

BRIEF HISTORY OF THE USAID HEALTH, NUTRITION

AND POPULATION OFFICE/YAOUNDE

PART I

GENERAL INTRODUCTION:

The United States economic assistance program to Cameroon was initiated with the signing of a bilateral agreement on May 26, 1961. The value of actual and estimated AID assistance (grants, loans and PL 480 food aid) from FY 1961 through FY 1968 has been approximately \$180 million. This figure represents the estimated total value of both direct and indirect assistance received by Cameroon.

In the early 1960's, an AID Affairs Office managed the relatively modest bilateral program. The initial programs were not concentrated on a particular sector but, rather, attempted to address a variety of problems which Cameroon faced in the years soon after independence. Examples of AID's early assistance were: a measles immunization campaign, strengthening vocational education, urban development, secondary and technical education, agricultural extension and cocoa disease control.

In the mid-1970's the emphasis of the USAID program in Cameroon tended toward the development of those Cameroonian institutions responsible for planning, management and implementation of development activities. The objective of the program was to increase and improve the quality of the institutional capacity of Cameroon, both public and private to implement its own long-term programs leading to an increase in agricultural productivity and the improvement of health, income and general well-being of the rural population.

USAID's current assistance program in Cameroon focuses principally upon programs of development in three sectors: health, nutrition and population; agriculture and livestock; and education and human resources. The future program will emphasize fewer but more important projects designed so as to have significant developmental impact. A greater participation of the private sector will be encouraged.

PART II

HEALTH AND NUTRITION ACTIVITIES:

USAID's program in health and nutrition continues to provide assistance through regional and bilateral programs that can provide training, technical assistance, commodities and opportunities for research to strengthen Cameroonian institutions in the health sector so that they can provide more and better qualified health workers.

Some of the former projects in health and nutrition include:

A. Measles Vaccination Campaign, 1965-70

B. Water Supply Development, 1966

C. North Cameroon Rural Health Services, (631-0201) 1975-1982

Through a grant to the Catholic Relief Services, AID provided support for the strengthening and expansion of the Catholic Mission's health services and health education system in North Cameroon. The project activities focussed on the training of low-level community health extension workers. Training of community health workers as auxiliary nurses took place at Tokombere. Practical nurses received training in Yaoundé. (\$469,000)

D. Infant Mortality Study, (625-0929) 1978-1981

AID provided funds to IFORD, a Yaoundé based regional demographic training and research institute, for an infant mortality survey to be done in Yaoundé, N'djamena and Ouagadougou during 1978-1980. The project surveyed mortality during the first two years of life in francophone Africa. By visiting households in the survey area, IFORD documented the incidence and rate of infant mortality in the survey areas. Activity in N'djamena was terminated due to civil war and transferred to Mali. (\$198,000)

E. University Center for Health Sciences (CUSS), (631-0531) 1973-1979

An institution-building effort, this project was designed to assist with the establishment of a center for the training of doctors, nurses, and para-medical staff as an integrated team capable of focusing on preventive medicine and community health needs in rural areas. USAID assistance financed training in family planning and maternal/child health care. Through a contract with Harvard University, USAID provided faculty to CUSS, advanced academic training, and funds for scholarships. USAID also financed the construction of those portions of the teaching hospital complex related to pediatrics, maternity care, out-patient care and family planning. The project resulted in the establishment of six specialized maternal/child health (MCH) clinics in Yaoundé (ante-natal, high risk pregnancies, post-partum, child spacing, infertility, well-baby and child immunization clinics). An additional family health program was set up in Mvolye in 1972. This program combines teaching and the provision of medical services to a semi-rural community. A Health Care Demonstration Training Program was established in Bamenda which provided rural public health experience to fifth year medical students. The project funded long-term training for three participants in the U.S., sent four participants for short-term training courses, and provided scholarships to five non-Cameroonian students at CUSS. A nursing textbook (The Nurse and Community Health in Africa) was published in English and French for distribution throughout Africa. It is intended to serve as a model textbook for other African health extension training institutions. Additionally, USAID provided \$2,855,000 as its share of construction costs for the University Hospital Center (CHU). The hospital opened July 14, 1980. (\$5,104,000)

F. Nutrition Advisory Services, (631-0040) 1979-1982

This project provided a Nutrition Advisor to help the then Ministry of Economy and Plan to consider nutrition in the development of the national economy. The project aim was the formulation of a technically sound and cost-effective national nutrition strategy. (\$230,000)

