CHAD CHILD SURVIVAL PROJECT

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

SECOND QUARTERLY IMPLEMENTATION REPORT
PREPARED AND SUBMITTED BY
THE MITCHELL GROUP, INC.
AND
MEDICAL CARE DEVELOPMENT INTERNATIONAL
JUNE 30, 1993

PD-ABA 785

AGENCY FOR INTERNATIONAL DEVELOPMENT
CHAD CHILD SURVIVAL PROJECT (CCSP)
USAID/N'DJAMENA

SECOND QUARTERLY IMPLEMENTATION AND FINANCIAL REPORT
APRIL 1 - JUNE 30, 1993

SUBMITTED BY:
THE MITCHELL GROUP, INC. 1816 11TH STREET, NW
WASHINGTON, DC 20001 AND MEDICAL CARE DEVELOPMENT
INTERNATIONAL, 1742 R STREET, NW, WASHINGTON, DC 20009

(1)

TABLE OF CONTENTS

		Page
I.	EXECUTIVE SUMMARY	1
II.	ADMINISTRATIVE DATA	2
III.	FISCAL DATA	2
IV.	PERFORMANCE INFORMATION	2
A.	Project Purpose	2
B.	Program Description	2
4.1.	Institutional Strengthening	3
4.1.1	Health Information System (HIS)	3
4.1.2	Population and Family Well-Being	3
4.1.3	Training & Curriculum Development	3
4.1.4	Information, Education & Communication	6
4.1.5	Cost Recovery Initiatives	6
4.1.6	Operations Research	8
4.1.7	Decentralization & Project Management	9
4.1.8	Donor & Project Coordination	11
4.2.	Service Delivery	12
4.3.	Administrative/Logistical Support Management	13
4.3.1	Housing and Office Facilities	13
4.3.2	Communication	13
4.3.3	Local Staff	14
4.3.4	Banking & Financial Management	15
4.3.5	Project Vehicles	15
4.3.6	Electricity Shortage	15
4.3.7	Data-base Management	16
V.	SUMMARY ACCOMPLISHMENTS	16
5.1	In-service Training	16
5.2	Cost Recovery	16
5.3	Decentralization	16
5.4	Project Management	17

VI. IMPLEMENTATION PROBLEMS & RECOMMENDATIONS 17

6.1 Technical Implementation Problems 17

6.1.1 Counterpart to Training Advisor 17
6.1.2 Prefectural Pharmacist 17
6.1.3 District Medical Officer 18

6.2 Administrative/Logistical Problems 18

6.2.1 Public Utility Constraints 18
6.2.1 Transportation Constraints 18

VII. IMPLEMENTATION ACTIONS PLANNED OVER NEXT 90 DAYS 19

7.1 In-service Training 19
7.2 Cost Recovery 19
7.3 Health Information System 19
7.4 Operations Research 19
7.5 Donor/Project Coordination 19
7.6 Decentralization 20
7.7 Administrative Management 20

VIII. QUARTERLY FINANCIAL SUMMARY REPORT 21

IX. ANNEXES

Annex 1: Cost Recovery Consultancy Report
Annex 2: Organigram for the Délégation Socio-Sanitaire (DSS)
Annex 3: Sample Action Plan for the meetings of the Comités de Direction Prefecturals
Annex 4: Administrative/Logistical Support Consultancy Report and SOW
Annex 5: Sample Inventory Data-base Output Form

LIST OF ABBREVIATIONS

ARI	Acute Respiratory Infections
ASCZR	Associations de Santé Communautaire des Zones de Responsibilité
BAIT/BIAO	Banque Méridien BIAO Tchad
BSPE/BESP	Bureau des Statistiques, de Planification et d'Etudes
CCSP	Chad Child Survival Project
CDM	Comité de Direction du Moyen-Chari
CET	Collège d'Enseignement Technique
COP	Chief of Party
CR	Cost Recovery
DGA	Directeur Général Adjoint
DMO	District Medical Officer
DOS	Disk Operating System
DPSS	Délégation de la Préfecture Soci-Sanitaire
DSIS	Division du Système d'Information Sanitaire
DSS	Délégation Socio-Sanitaire
EMS	Express Mail Service
ENSPSS	Ecole Nationale de Santé Publique et de Service Social
EPI	Expended Program for Immuization
FCFA	Francs (monetary unit)
FP	Family Planning
GDO	General Development Officer
GOC	Government of Chad

d

GSO	General Services Office(r)
HE	Health Education
HIS	Health Information System
IDA	International Dispensary Association
IEC	Information, Education and Communication
ITS	Institut Tropical Suisse
LOP	Life of Project
MCDI	Medical Care Development International
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health/Family Planning (same as SMI/BEF)
MIS	Management Information System
MOH	Ministry of Health
MOPHSA	Ministry of Public Health and Social Affairs (same as MOH)
MSH	Management Sciences for Health
ONPT	Office Nationale des Postes et des Télécommunications
OPD	Out-Patient-Department
OR	Operations Research
ORT	Oral Rehydration Therapy
PACD	Project Assistance Completion Date
PCA	Paquet Complémentaire d'Activités
PCV	Peace Corps Volunteer
PMA	Paquet Minimal d'Activités
PP	Prefectural Pharmacy

PSET	Project Survie de l'Enfant au Tchad
RCO	Regional Contracting Officer
R & R	Rest and Recuperation
RSO	Regional Security Officer
SMI/BEF	Sante Maternelle et Infantile/Bien-Etre Familial (same as MCH/FP)
SONASUT	Société Nationale Sucrière du Tchad
SOW	Scope of Work
STEE	Société Tchadienne d'Eau et d'Electicité
TA	Technical Assistance
TDY	Temporary Tour of Duty
TMG	The Mitchell Group
TOT	Training of Trainers
UNICEF	United Nations Children Fund
UPS	Uninteruptable Power Supply
USAID	United States Agency for Internal Development
WHO	World Health Organization
ZR	Zone de Responsabilité

I. EXECUTIVE SUMMARY

This report covers the period **April 1 - June 30, 1993.** During this period, the **Chief of Party/MCH Coordinator, Dr. Vincent M. Joret,** arrived in N'Djamena/Chad, thereby completing the TA Team for the first time since project implementation began. Dr. Joret arrived in Sarh on April 25, 1993 after having spent one week in N'Djaména being briefed by USAID and making initial contacts with other key donor agencies. He joined other members of the TA Team including Dr. Sanoussi Konaté, the CCSP Health Planner and Dr. Voahangi Ravao, the CCSP Training Advisor. Both arrived in-country in January 1993.

This report consists of seven sections and reviews the series of activities that occurred upon the arrival of the COP in Chad. The first three sections include an executive summary, administrative information and financial data. Section four provides performance/progress to date information which focuses specifically on the three key project components: **a) institutional strengthening, b) service delivery, and c) administrative/logistics management.** Section five presents a summary of the overall/major accomplishments made during this period and issues related to sustainability of these accomplishments; section six provides the key implementation problems and issues identified during the quarter, and includes a list of recommendations to address implementation problems and issues; and section seven provides a summary of the major implementation actions planned during the next 90 days.

The highlights of this quarter are primarily on institutional strengthening and administrative/logistics management. Strategically, these were priority areas identified by the Team that required immediate attention and institutionalization. Therefore, during the previous quarter as well as this quarter, several initiatives were undertaken in strengthening the following key support strategies in preparation for accelerated project implementation of service delivery interventions. The key support strategies targeted during this quarter include: **a) training, b) cost recovery, c) health information system, d) population and family well-being policies and strategies, e) information, education and communication (IEC), f) operations research, g) decentralization, and h) donor coordination.**

Concurrently, the project devoted substantial time and resources in improving logistics and other conditions for the team in order to enhance project management. Specific actions included upgrading project offices and accommodation facilities for team members to an acceptable standard in order to ensure productivity and create a conducive work and living environment.

Further assistance to strengthen project implementation and management during this quarter was provided through consultancies undertaken by a cost recovery specialist, Dr. Christopher Schwabe, and TMG's administrative/financial management specialist, Andrew Reid.

The following sections of this report will present in detail the activities noted above that were undertaken and completed during this quarter, April 1 - June 31, 1993.

II. ADMINISTRATIVE DATE

Country	:	Chad
Project Title	:	Chad Child Survival Project
Date of Report	:	June 30, 1993
Contractor	:	The Mitchell Group, Inc.
Sub-Contractor	:	MCD International
Home-Office Backstop Officer	:	Lloyd M. Mitchell
USAID/Chad Project Officer	:	Dr. Anita Mackie
Chief of Party	:	Dr. Vincent M. Joret

III. FISCAL DATA

Date of Authorization	:	8/19/89
Authorized TMG LOP	:	$6,457,224.00
Date of Initial Obligation	:	2/3/92
PACD	:	12/31/96
Cumulative Obligation	:	$3,000,000.00
Cumulative Accrued Expenditures	:	$707,859

IV. PERFORMANCE INFORMATION

Project Purpose

The purpose of the project is to strengthen the administration and delivery of an improved integrated package of Maternal Child Health/Family Planning (MCH/FP) services in selected Prefectures, and to reinforce the capacity of the Ministry of Public Health and Social Affairs (MOPHSA) to operate and maintain a national health information system. The focus of the contractor's activities is the Prefecture and District levels; national activities are to be accomplished through separate contracts and buy-ins.

Program Description

CCSP provides key institutional and service delivery support to the Chadian Ministry of Public Health and Social Affairs (MOPHSA), to plan and deliver MCH/FP services to the Chadian people in three Prefectures: ***Moyen Chari, Logone Oriental, and Salamat.*** Specific CCSP interventions (also by means of separate contracts and buy-ins) are directed at the following: institutional strengthening, service delivery, and administrative and logistics management. Each of these key project elements, including specific activities implemented during the quarter are discussed below.

4.1. INSTITUTIONAL STRENGTHENING

4.1.1 Health Information Systems (HIS)

Target: to improve BSPE management and technical ability to maintain the national HIS; to attain 90% of health facilities reporting regularly; and to reach a level of 80% of SMI/BEF professional staff interpreting data from the HIS correctly.

A project office site has been identified in the Health Planning Division of the Délégation de la Prefecture Sanitaire to be equipped as a computer center. It is planned to installed an HIS computer system shortly in the computer center. A scope of work has been developed to field a consultant to assist with this task and help institutionalize the HIS.

4.1.2 Population and Family Well-Being Policies and Strategies

Target: to facilitate the adoption of a national population policy and implementation of child spacing programs in Moyen-Chari, Salamat and Logone Oriental Prefectures; and adoption of a workplan to implement the policy.

During this quarter, the Prefecture received a Family Well Being/IEC consultant, Ms. Danielle Baron, from the Johns Hopkins University/Center for Communication Programs. The consultancy focussed on developing and pretesting radio spots, posters, flyers and jingles. The project was instrumental in facilitating contacts in the MOH and the health sector for Ms. Baron. The Mission requested CCSP to coordinate the implementation of the follow-up activities recommended by the consultant. These activities will be implemented mainly through the Affairses Sociales of the Prefecture.

4.1.3 Training to include Curriculum Development at the Ecole Nationale de Santé Publique et de Service Social (ENSPSS)

Target: to upgrade the skills of personnel from the MOPHSA through the development and implementation of SMI/BEF curricula and through the training of trainers for better service delivery in the Moyen-Chari. Specific expected accomplishments will include: a) two pre-service SMI/BEF curricula developed for the ENSPSS; b) three in-service training curricula developed for health and social workers covering SMI/BEF interventions in the three targeted Prefectures; and c) continuing training in Sarh without outside technical assistance.

Consensus building with the Prefectural counterparts of the Moyen-Chari resulted in the following key agreements:

- human resources development is essential in implementing the Paquet Minimum d'Activities (PMA), including MCH/Family Well Being and Cost Recovery;

- in-service training is required to ensure that adequate utilization of newly acquired skills and address implementation problems;

- training is targeted as a major component of the project;

- a training approach focusing initially on the training of trainers/supervisors appears to be the most appropriate strategy for the Prefecture;

- presently, only few Prefectural health services provide the full SMI/BEF services;

- all nurses require urgent refresher/follow-up courses in learning the basic techniques of diarrhea disease control and malaria case management; and

- case management of ARI will be totally new to most of the targeted health personnel.

On the basis of these agreements, the project is presently designing an operational plan which will be presented to the various Prefectural health committees during the next quarter.

With the departure of the Conseiller Technique of ITS in May 1993, the meetings of the Comité de Formation were suspended. This Comité had been working on treatment protocols related to the Paquet Minimal d'Activité. There was however no in-service training plan neither a training strategy developed.

During this quarter, the project has used every opportunity to inform the Délégué and the Comité de Direction of the importance of both a competency-based training and a Prefectural training plan. Both training strategies are increasingly being understood and accepted. The project expects that the presentation of the results of the health knowledge survey as mentioned below will demonstrate clearly and enhance the importance of both strategies.

Counterpart to Training Advisor: the CCSP Training Advisor is presently working without a counter-part. To date, the Prefecture has only assigned one mid-wife to the training center. As important training topics will cover clinical and curative topics such as ARI and Malaria etc., the project has requested an experienced trainer/nurse to be assigned by the Prefecture to the training center. The ultimate goal remains the permanent assignment of a physician with relevant training in public health to head the Center and serve as the official counter-part of the to the project's Training Advisor.

Priorities of In-Service Training: the following operational priorities of the CCSP in-service training were defined during a series of team meetings and discussions with the Délégué.

- The CCSP in-service training will be provided to all para-medical personnel working at the primary care level in the Moyen-Chari. No distinction will be made between governmental services and private structures.

- The training will be competency based and use all locally/culturally appropriate adult learning techniques, to be specified in a training proposal.

- Six district co-trainer/supervisor teams, each consisting of the District Medical Officer, one senior nurse and one social-worker, will be selected for training by the Prefecture on proposal of the Comité de Direction. After having received appropriate training these teams will lead the training sessions for the participants.

- The CCSP training activities will focus on the institutional building of the training center per the following specific implementation actions:

  - the co-trainers will be responsible for monitoring and supervising their trainees in their respective dispensaries. They will therefore be trained not only in training techniques but also in supervision, monitoring and evaluation techniques.

  - training modules and curricula will be developed and promoted by the co-trainers for each clinical/ managerial topic included in the plan. These modules will become the Prefectural protocols setting the standards for most of the activities of the PMA at the dispensary level.

  - each technical training module (ARI, EPI, etc.) will follow a similar pattern so that Co-Trainers and participants become familiarized with the various "adult learning" techniques promoted in the module. Each technical module will contain sections on IEC and Supervision/Monitoring.

  - the Prefectural training modules will be used for all future refresher courses or for introductory courses for para-medical personnel who will be assigned to the Prefecture in the future.

Training Center Library: the reorganization of the library at the Training Center was initiated during this quarter. All documents have been inventoried and are being entered in a computerized database. It is planned to have the Peace-Corps volunteer, who will be assigned to the Center in October 1993 assist the librarian in reorganizing the library into an effective research and resource center.

In the past, the professional literature donated to the library by the Mission was primarily in English. Due to the limited knowledge of English of MOH colleagues and counter-parts, the literature/resource materials donated by the Mission have unfortunately been of little or no use has unfortunately been of little or no use.

During this quarter, the project has subscribed to five francophone medical/para-medical magazines and newsletters targeted to Africa.

4.1.4 IEC Strategies and Materials to increase Demand for Project Interventions

Target: to improve the MOPHSA's capability to design, produce and distribute accurate and culturally relevant SMI/BEF information to increase the demand for health services; and the development of a national IEC program to support SMI/BEF services.

The BEF/IEC consultancy of Ms. Danielle Baron raised important questions and issues related to the timing for the implementation of the IEC component of the project. The results of the consultancy, observations made during the first visit of the TA Team to the Prefecture health structures, and discussion held with the health personnel indicate that the health structures of the Moyen-Chari are not delivering services (preventive nor curative) which meet the present demand of the population. These observations are further supported and reinforced by the results of the analysis conducted of the health knowledge survey

Based on the current state of affairs, unplanned and hastily implemented IEC activities could increase the demand for services (through training and supervision) and the capacity of the structures to deliver services (through cost-recovery, rehabilitation and equipment of health structures and clinic management). The following IEC objectives and approaches were approved for implementation:

- to develop the technical contents of the IEC messages consistent with the contents of the training modules;
- to develop the Prefectural IEC strategy during the training sessions of the trainers/supervisors. These IEC sessions will be scheduled according to the Prefectural training plan;
- to establish an IEC Unit at the Prefectural training center to assist the Prefectural and District IEC activities; and
- to organize the populations of the ZRs to facilitate the mobilization of the population in developing and implementing future IEC activities.

