

Report on Exploratory Field Trip for Health Activities in Equatorial Guinea

July 21-24, 1982

by Raymond Martin

USAID/Yaounde Health Development Officer

Introduction

Since USAID/Yaounde is responsible for AID assistance in Equatorial Guinea, the USAID Health Development Officer went to Equatorial Guinea July 21-24, 1982, on an exploratory visit to see how USAID could help in the areas of health, nutrition and population. It was assumed that the small AID budget for bilateral assistance would continue to be allocated to the agricultural sector. The focus of AID activities, therefore, would be on tapping regional and inter-regional project funding.

It was clear from the reception given to Mr. Martin by various GREG officials and representatives of other donors that U.S. assistance in the health sector would be highly welcomed. This report comments very briefly on the status of the health sector in Equatorial Guinea, other donor assistance in health, and a list of possible project ideas for AID consideration. It should not be expected that AID will provide assistance in all or even most of the areas listed in this report. Rather, these are areas that should be followed in a continuing dialogue between USAID, the American Embassy in Malabo, and the GREG about possible future AID assistance.

Current Status of Health Sector

Without describing the sad details of the impact of eleven years of dictatorial misrule in Equatorial Guinea, one can summarize by pointing out that the health sector developed to a substantial extent during the colonial period was almost completely devastated. The Spanish built a substantial health infrastructure, particularly in Bioko Island and, to a lesser extent, in Rio Muni. Many of these buildings, such as the Malabo hospital and rural dispensaries, are still in solid condition and need only incidental repairs to become functional again. On the continent, though, there is still considerable need for physical facilities.

The priority in the health sector has been given to curative services. This reflects the orientation during the colonial period. There has been little development as yet toward a rural public health emphasis and primary health care; nevertheless, the present government is showing interest in primary health care. EG has no good health training institutions; however, the beginnings of one exist at Bata and the MOH is eager to develop and strengthen this institution for the training of health manpower. Drugs are in very short supply. Health manpower, with an orientation toward preventive health and rural outreach, are very few. The usual tropical diseases are endemic. Malaria is particularly of concern. Bad water, particularly on the continent is a source of much disease. Since the 1979 coup, there is a start toward rehabilitating the health sector. For example, some vaccinations have been given and the Malabo hospital has again become reasonably functional.

The GREG, according to the budget figures in the report prepared for the international donors conference in April, 1982, gives high priority to health relative to other sectors. A major part of this budget goes for personnel costs. Unfortu-

nately, even though, relatively speaking, health fares well in the GREG budget, that still does not mean significant local resources for strengthening of the health sector.

Other Donor Assistance

During the last few years, many donors have shown considerable interest in assisting in health in EG. There has been little coordination of this assistance and much of it is still oriented toward curative health care. The absorptive capacity, given the skeletal organization of the MOH and lack of personnel, is not high. Donors should be careful, therefore, not to promote programs beyond the capacity of the GREG to administer. For the next few years, it is desirable that much health assistance be accompanied by personnel from outside who can organize and implement programs.

The highlights of health related assistance by donors are as follows:

- Spain: Food, many, many doctors and nurses, rehabilitation of parts of Malabo hospital, some technical assistance in health planning and mounting preventive medicine programs such as vaccinations. New aid is planned for rehabilitating several hospitals and equipping them (more than \$10 million). Studies on malaria, tsetse fly and gynecological problems. Much assistance is implemented through the Spanish Red Cross.
- France: A health mission recently visited EG and made a commitment of about \$1 million for health and women in development.
- Cuba: Several doctors
- China: Several doctors
- Switzerland: Assistance to a leprosy hospital on the continent and a vaccination team with vehicles to arrive October, 1982, in Rio Muni for a long-term program.
- World Food Program: \$4.7 million over a year and a half of food and assistance for a primary school program, feeding of vulnerable groups, a program stabilizing the wheat and bread market, and strengthening the Bata health manpower training institution.
- World Health Organization: \$250,000 for 1982 and \$250,000 for 1983 for drugs and equipment, a health planner for 3 months, a nurse/teacher at the Bata school, an adviser planned for the vaccination program, plus additional funding from WHO's regional budget.
- UNICEF: Training assistance, vaccinations, etc.
- UNFPA: Assistance for organizing a population census planned in the near future. A \$1.7 million maternal child health project was proposed but funding has not been found.
- African Development Bank: A study of possible AFDB assistance for development of the Malabo hospital and a national laboratory has been proposed.

