

PD-AAW-573  
52725

MIS REPORT  
MALAWI

COUNTRY SUMMARY

Country       MALAWI       Annual Report       1986       Calendar Year

Population       7,278,900      

Estimated Number of Live Births       381,173      

Dates

Project Agreement       June 19, 1984      

End of Project       March 31, 1988      

First Project Review       June 24-28, 1985      

First Evaluation       Oct. 1986      

Second Project Review       June 1987      

Second Evaluation       June 1988      

Annual and Cumulative Funding by Source

Source	Current Annual Funding	Cumulative Funding To Date
National Government	557,929	3,120,412
USAID	352,717	1,038,448

National CCD Program Manager       Dr. J.A. Kalilani, Dep. Chief Med. Officer      

National EPI Director       Mr. J. Chikakuda, Senior Clinical Officer      

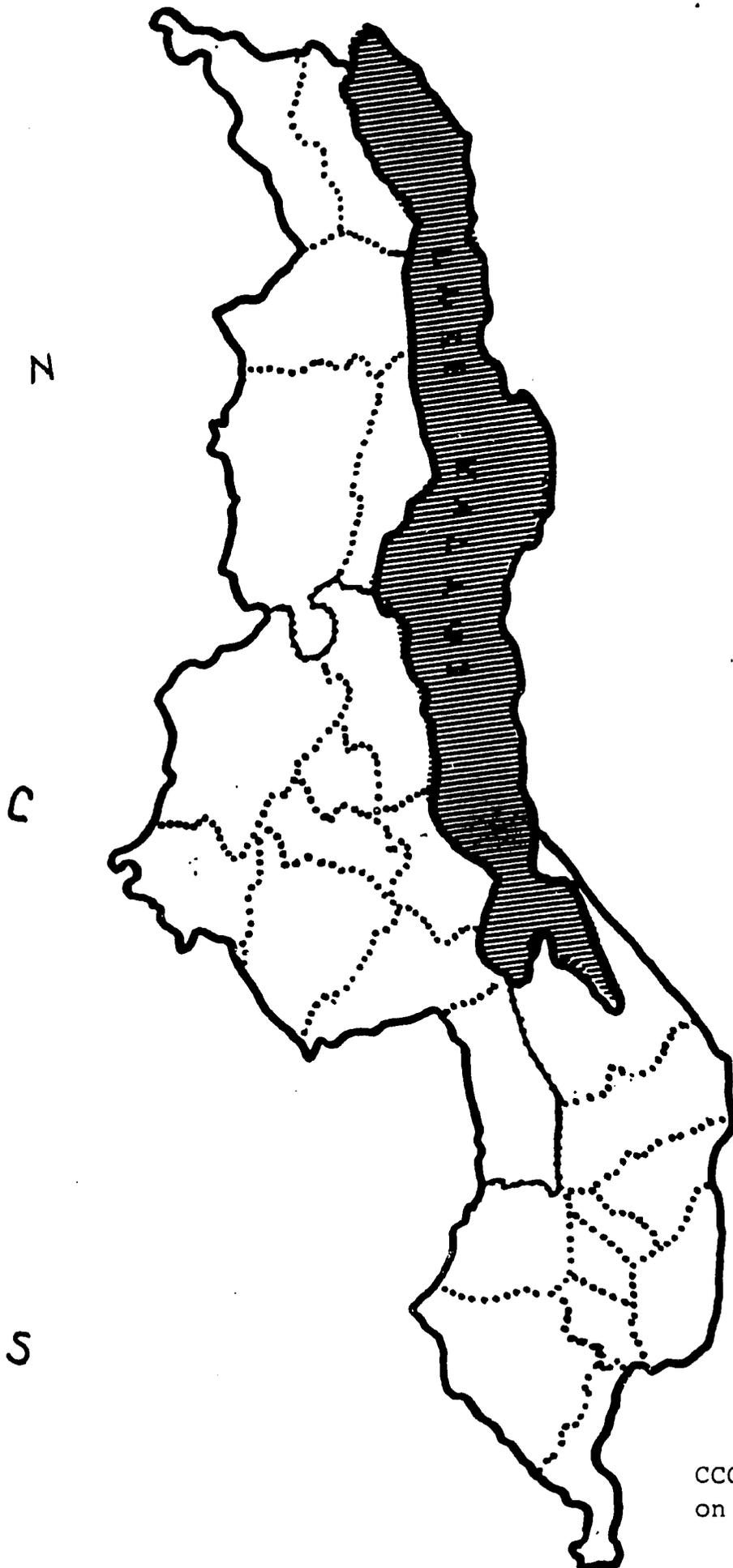
Diarrheal Disease Director (if different)       Dr. M. Mbyundula, Senior Paeditrician      

Malaria Director (if different)       Dr. J. Wirima, Medical Specialist, KCH      

Technical Officer       Mr. Reginald V. Hawkins, MPH      

✓

Map of Current and Projected CCCD Program Areas



CCCD in Malawi is operational on a country-wide basis

CALENDAR YEAR ACHIEVEMENTS, 1986

EPI

- (1) Completed a review of sterilization practices and used the findings to support recommendations to MOH regarding the improvement of sterilization and injection practices through a combination of policy changes, training and equipment procurement.
- (2) Conducted a detailed review of immunization records and past coverage surveys in order to better characterize the history and status of the program and support recommendations for the redirection of resources and for planning and other management activities.
- (3) Developed in coordination with UNICEF a plan to conduct a nationwide review of the cold chain in Malawi.
- (4) Supported the establishment of a model clinic in which patient flow and ORT/EPI services can be observed and practical training provided.
- (5) Supported a special initiative, starting on the International Nurses Day, to provide immunizations to under served areas.
- (6) Participated with collaborating donor agencies in planning and coordinating support for the Malawi EPI program.
- (7) Participated in a two day orientation of district level coordinators for cold chain, immunization and sterilization practices with UNICEF and MOH.
- (8) Supported a series of regional planning workshops for district level coordinators designed to improve planning and implementation activities for ORT, EPI and malaria control.
- (9) Recommended adoption of the policy of using one needle and one syringe for each injection which the Ministry accepted pending receipt of adequate supplies.

CDD

- (1) Completed the procurement and delivery of basic equipment needed to complete the establishment of ORT units in most health facilities in Malawi.

4

- (2) Procured and distributed 30,000 1 1/4 litre containers to mothers with instructions on the use of home fluids and UNICEF packets.
- (3) Supported a community level initiative to orient community leaders in a cholera endemic area to techniques for the treatment of water and the management of diarrhea.
- (4) Supported the development of QECH under S clinic as a site for a model ORT and EPI clinic by assisting with the planning and financing of minor renovations to facilitate patient flow and teaching.
- (5) Conducted a review which demonstrated a significant reduction in the use of IV fluids in hospitals for the treatment of dehydration since the advent of ORT activities in Malawi.
- (6) Supported community level ORT activities being conducted by the Malawi Red Cross and the International Eye Foundation through the provision of material and technical support.
- (7) Assisted the regional teams in the preparation of annual work/training plans for ORT, EPI and malaria control activities.
- (8) Supported the establishment and maintenance of ORT units through supervisory visits.
- (9) Participated in the planning and implementation of African Immunization Year activities.

#### Malaria

- (1) Assisted with the updating, publishing and distribution of a revised malaria treatment guide.
- (2) Designed in conjunction with Sterling Drugs Ltd., Malawi a malaria treatment poster, comparable to the poster now being used in health facilities, to be displayed in shops and on packages of chloroquine sold by merchants.
- (3) Conducted further evaluation of the clinical and parasitologic response to chloroquine in a dose of 25 mg/kg.
- (4) Conducted evaluation of the clinical indicators used in presumptive diagnosis of malaria.
- (5) Conducted evaluation of the clinical and parasitologic response to quinine.

- (6) Conducted evaluation of the parasitologic response to Fansidar in an area of suspected Fansidar resistance.
- (7) Conducted evaluation of the parasitologic response to chloroquine prophylaxis among pregnant women.
- (8) Conducted evaluation of compliance of pregnant women to the chloroquine prophylaxis programme.

#### Training

- (1) Assisted in the training of an additional 1,336 personnel as part of the Priority Diseases Training courses. This years trainees included increased numbers of homecraft workers, health surveillance assistants, hospital servants, shop owners and others with community level roles and responsibilities.
- (2) Conducted mid-level managers training for all district coordinators for EPI, ORT and malaria control activities with participation by representatives from the various schools of nursing in Malawi. A total of 78 individuals were trained.
- (3) A training session for work planning was held for the Peace Corps Volunteers and their counterparts.
- (4) In order to ensure that new child survival initiatives and strategies were supported MOH organized a one day training session for government and private senior medical officers in order to brief and orient them about the implementation of these activities. A total of 130 of these officers participated in this training.
- (5) Supported an effort to improve reporting of health information by providing training for 79 statistical clerks from government and private institutions throughout Malawi.
- (6) A total of seventeen people were trained as part of an effort to evaluate the impact of the Priority Diseases Training on the delivery of health service.
- (7) In an effort to provide diarrhea management training for those individuals with a limited facility for english a course for 30 peripheral level health workers was organized and conducted in chechewa.
- (8) Training in support of the International Eye Foundations primary health care worker child survival program was assisted by CCCD Peace Corps Volunteers with the training of 42 workers in the use of audio and visual aides.

- (9) Trained 39 traditional birth attendants, 12 shopkeepers and 12 surveyers in malaria case management/prevention and survey techniques.
- (10) As part of an effort to reduce the incident of outbreaks of severe diarrhea in an endemic area a workshop for 129 community leaders was organized and held to improve water treatment and case management practice in the home.
- (11) Provided support for the training and subsequent support costs for 12 student nurses to participate in the national trade fair as information sources about ORT, malaria and EPI for the general public.
- (12) Trained 12 staff people who will operate the interim sentinel surveillance system for diarrhea and malaria.
- (13) Participated with UNICEF in a course for the orientation of the 27 district and regional EPI coordinators to new EPI policies and practices. (87)
- (14) Trained as a part of the planned cold chain review the first 12 of several hundred persons expected to be oriented for participation in this study. (87)
- (15) Supported the participation of the CCCD Peace Corps Volunteers in the annual Family Health planning and evaluation workshop. (87)
- (16) Conducted a major evaluation of the Priority Diseases Training initiative on the impact of patient service delivery.

#### Health Education

- (1) Facilitated the arrival and start up of the Healthcom Project technical officer.
- (2) Conducted a reprinting and distribution of various health education posters previously developed and distributed.
- (3) Developed and submitted to the Ministry a first and a followup (i.e. final) draft of a Healthcom implementation plan for review and approval.
- (4) Designed and submitted to the Ministry an expenditure and procurement plan for the use of the \$100,000 in CCCD funds reserved for Healthcom activities.

## Health Information System

- (1) Initiated and monitored the interim sentinel surveillance system which produced data for the entire year on the practices of mothers with regard to diarrhea and malaria.
- (2) Completed the purchase and installment of a computer system for the Health Statistics Unit (HSU).
- (3) Assisted the HSU in computerizing the information for outpatients and immunizations for the years 1985 and 1986.
- (4) Assisted with the training of 79 health staff responsible for the collection and compilation and submission of data to the Ministry.
- (5) Developed and submitted to the Ministry a set of recommendations for the improvement of data collection, analysis and distribution.
- (6) Demonstrated thru a record review and compilation of a report on vaccine practices the availability and usefulness of data contained in the health information system.

## Other

- (1) Compiled a detailed budget document outlining the expenditure to date of bilateral funds and those remaining unobligated or remaining following designated purchases.
- (2) Compiled a detailed record of expenditures for the project outlining government contribution, bilateral contribution, and regional contribution with projections for remaining life of project expenditures.
- (3) Endured three program evaluations during the year and a host of consultants and other visitors. These visits reflect only CCCC specific bodies who numbered 19 and stayed an average 2.3 weeks.
- (4) Completed the procurement of ORT supplies and equipment.
- (5) Identified a locally available 1 litre container that can be custom printed and colored with health messages.

## MAJOR PROBLEMS AND ACTIONS TAKEN

CDD  
-----

PROBLEM: Policy changes and training has been largely completed but most facilities lack the tools needed to make ORT units operational.

ACTIONS TAKEN: Finalized a basic list of equipment and training needs and accelerated the procurement of supplies and equipment through identification of local sources of supply.

PROBLEM: Although training has been extensive there are indications that poor performance of case management duties by some health workers reflects the lack of hands on experience as part of the Priority Diseases training.

ACTION TAKEN: Supported and assisted with the development of a WHO funded East Africa Regional training center for ORT activities.

Encouraged and supported the development of Malawi district and regional model clinics that would serve as local or area training centers for health staff. Several facilities have been identified and modifications are being undertaken in order to equip them for training and monitoring activities.

PROBLEM: The lack of a one litre measure for the mixing, collection and storage of ORS limits the wider use of ORS within the community.

ACTION TAKEN: Identified a local producer of plastic products who was willing to produce a one litre container in a variety of colors and with health messages printed on the sides. Containers are being distributed to the community level through health facilities and field staff.

EPI  
-----

PROBLEM: Epi coverage has been declining for the past two years.

ACTION TAKEN: Supported and encouraged the adoption of integrated health services including the provision of immunizations on a daily basis and the immunization of children who are sick.

