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Trip Report: # 0-58

Travelers: James Herrington, INTRAH Program Officer
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Country Visited: CHAD

Date of Trip: November 4-16, 1985

Purpose: Project Development with Ministries of Public Health, Social Affairs/Women's Development, and Education for FP/MCH training activities for paramedical personnel

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* Appendices B and C are on file with INTRAH's Program Management Office.

LIST OF ABBREVIATIONS

CS	Cooperation Suisse
ESP	School of Public Health
FANT	Armed Forces of Chad
GOC	Government of Chad
HIID	Harvard Institute for International Development
IHP	International Health Programs (University of California at Santa Cruz)
MOE	Ministry of National Education
MOPH	Ministry of Public Health
MSA/WD	Ministry of Social Affairs and Women's Development
MSF	Doctors Without Borders
TBA	Traditional Birth Attendant
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

An INTRAH team composed of James Herrington, INTRAH Program Officer, Aminata Diallo Niang, Certified Nurse-Midwife and clinical consultant for INTRAH, and Jean de Malvinsky, IHP Program Coordinator, assessed the FP/MCH training needs of the Government of Chad (GOC) and elaborated possible training topics during a two-week visit (November 4 - 16, 1985) to the capital, Ndjamena. This visit followed a preliminary needs assessment conducted by INTRAH in February 1985 (see Trip Report -0-19).

With the assistance of the MOPH, MSA/WD and USAID/Ndjamena, the team held meetings with key GOC officials and toured medical facilities in order to gain an understanding of the strengths and needs present in Chad in the area of FP/MCH. Determination was made that the GOC is keenly interested in developing a family health strategy that benefits the health of mothers and children. This strategy will incorporate the training of health and social development personnel in clinical and non-clinical family planning, training skills enhancement, program management and curriculum development.

During visits to GOC health facilities, the team was able to identify needs for family planning equipment and commodities in addition to FP/MCH reference books and materials. None of the health facilities visited had a resource or reference library.

During meetings with GOC officials, possible training topics were discussed, as well as criteria for the selection of potential trainees who would compose a national training team. The next steps will be review by the MOPH, USAID/Ndjamena and AID/W of a proposal for an FP/MCH training program in Chad to be developed by INTRAH based on the findings of this project development visit.

SCHEDULE DURING THE VISIT

Monday, November 4:	Arrive Ndjamena (Hotel Tchadienne).	
	Meet with Dr. Sarah Clark, REDSO/WCA Population Advisor, and Mr. Loel Callahan, USAID Health Liaison Officer.	
Tuesday, November 5:	A.M.:	Briefing at USAID with Loel Callahan, Vanessa Ugatti and John Woods, USAID Representative.
	P.M.:	Meet with Paul Libiszowski, Team Leader, Sahel Regional Financial Management Project.
Wednesday: November 6:	A.M.:	Meet with Dr. Yankalbe Matchock Mahum, Director General, MOPH; Dr. Amoula Waya Houma, Director of Public Health, MOPH; and Dr. Kono Noudjalbaye, Chief of MCH Services, MOPH.
	P.M.:	Meet with Loel Callahan to discuss strategy.
Thursday, November 7:	A.M.:	Meet with Dr. Bitowela Ilunga, WHO Program Representative.
		Meet with Anne-Marie Geotz, UNFPA Program Officer.
	P.M.:	Visit three private pharmacies: Pharmacie du Canal, Depot Pharmacie du Al-Biridou and Pharmacie du Polyclinique.
Friday, November 8:	Roundtable meeting with representatives of MOPH, MSA/WD, FANT and MOE.	
Sunday, November 10:	P.M.:	Depart Ndjamena: Jean de Malvinsky (training assignment in Nigeria).
Monday, November 11: (USAID Holiday)	A.M.:	Meet with HIID Chad Health Planning Team: Dr. Al Henn (Boston-based Director), Dr. Theo Lippenveld and Ms. Anne-Marie Foltz.

Tuesday, November 12:	A.M.:	Visit to Ndjamena Polyclinic with Mme. Haona N'Gamaî, Registered Nurse, and Mme. Fatima Youssof, Midwife.
		Briefing with Ambassador John Blane; Deputy Chief of Mission, Ralph Granger; and John Woods.
	P.M.:	Visit private maternity Al-Afia ("place of well-being") with Mme. N'Gamaî. Meet with Maternity Director, Mme. Achta T. Gossingar, Midwife.
Wednesday, November 13:	A.M.:	Visit Chad Army Hospital MCH Center and Social Affairs Center with Dr. Captain Mbaydonadji Beure.
		Visit to MSA/WD Social Center Number 2 with Mme. Achta Selquet, Director of Community Development/ Cooperative Action, Women's Development Directorate, MSA.
		Meet with M. L. Neoudou, Chief of Special Services, Banque International d'Afrique au Tchad (BIAT).
		Meet with Dr. Jean Maire, Cooperation Suisse.
	P.M.:	Meet with Dr. Amoula Waya Houma to discuss INTRAH team findings and next steps.
Thursday, November 14:	A.M.:	Meet with Pharmacie d'Approvissionnement du Secteur Publique (PAPS) Director, M. Djouater Barou and Technical Assistant, Mme. Elaine Chapuis.
		Visit Ndjamena Central Maternity with Mme. N'Gamaî and Mme. Noura Safi, Chief Midwife of Maternity.
	P.M.:	Meet with Dr. Jean-Pierre D'Altilia and Dr. Laurent Lob of MSF.
Friday, November 15:	A.M.:	Report/Proposal writing.
	P.M.:	Debriefing with USAID.
Saturday, November 16:	Depart Ndjamena: James E. Herrington and Aminata Diallo Niang.	

I. PURPOSE AND OBJECTIVES OF THE VISIT

A. PURPOSE:

To assess training needs in FP/MCH and to develop a training program in FP/MCH in collaboration with the Ministries of Public Health, Education, Social Affairs/Women's Development and the USAID/Ndjamena mission.

B. OBJECTIVES:

1. Determine what family planning policy exists at the MOPH, if any.

2. Determine what family planning services are available, including clinical and non-clinical, and what FP supplies/commodities are available from the government and private sector.

3. Determine what FP/MCH training pre- and in-service is available through the MOPH, and what FP/MCH reference materials are available and needed.

4. Determine what organizations outside the MOPH are possible partners with INTRAH in developing and implementing an FP/MCH training program.

5. Identify local resource persons.

6. Identify a core team of personnel suitable for training of trainers in FP/MCH.

7. Outline possible training activities based on meetings/discussions held with the MOPH, et al.

8. Develop a proposal for MOPH, USAID, AID/W and INTRAH review and approval.

II. ACCOMPLISHMENTS

The INTRAH team met with, at various times, a total of approximately 30 persons representing the GOC and international donor/assistance organizations to discuss

needs and resources for developing an FP/MCH training program for paramedical personnel in Chad.

Determinations were made during a roundtable meeting with representatives of the MOPH, MSA/WD, FANT and MOE to identify possible topics for training activities in family planning and MCH and criteria for selecting a national training team.

Visits were made to the GOC polyclinic, national maternity, national pharmacy, and armed forces MCH and Social Center, as well as to the three private pharmacies and a private maternity clinic to:

1. discuss the purpose of INTRAH's visit;
2. determine what FP/MCH training needs health personnel at these facilities expressed; and
3. observe what services were being offered, numbers of clients present/seen, condition of physical facilities and equipment, and attitudes of health personnel toward family planning as a means of improving health of mothers and children and spacing births.

III. BACKGROUND

This activity follows a preliminary assessment conducted by INTRAH in February 1985 and serves to establish a programatic foundation for building an INTRAH-sponsored FP/MCH training program with the GOC. The needs assessment served to introduce INTRAH to USAID and the GOC and describe the focus of INTRAH assistance. Moreover, the needs assessment produced descriptive information on the country's recent civil strife, the GOC health infrastructure, policy regarding FP, FP services and pre- and in-service training.

Briefly, Chad has experienced severe political conflict since 1975, which erupted into military conflict between 1980 and 1982 with the occupation of the northern half of

the country and Ndjamena (the capital) by Libyan troops at various points in time. In 1982, a new government was established under the leadership of President Hissein Habre.

Currently, the GOC is continuing to rebuild the health care infrastructure and is in the process of developing two demonstration programs: a primary health care program sponsored by UNICEF, and an MCH program sponsored by UNFPA. Both intend to serve the capital city, Ndjamena, and nearby populations. The MCH program is still in early stages of development, while the PHC program has trained village health workers and TBA's in basic health care.

Recently, the MOPH has begun to receive assistance from the Chad Health Planning Team from HIID. This is a bilateral program of USAID which intends to assist the MOPH with improving its health planning structure and systems over the next two years.

There have been no new initiatives by the GOC to formulate a national population policy since INTRAH's last visit. FP is still viewed by the GOC as a sensitive area which has been placed within the MOPH under the Directorate of Public Health (which also coordinates MCH activities).

Services for FP remain minimal, being available only at the polyclinic and national maternity in Ndjamena. Training in FP/MCH occurs mainly at the National School of Public Health (SPH), which reopened in early 1984. The school intends to graduate two levels of health care workers: two-year trained practical nurses, social assistants, and child care workers; and three-year trained registered nurses, nurse-midwives and sanitation technicians. The first class of two-year level students will matriculate in May 1986, and three-year level students in May 1987. Exact numbers of anticipated graduates are unavailable.

IV. DESCRIPTION OF ACTIVITIES

The INTRAH team had productive meetings with GOC officials, international donor organization representatives and private sector individuals, as well as site visits to the MOPH polyclinic and national maternity, private pharmacies and a private maternity. A description of the team's encounter with each organization/site visit follows:

A. WHO/UNFPA:

The INTRAH team met with WHO representative Dr. Bitowela Ilunga who coordinates WHO programs in Chad. Dr. Ilunga indicated that WHO is sponsoring activities in the areas of primary health care, sanitation and hygiene, expanded programs for immunization and diarrheal disease control. Moreover, Dr. Ilunga said "There is a WHO-sponsored project in FP/MCH which is currently underway, even without signature by UNFPA (a collaborating agency)."

According to a copy of the WHO project document (unsigned by WHO, GOC and UNFPA), assistance will be provided to the GOC MOPH MCH Division at $750,000 over three years in the following six areas:

1. the training medical and paramedical personnel;
2. the provision of information for the sensitization of the Chadian population concerning "family well-being" or birth spacing;
3. the provision of equipment and material;
4. the renovation of certain health facilities that will serve as project sites;
5. the provision of services in MCH and family well-being; and

6. supervision and evaluation of project activities, including the collection of health statistics.

The project document (see Appendix B) and a UNFPA needs assessment report by Dr. Sabwa Matanda (see Appendix C) also state these activities will be implemented by WHO in collaboration with the MOPH MCH Division with input by UNFPA and UNICEF.

However, according to Ms. Anne-Marie Geotz, UNFPA/Chad Program Officer (who arrived in September 1985), the WHO/UNFPA FP/MCH project is clearly not ready for implementation because financial conduits for funding certain aspects of the project remain cloudy. Moreover, neither UNFPA nor the GOC has signed the project proposal. Mrs. Geotz indicated the project concerned mainly the construction and equipping of ten MCH centers and had only a minor training component. Additionally, Ms. Geotz said it was not really clear how the project originated nor why it had not begun in December 1984, as planned.

