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QUARTERLY REPORT
JULY-SEPTEMBER 1986



AFRICA
CHILD
SURVIVAL
INITIATIVE

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

**Memorandum**

Date December 31, 1986

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

Subject ACSI-CCCD Quarterly Report for Third Quarter, CY 1986

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

Forwarded herewith is the quarterly report for the Africa Child Survival Initiative - Combatting Childhood Communicable Diseases Project (ACSI-CCCD) for the period July 1 through September 30, 1986.

Two major events occurred during the quarter which mark significant new direction for the Project. First, the Project was extended through 1991, with the funding ceiling being increased from \$47 million to \$89 million, and its name (formerly Combatting Childhood Communicable Diseases) was changed. The new name places the Project within AID's agency-wide Child Survival Program as the Africa Bureau's premiere and pioneering Child Survival effort.

The second event was the AID/W review and approval of the proposal for an ACSI-CCCD project in Nigeria. This project will enhance and complement existing child survival activities being carried out in Nigeria by federal, state, and local health services with assistance from UNICEF and WHO. AID will fund the ACSI-CCCD project over 5 years, providing \$14.45 million in technical assistance and material support. The ACSI-CCCD project will work closely with UNICEF and WHO and will comprise the combined efforts of 3 AID Child Survival projects: ACSI-CCCD, PRITECH and HEALTHCOM.

We thank you for your continued support.


Andrew N. Agle

Attachment

TABLE OF CONTENTS

A. Regional and Support Strategy Activities..... 3-7

B. Disease Interventions..... 8-13

C. Bilateral Programs.....14-29

- 1 -

A. REGIONAL AND SUPPORT STRATEGY ACTIVITIES

1. TRAINING/TRAINING DEVELOPMENT

a. Activities and Accomplishments

- o Consultant Paulette Chaponniere developed draft generic peripheral-level Diarrheal Diseases training materials.
- o Paulette Chaponniere assessed training needs and developed an overall training strategy for Burundi.
- o Training and Development Branch and Malaria Branch developed French malaria training cassette tapes.
- o Drafted generic peripheral-level training materials for EPI and Malaria.
- o Completed updating French disks for training modules.
- o Drafted evaluation tool for peripheral-level health worker.
- o Conducted routine briefings for consultants and evaluation teams for C.A.R., Malawi, and Swaziland.
- o With assistance from consultant Saul Helfenbein, conducted needs assessment of senior-level management training with T.O.'s.
- o With assistance from Saul Helfenbein, conducted review of management training resources in sub-Saharan Africa.
- o Developed training materials request instrument for use by T.O.'s.
- o Developed instrument for tracking and inventorying training materials stored at CDC Distribution Center.
- o Developed scope of work for production of videotapes and instructor's guide for training.
- o Developed briefing materials for assignees and consultants.

b. Issues Requiring Resolution

- o Distribution of French malaria training cassette tapes.
- o Final development of strategy and inventory for senior-level management training.
- o Clarification of consultant needs for CY 1987.
- o Recruitment of available Francophone and Anglophone short-term training consultants.
- o Completion of computer listing of training consultants.

2. OPERATIONAL RESEARCH

a. Activities and Accomplishments

- o Studies of the prevalence of maternal measles antibodies in children 2-10 months of age are important for developing strategies for preventing measles in children before they reach the recommended age of vaccination. A CCCD consultant conducted the first study in Brazzaville, People's Republic of the Congo, in August-September 1986; antibody titers will be measured by Mr. George Mann at the London School of Tropical Medicine and Hygiene. Additional studies are planned for the Côte d'Ivoire and are being considered in Malawi and Zaire.
- o The Zaire bilateral CCCD project has developed a plan for 17 different small-scale operational research projects to be carried out by members of the CCCD/PEV team in Zaire. The OR projects are in the following areas: EPI-1; diarrheal disease-5; malaria-9; and KAP studies-2. In Cote d'Ivoire the CCCD Field Epidemiologist has begun a publicity campaign to identify potential researchers within Cote d'Ivoire, and a project on meningitis surveillance has begun.

b. Issues Requiring Resolution

- o The WHO/AFRO Research Development Committee has not begun functioning. A collaborative relationship with WHO/AFRO must await the development of a functioning research review method within WHO/AFRO.
- o Guidelines need to be developed by IHPO and AID for administering OR projects in the bilateral CCCD countries.
- o The review of OR projects planned and carried out in CCCD bilateral countries needs to be completed.
- o A computerized data base is needed to track small-scale OR projects by African researchers and OR projects carried out by CCCD field staff in CCCD bilateral countries.

