TECHNICAL ASSISTANCE TO COMMUNITY IMCI IN MOROCCO MARCH 19-28, 1998

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
EPI	Extended Program on Immunization
IMCI	Integrated Management of Childhood Illness
JHU	Johns Hopkins University
JSI	John Snow, Inc
NGO	Non-governmental Organization
MOPH	Ministry of Public Health
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

PURPOSE OF VISIT

Mark Rasmuson traveled to Morocco during the period March 19-28, 1998, to provide continued technical assistance to the development of the community IMCI program The specific objectives of his visit were—

1 Participate with the Ministry of Public Health (MOPH), USAID, and others on the committee that is reviewing NGO proposals from Agadir and Meknes provinces for community IMCI projects

2 Present and discuss with the MOPH and USAID latest developments in global planning for community IMCI emerging from recent consultations involving UNICEF, WHO, USAID, BASICS, and other partners

3 Work with the Moroccan IMCI team and BASICS consultant Helene Cholay to ensure that planning for community IMCI is well coordinated with and complementary to the clinical health worker training component

4 Ascertain MOPH and USAID interest in the implementation of a community assessment and planning exercise as the next step in developing community IMCI programs with those teams in Agadir and Meknes whose proposals are selected BASICS has field-tested an approach that trains a team of district and local health staff to work with community groups to (a) carry out quantitative and qualitative research for baseline measurement and planning purposes, and (b) plan community interventions based on a menu of emphasis caretaker behaviors and specific priorities identified in the research

5 Develop with the MOPH and USAID a community IMCI plan of action to carry through the remainder of BASICS' presence in Morocco

6 Identify and interview candidates to be hired under the BASICS delivery order to assist the management of community IMCI activities

7 Review progress on the development of the IMCI mother's card, and provide assistance as appropriate and needed by the MOPH

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BACKGROUND

BASICS had begun work with the MOPH in planning the community component of the IMCI program through two prior consultancies (1) a September 1997 communications assessment visit by Mark Rasmuson, during which community IMCI pilot projects were first proposed, and 2) a December visit by Rasmuson and consultants Alan Kulakow and Liz Gold, when visits were made to both Agadir and Meknes to initiate discussion with provincial health authorities and community groups about community IMCI projects This visit by Rasmuson, as noted in the objectives above, was intended to continue this community IMCI planning and implementation process

TRIP ACTIVITIES

Activities included a number of review and planning meetings in Rabat with the MOPH (Tyane, Zerrari, Cheklı, Hnini), USAID (Rippey, Essolbi), JSI (Lippeveld, Reier), and the BASICS IMCI training consultant (Cholay) Time did not allow a visit to either of the IMCI pilot provinces of Agadir and Meknes

RESULTS AND RECOMMENDATIONS

Review of NGO Proposals

I (Rasmuson) reviewed the three proposals which had been received from NGOs in Agadir and Meknes and discussed these with the MOPH and USAID teams My comments and recommendations are included in Appendix B

Community IMCI Planning

I presented to the MOPH and USAID some of the recent developments in community IMCI In particular, I shared with them the concept paper that has been written by UNICEF, and the results of several global meetings on community IMCI that UNICEF has convened Appendix C includes the extract of the UNICEF concept paper on community IMCI, which BASICS translated into French and shared with the Moroccans

Community Assessment Exercise

I also presented and discussed with the MOPH and USAID the idea of a community assessment and planning exercise, modeled on BASICS' prior work in Zambia and Ethiopia, as a next step to take in developing community IMCI in Agadir and Meknes Appendix D is a summary of this approach which BASICS translated into French for this purpose Both the MOPH and USAID seemed quite interested in this approach, which combines quantitative data collection for

baseline measurement purposes and qualitative, participatory methods to engage the community actively in problem identification and work planning I proposed that Dr Peter Winch from Johns Hopkins University (who helped BASICS develop the approach in Ethiopia) come to Morocco in May 1998 to work with the community IMCI team in applying it in Agadir and Meknes

Work Plan

In consultation with the IMCI team at the MOPH, USAID, and JSI, I developed an outline of a work plan to guide the community IMCI program through the end of BASICS' delivery order in Morocco, currently scheduled for the end of September 1998 This plan is attached in Appendix E

