

IDENTIFICATION DATA

<b>A. Reporting AID Unit:</b>  Mission or AID/W Office: USAID/Cameroon (ES#: )	<b>B. Was Evaluation Scheduled In Current Annual Evaluation Plan?</b>  Yes [x]      Slipped [ ]      Ad Hoc [ ]  Evaluation Plan Submission Date: FY__ Q__	<b>C. Evaluation Timing</b>  Interim [ ]      Final [x]  Ex-Post [ ]      Other [ ]
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D. Activity or Activities Evaluated (List the following information for project(s), or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project/Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated To Date (000)
631-0067	Health Constraints to Rural Production (HCRP)	1983	8/21/93	8,133	8,133

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director

Action(s) Required	Name of Officer Responsible For Action	Date Action To Be Completed
-/ See attached table		

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: (Month) (Date) (Year)

G. Approvals Of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	Richard Greene	Dr. Rene Owona	Thomas Crawford	Peter Benedict
Signature	<i>Richard Greene</i>	<i>Dr. Rene Owona</i>	<i>Thomas Crawford</i>	<i>P. Benedict</i>
Date	6/4/93	01 JUL 1993	6/4/93	07/05/93

**ACTION DECISIONS APPROVED BY MISSION**

Recommendation	Action Agent	Date to Complete
1. In collaboration with the MOPH and the USAID Reform of the Health Delivery System (RHDS) Project, HCRP should develop an eight month transitional plan to prepare for the integration of schistosomiasis activities into the health district of Kaele. HCRP project resources, except computers remaining at the MOPH provincial delegation, should be transferred to the health district of Kaele in support of schistosomiasis control activities.	MOPH RHDS HCRP	Aug 93
2. The existing <u>Schistosomiasis Control in Cameroon</u> manual should be updated to include the lessons learned of HCRP and a generic plan for the integration of schistosomiasis control at the health district, health center and community levels.	HCRP	Aug 93
3. Continue emphasis on school health education for schistosomiasis control while studying a potentially expanded role for teachers in health education, diagnosis and treatment seeking.	HCRP MOPH	Aug 93
4. Train health district supervisors as health education trainers of school teachers, and integrate a "journée pédagogique" as a field visit component of health area supervision from the health district level.	HCRP MOPH	Aug 93
5. Explore the potential for training teachers in schistosomiasis testing and follow-up of positive school children to encourage treatment seeking.	HCRP	Aug 93
6. Cost recovery for snail control should be initiated in the two test villages. Further investigation of snail control should be encouraged by other interested projects or partners. Snail control methodology should be documented in the module, but not included as a recommended control intervention.	HCRP MOPH	Aug 93
7. HCRP should update its "Cost of Incorporating Schistosomiasis Control within PHC" report to include lessons learned from implementation, and include relevant sections in the revised <u>Schistosomiasis Control Manual</u> .	HCRP	Aug 93

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ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

The aim of Phase II of the Health Constraints to Rural Production (HCRP) Project is to develop and test a practical and cost-effective model for schistosomiasis control and prevention in the Kaele area of Cameroon's Far North Province. The model is to include schistosomiasis interventions in the areas of health education, diagnosis and treatment, and snail control. Interventions are targeted for integration into the Ministry of Public Health's integrated, community co-financed and co-managed, primary health care (PHC) program. The project is jointly implemented by the Ministry of Public Health (MOPH) and the Tulane University School of Public Health. The final evaluation was conducted by John Snow Inc. from May 19 to June 1, 1993 on the basis of a review of project documents; interviews with representatives of Tulane University and the MOPH; and visits to project-assisted health centers and primary schools. The purpose was to assess achievements to date and to determine the feasibility of integrating the tested schistosomiasis control interventions into the MOPH's community co-financed and co-managed PHC program.

The major findings and conclusions are that the HCRP project has done an admirable job in developing schistosomiasis control activities in all three component areas of the project. The health education, diagnosis and treatment, and snail control interventions developed by the project provide curative, preventive, and promotive care for schistosomiasis which is cost-effective, socially-acceptable, and environmentally sound.

Diagnosis and treatment of schistosomiasis now exists in almost all health facilities in the Kaele and Moutourwa sub-divisions, and are regularly supervised by personnel from the divisional level. The presence of schistosomiasis control activities should facilitate the launching of community co-managed and co-financed health centers and the development of the health district of Kaele. In terms of program impact, student knowledge of the disease vector and infection route has increased to above 70%. Heavy infection rates have decreased by 70%, while actual prevalence of the disease has decreased by 67% in the four test villages. While HCRP has developed an effective method for snail control, the impact of this intervention on decreasing infection rates appears to be marginal. Finally, cost recovery mechanisms for drugs and lab tests are in place. However, cost recovery for snail control has not yet been attempted.

