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**QUARTERLY REPORT
APRIL — JUNE 1986**



COMBATTING CHILDHOOD COMMUNICABLE DISEASES

**AFRICA REGIONAL PROJECT
(698-0421)**

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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**Memorandum**

Date September 30, 1986

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

Subject CCCD Quarterly Report for Second Quarter, CY 1986

To Dr. Gerold Van der Vlugt, M.D., Dr.P.H.
Chief, AFR/TR/HPN

Forwarded herewith is the quarterly report for the Combatting Childhood Communicable Diseases (CCCD) Project for the period April 1 through June 30, 1986.

Major activities during the quarter include the completion of the comprehensive audit of the Project by the Office of the Inspector General and the presentation of the results and recommendations of the external evaluation conducted during the preceding quarter (CCCD Fourth-Year Evaluation). Both the audit and the evaluation noted the strengths and achievements of CCCD and provided valuable and insightful suggestions for further strengthening and improving some aspects of the Project.

In the continuing evolution of the CCCD Management Information System (MIS), this report includes an added dimension: a section devoted to reviewing the three Disease Interventions of the Project--immunization, diarrheal disease control, and malaria treatment. This section has been added to provide more complete disease-specific information and to complement the two existing sections, Regional and Support Strategy Activities and Bilateral Programs.

The keen interest and invaluable support of your office is critical to the continued success of CCCD. We 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 Printed and stored copies of English and French CCCD Mid-Level Manager (MLM) training modules, answer sheets, and handouts.
- o Consultant Tom Leonhardt provided assistance to C.A.R. in developing long-term training strategy.
- o Consultant Tom Leonhardt assisted in conducting MLM training in Côte d'Ivoire.
- o Consultant Tom Leonhardt drafted French version of MLM Facilitator's Guide.
- o Distributed English version of Job Aids.
- o Translated MLM Facilitator's Guide and Job Aids into French.
- o Developed evaluation methodology and instrument for training of peripheral-level workers.
- o Field-tested Facilitator's Guide in Côte d'Ivoire.
- o Consultant Pape Gaye planned and conducted training for facilitators and MLM course in Guinea.
- o Consultant Pape Gaye planned and conducted training for facilitators and MLM course in Rwanda; assessed January and March training activities.
- o Completed and distributed English version of malaria microscopy training slides and cassettes.
- o Developed scope of work for consultant in Senior Management Training.
- o Sponsored multi-donor Focus Group discussion on Senior Management Training.

b. Issues Requiring Resolution

- o Recruitment of Francophone and Anglophone short-term training consultants.
- o Development of videotapes and Instructor's Guides on training methods.
- o Coordination of Anglophone and Francophone Training of Trainers (TOT) follow-up.
- o Development of malaria training cassettes in French.
- o Negotiation of contract graphic artist to develop French version of Job Aids.
- o Development of briefing materials for assignees and consultants.
- o Field-test and revise peripheral level training evaluation methodology and instrument.
- o Development of training strategy for Burundi.
- o Development of strategy and plans for CCCD Senior Management Training activities.
- o Printing and dissemination of Proceedings of 1986 Consultative Meeting.

2. OPERATIONAL RESEARCH

a. Activities and Accomplishments

- o Eleven small-scale, CCCD-sponsored operational research projects by African researchers have been completed. Three projects each have been completed in Malawi and Kenya; two in Zimbabwe; and one each in Liberia, Rwanda, and Swaziland. The topics were: antimalarial drugs (five projects), diarrheal disease (two projects), maize-based ORS, measles, neonatal tetanus, and development of a solar-powered vaccine refrigerator (one project each).
- o In Malawi, a series of studies have been conducted to characterize the clinical effectiveness of malaria treatment using 25 mg/kg and to determine the effectiveness of Fansidar in the face of known chloroquine resistance. In 126 children under five with confirmed malaria and treated with chloroquine, 64% were well 3 days after treatment and 78% were well by day 8. This indicates that 22% of those treated with chloroquine will require a second treatment with either amodiaquine or Fansidar. In 38 children treated with Fansidar all were well and parasite-free 8 days after treatment, indicating that Fansidar remains an effective treatment.
- o A medical epidemiologist with extensive experience in Africa was recruited as the CCCD Operational Research Coordinator (based in Atlanta).

