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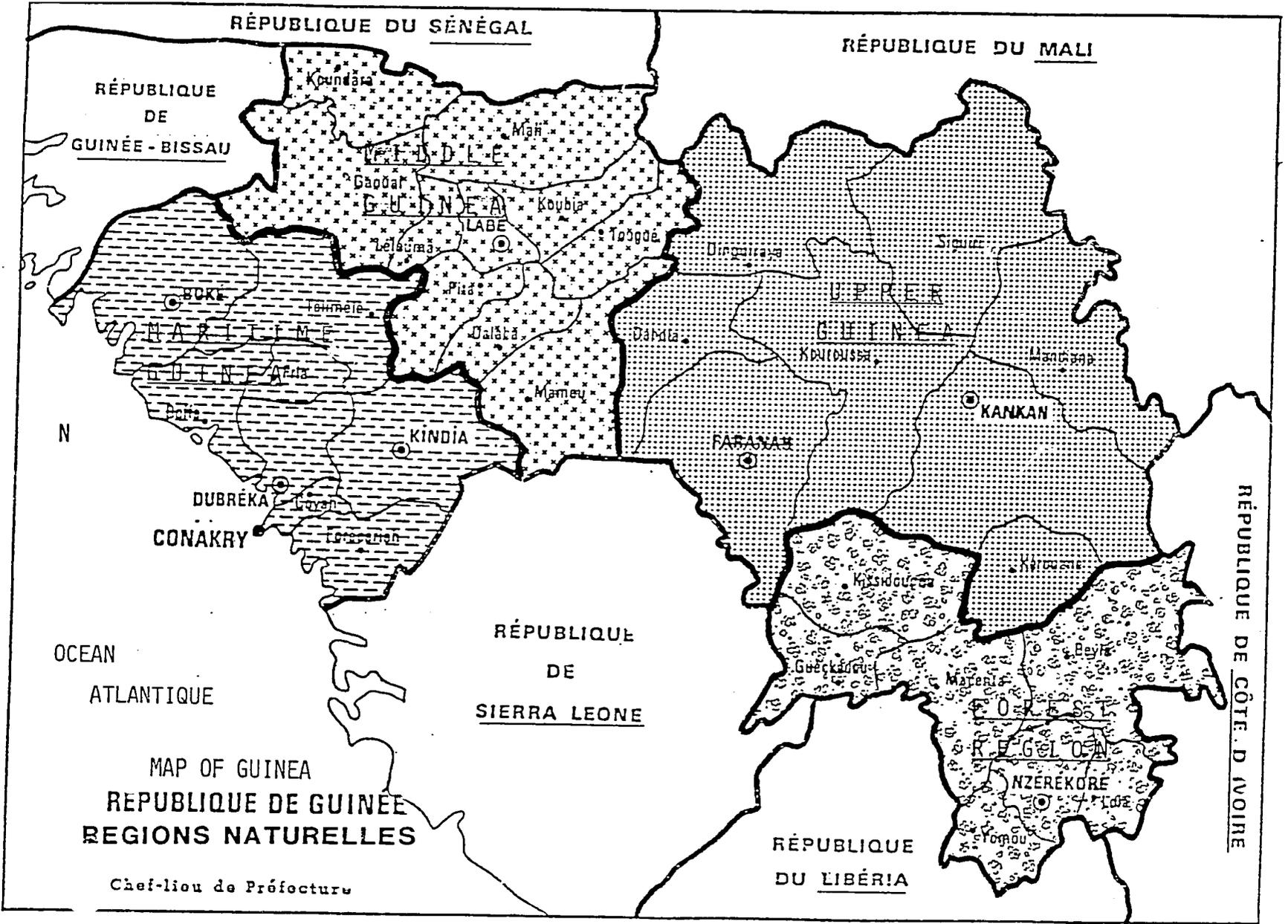
PROJECT C.C.C.D.

COUNTRY REPORT

GUINEA - 1986

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DIANNA GERSKI
TECHNICAL OFFICER
MARCH, 1987



RÉPUBLIQUE DU SÉNÉGAL

RÉPUBLIQUE DU MALI

RÉPUBLIQUE DE GUINÉE-BISSAU

FOUTA-DJALLON

GUINÉE-LABE

UPPER GUINEA

MARITIME

GUINÉE-AFRA

KINDIA

FARAFRA

KANKAN

DUBRÉKA

CONAKRY

RÉPUBLIQUE DE SIERRA LEONE

RÉPUBLIQUE DE CÔTE D'IVOIRE

RÉPUBLIQUE DU LIBÉRIA

OCEAN ATLANTIQUE

MAP OF GUINEA
 RÉPUBLIQUE DE GUINÉE
 REGIONS NATURELLES

Chef-liou de Préfecture

I. COUNTRY SUMMARY

Country Guinea Annual Report 1986 Calendar Year

Population 6.1 million

Estimated Number of

Live Births 49/1000

Dates

Project Agreement June 22, 1985

End of Project December 22, 1987

First Project Review April 1986

First Evaluation May 1987

Final Evaluation December 1987

Annual and Cumulative Funding by Source

<u>Source</u>	<u>Current Annual Funding</u>	<u>Cumulative Funding To Date</u>
<u>National Government of Guinea</u>		<u>4,408,190 FG</u>
<u>USAID</u>		<u>\$500,000</u>

National CCDD Program Manager Dr. Souleymane Diallo

National EPI Director Dr. Roubacar Dieng

Diarrheal Disease/PHC Director Dr. Kandjoura Brame

Malaria Director Dr. Moussa Keita

Technical Officer Dianna Gerski

Basic Population, Health Indicators

1. Basic Indicators (1)

Total Population:		6,100,000
Children	0-1 year:	287,000
	0-4 years:	1,090,000
Women	15-44 Years:	1,300,000
Birth Rate		48/1000
IMR		153/1000*
Infant Death Per Year:		45-50,000
Child (0-5) Deaths Per Year:		72,000
GNP Per Capita:		\$300
Average Annual Growth Rate		2.4 %

1) World Bank, Guinea; Population, Health and Nutrition Sector 1984

*) UNICEF State of World Children 1987. (Other sources give different figures e.g. World Bank, op. cit. gives 186/1000)

** Cluster survey undertaken in three provinces (Kindia, Labe and Faranah) in April 1986

II. CALENDAR YEAR ACHIEVEMENTS

E.P.I.: EXPANDED PROGRAM OF IMMUNIZATION

- April - Evaluation of national vaccination program was performed in collaboration with MOH, CCCD, WHO, and ICC which included a vaccination coverage survey of 8 provinces in the country. A strategy plan for 1986-1990 was drafted and has been adopted by MOH. It outlines specific goals, objectives, action steps, and time frames for implementation. A standardized list of commodities to be used in the national program was prepared.
- May - 20 health workers from the prefecture of Telemele and 6 from Kindia attended the first CCCD training seminar. The three project interventions were presented, but EPI was emphasized. This was followed up by an intensive rural outreach vaccination campaign in Telemele.
- June - UNICEF sponsored a study trip to Benin (4 Guineans participated) to observe the integrated EPI-PHC program there. Dr. Souleymane Diallo, National Coordinator for CCCD was among the participants.
- August - Personnel from one urban health center with preventive services (to serve as pilot center) were trained in EPI.
- August - Meetings were held with MOH, CCCD, and donors to discuss a plan for organizing an accelerated vaccination campaign in Conakry.

