

PDAAQ511

W/O BES PROJECT 1 H/W S/B

6/83

CLASSIFICATION PROJECT 1 H/W S/B
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE Guinea Mother and Child Health Accelerated Impact Project (Project AMIS)	2. PROJECT NUMBER 698-0410.31	3. MISSION/AID/W OFFICE USAID/Guinea
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	

5. KEY PROJECT IMPLEMENTATION DATES	6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY <u>80</u>	A. Total \$ <u>628,000</u>	From (month/yr.) <u>Sept. 1980</u>
B. Final Obligation Expected FY <u>80</u>	B. U.S. \$ <u>460,000</u>	To (month/yr.) <u>July 1982</u>
C. Final Input Delivery FY <u>80</u>		Date of Evaluation Review

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
Revise project work plan and accompanying financial plan	Ed Costello USAID/Conakry	November 1982
Extend PACD from January 31, 1983 to January 31, 1984 pending accomplishment of above	David Hess REDSO/WCA	December 1982

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input checked="" type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or

Change Implementation Plan

C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Mellen Duffy, REDSO/WCA nutrition officer & Dr. Peter West, Consultant

12. Mission/AID/W Office Director Approval

Signature Edward T. Costello

Typed Name Ed Costello

Date Sept 25, 1982

PROJECT EVALUATION SUMMARY (PES)

13. Summary: The mid-term evaluation of the Guinea Mother and Child Health Accelerated Impact Project (Project AMIS, 698-0410.31) took place July 16-23, 1982. The purpose of the project is "to strengthen mother-child health services in selected areas of intervention in order to reduce morbidity and mortality and improve health status among children 0-7 years and women of child-bearing age". Four specific interventions are envisioned to effect these results: 1) Continuing education in selected topics for various levels of Maternal and Child Health workers; 2) Planning, implementation and evaluation of community health and nutrition education programs; 3) Development of an adequate health data collection system; 4) Assistance to the Ministry of Social Affairs and the Ministry of the Government of Guinea (GOG) in development of an Expanded Program of Immunization (EPI) in the project region.

Although the Project Agreement was signed in September 1980, implementation did not begin until February 1981 when a project manager was hired and vehicles and equipment were ordered. The project momentum was set back by the tragic death in April, 1981 of the project manager. Her replacement arrived in September, 1981, and has been working effectively as Project Co-Directress for 10 months. In March 1981, the GOG appointed a full-time Project Co-Director to manage project activities in Mamou and also assigned other appropriate staff. After an initial assessment tour of health facilities within the three administrative regions located in the defined Project Zone, 28 dispensaries and health centers were selected to participate in the project.

The original project work plan has proven to be more ambitious than the available project resources could accomplish in the short life of the Project. The four stated areas of activity are listed in descending order of achievement:

1. Substantial progress has been achieved in the development of EPI in the project region. Twenty-four of twenty-eight participating health centers are currently providing vaccinations within their target areas of responsibility on a scheduled basis. In addition, a mobile vaccination team based in Mamou is equipped and supplied, and providing immunizations in the town of Mamou and as required in surrounding areas.

WHAT IMMUNIZATION
WHAT AGE GROUP?

2. The health data collection effort included assessment surveys in March 81 of the health centers in the project zone to gather information on demography, health statistics and the basic level of knowledge of primary health care of the local health personnel. A health-nutrition survey was undertaken in the project area during May to November, but the results are not yet available. The data collection effort is continuing but is in clear need of strengthening, particularly for EPI disease surveillance and vaccination coverage statistics. Standardized reporting forms should be provided to all health posts and supervision visits made to ensure compliance. A summary data report should be published and circulated to participating centers for feedback.

RESULTS?

Acted upon
WHOSE
RESPONSIBILITY?