b. Issues Requiring Resolution

- o Guidelines to be developed by IHPO and AID for the administration of OR projects in the bilateral CCCD countries.
- o Completion of the review of OR projects planned and carried out in CCCD bilateral countries.
- o Development of a computerized data base for tracking small-scale OR projects by African researchers and OR projects carried out by CCCD field staff.

c. Recommendations

- o Formal guidelines for the administration of OR projects in bilateral CCCD project countries should be transmitted by cable to the field staff.
- o Data base for tracking CCCD/OR projects should be designed.

3. HEALTH INFORMATION SYSTEMS (HIS)

a. Activities and Accomplishments

- o The CCCD/HIS Coordinator participated in a meeting at the World Health Organization to discuss information required by WHO divisions that could be collected through a Health Survey Module developed by the United Nations Household Survey Capability Program.
- o "Epidemiology of Measles in Urban Africa" was presented by the CCCD/HIS Coordinator at the 13th Annual International Health Conference sponsored by the National Council for International Health. Data for the paper were collected through a sentinel surveillance system established by the CCCD program in Zaire.
- o An assessment of the HIS was conducted in Côte d'Ivoire by CCCD/HIS Coordinator and a representative from the International Statistical Programs Centers (ISPC), Bureau of the Census.
- o A collaborative agreement between ISPC, Bureau of the Census, and CDC was formalized. The ISPC will: (1) provide continual assistance to the Côte d'Ivoire based on the recommendations from the initial HIS assessment; (2) participate in developing the Health Practices Survey method, particularly training materials for interviewers and software for routine data analysis; and (3) conduct an assessment of the HIS in Liberia.
- o The Health Practices Survey method was field-tested in Conakry, Guinea.
- o Software development for automatic generation of the tables specified in the Management Information System (MIS) was completed.

b. Issues Requiring Resolution

- o Progress toward publishing the results of the Mortality and Use of Health Services (MUHS) surveys has been delayed.
- o Recommendations for evaluating the impact of bilateral CCCD programs based on the results of the MUHS surveys and other evaluation methods, such as the Health Practices Survey and the Health Facilities Surveys, have not been implemented.
- o A Health Facilities Survey is planned in Côte d'Ivoire in July 1987.

- o The Health Practices Survey method should be reviewed based on the results of the field test in Guinea.
- o Software for the MIS must be distributed to the field staff.

c. Recommendations

- o A journal for publishing the results of the MUHS surveys should be identified, and the publication work plan needs to be revised.
- o The software for the MIS should be evaluated in Atlanta and then distributed next quarter for data entry in each country.
- o The questionnaire and indicators for the Health Practices Survey need to be finalized. Development of interviewer training manuals and analytic software should begin in order to complete the survey methodology by the end of calendar year 1986.

4. HEALTH EDUCATION/PROMOTION

a. Activities and Achievements

- o In Côte d'Ivoire a four-person team was designated to coordinate health education activities, and a work plan to intensify patient education at MCH clinics in the Abidjan area was prepared. A chapter on patient education was drafted for the ORT manual.
- o Feasibility studies for long-term support to CCCD health education components in Rwanda, Burundi, and Zaire were carried out by HealthCom. A resident advisor for HealthCom arrived in Malawi, and final arrangements were made for HealthCom assistance to Lesotho.
- o EPI promotional activities continued in Swaziland and accelerated activities were planned in C.A.R. and Congo. Assistance to conducting activities in Rwanda and Liberia was scheduled for the third quarter. Assistance to Congo was postponed due to suspension of bilateral funds.
- o Production of print materials was underway or completed in Lesotho, Malawi, Zaire; an initial version of a revised EPI card was produced in Rwanda.
- o The pilot Health Practices Survey conducted in Guinea indicated a number of priority areas for health education interventions, primarily in the areas of EPI and malaria.
- o A Cooperative Agreement with the University of North Carolina (UNC) to organize intercountry training in collaboration with the African Regional Health Education Center (ARHEC) was approved and signed.
- o Under the CDC/ASPH Cooperative Agreement, arrangements were made with the University of South Carolina to continue development of a research protocol and questionnaire for conducting an educational diagnosis and health education planning.
- o The CCCD Fourth Year Evaluation recommended improvement in formative research for health education planning, increased use of mass media, and better coordination with related centrally-funded AID projects.