Project Ideas for USAID Consideration

Given the traditional orientation of the health sector in EG toward curative care based in hospitals and dispensaries, a major interest of AID should be to encourage a greater interest in primary health care and various preventive approaches to health improvement and to provide occasional technical assistance and training toward that end. The Director of Rural Health Services, Dr. Eneme, is interested in primary health care and eager to work to strengthen the government's activity in this area. We should remain in contact with him as well as his superiors to see how AID might assist. Various specific project ideas discussed are listed and described below.

1. Embassy Special Self-help Fund for Rehabilitating Rural Clinics. Since the most urgent issue in health involving the Embassy in Malabo was the proposed use of \$55,000 of 1982 self-help money for rehabilitating rural clinics, much time in this trip was devoted to trying to facilitate and speed up this project development. If this proposed project works, the Embassy and the MOH will consider using FY 83 self-help funds to rehabilitate additional clinics. More details of this activity are described in the memo to the American Ambassador dated June 24, which is attached as Annex II.

2. Bata School for Training Health Manpower. The GREG has a building and a few trainers in Bata for basic training of health paraprofessionals. Physicians will still be trained outside EG. The MOH hopes, over the next five years, to train 430 people of various kinds, not including village health workers, however. This will include retraining of existing health personnel and basic training of new staff. Training periods, both short term and long term in paediatrics, anesthesiology, and other auxiliary areas were mentioned. WHO is providing a nurse trainer and UNICEF sends occasional trainers. UNICEF has provided financial support for 1982 and the MOH is now looking for financial assistance for the next four years. It is possible that USAID, through the JHPIEGO or INTRAH projects, could provide a little financial support and possibly outside trainers. A good next step would be a USAID visit to the Bata school, perhaps early in 1983, and additional discussions with central MOH personnel about the development of this health training institution.

3. Training for Dispensary Nurses. In connection with the proposed special self-help funded rehabilitation of rural clinics, the MOH is interested in retraining the nurses presently assigned to these moribund clinics. Since the training of these people has been primarily toward curative care, the GREG would like to move increasingly toward preventive and primary health care. AID might try to arrange support for a retraining program. This could start initially for about 20 people on Bioko Island dispensaries and move eventually to Rio Muni. If the GREG welcomed training that would include maternal child health care and child spacing, perhaps INTRAH could support this activity. WHO support might also be solicited. The Embassy and USAID should remain in contact with Dr. Eneme. If the self-help program materializes, an effort to organize such a retraining program, perhaps early in 1983, should be made.

4. World Food Program Food Distributor Training. The WFP project has 40 food distributors of low educational level. WFP may be interested in USAID support to strengthen these distributors' understanding and capabilities in the area of MCH. If so, WFP will submit a proposal.