- Nov. - Intensive vaccination campaign administering DPT, Polio, and
Feb. measles vaccines, in three series of all children under 3
years of age in Conakry completed (Nov.'86, Jan'87, Feb'87).
- Nov. - Approximately 300 health personnel trained in vaccination
techniques, cold chain management, and the updated WHO
vaccination schedule.
- March - Plan developed to ensure continual coverage by upgrading
fixed center vaccination service delivery. Includes: re-
training/refresher courses for EPI personnel, supply of
vaccines, fuel, and vaccination materials, and regular
on-site supervision.
- March - Conakry vaccination coverage survey completed. Preliminary
results show the following rates:

	<u>DPT/P 1</u>	<u>DPT/P 3</u>	<u>MEASLES</u>	<u>Completely vaccinated</u>
Less than 1 yr	85 %	47%	16%	13%
1-2 yrs	92%	64%	86%	60%
2-3 yrs	90%	56%	87%	54%

Coverage for 0-3 92% DPT 1, 79% DPT3, 79% Measles,
52% completely vaccinated

CDD - Control of Diarrheal Diseases

- May - During facilitators' training in Conakry the promotion and use
of packaged oral rehydration salts was discussed and accepted
by group of MOH officials as the appropriate strategy in
treatment of dehydration.
- June - Requested PRITECH visit for October 1986 to assess diarrheal
disease program. Program development with health education
component included in SOW.
- August - A serious outbreak of cholera (officially declared in April)
September prompted CDC Atlanta at request of MOH, to assign 2 epidemio-
logists the tasks of upgrading laboratory facility for
diagnosis of cholera, training laboratory personnel in
techniques, initiating actions toward the use of ORT in
cholera patients, and establishing better reporting measures
to monitor the situation.
- September - ORT center at the University Hospital established. Staff was
trained and Center equipped with the necessary materials.
Center is administering ORS to 20-25 outpatients daily, ORT is
systematically practiced in pediatric outpatient ward.
- November - Pilot ORT center established in Kindia.
- December - ORT center and Infectious Disease ward water supply systems
upgraded and functioning.

- Jan. - Preliminary assessment of diarrheal disease activities by two PRITECH consultants completed. Recommendations made to CCCD and MOH on drafting of national strategy as well as on identification of required personnel, training needs, and integration of health education component.
- March
- February - Physician at ORT center identified who is to collect and analyze data and monitor activities.
- March - Survey of health personnel (K.A.P.) concerning diarrheal disease completed for Conakry and Forecariah (region with highest incidence). Survey of other project areas underway
- Household survey planned to collect complementary data on the use of ORT.

MALARIA

- May - The two principal MOH Malaria Specialists participated in the review of the CCCD Malaria module and the instruction of the course in the upcountry MLM training seminar.
- June - A national treatment plan was drafted but not yet approved officially by MOH. Elements of this plan were discussed during the facilitators' training seminar in May.
- June - Commodity list for laboratory equipment and chloroquine prepared. Urgent request was made for microscope spare parts.
- July - Malaria in pregnancy studies, at suggestion of Dr. Joel Bremen, started.
- September - Malaria team of 5 Guineans participated in the In-Vivo testing seminar in Abidjan from Sept. 8-22. The seminar, according to the participants was well organized and provided the opportunity to expand their knowledge of the subject and most importantly, provided them the hands-on practical experience needed to carry out similar tests in the future. Malaria unit continues to operate precariously with the few materials available. Definitive word from CDC on the status of shipment of lamps and fuses for microscopes not yet received. Larger order supplies and equipment (PID/C's) not expected to arrive before the end of the year. Chloroquine tablets (100,000) ordered by UNICEF in July have not yet been received.
- November - Malaria in pregnancy study completed. Initial results available with further analysis required.
- December - Draft malaria strategy plan being reviewed by CCCD/Guinea and CDC Atlanta.
- March - Household survey planned to collect data on malaria and fever.

- Specific activities relative to use of malaria treatment and use of chemoprophylaxis deferred until supply of chloroquine is received.

Activities: H.I.S., Training, Health Education

- May - As mentioned previously under EPI, CMD and malaria, seminars were organized in the different project zones which included training of senior, mid-level, and peripheral level health personnel. A more long-term program was proposed by the STC to include more upcountry training and continuing education at all levels.
- June - A practices survey (P-element of KAP) performed. Responses provided valuable information on vaccination coverage rates, utilization of services and health practices regarding vaccinations, diarrheal disease, and malaria. This will be important for future planning of health education activities as well as for future project evaluations.
- September - Reporting format for disease surveillance was developed by MOH Statistics Division along with CCCD Regional Epidemiologist. Methods of data collection, analysis, and feedback mechanisms were also discussed. Special studies concerning measles, infant mortality, and neo-natal tetanus continued.
- November - H.I.S. reporting form modified and adopted. Form to be distributed and tested in selected areas of the country including CCCD project zone.
 - Zaire CCCD modules were used to train approximately 300 health workers for vaccination campaign. The one week course was followed by one week of practical experience in the fixed health centers.
- January - FRITECH consultant AGMA FRINS developed a draft document on health education/communications strategy for CCCD.
- March - Household survey planned for Conakry on mothers' attitudes and practices relative to diarrhea and fever. (Suggested in FRITECH report)

Project Management

- April - Nine month program review completed by team AFR/TR Wendy Roseberry and CDC/IHPO Russ Charter. Purpose was to examine project work plans and objectives as well as progress and constraints towards attainment of goals. Discussions held among officials from MOH, AID, and UNICEF regarding planning and implementation of CCCD activities.
- August - Preliminary cost recovery study completed. MOH has requested that consultants return once decision is made on
- September

appropriate option to pursue.

- November
To Feb.
- Fee-for-service/cost recovery system was applied and tested during the vaccination campaign (Nov'86, Jan'87, Feb'87). Vaccination cards were sold at a modest price and money collected was deposited in a special MOH bank account. Withdrawals from account are only for purchase of more cards for EPI programs in the country. Revenue from sale of cards at peripheral level goes for local operating costs. Further review of this experience needed.
 - Co-ordination committee met formally and informally throughout the year.

III. MAJOR PROBLEMS AND ACTIONS BEING TAKEN

Commodities: FIO/C's were drafted, cleared, and submitted. CDC provided an STC to assist the T.O. (May). Processing (clearance) by REDSO was slow and cumbersome (July-Sept.). Vehicles were purchased in Abidjan and shipped to Conakry in November. At writing of report, project commodities had not been received. An interim solution for proceeding with E.P.I. activities in Conakry has been for UNICEF to assist by loaning cold chain, and vaccination and sterilization equipment.

UNICEF has been providing ORS packets which has allowed diarrheal disease activities to continue.

Unfortunately for malaria activities, an order for chloroquine through UNICEF was misplaced in administrative process. Therefore those activities have been deferred until reception of chloroquine and lab supplies.

Delays in ordering and processing of FIO/C's were partly due to having to modify budget and line items in Proaq which necessitated the writing of F.I.'s. This was also the case when project was informed of substantial price increases in cold chain. No firm delivery date has yet been communicated to project.

GOG operating funds: at the writing of this report, approximately 4 1/2 million francs from counterpart funds have been made available to the project. However, the GOG's administrative process for obtaining funds is complicated and time consuming. Funds are not available on a timely basis.

Project has had on request since June'86 and Oct'86 requests for operating funds of 7 million and 75 million Guinean Francs respectively. To date, project has not received these funds despite constant contact with the different ministries concerned. AID is acutely aware of the situation which has hampered progress of all projects for many months. AID Director informed the ministries by letter that project activities would be discontinued

C.D.D. Co-ordinator: No decision yet made on the part of MOH to designate someone for the position. MOH is currently restructuring and changing personnel. One suggestion has been that CCCD Co-ordinator, Dr. Souleymane Diallo be assigned the position.

A decision may be taken in April.

