

PD BAO 723

*Adler*

NOTICE OF MEETING

TO: See Distribution  
FROM: AFR/PD, Norman Cohen  
SUBJECT: PID/OPG Issues Meeting

675 xxx

June 22, 1983  
10:00 A.M.  
Room 2723

AGENDA

Guinea - Integrated Eye Health Program OPG

\$499,000.00

Distribution:

AFR/PD:NCohen  
AFR/PD/IPS:GRublee  
AFR/PD/IPS:TLee  
AFR/PMR:CCChristian  
AFR/PD/CCWAP:HHelman (4)  
A/AFR/CCWA:FScordato(2)  
AFR/DP:HJohnson(6)  
AFR/TR/HN:MDuffy (2)  
PPC/PDPR:JWelty (5)  
GC/AFR:TJBork(2)

SAA/S&T:NBrady (2)  
DAA/PRE:EJHarrell (2)  
M/SER/CM/ROD:SDHeishman  
AFR/PMR/RCS:DFBrown(2)  
M/SER/COM/ALI:PJHagan  
AFR/TR:LHoldcroft  
AFR/TR:DReilly  
AFR/TR/HN:CGurney (3)  
AFR/TR/SDP:RMWard (3)

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Department of State

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TELEGRAM

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ACTION AID-00

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ACTION OFFICE AFCW-03  
INFO AFR-06 FVA-01 CMGT-02 CTR-02 STHE-01 SAST-01 HNS-03  
PVC-02 AFDA-01 RELO-01 STHP-01 MAST-01 /031 A4 716

INFO OCT-00 COPY-01 AF-00 EB-00 NMO-01 AMAD-01 OES-09  
/050 W

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R 151522Z MAR 83  
FM AMEMBASSY CONAKRY  
TO SECSTATE WASHDC 2395  
INFO AMEMBASSY ABIDJAN

UNCLAS CONAKRY 872

AIDAC

AID/W FOR AFR/CCWA AND AFR/TR/AM

ABIDJAN FOR REDSO/WCA

E.O. 12356: N/A  
SUBJECT: REDSO REVIEW OF INTERNATIONAL EYE FOUNDATION, OPG PROPOSAL

REF: (A) ABIDJAN 3155 (B) 82 CONAKRY 3855  
(C) CONAKRY 148

1. SUBJECT REVIEW WAS UNDERTAKEN BY REDSO AND REPTEL DRAFTED WITHOUT BENEFIT OF AAO/CONAKRY REPRESENTATION OR COUNSEL. URGE AID/W TO CONSIDER FOLLOWING POINTS AS PROPOSAL IS PREPARED FOR REVIEW.
2. PER PARA (1) REF (A), AAO IS NOT CERTAIN THAT THE RESULTS OF THE PI (EXPANDED PROGRAM OF IMMUNIZATION) EVALUATION PLANNED FOR MID-MARCH ARE PARTICULARLY RELEVANT TO THE PROPOSED EYE HEALTH PROJECT. IT IS GENERALLY UNDERSTOOD THAT GUINEA'S HEALTH SECTOR AND HEALTH CARE FACILITIES ARE A SHAMBLES AND A MASSIVE INVESTMENT IN PERSONNEL AND FACILITIES WOULD BE REQUIRED TO BRING IT UP TO MINIMALLY ACCEPTABLE STANDARDS. NO DONOR IS WILLING, OR HAS THE RESOURCES REQUIRED, TO TAKE ON THE HEALTH SECTOR. RATHER, THEY PREFER TO ADDRESS SPECIFIC COMPONENTS WHICH THEY PERCEIVE AS MANAGEABLE AND WHICH WILL SAVE LIVES AND HAVE AN IMPACT. FOR EXAMPLE, USAID' PROJECT AMIS IS DIRECTED AT IMMUNIZING THE 0-7 AGE GROUP AGAINST COMMON CHILDHOOD DISEASES IN A SPECIFIC GEOGRAPHIC AREA OF THE COUNTRY. THE RUSSIANS CONCENTRATE ON THE TRAINING OF SURGEONS AND THE CHINESE HAVE SET UP A SYSTEM OF ROVING HEALTH TEAMS. THE PROPOSED PROJECT ADDRESSES THE EYE HEALTH SECTOR AND CERTAIN FACTORS ARE IN EVIDENCE WHICH AUGUR WELL FOR THE PROJECT SUCCESS: THESE INCLUDE:
  - A. HIGHEST LEVEL GOG INTEREST IN THE PROPOSED CLINIC. THE PRESIDENT HIMSELF AND THE HEAD OF THE NATIONAL ASSEMBLY ARE INVOLVED. THEY HAVE SEEN TO IT THAT A BUILDING HAS BEEN PROVIDED, THAT SCARCE CONSTRUCTION SUPPLIES ARE DELIVERED TO THE SITE, AND THAT WORK ON THE CLINIC CONTINUES. AAO/CONAKRY AND A REDSO ENGINEER VISITED THE SITE IN FEBRUARY. THE STRUCTURE IS APPROPRIATE.
  - B. THE IEF IS COMMITTED TO THE PROJECT: A DYNAMIC FRENCH-SPEAKING OPHTHALMOLOGIST IS STATIONED IN CONAKRY, IS TRAINING GUINEAN EYE HEALTH PERSONNEL IN OONKA HOSPITAL, IS MONITORING THE PROGRESS OF THE CONSTRUCTION OF THE CLINIC AND HAS MADE A SUBSTANTIAL CONTRIBUTION TO THE PREPARATION OF THE OPG PROPOSAL.

