<u>CURRENT STATUS</u>
<u>First Quarter:</u>	
Begin mailing to consultants from culled list, requesting updated resume and completed coding form for computer input. (Consultant Registry)	Completed
Field short term consultants to missions.	On-going activity

Develop private sector brochure for NE Bureau.

Completed

Computers on-line and staff learning software programs.

Completed

Second Quarter:

Check coding of biodate forms and begin inputting into consultant registry.

On-going

Field short-term consultants to field missions.

On-going activity

Conduct conference in Tunisia for NE Bureau on Public-Private opportunities in the Health Sector.

Postponed

Initiate development of a priority system for Systems Support requests.

Done

Third Quarter

Maintain and update consultant registry.

Done

Field short term consultants to field missions as on-going activity.

Completed

Complete development of priority system for Systems Support requests.

Completed

Agreement will be reached on using Systems Support for proactive purposes with S&T/HEA and the Bureaus

Agreement not formalized. First proactive assignment approved and conducted in Haiti. This was an ORT training session for second line cadre of experts.

Fourth Quarter

Field short-term consultants to field missions as on-going activity, and complete up to 33 person-months of short-term requests.

Done--completed 48.2 months

Maintain consultant registry.

Done

D. Information Support

1. Overview

There are three components to PRITECH's Information Support: (a) the establishment of a small PRITECH Information Center, (b) the production of an Annual Technical Update describing latest developments in primary care technology; and, (c) the management of regional conferences. During PY 2 the second Annual Technical update was delivered to AID, and two regional conferences were held in March 1985. Information Support covers the following three areas:

a. Information Center

At the end of PY 2, the Information Center is basically in place. The physical establishment - office, stack room, and reading area - is sufficient for current need. The computer has been in operation for nine months and the major effort of the Center, the ongoing two year project of collecting, cataloging and computer entry of 1200 documents, has culminated in a print-out of an annotated bibliography of the Center's holdings.

The program of monthly mailings of eight-to-ten journal articles on diarrheal disease, originally planned for ORT Task Force Members, was extended upon popular demand to a much larger audience. This mailing will also include article abstracts. An expanded format and a still larger list of recipients is now under consideration. An additional program of mailings was initiated during PY 2 consisting of basic materials in ORT and immunization meant as a mini-library collection for the AID Missions. These mailings will continue throughout the Project incorporating both general information and specific aspects (audiovisuals, health education, training) of ORT implementation.

During the remaining years of the Project, emphasis will be shifting from the planning and logistics of establishing such an operation to services for the client in the form of even heavier document distribution and response to an enlarging number of information queries. The concept of what client we serve is also broadening to include PVOs, frequent PRITECH consultants, and others closely involved in ORT activities. At the current time a consultant is being used to advise on further directions for the Center. The arrival, on staff, of a new project Technical Director acting as technical advisor to the Center is helpful in providing policy and direction.

2. Current Status Vis-a-Vis PY 2 Workplan

PLANNED ACTIVITY

CURRENT STATUS

First Quarter:

1. Library shelving installed--completes final physical layout of library.

Done

<u>PLANNED ACTIVITY</u>	<u>CURRENT STATUS</u>
2. Computer installed, IBM XT, Condor software.	Completed
3. Catalog system designed for computerization.	Completed
4. 600 documents catalogued.	Completed
5. 100 documents entered into computer.	Postponed 2nd Quarter
6. Thesaurus (controlled vocabulary) developed for use in cataloging and computer entry.	Done
7. 3 ORT Task Force mailings.	Done
8. 2 "mini-library" mailings to missions	Done
9. Bureaus and S&T/HEA consulted about improving Information Center.	Done
10. PRITECH Information Brochure completed.	Draft under review
Second Quarter:	
1. 300 additional documents catalogued.	Postponed 3rd Quarter
2. 600 documents entered into computer.	Completed
3. 3 ORT Task Force mailings.	2 mailings done
4. 1 "mini-library" mailing to missions.	Done
Third Quarter:	
1. 300 new documents acquired and catalogued.	Completed
2. 500 documents entered into computer.	Completed
3. 3 ORT Task Force mailings.	Two mailings sent
4. 1 Mission mailing	Completed
5. Initiate planning for SAHEL/ORANA information sector.	Completed Visit to ORANA by AED staff member set scene for limited cooperation

PLANNED ACTIVITY

CURRENT STATUS

6. Completion of Assessment for Information Strategy

Basic ORT materials and ORT Task Force mailings have been dispatched.

Not Completed
Held up until finalization of extension of PRITECH contract and revised AED subcontract for information sector.

Fourth Quarter:

1. Computer printout of library holdings including appropriate holdings from WASH, APHA, etc. (1200 items).

Completed
(1176 items)

2. 200 new documents acquired and catalogued.

Not accomplished
(Postponed while computer printout being completed).

3. 200 documents entered into computer.

Not accomplished
(see above)

4. 3 ORT Task Force mailings.

1 mailing completed

5. ORT Task Force evaluation questionnaire of Information Center mailing.

Cancelled - because completed reformatting (subject content, mailing list, abstracts, etc.) is being planned.

6. 2 "mini-library" mailings to missions.

1 mailing completed

7. 5 additional country boxes assembled over PY 2.

Not completed

b. Annual Technical Update

In place of an Annual Technical Update for PY2, the approved Workplan calls for the preparation of guidelines to improve strategic planning of ORT programs. These guidelines will be used to assist INCAP and other regional/country experts; as a basis for training of country planners, donors, and consultants in the strategic planning of ORT programs; and to prepare PRITECH consultant teams.

<u>PLANNED ACTIVITY</u>	<u>CURRENT STATUS</u>
First Quarter:	
1. Revisions to strategic guidelines started.	Completed
Second Quarter:	
1. Revisions to strategic guidelines completed.	Underway
Third Quarter:	
1. Complete revisions/AID review.	Underway
Fourth Quarter:	
1. Distribute to AID.	Completed
c. Conferences	

Two regional conferences were conducted in PY2: an ORT Conference for the Asia Bureau in Bangladesh, and an ORT Conference for the Africa Bureau in Malawi. In addition, the Workplan called for PRITECH to conduct a Workshop on Social Marketing in ORT, to host a Technical Advisory Group meeting, and to coordinate an International Donors Meeting. The latter three activities were conducted in Washington, D.C.

5. Current Status Vis-a-Vis Annual Workplan

<u>PLANNED ACTIVITY</u>	<u>CURRENT STATUS</u>
First Quarter:	
1. Conduct Social Marketing Workshop.	Done
Second Quarter:	
1. Conduct ORT Conference in Bangladesh.	Done
2. Conduct ORT Conference in Malawi.	Done
3. Coordinate International Donors Meeting.	Done

Comments on the Information Component of the PRITECH Project

1. The ambitious schedule, self-set by the IC, for the 2nd year was difficult to meet. Staff time was substantially reduced by Information Center Manager being on leave of absence for two months and the assistant working on other projects outside the

information sector. This was somewhat offset by bringing in outside help for specific jobs of cataloging, computer entry and mailings, etc.

2. The major project which occupied at least 65 percent of staff time during the last six months of PY II has been the computer entry and production of the first Library Catalogue. Since this collection will only be added on to in future years (about 400 documents per year) time should be freed for enlarged dissemination activities and to respond to a greatly expanded number of information requests.

3. At AID's request, the Information Center is providing ORT information support to the "Child Survival PVO's". PRITECH strongly supports this action and within resource constraints will make a concerted effort to support PVO activity in ORT.

4. The augmentation of the PRITECH contract has caused us to rethink the future size and direction of the information center. PRITECH--with AID's agreement--has recruited an Information Planning Consultant to advise us. Our proposals will be contained in the PY 3 workplan.

E. Project Management

1. Overview

The PY 2 Project Management Workplan was designed to cover the range of key management activities necessary to effective implementation of the Disease Control and Systems Support components of the contract. This has included selection and mobilization of staff, acquisition of office space--both in Washington, D.C. and in Regional Offices (Dakar, Senegal; New Delhi, India; La Paz, Bolivia), negotiation of subcontracts and fixed price contracts (i.e., with Harvard University for the ORT Conference in Malawi) and activation of the Project Advisory Committee.

During PY 2, PRITECH has concentrated on recruitment of additional core staff, including Robert Northrup, M.D., as technical director for Disease control activities; Suzanne Prysor-Jones as field director for PRITECH's Sahel operations (based in Dakar, Senegal); Jon Rohde, M.D and John Rogosch for New Delhi; and Curt Schaeffer as resident representative in La Paz, Bolivia. PRITECH also executed a subcontract with PATH (awaiting AID Contracts Officer's signature). This subcontract will broaden our capacity in ORS production and manufacture expertise, and provide us with access to vaccine production experts, which have been in demand for short-term assignments in Indonesia and Burma.

PLANNED ACTIVITY

CURRENT STATUS

First Quarter:

- | | |
|--|-----------------|
| 1. Initiate design of MIS program. | Done |
| 2. Initiate program to computerize data based management/reporting system. | Done |
| 3. Draft subcontracts with PATH and others as required. | Done |
| 4. Conduct Technical Advisory Group meeting. | Done (11/21/84) |
| 5. Initiate Review and Approval Process for Country Programs. | Done |

Second Quarter:

- | | |
|---|------|
| 1. Continue testing of computer reporting system. | Done |
| 2. Complete Review and Approval Process Country Programs. | Done |

- | | |
|--|---------------------|
| 3. Initiate development of criteria to solve the problem of hiring non-U.S. technical specialists with Contracts Office. | Postponed |
| 4. Sahel Regional Office established. | Done |
| Third Quarter: | |
| 1. Computer information system in full operation. | Done |
| 2. Conduct Policy Board Meeting. | Postponed |
| 3. Monitor Review and Approval Process for Country Programs. | Continuing Activity |
| 4. Complete Semi-Annual Report | Done |
| 5. Solve problem of hiring non-U.S. technical experts. | Underway |
| 6. Management systems in place for Sahel Office. | Done |
| Fourth Quarter: | |
| 1. Complete Annual Report. | Done |
| 2. Complete Workplan for program year 3. | Underway |
| 3. Monitor Review and Approval Process for Country Programs. | Continuing Activity |

III. SUMMARY DESCRIPTION OF FIELD ACTIVITIES

1. BOLIVIA - CARITAS NATIONWIDE ORT PROGRAM

A. Status

Program plan approved by AID in June 1985: \$300,000 for three years.

Implementation begun in July 1985.

B. Program Description

The project will increase the effectiveness and coverage of oral rehydration therapy (ORT) in Bolivia through CARITAS and the community-based network of Mothers' Clubs, which now distribute Title II food to more than 200,000 beneficiaries. Project activities will help to promote ORT and to educate mothers about child growth monitoring and improved diarrheal disease control. The project involves 1800 clubs with 140,000 members, providing access to 240,000 children under the age of five. Through the Mothers' Clubs, ORT can become a common practice by mothers with an assured supply of ORS available in the community at affordable cost. In so doing, the project will help transform the local Mothers' Clubs from passive food recipients to more active development groups. The project will also demonstrate the feasibility of a self-sustaining private sector system for national distribution of ORS. While CARITAS is the principal focus of the activity receiving 90% of project funds, other private groups (such as Project Concern, CARE and SCF) will also receive technical assistance, participate in training activities and share educational materials.

The program will be implemented sequentially in the three geographic/ethnic areas of the country. To carry out the project, Caritas will contract with radioschools to produce educational and promotional programs and materials for use by the Mothers' Clubs. CARITAS will also hire and train necessary administrative and technical staff, field coordinators, and promoters to carry out the project. Through CRS, CARITAS will procure imported ORS packets for the first eighteen months of the program; during this time, the cost and feasibility of local production of packets will be reassessed.

Project implementation over a four-year period requires approximately \$1.1 million, including \$435 thousand through an Operational Program Grant to CRS, \$310 thousand through PRITECH and \$352 thousand from PL480 funds. During the first three years of the program, PRITECH will finance consultant services and international travel, the hiring of a local PRITECH Representative, part of the costs of designing educational and training materials and radio programs, and testing of local ORS mixtures.

CARITAS will direct and administer the program. CRS will provide management review and financial support for the program. PRITECH will be responsible for the overall technical guidance and evaluation of the project. PRITECH will provide technical assistance in a) management and administration, b) development of educational and training materials and design of radio programs, c) testing of local home-mixtures of ORS, d) feasibility of local ORS production, and e) program evaluation. CARITAS will be the principal recipient of PRITECH services but some technical assistance will also be provided to other U.S. private groups involved in ORT. Thus the foundation will be laid for the development of a national effort.

