F I E L D R E P O R T

PN-ABM-280 79278

# THIRD ANNUAL GUINEA WORM ERADICATION WORKSHOP NOUAKCHOTT, ISLAMIC REPUBLIC OF MAURITANIA

May 2-6, 1992

WASH Field Report No. 367
August 1992

WATER AND SANITATION for HEALTH PROJECT

Sponsored by the U.S. Agency for International Development
Operated by CDM and Associates

WASH Field Report No. 367

# THIRD ANNUAL GUINEA WORM ERADICATION WORKSHOP NOUAKCHOTT, ISLAMIC REPUBLIC OF MAURITANIA

**May 2-6, 1992**

Prepared for the Office of Health,
Bureau for Research and Development
U.S. Agency for International Development
under WASH Task No. 348

by

Sarah Fry
and
William Hanson

August 1992

Water and Sanitation for Health Project
Contract No. DPE-5973-Z-00-8081-00, Project No. 936-5973
is sponsored by the Office of Health, Bureau for Research and Development
U.S. Agency for International Development
Washington, DC 20523

# TABLE OF CONTENTS

ACKNOWLEDGMENTS . . . . . iii
ACRONYMS . . . . . v
ABOUT THE AUTHORS . . . . . vii
EXECUTIVE SUMMARY . . . . . ix
MAP . . . . . xi

1. INTRODUCTION . . . . . xi

1.1 Background . . . . . 1
1.2 Scope of Work . . . . . 2
1.3 Planning . . . . . 2
1.4 Participants . . . . . 2
1.5 Site and Logistics . . . . . 3

2. THE WORKSHOP . . . . . 5

2.1 Goal and General Objectives . . . . . 5
2.2 Design and Methodology . . . . . 5
2.3 Overview of Sessions . . . . . 5
2.4 Workshop Products . . . . . 7

3. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS . . . . . 9

3.1 Findings and Conclusions . . . . . 9
3.2 Facilitators' Recommendations for Future Workshops . . . . . 10
3.3 Participants' Recommendations for Future GWE Activities . . . . . 10

APPENDICES

A. List of Participants . . . . . 13
B. Workshop Schedule . . . . . 23
C. Session Objectives . . . . . 29
D. Handouts . . . . . 31
E. Small Group Products . . . . . 83
F. Country Action Plans . . . . . 93
G. Summary of Participant Evaluations (47 Respondents) . . . . . 145

# ACKNOWLEDGMENTS

The authors would like to thank the other members of the Workshop Planning Team, Joy Barrett of the Peace Corps, Eddie Perez of WASH, WASH consultant Deirdre LaPin, AAAS Fellow Helga Rippen, and TPM facilitator Claudia Liebler for their support and guidance in planning and carrying out this workshop. In addition, they would like to thank Jackie Woodfork from Peace Corps/Washington and Ann Hirschey from WASH for all the pre-departure preparations. Ms. Woodfork deserves additional thanks for adapting her role to the Mauritania situation to better facilitate the workshop logistics.

Special thanks go to the Peace Corps Mauritania team, especially to Angela Martin and Beate Pody who oversaw a tireless troupe of interpreters, translators, and PCVs turned secretaries, and to Country Director Mary Pecaut.

All of the participants demonstrated a willingness to work hard and provide the outputs of the workshop. Their efforts in exchanging experiences, providing information on individual country situations, and aiding in the evaluation of their country programs deserve gratitude. Their enthusiasm throughout the workshop gives renewed encouragement to the fight to eradicate Guinea worm disease.

# ACRONYMS

| | |
|---|---|
| AAAS | American Association for the Advancement of Science |
| A.I.D. | U.S. Agency for International Development (Washington, DC) |
| APCD | Associate Peace Corps Director |
| CDC | (U.S.) Centers for Disease Control |
| GWE | Guinea Worm Eradication |
| GWEP | Guinea Worm Eradication Programs |
| PC | Peace Corps |
| PCV | Peace Corps Volunteer |
| TPM | Team Planning Meeting |
| USAID | U.S. Agency for International Development (overseas mission) |
| VBC | Vector Biology and Control Project (A.I.D.-funded) |
| WASH | Water and Sanitation for Health Project (A.I.D.-funded) |
| WHO | World Health Organization |

# ABOUT THE AUTHORS

William Hanson is an independent consultant with over 25 years of experience in international development. He has designed and implemented projects in health, agriculture, environment, and community development, with special emphasis on training, team development, and project management. He has worked extensively in Asia, Africa and Latin America on both short-term and long-term assignments.

Sarah Fry is a WASH consultant with over 15 years of experience in international health. Ms. Fry has an MPH from the University of North Carolina, with an emphasis on maternal and child health issues. Ms. Fry has worked extensively with community health education and child survival programs in West and Central Africa, and has particpated in a number of health and hygiene education activities in the context of rural water supply and sanitation programs.

# EXECUTIVE SUMMARY

The Third Annual Guinea Worm Eradication Workshop was held May 2-6, 1992, in Nouakchott, Mauritania. The workshop was sponsored and organized by the Peace Corps through its USAID-funded Guinea worm eradication (GWE) program. The Water and Sanitation for Health (WASH) Project provided one facilitator, and the Vector Biology and Control (VBC) Project provided a second. The Peace Corps, with WASH assistance, is in the process of evaluating its GWE program. The workshop was intended to fit into this evaluation, and had as its goal participants reviewing successes and difficulties related to carrying out country GWE programs with Peace Corps participation. The evaluation consultant was present throughout to present and gather evaluation data.

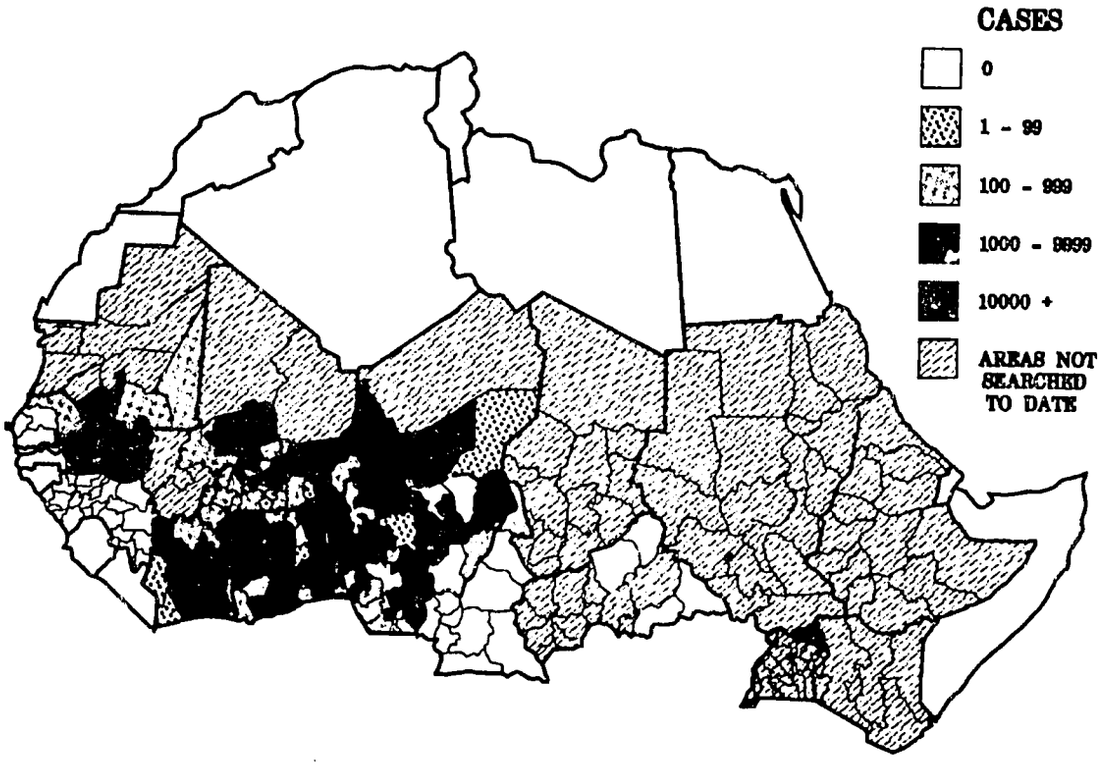
Fifty-five participants represented nine African countries and the United States. Among these were 6 Associate Peace Corps Directors (APCDs), 18 Peace Corps Volunteers (PCVs), 6 national GWE program coordinators, 14 regional supervisors, 3 officials from Mauritania's Ministry of Health, the local World Health Organization (WHO) representative, and the senior consultant from Global 2000.

The workshop design addressed the theme of monitoring and evaluation in several ways. After a keynote address by the Global 2000 representative and country program updates by Mauritania and Nigeria, two case studies from Benin and Ghana provided participants with material for group work related to monitoring and evaluation. The WASH evaluation consultant gave a presentation on monitoring and evaluation, and presented the results from questionnaires. Participants used this information to formulate recommendations for the future of the Peace Corps GWE program. As a final exercise, country teams developed next year's action plan for GWE with Peace Corps participation.

The participants' evaluations of the workshop were overwhelmingly positive. Comments reflected appreciation for the opportunity to plan and work in teams and for the Peace Corps and its counterparts to clarify roles and tasks. Some participants felt that the subject of monitoring and evaluation was hard to grasp and apply. Many expressed a wish for similar workshops to be organized in the future.

# MAP

NUMBER OF REPORTED CASES OF
DRACUNCULIASIS IN AFRICA 1990-1991




*Source: WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis at the Centers for Disease Control, Atlanta, GA, for preparation of this map.*

## Chapter 1

# INTRODUCTION

## 1.1 Background

In 1989, the Peace Corps received a three-year grant from the Africa Bureau of the U.S. Agency for International Development (A.I.D.) to provide resources to Peace Corps staff and volunteers to initiate and implement Guinea worm eradication programs (GWEPs) in up to 10 African countries. The Peace Corps' efforts are part of a broader movement to eradicate Guinea worm disease involving the Centers for Disease Control (CDC), Global 2000, UNICEF, the World Health Organization, USAID missions, African governments and others. The Peace Corps strategy for participating in GWE programs consists of strengthening collaboration, information management, programming, training, and monitoring.

In addition to providing financial support to the Peace Corps program, A.I.D. has also provided technical assistance through the Water and Sanitation for Health (WASH) and Vector Biology and Control (VBC) Projects. WASH activities have included providing expertise for the development of a series of programming and training guides for Peace Corps staff involved in GWE and providing facilitators for three previous workshops: an international Project Start-Up Workshop held in Lomé, Togo, in January 1990, a Training-of-Trainers Workshop held in Bamako, Mali, in September 1990, and a Second International GWE Workshop dealing with program implementation issues held in Cotonou, Benin, in June 1991.

Since January of 1992, WASH has been assisting the Peace Corps in conducting an evaluation of the A.I.D.-supported Guinea worm eradication program. This evaluation involves an analysis of all available program material in the United States, the collection of information from Peace Corps overseas staff and volunteers via questionnaires, visits to select countries, and results of the Third International GWE Workshop.

This workshop was held May 2-6, 1992, in Nouakchott, Mauritania. Its purpose was to evaluate successes and difficulties encountered while carrying out GWE activities with Peace Corps participation. A hoped-for outcome of the workshop was to generate additional data from the participants that could feed into the evaluation of the overall program and make it relevant and specific.

Both the WASH and VBC Projects provided facilitators for this third annual GWE workshop. In addition to the facilitators, the workshop team included a Peace Corps water/sanitation sector specialist, the WASH evaluation consultant, an AAAS fellow from A.I.D.'s Office of Health, and a logistics coordinator from Peace Corps/Washington.

## 1.2 Scope of Work

The Scope of Work for the workshop facilitators was included in the scope for the evaluation as a whole. The section addressing the workshop instructs facilitators to "design and plan a regional workshop to be held in May 1992, in Mauritania. The workshop will be designed in such a way as to present appropriate draft evaluation findings to the workshop participants (Peace Corps/APCDs, volunteers, host country counterparts) and get their feedback plus additional information. It is expected that this process will result in workshop participants understanding what lessons have been learned to date and what actions they can do to improve their program."

The timing of key workshop activities was as follows:

| | |
|---|---|
| Preliminary Planning Meeting | February 24, 1992 |
| Team Planning Meeting | April 15-17, 1992 |
| In-country Preparation | April 28-May 1, 1992 |
| Workshop | May 2-6, 1992 |
| Debriefing and Report Writing | May 8-20, 1992 |

## 1.3 Planning

A preliminary planning meeting was held on February 24, 1992. The meeting brought together the agencies to be represented at the workshop: Peace Corps, A.I.D., WASH, and VBC. The purpose was to clarify the overall theme of the workshop to ensure that the ongoing program evaluation would be included in the design. It also was intended to guide the evaluation team during upcoming country visits and in laying the groundwork for workshop logistics, country presentations, and case studies.

A full TPM was held at WASH for three days in April. The main purpose was to design the workshop based on information gathered from questionnaires and country visits conducted in the evaluation of the GWE program, as well as input from the Peace Corps.

Upon arrival in Mauritania, the team held a briefing for Peace Corps/Mauritania and the national GWE coordinator to go over the design and to finalize workshop arrangements.

## 1.4 Participants

Fifty-five participants represented nine African countries and the United States (see Appendix A). Among these 55 were 6 national GWEP coordinators, 18 Peace Corps volunteers and 1 French volunteer, 6 APCDs, 14 regional coordinators and 3 officials from Mauritania's Ministry of Health. From international organizations, in addition to the Peace Corps and A.I.D., the country WHO representative and the senior Global 2000 consultant attended. The largest contingent was from the host country of Mauritania, with a total of 16 non-Peace Corps and 14 Peace Corps participants.

## 1.5 Site and Logistics

The workshop was held at the Novotel hotel in Nouakchott. Participants were lodged at the same hotel. The workshop was conducted in a large conference room that was used both for plenary and small group work. The hotel did not have simultaneous interpretation equipment. Peace Corps/Mauritania provided a team of interpreters and translators. The Peace Corps also hired a logistics coordinator in Mauritania, who handled all preparatory arrangements and hotel-related matters. A second logistics coordinator from PC/Washington supervised typing, photocopying, and translation of documents, as well as fiscal matters. Secretarial support was provided by the Mauritania PCVs at lunch and in the evenings. Secretarial activities took place at the Peace Corps office which is walking distance from the Novotel.

## Chapter 2

# THE WORKSHOP

## 2.1 Goal and General Objectives

The overall goal for the workshop was to provide an opportunity for evaluating successes and difficulties encountered in carrying out national GWE programs with Peace Corps participation, in order to improve ongoing program activities.

The general objectives were as follows:

1. To review key features of GWE programs;
2. To provide an update of the current status and selected technical aspects of the global GWE campaign and to reinforce the role of the participants within that campaign;
3. To identify ways to initiate or strengthen monitoring and evaluation in GWE programs;
4. To review and discuss results to date of the formal Peace Corps GWE Program Evaluation;
5. To formulate recommendations for improving Peace Corps participation in GWE programs; and
6. To develop annual country GWE action plans based on recommendations.

## 2.2 Design and Methodology

The workshop was designed to address monitoring and evaluation in a variety of ways: through presentations of evaluation methodology and results, group work with monitoring/evaluation-related tasks, practice with an evaluation methodology using success analysis, and finally through meetings of the Peace Corps program evaluator with small groups of participants to complete the data gathering for the evaluation.

The methodology was participatory and active, using large group presentations with audio-visual support and small group work with varied group composition. Group work was reported in plenary. See Appendix B for the workshop schedule and Appendix C for session objectives.

## 2.3 Overview of Sessions

### ■ DAY 1: May 2

The evening opening ceremony was attended by the Mauritanian Minister of Health, the U.S. Ambassador to Mauritania, the Peace Corps Director and a variety of guests invited by the Government of Mauritania. The ceremony was followed by a reception.



Previous Page Blank

## ■ DAY TWO: May 3

*Session 1: Introduction to the Workshop*

This session consisted of eliciting participants' expectations for the workshop, presenting workshop goals, objectives, and schedule, proposing work norms, and clarifying administrative matters.

*Session 2: Opening Presentations*

The keynote address was given by Dr. Don Hopkins, senior consultant for Global 2000. He provided an update on the current global status of Guinea worm eradication efforts. Next, Dr. Lola Sadiq of Nigeria and Dr. Sidi Mohamed of Mauritania, national GWE coordinators of their respective countries, presented their GWE programs.

*Session 3: Key Features of Guinea Worm Eradication Programs*

This session began with participants brainstorming a list of key features of successfully operating Guinea worm eradication programs. The delegation from Ghana then presented its case study of two villages, one where eradication efforts have been successful, the other where they have not.

Participants divided into small groups and reviewed summaries of the case. They were asked to identify key program features and to determine what was successful in the case, what problems were encountered and solved, what problems remain, and recommendations for resolving them.

The groups reported their work in two languages in a plenary session.

## ■ DAY THREE: May 4

*Session 4: Role of Monitoring and Evaluation in GWEPs*

The Peace Corps program evaluator gave a presentation on the mechanics of monitoring and evaluation as defined by Peace Corps programming and the A.I.D. log frame.

The group from Benin then presented a case study on the advancement of GWE in their country. In small groups, the participants were asked to determine monitoring and evaluation activities for Benin's new project extension.

*Session 5: Evaluation Findings*

The evaluation consultant presented findings to date from questionnaires and field visits about the Peace Corps program, using a summary document. Participants were asked to share personal success stories to complement these findings.

- **DAY FOUR: May 5**

*Session 6: Conclusions and Recommendations*

Returning to their former working groups, participants were asked to reflect on the evaluation findings and their own experiences, to draw conclusions from these, and then to formulate recommendations for the future of the Peace Corps GWEP, both in Washington and in their own countries.

*Session 7: Action Planning*

All countries were grouped together (except for Mauritania which was grouped by regions and by national level) to develop action plans for the coming year. These action plans were to focus on the Peace Corps role in GWEP (see Appendix F).

- **DAY SIX: May 6**

*Session 8: Workshop Evaluation and Closure*

Participants' expectations from the first day were reviewed to see how they were met. Participants were then asked to reflect personally on the workshop and to identify initial actions to undertake upon return to their home countries. These ideas were shared with the group.

The facilitators then led an oral evaluation of the workshop, presented acknowledgments, and asked participants to fill out workshop evaluation forms. (See Appendix G for a summary of participant evaluations.)

The workshop was officially closed by Mauritania's Minister of Health after hearing a summary of workshop recommendations and a word of thanks from the participants. The U.S. Ambassador to Mauritania and the Peace Corps Director also attended the ceremony.

## 2.4 Workshop Products

The most important workshop products were the country plans of action, followed by a set of recommendations for improving the program. Considerable data to contribute to the Peace Corps Program Evaluation was also generated through small group work and roundtable discussion. (See Appendix E for small group products and Appendix F for country action plans.)

## Chapter 3

# FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

## 3.1 Findings and Conclusions

### ■ Site

The Novotel hotel in Nouakchott was an international quality hotel with adequate room, good audio-visual equipment, and a well-trained staff accustomed to handling conference crowds. The facilitators' work was made easier by such accommodations.

### ■ Logistics

Logistics and secretarial support were handled by a logistics coordinator hired on-site by PC/Mauritania and by a Peace Corps staff member from Washington. While both were extremely competent, it was difficult to sort out who was responsible for which tasks at any given time, in spite of a planning meeting. In addition, no secretarial support had been arranged, and local PCVs were recruited as typists at the last minute. All secretarial work was done at the nearby Peace Corps office. Not having an on-site secretarial group made it somewhat difficult for the facilitators to keep track of the progress and quality of typing, translation, and document production. Nearly everything was completed in a timely fashion, however.

### ■ Translation

The participants were both anglophone and francophone. Due to the lack of simultaneous translation, facilitators worked with the interpretation staff to find creative and efficient ways to assure that all work was covered in both languages. This added another layer of management to workshop facilitation, and occasionally slowed the pace of the sessions. There were enough interpreters to provide adequate coverage.

### ■ Participants

These represented a mix of Peace Corps staff, volunteers, national coordinators, volunteer counterparts, and representatives from various agencies. This combination was truly beneficial since it allowed everyone to share and learn from each other. The group shared a level of conceptual skills which made it possible for everyone to participate in all activities. Participants from a lower (village) level would probably not have been able to participate in the same way.



Previous Page Blank

## 3.2 Facilitators' Recommendations for Future Workshops

- **Site**

Should any similar workshops be organized in future, they should use an international class hotel if possible, with the same level of services available at Novotel in Nouakchott.

- **Logistics**

Logistics management should be the sole responsibility of the host country. One person should be in charge, with staff hired as needed for the various duties. Minimal requirements for a workshop of this nature should be made clear to the host country prior to the event. A few days before the workshop begins, the logistics staff should have a half-day TPM to sort out duties and responsibilities. The secretarial office should be kept at the training site whenever possible. Presenters and participants should be encouraged to bring copies of any documents they wish to distribute.

- **Translation**

In a mixed-language training program, simultaneous translation should be a minimum requirement.

- **Participants**

In future activities, a similar mix of participants should be invited to attend. These participants should have the same general level of conceptual skills.