b. Issues Requiring Resolution

- o Field-testing of the educational diagnosis protocol to be implemented as a complement to the larger Practices Survey, preferably in Guinea.
- o Start-up activities for the UNC Cooperative Agreement, including negotiation of a sub-agreement with ARHEC.
- o Scheduling of HealthCom consultant as part of the CDD review in Côte d'Ivoire.
- o Identification of a Francophone intercountry health education training site.

c. Recommendations

- o Final decision should be made concerning conduct of a Francophone health education workshop, probably in conjunction with a Training of Trainers session in Côte d'Ivoire in February 1987.
- o Technical assistance should be provided to CCCD/Guinea for formative research and health education planning.

B. DISEASE INTERVENTIONS

1. IMMUNIZATION

a. Activities and Accomplishments

- o Surveys or informal assessments of injection equipment sterilization practices have been completed and provided to CDC from nine of the 12 CCCD bilateral projects. All 12 countries reported deficiencies in those practices and were encouraged to implement the WHO recommendation of "one sterile needle and one sterile syringe for each injection".
- o Many of the African countries with CCCD projects are participating in the WHO "Africa Immunization Year,". National Immunization Day campaigns and promotional activities have been conducted and special outreach clinics have been made accessible.
- o Immunization coverage continues to improve. Data on measles coverage from five projects, comparing the percentage of children immunized in 1983 vs 1985, demonstrates this improvement: Congo 59% to 84%; Lesotho 63% to 74%; Rwanda 53% to 66%; Swaziland 36% to 43%; and Zaire 52% to 60%.
- o Several CCCD bilateral countries have revised their immunization policies and are now providing immunization to all eligible children, including those who are malnourished and have minor illnesses. All countries have been encouraged to adopt this policy, which has been recommended by WHO.
- o CCCD bilateral countries are being asked to review their immunization schedules and are encouraged to modify them if they differ from the WHO recommended schedule: BCG, oral polio at birth; DTP, oral polio at 6 weeks, at 10 weeks, and at 14 weeks; measles at 9 months.

b. Issues Requiring Resolution

- o A significant number of measles cases occur in children less than 9 months of age, the recommended earliest age for measles vaccination.
- o Because of high population density and social factors, measles outbreaks are occurring in urban areas where health services delivery systems are generally the best developed and should be providing high levels of coverage in the population.
- o Extending immunization coverage beyond the 50-60 percent level.
- o Sterilization of immunization equipment is not practiced as recommended by WHO which is "one sterile needle and sterile syringe for each injection".
- o One CCCD Project reported a polio vaccine stock outage lasting for three months. This was apparently due to the suppliers' inability to meet heavy increases in demand.

c. Recommendations

- o CCCD bilateral countries should describe the activities and monitor the impact of the "Africa Immunization Year" and report their findings in their annual reports.
- o Studies on the epidemiology of measles and measles vaccine efficacy should be carried out in order to develop more effective program options for increasing measles vaccine coverage especially in cities and for reducing measles cases and deaths in children under 9 months of age.
- o Health Facilities Surveys should be conducted in all CCCD bilateral countries as part of routine supervisory visits to observe clinic management and practices, correct poor practices, and identify training needs.
- o CCCD bilateral countries should notify CDC if there are vaccine shortages caused by manufacturer/distributor supply problems. AID and CDC may be of some help in resolving those problems.