IV. GOALS AND OBJECTIVES FOR NEXT YEAR

PROJECT C.C.C.D. WORKPLAN

<u>G_O_A_L</u>	<u>OBJECTIVES</u>	<u>ACTION STEPS</u>	<u>' TIME FRAME'</u>	<u>RESPONSIBLE</u>
To reduce morbidity and mortality of children under five years of age	1. To increase immunization coverage	Supply fixed centers with necessary materials (refrigerators, cold boxes, needles, syringes, sterilization equipment.	Late March	CCCD, UNICEF.
		Organize continuing education sessions in EPI for fixed center personnel in Conakry. Emphasis to be placed on correct techniques, application of WHO schedule, cold chain, reporting.	Late March	CCCD, EPI Director
		Initiate systematic practice of vaccinating sick children and daily sessions in fixed centers.	Early April	CCCD, MCH Director
		Perform vaccination coverage survey of outreach vaccination activities in Telemele.	April 4-8	CCCD, EPI Director Provincial Officials
		Draft proposal to MOH on sterilization plan and promote its application.	Mid-April	CCCD
		Supervise and monitor EPI activities in fixed centers.	April-Dec.	CCCD supervisory personnel
2. Increase access to and use of oral rehydration therapy		Follow-up on recommendations made by PRITECH consultants concerning identification of a Program Co-ordinator or the formation of a commission of health officials to discuss a draft plan on diarrheal disease.	April	CCCD

PROJECT C.C.C.D. WORK PLAN
1 9 8 7

G O A L	O B J E C T I V E S	A C T I O N S T E P S	T I M E F R A M E	R E S P O N S I B L E
		Complete survey of health personnel concerning diarrheal disease in remaining project areas.	April	CCCD
		Procure funds for ORT center and infectious disease ward renovation and for purchase of local materials to be used in center.	Early April	CCCD
		Establish two additional ORT sites in Conakry as well as in Telemele. One site has already been established in Kindia and is operational. Personnel to be trained and center equipped.	April-May	CCCD
		Monitor and supervise all ORT centers.	April-Dec	CCCD, CDD Co-ordinator
		Request follow-up visits by PRITECH to assist in assessment of progress made in development of a CDD plan and of on-going activities. Emphasis to be placed on training and health education.	April	CCCD
		Prepare plan and/or response to possible outbreak of diarrheal disease during rainy season. Surveillance system as well as ORT center to be put in place in suspected source of transmission area.	May	CCCD, MDM, local health officials
	3. Provide drug therapy for malaria treatment and to provide chemoprophylaxis to pregnant women	Identify Conakry centers for chloroquine distribution	April	Malaria Director, CCCD

PROJECT C.C.C.D. WORKPLAN

1 9 8 7

G O A L	O B J E C T I V E S	A C T I O N S T E P S	T I M E F R A M E	R E S P O N S I B L E
		Begin chloroquine resistance studies (once materials are received)	May	MOH, Malaria Unit
		Organize workshops for key health officials to discuss strategy plan.	Early May	Malaria Director CCCD
		Training of Conakry personnel in malaria treatment and chemoprophylaxis (Pilot centers to be determined)	June	
	4. Implement and support project interventions through H.I.S., training and health education activities	Test and evaluate HIS reporting forms in project zone. Provincial Centers.	Jun-Dec.	CCCD, Bureau of Statistics MOH
		Continue special studies on neo-natal tetanus, present data and analysis.	May-August	Regional Epidemiologist, CCCD, Hospital staff.
		Organize training sessions in CDD for Conakry.	March-April	Hospital staff, CCCD
		Organize workshops (Malaria) for health officials Conakry.	May	Malaria Director, CCCD
		Organize the upcountry CCCD training program EPI, CDD, and Malaria for 2 provinces.	April-May	CCCD, MOH, Provincial Officials
	5. Manage project activities and progress towards achievement of objectives	Participate in Co-ordination Committee (MOH, donors) meetings organized by MOH.	Dates not yet determined	
		Assess fee-for-service/cost recovery system based on experience from vaccination campaign.	Early May	CCCD, MOH, Regional Epidemiologist.

PROJECT C.C.C.D. WORKPLAN

1 9 8 7

<u>G O A L</u>	<u>OBJECTIVES</u>	<u>ACTION STEPS</u>	<u>TIME FRAME</u>	<u>RESPONSIBLE</u>
		Evaluate CCCD project (Mid-term)	May 17- June 5	Evaluation team
		Implement activities (EPI, CDD, and Malaria) following CCCD training. Supervise and monitor.	Jun-Dec.	CCCD, Provincial Officials
		Evaluate CCCD project (final).	December	Evaluation team

V. IMMUNIZATION SUMMARY

Most of CCCD attention was given to EPI activities over the other interventions during this period. The major activity was the accelerated vaccination campaign in Conakry. The target group was children 0-3 years of age. Vaccines administered included DPT, Polio and measles. Only single use needles and syringes were used. These were furnished by UNICEF.

It was in late August that the EPI Director presented an initial plan which was reviewed and modified. A more comprehensive and detailed one was developed with input from MOH CCCD, UNICEF, and WHO representatives. The plan proposed the organization of various committees which included the following:

- 1) Executive
- 2) Co-ordination
- 3) Human resources
- 4) Logistics
- 5) Information /Social Mobilization
- 6) Evaluation.

CCCD actively participated in the Executive and Co-ordination committees but had primary responsibility for the Human Resources committee. This included the identification of 300 health personnel, assignment of personnel to the 50 plus vaccination sites, the organization of training (course and practical experience) for vaccinators and supervisors, determination of supervisory tasks and on-site supervision at sites.

This campaign, the first of its' kind in Guinea, can be termed a success. Certainly the coverage rates achieved speak for themselves. The experience gained by all involved was extremely worthwhile. The close collaboration and positive interaction between the different Ministries, donors, international community and community leaders were truly the outstanding aspects of the campaign.

Pre-and post vaccination coverage rates are as follows:

- July 86 survey: 0-5 years

<u>DPT/FOLIO 1</u>	<u>DPT/FOLIO 3</u>	<u>MEASLES</u>	<u>COMPLETELY VACCINATED</u>
16 %	4 %	13 %	

- March 86 survey: 0-3 years

96 %	79 %	78 %	52 %
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The main task at hand is to maintain this post-campaign rate. Arrangement has been made with UNICEF to provide, temporarily, the cold chain and vaccination supplies for the fixed centers in Conakry. CCCD has engaged three technicians (for each of 3 prefectures). They are to:

- 1) assure the continuity of EPI activities
- 2) upgrade the knowledge and skills of health personnel placing particular emphasis on maintenance and monitoring of cold chain
- 3) supervise the personnel regularly
- 4) deliver the necessary supplies (vaccine, fuel, etc) on a monthly basis and receive activity reports.

CCCD seeks to improve EPI activities in Conakry, however the task is not easy. The task is complicated by the fact that most health centers are in total disrepair, many lacking electricity and water. Centers are all poorly equipped and certain materials that do exist often belong to the personnel. A sterilization practices survey done in December pinpointed many of these problems. Exacerbating the situation is the general lack of motivation and professionalism in the work place. Guinean civil servants are poorly paid and expected to work under these unfortunate conditions. It is hoped that with the new materials and regular and close contact with these centers, progress can be made in the improvement of fixed center vaccination efforts.

Another important activity in which CCCD has been involved is the EPI/PHC plan of MOH in collaboration with UNICEF. WHO has also participated in the elaboration and evolution of this plan. The CCCD Co-ordinator, Dr. Souleymane DIALLO has been identified as one of the trainers for this national program. He has already participated in the elaboration of training modules (2 visits to Benin) as well as the facilitators course. CCCD has worked closely with UNICEF from the initial planning phase which began with the April 86 national coverage survey to the present which is the training of personnel phase.

A standardized list of commodities as well as uniformity in training, job descriptions of health personnel, and reporting/evaluation tools are being adhered to in order to promote consistency in the implementation of the overall plan.

The upcountry project area of Telemele continued its efforts to provide vaccination services to the rural population. A coverage survey is planned for April 1987.

VI. DIARRHEA SUMMARY

It was with the establishment of a pilot ORT center at the University Hospital in September that the CCCD diarrheal disease program got underway. There were weaknesses as well as strengths in the preliminary phase. Some of the weaknesses were in the training of personnel (1 day session only), changes in staffing, certain materials found to be inappropriate, lack of follow-up supervision, and lack of more technical expertise (as requested of FRITECH, several missions canceled). The positive aspects included:

- the higher visibility of ORT and its promotion among medical community and the population;
- the demonstrated positive impact of its' use during the cholera epidemic when supplies of 1.7. solution were depleted;
- the increased awareness of need for a national plan on the part of MOH (which has continually been proposed by CCCD);

The program received some much needed technical support from the two FRITECH consultants in January and March. Both worked closely with MOH personnel and CCCD in the elaboration of draft plans for the CDD program. Their reports focused on the elements of a CDD plan which included health education/communication, training, and evaluation.

The issue of the designation of a CDD Co-Ordinator was thoroughly discussed during these consultancies with MOH officials, including the Minister. A decision from the MOH is not anticipated before the May education.