3. The continuing education program was slow to begin also. A short seminar for 28 "chefs de postes" and several other regional health personnel was provided by the project in January 82. Both the participants and the Project staff considered this initial conference a successful first effort. A training program for 176 traditional birth attendants is presently planned and is to be initiated after the rainy season in September or October 1982. As discussed in the initial Project Paper (PP), the training of trainers approach should be

ON WHAT
LENGTH OF
SEMINAR?

used in developing training programs for Traditional Birth Attendants (TBAs), EPI personnel and in other areas.

4. The community health and nutrition education effort has acquired some audiovisual materials to initiate activities. It has been hampered by problems with procuring supplies and electrical equipment, and anticipated assistance from GOG health education specialists was not forthcoming. It is strongly recommended that the use of materials more suited to the educational levels of the target audiences, and media not dependent on an electrical power source, be explored for use in health posts for community education.

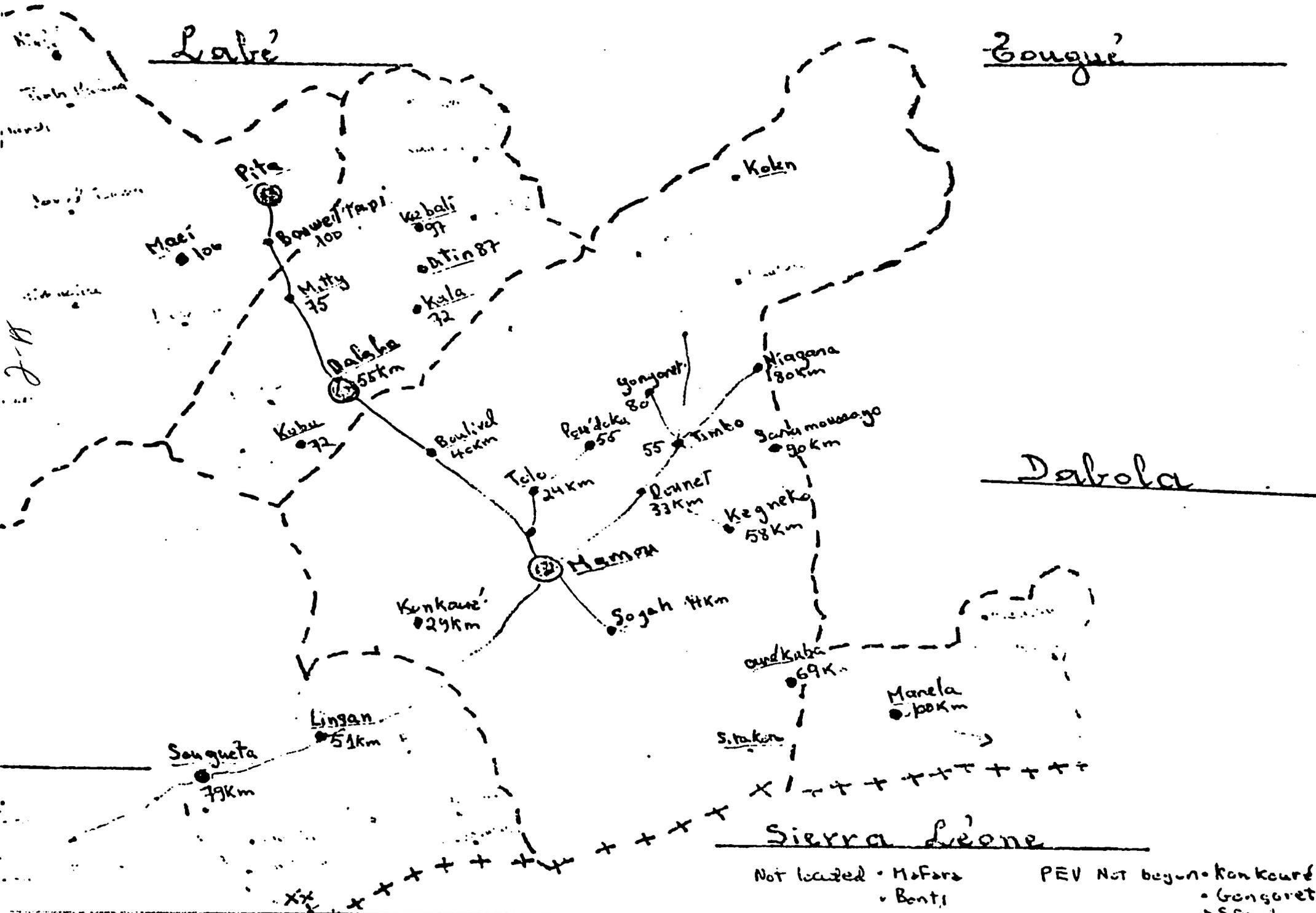
WHOSE RESPONSIBILITY?

