

14 May 1980

Allan Reed, Asst. Program Officer/Design

Authorization of the Accelerated Impact Program Project Paper for the Expanded Program of Immunization (EPI), 625-0937

John Hoskins, Director

Through: Sally Sharp, Program Officer

1. Attached is the Project Paper for the Expanded Program of Immunization (EPI) AIP Project, 625-0937, for your review. There have been some changes from the PID incorporated in the PP related to: (1) AID/W recommendations in the PID approval message, (2) shifts in project elements on the part of the GIRM and other donors, and (3) discussions held during the Mission review of the first draft of the PP on 28 April 1980.

Discussion of these changes follows:

A. PID-approval message, STATE 76178 (attached)

(1) Procurement waiver questions:

- (a) Linda Neuhauser, proposed project manager, has indicated that the difference between the amount of the approved vaccine waiver and the amount budgeted for vaccines in the PP can be used for procurement of vaccines in the U.S. However, Linda will have to follow-up in communicating with AID/W that the EPI project will still receive measles vaccines through SHDS, in spite of the AID/W assumption that measles vaccines will no longer be needed from SHDS. (That correspondence need not hold up the authorization of this project, however.)
- (b) PSD can issue a locally-authorized waiver for spare parts for vehicles and cold chain when those parts are more clearly identified during the course of project implementation.

(2) The PP has addressed and clarified the following points:

- (a) Relationship to the Rural Medical Assistance Project (682-0202): The links between the mobile and fixed-center teams and the community health workers (CHWs) trained through the RMA project is explained on pages 5 and 24 of the PP. The vaccination teams will be able to provide supervision and technical support needed by the CHWs while the RMA project will be able to assist with demographic and epidemiology data collection in the Trarza Region.
- (b) Follow-up activities: USAID consideration of a limited follow-on project in FY 1983 is identified on page 24. The likely continuation of other donor support to assist

The GIRM with recurrent costs of the EPI is also cited.

- (c) A discussion of methods for engaging in community education is expanded on pages 7 and 8. The special efforts of the teams in pointing out to the communities such factors as incubation periods and post-vaccination reactions is noted.
- (3) Project management responsibilities between GIRM, USAID, and WHO are spelled out on pages 22 and 23.
- (4) Peace Corps/Mauritania has decided not to provide the PCV mechanic/trainer identified in the PID. References to Peace Corps involvement in the project have been deleted. The GIRM will have the responsibility of identifying and training a Mauritanian in the maintenance and repair of cold chain equipment. The project budget has been adjusted to allow for USAID financing of technical assistance for this aspect of the project.
- (5) The requirements for 611 (A) are no longer applicable because USAID will not finance construction of a warehouse facility. This decision was reached because of an additional operational program grant of \$136,000 recently given by the Council of Arab Health Ministers to the EPI project. These CAHM funds can be used for specialized warehouse construction because the cold storage elements required in such a warehouse will cost more than USAID had originally budgeted. USAID will, however, provide an additional year's warehouse rental in order to provide the time required for GIRM/WHO/CAHM to plan and construct the appropriate new warehouse with revised specifications. The remainder of USAID funds identified in the PID for warehouse construction have been shifted to provide for the technical assistance and training cited in section (4) above.
- (6) The Logical Framework has been adjusted as per the recommendations in the PID approval cable.
- B. Shifts in project:
1. There is increased focus on the use of fixed-centers as a base for vaccination coverage, although mobile teams are still an integral part of the implementation of the project. This shift has occurred partially because of the GIRM Director of Preventive Medicine's attendance at the March, 1980, WHO EPI course in Brazzaville and the additional focus on fixed-centers represents a clearer integration of immunization into the national health services delivery system.

3.

2. There is an additional grant of \$136,000 to the EPI from the CAHM, identified above. This is an indication of the willingness of other donors, particularly from the Arab countries, to support the GIRM in this effort.
 3. The timetable for phasing operations throughout the regions has been changed as reflected in the new schedule on pages 6 and 7.
- C. Additional modifications as a result of the Mission review of the draft PP:
1. A statement linking the EPI with interest in a possible future population program has been added to page 15.
 2. Statements concerning the Trarza Region EPI efforts have been modified to reflect the positive and negative lessons learned in that effort.
 3. The AID/W cable encouraging USAID to develop the EPI project as an AIP has been added as Annex J.

2. **RECOMMENDATION:** Based on the modifications that have been made in the PP for this project, it is recommended that, by your signature on the PP facesheet and the revised PID facesheet, you approve the Expanded Program of Immunization Project 625-0937, for funding of \$400,000 in FY 1980.

cc: Linda Neuhauser, ResDev

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT PAPER FACESHEET	1. TRANSACTION CODE <input type="checkbox"/> A ADD <input type="checkbox"/> C CHANGE <input type="checkbox"/> D DELETE	PP 2. DOCUMENT CODE 3
	3. COUNTRY/ENTITY MAURITANIA	

4. DOCUMENT REVISION NUMBER <input type="checkbox"/>	7. PROJECT TITLE (Maximum 40 characters) <input type="checkbox"/> EXPANDED PROGRAM OF IMMUNIZATION
5. PROJECT NUMBER (7 digits) <input type="checkbox"/> 625-0937	6. BUREAU/OFFICE A. SYMBOL AFR B. CODE <input type="checkbox"/> 06

8. ESTIMATED FY OF PROJECT COMPLETION FY <input type="checkbox"/> 8 <input type="checkbox"/> 2	9. ESTIMATED DATE OF OBLIGATION A. INITIAL FY <input type="checkbox"/> 8 <input type="checkbox"/> 0 B. QUARTER <input type="checkbox"/> 3 C. FINAL FY <input type="checkbox"/> 8 <input type="checkbox"/> 0 (Enter 1, 2, 3 or 4)
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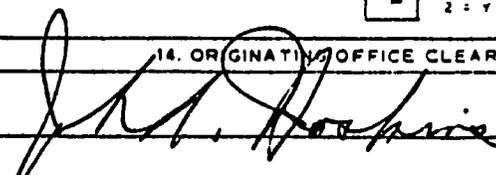
A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	263	137	400	263	137	400
(GRANT)	263	137	400	263	137	400
(LOAN)						
OTHER U.S.						
HOST COUNTRY		100	100		209	209
OTHER DONOR(S)				449	79	528
TOTALS	263	237	500	712	425	1137

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY		H. 2ND FY		K. 3RD FY	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) SH	513	550		400					
(2)									
(3)									
(4)									
TOTALS									

A. APPROPRIATION	N. 4TH FY		O. 5TH FY		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED
	P. GRANT	Q. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1)					400		<input type="checkbox"/> MM <input type="checkbox"/> YY <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 1
(2)							
(3)							
(4)							
TOTALS							

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

2 NO
 YES

14. ORIGINATING OFFICE CLEARANCE SIGNATURE  TITLE Mission Director	15. DATE DOCUMENT RECEIVED IN AID W. OR FOR AID/W DOCUMENTS. DATE OF DISTRIBUTION DATE SIGNED <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0
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2. COUNTRY/ENTITY
MAURITANIA

3. PROJECT NUMBER
625-0937

4. BUREAU/OFFICE
 A. Symbol AFR
 B. Code 06

5. PROJECT TITLE (maximum 40 characters)
EXPANDED PROGRAM OF IMMUNIZATION

6. ESTIMATED FY OF AUTHORIZATION/OBLIGATION/COMPLETION
 A. Initial FY 80
 B. Final FY 82
 C. PACD 82

7. ESTIMATED COSTS (\$000 OR EQUIVALENT, \$1 =)

FUNDING SOURCE		LIFE OF PROJECT
A. AID		400
B. Other U.S.	1.	
	2.	
C. Host Country		209
D. Other Donor(s)		528
TOTAL		1137

8. PROPOSED BUDGET AID FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. 1ST FY 80		E. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) SH	513	55Q		400		400	
(2)							
(3)							
(4)							
TOTALS					400		400

9. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
551

10. SECONDARY PURPOSE CODE

11. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
 A. Code BR
 B. Amount 400

12. PROJECT PURPOSE (maximum 480 characters)

TO REDUCE THE INCIDENCE OF COMMUNICABLE DISEASES AMONG MAURITANIAN CHILDREN BELOW THE AGE OF SIX YEARS

13. RESOURCES REQUIRED FOR PROJECT DEVELOPMENT

Staff:

Funds:

14. ORIGINATING OFFICE CLEARANCE
 Signature: *J. A. Hopkins*
 Title: Mission Director
 Date Signed: MM DD YY
 06 20 80

15. DATE DOCUMENT RECEIVED AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY

16. PROJECT DOCUMENT ACTION TAKEN
 S = Suspended
 A = Approved
 D = Disapproved
 CA = Conditionally Approved
 DD = Decision Deferred

17. COMMENTS

18. ACTION APPROVED BY
 Signature:
 Title:

19. ACTION REFERENCE

20. ACTION DATE
 MM DD YY

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR FOR AFRICA

FROM: AFR/SFWA, Jim Kelly *JK*

SUBJECT: Mauritania Expanded Program of Immunization (625-0937)
Waiver Request

REFERENCES: (A) Nouakchott 00712 (B) Dakar 05573 (C) State 263664

Problem: Your approval is requested for a procurement source/origin waiver from Geographic Code 000 (U.S. only) to Geographic Code 935 (Special Free World) for the purchase of pharmaceuticals.

- A. Cooperating Country: Mauritania
- B. Nature of Funding: Grant
- C. Project: Expanded Program of Immunization
- D. Description of Goods: Generic Identification

<u>Item</u>	<u>Requirement</u>
1. Measles (10 dose vials)	24,200 vials
2. Diphtheria/Whooping Cough (20 dose vials, 10 ml.)	34,550 vials
3. Polio Live Oral Vaccine (20 dose vials, 5 ml.)	34,550 vials
4. BCG (Tuberculin)	12,000 vials
5. Tetanus Adsorbed (B.P. 20 dose vials, 10 ml.)	1,650 vials

- E. Approximate Value: \$69,989
- F. Probable source/origin: Geographic Code 935 Countries

Discussion: The Expanded Program of Immunization will implement a nation-wide preventive health care program of immunization aimed at reducing the incidence of six communicable diseases (tuberculosis, measles, diphtheria, whooping cough, tetanus, and polio) in children 0-6 years and pregnant women (for tetanus). Vaccines provided through this project will supply both the Mauritanian Government's Maternal and Child Care Clinics (PMI) and mobile teams. The mobile teams will vaccinate all children not able to be vaccinated at the PMIs.

This waiver for source/origin procurement is essential to the operation of this project for both timing and economic reasons. On the timing side, vaccine procurement in Mauritania is effected through initial requests from the WHO/Mauritania office to the WHO/AFRO office in Brazzaville which places the orders (along with those of the other African countries served by this regional office). The WHO/Geneva office through UNICEF procures vaccines from a variety of world-wide sources depending on the availability of needed vaccines, transport time and price. Vaccines procured are sent directly to Mauritania. If procurement were to be restricted to Geographical Code 000, the current WHO

procurement procedure would have to be dropped. Without the variety of procurement sources and the established procedures of the WHO/AFRO office, procuring the type of vaccines needed will not be possible within the time required by this project, and possibly not at all. This waiver is needed to allow flexibility for procurement from such countries.