## 3.3 Participants' Recommendations for Future GWE Activities

As a result of group work and fruitful exchange of experiences, the workshop participants recommend the following:

- Continued political support in endemic countries until Guinea worm disease is eradicated.
- Reinforcement of international collaboration and periodic exchange of experiences among endemic countries.
- Integration of GWE activities into other development efforts such as agriculture, water and sanitation, public health, etc.
- Standardization of data collection in endemic zones.
- Need for regular coordination meetings at all program levels.
- Need for providing clean water to endemic zones.

- Increase the number of PCVs involved in GWEP, adapt their training to local realities, and provide them with adequate support.
- Integrate PCVs working in GWEP into other programs and define their roles clearly.
- Extend GWE/PCV activities into water supply and sanitation and health education.

**Appendix A**

# LIST OF PARTICIPANTS



Previous Page Blank

# LIST OF PARTICIPANTS

## Third Annual Guinea Worm Eradication Workshop
## Nouakchott, Islamic Republic of Mauritania
## May 2 - 6

Adamu, Ibrahim Ibn
Community Development Officer (District Coordinator)
P.O. Box 1
Salaga - Ghana N/R
Tel.: 0712387

---

Agbemavi, Koffi Edem,
Coordinateur d'Education pour la Santé
B.P. 56, Hôpital
Notse, Togo

---

Alao, Sunday A.,
APCD/Health and Community Development, PC/Nigeria
P.O. Box 8614
39 Jabbi Road
Kaduna, Nigeria

---

Allen, Daniel
PCV
c/o Corps de la Paix
B.P. 85
Bamako, Mali
Tel.: 22-44-79
Fax: 22-35-53

---

Baah, Benjamin K.,
Associate Peace Corps Director
c/o Peace Corps/Ghana
P.O. Box 5796
Accra - North
Ghana
Tel.: 774383

---

Jocelyne Baby
Traductrice/Interprète
B.P. 2288
Nouakchott, Mauritania
Tel.: 515-87

---

Bachler, Renee
PCV
Primary Health Care Department
Paikoro Local Government
Paiko, Niger State
Nigeria

---



Previous Page Blank

Bamaze, Tchao Madjatom
Directeur Associé du Corps de la Paix
c/o Corps de la Paix
B.P. 3194
Lomé, Togo
Tel.: 21 31 14
21 06 14

---

Dr. Barrett, Joy
Water and Sanitation Specialist
U.S. Peace Corps
1990 K Street, NW
Washington, DC 20526
Tel.: (202) 606-2174
Fax: (202) 606-3024

---

Dr. Bechir, Aouen
Chef de Service E.P.S.
B.P. 169
Nouakchott, Mauritanie
Tel.: 523-55 (Bureau)
557-80 (Domicile)
Fax: 2.222.522.68

---

Boone, Dave
PCV
B.P. 74
Savalou, Benin
Tel.: 31-38-93

---

Dr. Boubacar, Mohamed
Médecin - Directeur Régionale du Tagant
c/o le Directeur Régionale de l'action sanitaire et sociale du Tagant (DRASS T)
Tidjigja
Mauritania
Tel. 79 123

---

Chevrolet, Sébastien
Volontaire AFVP
1.) B.P. 29 ou 2.) B.P. 50
Kaedi, R.I.M. Nouakchott, R.I.M.

---

D'Almeida, Roger C.
APCD/Education and Water/Sanitation
Peace Corps
B.P. 971
Cotonou, Benin
Tel.: 31 38 93 / 31 47 93

---

Dr. Degoga, Issa
Coordinateur National P.E.V.G.
B.P. 228
Bamako, Mali
Tel.: 22 64 97

---

Dr. Diagana, Cheikhna
D.U. en Santé Publique (DRASS)
B.P. 4669
Nouakchott, Mauritanie
Tel.: 512-07
Fax: 513-34

---

Dr. Diallo, Yaya
Epidemiologiste
Organisation Mondiale de la Santé
Nouakchott, Mauritanie
Tel.: 524-02
Fax: 5-811

---

Dorr, Adam J.
PCV, Bukzhama
B.P. 84
Nema, Mauritania
Tel.: 533-06
536-81

---

Dossou-Yovo, M. Julien
Coordinateur National
B.P. 2791
Cotonou, République du Bénin
Tel.: 30 02 66, 51 00 15

---

Drew, Timothy A.
PCV, Nigeria
Box 163, Onueke
Ezza LGA, Enugu
Nigeria

---

Dr. El Vally, Abdoullah
DRASS Hodh El Gharby
Pharmacie Sellam
B.P. 788
Tel.: 520-79

---

Etienne, Fritz
APCD/WRM, Mali
c/o Corps de la Paix
B.P. 85
Bamako, Mali
Tel.: 22-44-79
Tel. / Fax: 22-35-53

---

Falconer, Edwin D.
PCV
B.P. 222
Nouakchott, Mauritania
Tel.: 533-06

---

Feldkamp, Donna
PCV
c/o Corps de la Paix
B.P. 222
Nouakchott, Mauritania
Tel.: 533-06

---

Fry, Sarah
Consultant
WASH
1611 N. Kent Street
Arlington, VA 22209
USA
Tel.: (703) 243-8200

---

Dr. Gagde, Hinn-Dandje
Responsable du Programme National de la Lutte Contre la Dracunculose
B.P. 759
N'Djamena, Tchad
Tel.: 51-23-70 / 51-44-54

---

Gillette, Lee
PCV
c/o Corps de la Paix/Mauritanie
B.P. 222
Nouakchott, Mauritania
Tel.: 533-06

---

Hanson, Bill
Consultant/VBC
440 Bohemian Hwy.
Freestone, CA 95472
USA
Tel.: (707) 874-3113

---

Hopkins, Dr. Donald R.
Senior Consultant
Global 2000
1840 N. Hudson
Chicago, IL 60614
USA
Tel.: (312) 266-2420
Fax: (312) 266-2139

---

Hubble, Doris
PCV
c/o Postmaster
Salaga N/R
Ghana, West Africa
Tel.: 071-2387

---

Janowicz, Jon
PCV
Peace Corps/Mauritania
B.P. 222
Nouakchott, R.I.M.

---

Dr. Kane, Ibrahima
Directeur de l'Hygiène et de la Protection Sanitaire
M.S.A.S.
Nouakchott, Mauritanie
Tel.: 520-52 Poste: 6137
Fax: 522-68

---

Dr. Kane, Mohamed Salissou
Directeur de l'Hygiène et de l'Assainissement
Ministère de la Santé Publique
B.P. 371
Niamey, Niger
Tel.: (227) 723783 (bureau)
732022 (domicile)

---

Dr. Kane, Ndiaye
Médecin
B.P. 3941
Nouakchott, Mauritanie

---

LaPin, Deirdre
WASH Consultant
205 Wilson Steel
Baltimore, MD 21217
Tel.: (410) 669-5123
Fax: (at WASH) (703) 243-9004

---

Longley, Mrs. Eva
B.P. 335
Nouakchott, R.I.M.

---

Lyon, Gillian E.
PCV
B.P. 55
Selibaby, Mauritania

---

Martin, Angela
APCD Agriculture & Water/Sanitation
Corps de la Paix
B.P. 222
Nouakchott, Mauritania
Tel.: 536-81 (office)
533-06 (office)

---

Mavongo, Jean-Michel
B.P. 440
Nouakchott, Mauritania
Tel.: 539-54

---

Dr. Mohammed Ould M. L., Sidi
Coordinateur National
B.P. 4636
Nouakchott, Mauritanie
Tel.: 222-2-520-52
Fax: 222-2-522-68

---

Dr. Boueye, Ould Abedid
DRASS
B.P. 81
Guidimagha, Mauritanie
Tel.: 12 (Selibaby)

---

Dr. Ould Menou, Mohamed
DRASS Hodh Chargui
Nema, Mauritanie

---

Dr. Ould Mohamed Laghdaf, Sidi
D.R.A.S.S.
Kaedi/Gorgol
Mauritanie
Tel.: Kaedi Poste: 28
Fax: 222-2-522-68 M.S.A.S

---

Dr. Ould Mohamed Vall, Med. Idounou
DRASS Nouakchott
B.P.373
Nouakchott, Mauritanie
Tel.: 520-87 / 512-12 (bureau)
512-58 (domicile)

---

Murray, Siobhan
PCV
B.P. 64
Aioun El Atrous
Mauritania

---

Dr. Niang, Saidou
Directeur Régional à l'action sanitaire et social du Brakna
B.P. 1333
Nouakchott, Mauritanie
Tel.: 566-42

---

Nwobi, Ben
Zonal Facilitator (N.E.)/NIGEP
Nigeria Guinea Worm Eradication Programme
Federal Ministry of Health
Room 913 Phase II
Federal Secretariat
Ikoyi, Nigeria
Tel. / Fax: 01-680111

---

Pecaut, Mary
Country Director for Peace Corps / Mauritania
B.P. 222
Nouakchott, Mauritania
Tel.: 53681

---

Pelzner, Jennifer
PCV
c/o Corps de la Paix
B.P. 222
Nouakchott, Mauritania

---

Petit, Marie-Magdelaine
Professeur
B.P. 4641
Nouakchott, Mauritania
Tel.: 520-69

---

Beate Pody
Logistician
c/o Corps de la Paix
B.P. 222
Nouakchott, Mauritanie
Tel.: 533-06 (Bureau)
536-81 "
535-85 (Domicile)

---

Dr. Rippen, Helga
AAAS Fellow
USAID
R&D/H/CD; SA-18 Room 1200
Washington, DC 20523-1817
Tel.: (703) 875-4500
Fax: (703) 875-4686

---

Sadiq, Dr. Lola K.
National Coordinator NIGEP
P.O. Box 53649
Falomo, Ikoyi, Lagos
Nigeria
Tel: 01- 680111 / 680578 (office)
618252 (home)
Fax: 01-680111

---

Sathé, Antoine
Technicien Supérieur de Santé Publique
Assistant du chef de la préfecture Sanitaire de la Basse-Kotto
B.P.783
Bangui
République Centrafricaine

---

Dr. Sidi Ould Mohamed, Moulaye El Hacen
DRASS Kiffa
Assaba, Mauritanie
Tel: 283 Kiffa

---

Sheehan, Tom
PCV
B.P. 222
c/o Corps de la Paix
Nouakchott, Mauritanie

---

Toumani, Diakite
Chef Service National Hygiène Assainissement Par Interim
B.P. 1262
Nouakchott, Mauritanie
Tel: 523-55
Fax: 222-252268

---

Tracy, Alan
PCV
B.P. 222
Nouakchott, Mauritania
Tel: 536-81

---

Waterman, Judith
PCV
B.P. 55
Selibaby, R.I.M.

---

Wone, Mamadou
traducteur / interprète
B.P. 192
Nouakchott, Mauritanie
Tel: 515-72

---

Woodfork, Jacqueline
CDA/BLNZ, Africa Region
Peace Corps
1990 K Street, NW
Washington, DC 20526
Tel: (202) 606-3247
Fax: (202) 606-3491

---

Wyss, Susi
PCV
c/o Peace Corps
B.P. 1080
Bangui, République Centrafricaine
Tel: 61-59-72

---

Young, Jonathan G.
PCV
B.P. 222
Nouakchott, Mauritania

---

## Appendix B

# WORKSHOP SCHEDULE

# WORKSHOP ON EVALUATION FOR GUINEA WORM ERADICATION PROGRAMS

## Nouakchott, Mauritania, May 2-6, 1992

| TIME | Sat, May 2 | Sun, May 3 | Mon, May 4, | Tues, May 5 | Wed, May 6 |
|---|---|---|---|---|---|
| 8:30 | | 1. Introduction to Workshop<br><br>2. Opening Presentations:<br>Keynote Address: Don Hopkins<br>Technical Update: Sidi Mohamed Lola Sadiq | 4. Role of Monitoring & Evaluation in GWEP<br><br>Case Study Benin | 6. Program Recommendations | 8. Workshop Evaluation & Closure |
| 12:30 | | LUNCH | LUNCH | LUNCH | LUNCH |
| 14:30<br><br>17:00 | | 3. Key Elements in GWEP<br><br>Case Study Ghana | 5. Evaluation Findings & Conclusions | 7. Country Action Planning | |
| 18:00 | Official Reception & Welcome | | | | |

Previous Page Blank

**Workshop on Evaluation for**
**Guinea Worm Eradication Programs**

**Nouakchott, Islamic Republic of Mauritania**
**May 2 - 6, 1992**

# WORKSHOP GOAL AND OBJECTIVE

## GOAL

To provide an opportunity for evaluating successes and difficulties encountered in carrying out national GWE programs with Peace Corps' participation, in order to improve ongoing program activities.

## OVERALL OBJECTIVES

1. To review key features of GWE Programs

2. To provide an update on the current status and selected technical aspects of the global GWE campaign and to reinforce the role of the participants within that campaign

3. To identify ways to initaite or strengthen monitoring and evaluation in GWE Programs

4. To review and discuss results to date of the formal Peace Corps GWE Program Evaluation

5. To formulate recommendations for improving Peace Corps participation in GWE Programs

6. To develop annual country GWE action plans based on recommendations

# ATELIER SUR L'EVALUATION POUR LES PROGRAMMES D'ERADICATION DU VER DE GUINEE

**Nouakchott, Mauritanie, de mai 2 à 6 1992**

| HORAIRE | Sam, 2 mai | Dim, 3 mai | Lundi 4 mai, | Mardi, 5 mai | Mer, 6 mai |
|---|---|---|---|---|---|
| 8:30 | | 1. Introduction à l'Atelier<br><br>2. Présentations d'Ouverture: Discours d'ouverture: Don Hopkins<br><br>Présentations Techniques: Sidi Mohamed Lola Sadiq | 4. Rôle du Monitoring & de l'Evaluation dans les PEVG<br><br>Etude de Cas Bénin | 6. Recommendations pour la Poursuite des PEVG | 8. Evaluation de l'Atelier et Clôture |
| 12:30 | | DEJEUNER | DEJEUNER | DEJEUNER | DEJEUNER |
| 14:30<br><br>17:00 | | 3. Eléments Clés des PEVG<br><br>Etude de Cas Ghana | 5. Résultats de l'Evaluation du PEVG du Corps de la Paix & Conclusions | 7. Rédaction des Plans d'Action | |
| 18:00 | Ouverture Officielle et Réception | | | | |

## Appendix C

# SESSION OBJECTIVES

**SESSION 1: Introduction to Workshop**

1. To become acquainted with one another and share expectations for the workshop
2. To become familiar with the goal, objectives and schedule for the workshop
3. To clarify administrative and logistical matters

**SESSION 2: Opening Presentations**

1. To update our understanding of the progress in global Guinea worm eradication
2. To become familiar with progress in GWE in Mauritania and Nigeria

**SESSION 3: Key Features of Guinea Worm Eradication Programs**

1. To review key features of GWEP
2. To practice assessing the effectiveness of these features in GWE using a country case presentation

**SESSION 4: Role of Monitoring and Evaluation**

1. To review the definition and role of monitoring and evaluation
2. Using a case study, to determine ways to either initiate or strengthen monitoring and evaluation activities in GWEP

**SESSION 5: Evaluation Findings**

1. To review, discuss, and add to the Peace Corps GWEP evaluation results to date

**SESSION 6: Conclusions and Recommendations**

1. To draw conclusions regarding the Peace Corps GWEP based on evaluation findings and personal experience
2. To formulate recommendations for future activities of the Peace Corps GWEP



Previous Page Blank

**SESSION 7: Action Planning**

1. To review past action plans, lessons learned in implementing these plans and recommendations produced in Session 6
2. To revise or develop action plans for the next 12 months for Peace Corps involvement in country GWEP

**SESSION 8: Workshop Evaluation and Closure**

1. To identify important next steps at the individual level to put plans into action
2. To evaluate the workshop

## Appendix D

# HANDOUTS

MINISTERE SANTE PUBLIQUE,
DE L'ACTION SOCIALE et de la
PROMOTION FEMININE

---

DIRECTION NATIONALE de la
SANTE PUBLIQUE

---

REPUBLIQUE DU MALI
Un Peuple-Un But Une Foi

# COMMUNICATION DU MALI SUR L'AVANCEMENT DU PROGRAMME NATIONAL D'ERADICATION DU VER DE GUINEE LORS DE LA CONFERENCE DES COORDONNATEURS A NOUAKCHOTT DU 2 AU 6 MAI 1992.

Présenté par : Dr Issa DEGOGA
Coordinateur du Programme national



Previous Page Blank

## A) GENERALITES.

Le mali est un vaste pays continental. Il couvre une superficie de 1.241.138 $Km^2$ avec 7.904.805 habitants. 77,5% de cette population est rurale et le taux de croissance est de 2,6 pour mille (chiffres 1987).

Ce pays est entouré par 6 pays de la sous région : Au nord l'Algérie et la Mauritanie; a l'ouest le Sénégal et la Guinée; au sud la Côte d'Ivoire et à l'est le Burkina-Faso et le Niger.

Le MALI est divisé en :
- 8 Régions administratives plus le District de Bamako
- 46 Cercles plus les 6 communes du district
- 283 Arrondissements
- 10.243 Villages

Le programme national de lutte contre le Ver de Guinée est organisé comme suit :

- Au niveau national :
* Le comité technique national
* La cellule de coordination avec un coordinateur affecté uniquement à ce programme. Il est chargé de concevoir la politique nationale de lutte contre le ver de guinée, d'assurer la mise en application de cette politique, de superviser et d'évaluer les activités de terrain. Il assure le secrétariat du Comité National. Il rend compte au Comité Technique de l'avancement du programme.

- Au niveau régional, les activités sont suivies soit par le chef de division santé soit par le chef de la division hygiène et assainissement qui supervise toutes les activités.

- Au niveau cercle le Médecin-chef et son équipe sont chargés de la programmation et de l'exécution des activités.

## B) SITUATION ANTERIEURE.

### 1°) 1977.(carte 1)

Déjà en 1977, nous avions attiré l'attention des pouvoirs publics sur tous les aspects socio-économiques de la maladie dans une thèse, soutenue à l'Ecole nationale de Médecine et de Pharmacie du Point G et de Bamako, dans laquelle, nous avions établi la première carte de répartition de l'affection.

2°) 1982-1985.

Après la thèse de 1977, des actions concertés de lutte ont été menées à Bandiagara sous la direction du Médecin-chef dans le cadre du Projet plateau Dogon.

3°) 1986-1990.

En 1986, il a été instauré la notification obligatoire des cas de dracunculose, ce qui a permis un suivi épidémiologique sur les 5 dernières années.

4°) Zones pilotes.

Depuis les 5 dernières années, deux zones ont été investiguées : DIEMA et DOUENTZA

a) DIEMA.

En mai 1987 le département d'épidémilogie des affections parasitaires de l'école nationale de Médecine et de Pharmacie à travers un financement IMPACT avait réalisé une enquête préliminaire de dépistages des cas de ver de guinée dans 9 villages du cercle. Par la suite des activités de lutte ont été menées : sensibilisation des populations, mise en place de tamis, traitement des points d'eau au téméphos, et réalisation d'ouvrages hydrauliques. Un suivi d'un an terminé par une enquête a montré une chute sensible du taux d'incidence.

b) DOUENTZA. (Tableau 1)

La Direction Régionale de l'Hygiène Publique et de l'Assainissement de Mopti, avec le soutien financier de l'U.N.A.I.S., avait réalisé en 1989 une enquête de dépistage des cas de ver de guinée sur 90 villages du cercle de DOUENTZA. Cette enquête avait montré 68 villages endémiques avec 1111 cas. Présentement un projet de lutte couvrant les 68 villages ayant pour objectif d'éradiquer cette affection est conduit dans ce cercle avec un financement IMPACT. La stratégie consiste à la sensibilisation des villageois, la formation d'encadreurs, la constitution des comités villageois d'eau et la mise en place de tamis confectionnés sur place.

Pour ce faire 1913 tamis ont été confectionnés et 1400 ont été distribués, le prix de revient des tamis est de 150 Frcs CFA l'unité. Il a été formé 85 agents dans la zone et 65 comités villageois sont constitués.

## C) COUVERTURE EN EAU POTABLE.

Le MALI a une couverture en eau potable pour les zones semi-urbaines (2000 à 5000 habitants) et les zones rurales de: 36,7%..(chiffes 1989 direction de l'hydraulique)

## D) ENQUETE NATIONALE.

Elle a débuté en décembre 1991 et a concerné 4 régions. Elle se poursuit dans les régions de SEGOU et KOULIKORO, elle est terminée dans les régions de KAYES et MOPTI. Les régions de TOMBOUCTOU et GAO ont été programmées ultérieurement pour des raisons de sécurité.

### 1°) METHODOLOGIE.

Le protocole d'enquête élaboré conjointement par un expert de l'U.N.I.C.E.F. et le coordinateur a servi de document de base.

Sur la base de la carte de répartition de 1977 et des relevés épidémiologiques des dernières années, la région de SIKASSO a été éliminée aucun cas autochtone n'ayant été déclaré.

L'enquête est basée sur un questionnaire auprès des assemblées de village avec la participation du conseil de village et des chefs de village.

Si un cas est signalé dans un village depuis moins de 3 ans, un questionnaire numéro 2 concernant les problèmes d'eau est rempli, en ce qui concerne les gros villages un questionnaire n°3 est rempli.

