

**USAID/GUINEA STRATEGIC OBJECTIVE #2
RESULTS FRAMEWORK DEVELOPMENT:
A PARTICIPATORY PROCESS**

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Submitted to:

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Introduction

In January of 1997, USAID/Guinea requested assistance from AFR/DP and M/HR/TD to facilitate a participatory process of refining the Mission's health sector Results Framework. AID/W offices have provided strategic planning services to many Missions over the past several years, but USAID/Guinea's request was somewhat out of the ordinary, in that the Mission wanted to conduct a process that would be decidedly participatory, one that would directly involve not only the Mission's core strategic objective team but also representatives from the Mission's governmental and non-governmental partners and stakeholders in the Guinean health sector.

In response to USAID/Guinea's request, AFR/DP and M/HR/TD agreed to jointly provide the services of a two-person consultant team from Management Systems International (MSI) for a four-week participatory planning exercise.¹ Not only would the exercise be in keeping with AFR/DP's objective of helping Missions develop sound strategic plans that incorporate partner and customer input, but it would also help meet M/HR/TD's objective of developing -- and sharing with other operating units -- some useful lessons about participatory strategic planning.

From January 15 to February 14, 1997 a two person MSI team worked with the Mission to accomplish three main tasks:

1. Conducting a series of focused key stakeholder interviews and analyzing the results of these interviews;
2. Planning and facilitating a two-and-one-half day strategic planning workshop involving a comprehensive range of health care practitioners, managers and policy makers, including Ministry of Health employees, private voluntary organizations, non-governmental organizations and international donors; and,
3. Facilitating Mission finalization of the Strategic Objective #2 (health sector) Results Framework.

Accomplishment of these three tasks was a sequential process. The interviews, combined with ongoing consultation with the Strategic Objective (S.O.) core team, provided the basis for development of the workshop program. The workshop outcomes, synthesized by the MSI team, provided the basis for refinement and finalization of the Results Framework (RF). This last task was accomplished through a two-stage process. First, the MSI team presented a synthesis of the workshop outcomes in RF format and facilitated the S.O. core team's development of consensus on a slightly modified version of this synthesis. Second, the MSI team worked with the S.O. core team

¹AFR/DP supported the exercise through its contribution to Delivery Order 1 of a Performance Measurement and Evaluation IQC contract to Management Systems International, which is managed by the Performance Measurement and Evaluation Division of the Center for Development Information and Evaluation (CDIE/PME); M/HR/TD supported the exercise through its buy-in to the PRISM contract, which was also managed by CDIE/PME and which has recently been completed.

to develop a final RF which included Mission priorities and key workshop outcomes in a RF format consistent with Agency and Africa Bureau guidance.

This report provides a description of the three-step methodology and a discussion of its strengths and weaknesses. Two complementary reports have also been prepared. First, the Workshop Proceedings Report describes the workshop in some detail. Second, the Results Framework Development Report provides an abbreviated description of the methodology combined with a description of results obtained at each stage in the process.

Step I Key Informant Interviews

In preparation for the S.O.2 workshop, the MSI team interviewed representatives from key stakeholders which intervene directly or indirectly in the Guinean health sector. These organizations included the European Union, the French Cooperation, UNDP, UNFPA, UNICEF, PSI, AGBEF, the World Bank, KFW, and Doctors Without Borders (Belgium). A set of focus group interviews were also to have been conducted with Ministry of Health personnel, but they were canceled by the Ministry due to a death in the Minister's family. Interviews were structured to collect information on: (1) health sector priorities and constraints; (2) the organizations' priority health sector development goals; (3) mechanisms to improve donor coordination; and (4) organizational strengths and weaknesses. This information helped the team design the strategic planning workshop for maximum effectiveness.

Methodology

The interviews were conducted by one or both members of the MSI team. The organizations interviewed were represented by the local director, health expert or both. Due to the time constraints of those interviewed, interviews seldom exceeded 45 minutes. The interviews were conducted semi-formally with the MSI team basing its questions on the interview protocol it had developed with input from the S.O.2 team. The topics addressed were:

- Priorities for health programs to be implemented in the next five years;
- Main constraints to the implementation of the suggested programs;
- Determining factors in the current low utilization of preventive health services;
- Basic services to be offered at health centers;.
- Donor coordination needs, approaches and potential benefits;
- Perceptions of USAID's areas of greatest expertise; and
- Health programs the organizations interviewed will implement in the next five years.

