

MAURITANIA

Rural Health Services Project

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QUARTERLY REPORT

Period: **October-December** 1985



Johns Hopkins University

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RURAL HEALTH SERVICES PROJECT

QUARTERLY REPORT FOR THE PERIOD OCTOBER TO DECEMBER 1985

JOHN SNOW, INC.

CHIEF OF PARTY

A - SUMMARY OF THE ACTIVITIES OF THIS QUARTER

- 1- SUPERVISION OF THE PHC COMPONENT
- 2- VISIT OF THE JSI/BOSTON PROJECT ADMINISTRATOR
- 3- ADMINISTRATIVE TASKS
- 4- PREPARATION OF REPORTS [QUARTERLY AND OTHERS]

B - DETAILS OF ACTIVITIES

1- PRIMARY HEALTH CARE COMPONENT

11-Review of the communication mechanism between the parties:

In 1985, the PHC component was found having significant implementation difficulties. Their causes have been DESCRIBED in several memorandums, reports and documents written by the JSI Advisory team. Possible solutions have been identified in several meetings, memos to the Director of Health and lately in the PHC Advisor review of the PHC [included in the previous QIR]. The approach recommended by the COP and followed by the JSI team has been to:

- o document (as well as possible) the difficulties the PRSSR and/or the Technical Assistance team were facing in the Project's implementation;
- o identify possible solutions and to discuss them with their partners; and
- o contribute actively to the solutions of the problems.

However the JSI team has been careful not to substitute their efforts and activities with those of their national counterparts. In other words, the JSI team perceives its role as collaborators, partners, team members by certainly not as sole providers of services operating in a vacuum.. The JSI team has always kept in mind the terms of the Agreement signed between the USAID and the RIM, which defines the respective obligations of both parties.

The dialogue has been open and constant at the central level between the nationals and the JSI team. Information has been shared and review of progresses and constraints held whenever possible, taking into account the

few staff and the frequent absenteeism of the national staff. There is, therefore, no questions of misunderstanding or lack of information for the nationals on the JSI team's perception of the causes of the problems and on what has to be done. The Project Director may not share the JSI analysis or may not be willing to act upon the team's recommendations but cannot claim that then were not informed.

The JSI team has regularly kept the USAID Health, Population and Nutrition Office informed of the evolution of the Project by sharing systematically with them all the important documents and having at least weekly informal and formal briefings with them. The quarterly reports which summarized the progresses and constraints were additional opportunities to monitor the course of the PRSSR.

The quarterly reports are a contractual obligation from JSI to USAID and contain direct information on the Project's progresses and constraints. As such, they have not been translated and shared with national for obvious reasons. However, the content of the reports has always been discussed beforehand.

12-Following the JSI team, USAID has become concerned about some of the implementation problems faced in the PRSSR and has actively contributed to the identification and implementation of solutions:

- o meetings were held with the Project's director;
- o two meetings took place in June/July with the Director of Health; and
- o a letter from the USAID Director was sent to the Minister of Health

On October 16th, an important meeting took place between USAID, the PRSSR and JSI in an attempt to review the situation and to identify practical solutions. The results of this fair strategy has been disappointing. Few of the recommendations have been implemented; the commitment of the nationals has still to be demonstrated. Instead of analyzing in details the technical points raised by the PHC Advisor, the Project Director answered by a letter of personal attack against the PHC Advisor questioning his experience and competence. Weeks are being lost because one or all the actors are out of the country.

In such a context the resignation of the PHC Advisor came as no surprise! Seeing himself operating in a vacuum and that his efforts to bring improvements to the program were not only of dubious efficacy but in addition were being unfairly criticized, he decided to make a more creative use of his time and of his energy. The CCCD program of the CDC apparently has a different perception of the value of his experience and competence. It is the COP's conviction that the lessons from this episode should be drawn in the interest of the future of the project.

It is the COP's understanding that USAID is presently considering several options to be presented to the MOH for a scaling down of the Project's design. A final decision is to be taken around the middle of January.

Since July, the COP has become more directly involved in the PHC component in order to assist the PHC advisor and take some pressure off of him. Working as a coordinated team has proven to be difficult however. On July 20th the Project's director left Mauritania for 2 months; the PHC Advisor left on August 2nd for 3 weeks. The COP left on vacation for 6 weeks on August 25th. The Project's Director again left early November for 6 weeks and the PHC advisor left on December 5th.