4.1.5 Cost Recovery (CR) Interventions

Target: to ensure that some health facilities in the Moyen-Chari will have cost recovery systems under local management which are recovering the full cost of drugs and medical supplies.

In the context of the CCSP, the cost recovery interventions should not be seen as a separate or vertical intervention but as part of an integrated public health approach intended to achieve improved service delivery through effective management of the health services.

The CR intervention is also part of a coordinated package of health services designed to ensure better organization of the communities which benefit from these services, an appropriate training strategy and plan (pre and post-service) for health personnel, and improved management of resources to ensure regular, timely and efficient delivery of an adequate supply of essential drugs and medical supplies to health facilities.

Even though the principles and strategies of cost-recovery in the health sector are not new in the Moyen-Chari, they have thus far been implemented only in the private sector. Prior to the inception of the project, the Prefectural Pharmacy was used mainly as a warehouse where governmental drugs and equipment were stored awaiting to be dispatched to the governmental health structures. Some initial solutions have been identified which will facilitate greatly an efficient logistical system under local management to support cost recovery interventions in the future.

Cost recovery is based on a series of requirements which must be installed before the actual implementation can be initiated. These include:

- assessment of the ability and willingness to pay of the communities involved,
- a legal framework to organize the populations of the Zones de Responsabilités in Associations allowing the management of community finances;
- various financial and managerial tools for the dispensaries and the Prefectural pharmacy;
- timely and correct procurement of the required essential drugs, medical supplies and equipment; and
- upgrading the clinical and managerial skills of the health personnel at the dispensary level.

Several of the above activities have been accomplished as described below:

- the rehabilitation of the Prefectural pharmacy is being funded by Swiss Tropical Institute (ITS) and is expected to be completed by July 31, 1993.
- the Prefecture does not yet have a Pharmacist. Cost-recovery systems cannot be successfully implemented without having a qualified person in charge of the management of the pharmacy. During this quarter, initial contacts have been made by the project with the central MOH to recruit or redeploy a pharmacist who would be assigned full-time to the Moyen-Chari.

Cost Recovery Consultancy: in support of cost recovery activities planned under the project and noted above, a consultant, Dr. Christopher Schwabe, was fielded by TMG/MCDI during this quarter. Dr. Schwabe's scope of work (SOW) focused on a review and evaluation of current and past experiences with health sector cost recovery initiatives and systems in Chad and to assess the future potential for public sector cost recovery in Moyen-Chari. Details of this consultancy can be found in **Annex 1.**

The summary findings and recommendations of this consultancy are provided below:

- public health sector expenditures finance a relatively small percentage of the cost of curative consumption. Therefore, the recent decline in per capita incomes affects more the welfare of the Chadian population than the recent reduction in public health sector subsidies.

- there is considerable variation to be found in cost-recovery approaches in Chad. Because of this problem, it would be impractical to generalize from one dispensary's experience to the other when setting policies and installing systems.

- rural households are significantly less able to pay for curative care and use the health services less often. The number of rural sick who are willing to pay will be insignificant to allow the rural public dispensaries to break-even financially if the present pricing system is institutionalized.

- the recently legislated uniform prices for all private and public dispensaries will jeopardize the financial sustainability of many of the dispensaries, particularly the rural public dispensaries.

As a result of Dr. Schwabe's consultancy a series of activities have been planned to accelerate the process and facilitate the implementation of cost-recovery in ten to fifteen dispensaries located in three districts of the Moyen-Chari: Sarh, Danamadji and Maro.

4.1.6 Operations Research (OR) and Needs Assessments

Target: to conduct focused OR and needs assessments on the major project support strategies and service delivery interventions in order to support and strengthen implementation, monitoring and evaluation activities.

Health Knowledge Survey: a Prefectural-wide survey was organized in May 1993 to assess the knowledge of para-medical personnel working in governmental as well as private dispensaries about simple daily diagnostic and treatment skills. All members of the 'Cellule de Formation' participated in the design of the questionnaire.

Ninety para-medical personnel, representing 100% of the target group identified as possible participants completed the questionnaire. The responses received will be computerized and analyzed using the WHO/CDC EPI-INFO software.

The results of the survey will be presented to the Comité de Santé and to the Comité de Direction du Moyen-Chari in July-August 1993. Preliminary results show a very low level of knowledge on all investigated areas.

4.1.7 Decentralization and Project Management

Target: to facilitate decentralization of regulations, policies and procedures critical to the institutionalization of health sector activities from the central level to the targeted Prefectures of the project; and to help restructure MOH health systems and structures to support project activities.

Institutionalization of decentralization activities and policies is a major component of the CCSP. A systematic task analysis from all organizational components of the Prefecture Socio-Sanitaire was undertaken on the basis of Décret 519/PR/91. The following summarizes the major actions initiated during this quarter in support of decentralization activities.

New Organigram for the Délégation (Socio)-Sanitaire (DSS): the above mentioned task analysis resulted into a series of decisions on the present organigram of the DSS and a proposal to modify it. The detailed proposal can be found in **Annex 2: Technique sur l'organisation de la Délégation de la Préfecture Socio-Sanitaire (DPSS) et sur l'intégration du PSET à la DPSS-Moyen-Chari.**

The major finding of the task analysis was that the above mentioned Décret defines the Délégation de la Préfecture Socio-Sanitaire as merely a detachment of the central Administration Socio-Sanitaire. Its function is therefore limited to only implement and not to conceptualize or plan the policies which are set by the GOC.

The following problem was identified as a major obstacle to the smooth implementation of planned decentralization programs: at the central level, policies set by the GOC are implemented by the complex structure of the Ministry of Health, consisting of the Minister and his cabinet, a Direction Générale de la Santé, a Direction Générale Adjointe, six Directions Générales and a Direction Adjointe. Because all of these central MOH components do not have their corresponding counterparts at the Prefectural level, the sole local Délégation Socio-Sanitaire has to respond to all the delegated tasks.

This bottleneck has led to the present organigram of the Délégation Socio-Sanitaire in which planning and programming divisions are merged with operational services. Duplicating the complex organigram of the central MOH at the level of a Délégation de Préfecture Socio-Sanitaire with its limited means and basic structures leads to major implementation problems.

The project has therefore proposed a new organigram which incorporates the following three criteria:

- it is consistent with terms and conditions of the above mentioned Décret 519/PR/91';
- it allows for real decentralization (as defined in the CCSP Project document), and
- it is operational within the limited means of the Délégation.

The proposed organigram separates the planning and programming functions of the Délégation from its service-delivery/operational functions (EPI, MCH/FP, Prefectural Pharmacy, etc.). It proposes an integrated functional reorganization of the Délégation through complementary and dynamic interactions of its components. The following three key principles form the basis of the proposed organigram:

- decentralization of the planning function to the periphery level;
- concentration of attributions to the Médecin Chef Délégué; and
- task distribution at the level of Médecins-Chefs de District and Chefs de Divisions.

The proposal has been accepted by the Comité de Direction Préfectural and has been forwarded as a concept paper to the central MOH.

Collaboration between the CCSP and the Délégation(s): upon the arrival of the TA Team in Sarh, lack of clarity existed regarding the respective roles and responsibilities of the Délégation vis-à-vis the CCSP. The origin of the problem derives from contradictory information received by the Délégation about its role and responsibility in the implementation of the Project. The project therefore opted for a non-confrontational way of solving the present contradictions and preventing future conflicting situations on this issue. After the task analysis of the Délégation, the project defined its functions vis-a-vis the functions of the Délégation. A detailed analysis and proposal can be found in **Annex 3.** In summary, CCSP is subdivided in three distinct components as discussed below:

- the first component focuses on implementing activities at the Prefectural level through the institutional contractor, The Mitchell Group (TMG), Inc..
- the second component is mainly involved with strengthening the national HIS system through technical assistance to the BESP; and
- the third component is primarily focused on providing financial and logistical support directly managed through the USAID Mission in N'Djaména.

The above mentioned project's task analysis limits itself to the first component of the CCSP. Also, based on an analysis of the structure of the Délégation through its organigram, the Project has developed a system to integrate the project structure into the structure of the Délégation along the following lines:

- roles and functions of the members of the TA team are defined in relationship to the roles and functions of their counter-parts in the Délégation. The roles and functions of the project's local support staff are also defined as an internal support to the project with the exception of some local technical staff members (e.g. cost recovery accountant) who are perceived as a physical/functional link between the Project and a specific Division of the Délégation.

- areas of support to the Préfecture are limited to those which are compatible with the project goals. These areas will be further defined through regular consultations and dialogue between the TA Team and the Délégation.

Having the project assist the Préfecture in drafting its action plan was determined to be the most strategic way to resolve or address remaining ambiguities. The project's action plan of action would therefore be integrated in the Prefectural plan and its areas of responsibility clearly defined and delineated.

4.1.8 Donor/Project Coordination

Target: to facilitate coordination of health activities of the major donors operating in the health sector consistent with and in support of the implementation of CCSP activities.

During this quarter the COP and the Health Planner facilitated three meetings of the Comités de Direction Prefecturals. The complete TA Team, including the Training Advisor, attended one meeting held by the Comités de Santé. The TA Team noted that many issues which are debated during these meetings by the Comités require immediate actions to effectively resolve them. However, appropriate actions are not always implemented as planned or proposed.

The project has proposed specific guidelines and developed an action plan to conduct the meetings. The action plan describes the immediate actions to be implemented, establishes specific timetables for completion of each action and provides a list of Comite members responsible for implementing the plan or carryout specific actions. See **Annex 4** for sample of minutes and action plan format. It is expected that the guidelines and action plan will help ensure that future meetings are conducted efficiently and professionally.

A debriefing was held in N'Djamena to disseminate the results of the first cost-recovery consultancy discussed in section (4.1.5) above. The participants included the TA Team, MOH/CCSP counterparts, central MOH officials, USAID GDO/Health staff, and representative of donor organizations active in the health sector. The content as well as the format of the debriefing was well received by the participants.

This debriefing session produced two major achievements for the project as follow:

- it served as a successful public relations exercise by promoting effectively a key project intervention outside of Sarh; and

- it provided a forum for the exchange of ideas and knowledge, which produced valuable information and created an awareness of relevant and critical legislation which, although essential to successful cost recovery in the Prefecture, were unknown to the Délégation as well as to the Project prior to the debriefing.

Because of the overwhelming success of this exercise, it is now planned to conduct similar debriefing sessions for other consultations related to the other key project interventions and support strategies, including malaria treatment, acute respiratory infection, diarrheal disease control, EPI, MCH, health information system, health education, and financial planning.

4.2. SERVICE DELIVERY

The delivery of the five targeted service delivery interventions listed below in the field will provide feedback to the National MCH/FP unit for use in developing the national program. The result will be a realistic and field-tested program for MCH/FP service delivery for the entire country.

- **Implementation of Risk Assessment and referral through Prenatal Care for Pregnant Mothers;**

- **Support and Expansion of Child Spacing Services;**

- **Dietary Management of Diarrheal Diseases and Prevention and Treatment of Dehydration through Oral Rehydration Therapy (ORT);**

- **Support to Acute Respiratory Infections Program; and**

- **Support to the Infantile Malaria Program.**

During this quarter, no specific project activity was implemented to address any of the above interventions. However, preventive and curative service delivery were improved through the project's training/supervision components and through access to essential drugs under the cost recovery component of the project.

4.3. ADMINISTRATIVE AND LOGISTICAL SUPPORT MANAGEMENT

Throughout the previous quarter (January 1 - March 31, 1993) and during most of this quarter, a considerable amount of time, energy and financial resources have been spent in upgrading project offices and accommodation facilities for team members to an acceptable standard to ensure efficiency and effectiveness in project management and implementation. Although significant work has been undertaken, several outstanding tasks remain to be completed in order to bring housing at an acceptable standard and in line with housing standards maintained by USAID/N'Djamena.

Upon the arrival of the COP in Sarh a series of additional actions were taken to address urgent issues related to the following project administrative/logistic elements not completed during the previous quarter.

Additional assistance was provided through short-term technical support. During a TDY from June 29 - July 28, the TMG Administrative/Financial Management specialist assisted the project in addressing some of basic logistical and administrative tasks being undertaken by the project A SOW and details of this consultancy are provided in **Annex 5**.

4.3.1 Housing of the Project Staff and Offices

The Health Planner and all other local Project Staff, who were still working in the small meeting room of the Délégation Sanitaire were relocated to the Division de Planification et Programation after the rehabilitation of the project building was completed. The costs of the rehabilitation effort were covered by the Institut Tropical Suisse (ITS). The CCSP provided funding for procurement and installation of the air-conditioning systems and all the furniture for the project offices.

The COP moved into the office opposite the office of the Médecin Délégué de la Préfecture Sanitaire as soon as his position and role of Conseiller Technique to the Délégué was clarified and accepted. The Prefectural Training Center, where the offices of the Training Advisor and training staff are located, was reorganized during the previous quarter.

4.3.2. Communication

Telephone/Telefax Services: a major problem normally associated with big and complex projects that are located out of the capital is the lack of adequate and efficient communication systems. In this case, from the inception of the project, communicating from Sarh to USAID/N'Djamena and the Washington, DC, has been problematic and has hampered project implementation.

Because of the lack of adequate phone and fax lines, the project was forced to make all calls and send or receive faxes through the public telephone center at the local post office. This was an acceptable temporary solution, even though it included two major disadvantages: lack of confidentiality and time consuming.

In order to improve this situation, contacts were made with the local branch of the national telephone company ONPT to obtain three additional project lines. The following results were achieved:

- both the training center and the project's office were equipped with one outside telephone line each. Two telephone systems are being ordered in N'Djamena to facilitate internal communication between the different rooms of the project offices.

- a separate facsimile line was installed at the house of the COP. This is expected to facilitate communication between Washington and Sarh due to the different time zones. It would also help to ensure that key project information remains confidential when requested by the Mission or TMG/MCDI.

Mail/Courier Services: an agreement was reached with the DHL office in N'Djaména to forward mail received from TMG/MCDI-Washington via the bi-weekly AIR-CHAD N'Djamena-Sarh services.

The Project decided to use the local EMS service in Sarh for sending the monthly financial report to Washington. If sent with the Friday Air Chad flight from Sarh to N'Djamena. It has been determined that the mail would reach the TMG office in Washington within 5 days.

4.3.3. Local Staff

Contact was made with the local branch of the Office de la Promotion de l'Emploi to formalize employment and labor requirements for the eighteen project employees currently working with the project (some of them several months before the arrival of the TA Team).

Contracts were executed for all employees consistent with the regulations of USAID, the Chadian labor law and the requirements of the project. An additional employee, the Cost Recovery Accountant, was hired on June 21 to assist the Health Planner and the Prefectural Team in establishing the Cost Recovery system.

Hiring of the Administrative Assistant to the COP locally proved to be a difficult task due to the poor quality of the interested local candidates. In an attempt to solicit a broad range of candidates with the requisite qualifications and experiences, it was decided to advertise the position nation-wide through national newspapers and radio communication.

4.3.4. Banking Procedures

Upon the instruction of the Project Director, the COP became the only TMG employee with access to the project account in Sarh. In case of absence from Sarh, the COP will delegate in writing temporarily signatory authority and access to the account to another team-member.

Prior to May 1993, the exchange rates (FCFA to USD) for the financial wire transfers from TMG/MCDI Washington to CCSP-Sarh were far below the internationally published rates. This issue was raised with USAID-N'Djaména in April and after extensive negotiations with the local branch of the BIAT bank in Sarh and its head-office in N'Djamena, the project now benefits from the preferential exchange rates currently being received by the UNDP and other international organizations.

4.3.5. Project Vehicles

In May 1993 the project initiated discussions with the Mission to donate an old project vehicle, a Toyota Corolla, to the Collège d'Enseignement Technique (CET). This Toyota Corolla has been out of use since November 1992, long before the arrival of the TA Team. The costs of repairing a vehicle, which is not appropriate for the conditions of the roads and its anticipated use in Moyen-Chari, are much too high to justify further financial investment by the project.

4.3.6. Electricity Shortage

Due to fuel shortages of the Société Tchadienne d'Eau et d'Electricité (STEE), the project experienced constant and severe daily power outages **(8 AM - 6 PM)**. This situation began in May 1993 and escalated in June 1993, thereby causing a considerable decline in the pace of project implementation.

During the first weeks of the electricity cuts most computer and photocopy work was done in the early mornings or in the evenings. As it had been decided contractually not to pay over-time to local employees, it is important to note the exceptional work ethic shown, high morale exhibited and excellent assistance provided the project by the local staff. The local staff worked late during the evening hours without complaining or demanding compensation or over-time pay.