5. Expanded Program in Immunization. There have been some vaccinations, particularly in Bioko, over the past few years. The Swiss are planning to provide a team of experts led by a physician and vehicles and other necessary supplies for a long-term immunization program on the continent. WHO will also provide an adviser to this effort. Baptist missionaries in Malabo are interested in a measles vaccination campaign on the island. Dr. Pedro, at the Malabo hospital, is in charge of EPI. Although no high priority opportunities for AID assistance in the immediate future were identified in this trip, it would be desirable to see how these planned activities develop over the next six months and then to explore again early in 1983 whether there were gaps that the CCCD project might plug. It would also be desirable for a CDC officer working on the CCCD project to visit EG sometime in the next 6 months to one year to explore possibilities for CDC/CCCD involvement in strengthening EPI, perhaps through training and occasional technical assistance.
6. Water and Sanitation. The MOH officers interviewed seemed uncertain who was responsible for water matters, finally concluding that they were. The only water problem mentioned in Bioko was the existence of WHO supplied chlorine for Malabo's water supply but no technician who knew how to apply it to the water. A technician or training of a Guinean in chlorine application to urban water supplies would be welcomed. The Ambassador asked about possible AMDP support for such training. No WASH project activity can be proposed at this time. However, a future visit should make further inquiries in this area. The village water supplies in Rio Muni are very bad. If Peace Corps returns to EG or some other PVO shows interest in rural development in Rio Muni, involvement in water development should be considered.
7. AMDP. The MOH needs people trained in public health. AMDP funding of one or two master's programs in public health should be considered. Training in Puerto Rico might be appropriate. Training of a technician for water chlorination was also mentioned.
8. Health Planning. The GREG badly needs improved capabilities for health planning and management. WHO has shown interest in this area and will be providing assistance. USAID should monitor progress in this respect to see whether there will be gaps for which USAID might uniquely be able to help.
9. Malaria Control. The problem of malaria was frequently mentioned. The President, in his address to the April donor's conference, cited the malaria problem, which causes much absenteeism. Depending upon the AID recommendations and policy for assistance in malaria control now being developed, USAID might explore assisting in the integration of malaria control in the work of rural health centers. A Spanish study on malaria should also be studied.
10. Peace Corps. Because of the lack of health manpower to implement rural preventive oriented health interventions, capability to implement projects is very weak. If Peace Corps should be introduced in EG, use of PCV's in the health sector might be considered in areas such as water development in rural areas, health education, maternal and child health care and training of health para-professionals.
11. Educational Materials. Given the limited experience and training of GREG health professionals in preventive medicine and primary health care, USAID

might compile educational materials and booklets for distribution to key individuals to promote understanding and interest in primary health care.

Use of Jane Wetzel

Jane Wetzel is the wife of the USAID contract poultry adviser. She is a nurse and has an MPH from UNC. She speaks Spanish, having had Peace Corps experience in Latin America and is interested in working in her professional field. She is a valuable resource and ways should be found for her to use her experience and training. Ideas are assisting in the development and implementation of the special self-help rehabilitation of clinics, working in collaboration with the Ambassador and Mrs. Hardy, who is the self-help coordinator, and Dr. Eneme and other MOH officials and community leaders. She could work with Dr. Eneme and others in designing and carrying out, perhaps with INTRAH assistance, a retraining program for the nurses working in these rehabilitated rural health centers. If a substantial program of AID assistance from INTRAH or other central programs develop, Mrs. Wetzel might become the in-country liaison, under the direction of the American Embassy, for all of these health related activities.

Table of Project Ideas

<u>Activity</u>	<u>Action Required</u>	<u>Action Office</u>
1. Self-help fund for rehabilitating rural clinics	Ascertain needs for materials, estimate cost, solicit community involvement, draft and sign individual activity agreements	Embassy, MOH, Public Works
2. Bata school for training health manpower	Gather more information on existing facilities, planned programs, and assistance needs	USAID/Yaounde, American Embassy, if possible
3. Training for dispensary nurses	Explore possibility of INTRAH assistance and determine MOH interest	USAID/Yaounde to explore INTRAH interest, American Embassy to discuss with MOH
4. World Food Program food distributor training	WFP request to USAID; USAID/Yaounde to explore INTRAH support	WFP and USAID/Yaounde
5. Expanded program in immunization	Monitor various donor and GREG developments	None required immediately. USAID/Yaounde to examine early in 1983
6. Water and Sanitation	Consider AMDP training for technician for chlorinating urban water supplies. Explore other possibilities for WASH project assistance	American Embassy and USAID/Yaounde
7. AMDP	Consider funding training in health sector	American Embassy and USAID/Yaounde
8. Health Planning	Monitor other donor assistance and GREG progress	USAID/Yaounde
9. Malaria control	Study assistance needs and research possibilities for AID assistance	USAID/Yaounde
10. Peace Corps	If Peace Corps enters EC, consider assistance in health sector	American Embassy, USAID/Yaounde, Peace Corps
11. Educational	Gather materials for health professionals	USAID/Yaounde

ANNEX I

List of Persons Contacted

Embassy

Ambassador Alan Hardy
Suzanne Hardy, Sel-Help Coordinator
Robin Morrirtz, Administrative Officer

Ministry of Health

Dr. Zacarias Ndongo Mba Obomo, Deputy Technical Secretary
Mrs. Freida Kroner, Chief of Medical Services for Bioko
Dr. Jose Eneme Oyono, Medical Director of Malabo Hospital and
Director for Rural Health Services
Cypriana Micha, Administration and Procurement
Nurses at rural health centers

