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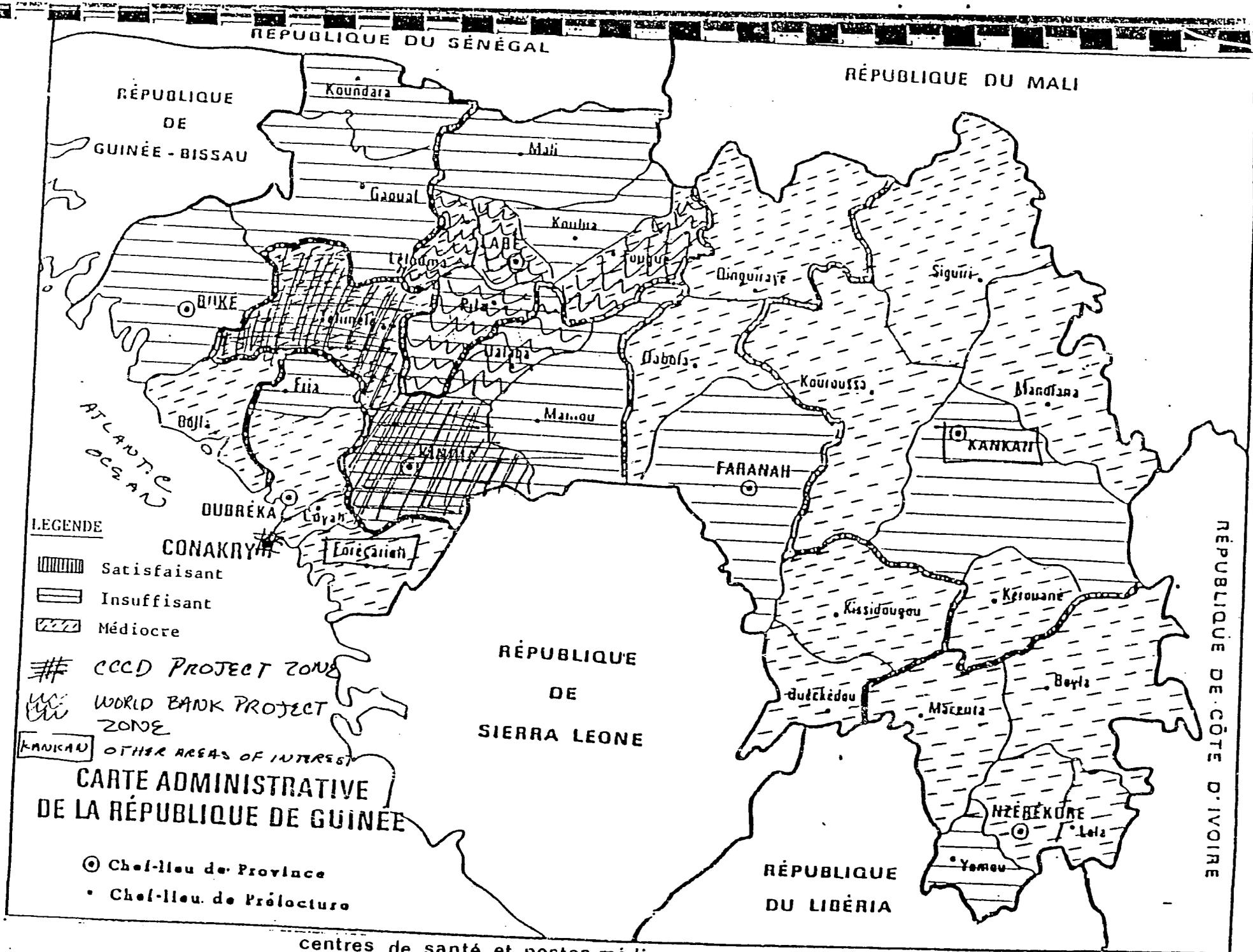
POTENTIAL CDD PROGRAM ACTIVITIES
IN GUINEA, CONAKRY

A Report Prepared by PRITECH Consultant:
AGMA PRINS

During The Period:
JANUARY 19 - 30, 1987

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency for International Development
AID/CPE-5927-C-00-3083-00

AUTHORIZATION:
AID/S&T/HEA: 4/16/87
ASSGN. NO: SS 178



LEGENDE

-  Satisfaisant
-  Insuffisant
-  Médiocre
-  CCD PROJECT ZONE
-  WORLD BANK PROJECT ZONE
-  OTHER AREAS OF INTEREST