However, this experience showed that under circumstances as unreliable and unpredictable as noted above, a back-up power source is essential to provide electricity to the key departments of the Prefecture Sanitaire (the regional EPI depot being the most vulnerable one) in case of power-cuts. Proforma invoices are currently being solicited to determine the costs of connecting a 37KW UNICEF generator, found to be unconnected since its donation in 1987, to the Préfecture.

4.3.7 Data-base Management of Project Property

In response to a request made by the Mission, the project prepared a complete inventory of all expendable and non-expendable project commodities purchased to date and found on site. During this inventory all items received a bar-code number and were entered into a database, using D-Base IV, designed by a Peace Corps Volunteer and is user friendly. The data-base will enable the Expediter/Logistic Officer to store and retrieve items according to the different criteria entered for each item, e.g. location, origin, time of purchase, etc, and print reports accordingly. A sample of the data-base output form can be found in **Annex 6.** The data-base will be updated periodically upon arrival of new project commodities and/or property in Sarh.

V. SUMMARY ACCOMPLISHMENTS

5.1 In-service Training

- A major training plan was designed and approved by the project, MOH and USAID.
- The data collection of the health knowledge survey was successfully completed and analyzed.
- A chronological computerized data-base was established to inventorize all resource materials in the library and the training center.

5.2 Cost Recovery

- A cost recovery consultant was fielded to evaluate and make recommendations to improve and institutionalize cost recovery systems in the targeted project Prefectures.
- All current and past experiences with health sector cost recovery initiatives and systems in Chad were reviewed and evaluated.
- A CCSP cost recovery accountant was hired by the project to coordinate cost recovery activities with the MOH and other donors.

5.3 Decentralization

- A revised organigram was developed for the Délégation Sanitaire and submitted to the Comite de Direction Prefectural.

5.4 Project Management

- The TA Team moved into new project offices at the Délégation.
- An up-to-date inventory of all expendable and non-expendable project property was prepared and computerized onto a specially designed database.
- Regular and reliable communication systems (telephone, fax services, courier and mail services and banking services) were installed/established between the project, the Mission and TMG/MCDI in the U.S.

VI. IMPLEMENTATION PROBLEMS AND RECOMMENDATIONS

The major problems experienced during this quarter relate to logistical and administrative management responsibilities. There were also several technical implementation problems that affected project implementation. The following presents a discussion of both technical and administrative/logistical problems and recommendations to address problems.

6.1 Technical Implementation Problems and Recommendations

6.1.1. Counterpart to Training Advisor

Issue/Problem: to date no counterpart has been identified and assigned to the Health Trainer. This has delayed the transfer of skills and technology for this project component.

Recommendation: the MOH should begin the process of identifying a suitable counterpart for the Health Trainer. This individual should be assigned the responsibility as director of the training center.

6.1.2 Prefectural Pharmacist

Issue/Problem: the Moyen-Chari lacks a Prefecture pharmacist to manage the cost recovery systems to be installed and implemented under the project. This position has been vacant prior to the inception of the project. As a result, cost recovery initiatives in the Moyen-Chari have not been fully developed.

Recommendation: the MOH should identify and assign a Prefectural Pharmacist as soon as possible. It is essential that this position be filled on a priority basis to ensure that the strategy and systems recently developed and proposed through the cost recovery consultancy be managed and implemented effectively and according to the timetable developed for cost recovery activities.

6.1.3 District Medical Officer

Issue/Problem: no District Medical Officer has been assigned for the District of Sarh to coordinate and manage the overall health programs of the MOH and the specific interventions of the CCSP. It should be noted that the District Medical Officer is the key to ensuring that quality services at the primary and secondary levels of the health system in the District of Sarh and without a capable person in this position, health activities will be promoted within a vacuum.

Recommendation: the MOH should move without delay to assign a suitable and qualified personnel to assume this position.

6.2 Administrative/Logistical Problems and Recommendations

6.2.1 Public Utility Constraints

Issue/Problem: electricity and water shortages have created major problems for the project and the TA Team. During this quarter, major power outages were experienced from about 6 am - 8 pm daily. Also, the public water system was shut off thereby creating a shortage of water at both the project office and the residences of the TA Team. These problems constrained severely the pace of project implementation.

Recommendation: the project should identify and install alternative sources of power and water and electricity. It is proposed as an immediate first step, stand-by generators be purchased and installed and water storage tanks be constructed at the project office and at the residences of the TA Team.

6.2.2 Transportation Constraints

Issue/Problem: the number of project vehicles available is inadequate for the planned implementation activities. Currently, there are only three vehicles assigned to the project with one unsuitable for field travel.

Recommendation: for effectiveness and to be able to meet the level of transportation needs of the project, the minimum number of vehicles required is 5. Therefore, the project should purchase two additional vehicles, preferable TOYOTA Landcruisers.

VII. IMPLEMENTATION ACTIONS PLANNED OVER THE NEXT 90 DAYS

7.1 In-service Training

- Finalize the Prefectural in-service training plan and ensure its approval.
- Develop a draft training curricula.
- Ensure that a MOH Training Counterpart to the Training Advisor is provided by the MOH.

7.2 Cost Recovery

- Clarify the project's involvement in the health pyramid through a series of meetings with key decision maker within the MOH and the health sector.
- Develop a Prefectural list of essential primary health care drugs and medical supplies.
- Identify various sources for the procurement of the essential drugs and medical supplies.

7.3 Health Information System (HIS)

- Coordinate with the DSIS of the BSPE in establishing policies and procedures in decentralizing the present HIS from the central level to the Prefectural level.
- Field a HIS specialist to assist the project develop the instruments to implement the above and improve the HIS in general.

7.4. Operations Research (OR)

- Complete and present a final analysis of the data of the health knowledge survey to the various health committees of the Prefecture.

7.5 Donor/Project Coordination

- Ensure the selection of a Prefectural Pharmacist and a District Medical Officer.

- Coordinate with UNICEF to provide support to the Prefectural PEV.

7.6 Decentralization

- Develop the concept of "Association de Sante Communautaire des Zones de Responsabilite" to facilitate decentralization of key administrative/technical functions currently being assumed at the central level to the Prefectural level.

7.7 Administrative and Logistical Support Management

- Field a consultant to assist the project address outstanding administrative and logistical issues, including housing maintenance and utilities, office operations, commodity procurement, data-base management, financial management and project accounting and project inventory control.

- Equip the Délégation de la Prefecture Sanitaire, the project office and the residences of the TA Team with generators.

- Recruit additional local administrative project staff to include a cost recovery accountant and an administrative assistant.

CHAD CHILD SURVIVAL PROJECT
Second Quarterly Financial Report

Period Ended June 30, 1993

The Mitchell Group, Inc.
1816 11th St., NW
Washington, DC 20001
202-745-1919

Contract Number: 677-0064-C-00-2012-00

BUDGET CATEGORY	CONTRACT BUDGET	EXPENDITURES THROUGH 6/93	BUDGET REMAINING	% REMAINING
1. Personnel - Salaries (Home Office)	171,413	63,471	107,942	62.97%
2. Consultant Fees	78,229	14,014	64,215	82.09%
3. Overhead - U.S. (102.57%)	256,058	79,476	176,582	68.96%
4. Salaries - Field Staff	941,417	52,835	888,582	94.39%
5. Overhead - Chad (74%)	696,649	39,098	657,551	94.39%
4. Travel and Transportation	273,985	85,533	188,452	68.78%
5. Allowances and Per Diem	699,833	59,782	640,051	91.46%
6. Other Direct Costs (DBA,SOS)	465,834	95,250	370,584	79.55%
(Subtotal of TMG Costs)	3,583,418	489,460	3,093,958	86.34%
FIXED FEE (8%) Excluding MCD/I	286,673	39,157	247,516	86.34%
TMG TOTAL COSTS	3,870,091	528,616	3,341,475	86.34%
7. Subcontract: MCD/I	2,587,134	179,242	2,407,892	93.07%
TOTAL COST	6,457,225	707,859	5,749,366	89.04%

Executive Summary

This report reviews and evaluates current and past experiences with health sector cost recovery in Chad -- much of it occurring in the private, not-for-profit sector -- and assesses the future potential for public sector cost recovery in the province of Moyen Chari.

Section II of the report examines the overall financial position of the Chadian health sector. Drawing on household expenditure data from Moyen Chari, it estimates the level of private consumption expenditures on health care, and contrasts this with public and foreign health sector outlays. It reveals that public health sector expenditures finance a relatively small percentage of the total costs of curative care consumption, and therefore, that the recent reductions in public health sector subsidization are unlikely to have had a serious effect on the welfare of most Chadian households. Rather, it is more likely that the recent decline in per capita incomes has had a much more deleterious impact on the welfare of the Chadian population.

Section III of the report reviews health sector cost recovery experiences outside the USAID-supported Chad Child Survival Project areas. It reveals that there is considerable variation in cost recovery approaches used in Chad. Most projects, however, identify minor operating costs, drug re supply costs, and some part of total labor costs for cost recovery financing. Not surprisingly, differences between the project areas and between their dispensaries in the costs of service delivery, in pricing, and in utilization result in considerable variation in cost recovery performance. It is concluded, therefore, that is not safe to generalize from one dispensary's experience, or even from a "typical" dispensary's experience, when setting cost recovery policies.

Section IV of the report presents an analysis of the supply and use of dispensary-based curative health services in Moyen Chari. Using household level utilization and expenditure data obtained from the CCSP baseline survey, the analysis reveals that rural households are not only significantly less able to pay for health care than urban households, but (perhaps as a consequence of this) also use dispensary-based curative care much less often than wealthier urban households when they are sick. Somewhat paradoxically, however, the use of dispensary-based curative care within rural and urban communities is not significantly correlated with ability to pay. Section IV also projects that the number of rural sick who will be willing to pay the newly instituted cost recovery prices in Moyen Chari will be inadequate to enable rural public dispensaries to break-even financially. As a result, it is recommended that Moyen Chari move systematically towards the adoption of a flexible pricing arrangement that will allow dispensaries to set their prices to reflect local supply and demand realities.

Section V of the report reviews the history of cost recovery policy development in Moyen Chari to date, and provides further evidence that the recently legislated uniform prices for all private and public dispensaries will jeopardize the financial sustainability of many of these dispensaries, and particularly the rural public dispensaries. The section also calculates the total drug requirements for effectively launching public health sector cost recovery activities in Moyen Chari, and demonstrates that currently budgeted funds are inadequate to procure the quantity of drugs needed.

Finally, the report ends in Section VI with a summary of the activities deemed necessary for effectively launching public sector cost recovery activities in Moyen Chari on a broader scale.

Acknowledgments

This report is the product of a group effort carried out under the Chad Child Survival Project. It has benefited greatly from the assistance and insights provided by a large number of people in Chad and, in particular, in the prefecture of Moyen Chari. The content and scope of the report owes much to Dr. Daugla, the Medecin-Chef of Moyen Chari, and Dr. Konate, the CCSP Health Planner, who provided the consultant with invaluable guidance, analytic insight, and technical and administrative assistance during his assignment. Because of their direct and active involvement, this work has truly been a collaborative effort -- the first, I hope, of many more as part of the CCSP project. Special thanks must also be extended to Dr. Albert Burki of ITS who gave an extraordinary amount of his time in order to ensure that the CCSP could benefit from his considerable experience in the area of health care finance in Moyen Chari.

Finally, I would also like to extend particular thanks to Dr. Anita Mackie of USAID and Dr. Bernard Francois of the BSPE for their direction and support in carrying out this work. Without all the background documentation and commentary they provided, the consultant could not have gained as detailed a picture of current and past cost recovery efforts in Chad.

I. Introduction

This is the first technical report on cost recovery to be produced under the USAID-sponsored Chad Child Survival Project (CCSP). Because it is the first report, it is necessarily much more comprehensive than future reports will need to be. The report attempts to put the nascent cost recovery efforts in the province of Moyen Chari into the broader context of similar, but more developed, efforts elsewhere in Chad. By reviewing these other cost recovery experiences, the report hopes to provide public health officials in Moyen Chari (and later in the other two CCSP provinces of Logon Oriental and Salamat), with a sound information base upon which to base their own cost recovery policy decisions. It is also our hope that this synthesis will be of use to the other health projects in Chad who are at similar stages of developing cost recovery initiatives.

The technical content of the report begins in section II which provides a brief review of the overall financial position of Chad's health sector when public, private and foreign resources are accounted for. Section III examines the cost recovery approaches and experiences of a number of health projects located outside the CCSP project areas in Chad. Particular attention is paid here to: (1) identifying and assessing the magnitude of the input costs that are typically financed through cost recovery; (2) evaluating the alternative pricing policies employed; and (3) assessing the cost recovery performance of these projects. In addition, data from the projects are used to describe how to conduct break-even financial analysis. This is followed in Section IV by an analysis of the supply and use of health services in three CCSP-assisted districts of Moyen Chari. The analysis draws extensively on household level health utilization and expenditure data generated in the CCSP's baseline survey. It examines both the ability to pay for care and makes

projections of the number of patients who will be willing to pay Moyen Chari's newly established cost recovery prices for publicly provided dispensary-based curative care. Section V of the report then reviews public sector cost recovery activities that have already been undertaken in Moyen Chari. The review focuses particular attention on issues of pricing and drug supply. Finally, the report ends in Section VI with a detailed summary of activities deemed necessary to effectively launch cost recovery in all public health facilities in Moyen Chari.

NOTE TECHNIQUE

sur l'organisation de la Délégation de la Préfecture Socio-Sanitaire et sur l'intégration du PSET à la DPSS - Moyen-Chari.

INTRODUCTION

Dans le cadre du Projet Survie de l'Enfant, il est demandé une assistance technique à l'organisation et au renforcement de la Délégation de la Préfecture Socio-Sanitaire dans le cadre de la politique de décentralisation préconisée par le Gouvernement du Tchad. La présente proposition s'inscrit dans ce cadre.

I. PRESENTATION:

A. DE LA DPSS:

A1. ATTRIBUTION DU DELEGUE DE LA PREFECTURE SOCIO-SANITAIRE

Le décret No 519/PR/91 du 24 Août 1991 portant organisation et attributions du Ministère de la Santé Publique et des Affaires Sociales, classe les Délégations des Préfectures Socio-Sanitaires parmi les structures intermédiaires du système socio-sanitaire à trois niveaux de responsabilité et d'activités.

Les tâches confiées aux Délégués sous l'autorité du Directeur Général Adjoint sont les suivantes:

" - Superviser, coordonner et animer les Divisions, Centres Hospitaliers Préfectoraux et les Districts placés sous leur autorité;

- Veiller à la gestion des ressources humaines, financières, matérielles et informatiques placées sous leur autorité;

- Convoquer et animer le Comité de Direction de leur préfecture et participer au Conseil Préfectoral de Santé et des Affaires Sociales;

- Participer aux réunions du Comité de Direction de la Direction Générale Adjointe;

- Veiller à l'élaboration et à l'application d'une planification préfectorale tenant compte de la planification et des programmes nationaux;

- Veiller aux problématiques socio-sanitaires spécifiques à leur préfecture;

- Veiller au développement du plan de couverture socio-sanitaire de leur préfecture;

- Veiller au respect des politiques, normes et procédures administratives et techniques du Département et du Gouvernement;

- Rendre compte périodiquement au Directeur Général Adjoint de la situation de leur préfecture et des mandats spécifiques qui leurs sont confiés "

Les délégués des Préfectures Socio-Sanitaires ont sous leur autorité:

- Une Division de la Planification Programmation
- Une Division des Ressources
- Des Districts Socio-Sanitaires
- Un Hôpital Préfectoral
- Service Social (P.M.)

A2. <u>ATTRIBUTIONS DES DIVISIONS:</u>

1/ <u>Division de la Planification - Programmation:</u>

Le Chef de la Division est chargé de:

" - Superviser, coordonner et animer le personnel placé sous son autorité;

- Définir, en collaboration avec les autres services, les objectifs de la Préfecture Socio-Sanitaire en matière de planification/programmation;

- Veiller à l'adaptation préfectorale des programmes nationaux et à leur exécution;

- Veiller à la planification et à la programmation d'activités socio-sanitaires spécifiques à leur préfecture;

- Veiller à la supervision et à la formation des agents de la Préfecture Socio-Sanitaire;

- Veiller à la collecte de l'information statistique, à son traitement, à son acheminement au niveau central et à sa rétro-information aux Districts socio-sanitaires;

- Veiller à la planification et à la programmation des activités relatives à la promotion féminine;

- Veiller à l'identification des besoins en médicaments".