In the economic sense (the more significant of the two) during a recent meeting with SER/COM, a comparison made between U.S. prices and those non-U.S. prices offered to WHO showed that those vaccines purchased by WHO were at least 50% cheaper than the U.S. prices. In addition, GIRM does not have the needed foreign exchange to purchase these vaccines. The following table is based upon U.S. prices quoted in the 1979/80 UNIPAC catalogue:

<u>Item</u>	<u>U.S. Selling Price</u>	<u>UNICEF Selling Price</u>
1. BCG (Tuberculin)	20 doses - \$ 4.17	20 doses - \$ 1.00
2. DPT	20 doses - \$ 3.32	20 doses - \$.50
3. Tetanus	20 doses - \$ 2.24	20 doses - \$.50
4. Measles	10 doses - \$ 18.33	10 doses - \$ 1.22
5. Polio	20 doses - \$ 20.32	20 doses - \$.30

This waiver request meets the criteria outlined in AID Handbook I, Supplement B, Chapter 4, Section 4C3d Pharmaceutical Policy as follows:

Section 4C3d Waiver Criteria

- 1) "The pharmaceutical product is essential:" All pharmaceuticals procured under this project are basic drugs required to attain the project objective of reducing the incidence of communicable diseases among Mauritanian children below the age of six years.
- 2) "The delivered price from the U.S. would be at least 50% more than from another source." SER/COM research has determined this to be the case.
- 3) "Information is available to attest to the safety, efficacy, and quality of the product, or the product meets the standards of the U.S. FDA or other controlling U.S. authority." WHO monitors the quality of the drugs and this monitoring division is headed by a Center for Communicable Diseases representative. Although the quality control criteria are not exactly like those of U.S. controls, they are similar enough to guarantee the efficacy, safety, and quality of the vaccines.

In accordance with Handbook 15, Appendix D1, the above pharmaceuticals are essential to this project, would only be available from the authorized source (U.S.) at a price more than 50% higher than the Code 935 source, and non-AID foreign exchange is not available for this purpose.

SER/COM advises that the procurement of these vaccines offshore would not infringe upon U.S. patents and is therefore not precluded by Section 606(c) of the Foreign Assistance Act.

INITIAL ENVIRONMENTAL EXPLANATION

Project Country: Mauritania

Project Title: Expanded Immunization Program, 625-0937

Funding: FY(s) 1 \$ 400,000

Period of Project: 2 years

IEE Prepared by: Celeste Robertson
AFR/SFWA


(signature)

Environmental Action Recommended: Negative Determination

Concurrence: Jim Kelly
AFR/SFWA


(signature)

Assistant Administrator Decision:

APPROVED



DISAPPROVED

DATE

3 | 25 | 80

I. Description of Project: This project will enable the Government of the Islamic Republic of Mauritania to implement a nation-wide preventive health program of immunization aimed at reducing the incidence of six communicable diseases, (tuberculosis, measles, diphtheria, pertussis, tetanus, and polio) in children 0-6 years. Together these six preventable diseases constitute some of the principle causes of infant mortality in Mauritania and contribute significantly to childhood as well as maternal mortality. The poor of Mauritania are the most harshly affected. Project activities are: the creation and mobilization of 12 regional immunization teams and the construction and maintenance of a prefabricated warehousing facility during the second year to permanently house vaccine stocks. A.I.D. financing will finance the construction of the project warehouse.

II. Examination of Nature, Scope, and Magnitude of Environmental Impacts:

(In terms of items on attached Impact and Evaluation Form)

The actual site of the warehouse construction has not yet been made at this stage. However, it may be assumed that the disturbance to the surrounding environment will be of little consequence and will be greatly offset by the advantages to the project realized by the construction of the warehouse. The building itself will be a pre-fab structure; therefore, it is hoped that minimal disturbance to the surrounding environment due to dust, noise, etc., will be experienced during the construction activities. This disturbance will be of a short-term nature only. A 611A engineer's report will be written prior to the construction of the warehouse structure, at the site selection stage. The engineer will insure that all mitigative measures necessary for environmentally sound construction will be followed.

III. Recommended Environmental Action:

Negative Determination

AFR/SFWA
March 12, 1980

MAURITANIA: EXPANDED PROGRAM OF IMMUNIZATION

AIP 625-0937

Project Paper
 MAURITANIA: EXPANDED PROGRAM OF IMMUNIZATION
 ACCELERATED IMPACT PROJECT 625-0937

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ACCELERATED IMPACT PROJECT

Description for MAURITANIA EXPANDED PROGRAM OF IMMUNIZATION

OVERVIEW

This project will enable the GIRM (Government of the Islamic Republic of Mauritania) to implement a nationwide preventive health program of immunization aimed at reducing the incidence of six communicable diseases (tuberculosis, measles, diphtheria, pertussis, tetanus and polio) in children 0-5 years. Together these six preventable diseases constitute some of the principle causes of infant mortality in Mauritania and contribute significantly to childhood as well as maternal morbidity. The group most affected is the traditional rural poor, who are largely unaware of the causes of these diseases, the least able to obtain or afford the curative services required when sickness strikes, and the most exposed to complications whenever malnourished. Each of the above diseases is preventable with a high degree of certainty; the technology for their prevention is well known, employed in the developed world, and readily transferable.

PROJECT BACKGROUND

In 1976 the GIRM began planning to expand vaccination services. At the CILSS Human Resources Meeting (September, 1978), the GIRM presented an EPI proposal for donor funding. The U.S. expressed interest in the program and requested that the proposed program be a multidonor effort. AIU/W made a concrete offer of support to the GIRM EPI program in early 1979 (see STATE 43425 1979 - Annex J.)

At that time the GIRM had very limited personnel and material resources and the limited financial support of the World Health Organization (WHO) which had provided two advisors to help with the GIRM EPI. In 1978, a beginning was made but faltered because of inadequate support. During this period, CILSS stated that funding of Mauritania's immunization program should be a high priority. The GIRM solicited and obtained other donor support. (WHO, UNICEF, and the Council of Arab Health Ministers).

In the attempt to define the parameters of AID's intervention, the USAID/Mauritania called upon the services of an expert in immunization programs and, after further in-depth planning sessions with GIRM and WHO, incorporated his information with that of GIRM and WHO to produce the plan of action described below.

Making use of its resources and other donor support, the GIRM began preparation, training and vaccination activities for this project mid 1979.

PROJECT DESCRIPTION:

Within the context of WHO's worldwide Expanded Program of Immunization (EPI), Mauritania has taken major initiatives in formulating its own countrywide campaign. The GIRM acknowledges its reliance on external support to achieve its ambitious, but realistic, goals.

The WHO's objective is to reduce worldwide morbidity and mortality rates of six diseases among children 0-5 years: measles, poliomyelitis, diphtheria, tetanus, pertussis (whooping cough) and tuberculosis, by providing immunizations to every child by 1990.

The GIRM has accepted this global goal for its EPI. The immediate objective of the EPI is to set up an effective program which will vaccinate

70-80 percent of the target group by the end of the 2 year project period. The GIRM expects that this project will result in a substantial reduction of mortality and morbidity resulting from these six diseases.

Mauritania, of all West African Sahel countries, has probably suffered most from the severe drought of the early 1970's. The environmental degradation triggered by natural and man-made forces continues at an accelerating rate. A previously acceptable balance between the rural way of life and an urban way of life is shifting dramatically toward urban existence. This shift of population has serious implications for all facets of life in Mauritania, and the GIRM has evidenced its concern for the health sector by placing an immunization program among its priorities for the next five years.

Organizing immunization campaigns is not completely new in Mauritania. In 1978, the GIRM, with \$40,000 from WHO, initiated a pilot immunization campaign in the Trarza Region. Unfortunately the operation terminated after eight months of work in July 1978, when the coup d'etat and subsequent transportation difficulties along the river caused by unusually heavy rainy season flooding stopped all project operations. As a result of this breakdown, the GIRM began a concentrated planning effort to avoid further delays in program.

The GIRM, with WHO and USAID and other donor encouragement, is ready to initiate in the first year of this project a gradually phased immunization operation in eight regions which comprise 80 percent of the nation's population.

Mobile vaccination teams

The immunization campaign will be carried out by teams established on a regional basis. Each of the twelve regions of Mauritania, plus Nouakchott, has one vaccination team except for the Hodh Orientale (Nema) which has two

teams (see Annex A for map). The teams are composed of five people: a team leader who is a State Nurse, a certified nurse, a nurse's aid, a laborer, and a driver. Each team is equipped with a four-wheel drive vehicle (Land Rover) donated by the Council of Arab Health Ministers or by UNICEF. Each region either has or is scheduled to have a refrigerator and a freezer for storage of vaccines. (See Annex C for location of freezers/refrigerators).

The immunization teams are charged with conducting the vaccination of children under the age of five years and pregnant women (for tetanus). Currently the GIRM Maternal and Child Health Care Clinics (MCH) are responsible for vaccinating children within a ten-kilometer radius of the MCH centers (see Annex C for list of MCH centers). Vaccines provided through this project will supply both the MCH and the mobile teams. The mobile teams will vaccinate children not able to be vaccinated at the MCH.

During a year each team will make three passes through each community in its region. The multiple antigen DPT and polio will be given in 3 doses, tetanus toxoid in 2 doses and measles and BCG in a single dose. The second and third passes for DPT and polio vaccinations will also enable infants born after the first or second pass to begin their vaccination series, as well as to reach any children who may have missed the first or second pass. (See Annex E for detailing of vaccine needs and passes by region).

The first year of activity for each of the regionally-based vaccination teams will be the most intensive. The teams will undertake the largest number of vaccinations the first year. If they have effectively reached their target population during the first project year, following years will only require maintaining the program to reach children born subsequently as well as pregnant women. Therefore, the magnitude of vaccination activity will be greatly

reduced. The GIRM Ministry of Labor, Health, and Social Affairs plans to maintain the teams in the regions to assure that future children not reached by the fixed center MCH vaccinations will receive immunizations, but it also plans to engage the mobile health teams in broader health activities of which the vaccination program is only a beginning. With the implementation of the USAID Rural Medical Assistance Project (682-0202), the Trarza team will be integrated gradually into the overall primary health care program being developed in that region for eventual nationwide replication. The broader, preventive health activities in which the teams will later engage include supervision of primary health workers, nutrition, sanitation, and health education.

Training of the teams

WHO/Mauritania and the GIRM Ministry of Labor, Health, and Social Affairs have already initiated training for the mobile teams. In August 1979, all team leaders were brought into Nouakchott for a 5 day course in vaccination program administration and techniques and returned to their respective regions and trained the rest of their team members. The training course was developed following guidelines of the CDC/WHO Immunization Training Manual.

The GIRM is planning to train a Mauritanian to train the MCH personnel and mobile teams in the operation, maintenance, and repair of the cold chain equipment. AID will provide funds to pay for technical assistance for this training.

Supervision of the teams

The mobile teams will require a program of careful supervision, particularly as the immunization program begins. For this the GIRM is using the training expert provided by the WHO. His experience with the pilot immunization program

in the Trarza Region as well as his current responsibilities with the EPI have demonstrated his awareness of the need for supervision. The training expert will visit regional teams and remain with each for one week at a time, returning to each team every few months. He will be accompanied by a Mauritanian State Nurse who will eventually take over supervisory responsibilities after two years. Supervision will include monitoring the proper use of cold chain techniques, the proper vaccination methods, the collection of necessary health data, the programming of field vaccination visits, the keeping of proper records, and the maintenance of equipment and supplies.

Phased Operations

Prime consideration is given to the progressive, phased implementation of the operations of the mobile teams. Two teams started vaccinations after the mid 1979 start up. Based on the success of these operations, as indicated by the reported decrease in measles cases in the vaccinated areas, the EPI is being gradually extended into other regions using the teams trained for those regions.

The following list shows the schedule for extension of the EPI into regions (for more details see the tentative implementation plan):

	<u>Region</u>	<u>Main City</u>
Late 1979	Assaba Brakna Trarza Nouakchott	Kiffa (first passage only) Aleg Rosso
1980	2nd and 3rd passages for above areas. Add: Gorgol Guidimaka Hodh Orientale Hodh Occidentale Inchiri	Kaedi Selibaby Nema Aioun El Atrouss Akjoujt

Late 1980-1981

2nd and 3rd passages for above areas. Add:

Tagant	Tidjikja
Tiris Zemmour	F'derik
Adrar	Atar

second and third passages for above plus repeat passages for all other regions.

This implementation plan will be adjusted as needed during the implementation of the EPI.

Community Education

The GIRM EPI has several methods to inform people about the vaccination program. Before vaccination sessions, the administrative personnel (governor, prefets, etc.) as well as the health personnel (regional medical director, nurses, MCH-workers, etc.) are contacted by the vaccination team and given dates, places and other information about the vaccination sessions. The administrative and health personnel inform the populations and help organize them for the sessions. In addition, the GIRM uses radio broadcasts and articles in the paper to publicize vaccination sessions.