CARTE ADMINISTRATIVE DE LA RÉPUBLIQUE DE GUINÉE

- ⊙ Chef-lieu de Province
- Chef-lieu de Préfecture

centres de santé et postes médicaux

: Inventaire 1986 sur l'Etat des Infrastructures

STATISTIQUES

Population Totale	6.1 million
Population de 0 a 5 ans (20% du total)	1.22 million
Population de 0 a 1 an (4% du total)	.24 million
Population de Conakry	1.7 million
% de la population urbaine	27.4 million
Taux de croissance de la population	2.8 %
Taux de mortalite infantile/1000	155 - 186
Taux de mortalite jevenile/1000	30 - 50
Taux de natalite/1000	48
Esperence de vie a la naissance	47 ans
% d'infants ne's avec un poids < 2,500 gr.	18%
Couverture vaccinale (1986)	
BCG	46%
DTC	10%
Polio	7.5%
Rougeole	43%
Tetanos	5.2%
Nombre d'episodes de diarrhees/enfant 0 a 5/an	3 - 4
% du Budget National affecte a la sante	5%
Nombre d'habitants/lit sanitaire	2477
Nombre d'habitants/de medecins	9893
Nombre de medecins	635
Nombre d'Infirmiers (toute categorie)	2113
Nombre d'Assistants techniques de la sante (ATS)	1403
% de medecins a Conakry	45%
% de medecins en zones urbaines	92%
% de infirmiers et ATS en zones urbaines	78%
Nombre d'hopitaux Regional ou CHU	6
Nombre d'hopitaux Prefectoraux ou Enhe.	29/2
Nombre d'SMI	15
Nombre de Centres de Sante Urbain	27
Nombre de Centres de Sante Ruroux	286
Nombre de Postes Medicaux des district	205
Taux d'alphabetisation	24%
Religion principale: Islam	autour de 80%

POPULATION DE CONAKRY, KINDIA, TELEMELE, FORECARIAH

PREFECTURE	POPULATION TOTALE	ENFANTS DE 0-5 ANS (20%)
CONAKRY	705,000	148,000
KINDIA	228,000	48,000
TELEMELE	257,000	55,000
FORECARIAH	123,600	24,720
TOTAL	1,313,600	275,720

PERSONS VISITED

MOPH

Dr. Pathe Diallo, Minister of Health
Dr. Namory Keita, Director General of Health
Dr. Yaya Diallo, Director of Preventive Medicine
Dr. Soulieman Diallo, Director of CCCD
Dr. Antoinette Hellal, Physisican assigned to CDD activities,
member of team assigned to work with
PRITECH consultant.
Dr. Kadjafou Sy, Physician assigned to T.B. control division,
member of team assigned to work with PRITECH
consultant
Dr. Kandjoura Drame, Director of Primary Health Care
(worked with PRITECH consultant)
Dr. Fassou Haba, Director of Health Education
Dr. Hanne, Director of the ORT Unit, Donka Hospital
Dr. Richard Dramou, Director of the ORT Unit, Kindia Hospital
Dr. Prosper Haba, Provincial Inspector of Health, Kindia
Dr. Thiam Amadou, Departmental Director of Health, Kindia

UNICEF

Mr. Ian Hopwood, UNICEF representative
Ms. Maria Caliuilis, Program Administrator
Ms. Anne-Marie Gaudras, Communications Specialist
Mrs. Danielle Benjamin, Consultant

WHO

Dr. Celestin Gantin, Representative

WORLD BANK

M. Mongassouba, Health Program Coordinator

1. INTRODUCTION

The PRITECH mission to Guinea/Conakry, from 19-30 January 1987 had as its principal objective to assess the current situation in Guinea in the area of diarrheal disease control in order to make recommendations concerning PRITECH's eventual assistance to the existing CCCD program in this area. Two experts, a health education specialist/program planner and a physician, had been recruited. Due to last minute problems getting an entry visa from the Guinean consulate in Dakar, the physician was unable to participate in this preliminary mission. Upon arrival in Guinea, the program planner, Agma Prins, agreed on the following expanded terms of reference with the incountry CCCD program staff:

- A. To analyze the existing situation of the program for the control of diarrheal diseases in Guinea
- B. To analyze the existing situation in the area of health education, in terms of the development of a national health education strategy.
- C. To suggest a plan of operations for the CDD component of the CCCD project.
- D. To suggest a plan of action for the health education component of the CCCD program.
- E. To make recommendations concerning the evaluation of the CDD health education components of the CCCD program for the evaluation scheduled to take place in April, 1987.
- F. To make recommendations concerning the eventual support of PRITECH to the CCCD program.
- G. To leave a draft report of the mission for the incountry CCCD staff.

During subsequent meetings, Guinean Ministry of Health officials expressed concern that the recommendations not be limited to activities within the framework of the CCCD project, which is currently expected to terminate in December of this year. The UNICEF representative indicated that UNICEF would be prepared to offer substantial support to a national CDD effort even beyond the lifetime of the CCCD project if the Government of Guinea demonstrated its commitment to such a program by the development of a national plan of operations and by the appointment of a full-time national CDD director. Consequently, the PRITECH consultant made preliminary suggestions regarding the scope and strategy for a long term national program and defined the roles of CCCD and PRITECH within that larger context.