C. Progress/Problems

A resident PRITECH representative was hired on a part-time basis in July 1985; he will become full-time in November. PRITECH has proposed hiring a medical advisor on a 75% of worktime basis. CARITAS is recruiting a national program coordinator and a social communications expert. A PRITECH communications consultant is spending five weeks during August and September to organize the mass media effort. An evaluation expert is scheduled to begin design of a base-line survey.

2. CHAD NATIONAL ORT PROGRAM

A. Status

PRITECH plan for a full program approved by AID December 1984: \$160,000 for two years.

AID grant to Africare approved March 1985 and executed August 1985;

Implementation begun September 1985.

B. Program Description

The Chadian National ORT Program will initially be a two-year effort beginning early in 1985 and provide resources from UNICEF, PRITECH, Africare and the Chadian Ministry of Health. Donor contributions will be about \$900,000. The Ministry of Health and each of the above donor representatives in Chad have reviewed the proposal and given agreement to support the program. The program will operate through the public and private health systems. It will be coordinated by the National Health Services Coordinating Committee which brings donors together under the leadership of the Director General of the MOH. PRITECH will provide up to \$160,000 of short-term technical assistance. The purpose of PRITECH's effort is to introduce ORT into components of Chad's national health system and encourage effective use of ORT. The assistance program will be administered by Africare, whose staff has been augmented by a full-time ORT project manager.

Administering any rural services programs in Chad at this time is going to be difficult; our expectations are modest. The program strategy is based upon a fragmented network of health delivery services. Private organizations in Chad administer most of the health services in rural areas, integrated to varying degrees with the Ministry of Health Services. The Director General has asked PRITECH to begin by working with Medecins Sans Frontieres, a Belgian PVO with field staff in the Sahelian provinces. PRITECH will provide educational material for use in health systems with mothers, developed and tested with help of short-term communications experts and under the supervision of the PRITECH Regional Advisor. UNICEF will provide ORS packets and pay for in-country training. USAID may provide expertise for operations research and evaluation and will draw on the technical assistance capability in the new health planning project. At the end of two years, at least two of the service delivery systems should be providing ORS and educating mothers at the village level.

C. Progress/Problems

USAID requested that arrangements for program management be designed to avoid a heavy burden on the MOH and to relieve USAID of day-to-day management responsibility. To administer program activities in Chad, a cooperative agreement with Africare was processed by AID; however, final action did not occur until August 1985. Africare has hired a project manager to help organize training programs for health services staff, coordinate preparation of educational materials and otherwise be responsible for all project-related activities. The project manager will directly administer any program funds expended in Chad, prepare implementation plans and assist the MOH with coordination and implementation of national program efforts. The next step will be development of the work plan in September by Africare and the PRITECH Regional Advisor, in consultation with USAID, UNICEF and the participating agencies together with the Ministry of Health. In the process, a second organization, perhaps the League of Red Cross, will be selected in addition to Medecins Sans Frontieres.

3. PRITECH TECHNICAL ASSISTANCE FOR INDIA

A. Status

Program plan approved by A.I.D. in July 1985: \$980,000 for 2-1/2 years. Implementation began in August 1985.

B. Program Activities

AID's Integrated Rural Health and Population Project (IRHPP) has from its inception given special emphasis to 12 priority child mortality and fertility problems and related interventions; however, in implementation, project states have often been preoccupied with infrastructure development, to which the majority of project funds are allocated. With infrastructure more or less in place, attention has not shifted to the major difficult task of child mortality improvement, and the GOI and states are making greater efforts to strengthen both diarrheal disease and immunization programs.

The states are interested in intensifying priority child mortality and fertility reduction activities, with eventual expansion to state-wide coverage and support. Substantial progress has been made in the IRHP Project districts, using a combination of USAID technical staff and short-term consultants (including PRITECH). USAID/India has recognized that increased depth and continuity of technical assistance is required. PRITECH has agreed to provide two long-term resident advisors to increase the mission's ability to support GOI/state efforts and to develop a new child mortality focused project. Each advisor will be provided for approximately two-year assignments.

The immediate objective of PRITECH's involvement in India will be primarily to assist three IRHP Project states (Maharashtra, Gujarat, Himachal Pradesh) to plan, effectively implement, monitor and assess the progress of their ORT and EPI programs (including introduction of measles vaccine) in eight project districts. A longer-term objective, but one which requires immediate attention and thought, is to assist the India mission in identifying the elements and approaches of the states' child survival activities which could form the basis for a follow-on IRHP II project providing program support on a statewide basis. Therefore, the experiences gained in developing ORT and improved EPI programs in project districts will be of direct relevance to later statewide programs. PRITECH staff will not only support and strengthen district level activities, but will also identify state level technical needs and systems required to expand these activities throughout the state. The PRITECH mandate in India is also to support other mission Health/Nutrition projects, but initially major attention will be given to IRHP.

Experience gained in district implementation of ORT and immunization programs, and in strengthening training, information and management support systems will be used to assist USAID/India to develop first a PID and later a project paper for an IRHP follow-on project. It is critical to reduce the interval, if any, between IRHP I and its follow-on project to a minimum, as program momentum in each state could be affected.

PRITECH resident staff and short-term consultants will tailor their work to each state's individual needs, as the level of program development and staff capability in each state varies widely. One state has had an organized ORT program for over a year, the others are just beginning. Maharashtra and Gujarat have well-established rural delivery networks; Himachal Pradesh much less so. The GOI Ministry of Health and Family Welfare (MOHFW) has, with UNICEF and USAID support, recently taken a strong leadership role in support of both ORT and EPI. Once the MOHFW national plans (currently in draft) are finalized, they will have strong influence on the states' programs. It will be important for PRITECH to actively participate with USAID and UNICEF in MOHFW planning and to communicate initial program experiences.

C. Progress/Problems

John Rogosch began his assignment in August 1985. An office has been set up and local staff hired with the assistance of PRITECH headquarters staff. Jon Rohde will participate in program planning during October 1985; his long-term assignment begins in January. Because of the limit on PRITECH funds, the long-term assignments may end before the IRHP II project begins and resources are available to support innovative child survival activities. USAID will decide whether to proceed with IRHP II during the coming year. Also, because of the funding constraint, PRITECH will not be able to provide short term consultants; other USAID funds will be used for consultants, most likely Indian experts.

4. NUTRITION INSTITUTE FOR CENTRAL AMERICA AND PANAMA (INCAP)

A. Status

Program plan approved by AID March 1985: \$300,000 for three years.

Implementation begun November 1984.

B. Project Description

The countries of Central America and Panama are moderately to relatively developed on a world scale but between the countries and within some countries, economic and social development is uneven. Child mortality rates, especially in rural areas, are still quite high, especially in Guatemala, Honduras, Nicaragua, and El Salvador. Approximately 60% of children under age five suffer from malnutrition. Diarrheal disease is the number one cause of infant death in Belize, El Salvador, Guatemala, and probably Honduras. Even in Panama, relatively more developed, diarrhea is the number four cause of death.

The countries of the region are giving high priority to child survival programs including diarrheal disease control, growth monitoring, promotion of breastfeeding, improved feeding practices, and immunization. Implementation of ORT interventions has begun in most countries, but levels of use are low. Constraints include inadequate demand for ORT by the population, inadequate ORT skills among health workers, supply problems, and a lack of clear planning and operations management of the diarrheal disease control effort. Recognizing these constraints, AID's ROCAP Office and INCAP have developed a project to improve this situation: project 596-0115's goal is child mortality reduction; its purpose is to improve the effective use of ORT, growth monitoring, and appropriate feeding practices in the region. This project, being managed by INCAP, was approved in December 1984 for \$8 million, to be expended over a five-year period. This regional program will coordinate with and support bilateral USAID efforts in the region.

Two areas of concern were considered in planning this project. The first is that INCAP, although a strong institution in nutrition and research has not worked extensively in national program planning and management of ORT programs, nor has it managed a project of this magnitude. The other concern was that this regional project, although of considerable scope, will not be able to meet all of the needs of each country. The development of additional bilateral efforts in ORT and nutrition has already been perceived as necessary; however, INCAP is not experienced in AID-style project development. These two concerns have led ROCAP, INCAP, and PRITECH to develop a collaborative regional support program using PRITECH resources.

PRITECH assistance is oriented toward, in priority order, 1) the strengthening of INCAP's capability to carry out project 596-0115 and 2) the support of bilateral USAIDs in the development of complementary projects in ORT and child-mortality reduction. Planned outputs include: training in general management and specific management subsystems, with special concentration on ORS production and distribution, health communications, and commercial sales, areas where INCAP is not presently experienced; development and adaptation of program assessment guidelines, technical assistance with special management systems analyses and with anthropological studies of client/provider KAP; and peer group reviews of plans and protocols for special research into the epidemiology of chronic diarrhea, dietary management of children with diarrheal disease, low birth-weight risk factors, and regionwide evaluation of program impacts on morbidity and mortality. The estimated level of effort is 20 to 25 person-months. The budget is \$300,000 over a three-year period.

C. Progress/Problems

The planned outputs and current status of the PRITECH Regional Assistance Program are shown below:

<u>Purpose 1</u>	<u>Output</u>	<u>Planned Outputs 3 years</u>	<u>Status Sept. 1985</u>
1.	Training Course	1	Completed
2.	Planning Guidelines Adapted	1 set	Completed
3.	Management Guidelines Adapted	1 set	Completed
4.	Pre-program studies Assisted	3+	One completed; two initiated
5.	Project Management Systems Improved	1+	None
6.	Collaborative Infor- mation Center	1	Limited technical assistance pro- vided to date
7.	Country Assessments Assisted	3+	None
8.	Special Assessments of Production, Commer- cial Sales, etc.	1	One
9.	Reports on Increased Current Use of ORT in the Region	2+	None yet initiated

Purpose 2

- | | | |
|-----|---|--|
| 10. | Bilateral USAID Project
Design/Amendment
Efforts Assisted | 2+

Team sched-
uled for
Guatamala
in October
1985 |
|-----|---|--|

Since the PRITECH program plan was prepared, INCAP, PAHO, and UNICEF have agreed to share support for child survival programs in the region. INCAP has primary responsibility for ORT and nutrition programs: it has appointed country delegates to each Ministry of Health, who are mandated to direct and facilitate INCAP's assistance, and has been playing a key role in helping the countries formulate their national child survival plans.

PRITECH's assistance during the past nine months has been focused on helping prepare INCAP staff for participation in regional child survival planning and related activities. INCAP has asked that PRITECH consultants not work directly with national health ministries, but rather provide training, technical assistance, and preliminary guidelines for those INCAP staff who work directly with governments, especially in areas of expertise where INCAP has not acquired experience. Nevertheless, PRITECH consultants will work directly with bilateral AID Missions, primarily to help in the design of child survival projects, as specified under Purpose #2 of the PRITECH Program Plan.

The original Program Plan for project 596-0115 proposed assignment of a long-term technical advisor to INCAP. Because the advisor originally contemplated for this position became unavailable, the position was temporarily left vacant; recruitment to fill it is currently under way. In the interim, short-term technical assistance from PRITECH has played a more important role in strengthening INCAP's and institutional capabilities.

5. MALI NATIONAL DIARRHEAL DISEASE PROGRAM

A. Status

Program plan approved by AID in April 1985: \$300,000 for three years. Implementation began in August 1985.

B. Program Description

The Malian Ministry of Public Health and Social Affairs (MOPHSA) has reviewed and approved a PRITECH proposal outlining the initial phases of a national program to reduce child mortality caused by diarrheal disease. The PRITECH proposal covers a three year period, 1985 to 1988, with donor financing provided by UNICEF, WHO and AID/PRITECH. Full implementation of the national program may require seven to ten years, and will depend upon donor financing for the subsequent phases. USAID is prepared to consider providing follow-on financing as part of future health programs.

The PRITECH program has four components which fit within the Malian diarrheal disease program plan developed with WHO assistance. The four components are: (1) training of health workers to establish ORT in the health system; (2) promotion of ORT in the community; (3) local production and distribution of ORS packets, initially through health facilities and later through sales by commercial outlets; and (4) education of mothers to use ORT effectively, with ORS packets and sugar-salt solutions prepared in the home. There is a large gap between the furthest extension of rural health services and community health needs; coverage of health services in rural areas may be as low as 5 percent. The program activities with the health workers and through health service facilities are an essential first step but will have modest results. The program purpose is to establish ORT as the principal means of treating diarrheal disease in the health system, and to begin a course of action which can feasibly, over time, establish ORT as a common practice in Malian households. As soon as possible, distribution of ORS packets should move beyond the health system into commercial channels. Radio broadcasts will be an important means of educating communities and getting information to mothers. Existing rural development programs, such as the literacy campaign, will be enlisted in the promotion and education effort, organized region by region.

