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USAID/GUINEA STRATEGIC OBJECTIVE #2 WORKSHOP PROCEEDINGS REPORT

March, 1997

Submitted to:

Strategic Objective #2 Core Team

Submitted by:

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Introduction

The U.S. Agency for International Development (USAID) has adopted a new approach to planing, managing, implementing, monitoring and evaluating its programs worldwide. This new approach is called reengineering. Among the basic tenants of reengineering are customer focus, transparency, participation and partnership. Consistent with these tenants, the USAID Mission to Guinea asked Management Systems International (MSI) to facilitate a planning workshop for its health program (Strategic Objective "S.O." #2) involving the full range of health care implementation stakeholders in Guinea. To this end, the Ministry of Health (MOH) and USAID/Guinea invited some 80 health care practitioners, managers and policy makers to participate in the workshop. Roughly half the participants were Ministry of Health employees working at the national, regional and sub-regional levels. The remainder of the participants came from non-governmental organizations (NGOs), private voluntary organizations (PVOs) and the donor community. The stated objective of the workshop, developed by the MSI team in collaboration with members of the Mission's S.O.2 core team, was to "Refine USAID/Guinea's Provisional S.O.2 Results Framework". The workshop was held at the hotel Camayenne in Conakry on the third, fourth and fifth of February.

I. Workshop Structure and Methodology

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 on, sequentially:

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. The second half involved the workshop evaluation and closing statements by the USAID Mission Director and the Minister of Social Affairs.

Development of the workshop methodology had began during team planning in Washington. With the assistance of MSI Vice President Janet Tuthill and Senior Consultant Donald Spears, the team had elaborated a two-phase group work methodology involving 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 thirty 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.

II. The Morning of Day One

The day began with a brief introduction to the Workshop by MSI facilitator Douglas Daniell and introduction of the MSI team; Dr. Fernanda Kaplan, Mr. Balde Alpha Mamadou and Mr. Daniell. Dr. Kaplan then reviewed the workshop agenda (Annex A) and objective: "To Refine the Provisional USAID/Guinea Strategic Objective #2 Results Framework" followed by a brief introduction to the Results Framework. Dr. Kaplan continued by describing the process of the workshop as based upon: (1) teamwork, (2) active participation, (3) concrete, realistic and practical ideas; and, (4) mutual respect.

Key Concepts of Reengineering

This was followed by a presentation of the key concepts of reengineering by Mr. Daniell. He began with a brief overview of the reengineering process, describing the process that USAID had gone through over the previous two years and emphasizing the four core values of (1) customer focus, (2) teamwork, (3) managing for results, and (4) empowerment and accountability. Mr. Daniell then described the planning process in terms of participation, joint programing and clear linkages between achievement of results and budget allocations. This description centered around the Results Framework (RF) which Mr. Daniell explained in terms of causal logic, necessary and sufficient conditions and a focus on results as opposed to categories. Mr. Daniell emphasized (1) the significance of key assumptions and (2) the importance of including results statements encompassing partners' activities. This was followed by an explanation of how indicators and targets are developed for each result in a RF. Mr. Daniell concluded his presentation with a description of results packages (RPs), explaining how they constitute a flexible and efficient way of planing and implementing activities. During the presentation, Mr. Daniell used a series of visual aids in the form of overhead transparencies. A comprehensive set of these transparencies, including some details not included in Mr. Daniell's presentation, is provided in Annex D.

Opening Statements

This presentation was followed by an opening statement by Mr. John Flynn, Director of USAID/Guinea. His presentation, which is replicated in its entirety in Annex B, focused on the key role of partnership in the reengineering process and described the workshop as an important step in putting partnership into practice. He then described the four base values of reengineering:

- Clients;
- Results;
- Delegation and Responsibility; and,
- Teamwork.

He then explained how, in the context of these values, the workshop would focus on refining the draft S.O.2 Results Framework (RF). He ended his presentation with a few words on the importance of active participation during the workshop.

Mr. Flynn's presentation was followed by the official opening of the workshop by Ms. Kaba Saran Daraba, Minister of Social Affairs. In her remarks, Mrs. Daraba focused on the importance of the workshop as an significant step in the process of defining clear objectives and appropriate strategies in order to better respond to Guinea's health needs. She emphasized the importance of collaboration and coordination of health sector interventions and described the workshop as an opportunity to reinforce existing collaboration mechanisms. She ended her presentation by thanking the workshop participants for their attendance and entreating them to work hard and collaboratively on this important task. Her remarks are replicated in Annex C.

USAID in Perspective

After a 20 minute break, Mr. Flynn delivered a presentation on USAID's assistance program. He began with a brief history of the program, starting with post-WWII reconstruction in Europe and the move, during the early 1950s, into development assistance to the countries of the third world. He then explained how the "cold war" with Communist Bloc countries facilitated mobilization of American political and economic support for development assistance. He followed this with a description of how the fall of the Communist Bloc led to a reallocation of U.S. Government resources and a reduction if support for development assistance.

This historical sketch brought Mr. Flynn to a description of USAID's present situation of a reduced budget and limited focus. He explained how USAID's assistance is now based upon:

1. Protection on U.S. economic opportunities;
2. Prevention of humanitarian and other complex crises;

3. Promotion of peace and stability; and,

4. Protection against global dangers (such as environmental degradation and AIDS).

Mr. Flynn continued by explaining USAID's general approach to development as including the following components:

1. Development of and support for effective policies;

2. Development and reinforcement of institutional and management capacity;

3. Technology development and transfer; and,

4. Enlargement of economic opportunities and access.

Mr. Flynn then explained how these components of USAID's approach to development are adapted to the economic, political and social conditions in each country where USAID is active. He explained the importance if this process in terms of efficiency and effectiveness, two of the fundamental values of reengineering.

Mr. Flynn followed this description with a brief presentation of USAID's five goals:

1. Economic development;

2. Sustainable democracy;

3. Stabilizing world population and protecting human health;

4. Sustainable management of the environment; and,

5. Saving lives and reducing suffering.

He then explained how, consistent with these goals, USAID/Guinea's program development goal was "Improved economic and social well being of all Guineans in a participatory society". After this, he discussed how S.O.2 "Increased use of essential FP/MCH and STI/AIDS prevention services and practices", lay under both the Mission program development goal and the third of the Agency goals cited above.

Mr. Flynn concluded his remarks by describing how he hoped that activities conducted under S.O. 2 would result in sustained reduction of: (1) undesired pregnancies; (2) infant mortality; (3) maternal mortality; and, (4) transmission of AIDS/STDs.

The USAID/Guinea S.O.2 Results Framework

Mr. Flynn's presentation set the stage for a detailed presentation of the provisional S.O.2 Results Framework by S.O. team member and health expert Dr. Miriama Cire Bah. Dr. Bah began her presentation by providing a brief description of the series of studies, evaluations and meetings with partners, starting in 1993, which led to elaboration of the provisional RF. She then summarized the results of these studies, evaluations and meetings in two ways. First, in terms of the following indicators: (1) infant mortality; (2) maternal mortality; (3) vaccination coverage; (4) contraceptive prevalence; and, (5) malnutrition. Second, in terms of constraints including: (1) insufficient financial resources; (2) deficiencies in management; (3) weak national primary health care coverage; (4) insufficient decentralization in management of resources; (5) low use of health care; (6) limited community participation in health care; (7) a weak human resource base; and, (8) weak inter-sectoral collaboration.

Dr. Bah followed this description of background, indicators and constraints with a review of the provisional results framework. She revisited the Strategic Objective which had been introduced by Mr. Flynn in the previous presentation, and then explained the three intermediate results (IRs) focusing on (1) access to health care, (2) demand for health care and (3) linkages between health care providers. She then described the provisional lower level results under each of the IRs. During her remarks, Dr. Bah focused both on (1) the technical content of the results statements and associated provisional indicators and (2) the causal logic and "necessary and sufficient conditions" criteria which had been employed in formulating the RF. The provisional RF which provided the basis for this presentation is presented in Annex E.

Dr Bah's presentation was followed by an introduction, by Dr Kaplan, to the dynamics of participatory group work. She described the process in the following manner:

In small groups of 5 to 7 people:

1. Engage in a brainstorming process
2. Chose 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

Discussion and clarification of this task focused on the role of the Government of Guinea (GOG) in the RF development process and the results expected from this process. Dr. Mohammed Kaba of FINUAP was particularly concerned that USAID's planning process be consistent with the GOGs plans and programs. Participants representing the Ministry of Health (MOH) and Ministry of Planning (MOP) explained that the workshop had been planned in collaboration with the GOG and that USAID and the MOH expected the results of the workshop to be consistent with existing GOG policy. This discussion ended with a consensus decision to engage in the process proposed and then consider the quality and appropriateness of the outcomes of the process.

This discussion was followed by a 40 minute lunch break.

III. The Afternoon of Day One

Methodology

In order to create workgroups with proportional representation of the main groups in attendance: (1) Ministry officials; (2) NGO and PVO representatives; and (3) donors, the small and medium sized groups had been predetermined. The MSI facilitators had broken the participants into 12 randomly selected groups of seven to eight and seated each group at a separate table. The tables had been numbered from one to twelve and also identified by color. Four colors: blue; red; yellow; and green, had been 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.

