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ORT PROMOTIONAL VISIT:

CAMEROON

A Report Prepared By PRITECH Consultant:
ALBERT E. HENN, M.D.

During The Period:
APRIL 23 - 27, 1984

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
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AUTHORIZATION:
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Report Summary

- I. Scope of Work: In this assignment, Dr. Albert E. Henn of Harvard University was to join Dr. William Taylor of the CC'D Project for the purpose of spending a week in Cameroon to explore how PRITECH and CCCD could collaborate in providing selective PHC assistance.
- II. Purpose of the Project: This brief visit was to permit Dr. Henn to present the PRITECH Project to senior Government of Cameroon (GURC) officials, other health sector workers, private sector groups and other donors. During these presentations the potential for PRITECH and CCCD collaborating in Cameroon's PHC program was to be explored and recommendations for future PRITECH and CCCD involvement in Cameroon were to be formulated. It was expected that Dr. Henn would then be able to draft the "Terms of Reference" for a subsequent PRITECH project design team and the "Scope of Work" for each member of that team.
- III. Methodology: Reflecting the fact that no appointments had been arranged before the consultants' arrival and the need to work within the limits of a five day visit, Dr. Henn and Dr. Taylor used the following approach:
 - A. An initial orientation session with the USAID Mission;
 - B. A series of fourteen combined courtesy briefings and working sessions with a succession of senior government officials, representatives of other health sector groups (public and private) and other donors;
 - C. A final "synthesis" meeting of the Ministry of Health;
 - D. A formal presentation, hosted by the Mission, on diarrhea, oral rehydration therapy, the Mass Media and Health Practices Project experience, and the PRITECH Project; and
 - E. A final debriefing with the USAID Mission.
- IV. Summary of Observations and Findings:
 - A. USAID/Y Health Officer, Ray Martin, is due to leave Cameroon in May. His replacement is not yet identified. In the interim, before a new direct-line AID health officer arrives, a Cameroonian public health specialist, Bibi Essama, MPH, will be acting Health Officer for the Mission.
 - B. There is a significant interest on the part of both AID and the Ministry of Health to consider the development of a comprehensive, bilateral Maternal and Child Health Project, with PRITECH and CCCD assistance covering the interim period before a bilateral project could be started.
 - C. The Cameroon Presidency has formally approved having the Ministry of Health request AID assistance in two project areas. (The

official requests have not yet been sent.)

1. The CCCD Project
 2. Child-spacing within the context of MCH
- D. The CCCD Project may not be in a position to develop Cameroon as one of its emphasis countries since the Cameroon request came after CCCD had already committed itself to too many other countries. Both USAID/Y and CCCD hope that PRITECH will provide the vehicle to respond to the expected GURC official request for CCCD aid.
 - E. The Government of Cameroon is very receptive to the idea of PRITECH developing Cameroon as one of its emphasis countries and would like to receive a PRITECH design team in September or October.
 - F. The GURC Conference on Diarrheal Diseases has been rescheduled for November.
 - G. Virtually every individual and group contacted was very supportive of the idea of PRITECH and CCCD helping with efforts to promote ORT, immunization and malaria control. Most groups were already involved in these areas and looked forward to receiving the September/October PRITECH team.

V. Main Conclusions:

- A. The Government of Cameroon would like to collaborate with AID in its plans to make a comprehensive effort to improve maternal and child health services and it sees the PRITECH and CCCD projects as potential sources of important interim assistance in ORT, immunization and malaria control and as a possible source of technical assistance to help design a more comprehensive, bilateral project to follow.
- B. AID would like to have PRITECH consider selecting Cameroon as one of its emphasis countries in Africa. This would permit AID to provide a positive response to the expected GURC request for CCCD aid.
- C. AID appears receptive to the notion of providing a broader range of MCH assistance than that generally described as the focal interests of PRITECH and CCCD and might encourage PRITECH to aid the design of a major, bilateral MCH project for the Cameroon.
- D. The several facets of the Cameroonian Government consulted, the private sector representatives and the other donors met, all consider ORT, immunization and malaria control among the highest priorities for PHC in Cameroon, and all are active in one or more of these areas. They all appear to welcome AID's contribution to their efforts, either in the short term through the PRITECH and CCCD projects or in the longer term through a bilateral project.
- E. The Government of Cameroon would prefer to have donors support its collaboration with the private sector by working with the Government rather than provide direct support to private sector institutions.

