AF/TR

ANNUAL REPORT
FISCAL YEAR 1984

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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FY84

ANNUAL REPORT

Combatting Childhood Communicable Diseases Project (CCCD)

Project 698-0421

October 1, 1983 - September 30, 1984

COMBATTING CHILDHOOD COMMUNICABLE DISEASES

Centers for Disease Control

International Health Program Office

Combatting Childhood Communicable Diseases

in Africa

Annual Report

Fiscal Year

1984

AID Project No. 698-0421

Contents

		Pages
I.	SUMMARY AND MAJOR RECOMMENDATIONS	1
II.	PROJECT BACKGROUND GOALS AND PURPOSES	6
III.	CCCD MANAGEMENT INFORMATION SYSTEM: STANDARD TABLES	13
IV.	INTERCOUNTRY ACTIVITIES	60
	A. Training Development	60
	1. Outputs	60
	2. Impact to Date	62
	3. Current Potential of Training Development to Reach Project Goal	62
	4. Recommendations and Action Items	62
	5. Training Development Work Plan, Fiscal Years 1984-1985	64
	B. Training	67
	1. Outputs	67
	2. Impact to Date	67
	3. Current Potential of Training to Reach Project Goal	67
	4. Recommendations and Action Items	68
	5. Training Work Plan, Fiscal Years 1984-1985	69
	C. Operations Research	73
	1. Outputs	73
	2. Impact to Date	74
	3. Current Potential of Operations Research to Reach Project Goal	75
	4. Recommendations and Action Items	75
	5. Operations Research Work Plan, Fiscal Years 1984-1985	76

Page

D. Health Information System 78
1. Outputs 78
2. Impact to Date 82
3. Current Potential of Health Information System to Reach Project Goal 82
4. Recommendations and Action Items 83
5. Health Information System Work Plan, Fiscal Years 1984-1985 84

E. Health Education/Promotion 86
1. Outputs 86
2. Impact to Date 88
3. Current Potential of Health Education/Promotion to Reach Project Goal 89
4. Recommendations and Action Items 89
5. Health Education/Promotion Work Plan, Fiscal Years 1984-1985 91

V. BILATERAL PROJECTS 97

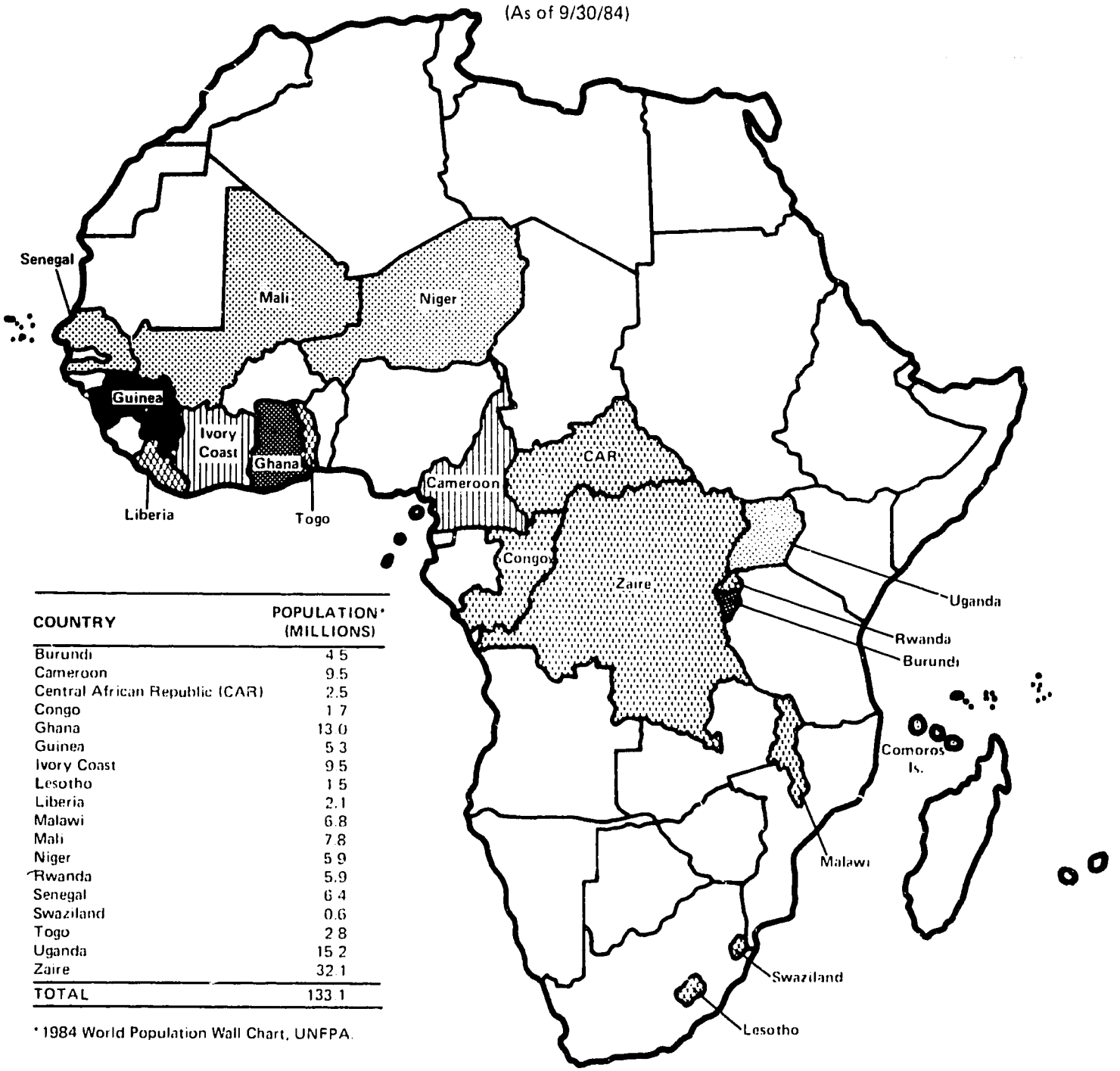
1. Outputs 97
2. Impact to Date 99
3. Current Potential of Bilateral Projects to Reach Project Goal 100
4. Recommendations and Action Items 100
5. Bilateral Projects Work Plan, Fiscal Years 1983-1984 101

ANNEXES 102

1. Central African Republic 102
2. People's Republic of Congo 108
3. Lesotho 114
4. Liberia 127
5. Malawi 140
6. Rwanda 154
7. Swaziland 160
8. Togo 173
9. Zaire 191

Combatting Childhood Communicable Diseases
Africa Regional Project
(698-0421)

(As of 9/30/84)



COUNTRY	POPULATION* (MILLIONS)
Burundi	4.5
Cameroon	9.5
Central African Republic (CAR)	2.5
Congo	1.7
Ghana	13.0
Guinea	5.3
Ivory Coast	9.5
Lesotho	1.5
Liberia	2.1
Malawi	6.8
Mali	7.8
Niger	5.9
Rwanda	5.9
Senegal	6.4
Swaziland	0.6
Togo	2.8
Uganda	15.2
Zaire	32.1
TOTAL	133.1

*1984 World Population Wall Chart, UNFPA.

KEY

- Bilateral Projects Operational
- Project Agreements Pending
- Assessed Not Approved for Funding
- Assessments Scheduled in FY 85
- Countries Receiving CCCD Assistance in Primary Health Care Planning

GLOSSARY OF ABBREVIATIONS

AFRO (WHO/AFRO)	African Regional Office of WHO
AID (USAID)	Agency for International Development
AID/W	AID Washington
ARHEC	African Regional Health Education Centre
CAR	Central African Republic
CCCD	Combatting Childhood Communicable Diseases
CDA	Cooperation for Development in Africa
CDC	Centers for Disease Control
CDD	Diarrheal Diseases Control Program (WHO)
CIE	International Childrens Center
DPT	Diphtheria, Pertussis, Tetanus Vaccine
EPI	Expanded Program on Immunization (WHO)
FE	Field Epidemiologist
FSO	Foreign Service Officer
FY	Fiscal Year
HIS	Health Information Systems
IHPO	International Health Program Office (CDC)
IRB	Institutional Review Board
LO	Liaison Officer (CCCD)
LOP	Life of Project
MLM	Mid-Level Managers (training course)
MOH	Ministry of Health
MUHS	Mortality and Use of Health Services Survey
OCCGE	Organization for Coordination and Cooperation Against Endemic Diseases
OCEAC	Organization Against Endemic Diseases in Central Africa
OR	Operations Research
ORS	Oral Rehydration Salts (or Solution)
ORT	Oral Rehydration Therapy
PASA	Participating Agency Service Agreement
PHC	Primary Health Care
RRC	Research Review Committee
TDY	Temporary Duty
T.O. (TO)	Technical Officer
UNICEF	United Nations Children's Emergency Fund
USAID	Agency for International Development (AID)/Field Mission or Office of AID
WHO	World Health Organization
WHO/AFRO	African Regional Office of WHO

-1-

CCCD Annual Report
(Fiscal Year 1984)

I. SUMMARY AND MAJOR RECOMMENDATIONS

This is the second annual report of the Combatting Childhood Communicable Diseases (CCCD) Project (No. 698-0421) utilizing the Management Information System format. The report covers the period of October 1, 1983, to September 30, 1984 (Fiscal Year 1984), which represents the third year of project implementation.

During the year, six project agreements were signed, bringing to nine the number of countries having bilateral CCCD projects with the Agency for International Development (AID). There are now 10 Centers for Disease Control (CDC) direct-hire staff based in Africa to provide on-site project management and technical cooperation. Because of stringent position ceiling constraints at CDC, it was decided that any additional Africa-based staff will be hired through Personal Services Contracts (PSC). Through the Participating Agency Service Agreement (PASA) for CCCD, AID delegated to CDC the necessary authority to do PSC hiring. At year's end, procedures were underway to exercise the PSC authority to hire a Field Epidemiologist (FE) to be assigned to Bobo-Dioulasso, Burkina Faso, and a Technical Officer (TO) to Kigali, Rwanda.

The First Annual CCCD Consultative Meeting was held in Lomé, Togo, in March. More than 60 participants representing 14 countries attended. Because of the outstanding hospitality of the Togolese hosts, the remarkable support from the U.S. Mission, and the active participation of those attending, the meeting was highly successful. Both Malawi and Rwanda have offered to host future CCCD Consultative Meetings.

Because of the organizational and programmatic complexities of CCCD, special efforts are required to ensure good communications and information systems. Of particular note during the year was the successful coordination and sharing of information with AID's new Primary Health Care Technologies (PRITECH) Project.

Actions taken to address issues identified during FY83 (CCCD Evaluation, Annual Report, CDA (Cooperation for Development in Africa) Health Technical Committee, etc.) include the following:

- AID and the World Health Organization Regional Office for Africa (WHO/AFRO) renewed negotiations for a project agreement which will permit joint activities in CCCD-related intercountry training and health information systems activities. The agreement is expected to be signed early in FY85.

- The CDA Health Technical Committee agreed to discuss the desirability/feasibility of endorsing population activities as part of the CDA health program.

- Funds from AID's Sahel Development Program were authorised for use by CCCD, thus making possible CCCD activities in the Sahel.

Major accomplishments and recommendations concerning the CCCD activities are outlined below.

A. Training

Field testing and revision of selected training materials for CCCD mid-level management (MLM) training continued during the fiscal year, with courses conducted in Lesotho and Uganda. In Uganda, the materials were then adapted for local use by UNICEF. Adaptations of materials were also underway in Lesotho and Swaziland. National materials were developed for training activities that were carried out in Zaire and Togo. The translation of the generic MLM materials into French was initiated. Following a comprehensive review of WHO and CDC/CCCD mid-level materials by representatives of the two organizations, a list of recommended training modules for use in CCCD courses was prepared. Initial plans were made regarding an appropriate evaluation design for CCCD-supported courses.

B. Operations Research

Field activities in operations research (OR) concentrated on four areas: informing potential researchers about OR efforts under CCCD; providing technical support, training and consultation to African researchers to develop and strengthen research proposals; convening the first meeting of the Research Review Committee (RRC) in East and Southern Africa; and funding approved OR projects. Eighteen protocols from five countries were reviewed at the RRC meeting in December, 1983. Ten protocols from three countries were approved for funding. Overall, 41 new OR protocols were received for review and possible funding in FY84. An RRC in West Africa proved more difficult to organize for a number of reasons, but an initial meeting was tentatively scheduled for early FY85.

C. Health Information Systems

The CCCD Project collaborated with African nations having bilateral CCCD projects to strengthen existing health information systems (HIS). Through technical consultations by CCCD epidemiologists, recommendations were made to improve HIS operations. Improved systems are being implemented in Zaire, Togo, Liberia, Congo, Malawi, Swaziland and Lesotho. In addition, progress was made in the development of microcomputer capability for HIS data management in Zaire and Togo. The CCCD Project has developed a multipurpose survey, the Mortality and Use of Health Services (MUHS) survey, which has been field tested in Togo. Additional field testing is scheduled for early FY85 in Zaire and Liberia.

D. Health Education

A Public Health Education Specialist joined the CDC staff to provide technical guidance to the design and development of the health education/promotion component. At the same time the Peace Corps, under its separate CCCD PASA with AID/W, hired a Project Director. Close working relationships regarding the programming, recruitment and training of Volunteer specialists and generalists were established. Initial planning visits for health education support activities were made to six of the nine bilateral countries; detailed work plans were developed in Zaire and Togo. A proposal for short-term intercountry training and technical cooperation in health education was prepared in collaboration with the African Regional Health Education Centre (ARHEC) at the University of Ibadan, Nigeria.

E. Bilateral Projects

Country assessments to date have resulted in CCCD bilateral projects in a much lower ratio than had been expected. Nine of the twelve countries assessed have signed agreements with AID for projects, and another agreement is expected, in Guinea, in FY85. Because of this experience and to avoid raising false hopes and expectations in countries (and AID Missions), a decision was made to limit the number of country assessments and to conduct assessments only in countries where there appears to be a high probability of a resulting bilateral project.

With the start up of six new bilateral projects during the year, generic project implementation and evaluation plans were prepared and distributed. Revisions and adaptations of these planning aids are being prepared in the bilateral countries, based on their particular needs and experience.

F. Major Recommendations

1. General

- Conclude and implement CCCD agreement with WHO/AFRO and coordinate training and health information systems activities with that organization.

- Redouble efforts to ensure adequate flow and exchange of information with and among CCCD participating countries, organizations, individuals and AID Missions.

- Decide upon and implement CCCD activities in the Sahel; coordinate Sahel activities with PRITECH.

2. Training

- o Field test the combined WHO/CCCD mid-level manager training materials and, following revisions, prepare the final French translation;
- o Promote and support national adaptations of training materials;
- o Conclude an agreement with WHO/AFRO related to intercountry training;
- o Design and field test an evaluation mechanism for the MLM course.
- o Promote the integration of MLM and adapted training materials into curricula of health training institutions.

3. Operations Research

- o Establish and convene a Research Review Committee (RRC) for West Africa;
- o Obtain authorization for the RRC's to serve as branches of the CDC Institutional Review Board (IRB) to approve research involving human subjects.
- o Review experience with the OR funding mechanism to determine its efficiency.
- o Place greater emphasis on OR studies that are directly related to operational problem-solving in bilateral countries.

4. Health Information System (HIS)

- o The review and analysis of the field tests of the MUHS survey in Liberia, Togo and Zaire should be completed early in FY85. These results will be major data base for a formal review of the MUHS strategy scheduled for January 1985 in Atlanta.
- o Consultations on existing health information systems (HIS) in bilateral CCCD project countries should continue to have high priority. The development of microcomputer methods to facilitate HIS should be continued.

5. Health Education/Promotion

- Improve the integration of health education into the bilateral programs in order to ensure more effective and timely planning and implementation of activities in direct support of the three CCCD interventions;

- Implement short-term training and technical cooperation in health education with the African Regional Health Education Centre (ARHEC) in Ibadan, Nigeria and one Francophone site to be identified;

- Continue to promote and facilitate the programming, recruitment and training of Peace Corps Volunteer specialists and generalists to work in CCCD health education/promotion activities.

6. Bilateral Projects

- Continue efforts to resolve administrative and management problems in conjunction with AID/W, USAID's and REDSO's.

- Conclude Guinea project agreement.

- Conduct planned assessments in Ivory Coast, Cameroon (with PRITECH), and appropriate Sahel country(ies).

II. PROJECT BACKGROUND, GOALS AND PURPOSES

A. Introduction

Combatting Childhood Communicable Diseases (CCCD) is a cooperative effort to strengthen African health delivery systems in order to reduce childhood mortality, disability, and morbidity through improved prevention/control of childhood infectious diseases. CCCD is a specific response of CDA (Cooperation for Development in Africa)* to the World Health Organization's (WHO) request for increased technical cooperation in support of Primary Health Care (PHC) programs in Africa. Assessments of current health status in Africa clearly identify children under five as being at exceptional risk of excess morbidity and mortality. An estimated 25% of children born each year in sub-Saharan Africa die before their fifth birthday, which represents four million deaths annually. In addition, millions more are disabled.

This risk of death and disability is 20-50 times higher than that in children born in developed countries and represents an unacceptable level of human suffering. Root causes reflect the complex interaction of undernutrition, infectious diseases and economic underdevelopment. While recognizing and affirming the priority and importance of development (economic, education, agriculture, communications) to long-term improvement in health, implementatation of low-cost community-based initiatives to prevent and control childhood infectious diseases can significantly improve child health during the next ten years.

*CDA members are Belgium, Canada, France, Federal Republic of Germany, Italy, the United States, and the United Kingdom.

Using the best available estimates of current under five mortality, Table 1 summarizes the major infectious disease causes of morbidity and mortality in African children.

Table 1 MAJOR INFECTIOUS DISEASES IN AFRICA - INFANTS AND CHILDREN

Age of Maximum Risk in Months	Disease	Estimated Cases Per 1000 Live Births by 5th Birthday	Estimated Range of Deaths per 1000 Live Births
0-1	Neonatal Tetanus	10-25	10 - 20
1-35	Pertussis	700	5 - 30
3-35	Poliomyelitis	10	0.2
3-47	Respiratory Infection	200/month	10 - 50
6-35	Diarrhea	400/month	10 - 50
6-59	Malaria	0-200/month	0 -100
9-59	Measles	900	10 - 50

In cooperation with African Ministries of Health and the WHO Regional Office for Africa (WHO/AFRO), general priorities for CCCD were established through an assessment of epidemiologic importance, technical and logistical feasibility, and cost-effectiveness.

1. Diseases Preventable by Immunization

   a. Measles
   b. Pertussis (whooping cough)
   c. Neonatal tetanus
   d. Poliomyelitis
   e. Diphtheria
   f. Childhood tuberculosis

   WHO estimates that of African children born each year, 3% will die of measles and its complications, 2% will die from pertussis, 1% will become paralyzed from poliomyelitis, and 1/2% will die of neonatal tetanus. While most of this mortality is preventable by immunization, WHO estimates that only 10% of African children were fully immunized in 1982. AID and CDC experience in implementing Objective III of the Strengthening Health Delivery Systems Project (SHDS) has documented the effectiveness of technical cooperation in increasing national immunization capabilities and coverage. Expansion of immunization coverage is limited by constraints in management, training, logistics (including cold chain), supervision, and resources. CCCD is designed to address these constraints.

2. Diseases Treatable in the Community

a. Diarrheal Diseases Control (CDD)

1) Oral rehydration therapy (to prevent and treat dehydration)
2) Improved feeding during and after illness
3) Early and prolonged breastfeeding
4) Appropriate weaning with locally available foods

Diarrhea has been reported as a primary or associated cause of mortality in an estimated 50% of deaths occurring in African children. Infection and undernutrition interact synergistically.

Diarrheal disease mortality can be reduced through the appropriate use of oral rehydration therapy (to prevent and treat dehydration) and maintenance of feeding during and after diarrhea. CCCD assists countries in the introduction and widespread dissemination of simple combined strategies to control childhood diarrheal diseases.

b. Malaria Morbidity and Mortality Reduction

1) Presumptive treatment (with chloroquine) of fever in children
2) Chloroquine prophylaxis and/or presumptive treatment of pregnant women

Studies in Africa have identified two population groups at high malaria risk: children under five and pregnant women. Presumptive treatment of febrile children with chloroquine is recognized as a priority intervention to reduce malaria mortality. Because malaria during pregnancy adversely affects the mother, the fetus, birth weight, and infant survival - malaria prophylaxis and/or presumptive treatment of fever in pregnant women is also being carried out.

Although precise figures are not available, malaria may be responsible for, or associated with, an estimated 10-50% of childhood mortality in sub-Saharan Africa. While there are many approaches to controlling malaria, some of which require costly and complex technical support, the CCCD initiative focuses on reducing malaria mortality through technically simple, low cost methods suited to rural Africa where resources and infrastructure are limited.

Because of the need for more data on parasite resistance to chloroquine in some areas, drug delivery, drug supply, and long-term cost implications, malaria interventions are being carried out initially in limited geographic areas, along with other CCCD activities. Malaria activities are being implemented through the health system and other available distribution systems at the community level.

3. Other Diseases of Local Importance

CCCD has the flexibility to provide cooperation in the prevention/control of other priority childhood infectious diseases, e.g. meningitis, yellow fever, or yaws.

4. Impact of CCCD on Child Survival

Implementation of the CCCD initiatives to reduce childhood morbidity and mortality will increase the chances of survival of infants and young children. The impact of these programs on mortality rates as well as on birth rates and population growth rate are being monitored by participating governments. When desired by national governments, child spacing, an important step in improving the health of young children, can be coordinated with ongoing CCCD activities.

5. Strategy of CCCD

With the purpose of increasing the flow of resources required to combat childhood infectious diseases, CCCD builds on existing systems and fosters the integration of disease prevention and control activities within the Primary Health Care (PHC) framework. The activities supported under CCCD involve a continuation and strengthening of ongoing national and international efforts to improve child health in Africa.

In attempting to strengthen selected communicable disease components of Primary Health Care, CCCD will build on the work already achieved by African countries in cooperation with WHO/AFRO, UNICEF, OCCGE*, OCEAC**, and through technical cooperation.

6. CCCD Program Management

a. Background

As a health initiative of CDA, CCCD provides a mechanism for increasing external support to the African region, developing a regional technical and financial resource system responsive to individual country needs, and strengthening national childhood disease control programs. AID is funding both the intercountry and most country-specific (bilateral) CCCD activities. Other CDA members concentrate their resources on strengthening individual country programs either individually or in concert with AID, other CDA members, or other cooperating agencies.

* OCCGE - Organization for the Coordination and Cooperation in the Fight Against Major Endemic Diseases

** OCEAC - Organization for Coordination Against Endemic Diseases in Central Africa

To ensure maximum communication and consultation, the CDA Health Technical Committee, consisting of African technical experts, CDA members, WHO, UNICEF, and other interested parties meets at least annually.

b. Program Components

As a member of CDA, the United States participates in CCCD through a range of intercountry and bilateral activities. Participation in the intercountry components is open to all AID-eligible countries in sub-Saharan Africa. Bilateral technical cooperation agreements are negotiated with selected countries on a government to government basis. Intercountry and bilateral activities include training, training development/adaptation, health education/promotion, operations research and health information system development. In addition, bilateral programs provide commodity assistance and the full or part-time services of one long-term technical officer.

c. Implementation

The Centers for Disease Control (CDC) is the principal implementing agency for CCCD. CDC is responsible for the technical management and implementation of the AID-financed activities.

Each year, prior to the beginning of the annual planning cycle, AID indicates budget guidelines for the next fiscal year based on the anticipated availability of AID funds. Using these guidelines CDC prepares an annual work plan. The work plan is then submitted to AID for administrative review to ensure that the implementation and funding implications indicated in the annual plan are consistent with the overall objective and scope of the authorized project.

CDC provides professional and support staff for CCCD,located in both Atlanta, Georgia and Africa. CDC is responsible for posting the following staff in Africa:

1) CCCD Liaison Officer (LO) in Brazzaville
2) CCCD Field Epidemiologists (4)
3) CCCD Technical Officers (8-12)

The CDC staff assigned to CCCD are specified in detail in the annual CCCD work plan and budget.

B. Goals, Objectives, Sub-Objectives

1. Introduction

African governments in coordination with WHO/AFRO are currently setting goals, objectives and targets for 1990 and 2000. Technical cooperation through CCCD will strengthen national planning, implementation and evaluation of programs to reduce morbidity and mortality due to childhood infectious diseases.

2. Goals, Objectives, Sub-Objectives

CCCD supports and supplements ongoing national health activities. The achievement of project goals, objectives and sub-objectives will therefore represent the combined impact of ongoing national programs, multilateral and bilateral technical cooperation (including CCCD) and voluntary agency activities. The following goal, objectives and sub-objectives are the expected outcomes for areas covered by national CCCD activities. For each country entering a bilateral agreement, national goals, objectives, and sub-objectives will be reviewed and revised if necessary to reflect expected achievements.

a. Goal

Strengthen the ability of African nations to prevent and control childhood infectious diseases in order to improve the quality of life in those countries and contribute to economic and social development.

b. Objectives

1) Reduce the mortality rate of children less than five by 25% by 1988. The current estimate of under five mortality is 150-250 deaths/1000 live births.

2) Reduce neonatal tetanus mortality by 25% by 1988. It is estimated that 1/2% of all African infants die from neonatal tetanus.

3) Reduce measles morbidity/mortality by 50% - from 3,000 cases and 150 deaths/100,000 population in 1980 to 1,500 cases and 75 deaths/100,000 population by 1988.

4) Reduce mortality due to diarrhea and dehydration by 25% by 1988. One million deaths due to diarrhea and dehydration are estimated to occur annually in Africa.

5) Reduce malaria mortality in children less than five by 25% by 1988 in areas where presumptive treatment of fever with antimalarial drugs is operational.

6) In malarious areas reduce percentage of underweight (less than 2,500 grams) newborns.

c. Sub-objectives

1) To increase vaccine coverage rate among children before they reach 15 months of age (one dose of measles and three doses of DPT and polio vaccines) from 10% in 1980 to 50% in 1988.

2) To increase tetanus toxoid coverage (two doses) of pregnant women from the current 10% to 50% in 1988.

3) To increase use of oral rehydration as the major treatment of diarrhea with dehydration in health facilities from an estimated 1% in 1980 to 50% of facilities in 1988.

4) To increase community treatment of diarrhea with home available fluids and appropriate feeding from less than 5% in 1980 to 20% of population by 1988.

5) Develop and maintain community programs of presumptive malaria treatment with chloroquine in areas with a total population of 1,000,000 by 1988.

6) Implement chloroquine prophylaxis of malaria in pregnant women in selected areas within existing MCH programs.

7) Explore feasibility of intercountry pharmaceutical production (private or governmental), e.g., chloroquine, oral rehydration salts, and/or vaccines, to promote intercountry self-sufficiency.

III. CCCD MANAGEMENT INFORMATION SYSTEM: STANDARD TABLES

CDC, under the AID PASA, has instituted a management information system to monitor progress toward objectives. Data will be made available at regular intervals to participating countries, WHO, and AID. Four types of files are maintained:

Country File: A file exists for each country with a bilateral program. Information concerning bilateral and intercountry activities in the country is provided by the Technical Officer.

Field Epidemiologist File: A file exists for each Field Epidemiologist. Information is provided concerning their activities in non-bilateral countries.

Liaison Officer File: A file exists for the Liaison Officer.

Project File: The project file summarizes project data from country files, epidemiologist files, the Liaison Officer file, and CDC Atlanta files.

Each file is made up of a series of tables on which information for different project activities is recorded. The information forms contained in each type of file are listed on the following pages.

Each table has a five digit identifier; the first three digits indicate the file to which the table belongs and the last two digits indicate the type of activity recorded on the table. Tables for the country files are labeled by abbreviations of their spelling (for example ZAI for Zaire). The Liaison Officer and each epidemiologist have a separate number (for example 001) used to identify their files. Tables for the project file are identified by "000".

The activity numbers are grouped as follows:

21-27	Project information
31-37	Training activities
42-46	Health service statistics
51	Health education
61-63	Coverage surveys
71-74	Health information activities
81	Operations research
91-92	Project management information

"ZAI32" is located in the Zaire country file and contains training information. "00032" is in the project file which contains training information from all of the Technical Officers and Field Epidemiologists.

The project file, and the country file for each country with a bilateral agreement, are contained in this report. Information concerning the activities of the Field Epidemiologists and the Liaison Officer are included in the project file.

CCCD PROJECT FILE

Table #	Title
00021	Country Assessments
00022.1	Bilateral Projects (US)
00022.2	Evaluations of Bilateral Projects (US)
00023	CCCD Participation in Evaluations of Health Activities
00027	Technical Assistance Provided Through CCCD PASA
00031	Intercountry Training Courses
00032	National CCCD Supported Training
00033	Number of Personnel Trained in CCCD-Supported Courses by Country
00034	Summary Statistics of Training
00035	Training Development/Adaptation Contracts
00036	Training Development/Adaptation. Annual Summary
00037	Integration of CCCD Training Materials into Curricula of Health Training Institutions
00043	Immunizations
00044	Treatment of Diarrheal Disease (Report form to be designed)
00045	Cases of Reported Malaria and Treatments Given
00046	Malaria Chemoprophylaxis and Treatment for Pregnant Women
00051	Health Education
00061	Coverage Surveys: Child Immunizations
00062	Coverage Surveys: Treatment of Diarrhea and Fever in Children under 5 Years of Age
00063	Coverage Surveys: Pregnant Women
00071	Disease Statistics
00072	Epidemiological Studies
00073	Special Studies
00074	Health Information System Activities
00081	Operations Research
00091-A	Staff Time Summary of Technical Assistance by Atlanta Staff, Field Staff, and Consultants.
00091-B	Staff Time of Technical Assistance by Personnel: Atlanta Staff, Field Staff, and Consultants.
00092	Summary of Estimated Expenditures for Technical Assistance: Atlanta Staff, Field Staff, and Consultants.

The project file summarizes project data from country files, epidemiologist files, the Liaison Officer file, and CDC Atlanta files. Tables concerning service statistics (43, 44, 45, and 46) and disease statistics (71) are completed at the end of each calendar year and are not included in this report.

CCCD COUNTRY FILE

Title #	Title
23	CCCD Participation in Evaluations of Health Activities
24	Country Profile: Demographic Data
25	Country Profile: Health Facilities
26	Country Profile: Health Personnel
27	Technical Assistance Provided Through CCCD PASA
32	National CCCD-Supported Training
33*	Number of Personnel Trained in CCCD-Supported Courses
35*	Training Development/Adaptation Contracts
37*	Integration of CCCD Training Materials into Curricula of Health Training Institutions
42	Service Facility Statistics (including pre-CCCD)
43*	Immunizations
44*	Treatment of Diarrheal Disease (Report form to be designed)
45*	Cases of Reported Malaria and Treatments Given
46*	Malaria Chemoprophylaxis and Treatment for Pregnant Women
51*	Health Education
61*	Coverage Surveys: Child Immunizations
62*	Coverage Surveys: Treatment of Diarrhea and Fever in Children under 5 Years of Age
63*	Coverage Surveys: Pregnant Women
71*	Disease Surveillance
72*	Epidemiological Studies
73*	Special Studies
74*	Health Information System Activities
81*	Operations Research
91*	Time Allocation and Field Travel

Tables concerning service statistics (43, 44, 45, and 46) and disease statistics (71) are completed at the end of each calendar year and are not included in this report. Only the tables with numbers followed by an "*" are summarized in the project file.

CCCD FIELD EPIDEMIOLOGIST FILE

Table #	Title
23	CCCD Participation in Evaluations of Health Activities
27	Technical Assistance Provided Through CCCD PASA
32	National CCCD-Supported Training
37	Integration of CCCD Training Materials into Curricula of Health Training Institutions
61	Coverage Surveys: Child Immunizations
62	Coverage Surveys: Treatment of Diarrhea and Fever in Children under 5 Years of Age
63	Coverage Surveys: Pregnant Women
72	Epidemiological Studies
73	Special Studies
74	Health Information System Activities
81	Operations Research
91	Time Allocation and Field Travel

All of the tables are summarized in the project file.

CCCD LIAISON OFFICER FILE

Form #	Title of Form
31	Intercountry Training Courses
91	Time Allocation and Field Travel

The forms are summarized in the project file.

CCCD PROJECT SUMMARY COUNTRY ASSESSMENTS UPDATED OCT 84 CODE 00021

COUNTRY	DATE OF INITIAL REQUEST	DATE OF EXPLOR VISIT	PROPOSED DATES OF ASSESSMENT	ACTUAL DATES OF ASSESSMENT	US TEAM MEMBERS	COUNTRY PARTICIPATION	OTHER CDA PARTICIPANTS	DATE OF AID REVIEW	REVIEW RESULT
Zaire	Jan 82			Feb 82	Bassett, Breman Davis, Heymann	MOH, WHO, UNICEF, USAID		Jun 82	Funded
Togo	Nov 81	Apr 82		Jul 82	Agle, Breman and Waldman	MOH and USAID		Aug 82	Funded
Liberia	Jul 82			Aug 82	Moser and Waldman	MOH and USAID		Feb 83	Funded
Ghana	Apr 82	Apr 82		Dec 82	Davis and Jones	MOH	Canadian	Mar 83	Deferred
Congo	Aug 82		Apr 83	Apr 83	Godfrey and Taylor	MOH	French	Jun 83	Funded
Lesotho	Mar 83		May 83	May 83	Agle and Heymann	MOH and USAID/SA		Jul 83	Funded
Swaziland	Jul 82	Nov 82	May 83	May 83	Godfrey and Heymann	MOH and USAID/Swaziland		Jul 83	Funded
Guinea	Sep 82	Mar 33	Apr-May 83	May-Jun 83	Murphy and Waldman	MOH, M Soc Aff, M Fin, & M Plan	German (GTZ)	May 84	Deferred
CAR	Apr 83		May 83	Jun 83	Baldwin and Dondero	MOH, UNICEF, WHO & USAID/Cameroon	French (FAC)	Nov 83	Funded
Burundi	Mar 83		Aug-Sep 83	Aug-Sep 83	Godfrey and Moore	MOH	Belgium	Feb 84	Deferred
Malawi	Apr 83	May 83	Aug-Sep 83	Aug-Sep 83	Heymann, Hawkins and Olsen	MOH and USAID/SA		Oct 83	Funded
Rwanda	Feb 83		Oct 83	Oct 83	Jones and Reed	MOH	Belgium French	Jan 84	Funded
Ivory Coast	Feb 84		(Nov-Dec 84)		Godfrey, Parker, & Waldman				
Burkina Faso	Feb 84								
Benin	Apr 84								
Cameroon	Mar 84								

CCCD PROJECT SUMMARY BILATERAL PROJECTS (US) UPDATED OCT [illegible] 00022.1

COUNTRY	DATE PROAG AUTHORIZ BY AID/W	DATE PROAG SIGNED	END OF PROJECT DATE	AMOUNT ($US) OF BUDGET AUTHORIZATION	COUNTRY CONTRIBUTION ($US)	OTHER CONTRIBUTIONS ($US)	COUNTRY AS % OF TOTAL	DATE TECH OFF NOMINATED	DATE AID MISSION CONCURS	DATE TECH OFF AT POST
Zaire	Jun 82	Aug 82	Dec 86	4,849,100	4,166,700		46%	Sep 82	Oct 82	Nov 82
Togo	Aug 82	Apr 83	Apr 87	1,140,000	373,000		25%	Dec 82	Dec 82	Jan 83
Liberia	Feb 83	Aug 83	Aug 87	830,000	217,800	526,700	14%	Nov 83 (1)	Dec 83	Jan 84
Congo	Jul 83	Jun 84	Jun 88	667,000	499,900	122,000	39%	Dec 83	Jan 84	Jun 84
Lesotho	Jul 83	May 84	May 88	562,900	375,300	200,000	33%	Nov 83 (2)	Jan 84	Jun 84
Swaziland	Jul 83	Jun 84	Jun 88	703,000	285,200	250,000	23%	Nov 83 (2)	Jan 84	Jun 84
CAR	Feb 84	May 84	May 88	570,524	217,065		38%	(4)		
Malawi	Feb 84	Jun 84	Mar 88	1,423,100	1,331,000		48%	Mar 84 (3)	Jun 84	Jun 84
Rwanda	Feb 84	Jun 84	May 88	1,072,000	955,600		47%	Aug 84		

NOTES:

1. A TECHNICAL OFFICER WAS FIRST NOMINATED IN AUGUST 1983. AID DID NOT CONCUR. A SECOND NOMINATION WAS MADE IN NOVEMBER 1983.
2. THE INFORMATION CABLE, SENT IN NOVEMBER, WAS USED AS A NOMINATION CABLE.
3. THE TECHNICAL OFFICER WAS FIRST NOMINATED IN JANUARY 1984 AND RENOMINATED IN MARCH 1984.
4. THE CONGO TECHNICAL OFFICER WILL ACT AS THE TECHNICAL OFFICER FOR CAR. A PROJECT OFFICER AT THE EMBASSY WILL CORRDINATE THE PROJECT.

CCCD PROJECT SUMMARY EVALUATIONS OF BILATERAL PROJECTS (US) UPDATED OCT 84 CODE 00022.2

COUNTRY	EVALUATION NUMBER ONE DATE SCHEDULED	DATE OF EVALUATION	DATE OF REPORT	EVALUATION NUMBER TWO DATE SCHEDULED	DATE OF EVALUATION	DATE OF REPORT	EVALUATION NUMBER THREE DATE SCHEDULED	DATE OF EVALUATION	DATE OF REPORT	EVALUATION NUMBER FOUR DATE SCHEDULED	DATE OF EVALUATION	DATE OF REPORT	DATE FINAL REPORT SUBMITTED
Zaire		Mar 84	Mar 84	Nov 84									
Togo	Jun 84	Jun 84	Jun 84 (1)	Apr 85									
Liberia	Nov 84			Nov 85									
Congo	Mar 85			Mar 86									
Lesotho	Mar 85			Mar 86									
Swaziland	Sep 85			Sep 86									
CAR	Sep 85			Sep 86									
Malawi	Jun 85			Jun 86									
Rwanda	Sep 85			Sep 86									

UPDATED JUN 84 CODE 00023

CCCD PROJECT SUMMARY

CCCD PARTICIPATION IN EVALUATIONS OF HEALTH ACTIVITIES

COUNTRY	GEOGRAPHIC AREA	DATES	OTHER PARTICIPANTS	TYPE OF EVALUATION	RESULTS
TOGO	SAVANNES & KARA	OCT 83	MOH, WHO, & UNICEF	EPI EVALUATION	MAIN RECOMMENDATIONS WERE TO SHIFT STRATEGY TO FIXED CENTERS & TO ADOPT A SENTINAL SURVEILLANCE SYSTEM.
GUINEA	USAID PROJECT AMIS MAMOU REGION	JAN 84	MOH & USAID	MCH EVALUATION	EVALUATION GENERALLY FAVORABLE: WELL MANAGED, DATA COLLECTION IN PLACE, IMMUNIZATION STRONG, & PROJECT WELL RECEIVED BY PUBLIC & THE INVOLVED MINISTRIES. HEALTH ED. WEAK & TRAINING DID NOT REACH GOALS.
ZAIRE	NATIONAL CCCD OFFICE & RURAL HLTH ZONES OF KIMPESE, ZAIRE	FEB-MAR 84	PRITECH	CCCD FINANCING AUTOFINANCING SCHEMES AND SUSTAINABILITY OF CCCD	RECOMMENDED CONTINUING SCHEMES FOR AUTOFINANCING ORS AND CHLOROQUINE, INCREASEING GOV'T CONTRIBUTION TO EVENTUALLY ASSUME ALL RECURRENT OPERATIONAL COSTS (E.G. SALARIES & VACCINE SHIPMENTS).
ZAIRE	KASAI OCCIDENTAL, KASAI ORIENTAL, SHABA (11 RURAL HEALTH ZONES)	MAR 84	MOH	FEASIBILITY OF CCCD GOALS & OBJECTIVES IN PRO AGREEMENT	RECOMMENDED REVISED OBJECTIVES TO INCLUDE INDICATORS OF PROCESS AND OUTCOME OBJECTIVES FOR NATIONAL, REGIONAL, URBAN, AND RURAL HEALTH ZONE LEVELS.
GUINEA	CONAKRY	JUN 84		EVALUATE CCCD PROAG BUDGET	EVALUATED PROPOSED CCCD PROJECT BUDGET IN REFERENCE TO RECURRENT COSTS, FEE FOR SERVICE, AND GOVERNMENT COMMITMENT TO PROJECT. DECISION WAS MADE TO PROCEED WITH PROAG.

