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Report on

Development of Integrated Training Modules

for a New

TRANSDISEASE/CHILD SURVIVAL TRAINING PROGRAMME

for

INTERMEDIATE and DISTRICT LEVEL HEALTH WORKERS

submitted to:

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Report on  
Development of Integrated Training Modules  
for a New

TRANSDISEASE, IN-SERVICE TRAINING PROGRAMME  
FOR CCCD PROGRAMMES OF WHO

1. PROJECT SUMMARY

WHO/Africa Regional Office (AFRO) is proposing a new, integrated training module which will present the basics of epidemiological data collection and problem-solving with management of programmes for malaria control, EPI, CDD, ARI and MCH/FP. According to the Implementation Plan for this activity (see attached), "where components are found in existing WHO or CCCD modules, they will be adapted for the curriculum. Where additional materials are required for module development, as for example, in MCH/FP, AFRO will call on its own in-house expertise, consultants and on WHO Headquarters training personnel." Under the cooperative grant agreement, the implementation plan covers two calendar years, with commitments by WHO/AFRO to be completed by September 30, 1991.

The ultimate target of the training is the district level manager. Preliminary discussions and review of existing materials took place between AFRO PM3 unit and a Columbia University consultant at WHO/AFRO from August 20 through September 14, 1990. They have focused the following two OBJECTIVES:

- 1.1. to introduce and reinforce the importance of management of infectious disease control programmes, EPI and MCH/FP, especially as pertains to:
  - a) the collection, interpretation and use of data at the district level, and
  - b) the supervision of personnel at the district level; and
- 1.2. to introduce and reinforce an epidemiological (problem-solving) approach to the management of infectious diseases at the district level.

Eight intercountry workshops are planned to be carried out by a pool of facilitators selected and trained by the WHO Africa Regional Office (AFRO). These intercountry workshops will be attended primarily by personnel of the intermediate level, who will in turn organize and conduct training on these topics for district level personnel. The intercountry workshops are planned for twelve days duration each and were to have begun in July 1990.

Priority topics for the module were established by the PM3 unit. Subsequently a consultant was requested by AFRO for 3 months of module preparation, and two months pre-testing, revision and translation. A consultant was recruited from Columbia University School of Public Health by USAID Africa Bureau through a request made to the International Health Network. The consultant's scope of work includes the "organization, presentation and scheduling of extracted material in keeping with current educational objectives and methodology." In MCH/FP material is to be developed, for which the consultant is to assist. In addition, the scope of work cites consultant collaboration with technical staff on the establishment of participant selection criteria, preparation of participants for each course component, the time requirements for material presentation and discussion, methods for course evaluation, module field testing and revision.

Instead of as originally planned (3-5 months) The Columbia University consultant was contracted for three weeks to begin module design, although USAID Africa Bureau expressed willingness consider financing this or another consultant at a later point for "pre-testing." Another constraint was the timing of the consultant's visit: the consultant's stay at AFRO coincided with the Africa Regional Committee

Meeting, and it was therefore difficult for the members various technical units of AFRO to be available for consultation on the module. Due to the latter, the consultant stayed for a fourth week. At the request of WHO Brazzaville (see attached letter) and with the concurrence of WHO Headquarters and the USAID mission Director for Congo, Ms. Naye N'Diallo, the consultant then travelled to Geneva for two days for discussions with programme and training personnel.

## 2. PROJECT JUSTIFICATION

The justification for designing and implementing an integrated training module focussing on management is based in part on the following assumptions:

- 2.1. service delivery is improved by a more holistic approach to diagnosis and provision of services (especially women and children under five), instead of an approach that divides provision of services by disease programme area (i.e.: in one visit, a woman and her child can be checked for and provided with NNT as well as receive FP services, breastfeeding counseling, etc., all as needed) and that, therefore, training should encourage and support this integrated service provision strategy;
- 2.2. the reality that many district managers are already managing multiple disease programmes; and
- 2.3. the observation that some of the knowledge and skills focussed on in one training module (e.g.: CDD) can apply to training modules for other programme areas (e.g.: ARI or MCH).

While these are supportable assumptions, there are several other issues that should be resolved before proceeding with the design process:

2.4. An "Integrated Learning Module" was attempted in 1986 by WHO Regional Office for South East Asia. The design was completed and module booklets produced, but during the pre-testing phase, the project was abandoned as unfeasible. The Asia module also targeted mid-level managers and sought to focus on management, supervisory skills, and technical information for CDD, ARI, EPI, MCH and birth spacing, just as the new AFRO module intends. Before proceeding with the AFRO module the issues that led to the failure and abandonment of the Asia Regional Office integrated module should be fully explored with the designers and pre-testers of that module. (Reportedly, two of the constraints of the design process included a) the designers did not decide specifically and in detail what would be integrated before beginning, and b) the existing WHO training modules were simply re-arranged and edited without adequate analyse the interrelated tasks of district managers and how the performance of these interrelated tasks might be reflected in the design process.)

2.5. how will this new training module fit in with existing the WHO/AFRO training strategy?

2.5.1. WHO already has developed and is using modules to train mid-level managers on management and supervisory skills for CDD, ARI, and EPI (each module requires approximately one week to deliver). These Supervisory Skills modules are pre-service or introductory-level training and are considered to be highly successful. The new integrated module, alternatively, is meant to serve as refresher training for most of the technical aspects of disease control programmes, and therefore should not replace or superceed the established supervisory skills modules. There is, however, considerable risk that at the training implementation level, ministries and/or training organisers will be confused about which module to use: they may wrongly use the new, integrated module for pre-service training because of the preception that it covers more areas in a shorter period of time. The result would be a serious compromise in the quality of the technical skills training needed by workers at this level. The risk of confusion should

be guarded against not only by clear instructions in the facilitators guides but also in follow-up by WHO during the country level implementation phase of the project. Input of those who designed, have delivered and evaluated these modules should be actively sought.

2.5.2. A second issue in regards to AFRO training strategy is how the new module fits together with the implementation of other recently produced training initiatives, such as "How to Prepare a District Action Plan: A guide for a planning workshop," produced by AFRO in February 1990. While stating its general objective as the development of an EPI action plan within the context of reducing NNT, many of the specific objectives overlap with the new, integrated module's objectives, (e.g.: situation analysis, priority, objective, and target setting, etc). Furthermore, the methodology outlined in this module may be easily applied to subject areas other than EPI, such as CDD, MCH, etc. Another recent effort is the Supervisory and Managerial Skills for Local Government Areas delivered in Nigeria in August 1990 which focused on community-involvement, setting targets, conducting training and evaluating CDD and EPI programmes. How will countries be advised by WHO/AFRO on the choice and implementation of these various modules: when it is appropriate to choose one as opposed to another or how may one be used to support the another? Is the new module meant eventually to replace recently established training initiatives or support them? If it's the latter, how can the new module avoid being replicative of these initiatives. Secondly, input from those who designed, carried out and evaluated these recent modules should be actively sought. If the new module is meant to be refresher training, evaluation of the pre-service or base-line training should be consulted to established the areas wherein the first training was not adequate.

2.6. An important contribution to the design process would be conducting visits to countries where the Ministry of Health has established an integrated programme of service delivery or is involved in combined programme planning at the national and district levels. This would provide the opportunity to explore the management issues related to these programmes (for example, Burkina Faso's MOH has established an integrated programme for delivery of MCH, FP and Nutrition services; Ethiopia, has de-centralized, integrated district level management and training; Zimbabwe has a "client-centered" approach to service delivery. Reportedly, another potential resource for information on combined planning is the Regional Office for Latin America's in Washington, D.C.: Dr. Jaun Banenchea, retired). National and district level (where they exist) action plans should be reviewed, including the job descriptions of managers of all the various targeted Child Survival programmes to be included in the new module. In countries making efforts to promote integration in service delivery and training, such country visits would help ensure that this new module is harmonious with efforts currently underway. In countries which are not moving in the direction of integration services, the introduction of integrated management training modules implies changing the system of service delivery; if not, those trained with the modules will encounter real obstacles when they return to their posts and attempt to implement the strategies and activities presented in the training, obstacles such as job descriptions, financial restrictions, clinic space allotment, etc. This naturally raises the question as to the actual demand or acceptance for this type of training by any of the forty-six countries slated to be involved in the intercountry workshops.