PROBLEM: Measles is occurring in children who have been previously vaccinated.

ACTION TAKEN: Planned in conjunction with UNICEF a national review of the cold chain system.  
  
Supported the development of a training plan which will allow district managers to conduct small on site training for injection, sterilization and vaccine handling practice.

PROBLEM: The Ministry needed district level data on EPI coverage in order to facilitate planning at the health facility level.

ACTION TAKEN: Compiled and analysed district level data for immunizations performed during the previous six years and compared that data to the results of the coverage surveys conducted during the previous five years to demonstrate the usefulness and soundness of existing data.

MALARIA  
-----

PROBLEM: The malaria control program lacks the management structure to needed to facilitate implementation of program activities at the service delivery level.

ACTION TAKEN: Assisted a WHO consultant in an evaluation of the malaria control program and supported his report findings which recommended that the MOH seek to improve program implementation by the appointment of a malaria control program manager.

## HIS

---

PROBLEM: The transition from manual tabulation to computerization is occurring very slowly.

ACTION TAKEN: Organized an effort for the compilation of data for the MIS which involved the statistical clerks working to enter data on immunizations and outpatients for the years 1985 and 1986. This intensive updating exercise improved keying skills and helped to increase the demand for information available from the system.

PROBLEM: While large amounts of data are collected by the health information system there is a processing time delay of several years.

ACTION TAKEN: Drafted and submitted for Ministry review a plan that would accomplish the revision of forms and procedures used for the collection, analysis and utilization of data. The plan would tighten the criteria for the routine collection of information and lead to more flexibility and speed in the system.

Supported the training and orientation of statistical clerks from health facilities throughout Malawi in methods of compiling, analysing and using data that they collect and send to the Health Statistics Unit (HSU).

## TRAINING

---

PROBLEM: Thousands of health workers were being trained with little indication of the impact that this training was having on the delivery of health services.

ACTION TAKEN: Supported the planning, organization and implementation of an evaluation of service delivery as practiced by trainees from the Priority Diseases training activity.

PROBLEM: District level coordinators were in need of assistance in the planning and supervision of ORI and EPI activities in their districts.

ACTION  
TAKEN:

Supported the organization and implementation of mid-level training courses for the three regions to assist district coordinators in their efforts to develop work plans and monitoring tools for their districts.

OTHER  
-----

PROBLEM:

There was confusion regarding balances and expenditures for the regional, bilateral and GOM contribution to the CCCD Project.

ACTION  
TAKEN:

Conducted a comprehensive evaluation of the financial status of each of these components and drafted a narrative to explain the various sections.

Designed budget format for the computer to facilitate constant updating of expenditures and balances.

Conducted a comprehensive review of current bilateral expenditures and prepared a report detailing the location and amount of funds needing reobligation.

## MAJOR GOALS AND OBJECTIVES FOR NEXT YEAR

The final phase of the CCCD Project in Malawi involves the strengthening of health facility services and community utilization of these services and the improvement of health practices at the community and household level. There is approximately one full year remaining in which to conduct activities that will allow for effective impact in these areas.

The goals and objectives for the coming twelve months will focus on maintaining the current impact that has been achieved through research, improvements in training and supervisory activities, and supplies and equipment procurements. Focussing on the needs and performance of health centers and outreach activities will be a main strategy in the effort to improve both the quantity and quality of services. While it is expected that attention will be directed to community level activities in targeted areas it is anticipated that interventions suitable for the national level will be developed by the end of the project period.

Specifically, the Project will:

Continue to implement the five year National Diarrheal Disease Control Plan including establishment of treatment/health education corners at all fixed health facilities.

Attempt to improve the quality of ORT services in existing corners through modifications in the health education approach currently used by these units.

Attempt to improve the monitoring and supervision of existing ORT units in order to insure the delivery of the basic service of fluid therapy for diarrhea.

Attempt to improve the integration of ORT services into the entire structure of health facility services.

Continue to support the development of training/model integrated clinic facilities to support continued implementation and evaluation of health services and policies.

Continue to support through mass media and other research and the procurement of containers the wider utilization of fluid therapy at the community level.

Continue to implement the five year plan for EPI with the goal of increasing coverage through improvements in the cold chain, vaccination practices, logistics for vaccines and supplies, supervision and the integration of EPI into the complete routine of health services.

Continued modification/improvement of the health information system through the completion of the computerization of existing and incoming data and the revision of forms and procedures for the collection, analysis and distribution of the data collected.

Continue to implement the five year plan for malaria control through improvement in drug supply logistics, treatment practices, and targeting of mass media health education research on treatment in the home/community.

Continue resistance monitoring/surveillance of malaria at selected sentinel sites in order to achieve timely updates in the treatment policy when there are indications of increasing resistance.

Continue to improve donor coordination of activities by continuing the practice of formal and informal communications and working to collaborate as much as possible on issues of similar interest.

Attempt to conduct operational studies of community/household participation in OBT and malaria control activities.

Continue to support the development and operation of the epidemiology training course planned as a component of the Community Health Sciences Unit.

## IMMUNIZATION SUMMARY, 1986

1986 vaccination coverage, estimated by dividing the total doses of vaccine given by the estimated population, are as follow:

Vaccine	Estimated Coverage, (children less than 1 year of age)
DPT 3	54%
TOPV3	55%
BCG	79%
MEASLES	42%
T.T.1 (pregnant women)	49%

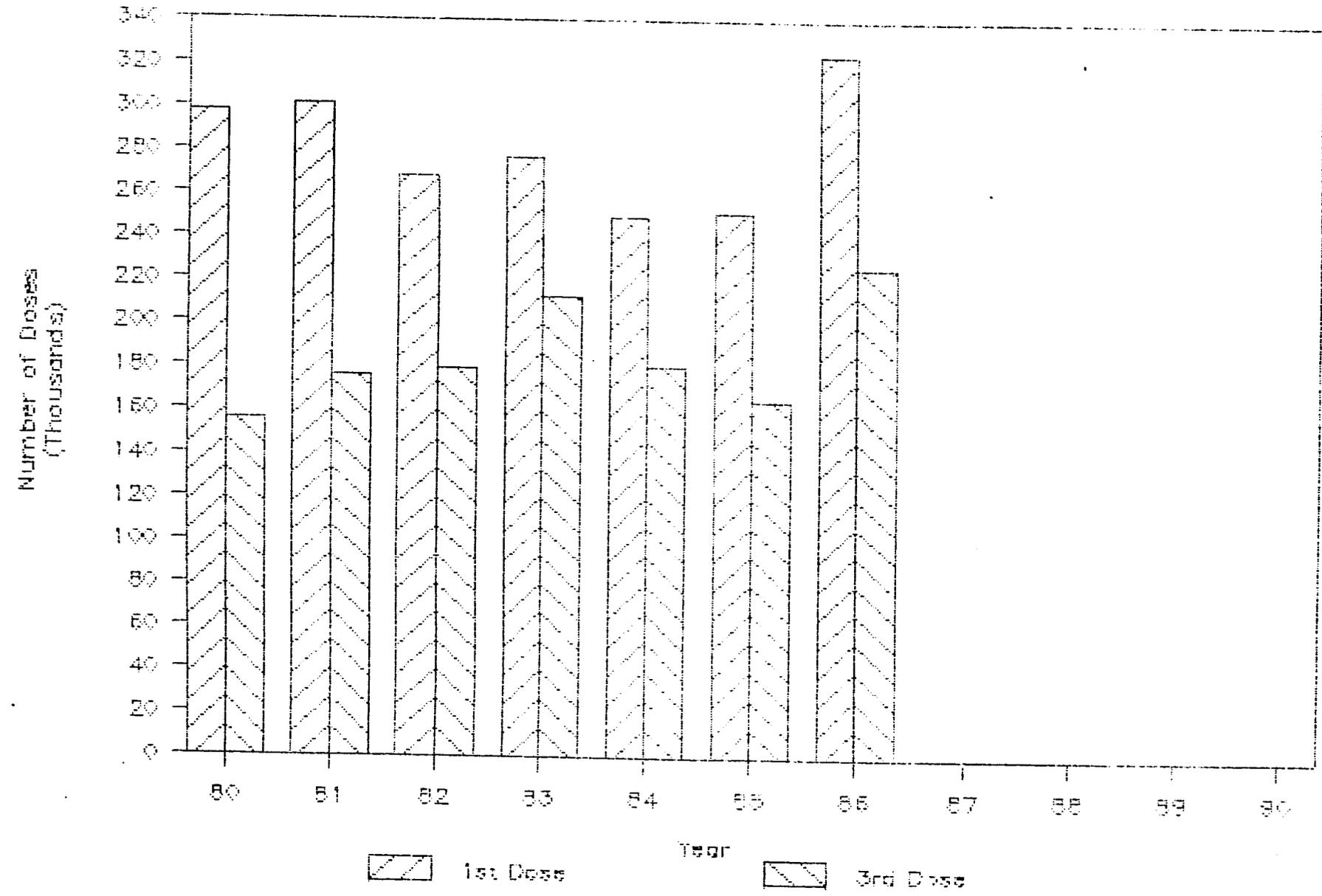
The dropout rates from 1st dose to 3rd dose are 32% for DPT and 24% for TOPV.

EPI coverage surveys have shown a decrease in fully vaccinated children from 55% in 1984 to 35% in 1985. During 1986 a series of efforts, such as, daily immunizations and special campaigns were initiated with the goal of making substantial increases in coverage. The limited success of these efforts is reflected in substantial increases over the previous year in the delivery of immunizations for all the antigens. Injections given approach the peak levels reached during 1982 and 1983 for measles, and have exceeded all previous levels for the other antigens.

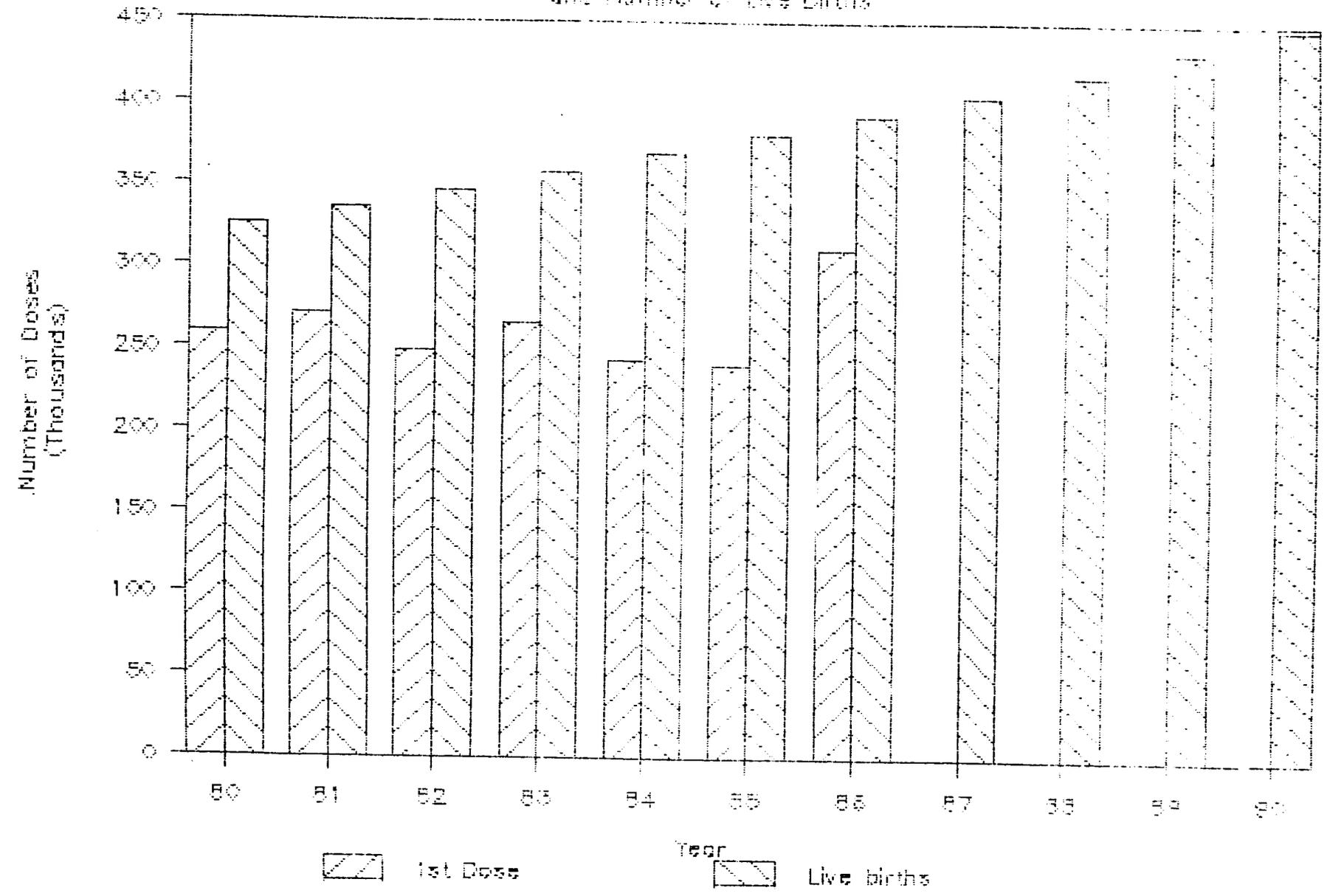
In addition dropout rates for polio (23%) and DPT (30%) have improved while the proportion of doses given to non-target population children has remained constant or fallen. Nevertheless, the goal is to achieve coverage high enough to interrupt transmission and the performance during 1986 represents the start of an upward trend in coverage beyond all previous levels.

