

1985 ANNUAL REPORT



# COMBATTING CHILDHOOD COMMUNICABLE DISEASES

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

**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
*In Cooperation With*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL  
INTERNATIONAL HEALTH PROGRAM OFFICE  
ATLANTA, GEORGIA 30333**

Participating Agency Service Agreement  
PASA No. BAF 0421 PHC 2233

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## INTRODUCTION

Combatting Childhood Communicable Diseases (CCCD) is a USAID funded Child Survival project of technical cooperation to strengthen African capabilities to decrease child mortality and improve child health. 1985 was the fourth year of the 8 year project. CCCD is implemented by several different agencies: the Government Health Ministries of 12 African nations, the U. S. Centers for Disease Control (CDC), the World Health Organization African Regional Office (WHO/AFRO), and the U.S. Peace Corps.

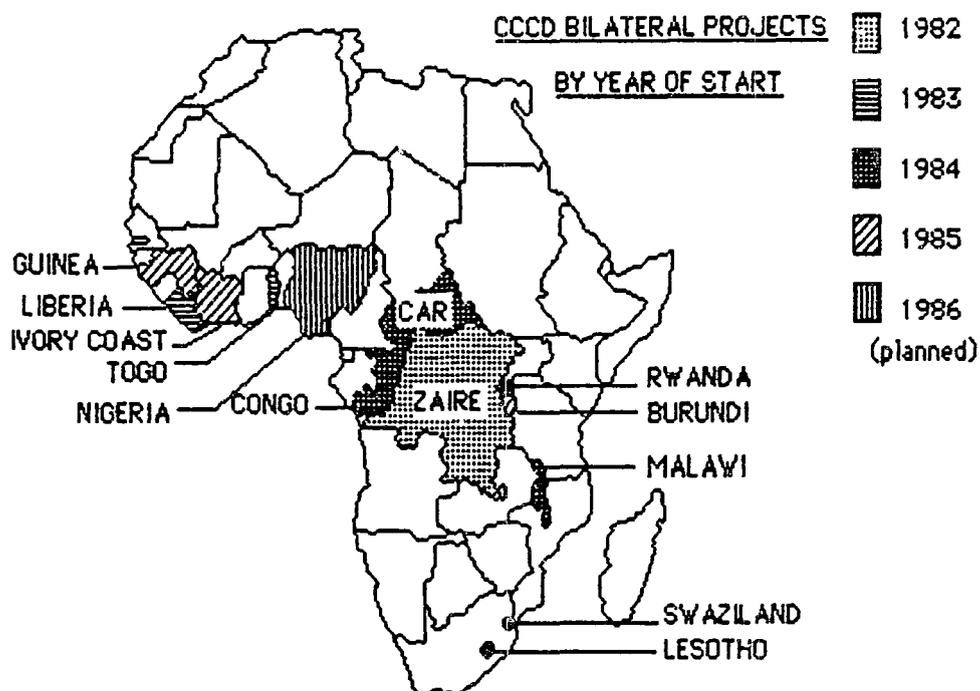
Several other agencies and projects are collaborating with CCCD in supporting Child Survival activities in Africa: the West European/North American organization Cooperation for Development in Africa (CDA) has endorsed CCCD as its major initiative in the health sector; the French Ministry of Cooperation and Development, through its Fonds d'Aide et Cooperation (FAC), is a partner in the CCCD project in Congo; the British Overseas Development Agency (ODA) has a CCCD bilateral agreement with the Government of The Gambia; and the sister child survival projects funded by AID's Science and Technology Bureau, including the Technologies for Primary Health Care Project (PRITECH), the Resources for Child Health Project (REACH), and the Communications for Child Survival Project (HEALTHCOM). Close collaboration is also maintained with WHO Geneva, UNICEF, and the Task Force for Child Survival.

The major accomplishments during 1985 and the constraints to achievement of CCCD objectives are detailed in the following pages. Several of these are particularly noteworthy and bear special mention here.

- Three bilateral CCCD project agreements were signed, bringing to full authorized complement (12) the number of AID funded country projects.
- AID and WHO/AFRO signed a grant agreement and agreed on a workplan for AFRO's implementation of intercountry training and health information systems development in support of CCCD.
- The Third Year CCCD Evaluation (internal) was carried out; recommendations included increasing the number of bilateral projects, lengthening the life of project, increasing the funding ceiling, deferring any additional disease interventions, and revising the CCCD Management Information System (MIS).

This report represents the first annual report utilizing the revised MIS. CDC/IHPO would appreciate your comments and suggestions regarding the present report (see address p. 34).

## USAID BILATERAL CCCD PROJECTS



COUNTRY	TOTAL POPULATION (000)	START	FINISH	USAID BUDGET (\$000)	LOCAL BUDGET (\$000)
ZAIRE	32 648	8/82	* 12/91	4 849	4 167
TOGO	2 860	4/83	4/87	1 140	373
LIBERIA	1 890	8/83	8/87	830	217
C A R	2 526	5/84	5/88	571	217
LESOTHO	1 519	5/84	5/88	578	375
MALAWI	6 983	6/84	3/88	1 423	1 331
RWANDA	5 904	6/84	5/88	1 072	956
CONGO	1 702	6/84	6/88	667	500
SWAZILAND	631	6/84	6/88	703	285
GUINEA	5 735	6/85	12/87	885	650
IVORY COAST	9 513	6/85	4/89	1 691	5 014
BURUNDI	4 631	9/85	3/88	834	233
<b>TOTAL (1985)</b>	<b>76 542</b>				
<b>NIGERIA (proposed)</b>	<b>94 431</b>				
<b>TOTAL</b>	<b>170 973</b>				

\*Proposed

## THE CCCD PROGRAM

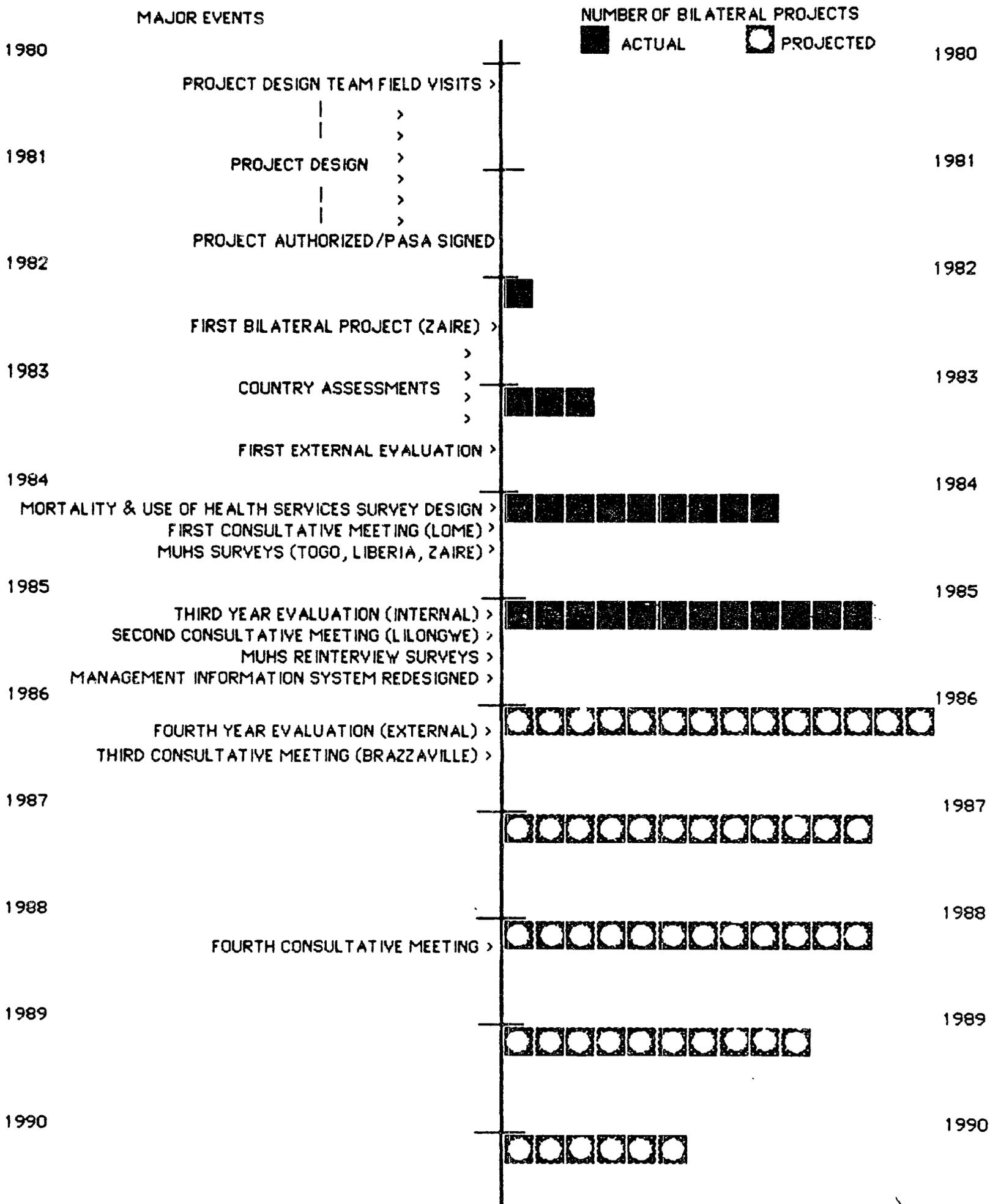
- OBJECTIVE**                      Reduce morbidity and mortality of African children (0-4 years) through strengthening national capability to:
- o Immunize infants and fertile age women (see pp. 6-7)
  - o Treat diarrheal dehydration with appropriate case management, emphasizing Oral Rehydration Therapy (ORT) (see pp. 8-9)
  - o Treat fever in children presumptively as malaria (see pp. 10-11)
  - o Provide malaria chemoprophylaxis to pregnant women

