

Dr. Juan Camilo Kuan-Medina
Djibouti EHA Focal Point
Mission Report (May 29 – June 4, 2006)

General Objective

Technical support to the Ministry of Health, sanitary districts in order to implement the Mobile Units Project, part of the CERF 1 and 2 programs.



Mission Specific objectives

- Establishment of contacts with the local authorities and with the MHC executives.

WHO Djibouti – Mobile Units Project

- Evaluation of the current situation in terms of human resources, logistics, visited communities' needs and so on.
- Evaluation of the needs (logistical, Human Resources, financial and training needs)
- Evaluation of the nutritional and epidemiological surveillance activities realized by the Mobile Units.

1. Partners met

1. Ministry of Health

- Arta District, Mr Hassan Ismael on May 29, 2006
- Dikhil District, Ms Samira Ali Hibo on May 30, 2006
- Ali Sabieh District, Mr Bourban Ahmed Dini on June 1st, 2006
- Tadjoura and Obock Districts, Mr Abdallah on June 3 and 4, 2006

2. HMC and Mayors

Date / District	Mayor/Deputy	HMC
28/05/06 ARTA	Mr Atteyeh Waiss (422117-83 2971)	Dr. Ali Youssouf Arta HMC Manager (422074- 851865)
29/05/06 DIKHIL	Mayor	Dr Mohame Hachi HMC Manager Dr. Carlos Pena Cuban Cooperation, Dikhil Mobile Units Manager
01/06/06 Ali - Sabieh	Mr. Youssouf Ali (82 11 17)	Dr. Mohamed Osman Ajibril HMC Manager (825978 -426047) Mr Jose Antonio Bustamante Cuban Cooperation
03/06/06 Tadjourah	Mr. Abdourazack Daoud (810422)	Mrs Maria de los Angeles (877860-424080) Cuban Cooperation
04/06/06 OBOCK	Mr Ali Mohamed Maki (820670-428138)	Dr. Moulid Abdillami Abdi HMC Manager (858288-428023) Leonardo Zangronis (877850) Cuban Cooperation

2. Current situation analysis

At the time of the evaluation visit, Mobile Units are operational in the following districts : Ali Sabieh, Dikhil and Obock. In the Tadjoura district however, we note that the project is not functional as the team does not have a vehicle.

Tables below describe main data's available in terms of logistics, administration and management, available human resources, reporting and evaluation. Tables show also most useful indicators for each district.

Main indicators per District

INDICATORS	TADJOURAH	OBOCK	DIKHIL	ARTA	ALI-SABIEH
Total Population	48,820	19,460	52,640	13,000	58,120
Pop. at risk	18,876	9,636	24,200	9,100	18,118
# of families	3.775	1.927	4.840	1.820	3.623
# of Children < 5 yrs	(13%) 6,834	(14%) 2,724	(14%) 7,369	(14%)1,820	(14%) 8,136
Women in reproductive age	(27%) 13,181	(27%) 5,254	(26.9%)14,212	(26%)3,510	(26.9%)15,692
Services available					
Health Centre	7	4	5	2	5
WFP distribution centre	32	77	78	37	35
BDN Sites	2	3	2	3	1
Mobile Units	NO	YES	YES	NO	YES
Care access					
Health centre /10,000 people	1.4	2.05	0.95	1.53	0.86
FC/1000 children <5 yrs old	4.5	28	10.5	2.8	4.3
BDN sites /10,000 people.	0.9	1.53	0.6	2.3	0.52
MNT prevalence	+++	++++	++	++	++
Sites visited by MU		17	18		37