Measles outpatient and inpatient reporting (80% and 100% respectively) show a decrease in the incidence of measles from 1978 when EPI officially started. While the peaks in disease are lower the incidence during low transmission periods is essentially unchanged.

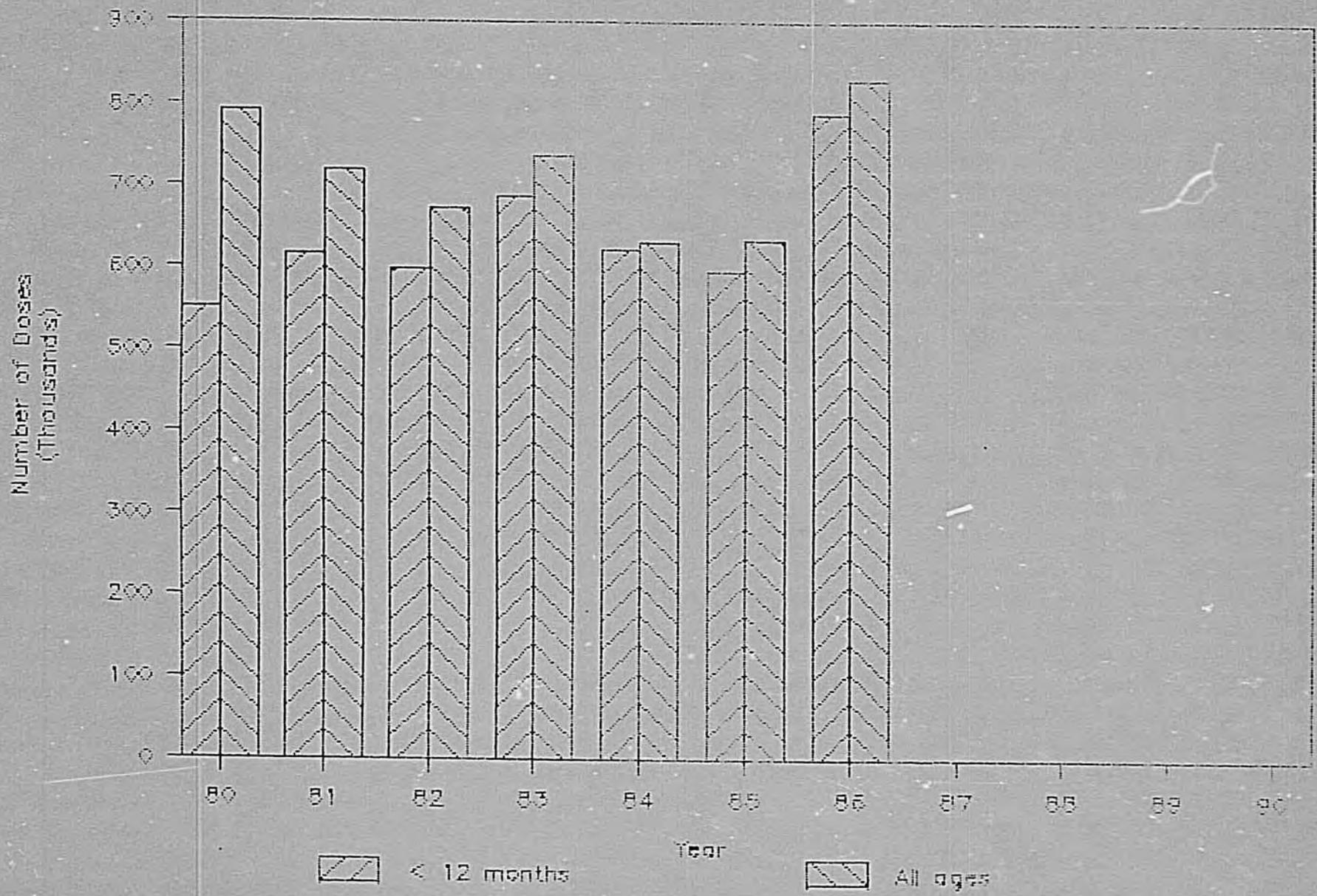
# DPT: First and Third Doses, All Ages



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

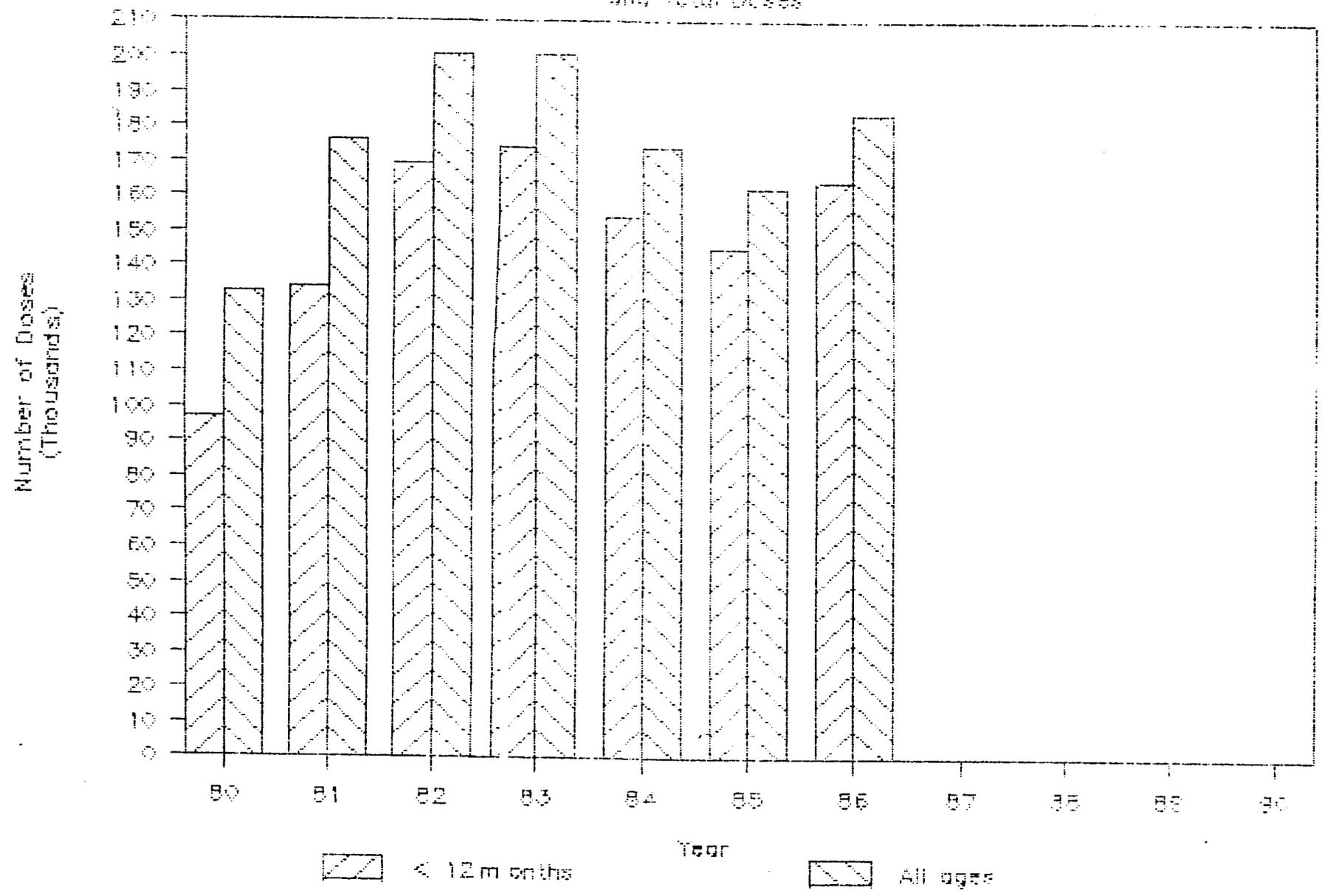