- STRATEGY**                      Promote and follow World Health Organization (WHO) policies and procedures and provide program support through the following inter-country and bilateral services:
- o Training (see pp. 12-13)
  - o Health Education/Promotion (see pp. 14-15)
  - o Health Information Systems (see pp. 16-19)
  - o Operational Research (see pp. 20-21)
  - o Technical Cooperation (see pp. 22-25)

### INDICATORS AND SPECIFIC TARGETS IN CCCD OPERATIONAL AREAS:

<u>Indicator</u>	<u>Baseline Levels</u>	<u>1989 Target</u>
Infant Mortality	100-200/1000	-25%
1-4 Mortality	10-20/1000/Year	-25%
Neonatal Tetanus Mortality	5-20/1000	-50%
Measles Mortality	20-80/1000	-50%
Vaccination Coverage	10%	80%
Newborn Tetanus Protection	5%	50%
Health Facility Use of ORT	1%	50%
Community Use of ORT	1%	20%
Presumptive Malaria Treatment	20%	70%

# CCCD TIMELINE



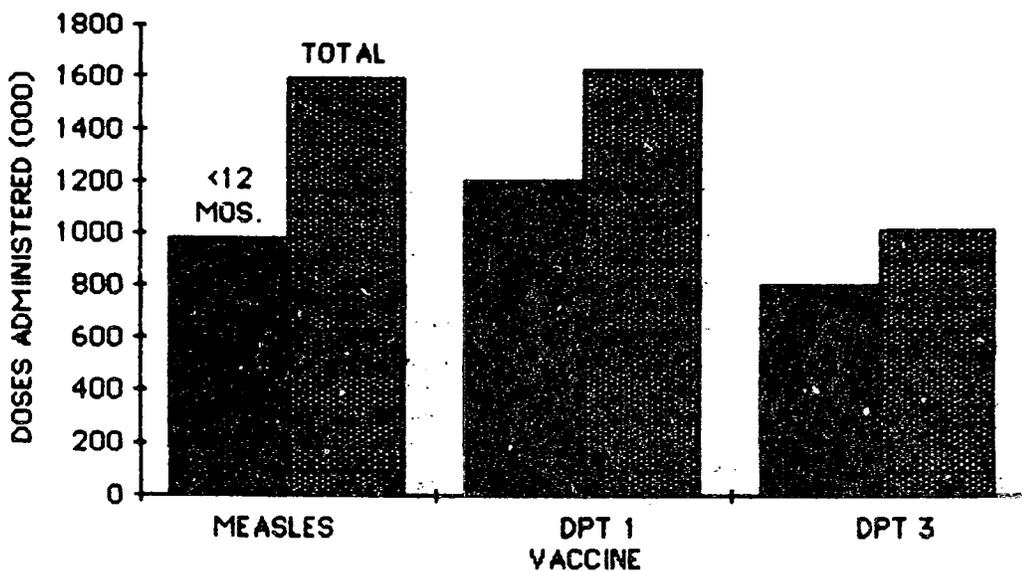
1987

## IMMUNIZATION

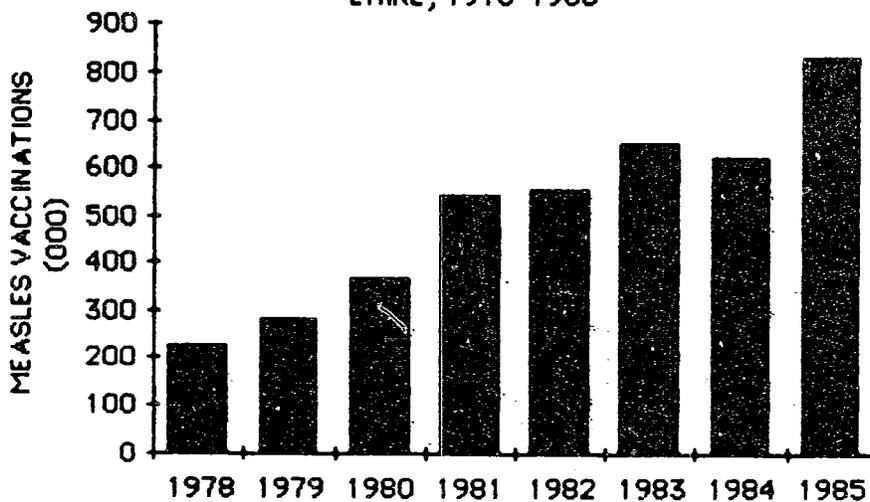
<b>Objectives</b>	<p>Reduce morbidity and mortality of childhood diseases preventable by immunization</p> <p>Achieve 80% coverage with BCG, measles, and 3 doses of DPT and polio vaccines by 12 months of age</p> <p>Achieve 80% coverage with 2 doses of tetanus toxoid of at risk pregnant women</p>
<b>Indicators</b>	<p>Percent of perinatal immunizations performed using sterile needle and sterile syringe</p> <p>Number of immunizations performed</p> <p>Percentage of children 12 - 23 months of age vaccinated</p> <p>Number of cases of target diseases</p>
<b>Achievements</b>	<p>Vaccine storage and distribution ("Cold Chain") established in all CCCD countries</p> <p>Staff trained in effective methods of vaccine delivery</p> <p>1.6 million children provided with at least one vaccine in 1985</p> <p>Vaccination coverage increasing in most countries</p>
<b>Problems</b>	<p>Limited access and coverage in rural areas</p> <p>Suboptimal community participation and low acceptance of immunization</p> <p>Measles transmission in children too young for measles immunization</p> <p>Measles transmission in areas having <math>\geq</math> 50% vaccination coverage (see graph mid-page 17)</p>

### IMMUNIZATION ACTIVITIES

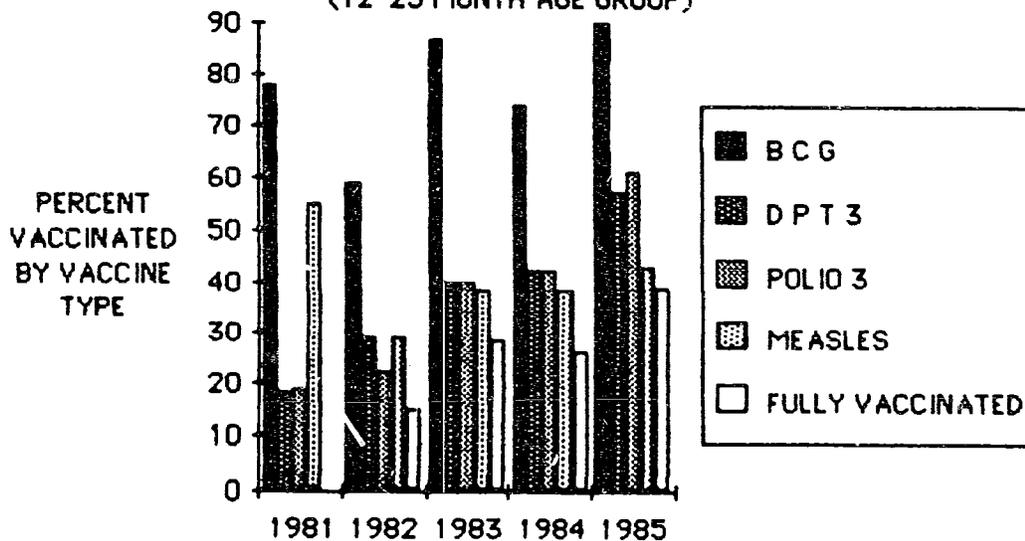
TOTAL VACCINATIONS CCCD-WIDE, 1985  
(SELECTED VACCINES, BY AGE)



NUMBER OF MEASLES VACCINATIONS,  
ZAIRE, 1978-1985



VACCINATION COVERAGE, SWAZILAND  
1981-1985  
(12-23 MONTH AGE GROUP)