VI. Primary Recommendations:

- A. PRITECH proceed with plans to field a second mission to Cameroon during the month of September or October, 1984. This should be a team of 3-5 specialists selected for their expertise in the areas discussed in the body of this report.
- B. The next PRITECH team should be prepared to undertake two basic tasks:
 1. The design of an intermediate term PRITECH assistance

program (with possible CCCD collaboration) in ORT, immunization, and/or malaria control.

2. The preparation of a preliminary design (possibly a Project Identification Document) for a long term, comprehensive MCH project.
- C. PRITECH should be prepared to offer assistance, if requested, to the pre-design information gathering activities the Ministry of Health has agreed to undertake before September.
- D. Any short or intermediate project designed by the September/October team should have its own, intrinsic objectives in providing support to ORT and/or immunization and/or malaria control and should not be dependent upon the eventual implementation of a bilateral MCH project for its success.

Although this report reflects only the initiation of a dialogue between PRITECH and the Cameroon and the identification of specific PRITECH project elements will depend upon the work of the next team, several potential areas of collaboration were identified and are cited in the body of this report.

I. Background

The Cameroon has been a favored recipient of AID assistance for many years. This is largely due to its relatively stable political situation, the encouraging rate of economic development and its generally pro-Western international posture. In the 1970's US assistance in the health sector in Cameroon went through a major growth period, eventually threatening to exceed the absorptive capacity of the Cameroonian Government with the \$30 million MEDCAM Project which Cameroon refused to sign in 1980, at the last minute.

In the four intervening years, the health project portfolio of USAID/Y has shrunk to a very low level, sustained only through the support of several centrally-funded projects. In spite of this lapse in health sector support, USAID/Y still enjoys excellent relations with health professionals in the government, the private sector and with the other health sector donors. As a result of recent political appointments, most of the senior government positions in health are now occupied by Cameroonians who have worked very closely with AID.

Although Cameroon has achieved an enviable rate of economic development which has seen its GNPP rise to over \$800 and it has developed one of the most impressive medical training programs in Africa, it has not realized a corresponding drop in its Infant Mortality Rate nor a corresponding increase in Life Expectancy. Apparently not just the Ministry of Health, but the entire Government of Cameroon (GURC) is aware of this paradox and is anxious to undertake a major effort to strengthen the country's maternal and child health services. Toward this end a new position of Vice Minister of Health has been established, and the incumbent has been given the specific mandate to oversee the development of an effective MCH program for the country.

Cameroon has been an enthusiastic participant in the global Primary Health Care movement since its inception and is committed to the goal of "Health for All by the Year 2000." It was one of the first African countries to develop a community-oriented national medical training center with a curriculum specifically designed to train a team of health workers to work in the African context. In the 1970's Cameroon helped to pioneer the development of the Expanded Program on Immunization in the Third World. Yaounde was the first site of field trials of the multiple antigen program to combat measles, polio, diphtheria, whooping cough, tetanus and tuberculosis.

With regard to the use of oral rehydration therapy (ORT) to combat dehydration in children suffering from diarrhea, there has been enough promotional activity in Cameroon that health workers usually understand and agree with the approach, but there has not yet been any coordinated program to integrate ORT into the country's health services.

At the same time that the PRITECH Project was being designed and started, USAID/Y was carrying on a dialogue with the Ministry of Health concerning how Cameroon might receive assistance through the Combating Childhood Communicable Diseases (CCCD) Project. Initially the CCCD Project had thought that Cameroon might be one of the 10-15 emphasis countries of the project, especially since the Centers for Disease Control (CDC) had elected to stop seconding one of its epidemiologists to the Cameroon-based surveillance center, OCEAC. However, the Cameroon government has only recently decided to make a formal request for CCCD support, and the CCCD Project has already received too many other requests for it to still be possible to have Cameroon be an emphasis country.

Since the CCCD Project was expected to concentrate on the support of ORT, immunization and malaria control in the Cameroon, USAID/Y thought that the PRITECH Project could be a logical collaborator in responding to the GURC request for CCCD assistance. For this reason USAID/Y requested a joint visit from representatives of PRITECH and CCCD.

