

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

10-APR-86
 46479
 Report By: [unclear]

1. PROJECT TITLE
 Combatting Childhood Communicable Disease Project

2. PROJECT NUMBER
 698-0421.79

3. MISSION/AID/W OFFICE
 Kinshasa

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)
 86/05

5. KEY PROJECT IMPLEMENTATION DATES

A. First PRO-AG or Equivalents FY <u>85</u>	B. Final Obligation Expected FY <u>85</u>	C. Final Input Delivery FY <u>86</u>
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6. ESTIMATED PROJECT FUNDING

A. Total	\$ <u>684</u>
B. U.S.	\$ <u>647</u>

7. PERIOD COVERED BY EVALUATION

From (month/yr.) May 1984
 To (month/yr.) April 1986

Date of Evaluation Review May 1986

8. 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., program, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Documentation of expenditures of USAID and FAC funds allocated for local purchases will be transferred from the technical officer to an adequate structure within the MHTSA. This action will help the GPRC to assume full responsibility for all costs at the end of the project.	DPM CCCD USAID/PHO	July 1987
2. Additional bookkeeping records will be kept that classify expenditures to the activity they support.	MHTSA GPRC USAID/PHO	July 1987
3. The Director of Preventive Medicine will establish a Financial Reporting System that informs each partner of the use of all funds allocated to the program.	DPM	July 1987
4. The Project will implement an auto-financing system based on user fees.	CCCD AID/AFR/RA	July 1987
5. The delivery of ORS and chloroquine will be integrated into the EPI distribution system. The supervision of these activities will be combined as much as possible at the regional level.	DPM	July 1987
6. Trimestrial supervisory visits to the regions by technical personnel accompanied by the CCCD program manager or coordinator will be made.	DPM	July 1987

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

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

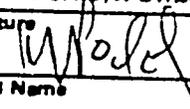
10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

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)

Felix Awantang, Project Manager
 Mary L. Harvey, MPH, Evaluator
 Robert Dewolfe, MA, Evaluator
 Anne Marie Wonters, MA, Evaluator

12. Mission/AID/W Office Director Approval

Signature: 
 Typed Name: Richard L. Podol
 Date: 27 Jun 86

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| 7. An ORT demonstration and training unit will be established in Loubomo and Point-Noire. | MSHA | July 1987 |
| 8. CDC Atlanta will provide a consultant to help establish a nationally standardized health information system. The Regional Epidemiologist in Kinshasa will also assist in this task. | CDC
MSHA | July 1987 |
| 9. A full-time training coordinator will be designated to plan, coordinate, and assure the implementation of all training activities. | DPM | July 1987 |
| 10. Health Educators will be nominated in EPI, Malaria and Diarrhea disease services, to work on a full time basis with the CCCD Health Education Coordinator. | MSHA | July 1987 |
| 11. Central Health Education personnel will be trained as facilitators for the regional training efforts. | CCCD
MCH
HE | July 1987 |
| 12. A set of priority activities will be chosen from the action plan and given full financial, material, and technical support. | CCCD
MCH | July 1987 |

CONTINUING CONCERNS*

1. When GPRC funds are made available, USAID should continue to support CCCD activities but at a level consistent with the amount of funds. A significant reduction in the contribution by the GPRC risks having the USAID reconsider its position.
2. Phase II should be delayed until CCCD activities are well established in the Phase I regions.
3. When and if new vehicles are purchased they should be designated to those areas outside of Brazzaville where lack of transportation is the binding constraint to implementation of CCCD activities.
4. To ensure that standardized methods are used to prevent/treat the childhood diseases covered in CCCD, national policies for EPI, diarrheal disease control and malaria should be introduced nationwide.
5. Bearing in mind the organigram and the existing structures in the Ministry of Health and Social Affairs, the team recommends that national coordination of CCCD activities remain with the Director of Preventive Medicine as called for in the Project Agreement. If the original agreement is modified, the different participants must be consulted in advance.
6. The CCCD Health Education Coordinator should work closely with the Training Coordinator to assure the integration of HE into the regional training courses.

MISSION COMMENTS

In June 1986 the GOC requested that the CCCD project commit itself in writing to provide support to the October 1986 Congolese Vaccination Campaign. Ironically this is the kind of activity the CCCD project has been hoping to support very strongly. However, our input was suspended because the GOC was not supporting the activity. This request comes at a time when the GOC still has not deposited its 1986 contribution (promised since January 1986) into the project account. If and when the GOC provides its 1986 contribution, we believe CCCD should in concert with UNICEF, FAC, and who support the campaign to the maximum extent possible.

*Actions without specific implementation dates are listed under this heading.