c. Recommendations

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

3. HEALTH INFORMATION SYSTEMS (HIS)

a. Activities and Accomplishments

- o The Health Practices questionnaire was revised based on the field test in Guinea and sent to REAC!, PRITECH, HEALTHCOM, and the World Health Organization for comments. Development was begun on an instruction manual for training interviewers.
- o The CCCD/HIS Coordinator attended a seminar on "Comparative Studies of Mortality and Morbidity: Old and New Approaches to Measurement and Analysis" in order to discuss methods for measuring health impact with respect to mortality.
- o An assessment of the Health Information System was conducted in C.A.R., which resulted in recommendations to select priority indicators to be tracked and to alter the reporting pathway to reduce duplication.
- o The CCCD/HIS Coordinator defined scopes of work, identified consultants, and planned for assessments of the Health Information Systems in Liberia and Burundi, which will be conducted in the fourth quarter.
- o The software for the CCCD Management Information System was completed. Simplified instructions were developed so this software can be used by persons without previous computer experience.
- o Following Dr. Ewbank's review of the results of the four Mortality and Use of Health Services Surveys and the three re-interview surveys, CCCD staff developed objectives for the service coverage levels that would indicate the timing of the second surveys and established priorities for conducting these surveys in Liberia, Zaire, and Togo.

b. Issues Requiring Resolution

- o Progress toward publishing the results of the Mortality and Use of Health Services surveys has been delayed.
- o The Health Practices Survey will be conducted in March 1987 in Côte d'Ivoire. The questionnaire and the interviewer's manual must be made final and translated into French. The sampling plan and software for data processing and analysis will be developed next quarter.
- o The health facilities survey planned in the Côte d'Ivoire has been delayed until December 1986.

c. Recommendations

- o The publication plan of the MUHS surveys should be revised to reflect delays. Initial drafts of the seven papers should be in Atlanta for review by January 1987.
- o The major components of the Health Practices survey can be made final in the fourth quarter: the list of CCCD indicators, the questionnaire, the interviewer's manual, and the guidelines for the survey coordinator. French translation of these materials should begin this quarter. The software for data processing and analysis should be finished by January 1987.
- o The software for the Management Information System will permit a database of CCCD information to be developed in Atlanta. Country-specific data from the beginning of each bilateral project through 1985 should be entered by January 1987, and data for 1986 and the CCCD Annual Report should be entered by March 1987.
- o Plans for health facility surveys should be developed for each CCCD bilateral country.

4. HEALTH EDUCATION/PROMOTION

a. Activities and Achievements

- o Short-term consultants assisted programs in Liberia and Rwanda. The Liberia effort, undertaken in collaboration with the REACH Project, focussed on planning the information and education activities for the Second National Vaccination week scheduled for November 1986. In Rwanda, assistance was provided by an ASPH intern for the conduct of formative research, preparation of a communication strategy and work plan, and development of a flyer for a measles campaign planned for October-December.
- o CDD print materials were being developed by programs in Burundi, Lesotho and C.A.R.; EPI and malaria materials were produced in Swaziland.
- o Collaboration with HealthCom involved the following activities:
 - preparation of draft implementation plan for Malawi;
 - initial visit to Lesotho by Resident Advisor-designate;
 - participation in Côte d'Ivoire CDD review with recommendations for long-term technical assistance.
- o Peace Corps contribution to the CCCD HE/P component included:
 - assistance from the PCV Graphic Artist in Lesotho to improve overall management and operation of the Health Education Unit production department;
 - evaluation of Peace Corps Volunteer impact in CCCD health education programs in Liberia and Zaire; and
 - provision of technical assistance to pre-service training programs for volunteers working in CCCD in Togo, C.A.R., Liberia, and Zaire.
- o CCCD/Swaziland continued support for radio broadcasts on EPI aimed at school children in order to increase coverage among their younger siblings. An overall communications strategy for malaria was prepared during a specially organized workshop.
- o An initial planning meeting for the UNC Cooperative Agreement was held and an invitation extended to the Department of Preventive and Social Medicine University of Ibadan (Nigeria) to send a representative to UNC as soon as possible to negotiate a sub-contract for the intercountry senior health education manager's training.