2/ Division des Ressources:

La Division des Ressources est chargée de:

" - Superviser, coordonner et animer le personnel placé sous son autorité;

- Définir en collaboration avec les autres services, les objectifs de la Préfecture Socio-Sanitaire en matière de ressources afin d'organiser l'utilisation des ressources humaines, matérielles, financières et informatiques de la Préfecture;

- Veiller en collaboration avec les autres services à la planification des besoins en personnel et à la tenue des dossiers;

- Veiller, en collaboration avec les autres services, à la préparation du budget de la préfecture, à son exécution et à son contrôle;

- Veiller à l'approvisionnement et à la distribution des médicaments;

- Veiller, en collaboration avec les autres services, à la planification des besoins en biens meubles et immeubles;

- Veiller au respect des politiques, normes et procédures relatives aux achats, à la distribution, à l'inventaire et à l'entretien des ressources matérielles et informatiques;

- Apporter un soutien technique aux responsables des Districts et des formations socio-sanitaires "

B. DES DISTRICTS SOCIO-SANITAIRES:

Le Chef de District Socio-Sanitaire, sous l'autorité du Délégué de la Préfecture est chargé de:

- Superviser, coordonner et animer l'Hôpital de District et les Chefferies des Zones de Responsabilité placées sous son autorité;

- Convoquer et animer le Comité de Direction de son District et participer au Conseil de Santé et des Affaires Sociales du District;

- Veiller à la gestion des ressources humaines, financières, matérielles et informatiques placées sous son autorité;

- Veiller à l'approvisionnement et à la distribution des médicaments et petits équipements pour son District;

- Veiller à la gestion des ressources financières générées par la participation des populations;

- Veiller en collaboration avec le responsable de l'Hôpital du District, le Chef des Zones de Responsabilité, le Chef de la Division des Ressources et de la Programmation et le Délégué de la Préfecture à l'élaboration et à l'application de la planification et des programmations de son District;

- Veiller au respect et au développement du plan de couverture socio-sanitaire se son District quant aux infrastructures et aux équipements ainsi qu'aux activités du paquet minimum de l'Hôpital de District et des Zones de Responsabilité;

- Veiller à l'application et au respect des politiques, normes et procédures du Département et du Gouvernement;

- Veiller à la formation du personnel du District;

- Veiller à la collecte et à la ventilation de l'information statistique;

- Assurer, en collaboration avec le Responsable de l'Hôpital et le Chef des Zones de Responsabilité, la surveillance épidémiologique du district;

- Participer aux réunions du Comité de Direction de la Préfecture;

- Rendre compte périodiquement au Délégué de la Préfecture de la situation de son District et des mandats spécifiques qui lui sont confiés.

Le Comité de Direction des Districts est composé du Chef de District, du chef de la Division des Ressources et de la Programmation, du Responsable de l'Hôpital du district et du Chef des Zones de Responsabilité.

Le Chef de District a autorité sur ces responsables auxquels il délègue les responsabilités correspondant à leurs champs de compétence.

P

C. **DES ZONES DE RESPONSABILITE:**

Le Chef des zones de Responsabilité (Centre Socio-Sanitaire), sous l'autorité du Chef de district, est chargé de:

- Veiller à la gestion des ressources humaines, financières et matérielles placées sous son autorité;

- Veiller à la supervision technique et à la formation du personnel des centres socio-sanitaires;

- Veiller à l'application du "paquet minimum d'activités" et des programmations spécifiques des centres socio-sanitaires;

- Veiller à l'approvisionnement des centres socio -sanitaires en médicaments et en petits équipements médico-sociaux;

- Superviser, en collaboration avec le Chef de la Division des Ressources et de la Programmation, le circuit des sommes générées par la participation de la population;

- Veiller au respect des politiques, normes et procédures et s'assurer d'un retour équitable des sommes récoltées vers les centres socio-sanitaires;

- Veiller à l'application du système de référence des malades;

- Veiller, en collaboration avec les Responsables de l'Hôpital du District, à la surveillance épidiomologique du District;

- Veiller à la collecte des informations statistiques des centres socio-sanitaires, à leur traitement, à leur transmission et à leur rétro-information;

- Participer au Comité de Direction du District;

- Rendre compte périodiquement au Chef de District de la situation des centres socio-sanitaires et des mandats spécifiques qui lui sont confiés;

Le Comité de Direction de la chefferie de la Zone de Responsabilité est composé du chef des Zones de Responsabilité et des Responsables des Centres Socio-Sanitaires.

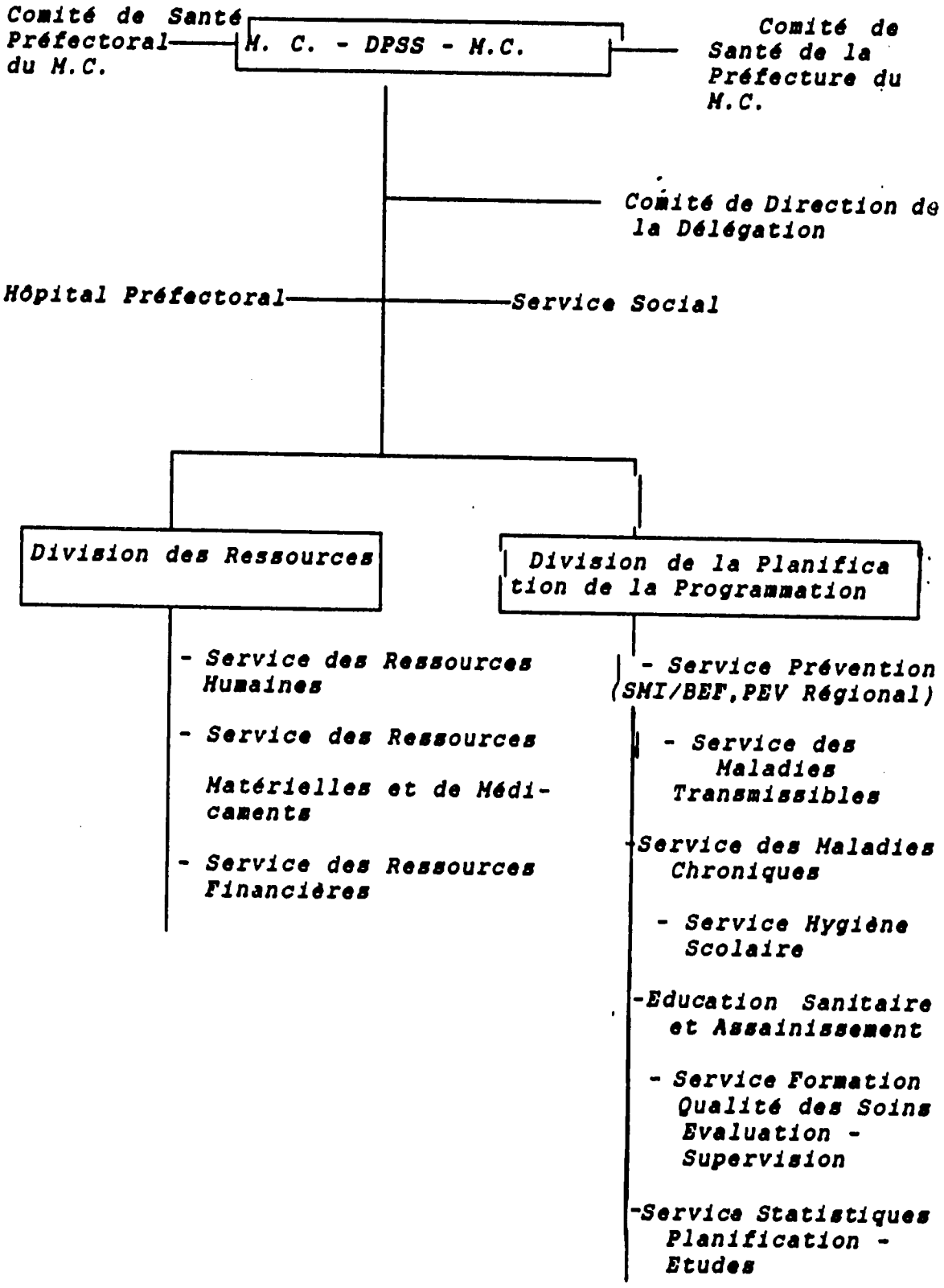
Le Chef des Zones de Responsabilité a autorité sur ces responsables auxquels il délègue les responsabilités correspondant à leurs champs de compétence.

II. REMARQUES:

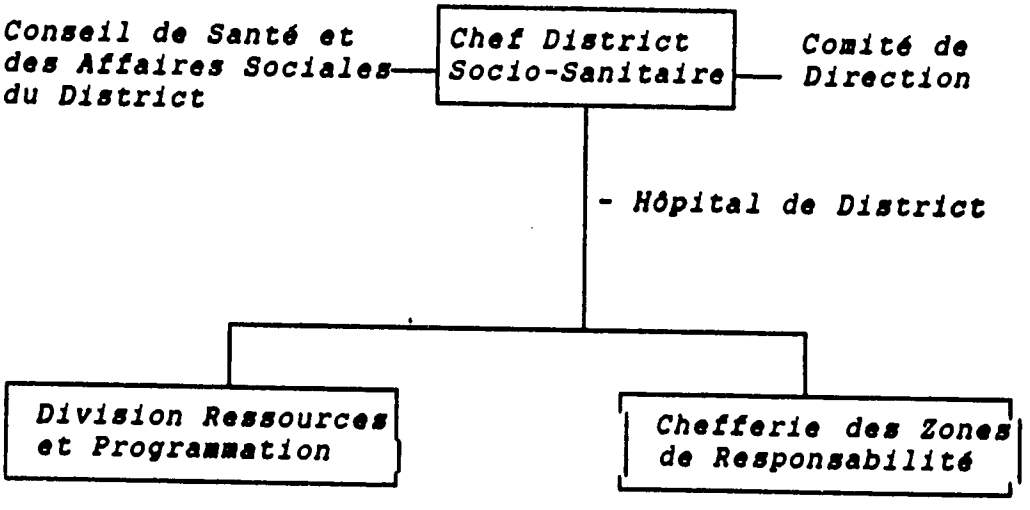
I.1. Les Délégations sont érigées, dans le Décret No 519/PR/91 du 24 Août 1991 en structures déconcentrées de la Direction Générale Adjointe. Elle semblent dépendre directement de celle-ci

dans la mesure où elles doivent lui rendre compte. Elle applique en outre à leur endroit le principe de la délégation d'autorité et de missions.

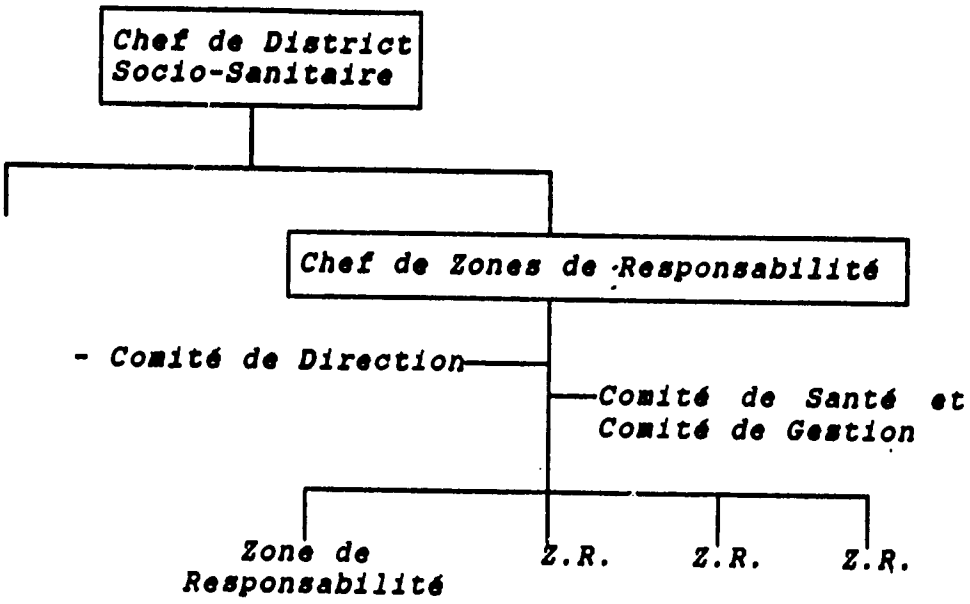
Toutefois, il ressort aussi que la Direction Générale Adjointe sert de trait d'union entre les Délégations et les autres directions centrales à N'Djaména (Voir liste des Directions centrales en annexe).
Or la plupart de ces directions centrales sont représentées au niveau des préfectures non pas par des Délégations correspondantes, mais par des services.
Les contraintes liées à une telle structuration est qu'il y a un vide organisationnel au niveau des préfectures par rapport aux autres Directions centrales et qu'il revient à la Délégation Socio-Sanitaire de la combler. Or celle-ci, suivant le Décret 519/PR/91 ne comporte que deux divisions: Planification - Programmation et Ressources. Il n'y a donc pas à priori de place dans son organigramme pour représenter les démembrements des autres services centraux. Compte tenu de cette situation, les Délégations ont été conduites à introduire dans leur organigramme les services opérationnels des autres directions centrales. Cet organigramme se présente ainsi qu'il suit:


Comité de Santé Préfectoral du M.C.
M. C. - DPSS - M.C.
Comité de Santé de la Préfecture du M.C.
Comité de Direction de la Délégation
Hôpital Préfectoral
Service Social
Division des Ressources
Division de la Planification de la Programmation
- Service des Ressources Humaines
- Service des Ressources Matérielles et de Médicaments
- Service des Ressources Financières
- Service Prévention (SMI/BEF,PEV Régional)
- Service des Maladies Transmissibles
-Service des Maladies Chroniques
- Service Hygiène Scolaire
-Education Sanitaire et Assainissement
- Service Formation Qualité des Soins Evaluation - Supervision
-Service Statistiques Planification - Etudes

I.2. <u>Les Districts Socio-Sanitaires</u> constituent une composante de l'organigramme de la Préfecture Socio-Sanitaire. Ils relèvent hiérarchiquement de la Délégation de la Préfecture Socio-Sanitaire. Il n'apparait pas à ce niveau non plus de représentations des services des autres directions centrales. On relève plutôt certaines attributions du Chef de District relatives à ces services.
L'organigramme apparaît donc sans référence à ces structures contrairement à celui de la Délégation de lá Préfecture Socio-Sanitaire. Il est le suivant:



I.3. <u>Les Zones de Responsabilité</u> sont des entités géographiques distinctes mais leur Chefferie se trouve incluse dans l'organigramme de la Chefferie du District Socio-Sanitaire. Il en est aussi de leurs missions qui se confondent avec les attributions de la Chefferie de la Zone de Responsabilité. De notre avis, les Zones de Responsabilité constituent le sous-secteur communautaire du Secteur de la Santé et à ce titre, devrait de ce fait s'en distinguer. Toutefois, des mécanismes de coordination entre le sous-secteur communautaire et le sous-secteur public devraient s'instaurer en vue d'obtenir un système harmonisé, efficace et intégré susceptible d'atteindre les objectifs globaux de santé.
L'organigramme qui découle de l'organisation présente pourrait être matérialisé de la sorte:



III. ANALYSE:

L'analyse du contenu du Décret 519/PR/91 et surtout son application au niveau périphérique appelle certaines réflexions.

a. Le Décret détermine plutôt les tâches des Responsables que les missions ou attributions des structures aux différents niveaux;

b. Les entités (Préfecture Socio-Sanitaire, District Socio-Sanitaire, Zone de Responsabilité) n'y sont pas définies et ne font pas expressément l'objet d'une description en tant que structures composantes de l'ensemble du dispositif d'encadrement du secteur de la santé;
Ainsi, l'entité Délégation de la Préfecture Socio-Sanitaire n'y apparaît pas clairement. Comprend-elle uniquement le Délégué ou celui-ci et les Divisions ou les Chefs de division ?

c. Les tâches confiées aux délégués englobent celles relevant d'autres directions centrales. C'est ainsi que l'article 8 du décret No 519/PR/91 du 24 Août 1991 stipule que la Délégation de la Préfecture Socio-Sanitaire est " une structure déconcentrée (et non décentralisée) qui veille à l'application dans la Préfecture, de la politique socio-sanitaire nationale, à son exécution, à son évaluation et à son contrôle ". Il ressort donc de cet article du décret que la Délégation de la Préfecture Socio-Sanitaire est un démembrement de l'Administration Socio-Sanitaire centrale chargée, non pas de concevoir, mais d'appliquer la politique définie par le Gouvernement dans sa zone d'autorité. Or la mise en oeuvre de cette politique au niveau central est conduite par une administration composée, outre du

Ministre et de son cabinet, d'une Direction Générale de la Santé, d'une Direction Générale Adjointe, de six (6) Directions centrales, d'une Direction Adjointe. Ces directions n'ayant pas leurs répondant au niveau des Préfectures, c'est à la Délégation de la Préfecture Socio-Sanitaire qu'il incombe d'assumer toutes les missions qui leur sont dévolues. Cette situation, alliée à la contrainte relevée au niveau de l'organigramme de la Délégation qui ne comporte que deux divisions, conduit à la confection d'un organigramme qui amalgame des structures essentiellement de conception et de gestion prévisionnelle à des structures à vocation essentiellement d'exécution et de gestion opérationnelle.

