INTEGRATED MANAGEMENT OF
CHILDHOOD ILLNESS PROJECT:
IEC COMMUNITY APPROACH
MOROCCO

December 1-20, 1997

Elizabeth A. Gold
Allan M. Kulakow

BASICS Technical Directives 000-MO-00-053, 000-MO-00-054
USAID Contract Number HRN-C-00-93-00031-00
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRONYMS</td>
<td>v</td>
</tr>
<tr>
<td>PURPOSE OF VISIT</td>
<td>1</td>
</tr>
<tr>
<td>BACKGROUND</td>
<td>1</td>
</tr>
<tr>
<td>TRIP ACTIVITIES</td>
<td>3</td>
</tr>
<tr>
<td>RESULTS AND CONCLUSIONS</td>
<td>5</td>
</tr>
<tr>
<td>Community-based Approach</td>
<td>5</td>
</tr>
<tr>
<td>Proposals</td>
<td>6</td>
</tr>
<tr>
<td>IEC Support for IMCI</td>
<td>8</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>12</td>
</tr>
<tr>
<td>Community-based Approach</td>
<td>12</td>
</tr>
<tr>
<td>IEC Support for IMCI</td>
<td>14</td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>16</td>
</tr>
<tr>
<td>Community-based Activities</td>
<td>16</td>
</tr>
<tr>
<td>IEC Activities</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIXES</td>
<td></td>
</tr>
<tr>
<td>Appendix A</td>
<td>List of Contacts</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Avant Propos for Community-based IMCI Project, Agadir</td>
</tr>
</tbody>
</table>
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMSED</td>
<td>Association Marocaines de Solidarite et de Developpement</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>BASICS</td>
<td>Basic Support for Institutionalizing Child Survival</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>IPC</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>JSI</td>
<td>John Snow, Inc</td>
</tr>
<tr>
<td>MPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>SIAAP</td>
<td>Service d'Infrastructure des Actions Ambulatoires Provinciales</td>
</tr>
<tr>
<td>SMI</td>
<td>Service de Sante Maternelle et Infantile</td>
</tr>
<tr>
<td>UNFM</td>
<td>Union Nationale des Femmes Marocaines</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
PURPOSE OF VISIT

The purpose of this consultancy, December 1 - 20, 1997, was to work with the integrated management of childhood illness (IMCI) program of the Sante Maternelle et Infantile (SMI) division of the Ministry of Public Health (MPH), Kingdom of Morocco, to determine and recommend strategies for developing and strengthening health service facilities and community-based actions. These strategies would focus on improving family and community practices in support of the IMCI initiative, with a focus on early recognition of danger signs, appropriate careseeking, care at home, and overall health promotion at the household and community levels. The tasks included 1) identifying existing and potential community-based structures to promote initiatives in support of health facility programs and community health needs (A. Kulakow) and 2) assisting in finalizing a plan and schedule for developing a mother’s card and other appropriate media support for the key caretaker behaviors and messages in the IMCI program (E. Gold).

Given the few months available under the present BASICS project, the consultancy focused on the possibility of a few pilot projects to test various community-based approaches in the provinces of Agadir and Meknes, BASICS’ sites for IMCI activities.

While the IEC component of the consultancy was originally planned to follow the adaptation of the food box and then address the adaptation of the mother’s card from the WHO generic model, the scope was more broadly directed to consider the overall IEC needs in anticipation of the introduction of the IMCI program in the Spring of 1998. The reasons for this will be detailed in the Results and Conclusions section of this report.

BACKGROUND

The IMCI program is being pilot tested and evaluated in a group of health facilities in two provinces in Morocco—Agadir and Meknes. The first IMCI training course is scheduled for the Spring of 1998, to be followed by second generation training programs in the two provinces. A representative from BASICS visited Morocco in September to help develop a strategy for IEC support for the pilot introduction of IMCI during the next year in Agadir and Meknes provinces. An IEC strategy that must fit into the context in which the overall IMCI program is developing a one-year time frame to pilot IMCI in two provinces. It was recommended at that time that the short-term IEC strategy for IMCI focus on two components 1) strengthening the counseling and inter-personal communication (IPC) performance of health staff, and 2) testing several community-based approaches to the introduction of IMCI. BASICS therefore recommended that its assistance in IEC during the coming year be focused on developing and testing an effective mother’s card to strengthen counseling in IMCI, and on developing and testing innovative approaches to community support of IMCI in the two provinces.
As Morocco introduces its IMCI program, it is in a good position to benefit from the experiences of IMCI programs implemented in other countries to date—both their strengths and their weaknesses. WHO and UNICEF are now promoting IMCI programs which include a community-based approach to support and extend clinic-based activities, this is done through close links between health facilities and community health groups and peer educators who bring the IMCI messages into the community to encourage preventive health actions and influence changes in behavior (e.g., local leaders informed about childhood health issues, community health monitors, women's groups to promote new health practices, local theater, health fairs, etc). Also, community efforts are critical to solving environmental problems that affect the health of the entire community: clean water, sanitation, pollution, and infrastructural improvements such as road construction to make health facilities more accessible.

The previous visits from BASICS recommended the possibilities of developing community-based programs in Agadir and Meknes provinces and also raised the question of whether a national non-governmental organization (NGO) could develop and coordinate this effort. Other health projects had worked from time to time with NGOs on vaccination campaigns, family planning projects, and child welfare. UNICEF/Morocco reports a rapid increase in NGOs as a result of official encouragement of non-profit organizations and their involvement in social issues.

One issue studied by this consultancy was to determine the necessity of using national NGOs as well as determining their qualifications to develop, support, and coordinate IMCI activities that required considerable involvement of local health facilities as well as SMI. These might indeed want to call upon other non-governmental agencies and private consultants to provide training and technical assistance in community organization, project planning, design, implementation, and evaluation, and management and basic educational skills. The general conclusion of the consultancy was that at this time the coordination of community projects at the provincial level should be the responsibility of the provincial health teams with assistance available from local and central sources that have existing skills and relevant experience, with oversight and support by SMI and BASICS.

As Morocco looks to other country experiences in its planning for IMCI, another very critical concern is counseling. One of the primary objectives of IMCI is to ensure that a number of key messages are effectively conveyed to parents during their visit to the health facility with a sick child. In countries where IMCI has been introduced thus far, counseling has been the weakest component, despite the counseling module that is included in the IMCI training course. In Zambia, for example, an evaluation of a recently implemented IMCI course indicated that post-training performance of counseling by health workers was among the weakest of the many skills covered in the course. The same will be true in Morocco unless an additional effort is made to focus on improving counseling and interpersonal communication. The findings of two recent Ministry of Public Health studies in Morocco showed poor health worker performance in terms of effective counseling.
TRIP ACTIVITIES

The consultants, accompanied during the first week by Mark Rasmuson from BASICS, met in Rabat with the USAID health project director and staff, the principal directors and staff of the Service de Sante Maternelle et Infantile of the Ministry of Public Health concerned with the IMCI program, the UNICEF representative to Morocco, and major national NGOs identified by USAID and SMI that might be relevant to the IMCI project. These included the Union Nationale des Femmes Marocaines (UNFM), L'Observatoire National des Droits de l'Enfant, and the Association Marocaine de Solidarite et de Developpement (AMSED) in Rabat.