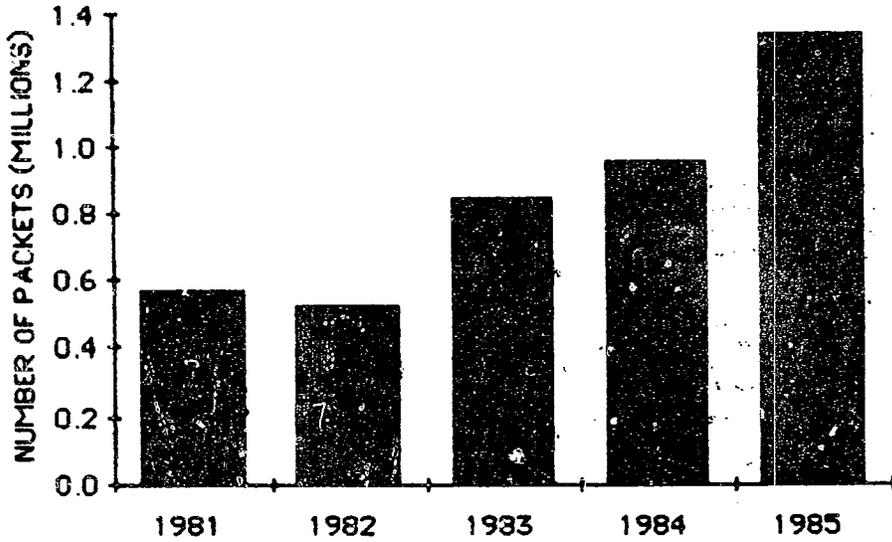


## DIARRHEAL DISEASE CONTROL

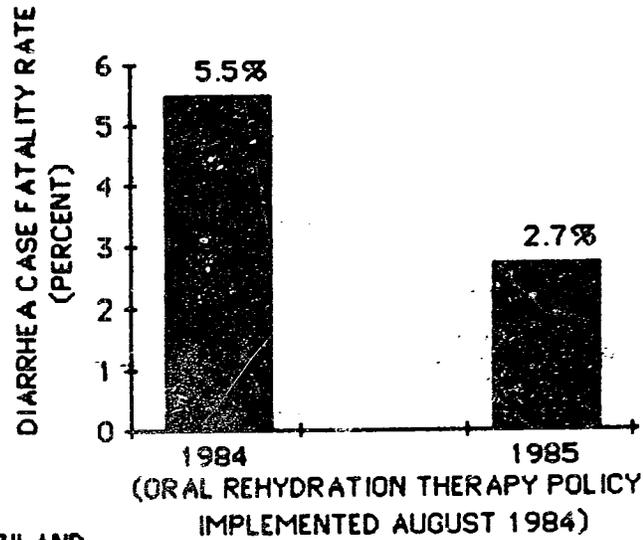
<b>Objectives</b>	<p>Reduce mortality due to severe dehydration secondary to diarrhea</p> <p>Improve clinical management of diarrheal disease at health facilities</p> <p>Improve community recognition and treatment of diarrhea</p>
<b>Indicators</b>	<p>Percent of health facilities using appropriate clinical management</p> <p>Percent of cases treated appropriately at home</p> <p>Diarrhea deaths</p> <p>Diarrheal case fatality rates in hospitals</p>
<b>Achievements</b>	<p>ORT units established in pediatric facilities in Zaire, Lesotho, Malawi, Ivory Coast and Congo</p> <p>WHO training centers for clinical diarrhea case management developed in Zaire and Malawi</p> <p>Reported ORT use greatly increased in all CCCD countries</p> <p>Surveys of ORT practices conducted in Rwanda, Ivory Coast and Lesotho</p> <p>Significant decrease in diarrheal case-fatality rate, Mama Yemo Hospital, Kinshasa, Zaire</p>
<b>Problems</b>	<p>Development of national policies, appointment of national coordinators</p> <p>Appropriate recommendations for home treatment</p> <p>Inadequate hands-on training of project staff</p> <p>In-country ORS production</p> <p>Inadequate (sometimes inappropriate) health education, training</p>

# CCCD DIARRHEAL DISEASE ACTIVITIES

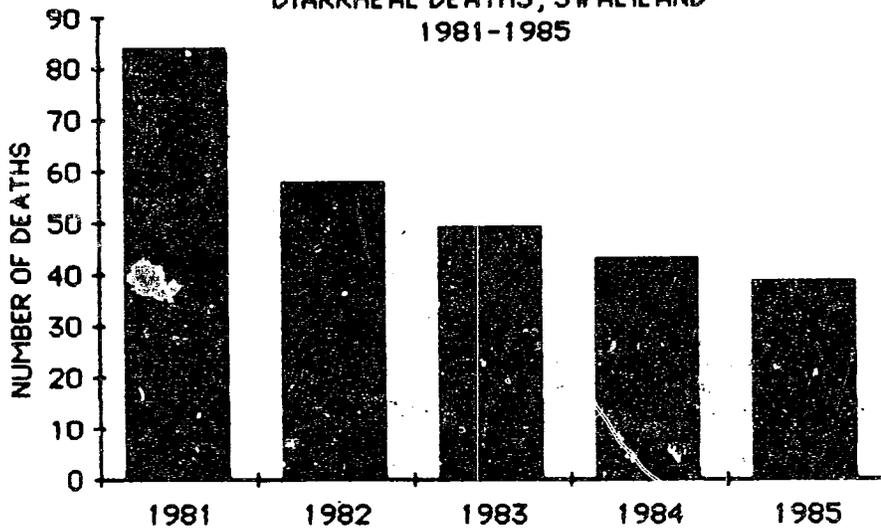
O R S DISTRIBUTION IN ZAIRE



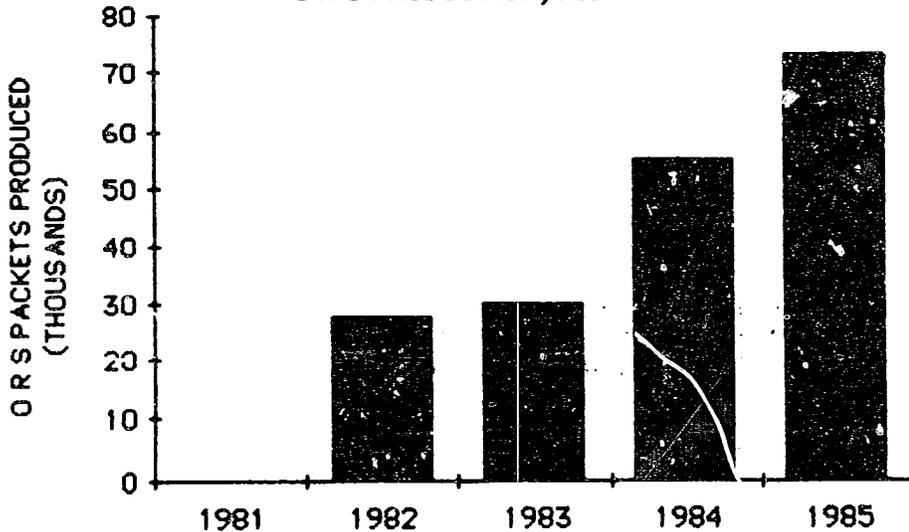
CASE-FATALITY RATES AMONG HOSPITALIZED DIARRHEA CASES, (AGE 0-5 YEARS) MAMA YEMO HOSPITAL, KINSHASA, ZAIRE



DIARRHEAL DEATHS, SWAZILAND 1981-1985



O R S PRODUCTION, LESOTHO



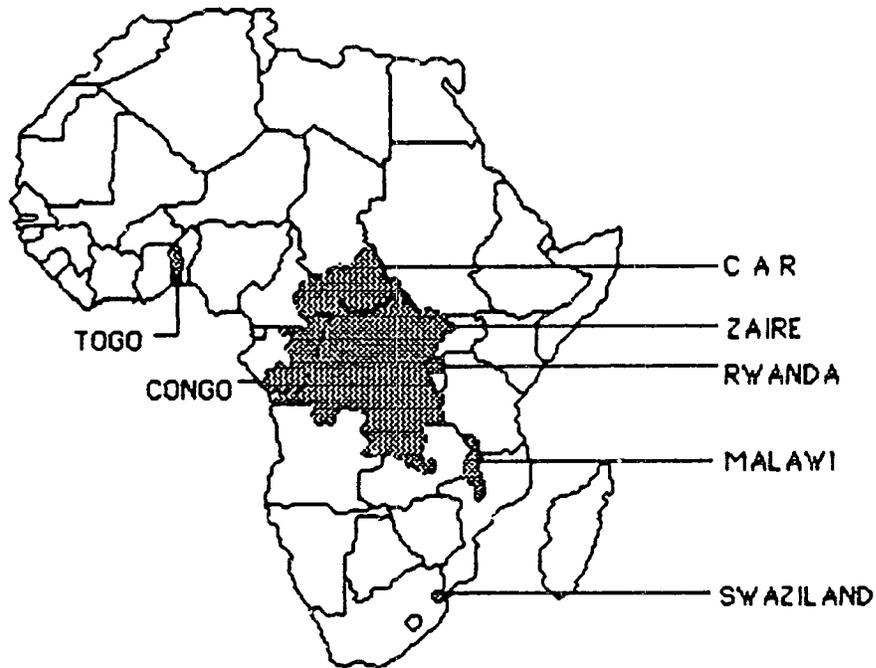
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## MALARIA

<b>Objectives</b>	<p>Reduce under five deaths due to malaria</p> <p>Decrease maternal and neonatal morbidity and mortality caused by malaria</p> <p>Develop national strategies for clinical management of malaria at health facilities and presumptive treatment in communities</p> <p>Develop sentinel surveillance for malaria parasite drug sensitivity</p>
<b>Indicators</b>	<p>Number of countries with national malaria policy</p> <p>Number of countries with sentinel surveillance for drug sensitivity</p> <p>Percent of health facilities using recommended treatment procedures for malaria</p> <p>Percent of fever cases in community treated appropriately</p>
<b>Achievements</b>	<p>National malaria treatment policies established in Malawi, Togo and Zaire</p> <p>Sentinel sensitivity surveillance established in C A R, Congo, Malawi, Togo and Zaire</p> <p>Clinical study on treatment of severe malaria carried out in The Gambia</p> <p>Use of appropriate drug therapy increasing in most countries</p>
<b>Problems</b>	<p>Spread of chloroquine resistance across Africa from east to west</p> <p>Toxicity of second line drugs</p> <p>High cost of alternative drugs</p>