Project funds, \$460,000 were obligated in FY 80. A shortage of GOG operating expense funds has, to some extent, hindered project progress. Imported project equipment, vehicles and supplies have been slow to arrive in some cases. There has not been sufficient support to the field by the GOG or USAID/Guinea, nor have communications between parties (USAID, GOG and project staff) been adequate to prevent or solve management problems. AID/Conakry has recently hired a person to "backstop" the project, which should improve the situation. It is recommended that on a quarterly basis the project activity be reviewed by a Project Review Committee to include the Project Director, the Project Co-Director, the Project Co-Directress, and a representative of USAID/Guinea.

The original work plan is in need of substantial revision to reflect resources and realities of the project environment. This redeveloped work plan should be detailed and prioritized, and the budget for both USAID and GOG funds worked to reflect the changes made. The prospect of establishing a self-sustaining immunization program is good if resources are wisely used. Much remains to be done in the other three components, particularly in regard to health statistics collection to back up the immunization efforts.

Given the substantial delays in project start up, the evaluation team recommends an extension of the PACD from January 31, 1983 to January 31, 1984, contingent upon preparation and acceptance by the Project Review Committee of the revised work plan and budget.

WHO IS RESPONSIBLE TO REVISE THE WORK PLAN?



Not located - Mofara
- Bonti

PEV Not begun - Kunkanz
- Gonyeret
- Sogah

14. Evaluation Methodology: This mid-term evaluation of Project Amis was planned by the initial project design team as part of the development of the Project. This evaluation is a management tool for those officials involved with the Project to review the problems existing, as well as the progress made, and then to make better informed decisions regarding future project implementation. This evaluation was also requested by the GOG and USAID in order to have an objective review of project status and to highlight constraints to successful Project completion.

The evaluation team consisted of one AID official, Ms. Mellen Duffy, public health nutritionist and a member of initial design team for the AMIS project; and an outside consultant, Dr. Peter West, public health physician and primary health care project specialist. Dr. S. Diallo, a Guinean national and a public health physician, who serves as Chief Medical officer of the Dalaba Region, also participated in some of the field visits and discussions.

The team was in country for seven days, July 16-23, 1982. Due to illness of team members, relatively little project site visit activity occurred.

Three USAID officials were interviewed in Conakry and relevant project documents were reviewed. Meetings with the Minister of Social Affairs and the Ministry staff (Conakry - based) responsible for the Project were held prior to proceeding to the project headquarters in Mamou.

In Mamou, meetings were held with project Co-directors, project staff, and Chief Medical officers of the zone to determine status of project activities as perceived and documented by staff. Tours of the Mamou clinical facilities, equipment storage area and the EPI cold chain followed.

Visits were arranged to two rural health posts, Tolo (24 km from Mamou) and Timbo, (55 km from Mamou). These visits included inspection of facilities, equipment, records, and supplies as well as interviews with nurses and the commandants of the arrondissements. The Evaluation Team was also shown the two small hospitals under construction at Tolo and Timbo, each of which had recently been begun through local initiative.

By the end of the week's sojourn, the Evaluation Team had prepared a preliminary report. An exit interview was conducted in Conakry where the Team discussed their findings and recommendations with the Minister of Social Affairs, Project staff, and the USAID Conakry officials. Project progress was assessed by comparing real accomplishments with the outputs and work plan outlined initially in the project paper.