C'est une enquête exhaustive qui intéresse toutes les agglomérations sans système d'adduction d'eau.

### 2°) RESULTATS.

a) Région de KAYES. (tableau 2)

Les 7 cercles de la région de KAYES sont tous endémiques. Il a été enquête 1413 villages, et 347 sont endémiques. En 1991, 4559 cas ont été recensés ce qui nous donne une incidence de 5 pour mille. La population à risque est de 24,4% sur l'ensemble de la région.

b) Région de MOPTI. (tableau 3)

Les 8 cercles de la région de MOPTI sont tous endémiques. Il a été enquête 2442 villages dont 752 sont endémiques. En 1991, 9234 cas ont été recensés ce qui nous donne une incidence de 7,6 pour mille. La population à risque est de 44,7% sur l'ensemble de la région.

d) Résultats de SEGOU (tableau 4)

Six cercles sur sept ont transmis leur résultats à la date du 29 avril 1992. L'ensemble des villages enquêtés représente 2.333 localités dont 84 infectés, la population recensée est de 1.198.556 personnes et la population soulise au risque est de

73.829 personnes. L'incidence est donc de 2,4 pour mille et la population à risque est de 6,2 % sur l'ensemble de la région.

c) Résultats provisoires globaux.(tableau 5)

Pour les trois régions, il a été enquête 5588 villages dont 1183 sont infectés. Le nombre de cas dénombrés est de 13967 cas, le taux d'incidence provisoire est de 6,4 pour mille. La population à risque est de 36%.

## E) PROPOSITIONS D'AXE D'INTERVENTION DU PROGRAMME NATIONAL D'ERADICATION DU VER DE GUINEE AU MALI.

Il faut porter nos efforts sur deux axes principaux :

* Amélioration de la disponibilité en eau potable des zones rurales.
* Mise en place d'un système performent et effiscient d'Information, d'Education et de Communication pour la santé.

### 1°) AMELIORATION DE LA DISPONIBILITE EN EAU POTABLE.

Un volet du plan quinquennal Projet Développement Santé et Hydraulique Rurale prévoit la mise en place de nombreux forages dans toutes les zones atteintes. Il est prévu dans certaines régions de revoir les points de forage en fonction de l'endémicité dracunculienne.

### 2°) EDUCATION POUR LA SANTE.

Formation d'un encadreur au niveau de chaque village endémique, chargé de l'animation, de la sensibilisation et aussi de la surveillance épidémiologique, cette dernière activité nous parait essentielle car il s'agit de trouver le dernier cas de cette affection.

Création de matériel I.E.C.:

- Affiches
- Flanellogramme.
- Film vidéo.
- Tee-shirt.
- Composition et diffusion de chants sur la dracunculose.

Diffusion de ce matériel I.E.C.

Confection et vulgarisation des tamis filtre.

### 3°) IDENTIFICATION DES MARES et LUTTE CONTRE LES CYCLOPS.

L'ingénieur sanitaire de chaque région en collaboration avec les techniciens d'hygiène des cercles seront chargés de cette activité.

## F) PLANNING DES ACTIVITES POUR 1992.

Rendre la cellule de coordination fonctionnelle en la dotant en équipements et personnels.

Réaliser la saisie et l'exploitation des données de l'enquête.

Produire le rapport sur l'enquête nationale.

Organiser un séminaire national avec distribution des résultats.

Elaborer et finaliser le plan national.

Mettre en place les différents comités de pilotage.

## G) OBSTACLES ET BESOINS

### 1°) OBSTACLES.

Le déroulement de l'enquête n'a jusqu'à présent pas posé de problèmes majeurs. La collaboration entre les autorités nationales, les organisations internationales (U.N.I.C.E.F., P.N.U.D.) a été exemplaire aprés une période de démarrage difficile.

Le véhicule du projet financé par IMPACT a subi un accident lors d'une tournée de formation pour l'enquête nationale.

Il existe un manque de soutien administratif au niveau de la coordination du programme.

Le plan d'action n'a pu être finalisé à ce jour du fait de la non clôture de l'enquête.

### 2°) BESOINS.

Un financement doit être dégagé rapidement pour la remise en état de marche du seul véhicule de la coordination.

Le soutien d'un consultant extérieure pour la finalisation du plan d'action.

L'aménagement des locaux et le fonctionnement de la cellule de coordination doivent être une priorité pour rendre le programme plus dynamique et autonome.

Les autres besoins découleront du plan d'action.

## ENQUETE DRACUNCULOSE REGION SEGOU

| cercle | ville enq. | ville inf. | cas | pop. totale | pop. à risque | incidence(pour mille) | V.I/V.E | pop. R / pop. T |
|---|---|---|---|---|---|---|---|---|
| San | 470 | 18 | 64 | 198625 | 10905 | 0,32 | 3,83% | 5,49% |
| Bla | 207 | 0 | 0 | 151976 | 0 | 0,00 | 0,00% | 0,00% |
| Segou | 825 | 22 | 41 | 435015 | 39158 | 0,09 | 2,67% | 9,00% |
| Baroueli | 237 | 2 | 1 | 135216 | 1095 | 0,01 | 0,84% | 0,81% |
| Macina | 270 | 10 | 14 | 148719 | 4324 | 0,09 | 3,70% | 2,91% |
| Tominian | 324 | 32 | 54 | 129006 | 18347 | 0,42 | 9,88% | 14,22% |
| Total | 2333 | 84 | 174 | 1198557 | 73829 | 0,15 | 3,60% | 6,16% |

## ENQUETE DRACUNCULOSE REGION DE KAYES, MOPTI ET SEGOU

| cercle | ville enq. | ville inf. | cas | pop. totale | pop. à risque | incidence(pour mille) | V.I/V.E | pop. R / pop. T |
|---|---|---|---|---|---|---|---|---|
| Kayes | 1413 | 347 | 4559 | 928668 | 225954 | 4,91 | 24,56% | 24,33% |
| Mopti | 2442 | 752 | 9234 | 1229863 | 488824 | 7,51 | 30,79% | 39,75% |
| Segou | 2333 | 84 | 174 | 1198557 | 73829 | 0,15 | 3,60% | 6,16% |
| Total | 6188 | 1183 | 13967 | 3357088 | 788607 | 4,16 | 19,12% | 23,49% |

## ENQUETE DRACUNCULOSE REGION KAYES

| cercle | ville enq. | ville inf. | cas | pop. totale | pop. à risque | incidence(pour mille) | V.I/V.E | pop. R / pop. T |
|---|---|---|---|---|---|---|---|---|
| Nioro | 180 | 53 | 559 | 135278 | 44215 | 4,13 | 29,44% | 32,68% |
| Kita | 144 | 5 | 5 | 100841 | 3514 | 0,05 | 3,47% | 3,48% |
| Bafoulabe | 327 | 112 | 951 | 132017 | 43108 | 7,20 | 34,25% | 32,65% |
| Diema | 140 | 61 | 204 | 111125 | 65309 | 1,84 | 43,57% | 58,77% |
| Yelimane | 116 | 14 | 447 | 91303 | 17035 | 4,90 | 12,07% | 18,66% |
| Kenieba | 188 | 28 | 126 | 82056 | 10407 | 1,54 | 14,89% | 12,68% |
| Kayes | 318 | 74 | 2267 | 276048 | 42366 | 8,21 | 23,27% | 15,35% |
| Total | 1413 | 347 | 4559 | 928668 | 225954 | 4,91 | 24,56% | 24,33% |

## ENQUETE DRACUNCULOSE REGION MOPTI

| cercle | ville enq. | ville inf. | cas | pop. totale | pop. à risque | incidence(pour mille) | V.I/V.E | pop. R / pop. T |
|---|---|---|---|---|---|---|---|---|
| Bandiagara | 443 | 195 | 3235 | 183858 | 125919 | 17,60 | 44,02% | 68,49% |
| Bankass | 440 | 71 | 387 | 155873 | 40807 | 2,48 | 16,14% | 26,18% |
| Djenne | 196 | 15 | 157 | 128580 | 11722 | 1,22 | 7,65% | 9,12% |
| Douentza | 353 | 169 | 1363 | 158300 | 96407 | 8,61 | 47,88% | 60,90% |
| Koro | 411 | 207 | 3798 | 212049 | 131467 | 17,91 | 50,36% | 62,00% |
| Mopti | 304 | 83 | 285 | 248484 | 75274 | 1,15 | 27,30% | 30,29% |
| Teninkou | 159 | 2 | 2 | 45689 | 2450 | 0,04 | 1,26% | 5,36% |
| Youwarou | 136 | 10 | 7 | 97030 | 4778 | 0,07 | 7,35% | 4,92% |
| Total | 2442 | 752 | 9234 | 1229863 | 488824 | 7,51 | 30,79% | 39,75% |

## Abstract

Address by Donald R. Hopkins

In Asia, the war against Guinean worm is almost won. India had only 2185 cases in 1991, while Pakistan had 106 cases. Much more work remains to be done in Africa, however. The two most highly endemic African countries, Ghana and Nigeria, have reduced their combined total number of cases over the past two years by more than 55 %: from about 820,000 cases in 1989 to less than 350,000 cases in 1991. Cameroon had only 393 cases remaining last year.

All of Francophone Africa except Chad has now completed national searches for cases, and none of those countries are as highly endemic as Ghana and Nigeria. Assistance by the WHO/UNICEF Technical Assistance Team being formed in Ouagadougou, the OCCGE's recent efforts to mobolize countries around a common National Guinea Worm Eradication Day on April 30, 1992, and President Carter's to 5 francophone countries in September 1992, all indicate an intensification of the struggle against Guinea Worm in this part of the endemic area. Mauritania is leading the Sahelian countries in introducing interventions during this year's transmission season, from June to September.

East Africa remains the most difficult area. Uganda has enumerated more than 120,000 cases in the northeastern part of the country, bordering Sudan and Kenya. Ethiopia is just beginning to search for cases in accessible areas, Sudan is preparing to start doing so next month, and Kenya has not yet taken action. More actions should be taken in East Africa.

Peace Corps's program of support for National G.W. Eradication Programs is a vital part of the coalition of agencies that are assisting national programs. You should expand and intensify your activities, and focus on the most highly affected areas. With less than four years now remaining until the target date for eradication, we all must redouble our efforts.

The ultimate criterion for evaluation is the incidence of Guinea Worm cases. Before such reductions are evident however, we should measure such key indices as proportion of endemic villages that have trained village-based health worker who knows about G.W. preventions, the proportion of such villages where health education has been conducted; where filters have been distributed, and that have received or will soon receive improved water sources.

Note: During a Guinea Worm Conference held at the Carter Center in Atlanta, U.S.A. in April 23rd, the Japonese Ambassador to the United Nations stated that he would contact all the Japonese Embassies in endemic African countries to release funds of about $35,000 for the Guinea Worm Eradication Program in each country. The African countries concerned can apply to their nearest Japonese Embassy, stating what kind of assistance (logistical, material, transport, financial) is requested, and this aid can be made available rapidly. A copy of the request, for information, should be sent to Global 2000.

# GHANA CASE STUDY

## BACKGROUND INFORMATION

## NORTHERN REGION

## EAST GONJA DISTRICT

**********

1970 to early 80s-Health information was being taught throughout the district. This included information with regard to guinea worm. Its presence was known, but was posing no major threat. It was located near the villages of Bau. Kokose, people were drinking water from the Tuluwe area--such as hunters and close-by villages. Because of travel movements it started to spread.

1982/83- The Northern Region experienced severe drought conditions and women were forced to start going long distances for their water. Places like Kpembe Dam, River Daka, Volta Lake. The water collecting method--walking into the water to fill the headpan--soon led to contaminated water in the new areas.

1984/86-By this time Salaga and the surrounding villages started experiencing guinea worm throughout.

1987- By this time the GW had spread throughout the Northern Region. East Gonja District was well on its way to having the second highest GW incidence in the Northern Region. Global 2000 entered the picture and started woking with the MOH. A baseline survey was made which formed the basis for the present program. Through the MOH, the Environmental Health Staff started visiting the villages and promoting the use of filtering cloths. At the same time, the CDR Mass Edcation person was also moving in the villages to educate the people. Through inclusion of the local teachers, a survey team was formed to determine the extent of the disease.

1988-At this time, Chairman Rawlings lent his support by by visiting the E. Gonja District and encouraging the people to follow the recommendations about filtering/boiling the water. The first training program was launched at Yendi and district officers were established. Locally, one MOH employee and one CDR man was chosen to head the program. Because of the rapid spread of the disease, it was recognized that the program must expand. It was at this time that zones were laid out and coordinators were chosen(teachers, essemblymen) to administer them. It soon became apparent that one man for each zone was not adequate to keep up with the responsibilities and therefor, volunteers from each village were chosen. Some were chosen by the villages, and some by the Zonal Coordinators. A record keeping system was also established at this time.

1989 to present- A number of concerned groups have become involved in the solution to this disease, such as,Global 2000, GWSC, UNICEF,to name a few. There are certainly many others including the churches, MOH, & CDR. All groups as well as individuals are working each in their own way to to expand the educational program. There are some gains as well as some losses. But the fight is still on and little by little we will succeed.

## INCIDENCE of GUINEA WORM INCREASE BY ZONE AND VILLAGE

| | | DEC '91 | JAN '92 | FEB "92 | Mar "92 |
|---|---|---|---|---|---|
| ZONE | Abrumase | 149 | 70 | no rpt | 31 |
| | VILLAGE | | | | |
| | Abrumase | 9 | 12 | no rpt | 6 |
| | Akamade | 4 | 13 | " | 4 |
| | Jemtuto | 13 | 14 | " | 6 |
| | Kegbatito | 7 | 11 | " | 5 |
| | Kinjanege | 3 | 12 | no rpt | 8 |
| | Kabako | 13 | 8 | no rpt | no rpt |
| ZONE | Bau | 13 | 22 | 38 | 33 |
| | VILLAGE | | | | |
| | Bau | | | 7 | 4 |
| | Kokose | | | 9 | 8 |
| | Kafaba | 6 | | | 8 |
| ZONE | Binjai | 16 | 51 | 0 | 0 |
| | VILLAGE | | | | |
| | Binjai | 3 | 25 | 0 | 0 |
| | Kabache (Kabease) | 5 | 10 | 0 | 0 |
| ZONE | Ekudumpeno | rpt | 18 | 19 | – SPREAD THRUOUT ZONE |
| ZONE | Gbung | 31 | 3 | 9 | - |
| ZONE | Katigeli | 213 | no rpt | 35 | - |
| ZONE | Kitoe | 102 | 99 | 89 | |
| | VILLAGE | | | | |
| | KULUPE | | | | 39 (3 mo) |
| | Kitoe | 0 | 18 | 18 | 15 |
| | Kofipe | 21 | 15 | 15 | |
| | Naamu | 20 | 38 | 31 | 8 |
| ZONE | Kpandi | 44 | 35 | 10 | |
| ZONE | Kpembe | 17 | 31 | 35 | |
| | VILLAGE | | | | |
| | Kpembe | 5 | 15 | 22 | 10 |
| ZONE | Kpolo | 16 | 16 | 14 | |
| ZONE | Lamasa | 0 | 02 | ~~19~~ 19 | |
| | VILLAGE | | | | |
| | Lamasa | 0 | 0 | ~~19~~ 11 | 6 |

| | | DEC '91 | JAN '92 | FEB '92 | MAR '92 |
|---|---|---|---|---|---|
| ZONE | Masaka | 7 | 91 | 15 | 37 |
| | VILLAGE | | | | |
| | Masaka | 2 | 8 | 5 | |
| | Kalande | 2 | 13 | 11 | 13 |
| ZONE | Salaga No. | 5 | 12 | 20 | 14 |
| | SECTION | | | | |
| | Alhaji | 0 | 2 | 10 | |

| STUDY VILLAGE | 1989 | 1990 | 1991 | 1992 (Jan/Feb/Mar) |
|---|---|---|---|---|
| Matalapo | 48 | 27 | 37 | 16 |
| SIPRI 90 | | | | 14 (?) |

CASE STUDY__ADAMUPE__EAST GONJA__NORTHERN REGION

VILLAGE: Adamupe

POPULATION: 700/800

VILL. VOL. Peter Nabaji

Peter is a 1976 graduate of an Islamic Secondary school,where he received education in health, hygien & biology.

After completing his education, Peter returned to Adamupe. He became involved in village polotics, agriculture, health & education. Along with other health issues, he included guinea worm, but the need for emphasis did not exist at that time.

After the drought made itself felt by way of the influx of people from the distant villages and the ultimate lack of local water, Adamupe women were also forced to seek other water sources. They went to Kitoe and Kpembe dams. By this time, the water had become contaminated by the people who had come from the contaminated villages.

By 1984, ghuinea worm started appearing in the village. Peter started increasing his health talks, this time placing the emphasis on guinea worm prevention. The villagers would not accept the relationship of the water to the disease, feeling instead that it was in the air, blood, punisment from God and other means. Peter continued his campaign of teaching the boiling/filtering process. But even his wife did not listen and subsequently Peter himself got the disease He had it when Chairman Rawlings came to Kitoe, he listened and determined more than ever to continue the education of AdaMUPE. He was finally able to convince them through perseverance in his teachings and finally by example that the water was the source of the disease. The Catholic church helped with a well and ultimately Global 2000 came with the filters. Boiling was done in the night so as to have cooled water the next day. District coordin ators and health people were also invited to come and speak.

As a result, the village has been free of GW for 15 mos. The women and men carry clean water when they travel, they pass on the information when they go to market or other villages, & monitor the local water supply.

The women are determined to maintain their record. They are a well organized group that works in many ways to improve the village rather than individual families only.

Peter continues the GW eradication education, meeting and visiting at least twice a week thru various groups (literacy, comm. devel. wmens). Checking to make sure there are no problems with the filters or the process.

CURRENT WATER SUPPLY: One deep well, one shallow well, and one bore hole. Kitoe dam is near-by to be used in emergencies

All water is boiled or filtered no matter what it will be used for.

CASE STUDY__MATALAPO__EAST GONJA__NORTHERN REGION

VILLAGE: Matalapo/Sipriso

POPULATION: 300/400

HOUSEHOLDS: 36

VILL. VOL: Shaibu Issahaku

G.W. DATA:

| 1989 | 1990 | 1991 | 1992(Jan/Mar) |
|---|---|---|---|
| 48 | 27 | 37 | 16 |

Mr. Issahaku was chosen by the zonal coordinator as the village vol. He is the CDR sect. as well as a farmer. He has finished Jusec form 3. He is the son of the village leader.
It was stated that GW was noticed "one-one" for about 15 years until 1987. At that time, it was very wide-spread, but no records were kept at that time for verification. He states that he has attended 4 workshops over the last 4 years, but feels that they have not been sufficient.
His experience has been one of frustration. Meetings are attened sporadically, sometimes by the men, and sometimes by the women, but at no time does he feel that there is acceptance of his message.
We failed to determine the frequency of the meetings, except that he always had one after the workshops. He stated that the men do not believe the message and therefor do not pass the information to the women. The attitude is the same one of it being in the blood, punisment from God etc. However a few of the women do take the message seriously. The zonal coordinator also states that he has the same difficulties and states that "the people are not serious"
The ethnic group is Gonja. They seem not to be able to organize themselves into a functioning community group. The PCV had met with them a year ago, and after the meeting suggested that they organize and discuss alternative water sources and then visit the PCV. That has never been done. They seem to want someone to do it for them.
At the present time a woman has been chosen as an additional vill vol, but has not yet been in that position long enough to see any results.

WATER SOURCES: During the rainy season a rather large depression fills with water to the extent of overflowing and running to the River Daka. as the end of the rainy season approaches, the stream becomes "cut", the pond dries up.
During the dry season, water is collected from small pockets that have collected at the river side.
The ultimately go to Kpembe Dam until the onset of the rainy season again.
All sources are prone to contamination.

## CONCLUSIONS

GW eradication, to succeed, must provide more emphasis at the village level-on a continuing basis. We are still fighting superstition and disbelief. We must work to improve the effectivity of the village volunteer. This can be done with more education of that volunteer. We must give them the tools of knowledge and self-confidence in their position. We are still trying to understand why some villages are successful and others are not. A recent study has revealed some interesting data regarding personality, position prior to being selected, ethnic background(some villages have more than one ethnic group) and credibility.
Lack of sufficient transportation, prevents casual frequent visits to the distant villages.
Lack of continuing education about GW is a problem.
Lack of constant encouragement-through visits from the people at the district leve as well as material incentives (one T-shirt will not last the life-time of the program!).
Lets work at providing transportation, funds for workshops, more incentives (both emotional and material). Whatever it takes to keep the level of enthusiam high for a sometimes thankless job is the responsibility of all organizations involved in the eradication of this disease.