2.7. As regards 2.5. and 2.6. above (how this module fits into the WHO training strategy and how its content should relate to the content of other modules), a global evaluation of WHO training activities is currently being carried out (Ron Walman, CDC Atlanta) and it is hoped that this will help resolve some of these issues.

### 3. Training Programme Implementation

3.1. Training of Facilitators and Intercountry Training Workshops: According to the original Implementation Plan (1.2; attached), "AFRO will train a pool of facilitators from all three language areas through workshops during the last trimester of 1990." After this, eight intercountry workshops are planned to "apply the integrated modules."

The Implementation Plan does not specify when, how, by whom the this pool of facilitators will be train or what their subsequent responsibilities will be, but it is assumed that they will be involved in the intercountry workshops referred to in Implementation Plan paragraph 1.3.

Although training a pool of facilitators is a sound strategy for the delivery of the new module, it is recommended that the plan to hold intercountry workshops be reconsidered. AFRO reports that the rationale for holding intercountry workshops is so that the pool of facilitators will train personel at the national level using the new, integrated module. These national level personnel will in turn organize and carryout training for district level managers with exactly the same module. With this type of implementation plan it may be very diffucult to assure the quality or even the delivery of the district level training, which is, in fact, the ultimate objective of the project.

Instead it is recommended that the pool of trained facilitators be carefully selected from countries which express distinct interest in implementating the integrated module and where there are existing efforts in integrated service delivery, training and/or combined programme planning. These facilitators can then go ahead to work closely with personnel at the national level to organise and deliver national training workshops (in various countries) for district managers, thus providing district level training in a context more closely tied to national efforts and therefore more sustainable and more responsive to actual district situations.

3.2. Selection Criteria The following selection criteria need to be established: for the facilitators to be included in the pool of facilitators; for those to be include from the national level, and for the district level managers to be trained. For the facilitators, it will be necessary to identify personnel with significant experience in the areas of programme management and training and with a expertise in the technical aspects of the various Child Survival programme areas. This will not be easy to do. The risks, however, of using facilitators familiar with just one the programme areas (for example, with CDD but not malaria, with MCH/FP but not EPI) include that the technical content of these areas will be greatly compromised and an cohesive picture of how activities may be integrated will not be presented.

Identification of those to be involved should be carried out in close consultation with Federal Ministries of Health and WHO country representatives so as to ensure that those trained will be given the responsibility and support to organise subsequent training of district level personnel.

### 4. Methodology and Proposed Draft

The design of the integrated, transdisease training program must consider two aspects:

a) a design of a flexible training module to be used at the national level according to respective national priorities and needs but including a recommended time-table and trainers guide for organization and delivery;

b) a plan and time table for training facilitators and national level personnel that provides, in addition to the new integrated module, adequate time for the presentation

and practice of the principles of organizing and delivering training. This information should be included in the trainers guide. Therefore, format for training facilitators will have a slightly different format and time-table than that proposed at the district level.

**4.1. Length of Module:** AFRO has proposed a 12 day training module. Achieving the training objectives defined above in this period of time is highly problematic: 12 days is not sufficient to achieve the above listed objectives. It is strongly recommended that the module be designed for 15 working days. Proper timing will become more apparent as discussions and revisions proceed.

**4.2. Methodology and Format:** The methodology recommended is highly participatory. Presentation of concepts should be through facilitator guided discussions and presentations with an emphasis on small group work and field visits:

- participants should read material in advance of its presentation in the workshop schedule as refresher for those concepts they have seen before and to familiarize themselves with new concepts;
- in-class presentation of concepts in for each technical area should consist of facilitator presentations, guided discussion and small group work;
- three field visits area recommended, one focusing on Malaria, one on ARI/CDD and one on EPI.

A preliminary plan for the eight days of training is attached to this report, along with a proposed sequencing for the remainder. The recommended design presents first an introduction to epidemiology, problem-solving and management, followed by each of the programme areas integrated with specific management functions such as, for example, monitoring and supervision. The recommended sequencing is as follows and can be reviewed in detail in the attached "Proposed First Week":

#### WHO Health Development Scenario

Intro to Epidemiology: Situation Analysis, Knowing the District, Constructing a Map (See attached "Proposed First Week")

Intro to Problem-Solving:(See attached "Framework for Problem Solving and Programme Management")

#### Basic Skills for Data Collection and Use

#### Calculating Target Populations and Indicators

#### Making and Using Graphs

#### Defining Goals and Objectives

#### Objectives and Action Plans

## PROGRAMME AREA 1: Malaria:

In class presentation/group work:  
Control and PHC  
Clinical features and protocol for treatment  
Referral, Complicated malaria  
Reporting and Data Collection  
Analysis and Presentation of Data for Malaria  
Endemic vs. Epidemic Malaria  
Logistics Cycle

Field Visit:  
three groups observe  
a) treatment/referral  
b) reporting  
c) logistics cycle  
Synthesis of Information observed on Field Visit  
Presentation of Information from Field Visit

Malaria and the Community: Education and Action for Prevention  
District Action Plan  
focusing on the concepts covered in class and in the field

(See attached "Proposed First Week for details of above)

As seen above, presentation of each of the programme areas should include:

- in class presentation of concepts using training module, facilitators and small groups;
- field visit for observation of concepts, followed by synthesis and presentation of field information;
- group work on a district action plan to include concepts covered in the classroom and on field visits.

The recommended sequence for the second and third week is: EPI, ARI/CDD and MCH/FP.

## 5. PRE-TESTING

Due to the complex nature of the integration design, it is strongly recommended that two to three rounds of pre-testing be conducted, with ample time for the revision process. As noted below in paragraph section 3, two pre-testing workshops should be held, (with a third if necessary), each for three weeks (the length of the module).

### 6.1. PROPOSED NEXT STEPS

It is recognized that the design, testing, and revision process could take up to 2 years.

6.1 Consultant de-briefing with AFRO Regional Director and PM3 to review progress, consultant's recommendations for methodology, curriculum structure, and training program delivery.

6.2 Consultant de-briefing with WHO Headquarters training personnel, especially those involved in the design of the existing training modules to be incorporated in the new Transdisease/Child Survival Training module.

6.3.1. Consultant completion of draft of module through review of materials, country visits, and further discussions with WHO training and programme experts. Review of draft module by WHO AFRO staff with input from WHO Headquarters.

6.3.2. Logistical planning for module pre-tests (setting up of workshops to pre-test the materials in the field).

6.3.3. Establishment of criteria and identification of pool facilitators, national level personnel, and district level managers to be trained.

6.4.1. Final preparations of module and pre-testing workshops.

6.4.2. Preparations of trainers guide begins.

6.5. Pre-testing (Round 1) new module with facilitators identified; revisions.

6.6. Module revisions with AFRO staff and input from HQ.

6.7. Pre-testing revised module with training facilitators. (Pre-test Round 2). Revisions.

6.8. Finalisation of training module and trainers guide.

## CONCLUSION

The general objective of providing training to increase the managerial and technical capabilities of intermediate and district level health personnel responsible for implementing multiple disease control programmes at the provincial and district levels is well founded, feasible, and important. However, it must also be recognized that designing and implementing an appropriate training module to reach this objective will be a complex process requiring input and expertise from professionals well-experienced in programme management, training, and the technical aspects of the specified disease control programmes and also requiring eighteen months to two years for the design process.