IV. PROPOSITION:

Les hypothèses de travail adoptées dans le cadre des propositions qui seront avancées sont:

a. le décret est immuable jusqu'à preuve du contraire. Il ne s'agit donc pas d'aller à l'encontre des dispositions qui y sont contenues;

b. toutefois la décentralisation adoptée au niveau politique et les Accords dans le cadre du Projet Survie de l'Enfant au Tchad sont pris en compte;

c. la recherche d'efficacité et d'efficience doit prévaloir et être obtenue à travers la rationalisation des ressources disponibles.

Partant donc d'une part, du principe de séparation des fonctions essentiellement de conception de celles essentiellement d'exécution, et d'autre part, des hypothèses de travail sus énumérées, nous assoirons notre proposition sur la technique de découpage horizontal et vertical appliquées aux structures et fonctions dans le but d'obtenir une organisation rationnellement intégrée, à travers des interrelations dynamiques complémentaires.

1. Découpage vertical:

Cette technique hiérarchise les fonctions et tâches au sein d'une structure tout en veillant à créer entre elles des interrelations dynamiques. Ainsi, en considérant la Délégation de la Préfecture comme une structure de direction et de coordination d'ensemble, on aboutirait à:

- *une décentralisation des fonctions de planification au niveau périphérique;*

- une concentration des attributions dévolues au niveau du Médecin Chef Délégué (délégation d'attribution du Directeur Général Adjoint);

- une déconcentration d'attributions au niveau des Divisions (répartition des tâches et délégation au niveau des Chefs de division et des Médecins-Chefs de Districts Socio-Sanitaires);

- un recentrage de la fonction de Délégué autour d'actions prééminentes tels l'orientation, l'impulsion, le contrôle et la supervision et la coordination d'ensemble.

Ainsi, les deux Divisions se verront dotées de part et d'autres d'attributions complémentaires pertinentes avec celles globales de la Délégation. Les Chefs de Division auront essentiellement des tâches de conception, d'évaluation et de coordination sur les unités composant leurs divisions respectives qui auront des tâches essentiellement de suivi et d'exécution.
A cet effet et dans cette optique, les divisions devraient comporter des sous-unités de survie et d'exécution de tâches nécessaires à la conception et à l'évaluation de leurs missions; Ce seront les sections.
Si cette conception devait être retenue, la Délégation de la Préfecture Socio-Sanitaire sera une entité composée;

- du Médecin-Chef Délégué (représentant l'autorité)

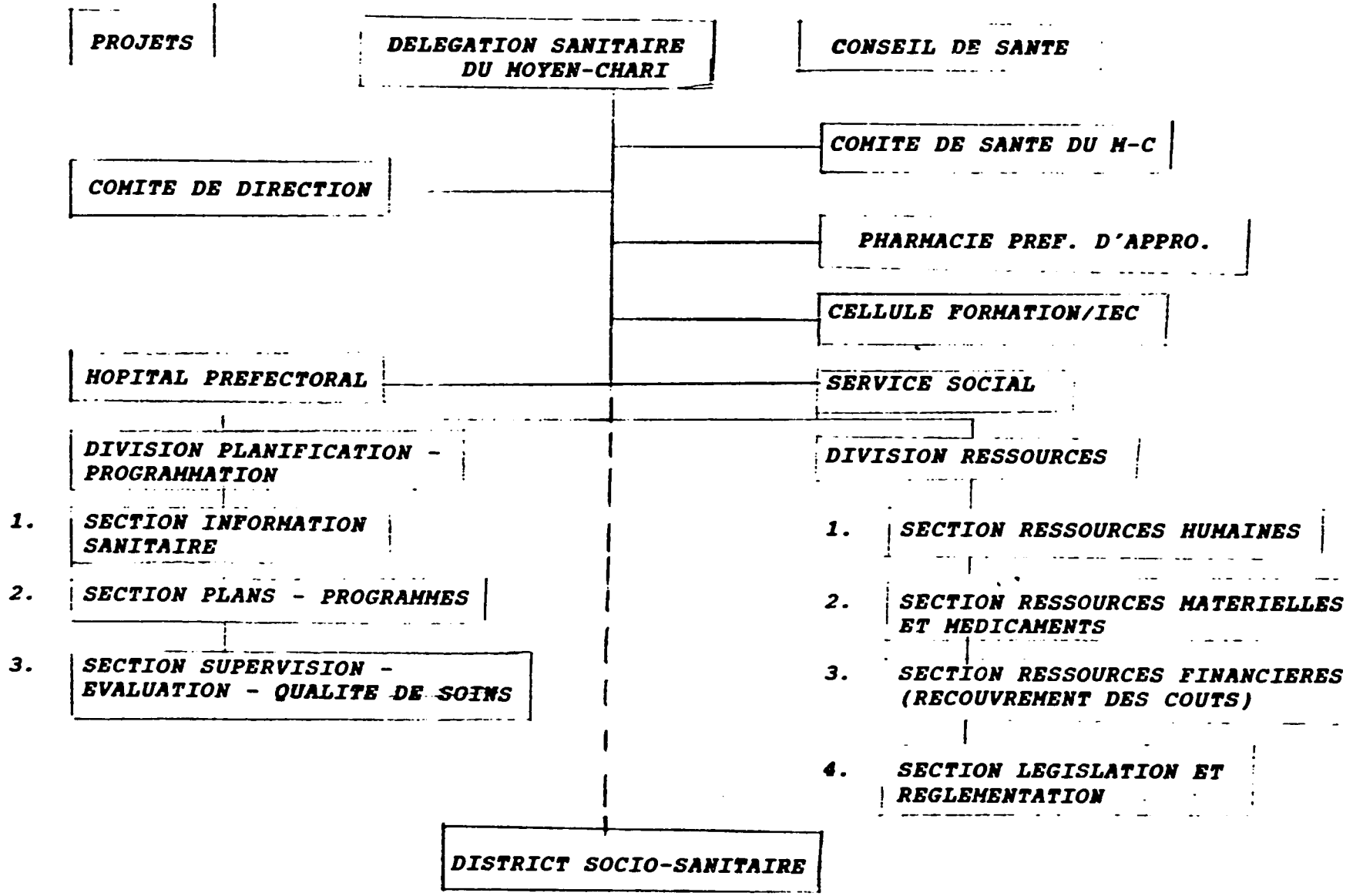
- des Divisions (sous-unités de la Délégation)

- des Sections techniques (sous-unités des Divisions)

- des services rattachés (à la Délégation)

L'organigramme qui matérialiserait ce type d'organisation pour la Préfecture Sanitaire du Moyen-Chari (à titre d'exemple) serait le suivant;

PROPOSITION DE L'ORGANIGRAMME DE LA DELEGATION SANITAIRE DU MOYEN-CHARI



N.B.: Certaines sections peuvent éventuellement être regroupées au regard de l'insuffisance des ressources humaines.
Une description de poste et de tâche est nécessaire.
Une telle organisation de la Délégation de la Préfecture Socio-Sanitaire exclurait de sa part une intervention directe dans l'exécution des activités sur le terrain (Rappelons que l'organigramme actuel le permet à travers les services qui composent surtout la Division de la Planification et de la Programmation). La réalisation sur le terrain devrait revenir à d'autres structures opérationnelles pour ce faire et qui recevraient la dénomination de services. La Délégation aurait sur eux l'autorité hiérarchique et un rôle de supervision, de contrôle et de coordination pour le compte des différentes Directions centrales situées à N'Djaména (Voir Annexe 1). Il n'apparait donc pas nécessaire qu'ils soit procédé à un regroupement des chefs de services au sein de la Division de la Planification - Programmation qui ne doit être qu'une structure de conception, de suivi et d'évaluation.

Dans la réalité des faits, compte tenu de l'insuffisance de ressources humaines, des regroupements de services ou d'attribution de plusieurs postes à une même personne pourraient s'avérer nécessaires.

Ces services auront vocation à traduire les plans en programmes opérationnels, à les réaliser et à procéder à l'auto-évaluation.
Ainsi donc, peut-on envisager en guise de proposition, de distinguer les services opérationnels suivants:

- *Service de Santé Scolaire et Universitaire*
- *Service d'Hygiène Publique et d'Assainissement et d'Education Sanitaire*
- *Service de SMI/BEF - Nutrition*
- *Service de P.E.V.*
- *Pharmacie Préfectorale d'Approvisionnement*
- *Service Social et de Développement Communautaire*
- *Centre de Formation*
- *Hopital Préfectoral*

Etant donné que ces services ne pourraient être inclus dans l'organigramme actuel en tant que Divisions à vocation préfectorale, il serait indiqué de leur attribuer le statut de Services Rattachés (à la Délégation de la Préfecture Socio-Sanitaire) avec des Chefs de services placés sous l'autorité directe du Délégué de la Préfecture Socio-Sanitaire.

Une description du profil de chaque service est indispensable pour obtenir une nécessaire complémentarité et intégration des activités permettant une coordination efficace au niveau de la de la Délégation.

Dans le cadre de la planification, les responsables des services peuvent intervenir à deux niveaux;

1/ dans l'élaboration des plans directeurs de développement Sanitaire de la Préfecture;

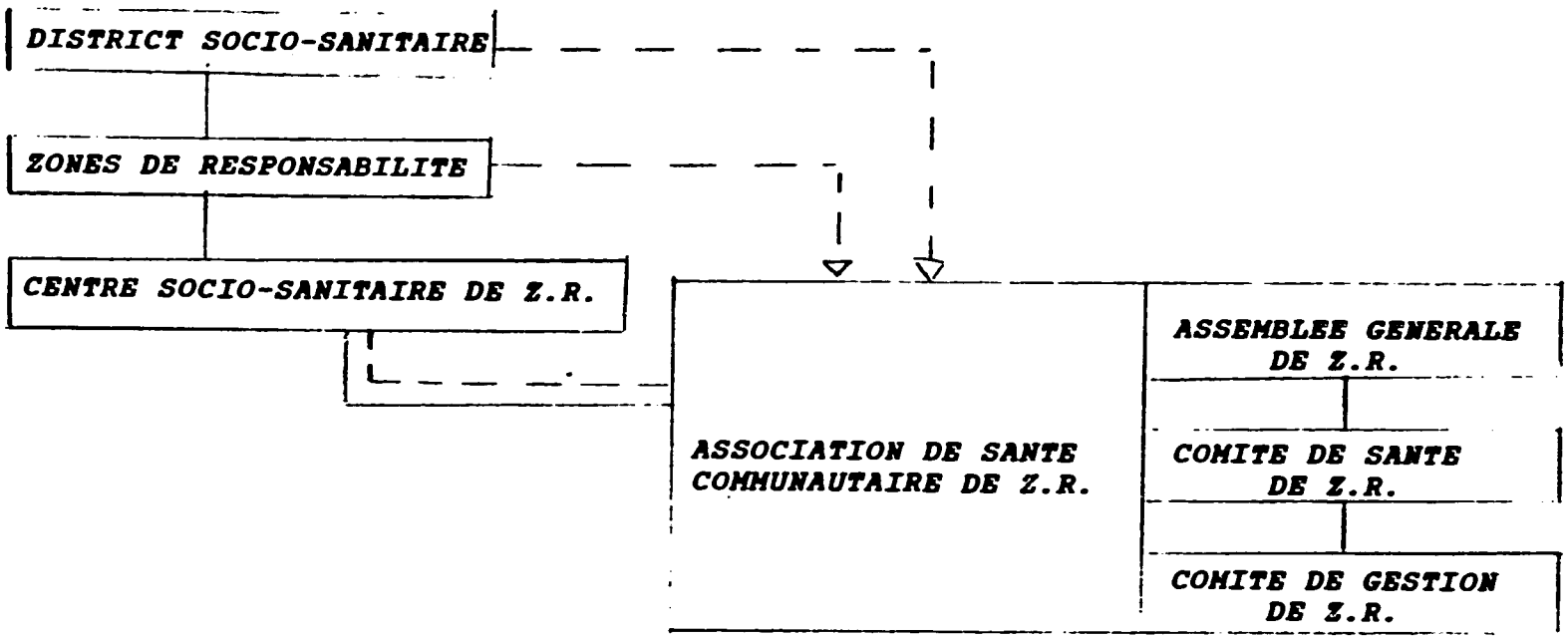
2/ dans la confection des plans de service à leur propre niveau;

La confection du plan directeur de la Préfecture Socio-Sanitaire se ferait dans le cadre d'une structure ad hoc qui pourrait s'appeler Comité Préfectoral de Planification Socio-Sanitaire.

2/ Découpage horizontal:

Cette technique détermine les niveaux de fonctions et de structures sur le plan géographique surtout. On obtient ainsi des structures à différents niveaux (Préfecture, Sous-Préfecture ou District, Zone de Responsabilité) organisés suivant la technique de découpage horizontal et qui concentrent en leur sein les fonctions (ajustées) des niveaux supérieurs. Le décret No 519/PR/91 du 24 Août 1991 détermine ces différents niveaux et n'appelle pas de commentaires particuliers de notre part sauf s'il s'avérait nécessaire d'émettre des avis sur l'organisation interne du District à la lumière de l'application de la technique de découpage vertical.
Nous proposons ci-joint un organigramme de Zone de Responsabilité en conformité avec une proposition d'organisation des Zones de Responsabilité (Association de santé communautaire - voir projet de statuts).

PROPOSITION D'ORGANIGRAMME DE LA ZONE DE RESPONSABILITE



LEGENDE:

relation d'autorité et collaboration

relation hiérarchique

relation de collaboration

B. COLLABORATION ENTRE PSET ET DPSS:

A la base de cette collaboration a été préconisé le principe de l'intégration du projet dans l'organigramme de la Préfecture Socio-Sanitaire. A cet effet, il a été retenu que:

a) les locaux du projet devraient se situer dans ou à défaut le plus près possible de ceux de la Délégation Socio-Sanitaire;

b) les capacités logistiques techniques et administratives fournies par le projet devraient être au service des activités à réaliser dans le cadre du projet;

c) En somme, le projet doit être perçu comme un appui technique, matériel et logistique aux Délégations des Préfectures Socio-Sanitaires dans la réalisation de leurs activités socio-sanitaires, mais particulièrement centré sur la SMI/BEF qui constitue la partie prépondérante du "Paquet Minimum d'Activités".

Le PSET étant un projet, l'organisation de sa gestion devrait être moins bureaucratique et hiérarchiquement moins rigide que ne l'est une administration de routine. Simplification des procédures, efficacité et souplesse dans la conduite de la réflexion et de l'action sur fond de concertation permanente sont les caractéristiques essentielles de ce que doit être nécessairement une équipe de projet. Les fonctions d'impulsion et de coordination du Chef d'Equipe s'en trouveront de ce fait efficaces dans l'atteinte des objectifs assignés.

Le PSET subissant continuellement des changements tout au long de sa conception et de son exécution, sa mouture pour l'instant fait entrevoir présentement:

- une composante axée sur la réalisation des activités sur le terrain des Préfectures concernées par le projet. Celle-ci est confiée à une équipe d'experts de TMG/MCDI;

- une composante axée surtout sur l'appui au Système d'Information Sanitaire, se trouve au niveau national, gérée dans un autre cadre;

- une composante de logistique financière et d'équipement est directement gérée par l'US-AID N'Djamena.

Les Délégations des Préfectures Socio-Sanitaires du Moyen-Chari, de Salamat et du Logone Oriental sont particulièrement concernées par la composante confiée à l'équipe TMG/MCDI, dans leurs rapports directs avec le projet.

Le caractère et les exigences des projets d'une part et ceux des

42

services publics d'autre part, ne permettent point d'envisager leur intégration sous l'angle de la fusion. Il y aurait manifestement là source de confusion et d'inefficacité pouvant confiner à l'extrême à la paralysie, donc à l'inaction.

Il convient donc de garder à l'esprit la nécessité d'existence de deux entités différentes (Délégation et PSET) mais qui doivent être nécessairement complémentaires au niveau de l'organisation et de la réalisation d'activités communes dans l'atteinte d'objectifs communs.

