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MAURITANIA

Rural Health Services Project

Contract no.: 682-0230-C-00-4060-00

QUARTERLY REPORT

Period: April-June 1985

JSI

RURAL HEALTH SERVICES PROJECT

QUARTERLY REPORT FOR THE PERIOD APRIL TO JUNE 1985

JOHN SNOW PUBLIC HEALTH GROUP

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CHIEF OF PARTY

A- ACTIVITIES PLANNED DURING THE QUARTER

1- CONTRIBUTION TO THE IMPROVEMENT OF THE PROJECT'S SITUATION

2- TRAVEL TO THE US WITH THE PROJECT'S DIRECTOR

3- SUPERVISION OF THE PHC LONG TIME TECHNICAL ASSISTANT

4- PREPARATION OF QUATERLY REPORTS

5- SUPERVISION OF THE PROJECT'S ADMINISTRATION

6- PLANNING AND REVIEW PROCESS

B- TASKS ACCOMPLISHED DURING THE QUARTER

1- PROJECT SITUATION

Following the release of the first quarterly report several meetings were held with the USAID HNP Office and one with the Project Review Meeting to discuss the nature, impact and causes of the problems presently plaguing the Project. Several possible strategies were defined and eventually it was decided to write a letter to the Director of Health and to follow up on that letter with meetings.

Meanwhile, despite the absence of the Project's Director from the Project for more than 7 weeks this quarter, the situation was reviewed during several meetings and improvement suggested.

2- TRAVEL TO THE US

During the 14 days spent in the US together with the Project's Director the COP has had the opportunity to :

-- attend the EIS conference at the CDC in Atlanta

-- make a presentation of the Project's design and results to the International Health Division of the CDC.

-- meet several CDC staff members of the Family Planning Division, EPI, Nutrition Divisions and discuss with them several professional questions linked to the implementation of tne Project.

-- to discuss the design of the surveillance system which received positive reviews.

-- to meet for one hour Bill Griggs, Head of the IH Division and discuss the possibilty of collaboration between the CDC and the Mauritanian MOH.

-- to meet for two hours Dr. Donald Hopkins, Assistant Surgeon General and CDC Deouty Director to discuss the Guinea worm situation in Mauritania and its possible control.

In DC a meeting took place with the USAID African Bureau. A two hour long presentation of the Project's design and main achievements was made and was favorably received. Other meetings took place also to discuss the diarrheal diseases situation in Mauritania and the possibility of a control program; the Health Information System was also discussed at lenght.

Several hours were spent with the Directors of the APHA and later with several staff members of the Health Division of the World Bank.

In Boston at JSI, a presentation of the main achievements of the Project was made to the JSI's staff. The implementation of the Project and the collaboration between JSI and the Project was also reviewed and the agenda of future activities outlined .

The COP had the opportunity to be initiated to the use of the SPSS software [to be used for the baseline study] and to discuss several issues on computer's use.

3- PHC Long term Technical Assistant

Regular brieffings and discussion sessions took place. The status of the PHC activities is described and discussed in another section of the report by the PHC TA and thoroughly reflects the views of the JSI team on the subject.

More specifically, a significant effort took place to supervise and assess the work of the consultant in Curriculum Development and of the Consultant in Graphics and Visual aids.

4- Preparation of the Quarterly Report

5- Supervision of the JSI administration with particular references this quarter to regular fuel supply for the houses' generators

6- Planning and Review process through many meetings.

C- ACTIVITIES PLANNED DURING THE NEXT QUARTER

1- SUPERVISION OF THE PHC [illegible] A AND OF PHC ACTIVITIES, as the TA will take a month leave in August.

2- Follow up on the measures undertaken to improve the PROJECT'S IMPLEMENTATION

3- PLANIFICATION FOR THE ARRIVAL OF THE NEXT CONSULTANTS

4- PREPARATION OF QUARTERLY REPORTS

5- PLANNING AND REVIEW PROCESS

Health Management / EPI Technical Assistant

ACTIVITIES PLANNED DURING THE SECOND QUARTER

1- VACCINATION COVERAGE SURVEY : publication of the final report

2- MONITORING EPI PROGRESSES :

21-Field visits to Nema, Guidimaka and Trarza
22-Training of the statistician in the analysis of cases reports submitted by the team to the statistical unit

3- ORGANIZATION OF A RELIABLE COLD CHAIN

31- Supervision of the equipment of all EPI vehicles with a functionning cold chain
32- Supervision of the training of the team in the use of their new mobile cold chain equipment
33- Supervision of the assessment of the quality of the cold chain in all regions and in the installation of a functionning one in the.placed where it is needed.
34- organize the collection of 100 BCG vials representing various levels of cold chain to be tested in Dakar
34- organize the testing for potency in Dakar.

4- CONTINUE THE PREPARATION OF THE EPI OPERATION MANUAL

5- HEALTH INFORMATION SYSTEM in collaboration with the two consultants

51- supervise the design of the baseline survey instrument and finalize the methodology.
52- supervise the recruitment and training of the field workers and supervisors.
53- supervise the logistical and administrative support of the survey
54- finalize the cooperative arrangement with the CEDES.
55- supervise the preparation [or the tailoring] of the data entry and analysis software.

B- TASKS ACCOMPLISHED DURING THE QUARTER

1- VACCINATION COVERAGE SURVEY FINAL REPORT

Due to the lack of time the final report has not been completed yet and is exsoected by July 14 th. However all tables have been finalized and some of them have been already put into use in the planning of the Journees Nationales de Vaccination as well as in the evaluation of the EPI first quarterly report.

2- MONITORING THE EPI PROGRESSES

21- Field visits to Nema. Guidimaka and Trarza

No field visit was undertaken by the LT EPI TA in these regions because of the changes in the program due to the measles outbreak in the Eastern part of the country. However these regions were visited by another EPI supervisor.

22- Training of the statisticians.

The two Projects's statisticians were trained to the use of Lotus 1-2-3 spreadsheet . This has proven to be handy in the process of creating a data bank on the activities of the EPI in the previous years as well as for the preparation of quarterly reports.A Compad with a letter quality printer has been installed at the Project site . Unfortunately, the erratic power supply still limits the hours of utilization.

3- ORGANIZATION OF A RELIABLE COLD CHAIN

Upon the return of the LT EPI Technical assistant it was found that no final decision had been made by the Service de la Medecine Preventive on the choice of a Cold Chain Technician despite the imminent arrival of the equipment. The final selection of the consultant was made and JSI was able to bring him on board on May 27 th.

31- Equipment of vehicles

Unfortunately, the Cold Chain equipment for the vehicles has not been sent by UNICEF. This omission was discovered at the beginning of June when the packing lists were received and the inventory made. This incident is delaying the implementation of that part of the EPI by another six months . UNICEF has agreed to airfreight the missing items.

The EPI took this opportunity to reassess the type of equipment found the most suitable to equip the car, since new equipment has been tested since 1983 [the time when the former equipment was

selected 1.

Because of the delays, the STC in Cold Chain equipment cannot complete his assignment. It seems appropriate to consider an extension of his initial assignment to another 4 weeks at the time of the training sessions to take place in Nouakchott and in Kaedi for the Journees Nationales de Vaccinations, i.e. during the month of October.

32- Training of the teams in the use of their mobile Cold Chain.

For the reasons discussed above, this could not be achieved and will be implemented in October.

33- Assessment of the quality of the Cold chain in all regions and installation of the new equipment.

June was entirely devoted to the detailed assessment of the needs in Cold Chain equipment of the PMIs and of the regional Cold Chains Stores. Also the inventory of all ressources avalaible was performed. A training manual was prepared and the detailed content of the training sessions to be given to the staff in the field was spelled out. Last, but not least, the logistics of the delivery of the equipment and of the gas were prepared . A 10 tonnes truck loaded with equipment left at the end of June for a 3 weeks mission.

The mission's report will be included in the next quarterly report.

34- Collection of BCG vials for testing in Dakar by the Pasteur Institute.

2 BCG vials from each of several centers along the road Nema-Nouakchott with a functionning Cold Chain have been collected. More are coming from Rosso, Kaedi and Selibaby. A trip to Dakar to carry them is planned at the end of July.

35- Testing for potency in Dakar

All necessary contacts have neen made and UNICEF's approval obtained.

36- Renovation of the EPI National central store.

The EPI took the opportunity of the presence of the Cold Chain STC and of the delays in the delivery of the equipment to undertake long-needed and significant improvements inside the central store.