2. DIARRHEAL DISEASE CONTROL

a. Activities and Accomplishments

- o A Health Practices Survey in Guinea collected information from 1,416 mothers concerning 2,047 children. Of the 302 (14.6%) children who had had diarrhea in the past week, 93 (31%) did not receive treatment at home or at a health facility. A total of 64% received some treatment at home, although the use of appropriate rehydrating solutions was low (15%) and usually in inadequate quantity. Thirty-seven percent of children were seen at a health center but, according to the mother, oral rehydration was recommended for only 4% of the children. These represent baseline figures on which the program plans to build.
- o An oral rehydration training center was established at Redemption Clinic in Monrovia, Liberia. A general strike of health workers delayed the first scheduled training session.
- o In Côte d'Ivoire, a guide for the integration of ORT services into health clinics was prepared.
- o National plans for the control of diarrheal diseases were developed in Burundi (draft) and C.A.R. (signed by the Ministry of Health). Preliminary steps were taken in both of these countries and in Swaziland for the development of ORT training units.
- o In Lesotho, a national coordinator for Diarrheal Disease Control was named. In addition, a case-control study of the risk factors for mortality in children hospitalized with acute diarrhea was completed. It identified infants 0-6 months of age who had thrush or stomatitis, vomiting, traditional medicine or enema, and pneumonia as risk factors associated with a greater chance of dying while hospitalized for diarrhea.
- o A preliminary study of accuracy in the preparation of home solutions carried out in Malawi showed solutions excessively high in sodium content, corroborating CCCD findings in Côte d'Ivoire, Lesotho, and Rwanda.
- o In Zaire, a WHO training center for the management of diarrheal diseases was completed. A draft of the proposed training syllabus was developed and distributed.
- o Representatives from three CCCD countries and the Atlanta CDD coordinator attended the WHO/AFRO Subregion I Diarrheal Disease Control Programme Managers Meeting in Harare, Zimbabwe. CCCD strategy of developing training facilities and community surveys were well received.
- o Discussions were begun with PRITECH to investigate the possibility of collaboration in four CCCD countries (Guinea, Côte d'Ivoire, Burundi, and Nigeria).

b. Issues Requiring Resolution

- o National plans should be reviewed in Liberia, Côte d'Ivoire, and Congo; they should be developed in Guinea and Rwanda. National program managers have not been named in several countries. Coordinated activities should be given adequate attention in these countries and in countries with ineffectual managers.

- o Although significant progress has been made towards developing ORT treatment centers in most CCD countries, resources for assuring adequate follow-up are not always available. Technical officers and field epidemiologists should continue to place significant emphasis on this activity in order to assure long-term success.

3. MALARIA CONTROL

a. Activities and Achievements

- o The CCCD Health Practices Survey to monitor household health practices was carried out in Conakry, Guinea in June. Among 2,400 children less than five years of age, 486 (23.7 percent) had a history of fever in the two weeks before the survey; 208 of 486 saw a health worker; and 197 of the 275 other children were treated at home. Further analysis is in progress.
- o Analysis of blood chloroquine levels from the pharmacokinetics studies of parenteral chloroquine carried out in 1985 in The Gambia was completed. Preliminary results suggest that intramuscular chloroquine is safe and remains effective in The Gambia.
- o In Lilongwe, Malawi, a study of 5 mg/kg chloroquine (C5) administered weekly was conducted in pregnant women to assess parasitemia breakthrough and placental malaria infection at delivery. Seventy-three women were followed through their second and third trimester and 25 percent experienced parasitemia while on C5. Women in the study group had significantly lower rates of past or active placental infection than a group of control women receiving unsupervised, weekly C5 through the clinic (56 percent vs 92 percent infected, respectively, (p = 0.0005). However, more than half of the women in the study group had evidence of past or active infection despite the weekly antimalarial treatment.
- o In Kinshasa, Zaire a study of the response of Plasmodium falciparum malaria infection in pregnant women to C10 (32 women) and to C25 (39 women) has been completed. Approximately one third of the women treated in both groups of pregnant women (41 percent for C10 and 31 percent for C25) had malaria parasites in their blood after treatment. A Knowledge Attitudes and Practices (KAP) study of malaria chemoprophylaxis in pregnancy is planned for July.
- o In Malawi, the decision was made to conduct a multi-year prospective study of the effect on the birth weight of children of several alternative malaria prophylaxis and treatment regimens during pregnancy. The study will involve several thousand pregnant women (during their first and second pregnancies) who will be enrolled in the study by field teams in their villages in the area around Mangochi near Lake Malawi. The study will be a collaborative effort between the Malawi Ministry of Health, CDC's IHPO and Malaria Branch, and the Armed Forces of Institute of Pathology.
- o Côte d'Ivoire will conduct in vivo drug sensitivity testing in September 1986. Malaria staff from the CCCD Projects in Burundi and Guinea will be invited to participate in this program to help in the development of similar activities in their own countries. The participation of staff members from OCCGE (Centre Muraz) will be supported by the CCCD Program to increase the possibilities of the "multiplier" effect of this surveillance technique. In addition, in vitro drug response testing will be carried out. The objective of this exercise is to develop an ongoing surveillance system in Côte d'Ivoire for drug response and to provide data for developing a comprehensive national malaria control plan.