G. Mandara Mountains Water Resources, (631-0012) 1979-1983

The purpose of this activity was to assist the GRC provide a year-round source of potable water for the people of the Mandara Mountains region, by constructing thirty-five small water catchment dams, and provide health education. (\$1,800,000)

H. Practical Training in Health Education, (631-0009) 1979-1982

The purpose of the PTHE project was to develop and implement a nationally coordinated practical health education training system which responded to the needs of rural populations. The Ministry of Health places great importance on health education, stating it as a priority in the Fourth Five Year Development Plan (1976-1981). The PTHE project provided in-service training for health and selected government workers in Kadev and Mefou divisions, practical training programs for medical and nursing school students, and an expanded health education program for primary schools. An audio-visual center was constructed in Yaoundé. In the Kadev and Mefou areas, itinerant agents trained by the project, worked with village health committees to improve the village health environment. The Ministry of Health conducted numerous sessions for the training of its employees to participate in the project. As of March 1980, 152 health center and other workers had received in-service (recyclage) training. Over 100 village health committees were set up by 18 itinerant agents. (\$2,040,000)

I. PL 480 Title II Pre-School Child Feeding Program, 1977-1983

Catholic Relief Services implemented this program in which PL 480 Title II donations were distributed to approximately 35,000 pre-school children in three provinces. The mothers participated in health/nutrition education activities as a pre-condition to receiving the donated foods. Commodities included oil, corn-meal and dried milk. This activity was phased out in 1983. (\$6,200,000)

J. Strengthening Health Delivery Systems (SHDS) (698-0398) 1978-1982

The purpose of this project was to develop and strengthen the capability of 20 Central and West African countries in order to better plan, implement and effectively manage economically affordable health delivery systems focused on rural populations. The project was implemented in coordination with WHO through a contract with Boston University and technical assistance from the Centers for Disease Control (CDC) in Atlanta. In Cameroon, a public health nurse on contract from Boston University was assigned to assist in the development of public health manpower through upgrading curricula and teaching methodology in national health training institutions and develop trainers capable of training personnel for the delivery of primary health care. There were also two CDC technicians, who worked to develop an epidemiological disease surveillance system and to strengthen the Ministry of Health's immunization program. (\$20 million grant for all of West and Central Africa)

K. Northern Wells, (631-0025) 1980-1984

CARE implemented this program which provided technical and material assistance to increase the number of permanent potable water sources in 92 rural locations (36 wells, pumps and 56 spring captations) and taught hygienic water usage habits and waste disposal practices to the user population. (\$1.5 millions Operation Program Grant (OPG) to CARE)

A second phase of this project was funded for \$800,000 to extend the project activities until 1987. The project is now backstopped by the USAID Engineer.

L. Chadian Refugee Program

On March 21, 1980 civil war broke out in N'djamena. Within two weeks, approximately 100,000 people had fled across the Chari River to the small Cameroonian town of Kousseri. While some refugees continued to other places in Nigeria and northern Cameroon, many stayed in Kousseri. The Cameroon Government acted quickly in setting up national, regional, and local committees to deal with the problems posed by such a rapid influx of refugees into one of the poorest areas of Cameroon. USAID reacted promptly to the appeal for help by diverting 6,300 tons of PL 480 commodities originally destined for use in Chad. The donation of food grains, and the financing of transport to Kousseri, added to the U.S. contribution to the United Nations High Commission for Refugees Program in Cameroon making the United States Government the largest single donor to the refugee program. The value of the United States Government participation during this crisis was estimated to be over \$6 million. At present, although most of the Chadian refugees have returned to Chad, USAID/Cameroon still coordinates the donation of food to northern Cameroon and Chad due to the severe drought affecting this Sahelian region.