The store was cleaned; running water was installed; toilets and basins were fixed. The ambiant temperature within the room was significantly cooled after installation of new air coolers, daily sprinkling of the floor with water and a better ventilation. In addition, the compressors' motors of the cold chambers were fixed. A new generator will soon be installed and a concrete slab made. Also fire alarms were installed and security procedures reviewed, including an increase in the number of guards.

It is exspected that theses measures will ensure an adequate functionning of the Cold Chain chambers, an essential element in the vaccine quality control.

4- EPI OPERATION MANUAL

Also no major achievement can be claimed during this quarter, some promising steps have been undertaken:

-- a document from the WHO/Geneva director of EPI has been circulated and proposed as a basis of the Mauritanian national EPI policy. The EPI has requested the EPI TA to prepare the final draft.

-- the rather erratic system precedently used to assess the needs in vaccines has been terminated and the 1985 needs finalized on a sounder basis.

-- an inventory of all PEV material has been performed and an accounting system developped.

-- a coherent vaccine management system is presently under review

5- HEALTH INFORMATION SYSTEMS

While the COP was outside the country major changes took place in the definition of the HIS and in the phasing of its implementation. In summary, the previous arrangements have been discarded. The baseline survey has been postponed and it was decided to change the job's description of the medical anthropologist STC who arrived in the country on May 22 nd.

Upon his arrival several meetings took place leading to a detailed description of the tasks to be performed as well as of his time table during the three months of his presence.

A redesign of the HIS should soon be undertaken.

6- PROBLEMS OF THE EPI

In the precedent quarterly reports several problems jeopardizing the quality of the EPI had been identified , their causes and impact analysed and some possible solutions suggested. Following the release of the report and several meetings, the USAID HNP office wrote a detailed letter to the Director of Health expressing their concern and requesting a meeting. The meeting took place at the very end of this quarter.

The same problems have continued to plague the EPI as could be seen from the correspondence between the PRSSR's director and the Chief of the Services de Medecine Preventive, the absence of supervisory visits during this quarter, the difficulties the Project is facing with the repair of its vehicles, the poor management of its ressources [55 tyres are missing]. etc.... However there is now a clear

understanding of the exact nature of the problems by all MOH's people and a definite desire to find and implement solutions.

Two specific problems deserve a mention:

-- the present absence of a reliable EPI disease surveillance system.

Early this year, during one of his field visits, the EPI TA had the opportunity to report the beginning of a measles outbreak in the Eastern part of the country. During the succeeding months, several reports were received by the MOH as well as requests for assistance. Apparently no significant action was taken. Upon his return in mid-May the EPI TA had to attend several emergency meetings on the "newly " discovered outbreak. By that time several thousands of cases had been identified and a non-insignificant number of deaths reported.

At present there is no direct reporting system of the cases of the EPI preventable diseases to the SMP, allowing the EPI to monitor in time the situation and to intervene by reorganizing the time table of the regional mobile teams. A proposal to the EPI and to the Director of Health is presently in the works.

-- the absence of a clearly defined EPI policy concerning the villages of less than 200 people.

In the Project document it is clearly explained that in order to be more cost- efficient, to increase the vaccination coverage and to facilitate the integration of the PHC and EPI teams, the mobile teams will work only in the villages of 200 or more people. Until now, this practice has not been implemented on the grounds that no official document from the MOH has authorized it. Although the vaccination activities have significantly improved in number during the first semester of this year, the efficacy of the visits would be greater if the teams were to visit less places and concentrate on the most populous ones.

This question has been included in the agenda of the July CIS meeting

7- THE JOURNEES NATIONALES

The organization of the Journees Nationales of Vaccination has proven to be extremely time-consuming. First the issues to be addressed had to be identified, then solutions sought. For example, the final decision on where would the Journees Nationales take place was taken four months after the initial question was raised and after many hours of discussions. Although the organization of the Journees Nationales has gained momentum and many people are now involved, at the initial stage, the TA had to write several memorandums and work closely with the UNICEF to get things into motion.

During the mission overseas, several meetings took place in

Paris with the Association pour la Promotion de la Medecine Preventive [APMP] and with the Centre International de l'Enfance; in Lyon with Bioforce and in Geneva with the WHO/EPI. Eventually, some of these meetings proved to be very useful.

C- OVERALL OUTCOME

1- None

2- MONITORING THE EPI PROGRESSES

-- Training of two Project's MOH staff on the use of the computer and the Lotus 123 spreadsheet.

-- Training of the EPI statistician on the presentation and interpretation of the EPI MCH and Mobile Teams monthly reports.

-- Contribution to the publication of a quarterly report of the vaccination activities.

-- weekly review meetings have been held.

-- a new form [including the breakdown by age] tobe used by the mobile teams for the monthly reporting of their activities has been tested and implemented

3- ORGANIZATION OF A RELIABLE COLD CHAIN

-- Supervision of the renovation of the EPI central store :
+ change of generator
+ installation of running water
+ reparation of the cold rooms
+ improvement of the air cooling system
+ improvement of the security : smoke alarms and guards
+ management procedures for material ressources

-- Supervision of the installation of a reliable cold chain at each MCH center in the regions and in each of the EPI mobile teams headquarters:
+ identification of the Cold Chain elements needed.
+ transportation of the material and of the gas supply
+ installation of the equipment
+ preparation of a simple training in maintenance manual
+ training of the utilizers in the utilization and the maintenance of the gas operated equipment.
+ gas supply system : an initial suply of 150 bottles has been organized. A plan to collect another 150 empty bottles is under way.

-- Collection of 20 vials of BCG for testing of the vaccine's potency

4- EPI OPERATION MANUAL

-- Preparation of a draft on the EPI national vaccination policy
-- Preparation of a management system for vaccine supply
-- Preparation of a draft on the activities of the mobile teams according to the size of the villages

5- HEALTH INFORMATION SYSTEM

-- A viable solution to the problems raised by the previous system has been identified.
-- Detailed research topics have been identified for the medical anthropologist and his progress reviewed at different intervals.

7- JOURNEES NATIONALES

-- the sites and the dates have been identified.
-- a time table and content has been set up for the training
-- the different tasks for the preparation have been allocated to different subcommissions.
-- most of the supplies needed have been defined and ordered through UNICEF -- meetings are being held at regular interval to monitor the progresses

ACTIVITIES PLANNED DURING THE THIRD QUARTER

1- VACCINATION COVERAGE SURVEY :completed by July 14 th.

2- MONITORING THE EPI PROGRESSES :

21- two field visits are planned: the first one to Tijikja during the second part of July; the second to Attar during the second week of August.

22- Supervision of the preparation of the PEV second quarterly report.

23- Improvement of the analysis of the vaccination activities' report sent by the mobile teams and the PMIs.

3- ORGANIZATION OF A RELIABLE COLD CHAIN

31- Identification and ordering of the equipment to be used by the mobile teams in their car.

32- Sending of the BCG vials to Dakar for testing of potency

33- Approval of the WHO protocol for vaccine potency testing by the use of cards.

34- Implementation of a coherent vaccine delivery system to the field

35- supervision of the renovation of the central store.

4- EPI OPERATION MANUAL

41- Preparation of the chapter's on:
+ registration of children during the tournees
+ policy towards the villages of less than 200 people
+ vaccination schedules

42- Review of the previous chapters.

5- HEALTH INFORMATION SYSTEMS

51- Proposal for a new HIS

52- Draft proposal of the questionnaire and of the coding manual for the baseline survey likely to be held in February.

7- JOURNEES NATIONALES

Monitoring of activities.

DISTRIBUTION OF THE TIME FOR THE EPI TA ACTIVITIES

On the basis of a total of hours of work invested this quarter for the COP and EPI activities, 349 hours were spent as follows:

ACTIVITIES	HOURS	%
1- Vaccination coverage report	20	5.7
2- Monitoring progresses:		
visits to the field [Rosso	10	2.9
documentation Unit	30	8.6
review meetings	30	8.6
3- Cold Chain:		
supervision of the STC	70	20.1
4- Operation Manual	18	5.2
5- HIS	50	14.3
6- Problems' analysis	15	4.3
7- Journees Nationales	26	7.4
8- EPI while overseas	80	22.9
Total	349	100

QUARTERLY ACTIVITIES OF THE PHC ADVISOR
SECOND QUARTER 1985
(Apr 85 to Jun 85)

CONTENT OF QIR

A. Summary of activities planned during the first quarter.

B. Tasks accomplished and carried out.

C. Overall outcome.

D. Constraints and problems.

E. Tasks to be performed during the next quarter.

CONTENT OF APPENDICES

A. B. Tisa's final trip report of 4/28/85.

B. M. Nichter's final trip report of 4/27/85.

C. Recommendations sur le choix des consultants: materiels audio-visuels et en programme de formation.

D. Description du travail de l'anthropologue medical.
Calendrier du travail de l'anthropologue medical.

E. Situation des villages fonctionnant dans les SSP au Trarza au 16/6/85.

A. Summary of Activities planned during the second quarter: (based on the "Tasks to be performed during the next quarter" section E of QIR Jan-Mar 85).