PRITECH funds will provide a full-time expatriate representative to help administer the program under the direction of PRITECH's Regional Officer based in Dakar. PRITECH will also provide up to twelve months of short-term technical assistance, and funding for educational materials and program evaluation. UNICEF and WHO will finance training and promotion costs as well as the equipment and supplies to produce ORS packets.

C. Progress/Problems

Program implementation was scheduled to begin in June 1985. A.I.D. defined three conditions to be met prior to program implementation: appointment of a national coordinator; confirmation of WHO funding for training; and arrangements for a project vehicle. The conditions were met in July 1985. The Minister of Health appointed a national coordinator and helped to confirm WHO funding. UNICEF has agreed to provide a project vehicle. PRITECH has hired a resident representative who arrived in Mali in August to develop a work plan with the national coordinator and the PRITECH Regional Officer.

6. MOROCCO NATIONAL ORT/EPI PROGRAM

A. Status

Pritech program plan approved by AID in August 1985: \$300,000 for three years.

B. Program Description

The Moroccan immunization program appears to be a very well-planned, well-organized enterprise which has achieved 40-60% national coverage of the child population since it was launched in 1981. The program, integrated within the country's maternal and child health service, has trained extensive numbers of health workers, maintains a reliable cold chain, and has a functional information system.

Morocco's diarrheal disease control program, begun in the same year as the vaccination program, has received considerably less emphasis. Several successful clinical trials of ORT were conducted which resulted in the adoption by the Ministry of Public Health (MOPH) of ORT as a national policy. But little formal training of health staff has been carried out, and the extent of utilization and acceptance of ORT by health workers and the public is largely unknown. An ORS production facility with a capacity of 5.5 million packets per year has been established by the MOPH with assistance from UNICEF; it has experienced minor but recurrent maintenance and quality control problems which the Ministry expects to have corrected by the end of 1985.

PRITECH has been requested to collaborate with the MOPH on a 2-year project by providing \$300 thousand of technical assistance and material support to the Moroccan immunization and diarrheal disease control programs. The program has three main components:

1. Training: The project will collaborate with the Ministry of Public Health and UNICEF on the development of an ORT manual and training materials to be used in a series of training sessions for 90 MOPH physicians and 3000 nurses during 1985-86. It will also develop materials for and coordinate educational conferences for private sector physicians and pharmacists.

2. Public Education: The project will assist the MOPH to plan and execute a public education campaign on immunization and ORT. This component will include training activities for the staff of the Health Education Service in the areas of audience research, communication planning, and materials development and testing. A private commercial advertising firm will be contracted to perform some of the media development and placement. The public education campaign will take place during the second year of the project after the training of health workers has been completed and when it is clear that the country's ORS supply is assured.

3. Monitoring and Evaluation: The project will conduct 4 types of evaluation activities: (a) formative evaluation to guide the design and execution of the educational campaign; (b) monitoring of project outputs; (c) evaluation of target audience exposure to and learning from the mass media campaign; and (d) evaluation of the project's overall effectiveness in terms of increased utilization of oral rehydration therapy.

In addition to these main activities, the project will seek to respond to opportunities to strengthen other important related elements of these programs, including overall program management, pre-service training of physicians and nurses, monitoring and supervision, and private sector involvement in ORS production and marketing.

USAID will facilitate PRITECH contacts with the Moroccan government and monitor project progress on an ongoing basis. USAID will also be making a substantial contribution to the project through its continuing support of the village health and family planning (VDMS) program. USAID plans to fund the training and other activities involved in extending the VDMS program to 19 provinces by the end of 1988, and to purchase 1-2 million ORS packets to supply the program's workers.

UNICEF has been and will continue to be the most important donor to the Moroccan EPI and ORT programs. UNICEF is providing funding for the EPI manual and for in-service training of 3000 nurses and 90 physicians in 1985-86 with which the project hopes to collaborate. UNICEF is also continuing to fund the MOPH ORS production unit in Casablanca.

The Director and staff of the MOPH's Health Education Service will be the project's principal counterparts, in close consultation with the MCH, epidemiology, health planning, and training services units, and under the overall supervision of the Director of the Bureau for Technical Affairs. PRITECH will hire a part-time local coordinator for the project who may be housed in the UNICEF office in Rabat to ensure close coordination with UNICEF's activities. A project steering committee will be established for overall directions and guidance of the project; membership will be composed of representatives from the MOPH, USAID, UNICEF and PRITECH.

C. Progress/Problems

PRITECH's next step will be to identify and to hire a resident representative, and to develop an annual workplan in consultation with USAID and UNICEF.

7. NIGER NATIONAL ORT PROGRAM

A. Status

PRITECH's program plan approved by AID, December 1984: \$325,000 for three years.

Implementation started January 1985.

B. Program Description

The Nigerian National Diarrheal Disease Committee is implementing a three year program for ORT training and education at the village level, accompanied by distribution of ORS packets supplied initially by UNICEF and eventually from local production. The objective is to encourage mothers to use home-made ORS at the onset of diarrhea and to provide ORS packets for serious cases. This program builds upon the GON's expansion and strengthening of the primary health care system at the village level, with assistance from USAID's Rural Health Improvement Project (RHIP). The program began with MOH-initiated activities with donor support being provided for extensive field activities and an educational campaign.

The program is a multi-donor effort with commitments of almost \$1 million in addition to resources from USAID's RHIP and provision of ORS packets by UNICEF. The donors involved are UNICEF, USAID, Belgium, the Netherlands and WHO. The major components of the program are (a) training of health staff in each of the seven geographic departments through organized seminars; (b) development of educational materials for use by health workers and other extension agents, and ORT messages for broadcast by mass media; (c) focused training and supervision of village health workers; (d) distribution of 1.5 million ORS packets to be supplied by UNICEF; (e) local production of packets with equipment provided the Belgians; (f) baseline, evaluation and operations research studies. The PRITECH program is providing up to \$300,000 to finance education materials, some education assistance, and a resident PRITECH representative employed part-time to handle administration. (Financial management and administrative capability for this program have been carefully assessed by PRITECH and the USAID.)

The MOH proposal is the fruition of a two year effort, begun by a national seminar on ORT sponsored by WHO in 1982. The National Committee is led by a full time and capable senior MOH official. PRITECH assistance was catalytic and essential to moving this proposal to its completion very quickly. UNICEF will play a leading role in the financing and implementation of the program. To buttress the Committee's capabilities, the resources and mechanisms of the RHIP project will be used to introduce ORT into the health care system within the existing authorities of the project. Since the RHIP project life expires six months

prior to completion of the ORT program, the USAID and PRITECH will work out with the GON financial arrangements for this period. A follow-on AID project or the World Bank health project planned for FY 1986 are possible sources of funds.

C. Progress/Problems

The government is proceeding effectively with preparations for a national training and public education effort. The program was launched in October 1984 when the Secretary General approved the program plan at a meeting with all participating donors. The national coordinator, who had been away for training during the program planning effort, returned to his position in December and has quickly taken hold of the program. The PRITECH program was approved by AID in December 1984 and a resident PRITECH representative hired as planned in January 1985.

The status of specific program activities is as follows:

A. Regional ORT seminars held to date:

1. Number of regions in Niger: 7
2. Number of seminars planned: 12
3. Number of seminars held so far: 11
4. Number of participants planned: 15 - 50 per region
: 175 - 350 total.
5. Number of participants trained: 257

<u>Region</u>	<u>Participants</u>	<u>Dates</u>
Agadez	24	April 1985
Diffa	24	June 1985
Dosso I	26	Nov. 1984
Dosso II	24	Dec. 1984
Maradi I	34	March 1985
Maradi II	31	June 1985
Niamey I	31	March 1985
Niamey II	Not yet held	
Tahoua I	33	April 1985
Tahoua II	25	August 1985
Zinder I	35	Oct. 1985
Zinder II	25	May 1985

B. Program planning sessions to be held in each region October - November 1985.

C. Decentralized training to start after planning sessions.

D. Educational campaign material development.

	<u>Present Status</u>
1. Flyer (5 languages)	At printers
2. Illustrated booklet (5 languages)	At printers
3. Posters	Photos taken testing underway
4. Radio spots (5 languages)	Two languages taped and being tested
5. T.V. spot	Video filmed and being edited

Development of the training and educational materials is about three months behind schedule, partly due to complexities of working in five different languages. The next step will be program planning sessions to be held in each region during October and November 1985; the regional plans will specify the time schedule and assignment of staff for implementing decentralized training. Regional plans were not originally envisioned; however the plans will identify local resources and help mobilize regional health system administrators.

Local production of ORS (Belgian funded) is behind schedule. Decisions about packet contents and packaging were made in 1982 by the MOH and Belgians. Equipment expected in December 1984 is only now arriving. PRITECH has been unable to influence this process. Attempts have been made since October 1984 to ensure packets have the same drawings as program educational material, but aluminum rolls were apparently already printed in Europe. The Ministry has not yet agreed to accept PRITECH consultants who could analyze ORS supply and distribution. Additional ORS packets may be needed from UNICEF.

The minister's decision to sell all packets was reversed in August 1985 after PRITECH and Diarrhea Committee intervention. Packets (approximately 1 million in circulation) are now being given out free through health facilities and some PVO feeding centers. Sales will start through the ONPPC commercial system when locally produced packets are available.

8. BANGLADESH (LIMITED PROGRAM)

A. Status

Program Implementation Begun February, 1985: \$120,000 for one year.

B. Program Description

In May 1984, Dr. Jon Rohde visited Bangladesh on behalf of PRITECH. Dr. Rohde met with staff of USAID, NORP, BRAC, and ICDDR. As a result of these discussions and his findings, Dr. Rohde recommended that PRITECH provide the mission with technical assistance to the Population Services International Social Marketing Project to help introduce ORS into its nationwide distribution system.

In January 1985 the mission requested PRITECH assistance in (a) an anthropological study of diarrhea and ORS, and (b) a market research study to determine how best to market a packaged ORS. The findings of these two studies were to be used in developing the marketing and communications strategy for sales of ORS in Bangladesh. In January-February 1985 PRITECH sent a team of Dr. E. Green, anthropologist, and Mr. T. Louis, marketing expert, to Bangladesh to develop plans for these studies.

Dr. Green recommended that the anthropological study would be of two-months' duration and would rely on in-depth key informant interviewing. Since the current state of knowledge about diarrheal beliefs and behavior in Bangladesh is not yet at the stage of pattern measurement, a qualitative methodology was considered more appropriate. The anthropologist, who would be assisted by Market Research Consultants of Bangladesh, would direct the study interpret and analyze the data, and prepare the research report.

The marketing study was designed at three levels, interviewing three population sub-classes: physicians, pharmacists, and end-users, to provide the qualitative and quantitative data required. The sample size of 1400 would be analyzed by residence (urban or rural), age, and education levels and would be representative of the major geographic regions.

This study's objectives would be to determine:

- a. A brand name (or determine the appropriateness of the name if already selected).
- b. The packaging aspects (attractiveness, shelf-life, and size, particularly the rationale for GOB and PVOs moving towards 500 cc sachets).
- c. Optimal retail price levels as well as trade margins to retailers.
- d. Mixing and management (the standard measurement as an acceptable measure).
- e. End-user effectiveness.

The team recommended that the SMP begin to market its ORS product (Orasaline) as soon as possible, providing that marketing was limited to medical/ethical outlets. Once information from the anthropological and market studies was available, the second phase of marketing could begin. In this phase, all possible distribution channels for ORS could be utilized.

C. Progress/Problems

USAID/Dhaka accepted the recommendations of the PRITECH team report "Anthropological and Marketing Research Plan for Social Marketing of ORS through the Bangladesh Social Marketing Project" and requested PRITECH to provide short-term technical assistance in carrying these out. Final reports are expected by December.

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9. DJIBOUTI (LIMITED PROGRAM)

A. Status

Program plan reviewed by AID - January 1985 AID deferred program implementation pending discussion with UNICEF about their responsibility for program management.

UNICEF accepted responsibility for program with allocation of A.I.D. Funds - August 1985

UNICEF requested PRITECH technical assistance - September 1985.

B. Program Description

Diarrheal disease mortality rates are very high: diarrhea is implicated in 60% of under-5 deaths. Substantial, measurable reduction in the relatively near term is possible given Djibouti's small concentrated urban population and effective communication channels, both face-to-face (the MCH network, community health committees) and broadcast (radio and television).