# DPT: Doses < 12 Months and Total Doses

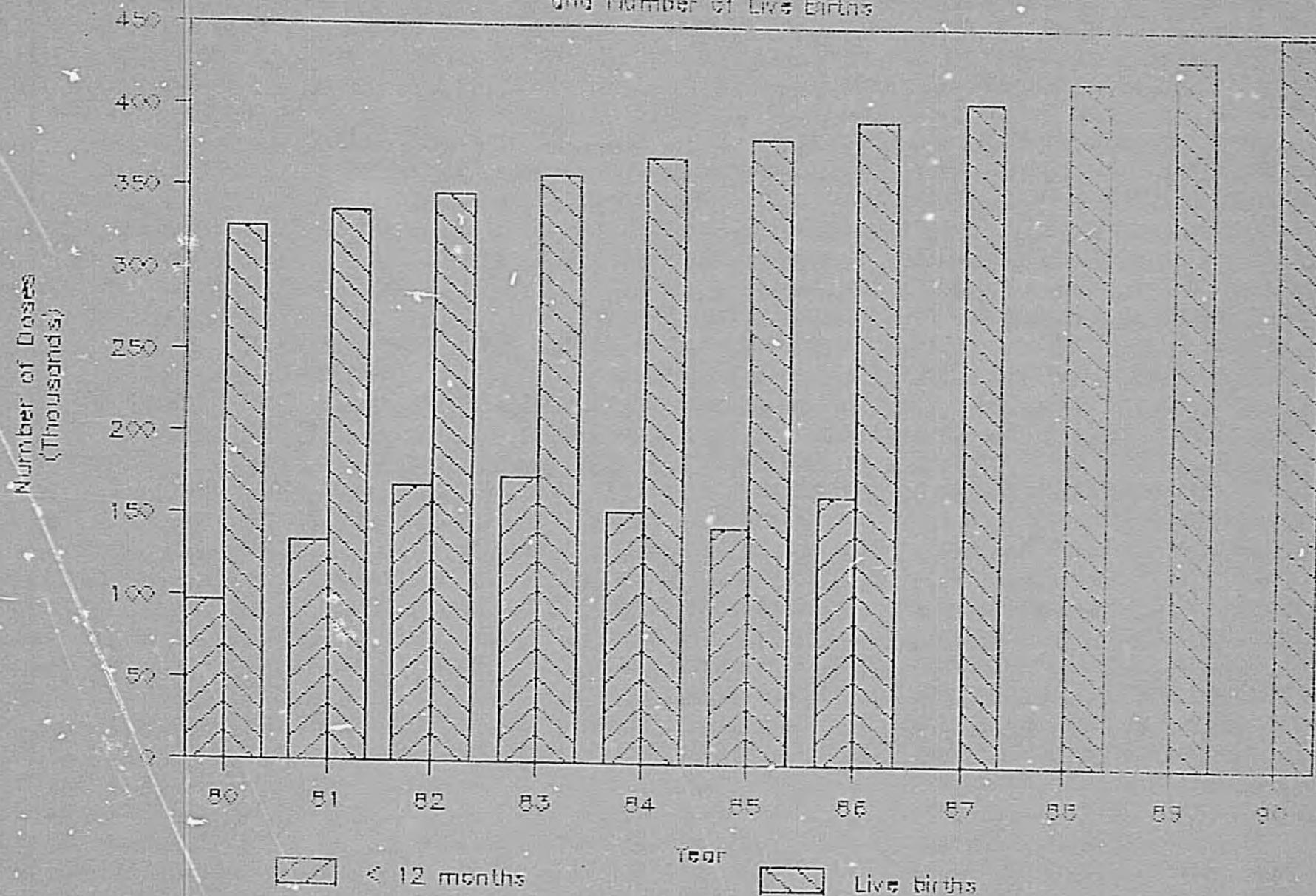


# Measles Vaccinations: Doses < 12 Months

and Total Doses

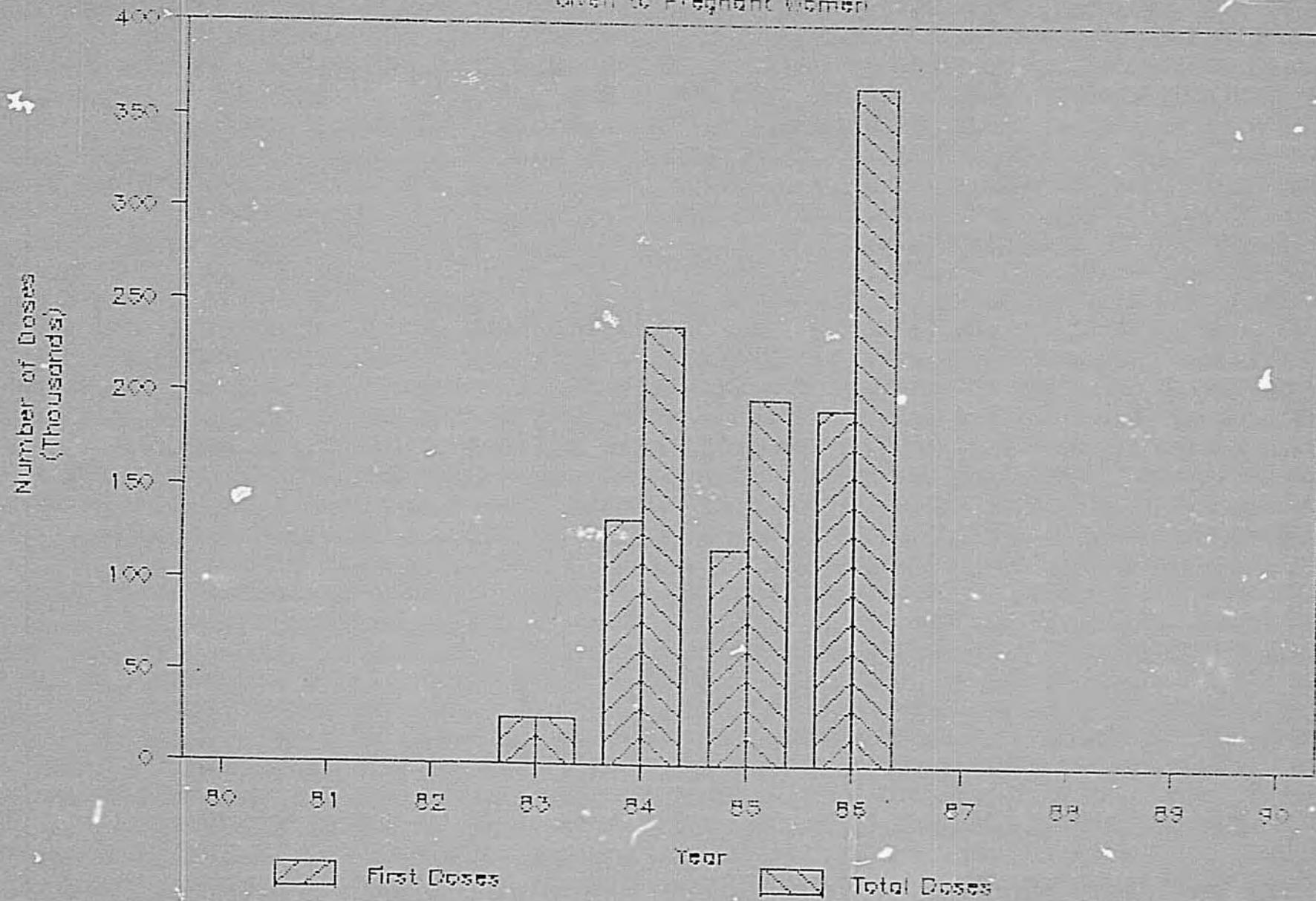


Measles Vaccinations: Doses < 12 Months  
and Number of Live Births

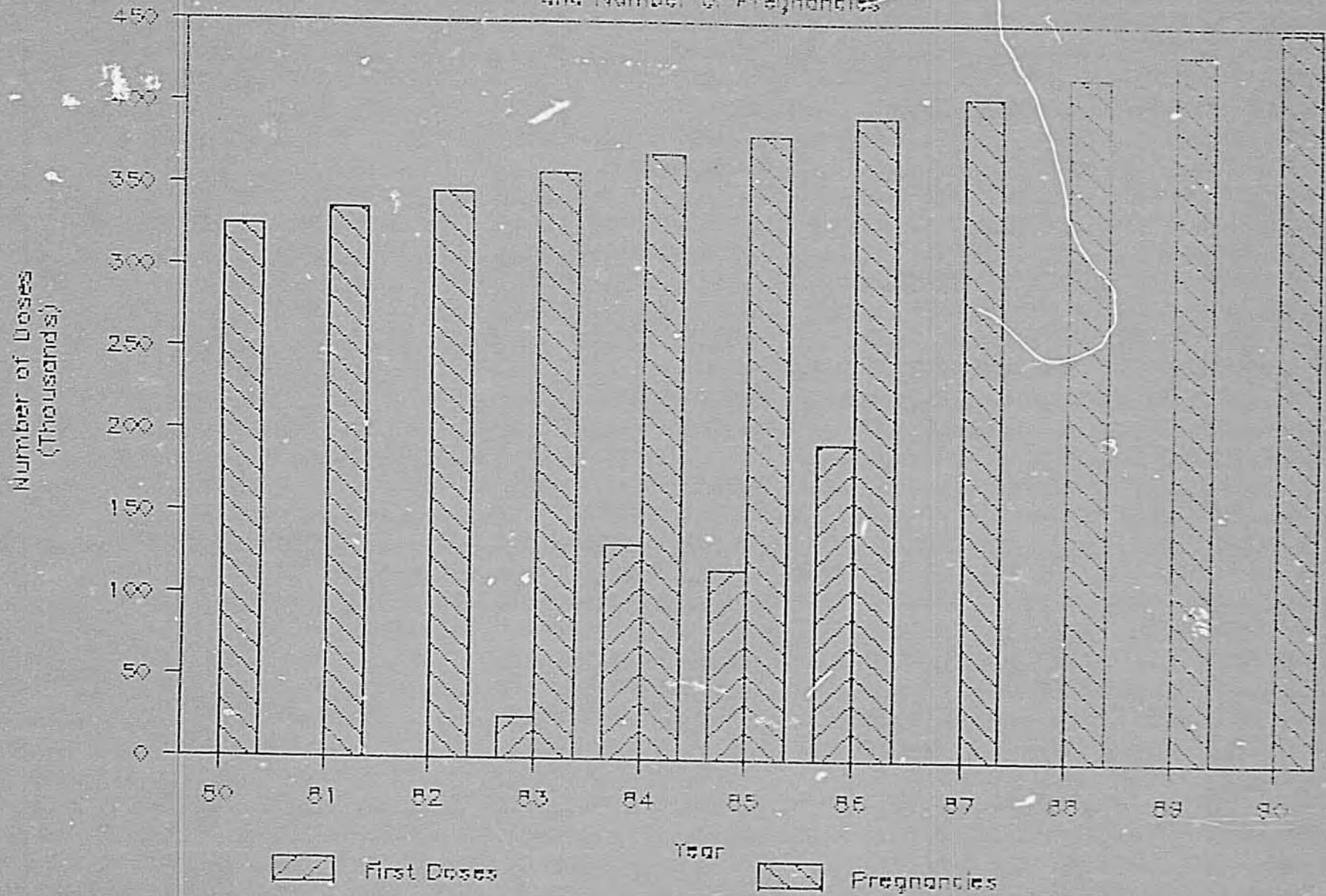


# Tetanus Toxoid: First and Total Doses

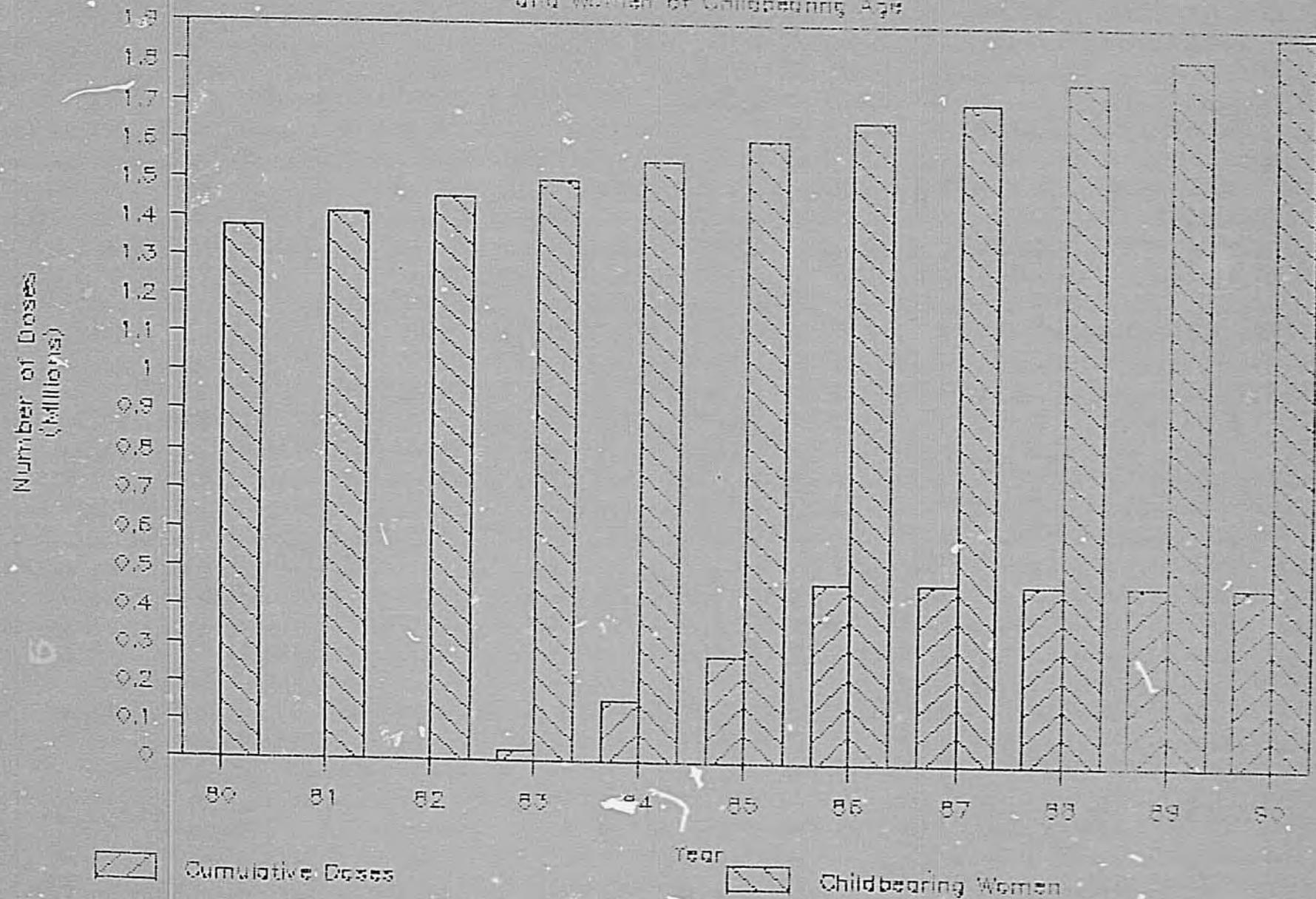
Given to Pregnant Women



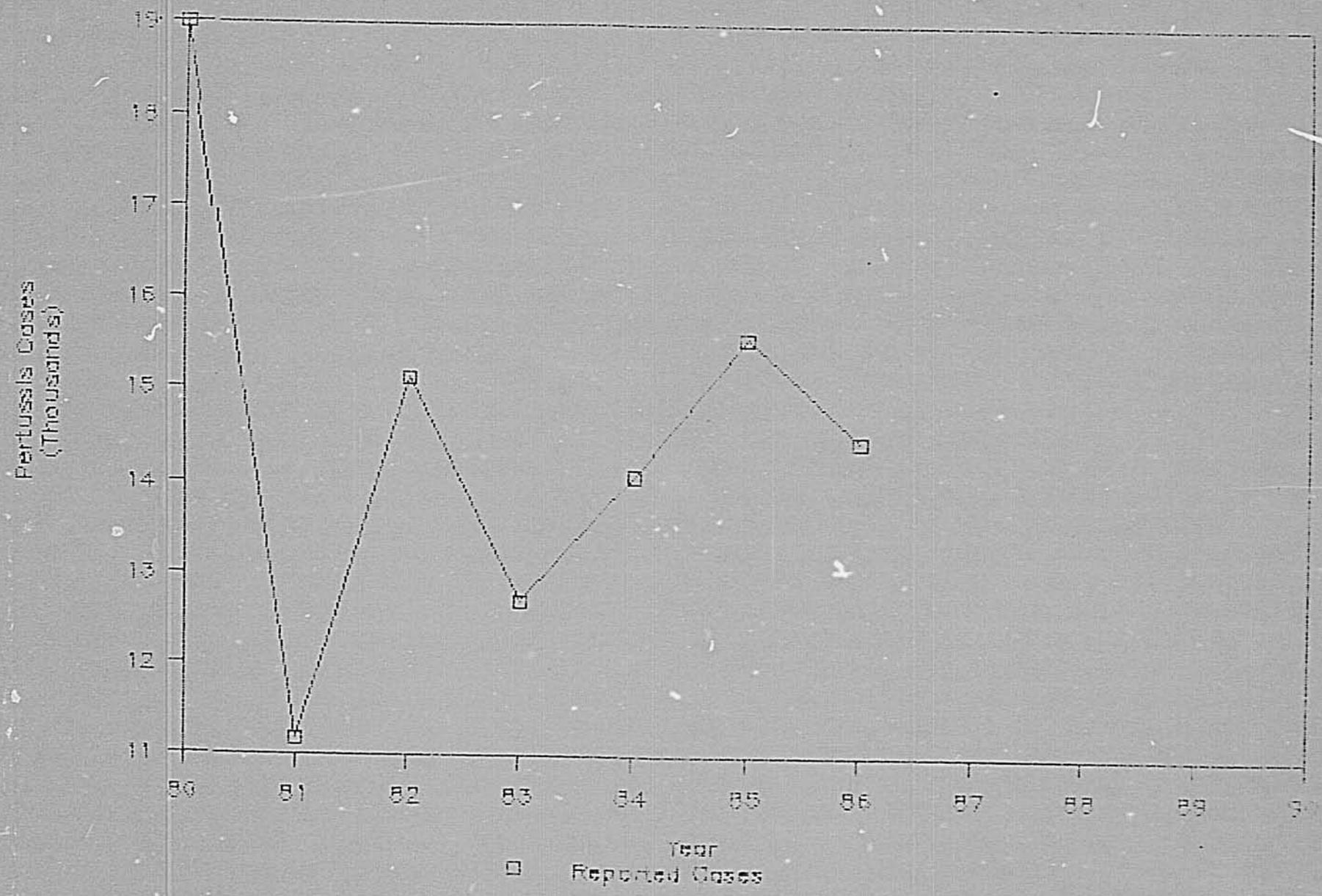
Tetanus Toxoid First Doses  
and Number of Pregnancies