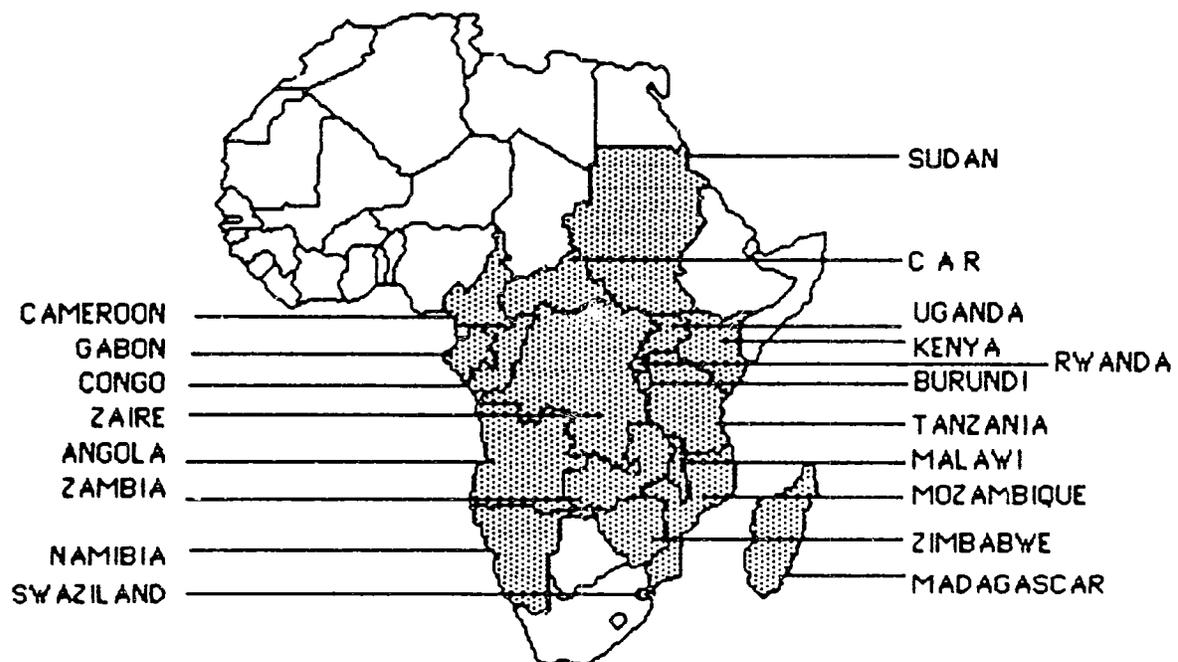
# MALARIA

**COUNTRIES FROM WHICH STAFF HAVE BEEN  
TRAINED IN IN VIVO DRUG RESPONSE TESTING  
THROUGH CCCD**



## CHLOROQUINE-RESISTANT *PLASMODIUM FALCIPARUM*

1985



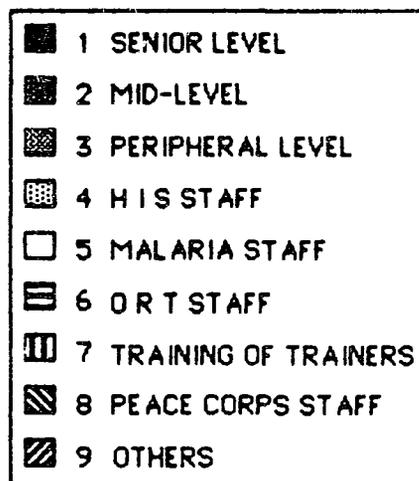
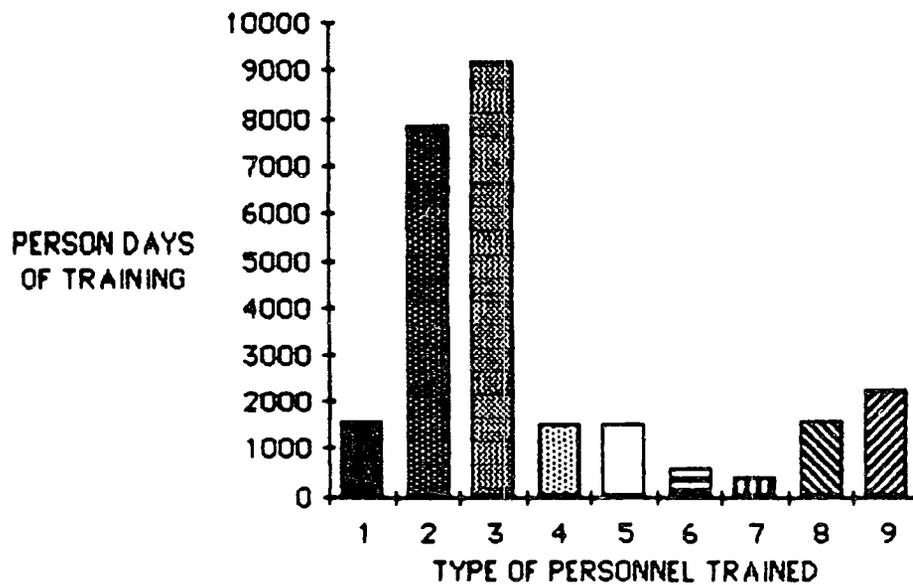
## TRAINING

<b>Objectives</b>	<p>Improve skills of African health workers in delivering preventive and curative services</p> <p>Improve CCCD countries' ability to plan, conduct and evaluate training</p> <p>Provide assistance in assessing CCCD training needs and identifying training resources</p> <p>Develop training strategies for health workers engaged in control of childhood infectious diseases</p>
<b>Indicators</b>	<p>Number of CCCD countries with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> national training plan</li> <li><input type="checkbox"/> training coordinator</li> <li><input type="checkbox"/> appropriate peripheral level training materials</li> </ul> <p>Number of health staff trained</p>
<b>Achievements</b>	<p>Over 5000 health workers trained in 1985</p> <p>Generic CCCD mid-level managers course development completed</p> <p>Local adaptation of training materials in 7 countries</p> <p>Training plans and strategies developed in 5 countries</p>
<b>Problems</b>	<p>Plans for senior management training not yet developed</p> <p>Plans and materials for peripheral level training require further development and evaluation</p>

# CCCD TRAINING ACTIVITIES

## PERSON DAYS OF TRAINING BY TYPE OF TRAINING

1985



## HEALTH EDUCATION/PROMOTION

<b>Objectives</b>	<p>Maximize utilization of EPI, CDD and malaria treatment services at health facilities</p> <p>Facilitate adoption of specific behaviors in the home/community during episodes of diarrhea and fever</p>
<b>Indicators</b>	<p>Number of countries having conducted behavioral and educational diagnosis (baseline Knowledge, Attitudes and Practices - KAP - surveys)</p> <p>Number of countries with health education action plans</p> <p>Vaccination coverage rates</p> <p>Percent of diarrhea and fever episodes treated at home with some form of ORT and antimalarial</p>
<b>Achievements</b>	<p>Baseline KAP surveys conducted in 5 countries</p> <p>Health education plans in support of one or more of the CCCD interventions prepared in 6 countries</p> <p>Special promotional campaigns implemented in 3 countries</p> <p>Educational materials produced and distributed in 7 countries</p> <p>Mid-level training module on health education revised</p> <p>Cooperative Agreement application received from University of North Carolina for intercountry training in health education planning and management</p>
<b>Problems</b>	<p>Inadequate data collection for health education planning and evaluation</p> <p>Inadequate integration and development of health education in tandem with the 3 CCCD interventions</p>

## STATUS OF HEALTH EDUCATION/PROMOTION

## CCCD BILATERAL PROJECTS

1985

ACTIVITY	BURUNDI	CAR	CONGO	GUINEA	IVORY COAST	LESOTHO	LIBERIA	MALAWI	RWANDA	SWAZILAND	TOGO	ZAIRE
PRE-PROGRAMMING VISIT BY IHPO HEALTH EDUCATION SPECIALIST												
NATIONAL H. E. COORDINATOR/ LIAISON DESIGNATED										?		
BASELINE/FORMATIVE DATA COLLECTED								?				
H. E. ASSESSMENT/STRATEGY/ WORKPLAN DEVELOPED												
PEACE CORPS JOB DESCRIPTIONS READY/PCV'S REQUESTED	N		N	N	N				N			
EDUCATIONAL MATERIALS DEVELOPED												
HEALTH WORKER TRAINING WITH PUBLIC EDUC. MATERIAL DIFFUSION								?			?	
MESSAGE DIFFUSION VIA PRINT/ MEDIA/SCHOOLS/ETC.								?				
REPORTING/MONITORING OF H. E. ACTIVITY COVERAGE AND CHANGES IN PRACTICES												