The interviews were conducted in a free-flowing manner with the MSI team doing its best to elicit useful comments on as many of these topics as interviewees were willing to address. By memorizing the topics and associated questions, the MSI team avoided having to ask questions in a predetermined sequence. For a detailed analysis of the results of the interviews, see the Results Framework Development Report.

Results

1. The interview methodology proved successful. Few interviews took more than 45 minutes, the data collected lent themselves to useful analysis, and this analysis essentially predicted many of the eventual results of the workshop.
2. Comparison of the results of the interviews and the consensus outputs of the workshop provided cross-cutting validation of key health priorities. Thematically there was a high degree of correlation between the two data sets.

Step II The Results Framework Workshop

Structure

Structurally, the workshop moved sequentially from the general to the specific and from a lecture format into a highly participatory process. The morning of the first day was to begin with formal opening statements by the USAID Director and by the Minister of Social Affairs (standing in for the Minister of Health, who had a death in the family), followed by discussions of processes, objectives and logistics. This was to be followed by a series of presentations including:

1. Key concepts of reengineering;
2. USAID's program worldwide and in Guinea; and,
3. The provisional S.O.2 Results Framework.

Because of logistics difficulties, this sequence was changed, with the discussions of processes, objectives, logistics and the key concepts of reengineering preceding the formal opening presentations.

This sequence of presentations set the stage for a series of group presentation and analysis activities, which consumed the afternoon of the first day and the entire second day of the workshop. The workshop ended at noon on the third day with the first half of the morning dedicated to refinement of the S.O.2 Results Framework. This was followed by the workshop evaluation and closing statements by the USAID Mission Director and the Minister of Social Affairs.

Methodology

Development of the workshop methodology began during team planning in Washington. With the assistance of MSI staff Janet Tuthill and Donald Spears, the team elaborated a two-phase group work methodology, which involved:

- focused discussion resulting in consensus in small groups of five to seven participants;
- report-outs and further consensus building in groups of 20 to 25; and,
- plenary report-outs, followed by analysis of common themes and differences.

This methodology was based on a realistic assessment of what was needed for a truly participatory process given the number of participants and time constraints: (1) consensus reached in a reasonable time in small groups; (2) groups of less than 30 picking from a limited set of options (in this case, the consensus decisions of the small groups); and, (3) validation and discussion in the very large plenary group.

In refining and finalizing the workshop methodology during the week before the workshop, the team faced three challenges: (1) it was important that S.O.2 core team members and other key stakeholders buy into the two-phase group work methodology described above; (2) the logistics of the group work process needed to be very efficient; and (3) the questions and issues which the participants focused on during the group work had to be crafted such that they made sense to the participants, could be responded to in the time available and provided data directly applicable to the provisional RF. These three challenges are discussed in turn.

1. **It was important for the S.O.2 core team members to buy into the two-phase group work methodology.** None of the team members were experienced with such a methodology and they expressed doubts about its practicality and effectiveness. The MSI team responded to these concerns in two ways. First, the MSI team delivered a series of short presentations on participation, explaining that with 80 to 100 participants, the two-phase methodology would be the only way to get true participation because of the limitations of large group dynamics. The MSI team also explained how readily and effectively Guineans engage in participatory group work. Finally, particular attention was paid to the logistics of group work and designing an extremely efficient group work process.
2. Given the potential for participants doubting the usefulness of the workshop and the potential unwieldiness of the two-phase group work methodology, **the development of an efficient group work process as very important.** In order to create workgroups with proportional representation of the main groups in attendance -- Ministry officials, NGO and PVO representatives, and donors -- the small and medium sized groups were predetermined. The facilitators broke the participants into 12 randomly selected groups of seven to eight and seated each group at a separate table. The tables were numbered from one to twelve and also identified by color. Four colors -- blue, red, yellow, and green -- were used, with each color shared by three tables making up a medium-sized group. During small and medium group work, the blue and yellow groups worked in the main workshop room while the red and green groups worked in separate break-out rooms. This methodology was followed during

group work on the afternoon of the first day and during the entire second day of the workshop.