2. MAJOR FINDINGS

- 2.1 Diarrheal disease is among the principal causes of childhood morbidity and mortality in Guinea. A recent (1986) study conducted in the city of Conakry by the Ministry of Public Health with CDC assistance resulted in an estimated rate of between three and four episodes of diarrhea per under-five child per year. As the total under-five population of Guinea is estimated at 1.2 million, this would mean a yearly total of 3.6 to 4.8 million cases of childhood diarrhea. If only 10% of these (a conservative estimate) resulted in moderate to severe dehydration, this would mean that at least 360,000 Guinean children are in need of rehydration therapy each year.
- 2.2 The principal constraints to the implementation of an CDD/ORT program in Guinea are as follows:
 - 2.2.1 There is currently no well-defined national strategy or plan for combating childhood diarrheal disease.
 - 2.2.2 There is at present no national level staff to manage a CDD effort nor are there any budgetary provisions for the implementation of such a program.
 - 2.2.3 Economic and political priorities of the Sekou Toure regime contributed to extreme underdevelopment of road-systems, and drug distribution systems, both private and public, as well as to a poverty at both the personal and national level which hampers effective health care: transportation to rural areas is difficult and time-consuming; drug supplies in most hospitals or health centers are extremely limited or non-existent and there is no centrally organized distribution system; private pharmacies are only now coming into existence; while health facilities may have large numbers of relatively qualified health professionals on their pay roll, salaries are too low to meet even minimum costs of living (especially in view of recent high inflation) and low attendance rates (no drugs = no patients) contribute further to low levels of motivation and frequent absenteeism.
 - 2.2.4 Previous training activities in the area of CDD have been sporadic and have had limited impact due to lack of follow-up, supervision and availability of necessary materials including ORS salts.

- 2.2.5 There is currently no regular source of supply of ORS salts. UNICEF has provided salts periodically in response to crisis situations (cholera) or when supplies became available from a specific donor (recently the Belgians contributed 200,000 packets.) There is no supply plan based on estimates of national needs or capacity for absorption.
- 2.2.6 A large percentage of medical personnel at all levels remain unconvinced of the effectiveness of ORT in comparison to other therapies. There is still a strong bias towards antibiotic therapy and intravenous rehydration.
- 2.2.7 The health education service of the Ministry of Health is understaffed, undertrained, underfinanced and undervalued. There are almost no effective health education materials of any kind available in-country and very few people trained to use them.
- 2.2.8 Guinea is a culturally, linguistically and environmentally diverse country. There are at least seven major ethnic groups with distinct languages and socio-cultural heritages. There are at least four distinct geographic regions (coastal, forest, highland plateau, savannah). Adult literacy is low and complicated by the fact that some adults are literate primarily in Arabic, the language of the Koran (Guinea is 70% Muslim), others in local language with Roman script and still others in French. This diversity will make the development of communications and health education materials a complex task.
- 2.2.9 Mass media communications are complicated by the fact that the range of radio and television emissions of the local stations is relatively limited. Also, many people apparently listen to broadcasts from neighbouring countries, preferring them over the Guinean stations. There have been no studies of audience listening or viewing habits to serve as a guide to health education programming.
- 2.3 Despite the constraints, a favorable climate for the launching of a significant CDD effort is rapidly developing in Guinea.:
 - 2.3.1 The three-year old post-Sekou Toure military government is, cautiously, defining policies to encourage decentralization, rural development, preventive health care, private enterprise, self-reliance and cost-recovery. Multi-national donor support is being actively sought to support development efforts in all sectors including health

and central government plans and strategies are being elaborated to favor co-ordinated donor inputs.

- 2.3.2 Control of diarrheal diseases was specifically included among the objectives of the new five-year plan (1987-1991) of the MOPH. In this official planning document which stresses primary health care and preventive medicine, especially for mothers and children, a CDD program plan was outlined.
- 2.3.3 During the debriefing with the PRITECH consultant, the Minister of Health, Dr. Pathe Diallo, stressed his support for CDD activities in general, his commitment to ORT and his intention to name a national CDD coordinator in the near future.
- 2.3.4 Several multi- and bi-lateral donors appear to be prepared to offer substantial support to a CDD effort. UNICEF indicated its willingness to contribute significantly to the financing and implementation of a well-designed national CDD program, both through the large UNICEF sponsored Primary Health Care/EPI program which is to start shortly and as an independent activity. The World Bank has planned a major (\$27 million) five-year Primary Health Care program which includes a substantial Health Education component to start in late 1987. Several bi-lateral donors have reportedly indicated their interest in financing health activities (e.g., France, Sweden). One highly placed government source felt that these funders could be persuaded to support a well-designed CDD program.
- 2.3.5 More than 100 health professionals of various levels (national and regional directors of health services, physicians, nurses, nurses aides) have participated in a variety of ORT/CDD related workshops ranging from training-of-trainers, supervisory skills workshops and clinical training programs.
- 2.3.6 Two ORT units have been established and are functioning reasonably well in major hospitals: one in the central hospital (Donka) in Conakry and one in the Provincial hospital in Kindia. Both units are currently treating between 100 and 200 children per month.
- 2.3.7 Recent experience with ORT therapy as applied during a major cholera epidemic in 1986 has convinced many local physicians of the efficacy of this treatment and has turned some into "champions" anxious to promote ORT among as-yet unconvinced colleagues.

- 2.3.8 As a result of experiences during the cholera outbreak and in the ORT units, a growing number of mothers are aware of ORT and demanding ORS salts for their children who have diarrhea.
- 2.3.9 Although the Health Education Service is hampered by lack of appropriate human and material resources, there are a number of other government services in Guinea which are reported to have adequate staffing and outreach capacity to contribute significantly to an ORT health education program at the community level. These services include Women's Affairs, Social Affairs, agricultural extension services, Literacy, numerous local NGOs and others. The Minister of Health endorsed the idea that one of these services should take primary responsibility for an eventual communications/health education component of a national CDD program.