1-The COP has attended all meeting of the regional PHC's commission and brought his contributions to the planning of the activities of the mobile team in the Trarza in 1986. Instead of continuing the present scheme, which prevents integration, he has suggested to propose to the Director of Health a program which, de facto, concentrates on the villages of more than 200 people and in the absence of reaction on his part to proceed. This positive approach appears to be the only one to get out of the rut in which the project is presently stuck.

2-The issue of the activities of the mobile teams in the villages of less than 200 people has long ago been identified as the major stumbling block of integration and a significant factor in poor overall vaccination coverage. The COP has tried several times without success to have the issue discussed in the CIS meetings and and has requested several times that the Chief of the SMP and the Director of the Project to have the issue addressed.

Recently the COP went to see the Director of Health and requested him to make a decision on the subject. The Director agreed to act upon his return from the ORT II conference and suggested to the COP to write a draft of the memorandum to be addressed to the Regional Medical Officers.

3-A meeting with the SMI was held on the subject of the training of TBA's. This meeting provided a rare opportunity to resume the dialogue with the SMI and to get involved in a practical collaborative effort.

4-The COP finalized several questionnaires on drug management and ASC compensation to be administered to the Trarza's ARC's and VHC's.

2- VISIT TO THE JSI/BOSTON PROJECT ADMINISTRATOR

Ms. Logan Brenzel visited Mauritania for three weeks in November. She reviewed the JSI financial accounting procedures; she was able to clarify some administrative matters with USAID concerning the status of the leave for the long-term technical advisors people and the waiver for the

photocopier; she reviewed with the Project director the issue of short term consultants, past and present; she prepared the first draft of the new version of the Longitudinal Epidemiological Studies [L.E.S.] including the budget and the implementation plan. She was also involved in the National Vaccination Days between November 3-5. Her contribution to the Mauritanian Project was found extremely useful.

3- ADMINISTRATIVE TASKS

As usual.

4- PREPARATION OF REPORTS

As usual.

C- DISTRIBUTION OF THE TIME OF THE COP

ACTIVITIES	HOURS	%
1-PHC COMPONENT	70	28
2-JSI/BOSTON	20	8
3-ADMINISTRATION	120	48
4-REPORTS	40	16
TOTAL	250	100

This, in addition to the 410 hours spent for EPI.

HEALTH MANAGEMENT / EPI ADVISOR

A- ACTIVITIES PLANNED DURING THE FOURTH QUARTER

The planning is taking into account the two rounds of the Journées Nationales de Vaccination.

- 1- PRINTING OF 100 COPIES OF THE EVALUATION REPORT AND THEIR DIFFUSION INSIDE AND OUTSIDE THE R.I.M.
- 2- MONITORING THE EPI PROGRESSES:
 - 21- Try to attain the goal of 3 supervisory visits per region in 1985.
 - 22- Supervision of the preparation of the third quarterly report
- 3- ORGANIZATION OF A RELIABLE COLD CHAIN
 - 31- pursuing the identification of a prototype of cold chain equipment for the mobile team vehicle and the preparation of a timetable for its installation in the 12 vehicles.
 - 32- strengthening the central store cold chain by the creation of an operational team responsible for its operation
 - 33- contribute to the design of a gas delivery scheme
- 4- EPI OPERATION MANUEL
 - 41- Definition of a policy towards the village of less than 200 people by the Director of Health.
- 5- HEALTH INFORMATION SYSTEM
 - 51- Finalization of the new version of the LES
- 6- JOURNÉES NATIONALES
 - + RESPONSIBLE FOR A POST IN NOUAKCHOTT
 - + ANALYSIS OF THE RESULTS OF THE FIRST ROUND

B- TASKS ACCOMPLISHED DURING THIS QUARTER

1- VACCINATION COVERAGE REPORT

Comments were received from only one person. Nevertheless, the final report was sent to JSI/Boston for printing and binding. It will not be received before the end of this year however.

2- MONITORING THE EPI PROGRESSES

21- SUPERVISION

During this last quarter particular efforts were made by the EPI team to cover all regions. The results have been that all regions will have been visited three times this year, a significant achievement compared to the situation the other years.

22-QUARTERLY REPORTS

Although all tables have been prepared, the report of activities for the third quarter has not been written yet due to the statistician's departure for 45 days of leave.

