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ANNUAL REPORT

USAID MALARIA ADVISOR

KINSHASA, ZAIRE

Contract : AID/afr-C-1315  
Project Title: Endemic and Communicable Disease Control  
(Malaria Component)  
Project No. : 660-11-531-058

Submitted by: Robert L. Turner  
February 8, 1979

## Project Description

The overall purpose of the Project is to strengthen the GOZ institutional capacity for monitoring and controlling vector-borne diseases, specifically malaria, during a five-year period. Project outputs are:

1. Establishment of a malaria control pilot project in the Kinshasa area
2. Development of a cadre of GOZ health workers competent to deal with insect-borne diseases and environmental health, as well as the organization and infrastructure to support these activities.

## Summary of Activities

Just prior to the arrival of the USAID Malaria Advisor in September 1977, the program began in four zones of Kinshasa with environmental control measures and chloroquinization for persons complaining of fever.

After June 30, 1978 these activities were stopped and pilot project activities for Masina and Ndjili Zones were started. The two zones were chosen because of their proximity to extensive mosquito-breeding areas and parasite surveys had shown the malaria positivity rate to be high in children of school age. Principal activities were:

1. Geographical reconnaissance, including counting houses and population and determination of the average sprayable surface
2. Distribution of chloroquine to persons under 15 years of age and pregnant/lactating women who complain of fever
3. Epidemiological - Contacting dispensaries, medical practitioners, and pharmacies in program area to enlist their collaboration with program objectives.
4. Designation of anopheline capture points, susceptibility tests and species identification

## Program Events Before July 1, 1978 (environmental only)

- 222,300 meters of drainage ditches cleared in Bandalungwa, Kintambo, Linguala and Kinshasa Zones
- 44,928 cubic meters of soil and rubbish removed from drainage ditches to reduce mosquito larval habitats
- 21,424 chloroquine tablets distributed to persons of all ages who complained of fever

**In Masina Zone:**

- 8000 houses sprayed with DDT

- Of 2079 persons visited during an epidemiology survey, 50-60% were under 15 years of age, 25% between 5 and 9 years old, and 15% complained of fever.

Since July 1, 1978

1. Study tour by cadre to Senegal and Nigeria

2. Preparation of Plan of Activities

3. Field operations

a. Geographic reconnaissance - Masina Zone. Results by end of 1978 were:

(1) 5688 compounds visited, 8132 houses counted

(2) 49,712 persons registered

(3) Program objectives explained for 13 dispensaries, 5 pharmacies, 7 schools and numerous civic leaders

(4) 46,254 chloroquine (100 mg) tablets distributed to fever complainants. Blood smears not collected as requisite equipment had not arrived from the U.S.

4. Epidemiology

a. Entomology

(1) 833 Anopheles gambiae identified from collections made in Masina and Ndjili Zones

(2) 139 An. gambiae exposed to DDT 4% in five replicates, 24 hours each, showed complete susceptibility. These results contradicted earlier reports of DDT resistance submitted in 1977 by a WHO team.

(3) Capture reference points established for larvae and adults in Masina Zone.

b. Parasitology

Laboratory equipment is awaited.

### Travel

1. The USAID Malaria Advisor has made several trips to the WHO Regional Office, Brazzaville, for consultation with regional malaria personnel, reference materials and other program assistance.
2. Dr. Makengo, Cit. Tshibangu and the USAID Malaria Advisor traveled to the WHO Regional Office on May 12, 1978 to discuss details of a proposed study tour with Dr. Iba Gueye, WHO Regional Malaria Advisor.
3. The USAID Malaria Advisor spent two weeks evaluating the national malaria program in Ethiopia during July.
4. From August 14 to September 8 the Director, Supervisor and two Assistant Supervisors of the malaria program and the USAID Malaria Advisor traveled to Senegal and Nigeria to observe malaria program activities.

### General

The program cadre has no previous experience in organizing and operating a malaria control program. Thus the initial steps are slow.

### WHO

At the beginning of the program it was projected that WHO would assist in the collection of baseline data, personnel training, scholarships and some off-shore commodities. The WHO involvement has been limited to the visit of two short-term consultants who were present in Kinshasa when the USAID Malaria Advisor arrived. One WHO technician spent about two weeks in Kinshasa during December 1977. Afterwards, 8000 houses in Masina were sprayed. Because of the unsuitability of the spraying apparatus, inadequate preparation, training and geographical reconnaissance, effects of the application could not be evaluated.

### Malaria Commission

A malaria commission was appointed by the Ministry of Health to help launch the malaria control program. The group, never well-organized with adequate cross-representation of Government bureaus, was composed of physicians only. Their responsibility should have been the overview of the organization and implementation of all vector-borne diseases, not malaria alone.

### Reports Submitted

- Quarterly, beginning 1978, to Washington and GOZ
- Special report to Mission and GOZ
- Project Status Reports to Mission
- Bi-weekly Activity Reports, as requested by Mission
- Trip Reports to Mission

### Problems

1. Training for program personnel. Discussion: Personal contact with a WHO engineer in Kinshasa by the USAID Malaria Advisor has resulted in his promise to provide two weeks instruction in March.

Project personnel are also discussing a training plan which will utilize course materials from the WHO Training Center, Lomé. Cadre plans to prepare and present lectures.

2. Transport. Discussion: Project has one pick-up truck. Other vehicles plus spare parts ordered in July 1978 are awaited. Project truck now has more than one year of steady usage and is beginning to have occasional breakdowns. This truck has just been handed over to the GOZ for maintenance. As the GOZ has no maintenance capability, the Project has been unable to locate a repair facility in Kinshasa that can easily deal with the more serious vehicle problems.

Because of the increasing number of AID project vehicles, it is suggested that some consideration be given to the establishment of a central maintenance facility for all project vehicles based in Kinshasa. Local funds from the participating agencies could be used to maintain the facility and for training. Spare parts, including tires, could be ordered from pooled commodity allocations.

Alternately, a contractual agreement could be sought with the local GM dealer, ACA, to provide service for the vehicles. Of course, training and spare parts would have to be provided.

3. Program direction. Discussion: The present director of the program is a very conscientious physician, interested in the program, and very helpful. He has several other responsibilities in the MoH which limit the amount of time that can be given to malaria.

If the program is to approach its objectives in a timely manner, a full-time director should be appointed by the MoH. This person should have full time to direct the present malaria control activities and the eventual development of a country-wide program for the control of malaria and other parasitic diseases.

Finally - the USAID Malaria Advisor, after more than one year in the field, needs technical refreshment contact with AID malaria-oriented persons or groups for discussion of plan projection and program development, both general and specific. Consultation was requested from AID/W. No response has been received.