This process was very deterministic. There was no counting off or self selection. Before deciding upon the process, the MSI team considered a number of less deterministic alternatives and consulted a range of S.O.2 team members and other stakeholders. The consensus appeared to be that, in terms of group logistics, efficiency was more important than empowerment. The group work process was presented to the participants as follows:

In small groups of 5 to 7 people:

1. Engage in a brainstorming process
2. Choose the best ideas
3. Develop consensus

In medium-sized groups of 20-25 people:

1. Present the consensus of each small group
2. Develop common themes and differences
3. Develop consensus

In plenary session:

Present common themes, important differences and consensus decisions of the smaller groups.

3. **The most difficult challenge was crafting the tasks which the participants performed during group work** such that the tasks made sense to the participants, could be responded to in the time available and provided data directly applicable to the provisional RF. The MSI team went through a wide range of options and, in the end, redefined the day-two tasks in the evening between days one and two.

On the afternoon of day one, work focused on the following task:

Access and demand for reproductive health services (FP/MCH/STD-AIDs) are two critical factors for the health of Guinea's population.

- *What should be the three most important priorities for improving access and demand over the next five years?*

- *For each of the priorities chosen, please indicate whether it is linked principally to access, demand or both.*
- *For each of the priorities chosen, what might be the most appropriate programs, activities or projects?*

This work to develop consensus on key issues and priorities focused on issues fundamental to the provisional S.O.2 RF but did not ask the participants to deal with the RF. This task was designed to serve as a basis for the group work on the provisional S.O.2 RF, which occurred on day two.

Originally, day two was designed with two separate tasks and thus two group work sequences. The first task was to focus on the Strategic Objective (S.O.) and Intermediate Results (IR) levels of the provisional RF with the second task focusing on the IRs and lower levels. On the basis of the results of the day one group work, the MSI team decided to combine these two tasks because: (1) the participants had done so well during the day-one group work that it was felt that they could handle a more complex task; and (2) because it appeared that most participants wanted to focus on the lower levels of the RF and that an entire task focused on the higher levels would therefore be inappropriate. The day two task became:

1. *Do the Intermediate Results (relating to access, demand and linkages) in the Provisional S.O.2 Results Framework provide the necessary and sufficient conditions for achievement of the Strategic Objective?*

If they do, please go on to question two. If not, please suggest changes or additions.

2. *The results under each of the Intermediate Results contribute to their achievement. Do these groups of results provide the necessary and sufficient conditions for achievement of the Intermediate Results to which they are linked? If not, please suggest changes and additions.*

Process

On day one the group work process went smoothly and the medium-sized groups reached consensus on the following priorities:

Priorities Selected	Group Blue: Tables 1,2,3	Group Red: Tables 4,5,6	Group Yellow: Tables 7,8,9	Group Green: Tables 10,11,12
Availability of Resources (Human and Financial)		Access	Access and Demand	Demand
Information, Education and Communication	Demand	Demand	Access and Demand	

Quality of Services	Access and Demand	Access and Demand	Access and Demand	
Geographic Coverage	Access			Access
Acceptability of Services				Demand

The day two group work also went smoothly. By the end of the afternoon, the medium-sized “color” groups had reached consensus and reported out in plenary session.

During the evening between days two and three the MSI team developed a composite RF by cutting and pasting the flipcharts used by the medium-sized “color” groups to present their consensus decisions. All the consensus decisions had been included with the MSI team focusing on organizing the composite RF in as logical and representative a manner as possible. The participants’ reaction to the composite was that it represented achievement of the stated objective of the workshop “Refinement of the Provisional S.O.2 RF.” The composite is replicated on the following page.

Workshop Evaluation Results

Participants’ assessments of the workshop were overwhelmingly positive. Ninety percent or more of the participants rated the facilitation, organization and materials good or excellent. When asked what they liked most about the workshop, most participants mentioned the group work, teamwork and/or participatory process. Participants’ criticisms of the workshop were limited and contained no dominant common themes.