Dans ce cas, moins que la fusion, la nécessité d'une intégration vue sous l'angle de la coordination semble la plus appropriée: la mise en commun des ressources intellectuelles, matérielles et financières sur une base concertée, en vue de la réalisation d'activités susceptibles de favoriser l'atteinte d'objectifs communs. Dans ce cas, il n'y a pas antagonisme dans l'existence de deux structures (Délégation et Projet) possédant chacune une organisation interne propre. ceci d'autant plus d'ailleurs que le projet est sensé ne couvrir qu'une partie seulement des activités de la Délégation et de surcroît pour un temps déterminé.
L'organisation interne du PSET au niveau de l'équipe du projet sur le terrain est la suivante:

- *un Chef d'équipe = coordonnateur de l'équipe et responsable devant TMG, le contractant;*
- *un Planificateur de la Santé*
- *un Formateur en Santé.*

Tous les trois ont rang de conseiller vis à vis de la Délégation de la Préfecture Socio-Sanitaire dans leur domaine respectif.
Cependant, le Chef d'équipe sera l'homologue du Délégué de la Préfecture en ce qui concerne l'exécution d'ensemble du projet.
Son champ d'action se situera surtout dans le cadre de la SMI/BEF.
Il assurera en outre les relations de collaboration entre le PSET et les autres projets et organismes.

Le Planificateur en Santé sera l'homologue direct du Chef de la Division Planification et Programmation tout en travaillant au besoin avec le Délégué de la Préfecture Socio-Sanitaire. Il supervise le comptable - coordinateur local chargé du Recouvrement des Coûts.

Le Formateur aura comme homologue le Responsable du programme de formation et de supervision. Il travaillera étroitement avec l'équipe préfectorale des centre de formation et de démonstration. En outre, il supervisera aussi les volontaires du Peace Corps. La description détaillée de leurs tâches permettra de mieux connaître leurs apports respectifs à la réalisation du projet.

43

Ces trois membres de l'équipe, qui sont des expatriés, travaillent en collaboration avec un pool de contractuels locaux qui constituent l'équipe de soutien à la gestion interne spécifique du projet. Toutefois, il est à souligner au niveau de l'utilisation de certains contractuels locaux (par exemple le comptable coordinateur chargé de Recouvrement des Coûts) qu'ils ne sauraient travailler efficacement qu'en étant des personnes charnières entre le projet et les agents de la DPSS sur le terrain et les comités de gestion et de santé avec lesquels ils sont appelés à collaborer étroitement.

En matière d'appui aux préfectures, celui-ci peut couvrir plusieurs domaines pourvu qu'ils soient compatibles avec les exigences du projet et que leur expression fasse l'objet de concertation, de réalisme et d'objectivité. Il peut s'agir entre autres:

- *d'utilisation rationnelles des moyens logistiques du projet et de la Délégation par les deux parties;*

- *de formation d'agents au Tchad ou à l'Etranger;*

- *d'activités d'amélioration de l'organisation du travail et de renforcement de l'administration sanitaire préfectorale par des apports jugés indispensables à la marche d'ensemble du travail;*

- *d'actions de soutien financier à la réalisation d'activités sur le terrain;*

- *de prise en charge financière de certaines actions non prévues mais jugées de manière concertée comme objectivement cruciales à la réalisation des conditions de réussite du projet (interventions d'appoint au niveau du PEV, électrification d'appoint, téléphone etc)*

- *d'aide complémentaire raisonnable en fournitures de bureau et utilisation rationnelle des capacités informatiques du projet par les services de la Délégation; etc*

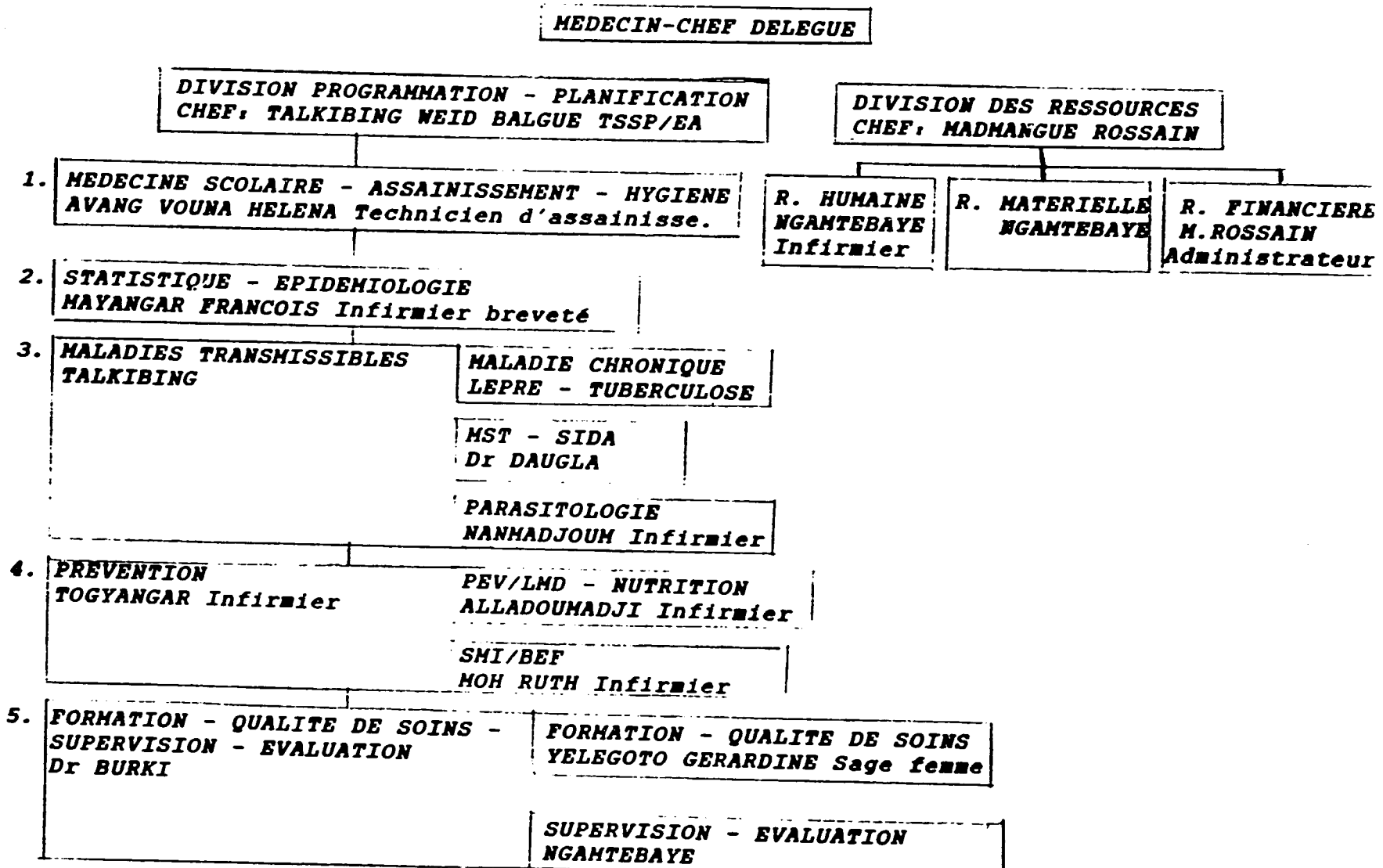
L'action principale en matière d'intégration du projet à la Préfecture Socio-Sanitaire nous semble se situer prioritairement au niveau de la nécessaire intégration du plan d'action du projet à celui de la Préfecture Socio-Sanitaire (Délégation et Districts).

La mise en oeuvre relèverait alors d'un processus de concertation permanente et d'une volonté commune de travailler ensemble.

Sarh, le 18 Juin 1993

Dr KONATE

ANNEXE I:


MEDECIN-CHEF DELEGUE
DIVISION PROGRAMMATION - PLANIFICATION
CHEF: TALKIBING WEID BALGUE TSSP/EA
DIVISION DES RESSOURCES
CHEF: MADMANGUE ROSSAIN
1. MEDECINE SCOLAIRE - ASSAINISSEMENT - HYGIENE
AVANG VOUNA HELENA Technicien d'assainisse.
R. HUMAINE
NGAMTEBAYE
Infirmier
R. MATERIELLE
NGAMTEBAYE
R. FINANCIERE
M.ROSSAIN
Administrateur
2. STATISTIQUE - EPIDEMIOLOGIE
MAYANGAR FRANCOIS Infirmier breveté
3. MALADIES TRANSMISSIBLES
TALKIBING
MALADIE CHRONIQUE
LEPRE - TUBERCULOSE
MST - SIDA
Dr DAUGLA
PARASITOLOGIE
NANMADJOUM Infirmier
4. PREVENTION
TOGYANGAR Infirmier
PEV/LMD - NUTRITION
ALLADOUMADJI Infirmier
SMI/BEF
MOH RUTH Infirmier
5. FORMATION - QUALITE DE SOINS -
SUPERVISION - EVALUATION
Dr BURKI
FORMATION - QUALITE DE SOINS
YELEGOTO GERARDINE Sage femme
SUPERVISION - EVALUATION
NGAMTEBAYE

ANNEXE 2:

Services centraux du Ministère de la Santé Publique et des Affaires Sociales

1. *Direction Générale de la Santé*

2. *Direction Générale Adjointe de la Santé*

3. *Direction des Etablissements Socio-Sanitaires:*

   . *Division des Formations Socio-Sanitaires*
   . *Division de la Pharmacie*
   . *Division des Technologies Médicales et des Laboratoires*
   . *Division de la Recherche Biomédicale*

4. *Direction des Activités Sanitaires:*

   . *Division de la SMI/BEF - Nutrition*
   . *Division Qualité des soins*
   . *Division des Maladies Transmissibles*
   . *Division de la Médecine Scolaire, Universitaire et du Travail*
   . *Division de l'Hygiène du Milieu et de l'Assainissement*

5. *Direction de la Promotion Féminine:*

   . *Division des Affaires Juridiques et Droits des Femmes*
   . *Division Coordination, Suivi et Evaluation des Activités des Femmes*

6. *Direction des Affaires Sociales:*

   . *Division de l'Assistance Sociale Spécialisée*
   . *Division Protection et Promotion Familiale*
   . *Division Education Socio-Sanitaire et Développement Communautaire*

7. *Direction des Affaires Administratives et Financières et du Matériel:*

   . *Division des Ressources Humaines*
   . *Division des Ressources Matérielles*
   . *Division des Ressources Financières*
   . *Division des Ressources et Informatique*
   . *Division de la Législation*

8. *Direction de la Planification:*

   . *Division de la Planification*
   . *Division du Système d'Information Sanitaire*
   . *Division Formation*

REPUBLIQUE DU TCHAD

MINISTERE DE LA SANTE PUBLIQUE
ET DES AFFAIRES SOCIALES

DELEGATION DE LA PREFECTURE
SOCIO-SANITAIRE DU MOYEN-CHARI

UNITE - TRAVAIL - PROGRES

CONDUITE D'UNE REUNION DE COMITE

1. Ouverture de la séance par le Président de séance;
2. Désignation du Secrétaire de séance par le Président;
3. Vérification de présence par le Président grâce à l'établissement d'une liste d'inscription à faire circuler par le Secrétaire de séance parmi les participants qui inscriront leurs nom et prénom, leur qualité et le service d'origine;
4. Lecture de l'ordre du jour par le secrétaire de séance;
5. Adoption de l'ordre du jour par les participants sur proposition du Président de séance, après amendements éventuels;
6. Adoption du P. V. de la réunion précédente (si ce n'est pas la réunion initiale) après amendements éventuels. Le P.V. devrait être distribué aux participants bien avant la réunion, chaque participant devant venir avec ses observations pour éviter une lecture du P.V. A défaut, au cours de la réunion pour leur permettre de mieux suivre la lecture du P.V. par le secrétaire de séance;
7. Contrôle des tâches de la réunion précédente;
8. Discussion des autres points de l'ordre du jour;
9. Distribution de nouvelles tâches au fur et à mesure des points débattus;
10. Discussion des points divers et des informations éventuelles à porter à la connaissance des participants par le Président et éventuellement par d'autres participants;
11. Fixation de la date de la prochaine réunion;
12. Clôture et levée de séance.

DELEGATION PREFECTURE SOCIO-SANITAIRE
DU MOYEN-CHARI

PROCES-VERBAL DE REUNION DU : .....

RELEVE DE DISTRIBUTION ET DE CONTROLE DES TACHES

N°	TACHES	RESPONSABLE	DELAI D'EXECUTION	VERIFICATION		INSTRUCTION			OBSERVATIONS
				exécuté	non exécuté	à reconduire	à ajourner	à annuler	

ADMINISTRATIVE AND LOGISTIC TDY TO TCHAD
PSET ACTIVITY REPORT
SARH AND NDJAMENA, TCHAD
For the Period of June 29 - July 28, 1993

SUBMITTED BY:
ANDREW REID
THE MITCHELL GROUP, INC.
1816 11TH STREET, NW
WASHINGTON, DC 20001

INTRODUCTION

The following report presents the findings of a four-week consultancy conducted by TMG's Financial and Administrative/Logistics Officer, Andrew Reid. The consultancy was requested to assist the project address major administrative and logistics problems that were hampering project management and implementation.

The key areas of concern and issues addressed include the following:

- Financial Management and Accounting Training for Local Staff
- Computer Training in Data Processing and Spreadsheet Development and Analysis.
- Commodity Procurement and Inventory Management
- Rehabilitation and Maintenance of TA Housing and Project Offices
- Development of basic Procedure/Policy Manuals for Financial/Logistics Management, Commodity Procurement and Inventory Control, and Vehicle Operations and Maintenance.

These basic tasks were identified as crucial and to be addressed in an expeditious manner. Also, the consultancy focused on the project's requirement and request to consolidate all project management systems in order to allow the project to move from 'crisis management' to the 'routine implementation' of established systems and procedures. The details of the consultancy are addressed fully in the body of this report. A scope of work which outlines the specific tasks and responsibilities is attached to the report.

TASKS ACCOMPLISHED UNDER THIS CONSULTANCY

TASK #1: ***Train the Chadian Administrative Accountant in TMG/MCDI financial management systems. The financial management/reporting system which the consultant will set-up in Sarh will be fully compatible with the TMG/MCDI billing requirements and will allow the local team to manage the available funds as well as project/estimate the monthly financial needs to implement the planned in-country CCSP Activities.***

- As the local hire administrator and accountant will be responsible for reporting local cost expenditures for billing purposes, the training will focus on the repartition of expenses between prime and subcontractor, line item classification of expenses and proper reporting techniques for exchange rate differential calculation.

The local-hire project administrative accountant was trained in TMG/MCDI financial reporting activities, primarily in the management of the project's BIAT Checking Account Register, the Petty Cash Register, and other supporting financial reports which are generated and updated using the software package *Quicken*. The accountant was instructed on how to process and generate required TMG/MCDI reports from the Quicken Checking Account Transaction Register and Petty Cash Account, and in methods of allocating transaction detail to provide budgetary line item subtotals.

A chart of accounts was developed which was comprised of the main CCSP budget line items along with budgetary sub-accounts which will enable the PSET COP and team to accurately manage and track project expenses. Quicken was selected in large part because its ease of use, capacity for detailed accounting reporting information and its facility be tailored to project needs.

TASK #2: ***Create a project-specific procedures manual to include financial and commodity management (including project vehicles).***

A CCSP-specific procedures manual in French was developed for PSET use. This manual includes detailed information to be utilized for TMG/MCDI accounting needs and to facilitate effectively project operations. Key areas addressed in the manual includes: 1) a summary of the accounting system, 2) end of month activities, 3) bank reconciliation, 4) travel (advances and per diem), 5) commodity procurement, 6) salaries, 7) inventory management, and 8) project vehicle use policy.

The draft procedures manual was reviewed by the Chief of Party (COP) and revised upon his recommendations. The procedures manual was also reviewed by TMG and MCDI staff. Based upon this review process the procedures manual was revised and a final version submitted to the COP.

TASK #3: ***Provide specific information on all items purchased by TMG/MCDI - Washington so that the Project's Inventory database can be completed.***

Specific information concerning procurement initiated by TMG/MCDI was provided to the PSET logistician in order to update adequately the PSET inventory which is currently being stored on the database software, dBase.

The inventory has become a sizeable and detailed database thus providing both French and English descriptions and dollar/CFA unit prices for expendable and non-expendable commodities.