Commission for Coordination of Donors Conference

Don Guillermo Nguema Ela, Chairman

UNDP

Gerd Merrem, Resident Representative

WHO

Dr. R. Dackey, Coordinator

WFP

Wolfgang Sachers, Coordinator

UNICEF

Mr. Asiwe, (Resident in Yaounde)

Spanish Red Cross

Pablo Valverde

Baptist Mission

Jess and Peggy Thompson

USAID/IFAP

Tom Wetzel, Poultry Adviser
Jane Wetzel, Nurse, M.P.H.

ANNEX II

July 23, 1982

Memo to Ambassador Hardy

From: Ray Martin, USAID/Yaounde

Subject: Self-Help Funding for Rehabilitation/Furnishing
of Rural Health Centers

At 11.00 p.m. on the eve of my departure I will outline on paper a number of points that may be helpful in putting together a package of agreements to obligate the self-help fund of \$55,000 from FY 82 and possibly the FY 83 self-help fund allotment for the rehabilitation and furnishing of rural health centers to assist in reestablishing a functional rural health service in Equatorial Guinea. Because of the approaching end of fiscal year as well as your imminent departure on R & R, it would be desirable if you would contact Dr. Marcelino Nguema early next week to reinforce and confirm the discussions and action plan that I discussed with Dr. Zacarias and Dr. Eneme over the last three days.

The objective of this program would be to establish a rural health delivery service capable of providing, with appropriate participation by the Government and local communities themselves, primary health care to the entire population. One might disaggregate this project into four separate tasks:

- a) the provision of physical facilities through the rehabilitation and furnishing of existing structures (island and a few sites on continent) and the construction of new structures (most of continent)
- b) Provision of drugs and basic equipment and materials for basic health care services.
- c) Identification and remuneration of personnel to staff the rural health care centers.
- d) Training and/or retraining of personnel so they can provide primary health care services.

The self-help fund, with Ministry of Health agreement and labor from the villages coordinated by the President and health member of the village councils, can assure a good beginning for item a). The construction of the number of new health centers programmed ultimately for the continent is beyond the scope of the self-help fund however. The \$12,000 for drugs and small equipment ordered by WHO for the 20 or so island dispensaries would provide a beginning for item b). The MOH should be expected to provide the drugs and material support required in the long run.

The MOH, perhaps in conjunction with the village development councils, should determine who will staff the centers and what remuneration, if any they will receive. On the island, since it seems there are already "nurses" assigned to these centers, it would seem logical that they would remain at least initially. Perhaps at new health centers, e.g. on the continent, it would be appropriate to train a cadre of village health workers selected by the villages themselves on the model recommended by WHO. Whether these people would receive a salary, and if so from whom--the MOH, the village, or from the sale of services and drugs--should be decided by the MOH and should be clarified before investment is made in physical facilities.

Whether task d) is addressed in the self-help agreements or not, it should be discussed with the MOH. Drs. Zacarias and Eneme favor a short retraining program, perhaps six weeks, for the "nurses" already posted to the island dispensaries. Jane Wetzel could work with Dr. Eneme and others in designing such a program to give them a public health training. USAID/Yaounde will explore with INTRAH and other centrally funded projects the possibility of AID assistance in terms of teaching materials, budget for local costs, and trainers if needed. Inquiries will also be made about the possibility of AID assistance for the training of new village health workers to staff new dispensaries that the MOH hopes eventually to build in presently uncovered areas on the continent.

Although protocol requires that initial Embassy contact with the MOH be at the level of Dr. Marcelino or Zacarias, it would be desirable to work at the technical level with Dr. Eneme.

Dr. Eneme has already drawn up proposals for two centers, with the help of someone from the Ministry of Public Works. He would have done more but was constrained by transport problems. Since the FY 82 self-help allotment of \$55,000, plus the amount likely to be provided in FY 83, will probably suffice to rehabilitate quite a few more than the 4 or 5 dispensaries already under consideration, the Embassy may choose to encourage the MOH to plan on a larger scale than heretofore.