## ETUDE DE CAS DU GHANA

## MALADIE DU VER DE GUINEE OU LA DRACUNCULOSE

### CONTEXTE DE BASE

La dracunculose était évidente dans les villages de Tuluwe, Kassawgu et Mpaha, anciennement le district Est de Gonja, maintenant le district de Domongo. Apparemment, la maladie restait isoler dans ces villages jusqu'en 1982/83 lorsqu'il y a eu la rude sécheresse. Les femmes étaient obligées de faire un trajet de plusieurs milles pour aller chercher de l'eau et c'est par ce phénoméne que commenca la contamination de ces sources d'eau, lorsqu'elles entraient dans l'eau. Le barrage de Kpembe existait à ce moment-lá. Au même moment, les femmes de Bau, Katanga et Massaka, pour en nommer que ceux-lá, utilisaient également la même source d'eau et par conséquent transportaient l'eau contaminé á leurs foyers. Avec la reprise de chute de pluie normale et le rétablissement des sources locales d'eau, ces eaux devinrent aussi contaminées. Il semble qu'avant 1984, le district de Salaga était connu pour propager la maladie du ver de Guinée. Le besoin d'agir a été reconnu et un programme d'éducation a été instauré par l'intermédiaire d'Ibrahim Adamu de la section du développement communautaire du CDR et du Pére John de la Mission Catholique de St-Anthony qui ont fourni des brochures et des affiches et finalement deux forages á Salaga. Le bureau du Ministère de la Santé aussi bien que les membres du CDR, s'étaient engagés á aider dans ce processus de formation. Global 2000 est apparu dans tableau local par l'entremise du Ministére de la Santé et du CDR. L'enseignement premier était d'empêcher les personnes infectées d'entrer dans l'eau. En 1990, lorsque la mousseline brute a été adoptée comme filtre, il était difficile de convaincre les femmes de l'utiliser parce que le processus de filtration était trés lent, et elles considéraient que c'était une perte de temps.

En 1988, il y a eu augmentation de la participation communautaire á l'enseignement sur le ver de Guinée aux personnes du district, grâce á des ateliers éducatifs. Des dispositions ont été adoptées pour garder des registres comme moyens d'observation de la maladie.

Egalement en 1988, le Président Rwalings, qui avait encouragé l'éducation intensive pour l'éradication du ver de Guinée, a visité Kitoe et le barrage de Kitoe, pour encourager la population locale á filtrer ou á faire bouillir leur eau. Depuis ce temps, le premier programme de formation a été mis en place á Yendi. Aprés l'achévement de cette formation, les coordinateurs de district et leurs assistants étaient choisis du Ministére de la Santé et du CDR et qui étaient déjá impliqués. L'Eglise catholique a maintenu sa participation, mais seulement dans la communauté de Salaga. L'accent a été mis sur la localisation et l'approvisionnement de sources alternatives d'eau. En même temps, le district a été divisé en zones et la sélection de coordinateurs de zone a commencé. Les choix ont été faits sur la base du lieu oú résidait l'individu en relation avec cette zone, aussi bien que son travail. L'accent a été mis sur les membres du CDR, les enseignants, les membres de l'assemblée et les travailleurs de la santé. Cependant, il est devenu trés vite apparant que les coordinateurs de district et de zone ne pourraient conduire á eux seuls cette tâche dû au nombre de villages impliqués. Il avait été donc décidé de choisir un volontaire pour chaque village. En 1990, le laboratoire danois de la bilharziose a commencé á s'impliquer par des programmes de santé et d'hygiéne. Ils ont aussi fourni des fonds pour des motos et des programmes locaux. D'autres agences ont commencé á s'impliquer, telles que: NORRIP -- des motos, Ministére de la Santé -- des motos et des fonds, UNICEF -- des puits, WORLD VISION -- des forages, des aménagements d'eau dans le village, Eglise Catholique -- des sources d'eau, Global 2000 -- des fonds, de l'essence á motos et des ateliers. L'échange d'information a été étendue grâce á Global 2000, au Ministére de la Santé et au laboratoire danois de la bilharziose.

Les programmes de formation ont commencé lentement avec un atelier á Yendi (1989) pour les coordinateurs de district et un atelier pour les coordinateurs de zone á Tamalé. Entre 1989 et 1992, trois ateliers ont été organisés pour les groupes combinés de coordinateurs de village et des volontaires de zone Il y a eu un atelier dans chaque zone. Les coordinateurs de district et de zone ont réalisé le programme d'éducation tracé par Global 2000.

ETUDE DE CAS D'UN VILLAGE

Adamupe, population de 700/800.
Coordinateur de zone: M. Iddi Issac
Volontaire du village: M. Peter Nabaji

La première enquête a commencé en 1987. En juillet 1988 seulement 58 cas ont été reportés. Pour toute l'année 1989, 45 cas ont été reportés. Pour toute l'année 1990, 21 cas ont été reportés, et pour toute l'année 1991 et jusqu'á maintenant en 1992, aucun cas n'a été reporté.

Il est certain que ce changement dramatique constaté depuis ces trois dernières années est dû grâce au dévouement du volontaire du village avec l'appui des coordinateurs de zone aussi bien que les représentants du ver de Guinée du district.

Le volontaire du village, a été lui-même frappé par la maladie due á la négligence de son épouse. A cause de cela, il était déterminé á intensifier le processus d'éducation dans le village. Grâce á l'Agence Communautaire de Développement, il a suivi des cours de biologie, de santé et d'hygiène, et s'est impliqué dans l'amélioration de la santé en général du village avant l'implication du district.

A ce moment-lá, Adamupe avait deux mares comme source d'eau principale. Dû au programme d'éducation continu conduit par Peter et avec son constant encouragement, le village a depuis amélioré les puits en contruisant une protection autour d'eux, en prévenant la contamination du sol aussi bien que l'accés des gens. Il rencontrait les femmes au moins deux fois par semaine lors du programme d'alphabétisation pour adultes et á travers les groupes locaux de femmes. Le théme était axé sur l'importance et la nécessité de filtrer l'eau. Il a visité constamment les ménages pour vérifier la condition des filtres et rappelé aux femmes de continuer á les utiliser. Le village a demeuré coopératif et consciencieux á maintenir leur registre.

Afin de présenter une image plus réaliste du pogramme de Ver de Guinée dans la région, nous avons inclus des données d'un deuxiéme village, qui n'a pas montré les mêmes résultats positifs. La seule différence est dans les personnes impliquées. Tous ont reçu la même formation et les mèmes outils de formation. Les facilatateurs sont différents et ils sont de deux tribus différentes, mais nous ne savons pas si c'est la raison pour le manque de réussite.

Matalapo - population de 300 (?), ménages (36)
Coordinateur de zone: Ahmed Soale
Volontaire du village: Shaiby Issahaku
Cas de ver de Guinée : 1989 - 48
1990 - 27
1991 - 37
1992 - (Janvier/février) 12

Source d'eau

Saison des pluies -- un ruisseau situé approximativement á 1/2 mille du village. Il coule mais á la fin de la saison des pluies, il diminue et forme des trous d'eau permanente.

Saison séche -- la riviére Daka. L'eau est collectée des flaques d'eau permanente plutôt que de l'eau courante de la riviére. Les femmes vont aussi au barrage de Kpembe qui est connu pour être une source contaminée.

M. Issahaku est le volontaire du village depuis que le programme est organisé. Il dit qu'il a participé á quatre ateliers. Il est clair, qu'aprés avoir parlé avec lui, qu'une formation supplémentaire serait nécessaire pour améliorer ses connaissances de la maladie et pour l'aider á transmettre l'information aux gens. Il a lui-même constaté qu'il avait besoin de plus de formation. Il a dit que les gens ne l'écouteront pas et ne le prendront pas au sérieux. Lorsqu'il organise des réunions, les gens participent irréguliérement. Les hommes viennent et ne sont pas sérieux, disant que la dracunculose est dans le sang et non dans l'eau. Les hommes contrôlent les femmes, et s'ils ne leur disent pas de filtrer l'eau, elles ne le font pas. Quelques fois il est capable de rencontrer seulement les femmes. Quelques unes le prennent au sérieux. pendant que d'autres non.

Il visite les foyers pour vérifier l'utilisation des filtres et lorsqu'il s'aperçoit que la filtration n'est pas bien faite, il tient une réunion. Le coordinateur de zone n'a pas plus de succés lorsqu'il visite le village et lorsqu'il essaie de tenir une réunion. Les gens ne sont pas sérieux.

D'autres sources d'eau ont été examinées, mais les villageois eux-mêmes, n'organisent rien car ils ont l'intention de ne rien faire. Ils aimeraient avoir une alimentation d'eau plus prés, mais ils veulent que ce soit fait pour eux. Lorsque j'ai visité le village (en les avisant d'avance), il y avait trés peu de femmes présentes, et c'était les hommes qui parlaient. Ils écoutaient poliment, et ensuite me demandaient si j'allais leur apporter un puits. Je leur ai dit de s'organiser, de faire des plans et de venir me voir. Ils n'ont rien fait encore.

Il semble que plus de visites seraient nécessaires, qu'il faudrait améliorer la formation du volontaire du village, qu'il y ait plus de moyens visuels et qu'il faudrait impliquer plus les femmes. Le dernier atelier avait choisi d'avoir plus de femmes impliquées au niveau du village. Soi-disant, la femme de Matalapo aurait travaillé avec le volontaire du village, mais il n'est pas encore connu si c'est avec succès.

Demandes qui pourraient être une aide additionelle de valeur et résultant des suggestions suivantes.

1. Un microscope ou de très bonne loupe
2. Plus d'ateliers au niveau du village
3. Des moyens visuels pour la formation
4. L'utilisation de camionnette et d'équipement vidéo pour au moins un mois afin de se rendre dans toutes les zones/les villages du district Est de Gonja
5. De l'argent et suffisamment d'essence pour l'opération des équipements
6. Plus de moyens de transport pour faciliter spontanément les visites des villages.

## GUINEA WORM CASE STUDY: THE COMMUNE OF AGOUNA REPUBLIC OF BENIN

Agouna is a commune of the Sub-prefecture of Djidja in the Zou province of Bénin. Situated on the Togo border, it is 61 km Northwest of the provincial capital Abomey.

The population of Agouna approximately 3 000 peoples consist of the ethnic groups Fon, Adja, Yoruba, haussa and Fulani. In this mostly agricultural region corn, groundnuts, cotton and yams are grown. The high agricultural productivity of the region makes it an integral part of the "Bread-basket" of Bénin. The majority of the income of the population comes from the sale of these agricultural products. During the dry season when there is little farming activity , commerce plays an important role in supplementing this income. The dry season is also the time of year when most of the traditional ceremonies and celebrations are held.

The majority of the population are animists the rest being either Muslim or Christian. Local beliefs hold that illness is a result of impure blood, deviant behavior or ill will cast by others (voodoo, joujou).

The health infrastructure of Agouna consists of a dispensary ran by a nurse, a mid-wife and a nurse's assistant. There are also traditional healers and midwives, though village Health committees do not yet exist.

The administrative seat of the commune, the village of Agouna, has two hand pumps which provide water for more than 1,000 people. Many families with tin roofs on their homes have built cisterns whereas the people in out-lying areas are obligated to get their water from streams and ponds.

A review of the situation in Agouna before the establishment of the program to eliminate guinea worm revealed that the commune had almost no sources of potable water and general sanitation was lacking. Most of the population was bed-ridden from 4-6 months of the year with Guinea Worm. During the dry season, when the transmission of Guinea Worm takes place, horrifying Guinea Worm infested wounds attested to the ferocity of the illness there.

In addition to this malaise, the population suffered from other illnesses such as malaria, diarrhea and intestinal disorders.

The lack of potable water in the vicinity forced the population to drink dirty water from shallow handing wells, ponds and streams. Some people were obliged to walk from 7-12 km to reach an over-crowed hand-pump where they are likely to wait several hours for one basin of water.

The national Guinea Worm Elimination program, which includes the Peace Corps, UNICEF, USAID and the Government of Bénin, then undertook to intervene in this hyperendemic area by posting a PCV there in January 1991. Their goal being to reduce the incidence of Guinea Worm by 90% by 1993 and 100% by 1995 of the 1989 level.

Since her arrival in Agouna, the Volunteer has recruited and trained a team of 6 local animators who promote Guinea Worm eradication in 41 villages. The six animators, chosen according to criteria stipulated by the project, then took part in a training session before intervening at the village level.

The principal activities of the animators have been:

- animation, sensitization, mobilization and organization of the local population around the theme of Guinea Worm eradication through clean water and sanitation. This was accomplished by the following:

- public demonstrations of filtration techniques
- home visits to council and treat the people with Guinea Worm
- monthly surveys
- Guinea Worm case studies
- sale of filter tissues
- follow-up surveys on the use and maintenance of the filters
- public presentations of Guinea Worm prevention techniques with flip-charts and short stories

The animators were given bicycles by the project and 500 F CFA for each presentation, the limit being 12 presentations per month.

The accomplishments of the Volunteer and her team at present are:

- 750 filters sold at 75 F CFA each with follow-up visits to assume proper use and maintenance
- Demonstrations and distribution of the Dakior solution
- 1008 monthly surveys
- 200 Guinea Worm prevention booklets distributed
- Guinea Worm prevention booklets distributed
- Guinea worm Song contest held with over 480 participants and 28 Guinea Worm prevention songs recorded for later play on the radi
- Village presentations made on the themes of village hygiene, personal hygiene and water sanitation
- Installation of 3 water pumps/filters at local ponds.

A comparison of the number of cases of Guinea Worm in 1989 and 1991 gives the following results for the 4 most endemic villages in the area covered by the Guinea worm team.

| *Village* | *Pop. Tot.* | *Number of cases 1989* | *Number of cases 1991* |
|---|---|---|---|
| GANGAN | 455 | 174 | 39 |
| DENOU | 187 | 120 | 12 |
| KOUTAGBA | 175 | 51 | 158 |
| SANKPITI | 266 | 91 | 1 |
| | 1083 | 436 | 210 |

The impact of these activities is readily apparent in terms of :

- utilization of filters by the majority of the population not having access to clean water
- better awareness of Guinea Worm in the villages
- better hygiene practiced in the villages
- mobilization of a large part of the population to address sanitation problems and social and economic needs.

These activities were not, however, without problems :

- villagers' demands of free filters
- lack of attendance at Guinea Worm presentations during the planting season
- the villagers grow tired of hearing about Guinea Worm
- lack of adequate transportation for Animators and Volunteers (bicycles, in some instances, are not sufficient)

It is previewed, according to the planned extension of the National project into all of the 3762 endemic villages of the country, to reach all of the remaining endemic villages and hamlets in the commune. Each village or hamlet will have a village Volunteer in residence. He/she will be chosen by the Animator in charge of his/her commune. The Volunteer will have to be able to read and write French. He/she will make two visits per moth to record the number of cases, sensitize the population, treat the cases of Guinea Worm and distribute filters and survey their use and maintenance.

The village Volunteer won't have a means of transportation provided by the project nor a salary. It remains to be studied what form of motivation will be provided.

The actual animators will supervise the village Volunteers, collect the village Guinea Worm booklets, fill out the communal Guinea Worm booklet and mobilize the village health committees when formed. He will receive a small indemnity of 1500 CFA per moth for 2 years and, in the long term, opportunities to take part in small income-generating and auto-promotion projects in the community.

# LE CAS DU VER DE GUINEE DANS LA COMMUNE D'AGOUNA, DEPARTEMENT DU ZOU AU BENIN

Agouna est une commune de la Sous-Préfecture de Djidja, dans le département du Zou. Elle est située à 61 km au Nord-Ouest d'Abomey, la capitale administrative du Département du Zou. Agouna fait presque frontière avec le Togo.

Il compte environ 3,000 habitants. La population est formée d'ethnies fon, adja, yorouba, haoussa et fulani (nomade). Les habitants sont des cultivateurs en particulier, et aussi de petits commerçants. La Commune est une région essentiellement agricole où les principaux produits sont la maïs, l'arachide, le coton et l'igname. Elle constitue un maillon du grenier du Zou.

Les revenus des populations proviennent de l'agriculture essentiellement et du commerce. Le commerce intervient le plus souvent en saison sèche après les récoltes. La saison sèche est aussi le temps des cérémonies et des fêtes traditionnelles.

La population à majorité animiste, est formée aussi de musulmans et de chrétiens. Les croyances de la population sur les maladies sont le mauvais sort, le fétiche, l'impureté du sang. D'où les différentes approches pour venir à bout des maladies.

Les sources d'eau : le centre de la Commune (formée d'environ 1000 habitants) dispose de deux pompes entourées de 3 marigots et rivières, de citernes servant à drainer les eaux des toits en tôle. Dans la périphérie, il y a peu d'eau potable (pompes, puits, citernes).

Les facilités sanitaires se résument en un dispensaire (géré par un infirmier, une sage-femme et une aide-soignante), quelques guérisseurs et accoucheuses traditionnels, pas de comités villageois de développement socio-sanitaire.

Une récapitulation de la situation à Agouna avant la mise sur pied dans la commune du programme d'élimination du Ver de Guinée a révélé que la commune ne disposait presque pas de sources d'eau potable et l'assainissement laissait à désirer. La quasi totalité des habitants d'Agouna était alitée pendant 4 à 6 mois de l'année. Pendant la saison sèche où s'effectue la transmission et la manifestation de la maladie, les cas terrifiants des malades invalides qu'on observait dans les villages endémiques témoignaient de l'ampleur de la maladie. A ce fléau devaient s'ajouter d'autres problèmes majeurs de santé tels que le paludisme, la diarrhée et les troubles intestinaux.

L'absence d'eau potable à proximité condamne la population à consommer de l'eau souillée de ruissellement ou de trous de fortune creusés dans le sol. Les habitants doivent parfois parcourir environ 7 à 12 km pour se rendre à une pompe surchargée et attendre des heures et parfois se battre pour avoir une bassine d'eau.

Le programme national d'Elimination du Ver de Guinée dont les partenaires sont le Corps de la Paix, l'UNICEF, l'USAID et le Gouvernement du Bénin, a entrepris en 1990 d'intervenir et d'étendre son action dans la commune d'Agouna qui est une zone d'hyperendémicité.

Le programme national d'Elimination du Ver de Guinée a de ce fait affecté une Volontaire du Corps de la Paix en Janvier 1991 à Agouna avec pour but et objectif de réduire de 90% en 1993 par rapport au niveau de 1989 et de 100% en 1995.

Depuis son arrivée à Agouna, la Volontaire a mis sur pied une équipe de 6 animateurs locaux qui s'occupent de l'intervention dans 41 villages et hameaux.

La Volontaire a, au terme d'études de milieu, sélectionné ses animateurs locaux pour être formés avant d'intervenir auprès des populations dans les villages.

Les activités principales des animateurs se résument en:

- l'animation, la sensibilisation, la mobilisation et l'organisation des populations autour des thèmes du Ver de Guinée, de l'eau et de l'assainissement au moyen de boîtes à images,
- la démonstration publique de la filtration de l'eau,
- le suivi dans l'utilisation et l'entretien des filtres,
- les visites à domicile pour traiter les malades,
- les enquêtes mensuelles.

Les animateurs disposent chacun d'un vélo et sont payés chacun 500 Francs CFA par sortie avec un maximum de 12 sorties par mois.

Les réalisations par la Volontaire et ses animateurs à ce jour sont :

- vente de 750 filtres à 75 Francs CFA l'unité,
- démonstration et distribution de la Solution Dakin,
- 1008 enquêtes mensuelles entre April 1991 et Avril 1992,
- 200 livrets de Ver de Guinée distribués,
- 28 groupes folkloriques de 20 personnes par groupe ont pris part au concours de chansons sur le Ver de Guinée organisé dans la Commune
- d'innombrables séances d'animation faites sur l'Hygiène du Milieu, l'Hygiène du Corps et l'Hygiène de l'Eau,
- installation de 3 filtres géants dans 3 marigots.

Une comparaison entre les cas de 1989 et ceux de 1991 donne les résultats suivants pour les quatre villages les plus endémiques où travaillent la Volontaire et ses animateurs:

| Villages | Population Totale | Nombre de cas de V.G. 1989 | Nombre de cas de V.G. 1991 |
|---|---|---|---|
| Agouna-Gangan | 455 | 174 | 39 |
| Denou | 187 | 120 | 12 |
| Koutagba | 175 | 51 | 158 |
| Sankpiti | 266 | 91 | 1 |
| Totaux | 1083 | 436 | 210 |

L'impact de ces activités n'est pas à ce jour du tout négligeable sur les populations:

- Utilisation des filtres par une très grande majorité des villageois
- Meilleure compréhension de la dracunculose par ceux-ci
- Plus de mesures d'hygiène dans le milieu

- Une plus grande mobilisation de la population autour des problèmes socio-sanitaires et une expression plus prononcée des besoins socio-sanitaires et économiques.

Les activités ne sont pas sans problèmes:

- Demande de la gratuité des filtres par certains villageois
- Difficulté à voir les paysans pendant la saison pluvieuse
- Lassitude des paysans à entendre les mêmes idées
- Problème de moyens de transport pour les animateurs et la Volontaire.

Il est prévu sur la base de l'extension du programme national à tous les 3762 villages et hameaux endémiques du pays, d'étendre dans les mois à venir l'action d'élimination de la maladie à tous les villages et hameaux de la commune. Chaque hameau ou village aura un volontaire villageois résidant dans le village. Ce volontaire local sera choisi par l'animateur actuel de sa localité et devra pouvoir lire et écrire le français. Il aura pour tâche de faire deux visites par mois pour dépister les nouveaux cas de Ver de Guinée, sensibiliser la population, soigner les malades, distribuer et surveiller l'utilisation et l'entretien des filtres, faire des animations publiques.

