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MAURITANIA
RURAL MEDICAL ASSISTANCE

PROJECT 682-0202
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DIMPEX ASSOCIATES INC.

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I. INTRODUCTION

The primary goal of the Rural Medical Assistance Project is to provide a low cost health care delivery system in the Trarza region of Mauritania with referral capability to cover larger portions of the populations.

The following specific goals have been assigned to the project:

1. Selecting the areas to be served by a health post.
2. Training village health workers for these areas.
3. Focusing the training content and the practical field experience to meet the primary health needs.
4. Laying a basis for continuing education for the health workers.
5. Establishing logistical support for proper functioning of the health care delivery systems.

In 1980, prior to the arrival of Mona Grieser, the Contractor Chief of Party, the Government of Mauritania, with the assistance of USAID/WHO and SHDS (Strengthening Health Delivery System) personnel, the following tasks were accomplished:

1. Sites were identified within the Trarza for future intervention,

PROJECT ACTIVITIES DURING 1981

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1. First Training Program - 36 VHW 3. Departmental centers Trained	2. Visit Dimpex Assoc. Director 3. Local Account established 4. Hiring local personnel begins 5. MAURITANIAN ADMINISTRATOR TAKES LEAVE OF ABSENCE	6. Seminar for Nurses on Supervision and Center Management Review of Training Program 7. 3 year Planning Activities launched	8 Supervision of VHW Medical Kits Restocked	9. Supervision of VHW 10. Commodities for Hospital begin to arrive	11. Review of Supervision Activities

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
12. Nurses take two-week leave 13. Chauffeurs take one month leave 14. Curriculum Review and Revisions	17. SHDG Lome Seminar Field Visits and Kaedi Conference to integrate project activities with PEV. 15. Ceremony formally donating hospital supplies takes place. 16. Contractor takes R & R	18. Dr. Delgado Seminar and Informal Evaluation Field Visits 19. Supervisor/Nurse departs 3-month Lome training 20. Three new nurses assigned project	21. Delgado makes recommendations WHO Seminar Nutrition 22. Animation and choice of new villages for second training 23. Second training begins at four Departmental Centers Total VHW trained = 68	24. Supervision of first group of VHW 25. Contractor and counterpart attend Lome AID Regional Conference	26. Supervision of first group of VHW 27. Review of Data Generated to date 28. Nurses take leave

PROJECT ACTIVITIES DURING 1982

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1. Review of all statistical forms, statistics. 2. Preparation for household survey 3. Translation into arabic of household survey 4. Review of curriculum and preparation of training modules for re-training of old VIW.	5. Field animation 6. Field census 7. Field supervision of VIW's 8. Third training program takes place at five departmental centers.	9. REDSO consultants visit 10. Delgado arrives to take part in mid-term evaluation and plan future activities 8. Croissant Rouge trains first aid workers 9. Re-training of first group of VIW	11. AID Evalution team makes mid-term evaluation. 12. Four nurses receive three months training in Lome	13. Supervision of VIW's Seminar in Rosso on Public Health for all health personnel 14. Nutrition study launched in 10 sample villages	15. Review of Evaluation reports. Changes and recommendations 16. Health Education program commences

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
17. Preparation of manuals. Field testing of A.v.'s 18. Health education studied	19. Supervision of VIW's		20. Animation for new training program	21. Fourth training program takes place 22. Re-training of previous group of VIW's 23. Volunteers leave the project-end their tour.	

2. Adaptation of SHDS field questionnaire for use in Mauritania,
3. major medical problems were identified in the Trarza region through application of the questionnaire,
4. adaption of a training program for village health workers,
5. short, in-country training was provided to potention primary health care workers.

II. ACTIVITIES IN 1981

TRAINING

On January 22, 1981, the first training program began with training sites in three of the departmental capitals - Rosso, Mederdra and R'kiz. A fourth training site originally intended for Jidr-el-Moghen was abandoned for several reasons. The dispensary for all practical purposes was not functioning. Jidr-el-Moghen is situated on the Senegal River and its population prefers to use the medical facilities in Senegal which are easily accessible. The dispensary therefore had fallen into disuse, much of its equipment was lost, broken or stolen and the nurse assigned to the village was frequently absent.

The village health worker (VHW) group intended for Jidr-el-Moghen was removed to Rosso where two training programs were conducted simultaneously in two different languages.

A second training program took place in October/ November 1981, at which time another 32 VHW's were trained bringing to 68 the number thus far. At this time another center was created in the Department of Boutilimit. A further training session is envisaged for February 1982, bringing to 100 the total of VHW's. By the end of that training program more than half of the 192 VHW's destined in the agreement for the Trarza will have been trained. At that time also, the center at Keur Macene will be opened, and the project will be operating five out of six departmental centers.

CURRICULUM

The curriculum adapted by the SHDS, Lome consultants was re-adapted after the first trial experience. The languages of instruction are Hassaniya, Pulaar, and Wolof. The following are course objectives:

1. To recognize, prevent and treat the most prevalent illnesses in a village such as: diarrhea, measles, chicken-pox, conjuntivitis, malaria, infestations and infections.
2. To recognize signs of malnutrition and to give advice on appropriate feeding practices.
3. To give first aid for accidents such as: burns, fractures, sores, snake bites, etc.

4. To recognize those problems that can be a result of pregnancy; counsel pregnant and lactating mothers on nutrition.
5. To recognize those problems resulting from birth; be able to evacuate a patient to a health center and to advise on normal delivery.
6. To organize his own method of work to enable him to serve his community and to optimally use the materials and skills given to him.
7. To recognize how to evacuate those illnesses beyond his capacity.

The training course is six weeks long and is composed of theoretical classroom activities as well as practical experience gained through working at the dispensaries, maternal and child health centers, the hospital (for those training in the Rosso area) and from field visits to villages from which the VHW's are selected.

At each center, the results of the training course are evaluated by the administration of a pre-test, and a subsequent post-test, to determine the level of skill achieved by the student. (See Appendix I attached.) During the first training session a pre and post-test was administered for each subject area to permit the project to compare between centers as well as evaluate the particular module under discussion. There was some initial resistance by the nurse-trainers to

these tests since they added to the length of time of each subject, but were later found to be most useful. Those VHW's whose test scores were substantially lower than averge were given individual tutoring by the nurse-trainer and their later scores on the final post-test showed marked improvement.

Visuals were prepared by a Mauritanian artist hired by the project and trained by the Public Health Adviser. Some of the visuals were adaptations of these developed by SHDS Lome; however more than half were originals. Some 200 visuals are used to accompany the text of the curriculum and it is hoped that these visuals, once their efficacy is determined, will be compiled into a manual as a memory aid to the VHW.

A sample of the visuals accompanied one of the field teams and elements were tested in the villages. They were tested for:

1. ease of comprehension and
2. whether they adequately reflected the environment.

The interviews with villagers were taped and the results proved most enlightening both for the artist and the nurses. A further substantial testing will be undertaken on these visuals to more specifically determine their efficacy as an instructional tool. The nurse-trainers also have shown resistance to use of visuals, but a seminar given by the Public Health advisor in use of visuals has served to diminish their

resistance, although they still rely heavily on formal lectures as the preferred means of teaching. Dr. Adjou Moumouni of SHDS, Lome gave the first group of nurses a special seminar in educational methodology including pedagogical techniques, which has served them well.

CHARACTERISTICS OF A.S.C.

Of the 68 VHW's trained to date, 21 are women. The majority has served previously as traditional birth attendants. Of the total number of VHW's trained, some 30% had received previous training by the Croissant Rouge in first aid practices and in most cases, proved themselves superior students to those of their fellows lacking previous health exposure or experience.

Approximately 60% of all the students could be accounted as traditional healers, their experience and understanding of medicine varying profoundly. In the Maure regions, the healers seem to be extremely sophisticated and, while appreciative of the course they are undertaking, would prefer a higher level of study. Most prescribe and give injections, routinely using antibiotics. There is much stress in the rural areas on the efficacy of injections as a preferred treatment method. This posed a substantial problem which will be discussed under re-training. Most of the VHW's are between the ages of 25 and 55, stable and married. Few could be considered migrant. Initially little direction was given by the

project as to the choice of individual, that choice being left up to the village. Increasingly however, it is becoming apparent that certain characteristics are conducive to success or failure.

A "too-young" or "too-old" VHW has problems, the former in maintaining his residency in the village at the cost of unemployment, the latter in altering previously held beliefs and practices to contemporary notions of illness causation and treatment. It was assumed initially that the majority of health workers would be illiterate. This has not proved the case. Particularly in Maure areas there seems to be a majority of VHW literate in the Arabic language, and the project is currently attempting to translate the curriculum into Arabic to facilitate learning for these individuals.

The illiteracy of VHW's posed a problem when the health records requested by the project were shown to be inadequately kept and misunderstood. This will be discussed under a separate heading of Health Information Systems.

MEDICAL SUPPLIES

Each VHW is equipped with a case containing minimum medications and materials. The quantities given are based on the assumption, not yet validated, that the minimum expense a village can be expected to dispense in medications is 4,000 Um per month. At present the kit contains 3,500 Um worth of medications per month. (See list on following page.)

Initially the project purchased medications from PHARMARIM the State Agency responsible for all hospital and medical supplies. Recently the project has been given the status of ahospital and supplies are purchased at discount rates. PHARMARIM has extended this rate to the VHW.

The project originally envisioned that PHARMARIM would license commercial agents to sell medications to VHW's in those areas too far from a PHARMARIM supply depot. After on-the-spot investigation, this system was shown to be unfeasible and conducive to commercial speculation that would ultimately raise the price of medications to the villagers. In its place PHARMARIM proposed, and the method was adopted of licensing each VHW with a photograph and identity card which could be presented to the PHARMARIM supply depot at the time the VHW wishes to make a purchase. Funds are being collected by the villagers in one of three ways for the re-stockage of their supplies.

1. A fee is levied each time a patient visits the VHW for treatment.
2. The village taxes each family and the amount generated serves to replenish the medical supply for the whole village.
3. Those who can afford to, help sustain the village. (Frequently this includes conscientious VHW's who receive little support from their

LISTE DES MEDICAMENTS CONTENUS DANS CHAQUE TROUSSE

Nivaquine (c)	600	6 boites
Nivaquine (sirop)		3 bouteilles
Toplexil		1
Heliofer (c)		4 boites de 40
Aspirine	600 c	
Hydrosol Polyvitamine		3 bouteilles
Carbophos		3 boites
Aureomycine 1%		1 tube
Aureomycine 3%		1 tube
Argyrol collyre		6 bouteilles
Theralene		3 -"-
Fumafer		1 -"-
Soluchrom		3 -"-
Coton		1 kg
Ciseaux		1 paire
Pince		-
Compte-gouttes		-
Triantibiotique		6
Bande a gaze		1 kg
Cuillere		-
Tasse plastique		-
Bic rouge		-
Bic noir		-
Brosse		-
Alcool 90%		3 bouteilles
Alcool iode		3 -"-
Vaseline		1
Bande triangulaire		1 boite de 12
Bande de papillon		1 boite de 12

village health committees and pay as they are able to, from their own pocket.)

To date, 80% of all the villages have regularly replenished their stock. Those villages who have not done so, state the following as reasons.

1. Their VHW has left the village or shown no interest.
2. The government itself, through the special intervention of the Medecin-Chef or governor has adequately supplied them with medications. In no case was distance from the supply depot given as an impediment to re-stocking of medical supplies.

To date the cost to the project of medications purchased for the 68 village health workers totals approximately $16,000 US. The cost for each VHW is $250 US for a three month period. The plywood kit is $35 US per case. The high cost is due to the cost of wood in Mauritania.

ANIMATION AND SELECTION OF VILLAGES

Based on statistics supplied by the Ministry of Plan, taken from the 1973 census, villages are pre-selected in the region which conform to the project criteria. Criteria established for selection of a village includes:

1. Size - over 200 population
2. Accessibility.

These villages are selected on a departmental basis to give a specific number of VHW's per department. This embraces the ethnic and language groups resident in the Trarza. (See schema on following page.)

The choice of village is verified with the Prefet in each department. The teams, consisting of a nurse speaking the appropriate language, a chauffeur and a Peace Corps Volunteer on entering the village, address themselves first to the dignitaries, then the village as a whole, explaining the project, its goals and what it seeks to accomplish for the villagers. If there is interest expressed a Village Health Committee is formed consisting of the dignatiries plus, at the request of the project, a woman to represent the women and a youth to represent that category. Their tasks and responsibilities are clearly explained and the committee then makes the choices of VHW. At the same time a diagnostic survey is made of the village, a map is drawn, information is gathered on the characteristics of the Village Health Committee (VHC) and the VHW.

The entire procedure consumes one day and thus the time taken for each team to complete six to eight villages within a department is approximately the same number of days. The villages represented in the project are listed under Appendix 2.

REPARTITION NOMBRE A.S.C. PAR FORMATION ET PAR CENTRE

CENTRES / FORMATIONS	ROSSO	MEDERDRA	R'KIZ	KEUR MACENE	BOUTILIMIT	OUED NAGA	TOTAL
1ere Formation	21	5	9	x	x	x	35
2eme Formation	13	7	7	x	5	x	32
3ere Formation	6	7	6	8	6	x	33
4ere Formation	x	5	5	6	6	6	28
5eme Formation	x	6	x	8	8	8	30
6eme Formation	7	x	6	8	8	6	35
TOTAL	47 / 40	30	33	30	33	20	193

Once the date of a training program has been established, the national radio makes an appeal to alert the VHW in their respective villages that on the specific date mentioned a project vehicle will pick them up for the beginning of their six weeks training program. (See Appendix II for the forms to be completed at the time of animation.)

One recurrent problem has been that in spite of requests to repeat the alert in the various ethnic languages, the announcer persists in reading it only in French, a language little understood at the village level. This has caused unnecessary delays in the commencement of a training course when a VHW was unprepared to depart with the vehicle sent for his conveyance. The VHW's receive a stipend of 112 UM per day during their training course. All transportation costs are undertaken by the project.

Appendix III shows the total cost of a training session and the item cost of training one VHW.

SUPERVISION OF VILLAGE HEALTH WORKERS

The VHW once returned to his village has received regular supervisory visits from the same team of nurses which were responsible for his training. These field supervisory visits are accompanied by the supervisor nurses and the public health adviser when possible.

During the first training session several problems presented themselves which were resolved prior to the onset

of the second session. These problems dictated the manner in which supervisory visits were made.

Because of delays in receiving funding through the purchase order system established by USAID, funds to pay the stipends of the VHW were not available prior to the date of conclusion,. The training session was prolonged in the hopes that the checks would arrive at a later date. Additionally, the project was informed by USAID that local purchases in excess of $2,500 required a special waiver. Since medication purchases for the VHW kits exceeded that amount, the supply was doled out by PHARMARIM as per AID regulation, so that no one month exceeded $2,500. The total amount purchased for the first training session equaled $1,500 approximately. Thus each month after the training period for a period of three months the supervisory teams carried the following month's medical supply to the villages. It was later found that the information supplied by AID was erroneous and purchases up to $10,000 can be effected locally.

At the same time they administered a questionnaire based on the curriculum, to the VHW, determining whether time had undermined the skills and knowledge the VHW had acquired. Regretfully the questionnaires were not administered in a standardized manner, the supervisory nurses each establishing their own preferred pattern of supervision and it is almost impossible to draw general conclusions as to the retention of

VHW skills. The results however are used for individual VHW's and where a particular VHW has answered poorly he was given on-the-spot re-training.

During the supervisory visits, the nurse teams also examined the condition of the medical kits, checked the medications consumption and retrieved records kept by the VHW on cases seen during the past month. Additionally a checklist, established by SHDS, to visually determine the impact on the village of health measures was also written. Some of these forms, based on those provided by SHDS Lome, have been found to be seriously deficient on later examination. The checklist maintained by each supervisory team of a village is extremely subjective and results cannot be aggregated to arrive at a general picture of conditions. It is assumed that prevention has been seriously neglected by the VHW's. The health records kept by the VHW were found to be frequently misunderstood and did not supply the kind of data required to evaluate impact. These forms have all been revised by the project staff and the public health adviser. Health data forms were revised with the aid of project consultant Dr. Ramiro Delgado in October of 1981 and are still being field tested. (See Appendix VI.) The curriculum itself was revised in August of 1981 by the project staff and the public health adviser.

In September of 1981 Dr. Adjou Moumouni returned to Nouakchott to prepare a seminar for project and other Ministry

of Health (MOH) personnel. At this later visit he concentrated on the qualities of a supervisor and stressed supervision in general. The public health adviser and the nurse supervisor had previously held a similar seminar in March of 1981 just subsequent to the first training program.

TRAINING OF PROJECT PERSONNEL

The project currently has on its staff of technical personnel, ten nurses, composed of two supervisor nurses and eight field nurses. The nurses are assigned to the departmental centers. They have received, during 1981, the following workshops:

PERIODS	TOPICS	COORDINATORS
March	Supervision	Public Health Adviser
September	Supervision	SHDS, Lome
October	Nutrition	OMS, Nouakchott/PMI Nouakchott
October	Research Methodology	Dr. Ramiro Delgado
	Program Evaluation	Dr. Ramiro Delgado

Four nurses have been scheduled to leave for three months extended training at the SHDS Lome center in April of 1982.

In addition to the formal seminars, the project is establishing a circulating library for the use of the nurses, providing essential reference material to be kept at each

training center, and keeping the nurses updated on health statistics emerging from other agencies in Mauritania. Still planned although not yet scheduled, are visits to similar health projects in neighboring countries.

COMMODITIES

Nearly all commodities purchased by the project have now arrived. The last major purchase, a Mercedes-Benz diesel four-wheel drive will arrive in Nauakchott in February 1982. The hospital materials intended to reinforce the main hospital at Rosso and the departmental dispensaries, have arrived and in August of 1981 a ceremony attended by the Director of USAID, John Hoskins, and the Secretary General of the Ministry of Health, saw the formal handing over to the government of some $80,000 worth of hospital supplies. Not all these supplies have yet been distributed to the regional centers but it is expected that before the third training session begins in February 1982, the supplies will have arrived at the departmental level. (See Appendix VIII which lists supplies sent to the Medecin-Chef in Rosso.)

EVALUATION

The evaluation component of the project has, most regretfully, been the last to gain momentum. Initially it was poorly understood by the Mauritanian personnel and there was much resistance. Lack of adequately trained personnel to

ensure its establishment also seriously hampered efforts. The Public Health Adviser as early as January made appeal for additional assistance in that area particularly and it was based on these appeals that the services of Dr. Ramiro Delgado were engaged for the project.

Dr. Delgado is well-known and respected in Mauritania for his work completed while with USAID's RAMS project. He was engaged to assist the project develop its data base and maintain an adequate evaluation system. Much of this had been set in place prior to his arrival, but much adaptation was made based on his recommendations. Since his technical report has been delayed, some of the recommendations made by him still await implementation. Dr. Delgado is expected to participate in the mid-term evaluation of the project in April 1982. In December of 1981, the Public Health Adviser prepared a household survey that would suppyly the project with essentially needed quantitative data. (See Appendix VI.) The nurses were trained to administer this field instrument and are currently in the field undertaking a census. The villages in which the census will take place are all villages in which a VHW has been trained during the second training program. From now on all villages where a VHW is trained will be surveyed. All households within a village are to be surveyed. Where the number of units exceeds 50, then a random sample of the village is measured. This survey has been translated into

Hassaniya, Arabic to facilitate standardization and to avoid interviewer bias. The field survey will be reviewed after its trial this spring and revised if necessary.

