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World Vision Relief & Development Inc.

**FIRST ANNUAL REPORT
THIES CHILD SURVIVAL VII PROJECT
THIES, SENEGAL**

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Submitted to:

**PVO Child Survival Grant Program
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LIST OF ACRONYMS

CDD	Control of Diarrheal Diseases
CHW	Community Health Worker
CREN	Center for Recuperation and Nutritional Education
CSP	Child Survival Project
DHO	District Head Office
DHS	District Health System
DIP	Detailed Implementation Plan
EPI	Expanded Program for Immunization
IEC	Information Education Communication
MOH	Ministry of Health
NGO	Nongovernmental Organization
ORT	Oral Rehydration Therapy
PHC	Public Health Care
SANAS	Food and Nutrition Services
SSS	Sugar/Salt Solution
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health Organization
WV	World Vision
WVRD	World Vision Relief & Development

INTRODUCTION

World Vision (WV) conducted an annual evaluation of the Thies Child Survival Project (CSP) based on the guidelines recommended by USAID. This evaluation, conducted between September 18-26, 1992, had the following objectives:

- ▶ Assess the project accomplishment in relation to project objectives.
- ▶ Measure the effort made by WV and the Ministry of Health (MOH) staff to initiate activities to sustain the Thies CSP.
- ▶ Make an inventory of lessons learned and constraints encountered during this past year.
- ▶ Evaluate the need for modifying or changing the project design.

The evaluation was organized and led by Lamine Thiam, the project manager; Dr. Moctar Camara, the regional medical officer of Thies; and Dr. Fulgence Ndiaye, the medical officer of the Mekhe District.

The evaluation methodology consisted of a team meeting with the primary health care (PHC) program supervisors from the health district of Mekhe in addition to the analysis of the vaccination, nutrition, ORT, and maternal protection program coverage data collected in the pilot area of Niakhene, using WHO techniques recommended for the assessment of the Expanded Program for Immunization (EPI) programs.

Available project documents were also examined, together with the proposed report forms and the Detailed Implementation Plan (DIP). The time table for the evaluation was as follows:

- ▶ September 18: Review of the methodology of the annual evaluation process according to A.I.D. guidelines. This was done in collaboration with the health district team of Mekhe.
- ▶ September 21: Sensitization of the 30 villages or village clusters chosen randomly for the survey.
- ▶ September 22-23: Collection of field data.
- ▶ September 24: Data processing and analysis.
- ▶ September 25: Presentation and discussion of results with MOH staff.
- ▶ September 26: Report writing.

BACKGROUND

The CSP is one of the most important components of the Louga, Senegal Integrated Rural Development Program (LIDP) implemented by World Vision to benefit a total population base of 143,000 inhabitants located in the arrondissements of Mbediene, Sagatta, and Ndande. The Hydrology, Agricultural, Education, and Women in Development projects constitute the other components of this project.

Initiated in October 1986, the CSP was completed in September 1989 for a total of a three-year grant period.

Initially, the project proposal was approved for the arrondissement of Mbediene with a population of 43,000 inhabitants. After the first year of implementation, the extension of the activities within the two arrondissements of Ndande and Sagatta was requested by the Minister of Health in order to achieve regional coverage of the project to benefit a population of 143,000.

In July 1988, WV conducted a Midterm Evaluation of the project in cooperation with the MOH, USAID representatives, and an outside consultant. As a result of this evaluation, it was concluded that the objectives established at the beginning of the project were barely achieved. It was recommended that the project be extended until 1991 as a means of improving the chances of success, as well as ensuring the sustainability of the project after WV phaseout.

In July 1989, with the assistance of the representatives of WV Headquarters and an outside consultant, a final evaluation was conducted to determine the impact of the project, including the strategies adopted to ensure sustainability.

Following this final evaluation, the local mission of USAID renewed its commitment to WV by providing additional grants for the extension of the project during the fiscal years 1990-1991.

Following a six-day tour of five regions of Senegal, including Kaolack, Tabacounda, Fatick, Diourbel, and Louga—the Food and Nutrition Services of the MOH (SANAS)—was quite impressed with WV's community approach to nutritional education. Inspired by this approach, SANAS intends to elaborate a national nutritional strategy along the same grass-roots principles.

In September 1991, WV initiated an evaluation of the project after five years of implementation. The evaluation team was composed of:

- ▶ External Consultant: Dr. Gunawan Nugroho;
- ▶ WVRD International Health Programs Department Director: Dr. Milton Amayun;
- ▶ Medicine Chef of Louga;
- ▶ USAID Coordinator of rural health projects; and
- ▶ Representatives of the MOH at the national level.

During the first two years of implementation, certain constraints were encountered, including:

- ▶ Delay in the approval of the letter of execution;
- ▶ Nurses' strike; and
- ▶ Difficulties of efficiently integrating this project into the agricultural and hydrology components of the integrated rural development project of WV based in Louga.

These constraints impeded the successful implementation of the project. In 1989, following the recommendations of the Midterm Evaluation team, WV decided to integrate the health project activities into the other project components (i.e., hydrology, agriculture, education, social mobilization, and women in development). In addition, WV redefined its strategies by granting to primary health care an important priority with an emphasis on the education of mothers to assume full responsibility for the health of their children—a process around which the basic traditional health care services including ORT, vaccination, and growth monitoring of children will be reinforced. Nutritional promotion was thus considered as a complementary activity alongside the preventive activities.