Community IMCI Consultant

I developed a scope of work for a local consultant to assist BASICS and the MOPH manage the community IMCI activities, and discussed this with the MOPH and USAID The scope is attached in Appendix F I also identified an excellent candidate for this position, Claire Escoffier Ms Escoffier, a French nurse and anthropologist, is available on a part-time basis to work with BASICS and the MOPH IMCI team, and I recommended to the MOPH and USAID that we hire her as a consultant to do so The IMCI team had identified another possible consultant, Jamal Eddine Naji, a professor at a local communications institute who has worked previously with the MOPH on EPI communications and other activities Professor Naji, however, is currently residing part-time in Montreal In my last meeting with Dr Zerrari, he called Naji in Montreal and proposed that BASICS bring him down to Washington to discuss possibilities for his assisting the community IMCI program as well I promised Zerrari I would follow up with this request

Mother's Card

I met with Dr Chekli and other members of the IMCI team who have been working on the IMCI mother's card The development of the card had taken a complicated turn The MOPH graphic artist who had done the original drawings and storyboard for the mother's card had recently left the employment of the MOPH, and the IMCI team was in the process of engaging a local communications consultant, Dr Mohammed El Aouad, to continue the work I met El Aouad with the IMCI team one day, as he was presenting plans for pretesting the existing storyboards El Aouad proposed to learn through this first pretest which storyboard images effectively communicated their intended messages and which did not He would then (since the MOPH artist is no longer available) re-do the storyboard by photographing actors portraying each scene and electronically simplifying and adapting the images, pretest them again in both Agadir and Meknes, and produce them El Aouad has done previous work for the MOPH (pretesting some of the materials being produced by the JSI/JHU team) and seemed to have a good grasp of the work

required I informed the IMCI team that I would be happy to provide any additional technical review of the development of the card from Washington as work proceeded

Next Steps

The exit memo I left with the USAID Mission is attached in Appendix G The immediate next step called for is for the community IMCI team to revisit Meknes and Agadir to begin working with the NGOs and local health teams on revising their proposals and on planning first activities As to the hiring of a local consultant to help manage the community IMCI activities, I recommended that BASICS proceed with the hiring of Escoffier on a part-time basis, while also exploring the possibility of Naji playing a part-time role I also recommended that the MOPH begin planning for the first community assessment and planning exercise in Agadir in mid-May, with the assistance of Winch from JHU

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APPENDIXES

APPENDIX A

LIST OF CONTACTS

Ministry of Public Health

Moustapha Tyane, Director, Directorate of Population
Abdelwahab Zerrari, Chief, Maternal and Child Health Division
Hamid Chekli, Child Health Program
Lahbib Hnini, Child Health Program

USAID

Michele Moloney-Kitts, Chief, Health/Population/Nutrition
Helene Rippey, HPN
Nancy Nolan, HPN
Amina Essolbi, HPN

JSI Project

Theo Lippeveld, Chief of Party
Suzanne Reier, Management Advisor
Sereen Thaddeus, Communications Advisor (JHU)
Norma Wilson, Quality Management Advisor (URC)

Others

Helene Cholay, BASICS Training Consultant
Claire Escoffier, Consultant Anthropologist
Mohammed El Aouad, Communication Consultant

APPENDIX B

RECOMMENDATIONS ON NGO PROPOSALS

COMMENTS AND RECOMMENDATIONS ON NGO PROPOSALS

1 Proposals received from NGOs in Agadir and Meknes represent important expressions of community interest and readiness to participate, as well as opportunities to develop and test approaches to community IMCI implementation in Morocco These proposals should be accepted in principle

2 Both proposals need considerable further refinement, however, particularly the one from Meknes which essentially copied the proposal from Agadir The Meknes proposal seems considerably over-budgeted, and both proposals include some elements of cost which may be inappropriate for the MOH and USAID to support (The IMCI team should give serious consideration to the level of funding requested and provided from the perspective of project replicability and sustainability It should also seriously consider if, when, and to what extent non-health activities should be funded While it may be argued that women's income-generation activities like sewing and embroidery may be an incentive to involvement and a means of sustaining community action, some thought might be given to phasing them in after a good start has been made on the health activities)

3 Moreover, a more careful and systematic assessment of community health needs and desires–as proposed in BASICS' community IMCI approach–may identify additional or different priorities for action