## KEY:

 FULLY COMPLETED

 PARTIALLY COMPLETED/UNDERWAY

 STATUS UNCERTAIN

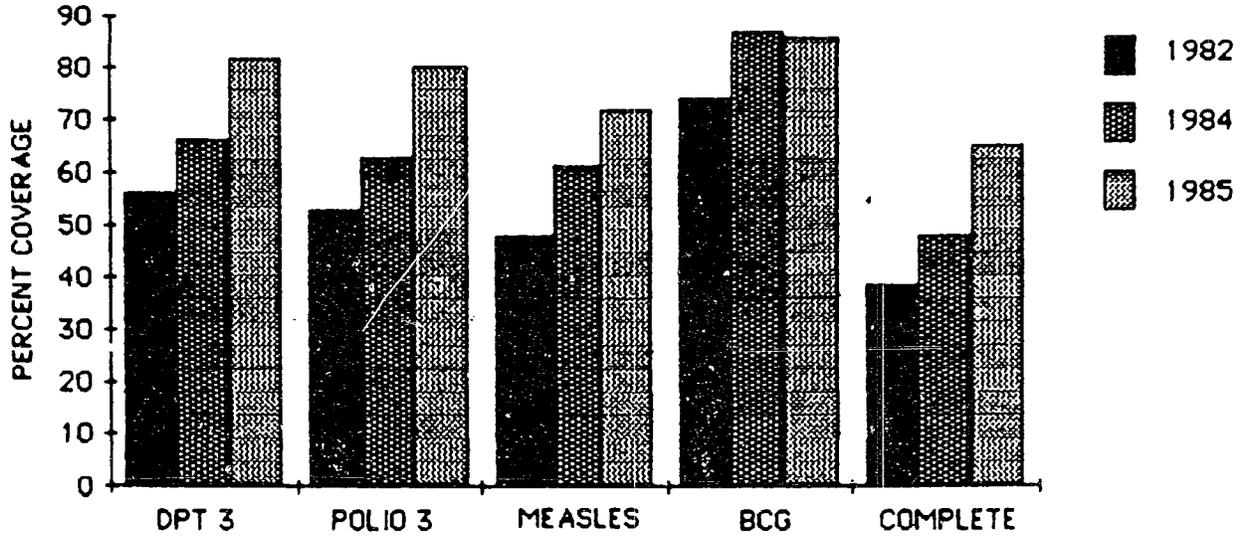
 NO

 NOT APPLICABLE

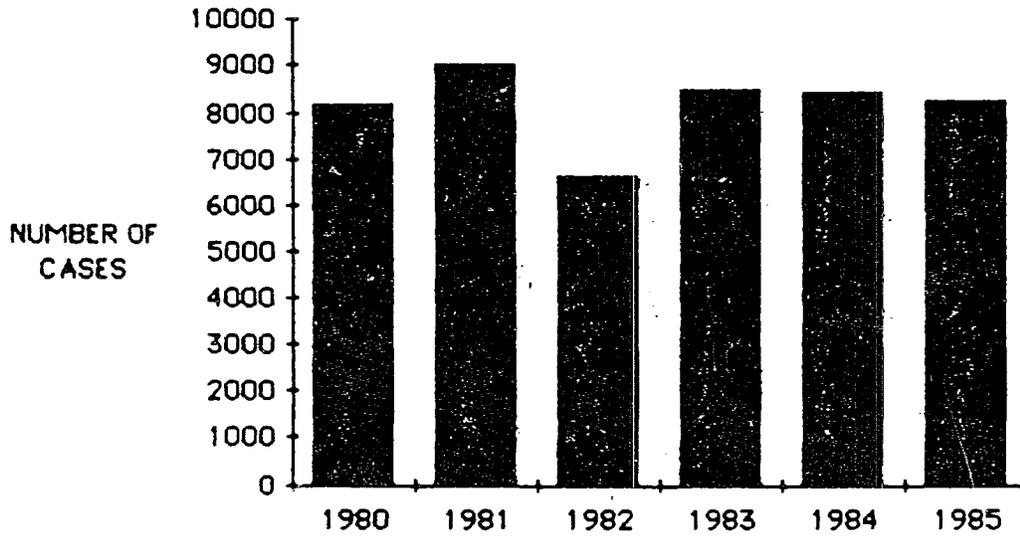
## HEALTH INFORMATION SYSTEMS

<b>Objectives</b>	<p>Strengthen ongoing systems of disease surveillance - data collection, analysis and use</p> <p>Document morbidity and mortality from target diseases</p> <p>Measure effectiveness of interventions in reducing morbidity and mortality</p>
<b>Indicators</b>	<p>Number of CCCD countries with systems to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> monitor supplies storage and distribution</li> <li><input type="checkbox"/> measure service availability at health facilities</li> <li><input type="checkbox"/> determine community health practices</li> <li><input type="checkbox"/> conduct morbidity surveillance</li> <li><input type="checkbox"/> measure mortality</li> </ul>
<b>Achievements</b>	<p>Developed a Management Information System which provides a format for country reports and a model for national use of health information</p> <p>Computerized annual CCCD country reports</p> <p>Developed survey methods to determine health practices at health facilities and in community</p> <p>Continued assessment and strengthening of CCCD country health information systems</p> <p>Conducted household interview surveys to measure mortality (MUHS surveys - see pages 18-19)</p>
<b>Problems</b>	<p>Delays and incompleteness of reporting</p> <p>Uncertain quality of health information</p> <p>Lack of feedback to collectors of health information</p> <p>Poor use of available health information by many host governments for program decision-making</p> <p>Imprecise mortality estimates from MUHS surveys</p>

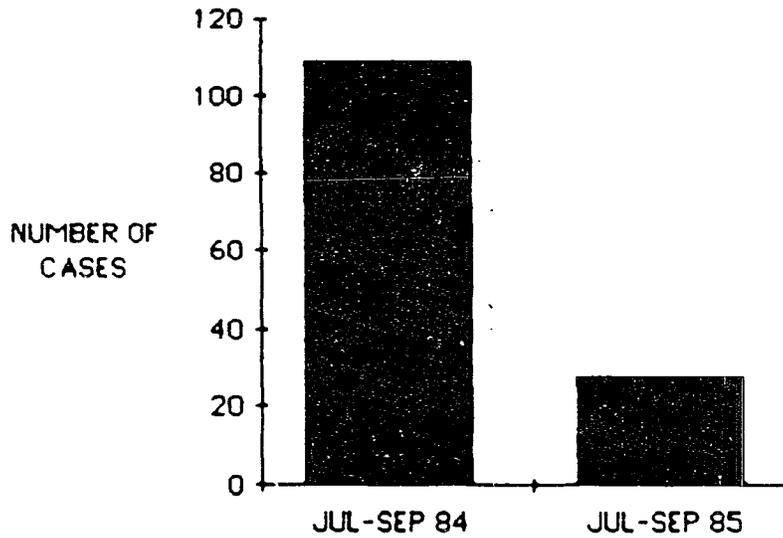
**IMMUNIZATION COVERAGE, LESOTHO, 1982-1985  
(AGE 12-23 MONTHS)**



**MEASLES IN KINSHASA, ZAIRE  
REPORTS FROM 14 SENTINEL SITES**



**PERTUSSIS IN LESOTHO**



## MORTALITY

- September, 1983      CCCD external evaluation identified need for better mortality data and development of methodology to monitor changes in mortality rates in order to demonstrate program effectiveness
  
- December, 1983      Mortality and Use of Health Services survey (MUHS) designed
  
- January, 1984      Survey design reviewed by external consultants in demography and anthropology
  
- July - September, 1984      MUHS surveys carried out in Liberia, Togo and Zaire
  
- January, 1985      External review of MUHS surveys recommended reinterview survey of sub-sample all 3 countries and independent demographic analysis
  
- June - September, 1985      Reinterview surveys carried out in Liberia, Togo and Zaire
  
- November, 1985      Results compiled and submitted for independent analysis

# INFANT AND UNDER FIVE MORTALITY

## RESULTS OF CLUSTER SAMPLE AND REINTERVIEW SURVEYS

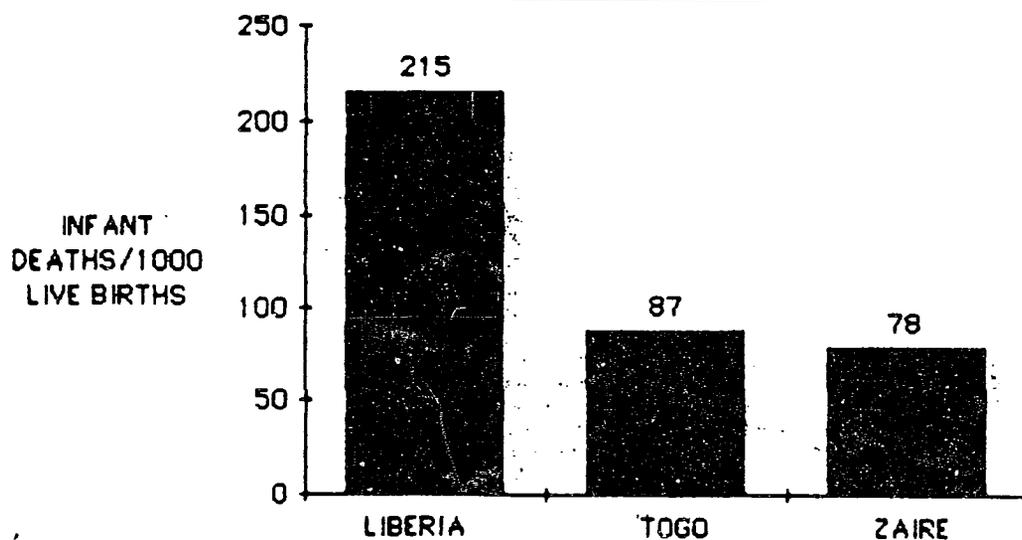
### IN SUBNATIONAL AREAS OF THREE CCCD COUNTRIES

COUNTRY	AREA	MORTALITY RATES PER 1000 LIVE BIRTHS			
		SAMPLE SURVEYS		REINTERVIEW SURVEYS	
		INFANT	UNDER FIVE	INFANT	UNDER FIVE
TOGO	PLATEAUX	31	80	87	191
ZAIRE	KINGANDU	44	115	78	194
ZAIRE	PAI KONGILA	42	--	--	--
LIBERIA	3 COUNTIES	189	301	215	365

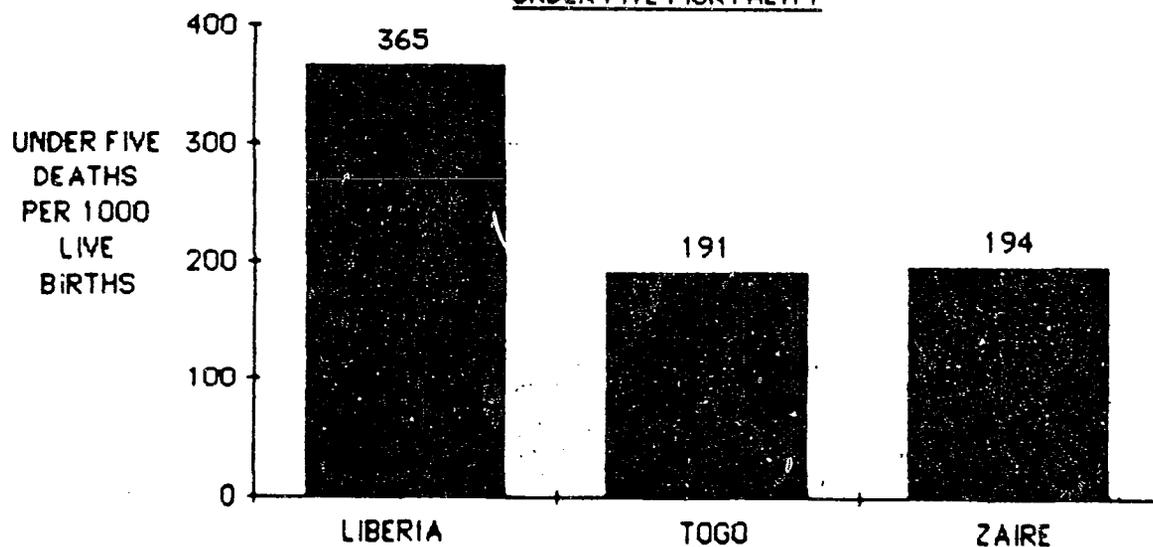
### MORTALITY ESTIMATES OBTAINED IN REINTERVIEW SURVEYS