In addition to the expected request for CCCD support, the GURC Presidency has also approved an official request to AID for assistance in child-spacing within the context of maternal and child health. It is thought that the response to these two requests might eventually be integrated into a single, broad bilateral MCH project.

II. Meetings in Cameroon (April 23-27)

A. USAID/Y Briefing

April 23

Acting Director: Herb Miller
Acting Program Officer: Helen Vaititis
Health Officer: Ray Martin
Deputy Health Officer: Bibi Essama
Health Project Assistant: George Vishio

The CCCD Project representative from Kinshasa, Dr. William Taylor, and I were briefed re the fact that USAID/Y saw our visit as a preliminary contact with GURC for the purpose of explaining the relative capacities of PRITECH and CCCD to respond to GURC requests. It was also hoped that we would be able to initiate arrangements for a comprehensive assessment/design team visit to follow. We discussed the fact that no appointments had been made before our arrival and considered how we might best use the brief time available to meet GURC officials. It was also noted that a phone call from USAID/Y Director, Ron Levin, who was in Washington, indicated the possibility of AID considering a bilateral MCH project for Cameroon in the future.

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B. GURC Minister of Health - Dr. Victor Anomah Ngu

April 24

After we briefed the Minister on the PRITECH and CCCD Projects and how they could collaborate in responding to the GURC request for assistance in ORT, EPI and malaria control, the Minister advised us to meet with his Vice Minister and his three principal directors. He also suggested that the best time for a follow-up assessment/design team visit would be September/October, because many of the Cameroonians would be unavailable during the summer months.

MINISTER

Dr. Victor Anomah Ngu

SECRETARY GENERAL

Mr. Samuel Nduvane

VICE MINISTER

Mme. Isabelle Bassong

DIRECTOR OF HEALTH

Dr. J. Zoung-Kanyi

CONSEILLER TECHNIQUE

Dr. Simon Atangana

DIRECTOR OF PREVENTIVE MEDICINE

Dr. Peter Magiamba

C. WHO Representative-Dr. George Quinke

April 24

Dr. Quinke was very receptive to the idea of PRITECH and CCCD helping Cameroon promote ORT, EPI and malaria control. He emphasized his view that it was time for another major external evaluation of the Cameroon EPI program, since the previous one had been conducted in 1981.

D. Vice Minister of Health-Mme. Isabelle Bassong

April 24

Director of Preventive Medicine-Dr. Peter Mafiamba

Following PRITECH and CCCD briefings, to which both officials were very receptive, the discussion progressed to the GURC interest in a long-term general MCH support collaboration with AID. In this context, PRITECH and CCCD were seen as possible sources of focussed, interim support to cover the period during which a longer project could be designed and initiated.

Also of interest was the discussion of possible PRITECH support to the private sector. While both of the MOH officials supported the concept of stimulating private sector activity in the health sector in order to increase the resource base and momentum of services development, they did not like the idea of any external donor dealing directly with the private sector in Cameroon as opposed to supporting GURC interaction with the private sector. I would agree with their concern and recommend that PRITECH be very cautious about providing direct support to the private sector in Cameroon.

E. MOH Conseiller Technique-Dr. Simon Atangana

April 24

After being briefed re PRITECH and CCCD, Dr. Atangana emphasized the GURC priority on the development of a comprehensive MCH program which stressed active community participation. He was very receptive to the proposed September-October assessment/design team visit and wanted to

know how long after that visit might PRITECH support be realized. He also was concerned that the MOH be advised re what preparatory activities it might undertake to facilitate the assessment design effort.

F. University Center for Health Sciences (CUSS)

April 24

Dean: Dr. Jacob Ngu

We met with the dean of CUSS to explore the interest of the training center in ORT, EPI and malaria control and to explore the possible role of CUSS in a PRITECH-assisted program. Dr. Ngu explained that the CUSS was redefining its mandate to emphasize teaching and basic research. He saw service and operations research as the domain of the MOH, but did say that he thought the CUSS would be glad to contribute to the design and evaluation of PHC activities.