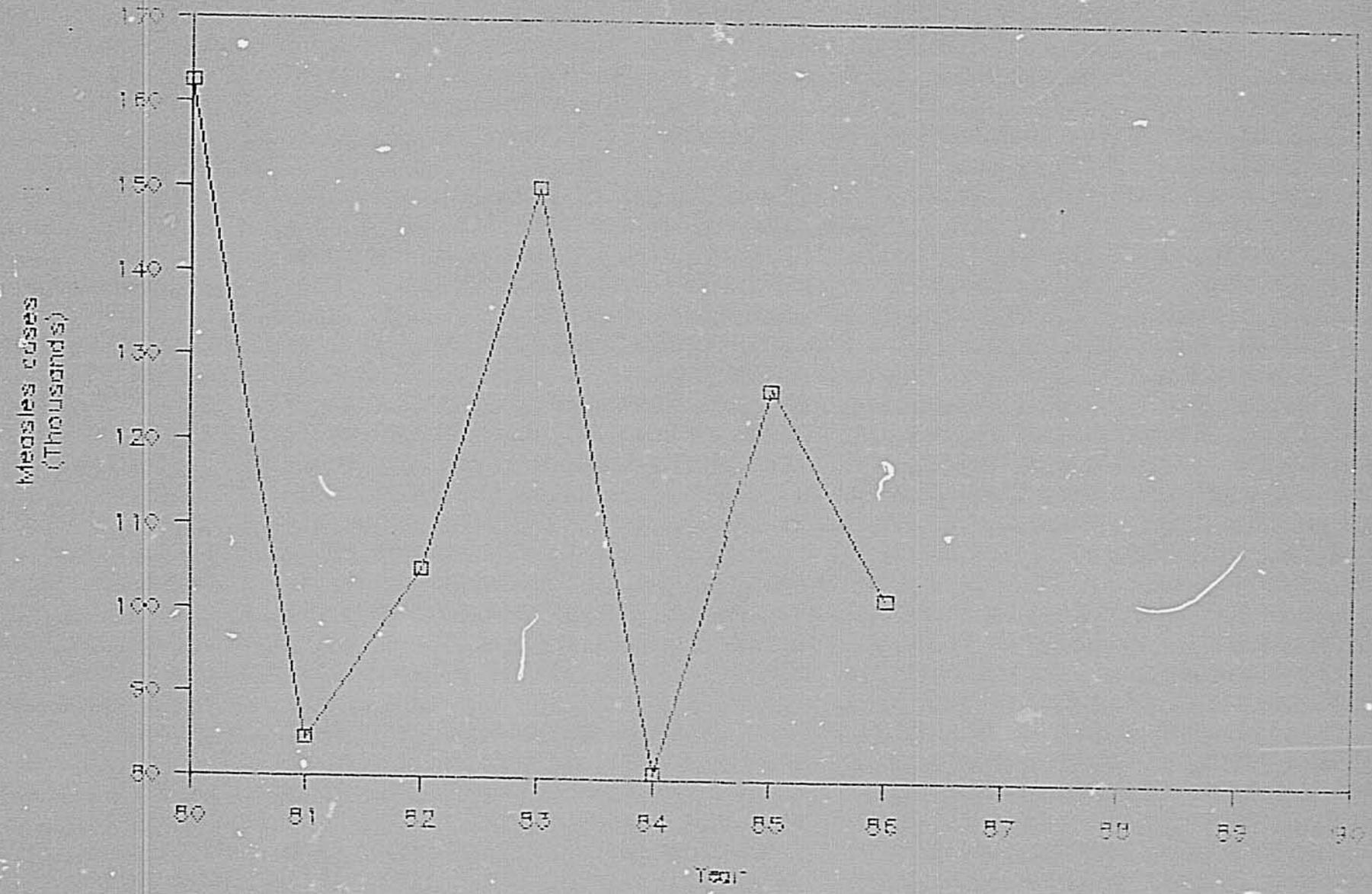
# Tetanus Toxoid: Cumulative First Doses and Women of Childbearing Age