- o Under the ASPH Cooperative Agreement, CDC collaborated with the Department of Health Education, University of South Carolina on the continued development of a protocol for an educational diagnosis to be undertaken as a part of the Health Practices Survey.

b. Issues Requiring Resolution

- o Definitive plans for health education at the central MOH level remain unclear for the CCCD Projects in C.A.R., Côte d'Ivoire, Guinea, and Liberia. In light of the departure of Togo's Technical Officer, the future of health education efforts linked directly to CCCD are also uncertain there.
- o The external evaluation teams for the CCCD bilateral projects do not include a qualified health education/communication specialist. Consequently, little information and technical analysis of ongoing programs and how they might be improved are provided in the evaluation reports, making it difficult to assess each program's need for assistance.
- o Implementation of the Cooperative Agreement for intercountry training in health education has been delayed due to scheduling problems with ARHEC.

c. Recommendations

- o The CDC Health Education Specialist should conduct review visits to Togo, C.A.R., and Liberia within the next 6 months in order to assess health education activities and the contributions of the Peace Corps. Follow-up in Côte d'Ivoire and Guinea are also needed.
- o The focus group consultancy to Côte d'Ivoire in January 1987 should constitute preliminary planning for the educational diagnosis protocol to be field tested as part of the March 1987 Health Practices Survey.
- o UNC should be requested to send a representative to the African Regional Health Education Centre, Ibadan, to negotiate a sub-contract if there is still no positive response to a visit by its representative to Chapel Hill by early October.
- o Future work orders for external evaluation of CCCD bilateral projects should provide for health education/communication expertise, perhaps in combination with expertise in training or one of the other CCCD areas. AID/W and CDC should decide jointly which CCCD countries merit inclusion of this expertise on the evaluation team.

B. DISEASE INTERVENTIONS

1. IMMUNIZATION

a. Activities and Accomplishments

- o An analysis of the Sterilization Practices Surveys conducted in 9 bilateral project countries identified that existing inadequate practices are a result of insufficient supplies of needles, syringes, and sterilization equipment at vaccination clinic sites. The survey also identified lack of awareness of the risk of disease transmission via contaminated needles and syringes and a lack of knowledge regarding proper sterilization techniques as obstacles to appropriate sterile practices.
- o Data from different surveillance methodologies can be beneficial for EPI management. Malawi compared data collected from routine surveillance, from sentinel surveillance, and from a special in-patient study. There were similarities in measles case fatality rates when comparing routine in-patient reports (6-year average of 7.8%) and the special in-patient study (10%). And, the percentage of cases immunized in the in-patient study (36%) was nearly identical to the figure obtained from sentinel surveillance (32%).
- o Meetings were held in Atlanta to discuss the age specific incidence of measles in African children and the strategy of one dose of measles vaccine given at or after 9 months of age. In Malawi, 62% of the measles cases reported in the sentinel surveillance study were under 12 months of age and 36% were under 9 months of age. From this it seems appropriate to vaccinate as soon as possible after the recommended age of 9 months, but there is currently no acceptable means of preventing the 36% of cases under 9 months of age. There was a consensus that a field trial of an alternative two dose schedule is a high ACSI-CCCD priority.
- o High immunization coverage levels are not accomplishing a corresponding decrease in measles morbidity and mortality. Lesotho reported a measles immunization coverage level of 74% (1985 survey data) but measles incidence remained relatively constant from 1981 to 1985 (ranging between 5,000 - 7,000 cases per year with 6,500 cases in 1985). Similar situations have been reported from other countries.
- o A serologic study on the prevalence of maternal measles antibodies in children ages 2-9 months was conducted in Brazzaville, Congo. The results will be available in late 1986. This was a first step in addressing the issue of whether vaccination strategies need to be revised. Similar studies have been proposed for Côte d'Ivoire, Malawi, and a rural area in Congo.

- o The Gambia reported only five cases of paralytic poliomyelitis from 1981 to 1985. During the first 3 quarters of 1986, a polio outbreak occurred in The Gambia: the MOH reported 203 cases of paralytic polio from January through October 2, 1986. Cases occurred in all parts of The Gambia. Most of the cases (140 or 70%) occurred in children 0-3 years of age. Among 78 cases in children 1-7 years old in the Western Region, data on vaccination status confirmed by follow-up was available for 64 cases, of which 23 (36%) had no written record of receiving three or four doses. An investigation is in progress to follow up every reported case to verify the diagnosis and vaccination status.

b. Issues Requiring Resolution

- o Assuring that a sterile needle and sterile syringe is used for each injection.
- o How to further increase immunization coverage in areas which have reached a plateau of 50-70% coverage rates, without substantial increases in recent years.
- o Measles transmission in infants younger than 9 months of age.
- o Determine why The Gambia is experiencing a large outbreak of paralytic polio despite high immunization coverage with three or more doses of polio vaccine.

