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QUARTERLY REPORT
JAN — MAR 1986



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COMBATting CHILDHOOD COMMUNICABLE DISEASES

AFRICA REGIONAL PROJECT
(698-0421)

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AGENCY FOR INTERNATIONAL DEVELOPMENT
In Cooperation With

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

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Participating Agency Service Agreement
PASA No. BAF 0421 PHC 2233

**Memorandum**

Date August 5, 1986

From Director, Program Services Division, IHPO
Technical Coordinator, CCCD

Subject Quarterly Report for First Quarter, 1986 (Jan - Mar 86)

To Dr. Jake VanderVlugt
Chief, HPN
AID/AFR/TR

Transmitted herewith is the CCCD report for the First Quarter of Calendar Year 1986.

Two major events occurred during the quarter: the Third CCCD Consultative Meeting and the Fourth Year CCCD Evaluation.

Held in Brazzaville and attended by nearly 200 participants, the Consultative Meeting was a success. Plenary sessions and working groups dealt with issues of general interest and concern; plenaries were all chaired by African health specialists and presentations were based on experiences gained in conducting CCCD activities. In addition to its outstanding technical content, the meeting was also remarkably well organized. All who shared the responsibilities for organizing and hosting the meeting are congratulated!

The team which evaluated the CCCD Program also attended the Consultative Meeting and the Annual CCCD Staff Meeting the preceding week, getting a comprehensive overview of CCCD through the detailed reviews of each project and activity. Dr. Marc LaForce headed the team, which also included Ms. Christine Myers and Mr. Vince Brown. In addition to the Brazzaville meetings, the team visited the CCCD bilateral projects in Togo, Côte d'Ivoire, Malawi and Congo; WHO/AFRO and WHO Geneva; AID Washington and REDSO/WCA; and CDC Atlanta.

The evaluation, while generally positive, provided invaluable recommendations for strengthening CCCD. The evaluation observed that:

[CCCD] is maturing nicely and has been well received in Africa. Twelve countries have signed bilateral agreements and interest in the program is still growing. AID has a unique opportunity to contribute to an important international African health program. Continuation of the program over the next 5-10 years can make a major contribution to the reduction of African childhood morbidity and mortality.

The following principal recommendations were made:

AID in the administration of the CCCD project should:

1. Extend CCCD project by three years through fiscal year 1991 and increase life of project funding by 20 million dollars.

2. Assure continuation of the CCCD project interventions after the end of the project by working with governments on auto-financing systems.
3. Ask that CDC/WHO/AFRO develop, on a priority basis, a senior management training program.
4. Codify the operating principles to be used by USAID, CDC, HEALTHCOM and PRITECH in the United States and in those countries which have CCCD bilateral programs.
5. Accelerate health education activities including mass media to create a demand for project interventions.
6. Encourage the development of an agreement between USAID and WHO/AFRO whereby operational research protocols for CCCD will be reviewed in Brazzaville.
7. Develop better criteria for the implementation of Health Information Systems component of the AID/WHO/AFRO agreement.

The strong support provided by your office ensures the continued progress of CCCD. Thank you.



Andrew N. Agle

Attachment

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A. REGIONAL AND SUPPORT STRATEGY ACTIVITIES

1. TRAINING/TRAINING DEVELOPMENT

a. Activities and Accomplishments

- o Trainers from AMREF conducted training of trainers (TOT) workshop in Lesotho for Anglophone countries.
- o French TOT workshop held in Togo with consultants Pape Gaye and Tom Leonhardt as facilitators, including participants from Côte d'Ivoire, Guinea, Burundi, and Togo.
- o Planned and assisted with implementation of CCCD Consultative Meeting held in Brazzaville March 24-27.
- o Translations and update of technical content of French language CCCD MLM modules completed.
- o Translation of French supplementary training materials completed.
- o Consultant Tom Leonhardt assisted in planning for the assessment of training needs in Côte d'Ivoire and assisted with training workshop during Consultative Meeting in Brazzaville in March.
- o Consultant Pape Gaye assisted in planning and preparing for the assessment of training needs in Guinea and assisted with training workshop during Consultative Meeting in Brazzaville in March.
- o Contracted with graphic artist to illustrate 30 English Job Aids.
- o Began development of strategy for peripheral level training evaluation in Malawi.

b. Issues Requiring Resolution

- o Recruitment of available Francophone short-term training consultants.
- o Coordination of Anglophone and Francophone TOT follow-up.
- o Development of peripheral level evaluation instrument.
- o Contract to have layout for Job Aids in French.
- o Development of malaria training cassettes in French.
- o Development of briefing materials.

c. Recommendations

- o Development of videotapes on teaching methods for use in CCCD training by IHFO's Training and Development Branch and AMREF
- o Development of generic evaluation model for peripheral level training.
- o Completion of illustrations and layout for Job Aids in French.