The first six months operation of the EPI have shown that community interest in vaccinations has been strong enough to attract large groups to the sessions. While there are some problems with skepticism about vaccinations in some areas previously covered only by sporadic vaccinations (esp. during measles epidemics), this is not expected to pose a real problem once a regular program is established. The EPI has begun more activities to strengthen the communities' understanding of vaccination. There has been a special effort to explain incubation periods of diseases such as measles and when protection from vaccination can be expected as well as common post-vaccination reactions. In addition newspaper articles explaining the vaccination program appear regularly in the national newspaper. As the vaccination schedules are

regularized and vaccination is more integrated into fixed centers, community education will be easier. The eventual integration of vaccination activities into the Rural Medical Assistance project will boost community education through the assistance of the community health workers and peace corps volunteers in the project.

Project Evaluations

In all candor, it must be admitted that neither the GIRM, WHO, USAID nor other organizations have the data available to accurately quantify the extent of problem of the six targeted diseases as the immunization program begins. The current morbidity/mortality rates for these diseases are unknown. All are acknowledged to be extant in Mauritania, but the reporting mechanisms are no longer in place to facilitate identification. WHO reports that a rudimentary health reporting system existed up to 1978, but has completely deteriorated since then because of the shifting political situation and tenuous budget allocations. However, even the last results from this system are acknowledged to be very incomplete. (See Annex D for data.) The OMVS health studies in the Senegal River Basin ("Partial Report for Public Health" Gannett, Flemming, Corddry, and Carpenter, in association with ORGATEC) provide additional epidemiological information on immunizable diseases. The incidence of these six immunizable diseases, (with the exception of diphtheria) is very high and remains endemic. The excessively high rates of tuberculosis and pertussis are particularly alarming. Likewise the reportedly high child mortality from measles (10-20 percent) combined with its high incidence make this disease a major killer of children under five years.

One of the main objectives of this EPI will be the measurement of the decrease in morbidity and mortality due to these diseases. The data collected

by the mobile teams and MCH centers will be very important in the analysis of the EPI's effectiveness. The teams and/or MCH centers record the names, dates, and types of vaccinations of the children vaccinated. The child's age is also recorded. The mobile teams also record administrative details including duration of vaccination sessions, vaccination locations, mileage and amount of vaccine used, and all expenses incurred for each trip. In addition, the MCH centers collect data on the incidence of immunizable diseases and epidemics. This data collection will be improved as the project develops. Concurrent with the activity will be the on-going joint efforts of the Director of Preventive Medicine, in conjunction with WHO, to refine the operational plan, to re-establish a disease reporting system throughout the nation, to define the parameters of evaluation, to conduct retraining of the mobile teams, and to recruit the personnel to keep the teams up to strength. These supervisory and managerial elements are to remain the responsibility of the Directorate of Preventive Medicine which may be supported in all of these sectors by any donor, such as the WHO-supplied training expert. The lack of health data will make project evaluation difficult until a better reporting system is incorporated into the project. If, after completion of an immunization cycle, three passes in a given area, there is an outbreak of measles, for example, the problem would appear to emanate from identifiable failures: (a) not all of the target population was immunized, or the victims were outside of the reasonable parameter (80 percent) of contact; (b) the vaccines were not potent, either from origin or because of a cold chain breakdown; (c) the victims did not receive an effective vaccine "take" (wrong age, not susceptible for other reasons), or (d) administrative breakdown in the delivery system. There will be two major evaluations in this project: the first will take place after one

year when teams are active in seven of the twelve national regions. This evaluation will examine whether the schedule being projected is met and the numbers of people vaccinated, whether the cold chain equipment is being maintained, whether the vaccines are effective, and whether it is recommended to proceed with the remaining five regions. An expert in immunization programs will be involved for a two week evaluation at this stage.

After consultations in March, 1980 with the EPI directors of WHO/Geneva, WHO/AFRO, and Strengthening Health Delivery Systems (SHDS), the GIRM is making requests for their personnel to assist with evaluations.

A final evaluation will take place after two years of the project at which point the project should have teams functioning in each of Mauritania's twelve regions. The final evaluation will examine whether the immunization program is working effectively. It will require another two-week period for an expert in immunization programs as well as a cold-chain technologist who may be able to provide a technical up-date on developments in cold chain technology operational by that time. (See Evaluation Plan).

Cold Chain

One of the most critical elements of any immunization program is the cold chain system from the arrival of vaccines in the country to the ultimate usage in the interior by vaccination teams. In order to assure that vaccines received in Nouakchott will be properly stored prior to being transported to the regions, a small warehouse will be rented during the project. The GIRM has large freezers which are being used for the storage of these vaccines in the warehouse. USAID will finance the rental of project warehouse. Other donor funds may be used for cold chamber construction, but further analysis will be done by the GIRM and WHO prior to making a final decision.

The WHO has supplied containers and cooling elements which will be used during the transportation of vaccines from Nouakchott to the regional centers (via road or air) as well as during the time the vaccination teams are travelling in the field. During the life of the project there will be experimentation with the efficacy of various containers, and energy saving technologies.

The GIRM currently has freezers and/or refrigerators provided by the WHO for use in the vaccination program in ten of the twelve regions of Mauritania (see Annex C for locations and specifications). These are all manufactured by Electrolux (Sweden) and are either kerosene, gas, or electric freezers/refrigerators. AID will provide funds for a refrigeration expert who will train a Mauritanian to train the mobile team and fixed center personnel in the operation, maintenance and repair of the cold chain equipment.

USAID will contribute to the operational costs and spare parts for the cold chain equipment.

IMPLEMENTATION PLAN

<u>Expected date for action to be completed</u>	<u>Action</u>	<u>Action Agent</u>
(Note: G.I.R.M. EPI begun Oct. 1979 with other donor grants, training completed, first passage (vaccination) in Assaba, Brakna, Trarza and Nouakchott completed)		
May 1980	Project Agreement signed	USAID, GIRM
<u>Months after Project Agreement signed:</u>		
0-3	First vaccination passage: Gorgol, Guidimaka, Hodh Orientale, Hodh Occidentale, Inchiri*	GIRM, WHO
0-3	2nd passage: Assaba, Brakna, Trarza, Nouakchott	GIRM, WHO
1-3	Warehouse rental paid for 1 year	GIRM, USAID
2-4	Spare parts ordered: vehicles and cold chain	GIRM, WHO, USAID
2-6	Vaccines ordered from WHO/AFRO	GIRM, WHO, USAID
3-4	Initial "in-house" assessment of program	GIRM, WHO, USAID other donors
3-6	SHDS EPI director consults in Nouakchott	GIRM, USAID, WHO
4-6	2nd passage: Gorgol, Guidimaka, Hodh Orientale, Hodh Occidentale, Inchiri and 3rd passage: Assaba, Brakna, Trarza, Nouakchott	WHO, GIRM
6	Decision made on vaccine storage warehouse	GIRM, WHO, USAID
7-11	3rd passage: Gorgol, Guidimaka, Hodh Orientale, Hodh Occidentale, Inchiri	WHO, GIRM

*Note: vaccination passage dates to be defined gradually as project continues.

During first year	Retraining vaccination teams	GIRM, WHO
9-14	First vaccination passage: Tagant, Adrar, Tris Zemmour	WHO, GIRM
12	First evaluation completed	USAID, GIRM, WHO, outside consultants (& other donors)
12-23	2nd vaccination passage: Tagant, Adrar, Tris Zemmour and 3rd vaccination passage repeated in all regions	WHO, GIRM
17-21	2nd retraining for vaccination teams	WHO, GIRM
24	Final evaluation completed	USAID, GIRM, WHO, outside consultants (& other donors)

ESTIMATED PROJECT COSTS

The USAID project contributions will total \$400,000. They fall into the categories of vaccines, spare parts and operational costs for vehicles and cold chain equipment, administrative materials, warehouse rental, and evaluation costs. The evaluations include the cost of expert technical assistance.

The budget of USAID contributions to the project is broken down as detailed in the attached budget.

Budget of the G.I.R.M. E.P.I.Contribution of USAID:

Vaccines (see Annex for breakdown)	\$125,793
(P.O.L.)	70,400
Vehicle spare parts	30,467
Vehicle maintenance	20,713
Fuel for cold chain equipment	10,334
Spare parts for cold chain equipment	11,166
Administrative materials	10,566
Warehouse rental (2 years)	25,000
Evaluations (two)	25,000
Technical assistance: training	10,000
	<u>339,439</u>
c. 17% contingencies/inflation	<u>60,561</u>
TOTAL USAID CONTRIBUTION	(\$400,000)

Other donor contributions:World Health Organization (WHO)

Trarza Experimental E.P.I. program, 1979	\$ 40,000
Vaccines	11,173
Training for vaccination team leaders	2,800
P.O.L. and vehicle maintenance	35,556
Cold chain equipment (refrigerators and freezers)	10,471
Technical assistance personnel (2 for 2 years)	124,000
	<u>(\$224,000)</u>

UNICEF

7 four-wheel drive vehicles (Landrovers) (\$ 84,000)

Council of Arab Health Ministers (CAHM)

7 four-wheel drive vehicles (Landrovers) \$ 84,000
Operational support grant, April, 1980 136,000
(\$220,000)

GIRM CONTRIBUTIONS:

Salaries and costs for teams \$ 181,860
Administrative salaries 27,216
(\$209,076)

TOTAL PROJECT COST: \$1,137,076

Economic Analysis

The GIRM EPI, if effective, can be expected to have a significant impact on child morbidity and mortality. Multiple antigen vaccination programs are considered one of the most effective health interventions available, especially in countries such as Mauritania with very high child mortality and immunizable diseases. Vaccination and the subsequent reduction in child mortality are prerequisites for encouraging interests in family planning activities which can eventually stabilize the population. The GIRM is beginning to show signs of interest in such a program.

Expected Direct benefits of GIRM EPI:

- Decrease in child mortality and morbidity: WHO and the Center for Disease control estimate that 1/3 of LDC child mortality is linked with immunizable diseases. Baseline epidemiological data describe a similar situation in Mauritania. Initial reports from populations vaccinated by the GIRM EPI, show a significant decrease in deaths associated with diseases such as measles. Many villages in which the EPI has begun vaccinations have reported either no or very few deaths from measles after the vaccinations, whereas previously measles death rates had been very high.
- Decrease in the incidence and prevalence of immunizable diseases: Vaccination will decrease the spread of these diseases and give some protection to even persons who have not been vaccinated. This is an important control measure for diseases that are difficult/costly to cure - tuberculosis, or result in disability - polio.
- Decrease in health center treatments of immunizable diseases.
- Decrease in earnings lost and costs due to rehabilitation necessary from effects of diseases (polio, tuberculosis, etc.)

Expected Indirect Benefits of GIRM EPI:

- Strengthening of the health delivery system: A successful vaccination program with integration into fixed centers will increase appreciation for health services in general and may form a basis for extending basic health services in rural areas.
- Provision of an important basic health service like vaccination, may help decrease the rural exodus.
- Decrease in child mortality will make it easier for families to plan the number of live children they want. This kind of predictability traditionally leads to family planning and lower birth rates.

Beneficiaries:

Approximately 300,000 children 0-5 years old (target group). Cost per vaccinated child \$5. These benefits are difficult to quantify at the beginning of the program. After several years, there should be enough data on mortality and morbidity changes to analyse the program's economic impact. Qualitatively, the beneficial effects of the project should be evident within the first year when several regions have been vaccinated.

Project Alternatives :

The GIRM EPI is undoubtedly the most immediately effective health intervention program among these options:

1. Extension of rural health delivery system: extension of such systems per se do not necessarily show a (measurably) sharp decrease in child mortality.
2. Extension of services aimed at improving nutrition in rural areas (PMI's etc.): while such services could decrease child mortality by as much as vaccinations would, the impact of these services depend heavily on continuous active community participation and skilled workers. Vaccination programs are

much more likely to show a higher measurable impact at a cheaper cost/person.