CCCD and MOH found the PRITECH consultancies very helpful and solicit further assistance from PRITECH in the implementation of the proposed activities.

There is lack of feasible data on ORS distribution (conflicting figures given by UNICEF and Prevention Services). For this reason, it was decided not to mention them in report.



VII . MALARIA

Without the most basic laboratory equipment and chloroquine, activities in this field have been limited. The Malaria Director has elaborated a strategy plan.

However, implementation of this plan is contingent upon receipt of supplies. A highly qualified staff is eager to begin studies. Four members attended the Abidjan In-Vivo chloroquine sensitivity testing seminar in September.

There is a general interest among health personnel in the CCCD recommended treatment and chemoprophylaxis plans and CCCD will be organizing mini-seminars to expand knowledge and promote these approaches to the personnel.

VIII. OTHER ACTIVITIES

1. H.I.S. - Regional Epidemiologist, Dr. Alain Roisin maintained his schedule of visiting Guinea every 3 months. He has, along with the MOH Division of Planning and Statistics, elaborated a model reporting form (with target diseases). This is to be tested in selected areas of the country, CCCD zone included.

A practices survey was performed in June which provided CCCD with certain baseline data (as project begins) and which will be used later to assess project impact.

Special studies on neo-natal tetanus and malaria in pregnancy are being completed. Dr. Roisin is compiling and analyzing data. This activity has been, in the opinion of the Technical Officer, the most difficult to implement. Despite the hard work and long hours put in by Dr. Roisin, the desired results are not easy to achieve. This is particularly true of the efforts to elaborate a standardized reporting form and certainly to collect data.

As an example, no annual reports of health sector statistics has been compiled since 1983. What does exist is sketchy and cannot be considered representative of actual health status. Illnesses, cases/deaths, are significantly under-reported.

However, progress has been seen in the last few months with the changes in personnel and efforts to upgrade the service with assistance from the African Development Bank.

2. Health Education

The practices survey on immunizations, diarrhea and fever provided information to be used for development of health messages to be directed towards the population.

A follow-up household survey was not done after the study but one

is planned in April at suggestion of PRITECH.
The PRITECH consultants provided draft proposals for future health education activities in context of CDD program.

3. Training

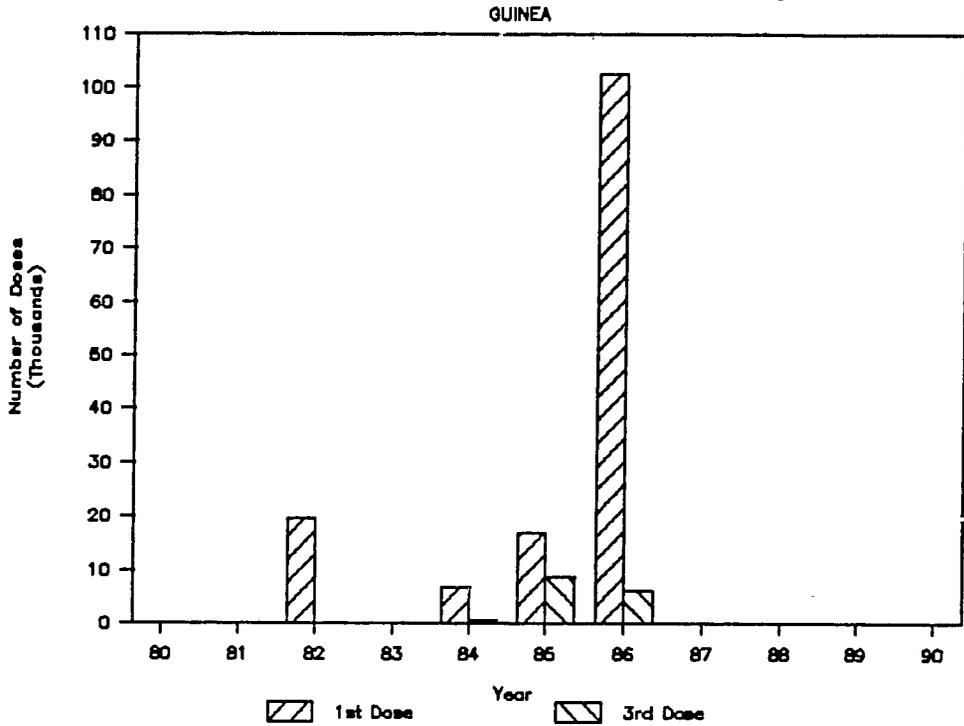
The major training activity took place in May with courses given to 15 Senior Level Health officials (Conakry), 26 Mid-Level managers (Kindia and Telemele) and 5 Supervisors (project zone). The standard CCCD modules were reviewed and modified. All three interventions were discussed with special attention given to EPI since participants were carrying out vaccination activities in their areas.

Other training was held for Conakry ORT personnel (10) in September. The course was brief and poorly organized (no hand outs, visual-aids). Hands-on experience was limited to a rather poorly performed demonstration of ORS packet preparation.

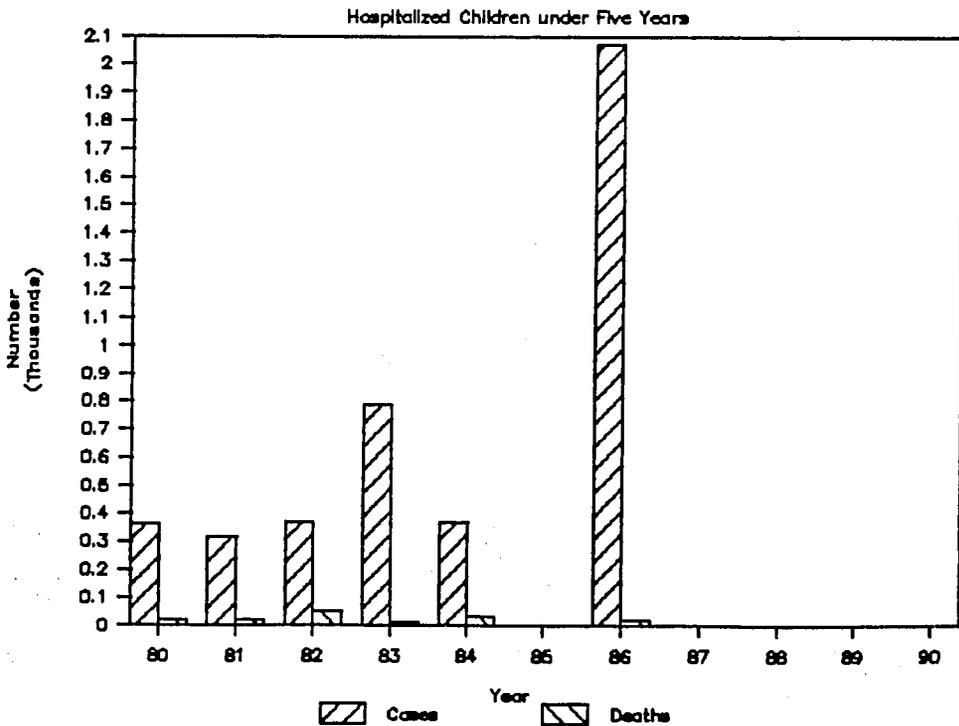
4. Operational Research

Nothing to report.