## RECOMMENDATIONS

included in this report

1. Clarify where this new, integrated training programme fits in with WHO AFRO training strategy: that is, should it support or replace long standing training modules and recently established initiatives? If it is to replace existing training, what is the need and justification for this? If it is to support, how will this be accomplished and how will countries be advised to use the new module in conjunction with the existing modules and programmes?
2. Investigate which countries scheduled for participation have established a programme for integrated delivery of services or training and conduct country visits to investigate what are the district management issues in these programmes.
3. Invite input and participation from countries, organizations and professionals who have experience with integrated programmes, combined programme planning at the national and district levels, training design and implementation, and technical expertise in the subject areas to be covered.
4. Review the global evaluation of WHO training programmes currently being carried out.
5. Reconsider the length of time necessary for the design and pre-testing process: recommended is 1 1/2 to 2 years.
6. Reconsider the length of the module to be designed: recommended length is 3 weeks.
7. Review the failure of the Regional Office of Asia's attempt to produce a similar module to see what were the module's strong and weak points and whether these have relevance to the AFRO proposal.
8. Reconsider the use of intercountry workshops to train facilitators to "apply the modules (according to the original implementation plan)". Consider instead using the pool of facilitators to be trained to work closely with trainers at the national level in various, well-selected countries to conduct workshops for district level managers.
9. Re-budget the implementation plan to reflect the above recommendations.
10. As concerns the methodology, use the principles and process of problem-solving as it applies to district level activities as the foundation of all material included in the module.
11. Appoint a project director who will see the design, pre-testing, and initial country workshops through to the end: recommended length of time is two years, two months.

"Important Contacts"

WHO Regional Office for Africa, Brazzaville, Congo

1. Dr. G.L. Monekosso, Regional Director  
WHO Regional Office for Africa
2. Dr. D. Barakamfitye, Programme Manager, PM3 Unit, WHO/AFRO
3. Dr. B. Dando, Control of Diarrhoeal Diseases (CDD) Programme
4. Mr. Bartely, CDD Programme
5. Dr. L. Arevshatian, Expanded Programme for Immunization (EPI)
6. Mr. L. Belgharbi, EPI
7. Dr. F. Wurapa, Malaria Control Programme
8. Dr. B. Enzerroug, Malaria
9. Dr. L. Botee, Epidemiology
10. Dr. P. Ambassa, Epidemiology
11. Dr. C. Ravaonjanarhary, Malaria
12. Dr. Kofi Ahmed, Epidemiology
13. Mr. Mapayamaguru, Epidemiology
14. Dr. J. Martins, PM, PM1 (Human Resource Development) Unit
15. Mr. Koussitashev, PM, PM2 (Water, Sanitation) Unit
16. Dr. Barry, MCH/FP

USAID

17. Ms. Nell Naye Diallo, Mission Director, USAID Congo

WHO Headquarters, Geneva, Switzerland

18. Dr. A. Pio, Acute Respiratory Infections
19. Dr. R. Johnson, MCH
20. Dr. M. Claeson, CDD
21. Dr. J. Tulloch, CDD
22. Mr. B. Hogan, CDD

23. Dr. Bergstrom, EPI

24. Dr. Kouzentsov, Malaria

25. Dr. J. Martin, District Health Systems and Strengthening Health Services

**Proposed First Week**

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8:30-9:00	Registration & Pre-test	Intro to Problem Solving	Calculating Target Populations and Indicators	Making, Using & Interpreting Graphs	Malaria Control & PHC	Endemic v.s. Epidemic Malaria
9:00-9:30	Opening Ceremony	Basic Math Skills for Collecting & Using Data	↓		Review of clinical features, drugs, dosages & protocol for treatment at various levels	District
9:30-10:00	BREAK					Logistic Cycle
10:00-10:30	Introductions Expectations Objectives Logistics	BREAK	BREAK	BREAK	BREAK	Field visit
10:30-11:00	Ice Breaker	Basic Math Skills for Collecting & Using Data	↓		Referral, Preg. Severe and Complicated Malaria	
11:00-11:30	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
11:30-12:00	WHO Hlth Dev. Scenario	Calculating Target Populations and Indicators	↓	Goals & Objectives	REPORTING: Data to Collect at Hc / District Levels	Synthesis of Field Data
12:00-12:30	Situation Analysis & Data Collection	BREAK	BREAK	BREAK	BREAK	BREAK
12:30-1:00	BREAK	Calculating Target Populations and Indicators	Graphing Health Information	Objectives & Action Plans	Analysis and Presentation of Data (Targets)	Presentation by participants
1:00-1:30	KNOWING THE DISTRICT: CONSTRUCT A MAP					
1:30-2:00						
2:00-2:30						
2:30-3:00						
3:00-3:30						
3:30-4:00						
4:00-4:30						
4:30-5:00						
5:00-5:30						

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	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12
00-8:30	Malaria in the Community: Public Edu & Prevention	EPI Coverage, Surv. Targets & Planning	Intro to Supervision of Personnel	ARI	CDD	ARI / CDD Site visit perform check: (ARI)
8:30-9:00						
9:00-9:30	Malaria District Action Plan	EPI Cold Chain Logistics	EPI Supervision	ARI	CDD	BREAK
9:30-10:00						
10:00-10:30	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
10:30-11:00	Malaria District Action Plan	EPI Cold Chain Logistics	EPI Supervision	ARI	CDD	BREAK
11:00-11:30						
11:30-12:00	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
12:00-12:30	EPI Priorities & Objectives	Intro to Monitoring Programme Activities	EPI Action Plan	CDD	CDD	BREAK
12:30-1:00						
1:00-1:30	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
1:30-2:00	EPI Coverage Targets & Data	Monitoring EPI Activities (Drop-outs)	EPI Action Plan	CDD	CDD	BREAK
2:00-2:30						
2:30-3:00	Malaria District Action Plan	EPI Cold Chain Logistics	EPI Supervision	ARI	CDD	BREAK
3:00-3:30						
3:30-4:00	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
4:00-4:30	EPI Coverage Targets & Data	Monitoring EPI Activities (Drop-outs)	EPI Action Plan	CDD	CDD	BREAK
4:30-5:00						
5:00-5:30	Malaria District Action Plan	EPI Cold Chain Logistics	EPI Supervision	ARI	CDD	BREAK

EPI - Monitor Activities. CDD - treatment Prevent. Super of personnel

Malaria

MCH/FP - counseling

## Proposed First Week

### DAY 1

8:00- Registration, Pre-test  
9:00 Distribution of Materials

9:00- Opening Ceremony  
10:00

10:00- Break  
10:30

10:30- Participants and Facilitators Introduce themselves  
11:30 Discussion of Personal Expectations & Objectives  
Workshop Objectives and Structure  
Workshop Logistics

11:30- Ice-Breaker on Problem Solving  
12:00

12:00- Lunch  
1:00

Session 1: WHO Health Development Scenario

1 hr.

1.1 - Structure, Programmes, Delegation of Responsibilities, Lines of Communication

1.2 - What is a National Health Development Plan and how does the WHO Health Development Scenario work with it

Session 2: Overview and the Importance of District Data Collection

2 1/2 hrs.

2.1 - What is a district

2.2 - How can I as a District Manager know the district  
(general info; population, health status, morbidity and mortality patterns, health services, district health programmes)

2.3 - From where and how should I collect information.

2.4 - Why is it important (what should I do with the information: make plans and solve problems)

2.5 - Draw a district map (using information I brought from the district):

geography and terrain: (rivers, creeks and lakes, mountains, low, wet lands, forests, etc.):

general infrastructure: (roads paved and unpaved, railroads, dams, etc.)

location of population: (towns and villages)

health infrastructure: (hospitals, health centres, outposts and dispensaries: indicate for all services by programme; static/ mobile teams/ outreach services, etc.)