G. Director of Preventive Medicine-Dr. P. Mafiamba

April 25

Director of the EPI Program-Dr. G.M. Kasseng

We reviewed PRITECH and CCCD for several members of the Preventive Medicine Direction, and Dr. Mafiamba took the occasion to stress certain points to his colleagues-e.g. the argument against malaria chemoprophylaxis in children. He also cited recent OCEAC studies which showed that in diarrheal disease among 10,000 children in three Cameroon regions, the predominant cause (43%) was rotavirus.

This meeting did not produce much in the way of defining areas of potential PRITECH activity, as Dr. Mafiamba pointed out that these were political considerations and would require further MOH deliberation.

H. UNICEF Assistant Director-Mme. Songomali

April 25

Mme. Songomali was very pleased to learn of the possibility of PRITECH and CCCD support and said that the timing was fortuitous since UNICEF was in the process of developing its next 5-year assistance plan for Cameroon. She had recently hired Dr. Dan Lantum (CUSS deputy dean), Dr. Gladys Martin (Director, Nutrition Research Institute), and Mr. S. Tchang (sociologist) to perform a comprehensive evaluation of Cameroon MCH services. Their report is expected in May 1984, and will be the subject of a comprehensive UNICEF program review in September which will lead to the new 5-year plan by December.

She was very interested in collaborating with PRITECH and CCCD and wondered what the financial limit of support from them would be. She said she felt that Cameroon was ready to develop a national ORT program and that local ORS production would be a definite possibility. She also said she felt that the establishment of a national audio-visual materials production center should be considered a priority.

I. MOH Director of Health-Dr. J. Zoung-Kanyi

April 25

Like most MOH officials, Dr. Zoung-Kanyi knew what the CCCD Project was and needed to be briefed re the comparable role of the PRITECH Project. Once oriented, he too was very receptive. He stressed the critical importance of middle-level management training, management information systems development, operations research and community participation in any PHC undertaking and wanted to know the extent to which AID

could address these areas through PRITECH and CCCD.

J. MOH Director of Planning and Studies-Mr. Ngalle Edimo April 26

After being briefed about PRITECH and CCCD, Mr. Edimo again stressed GURC interest in MCH but underlined the importance of having any MCH project be one which considered the Cameroon family as its driving force and which did not increase local costs. He was wary of the MEDCAM experience.

K. Nutrition Research Institute-Dr. Gladys Martin April 26

In a very short meeting Dr. Martin expressed her interest in PRITECH and CCCD and her willingness to cooperate with the September/October assessment/design team.

L. Ministry of Higher Education and Research (MESRES) April 26

Deputy Chief of Center for Social Science Research (CRESS)-
Jean-Pierre Biyitibi Essam
Sociologist-Bayie C. Kamanda

In a chance meeting at USAID/Y, it was discovered that these two gentlemen had come to seek funding for a mass media and health practices activity almost identical to AID's project in the Gambia. They have been working with the MOH and were amazed to learn of the PRITECH and CCCD Projects' emphases on social marketing. This group will be important to work with during the September/October visit as they would appear to be a logical collaborator in ORT promotion.

M. CESSI-Mme. Miriam Jato April 26

We briefed both the director of CESSI, the post-graduate nursing training center at CUSS, and Mme. Jato on PRITECH and CCCD. They too expressed support and would look forward to collaborating on design work.

N. CUSS Deputy Dean-Dr. Dan Lantum April 26

Dr. Lantum has long been one of the most active public health advocates in the Cameroon, and he will be a valuable collaborator in both PRITECH and CCCD activities in the future. With specific reference to ORT, Dr. Lantum is currently engaged in an effort to train all Cameroonian traditional healers in oral rehydration therapy skills.

O. OCEAC Director-Dr. April 26

In a very brief conversation with the Director of OCEAC, a regional epidemiologic research center for Central Africa, he made it clear that he felt the PRITECH and CCCD Projects should access the Central African ministries of health through OCEAC, instead of directly. This did not appear to be a very practical suggestion, but OCEAC's collaboration should be sought, especially re EPI work.

P. MOH Review Session April 26

To "synthesize" the discussions of the week, a review meeting was held at the MOH. It was chaired by the Vice Minister and attended by most of those with whom we had previously met. The attached "discussion

paper" was distributed before the meeting to stimulate the exchange. The principal outcomes of the meeting were as follows:

1. The MOH welcomes PRITECH and CCCD collaboration and looks forward to the September/October visit of the assessment/design team to plan the assistance to come from PRITECH and CCCD and to consider a possible long-term MCH assistance effort to follow;
2. The MOH will gather available information on ORT, immunization and malaria control in preparation for the September/October visit
 - a. epidemiologic basis of need for services
 - b. nature of existing policies and programs in each area
3. PRITECH will propose a team of 3-5 experts for the September/October visit who will represent the numerous skills areas cited in the discussion paper.