C. THE CBG (COMPAGNIE DES BAUXITES DE GUINEE) IS INVOLVED AND COMMITTED. THEY ARE PROVIDING HOUSING AND IN-TOWN TRANSPORTATION FOR THE IEF OPHTHALMOLOGIST AND WILL PROVIDE FREE TRANSPORT FOR ALL PROJECT COMMODITIES PROCURED IN THE U.S. THUS, WHILE IT WOULD BE IDEAL TO UNDERTAKE A COMPREHENSIVE OVERVIEW OF GUINEA'S HEALTH SECTOR AND SELECT THOSE INTERVENTIONS WHICH MAKE THE GREATEST IMPACT, THE REALITIES OF THE SITUATION DEMAND PRACTICALITY. THERE ARE JUST NOT ENOUGH RESOURCES TO MEET ALL OF GUINEA'S HEALTH NEEDS. THE EYE CLINIC PROVIDES A SOLID AND SUBSTANTIAL BASE UPON WHICH TO LAUNCH A MEANINGFUL INTERVENTION INTO A SECTOR WHICH IS SORELY IN NEED OF ATTENTION. A MEANINGFUL PREVENTIVE HEALTH CAMPAIGN REQUIRES A BACK-UP FACILITY. THE CLINIC PROVIDES SUCH A FACILITY AND WARRANTS U.S. SUPPORT.

3. PERE PARA 5 REF (A), AAO/CONAKRY CONCURS IN THE NEED FOR AN EVALUATION PLAN AND A MORE DETAILED IMPLEMENTATION PLAN, THIS WILL BE PREPARED AND SUBMITTED TO AID/W.

4. PROVISION AUTHORIZING THE USE OF PL 480 COUNTERPART FUNDS TO SUPPORT THE LOCAL COSTS OF THE PROJECT CAN BE INCLUDE IN THE FY 83 AGREEMENT. IT SHOULD BE NOTED THAT THE FIRST PRIORITY FOR THE USE OF PL 480 COUNTERPART FUNDS IS TO SUPPORT USAID FINANCED ACTIVITIES. THUS, FUNDS FROM PREVIOUS AGREEMENTS ARE BEING USED TO SUPPORT THE GUINEA AG I PROJECT, THE AMIS HEALTH PROJECT AND THE FORESTRY PROJECT IN PTA.