The UNFM has some 700,000 members throughout the country and has quasi-governmental status with a representative working full-time as liaison between the Ministry of Public Health and the UNFM. Observatoire was established to advocate the rights of children and organized last year's national meeting to promote interest in the rights of children. It also has semi-official status with the government and is eager to develop more local associations as a part of a network for community development.

AMSED is a research, training and technical assistance group that has provided a range of support services to various NGOs and international funding agencies in support of their funded projects in Morocco. AMSED has worked with some 200 groups and with World Bank and USAID projects, providing training in organizational development, management, evaluation, and project implementation. Using partners to complement its resources, AMSED is often called on to help develop groups selected by development agencies. AMSED might indeed be a useful resource for IMCI projects.

Also in Rabat, the consultants met with relevant staff of the JSI bilateral project to discuss their current and planned activities, particularly in IEC materials development and NGO training, and to identify any possible areas for collaboration. It was clear that JSI resources should be coordinated with the IMCI program as much as possible.

During the second and third weeks of the visit, the consultants, together with the Director of SMI and other key representatives of the IMCI program in the Ministry of Public Health, visited the Delegation, the chief provincial health office and several of its health facilities in urban, peri-urban, and rural areas and community organizations and NGOs in Meknes and Agadir Provinces. Unfortunately, in both Agadir and Meknes Delegations the IEC animateurs (health communicators/educators) were traveling outside of the province during the consultant visits.

The purpose of the visits was to 1) understand better the current health education and counseling activities and the training and information resources, as well as needs of the health programs in these provinces, 2) support the new IMCI initiative and 3) identify possible community-based actions that might serve as pilot projects in community participation and support for IMCI.
In Agadir, the visits included discussions with the Medecin-Chef of the Service d'Infrastructure des Actions Ambulatoires Provinciales (SIAAP) and his staff, the Centre de Sante and the maison d'accouchement of Anza, a poor industrial suburb of Agadir, the Centre de Sante of Ilchach, the Circonscription Sanitaire of Tikouine, the Dispensaire Rural of Tamait Izdar, the childcare center of My Rachid of the Ligue Marocaine de Protection de l'Enfance, the commune of Taghazout, and the Association Tlouzi in Tagadirt Naba'dou. The programs and successes of the Association Tlouzi in building a water system for the community and in developing a strong community organizational base for other activities suggested a potential model for community-based IMCI approaches and strategies.

In Meknes, the initial visit was in the city the Délégué of the Delegation (Ministry of Public Health) and his staff, various health centers, a childcare center, and the office of Entraida, a division of the Ministry of Social Affairs currently working with street children, centers for vocational training of poor girls, centres sociaux éducatifs for women, and the Maison de Bienfaisance Muselmanne for mostly rural orphans.

A second visit to Meknes the third week included the cooperatives of the Ministry of Agriculture at M Haya and the health center in Moulay Idriss. Meknes is a major agricultural region where many communities have difficulty accessing health facilities. Public Health and Agriculture have already established a working relationship in the region where local farmers serve as facilitators or vulgarisateurs to educate others in the community in new agricultural practices and to provide general extension services. Public Health has trained many of these vulgarisateurs in community health issues as well. The health team in Meknes was very interested in collaborating with the cooperatives that have been successful in organizing local farm families and to expand the health component of rural development.

In the region around Moulay Idriss, a major obstacle to improved child care is the inaccessibility of many communities to health facilities. Even though the town of Moulay Idriss has a health facility and is very close to Meknes, many communities in the region have bad or no roads, are in isolated mountainous areas, or lack transportation. The Delegation in Meknes would like to address this problem through localizing more support for health care and prevention.

The visits to the health centers concentrated on getting to understand how the various health services function, the current quality and stresses on patient care and counseling, and the possible impact of additional care and counseling services that IMCI would require. In visits to urban, rural and peri-urban health facilities in both Meknes and Agadir provinces, there was an opportunity to observe/study mother/health worker interaction, waiting room conditions and behaviors, and current IEC materials, and to speak with some of the mothers, doctors, and health workers.

The meetings with various community associations and discussions with people, especially women, in their own localities focused on what they saw as problems and causes of childhood illness and their prevention, and what they would possibly do to support IMCI activities to reduce
childhood morbidity and mortality The results of these visits and meetings were used to help shape strategies, recommendations, and eventual proposals to the IMCI program. They were used to develop information/education and motivational materials and strategies of support to achieve the objectives of the IMCI program at both the health services and community levels, and through the interaction and collaboration of both.

On the final day of the consultancy, representatives from Agadir and Meknes came to Rabat to present and discuss their proposals for community-based activities in their provinces (three proposals from Agadir and two from Meknes). They will submit final proposals before the end of January.

RESULTS AND CONCLUSIONS

Community-based Approach

Support for community-based strategies to support IMCI is very strong, both in the central SMI and in the provincial health Delegations in Meknes and Agadir. There is more experience with community participation in development in Agadir than in the province of Meknes, however, both have defined interesting community-based projects that involve realistic opportunities to develop community activities in close collaboration with the health facilities of the province. But, it was evident from the first visit to the field that community-based approaches will need considerable information/education support and training in community organization and problem-solving to support IMCI effectively. For these reasons, the consultancy focused on how to integrate both the IEC materials development and application with the development of community-based IMCI actions. Community health committees, women's groups, and local development associations will need information materials prepared for community use and training to use them in their local IMCI support programs. All community groups and associations will need assistance and training to understand and design their efforts to organize and mobilize their communities for developing and sustaining programs that will successfully support IMCI.

Coordination

Originally, it was thought that one or two of the national NGOs would be appropriate vehicles to help organize and then coordinate the community approaches, but that approach is not practical at this time. Coordination must be done at the local level, not from Rabat, and requires active and sustained support from health facilities. Locally, these health facilities can and should seek collaborative support from local NGOs and technical groups that have the competence and experience in both health issues and community organization.

Therefore, IMCI activities at the local level should be coordinated at this time through the non-clinical division of the Delegation in each province with support and oversight by SMI. The
Delegations in turn will work with a few local NGOs and community associations. If there are a large number of communities participating in the IMCI program and in other provinces later, it might be useful to revisit the question of coordination.