During the INTRAH team's visit, MOPH officials did not refer to the WHO/UNFPA project except for indicating that the MCH Division Chief, Dr. Kono Noudjalbaye would be attending a training course in Yaoundé, Cameroon, during the second week of the INTRAH team's visit through sponsorship by the WHO/UNFPA project. In spite of the WHO representative's remarks, it does not appear the MOPH considers the WHO/UNFPA FP/MCH project to be "underway" at the present time.

Thus, for the moment there does not appear overlap between WHO/UNFPA and INTRAH activities. However,

it should be noted that once (and, if) the WHO/UNFPA project begins, training responsibility by INTRAH and WHO/UNFPA should be clarified by the MOPH.

B. MCH Unit of the Polyclinic and the Central Hospital Maternity Unit:

1. MCH Center/Polyclinic:

Managed by Mme. Fatima Youssouf, Registered Midwife, who is supported by Mme. Haona N'Gamaî, Registered Nurse. Activities of the center include:

a. Prenatal Care and Counselling:

Because of the limited number of qualified personnel, the greatest part of the work is performed by staff trained on the job, including one nurse-birth attendant and four auxiliaries. They are responsible for the following duties:

--screening of clients;
--client registration;
--preliminary examinations: urinalysis (to detect albumin and sugar), blood pressure and weight;
--tetanus vaccinations for pregnant women; and
--prenatal counselling of pregnant women with no presenting disorders; women with problems are referred to the midwife and registered nurse.

b. Infant Care and Counselling:

Staff is made up of a nurse and two auxiliaries. Activities include:

--weight;
--vaccinations; and
--diagnosis and treatment of common diseases. In the event of complications, patients are referred to Dr. Kono, whose office is adjacent to the nurse's office, or to the hospital.

Within the MCH Center/Polyclinic, the various divisions are used heavily by large numbers of mothers and children, and the facilities are cramped and need cleaning and repainting.

The medical/client forms (see Appendix D) used at the MCH Center are adequate for recording information about prenatal counselling, delivery and infant counselling. They facilitate the collection of statistical data and the evaluation of activities. However, the medical/client forms should be modified to include FP data. Also, there are no programs for MCH talks/educational sessions for waiting mothers at the MCH Center/Polyclinic.

2. Central Hospital Maternity Center:

Accompanied by Mrs. N'Gamaî, we talked with the Chief Midwife, Mrs. Noura Safi. The maternity staff includes:

--one French physician, Dr. Bernus;
--eight registered midwives;
--one registered nurse; and
--several auxiliary birth attendants.

The facilities set aside for delivery and obstetrical care are large and clean. However, the number of hospital rooms for convalescing mothers are inadequate; a large number are unfurnished and closed. Therefore, newly-delivered mothers must return home immediately after giving birth, with a prescription.

There is also a room reserved for in-service training of personnel. According to Mrs. Safi, this is a classroom large enough for 30 participants, equipped with blackboard, table and chairs. Unfortunately, we were not able to visit the classroom, because the keys to the room could not be located.

Our conversations with the Chief Midwife and Mrs. N'Gamaî underscored the small number of qualified staff at the maternity. In Chad there are 20 registered midwives, of which 12 are assigned to Ndjamena as follows:

--Maternity Center -- eight;
--MCH Center/Polyclinic -- one;
--School of Public Health --two; and
--Private -- one (on temporary leave from the government).

Moreover, in the entire country, there are at most eight registered nurses.

All of the above personnel were trained outside of the country, mainly in France and eastern block nations. We should note that two registered midwives have already attended one training course in family planning at the Blue Cross Clinic in Dakar, Senegal; they are:

--Mrs. Jeanne Tabane, trained in 1984 and presently working at the hospital maternity unit; and

--Mrs. Achta Gossingar, trained in 1972 and presently managing the private maternity "Al-Afia".

Regarding health education at the hospital, as well as the MCH Center, workers give instruction during their counselling sessions using the "one-on-one" method. Also, there is a weekly health broadcast on the radio, which constitutes the best reliable means for disseminating information and sensitizing people to health issues in Ndjamena and select portions of the country.

At the end of the visits, the team was able to collect the following statistical data:

MCH Center/Polyclinic - October 1985:

Prenatal and Gynecological Counselling:

New	Continuing	Gynecological	Total
596	496	143	1,235

Infants:

Counselling

New	Continuing	Total
658	322	980

Vaccinations

1st Dose	2nd Dose	Total
305	153	458

Hospital Maternity Unit:

Deliveries: 443 deliveries during October.

Remark: In Ndjamena, only five to ten percent of all deliveries occur at the maternity center. The majority of deliveries are performed at home by traditional birth attendants. This probably is due to the following:

--insufficiency of health education for mothers;
--existence of a single maternity center for the entire city, which poses a problem of distance and transportation at certain hours;
--very important role of traditional birth attendants for delivering women; and
--traditional patterns of behavior.

The team observed that due to inadequate facilities for clinical practice at the MCH Center/ Polyclinic and hospital maternity unit, combined with low client demand, practical training in clinical family planning for Chadian personnel will not be possible in Ndjamena. Other African clinical training sites should be explored until Chadian facilities and client demand improve.

C. Armed Forces MCH and Social Center:

The team visited the Armed Forces MCH Center and the future social center, accompanied by the Dr. Captain Mbaydonadji Beure, head of the FANT Health Service. The FANT facilities are being rebuilt and are therefore not currently functional, thus FANT patients are referred to the public MCH Center/Polyclinic. However, once they are functional, the FANT MCH services could significantly contribute to the national FP/MCH program by including the military family. Dr. Captain Beure was enthusiastic about the potential for INTRAH-sponsored FP/MCH training of his personnel.

D. Public Sector Supply Pharmacy (PASP):

At the public sector pharmacy supply facility, we spoke with Dr. Barou and Ms. Chapuis in order to determine the extent to which PASP supplies included contraceptive products. The team discovered that not even condoms are stocked. Because of the country's lack of an FP policy and program, along with very limited financial resources, contraceptives do not figure on the list of medicines and materials designated as "essential" (see Appendix E). Private pharmacies

in Ndjamena stocking contraceptive pills are resupplied by PHARNAT, a parastatal pharmaceutical supply company in Chad, which is owned approximately one third by the GOC and two thirds by French and Chadian private business interests.

E. Ministry of Social Affairs and Women's Development:

Accompanied by Mme. Achata Selquet, Director of Community Development/Cooperative Action, Women's Development Directorate, the team visited the Social Center Number 2. A number of activities are carried out there and the Center attracts many people:

1. Activities:

--Infant counselling and weighing, following the example of the MCH Center/Polyclinic;
--infirmary for minor medical care;
--prenatal counselling;
--nutrition;
--oral rehydration therapy;
--home economics (sewing, embroidery, etc.);
--literacy;
--health education every morning before the beginning of activities;
--nursery school for children aged 3, 4 and 5 years; and
--vocational education for handicapped persons.

2. Personnel:

Managed by a social worker, who is assisted by nurses, auxiliary birth attendants, social assistants, nursery school teachers and home economics instructresses.

3. Outreach:

The center also has outreach groups which are responsible for making weekly rounds in the bush to reach people living in very remote

areas. During these rounds, severe disease cases are evacuated to the polyclinic or the hospital.

Unfortunately, the absence of the center directrice at the time of our visit only allowed the team to visit the various sections of the center and talk with Mme. Bandoun, head of the nursery school, who accompanied us and gave us the following figures:

--prenatal counselling -- 100 women per week;
--tetanus vaccinations -- 100 women per week;
--weighings -- 250 children per day, of whom 100 are referred to minor medical care and 80 are placed in nutritional recuperation; and
--a total of 140 children attend the three nursery school classes. The cost is 200 CFA per child, per year.

Ndjamena has seven centers identical to Social Center Number 2 which the team visited. These centers constitute an extremely favorable environment for FP information and sensitization sessions. Once workers have been trained in FP methods and communication techniques, they can transmit FP information from their permanent work site and can refer acceptors to FP clinics at the MCH Center/Polyclinic and the maternity.

F. Private Pharmacies:

The visit to two private pharmacies and a depot pharmacy provided the team with information about contraceptive products available, their costs, and their distribution to the public. All oral contraceptives require a physician's prescription in Chad.

Pharmacy "A":

Product	Dose	Unit Cost
1. Oral Contraceptives:		
a. Stediril	3 cycles	1,200 CFA ($3.03)
b. Milli Anovlar	1 cycle	700 CFA ($1.77)
c. Gynovlane	1 cycle	700 CFA ($1.77)
d. Miniphase	1 cycle	800 CFA ($2.02)
2. IUD:		
Out of stock.		
3. Condom, Foam Tablets, Diaphrams, Injectable:		
Not stocked.		

Pharmacy "B":

Product	Dose	Unit Cost
1. Oral Contraceptives:		
a. Milli Anovlar	1 cycle	800 CFA ($2.02)
b. Gynovlane	1 cycle	550 CFA ($1.39)
2. No other methods stocked.		

Depot Pharmacy:

Product	Dose	Unit Cost
1. Oral Contraceptives:		
a. Anovlar	1 cycle	500 CFA ($1.26)
b. Gynovlane	1 cycle	450 CFA ($1.14)
c. Mini-anovlar	1 cycle	950 CFA ($2.40)
2. No other methods stocked.		

G. Private Maternity:

The Al-Afia maternity, managed by Mme. Achta Gossingar, Registered Midwife, trained in FP in 1972 at Blue Cross in Senegal, has been open since April 1985. It has:

--one waiting room;
--one counselling office;
--four hospital rooms, with a total of nine beds, in three categories;
--one labor room; and
--one delivery room.

Activities and cost of services provided:

--prenatal counselling: 1,500 CFA
--gynecological counselling: 1,500 CFA
--FP counselling (rare): 1,500 CFA
--delivery: 15,000 CFA
--hospitalization:
-1st category: 15,000 CFA
-2nd category: 10,000 CFA
-3rd category: 7,500 CFA

The facilities are clean and sufficiently large, and the rooms are air-conditioned and have adjoining showers. The number of deliveries varies between 18 and 26 per month. The directress is well known in Ndjamena, where she

occupies several positions of responsibility. She appeared to the team very open to the problem of birth-spacing and could possibly be used as a resource-person for training. Her clinic could serve as a good clinical practice site for future practical training in FP methods. However, at the moment client demand for FP services is low.

H. USAID:

The INTRAH team briefed and debriefed with John Woods, USAID Representative, regarding the purpose and findings of the INTRAH visit. Mr. Woods indicated that INTRAH has been requested by USAID to assist the MOPH and GOC in developing an FP/MCH training program. Hence, INTRAH will need to fully cooperate with USAID in the management of the program in-country. Mr. Woods stressed that because the GOC falls into the "121(d)" category, INTRAH will not be able to finance its program directly through the MOPH. The 121(d) tag indicates that because the GOC, at this time, has an insufficient number of qualified personnel to properly manage U.S. funds, no U.S. government-funded donor may transfer funds directly to the GOC until the qualified personnel situation has been rectified. To this end, USAID is supporting the Sahel Regional Financial Management Project (SRFMP) which is training GOC officials in proper financial management techniques. Paul Libiszowski, SRFMP Team Leader, indicated the following individuals from the MOPH are participating in SRFMP workshops:

--Mboro Djaile ------- Pharmacy Accountant

--Tamba Daewe -------- MOPH Chief of Material and Transport

--Ngarkihoudji Baye -- MOPH Chief of Finance Division

The INTRAH team also met several times with USAID Health Advisor, Loel Callahan, to discuss FP/MCH training needs and management strategies for implementing the INTRAH-sponsored program. Mr. Callahan underscored several points for the team's consideration:

1. USAID would like the program to begin as soon as possible, and will push INTRAH to meet or even precede the timetable dates for project development established by the team below:

   a. November 30, 1985 - Letter from MOH to INTRAH expressing interest;

   b. December 31, 1985 - INTRAH trip report to be sent to USAID/Ndjamena;

   c. December 31, 1985 - Draft of program proposal to be sent by INTRAH to USAID for review by Mission and MOH;

   d. January 31, 1986 - USAID to return draft proposal to INTRAH with comments for finalization;

   e. February 28, 1986 - Proposal to be reviewed and approved by ST/POP/IT;

   f. March 1986 - INTRAH contract team to Chad for contract negotiation/signature with USAID and MOH, and to coordinate with HIID Project Population Advisor;

   g. May 30, 1986 - Contract to be reviewed and approved by University of North Carolina and AID/W Contract Office; and

   h. June 1986 - Begin first activity.