# Pertussis Cases Reported by Year

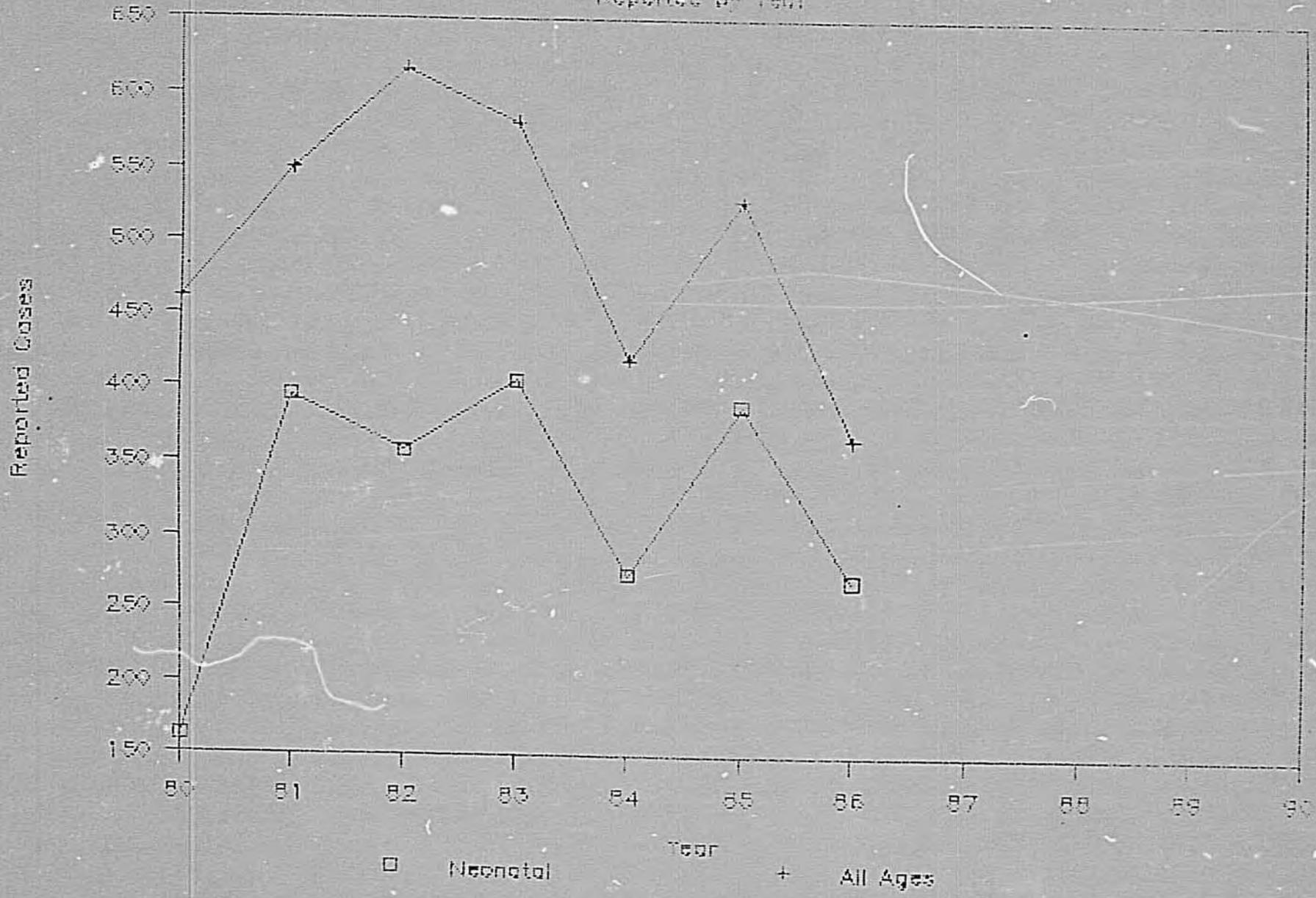


# Measles Cases Reported by Year

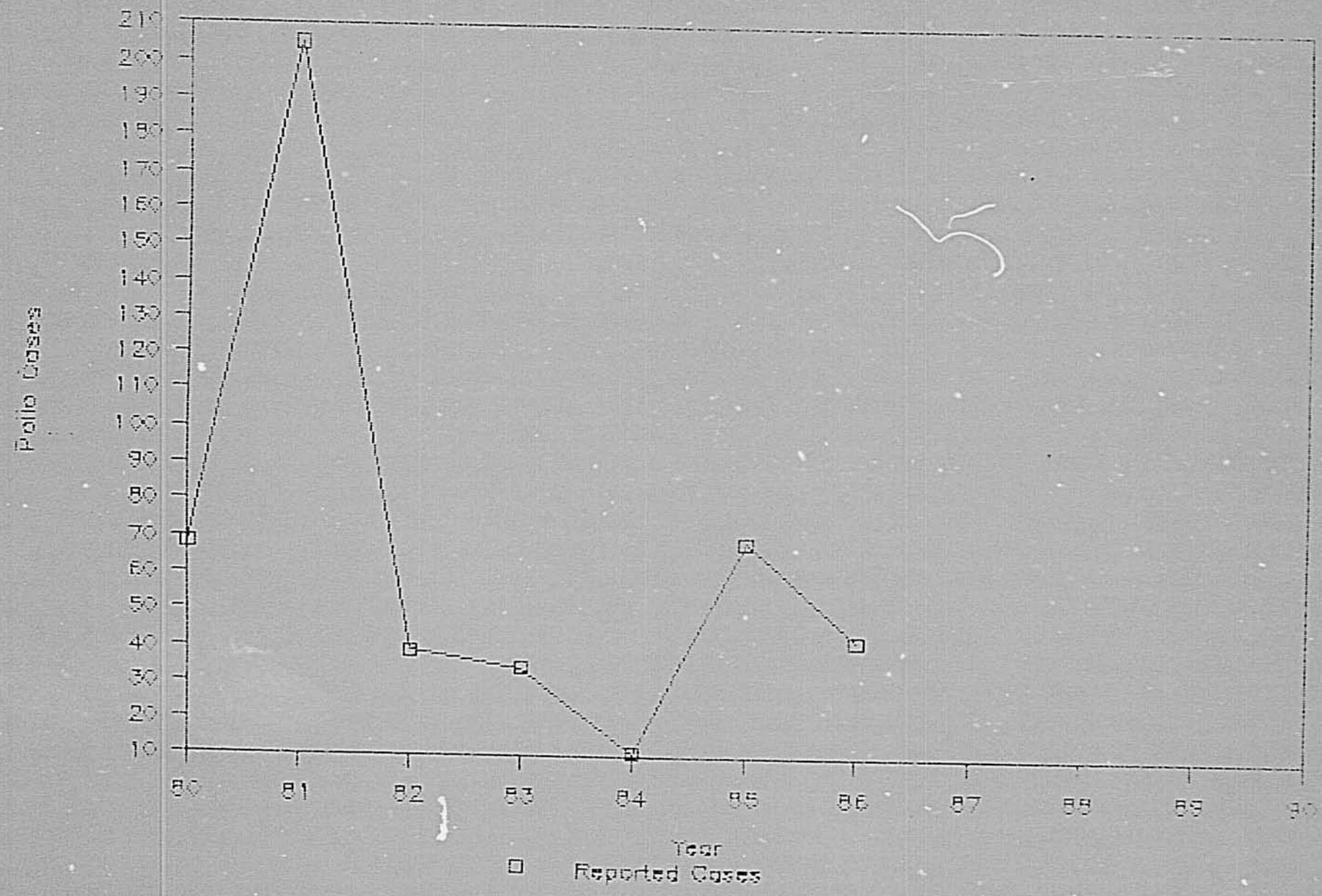


# Neonatal and All Tetanus Cases

Reported by Year

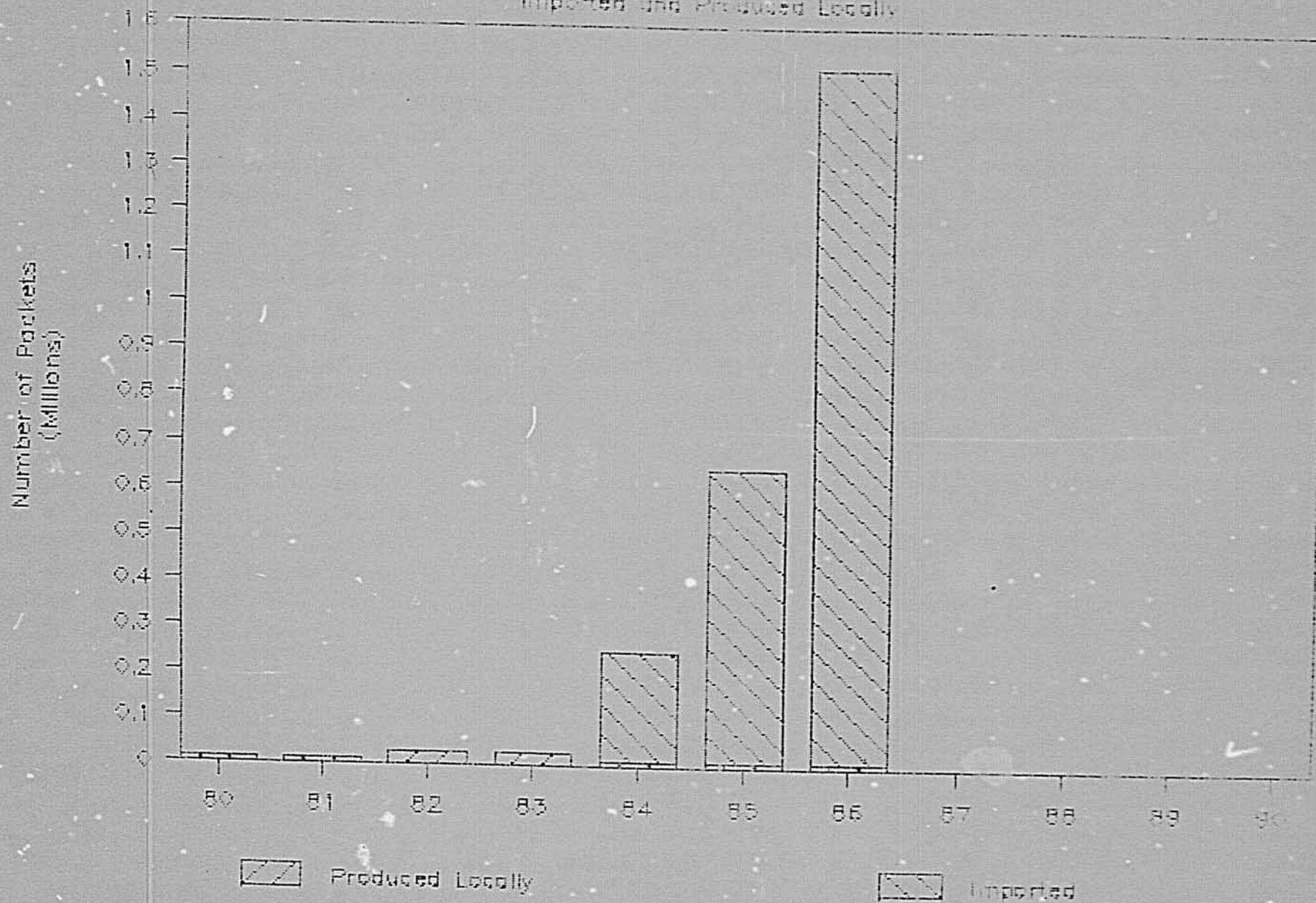


# Polio Cases Reported by Year

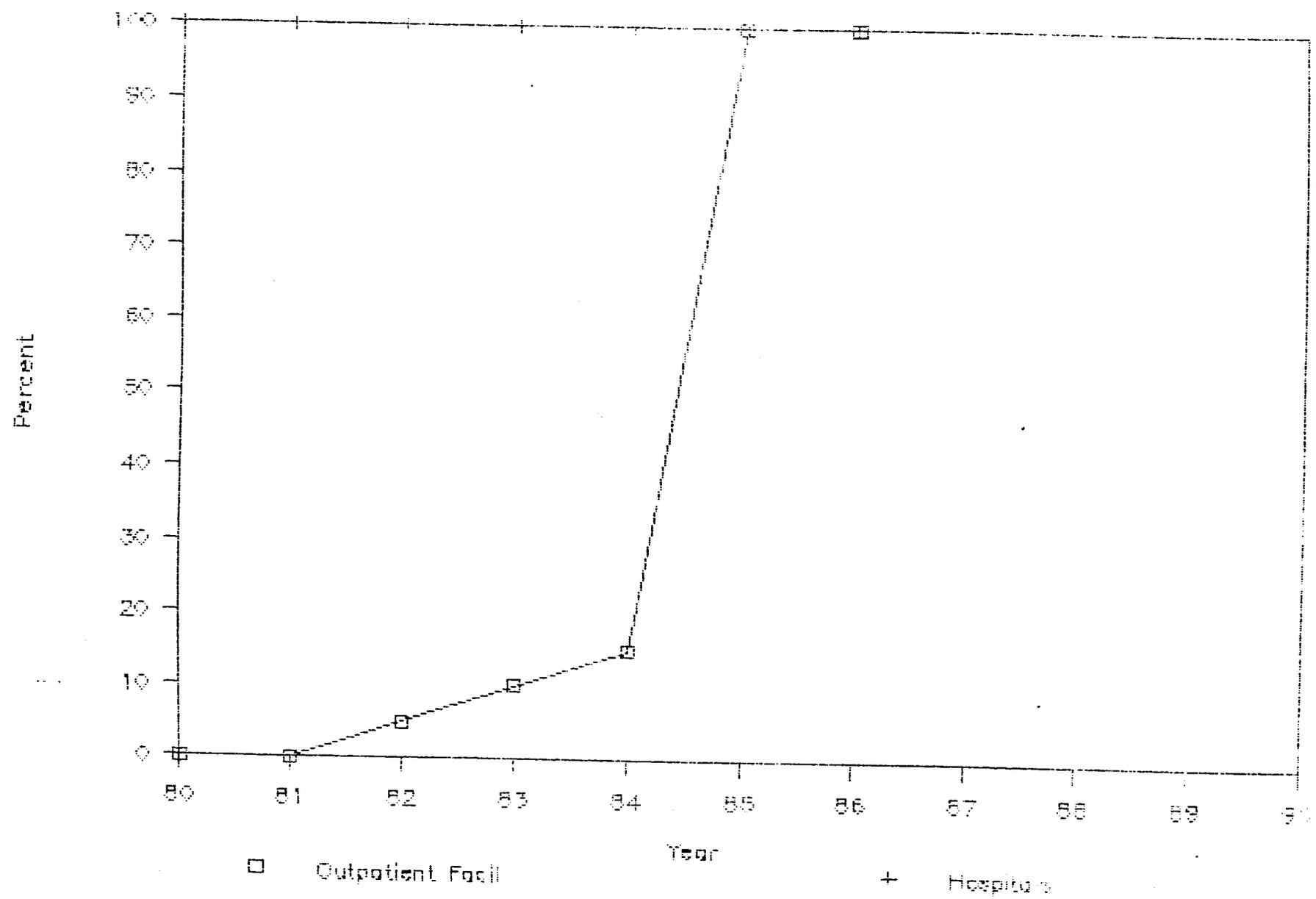


# Packets of Oral Rehydration Salts

Imported and Produced Locally

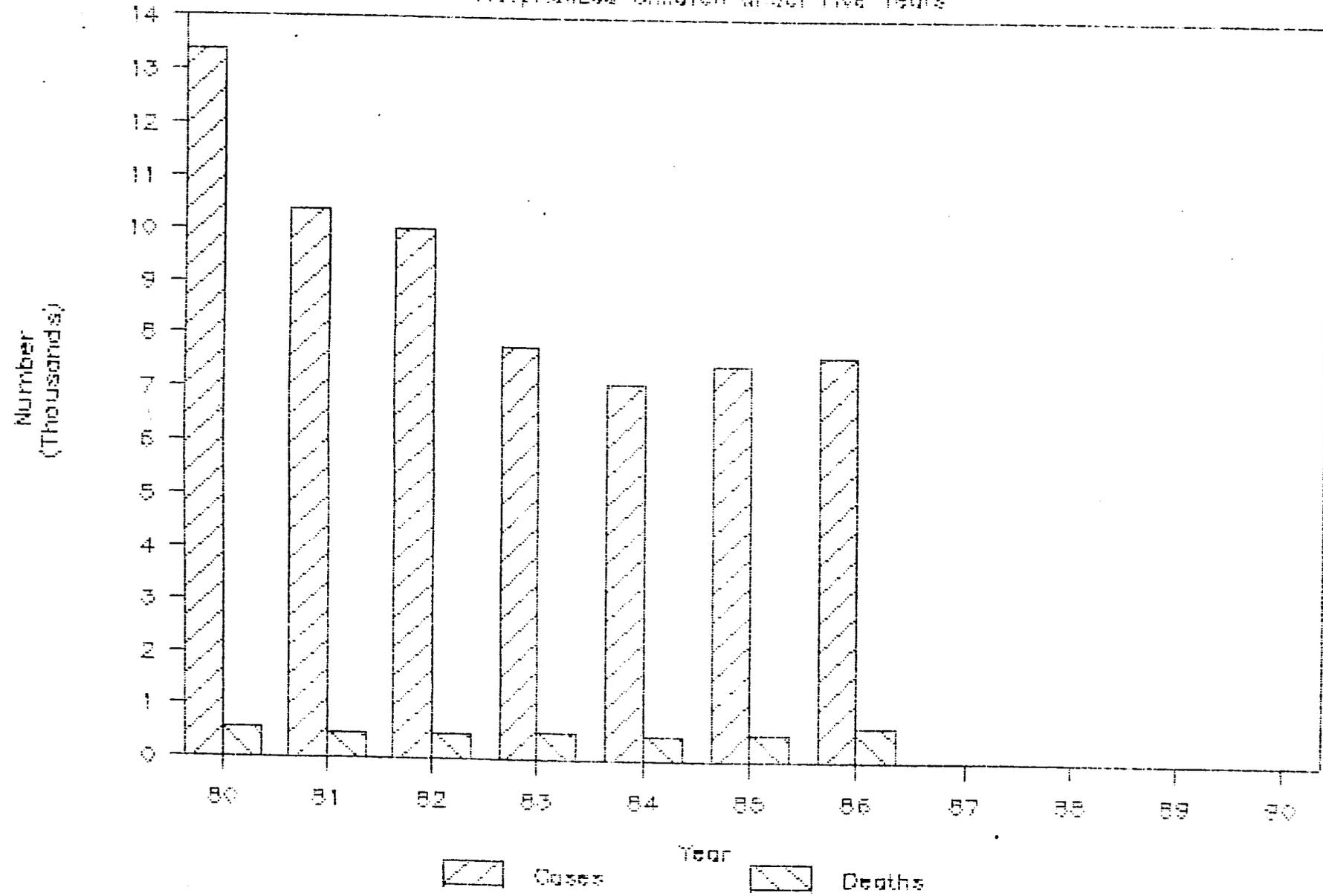


# ORT,ORS Use in Health Centers,Hospitals



# Diarrhea: Cases and Deaths

Hospitalized Children under Five Years

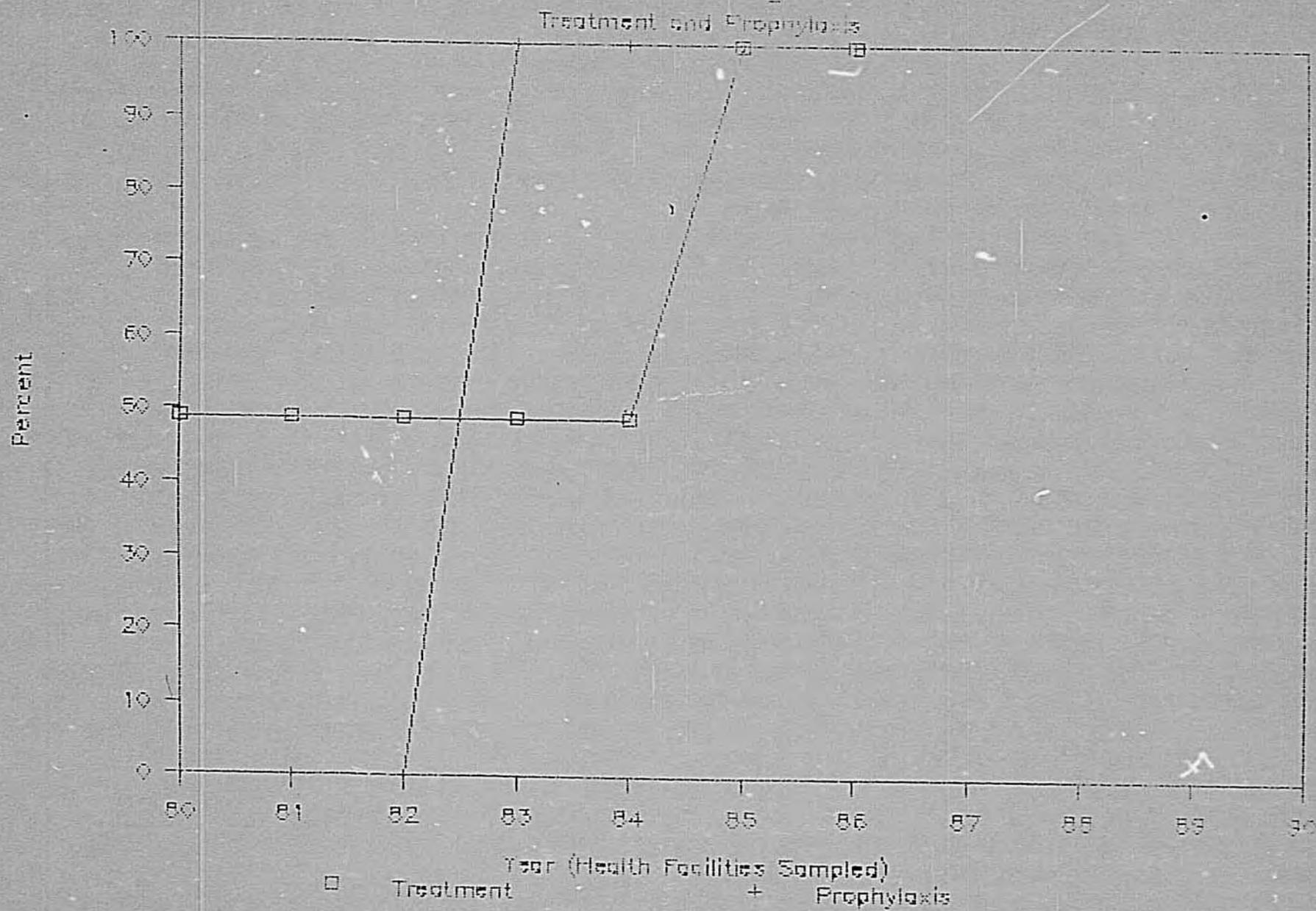


# Hospitals Using Malaria Policy

Treatment and Prophylaxis

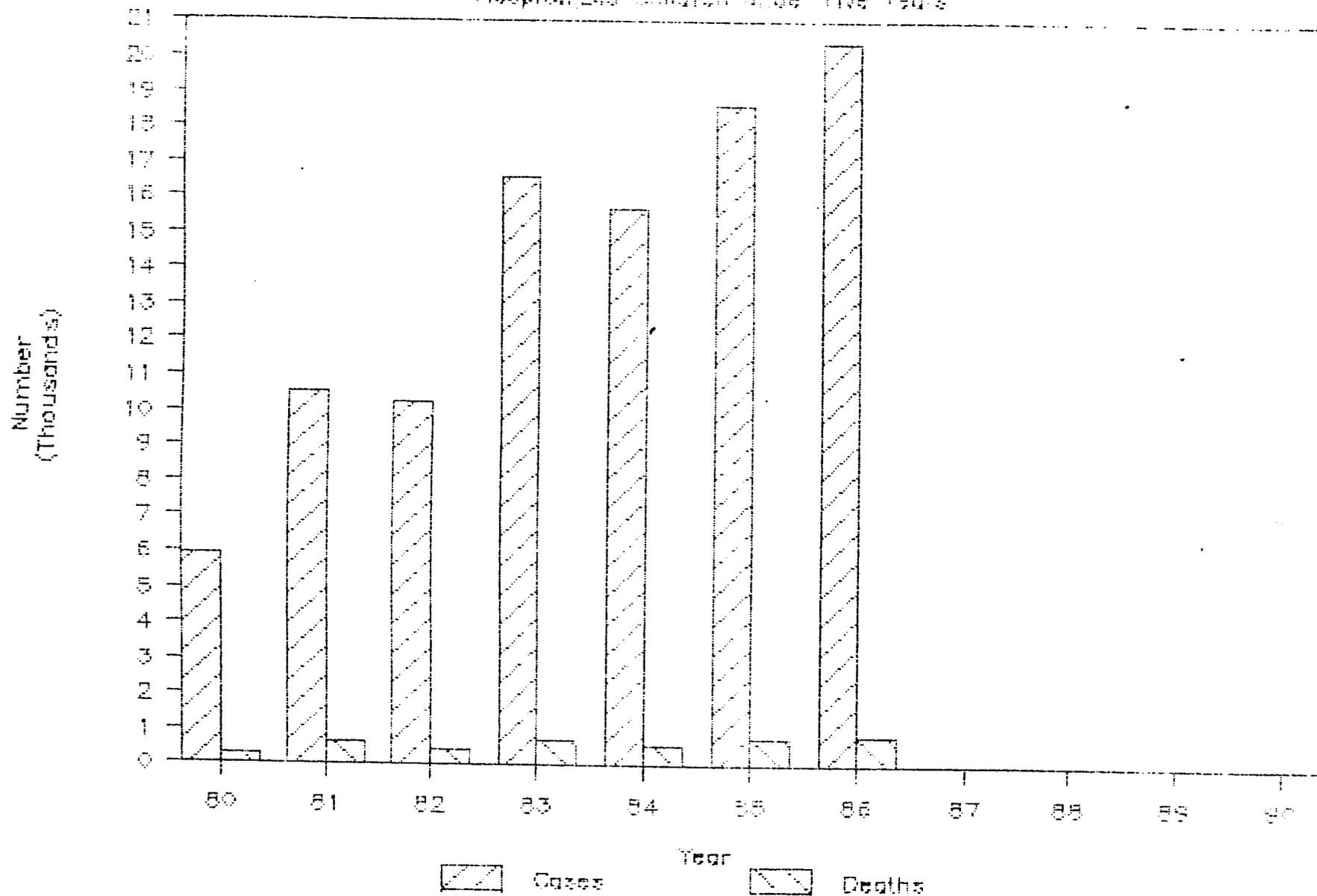


# Health Facilities Using Malaria Pills



# Malaria: Cases and Deaths

Hospitalized Children under Five Years



Training

Type of Personnel	Training Activities		Life-of-Project Training Activities	
	Number of Participants Trained	Number of Person-Days of Training	Cumulative Number of Participants Trained	Percent Life-of-Project Target Realized
Personnel: Health Staff	3621	10734	3621	120
Mid-Level Managers	125	1019	125	125
Senior Level Officials	130	130	130	260
OTHERS: (specified)				
MEDICAL RESEARCHERS	15	75		
MEDICAL RESEARCHERS	15	75		
DIST STATISTICAL CLERKS	12	60		
CLINICAL OFCS & LAB TECHS	15	75		
DIST & REG MCH SUPERVISOR	65	130		
DIST & REG MCH SUPERVISOR	65	130		
DIST & REG MCH SUPERVISOR	50	50		
PERIPHERAL HEALTH STAFF	50	100		
DIST&REG MCH SUPERVISORS	123	615		
LABORATORY TECHNICIANS	2	360		
PEACE CORPS VOLUNTEERS	18	180		
PEACE CORPS VOLUNTEERS	7	35		
DIST STATISTICAL CLERKS	79	395		
COMMUNITY HEALTH WORKERS	40	168		
TRADITIONAL BIRTH ATTENDS	39	78		
SHOPKEEPERS	12	12		
LOCAL COMMUNITY LEADERS	129	387		
DIST AND REGION COORDS	27	27		
PEACE CORPS VOLUNTEERS	8	40		

Listing of Training Courses

Date	Course Title	Personnel	Number of Participants	Course length Days
05 1984	MALARIA INVESTIGATION (MANGOC)	MEDICAL RESEARCHERS	15	5
05 1984	MALARIA RESEARCH	MEDICAL RESEARCHERS	15	5
05-06 1984	HEALTH STATISTICS	DIST STATISTICAL CLERKS	12	5
05-06 1984	MALARIA INVESTIGATION (LILONG)	PERIPHERAL HEALTH STAFF	12	5
07 1984	MALARIA LABORATORY PRACTICE	CLINICAL OFCS & LAB TECHS	15	5
07 1984	MALARIA INVEST (LILONG/MANGOC)	PERIPHERAL HEALTH STAFF	15	5
09 1984	LOCAL LEVEL HIS USE	DIST & REG MCH SUPERVISOR	65	2
09 1984	HIS TRAIN LOCAL LEVEL (SALIMA)	PERIPHERAL HEALTH STAFF	65	2
10 1984	LOCAL LEVEL HIS USE	DIST & REG MCH SUPERVISOR	65	2
11 1984	MID-LEVEL MANAGEMENT COURSE	MID-LEVEL MANAGERS	43	15
12 1984	MCH ANNUAL SEMINAR	DIST & REG MCH SUPERVISOR	50	1
12 1984	DIARRHEAL DISEASE MANAGEMENT	PERIPHERAL HEALTH STAFF	50	2
04-05 1985	PRIORITY DISEASE TOT	DIST&REG MCH SUPERVISORS	123	5