Currently, the most sensible development and coordination process would be to give the responsibility to the local SIAAP health team for all aspects of developing and coordinating proposal development, project organization, identification of training and technical assistance needs, monitoring and formative evaluation. SMI in Rabat will be responsible for reviewing and supporting activities at the local level through frequent visits to the field and perhaps participation in some of the formative evaluations. SMI will also be responsible for organizing an evaluation at the end of the BASICS program’s current calendar (September 1998).

Development of Projects

It is desirable that BASICS provide full-time support for the development and implementation of the community-based projects as well as for the IEC materials, training, and technical assistance. Together with SMI, the BASICS representative would be responsible for assisting Agadir and Meknes in the preparation of the proposals if they require assistance. SMI will review all proposals to determine which meet the criteria established by SMI and BASICS and are developed sufficiently to be considered. Then, BASICS will participate with SMI in the selection of the proposals and proceed to the implementation phase. To do this means that BASICS, with USAID and JSI, will have to develop the funding mechanisms and procedures in the month of January so that the proposals can be selected by the end of January or early February. Unless this schedule is followed, there will not be enough time to implement and evaluate the community projects.

Critical to the success of the community-based IMCI projects are training and technical assistance, to both those in the health facilities who will support community-based activities as well as to members and leaders of the target communities. Training and assistance would be in community organization and mobilization and in planning, organizing, and implementing community actions, including simple and practical methods of community research. Good baseline research needs to be done on each community at the very beginning of each project. That step should be included in the IMCI project proposal. This should be the responsibility of the provincial health/IMCI team with support from SMI and its consultants and should be conducted as soon as the proposed project is approved and funded.

Proposals

Meknes

The local health teams in the province represent considerable technical competence and expressed strong interest in developing and supporting IMCI community-based programs. The Delegation health staff is particularly concerned with reaching communities that have limited
access to health facilities, especially in the more isolated rural settlements in the region. It also sees an important possibility for IMCI actions to be integrated into the Ministry of Agriculture's cooperative program in the region. The cooperatives have already developed a system of technical information dissemination and assistance as well as community organization and motivation through its system of local vulgarisateurs and will soon establish a similar group of vulgarisatrices to promote new economic, social, and health programs for women. Public Health would like to build an IMCI program into that system.

Because Agriculture and Public Health have already been working together in training vulgarisateurs in health issues, Agriculture is also very interested in expanding its collaboration with Public Health. Both are eager to propose support for IMCI through the cooperative system. They intend to propose that the new vulgarisatrices be trained and supported as community health workers as well as links to the women in the community for a broad range of other social and educational needs.

To be certain of a community's sincere interest in development, each participating community is required by Agriculture to make a contribution of labor, cash, agricultural products, or other expressions of commitment and must demonstrate that a community organization exists or will be established before support from Agriculture is forthcoming.

The Delegation will also propose IMCI activities to address the needs of rural communities in the Moulay Idriss area of the province that have serious health care problems because of limited access to health services. Some of them see a mobile health unit only once every two months. Four small, often isolated, communities—"localites"—have established associations concerned initially with problems of potable water and have developed projects called "Eau pour la Sante de l'Enfant." They are planning to create their own federation to develop agricultural cooperatives and to work on basic education and literacy. Now they want to build a health facility for the four communities. The proposed IMCI project will bring these community associations and the provincial health services into a program to address the IMCI issues. The Pasha of Moulay Idriss has expressed his strong support for community-based IMCI efforts in the region.

Agadir

Community organization and NGO involvement are more developed in the Agadir area than in Meknes. Of particular interest to the IMCI program is the development work of the community association Tiouzi of Tagadirt Nabaâdou which, since it started five years ago, has developed a strong local community organization, created a potable water system, built a road, and purchased a bus to take people to the health facilities and markets. The association, together with the provincial health services and the local chapter of the Union Nationale des Femmes Marocaines, proposes to organize the women of the community to 1) create and train a group of community health monitors, 2) conduct community health education programs to prevent as well as care better for childhood illnesses, 3) improve the overall well being of children, 4) develop a
community health center in a facility that the community itself will construct, and 5) to the extent permitted, provide primary health care and medication under the control of the provincial health service. The Association Tizouzi, the community, and the provincial public health service will contribute to the establishment and support of the proposed project (A preliminary proposal is attached in Appendix B) A complete proposal will be presented before the end of January 1998) The project will also be used to encourage and assist other interested neighboring communities to organize and to develop similar community IMCI programs

Other community projects to be proposed for the Agadir province will include a community-based program to deal with an increasing number of cases of asthma and other respiratory ailments of children because of industrial pollution affecting Anza, a poor slum outside of Agadir. FIPROMERE, a women’s employee organization, and the local health service will develop the program. FIPROMERE, a partnership of the factory owners and the women’s union, was established originally as a private sector program in four local factories to take care of health needs of their employees. USAID has made contributions to the project.

The project had stopped but restarted last September. The new IMCI proposal would graft IMCI onto the work of FIPROMERE’s programs in family planning, mother and child health, and hygiene. With support from the health facilities in Anza and those in Agadir, the proposed project would develop teams of personnes de relais as community health workers to reach industrial workers and families throughout Anza in support of IMCI activities.

Also, the Delegation of Agadir may also propose a possible program of health education of women in rural communities through child care facilities supported by La Ligue des Femmes pour la Protection de l’Enfance, and a program to inform and sensitize community leaders ("les elus") throughout the region about IMCI. All proposals will be ready by the end of January 1998.

Brief draft proposals—avant propos—from both Meknes and Agadir provinces were presented at a final meeting in Rabat with SMI, USAID, and JSI. The participants discussed and critiqued each other’s proposed community-based IMCI projects. They are to complete and submit their final proposals before the end of January. These proposals, however, did not include any significant discussions of the needs for training in community organization and public health education nor for IEC informational materials and training related to IMCI issues. These should be included in the final proposals or researched and added in the initial phase of the implementation of approved projects.

IEC Support for IMCI

The IEC consultancy was originally planned for early December to follow the local adaptation of the food box—which is an integral part of the mother’s card—and to begin planning and developing the card. Upon the consultant’s arrival in Rabat, it became clear that the food box was not yet complete, and therefore developing the card would have to be postponed. The research results presented to SMI on December 5 ("Adaptation des Conseils Alimentaires..."
"Resultats Des Essais de Pratiques Ameliores Effectuees" left a number of questions still unanswered, such as specific recommendations on liquids and locally-appropriate, affordable and available vitamin A-rich fruits and vegetables.

The consultant then worked with the technical team to identify the gaps in information and to develop specific questions. Since interviews were already planned with caretakers for early January in order to identify and validate local terms that health workers can use to communicate effectively with families, it was decided that questions should be added to these interviews to help fill in the gaps and complete the adaptation of the feeding recommendations. Once the local food box is complete, it should be carefully reviewed by the nutrition team at BASICS/Washington for feedback. This should be given immediate attention so as not to hold up the next steps. When the food box is finalized and approved, then work can begin on adapting the mother’s card.