   (See also Appendix F.)

2. INTRAH's ability to involve the Chadian Armed Forces Health Sector is viewed as very favorable.

3. Management of the INTRAH project in-country should be coordinated from USAID. Mr. Callahan stressed that the MOPH does not yet have qualified financial personnel to manage funds supplied by INTRAH. Management for the MOPH by USAID will protect the MOPH from inadvertant errors in accounting and disbursement of funds. Moreover, there are in-country precedents USAID has with other projects (e.g., Pharmacy Project, PRITECH and RAPID) where USAID has been furnished the appropriate fiscal citation by AID/W in order to implement these projects. Additionally, all PIO/T and PIO/C requests are signed by the MOPH prior to USAID execution in order that the MOPH remain cognizant of and give approbation, as required, for the expenditure of USAID funds for the GOC health sector.

To assist with coordination of USAID population activities in Chad, negotiations by USAID were held during the team's visit with HIID to add a population advisor to the HIID Chad Health Planning Project team. The population advisor would be based at the MOPH (as would other HIID team members) and have responsibility for assisting the MOPH with planning their national population strategy. This would include coordinating training activities sponsored by INTRAH. The INTRAH team was fully supportive of the addition to the HIID team and strongly suggested that qualifications for the population advisor include extensive training and clinical background in the FP/MCH field. Mr. Callahan and the HIID team anticipated that the population advisor would be in the field by March 1986. The INTRAH team understood that the population advisor would be fully funded by HIID.

A list of assistance USAID has provided the GOC during 1985 in the health sector can be found in Appendix G.

I. Cooperation Suisse:

The INTRAH team had the opportunity to meet with Dr. Jean Maire, to discuss the team's findings and solicit ideas for developing the INTRAH project. Dr. Maire has worked for several years with the health sector in Chad.

Dr. Maire agreed that one of the first activities to occur in the development of the FP/MCH training program should be a large multi-donor meeting with MOPH and MSA/WD.

He also suggested that the Division of Women's Development/Promotion of the Ministry of Agriculture be included in this large roundtable meeting, as well as in FP/MCH training activities. The Ministry of Agriculture Division of Women's Development has had 20 years field experience in the rural areas of Chad through its "rural monitrices". Moreover, it maintains 24 professional training centers throughout the country. Dr. Maire said the monitrices have a significant impact on women in the rural areas and should be seriously considered as a source for promoting FP/MCH in Chad.

Regarding the National School of Public Health, Dr. Maire said the Cooperation Suisse has been assisting the school in formulating its health curriculum. However, due to extremely few resource books and materials, teachers must dictate their notes to students and little practical training is available or conducted.

OB/GYN is treated only superficially and more emphasis must be given to OB/GYN content and practice. Dr. Maire suggested that the INTRAH Program could provide refresher training in FP/MCH for the school's graduates. Focus could be placed on the practical aspects of FP/MCH service provision given the fact that this is a weak area in the school's pre-service training.

Dr. Maire also suggested that traditional birth attendants (TBA's) should be considered as a target group for training in FP/MCH as well as for disseminating FP information because a majority of the Chadian women deliver with assistance from the TBA. Dr. Maire pointed out that questions of how to contact the TBA's and motivate them to attend training and, further, to promote FP would need to be addressed during program planning.

Finally, Dr. Maire raised the issue of the recent RAPID II presentation. While agreeing that perhaps it did positively persuade upper-level GOC officials in favor of FP, the French version of the RAPID II document is riddled with inaccuracies and blatant errors. For example, the terms <u>milliards</u> (billions) and <u>millions</u> (millions) are used interchangeably and several tables of statistics do not match the descriptive text. Dr. Maire suggested that while the RAPID II presentation had motivated the GOC, the RAPID II document, unless rectified soon, could be used against the GOC promoting FP service delivery by parties negative towards FP. The INTRAH team transmitted this issue to USAID.

J. Médecins Sans Frontières (Doctors Without Borders):

Dr. Jean-Pierre D'Altilia and Dr. Laurent Lob met with the INTRAH team and indicated that MSF activities in MCH have focused primarily on the development of nine MCH centers at the prefecture level in the rural areas of Chad. MSF has assisted the MOPH MCH Division with developing a curriculum and training medical auxiliaries to supervise the MCH centers. MSF is currently assisting the MCH Division with developing an in-service training curriculum in MCH for the medical auxiliaries, but is concerned that specific statutes will need to be issued by the MOPH to define who from the MCH Division will conduct the MSF training. However, it was not clear to the INTRAH team what content areas are included in MSF MCH training.

Regarding family planning specifically, MSF does not consider the area a high priority in the northern part of Chad where MSC has had the majority of its experience. When asked if clandestine abortions are a problem among the population served by MSF, Dr. D'Altilia and Dr. Lob said abortion is not common in the north of Chad.

K. Roundtable:

A major activity during the INTRAH team's visit was a roundtable discussion with seven GOC officials representing the Ministries of Public Health, Education, and the Armed Forces. The purpose of the meeting was to describe INTRAH's work, review the findings of the previous needs assessment, explore topics and participant

selection criteria for training in FP/MCH, and to describe the process for project development.

Forms (see Appendix H) were distributed to participants in order to assist with eliciting ideas for the development of the FP/MCH ("Family Well-Being") training program.

The strategy was discussed of developing the FP/MCH competence and training skills of a national training team which would in turn be responsible for training regionally-based training teams. The regional teams would then be charged with training regional FP/MCH service delivery personnel. This strategy would allow for developing a strong, high quality FP/MCH clinical and training skills base at the national and regional levels. Moreover, the multiplier effect will allow the training of large numbers of service delivery personnel in the field once the regional teams have been trained and become functional.

A significant point raised during these discussions was the need for FP commodities, equipment and a reporting system to be in place prior to completion of training by FP service delivery personnel. It would be counterproductive to train service delivery personnel if they do not have FP material, equipment, and a system for reporting FP client encounters at their worksites. The INTRAH team communicated to USAID the importance of planning for the timely delivery of commodities, equipment, and a reporting system.

Criteria for selection of the national training team focused on:

--availability to be trained and to conduct training;
--utilizing both clinicians and non-clinicians; and
--representing several GOC ministries.

The roundtable group proposed the following preliminary composition for a national training team:

Sector	Number
--MOPH	3
--School of Public Health	2
--Armed Forces	2
--Social Affairs and Women's Development	2
--National Education	2
--Ministry of Agriculture/ Women's Development Division	2
--Private Sector	1
	14 Members

A final decision as to names of national training team members should be made by the MOPH during the INTRAH contract development visit proposed for March 1985.

Possible activities in FP/MCH training for the national training team were elaborated during the roundtable meeting which are listed below with related subtopics:

--National Seminar on Family Well-Being and Maternal and Child Health for the GOC and Donor Organizations.

--Contraceptive Technology:

-description of FP methods;
-advantages;
-disadvantages;
-how to prescribe;
-special instructions/precautions; and
-follow-up actions required.

--Training of Trainers:

-adult learning;
-participatory techniques; and
-role modelling.

--Clinical FP/MCH Practice:

-on-site training under preceptor;
-prenatal counselling;
-postnatal counselling;
-FP counselling;
-IUD insertion technique;
-client follow-up;
-sexually-transmitted diseases; and
-infertility counselling.

--Curriculum Development for in-service training:

-task analysis;
-training by educational objectives;
-lesson plan development;
-training plan implementation, revision and evaluation; and
-integration into existing training programs.

--Community Health Education for FP/MCH:

-community diagnosis;
-target group identification; and
-assessment of knowledge, attitudes and practices of target population.

--Family Life Education and Sexuality Education:

-importance of family unit;
-understanding and teaching reproductive system and health care;
-adolescent pregnancy; and
-communication between the couple.

--Training in Management:

- -problem analysis;
- -management by objective;
- -planning process;
- -time, resource, and personnel planning and allocation; and
- -leadership and supervision styles and monitoring of program.

--Educational Tours to Francophone Countries:

- -observe on-going family planning and MCH programs (e.g., Senegal, Morocco, Tunisia, Mauritius);
- -discuss successes and pitfalls of program;
- -transfer appropriate technology back to Chad; and
- -gain ideas for local program strategies and activities.

The roundtable meeting underscored the urgent need for training, both theoretical and practical, as well as reference materials and books on FP/MCH. However, it was evident that while the participants were keen to develop a training program, the absorptive capacity of the GOC, and the MOPH in particular, appears poor because of the limited number of trained personnel and inadequate service facilities.

The primary contact for INTRAH at the MOPH will be Dr. Amoula Waya Houma, who will probably appoint as INTRAH Project Coordinator, Dr. Kono Noudjalbaye.

V. OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
1. The GOC has no national population policy, but appears keenly interested in developing the MOPH capacity to offer FP services as part of existing MCH service delivery.	1. No national population policy may be necessary, however the GOC does not demonstrate, other than by MOPH willingness, a national strategy for developing integrated FP/MCH service delivery.	1. INTRAH should assist the MOPH in conducting a national four-day seminar on "Family Well-Being" and MCH to be attended by Ministries of Public Health, Education, Social Affairs/ Women's Development, Agriculture (Division of Women's Development) and Information, and expatriate donor organizations (e.g., USAID, HIID, UNFPA/WHO, Cooperation Suisse, UNICEF and MSF). The major outcome of the seminar would be a working document which would serve to: a. guide the MOPH in planning for the integration of FP services with MCH services (e.g., during next five years); b. define roles of and coordinate collaboration between GOC ministries and donors; and c. determine appropriate strategies for providing FP services and education for the public.

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
2. MOPH service facilities appeared to have a limited number of qualified nurses, midwives and physicians due to out-migration and the recent civil strife. FP material and equipment were limited or nonexistent at service facilities and client demand was minimal.	2. The absorptive capacity of the GOC, and the MOPH in particular, will severely limit: a. the length of time a participant trainee can realistically take leave from the worksite to attend training; and b. the opportunity for clinical FP training in Chad.	2. INTRAH will need to explore with USAID and the MOPH realistic timeframes for conducting training in Chad. Practical FP clinical training will need to occur outside Chad because facilities and client demand are poor. INTRAH should explore clinical training opportunities in Francophone West African countries, such as Senegal, Togo and Cameroon, as well as possibilities in Morocco, Tunisia and Mauritius, among others.
3. USAID emphasized that proper management of the INTRAH-sponsored training program in-country was a high priority. USAID stressed that INTRAH funds could not be transferred to the GOC due to a lack of qualified personnel within the MOPH for fiscal management (121D classification). USAID indicated funds should be managed for the MOPH by USAID; INTRAH would request AID/W to furnish fiscal citations for disbursement of funds.	3. USAID will not allow an INTRAH-sponsored program in Chad unless fiscal management of the project rests with USAID. USAID feels confident AID/W will agree to fiscal citation method for disbursement of INTRAH funds for program.	3. INTRAH should explore with Project Monitor at ST/POP/IT the possibility of structuring the INTRAH Program in Chad as requested by USAID.