Il n'aura pas de moyen de transport ni de salaire, mais seulement de moyen de motivation à étudier.

Les animateurs actuels auront alors à superviser les volontaires villageois, collecter les livrets villageois, remplir le livret communal, animer les comités de développement socio-sanitaires dès la formation de ceux-ci. Il aura une indemnité de 1500 Francs CFA par mois pendant deux ans avec à long terme des avantages en vue de son auto-promotion dans la communauté.

# Chapter Six

# Planning and Evaluating GWD Eradication Activities

Whatever intervention strategies you and your community decide to use, you will need to plan your actions. Plans help organize action step-by-step, giving you a clear idea of what you are doing and why you are doing it.

It is important to note that there are as many different planning formats as there are agencies involved in planning programs. Although these formats may use different terminology, they all address the basic process presented here. This chapter will follow the Peace Corps' planning format.[1]

In this chapter you will learn about the four overlapping phases of the planning process:

- diagnosis of the problem,
- planning of the intervention strategies,
- implementation of the plan, and
- evaluation of the project's success.

Community members should participate in every step of this process.

## Community Participation

Community involvement is common to Peace Corps' project plans. It is both a philosophical and pragmatic underpinning of successful programming. Philosophically, respect of human dignity requires that people be encouraged to develop acceptable and affordable solutions to their own problems and not have solutions (projects) imposed upon them. Pragmatically,

---

[1] *Programming and Training System Manual.* 1989. U.S. Peace Corps, Office of Training and Program Support. (ICE# T0054)

people will be more committed to using improved services or facilities if they've had a hand in developing the project and implementing it themselves.

Community members will accept responsibility for GWD eradication activities only if they are convinced of the importance of the GWD problem and believe that they can respond adequately. As discussed in "Community Assessment," GWD must be analyzed in relation to other community problems and priorities. The relative importance of GWD depends not only on other health problems but also on many social, economic, organizational, cultural, and resource concerns of the community. It is up to community members to decide whether to put their energies into resolving GWD or some other major concern.

Simply knowing that effective solutions to the GWD problem exist may not always be enough to convince a community that it can solve the problem. (See discussion of resistance to change in Chapter Three and Appendix B-3.) Community members may need to discuss previous experiences in resolving other problems. What were the outcomes? What worked well? What were the difficulties? What was learned in the process?

Once community members have committed themselves to eliminating GWD, they need to determine what information needs to be gathered, who will be responsible for what actions, how local and outside resources can be marshalled, and how finances and materials will be best mobilized and managed. Even if some resources come from outside the community, management of interventions should remain a community responsibility. To implement GWD elimination activities, a community will have to

- set its own goals;
- designate an organization and individuals to supervise and carry out the needed tasks (see below, "The Local Planning Group"); and
- accept responsibility for funding, developing, and maintaining local systems.

Community members must agree on ways to raise money if it is needed to implement and maintain activities over the long haul. Local funds must be well managed by a community

organization, as will operation and maintenance of water supply improvements and continued monitoring of new behaviors to make sure that GWD does not return. Community members must understand that mechanical or water system breakdowns need not bring a return of GWD because other control measures are within the capacity of the community. They must also recognize that reintroduction of the problem can occur from contacts outside the community. Continued surveillance will be required, along with care of those with the disease to prevent its spread within a community.

## The Local Planning Group

During community assessment, you and community members determine which existing organizations might take on GWD control. Although many groups can be involved, each taking responsibility for different aspects of a project, one group should coordinate the entire project. Discuss the problem and proposed project with community organizations to find out what each group's contribution could be. Determine which groups are effective (as exemplified by past projects) and respected.

Organizing a new committee to undertake a project is usually a long and difficult process. Diverse people representing different interests in the community must be contacted and convinced to find time in their busy schedules to attend meetings. It may take several months before the new committee members trust each other and work well together. Where no strong local groups exist, there may be no choice but to organize a new committee to undertake the project. Be sure, though, to involve local leaders and existing groups in selecting committee members.

Note that in many communities, women are responsible for collecting water while elder men are responsible for decisionmaking. As the main carriers of water for domestic needs and as principal molders of their family's hygiene habits, women's involvement in decisionmaking is critically important to the success of GWD interventions. Traditional community structure and management must be respected, but it is important to make decisionmaking as broad-based as possible.

## Project Name

Every project should have a title that summarizes its aims and intent. This gives people a good sense of what they are working toward.

GWD control involves several major technologies that can be phased in over time. By organizing each aspect of a control effort as a separate, shorter but overlapping project, you can involve more people. This will also make progress from step to step more visible, motivating people to continue with the next phase.

## Problem Statement

The problem statement defines the situation that needs to be changed. It clearly states:

- what the problem is,
- the scope of the problem,
- the consequences of the problem, and
- the causes of the problem.

The tools of disease surveillance and community assessment (Chapter Five) have helped you gain an understanding of the GWD problem in your community. You should understand not only who is at risk of having GWD, but what behaviors and other influences cause the GWD problem and what the impact of GWD is on the community.

***The scope of the problem.*** The problem statement should identify the proportion of community residents who had GWD during the last transmission period and whether certain segments of the population (old or young, male or female, Moslems, Christians or traditionalists, or certain geographic or economic sections within the community) have a higher or lower proportion of GWD victims. If certain segments of the community are more likely to have the disease, people can begin to ask why. The answer to this question will help community members plan programs most appropriate to each segment of the population.

If surveillance data are not yet available, indicate what is known. Your project may outline the steps needed to gather information on GWD prevalence in the community and related factors.

***The consequences of the problem.*** The impact of GWD on the community should also be included in the problem statement. This impact may be purely descriptive or may include some statistics, such as the percentage of school absenteeism due to GWD or the percentage of farmers unable to tend their fields.

***The causes of the problem.*** We know the basic reasons why people get GWD: infected people wade in water sources and others subsequently drink the water that contains infected copepods. To develop an effective intervention program, though, one must analyze *why* these behaviors occur. The factors that influence these behaviors — local beliefs, past commmunity development experiences, availability of resources — and the interactions among these causes will influence the success of any intervention project. Exploring the real and perceived causes of GWD in a community is discussed in Chapter Five; the factors that influence behavior are discussed in more detail in Chapter Three.

Finally, the problem statement should include information on the current status of water supplies in the community. What are the current sources, are there any safe sources, and what proportion of the community has access to safe water? Ideally, the prevalence of GWD by type of water source used would be available to guide planning.

## Project Purpose

The project purpose states *why the project should exist.* It should be stated in terms that reflect a reversal of the problem statement, including a reference to how the community's condition will change for the better:

> To improve productivity and the quality of life in Village X by eliminating GWD.

## Project Goals

A project goal is a broad statement, expressed in terms of improvements, of *what is to be accomplished* by the project. Goals should be observable improvements in the well-being of the community or the establishment of the capacity for change.

Observable improvements are known as **production goals** and long-term changes are known as **capacity goals.**

Production goals can be verified statistically — a decrease in the number of GWD cases, for example. To measure progress toward achieving these goals, you will need current baseline information. If your goal is to decrease the number of GWD cases by 30 percent, you'll need to know the current number of cases before project interventions begin.

Capacity goals may be verified statistically but may also require observation and interview methods to measure progress. Capacity goals reflect lasting solutions — community participation in development, reliance on local resources (both human and material), and potential for replication. When project plans do not include capacity-building goals but assume they will be met, the result is often dependence on outside assistance rather than increased self-reliance. In developing capacity goals, try to be specific enough so that improvements can be identified.

Goals should:

- define the results or changes that the project will bring about,
- set specific deadlines, and
- indicate how the project will improve the conditions of the community.

## Project Objectives

Project objectives taken together achieve the project goal. They provide a more detailed picture of what is to be accomplished. Project objectives should:

- be realistic,
- be stated in measurable and verifiable terms,
- specify a time frame for achievement, and
- be used to guide and evaluate the program.

Project objectives are similar to goals but are more focused on time frame and measurement. They establish a framework for tasks and participants' roles within the project. Like goals, objectives fall into two catergories — production and capacity.

Below is an example of the linkage between project purpose, goals and objectives.

**Project Purpose:** To improve productivity and the quality of life in Village X by eliminating GWD.

**Production Goal:** To reduce the number of GWD cases in Village X to one-third[2] of its current level within two years.

**Production Objectives:**
"In the first year after intervention, the number of new GWD cases in Village X will drop to one-third of the current number of cases (give actual numbers)."

"In the second year after intervention the number of new GWD cases in the village will drop by another one third (give actual numbers)."

**Capacity Goal:** Over the next two years, to establish the capacity of the village water committee to meet operational requirements and future problems of the community water supply.

**Capacity Objectives:**
In the first year, to define the scope of the committee's responsibilities and the function of each members' office and to establish a decision-making protocol and a mechanism for fundraising.

In the second year, to develop skills for analyzing water supply problems and identifying and engaging appropriate assistance when needed.

## Project Milestones

Milestones are short-term indicators of progress toward meeting project objectives. They should use active verbs and be linked to verifiable tasks performed by members of the community:

By the end of December, the National GWEP will have supplied Village X with some specified quantity of monofilament cloth.

By the end of January, the women's committee will have cut the cloth for distribution within the community.

---

[2] The numbers used here are not fixed. An objective of reducing the number of GWD cases by 30 percent of the number of families/ individuals *with which you are working* is a figure based on past and current efforts.

By the end of April, the community health committee will have demonstrated proper filtering techniques to some specified number of households.

## Project Tasks

The project task analysis defines *how the project will work.* First, break down the project into the specific tasks that must be performed to accomplish the project milestones, objectives, and goals. Each major project activity is the basis of a task analysis. A task analysis is a list that includes the:

- steps to be taken to involve the community and subgroups within the community in the project,
- steps to be taken to implement surveillance or intervention aspects of the project, and
- contacts that need to be made with external resources (e.g., extension agents, donor agencies).

Before the task analysis can be completed, strategies for achieving the objectives must be selected, specific resources needed for the project must be outlined, and a budget drawn. Finally, planning requires a detailed action plan, or outline of the steps to be taken, so that implementation can proceed. These elements will be described below.

### Strategies

Strategies describe the approaches to be used to achieve project objectives. The planning group should determine which strategies are feasible for the community based on what people can afford, what people are willing to accept, and what resources are available. The community can implement any combination of strategies appropriate to the circumstances it is facing. The choice of strategies should be justified in the project plan.[3]

There are actually two sets of strategies involved in any GWD project — "technological" strategies and health education strategies. As discussed in Chapter Four, **technological strategies** are of three broad types:

- treatment of existing water sources;
- protection of existing water sources; and

[3] Comparing control strategies is discussed in Chapter Four.

•development of new and safe water sources.

Health education strategies, as described in Chapter Three, are also of three broad types:

- •information strategies, including individual counseling, mass media and values clarification;
- •resource development strategies, including skills training, community organization and mobilization, and resource linking or networking; and
- •social support strategies, including family counseling, human relations training, and support group formation.

Health education strategies can be matched with technological strategies by considering the behaviors needed to adopt a particular GWD control technology and the factors that will influence adoption of those behaviors. The chart below gives some examples of this matching of strategies, which is a way to define the tasks of the project.

| Strategy Matching | |
|---|---|
| GWD CONTROL | HEALTH EDUCATION |
| Treating existing water sources through filtering | Resource development that includes obtaining filter materials and training distributors<br><br>Information on need for and correct use of filters |
| Protecting existing sources through social pressure | Social support through family counseling and working with community groups to set up a system for helping those with GWD collect water<br><br>Resource development to organize community to build a small shelter near the pond where those with GWD can wait for help |

| | |
|---|---|
| Developing a new, safe water source like a dug well | Resource development including organizing to get resources and volunteers, fundraising, and training on well maintenance<br><br>Information to ensure that everyone uses the new well |

## Project Resources

Before implementing a new project, you must identify the human, financial, and material needs of the project and a means of securing those resources. Community assessment will help you identify which resources — land, labor, materials, finance, skills — are available within the village or district. The financial value of local resources can constitute a considerable proportion of the total project cost. Local resources should be included in any prepared budget (see Appendix E-1). If items are donated, their value should still be estimated, but a note should be added that the items were donated.

The community can raise local funds to pay for all or part of the costs of a planned project. These monies may also help pay for recurrent costs. Care must be taken to make sure that the payments by community members are equitable. In Kati, Togo, in a project assisted by World Neighbors, community financing of one well was so successful that ten wells were eventually drilled by the Evangelical Church of Togo, which subsidized the wells' real cost. In addition to their capital investment, community members provided food, lodging, and labor to the drilling team.

Many GWD intervention projects will require both internal (local) and external (agency) resources. Once local resources have been assessed, consult with external agencies — both host-country resources (e.g., the National GWEP, government ministries) and collaborating-agency resources (e.g., the PC, UNICEF) to clarify what resources they might provide. Active collaboration between the community and participating agencies is essential. Use your project plan as a basis for seeking these resources.

An outline of the human, material, and financial resources required to undertake the project can be organized in simple grid format, as illustrated below. Costs of each resource can be included.

| GWD Control Program Resources | | |
|---|---|---|
| TYPE OF RESOURCE | SOURCE OF RESOURCE | |
| | Community | External |
| Human (labor& skills) | | |
| Material (supplies& equipment) | | |
| Financial (funds) | | |

Source: *Helping Communities to Eradicate Guinea Worm: A Training Guide*, WASH Field Report No. 322. [Draft.]

If the community applies for a grant from a government ministry, foreign embassy, or international agency, these funding sources will want to know what resources the community has committed to the project. The budget format presented in Appendix E-1 can be used, unless the funding agency has its own required format.

Additional discussion of project resources can be found in Chapter Four under "Comparing Alternatives."

## Action Plan

Developing an action timetable is the link between planning and implementation. Tasks should be listed in order of priority and written as the steps that translate general strategies into day-to-day and week-by-week project operations. During regular meetings of the planning group, the action plan can be reviewed to monitor project progress.

The plan of action should:

- name each intervention and describe it;

- detail the activities — what will be done, when, and by whom;
- establish deadlines for completing the activities.

The two charts shown below can help the planning group organize its action in an orderly sequence based on the steps required to carry out each strategy. One chart is a responsibility roster and the other a time line. The responsibility roster specifies exactly who will do what and when so the planning group can hold people accountable for what they agreed to do to help the community. Responsibilities should be listed in a logical sequence.

GWD Control Responsibility Roster and Action Plan

| ACTIVITY | RESOURCES NEEDED | RESPONSIBLE PERSON(S) | TIME/DATE COMPLETED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Source: *Helping Communities to Eradicate Guinea Worm: A Training Manual*, WASH Field Report No. 322. [Draft.]

The time line chart outlines all major activities and their components. This chart provides a good picture of the project at a glance. Use the following guidelines in drawing your timeline:

- the time span should be in one or two year periods;
- demarcations are in months;
- the chart begins at the start of work in the field;
- a line indicates where the activity starts and ends;
- lines that end with a vertical bar show where the activity terminates;
- lines ending in arrows indicate ongoing activities.

Here is an example:

**Time Line for GWD Control Implementation**

| ACTIVITY | MONTH 1 | 2 | 3 | 4 | 5 | 6* | 7* | 8* | 9* | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Baseline Surveillance | | ----------| | | | | | | | | | |
| Filter Production | | | ----------| | | | | | | | | |
| Filter Distribution | | | | ----------> | | | | | | | | |
| Education on Filter Use | | | | ----------> | | | | | | | | |
| etc. | | | | | | | | | | | | |

Months of GWD transmission should be marked (* in this case). This will help ensure that planners initiate certain crucial activities before the season begins, e.g. early distribution of filters.

Source: *Helping Communities to Eradicate Guinea Worm: A Training Manual*, WASH Field Report No. 322. [Draft.]

# Monitoring and Evaluation

## Monitoring

Monitoring is a process of gathering and analyzing information as part of a project evaluation system. Regular and frequent review of the project is necessary to determine whether:

- activities are taking place as planned,
- resources are being made available as needed,
- group members are carrying our their responsibilities, and
- immediate output, such as filter production, is occurring on schedule.

Monitoring helps the planning group identify problems before they become serious and allows participants to see the results of their efforts.

The planning committee needs to designate individuals responsible for monitoring activities

should also establish procedures to ensure that members continue to oversee project monitoring.

The action plan has defined the short-term objectives of the project. Progress toward these objectives can be determined by:

- holding regular planning group meetings,
- reviewing action plan records,
- observing scheduled activities, and
- interviewing responsible persons.

Project progress can also be monitored with a monthly reporting form much like the "Evaluation Planning Chart" provided below. Column headings can be planned activity (input), outcome of activity (output), impact of activity, data collection method, and individual(s) responsible for collecting data. Note that monitoring includes evaluating whether activities are having the desired impact, not just whether the plan is being followed.

### Revising Plans

Based on observations made during monitoring, the planning group may determine that the project is not proceeding on schedule or not having the desired impact. The committee must immediately investigate the reasons for problems and decide what to do. Should alternative strategies be considered? Should other people be given responsibility? Should the timetable or cost estimates be revised? If decisions to make such revisions are delayed, a successful outcome of the project will be jeopardized.

## Evaluation

Two general types of evaluation are needed to determine whether a project has achieved its goals and objectives: program process and program outcome. As described above, the program process can be evaluated by keeping careful track of the responsibility roster and time line commitments through regular meetings.

Project objectives spell out the program's outcome targets. You begin to plan for evaluation at the outset of the project, so you know how, when, and what information must be gathered to determine whether the program has been successful.

Surveillance and community assessment provide the baseline for this evaluation.

The following chart depicts some of the indicators that might be used in an evaluation of a GWD eradication project. The data collection techniques used to diagnose the GWD problem (Chapter Five) will also be needed to determine program results.

**Evaluation Planning Chart**

| INFORMATION NEEDED | WHEN IT SHOULD BE GATHERED | DATA COLLECTION METHODS | WHO WILL GATHER |
|---|---|---|---|
| No. filters distributed | Month 6 | Sample survey; health worker records | Village health workers |
| Knowledge of GWD cause and prevention | Month 12 | Sample survey (interviews); focus groups | School teachers |
| No. HHs filtering water | Months 6-9 | Sample survey (interviews); observation | VHWs |
| GWD prevalence for year | Month 12 | Sample survey (questionnaire); | Health staff |
| etc. | | | |

Source: *Helping Communities to Eradicate Guinea Worm: A Training Manual*, WASH Field Report No. 322. [Draft.]

Evaluation is not simply an amassing of numbers. For one thing, numbers and measurements can obscure the human side of the project and its real impact in the community. Evaluation is a way to determine whether the project worked and how future efforts might be improved. Evaluation should answer the following questions:

- How much of the target was achieved?
- Is the level of achievement adequate to solve the problem?
- Were the best methods chosen to meet the goals?
- What impact has the project had on the community?
- Does the community have the skills it needs to carry on the project?

•What follow-up activities should be pursued.?

Ultimately the planning group must address the issue of *why* the project made the level of progress that it did. This major question should address both positive and negative results because plans for future projects will benefit from the lessons learned from either type of outcome.

## Writing a Project Report

Even though a project report is not required, it is still valuable to write one to document the history of the project and ensure that all activities and their outcomes are available for future learning. Much of the report will already be in written form; the subheadings of this chapter provide a useful report format.

Many agencies that provide assistance to community projects require reports periodically during a project or at some designated time when funding expires. The funding agency is likely to have its own report format for the planning group to follow.

Tables and graphs showing before and after numbers and percentages, much like those described in the surveillance section of Chapter Five are a good way to present project results. A summary section that emphasizes the major project achievements, problems, and lessons learned should also be included.

All members of the planning group should participate in compiling the report. Even if they cannot read or write, they can still dictate their views and experiences for others to record. Presenting this report verbally to the community may encourage community members to pursue future self-help projects. The report will provide evidence to you and the community of what you both can achieve. It may also be useful in encouraging funding agencies to support future community projects.

You should share the report of your community's GWD eradication activities with your APCD and the National GWEP officials so that they can see what the project has accomplished and provide continued support and advocacy for the community's efforts.

## REFERENCES

Project Planning

*Guidelines for Developing a Plan of Action for Dracunculiasis Eradication Programs.* WHO Collaborating Center for Research, Training and Eradication of Dracunculiasis at CDC.

*Programming and Training System Manual.* 1989. U.S. Peace Corps. (ICE# T0054)

*Small Project Design and Management: Training Manual for Volunteers and Counterparts.* U. S. Peace Corps. (ICE# T0050)

Community Participation

Hope, A. and S. Timmel. *Training for Transformation.* Mambo Press, Gweru, Zimbabwe.

Srinivasan, L. 1990. *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques.* PROWWESS/UNDP Technical Series.

See also references on Community Participation in Chapter Four.