15. External Factors: Factors which have clearly had impact on the Project but which were not controllable by the project staff include the following:

Negative

1. The Project Co-Directress was fatally injured in an auto accident in April 1981. The replacement by a new project co-directress was not completed until September 1981, contributing to discontinuity in project momentum and activities.

2. There was delay in the receipt of large quantities of equipment and supplies for the EPI cold chain and for health education/continuing education activities.

3. There was interruption in availability of GOG funds for support of project activities, occurring in December 1981 and as of July 18, 1982, this had not yet been finally resolved resulting in delayed planning and payment for continuing education program activities as well as inhibiting staff travel to supervise dispensary level activities.

Positive

1. Increasing government emphasis on immunization programs has facilitated access of project to central vaccine stores.

16. Inputs: USAID project inputs as outlined in the PP are to be in three areas: (1) long and short term personnel; (2) commodities, and (3) participant training. The GOG agreed to provide salaries of : (1) counterparts; (2) all in-country travel; and (3) costs for training programs; (4) housing for long and short term U.S. technicians; (5) refurbishing health facilities; and (6) gas, oil and maintenance for project vehicles. Total U.S. funding for the project, \$46,000 was obligated in September 1980. GOG has agreed to provide not less than \$168,000 equivalent in local currency. To date, AID has provided 12 months of technical services of the two project co-directresses. AID also financed one consultant for a three week period to collect baseline health data and to advise the project staff regarding start up to EPI. It is recommended that the project make more use of existing possibilities for additional technical assistance, utilizing AID funds that have already been obligated for up to six months of such technical assistance.

AID/Conakry hired a project manager in July, 1982 to "backstop" this project (part-time among other duties) and provide continuous support to the Co-Directress. The project manager participated in this evaluation exercise.

The GOG has appointed a full-time project co-director as well as an accountant, cold chain manager and four chauffeurs. Personnel in the health posts and centers and the chief medical officers of the concerned regions are participating in project activities as they develop.

The CORE staff members in Mamou are working hard, and as momentum builds in the project activities, will undoubtedly need more person hours utilized for supervisory visits to the field and processing statistical information. It is suggested that the GOG designate individuals to work with critical Project staff as well as to receive in-service training from them. The cold chain manager could well utilize an assistant and an individual to be appointed to manage health statistics at Project Headquarters.

Receipt of equipment and supplies was scheduled to occur in February and March of 1981. Actual receipt of major equipment and supplies occurred approximately as follows:

<u>Items</u>	<u>Arrival date</u>
<u>Office Equipment, Supplies & Vehicles</u>	
Office supplies including paper	September 1981
Office equipment including duplicator	November 1981
Calculator	November 1981
1 Generator	October 1981
25 Gas cans	October 1981
30 Honda Motorcycles and Parts	October 1981
5 Jeeps and Spare Parts	October 1918
3 Typewriters & Reportals	February 1982

<u>Items</u>	<u>Arrival Date</u>
<u>Vaccination Program Equipment and Supplies</u>	
40 Vaccine carriers & Ice Packs	November 1981
1 Freezer & 25 Refrigerators	January 1982
<u>Health Education Materials and Supplies</u>	
4 Projectors, generators, screens	November 1981
12 different slide shows from T.A.L.C. (Teaching at Low Cost)	May 1982
13 different film strips from World Neighbors	July 1982
<u>M.C.H. & Health Services Supplies</u>	
40 Infant Weighing Scales	November 1981 30 in early 1982
Traditional Birth Attendant Kits	170 not yet received

Currently additional equipment and supplies are in transit. Critical items not yet received include:

1. Voltage regulators necessary to properly operate movie projectors on local current.
2. Additional visual aids for health education activities.