CCCD PROJECT SUMMARY UPDATED OCT 84 CODE 00027

TECHNICAL ASSISTANCE PROVIDED THROUGH CCCD PASA

DATES	LOCATION	CONSULTANT(S)	PROGRAM AREA	REMARKS/RESULTS
SEP 83	COMOROS, G. COMORE ANJOUAN	HEYMANN, D.	PROJ DEVL	PARTICIPATED IN PHC ASSESSMENT AND DEVELOPMENT OF PROJECT PAPER WITH A TEAM CONSISTING OF REPRESENTATIVES FROM CARE, WHO, AND USAID. PROJECT APPROVED BY AID/W AND UNICEF IN DEC 83 AND IS BEING SUBMITTED TO OTHER DONORS FOR FUNDING.
OCT 83	SENEGAL, DAKAR	WALDMAN, R.	PROJ DEVL	PROVIDED TECHNICAL ASSISTANCE TO SINE SALOUM PHASE II) (SENEGAL RURAL HEALTH PROJECT) FOR PROJECT PAPER DESIGN.
DEC 83	CAMEROON, YAOUNDE	WALDMAN, R.	TRAIN DEVL/ ADOPT	PROVIDED TECHNICAL ASSISTANCE TO SHDS 1ST ANNUAL EPIDEMIOLOGY COURSE AT OCEAC.
DEC 83	UGANDA, KAMPALA	HEYMANN, D. MALISON, M.	PROJ DEVL	PID DESIGN CONCERNING ORT BY A TEAM CONSISTING OF REPPRESENTATIVES FROM UNICEF, WHO, AND USAID. PID APPROVED FEB 83, PROJECT PAPER TO BE DESIGNED.
MAR 84	MONROVIA, LIBERIA	MOORE, M.	PROJ DEVL	ASSISTED IN DEVELOPMENT OF EARY DRAFT FOR COMPREHENSIVE NATIONAL CDD PLAN.
MAR 84	SIERRA LEONE	BURTON, T. WALDMAN, R.	HEALTH INFO SYSTEM	TECHNICAL ASSISTANCE TO SHDS/WHO/CDC ANNUAL SURVEILLANCE CONFERENCE.
MAR 84	UGANDA	MALISON, M.	PROJ DEVL	ESTABLISHMENT OF ORS UNIT IN MULAGO. PLANNING AND PARTICIPATION IN NATIONAL MEETING ON DIARRHEA DISEASE CONTROL AND ORT.
APR 84	UGANDA, KAMPALA	HEYMANN, D.	PROJ DEVL	DEVELOPED ORT PROJECT PAPER (UNICEF & USAID).
JUL/AUG 84	KINSHASA, ZAIRE	MOORE, M.	PROJ DEVL	ASSISTED IN DEVELOPMENT OF MID-TERM CDD PLAN, ESTABLISHED ORT UNIT IN HOSPITAL, AND CONDUCTED CONFERENCES FOR PROFESSIONALS.
AUG 84	LESOTHO	HEYMANN, D.	PROJ DEVL	EVALUATION OF NEEDS FOR CCCD LESOTHO AND SWAZILAND WORKPLANS.
AUG 84	MALAWI	HEYMANN, D.	PROJ DEVL	EVALUATION OF NEEDS FOR CCCD WORKPLAN.
MAY 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL	DEVELOPED ORT PROJECT PAPER WITH USAID/LILONGWE. SUGGESTED THAT FUNDS BE AMMENDED TO MALAWI CCCD PROJECT.
MAY/JUNE 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL.	DEVELOPED FIVE YEAR PLANS FOR EPI AND CDD WITH MINISTRY OF HEALTH AND CCCD THEONICAL OFFICER
AUG/SEPT 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL	DEVELOPED FIVE YEAR PLANS FOR MALARIA CONTROL WITH MINISTRY OF HEALTH AND CCCD TECHNICAL OFFICER

CCCD PROJECT SUMMARY INTER-COUNTRY TRAINING COURSES UPDATED OCT 84 CODE [illegible]

TRAINING COURSE	LOCATION OF COURSE COUNTRY	CITY	DATE STARTED	DATE FINISHED	DAYS OF TRAINING	TOTAL # PARTICIPANTS	% MEETING STANDARDS	PARTICIPANTS/FACILITATORS COUNTRY	NUMBER
Senior Level	United States	Atlanta	8/2/82	8/20/82	15	10	100%*	Gambia	1
								Togo	1
								Zaire	2
								United States	6
Instructors / Supervisors	Liberia	Monrovia	3/21/83	4/1/83	10	16	100%*	Ghana	2
								Liberia	12
								Sierra Leone	2
Instructors / Supervisors	Lesotho	Maseru	12/5/83	12/16/83	10	31	95%	Botswana	4
								Lesotho	19
								Malawi	4
								Swaziland	4

* 100% OF PARTICIPANTS MET THE STANDARDS USED IN FISCAL YEAR 1982 AND 1983.

CCCD PROJECT SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED JUN 84 CODE 00032 PAGE 1

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
CAMEROON						
11/28-12/9/83	YAOUNDE	10	DOCTORS	8		SHDS-WHO-CDC EPIDEMIOLOGY COURSE, CCCD PROVIDED PERSONNEL.
CONGO						
2/13-29/84	BRAZZAVILLE	16	CCCD SUPERVISORS	3		MID-LEVEL COD. CCCD PROVIDED TECHNICAL ASSISTANCE.
ETHIOPIA						
4/5-15/83	NAZARETH	10	MEDICAL RESEARCHERS	23		WHO SPONSORED WORKSHOP, CCCD PROVIDED TECHNICAL ASSISTANCE.
KENYA						
11/14-19/83	NAIROBI	6	MEDICAL RESEARCHERS	9		CCCD OPERATIONAL RESERACH WORKSHOP
LESOTHO						
9/10-14/84	MASERU	5	HEALTH DISTRICT DRIVERS/OPERATORS	18	$1,100	REFRIGERATOR REPAIR COURSE, HELD IN COOPERATION WITH WHO REGIONAL OFFICE.
LIBERIA						
2/84	MONROVIA	14	HEALTH STAFF	8	$1,975	CCCD PROVIDED FUNDS FOR TRAINEES FOR EPI MLM COURSE
5/84	BOMI COUNTY	1	HEALTH CENTER STAFF	12		CCCD/PHC WORKSHOPS
5/84	LOWER LOFA	1	HEALTH CENTER STAFF	7		CCCD/PHC WORKSHOPS (INCLUDING COLD CHAIN)
6/84	MONROVIA	3	MEDICAL STUDENTS	25		EPIDEMIOLOGICAL TRAINING GIVEN AT UNIVERISTY OF LIBERIA MEDICAL COLLEGE
7/84	ATLANTA	24	PROJECT MANAGER	1		CDC EPIDEMIOLOGY (EIS) COURSE
MALAWI						
5/21-25/84	MANGOCHI	5	MEDICAL RESEARCHERS	15		
5/28-6/1/84	LILONGWE	5	DISTRICT STATISTI-CAL CLERKS	12		
7/15-21/84	LILONGWE/ MANGOCHI	5	CLINICAL OFFICERS/ LABORATORY TECHS	15		SUPPORTED THROUGHT AN OPERATIONS RESEARCH PROJECT.
9/20-21/84	SALIMA	2	MCH/PHC SUPERVISORS	65		HEALTH INFORMATION SYSTEMS TRAINING AT LOCAL LEVEL.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD PROJECT SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED JUN 84 CODE 00032
PAGE 2

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
SWAZILAND						
9/14	HHOHHO DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	25	$ 275	CONDUCTED WITH CCCD FUNDING AND SUUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/18	MANZINI DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	30	$ 275	CONDUCTED WITH CCCD FUNDING AND SUUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/26	SHISELWENI DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	33	$ 275	CONDUCTED WITH CCCD FUNDING AND SUUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/28	LUMOMBO DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	37	$ 275	CONDUCTED WITH CCCD FUNDING AND SUUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
TOGO						
3/84	MARITIME	3	DOCTORS PARAMEDICAL WORKERS	15 61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
4/18-20/84	LOME	3	DOCTORS PARAMEDICAL WORKERS	15 61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
5/2-4/84	TSEVIE	3	DOCTOR PARAMEDICAL WORKERS	1 47		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
5/9-11/84	VOGAN	3	PARAMEDICAL WORKERS	30		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
5/21-22/84	KARA	2	DOCTORS	9		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
5/23-25/84	KARA	3	PARAMEDICAL WORKERS	61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
5/28-30/84	DAPAON	3	PARAMEDICAL WORKERS	31		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
7/16-18/84	ANECHO	3	PARAMEDICAL WORKERS	38		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
7/19-21/84	TABLIGBO	3	PARAMEDICAL WORKERS	49		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD PROJECT SUMMARY — NATIONAL CCCD SUPPORTED TRAINING — UPDATED JUN 84 — CODE 00032 PAGE 3

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
UGANDA						
5/9-13/84		5	EPI AND CDD PERSONNEL	8		TRAINED FACILITATORS FOR INSTUCTORS/ SUPERVISORS COURSE.
5/16-27/84		10	DISTRICT HLTH OFF (DOCTORS) DISTRICT HLTH VISITORS	23		COURSE SPONSORED BY UNICEF. CCCD INSTUCTORS/SUPERVISORS MATERIALS USED. CCCD PROVIDED MATERIALS & TECHNICAL ASSISTANCE.
ZAIRE						
6/83**	GOMA, KIVU	6	NURSE SUPERVISORS	3		HLTH ZONES: KIKUKU & LUBERO
10/4-6/83	KINSHASA	3	CCCD SUPERVISORS/ TEAM LEADERS	12		CCCD IN-SERVICE TRAINING
10/8/83	KINSHASA	1	DOCTORS	15		CONFERENCE ON HOSPITAL USE OF ORT
10/18-20/83	LUBUMBASHI SHABA	3	CCCD SUPERVISORS/ TEAM LEADERS	5		CCCD IN-SERVICE TRAINING
10/24-25/83	BUKAVU KIVU	2	CCCD SUPERVISORS/ TEAM LEADERS	5		CCCD IN-SERVICE TRAINING
10/26-28/84	KISANGANI HAUT ZAIRE	3	CCCD SUPERVISORS/ TEAM LEADERS	4		CCCD IN-SERVICE TRAINING
10/28-11/1/83	MBUJI MAYI KASAI OR	3	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
10/31-11/1/83	KINDU, KIVU	3	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
11/2-4/83	KANANGA KASAI OCC.	2	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
12/26-30/83	BUKAVU	5	NURSE SUPERVISORS	17		PERSONNEL FROM 9 RURAL HEALTH ZONES. UNICEF ALSO PROVIDED FUNDS.
12/83	KINSHASA	12	NURSING STUDENTS	6		MORTALITY SURVEY TECHNIQUES
1/84	BOMA, BAS ZAIRE	1	NURSES	5		INSERVICE TRAINING/ORT/HOSPITAL NURSES
1/3-15/84	KIKWIT, BANDUNDU	13	NURSES	11		IN-SERVICE TRAINING/VACCINATIONS.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.
** NOT PREVIOUSLY REPORTED.

CCCD PROJECT SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED JUN 84 CODE 0003 PAGE 4

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
ZAIRE						
1/7/84	MATADI, BAS ZAIRE	1	NURSES			IN-SERVICE TRAINING/ORS.
2/7/84	LOMBA, BAS ZAIRE	1	NURSES	9		IN-SERVICE TRAINING/ORT/9 HEALTH CENTERS
2/13-29/84	BRAZZAVILLE	16	CCCD SUPERVISORS	3		WHO MID-LEVEL CDD COURSE
2/20-26/84	WAMBA, HAUT ZAIRE	6	NURSE SUPERVISORS	17		FROM RURAL HLTH ZONES: ISIRO, DUNGU, DORUMA, PAWA, WAMBA. UNICEF PROVIDED SOME FUNDS.
2/20-25/84	BUKAVU KIVU	5	P. CORPS VOLUNTEERS	30		NATIONAL IN-SERVICE CCCD PHC CONF. ALL REGIONS REPRESENTED.
3/84	LUKULA, BAS ZAIRE	1	NURSES	9		INSERVICE TRAINING/ORT/HOSPITAL NURSES
3/3-13/84	KINSHASA	10	CCCD SUPERVISOR	1		PRE-SRVICE TRAINING FOR KISANGANI SUPERVISOR.
3/28-4/4/84	KALENDA KASAI ORIENTAL	6	HLTH CNTR NURSES	5		CCCD FOR HEALTH CENTER SUPERVISORS
4/84	KINSHASA	12	NURSING STUDENTS	5		MORTALITY SURVEY TECHNIQUES
4/30-5/6/84	BUJUMBURA	16	CCCD SUPERVISORS	5		WHO MID-LEVEL CDD COURSE
5/7-26/84	KINSHASA	18	ZONAL MEDICAL OFFICERS	25	CATHOLIC FUNDED	NATIONAL CCCD/PHC COURSE
5/7-6/20/84	BUKAVU, KIVU	48	P.C.VOLUNTEERS (CCCD 21 AND HE 2)	23		FINANCED IN PART BY PEACE CORPS/WASH.
5/10/84	LWABO & KINDA, SHABA	1	NURSES	5		IN-SERVICE TRAINING/CCCD
5/14/84	SONGA, SHABA	1	NURSES	3		IN-SERVICE TRAINING/CCCD
5/15-16/84	GRELKA, LWANIA, KIABUKWA, & MAKANZA SHABA	2	NURSES	6		IN-SERVICE TRAINING/CCCD
6/84	KIVU	3	ZONAL MEDICAL OFFICERS	11	UNICEF	CCCD/PHC IN-SERVICE 11 ZONES:KAMITUGA, KAYNA, BENI, IDJWI, LEMERA, GOMA, SHABUNDA, NYANGEZI, KATWA, KABARE, LUSANGI

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD PROJECT SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED JUN 84 CODE 00032
PAGE 5

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
ZAIRE						
6/84	ISIRO, HAUT ZAIRE	3	HLTH CNTR NURSES	6		CCCD IMPLEMENTATION
6/84	KISANGANI	14	HLTH CNTR NURSES	13		CCCD IMPLEMENTATION
6/84	GOMA, KIVU	3	HLTH. CENT. NURSES	5		CCCD MATERIALS
6/84	BUKAVU, KIVU	3	HLTH. CENT. NURSES	11		CCCD MATERIALS
8/84	KINSHASA	10	CCCD SECRETARY	1	$500	WANG INSTRUCTIONS
8/84	MAYIDI(KISANTU)	21	ZONAL MED. OFFICERS	30	$18,000	NATIONAL CCCD/PHC COURSE
8/10/84	KINSHASA	1	MAMA-YEMO DOCTORS	23		DIARRHEA AND ORT
8/84	KINSHASA	1	MAMA-YEMO NURSES	46		DIARRHEA AND ORT
8/84	KINSHASA	10	MORT.SURVEY SUPERS.	4		SURVEY METHODOLOGY, SUPERVISION
8/84	KIKWIT, BANDUN,	10	MORT.SURVEY INTERV.	14		SURVEY METHOD. INTERVIEWING
8/19-23/84	KISANGANI	4	DOCTORS	25	UNICEF	PHC AND CCCD
8/84	KINSHASA	1	M-Y OUTPAR. DOCS	10		DIARRHEA AND ORT
9/84	KINSHASA	1	M-Y OUTPAT. NURSES	26		DIARRHEA AND ORT
9/84	KINSHASA		STATISTICIAN & CLERK	2		HEALTH INFORMATION SYSTEMS
9/15-19/84	KISANGANI	4	ZONAL MED. OFFICERS	11		PHC AND CCCD IN-SERVICE
9/84	LUBUMBASHI	5	HLTH CNTR NURSES	5		CCCD IMPLEMENTATION
ZIMBABWE						
11/7-11/83	HARARE	5	MEDICAL RESEARCHERS	6		CCCD OPERATIONAL WORKSHOP

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD PROJECT SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATEDD OCT 84

CODE 00033

COUNTRY OF PARTICIPANTS	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	Trained To Date
BOTSWANA				4												
CAMEROON																8
CAR		2			20			250			5					
CONGO		2		3		15%		450			10					
ETHIOPIA																23
GAMBIA	1															
KENYA																9
LESOTHO		2		19	25	76%		500		18	20	90%		4		
LIBERIA		3		20			44									1
MALAWI				4	40	10%	65									42
SIERRA LEONE				2												
SWAZILAND		2		4	25	16%	125	400	31%		12			4		
TOGO	1	6	17%		32		412	966	43%		5					
UGANDA				23												8
ZAIRE	2	2	100%	121	147	82%	491	870	56%		20					65
ZIMBABWE																6

NOTE: CCCD HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.
CCCD INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL MANAGER EPI AND CDD COURSES.
LOP: LIFE OF PROJECT
ALL COUNTRIES WITH CCCD BILATERAL AGREEMENTS HAVE NOT YET ESTABLISHED TRAINING TARGETS. NOT TRAINING TARGETS ARE SET IN COUNTRIES WITHOUT CCCD BILATERAL AGREEMENTS.

CCCD PROJECT SUMMARY — SUMMARY STATISTICS OF TRAINING COURSES — UPDATED OCT 84 CODE 00034

COURSES	NUMBER OF	FY Target	# Achieved this FY Year	% FY Target Achieved	% Meeting Standards	LOP Target	# Achieved to Date	% LOP Target Achieved	% Meeting Standards
SENIOR LEVEL	Courses								
	Participants								
INSTRUCTORS & SUPERVISORS	Courses								
	Participants								
HEALTH INFOR. SYSTEMS	Courses		DUE TO THE REDEFINITION OF CCCD TRAINING ACTIVITIES IN RELATION TO WHO/AFRO TRAINING ACTIVITIES THIS TABLE IS NOT COMPLETED FOR FY84 AND WILL BE REDESIGNED FOR FY85 ACTIVITIES.							
	Participants								
REFRIGERATOR REPAIR	Courses								
	Participants								
COUNTRY TRAINING	Participants								
OTHER COURSES	Courses								
	Participants								

KEY:
FY Target: Fiscal Year Target
Achieved this FY Year: Number Achieved this Fiscal Year
% FY Target Achieved: Percent Fiscal Year Target Achieved
% Meeting Standards: Percent of Participants Meeting Standards
LOP Target: Life of Project Target

CCCD PROJECT SUMMARY TRAINING DEVELOPMENT/ADAPTATION CONTRACTS UPDATED OC[illegible] CC[illegible] 000

COUNTRY	PURPOSE OF TRAINING MATERIALS	CONTRACTOR/INSTITUTION	DATE CONTRACT SIGNED	DATE MATERIAL TESTED	DATE MATERIAL SUBMITTED	DATE MATERIAL FIRST PUT IN USE	REMARKS
LESOTHO (1)	TRAIN HEALTH WORKERS IN EPI, CDD, AND HEALTH INFORMATION SYSTEMS	MOH		SEP 84			ASSISTED IN ADAPTING MATERIALS FROM CCCD AND WHO EPI AND WHO CDD MATERIALS.
SWAZILAND (1)	TRAIN MID-LEVEL MANAGERS	MOH AND MASS MEDIA/HEALT PRACTICES PROJECT		JUL 84			CCCD PROVIDED FUNDS FOR ADAPTATION OF CCCD AND WHO EPI AND WHO CDD MATERIALS.
ZAIRE	TECHNICAL AIDS: TO UPDATE HEALTH PERSONNEL (NURSES) IN VACCINATION TECHNIQUES	M.O.H. COORDINATED DEVELOPMENT		OCT 83-FEB 84	NOV 83	MAR 84	UNICEF FUNDED CCCD DEVELOPED TECHNICAL AIDS
ZAIRE	CDD EVALUATION AND TREATMENT WALL CHART	M.O.H. COORDINATED DEVELOPMENT		AUG 84	SEP 84		UNICEF FUNDED. CCCD PROVIDED TECHNICAL ASSISTANC.
ZAIRE (2)	TRAIN ZONAL MEDICAL OFFICERS	ZAIRIAN SHORT TERM CONSULTANT					CCCD FUNDED. 3RD REVISION OF NATIONAL CCCD MODULES.
UGANDA (3)	TRAIN INSTRUCTORS IN PRIMARY HEALTH CARE	UNICEF/MOH		MAY 84			CCCD PROVIDED TECHNICAL ASSISTANCE AND TRAINING MATERIALS.

ONE OR TWO CONTRACTS FOR THE DEVELOPMENT OR COUNTRY SPECIFIC TRAINING MATERIALS ARE PLANNED TO BE PLACED IN EACH COUNTRY PARTICIPATING IN A CCCD BILATERAL AGREEMENT. THE CONTRACTS ARE PLANNED TO BE PLACED AFTER HEALTH PERSONNEL IN EACH COUNTRY HAVE PARTICIPATED IN THE CCCC MID-LEVEL (INSTRUCTORS/SUPERVISORS) COURSE.

NOTE 1: SEVERAL MODULES OF TRAINING MATERIALS WERE DEVELOPED, OTHER MODULES ARE IN THE PLANNING STAGE.
NOTE 2: CCCD ASSISTANCE IN THE DEVELOPMENT OF THE TRAINING MODULES BEGAN IN FISCAL YEAR 1983.
NOTE 3: CCCD PROVIDED TECHNICAL ASSISTANCE AND TRAINING MATERIALS WHICH WERE ADOPTED FOR USE IN UGANDA.

CCCD PROJECT SUMMARY TRAINING DEVELOPMENT/ADAPTATION: ANNUAL SUMMARY UPDATED OCT 83 CODE 00036

COUNTRY	FY TARGET	ACHIEVED THIS YEAR	PERCENT FY TARGET ACHIEVED	LOP TARGET	ACHIEVED TO DATE	PERCENT LOP ACHIEVED TO DATE
LESOTHO		1 (1)		1-2	1	100%
SWAZILAND		1 (1)		1-2	1	100%
TOGO				1-2	1 (1)	100%
ZAIRE (2)				1-2	1	100%
UGANDA		1 (3)			1	
TOTAL	1-2	3	300%	11-22	5	45%

ONE OR TWO CONTRACTS FOR THE DEVELOPMENT OF COUNTRY SPECIFIC TRAINING MATERIALS ARE PLANNED TO BE PLACED IN EACH COUNTRY PARTICIPATING IN A CCCD BILATERAL AGREEMENT. THE CONTRACTS ARE PLANNED TO BE PLACED AFTER HEALTH PERSONNEL IN EACH COUNTRY HAVE PARTICIPATED IN THE CCCD MID-LEVEL (INSTRUCTORS/SUPERVISORS) COURSE.

NOTE 1: SEVERAL MODULES OF TRAINING MATERIALS WERE DEVELOPED, OTHER MODULES ARE IN THE PLANNING STAGE.
NOTE 2: CCCD ASSISTANCE IN THE DEVELOPMENT OF THE TRAINING MODULES BEGAN IN FISCAL YEAR 1983.
NOTE 3: CCCD PROVIDED TECHNICAL ASSISTANCE AND TRAINING MATERIALS WHICH WERE ADOPTED FOR USE IN UGANDA.

CCCD PROJECT SUMMARY UPDATED OCT 84 CODE 00037

INTEGRATION OF CCCD TRAINING MATERIALS INTO CURRICULA OF HEALTH TRAINING INSTITUTIONS

COUNTRY	NAME OF TRAINING INSTITUTION	TYPE OF PERSONNEL TRAINED WITH CCCD MATERIALS	DATE CCCD MATERIALS INTEGRATED	REMARKS
TOGO	CHU LOME	RESIDENTS, INTERNS, & STAFF DOCTORS	MAY 84	SEMINAR HELD BY PROF. ASSIMADI ON SUBJECT OF VACC. OF SICK CHILDREN IN PED. SERVICE. PROF. ASSIMADI HAS AGREED TO INTEGRATE THESE MATERIALS IN TRAINING OF STUDENTS AND TO ASSURE THAT ALL ADMISSIONS ARE SCREENED AND VACCINATED AT TIME OF ADMISSION OR TIME OF DISCHARGE.

CCCD PROJECT SUMMARY HEALTH EDUCATION UPDATED OCT 84 CODE 00051
PAGE 1

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
LESOTHO	ASSMT/STRAT DEVL & PEACE CORPS	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E./PROMOTION NEEDS AND RESOURCES; DISCUSSIONS REGARDING PEACE CORPS MPH SPECIALISTS.
LIBERIA	ASSMT/ STRAT DEVL & PEACE CORPS	2ND/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF THE NEEDS & RESOURCES WAS MADE.
LIBERIA	PRG MGT/ COORD	3RD/1984			TECH ASSIST.	FOLLOWING RECOMMENDATION OF ASSESSMENT A H.E. SUBCOMMITTEE OF THE CCCD TECHNICAL COMMITTEE WAS ESTABLISHED.
LIBERIA	PRG MGT/ COORD	4TH/1984			TECH ASSIST.	GUIDANCE PROVIDED H.E. SUBCOMMITTEE FOR DEVELOPMENT OF H.E. STRATEGY. REVIEW OF EXISTING H.E. ACTIVITIES & RESOURCES COMPLETED. SUBCOMMITTEE BEGAN DEVELOPMENT OF GOALS & OBJECTIVES.
MALAWI	AUDIO VIS DEVL/ PROD PEACE CORPS	3RD/1984			COORDINATION WITH PEACE CORPS	ARRANGEMENTS WERE MADE TO ASSIGN 3RD YEAR PEACE CORPS VOLUNTEER TO WORK AS GRAPHIC ARTIST AT HLTH EDUCATION UNIT.
MALAWI	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E./ PROMOTION CONDUCTED: INFORMATION NEEDS FOR PROCURING VIDEO EQUIPMENT DEFINED; SHORT-TERM WORKPLAN DEVELOPED.
RWANDA	PEACE CORPS	4TH/1984			CORDINATION WITH PEACE CORPS	INITIAL DISCUSSIONS HELD RELATED TO POTENTIAL ROLE OF 3 PEACE CORPS VOLUNTEER SPECIALISTS. DRAFT JOB DESCRIPTIONS PREPARED.
RWANDA	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY PLANS MADE FOR KAP SURVEYS AND DEVELOPMENT OF PUBLIC EDUCATION MATERIALS.
SWAZILAND	MASS MEDIA	3RD/1984	MOTHERS/ HLTH WORKERS		FUNDS	OPERATIONAL FUNDS PROVIDED TO MASS MEDIA AND HEALTH PRACTICES PROJECT.
SWAZILAND	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT MADE OF H.E./ PROMOTION PROGRAMS RELATED TO CCCD; RECOMMENDATIONS MADE FOR FUTURE TECH. ASSIST. INPUTS, ESPECIALLY AFTER COMPLETION OF MASS MEDIA/HLTH PROMOTION PROJ.
SWAZILAND	TRNG/ TRNG DEVL	4TH/1984			FUNDS	TRADITIONAL HEALERS TRAINED IN CCCD AREAS BY HEALTH EDUCATION UNIT.

CCCD PROJECT SUMMARY HEALTH EDUCATION UPDATED AUG 84 CODE 00051
PAGE 2

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
TOGO	ASSMT/ STRAT DEVL & PEACE CORPS	2ND/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E. NEEDS & RESOURCES WAS MADE.
TOGO	ASSMT/STRAT DEVL	3RD/1984			TECH ASSIST.	H.E. ASSESSMENT/STRATEGY PREPARED & PIL AND BUDGET DEVELOPED.
TOGO	ASSMT/STRAT DEVL	4TH/1984			COORDINATION WITH AID	PIL AND BUDGET APPROVED BY USAID FOR SUBMISSION TO MOH.
TOGO	PEACE CORPS	4TH/1984			CORDINATION WITH PEACE CORPS	REQUEST FOR P.C. VOLUNTEERS, 1 MPH AND 5 GENERALISTS, RECEIVED FROM MOH AND APPROVED BY P.C./TOGO.
ZAIRE	ASSMT/ STRAT DEVL. PEACE CORPS	2ND/1984	PCV'S		TECH ASSIST.	PRELIMINARY ASSESSMENT OF THE NEEDS & RESOURCES WAS MADE.
ZAIRE	SOC/BEHVRL DIAGNOSIS	3RD/1984	URBAN KINSHASA		CCCD FINANCED	ANTHROPOLOGICAL STUDY OF CDD MESSAGES AND BEHAVIOR.
ZAIRE	SOC/BEHVRL DIAGNOSIS	3RD/1984	NATIONAL		CCCD FINANCED	PRETESTING OF CDD GRAPHICS
ZAIRE	AUDIO VIS DEVL/PROD	3RD/1984	URBAN POP.		TECH ASSIST.	CDD TELEVISION SPOT
ZAIRE	PEACE CORPS, TRNG/TRNG DEVL	3RD/1984	VOLUNTEERS	23	CCCD SUPPORTED	TRAINED AT BUKAVU
ZAIRE	SCHL HLTH ED	3RD/1984	DOCTORS & NURSES		TECH ASSIST.	INCORPORATED CCCD MATERIALS AT LUBUMBASHI NURSING SCHOOL
ZAIRE	PRG MGT.COORD	3RD/1984	ZONAL OFFICERS		TECH ASSIST.	SHABA REGION COORDINATING COMMITTEE: TO ACCELERATE CCCD IMPLEMENTATION
ZAIRE	ASSMT/ STRAT DEVL	3RD/1984			TECH ASSIST.	DEVELOPMENT OF CDD HLTH EDUCATION PLAN, WHICH WAS INTEGRATED INTO CDD NATIONAL PLAN.
ZAIRE	AUDIO VIS DEVL/PROD	4TH/1984	MOTHERS		UNICEF & CCCD FUNDED	DIARRHEA POSTER DEVELOPMENT FOUR LANGUAGES
ZAIRE	TRNG/TRNG DEVL	4TH/1984	MOTHERS		UNICEF & CCCD FUNDED	SSS RECIPE-FLIER FOR MOTHERS FOUR LANGUAGES

CCCD PROJECT SUMMARY HEALTH EDUCATION UPDATED AUG 84 CODE U0051
PAGE 3

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
ZAIRE	AUDIO VIS DEVL/PROD	4TH/1984	DOCTORS/NURSES		UNICEF & CCCD FUNDED	DIARRHEA EVALATION AND TREATMENT POSTER
ZAIRE	AUDIO/VIS DEVL/PROD	4TH/1984	HEALTH FACILITI		SANRU & CCCD FUNDED	1985 WALL CALENDAR WITH SSS RECIPE AND PLANNING CHARTS.
ZAIRE	MASS MEDIA	4TH/1984	RADIO AUDIENCE		TECH. ASSISTANCE	SERIES RADIO DISCUSSIONS ON DIARRHEA
ZAIRE	SCH HLTH ED	4TH/1984	PRI. SCHOOLS		TECH. ASSISTANCE	TEACHING HOME ORT (SSS)/DIARRHEA TREATMEN MATERIALS DEV BY CEPLANUT/USAID
ZAIRE	SCH HLTH ED	4TH/1984	PRI.SCH. TEACHERS		TECH. ASSISTANCE	PCV DEV. CCCD TOT IN REGIONS OF KASAI OCC., EQUATEUR, BANDUNDU
ZAIRE	MASS MEDIA	4TH/1984	GEN. POP.		TECH. ASSISTANCE	CCCD/ZAIRE LOGO
ZAIRE	SOC BEHAVRL DX	4TH/1984	GEN. POP.		TECH. ASSISTANCE	ANTHROPOLOGIC STUDY OF CULINARY HABITS MEASURING TOOLS AND SUGAR/SALT PRODUCTS IN THE ZAIRIAN HH TO DETERMINE MOST EFFEC SSS RECIPE.

ACTIVITY TYPE
ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD PROJECT SUMMARY — COVERAGE SURVEYS: CHILD IMMUNIZATIONS — UPDATED OCT 84 — CODE 00061 PAGE 1

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	REMARKS
GUINEA															
JAN 84	NAMOU	NO	12-23 MON	212	59	54	41	20	13	57	29	13	59	10	75% RECEIVED AT LEAST 1 DOSE OF ONE ANTIGEN.
LESOTHO															
FEB 83*	LESOTHO	YES	12-23 MON	209	79	83	70	64	54	69	64	56	56	46	
LIBERIA															
MAY 83*	CAPE MOUNT	YES	12-23 MON	210	58	61	31	13	9	31	13	9	18	6	WHO PROTOCOL
AUG 83*	MARYLAND CO.	NO	12-23 MON	210	30	40	25	8	5	25	8	5	9	3	WHO PROTOCOL
DEC 83*	UPPER LOFA CO.	NO	12-23 MON	210	63	73	67	40	25	66	39	23	42	16	WHO PROTOCOL
FEB 84	MONROVIA	NO	12-23 MON	210	35	48	25	12	8	25	11	7	10	4	BCG ASSESSMENT BY CARD OR SCAR.
MALAWI															
1982*	NATIONAL	YES	12-23 MON	212	86	87	88	82	69	91	80	72	70	55	
SWAZILAND															
SEP 84	HHOHO	YES	9-24 MON	213	93	86	88	83	65	87	83	64	58	34.3	
SEP 84	LUBOMBO	YES	9-24 MON	210	70	65	62	55	44	61	54	43	42	18.1	
SEP 84	MANZINI	YES	9-24 MON	220	56	63	50	42	32	50	42	32	33	14.5	
SEP 84	SHISELWELI	YES	9-24 MON	210	82	74	78	70	55	78	70	55	53	31.0	
SEP 84	SWAZILAND TOTALS	YES	9-24 MON	853	75	72	69	62	49	69	62	49	46	24.4	
TOGO															
OCT 83	REGION SAVANNES	NO	12-36 MON	224	58	60	63	26	16	60	26	16	45	13	WHO, MOH, UNICEF, & CDC TEAM.
OCT 83	REGION KARA	NO	12-36 MON	218	55	61	61	42	29	61	41	28	41	19	WHO, MOH, UNICEF & CDC TEAM.
NOV 83	MARITIME (EXCEPT LOME)	YES	12-36 MON	210	3.3	33	3.3	3.3	2.8	3.3	3.3	2.8	2.8		68% OF CHILDREN WERE BORN IN MEDICAL FACILITIES, 30.4% WERE BORN AT HOME.
AUG 84	PLATEAUX	NO	12-23 MON	697	27	41	35	24	13	34	24	13	25	9	SURVEY INCLUDED IN MORTALITY SURVEY QUESTIONNAIRE

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

* BASELINE INFORMATION, REPORTED BEFORE STARTUP OF CCCD ACTIVITIES.

CCCD PROJECT SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATIONS UPDATED OCT 84 CODE 00061

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	REMARKS
ZAIRE															
NOV 83	SHABA:KOLWEZI	YES	12-24 MON	210	21	51	20	12	8	19	11	8	13	6	
NOV 83	SHABA:LIKASI	YES	12-24 MON	211	49	67	41	33	24	42	33	24	23	12	
NOV 83	KASAI ORR: MBUJI-MAYI	YES	12-24 MON	210		74	70	58	41	70	58	41	56	31	PROOF OF VAC CARDS WAS NOT REQUIRED, MOTHER'S Hx ONLY.
DEC 83	KINSHASA (MORTALITY SURVEY)	YES	9 MON - 4 YEARS	3092									62		WITH 95% CONFIDENCE INTERVAL 54%-70%. FIRST STUDY TO DOCUMENT WIDE VARIATION IN COVERAGE (16-75 IN A CLUSTER).
FEB 84	KINDU, KIVU	YES	12-24 MON	214		89	90	76	58	91	76	59	62	48	
FEB 84	GOMA, KIVU	YES	12-24 MON	210		84	70	62	53	68	62	52	52	40	LOWER COVERAGE RESULTED FROM STOPPED MOBILE ACTIVITIES.
FEB 84	LISALA, EQUATEUR	YES	12-28 MON			51			11			10	4	5	
MAR 84	MATADI, BAS ZAIRE	YES	9-12 MON	210		85	84	78	71	85	79	71	51	51	
MAR 84	KIKWIT, BANDUNDU	YES	12-24 MON	211		88	85	83	80	86	83	80	76		
MAR 84	ISIRO, HAUT ZAIRE	YES	9-36 MON	212									29		
APR 84	KAMINA, SHABA	YES	12-23 MON	210		96	90	84	73	90	84	73	76	63	
APR 84	MBANDAKA, BANDUNDU	YES	12-24 MON	215		60	52	42	34	52	42	34	40	24	
MAY 84	KINSHASA (OUTSKIRTS)	YES	12-23 MON	122	61	57	57	55	48	57	55	48	44	36	NON-VALID SYSTEMATIC SAMPLING WHICH WAS NOT COMPLETED. BCG ASSESSED BY SCARS.
JUN 84	BUKAVU KIVU	YES	12-23 MON	212	74	82	74	66	60	74	67	61	54	49	ANNUAL COVERAGE SURVEY
JUN 84	LUBUMBASHI	YES	12-23 MON	211		92	78	73	64	78	73	64	64	56	ANNUAL COVERAGE SURVEY
AUG 84	KISANTU BAS ZAI	YES	12-23 MON	103	54	72	49	43	37	72	49	42	30	21	SURVEY EXERCISE NATIONAL CCCD TRAINING COURSE

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

CCCD PROJECT SUMMARY COVERAGE SURVEYS: TREATMENT OF DIARRHEA AND FEVER IN CHILDREN UNDER FIVE YEARS OF AGE UPDATED OCT 84 CODE 0006

DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF CHILDREN	NUMBER OF MOTHERS	PERCENT OF MOTHERS KNOW ORT		REPORTING OF DIARRHEA IN LAST TWO WEEKS				PERCENT MOTHERS KNOW MALARIA Rx	REPORTING OF FEVER IN LAST TWO WEEKS		
					HOME FLUIDS	ORS PACKETS	NUMBER OF DIARR EP	% EP Rx ORT HOME FLUIDS	% EP Rx ORT ORS PACKETS	% EP CONT'D BREAST-FEEDING		NUMBER OF FEVER EP	PERCENT EP OF FEVER Rx	PERCENT FEVER EP Rx APPRO.
LESOTHO														
(JUN 84)	LESOTHO	YES			PENDING FINALIZATION OF REPORT									
SWAZILAND														
(SEP 84)	SWAZILAND	YES			PENDING FINALIZATION OF REPORT									
TOGO														
OCT 83	MARITIME REGION (EXCEPT LOME)	YES	3821	2248	7%	0%	7	0%	0%	85%	38%	12	72%	<5%
ZAIRE														
JUN 83*	HAUT ZAIRE, KISANGANI	YES	218			8%	81		8%		88%			
DEC 83	KINSHASA	YES	3092				220/1000 (200-239 WITH 95% CONFIDENCE)	11%	2%			374/1000 (341-406 WITH 95% CONFIDENCE)	50%	43%
FEB 84	GOMA	YES	210			48%								
JUN 84	BUKAVU KIVU	YES	1005				190		28%			178		37%
JUN 84	LUBUMBAASHI	YES	447				96		19%			100	72%	36%
AUG 84	KISANTU BAS ZAI	YES	418		15%		64	15%	50%			119	92%	62%

NOTE EP: EPISODES
Rx: TREATMENT, TREATED
MOTHERS: MOTHERS OF CHILDREN IN THE TARGET AGE GROUP.
*: NOT PREVIOUSLY REPORTED

CCCD PROJECT SUMMARY COVERAGE SURVEYS: PREGNANT WOMEN* UPDATED OCT 84 CODE 00063

				IMMUNIZATIONS: PREGNANT WOMEN					ANTIMALARIALS: PREGNANT WOMEN		
					PERCENT VACCINE COVERAGE					PERCENT USING PROPHYLAXIS		
DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF WOMEN	PERCENT WITH KNOWLEDGE OF TET TOX	TTo	TT1	TT2	DO NOT KNOW	PERCENT WITH KNOWLEDGE OF ANTIMALARIAL FOR MALARIA	AT ALL	3 OR MORE MONTHS	PERCENT USING ANTIMALARIALS FOR FEVER
ZAIRE												
DEC 83	KINSHASA	YES	1797**		20	79	48			34		
JUN 84	BUKAVU KIVU	YES	487			77	63			6		

* WOMEN WHO HAVE DELIVERED DURING THE PAST TWELVE MONTHS.
** WOMEN, INFORMATION RELATES TO THEIR MOST RECENT PREGNANCY.
NOTE % TTo: PERCENT NOT VACINATED FOR TETANUS.
% TT1: PERCENT VACCINATED ONCE DURING PREGNANCY.
% TT2: PERCENT VACCINATED TWICE DURING PREGNANCY.

CCCD PROJECT SUMMARY EPIDEMIOLOGIC STUDIES UPDATED OCT 84 CODE 00072

DATE	DISEASE	COUNTRY	AREA	DATE 1ST CASE	DATE INVES-TIDAT	TOTAL NUMBER CASES	TOTAL NUMBER DEATHS	CASE FATAL. RATE	VACCINE EFFICACY	REMARKS
NOV 83	YELLOW FEVER	TOGO	SAVANNAH	OCT 83						
			MARITIME	AUG/DEC 83		5 (SUSPECTED)				
MAR 84	RABIES	MALAWI	LILONGWE	01/05/84		1	1	100%	NA	PEDIATRIC WARD KAMUZU CENTRAL HOSPITAL WITH POSSIBLE SYRINGE CONTAMINATION.
MAY 84	CHOLERA	EQUATORIAL GUINEA		3/29	5/4	346 (HOSP)	19	NOT ABLE TO CALCULATE		VIBRIO CHOLERA EL TOR. ONLY HOSPITALIZED CASES COULD BE ANALYSED.
SEPT 84	DIARRHEA	ZAIRE	SHABA REGION KONGOLO ZONE	7/84	9/6/84	797	10	1.2%		19% CASES <5 YRS WITH 1 DEATH. 81% CASES IN ADULTS WITH 9 DEATHS. ORT INTRODUCED AND USED EFFECTIVELY AT MBULULA HLTH CENTER.