3. Using equivalent funds for hospital construction and expansion of curative services would have only a very small impact by comparison with an EPI.

The GIRM EPI is designed efficiently to make use of previously trained personnel and known cold chain techniques.

Recurrent costs:

The projected costs of \$5/vaccinated child are relatively low by comparison with ~~some~~ other vaccination programs. As the program develops, costs/child will decrease as 1) mobile teams are replaced by fixed center activities, 2) cold chain technology is improved and waste reduced, 3) vaccination schedules are more efficient, 4) supervision is more decentralized. The above planning has already begun. Over the short-medium term, the GIRM is confident of attracting enough donor support to cover EPI costs.

SOCIAL ANALYSIS

Basic Needs:

Virtually no vaccination services exist outside the GIRM EPI. Therefore only a small percentage of children are vaccinated against these diseases which are severely endemic or epidemic. WHO has established immunization as a right of every child. At present most Mauritanian children are deprived of this right

Socio Cultural Feasibility:

The GIRM EPI requires a minimum of community activity and aims for maximum coverage. In this regard, logistics, rather than social constraints are the problem. While some resistance to immunization programs exists due to past failures, this is not significant and will become negligible after populations have had some experience with a systematic program. (See community education section)

Equity:

The project intends to vaccinate the entire target group within its reach. Coverage is maximally expected to be 70 percent after the first year, and 80 percent after the second year. Only those nomadic groups who are not present during vaccination passes and the small percentage of the population which live beyond the reach of the vaccination teams will not have the opportunity to be vaccinated.

Technical Analysis:

The GIRM EPI is the result of a two year multi-donor planning effort. While many technical questions remain, the basic program is considered feasible. The successful first 6 month implementation of the project confirms this. Many villages covered by the EPI so far have reported very few (or no) measles cases this year compared with large numbers of cases before the vaccination.

The GIRM EPI intends to deal with technical questions such as: improving cold chain systems, collection of accurate demographic data concerning the target group, adequacy of training/supervision, vaccine effectiveness, integration into fixed centers, etc. In addition to technical personnel working with the program, outside consultants will help develop the program. The two evaluations will provide a chance to review the technical adequacy of the EPI.

Financial Plan:

AID's support to this multi-donor project represents approximately 40 percent of the total cost. With the addition of the new CAHM grant, AID support will be approximately 34 percent.

The following budgetary tables show the breakdown of the inputs and estimate the disbursement of funds from FY 80 - FY 82. Other donor funds are not disaggregated over the life of the project.

Table I
PROJECTION OF EXPENDITURES BY FISCAL YEAR (U.S. \$ 000)

FISCAL YEAR	AID	HOST COUNTRY	OTHER DONORS	TOTAL
FY 80	147			
FY 81	142		not disaggregated by year	
FY 82	50			
Inflation/Contingencies	61			
TOTALS	400	209	528	1,137

PROJECTION OF AID EXPENDITURES BY FISCAL YEAR

	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>
Vaccine	\$65,000	\$60,793	-
P.O.L.	25,133	25,134	\$20,133
Vehicule spare parts	11,822	11,822	6,823
Vehicule maintenance	6,905	6,904	6,904
Cold chain fuel	3,444	3,445	3,445
Cold chain spare parts	7,000	4,166	-
Administrative materials	5,000	4,566	1,000
Warehouse rental	12,500	12,500	
Evaluations	-	12,500	12,500
Technical Assistance	<u>10,000</u>	<u>-</u>	<u>-</u>
	\$146,804	\$141,830	\$50,805

(contingencies = \$60,561)

Table II
SUMMARY COST ESTIMATE AND FINANCIAL PLAN (U.S. \$ 000)

Sources	AID		HOST COUNTRY		OTHER DONORS		TOTAL
	FX	LC	FX	LC	FX	LC	
Vehicules					168		
Vaccines	126				11		
P.O.L.		70					
Vehicule maintenance		21				36	
Vehicule spare parts	30						
Fuel for cold chain		10					
Spare parts for cold chain	11						
Administrative materials		11					
Warehouse Rental		25					
Evaluations	25						
Cold chain equipment					10		
Training						3	
Trarza EPI prog.						40	
Technical assistance	10				124		
Costs & Salaries for teams				182			
Administrative Salaries				27			
Contingencies/Inflation	61						
TOTALS	263	137		209	313	79	1,137

*Total figure includes April 1980 additional grant of \$136,000 from Council of Arab Health Ministers

Other Donors: WHO, UNICEF, Council of Arab Health Ministers

AID POLICY ISSUES

GIRM capacity to administer project

The GIRM has made significant personnel and material contributions to the project. The leadership within the Ministry of Labor, Health, and Social Affairs is well known locally to USAID. The basic organization of the mobile teams has already been executed (see Annex F for indication of team leaders) and initial training has already taken place. The GIRM resources committed to the project are defined in the letter from the Minister of Labor, Health, and Social Affairs in Annex G. The Director of Preventive Medicine has been appointed as Project Manager for the GIRM and has recently completed the WHO EPI Manager's course. The WHO is providing technical assistance to the GIRM and already has one epidemiologist and one experienced training expert already assigned to Mauritania who will assist with the implementation of the EPI program. The GIRM has operated the EPI since its inception mid 1979.

Host country priorities

The GIRM has provided the initiative to undertake a nationwide immunization program since 1978. Every effort has been made to combine its own personnel and material resources with the resources provided by outside donors, particularly the WHO and USAID. The resources provided in this project will augment the GIRM health infrastructure to complete an intervention which the GIRM has repeatedly stressed is one of the highest priorities to Mauritania. It should be noted that the past year has seen an increasing concern with the development by the GIRM of a national health strategy based on preventive health care and primary health services delivery systems. The immunization project is intimately linked with other actions that have seen a national primary health care conference (held in August 1979, and attended by health

workers from throughout Mauritania and also by donor organizations), the signing of a project agreement with USAID to establish a pilot primary health care scheme in Trarza Region which can hopefully be replicated nationwide in the rural areas (Rural Medical Assistance, 682-0202), and in 1979 the creation of a Directorate of Preventive Medicine within the Ministry of Labor, Health and Social Affairs.

Relationship to the CDSS:

This project is consistent with the CDSS developed for Mauritania. The expanded program for immunization focuses on the basic human need for health services particularly preventive health care. The project is clearly within the USAID strategy as it is a multidonor effort with most of the beneficiaries being the rural poor in the interior of the country. The EPI program also strengthens the rural health care delivery system and support for the program is specifically identified on page nine of the CDSS as part of USAID's strategy in Mauritania.

Implementation Strategy:

The USAID Mauritania health officer will be charged with managing AID's implementation actions as project manager and will also act as a technical EPI consultant to the GIRM.

Management: USAID will procure non-vaccine items as listed in the budget, arrange for the two evaluations scheduled for the project, and coordinate with the GIRM and WHO on the implementation of the project. WHO will continue to procure vaccines on behalf of the GIRM as they have so far. USAID funds for vaccines will be made available to WHO for this purpose. (If the GIRM should decide to purchase some US vaccines directly (not through WHO/UNICEF)

the USAID project manager will arrange for this procurement.)

Technical: The USAID health officer has taken the WHO/SHDS-sponsored course for EPI managers and will assist the GIRM as a technical advisor. The health officer will also arrange for technical assistance to EPI from SHDS, Sahel Development Program Team, etc.

WHO and GIRM counterparts will have the major responsibility for project implementation: schedules, training, supervision, reporting, etc. (as detailed in the Project Description). The GIRM will have responsibility for selecting a Mauritanian to train the EPI personnel to maintain and repair cold chain elements.

Integration of GIRM EPI into other health activities including the Rural Medical Assistance Project-- (682-0202)

As noted, the GIRM's first priority is to establish an effective vaccination program. Therefore, much of the initial activity will concentrate on training and fielding vaccination teams. As the team's vaccination activities are well established, the GIRM will put more emphasis on integration of the EPI into fixed centers (including the 10 new MCH's being built). This has begun already in Nouakchott where vaccination is mainly carried out in fixed centers and GIRM is planning fixed center programs for other areas of Mauritania. The government's policy is to develop a system of fixed centers and mobile teams, and the GIRM is confident that this system will result from two years of experience with the current EPI.

The Rural Medical Assistance Project (RMA) (682-0202) (which has no vaccination component) aims at establishing a primary health care system in the Trarza Region and will afford a very good opportunity to experiment with the integration of EPI and rural health. The integration of these projects

will be mutually beneficial. For example, the demographic and epidemiological mapping done for the RMA project will provide useful information for the EPI. Likewise the extension of the EPI into rural areas will help sensitize the population to the value of basic health services. EPI mobile team nurses may also be able to provide needed supervision as well as professional and technical support to the rural community health workers trained through the RMA project. The EPI will have at least one year's experience by the time the RMA project begins training. At this point, both projects should be ready to start integration.

Future support to the GIRM EPI

USAID will consider additional support to the GIRM for FY 83 in expanding rural primary health care service delivery systems which will include support for immunization activities. The GIRM is confident that other donor aid for the EPI, especially from the Arab countries, will be continued. AID's percentage contribution to the EPI is 35 percent and diminishing proportionally as other donors increase their contributions.

Evaluation Plan

First evaluation: After 1 year of project (GIRM is considering an initial evaluation summer, 1980, prior to this USAID-funded evaluation)

Second evaluation: end of project

Since this project's purpose is to expand and improve the current GIRM immunization program, evaluation is a particularly important component. The evaluation, carried out by an immunization expert, will include analysis of:

- demographic data on target group
- portion of target group vaccinated (and reasons for successes or failures to reach target group)
- epidemiology of immunizable diseases
- vaccine effectiveness
- cold chain
- training program and operations of vaccination team
- integration of EPI into the health system
- management

These evaluations will make recommendations for successive phases of the program.

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LOGICAL FRAMEWORK

Project Title and Number: Mauritania Expanded Program of Immunization 625-0937

Life of Project: FY 1980
 Total U.S. Funding: \$400,000
 Date Prepared: 14 September 1979

<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means of Verification</u>	<u>Important Assumptions</u>
<p><u>GOAL:</u></p> <ul style="list-style-type: none"> - To improve the health status of Mauritanian children aged 0-5 years 	<ul style="list-style-type: none"> - Infant and child mortality and morbidity rates show a decline by end of project 	<ul style="list-style-type: none"> - MOH records - Sample surveys 	<ul style="list-style-type: none"> - Reduction of immunizable diseases is an important factor of infant and child mortality and morbidity - Data is collectable
<p><u>PURPOSE:</u></p> <ul style="list-style-type: none"> - To reduce the incidence of communicable diseases among Mauritanian children below the age of six years 	<ul style="list-style-type: none"> - Incidence of measles, tuberculosis, pertussis, tetanus, polio and diphtheria are at least 40 percent lower at the end of the project than at the beginning 	<ul style="list-style-type: none"> - Pre and post surveys on incidences of these diseases - Data from MCH's, vaccination teams, school health, etc. 	<ul style="list-style-type: none"> - 70-80 percent of children brought to vaccination sites and are vaccinated in correct age range with potent vaccines in an adequate number of doses - Malnutrition does not significantly interfere with vaccine "take" - Adequate data can be collected
<p><u>OUTPUTS:</u></p> <ul style="list-style-type: none"> - Expanded program of immunization established throughout Mauritania 	<ul style="list-style-type: none"> - 70 percent of children 0-5 covered by end of project - One trained mobile team working in each region to provide vaccinations (two teams in Hodh Orientale) - MCH's have properly functioning refrigerators, standardized vaccination methods, vaccination calendars 	<ul style="list-style-type: none"> - Surveys of vaccination coverage mobile team & MCH records of number of children vaccinated - On site inspection of mobile teams including: maintenance of cold chain, vaccination procedures, population covered, continuity of passages - On site inspection of MCH's including: refrigerators (thermometers, vaccine dates, storage), vaccination procedures, check of record books - Reports of mobile teams & MCH's 	<ul style="list-style-type: none"> - Mobile team & MCH personnel follow proper procedures - Mobile teams are effective way of providing vaccination to nomadic people - Cold chain equipment can perform effectively under Mauritanian climatic conditions to protect potency of vaccines