Requests are under consideration for purchasing two ped-o-jets with an ample supply of spare parts, basic medical supplies, and essential medicines for the project. The ped-o-jets, spare parts and medical supplies are within the scope of the Project Agreement. These items should be included in the redeveloped budget and, assuming adequate availability of funds, ordered for the project.

Although a need for basic medications clearly exists, furnishing medications on a one-time basis outside the existing pharmacy system is not normal AID policy. Instead, it is recommended that any discretionary funds be used to fund a specialist in pharmaceutical supply systems to consult with the project on improving the systems in the project zone. A limited supply of basic medicines could be purchased and utilized in an experimental approach to strengthen the current system.

DR. R. KING

Government of Guinea contributions to support AMIS have been interrupted. From December 1981 to the time of the evaluation no funds from either GOG regular operating budget or counterpart funds were available for covering the Incountry-Training activities through the mechanism which the GOG had established for this purpose. This has delayed Continuing Education program activity and has negatively affected initiation of Health Education activities as well. Additionally, the shortage of operating funds has limited the supervisory visits to the field by project staff and delayed improvement in the health data collection system.

The Evaluation Team was assured that the problem has been resolved, although the Funds requested are not to date deposited in the Project account. It is critically important that the necessary operating expense funds be provided on a timely basis to the project. The GOG had agreed in the Project Agreement to provide "not less than the equivalent of U.S. \$168,000, including costs borne on an 'in-kind' basis". The GOG complete expenditures were not available to the Team but the Co-Director estimated that 800,000 sylv (S\$35,240.74) has been spent to renovate the Project headquarters and to rent and refurbish the USAID project Co-Directress' house. Since the complexity of the process for obtaining counterpart funds has been cited as a problem, it is suggested that USAID/Conakry cooperate with the MOSA officials to establish a functioning method to utilize these funds by the Project.

With respect to participant training, the Guinea Project Co-Director, along with the USAID Project Co-Directress, participated in the USAID sponsored "Continuing Education Program for Primary Health Care in Africa", in Lome, November 15-20, 1981. The cold chain manager attended a one week long EPI training course in Mauritania in 1981. Other observation/exchange visits have been proposed but have not as yet been arranged.

It is strongly recommended that a mid-level EPI course be organized in the project zone. Funds could be used from the EPI component of the Project to pay for experienced facilitators from Ivory Coast and Cameroon to assist Project staff. Further, an observation visit should be arranged to one of the Ivory Coast zones and national headquarters to learn from their EPI experience, particularly their disease surveillance system.

A visit by the staff personnel to the CARE/CONGO nutrition education project would be useful for exposure to the process of developing relevant community educational materials.

17. Outputs: Projected major outputs and duties are charted on the next page and comments are noted as of July 1982 evaluation.

Number	Project Activity (from PP Work Plan)	Projected Completion Date	Comment
2	Repair & renovate housing & office Mamou	October '80	Completed Dec. '81
7	3 week EPI training for Arrondissement-level staff	January '81	Jan. '82 Initial 3 day conference for Arrondissement staff-EPI mid-level course to be scheduled.
8	Arrondissement level EPI program initiated	January '80	Program functioning as of Feb. '82. By July '82, health centers and one mobile team functional.
9-10-11	Baseline Health Status & Nutrition Status Survey to be carried out.	March '81	Baseline Health Status & Nutrition Status survey carried out May-Nov. '81, Center Staff survey occurred Mar. '81, results available.
13	Health education materials designed and produced	March-June '81	Some materials are being purchased and with projection equipment are substantially on hand June '82.
14	2 week refresher training for arrondissement level health staff EPI and introduction to training TBAs.	June '81	Not held. However, TBA 3-day program planned for Sept/Oct. '82.
15	6 month evaluation of EPI & data system	July '81	Not done. Should schedule EPI evaluation for <u>JAN/FEB '83</u>
16	Construction/Renovation of PRL health facilities as required	August '81	On going SUMMER '83
17	2 week PRL Level EPI training and TBA training	September '81 February '82	Not held. "Chef de Poste" responsible for EPI in that arrondissement.
18	PRL Level EPI to begin	September '81	First PRL Level services , began Feb. '82. As of Eval 24 of 28 sites start

*EPI midlevel course and EPI evaluation. These two events can be scheduled through WHO in order to obtain course materials and assistance in recruiting outside evaluators.