M. Onchocerciasis Control, Phase II, (698-0399) 1980 - 1982

The purpose of this centrally funded project is to conduct research to develop a safe, rapid, inexpensive, and accurate diagnostic test for onchocerciasis (river blindness). In addition a pilot study was conducted to identify immunologic factors which might interfere and negate the test results. The ultimate goal of this project is to build, through these studies, a laboratory with the capacity to develop and produce a vaccine against onchocerciasis. The research is being carried out by the Johns Hopkins University and CUSS. (\$42,000)

On-going projects include:

N. Innovative Science Research - Onchocerciasis, (936-5542) 1983-1985

An AID/W science grant to Dr. William Boto is funding studies at CUSS in an effort to develop hybridoma monoclonal antibodies for immunodiagnosis of Onchocerca volvulus. (\$156,000)

O. Study of Infant Feeding Practices, (931-1010) 1979-1985

Under the general supervision of the General Delegation of Scientific and Technical Research (DGRST), this project consists of a study of infant feeding practices to be undertaken by the Nutrition Center of the Institute of Medical Research and Study of Medicinal Plants (IMPM). The objectives of the study are 1) to show to what degree cultural practices and seasonal availability of food influence infant feeding practices; 2) to show how these feeding practices affect growth; and 3) to formulate specific recommendations to appropriate agencies of the Government of Cameroon on programs to combat protein energy malnutrition. Two people have worked in six villages in northern Cameroon to collect base line nutrition data. At present, the project is in the final stages of data collecting, and will proceed to analyze the data and formulate recommendations for specific nutrition interventions to the Government. (\$99,800)

P. Health Constraints to Rural Production, (698-0408.1) 1983-1990

The purpose of this project is to assist the Government of Cameroon in developing a schistosomiasis research center in Yaoundé with the capability to map the prevalence, distribution and intensity of schistosomiasis infection in Cameroon; and, to develop effective, ecologically and culturally appropriate disease control measures; to conduct training for Africans from the Sub-Saharan region in laboratory and field research methodology and to serve as a major center for schistosomiasis research for the region.

The project grant agreement between the United States and the Government of Cameroon was signed August 22, 1983. In order to assist the Government of Cameroon in establishing the proposed research objectives and in developing the needed skills among the GRC staff, technical assistance to the project has been provided through an AID contract with Tulane University. The Tulane University technical assistance team, consisting of an Epidemiologist (Chief of Party), a Medical Parasitologist, a Malacologist, and an Administrative Officer, are working with the Institute of Medical Research and of Medicinal Plant Studies (IMPM) to organize participant training, implement field research activities and set up a regional research information network.

At present, 12 Cameroonian participants are preparing to leave for the U.S. for long-term graduate training in order that they can take over from their American counterparts by the end of the project. Project laboratories, offices and experimental ponds are to be built in the Nkomo district of Yaoundé. (\$7,400,000)

Q. Proposed Maternal/Child Health Bilateral (631-0056)

For almost a year the Ministry of Health has been discussing the possibility of an AID assisted MCH project which would have more comprehensive objectives than the isolated promotion of immunization, oral rehydration therapy and malaria control. These discussions have resulted in a formal proposal to AID in December of 1984 and an AID written response in March 1985. This exchange shows that there is general agreement regarding the objectives and main elements of the proposed MCH project which is discussed below. It was earlier considered that AID health sector assistance might be combined with the major health project the World Bank may be supporting in the near future, but because of the markedly different project design periods of AID and the World Bank and the recent change in Cameroon's status as a borrower with the Bank, it is thought that it would be better to keep the AID and Bank supported efforts separate, but complementary.

Essential project elements are:

1. Health Services Management

When resources are scarce it is essential that efficient use of available resources be assured. This requires that health workers at all levels of the system be trained to have the management and administrative skills and knowledge needed to carry out their responsibilities both effectively and efficiently. This project will address the systems management needs by helping to establish an appropriate management information system, capable of collecting the data needed for financial, personnel and supplies management, epidemiologic surveillance and program evaluation. It will also provide for long-term, short-term and in-country training in health management, with programs specifically tailored to the needs of each level of health workers and the communities being served.

2. Oral Rehydration Therapy

Within the context of MCH services this project will help the Government of Cameroon implement the national ORT program by studying the epidemiology and the health impact of diarrhea in the country, promoting the effective use of ORT wherever children's lives can be saved, providing training of health workers and assuring the availability of oral rehydration salts. The feasibility of the local production of salts will be examined.

3. Immunization

This project will work to strengthen the existing expanded program of immunization by helping to set up an effective epidemiologic surveillance system, training of health personnel and assuring the supply of vaccines, immunization equipment and cold chain supplies.