06-12 1985	PRIORITY DISEASES TRAINING	PERIPHERAL HEALTH STAFF	2043	3
06-12 1985	CDC LABORATORY REFRESHER	LABORATORY TECHNICIANS	2	180
08 1985	PRACTICES SURVEY METHODS-CDD	PERIPHERAL HEALTH STAFF	67	1
09 1985	ORT ORIENTATION PEACE CORPS	PEACE CORPS VOLUNTEERS	18	10
01-12 1986	PRIORITY DISEASES TRAINING	PERIPHERAL HEALTH STAFF	1336	3
02 1986	SENTINEL SURVEILLANCE TRAINING	PERIPHERAL HEALTH STAFF	12	5
02 1986	CHILD SURVIVAL INSERVICE	PEACE CORPS VOLUNTEERS	7	5
02 1986	CHILD SURVIVAL INSERVICE	MID-LEVEL MANAGERS	4	5
03 1986	CHILD SURVIVAL ORIENTATION	SENIOR LEVEL OFFICIALS	130	1
05 1986	CHILD SURVIVAL WORKSHOP	MID-LEVEL MANAGERS	25	5
07 1986	CHILD SURVIVAL WORKSHOP	MID-LEVEL MANAGERS	18	3
07 1986	CHILD SURVIVAL WORKSHOP	MID-LEVEL MANAGERS	35	5
09 1986	STATISTICAL CLERK TRAINING	DIST STATISTICAL CLERKS	79	5
09 1986	EVALUATION OF DISEASE TRAINING	PERIPHERAL HEALTH STAFF	17	5
09-10 1986	DIARRHEAL DISEASE MANAGEMENT	PERIPHERAL HEALTH STAFF	30	2
11 1986	OSTAPHC VISUAL AIDS WORKSHOP	COMMUNITY HEALTH WORKERS	42	4
12 1986	MALARIA TREATMENT PRACTICE	TRADITIONAL BIRTH ATTENDS	39	2
12 1986	MALARIA TREATMENT PRACTICE	SHOPKEEPERS	12	1
12 1986	PRACTICES SURVEY METHODS	PERIPHERAL HEALTH STAFF	12	3
12 1986	MANAGEMENT OF DIARRHEA	LOCAL COMMUNITY LEADERS	129	3
01 1987	EPI PRACTICES UPDATE	DIST AND REGION COORDE	27	1
02 1987	COLD CHAIN MONITOR CARD USE	PERIPHERAL HEALTH STAFF	12	2
02 1987	MCH SEMINAR (PCV INSERVICE)	PEACE CORPS VOLUNTEERS	8	5

Health Education

Type of Activity	Dates	Target Type	Population	CCCD Inputs	Remarks/Results
TRNG/TRNG DEVL	01-06 1985	HEALTH STAFF	5000	TECH,MANG&MATER	DEVELOPED TRAINING/REFERENCE MANUALS FOR USE IN NEW PRIORITY DISEASES TRAINING COURSE.
MASS MEDIA	05 1985	MOH	0	DESIGN TEAM MEM	HEALTH EDUCATION EVALUATION AND MASS MEDIA WORK PLAN DEVELOPED.
MASS MEDIA	08 1985	MOH	0	DESIGN TEAM MEM	DISCUSSED FINAL DRAFT VERSION OF EVALUATION AND WORK PLAN.
AUDIO VIS DEV/P	10-12 1985	HEALTH STAFF	5000	TECH,MANG&MATER	DEVELOPED ORT AND MALARIA TREATMENT POSTERS, REFERENCE MANUALS AND HEALTH EDUCATION POSTERS.
COMM ORG/DEVL	08 1986	VILLAGERS 0-5YR	1712	TECH,MANG&MATER	THROUGH THE TRAINING OF VARIOUS COMMUNITY LEVEL PEOPLE IN THE PROPER DIAGNOSIS AND TREATMENT OF MALARIA INSURE COMPLETE TREATMENT OF CASES AND THROUGH THE PROVISION OF BED NETS AND TRAINING REDUCE THE CASES OF MALARIA THROUGH PREVENTION.
AUDIO VIS DEVL	07-09 84		0	W/ PEACE CORPS	ARRANGEMENTS WERE MADE TO ASSIGN 3RD YEAR PEACE CORPS VOLUNTEER TO WORK AS GRAPHIC ARTIST AT HEALTH EDUCATION UNIT.
ASSNT/STRAT DEV	10-12 84		0	TECH ASSISTANCE	PRELIMINARY ASSESSMENT OF H.E./PROMOTION CONDUCTED; INFORMATION NEEDS FOR PROCURING VIDEO EQUIPMENT DEFINED; SHORT-TERM WORKPLAN DEVELOPED.