The results of the epidemiological evaluation in July 1989 revealed that this strategy was quite efficient. A reduction of 44 percent in the incidence of protein/calorie-deficient malnutrition was recorded among children of 0-5 years in the arrondissement of Mbediene. The evaluation of July 1989 also demonstrated that the promotion of primary health care can be achieved in the absence of health huts.

The positive experiences gained during FY89 were extended to several other villages in the arrondissement of Ndande and Sagatta. The responsibility of assuring the vaccination of infants between 0-23 months was given to the mothers. The responsibility of organizing weighing sessions and cooking demonstration sessions was also assigned to the mothers, among whom 55 volunteered for training as village health promoters.

The positive action undertaken by WV induced the "Region Medical" to draft a newsletter of execution which was approved by the Minister of Public Health in July 1990. The new orientation initiated by WV during the past two years was confirmed in the latest directives issued by the head of state to the Minister of Public Health during the year 1990.

In April 1991, USAID/Washington approved the extension of the CSP for a period of three years (FY92-FY94) in an area south of the original project zone in the department of Tivaouane in the health district of Mecke. The CSP will be executed in the three arrondissements of Meouane, Niakhene, and Merina Dakhar. This zone is characterized by a soudano-sahelian climate with a single annual rainy season of three to four months. Agriculture is the principal economic activity of the population. According to MOH estimates, the infant-juvenile mortality rates are 86 per thousand and 135 per thousand, respectively.

A baseline survey conducted in collaboration with the School of Public Health of Johns Hopkins University in January 1992 revealed the following:

- ▶ 31.5% of children 12-23 months of age were fully immunized and 13.7% of the children were correctly immunized. The dropout rate (DTP1-DTP3/DTP1) was 29.8%.
- ▶ 19.8% of all mothers in the sample received two or more TT vaccinations.
- ▶ The utilization rate of modern contraceptives was 1.7% (excluding pregnant women).
- ▶ 22.6% of the mothers gave semi-solid foods (porridge) to infants four to six months old.
- ▶ 3.8% of the mothers interviewed knew they should give foods rich in Vitamin A (carrots, sweet potatoes, tomatoes).
- ▶ 25.1% of the mothers interviewed declared they did not do anything to prevent malaria.
- ▶ 50.2% (119) of the children had diarrhea within two weeks preceding the survey.
- ▶ 69.9% of the mothers declared they do not have latrine facilities in their household.

1. RESULTS IN YEAR ONE

1.1 Major Results

Vaccination Coverage:

During FY92, 67 health promoters were trained on the advantages of vaccination with particular emphasis on the need to respect the vaccination time table. Consequently, there has been an improvement in the attendance rate of health centers as a direct result of the activities of these promoters. According to the survey of village clusters conducted according to WHO guidelines, 67.8% of the children between 0-23 months were vaccinated at the health posts, while 27% were vaccinated at the village centers.

Since the beginning of the project, considerable progress has been achieved. Thirty-two percent of children of the same age group have been completely vaccinated by September 1992. This is in contrast to 13.7% before the arrival of the project. The vaccination coverage has been greatly improved due to the successful integration of the vaccination program with the other programs. The coverage rates obtained from the survey are as follows:

Number of children in sample with vaccination cards: 152

BCG	96.2%
DTCP1	86.8%
DTCP2	67.1%
DTCP3	48%
Measles	46.1%
Yellow Fever	46.1%
Fully immunized	32.2%

ORT Coverage:

The training of 67 health promoters on the control of diarrhea diseases has raised the level and frequency of use of the sugar/salt solution (SSS). The usage rate has increased from 13.6%, based on a survey conducted in January 1992, to 31.8%, according to a survey conducted in September 1992.

This first annual survey showed 61.5% of the mothers receive regular treatment from the matron (TBA) for their children suffering from diarrhea.

Maternal Protection:

The results of the survey conducted for the annual evaluation in September 1992 show that 29% of the women have received at least two doses of tetanus toxoid. This contrasts with 19.8% TT2 coverage obtained from the January 1992 survey. Twenty-eight percent of the women, according to the survey, had at least two prenatal consultations, and 23% had postnatal consultations.

Nutrition Promotion:

This component is in progress slowly but surely. It has not been integrated into the agricultural project yet. So far, 52.9% of children between 0-2 years have been covered. To improve the content of this component, a one-week seminar will be organized on the theme of applied nutrition management. This seminar will be organized in favor of health post chiefs involved in the project.

Training:

So far, 67 village promoters and 12 TBAs have been trained by the project over the past year. Seventeen health agents from the MOH and WV received training on the following topics:

- ▶ Management of essential drugs;
- ▶ Management of health information systems; and
- ▶ Management of maternal protection programs.