4 Thus, it is recommended that the IMCI team(including the MOH, BASICS, and JSI) respond to these proposals by expressing provisional acceptance and committing the IMCI team to work with the NGOs on further needs assessment (through the CAP exercise) and refinement of the proposals, while, at the same time moving forward with certain of the activities proposed so as not to discourage the NGOs or lose valuable implementation time (One possibility would be to provide a first tranche of funding to support the CAP exercise and other start-up activities, while waiting for the final proposal and agreement to provide additional funds)

5 The objectives stated in the proposals are generally on track and quite consistent with the IMCI program, but they lack specificity and are weak in detailing the activities planned to achieve the objectives Thus it is recommended that in finalizing their proposals the NGOs are asked to address two criteria in addition to the list of selection criteria already formulated by USAID and the IMCI team (a) the proposals make a clear link between community health activities proposed and IMCI clinical services being introduced at local health centers, and (2) the proposals are more specific about health outcomes being sought through the project (e g cases of diarrhea treated appropriately in the home, children with danger signs taken to reference health facilities, etc) and what specific activities are planned to produce those outcomes

6 Both NGO proposals refer to the formation of women's committees and the training of women in the community in more effective home care and referral of sick children It is recommended that this element in the programs be given highest priority, supported by technical assistance in the areas of interpersonal communication and use of educational materials

7 It is further recommended that one of the first pieces of educational material provided to the women's groups for use in the community be the IMCI mother's card

8 Proposal #2 from Agadir (Sensibilisation des Elus) describes what sounds to be a potentially very useful project, but one which is to be implemented by the MOH (SIAAP) rather than an NGO Thus, it needs to be considered apart from the NGO proposals in determining a means and level of funding

APPENDIX C

ESSENTIAL ELEMENTS OF COMMUNITY IMCI: EXTRACTS FROM UNICEF CONCEPT PAPER

PCIME AU FOYER ET DANS LA COMMUNAUTÉ
GARDER LES ENFANTS EN BONNE SANTE ET REDUIRE LA MORTALITÉ

Extraits d'un avant-projet de l'UNICEF

But géneral

Renforcer et soutenir l'action famililale et communautaire pour prevenir la mortalite de jeunes enfants et ameliorer la croissance et le developpement infantile

Objectifs

La PCIME au niveau du foyer et de la communaute permettra d'atteindre les objectifs suivant au sein des circonscriptions sanitaires/communautes ciblees

Prevention / promotion de la santé et de la nutrition

- Tous les enfants recevront ce qui suit au sein des circonscriptions sanitaires/communautes ciblees
  - immunisation complete avant le premier anniversaire
  - allaitement exclusif jusqu'a six mois
  - alimentation complementaire adequate
  - consommation adequate de vitamine A et de fer
  - traitement vermifuge (traitement de masse ou la prevalences des vers est superieure aux seuils recommandes par l'OMS/UNICEF)
  - detection des retards de croissance et reponse appropriee
  - utilisation de moustiquaires (dans les pays/districts touches par le paludisme)

Reponse de la famille face a la maladie

- Tous les enfants de moins de cinq ans dans les circonscriptions sanitaires/communautes cibles recevront les soins a domicile appropries et recommandes en cas de diarrhee (TRO), de fievre et de retard de croissance

- Toutes les personnes administrant les soins identifieront correctement les signes ordinaires de danger des maladies infantiles courantes, en particulier des maladies graves, et rechercheront des soins appropries

Les 10 elements clefs de la PCIME au foyer et dans la communaute

Etant donne les objectifs enumeres plus haut, voici ci-dessous les elements proposes comme etant clef pour la prevention de la mortalite des jeunes enfants et l'amelioration de leur croissance et developpement

H Prevention et promotion

1 Immunisation minimiser les occasions manquees, accroître la demande,
2 Allaitement/alimentation complementaire,
3 Prise de vitamine A et de fer,
4 Traitement vermifuge
5 Detection des retards de croissance et action corrective,

B Soins ameliorer la reponse familiale à la maladie de l'enfant

6 Soins a domicile pour les maladies infantiles/la recherche de soins

- reconnaissance des signes de maladie/danger
- soins a domicile pour diarrhee (TRO), fievre (rougeole, paludisme, pneumonie), enfant malnourri
- recherche de soins appropries et a temps
- conformite avec les instructions et le traitement,

C Autres interventions

7 Hygiene et assainissement,
8 Prevention des blessures
9 Soins psychosociaux, et
10 Sante maternelle et espacement des naissances

Principes clefs

Les principes suivants devraient guider la mise en œuvre de la PCIME au foyer et dans la c communaute