The statistics compiled since the debut of the E.P.I. in the project zone (Feb. 22) through the month of June are reflected in the following table:

(Feb 22 through June 30, 1982)

	BCG	MEASLES	D.T. COQ. DOSE			ORAL POLIO DOSE			ANTI-TETANIC DOSE		
			1	2	3	1	2	3	1	2	3
MAMOU MOBILE VACCINATION TEAM	323	4645	2536	1393	925	2536	1393	925			
MAMOU CENTER & RURAL HEALTH CENTERS	336	1925	1554	1019	829	1554	1019	829	592	351	55
TOTAL	659	6570	4090	2412	1754	4090	2412	1754	592	351	55

- NOTE: 1) The mobile vaccination team figures come from vaccinating (3 times) in the 9 P.R.L.'s of Mamou and 4 arrondissements.
- 2) Mamou center figures come from vaccinations given to those who did NOT receive all 3 doses in Mamou, PLUS those pregnant women attending pre-natal consultations, PLUS the rural centers reports on the E.P.I. from their area.
- 3) All figures represent only those health centers and vaccination teams who reported to the Mamou Project offices. An undetermined number of centers are either not yet accurately reporting their activities or not reporting at all.
- The remainder of project outputs are scheduled to occur in the future according to the original project work plan.
- 4) There are an estimated 90,000 children between the ages of 0-4 years in the project zone (18% of total population 500,000). The target population for measles vaccination is children between 9 months and 4 years according to the national EPI policy. According to the data reported above, 6,570 measles vaccinations given in a little over 4 months, an estimated 16,800 children could be vaccinated annually at this rate. Thus the coverage within the project zone by February 1982 may be in the order of 23% , a respectable figure for the first year of operations.

18. Purpose: Project Description (From PID) The purpose of the "AMIS" project is "to strengthen mother-child health services in selected areas of intervention in order to reduce morbidity and mortality and improve health status among children ages 0-7 years and women of child-bearing age". The project area selected includes arrondissements from three administrative regions of the country: Mamou, Dalaba and Pita.

FROM WHAT
EXISTING LEVEL
TO WHAT FUTURE
LEVEL?

The basic problems of the MOSA Office of Maternal and Child Health Services include: insufficient health equipment and educational materials; inadequate numbers of vehicles for community outreach; irregular delivery of medicines, vaccines and other supplies; and limited opportunities for continuing education for all levels of health workers. The four following project components are designed to assist the MOSA Maternal and Child Health Services in overcoming these problems:

1. Continuing education for MCH workers, including those at rural health centers, as well as traditional birth attendants;
2. Planning, implementation, and evaluation of community health and nutrition education programs;
3. Development of an adequate data collection system;
4. Assistance in implementation of the GOG Expanded Program for Immunization (EPI).

Progress towards achieving the project purpose has been retarded by factors already mentioned. Nevertheless, the MCH services within the regions have clearly been strengthened by the provision of the infrastructure for EPI and the subsequent commencement of a regular immunization program to protect children from six vaccine-preventable diseases. Immunization against the six important childhood diseases is known to be an effective measure in reducing childhood morbidity and mortality. It is an obligation of the Project staff to develop a disease surveillance system capable of adequately documenting the changes in levels of these diseases. A good surveillance system also will indicate failures in the cold chain. The surveillance system should include the number of cases, the number of deaths, characteristics of persons affected (particularly age), location and date of outbreaks, and immunizations status by vaccine, dose and age group. It is suggested that measles, pertussis and neonatal tetanus be used as "indicator" diseases since they are more easily recognized with their distinctive signs and symptoms.