Fifty participants filled out the workshop evaluation form, responding to the following questions:

Which aspects of the workshop did you like the most?

- The group work sessions, teamwork and/or participatory process (60%).
- The large group discussions (28%).
- The organization of the workshop (26%).
- The first-day description of the reengineering process (14%).
- The twelve other responses were wide ranging and none of them were shared by more than 8% of respondents.

Which aspects of the workshop did you like the least?

- 20% of responding participants wrote “none.”
- 10% cited the fact that the S.O.2 results framework seemed already complete.

Increased use of essential FP/MCH and STI/AIDS prevention services and practices

Increased access to decentralized quality FP/MCH and STI/AIDS prevention services and products

Increased demand for decentralized quality FP/MCH and STI/AIDS prevention services and products

More effective response among donors, government, community organizations, NGOs and private sector in addressing critical health system constraints

Improved health coverage (or geog access)

Improved service Delivery

Increased availability of FP and health products via social mktg

Increased avail. of FP products, ED, & vaccines at health facil.

Increased financial access

Increased avail of health products via CBD

Improved quality of service

Donor partnership strengthened at national level

NGO and local org. capacity and involvement strengthened

Strengthen collaboration between public, private and traditional sectors

Strengthened intersectoral collaboration for health problems

Increased rural roads

CBD

Increased service delivery sites

Social marketing

Implementation of an effective ess. drug supply system

Improved knowledge and behavior of women and target groups (or grps & decision makers)

Men and youth

Women and children

Increased acceptability of services

KAP: opinion makers and decision makers

Consensus building

- The remaining 21 responses were widely scattered with none of them shared by more than 8% of respondents.

How would you rate the facilitation process? Participants responded to this question by circling one of five options: Excellent, Good, Mediocre, Somewhat Poor, and Poor.

- 92% of participants rated the facilitation good or excellent.
- 8% rated it mediocre.

How would you rate the organization of the workshop? Participants responded to this question by circling one of five options: Excellent, Good, Mediocre, Somewhat Poor, and Poor.

- 94% of responding participants rated the organization good or excellent.
- 6% rated it mediocre.

How would you rate the workshop materials? Materials distributed included the workshop agenda, participant list, draft Results Framework with narrative and a Results Framework/Reengineering presentation. Participants responded to this question by circling one of five options: Excellent, Good, Mediocre, Somewhat Poor, and Poor.

- 90% of participants rated the materials good or excellent.
- 10% rated them mediocre.

Which aspects of the participatory group work process did you like the most?

- 68% of responding participants mentioned the sharing of ideas, free discussion and teamwork.
- Complementarity of group member's ideas (32%).
- 28% mentioned group's ability and willingness to reach consensus.
- 10% commended group members' willingness to work.
- Most of the remaining 10 responses echoed these themes, with comments on, for example, effective participation by group members and friendships developed.

Which aspects of the participatory group work process did you like the least?

Of the 19 different responses to this question, only three were shared by more than three participants.

- 18% of responding participants cited the length and/or sterility of discussions.
- 10% mentioned that some people impose their ideas on others.
- 8% cited difficulties in reaching consensus.

Conclusions:

1. The two-stage participatory group work methodology was effective. This is demonstrated by the quality of the outputs of the process and by participants' enthusiastic comments about the process in the workshop evaluation.
2. Plenary sessions should have been limited to presentations, report-outs and analyses of common themes and differences. For the most part, they were. However, when more substantial discussion was attempted on two occasions, results were less than satisfactory. This experience supported the team's assumptions about large group processes.
3. Most members of the S.O. team were, understandably, rather heavily invested in the draft RF presented at the retreat. In retrospect, we think it might have been more useful had the retreat been held earlier, while the S.O. team were still exploring strategic options. It is a credit to the workshop design and S.O. team members' willingness to observe rather than participate that their investment in their pre-retreat strategy did not compromise the results of the workshop.

Step III Results Framework Finalization Process

The MSI team facilitated the S.O. team in a two-step results framework finalization process. The first step involved reaching consensus on a RF synthesis which captured the significant contributions of the workshop in a clear and simple manner. To this end, the MSI team developed a synthesis draft RF out of the composite RF which emerged from the workshop. After less than an hour of discussion, the S.O. team reached consensus on a slightly modified version of this synthesis.