- **Convergence** il devrait y avoir convergence au niveau du foyer et de la communaute a propos de la sante infantile et des interventions en nutrition et en assainissement

- **Egalité** en accord avec les principes de soins de sante primaire, il devrait y avoir egalite d'acces aux services essentiels et un accent particulier devrait être mis sur le fait d'atteindre ceux qui sont difficiles a atteindre et les plus vulnerables

- **Propriéte nationale** le processus d'introduction et de mise en œuvre de la PCIME devrait aboutir a la propriete nationale En plus du rôle important joue par le gouvernement, des partenaires et acteurs clefs comme les ONG devraient être activement impliques

- **Partenariat** il est essentiel de promouvoir les partenariats a tous les niveaux afin d'accelerer la mise en œuvre de la PCIME, specialement au niveau de la communaute Des mecanismes de collaboration devraient être mis en place pour stimuler des actions coordonnees de la part d'acteurs differents, y compris ceux en dehors du secteur de la sante

- **Construire sur des expériences existantes** les experiences, programmes et outils existants devraient fournir le point de depart pour le developpement et la mise en œuvre de la PCIME au niveau du foyer et de la communaute

Strategies de mise en œuvre

Les strategies suivantes devraient être adoptees pour le developpement et la mise en œuvre de la PCIME a partir du foyer et de la communauté

a) Plaidoyer en faveur du soutien politique et de l'amelioration du cadre legal,
b) Approche de la base vers le sommet,
c) Participation de la communaute,
d) Construire sur des interventions en cours fondees sur la communauté,
e) Identifier et repondre aux causes fondamentales, sous-jacentes et immediates de la morbidite, de la mortalite, des infirmites et de la malnutrition chez les enfants,
f) Utiliser une approche de mise en œuvre progressive, en bâtissant et en augmentant proportionnellement a partir des ressources et des partenariats disponibles et en obtenant un effet d'emulation dans une zone geographique limitee (pays/district/communaute),
g) Soutenir la formation des agents de sante a la prise en charge des principales causes de mortalite infantile en utilisant les protocoles standard de PCIME adaptes et ameliorer leurs connaissances en communication et en conseil,
h) Ameliorer les relations entre les etablissements de sante et les communautes ainsi que l'identification des groupes les plus vulnerables,
i) Etablissement de capacites locales en visant l'amelioration des capacites de planification particulierement dans le systeme sanitaire de district, mobilisation des communautes par des relations avec d'autres secteurs, adaptation locale des outils pour soutenir la mise en œuvre, renforcer les capacites des ONG et des OFC,
j) Ameliorer la qualite des services fournis par l'amelioration des services de reference et de supervision et par la garantie de l'acces aux medicaments essentiels,
k) Developpement de strategies de communication efficaces pour soutenir le changement du comportement,
l) Echange des experiences ainsi que de la documentation concernant les leçons et pratiques apprises,
m) Surveillance, evaluation et utilisation des donnees en mettant l'accent sur la surveillance et la resolution des problemes fondees sur la communaute comme outil d'apprentissage dans toute la communaute

Participation de la communaute

- Evaluation, analyse, surveillance des problemes de nutrition et de sante au niveau de la communaute

- Identification, avec la participation de la communaute, des obstacles a la recherche de soins, identification et ciblage des groupes les plus vulnerables et les plus durs a atteindre

- Formation des responsables de la communaute, des mobilisateurs, des agents communautaires, etc

- Co-gestion communautaire des services de sante

- Developpement des capacites locales amelioration des relations entre les etablissements de sante et les communautes (orientation communautaire pour les agents de sante et amelioration de leurs capacites en communication et conseil, soutien aux activites de vulgarisation), amelioration des strategies de communication, participation des ONG/OFC, d'autres secteurs

-- Amelioration du cadre legal, sollicitation de ressources

Amelioration des relations entre les établissements de santé et les communautes

Tous les etablissements de sante devraient developper des relations avec les communautes en mettant l'accent sur ce qui suit

- planification/surveillance conjointe avec les communautes
- identification des populations de captage
- recherche et ciblage des communautés/enfants les plus vulnerables
- fournir une retroinformation reguliere aux communautes/dissemination de l'information
- contribuer a la formation et a la supervision des agents de sante communautaires ou ils sont
- établissement de contacts et collaboration avec les animateurs d'autres secteurs et avec les ONG/OFC, comme par example celles qui viennent en aide aux activites d'hygiene et d'assainissement environnemental

