

THE WORLD BANK GROUP ARCHIVES

PUBLIC DISCLOSURE AUTHORIZED

Folder Title: Policy Research Papers - Miller - Research Proposal Primary Health Care [PHC]

Folder ID: 1102716

Series: Research and policy development

Dates: 04/09/1986 - 05/29/1986

Fonds: Records of the Population, Health, and Nutrition Sector

ISAD Reference Code: WB IBRD/IDA WB_IBRD/IDA_89-07

Digitized: 10/11/2023

To cite materials from this archival folder, please follow the following format:
[Descriptive name of item], [Folder Title], Folder ID [Folder ID], ISAD(G) Reference Code [Reference Code], [Each Level Label as applicable], World Bank Group Archives, Washington, D.C., United States.

The records in this folder were created or received by The World Bank in the course of its business.

The records that were created by the staff of The World Bank are subject to the Bank's copyright.

Please refer to <http://www.worldbank.org/terms-of-use-earchives> for full copyright terms of use and disclaimers.



THE WORLD BANK

Washington, D.C.

© International Bank for Reconstruction and Development / International Development Association or

The World Bank

1818 H Street NW

Washington DC 20433

Telephone: 202-473-1000

Internet: www.worldbank.org

PUBLIC DISCLOSURE AUTHORIZED

MILLER

not recorded



DECLASSIFIED
WBG Archives



1102716

R1992-038 Other #. 7 Box # 20095B

Policy Research Papers - Miller - Research Proposal Primary Health Care
[PHC]

MILLER

KONINKLIJK INSTITUUT VOOR DE TROPEN

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROGRAMMA PLATTELANDSONTWIKKELING
SUB-PROGRAMMA PRIMARY HEALTH CARE

MEMORANDUM

DirPO, CPHC

Ruud Knippenberg

Onze ref: 3/PHC/78.86/RK(185/jm)

Betreft: research proposal PHC Gambia, World Bank/KIT (3.06/1661.12)

Bijlagen:

cc: members PHC group

Amsterdam April 9th, 1986

Discussions with Nancy Birdsall, head of department of health, nutrition and family planning of World Bank, resulted in the following proposal.

1. World Bank developes:

- ② - a. household survey for assessment of household factors influencing utilization of PHC and price elasticity of demand for PHC;
- ④ b. a multivariate computer analysis of these factors.

2. KIT developes:

- ① a. rapid rural appraisal method to identify plausible household factors influencing PHC utilization to be subsequently incorporated in the surveys;
- ③ b. in-depth research technique to verify conclusion from the surveys;
- ⑤ c. methodology to evaluate coverage and costs of PHC interventions;
- ⑥ d. impact analysis to link coverage to improvement of health and nutrition status.

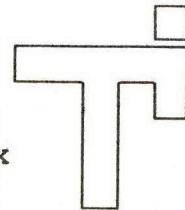
3. Funding for this joint project is requested from the World Bank and from DGIS.

4. KIT prepares an outline of their contributions to 2a, b, c and d, which will be taken by Lynne Miller to Washington second half of May to be incorporated in the project proposal by Elisa Jones (Gambia MCH) and Nancy Birdsall of the World Bank in May/June 1986.

KONINKLIJK INSTITUUT VOOR DE TROPEN

ROYAL TROPICAL INSTITUTE

XXXXXXXXXXXX
Direct tel.no.: 020 - 5688487



TO:

3/PHC/119.86/CV
(247/jm)

FROM:

3.06/1661.12

Dr. Nancy Birdsall
The World Bank
1818 H Street NW
WASHINGTON DC 20433
United States of America

Amsterdam, May 29th, 1986

Dear Nancy,

As promised, I send you some reflections on your research proposal.

We would welcome cooperation, though at the moment I do not yet see clearly how and when. I assume much will depend on your final discussions with the Ministry of Health and the Medical Research Council.