The MOH officials inquired whether PRITECH could provide financial support to help in the information-gathering activities of this summer. A response was promised.

Q. PRITECH, CCCD Formal Presentation

April 27

As the heavy meeting schedule did not permit us to make formal presentations at each of the institutions we visited, we put together a single presentation which was given in the USAID/Y conference room. We combined material from PRITECH, Mass Media and Health Practices, UNICEF and WHO for a 90-minute presentation. It was attended by 30-40 representatives from a wide range of organizations and ran 2 1/2 hours before questions had to be stopped.

III. Observations

A. USAID/Y Health Officer, Ray Martin, is due to leave Cameroon in May. His replacement is not yet identified. In the interim, before a new direct-hire AID health officer arrives, a Cameroonian public health specialist, Bibi Essama, MPH, will be acting Health Officer for the Mission.

B. There is a significant interest on the part of both AID and the Ministry of Health to consider the development of a comprehensive, bilateral Maternal and Child Health Project, with PRITECH and CCCD assistance covering the interim period before a bilateral project could be started.

C. The Cameroon Presidency has formally approved having the Ministry of Health request AID assistance in two project areas. (The official requests have not yet been sent.)

1. The CCCD Project

2. Child-spacing within the context of MCH

D. The CCCD Project may not be in a position to develop Cameroon as one of its emphasis countries since the Cameroon request came after CCCD had already committed itself to too many other countries. Both USAID/Y and CCCD hope that PRITECH will provide the vehicle to respond to the expected GURC official request for CCCD aid.

E. The Government of Cameroon is very receptive to the idea of PRITECH developing Cameroon as one of its emphasis countries and would like to receive a PRITECH design team in September or October.

F. The OCEAC Conference of Diarrheal Diseases has been rescheduled for November.

G. Virtually every individual and group contacted was very supportive of the idea of PRITECH and CCCD helping with efforts to promote ORT, immunization and malaria control. Most groups were already involved in these areas and looked forward to receiving the September/October PRITECH team.

V. Conclusions

A. The Government of Cameroon would like to collaborate with AID in its plans to make a comprehensive effort to improve maternal and child health services and it sees the PRITECH and CCCD projects as potential sources of important interim assistance in ORT, Immunization and malaria control and as a possible source of technical assistance to help design a more comprehensive bilateral project to follow.

B. AID would like to have PRITECH consider selecting Cameroon as one of its emphasis countries in Africa. This would permit AID to provide a positive response to the expected GURC request for CCCD aid.

C. AID appears receptive to the notion of providing a broader range of MCH assistance than that generally described as the focal interests of PRITECH and CCCD and might encourage PRITECH to aid the design of a major, bilateral MCH project for the Cameroon.

D. The several facets of the Cameroonian Government consulted, the private sector representatives and the other donors met, all consider ORT, immunization and malaria control among the highest priorities for PHC in Cameroon, and all are active in one or more of these areas. They all appear to welcome AID's contribution to their efforts, either in the short term through the PRITECH and CCCD projects or in the longer term through a bilateral project.

E. The Government of Cameroon would prefer to have donors support its collaboration with the private sector by working with the Government rather than providing direct support to private sector institutions.

VI. Recommendations

A. PRITECH proceed with plans to field a second mission to Cameroon during the month of September or October, 1984. This should be a team of 3-5 specialists selected for their expertise in the areas discussed in the body of this report.

B. The next PRITECH team should be prepared to undertake two basic tasks:

1. The design of an intermediate term PRITECH assistance program (with possible CCCD collaboration) in ORT, immunization, and/or malaria control.

2. The preparation of a preliminary design (possibly a Project Identification Document) for a long term, comprehensive MCH project.

C. PRITECH should be prepared to offer assistance, if requested, to the pre-design information-gathering activities the Ministry of Health has agreed to undertake before September.