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OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
4. MOPH facilities lack FP commodities and equipment and reporting system of FP client encounters. USAID is planning to acquire necessary materials and systems in tandem with INTRAH training programs.	4. It appears that efforts will be made by USAID to have timely delivery of FP commodities, equipment and a FP client reporting system as part of USAID population program which includes INTRAH-sponsored training.	4. INTRAH should proceed with FP/MCH training program only after it has received demonstrable assurance from USAID that commodities and equipment needs have been assessed and plans made to furnish these items prior to the completion of INTRAH training.
5. There appeared to be no reference materials and books on FP/MCH available for nurses and midwives at the service sites visited. MOPH libraries or resource centers were nonexistent.	5. The MOPH has an expressed need for basic FP/MCH reference materials and books at MCH service sites.	5. INTRAH should provide reference materials and books on FP/MCH as part of the training program and include MOPH Officials on the list to receive INTRAH TIPS (Training Information Packets).
6. USAID has negotiated with HIID to add a Population Advisor to the Chad Health Planning Team who will assist the MOPH in planning and implementing its "Family Well-Being" program. The REDSO/WCA Population Advisor participated in the deliberations.	6. USAID perceives the need for a full-time Population Advisor to assist the MOPH in developing the Chad Population Program. USAID considers one aspect of the Population Advisor role will be to coordinate with INTRAH the FP/MCH training program.	6. INTRAH should support the addition of a full-time Population Advisor to the HIID team to assist in the implementation of INTRAH-sponsored activities. INTRAH should strongly recommend that the preferred candidate for the Population Advisor position have a strong background in training and clinical FP/MCH.

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
7. There are apparently no job descriptions which adequately define roles and responsibilities, tasks and qualifications for MOPH service delivery personnel who will provide FP services.	7. The MOPH has yet to develop its national plan for provision of FP services which should include personnel job descriptions.	7. USAID should work through the HIID Population Advisor to assist the MOPH to develop job descriptions for MOPH personnel who will deliver FP services in order to focus INTRAH training efforts of GOC personnel.
8. During a roundtable with GOC Officials, the strategy of developing a national training team was explored, as well as topics for possible training activities to develop the competence and skills of a national training team. The composition of the national training team was also outlined and included a total of 14 members.	8. The topics discussed fit well with the capacity and experience of INTRAH in FP/MCH training program development. The GOC officials agreed with the proposed strategy of developing a national training team and were enthusiastic to begin the training program.	8. INTRAH should pursue the development of an FP/MCH training program with USAID and the MOPH while remaining cognizant of the limited absorptive capacity of the MOPH.

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APPENDIX A

PERSONS CONTACTED

APPENDIX A

PERSONS CONTACTED

USAID:

Mr. John Woods, Mission Representative

Mr. Loel Callahan, Mission Health/Population Liaison Officer

Mrs. Vanessa Ugatti, Assistant Health/Population Representative

Mr. Paul Libiszowski, Team Leader, Sahel Regional Financial Management Project

U.S. EMBASSY:

Ambassador John Blane

Mr. Ralph Granger, Deputy Chief of Mission

GOVERNMENT OFFICIALS:

Dr. Yankalbe Matchock Mahum, Director-General, Ministry of Public Health

Mr. Saleh Ramadan, Director of Research and Professional Training, Ministry of Public Health

Mr. Waliki Tideimi, Director General of Administration, Ministry of Public Health

Dr. Kono Noudjalbaye, Chief of Maternal and Child Health Services, Ministry of Public Health

Mrs. Noura Safi, Chief Midwife, Maternity Hospital, Ministry of Public Health

Mr. Katymia Ezechiel, Chief of Scholarships and Training, Ministry of Public Health

Dr. Amoula Waya Houma, Director of Public Health, Ministry of Public Health

Mrs. Selquet Achata, Chief of Community Development and Cooperative Action, Ministry of Social Affairs and Women's Development (MOSAWD)

GOVERNMENT OFFICIALS:

Mrs. Haona N'Gamaî, Registered Nurse, Ministry of Public Health, Maternal and Child Health Division

Dr. Captain Mbaydonadji Beure, Director of Health Services, National Armed Forces of Chad (FANT)

Dr. (Mrs.) Mariam Alladoumgue, Alimentation and Nutrition Service, Ministry of Public Health

Mrs. Fatima Youssouf, Registered Midwife, MCH Center/ Polyclinic

OTHERS:

Dr. Jean Maire, Cooperation Suisse (CS)

Dr. (Mr.) Bitowela Ilunga, Coordinator, WHO Programs in Chad

Mrs. Anne-Marie Geotz, UNFPA/Chad Program Officer

Mrs. Achta Gossingar, Registered Midwife, Director of Maternity Clinic "Al-Afia"

Dr. Jean-Pierre D'Altilia, Médecins Sans Frontières (MSF - Doctors Without Borders)

Dr. Laurent Lob, Médecins Sans Frontières (MSF -Doctors Without Borders)

Dr. Al Henn, HIID, Boston-based Director

Dr. Theo Lippenveld, HIID

Ms. Anne-Marie Foltz, HIID

APPENDIX D

GOC PRENATAL AND INFANT COUNSELLING MEDICAL RECORD FORMS

Chemin de la Santé

CONSEILS AUX PARENTS

Si l'enfant est sur le grand chemin (le bon chemin de la santé), il est bien portant.

Si l'enfant est sur le petit chemin, il doit essayer de rejoindre le grand chemin. Demandez conseil à l'infirmière.

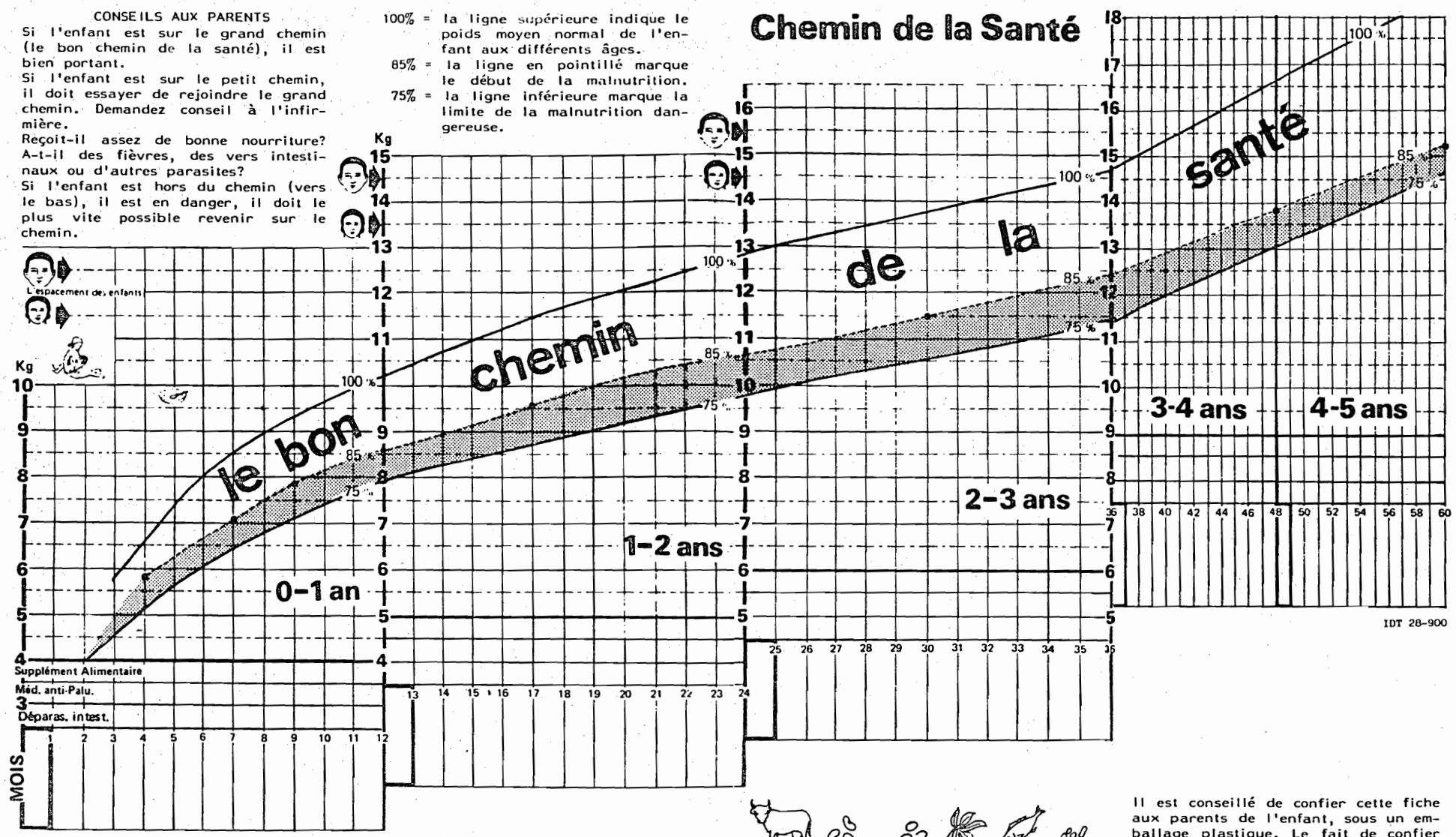
Reçoit-il assez de bonne nourriture? A-t-il des fièvres, des vers intestinaux ou d'autres parasites?

Si l'enfant est hors du chemin (vers le bas), il est en danger, il doit le plus vite possible revenir sur le chemin.

100% = la ligne supérieure indique le poids moyen normal de l'enfant aux différents âges.

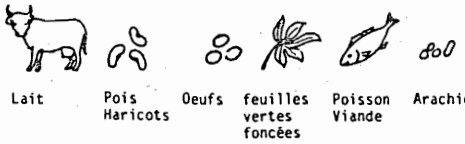
85% = la ligne en pointillé marque le début de la malnutrition.

75% = la ligne inférieure marque la limite de la malnutrition dangereuse.



APRES LA PESEE !

- Aliments riches en protéines
- Prévention du paludisme
- Déparasitage tous les 3 mois
- Calendrier des vaccins



Il est conseillé de confier cette fiche aux parents de l'enfant, sous un emballage plastique. Le fait de confier un document à la maman favorisera la prise de conscience de ses responsabilités vis-à-vis de la santé de son enfant.

CONSULTATIONS

DATE	Poids	Symptômes et Traitements

VACCINATION ANTI-TUBERCULEUSE (B.C.G.)