CRITICAL MANAGEMENT BENCHMARK ACTIVITIES:

1. Arrrival and orientation of Visual Aid Consultant.

2. Assignment of one nurse and vehicle in Boutilimit, with one chauffeur.

3. Assignment of the appropriate qualified nurse and vehicle in the Guidimaka, with one chauffeur.

OTHER ACTIVITIES:

4. Finish the supervision tournee in the Trarza to assess the status of each village to decide on the continuity of PHC services.

5. Integrate the PHC Rosso team with the mobile team and develop a common calendar of tournee.

6. Conduct a mini-workshop to prepare the supervisors of the Trarza to select TBAs, and two members/VHCs to be trained to carry out the animation and regular supervision in a village.

7. Visit of supervision in the Guidimaka to develop management tools for the PHC system launched in the Guidimaka, and to supervise the first tournees of the supervisors.

8. Train trainers for VHCs animation in the Trarza (5 days in June).

9. Prepare the National Workshop on Health Education (taking place in August).

10. Order of audio-visual materials.

B. Tasks accomplished and carried out.

QUALITATIVE (based on the previous section A and some additional activities not mentioned previously):

1. The Visual Aid Consultant spent the month of April 1985 with the Project identifying some audio-visual materials and resources needs, and starting to develop some of these materials. The consultant's Final Report (Appendix A) summarizes the accomplishments and constraints of his consultancy.

The Curriculum Design Consultant left after three months' consultancy (Feb-Apr 85). She developed part of the VHWs' curriculum but nothing related to TBAs' curriculum. The consultant's Final Report (see Appendix B) summarizes the accomplishments and constraints of her consultancy.

The Medical Anthropologist Consultant arrived on 5/21/85 for a three months' consultancy. A new detailed job description was agreed upon between the MOH, USAID, JSI, and the consultant following the new orientation taken vis a vis the Health Information System (HIS) and how it affected the consultant's work. His work addresses four domains:

- a study of various ethnic groups' knowledge and practices (Moors, Soninkes, Poulars, Wolofs) in health,
- a study of populations' perception of PHC,
- the preparation of the baseline survey and the pre-test of the questionnaire,
- the participation in the set-up of the VHW/TBAs' HIS (see "Description du Travail de l'Anthropologue Medical" included in Appendix C).

Following this a detailed working agenda was planned for the duration of the consultancy.

3. The assignment of appropriate and qualified nurses and midwives in the Guidimaka was also raised in the Guidimaka Trip Report. The more recent Trip Report to the Guidimaka does not even address the underlying issue that no solution has been considered either at the regional or at the central levels. No chauffeur has yet been hired to work there. A Project chauffeur left Nouakchott on May 16 to carry out the PHC missions for 2-3 weeks and has not been replaced to this date.

4. In mid-year of 1985, the PHC team is far from reaching its goal of finishing the supervision tournee in the Trarza to assess the status of each village to decide on the continuity of PHC services (43% of villages not visited). A table summarizes the "Situation of villages functioning in PHC in the Trarza on 06/16/85 (see Appendix E). As expressed above and documented in the above memos and trip reports the constraints are primarily the lack of personnel and logistical problems.

5. The mobile team has functioned 10 days as an integrated EPI/PHC team with poor results (83% of VHCs in the department are left to be reinforced or revitalized), due to several difficulties. There has been no feasible calendar of an integrated mobile team yet designed because of lack of policy decisions at the central level on the enforcement of the size of villages of 200 inhabitants minimum to be visited, if feasible, by the mobile team.

6. The workshop on the Revitalization of the VHCs was conducted. Following this workshop, the supervisors should be able to identify correctly the potential TBAs to be trained, and two members per VHCs who will be trained to carry out the animation of the VHCs. In addition they should be able to carry out regular supervision at the village level.

7. The PHC nurse from the central team was able mid-May to go to the Guidimaka with an old vehicle and a project driver to launch the first round of visits of villages that was due normally in March. Although from

previous trip reports we agreed that the central team should spend at least 10 days of supervision in each region, on this trip the supervisor was able to spend an effective full three days of work per se in the region. This is due to a delayed departure for administrative difficulties, and to vehicle problems at the central level, and to the supervisor's desire to come back quickly by the weekly plane, and finally to the fact he is alone at the central level to carry out all the numerous tasks related to PHC activities (which was in this case the preparation of the Rosso Workshop coming up in June).

Key management issues have been addressed, such as an accounting system (petty cash) used for EPI expenses, and maintenance and accountability of an appropriate gasoline supply.

8. The June training of six supervisors on how to train VHCs' members to animate in turn their own VHCs has been postponed probably by two to three months, because of the delays documented above in the first two steps of rounds of the PHC team in the Trarza.

9. The National Workshop on Health Education should be postponed until next year (instead of August 85) because of delays on the Health Education component of PHC (consultants' return postponed until the end of the year), difficulties in following through the work left behind by lack of a strong central team (the previous midwife left and has been replaced recently and one nurse is operating alone and maybe taking his vacation next month), difficulties from the central team in supervising regularly the two regions, and the PHC advisor taking his leave in August before the coming of the three consultants between Sept and Nov 85.

10. A list of audio-visual materials should be submitted to USAID before the end of June.

11. Three days of PC Volunteers (April 20, 25, 27, 1985) was conducted on their role in EPI and PHC, and on the conduct of a KAP survey regarding health and feeding practices at a village level.

QUANTITATIVE:

Each activity required approximately the following proportion of time:

- 10% (8/73) in training,
- 10% (7/73) in field supervision,
- 50% in management,
- 15% in logistics,
- 15% in administration.

A low percentage of training activities occurred during this period, as the training of supervisors for the VHCs' Workshop was postponed. Field supervision activities have not been as sufficient due to the presence of consultants who needed to be directed (from Apr to Jun); and because of the need to manage the central office during the absence of the COP.

C. Overall Outcome

The lack of availability of the Project Director for briefing on PHC issues or on decisions to be taken (no meeting for over two months from Apr 15 to Jun 23, 85), and the lack of meetings with the CIS (no meeting for four months since Feb 17, 85), have not allowed for any serious follow-up or recommendations made in the previous trimester.

The major activities planned have taken place this trimester with the understanding that expected positive outputs will be possible only if certain constraints and problems outlined in the next paragraph are addressed quickly.

D. Constraints and Problems

Unfortunately, the constraints and problems explained here are exactly identical in nature to the ones from the previous QIR, with one improvement in the logistics section, and several other domains aggravating the list: unavailability of Project Director, management problems in PHC, lack of control team work and follow-up.

1. PERSONNEL:

In addition to the documents and recommendations compiled in the previous QIR, a memo summarizing the Needs in Human Resources for PHC has been addressed to the Project Director last month and just discussed recently (June 23, 85). A letter will be addressed to the Health Director for the addition of one nurse with the control team, two nurse supervisors for the Trarza, one nurse supervisor for the Guidimaka; letters will be addressed to the Regional Health Directors and discussed in a meeting with the MCH Director for the midwife supervisors.

At the central level, the departure of the project midwife in May, and the assignment of a new one in June has slowed the follow-up on MCH issues. The absence of the Project Director and the Ramadan has brought little incentive or motivation of project personnel to be productive at work (absence, lack of punctuality...). The single PHC counterpart has felt righteously overburdened with work (follow-up in the field and in Nouakchott) and depressed because of the delayed and contradicting information regarding his future training.

2. LOGISTICS:

In the Guidimaka one old vehicle left for the PHC village sensitization round with a Project chauffeur who has not been replaced yet since mid-May 85.

In the Trarza the situation is still blocked for Boutilimit. The regular gasoline delivery with no breakdown in resupply has not been set up yet, delaying work in the Trarza and in the Guidimaka.

3. MCH

No meeting has yet taken place with the MCH Director to follow-up on Trip Reports/Recommendations or Workshops. Yet MCH representatives have responded to workshops invititations so far and are informed of issues raised.

No feedback has yet taken place on the Diarrhea Module sent to different services of the MCH department, but the objectives and tasks for TBA Manuals have been received (Jun 23, 85).