Major recommendations include developing a transitional action plan to prepare for the integration of schistosomiasis activities into the health district of Kaele; revising the existing schistosomiasis control manual for health workers; and expanding the roles of teachers and health district supervisors in the schistosomiasis education program in the schools.

COSTS

I. Evaluation Costs			
1. Evaluation Team:	Contract No. OR TDY Person/Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
<u>Name</u>	<u>Affiliation/Title</u>	Contract No.	
Frank Baer	John Snow Inc.	PDC-5929-I-00- 0109-00	25,000 HCRP Project
2. Mission/Office Professional staff Person-Days (Estimate): <u>5</u>		3. Borrower/Grantee Professional Staff Staff Person-Days (Estimate): <u>10</u>	

3'

# A.I.D. EVALUATION SUMMARY - PART II

## SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided).

Address the following items:

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| <ul style="list-style-type: none"> <li>• Purpose of activity evaluated</li> <li>• Purpose of evaluation and methodology used</li> <li>• Findings and conclusions</li> </ul> | <ul style="list-style-type: none"> <li>• Principle recommendations</li> <li>• Lessons learned</li> </ul> |
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Mission or Office: USAID/Cameroon	Date This Summary Prepared: 6/1/93	Title And Date Of Full Evaluation Report: Evaluation of the Health Constraints to Rural Production (HCRP) Project Phase II
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In 1983, USAID/Cameroon and the Government of Cameroon (GRC) launched the Health Constraints to Rural Production (HCRP) Project (No. 631-0067) whose goal was to develop an effective, economical, and environmentally sound strategy for the control of endemic human schistosomiasis in Cameroon. With the technical expertise of the Tulane University School of Public Health, the HCRP Project (Phase I):

- established a schistosomiasis research center in Nkomo, Yaounde;
- conducted a national malacological (snail) survey;
- conducted national epidemiologic surveys including longitudinal studies; and
- provided long-term training for 17 African scientists including 11 Cameroonians.

In 1990, USAID/Cameroon, the Ministry of Public Health (MOPH) and Tulane University launched Phase II of the HCRP Project to apply the Phase I research findings to develop a practical and cost effective model for schistosomiasis prevention and control in Cameroon. This model, to be tested in the Kaele area of Far North Province, would be replicable in highly affected areas in Cameroon and be integrated into the national primary health care system. The model would include three major interventions:

- development of an effective, culturally appropriate health education strategy to increase public knowledge of schistosomiasis transmission and to reduce water contamination and water contact of high risk groups;
- improvement in the capability of MOPH personnel to diagnose and treat schistosomiasis; and
- development of effective and environmentally sound strategies to combat the snail population which transmits the disease.

In addition, the three-year project would develop a cost recovery system to permit the community financing of schistosomiasis control activities within the context of a generalized primary health care (PHC) cost recovery system.

USAID/Cameroon engaged John Snow Inc. (JSI) to conduct the project's final evaluation from May 19-June 1, 1993. The purpose of the evaluation was to assess project achievements to date and to determine the feasibility of integrating the tested schistosomiasis control interventions into the MOPH's new community co-financed and co-managed PHC program. The evaluation methodology consisted of reviews of project documents, interviews with representatives of Tulane University and the MOPH, and visits to project-assisted health centers and schools. The evaluation team consisted of a PHC specialist provided by JSI and a schistosomiasis expert furnished by the MOPH.

**Overall Findings and Conclusions:** The major findings and conclusions were that the HCRP Project has done an admirable job in developing schistosomiasis control activities in all three component areas of the project. The health education, diagnosis and treatment, and snail control interventions developed by the project provide curative, preventive, and promotive care for schistosomiasis which is cost-effective, socially-acceptable, and environmentally sound.

In terms of program impact, student knowledge of the disease vector and infection route has increased to above 70%. Heavy infection rates have decreased by 70%, while actual prevalence of the disease has decreased by 67% in the four test villages.

(See continuation)

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SUMMARY (Continued)

Specific Findings and Recommendations:

1. Integration into PHC: Objective: Develop effective urinary schistosomiasis prevention and control activities that can be fully integrated into the existing primary health care system in Cameroon.

Findings: The HCRP Project has done an admirable job of developing schistosomiasis control activities for existing health facilities, schools and villages rather than as a vertical program. The diagnosis and treatment, health education, and snail control interventions tested by the project provide curative, preventive and promotive care for schistosomiasis which is cost-effective, socially acceptable, and environmentally sound. Diagnosis and treatment of schistosomiasis now exists in almost all health facilities in the Kaele and Moutourwa sub-divisions, and are regularly supervised by personnel from the divisional level. The presence of schistosomiasis control activities should facilitate the launching of community co-managed and co-financed health centers. The absence of functional health districts has been a constraint to developing an integrated supervision and training support system. The recent impetus from the MOPH to create functional health districts in Cameroon, along with Save the Children's intention under the USAID Reform of Health Delivery System (RHDS) Project to facilitate the creation of the health district of Kaele, provides an opportunity to use schistosomiasis activities to develop and strengthen the health district concept.