5. AAO SHARES REDSO'S CONCERN FOR THE MANAGEMENT IMPLICATIONS OF THE PROJECT. FOR THIS REASON, THE OPG MECHANISM WAS SELECTED SINCE IT WILL MINIMIZE AAO MANAGEMENT REQUIREMENTS. THE PVO WILL HANDLE PROCUREMENT AND CBG WILL COVER THE CARE AND FEEDING OF THE TECNICIAN. THE AAO WILL MONITOR PROJECT ACTIVITES AND, WITH RDSO ASSISTANCE , PERFORM PLANNED EVALUATIONS.

6. FYI. THE STATEMENT IN REF (B) THAT QUOTE THE SCOPE OF THE IEF PROPOSAL GOES BEYOND WHAT WE CAN AFFORD OR MANAGE UNQUOTE, REFERS TO THE \$1.2 MILLION PROPRDAL AND NOT THE SCALED DOWN \$500,000 PROPGSAL WHICH WAS REVIEWED BY REDOS. END FYI. DAVIS

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ACTION A10-00

MEMORANDUM OF UNDERSTANDING ACCOMPANYING THE 1982 AGREEMENT THAT PL 480 IS INTENDED TO ENABLE THE POOR TO PARTICIPATE ACTIVELY IN INCREASED AGRICULTURAL PRODUCTION THROUGH SMALL FARM AGRICULTURE.

ACTION OFFICE AFOW-01  
INFO ARAF-02 AFOP-01 AFDA-01 STFA-01 RLLD-01 STHP-01 MAST-01  
SAST-01 PVC-02 AFDA-01 STFA-01 RLLD-01 STHP-01 MAST-01  
AFPM-01 /032 AF RY/UN/VA/ARAP

INFO OCT-80 INR-10 AF-08 CIAE-00 EB-00 L-03 /066 W  
-----227065 0828312 /38

R 081637Z MAR 83  
FM AMEMBASSY ABIDJAN  
TO AMEMBASSY CONAKRY  
SECSTATE WASHDC 5548

UNCLAS ABIDJAN 03155

AIDAC

E.O. 12356: N/A

SUBJECT: INTERNATIONAL EYE FOUNDATION, OPG PROPOSAL

REFS: (A) 82 CONAKRY 3835, (B) 82 STATE 222763  
(C) CONAKRY 140, (D) STATE 44160

1. REDSO/WCA REVIEW COMMITTEE MEETING HELD ON 2 MARCH, 1983, FOUND NOVEMBER 1982 VERSION OF SUBJECT PROPOSAL LACKS JUSTIFICATION FOR AID FUNDING. PRC FELT THAT PROBLEMS STILL EXIST AT THE POLICY OR STRATEGIC LEVEL AND AT THE OPERATIONAL LEVEL. SPECIFIC RECOMMENDATIONS:

- 1) DO NOT MAKE FINAL DECISION ON FUNDING THE OPG UNTIL AFTER REVIEW OF THE RESULTS OF THE EPI EVALUATION AND ASSESSMENT SCHEDULED FOR MARCH 14-27 WHICH SHOULD PROVIDE A PERSPECTIVE ON DIRECTIONS FOR SUPPORT TO GUINEA'S HEALTH SECTOR;
- 2) IF FUNDING IS APPROVED, IT SHOULD BE LIMITED TO EXPENDABLE SUPPLIES AND TRAINING AIDS LISTED IN NOVEMBER 82 PROPOSAL AT A COST OF \$54,000.

2. FROM A POLICY OR STRATEGIC STANDPOINT, IT IS VERY DIFFICULT TO JUSTIFY THIS PROJECT IN VIEW OF OTHER PUBLIC HEALTH NEEDS OF THE COUNTRY. THE SETTING UP OF A SPECIALTY EYE CLINIC, ALTHOUGH OFFERING SOME OF THE PRIMARY HEALTH CARE ELEMENTS, I.E. APPROPRIATE TREATMENT OF COMMON DISEASES, SEEMS TO BE IN DIRECT CONFLICT WITH THE UNIVERSAL QUEST FOR AN ACCEPTABLE LEVEL OF HEALTH CARE FOR ALL BY YEAR 2000.