The second step was much more difficult and time consuming. It involved development of a final RF out of the workshop synthesis. Over three days and ten hours of meetings, the S.O. team gradually refined results statements, developed indicators and fine-tuned the causal logic of the RF. At the time of the MSI team's departure, this RF was undergoing final modifications.

Methodology

Step one involved putting the synthesis draft on a flipchart and discussing it, focusing on the following questions:

1. What key issues or ideas which emerged from the workshop are not represented here? Where and how should they be integrated into the synthesis RF?

2. How can this synthesis be made clearer or simpler?

The second step was guided by the following set of observations provided by the MSI team:

1. *All results statements should be stated as results to be achieved. This means that:*
 - a) *Result statements (RSs) should not contain any causality or description of process. Thus, for example, "through Social Marketing" or "through CBD" should not be parts of a RS.*
 - b) *All results statements should contain an action verb and, in principle, verb placement should be consistent.*
 - c) *RSs should answer the question "In order to do/accomplish what?" If a RS seems to be describing a process, it should be changed to represent what that process will accomplish.*
2. *Coverage at each level of the RF should be comprehensive. This means that if we are going to use RSs which are two levels below the IR, that level needs to contain all RSs which make up the necessary and sufficient conditions for achievement of results at the next level. In terms of what you are required to submit to Washington, just one level below the IR may be fine. Some Missions are required to go only to the IR level. We need to check.*
3. *This comment is based on the principle articulated in "c)" above. The IR and, to a lesser extent, the RSs under "Linkages" do not look like RSs. They look like descriptions of processes. Looking at your indicators, your IR, stated more as a result, might be "Health Care Management System Functioning Effectively" with indicators defining "functioning effectively." We should discuss this as this set of results looks quite weak.*
4. *Many people fell into the trap of thinking that RSs should contain direct references to those programs which the Mission is investing most in. This is not the case. RSs should describe the results of those interventions with indicators defining the results statements.*
5. *With the additions from the workshop, do the results at the sub-IR level represent necessary and sufficient conditions?*
6. *In order to finalize the RF structure, we need to identify key indicators because indicators define pragmatically what we mean by RSs. We have included below a brief description of the criteria for selection of performance indicators.*

Performance Indicators

Performance indicators clarify the intent of a results statement by defining the unit of measurement that is to be used in assessing performance and identifying very specifically what is to be measured. Indicators can and should be developed for results at all levels of a results framework.

In fact, if the same or similar indicators appear for results at different levels of a results framework, this indicates that the if - then logic of the results framework is suspect and that it may be appropriate to eliminate one of the two results possessing similar indicators.

This is a simple example of a result -- performance indicator relationship:

<u>Result:</u>		<u>Performance Indicator:</u>
Non-traditional exports increased	-----	Value of export sales of lemons, limes, melons and raspberries.

In this example, non traditional exports are defined as a specific set of products and "increase" is defined as change in value.

As we go through the process of developing performance indicators for each of our results, we should bear in mind the following criteria:

- 1. One strong indicator is worth more than ten weak indicators. It is important to search for the best indicators for key results and to be conservative about the number of indicators selected. Information must be collected for each indicator and information is never free.*
- 2. Each result statement should have independent indicators. Results on a lower level of a results framework should not be used to prove achievement at a higher level.*
- 3. Indicators should be valid in the sense that they should measure what the results statement says and not something else.*
- 4. Indicators should be reliable, such that if measured twice, the same result would be forthcoming. The measurement scale and procedures should remain constant over time.*
- 5. The practicality of indicators is key. Indicators are useless unless data can be collected on the indicator frequently enough to be useful to program managers.*
- 6. Affordability is equally important. The cost of getting data should not exceed their value.*

Using these observations as a guide, the MSI team facilitated a process whereby the synthesis RF was refined in a two-part process. Part one involved, as appropriate, restating the existing Results Statements as results and identification of key indicators for each result. Part two involved analysis of the RF in terms of the soundness or its causal logic and the "necessary and sufficient conditions" criteria.