## DAY 2

Session 3: Introduction to Problem-Solving and Programme Management (see attached)

Session 4: Basic Math Skills for Using Health Data

3 hrs.

(Adapted from: "In-service Management Training Module; Module No. A-1: WHO and the Department of Health Management, Papua N Guinea)

4.1 - Estimate resource requirements for an existing programme or estimate the amount of work that can be done with a known amount of resources.

4.2 - Calculate percentages from available data and service expected numbers from given percentages.

4.3 - Calculate rates from available data and derive expected numbers from given rates.

Session 5: Calculating Target Populations and Indicators

9 hrs. (Days 2 & 3)

(Adapted from "Inservice Management Training Module; Module No. A-2: WHO and the Department of Health Mgt., Papua New Guinea)

5.1 - Calculate the current estimated district population using the constructed in Session 2 and the 1980 national census data

5.2 - Identify important indicators which can be used to measure services performance (i.e. help you to know how well your health centre, district or province is working towards your annual objectives and those set out in the National Health Plan)

5.3 - Identify and calculate important target populations: target populations for CDD & ARI,, EPI, Malaria control, MCH/FP.

5.4.- Calculate the coverage and incidence rates for selected indicators using last year's data

Session 6: Graphing Health Information: Making, Using, and Interpreting Graphs

6 hrs. (Days 3 & 4)

(Adapted from "Inservice Management Training Module; Module No. A-3: WHO and the Department of Health Mgt., Papua New Guinea)

6.1 - Construct a line, bar, and cumulative graph.

6.2 - State the uses of each type of graph.

6.3 - Construct graphs using health information from districts (with data brought to workshop)

6.4 - Interpret line, bar, and cumulative graphs.

Session 7: Developing Goals, Objectives and Action Plans to Manage Health Services

4 1/2 hrs. (Day 4)

(Adapted from "Inservice Management Training Module; Module No. A-4: WHO and the Department of Health Mgt., Papua New Guinea)

7.1 - Define the terms: goal, objective, indicator, strategy and activity.

7.2 - Develop annual goals, objectives, identify related indicators in your area of supervision.

7.3 - Develop an action plan indicating strategies and activities, to reach your objectives.

7.4 - Monitor progress towards your objectives.

Session 8: Malaria Control Strategy

1 hr. (Day 5)

(Adapted from "Malaria: A training guide for primary health care in Tropical Africa," pp. 3-5: WHO.)\*

8.1 - List the three main aspects of malaria control strategy for sub-sarahan Africa.

8.2 - List various approaches to follow to achieve these objectives.

8.3 - Review regional and national situations (policies? seasonal trends? etc.)

Session 9: Review Clinical Features of Malaria and Protocol for Treatment at Various Levels of the Health System

2 hrs. (Day 5)

(Adapted from "Malaria: A training guide for primary health care in Tropical Africa," pp. 17-39: WHO.)\*

9.1 - Explain the clinical features of malaria

- 9.2 - Make the clinical diagnosis.
- 9.3 - Describe the differential diagnosis of fever.
- 9.4 - Describe the possibilities for diagnosis of malaria at the different levels of the health services.
- 9.5 - Provide correct treatment for children and adults.
- 9.6 - List the different types of drugs, their dosages and modes of delivery for the treatment.
- 9.7 - Decide on referral action.
- 9.8 - Manage treatment failures

Session 10:  
1 1/2 hrs.

Management of Severe and Complicated Malaria and Malaria During Pregnancy

(Adapted from "Malaria: A training guide for primary health care in Tropical Africa," pp. 33-42: WHO.)\*

- 10.1 - Describe the signs and symptoms of severe and complicated malaria.
- 10.2 - List the factors in managing severe and complicated malaria
- 10.3 - Advise on the action to be taken at the different levels of the health service system to be taken in the event of severe malaria.
- 10.4 - Advise on and carry out the management of malaria during pregnancy.

Session 11: Reporting of Malaria

2 hrs. (Day 5)

(Adapted from "Malaria: A training guide for primary health care in Tropical Africa," pp.43-49: WHO.)

- 11.1 - List various uses for statistical information on malaria
- 11.2 - Review malaria data and suggest analyses to be performed.
- 11.3 - Record all types of malaria cases using the appropriate forms.
- 11.4 - Discuss other methods of obtaining and reporting on malaria problems and activities.

Session 12: Analysis and presentation of Statistical Information

2 hrs. (Day 5)

(Adapted from "Malaria: A training guide for primary health care in Tropical Africa," pp.53, 55-59: WHO.)

12.1- Calculate range.

12.2- Present statistical data in tabular and relevant diagrammatic forms.

12.3- Interpret data in the context of malaria control: set disease reduction targets.

Session 13: Endemic versus Epidemic Malaria

2 hrs (Day 6)

(Adapted from "Malaria: A training guide for primary health care in tropical Africa." pp. 61-66: WHO)

13.1- Define endemic malaria and the associated pattern of illness.

13.2- List the specific impacts that endemic malaria can have on a community and the groups most affected.

13.3- Describe how immunity develops in the individual and in the community and how this affects the malaria pattern of the community.

13.4- Describe the conditions which can cause epidemic malaria in the community.

13.5- Detect epidemics at an early stage by comparing present district data with past trends.

13.6- Set service delivery targets in response to both endemic and epidemic malaria.

13.7- List steps which should be taken when there is a malaria epidemic in the community.

Session 14: Logistical Management of Drugs and Other Items (?)

1 hr. (Day 6)

(Adapted from "Malaria: A training guide for primary health care in tropical Africa." pp. 67-78: WHO)

14.1- Present an overview of the drug logistics cycle.

14.2- Classify drugs and other items under proper headings.

14.3- Keep a ledger book and store tally cards.

14.4- Prepare requisition forms.

- 14.5- Prepare an issuing voucher.
- 14.6- Keep an inventory list.
- 14.7- Store drugs and other supplies properly.
- 14.8- Monitor the use of drugs and other supplies.

Session 15: Field Visit for Malaira

2 1/2 hrs. (Day 6)

- 15.1- Group 1: Observe and make malaria diagnosis in a clinical setting, noting the symptoms and protocol for treatment of typical, severe and complicated cases, especially as regards the referral system.
- 15.2- Group 2: Observe the reporting and record keeping system (what types of forms are used? Are they adequate? How would you adapt them?) Collect existing data on malaria for that district.
- 15.3- Group 3: Observe the drug logistics system: selection, procurement, storage, distribution, re-supply.

Session 16: Public Education: Malaria and the Community

1 1/2 hrs. (Day 6)

(Adapted from "Malaira: A training guide for primary health care in tropical Africa." pp. 79-85: WHO)

- 16.1- List the various ways that human behavior is important for malaria control.
- 16.2- Outline the role of health education for promoting behavioral changes in individuals and in the community to prevent and control malaria
- 16.3- Understand the responsibilities of health care workers for promoting the desired behaviour on the part of individuals and communities.
- 16.4- Develop a plan for mobilizing communities for health promotion activities.

Session 17: Malaria Action Plan

## Draft

### Framework for Problem-Solving and Programme Management

#### Introduction

1. Presentation (description of a problem)
2. Discussion of the problem:

do you see this problem in your area?  
how is it similar to the problem presented?  
how is it different?  
does it cause mortality, morbidity?  
does it affect many people? how many?

3. To what other problems is it related?
4. How long has it existed?

#### Identification of Causes

6. What are some possible causes of the problem (list)?
7. Are there other problems caused by this problem?

#### Resolution

8. What are possible solutions (list)?
9. In what area of programme management should each proposed solution be introduced?
10. When will the proposed solutions be implemented?
11. By whom should the solutions be introduced? Carried out? Supervised?
12. Does the proposed solution affect other aspects of program management or work routine? (list)  
Should these aspects be adjusted? by whom?
13. When will the solutions be monitored? by whom? evaluated? by whom?