3. MAJOR RECOMMENDATIONS

- 3.1 A national CDD program should be initiated in Guinea as soon as possible. PRITECH should collaborate with CCCD, UNICEF, and the World Bank to assist the government of Guinea in the planning and implementation of the initial phases of the program.
- 3.2 CCCD should play a leading role in assisting the MOPH to develop and implement the initial phases of the CDD program including:
- * the elaboration of an official CDD policy and strategy document detailing government decisions concerning such key strategic issues as the use of various oral rehydration solutions (local liquids, SSS, ORS); ORS composition, packaging and volume standards; health service based and home based treatment protocols for childhood diarrhea (liquids, nutrition, referral, health education etc.); cost recovery mechanisms; distribution channels and other related policy issues.
 - * the definition of health man-power needs and responsibilities for the CDD program at both the central level and the peripheral levels.
 - * the development of short, medium and long term national CDD plans.
 - * the implementation of a variety of CDD related demonstration and pilot activities in the CCCD project areas. These activities should include: health personnel training, strengthening of ORS distribution systems, collection of socio-cultural data for health education message development, establishment of

surveillance and evaluation mechanisms, conducting appropriate and necessary operations research activities, development of links to related projects (water and sanitation, women's activities etc.) and other appropriate activities.

- 3.3 In view of the eventual and possibly imminent completion of the CCCD project in Guinea (December, 1987?) and in view of the willingness of UNICEF and the World Bank to actively support MOPH CDD initiatives now and in the future (as well as their current and probable future major role in primary health care activities in Guinea), CCCD and PRITECH, should work closely with these two organizations in particular, to assure coordination of CDD efforts in Guinea.
- 3.4 Given the complicated and difficult logistic, economic and cultural realities in Guinea, it is recommended that the national CDD program be conceived as a long term effort (10 to 15 years) which will expand geographically by zones of intervention largely determined according to the availability of adequate project resources and supports. For example, during the initial years of project implementation, the CCCD and World Bank project zones will be the geographic areas of concentration (thus: Conakry, Kindia, Telemele; then Pila, Dalaba, Tougue, Labe, Lelouma). In these zones the CDD program should be an integrated effort including all program components. At the same time, certain activities can be implemented on a broader, nationwide, scale in conjunction with related projects. For example, the distribution of ORS salts to health facilities should be part of the essential drug component of the UNICEF EPI/PHC program. ORT should be included in all PHC training activities for health personnel. Diarrheal disease surveillance should be part of all health services data collection efforts. ORT education should be integrated into such water and sanitation programs as the SNAPE projects in northern Guinea.
- 3.5 The development and implementation of a well-thought-out and carefully prepared communications/health education strategy should be a major CDD program focus. This strategy should be based on adequate socio-cultural research, should integrate a variety of media and communications channels, should include careful pre-testing of materials and adequate training of appropriate host-country personnel in materials development and in communications/social mobilization techniques. As the World Bank project includes substantial activities of this kind, it is recommended that the major thrust of the CDD communications component be delayed to dovetail with the World Bank project (starting in 1988). However, certain preliminary and pilot activities could commence earlier in the CCCD project zone. Specifically these activities should include focus-group and other appropriate socio-cultural

research and the development of a few simple messages and materials for use by health center personnel.

- 3.6 Responsibility for the planning and implementation of the communications/health education/social mobilization component of the Guinea CDD project should not be limited to the MOPH. Major responsibility for this component should be given to Social Affairs, Women's Affairs, the Ministry of Information and related services. The Health Education Service should play a coordinating and consultative role delegating responsibility for implementation to services with more substantial and more widely dispersed human resources as well as with more material, technical and financial resources.

4. SUMMARY OF PROPOSED FIVE-YEAR PLAN FOR THE GUINEA NATIONAL CDD PROGRAM 1987-1991

The MOPH assigned three ministry officials to work with the PRITECH consultant during the assessment visit. The following proposals are a result of their collaborative efforts.

4.1 Program Components

The proposed program consists of seven principal components to be implemented in an integrated manner in each of the successive geographic zones. These suggested components are the following.

4.1.1 Institutionalization of CDD

- Official definition by the MOPH of a national CDD strategy clarifying policies and priorities related to the implementation of ORT/CDD activities in health services and in the larger community.
- Elaboration of a detailed operational plan specifying short, medium and long term objectives, activities, resources needs, resource availability, institutional responsibilities and so forth.
- Nomination of a national CDD staff and clarification of personnel roles and responsibilities at the provincial, departmental and peripheral levels.
- Establishment of a national CDD budget.

4.1.2 Training of health personnel and their collaborators.

- Appropriate workshops and seminars to train trainers, train supervisors and train clinical personnel including physicians, nurses, nurses aides and health educators or other out-reach personnel
- Adoption or development of appropriate training materials for different kinds of personnel according to the skills required by them to carry out their respective functions
- Follow-up and supervision which should be considered part of on-going training for which adequate provisions should be made during program planning
- In-service and pre-service training in professional schools for health professionals and their collaborators need to be included
- Visits by concerned host country personnel to similar programs in neighboring countries

4.1.3 Supply and distribution of ORT-related materials.

- Analysis of short, medium and long term needs for salts and other related supplies (registration cards, i.v. solutions, mixing containers etc.)
- Definition of possible supply and distribution channels
- Establishment of a supply management and control system
- Establishment of an evaluation mechanism/system to monitor usage and impact.