ADMINISTRATION

One of the areas that has caused most concern has been in the management of the project. As has previously been stated, the technical staff is composed of ten Mauritanian nurses, two of which have been designated supervisor nurses. Additionally the two nurses have assumed the roles of health educator and project administrator, thus becoming management.

This has posed several problems. The elimination of the US health educator obviated the need for a Mauritanian counterpart. It was assumed that the gap could be filled by short-term consultants. This has proven inadequate as a measure, insofar as the consultants have been unable to come when the project needs dictated their presence, their comprehension of the project is essentially superficial and the follow-up to their activities virtually nonexistant. This does not mean to minimize their impact on the project, but a gap nevertheless exists between the technical skills required by the project and what is available in terms of manpower.

The management staff has been further reduced by the frequent absences of one of the supervisory staff for much of 1981. His continued absences continue to pose severe

problems in 1982, since the bulk of the work which had been assigned to him has fallen to the only two other fully functioning management staff members. This situation requires immediate resolution.

One other of the field nurses assigned to the project has also been absent on medical leave since March of 1981. It is presumed that his medical condition will permit him to resume duties in March of 1982, when his services will be most in demand.

The field nurses are showing themselves to be competent, capable individuals. In one case where a nurse had not shown an interest in public health, his replacement has been requested by the Director of Health and he was assigned elsewhere.

PEACE CORPS VOLUNTEERS PARTICIPATION

Another problem area has been the distressing underutilization of the Peace Corps Volunteers. The four PCV's originally assigned to the project were designated to the nurses as field counterparts. Since the level of medical skills of the volunteers was much lower than that of their counterparts and their introduction to the project later than that of the nurses, they were placed immediately at a disadvantage. Their lack of language skills further alienated them from the tasks they were originally designed to accomplish and

frustrations began to mount amongst them. Their counterparts tended to exclude them from technical activities or disregard their advice and they became virtual shadows to their counterparts. In an effort to balance out this disequilibrium, the project paid for extra language training for the volunteers. They were relied upon more and more to provide evaluation data at a time when the nurses were still resisting evalution techniques.

While their job description clearly needs re-stating, it should be mentioned that they have since won the respect of their counterparts, as much by their determination as by their knowledge, more easily expressed now in the vernacular. Close teams have been established and the volunteers have been encouraged to branch out on their own. One volunteer has begun a demonstration garden and many of the VHW in his department are beginning such gardens on their own, with his assistance and advice. This is an attempt to support the nutrition component of the project.

Increasingly the volunteers are being relied on to provide and review data generated in the field. They are responsible for the administration of the centers with their counterparts, assuring the continued development of the curriculum and assisting directly, the Public Health aAdviser. A fifth volunteer joined the project in December 1981 and has been assigned to the Boutilimit Center. One of the volunteers

has already expressed a desire to extend her status as a volunteer until the completion of the project in 1983. It was decided not to ask Peace Corps to provide additional volunteers at the end of this tour since, the term of service of a volunteer is two years and the project would only be continuing for one more year.

REVOLVING ACCOUNT

In February of 1981, an agreement reached between the Director of Dimpex Associates, Inc. and the Director of USAID John Hoskins, led to the establishment of a revolving account that would expedite local purchases. Based on the experience of other projects, and evident immediately to the Public Health Adviser designated to administer this account, the work load was substantially increased to the point where technical demands of the project could not be met. Stiff resistance to hiring an adequate administrator on the part of the GIRM complicated the issue.

In October of 1981, an administrator was hired on a trial period to assist the Public Health Adviser to fulfill her obligations vis-a-vis the local account. The choice of a Mauritanian administrator was fortuitious since the individual chosen had already served with another USAID project and had experience in AID procedure. He has proved invaluable and, while the overseeing of the account is still under the direct charge of the Public Health Adviser, the day-to-day activities

are assumed by her assistant. Since however, the Adviser and the assistant have also assumed the duties fo the frequently absent supervisor nurse, the work load has by no means diminished. It is also becoming evident that reliance on this one individual is itself a tenuous thing. The assistant is ambitious and given to the opportunity to better himself will not hesitate to leave the project. His replacement would be extremely difficult if not impossible to find. It was with great difficulty that even he was considered acceptable to the GIRM.

Dimpex Associates, Inc. inherited the administration of the following local hire staff memebers, selected prior to the arrival of the Public Health Adviser:

4 drivers (chauffeurs)

1 secretary

1 custodian

2 artists

Within the first two weeks a further two drivers were hired and one was fired. By September of 1981, it became apparent that the secretary was willfully abusing his contract and he also was fired. He presented his case before the Inspection de Travail and the Public Health Adviser as Dimpex's representative was summoned to Reconciliation Court in October 1981. While no damages were levied, the project was found at fault and retroactive pay, paid to the individual. The search for

a replacement secretary continued for three more months. Currently two are under consideration.

USAID's deputy director, Mr. T. Lambacher was most displeased that a project had been summoned to represent itself before the Inspection de Travail and stated that under the forthcoming Bilateral Agreement between the two countries, contractors and staff will be immune to prosecution, and will follow USAID's hiring practices.

The revolving account has not yet been contractually integrated into the project and repeated attempts by the contractor, the Washington contract office and the AID Mission Program Office did not succeed in preparing the PIO/T and the PIL until a full ten months after the revolving account had already been established. The PIO/T proposes to amend the scope of work of the contractor to include the management of the local account and hire personnel. In actuality, the administration of local personnel is extremely difficult and cumbersome.

Since there are two designated administrators, one by the Director of Health, a Mauritanian, frequently absent, as well as the US Public Health Adviser, conflict necessarily occurs on those occasions when national interest and American interest diverge. This problem requires resolution as soon as possible but since it has its roots in political and socio-cultural factors, effecting change is difficult.

The final problematical area concerns the understanding by the GIRM of the responsibilities of the contractors towards the project. The project began in 1980, with the Project Manager administering the project and the GIRM Director acting as counterpart. On arrival of the Contractor Chief of Party the relationship of the contractor to the project was never fully explained by the Project Manager to the GIRM Director. The Director continues to view the Project Manager as his counterpart and maintains a superior/inferior relationship with the contractor.

This has been further complicated by the fact that the Director has been recently promoted to Direccor of Health and does indeed enjoy a counterpart status with the Project Manager on health matters in general. These administrative complications were noted by Dr. Delgado as one of the major impediments to the smooth and efficient management of the project. Most of these difficulties have been previously presented to the AID mission but have not been resolved and the mission response has been generally non-supportive. Thus the administration remains the weakest component of the project.

Other items administered under the local account are the rental of the training centers, the payments of per-diem to the nurses as well as project personnel. Under the initial agreement the GIRM was to have provided the sites for the training centers. Attempts are still being made to see if they

can fulfill this obligation. (Appendix V shows the totals for expenses incurred under the petty cash account, as well as monthly breakdowns.)

III. ACTIVITIES FOR 1982

COLLECTION OF BASELINE DATA

During the month of January, project activities included the review and revision of all materials and forms used during animation, supervision and training activities. These forms are revised periodically and this latest revision was to make more specific and less subjective the data obtained from the field. Review of the data obtained to date, which took place in December and early January showed that standardization in administering the forms, in spite of repeated requests and counsel by the Public Health Adviser to do so, was not being enforced by either the supervisors or the nurses themselves. The resulting data connot be used for making general conclusions as to project impact except in certain specific items.

To avoid repeating this problem the forms have been revised. The nurses were participants in the revision of these forms and understand more completely their value to the project. Additionally in January, the household survey was completed (See Appendix VI and translated into Arabic. The household survey was also prepared with the full participation of the nurses, and questions regarding the administration of the survey were fully discussed.

Five field teams accompanied by a nurse/supervisor are currently in the field and by mid-February baseline data should be collected for 32 villages. The census will be administered to all future project villages and will serve as an evalution tool to measure project impact.

At the same time that past data was being analyzed, the curriculum for the re-training of VHW's was being developed by the Public Health Adviser and the Project Staff. During the supervisory visits checklists and questionnaries are filled out by the supervisor noting the retention of skills by the VHW and his practice of these skills as reflected in the general environmental picture presented by the village. Based on these two tools, suppl mented by personal interviews with almost all the VHW's, it was determined that a short period of re-training in the following two areas will be necessary:

1. How to administer an injection.
2. How and why to emphasize prevention.

With regard to the first of these subjects, the most often repeated complaint of the VHW's was their inability to give injections. They felt the villagers did not take them seriously unless they performed this service, they were not adequately responding to the needs of the villages (frequently a villager would walk many miles to get to the nearest dispensary where an injection could be administered).

Since many already gave injections prior to their training in the project and the nurses and dispensaries reported significant numbers of complications arising from poorly administered injections (notably abcesses), the project decided to give this a priority.

Rather than include it as part of the original curriculum, it was decided to offer it during the re-training period. It was hoped that it would serve to motivate the health worker during the interim since those who, in the judgment of the supervisor, were unfit to receive re-training would not participate.

The module for prevention stresses environmental hygiene, water sanitation and nutrition. These two modules are currently in production and should be completed by March. The first re-training of VHW's will take place in March, simultaneous with the training of the new VHW's. The experienced VHW can then serve as a resource to the new VHW, sharing with them their frustrations and their successes, alerting them to possible problems which can be worked out with the nurse/trainer. The re-training is expected to be of short duration (approximately ten days) and will be taking place exactly one year from the date of graduation of the VHW from the original training course.

The third training session is expected to commence mid-February at the completion of the present survey. The

teams conducting the household survey are simultaneously animating new villages, charting them for a future census and will return to pick up the selected VHW, just prior to the commencement of the third training program. The third training program should terminate at the end of March.

Immediately upon termination four nurses will leave for further training at the SHDS training Center in Lome, TOGO. The training course is in community health and will continue for a period of three months. Two of the nurses will go under the auspices of WHO scholarships and two will receive grants from the project. The cost of one training program, as provided by WHO, is approximately $2,000 including round-trip air fare and per-diem for one person for the duration.

Simultaneously, a training of agent (Secourists) in first aid by the Croissant Rouge is scheduled in March. The participation of the Croissant Rouge in the project has been confused and dissatisfactory. The training of first aid agents in the Trarza scheduled prior to onset of the project activities took place prior to the arrival at post of the contractor. Reconstructed project history shows that due to political and other factors not clear to the Public Health Adviser, the Croissant Rouge performed their services autonomous of the project, receiving no guidance. Results of their activities have been shown to have both advantages and disadvantages.

Many of the VHW, termed the most successful, were chosen from amongst those who had originally had Croissant Rouge training. It would seem that even this brief exposure to health, prepares the VHW better for later training under the project than the VHW who has had no previous health experience. This is borne out in an analysis of the post-test results and the supervisory questionnaires.

However, in some of those villages where the VHW selected is not the same person as the secouriste, professional rivalry and factionalism takes place. Additionally, the Croissant Rouge performed no follow-up on the secouriste, promised medical kits and medications beyond that covered in the account and in general established a credibility gap. Delayed paying of scholarships to participants in their training programs also led to suspicion of Croissant Rouge activities. Thus when the project itself undertakes animation, one of its tasks is to assure populations that the organization sponsoring the project is not the Croissant Rouge.

Additionally there is reluctance on the part of the project director and staff to meet and assist the Croissant Rouge achieve objectives more useful to the project.

Finally, the tardiness of the report of their activities (one year) and the deplorable accountability system of the Croissant Rouge has made AID reluctant to give them money which cannot be clearly separated from Croissant Rouge general

funds. Approximately $16,000 remains for Croissant Rouge use, and the Public Health Adviser has suggested to them that they confine their activities to the Ouad Naga department this time, since that is the only department in which the Trarza project is not already functioning. It would be confusing for villages in a department to receive training from two agencies at the same time.

To date Croissant Rouge has refused to accept AID's request to open a separate account for AID funds and it is likely that their activities scheduled for March will be postponed further.

CONSULTANT VISITS AND EVALUTION

The USAID project manager has scheduled two consultant visits in March for an implementation review of project activities. The consultants are from USAID/REDSO and are scheduled for a total stay of three weeks.

In April of 1982, the mid-term evalution is also scheduled with the participation of Dr. Ramiro Delgado, from Dimpex Associates, Inc., Dr. Peter Knebel the USAID regional medical officer in Abidjan and Dr. Michael White the USAID Health Officer in Senegal.

Following the evaluation, a period of analysis and revision of project activities is anticipated. The project intends during this period to host a seminar in Rosso to be attended by all health professionals in the Trarza. The

objective of the seminar will be to proceed with the integration of the project into ongoing health activities in the Trarza.

Project personnel participated in one such seminar sponsored by the Expanded Programme of Immunization.

On his informal evaluation conducted October 1981, Dr. Delgado suggested that one of the weaker technical aspects of the project was in the area of nutrition. The results from village surveys have consistently reported malnutrition as a contributing factor to the overall state of health of the Trarza population. To ameliorate this situation he proposed a study that was approved by the project but which has yet to be formally outlined. Its objectives would be the following:

1. To establish a nutritional surveillance system in ten sample villages in the Trarza region where VHW have already been trained.
2. To determine to what extent a VHW can maintain a more complicated health record system.
3. To determine to what extent a VHW can manage a systematic monthly weighing program.
4. To determine if the study villages improve their nutritional intake as a result of advice and systematic weighing of under fives.
5. To use the regular weighing sessions as an opportunity to provide health education to mothers.

It is proposed that the project borrow from the Protection Maternelle et Infantile (PMI) division of the Ministry of Health, ten salter scales and ten UNICEF height and weight wall charts which will be distributed throughout the ten study villages and which will be the evaluation tools for the nutritional surveillance program. This activity requires substantial planning and it is not expected that much will be accomplished prior to May 1982.

June and July are tentatively reserved for analysis and review of the results of the evalution team. It is assumed that supervision activities will continue throughout these same months and through the summer also, weather and environmental conditions permitting. It was the project's experience this past year that during the rainy season, many of the villages in which the project has activities are completely out of reach. It is therefore most important to assure a supervisory visit just prior to the onset of rains. This visit will insure that the VHW has sufficient stock of medications and health data forms to last through the period of relative isolation.

The fourth training program is scheduled tentatively at the conclusion of the rainy season in October/November. It is expected that a new center site will be opened in the Sixth Department of the Tranza, Ouad Naga.

Again a re-training program for the second group of VHW's will be held during the last two weeks of the training session.

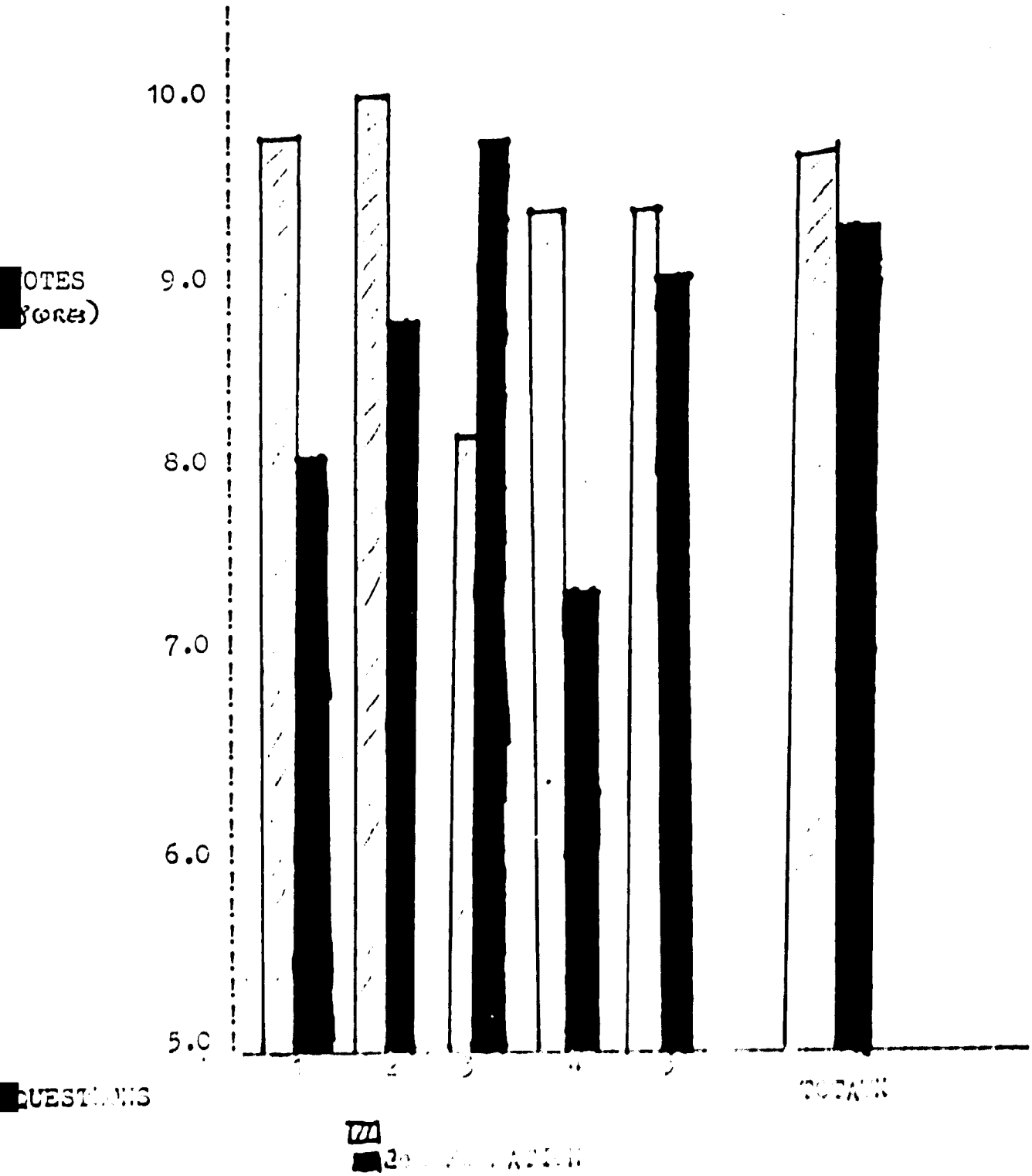
The Peace Corps Volunteers who have been with the project since its inception will complete their tour in November 1982, and it is not expected that they will be replaced.

Post-Test Scores Means on Specific Subject Areas Administered Orally at the Conclusions of the First and Second Training Programs.