PROJECT ACCOMPLISHMENTS IN YEAR ONE

Objectives in the DIP	Baseline Survey Results January 1992	Annual Evaluation Results September 1992
Vaccination:		
▶ Once every quarter supply gas bottles, vaccine carriers, sterilization pots, cotton, and alcohol to the vaccination team, as well as to the nine health posts in the arrondissements of Niakhene, Merina, and Meouane by September 1994.	----	4 health posts of Niakhene were equipped.
▶ Supply a Honda "50" motorbike to each health post by September.	----	4 health posts of Niakhene were equipped.
▶ Convert each of the 40 central villages in the arrondissements of Niakhene, Meouane, and Merina.	----	41 vaccination centers set up in Niakhene.
▶ Ensure the complete vaccination of 85% of children 0-11 months of age before their first birthday before September 30, 1994.	NA	NA
▶ Ensure the complete vaccination of 85% of children between 0-23 months within the project area before September 30, 1994.	13.7%	32%
▶ Ensure that 70% of pregnant women receive the two doses of VAT before September 30, 1994.	19.8%	29%
ORT:		
▶ Supply each of the nine health posts with material necessary for the operation of an Oral Rehydration Unit before September 30, 1994.	----	NA
▶ Supply each of the 40 central villages within the 3 arrondissements with education material on RVO before September 30, 1994.	----	40 village centers in Niakhene.
▶ Train 80 ASCs, 160 promoters, 80 TBA on techniques of administering the home solution before September 30, 1994.	----	67 promoters and 12 TBAs were trained in Niakhene.
▶ Ensure that at least 60% of mothers within the three arrondissements know how to prepare and administer the home solution before September 30, 1994.	NA	NA

Objectives in the DIP	Baseline Survey Results January 1992	Annual Evaluation Results September 1992
▶ Ensure that at least 50% of mothers within the same area use the sugar-salt solution for the rehydration of their children before September 30, 1994.	12.6%	31.8%
▶ Install 120 environmental sanitation committees within the three arrondissements before September 30, 1994.	----	NA
Maternal Protection: ▶ Supply the 80 trained matrons with necessary material for the organization of CPN and postnatal consultation, as well as attend to births and conduct education sessions on family planning by September 30, 1992.	----	12 TBAs trained from Niakhene.
▶ Increase the incidence of child spacing of two years or more by 20% in the three arrondissements of the zone before September 30, 1994.	NA	NA
▶ Achieve a contraceptive coverage rate of at least six percent by 1994.	1.7%	7%
▶ Train four project agents and 20 nurses, health post chiefs, and midwives on the management of maternal protection programs by September 1994.	----	NA
▶ Ensure that 80% of pregnant women receive three prenatal consultations, within the three arrondissements, by September 30, 1994.	67.5%	28%
▶ Ensure that at least 50% of child births within the three arrondissements be assisted by a health agent by September 1994.	NA	NA
Nutrition: ▶ Supply each of the 120 central villages in the three arrondissements with material for necessary growth monitoring.	NA	41%
▶ Ensure that at least 50% of children 0-36 months receive a chemoprophylaxis treatment against parasites in November and December of each year.	NA	NA
▶ Ensure that at least 70% of children 0-3 years are weighed at least once every four months.	5.9%	18.6%
▶ Ensure that 100% of children 12-36 months are dewormed at least once a year.	NA	NA

Objectives in the DIP	Baseline Survey Results January 1992	Annual Evaluation Results September 1992
<ul style="list-style-type: none"> ▶ Organize bi-monthly education sessions on nutrition and cooking demonstrations in 120 village centers. 	NA	41%

1.2 Change in Approach to Individuals at Higher Risk

During the first year of project operations, the CS team, with the support of the MOH, has developed the following approach to reach individuals at higher risk in the arrondissement of Niakhene, the pilot area covered by the project.

The pilot area of Niakhene arrondissement with a total population of 40,000 inhabitants was subdivided into 30 village clusters. In each village cluster, two female village health promoters, generally leaders, were selected by the villagers themselves to promote adequate health and nutrition education in their respective localities. During this past year the female village health promoters used special forms with drawings and registers as part of the information gathering system to identify the names and addresses of all children under three years of age, women of childbearing age, and pregnant women in their respective village centers.

In each village cluster of the pilot project area, the health post chiefs, and nurses from the MOH, held monthly integrated maternal and child health care activities. This was an opportunity for the health post chiefs to identify individuals who need special care from the community health workers (CHWs), promoters, and TBAs, such as children with moderate malnutrition, chronic diarrhea, or incomplete vaccination for their age. All individuals considered as part of the high-risk group received regular household visits from the promoters and trained TBAs. The complicated cases which were within the competence of the CHWs and the health post chiefs were referred to the health center or the regional hospital.

1.3 Staffing

Mr. Lamine Thiam (MSC in Nutrition from Montpellier University, MS in Biological Sciences from the University of Dakar, Certificate in Managing Health Programs in Developing Countries from Harvard School of Public Health) will be responsible for project planning, management, and administration for 36 months. Since 1986, he has held several job titles including technical coordinator, deputy project manager, and project manager, all within the context of the Louga CSP. He will be assisted by the regional medical officer who has a degree in public health.

Mr. Banda Ndiaye, a graduate of CESSI (Centre D'Etudes Superieures des Soins Infirmiers) will be the technical coordinator and health information system coordinator for 30 months. During the past six years, he has been the regional primary health care program supervisor of the Thies medical region.

Mrs. Fatou Niang, a trained midwife from the National School of Midwifery in Mauritania, will be the coordinator for the nutrition improvement and maternal protection component of the program for 36 months.

Mr. Abdou Mbengue, a graduate of the National School of Nursing in Dakar, will be the technical coordinator of the ORT and EPI components of the project for 36 months. He will be assisted by the primary health care supervisor of the health district of Mékhé.