2. OPERATIONAL RESEARCH

a. Activities and Accomplishments

- o Dr. James Chin, State Epidemiologist for California served as an independent reviewer of the small scale Operational Research Projects funded through the CCCD Project. In October 1985 he reviewed seven CCCD funded studies, two in Malawi, three in Zimbabwe, one each in Lesotho and Swaziland. Of the six studies which have been started or completed at the time of Dr. Chin's visit he estimated that at least three will yield papers publishable in peer review journals.
- o In October 1985 the third meeting of the East/Southern Africa CCCD Research Review Committee was held in Swaziland. Twenty-one research proposals were reviewed; five were approved.
- o Three more OR projects were completed bringing the total to five completed projects. To date, eighty-nine protocols have been submitted from twenty-one African countries. Thirty-two proposals have been approved from fifteen countries.
- o The CCCD Project will sponsor operational research on the epidemiology and control of malaria in pregnancy. An important prospective study involving about 1800 women in their first or second pregnancies was approved for Malawi. The study will compare the effect of several different drug regimens during pregnancy on birth weight and other outcome variables. In addition, operational studies of different chemoprophylaxis regimens will be done in Malawi, Zaire and possibly other CCCD countries.
- o The fourth year CCCD Project evaluation focused on OR. The evaluation recommended the discontinuation of the two CCCD Research Review Committees. The emphasis on OR projects in CCCD bilateral countries was endorsed. The evaluation team recommended that most CCCD/OR proposals be reviewed by WHO/AFRO.
- o The CCCD Project in Zaire established a mechanism for in-country review of OR proposals.
- o The overall research agenda for the CCCD Project was formulated in the priorities for the Evaluation and Research Division, IHPO.

b. Issues Requiring Resolution

- o The proposal that WHO/AFRO serve as reviewer of CCCD/OR proposals must be investigated to determine if WHO/AFRO is able to review CCCD proposals in a timely fashion.

- o All twelve of the CCCD bilateral projects have budget allocations for OR. The OR projects planned and carried out with these resources should be reviewed.
- o A computerized database system for tracking the small scale African researcher OR projects and the OR projects carried out by CCCD field staff needs to be established.

c. Recommendations

- o Negotiations with WHO/AFRO on the feasibility of WHO/AFRO review of CCCD/OR projects.
- o Design a data base system for tracking CCCD/OR Projects.

3. HEALTH INFORMATION SYSTEMS (HIS)

a. Activities and Accomplishments

- o The International Statistical Programs Centers (ISPC), Bureau of the Census, was visited to review their experience in assessing health information systems in Africa and to explore the possibility of collaborating with the CCCD project. In response to the Cote d'Ivoire's request for assistance in developing an HIS plan, a joint ISPC-CCCD assessment is planned.
- o The CCCD/HIS coordinator visited Togo and Guinea to evaluate their Health Information Systems.
 - Togo to review the Ministry of Health's need for computerizing the Health Information System and to discuss the recommendations made during the HIS consultation in September 1985.
 - Guinea to determine the availability of baseline health information for the CCCD program.
- o Three new Technical Officers were briefed on HIS and their reporting responsibilities for the Management Information System.
- o Software was developed to standardize the field staffs' management of their suballocation expenditures and their fiscal reporting to IHPO, CDC.
- o Software was developed to generate the graphs required for the CCCD Management Information System.
- o Health Practices Survey - A protocol for conducting surveys to measure health practices is being developed. This includes instructions on sampling, survey planning, training of interviewers, analyzing data, and preparing the final report. These health practice surveys, which are less complex than the mortality surveys, will provide information with which to evaluate the impact of CCCD programs.
- o Data analysis was completed for the Togo and Liberia Mortality and Use of Health Services (MUHS) surveys. On February 3-4, a meeting was held in Atlanta with expert consultants in demography and survey methods to review the differences in findings between the original MUHS and the re-interview surveys. The consultant demographer who reviewed all six surveys presented his preliminary report. His final report was received in March, and the results were summarized at the 1986 CCCD Consultative Meeting held in Brazzaville, Congo.