Day 1 Group Work

The afternoon began with a review of the group sequence that had been introduced before the break. Participants asked a series of detailed questions about the focus and logistics of the sequence, paying particular attention to "brainstorming". This process was described by Mr. Dana Ward of PSI as involving "suggesting and listing ideas rapidly with the understanding that, in brainstorming, no ideas are bad". The facilitators continued the question -- answer process until participants had a solid understanding of their group work sequence.

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 might 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?*

The group work proceed smoothly with the small groups and medium-sized "color" groups developing consensus on priorities, associated activities and access/demand linkages by the end of the session.

IV. Day Two

The second day of the workshop began with a short review of the previous day's activities by Mr. Daniell. This was followed by a brief introduction to the medium group report-out process by Dr. Kaplan. The groups were asked to describe their consensus decisions on priorities, activities and access/demand linkages. Their priorities are summarized in Table 1.

Table 1

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 activities suggested by these groups are detailed below.

1. *Availability of Resources (Human and Financial)*

Activities suggested by group red included:

a) Equipment and infrastructure;
b) Drug supply;
c) Training;
d) Cost recovery; and,
e) Mobilization of financial resources (local and donor).

Activities suggested by group yellow included:

a) Mobilization of resources;
b) Allocation of resources;
c) Supply and resupply; and,
d) Redeployment of resources (personnel, financial and material) closer to end users.

2. *Information, Education and Communication* (IEC)

Activities suggested by group blue included:

a) Development and implementation of a national IEC program including
   - operational research;
   - mass media campaigns; and,
   - geographic support.

Activities suggested by group red included:

a) Training;
b) Creation and use of audio-visual supports;
c) Enhancement of information distribution channels (radio, newspapers etc.); and,
d) Social marketing of services including research on effective communication.

Activities suggested by group yellow included:

a) Research including baseline studies;
b) Training and information dissemination to change attitudes of decision makers, health care personnel and end users; and,
c) Creation of supporting materials.

3. *Quality of Services*

Activities suggested by group blue included:

a) Training of personnel;
b) Regular delivery of essential medical supplies; and,
c) Enhanced supervision and motivation of medical personnel.

Activities suggested by group red included:

a) Training of personnel;
b) Supervision and evaluation of personnel;
c) Promotion of services; and
d) Improving in relations with clients.

Activities suggested by group yellow included:

a) Research;
b) Training;
c) Regular delivery of essential medical supplies;
d) Monitoring and evaluation; and,
e) Construction and renovation of infrastructure (clinics and hospitals).

4. *Geographic Coverage*

Activities suggested by group blue included:

a) Decentralization; and,
b) Promotion of private sector development.

Activities suggested by group green included:

a) Acceleration of the integration of reproductive health into primary health activities;
b) Extension of community-based health coverage to all of Guinea;
c) Extension of social marketing activities to cover all of Guinea; and,
d) Organization of private sector reproductive health services.

5. *Acceptability of Services*

Activities suggested by group green included:

a) Basic operational research;
b) Development of materials based upon research findings;
c) Promotion of maternal health using materials and methods custom tailored to clients;
d) Improvement in the interactions between health care personnel and clients (sensitivity and respect)

It should be noted that there are common themes among the activities suggested which appeared in different categories for different groups. For example, though only one of the medium sized groups mentioned "Acceptability of Services" as a consensus category, several groups mentioned "acceptability" oriented activities such as improvement in client relations and education for attitude change under "Quality of Services" and/or "IEC".

After presentation of these priorities and activities, Dr. Kaplan conducted a brief analysis of common themes and differences and two participants "aggregated" the priorities as:

- Availability of Financial and Human Resources including
  - infrastructure,
  - equipment,
  - personnel,
  - medicines, and
  - community participation;

- Quality of Services including
  - development of norms and standards,
  - training,
  - consistent supply of medicines and other consumables including vaccines,
  - counseling and motivation of personnel,
  - improved management, and,
  - involvement of communities in management and decision making; and,

- IEC for Promotion of Services through Improved Knowledge.

The brief but vivid debate which followed focused on the need for prioritizing geographic access and the Government of Guinea's role in the prioritization process. This was followed by a 20 minute break.

Day 2 Group Work

This session began with a brief presentation of some of the key principles of Results Framework development by Mr. Daniell. He revisited the concepts of causal logic and necessiary and sufficient conditions which had been discussed on the morning of day one. This prepared the participants for group work on the provisional S.O.2 RF. Mr. Daniell presented the RF group work task as follows:

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 the Intermediate Result 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.

The clarification discussion which followed presentation of this task was brief. Participants indicated that they understood what they were being asked to do and agreed that the task had value and importance.

Group work followed the two-phase methodology used on day one with the same randomly-selected groups organized in the same fashion. To allow the groups to work in a free and unbiased way, the USAID S.O.2 team members participated in neither the working groups nor the facilitation process. However, some team members were present as observers and some of the small groups called upon them to explain aspects of the provisional RF. These team members had been coached by the MSI facilitators to provide explanations in as neutral a manner as possible.

The second half of the morning and the entire afternoon were devoted to this group work focused directly on the S.O.2 Results Framework. By the end of the afternoon of day two, the medium sized "color" groups had reached consensus and reported out in plenary session. What follows is a description of their suggestions. For the sake of clarity and utility, the changes suggested by the groups are presented in terms of levels of achievement within the RF. For the sake of brevity, this description presupposes a knowledge of the provisional RF. Readers without such knowledge will find a copy of the provisional RF in Annex E. In this description, unmodified results statements from the provisional RF are in italics. All suggested changes are underlined.

The Strategic Objective and Intermediate Results Levels

None of the groups suggested fundamental changes at these levels. One group suggested the substitution of M.C.H. (Maternal and Child Health) for R.H.(Reproductive Health) in the Strategic Objective. Another group suggested the addition of the word "decentralized" before "services and products" in Intermediate Results 2.1 ("access") and 2.2 ("demand").

Lower Level Results

Suggested changes at these levels were more numerous.

Under IR 2.1 - "*Increased access to quality services and products in FP/MCH and STD/AIDS-prevention*" the following lower level results were suggested:

1. Improved Sanitary Coverage/ Geographical access

    1.1 Increased Delivery Sites / Public Health Centers.

    1.2 Increased Community Based Services

    1.3 Increased availability of FP and Health products through Social Marketing

    1.4 Improved Rural Roads

2. Improved Quality of Services as an alternative to "*Improved service delivery*"

3. Increased Availability of FP, vaccines and health products at the public health centers

   3.1 Existence of an efficient health products' distribution system

5. Improved affordability of services

6. "*Increased availability of health products through community based distribution*" *(no change)*

Under IR 2.3 - "*Increased demand for FP/MCH and STD/AIDS-prevention services and products*" the following lower level results were suggested:

1. "*Improved Quality of Services*" *(no change).*

2. *Improved knowledge and behavior of* (alternatively) (a) women, (b) target groups and decision-makers, and clients

   2.1 women and children

   2.2 men and adolescents

3. Increased acceptability of services

   3.1 Opinion leaders and decision makers

   3.2 Civil associations/consensus building

Under IR 2.3 - "*Linkages*"

Two additional second level results were added. The end result reads:

1. "*Innovative linkages and partnerships strengthened /established*" (no change)

2. *NGO and community organizations' capacity* and involvement *strengthened*

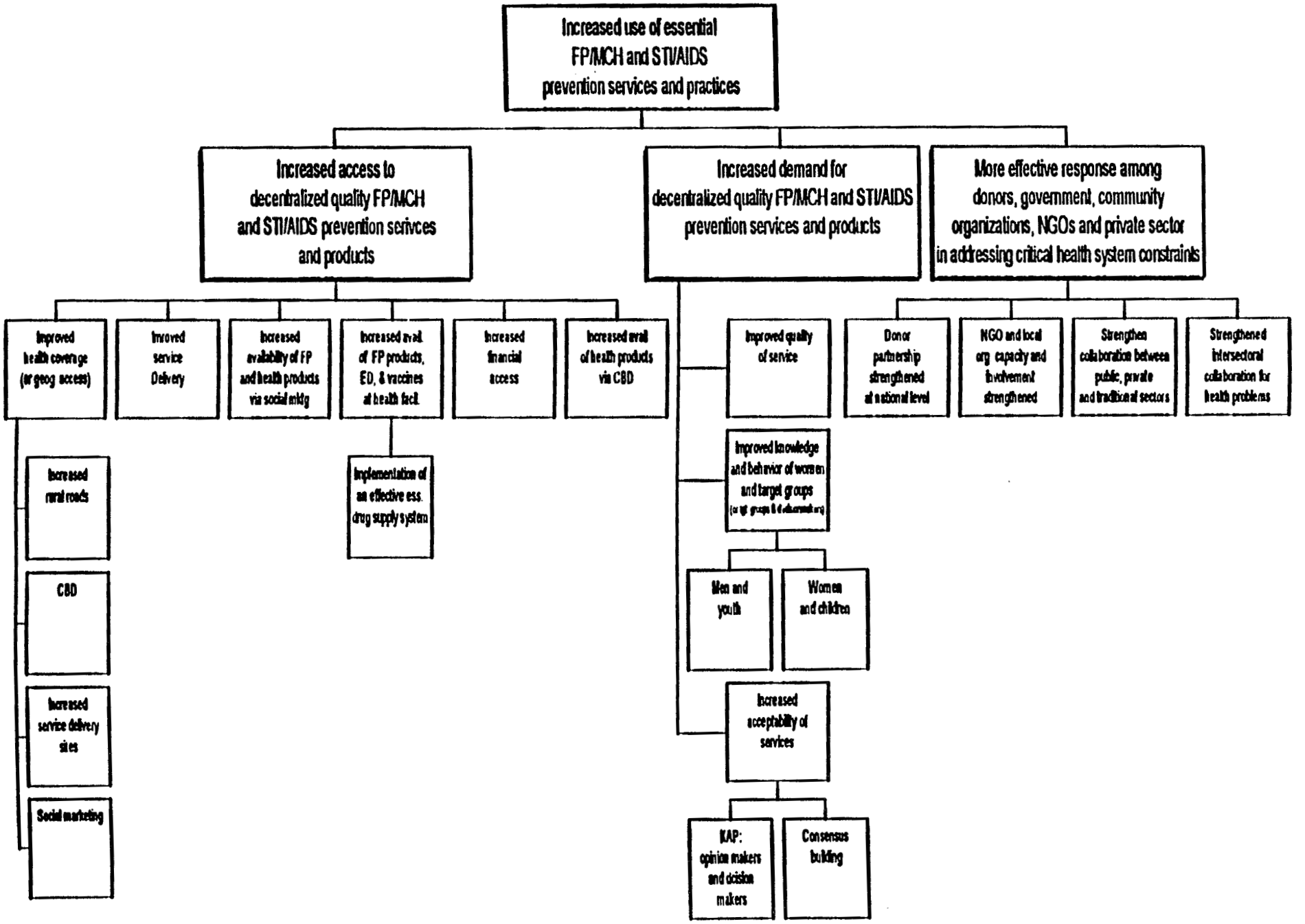
3. Improved collaboration between private, public and traditional sectors