No steady follow-up has taken place by the Project because of the change in midwives in the PHC team but the Project Director has recently expressed the desire to set up a meeting with the MCH Director and recognized its urgency.

4. ADMINISTRATION

Solutions have yet to be found to the lack of follow-up and poor performance in the administration of the project. The office has had difficulties in arranging such basic tasks as organizing missions for two or three people on time with materials needed.

5. FIELD SUPERVISION

A more numerous team (one person for health education, one person for supervision, one person for MCH), and a better organized administration at the central level should help carry out regular and appropriate supervision.

6. FOLLOW-UP OF HEALTH EDUCATION AND AUDIO-VISUAL CONSULTANTS

No thorough follow-up on the consultants' recommendations has yet taken place with the exception of the critic of the Diarrhoea and Nutrition Surveillance Modules (between the central team only) because of an inefficient central team and the lack of support of the education section of the MOH.

E. Tasks to be Performed During the Next Quarter

CRITICAL MANAGEMENT BENCHMARK ACTIVITIES:

1. Assignment of qualified and appropriate personnel at the central and regional levels for PHC.

2. Assignment of the mobile team to Boutilimit with one chauffeur to allow for the rounds of supervision to start.

3. Assignment of one chauffeur to the Guidimaka region.

4. Decision from the CIS to carry out the activities in the villages of more than 200 inhabitants if feasible, in only some of them if necessary, to allow for PHC activities to be carried out.

OTHER ACTIVITIES:

5. Finish the supervision tournee in the Trarza (43% of villages left to be visited on Jun 85) to assess the status of each village to decide on the continuity of PHC services.

6. To carry out the second round of tournees in the Trarza for the revitalization of VHCs.

7. To integrate the PHC Rosso team with the mobile team and develop a common feasible calendar of tournee including EPI and PHC activities.

8. Training of trainers for VHCs' animation in the Trarza (five days in Sept).

9. Preparation of the National Workshop on Health Education (may be taking place in August).

10. To start the second round of tournee in the Guidimaka for the sensitization of villages.

11. Trip Report and departure of Medical Anthropologist.

12. Arrival in Sept of Curriculum Design Specialist for follow-up and finish the work.

13. Preparation in Sept of the National Seminar in PHC taking place in December.

APPENDIX A

To: Dr. Pierre Claquin

From: Benedict Tisa, Graphic Arts Consultant

Subject: Final Report on Consultancy

Date: 28th April 1985

As stated in my job description and scope of work (copy enclosed with this report), my tasks and objectives were briefly as follows:

Develop several prototype visuals to support various activities including aide memoires, posters, and the training curriculum. It has been decided that the visuals will be a mix of drawings and photographs.

Develop visuals to be used for a flannelgraph to be used during training.

Development of questions regarding radio use and listening habits of the audience in the project area.

Development of a bank of photographic visual materia that can be used by the project.

Develop visual material in cooperation with the curriculum development specialist.

Test the difference between photographs and illustrations to determine which type of visual would be best and in what situation.

Investigate the existing facilities for the production of printed and photographic materials. Identify potential graphic arts personnel who could be used by the project in the development of visual material.

Although I was able to accomplish many of these tasks, the actual production of draft material and testing has not yet taken place. There are several reasons why this has not been achieved and I will discuss them separately. First, I will discuss what was accomplished:

1. Various facilities for printing and photographic reproduction have been identified. A list is enclosed with this report.

2. Graphic arts personnel in photography and illustration have been identified. I have been able to work with these people to

some extent with regard to the method and what would be expected of them. Names are enclosed in this report.

3. An initial bank of photographic images has been established. Though not complete it does give some guidelines and materials that can be adapted and used in the future. These photographs were taken during the field trip to Mederdra during the 16-18th of April. Other photographs were taken on field trips made by the curriculum consultant. Additional photographs in the Trarza and the Guidimaka will have to be done during the next consultancy.

4. Illustrations to be used in testing of photos and drawings have been completed and are now ready to be pretested.

5. Visuals for the diarrhea module have begun. They have gone through their first revision.. They consist of four illustrations done in two ethnic situations. These should be ready to be pretested in the first week of May.

6. Illustrations for the flannelgraph are in their first draft form. They should also be pretested during the first week in May. Photographs of foods have been taken but not yet developed or printed due to equipment failure at the lab.

7. Questions regarding the use of radio in the project area have been integrated into the survey instrument developed by the curriculum development consultant.

8. In cooperation with the curriculum development consultant, guidelines for the selection of material to be included in the aide memoires have been outlined. It is reasoned that the following categories of information lend themselves to visuals:

-groupings (i.e. foods)
-frequencies (i.e. vaccinations)
-quantities (i.e. ORS solution)
-"how to" (i.e. first aid; arm circumference band)

Some existing visuals will be used in the aides memoires particularly for the subject of first aid.

9. In cooperation with the curriculum development consultant, types and forms of visual materials to be used in the modules have been identified and integrated into the lessons.

10. Meetings with various organizations, both governmental and private have been attended. These organizations include UNICEF, USAID, SMI, PMI, EPI, OMS, PEACE CORPS, CRS as well as PRSSR staff.

11. Initial meetings with the UNICEF EPI Representative were held in regard to the production of a national immunization poster but he failed to follow up on this.

12. In colloboration with PRSSR staff, a list of materials that will be needed for the project was drawn up and revised. The timing was quite inappropriate for this meeting--i.e. it was too premature.

WHAT WAS NOT ACCOMPLISHED AND WHY;

1. Tests between photographs and illustrations

2. Prototypes of visual materials

An important reason that I was not able to accomplish everything that was set out in tasks and objectives has to do with not having enough time and background information. I had only 28 days in which to accomplish these tasks.

Things take a bit longer to do in Mauritania than planned. There were always delays and setbacks that tended to interrupt any time frame. A few of the delays that caused problems are as follows:

Production of the flannelgraph:

For three days I had to put off the shooting of the visuals to attend various meetings that were arranged at the last moment. When I was finally able to shot some of the visuals during the field trip to Mederdra, further delays were posed by the mechanical failure of the processing equipment in Nouackchott. The piece needed for the processing equipment was to arrive to the lab on the 28th, the day of my departure. Taking this into consideration, I began work of images needed for the visuals. However, these couldn't be ready until the 27th of the month in their first draft form.

Comparisons of photographs with illustrations:

Though the photographs were ready on the 22nd of April the prints were not ready until the 24th and then I was able to pick them up till the 25th due to the lack of petty cash in the office to pay for them. This meant that I could not get them to the artist to copy from until the 27th and they will not be ready until after my departure.

The first eight illustrations on the subject of diarrhea were planned in draft form for the 24th. They did arrive on time, but had to be modified due to informal discussion with the artist and project personnel. The second draft was ready again on the 27th and are now in the draft to be pretested.

The lack of personnel posed a serious problem in the draft production of all the material attempted. No one was assigned to

assist me until after the 19th of the month. A competent artist was not identified until the 20th and the working relationship with personnel at SMI did not begin until the 22nd. THE PEACE CORPS VOLUNTEER AT SMI WAS NO AVALIABLE DUE TO FIRST VACATION THEN IN SERVICE TRAINING
A lot of time was lost in waiting for transportation or walking and taking taxis to do small tasks such as picking up developed film, visiting facilities, and investigating existing audio-visuals.

A major concern was that all of the information needed to produce the visuals was not ready. The curriculum was not developed and the messages to be used were absent until the second week of the consultancy. Visuals cannot be developed without the content and the content governs the form. The process of message design--including draft, testing, modification and production --would exceed the twenty eight days allowed for the task.
I was left in the position of not knowing the content of the visuals needed and therefore the development of prototypes was de

TASKS TO BE DONE DURING MAY-AUGUST

1. Development of a list detailing the messages needed to support the curriculum. This list should be determined by the curriculum development consultant and the PRSSR staff.

2. Drawings in progress for the modules on diarrhea, environment and sanitation and the flannelgraph should be finished and pretested. The material for the comparison should be tested. These tasks should be ready to do in the first week of May. They can be done by Mochtar and N'Gam. There is a simple pretest form enclosed.

GUIDELINES FOR HIRING GRAPHIC ARTS PERSONNEL:

Working time for the production of initial photographic visual material is estimated at one month.

Working time for illustrations is estimated at 4-6 weeks.

These estimates are based on the assumption that the graphic arts personnel will have all of the necessary technical and logistical support needed to do their work.

RECOMMENDATIONS:

1. That the return of the graphic arts consultant be delayed until the curriculum is near completion. This should be around August of this year. The time should overlap with the curriculum development consultant if possible so that she will be able to give proper guidance and instruction as to what visuals are needed.