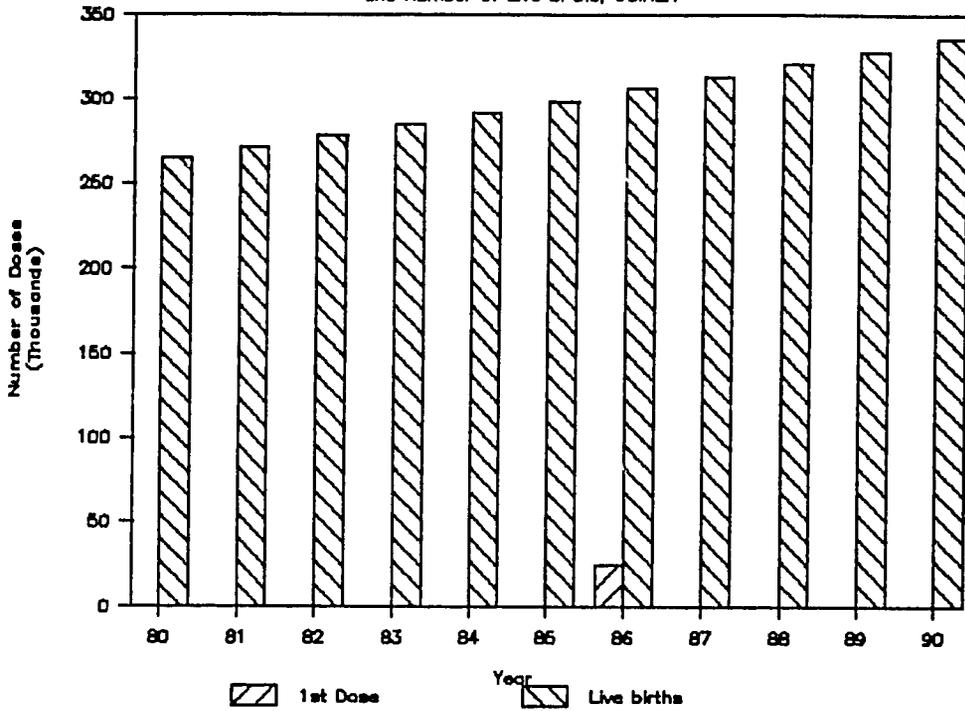
DPT: First and Third Doses, All Ages



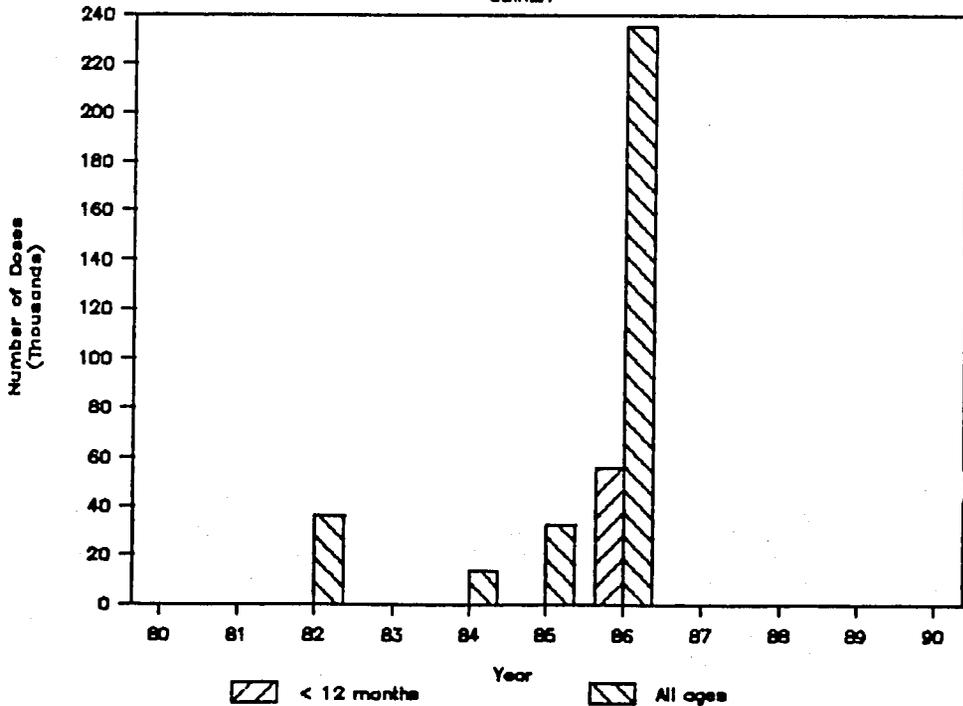
Diarrhea: Cases and Deaths



DPT: First Doses <12 Months
and Number of Live Births, GUINEA

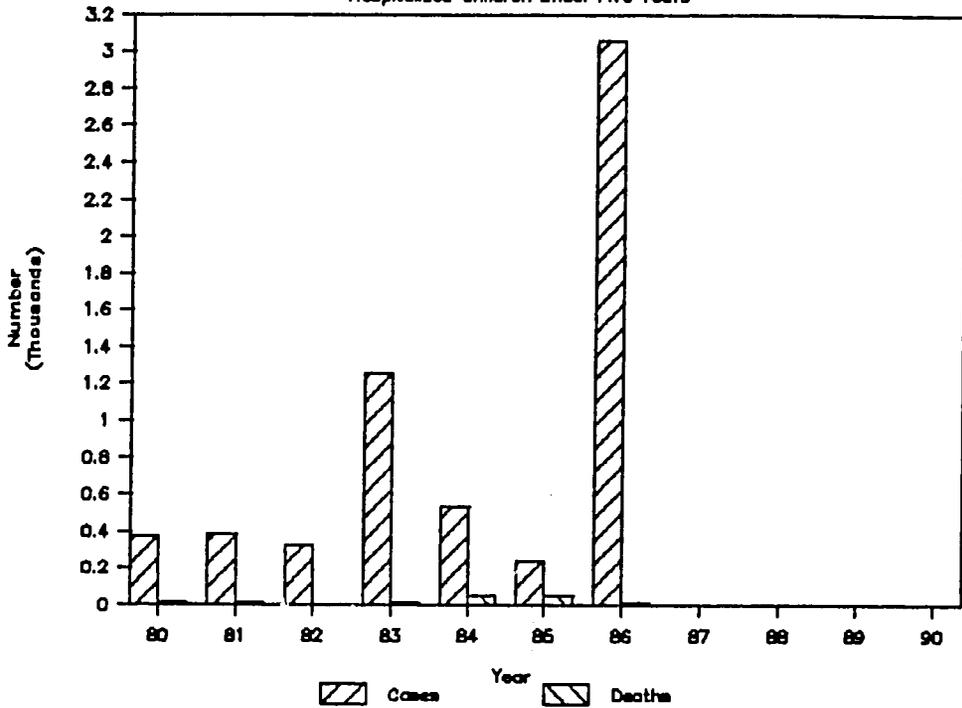


DPT: Doses < 12 Months and Total Doses
GUINEA



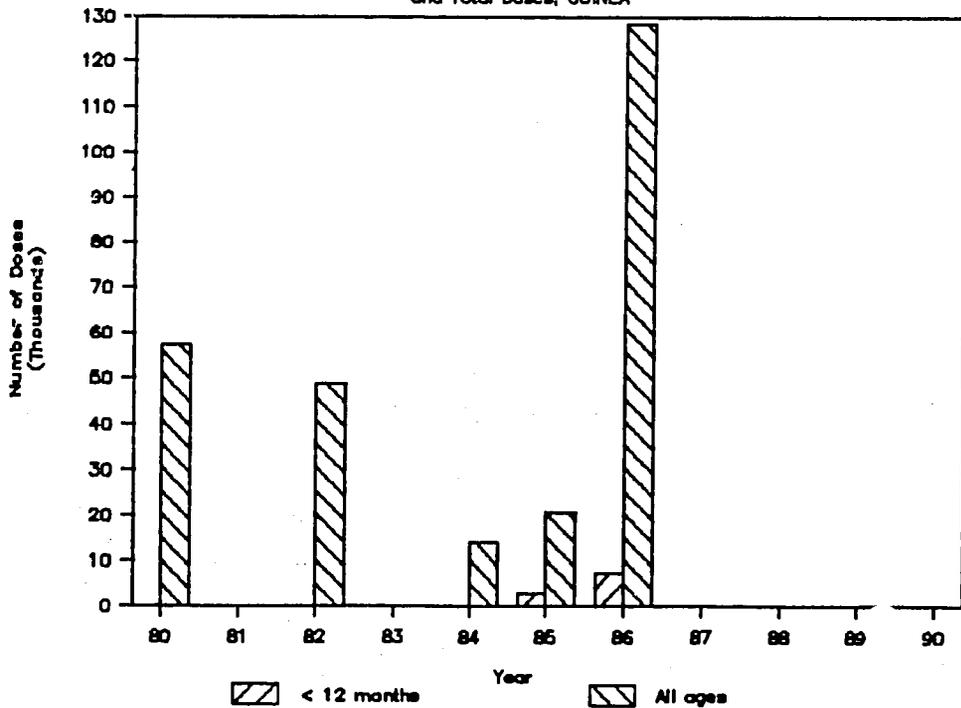