During visits to Agadir and Meknes, the consultant presented the generic mother’s card to the IMCI teams and began discussions on local needs and locally appropriate adaptations. At first the need for the mother’s card was not clear to the members of the team in Agadir, as they already have numerous IEC materials in support of their vertical child health programs. However, they later saw the need for a simple counseling aid, advising mothers on home care of child illness and appropriate child feeding, that they can take home as a reminder of the key messages they had received from the health worker. They discussed the fact that the immunization record that appears on the generic card would not be necessary for their locally adapted card as vaccinations would already have been recorded in the new *carnet de sante de l’enfant*. This available space could be used more effectively in another way. They also discussed the need to use Arabic and simplify the messages.

After some discussion, the *medecin-chef* of the SIAAP suggested inserting the mother’s card into the new *carnet de sante de l’enfant* being developed by the Ministry, which will be sold for 6 DH and carried by every mother to each health center visit. Everyone saw this as a more sustainable effort in the long run. The team in Meknes was also very enthusiastic about this idea. SMI in Rabat seems to have embraced the idea and has already started discussions with *Observatoire*, the group responsible for producing the new *carnet* for the Ministry of Public Health.

But if the mother’s card is to be inserted as four pages in the *carnet*, then it must stand out from the rest of the booklet by the use of attractive colors, prominent positioning using the inside back cover, appealing pictures, etc. The IEC unit in Rabat has been working with the JSI communication advisor on developing counseling materials called *porte-messages* for itinerant nurses (*itinerants*) to carry with them. The images for the *portes-messages* have already been developed, tested and refined and should be considered as possible images for the mother’s card as well. The repetition of the images would be mutually reinforcing, and important factor in communicating messages.
Although previous BASICS visits had recommended that a joint IMCI/IEC task force be formed at the MPH, including the provincial IEC officers from Agadir and Meknes, it became clear during this consultancy that both SMI and USAID would prefer a decentralized effort with activities developed and managed in the two provinces. In discussions with the Chief of the IEC Division in Rabat, it became clear that the IEC animateurs in both Agadir and Meknes are both strong and technically competent and should take the lead in working closely with the provincial IMCI teams to adapt the mother's card and other IMCI materials support.

The need for an aide-memoire for health workers (with a checklist of the key messages for mothers and a glossary of local terms needed to communicate clearly) was not really expressed at this time. But it may become clearer once the IMCI technical training course has taken place and health workers have an understanding of what is being asked of them and what sort of counseling aid they will need. A better time to discuss the aide-memoire with health workers and get their input into the development of what will be their counseling aid would be during the counseling section of the IMCI technical training course in Agadir and Meknes.

The visits to the provinces presented an opportunity to see what was going on in the health facilities and to look at the larger context of the role of IEC in the successful introduction of IMCI. At visits to health facilities in the morning hours, waiting rooms were overflowing with mothers and children, while the afternoons were relatively quiet. The walls of the health facilities were haphazardly covered with posters from the various vertical health programs—vaccination, diarrheal disease, family planning, ARI, HIV/AIDS, etc. Virtually all facilities had a flipchart from the diarrheal disease program which they appeared to be using for group education sessions. One health worker in a rural dispensary outside Agadir said she had educational cassettes on various health topics, but no electricity or cassette player. When asked about a nutrition poster on the wall, she said "I don't show the mothers this poster because I know they cannot buy these foods."

Observations of communication between health workers and mothers confirmed the findings of the baseline health facility assessment. Health workers seemed preoccupied with the required paperwork, never making eye contact with the mother, never inviting the mother to sit down. In conversations with health workers, several expressed the lack of time as a constraint to effective communication with mothers. All said that they led group education sessions on themes such as family planning and vaccination, though not on a regular basis.

A previous BASICS visit had recommended that the short-term IEC strategy for IMCI focus on strengthening the counseling and IPC performance of health staff. Developing a mother's card and aide-memoire, while important and needed, are clearly not enough. The IMCI teams in both Agadir and Meknes expressed the need to work on strengthening the counseling and interpersonal communication skills of health staff if IMCI is to be a success. According to the teams, counseling skills training in the past has been limited and only in the context of family planning/contraceptive methods. Some even believed the term "counseling" was strictly a family planning term.
On the other hand, some members of the team in Agadir felt that lack of training was not necessarily the problem and suggested conducting research with the health workers first to determine the obstacles to effective counseling and communication with mothers. There may be other problems, such as lack of time, pressure to see a certain number of patients, and lack of supervision. The idea was also raised in Agadir of dedicating a full-time health educator in the health facility who could also serve as a liaison and trainer for community health education activities. Apparently at one point there was a full-time health educator at the health facilities in the province who worked effectively, but was then relocated to Rabat. Such a person could create an important link between the health facility and the community IMCI projects.

As the community projects become more clearly defined, each will have its own need for an IEC strategy and support. The first draft proposals presented by the Agadir and Meknes representatives on December 19 were rather vague in their descriptions of this important area. As they develop their proposals, they may need some assistance in thinking through what their needs will be in terms of research, strategies, training, materials development, monitoring and evaluation. The IEC animateur in each province would probably be the best person to assist with this, or perhaps the IEC unit in Rabat could offer some assistance. The draft proposal from the Association Tiouzi, for example, plans to organize the women in the community who will be sensitized and informed of the key IMCI messages, equip a women’s foyer with materials such as posters, videos, and flipcharts, and hold group health education sessions, among other activities. If this is not thought through and planned carefully, they will end up with materials dumped in a room with little thought and limited results.

In speaking with the doctors and health workers in the two provinces, there seemed to be a lack of information flow about IMCI from the central to provincial levels. Although the central level has sent IMCI information to the provincial level, it seems not to have been disseminated widely among the pilot health centers. To keep the pilot centers involved and on board as the IMCI program develops, it is critical to keep them fully informed of policies, problems, new technical information, new strategies, and successes and failures of various IMCI activities. Also, all health personnel of all centers must be included in the information flow. Otherwise, their resources may not become part of the overall IMCI effort or they might, in the extreme, create obstacles to the success of the program. For example, in speaking with the team in Meknes, it became clear that the itinerant nurses play a very important role in this region where access to health facilities is a real problem. Although the itinerants are not included in the plans for IMCI training, they must be reconsidered as they play a critical role in providing rural health care.
RECOMMENDATIONS

Community-based Approach

1) The two aspects of the IMCI program—community-based interventions and information and educational supports—should be fully integrated. The information developed for clinical presentations will need continuous support at the community level. Besides, the IMCI approach will increase the demand on the time health care providers have for counseling in health facilities, which currently is very limited given the number of patients who fill the waiting rooms. Local animateurs or community leaders will need the full support of IEC materials and strategies as well as health technicians to provide support at the community levels. Therefore, these two components of the IMCI program should be carefully brought together in a program of mutual support.