The Djiboutian Ministry of Health is reorienting its health system to the delivery of primary health care services and has appointed a bright, energetic young Djiboutian doctor to a key coordinating role (Coordinator of Primary Health Care). Control of diarrheal disease, promotion of breastfeeding, and nutrition education are among the top priorities of the Ministry's emerging 5-year plan. The Service d'Hygiene has been involved over the past year in an impressive process of organizing and working with community health committees.

There has been excellent cooperation among WHO, UNICEF, and USAID, and a convergence of interest in addressing the diarrheal disease problem in Djibouti. UNICEF has already played a major role in diarrheal disease control, having supplied most of the country's ORS packets for the past 5 years, and sponsored health worker training that included ORT. WHO is funding a morbidity-mortality survey and providing training.

The role of the French aid program (FAC) in Djibouti's emerging diarrheal disease control program is unclear. USAID and WHO have approached FAC with a request to actively participate in the CDD planning process and received an expression of positive interest. FAC is by far the largest donor to the health sector in Djibouti, primarily the curative services. Winning the support of the French is critical to the establishment of ORT in Djibouti's clinical services.

In October and November 1984, a PRITECH team working USAID, UNICEF, WHO and Catholic Relief Services (CRS) staff developed a program plan with the following components:

1. Formulation of national policy and plan: treatment norms for home, clinic, and hospital levels; policy statements on infant formula and anti-diarrheal medications; training plans; plans for procurement and distribution of ORS packets and other necessary commodities; evaluation strategy; financial and management plans; etc.

2. Research and evaluation: baseline survey including morbidity, mortality, and KAP data; management information system for program monitoring; media research and other formative evaluation for educational planning; dietetic and feeding program operations research; post-intervention evaluation.

3. Health worker training: a national seminar on management of diarrhea and malnutrition targeted primarily at physicians; a national training of trainers on ORT, nutrition education, and training methods; and a series of short, practical training workshops on ORT and appropriate feeding practices for health workers and other community extension agents.

4. Community training and education: broadcast, print, and interpersonal communication channels (such as health committees and women's groups) should be used to educate the public on a carefully limited set of topics: appropriate home management of diarrhea, importance of breastfeeding, and appropriate infant feeding practices.

5. Strengthening of surveillance and referral system: could operate at two levels: (a) growth monitoring and assessment of dehydration in MCH clinics and (b) community surveillance and referral of diarrhea and malnutrition cases by health committees.

6. Strengthening of clinical ORT/refeeding services: should include establishment of oral rehydration unit at Peltier Hospital; establishment of oral rehydration services at all MCH clinics; and experimentation with system of refeeding for children with serious cases of diarrhea and malnutrition.

C. Progress/Problems

The program was designed to be implemented by CRS through the network of health units for mothers and children (PMIs). Because of A.I.D. program decisions concerning Djibouti, including the decision to phase out the CRS feeding programs, A.I.D.'s Africa Bureau proposed that UNICEF take responsibility for the program, with funds to be transferred from A.I.D. Following an allocation of Child Survival Funds, UNICEF agreed to implement the program. One of the members of PRITECH's original design team has been assisting UNICEF with development of a program plan. Based upon a request from UNICEF's country representative, UNICEF has requested technical assistance from PRITECH.

WHO has completed its mortality survey. Preliminary results indicate an infant mortality rate of over 200/1000. Over forty percent of infant deaths are diarrhea related.

10. ORANA (LIMITED PROGRAM)

A. Status

Program approved by AID in January, 1985: \$75,000 for three years. Implementation began in May 1985.

B. Program Description

The strategy for ORT programs in the Sahel Region provides for collection and dissemination of information about ORT programs and related issues. The recipients of this information would be health workers concerned with the delivery of health services in the Sahelian countries, ranging from health policy-makers to community health agents. ORANA, a regional nutrition institute located in Dakar, will perform this function. This effort will be managed by the PRITECH Regional Office residing in Dakar. ORANA is a member institution of the Regional Organization for Cooperation in the Control of Endemic Diseases, the OCCGE. The OCCGE groups eight Francophone countries in the Sahel and West African Region: Benin, Ivory Coast, Burkina Faso, Mali, Mauritania, Niger, Senegal, and Togo. France has traditionally been a member OCCGE state, but has recently opted to become an "associate" member. This may entail a reduced financial commitment to the Organization, the implications of which are presently being studied by the OCCGE. Fifty percent of ORANA's budget has until now come from the contributions of OCCGE member states, including France, and fifty percent from research grants, whose sources have included CIRDS, WHO, FAO, World Bank, UNICEF, several French funding institutions, and USAID, which contracted ORANA to do some nutritional status survey work in 1983. While the Director of ORANA is Senegalese, its high-level technical research staff comes largely from ORSTOM, the French Tropical Medicine Research Institute, and from French technical assistance. ORANA's middle-level staff is mostly Senegalese.

ORANA's library has thus far served mainly local needs. The only information support for the Region from ORANA has been the distribution of Diarrhoea Dialogue (6,000 copies of each edition).

PRITECH proposes to assist ORANA to be more effective as a source of information by providing funds for a three-year period that will enable the Institution to:

1. Hire one full-time local person (or two people half-time) to manage the activities of information gathering and dissemination;
2. Organize the translation and distribution of selected articles that would be useful for personnel at different levels involved in national ORT programs in the Region;

3. Respond to requests for information from policy-makers and field workers from several countries;
4. Generate and/or edit articles of special interest for the Region to be published (probably with funding through AHRTAG) as inserts in Diarrhoea Dialogue (DD).

C. Progress/Problems

A fixed price contract for the first year of activity has been negotiated with ORANA and signed in May 1985. The PRITECH-funded Documentalist, hired in May, will be heavily involved in the extension of DD, as well as setting up the ORT Information Center, screening articles for translations and diffusion, developing summaries of books or articles for diffusion, etc. She will supervise the Assistant Documentalist, who performs the clerical work involved in the running of the ORANA library and in the distribution of DD. She will also be in charge of augmenting DD distribution from 6,000 to 10,000, producing and distributing the compilation of back-copies, and organizing the production of the African Insert for DD. The Insert will be an education tool in the Region. As it is presently conceived, it should include:

- Articles on problems of special relevance to the countries of the Region, e.g., the almost universal use of Ganidan and charcoal as treatment for diarrhoea.
- Updates on the progress of diarrhea programs in the Region.
- Information on educational materials produced in the Region.
- Exchange of experiences between health workers involved in ORT programs in the Region.

The extension of DD activities does depend on the approval of increased USAID/AHRTAG funding for them. There seems to be an agreement in principle that the activities are important; USAID is determining whether funds can be identified in the USAID/AHRTAG contract.

ORANA has agreed to establish an Advisory Group to guide the activities of the ORT Information Center. ORANA-associated personnel and the Advisory Group include several specialists in the fields of public health, communications, and research into diarrhoeal diseases. There should thus be sufficient technical expertise available to monitor the relevance and accuracy of the contents of the insert which will, of course, also be submitted for approval to Diarrhoea Dialogue, London. The Advisory Group, which will include representatives from UNICEF, WHO, Ford Foundation, and the World Bank, as well as from organizations with related publications, should be helpful in finding additional funding for the ORT Information Center at the end of the PRITECH/ORANA contract, as well as offering technical guidance.

11. PAKISTAN (LIMITED PROGRAM)

A. Status

Program approved by AID in February 1985: \$120,000 for 12 to 18 months.

Implementation begun in April 1985.

B. Program Description

A PRITECH evaluation team led by Dr. John Snyder visited Pakistan in May 1984 and made recommendations to NIH Director Major General Burney for the national ORT program. An important finding was that impressive infrastructure was already in place to produce packets and to carry out training programs, but there was an inadequate promotional strategy to stimulate appropriate utilization of supplies and an under-utilized training structure.

In October 1984, PRITECH consultants Mona Grieser and Terry Louis were requested to make recommendations for a communications campaign and education program. Their recommendations are the basis for the USAID request to PRITECH for up to ten months of expert assistance. A mass communications strategy for promoting ORT was to be planned and organized by a local advertising firm. Producers would be encouraged to expand production and to arrange point of purchase education of fathers and mothers about ORT. Grieser and Louis found that expansion of ORS packet production in 1984 was substantially less than anticipated by the Snyder team. As a result, they recommended a slower paced stimulation of demand with coordinated expansion of packet production by the private sector. They urged appointment of the national program manager as a pre-requisite for any program activity to ensure adequate coordination and control over related elements. The training and education program would be designed for health workers and the private sector medical profession.

As requested by USAID/Pakistan, PRITECH is providing up to ten months of short-term technical assistance to carry out the recommendations of the Grieser-Louis Communications and Training Strategy. Most of the effort would occur in the first year, and be provided by three experts: a marketing specialist, a communications/education expert and an operations research/evaluation specialist. Each of these experts would work at the direction of the National ORT program manager. Funding for the advertising firm and other costs would come from the existing AID health services project. Although the Pakistan effort would be a limited program at this time, the option of designating Pakistan as a priority country program should be left open for reconsideration during the next year.

C. Progress/Problems

General Burney has appointed a national program manager, Col. Abram, who is also program manager for the immunization program. WHO assigned a CDD advisor to the government in March 1984.

During April 1985, PRITECH's education/training advisor reviewed a training plan in cooperation with the WHO advisor. Their recommendations were as follows:

1. That a national training program not attempt to train all health personnel, but concentrate on selecting those front-line workers whose access to the public gives them the opportunity to promote CDD principles. Additionally, supervisory personnel should be trained to ensure that lower-level performance is maintained.
2. That each province provide up to 16 full-time staff for a period of 6 months, to be trained as CDD specialists. Composition of the staff to be primarily physicians.
3. That these staff members be assigned within the province to divisional CDD fixed training sites (either attached to hospitals or existing training institutions).
4. That continuous training courses be conducted at these sites for a period of approximately 6 months. Courses for front-line workers would be of 1 or 2 days duration, for physicians 3 days. Preliminary estimates show that in a period of 6 months, almost total coverage could be effected.
5. That the curriculum for each level of staff worker be reduced to only those elements essential to comprehension, preparation and use of ORS and motivation of consumers. For the medical officers training courses, a management and logistics components would be added.
6. Trainees from the health system (medical technicians) would be trained in CDD and would in turn train Dais and CHWs during their practical training in the field.
7. The completion of preliminary training would coincide with the onset of the mass communication strategy.
8. A review of the CDD curriculum as taught in all the health training institutions would be conducted under the auspices of the WHO CDD adviser and the National CDD manager to ensure that institutionalized CDD training is uniform and conforms to the necessary objectives.
9. That the WHO courses on supervisory skills in CDD programmes be adopted and modified to serve as a basis for a training curriculum.

10. That provincial governments be asked to undertake the costs of payment of salaries of training personnel and international agencies and the federal government provide financial assistance for operational costs.
11. That international agencies provide technical support in the areas of planning/logistics; research and evaluation; social marketing and communications.

In June, the PRITECH marketing expert assisted in selecting an advertising firm to develop the mass communications strategy. In October, the marketing expert, a logistics expert and a primary health care specialist will assess program progress.

APPENDIX I
Matrix of Field Activities

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
AFRICA

1.

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 6	Evaluation of Eye Foundation	Malawi	Danforth, N. Sprague, J.	2/1-2/22/84	(57) 77 (20)	PIO/T FVA/PPE PVO Office	\$ 33,500	Completed
SS 11	Conduct Econ. Analysis & Costing Tables for Expanding Immunization	Zaire	Makinen, M.	2/27-4/6/84	31	CCCD/ Africa Bureau	\$ 12,203	Completed.
SS 21	Prepare Family Health Initiatives Project Paper	Nigeria	Holfeld, J.	4/1-5/25/84	31	AFR/TR/POP PIO/T 6143100	\$ 14,410	Assignment Completed.
SS 25	Evaluation of PHC/MCH/FP Program	Rwanda	Toumi, L. Ross-Larson, S Jemai, Y. Murray J.	7/30-8/27/84 7/28-9/3/84 7/28-8/28/84 7/30-9/3/84	103	USAID/Rwanda	\$ 44,667	Assignment Completed
SS 32	Work with Burundian Officials on future activities in Population	Burundi	Rens, M.C.	7/25-9/25/84	25	PRITECH	\$10,664.00	Assignment Completed
SS 40	Swaziland Rural Health Development Project.	Swaziland	Alden, J. Thorne, M. Dlamini	11/29-12/14/84	48	PIO/T Health 698-0510-45-3- 40028 USAID/ Swaziland	\$25,568.00	Assignment completed.