4. Growth Monitoring and Nutrition Education

Although the national nutrition survey showed over 20% of children having chronic malnutrition, there is reason to believe that most Cameroonian families have access to adequate food to prevent childhood malnutrition. This project would propose to promote better child nutrition through helping to develop a standard approach to growth monitoring in Cameroon and complementing this with a nutrition education program aimed at helping mothers identify the nutrition status of their children and employ locally available foods more effectively to prevent or treat malnutrition. This would be done largely through in-country training programs.

5. Child spacing

Again entirely within the context of seeking improved maternal and child health, and in keeping with existing Government policies, this project will provide training, material and technical assistance to promote better understanding of the role of contraception in maternal and child health and to increase the availability and accessibility of pre-natal and child spacing services and supplies.

6. Malaria Control

Within the geographic area under its purview this project will contribute to the Government's malaria control efforts by studying the epidemiology of the disease, training health workers in chemotherapy and selected chemoprophylaxis, promoting community participation and assuring the availability of chloroquine. As an MCH activity, these efforts will be concentrated on pregnant women and children.

PART III

POPULATION ACTIVITIES:

The Government of the Republic of Cameroon still maintains many pronatalist policies and beliefs. This explains why no bilateral population project has been funded in Cameroon by either AID or other donor agencies. USAID/Cameroon pursues a low key policy in population matters and makes extensive use of a variety of centrally funded population projects to sensitize the Government to the impact of a rapidly growing population on the economy. The following are the centrally funded population projects from which the Mission and the Government of the Republic of Cameroon are receiving financial, material and technical assistance:

A. RAPID I (Resources for the Awareness of Population Impact on Development) (932-0637)

(1) RAPID's first awareness raising presentation was made in 1979. RAPID I influenced the former President's policy speech on Cameroon's population during the third ordinary congress in Bafoussam in 1980.

(2) In 1983, there was an update of the 1979 presentation which was attended by almost all Ministers including the then Prime Minister. A total of over 300 top level government officials watched the presentation.

B. RAPID II (Implementation of RAPID I) (936-3017)

In early 1983, Dr. Marie-Claire Rens and Dr. Robin Barlow from the University of Michigan, Dr. Richard Sturgis and Dr. Alene Gelbard from D.D.D. (Demographic Data for Development) Westinghouse Corporation were instrumental in setting the stage for the implementation phase of RAPID I.

(a) In July of 1984, the Ministry of Plan and Regional Development organized a seminar on the use of demographic data in Cameroon. This seminar was attended by 77 representatives from public, international, private, and para-public institutions involved in population activities. Papers presented during this seminar have been printed in book form to be distributed to researchers in Cameroon and neighboring countries.

(b) The RAPID II project also sponsored in July 1984 the publication of a bibliography of all population work in Cameroon since 1884.

- (c) Negotiations are presently underway for the signing of another sub-contract with the Ministry of Plan for the preparation of provincial population projections for all ten provinces of Cameroon. These provincial population projections will tie in with an agricultural model of the RAPID presentation being prepared by the Ministry of Agriculture.
- (d) An Apple II E micro-computer has been donated to the Ministry of Plan by the RAPID project. An IBM P.C. junior has also been donated to the Ministry of Agriculture by the RAPID project.

C. Demographic Data for Development (D.D.D.)/Westinghouse Corporation (936-300.6)

- (a) D.D.D. organized a two week workshop in November of 1984 and trained 8 demographers and statisticians from the Ministry of Plan in the use of microcomputers to include demographic and social data in the sixth 5 year development plan. D.D.D. has transferred and installed an IBM PC microcomputer in the Statistical Division of the Ministry of Plan.
- (b) A demographer and a statistician from the Ministry of Plan received further training in the U.S.A. in April of 1985 in the use of microcomputers for analyzing demographic data.
- (c) A follow up microcomputer workshop to train planners as well as high level technicians from Ministries concerned with population activities will be organized in late 1985. Participants will learn how to incorporate demographic variables into the planning process.

D. Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) (932-0604)

Since 1979, JHPIEGO has trained a total of 54 Cameroonian medical and para-medical personnel in reproductive health and contraception. The Government's interest in JHPIEGO courses in recent years has resulted in the organization of two in-country training seminars in 1984 and projected sessions in late 1985.

- (a) In July of 1984, the Ministry of Public Health organized an in-country anesthesia update training for 20 para-medical personnel from the the Ministry of Health. There are plans to repeat this training during the month of August of 1985.