2) Community-based projects that will meet the criteria established by the IMCI committee and approved by BASICS and USAID should be given immediate attention. Project proposals should be developed in January for implementation in February. These criteria should include:

- communities that have problems of inaccessibility to health services (at least one hour by foot),
- communities that have existing community organizations or the potentials for or beginnings of such,
- existence of widespread child health problems,
- clear expressions of interest and support from the community leadership,
- full participation of women in a proposed IMCI project,
- expression of contribution to the project by the community,
- possibility of community participation in all aspects of the design and implementation of the project,
- presence of local competence to carry out the project,
- strong support from regional health facilities,
- clear delineation of the zone in which the project will be implemented, and
- possibility of replication in other regions.

3) All proposals should include plans for IEC support or for the development of IEC support strategies.

4) Funding should be made by subgrants and direct purchase handled through the Delegations of the two provinces.
5) The proposal submission process should follow the following procedures

- Each Delegation will be responsible for the development and preparation of proposals according to a format acceptable to the IMCI program of SMI and BASICS
- The IMCI program of SMI will review the proposal for its relevancy according to the criteria established and clearly communicated to the provinces
- The IMCI program of SMI will review the proposals and provide further guidance and technical assistance, as needed, to complete the preparation of potentially acceptable projects
- Once accepted by the IMCI program of SMI, the proposals will be submitted to BASICS, JSI, and USAID for final approvals, revisions, or rejections

6) Projects should be coordinated and managed at the provincial level by the SIAAP of the Delegation with technical support and assistance by the IMCI program/SMI in Rabat

7) A baseline study of knowledge, attitudes, beliefs, practices and resources of the caretakers (primary target groups) and those who influence the caretakers, such as community leaders, traditional healers, midwives, etc (secondary target groups) in each community should be conducted as the first step in the design of each community project

8) An assessment of training and technical assistance needed by each community-based program should be conducted as soon as the project is approved and continued periodically to assure strong support for its implementation

9) Training in planning community-based organization and problem-solving should be provided to community facilitators and technical support advisors who will be assisting the communities, these needs should be assessed before full implementation of the project and then periodically during its implementation

10) All projects should be monitored (formative evaluation) carefully by the local health team every three months and evaluated externally under the guidance of the IMCI central program for objectivity. Criteria and indicators of results should be developed by the IMCI program and its advisors

11) Other major national NGOs concerned with child health issues, particularly the Union Nationale des Femmes Marocaines and the Observatoire, should be utilized to develop national interest and support for IMCI

12) NGOs and private sector groups, such as AMSED, with relevant technical training and assistance capacities to support IMCI activities should be utilized to supplement the resources of central and local IMCI programs
13) Two representatives from each of the Agadir and Meknes health teams and two from the IMCI central program should visit the IMCI community-based programs in Madagascar at the earliest opportunity.

14) A full-time BASICS manager should be assigned in January to work with SMI, JSI, and USAID to assist project development and funding procedures.

15) During the implementation of the provincial projects, other possible projects in each province and perhaps on the national level should be investigated for possible support during or after the current BASICS project.

16) As the community-based programs expand to other sites, other relevant and competent NGOs and private resources, nationally and locally, should be identified and integrated into the program.

IEC Support for IMCI

1) With the introduction of IMCI, the health worker will need to spend more time with each child and mother in examining, diagnosing, treating and counseling. A continuous working day in the health facilities should be instituted to help stagger the patient flow.

2) The IMCI program should take full advantage of the opportunity presented by women waiting in the waiting area to introduce regular group education sessions in support of IMCI. These should be as participatory and creative as possible, including such things as nutritional cooking demonstrations, recipe contests, etc.

3) Designating a full-time health educator is an approach that should be tried in five of the ten pilot health centers in Agadir, and in Meknes if interest is expressed. This health educator should also serve as a liaison and trainer to the community.

4) An assessment should be made as soon as possible of the current IEC materials (cassettes, flipcharts, leaflets, etc.) being used in the health facilities in both provinces to support the vertical child health programs. Are they being used effectively? Are they appropriate for the audience? Should they continue to be used in the context of IMCI? If so, how?

5) Both the Agadir and Meknes teams should develop an action plan for improving counseling and interpersonal communication to be implemented over the next nine months and ideally starting in advance of the IMCI training course. The obstacles to effective counseling need to be determined through focus groups and individual interviews with health workers in the two provinces and addressed within the context of the health center organizational system. For example, if the health worker is burdened by four different papers to fill out for each patient and this is taking her attention away from communicating effectively with the mother, then perhaps her paperwork can be reduced.
when IMCI is implemented, training in counseling and interpersonal communications skills, as well as monitoring and follow-up after training, should also be a part of the action plans.

6) Once the food box adaptation is completed and approved, the IEC animateurs from Agadir and Meknes should work (in consultation with the provincial IMCI teams) to begin adaptation of the mother’s card. BASICS should make available copies of mother’s cards from IMCI programs of other countries.

7) The appearance of the mother’s card and content of the messages should be as simple as possible. Given the low literacy levels of mothers, the card should be designed to allow health workers to tailor the advice by circling or checking pictures that show the advice that is most relevant to a particular child’s age or illness, rather than by writing in specific recommendations.

8) Every effort should be made to coordinate with JSI’s activities in support of the Ministry of Public Health.

- The images that have been developed and tested for the itinerant nurses’ porte-messages should be seriously considered as images for the mother’s card as well.
- Radio time for health programming in the Agadir area has been included in the JSI work plan and could also be used for disseminating IMCI messages in the province.
- Awareness-raising and training activities with women’s NGOs (in JSI work plan) should also include child health issues.

9) Two or three versions of the mother’s card will need to be pretested with both mothers of children aged 0 to 36 months and the health workers who will use the card for counseling. (A total sample of at least 30 mothers and 10 health workers is recommended for each province.) The teams should work to have the drafts ready for pretesting by the end of February/early March, with revisions made and finalized by April. The team of interviewers who were already trained for the food box household trials should be considered as pretest interviewers.

10) The mother’s card should be included in the new carnet de sante as it will be a more sustainable effort in the long term. Mass production of the carnet, therefore, should be delayed until the card has been fully developed and tested. If it is not already too late, the MPH and Observatoire should make an effort to simplify the carnet, use Arabic translation as much as possible, and make it more accessible to Moroccan women.

11) The development of the aide-memoire should be delayed until the IMCI training course, at which time health workers will become more aware of their needs and will be able to assist in the development of what is to be their counseling aid.
12) An information packet on child health issues and IMCI should be created for informing and sensitizing community leaders ("les elus") using simple, non-technical language—"What is IMCI?" and "What does IMCI mean for your community?"