LOGICAL FRAMEWORK (continued)

<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means of Verification</u>	<u>Important Assumptions</u>
<p>INPUTS:</p> <p><u>AID</u></p> <p>vaccines, P.O.L., spare parts, maintenance, warehouse rental, technical assistance</p> <p><u>WHO</u></p> <p>vaccines, technical assistance, POL cold chain equipment, spare parts</p> <p><u>GIRM</u></p> <p>Personnel</p> <p><u>UNICEF & CAHM</u></p> <p>...</p>	<p>- See project document narrative for type and quantity commodities</p>	<p>- Project records</p>	<p>- Manufacturers of commodities will produce and make available commodities needed</p>

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TARGET POPULATION

Regions	Total regional Population	Total settled by Region	Settled pop. age - groups				Total by region Nomadic	Nomadic pop. age - Groups			
			0-2	%	0-5	%		0-2	%	0-5	%
I	205,545	128,837	11,984	10	19,173	16	85,708	8,193	10	13,941	16
II	133,952	69,942	6,994	10	11,191	16	64,010	6,176	10	10,195	16
III	130,517	87,079	6,708	10	14,803	17	49,438	4,174	10	7,340	17
IV	151,556	135,191	12,167	9	21,631	16	16,365	1,395	9	2,683	16
V	153,060	102,457	10,246	10	19,393	16	50,603	4,839	10	8,187	16
VI	216,735	110,627	8,850	8	16,594	15	106,108	8,792	8	15,499	15
VII	55,482	37,828	3,782	10	6,431	17	17,654	1,740	10	2,915	17
VIII	24,460	-	-	-	-	-	-	-	-	-	-
IX	76,608	34,073	3,407	10	5,792	17	42,535	4,055	10	7,050	17
X	87,107	79,040	8,584	11	15,608	20	9,067	1,002	11	9,067	20
XI	22,467	Figures for Regions 10, 11, 12, 13 are combined in figure 10.					Figures 10, 11, 12, 13 are combined in figure 10.				
XII	15,769	-	-	-	-	-	-	-	-	-	-
XIII	12,897	-	-	-	-	-	-	-	-	-	-
Nouakchott	134,986	-	-	-	-	-	-	-	-	-	-
TOTALS	1,344,541	734,074	74,722	6	130,616	10	NOUAKCHOTT 435,488	40,355	9	71,050	16

- I. Hodh Oriental (Nema)
- II. Hodh Occidental (Aloun)
- III. Assaba (Kiffa)
- IV. Gorgol (Kaedi)
- V. Brakna (Aleg)
- VI. Trarza (Rosso)

- VII. Adrar (Atar)
- VIII. Baie Du Levrier (Nouadibou)
- IX. Tagant (Tidjika)
- X. Guidimaka (Selibeby)
- XI. Tiris Zimmer (F'Derik)
- XII. Inchiri (Akjoujt)
- XIII. Tiris El Charbia (Dakhla)

ANNEX B

DISTRIBUTION OF FREEZERS FURNISHED BY W.H.O. AND TO B.
PROGRAM OF IMMUNIZATION - AS OF 20 Sept. 1979

REGION	# of freezers	kerosene	gas	electric	Comment
Hodh Orientale (Nema)	1		X		
Hodh Occidentale (Aycoun)	1		X		
Assaba (Kiffa)	1			X	
Gorgol (Kaedi)	1			X	
Brakna (Aleg)	1			X	
Trarza (Rosso)	1				X
Adrar (Atar)	1			X	
Baie du Levrier (Nouadhibou)					
Tagant (Tidjikja)	1		X		
Guidimaka (Selibaby)	1		X		
Tiris Zemmour (F'Derik)					
Inchiri (Akjoujt)	1			X	Refrig/freezer @ Hosp.
National Hygiene Center (Nkoht)2				X X	1 intended for Kaedi
W.H.O. (Nouakchott)	3		X X	X	
National Hygiene Center (Nkcht)1			X		undergoing repair
TOTAL	16		5	6	5

Location of Maternal and Child Health care centers (PMIs - Protection Maternelles et Infants):

REGION	Locations
Hodh Orientale	Nema
Hodh Occidentale	Aycoun el-Atrouss
Assaba	Kiffa
Gorgol	Kaedi, Mbout
Brakna	Aleg, Boghè
Trarza	Rosso, Boutilimit, Mederdra
Adrar	Atar
Baie du Levrier	Nouadhibou
Tagant	Tidjikja
Guidimaka	Selibaby
Inchiri	Akjoujt

TABLE OF INCIDENCY FOR COMMUNICABLE DISEASES TO BE SUBJECT
 TABLEAU DE MORBIDITE POUR LES MALADIES TRANSMISSIBLES ENVOYEE

LE P.B.V. DE 1970 - 1977 -
 TO E.P.I. PROGRAM. FROM 1970-1977

YEARS ANNEES	PULMONARY						
	TUBERCULOSIS TUBERCULOSE PULMONAIRE	DIPHTHERIA DIPHTERIE	WHOOPING COUGH COQUELUCHE	POLIOMYELITIS POLIOMYELITE	TETANUS TETANOS	MEASLES ROUGEOLLE	SMALLPOX VARIOLE
1970	3,544	44	2,273	16	30	1,278	-
1971	7,128	14	3,231	91	47	5,628	-
1972	9,130	10	4,348	33	51	10,818	-
1973	5,499	45	4,992	13	42	15,091	-
1974	6,437	26	4,968	56	41	9,661	-
1975	4,917	28	2,869	33	48	5,799	-
1976	5,788	25	6,041	42	34	10,328	-
1977	4,655	2	4,610	10	26	6,621	-
TOTAL	47,096	194	33,532	294	339	65,218	-

ANNEX D

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DIAGRAMME ELARGI DE VARIATION DE 8 EQUIPES POUR 7 QUESTIONS -

REGION	HABITANTS	AGE DE 0 A 5 ANS	DTCO DOSES UM	POLIO DOSES UM	ROUG. DOSES UM	BOG DOSES UM	TEA DOSES UM	
NEMA	205.545	41.109	42000=123.480	42000= 52.500	42000= 493590	42000=123060	2000=3600	70
ATOUN	133.952	26.790	27000= 79.380	27000= 33.750	27000= 317250	27000= 79100	1150=2700	51
KIFFA	130.517	26103	27000= 79.380	27000= 33.750	27000= 317250	27000= 79100	1130=2700	51
KAEDI	151.556	30.311	31000= 91.140	31000= 38.750	31000= 364250	31000= 90830	1500=2700	50
ALEG	153.060	30.612	31000= 91.140	31000= 38.750	31000= 364250	31000= 90830	1500=2700	50
ROSSO	216.735	43.347	44000=129.360	44000= 55.000	44000= 417000	44000=128920	2000=3600	83
SELID:BY	87.107	17.421	18000= 52.980	18000= 22500	18000=211.500	18000= 52740	1000=1800	34
TOTAL 1er P.	1078.472	215.693	220000=646.800	220000=275000	220000=2585000	220000=644600	10300=2800	4.171
NEMA	207.326	42.890	44000=129.360	44000= 55000	2000= 23.500	2000= 5860	2000=3600	217
ATOUN	135.115	27.951	28000= 82.320	28000= 35000	1500= 17.625	1500= 4395	1500=2700	142
KIFFA	131.648	27.234	28000= 82.320	28000= 35000	1500= 17.625	1500= 4395	1500=2700	142
KAEDI	152.869	31.624	32500= 95.550	32500= 40625	1500= 17.625	1500= 4395	1500=2700	160
ALEG	154.386	31.938	32500= 95.550	32500= 40625	1500= 17.625	1500= 4395	1500=2700	160
ROSSO	218.613	45.225	46000=135.240	46000= 57500	2000= 23.500	2000= 5860	2000=3600	225
SELID:BY	87.862	18.176	19000= 55.860	19000= 23750	1000= 4.750	1000= 2930	1000=1800	90
2ème passage - TOTAL	1067.817	225.038	230000=676.200	250000=287500	11000=129.250	11000= 32230	11000=19800	1.111

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CLASS	FARE	TAXES	BASE FARE	PORT	PORT	PORT	PORT	PORT	PORT
ADULT	109.127	14.491	45000=135,240	16500=37,500	26000=55,500	26000=55,500	26000=55,500	26000=55,500	26000=55,500
CHILD	137.27	19.112	29500=86,750	29500=36,875	1500=17,625	1500=17,625	1500=17,625	1500=17,625	1500=17,625
YOUTH	131.016	18.367	29500=86,750	29500=36,875	1500=17,625	1500=17,625	1500=17,625	1500=17,625	1500=17,625
INFANT	154.485	21.937	34000=99,960	34000=42,500	1500=17,625	1500=17,625	1500=17,625	1500=17,625	1500=17,625
SENIOR	155.712	33.264	34000=99,960	34000=42,500	1500=17,625	1500=17,625	1500=17,625	1500=17,625	1500=17,625
BOYS	220.491	47.105	18000=141,120	18000=60,000	2000=25,500	2000=58,600	2000=58,600	2000=58,600	2000=58,600
GRAND	88.617	18.931	20000=58,800	20000=25,000	1000=11,750	1000=2930	1000=2930	1000=2930	1000=2930
TOTAL	1096.032	234.593	241000=708,540	241000=301,250	11000=129,250	11000=32230	11000=32230	11000=32230	11000=32230
1st passage			220000=646,800	220000=275,000	220000=258500	220000=54430	11000=19,800	11000=19,800	11000=19,800
2nd passage			230000=678200	230000=287,500	11,000=129250	11000=32230	11000=19,800	11000=19,800	11000=19,800
3rd passage			241000=708,540	241000=301,250	11,000=129,250	11000=32230	11000=19,800	11000=19,800	11000=19,800
TOTAL 3									
PASSENGERS			691000=2031540	691000=863,750	242000=2843500	242000=709060	33000=59,000		

NOT AVAILABLE

REGION	DTCOQ DOSES UM	POLIO DOSES UM	ROUG. DOSES UM	BOG DOSES UM	T 12 MOIS	T 12 MOIS	TOTAL
NEMA	132.000= 388.050	132.000= 165000	46000= 540.500	46000= 134.780	6.000= 10.800		1.239.150
ATOUN	84.500= 245.430	84.500= 105625	30000= 352.500	30000= 87.900	4.500= 8.100		802.555
KITFA	84.500= 245.430	84.500= 105625	30000= 352.500	30000= 87.900	4.500= 8.100		802.555
KAEDI	97.500= 286.650	97.500= 121875	34000= 399.500	34000= 99.620	4.500= 8.100		915.745
ALEG	97.500= 286.650	97.500= 121875	34000= 399.500	34000= 99.620	4.500= 8.100		915.745
BOSSO	138.000= 405.720	138.000= 172.500	48000= 564.000	48000= 140.640	6.000= 10.800		1.293.660
SELTRADY	57.000= 167.580	57.000= 71.250	20000= 235.000	20000= 58.600	3.000= 5.400		537.830
TOTAL VACCINS 3 PAS.	691.000= 2031.540	691.000= 863.750	242000= 2843.500	242000= 709.060	33.000= 59.000		6.507.250

Essence 400 litres pendant 12 mois, pour 8 équipes par 30 UM litre	1.152.000
Pièces rechange pour 8 Land Rovers 10 % de sa valeur en UM 114.000	512.000
Entretien véhicules du programme pendant 12 mois	117.500
Térosène 25 litres à 25 UM litre par 16 réfrig.-congélateurs par 12 mois	120.000
Entretien chaîne froid pendant 12 mois	150.000
Registres, matériel et divers pendant 12 mois	430.000
Indemnités de voyage à 83 UM par 40 équipes par 12 mois par 20 jours	790.000
Loyer d'un grand magasin pendant 12 mois	302.000