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SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
AFRICA (cont.)

2.

SS 43	Accompany Delegation from Senegal MOH in Washington, D.C	Wash. D.C	Lioy, M.	10/23-10/24/84	2	PRITECH	\$ 431	Assignment Completed.
SS 39	Evaluation of SHDS	Ivory Coast Liberia Nigeria	Lythcott, G.	2/24-4/2/85	33	PRITECH	\$19,728	Field Work Completed. Report submitted to AID.
SS 58	Assist in Dev. of Mgmt. of family health services	Ghana	Lyons, J. Cushman, R.	4/5-4/27/85	50	PIO/T 6143100	\$30,000	Field Work Completed. Report being worked on.
SS 74	Conduct Mortality Reliability Survey	Zaire	Pebley, A. Chahnazarian, A.	6/15-7/29/85	82	PRITECH	\$35,000	Consultants in field.
SS 77	Design Swaziland PHC PP	Swaziland	Alden, J. Thorne, M. Leighton, C.	6/17-7/16/85	78	PIO/T Health 698-0510-45-3-40028	\$46,000	Consultants in field.
SS 78	Assist International Eye Foundation w/ Child Survival Activities Program	Malawi	Shepard, D.	6/25-7/2/85	6	PRITECH	\$ 3,400	
SS 79	Assist in ORT Efforts for Child Survival Program	Nigeria	Mathison, J.	8/13-10/14/85	43	PRITECH	\$29,500	Assignment being processed.
SS 80	French Translation of HMO Feasibility Study Document	Wash. D.C.	-	July 1985	-	PRITECH	\$ 4,000	Assignment being processed.

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Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 88	Assist SCF in Preparing Work Plan & MIS for Child Survival Project	Zimbabwe	Brown, R.	9/9-10/9/85	27	PRITECH	\$ 16,350	Trip to Zimbabwe Postponed.

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SYSTEMS SUPPORT SUMMARY REPORT
 BY REGION
 September 1985
 AFRICA (cont.)

II. IN PROCESS

III. REQUESTED

SS 14	Participate in CCCD Training Course for UNICEF	Uganda	LaRose, J.					Assignment has been cancelled.
SS 16	Financial Anal- ysis Expert on CCCD Assessment Team	Ivory Coast	1 Consult.					Assignment has been cancelled.
SS 19	Nurse Curricu- lum Development	Swazi- land	1 Consult.					Assignment has been cancelled.
SS 24	Study of Liberian Nat'l. Drug Supply System	Liberia	4 consul- tants					Assignment funded under IQC.

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
ASIA

5.

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 1	Design Implementation Plan for Development Manpower Info. System	Indonesia	Shipp, P.	11/15-1/31/84	48	PIO/T Health 497-0273-3-30055 USAID/Indonesia	\$ 25,429	Assignment completed.
SS 2	Design of Work Plan for Manpower Planning	Indonesia	Hornby, P.	11/15-2/3/84	67	PIO/T Health 497-0273-3-30055 USAID/Indonesia	\$ 37,186	Assignment completed.
SS 3	Assist w/Manpower Info. System for Natl. Family Planning Coord. Board	Indonesia	Huddart, J.	11/16-2/16/84	85	PIO/T Pop. 497-0270-3-20194 USAID/Indonesia	\$ 35,671	Assignment completed.
SS 4	Establish Manpower Planning Methodologies in Natl. Family Planning Coord. Board	Indonesia	Hornby, P.	12/6-1/1/85	22	PIO/T Pop. 497-0270-3-20194 USAID/Indonesia	\$ 14,775	Assignment completed.
SS 7	Conduct Health Curriculum Revision Workshop	Pakistan	Arnold, M. Ausherman, C. O'Byrne, M.	1/29-3/6/84 1/29-3/6/84 2/11-2/21/84	73	PIO/T Health 391-0475-3-20460 USAID/Pakistan	\$ 34,614	Assignment completed.

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I. PROGRAMMED (cont.)

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 9	Support Pakistan Govt. Natl. PHC Management Workshop	Pakistan	Holley, J. Huddart, J. Lerman, S. Lyons, J.	3/9-4/5/84	63.5	USAID/Pakistan	\$ 28,354	Assignment completed.
SS 18	Assist in Development of Management Training Assistance	India	Lyons, J.	3/18-4/2/84	13.5	PRITECH	\$ 7,662	Assignment completed.
SS 20	Health Sector Analysis	India	Walsh, J. Furst, B.	8/9-8/31/84	25 10.5	USAID/India	\$ 16,090	Assignment completed.
SS 22	Assist MOH on Health Training & Research Devel. Project w/Man-power Planning	Indonesia	Hornby, P.	6/1-6/30/84	33	PIO/T Health 497-0273-3- 40011 USAID/ Indonesia	\$ 18,370	Assignment completed.
SS 23	Assist MOH on Health Training Research & Devel. Project w/Man-power Info. Plan.	Indonesia	Shipp, P.	6/28-8/14/84	43	PIO/T Health 497-0273-3- 40011 USAID/ Indonesia	\$ 24,313	Assignment completed.
SS 28	Participate in Workshop on Statistics and International Classification of Diseases	India	Puffer, R.	1/21-2/8/85	20	USAID/India	\$ 13,126	Assignment completed.
SS 49	Evaluation of Primary Health Care Project I	Burma	Reynolds, J. O'Brien, H.	1/21-2/8/85	39	USAID/Burma	\$ 19,508	Assignment completed.

I. PROGRAMMED (cont.)

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 50	Health Sector Review	Burma	Fairbank, A. Reynolds, J. Baker Thomas, S.	2/11-2/28/85	56	USAID/Burma	\$15,760	Completed
SS 52	Develop Malaria MIS System	India	Oswalt, C.	February	24	PRITECH	\$10,092	Assignment Completed
SS 57	Assist in Developing birth/death registry for W. Sumatra	Indonesia	Nashold, R.	5/6-5/29/85	22	USAID/Indonesia PIO/T 497-0325-3- 20270	\$11,500	Assignment completed
SS 55	Conduct Burma Physician Manpower survey	Burma	Fairbank, A.	3/4-3/9/85	6	USAID/Burma	\$ 2,119	Completed
SS 66	Evaluation of Rural PHC Expansion Project	Thailand	Tsu, V.	5/6-5/10/85	20	PRITECH	\$ 7,550	Assignment completed
SS 71	Participate in Asia Regional Workshop on Malaria Control	Wash.D.C.	Elliott, V. Smith, E. Bjorge, S.	5/17-5/22/85	7	PRITECH	\$ 3,053	Assignment completed
SS 73	Conduct Workshop on Health Financing/Prepayment Schemes	Philippines	Norris, J. Wood, M. Rosenberg, R. Brady, J.	5/17-6/2/85	59	PRITECH	\$40,487	Assignment completed
SS 92	Evaluation of Malaria Control Program	Pakistan	Georghiou, G.	10/3-10/25/85	19	USAID/Pakistan	\$12,500	Assignment being processed

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II. IN PROCESS

SS 38	Health Curriculum Revision	Pakistan	1 Consultant		40	PRITECH		Recruiting consultant
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III. REQUESTED

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
LATIN AMERICA

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 5	Design New Health Sector Resource Mgmt. Project	Barbados	Cross, P. Girling, R. Kempner, D.	1/16-1/30/84 1/13-2/8/84 1/24-2/15/84	(14.5) 57.5(21) (22)	PIO/T Health USAID/Barbados/ RDO/C	\$ 28,411	Assignment completed. Report acc by RDO/C on 3/2/84.
SS 6	Evaluation of Project Concern International	Bolivia	Becht, J. Bravo, J. Danforth, N.	2/3-4/5/84 2/13-3/15/84	115 (38) (20) (57)	PIO/T FVA/PPE PVO Office	\$ 33,500	Assignment completed.
SS 8	Evaluation of Health Development Planning & Mgmt. Project	Jamaica Barbados Trinidad St. Lucia	Burns, J. Shutt, M.	2/1-2/28/84 2/7-2/27/84	(28) 49 (21)	PRITECH	\$ 25,539	Assignment completed.
SS 12	Development of PP for Health Sector Resource Mgmt. Project	Antigua St. Lucia Barbados	Bekele, A.	2/14-3/20/84	26	PRITECH	\$ 14,090	Assignment completed.
SS 13	Evaluation of Integrated Rural Health Delivery System Project	Ecuador	Emrey, R.	3/9-3/24/84	19	PRITECH	\$ 8,299	Assignment completed.

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I. PROGRAMMED (Cont.)

SS 15	Health Sector Assessment	Haiti	Bicknell, W. Over, M. Bloem, K. Terry, J. Lloy, M. Bradley, T. Burns, J.	4/2-6/5/84	128	USAID/Mission Haiti	\$59,098	Assignment completed.
SS 29	Write Scopes of Work for Evaluation of Two PHC Projects	Peru	Reyes, P.	6/25-6/27/84	3	PRITECH	\$ 1,336	Assignment completed.
SS 36	Analyze and review CARE's Community Health and Nutrition Education Project.	Honduras	Barriga, P.	8/10-8/31/84	30	PRITECH	Covered under AED sub-contract	Assignment completed.
SS 37	Assist in design of a FY 85 Private Sector Health Project	Guatemala	Overholt, K.	9/17-9/22/84	6	PRITECH	\$ 3,049	Assignment completed.
SS 41	Haiti-Drug Case for the LA Health Officer's Conference	Wash. D.C	Bates, J.	October	26.5	PRITECH	\$ 9,091	Assignment completed.
SS 42	Assist in Developing Health Policy & Planning Project PID	Peru	Reyes, P. Zschock, D.	October 11/11-11/17/84	40	PRITECH	\$17,371	Assignment completed.

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I. PROGRAMMED (Cont.)

SS 44	Assist INCAP in Mgtm. Training Course	Guatemala	Lyons, J.	11/18-11/22/84	6	PRITECH	\$ 3,385	Assignment Completed.
SS 45	Follow-Up ORT Promotional Visit	Mexico	Norris, J.	11/12-11/21/84	5	PRITECH	\$ 2,788	Assignment Completed.
SS 48	Strategy Assessment	Mexico	DelPrado, S. Pizarro, D. Arce, D. Smith, W. Zschock, A.	1/28-2/16/85	78	PRITECH	\$17,609 (Excluding AED)	Assignment Completed.
SS 51	Revise Protocols for Country assessments	Guatemala	Harrison, P.	1/21-1/25/85	2	PRITECH	\$ 1,372	Completed.
SS 53	Design Regional Pharmaceutical Mgmt. PP	Barbados	Schwarzwalder Turnbull, J.	1/23-3/5/85	26	RDO/C	\$14,317	Assignment Completed.
SS 56	Participate in Seminar on Financing of Health Services	Panama	Zschock, D.	5/2-5/3/85	7	PRITECH	\$ 3,500	Assignment Completed.
SS 65	Assist RDO/C in Finalizing Project Paper	Barbados	Cross, P. Hume, P.	4/22-5/11/85	28	RDO/C	\$13,959	Assignment Completed.
SS 67	Evaluation of Tiwanaca Rural Health Project	Bolivia	Favin, M.	5/15-5/29/85	17	PRITECH	\$ 5,700	Assignment Completed.

I. PROGRAMMED (Cont.)

SS 70	Prepare Report on Health Financing Activities in Latin America	—	Overholt, K.	4/30-5/9/85	3	PRITECH	\$1,408	Assignment completed.
SS 72	Participate in ORT Conference	Mexico	Pizarro, D.	9/29-10/4/85	7	PRITECH	\$2,700	Assignment being processed.
SS 76	Review Evaluation Plan of Child Survival Program	Guatemala	Pollack, M.	6/9-6/15/85	8	PRITECH	\$4,500	Assignment completed.
SS 81	TA to Child Survival Action Program Monitoring and Evaluation	Ecuador	Elkins, H.	7/1-7/12/85	11	PRITECH	\$7,000	Consultant in field.
SS 82	Provide TA on ORS Marketing Activities	Haiti	Helitzer, D.	7/24-9/30/85	26	PRITECH	Covered under AED	Consultant in field.
SS 83	Participate in National and Regional Conferences of Dominican Society of Pediatrics	Dominican Republic	Pizarro, D.	8/18-8/25/85	7	PRITECH	\$2,800	Assignment completed.

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I. PROGRAMMED (Cont.)