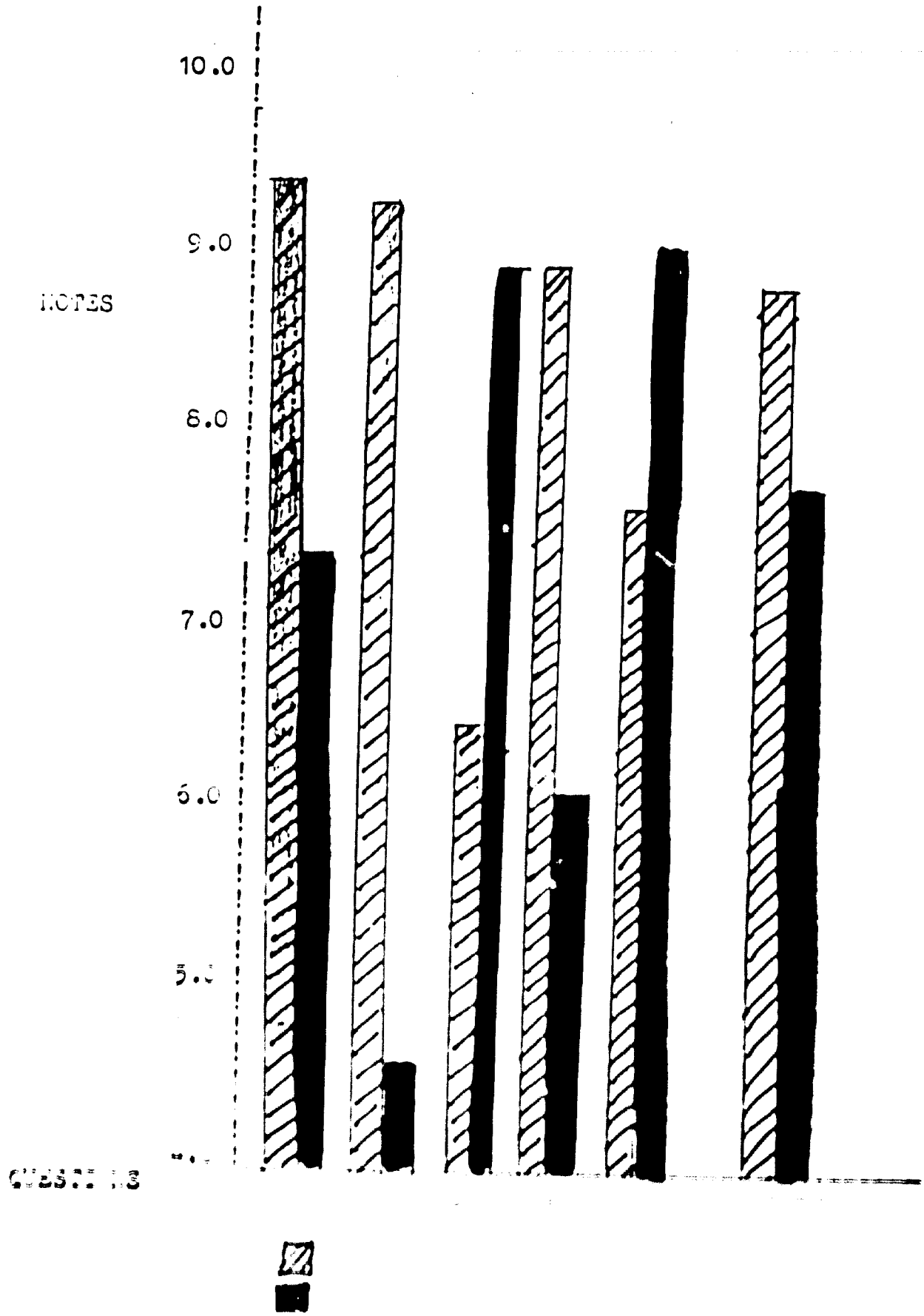
The graph indicates that the second group of VHW scores were lower in almost every subject area. This phenomenon had been commented upon by the nurse trainers who felt that overall, the quality of VHW was lower than during the previous training program. It is possible that the graph reflects the teaching style of the individual nurses or the manner in which the questionnaire was administered.

As noted elsewhere in the report, standardization of activities has been particularly difficult in the project and is one of the problems the project hopes to address in coming months.

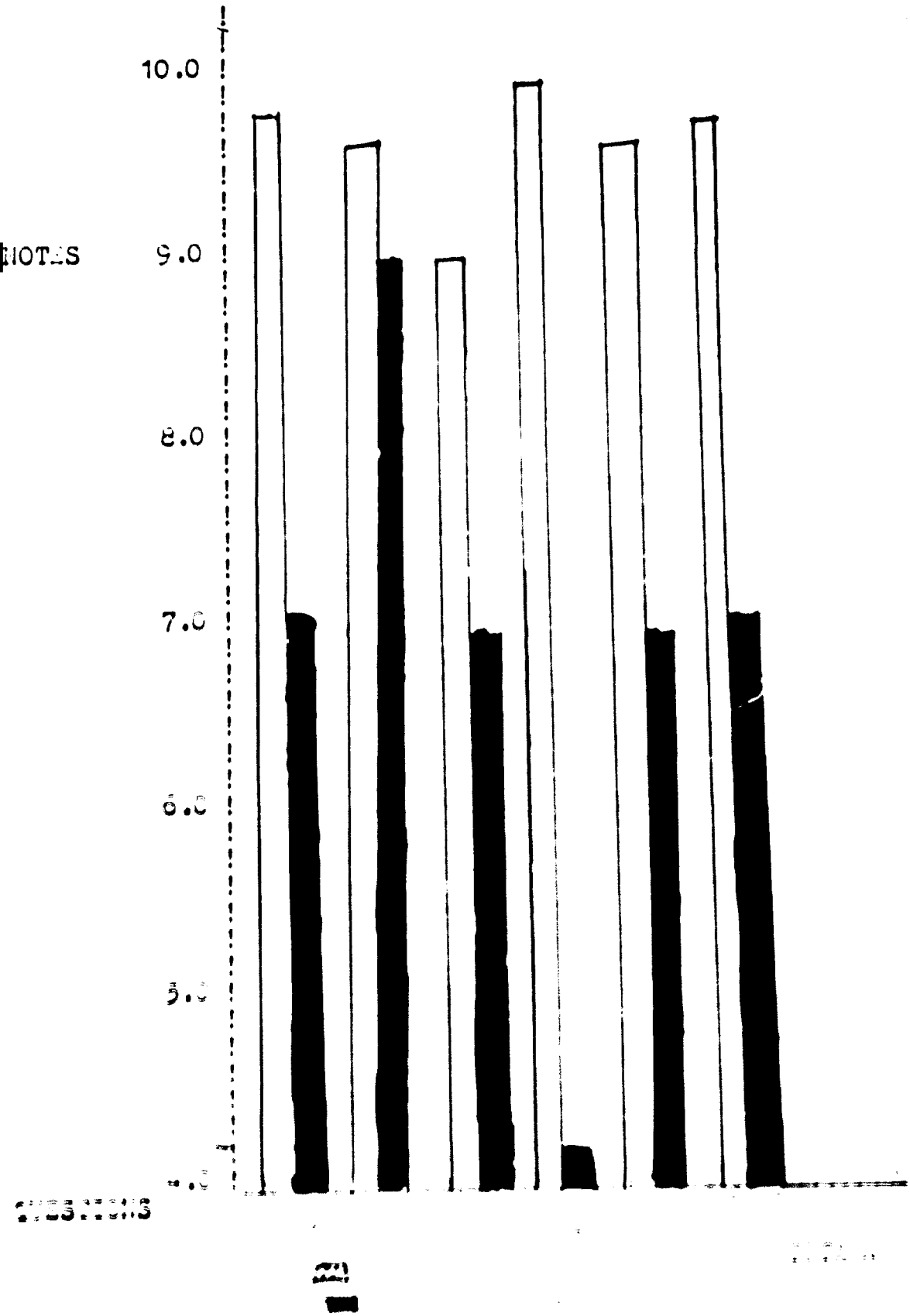
COMPARAISON DES MOYENNES DES
NOTES DES POSTE-TESTS;
1e ET 2em FORMATIONS TOUS LES CENTRES



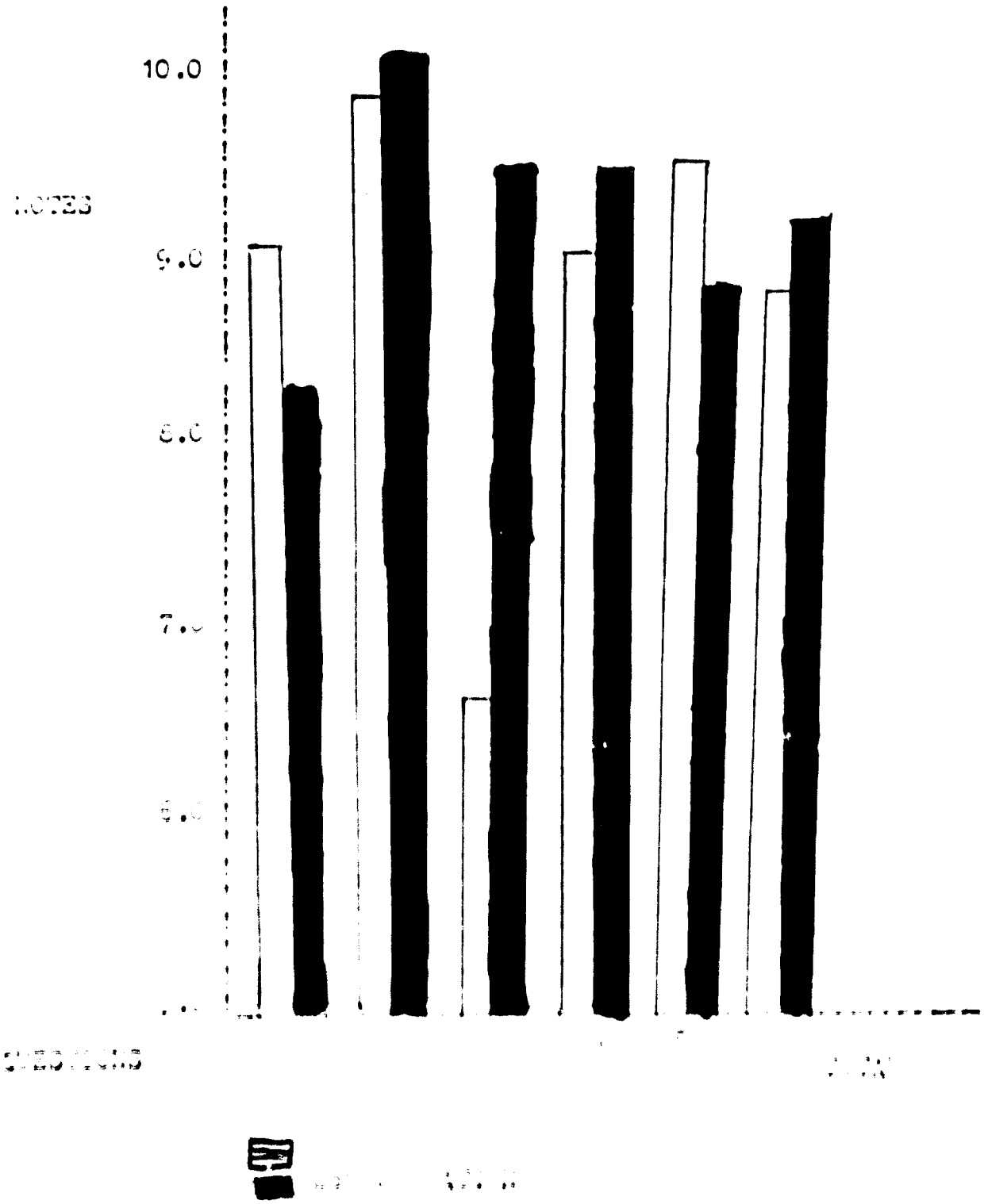
COMPARAISON DES NOTES (MOYENNES)
DES POST-TESTS; 1e, 2em FORMATION
CENTRE DE MEDERDRA



COMPARAISON DES NOTES (MOYENNES)
DES POST-TESTS ; 1e, 2em FORMATIONS
CENTRE D'ORIL



COMPARAISON DES NOTES (MOYENNES)
des POST-TEST; 1e, 2em FORMATION
CENTRE DE ROSSO/IULAAR



2em POST-TEST

RAW SCORES

Janvier 1982

RANGE	MEDIAN	MODE	RANGE (reduit)	MEDIAN	MODE
190,5			6.5		Haut = 9.4
209		275	7.2		
213,5			7.3		Bas = 8.0
215			7.4		
215,5			7.5		
226			7.7		
226,5			7.8		
227			7.8		
231,5			7.9		
233			8.0		
233,5			8.0		
235,5			8.03		
237,5			[illegible].1		
243,5	243,5				
245			[illegible]	8.4	
247			[illegible].5		
249			[illegible]		
255			[illegible]		
[illegible]			[illegible]		
[illegible]			[illegible]		
[illegible]			[illegible]		

SECOND POST TEST
RAW SCORES

...../....2

262,5			9.0		
264,3			9.0		
270			9.3		
272			9.4		
273,5			9.4		
275			9.4		
275			9.5		
278			9.5		
289			9.9		

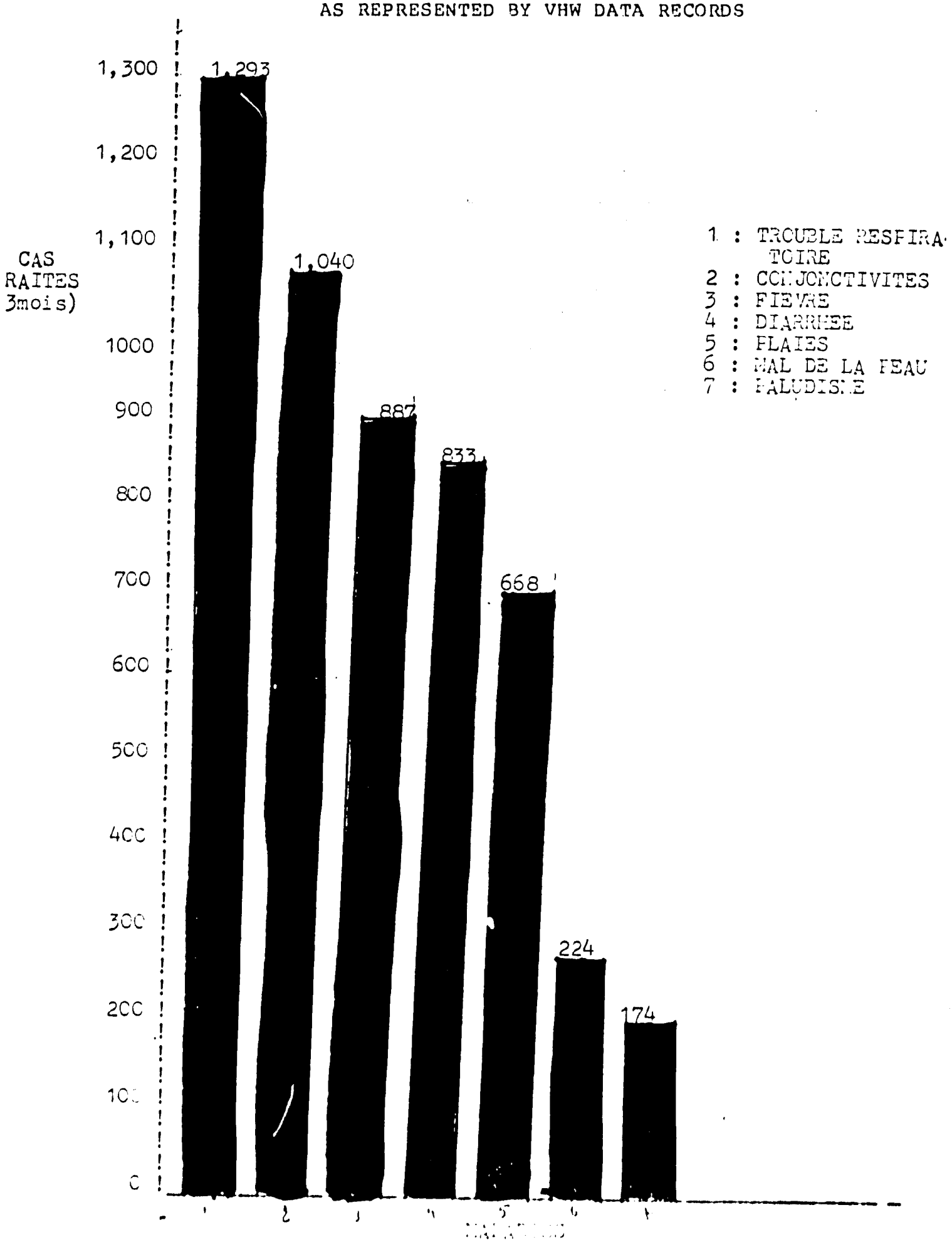
...../.....

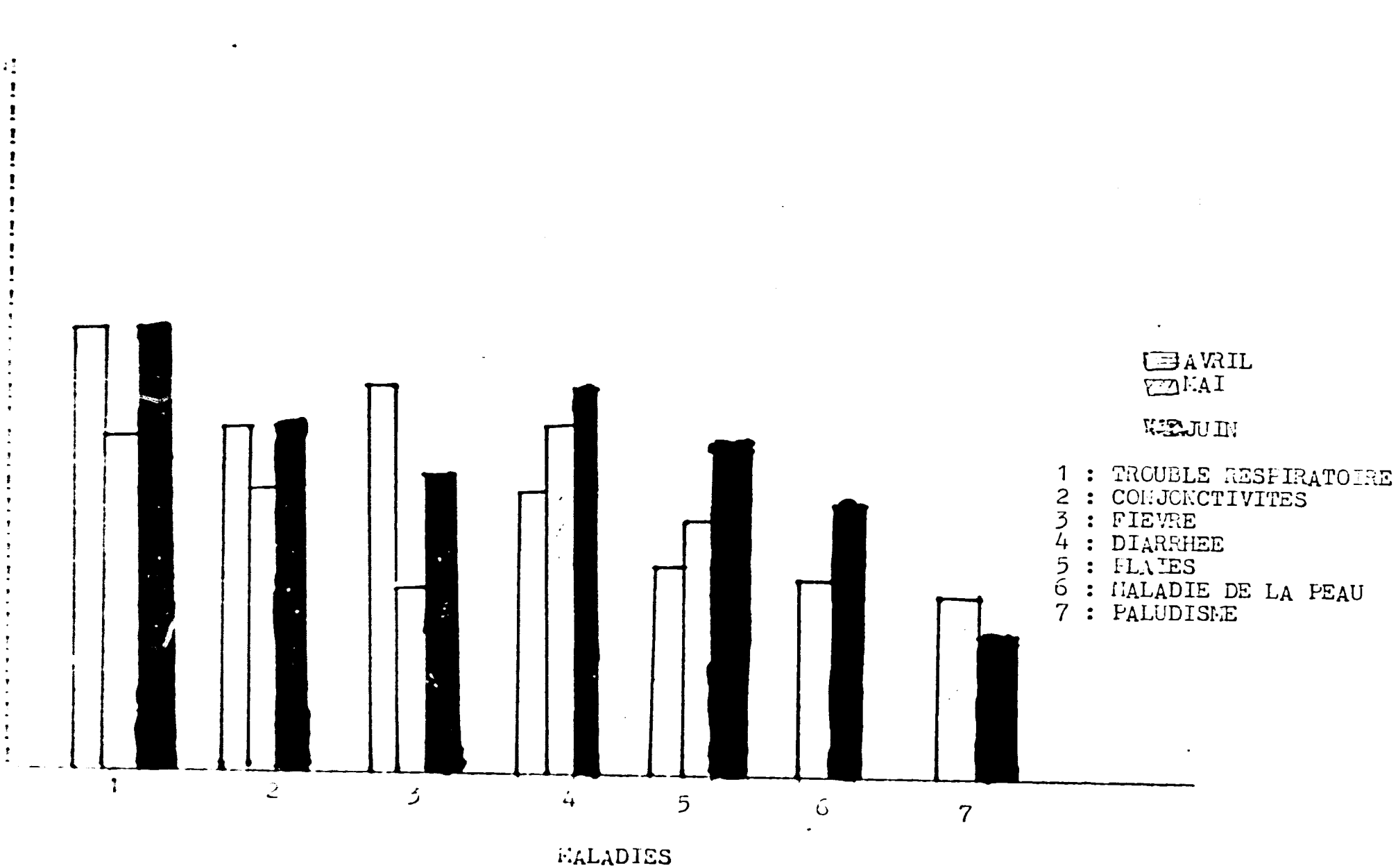
DATA
MORBIDITY IN SELECTED PROJECT VILLAGES

Based on the reported health records of eight village health workers, the primary causes of morbidity have been estimated. The data is in the form of cases seen by the health worker and does not distinguish between first and second presentations of the same patient with the same illness. It reflects simply number of cases treated during a three-month period: April, May and June 1981. The records are taken from the VHW in the Mederdra, R'kiz region and only those records considered reliable have been used. These two departments are relatively dry and a comparison with the river region might show a different rating.