b. Issues Requiring Resolution

- o The Health Facility Survey questionnaire requires field testing. This survey is designed to determine to what degree the CCCD interventions are being implemented in a sample of health facilities in a country. Cote d'Ivoire is planning to test this questionnaire in July 1986.
- o A review of the results of the MUHS surveys, reinterview surveys, and recommendations from the consultant demographer is necessary to determine the feasibility of using this method to evaluate the impact of CCCD projects.

c. Recommendations

- o The scientific findings of the CCCD program MUHS surveys should be published.
- o Recommendations need to be drafted regarding the most suitable method to evaluate the impact of bilateral CCCD programs, considering the MUHS surveys, the Health Practices Survey, and the Health Facility survey.
- o Software development for producing the tables included in the Management Information System should be completed so that information will be in a computerized database, which will facilitate the use of information and simplify the preparation of the CCCD 1986 Annual Report.
- o Collaborative activities with the ISPC, Bureau of the Census, should be developed in order to meet the increasing requests for HIS consultancies that require continuity.
- o The Health Practice Survey and Health Facility Survey should both be field tested.

4. HEALTH EDUCATION/PROMOTION

a. Activities and Achievements

- o Initial program planning visits were made to Guinea and Côte d'Ivoire
- o Liberia and Swaziland implemented promotional campaigns in support of EPI activities; similar efforts were planned in the Congo with special emphasis on measles vaccination.
- o Educational materials in support of all three interventions were produced in Togo, Zaire and Malawi.
- o Health education coordinators for all 21 health districts in Togo participated in a training of trainers course; in Zaire, personnel in the Mama Yemo ORT Center received in-service training in patient education.
- o A draft Project Implementation Letter (PIL) was prepared in Lesotho to provide for long-term technical assistance from the HealthCom project; final government approval of the HealthCom Resident Advisor in Malawi was still pending.
- o An application for a Cooperative Agreement was received from University of North Carolina for assistance to organize intercountry training of health education program managers in collaboration with the African Regional Health Education Center (ARHEC) at the University of Ibadan.
- o A Practices Survey protocol was under development that included data collection for health education planning using indepth individual and focus group interview techniques and building on the experience of the KAP study in Rwanda in late 1985.
- o Briefings and documentation were provided to the Fourth Year CCCD Evaluation team since health education/promotion was one of the components under special review.
- o An ad hoc meeting of health education managers involved in CCCD activities in 8 countries was held during the Consultative Meeting in March.

b. Issues Requiring Resolution

- o Identification of a potential site for the Francophone intercountry training for national health education program managers.
- o Start-up of HealthCom activities in Malawi and Lesotho.
- o Completion and field testing of the practices survey protocol.

c. Recommendations

- o The Technical Officers in Guinea and Côte d'Ivoire need to assure identification of "coordinators" for CCCD health education activities.
- o The status of the WHO Regional Training Center in Lome and plans for replacing the Health Education Advisor should be more fully explored; a visit to CESTI/Dakar should be rescheduled.
- o A special meeting of health education managers from all of the CCCD countries should be organized before or in conjunction with the next Consultative Meeting.

BILATERAL PROGRAMS

1. BURUNDI
2. CENTRAL AFRICAN REPUBLIC (C.A.R.)
3. CONGO, PEOPLES REPUBLIC OF
4. COTE D'IVOIRE
5. GUINEA
6. LESOTHO
7. LIBERIA
8. MALAWI
9. RWANDA
10. SWAZILAND
11. TOGO
12. ZAIRE

B. BILATERAL PROGRAMS

1. BURUNDI

a. Activities and Accomplishments

- o The Technical Officer (T.O.) completed technical orientation at CDC Atlanta and attended the Consultative meeting held in Brazzaville, Congo prior to arriving at post.