4. Improved government intersectoral collaboration to solve health system problems

Several indicators were also added by the participants. Most of these indicators were in the areas of Maternal and Child health and reflected the participant's consensus on the importance of these areas in the overall end result to be achieved.

V. Day Three

On the evening of day two, the MSI facilitators created a composite Results Framework including the results described above and suggested indicators. Perhaps 25 feet long and eight feet high, this composite served as the basis for discussion on day three of the workshop. It is replicated on the following page.


Increased use of essential FP/MCH and STI/AIDS prevention services and practices
Increased access to decentralized quality FP/MCH and STI/AIDS prevention serivces 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
Increased rural roads
CBD
Increased service delivery sites
Social marketing
Implementation of an effective ess. drug supply system
Improved quality of service
Improved knowledge and behavior of women and target groups
Men and youth
Women and children
Increased acceptability of services
KAP: opinion makers and decision makers
Consensus building
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

The day began with a review of the previous day's activities by Mr. Daniell followed by a detailed presentation and discussion of the composite RF by Dr. Kaplan and Mr. Daniell. They explained how they had developed the composite by cutting and pasting the flipcharts used by the medium sized "color" groups to present their consensus decisions. They emphasized how all the consensus decisions had been included and how the MSI team's effort had been to organize the RF in as logical and representative a manner as possible. The discussion which followed focused primarily upon clarification issues with participants querying each other as to the exact meanings of different priorities. The participants concluded that the composite RF was an accurate representation of their views on the provisional RF. One participant quoted the workshop objective "To refine the provisional S.O.2 Results Framework" and suggested that the composite RF represented accomplishment of this objective.

This was followed by a brief discussion of which implementors were most active in the key areas identified and those areas in which USAID interventions might be most appropriate. On the latter point, the following options were suggested:

1. Complete existing infrastructure;

2. Training of health care providers;

3. Contribute to development of an effective and dependable supply system;

4. Continue focus on STDs and AIDS; and,

5. Facilitate development of capacity and responsibility at the community level.

This discussion was truncated by participants who felt that such a discussion should take place under the auspices of the Ministry of Health rather than USAID. Sensing that the participants wanted to understand how USAID would use their contributions, the facilitators moved the discussion into next steps planning.

Dr. Bah, Mr. Alpha Souleymane Diallo and Ms. Helena Rippey of the S.O.2 team explained USAID's next steps as:

- Finalization of the RF by USAID and the MOH on the basis of the composite RF; and,

- Development of Results Packages involving coordination and joint programing.

The process of Results Package (RP) development was discussed in some detail. The S.O.2 team members emphasized how RP development would begin in a few weeks and would require extensive partner participation in both planning and implementation. They also emphasized the quick response and flexibility of the RP concept compared to the pre-reengineering project planning cycle.

This discussion was followed by completion of workshop evaluation forms and a short break.

The workshop ended with closing speeches by USAID Director John Flynn and Minister of Social Affairs Ms. Kaba Saran Daraba. Mr. Flynn thanked the participants for their efforts, the results of those efforts and the climate of collaboration in which work had taken place. He explained how the results of the workshop would allow the MOH and USAID to finalize their strategic plan for the health sector. He then focused on how the workshop represented one of the first steps in the process of collaborative planning and implementation and how, in order to maximize benefits to the Guinean population, collaboration would continue through detailed planning, implementing, monitoring and evaluation. He ended his presentation by thanking all present for their participation. His remarks are replicated in full in Annex G.

Mrs. Daraba began by explaining how the workshop had resulted in identification of clear objectives and appropriate strategies which would lead to effective interventions. She then spoke of the progress made by the workshop in terms of identification of resources, quality of services, information education and communication. She emphasized the importance of continuing collaboration and ended by thanking USAID and the MSI team for their efforts. Ms. Daraba's remarks are replicated in full in Annex G.

ANNEX A

Workshop Agenda

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'equipe 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 2: **Mardi 04/02/1997**

8h30	Description des accomplissements du jour 1 et Présentation du programme du jour 2.
8h50	Synthèse des rapports sur les priorités, programmes et projets du secteur de la santé en session plénière.
9h20	Description de la tâche #2: ***Analyse du Plan Cadre des Résultats: Première Etape*** en petits groupes.
	Petits groupes de travail sur l'analyse du Plan Cadre des Résultats: Première Etape.
10h30	Pause
10h50	Rapport et synthèse des travaux de groupe, en groupe de 20-25 personnes
11h50	Synthèse et rapport sur les programmes du secteur de la santé, projets et activités en session plénière
12h30	Pause
13h00	Description de la tâche #3: ***Analyse du Plan Cadre des Résultats: Seconde Etape*** en petits groupes.
	Petits groupes de travail sur l'analyse du Plan Cadre des Résultats: Seconde Etape.
14h00	Rapport et synthèse des travaux des petits groupes, en groupe de 20 à 25 personnes
14h45	Synthèse et rapport sur l'analyse du Plan Cadre: Seconde Etape des Résultats en session plénière
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

Opening and Closing Statements
by
Mr. John Flynn, USAID Director

EXCELLENCE, MADAME LE MINISTRE DES AFFAIRES SOCIALES, DE LA PROMOTION FEMINE ET DE L'ENFANCE,

EXCELLENCE, MONSIEUR LE MINISTRE DE LA SANTE,

MESDAMES, MESSIEURS,

CHERS PARTENAIRES,

EN AVRIL DERNIER NOUS NOUS SOMMES RENCONTRÉS AVEC PLUSIEURS D'ENTREVOUS POUR EXPLIQUER LE CONCEPT DE PARTENARIAT DANS LE CADRE D'UNE NOUVELLE APPROCHE DE GESTION - *LE REENGINEERING*- QUE L'USAID A ADOPTÉ.

LA RÉUNION D'AUJOURD'HUI EST UNE SUITE LOGIQUE DE NOTRE DERNIÈRE RENCONTRE, QUI CONSISTE ESSENTIELLEMENT A METTRE EN PRATIQUE LE CONCEPT DU PARTENARIAT. C'EST DIRE DONC QUE NOUS ALLONS NOUS REPOSER SUR LES QUATRE VALEURS FONDAMENTALES DU REENGINEERING:

- LA FOCALISATION SUR LE CLIENT, POUR NOTRE CAS, NOS CLIENTS SONT LES BENEFICIAIRES DE NOS ACTIVITES, LES POPULATIONS A LA BASE;
- L'ORIENTATION VERS LES RESULTATS: C'EST EN GRANDE PARTIE L'OBJET DE NOTRE TRAVAIL CES JOURS-CI.

- LA DELEGATION ET LA RESPONSABILISATION;

- ET ENFIN LE TRAVAIL EN EQUIPE.

DANS LE CADRE DE LA RÉVISION DE SON PLAN STRATÉGIQUE 1997 -2003, L'USAID/GUINÉE VOUDRAIT ÉTENDRE SES ACTIVITÉS DE PLANIFICATION FAMILIALE À CELLES DE LA SANTÉ MATERNELLE ET INFANTILE ET DES MST/SIDA.

POUR CE FAIRE, L'USAID EN S'APPUYANT SUR LES VALEURS FONDAMENTALES CITÉES PLUS HAUT, VOUDRAIT ASSURER UN PROCESSUS DE TRAVAIL ORIENTÉ VERS DES RÉSULTATS TANGIBLES, EN COLLABORANT ÉTROITEMENT AVEC VOUS.

CETTE APPROCHE SE BASE SUR UN PLAN CADRE DE RÉSULTATS QUI DÉTERMINE LES RÉSULTATS À ATTEINDRE, IDENTIFIE LES RESPONSABILITÉS DES ORGANISATIONS AU NIVEAU DE CHAQUE RÉSULTAT ET LE TEMPS MIS POUR RÉALISER CELUI-CI.

