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PROMOTIONAL VISIT: GAMBIA

A Report Prepared By PRITECH Consultants:

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TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT

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## GAMBIA TRIP REPORT

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DATES: June 2 - 7, 1985

### PURPOSE OF VISIT

The purpose of the visit was to review the status of the Gambia's diarrheal disease control program, inform USAID and the Gambian Ministry of Health of PRITECH's plans and activities in the Sahel Region, and identify areas in the Gambian program in which PRITECH might be of assistance.

### PERSONS CONTACTED

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## FINDINGS

### Background

During the period 1981-84, The Gambia launched one of the world's most innovative oral rehydration therapy programs. Assisted by AID's Mass Media and Health Practices Project (MMHP), WHO, and the British Medical Research Council, the Gambian Medical and Health Department established a national diarrheal disease control policy and coordinating committee, conducted ORT training workshops for the majority of the country's health workers, and set up an evaluation system. The Department then conducted an intensive public communication campaign in cooperation with Radio Gambia, capped by the national "Happy Baby Lottery," to teach rural mothers how to mix and administer a home rehydration solution and dietary management of a sick child. Evaluation results showed that within a year of the start of the campaign, more than 60% of rural Gambian mothers had learned how to correctly mix the recommended sugar-salt rehydration solution and nearly half had begun to use it to treat their children's cases of diarrhea.

During the past year several events have occurred which have slowed the momentum of the Gambia's program. In mid-1984 the Mass Media and Health Practices Project concluded and both its technical advisors, one each for implementation and evaluation, returned to the United States. Shortly thereafter, the acting Gambian coordinator of the national diarrheal disease control program accepted a WHO fellowship for PhD study in England and departed, leaving a program management

gap which lasted for several months until the original program coordinator returned from a year's study leave. A new British-funded aid project (CCCD), which would have picked up many of the modest but basic operations costs provided by the Mass Media Project, was more than a year late in getting approved and started. Further deterioration of the country's precarious economic condition has required the Ministry of Health to ration petrol and other essential resources, interrupting its MCH outreach services, and the Ministry of Information to cut back Radio Gambia's daily broadcast hours by 50%. All of these events have conspired to create lapses in the country's health training and public education capability and overall ORT program.

At the present time, however, the Gambian Medical and Health Department is taking a number of steps to reinforce and revitalize the ORT program. These planned actions are discussed below.

#### Current Status

The Gambian Medical and Health Department remains strongly committed to its national diarrheal disease control program. During the past year, despite the problems outlined above, the Department undertook the following CDD program activities:

- o Conducted with WHO funding an in-service training course for 40 senior nursing personnel on clinical management of moderate and severe cases of dehydration.
- o Continued the distribution of thousands of flyers illustrating the mixture of sugar-salt solution through the

country's growing network of PHC village health workers.

- o Continued to broadcast selected radio spots on ORT at appropriate times of the year.

- o Provided staff from the Department and from Radio Gambia who have been involved in the program to serve as consultants to 4 international health conferences held during the year in Africa.

- o Requested funding from several international donors (CCCD, UNICEF) to establish a new diarrheal disease surveillance/evaluation system to replace the one developed by Stanford University under the Mass Media Project but discontinued at the end of the Project.

- o Made plans to reprint and redistribute through the PHC system the majority of ORT educational materials developed under the Mass Media Project, including the health worker's manual, treatment poster, and ORS mixing flyer.

- o Initiated in cooperation with the Medical Research Council one of several WHO-sponsored rotavirus vaccine trials in the world.

- o Initiated several modest efforts to assess the state of ORT knowledge and utilization in the country one year after the conclusion of the Mass Media Project's massive educational effort. These included the addition in the household survey of the 1984-85 Primary Health Care Review several questions on ORT awareness, and a small study initiated by the Health Education Unit.

o Requested short-term technical assistance and operational resources through a World Bank loan to enable the Department to apply the Mass Media Project's educational methodology to family planning and nutrition education efforts over the next two years.