**Original Implementation Plan**

Rev. 3/22/90  
b:module.stc

DRAFT

### SCOPE OF WORK FOR A CONSULTANT TO AFRO IN INTEGRATED HEALTH MODULE DEVELOPMENT

Objective: To assist the WHO Africa Regional Office (AFRO) in the development of a new integrated training module on the control of major infectious diseases, related Child Survival issues, and programme sustainability for intermediate and district level health workers.

#### Scope of Work

1. The Consultant will assist the AFRO Programme Manager, Disease Prevention and Control, and his technical staff in the preparation of an integrated module of two weeks duration (12 days).
2. The module will extract components from existing modules in CDD, EPI, and epidemiology. For CDD and EPI, modules include general training on principles of planning, supervision, evaluation, communication, health education, and community involvement. Where modules do not exist, as in MCH/FP and health care financing, the consultant will assist AFRO in the development of content which briefly present principles and programme options which are consistent with African experience. The MCH/FP modules should address the causes and prevention of high African maternal mortality and its associated effects on neonatal mortality.
3. Since highly experience AFRO staff are fully familiar with certain modules (EPI, CDD, epidemiology), Component selection will be carried out in-house by relevant technical units. The consultant task will be to assure the organization, presentation and scheduling of extracted material in keeping with current educational objectives and methodology.
4. The consultant, in close collaboration with AFRO staff, will define educational objectives, participant selection criteria, preparation of participants for each course component, the time requirements for material presentation and discussion, and methods for course evaluation. For evaluation, the method should include assessment of course presentation, participant understanding, and impact criteria such as post-training location and utilization of curricula by

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and improvement in programme operations.

5. The consultant will assist AFRC in field testing and revising the module.

6. Estimated consultant time requirements:

Module preparation: 3 months

Field testing and revision: 2 months

7. Location: Brazzaville, and field location selected by AFRC

8. Consultant qualifications: Public health specialist with experience in module development and familiarity with AFRC disease control and child health priorities. Background in educational methodology is preferred. Knowledge of English and French preferred.

9. Starting date: Earliest possible date in 1990.

<p><sup>out of office; left</sup> Mel Thorne <sup>release</sup> Hopkins / WHO (201) 955-3734 (301) 366-6138(A)</p> <hr/> <p>(404) 639-0253</p>	<p><sup>out</sup> Neal Alritz Child Sur. <del>WHO</del> Nutrition (703) 235-4454</p> <hr/> <p>Kathy Parker IHPO / CDC CCCD Hth &amp; d → <del>(404) 639-1750</del></p>
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Rev:3/23  
/90  
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IMPLEMENTATION PLAN  
by the  
World Health Organization  
Regional Office for Africa  
for project activities to implement  
a Cooperative Grant Agreement  
between WHO/AFRO and USAID  
on ACSI-CCCD\*  
1990-1991

This implementation plan covers two calendar years, beginning from the date of signature of the grant agreement. However, grant commitments by WHO/AFRO shall be completed by September 30, 1991 for activities implemented during the balance of the two-year grant period.

A. NEW INTERCOUNTRY TRAINING

1. Integrated Transdisease/Child Survival Training for Intermediate and District Level Health Workers

Learning objectives: To increase the management and technical skills of intermediate and district level health personnel who have the responsibility for implementing multiple disease control programmes at the provincial and district levels. Specifically, participants will learn:

- how to develop goals, objectives and targets for programme operation
- how to elaborate district action plans and activity schedules
- how to support district personnel in programme management
- how to provide effective supervision
- how to collect and use health information for surveillance, monitoring and evaluation
- how to improve technical support capability in specific programmes

Technical methods: Organization of workshops in groups of five or six countries (See 1.3) in order to include all 46 English, French, and Portuguese language countries. Workshops will be the responsibility of specially trained AFRO-Regional facilitators (See 1.2)

-----  
\* Africa Child Survival Initiative- Combatting Childhood Communicable Diseases Project (ACSI-CCCD). The WHO intercountry training project is distinguished from a separate contract by USAID to the US Centers for Disease Control for national CCCD

programs.

Technical materials: Development of a new integrated training module (See 1.1) supplemented as necessary with current modules prepared since 1984 through the previous CCCD grant agreement.

Evaluation methods: See section 7

1.1 Development of integrated training modules \$60,000

AFRO will prepare modules for a two week course which covers planning, supervision, evaluation, communication, public information, EPI, CDD, ARI, malaria, epidemiology, MCH/FP. The objective is to increase the management capabilities of provincial and district level personnel in the implementation of CCCD programs and those administrative, financial, MCH/FP and other components which are critical to sustaining Child Survival programmes. Where components are found in existing WHO or CCCD modules, they will be adapted for the curriculum. Where additional materials are required for module development as, for example, in MCH/FP, AFRO will call on its own in-house expertise, consultants and on WHO Headquarters training personnel. At no cost to AFRO, A.I.D. is prepared to offer an educational specialist familiar with ACSI-CCCD components to collaborate with AFRO in integrated ACSI-CCCD module development.

Module development may require up to 6 months for preparation, testing, revision, French and Portuguese translation, and distribution.

1.2 Training of Facilitators \$40,000

Using the new modules, AFRO will train a pool of facilitators from all three language areas through workshops during the last trimester of 1990.

1.3 Organization of intercountry training workshops to apply integrated modules \$550,000

Eight workshops<sup>9</sup> are planned, 2 in the last trimester of 1990 and 6 in 1991. Approximately 30 participants representing 4 - 6 countries will attend each workshop. Workshops will be divided into three groups with two AFRO facilitators for each group. The tentative sequence of workshop and country participation is listed:

1. English: Gambia, Ghana, Liberia, Nigeria, Sierra Leone  
Location: Liberia
2. French: Algeria, Mali, Mauritania, Niger, Senegal,

Burkina Faso. Location: Senegal

ctr

3. French: Benin, Cote d'Ivoire, Guinea, Togo.  
Location: Guinea
4. English: Ethiopia, Kenya, Seychelles, Tanzania, Uganda,  
Zambia. Location: To be determined.
5. French: Burundi, Central African Republic, Madagascar,  
Reunion, Rwanda, Zaire. Location: Burundi
6. French: Cameroon, Chad, Comoros, Congo, Equatorial  
Guinea, Gabon. Location: Cameroon
7. English: Botswana, Lesotho, Malawi, Mauritius, Namibia,  
Swaziland, Zimbabwe. Location: Zimbabwe.
8. Portuguese: Angola, Cape Verde, Guinea Bissau,  
Mozambique, San Tome. Location: Mozambique.

1.4 Follow-up extension of workshops to country level \$90,000

1.4.1. Promotional and planning visits by AFRO consultants  
to each country (3 days each). 1990: 5 countries. 1991: 20  
countries (\$50,000)

1.4.2. Support for workshop facilitators at country level  
One facilitator per country. 1990: 5 facilitators. 1991: 22  
facilitators. (\$40,000)

1.5 Evaluation of integrated modules, courses, and impact. See  
Section D. EVALUATION.

1.6 New intercountry training includes the development of a  
module for intermediate and district level training in malaria.  
See 2.2

#### CONTINUING INTERCOUNTRY CCCD TRAINING/MEETINGS

Malaria

\$480,000

1 Senior level training course in planning and implementation  
malaria control programmes. (\$30,000)

Learning objectives: To develop an increasing number of  
senior level African malariologists who are thoroughly familiar  
with the unique technical, administrative and managerial  
requirements for control of African malaria at the national  
level.

Teaching methods: Lecture, group discussions, hands-on

laboratory diagnosis, field demonstrations, and technical readings based on language-specific modules.