EN PLUS, LE CADRE DES RÉSULTATS DÉFINIT LES CIBLES ET LES INDICATEURS DE PERFORMANCE ATTENDUS.

L'OBJECTIF CENTRAL DE CET ATELIER SERAIT DE DISCUTER, AMENDER CE PLAN CADRE DE RÉSULTATS DE FAÇON QU' IL REFLÈTE VOTRE APPORT. CET ATELIER PERMETTRA SANS DOUTE AUX ET AUTRES D'AVOIR UN MÊME NIVEAU DE COMPRÉHENSION

DES OBJECTIFS PRIORITAIRES DE NOS DIFFERENTES ORGANISATIONS DANS LE SECTEUR DE LA SANTÉ.

JE SOUHAITE UN PLEIN SUCCÈS À CET IMPORTANT ATELIER. POUR CELA, IL REQUIERT DE CHACUN DE VOUS UNE PARTICIPATION ACTIVE. L'USAID QUANT À ELLE NE MENAGERA AUCUN EFFORT POUR ASSURER LE PLEIN SUCCÈS DE NOTRE ENTREPRISE COMMUNE, CECI POUR LE BENEFICE ULTIME DES POPULATIONS GUINEENNES.

JE VOUS REMERCIE.

ANNEX C

Key Concepts of Reengineering

La restructuration
<< le re-engineering>>

- La restructuration nous demande de reprendre les présuppositions fondamentales sur lesquelles les bureaucracies sont construites et de refaire ces organisations autour des resultats voulus au lieu de les faire fonctionner par départements ou services. Ce processus nous force à développer des nouvelles façons de penser et de voir le monde.

De: Seamless Government, a Practical Guide to Reengineering in the Public Sector
By: Russell M. Linden - 1994

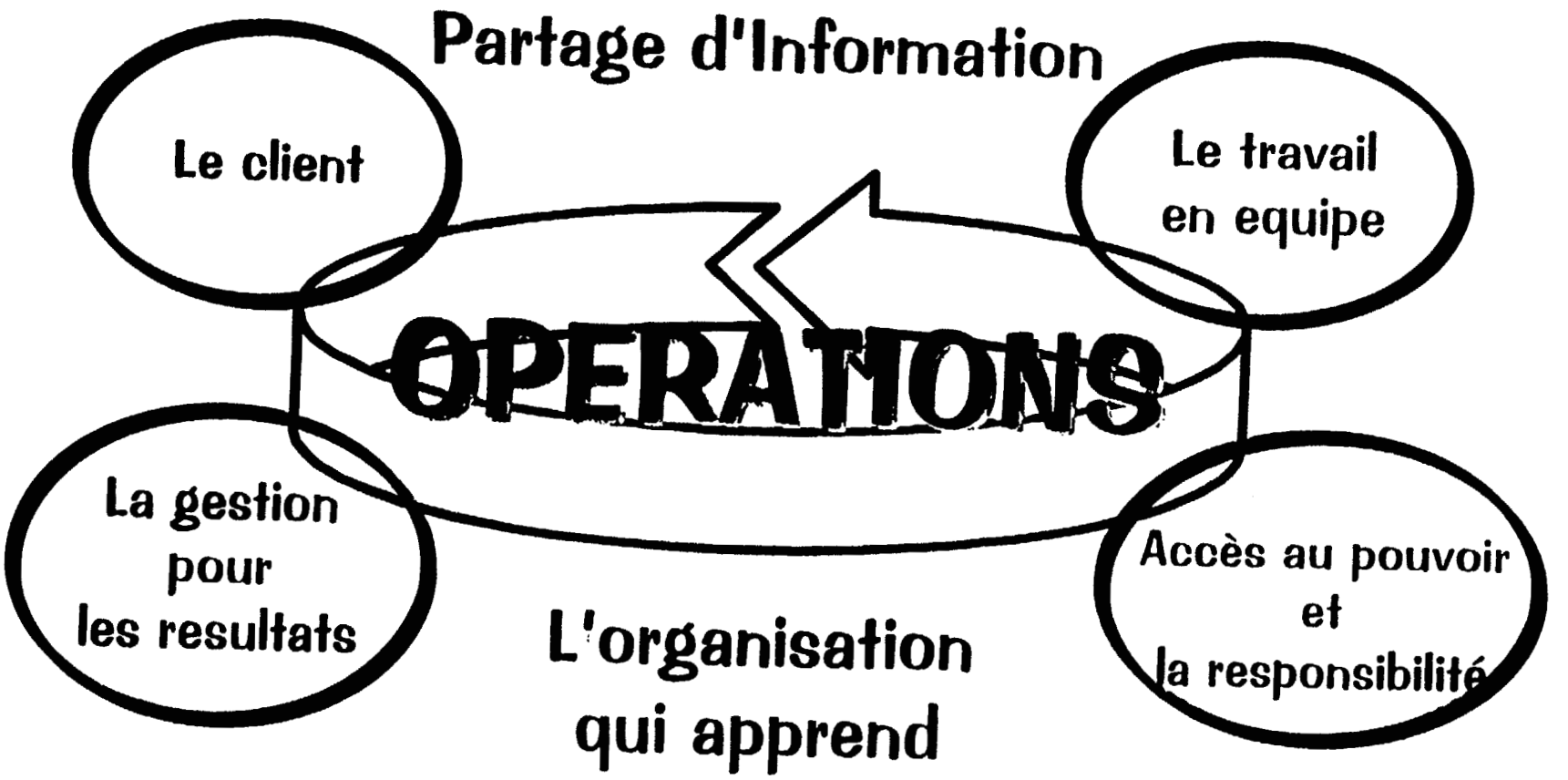
L'USAID restructuré

- Nouveau système d'opérations
  (qui inclu les quatres valeurs de base)
- Nouveau système de gestion
- Les politiques et les principes d'opération très clairs.

Un Nouveau Système d'Opérations

- Les resultats ambitieux mais attenables
- L'autorité pour les ressources, les outils et l'information
- Des procédures améliorées
- La collaboration entre équipes, partenaires et clients

Valuers de Base



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Gerer pour les resultats

- Connaître le client et ses besoins
- Connaître les resultats voulus
- Comprendre le processus pour atteindre les resultats
- Utiliser l'information/les données pour nous montrer le progrès
- Avoir l'autorité pour prendre des mesures correctifs (changer le processus, ou changer le resultat)

Comment la planification a-t-elle changer?

- La participation à tous les niveaux
- La planification et la programmation conjointe
- Les liens plus explicits entre l'atteinte des resultats et la budgetisation

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L'approche de l'USAID à la gestion stratégique et les mesures de performance

- Met l'accent sur les resultats
- Augmentation du focus et du choix <stratégique> des ressources et de stratégies d'action
- Mesurer et faire des rapports sur les resultats
- Analyser l'information sur la performance pour apprendre, re-planifier et améliorer la performance
- Utiliser l'information pour racconter les resultats du programme de l'USAID

Le Cadre des Resultats

- Identifie les résponsabilités organisationnelles et l'horizon pour chaque resultat
- Démontre l'intégration des resultats des objectifs stratégiques selon besoin (Le cadre des resultats n'est pas forcément linéaire dans sa logique ni dans sa présentation)
- Sert comme outil d'education et de présentation de rapport
- Défini les indicateurs de performance et les cibles

Le cadre des resultats - Les fonctions

Propulsé par la gestion
NON PAR
Res rapports

Fondé sur
l'expérience
pratique

- La planification
- La gestion
- La communication
- Construire le consensus et l'adhésion
- Les rapports

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Les objectifs stratégiques

Le resultat le plus ambitieux dans un programme particulier qu'un unité d'opération (avec ses partenaire)s peut matériellement influencer et pour lequel il peur se tenir résponsable.