# Appendix A.

## Addresses of Information Resources

**WHO at CDC**
(World Health Organization Collaborating Center for Research. Training, and Eradication of Dracunculiasis at the Centers for Disease Control)
Division of Parasitic Diseases F22
1600 Clifton Road
Atlanta, Georgia 30333 USA

**Global 2000, Inc.**
Carter Presidential Center
One Copenhill
Atlanta, Georgia 30307 USA

**U.S. Peace Corps**
OTAPS (Office of Training and Program Support), and
ICE (Information Collection and Exchange)
1990 K Street, N.W., 8th floor
Washington, D.C. 20526 USA

**Vector Biology and Control Project (VBC)**
1901 North Fort Myer Drive, Suite 400
Arlington, Virginia 22209 USA

**Water and Sanitation for Health Project (WASH)**
1611 North Kent Street, Room 1001
Arlington, Virgina 22209 USA

**World Neighbors**
5116 North Portland Avenue
Oklahoma City, Oklahoma 73112 USA



Previous Page Blank

# EVALUATION SYSTEMS

## INPUTS

| | |
|---|---|
| financing more PCVs | more villagers/potential animators |
| bicycles | filter cloth |
| chemicals | materials for wells and pumps |

## MANAGEMENT PROCESS

change strategies to include local
cloth as alternative to filter material
timing of broadcasting information at village level (day and season)
mobilization of villagers to create clean water source

## OUTPUTS

more potable water sources
animations with filters and local cloth
more animators

## RESULTS

reduced guinea worm cases
more drinkable potable water
trained personnel

# SYSTEME D'EVALUATION

## INTRANT

| | |
|---|---|
| argent | ressources humaines avec PC |
| moyens logistiques | dispensaires |

## GESTION

| | |
|---|---|
| gestion financière | stratégie |
| coordination | plan du mois d'Oct. à Mars (sèche) |

## EXTRANT

| | |
|---|---|
| puits | filtres |
| formation d'agents | matériel éducatif et animation |
| traitements curatifs | |

## RESULTATS

eau potable
accroître les efforts pour une meilleure compréhension du VG
diminuer les infections

**Appendix E**

# SMALL GROUP PRODUCTS



Previous Page Blank

## COUNTRY SPECIFIC SUCCESSES

BENIN

* Song contests
  - recorded with media (radio, press)
  - individual recordings of tapes for distribution of $$

NIGERIA

* Changed misconceptions in areas of PCV.
* Weekly clinic hours established for wound cleaning and tetenas innoculation.
* Health education and guinea worm prevention.
* Data analysis leading to a national case search and data comparisions used for planning.

MAURITANIA

* A village became interested in guinea worm prevention after talking with a French Volunteer.

MALI

* A village with 80% endemic of guinea worm just capped a spring and anticipates zero cases.
* National guinea worm coordinator named and program started
* Filters starting to be distributed in certain villages and village police guard water source.

TOGO

* Increase in speeches and programs after remotivating GWE committee.
* Latrines
* Growth, promotion, and control.

GHANA

* Farmers targeted for filter hat.
* PCV/Global 2000 developed teacher training manuel for primary schools.

NIGERIA

* Women sewed filter cloth in exchange for sewing machine.



Previous Page Blank

## KEY ELEMENTS

1. Identification of guinea worm problem
2. Objectives of program
3. Mobilization of resources
4. Coordination unit
5. Training program
6. Choice of strategy
7. Flexibility
8. Political commitment
9. Education/Understanding
10. Planning
11. Targeting endemic area
12. Monitoring
13. Surveillance
14. Evaluation
15. Personnel commitment
16. Target date
17. Collaboration
18. Availability of resources
19. Community mobilization
    Logistics/Communication
21. Sustainability
22. Supervision
23. Entrance/Acceptance in the community
24. Specific case definition(s)
25. Appropriateness/Adaptability
26. Guinea worm water source information
27. Self management capacity
28. Organization/Management structure

## ELEMENTS CLES

1. Identification du problème
2. Objectifs du programme
3. Mobilisation des ressources nécessaires
4. Cellule de coordination
5. Stage de formation
6. Choix de stratégies
7. Flexibilité / Adaptabilité
8. Engagement politique
9. Education / Compréhension
10. Planification
11. Zones ciblées
12. "Monitoring" / Suivi
13. Surveillance
14. Evaluation
15. Motivation du personnel
16. Date cible
17. Collaboration
18. Disponibilité des ressources
19. Mobilisation communautaire
20. Logistique / Communication
21. Pérennité
22. Supervision
23. Intégration
24. Définition des cas spécifiques
25. Adaptation aux réalités
26. Etude du milieu (eau)
27. Capacité d'autogestion
28. Structure de gestion et organisation

## RECOMMENDATIONS

### Human Resources & Programming

- strengthen PC input in Mali, Niger, Chad & Cote d'Ivoire
- post PCVs in the most endemic areas
- post more GWE volunteers as W/S or Public Health Ed.
- train every volunteer in every sector, ( agri, educ, etc), to do GWE
- strengthen the focus on women
- PCVs should work with counterparts at district and regional levels
- involve PCVs as consultants in national level programing
- specify guidelines for village volunteer position, including:
    - job description
    - motivation/incentives
    - responsibilities and expectations at all levels, (nat., reg., local)
- training of village volunteers by PCVs
- establishment of village health committee
- PCV efforts focused on education in the local schools
- more detailed programing for PCVs work
- quarterly work reports submitted by PCVs
- stronger integration between National Coordinators and PC Director
- development of multi-country action plans by:
    - Host Country GWE Coordinators
    - National Peace Corps Staff
    - Peace Corps/Washington
- Peace Corps involvement in the national survey on GW, (in CAR)
- training on local socio-cultural realities for PCVs
- on-going presence of a PCV on the local level until the project ends

### Community Mobilization & Health Education

- make training materials more available
- promote exchange of materials between countries
    - audio visual materials
    - educational materials
    - reports on progress
- implement assistance programs, linked with education, to GW victims
- standardize operating manual for data collecting method
- standardization of data collecting system in all endemic villages

### Communication

- create means for, and promote 2-way communication with regional and national levels
- improve inter-agency communication at the village level
- provide regional coordinator for inter-agency collaboration
- occasional coordination meetings at all levels
- standardize terminology to reduce confusion

### Logistics

- transportation, e.g. motorcycles
- increase and monitor filter distribution
- reduce in-country requirement for "country packets" from 50% to 25%
- raise the ceiling to higher than $1,500 per GWEP funded project

- easier accessibility to funds
- inform PCVs about Small Project Assistance and Country Funding Packets
- greater information diffusion from Peace Corps in Washington

## Water Supply

- utilize PC funding methods for water supply projects
- use intermediate technologies, i.e. open wells, to improve water quaiity
- negotiate a hydraulic program with other agencies

## RECOMMANDATIONS

### Ressources Humaines

- augmentation du nombre de volontaires dans les programmes (pays concernés) au moins un volontaire par zone endémique
- informations et formations sur les réalités socio-culturelles du terrain
- intégrer les activités d'EVG et d'autres projets de développement (Agriculture, Hydraulique, Santé . . . . )(coordinateurs nationaux + coordinateur de Corps de la Paix)
- implication de tous les volontaires dans le programme EVG
- formation polyvalente des volontaires du Corps de la Paix, apprendre à chaque volontaire dans chaque sectèur (agriculture, education, etc)
- études approfondies des besoins des volontaires du Corps de la Paix
- attirer d'avantage l'attention sur les femmes
- les volontaires du Corps de la Paix doivent travailler avec leur collègues au niveau du district et des régions
- utiliser les VCP comme consultants au niveau de la programmation nationale
- derectives spécifiques concernant la situation des volontaires se trouvant dans les villages, y compris
  - la description du travail
  - la motivation / l'incitation
  - les responsibilitées et les prèvisions à tous les niveaux (nationaux, régionaux, locaux)
- concentration des efforts des volontaires du Corps de la Paix pour l'éducation dans les écoles de la place
- programmation plus détaillée du travail des volontaires du Corps de la Paix
- rapports trimestriels fait par les volontaires du Corps de la Paix

### Communication

- unifier les termes pour parler le même langage
- coordination des programmes nationaux par le Corps de la Paix à Washington
- continuité de la présence du volontaire jusqu'à la fin du projet
- plus grande diffusion de l'information et des supports visuels - éducatifs au niveau national et international
- établissement et diffusion des plans d'action régionaux à l'attention des coordinateurs nationaux, Corps de la Paix à Washington et dans chaque pays respectif
- meilleure collaboration, intégration et échange d'informations entre Corps de la Paix/ représentants des états/ autres partenaires au développement
- implication de tous les volontaires de Corps de la Paix
- engagement politique des pays endémiques
- renforcement de la collaboration internationale (pays, ONG)
- améliorer la communication entre les agences au niveau du village
- avoir un coordinateur régional pour la collaboration entre les agences

## Mobilisation Communautaire et Education Sanitaire

- standardisation des supports de recueil de données
- systématisation du recueil des données dans tous les villages endémiques
- organisations et formation des structures locales (comité villageois de développement socio-sanitaire)
- besoin de la participation du Corps de la Paix dans l'enquête nationale sur le VG en République Centre Afrique
- implication du Corps de la Paix dans l'amélioration des S.S.P.
- formation des volontaires villageois par les volontaires du Corps de la Paix
- homologue local pour chaque volontaire du Corps de la Paix
- mettre en place des programmes d'aides àlies a l'éducation pour les victimes du ver de Guinée

## Logistiques

- augmentation des moyens du transport
- augmentation de la disponibilité du matériel technique et éducatif
- augmentation des moyens financiers
- diminution du pourcentage de la contribution communautaire en tenant compte du coût économique de la maladie (25% par exemple)
- augmentation du montant de la contribution du fonds EVG a plus de $1,500.00 par projet
- augmenter et surveiller la distribution des filtres
- donner des informations au sujet de "l'Assistance des Petits Projets" et la Subvention du Pays en argent

## Approvisionnement en Eau

- négocier avec d'autres agences un programme hydraulique
- utiliser les méthodes de financement du Corps de la Paix pour l'approvisionnement des projets en eau
- utiliser des technologies intermediaires, c à d creuser des puits pour avoir une eau de qualité

**Appendix F**

# COUNTRY ACTION PLANS



Previous Page Blank

U.S. PEACE CORPS GUINEA WORM ERADICATION PROGRAM
NOUAKCHOTT, MAURITANIA, WEST AFRICA
ACTION PLAN—GHANA
(May 2-6, 1992)

*Prepared by*: Ben Baah, APCD
Ibrahim Ibn Adamu, Distribution Coordinator
Doris Hubble, PCV

*Objective*: To prepare a program of action designed to train PCVs in the GWEP in support of the national GWE target date of 1993 ending.



Previous Page Blank

| Activity | Time Frame | Persons Responsible | Required Resources | Evaluation/ Indicator |
|---|---|---|---|---|
| Monitor National GWEP guidelines at district, village level | Ongoing | PCV | Transport stationery National GWE Program action plan finance teaching MTLS (flip charts) | By monitoring the actual time required to achieve set goal |
| Serve as contact with national GWEP. Collect & dispense data & printed materials | Ongoing | PCV | " | |
| Prepare training program based on above data | 6 months | PC staff and GLOBAL 2000, other molt technical persons | " | |
| Discuss training program with technical PST staff | 1 month | same as above | | |
| Discuss training program with technical PST staff | 1 month | same as above | " | |
| Selection and preparation of training site | 3 months prior to training program | P.C. staff tech. staff PCVs site staff | Transportation finances | |

| Activity | Time Frame | Persons Responsible | Required Resources | Evaluation/ Indicator |
|---|---|---|---|---|
| Training | 10 weeks | PCVs, Global 2000, MOH personnel, other health educators | funds housing/food books, pens, tablets, printed materials, transportation | |

# REGIONAL PLAN OF ACTION
# FOR GUIDIMAKHA

I. Discussed last year's plan & activities

A. Made Investigation
   1) 2,641 (Selibaby 1710, Ould Yenge 930 case of G.W.)
   2) 58 Endemic Villages (42 sel., 16 O.Y.)

B. Have found G.W. to be endemic in the region

C. Made a Plan of Action to diminish # of cases by 20% by next year in villages with more than 2% (Sel.) 3% (O.Y.) population infected

II. Plan of action including role of PCV

A. Before the Cycle

   1) Distribution of filters by A.S.C. & PCVs
   2) Education of departmental & regional health workers
   3) Make regional, departmental & local health committees (facilitated by PCV)
   4) Education of villagers by A.S.C. & PCV

B. During the Cycle

   1) Continue education through animations, messages on Radio & T.V. by A.S.C. & PCV
   2) Make statistics for 1992, done by A.S.C. & PCV
   3) Treatment of $H_2O$ by chemical such as temephos
      - We have discussed that this may not be a feasible goal. Need more information.

C. After the Cycle

   1) Continue education through animations, radio, T.V. by A.S.C. & PCV
   2) Evaluate activities
      a. information gathered by A.S.C. & PCV
      b. evaluation done by Chef de Poste.

## ROLES ACCEPTED BY PCV

- Turn in quarterly reports of activities
- Sensitize/educate villagers on importance and how to filter $H_2O$
- Help facilitate forming of committees
- Distribution of filters
- Do surveys on # of new cases
- Survey activities in the village & help facilitate evaluation
- Act as a liaison between Peace Corps, Mauritanian health agents and villagers

III. Follow up on Activities

A. Use of Monitoring
   1) Surveys (# of cases found for 1992)
   2) Make necessary changes

B. Use of Evaluation
   1) Indicators
      # of courses given & # of people @ each meeting
      # of people trained
      # of people who understood training (practice, animation, examples)
      # of $H_2O$ sources (new, repaired)
      # of filters distributed
      # of filters used
      # of committees formed

## ROLE AND TASK FOR PCVs IN THE REGIONAL PLANS

### Section IV—Activities in the Mougheta (Department) of Tamchekett.

a) Regional Committee—will be composed of the regional directors representing the Ministries of Health, Water, Agriculture, Hygiene, Primary Health Care, and the Department for the Protection of Nature
b) Training of the trainers—four-day course, instruct local doctors, Primary Health Care and Hygiene representatives, and the local PCV
c) Secondary Training—sensitize and create health agent in this the worst department of the region for Guinea Worm. Training conducted by those above including the PCV

2nd) Following phase: During rainy season and times of ingestion of G.W., the local doctor, head of pharmacy, and PCV will do follow-up visits and training at each village every three months.

The Director Regional des Affairs Social et Assainissement (Health Ministry) Primary Health care representative, Hygiene representative, and the PCV will visit each village every six months.

3rd) After the next transmission cycle, the department team (the first team above) will monitor and evaluate the progress to date with a view toward the upcoming transmission season.

The regional team will monitor but primarily evaluate the progress of the program.

- Regional Health Director defined the role of the P.C.Vs in his region as managing, supervising and assisting in the training of the Health Agents; coordinating the activities of Health Agents in their areas; and monitoring and evaluating at certain points, the work of Health Agents.

### Holes in the theoretical regional plan.

The indigenous health structure is very weak in this region. Most local areas have no health agents nor any form of health care. In reality, the PCVs in this region are primarily involved in the recruitment and training of the basic level health representatives.

PEACE CORPS ACTION PLAN—1992—NIGERIA

**PRIMARY GOAL** Reduce annual incidence of Guinea worm disease by 30 percent by June 1993—from 280,000 to 196,000 active cases.

**OBJECTIVE I—SURVEILLANCE**

To establish an operational surveillance program in 100 percent of affected villages.

| Human Resources | Activities | Time Frame |
|---|---|---|
| LGA/PCV/NYSC | 1. Recruit & train VBHW in all villages without VBHW | June 30, 1992 |
| LGA/PCV/NYSC | 2. Confirm or nullify any new villages with G.W. | Monthly |
| LGA/PCV/NYSC | 3. Have 100% coverage of reporting by VBHWS | July 31, 1992 |
| PC/ST/NYSC/PCV | 4. Update training VBHW | bi-annually |
| PC/ST/ZF | 5. Monitor surveillance activities | monthly |
| PC/ZF/NIGEP | 6. Feedback of surveillance activities | |

**Objective II – Interventions**

1) Health education—to provide 85 percent of infected persons and infected villages with health education program, including primary prevention and intervention messages.

| Human Resources | Activities | Time Frame |
|---|---|---|
| LGA/PCV/NYSC | 1. Training to re-emphasize all intervention activities | bi-annually |
| LGA/PCV/NYSC | 2. Identification of problems, constraints with VBHW health ed. activities | monthly |
| LGA/PCV/NYSC | 3. Monitor and evaluate activities; VBHW verify information | monthly |

2) Filter use—to provide filters to all households in 95 percent of affected villages

| Human Resource | Activities | Time Frame |
|---|---|---|
| LGA/VBHW | production | on going |
| LGA/PCV/NYSC/VBHW | distribution | on going |
| LGA/PCV/VBHW | monitor usage | monthly |

**Objective III-Water Supply**

Target safe water supply for all affected villages with 50 percent receiving safe water source by end of 1992.

| Human Resource | Activities | Time Frame |
|---|---|---|
| LGA/PCV/ZF/NIGEP/ STF LGA | 1. Provide new water points | end of 1992 |
| | 2. Protect existing water points | on going |
| | 3. Monitor other agency activity | on going |

CHEMICAL TREATMENT

To treat all qualifying water sources within assigned area as needed.

| | | |
|---|---|---|
| | 1. Train VBHWS | June 30, 1992 |
| | 2. Distribute temephos | July 31, 1992 |
| | 3. Start treatment | August, 1992 |
| PCV/NYSC/STF | 4. Monitor use | monthly |

**OBJECTIVE IV—PROGRAM SUPPORT**

1. Advocate for VBHWS to receive bicycles
2. Monthly meetings with VISHWS and LGA coordinator facilitated by PCV

**OBJECTIVE V—TO TRAIN & PLACE ADDITIONAL PCVs IN ENDEMIC AREAS**

| | M | J | J | A | S | O | N | D | J | F | M | A | Material & Others | Person Responsible | Resources (US $) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Committee** | | | | | | | | | | | | | | | |
| ■ Renew the national committee. | — | | | | | | | | | | | | Office material, logistics or transportation, per diem—extend the committees to PCV, who and UNICEF staff and other NGOs | National and regional committee | $5,000 |
| ■ Create regional and subregional committees. | | — | — | | | | | | | | | | | | |
| **Training** | | | | | | | | | | | | | | | |
| ■ national seminar | — | | | | | | | | | | | | Training material transportation and per diem | PCV, health agents, hydraulic, education and committees | 74,000 |
| ■ regional and subregional seminar | | — | — | | | | | | | | | | | | |
| ■ recruiting and training of village volunteers. (1691 Villages) | | — | — | — | — | — | — | — | | | | | | | |
| **Health Education** | | | | | | | | | | | | | | | |
| ■ Filter Making | | | | | | | | | | | | | Filter material, didactic material, 2-4x4 vehicles, (one at national level, one for mirriah). Audio visual material, transportation and per diem | Committees state agents PCVs and other partners | 92,250 |
| ■ Didactic Material | | — | — | — | | | | | | | | | | | |
| ■ Filter Distribution | | — | — | — | | | | | | | | | | | |
| ■ Didactic Material Distribution | | — | — | — | — | — | — | — | | | | | | | |
| ■ Logistics | | — | — | — | — | — | — | — | | | | | | | |

| | M | J | J | A | S | O | N | D | J | F | M | A | Material & Others | Person Responsible | Resources (US $) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ■ Health Education | | | | | | | | | | | | | | | |
| **Water Supply**<br>■ water sources protection. | | | | | | | | | | | | | Construction material, dug wells, bore holes. | Villagers, PCVs and other partners. Hydraulics and health | for memory |
| ■ dug wells, bore holes, construction or rehabilitation | | | | | | | | | | | | | | | |
| **Surveillance, monitoring and evaluation** | | | | | | | | | | | | | Transportation, office material | All agent, including PCVs, working in the GWEP | 30,000 |
| **Data analysis and results dissemination** | | | | | | | | | | | | | Office material, per diem | | 2,000 |
| **Treatment of sick people** | | | | | | | | | | | | | Medication (disinfectants and bandages | Health workers, village agent, PCVs | 30,000 |

| | M | J | J | A | S | O | N | D | J | F | M | A | Material & Others | Person Responsible | Resources (US $) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Social or community mobilization** | | | | | | | | | | | | | Media use, conference, etc. | All agent, including PCVs, working in the gwep | 9,000 |

1 US $ = 270 FCFA

**Introduction**

La situation de la dracunculose en RCA reste toujours confuse car les résultats de l'enquête nationale réalisée dans six sous-préfectures ne permettent pas d'affirmer ou d'infirmer l'existence du Ver de Guinée dans le pays.

Les données recueillies lors de l'enquête nationale de la région sanitaire qui regroupe trois sous-préfectures des six visitées sont peu viables du fait de l'incohérence dans les réponses enregistrées. Selon les résultats partiels de l'enquête nationale dans la région sanitaire No. 4, le Ver de Guinée a bel et bien existé dans les sous-préfectures de Biras Ouanda-Djalle et Ndèlé avant l'année 1986. Aucun cas actif n'a été observé depuis cette date. Quand à la sous-préfecture de Rafaï, un cas actif a été rapporté lors de cette même enquête dont la source de contamination reste non-identifiée. Selon certains témoignages cette maladie continuerait à sèvir dans la zone.

Compte tenu du doute qui continue à planer sur certains village de la zone d'une part et vue le mouvement important de population à la frontière RCA-Tchad (1 des pays endémiques), une investigation exhaustive des villages s'avère indispensable dans les sous-préfectures de Rafaï, Dejemab et Oba dans la région sanitaire No. 5, Kabo, Batangaf, Maikounda, Paoua et Ngaoundaye dans la région sanitaire No. 3 afin de clarifier la situation du Ver de Guinée en RCA.