4.1.4 Institutionalization of ORT in health facilities

- Establishment of ORT units in all provincial hospitals and MCH centers
- Institution of ORT "areas" in all urban and rural health centers so that ORT is integrated with other primary health care activities
- Establishment of a supervisory system and protocols
- Establishment of a monitoring and operations evaluation system.

4.1.5 Communications/Health Education/Social Mobilization

- Development of an integrated communications strategy
- Preparation, production and distribution of communications materials
- Training of appropriate health education and communications personnel.

4.1.6 Research and Evaluation

- Operations research as necessary to choose between competing strategies or approaches
- Impact evaluations
- Process evaluations
- Monitoring systems
- Basic research (diarrhea, epidemiology, etiology, alternate ORS solutions etc.)

4.1.7 Integration of CDD with related programs

- Water and sanitation
- Nutrition
- Women's activities etc.

4.2 Overview of Activities 1987-1991

1987

Principal Zones: Conakry, Kindia, Telemele (CCCD Zones)
Forecariah (MOPH priority)

Principal Collaborators: MOPH, CCCD, UNICEF, PRITECH

Major Objectives:

- Institutionalization of the national CDD program at the national level
- Pilot and demonstration projects to test and develop strategies and approaches for future expansion to other areas of the country.

Major Activities

- Official designation of national CDD team
- Preparation of national CDD strategy and policy document
- Preparation of operational plan for National CDD program
- Development of CDD training materials for health personnel (supervisors, physicians, nurses, health aides) and secondary and post-secondary school teachers
- Training of all appropriate health personnel in above project zones (up to 430 people of all categories. See Table II for total numbers of personnel in these zones).
- Establishment of ORT units in departmental hospitals of Telemele and Forecariah and establishment of ORT "areas" in all health centers (42) in the four project prefectures (see Table I)
- Production of at least one visual aid for use in health centers
- Focus-group, KAP, or other socio-cultural research study for message development in the above project zone
- Establishment of sentinel surveillance posts in at least two prefectures (in collaboration with UNICEF)
- Training of laboratory technicians (to be accomplished by the MOPH with possible WHO assistance).

1988

Principal Zones: Pila, Dalabah, Lelouma, Labe, Tougue
(World Bank Project Zone)

Principal Collaborators: MOPH, CCCD (?), UNICEF, World Bank, PRITECH

Major Objectives:

- Reinforcement and follow-up of activities in CCCD zone

- Extension of integrated program in World Bank zone.
- Revision and improvement of approaches developed and tested in 1987
- Development of an integrated communications strategy and preparation, testing and production of appropriate materials.

Major Activities:

- Revision of CDD training materials as necessary
- Training of health personnel and appropriate collaborators in the "World Bank" zone
- Establishment of ORT units in the departmental hospitals in the "World Bank" zone
- Establishment of ORT "areas" in health centers in that zone
- Development of a communications strategy and materials
- Demonstration/pilot project teaching ORT to women's groups/co-operatives
- Expansion of the CDD sentinel surveillance system

1989

Principal Zones: To be determined

Principal Collaborators: MOPH, UNICEF, World Bank, HEALTHCOM(?)

Major Objectives:

- Reinforcement of activities in previous project zones
- Extension of activities to other departments
- Realization of a national ORT communications campaign (training of educators and mass media and face-to-face educational activities)
- Mid-term Evaluation

1990-1991

- o Second ORT communications campaign
- o Project expansion to other zones

5. PROPOSED PRITECH ASSISTANCE

To assist the MOPH and its collaborators to implement the activities outlined above PRITECH proposes a program of assistance to supplement locally available technical and material resources of CCCD, UNICEF, the World Bank and the MOPH. The following specific PRITECH contributions were discussed with the ministry officials who participated in the initial PRITECH assessment mission:

5.1 Short-term Technical Assistance

- 5.1.1 1987: To assist with the implementation of specific activities in the areas of health personnel training and communications:

One social research specialist for one month to assist with the planning, realization and preliminary analysis of a simple K.A.P. study of health personnel current knowledge attitudes and practices in area of ORT/CDD.

One health personnel training materials development specialist for one month to assist in the adaptation (OMS Modules) and/or development of appropriate training materials for health personnel and to plan a training strategy for the CCCD project zones

One health personnel training materials development specialist for one month to train trainers and assist in the first one or two workshops for different categories of health personnel in the CCCD project zones

One artist/visual print materials production specialist for six weeks to work with the Health Education Service artist to develop an appropriate simple visual aid for the use in health centers

One social researcher for two months to assist in the planning and implementation of a community level socio-cultural study using "focus group" or other appropriate research techniques.

One health education communications specialist for two weeks to assist in preliminary message development.

5.1.2 1988: Approximately four person/months of technical assistance in the areas of health communications strategy and materials development.