Mr. David Sy will be the animator of the project. He will be responsible for the sensitization and social mobilization of the village groups for 36 months.

Mr. Edouard Diatta is the part-time financial manager responsible for bookkeeping and accounting to ensure that the finances are managed in accordance with USAID financial reporting guidelines.

All the staff listed above have joined the team during this past year (see Appendix 1).

1.4 Continuing Education

Mr. Lamine Thiam, the CSP manager, attended an eight-week intensive training course in the Management of Health Programs in Developing Countries at the School of Public Health of Harvard University from June to August 1992.

In March 1992 the manager and technical coordinator of the project and the medical officer of the health district of Mékhé visited a successful family planning project in Gambia managed by the Gambian Association of Family Planning (GAFP). The lessons learned by the GAFP staff during more than a ten-year period were shared with the project staff.

The manager, technical coordinator, and program coordinators of the project attended a one-week training course on the management of the information system for decision-making in December 1991.

The technical and two program coordinators of the project attended two workshops concentrated on the Management of Maternal Health and Nutrition Programs.

1.5 Technical Support

Dr. Ciro Franco from the PVO CSP office at Johns Hopkins University assisted the team in carrying out a baseline survey in January 1992.

Dr. Milton Amayun, the director of the International Health Department at WVRD in California, visited the project area at the beginning and helped the staff to implement the project.

Dr. Eric Ram, the director of the International Health Department at WVI in Geneva, visited the project area and provided useful comments to the team related to the implementation of the CSP.

Mr. Malick Diamé, the head of the statistics department of the National Office of Public Health, assisted the project staff to develop a health information system.

1.6 Community Participation

Thirty-four active village health committees were identified in the pilot area of Niakhene arrondissement. These committees supported the construction of 41 health huts with local resources. One hundred sixty-six thousand FCFA (local currency) were collected from recovery activities by these village health committees to sustain the project activities. Since the beginning, the project staff with the collaboration of the MOH have met regularly (once per quarter) with the women's associations and health committee members in each village center to discuss issues related to the community health activities.

1.7 Linkages to Other Health and Development Activities

The current CSF activities were integrated into Women in Development project activities. In most of the villages covered by the project, the distribution of chloroquine tablets to the target populations were under the responsibility of the women.

WV has an agreement (protocol) with the MOH approved recently by the Minister of Public Health and Social Action. The CSP activities integrated in the plan of action of the health district were executed by both MOH and WV staff.

The project is looking for ways to cooperate with a French NGO called "Source de Vie" which is executing a nutrition project in one village of the project area.

2. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED

2.1 Constraints

This past year the project faced the following challenges and constraints:

- ▶ The delay due to the signature of the Letter of Execution approved recently by the Minister of Health.
- ▶ Lack of training of both MOH and project staff for the family planning program and other components of the project.
- ▶ Strike of the health post chiefs during the past two months.

- ▶ Difficulty of holding regular meetings of coordination.
- ▶ Constraints related to the financial management system of the field office which sometimes has impeded the project to reach objectives originally planned.

To overcome its major constraints, the project will focus most of its effort on conducting training seminars in management of health programs for the project and MOH staff.

In order to improve the communication system between the project and the MOH, we will continue to have regular weekly team meetings with the MOH staff at the peripheral level. Both financial and health managers of WV will meet once per month to analyze project expenses and program outputs in order to avoid a misfit between the budget formulation process and the program objectives.

2.2 Unexpected Benefits

The training of the female health promoters held this past year had a positive impact on the promotion of the primary health care activities in the pilot area of the Niakhene arrondissement. Consequently, the attendance of the health structures available in the pilot area by the target groups was high.

2.3 Institutionalization of Lessons Learned

As a result of lessons learned, it is recommended that both financial and field project managers should work together to execute the planned activities on a timely basis. There is the need to improve the coordination system between the Louga, Mekhe CSPs and the MOH staff.

Thought should be given to the appropriate motivation system to be put into place to reward project and health post staff who reach a high level of performance. The village health committees should exploit the dynamism of the women's associations to increase the efficiency of their work.

The frequency of field supervision should be increased in order to increase the effectiveness of the female village health promoters who will play a big role in the implementation process of the project.

3. CHANGES MADE IN PROJECT DESIGN

3.1 Perceived Health Needs

There are no specific changes since the DIP has been submitted. Both the MOH and project staff agree that the project objectives are realistic.

3.2 Project Objectives

Since the submission of the DIP, the following target populations have remained the same—women of reproductive age, children 0-11 months, and children 12-59 months. The project location remains the same for the three-year program; nevertheless, the project activities have begun in the pilot area.

3.3 Planned Interventions

There is no significant change in the approach to the identification of local health problems since the project submitted its DIP. However, the team discovered that the villagers are more and more interested in building latrines. We are looking for ways to integrate the construction of latrines into the control of diarrheal diseases program.

3.4 Potential and Priority Beneficiaries

There are no significant changes in the CSP interventions planned. But the project will support the Bamako initiative launched by the MOH, which is a successful cost-recovery activity to sustain the project.

4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

4.1 Characteristics of the Health Information System

4.1.1 It has been difficult for both the team and villagers to maintain records on the family or on individuals for the following reasons:

- ▶ Low literacy rate among the villagers; and
- ▶ Few women of reproductive age had birth certificates.