13) A bimonthly "IMCI Update" bulletin (one - two pages) focusing on different themes of IMCI and progress reports should be developed at the central level and sent to the pilot centers in Agadir and Meknes. One issue could feature an IMCI program in another country, for example. The first issue should be drafted in January and sent out in early February.

14) Members of the Rabat IMCI team should hold monthly meetings with the local doctors in the two provinces to keep them informed of IMCI activities and developments in order to ensure their full understanding, acceptance, and support.

15) All community approach project proposals should include a detailed plan for IEC activities.

16) Itinerant nurses should also receive training in IMCI, as deemed appropriate for their work.

NEXT STEPS

The immediate next step is to get a BASICS representative to Morocco for at least the next two to three months, preferably for the duration of the current BASICS contract. The provinces will produce their proposals in January 1998, but there must be follow-up from BASICS to work with SMI, JSI, and USAID to develop the granting and evaluating mechanisms that are necessary for implementing the IEC and community-based components of the IMCI program.

The selected person should be someone who understands these two components well and can "join" the IMCI team quickly to work collaboratively with all parties. Given the short life of the current project, everyone should be ready to begin project activities in February. The health teams in Meknes and Agadir are ready to respond to that time frame.

Community-based Activities

January, 1998

1) Full-time BASICS representative assigned to Rabat to work with SMI, JSI, and USAID to develop appropriate requirements and procedures for selecting, funding, and evaluating projects,
2) SMI establishes final selection process for proposals and assists communities submitting proposals to complete the preparation of proposals to meet funding requirements,

3) SMI and BASICS establish evaluation criteria,

4) Proposals received, reviewed, developed, approved, and awarded, and

5) Select representatives of Meknes and Agadir provinces and of SMI to visit Madagascar community-based programs, visit Madagascar no later than early February

February

1) Implement first steps of community projects (e.g., baseline studies, training of community facilitators in planning, organizing, and implementing community health education and action, and assessments of technical assistance),

2) Plan with IEC specialists for information, educational, and motivational strategies and supports to community-based IMCI activities,

3) Train community facilitators,

4) Plan first formative evaluation

March

1) Continue implementation, training, technical assistance, and

2) Continue monitoring projects and IMCI activities

April

1) Continue implementation, training and technical assistance, and

2) Continue monitoring and conduct formative evaluation each quarter

May - September

1) Continue implementation, monitoring, and final evaluation, and

2) Recommend future community-based activities in Agadir and Meknes Provinces as well as in other provinces of Morocco
IEC Activities

January

1) Complete adaptation of food box, incorporating additional information gained from local terms research, as well as feedback from BASICS’ nutrition team in Washington (Helene Cholay and technical group, responsible)

2) Evaluate existing IEC materials being used by the health facilities in Meknes and Agadir to support child health programs and determine their effectiveness and future use in the context of IMCI (IEC animateurs in Agadir and Meknes, responsible)

3) Prepare draft of “IMCI Update” bulletin for dissemination to pilot sites in Agadir and Meknes. This issue could discuss some of the activities that have already started in preparation for IMCI (e.g., food box, baseline study, technical adaptation, etc) and plans for technical training course this Spring (SMI in Rabat, responsible)

4) IEC animateurs in Agadir and Meknes meet with their provincial IMCI teams in advance of the BASICS consultant’s visit to solicit their input on adapting the mother’s card. This will ensure that it will reflect the program priorities, emphasize the important local health problems, and reflect local practices

February

1) BASICS IEC consultant should travel to Morocco for three weeks to assist with the following

   • Work with IEC animateurs from Agadir and Meknes on adaptation of mother’s card. Develop two draft versions for pretesting with mothers and health workers
   • If IMCI teams in Agadir and Meknes agree that it is necessary, conduct focus groups and individual interviews with health workers to determine obstacles to effective counseling and communication with mothers. Share results with organization of services working group. Based on results, begin to develop plan for addressing the obstacles and improving the counseling and IPC
   • Design pretest instruments for individual interviews with mothers and health worker interviews for pretesting mother’s card
   • Review the community project proposals with attention to IEC plans and make recommendations for any revisions
2) Finalize and send out first issue of “IMCI Update” bulletin to Agadir and Meknes

March

1) Pretest mother’s card in Agadir and Meknes Provinces with mothers and health workers (include one urban, one rural and one peri-urban health facility in each of the provinces),

2) Analyze results and prepare pretest report,

3) Begin implementation of counseling plan,

4) Draft second issue of “IMCI Update” bulletin. This issue might highlight the visit to Madagascar and findings, and include calendar for upcoming technical training course, and

5) Continue IEC support to community-based IMCI projects

April

1) Revise mother’s card based on pretest results and finalize,

2) Finalize and send out second issue of “IMCI Update” bulletin to Agadir and Meknes,

3) Continue implementation of counseling plan, and

4) Continue IEC support to IMCI community-based projects

May-September

1) Continue IEC support to IMCI in health facilities,

2) Continue IEC support to IMCI community-based projects, and

3) Conduct impact evaluation of IMCI IEC activities
APPENDIXES
APPENDIX A
List of Contacts
LIST OF CONTACTS

Rabat

Ministry of Public Health
Dr Mostapha Tyane, Directeur, Direction de la Population
Dr Abdulwahab Zerrari, Chef de Division, Sante Maternelle et Infantile
Pr Amina Balafrej, Chef de Division, Information, Education, et Communication
Dr Hamid Chekhli, Chef du Service, la Protection de la Sante Infantile
Mr Hnini, Direction de la Population, Secretariat d'Etat Charge de la Sante
Rachida Laraqui Tazi, Representative of the Union Nationale des Femmes Marocaines
Aziza Lyaghfouri, Diarrhea

Province of Meknes El Menzah
Dr Ahmed Cherrat, Delegate, Delegation de la Wilaya de Meknes
Dr Fatima Zahra Bensaid, SIAAP
Dr Nadir Kandoussi, SIAAP
and other staff members
Director and staff, Centre de Sante, Moulay Idriss
Pasha, Moulay Idriss

Province of Agadir
Dr Farhaoui, Medecin-Chef du SIAAP
Mr Boulgana, Major de SIAAP
Mr Mohamed Ouadi, President Fondateur de l’ Association TIOUIZI, Tagadirte - Naabadou
Director and staff, Centre de Sante, Anza
Mayor, Commune of Taghazout
Mme Alaoui, Directrice and staff, Garderie d’Enfant, La Ligue Marocaine de la Protection de l’Enfance
Community of Tagadirt N’Abaadou

Non-Governmental Organizations
Dr Demal, Director, L’Observatoire Nationale des Droits de l’Enfant
Malak Ben Chekroun, Directrice, Association Marocaine de Solidarite et de Developpement

USAID
Michelle Moloney-Kitts, Chief, Health, Population, and Nutrition
Dr Amina Essolbi, HPN

JSI Project
Dr Theo Lippeveld, Project Director
Sereen Thadeus, Communication Advisor
Michael Scott, Johns Hopkins consultant
APPENDIX B

Avant-Propos for Community-Based IMCI Project, Agadir
AVANT PROJET PARTICIPATION COMMUNAUTAIRE A LA PRISE EN CHARGE INTEGREE ET DE QUALITE DE L’ENFANT.
(Decembre 97- Decembre 98)

I - PRESENTATION

Intitule du projet
Il s’agit d’un projet de santé, conçu et réalisé en partenariat entre la communauté et ses partenaires pour promouvoir la santé de l’enfant et lui assurer une prise en charge intégrée et de qualité.