CCCD PROJECT SUMMARY SPECIAL STUDIES* UPDATED OCT 84 CODE 00073
PAGE 1

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
IVORY COAST							
JUL 84	ABIDJAN	MCH PRACTICES	2,000,000	15-45 YEARS	INTERVIEW	350	BIRTHWEIGHT RELATED TO NUMBER OF PRENATAL VISITS.
JUL 84	ABIDJAN	TREATMENT OF DIARRHEAL DISEASE	2,000,000	<5 YEARS	INTERVIEW	125	LITTLE ORT USED IN ABIDJAN, AVERAGE COST OF TREATMENT FOR EACH DIARRHEAL EPISODE IS APPROXIMATELY 1500 CFA.
MALAWI							
JUL 84	KARONGA/ DWANGWA	PRURITIS POST CHLOROQUINE INGESTION	250,000	0-15 YEARS	SURVEY	389	POSSIBLE ASSOCIATION PRURITIS/ PARASITEMIA.
MAY/JUN 84	DWANGWA, KARONGA, MANGOCHI, MACHINGA, LILONGWE, RUMPHI	FEASIBILITY SURVEY FOR INCLUSION IN MALARIA HIS FOR CHLOROQUINE RESISTANCE	4 MILL.	<5	HEALTH CENTER BASED STUDY	300	ALL SITES CONTINUED TO HAVE HIGH LEVELS OF MALARIA TRANSMISSION WELL INTO THE DRY SEASON (JUNE)
AUG 84	MANGOCHI	CHLORO SENSITIVITY STUDY	800,000	<5 YEARS	HEALTH CENTER BASED STUDY	11	ELEVEN CHILDREN RECEIVED 20 TO 29 MG/KG DOSE OF AMODIAQUINE. TEN CLEARED PARASITES BY DAY 7.
TOGO							
SEP 83**	LOME	MALAR/DIAR	369000	UNDER 5	RANDOM SAMPLE (1 SITE)	384	1. 38% OF SICK CHILDREN HAD FEVER. 2. 81%OF SICK CHILDREN RECEIVED ANTI-MALARIALS, OF WHOM 65% RECEIVED CHLORO AND 35% INJECTABLE QUININE SOLUTIONS. 3. 20% Dx DIARRHEA, NO ORS GIVEN.
					COMPLETE RECORD SEARCH (4 SITES)	22842	1. 24% RECEIVED ANTI-MALAR., OF WHOM 56% CHLORO, 24% AMODIAQUINE, 20% INJECTIABLE QUININE SOLUTIONS. 2. 12% Dx DIARRHEA, NO ORS GIVEN.
SEP 83**	LOME	MEASLES	369000		REGISTER COUNT		MAJOR EPIDEMICS IN DRY SEASONS OF 78-79 AND 80-81. MINOR EPIDEMICS IN 82 AND 83.

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.
** NOT PREVIOUSLY REPORTED.

CCCD PROJECT SUMMARY SPECIAL STUDIES* UPDATED JUN 84 CODE 000/

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
TOGO							
OCT 83	MARITIME REGION (EXCEPT LOME)	MORTALITY SURVEY/ USE OF HLTH SERVICES		<5 YEARS		3821	INFANT MORTALITY RATE: [illegible]. 24% OF DEATHS DUE TO MEASLES, 1[illegible] DUE TO MALARIA, 16.7% DUE TO DIARRHEA. 26.[illegible]% HAD FEVER DURING PREVIOUS 2 WEEKS, OF THOSE 54% WERE RX'D W/CHLORO BY MOTHER.
				MOTHERS		2248	
SEP 84	PLATEAUX	MALARIA RX		CHILDREN <5 WITH FEVER		519	85% OF CHILDREN Rx'D AT HOME WITH CHLOR. 71% OF THESE REC'D LESS THAN 10 MG/KG DURING FIRST 24 HOURS. 65% OF MOTHERS OBTAINED CHLORO FROM STREET VENDERS.
SEP 84	PLATEAUX	MALARIA RX		STREET VENDORS OR CHLOR		34	STREET VENDORS PRESENT IN MOST VILLAGES AND NEIGHBORHOODS. COST OF 100 MG TABLET WAS 2.1 CENTS, LESS IF MORE TABLETS PURCHASED
SEP 84	PLATEAUX	MALARIA RX		PURCHASERS OF ANTIMAL AT PHARMACIES		781	42% PURCHASES ORAL ANTIMALARIALS WITHOUT PRESCRIPTION. ONLY 2% ASKED FOR DOSAGE INFO, INTENDED DOSAGES GENERALLY TOO LOW.
SEP 84	PLATEAUX	MALARIA RX		MOTHERS WITH SICK CHILDREN AT HLTH CNTRS		434	47% OF MOTHERS THOUGHT CHILD HAD MALARIA. OF THESE 61% PREFERRED ORAL ANTIMAL, 9% ANTIMAL INJECTION. SENSITIVITIY OF MOTHERS' PERCEPTION OF FEVER 74%, SPECIFICITY 46%.
				CHILDREN < 5	HLTH RECORDS	3241	28% Rx'D WITH ANTIMALARIAL. OF THESE 67% GIVEN 1 OR MORE ANTIMAL INJECTIONS.
SEP 84	PLATEAUX	MALARIA RX		HLTH CNTR CLINICIANS		16	2 CASE HISTORIES PRESENTED, 4 Y/O WITH TYPICAL NON-CEREBRAL MALARIA, NO VOMITING: 87% WOULD USE INJECTION. 9 MONTH OLD WITH MILD FEVER: 56% WOULD USE INJECTION. 69% (OF 13) THOUGHT MOTHERS PREFER INJECTIONS
SEP 84	PLATEAUX	MALARIA RX		TOGOPHARMA OUTLETS	RECORD REVIEW	8	AT NO TIME IN PAST 10.2 YEARS WERE NIVAQUINE TABLETS NOT AVAILABLE.
SEP 84	PLATEAUX	MALARIA RX		HEALTH CENTERS	RECORD REVIEW	8	SHORTAGES OF RESOCHINE TABLETS OCCURED IN 9% OF MONTHLY REPORTING PERIODS.
SET 84	PLATEAUX	DIARRHEA RX		MOTHERS		16	ONLY 1 OF 16 MOTHERS WHO HAD PREPARED TRADITIONAL LIQUIDS FOR DIARRHEA ADDED SUGAR/STARCH AND SALT.
SEP 84	PLATEAUX	MEASLES VACCINATION		MOTHERS		19	AT LEAST 57% OF ADMISSIONS OF CHILDREN HOSPITALIZED WITH MEASLES COULD HAVE BEEN PREVENTED BY FULLY-IMPLEMENTING POLICY OF VACCINATING SICK CHILDREN AT HEALTH CENTERS.
SEP 84	PLATEAUX	INFANT MORTALITY		CHILDREN		4966	RESULTS AVAILABLE IN NOV 84.

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.

CCCD PROJECT SUMMARY — SPECIAL STUDIES* — UPDATED OCT 84 CODE 00073 PAGE 3

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
UGANDA							
JUN 84	UGANDA	DIARRHEAL DISEASE/ CHILD MORTALITY	540000	0-4 YEARS	HEALTH CENTER VICINITY SAMPLE	12,152	SURVEY POPULATION WAS IN IMMEDIATE VICINITY OF HEALTH CENTER, 2700 HOUSEHOLDS. IMR: 95/1000 LIVEBIRTHS. 38% OF 0-4 YR DEATHS VACCINE PREVENTABLE. 51% OF 0-4 DEATHS ASSOC WITH DIARRHEA. 7% OF DIARRHEA CASES TREATED WITH ORS, 5% WITH HOMEMADE SUGER AND SALT SOLUTIONS.
ZAIRE							
OCT 83	KINSHASA (HOSPITAL)	EPIDEMIOLOGY OF MEASLES	2733990	0-5 YEARS	REG REVIEWS, EVAL SURVEYS,	NA	HOSP MEASLES CASES ARE INCREASING. LARGE # CASES IN < 9 MONTHS. CASES STUDIED BY GEOGRAPHIC ZONE. HYPO: TRANSMISSION DEPENDS ON POP DENSITY.
OCT 83	KINSHASA	POLIO VACCIN: AGE & INTERVAL	NA	0-2 YEARS	DESCRIPTIVE STUDY	NA	CONCLUDE THAT AFTER CHILD RECEIVES 1ST DOSE HE ADHERES TO SCHEDULE, IN STARTING AT 3 MONTHS.
OCT 83	KINSHASA	FEASIBILITY OF VACCINAT SICK CHILDREN	NA	0-2 YEARS	DESCRIPTIVE STUDY (NOT REPRESENTATIVE)	398	ONLY 36% HAD VACCINATION CARDS WITH THEM; OF THOSE ELIGIBLE FOR MEASLES VACCINE- 20% VACCINATED. 39% HISTORY OF VACCINATION, 41% UNVACCINATED: AMOUNG UNVACCINATED 39% DID NOT RECEIVED VAC BECAUSE THEY GAVE HISTORY OF DISEASE. A POLICY OF VACCINATING SICK CHILDREN HAS BEEN ADOPTED.
DEC 83	KINSHASA	ANALYSIS OF CENSUS DATA	2733990	ALL			GEOGRAPHIC ANALYSIS OF MORTALITY, POPULAITON DENSITY, AND RATE OF POPULATION GROWTH.
DEC 83	KINSHASA	MORTALITY SURVEY	2911697	0-4 YEARS	CLUSTER SAMPLE	3092	CHILDHOOD (0-4) MORTALITY RATE: 23.6/1000. MEASLES MAJOR CAUSE OF CHILDHOOD MORTALITY, 29% OF ALL DEATHS, AND THE HIGHEST INCIDENCE IS IN THE UNDER 1 AGE GROUP. INCIDENCE OF FEVER & DIARRHEA HIGHEST AT 1 YEAR OF AGE. 74% MEASLES VACCINE EFFICACY. HIGH USE OF HLTH SERVICES: 69% OF FEVER & 58% OF DIARRHEA CASES TREATED IN HLTH CNTRS.
DEC 83	KINSHASA	FREQUENCY OF PREVENTIVE MEASURES TAKEN DURING PREGNANCY	364833	15-50 YEARS	CLUSTER SAMPLE	1797	11% PREGNANT AT TIME OF SURVEY. 53% PREGNANT DURING LAST YEAR. DURING LAST PREGNANCY: 88% ENROLLED IN PRENATAL CLINICS, 34% TOOK AT LEAST 2 MONTHS CHEMOPROPHYLAXIS, 62% SOUGHT PRENATAL CARE BEFORE THEIR LAST TRIMESTER. FETAL DEATH RATE: 31/1000 LIVE BIRTHS AND FETAL DEATHS. 79% RECEIVED AT LEAST 1 DOSE TET TOX, 48% RECEIVED 2 DOSES.

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.

CCCD PROJECT SUMMARY SPECIAL STUDIES* UPDATED OCT 84 CODE 00073
PAGE 4

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
ZAIRE							
JAN 84	KINSHASA	VACCINATTION OF SICK CHILDREN (EXPANDED STUDY)	NA	9-23 MON	DESCRIPTIVE STUDY	2700	CHILDREN ARE NOT VACCINATED IF MOTHER SAYS CHILD ALREADY HAD MEASLES. ONLY 1/2 OF CENTERS COULD INCREASE VACCINATIONS SIGNIFICANTLY BY VACCINATING SICK CHILDREN.
FEB 84	KINSHASA	AGE AT TIME OF MEASLES VACCIN 1980, 1981, 1983	2,410,552 (1980) 2,911,697 (1983)	12-23 MONTHS	CLUSTER SURVEY	110 EACH YEAR	FEWER CHILDREN ARE NOW VACINATED BEFORE 9 MONTHS OF AGE AND VACCINATIONS ARE GIVEN IN A TIMELY MANNER: 70% VACCINATED BY 10 MONTHS OF AGE AND 88% BY 1 YEAR OF AGE.
FEB 84	RURAL ZAIRE	LAMENESS-POLIO SURVEY ANALYSIS (CONDUCTED 6/82-3/83)	18,000,000	LIVE-BIRTHS	CLUSTER SURVEY	2080	11.1 NEONATAL MORTALITY RATE, 11% TET TOX VACCINE COVERAGE WITH CARD, 41% CARD AND HISTORY.
				5-9 YEARS		10,8484	PREVALENCE OF LAMENESS: 8.2/1000.
	URBAN ZAIRE	AS ABOVE	10,000,000	LIVE-BIRTHS	CLUSTER SURVEY	2026	6.9 NEONATAL MORTALITY RATE, 24% TET TOX VACCINE COVERAGE WITH CARD, 32% CARD AND HISTORY.
				5-9 YEARS		9617	PREVALENCE OF LAMENESS: 11.3/1000. NOTE: DISGNOSIS OF POLIO WILL BE REFINED TO DETERMINE PREV. OF POLIO. NOT ENOUGH INFO FOR ANALYSIS OF TETANUS MORTALITY RATE.
MAY 84	KIVU SANGE VILLAGE	KAP DIARRHEA & FEVER (P.C. PUBLIC HEALTH TRAINEES)		0-5 YEARS	HOUSE TO HOUSE	279	41% OF SAMPLE SIZE HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; 4% OF ILL CHILDREN RECEIVED ORT, 31% OF ILL RECEIVED ANTIBIOTICS. 56% OF SAMPLE SIZE HAD A FEVER EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 30% RECEIVED ANTIMALARIAL TREATMENT, 60% WERE TAKEN TO A HEALTH CENTER AND 30% HAD RECEIVED A 'PRESUMPTIVE Rx
MAY 84	KIVU LEMERA	KAP DIARRHEA & FEVER		0-5 YEARS	HOUSE TO HOUSE	191	20% OF CHILDREN HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 8% RECEIVED LESS THAN USUAL AMOUNT OF LIQUIDS OR NONE AT ALL AND 3% RECEIVED ORT. 32% OF CHILDREN HAD A FEVER EPISODE WIWTHIN 15 DAYS PRIOR TO SURVEY; OF THESE 23% RECEIVED EITHER A CHLOROQUINE DOSAGE OR A QUININE INJECTION. 18% OF POPULATION SURVEYED HAD CHLOROQUINE IN THE HOME.
MAY 84	KIVU KATANA	KAP DIARRHEA & FEVER (P.C. PUBLIC HEALTH TRAINEES)		0-5 YEARS		54	30% OF POPULATION SURVEYED HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 38% RECEIVED LESS OR NO LIQUIDS AND 33% RECEIVED ORT. 28% OF SAMPLE SIZE HAD A FEVER EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 63% RECEIVED A CHLORROQUINE OR QUININE TREATMENT. 9% OF SAMPLE GROUP HAD CHLOROQUINE IN HOUSE. PRIORITY INTERVENTION: SUGGEST EMPHASIS OF WATER SOURCES, ORT, ANIMATION, & PREVENTIVE HEALTH CARE IN OUTLYING AREAS.

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.

CCCD PROJECT SUMMARY SPECIAL STUDIES* UPDATED OCT 84 CODE 00073
PAGE 5

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
ZAIRE							
MAY-AUG 84		CCCD KAP 47 ZONES	4.7 MIL		QUESTIONNAIRE		ASSESSED CURRENT PRACTICES FOR MALARIA CHEMOTHERAPY, CHEMOPROPHYLAXIS AND ORS
AUG 84	KINSHASA	PREPARING SSS KINSHASA			VISITS TO HOUSE HOLDS		ANTHROPOLOGICAL STUDIES-VARIATION DOSAGE SSS PREPARED BY SAMPLING OF MOTHERS
AUG 84	KINSHASA	KAP DIARRHEA			VISITS TO HLTH CNTRS & MARKET		PRELIMINARY STUDY TO IDENTIFY POSTER MESSAGES
AUG 84	KINSHASA	DIARRHEA MESSAGES					DEVELOPED BY OSSBK TO STANDARDIZE MESSAGES FO HLTH PERSONNEL/MOTHERS. INFO USED BY CCCD
AUG 84	KINSHASA	FEVER MESSAGES					DEVELOPED BY OSSBK SAME AS ABOVE
AUG 84	KINSHASA	ORT MAMA-YEMO ER		0-5 YRS.	IND.CASE STUDY	400**	DATA COLLECTED ON ORS/IV PRESCRIBED/ADMINISTE PER WHO CLASSIFICATION; LENGTH OF TREATMENT AND EFFECTIVENESS OF TREATMENT.
SEP 84	KINSHASA	ORT M-Y PED WARD		0-5 YRS.	IND.CASE STUDY	45**	SAME AS ABOVE
SEP 84	KINSHASA	ORT M-Y OUTPATIENTS		0-5 YRS.	IND. CASE STUDY	200**	SAME AS ABOVE
SEP 84	KINGANDU BANDUNDU	RURAL MORTALITY SURV	60,000	0-6 YRS.	CLUSTER SAMPLE	4,000**	CCCD METHODOLOGY USED. RESULTS AVAIL. DEC. 84
SEP 84	PAI-KONGILA BANDUNDU	RURAL MORTALITY SURV	90,000	0-6 YRS.	CLUSTER SAMPLE	4,000**	CCCD METHODOLOGY USED. RESULTS AVAIL. DEC. 84

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.
** NUMBER OF WOMEN WITH A CHILD UNDER 5 YEARS OF AGE.

CCCD PROJECT SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE 00074
UPDATED OCT 84
PAGE 1

COUNTRY	QUARTER/YEAR	ACTIVITIES
IVORY COAST	1ST/1984	ASSISTED IN DEVELOPMENT OF VACCINATION CENTERS AT HOSPITALS.
LESOTHO	3RD/1984	DRAFTED PLAN FOR HIS LONG TERM STRATEGY. DEVELOPED CIRICULLUM FOR HIS COMPONENT OF LESOTHO MID LEVEL MANAGEMENT COURSE. APPOINTED MEMBERS OF HIS ADVISORY COMMITTEE TO DEVELOPMENT PROGRAM DATA REQUIREMENTS. ORDERED CCCD/HIS COMMODITIES.
LESOTHO	4TH/1984	PLANNED HEALTH INFORMATION ACTIVITIES WITH MOH AND CCCD TO. REVISED HIS FORMS TO INCLUDE AGE,DATA ON CCCD TARGET DISEASES AND ADMINISTERED VACCINATIONS.
LIBERIA	2ND/1984	PRELIMINARY PLANNING OF BASELINE MORTALITY SURVEY. CLUSTER SAMPLES SELECTED FROM POPULATION UNIVERSE.
LIBERIA	3RD/1984	REVIEW OF NATIONAL SURVEILLANCE SYSTEM. PROPOSAL FOR SENTINEL SURVEILLANCE SITES.
LIBERIA	4TH/1984	FINAL PLANNING OF BASELINE MUHS SURVEY. NEW SELECTION OF CLUSTER SAMPLES TO INCRESE SENSITIVITY DRAFT OF TRAINING PLANS FOR SURVEY WORKERS COMPLETED DRAFT OF INTERVIEWERS MANUAL AND FIELD WORK CONTROL FORMS BUDGET FOR SURVEY COMPLETED.
MALAWI	2ND/1984	ASSESSMENT OF MALAWI HIS SYSTEM IN COLLABORATION WITH MSH EPIDEMIOLOGIST IN PREPARATION FOR DRAFTING OF MALAWI 10 YEAR HEALTH PLAN.
MALAWI	3RD/1984	ESTABLISHMENT OF MALAWI SENTINEL SURVEILLANCE SYSTEM FOR CHLOROQUINE RESISTANT MALARIA IN CONJUNCTION WITH CDC MALARIA DIVISION.
MALAWI	4TH/1984	HIS ACTIVITY FOR CHLOROQUINE RESISTANCE: SIX SENTINEL SITES FOR IV-VIVO TESTING ESTABLISHED
MALAWI	4TH/1984	DEVELOPED AMODAIQUINE SENSITIVITY STUDY PROTOCOL WITH KHOROMANA, WIRIMA AND HAWKINS.
SENEGAL	1ST/1984	ASSISTED IN DEVELOPMENT OF SINE-SALOUM PROJECT HEALTH INFORMATION SYSTEM.
SWAZILAND	4TH/1984	PLANNED HEALTH INFORMATION ACTIVITIES WITH MOH AND CCCD TO. ESTABLISHED A STUDY GROUP TO ASSESS POTENTIAL SOURCES FOR BASELINE DATA.

CCCD PROJECT SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE 00074
UPDATED OCT 84
PAGE 2

COUNTRY	QUARTER/YEAR	ACTIVITIES
TOGO	1ST/1984	ESTABLISHED 16 REPORTING SITES MARITIME RURAL; COLLECTED BASELINE DATA. THESE ARE OUR RURAL SENTINEL SITES.
ZAIRE	1ST/1984	REPORTING FORMS FOR SURVEILLANCE SYSTEM WERE EXPANDED TO INCLUDE ALL CCCD DISEASES. FORMS ARE NOW DIFFERENTIATED BY REPORTING UNIT; HOSPITALS AND HEALTH CENTERS REPORT SLIGHTLY DIFFERENT INFORMATION. HOSPITAL FORMS ARE NOW BEING INTRODUCED INTO RURAL HEALTH ZONES; RURAL AREAS HAVE NOT BEEN INCLUDED IN THE SYSTEM UP UNTIL NOW.
ZAIRE	1ST/1984	VISITS WERE MADE TO HEALTH CENTERS & HOSPITALS DURING TRAINING OF PEV TEAMS. EVALUATION METHODS WERE RECOMMENDED.
ZAIRE	1ST/1984	DEVELOPED COMPUTER PROGRAM TO REGISTER ALL ROUTINE SURVEILLANCE DATA REPORTED BY 17 REGIONAL TEAMS. ALL REPORTS FROM 1980-83 WERE ENTERED.
ZAIRE	2ND/1984	ANALYSIS AND INTERPRETATION OF SURVEILLANCE DATA FOR MEASLES, WHOOPING COUGH, POLIO, AND TETANUS: CASES AND DEATHS BY AGE GROUP AND BY SEASON. REPORT PREPARED FOR FEEDBACK OF INFORMATION.
ZAIRE	2ND/1984	SUPERVISORY QUESTIONAIRE WAS FIELD TESTED AND REVISED.
ZAIRE	2ND/1984	ANALYSIS OF ZAIRE ANNUAL HEALTH REPORT STARTED.
ZAIRE	2ND/1984	DEVELOPED INDICATORS TO EVALUATE EACH OF THE PEV REGIONAL TEAM'S PERFORMANCES.
ZAIRE	3RD/1984	INSTALLED COMPUTERIZED SYSTEM FOR ANALYZING VACCINATION DATA AND UTILIZATION OF ORS THAT INCLUDES SOFTWARE TO FACILITATE DATA ENTRY, VERIFICATION, CORRECTION OF ERRORS AND ANALYSIS BY REGION, TEAM AND HEALTH ZONE.

CCCD PROJECT SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE 00081

NUMBER	PROTOCOL TOPIC	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE FIRST SUBMIT	DATE & PLACE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
82-1	LONG-TERM OUTCOME OF HOSPITAL MEASLES	BURUNDI	NTAREME, F. U. OF BURUNDI	AUG 82	JUL 83 CDC	APPROVED	JUL 84					10	
83-1	IMPACT OF MEASLES VACCINATION	TANZANIA	MSAMANGA, G.I. HARVARD SPH	MAR 83	DEC 83	REVISION SUBMITTED							
83-2	LONGITUDINAL STUDY DIARRHEAL DISEASE	KENYA	KINOTI, S. MED. RESEARCH CENTER	MAR 83	NA	FUNDED BY CIDA							
83-3	EFFICACY OF ORAL POLIO VACCINE	ZIMBABWE	GWEBU, E.T. BLAIR R. LAB	MAR 83	NA	FUNDED BY WHO							
83-4	MORTALITY RATES	ZIMBABWE	RUNYOWA, A. MOH	MAY 83	NA	FUNDED BY WHO							
83-5	BACT PATHOGENS/ DIARRHEA	ZIMBABWE	KUNENE, H. UNIV ZIMBABWE	JUN 83	DEC 83 E/S Afr	REVISION SUBMITTED							
83-6	IMMUNOGENICITY OF MEASLES VACCINE	RWANDA	NDIKUYEZE, A. J HOPKINS SPH	JUN 83	DEC 83 E/S Afr	REVISION SUBMITTED							
83-7	ORT USE IN HOSPITALS	TOGO	KAMPATIBE, N. CHU LOME	JUL 83	JAN 84 CDC	APPROVED		AWAITING RETURN OF CHIEF INVESTIGATOR.				9	
84-1	RICE-FLOUR BASED ORS	SENEGAL	NDIAYE, A.M. ORANA (OCCGE)	NOV 83	JAN 84 CDC	TO BE FUNDED BY WHO							
84-2	TREAT OF DIARRHEA BY MOTHERS	LIBERIA	COLE, A.K. CHAL, MOH	NOV 83		PENDING REVIEW							
84-3	MALARIA DRUG AVAIL. & UTILIZATION	ZIMBABWE	TAYLOR, B. BLAIR R LAB	NOV 83	DEC 83 E/S AFR	APPROVED	(TO BEGIN IN MALARIA SEASON)					10	
84-4	LONGITUD STUDY MAL SEROL & PARASITOL	ZIMBABWE	MUTETWA, S.M. BLAIR R LAB	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-5	MALARIOMETRIC SURVEY	MALAWI	KHOROMANA, C.O. QE CENT HOSP	NOV 83	DEC 83 E/S AFR	TO BE INCLUDED IN STUDY 84-6							
84-6	CHLOR RESIST MAL ASSESS	MALAWI	KHOROMANA, C.O. QE CENT HOSP	NOV 83	DEC 83 E/S AFR	APPROVED	JUL 84		AUG 84		AUG 84	8.5	
84-7	MAL PROPHYLAXIS IN PREGNANCY	KENYA	PERTET, A. MED R CNTR	NOV 83	DEC 83 E/S AFR	APPROVED	MAY 84					10	
84-8	EFFECT OF MAL ON PREGNANCY	SUDAN	ABDEL AZIZ, F. FAC OF MED,KHARTOUM	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-9	PSYCHO-CULT APPROACH TO H.E.	KENYA	KATSIVO, M.N. MED R CNTR	NOV 83	DEC 83 E/S AFR	APPROVED	SEP 84					10	

PAGE 2 CODE 00081

NUMBER	PROTOCOL TOPIC	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE FIRST SUBMIT	DATE & PLACE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
84-10	K.A.P. FOR DIARRHEA	ZIMBABWE	MTERO, S. BLAIR R LAB	NOV 83	DEC 83 E/S AFR	APPROVED APR 84						9.4	
84-11	TRAINING VILLAGE HEALTH WORKERS	ZIMBABWE	GWEBU, E.T. BLAIR R LAB	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-12	ETIOL OF DIARR, HOMEMADE ORT	ZIMBABWE	SIMANGO, C. BLAIR R LAB	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-13	EFFICACY OF MAIZE-BASED ORT	KENYA	KINOTI, S. MED R CNTR	NOV 83	DEC 83 E/S AFR	APPROVED						10	
84-14	FEEDING & NUTRITION STATUS, KIAMBO	KENYA	MAGALA-NYAGO, C. MED R CNTR	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-15	GRTH EFFECT OF ORAL THERAPY & FEEDING	KENYA	NJERI THIURI, B. MED R CNTR	NOV 83	DEC 83 E/S AFR	APPROVED (SCHEDULED IN 1985)						10	
84--16	RICKETS PROSPECT STUDY	KENYA	NYAKUNDI, P.M. UNIV NAIROBI	NOV 83	DEC 83 E/S AFR	NOT APPROVED							
84-17	PHOTOVOLTAIC REFRIG/FREEZER	KENYA	MUTIE, D.M. EPI, MOH	NOV 83	DEC 83 E/S AFR	APPROVED APR 84						10	
84-18	NEONAT TETANUS SURVEY METHODS	KENYA	MUTIE, D.M. EPI, MOH	NOV 83	DEC 83 E/S AFR	APPROVED APR 84						10	
84-19	RETROSPECTIVE MEASLES STUDY	KENYA	KENYA, P.R. MED R CNTR	NOV 83	DEC 83 E/S AFR	APPROVED (TO BEGIN IN JAN 85)						10	
84-20	MEASLES BELIEFS & PRACTICES	KENYA	KILONZO, E.R. MED R LAB	NOV 83	DEC 83 E/S AFR	NOT APPROVED, COULD REVISE							
84-21	IMPLICATION OF MEASLES	MALAWI	KALILANI, J. KAMUZU HOSP	DEC 83	-	PENDING REVIEW							
84-22	MALAWI GROWTH CARD USE	MALAWI	KALILANI, J. KAMUZU HOSP	DEC 83	-	PENDING REVIEW							
84-23	RESPIRATORY DISEASE PREVALENCE	KENYA	KIMANI, K. NAIROBI	DEC 83	-	PENDING REVIEW							
84-24	MORBID & MORTALITY OF DIARR DISEASE	MAURITIUS	DOWLUT, P. MOH	DEC 83	-	PENDING REVIEW							
84-25	DIARRHEA/MAL-NUTRITION	UGANDA	SEKEITO, P. MOH	DEC 83	-	PENDING REVIEW							

NUMBER	PROTOCOL TOPIC	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE FIRST SUBMIT	DATE & PLACE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
84-26	RELATION OF DIARRHEA/MAL	UGANDA	SEKEITO, P. MOH	DEC 83	-	PENDING REVIEW							
84-27	MORBID & MORTALITY OF DIARR DISEASE	UGANDA	SEKEITO, P. MOH	DEC 83	-	PENDING REVIEW							
84-28	DIAR CASE FATALITY RATES (RURAL)	UGANDA	SEKEITO, P. MOH	DEC 83	-	PENDING REVIEW							
84-29	BCG EFFICACY	GHANA	ADJEI S. GHANA MED SCH	MAR 84	-	PENDING REVIEW							
84-30	ROLE OF TRADITIONAL HEALERS	SWAZILAND	GRENN, E.C. MOH	MAR 84	-	PENDING REVIEW							
84-31	MORBID & MORTALITY OF RURAL MALARIA	IVORY COAST	IMBOUA-BOGUI, G. INSP	APR 84	SEP 84 (CDC)	NOT APPROVED, COULD REVISE							
84-32	BCG EFFICACY	UGANDA	ERIKI, P. TB NAT CONTROL CNTR	JUN 84	-	PENDING REVIEW							
84-33	KAP DIARRHEAL DISEASES	MALAWI	NYASULU Y.M.Z. LILONGWE	JUL 84	-	PENDING REVIEW							
84-34	WEANING FOODS & DIARRHEA	ZIMBABWE	SIMANGO,C. BLAIR R LAB	AUG 84	-	PENDING REVIEW							
84-35	HOME ORT EVALUATION	TANZANIA	NASSOR, A.	AUG 84	-	PENDING REVIEW							
84-36	DIARRHEAL DISEASE VIT. A DEFICIENCY	TANZANIA	MRISHO, F.H. MUHIMBILI MED CNTR	SEPT 84	-	PENDING REVIEW							
84-37	ROTAVIRUS IN ANIMALS & HUMANS	NIGERIA	OYEJIDE, A. IBADAN	SEPT 84	-	PENDING REVIEW							
84-38	MEASLES AND VIT. A DEFICIENCY	ZAMBIA	MWANDU, D.	SEPT 84	-	PENDING REVIEW							
84-39	MALARIA DRUG SENSITIVITY	MALAWI	WIRIMA, J.J. KAMUZU CNTRL HOSP	SEPT 84	-	PENDING REVIEW							
84-40	NEONAT CONJUNCT. ETIOLOGY	MALAWI	CHIRAMBO, M. MOH	SEPT 84	-	PENDING REVIEW							
84-41	BILLINGS METHOD/ BIRTHWEIGHT	MALAWI	SIMONGO, E. LIKUNI HOSP	SEPT 84	-	PENDING REVIEW							

PAGE 4 CODE 000081

OPERATIONS RESEARCH SUMMARY FISCAL YEAR 1984	NUMBER SUBMIT	NUMBER REVIEW	NUMBER APPROV	NUMBER START	NUMBER COMPLET	NUMBER OF REPORTS	FUNDS $000	# OF PUBLICAT
Fiscal Year Target	No Tar	No Tar	10	10	No Tar	No Tar	No Tar	No Tar
Achieved this Year	41	24	11	8	1	1	106.9	
Percent FY Target Achieved this Year			110%	80%				
Life of Project Target	No Tar	No Tar	60	60	No Tar	No Tar	No Tar	No Tar
Achieved to Date	49	25	12	8	1	1	116.9	
Percent LOP Target Achieved to Date			20%	13%				

CCCD PROJECT SUMMARY

FISCAL YEAR 1984 CODE 00091-A

STAFF TIME SUMMARY FOR TECHNICAL ASSISTANCE
ATLANTA STAFF, FIELD STAFF, AND CONSULTANTS
(PERSON MONTHS)

	TD/A	TRAIN	OR	HE	HIS	PLAN	EVAL	PRMG	SUP	C.ED	TRAVL	ADMIN	TOTAL	EXPECT	% EXPECT
ATLANTA STAFF	12.69	4.16	5.32	12.54	11.14	12.59	2.85	47.27	3.74	4.74	14.51	28.22	160.58	100.06	146%
IN U.S.A.	10.85	0.88	2.97	6.56	5.08	7.37	0.90	42.39	2.73	4.74	1.73	28.22	114.93		
OVERSEAS	1.84	3.28	2.35	5.98	6.06	5.22	1.95	4.88	1.01	0	12.78	0	45.65		
FIELD STAFF	1.31	14.55	8.61	2.36	15.11	21.51	6.15	39.90	1.36	12.17	14.41	0	137.88	112.25	123%
REG. LIA. OFF.	0	2.63	0	0	0	1.47	0	6.17	0	1.57	0.66	0	12.51	12.00	104%
FIELD EPIDEM.	0	2.62	7.24	0.07	10.38	5.02	1.31	12.25	0.77	1.74	6.20	0	47.56	36.00	132%
TECHNICAL OFF.	1.31	9.20	1.37	2.29	4.73	15.02	5.14	21.48	0.59	8.86	7.45	0	77.31	64.25	121%
CDC STAFF TOTAL	14.00	19.71	13.93	14.90	26.25	34.10	9.00	87.17	5.10	16.91	28.92	28.22	298.46	222.31	134%
CONSULTANTS	13.74	1.00	0	1.22	2.28	1	0	0.16	0	0	1.99	0	20.39	15.00	136%
IN U.S.A.	13.74	0	0	0.16	1.70	0	0	0.16	0	0	0.18	0	14.94		
OVERSEAS	0	1.00	0	1.06	1.58	0	0	0	0	0	1.61	0	5.45		
TOTAL	27.74	19.71	13.93	16.12	28.53	34.10	9.00	87.33	5.10	16.91	30.91	28.22	318.85	237.31	134%
PERCENT OF TOTAL	8.7	6.20	4.40	5.10	8.90	10.70	2.80	27.40	1.60	5.30	9.70	8.90			

47 MONTHS OF CLERICAL SUPPORT WERE PROVIDED BY NINE CDC STAFF. 92% OF THE 51 MONTHS EXPECTED TO BE WORKED ACCORDING TO THE PASA.

** KEY **

TD/A: TRAINING DEVELOPMENT & ADAPTATION
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OR: OPERATIONAL RESEARCH
HE: HEALTH EDUCATION & PROMOTION
HIS: PLANNING
EVAL: EVALUATION
PRMG: PROGRAM MANAGEMENT
SUP: SUPERVISION
CED: CONTINUING EDUCATION
TRAVL: TRAVEL
ADMIN: ADMINISTRATIVE SERVICES
TOTAL: TOTAL MONTHS WORKED
EXPECT: NUMBER OF MONTHS EXPECTED TO BE WORKED ACCORDING TO THE PASA
% EXPECT: MONTHS WORKED GIVEN AS PERCENT OF MONTHS EXPECTED

CCCD PROJECT SUMMARY

FISCAL YEAR 1984 CODE 00091/B

STAFF TIME FOR TECHNICAL ASSISTANCE
ATLANTA STAFF, FIELD STAFF, AND CONSULTANTS
(PERSON MONTHS)

PAGE 1

	TD/A	TRAIN	OR	HE	HIS	PLAN	EVAL	PRMG	SUP	C.ED	TRAVL	ADMIN	TOTAL	EXPECT	% EXPECT
ATLANTA STAFF TOTAL	12.69	4.16	5.32	12.54	11.14	12.59	2.85	47.27	3.74	4.74	14.51	28.22	160.58	110.06	146%
DIRECTOR'S	0.60	0.71	0.35	0.03	0.54	0.91	1.43	2.61	0.15	0.45	1.76	0	9.69	8.00	121%
GRIGGS (US)	0.06	0	0	0.01	0	0.78	0.22	1.18	0.08	0	0	0	2.36	2.00	158%
(OVERSEAS)	0	0.25	0	0	0	0.03	0	0.09	0.05	0	0.34	0	0.79		
FOSTER (US)	0.54	0.27	0.16	0.01	0.18	0.08	0.18	0.69	0.02	0.45	0.09	0	2.71	6.00	109%
(OVERSEAS)	0	0.19	0.19	0.01	0.36	0.02	1.03	0.65	0	0	1.33	0	3.83		
TRAINING	10.42	1.54	0.03	0.03	0.20	0.95	0.20	0.58	0.27	0.51	1.18	0	16.02	9.06	177%
STROH (US)	0.54	0.07	0	0	0.17	0.15	0.12	0.19	0.16	0.05	0	0	1.54	2.81	55%
(OVERSEAS)	0	0	0	0	0	0	0	0	0	0	0	0	0		
WEISFELD (US)	1.15	0.08	0.03	0.03	0.03	0.54	0.03	0.39	0.11	0.35	0.25	0	3.03	2.25	135%
(OVERSEAS)	0	0	0	0	0	0	0	0	0	0	0	0	0		
VOIGT (US)	6.93	0	0	0	0	0.19	0	0	0	0.11	0	0	7.26	4.00	287%
(OVERSEAS)	1.80	1.39	0	0	0	0.07	0	0	0	0	0.93	0	4.19		
EVAL & RESEARCH	1.40	1.79	4.94	1.00	10.07	7.87	0.17	3.62	0.99	1.41	5.11	0	38.68	18.00	215%
JONES (US)	0.27	0.05	0.58	0.06	0.65	1.99	0	1.96	0.81	0.19	0.19	0	6.80		
(OVERSEAS)	0.01	0	0.09	0	0	1.73	0	0.16	0.13	0	0.58	0	2.74		
DEMING (US)	1.05	0	0.10	0.36	1.38	0.06	0.14	0	0	0.73	0	0	3.86		
(OVERSEAS)	0	1.45	0.26	0.49	5.36	0	0	0	0	0	1.04	0	8.62		
DONDERO (US)	0.01	0.15	1.51	0.01	0.39	0.34	0	0.17	0.05	0.20	0	0	2.88		
(OVERSEAS)	0	0	0	0	0	0	0	0	0	0	0	0	0		
MALISON (US)	0.03	0	0.42	0.01	0.35	0.75	0	0.01	0	0	0.48	0	2.08		
(OVERSEAS)	0.03	0	1.76	0.07	0.06	0.58	0.02	0	0	0	1.91	0	4.46		
MOORE (US)	0	0.14	0.17	0	1.62	0.60	0.01	0.64	0	0.29	0	0	3.50		
(OVERSEAS)	0	0	0.05	0	0.26	1.82	0	0.68	0	0	0.91	0	3.74		
PROGRAM SERVICE	0.27	0.12	0	11.48	0.33	2.86	1.05	40.46	2.33	2.37	6.46	0	67.97	58.00	117%
AGLE (US)	0	0	0	0	0	0	0	10.27	0	0	0.15	0	10.42	11.00	123%
(OVERSEAS)	0	0	0	0	0	0.31	0.36	0.89	0.21	0	1.29	0	3.09		
BALDWIN (US)	0	0	0	0	0.03	0.13	0	2.13	0.17	0.27	0	0	2.75	3.00	128%
(OVERSEAS)	0	0	0	0	0	0.26	0	0.39	0.06	0	0.37	0	1.10		
GODFREY (US)	0.05	0.03	0	0.03	0	0.25	0.15	6.22	0.71	0.93	0.14	0	8.56	11.00	123%
(OVERSEAS)	0	0	0	1.06	0	0.03	0.42	1.59	0.30	0	1.57	0	5.00		
O'CONNELL (US)	0.03	0	0	0	0.26	0	0	12.71	0	0	0	0	13.00	12.00	108%
(OVERSEAS)	0	0	0	0	0	0	0	0	0	0	0	0	0		
OLSEN (US)	0.19	0.09	0	0	0	1.50	0	5.83	0.62	0.48	0.32	0	9.06	10.00	91%
(OVERSEAS)	0	0	0	0	0	0.37	0.12	0.43	0.26	0	1.08	0	2.28		
PARKER (US)	0	0	0	6.04	0.02	0.01	0	0	0	0.69	0.11	0	6.90	11.00	116%
(OVERSEAS)	0	0	0	4.35	0.02	0	0	0	0	0	1.43	0	5.81		
ADMINISTRATIVE	0	0	0	0	0	0	0	0	0	0	0	28.22	0	29.00	97%
GOETTL	0	0	0	0	0	0	0	0	0	0	0	5.50	0	6.00	92%
BROEKER	0	0	0	0	0	0	0	0	0	0	0	7.20	0	5.00	144%
COOLEY	0	0	0	0	0	0	0	0	0	0	0	9.70	0	9.00	108%
WALRAVEN	0	0	0	0	0	0	0	0	0	0	0	5.90	0	9.00	65%

CCCD PROJECT SUMMARY

FISCAL YEAR 1984 CODE 00091/B

STAFF TIME FOR TECHNICAL ASSISTANCE
ATLANTA STAFF, FIELD STAFF, AND CONSULTANTS
(PERSON MONTHS)

PAGE 2

	TD/A	TRAIN	OR	HE	HIS	PLAN	EVAL	PRMG	SUP	C.ED	TRAVL	ADMIN	TOTAL	EXPECT	% EXPECT
FIELD STAFF TOTAL	1.31	14.55	8.61	2.36	15.11	21.51	6.15	39.90	1.36	12.17	14.41	0	137.88	112.25	123%
REG. LIAISON OF	0	2.63	0	0	0	1.47	0	6.17	0	1.57	0.66	0	12.51	12.00	104%
BASSETT (US)	0		0	0	0	0	0	0	0	0	0	0	0	12.00	104%
(OVERSEAS)	0	2.63	0	0	0	1.47	0	6.17	0	1.57	0.66	0	12.51		
FIELD EPIDEM.	0	2.62	7.24	0.07	10.38	5.02	1.01	12.25	0.77	1.74	6.30	0	47.56	36.00	132%
HEYMANN (US)	0	0	0	0	0	0.09	0	1.42	0	0.42	0.09	0	2.03	12.00	137%
(OVERSEAS)	0	0.69	2.82	0.07	1.02	1.85	0.04	4.56	0	0.36	2.90	0	14.26		
TAYLOR (US)	0	0	0	0	0.16	0.09	0	0.09	0	0	0	0	0.36	12.00	126%
(OVERSEAS)	0	0.85	2.42	0	4.34	1.08	0.97	2.15	0.69	0.40	1.78	0	14.74		
WALDMAN (US)	0	0	0	0	0	0	0	0	0	0	0	0	0	12.00	134%
(OVERSEAS)	0	1.08	2.00	0	4.86	1.91	0	4.03	0.08	0.56	1.53	0	16.07		
TECHNICAL OFF.	1.31	9.30	1.37	2.29	4.73	15.02	5.14	21.48	0.59	8.86	7.45	0	77.81	64.25	121%
HAWKINS (US)	0	0.52	0	0	0	0.39	0	1.16	0	0.65	0	0	2.74	9.00	120%
(OVERSEAS)	0	1.86	0	0	1.51	0.92	0.17	2.24	0	0.13	1.21	0	8.06		
MURPHY (US)	0	0	0	0	0	0	0	0	0	0	0	0	0	12.00	161%
(OVERSEAS)	0.36	2.74	0.72	0.49	1.94	3.17	3.89	4.01	0.32	0	1.66	0	19.36		
NELSON (US)	0	0	0	0	0	1.42	0	0	0	0.26	0	0	1.68	10.25	102%
(OVERSEAS)	0.23	1.72	0.31	0.65	0.36	3.79	0.01	0	0	0	1.63	0	8.75		
REED (US)	0	0	0	0	0	0	0	0.31	0	6.17	0	0	6.49	10.25	134%
(OVERSEAS)	0	0	0	0	0	2.12	0.72	3.65	0	0	0.84	0	7.34		
ROY (US)	0	0	0	0	0	0	0	0	0	0	0	0	0	12.00	104%
(OVERSEAS)	0.72	2.19	0.34	0.91	0.23	0.96	0.28	5.23	0.27	0.34	0.93	0	12.46		
THORNTON (US)	0	0	0	0	0	0.36	0	0.21	0	0.89	0.10	0	1.58	10.75	102%
(OVERSEAS)	0	0.27	0	0.24	0.69	1.89	0.07	4.67	0	0.42	1.08	0	9.35		
CDC STAFF TOTAL	14.00	18.71	13.93	14.90	26.25	34.10	9.00	87.17	5.10	16.91	28.92	28.22	298.46	222.31	134%

** KEY **

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ADMIN: ADMINISTRATIVE SERVICES
TOTAL: TOTAL MONTHS WORKED
EXPECT: NUMBER OF MONTHS EXPECTED TO BE WORKED ACCORDING TO THE PASA
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CCCD PROJECT SUMMARY

FISCAL YEAR 1984 CODE 00091/B

STAFF TIME FOR TECHNICAL ASSISTANCE
ATLANTA STAFF, FIELD STAFF, AND CONSULTANTS
(PERSON MONTHS)

PAGE 3

	TD/A	TRAIN	OR	HE	HIS	PLAN	EVAL	PRMG	SUP	C.ED	TRAVL	ADMIN	TOTAL	EXPECT	% EXPECT
CONSULTANTS	13.74	1.00	0	1.22	2.28	0	0	0.16	0	0	1.99	0	20.39	15.00	136%
IN U.S.A.															
ASHLEY	2.11	0	0	0	0	0	0	0	0	0	0	0	2.11		
BERGEISEN*	0	0	0	0	0	0	0	0.05	0	0	0.03	0	0.08		
ELLSWORTH	9.00	0	0	0	0	0	0	0	0	0	0	0	9.00		
EUBANK	0	0	0	0	0.11	0	0	0	0	0	0.03	0	0.14		
KONNER	0	0	0	0	0.11	0	0	0	0	0	0.03	0	0.14		
LAMBORAY*	0.13	0	0	0	0.26	0	0	0	0	0	0.22	0	0.61		
MAYER*	0	0	0	0.11	0	0	0	0	0	0	0.03	0	0.14		
MUSIC	1.50	0	0	0	0	0	0	0	0		0	0	1.50		
PEHLEY	0	0	0	0	0.11	0	0	0	0		0.03	0	0.14		
PETERSON*	1.00	0	0	0	0	0	0	0	0		0	0	1.00		
WHITE*	0	0	0	0	0.11	0	0	0	0	0	0.03	0	0.14		
WHITTLE*	0	0	0	0	0	0	0	0.11	0	0	0.03	0	0.14		
OVERSEAS															
BURTON*	0	0	0	0	0.26	0	0	0	0	0	0.24	0	0.50		
CAMPBELL*	0	0	0	0	0.26	0	0	0	0	0	0.29	0	0.55		
HOLMBERG*	0	0	0	0	0.79	0	0	0	0	0	0.26	0	1.05		
MAYER*	0	0	0	1.06	0	0	0	0	0	0	0.26	0	1.32		
PERTERSON*	0	1.00	0	0	0	0	0	0	0	0	0.29	0	1.29		
SOKAL*	0	0	0	0	0.26	0	0	0	0	0	0.24	0	0.50		
TOTAL	27.74	19.71	13.93	16.12	28.53	34.10	9.00	87.33	5.10	16.91	30.91	28.22	313.85	237.31	134%

* WORK MONTHS ARE GIVEN ALTHOUGH THERE WERE NO SALARY COSTS.