2. There should be ample support for the consultant in terms of manpower, transportation and provision of working space.

3. The project should consider having a graphics arts consultant who is primarily an illustrator. This suggestion is made in view of the following factors:

-There are adequate photographic skills within the country to do what is needed by the project. (see enclosure of Mr. Kanti Moussa)

-The task needed by the project is purely mechanical. All of the design, selection and use of the media is being determined by the curriculum development specialist as well as the PRSSR staff.

-Pretesting skills exist in the project as well as in the PMI. These are represented by the curriculum development consultant, Mr. N'Gam and Mr. Mochtar.

-In terms of time, it would be more efficient for the project to hire an illustrator as the graphic arts consultant than to work with a local artist which takes alot of time.

TIME FRAME:

May:

-Testing of materials developed (done by Mochtar and N'Gam)
-Development of color film.

June-July:

-List of messages drawn up by PRSSR staff and curriculum development consultant

August:

-Arrival of visual arts consultant
-Development of aides-memoires in draft form
-Shooting in Trarza by visual arts consultant and photographer

September:

-Shooting in Guidimaka by photographer
-Development of posters
-Aides memoires are ready to be printed

October:

-Printing of posters in Nouakchott
-Printing of aide memoires in the US

The people who were contacted during my stay here:

Sanwogou Lardja (OMS)
Dr. Kelly (Preventive Medicine)
Dr. Mohamed Mahmoud Ould Hacen (Project Director)
Mr. Mochtar Ould Memah (Project Supervisor)
Mrs. Aminata Sall (Project Midwife)
Mr. N'Gam (STP)
Dr. Dia Ya Ya (Planning)
Mr. Moctar Ould Sidi (Artist)
Jill Guliken (CRS)
Cyril Pervilhac (Project Advisor)
Dr. Pierre Claquin (Chief of Party)
Dr. Charles Habis (USAID Health Officer)
Robert Somner-Mack (USAID Health Officer)
Walter Boehm (USAID, Asst Director)
Becky Raymond (Country Director for Health, Peace Corps)
Mimi Nichter (Curriculum Development Specialist)
Boubacor Sulla Saiga, Photo RIM Service
Kante Moussa Syba (Film)

CONSULTANT A COURT TERME EN MATERIEL AUDIO VISUEL

TACHES

DEVELOPPER DES PROTOTYPES D'AIDES VISUELS POUR ILLUSTRER LES MESSAGES LES PLUS IMPORTANTS DES AIDES MEMOIRES DES ASCs ET ATs DONE GROUP

EN COLLABORATION ETROITE AVEC LES MEMBRES DU PROJET ET LA CONSULTANTE EN CURRICULUM DETERMINER LES AIDES MEMOIRES LES PLUS IMPORTANTS A ILLUSTRER.

TESTER LES PROTOTYPES AUPRES DES AUDIENCES CIBLES AFIN D'EVALUER LEUR ADEQUATION.

REPERER, S'ILS EXISTENT, LES POSSIBILITES LOCALES DE DEVELOPPEMENT PHOTOGRAPHIQUE, D'IMPRESSION ET DE REPRODUCTION EN SERIE DE PHOTOGRAPHIES. IDENTIFIER A BOSTON [USA] LES COMPAGNIES OFFRANT LES MEILLEURES PRESTATIONS COMPTE TENU DES BESOINS DU PROJET.

-- PAR DES VISITES SUR LE TERRAIN CONSTITUER LA BANQUE DE PHOTOGRAPHIES NECESSAIRES D'OU SERONT TIRES CELLES UTILISEES POUR LA FABRICATION DES AIDES VISUELS.

-- FABRIQUER UN AIDE VISUEL AFIN DE POUVOIR IDENTIFIER DE FACON PRATIQUE LES PROBLEMES CONCRETS LIES A SA PRODUCTION

2- CALENDRIER DE TRAVAIL

-- 7 - 16 AVRIL : a- recherche des possibilites de reproduction a Nouakchott.
b- identification du materiel photographique existant
c- rencontres avec des professionnels de la communication audio visuelle.
d- developpement d'aides visuelles en collaboration avec la consultante en curriculum.

-- 16-18 AVRIL : Sejour a Mederdra avec la consultante en curriculum pour amasser la documentation photographique.

-- 19- 21 Avril : developper et tirerles photos; construire la maquette d'un aide memoire.

-- 22-24 : Pretester les aides visuels.

-- 25-26 : Modifier les resultats selon les resultats du pre test.

-- 27 : Preparer la section radio de l'enquete des volontaires du Corps de la paix.

-- 28 : Remise du rapport de Mission.
epart de Nouakchott

2 jours a Boston pour identifier les possibilites de production de materiel.

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CONSULTANT A COURT TERME EN MATERIEL AUDIO-VISUEL

I - TACHES

. Développer 4 types de matériels visuels pour "Maures" et Soninkés :

1) les AIDES-VISUELLES pour illuster les messages les plus importants des aides-mémoires des A.S.C et oeux des A.T. Ceux-ci pourront être un mélange de photographies et de dessins.

2) Les POSTERS pour illustrer des messages importants destinés à une audience générale pouvant se trouver dans une structure sanitaire ou au village. Ceux-ci pourront être un mélange de photographies et de dessins également. Certains posters pourront être identiques aux aides-visuelles d'autres différents.

3) un LIVRET D'IMAGES PHOTOGRAPHIQUES pour les formateurs d'ASC/AT qui sera utilisé lors de la formation de ceux-ci.

mojuscule

4) un flanellographe pour la formation d'ASC qui sera utilisé lors de la formation de ceux-ci.

A la fin de sa consultation de 1 mois, le Consultant aura achevé pour un groupe cible "Maures"

1) 6 maquettes d'aides-visuelles concernant la vaccination, l'ORS et la nutrition avec pour chaque sujet une photographie et un dessin.

2) 6 maquettes de posters oomme ci-dessus

3) une banque photographique qui sera utilisée pour constituer le livret d'images photographiques.

4) Certaines photos qui seront employées dans le flanellographe

5) Un rapport de mission.

. Afin de réaliser ces tâches, le Consultant :

A. testera les maquettes auprès des audiences cibles afin d'évaluer leur adéquation.

B. repérera s'ils existent, les possibilités locales de développement photographique et de dessins, d'impression et de reproduction en série de photographies ; identifiera à Boston (USA) les compagnies offrant les meilleures prestations compte tenue des besoins du projet.

C. fabriquera les 2 types de maquettes (aides-mémoires et posters) afin de pouvoir identifier de façon pratique les problèmes concrets liés à leur production.

II - C

IL

7	:	a) recherche des possibilités de reproduction à Nouak
		b) identification du matériel photographique existant
		c) rencontre avec des professionnels de la communicat audio-visuelle.
		d) développement d'aides-visuelles en collaboration a la consultante en curriculum
		e) pretester les aides-visuelles de SMI
16 - 18 avril	:	Séjour à Mederdra avec la consultante en curriculum p amasser la documentation photographique.
19 - 21 avril	:	développer et tirer les photos ; construire la maquet d'un aide-mémoire
22 - 24 avril	:	Pretester les aides-visuelles
25 - 26 avril	:	Modifier les résultats selon les résultats du pretest
27 avril	:	Préparer la section radio de l'enquête des volontaire du Corps de la Paix
28 avril	:	Remise du rapport de mission
		Départ de Nouakchott

2 jours à Boston pour identifier les possibilités de production de matériel.

APPENDIX B

To: Dr. Pierre Claquin

From: Mimi Nichter

Re: Report of Work as Curriculum Development Specialist

Date: April 27, 1985

The purpose of this report is to discuss the work completed in the first half of the consultancy (March 1 - April 28) and to outline the scope of work for the second consultancy period (July 1 - August 31).

According to the job description, my tasks were to:

-develop or adapt a curriculum for use in the training of village health workers.

-develop or adapt a curriculum for use in the training of traditional birth attendants.

-develop aides memoires in conjunction with the visual arts specialist.

At the beginning of the consultancy, it was decided that key concerns and specific technical content to be included in each of the two training manuals needed to be ascertained.