**Objectifs Généraux**

- Evaluer l'ampleur de la dracunculose dans ces sous-préfectures et au vue des résultats, élaborer une stratégie de lutte ou mettre en place un système de surveillance épidémiologique.

**Objectifs Spécifiques**

- Etablir la liste des villages infestés dans les sous-préfectures.
- Estimer le nombre de cas de Ver de Guinée au cours des années 1990, 1991 et 1992.
- Identifier les différents points d'approvisionnement en eau de boisson dans les villages infestés et le prélévement pour mettre en évidence la présence du cyclops.

**Méthodologie**

Le protocole de l'enquête nationale élaboré en octobre 1990 sera utilisé afin de standardiser les informations à recueillir.

Les ressources nécessaires pour la réalisation de l'enquête:

**a. Ressources Humaines**

3 équipes de: 2 enquêteurs dont 1 volontaire Corps de la Paix
1 superviseur
1 chauffeur

1 informaticien

**b. Matériel**

- Fournitures de bureau
- Questionnaires

**c. Logistiques**

- 3 véhicules tout terrain
- Carburant, lubrifiant
- Divers

**d. Sources de Financement**

- Le Corps de la Paix?
- Le gouvernment Japonais?
- UNICEF?

(Le calendrier va ici)

Groupe Mauritanien (Niveau Central)

PLAN DE SUIVI, DE MONITORING ET D'EVALUATION

| | | |
|---|---|---|
| 1. | Séance d'éducation sanitaire dans les mass-medias. | action continue |
| 2. | Elaboration de Guide de Formation des Agents de Santé | mai 1992. |
| 3. | Elaboration de fiches de surveillance au niveau national | mai-juin 1992 |
| | ■ Mission de Supervision (fiche de supervision) | juillet 1992 |
| 4. | Mission de terrain pour aider à la mise en place du programme EVG | juin 1992 |
| 5. | Distribution des filtres | juin 1992 |
| 6. | Impliquer le Ministère de l'Hydraulique | juin 1992 |
| 7. | Enquête C.A.P. des populations vis-à-vis de la maladie | 1 juillet 1992 |
| 8. | Elaboration des messages éducatifs | août 1992 |
| 9. | Approvisionnement en trousses de pansement | juin-juillet 1992 |
| 10. | Collecter, analyser et feed-back (données) par un système regulier | |
| | ■ Mission de supervision | sept. 1992 |

□ □ □

| | | |
|---|---|---|
| ■ | La recherche d'appui exterieure | |
| ■ | Evaluation à mi-terme | nov. 1992 |
| ■ | Réactualisation de la situation épidémiologique | nov. 1992 |
| ■ | Appuyer les autorités sanitaires régionales dans l'extension du PEVG sur l'ensemble des localités d'éndemie | déc., janv., fev., mars, avril, mai |

- 2ème Seminaire National EVG mas 1993
- Formation et Affectation des nouveaux volontaires P.C. sept 1992
- Impliquer le P.C. dès le début

PLAN D'ACTION: TOGO

| Objectifs | Activités | Personnes Résponsables | Ressources Nécessaires | Calendrier D'Exécution |
|---|---|---|---|---|
| 1. Developper et mettre en place un système actif de surveillance épidémiologique dans tous les villages/fermes endémiques | ■ Définition d'un système | ■ Membres du CNED | Finances | Mai 1992 |
| | ■ Elaboration des supports de collecte de données | ■ Médecins—Chefs des S.S.<br>■ Coord. Préfect. du PNEVG | Moto/Carburant | |
| | ■ Recensement des cas<br>■ Rédaction/diffusion des rapports | ■ CVD/HFR<br>■ PCV et Homologues | Fiches/Cahiers/registres | Octobre 1992 |
| 2. Former et affecter à leur postes 11 nouveaux PCVs | ■ Identification du formateur & autres intervenants | ■ APCD/Santé | Finances | Juin-Juillet 1992 |
| | ■ Préparation des modules de formation | ■ APCD & Formateur | matériel didactique | Août 1992 |
| | ■ Exécution de la formation | ■ Formateur & autres intervenants | Finances/matériel didactique | Septembre-Décembre 1992 |
| | ■ Affectation des PCNs | ■ APCD/Santé | Véhicules/carburant/logements | Fin décembre 1992 |

| Objectifs | Activités | Personnes Résponsables | Ressources Nécessaires | Calendrier D'Exécution |
|---|---|---|---|---|
| 3. Définir et mettre en oeuvre la cumpagne d'IEC dans tous les villages/fermes endémiques | ■ Choix et production du matérial éducatif approprié et de formation | ■ Membres du CNED | Finances | Mai-Juin 1992 |
| | ■ Identification et formation des intervenants à tous les niveaux; EVD/HFR, Agents, socio-sanitaires/PCVs, Coordonnateurs Préfectoraux du PEVG, Enseignants, Agents DRDR, Agent EVG, etc. | ■ Membre du CNED<br>■ Coordonateurs Préfecture du PEVG<br>■ PCVs | Finances<br>Matériel didactiques<br>Matériel éducatif | Juillet-Août 1992 |
| 4. Initier des micro-projets d'approvision-nement en eau potable et d'assainissement dans les villages endémiques: (puits, citernes, réparation pompes, retenue d'eau, latrines) | ■ Identification des besoins des communautés | PCV/Homologues | Motos/Carb./Vélos | Toute l'année |
| | ■ Préparation des requêtes | PCV/Homologues | Fournitures de bureau | |
| | ■ Recherches des fonds | PCV/Homologues/ APCD | Finances Moto/Vélo | |
| | ■ Mobilisation des ressources locales | PCV/Homologues/ Communautés | Finances/ matériaux, locaux, main d'oeuvre | |
| | ■ Exécution des projets | Bénéficiaires | Véhicules/moto/ finances tissus mono-filiment (Fonds ver du Guinée et autres) | |
| | ■ F. dic filtres | CNED/PCV/Femmes | | |

| Objectifs | Activités | Personnes Résponsables | Ressources Nécessaires | Calendrier D'Exécution |
|---|---|---|---|---|
| 5. Promouvoir la collaboration intra et inter-sectorielle | ■ Participation aux réunions périodiques du CNED | Coordonnateur National | Fournitures de bureau | 1-2 fois/mois |
| | ■ Réunions périodiques du Corps de la Paix avec les différents partenaires | PCD/APCD/Coordonnateur National | Fourniture de bureau | 2-4 fois/ans |
| | ■ Réunions mensuelles des subdivisions sanitaires | Médecine Chefs Subdiv. Sanitaires | Moto/Carburant/ Vélo | 1 fois/mois |
| | ■ Réunions périodiques entre volontaires/homologues et APCD | Coordonnateur Préfectoral/APCD | Moto/Carburant/ Vélo | 2-3 fois/an |
| 6. Evaluer et planifier les activités annuelles du PNEVG | ■ Organisation et tenue d'une réunion annuelle | APCD/Coord. National, Coord. Préfectoraux, PCVs | Finances | Janvier 1993 (2 jours) |
| 7. Superviser les activités des volontaires et de leurs homologues sur le terrain | ■ Tournées de visites aux volontaires à leur poste et sur les sites de travail | APCD/ Coordonnateur National | Véhicule/Cardurant Finances | 2-3 fois/an |
| 8. Intégrer d'autres activités de santé (CPC/Nut., Planning Familial, (Vaccination, etc.) au PNEVG | ■ Formation des PCVs et de leurs homologues sur ces activités | APCD/Chefs des Services des programmes concernés | ■ Finances<br>■ Modules de formation | Juillet 1992 |
| | ■ Exécution des activités de survie de l'enfant | | ■ Matériel technique de travail | Tout l'année |
| 9. Exchanger les expériences entre PNEVG des pays endémiques | Réunion conjointe un niveau central xxxxxxxxxxx | Coordonnateurs Nationaux/APCDs, PCVs | Finances | Janvier 1993 |

TRAVAUX DE GROUPE: G1

Canevas pour un Plan d'Action Régional et Departemental au Hodh El Gharbi.

## I. Analyse de la Situation 1e Analyse de la Situation Générale et Epidémiologique

### 1. Les Donnés Générales sur la Wilaya

#### a. La Situation Géographique et Administrative

La wilaya est limitée par 3 wilayas: Hodh El Charghi, Assaba et Tagant en plus d'une limite internationale avec le Mali

Elle est divisée en quatre Moughataas: Aioun, Kobeni, Trintana et Tamchekett.

#### b. Climat

Le climat est Sahélien avec un total moyen de précipitations annuelles de l'ordre de 200 à 300 mim. La saison de pluies est concentrée sur trois mois: juillet, août, septembre.

#### c. Relief

L'accessibilité est très difficile. Il s'agit d'un ensemble de pleines et de plâteaux.

#### d. Les Eaux

Les eaux de surface se composent des Oueds qui se jettent dans des mares. Celles-ci s'assèchent en saison humide. Les eaux souterraines permettent un approvisionnement facile en d'eau potable en creusant des puits ou des forages.

La ville d'Aioun bénéficie d'un réseau d'adduction d'eau.

### e. Données Démographiques

La population est en majorité sédenture et se répartit en trois groupes ethniques: Maures, Soninkés et les Halputanes.

- Ils pratiquent essentiellement l'agriculture et l'élevage.
- Une superficie de 53,400 $km^2$.
- Une population de 159,291 habitants.
- La densité est de 2,98 habitants 1 $km^2$.
- Le taux d'analphabétisme est aux environs du taux nationel 61.4%.

## 2. Les Données Epidémiologiques

La dracunculose constitue un problème de santé publique dans la wilaya qui vient en cinqième position d'endémie par rapport aux autres Wilayas ou a eu lieu l'enquête. Il y a eu 29 localités enregistrées où existe la maladie, dont 11 cas dans la seule Moughatea de Tamchekett. Les maladies suivantes viennent en tête des affections rencontrées dans la wilaya: paludisme, diarrhées, maladies respiratoires, MST, les dermatoses, etc.

## 3. Inventaires des Ressources

### a. Ressources Humaines

6 médecins, 5 TSS, 0 IDE, 15 IMS, 2 AI, 3 SF, 7 accoucheuses, 4 FS, 9 GS, 2 nutritionistes, 5 chauffeurs, 1 chef SRHA, avec 2 policiers d'hygiène, 1 assistante sociale avec 3 agents, 36 ASC nouvellement formés et des anciens.

### b. Structures Sanitiaires et Leurs Fonctionnement

(Graphic goes here)

Une dotation semestrielle en médicaments permet l'approvisionnement des différentes structures.

### c. Logistiques

Une Land Rover Santana neuve avec le DRASS est l'unique véhicule operationnel.

### d. Les Partenaires Identifiés

- Base de l'hydraulique
- Chefs Services Régionaux du Ministère du Développement Rural
- Chef Service Régional de l'Hygiène et l'Assainissement
- Director Régional de l'Enseignement Fondamental
- Mans.
- Faiseurs d'opinion
- Des ONG: OXFAM et Corps de la Paix

## II. Les Objectifs

### 1. Objectif Général

Le programme régional de lutte contre la Dracunculose dans le Hodh El Ghurbi devrait aboutir à l'éradication de la maladie avant le 31 décembre 1995.

### 2. Objectifs Intermédiaires

- Une méthode de lutte, en particulière une système de gestion et de surveillance aura été élaboré au niveau régional avant le 1er juillet 1992.

- L'exécution des méthodes de lutte devra commencer au niveau régional au plus tôt au cours du cycle prochain parasitaire.

- Les activités d'évaluation, l'extension du programme et de réactualisation de la situation épidémiologique devraient sanctionner la fin du cycle.

## III. Stratégies

### 1. Surveillance Epidémiologique

La formation spécifique et le réenforcement général du système d'information sanitaire au niveau régional.

## 2. Education pour la Santé

Par la formation spécifique, le développement d'un matériel didactique approprié, la promotion des moyens de prévention en particulier traditionnels et l'exploitation meilleur des médias.

## 3. Promotion de la Participation Communautaire

## 4. Approvisionnement en Eau Exempte de Copépodes

Par promotion du traitement chimique de l'eau et l'encouragement des mesures protectrices des points d'eau.

## 5. Traitement

Le traitement des malades selon un protocole régional qui tient compte de la spécificité des cas.

## 6. Supervision

Selon un calendrier pre-établi au niveau de la région.

## IV. Activités à Mener

### 1. Avant le Prochain Cycle de Transmission

#### a. Formation du Comité Régional

#### b. Formation des Formateurs à Aioun sur les Objectifs Suivants:

- Information générale sur la Dracunculose
- Elaboration des plans d'action départementaux avec:
  - Identification des localités
  - Programmation d'une tournée de prospection au niveau de chaque département et identification des ASC à recycler et à former
  - Détermination du contenu des séminaires départementaux ainsi que leur programmation.
  - Détermination des calendriers de supervision régionale et départementale.
  - Etablir une liste provisoire des comités départementaux.

#### c. Formation Secondaire au Niveau de Moughtara

*Lieu*: Chef lieu de la Moughtara.

*Participants:* Déterminer lors du seminaire de formation des formateurs les objectifs de la formation secondaire.

- Information général sur la Dracunculose
- Initier les participants aux tâches qui leur sont dévolues sur le terrain

## 2. Pendant le Prochain Cycle

### a. Au niveau localités:

- Séance d'éducation sanitaire
- Distribution des filtres aux familles
- Traitement des cas
- Surveillance et notification des cas

### b. Au niveau départemental:

- Supervision des activités de terrain (complément d'approvisionnement si nécessaire, collecte des informations)
- Transmission des informations au niveau supérieur et rétro information

### c. Au niveau régional:

- Supervision au niveau départemental (approvisionnement et collecte des informations)
- Synthèse des informations et transmission au niveau central

## 3. Après le Prochain Cycle de Transmission

(de novembre 1992 à mai 1993): évaluation et extension du système.

- Mesurer le succès de chaque intervention au cours
- Déterminer les causes des problèmes au quelles se heurte la mise en oeuvre des interventions et proposer des mesures correctives.
- Mettre en place l'extension du système
- Identifier les localités à pourvoir en eau potable

## 4. Budget

### a. Formation des formateurs

- Nombre de participants
  - 6 médecins: 1 DRASS, médecin chef, 2 hôpitaux et 4 médecin chefs départementaux
  - 1 chef SRMA
  - 1 superviseur régional de SSP
  - 3 personnes de soutien
- Transports aller et retour: 3 Médecins départementaux: 1500 UM x 2 x 3 = 9000 UM
- Perdiems: 500 UM x 11 participants x 4j = 22 000 UM
- Secrétariat: 1bic x 8 personnes x 20 UM = 160 UM
  1 crayon x 8 x 15 UM = 120 UM
  1 gomme x 8 x 30 UM = 240 UM
  1 bloc note x 8 x 250 UM = 2000 UM
  1 chemise x 8 x 100 UM = 800 UM
- Carburant: 10 litres de gasoil x 4j x 59 UM = 2360 UM
- Buvette: 20 UM x 11 participants x 4j = 8800 UM

**Financement Requis: 46.480 UM**

### b. Formation Secondaire: Tamchekett

La formation commencera par la Moughatsa de Tamchekett qui représente le plus grand nombre de localités affectées par la Dracunculose.

- La sensibilisation et l'identification des ASC: DRASS, Médecin Chef de la Moughatèa visiteront tous les villages pour la sensibilisation et le désignation des ASC à former.

  Carburant: 160 litres gasoil x 59 UM = 8090 UM

- La Formation des ASC

  - Participants: 2 médecins, 2 infirmiers, 1 superviseur régional SSP, 1 chef SRMA, 11 ASC, et 2 personnes d'appui. **Au total: 20 personnes.**

  - Perdiems: 500 x 20 persons x 4j = 40.000 UM

  - Transport aller et retour: 1 500 UM x 16 participants x 2 = 48,000 UM

  - Secrétariat:

    1 gomme x 17 personnes x 30 UM = 510 UM
    1 Bic x 17" x 20 = 340 UM
    1 crayon x 17" x 15 = 255 UM
    1 bloc note x 17" x 250 = 4250 UM
    1 chemise x 17" x 100 = 1700 UM

  - Buvette: 200 UM x 20 participants x 4j = 16.000 UM

  - Carburant: 10 litres de gasoil x 4j x 90 UM = 3600 UM.

  Financement Requis: 122.205 UM

**3. Logistiques pour la Supervision**

**a.** **Une véhicule de supervision** devrait être disponible au niveau de la wilaya pour mener cette activité

**b.** **Carburant pour la supervision:**
**2 superviseurs régionaux:** 80 litres de gasoil x 59 UM x 2 superv. = 9400 UM
**3 superviseurs départementaux**: 160 litres gasoil x 90 UM x 3 = 45.900 UM
**Total requis: 55.340 UM**

**c.** **Entretien et Réparation du Véhicule**

10% du prix du véhicule

## 4. Matériel et Fourniture

3 filtres/famille avec 1695 familles exposées

*Nombre de filtres:* 1695 familles x 3 = 5085 filtres

*Fluctuation eventuelle de 5%:* $\frac{5085 \times 5}{100}$ = 254 filtres

*Nombre total de filtres nécessaire:* 5085 + 254 = 5339 filtres

## 5. Divers

a. **Registres:** 11 registres pour 11 localités et 3 registres pour le DRASS. 14 registres x 3000 UM = 42.000 UM

b. **Crayons:** 1 paquet de 50 x 15 UM = 750 UM

c. **Bic:** 1 paquet de 50 x 20 UM = 1000 UM

d. **Rames de Papier:** 4 rams de papier fort x 500 UM = 2000 UM
4 rams de papier pelure x 300 UM = 1200 UM

**Financement Requis: 46.950 UM**

e. **Fiche des Rapports: NB à fournir par le MSAS**

f. **Templetes: NB à fournir par le MSAS**

**Financement Requis: 276.975 UM**

**Fiches de Rapport: N.B. à fournir par le MSAS**

**Téméphos: N.B. à fournir**

## V. Conclusion

La Dracunculose est une maladie de santé publique invalidente dans la wilaya du Hodh El Gharbi où la population est en grande majorité des éleveurs et des paysans.

Il est nécessaire d'éradiquer cette maladie en fournissant l'eau potable à nos population, et par la promotion des moyens de prévention. C'est dans ce but-là que le plan régional d'éradication a été élaboré en mettant de côté toutes les chances de réussite en l'année 1995.

PLAN D'ACTION D'ERADICATION DU VER DE GUINEE
1992-1993-Tchad

| Objectifs | Activites | Period | Ressources | Responsables |
|---|---|---|---|---|
| Réaliser l'enquête test | ■ Réintroduction d'une requête auprès de l'UNICEF, Japon, OMS | Mai | 78.329 $ US<br>38.329<br>5,000<br>35,000 | Coordonnateur National |
| | ■ Réalisation de l'enquête test | | | |
| | ■ Acquisition du matériel d'Education pour la Santé de GLOBAL 2000 (Nigeria) & requête appui au secrétariat GLOBAL 2000 | | | |
| | ■ Discussion avec APCD/PC-Tchad pour PC volontaires pour des activités de EVG. | Mai | — — | Coordonnateur & APCD & PCV |
| | ■ Requête pour country training packet au PC-Tchad | Mai | 20,000 $US | Coordonnateur & APCD |
| | ■ Finaliser l'enquête préliminaire | Juin | | UNICEF OMS Coord. National |
| | ■ Analyser les résultats de l'enquête | — — | | Ministère de la Santé Publique |

| Objectifs | Activites | Period | Ressources | Responsables |
|---|---|---|---|---|
| | ■ Recontre du comité intersectoriel de lutte contre le VG | — — | | Ministère de la Santé Publique (MSP) |
| | ■ Formation pour l'intervention | | PCV Coordination | PCV Coordinateur |
| | ■ Commencer l'intervention test | Juillet-Août | | |
| | ■ Formation pour l'enquête nationale des enquêteurs superviseurs | Sept. | Infirmiers diplomés d'état, techniciens d'assainis-sement | MSP |
| | ■ Exécution de l'enquête nationale | Oct.-Déc. | — — | MSP |
| | ■ Acquisition de filtres de GLOBAL 2000 | Jan. '93 | | |
| | ■ Formation pour l'intervention nationale | Février '93 | PCV Coordination | MSP |
| | Exécution des interventions | Mars '93 | PCV Coordination | MSP |

ASSABA REGIONAL PLAN

DRASS: Dr. Modaye

**Plan Régional & Départemental**

- Kankossa
  81 départements endémiques
  956 cas
  3 dept. ont un ASC
  1 centre de santé à Kankossa
  1 poste de santé à Kawala
  13 unités de santé de base (USB)

- Barkéol
  Une population de 23,000
  1000 cas de Ver de Guinée
  1 centre de santé
  5 postes de santé

- GUERU
  42 cas sur 12 localités
  1 centre de santé
  3 postes de santé
  7 USB

- KIFFA
  69 cas sur 13 localités
  1 hôpital régional
  1 centre de santé
  8 postes de santé
  18 USB

- Boumdeid
  44 cas sur 12 localités
  1 centre de santé
  2 postes de santé
  6 USB

**Logistiques**

| | |
|---|---|
| DRASS | 5 véhicules—2 sont tombés en panne |
| WV | 3 Land Rovers |
| | 4 motos et 1 vélo |

**Objectifs**

1. Eradication de Ver de Guinée d'ici 1995

2. Objectifs intermédiaires

   a. Avant le cycle:

      - A la fin de mai 1992—1 comité technique régional et 5 comités départementaux (Infirmiers, les PCVs, MCZ), 12 formateurs à Barkéol pendant trois jours avant le 31 mai.
      - Former 7 formateurs à Kankossa avant le 31 mai.
      - Former 12 formateurs à Boumdeid, Gueru et Kiffa avant le 31 mai.
      - Sensibiliser 25 villages dans toutes les villages de l'Assaba avant le 15 juin (10 à Barkéol).
      - 25 comités et la formation de 25 agents avant le 15 juin, qui doivent être affecté avant le 1re juillet avec trousse medicale.
      - Assurer la distribution des filtres à toutes localités endémiques avant le 1re Juin.

   b. Pendant le cycle

      - Superviser toutes de villages endémiques pendant le premier mois (juillet).
      - Identifier 50 nouveax villages et former les agents avant octobre 1992.
      - Soigner tous les cas qui se présentent aux centres de la santé ou aux AS.
      - Supervision chaque mois.

   c. Après le cycle

      - Evaluer les activités dans les localités endémiques pour déterminer si les formations, etc. suffisent.
      - Formation de 107 nouveaux agents pour la reste des villages endémiques.
      - Signaler tous les nouveaux cas.