- o In August-September 1986, Rwanda will conduct drug response testing with the assistance of two staff members of the CDC Malaria Branch. Testing of the response to chloroquine will be carried out in two sites. In addition to the standard 25 mg/kg (C25) dosage, a higher dose, 50 mg/kg (C50), will be tested. C50 is the treatment dose frequently recommended by European malaria experts. In addition, in vitro response to chloroquine will be tested.

b. Issues Requiring Resolution

- o Evidence is accumulating that a high proportion of pregnant women do not take the WHO-recommended prophylaxis of 5 mg/kg per week on a regular basis even during the later months of pregnancy. In addition, the rapid spread of chloroquine resistance raises the question of whether low doses of chloroquine will be effective in suppressing placental malaria parasite infection. Operational research on compliance with WHO recommendation of 5 mg/kg and on the effectiveness of chloroquine are urgently needed.
- o Measurement of the impact of the implementation of CCCD-supported surveillance of drug response and recommendations of appropriate therapy in countries with established chloroquine resistance is needed, particularly in Malawi and Zaire.

C. 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

1. BURUNDI

a. Activities and Accomplishments

- o The CCCD Project office was organized, a bilingual secretary hired, and a driver identified.
- o The final draft of the Plan of Operations for the 1986-87 EPI activities has been distributed.
- o The draft of the 1986-87 CDD Plan of Operations has also been distributed.
- o The national policy describing the new EPI strategy for the Africa Immunization Year has been printed and distributed to all fixed health centers.
- o Preparatory steps are under way for the establishment of the ORT Training/Demonstration Unit at the Prince Regent Hospital in Bujumbura.

b. Issues Requiring Resolution

- o The identification and assignment of personnel is necessary in the implementation of the CDD Program.
- o The creation of a National Coordinating Committee must be addressed as soon as possible.

c. Recommendations

- o The MOH needs to identify someone with the appropriate training to be named director of the CDD Program as soon as possible.
- o A National Coordinating Committee needs to be appointed and regular meetings scheduled to discuss topics of concern to the CCCD Project.

2. C.A.R.

a. Activities and Accomplishments

- o A national diarrheal disease control plan was signed by the Minister of Health.
- o Coordination of the MOH EPI program with the UNICEF accelerated program was the major activity of the reporting period. Policy issues which will have long-range implications for the delivery of immunization services and the sustainability of the program have been raised and are undergoing in-depth scrutiny by the MOH.
- o The Technical Officer (TO) has been given an office at the Office of Preventive Medicine. The TO, who received her orientation in February and March, has been rapidly accepted into the MOH team.

b. Issues Requiring Resolution

- o Accounting procedures for the new TO at the RBFO/Yaounde has posed problems and should be clarified as soon as possible so as not to interrupt the steady progress that is being made.

c. Recommendations

- o National diarrheal disease control plan signed by the Minister should be followed up quickly by an ORT consultant in order to take advantage of current momentum to launch training sites.