Teaching materials: Senior level AFRO malaria modules including supplementary reading materials

Evaluation: See Sec. 7

Language: French; Location: Burkina Faso; Dates: 3rd quarter, 1990; Participants: 16-18; Duration: 10 weeks; Faculty: AFRO consultants and University of Bordeaux. Grant funding will be supplementary to AFRO extrabudgetary resources to meet course costs.

In 1991, AFRO will organize senior level training which is financed through a variety of other sponsors such as Belgium, France, USSR, and UNDP. AFRO will sponsor participant fellowships.

## 2.2 Module development for intermediate and district level training in Malaria (\$50,000)

The learning objective is to increase the understanding and performance of provincial and district-level personnel in malaria programme management, comparable to mid-level courses in CDD and EPI. Intermediate and district level personnel with malaria responsibility will gain a simplified but comprehensive view of malaria epidemiology, diagnosis, treatment, control, and programme management. The module supplements current modules which apply to the senior level. An AFRO working group will be convened in the 2nd quarter of 1990 to design the module based on the recent module used in Ghana. The modules will be tested, revised, and published in English, French, and Portuguese. Work will extend up to the end of the 2nd quarter of 1991.

Evaluation of the module will be based on participant comprehension and response as measured by course facilitators. AFRO Regional staff and consultants will assess module effectiveness on an annual basis by reviewing the application of module principles to areas within the responsibility of participants.

## 2.3 Intercountry Intermediate Level Workshops on diagnosis and case management (4). (\$280,000)

Learning objectives: to understand how to promote and improve the effectiveness of national malaria control programmes based on prompt diagnosis and case-handling in the context of primary health care (particularly under conditions of emerging parasite resistance).

Teaching methods: Lecture and group discussion by AFRO specialists and consultants.

Teaching materials: Modules developed in 2.2 and updated diagnostic and therapeutic information gathered by AFRO Regional and Headquarters staff and consultants.

Evaluation methods: AFRO will annually assess, in collaboration with its country representatives, the application of newer forms of diagnosis and treatment at the national level.

Language: English and French; Location: To be determined; Dates: 3rd and 4th quarters in 1990 and 1991; Participants: 15-18 per course; Duration: two weeks; Faculty: AFRO consultants.

#### 2.4 Intercountry Malaria Programme Managers Meetings (\$70,000)

The objective is to provide national managers with updated information on control programmes, exchange of information on case management protocols, and adaptation of ~~Regional Anti-Malaria~~ malaria strategies to the country level. The meeting does not represent a formal training course. The agenda will change from year to year depending on priority issues which face programme implementation.

Two meetings will be held in the 4th quarter of each year for 5-6 days, 15-18 participants, in English and French language. Locations to be determined. Faculty: AFRO Regional experts, consultants, and Headquarters staff. Grant financing will be supplement by AFRO resources to meet full costs.

#### 2.5 Short term consultation for organization of training activities \$50,000

An AFRO malaria specialist will be identified for 11 months of consultation in 1990/1991. Training support is required since total AFRO malaria staff is limited to one person in Brazzaville.

#### 2.6 The AFRO Regular Budget Activities

AFRO Regular budget for malaria in 1990-1991 is \$1,425,000, of which \$1,325,000 is in country allocations for national planning, operations, and training activities, and \$100,000 for intercountry activities.

### 3. Expanded Programme of Immunization (EPI)

#### 3.1 EPI Programme Managers Meetings

\$100,000

The learning objective of these meetings is to understand current operational and managerial issues which arise on an annual basis in the course of programme performance. The methods are group discussion and presentation of issues. No formal module applies to this type of educational exchange. The AFRO Regional Headquarters staff, along with AFRO subregional and country staff, evaluate the effectiveness of annual meetings by programme performance during the year prior to the meeting.

One meeting will be held in the 3rd quarter of 1990. Location to be determined. USAID funding (\$60,000) will be supplemented by support from French aid. A second meeting is scheduled for 1991 (\$40,000). Languages: French and Portuguese; Locations to be determined; Participants: approximately 60 participants for the French meeting (1990) and 20 for the Portuguese meeting (1991). Duration: 6 days; Faculty/Directors: WHO/AFRO Staff and facilitators.

### 3.2 The AFRO EPI Regular Budget Activities

The total 1990-1991 AFRO Regional EPI budget for all planning, operations, and training programmes is \$1,080,000, all from extrabudgetary sources except \$20,000 from the AFRO Regular Budget. The AFRO Regular Budget will provide an estimated \$2.2 million for country-level operational and training programmes in 1990-1991. In addition, the AFRO Regular Budget will provide \$20,000 for intercountry activities.

External to the AFRO Regular budget, EPI financing is anticipated from WHO Headquarters, UNICEF, USAID, French Cooperation, Save the Children Fund, and the Canadian Public Health Association.

In support of the operational EPI programmes, including support for such components as cold chain maintenance and computerized EPI information system (CEIS), the training programme will continue the following intercountry courses/meetings in 1990-1991.

-EPI Programme Managers Meetings: English, French, and Portuguese, 1990-1991. \*

-Mid-level management course (primarily applied at national level)\*

-Technicians course, cold chain repair and solar refrigerators, Bamako, Sept. 1990\*

-Technicians course, cold chain repair and solar refrigerators, N'Djamena. June 1990\*

\* - Courses previously developed with CCCD collaboration

### 4. Control of Diarrhoeal Diseases (CDD)

#### 4.1 CDD Programme Managers Meeting

at \$75,000

The learning objective of this meeting is to understand current operational and managerial issues which arise on an annual basis in the course of programme performance. The methods are group discussion and presentation of issues. No formal module applies to this type of educational exchange. The AFRO Regional Headquarters staff, along with AFRO subregional and country staff, evaluate the effectiveness of annual meetings by programme performance during the year prior to the meeting.

One meeting in Lusaka for AFRO Subregion 3; Dates: June 18-23, 1990; Languages: English and French; Participants: est. 25; Duration: 4 days; Managers of the meeting: AFRO CDD Unit.

The Managers Meeting is a high priority activity for improving management and stimulating programme development. For 1991, two additional Meetings will be convened (Subregions 1 and 2). AFRO will identify resources to assure required support for 1991.

#### 4.2 The AFRO CDD training programme

The CDD unit will organize the following courses with an estimated 1990-1991 training budget of \$1.3 - \$1.6 million. In addition to the 1990 Programme Managers Meeting in Lusaka (4.1), the following activities are planned:

- 2 CDD programme managers meetings \*
- 3 National courses on supervisory skills \*
- 10 Intercountry clinical management training courses \*
- 2 National clinical management training courses \*
- 2 Intercountry programme managers courses \*
- Integration of CDD training into basic curricula at all levels in two countries
- 4 programme managers courses at the national level \*

\* - Continuation of courses and modules which were developed with CCCD collaboration.

The training programme relates to the effectiveness of the total AFRO CDD Programme which includes:

- Planning
- Operations
- Training
- Evaluation
- Operational Research

The estimated total CDD Programme budget for 1990-1991 is \$2,771,900, of which \$166,900 is the WHO Regular Budget. The

balance of \$2,605,000 is derived primarily from extrabudgetary contributions to the WHO Headquarters CDD Programme budget. At the AFRO level, donor cooperation is limited primarily to USAID (CCCD).

## 5. Epidemiology

### 5.1 Middle level epidemiology course \$140,000

Course materials have already been developed. The learning objective is to provide provincial and district level disease-control managers with a basic knowledge of epidemiological principles, primarily on methodologies for problem-solving under field conditions. The course is not directed towards the diagnosis, management or control of specific diseases. For evaluation, see Sec.7.

One course in 1990; French language, Site to be determined. Estimated participants 25; Duration: 3 weeks ; Faculty: AFRO consultants; ~~Facilitators workshop: 1 week.~~

Three courses in 1991; English, French, Portuguese; Sites to be determined; Estimated participants per course 25-30; Duration 4 weeks per course; Faculty: AFRO consultants and facilitators.