You may have heard from Maeve Moynihan that we have a Family Planning vacancy in our PHC group. As we did not find a suitable candidate in The Netherlands, we are now advertising internationally, in the Lancet and in Family Planning Studies. Maeve suggested that you might know suitable candidates. I therefore enclose a draft of the advertisement. We would appreciate it very much if you could draw the attention of possible candidates to this vacancy.

From June 14th till July 20th I will be in Tanzania, but in case you have further news or suggestions about the research proposal or suggestions for FP candidates, I will be glad to receive them and contact you after July 20th.

With kind regards,

Rural Development Programme
Sub Programme Primary Health Care

Corlien Varkevisser

c.c.: Maeve Moynihan
Daan Mulder
Ruud Knippenberg

*N.B. Timing and
therefore usefulness?
of RRA (if EAD
already started)*

Comments on content research proposal "Health Care and Family Planning in The Gambia: Determinants and Consequences of Service Utilization".

1. At present, analysis of effects of public and private health and FP services on health and fertility outcomes, or an evaluation of the community based PHC programme, is not feasible, because baseline data are not available. Only potential effects of present PHC and FP services can be calculated, according, for example, to the four step model that Ruud Knippenberg no doubt discussed with you during his recent visit:

- availability of the necessary resources for PHC and FP activities in the research area;
- accessibility of available resources to the target group (for instance 5 km or less, depending on type of activity);
- utilization of services accessible to target groups;
- quality of the services utilized.

- *intensity/timing*

This would be sufficient to improve the design and targeting of health and FP services, which form part of the FP, health and nutrition project financed by IDA.

2. The model presented in your research proposal seems complicated, because of the use of symbols. Especially in this stage, when possible factors influencing utilization of services or health status are still under discussion, it would be helpful to come down to a lower level of abstraction. Perhaps these factors could first be synthesized in a logical framework, for instance.

Factors influencing *children's* utilization of services:

- children's health status (the need);
- household resources available for health activities (time, money, home remedies);
- other priorities making demands on time and money available (including the number of children);
- accessibility, acceptability and perceived quality of the treatment offered, in relation to alternative forms of treatment available.

Factors influencing health status of children:

- availability of food at household level (which is a function of food production and income of household members);
- distribution of food at household level;
- physical factors (birthweight, birth interval, birth sequence, twins, etc.);
- environmental factors (vectors, quality and quantity of water supply, sewerage system, for instance);
- utilization made of traditional and modern health & FP services, both curative and preventive and including environmental activities.

These factors, which with some brainstorming would still have to be refined and complemented, are in turn influenced by underlying climatological and milieu factors (quality of soil for instance) and socio-economic and cultural factors, such as means of production/sources and level of income; educational level; health, nutrition and fertility related customs and habits; forms of community organization.

Before embarking on a big survey, we feel it would be useful to do a rapid appraisal in a rural area and a semi-urban area to appreciate the main factors influencing:

- health status of the most vulnerable groups (children 0-5, women 15-45);
- fertility;
- utilization of health and FP services.

Such a rapid appraisal would need to ^{involve} imply representatives of health, nutrition and community development services and one or two medical sociologists and health economists. With preparation and reporting included, this would take at least two solid months, but the preparation should be spread out over a longer period.

Preparation includes brainstorming on content as well as organization (of agreements) of different ministries involved in such an appraisal. I include a letter to Dr. Chichester, summing up in headlines how we carried out a rapid appraisal into the causes of malnutrition in Pahou, Benin, in February-March of this year.

The rapid appraisal would eliminate certain factors and specify others, so that the survey can become better focused and, perhaps, simplified than when it would have been implemented without a preceding appraisal.

I am not sure yet whether in-depth research is necessary in addition to a survey. Probably, knowledge, attitude and practice questions could go in an in-depth, smaller investigation whereas for budget research you would need a bigger survey. I would propose to plan both types of research after a rapid appraisal.