b. Issues Requiring Resolution

- o Implementation to begin in April with arrival of T.O.

c. Recommendations

None

2. C.A.R.

a. Activities and Accomplishments

- o The Technical Officer completed technical orientation at CDC Atlanta and attended the Consultative Meeting held in Brazzaville, Congo.
- o A draft work plan for 1986 was completed.
- o Draft plans for the Malaria and CDD Programs were completed.

b. Issues Requiring Resolution

None

c. Recommendations

None

3. CONGO

a. Activities and Accomplishments

- o The final draft document on the EPI has been completed.
- o A preliminary draft of the national CDD Project policy has been written.
- o A preliminary draft of the national malaria policy has been written.
- o The Third Consultative Meeting was held in Brazzaville during March.
- o The new Technical Officer arrived at post.

b. Issues Requiring Resolution

- o The GOC has not provided its financial contribution for 1986. As a result USAID/Kinshasa has instructed that no U.S. funds be disbursed until the situation is clarified.

c. Recommendations

- o A recommendation was made by AID/W that USAID funds be partially deblocked in order to conduct essential program and epidemiologic activities.

5. COTE D'IVOIRE

a. Activities and Accomplishments

- o The demonstration ORT unit was started up on the 13th of January at Port Bouet outpatient pediatric clinic.
- o The T.O. and four Ivorian participants attended the Training of Trainers workshop in Kara, Togo for one week.
- o The formulation of a training plan for CCCD Côte D'Ivoire was completed with the assistance of a training STC.

b. Issues Requiring Resolution

- o There has been no expenditure of bilateral funds for CCCD due to the lack of the work plans requested from the G.O.C.I. by USAID.

c. Recommendations

- o A specific training schedule needs to be developed taking into account all levels of training.

5. GUINEA

a. Activities and Accomplishments

- o Meetings are continuing to be held for the preparation of the national health inventory sponsored by the MOH and UNICEF. CCCD is participating.
- o The CDD director has prepared a draft work plan for 1986.

b. Issues Requiring Resolution

- o Office space is ready, but the furniture ordered locally is not finished. It is becoming more urgent that the CCCD Project have an office outside the USAID quarters.
- o The site for the ORT demonstration center needs to be identified as soon as possible.
- o An administrative assistant for the CCCD Project needs to be identified.

c. Recommendations

- o Identify an administrative assistant for the project as soon as possible.
- o Complete revising work plan and begin scheduling short-term consultants.

6. LESOTHO

a. Activities and Achievements

- o Established an ORT Treatment and Training Unit at the national referral hospital: Queen Elizabeth II.
- o Completed a preliminary study of hospital based diarrheal diseases mortality.
- o Completed a protocol and an inservice training plan for the staff of the Queen Elizabeth II Oral Rehydration Unit.
- o Established a protocol and identified international team leaders for the April, 1986, combined EPI/CDD survey.
- o Inaugurated the monthly Lesotho Health Information Newsletter.

b. Issues Requiring Resolution

- o Completion of guidelines for assessing the impact of CCCD training at the clinic and community level.
- o Integrating family planning into the core curriculum and training plans of the CCCD Project.
- o Decision of the MOH and USAID on the future level of involvement of the Healthcom Project in Lesotho.
- o Development of a Five Year EPI plan for Lesotho.

c. Recommendations

- o By early April, 1986, implement an evaluation plan for determining the impact of CCCD Project training at the clinic and community level.
- o By May 1, 1986, assist in establishing family planning as one of the major components Health Service Area training plans.
- o By mid-April, 1986, the CCCD Project, Healthcom Project, MOH and USAID should meet and reach agreement on the future of the Healthcom Project in Lesotho.

7. LIBERIA

a. Activities and Accomplishments

- o National Vaccination Week was held January 20-25. Vaccination coverage surveys carried out in the project area showed coverage from area to area for measles ranging from 33% to 73%.
- o The National Diarrheal Disease Control Policy has been approved.
- o The second year external evaluation was completed and a draft of the recommendations was shared with the Ministry of Health.

b. Issues Requiring Resolution

- o Implementing a fee for service plan for cost recovery continues to be a major problem for the project.

c. Recommendations

- o A local accounting firm should be contracted to assist the counties in developing a fee for service plan.

