

UNITED STATES GOVERNMENT

Memorandum

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6310201-5

PD-AAB-756

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TO : SEE DISTRIBUTION

DATE: March 11, 1975

FROM : AFR/DP, Robert G. Huesmann RH

SUBJECT: AFR Executive Committee Meeting on PRPs for four AFR/CWR Rural Health projects

The Executive Committee for Project Review will meet at 4:00 p.m. on Thursday, March 13, 1975, in Room 6944 New State to consider PRPs for the following proposed projects in the field of rural health:

- NIGER Rural Health Services Development (\$2,566,000/3 years)
- NORTH CAMEROON Rural Health Education (\$208,500/4 years)
- MALI Rural Health Development (\$1,500,000/3 years)
- SENEGAL Rural Health Services Development (\$1,547,000/3 years)

Project committee meetings have been held on each of the proposals, and minutes of these meetings are attached hereto. Although the papers varied in degree of completeness, it was felt that there were issues common to most or all of these four similar projects which should be reviewed by the ECPR prior to authorizing any further design.

ISSUES

1. Life of project. While initial obligation approval must be limited to three years, it is felt that a minimum of five years of operation is required to develop a rural health delivery system.
2. Institution building. Is the system within the economic means of the respective countries? Are the countries aware of the costs of operating/continuing/replicating the proposed programs? How valid is the assumption that such costs will be absorbed within the national budgets? Can the countries afford the trained people?
3. Local procurement. The project committees felt that Geographic Code 935 procurement should be authorized for each project, as these countries lack the facilities to maintain/repair U.S. equipment.
4. Outputs. Outputs generally appear inflated relative to the modest U.S. inputs. Budgets and logframes should conform to the narratives (some of which were revised subsequent to budget preparation).
5. Evaluation. Provision must be made in the PP for project evaluation, particularly if the project is to extend for five years or longer. At the purpose level, we need objectively verifiable indicators.



6. Linkages. What network will hold the rural people together? What will ensure the continuation of these services under government or other auspices?
7. PVO. In the two projects involving private voluntary organizations, will the AID financing be in the form of a contract with the PVO or an operating program grant (OPG)? What has been the experience with PVOs and village workers?
8. Community involvement. To what extent is the community involved in identifying health problems important to its people?
9. Relationship to other programs. The PP should indicate relation to the 20-country Project for Strengthening Delivery of Health Services.

Attachments

Minutes of Project Committee Review for:

Niger Rural Health (3/6/75)

North Cameroon Rural Health (3/7/75) (also YAOUNDE 00714 of 3/5/75)

Mali and Senegal Rural Health (3/7/75)

PRP for Niger Rural Health Services Development

PRP for North Cameroon Rural Health Education

PRP for Mali Rural Health Development

PRP for Senegal Rural Health Services Development

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AFR/DS: JPinder

AFR/DS: ECross

GC/AFR: EDragon

TA/H: LHoward

PPC/DPRE: RBobel (7)

SER/IT: MCarr

PBAR: RThomas

AF/EPS: RDuncan

AF/C: WCutler

AF/W: JLoughran

HEW: JAnderson

OMB: JMacRae

TREAS: JBushnell

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to curative services for urban populations to systems containing a curative and preventive mix of activities for rural populations with emphasis on children and mothers. In this context, the project would draw upon methodologies, materials, and training activities established under an ongoing A.I.D. assisted project, Regional Public Health Training.

2. Mr. Johnson, GC/AFR, then commented that he had been asked to come to the review as a last minute replacement for another member of his office and, therefore, had not had time to read the PRP. However, in evaluating the suitability of a proposed activity to receive PVO funding, he understood the criteria to focus on (1) ongoing presence of the organization in the project area, (2) its experience in carrying out the kind of activity proposed in the project, and (3) the amount of the contribution the organization was to make to the project. He saw no problem in having the RDO serve as the conduit for a proposal so long as it is not a case of A.I.D. designing a proposed activity and then searching for a PVO to carry it out - in much the same manner as A.I.D. would search for a contractor.
3. It was noted that the motorcycles were not motorcycles as we know them, but motorized bicycles. The confusion comes in the translation between French and English.
4. Mr. Marshall then noted that the main question to be addressed in the final project design is the manner in which this activity is to be tied to the National Health Service. He suggested that this project is not to represent a definitive integration of private and public health services, but a step in rationalizing and extending them. With respect to GURC involvement in the activity, he noted that any participation by the Organization for Coordinating the Struggle Against Endemic Diseases in Central Africa (OCEAC) is really participation by the Government in that OCEAC is a regional organization increasingly financed and staffed by the member governments.
5. It was noted that in view of the newness of the PVO concept and the number of issues raised in examining other PVO proposals, this proposal should undergo an ECPR review along with the three other PVO proposals at the PRP stage. Thursday March 13, 1975 was given as the projected date for the ECPR meeting.
6. The meeting closed with a number of comments in regard to proceeding with project design. These included an opinion from AFR/DP that this proposal is "better than usual" and that we should consider going for FY 1975 funding in view of the apparently advanced status of project