c. Recommendations

- o Explore the possibility of developing measles models in African setting to investigate the impact of alternate vaccination strategies.
- o Develop a proposal for testing a new strategy of measles vaccination before 9 months of age followed by a second dose.
- o Conduct vaccine efficacy studies in countries that have high immunization coverage without noticeable impact on morbidity and mortality reduction.
- o Develop in each CCCD bilateral project policies and plans to assure that injections are given with sterile needles and sterile syringes.
- o Review project policies/practices for immunizing women of child bearing age against tetanus. Promote increased vaccination coverage in this target group and assure sterile procedures in maternity wards and among mid-wives.

2. DIARRHEAL DISEASE CONTROL (CDD)

a. Activities and Accomplishments

- o CCCD responded to a request for assistance in investigating an outbreak of cholera in Guinea by sending two EIS officers from CDC to assist the national authorities. In addition to providing interesting data regarding the epidemiology of cholera in West Africa, this investigation also resulted in the institution of oral rehydration therapy activities in Donka hospital, Conakry, with a corresponding decrease in diarrhea-associated case-fatality rates during the outbreak period.
- o A CCCD field epidemiologist directed a training course for health workers at the Redemption Clinic in Monrovia, Liberia.
- o In Côte d'Ivoire, CCCD sponsored a Pritech/WHO/MOH review of CDD activities. Recommendations for improving CDD activities were made to the national steering committee.
- o A CCCD-funded operational research project in Côte d'Ivoire (principal investigator Dr. E. Shaw) showed that a high proportion of mothers taught to prepare SSS in MCH clinics prepared it with salt concentrations higher than recommended.
- o Plans were made in C.A.R. to open an oral rehydration training center at a large MCH clinic in Bangui.
- o A CCCD epidemiologist was sent to Burundi to assist in the development of an ORT demonstration/training center. The Government was very receptive and an impressive start was made. In addition, the epidemiology of diarrheal disease was reviewed.
- o In Malawi, studies at the Kamuzu Central Hospital documented that since the institution of oral rehydration therapy the use of unnecessary intravenous fluids has dropped significantly, accompanied by a major reduction in the per capita cost of treatment for diarrheal diseases.
- o The ORT demonstration/training unit in Lesotho continues to function as planned. It has become the center of ORT activities for the country, and staff from outside Maseru are being trained there for implementing ORT in their home clinics and hospitals.
- o CCCD personnel participated in the Pritech Task Force meeting.
- o A brief review of CCCD diarrheal disease activities was conducted during the visit of Dr. Michael Merson, WHO/CDD to Atlanta.

b. Issues Requiring Resolution

- o Most CCOD countries continue to focus on the development of national training sites for health professionals. Countries have not contributed sufficient resources for the accomplishment of the entire range of activities necessary to develop a comprehensive national program. As a result, CCOD has decided to conform to WHO policy and concentrate on appropriate case management at an early stage. Health education activities continue at the community level, but need to be more closely integrated into CDD-specific plans.
- o Several countries still need to name national diarrheal disease control coordinators.
- o It is becoming increasingly difficult to identify experienced Francophone ORT consultants to meet bilateral consultancy requests.

3. MALARIA CONTROL

a. Activities and Accomplishments

- o In Conakry, Guinea, a survey of health unit anti-malarial treatment practices was carried out in July and August, following the survey of community practices in the June 1986 population-based survey. All nine major health units in the city were visited. Treatment Records were reviewed for the 20 most recent malarious patients in each clinic. Forty-seven percent of the patients received injections of quinine and virtually all others received oral chloroquine.
- o In Rwanda, in August and September, an in vivo study was done to compare chloroquine given over 3 days at 25 mg base/kg (C25) and C50 given over 5 days; the latter dose is used commonly in central African countries. A total of 92 children in 2 sites (Kigali and Butare) were studied; 47% of them had resistant parasites. Parasite decrease and side effects after treatment were similar in the two groups. In vitro studies done concurrently indicated that 75% (30/40) strains were resistant. Fansidar treatment of cases with resistant parasites demonstrated excellent efficacy of this drug. There were no advantages to using C50.
- o A study of drug use practices in health units in Abidjan, Côte d'Ivoire, in July and August demonstrated that a variety of drugs and doses were being used to treat malaria.
- o In September, in vivo drug sensitivity studies in Adzope and Eouafle (Côte d'Ivoire) demonstrated the effectiveness of single dose C10 treatment. A total of 109 children were treated with only one parasitologic failure. Two (6%) of 33 strains tested by the in vitro method were resistant to chloroquine. A national CCCD malaria plan was drafted. The plan stressed the need for continuing drug sensitivity studies. Malaria staff from Burundi, Guinea and the OCCGE participated in this training and field exercise.
- o In Kinshasa, Zaire, from July through October, studies of risk factors for severe malaria and mortality were performed at the Mama Yemo and Kisangani hospitals. It was found that delays in treatment and previous use of quinine at low dosage levels were associated with mortality. This study followed a May-June study at Mama Yemo which described a marked increase of malaria deaths in children during the first 6 months of 1986.
- o The malaria and pregnancy studies have begun in Malawi, with the arrival of the field team in Mangochi in September.
- o C.A.R. has begun a study of birthweight of newborns to attempt to help set national policy on chemoprophylaxis in pregnancy.