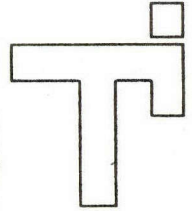
3. Selection of method and of indicators to measure impact of health systems on health status can only sensibly be done after:
 1. final objectives of the study have been clearly defined and
 2. a decision has been taken in regard of the study design, for instance before-after comparison, longitudinal study, etc.

Such methods may include:

- history taking: mortality during past twelve months, morbidity, for instance: diarrhoea during past two weeks, etc.;
- anthropometric measurements of newborns and young children;
- laboratory investigations:
 - o haematological: Hb in children and pregnant women,
 - o biochemical,
 - o parasitological: worm load, malaria,
 - o immunological: seroconversion after vaccinations;
- etc.

Maeve Moynihan
Daan Mulder
Corlien Varkevisser

KONINKLIJK INSTITUUT VOOR DE TROPEN



ROYAL TROPICAL INSTITUTE

DE MAURITSKADE 1092 AD AMSTERDAM / ~~XXXXXXXXXXXX~~
BANKERS ALGEMENE BANK NEDERLAND N.V. AMSTERDAM
TELEGRAMS IITROPEN POSTGIRO 24548 / TELEX 15080 KIT NL

Direct no.: (020) - 5688487

YOUR REF

REF NO 3/PHC/106.86/CV
(230/jm)

ENCLOSURES

SUBJECT 3.11/234.2

Dr. C.O. Chichester
IVACQ Secretariat
The Nutrition Foundation
1126 Sixteenth Street NW/Suite 100
WASHINGTON DC 20036
United States of America

Amsterdam, May 12th, 1986

Dear Dr. Chichester,

Again, I want to thank you for your kind invitation to attend the workshop of the International Vitamin A Consultative Group and FAO, held in Rome on June 18-20 1986. It appeared that I am already expected in Tanzania on the 15th of June, and as we will be working as a team, it is to my regret impossible to attend the workshop.

From Dr. Kusin I understand that you are interested in Rapid Appraisal techniques in the field of malnutrition related to vitamine A deficiency. I am not particularly acquainted with vitamine A deficiency problems, but in February this year we carried out a rapid appraisal into causes of malnutrition in Pahou, Benin. We worked with ten/twelve Beninese and three Dutch, representing four disciplines: nutrition, agriculture, health and applied (medical) sociology. Not more than six were "experts", the others being representatives of relevant services (health, agricultural extension, social affairs) of district and lower levels. Beforehand we (the three Dutch) prepared a theoretical framework of possible causes of malnutrition, which took about as long as the implementation of the appraisal itself. We did not present it in that way to the group however, only the simple main lines, so that everyone would be able to follow and contribute. This worked astonishingly well, during the three days of brainstorming as well as during interviewing. Already, the brainstorming provided a wealth of information, which we ordered along the framework. All participants learnt to measure arm circumference. We worked in three groups of four people with mixed disciplines in two batches of three villages. There we measured the arm circumference of all children aged 0 to 3 years and asked some crucial questions to the mothers. Then we interviewed in-depth in each village about six mothers of "red" children and six mothers of children the same age, but well fed ("green") about possible causes of malnutrition. Possible interventions were discussed as well, with the mothers and village leaders.

our ref 3/PHC/106.86/CV(230/jm)

date 12/5/86

page -2-

The fact that representatives of different services participated in the appraisal made this a fruitful exercise. Fieldwork and reporting lasted one month. The whole was a very intensive, but rewarding enterprise for all participants.

I assume that for an appraisal of vitamine A deficiency, prevalence and causes, the method should be adapted, as it is relatively rare. The combination of large scale screening and in-depth interviewing can most probably be adapted, by lower level personnel, with some training and guidance. Perhaps it would be possible to integrate such kind of appraisal with other public health activities, such as vaccinations.