Since the time factor is crucial for the FY 82 fund, one possible way to proceed would be for Dr. Marcelino or Zacarias to request Dr. Eneme to contact over the next two weeks the majority of villages with centers on the island. He should be accompanied by his colleague from the Ministry of Public Works who would assess and document and cost out the requirement for materials for rehabilitation of each center. It would be highly desirable if the Ambassador, the self-help coordinator or someone like Jane Wetzel could participate in these visits in order to explain to village leaders the self-help concept and to assist Dr. Eneme and the Public Works official in preparing the documents. The presence of an American on these visits would ensure greater political mileage from the project, one of the objectives of the self-help fund. The number of agreements drawn up for FY 82 funds would be a function of the costs calculated by the Public Works official. It seems possible, however, that it might be considerably more than the 4 or 5 envisaged previously by the MOH. Because of the time pressure for FY 82 obligations, the Embassy may want to explore the political feasibility of concentrating initial efforts in Bako with the intention of working primarily in FY 83 with projects on the continent. Since Dr. Eneme found transport a problem, the Embassy may wish to offer transportation if the MOH has not meanwhile worked out a solution.

There may be a tendency in the MOH not to appreciate the importance of the self-help concept on which this fund is based. Although it appears that Dr. Eneme understands it, it may be necessary for Embassy staff to remind and explain repeatedly to MOH officials and village leaders that community participation is a requirement for this program. The participation of the village councils in drafting the formal requests for assistance, and the signature by the President of the village council, should help to encourage this self-help component.

The Individual Activity Agreement, which obligates the funds, should also be signed by the village representative as well as the Ambassador. Because of the wholehearted support of the MOH is also crucial to the successful rehabilitation of a functioning rural health service, the Embassy might consider proposing that the MOH be a third signatory to the IAA. It seems unlikely that this idea would pose any problems for either the village councils or the MOH.

Such a tripartite agreement should spell out clearly the inputs expected from each collaborating agency:

Embassy input:- This might be the list of materials drawn up by the Public Works official with estimated cost. It is likely that the MOH would welcome, and the Embassy may wish to consider, including minimal furnishing of the centers, e.g. tables, shelves, cabinets for drugs and equipment, chairs, examining tables, benches, etc. The MOH could draw up such a list tailored for each center and provide the cost estimates.

Village input:- The IAA should spell out clearly what is expected of the village. This could include labor, local materials and if feasible the skilled manpower such as carpenters, painters, and cabinet makers for any furniture included. The IAA should also spell out, either by name or function, an individual responsible to coordinate the inputs of the village. In case different villages display differing levels of interest and enthusiasm in putting forth some effort to rehabilitate their centers, it may be advisable to select the recipient villages as a function of the level of self-help initiative they exhibit.

MOH input:- If the MOH is included as a signatory, and I think it would be desirable, the IAA should spell out MOH inputs, such as a portion of the WHO grant of drugs and small equipment, continued provision of basic drugs, and most important, the staffing of the centers.

The agreements should spell out who will take responsibility for the procurement of commodities and materials and who will oversee the actual work. It might be desirable for a representative from all three parties, Embassy, village and MOH, to be involved in the actual implementation of the projects. Whatever is decided, it should be clear in advance who is responsible for what functions to minimize the real risk that funds will be obligated amidst a lot of good intentions followed by little action to implement the program. One might even discuss setting a timetable for major actions.

With regard to signing of IAA's, if one chose to maximize the community participation aspect, it would be desirable to organize a signing ceremony in the respective villages with the participation of the Ambassador and a responsible official of the MOH. If for time or other constraints that were not feasible, a mass signing could be performed in Malabo in the presence of GREG officials and appropriate representatives from each participating village, e.g. the President and health member of the village councils.

If there is any question about the need for clearance, approval or participation by the Ministry of Foreign Affairs or the Commission on the Donor's Conference, this should be clarified quickly.

The MOH could be encouraged to draw up a proposal for training and upgrading of the personnel who will staff the rehabilitated centers. Dr. Eneme is interested in this. Jane Wetzcl is willing to help. USAID will explore the possibilities of providing any external inputs required, but no assurances of AID assistance should be given at this point.

Notes from July 23 Field Trip with Dr. Jose Eneme Oyono,

Director of Malabo Hospital and Director for Rural Health Services.