b. Issues Requiring Resolution

- o WHO has recently recommended use of C25 in all areas, irrespective of status of parasite sensitivity to chloroquine.
- o A recently completed Malaria Branch study in Kenya showed that first- and second-gravida women with parasitemia responded less well to chloroquine than women in a later pregnancy. This indicates further need for an alternate approach to preventing malaria in pregnancy than that advised by WHO.

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 final version of the 1986-87 Plan of Operations for the CDD Program has been published. The ORT unit at the Prince Regent Hospital has opened. Approximately 12 nurses and other para-medical personnel for future ORT sites were trained during the first 2-day training session.
- o The final draft for the Plan of Operations for the H.I.S. for 1986-87 has been sent to the MOH for approval.
- o A training needs assessment was conducted by a STC and a training calendar for 1986-87 was established.
- o With the technical assistance of WHO and UNICEF, the Project is presently trying to improve the management system for vaccines and materials.
- o Coverage surveys have been completed in two health sectors. The results are:

<u>Sector</u>	<u>Full Immunization</u>	<u>Measles</u>
Rutana	25%	41%
Muramvya	60%	70%

- o Two reasons explain the large variance between these two sectors. First, Rutana is not very accessible and has not benefitted from close supervision from the central level or the Chief of the Health Sector. Second, approximately half of the chief of dispensaries in Rutana have never benefitted from EPI training, whereas all of the staff at Muramvya have received this training.

b. Issues Requiring Resolution

- o The Government of Burundi remains uncommitted to having a health economist come in to do a study on auto-financing.
- o No one has been identified as the CDD director.
- o A project coordination committee still has not been created.

c. Recommendations

- o A CDD director needs to be identified.
- o Efforts to create the Project Coordination Committee need to be coordinated with UNICEF after the arrival of their new technical assistant physician.
- o Instructions from the Minister of Health are needed so that the National Screening/Advisory Group for Operational Research can identify its complete membership and conduct meetings.

2. C.A.R.

a. Activities and Accomplishments

- o The Ministry of Plan has approved a budgetary line item for the CCCD project of \$133,000 for 1987 and 1988. This represents a major commitment on the part of the Government of the C.A.R.
- o A national malaria plan was signed by the Minister after extensive discussions by the Chief Regional Doctors. The program sets national treatment policy at CQ25 and calls for continuous surveillance for chloroquine resistance and review of chemoprophylaxis recommendation, presently set at CQ300 per week. The plan is one of the most comprehensive yet formulated with CCCD assistance.
- o An analysis of C.A.R.'s Health Information System was done by a CDC consultant and his recommendations are under study by Ministry of Health officials.
- o A consultant's study on the country's potential for autofinancing showed that such a policy would be difficult to implement after past heavy-handed attempts at autofinancing.
- o The MOH received a commitment for \$235,000 in UNICEF SPORTRID funds with which to conduct an intensive measles catch-up program in November. Planning is underway.

b. Issues requiring resolution

- o Accounting procedures for the Technical Officer have not been formulated. This hinders local operations, including travel for supervisory purposes.
- o CCCD/C.A.R. is still awaiting approval of a Project Implementation Letter (PIL) authorizing funds for ORT training centers.

c. Recommendations

- o Efforts should be made to hasten planning for the UNICEF funded accelerated immunization program in November.