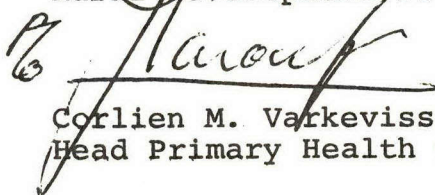
The low prevalence implies that it will take longer to find and interview cases, with varying intervals. Therefore it seems difficult to involve representatives of other services. These could, however, be invited in brainstorming and summary sessions.

At present, there is only a French report about the method applied and results available. We are conducting in-depth research to test the results of the Rapid Appraisal (twelve months) and possibly modify it. After that, I hope to write an article in English.

Again, I am sorry that I shall not be able to attend your workshop. I wish you much success.

Sincerely yours,

ROYAL TROPICAL INSTITUTE
Rural Development Programme



Corlien M. Varkevisser, PhD, MPH
Head Primary Health Care Section

MILLER

KONINKLIJK INSTITUUT VOOR DE TROPEN

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

PROGRAMMA PLATTELANDSONTWIKKELING
SUB-PROGRAMMA PRIMARY HEALTH CARE

MEMORANDUM

1. DirPO, CPHC

2. Ruud Knippenberg

3/PHC/78.86/RK(185/jm)

Betreft research proposal PHC Gambia, World Bank/KIT (3.06/1661.12)

Bijlagen

members PHC group

Amsterdam April 9th, 1986

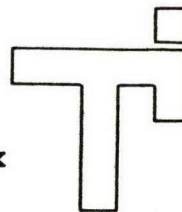
Discussions with Nancy Birdsall, head of department of health, nutrition and family planning of World Bank, resulted in the following proposal.

- 1. World Bank developes:
 - ② - a. household survey for assessment of household factors influencing utilization of PHC and price elasticity of demand for PHC;
 - ④ b. a multivariate computer analysis of these factors.
- 2. KIT developes:
 - ① a. rapid rural appraisal method to identify plausible household factors influencing PHC utilization to be subsequently incorporated in the surveys;
 - ③ b. in-depth research technique to verify conclusion from the surveys;
 - ⑤ c. methodology to evaluate coverage and costs of PHC interventions;
 - ⑥ d. impact analysis to link coverage to improvement of health and nutrition status.
- 3. Funding for this joint project is requested from the World Bank and from DGIS.
- 4. KIT prepares an outline of their contributions to 2a, b, c and d, which will be taken by Lynne Miller to Washington second half of May to be incorporated in the project proposal by Elisa Jones (Gambia MCH) and Nancy Birdsall of the World Bank in May/June 1986.

KONINKLIJK INSTITUUT VOOR DE TROPEN

ROYAL TROPICAL INSTITUTE

XXXXXXXXXXXX
AMSTERDAM
Direct tel.no.: 020 - 5688487



TO: 3/PHC/119.86/CV
(247/jm)
FROM: 3.06/1661.12

Dr. Nancy Birdsall
The World Bank
1818 H Street NW
WASHINGTON DC 20433
United States of America

Amsterdam, May 29th, 1986

Dear Nancy,

As promised, I send you some reflections on your research proposal.

We would welcome cooperation, though at the moment I do not yet see clearly how and when. I assume much will depend on your final discussions with the Ministry of Health and the Medical Research Council.

You may have heard from Maeve Moynihan that we have a Family Planning vacancy in our PHC group. As we did not find a suitable candidate in The Netherlands, we are now advertising internationally, in the Lancet and in Family Planning Studies. Maeve suggested that you might know suitable candidates. I therefore enclose a draft of the advertisement. We would appreciate it very much if you could draw the attention of possible candidates to this vacancy.

From June 14th till July 20th I will be in Tanzania, but in case you have further news or suggestions about the research proposal or suggestions for FP candidates, I will be glad to receive them and contact you after July 20th.

With kind regards,

Rural Development Programme
Sub Programme Primary Health Care

Corlien Varkevisser

c.c.: Maeve Moynihan
Daan Mulder
Ruud Knippenberg

*N.B. Timing and
therefore usefulness?
of RRA (if EAD
already started)*

Comments on content research proposal "Health Care and Family Planning in The Gambia: Determinants and Consequences of Service Utilization".