The most important question to ask about the Gambian program is what has happened to knowledge and utilization of ORT among health workers and mothers in the year since the Mass Media and Health Practices Project ended, and the answer to this question is simply unknown at this time. Several senior health officials have the impression that correct knowledge about ORT remains high, but that practice has fallen off. At this point, however, there is insufficient data to support this or any other conclusion. The 1984-85 Primary Health Care Review provided one measure of current ORT knowledge (75% of mothers in PHC villages and 44% in non-PHC villages said they treated diarrhea with ORS), but unfortunately did not address the question of utilization. Its main concern was that many Gambian mothers appear to remain ignorant of ways to prevent diarrhea. Diarrhea prevention has been secondary in emphasis to ORT in the Gambian program to date (consistent with WHO/CDD program policy), but it is obviously an important area to address in the future.

In summary, The Gambia's ORT program has been going through a transitional period of some difficulty but it remains alive. The economic context of the country, where there is an absolute paucity of resources, poses a special

set of problems for the national CDD program. The Ministry of Health budget is so stretched that there are often insufficient funds for such basic operational commodities as paper, petrol, and per diems for staff field trips. Even when these resources are provided by an external project budget, there are chronic shortages of trained counterpart personnel with whom to work, with the most experienced often required to serve as counterparts to several aid projects and frequently called out of the country for training courses, conferences, etc.

Nonetheless, officials in the Medical and Health Department remain firmly committed to maintaining a quality CDD/ORT program. They are keenly interested in learning what has happened among the program's target audience in the year since the Mass Media Project's intensive educational activities concluded, and taking whatever corrective, reinforcing action is needed. They realize that the findings of this exercise will also be extremely useful to ORT program planners in other countries of the region as well. The educational methodology employed by the Mass Media Project appears to be thoroughly understood by staff of the Health Education Unit and Radio Gambia's Rural Broadcasting Section, and the Medical and Health Department Directorate is eager to apply it to family planning and nutrition education programs if funds can be found.

#### OUTCOMES OF VISIT

The PRITECH team reached agreement with the Gambian Medical and Health Department and the USAID Mission on the

following preliminary scope of technical support to the country's diarrheal disease control program to be implemented through PRITECH's Sahel Regional office:

1. Formal presentation of the MMHP evaluation's second year data by Stanford University, the Project's evaluation contractor, in August/September 1985. This presentation would also provide the opportunity to present and discuss data on ORT and diarrheal disease from several other sources, including the 1984-85 Primary Health Care Review, MRC's Farafeni studies, and the Health Education Unit's Health Inspector surveys of ORT utilization.

2. Planning and implementation of a follow-up study on ORT utilization among health workers and mothers, focusing on issues and problems identified in the data discussions proposed above. The study would be qualitative in nature, utilizing in-depth interview and observational techniques, and would be carried out with the assistance of a research expert experienced in ethnographic research on ORT provided by PRITECH. This expert would participate in the Stanford data discussions. The formulation of research questions and methods with the Medical and Health Department and the study itself would take place during a period of 3-4 weeks in September/October. The Health Education Unit has suggested that field interviewers/observers might be recruited from the School of Public Health, with training and supervision provided by the Faculty of Public Health, the Health Education Unit, and the Epidemiology Unit.

3. Participation in the Medical and Health Department's development of a diarrheal disease surveillance system. The Department has already formulated tentative plans to improve the existing information system on diarrheal disease. PRITECH can support these plans through the provision of short-term technical assistance in surveillance system design and management. This assistance could begin at the time of the Stanford 2nd year data presentation or at any convenient time thereafter.

Following the research into present ORT utilization (point 2), PRITECH may, at the request of the Medical and Health Department, provide some modest support for specific activities identified as necessary to follow up the educational effort on diarrhea that has been undertaken by the Department so far. PRITECH support would be defined with the Medical and Health Department and in collaboration with UNICEF and WHO.

This limited PRITECH intervention has been proposed with the understanding that all management responsibilities will be carried out by PRITECH itself, through the PRITECH Sahel Regional Office in Dakar.

Immediate next steps are for PRITECH to organize and propose dates for the Stanford data presentation and discussion in August/September, and for the USAID Mission to cable its concurrence in these proposed activities to AID/Washington.