Malaria: Cases and Deaths

Hospitalized Children under Five Years

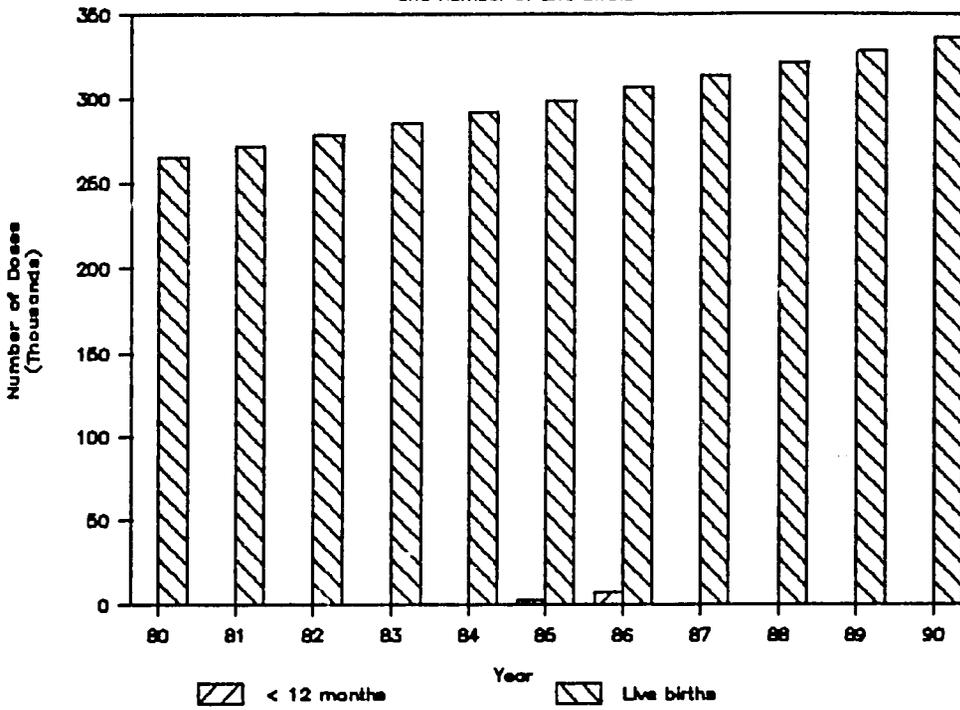


Measles Vaccinations: Doses < 12 Months

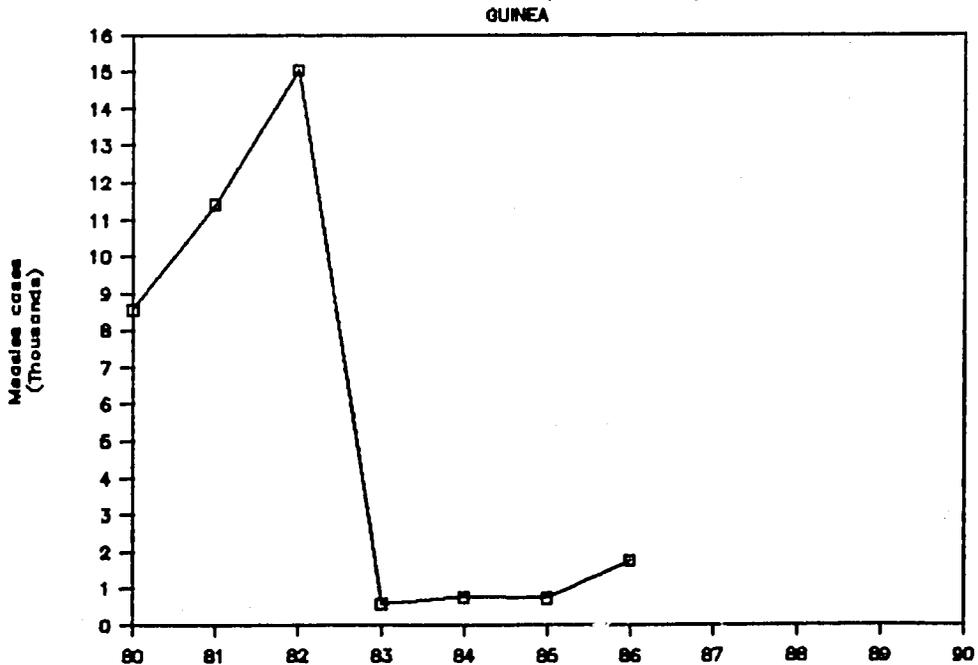
and Total Doses, GUINEA



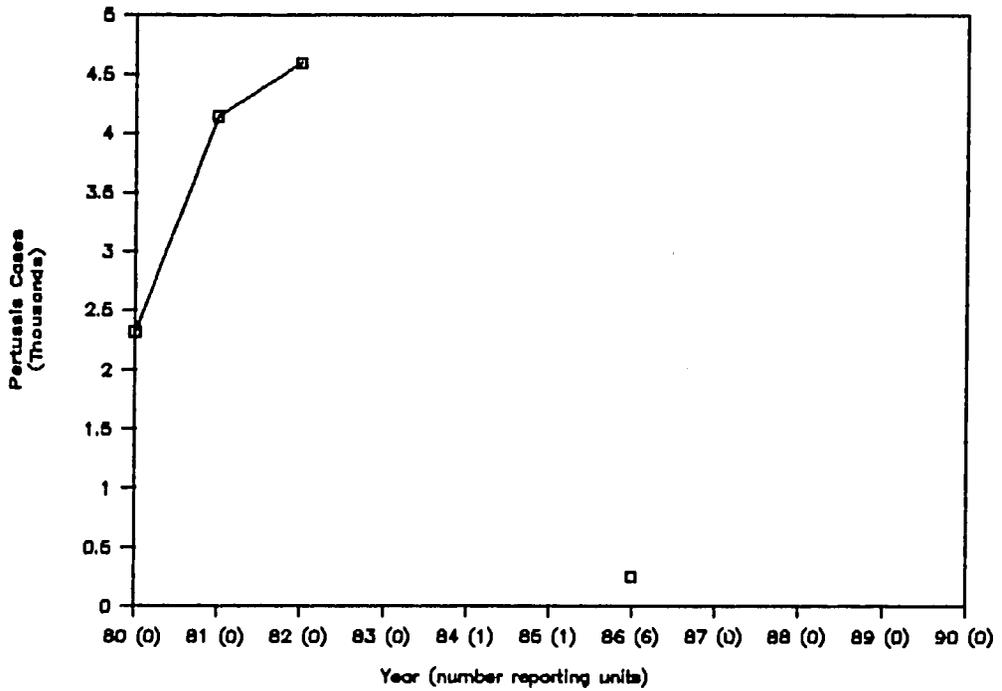
Measles Vaccinations: Doses < 12 Months and Number of Live Births