5.2 Training materials and support costs.

1987: \$6,000
1988: \$9,000

5.3 Health Education and Training Materials Production Costs.

1987: \$15,000
1988: \$10,000

5.4 Total Budget

Short term technical assistance (11 person/months)	\$110,000
Training Costs	15,000
Materials Production Costs	<u>25,000</u>
TOTAL	\$150,000

TABLE I

HEALTH SERVICE INFRASTRUCTURE IN CONAKRY, KINDIA, TELEMELÉ, FORECARIAH

PREFECTURE	HOSPITALS	PREVENTIVE SERVICES	PHARMACIES	MCH CLINICS	HEALTH CENTERS	HEALTH POSTS AND DISPENSARIES
CONAKRY	2	1	18	3	15	3
KINDIA	1	1	1	1	9	4
TELEMELÉ	1	2	-	1	13	9
FORECARIAH	1	1	-	-	7	-
TOTAL	5	5	19	5	42	16

TABLE II

HEALTH PERSONNEL IN CONAKRY, TELIMELE, KINDIA AND FORECARIAH:
TOTAL NUMBERS AND NUMBERS POSTED IN URBAN AREAS

PREFECTURE	PHYSICIANS Total/(Urban)	PHARMACISTS Total/(Urban)	MIDWIVES Total/(Urban)	NURSES Total	NURSES AIDES Total	NURSES & NURSES AIDES IN URBAN AREAS
CONAKRY	285/(285)	152/(152)	200/(200)	821	283	(1084)
KINDIA	45/(40)	6/(6)	13/(13)	101	74	(164)
TELEMELE	9/(7)	2/(2)	3/(3)	27	26	(26)
FORECARIAH	7/(4)	--	3/(3)	26	20	(29)
TOTAL	346/(336)	160/(160)	219/(219)	975	403	(1303)

$$975 + 403 = 1378$$

ANNEX 1
PROPOSITION DU CALENDRIER DE TRAVAIL: PNLMD 1987

COMPOSANTES/ ACTIVITES	MOIS											
	1	2	3	4	5	6	7	8	9	10	11	12
PLANS/STRATEGIES NATIONAUX												
GRP DE TRAVAIL POUR PREP LES TEXTES STRATEGIQUES		16										
FINALISATION DU PLAN NATION. DE LMD 1988-1991 (INCL)												
ADMINISTRATION/GESTION												
NOMINATION OFFICIELLE DES RESPONSABLES NAT. & PERSONNEL		20										
IDENTIFICATION DES BESOINS ET RESSOURCES FINANCIERES HUMAINES, MATERIELLES POUR 1987												
FORMATION												
ENQUETE CAP PERSONNEL DE SANTE (TELIMELE, FORE- CARIAH, CONAKRY)		29										13
*PLANIFICATION		23	13									
*REALISATION			16	27								
*ANALYSE/RAPPORT PREL.					30							17
RECENSEMENT DE PERS. DE SANTE INTERESSES A LMD (CONAKRY, KINDIA, TELIMELE, FORECARIAH)				16	3							
SEANCES DE FORMATION POUR LE PERSONNEL DE SANTE A TOUS LES NIVEAUX									20			

ANNEX 4 (cont.)
PROPOSITION DU CALENDRIER DE TRAVAIL: PNLMD 1987

COMPOSANTES/ ACTIVITES	MOIS											
	1	2	3	4	5	6	7	8	9	10	11	12 1988
SEANCES DE FORM (DETAILS)												
*PREP. DES MODULES					20							
*PREP. DES FICHES					18							
*PREP. DU CALENDRIER						12						
*FORMATION DES FORMATEURS							15	10				
*REALISATION DES FORMATIONS:									2			
-A CONAKRY									10	5		
-A FORECARIAH												
-A KINDIA												
-A TELIMELE												
SUPERVISION/SUITE												
*CALENDRIER										5		
*TOURNEES										10		
SEANCES DE SENSIBILISATION POUR LES ENSEIGNANTS ECOLES SECONDAIRES ET PRO- FESSIONELLES												
*PLANIFICATION/PREPARATION												
*REALISATION												
-A CONAKRY												
-DANS LES PROVINCES												
LOGISTIQUES/APPROVISION. (POUR CONAKRY, TELIMELE KINDIA, FORECARIAH												
*PREP. BUDGET/LISTE												
*ACHAT/COMMANDE												
*DISTRIBUTION												

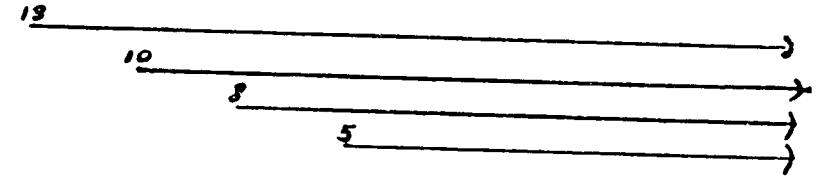
14 24
 (Dates?)