The means of cases treated in a day is based on the assumption that the VHW works an average of 20 days per month (judging from his own reporting, the villagers statements and the supervisor/nurse's observations). Some of these villages have populations substantially larger than others and on which satellite villages depend for health care. Thus the statistics for the village of Boulghourbane are not considered inflated taking these factors into account. Additionally, that particular VHW is extremely active and puts a gret deal of time into his activities.

SUMMARY OF MAJOR CAUSES OF DISEASE
AS REPRESENTED BY VHW DATA RECORDS




CAS
AVRIL
MAI
JUIN
1 : TROUBLE RESPIRATOIRE
2 : CONJONCTIVITES
3 : FIEVRE
4 : DIARRHEE
5 : PLAIES
6 : MALADIE DE LA PEAU
7 : PALUDISME
1
2
3
4
5
6
7
MALADIES

Appendix 2.2

CAS TRAITES/A.S.C.

TROUBLES RESPIRATOIRES

VILLAGE	AVRIL	MAI	JUIN	TOTAUX	[illegible] CAS/J
AJOUER	15	20	[illegible]	[illegible]	[illegible]
BOUBACAR	38	32	[illegible]	[illegible]	[illegible]
CHBARIATT	44	[illegible]	15	[illegible]	[illegible]
BOULGHOURBANE	161	35	182	[illegible]	[illegible]
TEICHTAYATT	12	8	23	[illegible]	[illegible]
LIMTEYIN	152	102	[illegible]	[illegible]	[illegible]
N'GIG NINE	35	12	55	[illegible]	[illegible]
ABADAH	1	156	60	[illegible]	[illegible]
TOTAUX	458	377	498	1,2[illegible]	[illegible]
20J/mo : MOYEN CAS/J	23.0	19.0	23.0	65	
MOYEN CAS/A.S.C./J	2.9	2.3	2.9	8.1	

Appendix 2.3

PALUDISME

VILLAGE	AVRIL	MAI	JUIN	[illegible]	[illegible] CAS/J
AJOUER	-	6	4	[illegible]	[illegible]
BOUBACAR	-	10	8	[illegible]	[illegible]
CHBARIATT	-	-	-	-	-
BOULGHOUBANE	-	17	[illegible]	[illegible]	[illegible]
TEICHTAYATT	-	-	-	-	-
LINTEYIN	-	-	-	-	-
N'GIG NINE	-	-	-	-	-
ABADAH	-	59	[illegible]	[illegible]	[illegible]
TOTAUX	0	92	88	[illegible]	[illegible]
20J/mo : MOYEN CAS/J	0	4.6	4.1	[illegible]	
MOYEN CAS/A.S.C./J	0	.57	.5	1.07	

Appendix 2.4

CAS TRAITES/A.S.C.

DIARRHEE

3Mois MOYEN CAS/J

VILLAGE	AVRIL	MAI	JUIN	TOTAUX 3 Mois	MOYEN CAS/J
AJOUER	13	10	59	82	1.4
BOUBACAR	69	56	54	179	3.0
CHBARIATT	44	12	15	71	1.2
BOULGHOURBANE	82	13	60	155	2.6
TEICHTAYATT	8	11	14	33	.5
LIMTEYIN	14	24	29	67	1.1
N'GIG NINE	8	8	34	50	.8
ABADAH	5	131	60	196	3.2
TOTAUX	243	265	325	833	13.6 cas
CAS/J MOYEN 20J/mo	12.15	13.2	16.2	41.5	
CAS/J/A.S.C./J	1.5	1.6	2.0	5.2	

Appendix 2.5

CONJONCTIVITES

VILLAGE	AVRIL	MAI	JUIN	TOTAUX	MOYEN CAS/J	
AJOUER	15	20	52	87	1.45	
BOUBACAR	66	45	61	172	2.9	
CHBARIATT	48	9	25	82	1.4	
BOULCHOURBANE	72	11	84	167	2.8	
EICHTAYATT	4	0	4	8	0.13	
LIMTEYIN	96	93	51	240	4.0	
N'GIG NINE	55	5	27	87	1.45	
ABADAH	4	135	58	197	3.3	
TOTAUX	360	318	362	1,040	17.4	
20J/mo : MOYEN CAS/J	18.0	16.0	18.0	52		
MOYEN CAS/A.S.C./J	2.2.	2.0	2.2.	6.4 -		

Appendix 2.6

FIEVRE

VILLAGE	AVRIL	MAI	JUIN	TOTAUX	MOYEN CAS/J	
AJOUER	22	16	16	54	.9	
BOUBACAR	17	32	26	75	1.2	
CHBARIATT	193	0	8	201	3.3	
BOULGHOURBANE	115	38	145	298	4.9	
TEICHTAYATT	3	9	22	34	.57	
LIMTEYIN	35	34	31	100	1.6	
N'GIG NINE	2	26	70	98	1.6	
ABADAH	4	15	8	27	.45	
TOTAUX	391	170	326	887	14.5	
20J/mo : MOYEN CAS/J	19.5	8.5	16.3	44.3		
MOYEN CAS/A.S.C./J	2.4	1.1	2.0	5.5		

Appendix 2.7

MAL DE LA PEAU

VILLAGE	AVRIL	MAI	JUIN	TOTAUX	MOYEN CAS/J
AJOUER	-	1	26	27	.45
BOUBACAR	-	29	39	68	1.1
CHBARIATT	-	-	-	0	0
BOULGHOURBANE	-	11	46	57	.95
TEICHTAYATT	-	12	23	35	.51
LIMTEYIN	-	19	12	31	.6
N'GIG NINE	-	-	-	0	0
ABADAH	-	6	-	6	.1
TOTAUX	0	78	146	224	3.7
20J/mo : MOYEN CAS/J	0	4.0	7.3	11.2	
MOYEN CAS/A.S.C./J	0	.5	.9	1.4	

Appendix 2.8

PLAIES

VILLAGE	AVRIL	MAI	JUIN	TOTAUX	MOYEN CAS/J
AJOUER	10	6	54	70	1.2
BOUBACAR	29	60	56	145	2.4
CHBARIATT	58	-	-	58	.96
BOULGHOURBANE	33	22	38	93	15
TEICHTAYATT	-	12	17	29	.48
LIMTEYIN	10	9	14	33	.55
N'GIG NINE	20	13	30	63	1.0
ABADAH	-	122	55	177	2.9
TOTAUX	160	244	264	668	10.9
20J/mo MOYEN /Cas/J	8.0	[illegible].2	13.2	33.4	
MOYEN CAS/A.S.C./J	1.0	1.5	1.6	4.1	

COUT GENERAL DE FORMATION DE 32 A.S.C. DU 13 OCTOBRE 1981 AU13 DECEMBRE 1981

Salary.		328 117
6 Chauffeurs	144 000	
4 Plantons centres	48 000	
Per-Diem chauffeurs	76 300	
1 Dessinateur (artist)	59 817	
VEHICLE SUPPORT		287 212
Carburant (gas)	192 500	
Entretient et Réparation	94 712	
MATERIEL POUR CENTRE + LOYER		127 575
Boutilimitt	46 575	
Loyer	81 000	
TRAINING		381 730
32 Bourses A.S.C.	161 280	
8 Per-Diem nurses	144 450	
Achat Posters (AV supplies)	76 000	
		1 124 634

Coût de formation d'1 A.S.C. pour 3 mois
1 124 634 : 32 = 35 144,81 UM $ 732,18/CHW

Coût de formation Mensuelle d'1 A.S.C.
35 144,81 : 3 = 11 714,94 UM ou $ 244,06/mo/CHW

Exchange Rate
48 UM = $ 1.00

Coût Général D'Investissement en Médicaments pour 32 villages.
13 OCTOBRE au 13 DECEMBRE 1981

Coût Total 339 000 UM ou $ 7 062,5/three months

Coût D'Investissement/village $\frac{339\,000}{32}$ = 10 593,75 UM ou $ 220,70/CHW.

VILLAGES DU PROJET

Numeros suivis par:
R = Departement de ROSSO
M = Departement de MEDERDRA
K = Departement de R'KIZ
B = Departement de BOUTILIMIT

No de village	Departement	Villages	A.S.C's
001 R	Rosso	Twekindi	Aminata Sow
002 R	Rosso	Maradine	Dey Ould Isseiman
003 R	Rosso	PK 10	Med hafed Ould Med Abdallahy
004 R	Rosso	PK 14	Mounina Mint Khaitar
005 K	R'kiz	Raibani	Amadou Hamat Sow
006 K	R'kiz	Keur Cheikh Sokhan	Algueiricn Ould Matalla
007 R	Rosso	Leourine 11	El Hacen Ould MBarek Ould Bilal
008 R	Rosso	Bouro	Hawa Ba
009 R	Rosso	Bothie I	Bjibi Sow
010 R	Rosso	Bothio II	Aminata Kaliedu Ba
011 R	Rosso	Dieuk	Miriam Mbodj
012 R	Rosso	Breun Darou	Yerim N'diaye
013 R	Rosso	Breun Gouyar	Samba Gaye
014 R	Rosso	Tounguene	Sira Pali
015 R	Rosso	Carak	Aminta Der Pali
016 R	Rosso	Guidakhar	Warakh Boye
017 R	Rosso	Keur Madike	Malick Tamboura
018 R	Rosso	Pass	Fatou Diop
019 K	R'kiz	Gani	Amadou Lemine Gaye
020 K	R'kiz	Nianga Boul	N'darao Niang
021 R	Rosso	Tekess Coumba	Aidiouma Diallo
022 R	Rosso	Soringe	Hamadi Ifra Ba
023 R	Rosso	Kafara	Hamed Den
024 R	Rosso	N'dilinko	Mary Ba
025 R	Rosso	Djiguena	Hadiata Ba
026 R	Rosso	Koss Bouki	Mamata Kan
027 M	R'kiz	Dar Salam	Ba Mohamed El Becnir
028 K	R'kiz	Dabaye	Aeama Sy
029 K	R'kiz	Medina Ranaye	Hamet Camara
030 K	R'kiz	N'gaouie	Moussa Sidi Sarr

..../..../2

VILLAGES DU PROJET

Numeros suivis par:
R = Departement de ROSSO
M = Departement de MEDERDRA
K = Departement de R'KIZ
B = Departement de BOUTILIMIT

No de village		Departement	Villages	A.S.C's
031	K	R'kiz	Boui Deme	Abou Aw
032	M	Mederdra	N'gig Nine	Miyen Mint Ahbess
033	M	Mederdra	Mabrouk	Moua Mint Alioune
034	K	R'kiz	Abaaan	Babacar Ould Mohamed
035	M	Mederdra	Ebekak	Mohamedan Ould Lafaai
036	M	Mederdra	Mbeckett Ness	Malijouba Mint Aberda
037	M	Mederdra	Boudevia	Sidi Ould Sidi Elemine
038	M	Mederdra	Amngiguir	Mohamedou Ould Ousman
039	M	Mederdra	Artass	Malaynine Ould Ahmedou
040	M	Mederdra	Deouchliya	Mansoura Mint Ahmed Ould Baba
041	M	Mederdra	Niefrar	Matugay Mint Aboubeke
042	M	Mederdra	Bajleylay	Sidi Ould Elaoune
043	K	R'kiz	Moyou-chayed	Lemuabott Ould Ahmed
044	K	R'kiz	Sekam I	Afgueirich Ould Matalla
045	K	R'kiz	Gouveilid	Fatimata Diallo
046	K	R'kiz	Cra-Gawde	Kalidou Ba
047	K	R'kiz	Teichtayatt	Tew Ould Bahnina
048	K	R'kiz	Baguemoune	Salem Ould Dah
049	K	R'kiz	Chbariatt	Aminatou Mint Aouba
050	K	R'kiz	Boubacar	Mouhamed Vall Ould Nlouche Ba
051	K	R'kiz	Mata Moulana	Sidi Mohamed Ould Isselmou
052	K	R'kiz	Ajouer	Mohamed Deya Ould Ahmedou
053	K	R'kiz	Limteyine	Moctar Ould Amar Ainina
054	K	R'kiz	Boulghorbane	Mohamed Abderrhamane Ould Cheikh
055	K	R'kiz	Nouagour	Homod Ould Semete
056	K	R'kiz	N'bak	Mohamedou Ould Haimoud
057	K	R'kiz	Melgue Limerayer	Mohamed Ould Abdellahi
058	K	R'kiz	Tedrart	El hadj Ould Souilem
059	K	R'kiz	Bir Oulad Issa	Mohamed Abdellahi Ould Abdel Kerim
060	K	R'kiz	Neimat	Mahfoud Ould Bedon

...../3

VILLAGES DU PROJET

Numeros suivis par:
R = Departement de ROSSO
M = Departement de MEDERDRA
K = Departement de R'KIZ
B = Departement de BOUTILIMIT

No de village		Departement	Villages	A.S.C's
061	B	Boutilimit	Rabit	Fatimatou Mint Mohamed
062	B	Boutilimit	Tin Yarg	Abdellahi Ould Abdel Jelil
063	B	Boutilimit	Ijenaoune	Mohamed Said Ould Taleb
064	B	Boutilimit	Archane	Sidi Mohamed dit Ibeye
065	B	Boutilimit	N'teichitt	Mohamed Ahmed Levied Ould Ahmedou
066	M	Mederdra	Jabber	Khadjetou Mint Elemine
067	M	Mederdra	Dar El Bayda	Khadjetou Mint Mohamedou
068	K	R'kiz	Kebe	Hammedi Diallo
069	B	Boutilimit	Noubaghyan (n'existe plus) (did not complete training)	

FINANCIAL DATA

The following are expenses incurred by the local account during the period March 1981 through January 1982. They are broken down by month and by line-item.

5.1 Local personnel costs are increasing as the project adds personnel. There was significant increase in August 1981 when the administrative assistant was added to the project since his salary is substantially higher than other local personnel. It is also difficult to evaluate the rise and fall of the graph on a month basis. Falls in the curve show those months where the teams were in the field and primarily office personnel were paid. Where all staff happened to be in Nouakchott on payday the graph rises.

5.2 Vehicle support payments are increasing as the vehicles age and require more complex repair. Some of the better mechanics in Nouakchott will repair vehicles only if assured they will be paid in cash rather than through the extremely tardy USAID reimbursement system. Thus the local account has increased this line item to account for this difficulty. To date a satisfactory repair and maintenance garage has not been discovered and this factor remains to be solved.

5.3 Commodities refers primarily to purchase of medication from PHARMARIM. The bulk of these purchases are made on a purchase order from USAID but occasionally the project has to replenish stocks throught the local account.

5.4 Operational support includes the materials and supplies for office use as well as some field expenses. During the past year the project has three major purchases through the local account, primarily of stencils, stencil paper, etc.

5.5 Training expenses reflect the two training sessions held to date in January-March 1981 and October-December 1981. In examining Appendix 5,(6 15)it can be noted that the per-diem costs are excessive and form the major expense incurred by the project. To avoid this, the chauffeurs were re-assigned to Nouakchott rather than the centers since they spend the majority of their time in the capital. In the past they have been paid per-diem while in the capital but with the re-assignment this will not longer be true.

R E C A P I T U L A T I O N

DEPENSES DU 13 MARS 1981 AU 13 JANVIER 1982

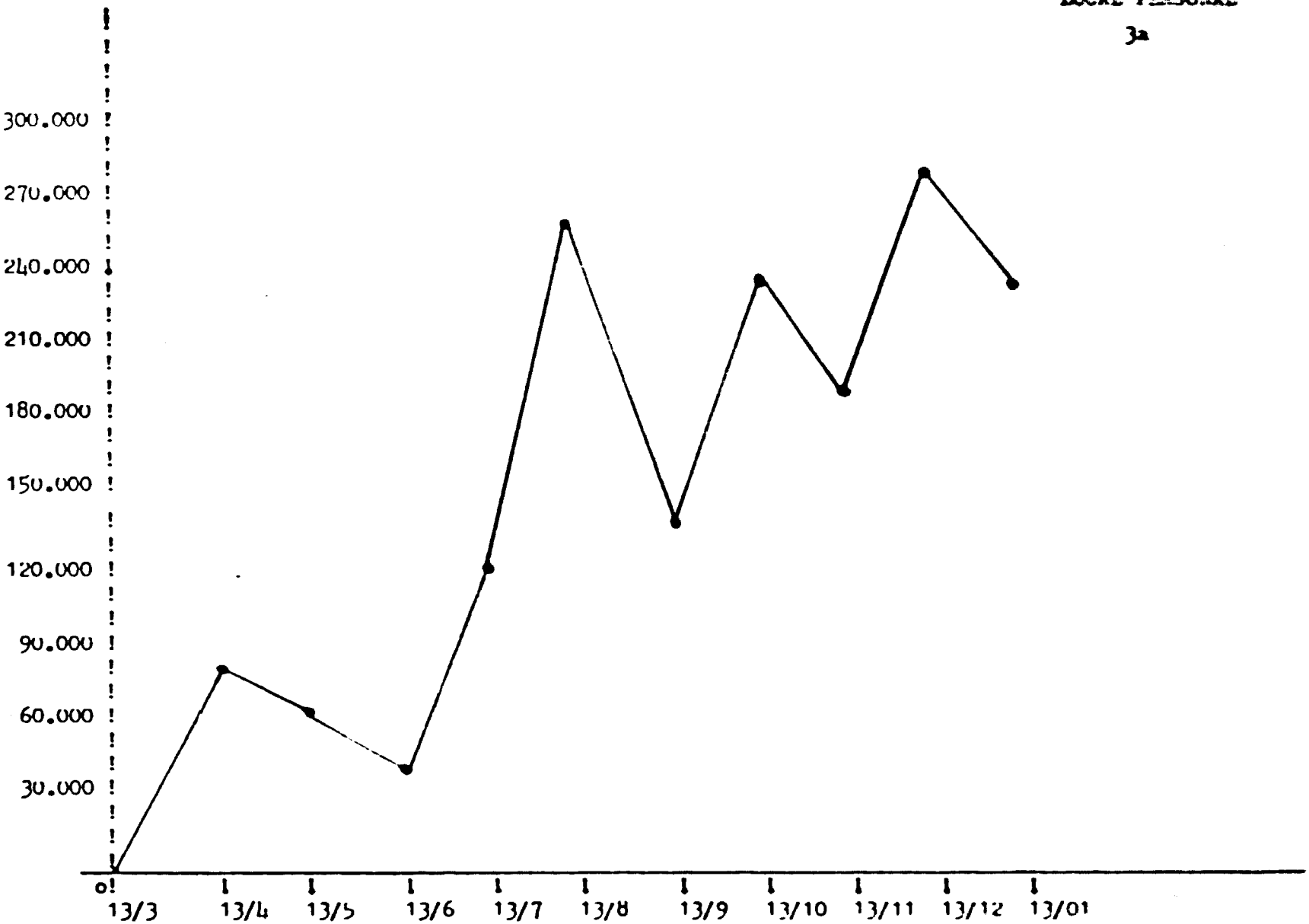
EXERCICES / NATURE DES ITEMS	13 Mrs 81 au 13 Av.81	13 Av. 81 au 13 Mai 81	13 Mai81 au 13 Juin81	13 Juin81 au 13 Jlt 81	13 Jlt 81 au 13 Aout81	13 Aout81 au 13 Sept81	13 Spt 81 au 13 Oct 81	13 Oct 81 au 13 Nov.81	13 Nov 81 au 13 Dec.81	13 Dec81 au 13 Jan82	TOTAUX
[illegible] Ba	[illegible]	73.367	49.395	120.006	268.354	144.782	234.346	183.851	274.829	241.332	1.675.484
[illegible]	[illegible]	[illegible]	100.779	88.156	75.921	110.556	117.007	217.483	109.975	149.416	1.312.653
[illegible]	[illegible]	- • -	- • -	- • -	- • -	- • -	- • -	37.500	- • -	- • -	40.470
[illegible]	[illegible]	[illegible]	54.100	34.529	182.049	135.050	30.625	194.980	46.492	215.907	920.057
[illegible]	[illegible]	[illegible]	- • -	10.800	61.300	16.200	58.780	38.700	71.898	276.478	803.881
TOTAUX	[illegible]	230.823	204.274	253.491	587.624	406.588	440.758	672.514	503.194	883.133	4.752.545