An active EPI is an essential, cost-effective component of MCH services. It is a program around which one can build other aspects that will improve the entire health care system: health data collection, community health education and continuing education and supervision for health personnel. Given the substantial progress made with EPI in the Project zone, it is recommended that other desirable elements be integrated with it. For example, health workers should be taught to keep records on numbers of immunizations given for each age group and participate in coverage surveys to check service statistics. Appropriate community education materials and sessions should be developed to encourage participation in EPI services. Regional level health personnel should be trained as trainers for EPI courses during which "chefs de postes" would be taught the essentials of good program management. The skills and knowledge acquired in the process of implementing these activ-

ities will be applicable to other facets of MCH care, therefore strengthening the whole system.

EPI is, however, only one area of emphasis for an integrated MCH service. While the project should continue to place priority on the EPI component, the other three elements are desirable and useful. While it is difficult to identify the relative importance of each MCH component, given that the rhythm of project implementation is slower than anticipated, the Evaluation Team would propose an emphasis on training through continuing education of health personnel. Assisting the health workers to improve their knowledge and skills for carrying out their responsibilities, will be an important contribution to the project purpose goals.

The project staff should prepare a new work plan for the remainder of the project (through January 31, 1984), accompanied by a budget prioritizing expenditures. If accepted by the Project Review Committee, the PACD should be extended to one full calendar year to January 31, 1984.

19. Goal: At this point in project implementation it is difficult to assess the degree of achievement of the project goals "to reduce morbidity and mortality and improve health status among children 0-7 years and women of child-bearing age". The degree to which progress has been made in satisfying the project purpose has been discussed and recommendations made for improvement. If these recommendations are followed, it should well become possible to evaluate the reduction in morbidity and mortality from certain EPI target diseases.

The external factors previously mentioned have, to date, seriously retarded progress in the project, but it is anticipated that project momentum will continue to increase. It appears that the original project work plan, including four key components of MCH care designed to achieve the project goal, was more ambitious than the available project resources could accomplish in the short life of the project. However, it is clearly possible to consolidate the real progress made to date in EPI and upgrade the technical skills and knowledge of health workers. It is felt that proper training of TBA's can have a significant effect on maternal mortality.

20. Beneficiaries: "The project area is geographically situated in Middle Guinea along the foothills of the Fouta Djallon plateau, Guinea's natural watershed. Approximately one million people, mostly cattle raisers and subsistence farmers, live in the area, stretching along the Kindia-Mamou, Faranah-Labe axis. Although no income distribution statistics exist, other indicators show that the area is one of the least economically developed in Guinea. Middle Guinea faces serious problems with availability of water, and soil and forest depletion. The per capita rice and other cereal production and yields are the lowest in Guinea".* The project zone includes three regions within the area whose population totals approximately 500,000.

This project impacts on four groups of beneficiaries:

1. "The health personnel at all levels in the project area will receive training in health/nutrition education and will receive equipment to facilitate their jobs. As a consequence of refresher courses and continuing education training opportunities, skills and knowledge of health workers will be upgraded. The availability of health education materials and equipment, and in some cases transportation, combined with improved skills, should increase the motivation as well as the capability of health workers in rural areas.

2. The approximately 100,000 women of child-bearing age (20%) of total population and more than 125,000 children from 0-7 years (25%) in the project area will be the direct beneficiaries of the improved health/nutrition services. As a result of encouraging better diets for pregnant and lactating women, both the mother's health and their infants' birthweights and growth rates will be improved. Provisions of vaccines against six childhood diseases and improved village health, nutrition and sanitation practices resulting from the promotion of preventive health activities are expected to contribute to decreases in infant and child illnesses. More hygienic practices on the part of the TBAs will have a significant impact on maternal and neonatal morbidity and mortality.