Dr. Zacarias arranged for Dr. Eneme and me to visit a few of the Malabo rural dispensaries which would be rehabilitated under the proposed Embassy self-help project. Dr. Eneme is a promising young physician trained in eastern Europe. He has a strong public health orientation although his training in public health is not particularly strong. He is an excellent man to work with to promote rural health services and primary health care. He was recently appointed to his two positions.

We first visited Rebola, a village of 5,000 people with a solidly build dispensary needing roof and ceiling repairs. A salaried nurse was on duty although practically no services are being provided because of the state of the center and lack of supplies. During our brief and rainy visit several responsible people of the village development council appeared. They were already aware of the idea of a self-help project to rehabilitate the center and assured that the community could supply local labor.

The second stop was Basecato Del Este, another solidly build complex which used to be a small hospital with beds. With a relatively modest investment, this building could also be rehabilitated.

Dr. Eneme felt that it would be possible to organize the village development councils so that with local initiative, Ministry of Health support, and Embassy self-help funds, these dispensaries could again become operational.

With regard to staffing of the centers, he would like to begin with the existing nurses at these centers, who have had primarily an informal hospital based training, and give them a recycage in primary health care. They would then be expected to promote rural health in their areas. We discussed the possibility of INTRAH support for such training.

Dr. Eneme received a mandate from the Ministry to design a project for rural health services for the country, with activities to begin on the island. He would like to travel throughout the country to visit existing dispensaries and determine needs for additional infrastructure and training. He would like to be in contact with local people to better understand problems. He sees the need for training people for rural health and integrating MCH services. He would like to include family planning in MCH services, but is not sure whether the authorities in the Ministry and Government will accept this. He feels that a vaccination program and malaria control efforts should be an integral part of the activity of rural health centers. He would welcome courses or participant training in public health for himself and/or other high responsible officials in the Ministry. He would also welcome receiving library materials of which he has practically none.

Dr. Eneme's perspective on the Bata health training school is that at the moment it is not yet very functional. There is a building, with some nurses teaching a few courses; however, a lot of development is required to make it functional. He also suspects that training at the Bata School has very little public health orientation.

Dr. Eneme said that the Cameroon government offered to construct a paediatric ward at the Malabo hospital.

Notes of July 21 Meeting and Tour of Malabo Hospital with Mrs. Freida Kroner, Chief of Medical Services for Bioko.

Mrs. Kroner is a Spanish trained midwife with a mid-level position in the central Ministry. She says that EG would be greatly honored if AID could help in the health sector. According to her, the major problems are lack of drugs and medicines and the sorry state of the health facilities.

She took me on a long tour of the Malabo hospital which is an impressive institution for a small island of 50,000 people. It was built before independence by the Spanish. Parts of it have been rehabilitated since the 1979 coup. It is a curative oriented institution receiving doctors and other assistance from Spain, Cuba, China, etc.

Notes from Meeting with UN ResRep and WHO Coordinator on July 21.

Mr. Merrem, the UNDP ResRep is an impressive and dynamic individual who knows the EG situation well and has played a major role in mobilizing UN and international assistance for the rehabilitation of the country. Initial donor assistance to the new government was uncoordinated and on an ad-hoc basis. Mr. Merrem played a major role in coordinating donor activities and in orchestrating the donors' conference in Geneva.

In the health area, he feels that immunization and maternal/child health care should be given priority. Spain is interested in malaria control, immunizations, and a new health training school curriculum. Mr. Merrem believes that population increase is desirable given the low population of the country, around 300,000 people. UNFPA is assisting in organizing a census. An MCH project was submitted to UNFPA for 1.7 million dollars to be executed by WHO. Unfortunately, UNFPA had no funding for it. This project includes family planning and some contraceptives. UNICEF has provided vehicles and freezers for vaccinations although many of them disappeared. France has provided \$1 million for health and development of women. Spain and WFP have

provided food. The Swiss, through an NGO are planning to assist an immunization program on the mainland beginning October, 1982. The Swiss are also assisting a leprosy hospital. WHO has provided a nurse to the training school in Bata and UNICEF and WFP are also assisting that institution. The WHO nurse is to help train in public health. Most important needs deal with immunization, malaria control, MCH, developing local management and improving the infrastructure, urban water systems in Malabo and Bata. WHO has provided chlorine for Malabo water but there is no technician available to supervise the addition of the chlorine to the water. A technician from outside is needed as well as training of a local technician. WHO will be providing a health planner for 3 months beginning late this year. Commodity drops do not work well in the EG environment. The National Committee for the Donors' Conference can be expected to play a major role in coordinating donor activity. The vice president of this commission is the technical secretary of the MOH and an outstanding official although he will probably be leaving to head the petroleum agency.