1. At present, analysis of effects of public and private health and FP services on health and fertility outcomes, or an evaluation of the community based PHC programme, is not feasible, because baseline data are not available. Only potential effects of present PHC and FP services can be calculated, according, for example, to the four step model that Ruud Knippenberg no doubt discussed with you during his recent visit:

- availability of the necessary resources for PHC and FP activities in the research area;
- accessibility of available resources to the target group (for instance 5 km or less, depending on type of activity);
- utilization of services accessible to target groups;
- quality of the services utilized.

- intensity/timing

This would be sufficient to improve the design and targeting of health and FP services, which form part of the FP, health and nutrition project financed by IDA.

2. The model presented in your research proposal seems complicated, because of the use of symbols. Especially in this stage, when possible factors influencing utilization of services or health status are still under discussion, it would be helpful to come down to a lower level of abstraction. Perhaps these factors could first be synthesized in a logical framework, for instance.

Factors
Factors influencing utilization of services:

- children's health status (the need);
- household resources available for health activities (time, money, home remedies);
- other priorities making demands on time and money available (including the number of children);
- accessibility, acceptability and perceived quality of the treatment offered, in relation to alternative forms of treatment available.

Factors influencing health status of children:

- availability of food at household level (which is a function of food production and income of household members);
- distribution of food at household level;
- physical factors (birthweight, birth interval, birth sequence, twins, etc.);
- environmental factors (vectors, quality and quantity of water supply, sewerage system, for instance);
- utilization made of traditional and modern health & FP services, both curative and preventive and including environmental activities.

These factors, which with some brainstorming would still have to be refined and complemented, are in turn influenced by underlying climatological and milieu factors (quality of soil for instance) and socio-economic and cultural factors, such as means of production/sources and level of income; educational level; health, nutrition and fertility related customs and habits; forms of community organization.

Before embarking on a big survey, we feel it would be useful to do a rapid appraisal in a rural area and a semi-urban area to appreciate the main factors influencing:

- health status of the most vulnerable groups (children 0-5, women 15-45);
- fertility;
- utilization of health and FP services.

Such a rapid appraisal would need to ^{include} imply representatives of health, nutrition and community development services and one or two medical sociologists and health economists. With preparation and reporting included, this would take at least two solid months, but the preparation should be spread out over a longer period.

Preparation includes brainstorming on content as well as organization (of agreements) of different ministries involved in such an appraisal. I include a letter to Dr. Chichester, summing up in headlines how we carried out a rapid appraisal into the causes of malnutrition in Pahou, Benin, in February-March of this year.

The rapid appraisal would eliminate certain factors and specify others, so that the survey can become better focused and, perhaps, simplified than when it would have been implemented without a preceding appraisal.

I am not sure yet whether in-depth research is necessary in addition to a survey. Probably, knowledge, attitude and practice questions could go in an in-depth, smaller investigation whereas for budget research you would need a bigger survey. I would propose to plan both types of research after a rapid appraisal.

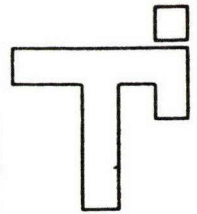
3. Selection of method and of indicators to measure impact of health systems on health status can only sensibly be done after:
 1. final objectives of the study have been clearly defined and
 2. a decision has been taken in regard of the study design, for instance before-after comparison, longitudinal study, etc.

Such methods may include:

- history taking: mortality during past twelve months, morbidity, for instance: diarrhoea during past two weeks, etc.;
- anthropometric measurements of newborns and young children;
- laboratory investigations:
 - o haematological: Hb in children and pregnant women,
 - o biochemical,
 - o parasitological: worm load, malaria,
 - o immunological: seroconversion after vaccinations;
- etc.