WHAT IS A SIGNIFICANT IMPROVEMENT

3. The traditional birth attendants and other village-level health workers will receive added outreach support through equipment and education. TBAs are a primary source of health care for pregnant mothers and newborns in most rural areas of Guinea. They cover approximately 80 percent of childbirth deliveries. A training program which is essentially practical (concentrating on teaching hygienic rules and fundamentals of sanitation, nutrition, and child care and providing a basic midwifery kit) is expected to succeed in upgrading care provided to mothers. Also through regular support supervision by health center personnel for these influential and respected members of the village community, cooperative health education activities should be more easily developed at the community level.

HOW MANY?

ARRANGE -
MENT FOR
RESUPPLYING
THE KITS -

4. The ministries of Health and Social Affairs planning strategy will be aided through reliable statistical baseline data gathered throughout the project. Useful data will be collected for planning, monitoring, and evaluating health and nutrition programs developed by the Ministries of Social Affairs and Health. Efforts will be made to gather health and

* From Project Identification Document

nutrition information at the village level to supplement and complement health center statistics. It is hoped that these data will be utilized in replicating this type of mid-level training effort in other rural areas of Guinea."*

To date the actual beneficiaries have been somewhat more limited than anticipated in the Project Identification Document quoted above.

1. The health personnel beneficiary group impact is as yet not measurable. Only a single three day training conference for regional medical personnel participating with AMIS project has occurred. In addition, three persons have been sent for five days of E.P.I. training out of country and the two project co-directors have attended a one week training course in Primary Health Care in Lome, Togo sponsored by AID.

Equipment and supplies for the EPI program are essentially in place and operational. Plans are underway for training courses for Traditional Birth Attendants which will be followed by the presentation of birth attendant kits to the midwives who have attended the course.

The necessary training infrastructure of an office staff and training capability is presently being developed at Mamou to provide in-service continuing education, but its potential has not been fully realized yet.

2. The second group of beneficiaries, approximately 100,000 women and 125,000 children of the Project area, have begun to receive the vaccinations through the EPI component of the program. Data is incomplete but the initial EPI effort is tabulated on page 8A of this report. The health education component is as yet not operational.

3. The Traditional Birth Attendants are scheduled for training courses and the receipt of supplies after the raining season, September or October 1982. This represents the most fundamental of first steps in approaching the problems of safe childbirth deliveries.

4. The final beneficiary group, the Ministries of Health and Social Affairs have yet to experience the planned benefit of improved health statistic reporting capability. This is currently a project priority activity. The Project staff is currently accordng health statistics reporting a high priority.

* From Project Identification Document.

21. Unplanned Effects: No significant negative unplanned effects have occurred. There exists a cooperative working relationship among the three rural regions, which are involved by the AMIS project activities which appears to be a beneficial effect.

22. Lessons Learned: 1. Design of this project did not include a thorough description of the necessary action steps which would accomplish each of the Project subgoals. The Project design accurately described the areas of activity necessary to improve health services but underestimated the length of time and human resources necessary to accomplish the goals and objectives.

2. The acquisition of equipment and supplies to support project activity has been a slow and tedious task. The Project time table was unrealistic, considering the need for these items in hand prior to initiating much of project activity.

3. Project monitoring by USAID appears to have been less effective than would be ideal. Also there have been long-standing funding difficulties on the GOG side which have limited project activity and have caused major departures from the Project time table. These problems could be avoided or resolved in a more timely fashion with a more substantive involvement of the local AID office. (The recent employment of a project manager should help resolve this problem.) Also more timely use of Public health expert consultation could be utilized by the AID office to assist in problem solving.

4. This project is the first USAID/GOG bilateral health project. It was designed as an "AIP" so that together USAID and the GOG could work out a collaborative approach to health development within a relatively short period with limited resources. It has become evident that regular dialogue among all parties is critical to the proper management of this and any future project. It is recommended that on a quarterly basis the project activity be reviewed by a Project Review Committee, to include the Project Director, the Co-Director and Co-Directress, and a representative of USAID. These meetings should include a budgetary review. If management problems can be resolved through this committee and progress is increased, it will be possible to recommend further USAID/GOG cooperation in the health field.