In spite of these constraints, in each village center the project trained village volunteers to write in arabic characters the names, dates of birth, profession, and ethnic origin of each individual in a register handed out by the project. Also, the two female village health promoters used simple forms with drawings to count the target populations.

4.1.2 Village promoters, TBAs, and the health post chiefs used the above system to follow up regularly on malnourished children, children with incomplete immunization, and women of reproductive age identified during the maternal and child health care sessions.

4.1.3 The project has selected for each component, as described in the DIP submitted, indicators to measure:

- ▶ The level of achievement of objectives; and
- ▶ The cost-efficiency of the project activities.

4.1.4 In each village center, the promoters, TBAs, and first aid agents trained by the project staff, send, once per month, a monthly report to the health post where the data are analyzed for decision-making by the health post chiefs and the villagers.

4.2 Special Capacities of the Health Information System

4.2.1 Given the nature of the project, which is preventive rather than curative, the project concentrates less effort in collecting data related to the number of the clinic sessions held in the project area.

4.2.2 This past year the project monitored the following sustainability indicators:

- ▶ Number of monthly meetings held by the village health committees;
- ▶ Number of health program activities carried out each month by the village groups;
- ▶ Number of trained volunteers still active; and
- ▶ Number of regular supervisory visits held monthly by the MOH.

4.2.3 The project does not have specific activities to identify children with acute paralysis. Nevertheless, the project is looking for ways of collaborating with Terre Des Hommes, an NGO specializing in the treatment of these afflictions.

4.2.4 Given that the work of the CHWs requires a certain flexibility, it is not appropriate in the rural context to request CHWs to spend hours collecting pre-service and in-services data. Granted that, in addition to the health activities, most CHWs carry out agriculture activities.

4.2.5 Nutritional data like weight-for-age was difficult to collect because of the lack of training of the health post chiefs in the management of community nutrition programs.

4.3 Management of the Health Information System

4.3.1 Approximately 30% of the project expenditures were spent on design and management of the project health information system.

4.3.2 Indicators were reviewed in September 1992. No significant changes were made.

4.3.3 Once per month, the project, health posts, and health district staff regularly analyze data from different levels for decision making.

4.3.4 The CHWs are responsible for collecting, compiling, analyzing, and monitoring the quality of data at the village level under the supervision of the health posts chiefs. At the health posts, data is analyzed under the control of the regional and departmental primary health care programs.

4.3.5 To improve the health information system of the project, the team and the MOH staff received a one-week training workshop in the Management of the Health Information System.

5. SUSTAINABILITY

5.1 Recurrent Costs

5.1.1 The following recurrent costs will continue after A.I.D. CS funding ends:

- ▶ Restocking of basic drugs at the village center level (US\$3,000).
- ▶ Partial defrayal of CHWs' training costs—US\$12,436.
- ▶ CHWs' compensation—US\$10,000.
- ▶ Maintenance costs of the health huts and sanitation facilities (latrines) built by the villagers with local materials—US\$4,099.
- ▶ Health promotive activities (growth-monitoring, health and nutrition education sessions)—US\$1,000.
- ▶ Curative or sometimes hospitalization costs at the health post and health center levels—US\$51,000.
- ▶ Vaccination supplies—US\$5,000.
- ▶ Maintenance costs of the cold chain available at the health post—US\$2,000.
- ▶ Partial defrayal of the maintenance costs of the motorbikes donated to the health post chiefs, technical supervisors of the VHWs—US\$3,000.
- ▶ Supervision costs of the Mékhé health center and regional medical office agents—US\$7,000.
- ▶ Refresher courses costs for the health post chiefs—US\$1,000.

The total amount needed to cover the above costs is US\$90,535.

5.1.2 The community will likely pay the following costs through different financing methods such as fee-for-services, basic drugs' sales, income-generation activities, individual labor (CHW volunteer):

- ▶ Restocking of basic drugs' costs at village level.
- ▶ Partial defrayal of CHWs' training costs.

- ▶ Curative or sometimes hospitalization costs at the health posts or health center levels.
- ▶ Partial defrayal of the maintenance costs of the health post motorbikes.

NOTE: It is uncertain that the villagers will be motivated to pay promotive activities and share with the government supervision costs. On the other hand, the government will likely provide vaccination supplies and share the maintenance costs of the health posts' cold chains through UNICEF. It is certain that the Mékhé health center and Thiés regional medical office will have difficulty finding financial opportunities to purchase vehicles to continue to supervise the CSP activities when the organization phases out. For economic reasons, the government likely will not pay for refresher courses for the health post chiefs.

5.2 Strategies for Increasing Post-Project Sustainability

5.2.1 To create sustainable health programs in the local communities of the project, the following approach should be used:

Provide more responsibilities to the villagers in the implementation, monitoring, and evaluating process. Integrate the CSP activities into Women in Development activities. Donate motorbikes to the health post chiefs to regularly supervise the CHWs. In each village center, approximately 20% of the health fees should be voted to motivate the CHWs.

5.2.2 To reduce recurrent costs, the pilot area was subdivided into village clusters.

5.3 Cost Recovery

5.3.1 The project has recovered US\$13,486 through the payment of fees-for-service (vaccination, growth monitoring, prenatal and postnatal consultations), drug sales (chloroquine tablets), community labor (construction of health huts), and individual labor (volunteer TBAs and village health promoters).