The inventory comprises over 1,000 individual items. Inventory management will be an ongoing process to be refined and updated throughout the course of the project. The concept of inputting the inventory information on a database has proven to be an excellent one as it provides a wide array of functions for sorting, reporting and managing inventory records. However, the current dBase software was purchased approximately 2 years ago and is therefore outdated. Additionally, dBase is not a user friendly version, compounded by the fact that the logistician using the database is new to information systems. Depending on how well the logistician is able to manipulate the data, generate reports and update the database, a transfer to another, more user friendly database package may be recommended, such as Paradox or Alpha 4. However, what would be especially helpful would be to use a database that is written in French, or has screens in French. This would/should not entail a re-entering of data but rather a simple process of transferring data from one database to another.

It should also be noted that separate databases for project software and consumable items such as office equipment were developed for inventory control and installed on the logistician's notebook computer.

A key constraint to institutionalizing expeditiously the data-base system is the limited computer skills of the logistician. To address this constraint, it is recommended that he be provided training as well as training materials in the French language in order to facilitate his responsibilities for data-entry and management of the inventory on dBase.

TASK #4: ***Assess the capabilities of the local hire staff and complete computer training as necessary in order to assist staff in attaining acceptable levels of performance.***

PSET has been successful in recruiting and hiring a skilled local-hire staff. Several of the local-hire staff have received formal training or have acquired experience in the use of various computer software. Their training has been comprised mainly of enhancing their present computer skills, especially with regards to hard disk management, i.e. file and directory management, etc.

52

The secretary at the Centre de Formation was provided relevant training in the proper use of updating and maintaining directories and sub-directories primarily using WordPerfect 5.1 for DOS.

The secretary at the Centre de Formation was switched over from MicroSoft Word wordprocessing software to WordPerfect for DOS. This attempt was made primarily to standardize software on all PSET Personal Computers and also to reduce the burden on project P/C hard drives and RAM. In an effort to expedite this transition process both MS-Windows and MS-Word were removed from the Centre de Formation P/C.

The consultant worked with most of the PSET office personnel in the use of the P/C, however a major constraint to making significant progress with regards to computer training lay in the fact that electricity in the town of Sarh has been extremely limited. Project P/Cs were only available to the staff for an hour at most each workday, until the end of the consultant's stay (beginning 07/20/93) in Sarh when 24 hour city electricity was restored.

Other staff trained in the use of P/Cs on particular software were the logistician (on the use of dBase), the administrative accountant (on the use of Quicken), both office secretaries (in the use of wordperfect and hard drive management), and the cost recovery accountant (in the use of LOTUS 1-2-3.).

After this training, the staff appeared to be fairly focussed on the task of adapting to their current software environment.

TASK #5: ***Identify remaining work to bring project housing and offices up to acceptable standards. Work with the local-hire engineer to establish estimates for this work as well as reliable contractors to execute the work.***

Aside from several other issues, one of the primary reasons that work was delayed on the CCSP project, has been the necessary concentration of time and energy devoted to updating the condition of expatriate housing. Upon the arrival of the CCSP TA Team to Sarh considerable work was needed to be undertaken in order to bring housing up to acceptable living standards.

Significant progress has been made in the upgrading of TA Team houses. This success is due to the diligence and hard work of individual team members. Despite this effort, there still remain several outstanding issues which need to be resolved as soon as possible. The following priority activities and issues were identified by the consultant as a result of on-site assessments made during his visits to the residences of all TA Team members.

- SARH HOUSING ISSUES -

RESIDENCE #1: COP

Priority #1 - SECURITY ISSUES:

1. A stronger security system including new, stronger locks for the doors is required. The house has several entrances and vulnerable points where it could very easily be broken into. It appears that the previous owner had a fortified lock system with metal bars and strong locks. A similar type of system is recommended along with stronger door locks from the US or Europe. The current locks are not adequate. They will be broken easily if persistent pressure is applied.

2. Barbed wire is required for the back side wall located behind the garage. Instead of incurring the expense of removing the large trees that have grown there, it would be equally as secure and probably more practical to place barbed wire there to prevent intruders from scaling the fence as the wall is low.

3. The perimeter wall next to the customs area needs a secco fence to raise the height of the wall so that people working in/on trucks parked at the douane do not have a clear view of both the interior and exterior areas of the residence as has been the case in the pass.

4. A further measure that has been effective in similar situations has been construction of fences with broken glass cemented at the top of the fence. This should be done for this residence; broken glass should be placed on the back wall where there is none. Currently, intruders could easily scale the fence to gain access to the back yard.

5. The back porch area needs stronger security system (see above #1).

6. A security light should be installed on top of the garage to illuminate driveway area for gardiens for better night visibility.

Priority #2: - PLUMBING

7. Qualified plumbers should be hired for routine maintenance and major repairs of all plumbing problems. The COP house has been plagued with fluctuating water pressure and sporadic availability of hot water when there should be a sufficient supply.

8. The kitchen sink leaks from the faucet which has led to the rotting of the kitchen sink cabinet. Therefore, both the sink and cabinet need to be replaced.

9. The water heater in the bathroom needs to be repaired. There is a faulty valve which blocks the flow of hot water.

10. The shower faucet needs to be repaired.

11. New toilet seats are needed for both back bathrooms, especially the bathroom farthest back where the edge of the seat has completely broken away thus leaving jagged edges on the inside.

Priority #3: - HOUSING RELATED HEALTH ISSUES

12. Screen doors are needed for much of the house - especially the kitchen which does not have enough light or ventilation (it gets very warm in the kitchen during the day). The lack of screens also allows mosquitoes, flies and other insects to enter the house.

13. The open sewer in the backyard needs to be covered. This condition may create a health hazard in that it provides a fertile breeding ground for mosquitoes, flies and other potentially harmful vector-borne diseases. Furthermore, people, especially children, could easily fall into the open sewer at night or if they were unaware of its location.

14. The bach porch area also need new screens. The present screens have large holes which allow mosquitoes, flies, etc. to enter.

15. Both bathrooms need screens for protection against flies, mosquitoes and other insects.

OTHER HOUSING ISSUES:

16. The inside of the perimeter wall needs to be repainted.

17. The air conditioner in the dining room leaks and drips water which flows to the outside porch area. This causes cracks in the outside concrete which will have to be replaced eventually.

18. An air conditioner is needed for the home-study area.

19. The rear structures that are connected to the garage need to be rehabilitated as they have deteriorated severely.

20. The interior of the house needs to be re-painted. Workers installing phone lines, fixing plumbing, etc., have dirtied and/or damaged the wall in several places

21. The back porch needs to have ceiling tiles replaced where they are missing.

22. The roof of the back porch needs to be repaired at places where rain enters quite easily, especially with strong winds.

RESIDENCE #2: DR. KONATE

Dr. Konate has already initiated most of the repairs that needed to be done upon his arrival to Sarh. However, there are several outstanding tasks that have to be completed as discussed below.

1. The walls of Dr. Konatés house contain some major cracks which could lead to the possible disintegration of the house structure itself. Three engineers have been assigned to assess the extent of repair work to be performed, but no action has yet been taken. A local contractor has developed financial estimates and labor/logistic requirements to undertake work associated with installing bricks into the wall in various places where the cracks are located to prevent further cracking.

2. Glass windows are required for the house to prevent the cool air from the air conditioner from escaping. Currently, there is no mechanism for keeping the cool air from escaping.

3. The toilet needs to be replaced as it is old and leaks water. The water inlet valve must be turned off at night in order to keep the water from leaking.

4. The entire faucet system in the kitchen needs to be replaced.

5. The plumbing system for the washing machine located in entrepôt needs to be checked as the installation appears loose and unprofessionally done.

6. A new plumbing system needs to be installed in the guards quarters. The work should be closely monitored and inspected to determine if the installation was done correctly.

7. The plumbing system in the house needs to be routinely checked and maintained as it is old and may be prone to leaks and breaks.

8. The circuit breakers may not be powerful enough to work with the type of air conditioners that have been installed. It may be a potential fire hazard.

9. A wall needs to be constructed behind the house to prevent intruders from breaking in.

RESIDENCE #3: DR. RAVAO

1. The main priority here is the eradication of a large accumulation of bats that are living between ceiling and roof. The activity of bats in the attic is audible throughout the entire day, and in various places throughout the house bat excrement has started to ruin the walls. The ideal solution would be to seal up the holes which allow the bats to enter and exit the area/space between the ceiling and the roof. Eradication of the bat problem has already been attempted once, however this was only fixed temporarily as the bats have returned in even greater numbers than before.

2. The stove is in an extremely dangerous working condition. It discharges large flames from all of the burners which cannot be controlled. Dr. Ravao tried to have it repaired but the technician was unable to fix the problem.

3. The bathroom in the bedroom needs floor tiles, the floor is currently just a bare concrete.

4. The electrical wires in the living room needs to be painted the same color as living room. Minor repainting of the living room is needed as well.

5. The bedroom needs minor repainting near the door.

6. The doors to the laundry room and bedroom need to be replaced with ones that actually fit in the doorways.

7. No running water is available due to current electrical situation in Sarh - a water tower is needed. A traditional well was constructed as a partial solution so now a cover is needed for the well apron as a means of vector control as well as for preventing foreign objects from falling in the well.

8. No electricity for most of the day - need generator.

9. Toilet in guest bathroom doesn't work, needs to be flushed with a bucket.

GENERAL REMARKS CONCERNING ALL RESIDENCES

A major source of frustration and tension for the team and the general PSET personnel has been the lack of regular electricity (and subsequently water) both at home and in the office for the past four months. As has been the case throughout the course of this consultancy, electricity in the town of Sarh has been shut off daily from 8:00 AM until 6:00 PM. In addition, the only individual of the team to have regular access to clean, rust free and somewhat particle free water has been Dr. Konate, because ha has a hand pump well installed in his yard. Dr. Konate has be kind in extending access to the well to other Team members and members of the general community.

The burden of rearranging life and work styles to the schedule of the availability of electricity and water has contributed to the deterioration in living standards for the Team members. A great deal of credit must go to the CCSP Team in Sarh for their continued optimistic outlook and perseverance in the face of extreme adversity.

Fortunately, as of the date of this report, electricity has been restored in the town of Sarh and generators have been provided by USAID and are being installed in team members' residences and at the PSET office. In addition, water towers are being constructed which should help to alleviate the water problem.

Once the generators are running efficiently, this should enhance the team members' confidence that their housing and work situations are improving and should help to alleviate some of the pressures that the lack of some of the basic housing amenities has imposed.

TASK #6: ***Develop a list of items (non-expendable and expendable) to be ordered from the US to increase the efficiency of the CCSP Office and the living standards in the residences of the CCSP team. Determine what items should best be ordered in the future from the US vs. Chad (Sarh/N'Djamena).***

Most non-expendable type project equipment will continue to be purchased by TMG and MCDI - Washington and/or USAID. However, when feasible, it is recommended that small/shelf item procurement such as expendable supplies and equipment which can be found easily locally, should be purchased from local suppliers whenever availability and convenience allow.

PROCUREMENT ITEMS AND JUSTIFICATIONS

SECURITY NEEDS:

1. **Solid US or European-Made Door Locks are required for all the Offices**

JUSTIFICATION: as the door locks on the offices are of poor quality and are totally unreliable, stronger door locks are needed. In addition, access to keys for these offices by several project and MOH personnel may undermine security.

MIS NEEDS:

1. **4 Portable Printers (Canon Bubblejet preferably)**

JUSTIFICATION: due to the lack of electricity in Sarh, portable printers would be the ideal solution to meet the printing needs of the Sarh office and PSET team. These portable printers can function on both battery and electric current and come with the own A/C adaptor.

2. **Locking Diskette Boxes for 3 1/2" (qty. 15) and 5 1/4 (qty. 5) diskettes.**

JUSTIFICATION: currently, there is no central and secured place for project diskettes. Locking diskette boxes are needed to secure project diskettes.

3. **12 European (French style) Power Cords for use with Computers.**

JUSTIFICATION: the existing power cords that were shipped with the computers are 110 volts US style to be used in conjunction with the Uninterruptible Power Supplies (UPS). As the UPSs last for only a short while during a power outage and the number of wall outlets that can be used is limited, the P/Cs need to be plugged into the wall outlets while the generator is in use and there is no way to do so with the types of plugs that are currently installed at the project offices.

4. **Quantity of 5 220v Voltage Stabilizers.**

JUSTIFICATION: as power outages are a frequent in Sarh and the use of generators is anticipated, voltage stabilizers are needed to maintain the generator voltage which is often rated at 190 instead of the 220 volts and this can burn up the electrical systems of various electronic devices, especially personal computers.

5. Quantity of 6 Surge Protectors with at least four outlets each.

JUSTIFICATION: these are needed to protect the project electrical equipment from power surges/fluctuations and also to increase the number of electrical outlets which are currently limited.

6. FastBack Software (Norton Backup for DOS) - Backup for each P/C.

JUSTIFICATION: this software is necessary to backup properly the computer files. Currently, there is no software available to the project to backup the computer systems. A loss of data on any of the P/Cs would be devastating to the project.

7. Various Computer Software Books in French.

JUSTIFICATION: as Tchad is a francophone country and much (or all) of the software being used by the project originates from the U.S., software manuals are needed in French for employees to refer to when they encounter problems on a computer related issue or merely for their own personal knowledge.

8. High Quality Diskettes both DS/HD and DS/DD.

JUSTIFICATION: the office is running low on the supply of diskettes which are needed for data storage as well as for hard drive backups and software diskette copies (DS/DD).

9. Quantity of 2 UPS.

JUSTIFICATION: due to the frequent power outages and fluctuations more UPSs are needed to power the P/Cs that are already in place.

10. Need to get specs for 486 System, w/ plotter and laser printer. Talk to Felix Lee - FEWS project in Ndjamena.

GENERAL OFFICE SUPPLIES:

11. Qty 30 Hanging files folders and frames (Legal Size)

JUSTIFICATION: the hanging file folders and frames are needed to help organize office filing needs. Some hanging file folders and frames have already been ordered and received, however, these are letter size and the project has legal or A4 paper size filing cabinets.

12. **Air Conditioners needed for office. Possibly 2, one for Computer room and one for another project office.**

TASK #7: ***Assist in the accomplishment of other tasks as required by the COP***

OTHER PROJECT RELATED ISSUES, ACTIVITIES AND TASKS

ISSUE - TEAM MEMBER PHYSICIAN EMERGENCY MEDICAL CONSULTATIONS:

All members of the PSET team have been approached by members of general as well as expatriate population community in Sarh to perform emergency medical consultations outside the purview of the project or their official responsibilities. To effective carry out these humanitarian assignments, the physicians need medical kits containing basic medical supplies to perform medical consultations. A number of medivacs have already been carried out by team physicians, performing these duties without sufficient equipment at their disposal.

RECOMMENDATION:

The project should determine or develop a list of basic medical supplies (emergency medical kits) that are needed for team to carry out emergency medical consultations when they are called upon to do so. It is recommended that PSET funds should be used to procure the emergency medical kits.

ISSUE: AREAS OF RESPONSIBILITY

The burden of some traditionally AID functions is now being placed on the PSET Team members (i.e., housing issues, housing repair and maintenance, lease negotiation, purchase of medical supplies, etc.) The issues to address are: how should this additional responsibility to be handled? What should the role of team members be? How should this be handled? How will the project be compensated? There is no budgetary line items to support the added responsibilities or to pay employees for performing these tasks. Most projects have *and* need a Liaison working in the Capital (N'djamena). Currently, CCSP does not have this support.

ISSUE: MAISON DE PASSAGE FOR PEACE CORPS VOLUNTEERS IN SARH AREA

A visit was made to Volontaire du Progres house to check on the feasibility of using this site as the Peace Corps house and Peace Corps Maison de passage. The house appears to be a highly suitable site. It is in generally good condition and is centrally located to most all of Sarh. Contact was made with the owner of house to inform him of the project's intentions/interest in leasing the house.

61

NOTES CONCERNING TOUR OF PROSPECTIVE PEACE CORPS HOUSE

General comments concerning prospective Peace Corps House:

I was given a tour of the prospective Peace Corps maison de passage house by Peace Corps Volunteer, Karan in order to discuss housing maintenance needs before installation of incoming PCV's at the end of August 1993.

The following items were discussed which should be addressed urgently before the arrival of new PCVs:

1. The front door of the house has a couple of panes of broken glass which need to be repaired.

2. The window on the right side of the front room (living room) is broken/missing and needs to be repaired.

3. Low water pressure in the house (most likely a general problem in Sarh)

4. Several wall outlet and switch covers are missing and need to be replaced. The living room is urgently in need of repair. This is true of most parts of the house.