Measles Cases Reported by Year

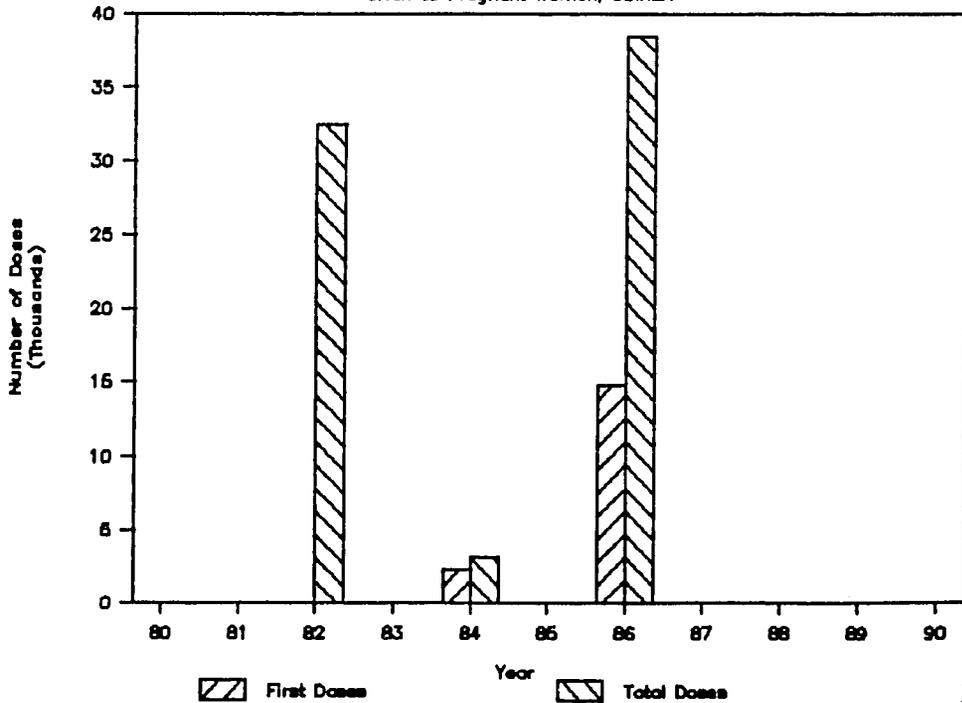


Pertussis Cases Reported by Year

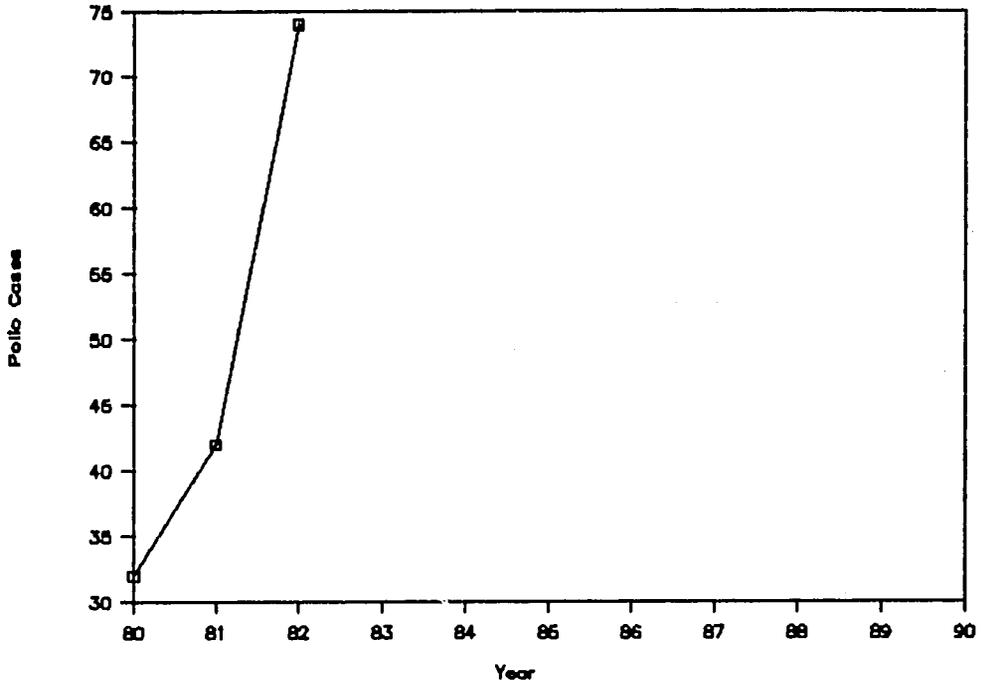


Tetanus Toxoid: First and Total Doses

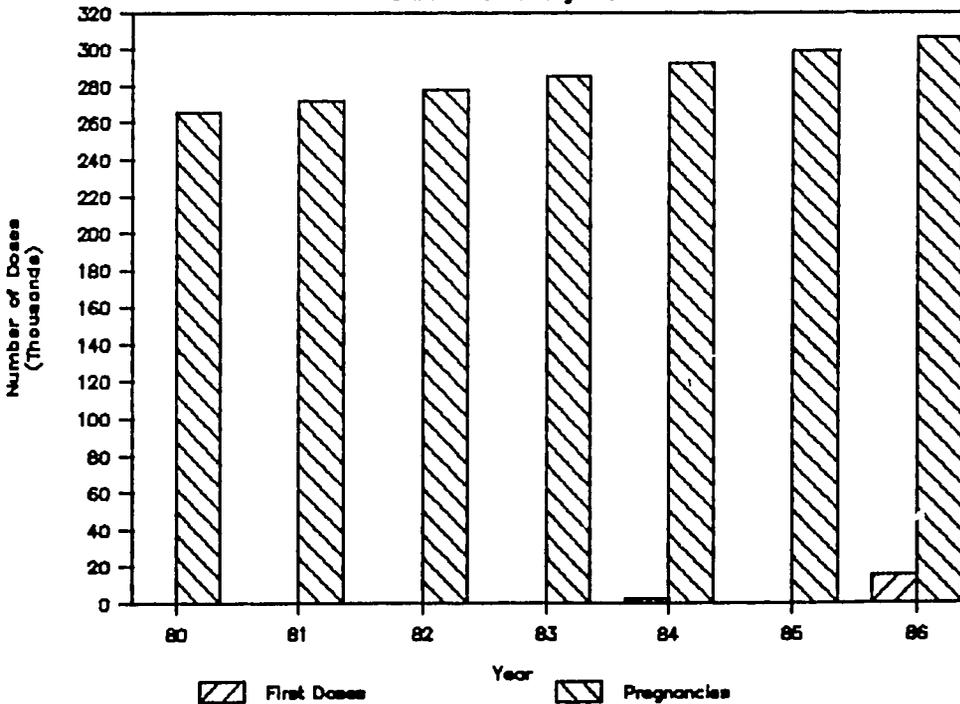
Given to Pregnant Women, GUINEA



Polio Cases Reported by Year



Tetanus Toxoid: First Doses and Number of Pregnancies



Estimated Number of Live Births Derived from the
Population and Birth Rate

Year	Population	Birth Rate per 1000	Number of Live Births
1980	5,417,888	49.0	265,477
1981	5,547,918	49.0	271,848
1982	5,681,066	49.0	278,372
1983	5,817,413	49.0	285,053
1984	5,957,031	49.0	291,895
1985	6,100,000	49.0	298,900
1986	6,246,400	49.0	306,074
1987	6,396,314	49.0	313,419
1988	6,549,825	49.0	320,941
1989	6,707,021	49.0	328,644
1990	6,867,989	49.0	336,531

Doses of Diphtheria-Pertussis-Tetanus (DPT) Vaccine
Administered by Year

Year	First Doses (all ages)	Third Doses (all ages)	Total Doses (all ages)	First Doses (12 mo.)	Total Doses (12 mo.)
1980					
1981					
1982	19,608		36,207		
1983					
1984	6,775	708	13,861		
1985	16,947	8,591	32,785		
1986	110,006	8,351	235,429	24,890	55,841
1987					
1988					
1989					
1990					

**Figures for 1984 represent Kindia only. Other figures unavailable.

Doses of Measles Vaccine Administered by Year

Year	Total Doses	Doses (12 mo.)
1980	57,426	
1981		
1982	48,822	
1983		
1984	13,861	
1985	20,608	2,877
1986	128,430	7,195
1987		
1988		
1989		
1990		

Doses of Tetanus Toxoid Administered by Year

Year	First Doses	Total Doses	Cumulative First Doses
1980			0
1981			0
1982		32471	0
1983			0
1984	2,327	3156	2327
1985			2327
1986	18,780	40183	21107
1987			21107
1988			21107
1989			21107
1990			21107

Surveillance for Vaccine-Preventable Disease
 Number of Reported Cases of Measles, Polio, Pertussis and Tetanus

Year	Number of Reporting Units	Cases of Measles	Cases of Polio	Cases of Pertussis	Cases of Neonatal Tetanus	Total Cases of Tetanus
1980		8,552	32	2,315		482
1981		11,397	42	4,141		832
1982		15,038	74	4,589		740
1983		578				107
1984	1	764				
1985	1	731				
1986	6	1,749		250		27
1987						
1988						
1989						
1990						