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design. A statement with respect to the relevance of project activities to the Percy Amendment concerns should be included. The drafter of the final Project Paper should consider greater modesty in establishing criteria governing end-of-project status (page 8) in order to avoid unrealistic expectations with respect to project achievements. He should further consider three year funding for a five year project life as this is, in fact, somewhat of an institutional development activity, which experience has shown requires time to take root in the soil in which it is to be (trans) planted. Finally, the project design effort should take great care to insure that project activities will be able to survive once A.I.D. assistance is terminated.

Part Three: Aid Instruments

Chapter VI. Appropriate Use of Aid Instruments

(It is not altogether clear whether this chapter will be needed since aid issues, as they arise in connection with the policy and program topics covered above, are being and probably should be addressed in connection with each substantive topic. There may still be some merit in separating out some issues concerning aid instruments for special treatment. In addition to, or as a part of, the categories mentioned below, we may want to address such topics as timely budgeting and programming of funds ("moving money"), personnel implications, etc. These can be construed as "implementation" issues, of course.)

- A. Financial Assistance
- B. Technical Assistance
- C. PL 480
- D. PVO's (including cooperatives)
- E. Title XII

UNITED STATES GOVERNMENT

Memorandum

6310201-(6)

PD-AAB-753

North Cameroon Rural Health Project

5p.

631-201

TO : THE FILES

DATE: March 2, 1977

FROM : Richard L. Thornton, IDI

SUBJECT: Minutes of PAR Review of February 25, 1977

Present: Dr. Simon Atangana, Assistant Director of Preventive Medicine, MOH
Mr. John McHale, Director, C.R.S./Cameroon
Mr. Thom, C.R.S./New York
Mr. Joseph Payton, Assistant, C.R.S./Cameroon
Soeur Guy, Project Field Director, C.P.S./Maroua
Miss Apollonie, Chargee realisation projets d'education sanitaire BASE,
Assistante du projet C.R.S./NORD

Dr. Albert E. Henn, M.D., M.P.H., RDO/Y
Mr. Felix N. Awantang, RDO/Y
Mr. Richard Thornton, RDO/Y
Mr. Douglas Palmer, RDO/Y
Mr. Fritz Gilbert, RDO/Y
Mr. Donald Shannon, RDO/Y
Mr. Douglas Sheldon, RDO/Y
Mr. Hugh Smith, RDO/Y

Mr. Awantang opened the meeting, welcomed the participants and asked them to introduce themselves. Mr. Awantang then set an agenda.

Dr. Henn gave an overview of the AID project appraisal review (PAR). This included the examination of the project's goals as set forth in the project paper and a determination of how the project is progressing towards those goals. Mr. Awantang listed the specific PAR categories for evaluation.

Mr. Smith discussed the evaluation team's visit to the project site on January 16, 1977 and what facilities the team had visited. Mr. Smith also discussed the team's observation and evaluation of an itinerant agent training session in Maroua.

Mr. Awantang then briefly presented the findings of the evaluation team and the five specific recommendations listed in the Project Appraisal Report Document.

The first recommendation was that C.R.S. submit the outstanding quarterly reports for periods July 1, 1976 through September 30, 1976 and October 1, 1976 through December 31, 1976.



Mr. McHale said that the July 1, 1976 to September 30, 1976 report had been submitted to C.R.S./NY but that they had not submitted it to AID/W because it was lacking in certain areas.

Dr. Henn suggested that RDO/Yaounde receive a draft copy of the quarterly reports at the same time they are sent to C.R.S./NY. This had been the procedure under Mr. Kelly, the previous director. Mr. McHale said that he was not willing to go along with this procedure until it was cleared by C.R.S./NY because it was contrary to the stated procedures in the OPG contract. Mr. Thom suggested that he would get this cleared up upon his return to New York. He also mentioned that the C.R.S. requirements for financial reporting were different from those of AID (i. e. quarterly for periods ending March 31, June 30, September 30 and December 31). Mr. Thornton asked if this was the cause of the C.R.S. reports not being submitted to date. Mr. Thom replied that it was not but that it would cause at least 30 days delay in preparing the financial aspects of the quarterly reports.