Coverage Surveys: Immunizations

Dates	Children		Percent Coverage of Children											Number of Women	% Coverage of Women During Last Pregnancy			Area
	Age (Months)	Number	CARD	BCG	DPT1	DPT2	DPT3	POL1	POL2	POL3	MEAS	FULLY	CARD		TT1	TT2		
08 82	12-23	212	86	87	88	82	69	91	80	72	70	55	0	0	0	0	NATIONAL	
08 84	12-23	212	70	72	84	78	66	82	76	68	64	55	0	0	0	0		
08 85	12-23	629	73	73	83	74	58	84	71	56	52	35	0	0	0	0		

Coverage Surveys: Diarrhea  
 Treatment of Diarrhea in Children Under Five Years of Age

Dates	Area	Number of Children	Children With Diarrhea in Last Two Weeks			
			Number of Cases of Diarrhea	Percent of Cases		
				Given Home Solutions	Given ORS Solution	Visited Health Facility
08 1985	NATIONAL	748	204	34	28	49
08 1985	NATIONAL	748	204	34	28	49

Coverage Surveys: Malaria  
 Treatment of Fever in Children Under Five Years of Age  
 Prophylaxis of Pregnant Women

Date	Area	Number of Children	Children With Fever in Last Two Weeks			Number of Women	Pregnant Women Percent Using Prophylaxis During Last Pregnancy	
			Number of Fever Episodes	Percent Episodes RX	Percent Episodes RX Aporopriately		At all	Three or More Months
08	1985 NATIONAL	748	368	24	9	626	78	41

Outbreak Investigation

Dates	Disease Investigated	Area	Date 1st Case	Date Invest Started	Total Number Cases	Total Number Deaths	Remarks/Results
02-12 1985	POLIO	LILONGWE C.REG	02/07/85	05/01/85	72	9	VACCINATION CAMPAIGN AND HLT EDUCATION CONDUCTED IN AREA. ALL CASES WERE IN UNVACCINATED CHILDREN EXCEPT FOR 3 WHO RECEIVED 3, 2 AND 2 DOSES RESPECTIVELY.
11 1985	MALARIA	MZUZU N. REGION	12/01/84	11/15/85	40	0	FANSIDAR RESISTANCE CLINICALLY SUSPECTED NONE FOUND BY 7 DAY IN-VIVO TESTING AMONG 40 CHILDREN <5 YEARS.

Health Information System

Date	Activities
01 1985	ESTABLISHED LIST OF INDICATOR INFO REQUIRED TO MONITOR TARGETS IN FIVE YEAR CDD, MAL AND EPI PROGRAMS AND DETERMINED METHODS OF COLLECTING DATA.
03 1985	CONDUCTED ASSESSMENT OF COMPUTER NEEDS, ARRANGED FOR VSO COMPUTER SPECIALIST TO HELP MOH SET UP AND TRAIN FOR USE OF THE COMPUTERIZED HIS. INITIATED PROCUREMENT PROCESS.
09-10 1985	ESTABLISHED UNDER 5 MORBID AND MORTAL BASELINES FROM 1978-1984 FOR MEASLES, POLIO, DIARRHEAL DISEASE AND MALARIA FOR OUT PATIENTS AND INPATIENTS, AND DISCUSSED TRENDS WITH RESPECTIVE COMMITTEES.
11 1985	DEVELOPED CHECKLIST TO EVALUATE QUALITY OF EPI, MALARIA AND ORT ACTIVITIES AND OBTAIN SELECTED INFORMATION FROM RANDOMLY SELECTED MOTHERS ABOUT COMMUNITY TREATMENT PRACTICES.
09-12 1986	ORGANIZED THE COMPUTERIZATION OF MCH AND OUTPATIENT DATA FROM 1985, AS WELL AS MCH DATA FOR 1986. ASSISTED WITH THE PLANNING TO UPDATE THE SYSTEM TO INCLUDE CURRENT INPATIENT DATA AND DEVELOP A REPORTING SYSTEM TO THE REGIONS & DIST.
04-06 84	ASSESSMENT OF MALAWI HIS SYSTEM IN COLLABORATION WITH MSH EPIDEMIOLOGIST IN PREPARATION FOR DRAFTING OF MALAWI 10-YEAR HEALTH PLAN.
07-09 84	ESTABLISHMENT OF MALAWI SENTINEL SURVEILLANCE SYSTEM FOR CHLOROQUINE RESISTANT MALARIA IN CONJUNCTION WITH CDC MALARIA DIVISION.
10-12 84	HIS ACTIVITY FOR CHLOROQUINE RESISTANCE: SIX SENTINEL SITES FOR IN-VIVO TESTING ESTABLISHED.
10-12 84	DEVELOPED AMODIAQUINE SENSITIVITY STUDY PROTOCOL WITH KHOROMANA, WIRIMA AND HAWKINS.
11-02 85-86	SET UP NATIONAL 12 SITE INTERIM SENTINEL SURVEILLANCE SYSTEM TO OBTAIN AGE SPECIFIC INFORMATION ABOUT HEALTH CENTER AND HOME USE OF ORT AND MALARIA.
2-03 85-86	MADE FINAL SELECTION, PROCURMENT AND INSTALLATION OF THE COMPUTER EQUIPMENT FOR HIS.

Operations Research

Title of Protocol	Principal Investigator and Institution	Date First Submit	Date & Place Action Taken	Status	Date Started	Completion Date	Date of Final Report	Source of Funding	Level of Funding	Number of Public.
CHLOR RESIST MAL ASSESS	KHOROMANA, C.O., QE CENT HOSP	11/01/83	12/01/83 LILONGWE	COMPLETED	07/01/84	08/01/84	08/01/84	REGIONAL	8500	0
KAF DIARRHEAL DISEASES	NYASULU, Y.M.Z., LILONGWE MOH	07/01/84	10/01/84 LILONGWE	COMPLETED	01/01/85	02/02/86	04/01/86	REGIONAL	9016	0
MALARIA DRUG SENSITIVITY	WIRIMA, J.J., KAMUZU CENTL HOS	09/01/84	10/01/84 LILONGWE	COMPLETED	01/01/85	02/28/85	05/01/85	REGIONAL	9500	0
EFFECT OF CHLOR IN PREGNANCY	WIRIMA, J.J., KAMUZU HOSPITAL	10/01/85	10/10/85 LILONGWE	COMPLETED	10/15/85	04/05/86	08/01/86	REGIONAL	3000	0
MALARIA & IRON DEFIC ANEMIA	MBVUNDULA, M., KAMUZU HOSPITAL	12/01/84	01/01/85 LILONGWE	PENDING	01/01/86	/ /	/ /	BILATERAL	4000	0
EFFICACY OF QUI NINE IN CHILDREN	WIRIMA, J.J., KAMUZU HOSPITAL	09/01/85	10/01/85 LILONGWE	COMPLETED	01/01/86	02/28/86	04/01/86	REGIONAL	7758	0
HEALTH IMPACT OF WATER PROJ	NYASULU, Y.M.Z., LILONGWE MOH	09/01/85	10/01/85 LILONGWE	PENDING	01/01/86	/ /	/ /	REGIONAL	10000	0
FANSIDAR EFFICACY STUDY	KHOROMANA, C.O., QE CENT HOSP	09/01/85	10/01/85 LILONGWE	COMPLETED	02/01/86	02/28/86	04/01/86	REGIONAL	9016	0
RECORD REV FOR ORT IMPACT-KCH	MBVUNDULA, M., KAMUZU HOSPITAL	07/01/86	07/10/86 LILONGWE	COMPLETED	08/01/86	11/01/86	12/01/86	REGIONAL	3000	0
COMPLIANCE-PROPHYL IN PREGNAN	WIRIMA, J.J., KAMUZU HOSPITAL	08/01/86	08/15/86 LILONGWE	PENDING	09/01/86	/ /	/ /	REGIONAL	3000	0
CHLOR RESIST AM B PREG WOMEN	WIRIMA, J.J., KAMUZU HOSPITAL	09/01/86	08/10/86 LILONGWE	COMPLETED	10/01/86	11/30/86	12/05/86	REGIONAL	3000	0
RECORD REV MALARIA/MEASLES KCH	WIRIMA & CHIKAKUDA, KAMUZU/MOH	07/01/86	07/10/86 LILONGWE	PENDING	11/01/86	/ /	/ /	REGIONAL	3000	0
SALIVARY MALARIA SERO-PRAC SURVY	WIRIMA, J.J., KAMUZU HOSPITAL	11/02/86	11/10/86 LILONGWE	COMPLETED	11/15/86	12/20/86	02/01/87	BILATERAL	4000	0
SEROLOGIC EVALUATION OF MEASLES	CHIKAKUDA, J.W., MOH LILONGWE	08/01/86	08/11/86 LILONGWE	PENDING	03/01/87	/ /	/ /	REGIONAL	3000	0

12

Special Studies

Date	Area	Title of Survey	Age Assessed	Method	Sample Size	Remarks/Results
04	1985 BLANTYRE	MEASLES EPIDEMIOLOGY	0-5 YEARS	RECORD REVIEW	0	DEFINED EPIDEMIOLOGY OF MEASLES-BLANTYRE AND EXAMINED VACCINATION STATUS OF CHILDREN WITH MEASLES.
05	1985 NATIONAL	ESTABLISH MEASLES/DIARRH/MAL BASELINE UNIT IMPACT	0-5 YEARS	NATIONAL RECORD REVIEW	0	COST OF THREE CCCD INTERVENTIONS WERE ASSESSED.
06	1985 LILONGWE	ORT UNIT IMPACT	0-5 YEARS	RECORD REVIEW OF K.C.H.	0	A REVIEW OF ALL PEDIATRIC ADMISSIONS REVEALS A 40% DECREASE IN PEDIATRIC HOSPITALIZATION FOR DIARRHEAL DISEASES.
06	1986 NATIONAL	EPI COVERAGE IN MALAWI	0-5 YEARS	NAT RECORD REVIEW 1980-85	0	A REVIEW OF PREVIOUS COVERAGE SURVEYS WITH DIFFERENT EVAL CRITERIA SHOWED A DRASTIC DECLINE IN COVERAGE. A REVIEW OF INJECTIONS FOR THE PERIOD SHOW A MUCH LESS DRASTIC DECLINE IN COVERAGE.
03	84 LILONGWE	EPIDEMIOLOGIC STUDY: RABIES			1	PEDIATRIC WARD KAMUZU CENTRAL HOSPITAL WITH POSSIBLE SYRINGE CONTAMINATION.
05-06	84 DWANGWA+	FEASIBILITY SURVEY --CHLOROQUINE RES	45 YEARS	HEALTH CENTER BASED STUDY	300	FEASIBILITY SURVEY FOR INCLUSION IN MALARIA HIS FOR CHLOROQUINE RESISTANCE. ALL SITES CONTINUED TO HAVE HIGH LEVELS OF MALARIA TRANSMISSION WELL INTO THE DRY SEASON (JUNE). OTHER AREAS: KARONGA, MANGOCHI, MACHINGA, LILONGWE, RUMPHI.
07	84 KARONGA+	PRURITIS POST CHLOROQUINE INGESTION	0-15 YEARS	SURVEY	389	OTHER AREA SURVEYED: DWANGWA. POSSIBLE ASSOCIATION PRURITIS/PARASITEMIA.
08	84 MANGOCHI	CHLOROQUINE SENSITIVITY STUDY	45 YEARS	HEALTH CENTER BASED STUDY	11	ELEVEN CHILDREN RECEIVED 20 TO 29 MG/KG DOSE OF AMODIAQUINE. ALL CLEARED PARASITES BY DAY 7.

Technical Cooperation with WHO

Date	Number of Working Days	Country	Consultant(s)	Program Area	Remark/Results
04 1985	5	MADAGASCAR	HEYMANN	GR	SCIENTIFIC REVIEW OF OPERATIONAL RESEARCH IN AFRICA.
06 1985	5	MALAWI	HEYMANN AND HAWKINS	TRAINING	MET WITH WHO CONSULTANT DOING FEASIBILITY VISIT FOR REGIONAL ORT TRAINING CENTER.
11 1985	10	MALAWI	HEYMANN AND HAWKINS	HIS	DESIGNED 12 SITE INTERIM SENTINEL SURVEILLANCE SYSTEM.
04 1986	14	ETHIOPIA	HEYMANN	TRAINING	CLINICAL TRAINING COURSE FOR ORT.
06 1986	4	ZIMBABWE	HEYMANN	ORT	REGIONAL ORT PROGRAM MANAGERS MEETING.

Technical Assistance to Non-Bilateral Countries

Dates	1985	Number of Working Days	Country	Consultant(s)	Program Area	Remark/Results
07	1985	5	SUDAN	CHIPHANGWI	PROJ DEVL	SUPERVISE CCCD OPERATIONAL RESEARCH PROJECT.
12	1985	14	COMOROS	MICHAELS	EVAL	CCCD HEALTH ASSESSMENT FOR CARE.

42

Agency for  
International  
Development

4/29/87

File

Washington, D.C.  
20523

Mr. Robert Thompson,  
per conversation.

Please tell us if these  
documents have been  
cleared and can be  
entered into the A.I.D.  
Development Information  
System. Please return to  
me at the address below.

Thanks,

Margaret S. Pope  
PPC/CDI/EDI  
Room 209 SA-18

Margaret -

I just returned from Malawi  
and we have permission to put  
this in our system.

Thank you

-7-8829

Wendy Lockberry