- ▶ 8.8% of the amount recovered used for the cold chain maintenance.
- ▶ 3.9% used for the purchase of maternal protection supplies for WV and the MOH mobile team.
- ▶ 1.9% used for a partial defrayal of the CHWs' training costs.
- ▶ 42.4% used for the construction of 34 health huts by the villagers.
- ▶ 43% used for the chloroquinisation costs of 4,000 children 0-36 months and 5,900 pregnant women in the pilot project area.

5.3.2 The villagers reacted positively to cost recovery activities through the Bamako initiative. This does not create inequities in service delivery.

5.3.3 The program coordinators attended a one-week training course on the management of essential drugs.

6. PROJECT EXPENDITURES AND JUSTIFICATIONS FOR BUDGET CHANGES

6.1 Pipeline Analysis

6.2 Justification of Budget Changes

6.2.1 Procurement. This initial budget which was US\$31,957 has been decreased by US\$3,442 because the purchase of five motorbikes designated for five health post chiefs of the arrondissements of Merina Dakhar and Meouane has been postponed for the next fiscal year 1994. Otherwise the CSP activities are only initiated in the pilot arrondissement of Niakhene.

6.2.2 Evaluation (US\$9,886). This remains the same as planned in the DIP.

6.2.3 Personnel (US\$82,616). The initial budget which was US\$81,864 has been decreased by US\$770. The salaries of the two WV animators have been reviewed.

6.2.4 Travel/Per Diem (US\$11,120). The formal budget has been decreased by US\$9,600 because the training of the CHWs, TBAs, and village health promoters will be shared with the rural populations.

6.2.5 Communications (US\$7,129). The initial budget of US\$3,626 has been changed to US\$3,503. This includes postage, delivery system, fax, and telex.

6.2.6 Other Direct Costs (US\$20,101). This has been increased to US\$9,266 and includes fuel, vehicle repairs, insurance, and the maintenance of four motorbikes donated by the project to four health post chiefs of Niakhene arrondissement.

Total Direct Costs (US\$159,377). This is not the same as planned in the DIP. USAID contributes a total of US\$127,877, and WVRD contributes US\$31,500.

7. 1992/1993 WORK SCHEDULE AND BUDGET

7.1 1992/1993 Work Schedule

PVO: World Vision Senegal
Country: Senegal

Activities	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
1. Personnel in Position												
a. 82 village health promoters	+	++	++	++	++	++	++	++	++	++	++	++
41 TBAs, 41 village first aid agents will be operational and trained in the pilot area of Niakhene subdistrict.												
Hire three volunteers from Red Cross.						+++						
2. Health Information System												
a. Continue to implement the project HIS.	++	++	++	+++	+++	+++	+++	+++	+++	+++	+++	+++
b. Evaluation of the project HIS.			+++	+++								
c. Feed-back to community management.	+++	++	++	++	++	++	++	++	++	++	++	++
3. Training—Project Staff Level												
<i>3.1 Nutrition</i>												
a. Design training modules for 20 WV staff and MOH health agents.		++	+									
b. Trainers of trainers			++									
c. Hold a nutrition seminar for the training of 20 WV staff and MOH health agents.				+++								
d. Evaluation of knowledge of skills.				++	++	++	++	++	++	++	++	++
<i>3.2 Vaccination</i>												
a. Design training modules for 20 WV staff and MOH health agents.		++										
b. Hold a vaccination seminar for 20 WV staff and health agents.			++									

Activities	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
c. Evaluation of knowledge and skills			++	++	++	++	++	++	++	++	++	++
3.3 ORT												
a. Design training modules for 20 WV staff and MOH health agents.			++									
b. Hold a ORT seminar for 20 WV staff and MOH health agents.					++							
c. Evaluation of knowledge and skills.					++		++	++	++	++	++	++
3.4 Maternal Protection												
a. Design training modules for 20 WV staff and MOH health agents.				++								
b. Hold two family planning and maternal health care meetings for 20 WV staff and MOH health agents.							++					
c. Evaluation of knowledge and skills.							+++	++	++	++	++	++
Community Level												
a. Design training modules.	++	++										
b. Training of 80 village health promoters, 41 TBAs, and 41 village first aid agents.	++	++	++	++	++	++	++	++	++	++	++	++
c. Evaluation of knowledge and skills.	++	++	++	++	++	++	++	++	++	++	++	++
4. Service Delivery												
To be initiated in the pilot area of Niakhene subdistrict.												
4.1 ORT, Hygiene, and Sanitation Activities												
a. Promotion of the home made solution.	++	++	++	++	++	++	++	++	++	++	++	++
b. Promotion of latrines	++	++	++	++	++	++	++	++	++	++	++	++
c. Promotion of the local soap.												