APPENDIX D

BASICS' COMMUNITY PLANNING AND ASSESSMENT METHODOLOGY

Planification et évaluation communautaire pour le développement de programmes de santé maternelle et infantile

Une approche participative

Objectives

1 Developper un plan de mise en œuvre communautaire avec la pleine participation et le consensus des communautes

2 Developper un plan de mise en œuvre communautaire fonde sur les comportements de soins de sante primaire qui sont connus pour avoir un impact sur la sante maternelle et infantile

3 Rassembler les indicateurs clefs pour la surveillance et l'évaluation des activités communautaires et au foyer

4 Etablir la capacite du personnel local et des communautes a developper et a evaluer les programmes communautaires

Aperçu de la proposition

[Les quatre phases furent accomplies en 7-10 jours]

Phase 1 identifier les partenaires et etablir les partenariats

Former le personnel de sante – les equipes communautaires
Reunion publique
Identification sociale
Classement et inscription libres
Diagrammes Venn

Phase 2 selectionner 3-5 comportements a renforcer

Enquête au foyer
Tableau de classement

Phase 3 explorer les raisons sous-jacentes aux comportements selectionnes

Entrevues semi-structurees
Tableau de classement
Calendriers saisonniers

Phase 4 developper des strategies d'intervention et prochaines etapes

Developpement d'un plan d'action communautaire
Reunion publique

Phase 1 ıdentıfier les partenaıres et etablır les partenarıats

Cette phase met l'accent sur l'etablıssement de relatıons de travaıl entre le personnel de sante et les membres de l'equıpe communautaıre Les membres du personnel de sante sont presentes a la communaute au cours d'une reunıon publıque La communaute apprend que nous sommes ıcı pour les ecouter quand ILS traceront une carte de leur communaute et qu'ıls enumereront leurs propres prıorıtes sanıtaıres

Phase 2 selectionner 3-5 comportements a renforcer

Cette phase implique l'utilisation d'une enquête simple sur les foyers Cette enquête a pour but de rassembler l'information sur les comportements de sante infantile clefs au travers d'un echantillon de foyers L'equipe tabule ensuite les donnees a la main Les comportements qui sont reveles a des niveaux inacceptables par l'enquête sont classes par groupes d'hommes et de femmes selon l'importance du comportement et la faisabilite d'un changement de ce dernier Sur la base du classement élabore par la communaute, 3-5 comportements prioritaires sont choisis

Phase 3 explorer les raisons sous-jacentes aux comportements

Cette phase implique l'utilisation d'une variete de techniques de recherche participative, y compris les entrevues semi-structurees, les calendriers saisonniers et le tableau de classement, pour explorer les raisons sous-jacentes aux 3-5 comportements selectionnes Pour chaque comportement, il existe une liste de sujets et de methodes suggeres pour comprendre le comportement plus completement

Phase 4 developper des stratégies d'intervention

Fondees sur les raisons pour lesquelles les gens ne suivent pas les comportements selectionnes, les strategies d'intervention sont suggerees par les membres de la communaute et le personnel de sante Le plan d'action pour la mise en œuvre des strategies est developpe lors de reunions publiques Le plan d'action comprend l'identification des besoins en ressources et l'attribution des responsabilites

Produits

Éthiopie

Cinq plans d'actions communautaire dans cinq districts
Donnees de base sur les comportements clefs pour la surveillance et l'evaluation
Personnel forme aux niveaux de la region, de la zone et du district (5 districts)

Zambie

Plan d'action communautaire pour deux villages
Carte des risques montrant les indicateurs pour chaque enfant de moins de deux ans
Personnel forme aux niveaux national, de district et du centre de sante (3 districts)

Enquête integree des foyers

- Un questionnaire structure se concentrant sur les comportements de sante maternelle et infantile a renforcer

42 foyers avec des enfants de 0-23 mois choisis au hasard dans chaque communaute

Tabulation faite a la main sur le terrain

La methode de contrôle de la qualite par lot est utilisee pour decider si chaque indicateur a atteint une norme predeterminee

Chaque indicateur est classe comme etant "acceptable" ou "non acceptable" dans chaque communaute

La methode de contrôle de la qualite par lot nous permet d'utiliser des nombres reduits pour prendre des decisions concernant la probabilite qu'un indicateur repond aux normes predeterminees