3. FROM AN OPERATIONAL STANDPOINT, THE PROJECT, AS MODIFIED, IS BETTER CONCEIVED THAN THE ORIGINAL PROPOSALS IN THAT IT OFFERS AN IMPROVEMENT IN THE BALANCE OF PREVENTION, TREATMENT, AND TRAINING WITH RESPECT TO TOTAL EYE CARE. HOWEVER, THE PRC FELT THAT THE LACK OF PLANS FOR EVALUATION AND THE LACK OF SPECIFICITY IN IMPLEMENTATION PLANS WERE SIGNIFICANT SHORTCOMINGS. IN PARTICULAR, IT WAS NOT CLEAR HOW TRAINING WOULD BE ORGANIZED AND MANAGED.

4. BOTH WAAC AND RLA QUESTIONED THE LEGITIMACY OF USE OF PL 480 COMMODITY FUNDS FOR THIS ACTIVITY. THE USE OF THESE FUNDS FOR THE OPG WOULD NEITHER DIRECTLY NOR INDIRECTLY COMPLY WITH THE INJUNCTION CONTAINED IN THE FY 1982 AGREEMENT FOR THE SALE OF AGRICULTURAL COMMODITIES THAT THE FUNDS ARE TO BE USED FOR DEVELOPMENT IN THE AGRICULTURE AND RURAL DEVELOPMENT SECTORS IN A MANNER DESIGNED TO INCREASE THE ACCESS OF THE POOR IN GUINEA TO AN ADEQUATE, NUTRITIOUS, AND STABLE FOOD SUPPLY. IT WILL CERTAINLY NOT FOLLOW THE CAUTION CONTAINED IN THE

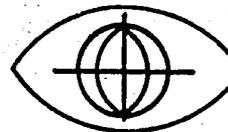
5. PRC ALSO FELT THAT THE CONCERN EXPRESSED IN REF (A) PARA 2 THAT QUOTE THE SCOPE OF THE IEF PROPOSAL GOES BEYOND WHAT WE CAN AFFORD OR MANAGE UNQUOTE REMAINS UNANSWERED. THE QUESTION OF THE CAPACITY FOR MANAGEMENT OF THE PROPOSED ACTIVITY BY THE CURRENT AAO/CONAKRY STAFF LED PRC TO RECOMMEND THAT IF ANY FUNDING IS TO BE PROVIDED THAT IT BE FOR ONE-TIME PURCHASE OF EXPENDABLE SUPPLIES AND TRAINING AIDS.

6. REDSO/WCA URGES THE RECONSIDERATION OF THE DECISION MADE IN REF D TO MAKE AFR/PVO FUNDS AVAILABLE FOR THIS ACTIVITY. UNTIL THE GOG CAN SHOW A MORE COMPREHENSIVE PURSUIT OF PRIMARY HEALTH CARE SUCH AS AN EXPANSION OF PROJECT AMIS TO OTHER PARTS OF THE COUNTRY, FUNDING FOR THE OPG PROPOSAL SHOULD NOT BE APPROVED OR SHOULD COVER ONLY COSTS OF A MINIMUM OF EXPENDABLE SUPPLIES AND TRAINING NEEDS. RAWLS

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Contact: Robert H. Meaders, M.D.  
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INTERNATIONAL EYE FOUNDATION  
OPG PROPOSAL - GUINEA  
INTEGRATED EYE HEALTH PROGRAM

November 1982

the  
International  
Eye Foundation

7801 NORFOLK AVENUE ■ BETHESDA, MARYLAND 20814 ■ (301) 986-1830

INTERNATIONAL EYE FOUNDATION  
OPG PROPOSAL - GUINEA  
INTEGRATED EYE HEALTH PROGRAM

I. PROJECT PURPOSE AND DESCRIPTION

GOAL

The goal of this project is to assist the Government of Guinea to develop an integrated eye health program to reduce the high prevalence of eye disease and blindness.