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TRAVL: TRAVEL
ADMIN: ADMINISTRATIVE SERVICES
TOTAL: TOTAL MONTHS WORKED
EXPECT: NUMBER OF MONTHS EXPECTED TO BE WORKED ACCORDING TO THE PASA
% EXPECT: MONTHS WORKED GIVEN AS PERCENT OF MONTHS EXPECTED

CCCD PROJECT SUMMARY

FISCAL YEAR 1984 CODE 00092

SUMMARY OF ESTIMATED EXPENDITURES FOR TECHNICAL ASSISTANCE
ATLANTA STAFF, FIELD STAFF, AND CONSULTANTS
(THOUSAND DOLLARS)

	TD/A	TRAIN	OR	HE	HIS	PLAN	EVAL	PRMG	SUP	CED	TRAVL	ADMIN	TOTAL
ATLANTA STAFF	21.59	8.91	22.74	31.83	18.09	31.47	13.56	133.28	10.50	15.75	36.60	68.21	416.35
IN U.S.A.	19.85	5.39	21.32	16.53	14.68	20.03	3.87	114.88	7.58	15.75	3.86	69.21	314.78
OVERSEAS	1.74	3.52	1.42	15.30	3.41	11.44	9.69	18.40	2.92	0	32.74	0	101.57
FIELD STAFF	5.34	58.62	37.67	9.90	64.78	87.22	20.28	161.64	5.91	43.98	59.58	0	556.80
REG. LIA. OFF.	0	11.38	0	0	0	6.36	0	26.71	0	6.80	2.86	0	54.15
FIELD EPIDEM.	0	11.87	32.67	0.29	47.26	22.36	5.00	53.95	3.79	7.72	29.13	0	214.57
TECHNICAL OFF.	5.34	35.37	5.00	9.61	16.73	58.50	15.28	80.99	2.12	29.46	28.59	0	288.08
CDC STAFF TOTAL	26.93	67.53	60.41	41.73	82.87	118.68	33.84	294.93	16.41	59.73	96.18	68.21	973.15
CONSULTANTS	50.23	0	0	0	1.05	0	0	0	0	0	0	0	51.28
IN U.S.A.	50.23	0	0	0	1.05	0	0	0	0	0	0	0	51.28
OVERSEAS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	77.16	67.53	60.41	41.73	83.92	118.68	33.84	294.93	16.41	59.73	96.18	68.21	1024.43
PERCENT OF TOTAL	7.5	6.60	5.90	4.10	8.20	11.60	3.30	28.80	1.60	5.30	9.40	6.70	

SALARY COSTS WERE CALCULATED SEPARATELY FOR EACH PERSON BASED ON THE TOTAL TIME WORKED ON CCCD. HOURS WORKED ON CCCD IN EXCESS OF FULL-TIME ARE NOT RELECTED IN THESE ESTIMATES. EXPENDITURES WERE CALCULATED BY MULTIPLING THE SALARY BY THE PERCENT OF HOURS WORKED IN EACH CATEGORY. SALARY COSTS FOR CLERICAL SUPPORT AMOUNTED TO AN ADDITIONAL 78.82 THOUSAND DOLLARS.

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ADMIN: ADMINISTRATIVE SERVICES
TOTAL: TOTAL MONTHS WORKED
EXPECT: NUMBER OF MONTHS EXPECTED TO BE WORKED ACCORDING THE PASA
% EXPECT: MONTHS WORKED GIVEN AS PERCENT OF MONTHS EXPECTED

NOTES ON STANDARD TABLES FOR TECHNICAL ASSISTANCE BY CDC

Fiscal Year 84 was the first full year that time reporting was done. During this year, a full time Health Education Specialist was added to the CDC Atlanta support staff, and four Technical Officers were assigned overseas.

Table 91-A, 91-B

Virtually all Headquarters and overseas components either met or exceeded the total time anticipated for the project as budgeted in the FY 84 PASA amendment.

Director's Office

As could be expected, most time was devoted to Program Management and Evaluation activities, with nearly 50% of the time spent overseas on CCCD activities.

Training & Development

The estimated person months required for non-clerical support of this activity totalled 13; 9 person months for the Chief of the unit and 4 person months for the Nurse Educator. During early FY 84, the Chief of the Branch transferred to another position, and his replacement was not assigned in the job until almost 6 months later. Since being assigned, this employee's work on CCCD activities has proportionally far exceeded the original estimate of 75% of time. The support time anticipated for the Nurse Educator was drastically underestimated; with only 4 person months budgeted and a total of nearly 11 1/2 months worked on CCCD activities. Time estimates need to be recalculated for this activity in future PASA budgets.

Predictably, Training Development and Adaptation and Training Activities consumed the bulk of time. Approximately 25% of time reported by this component was spent overseas.

Evaluation and Research

This is another area where time estimates need to be revised. Only 18 person months were estimated for this element of Headquarters support in FY 84, and more months than that were spent overseas (19.5, or approximately 50% of time). Nineteen additional months were devoted to CCCD activities in the U.S. Health Information Systems and Planning lead as most time consuming activities.

Program Services

This is the organizational unit providing technical coordination for the entire project and backstopping support for all field technical officers. It is reasonable that most time was devoted to program management activities. With the addition of a full time Health Educator, work in this area jumped to second place. Overseas work constituted roughly 25% of the total time devoted to the project.

Administrative

At 97% of expected time, the overall total time required for administrative support is pretty much on target with the estimated budget. This is an understandable increase over the prior year's administrative time spent; with 6 new bilateral countries added and four new technical officers posted. In FY 84, personnel management, procurement and fiscal responsibilities, travel and increased cable traffic for newly added operations have significantly increased the administrative workload over the prior year. Additional bilaterals, a new regional activity and medical officer to be posted in Burkina Faso, and the requisite procedural steps to successfully enter into personal services contracts (authority redelegated from AID in FY 84) will likely push administrative time requirements up in subsequent years.

Regional Liaison Officer

FY 84 passed without a signed AID/AFRO agreement. Time distribution in FY 85 may vary greatly from he FY 84 report, with new collaborative work being conducted between CDC (RLO) and WHO/AFRO.

Field Epidemiologists

Of particular note is the amount of time the Field Epidemiologists are devoting to Program Management activities - the leading category of time reported. Health Information Systems and Operations Research followed in second and third positions.

A flaw in this particular reporting format is that overseas travel outside the post of assignment is not reflected in the report; consequently, no conclusions about in and intercountry travel can be drawn.

Technical Officers

Again, program management activities consumed the most CCCD activity time for the technical officers, with planning and training next in line. A great deal of time was spent on fiscal reporting; this is one reason time reporting for program management activities was high. We are hopeful that fiscal reporting requirements can be streamlined in FY 85, which will reduce not only the program management time required by the assignees, but also time required by Headquarters administrative staff. The present reporting requirements demand inordinate amounts of time with the resulting information still less than ideal.

Consultants

Consultants, many of them CDC employees, worked primarily on Training Development and Adaptation in FY 84.

Though in many instances salary costs for CDC staff outside the PASA were absorbed by their respective organizations, in FY 85 these costs will be charged back to the PASA. Also, qualified consultants available through the Cooperative Agreement between CDC and the Association of the Schools of Public Health will be identified and proposed to AID for consultations to a greater degree.

Table 92

This table reflects time reported in Table 91 translated into CDC salary costs. It should be noted that in no instance was more than 100% of an individual's salary used, even though there were instances where more than 100% of work time was reported (time devoted to CCCD outside duty hours). Therefore, this table represents charges to the PASA for technical assistance based on the PASA budget and not on the time reported worked.

IV. INTERCOUNTRY ACTIVITIES

A. Training Development

1. Outputs

a. Primary emphasis in FY84 concentrated on field testing and revision of selected training materials for the CCCD intercountry training course for instructors of mid-level managers.

b. An editor was hired in the spring of 1984 to assist with the development of the MLM training materials.

c. A review of the lessons learned at the Lesotho MLM course was presented for discussion at the Annual Consultative Meeting in Lomé.

d. Competitive bids for the provision of French translation services were reviewed, and a contractor was selected.

e. At the beginning of the fourth quarter of FY84 a decision was made with of WHO/Geneva officials to undertake a comprehensive review of the training materials to be recommended for use in CCCD training activities. A "comparison" of WHO and CCCD training modules was made by IHPO staff. Following internal review and discussions with WHO/Geneva, the list of materials presented in Table 2 was adopted for CCCD use.

Table 2 MID-LEVEL TRAINING MATERIALS FOR USE IN CCCD BY SOURCE

Module/Session	Source
Introduction	CCCD
Target Diseases	CCCD
The Training Process	CCCD
Training	WHO/CDD
Epidemiologic Surveillance	CCCD
Conduct Vaccination Sessions	WHO/EPI
Malaria	CCCD
Local Planning	CCCD and WHO/CDD
Treatment of Diarrhoea	WHO/CDD
Working with the Community	CCCD
Logistics	WHO/EPI
Monitoring Performance	WHO/CDD
Introduction to Monitoring Performance	CCCD
Monitoring and Evaluating Usage	WHO/CDD
Surveys	WHO/EPI

f. Work also continued on the development of a comprehensive Facilitators' Guide in addition to a set of Job Aids and handouts.

g. Efforts were made to increase the emphasis on participatory training techniques. New exercises and field visits were tested and modified for inclusion in future training activities.

h. CCCD field staff and CDC-based staff participated in the development of training materials for a UNICEF-sponsored training course held in Uganda. The materials were being adapted for future use in Uganda.

i. To date, five countries - Zaire, Togo, Lesotho, Swaziland and Uganda - have adapted CCCD training materials for training national staff (Table 00036).

j. Information provided by the CCCD field staff indicated no current need for a Senior-Level Managers Course similar to that conducted in August 1982 in Atlanta. As recommended by the October 1983 evaluation, plans were being formulated for coordinating senior-level management training for national officials. These plans have been scheduled for detailed review in the Third Year Evaluation to be held in January 1985.

k. Opportunities to implement an evaluation mechanism for the MLM course were limited in FY84. Completion of the training materials will allow detailed task analyses to be written. The development of learning objectives and teaching plans for each module/session will provide the basis for the evaluation efforts. A field test of a course evaluation design was planned for the Malawi course to be held in November 1984. An effort was also underway to identify African institutions interested in implementing course evaluations.

l. A number of unanticipated training needs of CCCD staff were recognized in FY84 including: training of trainers; technical training such as language skills, word processing and computing; and administrative training such as briefing techniques, project management and contract management. Plans were being formulated to identify additional needs and to provide necessary coordination.

m. Coordination of CCCD training activities with Peace Corps/Washington was established. A comprehensive review of the draft training materials developed for Peace Corps by an outside contractor was conducted, and comments were provided to Peace Corps/Washington.

n. Orientation and training design assistance were provided at CDC to a Peace Corps CCCD technical training consultant en route to Zaire. In-country technical assistance was given to Peace Corps training activities by CCCD staff in Zaire.

o. Plans were being made to provide three weeks of audio-visual training to a Peace Corps Volunteer Graphic Artist serving in Malawi and a two-week orientation for five Peace Corps Volunteers, a Peace Corps/Washington staff member and a few visitors from AID/Washington.

p. Efforts continued throughout the year to clarify the terms of the WHO/AFRO agreement. It was anticipated that the formal agreement would be signed early in the second quarter of FY85.

2. Impact to Date

The careful review of available training materials for inclusion in CCCD training has resulted in an improved course curriculum. A CCCD Facilitator's Guide has been drafted and field tested. Emphasis has been placed on increasing the participative aspects of training. The development of adapted national training materials in five countries (Zaire, Togo, Uganda, Lesotho and Swaziland) represents the initial impact of the MLM courses. Additional experience has been gained concerning the administrative support required to plan and implement the training courses.

3. Current Potential of Training Development to Reach Project Goal

Progress has been made in the development of a generic Mid-Level Managers Course curriculum. Plans for training activities at the country level can now proceed and should be implemented within six months of the original schedule. Consideration should be given to the adequacy of the projected technical and financial support for bilateral country training activities. The potential for achieving intercountry training goals awaits clarification of the terms of the AFRO agreement.

4. Recommendations and Action Items

a. A field test of the combined WHO and CCCD MLM training materials should be conducted prior to translation into French and final printing. This field test is scheduled for Malawi in November 1984. A comprehensive Facilitators' Guide should be developed to include the combined WHO and CCCD training materials.

b. After revision, translation of the MLM course materials into French should be expedited. A field test of the French course materials should be conducted prior to final printing, probably in Togo in early 1985.

c. Following the initial MLM course in each country, emphasis should be placed on adapting course materials and methods for national training activities and integrating them into the curricula of health training institutions. Technical Officers should identify appropriate nationals to assume primary responsibility. CDC-based staff or qualified consultants may be required to provide technical cooperation as requested.

d. Efforts to field test an approach to the evaluation of the MLM course should be continued. The Malawi MLM course should be considered for this field test. Similarly, African institutions capable of implementing course evaluations should be identified.

e. Most needs for senior-level management training have already been met. Future needs must still be identified.

f. Efforts should continue to complete the AFRO agreement. The role of the CCCD Liaison Officer in Brazzaville and the support expected of CDC-based staff should be clarified as soon as practicable.

g. Plans should be made to address additional training needs identified such as training of trainers, technical skills and administrative skills.

TRAINING DEVELOPMENT
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
1. Refine prototype CCCD Senior-Level Managers Course			
A. Observe and compile data on trainee performance.	CCCD L.O.	Apr-Sept 85	Information provided by field staff indicated no current need for a Senior-Level Managers Course as conducted in August 1982. Plans were being made to consider senior-level management training for national officials.
B. Analyze performance data.	CCCD Training Coord.	Sept 85	
C. Coordinate modifications to training materials.	CCCD Training Coord.	Oct-Mar 86	
2. Translate CCCD intercountry training courses into French			
A. Coordinate translation Senior-Level Managers Course.	CCCD Training Coord.	May-Sept 85	A contractor for provision of French translation services was selected by competitive bid. Initial translations of the MLM course materials should be available in first quarter of FY85.
B. Coordinate translation MLM.	CCCD Training Coord.	Apr-Aug 84	
3. Test prototype MLM intercountry - "CORE" - modules for CCCD			
A. Develop form for evaluating trainee.	CDC	June 84	Training materials were tested in the Lesotho and Uganda (UNICEF) courses. Revised materials were scheduled to be field tested in Malawi in November 1984.
B. Observe and collect data on trainee performance.	CCCD L.O.	July 84	

TRAINING DEVELOPMENT
CCCD WORK PLAN - 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
C. Compile and analyze data on trainee performance.	CCCD L.O.	Aug-Sept 84	
D. Coordinate modifications to training materials.	CCCD Training Coord.	Oct-Nov 85	
4. Develop national MLM training materials (1st four bilateral countries)			
A. Identify African contractors/institutions.	CCCD L.O. and T.O.s	Apr-Oct 84	National training course materials were developed in Lesotho and Swaziland in FY 84. In Zaire, the national course was revised again, the job aids were illustrated and printed and a wall chart prepared for physicians and nurses to assess dehydration. CCCD course materials were also being adapted for further use in Uganda. Emphasis is shifting from utilizing contractors for these adaptations to identifying host country personnel whose responsibilities already include work on CCCD-related training.
B. Place contracts with contractors/institutions.	CCCD L.O.	Jun-Nov 84	
C. Monitor development of national MLM training materials.	CCCD L.O. and T.O.s	Jan-Dec 85	
5. Develop national field staff training materials/methods.			
A. Identify African contractors/institutions.	CCCD L.O. and T.O.s	Apr-Oct 84	Field worker training has been developed in Zaire, Togo, Lesotho and Swaziland. Planning is also underway in Liberia.
B. Place contracts.	CCCD L.O.	Jun-Nov 84	

TRAINING DEVELOPMENT
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
C. Monitor development of national field staff training materials/ methods.	CCCD L.O. and T.O.s	Jan-Dec 85	
6. Adapt training materials for CCCD-HIS training course			
A. Determine scope/content.	CCCD-CDC	Aug 84	This course and its development have been postponed awaiting the details of the AFRO Agreement.
B. Develop work plan.	CCCD-CDC	Sep 84-Jan 85	
C. Collect and review HIS training material available in French.	CCCD-CDC	Oct-Dec 84	
D. Evaluate/modify materials.	CCCD-CDC	Jan-Mar 85	
E. Identify need for additional French training materials.	CCCD-CDC	Mar-Apr 85	
F. Field test materials.	CCCD-CDC	June 85	
G. Prepare final materials.	CCCD-CDC	Jul-Aug 85	
H. Develop plan for development translation HIS materials into French.	CCCD-CDC	Sept-Nov 85	
I. Place contract for translation into French.	CCCD-CDC	Dec 85	

B. Training

1. Outputs

a. The CCCD Mid-Level Managers Course (MLM) was held once in Lesotho (November 1983). In addition, CCCD field staff and CDC-based staff assisted with a UNICEF-sponsored MLM course in Uganda (May 1984).

b. Four countries - Zaire, Togo, Uganda and Swaziland - implemented CCCD training courses for national staff in FY84.

c. Personnel from countries which do not have CCCD bilateral Project Agreements (e.g. Kenya, Sierra Leone, Botswana, Uganda) have also received MLM training.

d. Training in refrigerator repair has been coordinated with WHO. CCCD provided funding for participants in a WHO-sponsored course in Lesotho.

2. Impact to Date

The impact of CCCD training activities through FY84 is difficult to quantify. At this stage of the Project, initial impact can be measured by the numbers of participants trained in CCCD-related courses. The development of national training materials in five countries also represents an important measure of impact. In the future, attempts to evaluate training activities should provide further information on the impact of training on health worker performance. CCCD assistance to non-bilateral countries such as Uganda will also contribute to increased use of CCCD training materials and methods throughout sub-Saharan Africa.

3. Current Potential of Training to Reach Project Goal

Progress has been made in adjusting training targets for countries with bilateral Project Agreements. Delays in the selection of training materials have resulted in delays in training activities scheduled for FY84, especially in the French-speaking countries. It is anticipated that the training component will retain its initial targets, but target dates for the courses will likely be delayed by approximately six months. The potential to accomplish intercountry training objectives will be clarified by the final terms of the AFRO agreement.

4. Recommendations and Action Items

a. Full support should be provided to bilateral project countries to assist them with planned CCCD training activities.

b. At least five Mid-Level Managers Courses should be conducted in FY85.

c. CCCD-sponsored refrigerator repair training activities should be coordinated through EPI/Geneva and AFRO.

d. Plans should be made to define and coordinate senior-level management training with WHO/AFRO.

TRAINING
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
1. Implement CCCD Senior-Level Managers Course			
A. Identify and recruit participants for second course.	CCCD Technical Coord.	Oct-Dec 84	Information provided by field staff indicated no current need for a Senior-Level Managers Course as conducted in August 1982. Plans were being made to consider senior level management training for national officials.
B. Coordinate arrangements, schedule, content, etc. for second course.	CCCD Training Coord.	Aug 84-Feb 85	
C. Carry out training for second course.	CDC, Liaison Officer (L.O.), Field Epidemiologists, Technical Officer (T.O.s)	March 85	
2. Implement CCCD intercountry MLM training for instructors in Africa			
A. Coordinate recruitment of participants and facilitators and make administrative arrangements with national authorities	CCCD Training Coordinator, AID/W, for Lesotho		Two CCCD MLM courses have been held to date (Liberia and Lesotho). Plans were being made for future courses in Malawi, Liberia, Swaziland, Togo, and Congo.
a) Lesotho	CCCD L.O. and T.O.s for Malawi, Togo, Rwanda, and Congo	Sept-Oct 83	
b) Malawi		July-Sept 84	
c) Togo	Aug-Oct 84		
d) Rwanda		Feb-Apr 85	
e) Congo	Aug-Oct 85		
			A combined course for instructors from Congo, Central African Republic, and Rwanda was planned for Spring 1985. National MLM courses will follow.
			CCCD technical and training assistance was provided to a UNICEF-sponsored Mid-Level Managers Course in Uganda.

TRAINING
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
B. Carry out training	CCCD T.O. in cooperation with counterparts/ course facilitators		
a) Lesotho		Dec 83	
b) Malawi		Oct 84	
c) Togo		Nov 84	
d) Rwanda		May 85	
e) Congo		Nov 85	
3. Implement refrigeration repair and maintenance training			
A. Identify and clear appropriate sites, recruit participants and facilitators, obtain equipment, make administrative arrangements.	CCCD L.O. with assistance of CCCD T.O.s		CCCD sponsored participants in the WHO Refrigerator Repair and Maintenance course held in Lesotho. It is planned to continue to coordinate such training through WHO, UNICEF, and other agencies. Regional support for such training awaits clarification by the AFRO Agreement.
a) First course		Jun-Aug 84	
b) Second course		Jan-Mar 85	
B. Carry out training	CCCD T.O.s		awaits clarification by the.
a) First course		Sept 84	
b) Second course		Apr 85	
4. Implement Annual Consultative Meeting			
A. Arrange annual consultative meeting including preparation of agenda, recruitment of participants, arrangements with host country, other agencies.	CCCD Tech. Coord., L.O. and Field Epidemiologist, CCCD Training Coord.	Oct 83-Feb 84 Oct 84-Feb 85	Scheduled for March 1985 in Lilongwe, Malawi.

	B. Hold 1st Consultative Meeting. Hold 2nd Consultative Meeting.	CCCD L.O. CCCD L.O.	Mar 84 Mar 85	
5.	Commence monitoring/implementation of national CCCD training program for field staff	CCCD T.O.s		Three bilateral countries (Zaire, Togo and Swaziland) have implemented national training courses.
	a) Lesotho b) Malawi c) Togo d) Rwanda e) Congo		June 84 Sept 84 Sept 84 Jan/Feb 85 Mar/Apr 85	Training materials were being adapted in Uganda by UNICEF and Ministry of Health staff.
6.	Complete and submit reports on performance of personnel trained in national CCCD training programs	CCCD T.O.s	Quarterly following completion of training	Emphasis on initiating training activities and revising training materials in national programs has not yet allowed much evaluation by Technical Officers. No comprehensive reports on evaluation of training have been received. Plans to field test an approach to evaluation was projected for the Malawi course to be given in November 1984.
7.	Compile and analyze performance and training reports, prepare summary reports	CCCD L.O. in cooperation with CCCD Tng. Coord.	Quarterly	Reports of training activities are received periodically in the monthly reports provided by Technical Officers and Field Epidemiologists.

8. Implement 1st CCCD-HIS training course

A. Evaluate needs for training related to HIS in countries not having bilateral agreements	CCCD Field Epidemiologists	Sept 84	Following receipt of the AFRO agreement, the need for this training will be clarified and plans will be made to address the needs identified.
B. Coordinate recruitment of participants, facilitators, etc.	CCCD Field Epidemiologists	June 85	
C. Facilitate training	CCCD Field Epidemiologists	Sept 85	

C. Operations Research

1. Outputs

The second year of CCCD Operations Research (OR) field activities concentrated on (a) informing potential researchers throughout Africa about OR through the CCCD project, (b) providing technical support and consultation to African researchers to develop and strengthen research proposals, (c) establishing and convening the first meeting of the Research Review Committee (RRC) in East/Southern Africa, and (d) funding approved OR projects.

Implementation of the work plan was on, or ahead of, schedule in East/Southern Africa. Difficulties were encountered in West Africa.

Specific FY84 accomplishments include:

a. An English language pamphlet describing OR activities and priorities, availablity of funds, and procedures for application was completed and printed. It was widely distributed to AID missions and African research institutions in Anglophone Africa.

b. A French version of the OR pamphlet was also prepared, printed and widely distributed.

c. Forty-one new OR protocols were received during FY84 for review and possible CCCD funding. Protocols were submitted from the following 14 countries: Ghana (1); Ivory Coast (1); Kenya (11); Liberia (1); Malawi (8); Mauritius (1); Nigeria (1); Senegal (1); Sudan (1); Swaziland (1); Tanzania (2); Uganda (5); Zambia (1); Zimbabwe (6).

d. OR workshops were held in Ethiopia, Kenya, Malawi and Zimbabwe for researchers to develop and strengthen OR protocols.

e. CCCD Field Epidemiologists and RRC members continued technical consultations with researchers proposing OR projects to develop and strengthen the protocols.

f. The Research Review Committee in East/Southern (E/S) Africa held its first meeting. The RRC includes eight medical and public health professionals from five African countries, a representative from WHO/AFRO, and the CCCD Field Epidemiologist for East and Southern Africa.

g. A set of guidelines was drawn up by the E/S Africa RRC regarding: RRC procedures; appropriate format for protocols; and criteria for selection of protocols.

h. Eighteen OR protocols from five countries were reviewed at the first meeting of the E/S Africa RRC in Nairobi in December, 1983. Ten protocols from three countries were approved for funding: seven from Kenya, one from Malawi, and two from Zimbabwe.

i. Three protocols from three Francophone West African countries were reviewed at CDC in Atlanta by a panel of CCCD staff under the interim review mechanism. One (from Togo) was approved for funding.

j. Procedures for funding OR projects were developed in East/Southern Africa. A purchase order mechanism is used, with disbursements in three installments: approximately 30% upon approval of the research protocol (to provide "up front" funds for the start-up of the research activity); 30% upon achievement of a predetermined mid-term milestone; and 40% upon submission of an acceptable final report.

k. Of the 12 OR projects approved to date, 11 were funded in FY84. Funding and start-up activities were delayed on one project (Togo) due to delay in obtaining government clearance and the absence of the prinicipal investigator who is on study leave.

l. One OR project (in Malawi) was successfully completed and the final disbursement of funds made.

m. The second RRC meeting for the East and Southern Africa Region is scheduled for October 1984 in Maseru, Lesotho.

n. The West Africa RRC is being developed. Its first meeting is scheduled for early FY85.

2. Impact to Date

a. Eight funded projects were underway in four countries.

b. One project, on chloroquine resistant malaria in Malawi, was completed. More than half of the malaria infections (57%) were found to be resistant to chloroquine at the R II level. The findings of this project were important in formulating the national CCCD strategy for malaria treatment.

c. Experience has been gained by African researchers and RRC members in developing and refining research protocols. Practical experience is being gained in the conduct and management of field research activities by the investigators involved. RRC members are developing their own procedures for peer review of research proposals.

3. Current Potential of Operations Research to Reach Project Goal

   a. In East/Southern Africa, the project goals for operations research have been exceeded in FY84 . The goals are likely to be met in FY85.

   b. In West Africa, delays have occurred, in part, because of less experience of nationals in conducting research projects, and the existence of fewer medical and health research institutions than in East Africa. Protocols from Francophone countries have been more difficult to obtain. In addition, the SHDS Project has been active in applied research training and development. Project goals should be met in FY85.

4. Recommendations and Action Items

   a. Efforts to establish and hold the first meeting of the RRC in West Africa in early FY85 should continue.

   b. A concerted effort should be made in the Francophone countries to encourage and assist the development of research protocols.

   c. The first year's experience with the OR funding mechanism should be evaluated in order to determine its effectiveness in supporting CCCD research activities.

   d. As the number of active OR projects increases, RRC members and other CCCD consultants should be increasingly requested to provide technical support to researchers, both for protocol development and during conduct and analysis of OR studies.

   e. In East/Southern Africa where OR is well established, greater emphasis should be placed on OR studies that are directly related to CCCD bilateral projects. Less emphasis should be given to soliciting and funding OR projects in countries without bilateral programs.

   f. Biographical data on members of the RRC's who are prospective members of the Institutional Review Boards (IRB) should be completed as soon as possible. An application should be submitted through the CDC Human Subjects Review Coordinator for designation of these RRC's as IRB's of the CDC. This process should be completed for E/S Africa prior to the third RRC meeting in December 1985 and for West Africa, following establishment of the RRC.

OPERATIONS RESEARCH
CCCD WORK PLAN - 1984 - 1985

	OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
1.	Review list of priority problems for Operations Research	CCCD Operations Research Coordinator with Field Epidemiologists and eventual Research Review Committees	April, October Semi-annually	This has been conducted in individual countries with bilateral programs. No single global list was made due to major differences in needs in the different countries.
2.	Formalize Research Review Committee based on Ad Hoc Advisory Group, E/S Africa	CCCD Field Epidemiologist E/S Africa	May-June 1984	First meeting was held in December 1983; second meeting scheduled for October 1984.
3.	Organize Research Review Committee, West Africa	CCCD Field Epidemiologist West Africa	By July 1984	First meeting is scheduled for February 1985.
4.	Explore development of Institutional Review Boards in E/S and West Africa	CCCD Field Epidemiologists, CCCD Operations Research Coordinator	By July 1984	Necessary bio-data collected for most of proposed IRB members for E/S Africa. West Africa IRB must await constitution of RRC.
5.	Prepare French language information pamphlet for prospective African investigators in CCCD Operations Research activities	CCCD Field Epidemiologist West Africa with Operations Research Coordinator	By April 1984	Pamphlet was completed and distributed to prospective researchers beginning in July 1984. A revision is planned in FY85.
6.	Review submitted protocols - Reject - Return with suggestions for changes - Approve protocols - $10,000 (5/committee per year) - Recommend to CCCD Steering Group protocols with budgets over $10,000	Research Review Committees	Semi-annually	E/S Africa RRC met in December 1983. 18 proposals were reviewed, 10 were approved for funding. Three proposals from Francophone countries were reviewed under interim mechanism at CDC Atlanta; one was approved for funding.

OPERATIONS RESEARCH
CCCD WORK PLAN - 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
7. Develop purchase orders and begin disbursement of funds for approved projects to investigators/institutions	CCCD Field Epidemiologists and REDSO's in collaboration with CCCD Operations Research Coordinator and AFR/RA	As needed, beginning Jan. 1984	This was completed by August 1984 for 11 projects in E/S Africa (includes one approved at CDC).
8. Consultations to research investigators on study design, data collection, or analysis	CCCD Field Epidemiologists, Research Review Committees, CDC-based CCCD staff and consultants	As needed	This was conducted from time to time by Field Epidemiologists in E/S, West and Central Africa and E/S Africa RRC members.
9. Review progress reports and final reports of research projects	Research Review Committees, Field Epidemiologists	As needed, but at least semi-annually	Eleven projects were just begun in late FY84 in E/S Africa. One was completed during FY84. final report was received and approved in August 1984.
10. Approve (partial/final) payments for research projects	Research Review Committees, Field Epidemiologists	As needed	This was done for 11 projects in E/S Africa beginning in July 1984.
11. Submit annual Operations Research progress report (fiscal year)	CCCD Operations Research Coordinator in collaboration with CCCD Field Epidemiologists	Annually in November	Report is submitted as part of FY84 annual report.
12. In collaboration with national investigator(s), prepare and submit research protocol(s) on CCCD priority problems	CCCD Field Epidemiologists, national investigator(s)/ institution	April-June 1984	This has been done in E/S, West and Central Africa.
13. Implement research projects	CCCD Field Epidemiologists National collaborators	Ongoing	Research activities were begun on 8 projects during FY84. Three others have funding procedures established but are scheduled to start in early FY85. One additional project funding and start-up was delayed due to absence of principal investigator.

D. Health Information Systems

1. Outputs

a. Mortality and Utilization of Health Services (MUHS) Surveys

Two initial mortality surveys were developed and implemented in early FY84 in Kinshasa, Zaire and the Maritime Region of Togo. Following these surveys, a standardized methodology and questionnaire were developed by Atlanta staff in collaboration with CCCD field staff and outside consultants. This survey, called the Mortality and Use of Health Services (MUHS) survey, was field tested in the Plateaux Region of Togo in August. Two additional field tests - in Liberia and in rural Zaire - were scheduled for early FY85. The purpose of these surveys was to estimate the infant and child mortality rates and vaccination coverage as well as to gather information on knowledge, attitudes and practices related to malaria and diarrhea in children.

b. Coverage surveys

1. The Togo and Zaire mortality surveys and the Togo MUHS survey each included a vaccination coverage survey. In addition to these three surveys, 15 vaccination coverage surveys were conducted in Zaire, four in Swaziland, three in Togo, one in Liberia and one in Guinea (Table 00061).

2. Coverage surveys to collect information regarding the treatment of diarrhea and fever in children under five years of age were carried out in Lesotho, Swaziland, Togo and Zaire (Table 00062).

3. Two coverage surveys were completed in Zaire regarding immunization and malaria chemoprophylaxis of pregnant women (Table 00063).

c. Special studies:

Forty-one special studies took place during FY84; two in the Ivory Coast, three in Malawi, 13 in Togo, one in Uganda and 22 in Zaire. Of these studies, eight concerned vaccine-preventable diseases, eleven concerned malaria control, eight, diarrheal disease control, and five concerned both diarrheal disease and malaria control. Major findings include:

1. A study of the age at which children receive measles vaccination at the 17 most active vaccination centers in Kinshasa, Zaire, showed that 70% of children are vaccinated against measles by 10 months of age and 88% by one year of age.

2. Analysis of a lameness survey conducted in Zaire in 1982-1983 found the prevalence of lameness, compatible with polio, in children 5-9 years of age to be 8.2/1000 in a rural area and 11.3/1000 in an urban area.

3. A community survey and studies at pharmacies and health centers in the Plateaux Region of Togo showed that:

   - Eighty-five percent of children under five with perceived fever and/or malaria who are not seen by a health worker were treated at home with chloroquine;

   - Ninety-six percent of these children with perceived fever who were not seen by a health worker and who were treated at home with an antimalarial received their antimalarial on the first day of fever;

   - Although mothers use chloroquine in a variety of dosages and dosage schedules to treat their children at home, most of the treatments result in the children receiving less than 10 mg/kg during the first 24 hours of treatment;

   - Private retailers (revendeuses) are the most widely used source of chloroquine for treatment at home, although the sale of chloroquine and other medicines by private retailers is illegal in Togo;

   - Mothers prefer oral rather than parenteral antimalarial treatment when their children are treated at health centers for malaria;

   - The majority of children treated for malaria in health centers receive parenteral rather than oral antimalarial drugs;

   - Purchasers of antimalarial drugs in pharmacies are not given information on how to use them correctly;

   - The potential impact of pharmacy workers as disseminators of information on the correct use of antimalarial drugs is substantial.

   - Depletion of stocks of chloroquine at Togopharma are rare.

4. A study of hospitalized measles cases in Kinshasa showed that the number of children hospitalized for measles is increasing as is the percentage of children hospitalized for measles who are less than nine months old.

5. A health facility-based study in Kinshasa showed that one-half of health centers could significantly increase the number of measles vaccinations administered by vaccinating sick children.

6. A cluster survey in Kinshasa showed that a high percentage of pregnant women were enrolled in prenatal clinics (88%) and received at least one dose of tetanus toxoid during their pregnancy (79%). Of these pregnant women, only 48% received two doses of tetanus toxoid and only 34% received malaria chemoprophylaxis for at least two months.

7. Census data from Kinshasa was used to calculate mortality rates, population density and population growth rates by geographic region.

8. Three surveys on knowledge, attitudes and practices in rural Zaire found low use of ORT (3%-33%). Twenty-three to sixty-three percent of children with fever were treated with an antimalarial drug.

9. A health center-based study in Malawi demonstrated that there were high levels of malaria transmission in the dry season.

10. In a study of amodiaquine sensitivity in Malawi, 10 of 11 parasitemic children responded to 20 to 29 mg/kg of amodiaquine with complete clearing of their malaria parasites seven days after treatment.