The second recommendation made by the AID evaluation team was that a revision of project outputs be undertaken. Mr. Awantang noted that the same recommendation was made by a similar evaluation team a year ago and that to date no action had been taken. Sister Guy said that she and Mr. Kelly had completed this but that she had not seen any report on it.

Mr. McHale said that it has been done and added to the July, 1976 report. Mr. Awantang noted that this information was general and incomplete and did not deal with the major portion of persons to be trained (agents itinerant) under the project.

Dr. Atangana wanted to know if this revision would change the focus of the project. Dr. Henn replied that the major change would be in the numbers of people trained but that the focus of the project would be essentially unchanged. Dr. Henn also suggested that C.R.S. and RDO/Yaounde get together and do this.

Mr. Awantang then discussed the third recommendation which called for the improvement of C.R.S. project management. Mr. Awantang noted that several of the problems arising from the project were directly related to weak administration and a lack of continued co-ordination of all parties concerned. Mr. Gilbert asked for an explanation of the cause and current status of the project's recent financial crisis. Mr. McHale related that he had sent two checks to Sister Guy at the same time that the Bank blocked 2.4 million CFA for a guarantee of customs duty for C.R.S. well equipment that had arrived. Mr. McHale said that he had been informed that this blocking was a formality which held the funds for a few days only. The funds were actually held much longer with the result that there was insufficient reserves to cover the checks sent to Sister Guy.

Dr. Henn stated that he thought it was poor policy to leave a project for two months without supervision and/or someone with the responsibility and

authority to handle emergencies. Secondly, Dr. Henn said, that it was also poor planning not to have funds set aside for such contingencies.

Mr. Awantang then raised the question of the high rate of turnover of C.R.S. directors. He noted further that this was another factor that contributed to some of the administrative problems and generally caused a lack of continuity in project management.

Mr. Thom responded and said that C.R.S. was aware of that problem and was taking steps to correct it. He also noted that this was a problem throughout Africa. To correct the immediate problem of this project, C.R.S. has assigned Mr. Joseph Payton to be Project Director. Mr. Payton is fluent in French and C.R.S. will recruit a Country Director who is also fluent in French. The current C.R.S. Director, Mr. McHale, is scheduled to leave Cameroon for India in about 3 months.

Mr. Awantang then discussed the fourth recommendation which suggested that C.R.S. utilize some of the unspent training funds for well repairs and construction as discussed in the evaluation trip memorandum.

Mr. Donald Shannon noted that changes in the line item expenditures (up to 10%) are permitted without AID/W notification and approval. Mr. Thom said that this could be worked out with Mr. Payton but that it should be made clear that C.R.S. is not committed to begin a well project. Mr. Payton noted that the OPC agreement allowed changes that were 'reasonable' but it did not mention percentages. Mr. Shannon answered that since this was not a change in a line item but an addition of a new line item AID/W approval must be obtained.

Mr. Awantang added that it is not AID's intention to start a well project but to use a limited amount for project funds for the repair/construction of a few wells for already designated areas. Mr. Gilbert asked if this process would use one well committee or several. Sister Guy answered that there were multiple well committees charged with recommending well building replacement/repair priorities in each village. However, Sister Guy mentioned that these wells were at the dispensaries and not in the villages.

Dr. Henn suggested that the project consider nothing more than well construction/repair at the dispensary sites.

Sister Guy mentioned that while she understood that there was excess money in principle for training of health personnel, she had not received sufficient funds to completely finance the modest training that has been ongoing.

Mr. Thom suggested that this was an internal financial matter that could be settled between Sister Guy and Mr. McHale.

Mr. Awantang discussed the fifth and last recommendation which called for a brief USAID evaluation visit in June or July 1977 to insure that actions recommended in the PAR had been implemented.