Les decisions prises en utilisant les normes predeterminees ont une bonne precision statistique

Les nombres reduits ne permettent pas le calcul de proportions dans chaque communaute

Les nombres pour chaque communaute peuvent être additionnes et des proportions globales peuvent être calculees

Points forts des plans d'action communautaire
Ethiopie et Zambie

Qualite ameliorée et disponibilité des services de sante

Mener un depistage des SPN pendant les sessions de vaccination
Verifier le statut de vaccination des meres et des enfants lors des visites avec des enfants malades
Ameliorer les interactions patient/prestataire
Identifier les SFT et les ASC
Construire des postes de sante communautaire

Formation

Former les agents de sante du premier niveau aux tâches clefs de soins de sante primaire
Former les ASC et les SFT aux tâches essentielles au niveau de la communaute qui donnent la priorite aux comportements a renforcer

Organisation et participation de la communaute

Former des comites de sante et des groupes de nutrition
Inclure les ecoles, les eglises et les animateurs dans les efforts d'education sanitaire
Etablir un fond de sante devant être administre par l'association des paysans
Les hommes doivent aider les femmes dans leur travail
Contribution en main d'œuvre et materiel au poste de sante
Les potiers doivent fabriquer des cruches au col etroit

Éducation sanitaire

Prendre ses medicaments correctement
Maladies qui peuvent être evitees grâce a un vaccin et effets secondaires des vaccins
Enseignement et demonstration des aliments de sevrage locaux
Importance de l'allaitement au sein exclusif
Importance des SPN et du TT
Signes de danger forçant a la recherche de soins appropries

EXEMPLE de l'Ethiopie plan d'action communautaire

Communauté

1 Collecte de 3 Birr aupres de chaque foyer en une semaine pour l'etablissement d'un fond de roulement pour medicaments

2 Formation d'un comite sanitaire pour administre le fonds de roulement pour les medicaments

3 Mohammed Ribato recommencera a travailler comme ASC une fois que le poste de sante sera repare

4 Les hommes aideront les femmes apres la naissance (aller chercher l'eau, marche) afin qu'elles puissent allaiter exclusivement pendant six mois

5 Les meres prepareront des aliments complementaires pour leurs jeunes enfants comme demontre lors de la reunion publique

6 Les meres continueront de nourrir leurs enfants pendant une maladie avec du lait maternel, de la TRO a base d'aliments faite au foyer et de petites quantites d'aliments normaux donnes frequemment

Departement de la santé

1 Approvisionnement d'Awassa en medicaments provenant de Pharmid en utilisant l'argent rassemble dans la communaute (zone)

2 Fournir certains medicaments gratuitement comme la vitamine A et les SRO qui sont dans les magasins de zone Evaluer d'autres sources potentielles de medicaments gratuits comme les missions catholiques (zone)

3 Superviser le fonds de roulements pour medicaments (district)

4 Participer a la formation fondee sur la communaute L'horaire et le programme seront prepares dans le bureau de district

5 Fournir une vulgarisation (vaccination, soins pre/postnataux et planning familial) au niveau du poste de sante communautaire (district)

APPENDIX E

COMMUNITY IMCI WORK PLAN

DRAFT WORK PLAN
COMMUNITY IMCI
MARCH - SEPTEMBER 1998

Activity	Dates	Responsibility
MARCH		
–Review and clarify institutional roles in development of community IMCI[1]	Week of 3/23	MOH, USAID, BASICS, JSI
–Establish Community IMCI Core Team[2] to facilitate rapid implementation progress	By April 10	MOH
--Hire BASICS local consultant(s) to join Core Team	By April 10[3]	BASICS
--Summarize comments on proposals and suggestions for revisions	Week of 3/23	MOH
APRIL		
–Core Team travels to Agadir and Meknes to negotiate changes in proposals and begin preparations for community assessment and planning (CAP)	Week of 4/6	Core team
--Associations select local team[4] to work on CAP	Week of 4/13	NGOs
--CAP household survey instrument translated and field tested	"	national consultant
--Obtain taxation lists or other available records to be used as sampling frame for household survey	"	national consultant
--CAP facilitators[5] selected	"	Core team
–Arrange site for facilitator training	"	Core team
MAY		
–Arrival of BASICS CAP consultant (Winch)	May 2	BASICS
–CAP facilitators training held	May 4-8	BASICS
–CAP conducted in Agadir and Meknes	May 11-15	BASICS
–Post-CAP analysis and TOT conducted	May 18-22	BASICS
–Associations finalize proposals to include needs, activities identified during CAP		NGOs + Core team