B - N° de référence du projet Projet Sante 1/ PC PCIME /97

C - Localisation du projet
Wilaya d’Agadir, Préfecture d’Agadir Idaoutanane, cercle des banlieues d’Agadir, Caidat et commune rurale de Drarga, village Tagadirte - Naabadou

D - Groupe directement cible
- Les bénéficiaires du projet sont les enfants auxquels on cherche à assurer une prise en charge intégrée et de qualité de leur santé
- Les mères et grands-mères que l’on cherche à sensibiliser, à éduquer et à former sur la conduite à tenir pour assurer une prise en charge intégrée et de qualité de l’enfant

E - Cadre de réalisation du projet
Le projet participation communautaire à la prise en charge intégrée et de qualité de l’enfant, sera réalisé en partenariat entre le ministère de la santé publique et la délégation d’Agadir, l’association sociale TIOUZI de Tagadirte - Naabadou et l’Union nationale des femmes Marocaines section d’Agadir et en étroite collaboration avec la commune de Draiga et l’autorité locale

F - Durée du projet pilote 12 mois (Decembre 97 – Decembre 98)
L’évaluation du projet pilote permettra de décider de l’extension du projet à d’autres communautés

G - Financement du projet
- Coût total du projet
- Montant supporté l’association sociale TIOUZI
- Montant sollicité de l’USAID
- Apport de la santé publique
- Apport de l’UNFM

H - Organisation d’exécution du projet
- Demandeur du projet
L’association sociale TIOUZI a laquelle adhère la totalité des habitants de la localité (plus de 3500 hts) qui insère ses activités de développement dans l’objectif d’améliorer les conditions de vie et de santé de la communauté
Il s'engage absolument à soumettre à ses partenaires tout rapport de synthèse et rapports financiers et à permettre le suivi, le contrôle, l'audit financière et l'évaluation
- Responsable de l'exécution du projet

I – Date de soumission du projet   Décembre 97

II – RESUME

A- Description du projet
Le projet (Participation de la communauté à la prise en charge intégrée et de qualité) cherche à impliquer la communauté de TAGADIRT N'AABADOU, en tant que partie prenante, à participer activement à l'amélioration de l'état de santé de l'enfant.
Pour cela, le projet organisera la communauté féminine de la localité qui sera sensibilisée, éduquée et formée sur le rôle à jouer pour assurer à l'enfant un bon état de santé et de développement psychomoteur.
Le projet sera réalisé en partenariat entre l'Association, le département de la santé et l'UNFM.

B- BUT DU PROJET
Le projet s'inscrit dans le cadre de l'objectif général de l'Association qui est d'améliorer les conditions de vie et de santé des habitants de la localité.
Le but spécifique du projet et d'assurer une prise en charge intégrée et de qualité de l'enfant.

C- RESUME DU PROBLEME
En dépit des efforts déployés par les services de santé pour améliorer la couverture sanitaire et installer des programmes pour promouvoir la santé de l'enfant, ce dernier reste exposé à une morbidité et une mortalité très élevées, dues, essentiellement, aux problèmes d'accessibilité, à la mauvaise organisation des fréquentations des formations sanitaires, à la lourdeur du support d'information qui entrave l'entretien et l'éducation pour la santé, ainsi qu'au niveau de motivation et de formation du personnel de terrain.
La localité de Tagadirt – Naâbadou est dépourvue de formation sanitaire fixe. Elle est desservie par l'équipe mobile à partir du centre de santé de Tikioùne, a raison d'une fois tous les quinze jours, chaque mardi. Le centre de santé de Tikioùne se trouve à une dizaine de kilomètres.
Le projet d'AEP, réalisé par l'Association Tiouzi, a contribué de façon notable à l'amélioration des conditions de vie et de santé de la communauté de Tagadirt Naâbadou.
Les femmes, jadis affectées aux corvées quotidiennes et continues de quête d'eau, disposent aujourd'hui de temps à meubler utilement et de volonté d'améliorer sa façon d'assurer une prise en charge intégrée de l'enfant. La communauté aspire pour cela, a être organisée, informée, sensibilisée, éduquée et formée.
C'est l'attente à laquelle doit répondre le projet de participation à la prise en charge intégrée et de qualité de l'enfant, grâce au partenariat entre l'association sociale, les services de la délégation du Ministère de la santé publique d'Agadir, l'Union nationale des femmes marocaines, et avec la collaboration de la commune rurale de Drarga et de l'autorité locale.
La réussite du projet et son extension aux autres communautés du milieu rural est à même d'assurer une prise en charge intégrée et de qualité de l'enfant, avec la participation active des principaux concernés. Les meres et les familles.
D- Objectifs spécifiques du projet
- Sensibiliser les familles sur leur rôle d’assurer à leur progéniture un bon état de santé et de développement psychomoteur
- Eduquer les femmes en matière de prise en charge intégrée et de qualité de l’enfant,
- Traiter convenablement et en premier recours les maladies de l’enfant,
- Connaître les signes de gravité rendant nécessaire l’envoi d’urgence vers la consultation médicale,
- Evaluer le projet pilote et en tirer les modalités d’extension du projet à d’autres communautés pour atteindre l’objectif de prise en charge intégrée et de qualité de la santé de l’enfant

E - Activités à développer
1) Pour sensibiliser les familles
   - Achever la construction et l’aménagement du local allant servir de salle de réunion et de foyer féminin
   - Equiper en bancs et en supports d’I E C (T V, vidéo, cassettes, affiches, chevalets etc)
   - Equiper en Table d’examen pour l’équipe mobile et la consultation médicale itinérante
   - Organiser les femmes et créer un comité de pilotage local du projet
   - Procéder au choix des personnes relais, au sein de la communauté, selon des critères de disponibilité, d’acceptabilité, et l’aptitude à dispenser des prestations éducatives et à reconnaître les signes de gravité des maladies infantiles,
   - former les personnes relais et dispenser des connaissances techniques et en matière d’I E C, médication de premier recours et signes de gravité
   - Organiser des séances d’I E C au profit de la communauté féminine de Tagadirt-Nâbadou,
   - Assurer le suivi et évaluer l’état d’avancement du projet