#### SUBSAMPLES OF SUBNATIONAL AREAS OF TOGO, ZAIRE AND LIBERIA

#### INFANT MORTALITY



#### UNDER FIVE MORTALITY

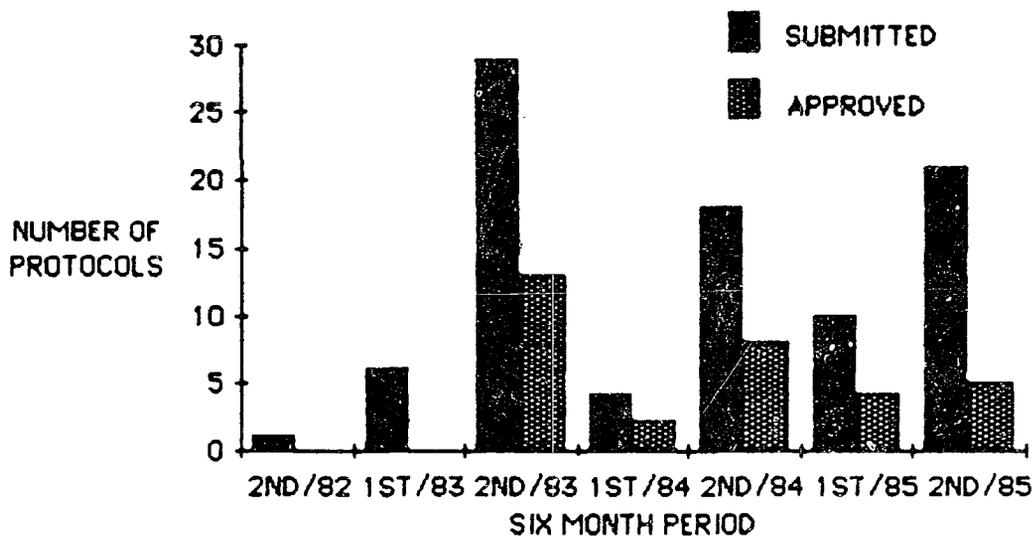


## OPERATIONAL RESEARCH

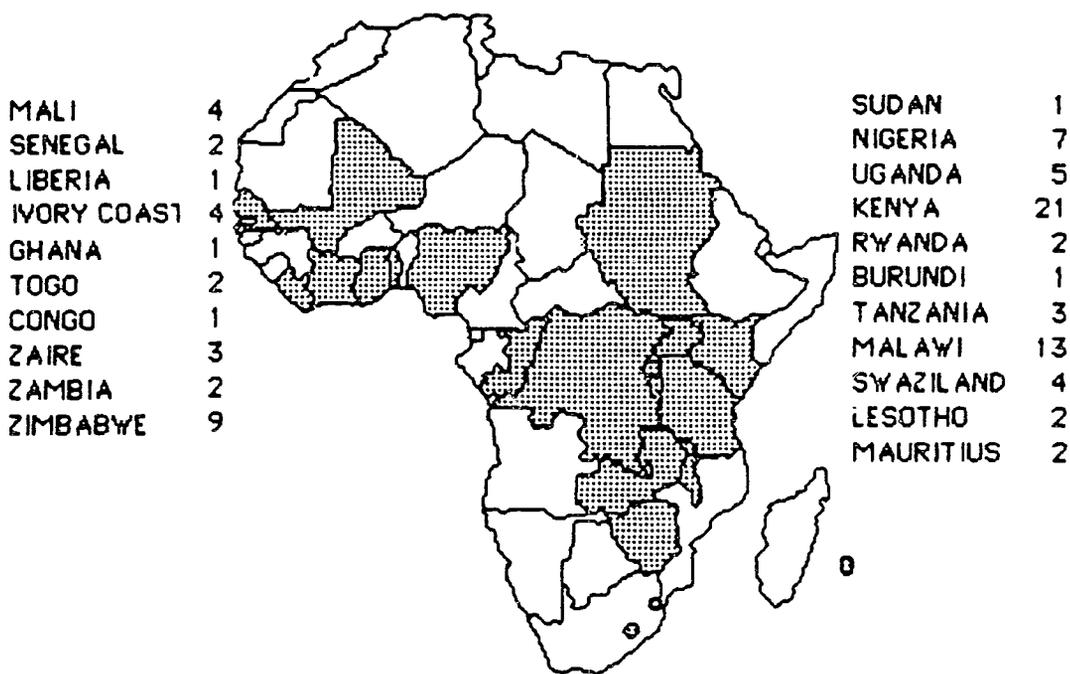
<b>Objectives</b>	<p>Identify and solve operational problems constraining achievement of CCCD targets and objectives</p> <p>Develop African capability to conduct operational research</p>										
<b>Indicators</b>	<p>Number of protocols submitted, approved, completed, published</p> <p>Impact of research projects on program operations</p>										
<b>Achievements</b>	<table border="0" style="width: 100%;"> <tr> <td style="padding-right: 20px;">Protocols Received</td> <td style="text-align: right;">89</td> </tr> <tr> <td>Protocols Approved</td> <td style="text-align: right;">32</td> </tr> <tr> <td>Protocols Funded</td> <td style="text-align: right;">31</td> </tr> <tr> <td>Projects Completed</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Published</td> <td style="text-align: right;">0</td> </tr> </table>	Protocols Received	89	Protocols Approved	32	Protocols Funded	31	Projects Completed	3	Published	0
Protocols Received	89										
Protocols Approved	32										
Protocols Funded	31										
Projects Completed	3										
Published	0										
<b>Problems</b>	<p>Small research projects require substantial time-intensive technical collaboration in the design, field work, and analysis stages</p> <p>CCCD field staff and Research Review Committee members have not been able to provide sufficient support to all researchers, particularly in countries which do not have bilateral CCCD programs</p>										

# OPERATIONAL RESEARCH ACTIVITIES

OPERATIONAL RESEARCH PROTOCOLS  
SUBMITTED AND APPROVED BY 6  
MONTH PERIODS



COUNTRIES OF ORIGIN OF SUBMITTED PROTOCOLS



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## BILATERAL PROJECT SUMMARIES

### BURUNDI

- o The Project Agreement was signed August 30, 1985.
- o Technical Officer has been selected; personal services contract pending.
- o Project commodity orders have been initiated by USAID Mission.

### CENTRAL AFRICAN REPUBLIC

- o First Year Review of project recommended assignment of full-time Technical Officer; arrangements completed for detail of State Department employee for this position.
- o Surveys were carried out to establish baseline data regarding morbidity, mortality, vaccination coverage, and knowledge/attitudes/practices related to malaria and diarrhea to assist with policy and work plan development.
- o A multiple antigen immunization campaign was carried out in the capital city, Bangui, to avert an anticipated measles epidemic (following 2 years of low transmission and little immunization); coverage of 80% of the target population was achieved.

### CONGO

- o In response to a recommendation made at the First Year Review of the project, a full-time national CCCD coordinator was appointed to work as counterpart to the CDC Technical Officer.
- o Urban and rural cost studies were conducted to study the potential for sustained service delivery after completion of bilateral assistance; cost recovery methods, e.g. fee for service, to be studied.
- o Despite highest ever levels of immunization coverage (40% children 12-23 months fully immunized nationally), major measles epidemic was experienced through most of country; CCCD epidemiologic investigations found up to 1/3 of cases in <9 month age group (ineligible for measles immunization).
- o Diarrhea and malaria activities strengthened with establishment of ORT units in 19 urban health facilities and instituting chloroquine sensitivity monitoring.
- o Chloroquine sensitivity monitoring initiated.

### GUINEA

- o The CCCD Project Agreement was signed and the CDC Technical Officer assigned in September.
- o Guinean CCCD counterparts were identified and assigned.
- o Implementation planning and commodity procurement are under way.

## BILATERAL PROJECT SUMMARIES (CONT.)

### IVORY COAST

- o The Technical Officer arrived at post in October, following execution of the Project Agreement.
- o Ivorian counterparts were assigned.
- o Planning and procurement are proceeding.

### LESOTHO

- o CCCD fully operational in all 19 Health Service Areas (HSA) of Lesotho.
- o CCCD decentralized training plans developed and implemented in all 19 HSA's; under these plans over 2000 health staff will receive CCCD training by the end of 1987.
- o National immunization coverage rate (fully immunized 12-23 months age group) increased from 40% (1983) to 49% (1984) to 65% (1985).

### LIBERIA

- o Fraught with problems a year ago, the Liberia project implemented most of the recommendations made at the First Year Review and finally started service delivery in August.
- o A cost recovery policy was approved and implementation of a fee for service system has begun; 25 cents paid for an immunization card entitles holder to full EPI series.
- o CCCD played key role in extensive planning for National Immunization Week designed to accelerate EPI coverage; originally scheduled for November, campaign rescheduled for January because of civil unrest following attempted coup.
- o The Mortality and Use of Health Services (MUHS) verification survey was completed.
- o USAID Mission support for the project and active participation of the Health and Population Officer provided a positive impact on CCCD.

### MALAWI

- o Hosted Second Annual CCCD Consultative Meeting and Africa Regional Workshop on Oral Rehydration Therapy in March.
- o CCCD is operational nationwide.
- o A national policy on malaria treatment was established, based on the findings of research sponsored by CCCD.
- o A national policy was developed on oral rehydration therapy; each of 3 regions has a team to promulgate policy, develop ORT corners in health facilities, train and supervise staff, and monitor ORT implementation.
- o In the face of a major decrease in immunization coverage in the target aged children (from 55% fully immunized in 1984 to 35% in 1985 - as measured by survey), CCCD staff made recommendations on management, planning, and technical issues directed at reversing this decline. Weaknesses in the Malawi health information system make ongoing monitoring of health data difficult.