8. MALAWI

a. Activities and Achievements

- o Five year work plans have been developed for EPI, CDD and Malaria.
- o Committee charged with making the Community Health Sciences Unit (CHSU) an active component of the MOH was reactivated, and has met to review construction and equipment issues. They have adopted a strategy for incountry training in epidemiology for appropriate staff.
- o An EPI committee has been formed. They are planning implementation activities for the African Immunization Year.
- o Completed ORT orientation/training for Government Medical Officers, Senior Matrons and Hospital Superintendents.
- o HealthCom resident advisor received final clearance by MOH and Government of Malawi.

b. Issues Requiring Resolution

- o MOH needs to request, through Ministry of Finance, funding under CCCD to purchase equipment for CDD activities.
- o Work plan for sterilization practices review (April/May) needs to be developed.
- o CCCD Project, USAID, and MOH expressed concern that scheduled external evaluations/reviews of various sorts will seriously interfere with program implementation in 1986.

c. Recommendations

- o By early April, 1986, initiate sterilization practices reviews and complete review by April 30, 1986.
- o Complete procurement of CDD supplies in April, 1986.
- o By early April, 1986, complete first series of color prints of ORT posters.

9. RWANDA

a. Activities and Accomplishments

- o Regional workshops were held in Kibungo and the prefecture of Bikongoro.
- o The first quarterly meeting for all Medical Officers from the regional and central levels of the MOH was held at the end of January. The Minister's opening remarks included considerable detail of the CCCD and EPI projects.

b. Issues Requiring Resolution

- o Lack of involvement by the project directors is slowing down the progress of the CCCD Project.
- o The GOR budget contribution has still not been identified.
- o The Medical Assistant assigned full-time to the CCCD Project in December has been re-assigned to W.H.O.

c. Recommendations

- o Sufficient full-time personnel for the CCCD Project need to be identified.

10. SWAZILAND

a. Activities and Accomplishments

- o Completed a regionally stratified EPI coverage survey.
- o Completed the analysis and a draft report on the EPI survey.
- o Completed an assessment of the EPI cold chain and the vaccine distribution system.
- o Mounted a mass media blitz to increase community awareness of childhood immunization requirements.
- o Received final approval from USAID/Swaziland and the MOH for the posting of a resident CCCD Technical Officer.

b. Issues Requiring Resolution

- o Development of long term policies and strategies for the control of malaria in the Swaziland lowveld.
- o Update and expand EPI cold chain equipment and materials.
- o Posting of the resident CCCD Technical Officer.

c. Recommendations

- o By October, 1986 develop a five year plan for malaria control in Swaziland utilizing the results of the ongoing chloroquine resistance study.
- o By April, 1986 in conjunction with UNICEF and the MOH, develop an EPI equipment requirements list and identify possible funding sources.

11. TOGO

a. Activities and Accomplishments

- o Following up on the Coordinating Committee meeting in December, much time was devoted to donor coordination with UNICEF:
- o Dr. Devo has appointed two sage-femmes to supervise the activities of the MCH Division concerning ORT. Prof. Assimadi has appointed Dr. Agbobli to coordinate the training center.
- o Printing of the Health Education materials has begun.
- o A TOT course was conducted in February.

b. Issues Requiring Resolution

- o Programming of the 2 million dollar UNICEF Italian funds for Child Survival targeted for Togo needs to be carefully planned and coordinated.

c. Recommendations

- o Programming of the Child Survival funds should include plans for an accelerated campaign to reach the 80% target by 1990.

12. ZAIRE

a. Activities and Accomplishments

- o The Third Year Review of the project was completed.
- o The CCCD Project 1986 work plan was completed.
- o The amodiaquine "in-vivo" studies conducted in Kinshasa were completed.
- o Construction of the Mama Yemo ORT center is more than 50% completed.

b. Issues Requiring Resolution

- o GOZ budget contributions to the CCCD Project need to be clarified and executed.
- o GOZ needs to accelerate its acquisition of appropriate equipment for local production and packaging of ORS.

c. Recommendations

- o Clarification of the GOZ's budget contributions for 1986 should be sought.
- o Immediate acquisition of appropriate ORS packaging equipment should be pursued.