Course modules available in English and French. Portuguese translation required.

### 5.2 Senior level epidemiology course \$80,000

Course materials have already been developed. The learning objective is to provide senior level disease control personnel at the subregional and national level with a working knowledge of epidemiological principles, primarily on methodologies for problems solving under field conditions. The course is not directed towards the diagnosis, management or control of specific diseases. For evaluation, see Sec.7.

For each year (1990,1991), a French course will be held in Bamako, and an English course in Nairobi. Participants: 16-22 per course; Duration: 4 months per course; Faculty: AFRO facilitators.

Grant financing will be used to support local costs and the costs of course facilitators. Participants will be financed from the WHO Regular Budget.

### 5.3 The AFRO Epidemiology Regular Budget Activities

Epidemiological surveillance activities are included in WHO country allocations for disease control. For example, for senior epidemiology training courses (Bamako and Nairobi), country

allocations ( AFROPOC) are used for fellowships. Some countries have WHO epidemiologists who are supporting country epidemiological surveillance and epidemic control. An AFRO staff member is coordinating these activities from Regional Office in Brazzaville.

### C. HEALTH INFORMATION

#### 6. THE AFRO EPIDEMIOLOGICAL BULLETIN

6.1 Recruitment of an AFRO epidemiologist/consultant up to 18 person-months. \$80,000

Functions: \$60,000

-serve as technical editor of the Bulletin with responsibility for selection of appropriate literature and current epidemiological information. *Consultant*

-review the AFRO epidemiological surveillance system

-prepare recommendations for improvement of current surveillance methodologies and reporting mechanisms, particularly those at the district level in order to improve the reporting of disease trends and epidemic outbreaks to AFRO Regional Headquarters.

6.2 With support from the previous grant, 4 issues of the Bulletin have been published and distributed. By the end of the current grant period, at least 6 issues of the Bulletin will be distributed throughout the AFRO Region. Bulletin will be reproduced (duplicated) up to 7000 copies. AFRO Headquarters personnel will be trained in desk-top publishing. (\$12,000)

6.3 Timely collection and analysis of epidemiological surveillance data for inclusion in the Bulletin (\$4,000)

6.3 Secretarial assistance (\$4,000)

### D. EVALUATION

#### 7. Evaluation

\$45,000

7.1 Establishment of Evaluation Criteria and Indicators (in house)

7.1.1 Evaluation criteria and indicators will be identified by AFRO Regional staff for each training course, new integrated

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Component/Activity	1990			1991				
	A	J	O	J	A	J	O	D
<b>A. NEW INTERCOUNTRY TRAINING</b>								
<b>1. Integrated Module</b>								
1.1 Develop Training Module								
o Approve Scope of Work								
o Identify STC (recruit)	[*]							
o STC arrives Brazzaville	[**]							
o Develop module		[*]						
o Field test module			[*****]					
o Translate module (French and Portuguese)				[****]				
1.2 Train facilitators				[***]				
1.3 Organize intercountry training workshops (8)				[****]	[*****]			
1.4 Extension of workshops to country level (25)								
1.4.1 APRO consultant planning visits				[***]	[*****]			
1.4.2 Support for workshop facilitators at country level				[**]	[*****]			
1.5 Evaluation of integrated module, courses and impact (see Section D. Evaluation)								
<b>3. CONTINUING INTERCOUNTRY CCDC TRAINING/MEETINGS</b>								
<b>2. Malaria</b>								
2.1 Senior level course on malariology and planning malaria control programmes			[*****]					
2.2 Develop modules for intermediate level training								
o convene working group				[****]				
o develop, test and revise modules				[**]				
o translate modules to French and Portuguese					[*****]			
2.3 Intercountry programme workshops on diagnosis and case management (4)				[*****]	[*****]			
2.4 Programme Managers meetings (2)				[****]			[****]	

3/22/90

THE WHO/AFRO WORKPLAN  
for the  
A.I.D. ACSI-CCCD Grant Agreement  
1990-1991

Component/Activity	1990	1991
2.5 STC for organization of training activities	[*****]	[*****]
3. Expanded Programme of Immunization (EPI)		
3.1 EPI programme managers meetings (2)	[****]	[****]
4. Control of Diarrheal Diseases (CDD)		
4.1 CDD programme managers meeting (1)	[**]	
5. Epidemiology		
5.1 Middle level epidemiology courses (4)	[**]	[**] [**] [**]
5.2 Senior level epidemiology courses (4)	[*****] [*****]	[*****] [*****]
C. HEALTH INFORMATION		
6. The AFRO Epidemiological Bulletin		
6.1 Employ technical editor/consultant	[*****]	[*****]
6.2 Collect and analyze epidemiological surveillance data for distribution through the Bulletin	[*****]	[*****]
6.3 Duplicate Bulletin, including training in desktop publishing	[**] [**]	[**] [**] [**] [**]
6.4 Secretarial assistance	[*****]	[*****]

3/22/90

THE WHO/APRO WORKPLAN  
for the  
A.I.D. ACSI-CCCD Grant Agreement  
1990-1991

Component/Activity	1990	1991
D. EVALUATION		
7. Evaluation		
7.1 APRO establishes evaluation criteria for integrated and continuing courses in grant	[***]	
7.2 Evaluation of impact of integrated and continuing course modules o inquiries to all WHO/APRO countries (46) for responses to criteria o STCs to selected countries (12) for in-depth evaluation	[**]	[*****]
7.3 End-of-Grant Evaluation		[***]

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# ANNEX I (for item 1)

**WORKSHOP DESIGN FOR INTERMEDIATE AND  
DISTRICT LEVEL PERSONNEL ON THE MANAGEMENT  
OF DISEASE CONTROL PROGRAMMES**

PRIORITY TOPICS BY PROGRAMMES TO BE COVERED  
AND PROPOSED ALLOCATION OF TIME

<u>Topics</u>	<u>Allocation of time</u> <u>in days</u>
1. Application of Health Development Scenario principles to disease prevention and control	1/2 day
2. General topics applicable to specific disease control programmes: planning, disease surveillance, data collection, supervision and evaluation, communication and public information	2 1/2 days
3. Malaria	3 days
4. EPI	2 days
5. CDD	2 days
6. MCH/FP AIDS	<u>2 days</u>
Total .....	<u>12 days</u>

*Access on  
MIS &  
Supervision*

(AR)

WORKSHOP FOR INTERMEDIATE AND DISTRICT LEVEL  
PERSONNEL ON THE MANAGEMENT OF DISEASE  
CONTROL PROGRAMMES

General objectives

To increase management skills and technical capabilities of intermediate level personnel for implementation of diseases control programmes at intermediate and district level.

Specific objectives

- How to develop goals, objectives and targets for disease control;
- How to elaborate district action plans and activity schedules; *original at district w/ input*
- How to support district personnel in daily management of programmes; *marginal resources? logistics?*
- ✓ - How to provide effective supervision;
- ✓ MIS - How to collect and use health information for surveillance, monitoring and evaluation;
- How to improve technical support capabilities of intermediate level personnel in specific programmes.

*Health plans.  
job descriptions*

TOPICS IN DETAIL

APPLICATION OF HEALTH DEVELOPMENT SCENARIO

PRINCIPLES TO DISEASE PREVENTION AND CONTROL

1. Principles of Health Development Scenario.
2. Intermediate level of Health System as principal focal point for technical support to districts.
3. Disease control programmes and the Health Development Scenario.
4. The role of each participant in Provincial (Regional) and District Health System in the implementation of preventive and disease control activities.