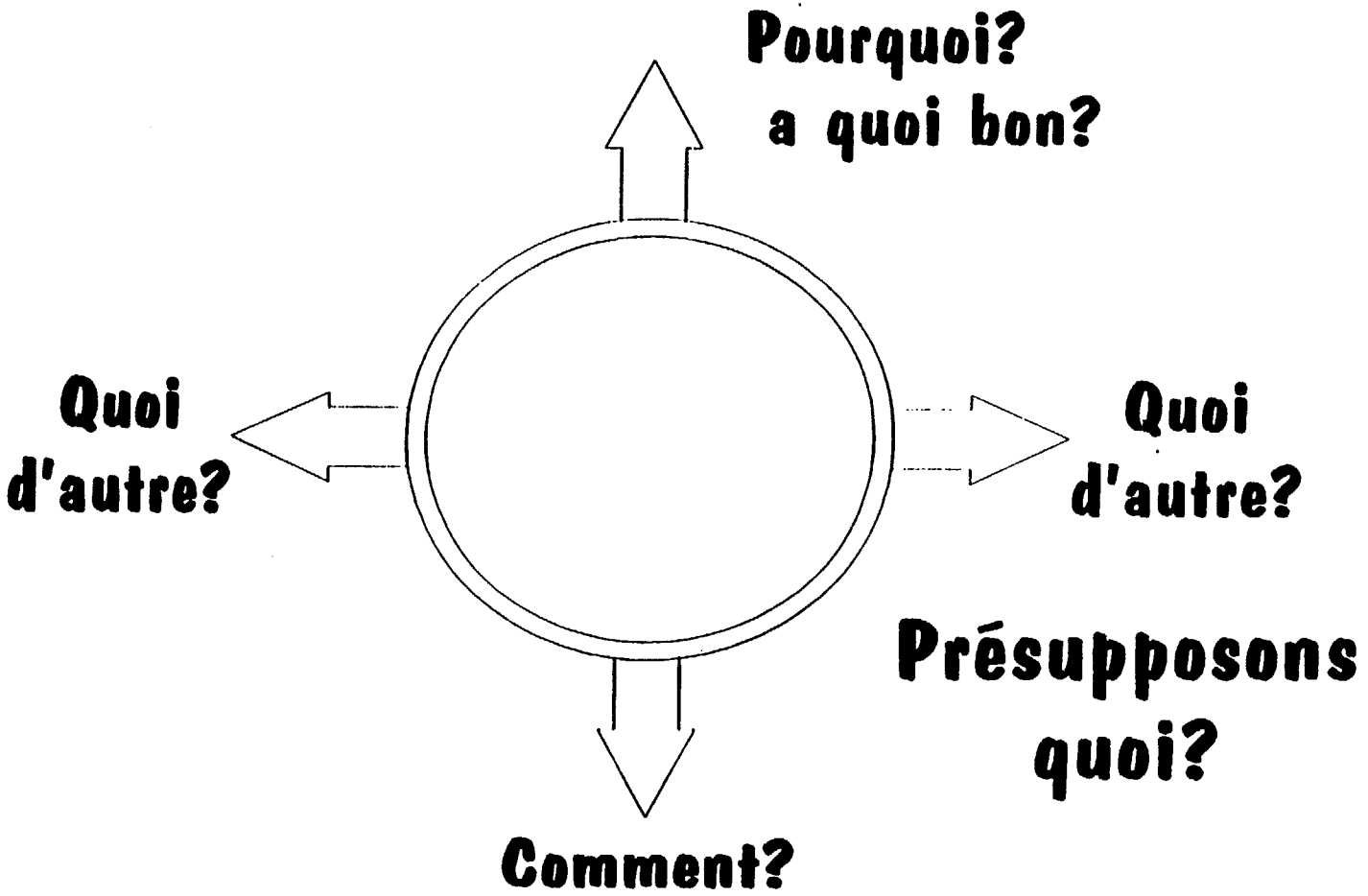
L'objectif stratégique

- Un resultat important, clair et objectivement mesurable
- Le resultat le plus haut pour lequel l'unité d'opération peut prendre résponsabilité
- Lier aux objectifs USAID et son but principal
- Attenable entre 5 et 8 ans

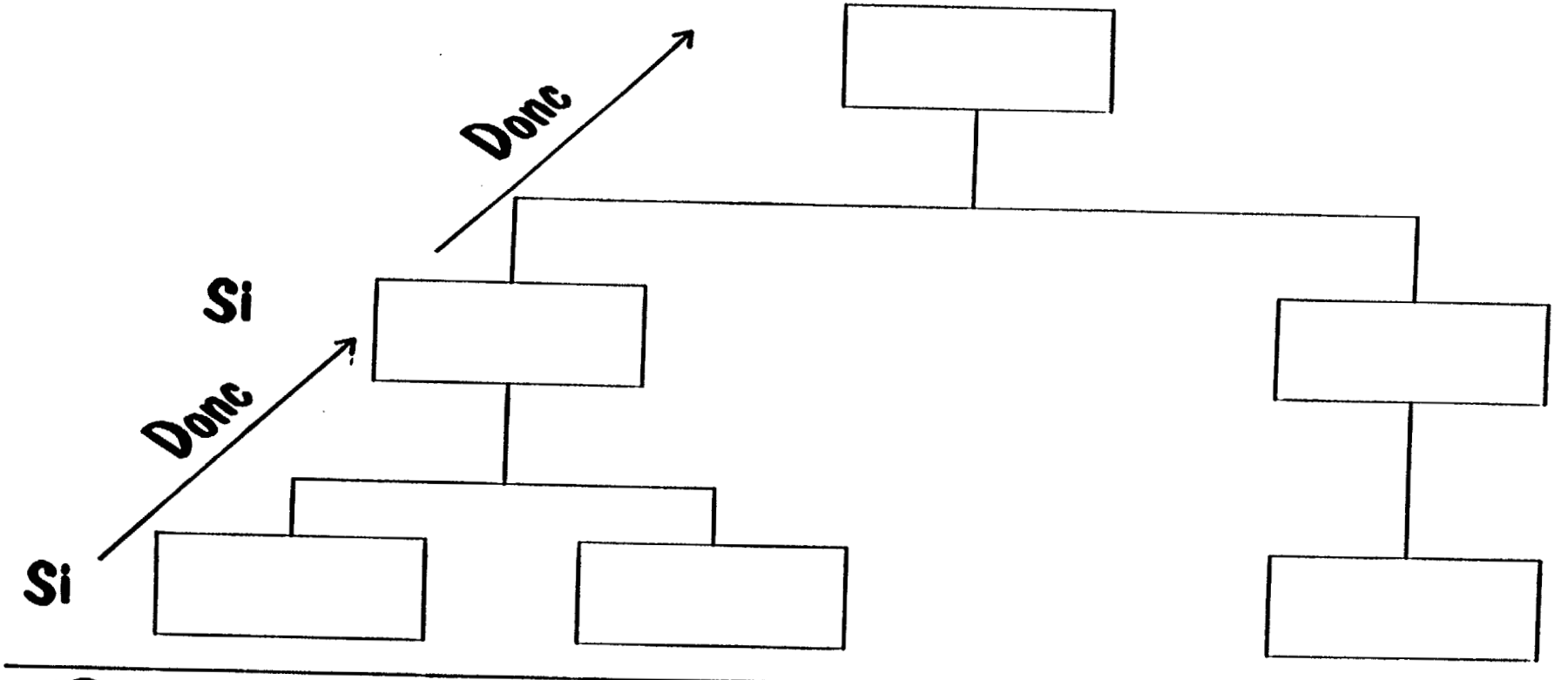
Les bons cadres de résultats montre la logique consistente

- Les liens entre les résultats intermédiaires (RI) et les objectifs stratégiques (OS) sont causales de nature.
- La relation logique entre les RIs et les OSs est directe et claire où les RIs sont les resultats qui contribuent aux OS
- Les RIs representent les resultats des partenaires ainsi que ceux de l'USAID

Les associations logiques entre les Oss et les RIs



Les cadres des resultats offrent une representation graphique des liens de causes et effets



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Les liens causes - effets

Logique Correcte

Objectif Stratégique

L'efficacité des marchés agricoles augmente

Resultat intermediaire 1	Resultat intermediaire 2	Resultat intermediaire 3	Resultat intermediaire 4
Cadre politique amélioré	Infrastructure physique améliorée	Capacité institutionel renforcée	Disponibilité des renseignements sur le marché augmentée

De bons cadres de resultats représentent un niveau de résponsabilité réalist

- L'OS est le resultat le plus haut pour lequel la Mission USAID peut influencer et pour lequel il peut se tenir résponsable

- Le nombre et la gamme des présuppositions critiques qui lient les RIs et les OSs sont raisonable

Les caractéristiques des résultats

- Représente les resultats - pas les activités ou le processus
- Pas un combinaison de plusieurs resultats
- Le resultat est mesurable et objectivement vérifiable

<Checklist> pour la planification

- Est-ce que les OS et les RIs sont énoncés comme des resultats? ☐
- Est-ce qu'ils sont objectivement vérifiables? ☐
- Est-ce que les liens entre les resultats sont causales et non pas catégoriques? ☐
- Est-ce que les liens comment/pourquoi et si/donc sont directs et clairs? ☐
- Est-ce que les OS sont des resultats que l'USAID peut accomplir? ☐
- Est-ce que les présuppositions sont raisonables? ☐
- Est-ce que les RIs montrent les resultats des partenaires ainsi que l'USAID? ☐

Le suivi et l'évaluation de la performance

Afin de gérer pour les resultats, les unités d'opération doivent régulièrement collecter, analyser et utiliser l'information sur la performance. L'information sur la performance joue un rôle critique dans la prise de décision pour la planification et la gestion.

La participation dans les mesures de performance

- Les revues de performance doivent inclure les clients et les partenaires quand les unités d'opération le juge approprié
- Les clients et les partenaires doivent participer dans la planification des mesures de performance et pour
- La collecte et l'interprétation de l'information sur la performance

Les OS et les RIs financés par l'USAID doivent...