**Strategies**

1. Recensement de cas pendant la supervision.

2. Elaborer le programme éducatif

3. Influencer des chefs religieux, enseignants, chefs des groupements

4. Réalisation des forages à l'aide des partenaires comme Service Hydraulique dans les zones les plus affectées

5. Distribuer des médicaments pour soigner des cas.

6. Mobiliser les communautés pour construire des puits.

**Activités**

1. Avant le prochain cycle

   a. Comité technique régional

   - DRASS
   - Chef de service d'hygiène et de l'assainissement
   - Hydraulique
   - Chef de service/soins de santé primaires

   b. Comité départemental

| Dept. Kiffa | Dept. Gueru | Dept. Boumdeid | Dept. Barkéol | Dept. Konkasse |
|---|---|---|---|---|
| MCZ<br>MAIRE<br>World Vision | MCZ<br>MAIRE | MCZ<br>MAIRE | MCZ<br>MAIRE<br>PCV | MCZ<br>MAIRE<br>PCV |

Pendant le cycle le comité de santé va continuer à sensibiliser et éduquer les communautés sur les mesures préventitifs contre le Ver de Guinée.

Un agent de santé doit traiter et enregistrer tous les cas et informer le MC.

ASC continuent la distribution des filtres.

**Niveau Départemental**

- Superviser 25 AS formés et former 50 nouveaux AS

- A le fin du cycle former 75 nouveaux AS
- Rediger un rapport d'activité après chaque supervision et les acheminer au niveau supérieur

**Niveau Régionale**

- Collecter et synthétiser les informations obtenues des départements
- Faire une retroinformation vers les AS
- A la fin de l'activité de lutte, noter les cas et les filtres utilisés
- Choisir les indicateurs pour évaluer le succès de la lutte (# AS formés, # filtres distribués, # supervisions, # rapports d'activité reçus)

**Budget**

| *Formation des ASCs* | *# de AS* | *Transport* | *Per diem* |
|---|---|---|---|
| **Formation des ASCs** | | | |
| Kankossa | 7 | 3.000 | 10.500 |
| Barkéol | 6 | 5.000 | 9.000 |
| Kiffa, Gueru, Boumdeid | 10 | 8.000 | 1.500 |
| **Formateurs** | | | |
| Kankossa | 2 | 6.000 | |
| Barkéol | 2 | 6.000 | |
| Kiffa, Gueru, Boumdeid | 6 | 18.000 | |

Fourniture—10,000
Location—15.000

**Formation Ver de Guinée**

| | *# de personnes* | *Transport* | *Per diem* |
|---|---|---|---|
| Kankossa | 10 | 6.000 | 12.500 |
| Barkéol | 10 | 6.000 | 12.500 |

| | | | |
|---|---|---|---|
| Kiffa, Gueru, Boumdeid<br>Callation—20.000 | 5 | 10.000 | 6.250 |

**2eme Formation AVDG: 50 agents VDG**

| | *# de personnes* | *Transport* | *Per diem* |
|---|---|---|---|
| Barkéol | 20 | 8.000 | 25.000 |
| Kankossa | 10 | 8.000 | 25.000 |
| Kiffa, Gueru, Boumdeid<br>Callation—20.000 | 10 | 11.000 | 12.500 |

Sensibilisation/Supervision---> Carburant
Barkéol—150 litres pour 1 supervision/pour 5 supervisions, 750 litres
Kankossa—150 litres pour 1 supervision/pour 5 supervisions, 750 litres
Kiffa, Gueru, Boumdied—180 litres pour 1 supervision/pour 5 supervisions, 900 litres

Total: 2.400 litres---> 132.000 UM
Entretien véhicule 10% du carburant 13.200

**TOTAL: 478.250 UM**

**Rôles PC et Activités**

| *Rôles* | *Activités* |
|---|---|
| Education | Distribution des filtres |
| Sensibilisation | Supervision des ASCs |
| Formation | EPS/Prévention |
| Fabrication des filtres | Soin des cas |
| Identification des villages endémiques | Surveillance |
| Stimuler des initiatives communautaires | |
| Etablir la surveillance continue | |
| Evaluer au début de l'année et de l'action | |
| Determiner les indicateurs mesurables | |

PLAN D'ACTION DU MALI
(DUREE 1 AN)

| Objectifs | Activités | Période | Ressources | Personne Resp. Organisation |
|---|---|---|---|---|
| 1. Assurer la coordination au niveau national des activités P.C. | ■ Participer aux réunions du comité technique | trimestrielle | | |
| | ■ Préparer un rapport périodique des activités P.C. assorti d'analyse et de recommendation | | ■ Papier | APCD |
| | ■ Organiser la 1ère conférence régionale C.P. sur le Ver de Guinée à Mopti (Région, Mopti-Ségou) | Juillet 1992 | carburant perdien | PC |
| | ■ Participer à l'enquête nationale | Juin-Juillet 1992 | carburant perdien | PNEVG |
| 2. Assurer la formation des volontaires et des animateurs de village | ■ Elaborer un manuel de formation | Juin 1992 | carburant per diem | PNEVG |
| | ■ Dresser un calendrier par cercle | Juin 1992 | ■ Papier | P.C. Gvt<br>UNICEF<br>Coop. Japonaise |
| | ■ Distribuer les boîtes à image | | ■ Document didactique | |

| Objectifs | Activités | Période | Ressources | Personne Resp. Organisation |
|---|---|---|---|---|
| 3. Exécuter le programme | ■ Confection à grande chaîne des tamis | Mai | ■ tissus<br>■ bois<br>■ coût | |
| | ■ Mise en place des tamis dans les villages | Juillet 1992 | | |
| | ■ Intensification de la vulgarisation de l'utilisation des tamis | | Carburant<br>Logistique<br>Periodique | Volontaire P.C.<br>Infirmier<br>Animateurs des villages |
| | ■ Intensification des causeries dans les villages | | | |
| | ■ Continuer la formation des animateurs villageois | | | |
| | ■ Mise en place des comités de gestion des points d'eau dans les villages | | | |

| Objectifs | Activités | Période | Ressources | Personne Resp. Organisation |
|---|---|---|---|---|
| 4. Assurer la surveillance épidémiologique | ■ Recensement des nouveaux cas | Juin | ■ papier<br>■ carburant | volontaire P.C.<br>volontaire villageois |
| | ■ Enregistrements du nombre de causerie/villages | | | |
| | ■ Nombre de tamis placés | | | |
| | ■ Nombre de familles disposant d'un tamis | Décembre 1992 | | |

MAURITANIE

| Objectifs | Activités | Responsables | Coût (UM) | Ressources Disponibles | Ressources Additionels | Calendrier |
|---|---|---|---|---|---|---|
| **1. Objectif Général** | **a. Avant le pro-chain cycle** | | | | | Avant le 1 juin 1992 |
| **2. Objectifs Interme-diare** | 1. Forma-tion du comité regional | DRASS | | | ■ Hydrau-lique | le 1 juin 1992 |
| ■ Elaborer une méthode de lutte avant le 1er Juillet 1992 | 2. Forma-tion des forma-teurs à Aioun | DRASS + Médecins Chefs | 46.480 | MSAG ONG | ■ Ministère du Dévelop-pement Rural | |
| | 3. Forma-tion des ASC à Tamche-kett | DRASS + Médecin Chef | 114.115 | MSAG ONG | ■ Participa-tion Commu-nautaire | Avant le 1er juillet 1992 |
| ■ Com-mencer cette méthode de lutte au cours du cycle prochain parasitaire | **b. Pen-dant le pro-chain cycle** | | | | | |

| Objectifs | Activités | Responsables | Coût (UM) | Ressources Disponibles | Ressources Additionels | Calendrier |
|---|---|---|---|---|---|---|
| | ■ niveau localité | ASC | 46.950 | MSAG ONG | | le 31 décembre 1992 |
| | ■ niveau départe-mental | Médecin Chef | 45.900 | MSAG ONG | | Avant mai 1993 |
| | ■ niveau régional | | | | | |
| ■ Activités d'évalua-tion, d'exten-sion et de réactua-lisation | c. **Après le prochain cycle** | DRASS | 9440 UM | MSAS | | Mai 1993 |
| | Evalua-tion Extension | MSAS | 270.975 UM | ONG | | |

## Résultats de l'Evaluation du PEVG du Corps de la Paix

| | | | | | |
|---|---|---|---|---|---|
| Alioun | 8 | | 39 cas | Tax d'incidence | 0,15% |
| Kobeni | 5 | | 13 cas | " | 0,04% |
| Tamchekett | 11 | | 215 cas | " | 1,36% |
| Tuitane | 5 | | 15 cas | " | 0.06% |
| | 29 | total | 282 cas | " | 0,29% |

**Tamchekett**

| | |
|---|---|
| Tamchekett | 2 cas |
| Barbara | 116 cas |
| Elbeyeol | 1 cas |
| *Legrair | 30 cas |
| Glig Eggouf | 1 cas |
| *Goub Nouamer | 1 cas |
| Radhi | 4 cas |
| Neichane | 52 cas |
| *Oumkabar | 4 cas |
| Thaiba | 2 cas |
| Youli | 2 cas |
| | 215 cas |

**Tuitane**

| | |
|---|---|
| Tuintane | 9 cas |
| Elmegussen | 1 cas |
| Gluib El Ab | 2 cas |
| Messiel Guo | 2 cas |
| Touil | 1 cas |
| | 15 cas |

PLAN D'ACTION: BENIN

| Objectif | Activités | Calendrier d'Exécution | Ressources Nécessaires | Personnes Responsables |
|---|---|---|---|---|
| Réduire l'incidence du VG de 70% | Inealisation des documents d'extension | Mai 1992 | Fonds, moyens de déplacement | |
| | | Mai 1992 | mobilette, vélos, carburant, filtres, matériels audio-visuels et didactiques sur le Ver de Guinée et d'autres thèmes de santé | Cellule de coordination, APCD |
| | | Juin 1992 | "" | "" |
| | | Juin 1992 | "" | Cellule de coordination + APCD |
| | | Juillet 1992 | "" | "" |
| | | Sept./Oct. 1992 | "" | PCV |
| | | Sept.-Nov. 1992 | Formateurs de stage, matériels et fonds, moyens de transport | PCV, APCD |
| | **Formation Nouveaux PCV/Education pour la Santé** | | | |

| Objectif | Activités | Calendrier d'Exécution | Ressources Nécessaires | Personnes Responsables |
|---|---|---|---|---|
| | ■ Formation des coordonnateurs communaux et volontaire villageois | Nov. 1992 | Matériels didactiques, vélos, fonds | PCV et coordonnateurs communal |
| | **Surveillance Epidémiologique** | | | |
| | ■ Surveillance mensuelle | Nov. 1992 | Fiches d'enquête mensuelles et annuelles, moyen de transport | Cellule coordination, APCD, PCV, coordonnateur communal, volontaire villageois |
| | ■ Enquête annuelle | Dec. 1992 | | |
| | **Installation Nouveaux PCVs** | Dec. 1992 | moyen de transport | APCD |
| | **Vulgarisation des tamis filtres** | | | |
| | ■ Confection | Juillet 1992 | Fonds, moyens de transport | Cellule de coordination |
| | ■ Distribution | Sept. 1992 | filtres, moyens de transport | Cellule de coordination, PCV |
| | **Réhabilitation des Pompes** | | | |
| | ■ Recensement des pompes en panne | Tous les mois | Fiches d'enquête, moyens de transport | |

| Objectif | Activités | Calendrier d'Exécution | Ressources Nécessaires | Personnes Responsables |
|---|---|---|---|---|
| | ■ Réparation des pompes | Tous les mois | Pièces détachées | |
| | **Traitement des Mares** | | | |
| | ■ Formation des agents | Nov. 1992 | Produits Chemiques | Cellule de coordination + PCV |
| | ■ Recensement des mares | Nov. 1992 | Moyens de transport et de formation | PCV et coordonnateurs communaux |
| | ■ Traitement des mares | Dec. 1992 | moyens de transport | "" |
| | **Suivi et Evaluation** | | | |
| | ■ Rapports | Mensuels, trimestriels | Fiches, fonds, moyens de transport | Cellule de coordination, APCD, PW |
| | ■ Réunions | Mensuelles, trimestrielles | "" | "" |
| | ■ Tournées | Mensuelles | "" | "" + PCV + APCD |
| | ■ Seminaire-atelier | bi-annuel | "" | "" + APCD + PCV |
| | ■ Conférence/ mobilisation sociale | annuelle | "" | "" |
| | ■ Réunions conjointes entre le Benin et le Togo | annuelle | "" | Coordonnateur nation + APCD + PCV |

| | M | J | J | A | S | O | N | D | J | F | M | A | Matériel et Autres | Personnes Responsable | Ressources |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Comités** | | | | | | | | | | | | | | | |
| ■ Redynamisation du Comité National | — | | | | | | | | | | | | Matériel de Bureau, logistique et compris carburant et maintenance. Extendre les comités aux PCV, OMS, UNICEF, et autres ONG. Perdean pour les déplacements. | Comité national Comité national + régional | $5.000 |
| ■ Constitution des comités régionaux et s/régionaux | | — | — | — | | | | | | | | | | | |
| **Fordation** | | | | | | | | | | | | | | | |
| ■ Séminaire national | — | | | | | | | | | | | | Confection de modules de format de différents mineaux. Moyens de déplacement pour le recoutement, frais de missions | PCV agents de santé, hydraulique, éducation, differents comités | 74.000 |
| ■ Séminaire régionaux et s/régionaux | | — | — | — | | | | | | | | | | | |
| ■ Recruitement et formation des volontaires des villages (1691 villages) | | — | — | — | — | — | — | — | — | | | | | | |
| **Education Pour la Santé** | | | | | | | | | | | | | | | |
| ■ Confection de filtres | | — | — | — | — | | | | | | | | | | |

| | M | J | J | A | S | O | N | D | J | F | M | A | Matériel et Autres | Personnes Responsable | Ressources |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ■ Confection de matériel didatique | | | | | | | | | | | | | Tissus filtres, matériel didactique, 2 véhicules 4x4 (1 à Missiah et 1 au niveau central) Carburant, frais de mission, autres matériels audiovisuels déplacement | Les comités, les agents de l'état, le PCV et autres partenaires | 92.500 |
| ■ Distribution des filtres et le matériel didactique | | | | | | | | | | | | | | | |
| ■ Logistique | | | | | | | | | | | | | | | |
| ■ EPS | | | | | | | | | | | | | | | |
| **AEP** Protection des points d'eau construction ou réhabilitation des points d'eau | | | | | | | | | | | | | Puits, forages, matériel et matéreaux de construction | Villageois, PCV, et autres partenaires, état (surtout l'hydraulique) | PM |
| **Surveillance, Suivi et Evaluation** | | | | | | | | | | | | | Matériel et fourniture de bureau, déplacement | Tous les agents impliqués dans le PEVG y compris PCV | 30.000 |
| **Analyse des Données et Diffusion des Résultats** | | | | | | | | | | | | | Fourniture de bureau per diem | | 2.000 |
| **Traitement des Malades** | | | | | | | | | | | | | Médicaments, bandes | Agents de santé, agents villageois, PCV | 30.000 |

| | M | J | J | A | S | O | N | D | J | F | M | A | Matériel et Autres | Personnes Responsal le | Ressources |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mobilisation Sociale** | | | | | | | | | | | | | Utilisation de mass média conférence début | Tous les personnel impliqués dans le PEVG y compris PCV | 9.000 |

## Appendix G

# SUMMARY OF PARTICIPANT EVALUATIONS (47 RESPONDENTS)

## I. Goal Attainment

Rate how well the overall objectives of the workshop were attained on a scale of 1—5, as follows:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all | Little | Adequately | Mostly | Completely |

1. To review key features of GWE programs

   AVERAGE RATING: 4.08/5.0 (mostly attained)

2. To provide an update on the current status and selected technical aspects of the global GWE campaign and to reinforce the role of participants within that campaign

   AVERAGE RATING: 4.12/5.0 (mostly attained)

3. To identify ways to initiate or strengthen monitoring and evaluation in GWE Programs

   AVERAGE RATING: 3.8/5.0 (mostly attained)

4. To review and discuss results to date of the formal Peace Corps GWEP Evaluation

   AVERAGE RATING: 4.08/5.0 (mostly attained)

5. To formulate recommendations for improving Peace Corps participation in GWEPs

   AVERAGE RATING: 4.85/5.0 (completely attained)

6. To develop annual country GWE action plans based on recommendations

   AVERAGE RATING: 4.31/5.0 (mostly attained)

## II. COMMENTS

1. What aspects of the workshop most met your needs?

"Review of status of country GWEPs"

"Overview of PC role/contribution/potential"

"Monitoring and evaluation"

"The general opinion that GWE activities need to be complemented by other PHC activities"



Previous Page Blank

"Solidarity between participants and organizers"

"Development of the Mauritania regional action plans for the next year including PCVs in the plans"

"Opportunity to meet with colleagues and local health officials and discuss specifics"

"Learning more about goals of Peace Corps/Washington Water/Sanitation Program"

"Getting many sobering facts out in the open; realizing there really is a GWEP"

"Exchange of ideas with other countries"

"As a PCV it was good to finally understand just what it is we are trying to do"

"The evaluation methodology presented (success analysis)"

"Without a doubt it was the training methodology which our francophone friends must learn"

2. What aspects least met your needs?

"We could have discussed national plans more"

"USAID hasn't promised anything yet—it should stop being timid and invest in GWEP!"

"The beginning was a little weak and overly replicative of a seeming conference standard"

"Oral review of survey—monitoring and evaluation group work was confusing"

"I would have liked to have had a more comprehensive discussion of PC/GWEP results"

"This 'monitoring'-'evaluating'-'supervising' semantic debate really bogged things down"

"The table case studies (Peter in Ghana)"

"Handouts were mostly in English"

"Peace Corps limits its involvement at the national coordinator level forgetting the regions"

"Financial support of programs"

3. How effective was the facilitation of the workshop?

"Excellent!"

"Active and dynamic"

"Very good, except small groups could have used facilitators as well"

"Fairly"

"Light and thorough"

"The interpreters and translators did sensational work"

"Very, by requiring all—in some way—to contribute"

"The workshop was 80 percent effective"

4. How could the design, organization, or delivery of the workshop have been improved?

"Involvement of all French volunteers doing water and sanitation work in Mauritania"

"Perfect organization, except that the room needed translation equipment"

"More time for individual discussions before being completely tired out (8:30 to 17:30 is too long)"

"Concentrate more on gathering information from all in attendance to disperse it to all others"

"More clarification of small group tasks"

"I'm not sure how you could do it, but the translation back and forth was a detractor"

"Nominate group leaders/rapporteurs before each group session"

"More time for in-depth analysis and strategizing of GWEP plans at grass roots level"

"Less flipchart listing of ideas—overkill"

"Early involvement of program managers in planning and statement of objectives of future workshops"

"Maybe a little per diem for Mauritanian participants"

"Reinforce the logistics and secretarial support"

5. Other comments or suggestions:

"Especially valuable to have national program managers here with APCDs"

"Organize another workshop in Mauritania in 1995 to evaluate the program"

"A project is now being put together in my region that I feel will eliminate Guinea worm and don't believe this would have been possible without opportunities provided by the conference"

"Peace Corps should give its volunteers motos instead of bikes given the distances they must cover"

"Let participants eat where they want to"

"Thanks! This worm doesn't have a chance!"

"Encourage exchange of materials between countries"

"I was quite happy to have had the opportunity to convey to the appropriate people my criticisms and recommendations"

"I will recommend that more of such workshops should be organized at various countries"

"This was exactly the spark that Mauritania needed"

"More time for development of country plans"

"The translation team was wonderful; the country presentations (Benin, Ghana) were very interesting"

"I expected to find the workshop not too valuable—well—I was wrong. Thank you for this wonderful opportunity."

"Role of PCVs should clearly be brought up for discussion"