Observations

The refinement process was very time-consuming. Such is often the case. In this instance, some S.O. team members did not initially agree with the process and wished to develop a RF based only loosely upon previous work, including the workshop results. Letting the S.O. team sort this out consumed several hours. Another factor adding to the length of the process was the fact that the provisional RF had been developed without input from some of the virtual team members who were present. Considerable time was devoted to core team members explaining the logic of the RF which had served as the basis for the workshop, this before any consideration of integration of the workshop results.

General Conclusions

Thematic Conclusions:

The focus here is upon common themes which emerged from the interviews and the workshop, both the day-one work on priorities and programs and the day-two work on the provisional RF. These common themes, identifying key health sector priorities and constraints, served as the basis for the ongoing process of finalization of the RF:

1. Quality of services;
2. Geographic coverage/access;
3. Equity and affordability of services;
4. Coordination of activities;
5. Social acceptability; and
6. Information, education and communication.

Methodological Conclusions:

1. Comparison of the results of the interviews and the consensus outputs of the workshop validates the themes described above. Thematically there is a high degree of correlation between the two data sets.
2. The interview methodology worked well. Few interviews took more than 45 minutes, the data collected lent themselves to useful analysis, and this analysis essentially predicted many of the eventual results of the workshop.
3. The two stage participatory group work methodology was effective. This is shown by the quality of the outputs of the process and by participants' highly enthusiastic comments about the process in the workshop evaluation.

4. Plenary sessions should have been limited to presentations, report-outs and analyses of common themes and differences. In main part, they were. However, when more substantial discussion was attempted, results were less than satisfactory.
5. Most members of the S.O. team were, understandably, rather heavily invested in the draft RF presented at the retreat. In retrospect, we think it might have been more useful had the retreat been held earlier, while the S.O. team were still exploring strategic options. It is a credit to the workshop design and S.O. team members' willingness to observe rather than participate that their investment in their pre-retreat strategy did not compromise the results of the workshop.
6. Completing this task required ten to twelve hours a day, seven days a week, for a month. This was because of the confused nature of the scope of work (S.O.W.) for the assignment. It had initially been written as a performance-based contract with a finalized RF as the result to be achieved. However, the S.O.W. had been modified to include detailed requirements for interviews and the workshop. The MSI team was therefore required to adhere to these detailed requirements while being held accountable for an end result which might have been reached more easily through other means. As a practical matter, had the MSI team had a say in the process, it might have proposed a more detailed and extensive version of the interviews, including focus group work, rather than the workshop.

The workshop achieved its objective and was evaluated very positively. However, whether the hundreds of hours spent preparing and conducting the workshop were the most efficient and effective use of time is unclear.

Annex A
Workshop Agenda

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**CALENDRIER DE L'ATELIER DE PLANIFICATION
STRATEGIQUE DU PROGRAMME DE SANTE DE L'USAID
CONAKRY 3,4,5 FEVRIER 1996**

Jour 1: Lundi 03/02/1997

8h00 Arrivée et installation des participants

8h30 Le Discours de Monsieur le Directeur de l'USAID

 Ouverture officielle de l'atelier par Monsieur le Ministre de la Santé

 Présentation de l'équipe MSI, le calendrier de l'atelier, définition des normes de travail, discussion d'ordre logistique

 Présentation des objectifs de l'atelier

 Présentation générale des concepts clefs du reengineering et du Plan Cadre des Résultats.

10h30 Pause

 Rappel du programme d'assistance de l'USAID dans le domaine de la santé, son expertise et son expérience

 Présentation du Plan Cadre des Résultats de l'Objectif Stratégique No. 2 de l'USAID/Guinée.

 Introduction à la dynamique des groupes de travail de l'après midi

12h30 Pause

13h00 Petits groupes de travail sur la tâche #1: ***Priorités, programmes et projets de la sante reproductive***

14h30 Rapport et synthèse des travaux des petits groupes en groupes de 20 à 25 personnes.