11. A Malawi survey of children 0-15 years old showed that pruritis is associated with parasitemia.

12. Two hospital-based studies, one on the treatment of diarrhea and one on the treatment of malaria, were conducted in Abidjan, Ivory Coast.

13. A survey of ORT and chloroquine use was conducted in Lesotho. Results were pending at the end of the fiscal year.

d. Epidemiological studies

Studies were conducted to investigate outbreaks of yellow fever in Zaire, rabies in Malawi, cholera in Equatorial Guinea and diarrhea in Zaire (Table 00072).

e. Other accomplishments

1. A CCCD consultant, working in collaboration with UNICEF in Uganda, developed and successfully field tested a new survey technique to estimate vaccination coverage and use of health services. The survey was carried out by health center personnel themselves in 75 homes within 1/2 kilometer of the health centers. It is hoped that the health center personnel will be particularly interested and motivated by the results of the surveys which they carry out themselves in the area of their own health centers. Subsequent surveys will cover increasingly larger areas.

2. A third CCCD Field Epidemiologist was posted in Lilongwe, Malawi, in March 1984.

3. A fourth CCCD Field Epidemiologist was nominated for posting in Bobo-Dioulasso, Burkina Faso, in collaboration with OCCGE.

4. Reviews of national health surveillance systems took place in Lesotho, Liberia, Malawi, Swaziland and Zaire. In Lesotho a plan was drafted for a long-term HIS strategy.

5. Sentinel surveillance systems were expanded in Togo and Zaire, and a sentinel surveillance system proposal was developed in Liberia. Sixteen rural health facilities were added to Togo's sentinel surveillance system. Rural health facilities were included in Zaire's sentinel surveillance system and different forms were developed for hospitals and health centers.

6. In Zaire the system has been computerized allowing more informative reports to be generated than was previously possible. Plans for use of microcomputers are also underway in Lesotho, Swaziland and Togo.

7. An advisory committee on program data requirements was formed in Lesotho, and an HIS training curriculum was designed. In Swaziland a study group was formed to assess sources and methods of obtaining baseline data.

8. In Zaire, health evaluation methods were developed. The methods include a supervisory questionnaire which was field tested and revised and indicators to evaluate the performance of the regional PEV teams.

9. Technical assistance in health information systems was provided to the Sine-Saloum project in Senegal and to hospital vaccination centers in the Ivory Coast.

10. Microcomputers are being used in Zaire to manage HIS data. Plans for use of microcomputers are also underway in Lesotho, Swaziland and Togo..

2. Impact to Date

HIS activities during FY84 had three main foci. They provided information needed for the effective planning, targeting and monitoring of CCCD interventions, and they provided baseline data which will make it possible to evaluate the impact of the project. The HIS studies in Togo, for example, showed that health education on the treatment of malaria needs to focus on the dosage of chloroquine being given by mothers at home. In addition, HIS activities have brought CCCD target diseases and program activities tothe attention of host governments and have strengthened the political will to deal with them. Partly because of HIS studies in Kinshasa, Zaire, the MOH recommended the policy of vaccinating sick children against measles.

3. Current Potential of Health Information System to Reach Project Goal

Objectives for FY84 were met, with the exception of developing a plan for editing and distributing the CCCD Bulletin in collaboration with WHO/AFRO. Distribution of the CCCD Bulletin, or a similar document, will be discussed with WHO/AFRO after a grant agreement has been signed.

The MUHS review meeting scheduled in Atlanta in January 1985 will help to formulate policy on future modification and use of this evaluation tool. HIS development in each bilateral country, including sentinel surveillance, special studies and epidemic investigation, especially in the three CCCD program areas. Efforts will be further enhanced by increased application or microcomputer technology.

The CCCD Project Management Information System (MIS) provides basic data on the activities of the Project. As the Project has developed, the original design of the MIS and in particular the tabular presentation of data are not clearly presented. The MIS system and the format of the CCCD Quarterly and Annual Reports should be evaluated in FY85.

4. Recommendations and Action Items

a. The grant agreement between WHO/AFRO and AID for AFRO participation in CCCD HIS activities should be signed as soon as possible.

b. A decision on the publication of the CCCD Bulletin should be made as soon as the grant agreement with WHO/AFRO has been signed.

c. A decision on the future use of a standardized MUHS survey field tested in Togo, Liberia and Zaire should be made, following a review of the field tests scheduled for January 1985 in Atlanta.

d. The MUHS survey results should be discussed in detail as soon as possible. The infant mortality rates calculated from the two early mortality surveys and the first MUHS field tests have been lower than expected. Their validity should be checked with prospective studies or with retrospective studies that employ innovative techniques to reduce ascertainment bias and assure effective quality control.

e. CCCD staff in bilateral countries should refine and target surveillance systems so that they accurately monitor the effect of the CCCD interventions.

HEALTH INFORMATION SYSTEM (HIS)
CCCD WORK PLAN - 1984 - 1985

	OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
1.	Post third CCCD Field Epidemiologist in Africa	CCCD Technical Coordinator (Atlanta)	By March 1984	Third CCCD Field Epidemiologist was posted in Lilongwe 3/84.
2.	Plan and carry out mortality surveys in selected bilateral countries (one per Field Epidemiologist)	CCCD Field Epidemiologists	By September 1984	Mortality surveys were completed in Kinshasa and in the Maritime Region of Togo in early FY84. An MUHS survey was conducted in Togo's Plateaux Region in 8/84 and one in Liberia and two in rural Zaire are scheduled for early FY85
3.	Develop standardized mortality and program monitoring survey methodology	Atlanta CCCD staff, Field Epidemiologist, Technical Officers and national staff	By April 1984	Standardized prototype MUHS questionnaire was ready for field testing in 8/84.
4.	Field test standardized mortality and program monitoring survey in two countries	Atlanta CCCD Staff, Field Epidemiologists, Technical Officers and national staff	By January 1985	Standardized prototype MUHS questionnaire and methodology were field tested in the Plateaux Region of Togo in 8-9/84.
5.	Develop methods for "in-country" analysis of results of mortality and program monitoring surveys.	Field Epidemiologists, Technical Officers, Atlanta CCCD staff and national staff	By December 1984	In-country data analysis of the MUHS survey in the Plateaux Region of Togo and of two MUHS surveys in rural Zaire are to be completed in early FY85.
6.	Carry out baseline mortality and program monitoring surveys in bilateral CCCD countries	National staff, Technical Officers, Field Epidemiologists, Atlanta CCCD staff and consultants	Each bilateral CCCD country will have completed one survey by October 1985	Plans calling for baseline surveys in each bilateral country will be reviewed during the CCCD third year evaluation meeting in 1/85 in light of experience described in (2) above.

HEALTH INFORMATION SYSTEM (HIS)
CCCD WORK PLAN - 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
7. Develop plan for utilization of microcomputers for HIS data management in MOH's in bilateral CCCD countries	Atlanta CCCD Staff, Field Epidemiologists, Technical Officers and consultants	Plan completed for one country in each Field Epidemiologist area by Oct 1985	Microcomputer capability for HIS data collection and analysis operational in Togo and Zaire. Plans for the use of microcomputers for HIS data collection and analysis to be implemented in Congo, Lesotho, Liberia, Malawi and Swaziland in FY 85.
8. Implement plan for utilization of microcomputers for HIS data management in MOHs in all bilateral CCCD countries	Technical Officers, Field Epidemiologists, national staff	By July 1985	Plans to use microcomputers for HIS data management in countries with bilateral projects not mentioned in #7 should be developed in the first half of FY 85.
9. Provide HIS consultations to countries with bilateral agreements to help plan improve CCCD HIS systems	CCCD Field Epidemiologists Atlanta CCCD Staff	One consultation per year for each bilateral CCCD country	Consultations provided as planned for Congo, Lesotho, Liberia, Malawi, Togo, Swaziland and Zaire. Consultations to CAR and Rwanda planned for early FY85.
10. Implementation of recommendations for CCCD HIS in all bilateral CCCD countries	Technical Officers, Field Epidemiologist and national staff	By June 1985	Initiated in Congo, Lesotho, Liberia, Malawi, Togo, Swaziland and Zaire.
11. Based on negotiations with WHO/AFRO, plan the editing and quarterly distribution of the CCCD Bulletin	CCCD Liaison Officer	By June 1984	Planning for future of CCCD Bulletin postponed until the signing of the WHO/AFRO-CCCD agreement.

E. Health Education/Promotion

1. Outputs

A Public Health Education Specialist joined the IHPO staff at the end of the first quarter of FY84 to provide overall technical guidance to the design and development of the health education/promotion component of CCCD. During the same period, the Peace Corps, under its separate PASA with AID/W to support the programming, recruitment and training of specialist and generalist Volunteers to work in CCCD health education activities, hired a full-time Project Director and a Program Assistant. The Public Health Education Specialist's visits during the year to six of the nine bilateral programs, as well as close collaboration with Peace Corps/Washington, firmly established health education/promotion on the CCCD agenda. Efforts were also made to promote a better understanding of health education and the requirements for its effective planning in support of the three CCCD technical interventions.

Country-Specific

a. National coordinators for CCCD health education programs (in most cases heads of national health education units) were identified in Zaire, Togo, Lesotho, Malawi and Rwanda. Although planning has been started in Liberia and Swaziland, the individuals who will have responsibility for CCCD health education activities were not clearly identified by the end of the fiscal year.

b. Detailed plans for health education/promotion activities have been prepared in Togo and Zaire. The Zaire plan is primarily focused on ORT promotional efforts.

c. The Health Education Sub-Committee of the CCCD Technical Committee in Liberia was reactivated.

d. Pre-programming/assessment visits were made to Swaziland, Lesotho and Malawi. A diarrheal disease control campaign began in March in Swaziland with assistance from the Mass Media and Health Practices Project (MM/HP) and CCCD. In Lesotho, a Trainer/Health Educator was hired during the third quarter under a local Personal Services Contract to assist the health education and training components of CCCD through July 1985.

e. Operational research related to the design of health education programs and messages for CDD was carried out in Zaire with the assistance of an experienced anthropologist. Similar research is planned in Malawi and Liberia.

Intercountry

a. The first visit to the African Regional Health Education Centre (ARHEC) since the May 1983 visit of the AFR/RA CCCD Project Officer was made in mid-September. Since the AFRO proposal includes no training activities in health education at the present time, it was decided that short-term intercountry training in health education for the Anglophone countries at the Ibadan Center should be organized as planned.

b. Efforts to identify a site for similar training for the Francophone countries were placed on hold following the non-response of the Ministry of Health in Togo to organize a program at the WHO Regional Public Health Training Center in Lomé and pending receipt of the final AFRO proposal.

Collaboration with Peace Corps (see also Section IV. A)

a. Initial trips to Zaire, Togo and Liberia were made jointly with a programming/training consultant from Peace Corps/Washington.

b. Assistance was provided in the preparation of a Request for Proposal for the development of CCCD training materials for Volunteer specialists and generalists, to be used for both pre-service and in-service training.

c. Assistance was provided to the preparation of job descriptions for Volunteers assigned to CCCD programs in Zaire, Liberia and Malawi. Potential assignments for specialist and/or generalist Volunteers were discussed during field visits to Togo, Lesotho, Malawi and Rwanda. Informal discussions were also held with Peace Corps staff in CAR.

Other Support Activities

a. A redraft of the "Working with the Community" module from the Mid-Level Managers course was prepared and pilot tested in Uganda and Malawi.

b. The need for country-level training, specifically in health education planning and management, was confirmed during trips to the field, and ideas concerning the duration and design of such training were discussed both in Atlanta and in the field, particularly with ARHEC staff.

c. The Health Education Specialist participated in the development of the Mortality and Use of Health Services (MUHS) survey with particular attention to the inclusion of key indicators for evaluating the health education component of CCCD.

d. Contacts were established with academically-based health education specialists concerning the CCCD project and the possible participation of qualified students as short-term consultants in health education.

e. A file of potential consultants in health education was established.

f. Information about health education and sources of health education materials was provided to the Technical Officers, the Field Epidemiologists and the Peace Corps CCCD Project Director.

2. Impact to Date

a. An ORT promotional campaign was launched in Zaire during the last quarter, using a coordinated, multichannel approach.

b. In Togo, a draft Project Implementation Letter for health education activities in CCCD was submitted for the necessary AID approvals, prior to being forwarded to the Minister of Health for signature.

c. The Health Education Sub-Committee in Liberia recommended to the Ministry of Health (MOH) that the possibility of merging the Health Education Unit and the In-Service Training Division be studied. The Sub-Committee suggested that a Health Communication and Training Division be established to include a Materials Production Unit, a Mass Media Program and an In-Service Education Program. Pending a response from the MOH, the Sub-Committee continued its planning and scheduled a CCCD health education planning workshop for the first quarter of 1985.

d. In Malawi, Swaziland and Lesotho, initial recommendations were made for program development, including short-term tasks to be undertaken prior to the preparation of detailed plans for health education in support of the three CCCD components.

e. A detailed proposal and scope of work for ARHEC participation in intercountry and national level short-term training in health education as well as technical cooperation was prepared and reviewed at CDC and AID/W. The decision was made to initiate the necessary administrataive mechanisms for negotiating an agreement with ARHEC.

f. Twenty-three Peace Corps Volunteers in Zaire received intensive training in CCCD, including health education. Deployment and technical support of the Volunteers have involved close collaboration between CCCD and Peace Corps staff in Kinshasa.

g. Peace Corps/CCCD training materials prepared by contractors were reviewed to ensure appropriate content in health education theory and its application in CCCD programs.

h. Collaborative working relationships resulting from an enhanced mutual understanding on the part of CCCD and Peace Corps staff of the CCCD project and the Peace Corps programming and training cycle have been more firmly established in Liberia, Lesotho, Malawi, Togo, and Rwanda.

3. Current Potential of Health Education/Promotion to Reach Project Goal

In spite of the lack of concerted attention to health education in the country assessments and work plans, and of the initial delay in deciding how the CCCD health education component should be managed, the potential for this component to contribute to the achievement of CCCD project goals is good, after less than one year of operation. Bilateral program development requires systematic planning, and in the absence of full-time or extended part-time programming assistance in country, implementation of a focused, well managed health education program directly supportive of CCCD interventions is difficult. The problem is exacerbated by the fact that in most cases, health education units have not been involved in CCCD-related program planning. Health education capability, resources and commitment vary considerably among the present bilateral countries, and it is clear that much technical support is required to improve that capability. A better understanding of health education on the part of the medical personnel who constitute the core CCCD staff in each country must be promoted also.

The Peace Corps has demonstrated its ability to recruit and train specialist Volunteers, and bilateral countries have expressed a greater interest than originally anticipated in programming Volunteers to work in CCCD health education activities. Effective involvement of Volunteers holds the greatest promise for successful implementation of country level health education programs for CCCD.

4. Recommendations and Action Items

Country-Specific

a. It is imperative that national health education staff be closely involved in all aspects of planning and implementing the CCCD bilateral programs. Their participation and contribution should not be solicited only after all the critical decisions have been made relative to program design, direction, scheduling, etc.

b. Detailed program planning should be carried out as soon as possible in Liberia, Malawi, Rwanda, Congo and CAR. The Liberia program will receive assistance from the incoming Peace Corps Volunteer specialists.

c. Health education/promotion implementation activities in Zaire, Swaziland, Lesotho and Togo should be monitored and appropriate assistance provided upon request. In Swaziland, plans should be made for activities to be undertaken following completion of the Mass Media and Health Practices Project. In Togo a detailed work plan and schedule of activities as well as designs for the proposed health worker training should be prepared as soon as possible.

Intercountry

a. A final agreement with the University of Ibadan should be negotiated as soon as possible so that plans for short-term training and technical assistance can begin. To enhance the likelihood of improved performance as a result of the health education training received, the first activity to be carried out by ARHEC should be a seminar or workshop designed for health education practitioners and their CCCD collaborators.

b. In an effort to identify a site for Francophone training, site visits should be made to the Centre d'Enseignement Supérieur en Techniques d'Information (CESTI) in Dakar and the Centre Universitaire des Sciences de la Santé (CUSS) in Yaoundé.

Collaboration with Peace Corps

a. Technical Officers should work closely with Ministry of Health officials and Peace Corps staffs to develop and support effective job assignments for Peace Corps Volunteers in Togo, Malawi, Lesotho and Rwanda; the initial interest expressed in having Volunteers working in CCCD health education and related activities should be sustained. Joint CCCD-Peace Corps efforts in Zaire and Liberia should continue.

b. CDC should provide a careful review of the draft training materials for Peace Corps Volunteer generalists and specialists that will be ready by the first quarter of FY85.

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
Country-Specific			
1. Develop and support up to 12 country-specific health education programs in support of CCCD bilateral projects	T.O.'s (Technical Officers) CCCD H.E. Specialist, Ministries of Health		
A. Identify national coordinators for health education.		Jan. - Oct. 1984	Coordinators were identified in Zaire Togo, Lesotho, Malawi and Rwanda.
B. Prepare strategies and work plans.			Detailed plans were developed in Zaire (CDD) and Togo. Initial planning was underway in Liberia, Malawi and Rwanda. Educational activities were started in Zaire and Lesotho. CDD health education was also underway in Swaziland with assistance of Mass Media and Health Practices Project (MM/HP).
. Zaire, Togo, Liberia, Swaziland and Lesotho		Apr. - Jun. 1984	
. Malawi, Congo, CAR		Jul. - Sep. 1984	
. Rwanda, Burundi		Oct. - Dec. 1984	
C. Develop guidelines for health education assessment as part of overall CCCD Country Assessment to be conducted in the future.	CCCD H.E. Specialist	Apr. - Jun. 1984	Due to small number of assessments remaining, guidelines were not developed and are no longer a priority.
D. Provide short-term technical assistance for implementation and evaluation of the 10 programs.	CCCD H.E. Specialist, T.O.'s	Ongoing	Initial consultations were carried out in six of nine bilateral programs.

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
E. Organize 5-day workshop on health education for 3 representatives from each bilateral program.	CCCD H.E. Specialist, T.O.'s	Oct. - Dec. 1984	An abbreviated workshop is planned for 1985 Annual Consultative Meeting as part of Cooperative Agreement with African Regional Health Education Centre (ARHEC). Country level sessions will be organized during TA visits by CCCD Health Education Specialist.
2. Develop and deliver at country level a 3-5 day health education training module in 1-2 "pilot" countries.	CCCD H.E. Specialist, T.O.'s, National HE/P Coordinators	Jul. - Dec. 1984	A course will be developed as part of 6-week short-term health education training at ARHEC in FY 85 for implementation action in country at later date with assistance from ARHEC.
3. Strengthen the health education content of national CCCD courses in up to 5 countries (MLM).	T.O.'s, CCCD Health Education Specialist	Apr. 84 - Sep. 85	"Working with the Community" module for MLM was revised within time frame presently allocated in course for this topic; more specific training in health education will be prepared per (2) above.
4. Program, recruit, train, field and support Peace Corps Volunteers to work in CCCD bilateral programs.	PC/W, T.O.'s, CCCD & PC Country Staffs, CCCD H.E. Specialist	Aug. 83- Sep. 86	Twenty-three generalists were trained and assigned to CCCD/Zaire; four specialists are due to arrive in Liberia at end of Dec. 1984; one specialist and five generalists were requested for Togo for April 1985. Initial discussions about Peace Corps Volunteers in CCCD were held in Lesotho, Rwanda and Malawi.

Country	Approx. # of PCVS	
Zaire	25 generalists	Jul 84
Liberia	4 specialists	Jan 85
Togo	6 school H.E. (in-service)	Jun 85
	6 CCCD generalists	Apr 85
	2 CCCD specialists	Apr 85

The scope of work for CCCD training materials contract was reviewed and modified with CDC assistance; a detailed outline of training curriculum for specialist and generalist Volunteers was also reviewed in 4th quarter.

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
A. Develop CCCD training materials for specialist and generalist PCV's.	PC/W and Contractor*	Jun - Sep 1984	
B. Pilot test materials in one country.	PC/W and Contractor	Oct 1984	
Develop and execute operations research protocols related to health education.	Field Epidemiologists, CCCD Operations Research Coordinator, T.O.'s, CCCD H.E. Specialist.	As required	Relevant studies were conducted in Zaire to assist the development of health education strategy and materials.
6. Strengthen collection of baseline data related to health education (i.e. some basic knowledge, attitudes & practices (KAP) data) part of country baseline surveys.	T.O.'s, Field Epidemiologists, CCCD H.E.Specialist	As required	The pilot country baseline surveys include several critical KAP items. However, better and simpler methods are required to mesh MUHS with data needed for health education planning.

*CCCD H.E. Specialist will be responsible for review and technical input as appropriate.

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
Intercountry			
1. Implement system of information and materials exchange			
A. Collect, review and disseminate information and materials on health education related to CCCD program area, including short and long-term training opportunities in U.S., Europe and Africa.	CCCD H.E. Specialist with assistance from field staff and host country colleagues	Ongoing	Information and materials exchange was conducted on informal basis. CCCD field staff placed on numerous mailing lists of organizations involved in health education and training; relevant health education materials and articles were provided to the field.
B. Place articles of interest in CCCD Bulletin (Brazzaville).	Same as above	Quarterly	Bulletin is not yet in publication.
C. Solicit and place articles in publications such as Salubritas Famille et Développement, Agripromo, and key African publications.	Same as above	Quarterly	No articles were prepared or placed.
D. Hold CCCD intercountry consultative meeting on HE/P.	Same as above	Mar 85 (Annual Consultative Meeting)	A 1/2 day workshop is planned for the meeting in collaboration with ARHEC.

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
E. Prepare and distribute catalog of existing printed and visual educational materials usable in Africa and available from WHO, UNICEF, AHRTAG and other key groups on the vaccine-preventable diseases, ORT and malaria control.	CCCD H.E. Specialist	Oct 84 - Mar 85	
2. Provide short-term technical assistance in health education related to any or all three CCCD program areas in up to 5 countries (e.g. Mauritania, Senegal, Ivory Coast, Niger, Mali).	CCCD H.E. Specialist	Ongoing	Only one request was received and could not be honored due to other time commitments of H.E. Specialist. Names of possible consultants proposed through PRITECH.
3. Provide training support for in-service and pre-service for PCV's working in PHC programs with MCH focus, i.e., suitable for training support in countries with activities consistent with CCCD program interventions.	PC/W	Oct. 84 - Sep. 86	Pre-service training in Zaire was supported during 3rd quarter; in-service training programs were scheduled for FY 85 in Mauritania, Swaziland, Togo and Zaire.
4. Plan and implement intercountry short-term training in health education at one Anglophone and Francophone training institution.	CCCD H.E. Specialist		A proposal was prepared in 4th quarter for participation of African Regional Health Education Center as key resource for intercountry short-term training and technical assistance in health education. The process for concluding an agreement was initiated by AID/W and CDC.
A. Assess planning to date and and complete feasibility assessment.	CCCD H.E. Specialist	Apr. - Jun. 84	

HEALTH EDUCATION/PROMOTION - HE/P
CCCD WORK PLAN 1984 - 1985

OBJECTIVE/ACTIVITY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1984
B. Select institutions.	CCCD H.E. Specialist	Jul. - Sep. 84	
C. Negotiate contracts.	CCCD H.E. Specialist	Sep. 84	
D. Conduct in-country training needs assessment.	Institutions, CCCD H.E. Specialist, Technical Officers (T.O.'s)	Oct. - Dec. 84	
E. Identify participants.	Same as above	Oct. - Dec. 84	
F. Prepare training curriculum.	Institutions and CCCD H.E. Specialist	Jan. - Mar. 85	
G. Conduct training.	Institutions	Apr. - Jun. 85	
H. Undertake follow-up activities and technical assistance.	Institutions	Jul. - Sep. 85	
5. Prepare a short videotape or film in Africa on each of 3 CCCD interventions to be used as part of national in-service and pre-service training and for distribution to national television stations.	CCCD H.E. Specialist	Jan. - Sep. 85	UNICEF videotape on Haiti ORT program was sent to Zaire. Initial video training was provided to one PCV extending his service in Malawi. Discussions were held in Swaziland about video training and production with consultant assistance.

V. BILATERAL PROJECTS (See also detailed summaries in Annexes 1-9)

1. Outputs

- Country assessments/project proposals for CAR and Malawi, prepared in FY83, were reviewed and approved for funding during FY84. Approval of the Burundi bilateral project was deferred; the Congo project, conditionally approved in FY83, received full funding approval. The bilateral project in Guinea, prepared in June 1983, was approved for funding at the end of the third quarter of FY84.

- One country assessment was conducted during the year in Rwanda. This project was approved for funding by the end of January. Country assessments in Burkina Faso, Ivory Coast, Cameroon (with PRITECH) and Benin were under discussion.

- Six bilateral project agreements were signed during the fiscal year as follows:

Country	Month	AID LOP Budget
Lesotho	May	$578,000
Central African Republic	May	570,500
Congo	June	667,000
Malawi	June	1,423,100
Rwanda	June	1,072,000
Swaziland	June	703,000
	TOTAL	$5,013,600

- A second candidate for Technical Officer in Liberia was proposed by CDC following rejection of the first nominee by USAID and the Government of Liberia. This person was approved as T.O. and proceeded on TDY to Liberia in early January. Final posting occurred in May. The T.O. for Lesotho/Swaziland also went to the field on a two-month TDY in January 1984 with final posting occurring in early June, immediately following signature of the project agreement. Direct-hire CDC personnel were also posted as T.O.'s in Malawi and Congo/CAR in June.

- A candidate for Technical Officer in Rwanda was identified, and procedures were initiated to hire this individual under a Personal Services Contract (PSC). Due to personnel ceilings, CDC requested and received from AID, a Delegation of Authority to use the PSC mechanism for future CCCD field positions.

- A first year project evaluation was conducted in Togo, and the same was planned for Liberia in December 1984. In Zaire, a joint CDC and AID/W program assessment was conducted in March to review project objectives and financing, as suggested in the October 1983 CCCD Mid-Term Evaluation Report.

- Start-up activities in the newly operational bilateral project countries listed above included the following:

  - establishment of an office for the Technical Officer;

  - review of existing programs and plans for the three CCCD interventions to determine priorities for assistance under the project;

  - development of project work plan and detailed life of project budget including local currency budget;

  - establishment of administrative and fiscal procedures with host governments, USAID's and CDC;

  - organization of CCCD coordinating committees or ad hoc groups; and

  - initiation of procurement procedures for project commodities, including vehicles.

- Training and training development at the national level were of particular importance in Zaire, Togo and Swaziland. Lesotho hosted an intercountry Mid-Level Managers Course in December that included participants from Swaziland and Malawi. An intercountry course in Malawi was planned for November 1984. Planning for district or zonal training and development of materials were underway in Lesotho, Swaziland and Zaire. National-level MLM training in Liberia was scheduled for early CY 1985, with training materials already in the initial stages of development.

- Detailed plans for EPI and/or CDD were prepared and/or updated in Zaire, Malawi and Swaziland. CDD planning was started in Liberia. In Zaire, a strategy and work plan for health education/promotion in support of oral rehydration therapy was included in the CDD plan. A research and demonstration center for oral rehydration therapy was established at Mama Yemo Hospital in Kinshasa.

- A health education assessment and initial work plan in support of CCCD was prepared in Togo in June.

- Research and training related to the detection and treatment of chloroquine-resistant malaria were conducted in Malawi to assist in the development of effective policies for malaria control, especially in the context of CCCD. Operational research on knowledge, attitudes and practices related to malaria was carried out in Togo.

- One pilot Mortality and Use of Health Services (MUHS) survey was conducted in Togo; two additional surveys were scheduled for Zaire and Liberia in early FY85.

- Autofinancing for CCCD commodities was initiated successfully in Zaire. A draft fee-for-service plan was prepared in Liberia. In Togo, initiation of a fee-for-service system was recommended in the project evaluation.

- Operational research protocols were submitted for possible CCCD funding from Liberia (1), Malawi (8), Swaziland (1), and Togo (1). The Togo study and one study in Malawi were approved for funding. Two protocols each from Malawi, Swaziland and Lesotho were submitted for review in early FY84 by the East/Southern Africa Research Review Committee.

- Sentinel surveillance networks were expanded in Togo and Zaire. A similar network was under development in Malawi, and Liberia was considering a proposal for a sentinel surveillance system from the CCCD Field Epidemiologist.

- Peace Corps Volunteers were actively involved in CCCD activities in Zaire and Liberia. Liberia and Malawi will receive specialist Volunteers for health education (i.e. MPH-level and/or graphic artist) in early CY 1985. Peace Corps/Togo requested one MPH/health educator and five generalists for CCCD-related health education. Preliminary discussions were held in Lesotho and Rwanda about the use of Volunteers in those programs.

2. <u>Impact to Date</u>

The projects in Zaire and Togo are the only two that have been operational long enough to have demonstrated any measurable impact to date. Project implementation in Liberia has been delayed for more than one year for a number of reasons: delays in concurrences on, and posting of the Technical Officer; acceptance of fee-for-service and motorcycle purchase plans as required in the Conditions Precedent of the project agreement, and others. Projects in CAR, Congo, Lesotho, Malawi, Rwanda and Swaziland have been in operation for five months or less, and have been occupied with planning, identifying staff needs/responsibilities, methods of CCCD integration with existing services, compilation of baseline data, ordering commodities, and training materials development.

The tables that display project data, summary and for individual countries are found in the country annexes.

3. Current Potential of Bilateral Projects to Reach Project Goal

While experience to date has involved delays in full-scale implementation of the four-year bilateral projects for a number of reasons (fulfillment of Conditions Precedent, commodity procurement, etc.), it has been found that several critical start-up activities can and should occur early in the project. These activities include baseline data collection, establishment of sentinel surveillance networks, planning and development of health education and training materials, and development of operational research protocols.

Draft generic project implementation and evaluation plans that include suggested scheduling for these activities have been developed for country adaptation, especially in the six newly operational projects. This systematic approach, based on actual experience to date and combined with the refinement of administrative procedures, should enhance the potential for each bilateral project to achieve its goals within the four-year period.

4. Recommendations and Action Items

- Efforts to resolve administrative and management problems in conjunction with AID/W, USAID's and REDSO's should continue.

- A project agreement should be signed in Guinea as soon as possible.

- Assessments in the Ivory Coast, Cameroon (with PRITECH) and an appropriate Sahel country should be conducted.

BILATERAL PROJECTS
WORK PLAN 1984 - 85

	OBJECTIVE/ACTIVITIY	RESPONSIBLE FOR ACTION	TIME TARGET	STATUS AS OF SEPTEMBER 30, 1983
1.	Perform CCCD country assessment in at least 8 countries 1984 and 4 countries in 1985	CCCD-CDC/USAIDS/ Nationals and, as invited, WHO/UNICEF/CDA	As requested by countries	During 1984, an assessment was conducted in Rwanda, bringing to 12 the number of assessments carried out to date. Assessments are now done only in countries judged to be good prospects for projects.
2.	Develop and or update work plans and implementation documents in at least 8 of the countries selected for bilateral cooperation	CCCD/CDC/USAID/MOH	7 in 1984 and 1 in 1985	Fully met.
3.	Recruit/assign at least 5 Technical Officers to countries selected for bilateral cooperation--one each to Liberia and Malawi; one to Lesotho to include coverage for Swaziland, one to Rwanda to include coverage for Burundi pending Assessment approval; one to the Congo to include coverage for the CAR	CCCD Technical Coordinator	All in 1984	Fully met except for Rwanda Technical Officer, whose assignment was still pending at year's end.
4.	Implement CCCD activities in Congo, Lesotho, Liberia, Malawi, Swaziland (1984), Rwanda, and potentially Burundi and CAR (1985)	CCCD Technical Officers/USAIDS/MOH	5 in 1984 and 3 in 1985	Fully met
5.	Conduct project evaluations during the second year of CCCD operations in Zaire, and Togo (1984) and Liberia Lesotho and Swaziland (1985)	CCCD-CDC/USAIDS/MOH and, as invited, WHO/UNICEF/CDA	2 in 1984 and 3 in 1985	Togo evaluation conducted as scheduled. Zaire evaluation postponed to 1985 at request of USAID. Liberia evaluation scheduled for first quarter FY85.

ANNEX 1 - Central African Republic (CAR)

The Project Agreement was signed by the Government of CAR in late May, and USAID/Yaoundé and the Embassy in Bangui jointly agreed on the appointment of an Embassy Foreign Services Officer (FSO) as the local Project Officer. The amount of U.S. support budgeted for the four-year life of the project is U.S. $570,524. The Technical Officer based in the Congo, who is responsible for the CAR Project, undertook a visit to Bangui in July with an Atlanta-based Supervisory Public Health Advisor. A project implementation plan and detailed budget were developed during the visit. Procedures for ordering project commodities were also initiated. A general agreement was reached concerning regularly scheduled visits to CAR by the Congo-based Technical Officer. Initial discussions were held concerning collaboration with UNICEF on an intercountry mid-level training course to be held in early CY 1985.

CCCD CAR SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE CAR24

	INFORMATION	SOURCE AND YEAR
POPULATION	2,500,000	WORLD POPULATION DATA SHEETS 1983
BIRTH RATE (per 1000 population)	45	AS ABOVE
ESTIMATED LIVE BIRTHS PER YEAR	113,000	AS ABOVE
INFANT MORTALITY (per 1000 live births)	147	AS ABOVE
1-4 MORTALITY (per 1000 population)		
DEATH RATE (per 1000 population)	20	AS ABOVE
ANNUAL GROWTH RATE	2.5%	AS ABOVE
MATERNAL MORTALITY (per 10,000 live births)		

AGE DISTRIBUTION

SOURCE AND YEAR: WORLD POPULATION DATA SHEETS 1983 & CAR CENSUS 1975 (EXTRAPOLATED)

AGE	NUMBER	PERCENT
< 1 YEAR	118,000	4.7%
1 YEAR	113,000	4.5%
2 YEARS	103,000	4.1%
3 YEARS	95,000	3.8%
4 YEARS	90,000	3.6%
1-4 YEARS	401,000	16.0%
5-9 YEARS	392,500	15.7%
10-14 YEARS	312,500	12.5%
15+ YEARS	1,277,500	50.1%
15-44 YEARS		
44+ YEARS		

CCCD CAR SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE CAR25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES					
	HOSPITALS	HEALTH CENTERS	SUB HEALTH CENTERS	HEALTH POSTS	MOBILE TEAMS	PRIVATE DISPENSAIRES
PROJECT AREAS						
REGION I	4	26	16	38	1	10
REGION II	4	5	16	29	1	12
REGION III	2	7	5	35	1	16
REGION IV	4	9	19	41	1	3
REGION V	3	10	24	43	1	9
COUNTRY TOTAL	17	57	80	186	5	50

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD CAR SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE CAR26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*								
	Doctors (Natl)	Doctors (Priv)	Nurses (Reg)	Nurses (Nour)	Midwives (Reg)	Midwives (Nour)	Other LPN's	Senior Tech.	Health Tech.
PROJECT AREAS									
COUNTRY TOTAL	42	62	311	389	164	12	83	86	35

* Match the types of personnel in the country with the above categories. If other categories are needed list and define them.

CCCD CAR SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE CAR33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number Trained
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	To Date
FISCAL YEAR 84		2			20			250			5					

NOTE: CCCD HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.
CCCD INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL MANAGER EPI AND CDD COURSES.
LOP: LIFE OF PROJECT

CCCD CAR SUMMARY

SERVICE FACILITY STATISTICS
FACILITIES CAPABLE OF IMPLEMENTING SERVICES

UPDATED OCT 84
FISCAL YEAR 1984

CODE CAR42

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REGIONAL HOSPITAL	PROJECT AREAS								
	NATIONAL TOTAL	17		15	88%				
HEALTH CENTER	PROJECT AREAS								
	NATIONAL TOTAL	57		47	82%				
SUB HEALTH CENTER AND PRIVATE DISPENSARY	PROJECT AREAS								
	NATIONAL TOTAL	130		15	11%				
HEALTH POST	PROJECT AREAS								
	NATIONAL TOTAL	186							
MOBLIE TEAM	PROJECT AREAS								
	NATIONAL TOTAL	5		5	100%				

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND.
ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

ANNEX 2 - People's Republic of Congo

The Project Agreement was signed by the Government of the Congo in early June, and the Technical Officer arrived immediately thereafter from Zaire, where she had received an orientation to the bilateral CCCD program in that country. Total AID support for four years in the Congo is $667,000.

Project activities during the balance of the fiscal year focused primarily on the establishment of administrative procedures, review of current programs in EPI, diarrheal diseases and malaria control and initial planning with Ministry of Health officials, personnel working in related projects and representatives of other organizations, especially UNICEF.

Specific accomplishments during FY84 include the following:

- commodity orders and waivers prepared;
- Intraministerial Planning Convocation held to develop four-year work plan;
- official agreement obtained for combining UNICEF and CCCD efforts in diarrhea control; preliminary plans developed for expanding CDD programs;
- preliminary plans made for training and training materials development. Existing materials from CCCD/Zaire, CARE/Congo and WHO were reviewed and discussed. An intercountry mid-level course with CAR and Rwanda participation was proposed for early CY 1985; and
- site visits made to several different types of facilities of the Ministry of Health and Social Affairs.

CCCD CONGO SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE CON24

	INFORMATION	SOURCE AND YEAR
POPULATION	1,700,000	WORLD POPULATION DATA SHEETS 1983
BIRTH RATE (per 1000 population)	44	AS ABOVE
ESTIMATED LIVE BIRTHS PER YEAR	75,000	AS ABOVE
INFANT MORTALITY (per 1000 live births)	128	AS ABOVE
1-4 MORTALITY (per 1000 population)		
DEATH RATE (per 1000 population)	18	AS ABOVE
ANNUAL GROWTH RATE	2.6%	AS ABOVE
MATERNAL MORTALITY (per 10,000 live births)		

AGE DISTRIBUTION SOURCE AND YEAR: WORLD POPULATION DATA SHEET 1983 & CONGO CENSUS 1974 (EXTRAPOLATED)

AGE	NUMBER	PERCENT
< 1 YEAR		
1 YEAR		
2 YEARS		
3 YEARS		
4 YEARS		
0-4 YEARS	314,500	18.5%
5-9 YEARS	260,100	15.3%
10-14 YEARS	200,000	11.8%
15-44 YEARS		
15+ YEARS	924,800	54.4%
44+ YEARS		

CCCD CONGO SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE CON25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES					
	HOSPITALS	MEDICAL CENTERS	MCH CENTERS	HEALTH CENTERS	MOBILE TEAMS	DISPENSAIRES
PROJECT AREAS						
BRAZZAVILLE	6	3	25		1	71
POOL	1	3	2	40	1	24
KOUILOU	2	3	11	5	1	44
NIARI	2	3	2	7	1	37
LEKOUMOU		2	1	6	1	18
BOUENZA	1	3	2	6	1	32
PLATEAUX		4	2	9	1	59
CUVETTE	1	5	4	6	1	43
SANGHA		2	1	4	1	13
LIKOULA		2	1	2	1	19
COUNTRY TOTAL	13	30	51	85	10	360

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD CONGO SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE CON26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*				
	Doctors	Nurses (reg)	Nurses (other)	Midwives (reg)	Midwives (nour)
PROJECT AREAS					
BRAZZAVILLE	109	185	458	96	82
POOL	4	19	48	5	8
KOUILOU	52	45	201	23	26
NIARI	4	31	103	4	15
LEKOUMOU	2	21	25	2	17
BOUENZA	4	18	45	6	18
PLATEAUX	1	23	42	3	12
CUVETTE	4	40	78	4	13
SAUGHA	1	13	24	1	6
LIKOULA	2	20	24	2	11
COUNTRY TOTAL	183	415	1048	146	208

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

CCCD CONGO SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE CON33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number Trained
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	To Date
FISCAL YEAR 84		2		3	20	15%		450			10					

NOTE: CCCD HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.
CCCD INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL MANAGER EPI AND CDD COURSES.
LOP: LIFE OF PROJECT

CCCD CONGO SUMMARY

SERVICE FACILITY STATISTICS
FACILITIES CAPABLE OF IMPLEMENTING SERVICES

UPDATED OCT 84
FISCAL YEAR 1984

CODE CON42

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
HOSPITAL	PROJECT AREAS								
	NATIONAL TOTAL	13		3	23%				
MEDICAL CENTER AND MCH CENTER	PROJECT AREAS								
	NATIONAL TOTAL	81		36	44%	2	2%		
HEALTH CENTER	PROJECT AREAS								
	NATIONAL TOTAL	85			0%				
DISPENSARIES	PROJECT AREAS								
	NATIONAL TOTAL	360		26	7%				
MOBLIE TEAM	PROJECT AREAS								
	NATIONAL TOTAL	10		10	100%				

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND.
ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

ANNEX 3 - Lesotho

The Project Agreement was signed by the Government of Lesotho in late May, and the Technical Officer (T.O.) arrived in early June. This followed a TDY in the first quarter to serve as a facilitator for the intercountry Mid-Level Managers Course. The four-year life of project budget from AID is U.S. $578,000. Since the T.O. is also responsible for the CCCD bilateral project in Swaziland, it was agreed with the respective Ministries of Health and USAID missions that approximately 2/3 of his time would be spent in Lesotho, his place of residence.

Project activities during the balance of the fiscal year involved start-up administrative tasks, detailed program planning, and initiation of selected support activities in the areas of training, health information systems, health education and operations research.