Mr. Awantang then asked for general responses from the other representatives. Dr. Atangana said that he wanted to make several points. He said that the Ministry of Health should be involved in project design and implementation from the start. He also noted that he had not seen any of the project documents and that he would like to receive copies of all of them. Secondly, Dr. Atangana stated that all projects must follow the GURC plan and must be supervised by the GURC/MOH. Thirdly, he said that the C.R.S. project is training people at levels that do not correspond to levels chosen by the GURC/MOH. Fourthly, Dr. Atangana continued that the recent administrative problems of the project reflect a lack of co-ordination, especially with the MOH. He suggested that a Cameroonian homologue be named to work with the C.R.S. Director and who could act in his absence. Lastly, Dr. Atangana said that the MOH had received three proposals from C.R.S. in Cameroon in the areas of Leprosy, Health Education, and Maternal and Child Health but had not been able to pursue these proposals with C.R.S. due to the Director's frequent absences from Yaounde. Mr. Thom responded by saying that it was part of the C.R.S.' modus operandum to work close with the host governments and he was sorry to see that there had not been close collaboration in this case. He also said that they would work more closely with the MOH in the future.

Mr. Gilbert asked whether the MCH program area mentioned by Dr. Atangana was related to the work that C.R.S. was doing with the help of Title II foodstuffs in Western Cameroon and was told it was. He reminded the C.R.S. representatives that RDO/Y's more or less approval of recent Annual Estimates of Requirements for these programs had been given with the understanding that C.R.S. would evaluate the country wide need for such programs and, as appropriate, engage the GURC in a dialogue based on the outcome. This led to a general discussion of the dubious justification for using imported foodstuffs for nutritional supplementation programs in countries, such as Cameroon, which are basically self-sufficient in food production.

Dr. Atangana responded that as President of the third WFP Subcommittee he thought the WFP had only a limited value in Cameroon (hospital feeding). However, he noted that only 18% of the WFP food available to Cameroon can be utilized. Therefore, an increase in the WFP is not needed but there is a need to teach people to utilize local products thereby reducing dependence on the WFP. He also noted that MOH has never received a report on C.R.S. preschool feeding activities in the Southwest.

Mr. Awantang then asked for other comments from those present. Sister Guy stated that the project's primary objective was to train volunteers to work with village health committees. She also suggested a Cameroonian doctor be appointed to work with the project.

Miss Apollonie noted that there were several assumptions made in the project paper (OPG) that were not correct and similarly that opportunities to initiate some new approaches had arisen. Mr. Awantang suggested that Miss Apollonie write down these observations and discuss them with the C.R.S. staff.

Dr. Atangana responded to the question of having a Cameroonian doctor work on the project by suggesting that either a Cameroonian doctor be assigned to the project for specific periods of time or that a doctor or doctors visit the project from time to time.

Dr. Henn added that it would be a good idea to have those Cameroonian doctors who are assigned to that area give some technical support to the project

Mr. Awantang asked if there were any additional comments and, there being none, closed the meeting.

For the

PRESS

Agency for International Development
OFFICE OF PUBLIC AFFAIRS

FOR RELEASE AT 4:30 P.M., E.D.T.
TUESDAY, JUNE 24, 1975

6310201 - ⑦
AID-75-58 PD-AAB- 756
Contact: Gale Wallace
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**AID ASSISTS CRS IN
CAMEROON HEALTH PROGRAM**

A grant of \$212,000 has been given by the Agency for International Development to assist the Catholic Relief Services in its program to develop and extend services of 12 rural mission dispensaries, including one hospital, in Cameroon. The assistance to CRS is part of AID's program to interest private voluntary agencies in foreign rural development.

The grant agreement was signed in Washington today by AID Administrator Daniel Parker and the Most Reverend Edward E. Swanstrom, Executive Director U.S. Catholic Relief Services of New York.

The program is designed to train lower and middle level health workers in the northern Cameroon areas covered by the Catholic diocese of Maroua and Yagoua and strengthen the capability of the 12 mission dispensaries already operating there. Over the five year period of the project it is anticipated that 360 health workers will be provided training in practical techniques of hygiene, sanitation, nutrition, first aid and disease control.

CRS will administer the program in cooperation with the local Catholic organization and the Government of Cameroon. Catholic Relief Services will contribute \$208,000 and the Government of Cameroon \$100,000.

The program would extend health education already begun by the Catholic diocese. The health workers would return to their villages following their training and work part-time on a voluntary basis. The AID funding would cover part of the costs of one expatriate technician, the training of the health workers, and would provide motorized bicycles to enable the volunteers to carry out their community health activities.

The health workers will form village health committees to oversee village health activities such as well digging, latrines, and garbage disposal, and the operation of first aid stations.

Department of State Washington, D.C. 20523