## BILATERAL PROJECT SUMMARIES (CONT.)

## RWANDA

- o CCCD implementation began with the arrival of the CDC Technical Officer, the establishment of offices and a coordinating committee, and receipt of start-up commodities.
- o Training has been conducted in mid-level management, ORT and chloroquine sensitivity monitoring to permit implementation of these activities.
- o A national diarrhea and malaria KAP survey was conducted to help develop national control policies and plans.

## SWAZILAND

- o First Year Review recommended assignment of full-time Technical Officer; personal services contract will be awarded in January 1986.
- o CCCD supported a Mass Media and Health Practices project to develop and promote the national diarrheal disease program.
- o Immunization coverage as measured by survey has declined slightly since 1983; the following actions have been taken to address this problem:
  - Appointment of an EPI Committee to review plans and activities;
  - Reappointment of former EPI Director (after position had been vacant for a year);
  - Training and health education materials developed to address needs identified in community and clinic KAP surveys.

## TOGO

- o The midterm CCCD evaluation was conducted by an independent international team between November 4 - 24, 1985.
- o Implementation of diarrheal disease intervention is lagging behind other CCCD activities, apparently because of organizational problems in the Ministry of Health.
- o Vaccination coverage survey findings in Maritime Region where CCCD started in 1984:

YEAR	BCG	DPT3	POLIO3	MEASLES	FULLY IMMUNIZED	
					RURAL	URBAN
1984	33%	3%	3%	3%	0%	5%
1985	64%	21%	18%	34%	12%	32%

- o All physicians-in-charge of medical sectors (21) and one-third of all public health paramedical personnel (519) have received CCCD training.

## BILATERAL PROJECT SUMMARIES (CONT.)

### ZAIRE

- o A full-time director of CCCD was appointed to replace the previous director who during 1985 had been assigned other duties and could devote only a small amount of time to CCCD.
- o Two senior level appointments were made to the CCCD staff to assume responsibilities for diarrheal disease control and malaria treatment components of the program.
- o The midterm evaluation of CCCD/Zaire was carried out in February by an international team led by WHO.
- o The Government of Zaire has not been able to provide its full share of CCCD funding; program expansion has been curtailed as a result.
- o In view of delays in expansion and the accompanying setback in the timetable for achieving objectives, the evaluation team recommended an extension in the life-of-project (LOP); USAID Zaire and the Ministry of Health have subsequently requested such an extension (to 1991) in order to accomplish original objectives of CCCD while permitting more time for Zaire to absorb the recurrent costs.
- o Diarrhea case fatality rates in Kinshasa's largest hospital, Mama Yemo, dropped 50% (5.5% to 2.7%) since ORT was established there in August 1984.
- o With the help of a locally produced ORT manual, 50 health staff from 35 urban facilities were trained and these facilities are providing ORT.
- o An intercountry training course on chloroquine sensitivity monitoring was held for 45 specialists from Zaire, Congo, CAR and Rwanda; surveys conducted as part of the course documented the current chloroquine resistance situation, showing that resistance is widespread.

### OTHER COUNTRIES

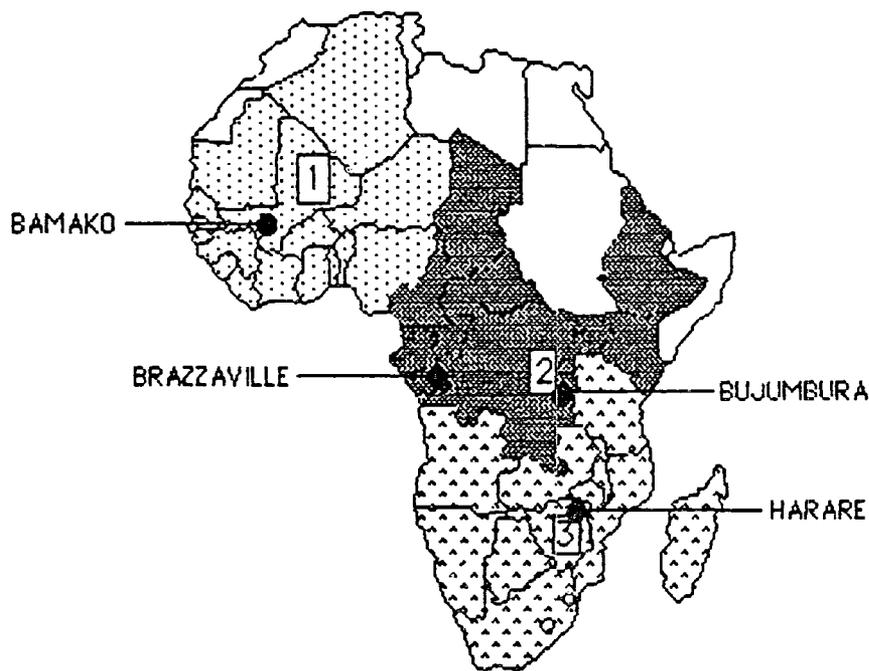
- o The Third Year CCCD Evaluation recommended increasing the current ceiling of 12 bilateral projects to 16; a proposal for this increase is going through the AID approval process.
- o In anticipation of approval for additional CCCD bilateral activities, a country assessment was conducted in Nigeria by CCCD and PRITECH (AID's Technologies for Primary Health Care project); a project proposal is being reviewed by AID.
- o Plans for a CCCD project in the Sahel collapsed when the USAID Mission in Burkina Faso decided against increasing its health project portfolio; AID Washington and CDC have requested reconsideration.

## WHO AFRICAN REGIONAL OFFICE (AFRO)

In January 1985, AID signed a Grant Agreement with WHO/AFRO which provides for AFRO's support of CCCD through intercountry training and health information systems activities over a 4 year period. The training element offers opportunities to participants in a variety of courses, with emphasis on the strengthening of technical and managerial skills. The health information system component of the Grant Agreement focuses on the publication of an AFRO Epidemiological Bulletin, due to begin in 1986.

AFRO, under the leadership of a new Regional Director, began a major reorganization during 1985. Each of the 3 sub-regions is being strengthened with the establishment of sub-regional offices in Bamako, Bujumbura, and Harare. These offices will carry out many of the functions previously handled by the Regional Office in Brazzaville.

SUB-REGIONS OF THE W H O AFRICAN REGION



# AD ✓ REMEDIAL ACTIONS

## PROVED PROGRAM MANAGEMENT

than 9 months  
(inflation)

17  
W

27%



18%

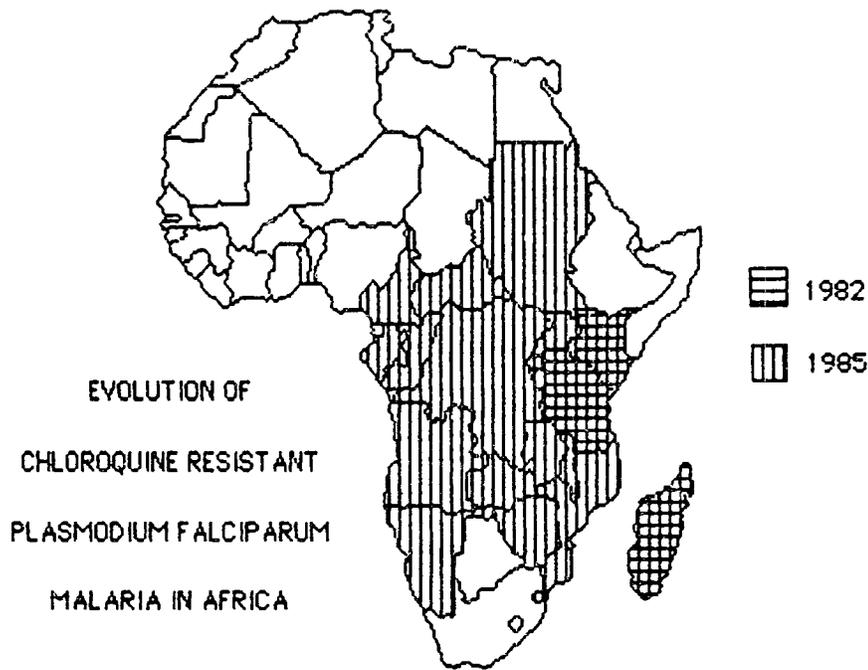
4 months

hydration fluids

of home treatment  
available fluids

26. □ MAJOR CONSTRAINTS AND ✓ REMEDIAL ACTIONS (CONT.)