Specific accomplishments during FY84 include the following:

- development and adoption of a long-term work plan;
- establishment of a CCCD Coordinating Committee, with working groups for EPI, CDD, health education and health information systems;
- development of a commodity procurement plan;
- development of plans for in-service training of personnel in CCCD program areas in all 19 health service areas;
- development and adaptation of materials for CCCD-sponsored in-service training;
- preliminary development of public and professional educational materials;
- preparation of two protocols for submission to the East/Southern Africa Research Review Committee meeting to be held in Maseru in October 1984; preparation of a list of ten priority topics for both Lesotho and Swaziland;
- development of procedures and policies for improving responses to and from the health information system;
- contracting for services of a training/health education specialist and initiation of contracts for a computer specialist and a part-time administrative assistant; and
- establishment and maintenance of an office and arrangements for administrative and secretarial support.

CCCD LESOTHO SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE LES24

	INFORMATION	SOURCE AND YEAR
POPULATION	1,216,815	1976 POPULATION CENSUS
BIRTH RATE (per 1000 population)	42.5	1976 POPULATION CENSUS
ESTIMATED LIVE BIRTHS PER YEAR	51,000	1976 POPULATION CENSUS
INFANT MORTALITY (per 1000 live births)	120	PHC REPORT LESOTHO 1983
1-4 MORTALITY (per 1000 population)	75.6	PHC REPORT LESOTHO 1983
DEATH RATE (per 1000 population)	15.9	PHC REPORT LESOTHO 1983
ANNUAL GROWTH RATE	2.3%	PHC REPORT LESOTHO 1983
MATERNAL MORTALITY (per 10,000 live birt	37	PHC REPORT LESOTHO 1983

AGE DISTRIBUTION SOURCE AND YEAR: POPULATION CENSUS 1976

AGE	NUMBER	PERCENT
< 1 YEAR	39,863	3.2
1 YEAR	34,529	2.8
2 YEARS	29,772	2.4
3 YEARS	32,723	2.7
4 YEARS	31,725	2.6
1-4 YEARS	128,749	10.6
5-9 YEARS	153,176	12.6
10-14 YEARS	153,427	12.6
15-44 YEARS	496,981	41.0
44+ YEARS	242,619	20.0

CCCD LESOTHO SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE LES25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES			
	HOSPITALS GOVT	HOSPITALS NON-GOVT	HEALTH CENTERS	AREAS WITH CHW'S
PROJECT AREAS				
THABA TSEKA		2	11	YES
BUTHA BUTHE	1	1	7	YES
LERIBE	1	1	14	YES
BEREA	1	1	12	YES
MASERU	3	3	27	YES
MAFETENG	1		12	YES
MOHALES HOEK	1		10	YES
QUTHING	1		5	YES
QACHA'S NEK	1	1	7	YES
MAKHOTLONG	1		6	YES
TOTAL	11	9	111	

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD LESOTHO SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 COC_ LES26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*							
	Doctors Total	Nurses	Assistant Nurses	Ward Attend	Areas with CHW's	Docters Govt	Docters Mission	Docters Private
PROJECT AREAS								
THABA TSEKA	3	22	18	50	43		3	
BUTHA BUTHE	4	26	15	45	102	2	2	
LERIBE	7	45	20	60	122	2	1	4
BEREA	8	51	24	60	40	2	6	
MASERU	57	200	69	167	350	38	6	13
MAFETENG	6	32	14	38	172	4		2
MDHALES HOEK	6	27	14	41	88	4		2
QUTHING	3	17	10	31	14	2		1
QACHA'S NEK	3	25	10	33	121	2	1	
MAKHOTLONG	3	16	6	30	140	3		
TOTAL	100	461	200	550	1192	59	19	22

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

CCCD LESOTHO SUMMARY UPDATED OCT 84 CODE LES27

TECHNICAL ASSISTANCE PROVIDED THROUGH CCCD PASA

DATES	LOCATION	CONSULTANT(S)	PROGRAM AREA	REMARKS/RESULTS
AUG 84	LESOTHO	HEYMANN, D.	PROJ DEVL	EVALUATION OF NEEDS FOR CCCD LESOTHO AND SWAZILAND WORKPLANS.

CCCD COUNTRY SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE LES32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
9/10-14/84	MASERU	5	HEALTH DISTRICT DRIVERS/OPERATORS	18	$1,100	REFRIGERATOR REPAIR COURSE, HELD IN COOPERATION WITH WHO REGIONAL OFFICE.

FISCAL YEAR TARGET FOR THE NUMBER OF PERSONNEL TRAINED

FISCAL YEAR TARGET	12
ACHIEVED TO DATE	18
% OF FY TARGET ACHIEVED	150

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD LESOTHO SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE LES33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number Trained
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	To Date
FY 1984		2		19	25	76%		500		18	20	90%				

NOTE: CCCD HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.
CCCD INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL MANAGER EPI AND CDD COURSES.
LOP: LIFE OF PROJECT

CCCD LESOTHO SUMMARY TRAINING DEVELOPMENT/ADAPTATION CONTRACTS UPDATED OCT 84 CODE LES35

COUNTRY	PURPOSE OF TRAINING MATERIALS	CONTRACTOR/INSTITUTION	DATE CONTRACT SIGNED	DATE MATERIAL TESTED	DATE MATERIAL SUBMITTED	DATE MATERIAL FIRST PUT IN USE	REMARKS
LESOTHO (1)	TRAIN HEALTH WORKERS IN EPI, CDD, AND HEALTH INFORMATION SYSTEMS	MOH		SEP 84			ASSISTED IN ADAPTING MATERIALS FROM CCCD AND WHO EPI AND WHO CDD MATERIALS.

ONE OR TWO CONTRACTS FOR THE DEVELOPMENT OR COUNTRY SPECIFIC TRAINING MATERIALS ARE PLANNED TO BE PLACED IN EACH COUNTRY PARTICIPATING IN A CCCD BILATERAL AGREEMENT. THE CONTRACTS ARE PLANNED TO BE PLACED AFTER HEALTH PERSONNEL IN EACH COUNTRY HAVE PARTICIPATED IN THE CCCC MID-LEVEL (INSTRUCTORS/SUPERVISORS) COURSE.

NOTE 1: SEVERAL MODULES OF TRAINING MATERIALS WERE DEVELOPED, OTHER MODULES ARE IN THE PLANNING STAGE.

CCCD LESOTHO SUMMARY — SERVICE FACILITY STATISTICS — UPDATED OCT 84 — CODE LES42

FACILITIES CAPABLE OF IMPLEMENTING SERVICES FISCAL YEAR 84

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
HOSPITAL	PROJECT AREAS	17	17	17	100	17	100	N/A	N/A
	NATIONAL TOTAL	17	17	17	100	17	100	N/A	N/A
HEALTH CENTER	PROJECT AREAS	111	111	111	100	111	100	N/A	N/A
	NATIONAL TOTAL	111	111	111	100	111	100	N/A	N/A

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND. ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

SOURCE: PERSONAL VISITS, REPORTS AND SURVEYS

CCCD LESOTHO SUMMARY

HEALTH EDUCATION

UPDATED OCT 84 CODE LES51
QUARTER 4 FY 1984

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
LESOTHO	ASSMT/STRAT DEVL & PEACE CORPS	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E./PROMOTION NEEDS AND RESOURCES; DISCUSSIONS REGARDING PEACE CORPS MPH SPECIALISTS.

ACTIVITY TYPE

ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD LESOTHO SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATIONS UPDATED OCT 84 CODE LES61

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
FEB 83*	LESOTHO	YES	12-23 MONTHS	209	79	83	70	64	54	69	64	56	56	46	

* BASELINE INFORMATION, REPORTED BEFORE STARTUP OF CCCD ACTIVITIES.

CCCD LESOTHO SUMMARY — COVERAGE SURVEYS: TREATMENT OF DIARRHEA AND FEVER IN CHILDREN UNDER FIVE YEARS OF AGE — UPDATED OCT 84 CODE LES62

DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF CHILDREN	NUMBER OF MOTHERS	PERCENT OF MOTHERS KNOW ORT: HOME FLUIDS	PERCENT OF MOTHERS KNOW ORT: ORS PACKETS	REPORTING OF DIARRHEA IN LAST TWO WEEKS: NUMBER OF DIARR EP	REPORTING OF DIARRHEA IN LAST TWO WEEKS: % EP Rx ORT: HOME FLUIDS	REPORTING OF DIARRHEA IN LAST TWO WEEKS: % EP Rx ORT: ORS PACKETS	REPORTING OF DIARRHEA IN LAST TWO WEEKS: % EP CONT'D BREAST-FEEDING	PERCENT MOTHERS KNOW MALARIA Rx	REPORTING OF FEVER IN LAST TWO WEEKS: NUMBER OF FEVER EP	REPORTING OF FEVER IN LAST TWO WEEKS: PERCENT EP OF FEVER Rx	REPORTING OF FEVER IN LAST TWO WEEKS: PERCENT FEVER EP Rx APPRO.
(JUN 84)	LESOTHO	YES			PENDING FINALIZATION OF REPORT									

NOTE EP: EPISODES
Rx: TREATMENT, TREATED
MOTHERS: MOTHERS OF CHILDREN IN THE TARGET AGE GROUP.

CCCD LESOTHO SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE LES74
UPDATED OCT 8

COUNTRY	QUARTER/YEAR	ACTIVITIES
LESOTHO	3RD/1984	DRAFTED PLAN FOR HIS LONG TERM STRATEGY. DEVELOPED CIRICULLUM FOR HIS COMPONENT OF LESOTHO MID LEVEL MANAGEMENT COURSE. APPOINTED MEMBERS OF HIS ADVISORY COMMITTEE TO DEVELOPMENT PROGRAM DATA REQUIREMENTS. ORDERED CCCD/HIS COMMODITIES.
LESOTHO	4th/1984	PLANNED HEALTH INFORMATION ACTIVITIES WITH MOH AND CCCD TO. REVISED HIS FORMS TO INCLUDE AGE, DATA ON CCCD TARGET DISEASES, AND ADMINISTERED VACCINATIONS.

ANNEX 4 - Liberia

Although the Project Agreement was signed by the Government of Liberia in July 1983, it was not until November 1983 that the nomination of a Technical Officer was approved by USAID and the Ministry of Health and Social Welfare (MH/SW). The Technical Officer arrived in Liberia in January 1984 on a TDY basis, with final posting occurring on May 1.

A CCCD Technical Committee had been formed prior to the arrival of the T.O. and a preliminary work plan prepared. With the assignment of the T.,O., program planning has continued, working through the structure of the Technical Committee and its eight sub-committees. The membership of the Technical Committee is drawn from nearly every division of the MH/SW and, as such, is able to address the critical issues concerning primary health care development in Liberia. In addition to recommending and eventually obtaining the establishment of a national Primary Health Care Coordinating Committee, the CCCD Technical Committee has also served as the model for the formation of other committees representing projects funded by different donor agencies.

Specific accomplishments during FY84 include the following:

- o preparation of a draft fee-for-service implementation scheme for areas served by primary health care (PHC) projects, so that funds can be generated to meet recurring project costs following the reduction or completion of donor assistance;

- o submission of a recommendation to the MH/SW to merge the Health Education Division and the In-Service Education Division into a Health Communication and Training Division;

- o preparation of a draft plan for making motorcycles available at reduced cost to health workers assigned to PHC projects, thereby providing transportation for carrying out his/her duties while generating funds to purchase additional and/or replacement motorcycles;

- o preparation of a draft policy statement on the control of diarrheal diseases;

- o preparation of recommendations for sentinel surveillance sites and improvement of the health information system;

- o initial review of existing training materials, planning for a Mid-Level Managers Course in FY85 and discussion of requirements for training materials adaptation;

- assistance to the Expanded Programme on Immunization (EPI) in reviewing its operations nationwide with a view toward improving the immunization coverage rates. Assistance was provided to the reorganization of the central supply room and the establishment of an inventory system that will facilitate improved planning and control of program activities. It also involved assistance and review of management and budgeting procedures;

- preparation of a work plan, commodity procurement plan and a local currency budget;

- establishment of the CCCD central office in the EPI building; and

- planning for the baseline Mortality and Use of Health Services survey to be conducted during the first quarter of FY85.

CCCD LIBERIA SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE LIB24

	INFORMATION	SOURCE AND YEAR
POPULATION	2,112,000	BASED ON 1974 CENSUS
BIRTH RATE (per 1000 population)	50/1000	MH&SW REPORTS-1982
ESTIMATED LIVE BIRTHS PER YEAR	105,000	ESTIMATED
INFANT MORTALITY (per 1000 live births)	154/1000	MH&SW REPORTS-1983
1-4 MORTALITY (per 1000 population)	16/1000	COUNTRY ASSESSMENT REPORT-1982
DEATH RATE (per 1000 population)	20/1000	COUNTRY ASSESSMENT REPORT-1982
ANNUAL GROWTH RATE	3.3%	COUNTRY ASSESSMENT REPORT-1982
MATERNAL MORTALITY (per 10,000 live births)		

AGE DISTRIBUTION SOURCE AND YEAR:

AGE	NUMBER	PERCENT
< 1 YEAR		2.4%
1 YEAR		
2 YEARS		
3 YEARS		
4 YEARS		
1-4 YEARS		12.7%
5-9 YEARS		
10-14 YEARS		
15-44 YEARS		
44+ YEARS		

CCCD LIBERIA SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE LIB25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES				
	HOSPITALS	HEALTH CENTERS	HEALTH CLINICS	AREAS WITH CHW	MOBILE TEAMS
PROJECT AREAS					
CAPE MOUNT COUNTY	1	0	12	0	0
BOMI COUNTY	1	0	8	0	0
LOWER LOFA	0	2	6	0	0
TOTAL PROJECT AREAS	2	2	26	0	0
NON-PROJECT AREAS					
TOTAL NON-PROJECT AREAS	29	35	252	0	0
COUNTRY TOTAL	31	37	278	0	0

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD COUNTRY SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT84 CODE LIB26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*							
	Doctors	Nurses	Midwives	Practical Nurses	Traditional Midwives	Health Inspectors	Physicians' Assistants	Aides/ Dressers
PROJECT AREAS								
CAPE MOUNT CO.	4	15	6	10	38	N/A	8	35
BOMI COUNTY	6	12	10	9	4	N/A	4	12
LOWER LOFA	0	8	7	6	7	N/A	3	6
TOTAL PROJECT AREAS	10	35	23	25	49	N/A	15	53
NON-PROJECT AREAS								
MONTSERADO	19	280	120	120	30	N/A	22	380
BONG	8	30	30	25	36	N/A	22	36
NIMBA	8	32	10	16	15	N/A	17	37
GRAND GEDEH	3	15	10	8	35	N/A	8	24
UPPER LOFA	7	30	29	22	31	N/A	20	27
GRAND BASSA	5	15	8	5	12	N/A	6	24
SINOE	3	34	2	6	12	N/A	0	46
MARYLAND	3	19	7	11	6	N/A	7	69
TOTAL NON-PROJECT AREAS	56	455	216	213	177	N/A	102	643
COUNTRY TOTAL	66	490	239	238	226	N/A	117	696

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

CCCD LIBERIA SUMMARY

UPDATED OCT 84 CODE LIB27

TECHNICAL ASSISTANCE PROVIDED THROUGH CCCD PASA

DATES	LOCATION	CONSULTANT(S)	PROGRAM AREA	REMARKS/RESULTS
MAR 84	MONROVIA, LIBERIA	MOORE, M.	PROJ DEVL	ASSISTED IN DEVELOPMENT OF EARY DRAFT FOR COMPREHENSIVE NATIONAL CDD PLAN.

CCCD LIBERIA SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCTB4 CODE LIB32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
2/84	MONROVIA	14	HEALTH STAFF	8	$1,975	CCCD PROVIDED FUNDS FOR TRAINEES FOR EPI MLM COURSE
5/84	BOMI COUNTY	1	HEALTH CENTER STAFF	12		CCCD/PHC WORKSHOPS
5/84	LOWER LOFA	1	HEALTH CENTER STAFF	7		CCCD/PHC WORKSHOPS (INCLUDING COLD CHAIN)
6/84	MONROVIA	3	MEDICAL STUDENTS	25		EPIDEMIOLOGICAL TRAINING GIVEN AT UNIVERISTY OF LIBERIA MEDICAL COLLEGE
7/84	ATLANTA	24	PROJECT MANAGER	1		CDC EPIDEMIOLOGY (EIS) COURSE

FISCAL YEAR TRAINING TARGETS WERE NOT SET. TRAINING TARGETS ARE CURRENTLY UNDER REVIEW BY THE TRAINING SUB-COMMITTEE. TARGETS SHOULD BE ESTABLISHED IN EARLY FY-85.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD LIBERIA SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE LI833

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number Trained
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	To Date
1984		3		20			44									

NOTE: LIFE OF PROJECT TRAINING TARGETS ARE CURRENTLY UNDER REVIEW BY THE TRAINING SUB-COMMITTEE. TARGETS SHOULD BE ESTABLISHED IN EARLY FY-85.
LOP: LIFE OF PROJECT
INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL AND CDD COURSES.
HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.

ICCCD COUNTRY SUMMARY

SERVICE FACILITY STATISTICS
FACILITIES CAPABLE OF IMPLEMENTING SERVICES

UPDATED OCT 84 CODE LIB42

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REGIONAL HOSPITAL	PROJECT AREAS								
	NATIONAL TOTAL	1	0						
HOSPITAL/MAJOR RURAL POLYCLINIC	PROJECT AREAS	3	0						
ESTIMATIONS ARE MADE	NATIONAL TOTAL	28	0						
HEALTH CENTER	PROJECT AREAS	2	0						
	NATIONAL TOTAL	35	0						
CLINICS	PROJECT AREAS	26	0						
	NATIONAL TOTAL	252	0						
MOBILE TEAMS	PROJECT AREAS	0	0						
	NATIONAL TOTAL	0	0						

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND.

CCCD LIBERIA SUMMARY HEALTH EDUCATION UPDATED JUN 84 CODE L.251

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
LIBERIA	ASSMT/ STRAT DEVL & PEACE CORPS	2ND/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF THE NEEDS & RESOURCES WAS MADE.
LIBERIA	PRG MGT/ COORD	3RD/1984			TECH ASSIST.	FOLLOWING RECOMMENDATION OF ASSESSMENT A H.E. SUBCOMMITTEE OF THE CCCD TECHNICAL COMMITTEE WAS ESTABLISHED.
LIBERIA	PRG MGT/ COORD	4TH/1984			TECH ASSIST.	GUIDANCE PROVIDED H.E. SUBCOMMITTEE FOR DEVELOPMENT OF H.E. STRATEGY. REVIEW OF EXISTING H.E. ACTIVITIES & RESOURCES COMPLETED. SUBCOMMITTEE BEGAN DEVELOPMENT OF GOALS & OBJECTIVES.

ACTIVITY TYPE
ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD LIBERIA SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATIONS UPDATED OCT 84 CODE LIB61

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
MAY 83*	CAPE MOUNT	YES	12-23 MON	210	58	61	31	13	9	31	13	9	18	6	WHO PROTOCOL
AUG 83*	MARYLAND CO.	NO	12-23 MON	210	30	40	25	8	5	25	8	5	9	3	WHO PROTOCOL
DEC 83*	UPPER LOFA CO.	NO	12-23 MON	210	83	73	67	40	25	66	39	23	42	16	WHO PROTOCOL
FEB 84	MONROVIA	NO	12-23 MON	210	35	48	25	12	8	25	11	7	10	4	BCG ASSESSMENT BY CARD OR SCAR

* BASELINE DATA, BEFORE STARTUP OF CCCD ACTIVITIES.

CCCD LIBERIA SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE LIB74
UPDATED SEPT 84
QUARTER 4, 1984

COUNTRY	QUARTER/YEAR	ACTIVITIES
LIBERIA	2ND/1984	PRELIMINARY PLANNING OF BASELINE MORTALITY SURVEY. CLUSTER SAMPLES SELECTED FROM POPULATION UNIVERSE.
LIBERIA	3RD/1984	REVIEW OF NATIONAL SURVEILLANCE SYSTEM. PROPOSAL FOR SENTINEL SURVEILLANCE SITES.
LIBERIA	4TH/1984	FINAL PLANNING OF BASELINE MUHS SURVEY. NEW SELECTION OF CLUSTER SAMPLES TO INCRESE SENSITIVITY DRAFT OF TRAINING PLANS FOR SURVEY WORKERS COMPLETED DRAFT OF INTERVIEWERS MANUAL AND FIELD WORK CONTROL FORMS BUDGET FOR SURVEY COMPLETED.

CCCD LIBERIA SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE LIB81

NUMBER	TITLE OF PROTOCOL	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE SUBMIT	DATE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE		FINAL REPORT DATE		LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
								EXPECT	ACTUAL	EXPECT	ACTUAL		
84-2	TREAT OF DIARRHEA BY MOTHERS	LIBERIA	COLE, A.K. CHAL, MOH	NOV 83		PENDING REVIEW							

ANNEX 5 - Malawi

The Project Agreement was signed in early June, with AID support for the four-year life of project budgeted at U.S. $1,423,100. The Technical Officer arrived at post at the end of the same month.

Project activities during the balance of the fiscal year were concentrated on administrative start-up procedures, review of current CCCD program component operations and plans, and preparation of a CCCD work plan.

Specific accomplishments in FY84 include the following:

- o review and discussion of five-year plans for EPI and CDD to determine priorities for CCCD assistance;
- o operations research to determine extent of chloroquine resistance in selected areas near Lake Malawi;
- o planning for an intercountry Mid-Level Managers Course to be held in Salima in November 1984;
- o preparation of preliminary commodity procurement plan; and
- o assignment of third year Peace Corps Volunteer to work as a graphic artist at the Health Education Unit and arrangements for his training and orientation to videotape production and the CCCD Project at CDC.

CCCD MALAWI SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE MAL24

	INFORMATION	SOURCE AND YEAR
POPULATION	5,547,460	POPULATION CENSUS 1977
BIRTH RATE (per 1000 population)	48.3	ESTIMATED VITAL STATISTICS REPUBLIC OF MALAWI, 1983
ESTIMATED LIVE BIRTHS PER YEAR	249,600	AS ABOVE
INFANT MORTALITY (per 1000 live births)	130-159	AS ABOVE
1-4 MORTALITY (per 1000 population)	NA	
DEATH RATE (per 1000 population)	25	ESTIMATED VITAL STATISTICS REPUBLIC OF MALAWI, 1983
ANNUAL GROWTH RATE	2.9-3.4%	AS ABOVE
MATERNAL MORTALITY (per 10,000 live births)	NA	

AGE DISTRIBUTION SOURCE AND YEAR: NATIONAL CENSUS 1977

AGE	NUMBER	PERCENT
< 1 YEAR	249,636	4.5
1 YEAR		
2 YEARS		
3 YEARS		
4 YEARS		
1-4 YEARS	832,119	15.0
5-9 YEARS	1,414,602	25.5
15-44 YEARS	2,218,984	40.0
44+ YEARS	832,119	15.0

CCCD MALAWI SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE MAL25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES					
	HOSPITALS	PRI HLTH CARE CENTERS	DISPENSARIES (MATERNITIES)	DISPENSARIES	HEALTH POSTS	MATERNITTIES
PROJECT AREAS						
NATIONAL	26 (G)	19 (G)	72 (G)	71 (G)	16 (G)	6 (G)
	20 (P)	19 (P)	61 (P)	20 (P)	2 (OTHER)	12 (P)
			24 (OTHER)	146 (OTHER)		76 (OTHER)
TOTAL PROJECT AREAS	46	38	157	237	18	93
NON-PROJECT AREAS						
TOTAL NON-PROJECT AREAS						
COUNTRY TOTAL	46	38	157	237	18	93

* Match the types of facilities in the country with the above categories. if other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

G: government

P: private

CCCD MALAWI SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE MAL 26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*							
	Doctors	Nurses	Midwives (Enrolled Nurses)	Assistant Nurses	Clinical Officers**	Medical Assistant	Health Assistant	Health Inspector
PROJECT AREAS								
NATIONAL	54 (G)	245 (G)	696 (G)	1023 (G)	87 (G)	321 (G)	145 (G)	45 (G)
	37 (P)	136 (P)	438 (P)	594 (P)	13 (P)	90 (P)		
	30 (OTHER)	21 (OTHER)	159 (OTHER)	84 (OTHER)	7 (OTHER)	136 (OTHER)	16 (OTHER)	7 (OTHER)
TOTAL PROJECT AREAS	121	402	1293	1701	107	547	161	52
NON-PROJECT AREAS								
TOTAL NON-PROJECT AREAS								
COUNTRY TOTAL	121	402	1293	1701	107	547	161	52

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

** Nurses with advanced training in clinical diagnosis.

G: government

P: private

CCCD MALAWI SUMMARY

UPDATED OCT 84 CODE MAL27

TECHNICAL ASSISTANCE PROVIDED THROUGH CCCD PASA

DATES	LOCATION	CONSULTANT(S)	PROGRAM AREA	REMARKS/RESULTS
AUG 84	MALAWI	HEYMANN, D.	PROJ DEVL	EVALUATION OF NEEDS FOR CCCD WORKPLAN.
MAY 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL	DEVELOPED ORT PROJECT PAPER WITH USAID/LILONGWE. SUGGESTED THAT FUNDS BE AMMENDED TO MALAWI CCCD PROJECT.
MAY/JUNE 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL	DEVELOPED FIVE YEAR PLANS FOR EPI AND CDD WITH MINISTRY OF HEALTH AND CCCD THECNICAL OFFICER.
AUG/SEPT 84	LILONGWE, MALAWI	HEYMANN, D.	PROJ DEVL	DEVELOPED FIVE YEAR PLANS FOR MALARIA CONTROL WITH MINISTRY OF HEALTH AND CCCD TECHNICAL OFFICER.

CCCD MALAWI SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE MAL32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
5/21-25/84	MANGOCHI	5	MEDICAL RESEARCHERS	15		
5/28-6/1/84	LILONGWE	5	DISTRICT STATISTI-CAL CLERKS	12		
7/15-21/84	LILONGWE/ MANGOCHI	5	CLINICAL OFFICERS/ LABORATORY TECHS	15		SUPPORTED THROUGHT AN OPERATIONS RESEARCH PROJECT.
9/20-21/84	SALIMA	2	MCH/PHC SUPERVISORS	65		HEALTH INFORMATION SYSTEMS TRAINING AT LOCAL LEVEL.

FISCAL YEAR TRAINING TARGETS WERE NOT SET FOR THIS FISCAL YE AR.

* TRAINING COST DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD MALAWI SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE YAL33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	Trained To Date
FY 84				4	40	10%	65									42

NOTE LOP: LIFE OF PROJECT

INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL EPI AND CDD COURSES.

HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.

:CCD MALAWI SUMMARY | SERVICE FACILITY STATISTICS | UPDATED OCT 84 | CODE MAL42

FACILITIES CAPABLE OF IMPLEMENTING SERVICES

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REGIONAL HOSPITAL	PROJECT AREAS								
	NATIONAL TOTAL	2		2	100%				
HOSPITAL/MAJOR RURAL POLYCLINIC	PROJECT AREAS								
	NATIONAL TOTAL	44		44	100%				
HEALTH CENTER	PROJECT AREAS								
	NATIONAL TOTAL	38		38	100%				
HEALTH POST/ DISPENSARY	PROJECT AREAS								
	NATIONAL TOTAL	505		UNKNOWN					

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET D EMAND.
ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

CCCD MALAWI SUMMARY HEALTH EDUCATION UPDATED OCT 84 CODE MAL51

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
MALAWI	AUDIO VIS DEVL/ PROD PEACE CORPS	3RD/1984			COORDINATION WITH PEACE CORPS	ARRANGEMENTS WERE MADE TO ASSIGN 3RD YEAR PEACE CORPS VOLUNTEER TO WORK AS GRAPHIC ARTIST AT HLTH EDUCATION UNIT.
MALAWI	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E./ PROMOTION CONDUCTED; INFORMATION NEEDS FOR PROCURING VIDEO EQUIPMENT DEFINED; SHORT-TERM WORKPLAN DEVELOPED.

ACTIVITY TYPE
ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD COUNTRY SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATIONS UPDATED OCT 84 CODE MAL61

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
1982*	NATIONAL	YES	12-23 MON	212	86	87	88	82	69	91	80	72	70	55	

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

* BASELINE INFORMATION, COLLECTED BEFORE STARTUP OF CCCD ACTIVITIES.

CCCD MALAWI SUMMARY EPIDEMIOLOGIC STUDIES UPDATED OCT 84 CODE MAL72

DATE	DISEASE	COUNTRY	AREA	DATE 1ST CASE	DATE INVES-TIDAT	TOTAL NUMBER CASES	TOTAL NUMBER DEATHS	CASE FATAL. RATE	VACCINE EFFICACY	REMARKS
MAR 84	RABIES	MALAWI	LILONGWE	01/05/84		1	1	100%	NA	PEDIATRIC WARD KAMUZU CENTRAL HOSPITAL WITH POSSIBLE SYRINGE CONTAMINATION.

CCCD MALAWI SUMMARY SPECIAL STUDIES* UPDATED OCT 84 CODE MAL73

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
JUL 84	KARONGA/ DWANGWA	PRURITIS POST CHLOROQUINE INGESTION	250,000	0-15 YEARS	SURVEY	389	POSSIBLE ASSOCIATION PRURITIS/ PARASITEMIA.
MAY/JUN 84	DWANGWA, KARONGA, MANGOCHI, MACHINGA, LILONGWE, RUMPHI	FEASIBILITY SURVEY FOR INCLUSION IN MALARIA HIS FOR CHLOROQUINE RESISTANCE	4 MILL.	<5	HEALTH CENTER BASED STUDY	300	ALL SITES CONTINUED TO HAVE HIGH LEVELS OF MALARIA TRANSMISSION WELL INTO THE DRY SEASON (JUNE)
AUG 84	MANGOCHI	CHLORO SENSITIVITY STUDY	800,000	<5 YEARS	HEALTH CENTER BASED STUDY	11	ELEVEN CHILDREN RECEIVED 20 TO 29 MG/KG DOSE OF AMODIAQUINE. TEN CLEARED PARASITES BY DAY 7.

* Surveys such as mortality, lameness, neons, and KAP surveys will be included.

CCCD MALAWI SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE 00074
UPDATED OCT 84

COUNTRY	QUARTER/YEAR	ACTIVITIES
MALAWI	2ND/1984	ASSESSMENT OF MALAWI HIS SYSTEM IN COLLABORATION WITH MSH EPIDEMIOLOGIST IN PREPARATION FOR DRAFTING OF MALAWI 10 YEAR HEALTH PLAN.
MALAWI	3RD/1984	ESTABLISHMENT OF MALAWI SENTINEL SURVEILLANCE SYSTEM FOR CHLOROQUINE RESISTANT MALARIA IN CONJUNCTION WITH CDC MALARIA DIVISION.
MALAWI	4TH/1984	HIS ACTIVITY FOR CHLOROQUINE RESISTANCE: SIX SENTINEL SITES FOR IV-VIVO TESTING ESTABLISHED
MALAWI	4TH/1984	DEVELOPED AMODAIQUINE SENSITIVITY STUDY PROTOCOL WITH KHOROMANA, WIRIMA AND HAWKINS.

CCCD MALAWI SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE MAL81

NUMBER	TITLE OF PROTOCOL	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE SUBMIT	DATE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
84-5	MALARIOMETRIC SURVEY	MALAWI	KHOROMANA, C.O. QE CENT HOSP	NOV 83	DEC 83 E/S AFR	TO BE INCLUDED IN STUDY 84-6							
84-6	CHLOR RESIST MAL ASSESS	MALAWI	KHOROMANA, C.O. QE CENT HOSP	NOV 83	DEC 83 E/S AFR	APPROVED	JUL 84		AUG 84		AUG 84	8.5	
84-21	IMPLICATION OF MEASLES	MALAWI	KALILANI, J. KAMUZU HOSP	DEC 83	-	PENDING REVIEW							
84-22	MALAWI GROWTH CARD USE	MALAWI	KALILANI, J. KAMUZU HOSP	DEC 83	-	PENDING REVIEW							
84-33	KAP DIARRHEAL DISEASES	MALAWI	NYASULU, Y.M.Z. LILONGWE	JUL 84	-	APPROVED							
84-39	MALARIA DRUG SENSITIVITY	MALAWI	WIRIMA, J.J. KAMUZU CENTRL HOSP	SEPT 84	-	APPROVED							
84-40	NEONAT CONJUNCT. ETIOILOGY	MALAWI	CHIRAMBO, M. MOH	SEPT 84	-	NOT APPROVED							
84-41	BILLINGS METHOD/ BIRTHWEIGHT	MALAWI	SIMONGO, E. LIKUNI HOSP	SEPT 84	-	NOT APPROVED, COULD REVISE							

ANNEX 6 - Rwanda

The Project Agreement between the U.S. and the Government of Rwanda was signed on June 30, 1984, and a nominee for the Technical Officer position was identified. The amount of U.S. support budgeted for the four-year life of the project is U.S. $1,072,000. CDC received the Delegation of Authority from AID to negotiate Personal Services Contracts to hire Technical Officers for this and future projects. In September, the Supervisory Public Health Advisor from Atlanta visited Rwanda to initiate procedures for contracting with the T.O. candidate. During the same visit, the current status of the CCCD component programs were reviewed. In collaboration with relevant Ministry of Health and USAID officials, a detailed four-year project implementation plan was prepared, together with a four-year operating budget. A draft commodity procurement plan was also reviewed, modified and forwarded to REDSO/ESA. Discussions were held concerning Peace Corps participation in CCCD, and draft job descriptions were prepared for submission to PC/W.

At the end of September it was learned that a contract could not be negotiated with the designated Technical Officer until a full-field security investigation had been completed. Plans were then made to hire this person temporarily, using existing USAID funds for the Expanded Programme on Immunization.

OCCD RWANDA SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE RWA24

	INFORMATION	SOURCE AND YEAR
POPULATION	5,600,000	WORLD POPULATION DATA SHEET (NPDS) 1983
BIRTH RATE (per 1000 population)	49	AS ABOVE
ESTIMATED LIVE BIRTHS PER YEAR	275,000	AS ABOVE
INFANT MORTALITY (per 1000 live births)	106	AS ABOVE
1-4 MORTALITY (per 1000 population)	290	WORLD BANK 1983
DEATH RATE (per 1000 population)	18	WORLD POPULATION DATA SHEET (NPDS) 1983
ANNUAL GROWTH RATE	3.1%	AS ABOVE
MATERNAL MORTALITY (per 10,000 live births)	NA	

AGE DISTRIBUTION SOURCE AND YEAR: 1978 CENSUS

AGE	NUMBER	PERCENT
< 1 YEAR		
1 YEAR		
2 YEARS		
3 YEARS		
4 YEARS		
0-4 YEARS	926,646	19.2
5-9 YEARS	683,149	14.1
10-14 YEARS	591,827	12.2
15+ YEARS	2,629,905	54.5
	4,831,527	

CCCD RWANDA SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE RWA25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES							
	HOSPITALS PUBLIC	HOSPITALS PRIVATE	HLTH CNTRS PUBLIC	HLTH CNTRS PRIVATE	DISPEN'S PUBLIC	DISPEN'S PRIVATE	HLTH POSTS PUBLIC	HLTH POSTS PRIVATE
PROJECT AREAS / COUNTRY								
KIGALI	1	1	16	10	11	3		7
GITARAMA	1	1	11	4	8	1		
BUTARE	1	2	5	13	11	1		
GIKOUGORE		1	2	8	3	2		1
CYANGUGU	1	2	1	4	8	1	2	1
KIBEYE	1	2	2	10		3		
GIDENYI	3	1	5	5	4	3		
RUHENGERI	1	1	9	7	4	1		
BYEMBA	2	1	3	4	11	2	1	
KIBEUNGO	2	2	5	2	5			
COUNTRY TOTAL	13	14	59	67	65	17	3	9

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD RWANDA SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE RWA26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*							
	Doctors	Nurses	Midwife Aids	Nurses A1	Nurses A2	Nurses A3	Assistant Nurses	Medical Assistants
PROJECT AREAS/ COUNTRY								
NATIONALS	132	74	185	49	333	344	199	276
EXPATRIATE	62	4	1	27	92	14	8	2
COUNTRY TOTAL	194	78	186	76	425	358	207	278

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

CCCD RWANDA SUMMARY

HEALTH EDUCATION

UPDATED OCT 84 CODE RWA51
QUARTER 4 FY 1984

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
RWANDA	PEACE CORPS	4TH/1984			CORDINATION WITH PEACE CORPS	INITIAL DISCUSSIONS HELD RELATED TO POTENTIAL ROLE OF 3 PEACE CORPS VOLUNTEER SPECIALISTS. DRAFT JOB DESCRIPTIONS PREPARED.
RWANDA	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY PLANS MADE FOR KAP SURVEYS AND DEVELOPMENT OF PUBLIC EDUCATION MATERIALS.

ACTIVITY TYPE

ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD RWANDA SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE RWA81

NUMBER	TITLE OF PROTOCOL	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE SUBMIT	DATE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
83-6	IMMUNOGENICITY OF MEASLES VACCINE	RWANDA	NDIKUYEZE, A. J HOPKINS SPH	JUN 83	DEC 83 E/S Afr	REVISION SUBMITTED							

ANNEX 7 - Swaziland

The Project Agreement was signed in June 1984, with the four-year life of the project budget for U.S. support totalling U.S. $703,000. The Technical Officer, who will reside in Lesotho, went to Swaziland on TDY during the first quarter of FY84. His definitive arrival at post occurred in June, following signature of the agreement. An understanding was reached with the Ministry of Health and the USAID mission that the T.O. would spend approximately 1/3 of his time in Swaziland, with some Swaziland-related work carried out from his Lesotho base.

Project activities during the balance of the fiscal year concentrated primarily on administrative organization and program planning, complemented by implementation activities in diarrheal diseases control through the Mass Media and Health Practices Project (MM/HP), funded in part by CCCD.

Specific accomplishments during FY84 included the following:

- development of a long-term work plan for CCCD that was pending approval at the end of the fiscal year;
- creation of a CCCD Coordinating Committee and convening of the first meeting for early October 1984;
- preparation of a commodity procurement plan for Year 1 and submission to the Coordinating Committee and USAID for approval;
- training in CDD for clinic workers, rural health motivators and traditional healers under the MM/HP; joint workshop for health workers and traditional healers on CCCD target health problems;
- preparation and production of professional and public health education materials, especially for diarrhea control;
- planning for February 1985 mid-level managers course, including a review of existing materials and assessment of need for adaptation;
- preparation and submission of two operations research protocols for review by the East/Southern Africa Research Review Committee meeting scheduled for October;
- analysis of the recent immunization coverage survey which resulted, among other things, in the decision by the Ministry of Health to name a permanent EPI Program Manager;
- assessment of needs for assistance in health information system development, including the procurement of appropriate computer equipment; and
- establishment of an office at the Ministry of Health, to be reinforced by an administrative assistant being recruited for work by the first quarter of FY85.

CCCD SWAZILAND SUMMARY COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE SWA24

	INFORMATION	SOURCE AND YEAR
POPULATION	605,172	MOH ANNUAL REPORT 1982
BIRTH RATE (per 1000 population)	52.5	MOH ANNUAL REPORT 1982
ESTIMATED LIVE BIRTHS PER YEAR	30,155	MOH ANNUAL REPORT 1982
INFANT MORTALITY (per 1000 live births)	135	UNDP REPORT 1982
1-4 MORTALITY (per 1000 population)	81.5	MOH ANNUAL REPORT 1982
DEATH RATE (per 1000 population)	18.5	MOH ANNUAL REPORT 1982
ANNUAL GROWTH RATE	2.8	UNDP REPORT 1982
MATERNAL MORTALITY (per 10,000 live births)	12	MOH ANNUAL REPORT 1982

AGE DISTRIBUTION SOURCE AND YEAR: SWAZILAND CENTRAL STATISTICS OFFICE - 1976

AGE	NUMBER	PERCENT
< 1 YEAR	18,669	3.8
1 YEAR	17,325	3.5
2 YEARS	16,954	3.4
3 YEARS	16,521	3.4
4 YEARS	15,933	3.2
1-4 YEARS	69,733	14.2
5-9 YEARS	79,298	16.1
10-14 YEARS	66,838	13.6
15-44 YEARS	193,012	39.3
44+ YEARS	66,984	13.6

CCCD SWAZILAND SUMMARY COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE SWA25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES		
	HOSPITALS	HEALTH CENTERS	OUTREACH SITES
PROJECT AREAS			
HHOHHO	3	33	27
LUMOMBO	1	33	24
MANZINI	4	54	50
SHISELWENI	1	20	12
COUNTRY TOTAL	9	140	113

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD SWAZILAND SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE SWA26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL*						
	Doctors	Nurses	Assistant Nurses	Health Assistants	CHW'S	Docters Govt.	Doctors Non-govt.
PROJECT AREAS							
HHOHHO							
LUMOMBO							
MANZINI							
SHISELWENI							
COUNTRY TOTAL	94	633	131	42	400	22	72

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

CCCD SWAZILAND SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE SWA32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
9/14	HHOHHO DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	25	$ 275	CONDUCTED WITH CCCD FUNDING AND SUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/18	MANZINI DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	30	$ 275	CONDUCTED WITH CCCD FUNDING AND SUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/26	SHISELWENI DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	33	$ 275	CONDUCTED WITH CCCD FUNDING AND SUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.
9/28	LUMOMBO DISTRICT	1	CHW'S, RED CROSS, & TRAD. HEALERS	37	$ 275	CONDUCTED WITH CCCD FUNDING AND SUPPORT BY MASS MEDIA HEALTH PRACTICES PROJECT.