PURPOSE

The purpose of this project is to increase specialty eye care provided by the Ministry of Health of Guinea and to further develop the capability of health care workers in the early recognition, treatment, or appropriate referral of patients with eye disease, and to teach practical preventive measures to medical and paramedical personnel.

GENERAL DESCRIPTION OF THE PROBLEM (Background)

Eye disease and blindness have long been recognized as a major public health problem in Guinea. Studies done throughout the country reveal a blindness prevalence rate ranging from 1.5% in the urban areas to as much as 5% in the rural areas, with the major diseases affecting the eyes being those of cataract, trachoma, injury, onchocerciasis, ocular infections such as corneal ulcers, and blindness due to malnutrition and measles.<sup>(1)</sup> This compares to a blindness rate of approximately 3.5% in similar developing countries.<sup>(2, 3, 4)</sup>

Analysis of available data in Guinea reveals that as much as 80% of the cases of blindness are either preventable or

surgically treatable with a reasonable expectation of favorable outcome. Of this number, approximately 40% of the cases of blindness could be prevented by an active program of public education coupled with early recognition and treatment or referral of potentially blinding conditions by health workers. Another 40% of the blindness could be prevented or cured by means of making specialty care available for those cases of recognized treatable blindness.

Historically there has been but one ophthalmologist for this country of over five million people. His activities have been divided between those of Chief of Service of Ophthalmology at Donka Hospital and Dean of the Medical School. He is also responsible for teaching in the three-year nurse program and the six-year medical school program. There has been no ophthalmology training program available in Guinea prior to this time.

There are limited primary health services in the country, although there are plans for each of 350 arrondissements to have a health unit staffed by a physician or senior nurse with "technicians" attached who are in charge of directing patient care in approximately 10 villages included in the area covered by the arrondissement. Approximately 20 "health units" are now beginning to deliver health care at the arrondissement level; village level primary health care delivery is scheduled to begin soon.

In the preventive medicine section, Preventive Health Training Team personnel have completed the Lome SHDS Training of Trainers Course. There, seven tasks for village health workers were defined and taught and the team prepared to begin their courses of instruction in a pilot area close to Conakry

in order that the program may be closely supervised and evaluated for expansion throughout the country as experience is gathered.

The blindness prevention activities planned by the Ministry of Health and the International Eye Foundation do not envision the creation of a separate cadre of eye health care workers, but rather the enhancement of diagnostic, preventive, and therapeutic capabilities of health care workers in order that a meaningful blindness prevention and treatment program may be initiated.

#### PROJECT BACKGROUND

In November of 1980, the Medical Director and Executive Director of the International Eye Foundation conducted an on-site assessment and consultation at the request of the Ministry of Health of Guinea. Consultations were held with the Minister of Health, the Deputy Minister of Health, the Chief of the Department of Ophthalmology at Donka Hospital, the Dean of the Faculty of Medicine, the Chiefs of Curative Medical Services and Preventive Medical Services, the Director of Primary Health Care Services, and the Director of the Nurse Training School. In addition, hospital records from Donka Hospital and all available data as to the prevalence and cause of blindness and eye disease throughout Guinea were reviewed.

In agreement with the Ministry of Health, it was decided that the logical first step in the development of a national blindness prevention and treatment program was to develop a strong central eye health care delivery point which could provide the necessary training, supervision, support, and referral source for health workers at all levels. It was obvious

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that the institution of a primarily preventive oriented program would be impossible unless adequate referral sources were available to handle patients identified as requiring curative services. As cataract formation at an early age was found to be one of the major causes of blindness in Guinea, it was agreed that while nothing could be done to prevent cataracts, the blindness resulting from cataracts could be entirely prevented or cured by a simple surgical procedure. Therefore, the most logical first priority in the national blindness prevention and treatment program would be the establishment of an eye health care section within the Ministry of Health in which physicians could prevent (cure) the blindness from cataracts while simultaneously learning to treat eye disease at an early pre-blinding state. When these services are firmly established, it was further agreed that training of the general physicians manning the rural health units would be the next logical step followed by progressive training of the health technicians working in each arrondissement.