Appendix 5./A

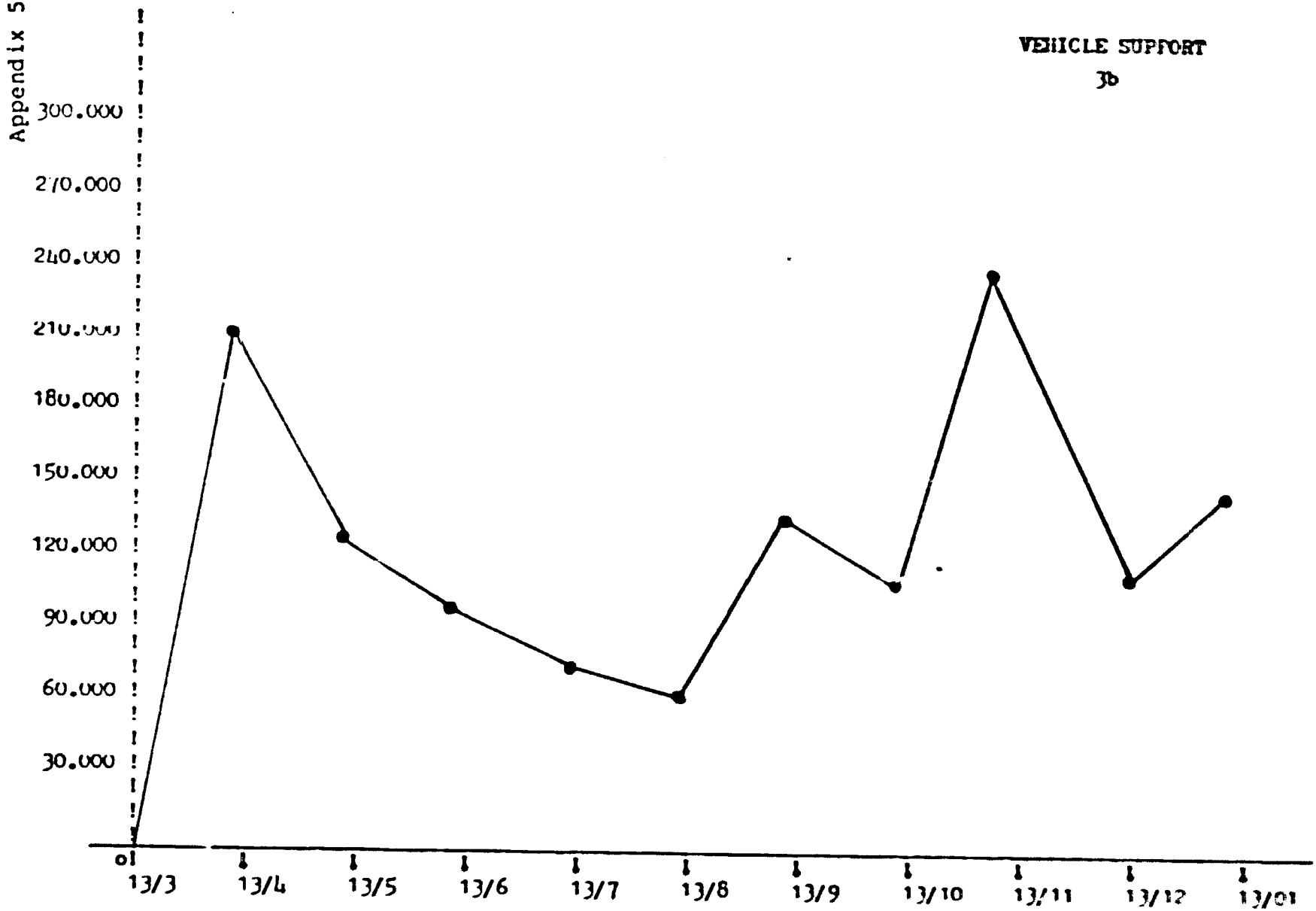
Appendix 5.1b

LOCAL PERSONAL

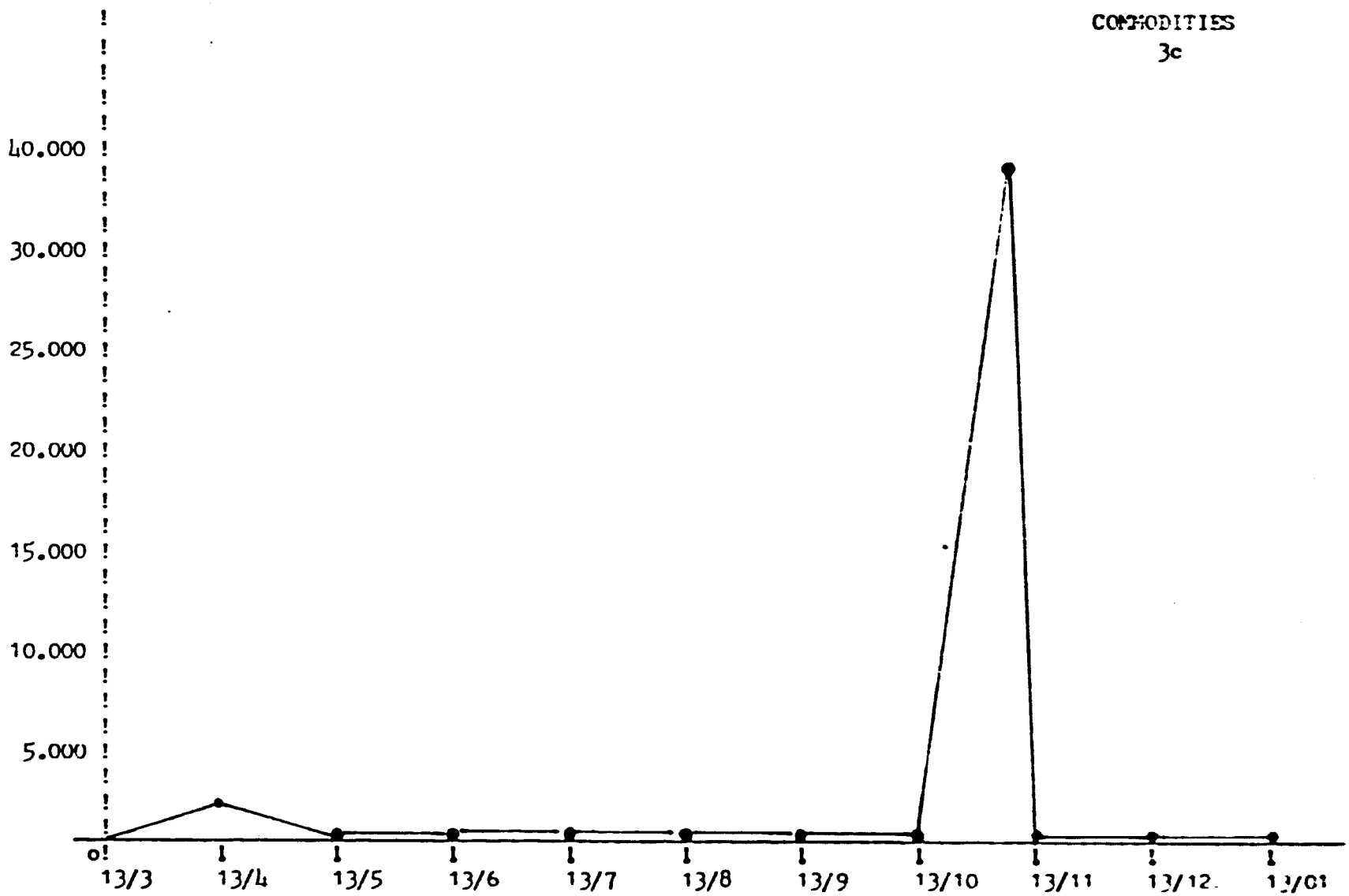
3a



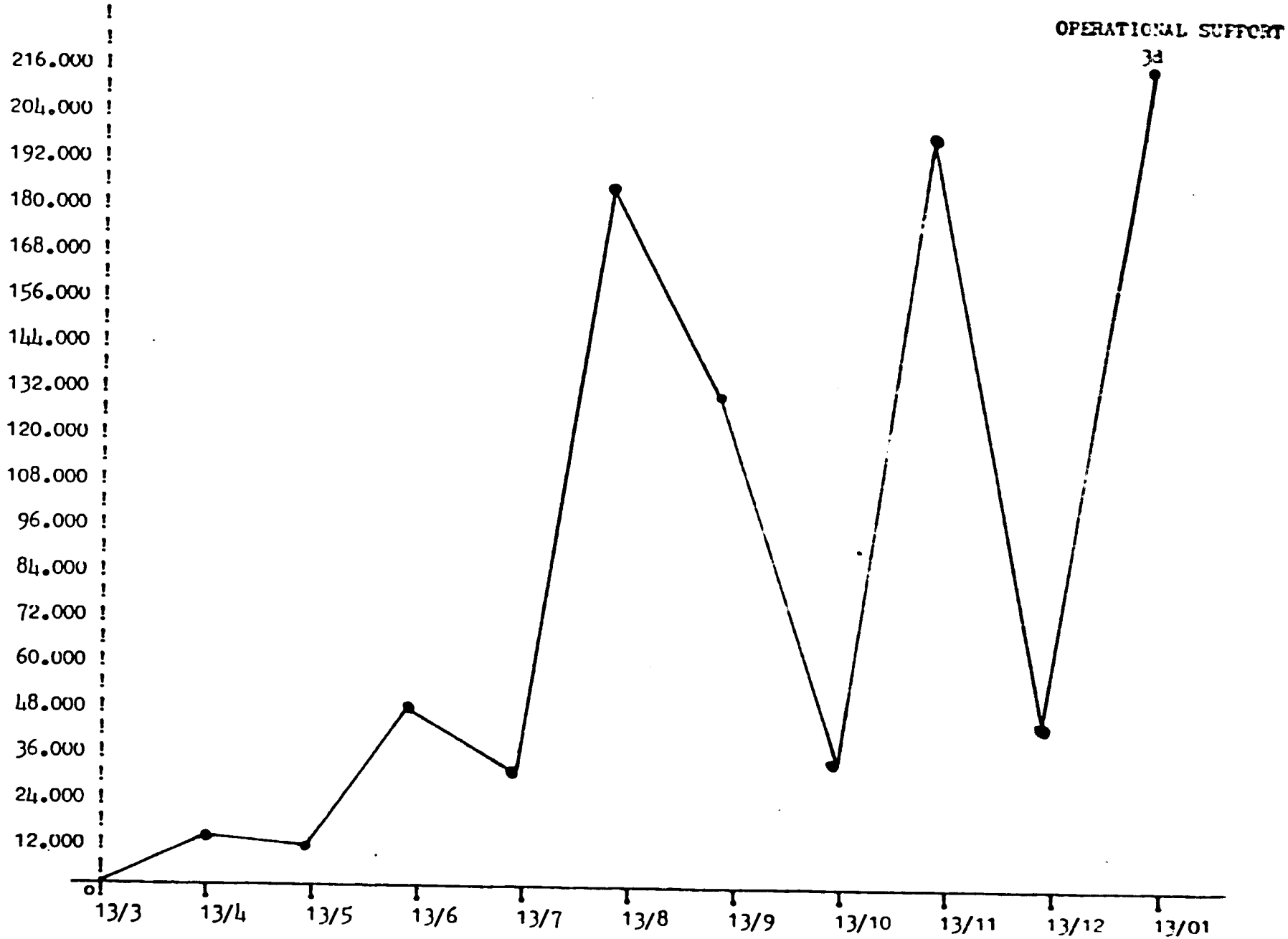
Appendix 5.2


VEHICLE SUPPORT
3b
300.000
270.000
240.000
210.000
180.000
150.000
120.000
90.000
60.000
30.000
0
13/3
13/4
13/5
13/6
13/7
13/8
13/9
13/10
13/11
13/12
13/01

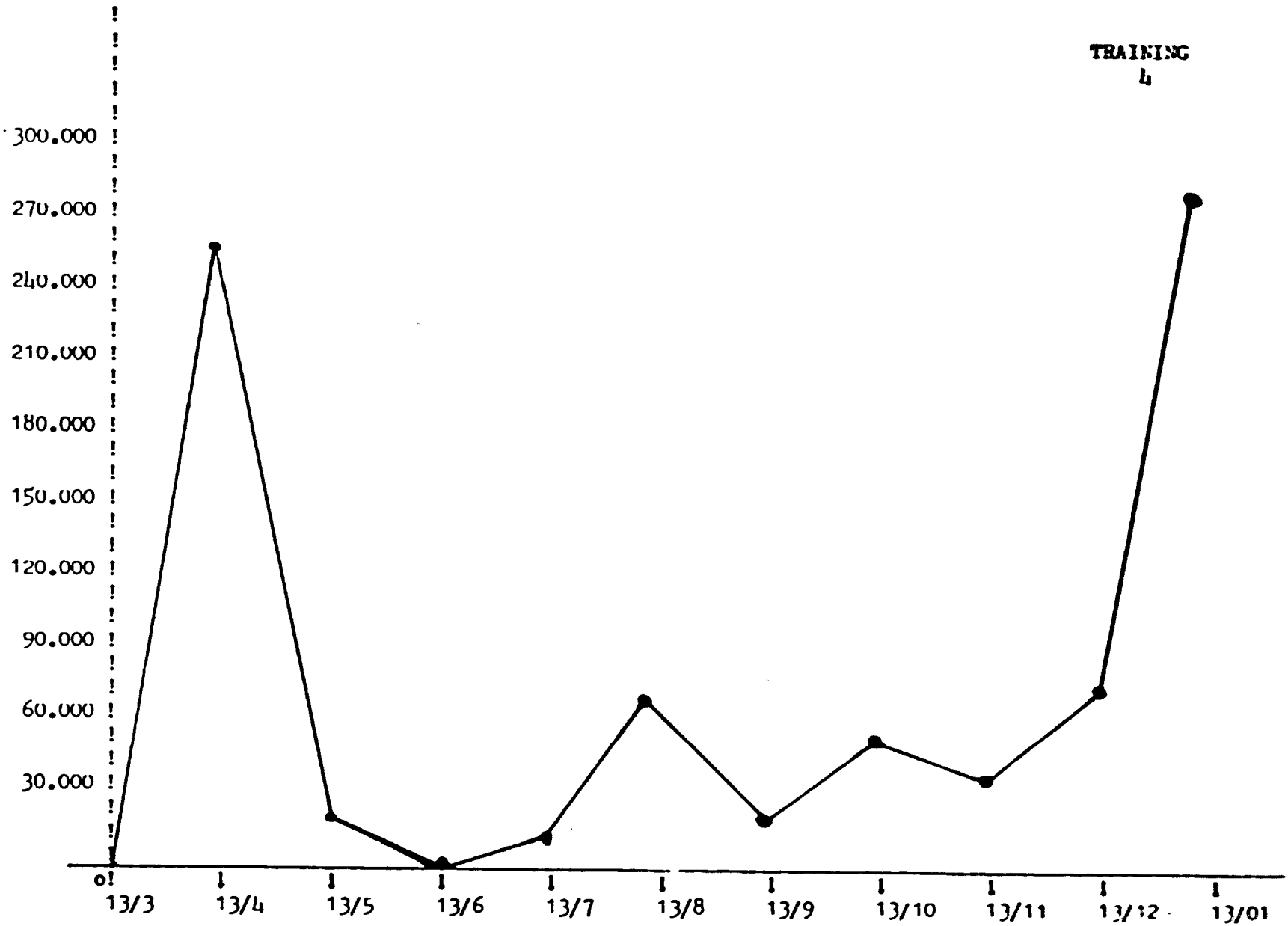
Appendix 5.3


COMMODITIES
3c
40.000
30.000
25.000
20.000
15.000
10.000
5.000
0
13/3
13/4
13/5
13/6
13/7
13/8
13/9
13/10
13/11
13/12
13/01

Appendix 5.4


OPERATIONAL SUPPORT
216.000
204.000
192.000
180.000
168.000
156.000
144.000
132.000
120.000
108.000
96.000
84.000
72.000
60.000
48.000
36.000
24.000
12.000
0
13/3
13/4
13/5
13/6
13/7
13/8
13/9
13/10
13/11
13/12
13/01

Appendix 5.5


TRAINING
4
300.000
270.000
240.000
210.000
180.000
150.000
120.000
90.000
60.000
30.000
0
13/3
13/4
13/5
13/6
13/7
13/8
13/9
13/10
13/11
13/12
13/01

Appendix 5.5

LOCAL PERSONNEL

DEPENSES DU 13 AVRIL 1981
AU 13 MAI 1981

3a LOCAL PERSONNAL		73 367
Salary	45 867	
Per-Diem	27 500	
3b VEHICLE SUPPORT		129 546
Reparation from Drouot	NONE	
Reparation from Petty Cash	28 746	
Gas Consumption	100 800	
3c COMMODITIES		
Medecine	NONE	
3d OPERATIONAL SUPPORT		13 080
Office Supplies	1 080	
Center Rental	12 000	
Misc Expenses	NONE	
4 TRAINING		14 830
Trainers Per-Diem	14 830	
Bourses A.S.C.	NONE	

TOTAL.....230 823 UM

Ja, Local Personnel

DEPENSES DU 13 MARS 1981

AU 13 AVRIL 1981

Cheque Recus Totaux..... 5.731.901 UM

3a . LOCAL PERSONAL		85.222
Salary	64.222	
Per-diem	21.000	
3b . VEHICLE SUPPORT		213.814
Reparation from Drouot	NONE	
Reparation from Petty Cash	45.514	
Gas Consumption	168.300	
3c . COMMODITIES		2.970
Medecine	2.970	
3d . OPERATIONAL SUPPORT		13.245
Office supplies	6.395	
Center Rental	NONE	
Misc. Expenses	6.850	
4 . TRAINING		254.895
Trainers Per-diem	59.595	
Bourses A.S.C	195.300	