FISCAL YEAR TARGET FOR THE NUMBER OF PERSONNEL TRAINED

FISCAL YEAR TARGET	125
ACHIEVED TO DATE	125
% OF FY TARGET ACHIEVED	100%

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD SWAZILAND SUMMARY

NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES BY COUNTRY

UPDATED OCT 84

CODE SWA33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number Trained
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	To Date
FY 1984		2		4	25	16%	125	400	31%		12					

NOTE LOP: LIFE OF PROJECT
INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL EPI AND CDD COURSES.
HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.

CCCD SWAZILAND SUMMARY TRAINING DEVELOPMENT/ADAPTATION CONTRACTS UPDATED OCT 84 CODE SWA35

COUNTRY	PURPOSE OF TRAINING MATERIALS	CONTRACTOR/INSTITUTION	DATE CONTRACT SIGNED	DATE MATERIAL TESTED	DATE MATERIAL SUBMITTED	DATE MATERIAL FIRST PUT IN USE	REMARKS
SWAZILAND (1)	TRAIN MID-LEVEL MANAGERS	MOH AND MASS MEDIA/HEALTH PRACTICES PROJECT		JUL 84			CCCD PROVIDED FUNDS FOR ADAPTATION OF CCCD AND WHO EPI AND WHO CDD MATERIALS.

ONE OR TWO CONTRACTS FOR THE DEVELOPMENT OR COUNTRY SPECIFIC TRAINING MATERIALS ARE PLANNED TO BE PLACED IN EACH COUNTRY PARTICIPATING IN A CCCD BILATERAL AGREEMENT. THE CONTRACTS ARE PLANNED TO BE PLACED AFTER HEALTH PERSONNEL IN EACH COUNTRY HAVE PARTICIPATED IN THE CCCC MID-LEVEL (INSTRUCTORS/SUPERVISORS) COURSE.

NOTE 1: SEVERAL MODULES OF TRAINING MATERIALS WERE DEVELOPED, OTHER MODULES ARE IN THE PLANNING STAGE.

CCCD SWAZILAND SUMMARY

SERVICE FACILITY STATISTICS
FACILITIES CAPABLE OF IMPLEMENTING SERVICES FISCAL YEAR 1984

UPDATED OCT 84

CODE SWA42

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRH...		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REGIONAL HOSPITAL	PROJECT AREAS	9	9	9	100%	9	100%	9	100%
	NATIONAL TOTAL	9	9	9	100%	9	100%	9	100%
HEALTH CENTER	PROJECT AREAS	140	140	140	100%	140	100%	56	100%
	NATIONAL TOTAL	140	140	140	100%	140	100%	56	100%
HEALTH POST/ DISPENSARY	PROJECT AREAS	113	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	NATIONAL TOTAL	113	N/A	N/A	N/A	N/A	N/A	N/A	N/A

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND.
ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

CCCD SWAZILAND SUMMARY

HEALTH EDUCATION

UPDATED OCT 84 CODE SWA51
QUARTER 4 FY 1984

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
SWAZILAND	MASS MEDIA	3RD/1984	MOTHERS/ HLTH WORKERS		FUNDS	OPERATIONAL FUNDS PROVIDED TO MASS MEDIA AND HEALTH PRACTICES PROJECT.
SWAZILAND	ASSMT/STRAT DEVL	4TH/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT MADE OF H.E./ PROMOTION PROGRAMS RELATED TO CCCD; RECOMMENDATIONS MADE FOR FUTURE TECH. ASSIST. INPUTS, ESPECIALLY AFTER COMPLETION OF MASS MEDIA/HLTH PRACTICES PROJ.
SWAZILAND	TRNG/ TRNG DEVL	4TH/1984			FUNDS	TRADITIONAL HEALERS TRAINED IN CCCD AREAS BY HEALTH EDUCATION UNIT.

ACTIVITY TYPE

ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD SWAZILAND SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATIONS UPDATED OCT 84 CODE SWA61

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
SEP 84	HHOHHO	YES	9-24 MONTHS	213	93	86	88	83	65	87	83	64	58	34.3	
SEP 84	LUMOMBO	YES	9-24 MONTHS	210	70	65	62	55	44	61	54	43	42	18.1	
SEP 84	MANZINI	YES	9-24 MONTHS	220	56	63	50	42	32	50	42	32	33	14.5	
SEP 84	SHISELWENI	YES	9-24 MONTHS	210	82	74	78	70	55	78	70	55	53	31.0	
SEP 84	SWAZILAND TOTALS	YES	9-24 MONTHS	853	75	72	69	62	49	69	62	49	46	24.4	

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

CCCD SWAZILAND SUMMARY COVERAGE SURVEYS: TREATMENT OF DIARRHEA AND FEVER IN CHILDREN UNDER FIVE YEARS OF AGE UPDATED OCT 84 CODE SWA62

DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF CHILDREN	NUMBER OF MOTHERS	PERCENT OF MOTHERS KNOW ORT		REPORTING OF DIARRHEA IN LAST TWO WEEKS				PERCENT MOTHERS KNOW MALARIA Rx	REPORTING OF FEVER IN LAST TWO WEEKS		
					HOME FLUIDS	ORS PACKETS	NUMBER OF DIARR EP	% EP Rx ORT HOME FLUIDS	% EP Rx ORT ORS PACKETS	% EP CONT'D BREAST-FEEDING		NUMBER OF FEVER EP	PERCENT EP OF FEVER Rx	PERCENT FEVER EP Rx APPRO.
(SEP 84)	SWAZILAND	YES			PENDING FINALIZATION OF REPORT									

NOTE EP: EPISODES
Rx: TREATMENT, TREATED
MOTHERS: MOTHERS OF CHILDREN IN THE TARGET AGE GROUP.

CCCD SWAZILAND SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE SWA74
UPDATE OCT 84

COUNTRY	QUARTER/YEAR	ACTIVITIES
SWAZILAND	4TH/1984	PLANNED HEALTH INFORMATION ACTIVITIES WITH MOH AND CCCD TO. ESTABLISH A STUDY GROUP TO ASSESS POTENTIAL SOURCES FOR BASELINE DATA.

CCCD SWAZILAND SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE SWA81

NUMBER	TITLE OF PROTOCOL	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE SUBMIT	DATE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE EXPECT	COMPLETION DATE ACTUAL	FINAL REPORT DATE EXPECT	FINAL REPORT DATE ACTUAL	LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
84-20	ROLE OF TRADITIONAL HEALERS	SWAZILAND	GREEN, E.C. MOH	MAR 84		PENDING REVIEW							

ANNEX 8 - Togo

The Project Agreement was signed in April 1983, with the Technical Officer posted immediately thereafter. FY84 thus represented the first full fiscal year of operations.

Specific accomplishments during FY84 include the following:

- The Technical Officer participated in the WHO EPI Evaluation of the Kara and Savanes Regions. The final report stressed the need to change to a fixed clinic strategy while not abandoning the mobile teams in the prefectures. Follow-up on this recommendation has resulted in the implementation of 22 fixed vaccination centers in the major population centers of the two regions.

- A training course was held in May to train the personnel to staff these centers. Ten district medical officers (médecins-chefs) and 61 dispensary workers were trained in a joint effort supported by the MOH, the International Childrens Center (CIE) and CCCD. In addition to EPI training, personnel were also trained in the use of ORT and single dose malaria treatment. All prefectures are now supplied with ORS.

- Persistant problems of fuel supply for the kerosene refrigerators and the team vehicles have been at least temporarily resolved by the purchase of 16,000 liters of kerosene and 14,000 liters of gasoline for regions.

- Activities in fixed centers of the city of Lomé and the rural Maritime Region were implemented during the fiscal year. Thirty-six centers now provide the range of CCCD interventions. Coverage surveys had shown that rates for ORT and vaccination coverage were negligible in the region. Training for all prefectural médecins-chefs and three major clinic directors was completed. Over 400 of their staff were also trained. The training was mainly technical and the management sections for the médecins-chefs will be done upon receipt of the needed modules in French. The Maritime prefectures were provided with vehicles as well as supplies of vaccines, chloroquine and ORS packets.

- A major evaluation of CCCD Togo was performed during the year. It included an analysis of the financial plan and recommendations for improving the project. Although not approved by Office of the AID Representative (OAR) Lomé by the end of the fiscal year, the MOH has acted on some of the recommendations. Planning for the yaws component and the additional supervision have been implemented.

- Malaria research activities (knowledge, attitudes and practices of health workers and mothers), planned during the Lomé CCCD Conference, have been completed. Activities related to research and training in detection of chloroquine resistance were scheduled for October 1984. These studies will lay the basis for a rational use of malaria control assets in Togo and the development of health education activities.

- Planning for health education resulted in a Project Implementation Letter (PIL) which was sent to the MOH for final approval. The PIL calls for a $97,000 dollar education program stressing CCCD interventions.

- A WHO-sponsored refrigerator repair course began during the year. Five Togolese were trained, which represents the life of project target for this activity. The Technical Officer was a course facilitator during the three-week workshop.

- Close coordination has been achieved with other donors. CCCD has provided consultation to, and is collaborating closely with, UNICEF, the CIE (France), and the WHO. The World Bank, which is in the process of planning a Health Sector Project, sought CCCD advice in its planning process.

- A major effort to develop a workable infant mortality survey methodology was undertaken by the MOH/CCCD during the year in cooperation with CDC. Two exhaustive field surveys were done requiring a heavy investment in time and personnel. Analysis of the results will help form the basis of future studies of this type.

- With CCCD assistance, Togo's vaccination coverage has been analyzed in all regions of the country. This activity provided concrete and reliable information for remedial measures to be taken to achieve maximum rates of coverage. The data also provide baselines for the measurement of CCCD's impact.

CCCD TOGO SUMMARY EVALUATIONS UPDATED OCT 84 CODE TOG23

COUNTRY	GEOGRAPHIC AREA	DATES	OTHER PARTICIPANTS	TYPE OF EVALUATION	RESULTS
TOGO	SAVANNES & KARA	OCT 83	MOH, WHO, & UNICEF	EPI EVALUATION	MAIN RECOMMENDATIONS WERE TO SHIFT STRATEFY TO FIXED CENTERS & TO ADOPT A SENTINAL SURVEILLANCE SYSTEM.

CCCD TOGO SUMMARY TOGO COUNTRY PROFILE: DEMOGRAPHIC DATA UPDATED OCT 84 CODE TOG24

	INFORMATION	SOURCE AND YEAR
POPULATION	2,702,945	1981 Census
BIRTH RATE (per 1000 population)	45.3	Ministry of Plan & MOH, 1983
ESTIMATED LIVE BIRTHS PER YEAR	122,443	Ministry of Plan & MOH, 1983
INFANT MORTALITY (per 1000 live births)	90.2	Ministry of Plan & MOH, 1983
1-4 MORTALITY (per 1000 population)	NA	Study in progress to determine mortality
DEATH RATE (per 1000 population)	18.8	Ministry of Plan & MOH, 1983
ANNUAL GROWTH RATE	2.5%	1970 and 1981 Census Data Used
MATERNAL MORTALITY (per 10,000 live births)	NA	

AGE DISTRIBUTION SOURCE AND YEAR: 1970 Census

AGE	NUMBER	PERCENT
< 1 YEAR	110821	4.1
1 YEAR		
2 YEAR		
3 YEAR		
4 YEAR		
1-4 YEARS	456798	16.9
5-9 YEARS	513560	19.0
10-14 YEARS	264889	9.8
15-44 YEARS	567618	21.0
44+ YEARS	789260	29.2

CCCD TOGO SUMMARY TOGO COUNTRY PROFILE: HEALTH FACILITIES UPDATED OCT 84 CODE TOG25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES					
	Regional Hospital	Hospital Major Rural Polyclinic	Health Center	Health Post	Area with CHW	Mobile Teams
PROJECT AREAS						
Maritime	1	6	87		NONE	5
NON-PROJECT AREAS						
Plateaux	1	4	109		NONE	5
Centre	1	1	30		NONE	3
Kara	1	6	67		NONE	6
Savanes	1	2	41		NONE	2
TOTAL PROJECT AREAS	1	6	87			
TOTAL NON-PROJECT AREAS	4	13	247			
COUNTRY TOTAL	5	19	334			

* Match the types of facilities in the country with the above categories. If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD TOGO SUMMARY TOGO COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE TOG26

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF PERSONNEL* UPDATE NOV 84								
	Doctors	Nurses	Midwives	Assistant Nurses	CHW's	Sanitary Engineers	Physician Assistant	Birth Attendants	Itinernat Agents
PROJECT AREAS	NOTE: GOVT EMPLOYMENT HAS BEEN FROZEN IN TOGO FOR TWO YEARS MED&NURSING GRADS NOT HIRED/AUXILLIARY SCHOOL CLOSED								
MARITIME REGION	14	169	35	17			7	94	28
CENTRAL LEVEL (MOH)	73	295	137	89		2	40	10	
NON-PROJECT AREAS									
PLATEAUX	17	145	41	43			10	94	38
CENTRE	9	104	22	24			6	46	27
KARA	12	195	47	38			10	89	45
SAVANES	5	90	18	17		1	4	39	32
TOTAL PROJECT AREAS	87	464	172	106	0	2	47	104	28
TOTAL NON-PROJECT AREAS	43	534	128	122	0	1	30	268	142
COUNTRY TOTAL	130	998	300	228	0	3	77	372	170

* Match the types of personnel in the countryy with the above categories. If other categories are needed, list and define them.

CCCD TOGO SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE TOG32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
3/84	MARITIME	3	DOCTERS PARAMEDICAL WORKERS	15 61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
18-20 APR 1984	LOME	3	DOCTORS PARAMEDICAL WORKERS	15 61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
[illegible] MAY 1984	TSEVIE	3	DOCTOR PARAMEDICAL WORKERS	1 47		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
9-11 MAY 1984	VOGAN	3	PARAMEDICAL WORKERS	30		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
21-22 MAY 1984	KARA	2	DOCTORS	9		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
23-25 MAY 1984	KARA	3	PARAMEDICAL WORKERS	61		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
28-30 MAY 1984	DAPAON	3	PARAMEDICAL WORKERS	31		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
16-18 JULY 1984	ANECHO	3	PARAMEDICAL WORKERS	38		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.
19-21 JULY 1984	TABLIGBO	3	PARAMEDICAL WORKERS	49		TRAINED IN VACCINATIONS AND MALARIA AND DIARRHEAL DISEASE CONTROL.

FISCAL YEAR TARGET FOR THE NUMBER OF PERSONNEL TRAINED

FISCAL YEAR TARGET
ACHIEVED TO DATE
% OF FY TARGET ACHIEVED

FISCAL YEAR TARGETS HAVE NOT BEEN SET.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD TOGO SUMMARY NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES UPDATED OCT 84 CODE TOG33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	Trained To Date
FY 83	1	6	17%		32			966			5					
FY 84	1	6	17%		32		412	966	43%		5					

NOTE: LOP: LIFE OF PROJECT
INSTRUCTORS/SUPERVISORRS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL AND CDD COURSES.
HIS COURSE: COUSE AND TARGETS ARE TO BE DEVELOPED.

CCCD TOGO SUMMARY

UPDATED OCT 84 CODE TOG37

INTEGRATION OF CCCD TRAINING MATERIALS INTO CURRICULA OF HEALTH TRAINING INSTITUTIONS

COUNTRY	NAME OF TRAINING INSTITUTION	TYPE OF PERSONNEL TRAINED WITH CCCD MATERIALS	DATE CCCD MATERIALS INTEGRATED	REMARKS
TOGO	CHU LOME	RESIDENTS, INTERNS, & STAFF DOCTORS	MAY 84	SEMINAR HELD BY PROF. ASSIMADI ON SUBJECT OF VACC. OF SICK CHILDREN IN PED. SERVICE. PROF. ASSIMADI HAS AGREED TO INTEGRATE THESE MATERIALS IN TRAINING OF STUDENTS AND TO ASSURE THAT ALL ADMISSIONS ARE SCREENED AND VACCINATED AT TIME OF ADMISSION OR TIME OF DISCHARGE.

CCCD TOGO SUMMARY

SERVICE FACILITY STATISTICS
FACILITIES CAPABLE OF IMPLEMENTING SERVICES

UPDATED OCT 84 CODE 42

FACILITY	AREAS	NUMBER OF FACILITIES/ MOBILE TEAMS		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REGIONAL HOSPITAL	PROJECT AREAS	3	3	3	100%	3	100%	3	100%
	NATIONAL TOTAL	7	7	7	100%	7	100%	7	100%
HOSPITAL/MAJOR RURAL POLYCLINIC	PROJECT AREAS	6	6	6	100%	6	100%	6	100%
	NATIONAL TOTAL	19	19	19	100%	19	100%	19	100%
HEALTH CENTER	PROJECT AREAS	87	87	40	46%	87	100%	87	100%
	NATIONAL TOTAL	334	334	121	36%	334	100%	334	100%
MOBILE TEAMS*	PROJECT AREAS	5	5	5	100%				
	NATIONAL TOTAL	21	21	21	100%				

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS OF THE YEAR IN QUANTITIES TO MEET DEMAND. ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS, INDICATE THE METHOD OF DATA COLLECTION.

* NO DIARRHEA OR MALARIA SERVICES ARE GIVEN BY THE MOBILE TEAMS.

CCCD TOGO SUMMARY

HEALTH EDUCATION

UPDATED OCT 84 CODE TOG51
QUARTER 3 FY84

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
TOGO	ASSMT/ STRAT DEVL & PEACE CORPS	2ND/1984			TECH ASSIST.	PRELIMINARY ASSESSMENT OF H.E. NEEDS & RESOURCES WAS MADE.
TOGO	ASSMT/STRAT DEVL	3RD/1984			TECH ASSIST.	H.E. ASSESSMENT/STRATEGY PREPARED & PIL AND BUDGET DEVELOPED.
TOGO	ASSNT/STRAT DEVL	4TH/1984			COORDINATION WITH AID	PIL AND BUDGET APPROVED BY USAID FOR SUBMISSION TO MOH.
TOGO	PEACE CORPS	4TH/1984			CORDINATION WITH PEACE CORPS	REQUEST FOR P.C. VOLUNTEERS, 1 MPH AND 5 GENERALISTS, RECEIVED FROM MOH AND APPROVED BY P.C./TOGO.

ACTIVITY TYPE

ASSMT/STRAT DEVL: ASSESSMENT AND STRATEGY DEVELOPMENT
SOC/BEHVRL DIAGNOSIS: SOCIAL AND BEHAVIORAL DIAGNOSIS
TRNG/TRNG DEVL: TRAINING AND TRAINING DEVELOPMENT
AUDIO VIS DEVL/PROD: AUDIO VISUAL MATERIALS DEVELOPMENT AND PRODUCTION
MASS MEDIA: MASS MEDIA PROGRAMMING
SCHL HLTH ED: SCHOOL HEALTH EDUCATION
PT ED SESSIONS: PATIENT EDUCATION SESSIONS
COMM ORG/DEVL: COMMUNITY ORGANIZATION AND DEVELOPMENT
PEACE CORPS: PEACE CORPS PROGRAMMING, TRAINING, AND SUPPORT
PRG MGT/COORD: PROGRAM MANAGEMENT AND COORDINATION
OR/ED: OPERATION RESEARCH/EDUCATION
EVAL: EVALUATION

CCCD TOGO SUMMARY — COVERAGE SURVEYS: CHILD IMMUNIZATIONS — UPDATED OCT 84 — CODE TOG3

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
OCT 83	REGION SAVANNES	NO	12-36 MON	224	58	60	63	26	16	60	26	16	45	13	WHO, MOH, UNICEF, & CDC TEAM.
OCT 83	REGION KARA	NO	12-36 MON	218	55	61	61	42	29	61	41	28	41	19	WHO, MOH, UNICEF, & CDC TEAM.
NOV 83	MARITIME (EXCEPT LOME)	YES	12-36 MON	210	3.3	33	3.3	3.3	2.8	3.3	3.3	2.8	2.8		68% OF CHILDREN WERE BORN IN MEDICAL FACILITIES, 30.4% WERE BORN AT HOME.
AUG 84	PLATEAUX	NO	12-23 MON	697	27	41	35	24	13	34	24	13	25	9	SURVEY INCLUDED IN MORTALITY SURVEY QUESTIONNAIRE

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

CCCD TOGO SUMMARY

COVERAGE SURVEYS: TREATMENT OF DIARRHEA AND FEVER IN CHILDREN UNDER FIVE YEARS OF AGE

UPDATED OCT 84
CODE TOG62

DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF CHILDREN	NUMBER OF MOTHERS	PERCENT OF MOTHERS KNOW ORT		REPORTING OF DIARRHEA IN LAST TWO WEEKS				PERCENT MOTHERS KNOW MALARIA Rx	REPORTING OF FEVER IN LAST TWO WEEKS		
					HOME FLUIDS	ORS PACKETS	NUMBER OF DIARR EP	% EP Rx ORT HOME FLUIDS	% EP Rx ORT ORS PACKETS	% EP CONT'D BREAST-FEEDING		NUMBER OF FEVER EP	PERCENT EP OF FEVER Rx	PERCENT FEVER EP Rx APPRO.
OCT 83	MARITIME REGION (EXCEPT LOME)	YES	3821	2248	7%	0%	7	0%	0%	85%	38%	12	72%	<5%

NOTE EP: EPISODES
Rx: TREATMENT, TREATED
MOTHERS. MOTHERS OF CHILDREN IN THE TARGET AGE GROUP.

CCCD TOGO SUMMARY EPIDEMIOLOGIC STUDIES UPDATED OCT 84 CODE TOG72

DATE	DISEASE	COUNTRY	AREA	DATE 1ST CASE	DATE INVES-TIDAT	TOTAL NUMBER CASES	TOTAL NUMBER DEATHS	CASE FATAL. RATE	VACCINE EFFICACY	REMARKS
NOV 83	YELLOW FEVER	TOGO	SAVANNAH	OCT 83						
			MARITIME	AUG/DEC 83		5 (SUSPECTED)				

CCCD TOGO SUMMARY — SPECIAL STUDIES — UPDATED OCT 84 CODE TOG73

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
SEP 83*	LOME	MALAR/DIAR	369000	UNDER 5	RANDOM SAMPLE (1 SITE)	384	1. 38% OF SICK CHILDREN HAD FEVER. 2. 81%OF SICK CHILDREN RECEIVED ANTI-MALARIALS, OF WHOM 65% RECEIVED CHLORO AND 35% INJECTABLE QUININE SOLUTIONS. 3. 20% Dx DIARRHEA, NO ORS GIVEN.
					COMPLETE RECORD SEARCH (4 SITES)	22842	1. 24% RECEIVED ANTI-MALAR., OF WHOM 56% CHLORO, 24% AMODIAQUINE. 20% INJECTIABLE QUININE SOLUTIONS. 2. 12% Dx DIARRHEA, NO ORS GIVEN.
SEP 83*	LOME	MEASLES	369000		REGISTER COUNT		MAJOR EPIDEMICS IN DRY SEASONS OF 78-79 AND 80-81. MINOR EPIDEMICS IN 82 AND 83.
OCT 83	MARITIME REGION (EXCEPT LOME)	MORTALITY SURVEY/ USE OF HLTH SERVICES		<5 YEARS		3821	INFANT MORTALITY RATE: 37/1000. 24% OF DEATHS DUE TO MEASLES, 17.5% DUE TO MALARIA, 16.7% DUE TO DIARRHEA. 26.9% HAD FEVER DURING PREVIOUS 2 WEEKS, OF THOSE 54% WERE RX'D W/CHLORO BY MOTHER.
				MOTHERS		2248	
SEP 84	PLATEAUX	MALARIA RX		CHLDREN <5 WITH FEVER		519	85% OF CHILDREN Rx'D AT HOME WITH CHLOR. 71% OF THESE REC'D LESS THAN 10 MG/KG DURING FIRST 24 HOURS. 65% OF MOTHERS OBTAINED CHLORO FROM STREET VENDERS.
SEP 84	PLATEAUX	MALARIA RX		STREET VENDORS OR CHLOR		34	STREET VENDORS PRESENT IN MOST VILLAGES AND NEIGHBORHOODS. COST OF 100 MG TABLET WAS 2.1 CENTS. LESS IF MORE TABLETS PURCHASED
SEP 84	PLATEAUX	MALARIA RX		PURCHASERS OF ANTIMAL AT PHARMACIES		781	42% PURCHASES ORAL ANTIMALARIALS WITHOUT PRESCRIPTION. ONLY 2% ASKED FOR DOSAGE INFO, INTENDED DOSAGES GENERALLY TOO LOW.
SEP 84	PLATEAUX	MALARIA RX		MOTHERS WITH SICK CHILDREN AT HLTH CNTRS		434	47% OF MOTHERS THOUGHT CHILD HAD MALARIA. OF THESE 61% PREFERRED ORAL ANTIMAL, 9% ANTIMAL INJECTION. SENSITIVITIY OF MOTHERS' PERCEPTION OF FEVER 74%, SPECIFICITY 46%.
				CHILDREN < 5	HLTH RECORDS	3241	28% Rx'D WITH ANTIMALARIAL. OF THESE 67% GIVEN 1 OR MORE ANTIMAL INJECTIONS.
SEP 84	PLATEAUX	MALARIA RX		HLTH CNTR CLINICIANS		16	2 CASE HISTORIES PRESENTED, 4 Y/O WITH TYPICAL NON-CEREBRAL MALARIA, NO VOMITING: 87% WOULD USE INJECTION. 9 MONTH OLD WITH MILD FEVER: 56% WOULD USE INJECTION. 69% (OF 13) THOUGHT MOTHERS PREFER INJECTIONS

* NOT PREVIOUSLY REPORTED.

CCCD TOGO SUMMARY SPECIAL STUDIES UPDATED OCT 84 CODE TO673
PAGE 2

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
SEP 84	PLATEAUX	MALARIA RX		TOGOPHARMA OUTLETS	RECORD REVIEW	0	AT NO TIME IN PAST 10.2 YEARS WERE NIVAQUINE TABLETS NOT AVAILABLE.
SEP 84	PLATEAUX	MALARIA RX		HEALTH CENTERS	RECORD REVIEW	8	SHORTAGES OF RESOCHINE TABLETS OCCURED IN 9% OF MONTHLY REPORTING PERIODS.
SET 84	PLATEAUX	DIARRHEA RX		MOTHERS		16	ONLY 1 OF 16 MOTHERS WHO HAD PREPARED TRADITIONAL LIQUIDS FOR DIARRHEA ADDED SUGAR/STARCH AND SALT.
SEP 84	PLATEAUX	MEASLES VACCINATION		MOTHERS		19	AT LEAST 57% OF ADMISSIONS OF CHILDREN HOSPITALIZED WITH MEASLES COULD HAVE BEEN PREVENTED BY FULLY-IMPLEMENTING POLICY OF VACCINATING SICK CHILDREN AT HEALTH CENTERS.
SEP 84	PLATEAUX	INFANT MORTALITY		CHILDREN <5YRS		4966	RESULTS AVAILABLE IN NOV 84.

CCCD TOGO SUMMARY

HEALTH INFORMATION SYSTEM ACTIVITIES

CODE TOG74
UPDATED OCT 84

COUNTRY	QUARTER/YEAR	ACTIVITIES
TOGO	1ST/1984	ESTABLISHED 16 REPORTING SITES MARITIME RURAL; COLLECTED BASELINE DATA. THESE ARE OUR RURAL SENTINEL SITES.

CCCD TOGO SUMMARY OPERATIONS RESEARCH UPDATED OCT 84 CODE TOG81

NUMBER	PROTOCOL TOPIC	COUNTRY	PRINCIPAL INVESTIGATOR AND INSTITUTION	DATE FIRST SUBMIT	DATE & PLACE ACTION TAKEN	STATUS	DATE START	COMPLETION DATE		FINAL REPORT DATE		LEVEL OF FUNDS ($000)	NUMBER OF PUBLICAT
								EXPECT	ACTUAL	EXPECT	ACTUAL		
83-7	ORT USE IN HOSPITALS	TOGO	KAMPATIBE, N. CHU LOME	JUL 83	JAN 84 CDC	APPROVED		AWAITING RETURN OF CHIEF INVESTIGATOR.				9	

ANNEX 9 - Zaire

The Project Agreement was signed in August 1982, and the Technical Officer was posted in November of that year, at which time the project became operational. Total AID life of project funding is U.S. $4.85 million.

The strategy for implementation and development of the project continues to rely on the previously established infrastructure of the Expanded Program on Immunization (EPI): 17 established regional and sub-regional field stations; three newly formed stations since 1983; and the central managerial staff in Kinshasa. Activities for the diarrheal disease control component were phased in during FY84. The malaria component of the project, which initially comprises standard treatment and prophylactic recommendations using chloroquine, local production of chloroquine and surveillance, is expected to be fully expanded during FY85. The project plans to expand these activities to 17 urban and 124 rural health zones by 1986 at which time 60% of the population would have access to these services.

Integration of CCCD within the primary care initiative continues to be excellent, with CCCD training activities acting as a catalyst for implementation in rural areas. During FY84, national primary health care statutes were drafted and presented to the national government for approval; the President of the Republic declared primary health care a national priority; and national planning documents for immunization, diarrheal disease control and primary care activities were updated to project activities for the 1985-89 five-year period.

In the face of limited resources and the challenge of implementing primary health care activities in a vast country, FY84 saw an unprecedented number of collaborative efforts between U.S.-funded health projects: CCCD; SANRU (rural health project); CEPLANUT (nutrition planning project); Urban Family Planning; other international donors: UNICEF; WHO; FOMETRO; BOM (Catholic Medical Office); and other national assistance programs. Collaborative efforts focused on training, health education, and supervisory activities.

Training/Training Development

During the fiscal year, 478 health personnel, including Zonal Medical Officers, nurses, a statistician, health center staff, and Peace Corps Volunteers received national CCCD-supported training. This brings to 699 the personnel trained since the start of CCCD in Zaire, or 82% of the life of project objective for the mid-level (instructors/supervisors) course and 56% of the life of project objective for country training.

Major accomplishments in training include the following:

- An additional 55 Zonal Medical Officers received CCCD/PHC training during two three-week periods. A May course financed by BOM and conducted by CCCD staff included 25 medical officers; an August course financed in part by CCCD and SANRU included 30 officers. A total of 86 zonal officers have received formal CCCD training using Zaire's 14 CCCD training modules. Another 27 zonal officers have received the modules for home study, and their zones have thus been incorporated as CCCD target zones, totaling 113 at the end of the fiscal year.

- The original 14 CCCD modules published in 1983 underwent revisions prior to the May 1984 course with new modules available for both 1984 training sessions. Following the August course, a working group of CCCD staff further revised the modules; a short-term Zairian Ph.D. education/writer consultant was hired for two months; and a final revision is slated for publication in early 1985 for use in 1985 training sessions.

- The WANG computer was received in May and instructions provided to users. The training modules as well as other training materials are being revised using the word processing equipment.

- CCCD staff collaborated with a training consultant from Peace Corps/Washington to assess the training needs and materials for volunteer training. Following this February consultation, 22 volunteers were recruited, trained in CCCD interventions at the Peace Corps training center in Bukavu and assigned to 15 health zones to assist in CCCD implementation and zonal management. Peace/Corps Washington provided a technical training consultant for the Bukavu training and coordination with CCCD Zaire. The materials assembled for this training and a proposed curriculum were forwarded to Washington for incorporation into the training modules for Volunteers assigned to CCCD activities. This pre-service program included technical, practical and field training exercises.

- Another 30 Peace Corps health volunteers received CCCD training during a one-week session in February. CCCD professional staff assisting at the training center included the Project Director and CDC assignees.

- Eight CCCD field station supervisors received mid-level CDD training at two WHO training sessions: Bujumbura - five participants; Brazzaville - three participants.

- Two CCCD field supervisors participated in WHO's refrigerator repair course in Lomé, Togo. Upon their return, four regional refrigerator courses were budgeted and scheduled for 1985.

- Seventeen of the twenty CCCD field stations were visited and provided with in-service training during the October 83 - January 84 period. This included updates on CCCD strategies and recommendations, presentation of new materials and references and methods of operations for moving from "mobile vaccination activities" to serving as a CCCD resource and support facility for rural zones. By the end of FY84, all field stations accomplished this transition.

- The training experiences of implementing ORT at Kinshasa's prinicipal hospital, Mama Yemo, provided for the elaboration of posters, pamphlets, "fliers", messages, and forms needed to estabish a comprehensive diarrhea treatment center. Field testing of materials resulted in the publication of a national Diarrhea Treatment and Evaluation Chart for use in health facilities, as well as a standard treatment form. More than 40 doctors and 36 nurses were trained in ORT during the August-September period and more than 600 children were treated with ORT. The Department of Public Health has designated Mama Yemo as a national ORT training center where rural health workers, volunteers and other health personnel will receive practical ORT training.

- Reports received from CCCD field stations to date indicate that more than 124 health center supervisors were trained in CCCD/PHC during this reporting period.

Operations Research

- An important anthropologic study on the culinary habits of Zairian women resulted in the adoption of an appropriate recipe for home-based sugar-salt solution in the Kinshasa and adjacent areas. Results of this study enabled CCCD to adopt a standard recipe for publication and promotion for diarrheal disease treatment. The research methodology and findings are currently being prepared for publication.

- Three protocols were prepared, approved by the Department of Health and submitted to CCCD for final approval and funding. One deals with malaria epidemiology and resistance to chloroquine; the others deal with risk factors for severe dehydration presenting in diarrheal disease cases.

Health Information Systems

- An urban mortality survey in Kinshasa was completed which included 3,092 children under five years of age. A mortality rate of 23.6/1000 was found, with measles a major cause of childhood mortality (29% of all deaths). The highest incidence was in the under one age group. Fever and diarrhea incidence was highest at one year of age. A measles vaccine efficacy of 74% was documented and a high service utilization rate was noted: 69% of fevers and 58% of diarrhea cases were treated in health centers.

- Two rural mortality surveys were planned, and implementation was started during the final weeks of this reporting period. With special funding from regional CCCD funds, two surveys were conducted in the Bandundu region: Kingandu and Pays Kongila. Each survey was to include 30 clusters with approximately 4,900 children under six years of age. Almost 200 villages were to be visited during the 60-day field exercise by 16 field investigators hired temporarily and specifically for this survey. CCCD personnel were to assist in supervision and transportation. Outside funding provided for full-time supervision of the surveys by a contract employee who also was to assist with the planning and implementation. Data analysis was projected for completion in early FY85.

- Other urban surveys were conducted: frequency of preventive measures taken during pregnancy; vaccination of sick children; age at time of measles vaccination 1980-83; and polio-lameness survey. Results of these studies are presented in the accompanying MIS tables.

- Sixteen vaccine coverage surveys were completed. Six diarrhea and fever community surveys undertaken. Methodology, forms and instructions were provided to all field stations to routinely conduct diarrhea and fever surveys simultaneously with those for vaccine coverage.

- Reporting forms for the surveillance system were expanded to include all CCCD diseases. Forms are now differentiated by reporting unit; hospitals and health centers report slightly different information. Computer programs were developed to register all routine surveillance data reported by 20 field stations. All reports for 1980-83 were entered.

- A computerized system for analyzing vaccination data and utilization of ORS was installed that includes software to facilitate data entry, verification, correction of errors and analysis by region, field station and health zone. Zone-specific data will now be available at the national level.

- A standard supervisory questionnaire to monitor and evaluate CCCD activities in health zones was developed, field tested and revised.

Health Education/Promotion

- The publication of a national diarrhea poster in four languages (Lingala, Tshiluba, Kikongo, Swahili) promoting breastfeeding and home solutions (sugar-salt) for diarrhea was completed. This culminated one year of research and field testing of visuals and messages. CCCD supported the technical input; UNICEF financed production.

- A national Diarrhea Treatment and Evaluation poster was printed for use by health personnel. This was largely an adaptation of the WHO-recommended poster.

- Final revisions of the teaching aids for health personnel produced in 1983 were completed and packaged for use in zonal training programs. (UNICEF financed; CCCD developed.)

- A permanent health education unit was established at the CCCD central offices with a full time Zairian health education specialist. A work plan and schedule of promotional activities were established in collaboration with CDC's visiting consultant in health education.

- With UNICEF funding, a two-minute filmstrip for promoting ORT was commissioned, produced and ready for showing by the end of FY 84. The TV spot is dubbed in the four national languages and in French. Visuals are similar to posters, "flier" and pamphlets developed to promote ORT.

- A multicolored "flier" hand-out was designed with five pictures depicting the steps in preparing home-based solution of sugar and salt. These will be available in FY85 for distribution to mothers presenting children at health centers.

- First and second drafts of an information pamphlet on ORT were completed. Further testing and production are planned for FY85.

- First and second drafts of a manual in simple language and pictures on 'How to Set Up an ORT Center' were also in preparation by the end of this reporting period.

- Zaire radio and television personnel programmed interviews, talk shows and demonstrations on diarrhea and ORT. Radio programs were broadcast; TV programs remain in the early stages of development.

- The CDC health education consultant visited Zaire in February and assisted in outlining the broad scope of health education and promotion for CCCD in Zaire.

- A national CCCD logo was approved and widely used on all CCCD/Zaire materials and facilities.

- Design for a self-sticking label (10cm x 10cm) with the national home-based ORT recipe was completed and submitted to the manufacturer for final production This sticker is intended for use on the 750 ml beer bottles used in health facilities to prepare ORT either with the packets which will be designed for 750 ml or with the home solution which is also based on the volume of the beer bottle.

- The term 'Serum Oral' was adopted for use to describe ORT. This covers both ORS packets ("Serum Oral - Complete Formula") and the home-based solution using sugar and salt.

- The health education specialist has become an important link with the various national health projects and groups. Through his participation at joint meetings, he has been instrumental in standardizing messages, strategies and approaches to implementing 'new' CCCD activities consistent with efforts of these other groups.

Other program highlights include:

- A joint CDC and AID/Washington program assessment to review project objectives and financing was conducted in March 1984. After reviewing activities in 11 rural health zones, the CDC-based consultant epidemiologist recommended revised objectives to include indicators of process and outcome objectives for national, regional, urban, and rural health zone levels. The consultant economist recommended continuing schemes for autofinancing ORS and chloroquine, and increasing government contributions to eventually assume all recurrent operational costs (e.g. salaries and vaccine shipments) for CCCD. Practically all of these recommendations were implemented during FY84. The Government of Zaire (GOZ) readjusted funding priorities to support training, health education and supervison for FY85. Activity-based budgets for health education and training were proposed; other shifts reflect greater financial assistance to individual zones in need of start-up funds. As of the end of FY84, the national CCCD personnel role included 150 personnel, a ceiling imposed in response to International Monetary Fund (IMF) austerity measures. Considering the new field station functions of training, supervision, evaluation and supply, CCCD can continue to function effectively under this ceiling if sufficiently well-qualified personnel are assigned to these field stations (up-grading began in FY84 and will continue through early FY85).

- Autofinancing took effect in March with the sale of USAID-provided ORS packets through CCCD field stations and with the sale of chloroquine beginning in July. Separate autofinancing bank accounts were established and are drawn upon to replenish stocks on a need basis.

- Two major plans were completed, reviewed and adopted: 1) a health education and promotion plan for diarrhea control 1984-86; and 2) a CDD five year plan for 1985-89. These plans were drafted by CCCD Zairian professional staff and reviewed and completed in collaboration with two outside consultants from CDC.

- Fourteen long distance radio/antenna systems were installed and six others were upgraded to complete the CCCD national communication network whereby all field stations are in daily contact with the central office.

CCCD ZAIRE SUMMARY

UPDATED OCT 84 CODE ZAI23

CCCD PARTICIPATION IN EVALUATIONS OF HEALTH ACTIVITIES

COUNTRY	GEOGRAPHIC AREA	DATES	PARTICIPANTS	EVALUATION	RESULTS
ZAIRE	NATIONAL CCCD OFFICE & RURAL HLTH ZONES OF KIMPESE, ZAIRE	FEB-MAR 84	PRITECH	CCCD FINANCING AUTOFINANCING SCHEMES AND SUSTAINABILITY OF CCCD	RECOMMENDED CONTINUING SCHEMES FOR AUTOFINANCING ORS AND CHLOROQUINE, INCREASEING GOV'T CONTRIBUTION TO EVENTUALLY ASSUME ALL RECURRENT OPERATIONAL COSTS (E.G. SALARIES & VACCINE SHIPMENTS).
ZAIRE	KASAI OCCIDENTAL, KASAI ORIENTAL, SHABA (11 RURAL HEALTH ZONES)	MAR 84	MOH	FEASIBILITY OF CCCD GOALS & OBJECTIVES IN PRO AGREEMENT	RECOMMENDED REVISED OBJECTIVES TO INCLUDE INDICATORS OF PROCESS AND OUTCOME OBJECTIVES FOR NATIONAL, REGIONAL, URBAN, AND RURAL HEALTH ZONE LEVELS.