#### PROJECT ACTIVITIES

Under a Matching Grant Program, the IEF seconded a consultant professor of ophthalmology to the Government of Guinea beginning in January 1982, as a collaborative procedure between the Ministry of Health of the Government of Guinea, the International Eye Foundation, CBG Mining Company, and its parent organization Halco Mines.

Diagnostic and therapeutic equipment and supplies were provided, and the eye health care facilities built up as much as could be done at Donka Hospital. Overwhelming problems were

encountered with facilities which had deteriorated seriously and were virtually unfit for use. In spite of these difficulties, however, the IEF ophthalmologist immediately began training five physicians selected by the Ministry of Health. These doctors were trained in the examination of the eye, in recognition and diagnosis of eye disease and injuries, and in the medical and surgical care of patients with vision threatening eye problems. Their major surgical training was in the removal of cataracts and in the relief of inturned eyelashes causing blindness as a result of trachoma. In addition, three "majors," who are physicians certified by examination, were trained as cataract surgeons. Three nurses were taught to do extraocular operations on patients with inturned eyelashes and with other pre-blinding eye conditions which could be relieved by simple surgical procedures. Three technicians were trained to assist in the operating room and in patient screening, and all nurses working in the operating theater and in the inpatient ward were trained in ophthalmic nursing.

Under this program, 600 patients per week are being seen in the outpatient clinic, and 50 operations per week are being performed, with over 50 per cent of them being done as an outpatient procedure due to lack of adequate clinic, operating room, and ward space.

President Sekou Touré of Guinea came to the Eye Clinic seeking specialty care through the Project Ophthalmologist. Seeing the obvious inadequacies of the facilities and the tremendous strides made in developing the capability of local physicians to conduct an eye clinic, the President immediately

donated a two-story structure which the government has subsequently renovated externally and which is suitable for a 33 bed eye hospital with two operating rooms and five examining lanes. The renovation of this building has been supervised by Mr. Damantang, the President of the Parliament of Guinea, the President's daughter, Mrs. Camara, and by the Deputy Minister of Health, Dr. Sylla. President Touré has maintained an interest in the further development of this new Conakry Ophthalmology Center (COC) and makes frequent visits to assess its further development.

While the Government of Guinea has completely redone the exterior of the house, including provision of new roofing, windows, doors, and internal partitions, they have requested assistance in the provision of electrical and plumbing appliances and the ceramic tiles necessary to surface the interior of the operating rooms. In addition, they have requested assistance in obtaining several room air conditioners and a generator capable of providing an emergency electrical system for the building.

The impact of further development of this new Conakry Ophthalmology Center would be to minimally double the number of patients examined and treated by physicians trained under this project. In addition, it would provide a first-class teaching environment in which general practitioners who work in rural areas can, in a short period of time, learn to recognize and treat a wide variety of eye diseases and to recognize those cases which must be referred to the central specialty facilities. These same physicians would then serve as

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the source of training supervision support and referral for the health technicians in each arrondissement.

#### SCOPE OF ACTIVITY

It is requested that this project now be funded through an operational program grant funded by the local USAID mission with the standard provision that at least 25 per cent of the project costs be of non-USAID sources. Continued technical assistance will be provided the project through the International Eye Foundation, with direct financial and local support provided project personnel by the CBG Mining Company and its parent organization Halco.

#### BENEFICIARIES

Blindness prevention activities of the IEF are dedicated to assisting governments to provide basic preventive, promotive, and therapeutic eye care to those for whom such care is otherwise unavailable.

In most developing countries, this has been translated into program activities centered about rural villages and the surrounding mainly agricultural population. In a typical rural based outreach program such as the Kenya Rural Blindness Prevention Project, approximately 10% of the total country population interfaced directly with program activities over a three-year period. As blindness prevalence is significantly higher in the rural population who make up the majority of these patient contacts, the percentage of those with preventable or curable blindness affected is thought to be greater than 10%.

The "ripple" effect of educating village leaders in community action aimed at promoting general as well as ocular

disease prevention further increases the numbers of beneficiaries.