	Besoins	Stock	Commande	UM	Besoins	
DTCOQ	691.000= 2.031.540	- 40.000	+ 160.000	= 588.000	691.000 = 1.343.540	1.244.500
Polio	691.000= 863.750	- 40.000	+ 160.000	= 250.000	691.000 = 613.750	
Rougeole	242.000= 2.843.500	- 90.000	+ 40.000	= 1.527.000	112.000= 1.316.000	3.525.650
BOG	242.000= 709.060	- 100.000	+ 20.000	= 556.700	520.000 = 152.360	
Total matériel, divers et vaccin				2.922.200	= 3.525.650	7.770.150

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NAME	AMOUNT	NO. OF DOGS	DOG DOSES UNIT	DOG DOSES UNIT	DOG DOSES UNIT	DOG DOSES UNIT	TOTAL
ADAM	55.487	11.096	12.000= 35280	12000= 15.000	12000=141.000	12000=55160	
ADAM HUBB	24.460	4.892	6.000= 17640	6000= 7.500	6000= 70.500	6000=17380	1000= 1.800
ADAM HUBB	76.608	15.321	16.000= 47040	16000= 20.000	16000=188.000	16000=46380	500= 900
ADAM HUBB	22.467	4.493	5.000= 14700	5000= 6.250	5000= 58.750	5000=14650	1000= 1.800
ADAM HUBB	17.569	3.513	4.000= 11760	4000= 5.000	4000= 47.000	4000=11720	500= 900
ADAM HUBB	134.986	26.998	27.500= 80850	27500= 34.375	27500=523.125	27500=80575	1500= 2.700
TOTAL per message	351.572	66.313	70.500=207270	70500= 88.125	70500=828.375	70500=206565	5000= 9.000
TOTAL							1.339.3
ADAM HUBB	55.963	11.577	12.500= 36750	12500= 15625	500= 5.875	500= 1465	500= 900
ADAM HUBB	24.672	5.105	6.500= 19110	6500= 8125	500= 5875	500= 1465	500= 900
ADAM HUBB	77.272	15.995	17.000= 49980	17000= 21250	1000= 11.750	1000= 2930	1000= 1.800
ADAM HUBB	22.662	4.688	5.500= 16170	5500= 6875	500= 5875	500= 1465	500= 900
ADAM HUBB	17.721	3.665	4.500= 13230	4500= 5625	500= 5875	500= 1465	500= 900
ADAM HUBB	136.156	28.168	29.000= 83260	29000= 36250	1500= 17625	1500= 4395	1500= 2.700
TOTAL per message	334.446	69.186	75.000=220500	75000= 93750	4500= 52875	4500= 13185	4500= 8.100
TOTAL							308.250

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REGION	HABITANTS	AGE DE 0 A 5 ANS	DT000 DOSES UN	POLIO DOSES UN	ROUG. DOSES UN	DOE DOSES UN	DOE DOSES UN	DOE DOSES UN	DOE DOSES UN
A WAR	56,448	12,062	15000= 38.220	15000= 16.250	500= 5.875	500= 1465	500= 900		62.
NOUADHIBOU	24,886	5,317	7000= 20.580	7000= 8.750	500= 5.875	500= 1465	500= 900		32.
FIDJ IFA	17,278	15,991	18000= 52.920	18000= 22.500	1000= 11.750	1000= 2950	1000= 1.300		
F'DERIK	22,664	4,690	6000= 17.640	6000= 7.500	500= 5.875	500= 1465	500= 900		7.
AKI OHT	17,874	3,818	5000= 14.700	5000= 6.250	500= 5.875	500= 1465	500= 900		29.
NOUAKCHOTT	137,336	29,348	30500= 89.670	30500= 38.125	1500= 17.625	1500= 4395	1500= 2.700		152.
TOTAL 3ème PASSAGE	356,486	71,226	79500= 233.730	79500= 99.375	4500= 52.875	4500= 13185	4500= 8.100		407.
1er PASSAGE			70500= 207.270	70500= 88.125	70500= 828.375	70500= 206.565	5000= 9.000		1.339.
2ème PASSAGE			75000= 220.500	75000= 93750	4500= 52.875	4500= 13.185	4500= 8.100		758.
TOTAL 3 PASSAGES			225000= 661.500	225000= 281.250	79500= 934.125	79500= 232.935	14000= 25.200		2.198.

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Essence 400 litres par mois pour 6 équipes par 12 mois par 30 UM le litre	=	864.000
Pièces rechange pour 6 Land Rovers 10 % de sa valeur en UM 114.000 x 6	=	564.000
Kérosène 25 à 25 UM par 12 réfrigérateurs pour 12 mois	=	30.000
Entretien 6 véhicules du programme pendant 12 mois	=	88.125
Entretien chaîne froid douze mois estimé à	=	542.500
<u>Indemnités voyages à 83 UM pour 30 équipiers par 12 mois par 20 jours sortie</u>	=	<u>597.600</u>
		2.645.225
		<hr/>
Besoins en vaccin pour 6 équipes		2.135.010
Total besoins matériel 6 équipes		4.781.235
		<hr/>
Total besoins matériel et vaccins 8 équipes		6.457.960
		<hr/>
Total besoins matériel vaccin 14 équipes pour deux ans ±		<u>11.247.195</u>

Cotation dollar USA
 à 46170

ANNEX F

**Mobile Vaccination Team Chiefs - Received training from
W.H.O. Epidemiologist and Training/Supervision Expert,
Nouakchott, August 1979.**

<u>Region</u>	<u>Team leader (Infirmier d'etat: State Nurse)</u>
Nodh Orientale	Nana Ould Moutar
Nodh Occidentale	Cisseke Therno Becar
Assaba	Chaikh Ould Abdi
Gorgol	Mohamed Ould Ben Issa
Brakna	Dia Moussa
Trarza	Dieng Cheikh
Adrar	x x
Baie du Levrier	x x
Tagant	Hebe Oumar
Guidimaka	Tamboura Adama
Inchiri/Nouakchott	Abderrahmane Ould Hamdi

وزارة الشغل والصحة
والشؤون الاجتماعية

Ministère du Travail de la Santé
et des Affaires Sociales

ANNEXE

ANNEXE B

الجمهورية الإسلامية الموريتانية
République Islamique de Mauritanie

Nouakchott le

29 AOÛT 1979

N. H. 13 494 /MTSAS

الوزير
Le Ministre

à Monsieur le Directeur de l'USAID à Nouakchott. الى السيد

Suite à la rencontre qui a eu lieu le Mardi 21 Août 1979 entre Mr. R. KIDD haut fonctionnaire de l'USAID, le Dr. SIDATT Directeur du Centre National d'Hygiène et le Docteur HACEN, chef du Service Médecine Préventive, j'ai l'honneur de porter à votre connaissance les éléments d'information suivants :

Le programme Elargi de Vaccination établi par la direction de la Santé publique vise à assurer l'immunisation des enfants de 0 à 5 ans sur l'ensemble du territoire National.

Après une phase expérimentale qui a duré près d'une année dans le sud de la région du Trarza, et qui s'est révélée positive, il a été décidé d'étendre le programme dès la fin de l'année 1979 à 7 régions du pays.

Pour la réalisation de ce programme, le Service de Médecine Préventive dispose des moyens matériels et humains suivants :

1. - Moyens de transport :

Land-Rover : 13
Toyota : 2
en bon état de marche.

2. - Chaine du Froid :

Toutes les équipes de vaccinations sont dotées d'un congélateur et d'un réfrigérateur en bon état soit 11 réfrigérateurs et 11 Congélateurs.

Le Service Central à Nouakchott disposera de 4 réfrigérateurs et 4 Congélateurs déjà commandés et attendus incessamment.

3. - Vaccins

Les quantités suivantes sont disponibles ou commandées :

	<u>BESOINS</u>	<u>STOCK</u>	<u>COMMANDE</u>	<u>MANQUE</u>
DT COQ	595.500	40.000	160.000	395.500
POLIO	595.500	40.000	--	555.500
ROUGEOLE	208.000	40.000	90.000	78.000
BCG	208.000	100.000	90.000	180.000
TETANOS	14.725	40.000	9.000	excès
VARIOLE	189.000	200.000	--	excès

Les besoins sont établis pour les sept régions méridionales du pays pendant une année.

Moyens Humains :

Il existe 11 Equipes Mobiles dont 8 couvriront les 7 régions concernant (le Hodh El Charghi, capitale Néma, sera couvert par deux équipes).

En 7 au 10 août les infirmiers chefs de ces équipes ont subi à Nouakchott un recyclage théorique et pratique sur le Programme Elargi de Vaccination.

A l'heure actuelle, la réalisation du PEV dans 7 régions et pour une année nécessite que soient obtenus les moyens suivants :

1. - Vaccins :

Rougeole : 78.000 doses soit 20.000 \$ environ
délais de livraison : Mars - Avril 1980

DT Pertuissis : 250.000 doses soit 16.000 \$ envi.
Délais de livraison : Mars - Avril 1980

Polio : 100.000 doses soit 3.000 \$ environ
Délais de livraison : Mars - Avril 1980

Carburant :

400 litres X 12 mois X 8 équipes = 2.000 \$ 25.000

Entretien des véhicules = 2.500 \$

Pièces détachées :

10 % de la valeur des 8 Véhicules = 16.000 \$

Kérosène pour 8 réfrigérateurs et
8 congélateurs = 2.500 \$

Réparation et entretien de la Chaîne
de froid = 3.000 \$

Registres matériel divers = 10.000 \$

Par Dieu des Equipes Mobiles
(Frais de déplacement) = 17.000 \$

Loyer d'un grand magasin à Nouak-
chott = 12.000 \$

Total Général = 104.500 \$

Sur le plan des moyens humains, un technicien en matériel de froid fait défaut au Service de Médecine Préventive.

Je vous serais reconnaissant de m'informer dans les délais les plus brefs des dispositions de l'USAID quant à la contribution à ce programme qui, avec les moyens disponibles commencera dès le mois d'octobre prochain et ne devra plus s'arrêter.

Je vous prie, d'agréer, Monsieur le Directeur l'assurance de ma haute considération.

Dr. YOUSSEUF DIAGANA



VACCINATION		التطعيم		
VACCINS	اللقاح	تاريخ التطعيم		
		DATE D'ADMINISTRATION		
		يوم	شهر	سنة
		LOUR	MOIS	ANNEE
التبليغ وسيل الاطفال DT. Coq et Polio	جرعة DOSE اولى I			
التبليغ وسيل الاطفال DT. Coq et Polio	تانيه II			
التبليغ وسيل الاطفال DT. Coq et Polio	ثالثه III			
السل BCG	I			
حصري Vaccine				
الحمى ROUGE OLE				
التشنج TETANOS				
جرعة تقوية Rappel				
طعام اطفال AUTRES				

C.S.R.
EQUIPE MOBILE

N° 02 / E.M.A.

Li

Annex -

CHEF EQUIPE MOBILE KIFFA
A DIRECTEUR MEDICINE PREVENTIVE A

NOUAKCHOTT

**OBJET : RAPPORT MENSUEL
TECHNIQUE D'ACTIVITE DE
L'EQUIPE MOBILE KIFFA**

S/C. VOIE HIERARCHIQUE

J'ai l'honneur de vous adresser le rapport technique d'activité du mois de novembre 1979 pour l'équipe Mobile de Kiffa .

Le 19 /II/1979 au 26/II/1979 l'équipe a visité les localités situées dans le rapport ci-joint, et a vacciné NeufCent trente et un (931) enfants Agé de 0 à 6 ans contre 7 maladies transmissibles qui sont:

- La variole
- La rougeole
- la poliomyélite
- le tuberculose
- le tétanos
- la dysenterie
- la coqueluche.

En dehors de la vaccination l'équipe a pu donner certain soins et distribuer deux milles comprimés d'Aspér et deux milles de nivaquine sans compter le traitement des la preu En plus de l'éducation sanitaire l'équipe a insisté sur le rôle des accoucheuses traditionnelles et a pu leur donner quelque produits d'aide: coton compressé, permanganate de potasse etc ...la population répond favorablement à la vaccination.