	INFORMATION	SOURCE AND YEAR
POPULATION	29,992,348	1984 Projection from Perspectives Demographiques Regionales 1975-1985
BIRTH RATE (per 1000 population)	47	Les Valeurs Nationales pour les douze indicateurs mondiaux, Depart Sante Publique, 1982
ESTIMATED LIVE BIRTHS PER YEAR	1,409,640	1984 Projection
INFANT MORTALITY (per 1000 live births)	160	Les Valeurs Nationales, 1982
1-4 MORTALITY (per 1000 population)	97	Les Valeurs Nationales, 1982
DEATH RATE (per 1000 population)	19	Les Valeurs Nationales, 1982
ANNUAL GROWTH RATE	2.8%	Les Valeurs Nationales, 1982
MATERNAL MORTALITY (per 10,000 live births)	300	Les Valeurs Nationales, 1982

AGE DISTRIBUTION SOURCE AND YEAR: 1983 Projection

AGE	NUMBER	PERCENT
< 1 YEAR	1272057	4
1 YEAR	1146900	4
2 YEAR	1086312	4
3 YEAR	1033518	4
4 YEAR	986504	3
0-4 YEAR	5525291	19
5-9 YEARS	4359140	15
10-14 YEARS	3601134	12
15-44 YEARS	12059356	42
44+ YEARS	3493928	12

CCCD ZAIRE SUMMARY | ZAIRE COUNTRY PROFILE: HEALTH FACILITIES | UPDATED OCT 84 | CODE ZAI25

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES	
	REFERENCE HOSPITALS	HEALTH CENTERS
CCCD HEALTH ZONES		
BANDUNDU 21 ZONES		
Bandundu U.Z)	1	3
Bokoro	1	30
Bosobe	1	17
Djuma	1	12
Feshi	1	
Idiofa	1	26
Ipamu	1	7
Kasongo Lunda	1	9
Kenge	1	
Kikongo	1	3
Kikwit U.Z.	1	25
Kingandu	1	6
Oshwe	1	
Moanza	1	
Mukedi	1	
Mushie	1	3
Nioki	1	
Panzi	1	30
Popokabaka	1	26
Sia	1	
Vanga	1	34
Yasa Bonga	1	9
BAS ZAIRE 15 ZONES		
Lukula	1	4
Kangu	1	6
Kasangulu	1	27
Kimpangu	1	13
Kimpese	1	19
Kimvula	1	
Kinkonzi	1	4
Kisantu	1	43
Kwimba	1	16
Mangembo	1	
Mbata-Mbenge	1	1
Moanda	1	
Ngidinga	1	
Nkamba	1	
Vaku	1	5

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES	
	REFERENCE HOSPITALS	HEALTH CENTERS
EQUATEUR 15 ZONES		
Bikoro	1	23
Bokungu	1	8
Bosobolo	1	9
Businga	1	3
Bumba	1	
Bwananda	1	24
Gemena U.Z.	1	7
Ime Loko	1	11
Ingende	1	3
Karawa	1	
Lisala	1	
Lukolela	1	
Pimu	1	6
Tandala	1	14
Wapinda	1	4
HAUT ZAIRE 8 ZONES		
Buta	1	2
Doruma	1	5
Drodro	1	3
Dungu	1	
Nyankunde	1	3
Paua	1	14
Rethy	1	1
Wamba	1	8

MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES		MAJOR POLITICAL SUBDIVISIONS	NUMBER OF FACILITIES	
	REFERENCE HOSPITALS	HEALTH CENTERS		REFERENCE HOSPITALS	HEALTH CENTERS
KASAI OCCIDENTAL 10 ZONE			KIVU 16 ZONES		
Bulape	1	3	Bukavu U.Z.	1	14
Bunkonde	1		Goma U.Z.	1	
Lubondayi	1		Kasongo	1	15
Luiza	1		Katana	1	39
Masuika	1	6	Katwa	1	3
Mikalayi	1	8	Kaziba	1	6
Mushenge	1	6	Kindu U.Z.	1	7
Tshikula	1	5	Kirotshe	1	
Tshikaji	1		Kyondo	1	12
Tshikapa-Kalonda	1	18	Lemera	1	1
			Musienene	1	3
KASAI ORIENTAL 15 ZONES		48	Nundu	1	9
			Oicha	1	3
Bibanga	1	5	Pangi	1	
Dikungu-Tshumbe	1	4	Rutshuru	1	2
Gandajika	1	2	Walungu	1	17
Kabinda	1	1			
Kalenda	1	5	SHABA 10 ZONES		
Kansale U.Z.	1	4			
Katakombe	1		Bukama	1	
Kole	1	7	Kabalo	1	
Lodja	1		Kamina U.Z.	1	22
Lubao	1	3	Kaniama	1	10
Miabi	1	1	Kapanga	1	21
Mwene Ditu U.Z.	1	3	Kilwa	1	3
Tshilundu	1	2	Kongolo	1	17
Tshumbe	1	4	Malemba Nkulu	1	6
Wembo Nyama	1	7	Pweto	1	
			Sakania	1	
KINSHASA 2 ZONES	1	3			
Kikimi	1	3			
Kingasani U.Z.	1	1			
Kimbanseke U.Z.		2			

NON-PROJECT ZONES BEING IDENTIFIED AND SELECTED FOR FY 85 AND FY 86

TOTAL PROJECT ZONES	113	unknown	
TOTAL NON-PROJECT ZONES	199	unknown	unknown
COUNTRY TOTAL	312		

* Match the types of facilities in the country with the above categories. .If other categories are needed, list and define them. Specify types of facilities included (for example: government, private, mission).

CCCD ZAIRE SUMMARY COUNTRY PROFILE: HEALTH PERSONNEL UPDATED OCT 84 CODE ZA126

MAJOR POLITICAL SUBDIVISIONS (REGIONS)	NUMBER OF PERSONNEL*					
	Doctors	Nurses	Midwives	Assistant Nurses	CHW's	Sanitary Engineers
PROJECT AREAS 113 ZONES						
Bandundu Region	29	578	5	215	48	
Bas Zaire Region	18	111	18	142	34	8
Equateur Region	18	41	2	24	30	1
Haut Zaire Region	11	28	1	100	16	1
Kasai Occidental Reg.	13	37	28	64		3
Kasai Oriental Reg.	16	80	33	79	69	
Kinshasa Region						
Kivu Region	50	333	55	55	586	4
Shaba Region	19	137	2	23	8	
Above data reflects 73 zones trained prior to 8/84						
TOTAL PROJECT AREA	175	1345	144	702	791	17
NON-PROJECT AREAS						
199 ZONES Health Zones	unknown					
Estimate: Urban Areas	1100**					
NON-PROJECT AREAS						
COUNTRY TOTAL	1702**					

* Match the types of personnel in the country with the above categories. If other categories are needed, list and define them.

** Approximations.

CCCD ZAIRE SUMMARY

UPDATED OCT 84 CODE ZAI27

TECHNICAL ASSISTANCE PROVIDED THROUGH CCCD PASA

DATES	LOCATION	CONSULTANT(S)	PROGRAM AREA	REMARKS/RESULTS
JUL/AUG 84	KINSHASA, ZAIRE	MOORE, M.	PROJ DEVL	ASSISTED IN DEVELOPMENT OF MID-TERM CDD PLAN, ESTABLISHED ORT UNIT IN HOSPITAL, AND CONDUCTED CONFERENCES FOR PROFESSIONALS.

CCCD ZAIRE SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE ZAI32

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
6/83**	GOMA, KIVU	6	NURSE SUPERVISORS	3		HLTH ZONES: KIKUKU & LUBERO
10/4-6/83	KINSHASA	3	CCCD SUPERVISORS/ TEAM LEADERS	12		CCCD IN-SERVICE TRAINING
10/8/83	KINSHASA	1	DOCTORS	15		CONFERENCE ON HOSPITAL USE OF ORT
10/18-20/83	LUBUMBASHI SHABA	3	CCCD SUPERVISORS/ TEAM LEADERS	5		CCCD IN-SERVICE TRAINING
10/24-25/83	BUKAVU KIVU	2	CCCD SUPERVISORS/ TEAM LEADERS	5		CCCD IN-SERVICE TRAINING
10/26-28/84	KISANGANI HAUT ZAIRE	3	CCCD SUPERVISORS/ TEAM LEADERS	4		CCCD IN-SERVICE TRAINING
10/28-11/1/83	MBUJI MAYI KASAI OR	3	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
10/31-11/1/83	KINDU, KIVU	3	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
11/2-4/83	KANANGA KASAI OCC.	2	CCCD SUPERVISORS/ TEAM LEADERS	2		CCCD IN-SERVICE TRAINING
12/26-30/83	BUKAVU	5	NURSE SUPERVISORS	17		PERSONNEL FROM 9 RURAL HEALTH ZONES. UNICEF ALSO PROVIDED FUNDS.
12/83	KINSHASA	12	NURSING STUDENTS	6		MORTALITY SURVEY TECHNIQUES
1/84	BOMA, BAS ZAIRE	1	NURSES	5		INSERVICE TRAINING/ORT/HOSPITAL NURSES
1/3-15/84	KIKWIT, BANDUNDU	13	NURSES	11		IN-SERVICE TRAINING/VACCINATIONS.
1/7/84	MATADI, BAS ZAIRE	1	NURSES			IN-SERVICE TRAINING/ORS.
2/7/84	LOMBA, BAS ZAIRE	1	NURSES	9		IN-SERVICE TRAINING/ORT/9 HEALTH CENTERS
2/13-29/84	BRAZZAVILLE	16	CCCD SUPERVISORS	3		WHO MID-LEVEL CDD COURSE
2/20-26/84	WAMBA, HAUT ZAIRE	6	NURSE SUPERVISORS	17		FROM RURAL HLTH ZONES: ISIRO, DUNGU, DORUMA, PAWA, WAMBA. UNICEF PROVIDED SOME FUNDS.
2/20-25/84	BUKAVU KIVU	5	P. CORPS VOLUNTEERS	30		NATIONAL IN-SERVICE CCCD PHC CONF. ALL REGIONS REPRESENTED.

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.
** NOT PREVIOUSLY REPORTED.

CCCD ZAIRE SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE ZA132

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
3/84	LUKULA, BAS ZAIRE	1	NURSES	9		INSERVICE TRAINING/ORT/HOSPITAL NURSES
3/3-13/84	KINSHASA	10	CCCD SUPERVISOR	1		PRE-SRVICE TRAINING FOR KISANGANI SUPERVISOR.
3/28-4/4/84	KALENDA KASAI ORIENTAL	6	HLTH CNTR NURSES	5		CCCD FOR HEALTH CENTER SUPERVISORS
4/84	KINSHASA	12	NURSING STUDENTS	5		MORTALITY SURVEY TECHNIQUES
4/30-5/8/84	BUJUMBURA	16	CCCD SUPERVISORS	5		WHO MID-LEVEL CDD COURSE
5/7-26/84	KINSHASA	18	ZONAL MEDICAL OFFICERS	25	CATHOLIC FUNDED	NATIONAL CCCD/PHC COURSE
5/7-6/20/84	BUKAVU, KIVU	48	P.C.VOLUNTEERS (CCCD 21 AND HE 2)	23		FINANCED IN PART BY PEACE CORPS/WASH.
5/10/84	LWABO & KINDA, SHABA	1	NURSES	5		IN-SERVICE TRAINING/CCCD
5/14/84	SONGA, SHABA	1	NURSES	3		IN-SERVICE TRAINING/CCCD
5/15-16/84	GRELKA, LWANIA, KIABUKWA, & MAKANZA SHABA	2	NURSES	6		IN-SERVICE TRAINING/CCCD
6/84	KIVU	3	ZONAL MEDICAL OFFICERS	11	UNICEF	CCCD/PHC IN-SERVICE 11 ZONES:KAMITUGA, KAYNA, BENI, IDJWI, LEMERA, GOMA, SHABUNDA, NYANGEZI, KATWA, KABARE, LUSANGI
6/84	ISIRO, HAUT ZAIRE	3	HLTH CNTR NURSES	6		CCCD IMPLEMENTATION
6/84	KISANGANI	14	HLTH CNTR NURSES	13		CCCD IMPLEMENTATION
6/84	GOMA, KIVU	3	HLTH. CENT. NURSES	5		CCCD MATERIALS
6/84	BUKAVU, KIVU	3	HLTH. CENT. NURSES	11		CCCD MATERIALS
8/84	KINSHASA	10	CCCD SECRETARY	1	$500	WANG INSTRUCTIONS
8/84	MAYIDI(KISANTU)	21	ZONAL MED. OFFICERS	30	$18,000	NATIONAL CCCD/PHC COURSE
8/10/84	KINSHASA	1	MAMA-YEMO DOCTORS	23		DIARRHEA AND ORT
8/84	KINSHASA	1	MAMA-YEMO NURSES	46		DIARRHEA AND ORT
8/84	KINSHASA	10	MORT.SURVEY SUPERS.	4		SURVEY METHODOLOGY, SUPERVISION

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD ZAIRE SUMMARY NATIONAL CCCD SUPPORTED TRAINING UPDATED OCT 84 CODE ZAI32
PAGE 3

TRAINING DATES	LOCATION	DAYS OF TRAINING	TYPES OF PERSONNEL TRAINED	# OF TRAINEES	TRAINING COSTS*	CCCD INPUTS & REMARKS
8/84	KIKWIT, BANDUN,	10	MORT.SURVEY INTERV.	14		SURVEY METHOD. INTERVIEWING
8/19-23/84	KISANGANI	4	DOCTORS	25	UNICEF	PHC AND CCCD
8/84	KINSHASA	1	M-Y OUTPAR. DOCS	10		DIARRHEA AND ORT
9/84	KINSHASA	1	M-Y OUTPAT. NURSES	26		DIARRHEA AND ORT
9/84	KINSHASA		STATISTICIAN & CLERK	2		HEALTH INFORMATION SYSTEMS
9/15-19/64	KISANGANI	4	ZONAL MED. OFFICERS	11		PHC AND CCCD IN-SERVICE
9/84	LUBUMBASHI	5	HLTH CNTR NURSES	5		CCCD IMPLEMENTATION

FISCAL YEAR TARGET FOR THE NUMBER OF PERSONNEL TR

FISCAL YEAR TARGET	200
ACHIEVED TO DATE	339
% OF FY TARGET ACHIEVED	170%

* TRAINING COSTS DO NOT INCLUDE SALARIES OF CCCD PERSONNEL.

CCCD ZAIRE SUMMARY NUMBER OF PERSONNEL TRAINED IN CCCD SUPPORTED COURSES UPDATEDD OCT 8 CODE ZAI33

FISCAL YEAR	CCCD SENIOR PLANNERS/MANAGERS			CCCD INSTRUCTORS/ SUPERVISORS			COUNTRY TRAINING			REFRIGERATOR REPAIR			CCCD HIS COURSE			OTHER COURSES
	Number Trained			Number Trained			Number Trained			Number Trained			Number Trained			Number
	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% LOP Met	To Date	LOP Target	% Tar Met	Trained To Date
FY 83	2	2	100%	47	147	32%	172	870	20%		20					
FY 84	2	2	100%	121	147	82%	491	870	56%		20					85

NOTE: CCCD HIS COURSE: COURSE AND TARGETS ARE TO BE DEVELOPED.
CCCD INSTRUCTORS/SUPERVISORS COURSE: INCLUDED IN THIS CATEGORY ARE THE MID-LEVEL MANAGER EPI AND CDD COURSES.
LOP: LIFE OF PROJECT

CCCD ZAIRE SUMMARY TRAINING DEVELOPMENT/ADAPTATION CONTRACTS UPDATED OCT 84 CODE ZAI35

COUNTRY	PURPOSE OF TRAINING MATERIALS	CONTRACTOR/INSTITUTION	DATE CONTRACT SIGNED	DATE MATERIAL TESTED	DATE MATERIAL SUBMITTED	DATE MATERIAL FIRST PUT IN USE	REMARKS
ZAIRE	TECHNICAL AIDS: TO UPDATE HEALTH PERSONNEL (NURSES) IN VACCINATION TECHNIQUES	M.O.H. CORRDINATED DEVELOPMENT		OCT 83-FEB 84	NOV 83	MAR 84	UNICEF FUNDED CCCD DEVELOPED TECHNICAL AIDS
ZAIRE	CDD EVALUATION AND TREATMENT WALL CHART	M.O.H. COORDINATED DEVELOPMENT		AUG 84	SEP 84		UNICEF FUNDED. CCCD DEVELOPED
ZAIRE (1)	TRAIN ZONAL MEDICAL OFFICERS	ZAIRIAN SHORT TERM CONSULTANT					CCCD FUNDED; 3RD REVISIO NATIONAL CCCD MODULES

ONE OR TWO CONTRACTS FOR THE DEVELOPMENT OR COUNTRY SPECIFIC TRAINING MATERIALS ARE PLANNED TO BE PLACED IN EACH COUNTRY PARTICIPATING IN A CCCD BILATERAL AGREEMENT. THE CONTRACTS ARE PLANNED TO BE PLACED AFTER HEALTH PERSONNEL IN EACH COUNTRY HAVE PARTICIPATED IN THE CCCC MID-LEVEL (INSTRUCTORS/SUPERVISORS) COURSE.

NOTE 1: CCCD ASSISTANCE IN THE DEVELOPMENT OF THE TRAINING MODULES BEGAN IN FISCAL YEAR 1983.

CCCD COUNTRY SUMMARY | SERVICE FACILITY STATISTICS | UPDATED NOV84 | CODE ZA142

FACILITIES CAPABLE OF IMPLEMENTING SERVICES

FACILITY	AREAS	NUMBER OF FACILITIES IN AREA		NUMBER AND PERCENT OF FACILITIES					
				PROVIDING IMMUNIZATIONS		PROVIDING ORT FOR TREATMENT OF DIARRHEA		PROVIDING DRUGS FOR TREATMENT OF MALARIA	
		TOTAL	WITH DATA AVAILABLE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
ZONAL HOSPITAL	PROJECT AREAS	113	75	75	70	29	25	40	36
	NATIONAL EST. TOTAL	312	81	81	26	32	10	46	15
HEALTH CENTER	PROJECT AREAS	785	355	277	35	128	16	216	28
	NATIONAL EST. TOTAL	1000							
AREA with CHW'S	PROJECT AREAS	73	4	4	5	1	1	3	4
	NATIONAL TOTAL	UNKNOWN							
AREA with MOBILE TEAMS	PROJECT AREAS	14 RURAL HEALTH ZONES							
	NATIONAL TOTAL	UNKNOWN							

PROVIDING IS DEFINED AS AVAILABILITY OF SERVICE AT LEAST 11 OF 12 MONTHS IN QUANTITIES TO MEET DEMAND. ESTIMATIONS ARE MADE THROUGH SUPERVISORY VISITS AND REPORTS.

CCCD ZAIRE SUMMARY HEALTH EDUCATION UPDATED OCT84 CODE ZAI51

COUNTRY	TYPE OF ACTIVITY	QUARTER/YEAR	TARGET POPULATION TYPE	TARGET POPULATION NUMBER	CCCD INPUTS	REMARKS/RESULTS
ZAIRE	ASSMT/ STRAT DEVL. PEACE CORPS	2ND/1984	PCV'S		TECH ASSIST.	PRELIMINARY ASSESSMENT OF THE NEEDS & RESOURCES WAS MADE.
ZAIRE	SOC/BEHVRL DIAGNOSIS	3RD/1984	URBAN KINSHASA		CCCD FINANCED	ANTHROPOLOGICAL STUDY OF CDD MESSAGES AND BEHAVIOR.
ZAIRE	SOC/BEHVRL DIAGNOSIS	3RD/1984	NATIONAL		CCCD FINANCED	PRETESTING OF CDD GRAPHICS
ZAIRE	AUDIO VIS DEVL/PROD	3RD/1984	URBAN POP.		TECH ASSIST.	CDD TELEVISION SPOT
ZAIRE	PEACE CORPS, TRNG/TRNG DEVL	3RD/1984	VOLUNTEERS	23	CCCD SUPPORTED	TRAINED AT BUKAVU
ZAIRE	SCHL HLTH ED	3RD/1984	DOCTORS & NURSES		TECH ASSIST.	INCORPORATED CCCD MATERIALS AT LUBUMBASHI NURSING SCHOOL
ZAIRE	PRG MGT.COORD	3RD/1984	ZONAL OFFICERS		TECH ASSIST.	SHABA REGION COORDINATING COMMITTEE: TO ACCELERATE CCCD IMPLEMENTATION
ZAIRE	ASSMT/ STRAT DEVL	3RD/1984			TECH ASSIST.	DEVELOPMENT OF CDD HLTH EDUCATION PLAN, WHICH WAS INTEGRATED INTO CDD NATIONAL PLAN.
ZAIRE	AUDIO VIS DEVL/PROD	4TH/1984	MOTHERS		UNICEF & CCCD FUNDED	DIARRHEA POSTER DEVELOPMENT FOUR LANGUAGES
ZAIRE	TRNG/TRNG DEVL	4TH/1984	MOTHERS		UNICEF & CCCD FUNDED	SSS RECIPE-FLIER FOR MOTHERS FOUR LANGUAGES
ZAIRE	AUDIO VIS DEVL/PROD	4TH/1984	DOCTORS/NURSES		UNICEF & CCCD FUNDED	DIARRHEA EVALATION AND TREATMENT POSTER
ZAIRE	AUDIO/VIS DEVL/PROD	4TH/1984	HEALTH FACILITI		SANRU & CCCD FUNDED	1985 WALL CALENDAR WITH SSS RECIPE AND PLANNING CHARTS.
ZAIRE	MASS MEDIA	4TH/1984	RADIO AUDIENCE		TECH. ASSISTANCE	SERIES RADIO DISCUSSIONS ON DIARRHEA
ZAIRE	SCH HLTH ED	4TH/1984	PRI. SCHOOLS		TECH. ASSISTANCE	TEACHING HOME ORT (SSS)/DIARRHEA TREATMEN MATERIALS DEV BY CEPLANUT/USAID
ZAIRE	SCH HLTH ED	4TH/1984	PRI.SCH. TEACHERS		TECH. ASSISTANCE	PCV DEV. CCCD TOT IN REGIONS OF KASAI OCC., EQUATEUR, BANDUNDU
ZAIRE	MASS MEDIA	4TH/1984	GEN. POP.		TECH. ASSISTANCE	CCCD/ZAIRE LOGO
ZAIRE	SOC BEHAVRL DX	4TH/1984	GEN. POP.		TECH. ASSISTANCE	ANTHROPOLOGIC STUDY OF CULINARY HABITS MEASURING TOOLS AND SUGAR/SALT PRODUCTS IN THE ZAIRIAN HH TO DETERMINE MOST EFFEC SSS RECIPE.

CCCD ZAIRE SUMMARY COVERAGE SURVEYS: CHILD IMMUNIZATION UPDATED OCT 84 CODE ZA161

DATE	AREA	PROJECT AREA YES/NO	AGE ASSESSED	NUMBER ASSESSED	PERCENT COVERAGE OF TARGET GROUP										REMARKS
					CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	
NOV 83	SHABA:KOLWEZI	YES	12-24 MON	210	21	51	20	12	8	19	11	8	13	6	
NOV 83	SHABA:LIKASI	YES	12-24 MON	211	49	67	41	33	24	42	33	24	23	12	
NOV 83	KASAI ORR: MBUJI-MAYI	YES	12-24 MON	210		74	70	58	41	70	58	41	56	31	PROOF OF VAC CARDS WAS NOT REQUIRED, MOTHER'S Hx ONLY.
DEC 83	KINSHASA (MORTALITY SURVEY)	YES	9 MON - 4 YEARS	3092									62		WITH 95% CONFIDERNCE INTERVAL 54%-70%. FIRST STUDY TO DOCUMENT WIDE VARIATION IN COVERAGE (16-75 IN A CLUSTER).
FEB 84	KINDU, KIVU	YES	12-24 MON	214		89	90	76	58	91	76	59	62	48	
FEB 84	GOMA, KIVU	YES	12-24 MON	210		84	70	62	53	68	62	52	52	40	LOWER COVERAGE RESULTED FROM STOPPED MOBILE ACTIVITIES.
FEB 84	LISALA, EQUATEUR	YES	12-28 MON			51			11			10	4	5	
MAR 84	MATADI, BAS ZAIRE	YES	9-12 MON	210		85	84	78	71	85	79	71	51	51	
MAR 84	KIKWIT, BANDUNDU	YES	12-24 MON	211		88	85	83	80	86	83	80	76		
MAR 84	ISIRO, HAUT ZAIRE	YES	9-36 MON	212									29		
APR 84	KAMINA, SHABA	YES	12-23 MON	210		96	90	84	73	90	84	73	76	63	
APR 84	MBANDAKA, BANDUNDU	YES	12-24 MON	215		60	52	42	34	52	42	34	40	24	
MAY 84	KINSHASA (OUTSKIRTS)	YES	12-23 MON	122	61	57	57	55	48	57	55	48	44	36	NON-VALID SYSTEMATIC SAMPLING WHICH WAS NOT COMPLETED. BCG ASSESSED BY SCARS.
JUN 84	BUKAVU KIVU	YES	12-23 MON	212	74	82	74	66	60	74	67	61	54	49	ANNUAL COVERAGE SURVEY
JUN 84	LUBUMBASHI	YES	12-23 MON	211		92	78	73	64	78	73	64	64	56	ANNUAL COVERAGE SURVEY
AUG 84	KISANTU BAS ZAI	YES	12-23 MON	103	54	72	49	43	37	72	49	42	30	21	SURVEY EXERCISE NATIONAL CCCD TRAINING COURSE

NOTE THAT IN SOME SURVEYS VACCINATION COVERAGE RATES EXCEED CARD RATES BECAUSE EVIDENCE OF VACCINATION OTHER THAN HEALTH CARD WAS ACCEPTED.

CCCD ZAIRE SUMMARY — COVERAGE SURVEYS: TREATMENT OF DIARRHEA AND FEVER IN CHILDREN UNDER FIVE YEARS OF AGE — UPDATED OCT 84 CODE ZA162

DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF CHILDREN	NUMBER OF MOTHERS	PERCENT OF MOTHERS KNOW ORT		REPORTING OF DIARRHEA IN LAST TWO WEEKS				PERCENT MOTHERS KNOW MALARIA Rx	REPORTING OF FEVER IN LAST TWO WEEKS		
					HOME FLUIDS	ORS PACKETS	NUMBER OF DIARR EP	% EP Rx ORT HOME FLUIDS	% EP Rx ORT ORS PACKETS	% EP CONT'D BREAST-FEEDING		NUMBER OF FEVER EP	PERCENT EP OF FEVER Rx	PERCENT FEVER EP Rx APPRO.
JUN 83*	HAUT ZAIRE, KISANGANI	YES	218			8%	81		8%		88%			
DEC 83	KINSHASA	YES	3092				220/1000 (200-239 WITH 95% CONFIDENCE)	11%	2%			374/1000 (341-406 WITH 95% CONFIDENCE)	50%	43%
FEB 84	GOMA	YES	210			48%								
JUN 84	BUKAVU KIVU	YES	1005				190		28%			178		37%
JUN 84	LUBUMBAASHI	YES	447				96		19%			100	72%	36%
AUG 84	KISANTU BAS ZAI	YES	418		15%		64	15%	50%			119	92%	62%

NOTE EP: EPISODES
Rx: TREATMENT, TREATED
MOTHERS: MOTHERS OF CHILDREN IN THE TARGET AGE GROUP.
*: NOT PREVIOUSLY REPORTED

CCCD ZAIRE SUMMARY COVERAGE SURVEYS: PREGNANT WOMEN* UPDATED OCT 84 CODE ZAI63

				IMMUNIZATIONS: PREGNANT WOMEN					ANTIMALARIALS: PREGNANT WOMEN			
					PERCENT VACCINE COVERAGE					PERCENT USING PROPHYLAXIS		
DATE	AREA	PROJECT AREA (YES/NO)	NUMBER OF WOMEN	PERCENT WITH KNOWLEDGE OF TET TOX	TTo	TT1	TT2	DO NOT KNOW	PERCENT WITH KNOWLEDGE OF ANTIMALARIAL FOR MALARIA	AT ALL	3 OR MORE MONTHS	PERCENT USING ANTIMALARIALS FOR FEVER
DEC 83	KINSHASA	YES	1797**		20	79	48			34		
JUN 84	BUKAVU KIVU	YES	487			77	63			6		

* WOMEN WHO HAVE DELIVERED DURING THE PAST TWELVE MONTHS.
** WOMEN, INFORMATION REFERS TO THE MOST RECENT PREGNANCY.
NOTE %TTo: PERCENT NOT VACCINATED FOR TETANUS.
% TT1: PERCENT VACCINATED ONCE DURING PREGNANCY.
% TT2: PERCENT VACCINATED TWICE DURING PREGNANCY.

CCCD ZAIRE SUMMARY EPIDEMIOLOGIC STUDIES UPDATED OCT 84 CODE ZAI72

DATE	DISEASE	COUNTRY	AREA	DATE 1ST CASE	DATE INVES-TIDAT	TOTAL NUMBER CASES	TOTAL NUMBER DEATHS	CASE FATAL. RATE	VACCINE EFFICACY	REMARKS
SEPT 84	DIARRHEA	ZAIRE	SHABA REGION KONGOLO ZONE	7/84	9/6/84	797	10	1.2%		19% CASES <5 YRS WITH 1 DEATH. 81% CASES IN ADULTS WITH 9 DEATHS. ORT INTRODUCED AND USED EFFECTIVELY AT MBULULA HLTH CENTER.

CCCD ZAIRE SUMMARY SPECIAL STUDIES* UPDATED OCT 84 CODE ZAI73
PAGE 1

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
OCT 83	KINSHASA (HOSPITAL)	EPIDEMIOLOGY OF MEASLES	2733990	0-5 YEARS	REG REVIEWS, EVAL SURVEYS, VACCIN REPORTS	NA	HOSP MEASLES CASES ARE INCREASING. LARGE # CASES IN < 9 MONTHS. CASES STUDIED BY GEOGRAPHIC ZONE, HYPO: TRANSMISSION DEPENDS ON POP DENSITY.
OCT 83	KINSHASA	POLIO VACCIN: AGE & INTERVAL	NA	0-2 YEARS	DESCRIPTIVE STUDY	NA	CONCLUDE THAT AFTER CHILD RECEIVES 1ST DOSE HE ADHERES TO SCHEDULE, IN STARTING AT 3 MONTHS.
OCT 83	KINSHASA	FEASIBILITY OF VACCINAT SICK CHILDREN	NA	0-2 YEARS	DESCRIPTIVE STUDY (NOT REPRESENTATIVE)	398	ONLY 36% HAD VACCINATION CARDS WITH THEM; THEM; OF THOSE ELIGIBLE FOR MEASLES VACCINE- 20% VACCINATED. 39% HISTORY OF VACCINATION, 41% UNVACCINATED; AMOUNG UNVACCINATED 39% DID NOT RECEIVE VAC BECAUSE THEY GAVE HISTORY OF DISEASE. A POLICY OF VACCINATING SICK CHILDREN HAS BEEN ADOPTED.
DEC 83	KINSHASA	ANALYSIS OF CENSUS DATA	2733990	ALL			GEOGRAPHIC ANALYSIS OF MORTALITY, POPULAITON DENSITY, AND RATE OF POPULATION GROWTH.
DEC 83	KINSHASA	MORTALITY SURVEY	2911697	0-4 YEARS	CLUSTER SAMPLE	3092	CHILDHOOD (0-4) MORTALITY RATE: 23.6/1000. MEASLES MAJOR CAUSE OF CHILDHOOD MORTALITY, 29% OF ALL DEATHS, AND THE HIGHEST INCIDENCE IS IN THE UNDER 1 AGE GROUP. INCIDENCE OF FEVER & DIARRHEA HIGHEST AT 1 YEAR OF AGE. 74% MEASLES VACCINE EFFICACY. HIGH USE OF HLTH SERVICES: 69% OF FEVER & 58% OF DIARRHEA CASES TREATED IN HLTH CNTRS.
DEC 83	KINSHASA	FREQUENCY OF PREVENTIVE MEASURES TAKEN DURING PREGNANCY	364833**	15-50 YEARS	CLUSTER SAMPLE	1797	11% PREGNANT AT TIME OF SURVEY. 53% PREGNANT DURING LAST YEAR. DURING LAST PREGNANCY: 88% ENROLLED IN PRENATAL CLINICS, 34% TOOK AT LEAST 2 MONTHS CHEMOPROPHYLAXIS, 62% SOUGHT PRENATAL CARE BEFORE THEIR LAST TRIMESTER. FETAL DEATH RATE: 31/1000 LIVE BIRTHS AND FETAL DEATHS. 79% RECEIVED AT LEAST 1 DOSE TET TOX, 48% RECEIVED 2 DOSES.
JAN 84	KINSHASA	VACCINATTION OF SICK CHILDREN (EXPANDED STUDY)	NA	9-23 MON	DESCRIPTIVE STUDY	2700	CHILDREN ARE NOT VACCINATED IF MOTHER SAYS CHILD ALREADY HAD MEASLES. ONLY 1/2 OF CENTERS COULD INCREASE VACCINATIONS

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.

CCCD ZAIRE SUMMARY — SPECIAL STUDIES* — UPDATED NOV 84 CODE ZAI73
PAGE 2

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
FEB 84	KINSHASA	AGE AT TIME OF MEASLES VACCIN 1980, 1981, 1983	2,410,552 (1980) 2,911,697 (1983)	12-23 MONTHS	CLUSTER SURVEY	110 EACH YEAR	FEWER CHILDREN ARE NOW VACINATED BEFORE 9 MONTHS OF AGE AND VACCINATIONS ARE GIVEN IN A TIMELY MANNER: 70% VACCINATED BY 10 MONTHS OF AGE AND 88% BY 1 YEAR OF AGE.
FEB 84	RURAL ZAIRE	LAMENESS-POLIO SURVEY ANALYSIS (CONDUCTED 6/82-3/83)	18,000,000	LIVE-BIRTHS	CLUSTER SURVEY	2080	11.1 NEONATAL MORTALITY RATE, 11% TET TOX VACCINE COVERAGE WITH CARD, 41% CARD AND HISTORY.
				5-9 YEARS		10,8484	PREVALENCE OF LAMENESS: 8.2/1000.
	URBAN ZAIRE	AS ABOVE	10,000,000	LIVE-BIRTHS	CLUSTER SURVEY	2026	6.9 NEONATAL MORTALITY RATE, 24% TET TOX VACCINE COVERAGE WITH CARD, 82% CARD AND HISTORY.
				5-9 YEARS		9617	PREVALENCE OF LAMENESS: 11.3/1000.
							NOTE: DISGNOSIS OF POLIO WILL BE REFINED TO DETERMINE PREV. OF POLIO. NOT ENOUGH INFO FOR ANALYSIS OF TETANUS MORTALITY RATE.
MAY 84	KIVU SANGE VILLAGE	KAP DIARRHEA & FEVER (P.C. PUBLIC HEALTH TRAINEES)		0-5 YEARS	HOUSE TO HOUSE	279	41% OF SAMPLE SIZE HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; 4% OF ILL CHILDREN RECEIVED ORT, 31% OF ILL RECEIVED ANTIBIOTICS. 56% OF SAMPLE SIZE HAD A FEVER EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 30% RECEIVED ANTIMALARIAL TREATMENT, 60% WERE TAKEN TO A HEALTH CENTER AND 30% HAD RECEIVED A "PRESUMPTIVE Rx
MAY 84	KIVU LEMERA	KAP DIARRHEA & FEVER (P.C. PUBLIC HEALTH TRAINEES)		0-5 YEARS	HOUSE TO HOUSE	191	20% OF CHILDREN HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 8% RECEIVED LESS THAN USUAL AMOUNT OF LIQUIDS OR NONE AT ALL AND 3% RECEIVED ORT. 32% OF CHILDREN HAD A FEVER EPISODE WIWTHIN 15 DAYS PRIOR TO SURVEY; OF THESE 23% RECEIVED EITHER A CHLOROQUINE DOSAGE OR A QUININE INJECTION. 18% OF POPULATION SURVEYED HAD CHLOROQUINE IN THE HOME.
MAY 84	KIVU KATANA	KAP DIARRHEA & FEVER (P.C. PUBLIC HEALTH TRAINEES)		0-5 YEARS	HOUSE TO HOUSE	54	30% OF POPULATION SURVEYED HAD A DIARRHEA EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 38% RECEIVED LESS OR NO LIQUIDS AND 33% RECEIVED ORT. 28% OF SAMPLE SIZE HAD A FEVER EPISODE WITHIN 15 DAYS PRIOR TO SURVEY; OF THESE 63% RECEIVED A CHLORROQUINE OR QUININE TREATMENT. 9% OF SAMPLE GROUP HAD CHLOROQUINE IN HOUSE. PRIORITY INTERVENTION: SUGGEST EMPHASIS OF WATER SOURCES, ORT, ANIMATION, & PREVENTIVE HEALTH CARE IN OUTLYING AREAS.

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.

CCCD ZAIRE SUMMARY SPECIAL STUDIES* UPDATED NOV 84 CODE ZAI73
PAGE 3

DATE	AREA	TYPE OF SURVEY	POPULA. OF AREA	AGE ASSESSED	METHOD	SAMPLE SIZE	MAJOR RESULTS/REMARKS
MAY-AUG 84	NATIONAL	CCCD KAP 47 ZONES	4.7 MIL		QUESTIONNAIRE		ASSESSED CURRENT PRACTICES FOR MALARIA CHEMOTHERAPY, CHEMOPROPHYLAXIS AND ORS
AUG 84	KINSHASA	PREPARING SSS KINSHASA			VISITS TO HOUSE HOLDS		ANTHROPOLOGICAL STUDIES-VARIATION DOSAGE SSS PREPARED BY SAMPLING OF MOTHERS
AUG 84	KINSHASA	KAP DIARRHEA			VISITS TO HLTH CNTRS & MARKET		PRELIMINARY STUDY TO IDENTIFY POSTER MESSAGES
AUG 84	KINSHASA	DIARRHEA MESSAGES					DEVELOPED BY OSSBK TO STANDARDIZE MESSAGES FO HLTH PERSONNEL/MOTHERS. INFO USED BY CCCD
AUG 84	KINSHASA	FEVER MESSAGES					DEVELOPED BY OSSBK SAME AS ABOVE
AUG 84	KINSHASA	ORT MAMA-YEMO ER		0-5 YRS.	IND.CASE STUDY	400**	DATA COLLECTED ON ORS/IV PRESCRIBED/ADMINISTE PER WHO CLASSIFICATION; LENGTH OF TREATMENT AND EFFECTIVENESS OF TREATMENT.
SEP 84	KINSHASA	ORT M-Y PED WARD		0-5 YRS.	IND.CASE STUDY	45**	SAME AS ABOVE
SEP 84	KINSHASA	ORT M-Y OUTPATIENTS		0-5 YRS.	IND. CASE STUDY	200**	SAME AS ABOVE
SEP 84	KINGANDU BANDUNDU	RURAL MORTALITY SURV	60,000	0-6 YRS.	CLUSTER SAMPLE	4,000**	CCCD METHODOLOGY USED. RESULTS AVAIL. DEC. 84
SEP 84	PAI-KONGILA BANDUNDU	RURAL MORTALITY SURV	90,000	0-6 YRS.	CLUSTER SAMPLE	4,000**	CCCD METHODOLOGY USED. RESULTS AVAIL. DEC. 84

* SURVEYS SUCH AS MORTALITY, LAMENESS, NEONATAL TETANUS, AND KAP SURVEYS WILL BE INCLUDED.
** NUMBER OF WOMEN WITH A CHILD UNDER 5 YEARS OF AGE.

CCCD ZAIRE SUMMARY HEALTH INFORMATION SYSTEM ACTIVITIES CODE ZAI74 UPDATED NOV 8

COUNTRY	QUARTER/YEAR	ACTIVITIES
ZAIRE	1ST/1984	REPORTING FORMS FOR SURVEILLANCE SYSTEM WERE EXPANDED TO INCLUDE ALL CCCD DISEASES. FORMS ARE NOW DIFFERENTIATED BY REPORTING UNIT; HOSPITALS AND HEALTH CENTERS REPORT SLIGHTLY DIFFERENT INFORMATION. HOSPITAL FORMS ARE NOW BEING INTRODUCED INTO RURAL HEALTH ZONES; RURAL AREAS HAVE NOT BEEN INCLUDED IN THE SYSTEM UP UNTIL NOW.
ZAIRE	1ST/1984	VISITS WERE MADE TO HEALTH CENTERS & HOSPITALS DURING TRAINING OF PEV TEAMS. EVALUATION METHODS WERE RECOMMENDED.
ZAIRE	1ST/1984	DEVELOPED COMPUTER PROGRAM TO REGISTER ALL ROUTINE SURVEILLANCE DATA REPORTED BY 17 REGIONAL TEAMS. ALL REPORTS FROM 1980-83 WERE ENTERED.
ZAIRE	2ND/1984	ANALYSIS AND INTERPRETATION OF SURVEILLANCE DATA FOR MEASLES, WHOOPING COUGH, POLIO, AND TETANUS: CASES AND DEATHS BY AGE GROUP AND BY SEASON. REPORT PREPARED FOR FEEDBACK OF INFORMATION.
ZAIRE	2ND/1984	SUPERVISORY QUESTIONAIRE WAS FIELD TESTED AND REVISED.
ZAIRE	2ND/1984	ANALYSIS OF ZAIRE ANNUAL HEALTH REPORT STARTED.
ZAIRE*	2ND/1984	DEVELOPED INDICATORS TO EVALUATE EACH OF THE PEV REGIONAL TEAM'S PERFORMANCES.
ZAIRE	3RD/1984	INSTALLED COMPUTERIZED SYSTEM FOR ANALYZING VACCINATION DATA AND UTILIZATION OF ORS THAT INCLUDES SOFTWARE TO FACILITATE DATA ENTRY, VERIFICATION, CORRECTION OF ERRORS AND ANALYSIS BY REGION, TEAM AND HEALTH ZONE.