- Avoir au moins un indicateur pour suivre la performance

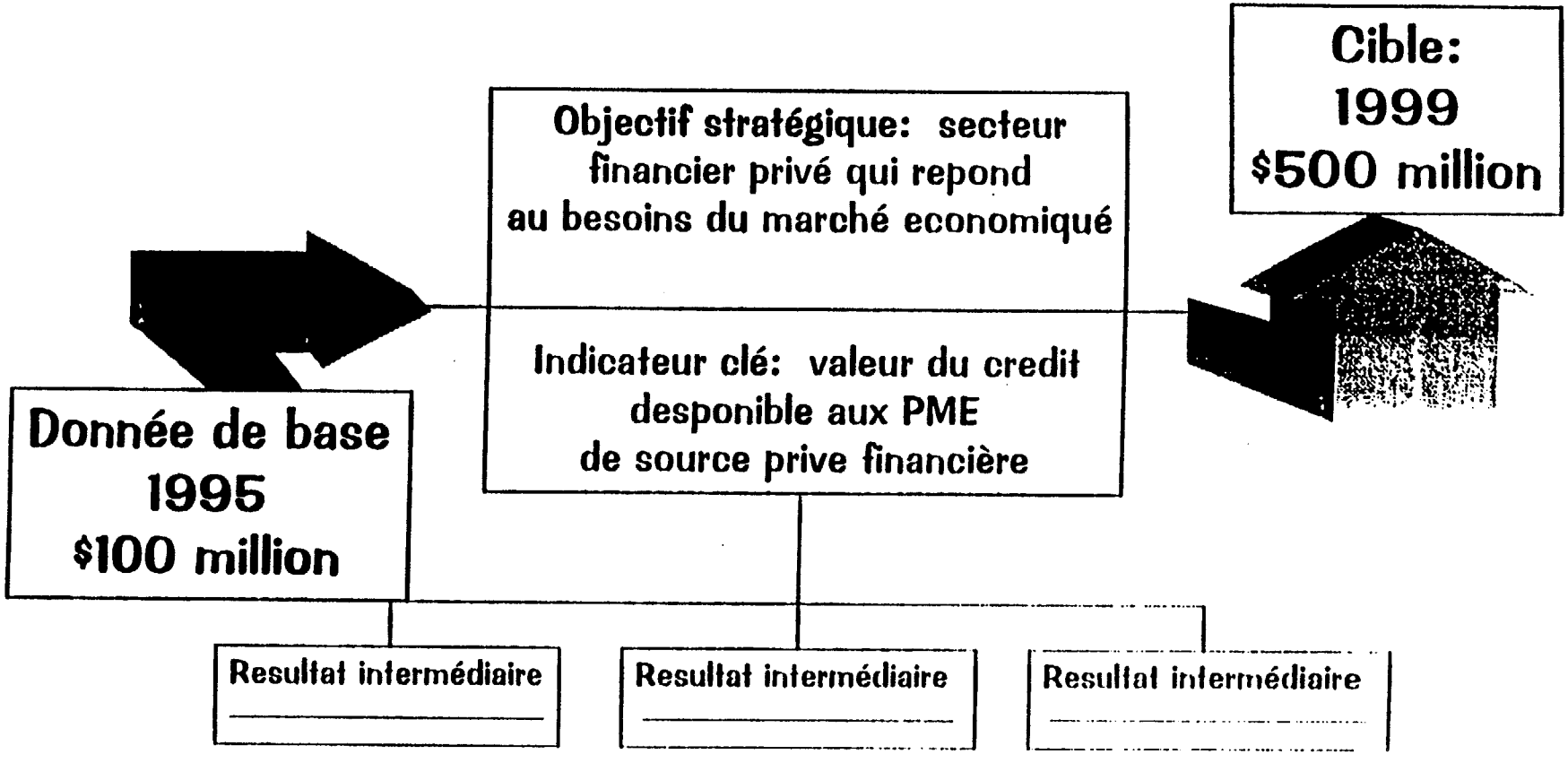
- Chaque indicateur doit avoir des données de base et un cible

Les cibles de performance et les données de base

- **Cible de performance**
  - Les resultats spécifiques attendues avec des horizons explicits contre lesquels les resultats actuels seront comparés et analysés

- **Les données de base du performance**
  - La valeur attribué à un indicateur au début de la période de performance; les données de base sont utilisées pour comparer le progès dans l'atteinte d'un resultat

Cible et Données de Base: Une illustration



L'équipe de l'objectif stratégique

- USAID: personnel et agents (équipe de base)
- partenaires
- intéressés, et
- clients

... travaillent ensemble pour atteindre l'OS.

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L'equipe de l'objectif stratégique

- Organise et se gère de façon autonome
- Détermine comment les resultats clés seront atteints
- Détermine les ressources nécessaires pour atteindre les resultats de l'OS

Le <paquet> des resultats

Le concept de gestion par lequel l'USAID organise et met en marche le travail pour atteindre les resultats dans un temps précis et avec le budget convenu.

Au minimum le paquet de resultats comprend une association de...

- Resultats, et
- Activités associés
  qui forment un ensemble raisonable pour gérer pour les resultats

ANNEX D

Provisional S.O.2 Results Framework

Agency Goal

Stabilizing World Population and Protecting Human Health

Critical Assumptions

* The GOG continues to support the National Primary Health Care Program including decentralized management of health care and cost recovery systems;
* Critical commodities are available for project activities at reasonable prices.
* Associations and individuals in the private sector health delivery system will contribute to the achievement of the GFPII activity (package) objectives;
* Key donors such as the World Bank, WHO, KFW, UNFPA, GTZ and EU accept to develop a comprehensive multi-donor initiative to address key policy, management, and resource constraints;
* USAID's implementing partners maintain strong linkages among the various components of the programs and take lead role in coordinating donor collaboration;
* USAID/G continues to emphasize the core value of "managing for results" and allows appropriate flexibility to the implementing partners in the design and implementation of programs.

USAID/G's Program Development Goal

Improved economic and social well being of all Guineans in a participatory society

Strategic Objective Two

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

1. CPR increased by at least 1 percentage point per year in Conakry and other selected urban areas, and by 0.5 percentage point in the targeted rural regions of the project;
2. CYP increased from 39,000 to x (to be determined during design phase).
3. Measles vaccination coverage increased from 55% to 80% in targeted areas;
4. Use of ORS most recent episode of diarrhea increased from 24.5% to 50% in targeted areas.
5. Safer sex target to be determined during design phase.

Intermediate Results

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

ACCESS

Increased demand for FP/MCH and STI/AIDS-prevention services and products.

DEMAND

Linkages established among donors and other partners establised which address critical health system constraints.

LINKAGES

ACCESS

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

1. Increased percentage of public sector service delivery points offering package of quality services.
2. Increased percentage of private sector service delivery points offering package of quality services.
3. Increased number of contraceptives and ORS packets sold through social marketing.
4. Decrase percentage of missed measles vaccine.

Improved service delivery

*Increased number of health center personnel trained who have mastered relevant knowledge
*Increased proportion of patients cared for by health center personnel who receive treatment following the norms and standard case management for:
-family planning
-IMCI
-HIV/AIDs
*Increased percentage of women with serious obstetric complications recieving emergency obstetric care
*Increased percentage of health personnel following drug perscribing protocals including utilization of generic drugs.

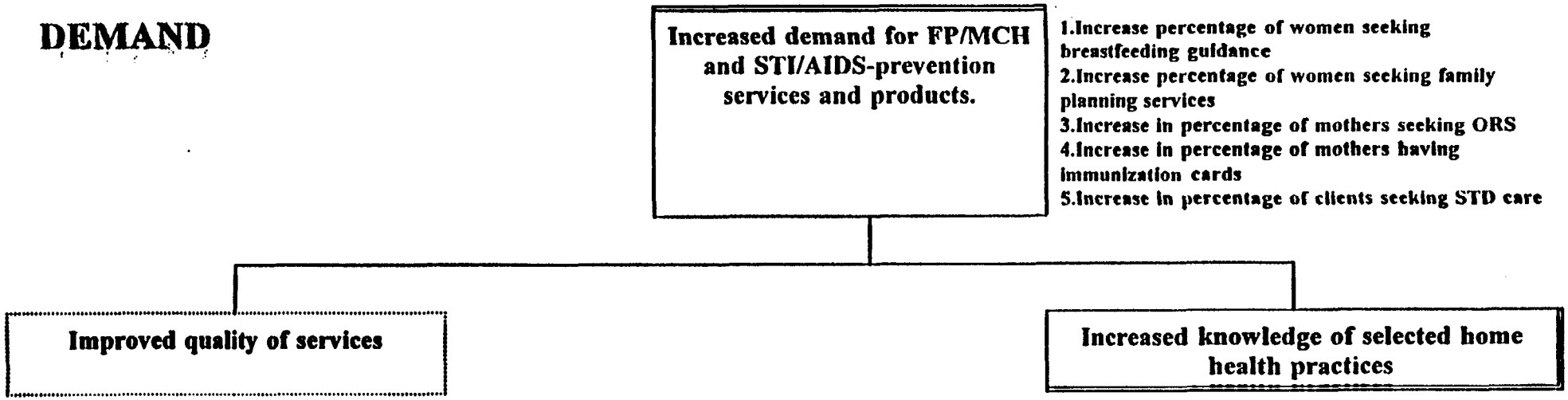
Increased availabilty of FP and health products through social marketing.

* Number of condoms distributed
*Number of Oral Contraceptive Pills (OCPs) distributed
*Number of injectable contraceptive doses distributed
*Number of ORS packets distributed.

Increased availabiltiy of health products through CBD.

* Number of condoms distribted
*Number of spermicides distributed
*#of ORS packets distributed
*Number of referrals to health facility for other methods.

DEMAND


Increased demand for FP/MCH and STI/AIDS-prevention services and products.
1.Increase percentage of women seeking breastfeeding guidance
2.Increase percentage of women seeking family planning services
3.Increase in percentage of mothers seeking ORS
4.Increase in percentage of mothers having immunization cards
5.Increase in percentage of clients seeking STD care
Improved quality of services
Increased knowledge of selected home health practices

(See indicators under ACCESS improved service delivery)

NOTE: These may be incorporated in 3 more general statements about increased percentage of caretakers who have knowledge of:tions

2) Preventive behaviors

3) Home Health care practices

* Increased% of caretakers who report knowledge of treatment for mild/moderate diarrhea;
* Increased % of women knowing what age to start supplementing breastmilk;
* Increased % of women of child bearing age reporting knowledge of danger signs of pregnancy;
* Increased % of WRA reporting knowledge of at least one method of modern contraception.
* Targeted population can identify at least 2 appropriate means of protection from HIV infection.