3. CONGO

a. Activities and Accomplishments

- o The project received \$28,500 from the MOH for CCCD implementation. This represents an important contribution by the Government for support of CCCD.
- o The results of the vaccine coverage survey conducted in Brazzaville showed 74% of children fully vaccinated.
- o Three thousand children were vaccinated in the measles catch-up program held in Pointe-Noire.
- o Draft plans for the extension of ORT activities outside of Brazzaville and a draft plan for the surveillance of chloroquine resistant malaria were formulated after extensive discussions with MOH personnel.

b. Issues requiring resolution

- o The person in charge of diarrheal diseases has left for long-term training. Since the CDD program is just getting started this comes at an inauspicious time.
- o Issues pending with USAID/Kinshasa about the scope of the project and the revised budget and work plan need to be resolved.

c. Recommendations

- o Quickly identify a replacement for the recently departed CDD chief so as not to impede progress on ORT activities, including the opening of an ORT training center.
- o Continue to work closely with representatives from USAID/Kinshasa and the FAC in order to come to agreement on a workplan.

4. COTE d'IVOIRE

a. Activities and Accomplishments

- o Two meetings of the CCCD Technical Coordinating Group were held during July. In addition, coordinating meetings were held with WHC and UNICEF.
- o The First Year Review was carried out from the 28th of July to the 1st of August. The review team was impressed with the progress to date.
- o A review of the CDD program was conducted by consultants from WHO, Pritech, and HealthCom. Several recommendations were made by the team which if implemented will strengthen the future program.

b. Issues Requiring Resolution

- o There still is no national CDD strategy for a plan. A new workplan was presented orally during an Interministerial Committee meeting for CDD, but it does not address the problems that have been identified by the CDD review team.
- o The status of the national immunization days campaign remains unclear and planning is inadequate. The campaign is to begin in November and run to January.

c. Recommendations

- o The CDD review team recommended that a national ORT training center be established in Abidjan, perhaps at the CHU Treichville.
- o Implementation of the malaria component of the CCCD Project will be very time consuming in the initial stages. An individual to assist the Malaria Coordinator, who has other responsibilities, needs to be identified.

5. GUINEA

a. Activities and Accomplishments

- o Commodity procurement for the Program has begun as a result of the T.O.'s visit to REDSO Abidjan.
- o Candidates for the Abidjan training course in malaria in vivo testing were identified.
- o A facilities survey was completed by Drs. Roisin and Hellal.

b. Issues Requiring Resolution

- o The cholera outbreak was only officially recognized during the month of July resulting in delayed donor assistance which has hampered progress.

c. Recommendations

- o The use of ORS packets should be strongly promoted for treatment of dehydration caused by diarrhea during the current cholera outbreak.

6. LESOTHO

a. Activities and Accomplishments

- o An external evaluation of the CCCD Project was carried out from June 29 - July 18, 1986. The evaluation team found that "the CCCD Project is basically well run and making good progress in achieving its stated goals." They recommended that the Project be extended for 1 year beyond the scheduled PACD of June 1988.
- o Obtained approval of the MOH for the assignment of a resident advisor for the Healthcom project; provided a 3-week orientation for the HealthCom advisor.
- o Six hospitals were added to the list of those operating oral rehydration units.
- o Professional staff at the Queen Elizabeth II hospital were provided with 1 week of hands-on training at the ORT Unit.
- o A review of records at the national referral hospital showed that the inpatient case fatality rate for diarrheal diseases decreased from a mean of 12%, 1980-85 data, to 4.4% for the first 8 months of 1986.
- o The quarterly CCCD Coordinating Committee meeting was held and discussions focused on the development of National ORS policy and making measles morbidity reduction a priority in 1987.
- o Developed a strategy and procedures to assure that the quality of injection practices is monitored and improved, resulting in the use of a sterile needle and sterile syringe for each injection.
- o Developed a plan for assessing the impact of CCCD/UNICEF supported training at the Health Service Area level.

b. Issues Requiring Resolution

- o Adoption by the MOH of an effective policy for the prevention and treatment of dehydration at the community level.
- o Development of a comprehensive strategy by the MOH that focuses on not only increasing vaccination coverage but also on decreasing incidence and mortality.
- o Strengthening the capacity of the Health Information Unit to code, analyze and feedback data on inpatient and outpatient service and morbidity and mortality patterns.

c. Recommendations

- o Appoint a sub-committee to study the present policy of rehydration at the community level and to report findings/recommendations to the CCCD Coordinating Committee. Goal: practical/effective policy in place by February, 1987.
- o Develop procedures for investigating measles outbreaks, containing those outbreaks, and for utilizing the findings from the investigations to identify and correct weaknesses in the immunization activity.
- o Work with the Health Planning Unit, Epidemiology Section, UNICEF, and the World Bank Project to develop a more responsive Health Information System with the objective that by the 2nd quarter of calendar year 1987 inpatient and outpatient data will be coded and recorded no later than 30 days after receipt at the national level.