15h30 Fin de session

Jour 3: Mercredi 05/02/1997

- 8h30 Description des accomplissements du jour 2 et Présentation du programme du jour 3.
- 8h50 Résumé des Résultats des petits groupes de travail et intégration de ces Résultats dans le Plan Cadre des Résultats de l'objectif stratégique No. 2 de l'USAID/Guinée
- 9h45 Discussion du Plan Cadre des Résultats de l'objectif stratégique No. 2 de l'USAID/Guinée en session plénière
- 11h15 Evaluation de l'atelier
- 11h30 Observations de l'USAID
- 11h45 Fermeture officielle de l'atelier par le Ministre de la Santé
- 12:30 Fin de l'atelier

Annex B
List of Participants

ATELIER DE PLANIFICATION STRATEGIQUE DE L'USAID/SANTE
3-5 FEVRIER 1997

LISTE DES INVITES

MINISTERE DE LA SANTE

Dr. Kandjoura Dramé, Ministre de la Santé
Dr. Mohamed Sylla, Secrétaire Général de la Santé
Dr. Yéro Boye Camara, Conseiller du Ministre chargé de la Politique Sanitaire

Directeurs Nationaux

Dr. Mohamed Lamine Touré, Directeur National de la Santé
Dr. Sékou Condé, Directeur National des Etablissements de Soins
Dr. Kékoura Kourouma, Directeur National de Labo-Pharmacie

Chefs de Division, Sections et Programmes

Dr. Thierno Souleymane Diallo, Chef du Bureau d'Etude, Planification, et Recherche
Dr. Ali Kamano, Chargé de la Formation et de la Recherche
Mr. Moussa Kourouma, DAAF
Dr. Pogba Gbanacé, Chef de la Division Medecine Traditionnelle
Dr. Mahi Barry, Chef de la Division Prévention
Dr. Raphiou Diallo, Chef de la Division Promotion de la Santé
Dr. Macoura Oularé, Chef de la Division Alimentation, Nutrition
Dr. SAA Didimio Sandouno, Chef de la Division Soins
Mr. Abdoulaye Diallo, Chef de la Division Infrastructure, Equipement et Maintenance
Mr. Lamine Daffé, Chef de la Division Médicaments
Dr. Karifa Douno, Chef de la Div. Etablissements Biopharmaceutique et Affaires Professionnelles
Dr. Soukeynatou Traoré, Chef de la Section SMI/PF
Dr. Malifa Baldé Coord. du Prgm. Nat. de Soins de Santé Primaires
Dr. Aboubacar Savané, Coordinateur du Programme National de lutte contre les MST/SIDA
Dr. Antoinette Helal, Coord. du Prgm. Nat. de lutte contre les maladies diarrhéiques.
Dr. Mamadi Condé, Coordinateur du Programme Santé et Nutrition
Dr. Fatoumata Camara, Coord. du Prgm. Nat. de Lutte contre le Paludisme
Dr. Madina Rachid, Coord. du Prgm. Nat. de Santé de la Réproduction

Inspecteurs Regionaux de la Sante (IRS)

Dr. Namory Keita, Directeur Régional de la Santé/Ville de Conakry
Dr. Robert Sara Tambalou, IRS Boké Dr. Momo Camara, IRS Faranah
Dr. Alpha Oumar Barry, IRS Kindia Dr. Ousmane Sow, IRS Kankan
Dr. Sakoba Keita, IRS Mamou Dr. Mohamed Lamine Dramé, IRS NZérékoré
Dr. Kalifa Bangoura, IRS Labé

Directeurs Préfectoraux de la Santé (DPS)

1 DCS Ville de Conakry	1 DPS Région de Labé
1 DPS Région de Boké	3 DPS Région de Faranah
1 DPS Région de Kindia	3 DPS Région de Kankan
1 DPS Région de Mamou	3 DPS Région de NZérékoré

REPRESENTANTS DES AGENCES INTERNATIONALES ET DES ONGS

UNICEF

Mr. NDolamb Ngokwey, Représentant
Dr. Isseimou Ould Boukhary, Chef du Programme Santé
Dr. Facinet Yattara, Administrateur Santé

Organisation Mondiale de la Sante (OMS)

Dr. MameThierno Aby Sy, Représentant
Dr. Gregorien, Epidemiologiste
Dr. Saliou Dian Diallo, Assistant de Programme

Banque Mondiale

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