Activities	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
d. Promotion of good feeding practices during the treatment of diarrhea in each village center of the Niakhene arrondissement.	++	++	++	++	++	++	++	++	++	++	++	++
4.2 Immunization												
a. Hold social mobilization activities in each village center of the Niakhene arrondissement.	++	++	++	++	++	++	++	++	++	++	++	++
b. Hold immunization activities integrated with the other CSP activities in each village center of the Niakhene arrondissement.	++	++	++	++	++	++	++	++	++	++	++	++
4.3 Nutrition Improvement												
a. Hold growth monitoring sessions at least once a month in each village center of the Niakhene subdistrict.	++	++	++	++	++	++	++	++	++	++	++	++
b. Hold bimonthly cooking demonstration sessions in each village center of the Niakhene subdistrict.	++	++	++	++	++	++	++	++	++	++	++	++
c. Hold at least once per month nutrition education on child and maternal feeding with concentration on the importance of breastfeeding.	++	++	++	++	++	++	++	++	++	++	++	++
4.4 Maternal Promotion												
a. Test a social marketing plan to promote family planning at the village level in one rural community of the Niakhene subdistrict.	++	++	++	++	++	++	++	++	++	++	++	++
b. Integrate family planning activities in the other CSP components.	++	++	++	++	++	++	++	++	++	++	++	++

Activities	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
c. Hold at least once per two months prenatal and post-natal consultations in each village of the Niakhene arrondissement.	++	++	++	++	++	++	++	++	++	++	++	++
5. Procurement of Supplies												
a. Provide kits to 80 TBAs and first aid agents in each village center of Niakhene.	++	++	++	++	++	++	++	++	++	++	++	++
b. Provide supplies needed for the execution of the different components of the CSP.	++	++	++	++	++	++	++	++	++	++	++	++
6. Technical Assistance												
a. HQ office visits												++
b. External consultant for the midterm evaluation.												++
c. Local consultant for the evaluation of the CSP information system.			++			++			++			++
7. Progress Report												
a. Annual Report												++
b. Midterm Evaluation												++

7.2 1993/1994 Budget

COST ELEMENT	A.I.D.	WVRD	TOTAL
I. PROCUREMENT			
A. Supplies	16,820	42,839	59,659
B. Equipment	391	28,181	28,572
C. Services/Consultants	4,288	5,605	9,893
SUB-TOTAL I	21,499	76,625	98,124
II. EVALUATION			
SUB-TOTAL II	24,484	1,000	25,484
III. INDIRECT COSTS			
Overhead on Field (%)	53,492	80,800	134,292
SUB-TOTAL III	53,492	80,800	134,292
IV. OTHER PROGRAM COSTS			
A. Personnel	167,826	-0-	167,826
B. Travel/Per diem	27,817	6,000	33,817
C. Other Direct Costs	26,226	4,852	31,078
SUB-TOTAL IV	221,869	10,852	232,721
TOTAL FIELD	321,344	169,277	490,621

APPENDIX 1

QUARTERLY REPORTS

**SENEGAL CHILD SURVIVAL PROJECT
THIÉS CHILD SURVIVAL GRANT FY92-94
1ST QUARTER FY92**

Significant Achievements:

1. A letter of execution between the MOH and World Vision regarding the new Thiés CSP was signed. A project office was established in the city of Thiés with Fax, telephone, and telex capabilities to enable efficient project operation. The project will begin in the Niakhene Arrondissement and expand to the arrondissements of Meouane and Merina Dakhar in subsequent years.
2. Immunization activities for infants 0-23 months began and included the following vaccines administered: BCG, 213; DTCP3, 88; Polio, 81; Measles, 120; Yellow Fever, 120. Two or more doses of tetanus toxoid were administered to 36 women.
3. Arrangements were made for the participation of a Johns Hopkins University staff member, Dr. Ciro Franco, to assist in the design and conduct of the Thiés Baseline Survey, to be completed in January 1992. The project manager and Dr. Franco designed the survey instrument.
4. The CSP team in Thiés has spent considerable time explaining CS concepts to local authorities, MOH staff, and villagers at 20 villages. During November, the integrated development concept used by WV in the Louga region was introduced to the 12 health post chiefs of Mekhe in the Thiés region.
5. A five-day training workshop on the management of the Health Information System was conducted in December by the CSP team for 18 participants, including the Technical Advisor to the MOH, 11 health post chiefs, and WV staff.

Project Staff:

1. Lamine Thiam, project manager, attended a 10-day workshop on Rapid Rural Appraisal techniques. This cost-effective methodology will be applied in the upcoming baseline survey. He also participated in a 3-day seminar on the Senegalese national family planning strategy.
2. Mrs. Fatou Niang, a midwife, has been named coordinator of the MCH program, and Mr. Khalifa Mbengue, a nurse, has been named coordinator of the Nutrition/ORT program. Other coordinators for the project are being sought.

Project Expenditures:

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenses	\$12,602	\$12,602	\$60,848
USAID Grant Chargeable	12,405	12,405	31,494

Project Plans:

Complete the Detailed Implementation Plan, based on the Baseline Survey results.

**SENEGAL CHILD SURVIVAL PROJECT
THIÉS CHILD SURVIVAL GRANT FY92-94
2ND QUARTER FY92**

Significant Achievements:

1. A baseline survey was conducted in the three arrondissements of the project area with technical assistance provided by Dr. Ciro Franco of Johns Hopkins University. The data collected was analyzed using the EPI INFO software, and a summary report was completed. This information will be used when the Detailed Implementation Plan (DIP) is written.
2. A new protocol agreement between the Ministry of Health (MOH) and World Vision was written and submitted to the MOH. The signing of the agreement is anticipated in April.
3. Thirty-nine village centers in the project area selected candidates for training to become community health workers. This training will begin next quarter at the village level. Curriculum for the training sessions is being reviewed.
4. Primary health care activities were begun in the pilot area of the Niakhene arrondissement. Two hundred and ninety-one children 0-23 months were fully immunized, and 392 pregnant women received at least one prenatal consultation. Twenty-nine villages in this same arrondissement started to build their health huts.
5. The immunization activities continued for infants 0-23 months and included the following vaccines administered: 511 doses of BCG, 264 doses of DPT³, 132 doses of OPV, 457 doses against measles, 457 doses against yellow fever. Two hundred and eighty-six doses of tetanus toxoid were delivered to women of childbearing age.
6. A representative from the Health Statistics Division of the MOH assisted the project in devising new health information system forms. The use of these forms will improve the technical and reporting skills of the ten health post chiefs involved in the project.