7. LIBERIA

a. Activities and Accomplishments

- o A 2 year donor procurement plan to support the EPI, CDD, and malaria programs was developed during a joint meeting of USAID, UNICEF, and WHO.
- o The firm contracted to develop the autofinancing procedures for the MOH has completed and submitted a draft policy manual.
- o The oral rehydration demonstration and training center was officially opened and a 1 week training of trainers course was conducted by the Field Epidemiologist. An average of 20 patients a week is being treated and the number is growing weekly.
- o John F. Kennedy Hospital has agreed to establish a pediatric diarrheal disease treatment unit to provide care for Plan C (severely dehydrated) children referred by clinics and health posts. The unit will provide 24-hour coverage of patients. Also, 24-hour coverage is being provided by the ORT treatment Unit established at Redemption Health Center.
- o One of the recommendations of the midterm evaluation team was that an EPI logistics and supply supervisor be designated. This has been accomplished, but only after the additional input of short term consultant Kapitain Kanthaway of Zaire.
- o Routine delivery of immunization services at selected clinics in all counties has continued since the first national vaccination week in January, 1986. Operations are improving as evidenced by the fact that operational areas have submitted reports for January through June 1986 using the new reporting form introduced in January which provides data according to age of vaccination. Reviewing these reports with national and county level staff has provided an excellent opportunity to use a management information system to monitor and improve service delivery.

b. Issues Requiring Resolution

- o The donor procurement plan needs revision to appropriately meet the needs of the Ministry over the next 2 years.
- o Review of vaccine usage reports coming in from the counties has revealed that the problem of immunizing large numbers of children outside the target age group continues.

c. Recommendations

- o The commodity request and donor procurement plan should be revised in the near future and donor agencies advised to plan accordingly.
- o Copies of the vaccine usage reports should be distributed to all the County Health Directors and CCCD/EPI Supervisors with instructions to monitor the ages at which children are immunized, especially for measles.

8. MALAWI

a. Activities and Accomplishments

- o Training for district coordinators (Central and Northern Regions) for EPI, CDD, and Malaria was completed during the quarter. The 50 participants completed district annual work plans as a part of the training course.
- o The Healthcom resident advisor submitted a draft work plan to the MOH. While there has been tentative approval of the plan a more in-depth review of the practical implications of the plan is being undertaken. A revised plan, citing specific activities and objectives for the period of HealthCom's involvement, should be available by the end of October.
- o A survey of injection equipment sterilization practices was completed. Deficiencies were identified and most often included the reuse of a syringe for multiple dose administration and inadequate sterilization time and technique. Inadequate supplies of needles and syringes in relation to the number of vaccinations presented the major obstacle to sterile practices.
- o The MOH has adopted the policy of one sterile needle and one sterile syringe per injection.
- o The PIO/C's for the equipment for the ORT corners have been approved and purchase orders are being prepared.
- o A study to determine if mothers, after receiving instructions at an ORT corner, were properly preparing salt and sugar solution (SSS) showed that only 33% were able to prepare an effective and safe solution.
- o A study on the effects of malaria in pregnancy began this quarter.
- o An initial analysis of the impact of the first 3 years of CDD activities in a large hospital in Lilongwe reveals that hospital I.V. use decreased from 1.46 liters/child to 0.37 liters/child.

b. Issues Requiring Resolution

- o There have been chronic breaks in the vaccine (polio) and chloroquine supplies.
- o Sufficient supplies of needles, syringes, and sterilization equipment must be acquired in order to implement the MOH policy of a sterile needle and sterile syringe for each injection.

- o Procurement of commodities continues to be fraught with problems causing significant delays in receiving needed supplies; e.g., vehicles and immunization equipment have taken over a year to acquire.
- o A study needs to be made of the EPI service delivery and cold chain, in light of reported low immunization coverage.

c. Recommendations

- o The study of EPI service delivery and cold chain should be completed before the end of the first quarter of calendar year 1987.
- o Review the causes of breaks in the vaccine and chloroquine supply systems and correct them.
- o Procurement procedures should be reviewed to determine what can be done to expedite the processing of orders and the delivery of commodities.