I. The TBA Manual

To obtain the necessary background information for the TBA manual a meeting was called in early July. (For a list of persons who attended, see attached sheet). The group discussed existing tasks and objectives for the TBA manual and there was a lot of disagreement about the content. The outcome of the meeting was a decision for small groups to work on tasks and objectives

and to meet again the following week with revisions. At the second meeting, no consensus of opinion as to appropriate tasks could be reached and the group disbanded with plans for another meeting. This was later postponed. In August, Cyril Pervilhac and I met with Theophile Gnambo Dsue (WHO) to discuss the problem. We stated that given the time constraint (it was already mid August), we could prepare one prototype module for the TBA manual (on prenatal care) by the end of August. This could be reviewed by the MCH section and work on the rest of the manual could be completed upon my return. We suggested, however, that the preparation of the module was only possible if the MCH section supplied tasks and objectives for it. This was not prepared and work on the TBA manual was not begun.

2. Manual for Village Health Workers

Meetings with project personnel, studying the previous training manual and travel to project areas were the methods employed to obtain the necessary background information for the VHW manual. Approximately twenty days in July were spent traveling in the Trarza and Guidimaka with project personnel. The purpose of the travel was:

-to meet with supervisors of village health workers to discuss existing realities and problems in the field.

-to discuss with past trainers of village health workers the existing curriculum and their experience using it.

Interactions with supervisors/trainers in the field afforded me insights into the level of the users of the curriculum.

The fieldtrips also gave me a sense of the difficulties of primary health care implementation and supervision in Mauritania given the harshness of the terrain and the lack of roads.

Unfortunately, no baseline data has been collected for the project regions. I consider this a <u>serious limitation</u> as information on local health practices and existing health care utilization patterns would be extremely useful in the development of the curriculum. It is reasoned that the more specifically the curriculum is addressed to existing health practices and beliefs, the more relevant the information will be for the village health worker.

In an effort to collect some basic information on existing health ideology, I spent several days in the Guidimaka interviewing mothers on the subjects of breastfeeding, infant feeding practices and the treatment of diarrhea. The rationale for this was that it would allow me to develop a questionnaire on these subjects which could be administered by Peace Corps Volunteers in the two regions. It was reasoned that this would supply <u>at least some information</u> on existing practices and belie which could be integrated into the curriculum.

3. Work Completed on the VHW Manual:

In early ~~August~~ April, I wrote a memo stating that by the end of April the following modules would be completed:

-Hygiene and Sanitation
-Maternal and Child Health
-Nutrition
 Vaccinations
 Diarrhea
-Illnesses
-First Aid

A first module on Nutrition was to be completed and distributed to a group of people for review and feedback. This seemed like a good plan. The nutrition module was completed and before the departure of Dr. Hacen, it was distributed personally by him to several people. A meeting was not held however and on August 23rd, when we met with Dr. Kelly, he stated that he had never seen the module. On the 25th when we met again, he stated he had located it in his office, had read it, but had not yet had a chance to comment on it.

Feedback was received from project personnel, however, and this was used for revision purposes. Lessons were completed on environment and sanitation, nutrition, vaccinations, and diarrhea before feedback was received. After I got initial feedback on the nutrition and diarrhea module, I decided that serious revision was necessary and that it would be more beneficial to prepare a few lessons in a nearly finalized form than to produce more lessons which would need serious revision. It was therefore agreed upon by project personnel that I should not complete the lessons on first aid and illnesses (which had been begun but were in rudimentary stages) but should

concentrate on the diarrhea lessons and develop the actual format the manual would take. This was completed with the assistance of project personnel. It should be noted that the lessons on maternal and child health could not be developed because tasks and objectives for it had not been developed.

If the format, content and methodology of the diarrhea module is acceptable, I feel that the other modules which are presently in rough draft form can be easily put into the new format.

II. Work to Be Completed Before My Return in July

In order for work to be completed by the end of August, the following should be done in my absence:

1. Village Health Worker Manual

   1. The number of days for each module and the order of teaching of the modules should be laid out as it will be taught.

   2. The tasks and objectives for all the modules (those completed and those to be completed) should be reviewed and precised.

   3. The modules which were written should be reviewed by project personnel for content.

   4. The information to be included in the modules on community participation, health information system, and the management of the kit needs to be put in order before the modules can be created.

   5. The stories identified for potential use in the curriculum should be read, adapted, and translated.

2. The TBA Manual:

1. A critique should be done of the previous training manual by a few personnel of the MCH Unit. These people should be selected by Madame Ba. The critique which I prepared of the VHW manual should be sent to MCH as a guide.

2. A list of tasks and objectives for the manual should be developed.

3. The MCH unit should prepare a prototype module on prenatal care to provide us with an idea of what they are looking for.

4. Identification of training materials that are of interest to the MCH Unit which could be used/adapted to the Mauritanian context.

In addition, the project should:

1. Hire a secretary for July/August who knows word processing to work part-time on the curriculum. The curriculum will be going through continual revision in July and typing will be too difficult. Considering the existence of the computer in the office, it should be utilized for this purpose.

2. Select a project member to follow-up on the requests noted above.

III. Final Product by August End:

If the above requests are completed, it is envisioned that the VHW manual and the aide memoirs which accompany it can be ready for reproduction at the end of August.

Considering the lack of work on the TBA manual until this point, I am hesitant to state that it will be completed by the end of August with accompanying aides memoires. Obtaining feedback and cooperation seems to be a time consuming and difficult process.

Although not in my job description, it has been assumed that I will participate in a workshop for the trainers. While in theory I agree with this, in practicality it is not feasible. The curriculum(s) will not be ready for distribution nor will the visual aids be in final form for use in a workshop. If these workshops are to be given, a large part of my second consultancy would be involved in preparation work. Given the amount of time needed to complete the curriculum and to interface with the visual arts consultant, the time (2 months) seems extremely short. The quality of the work will suffer considerably if too much is to be completed in so short a period of time. In addition, if a workshop is given in August and the curriculum is not actually used until several months afterwards, it is doubtful that the trainers will retain much of the momentum that a workshop provides. It is suggested that a workshop be given right before the curriculum is actually to be used.

Prises de contact pendant mon séjour en Mauritanie:

The people who were contacted during my stay here:

1. Madame Ba Khady Sy (SMI)
2. Monsieur Sall Aliou (~~Nutribionist~~) Spécialiste en nutrition
3. Monsieur Sy Mamadou Samba (~~Health Education~~) Education en santé
4. Madame Segane Fatimetou (Formation)
5. Madame Marieme Baba Sy (SMI)
6. Monsieur Theophile Gnambo Dsue (OMS).
7. Sanwogou Lardja (OMS)
8. Monsieur Djibrill Senghott (PEV)
9. Dr.Kelly (~~Preventive Medicine~~) Médecine préventive
10. Dr. Mohamed Mahmoud Ould Hacen (~~Project Director~~) Directeur du projet
11. Dr. Traore Hamid (Medecin-Chef, Trarza)
12. Dr. Ateye (Medecin-Chef, Guidimaka)
13. M. Mochtar Ould Memah (~~Project Supervisor~~) Superviseur du projet
14. M. Mahamouden Ould Hally (~~Supervisor~~ Superviseur, Trarza)
15. M. Abdullai Sow (Supervisor, Guidimaka)
16. M. Moctar Ould Sidi (Artist)
17. Dr. Dia Ye Ye (~~Planning~~) Planification
18. Dr. Kreisler (FAO)
19. Jill Guliksen (CRS)
20. Mr. N'Gam (PMI)
21. Aminata Sal (~~Project Midwife~~) Sage-femme du projet
22. Cyril Pervilhac (~~Project Advisor~~) Conseiller du projet
23. Pierre Claquin (~~Chief of Party~~) Chef d'Equipe, Assistance technique
24. Charles Habis (~~USAID Health Officer~~) ~~Responsable~~ Chef, Service de Santé, US
25. Robert Sumner-Mack (~~USAID Health Officer~~) Responsable de Santé, USAID
26. Walter Boehm (~~USAID, Asst Director~~) Directeur Adjoint USAID
27. Becky Reymond (Country Director for Health, Peace Corps) Chef, Santé, Corps de la paix/Mauritanie
28. Benedict Tisa (~~Visual Arts Consultant~~) Consultant, Arts visuels -

Personnes présentes à la réunion sur le Manuel pour Accoucheuses traditionnelles

At the meeting regarding the TBA Manual the following people were present:

Theophile Gnambo Dsue (OMS)
Madame Marieme Baba Sy
Aminata Sall
M. Mochtar Ould Memah
Mme. Feita
Mr. Dia Ye Ya
Cyril Pervilhac

APPENDIX C

Recommendations sur le Choix du Consultant en Materiels Audio-Visuels:

Nous pensons que le choix initial de B. Tisa en fonction de sa description des taches a ete approprie. Lors de l'arrivee de B. Tisa, l'equipe centrale n'avait pas encore decide si le Projet allait utiliser des dessins ou des photographies comme aides-visuelles/ posters (voir Appdx C). Finalement nous avons opte pour une combinaison des deux lors d'une reunion en commun base sur le fait que ceci permettrait d'illustrer tout message de facon la plus appropriee possible.