CRS is interested in EG but does not yet have any programs. WFP programs are moving forward although they have major logistical problems. It is recommended to begin projects on a small scale and expand as possible. The WHO coordinator feels that training of auxiliary workers for rural areas is needed. He says that the MOH technical secretary is very interested in MCH. The awarding of scholarships must be supervised because of the GREG tendency to allocate them to members of the ruling family. Latin America is an ideal site for health training.

Notes on Meeting with WFP Sachers, WHO Dackey and UNICEF/Yaounde

Asiwe, July 21.

The Spanish and WHO are helping in vaccination campaigns. Cold chain equipment and training of personnel are needed. The Swiss team to arrive October, 1982 will consist of 1 doctor, 1 nurse and one mechanic with 4 vehicles and a garage. They will use a combination of fixed approach and mobile operations. WHO is also recruiting a technician to work in the Rio-Muni EPI program.

For an MCH program the existing WFP/UNICEF vulnerable group project would be a possible entry point. They already give two-week courses four times a year to personnel in that program. The WFP Coordinator has 40 food distributors working throughout the country. They are low level, poorly educated people for whom he would like to organize training. He may be interested in MCH/FP training for these people that INTRAH might be able to provide.

UNICEF developed a proposal for a 700,000 dollar well-digging program in 65 villages in the continent; however, no funding has been located.

The WFP Rep feels that the atmosphere in EG for self-help is not very good. The former president required forced labor and the population, especially in Rio Muni, presently are suspicious of projects working for the common good in community development type programs.

For the proposed Embassy self-help rehabilitation of dispensaries, WHO can provide equipment and a few drugs for the 19 dispensaries in the island. Progress in rural health service delivery will require training of many mid-level personnel to work in the rural areas, and to supervise front line agents.

At this meeting as well as at a dinner with Ambassador Hardy and Mr. Sachers, the WFP Rep, I got the impression that WFP programs are probably managed as well as possible given the status of GREG administrative machinery. Mr. Sachers, however, is soon leaving and will be replaced by an American.

Notes from Meetings with Dr. Zacarias Ndongo Mba Obono, Deputy

Technical Secretary of MOH.

In the absence of the Technical Secretary, Dr. Marcelino Nguema, I met 3 times with his Deputy, Dr. Zacarias. I initially inquired as to the MOH priorities to get an idea as to what he thought was most important. His response was the following: 1) To create and equip mobile health units, 2) Develop a national laboratory in Malabo, 3) Construct a storeroom for drugs in Malabo, 4) Obtain small boats to serve small islands, 5) Provide good water to the villages. Maternal Child Health or Primary Health Care did not seem to be in the forefront of his mind. He was very interested in the development of the national health training school in Bata for which a building and some equipment and materials already exist. Nurses and other para medicals are to be trained there. The need to fight malaria was also mentioned. There is little donor activity in this regard. With respect to MCH there are few centers. His response to my inquiry about family planning was muddled and implied that he didn't understand my question. Family planning certainly is not an important concern of his.

In subsequent meetings, where we discussed the proposed use of self-help funds for rehabilitation of dispensaries, he showed enthusiastic support and urged that Dr. Eneme, Director for Rural Health Services do the necessary in order to get the project put together. There was initially some disagreement as to who should staff these rehabilitated centers, however, Dr. Zacarias finally agreed with Dr. Eneme's suggestion that the existing nurses at these centers with some retraining to give them a public health orientation, would be appropriate staff to begin with.

The MOH hopes to provide retraining and basic training to 430 health personnel at the Bata training center. UNICEF has supported training between March and December 1982. The Government will need money to support training at Bata for the next four years.