Date de vaccination

(Le B.C.G. doit se faire dès la naissance)

VACCINATION D.T. COQ

(Diphterie - Tétanos - Coqueluche)
Date de la première vaccination
(à l'âge de 6 semaines
ou 1 mois et demi)

Date de la 2° vaccination
(un mois après la 1ère vaccination)

Date de la 3e vaccination
(un mois après le 2° vaccination)

VACCINATION ANTI-POLIOMYELITIQUE BUCCALE

(avec le D.T. COQ)

Date de la 1ère vaccination

Date de la 2° vaccination

Date de la 3° vaccination

VACCINATION CONTRE LA ROUGEOLE

Date de vaccination
(à l'âge de 9 mois)

VACCINATION ANTIAMARILE

date vaccination
à partir de 6 mois

AUTRES VACCINATIONS

REPUBLIQUE DU TCHAD

MINISTERE DE LA SANTE PUBLIQUE
SECRETARIAT D'ETAT
DIRECTION GENERALE
DIRECTION DE LA SANTE PUBLIQUE
SERVICE DE SANTE MATERNELLE ET INFANTILE

CONSULTATION D'ENFANTS DE 0 à 5 ANS

Lieu de consultation	N° de l'enfant
Nom de l'enfant	Garçon/Fille
Date de première visite	Date de naissance
Nom de la mère	N° de la mère
Nom du père	N° du père
Lieu de résidence de la famille	

FRÈRES ET SOEURS

Année de Naissance	Garçon/Fille	Observation

FICHE REMPLIE PAR : Nom, Titre : _____ DATE : _____

Antécédents familiaux : _____

Antécédents personnels : Médicaux _____

_____ Chirurgicaux _____

_____ Gynécologiques _____

ANTÉCÉDENTS OBSTÉTRICAUX

GROSSESSE			ACCOUCHEMENT			ENFANT		
Date	Nombre	Evolution	Type	Déli-vrance	Suite des couches	Sexe	poids naissance	Vivant ou mort

GROSSESSE ACTUELLE

DDR : Date des dernières règles _____ DPA : Date probable d'accouchement _____

Sang Groupe _____ Rhésus _____ Hémoglobine _____ BW _____ Test d'Emmel _____

SURVEILLANCE CLINIQUE

Date	Age de la grossesse	Poids	Urines sucre albumine	Tension artérielle	Hauteur utérine	Bruits du coeur	Présentation	Observations

EXAMEN MÉDICAL _____

Coeur _____

Poumons _____

IDT 28-879

35

ACCOUCHEMENT	FACTEURS DE RISQUE	OUI	NON
☐ Domicile ☐ Maternité	Age		
Date	15 ans ou moins		
Bébé Sexe	39 ans ou plus		
Poids : Taille :	Parité		
	Primipare		
	Multipare		
	(5° Grossesse et plus)		
	Taille		
	moins de 150 cm		
	Déformation du bassin		
	et de la colonne vertebrale		
	Tabagisme		
	Alcoolisme		
Observations :	Associations pathologiques		
	Paludisme		
	Anémie		
	Obésité		
	HTA + Oedèmes		
	Albumine et sucre dans les urines		
	Maladie cardiaque		
	Infections urinaires		
	Tuberculose		
Visite post-natale	Antécédents obstétricaux		
	Avortements à répétition		
	Hémorragies de la grossesse		
	Mort né		
	Prématuré		
	Dystocies à la maternité		
	(Ventouse, forceps, césarienne,		
	symphysiotomie)		
Planning familial			
	Vaccination antitétanique		
	1° Injection date		
	2° Injection date		

REPUBLIQUE DU TCHAD

MINISTERE DE LA SANTE PUBLIQUE
SECRETARIAT D'ETAT
DIRECTION GENERALE
DIRECTION DE LA SANTE PUBLIQUE
SERVICE DE SANTE MATERNELLE ET INFANTILE

FICHE DE SURVEILLANCE DE LA FEMME ENCEINTE

CENTRE DE :

NOM : N°

AGE : PROFESSION :

NOM DU MARI :

PROFESSION :

ADRESSE :

NATIONALITE :

APPENDIX E

LIST OF ESSENTIAL MEDICINES AVAILABLE AT PASP

UNITE - TRAVAIL - PROGRES

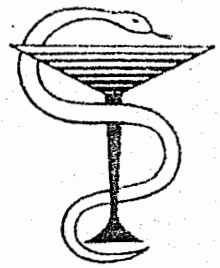
REPUBLIQUE DU TCHAD

MINISTERE DE LA SANTE PUBLIQUE

SECRETARIAT D'ETAT

DIRECTION GENERALE

DIRECTION DES PHARMACIES



PASP

Pharmacie d'Approvisionnement Secteur Public

LISTE MEDICAMENTS ESSENTIELS SECTEUR PUBLIC TCHAD

38

LISTE DES MEDICAMENTS ESSENTIELS SECTEUR PUBLIC
TCHAD

LEXIQUE DES TERMES EMPLOYES :

URG : Produit distribué en très faible quantité pour couvrir les urgences .

MAT : Produit uniquement utilisé en service de maternité .

CHIR : Produit uniquement utilisé en service de chirurgie .

ANE : Produit uniquement utilisé par un anesthésiste .

OBS : Produit distribué si possibilité de mise en observation du patient (hospitalisation) .

SGE (colonne DCI) : Produit utilisé selon les directives du Service des Grandes Endémies .

SGE (colonne H - CM) : Produit utilisé uniquement par le Service des Grandes Endémies .

OPHT : Produit distribué uniquement en service d'ophtalmologie .

RECOMMANDATIONS :

ACETYL SALICYLIQUE ACIDE 75 MG : Suppression . Prix trop élevé . Non compétitif .

NIRIDAZOL 500 et IOO MG : Devra uniquement être utilisé pour les traitements de schistosomes Mansoni .
On utilisera le METRIFONATE IOO MG pour les traitements des schistosomes Haematobium .

GRISEOFULVINE 500 MG : Devra uniquement être utilisé pour les traitements des teignes du cuir chevelu . On recommande la prise unique avec repas gras .

O.R.S. SACHETS : Sera distribué dans les D3 sous la responsabilité de l'Organisme en charge de cette structure .

INDOMETACID 25 MG : Plus efficace, moins coûteux et moins de toxicité médullaire que la PHENYLBUTAZONE 200 MG .

SULFAGUANIDINE 500 MG : Suppression car inutile . 80 à 90 % des shigelles et salmonelles sont résistantes à ce produit .

IODOCHLORHYDROXYQUINOLEIN 250 MG : Suppression . Ne figure pas dans la liste des médicaments essentiels de l'O.M.S.

VITAMINE MULTI : Doit être considéré comme médicament de confort car n'a aucune activité thérapeutique démontrée dans les prescriptions usuelles .

MORPHINE CHLORHYDRATE : Toute commande sera effectuée sous le contrôle de la Direction des Pharmacies et l'utilisation se fera conformément à la règlementation en vigueur .

PENICILLINE G : De part sa difficulté d'utilisation correcte, n'est plus distribuée dans les DI où l'on préfèrera la PENICILLINE PROCAINE .

BAROU DJOUATER
DIRECTEUR DES PHARMACIES

PHARMACIE ORALE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
O. 10	ACETAZOLAMIDE Comp. 250 mg	+	+				Diamox
O. 20	ACETYL SALICYLIQUE ACIDE Comp. 500 mg	+	+	+	+	+	Aspirine
O. 40	ALUMINIUM HYDROXYDE Comp. 500 mg	+	+	+	+	+	Antacid Gélusil
O. 50	AMINOPHYLLINE Comp. 100 mg	+	+	URG			
O. 60	AMPICILLINE Comp. 500 mg	+	+				Totapen
O. 70	AMPICILLINE Sirop 125 mg/5 ml	+	+				
O. 75	CARBIMAZOL Comp. 5 mg	+	+				Neo-Mercazole
O. 80	CHARBON Comp. 375 mg	+	+	+	+	+	
O. 90	CHLORAMPHENICOL Gel. 250 mg	+	+	+			Tifomycine
O. 100	CHLORAMPHENICOL Sirop 125 mg / 5 ml	+	+				
O. 110	CHLOROQUINE Comp. 100 mg	+	+	+	+	+	Nivaquine
O. 120	CHLORPROMAZINE Comp. 100 mg	+	+				Largactil
O. 130	CLOFAZIMINE (SGE) Comp. 100 mg	+					Lamprène
O. 135	CLONIDINE Comp. 0,15 mg	+	+				Catapressan
O. 140	CLOXACILLINE Gel. 250 mg	+					Orbenin
O. 150	CODEINE Comp. 10 mg	+					
O. 160	DAPSONE (SGE) Comp. 100 mg	+	+				
O. 170	DIAZEPAM Comp. 5 mg	+	+	+			Valium
O. 180	DICOUMAROL Comp. 4 mg	+					Sintrom
O. 190	DIETHYL CARBAMAZINE Comp. 50 mg	+	+	+			Notézine
O. 200	DIGOXIN Comp. 0,25 mg	+	+				
O. 210	ETHAMBUTOL (SGE) Comp. 400 mg	+	+				

BEST AVAILABLE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
0. 220	ETHYNYL ESTRADIOL Comp. 0,05 mg	+	+				
0. 230	FERROUS SULFATE Comp. 200 mg	+	+	+	+		
0. 240	FOLIC ACID Comp. 5 mg	+	+	+	+		
0. 250	FUROSEMIDE Comp. 40 mg	+	+				Lasilix
0. 260	GRISEOFULVINE Comp. 500 mg	+	+				Fulcine
0. 265	HALOPERIDOL Comp. 5 mg	+	+				Haldol
0. 270	HYDROCHLOROTHIAZIDE Comp. 50 mg	+	+				
0. 280	HYSCINE Comp. 10 mg	+	+				Buscopan
0. 300	ISONIAZID (SGE) Comp. 100 mg	+	+				Rimifon
0. 310	ISONIAZID + ETHIONAMID (SGE) Comp.	+	+				Trécaplix
0. 320	ISONIAZID + THIACETAZONE (SGE) Comp. 300 + 150 mg	+	+				INH/TB_1
0. 330	INDOMETACID Comp. 25 mg	+	+				Indocid
0. 335	LEVOMEPROMAZINE Comp. 25 mg	+	+				Nozinan
0. 336	LUGOL FAIBLE Gouttes	+	+				
0. 337	LANATOSIDE C Solution 1 mg/ml	+	+				Cedilanide
0. 340	MEBENDAZOL Comp. 100 mg	+	+	+	+		Vermox
0. 370	METHYL ERGOMETRINE Comp. 0,2 mg	+	+				Méthergin
0. 380	METHYL DOPA Comp. 250 mg	+	+				Aldomet
0. 390	METRIFONATE Comp. 100 mg	+	+	+	+		Bilharcyl
0. 400	METRONIDAZOL Comp. 250 mg	+	+	+	+		Flagyl
0. 420	NICLOSAMIDE Comp. 500 mg	+	+	+	+		Trédémine
0. 430	NIRIDAZOL Comp. 500 mg	+	+	OBS			Ambilhar