3. CONGO

a. Activities and Accomplishments

- o The mid-term evaluation of the Congo CCCD Program was conducted.
- o The new Technical Officer attended a CCCD orientation in February and March. He arrived at post in April after having attended the CCCD Annual Consultative Meeting in Brazzaville.
- o A CDD training course was conducted at Linzolo for 12 medical and paramedical personnel.
- o A survey of sterilization practices was undertaken but will need to be redone due to faults in the interviewing method.
- o The first edition of the Quarterly Bulletin of Epidemiology was published.
- o National protocols establishing policies for the CCCD interventions have been drawn up and submitted to the MOH for approval.
- o A major planning effort to coordinate the CCCD project and the UNICEF accelerated immunization program continued throughout the reporting period.

b. Issues Requiring Resolution

- o A serious problem in the progress of the CCCD Project has been the lack of adequate financial contribution to the project by the Government of the People's Republic of the Congo (GPRC). An ultimatum was issued by USAID that CCCD funding would cease if GPRC funds, as promised in the project agreement, were not forthcoming.

c. Recommendations

- o Urgent attention should be paid to the problem of GPRC financial participation in CCCD. Contingency planning should be done for a possible scaling down of the size of the project in the event that the GPRC is not able or willing to provide its promised share of project costs.

4. COTE d'IVOIRE

a. Activities and Accomplishments

- o The overall CCCD work plan and budget was put together and submitted to REDSO for approval and funding.
- o An administrative assistant has been hired and began work in June.
- o The CCCD/C.I. began its first training course with a Training of Trainers workshop for 13 participants on the 26th of May and conducted the first MLM course for 31 participants May 23-28.
- o The BUCEN provided a consultant to review the current HIS and develop a plan for future data collection in the Cote d'Ivoire.

b. Issues Requiring Resolution

- o The Minister of Health requested that a budget line item for 30 Ped-O-Jets be included in the bilateral budget submitted to REDSO. The POJ's are expensive and their use is not in keeping with the object of strengthening the fixed facilities as part of CCCD.
- o The scheduled monthly technical coordination meetings have not taken place. As a result, there have been no coordination meetings by WHO and UNICEF. These meetings must be given priority by the MOH.
- o Although funds are available for the Project, the Government of Côte d'Ivoire (GOCI) still has not established a separate bank account to receive them.

c. Recommendations

- o A consultant will be needed to evaluate the yaws component proposal submitted to CCCD.
- o The scheduling of a technical committee meeting should be pursued as a priority by the TO.
- o A separate CCCD bank account needs to be opened so that project funds can be deposited by REDSO.

5. GUINEA

a. Activities and Accomplishments

- o The National EPI Review conducted by the MOH, with the collaboration of CCCD and various other donor agencies, was completed.
- o Vaccination coverage survey conducted during the review looked at BCG scars, vaccination cards, and mother's response. Thirty centers were visited and a total of 211 children between 12 and 23 months of age were sampled. Of the total, 39 or 18 percent of the children had vaccination cards. Coverage is shown below.

VACCINE	PERCENT
BCG	46
DTP-1	36
DTP-3	10
POLIO-1	32
POLIO-3	8
MEASLES	43
COMPLETE	5

- o HIS surveys initiated by Dr. Roisin are being followed up by the MOH Office of Statistics. Three public health students are monitoring the collection of data.
- o The first MLM training course was conducted during the month of May.

b. Issues Requiring Resolution

- o A new director for the CDD Program has not been named by the Minister of Health.

c. Recommendations

- o A new director for the CDD Program needs to be identified as soon as possible.

6. LESOTHO

a. Activities and Accomplishments

- o Completed a three-week external evaluation of the EPI and CDD programs. Results indicated that 65 percent of the children 12-23 months of age were fully immunized. Thirty-two neonatal deaths were identified, of which four had a history consistent with neonatal tetanus. While these numbers are small, they are being used as the basis for a recommendation to do a larger neonatal study so that a policy on whether or not to give tetanus toxoid to women of child-bearing age may be formulated.
- o Finalized the five-year work plan for EPI in coordination with the MOH and UNICEF.
- o The Regional USAID Inspector General's staff completed a routine audit of the project. It was reported that they were favorably impressed with the Project.
- o In May, received MOH approval for establishing and filling the position of Diarrheal Disease Control Coordinator; the position was filled in June.
- o Completed a study on diarrheal disease deaths in the under-5 age group.
- o Initiated procedures for assessing the impact of the oral rehydration unit at Queen Elizabeth Hospital.
- o Finalized the process for the addition of HealthCom as a component of the CCCD Project.

b. Issues Requiring Resolution

- o Adoption by the MOH of specific recommendations for rebuilding the management team of the Health Information Unit.
- o Follow up on recommendations to conduct a neonatal tetanus survey in the near future.

c. Recommendations

- o Implement the recommendations of the ad hoc committee on the Health Information Unit management and, if necessary, request support in bringing this issue to the attention of the Minister of Health.