Maeve Moynihan
Daan Mulder
Corlien Varkevisser

KONINKLIJK INSTITUUT VOOR DE TROPEN



ROYAL TROPICAL INSTITUTE

DE MAURITSSKADE 10 1/2 AD AMSTERDAM / ~~XXXXXXXXXXXX~~
BANKERS - ALGEMEEN BANK NEDERLAND N.V. AMSTERDAM
TELEGRAMS: BTROPEN POSTGIRO 24548 TELEEX 15080 KIT NL

Direct no.: (020) - 5688487

YOUR REF

REF NO 3/PHC/106.86/CV
(230/jm)

ENCLOSURES

SUBJECT 3.11/234.2

Dr. C.O. Chichester
IVACQ Secretariat
The Nutrition Foundation
1126 Sixteenth Street NW/Suite 100
WASHINGTON DC 20036
United States of America

Amsterdam, May 12th, 1986

Dear Dr. Chichester,

Again, I want to thank you for your kind invitation to attend the workshop of the International Vitamin A Consultative Group and FAO, held in Rome on June 18-20 1986. It appeared that I am already expected in Tanzania on the 15th of June, and as we will be working as a team, it is to my regret impossible to attend the workshop.

From Dr. Kusin I understand that you are interested in Rapid Appraisal techniques in the field of malnutrition related to vitamine A deficiency. I am not particularly acquainted with vitamine A deficiency problems, but in February this year we carried out a rapid appraisal into causes of malnutrition in Pahou, Benin. We worked with ten/twelve Beninese and three Dutch, representing four disciplines: nutrition, agriculture, health and applied (medical) sociology. Not more than six were "experts", the others being representatives of relevant services (health, agricultural extension, social affairs) of district and lower levels. Beforehand we (the three Dutch) prepared a theoretical framework of possible causes of malnutrition, which took about as long as the implementation of the appraisal itself. We did not present it in that way to the group however, only the simple main lines, so that everyone would be able to follow and contribute. This worked astonishingly well, during the three days of brainstorming as well as during interviewing. Already, the brainstorming provided a wealth of information, which we ordered along the framework. All participants learnt to measure arm circumference. We worked in three groups of four people with mixed disciplines in two batches of three villages. There we measured the arm circumference of all children aged 0 to 3 years and asked some crucial questions to the mothers. Then we interviewed in-depth in each village about six mothers of "red" children and six mothers of children the same age, but well fed ("green") about possible causes of malnutrition. Possible interventions were discussed as well, with the mothers and village leaders.

our ref 3/PHC/106.86/CV(230/jm)

date 12/5/86

page -2-

The fact that representatives of different services participated in the appraisal made this a fruitful exercise. Fieldwork and reporting lasted one month. The whole was a very intensive, but rewarding enterprise for all participants.

I assume that for an appraisal of vitamine A deficiency, prevalence and causes, the method should be adapted, as it is relatively rare. The combination of large scale screening and in-depth interviewing can most probably be adapted, by lower level personnel, with some training and guidance. Perhaps it would be possible to integrate such kind of appraisal with other public health activities, such as vaccinations.

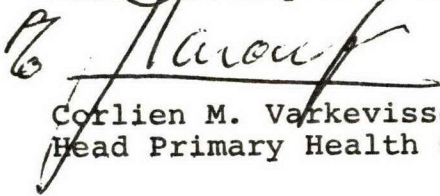
The low prevalence implies that it will take longer to find and interview cases, with varying intervals. Therefore it seems difficult to involve representatives of other services. These could, however, be invited in brainstorming and summary sessions.

At present, there is only a French report about the method applied and results available. We are conducting in-depth research to test the results of the Rapid Appraisal (twelve months) and possibly modify it. After that, I hope to write an article in English.

Again, I am sorry that I shall not be able to attend your workshop. I wish you much success.

Sincerely yours,

ROYAL TROPICAL INSTITUTE
Rural Development Programme



Corlien M. Vankevisser, PhD, MPH
Head Primary Health Care Section