Those with curable blindness are brought to the realization that their condition may be helped by surgery and seek attention in greater numbers, further increasing the effectiveness of program activities.

School children educated to the need for early attention to eye disease as well as the community actions which can be undertaken to prevent blindness stimulate their parents and the community to further action.

The pyramid of ages in developing countries is such that approximately 70% of the population is comprised of women of childbearing years and under-15s. IEF projects have been weighted toward schools, maternal/child health clinics, and under-five clinics, so that clearly defined segments of the population will most benefit from blindness prevention and primary eye care.

More specifically, the beneficiaries fall into two distinct categories: 1) those provided primary eye care, i.e., screened, diagnosed, simply treated and provided preventive services; and 2) those provided sight-saving or sight restorative operations.

In the first category, it is estimated that there will be 100,000 beneficiaries, whether diagnosed and provided preventive eye care directly by IEF personnel or by those local medical and paramedical workers trained to provide eye care during the initial two years of the project.

In the second category, it is likewise estimated that there will be 1,000 beneficiaries, a figure approximately one per cent of the total number of beneficiaries provided primary eye care during the initial two years of the project.

It is inevitable and necessary in any eye health care delivery program that those patients requiring sight restorative surgery be actually provided these curative services. Otherwise, the preventive activities will not appear ultimately beneficial to the population affected. The further development of adequate specialty coverage is addressed specifically in this initial project.

#### PROJECT OUTPUT

At the end of the collaborative project, there will be approximately eight physicians trained in those medical and surgical techniques necessary to address the most common causes of blindness in Guinea. A first-class eye health care institute will have been developed (the Conakry Ophthalmology Center) which will serve as the country's focal point for the national blindness prevention and treatment program. A capability will have been developed to train general physicians working in the rural areas to recognize, treat, or refer patients with eye disease or blindness. The groundwork will have been laid for inclusion of health technicians in each arrondissement at the level of recognizing eye disease and referring to progressively higher levels of expertise those patients requiring definitive treatment. As further statistics become available as to the causes of eye disease throughout the country, the IEF will assist the Ministry of Health to develop a more preventive oriented blindness prevention program. It is anticipated that this will center about the prevention of trachoma and nutritional blindness in children as to major blinding conditions

which can logically be addressed within the resources of the Ministry of Health. The other major cause of blindness, onchocerciasis, requires technology and funding far beyond the capabilities of this project.

Medical students and nurses will be given enhanced training in the diagnosis, treatment, and prevention of eye disorders. These categories of health workers responsible for health care in the rural areas will then be able to recognize, treat, or refer eye diseases at an early pre-blinding stage. In addition, they will be taught the root causes of blindness in the rural areas of Guinea and will be a vital component in the ultimate nationwide prevention of blindness program.

#### PREVENTIVE AND CURATIVE SERVICES

The development of a truly 'preventive' program in the field of eye disease and blindness, as is true for all branches of medical care, depends on a suitable infrastructure to provide training, supervision, support, and referral capabilities for health workers at all levels.

Central hospitals, in addition to providing specialty care, must provide training for physicians who will provide such services in out-lying hospitals. These physicians will in turn be responsible for the training, supervision, support, and referral services for health workers in their geographic area of responsibility.

In Guinea, this entire process is in its early stage, and requires the development initially of adequate treatment and training facilities in Conakry, producing suitably trained physicians whom the Ministry of Health has agreed to post in out-lying hospitals to develop and direct prevention of blindness programs in the rural areas.

It will be the responsibility of the staff of these central facilities to conduct regular on-site consultation clinics with graduates of the training program. These visits will serve as an opportunity to insure continuous suitable performance and continuing medical education of the graduates. In addition, the visiting staff will render assistance in the development and implementation of prevention-oriented programs of training and intervention specific to the needs of the area. To this end, one Project four-wheel drive vehicle has been requested, to provide all-weather 'up-country' travel.