Nous sommes conscients que ce choix multiplie par deux la difficulte de "production" du materiel puisque les productions doivent etre realisees par 2 personnes differentes, et les methodes de production sont differentes egalement.

De facon a simplifier au maximum ce circuit de production et maximiser son rendement, suivant les conseils du consultant precedent. Moktar et moi-meme recommendons la venue d'un autre consultant specialiste en Arts Graphiques (illustrateur), dans le cadre du budget actuel.

Ce consultant sera responsable pour une duree de 2 mois de developper les 4 types de materiels visuels pour "Maures" et Soninkes decrits dans la description des taches du Consultant precedent.

De facon a maximiser son rendement ce consultant travaillera avec le photographe qui a ete identifie, et si besoin pour des modifications ou corrections de certains dessins avec le dessinateur utilise jusqu'a present. L'implication du personnel des Services d'Education de la Medecine Preventive ou de la SMI et leurs taches devront etre plus clairement definies en fonction des besoins du Consultant avec l'accord ecrit des Directions de ces Services (par exemple que un tel participera à matinees par semaine plein temps de 8 heures à midi pendant 1 mois au test du materiel).

Compte-tenue de la venue du Consultant en Programmes de Formation de Septembre a Novembre 1985, nous recommandons sa venue d'Octobre a Novembre 1985, au cours des 2 derniers mois de la presence du Consultant en Programme de Formation. D'ici le 15 juin, nous remettrons une description des taches completes de ce consultant a venir, compte-tenue de l'analyse ci-dessus.

Recommendations sur le choix du Consultant en Programme de Formation, l'orientation de son travail futur et la duree de son 2 eme sejour:

Base sur les considerations ci-dessus et compte-tenu du fait que la consultante en curriculum a deja benenficie d'une interaction de 2 mois avec le Projet, a donne un style pedagogique et un format particulier deja aux lecons qui est original et pourra s'averer benefique a long terme a la formation, que sa propre formation d'anthropologue permettra une excellente assimilation des recommendations de l'anthropologue medical --malgre ses limitations que nous connaissons et compte tenu des grandes difficultes qu'elle a rencontre lors de son sejour pour une bonne realisation de son travail-- Moktar et moi-meme recommandons le retour de M. Nichter.

Elle sera responsable pour une duree de 2 mois de developper entierement le restant du Manuel des ASC et apporter les modifications que nous lui conseillerons entre temps.

Ses taches seront grandement reduites concernant le developpement du Manuel des AT. Elle apportera assistance 2 fois une demi-journee par semaine au cours de ces deux mois au Service SMI pour adapter et modifier le contenu et format du Manuel des AT selon le desir de ce Service.

Au cours d'un troisieme mois de consultation, elle developpera un atelier d'une semaine pour les formateurs sur l'emploi des instruments d'enseignement pour le manuel et le conduira par l'intermediaire du Conseiller Technique en SSP et un Infirmier de l'Equipe Central. D'autre part, en collaboration avec le Consultant en Audio-Visuel et en mass-media, elle participera a l'elaboration, revision des messages educatifs a illustrer (Aide-Memoires, Posters) ou divulguer (Radio).

Le travail de l'Anthropologue Medical pour une duree de 3 mois (Juin a Aout), une equipe centrale reduite en SSP, un calendrier d'activites d'implantation encore charge malgre les modifications recentes, un travail en instance important a preparer AVANT le retour des consultants (voir egalement Compte-Rendu sur le Consultant en Audio-Visuel), nous poussent a retarder son retour et recommander sa venue de Sept a Nov 1985.

c.c.: P. Claquin, COP.

APPENDIX D

DESCRIPTION DU TRAVAIL

DE L'ANTHROPOLOGUE MEDICAL

En collaboration avec l'equipe du Projet:

I. Réalisera une étude dans les villages de différents groupes ethniques (Maures, Soninkes, Poulars, Wolofs) de facon à étudier et comparer les connaissances et pratiques concernant la santé. Les maladies ou conditions d'une importance particuière sont les suivantes: diarrhées, malnutrition, conjonctivites, vers de Guinée, et toutes les maladies inclues dans le PEV à l'exception de la diphtérie. L'étude examinera comment ces conditions sont actuellement reconnues par la population et quelles sont les réponses habituelles quand une telle maladie est repérée. De la meme manière, on examinera la connaissance et l'attitude de la population envers les vaccinations du PEV.

II. Réalisera une étude de la perception et de la connaissance des principes du concept de soins de santé primaire (SSP) dans certains villages de la region Trarza. On voudrait améliorer la connaissance de la part du personnel du projet du point de vue de la population envers leur participation dans un projet qui met ensemble soins préventifs et curatifs. Une bonne partie de cette étude sera devouée à l'examen de la compréhension de la population des rôles et des fonctions des CSC, ASC, et AT, ainsi que des facteurs qui facilitent une collaboration entre CSC et ASC/AT.

III. Préparera l'instrument pour l'enquête de base et prétestera le questionnaire avec plusieurs interviewers.

IV. Aidera l'équipe du projet à organiser un systeme de recueillir des données concernant les activités des ASC et AT, d'analyser rapidement ces données et de discuter les résultats avec les ASC et AT. Il s'agit des données recueillies par les ASC et AT eux-même.

COMMENTAIRES SUPPLEMENTAIRES

I. L'étude des connaissances et pratiques de différents groupes ethniques dans le domaine de la santé et des maladies.

On peut diviser cette recherche en trois parties selon le genre d'information cherchée et la methodologie à utiliser:

1) les noms locaux des conditions ou maladies et les symptômes par lesquels ces conditions sont reconnus dans chaque groupe ethnique;

2) la connaissance des villageois des causes des maladies qui nous intéressent ainsi que les remèdes qui conviennent à chaque maladie;

3) le processus selon lequel les décisions sont prises pendant une épisode de maladie dans la recherche de la guérison. Une épisode de maladie commence avec le premier symptôme reconnu et continue jusqu'à la guérison (ou la mort).

1. Les lexèmes de maladie et leurs symptômes

Cette partie de l'étude examinera le processus diagnostique dans chaque groupe ethnique. On peut s'attendre à trouver plusieurs noms de maladie qui correspondent à des noms de la biomédecine, et à d'autres qui ne correspondent pas du tout. Il est probable, mais pas sûr, que des maladies comme la rougeôle et la coqueluche sont reconnues comme maladies en tant que telle. S'il en est ainsi, cela facilitera la tâche aux ASC. Mais il est certain que les conditions comme la diarrhée ou la malnutrition seront identifiées autrement, car les symptômes sont souvent ambigus. Ce qu'il faudrait déterminer, c'est la façon de chaque groupede définir le champ sémantique des maladies qui nous intéressent. Une fois les symptômes identifiés, l'ASC du village peut utiliser cette information dans ses activités d'éducation sanitaire. Il faudrait aussi déterminer qui fait normalement le dagnostic au sein de la famille. La mère? la mère avec d'autres membres de la famille? le père?

2. Les causes de maladies et les thérapies appropriées

Il est plutôt facile de découvrir les catégories étiologiques reconnues par un groupe ethnique ainsi que les causes de chaque maladie. Ce qui nous semble plus compliqué, mais aussi plus important, c'est les circonstances qui font partie du processus diagnostique dans les épisodes de maladie, et dans quelle mesure la cause de maladie X détermine la thérapie à chercher. On trouve souvent qu'une maladie est censé avoir une cause naturelle, et donc peut être traitée par des remèdes de famille ou par des médicaments obtenus du dispensaire. Si cette maladie devient plus sévère, ou chronique, à ce moment là on pense à d'autres causes possibles et à d'autres thérapies. Il faut aussi reconnaitre que l'étiologie d'une maladie ne détermine pas toujours la thérapie qui convient. Par exemple, supposons que la tuberculose ou le vers de Guinée est considéré comme provoqué par la poussierre, par l'eau polluée, ou par le manque d'hygiène. Si le cas d'une telle maladie apparait dans une famille ou dans un clan qui vient de connaitre de grands malheurs ou des conflits majeurs, cela peut provoquer une autre reflexion étiologique, c'est à dire, l'identification d'autres causes possibles, ainsi que d'autres thérapies (guerisseur, devin, etc.) à ajouter à la prise des médicaments. On pourra decouvrir l'importance de tels facteurs qui se trouvent en dehors du domaine médical en tant que tel par l'étude de cas ou par des narratives personnelles.