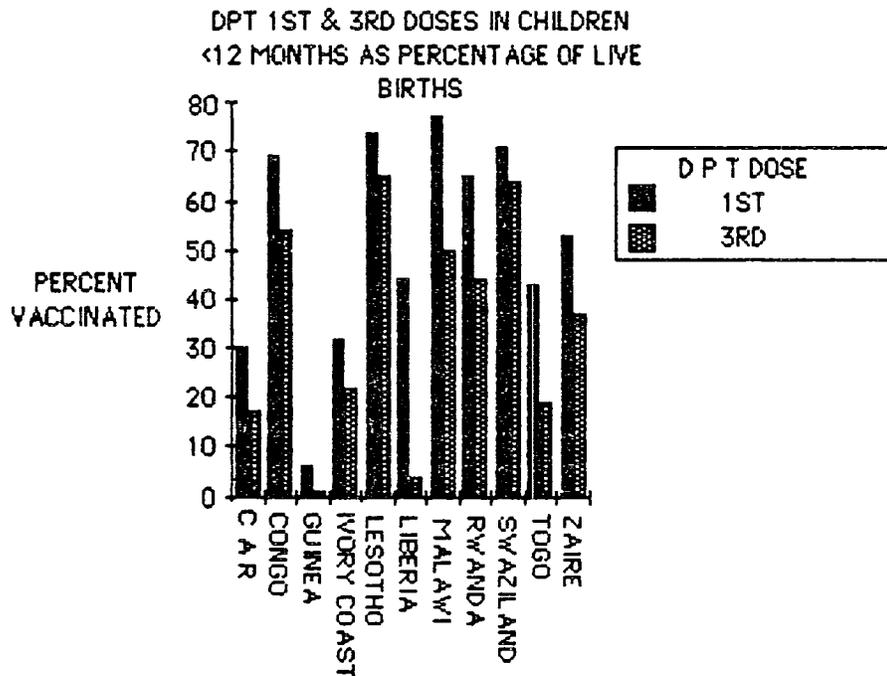
□ Increasing resistance of malaria parasite to chloroquine



- ✓ Development of sentinel surveillance for malaria drug sensitivity
- ✓ Development of national malaria treatment policies

2. UTILIZATION OF SERVICES BY THE COMMUNITY

□ High immunization drop out rates in some countries



- ✓ Operational research on problem identification, resolution and evaluation

## □ MAJOR CONSTRAINTS AND ✓ REMEDIAL ACTIONS (CONT.)

### 3. SERVICE DELIVERY

□ Use of same needle and syringe for multiple injections

✓ Survey of current practices of needle use

✓ Provision of equipment, training and supervision

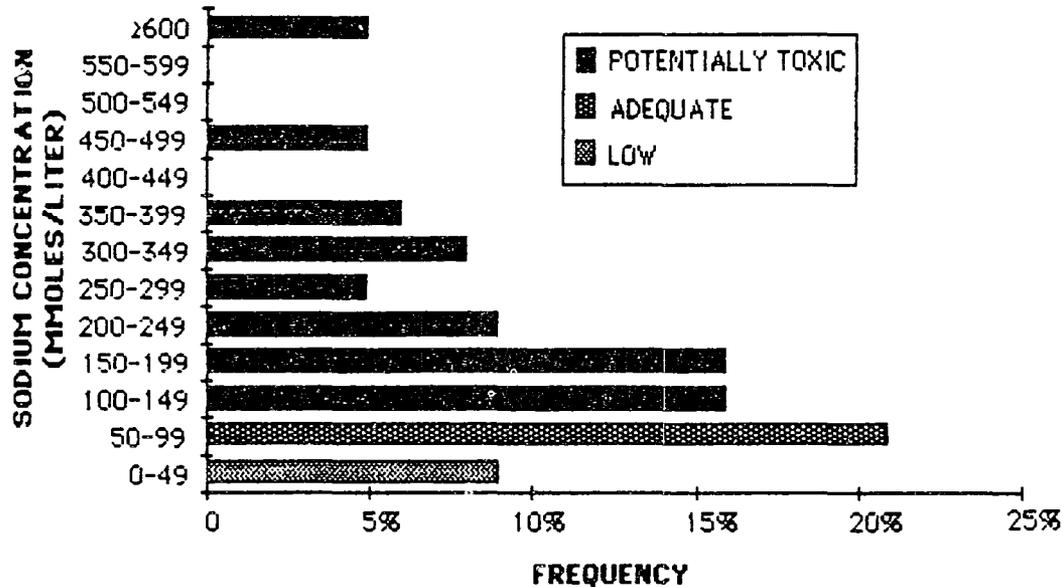
□ Use of inadequate quantities of ORS in clinical management of diarrhea at health facility level

✓ Supervision

✓ Training

□ Use of ineffective or dangerous home remedies for treating diarrhea (e.g., fluid restriction, enemas, antibiotics, improper preparation of recommended fluids)

### SODIUM CONCENTRATIONS OF SUGAR-SALT SOLUTIONS PREPARED AT HOME, RWANDA, 1985 (N=63)

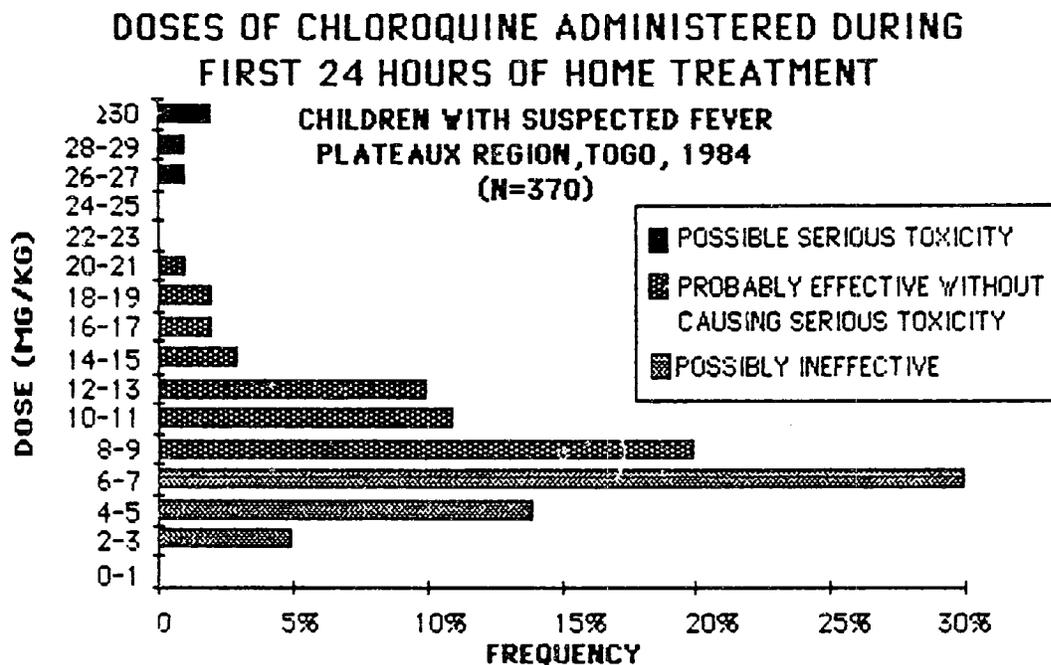


✓ Studies of current health practices

✓ Education in appropriate treatment, emphasizing easy-to-teach home-available fluids for prevention of dehydration

30.  MAJOR CONSTRAINTS AND  REMEDIAL ACTIONS (CONT.)

Use of less than adequate dose of antimalarials at community level



Education of drug dispensers

Treatment of malaria with injectables, an expensive and unsafe practice, frequently associated with post-injection paralysis

Togo Data Before and After Training

YEAR	ANTI-MALARIAL INJECTION	ORAL CHLOROQUINE
1983	56%	44%
1985	18%	82%

Professional education on advantages of oral malaria therapy in terms of safety, efficacy and cost

## MAJOR CONSTRAINTS AND REMEDIAL ACTIONS (CONT.)

### 4. MONITORING AND EVALUATION

Ineffective and delayed use of available national health data

Introduction of micro-computers and feedback

Inadequate understanding of community health practices and their predictors

Development and testing of PRACTICES SURVEY, including follow-up of sub-sample

### 5. AFFORDABILITY AND SUSTAINABILITY

Lack of funding for essential drugs

Reimbursable procurement of chloroquine and ORS (Zaire)

Limited and shrinking budgets for recurrent costs

Fee for service and other cost recovery plans

Poor understanding of cost-effectiveness in health planning (e.g. relative cost of ORT vs IV in diarrhea management)

Cost studies

## CCCD STAFF

## AFRICA

## USAID BILATERAL PROJECTS

<u>COUNTRY</u>	<u>NATIONAL COORDINATOR</u>	<u>TECHNICAL OFFICER</u>	<u>USAID PROJECT OFFICER</u>
ZAIRE	MAMBU MA-DISU	JEANNEL ROY	GLEN POST FELIX AWANTANG
TOGO	KARSA TCHASSEU	KEVIN MURPHY	RUDY THOMAS
LIBERIA	ROSE MACAULEY	JIM THORNTON	BETSY BROWN
MALAWI	GEOFFREY LUNGU	REGGIE HAWKINS	CHARLES GURNEY
LESOTHO	M. T. BOROTHO	JOHN NELSON	DEAN BERNIUS
SWAZILAND	G. MATSEBULA	JOHN NELSON	CHARLES DEBOSE
CONGO	GABRIEL MADZOU	KAREN HAWKINS-REED PIERRE EOZENOU (FAC)	FELIX AWANTANG
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RWANDA	A. NTLIVAMUNDA	MARYANNE NEILL	CARINA STOVER
GUINEA	FASSOU HABA	DIANNA GERSKI	MARK WENTLING
IVORY COAST	L. BLA TOH	BOB WEIERBACH	JOHN SCHNEIDER

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IVORY COAST	CONNIE DAVIS	BURKINA FASO	ALAIN ROISIN

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\* FULL TIME CCCD

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## REFERENCE DOCUMENTS

<b>General</b>	CCCD Project Paper CCCD Project Description CCCD Workplan 1982-83 CCCD Workplan 1983-84 CCCD Workplan 1984-85 CCCD Workplan 1985-86
<b>Bilateral</b>	Country Assessment Reports - 14 Bilateral Project Grant Agreements (ProAgs) - 12
<b>Periodic Reports</b>	Monthly reports from CCCD field staff Quarterly reports from field staff (through 1984) Annual reports from each bilateral project, 1985 Quarterly Reports (project-wide MIS) Annual Reports (project-wide MIS), 1983, 1984
<b>Evaluations</b>	Bilateral project review reports Bilateral project evaluation reports First External Evaluation, September 1983, report Internal Evaluation, January 1985, report
<b>Special Reports</b>	Consultant Reports Cost Studies Mortality and Use of Health Services (MUHS)

THESE DOCUMENTS ARE AVAILABLE AT CDC. FOR SPECIFIC REFERENCES, WRITE:

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