Je porte à votre connaissance que la population nomade du lagant commence à descendre dans notre région et nous devons vacciner certains au nord de Kiffa .

D'autre part le vaccin antitétanique figure pas dans notre stocks comme il a été signalé dans le reçu.

Par ailleurs je vous demande de nous envoyer en urgence les comptes rendus pour le vaccin polioépidémique

- Situation de la voiture en très bon état
- le congélateur fonctionne normalement température stationnaire entre -12 est moins quinze pas de panne jusqu'à présent.

Je vous rappelle la nécessité du froid car notre vaccin est encore éparpillé (l'Élevage et l'Hôpital)

Je dois entreprendre un tour de département de Kankossa le 1er /II/1979 nous vous demandons de diffuser à la Radio le programme élargi de vaccination .

Enfin je vous apprend que l'équipe a complété et enregistre de:

- 1 Infirmier d'Etat Chef Equipe
- 2 Aide infirmiers
- 1 garçon de salle
- 1 chauffeur

AMPLIATIONS :
DMP.....2
CSR.....1
ARCHIVES.....1

Kiffa, le 30 /II/ 1979
Le CHEF D'EQUIPE MOBILE

REPUBLIQUE ISLAMIQUE DE MARIANNE
REGION DU BRANNA
EQUIPE MOBILE DU BRANNA - BOGHE

Boghé, le 11 Décembre 1979

N° 76 / EMB

LE CHEF DE L'EQUIPE MOBILE DE
BOGHE

à Monsieur LE DIRECTEUR de la Santé

NOUAKCHOTT

Monsieur Le Directeur,

J'ai l'honneur de vous adresser le Rapport de Tourné
concernant le Département de Boghé.

Comme prévu, je devrais en principe commencer la Campa-
gne aussitôt après votre passage; mais malheureusement la som-
me qui était allouée au fonctionnement de l'Equipe ne m'est
parvenue que le 19 Novembre 1979 à cause de l'absence de Mr.
le Gouverneur qui était en mission à Nouakchott.

Donc j'ai commencé le 20 Novembre par le Département de
Boghé que j'ai terminé le 10 Décembre 1979 après beaucoup de
peine; car il fallait combler le retard qui, comme vous le
savez n'était pas de ma faute.

Je vous signale que certains villages, les épidémies
de rougeole sont rares, par contre dans d'autres les foyers
se succèdent à intervalle régulier.

D'autre part, il existe beaucoup en ce moment des cas
de coqueluche dans les villages suivants: Bacoo - Thiénel-
Touldé - Ouaboundé - dans certains villages et campements, les
populations sont dispersées dans les champs - dans ce cas
nous ne pourrions les toucher que lors de notre passage.

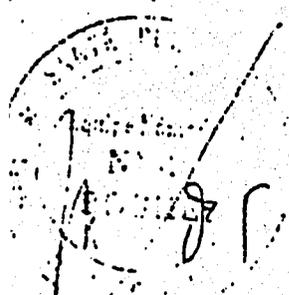
J'ai reçu également la fiche de crédits de 40.000 UM
pour le paiement des arriérés, mais je vous signale que la
somme est insuffisante pour éponger les 55.000 signalés dans
mon message.

Le prochain tourné se déroulera comme prévu dans le
Département d'Aleg à compter du 12-12-79.

Veuillez croire, Monsieur le Directeur, à l'expression
de mes sentiments respectueux./.

Copies

- . Le Directeur de la Santé 1
- . Le Médecin-Chef Régional 1
- Archives Equipe Mobile 1/3



Rapport Journalier de Vaccinations

EQUIPE MOBILE DE BOGHE

REGION DU BRAKNA

DATE	Localités Visitées :	VACCINATIONS					:Nombre: :d'en- :fants : :vacc. :	Remarques
		:BCG :	:Va- :riol :	:DT :Coq :	:Polio :	:Rou- :geole :		
0/II	: Diattar	: 62	: 62	: 60	: 60	: 60	: 62	
" "	: Dohaya	: 17	: 17	: 17	: 17	: 11	: 17	Localité où la
" "	: M'Boyo	: 54	: 54	: 53	: 53	: 43	: 54	rougeole sévit
1/II	: Oulad Mansour	: 20	: 20	: 20	: 20	: 18	: 20	rarement
" "	: Féthi M'Boyo	: 49	: 49	: 49	: 49	: 42	: 49	"
" "	: Tet-Aguel	: 27	: 27	: 27	: 27	: 23	: 27	"
" "	: Diaba Ali Ouali	: 40	: 40	: 39	: 39	: 34	: 40	"
" "	: Oura Ali Gualé	: 26	: 26	: 25	: 25	: 22	: 26	"
" "	: Raneré	: 47	: 47	: 46	: 46	: 43	: 47	"
" "	: Dabaya Daral	: 24	: 24	: 22	: 22	: 21	: 24	"
2/II	: Loboucou	: 71	: 71	: 70	: 70	: 53	: 71	
" "	: Daral Barka	: 73	: 73	: 70	: 70	: 50	: 73	
" "	: Diaw	: 47	: 47	: 47	: 47	: 44	: 47	
" "	: N'Gourdiama	: 49	: 49	: 47	: 47	: 44	: 49	
" "	: Anoo	: 17	: 17	: 16	: 16	: 16	: 17	
3/II	: Balana	: 61	: 61	: 59	: 59	: 46	: 61	
" "	: Diourouni	: 20	: 20	: 20	: 20	: 20	: 20	
" "	: Olo-Ologo Camp.	: 49	: 49	: 45	: 45	: 33	: 49	
" "	: Olo-Ologo Village	: 109	: 109	: 106	: 106	: 80	: 109	Localité où
" "	: Silbé	: 58	: 58	: 56	: 56	: 29	: 58	sévit la rougeole
" "	: N'Goral Guidala	: 91	: 91	: 88	: 88	: 76	: 91	le
4/II	: Diorol	: 70	: 70	: 65	: 65	: 47	: 70	
" "	: N'Goral I	: 34	: 34	: 32	: 32	: 23	: 34	
" "	: N'Goral II	: 46	: 46	: 45	: 45	: 13	: 46	
" "	: Dioulome	: 61	: 61	: 56	: 56	: 52	: 61	
" "	: Niakaka	: 18	: 18	: 17	: 17	: 11	: 18	
" "	: Afrya	: 23	: 23	: 21	: 21	: 17	: 23	
5/II	: Sarandogou Djibéry	: 154	: 154	: 149	: 149	: 91	: 154	
" "	: " Bababé	: 32	: 32	: 31	: 31	: 15	: 32	
" "	: " Diadiabe	: 37	: 37	: 34	: 34	: 29	: 37	
" "	: M'bons Diéry	: 54	: 54	: 52	: 52	: 48	: 54	
" "	: Doubougou	: 26	: 26	: 26	: 26	: 17	: 26	
6/II	: Sayé	: 54	: 54	: 50	: 50	: 32	: 54	
" "	: Thialgou	: 163	: 163	: 159	: 159	: 140	: 168	
7/II	: M'Bagnou	: 25	: 25	: 25	: 25	: 24	: 25	
" "	: Lopel	: 27	: 27	: 25	: 25	: 15	: 27	
" "	: Bacca	: 140	: 140	: 136	: 136	: 92	: 140	Localité où la
8/II	: M'Baladji	: 48	: 48	: 46	: 46	: 24	: 48	rougeole sévit
" "	: Karafa	: 19	: 19	: 19	: 19	: 16	: 19	souvent
" "	: Abays	: 69	: 69	: 69	: 69	: 62	: 69	
" "	: Ari-Hara	: 56	: 56	: 56	: 56	: 42	: 56	

(Suite 2)

30/11	: Sanki	: 38	: 39	: 37	: 37	: 18	: 38	:
" "	: Thidé	: 133	: 133	: 130	: 130	: 80	: 133	:
1/12	: Médine defgha	: 88	: 88	: 84	: 84	: 66	: 88	:
" "	: Ouaboundé I	: 113	: 113	: 113	: 113	: 58	: 113	: Localité où sevit
" "	: " " II	: 37	: 37	: 37	: 37	: 29	: 37	: souvent la rougeole
5/12	: Hamdallah	: 33	: 33	: 33	: 33	: 31	: 33	:
" "	: Chabour I	: 20	: 20	: 18	: 18	: 15	: 20	:
" "	: " " II	: 66	: 66	: 65	: 65	: 51	: 66	:
" "	: Maodá	: 13	: 13	: 13	: 12	: 13	: 13	: Enfant att. Polio
" "	: Goural Barkédji	: 14	: 14	: 14	: 13	: 13	: 14	: " " "
" "	: Dar Salam I	: 58	: 50	: 55	: 54	: 45	: 58	: " " "
" "	: " " II	: 49	: 49	: 45	: 45	: 40	: 49	:
" "	: Afciyodjir	: 52	: 52	: 51	: 51	: 48	: 52	:
6/12	: May-May village	: 28	: 28	: 28	: 28	: 24	: 28	:
" "	: " " Campement	: 47	: 47	: 46	: 46	: 26	: 47	:
" "	: H'Sairinatt	: 62	: 62	: 59	: 59	: 50	: 62	:
" "	: Hossay Makaara	: 31	: 31	: 29	: 29	: 22	: 31	:
7/12	: Ribba	: 109	: 109	: 105	: 103	: 93	: 109	: " " Polio
" "	: Boubeu Diana	: 53	: 53	: 48	: 48	: 38	: 53	:
" "	: Diana	: 19	: 19	: 19	: 19	: 13	: 19	:
" "	: Roundi	: 16	: 16	: 16	: 16	: 11	: 16	: Population abs. aux
10/12	: Toulé	: 232	: 232	: 226	: 225	: 172	: 233	: champs
" "	: Thifnel	: 191	: 191	: 188	: 188	: 109	: 191	:
TOTAL		3550	3650	3544	3538	2583	3651	:

BOGHE, LE 12 DECEMBRE 1979
LE CHEF DE L'EQUIPE MOBILE DU BRAKNA

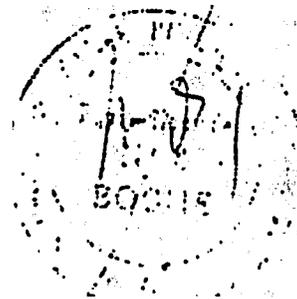


FIGURE DE COMMERCE DE VOITURES

EQUIPE MOBILITE DU BRAXHA

MOIS DE : DU 13-11 au 12-12-79

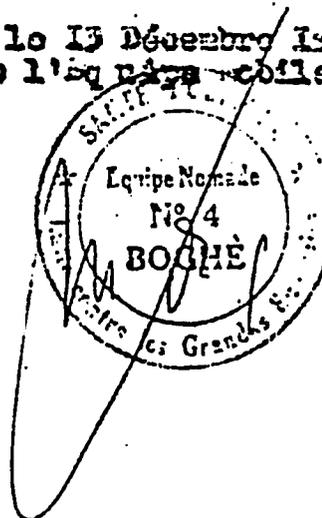
Date	AN DE Départ	De	Km à l'arrivée	A	Km parcourt	Etat du véhicule
5610		B ogbé	5682	Aleg	72	Bon
5685		Aleg	5757	Boghé	72	Bon
5704		Boghé	5850	Diattar	80	Bon
5801		Diattar	5859	Donaye	8	Bon
5860		Donaye	5865	M'Boyo	5	Bon
5865		M'Boyo	5870	Oul. sans	5	Bon
5870		Oul. sans	5883	Péthi	13	Bon
5884		Péthi	5890	Tot-Nguel	5	Bon
5891		Tot-Nguel	5894	Diama	5	Bon
5894		Diama	5899	Guero Ali	5	Bon
5900		Guero Ali	5904	Darel I	8	Bon
5905		Darel I	5913	Ranéré	8	Bon
5914		Ranéré	5925	Diam-lob.	11	Bon
5925		Diam-lob.	5941	Darel B	15	Bon
5942		Darel B	5953	Diam	11	Bon
5953		Diam	5953	Ando-N'G	28	Bon
5953		Diam	5953	Ando	4	Bon
5953		Diam	5953	Boghé	61	Bon
5953		Diam	5953	Bélama	67	Bon
5953		Diam	5953	Diouroumi	9	Bon
5953		Diam	5953	Clo-ologé	11	Bon
5953		Diam	5953	Silbé	10	Bon
5953		Diam	5953	M'Goral	5	Bon
5953		Diam	5953	M'Diorl	2	Bon
5953		Diam	5953	M'Goral I	9	Bon
5953		Diam	5953	" II	3	Bon
5953		Diam	5953	Dioulome	4	Bon
5953		Diam	5953	Kiakaka	4	Bon
5953		Diam	5953	Afaya	3	Bon
5953		Diam	5953	Boghé	11	Bon
5953		Diam	5953	Sarandoug	10	Bon
5953		Diam	5953	Diadiabé	11	Bon
5953		Diam	5953	M'Bone	2	Bon
5953		Diam	5953	Doubougé	3	Bon
5953		Diam	5953	Boghé	7	Bon
5953		Diam	5953	Sayé	6	Bon
5953		Diam	5953	Thialgou	11	Bon
5953		Diam	5953	Boghé	5	Bon
5953		Diam	5953	M'Bagnou	6	Bon
5953		Diam	5953	Lopel	6	Bon
5953		Diam	5953	Bacao	1	Bon
5953		Diam	5953	Boghé	3	Bon

suite 2)