PHARMACIE ORALE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
0. 440	NIRIDAZOL Comp. 100 mg	+	+	OBS			
0. 450	NITROFURANTOINE Comp. 100 mg	+	+	+	+		Furadantine
0. 460	NORISTHERONE ACETATE Comp. 5 mg	+	+				Milligynon
0. 470	NOSCAPINE Comp. 15 mg	+	+	+	+		Télétux
0. 480	NOSCAPINE Sirop 1 mg/1 ml	+	+	+	+		
0. 490	O.R.S. Sachets	+	+	+	+	+	Sels de réhydratation
0. 500	PARACETAMOL Comp. 500 mg	+	+	+			Doliprane Efféralgan
0. 510	PENICILLINE PHENOXYMETHYL Comp. 250 mg = 400 000 UI	+	+	+	+		Oracilline
0. 520	PENICILLINE PHENOXYMETHYL Sirop 125 mg / 5 ml 200 000 UI / 5 ml	+	+	+	+		
0. 530	PHENOBARBITAL Comp. 50 mg	+	+				Gardénal
0. 540	PHENYLBUTAZONE Comp. 200 mg	+					Butazolidine
0. 550	POTASSIUM CHLORIDE Comp. 1 mg	+	+				
0. 560	PREDNISOLONE Comp. 5 mg	+	+				Hydrocortancyl
0. 570	PROBENECID Comp. 500 mg	+	+	+	+		Bénémide
0. 580	PROMETHAZINE Comp. 25 mg	+	+	+	+		Phénergan
0. 590	PROMETHAZINE Sirop 1 mg / 1 ml	+	+	+			
0. 600	PROPANOLOL Comp. 40 mg	+	+				Avlocardyl Indéral
0. 610	RIFAMPICINE (SGE) Comp. 300 mg	+	+				Rifadine
0. 615	SALBUTAMOL Comp. 4 mg	+	+				
0. 616	SPIRONOLACTONE Comp. 100 mg	+	+				Aldactone
0. 620	SULFADIMIDINE Comp. 500 mg	+	+	+	+		

PHARMACIE ORALE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
0. 640	SULFAMETHOXAZOL TRIMETOPRIM Comp. 480 mg	+	+	+	+		Bactrim
0. 650	SULFAMETHOXAZOL TRIMETOPRIM Sirop 240 mg / 5 ml	+	+	+			
0. 670	TETRACYCLINE Gél. 250 mg	+	+				
0. 680	THIABENDAZOLE Comp. 500 mg	+	+	+			Mintezol
0. 690	TRINITRINE Drag. 0,5 mg	+					
0. 700	VITAMINE A Drag. 25 000 UI	+	+	+	+		Rétinol
0. 710	VITAMINE B_1 Comp. 50 mg	+	+				Thiamine Bévitine
0. 715	VITAMINE B_6 (SGE) Comp.	+	+	+			Becilan
0. 720	VITAMINE B_{12} Comp. 5 mg	+	+				Riboflavine
0. 725	VITAMINE COMPLEX B Comp.	+	+				Terneurine
0. 730	VITAMINE MULTI Comp.	+	+	+	+		
0. 740	VITAMINE MULTI Poudre pour suspension	+	+	+	+		

PHARMACIE INJECTABLE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
I. 10	ACIDE AMINOCAPROIQUE Amp. 2 gr / 10 ml	MAT					Hémocaprol
I. 20	ADRENALINE 1 % Amp. 1 mg / 1 ml	+	+	URG			
I. 30	AMINOPHYLLINE Amp. 250 mg / 10 ml	+	+	URG			Euphylline Théophylline
I. 40	AMPICILLINE Flac. 500 mg	+	+				Totapen
I. 50	ATROPINE SULFATE Amp. 1 mg / 1 ml	+	+				
I. 60	CALCIUM GLUCONATE Amp. 1 gr / 10 ml	+	+				
I. 70	CHLORAMPHENICOL Flac. 1 gr	+	+				Tifomycine
I. 80	CHLORAMPHENICOL RETARD SOLUTION Flac. 500 mg	+	+	+			Tifomycine Retard
I. 90	CHLOROQUINE Amp. 200 mg / 5 ml	+	+				Nivaquine
I. 110	CHLORPROMAZINE Amp. 50 mg / 2 ml	+	+				Largactil
I. 120	DEXAMETHAZONE Amp. 4 mg / 1 ml	+	+				Décadron
I. 130	DEXTRAN 70 Soluté 500 ml	+	+				
I. 140	DIAZEPAM Amp. 10 mg / 2 ml	+	+	+			Valium
I. 150	DIGOXIN Amp. 0,50 mg / 2 ml	+	+				
I. 160	DOXAPRAM Amp. 60 mg / 3 ml	ANE	ANE				Dopram
I. 170	DROPERIDOL Amp.	ANE	ANE				Droleptan
I. 180	EAU POUR INJECTIONS Amp. 10 ml	+	+				
I. 190	EAU POUR INJECTIONS Amp. 5 ml	+	+	+	+		
I. 200	FENTANYL Amp. 1 mg / 2 ml	ANE					
I. 210	FUROSEMIDE Amp. 20 mg / 2 ml	+	+				Lasilix
I. 220	GALLAMINE Amp. 40 mg / 2 ml	ANE					Flaxédil
I. 230	GENTAMYCINE Amp. 80 mg / 2 ml	+	+				Gentalline

PHARMACIE INJECTABLE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
I. 240	GENTAMYCINE Amp. 40 mg / 2 ml	+	+				Gentalline
I. 250	GLUCOSE HYPERTONIQUE 50 % Amp. 5 gr / 10 ml	+	+				
I. 260	GLUCOSE ISOTONIQUE 5 % Soluté 500 ml	+	+	+			
I. 280	HAEMACEL Soluté 500 ml	+	+				Haemaccel
I. 290	HALOPERIDOL Amp. 5 mg / 1 ml	+	+				Haldol
I. 300	HEPARINE Flac. 25 000 UI / 5 ml	+	+				
I. 305	HYDROCORTISONE Amp. 100 mg	+	+				
I. 310	HYSCINE BUTHYLSCOPOLAMINE Amp. 20 mg / 5 ml	+	+	+			Buscopan
I. 315	INSULINE ISOPHANE Amp. 40 UI / ml	+	+				
I. 320	ISOPRENALINE Amp. 0,4 mg / 1 ml	+	+				Isuprel
I. 330	KETAMINE Flac. 50 mg / 1 ml	CHIR	CHIR				Kétalar
I. 340	LEVOMEPROMAZINE Amp. 25 mg / 1 ml	+	+				Nozinan
I. 350	LIGNOCAINE 2 % Flac. 200 mg / 10 ml	+	+	+	+		Xylocaïne
I. 360	LIGNOCAINE 2 % + ADRENALINE Flac. 200 mg / 10 ml	+	+				
I. 370	LIGNOCAINE 5 % HYPERBAR Amp. 250 mg / 5 ml	ANE	ANE				
I. 380	LIPIODOL Amp. 2,4 gr / 5 ml	+	+				Lipiodol
I. 390	MAGNESIE SULFATE Amp. 1 gr / 10 ml	+	+				
I. 400	MELARSOPROL Flac. Soluté 3,6 %	SGE	SGE				Arsobal
I. 410	METHYL ERGOMETRINE Amp. 0,2 mg / 2 ml	+	+	+			Méthergin
I. 420	METHYL GLUCAMINE Amp. 45 gr / 5 ml	+	+				Glucantine
I. 425	METOCLOPRAMIDE Amp. 10 mg	+	+				Primpéran
I. 426	MORPHINE CHLORHYDRATE Amp. 2 %	+					

PHARMACIE INJECTABLE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
I. 430	Na Cl 0,9 Soluté 500 ml	+	+	+			Chlorure de Sodium
I. 440	NEOSTIGMINE Amp. 0,5 mg / 1 ml	+	+				Prostigmine
I. 450	NALOXONE Amp. 0,4 mg / 1 ml	ANE	ANE				Narcan
I. 460	NORAMIDOPYRINE Amp. 1 gr / 2 ml	+	+	+			Novamine sulfone. Métamizo Novalgin
I. 470	OXYTOCINE Amp. 10 UI / 1 ml	+	+				Synthocinon
I. 480	PENICILLINE G Flac. 1 000 000 UI	+	+				
I. 490	PENICILLINE G Flac. 5 000 000 UI	+	+				
I. 500	PENICILLINE BENZATHINE Flac. 2 400 000 UI	+	+	+	+		Extencilline
I. 520	PENICILLINE PROCAINE Flac. 4 000 000 UI	+	+	+	+		
I. 525	PENTAMIDINE Amp 200 mg	SGE	SGE				Lomidine
I. 530	PENTAZOCINE Amp. 30 mg / 1 ml	+	+				Fortal
I. 540	PHENOBARBITAL Amp. 40 mg / 1 ml	+	+				Gardénal
I. 560	POTASSIUM CHLORIDE Amp. 3gr	+	+				
I. 570	PREDNISOLONE Amp. 25 mg / 1 ml	+	+				
I. 575	PROGESTERONE Amp. 25 mg / ml (MAT)	+	+				
I. 580	PROMETHAZINE Amp. 50 mg / 2 ml	+	+				Phénergan
I. 590	PROPANOLOL Amp. 5 mg / 1 ml	+					Avlocardyl Indéral
I. 600	PROTAMINE SULFATE 1 % Flac. 100 mg / 10 ml	+	+				
I. 610	QUININE DIHYDROCHLORIDE Amp. 600 mg / 2 ml	+	+	+			
I. 630	RINGER'S LACTATE Soluté 500 ml	+	+				
I. 640	SALBUTAMOL Amp. 500 mg / 5 ml	+	+				Ventoline
I. 650	SODIUM BICARBONATE Amp.	+	+				

PHARMACIE INJECTABLE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
I. 660	STREPTOMYCINE (SGE) Flac. 1 gr	+	+				
I. 670	STREPTOMYCINE (SGE) Flac. 5 gr	+	+				
I. 675	SURAMINE Amp. 1 gr	SGE	SGE				
I. 680	SUXAMETHONIUM Amp. 250 mg	ANE					Célocurine
I. 690	THIOPENTAL Flac. 500 mg / 5 ml	ANE					Penthotal
I. 705	VITAMINE B_1 Amp.	+	+				
I. 706	VITAMINE B COMPLEX Amp.	+	+				
I. 710	VITAMINE K_1 Amp. 20 mg / 1 ml	+	+				
I. 801	SERUM ANTI RABIQUE (SGE)	+					
I. 802	SERUM ANTIVENIMEUX (SGE)	+					
I. 803	SERUM ANTITETANIQUE (SGE)	+					
	VACCIN B C G (SGE)	→	→	→	→	→	
	VACCIN D T C (SGE)	→	→	→	→	→	
	VACCIN POLIO (SGE)	→	→	→	→	→	
	VACCIN ANTITETANIQUE (SGE)	→	→	→	→	→	
	VACCIN ANTIROUGEOLEUX (SGE)	→	→	→	→	→	
	VACCIN ANTIMENINGO A et C (SGE)	→	→	→	→	→	
	VACCIN ANTIRABIQUE (SGE)	→	→	→	→	→	
	VACCIN ANTITHYPHOIDE (SGE)	→	→	→	→	→	
	VACCIN ANTIAMARIL (SGE)	→	→	→	→	→	