TOTAL..... 570.146 UM

MISSING PAGE

NO. _____

DEPENSES DU 13 MAI 1981

AU 13 JUIN 1981

3a . LOCAL PERSONAL		49.395
Salary	49.395	
Per-diem	NONE	
3b . VEHICLE SUPPORT		100.779
Reparation from Drouot	10.779	
Reparation from Petty Cash	NONE	
Gas Consumption	90.000	
3c . COMMODITIES		
Medecine	NONE	
3d . OPERATIONAL SUPPORT		54.100
Office supplies	17.800	
Center Rental	32.500	
Misc. Expenses	3.800	
4 . TRAINING		
Trainers Per-diem	NONE	
Bourses A.S.C	NONE	
TOTAL.....		204.274 UM

DEPENSES DU 13 JUIN 1981
AU 13 JUILLET 1981

3a . LOCAL PERSONAL		120.006
Salary	96.506	
Per-diem	23.500	
3b . VEHICLE SUPPORT		88.156
Reparation from Drouot	37.787	
Reparation from Petty Cash	5.369	
Gas consumption	45.000	
3c . COMMODITIES		
Medecine	NONE	
3d . OPERATIONAL SUPPORT		34.529
Office supplies	11.529	
Center Rental	20.500	
Misc. Expenses	2.500	
4 . TRAINING		10.800
Trainers	10.800	
Bourses A.S.C	NONE	
TOTAL.....		253.491 UM

DEPENSES DU 13 JUILLET 1981
AU 13 AOUT 1981

3a. LOCAL PERSONAL		268.354
Salary	230.454	
Per-diem	37.900	
3b. VEHICLE SUPPORT		75.921
Reparation from Drouot	8.712	
Reparation from Petty Cash	22.209	
Gas Consumption	45.000	
3c. COMMODITIES		
Medecine	NONE	
3d. OPERATIONAL SUPPORT		182.049
Office supplies	127.920	
Center Rental	41.000	
Misc. Expenses	13.129	
4 . TRAINING		61.300
Trainers Per-diem	49.800	
Bourses A.S.C	NONE	
Translater	11.500	
TOTAL UM.....		587.624

Appendix 5.11

DEPENSES DU 13 AOUT 81
AU 13 SEPTEMBER 81

3a LOCAL PERSONNAL		144 782
Salary	130 032	
Per-Diem	14 750	
3b VEHICLE SUPPORT		110 556
Reparation from Drouot	14 013	
Reparation from Petty Cash	6 543	
Gas Consumption	90 000	
3c COMMODITIES		
Medecine	NONE	
3d OPERATIONAL SUPPORT		135 050
Office Supplies	127 850	
Center Rental	5 000	
Misc Expenses	2 200	
4 TRAINING		16 200
Trainers Per-Diem	16 200	
Bourses A.S.C.	NONE	
Translater	NONE	

TOTAL..... 406 588 UM

Appendix 5.12

DEPENSES DU 13 SEPT 81
AU 13 OCTOBER 81

3a LOCAL PERSONNAL		234 346
Salary	210 096	
Per-Diem	24 250	
3b VEHICLE SUPPORT		117 007
Reparation from Drouot	12 716	
Reparation from Petty Cash	14 291	
Gas Consumption	90 000	
3c COMMODITIES		
Medecine	NONE	
3d OPERATIONAL SUPPORT		30 625
Office SUPPLIES	17 229	
Center Rental	12 000	
Misc Expenses	1 396	
4 TRAINING		58 780
Trainers Per-Diem	58 780	
Bourses A.D.C.	NONE	
Translator	NONE	

TOTAL..... 440 758

Appendix 5.13

DEPENSES DU 13 OCTOBER 81

DU 13 NOVEMBER 81

3a LOCAL PERSONNAL		183 851
Salary	169 201	
Per-Diem	14 650	
3b VEHICLE SUPPORT		217 483
Reparation from Drouot	35 563	
Reparation from Petty Cash	46 920	
Gas Consumption	135 000	
3c COMMODITIES		37 500
Medecine	37 500	
3d OPERATIONAL SUPPORT		194 980
Office supplies	145 173	
Center Rental	46 000	
Misc Expenses	3 807	
4 TRAINING		38 700
Trainers Per-Diem	38 700	
Bourses A.J.C.	NONE	
Translater	NONE	

TOTAL..... 672 514 UM

****

Appendix 5.14

DEPENSES DU 13 NOVEMBER 1981
AU 13 DECEMBER 1981

3a LOCAL PERSONNAL		274 829
Salary	265 529	
Per-Diem	9 300	
3b VEHICLE SUPPORT		109 975
Reparation from Drouot	12 192	
Reparation from Petty Cash	7 783	
Gas Consumption	90 000	
3c COMMODITIES		
Medecine	NONE	
3d OPERATIONAL SUPPORT		46 492
Office Supplies	NONE	
Center Rental	39 500	
Misc Expenses	6 992	
4 TRAINING		71 898
Trainers Per-Diem	12 650	
Bourses A.S.C.	59 248	
Translater	NONE	

TOTAL..... 503 194 DM

DEPENSES DU 13 DECEMBRE 1981
AU 13 JANVIER 1982

3 a . LOCAL PERSONAL		241.332
Salary	213.232	
Per-diem	28.100	
3 b . VEHICLE SUPPORT		149.416
Reparation from Drouot	12.192	
Reparation from Petty Cash	57.124	
Gas consumption	80.100	
3 c . COMMODITIES		
Medecine	NONE	
3 d . OPERATIONAL SUPPORT		215.907
Office supplies	161.660	
Center Rental	50.000	
Misc Expenses	4.247	
4 . TRAINING		276.478
Trainers Per-diem	141.742	
Bourses A.S.C	134.736	
Translater	NONE	

TOTAL..... 883.133 UM

HOUSEHOLD SURVEY

OBJECTIFS GENERAUX

1) Déterminer parmi les données de bases celles qui peuvent être influencées par l'intervention du Projet et vice-versa.

A savoir :

- L'Etat nutritionnel des groupes vulnérables (mères et enfants).
- Maladies prévalant.
- Conditions de l'eau potable et du milieu.
- Données démographiques.
- Intérêt porté par la population a la santé qui se concretise par la dépense accordée.
- niveau d'alphabétisation surtout des mères.

2) Confectionner un instrument qui nous permet de recueillir ces données de base essentielles a l'évaluation de notre Projet.

QUESTIONNAIRE.

EAU

- Quel traitement subit-elle avant la consommation ?
- Filtrée (demandez a voir le filtre)
- Bouillie
- décantée
- comment et ou elle est stockée ?

.....
.....
.....

DECHETS.

- existe t-il de latrine ?
- sinon comment faites-vous pour satisfaire vos besoins ?

.....
.....

NUTRITION.

- Quel est votre menu pour aujourd'hui ?

.....
.....
.....

..../.....

- Quel est votre menu pour hier?

_____

_____

_____

- Y-a-t-il un menu special pour les enfants?
Si oui, lequel? _____

_____.

Mesurer le pourtour du bras de tous les enfants de 0 a 5 ans. Noter seulement le nombre et la classification des enfants malnourris dans le tableau ci-dessous:

Jaune	Rouge

- Existe-t-il des enfants qui tetent?
Si oui, combien?:.....
- Y a -t-il un membre de la famille malade durant la semaine?
Si oui, ecrire les symptomes:_____

_____

- Ou s'est-il soigne?_____
- Avez-vous achete les medicaments?
Lesquels, ou, et a combien?

_____

_____

- Y a-t-il un poste radio dans la famille?_____

_____

Si oui quel est le programme prefere et a quelle heure?

_____

- La mere peut elle ecrire? Si oui, en quelles langues

_____

- A-t-elle recu une instruction? Si oui, pendant combien de temps et ou?

_____

_____

_____.

- Y a-t-il dans la famille d'autres qui savent lire et ecrire?_____.
Combien?_____.
- En quelle langue?

_____.
- Ont-elles recu une formation?

_____.
Si oui, pendant combien de temps et ou?

_____

_____.

HOUSEHOLD SURVEY - Trial Form

DEPARTEMENT DE _____

VILLAGE DE _____

DOMICILE No	PROFESSION	0 - 5		5 - 14		15 - 45		46 et +		P	A
		H	F	H	F	H	F	H	F		

Langue parlée:

Depuis quand vous êtes là?

N.B.: Resident, c'est celui qui est present 6 mois/an. On n'enregistre que les residents.

- A pour Absents
- P pour Presents

HOUSEHOLD SURVEY

ا ـ المـــــاء — الاسئلة

اي تحسن تحرونة على المـــــاء قبل استعماله ؟ _____

التصفية (الطلب رؤية المصفـــــاة)

التسخين ـ الغلي

طرح حتى تنزل الاوساخ

اين وكيف تدخر المـــــاء ؟ _____

ب ـ الاوساخ والمـــــاء النازورات

هل توجد مرافق (مستراح) ؟ _____

والاماكن تقضية الحوائج ؟ _____

ج ـ التغذية

ما هو غذاءكم امس ؟ _____

ما هو غذاءكم اليوم ؟ _____

ما هو غذاء حامل والاطفال ؟ _____

وكم عددهم ؟ _____

ما مرض احد افراد العائلة في هذا الاسبوع ؟ _____

هل هي اعراض مرضه ؟ _____

واين تلقى العلاج ؟ _____

هل اشتريتم الدواء ؟ _____

ما هو ؟ _____

اين اشتريتموه ؟ _____

ما هو ثمن ؟ _____

ما العائلة عندها مذياع ؟ _____

هل هو برنامجكم المفضل ؟ _____

وفي اي وقت ؟ _____

ما الام تحب ؟ _____

في اي امة ؟ _____

ما تلقت تعليمـــــا ؟ _____

وكم كانت مرتبه ؟ _____

اين ؟ _____

ا

ما اسم هذا الاملاء الذي يكتب ويقرأ ؟ _____

كم عددهم ؟ _____

في اي لغة ؟ _____

د ـ هل تلقط تعليمها ؟ _____

ما هي مدة تعليمهم ؟ _____

PRINT POOR QUALITY

PROJET D'ASSISTANCE MEDICALE RURALE

AU TRARZA

ORDEREAU D'ENVOI

N° 1 /P.

Le Medcin Chef Interim

Pièces adressées à M Dr. Perdreau, Hopital de Rosso.

NOMBRE	DESIGNATION	OBSERVATIONS
30	Haricuots	
5	Jericans en Plastique	
2	Echelles acuite visuelle	
9	Porte tube à essai	
20	Porte Pince à servir	
12	Gobelets gradués en metaille	
75	Drapd blanc	
80	Couvertures blanc	
15	Balai à frange + manche	
10	Meules à aiguiser	
30	Huile filtrée en bidon	
30	Poissonières divers	
1000	Lancettes	
10	Table Roulantes	
80	Gobelets Plats en plastique	
576	Bandes triangulaires	
5000	Tasses graduées en plastique	
500	Gobelets plastique avec couvercle	
1000T	Tasses en plastique avec couvercle	
24	Bouteilles antiseptiques désinfectant	
144	Poissonieres longues avec couvercles	
500	Bandes autocollantes GM	
500	Bandes autocollantes PM	
27	Poubelles Medicales	
60	Sparadraps (5boites x 12)	
9	Seaux en Plastique avec couvercles	
5000	Abaisse langue	
108	Vaseline (9caisses x12)	
80	Bande Gaza (10 Caisses x8)	
240	Fils de suture (20 pqts x12)	
100	Paires du ciseaux	
9	Brosses à bouteilles	
20	Seaux metalliques	
400	Entonoir en plastique	
80	Aiguilles courbes	
640	Tubes d'essai	

ARRETE LE PRESENT BORDEREAU A

NOUAKCHOTT, le 16/10/81

PROJET D'ASSISTANCE MEDICALE RURALE
AU TRARZA

ORDEREAU D'ENVOI

N° 2 /PAMR.

Pièces adressées à Medecin Chef Interim à l'Hopital de Rosso,
Dr. Perdreau

NOMBRE	DESIGNATION	OBSERVATIONS
X 81	Piles pour otoscopes	
X 6	Seringues de Guillon	
X 40	Brosses chirurgicales	
X 3	Appareil Tensiometre Arterial	
X 30	Boites en Plastique avec couvercle	
X 60	Verres Recouils urines	
X 4000	Cuilleres en Plastique	
X 1240	Epingles edesurete	
X 9	Autoclave	
X 8	Balance Pese Bébé	
X 8	Balance Pèse Adulte	
X 200	Rasoirs en plastique	
X 156	Thermomètres	
X 3	otoscopes	

ARRETE LE PRESENT BORDEREAU A _____

NOUAKCHOTT, le 16/10/81

IX 4

REPUBLIQUE ISLAMIQUE DE MAURITANIE
MINISTRE DE LA SANTE
ET DES AFFAIRES SOCIALES
DIRECTION DE LA SANTE
SERVICE DE LA MEDECINE PREVENTIVE
PROJET D'ASSISTANCE MEDICALE RURALE
AU TRARZA N° 682 O 202

- FICHE D'ENQUETE SUR LE TERRAIN -

Dr. HACEN
MM. DIOUF
MOCTAR
Révision en collaboration avec
MM. M'BARECK
DOUDOU
Mlle LINDA
Mme DICKO
Révision définitive assurée par Dr. ADJOU MOUMOUNI.

Département de _____
Village de _____
Distance du Centre de Santé _____
Nombre d'habitants _____
Nombre de carrés _____
Composition ethnique du village _____
Principales activités des villageois _____
_____
_____
_____
_____
_____

I - HYGIENE DU MILIEU

A. - DOMAINE DE L'EAU:

Informations a recueillir par entretien avec les villageois

a.1 - Les villageois s'approvisionnent:

a.1.1 - d'une source ☐
a.1.2 - d'une riviere ? ☐
a.1.3 - d'unepuits ☐
a.1.4 - d'un marigot ☐
a.1.5 - d'un reservoir d'eau de pluie ☐
a.1.6 - d'un robinet ☐
a.1.7 - par samien citerne ☐
a.1.8 - aupres de vendeurs specialises ☐

a.2 - La ressource d'approvisionnement est

a.2.1 - loin du village ☐*
a.2.2 - pres du village ☐*

a.3 - Le village a de l'eau:

a.3.1 - toute l'annee ☐ une partie de l'annee ☐
a.3.2 - a quelle periode de l'annee?.....

a.4 - La majorite des villageois conservent l'eau dans:

a.4.1 - des canaris ☐
a.4.2 - des outres ☐
a.4.3 - des chambres a air ☐
a.4.4 - d'autres recipients ☐

a.5 - Le recipient contenant l'eau est:

a.5.1 - couvert ☐
a.5.2 - non couvert ☐

---

* Le village est loin si on fait 1 km ou plus
* Le village est pres si on fait moins d'1 km.

a.6 - Le recipient contenant l'eau est:

a.6.1 - lave a chaque approvisionnement

a.6.2 - n'est pas lave

a.7 - L'eau consommee pour la boisson est:

a.7.1 - filtree a travers un linge

a.7.2 - filtree a travers un filtre imperte

a.7.3 - filtree a travers un filtre a sable improvise

a.8 - L'eau consommee pour la boisson est decantee a l'aide de:

a.8.1 - alum

a.8.2 - bouse de vache

a.8.3 - lait caille

a.8.4 - par repos

a.8.5 - autres Lequel?..... .....

a.9 - L'eau consommee pour la boisson est:

a.9.1 - bouillie

a.9.2 - rien de a.7 - a.8 - a.9

a.10 - Protection des points d'eau:

a.10.1 - le point d'approvisionnement en eau de boisson est aussi utilisee par les animaux d'elevage

a.10.2 - autour du point d'approvisionnement en eau de boisson en note des excretas humains frais ou desseches

oui non

a.10.3 - les villageois ont l'habitude de se baigner dans le d'approvisionnement

a.10.4 - les villageois ont l'habitude de laver le linge autour du point d'approvisionnement

a.10.5 - il y a dans le puits du village des debris

B. DOMAINE DES DECHETS :

b.1 - Le village généralement partout est propre :

OUI / ____ / NON / ____ /

b.1.2. - OU on rencontre autour des cases :

- des ordures qui attirent les mouches

OUI / ____ / non / ____ /

b.1.3. - autour des cases il y a :

- des débris d'ustensiles inutilisables

OUI / ____ / NON / ____ /

b.2. - Propreté des alentours de maisons :

b.2.1. - non loin des cases on rencontre
- des excrétes humains frais oui / ____ / non / ____ /
- des excrétes desséchés oui / ____ / non / ____ /

b.2.2. - dans le village chaque concession a un endroit délimité pour le dépôt des excrétes humains

OUI / ____ / NON / ____ /

b2.3. - dans le village 3 maisons sur 4 disposent ~~d'un coin~~ pou. les excrétes (latrines).

OUI / ____ / NON / ____ /

b.2.4. - Les excrétes humains ne constituent pas de nuisance pou le village oui / ____ / non / ____ /

C. - DOMAINE DE L'HABITAT :

c.1 -Type de village.

c.1.1. - Le village est : permanent / ____ /
nomade / ____ /

c.2 - Matériaux de construction :

c.2.1 - Le village est matériaux
- définitif (bance) / ____ /
- en paille / ____ /
- matérieux amovibles (tentes) / ____ /

c.2.2. - Les habitants du village passent la nuit loin du village une période de l'année / ____ /

les habitants reviennent passer la nuit dans le village chaque jour /___/

c.3 - Aération des habitations:

c.3.1 - les habitations en banco ou ciment comportent des fenêtres /___/

c.3.2 - les habitations sont:

c.3.2.1 - aérées /___/

c.3.2.2 - sombres /___/

c.3.2.3 - fraîches le jour /___/

c.3.2.4 - fraîches la nuit /___/

c.3.2.5 - spacieuses /___/

c.3.2.6 - étroites /___/

c.4 - Promiscuité:

c.4.1 - plus de 4 membres de la famille occupent 1pièce

c.4.2 - les habitants font la cuisine /___/

c.4.2.1 - dans une pièce séparée /___/

c.4.2.2 - tout le temps /___/

c.4.2.3 - une période déterminée /___/

laquelle? .....

c.4.2.4 - les habitants disposent de lieu séparé pour la volaille /___/

c.4.2.5 - les pièces d'habitation sont:

- propres /___/
- ordonnées /___/

D. - DOMAINE VECTEURS ET ANIMAUX:

d.1 - Vecteurs:

d.1.1 - dans le village on est incommodé par les mouches

d.1.1.1 - toute l'année /___/

d.1.1.2 - à une période déterminée /___/

- laquelle?.....

./.

d.1.1.3 - les mouches se groupent de préférence:

d.1.1.4 - sur les fruits mûrs, pourrissants ☐

d.1.1.5 - sur les déjections animales (humaines et autres) ☐

d.1.1.6 - sur les matières organiques en décomposition ☐

Pour combattre les mouches, les villageois prennent soin:

d.1.1.7 - de balayer dans et autour de la maison ☐

d.1.1.8 - de recouvrir de terre toutes déjections ☐

d.1.1.9 - d'ensevelir ou de brûler les ordures ☐

d.1.2 - au cours de la nuit on est incommodé par les moustiques ☐

d.1.2.1 - toute l'année ☐

d.1.2.2 - à une période déterminée ☐

- laquelle?.....

d.1.2.3 - les villageois perçoivent la nécessité de détruire tout gîte larvaire ☐

d.1.2.4 - les villageois perçoivent que tout récipient d'eau est un gîte potentiel ☐

d.1.2.5 - les récipients (canaris, bassine, seau...) contenant de l'eau sont couverts constamment ☐

d.1.2.6 - les puits et citernes sont couvert constamment ☐

d.1.2.7 - il existe à proximité du village des zones marécageuses ☐

d.1.2.8 - permanentes ☐

d.1.2.9 - on peut envisager de les drainer ☐

d.1.2.10 - de les combler ☐

d.1.2.11 - il existe à proximité des trous d'eau (mares, ornières, flaques) ☐

./.