Project Staff:

1. Ten health post chiefs from the project area and two World Vision staff members attended a two-day training session on the management of essential drugs based on the Bamako Initiative plan.
2. The CSP manager, Lamine Thaim, attended an international conference on nutrition sponsored by WHO and FAO in Dakar. He also visited a family planning project in the Gambia, along with two MOH technical coordinators, to learn and exchange ideas.
3. The CSP manager has been chosen to attend a summer session at Harvard University on the subject of "Managing Primary Health Care in Developing Countries."

Project Expenditures:

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenses	\$97,243	\$109,845	\$121,697
USAID Grant Chargeable	53,032	65,437	62,989

Project Plans:

1. To finish writing the DIP narrative session and budget and submit it to WVRD in May.

**SENEGAL CHILD SURVIVAL PROJECT
LOUGA CHILD SURVIVAL GRANT FY87-92
3RD QUARTER REPORT FY92**

Significant Achievements:

1. Immunization activities continued during the quarter with 162 infants vaccinated against tuberculosis, 568 vaccinated against DPT, 197 vaccinated against measles, and 197 vaccinated against yellow fever.
2. Each of the 12 health posts in the project area received two gas bottles from the project as part of a distribution to maintain the cold chain.
3. Social mobilization activities were conducted in two villages by the health post chief and the project health coordinator. Five community meetings were held in Nguidilé. The community residents who attended these meetings expressed their satisfaction with EPI achievements over the past two quarters.

Project Staff:

1. Lamine Thiam, CSP Project Manager, departed for the USA in June to pursue a course at Harvard University, called "Managing Primary Health Care Projects in Developing Countries."
2. Anne Amadou, Health Coordinator, and Lamine Thiam participated in the Rapid Rural Appraisal in Diourbel, Fatick, and Kaolack Regions.
3. Anne Amadou participated in a one-week training workshop in managing development projects at the School of CESAG in Dakar.

Project Expenditures:

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenses	\$93,477	\$93,477	\$92,501
USAID Grant Chargeable	\$63,985	\$63,985	\$70,001

Project Goals:

The MOH and WV will hold an ORT training workshop in July with the technical cooperation of Pritech.

APPENDIX 11

CURRICULUM VITAE

CURRICULUM VITAE

Name: David Sy

EDUCATIONAL BACKGROUND

1978-1979 — Mobile Oil Training School of Dakar
1977-1978 — National RFC School of Thies: 4th Grade Electrician
1971-1976 — Malick Sy High School (Thies)

WORK EXPERIENCE

1989 to Present: World Vision Health Project Animator
1988-1989: Animator of the Forestry Project of COSPE (NGO)
1983-1987: Manager of Mobile Gas Station
1980-1982: Assistant Camp Manager (The American Project for the OMVS)

CURRICULUM VITAE

Name: Fatou Niang
Date of Birth:
Family Status: Married

EDUCATIONAL BACKGROUND

National School of Nursing and Midwifery (Nouakchott)
Advanced Institute of Health Technicians (Nouakchott)
Faidherbe High School (St. Louis)

CERTIFICATES

1986 Advanced Certificate of Health Technicians (with majors in Pediatrics)
1980 Certificate in Midwifery
1970 Ordinary Level Certificate

PROFESSIONAL BACKGROUND

1991 to Present: Coordinator of Nutrition and Maternal Protection component of the World Vision Child Survival Project
1988-1989: Director of the National Vaccination Program of Nouakchott
1986-1988: Consultant in infant care at the Polyclinic of Nouakchott
1982-1984: Maternity nurse at the Child and Mother Centre of Nouakchott
1980-1981: Nurse at the Maternity Hospital of Atou

CURRICULUM VITAE

Name: Abdou Mbengue
Date of Birth: [REDACTED]
Profession: Certified Nurse

EDUCATIONAL BACKGROUND

1988-1991: National School of Nursing (Dakar)
1984-1986: Cheikh Anta Diop University (Dakar)
1980-1984: Abdoulaye Sadj; High School (Rufisque)

PROFESSIONAL BACKGROUND

	HEALTH POST OF	REGION OF
Internship in a Rural Health Post	: Yenne	Dakar
	: Fayil	Fatick
	: Keur Maba Diakhou	Kaolack
	: Keur Samba Kane	Diourbel
	NAME OF HOSPITAL	FUNCTION
Internship in an Urban Health Post	: Aristide le Dantec	Reanimation
	:	Pediatrics
	:	Cardiology
	: Principal: Reanimation Surgery Recovery	
	: Fann: Kinesitherapy, Neuro-surgery, Pediatrics	
	: Abass Ndaw Centre: Reanimation, Maternity	
: Traumatological Centre: (Plaster room)		
: Maternal and Infant Protection Centre		