D. Any short or intermediate project designed by the September/October team should have its own, intrinsic objectives in providing support to ORT and/or immunization and/or malaria control and should not be dependent upon the eventual implementation of a bilateral MCH project for its success.

Although this report reflects only the initiation of a dialogue between PRITECH and the Cameroon, and the identification of specific PRITECH project elements will depend upon the work of the next team, several potential areas of collaboration were identified and are cited in the body of this report.

VI. Terms of Reference for Assessment/Design Team

It is hoped that the proposed September/October PRITECH team will be able to collaborate with GURC and USAID/Y personnel sufficiently to accomplish

1. definition of the current situation in Cameroon with respect to ORT, immunization and malaria control,
2. planning of an 18-36 month specific assistance program to be implemented through PRITECH and/or CCCD, and possibly
3. the preliminary design of a more comprehensive MCH assistance effort which could be undertaken as a bilateral AID project.

While the GURC MOH concurred in the listing of 10-12 areas of desired expertise cited in the discussion paper, it felt that more than 3-5 PRITECH consultants could overwhelm local collaborators, so an effort will have to be made to identify individuals who can manage more than one technical assignment on the team. PRITECH is expected to propose a team as soon as qualified consultants can be identified.

VII. Scopes of Work for Team Members

A. Team Leader: Health Planning, Policy, Project Design

1. Coordinate the team's visit and the writing of the team's final reports
 - a. PRITECH/CCCD project design
 - b. MCH project identification document
2. Assess the existing GURC policies, organization and activity re ORT, immunization and malaria control
3. Assess the GURC management and administrative capacity in the ORT, immunization and malaria control areas

4. Assess the MOH logistics system with respect to ORS and vaccines. Evaluate the potential for local ORS production.

B. Health economist, financial analyst

1. Assess the current level of GURC financial support to ORT, immunization and malaria control in light of any new program development objectives.
2. Evaluate the financial feasibility of alternative approaches to ORT and immunization program, with attention to local ORS package production, home-mix use, commercial retail sales and other involvement of the private sector.
3. Identify the optimum utilization of available resources (GURC, AID and other) in promoting ORT, immunization and malaria control.
4. Project the financial requirements for recommended ORT, immunization and malaria control assistance from PRITECH and/or CCCD and develop the budget for such assistance.
5. Contribute to the overall team report as directed by the team leader.

C. Medical Expert(s) in ORT, immunization and/or malaria control

1. Assess diarrheal disease epidemiology and estimate need for and potential impact of ORT program.
2. Estimate capacity of health sector system and personnel re undertaking an ORT program.
3. Recommend the essential elements of an ORT program for Cameroon
 - a. central organization and policy needs
 - b. training requirements
 - c. communications and promotion strategy
 - d. use of ORS and home-mix solutions
4. Evaluate the existing EPI program and identify critical areas where additional support would substantially increase coverage.
5. Assess the appropriateness of existing ORT, immunization and malaria control strategies with respect to available resources and current objectives.
6. Contribute to designing an interim PRITECH and/or CCCD assistance project as directed by the team leader.

D. Management information system-epidemiologist

1. Assess the existing information systems operating for diarrheal disease control, immunization and malaria control.
 2. Identify the minimum necessary information collection, analysis and dissemination to assure effective management of an ORT, an immunization and/or a malaria control project.
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3. Consider the applicability of computer information processing for ORT, immunization or malaria control.
4. Identify the training needs to assure adequate establishment and maintenance of an MIS at all levels.
5. Design a program for the establishment of an effective MIS for ORT, immunization and/or malaria control.
6. Contribute to PRITECH design paper as called upon by team leader.

E. Communication / social marketing expert

1. Assess current PHC communication and promotion strategies and practices.
2. Identify all potential collaborators in a mass media and community outreach campaign to promote ORT, immunization and/or malaria control.
3. Recommend specific activities in the social marketing of the above three programs, considering the potential for the use of personal contact, printed material and radio contact.
4. Identify PRITECH/CCCD role in supporting these social marketing activities.
5. Contribute to the design of the interim PRITECH/CCCD activity as requested by the team leader.

F. Training specialist

1. Working with the other team members, assess the training requirements associated with each ORT, immunization and/or malaria control activity to be developed.
2. Assess the existing training programs in Cameroon and identify those areas in which basic and in-service training need to be established.
3. Determine the most effective contribution PRITECH/CCCD can make to help Cameroon meet these selected training needs.
4. Contribute to project design and team report preparation as directed by the team leader.