7. LIBERIA

a. Activities and Accomplishments

- o Liberia has completed immunization coverage surveys in 11 of its 13 counties during the calendar year, some of them in this quarter. This will provide the most comprehensive immunization coverage data ever collected.

VACCINES	BCG	DTP1	DTP3	OPV1	OPV3	MSLS	FULL	TT1	TT2
COUNTRY	38	46	12	41	12	38	8	26	6
AVERAGE									
MONROVIA	59	61	21	57	21	40	16	21	7

- o Construction work on the ORT demonstration center was completed.
- o The Ministry approved further organizational development of the CCD Division to provide the needed supervisory manpower for the diarrheal disease control and malaria treatment components of the project.
- o Assistant directors for the CDD and Malaria Units have been nominated.
- o The contract for design, training, and implementation of the fee-for-service/revolving drug fund scheme was awarded to a local management firm.

b. Issues Requiring Resolution

- o Liberia's economic problems continue to plague implementation of the project. The health workers, who have not been paid since January, are on strike to have their salaries paid up to date. Within the five CCCD Project counties, Grand Cape Mount, Montserrado, and Margibi are supporting the strike, while Bomi and Bassa are continuing to work.
- o Because of the strike, training of workers and operation of the ORT demonstration center have not begun.

c. Recommendations

- o Payment of health workers' salaries through June must be settled in order for normal work to continue.

8. MALAWI

a. Activities and Accomplishments

- o A routine audit of the project was conducted by the Regional USAID Inspector General's staff. It was reported that the audit team was favorably impressed with the Project. Their official report will be filed at a later date.
- o The HealthCom Project resident advisor arrived in Malawi in May and began her orientation. She will have a draft work plan completed by the end of the quarter.
- o The final visits to hospitals and health centers to review sterilization practices of immunization equipment were completed during the quarter. The report and recommendations will be available in June.
- o Orders for CCCD-provided commodities have been amended to allow for increased supplies of needles and syringes and other sterilization equipment.
- o A study was completed which analyzed the sodium concentration in 150 specimens of sugar salt solution (SSS) as mixed by Malawian mothers attending courses in ORT units, and who said that they had mixed and used SSS at home before coming to the unit. Preliminary results of the analysis show that many of the mixed solutions were hypernatremic.
- o Chloroquine clinical trials were completed. Preliminary results demonstrate the continued efficacy of chloroquine in children under 5 years of age.
- o Three new posters have been developed and printed by the Project to complement the ORT training program.
- o The sentinel surveillance system continues to function smoothly; a 100 percent reporting was achieved in April.

b. Issues Requiring Resolution

- o The vaccination equipment ordered through USAID in early 1985 has yet to be received. A number of important EPI initiatives will stall if the equipment is not received in the near future.

c. Recommendations

- o The cold chain review will be conducted during the first quarter of FY 1987.
- o Plans for the CCCD Mid-Term Evaluation will be completed in July-August.

9. RWANDA

a. Activities and Accomplishments

- o The HealthCom consultant developed a pre-project document and a scope of work for the health education consultant scheduled to work on the EPI campaign in the summer.
- o An auto-finance study was completed May 14th. Around 90 percent of the population are ready to pay higher fees for medical care.
- o The second national Mid-Level Manager's training course was held for the regions of Kibuye, Kigali, Gitarama, and Byumba. Five facilitators participated in a three-day training session and 46 participants attended the ten-day training session.

b. Issues Requiring Resolution

- o The MOH continues to participate minimally in the CCCD Project, raising the question of how seriously committed to the Project the the Government of Rwanda is.
- o Lack of adequate supervision continues to be a problem for the EPI Program.
- o Rwanda continues to experience a measles epidemic.

c. Recommendations

- o A vaccination coverage survey needs to be carried out prior to the CCCD evaluation.
- o Coordination Committee meetings need to be scheduled regularly.
- o Steps need to be taken by the Government Of Rwanda to provide adequate supervision of programs.
- o The Government of Rwanda needs to actively commit its personnel and resources to the CCCD Project if the Project is to be successful.