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 84	Participate in Evaluation of Local ORT Program & Assist in the Programming	Paraguay	Salazar-Lindo, E.	8/16-9/7/85	22	PRITECH	\$ 8,534	Consultant in field.
SS 86	Develop Baseline Survey for Child Survival Project	Ecuador	Elkins, H.	9/30-10/6/85	6	PRITECH	\$ 3,800	Consultant in field.
SS 87	Analyze Santa Fe Health Foundation & Other Health PVO	Colombia	Overholt, K.	9/3-9/20/85	23	PRITECH		Assignment completed.
SS 90	Assist OECS Staff in Design, Location and Implementation of Regional Office	St. Lucia	Turnbull, J.	9/23-11/20/85	52	USAID/Caribbean	\$ 2,800	Consultant in Field.

SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
NEAR EAST

I. PROGRAMMED

Assign. Number.	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 10	Attend Near East Bureau's Pop. Nutrition Officer's Conf.	Egypt	Mills, M. Smith, W. Mayers, M.	2/13-2/18/84	0	PRITECH	\$ 2,362	Assignment completed.
SS 17	Assist in Design of Yemen MCH/FP Project Paper	Yemen	Kimball, A. Adra, N.	3/14-4/15/84 3/14-4/10/84	48	NE/TECH	\$ 21,458	Assignment completed.
SS 30	Concepts Paper for Child Survival Program	Egypt	Boostrom, E. Elliott, V.	6/7/84 7/16-8/6/84	11	PRITECH	\$ 3,784	Assignment completed.
SS 31	Conduct comprehensive Review of Status of PHC Needs in Urban Areas of Near East		Mayers, M.	July	19	PRITECH	\$ 2,423	Assignment completed. Report submitted to Project Manager on 7/24/84.
SS 33	Revise Summary of Proceedings of Strategic Planning Meeting Expanding Private Roles in M.E. Health		Raymond, S.	July	3	PRITECH	\$ 1,374	Assignment completed.
SS 35	Assist NE Bureau in Developing Scopes of Work to Design Private Sector Health Activity	Egypt	Mayers, M. Bicknell, W. Overholt, K.	August	1.5	PRITECH	\$ 1,438	Assignment completed.

SYSTEMS SUPPORT SUMMARY REPORT
 BY REGION
 September 1985
 NEAR EAST (cont.)

I. PROGRAMMED

Assign. Number.	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost	Status
SS 54	Prepare brochure for Burgenstock Follow-up W-shop		Mayers, M.			NE Bureau PIO/T 298-0035-3- 6243008	\$ 5,238	Assignment Completed.
SS 59	Private Sector Approaches to Basic Health Care Delivery	Tunisia Morocco	Norris, J.	2/21-3/9/85	7	NE Bureau PIO/T 298-0035-3- 6243008	\$ 5,142	Assignment Completed.
SS 60	Review Equipment List in Proposal from Holy Land Christian Mission	Israel	Ehardt, F.	2/28-3/8/85	10	PRITECH	\$3,000	Assignment On-going.
SS 63	Evaluation & Schistosomiasis Activities	Jordan	Malek, E.	3/30-4/10/85	20	USAID/Jordan	\$10,000	Assignment Completed.
SS 89	Develop Itinerary for Mobile Seminar	Morocco	Norris, J.	9/22-10/1/85	13	PRITECH	\$ 7,680	Consultant in Field.

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SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
Inter-Regional

I. PROGRAMMED

Assign. Number	Assignment Description	Region	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs	Status
SS 26	Coordination and Resource Consultants for Africa Bureau Health Officers' Conference	Inter-Regional	Schwarzwalder, T. Levine, M. Stevens, C. Grosse, R. Jones, S.	5/1-6/22/84 6/19/84 6/19-20/84 6/19/84 6/19-20/84	31 2 3	PRITECH	\$78,448 (excluding consultants covered under JJ & A.)	Assignment completed. Report submitted to Project Manager on 8/11/84.
SS 27	Development of a Drug Formulary	Inter-Regional	Robinson, I.	June/July	10	PRITECH	\$ 3,690	Assignment completed. Report approved on 9/11/84
SS 34	Assist PRITECH as Operations Officer	Inter-Reg.	Mayers, M.	7/30-8/24/84	19	.88	\$ 2,280	Assignment completed.
SS 46	Advisory Panel on Microcomputer S-ware Develop. for Survey & Census	Inter-Reg.	Elkins, H.	12/3-12/4/84	3	.16	\$ 1,545	Assignment completed.
SS 47	Assist w/ PRITECH MIS	Inter-Reg.	Bloom, L.	12/3-12/12/84	8	.43	\$ 2,716	Assignment completed.
SS 61	Background Paper on Private Sector Role in Immunization	Inter-Reg.	Raymond, S.	3/18-4/3/85	14	.65	\$ 6,718	Assignment completed.

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SYSTEMS SUPPORT SUMMARY REPORT
BY REGION
September 1985
Inter-Regional (Cont.)

17.

I. PROGRAMMED

Assign. Number	Assignment Description	Region	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs	Status
SS 62	MIS Component	Inter-Reg.	Lesar, J. Elkins, H. Northrup, R.	3/11-4/9/85	18	.94	\$10,974	On-going activity.
SS 64	Assist PRITECH as Operations Officer	Inter-Reg.	Clift, E.	3/25-3/29/85	2.5	.12	\$ 544	Assignment completed.
SS 68	Make Presentation at AID Health Officers Workshop	Inter-Reg.	Ellison, R. Smith, B. Cash, R. Fabricant, S. Sanghvi, T. Hendrata, L.	7/29-8/9/85	8	.37	\$ 5,285 (excluding AED)	Completed.
SS 69	Attend WHO Workshop on Logistics and Supply Systems	Inter-Reg.	Quick, J.	6/10-6/14/85	8	.43	\$ 3,646	
SS 75	Participate in NCIH Conference	Inter-Reg.	Klouda, A.	6/1-6/5/85	-	-	\$ 3,800	
SS 85	Present Project Monitoring W-shop at Save the Children	Inter-Reg.	Bates, J.	9/6/85	1	.05	\$ 700	Assignment completed.
SS 91	Summary of ORT Guidelines	Inter-Reg.	Harrison, P.	9/23-10/4/85	10	.53	\$ 4,200	On-going activity.

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DISEASE CONTROL SUMMARY REPORT
BY REGION
September 1985
AFRICA

1.

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 12	ORT Promotional Visit & Attend Mission Directors' Conference	Gambia Senegal Rwanda Kenya	Rohde, J.	January 1984	16	PRITECH	\$ 12,297.00
DC 20	Promotional Visit	Kenya Djibouti Zimbabwe	Alden, J. Parker, R. Levine, M.	3/22-4/20/84 4/11-4/20/84 3/25-4/3/84	22 10 9	PRITECH	\$ 24,551.00 (excluding JHU.)
DC 21	Attend Sahel Health Officers' Conference	Senegal	LeSar, J.	3/20-3/22/84	5.6	PRITECH	\$ 4,257.00
DC 22	CCCD	Togo	LeSar, J.	3/26-3/29/84	5.6	PRITECH	\$ 3,875.00
DC 23	Promotional ORT Visit	Ivory Coast Mali Niger	LeSar, J. Jones, S.	3/31-4/18/84 3/27-4/18/84	17.5 14	PRITECH	\$22,860.00
DC 26	Promotional Visit and attend Nigerian Senior Nurses Seminar on Continuing Ed	Nigeria	Pollack, M. Rasmuson, M. Parker, R.	4/10-4/22/84 4/8-4/13/84 4/8-4/10/84	12 5 2	PRITECH	\$ 8,729.00 excluding AED & JHU covered sub-contract

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DC 42	Review Kenya Social Marketing Pilot Project.	Kenya	Clements, M.L.		.5	PRITECH	\$ 181.50
DC 35	Promotional ORT Visit.	Cameroon	Henn, A.	4/21-4/29/83	10	PRITECH	7,247.00
DC 44	Promotional ORT Visit/Amendment to Project.	Senegal	Herrington, J. Rasmuson, M.	5/3-5/16/84	12 4	PRITECH	5,207.00 (excluding AED covered subcontract.)
DC 45	Promotional ORT Visit	Chad	Bates, J. Henn, A.	5/16-6/14/84	24 19	PRITECH	21,091.00
DC 46	Analyze Kenya Action Plan for Diarrheal Disease Control	Wash, DC	Harrison, L.	5/9-5/10/84	2	PRITECH	1,020.00
DC 51	Senegalese MOH officials visit to ORT activities in Haiti.	Wash, DC	Lloy, M.	6/29-7/6/84	5.5	PRITECH	1,134.00
DC 54	PRITECH Strategy for Sahel.	Wash, DC	Simpson, R.	7/5-7/19/84	11	SWA/SDP	4,142.00
DC 55	Promotional Visit	Nigeria Zambia	Alden, J. Parker, R.	7/29-8/3/84 7/22-8/3/84	5 6	PRITECH	4,236.00
DC 61	Promotional Visit	Sudan	2 Consultants	Postponed		PRITECH	
DC 62	Strategy Development	Mali	Pryor-Jones, S. Simpson, R. Bates, J. Fabricant, S.	2/10-2/28/85	57	SWA/SDP	31,429.00

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DC 63	Conference on West African Nutrition in PHC & Strategy for Sahel Region & ORANA	Ivory Coast Senegal	Prysor-Jones, S. Simpson/R. Gabdidon, G.	10/30-11/23/84 10/31-11/9/84	36	SWA/SDP	21,131.00
DC 64	Develop an ORT Strategy	Niger	Prysor-Jones, S. Simpson, R.	9/17-10/18/84 10/9-10/18/84	37	SWA/SDP	20,242.00
DC 65	Follow-up promo. ORT visit	Chad	Prysor-Jones, S. Simpson, R.	10/19-10/29/84 10/19-10/30/84	21	SWA/SDP	14,751.00
DC 72	Design ORT Component of Food & Nutrition Program	Djibouti	Rasmuson, M.	10/20-11/12/84	15	PRITECH	Covered under AED
DC 79	Conference in Malawi on ORT	Malawi	Alden, J. Cash, R. Brown, J. Rohde, J. Prysor-Jones, S.	3/29-3/30/85	26	PRITECH	37,810.00
DC 80	Development of Sahel Regional Program	Washington, D.C.	Simpson, R. Prysor-Jones	11/13-1/4/85	61	SWA/SDP	\$28,365.00
DC 83	Evaluate Curriculum Inputs in Nurse/Mid-wife Training in ORT	Nigeria	Lyons, J.	1/5-1/17/85	14	PRITECH	\$ 9,310.00
DC 84	Conduct Feasibility study of ORS Production	Nigeria	Quick, J.	3/17-3/28/85	12	PRITECH	\$ 7,093.00
DC 85	Develop Education Materials for Sine Saloum PHC	Senegal	Wolfheim, C.	2/26-5/26/85	90	SWA/SDP	Covered under AED.
DC 87	Development of MCH Project	Cameroon	Henn, A.	3/11-3/15/85	12	PRITECH	\$ 7,311.00
DC 89	Begin Implementation of Country Program Plan	Niger	Prysor-Jones, S.	1/14-1/30/85	18	SWA/SDP	\$ 9,659.00

DC 106	Consult with ORANA	Senegal	Huff, M. Brace, J.	4/27-5/11/85	24	SWA/SDP	7,500.00 (excluding AED)
DC 110	Promotional Visit	Gambia	Pryor-Jones, S. Rasmuson, M.	5/31-6/7/85	13	SWA/SDP	2,700.00 (excluding AED)
DC 113	Begin Implementation of Country Program Plan	Mali	Pryor-Jones, S.	6/8-6/15/85	6	SWA/SDP	4,000.00
DC 115	Follow-up on Education Materials and Plan Next Phase of Country Program	Niger	Pryor-Jones, S.	6/16-6/26/85	12	SWA/SDP	7,000.00
DC 119	Design of MCH Project and PRITECH Strategy	Cameroon	Henn, A. Patterson, G. Shepard, D. Bisson, D.	7/22-8/18/85	99	PRITECH	48,000 (excluding AED)
DC 124	Participate in Training Seminars for Anti-Cholera Action Program	Mali	Toureau, S.	8/5-8/26/85	28	SWA/SNP	\$11,000

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DC 125	Promotional ORT Visit	Mauritania	Prysor-Jones, S.	7/28-8/4/85	12	SWA/SDP	\$5,500
DC 130	Conduct Feasibility Study for Local Production of ORS Packets	Senegal	Fabricant, S.	9/15-10/12/85	28	SWA/SDP	\$15,000
DC 132	Assist in Communication Planning for the Gambia	Gambia	Prysor-Jones, S. Rasmuson, M. Spain, P. McDivitt, J.	9/9-9/21/85	15	SWA/SDP	3,700.00 (excluding AED)
DC 133	Strategy Assessment	Nigeria	Olson, C. Rasmuson, M. Mosley, H. Berman, P. Quick, J. Sears, S.	10/5-10/26/85	129	PRITECH	32,000.00 (excluding JHU & AED)
DC 134	Develop Materials for ORT Education Campaign	Mali	Wolfheim, C.	9/30-11/14/85	40	SWA/SDP	Covered under AED
DC 135	Develop TA Role in UNICEF ORT Program	Djibouti	Rasmuson, H.	9/16-9/20/85	5	PRITECH	Covered under AED.