VIII. Outstanding Issues:

A. September/October visit- It is expected by USAID/Y and GURC that PRITECH will be able to field a team which will undertake both the in-depth assessment needed and the design of PRITECH support to follow. Toward that end, the MOH is willing to work on information collection between now and September. If for any reason PRITECH does not feel it would be feasible to attempt to fully design a PRITECH mini-project in Cameroon on the next visit, this must be communicated to the Mission so a multi-step design can be planned.

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B. PRITECH support-1- The MOH wants to know if PRITECH will fund information collection work this summer, and the Mission expects a PRITECH decision on this as soon as possible.

C. PRITECH support-2- Both the Mission and GURC are interested in knowing what the maximum level of support is for PRITECH emphasis countries so they can plan how rapidly they should try to bring a possible bilateral follow-up project into existence.

D. Team composition-Depending on the answer to whether full mini-project design can be attempted in the next visit, PRITECH needs to identify a team and propose it to the Mission and the MOH as soon as qualified individuals can be committed.

DISCUSSION PAPER FOR REUNION DE SYNTHESE

26 April, 1984

Prepared by Dr. Al Henn, PRITECH and Dr. William Taylor, CCCD Project

I. Introduction

Judging from the brief discussion held between the representatives of the AID Mission, the PRITECH Project, the CCCD Project and the Government of Cameroon Ministry of Health, it is clear that Cameroon places a high priority on the Primary Health Care approach to strengthening its Maternal and Child Health Services in order to reduce the unusually high levels of infant morbidity and mortality seen here. The Ministry of Health shares our concern that a comprehensive, integrated approach be taken to the strengthening of Maternal and Child Health Services and that an emphasis should be placed on those technologies which have already been proven to be effective in situations like those in Cameroon. These technologies include:

1. Oral Rehydration Therapy for Diarrheal Dehydration
2. Immunization
3. Malaria Control, and
4. Child spacing

II. Possible Response to Cameroon MCH Needs

A. Collaboration with other donors to provide external assistance required.

B. USAID'S role could emphasize priority technologies:

- i. ORT
- ii. Immunization
- iii. Disease Control (e.g. Malaria)
- iv. Child spacing

C. For each of these areas a multidisciplinary assistance is possible:

- i. Needs analysis
- ii. Policy analysis
- iii. Strategy development
- iv. Project design
- v. Management training at all levels
- vi. Materials development
- vii. Communication, health education, social marketing
- viii. Economic and financial analysis
- ix. Private sector mobilization
- x. Local production development
- xi. Information system development
- xii. etc.

III. Sequence for development of USAID assistance

A. Exploratory visit in April

B. Preparatory activities for the project design team's visit

i. Review government policies with respect to maternal and child health, especially regarding oral rehydration, vaccination, control of malaria, and child spacing.

ii. Gather program and epidemiologic information on the current status of diarrheal diseases and oral rehydration therapy, vaccinations and vaccine-preventable diseases, malaria, and child spacing.

iii. Consider a request for a multiparticipant (Government of Cameroon and other donors) evaluation of the vaccination program.

iv. Explore the possibility of other donors' participating in the project design.

v. Identify those persons in the Ministry of Health who will participate in the project design.

C. Project Design (September or October)

i. Purpose of visit

a. Design a short-term interim project (18-24 months) that strengthens vaccination activities, oral rehydration therapy, malaria control, child spacing.

b. Prepare a preliminary draft for a possible long-term comprehensive project in maternal and child health.

ii. Range of skills from which the composition of the project design team can be determined.

a. Project development - policy analysis

b. Management operations - administration and logistics

c. Health economy/financial analysis - project budgeting, recurrent cost analysis, local financing, benefit analysis

d. Technical expertise in oral rehydration therapy, local production of SRO, vaccinations, malaria control, child spacing in the context of child and maternal health

e. Epidemiology/Management Information Systems - determine measurable goals and objectives, establish a management information system, design evaluation methodology

f. Communications/Social Marketing - health education and promotion, design a mass media program

g. Training - develop training materials

h. Liaison with Private Sector - Use resources in the private sector to assist in reaching goals and objectives of project