Packets of Oral Rehydration Salts Imported and Produced Locally

Year	Packets Produced Locally	Packets Imported	Total Packets
1980			0
1981			0
1982			0
1983			0
1984			0
1985			0
1986			0
1987			0
1988			0
1989			0
1990			0

Percentage of Hospitals Using Oral Rehydration Salts and
 Outpatient Facilities Using Oral Rehydration Therapy for
 Treating Diarrhea

Year	Number	Number Hospitals Sampled	Number	Number Hospitals Using ORS	Percent	Percent Hospitals Using ORS
	Outpatient Facilities Sampled		Outpatient Facilities Using ORT		Outpatient Facilities Using ORT	
1980					ERR	ERR
1981					ERR	ERR
1982					ERR	ERR
1983					ERR	ERR
1984					ERR	ERR
1985					ERR	ERR
1986			1	2	ERR	ERR
1987					ERR	ERR
1988					ERR	ERR
1989					ERR	ERR
1990					ERR	ERR

Cases and Deaths Due to Diarrhea in Hospitalized
 Children under Five Years of Age

Year	Number Hospitals Reporting	Cases of Diarrhea (≤ 5 yrs)	Deaths due to Diarrhea (≤ 5 yrs)
1980	1	367	23
1981	1	317	22
1982	1	371	54
1983	1	792	13
1984	1	373	33
1985			
1986	3	2096	23
1987			
1988			
1989			
1990			

Percentage of Hospitals Using National Malaria Policy and
Outpatient Facilities Using Malaria Policy

Year	Number Outpatient Facilities Sampled	Number Hospitals Sampled	Number Outp. Fac. Providing Treatment	Number Outp. Fac. Providing Prophylaxis	Number Hospitals Providing Treatment	Number Hospitals Providing Prophylaxis
1980						
1981						
1982						
1983						
1984						
1985						
1986						
1987						
1988						
1989						
1990						

Cases and Deaths Due to Malaria in Hospitalized
Children under Five Years of Age

Year	Number Hospitals Reporting	Cases of Malaria (< 5 yrs)	Deaths due to Malaria (< 5 yrs)
1980	1	376	13
1981	1	389	12
1982	1	327	2
1983	1	1250	13
1984	1	538	49
1985	1	237	49
1986	3	3116	14
1987			**Deaths not reported from Kindia
1988			
1989			
1990			

Health Information System

Date	Activities
86	PLAN FOR REDESIGN OF HIS DEVELOPED. PLAN WILL BE PRESENTED AND PROPOSED TO NEXT MEETING OF ME: JINS CHEFS DE PREFECTURE IN APRIL, 1987. TESTING OF ME: REPORTING FORMS IS PLANNED FOR CONAKRY, MARCH 1987.

Outbreak Investigation

Dates	Disease Investigated	Area	Date 1st Case	Date Invest Started	Total Number Cases	Total Number Deaths	Remarks/R. Jics
08-09 86	CHOLERA	GUINEA	01/15/86	08/19/86	1768	222	MAIN GOALS: REDUCE CASE FATALITY RATE IMPROVE LABORATORY CAPABILITIES IN DIAGNOSING CHOLERA ASSIST IN CONTROL AND EPIDEMIOLOGICAL EVALUATION OF THE CHOLERA EPIDEMIC

Special Studies

Date	Area	Title of Survey	Age Assessed	Method	Sample Size	Remarks/Results
02 86	CONAKRY	STATUS OF NEONATAL TETANUS	< 1 MO	HOSPITAL DATA REVIEW		NEONATAL TETANUS CASES (90) WERE REPORTED IN 1985, SEVERAL OF THEM CONTRACTED AFTER A DELIVERY WHICH TOOK PLACE IN A MATERNITY. SPECIFIC RECOMMENDATIONS WERE MADE TO THE MOH.
05-06 86	CONAKRY	P SURVEY ON CCCD TARGET DISEASES	MOTHERS OF < 5	CLUSTER SAMPLING	2000	VACCINE COVERAGE IS LOW, TREATMENT FOR DIARRHEA AND FEVER ARE LESS THAN SATISFACTORY. THE SURVEY PROVIDED INFORMATION REGARDING THE MESSAGES MOST NEEDED FOR HEALTH EDUCATION.
06 86	CONAKRY	HEALTH FACILITY SURVEY			0	
06 86	CONAKRY	HEALTH FACILITY SURVEY		INTERVIEW	9	KNOWLEDGE AND PRACTICE IN PHI SHOULD BE CONSIDERED AS POOR IF COMPARED WITH CCCD STANDARDS. THE SURVEY CONFIRMED WHAT WE FOUND IN THE KAP SURVEY.
07 86	CONAKRY	P SURVEY - FEVER AND PREGNANCY	PREGNANT WOMEN	INTERVIEW	850	WOMEN ATTENDING PHI WERE INTERVIEWED. 26% OF WOMEN WHO HAD AN EPISODE OF FEVER WERE TREATED CORRECTLY FOR MALARIA. THE PREVALENCE OF P. falciparum WAS HIGHER AMONGST FIRST AND SECOND PARITY.

Coverage Surveys: Immunizations

Dates	Children		Percent Coverage of Children											Number of Women	% Coverage of Women During Last Pregnancy			Area
	Age (Months)	Number	CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	CARD		TT1	TT2		
03 83	12-23	210	0	16	48	26	16	48	26	15	23	0	0	0	0	0	MAMOU	
12 83	12-23	210	0	60	48	30	17	46	29	16	55	0	0	0	0	0	CONAKRY	
01 84	12-23	210	0	54	41	20	13	57	28	13	59	0	0	0	0	0	MAMOU	
04 84	12-23	210	0	46	36	20	10	31	14	8	43	0	0	0	0	0	KIN, LAB, FA	
03 85	12-23	210	0	50	25	17	10	22	15	9	29	0	0	0	0	0	CONAKRY	
01 86	12-23	210	0	46	32	21	11	17	17	8	34	0	0	0	0	0	FARANAH	
06 86	12-23	210	33	18	16	14	4	13	7	4	13	0	0	0	0	0	CONAKRY	

Coverage Surveys: Diarrhea

Treatment of Diarrhea in Children Under Five Years of Age

Dates	Area	Number of Children	Children With Diarrhea in Last Two Weeks			
			Number of Cases of Diarrhea	Percent of Cases		
				Given Home Solutions	Given ORS Solution	Visited Health Facility
06 86	CONAKRY	2047	302	64	15	37

Coverage Surveys: Malaria

Treatment of Fever in Children Under Five Years of Age

Prophylaxis of Pregnant Women

Date	Area	Number of Children	Children With Fever in Last Two Weeks				Number of Women	Pregnant Women Percent Using Prophylaxis During Last Pregnancy	
			Number of Fever Episodes	Percent Episodes RX	Percent Episodes RX Appropriately	At all		Three or More Months	
06 86	CONAKRY	2047	483	84	5	0	0	0	

Training

Type of Personnel	Training Activities		Life-of-Project Training Activities	
	Number of Participants Trained	Number of Person-Days of Training	Cumulative Number of Participants Trained	Percent Life-of-Project Target Realized
Peripheral Health Staff	398	980	398	663
Mid-Level Managers	26	104	26	130
Senior Level Officials	0	0	0	0
OTHERS: (specified)				

Listing of Training Courses

Date	Course Title	Personnel	Number of Participants	Course length Days
05 86	TOT - WHO/CCCD MODULES	MID-LEVEL MANAGERS	18	4
05 86	TRAINING OF SUPERVISORS	MID-LEVEL MANAGERS	8	4
05-06 86	WHO/CCCD MODULES	PERIPHERAL HEALTH STAFF	23	10
11 86	TRAINING OF VACCINATORS	PERIPHERAL HEALTH STAFF	375	2

Health Education

Type of Activity	Dates	Target Type	Population	CCCD Inputs	Remarks/Results
ASSMT/STRAT DEV	02 86		0		PRELIMINARY ASSESSMENT OF HEALTH EDUCATION ACTIVITIES IN GUINEA AND IT'S INTEGRATION WITH CCCD PROJECT INTERVENTIONS CONSULTANT KATHY PARKER