JUNE -Final review of NGO proposals -Approved NGO projects funded -NGOs select and organize women's groups -Planning for women's group training		Comite validation JSI NGOs BASICS consultant
JULY -Women s groups in both provinces trained in interpersonal communication and community outreach skills -Women's groups initiate community education program		BASICS consultant + UFM NGOs
AUGUST / SEPTEMBER -Monitoring / process evaluation assesses progress to date of NGO activities as part of overall evaluation of IMCI pilot programs in Agadir and Meknes		

NOTES ON WORK PLAN

1 Institutional roles in community IMCI program development

- MOH/National level MCH Division directs overall national IMCI program development, planning, coordination
- MOH/Province level SIAAP implements IMCI program development, coordinates and provides technical support to NGO partners
- Local NGOs partner with MOH in implementing community IMCI , strengthening community participation and linking communities and local health services
- National NGOs (e g , UFM and ONDE) assist in advocacy, technical support to local NGOs, and replication of successful local experiences
- BASICS provides technical assistance in IMCI to MOH and NGOs, participates on community IMCI Core Team through national consultant

- JSI participates on community IMCI Core Team, provides planning and management assistance to NGOs, funding of NGO projects

- USAID provides policy guidance and financial support to NGO component, coordinates financial and technical inputs of contractors

2 Proposed Community IMCI Core Team Mr Hnini (MOH), national consultant (BASICS), Suzanne Reier (JSI), Amina Essolbi (USAID)

3 The timely hiring of this consultant is essential Since he/she will play a vital role in helping to plan and coordinate the community activities in Agadir and Meknes, any delay in hiring this consultant will require postponing the scheduling of future activities

4 CAP team local association representative, other community members (e g TBA, teacher, etc), health worker from local health facility (where IMCI is being introduced)

5 CAP facilitators local association representatives, national NGO representatives (e g UFM, ONDE), IEC animators from province, national IMCI team members

APPENDIX F

SCOPE OF WORK FOR COMMUNITY IMCI LOCAL CONSULTANT

Terms of Reference
National Consultant for
Planning and Coordination of IMCI Community Pilot Activities

This consultant will work with the IMCI team at the Ministry of Health and representatives of BASICS and JSI to help develop pilot community IMCI activities in Agadir and Meknes provinces These pilot projects will strengthen the capacity of local NGOs to conduct effective community health promotion and link these efforts to clinical IMCI services being introduced at nearby health centers The consultant will be hired and supervised by the BASICS Project headquarters office in Washington

These terms of reference build upon and add to the terms of reference developed earlier by the MOH for a more limited consultancy

Specific duties

1 Participate as one of the members of the Community IMCI Core Team, along with a representative of the IMCI group at the MOH and the management / decentralization specialist on the JSI project

2 Assist the development of community IMCI projects proposed by one NGO each in Meknes and Agadir the *Federation des Associations des Usagers d'Eau Potable des Centres Beni Meraaz, Boumendara, Doukkarat,* Commune de Kermet Ben Salem in Meknes, and *l'Association Sociale TIOUIZI* , localite de Tagadirt-Naabadou in Agadir

3 Work with representatives of each NGO on two immediate tasks (a) preparation for a community assessment and planning exercise (CAP) to assess community health needs in detail through a household survey and participatory research methods, (b) finalization of NGO project proposals including needs identified during the CAP

4 In preparation for CAP, complete the following tasks

a Identify who the CAP facilitators will be

b Identify a site (preferably in either Meknes or Agadir) where the CAP facilitators training can be held, and make necessary logistical arrangements

c In each province, work with the NGO and local health officials to determine who will be on the community CAP team

d Arrange for the translation and pre-testing of the CAP household survey instrument

e Identify and obtain a means of selecting a sample of the community to be survey (e g taxation records)

5 Assist the BASICS CAP consultant to conduct the CAP facilitators training

6 Serve as one of the CAP facilitators in either Meknes or Agadir, guiding the local CAP team through a household survey, a series of participatory research exercises, analysis of research findings, and planning of needed interventions

7 Work with the NGOs in each province to finalize their project plans and budgets and with the JSI team to finalize procedures for funding the projects

8 Provide technical support to each NGO as they begin implementation of their projects

9 Facilitate additional technical assistance to the NGOs from BASICS, specifically, a training of women's groups from each community in effective communication and health education methods