II. IN PROCESS
 III. REQUESTED
 IV. IN DISCUSSION

September 1985

6.

DC 137	Develop Implementation Plan for ORT Program	Chad	Rasmuson, M. Prysor-Jones, S.	9/23-10/5/85	25	SWA/SDP	\$7,500 (excluding AED)
DC 138	Implementation of the Country Program	Mali	Prysor-Jones, S.	8/20-9/3/85	13	SWA/SDP	\$6,800
	Promotional Visit	Ghana					
	Follow-up ORT Visit	Kenya	Alden, J.				To be scheduled.
	Assess Vaccine Production	Nigeria					
	Follow-Up Visit	Zimbabwe	Alden, J. Parker, R.				To be scheduled.
	Design ORT Pro-	Zambia					To be scheduled.

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DISEASE CONTROL SUMMARY REPORT
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ASIA

7.

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 24	Promotional Visit	India	Rohde, J. Smith, B.	5/6-5/13/84 5/6-5/13/84	7 5	PRITECH	\$ 5,520.00 (excluding AED-covered under Sub-contract)
DC 25	Strategy Visit and Review of ORT Program.	Philippines	Rohde, J. Fabricant, S. Edison, P.	4/23-5/6/84 4/23-5/6/84 3/29-August	11 13 90	PRITECH	\$ 27,576.00
DC 27	Promotional Visit and Strategy Development Visit	Pakistan	Snyder, J. Luhoof, M. Hewitt, B. Smith, B.	4/29-5/17/84 4/29-5/19/84 4/29-5/19/84 5/12-5/19/84	23 15 21 5	PRITECH	\$20,269.00 (excluding AED-covered under Sub-contract)
DC 28	Attend HPN Conference	Singapore	Smith, W. Rohde, J.	5/20-5/26/84	6 5	PRITECH	\$ 4,805.00 (excluding AED covered under Sub-contract)
DC 30	Assessment Team	Burma	LeSar, J. Fox, K. Fabricant, S.	5/6-5/27/84 5/6-5/27/84 5/6-5/20/84	18 15 17	PRITECH	\$ 23,170.00 (excluding AED)
DC 40	Visit CRL/ Promotional ORT Visit.	Bangladesh	Rohde, J.	5/14-5/19/84	5	PRITECH	\$ 3,966.00

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I. PROGRAMMED (cont.)

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 47	Vaccine Production Feasibility Study	Indonesia	Cooper, M. Gray, A. Binnerts, R.	9/8-9/21/84	17 2.5 16	PRITECH	\$ 25,147.00
DC 56	Develop IEC and Mass Media Plans for ORT Assistance	Philippines	Rasmuson, M.	7/28-8/4/84	5	PRITECH	Covered under AED sub-contract.
DC 57	Address XVI Pakistan Medical Association	Pakistan	Tayback, M.	11/21-11/29/84	9	PRITECH	Covered under JHU sub-contract.
DC 60	Follow-up ORT Visit	India	Rohde, J.	9/12-9/20/84	11	USAID/India	\$ 9,162.00
DC 67	Assist in Dev. & Implementation of an In-Country ORT Promotional Ed. Campaign	Pakistan	Grieser, M. Louis, T.	10/12-11/2/84 10/15-10/31/84	20 12	PRITECH	Covered under AED sub-contract.
DC 73	Prepare Mass Media Campaign Strategy Plan for ORT	Indonesia	Booth, B.	10/15-11/4/84	30	PRITECH	Covered under AED sub-contract
DC 81	Strategy Assessment	India	Santosham Modlin McBean, M. Silimperi, D. Louis, T. Brown, J. Arndt, T. Foreman, P.	4/14-5/24/85	194	PRITECH	\$ 52.000

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I. PROGRAMMED (cont.)

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 86	Socio-Anthropological Study of ORT	Bangladesh	Green, T. Louis, T.	1/20-2/1/85 1/19-2/1/85	27	USAID/ Bangladesh	Covered under AED sub-contract.
DC 88	Develop ORT Intervention	Pakistan	Simpson, R.	1/21-2/1/85	10.6	PRITECH	\$ 7,864.00
DC 66	Promotional Visit	Thailand	Cash, R.	12/17-1/2/85	15	PRITECH	\$ 9,295.00
DC 76	Assess PRITECH's Future Role in Health Sector	India Pakistan	LeSar, J.	December	13	PRITECH	\$10,745.00
DC 78	Conference in Bangladesh on ORT	Bangladesh	Baker J. Cash, R. Rohde, J. LeSar, J. Versoza Louis, T. Green, J. Rasmuson, M.	3/17-3/20/85	79	PRITECH	\$27,792.00 (Excluding AED)
DC 97	Establishment of PRITECH Regional Office	India	LeSar, J. Rohde, J.	3/12-3/17/85	9	PRITECH	\$ 9,131.00
DC 100	Develop ORS Marketing Research Component to Social Marketing Project	Bangladesh	Louis, T.	3/22-4/2/85	8	USAID/ Bangladesh	Covered under AED
DC 101 bl	Develop Training Plan for Health Workers on ORT	Pakistan	Grieser, M.	3/30-4/15/85	20	PRITECH	Covered under AED

I. PROGRAMMED (cont.)

Assign Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Day	Funding	Estimated Cost
DC 107	Follow-Up on Socio-Anthropological & Market study of ORI.	Bangladesh	Louis, T. Green, T.	5/1-6/30/85	97	USAID/ Bangladesh	Covered under AED sub-contract.
DC 112	Evaluation of ORT Communications Campaign Proposals	Pakistan	Louis, T.	6/1-6/8/85	8	PRITECH	Covered under AED sub-contract
DC 114	Child Survival Action Program: Monitoring and Evaluation	Phillipines	Black, R.	6/14-6/19/85	5	PRITECH	Covered under JHU sub-contract
DC 118	Preparation for PRITECH India Office	U.S. India	Rogosch, J. Grant, D.	7/15-9/2/85	25	PRITECH	\$11,100
DC 123	Supervise Trade and Consumer Survey for ORS Component of Social Marketing Project	Bangladesh	Louis T.	7/18-8/9/85	20	USAID/ Bangladesh	Covered Under AED
DC 140 90	Preparations for ORT & Immunization Program in Project Districts	India	Rohde, J.	10/4-10/23/85	18	PRITECH	

III. REQUESTED

DC 29	Needs Assessment	Sri Lanka	Davis, J.		90	PRITECH	\$ 50,885.00
DC 75	Visit ORS Production Facility	Sri Lanka	Fabricant, S.		1	PRITECH	\$ 650

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DISEASE CONTROL SUMMARY REPORT
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LATIN AMERICA

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 13	Assist in Strategy of ORT Programs for Central America	Honduras Guatemala Costa Rica	Rohde, J. LeSar, J.	2/21-3/2/84 2/27-3/9/84	19	PRITECH	\$13,671.00
DC 14	Attend PAHO EPI Meeting	Peru	Pollack, M.	3/1-3/10/84	10	PRITECH	\$ 5,276.00
DC 17	Identify Documents and Resource Center	Haiti	Burns, J.	3/1-3/10/84	3	PRITECH	\$ 1,388.00
DC 18	ORT Promotional and Assessment Visit	Ecuador	Hartman, F.	3/11-3/25/84	11	PRITECH	\$ 7,743.00
DC 19	Develop SOW for Strategy Development Visit	Dominican Republic	Rohde, J.	3/21-3/23/84	2	PRITECH	\$ 1,203.00

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LATIN AMERICA (cont.)
September 1985

I. PROGRAMMED (cont.)

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Cost
DC 31	Promotional Immunization Visit	Haiti	McBean, M.	7/8-7/13/84	6	PRITECH	Covered under JHU Sub-contract.
DC 32	Promotional Visit	Bolivia	Booth, B.	4/20-5/1/84	7	PRITECH	Covered under AED sub-contract.
DC 36	Promotional ORT Visit/ Attend National ORT Conference	Mexico	Clements, M.L. Booth, B. Pollack, M.	5/1-5/4/84 5/1-5/10/84 5/4-5/9/84	(4) (9) 19 (6)	PRITECH	\$ 5,051.00 (excluding AED)
DC 41	Strategy Assessment	Peru	Pollack, M. Reyes, P. Zschock, D. Brace, J. Prentice, P. Pareja, R. Buxbaum, A. Harrison, P.	5/15-6/14/84 5/20-7/3/84 5/29-6/16/84 6/8-6/16/84 5/20-6/16/84 5/20-6/16/84	32 56 25 206 7 26 35 24 .75	PRITECH	\$71,175.00 (excluding AED)

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LATIN AMERICA (cont.)
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I. PROGRAMMED (cont.)

DC 48	ROCAP ORT, Growth Monitoring and Education PP Development.	ROCAP/ INCAP	LeSar, J. Rohde, J. Arce, R. Lewis, C. Huff, M. Booth, B. Crone, C. Makinen, M.	6/29-7/9/84 6/20-7/20/84 6/24-7/7/84 7/9-7/23/84 7/3-7/17/84 7/9-7/23/84 7/23-8/7/84	6 6 23 13 11.5 10 13 14	PRITECH (excluding AED)	\$38,673.00
DC 49	Strategy Assessment	Bolivia	Clements, M.L. Mata, J. Pines, J. Arce, R. Booth, B.	8/6-8/15/84 8/9-8/22/84 8/5-8/22/84 8/5-8/18/84 8/5-8/24/84	8 12 18 14 17	PRITECH (excluding AED)	\$17,325.00
DC 50	Participate in National Pediatrics Conference	Bolivia	Clements, M.L. Pizarro, D. Mata, J.	7/30-8/5/84 7/30-8/15/84 7/31-8/8/84	8 18 8	PRITECH	\$ 8,248.00 (excluding AED)
DC 93	Follow-up Strategy Visit	Bolivia	Patterson, G. Becht, J.	2/15-5/1/85	51	PRITECH	\$ 20,950
DC 96	Prepare Project Paper for ORT & Immunization	Ecuador	Pollack, M. Smith, B.	3/3-3/24/85	31	PRITECH	\$ 8,414.00 (excluding AED)
DC 98	Participate in INCAP Training Course	ROCAP/ INCAP	Overholt, K. Brace, J. Agosto, N. Lopez	March	23	PRITECH	\$ 4,176.00 (excluding AED)
DC 99	Develop Guidelines for Assessments of ORS	ROCAP/ INCAP	Arce, R.	3/18-4/1/85	14	PRITECH	\$ 3,500
DC 103 12	Train Anthropologists to Conduct Community Studies	ROCAP/ INCAP	Scrimshaw, S.	4/13-4/21/85	9	PRITECH	\$ 5,500

LATIN AMERICA (cont.)
September 1985

I. PROGRAMMED (cont.)

DC 104	Assist in Completing Design of Child Survival PF Amendment	Ecuador	Gomez, V. Cardenas, P. Barriga,	4/15-5/4/85	17	PRITECH	\$ 4,156.00
DC 105	Technical Briefing on ORT & Imm. for Ecuador's First Lady	Ecuador	Pollack, M. Hartman, F. Pareja, R.	4/22-4/23/85	7	PRITECH	\$ 4,070.60
DC 109	Review Implementation Plan for CARITAS ORT Program	Bolivia	Simpson, R.	5/27-6/9/85	12	PRITECH	\$ 8,200.00
DC 111	Review Research Protocols	ROCAP/ INCAP	Rohde, J. Northrup, R.	6/3-6/9/85	11	PRITECH	\$ 7,700.00
DC 120	Review of Protocol for Epidemiology of Chronic Diarrhea Studies	ROCAP/ INCAP	Black, R.	7/21-7/24/85	4	PRITECH	Covered Under JHU
DC 121	Conduct Logistics Systems Analysis Workshop	ROCAP/ INCAP	Bates, J.	7/28-8/3/85	10	PRITECH	\$ 4,850

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I. PROGRAMMED (cont.)