- permanentes
- saisonnières

d.1.2.12 - on peut envisager de les combler

d.1.2.13 - de faire autre chose pour les empêcher de constituer des gîtes à moustiques

- quoi?.....

d.1.2.14 - on fait de la culture vivrière (maïs,mil, jardinage...) à côté des habitations

d.1.2.15- on trouve à proximité des habitations des arbres présentant des creux pouvant garder de l'eau par moment

d.1.2.16 - les villageois utilisent des moustiquaires

- en majorité
- en minorité
- les enfants surtout
- les adultes en priorité

d.1.2.17 - les villageois connaissent autres moyens efficaces pour tuer ou éloigner les moustiques

- lesquels?.....

d.1.3 - les villageois sont incommodés par d'autres vecteurs

d.1.3.1 - les rats

d.1.3.2 - les puces

a.7 - les villageois se plaignent de maigrir pendant une période déterminée de l'année ☐

laquelle?.....

a.8 - les villageois se plaignent de manquer d'appétit ☐

a.9 - parmi les autres maux dont les villageois peuvent se plaindre,il faut citer en priorité.....
.....
.....
.....

B. DOMAINE DES MALADIES TRANSMISSIBLES

b.1 - les villageois déplorent chaque année à une période donnée des maladies qui se transmettent:
- d'adultes à tout le monde ☐
- d'enfants à enfants ☐

b.2 - les symptômes les plus remarquables de ces maladies sont: (noter le nom dans le village et indiquer la présomption)
.....
.....

b.3 - d'après les explications des villageois,il est facile de reconnaître de:

b.3.1 - tétanos ☐

b.3.2 - coqueluche ☐

b.3.3 - dysentérie ☐

b.3.4 - rougeole ☐

b.3.5 - tuberculose ☐

b.3.6 - autres maladies pulmonaires ☐

b.3.7 - poliomyélite ☐

b.3.8 - vers intestinaux ☐

C. DOMAINE DES RESSOURCES DU VILLAGE

c.1 - les villageois consultent le poste de santé le plus proche qui est à_____km
- souvent ☐
- quelquefois ☐
- jamais ☐

7.A

II. ALIMENTATION ET NUTRITION:

A. DOMAINE DE L'ALIMENTATION:

a.1 - les habitants prennent au moins trois repas par jour:

oui ☐ non ☐

a.2 - les enfants prennent au moins 3 repas par jour:

oui ☐ non ☐

a.3 - dans chaque repas il y a toujours:

- a.3.1 - du lait ☐
- a.3.2 - de la viande ☐
- a.3.3.- du poisson ☐
- a.3.4 - des oeufs ☐
- a.3.5 - des fruits ☐
- a.3.6 - des haricots ☐
- a.3.7 - des feuilles vertes ☐
- a.3.8 - des tubercules ☐

a.4 - dans chaque repas il y a souvent:

- a.4.1 - du lait ☐
- a.4.2 - de la viande ☐
- a.4.3 - du poisson ☐
- a.4.4 - des oeufs ☐
- a.4.5 - des fruits ☐
- a.4.6 - des haricots ☐
- a.4.7 - des feuilles vertes ☐
- a.4.8 - des tubercules ☐

a.5 - dans chaque repas il y a quelquefois:

- a.5.1 - du lait ☐
- a.5.2 - de la viande ☐
- a.5.3 - du poisson ☐

./.

a.5.4 - des oeufs ▱

a.5.5 - des fruits ▱

a.5.6 - des haricots ▱

a.5.7 - des feuilles vertes ▱

a.5.8 - des tubercules ▱

B. DOMAINE DE LA NUTRITION:

b.1 - beaucoup d'enfants entre 1 et 3 ans présentent des enflures accompagnées de plaie dans la bouche et aux coins des lèvres ▱

b.2 - beaucoup d'enfants entre 1 et 5 ans sont très maigres des membres et du tronc, avec un gros ventre ▱

b.3 - beaucoup d'enfants entre 1 et 3 ans sont très maigres, très fatigués, ont le ventre creux et la peau très flasque avec de la diarrhée ▱

b.4 - les enfants entre 1 et 10 ans dans le village s'amusent beaucoup entre eux et paraissent turbulents ▱

b.5 - la plupart des enfants du village sont tristes et pleurnichards ▱

b.6 - les villageois reconnaissent qu'à une certaine période de l'année, ils disposent de moins de nourriture ▱

laquelle?.....

b.7 - les villageois reconnaissent que leur alimentation est monotone ▱

III. MALADIES

A. DOMAINE DES AFFECTIONS GENERALES:

a.1 - les villageois signalent beaucoup de cas de corps chaud

- chez les adultes ▱

- chez les enfants de 1 à 5 ans ▱

a.2 - les villageois déplorent des cas fréquents de convulsions chez les enfants de 1 à 5 ans ▱

a.3 - les villageois déplorent plusieurs cas de décès à la suite de corps chaud ▱

a.4 - les villageois déplorent plusieurs cas de décès à la suite de convulsions chez les enfants de 1 à 5 ans ☐

a.5 - on note dans le village plusieurs personnes porteuses de plaies (adultes en enfants) ☐

a.6 - on note dans le village plusieurs personnes qui ont des maux d'yeux: - adultes ☐

- enfants ☐

a.7 - les villageois se plaignent de maigrir pendant une période déterminée de l'année ☐

laquelle?.....

a.8 - les villageois se plaignent de manquer d'appétit ☐

a.9 - parmi les autres maux dont les villageois peuvent se plaindre, il faut citer en priorité.....
.....
.....
.....
.....
.....

B. <u>DOMAINE DES MALADIES TRANSMISSIBLES</u>

b.1 - les villageois déplorent chaque année, à une période donnée, des maladies qui se transmettent:

- d'adultes à tout le monde ☐

- d'enfants à enfants ☐

b.2 - les symptômes les plus remarquables de ces maladies sont:
(noter le nom dans le village et indiquer la présomption
....
.....
.....
.....

./.

b.3 - d'après les explications des villageois,il est facile de reconnaître:

b.3.1 - le tétanos ▱

b.3.2 - la coqueluche ▱

b.3.3 - la dysentérie ▱

b.3.4 - la rougeole ▱

b.3.5 - la tuberculose ▱

b.3.6 - d'autres maladies pulmonaires ▱

b.3.7 - la poliomyélite ▱

b.3.8 - les vers intestinaux ▱

C. <u>DOMAINE DES RESSOURCES DU VILLAGE</u>:

c.1 - les villageois consultent le poste de santé le plus proche qui est à_____km

- souvent ▱
- quelquefois ▱
- jamais ▱

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c.2 - les villageois se procurent des médicaments:

c.2.1 - au marché ☐

c.2.2 - au centre de santé ☐

c.2.3 - dans les pharmacies privées ☐

c.2.4 - ailleurs ☐ où?.....

c.3 - les villageois disposent des moyens rapides pour rejoindre l'hôpital le plus proche ☐

c.4 - les villageois en cas d'urgence assurent le transport du malade par les moyens suivants:.....
.....

IV. - PROGRAMME ELARGI DE VACCINATION (P.E.V)

A. DOMAINE DES SEANCES DE VACCINATION

a.1 - les habitants du village se sont déjà rassemblés pour faire vacciner leurs enfants par une équipe

a.1.1 - une fois ☐

a.1.2 - deux fois ☐

a.1.3 - trois fois ☐

a.1.4 - jamais ☐

a.2 - les habitants du village se présentent à ces séances avec enthousiasme ☐

B. DOMAINE DES REACTIONS VACCINALES

b.1 - les habitants du village déplorent des fièvres après la vaccination

b.1.1 - souvent ☐

b.1.2 - rarement ☐

b.1.3 - jamais ☐

b.2 - les habitants du village déplorent des abcès après la vaccination

b.2.1 - souvent ☐

b.2.2 - rarement ☐

b.2.3 - jamais ☐

b.3 - les habitants du village déplorent des fistules après la vaccination

b.3.1 - souvent /____/

b.3.2 - rarement /____/

b.3.3 - jamais /____/

V. ACTIVITES DE PMI MERE ET ENFANT:

a.1 - Domaine de la Consultation Prénatale:

a.1.1 - les femmes enceintes ont l'habitude de se présenter aux consultations des centres de santé /____/

- plusieurs fois avant l'accouchement /____/
- au moins une fois avant l'accouchement /____/
- presque jamais /____/

a.1.2 - pendant les trois premiers mois de la grossesse, beaucoup de femmes ne peuvent plus vaquer à leurs occupations habituelles /____/

a.1.3 - pendant les trois premiers mois de la grossesse, beaucoup de femmes saignent ou avortent /____/

a.1.4 - pendant les trois derniers mois de la grossesse, les habitants notent chez les femmes des enflures des pieds, des mains et du visage /____/

- chez la plupart des femmes /____/
- chez quelqu'unes seulement /____/
- chez aucune femme /____/

a.1.5 - pendant les trois derniers mois de la grossesse, les villageois remarquent que les femmes deviennent pâles, ongles, paumes, lèvres, langue blanchâtres

- chez la plupart /____/
- chez quelqu'unes /____/
- chez aucune femme /____/

a.1.6 – pendant les trois derniers mois de la grossesse, les villageois ont remarqué des crises de convulsion

- chez la plupart /____/
- chez quelqu'unes /____/
- chez aucune femme /____/

a.1.7 – pendant la grossesse, beaucoup de femmes se plaignent

- de brûlures à la miction /____/
- de pertes qui sentent trop fort /____/

a.1.8 – pendant la grossesse, les villageois notent la coloration jaune des yeux, des mains de la femme

- chez plusieurs femmes /____/
- chez quelques femmes /____/
- chez aucune femme /____/

a.1.9 – les villageois ont recours à l'hospitalisation des femmes enceintes qui présentent des complications

- très souvent /____/
- quelquefois /____/
- jamais /____/

a.1.10 – les villageois traitent les complications au niveau du village

- chaque fois /____/
- quelquefois /____/
- jamais /____/

a.1.11 – il y a dans le village au moins une fois par an une femme qui meurt en état de grossesse /____/

a.2 – Domaine de l'accouchement:

a.2.1 – beaucoup de femmes dans le village mettent plus de 2 jours, après le début des premières douleurs avant d'accoucher /____/

a.2.2. - La plupart des femmes se rendent chez des parents en ville lorsque l'accouchement est proche

a.2.3. - La plupart des femmes préfère accoucher seules

- accoucher aidées par une ou des anciennes

a.2.4. - Les villageois déplorent au moins une fois dans l'année un cas de femme qui meurt au cours de l'accouchement

a.2.5. - Dans le village les femmes signalent que plusieurs enfants arrivent en présentant autre partie du corps que la tête

a.2.6. - Dans le village beaucoup de femmes signalent qu'elle ont accouché d'enfants sans vie

(n'a pas crié ou n'a pas respiré)

a.2.7. - Dans le village beaucoup de femmes signalent qu'elles ont accouché d'un enfant, alors qu'elles ne s'estimaient pas à terme - (entre 7é. et 8é. mois)

a.2.8. - Les villageois ont noté que beaucoup de femmes perdent trop de sang au cours de l'accouchement.

a.2.9. - Les villageois ont noté que certaines femmes mettent à peu près une demi-journée après la séparation de l'enfant avant d'expulser le placenta

a.2.10. - Les villageois ont noté que beaucoup de femmes perdent beaucoup de sang après l'expulsion du placenta

a.2.11. - Les femmes se plaignent d'avoir après l'accouchement des douleurs du bas ventre accompagnées de pertes purulentes et à odeur très forte

a.3. - <u>DOMAINE ALLAITEMENT</u> :

a.3.1. - Les femmes estiment avoir toujours suffisamment de lait pour nourrir leurs enfants :

- après des breuvages pour exciter la montée /_____/
- sans breuvages /_____/

a.3.2. - au cours de l'allaitement, beaucoup de femmes présentent des abcès qui empêchent l'enfant de têter le sein /_____/

a.3.3. - Dans le village la plaie ombilicale est cicatrisée :

- avant le baptême /_____/
- longtemps après le baptême /_____/

a.3.4. - dans le village, presque tous les enfants nouveaux-nés ont du pus au niveau des yeux /_____/

a.3.3. - Les mères ont constaté que les nouveaux-nés souffrent souvent de :

(pleurs prolongés de jour que de nuit)

.....

.....

.....

a.3.6. - Dans le village il est de coutume d'allaiter les enfants au sein uniquement pendant :

- 2 ans /_____/
- plus de 2 ans /_____/
- moins d'1 an /_____/

a.3.8. - Le lait d'animaux (s'il est donné à l'enfant) se donne :

- à la cuillère /_____/
- à la calebasse /_____/
- autres /_____/ lesquels ? /_____/

.....

.....

a.3.9. - Les mères associent à l'allaitement maternel ou au lait d'animal d'autres aliments à partir de :

- 1 an /_____/
- 8 mois /_____/

- 6 mois /_____/
- 4 mois /_____/
- après 1 an /_____/

a.3.110. - LES mères associent les aliments suivants à l'allaitement :;.....

.....

.....

a.3.111.- dans le village les enfants partagent le plat familial à partir de : .....

.....

a.3.12. - dans le village le nouveau-né orphelin est nourri : ...

....

- au lait d'animal /_____/
- par une autre mère /_____/
- par toute autre femme /_____/

c.3.13. - dans le village, il est de coutume qu'une femme soit enceinte avant que son dernier né ait :

- 2 ans /_____/
- 1 an /_____/

- RESSOURCES

a. RESSOURCES HUMAINES

a.1. 6 DANS le village, les villageois font appel en cas d'accouchement à une accoucheuse :

- traditionnelle non formée /_____/
- traditionnelle formée /_____/
- à personne /_____/

a.2. - Le village dispose d'un ou de plusieurs guérisseurs :

- utile aux villageois
- utile aux villageois et reconnu par l'Etat /_____/
- reconnu ni par l'Etat, ni par les villageois /_____/

a.3. - PLUSIEURS ressortissants occupent des postes ou des fonctions:

- dans les chefs-lieux des regions ☐

- a la capitale ☐

- ailleurs? ☐ Ou?_____

.4 - plusieurs ressortissants du village sont etablis:

- dans les chefs-lieux des regions ☐

- a la capitale ☐

- ailleurs? ☐ Ou?_____

.5 - le village dispose d'une ecole ☐

.6 - dans le village, il y a des agents pour les secteurs:

- agricole ☐

- en permanence ☐

- qui viennent en tournee ☐

- elevage ☐

- en permanence ☐

- qui viennent en tournee ☐

.7 - le village dispose d'une assemblee de village ☐

.8 - cette assemblee fonctionne:

- par les initiatives dunseul chef ☐

- sur la base de concertation des dignitaires ☐

- sur la base de la consultation de tout le village ☐

.9 - l'assemblee villageoise est consultee:

- tres souvent ☐

- quelque fois ☐

- presque jamais ☐

. RESSOURCES MATERIELLES

.1 - le village vit essentiellement de l'elevage:

- de chevres et moutons ☐

- de boeufs et vaches ☐

- de chameaux ☐

- le tout ☐

b.2 - les activités d'élevage satisfont le besoin prestige des propriètaires /_____/

b.3 - les villageois ne s'adonnent à aucune activité agricole /_____/

b.4 - les villageois sont essentiellement des commerçants /_____/

b.5 - les villageois ont essentiellement des activités d'artisanat (bijoutier, tisserand, forgeron /_____/

VII. - CONTRAINTES

1 - le village a une organisation fortement féodale /_____/

2 - les dignitaires religieux sont très puissants dans le village /_____/

3 - les villageois suivent rigoureusement les prescriptions de l'hierarchie réligieuse ou féodale /_____/

4 - les groupes ethniques sont nettement distincts dans le village /_____/

5 - le village est sous l'influence de plusieurs chefs de tendances /_____/

6 - l'accès du village est difficile /_____/

- en tout temps /_____/

- une partie de l'année /_____/

7 - l'accèsdu village est difficile /_____/

8 - les terres autour du village se prêtent:

- au pâturage /_____/

- à l'agriculture /_____/

- ni au pâturage, ni à l'agriculture /_____/

9 - les villageois ont mis au point des moyens ou une organisation pour se ravitailler /_____/

10 - les villageois disposent de moyen de communication aisée avec l'agglomération importante la plus proche /_____/

11 - plusieurs familles du village se sont détachées à cause de la sécheresse /_____/

VIII. - ANIMATION

1 - Les villageois sont satisfaits de l'état actuel des prestations fournies en matières de soins de santé /_____/

2 - Les villageois formulent des critères à l'encontre des prestations des soins de santé /_____/
lesquelles ?..... .....
.....
.....

3 - Les villageois suggéreraient les améliorations suivantes : .....
.....
....

4 - Les villageois estiment qu'un agent formé pour s'occuper de toutes les questions de santé serait souhaitable dans la situation actuelle /_____/

5 - Les villageois acceptent l'idée de former un comité villageois de santé pour décider de toutes les questions de santé /_____/

6 - Les villageois acceptent l'idée de collaborer avec les superviseurs formateurs et un agent de santé de leur village pour trouver des solutions à tous les problèmes qui influencent leur santé /_____/

7 - Les villageois accordent une attention particulière à l'existance d'un lot de médicaments les plus utiles pour les soins d'urgence dans le village /_____/

8 - Les villageois sont prêts à coopérer au renouvellement des médicaments mis à ladisposition du village /_____/

9- Les villageois sont prêts à mettre au point un système permettant de commenser les services fournis par le villageois chargé des questions de santé /_____/

10 - Les villageois pensent que les problèmes suivants méritent qu'on leur accorde dès à présent une attention particulière : _____

_____

_____

_____

_____

_____

NOUAKCHOTT, le_____ / _____/ ____./

POINTS A DISCUTER PENDANT L'ANIMATION

N° 001/S/A/A

I. Avec le village

a) Presentation du Projet.

But : Formation d'A.S.C.

Historique : depuis un an, le Projet existe. (Donner le nombre d'A.S.C. déja formés dans chaque département).
- Parler des avantages des A.S.C. et donner des examples positifs parmi les A.S.C. formés.

Exemple : traite les cas courants, evacue les cas sérieux qui ont la priorité au sein des dispensaires et surtout donne des conseils pour éviter les maladies au sein du village. Il est au service du village et il est responsable devant le C.S.C. élu par l'assemblée du village.
- comment l'A.S.C. peut être supervisé par le village ?
- élection d'un C.S.C. (énoncer les critères).
- choix d'un A.S.C. (énoncer les critères).

A savoir pour l'A.S.C. surtout;
- doit être stable
- pas trop jeune pour éviter qu'il quitte le village pour chercher du travail.
- doit avoir une activité dans le village pour subvenir à ses besoins.

Doit jouir de l'estime et de la confiance des villageois.
(Donner des exemples sur les meilleurs A.S.C. parmi ceux qui sont déjà formés). Des exemples des conséquences du mauvais choix de l'A.S.C.

QUELLE EST LA PARTICIPATION DU PROJET?