Comparative Table of Means and implemented activities

	Ali Sabieh	Dikhil	Obock
Logistics			
Vehicle Condition	Average	Average	Poor
Radio telecommunication	No	No	No
Medicines	Yes	Yes	Yes
Equipment	No	No	No
Administration and Management			
Monthly working Budget (FDJ)	66,000	66,000	66,000
Human Resources			
MD in charge of the Coordination	Yes	Yes	Yes
Vaccination Nurse	Yes	Yes	Yes
Midwife	Yes	Yes	Yes
Hygiene Officer	Yes	No	No
Driver	Yes	Yes	Yes
Activités			
Medical Consultation/Treatment	Yes	Yes	Yes

WHO Djibouti – Mobile Units Project

EPI	Yes	Yes	Yes
Pre/Post-natal consultations	Yes	Yes	Yes
Family Planning			
Sanitary Education	Not Available	Not Available	Not Available
Standpipes Inventory	No	No	No

(Continuation)	Alie Sabieh	Dikhil	Obock
Activities(Continuation)			
Nutritional surveillance	No	No	No
Epidemiologic Surveillance	No	No	No
Reporting / Monitoring tools			
EPI	No	No	No
IMII	No	No	No
Pre/Post-natal Consultations	No	No	No
Family Planning			
Medical Consultations	No	No	No
Planning/Monitoring/ Evaluation			
Monthly planning	Yes	Yes	Yes
Monthly Evaluation	No	No	No
Supervision	No	No	No

Dikhil : Activity Report January to May 2006

	January	February	March	April*	May	Total
# of visited Communities	8	6	8	0	8	30
# consultations needing treatment	416	333	368	0	N/A	N/A
Immunized Children (0 to 5 years old)	42	71	83	0	N/A	N/A
Consulting pregnant women	31	25	28	0	N/A	N/A
HMC Consultations	37	56	46	0	N/A	N/A
Gas consumption (liters)	130 lt.	280 lt.	290 lt.	0	N/A	N/A

** In April, the Mobile Unit could not operate as financial funds were not available.

Dikhil District

Dagadle, Sankal, Bondora, Gasgade, Galafi, Hanle 1 and 2, Koutabouya, Dagdahalaou, Dawdouja, Asгна, Ourguin, Lac Abe, Chekety 1, Arwo, Dahoto, Gourabous, Garsaledaba

Ali Sabieh District

Galile, Hamborito, Doudaouob-bolole, Hadla, Dounyer, Soufi, Oboley, Siyaro, Guadid, Dasbyo, Faradil, Roukoubyel, Digri, Said Aroor, Erole, Hindi, Arinaley, Araha-biyo, Aleile, Qormaha, Beya Adey, Kabah-kabah, Goubeto, Aligono, Midaan, God dawao, Mawlid, Galdaaseh, /Guestir, Biyo Kahaf, Danan, Guechamante, Assamo, Deg-wain, Gol-hol, Hajin

Obock District

3. CONCLUSIONS

3.1 Logistics

Mobile Units vehicles based in Dikhil, Ali Sabieh et Obock are all more than 5 years old. The fleet did not benefit from a regular maintenance service, therefore it was reported that vehicles break down quite often. Vehicle based in the Obock district seems to be particularly problematic. At the time of our visit, it was out of order.

There is no radio telecommunication system between the Mobile Units and the HMC or Health Centers.

Essential medicines seem to always be available. No statistics are available on the subject but no one mentioned a situation where medicines were out of stock.

Mobile Units have to borrow materials from the HMC to perform during their rounds. They do not benefit from having their own equipment. Sometimes, teams have to work without tables, chairs or even without anything to protect themselves and the patients from the sun. Midwives perform in the traditional nomadic houses (called Tukhul).

3.2 Administration and Management

So far, no formal document acknowledges the agreement between the Ministry of Health and the Sanitary Districts regarding the Mobile Units.

Funds allocated to operating costs are of 66,000 FDJ (1\$= 177 FDEJ) per district. Unfortunately gas prices are constantly on the rise and amount to 152 FDJ per liter in June 06. On average each Mobile Unit uses about 300 liters of gas each month. Communities visited by the program are located as far as 100 km away from the Mobile Unit base.