PHARMACIE USAGE EXTERNE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
E. 10	ACIDE SALICYLIQUE + ACIDE BENZOLIQUE Pommade dermique 1 kg	+	+	+	+		Whitfield
E. 35	ATROPINE 1 % Collyre ophtalmique	+	+				
E. 40	BENZYL BENZOATE Solution concentrée	+	+	+	+		Ascabiol
E. 45	CETRIMIDE + CHLORHEXIDINE Solution dermique	+	+	+	+	+	
E. 70	FLUORESCINE 1 % Collyre opht. flacon 15 ml	+	+				
E. 80	GOUDRON DE HOUILLE Pommade dermique 1 kg	+	+	+	+		Ichtiol Ichtamol
E. 90	HYDRCORTISONE Pommade dermique tube 15 gr	+	+				
E. 110	IODE BETADINE Solution dermique 500 ml	CHIR MAT	CHIR MAT	MAT			Bétadine dermique
E. 120	NYSTATINE 100 000 UI Ovule gynécologique	+	+	+			
E. 130	OXYDE DE ZINC + VASELINE Pommade dermique 800 gr	+	+	+	+		
E. 140	PERMANGANATE DE POTASSIUM Comp.	+	+	+			
E. 150	PILOCARPINE 2 % Collyre opht.flacon 15 ml	OPHT					
E. 170	SULFACETAMIDE Collyre opht. flacon 15 ml	+	+	+			
E. 180	TETRACAINE 1 % Collyre opht. flacon 15 ml	+	+				
E. 190	TETRACYCLINE 1 % Pommade opht. tube 5 gr	+	+	+	+	+	Auréomycine
E. 200	TETRACYCLINE 3 % Pommade dermique tube 15 gr	+	+	+	+	+	
E. 210	TRIOXYMETHYLENE Comp.	+	+	+	+		Formol
E. 220	TROCAPINAMIDE Collyre opht. flacon 15 ml	+	+				Mydriaticum
E. 230	VIOLET DE GENTIANE Cristaux 1 kg	+	+	+	+	+	

MATERIEL MEDIO TECHNIQUE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
M. 10	SPARADRAP PERFORE 18 cm x 5 m	+	+				
M. 20	SPARADRAP 2,5 cm x 5 m	+	+	+	+	+	
M. 30	SPARADRAP 5 cm x 5 m	+	+	+			
M. 40	COMPRESSE NON STERILE 5 cm x 5 cm	+	+	+			
M. 50	COMPRESSE NON STERILE 10 cm x 20 cm	+	+				
M. 60	ROULEAU DE GAZE 90 cm x 100 m	+	+	+	+	+	
M. 70	BANDE DE GAZE 8 cm x 4 m	+	+	+	+	+	
M. 80	BANDE VELPEAU 10 cm x 4 m	+	+				
M. 90	BANDE PLATREE 10 cm	+	+				
M. 100	BANDE PLATREE 15 cm	+	+				
M. 110	BANDE PLATREE 20 cm	+	+				
M. 120	ROULEAU DE COTON 500 gr	+	+	+	+	+	
M. 130	BANDE JERSEY 10 cm	+	+				
M. 140	BANDE JERSEY 20 cm	+	+				
M. 150	GANTS STERILES PAIRE Nº 7	+	+				
M. 151	GANTS A STERILISER PAIRE Nº 7	+	+	+			
M. 160	GANTS STERILES PAIRE Nº 7,5	+	+				
M. 161	GANTS A STERILISER PAIRE Nº 7,5	+	+	+			
M. 170	GANTS STERILES PAIRE Nº 8	+	+				
M. 171	GANTS A STERILISER PAIRE Nº 8	+	+	+			
M. 180	DOIGTIER VAGINAL	+	+	+			
M. 190	SERINGUE U. UNIQUE 2 ml	+	+				
M. 200	SERINGUE U. UNIQUE 5 ml	+	+	+	+		
M. 210	SERINGUE U. UNIQUE 10 ml	+	+				
M. 220	SERINGUE U. UNIQUE 50 ml	+	+				
M. 230	SERINGUE EMBOUT GAVAGE 60 ml	+	+				
M. 240	AIGUILLE U. UNIQUE 18 G	+	+	+	+		
M. 250	AIGUILLE U. UNIQUE 21 G	+	+	+	+		
M. 260	AIGUILLE U. UNIQUE 24 G	+	+	+			
M. 270	AIGUILLE P.L. 19 G x 2,5	+	+	+			
M. 280	CATHETER I.V 16 G	+	+				

MATERIEL MEDICO TECHNIQUE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
M. 290	CATHETER I.V 18 G	+	+				
M. 300	CATHETER I.V 20 G	+	+				
M. 310	CATHETER I.V 23 G	+	+				
M. 320	EPICRANIENNE 19 G	+	+				
M. 330	EPICRANIENNE 21 G	+	+	+			
M. 340	EPICRANIENNE 23 G	+	+				
M. 350	TUBULURE POUR PERFUSION	+	+	+			
M. 360	TUBULURE POUR TRANSFUSION	+	+				
M. 370	SAC A SANG DONNEUR RECEVEUR	+	+				
M. 380	LAME MICROSCOPE	+	+	+			
M. 390	LAMELLE MICROSCOPE	+	+	+			
M. 400	THERMOMETRE RECTAL CELSIUS	+	+	+	+		
M. 410	COMPRESSE STERILE 10 x 20 cm	+	+				
M. 420	GARROT	+	+		+		
M. 430	LAME BISTOURI Nº 20	+	+	+	+		
M. 440	LAME BISTOURI Nº 22	+	+				
M. 450	SONDE URINAIRE CH 10	+	+	+			
M. 460	SONDE URINAIRE CH 12	+	+				
M. 470	SONDE URINAIRE CH 14	+	+	+			
M. 480	SONDE URINAIRE CH 16	+	+				
M. 490	SONDE URINAIRE CH 18	+	+	+			
M. 500	SONDE URINAIRE CH 20	+	+				
M. 510	SONDE URINAIRE BEQUILLEE CH 12	+	+	+			
M. 520	SONDE URINAIRE BEQUILLEE CH 14	+	+				
M. 530	SONDE URINAIRE BEQUILLEE CH 16	+	+	+			
M. 540	SONDE URINAIRE BEQUILLEE CH 18	+	+				
M. 550	SONDE URINAIRE BEQUILLEE CH 20	+	+				
M. 560	SAC A URINE	+	+				
M. 570	SONDE GASTRIQUE CH 8	+	+				
M. 580	SONDE GASTRIQUE CH 10	+					
M. 590	SONDE GASTRIQUE CH 12	+	+				
M. 600	SONDE GASTRIQUE CH 14	+					
M. 610	SONDE GASTRIQUE CH 16	+	+				
M. 620	SONDE GASTRIQUE CH 18	+					
M. 630	SONDE GAVAGE CH 5	+	+				
M. 640	SONDE GAVAGE CH 8	+	+				
M. 650	DEXON SERTI 3/0	+					
M. 660	DEXON SERTI 2/0	+	+				

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MATERIEL MEDICO TECHNIQUE

CODE	DENOMINATION COMMUNE INTERNATIONALE	H	CM	D_1	D_2	D_3	APPELATION LABORATOIRE
M. 670	DEXON SERTI 0	+	+				
M. 680	DEXON NON SERTI 3/0	+					
M. 690	DEXON NON SERTI 2/0	+					
M. 700	DEXON NON SERTI 0	+					
M. 710	LIN NON SERTI 0	+	+				
M. 720	MERSYLENE SERTI 4/0	+					
M. 730	MERSYLENE SERTI 2/0	+	+				
M. 740	SOIE NON SERTI 2/0	+	+				
M. 750	SOIE NON SERTI 0	+	+	+	+		
M. 760	SOIE NON SERTI 1	+	+				
M. 770	CATGUT SERTI 2/0	+	+				
M. 780	CATGUT NON SERTI 2/0	+	+	+			
M. 790	CATGUT NON SERTI 0	+	+				
M. 800	FIL D'ACIER SET	+					
M. 810	SET AIGUILLES COURBES SECTION TRIANGULAIRE	+	+	+	+		
M. 820	SET AIGUILLES COURBES SECTION RONDE	+	+				
M. 830	TEST COMPATIBILITE ANTI A ANTI B ANTI D	+	+				
M. 191	SERINGUE NYLON/VERRE 2 ml	+	+				
M. 201	SERINGUE NYLON/VERRE 5 ml	+	+	+	+		
M. 211	SERINGUE NYLON/VERRE 10 ml	+	+				

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APPENDIX F

USAID/NDJAMENA CABLE SUMMARIZING INTRAH VISIT AND INDICATING NEXT STEPS

Department of State

INCOMING
TELEGRAM

UPAGE 01 NDJAME 06411 191434Z 6863 065126 AID5578
JACTION AID-00

ACTION OFFICE AFFW-04
INFO AFCO-02 AFPD-04 AFTR-05 AMAD-01 POPR-01 PPPB-02 CMGT-05
STHE-01 SAST-01 POP-04 IT-06 HHS-09 AFDA-02 OMB-02
RELO-01 TELE-01 AFMG-03 /054 A0

INFO LOG-00 PASS-00 /003 W
----------034147 191828Z /38

R 190826Z NOV 85
FM AMEMBASSY NDJAMENA
TO SECSTATE WASHDC 1058
INFO AMEMBASSY DAKAR
AMEMBASSY ABIDJANEGRPIP

UNCLAS NDJAMENA 6411

AIDAC DIRECT RELAY

AID/W FOR AFR/SWA; S&T/POP/IT
DAKAR PLS PASS TO P. RANDALL, INTRAH
ABIDJAN FOR REDSO/WCA, ATTN SARAH CLARK

E.O. 12356: N/A
TAGS: EAID, SOCI, CD
SUBJ: POPULATION: SUMMARY OF INTRAH VISIT AND ANTICIPATED NEXT STEPS

TO: PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH (INTRAH)
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF MEDICINE
208 NORTH COLUMBIA STREET (3444)
CHAPEL HILL, NORTH CAROLINA 27514
TEL: (919) 966-5635
TELEX: 3772242

1. THE INTRAH TEAM HAS COMPLETED A TWO-WEEK PROGRAM DEVELOPMENT VISIT (NOVEMBER 4 - 15, 1985) TO CHAD WITH THE PURPOSE OF DEVELOPING A TRAINING PROGRAM IN FAMILY PLANNING AND MATERNAL AND CHILD HEALTH (FP/MCH) WITH THE MOH. THIS VISIT FOLLOWS A NEEDS ASSESSMENT VISIT CONDUCTED BY INTRAH IN FEBRUARY 1985. A WRITTEN REPORT ON THIS VISIT WILL BE SENT TO USAID/CHAD ONCE IT HAS BEEN REVIEWED BY INTRAH AND INTERNATIONAL HEALTH PROGRAMS (IHP), SANTA CRUZ.

2. THE INTRAH TEAM HAD PRODUCTIVE MEETINGS WITH REPRESENTATIVES OF THE MOH, SOCIAL AFFAIRS AND WOMEN'S DEVELOPMENT, THE HEALTH DIVISION OF THE ARMED FORCES, WHO, UNFPA, SWISS COOPERATION, MEDECINS SANS FRONTIERES (MSF), THE NATIONAL PHARMACY AND SEVERAL PRIVATE PHARMACIES. THE FOCUS OF THESE MEETINGS WAS ON THE NEED FOR FP/MCH
TRAINING AND SERVICES, POTENTIAL RESOURCES AVAILABLE LOCALLY, AND STRATEGIES FOR IMPLEMENTING AN FP/MCH TRAINING PROGRAM SPONSORED BY INTRAH. THE NEED FOR TRAINING, BOTH THEORETICAL AND PRACTICAL, AS WELL AS REFERENCE MATERIALS AND BOOKS ON FP/MCH IS WITHOUT QUESTION URGENT. HOWEVER, ABSORPTIVE CAPACITY OF THE GOVERNMENT IS LIMITED GIVEN FEW TRAINED PERSONNEL AND INADEQUATE SERVICE FACILITIES. NONETHELESS, INTEREST IN FP/MCH TRAINING OF THOSE
CONTACTED IS KEEN AND THE GOC IS OPEN TO THE DEVELOPMENT OF AN FP/MCH TRAINING PROGRAM.