10. SWAZILAND

a. Activities and Accomplishments

- o Developed and implemented, in conjunction with the Central Vaccine Stores and UNICEF, a monthly vaccine distribution system to all vaccine depots in the country.
- o Designed a survey form for detailing sterilization practices of immunization equipment.
- o Established an ORT Training Unit Action Committee composed of representatives from the Health Education Unit, Primary Health Care Unit, Government Hospital, Training Unit, Statistics Unit, WHO, UNICEF, and the Save the Children Foundation.
- o The coordinator and two staff nurses were named to manage the ORT Training Unit.
- o Developed a draft "Assessment and Treatment Form" and a "Planning and Evaluation Form" for the ORT Unit.
- o A committee was developed to draft a five-year plan for Malaria Control. The committee is chaired by the Director of Medical Services for the MOH.

b. Major Issues Requiring Resolution

- o Finalize personnel transfers and appointments of ORT Training Unit staff with the MOH prior to mid-July.
- o Hire a CCCD administrative assistant for the USAID office.
- o Provide a permanent office space at the Public Health Unit for the CCCD Technical Officer, to be located adjacent to the officers of the CCCD staff. Currently, the CCCD Technical Officer is being provided temporary space at the MOH.

c. Recommendations

- o Complete first draft of EPI Five-Year Implementation Plan during July.
- o Prepare draft of ORT Training Unit Manual by mid-July. References: Swaziland CDD Manual and WHO "Diarrhoea Training Unit"/Director's Guide (September 1985).
- o Develop a Swaziland Malaria Manual for Health Workers; this is an essential objective to be pursued before the end of calendar year 1986.
- o Draft CCCD Workplan for a 24-month period and submit to MOH, USAID, and CDC.

11. TOGO

a. Activities and Accomplishments

- o Health education activities are proceeding with the training of 250 nurses, mid-wives, and social affairs agents, and the distribution of 7,000 CCCD posters nationwide. A manual on the role of health and social affairs personnel in HE activities was published.
- o With the majority of Togo's health facilities equipped and medical personnel already having received technical and managerial training, the National Health Education Service is embarking on this major effort to increase public demand for services.
- o The Ministry of Health has officially presented a work plan and a request for assistance to USAID/Lome to revise and computerize Togo's health information system. The plan consists of a training program, purchase of computer hardware and software, and requests for several consultants to help modernize the current unwieldy system. The plan is the result of three STC's provided by CCCD.
- o The UNICEF Child Survival Program was the major topic of discussion by the members of the CCCD Coordinating Committee at a meeting in May and June. These discussions centered on how to proceed toward UNICEF goals without disrupting other daily activities.

b. Issues Requiring Resolution

- o None

c. Recommendations

- o Coordination of UNICEF Child Survival Initiative, CCCD, and other MOH programs should be vigorously pursued.

12. ZAIRE

a. Activities and Accomplishments

- o Fifteen rural health zones received cold chain and other equipment needed to become operational.
- o AHRTAG's manual "How to Look after a Refrigerator" was adapted and translated into French for use in Zaire.
- o The ORT training center at Mama Yemo Hospital has been completed. The first draft training curriculum has been prepared.
- o Construction of the CCCD "malaria annex" was begun in May. When completed, the annex will have offices and modest lab facilities. The annex will be used for verifying slides from field stations and for storing project supplies.
- o A national CCCD/PHC training course for 45 zonal medical officers was held in May.
- o The CCCD/Zaire health education specialist attended the WHO health education training course. At the end of the course, he began a three-week training course on the job with the National Health Education Service of Togo's MOH.