23-FEEDBACK OF INFORMATION TO THE FIELD

This had been repeatedly identified as a weakness of the EPI in the past. As reports are now being analyzed in time it is important to be able to share them with the people who are the first concerned [the implementers]. A routine has been designed and mailing lists prepared. A person has been specifically identified for that task.

3- ORGANIZATION OF A RELIABLE COLD CHAIN

31- MOBILE TEAMS VEHICLES' COLD CHAIN

At least two Engels have arrived. Meanwhile a prototype has been finalized and accepted by the EPI. Jean-Pierre Triquet has offered his technical contribution to the EPI to supervise the team which will equip the vehicles. A detailed list of the equipment needed has been prepared: some will be purchased locally; some in France. 30 deep cycle batteries have been ordered from the USA. It seems that the first vehicles could be equipped in February and from then, on the basis of 4 a month.

32- CENTRAL STORE

During this last quarter a reorganization took place at the EPI Central Store, following the arrival of two new supervisors. Under the new scheme, task forces are organized for specific purposes and made to operate almost independently. For the Cold Chain and Vaccines such a group exists now with:

- + Ba Saidou as the supervisor
- + Sheihk, as storekeeper

- + Karim as Cold Chain Technician
- + Dr. Claquin as T.A.

As shown in the November and December reports, routine schedules for maintenance and surveillance have been institutionalized and are documented in various registers maintained on site.

33- GAS SUPPLY

In the past, several meetings had been held to discuss with USAID the issue of gas supply. Recently a proposal has been submitted to USAID to acquire an additional 800 bottles. This complex problem is not presently receiving enough attention on the side of the national despite our efforts.

34- TESTING OF BCG VACCINE

Results from the testing of the BCG vaccine in Dakar have shown that in two regions, namely Nema and Tidjikja, the potency of the sample of vaccine was below the expected standards. In Nema, breakdown of the Cold Chain had been documented [freezers]. However, in Tidjikja, there is no official record of such an occurrence. An investigation is pending.

4- EPI OPERATION MANUAL

On the subject of the activities of the mobil teams in the villages of less than 200 people, this advisor met with the Director of Health and wrote, at his request, the draft of a memorandum to be sent to the Regional Medical Officers. In addition follow-up meetings were held with the PRSSR Director and with the Chief of SMP.

5- HEALTH INFORMATION SYSTEM

A proposal was submitted to USAID and discussed. A second draft was prepared and resubmitted. The new design involves 800 households in the whole Trarza region with an optional 400 in the Guidimaka should the PHC activities be decided there. A decision to implement the scheme or not should take place before the end of 1985.

6- JOURNEES NATIONALES

Two rounds of Journees Nationales were held in November and in December. Although it is too early to assess the exact impact, it is possible to say that the attendance has been good the first time [45,000 children among which 28,000 in Nouakchott alone] and that the return rate the second time can be estimated to be about 75%. Plans are under way to organize the evaluation in February.

7- OTHER DONORS' INVOLVEMENT IN THE EPI IN THE RIM

The Italian Government is interested to contribute for 1.5 million USD to the EPI for a 4 year period through UNICEF. A STC has been spending 7 weeks in the RIM working closely with this Advisor.

C- OUTPUT

1- None yet

2- MONITORING THE EPI PROGRESSES

21- 3 supervisory visits in each region have been achieved for 1985. Detailed mission reports have been prepared and discussed, [available].

22- Not available yet

23- emphasis is now being put on the feedback of reports to the field. A person has been identified to handle that task.

24- graphs and tables documenting the antigens' delivery by the mobile teams between 1983 and 1985 as well as by the PMI's in 1985 have been prepared and have been discussed by the EPI staff. Although their interpretation is at times difficult the consensus will be presented in a report, next quarter.

3- ORGANIZATION OF A RELIABLE COLD CHAIN

31- MOBILE TEAMS VEHICLES: see Appendices

32- CENTRAL STORE: see in the Appendices monthly activity reports and correspondence.

33- GAS SUPPLY: see memorandum

34- BCG: see Appendix

4- EPI OPERATION MANUAL

See Appendix on the subject of the villages of 200 people and more.

5- HEALTH INFORMATION SYSTEM

The two versions of the LES are available.