15 3

ANNEX 1 (cont.)
 PROPOSITION DU CALENDRIER DE TRAVAIL: PNLMD 1987

COMPOSANTES/ ACTIVITES	MOIS											
	1	2	3	4	5	6	7	8	9	10	11	12 1988
MISE-EN-PRACTIQUE												
ETABLISSEMENT DES SERVICES DE TRO AUX NIVEAUX DES HOPITAUX/PMIS REGIONAUX (FORECARIAH ET TELIMELE)												
ETABLISSEMENT DES 'COINS DE TRO' DANS LES CENTRES DE SANTE												
*A CONAKRY												
*A FORECARIAH												
*A KINDIA												
*A TELIMELE												
COMMUNICATION/EDUCATION POUR LA SANTE												
DEVELOPPEMENT/PRODUCTION D'UNE AIDE-MEMOIRE POUR LES MERES ET PERSONNEL DE SANTE												
*PROTOTYPE												
*TESTS												
*PRODUCTION FINALE												
ETUDE CAP COMMUNAUTAIRE												
*PREPARATION FICHES												
*TESTS FICHES												
*FORMATION ENQUETEURS												
*ENQUETES												
*ANALYSE/RAPPORT												
DEVELOPPEMENT DES MESSAGES												

(FORECARIAH
 ET
 TELIMELE)
 16



15
 17

ANNEX 1 (cont.)
PROPOSITION DU CALENDRIER DE TRAVAIL: PNLMD 1987

COMPOSANTES/ ACTIVITES	MOIS												
	1	2	3	4	5	6	7	8	9	10	11	12 1988	
DEVELOPPEMENT ET PRODUCTION DES MATERIELS													—————>
CAMPAGNE DE SENSIBILISATION													—————>
MOBILISATION DES GROUPEMENTS FEMININS													—————>
EVALUATION/RECHERCHES													
ETABLISSEMENT DES CRITERES D'EVALUATION OPERATIONELLE						20	_____						
ETABLISSEMENT DES CRITERES D'EVALUATION DES REPERCUSSI				16	_____								
FINALISATION DES FICHES DE COLLECTE DES DONNEES						20	_____						
ETABLISSEMENT DES POSTES SENTINELLES DE SURVEILLANCE													_____
FORMATION DES TECHNICIENS DE LABORATOIRE							_____						

ANNEXE 2

L'ANALYSE DES RESPONSABLES, DES RESSOURCES (HUMAINES, FINANCIERES, MATERIELLES)
DES COÛTS ET DES SOURCES POTENTIELLES DE FINANCEMENT: PNLM 1997

ACTIVITES	RESPONSABLES	COLLABORATEURS	RESSOURCES NECESSAIRES (MATERIELS/LOGISTIQUES)	COÛTS EST. (\$US)	SOURCES DE FIN.
A. PLANS/STRATEGIES NATIONALES					
o Groupes de travail (textes stratégiques)	DGS DIRECTEUR DE PREVENTION RESPONSABLE NATIONAL LMD	CCCD/UNICEF COND. FEM (SNAPE) FORMATION FEM. AFF. SOC. ALPHABETISATION CCCD UNICEF OMS	o Matériel de bureau o Secrétariat o Lieu de travail	500	CCCD MSAS
o Finalisation du Plan National	RESP. NAT. LMD MSAS	CCCD UNICEF OMS COND. FEM. etc.			
B. ADMINISTRATION/GESTION					
o Nomination d'une équipe nationale	MSAS RESP. NAT. LMD ET SON EQUIPE	CCCD UNICEF OMS	o 1 Responsable à plein temps o 1-2 Médecins/Conseillers o 1 Responsable de la Mobilisation Sociale (Cond. Fem.? EPS) o 1 Secrétaire/Dactylo o Des Responsables Régionaux (Provinciaux)		MSAS
o Identification des besoins et ressources	RESP. NAT. LMD	CCCD UNICEF OMS MIN. DU PLAN			
C. FORMATION (Personnel de santé)					
o Enquête CAP personnel de santé (Telimele, Forécariah, Conakry)	RESP. NAT. LMD CCCD	EQUIPE DE FORMA- TION DU MSAS CCCD PRITECH UNICEF/OMS?	o Questionnaires (3 Rames) o Voitures (2) o Essence (600 litres) o Per diem (6pers.x7jrs.x2000FG) o Assistance Technique (1 consultant 1 mois) o Secrétariat	50 --- 200 205 10 000 ---	CCCD CCCD/MSAS CCCD/MSAS CCCD/UNICEF PRITECH MSAS
o Recensement du person- nel intéressé aux maladies diarrhéiques	RESP. NAT. LMD CCCD	DPS INTERESSES MEDECINS RESP. DES SERVICES EQUIPE NAT. DE LMD PRITECH			