- Formation de l'A.S.C. pendant 45 jours dans son chef-lieu de département.
- Bourse pendant ce temps.
- Contenu général de sa formation :
- Aperçu général sur les maladies en particulier les maladies les plus fréquentes.
- Des cours sur la prévention et le traitement de ces maladies
- Des stages pratiques au dispensaire.
- Des soins d'urgence.

A la fin de sa formation, il bénéficiera, au nom du village, d'une trousse de médicaments qui sera donnée tous les mois pendant 3 mois. Une supervision régulière lui sera assurée. Une recyclage périodique pour compléter sa formation sera fait.

QUELLE EST LA PARTICIPATION DU VILLAGE?

- Election et formation d'un C.S.C. compétent.
- Choix d'un A.B.C. conformément aux critères pré-cités.
- Trouver un système pour le soutien, l'encouragement de l'A.S.C. selon les possibilités et l'organisation du village.
- Elaborer systématiquement un système d'approvisionnement en médicaments qui peuvent être moins chers que la pharmarim en utilisant les licences distribuées aux A.S.C. (Donner des exemples de systèmes dans les villages où existent déjà des A.S.C.).

(Pas de promesse qui ne seront pas tenues).

CONCLUSION COMMUNE A TOUS LES RAPPORTS

PROBLEMES PENDANT LA MISSION:.....
.....
.....

PROBLEME PERSONNEL:.....
.....
.....

PROBLEMES FINANCIERS:.....
.....

PROBLEMES ADMINISTRATIFS:.....
.....

PROBLEMES TECHNIQUES:.....
.....
.....

CONCLUSIONS: Points Importants

Kilometrage et consommation d'essence (en deduire consommation d'essence aux 100 km)

Suggestions:

Date:.....

Signature

SUPERVISION
(propre à la supervision)

CALENDRIER DE SUPERVISION

SYNTHESE FICHE DE SUPERVISION

FICHES A JOINDRE AU RAPPORT

FICHE DE SUPERVISION N° 001

FICHE DE SUPERVISION N° 002

FICHE DE SUPERVISION N° 003

FICHE DE SUPERVISION N° 004

FICHE DE SUPERVISION N° 005

FICHE DE SUPERVISION N° 006

FICHE DE SUPERVISION N° 007

ORDRE DE MISSION

FICHES DE VOITURE

Date:.....

Signature

CONCLUSION COMMUNE A TOUS LES RAPPORTS

PROBLEMES PENDANT LA MISSION:.....
.....
.....

PROBLEME PERSONNEL:.....
.....
.....

PROBLEMES FINANCIERS:.....
.....

PROBLEMES ADMINISTRATIFS:.....
.....

PROBLEMES TECHNIQUES:.....
.....
.....

CONCLUSIONS: Points Importants

Kilometrage et consommation d'essence (en deduire consommation d'essence aux 100 km)

Suggestions:

Date:.....

Signature

(X)

RMA/004/S/A

FICHES D'OBSERVATION DES ARTICLES CONTENUS DANS LA TROUSSE DE L'A.S.C.

Supervision N° .....
A.S.C .....
Département de.....
Village de .....
Date.....
Superviseur.....

N°	MATERIEL DE LA TROUSSE de l'A.S.C	NBRE	STOCK		[illegible]		[illegible]
			Existe	Equipe	[illegible]	[illegible]	
1.	BROSSE	1					
2.	CISEAUX	1					
3.	PINCES	1					
4.	CUVELES	2					
5.	COMPTE-GOUTTE	2					
6.	BANDE EN GAZ	1 Doz					
7.	COTON	5					
8.	ECHARPE	1					
9.	SPARADRAP	1					
10.	CUILLERE	1					
11.	BIC ROUGE	1					
12.	BIC BLEU	1					

RMA/005/S/A

MALADIES ET CAS TRAITES

Supervision N° .....
S.C .....
Département de .....
Village de .....
Date .....
Superviseur .....

N°	MALADIES	NBRE DE CAS		CAS			REMARQUES
		Anciens	Nouveaux	Traités par l'A.S.C	Evacués	DCD	
1	DIARRHEE						
2	PALUDISME						
3	FIEVRE						
4	PLAIES						
5	CONJONCTIVITES						
6	TROUBLES RESPIRATOIRES						
7	ROUGEOLE-COQUELUCHE						
8	TOXIQUES						
9	VERS INTESTINAUX						
10	OTITES						
11	ANGINES						
12	MAUX DE DENTS						
13	FRACTURES						
14	HEMORRAGIE EXTERNE						
15	DESHYDRATATION						
16	MALNUTRITION						
17	MAUX DE TETE						

FICHE DE CONSEILS

RMA/006/S/A

Supervision N°.....
A.S.C.....
Département de.....
Village de.....
Date.....
Superviseur.....

N°	DOMAINE	Nbre	REMARQUES
1	REUNION DU C.S.C		
2	VISITE A DOMICILE		
	AUTRES		

ACTIVITES LIEES A LA MERE

RMA/007/S/A

Supervision N° .....
A.S.C .....
Département de .....
Village de .....
Date .....
Superviseur .....

N°	ACTIVITES ET CAS TRAITES	Nbre	CAS			REMARQUES
			Traites par l'A.S.C ou l'A.T	Evacues	DCD	
1	CONSULTATIONS PRENATALES					
2	ACCOUCHEMENTS NORMAUX					
3	INFECTIONS PUERPERALES					
4	AUTRES					

DEPARTEMENT DE _____

VILLAGE DE _____

DOMICILE No	PROFESSION	0 - 5		5 - 14		15 - 45		46 et. +		P
		H	F	H	F	H	F	H	F	

Langue parlee:

Depuis quand vous etes la?

N.B.: Resident, c'est celui qui est present 6 mois/an. On n'enregistre que les residents.

- A pour Absents
- P pour Presents

X1

35

PROJET TRARZA — LISTE DE CONTROLE — RMA/001/S/A

DEPARTEMENT DE_____ NOM ET PRENOM DU SUPERVISEUR:

VILLAGE DE_____

NOM ET PRENOM_____

Dr. ADJOU – Mme DIEKO – SENE – DIOUF – MOKTAR Date de supervision:

DOMAINES	POINTS A OBSERVER	OUI	NON	REMARQUES
EAU	Points d'approvisionnement			
	. Source	✓	✓	
	. Fleuve	✓	✓	
	. Puits artisanaux	✓	✓	
	. Puits cimentés non couverts	✓	✓	
	. Puits cimentés couverts avec un dispositif pour suspendre seau et corde	✓	✓	
	Récipient de stockage d'eau			
	. Est couvert.....	✓	✓	
	. Le couvercle est propre?	✓	✓	
	. Le couvercle couvre entièrement le récipient	✓	✓	
	. L récipient contenant l'eau est propre	✓	✓	
	Eau de consommation			
	. L'eau de consommation est claire	✓	✓	
	. L'eau de consommation est trouble(existe des débris)	✓	✓	
	. L'eau de consommation subit un traitement avant la consommation	✓	✓	
	. Si oui comment?			
	. Filtrée à l'aide de linge	✓	✓	
	. Filtrée à l'aide d'un filtre de sable.....	✓	✓	
	. Décantée	✓	✓	
	. Bouillie	✓	✓	
DECHETS	Latrines			
	- Chaque maison a une latrine	✓	✓	
	- Les latrines sont publiques	✓	✓	
	- La plupart des latrines sont couvertes	✓	✓	
	- Quelques unes sont couvertes	✓	✓	
	4 sur 5 " " "	✓	✓	

DOMAINES	POINTS A OBSERVER	OUI	NON	REMARQUES
	Autres lieux de défecation...			
	.....			
	.....			
	.....			
	B R D U R E S			
	Les tas d'ordures sont:			
	- à côté des points d'eau	/_/	/_/	
	- à côté du marché	/_/	/_/	
	Les ordures sont: enterrées			
	- enterrées	/_/	/_/	
	- brûlées	/_/	/_/	
	- évacuées vers la brousse loin du village	/_/	/_/	
	Les places publiques sont nettoyées régulièrement (1 fois/mois)	/_/	/_/	
	- Autour des habitations il ya des herbes	/_/	/_/	
	- Entre les habitations il y a des herbes	/_/	/_/	
HABITAT	Propreté des habitations			
	- Les maisons sont nettoyées tous les jours	/_/	/_/	
	- La plupart des maisons sont:			
	. tous les jours	/_/	/_/	
	4 sur 5 maisons sont nettoyées	/_/	/_/	
	3 sur 5 " " "	/_/	/_/	
VECTEURS	- Il y a des mouches dans:			
	- les maisons	/_/	/_/	
	- sur les ustensiles de de cuisine	/_/	/_/	
	- à l'intérieur des latrines	/_/	/_/	
	- Il y a des moustiques			
	.toute l'année	/_/	/_/	
	.en partie de l'année	/_/	/_/	
	- Dans le village il y a des puces	/_/	/_/	

DOMAINES	POINTS A OBSERVER	OUI	NON	REMARQUES
NUTRITION	1) Combien de repas/jour reçoivent les enfants(0 à 5 ans)			
	2) Quels sont les aliments qui composent la nourriture des enfants?			
HYGIENE ALIMENTAIRE	- Les enfants sont entraînés à se laver les mains avant de manger (au savon)	☐	☐	
	- Les adultes se lavent les mains au savon avant de manger	☐	☐	
	- Les adultes se lavent les mains au savon après avoir essuyé les enfants qui ont déféqués	☐	☐	
RENSEIGNEMENTS GENERAUX SUR L'A.S.C	- La maison de l'A.S.C est netoyée tous les jours	☐	☐	
	- La maison de l'ASC est ordonnée	☐	☐	
	- Il existe une latrine dans la maison de l'ASC	☐	☐	
	- L'A.S.C a une tenue propre	☐	☐	
	- L'A.S.C suit un emploi du temps	☐	☐	
	- L'A.S.C remplit les fiches de traitement avec soin	☐	☐	
	- On peut relever cependant les erreurs suivantes sur les fiches			
	L'ASC a fait des progrès dans les domaines suivants par rapport au précédent:			

RMA/001/S/D

DOMAINES	POINTS A OBSERVER	OUI	NON	REMARQUES
	L'ASC a regressé dans les domaines suivants par rapport au précédent			
	.....			
	.....			
	.....			
	.....			
	.....			
	.....			
	.....			
	Les problèmes suivants se sont présentés à l'ASC depuis la précédente supervision			
	.....			
	.....			
	.....			
	.....			
	.....			
	.....			
	.....			
	.....			

PROJET TRARZA RMA/002/S/A Nom et Prenom du superviseur:

Departement de_____ _____

Village de_____ Date de supervision:_____

Nom et prenom de l'ASC_____

QUESTIONNAIRE DE SUPERVISION

SUJETS	QUESTIONS	REPONSES	NOTES		
SOINS D'URGENCE	1) Comment nettoyer et traiter une plaie?	- laver soigneusement la plaie avec de l'eau bouillie, tiede et du savon (plaie, rebords, et alentours)	2		
		assurer l'hemostage si hemorragie	1		
		- appliquer l'antiseptique	2	(10)	
		- bander sans trop serrer	1		
		- donner des conseils sur la prevention	2		
		- evacuer si pas d'amelioration	2		
	2) Conduite a tenir devant un brule?	- eteindre la flamme en roulant la personne par terre et la recouvrir d'un linge mouille(drap, couverture)	2		
		- plonger la partie brulee dans de l'eau froide, potable et rincer en evitant de percer les a;poules s'il y en a	3		
		- donner beaucoup a boire	2	(10)	
		- evacuer: toute brulure profonde ou large et brulures du visage et organes genitaux	3		
	3) Conduite a tenir devant les fractures?	- immobiliser sans tirer sur le membre	4		
		- donner beaucoup a boire	3	(10)	
		- evacuer	3		
	4a) Conduite a tenir devant une hemorragie externe?	- exercer une compression directe sur la blessure	3		
		- appliquer un bandage compressif	2		

	- donner a boire de de l'eau salee	2	(10)	
	- transporter le blesse au centre de sante	1,5		
	- le garder au chaud	1,5		
	4b) Conduite a tenir devant une hemorragie interne? - mettre le malade en position inclinee la tete en bas	5		
	- le couvrir	2	(10)	
	- l'evacuer dans cette position	3		
ROSSESSE ET CCOUCHEMENTS	1) Comment reconnait-on qu'une femme est en etat de grossesse? - absence de regles	3		
	- augmentation du volume de l'uterus	1		
	- modification des seins	2		
	- nausees, vomissements	2	(10)	
	- modification du comportement	1		
	- masque de grossesse	1		
	2) Quand doit-on evacuer une femme enceinte au Centre de Sante? - les saignements du vagin	2		
	- vomissements prolonges	1		
	- fievre	1		
	- diarrhees	1	(10)	
	- douleurs fortes du bas ventre	2		
	- malnutrition	1		
	- oedemes	2		
	3) Dans quels cas faut-il evacuer une femme en travail? - travail qui commence prematurement	1		
	- rupture de la poche d'eau avant les contractions	2		
	- travail qui dure plus de 24 heures	2	(10)	
	- on apercoit la tete du bebe mais il ne sort pas malgre les pousses	2		
	- presentation de toute autre partie autre que la tete	2		
	- convulsions	1		

	4) Que doit faire l'ASC a l'enfant a sa naissance?	- ligaturer le cordon	2			
		- couper le cordon	1			
		- nettoyer le bebe	1			
		- instiller des gouttes d'Argyrol dans les yeux	1	(10)		
		- faire le pansement ombilical	2			
		- examiner le bebe	2			
		- l'envelopper dans un linge propre	1			
DIARRHEES ET VERS INTESTINAUX	1) Comment previent-on la diarrhee et les vers intestinaux?	- se laver les mains avant de toucher les aliments et apres chaque selle	2			
		- tenir les seins et les mains des nourrices propres	1			
		- defequer dans les latrines et loin des habitations	1	(10)		
		- filtrer l'eau et proteger le recipient	2			
		- proteger les aliments contre les mouches et les poussieres.	1	(10)		
		~~bien cuire les aliments~~	~~1~~			
	2) Comment traite-t-on	- se couper les ongles	1			
		- porter des chaussures	1			
	2) Comment traite-t-on une diarrhee?	- boire beaucoup +(solution de rehydratation si necessaire	3			
		- donner de la bouillie de riz et du pin de singe	2			
		- donner du Ganidan et du Charbon	2	(10)		
		- donner du paregorique en cas de presence du sang dans les selles	2			
		- evacuer	1			
TROUBLES RESPIRATOIRES	1) Comment traite-t-on la toux?	- se reposer	2			
		- frictionner le thorax avec l'huile camphree	3			
		- boire beaucoup	2	(10)		
		- boire des boissons chaudes (infusion) si maux de gorge.	3			
	2) Quels sont les principaux signes de la tuberculose?	- fievre nocturne et sueur	3			
		- toux	2			
		- crachat contenant du sang	3	(10)		
		- amaigrissement	2			

RMA/102/S/D

EVRE ET X DE TETE	1) Comment traite-t-on la fievre?	- donner de l'aspirine 4c/j: enfant 2 c/jr.	3	
		- boire beaucoup	2	
		- bain tiede	2	(10)
		- nivaquine (palus)	3	
	2) Quels sont les signes du paludisme?	- fievre	3	
		- sueur	1	
		- frisson	1	
		- vomissement	1	(10)
		- cephalees	3	
		- convulsion (chez les nourrissons)	1	
	3) Comment evite-t-on les moustiques?	- elimination des lieux de reproduction des moustiques	2	
		- enterrer les ordures	2	
		- combler les trous ou stagne l'eau de pluie	2	(10)
		- desherber entre les habitations	2	
		- utiliser les moustiquaires pendant le sommeil	2	
	4) Comment traite-t-on le paludisme?	- donner de la nivaquine 1 et 2em jr. 6 comp/jr. (2M . 2M . 2S)	3,5	
		Adulte: 3em et 4em j,4c/jr (2M 2c2S)	3,5	(10)
		5em jr, 2c/j(1M.1S)	3	
EURS AR- IRES	1) Comment traite-t-on les douleurs articulaires?	- regime en cas d'exces de poids	2	
		- faire des exercices physiques	2	
		- pansement humide, chaud ou alcoolise en cas de gonflement	2	(10)
		- aspirine 4 comp/jr	3	
		- evacuer si pas amelioration	1	
	2) Quel est le traitement des maux de gorge?	- appliquer la glycerine iodee	3	
		- donner de l'aspirine adulte 4 comp/jr enfant 2 comp/jr	4	(10)
		- boire des infusions et rechauffement de la gorge (application pommade chinoise ou pyrovalda)	3	
ONCTIVITE	1) Quelsontlessignes de la conjonctivite?	- yeux rouges larmoyants	2	
		- pus au niveau des yeux	2	
		- yeux collant au reveil	2	(10)
		- sensation de grain de sable sous les paupieres	2	
		- crainte de la lumiere	2	

	2) Comment previent-on la conjonctivite?	- enterrer les ordures	2			
		- defequer dans les latrines ou loin des habitations	2			
		- eviter de frotter les yeux avec un linge sale ou les mains sales	2			
		- se laver les mains et la figure	2	(10)		
		- couvrir les enfants avec un linge propre quand ils dorment	2			
	3) Comment traite-t-on la conjonctivite?	- nettoyer les yeux avec de l'eau bouillie tiede	3			
		- mettre une goutte d'argyrol dans chaque oeil	3			
		- appliquer l'aureomicine 1% le soir au coucher	3	(10)		
		- evacuer s'il n'y a pas d'amelioration	1			
ADIES DE U ET HY- ENE PERSON- LE	1) Comment previent-on les eruptions cutannes?	- eviter d'etre en contact avec les personnes atteintes des maladies de la peau	2			
		- se laver ou se baigner chaque jour	2			
		- laver les vetements, la literie et faire secher au soleil	2	(10)		
		- Ne pas secher le linge par terre mais le suspendre	2			
		- balayer les maisons	2			
	2) Conduite a tenir devant les maladies de la peau?	- se laver avec du savon marseille	3			
		- appliquer la pommade aureo 3%	3			
		- attouchement au mercurochrome et alcool iode	3	(10)		
		- evacuer si pas d'amelioration	1			
.E.V	1) Quel est le calendrier de vaccination?	- B.C.G a la naissance	3			
		- D.T.Coq a 3 mois, 3 injections de 1 a 6 mois d'intervalles	2,5			
		- Polio en meme temps que D.T.Coq et au meme rythme	2	(10)		
		- Rougeole a 9 mois	2,5			

	2) Quel est le role de l'ASC avant, pendant et apres le passage de l'equipe?	- AVANT: designation de la date et lieu de vaccination - information des villageois de la necessite et de la cible de vaccination - PENDANT: reunir tous les enfants a vacciner - aider l'equipe dans son travail - APRES: verifier si tous les enfants vaccines ne font pas de reaction au vaccin - rassurer les meres que les vaccinations ne presentent pas de danger aux enfants - montrer aux meres comment appliquer un traitement symptomatique - expliquer aux meres l'interet de garder la carte	4 4 3 3	(10)		
ITION	1) Quels sont les signes de malnutrition?	- fonte musculaire - gros ventre - yeux enfonces - oedemes des membres - enfant triste et maigre	2 2 2 2	(10)		
	2) Comment previent-on la malnutrition?	- introduction progressive d'aliments des le 4em mois (bouillie, puree de viande haricot) - continuer l'allaitement maternel jusqu'a 18 mois	6 4	(10)		