GENERAL TOPICS APPLICABLE TO DISEASE CONTROL PROGRAMMES

1. USING HEALTH DATA FOR MANAGEMENT OF HEALTH SERVICES

- Calculating target population
- Measuring and analysing indicators (results/fonctionning
- Graphing and interpreting health information
- Using surveillance information for planning and implementing actions
- Evaluating and improving surveillance system

2. MANAGING HEALTH SERVICES

- Developing goals and objectives for local services
- Developing annual action plans and monitoring progress
- Defining objectives and criteria for evaluation
- Interpreting and using results of evaluation

3. DISTRICT HEALTH SERVICES SUPPORT AND SUPERVISION

- Listing objectives and developing plan of action for support and supervision
- Using support and supervisory checklist

M A L A R I A

Topics (to be included in joint Malaria, CCCD and EPI activities):

1. Mechanism of malaria transmission

- Life cycle of malaria parasite
- Malaria transmission

2. Malaria control strategy

3. Cases management of malaria

- Clinical features of malaria
- Malaria diagnosis
- Malaria treatment
- Referral and management of treatment failures
- Management of severe and complicated malaria cases
- Management of malaria in pregnancy

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TRAINING IN HEALTH DEVELOPMENT SCENARIO ON DISEASE PREVENTION  
AND CONTROL AT INTERMEDIATE AND DISTRICT LEVEL

CDD Topics for Training Workshop

A. CDD PRIORITY AREAS

- A-1 Reduction of diarrhoeal disease mortality and morbidity
- A-2 Training of health personnel at peripheral level
- A-3 Increasing ORS access rate and ORS/ORT use rates

B. PREVENTION AT DISTRICT LEVEL

- B-1 Breastfeeding
- B-2 Improving weaning practices
- B-3 Usage of cleaning water
- B-4 Handwashing
- B-5 Use of latrines
- B-6 Proper disposal of babies' stools

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C. DIARRHOEA CASE MANAGEMENT

- C-1 Proper diagnosis and treatment of cases
- C-2 ORS use and logistics
- C-3 Home fluid therapy
- C-4 Referral services
- C-5 Establishment of ORT corners
- C-6 Training of other ORS providers

PRIORITY TOPICS FOR EPI

1. EPI AND ITS PRESENT PRIORITIES

1.1 EPI achievements in the participating countries

1.2 NNT - Elimination objective and indicators  
- Country/district classification  
- Action needed at district level

1.3 POLIO : - Eradication objective and indicators  
- Country/district classification  
- Action needed at district level

1.4 MEASLES : - Disease incidence reduction  
- Containment measures/strategies

2. IMPROVING VACCINE COVERAGE

Coverage

- 3 { 2.1 Vaccination schedule
- 2.2 \* Target groups
- 5 2.3 Vaccination approaches 5
- 2.4 Reducing missed opportunities
- 2.5 Tracing of defaulters
- 2.6 ~~Monitoring~~ of coverage

3. COLD CHAIN AND LOGISTICS

- 3.1 Vaccine supply/distribution
- 3.2 Storage of vaccine
- 2 3.3 Injection equipment and sterilization

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45

PROPOSED DESIGN OF THE WORKSHOPS FOR INTERMEDIATE/  
DISTRICT LEVEL PERSONNEL ON DISEASE PREVENTION  
AND CONTROL WITH EMPHASIS ON MALARIA  
EPI AND CDD

1. Category of the target personnel - intermediate and district level health personnel
2. Number of countries per workshop - 5  
(see proposed groups of countries attached)
3. Criteria for grouping of countries - countries are grouped according to sub-regions and language (English, French, Portuguese)
4. Number of participants per workshops 30
5. Number of groups per workshops 3
6. Number of facilitators 6
7. Duration of each workshop 10 working days
8. Estimated cost per workshop US \$ 70,000

**WORLD HEALTH ORGANIZATION**

**Regional Office for Africa**

**Brazzaville - Congo**

**PROPOSED ACTIVITIES FOR  
ACSI-CCCD SUPPORT  
1990-1991**

**Disease Prevention and Control Programme  
Child Survival**

**March 1990**

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SUMMARY OF PROPOSED ACTIVITIES FOR CCOD SUPPORT  
AND BUDGET ESTIMATION 1990-1991

1.	GENERAL ACTIVITIES	
	<u>Transdisease Training Programme</u>	
1.1	Development of training materials/modules	60,000
1.2	Training of facilitators	40,000
1.3	Organization of intermediate level transdisease - MCH/FP workshops	560,000
1.4	Follow-up and evaluation of above workshops	140,000
1.5	Middle level epidemiology course	140,000
1.6	Senior level epidemiology course	80,000
1.7	AFRO Epidemiological Bulletin	20,000
	Sub-total	1,040,000
2.	SPECIFIC ACTIVITIES	
2.1	Malaria	500,000
2.2	CDD	100,000
2.3	EPI,	100,000
	Sub-total	700,000
3.	PROGRAMME SUPPORT COST (13%)	260,000
	TOTAL	2,000,000

PROPOSED ACTIVITIES FOR CCCD SUPPORT: 1990-1991

1. General activities

Major activities proposed	Justifications	Activity per year		Cost per year		Total cost
		1990	1991	1990	1991	
Workshops/seminars at intermediate level on integrated disease prevention and control programmes (transdisease programmes) (for workshop design see Annex I).	To increase management skill capabilities of intermediate level personnel for the improvement of the quality of technical support to district level in the implementation of disease control programmes (EPI, CDD, Malaria). See the general and specific objectives attached.					

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## **ANNEX II (for item 1.3)**

**PROPOSED SCHEDULE AND VENUE FOR INTERMEDIATE  
AND DISTRICT LEVEL WORKSHOPS**

GROUPPING OF THE COUNTRIES FOR THE INTERMEDIATE/  
DISTRICT LEVEL PERSONNEL ON DISEASE  
PREVENTION AND CONTROL AND  
PROPOSED VENUE OF THE WORKSHOPS

Sub Region	Language	Participating countries	Proposed venue of workshop	Tentative dates
1	English	Gambia Ghana Liberia Nigeria Sierra Leone	Liberia	July 1990
	French	Algeria Mali Mauritania Niger Senegal Burkina Faso	Senegal	November 1990
	French	Benin Côte d'Ivoire Guinea Togo	Guinea	January 1991

Sub Region	Language	Participating countries	Proposed venue of workshop	Tentative date
2	English	Ethiopia Kenya Seychelles Tanzania Uganda Zambia	Ethiopia	March 1991
	French	Burundi CAR Madagascar (SR/3) Reunion Rwanda Zaire	Burundi	April 1991
	French	Cameroon Chad Comoros (SR/3) Congo Equatorial Guinea Gabon	Cameroon	June 1991

Sub Region	Language	Participating countries	Proposed venue of workshop	Tentative dates
3	English	Botswana Lesotho Malawi Mauritius Namibia  Swaziland Zimbabwe	Zimbabwe	August 1991
	Portuguese	Angola Cape Verde Guinea Bissau Mozambique , Sao Tome	Mozambique	October 1991

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR AFRICA



ORGANISATION MONDIALE DE LA SANTE

BUREAU RÉGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DA SAÚDE

SEDE REGIONAL EM ÁFRICA

Tel.: 81 38 60 - 65 Telex: 5217 KG - 5278 KG

In reply please refer to : D3/27/1

Prière de rappeler la référence :

Queira indicar a referência :

14 September 1990

Dear Dr Sheppard,

Debriefing of Ms. L. Ippolito, CCCD/USAID  
Consultant at WHO Headquarters, Geneva  
22-25 September 1990

AFRO is in Agreement with the planned visit by Ms. L. Ippolito, CCCD/USAID consultant to AFRO, to WHO Headquarters for consultation and debriefing concerning the development of an integrated transdisease training course within the USAID Cooperative Agreement.

Dr. D. Barakamtitiye  
Programme Manager, Disease  
Prevention and Control  
for the Regional Director

Dr. Sheppard  
AFR/TR/HPM  
USAID  
Washington, D.C.  
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