The physicians posted as eye specialists to the rural hospitals will be responsible for the provision of specialty eye care services. In addition, they will be tasked with the training of lower-level rural health workers in Primary Eye Care- the recognition and treatment of common eye problems, appropriate referral of patients with blinding eye conditions, and suitable measures to be taken by the community and the individual to prevent blinding eye disease. As village health workers are developed, the rural eye specialists will assist in providing primary eye care training in their curriculum.

As stated, this process in its early formative stage in Guinea. Specialty eye care is available only in Conakry, with an inadequate number of physicians trained to be sent to rural hospitals and to develop, implement, and administer rural blindness prevention programs at present.

This project proposes to accelerate the training of physicians as eye specialists, emphasizing their role as teachers and administrators of blindness prevention programs in their new posts.

Nurses will be trained to assist in the development of eye health services, both preventive and therapeutic.

In conjunction with the Ministry of Health, a national center for the training of health workers in the prevention and cure of blindness is being developed.

Project personnel will participate in the on-going development of the rural blindness prevention program of the Ministry of Health

## PROJECT FUNDING AND CPS

The GOG budget presented in this proposal represents the dollar equivalent of required Syli expenditures in excess of the current operating budget for eye health activities at Donka Hospital.

As a C.P. for AID disbursement of funds, the GOG must agree in writing to the transfer from the Donka eye clinic to the new project eye clinic of the entire operating budget and all GOG eye health personnel.

All Syli expenditures for personnel will be funded as a regular GOG budget line item. With the prior approval of the AAO Conakry and WAAC (administrative and financial procedures), the GOG may make available PL 480 counterpart funds to finance the operating costs section of the proposed budget.

The project will also require significant inputs from the Compagnie Bauxite de Guinee (CBG) and the IEF. As a C.P. for AID disbursement of funds CBG must agree in writing to continue to furnish housing and logistical support to the IEF Project Manager (i.e. housing, utilities, furniture and in-town transportation). The CBG must also agree to (on a whenever possible and space available basis) assist with sea freight transportation of project commodities.

As a further C.P. for AID disbursement of funds the IEF must agree in writing to make available all necessary medicines and expendable supplies which are in excess of those funded by AID and the GOG.

TOTAL PROJECT FUNDING

(\$000)

SOURCE	FY 1	FY 2	LOP
AID	340	159	499
GOG	296	317	613
IEF	150	100	250
CBG	75	75	150
TOTAL	836	676	1512

## AID (\$000)

DESCRIPTION	FY 1	FY 2	TOTAL
I. PERSONNEL	90.3	97.3	187.6
1. Project Director (salary, benefits, travel)	65.0	69.0	134.0
2. Consultants (training)	7.1	7.9	15.0
3. Per diem and Travel (incl. admin. visits)	18.2	20.4	38.6
II. COMMODITIES	195.6	36.4	231.6
1. Equipment & Spare Parts (diagnostic, hospital..)	68.6	16.0	84.6
2. Materials (facilities modification)	30.0	-	30.0
3. Expendable Supplies	40.0	10.0	50.0
4. Generator & Spare parts	30.0	3.0	33.0
5. Vehicle (4x4) & Spare parts	25.0	5.0	30.0
6. Training aids	2.0	2.0	4.0
III. IEF OVERHEAD (19% of direct costs)	54.3	25.3	79.6
TOTAL	340.2	158.6	498.8

GOG FUNDING \$ 000  
(\$1=22.7 Syllis)

DESCRIPTION	FY 1	FY 2	TOTAL
I. Personnel	106.0	109.4	215.4
1. (4) Ophthalmologists	20.0	23.0	43.0
2. (1) Paramedical Instructor	5.0	5.4	10.4
3. (10) Nurses	50.0	50.0	100.0
4. (1) Administrative Supervisor	6.0	6.0	12.0
5. (10) Other Personnel	25.0	25.0	50.0
II. Operating Costs	190.0	207.5	397.5
1. Building and Equipment Maintenance	50.0	57.5	107.5
2. Food (patients)	100.0	100.0	200.0
3. POL	30.0	30.0	60.0
4. Medicines and Supplies	10.0	20.0	30.0
GRAND TOTAL	296.0	316.9	612.9