5. Electrical outlets in some locations are in disrepair (wires are hanging loose, etc.) and need to be repaired.

6. The back door of the house is not functional and needs a new lock.

7. The windows in the back room of the house need replacing, they are either missing or broken.

8. The windows in the back bedroom need replacing, are broken or are missing.

9. There are termites in the back bedroom which need to be exterminated.

10. A screen is needed for the kitchen Window.

11. The old and broken air conditioners currently still in place should to be removed or completely disconnected and screens should be installed in their place.

12. Cockroaches are prevalent in the shower - a potential pest control problem.

13. The toilet in the second bathroom leaks badly and needs to be repaired.

14. The water tower is non-functional.

15. The outside bathroom at the back of the house does not work - it has totally deteriorated.

16. The guards quarters need to be repaired.

17. A screen door is needed for the dining area.

18. The rugs/carpets in the back rooms are worn, dirty and shabby.

19. According to Karan the roof is in good order and does not leak.

20. The house contains a freezer as well as other furniture which belongs to the owner.

NOTES:

- A discussion was held with Sarah, the PCV at the Mission Catholique regarding the prospective Maison de Passage. Sarah was pleased that CCSP was considering that house as she had done some research in Sarh and found the price to be reasonable. She also explained that CCSP should assume the responsibility for maintenance on the house and should deduct the cost from the rent. She advised that if this task was left to be done by the owner it probably would not be completed.

- A tour of the prospective Peace Corps house was given by the owner (Mr. Bes-Al-Yo). Key issues discussed centered around needed repairs and maintenance of the house. The owner recommended that a list should be developed of the repairs required and that CCSP should make the repairs and deduct the cost from the rent. He also mentioned that a guarantee contract providing 3 months of rent and 3 months prepaid rent was desired. It was recommended that the lease be negotiated to pay the owner 6 months in advance.

ISSUE - SECURE A RELIABLE FUEL SYSTEM:

A secure and reliable fuel system needs to be installed. Initially, there was a problem with dirt and water in the fuel system. This created a potential problem of a team member being stranded en pleine brousse. It is recommended that a fuel tank be constructed, possibly with the help le lycée technique.

A meeting was held with Lycee Technique to discuss the possibility of fuel (gasoil) system for PSET vehicles. The following recommendations were made by Lycee Technique:

- **CCSP should install double gas filters in each vehicles.**

- **There should be a separate fuel system which would include a reservoir and pump.**

There is the possibility of obtaining a fuel tank from Sonasut which would hold approximately 2,400 liters of gasoil. Lycée technique would be able to perform the work of restoring the tank and installing a pump and meter. Another suggestion was to have gasoline tested by Esso upon every purchase. At the office we determined that at current consumption rates, a full take would last the project at least 2 months. Another note: Lycee Technique and CCSP are using the same fournisseur.

ISSUE - EMPLOYEE CONTRACTS

A meeting was held at the office of the *Main d'Oeuvre* in order to check on PSET employee contract status. Examples or model contracts were provided to the project by Parker Drilling. These contracts are used for their employees. Dr. Joret subsequently adapted the framework of the contracts to PSET needs and revised contracts were distributed to CCSP employees for signature.

ISSUE - INSTALLATION OF GENERATORS

- A meeting was held with Lycee Technique regarding the installation of generators for staff housing and the PSET office. It is expected that CET will start work on 7/19/93 and installation should be completed by 8/02/93. This task is expected to cost 400.000 CFA.

ISSUE - SECURITY

One longstanding issue of the PSET Team is security. Currently, there is no evacuation plan to guide the Team should a security situation arise where Team Members may need to be evacuated.

Another outstanding security issue which continues to plague the PSET team is the lack of communications equipment for Team Members. There already have been instances where communications equipment, especially 2-way radios, would have been beneficial to the PSET Team.

Should threatening security conditions arise where Team Members need to remain in contact with each other, a lack of communications equipment could pose a crisis situation. Collectively, Team Member residences are not in close proximity and effective coordination for reasons of security would be difficult if not impossible and could put all Team Members at risk.

ANDREW M. REID
FINANCIAL AND ADMINISTRATIVE/LOGISTICS OFFICER
THE MITCHELL GROUP, INC.

PROPOSED SCOPE OF WORK (SOW)

Technical Assistance in Project Management and Administration

1. Train the local hire Administrator and Accountant in the TMG/MCDI financial management systems. The financial management reporting system which the consultant will set-up in Sarh will be fully compatible with the TMG/MCDI home office financial management system and billing requirements. This will allow the local team to manage the available funds and to able to accurately project/estimate the monthly financial needs to implement the planned in-country CCSP activities.

   - As the local hire Administrator and Accountant will be responsible for reporting local cost expenditures for billing purposes, the training will focus on the repartition of expenses between prime and subcontractor, line item classification of expenses and proper reporting techniques for exchange rate differential calculation.

2. Create a project-specific procedures manual to include financial and commodity management (including project vehicles).

3. Provide specific information on all items purchased by TMG/MCDI in Washington so that the project's inventory database can be completed.

4. Assess the computer capabilities of the local hire staff and complete training as necessary in order to assist project staff in attaining better levels of performance.

5. Identify remaining work to bring project housing and offices up to acceptable standards. Work with local hire engineer to establish estimates of required work as well as identifying reliable contractors to execute the work.

6. Develop a list of required project commodities (non-expendable and expendable) to be ordered from the US to increase the efficiency of the CCSP office and the living standards of the residences of the CCSP TA Team. Determine which procurement source (US/Other vs Chad) would be in the best interest of the project and to ensure efficiency in delivery.

7. Assist in the accomplishment of other tasks as required by the COP and the Mission, including coordinating with the Mission all administrative and logistical support activities for the CCSP and the TA Team.

NOTES TO SOW:

1. Although all of the above mentioned tasks/procedures have already been initiated, it is important that they be finalized in an expeditious manner. It is also key that all project management systems be introduced and consolidated during this consultancy to allow the project to move from 'crisis management' to the routine implementation of well established systems and procedures.

2. In addition to the establishment of and the training according to a project specific procedure manuals for administrative and financial tasks to be performed. discrete training to upgrade local hire staff skills shall be performed. More up-to-date financial and administrative software packages could be introduced if needed.

3. A final consultancy report (in English) and the above mentioned procedures manuals (in French) will be submitted within thirty days of completion of the consultancy. Before leaving Chad the consultant will debrief the CCSP COP and the USAID GDO/H Officer on achievements and recommendations of the TDY.

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Agrafeuse BOVUS B-52/2	1	0.00	42750	0	3	12/05/93
Alimentation Ininterrompue de Courant APC 1200VX	1	812.00	0	105310	1	19/12/91
Armoire bois blanc, peinture noire, 5 titoirs avec poinget métallique circulaire	1	0.00	75000	105967	4	14/11/92
Armoire métallique ANDERSON HICKEY gris clair	1	1080.00	0	105991	1	/ /
Boite à lettre	1	0.00	0	0	3	/ /
Boite à lettre	1	0.00	0	0	3	/ /
Bureau ANDERSON HICKEY , dessus bois fornicat dessous metal,5 tiroirs	1	0.00	0	105992	1	/ /
Bureau bois rouge, 2 tiroirs, poignet en bois	1	0.00	0	105835	3	/ /
Bureau bois rouge, tiroir central, dim. 119 cm X 80 cm X 78 cm	1	0.00	0	105929	3	/ /
Bureau bois rouge, 2 tiroirs avec poignet sculpté	1	0.00	0	105953	3	/ /
Bureau bois, 2 tiroirs, poignet en bois	1	0.00	0	105836	3	/ /
Bureau, bois rouge, 2 tiroirs, dim. 159 cm X 85 cm X 77 cm	1	0.00	65000	105927	3	/ /
Calculatrice de bureau SHARP	1	96.00	0	0	2	17/04/92
Canapé bois rouge	1	0.00	0	105837	3	/ /
Canapé bois rouge	1	0.00	0	105919	3	/ /
Canapé bois rouge	1	0.00	0	105956	3	/ /
Chaise cadre bois rouge, siège mousse et velour bleu	1	0.00	17000	105801	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour bleu	1	0.00	17000	105928	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour violet	1	0.00	17000	105802	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour violet	1	0.00	17000	105803	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour violet	1	0.00	17000	105804	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour violet	1	0.00	17000	105805	3	05/04/90
Chaise cadre bois rouge, siège mousse et velour violet	1	0.00	17000	105806	3	05/04/90
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105781	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105782	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105783	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105784	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105785	3	14/12/91
Chaise cadre en fer marron,	1	0.00	12000	105786	3	14/12/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
siège et dos contre plaqué bois rouge						
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105787	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105788	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105789	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105790	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105791	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105792	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105793	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105794	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105795	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105796	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105797	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105798	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105799	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105816	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105817	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105818	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105819	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105820	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105821	3	14/12/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105822	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105823	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105824	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105825	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105826	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105827	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105828	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105829	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105830	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105831	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105871	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105872	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105873	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105874	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105875	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105876	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105877	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105878	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105879	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué	1	0.00	12000	105880	3	14/12/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
bois rouge						
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105881	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105882	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105883	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105884	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105885	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105886	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105887	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105888	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105889	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105890	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105891	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105892	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105893	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105894	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105895	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105896	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105897	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105898	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105899	3	14/12/91
Chaise cadre en fer marron,	1	0.00	12000	105900	3	14/12/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
siège et dos contre plaqué bois rouge						
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105901	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105902	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105903	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105904	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105905	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105858	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105932	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105933	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105934	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105935	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105936	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105937	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105912	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105946	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105969	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105970	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105971	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105972	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105973	3	14/12/91

12

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105974	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105975	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105976	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105977	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105978	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105979	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105980	3	14/12/91
Chaise cadre en fer marron, siège et dos contre plaqué bois rouge	1	0.00	12000	105981	3	14/12/91
Chaise debout cadre bois rouge siège tissus velour couleur bleu	2	0.00	0	105916	4	/ /
Chaise debout cadre bois rouge siège tissus velour couleur bleu	2	0.00	0	105917	4	/ /
Chaise debout cadre bois rouge siège tissus velour couleur rouge	2	0.00	17000	105914	4	05/04/90
Chaise debout cadre bois rouge siège tissus velour couleur violet	2	0.00	0	105915	4	/ /
Chaise debout cadre bois rouge siège tissus velour couleur violet	2	0.00	0	105918	4	/ /
Clavier EPSON (avec ordinateur)	1	0.00	0	105316	1	/ /
Clavier EPSON (avec ordinateur)	1	0.00	0	105921	1	/ /
Ecran Vidéo Graphique, Couleur HEWLETT-PACKARD	1	487.00	0	105313	1	01/01/93
Ecran Vidéo Graphique, Couleur HEWLETT-PACKARD	1	487.00	0	105336	1	01/01/93
Ecran de projection deployable DRAPER	1	0.00	0	105834	3	/ /
Ecran de projection deployable DRAPER	1	0.00	0	105989	1	/ /
Ecran de projection deployable DRAPER	1	0.00	0	105989	1	/ /
Etagère cadre en fer marron ,5 niveaux en bois blanc peinture verte	1	0.00	20000	105832	3	14/11/91
Etagère cadre en fer marron ,5 niveaux en bois blanc peinture verte	1	0.00	20000	105907	3	14/11/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Etagère cadre en fer marron ,5 niveaux en bois blanc peinture verte	1	0.00	20000	105941	3	14/11/91
Etagère cadre en fer marron ,5 niveaux en bois blanc peinture verte	1	0.00	20000	105588	3	14/11/91
Etagère cadre fer marron, 5 niveaux bois blanc peinture verte	1	0.00	20000	105860	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 249 cm X 34 cm X 80 cm	1	0.00	20000	105846	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 300 cm X 31 cm X 200 cm	1	0.00	25000	105861	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 300 cm X 31 cm X 200 cm	1	0.00	25000	105862	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 300 cm X 31 cm X 200 cm	1	0.00	25000	105863	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 300 cm X 31 cm X 200 cm	1	0.00	25000	105864	3	14/11/91
Etagère cadre fer marron, 5 niveaux en bois blanc, peinture verte, din. 300 cm X 31 cm X 200 cm	1	0.00	25000	105865	3	14/11/91
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105930	3	14/11/91
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105942	3	14/11/91
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105943	3	14/11/91
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105944	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105945	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105954	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105955	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105965	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105966	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105986	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	25000	105987	3	/ /
Etagère cadre fer marron, 5 niveaux, couleur verte	1	0.00	0	105988	3	/ /
rtincteur FORCE 9 KIDDE	1	46.49	0	105923	1	15/11/92
rtincteur Force 9 KIDDE	1	46.49	0	100007	1	15/11/92

14

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Fauteuil debout bois rouge	1	18000.00	0	105800	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105838	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105839	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105926	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105949	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105948	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105950	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105951	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105982	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105983	3	14/11/91
Fauteuil debout bois rouge	1	18000.00	0	105984	3	14/11/91
Fauteuil pivotant pour bureau	1	390.00	0	105968	1	/ /
Glacière Coleman avec robinet	1	0.00	0	105920	3	/ /
Lampe de bureau orientable avec chevilles de fixation	1	24.16	0	0	1	01/06/92
Lampe de bureau orientable avec chevilles de fixation Super IL	1	24.16	0	0	1	01/06/92
Lampe de bureau orientale avec cheville de fixation, couleur noir	1	24.16	0	105931	1	06/01/92
Machine à écrire électrique	1	376.00	0	105922	3	17/04/92
Magnetophone PANASONIC	1	0.00	0	100006	1	/ /
Meuble pour ordinateur sur roulettes	1	0.00	0	105925	1	/ /
Meuble pour ordinateur sur roulettes	1	0.00	0	105924	1	/ /
Ordinateur EPSON EQUITY 386SX PLUS	1	1409.00	0	105315	1	19/12/91
Ordinateur EPSON EQUITY 386SX PLUS	1	1409.00	0	105339	1	19/12/91
Photocopieur RANK XEROX	1	3773.00	0	105217	1	/ /
Projecteur DIAPO ,KODAK Ektagraphic IIIBR projector	1	0.00	0	100004	1	/ /
Projecteur de dispositives KODAK Ektagraphic III projector	1	0.00	0	100005	1	/ /
Souris Microsoft	1	80.00	0	0	1	01/11/92
Souris Microsoft	1	80.00	0	0	1	01/11/92
Table bois rouge	1	0.00	0	105995	3	/ /
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105773	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105774	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105775	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105776	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105777	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105778	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105779	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105780	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105808	3	14/11/91
Table bois rouge, dim. 120 cm	1	0.00	27000	105809	3	14/11/91

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
X 80 cm X 80 cm						
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105810	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105811	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105812	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105813	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105814	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105815	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105863	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105864	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105865	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105866	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105867	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105868	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105869	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105870	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105848	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105849	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105850	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105851	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105852	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105853	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105854	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105855	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105856	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105857	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105859	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105938	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105939	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105957	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105958	3	14/11/91

16

INVENTAIRE GENERAL
Emplacement: 5

Description	Condition	Prix en Dollar	Prix en CFA	Barcode	Provenance	Date d'acquisition
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105959	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105960	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105961	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105962	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105963	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105964	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105952	3	14/11/91
Table bois rouge, dim. 120 cm X 80 cm X 80 cm	1	0.00	27000	105947	3	14/11/91
Table métallique roulante pour projecteur diapo	1	0.00	0	105996	1	/ /
Tableau d'affiche	1	0.00	0	105908	3	/ /
Tableau d'affiche	1	0.00	0	105910	3	/ /
Tableau d'affiche	1	0.00	0	105911	3	/ /
Tableau d'affiche avec carte de diagramme du rapport/poids/taille	1	0.00	0	105909	5	/ /
Tableau dim. 250 cm X 121 cm	1	0.00	0	105906	3	/ /
Tableau noir	1	0.00	0	105940	3	/ /
Tableau noir	1	0.00	0	105985	3	/ /
Tableau noir, dim. 150 cm X 122 cm	1	0.00	7500	105862	3	/ /
Tableau noir, dim. 250 cm X 121 cm	1	0.00	20000	105833	3	14/11/91
Tableau noir, dim. 250 cm X 121 cm	1	0.00	0	105807	3	/ /
Tableau noir, dim. 250 cm X 121 cm	1	0.00	20000	105847	3	/ /
Tableau noir, dim. 250 cm X 121 cm	1	0.00	20000	105860	3	/ /
Tableau noir, dim. 250 cm X 121 cm	1	0.00	20000	105861	3	/ /
Tente de campement	1	100.00	0	0	1	01/11/92
Tente de campement	1	100.00	0	0	1	01/11/92
Tente de campement	1	100.00	0	0	1	01/11/92
Torche	1	23.00	0	0	1	01/11/92
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
Ventilateur plafonnier	1	0.00	20000	0	3	/ /
		208966.46	3459250			

11