ACTIVITES	RESPONSABLES	COLLABORATEURS	RESSOURCES	COUTS	SOURCES
o Préparation des matériels (modules de formation, fiches de contrôle, etc.)	RESP. NAT. LMD CCCD	OHS? PRITECH	o Modules o Fiches de collecte de données o Fiches pour participants o Ass. tech. (1 cons. x 1 mois) o Secrétariat	5 000 10 000	CCCD/UNICEF PRITECH MSAS
o Formation des Formateurs	RESP. NAT. LMD CCCD	UNICEF/OHS	o Matériels de bureau o Lieu o Pause-café	50	CCCD MSAS CCCD/UNICEF
o Formation du Personnel de Santé (Médecins, infirmiers, ATS) (Estimé à 25% du personnel total)	RESP. NAT. LMD EQUIPE DE FORMATEURS CCCD	OHS/UNICEF PRITECH	o Matériels de Formation o Pause-café o Transport (Formateurs et Participants) o Per diem (450pers.x5jrs.x1500FG) o Assistance Technique - 1 cons. x 1 mois (Marion) - 1 cons. x 1 mois (Clark?) o Lieux o Secrétariat	(voir ci-dessus) 2 000 10 000 10 000 10 000	CCCD/PRITECH CCCD CCCD/UNICEF PRITECH PRITECH OHS/CCCD MSAS MSAS
o Supervision/suite	RESP. NAT. LMD DPS DES PROVINCES	CCCD	o Transport (1-2 voitures) o Essence o Fiches de supervision	100	MSAS/CCCD CCCD
o Séances de sensibilisation du personnel enseignant dans les écoles secondaires et professionnelles à Conakry	RESP. NAT. LMD ET SON EQUIPE	UNICEF CCCD MSAS MIN. ED.	o Matériels de bureau o Fiches pour participants o Pause-café o Per diem (75x10jrs.x1000FG) o Lieu (Palais du Peuple?) o Secrétariat	1 000 2 000	UNICEF UNICEF MSAS MSAS
<hr/>					
D. LOGISTIQUES/ APPROVISIONNEMENTS (pour Conakry, Telimele, Kindia, Forécariah)	MSAS	CCCD/UNICEF	o Sachets SRO (50 000) o Pèse-bébé (2) o Fiches de surveillance (10 000) o Tasses (100) o Cuillères (100) o Gobelets d'un litre (10) o Tables (8) o Bancs (8) o Carnets de santé (10 000) o Tensionnètres (10) o Stéthoscopes (10) o Thermomètres (10) o Registres (10) o Solution intraveineuse + équipement	à déterminer	UNICEF CCCD MSAS
o Services de TRO aux chefs-lieux prov. - hôpitaux et SMIs	RESP. NAT. LMD PHARMACIE NAT.	CCCD UNICEF			

ACTIVITES	RESPONSABLES	COLLABORATEURS	RESSOURCES	COUTS	SOURCES
o "Coins" de TRO dans les Centres de Santé (33 au total)			o Voir liste ci-dessus, quantités à déterminer		
<hr/>					
E. <u>MISE EN PRATIQUE</u>	RESP. NAT. LMD DPS RESP. DES SERVICES	TOUT PERS. DE SANTE	o Voir "Logistiques/Approvis."		
<hr/>					
F. <u>COMMUNICATION/ EDUCATION POUR LA SANTE</u>	EPS COND. FEM. AFF. SOC.	SHAPE CCCD PRITECH MIN. INFORMATION BANQUE MONDIALE			
o Développement/ production d'une aide-mémoire	RESP. NAT. LMD EPS COND. FEM (ou autre service sociale)	ALPHABETISATION CCCD PRITECH UNICEF	o Artiste o Transport/essence o Imprimerie o Per diem (6pers.x10jrs.x2000) o Assistance technique (1 cons. x 1 mois et demi)	5 000 300 15 000	MSAS/CCCD MSAS/CCCD PRITECH PRITECH
o Etude CAP communautaire	RESP. NAT. LMD COND. FEM.? EPS	ALPHABETISATION CCCD PRITECH INSTITUT PEDAGOGIQUE BANQUE MONDIALE	o Matériels de bureau o Questionnaires o Lieu de formation (enquête) o Transport/essence o Per diem (10x20x2000) o Assistance technique (1 cons. x 8 semaines)	100 200 1 000 20 000	CCCD MSAS CCCD CCCD/PRITECH PRITECH
o Développement des messages	EPS COND. FEM.?	CCCD ALPHABETISATION INST. PEDAGOGIQUE MIN. INFORMATION	o Assistance technique 1 cons. x 2 semaines)	5 000	PRITECH
<hr/>					
G. <u>EVALUATIONS/ RECHERCHES</u>	RESP. NAT. LMD CCCD	OMS UNICEF			
o Etablissement des critères d'évaluation	RESP. NAT. LMD CCCD		o Transport/essence		CCCD/MSAS
o Etablissement des	RESP. NAT. LMD	DPS	o Fiches		

ACTIVITES	RESPONSABLES	COLLABORATEURS	RESSOURCES	COUTS	SOURCES
postes sentinelles	CCCD		<ul style="list-style-type: none"> o Matériels de formation o Equipement de laboratoire o Per diem 	À détermi- ner	CCCD/UNICEF
o Formation des techniciens du laboratoire	RESP. NAT. LMD CCCD INSTITUT DE RECHERCHE DE BIOL. APPLIQUEE (KINDIA)	OMS			

* D'autres organismes locaux seront associés au programme aux moments convenables et selon le besoin. La collaboration du plus grand nombre possible de ces organismes est à souhaiter pour faciliter l'intégration de la LMD aux activités liées.

THE PRITECH PROJECT
MANAGEMENT SCIENCES FOR HEALTH

Assgn. No: SS 178

April 14, 1987

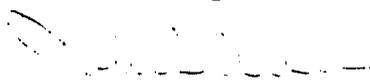
Mr. Lloyd Feinberg
PRITECH Project Manager
S&T/HEA - Room 714
Agency for International Development
Washington, D.C. 20523

Dear Mr. Feinberg:

Attached please find a copy of the approval from the regional bureau and the mission for the draft report prepared by Ms. Agma Prins entitled, "Potential CDD Program Activities In Guinea."

Provided S&T/HEA has finalized its review of this report would you please indicate your approval for the draft to be prepared in final form.

Sincerely,



John Alden
Project Director

APPROVAL: _____


Lloyd Feinberg, PRITECH Project Manager

DATE: _____

4/16/87

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