1- Targeted conditions
2- Preventive behaviors
3- Home health care practices

* Increased% of caretakers who report knowledge of treatment for mild/moderate diarrhea;
* Increased % of women knowing what age to start supplementing breastmilk;
* Increased % of women of child bearing age reporting knowledge of danger signs of pregnancy;
* Increased % of WRA reporting knowledge of at least one method of modern contraception.
* Targeted population can identify at least

LINKAGES

Working linkages among USAID and other partners established which address critical health system constraints.

1. Decreased frequency of stock-outs reported by health centers.
2. Improved supervision through decentralized management of resources
3. Improved staffing pattern at the periphery;
4. Increased MOH budget and decentralized financial resources allocation to the periphery;
5. Adequate facilities and equipment to support quality service delivery in the health centers at all level;
6. Increased critical mass of trained personnel available at the district level to implement the decentralized health management policy and strategies.

Strengthened national level donor partnerships

* Formal MOH-led coordination council established and functioning;
* Number of partnership contracts developed with selected donors: KFW, WB, GTZ, UNFPA and WHO;
* Number of Joint planning/programming, monitoring and evaluation activities conducted with other donors.

Strengthened community level partnerships.

*Formal MOH-led regional and district level coordination councils established and functioning;
* Increased percentage of prefectures (districts) with community representative managament committees;
* Increased number of partnership programs among donors and implementing organizations;
* "Safety net" procedures put in place and functioning in targeted communities.

Strengthened NGO partnership

* Increased percentage of population with access to services via NGO partnerships

But de l'Agence

Stabilisation de la population mondiale et protection de la santé humaine de façon durable

But du Programme de Développement de L'USAID/Guinée

Amélioration du bien être social et économique de tous les Guinéens dans une société participative.

Objectif Stratégique No Deux

Utilisation Accrue des Services et Pratiques de PF/SMI et de Prévention des MST/SIDA.

Résultats Intermédiaires

Accès accru aux services de qualité et produits de PF/SMI et de prévention des MST/SIDA

Demande accrue pour les services de qualité et produits de PF/SMI et de prévention des MST/SIDA

Une Réponse plus effective et soutenue des bailleurs de fonds, du gouvernement, des organisations communautaires, des ONG et du secteur privé aux contraintes critiques du système sanitaire.

ACCES **DEMANDE** **LIENS**

Hypothèses Critiques

* Le Gouvernement Guinéen continue à soutenir le Programme National de Soins de Santé Primaires y compris les systèmes décentralisés de gestion des soins de santé et de recouvrement de coûts;
* Les produits essentiels sont disponibles à des prix raisonnables
* Les prestations des services de santé des Associations et des individus du secteur privé contribuent à la réalisation des objectifs de l'ensemble des activités du Projet Guinéen de Planification Familiale et de Santé;
* Les Principaux bailleurs de fonds tels que la Banque Mondiale , l'OMS, la KfW, le FNUAP, la GTZ et l'UE, l'UNICEF acceptent de développer une initiative concertée en vue de faire face aux contraintes liées à la politique de base, de gestion et de ressources;
* Les partenaires d'exécution de l'USAID maintiennent de solides liens entre les différentes composantes des programmes et assument le rôle de chef de file en coordonnant la collaboration des bailleurs de fonds.
* L'USAID/GUINEE continue à mettre l'accent sur la valeur principale de "gérer pour des résultats" et donne une flexibilité appropriée aux partenaires d'exécution dans la conception et la réalisation des programmes.

Cibles Illustratives:

*Le taux de prévalence contraceptive ayant augmenté d'un pourcentage de point au moins par an à Conakry et dans les autres zones urbaines sélectionnées et par 0,5 pour-cent dans les régions ciblées du projet;
* La couverture vaccinale anti-tétanique (2 injections ou plus pendant la grossesse) chez les femmes enceintes passant de 23,6% en Haute Guinée et de 35,7% en Guinée Forestière à des pourcentages à déterminer pendant la conception de la nouvelle activité .
* La couverture vaccinale contre la rougeole passant de 55% à 80% dans les zones ciblées.
* L'utilisation du Traitement de Réhydratation Orale au cours du recent épisode de diarrhée enregistrant une augmentation de 42% à 80% dans les zones ciblées.
* Une cible pour une sexualité saine à déterminer pendant la phase de conception du projet

ACCES

Accès accru aux services de qualité et produits de PF/SMI et de prévention des MST/SIDA

Indicateurs illustratifs

1. Pourcentage des points de prestation du secteur public offrant des paquets de service de qualité.
2. Pourcentage des points de prestation du secteur privé offrant des paquets de services de qualité.
3. Nombre de contraceptifs et de sachets de Sels réhydratation orale vendus à travers le marketing social.
4. Pourcentage des opportunités manquées de vaccination contre la rougeole.

Prestation de service améliorée

*Nombre de personnel de santé formé, ayant maîtrisé des connaissances appropriées.
*Proportion de patients traités par le personnel des centres de santé suivant les normes et standards de gestion des cas:
. de PF. Gestions des cas intégrés et de prévention des MST/SIDA.
*Pourcentage des femmes avec de sérieuses complications obstétricales recevant des soins d'urgence obstétricale.
*Pourcentage du personnel de santé respectant les protocoles de prestation des médicaments y compris l'utilisation des médicaments génériques.

Disponibilité accrue des produits de PF et de santé à travers le marketing social

* Nombre de condoms distribués.
* Nombre de pilules distribuées.
* Nombre de doses de contraceptifs injectables distribuées.
*Nombre de sachets de sel de réhydratation orale distribués.

Disponibilité accrue des produits de santé à travers la distribution à base communautaire

* Nombre de condoms distribués
* Nombre de spermicides distribués.
* Nombre de sachets de sels de réhydratation orale distribués.
* Nombre d'évacuations effectuées aux établissements de soins pour autres méthodes.

DEMANDE

Demande accrue pour les services de qualité et produits de PF/SMI et de prévention des MST/SIDA

Indicateurs illustratifs

1. Pourcentage des femmes sollicitant des conseils pour l'allaitement maternel;
2. Pourcentage des femmes sollicitant des services de planification familiale;
3. Pourcentage des femmes sollicitant des sachets de réhydratation orale
4. Pourcentage des mamans ayant des cartes de vaccination;
5. Pourcentage des clients sollicitant des soins contre les maladies sexuellement transmissibles.

Amélioration de la qualité des services.

Les indicateurs de "*Amélioration de l'offre des services*" seront utilisés pour suivre le progrès de ce résultat intermédiaire, en presumant que l'amélioration de la qualité des services contribuera à l'accroissement de la demande des services.

Amélioration de la connaissance et du comportement des femmes et enfants ciblés

* Pourcentage des mamans et des garde enfants connaissant les règles de prise en charge des diarrhées simples et modérées.
* Pourcentage des femmes connaissant l'âge d'introduction des aliments de supplément au lait maternel.
* Pourcentage des femmes en age de procréer ayant des connaissances sur les signes de danger d'une grossesse.
* Pourcentage des femmes ayant des connaissances d'au moins une méthode moderne de contraception.
* La population cible peut identifier au moins deux moyens appropriés de protection contre l'infection à VIH.

LIENS

Une Réponse plus effective et soutenue des bailleurs de fonds, du gouvernement, des organisations communautaires, des ONG et du secteur privé aux contraintes critiques du système sanitaire.

Indicateurs illustratifs:

1. Fréquence des ruptures de stock reportée par les centres de santé.
2. Nombre de personnel formé au niveau du district pouvant mettre en oeuvre la politique et les stratégies de décentralisation du secteur santé.
3. Accroissement du budget du Ministère de la Santé et décentralisation des ressources financières allouées à la périphérie.
4. Adequation des infrastructures et des équipements pour appuyer l'offre des services de qualité à tous les niveaux.
5. Durée de vie des partenaires clefs.
6. Durée de vie de l'impact.

Partenariat des Bailleurs de fonds renforcé au niveau national

* Un conseil de coordination du Min. de la Santé établi et en état de fonctionnement.
* Nombre de contrats de partenariat établis avec des bailleurs sélectionnés (U.E. KFW, BM, GTZ, UNFPA, OMS)
* Pourcentage de préfectures (districts ayant établi des comités de gestion représentatifs de la communauté).