Let's take the Dikhil Mobile Unit as an example. Dikhil Statistics indicate that the team performed 30 field trips in the 22 first weeks of the year or an average of 1.36 field trip per week. This weak performance results from the lack of sufficient funds allowed to operating costs. In April, for want of sufficient funds, no field trips occurred. Economic resources, staff and car were available and used to other tasks to suits needs of several services of the HMC in Dikhil.

It is important to underline the fact that Mobile Units are reported to have been often used to achieve other aims. Mobile Units often substitute for ambulances or are used to transport HMC executives. Sometimes field trips have to be interrupted to urgently transport patients to the nearest health centre or hospital.

Human Resources

Human resources are available locally and have good qualifications. The mission met enthusiast personnel. The teams are coordinated by a medical doctor of the Medical Cuban Cooperation.

Hygiene officer was not recruited for each team. Without such specialist, community education activities are limited.

Activities

Medical consultations and treatment, prenatal and postnatal visits, family planning consultations and EPI are properly performed and on a regular basis.

Prevention and health education activities are limited. This is due to the important numbers of patients awaiting the teams upon arrival. These activities do therefore not occur on a regular basis.

Nutritional follow up is not systematized. Alert system regarding nutrition or sickness with an epidemiological potential are not in place.

Planning, Monitoring and Evaluation

Mobile Units activity reports are not standard. In addition, formats in place do not meet the needs for data to be taken into consideration into the MoH Information System. Follow-up notebooks collect information from several different activities and are not specific to the Mobile Units. As a consequence, activities' follow-up, analysis and evaluation are not easy to do.

Funds allocated the operating costs are fluctuating. The operating costs cover various costs such as gas, car maintenance, cool beverages for the teams and so on. The program of the Mobile Units depends on amount allocated.

There is no regular micro planning sessions or activity evaluation sessions between the Mobile Units teams and the HCM executives.

4. RECOMMENDATIONS**In General**

Appoint a MoH focal point responsible for the follow-up, monitoring and regular evaluation of the Mobile Units project.

Design and implement of a reference document regarding the Mobile Units project. Such document should be concerted with all partners and stakeholders. For this specific program, it will identify the intervention framework of each stakeholder, its role, rights and duties but also will clarify everyone's role in the Mobile Unit project. WHO will compile useful data's and will submit a draft to the MoH for further discussion and ratification.

Put in place regular micro planning sessions between the HMC executives and the Mobile Units teams in the districts covered by this project (Dikhil, Ali Sabieh, Arta, Tadjoura and Obock)

Logistics

Allocation of one (1) vehicle per District for the Mobile Units program. This vehicle must benefit from regular car maintenance (with proper car maintenance planning), be equipped with medical equipment and necessary equipment in order to facilitate working conditions in the field. The vehicle should also be equipped with a radio telecommunication system in order for the teams to be in contact with the HMC.

Administration and Management

Allocation of sufficient and regular financial funds in order to facilitate planning and Mobile Units field trips to remote communities (i.e. a minimum of 12 trips per month, with an average of 100 km return trip or 1200 km per month) .

Implementation of an expense follow-up system and an activities evaluation program.

Human Resources

Appointment of hygiene Officers in order for each Mobile Unit to have a qualified person to train local communities and more specifically nomadic people on hygiene issues.

Regular training to Mobile Units Teams regarding the MoH minimal services pack.

Activities

Regular implementation of the Minimal Health Services pack by Mobile Units. Pack content has to be defined according to MoH directives on the subject.

Implementation of EWARS and the Nutritional surveillance system.

Planning, Monitoring and Evaluation

Implementation of standard reporting formats to be used by the Mobile Units. Such format will have to be compatible with MoH information system.

Activities planning concerted between HMC and Mobile Units Teams.

Regular evaluation (i.e. on a monthly basis) of the activities with a centralized supervision by a MoH focal point.