3. INTRAH WILL PURSUE THE SPONSORSHIP OF AN FP/MCH TRAINING PROGRAM, UTILIZING THE STRATEGY OF TRAINING A NATIONAL TEAM OF TRAINEES WHO WILL IN TURN TRAIN LOWER-LEVEL CADRES. INITIAL TRAINEES WILL BE SELECTED FROM THE FOLLOWING AGENCIES:

SECTOR,	NUMBER
MOH	3
SCHOOL OF PUBLIC HEALTH	2
SOCIAL AFFAIRS AND WOMEN'S DEVELOPMENT	2
NATIONAL EDUCATION	2
AGRICULTURAL DIVISION OF WOMEN'S DEVELOPMENT	2
PRIVATE SECTOR	1
TOTAL 12 MEMBERS	

4. THE INTRAH TEAMS MAIN CONTACT AT THE MOH HAS BEEN DR. AMOULA WAYA HOUMA, DIRECTOR OF PUBLIC HEALTH. DR. AMOULA WILL DIRECT MOH/INTRAH ACTIVITIES THROUGH DR. MONO MOUDJMBAYE WHOM HE WILL PROBABLY APPOINT AS PROJECT COORDINATOR. THE POSSIBILITY OF A POPULATION ADVISOR JOINING THE HARVARD TEAM, WHO WILL BE RESPONSIBLE FOR ASSISTING WITH USAID POPULATION ACTIVITIES, PRESENTS A POSITIVE ASSET FOR INTRAH-SPONSORED ACTIVITIES IN CHAD.

5. THE NEXT STEPS FOR THE INTRAH PROGRAM AS DISCUSSED WITH DR. AMOULA ARE OUTLINED BELOW:

ACTION,	COMPLETION DATE
1. LETTER FROM MOH TO INTRAH EXPRESSING INTEREST	NOV 30, 1985
2. INTRAH TRIP REPORT TO BE SENT TO USAID/CHAD	DEC 31, 1985
3. DRAFT OF PROGRAM PROPOSAL TO BE SENT BY INTRAH TO USAID FOR REVIEW BY MISSION AND MOH.	DEC 31, 1985
4. USAID TO RETURN DRAFT PROPOSAL TO INTRAH WITH COMMENTS FOR FINALIZATION	JAN 31, 1986
5. PROPOSAL TO BE REVIEWED AND APPROVED BY ST/POP/IT	FEBRUARY 28, 1986
6. INTRAH CONTRACT TEAM TO CHAD FOR CONTRACT NEGOTIATION/ SIGNATURE WITH USAID AND MOH AND TO COORDINATE WITH HHD PROJECT POPULATION ADVISOR.	MARCH 1986
7. CONTRACT TO BE REVIEWED AND APPROVED BY UNIVERSITY OF NORTH CAROLINA AND AID/W CONTRACT OFFICE.	MAY 30, 1986
8. BEGIN FIRST ACTIVITY.	JUNE 1986

AMERICAN EMBASSY
NDJAMENA, CHAD

BLANE

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APPENDIX G

USAID ASSISTANCE ACTIVITIES IN HEALTH SECTOR DURING 1985

ASSISTANCE SANITAIRE DE L'USAID

PROJET	COUT TOTAL DU PROJET (EN $ 000)	DESCRIPTION
SANTE		
- Médicaments et Fournitures Médicales Phases I et II (No. 677-0041.2 et 7)	1.230	Approvisionnement en médicaments et fournitures médicales de base à la Pharmacie Nationale qui les distribue dans les 83 installations sanitaires au Tchad. De plus, fournit une assistance technique et finance les transports intérieurs de ces articles. Le projet est responsable de la reconstruction réussie de l'entrepôt de la Pharmacie Nationale du Tchad.
- Restauration de l'Unité de Planification Sanitaire (No. 677-0041.8)	1.800	L'USAID, en consultant le MSP (Ministère de la Sante Publique), a choisi l'Université de Harvard pour le contrat nécessaire à cette activité. Une première équipe est arrivée au Tchad le 15 juillet 1985. L'équipe complète sera en place au 1er Octobre.
- Thérapie de Réhydratation par Voie Orale - I (No. 625-0911) CILSS	9	La TRVO doit organiser un séminaire national sur la Thérapie de Réhydration par Voie Orale comme première étape vers la réalisation d'un programme national de TRVO. Le début du projet a été repoussé en septembre 1985.
- Thérapie de Réhydratation par Voie Orale - II (No. 625-0963)	350	AFRICARE a été désigné pour ce projet qui fournira un Directeur de Projet et une formation en éducation publique. L'UNICEF apportera les sels pour la TRVO. Ce projet de 2 ans doit maintenant commencer en septembre 1985.
- Evaluation Sanitaire par l'équipe du Centre de Contrôle des Maladies (en Anglais CDC)	60	L'Equipe CDC a visité le Tchad en février 1985 pour évaluer les besoins sanitaires des personnes déplacées. Avec le MSP et le Ministère de la Lutte contre les Calamités Naturelles (MLCCN), ils ont fait des recommandations pour accroître l'approvisionnement des denrées alimentaires et pour contrôler la situation sanitaire et nutritionnelle des personnes déplacées.
- Conseiller Sanitaire CDC	30	Ce Conseiller a été mis au service du Bureau du Directeur Général du MSP pendant 2 mois. Il a aidé à l'analyse des programmes de vaccinations et des enquêtes nutritionnelles qui seront faites à l'avenir par le MSP.
- Nutritioniste CDC	15	Le Nutritioniste CDC a travaillé au Tchad du 20 mai au 15 juin et a aidé le groupe du MSP chargé de la nutrition à développer un plan nutrionnel afin de permettre au MSP de bien conseiller le MLCCN sur les besoins en distribution alimentaire.

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PROJET	COUT TOTAL DU PROJET (EN $ 000)	DESCRIPTION
- Spécialiste CDC " Eau et Assainissement"	63	Le Conseiller CDC "Eau et Assainissement" est arrivé au Tchad le 8 juillet pour 90 jours. Il conseillera le MSP, Bureau des Techniques d'assainissement sur les beso[illegible] eau et assainissement des personnes déplacées.
- L'Equipe de Vaccination CDC	69	L'Equipe de Vaccination CDC a aidé le Programme Elargi de Vaccination du Service Epidémiologique à développer les manuels de formation pour les vaccinateurs et les surveillants techniques. Cinq surveillants ont été formés, un inventaire détaillé a [illegible] établi et 17 vaccinateurs bénévoles ont été formés à Mao.
- Rapid II (No. 0936-3017)	55	L'Equipe du Rapid II, en collaboration avec la Direction des Statistiques du Ministère du Plan, a developpé un programme informatisé pour faire ressortir aux responsables du gouvernement tchadien aussi bien qu'au personnel sanitaire les effets de la population sur le développement.
- Données Démographiques pour le Développement (DDD) (No. 625-0927)	60	Ce projet a formé 2 démographes tchadiens à utiliser l'ordinateur IBM PC et le logiciel "Software" pour aider les prochaines activités de recensement et de service du consommateur. En Septembre, 2 ordinateurs IBM PC seront fournis au Tchad au Bureau de Statistiques du Ministère du Plan, avec une assistance technique qui les installera et établira un programme pour le Tchad.
- Assistance Internationale à la Formation en Santé (en Anglais INTRAH) (No. 936-3031)	75	Le Projet INTRAH donnera une formation au personnel du MSP qui s'occupe de la gestion des projets sanitaires et de population. Environ 45 surveillants techniques et personnel de terrain recevront une formation. Le MSP continuera la formation de la gestion sanitaire. Ce projet commencera au dernier trimestre 1985.
Conseiller en Gestion Sanitaire CDC	30	Ce Conseiller CDC travaille au Programme Elargi de Vaccination pour développer un plan de travail national, des descriptions des tâches et une planification logistique destinée aux programmes au niveau régional.
Fournitures Médicales de Secours	350	Le Bureau de l'USAID d'Assistance à l'Etranger pour lutter contre les calamités doit la Pharmacie Publique Nationale des fournitures médicales demandées d'urgence. Ces fournitures seront transportées par avion à N'Djamena en Octobre.

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PROJET	COUT TOTAL DU PROJET (EN $ 000)	DESCRIPTION
- Système de Première Alerte de la Famine	90	Deux conseillers de l'Université Tulane arriveront au mois d'octobre pour travailler avec le Service National de la Nutrition et de la Technologie Alimentaire pour développer un système de détection de la famine au tout début. Un système informatique de données sera développé et des employés du Ministère seront formés quant à son utilisation. De plus, des techniques d'enquêtes seront essayées et le personel tchadien sera formé dans les techniques d'enquêtes et l'analyse des données.
- Formation concernant la Lèpre et la Tuberculose	5	Ce séminaire est en cours à N'Djamena. Onze professionnels sanitaires tchadiens sont formés dans la diagnose et le traitement de ces maladies.
- Formation JHPIEGO des Fonctionnaires de la santé	100	Former par des programmes de l'Université Johns Hopkins dix fonctionnaires tchadiens de la Santé. Sept d'entre eux sont déjà revenus de leur formation et trois autres doivent partir avant la fin septembre.
- Programme pharmaceutique associé aux Ventes de riz	900	Les fonds provenant des ventes de riz sont destinés à l'achat de médicaments, d'un camion pour la livraison des médicaments aux zones rurales et à la formation d'un Directeur de la Pharmacie. De plus, des fonds seront utilisés pour ouvrir plusieurs pharmacies dont les services ne sont pas gratuits en vue d'engendrer des revenus et, par là même, de réduire les contraintes sur le budget du MSP.
- Consultants PRITECH	150	PRITECH fournira des consultants au MSP et à AFRICARE pour développer programmes et matériel pédagogiques utilisés par le Programme National de la TRVO.
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APPENDIX H

FORMS USED DURING ROUNDTABLE MEETING WITH GOC

Processus de developpement et d'application d'un programme de bien etre familial. / Organisme concernee	Planification					Mise en oeuvre				
	Recherche et analyse de donnees.	Identification de probleme.	Developpement des buts et objectifs	Redaction de programme	Approbation.	Organisation.	Controle des activites.	Supervision.	Evaluation.	
MINISTERE : DIRECTORAT: SERVICE: BUREAU:										

Composante de programme de bien être familial / Personnes en charge Service Ministère	Système d'Information					
	Types de données	Développement de formulaires	Recueil de données	Centralisation des données	Traitement des données	Retro-action

Composante de programme de bien être familial / Personne en charge Service Ministère	Système Logistique			Système Comptable		
	Transport	Entreposage	Provenance Matériel Equipement Produits	Commande	Tenue des stocks	Livre de compte

Type de formation / Personnes a former	Sur 2 ans					
	Formation pour l'education en en milieu communautaire.	Formation au developpement et a l'utilisation des aides visuelles	Formation en I E C	Formation a l'utilisation des masses medias.	Visites	
Profil, Titre						
Niveaux d'etude Actuel,						
Nombre: Lieu: Date:						

Types de formation. / personnes a former.	Formation sur 2 ans					
	Formation des formateurs et technology contraceptive	Formation en services clinique (Methodes contraceptives	Formation en services cliniques M.S.T. et infertilite	Developpement de curriculum.	Formation engestion	