10 Facilitate and participate in an initial process evaluation of the NGO activities after approximately 4 months of project activity

Qualifications

The candidate for this position must be able to work effectively with and coordinate activities among individuals and groups from three different systems the Moroccan MOH, international agencies working with the MOH (BASICS and JSI), and Moroccan communities in two provinces He or she should have training and experience in one or more of the following areas public health, community development, health education, management, and training Prior experience in conducting research and/or training and in working with NGOs at the community level is highly desirable

Period of Employment

Full-time, April-September 1998

APPENDIX G

EXIT MEMO LEFT WITH USAID

EXIT MEMO
March 27, 1998
Mark Rasmuson, BASICS

Status of community IMCI program development as follows

1 Immediate next step is for community IMCI Core Team to revisit Meknes and Agadir to begin working with NGOs and local health teams on revising their proposals and planning first activities Meknes visit tentatively planned for April 2, Agadir for April 15

2 Tasks to complete on visits to provinces

- Meet with MOH (SIAAP) to identify team to work with ONGs (including representatives from MCH and IEC)
- Travel with MOH team to meet with ONG to discuss proposals
- Clarify size of population and geographic area to be covered
- Identify local team to work with, including ONG and other community representatives
- Clarify objectives to be pursued through projects, emphasizing specific health program outcomes and linkage with MOH facilities
- Present and discuss specific funding guidelines (process, allowable expenses, etc)
- Assess NGO capabilities, interests, and needs
- Present and discuss concept of community assessment and planning exercise (CAP) Ascertain if and how CAP should be modified
- Identify possible training sites for CAP facilitators' training
- Set dates for CAP and identify preparation tasks that much be completed by ONG, SIAAP team, and national CORE team

3 The search for a local consultant has not yet yielded any candidate available for full-time employment per the terms of reference drawn up Two good candidates for part-time employment have been identified, however Mr Naji, a professor at the Institut Superieur d'Information et de Communication who has consulted previously for the Ministry of health on communication campaigns, and Claire Escoffier, a nurse and anthropologist with extensive experience in community research and NGO development

While I have not yet met Mr Naji (he is in Canada at the present time), it is my impression that he and Claire Escoffier have different skills and experiences which will complement one another and help bring a critical mass to the community IMCI team This is particularly important at this time when other members of the SMI / IMCI team are preoccupied with the planning of the first national clinical course, and because at the present time there is only one person (Mr Hnini) fully dedicated to the community program Suzanne Reier from JSI will be involved but has many other responsibilities and Amina Essolbi will no longer be available to participate after she leaves USAID next month

Ms Escoffier would also be an excellent candidate (and has expressed her willingness) to act in a coordinator role for BASICS This makes it even more attractive to involve her at this time, so

that there will be someone to coordinate all of BASICS activities when Helene Cholay leaves Morocco in several months

Thus, my recommendation is that we plan to employ both Mr Naji and Ms Escoffier as part-time consultants to work with the community IMCI team To that end, I will try to contact Mr Naji in Canada next week and explore the possibility of his coming to Washington to meet with BASICS before his return to Morocco In the meantime, I recommend that BASICS proceeds to employ Ms Escoffier as part-time consultant so that she can immediately begin to participate in the next community IMCI activities, including the next visits to Meknes and Agadir

3 The next technical assistance activity in the IMCI work plan is the community assessment and planning exercise (CAP) It is likely this activity will slip by a week or two from its proposed scheduling the first week of May It may also be reformulated once the Core Team has revisited Agadir and Meknes and further assessed the capabilities, needs, and interests of the NGOS I recommend, however, that we keep this activity in the schedule for early-to-mid May, including the consultant visit of Dr Peter Winch from Johns Hopkins University, who would be the lead facilitator for the CAP I will contact Dr Winch upon my return to Washington, advise him of the status of activities here, and determine his availability for a mid-May visit to Morocco

4 The mother's card appears to be on a solid developmental track The MOH has hired a local communication consultant to assist them, who is currently pretesting the storyboard in 5 urban and 5 rural settings around Rabat Current plans are to use the WHO generic IMCI mother's card (with Moroccan content) for the first national clinical training course, while completing development of the Moroccan card (scheduled for end June) The mother's card team has already profited from technical input from the BASICS team in Madagascar, and BASICS will continue to provide review as requested