6- NATIONAL DAYS OF VACCINATION

See in Appendix the report on the results of one vaccination site in Nouakchott

D- COMMENTS

The improvement in the organization of the Central Cold Chain, noted last quarter, has continued. There is a new generator installed now and recently additional ceiling fans have been installed. Metallic shelves have been installed in the equipment store as well. Registers monitor the attendance of staff and the maintenance of equipment.

The Journées Nationales have provided an unique opportunity to involve and [re] train the health staff in the practice of immunization, particularly the PMI people. It has also created a national awareness among the general population. Their real impact on the urban population and its toll on the routine rural activities yet remained to be seen.

Although central supervision has taken place regularly, the performances of the mobile teams in 1985 has been far from optimal. Some reasons are due to logistics: some teams did not receive their vehicle's diesel on time and were grounded for a full month; some teams faced vaccine shortages; some teams could not work for weeks because their vehicles could not be repaired on time. Also the time arrangements were sometimes erratic: on one occasion, after being grounded for a month, the team went on vacation during the following month! The teams also appear to manage their monthly program poorly: instead of trying to improve their performances from one month to the other, based on the number of children vaccinated, the teams consider that their month of work is over after they have "visited" a certain number of places, irrelevant of the quality and quantity of work done in these places. Some teams are working in the field only 5 or 6 days a month and are not disturbed by this practice. A review of the vehicles' log book reveals that the number of average monthly kms is generally high and not directly related to the number of days spent on mission in the field to immunize!

This has been well documented and reviewed by the central team. To correct these practices in 1986 and to improve the performances of the teams, a national workshop will take place during the first quarter [in March probably] for all mobile teams members and for two members of each of the 30 PMI's.

Of concern is also the lack of a document describing the content of the National Immunization Policy in details. It is this advisor's feeling that, unless such a document exists and the already existing chapters of the operation manual have received an official endorsement there is little justification for a national EPI seminar in 1986.

Last but not least is the present gas delivery situation. Although no shortage has been reported in the field yet in the second part of 1985, the situation could be different in the first 2 months of 1986, because of the shortage of empty bottles in Nouakchott and the time of rotation needed. USAID has been active in working out solutions, however it might not be sufficient this time.

E- ACTIVITIES PLANNED DURING THE FIRST QUARTER OF 1986

1- DIFFUSION OF THE NATIONAL VACCINATION COVERAGE SURVEY. PUBLICATION OF THE RESULTS IN THE WHO WEEKLY EPIDEMIOLOGICAL REPORTS.

2- MONITORING THE EPI PROGRESSES

21- ONE FIELD VISIT DURING THE EVALUATION OF THE JNV

22- CONTRIBUTION TO THE PUBLICATION OF THE 3RD AND 4TH QUARTERLY REPORTS.

23- CONTRIBUTION TO THE REPORT ON THREE YEARS OF ACTIVITIES

3- ORGANIZATION OF A RELIABLE COLD CHAIN

31- INSTALLATION OF THE COLD CHAIN EQUIPMENT IN ALL VEHICLES

32- INTRODUCTION OF THE WHO COLD CHAIN CARD TO MONITOR THE QUALITY OF VACCINES

33- ORGANIZATION OF A NATIONAL WORKSHOP ON COLD CHAIN AND ACTIVELY MONITORING

34- FOLLOW UP ON THE GAS DELIVERY SCHEME

4- EPI OPERATIONAL MANUAL

41- PROPOSITION A NATIONAL EPI DOCUMENT DEFINING THE NATIONAL VACCINATION POLICY IN THE RIM

5- HEALTH INFORMATION SYSTEM: depending on USAID decision at the end of 1985

6- JOURNEES NATIONALES DE VACCINATION

-- THIRD AND LAST ROUND

-- EVALUATION IN 9 CITIES

F- DISTRIBUTION OF THE TIME FOR THE EPI ACTIVITIES

ACTIVITIES	HOURS	%
1-Vaccination Coverage Report	10	2.4
2-Monitoring EPI progresses:		
21-Supervision	10	2.4
22-Quarterly reports	25	6.1
23-Field Feedback	10	2.4
3-Cold Chain		36.7
31-Mobile Cold Chain	15	3.7
32-Central Store	120	29.3
33-gas supply	15	3.7
4-Operation Manual	10	2.4
5-Health Information System	50	12.2
6-Journees Nationales	130	31.7
7-Others	15	3.7
TOTAL	410	100