2) Pour éduquer les femmes
   - Organiser des séances d’information, d’éducation et d’échange d’expériences entre les femmes sur la conduite à tenir pour assurer une prise en charge intégrée et de qualité de l’enfant
   - Choisir les thèmes d’I E C relatifs à la santé de l’enfant accouchement, alimentation, vaccination, surveillance de la croissance et du développement psychomoteur, prévention des maladies diarrhéniques et traitement des maladies respiratoires aiguës de l’enfant
   - Du fait de l’interdépendance de la santé de l’enfant et de la santé de la mère, etendre le paquet d’action aux prestations visant l’espacement des naissances, la surveillance de la grossesse et la vaccination antitétanique

3) Pour traiter les maladies de l’enfant. Disposer des médicaments de premier recours (SRD antipyrétiques )

4) Pour évacuer à temps, faire connaître les signes de gravité des maladies infantiles et évacuer à temps vers la consultation médicale
5) Pour évaluer le projet pilote
   - Assurer un suivi et une supervision continus et évaluer le projet
   - Établir des critères d'évaluation et recolter les informations nécessaires a une
     bonne évaluation
   - Doter le projet d'un micro-ordinateur et former les personnes responsables

F) Justifications du projet
1) Justifications intrinsèques la communauté féminine, organisée dans le cadre de
   l'Association sociale Touizi adhère au projet d'amélioration des conditions de vie et de santé
   des habitants de Tagadirt-Naâbadou, et adopte, lors de la visite du Mardi 9 Décembre 1997, le
   projet de prise en charge intégrée et de qualité de l'enfant
2) Justifications extrinsèques la santé de l'enfant est au centre des préoccupations du
   Ministère de la Santé Publique, des Organismes nationaux et internationaux (OMS –UNICEF
   –USAID et autres ONG étrangère ou non)

D- ORGANISATION DE LA COMMUNAUTÉ
   La communauté de Tagadirt Naaboudou s'est organisée en association sociale de
   développement, qui eût son instance dirigeante, le bureau exécutif, en assemblée
   générale ordinaire, pour un mandat reconductible d'une année à l'issue de laquelle seront
   présentés les rapports moral et financier
   L'instance dirigeante créée en son sein, avec association des membres en dehors du
   bureau, des commissions de suivi chargées de l'exécution des activités programmes
   - Commission des liasons et de la communication
   - Commission de suivi des travaux
   - Commission des activités scolaire et sportives
   - Commission agricole
   - Commission d'alphabetisation et de la promotion de la femme
   Ces commissions rendent compte, presque hebdomadairement, de leurs activités,
   soumettent les obstacles et les problèmes rencontrés à la délibération du bureau exécutif
   Cette organisation structurée remplace l'ancienne Jemaâ de la communauté, jadis
   responsable de la gestion des affaires communes

H- PARTICIPATION LOCALE
   - Achèvement de la construction du local abritant le projet,
   - Organisation de la communauté et sa mobilisation autour du projet,
   - Participation à la gestion du projet, a son suivi et a son évaluation
I - COUT DU PROJET

<table>
<thead>
<tr>
<th>Activités</th>
<th>Coût</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Achèvement de la construction/Amenagement local</td>
<td>40 000,00 DH</td>
</tr>
<tr>
<td>TIOUIZI</td>
<td></td>
</tr>
<tr>
<td>2-Equipment de la salle</td>
<td></td>
</tr>
<tr>
<td>20 bancs*300,00dh</td>
<td>6 000,00 dh</td>
</tr>
<tr>
<td>10 tables*600,00dh</td>
<td>6 000,00 dh</td>
</tr>
<tr>
<td>1 Téléviseur</td>
<td>15 000,00 dh</td>
</tr>
<tr>
<td>1 Appareil Vidéo</td>
<td>10 000,00 dh</td>
</tr>
<tr>
<td>Affiches + Chevalets</td>
<td></td>
</tr>
<tr>
<td>3-Equipment en table de consultation pour EM et consultation itinérante</td>
<td></td>
</tr>
<tr>
<td>4-Formation des personnes relais 5pers* 5jours=</td>
<td></td>
</tr>
<tr>
<td>5-Disposer des médicaments de premier recours,</td>
<td></td>
</tr>
<tr>
<td>6-Evacuer d'urgence les enfants malades,</td>
<td></td>
</tr>
<tr>
<td>7-Assurer le suivi et la supervision,</td>
<td></td>
</tr>
<tr>
<td>8-L' aluation * Acquisition d'un micro-ordinateur,</td>
<td></td>
</tr>
<tr>
<td>* Formation des personnes responsables,</td>
<td></td>
</tr>
<tr>
<td>9-Imprevus (15 %)</td>
<td></td>
</tr>
<tr>
<td>- Coût total</td>
<td></td>
</tr>
</tbody>
</table>

J- PLANNING DES ACTIVITES

1-) Construction du local                                                  Fin Decembre 97-Debut Fevrier 98
2-) Equipment et medicaments                                              Mars 98
3-) Organiser la communaute                                               Janvier- Fevrier 98
4-) Formation des personnes relais                                        Fevrier 98
5-) Mise en place du projet                                               Mars 98
6-) Former le personnel(ordinateur)                                       Janvier 98
7-) Assurer le suivi                                                      Janvier 98-Juin 99
8-) Evaluation                                                            Janvier 98-Juin 99

K-) REPARTITION DES ATTRIBUTIONS

1°) Attributions de l'Association TIOUIZI
- Elaborer un avant-projet de participation de la communaute a la prise en charge integree et de qualite de l'enfant
- Achèver la construction et l'aménagement de la salle de deroulement des activités educatives
- Participer à l'organisation de la communaute féminine
- Expliquer le projet et mobiliser la communaute de Tagadrt-Naâbadou autour du projet
- Assurer le suivi et l'évaluation du projet
2°) Attributions de l’US-AID
- Participer a la conception, a la preparation, a la mise en place, au suivi et a l’évaluation du projet
- Equiper le local en materiel et en supports educatifs
- Financer la formation des personnes relais
- Equiper en micro-ordinateur
- Fournir l’appui technique au projet

3°) Attributions du Ministere de la Sante Publique
- Participer a la conception, a la preparation, a la mise en place, au suivi et a l’évaluation du projet
- Participer a l’équipement du local (table d’examen)
- Participer a l’organisation de la communaute
- Assurer la formation des personnes-relais
- Assurer la formation du personnel responsable de l’Association (initiation a l’ordinateur)
- Elaborer le support d’information et d’évaluation
- Doter de medicaments de premier recours

4°) Attributions de l’union Nationale des Femmes du Maroc
- Participer a la conception, a la preparation, a la mise en place, au suivi et a l’évaluation du projet
- Introduire la communautée feminine de la localite, expliquer le projet
- Organiser la communautée feminine
- Participer a l’équipement du local
- Explorer les autres activites a developper avec la communautée alphabetisation, couture tissage,broderie etc