DC 122	Assist ROCAP/ INCAP in Plan- ning Workshop	ROCAP/ INCAP	Harrison, P. Berry, D. Fajardo, I. Wolff, J.	8/3-8/10/85	21.5	PRITECH	\$ 11,097
DC 126	Assist ROCAP/ INCAP in Analysis of Community Studies	Guatemala	Scrimshaw, S. Booth, B.	8/25-8/31/85	20	PRITECH	\$ 5,000 (excluding AED)
DC 127	Review of Pro- tocol for Epidemiology of Chronic Diarrhea Studies	Guatemala	Black, R.	9/3-9/4/85	10	PRITECH	\$ 2,600 (excluding JHU)
DC 128	Review of Protocol for Dietary Mgtm.	Guatemala	Rohde, J. Brown, K.	9/9-9/14/85	12	PRITECH	\$ 4,400 (excluding JHU)
DC 129	Assist CARITAS in Planning Communication Component of Mothers' Club/ ORT Program	Bolivia	Urban, D.	8/24-9/30/85	40	PRITECH	Covered Under AED
DC 139	Design of Base- line Community Level Survey	Bolivia	Elkins, H.	10/7-10/11/85	5	PRITECH	\$ 3,300

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LATIN AMERICA (cont.)
September 1985

II. IN PROCESS

III. REQUESTED

DC 39	Promotional ORT Visit	Panama	Hartman, F.				
DC 37	Promotional ORT Visit	El Salvador	2 Consultants				

IV. IN DISCUSSION

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DISEASE CONTROL SUMMARY REPORT
BY REGION
September 1985
NEAR EAST

I. PROGRAMMED

Assign. Number	Assignment Description	Country	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 52	Promotional Visit	Tunisia	Alden, J.	7/21-7/29/84	6	PRITECH	\$4,951.00
DC 53	Promotional Visit	Morocco	Rasmuson, M.	7/22-7/27/84	5	PRITECH	Covered under AED sub-contract.
DC 59	Conduct Feasibility Study of Production and Distribution of ORT.	Tunisia	Fabricant, S	9/17-9/30/84	16	PRITECH	\$8,993.00
DC 77	Presentation at International Congress for Maternal and	Tunisia	Northrup, R.	11/22-11/26/84	11	PRITECH	\$6,600.00
DC 91	Promotional Visit	Oman	O'Connor, R.	5/12-5/16/85	7	PRITECH	
DC 92	Strategy Assessment	Morocco	Rasmuson, M. Guyer, B. Echols, J.	4/26-5/11/85	45	PRITECH	\$9,000.00 (excluding AED)
DC 108	Participate in Regional Training Programs for Pharmacists	Tunisia	Bisailon, S	5/8-7/5/85	12	PRITECH	\$10,900.00
DC 117	Develop Five-Year Plan for Child Survival Strategy	Oman	Wallace, N. Chauls, D Bloom, L.	7/10-7/28/85	52	PRITECH	\$34,000
DC 131	Follow-up Promotional Visit	Tunisia	Alden, J.	9/15-9/22/85	8	PRITECH	\$7,100
DC 136	Promotional Visit	Yemen	Rasmuson, M.	9/20-9/23/85	4	PRITECH	Covered under AED

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II. IN PROCESS

III. IN DISCUSSION

	Health Comm./ORT	Yemen					
	Immunization Assessment	Egypt		Early 85			
	Promotional/ Population add-on	Turkey					
	HMO Financing	Egypt					
	ORT Mass Media/ Comm. consult.	Tunisia					

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DISEASE CONTROL SUMMARY REPORT

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INTER-REGIONAL
September 1985

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 6	Meeting of Train. Advisory Group of PRITECH	Wash. DC	Lyons, J. Touchette, P. Golden, A.	12/14-12/16/83	9	PRITECH	\$1,440.00 (excluding JHU & AED)
DC 7	Meeting of Advisory Group on Technology and Commodities of PRITECH	Wash. DC	Sacca, S. Mahoney, J. Zimmerman, M.	12/14-12/16/83	10	PRITECH	\$ 3,976.00
DC 8	Meeting of Advisory Group on Private Sector/PVOs/Cooperatives of PRITECH	Wash. DC	Danforth, N. Park, H. Syme, D. Farley, J. Fairbank, A.	12/14-12/16/83	17	PRITECH	\$ 5,485.00
DC 9	Meeting of Advisory Group on Public Education & Social Marketing	Wash. DC	Foote, D. Novelli, W. Lediard, M.	12/14-12/16/83	9	PRITECH	Covered under AED sub-contract.
DC 10	Meeting of Advisory Group on Finance	Wash. DC	Zschock, D. Over, M. Shepard, D. Makinen, M.	12/14-12/16/83	14	PRITECH	\$ 6,755.00
DC 11	Complete Advisory Group's Report First Technical Meeting	Wash. DC	Harrison, L.	1/16-1/30/84	17	PRITECH	\$ 8,492

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DISEASE CONTROL SUMMARY REPORT
INTER-REGIONAL
September 1985

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 15	Attend African Bureau Conference	Sierra Leone	Parker, R.	2/26-3/3/84	7	PRITECH	Covered under JHU Sub-contract
DC 16	Represent PRITECH at World Federation of Public Health Association Inter. Congress	Israel	Lediard, M.	2/16-2/25/84	3	PRITECH	Covered under AED Sub-contract
DC 33	Develop Study Guides for PRITECH Study Team Report Outline	Wash. DC	Harrison, L.	March	15	PRITECH	\$ 7,510
DC 34	Develop Cost Estimates for World-Wide ORT Programs	Wash. DC Boston	Shepard, D.	3/1-3/2/84	3.5	PRITECH	\$ 1,597
DC 38	Develop MIS for Disease Control Component of PRITECH	Wash. DC	Burns, J.	March	10	PRITECH	\$ 3,528
DC 43	Attend Essential Drugs Conference	Boston, Mass.	Molapo, N.	4/10-4/17/84		PRITECH	\$ 3,595

DISEASE CONTROL SUMMARY REPORT
INTER-REGIONAL
September 1985

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Estimated Person Days	Funding	Estimated Costs
DC 58	Annual Technical Update	Wash, DC	Baker, J. Puffer, R. Shepard, D. Dunlop, D. Furst, B.		34 - 3 6 20	PRITECH	\$15,690
DC 68	ORT Task Force Meeting	Wash, DC	Rohde, J. Cash, R. Clements, M.L. Northrup, R. Hogan Snyder, J. Black, R. Foote, D. Shepard, D. Hogan, B. Delgado, H. Feachem, R. Aziz, K. Elkins, H. Harrison,	10/15-10-17/84	38	PRITECH	\$35,128
DC 69	Technical Advisory Meeting	Wash, DC	Rohde, J. McBean, M. Henderson, D. Smith, B. Lloy, M. Watson, W.	11/21/84	10.5	PRITECH	\$4,644 (excluding AED and JHU)
DC 70	Revise & Develop Guidelines for PRITECH Strategy Assessments	Wash. D. C.	Harrison, P.	10/18-1/18/85	101	PRITECH	\$32,142

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DISEASE CONTROL SUMMARY REPORT
INTER-REGIONAL
September 1985

23.

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Person Days	Funding	Estimated Costs
DC 71	Develop Training Activities for Future PRITECH ORT Team Members	Wash. D. C.	Lyons, J. Northrup, R.	10/18-10/1984 2/27-3/4/85	7	PRITECH	\$ 4,102
DC 74	Social Marketing Workshop	Wash. D. C.	Baker, J. Furst, B. Farley, J. Parker, B. Andreasen, A. Samuels, S. Elkamel, F. Batra, R. Black, R.	11/1-11/2/84	68	PRITECH	\$40,031
DC 82	Assist PRITECH Disease Control Component	Washington, D.C.	Simpson, R.	1/7-1/11/85	29	PRITECH	\$14,458
DC 90	Planning Meeting for ICORT II	Washington, D.C.	Black, R. Guerrant, R. Hirschhorn, N.	1/3/85	—	PRITECH	\$ 566
DC 94	Consultation w/ PRITECH	Washington, D.C.	Northrup, R.	2/21/85	6	PRITECH	\$4,400
DC 95	Evaluation and Planning Manual for ORT	Washington, D.C.	Elkins, H. Harrison, P. Buxbaum, A.	March	75	PRITECH	\$30,515
DC 102	Develop ORT Program Monitoring System	Inter-Regional	Bates, J.	April	8	PRITECH	\$ 2,563
DC 116 93	Develop Document to Assess Country Capabilities for Vaccine Production	U.S.	McBean, M. Bailowitz, A.	7/15-12/15/85	66	PRITECH	Covered under JHU sub-contract

DISEASE CONTROL SUMMARY REPORT
INTER-REGIONAL
September 1985

Assign. Number	Assignment Description	Location	Consultants	Dates of Assignment	Person Days	Funding	Estimated Costs
DC 141	Annual Technical Advisory Group	U.S.	Foege, W. Merson, M. Smith, W. McBean, M. Joseph, S. Black, R. Agle, A. de Quadros, C Urrutia, J. North, J.	10/10//85	-	PRITECH	\$ 2,450

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APPENDIX II

Summary Table of PY1 & PY2 Contract Expenditures

APPENDIX II

Table 1

ESTIMATED PRITECH EXPENDITURES: 10/1/83 - 9/30/85

<u>ITEMS</u>	<u>PERSON MONTHS</u>		<u>TOTAL</u>
	<u>PY 1</u>	<u>PY 2</u>	
I. Core Staff	57.12	65.40	122.52
II. MSH Staff and Expenses	4.39	4.28	8.70
III. Administrative Costs	-----	-----	-----
IV. Disease Control	59.69	93.82	153.51
V. Information Center	18.00	22.00	40.00
VI. Systems Support	58.41	56.70	115.11
TOTALS	197.60	242.20	439.80

<u>ITEMS</u>	<u>COSTS</u>		<u>TOTAL</u>
	<u>PY 1</u>	<u>PY 2</u>	
I. Core Staff	361,781	\$ 426,401	\$ 788,182
II. MSH Staff and Expenses	33,443	19,991	53,434
III. Administrative Costs	84,628	281,715	366,343
IV. Disease Control	710,154	1,518,800	2,228,954
V. Information Center	50,238	100,844	151,082
VI. Systems Support	569,992	541,273	1,111,265
TOTALS	,810,236	\$2,889,024	\$4,699,260

ESTIMATED AED, JHU AND PATH SUB-CONTRACT COSTS*

	<u>PY 1</u>	<u>PY 2</u>	<u>TOTAL</u>
I. AED	\$ 201,442	\$ 357,316	\$ 558,758
II. JHU	30,000	150,562	180,562
III. PATH		49,950	49,950
TOTALS	\$ 231,442	\$ 557,828	\$ 789,270

These amounts are included in the estimated project expenditures totals.

APPENDIX III

PRITECH DISEASE CONTROL PROGRAM COUNTRIES

PRITECH DISEASE CONTROL PROGRAM COUNTRIES

The following is a listing of countries by Region where PRITECH is considering or has undertaken disease control activities during the first two years of the program:

	<u>Promotion</u>	<u>Strategy/Project Development</u>	<u>Program Approval</u>	<u>Imple- mentation</u>
<u>AFRICA (18)</u>	<u>13</u>	<u>8</u>	<u>5</u>	<u>4</u>
Cameroon	X	X		
Chad		X	X	X
Djibouti	X	X	X	
Gambia		X		
Kenya	X			
Malawi	X			
Mali	X			
Mauritania		X	X	X
Mozambique		X		
Niger	X	X	X	X
Nigeria	X			
ORANA		X	X	X
Rwanda	X			
Senegal	X			
Sierra Leone	X			
Swaziland	X			
Zambia	X			
Zimbabwe	X			
<u>ASIA (6)</u>	<u>5</u>	<u>3</u>	<u>3</u>	<u>3</u>
Burma	X			
Bangladesh		X	X	X
India	X	X	X	X
Indonesia	X			
Pakistan	X	X	X	X
Philippines	X			
<u>LATIN AMERICA (8)</u>	<u>7</u>	<u>5</u>	<u>2</u>	<u>2</u>
Bolivia	X	X	X	X
Brazil				
Dom. Rep.	X			
Ecuador	X	X		
Haiti	X			
INCAP	X	X	X	X
Mexico	X	X		
Peru	X	X		
<u>NEAR EAST (4)</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>-</u>
Morocco	X	X	X	
Oman	X	X		
Tunisia	X			
Yemen				
<u>TOTAL (36)</u>	<u>28</u>	<u>18</u>	<u>11</u>	<u>9</u>

9/15/85

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