3. Les épisodes de maladie

Il faudrait trouver des moyens d'examiner le processus de décider que faire quand quelqu'un tombe malade, ce qu'on appelle le comportement de recherche d'aide. On étudie ainsi le comportement relié d'une façon ou d'une autre au malade ou à la maladie pendant une épisode de maladie. Ces episodes peuvent être divisées en étapes: la reconnaissance ou perception des symptômes, le diagnostic, la recherche d'un remède, le traitement suivi, la guérison. Souvent on cherche plusieurs remèdes, on suit plusieurs traitements, si le premier ne donne pas de résultats rapides. On voudrait déterminer qui prend les décisions à chaque étape et quelles sont les informations qui influencent ces décisions. Comment est-ce qu'on reconnaît, par example, qu'une personne avec maladie X s'en remet, ou qu'elle tombe encore plus malade? Dans quelle mesure pourra-t-on préciser ces signes de changement de status du malade?

Méthodes/Activités

Avant d'aller aux villages de chaque groupe ethnique je voudrais passer deux jours avec quelqu'un de la région avec qui je pourrais discuter les noms de maladies reconnues par tout le monde, les options thérapeutiques qui existent, et la formulation d'une série de questions tres simples à utiliser au village. Trois méthodes de recueillir des données me semble utiles:

1) des entrevues avec des informateurs-clés concernant les causes de maladies et les remèdes utilisés le plus souvent;

2) des discussion avec de petits groupes de personnes pour discuter les symptômes et les noms des maladies tres fréquentes au village, ainsi que l'étiologie et la thérapie utilisée pour ces maladies. Ces groupes d'individus seraient des femmes avec enfants aussi bien que le comité de santé communautaire du village.

3) des narratives racontées par des femmes concernant des épisodes de maladies récentes de leurs enfants. Ces récits seraient enrégistrés et puis transcrits pour obtenir des renseignements concernant les participants dans l'épisode ainsi que les circonstances considerées comme pertinent dans les décisions prises.

Etant donne le peu de temps disponible, je n'aurais que quatre ou cinq jours à passer dans les villages de chaque groupe pour avoir des données sur les maladies, les thérapies, et l'attitude envers les activites du PEV.

II. L'étude du niveau de connaissance des soins de santé primaire (SSP) et la crédibilite du projet actuel.

Le projet a besoin d'améliorer es informations sur le niveau de connaissance des SSP et l'accueil accordé au projet par la population. Est-ce que la population, les CSC, et les ASC comprennent les priorités de SSP? Quelles sortes de mesures préventives sont actuellement prises par les villageois, qu'elles soient reconnues ou pas? Pour quelles raisons est-ce que les villages ont-ils accepté de participer au projet? Quelle était l'importance d'avoir une trousse médicale au village dans cette décision? Est-ce que l'on s'intéresse a l'aménagement des sources d'eau ou à l'assainissement du milieu?

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Il faudrait aussi voir si les CSC comprennent le rôle q 'ils doivent jouer au sein du village et en relation avec les ASC et les AT. Les CSC et les ASC peuvent apprendre leur rôle si le projet le definit d'une facon précise et détaillée, et si le sujet est discuté dans une série de réunions avec les gens concernés. Etant donné la rapidité avec laquelle on a visité les villages pour faire de l'animation dans le projet précédant (un jour ou moins par village), il est peu probable que ces CSC aient la compréhension nécessaire de remplir leur tâche comme prevu, à part renouveler la trousse médicale et remunérer leur ASC. Les activités de médecine curative ne font qu'une petite partie de ce qu'on attend d'un ASC, et donner une formation convenable en soins preventifs demande du temps, de la pratique, et une supervision regulière.

Je ne suis pas encore certain comment m'y prendre pour cette partie de la recherche. Il faudrait avoir des entrevues avec des leaders des villages et des femmes. On ne sait pas si on pourra avoir des réunions pour discuter ces questions, ou si peut-être un autre moyen serait mieux. On pouurait développer un petit questionnaire de cinq ou six questions à poser aux membres des CSC et aux ASC. Ce serait aussi une occasion pour la population d'exprimer ce qu'ils considerent comme les problèmes de santé les plus graves du village.

III. Préparation de l'instrument pour l'enquête de base

On pourrait diviser la préparation de l'instrument en étapes comme suit:

1) définition par l'équipe du projet des domaines qui seront adressés par le questionnaire;
2) première version du questionnaire en français;
3) étude et revision du questionnaire par l'équipe;
4) traduction du questionnaire en langues locales;
5) vérification et revision de chaque version du questionnaire dans les langues locales par des membres de l'équipe du projet ou par des individus de l'extérieur connaissant les problèmes de ce genre;
6) la formation de deux interviewers pour chaque langue;
7) un prétest de chaque version (langue) dans un petit echantillon;
8) vérification et revision de chaque version après le pretest.

IV. Aide à l'equipe du projet à organiser un système de recueillir des données que peuvent utiliser les ASC.

Ceci sera la mise au point d'un systeme très simple qui comprendrait uniquement les données essentielles au fonctionnement du projet dans une forme que peuvent utiliser les ASC. Donc, on reverra les fiches, on examinera le curriculum pour incluire l'utilisation des fiches et les résultants de ces donnees qui seront remis aux CSC et aux ASC. Donc, une partie de la formation des ASC sera l'enseignement de l'importance des données qu'ils produisent.

(12)

PROGRAMME DE TRAVAIL STANLEY YODER

DATES	LIEU	ACTIVITES	# DE JOURS
le 22 mai au 1 juin	NKTT	Prises de contacts, études de littérature sociologique et des documents du Projet	9
le 2-6 juin	Rosso/Trarza	Assistance au seminaire du Projet le 2-3; Visites des villages le 4-5 (Poular et Hassaniya); retour le 6 juin	5
le 8-9 juin	NKtt	Etude de la terminologie ethnomédicale des Hassaniya avec la personne qui m'accompagnera; mise au point de la série de questions à poser	2
le 10-18 juin	Trarza	Recherches ethnomédicales et communautaires dans des villages Hassaniya	9
le 19-23 juin	NKTT	Préparation du questionnaire en français pour l'enquête de base	4
le 24-25 juin	NKTT	Etude de la terminologie ethnomédicale des Poular avec la personne qui m'accompagnera; mise au point de la série des questions à poser	2
le 26 juin au 4 juillet	Trarza	Recherches ethnomédicales et communautaires dans des villages Poular	9
le 6-7 juillet	NKTT	Organisation des données recueillies des deux premiers voyages; discussion des résultats avec l'équipe du Projet	2

le 8-9 juillet	NKTT	Etude de la terminologie ethnomédicale des Soninke avec celui qui m'accompagnera au Guidimaka	2
le 10-24 juillet	Guidimaka	Recherches ethnomédicales et communautaires chez les Soninke; un prétest du questionnaire en Soninke	14
le 25-27 juillet	NKTT	Révision du questionnaire en français et Soninke	2
le 28-31 juillet	NKTT	Rédaction du rapport ethnomédical	4
le 3-4 août	NKTT	Formation des enquêteurs pour l'enquête de base	2
le 5 août	NKTT	Discussion du rapport ethnomédical avec l'équipe du Projet	1
le 6-8 août	NKTT	Rédaction du rapport sur la participation communautaire	3
le 10-12 août	NKTT	Discussion du système de recueillir des données par les agents de santé du village (ASC)	3
le 13 août	NKTT	Discussion du rapport sur la participation communautaire	1
le 14 août	Depart		

Projet de Renforcement des
Services de Santé Rurale
No 682-0230 - Nouakchott

APPENDIX E

SITUATION DES VILLAGES FONCTIONNANT DANS
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les S.S.P. AU TRARZA (16.06.85)
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partements	Villages retenus		villages à suivre		villages annulés		villages non visités		Total	
	N	%	N	%	N	%	N	%	N	%
lerdra	18	75 %	1	4,16%	5	20,83	0	-	24	100%
IZ	24	72,72	3	9,09	1	3,03	5	15,15	33	100%
SO	13	46,42	1	3,57 %	5	17,85	9	32,14	28	100%
R MACENE	6	54,54	0		2	18,18	3	27,27	11	100%
TILIMIT	-	-	-	-	-	-	33	100 %	33	100%
D NAGA	-	-	-	-	-	-	12	100 %	12	100%
al	61	43,26	5	3,54 %	13	9,21	62	43,97	141	100%

N : Nombre
% : Pourcentage.