9. RWANDA

a. Activities and Accomplishments

- o Rwanda's first MLM training course was conducted during July. This was the first time this course was conducted in French.
- o The midterm evaluation started at the end of the quarter.

b. Issues Requiring Resolution

- o Lack of Government of Rwanda commitment to the CCCD Program continues to be demonstrated by the lack of identification of a full time coordinator for the CDD activities.

c. Recommendations

- o A full time CDD Coordinator needs to be identified and appointed as soon as possible.

10. SWAZILAND

a. Activities and Accomplishments

- o The CCCD External Evaluation was carried out during the quarter. The team stated that the program was developing satisfactorily, but that much needed to be accomplished to achieve the goals set forth in the project. The team recommended that the project be extended for 1 year beyond the present PACD of April 30, 1988.
- o Two nursing sisters from Swaziland received training in ORT Unit management at the Queen Elizabeth II Hospital in Maseru, Lesotho, in cooperation with the Lesotho CCCD Program.
- o The first ORT Training Unit opened in August in Mbabane.
- o Thirteen accelerated immunization campaigns were held during the quarter including 124 vaccination sites.
- o An EPI Sterilization Practices survey indicated that 90% of injections were given with a sterile needle but only 10% of injections were given with a sterile needle and a sterile syringe.
- o A malaria communications workshop was conducted to plan the development of health education materials and communications strategy.
- o An "information update" on all health facilities by region and by integration of child health services was completed.

b. Major Issues Requiring Resolution

- o The Malaria Control Unit's request for consultants to complete the chloroquine resistance study and to study the feasibility on use of residual spray strategy.
- o Do repeat analysis of the November 1985 EPI evaluation as the in-depth review of the initial report has identified possible errors in interpretation.
- o Identify a coordinator for the task force drafting the CDD 5-year plan.
- o Hire an administrative assistant to be housed at USAID.

c. Recommendations

- o Implement recommendations of the EPI Sterilization Study.
- o Initiate a mortality study of diarrheal diseases covering the past 4 years to provide baseline data for CDD intervention.
- o Promote an EPI coverage survey for early 1987 to measure the effect of the extensive accelerated campaigns in 1986.
- o Initiate a survey of SSS promotion/utilization.

11. TOGO

a. Activities and Accomplishments

- o The Technical Officer left at the end of July for reassignment in Atlanta.
- o An accelerated immunization program for children under 1 year of age in the urban areas of the country has begun. The planning was conducted by the MOH, UNICEF, and CCCD.
- o The computerization of the National Health Statistics office received a boost with the opening of an IBM branch office in Lome. The computerization program was planned by the MOH's epidemiology division and was funded by the bilateral project for \$75,000.
- o Planning for a USAID-MOH health sector project has been moving forward. The original PID is being rewritten in a scaled-down version and will include a CCCD component.

b. Issues requiring resolution

- o The USAID/OAR needs to decide whether or not it wishes to extend the CCCD project beyond its current April, 1987 PACD. If so, should the recently departed Technical Officer be replaced?

c. Recommendations

- o A decision should be made early in the next quarter concerning the extension of the project and the replacement of new the Technical Officer.
- o Full advantage should be taken of the training potential of the new IBM office in Lome in order to speed up the computerization of the National Health Statistics Office. Plans for CCCD consultant and a programmer should be scheduled for late 1986.

12. ZAIRE

a Activities and Accomplishments

- o Malaria mortality investigation continued in Kinshasa. Three significant risk factors for severe cases of malaria were identified: young age at time of onset; delayed hospital admission; and inadequate quinine doses.
- o Planning is underway for the first national CCCD symposium scheduled for November. Approximately 250 people will participate. The meeting will mark a milestone in the development of CCCD.
- o CCCD/PEV has published its first quarterly information bulletin.
- o Report on the KAP study done by a consultant anthropologist has been distributed and is being reviewed by the malaria study team. The report deals with practices among health workers and pregnant women regarding malaria disease, prophylaxis and treatment.
- o In vivo studies of resistance of malaria to chloroquine were conducted in Lubumbashi and microcomputer analysis of the data is serving to train local staff in the use of computers for research analysis.

b. Issues Requiring Resolution

- o The Technical Officer, who was reassigned in June, has not yet been replaced.
- o The November symposium is not totally funded. The budget of \$104,000, to be financed by multilateral and private sources, has been two-thirds funded to date.

c. Recommendations

- o A Technical Officer should be recruited and assigned as soon as possible.
- o Additional sources of funding for the November symposium should be found. The meeting is of such fundamental importance to the CCCD project that CCCD resources should be used if needed to make up the shortfall.