23-II	6230	B oghe	6244	M' Bahadji	6		
"	6241	M' Bahadji	6245	Krafo	1		Don
"	6245	Krafo	6249	Abaye	4		"
"	6250	Abaye	6253	Ari Hara	13		"
"	6265	Ari Hara	6255	Boghe	22		"
30-II	6280	Boghe	6255	Kanki	7		"
"	6295	Kanki	6298	Thide	3		"
12	6309	Thide	6301	Medina Dafgha	1		"
"	6302	Medina Dafgha	6310	Guabounde I	2		"
"	6311	Guabounde I	6315	" II	5		"
"	6317	" II	6334	Boghe	17		"
12	6340	Boghe	6357	M andallahi	17		"
"	6357	M andallahi	6350	Chabour I	1		"
"	6359	Chabour I	6365	" II	4		"
"	6364	Chabour II	6369	Baode	5		"
"	6370	Baode	6375	Courel Barkedji	9		"
"	6370	Courel Barkedji	6380	Mara Salan I	1		"
"	6380	Mara Salan I	6384	" II	1		"
"	6382	Barsalan II	6390	Afeydjoujir	8		"
"	6391	Afeydjoujir	6400	Ray-Ray village	9		"
"	6401	Ray-Ray vil.	6402	" Camp	1		"
"	6402	Ray " Camp	6415	M' Cairinatt	14		"
"	6410	M' Cairinatt	6436	Hassey Massara	12		"
"	6436	Hassey Massara	6440	Genadji	4		"
"	6441	Genadji	6452	Rgha	11		"
"	6442	Rgha	6469	Bouben Diana	17		"
"	6469	Bouben Diana	6472	Diana	3		"
"	6472	Diana	6550	Boghe	8		"
"	6551	Boghe	6552	Bouadi	8		"
"	6552	Bouadi	6560	Boghe	0		"
"	6553	Boghe	6565	Bouldis	2		"
"	6559	Bouldis	6571	Boghe	2		"
"	6572	Boghe	6574	Thinal	2		"
"	6575	Thinal	6577	Boghe	2		"
11	6583	B oghe	6555	Aleg	72		"

Aleg, le 13 Décembre 1979
Le chef de l'Equipe Mobile du Brain

M. le directeur de la Santé 1
Le Médecin Chef Régional 1
membres Equipe Mobile 1/3



AHMED LAMINE DJIGO
COMMERCANT A BOGHE

FACTURE

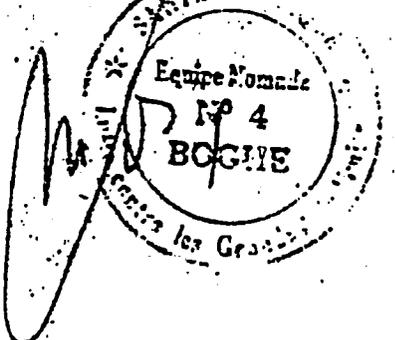
EDIT : EQUIPE MOBILE DE BOGHE

ESSENCE ORDINAIRE	250	L	27,50	6.875	UM
HUILE 40 EN BIDON	2	B	400	800	"
HUILE 140	1	"	400	400	"
LIQUIDE FREIN	1	"	200	200	"
GRAISSE EN BOITE	1	"	200	200	"
PETROLE	50	L	17	850	"
				<hr/>	
				9.325	UM

ARRETE LA PRESENTE FACTURE A : NEUF MILLE TROIS CENT VINGT CINQ
DUGUIYA

BOGHE, LE 20 NOVEMBRE 1979
LE FOURNISSEUR

CERTIFIE LA FOURNITURE FAITE
LA MISE EN CONSOMMATION IMMEDIATE
LE CHEF DE L'EQUIPE



A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

DUMAR OULD SALEX
COMMERCANT A BOGHE

FACTURE

DOIT : EQUIPE MOBILE DE BOGHE

SAL BUTANE	2	RECHARGES AVEC BOUTEILLES	1.620	3.240 UH
REGISTRE	2		600	1.200 "
SAVON EN MORCEAUX	10		30	150 "
BALAIE	2		300	600 "
RIC	10		7	70 "

				5.260 UH

ARRÊTE LA PRÉSENTE FACTURE A : CINQ MILLE DEUX CENT SOIXANTE DUGUIYA

BOGHE, LE 20 NOVEMBRE 1979
LE FOURNISSEUR

CERTIFIE LA FOURNITURE FAITE
ET LA MISE EN CONSOMMATION IMMEDI
te

BOGHE, LE 20 NOVEMBRE 1979
LE CHEF DE L'EQUIPE MOBILE

NANÁ GULD CHEIKH
COMMERCANT A BOGHE

FACTURE

DOIT : EQUIPE MOBILE DE BOGHE

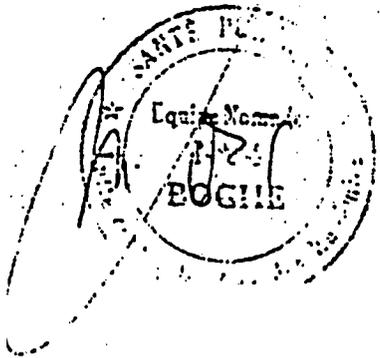
MECHE AKADIN. T 23	I	500	500	UM
VERRE " " FRIGO	I	500	500	"
RAMA PAPIER FORT	I	350	350	"

			1.350	UM

ARRETE LA PRESENTE FACTURE A : MILLE TROIS CENT OUGUIYA

BOGHE, LE 20 NOVEMBRE 1979
LE FOURNISSEUR

CERTIFIE LA FOURNITURE FAITE
ET LA MISE EN CONSOMMATION IMMEDIATE
LE CHEF DE L'EQUIPE



Fiche de stockage de vaccins.

Date	Vaccin	Quantité reçue	Quantité utilisée	Quantité en stock	REMARQUES
12-11-79	BCG	32 500	5 850	26 650	200 personnes
" " "	Rougeole	9 700	3 800	5 900	117 "
" " "	D. T. Coq	15.600	5 600	10 000	44 "
" " "	Polio	10 250	5 800	5 450	90 "
" " "	Varirole	10 boîtes	4 boîtes	6 boîtes	-
- Remis à la P.M.I. de Boghé :					
- 1000 doses de Rougeole					

- 2000 doses de B.C.G.

- 2000 " de D.T. Coq

- 2000 " de Polio

- 1 boîte de Varirole

Boghé, le 12 Décembre 1979

Le Chef de l'Equipe Mobile de Boghé

Programme annuel des passages de l'équipe.

Région

Année

Lieu	Popul. totale	groupe d'âge 0 - 7	Année													
			Jan	Fév	Mars	Avril	Mai	Juin	Juil.	Aout	Sept	Oct	Nov	D.		

IMEDS UNIT 1
SECTION: VID

A M M X J

22 FEB 79
2141 4425

STATE 43425
22 FEB 79

ACTIONS: AID
INFO: AMB, DCM, P

F 212132Z FEB 79
FM SECSTATE WASHDC
TO AMEMBASSY NOUAKCHOTT PRIORITY 0700
BT
UNCLAS STATE 043425

AIDAC, FOR MIKE WHITE

E.O. 12065 N/A

C
action
white

PAGE:

SUBJECT: EXPANDED PROGRAM OF IMMUNIZATION

REF: NOUAKCHOTT 0096

1. PER NEXTEL, AID/W INTERESTED IN PROVIDING SUPPORT FOR GIRM VACCINATION PROGRAM. DECISION FOLLOWS GIRM PRESENTATION OF EPI PROPOSAL AT GILSO HEALTH AND HUMAN RESOURCES MTG., SEPT. 1978 AND SUBSEQUENT DISCUSSIONS WITH THE OAR DIRECTOR, MOTT AND GILSO.

2. AFR/SFWA/SOP WILL PROVIDE DOLS 85-100,000 THROUGH AIP MECHW ISM. HAVE DISCUSSED WITH JIM ANDERSON WHO WILL PROVIDE DETAILS FOR IMMUNIZATION SUPPORT.

3. AID/W REQUESTS MIKE WHITE ASSIST OAR/NOUAKCHOTT PREPARE PROPOSAL AND BUDGET ASAP. CHRISTOPHER

BT
3425

A N N E X K: Statutory Checklist

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual fund sources: Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE?
HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PRODUCT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 79 App. Act Unnumbered; FAA Sec. 653 (b); Sec. 634A. (a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) Is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure)?

Advice of Program change will be submitted

Yes

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

N/A

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

N/A

4. FAA Sec. 611(b); FY 79 App. Act Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1973?

N/A

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?

This is not a Capital Assistance Project

6. FAA Sec. 209. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

No

A.

7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

N/A

8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

Project will provide some technical assistance services from the U.S.

9. FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

Mauritania's contribution represents the maximum that it can manage, given that it is one of the poorest countries in Af.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

No

11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

Yes

12. FY 79 App. Act Sec. 608. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar, or competing commodity?

No

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(b); 111; 113; 281a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained

N/A

B.1.a.

basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries?

b. FAA Sec. 103, 103A, 104, 105, 106, 107.
Is assistance being made available: (include only applicable paragraph which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.)

(1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers;

N/A

(2) [104] for population planning under sec. 104(b) or health under sec. 104(c); if so, extent to which activity emphasizes low-cost, integrated delivery systems for health, nutrition and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems and other modes of community research.

N/A

(3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development;

N/A

(4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is:

N/A

(i) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations;

(ii) to help alleviate energy problems;

(iii) research into, and evaluation of, economic development processes and techniques;

(iv) reconstruction after natural or manmade disaster;

B.1.h.(4).

(v) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(vi) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

c. [107] Is appropriate effort placed on use of appropriate technology?

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to the Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental and political processes essential to self-government.

g. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase or productive capacities and self-sustaining economic growth?

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan, including reasonableness of repayment prospects.

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

N/A

Strict adherence to the 25 percent rule for SDP-funded projects.

N/A

This project supports the UNICEF's national immunization program, which is training Malian health teams to vaccinate children 0-5 years of age throughout the country.

Yes

N/A

AID HANDBOOK 3, App 5C(2)	TRANS. MEMO NO. 3:32	EFFECTIVE DATE June 7, 1979	PAGE NO. 5C(2)-5
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B.

3. Project Criteria Solely for Economic Support Fund

a. FAA Sec. 531(a). Will this assistance support promote economic or political stability? To the extent possible, does it reflect the policy directions of section 102?

N/A

b. FAA Sec. 533. Will assistance under this chapter be used for military, or paramilitary activities?