Recommendation 1: In collaboration with the MOPH and Save the Children, the HCRP Project should develop an eight month transitional plan to prepare for the integration of schistosomiasis activities into the health district of Kaele. HCRP project resources, except computers remaining at the delegation, should be transferred to the health district of Kaele (including health facilities) in support of schistosomiasis control activities.

Recommendation 2: The existing Schistosomiasis Control in Cameroon manual should be updated to include the lessons learned of HCRP and a generic plan for the integration of schistosomiasis control at the health district, health center, and community levels.

2. Health Education: Objective: Develop an effective, culturally appropriate and replicable health education strategy which will increase public knowledge of schistosomiasis transmission and reduce water contamination and water contact of high risk groups.

Findings: The HCRP Project has been innovative and effective in training 270 school teachers to provide schistosomiasis information to students. Student knowledge of the snail vector increased from 16 to 76%. Student knowledge of the infection route increased from 11 to 72%. Innovative techniques in poster and essay contests for school children have been established. While some student knowledge has apparently been carried back to adults in the village, more effort at community level education is desirable.

Recommendation 3: Continue emphasis on school health education for schistosomiasis control while studying a potentially expanded role for teachers in health education, diagnosis and treatment seeking.

Recommendation 4: Train health district supervisors as health education trainers of school teachers, and integrate a "journée pédagogique (instruction day)" as a field visit component of health area supervision from the health district level.

3. Diagnosis and Treatment: Objective: Improve the capability of MOPH personnel to diagnose and treat schistosomiasis.

Findings: The HCRP Project has effectively integrated schistosomiasis diagnosis and treatment into health facilities. 55 health center workers were trained in diagnosis and treatment. In some cases schistosomiasis control was the only, or principle, activity of the health facility. This initiative combined with cost recovery for lab tests and treatment provides a good entry point for the creation of community co-financed and co-managed health centers as part of the MOPH's new PHC program. The resupply of drugs and test strips has been integrated into Save the Children's drug depot under the RHDS Project. A schistosomiasis indicator has already been included as part of the monthly PHC reporting system and will be integrated into the PHC supervision protocols which are now being developed by Save the Children.

(See continuation)

SUMMARY (Continued)

Recommendation 5: Explore the potential for training teachers in schistosomiasis testing and follow-up of positive school children to encourage treatment seeking.

4. Snail Control: Objective: Combat the snail population which transmits the disease.

Findings: The HCRP Project has demonstrated that a simplified methodology for combatting the schistosomiasis vector can be implemented by the population with technical assistance from a divisional (or health district) supervisor. The treatment in test villages has dramatically decreased the vector population during the transmission season. However, the impact on infection rates in test villages (snail control, treatment, and health education) is only marginally lower than in villages with treatment and health education alone.

Recommendation 6: Cost recovery for snail control should be initiated in the two test villages. Further investigation of snail control should be encouraged by other interested projects or partners. Snail control methodology should be documented in the schistosomiasis manual, but not included as a recommended control intervention.

5. Cost Recovery: Objective: Develop a cost recovery system which will permit the community financing of schistosomiasis control activities within the context of a generalized PHC cost recovery system.

Findings: Cost recovery for laboratory testing and treatment is well established. In addition, a system to resupply drugs and laboratory reagents to health facilities is functioning. Cost recovery for snail control is only possible in villages with significant interest and potential for mobilization of local funding. Training costs of school teachers could be reduced by holding "journées pédagogiques" within the schools as part of supervision of the health area from the health district.

Recommendation 7: The HCRP Project should update its "Cost of Incorporating Schistosomiasis Control within PHC" report to include lessons learned from implementation, and should include relevant sections of the report in the revised Schistosomiasis Control Manual.

## ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Evaluation of the Health Constraints to Rural Production (HCRP) Project  
Phase II, May 1993, John Snow Inc.

## COMMENTS

L. Comments By Mission, A.I.D./W Office and Borrower/Grantee On Full Report

USAID/Cameroon feels that the evaluation report is of high quality and responsive to the scope of work. The evaluation team was particularly thorough in addressing the following issues: the feasibility of integrating schistosomiasis control interventions into the national primary health care program, and the effectiveness and replicability of schistosomiasis education activities. The snail control component of the project was also effectively addressed despite the failure of the evaluation contractor to field a schistosomiasis parasitologist. This position was ably filled by a schistosomiasis expert provided by the Ministry of Public Health.

Similar to the Mission, the MOPH feels that the evaluation report is of high quality and endorses its major recommendations. The MOPH's major concern in replicating this successful project is to assure that a system is in place to follow-up the treatment of persons tested positive for schistosomiasis.