- (b) The University Teaching Hospital, (CHU) also organized in July of 1984 a postgraduate reproductive health training for 3 specialist Obstetricians/Gynecologists from three provincial hospitals, namely Bamenda, Douala and Limbe. These trainees have received laproscopos which will be used in training general practitioners in reproductive health management. There are plans to train 10 general practitioners in minilaparotomy techniques, and 15 nurses and midwives in family planning during the month of August, 1985.
- (c) JHPIEGO has finalized an in-country reproductive health proposal with the Protestant hospitals in Anglophone Cameroon. This activity will train 60 nurses/midwives in information, education and communication skills in family planning. In addition, 10 nurses/midwives will receive training in family planning techniques which will include IUD insertions, pill prescription and patient counselling. This activity will be implemented in 1986.

E. International Training in Health (INTRAH) - University of North Carolina at Chapel Hill. (932-0644)

INTRAH started its activities in Cameroon in 1982 by conducting a needs assessment. Since then, the following activities have been carried out:

- (a) In September, 1982, a workshop on communication skills in MCH/FP for Directors and Senior staff of nursing schools was conducted for 21 participants from French speaking Cameroon.
- (b) In December of 1982, a similar workshop was conducted for 19 participants from English speaking Cameroon.
- (c) A team of consultants from INTRAH visited Cameroon in 1984 to update the needs assessment carried out in 1982, and to find out from the Ministry of Public Health what specific training for para-medical staff INTRAH could offer the Ministry. These consultants will be presenting their recommendations to INTRAH for consideration. The Ministry of Health is presently interested in the training of MCH staff, increasing and equipping PMI centers throughout the country.

F. Migration and Fertility Research - University of Nebraska at Omaha

Professor Bun Song Lee, who is Associate Professor of Economics in the Department of Economics at the University of Nebraska is the principal researcher for this demographic research. He has done similar studies in Korea and Mexico. In Cameroon, the Ministry of Higher Education and Scientific Research (specifically the Center for Economic and

Demographic Research - CRED) is the collaborating agency. One English speaking demographer/researcher from CRED will visit the University of Nebraska in mid-1985 to work with Professor Lee in analyzing the Cameroon data. Publication and dissemination of research findings is scheduled for August, 1985.

G. Family Planning International Assistance (FPIA) (932-0955)

FPIA is funding for the forth year a birth spacing clinic at the Presbyterian Hospital at Djoungolo in Yaounde. The Mission's role in this activity is mainly of a backstopping nature. As of December, 1984, this project was serving approximately 1,000 clients per year. The fourth funding period plan will provide birth spacing services for 1,000 new clients and 1,000 continuing clients each year. It is hoped that the Djoungolo experience will be replicated in other Presbyterian hospitals of the Central and Southern provinces in the near future. In the past FPIA has provided contraceptive supplies to public and private hospitals, as well as to individual physicians for use in their private clinics.

H. Family Health International (FHI) (932-0537)

FHI activities in Cameroon began in 1984. They are still at the initial stages of project implementation in Cameroon.

- (a) There is a clinical trial project with an oral contraceptive called Ovrette which is a progesterone-only pill. This is carried out in Cameroon by Dr. Anderson Doh, an Obstetrician/Gynecologist researcher, professor in the Medical Faculty.
- (b) FHI is presently negotiating two other clinical trials with a new copper T interuterine device, the copper T 380 A. This will be carried out by Dr. Doh of CUSS and Dr. Sende who is a private practitioner in Yaounde.
- (c) FHI also plan to carry out obstetrical surveillance with the Ministry of Public Health. This activity is planned for all the 7 divisions of the Center Province.
- (d) FHI has had preliminary discussions with the Catholic Medical Services to assist them in doing evaluations and research in Natural Family Planning.

I. Association for Voluntary Sterilization (AVS) (932-0968)

Representatives from AVS Tunisia visited Cameroon in December, 1984.. They had discussions with the Vice-Minister of Health, the Chief Medical Officer of the Djoungolo hospital and Dr. Sende. In the near future, AVS may be providing equipment such as examination tables and laprocator to Djoungolo hospital and to Dr. Sende.

The Mission hopes to continue tapping from centrally funded population projects to train medical and para-medical personnel as well as top and mid-level policy makers and technicians in the population field.

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