Renforcement de la capacité des ONG locales et des organisations communautaires

* Génération de revenu
* Utilisation de revenu

ANNEX E

List of Participants

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 Biopharmeutique 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 Pgrm. 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 Boké
1 DPS Région de Kindia
1 DPS Région de Mamou
1 DPS Région de Labé
3 DPS Région de Faranah
3 DPS Région de Kankan
3 DPS Région de NZerekoré

REPRESENTANTS DES AGENCES INTERNATIONALES ET DES ONGS

UNICEF

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

Organisation Mondiale de la Sante (OMS)

Banque Mondiale
Mr. Eduardo Locatelli, Représentant

PNUD
Mr. Cyr Mathieu Samaké, Représentant
Mme Sohna Keita, Chef de Programme

FNUAP
Mme Agniola Zinzou, Représentante
Mr. Mahmoudou Kaba, Chef de Programme

PSI
Mme Theresa Gruber-Tapsoba, Directrice
Dr. Jean Patrick Ducongé, Conseiller en Planification Familiale
Mr. Dana Ward, Conseiller en Marketing Social
Dr. Kékoura Camara, Conseiller Politique
Dr. Fatoumata Kanté, Responsable de la Formation
Mr. Thierno Oumar Diallo, Coordonnateur des activités d'IEC

Africare
Mr. John "Bick" Riley, Directeur
Dr. Sean Kennedy, Conseiller du Programme DFSI

GTZ
Mr. Bertholb Böes, Représentant
Dr. Alois Dörlemann, Chef du Projet Santé Rural

KFW
Dr. Klaus Hornetz, Expert en Santé Publique
Dr. Ina Bosch, Conseiller Technique

Plan International
Dr. Kodjo Aluka, Directeur National

AGBEF
Mme Camara Georgette Safo, Présidente
Dr. Bandian Sidimé, Directeur Exécutif
Mr. Lamarana Diallo, Coordinator National de l'AGBEF

ASFEGMASSI
Mme Hadja Marietou Sylla, Présidente

SIDALERTE
Mr. Mohamed Sano, Président

AFPAMNIG
Dr. Hadja Namba Djankanagbé, Présidente

CPTAFE
Dr. Hadja Mariama Djélo, Présidente
Dr. Morissanda Kouyaté, Secrétaire Géneral

Corps de la Paix
Mme Kathy Tilford, Directrice
Mme Maria Hamadama, Chef Programme Santé

3P Guinée

Stephen [illegible], Chef de la Délégation

Cooperation Française
Mr. Pierre Pedico, Conseiller pour le secteur Santé

Centre Canadien d'Etude et de la Cooperation Internationale (CECI)
Benoit-Pierre Laramée, Directeur Régional

Bureau d'Appui a la Cooperation Canadiene (BACC)
Jean-Jules Riopel, Directeur

Medecins Sans Frontiere Belgique
Mr. Alain Decoux , Représentant

INTRAH
Dr. Perle Combary, Chargée Régionale de Programme et Evaluation (Lomé)

CLUSA
Mr. Benjamin Lentz, Représentant

Save the Children
Mme Joyce Marie Lamelle, Guinea Program Representante

Ambassade de Japon
Mr. Toru Kanzawa, 2ème Secrétaire

AUTRES MINISTERES
Ministère des Finances, de l'Economie et du Plan
Ministère de l'Administration du Territoire et de la Décentralisation
Ministère des Affaires Sociales, de la Promotion Feminine, et de l'Enfance

USAID/GUINEE
Mr. John Flynn, Directeur
Mme. Pamela Callen, Directeur Adjoint
Mme. Helene Rippey, Chef de l'Equipe SO2
Mr. Alpha Souleymane Diallo, Chef Adjoint de l'Equipe SO2
Dr. Mariama Bah, Chef des Projets Santé
Mme. Aissatou Bah, Membre de l'Equipe SO2
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Mme. Marie Claude Traoré, Membre de l'Equipe SO2
Mme. Aminata Camara, Membre de l'Equipe SO2
Mr. Mohamed Koné, Membre de l'Equipe SO2

USAID/WASHINGTON
Mr. Alex Ross, USAID/Washington
Dr. Erin McNeill, USAID/Washington

LES AUTRES MISSION DE L'USAID
Mme Susan Woolf, USAID/Cotonou

ANNEX F

Closing Statement by
Mr. John Flynn, USAID Director

EXCELLENCE, MADAME LE MINISTRE DES AFFAIRES SOCIALES, DE LA PROMOTION FÉMININE ET DE L'ENFANCE,

EXCELLENCE, MONSIEUR LE MINISTRE DE LA SANTÉ,

MESDAMES, MESSIEURS,

CHERS PARTENAIRES,

AUX TERMES DE 3 JOURS INTENSES, RICHES EN IDÉES ET DONT LES RÉSULTATS NOUS COMBLENT, JE ME DOIS DE VOUS FÉLICITER POUR LES EFFORTS LOUABLES QUE VOUS AVEZ CONSENTIS.

LES RÉSULTATS DE CET ATELIER SONT D'AUTANT PLUS IMPORTANTS POUR NOUS, QU'ILS OFFRENT A L'USAID LES OUTILS NÉCESSAIRES POUR ÉLABORER SON PLAN STRATÉGIQUE EN MATIÈRE DE SANTÉ. L'USAID SE RÉJOUIT ÉGALEMENT DU CLIMAT DANS LEQUEL L'ATELIER S'EST DÉROULÉ. C'EST UN CLIMAT PARTICIPATIF DANS UN ESPRIT D'ÉQUIPE.

ASSURÉMENT, VOUS VOUS ÊTES APPUYÉS SUR LES VALEURS FONDAMENTALES DU RE-ENGINEERING.

JE SALUE VOTRE PARTICIPATION ACTIVE.

NOTRE COLLABORATION NE S'ARRÊTERA PAS AUX RÉSULTATS DE CET ATELIER. ELLE CONTINUERA DANS TOUTES LES PHASES DU PROCESSUS JUSQU'À LA RÉALISATION DES RÉSULTATS QUE NOUS AVONS ENSEMBLE IDENTIFIÉS. C'EST DONC DIRE QUE NOUS COLLABORERONS DANS LA PROCHAINE PHASE; L'ÉLABORATION DES "PAQUETS DES RÉSULTATS", C'EST LA PLANIFICATION. NOUS COLLABORERONS ÉGALEMENT DANS L'EXÉCUTION, LE SUIVI ET L'ÉVALUATION DE L'ACTIVITÉ QUI DÉCOULERA DES RÉSULTATS DE CET ATELIER.

JE PUIS VOUS GARANTIR QUE L'USAID FOURNIRA LE FINANCEMENT ET L'ASSISTANCE TECHNIQUE POUR CETTE ACTIVITÉ.

PERMETTEZ-MOI DE REMERCIER LES CADRES DU MINISTÈRE DE LA SANTÉ QUI N'ONT MÉNAGÉ AUCUN EFFORT POUR ASSURER LE PLEIN SUCCÈS DE CET ATELIER. JE REMERCIE ÉGALEMENT LES INSTITUTIONS INTERNATIONALES ET LES ONG QUI ONT BIEN VOULU PARTICIPER À CET ATELIER.

MES REMERCIEMENTS S'ADRESSENT AUSSI A NOS COLLABORATEURS DE WASHINGTON ICI PRÉSENTS, POUR LEUR INESTIMABLE ASSISTANCE TECHNIQUE.

JE VOUDRAIS ENFIN FÉLICITER L'ÉQUIPE DE M.S.I. POUR LA QUALITÉ DE SA PRESTATION.

JE VOUS SOUHAITE UNE BONNE FIN DE RAMADAM ET BON RETOUR A CEUX QUI VIENNENT DE LOIN.

JE VOUS REMERCIE.

ANNEX G

Closing Statement by
Ms. Kaba Saran Daraba,
Minister of Social Affairs

Atelier de planification stratégique du programme de santé de l'USAID
Conakry, 3, 4, 5 février 1997

Discours de clôture de Madame le Ministre des Affaires sociales ~~et~~ de la Promotion féminine et de la condition féminine

Monsieur le Directeur de l'USAID Guinée,

Mesdames et Messieurs les participants,

Depuis trois jours, vous vous êtes efforcés à affiner le plan cadre des résultats provisoires de l'objectif stratégique de l'USAID dans le domaine de la santé pour la période 1997 - 2002.

Cet important exercice a permis à la Mission de l'USAID en Guinée, au département de la Santé, et à tous les autres partenaires impliqués dans l'amélioration de la santé des populations guinéennes, d'identifier ensemble des objectifs clairs et d'adopter des stratégies appropriées pour une meilleure intervention du Gouvernement américain dans ce domaine.

Vos débats ont porté essentiellement sur la recherche de la disponibilité des ressources, d'une meilleure qualité des services et d'un bon système d'information, d'éducation et de communication.

À cet effet, le gouvernement guinéen et les populations de notre pays gardent l'espoir que les ressources humaines, matérielles et financières nécessaires seront activement recherchées en collaboration avec l'USAID et d'autres partenaires en vue de faire de ce programme, un modèle de coopération internationale.

Le Ministère de la Santé Publique donne, au nom de mon Gouvernement, l'assurance que tout sera mis en oeuvre pour la réalisation de ce programme dans un système de collaboration franche, dynamique et transparente.

Mesdames et Messieurs les participants,

Je vous invite à considérer votre participation à cet atelier comme le début de votre propre engagement dans la mise en oeuvre des activités qui vont en découler.

Je voudrais demander à Monsieur le Directeur de l'USAID - Guinée de traduire aux autorités américaines, la profonde gratitude de notre pays ainsi que notre disponibilité totale dans la recherche en commun du bien-être de la société guinéenne.

Nous adressons aux experts de M.S.I. nos vives félicitations pour la compétence et la maîtrise du sujet dont ils ont fait montre tout au long de cet atelier.
Ces félicitations s'adressent également à tous les autres partenaires et à tous les participants qui ont déployé tant d'effort et d'énergie pour faire de cet important atelier une réussite totale.

En vous souhaitant du succès à vos différents postes de travail, je déclare clos l'atelier de planification stratégique du programme de santé de l'USAID.

Je vous remercie.