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Téléphone : (226) 30-21-01
Télex : 9851111 — Fax : 011 (226) 30 77 64
Bureau : Avenue Ouezzin Coulibaly

01 Boite Postale 608
Ouagadougou 01
Burkina Faso

FILE COPY



PRESIDENT D'HONNEUR DU CONSEIL
D'ADMINISTRATION
S.E. le Dr Kenneth D. Kaunda de la Zambie

SIEGE ADMINISTRATIF AUX USA
Africare House
40 R Street, N.W.
Washington, D.C. 20001 E.U.A
Téléphone : (202) 462-3614
Téléfax : (202) 387-1034
Telex : 64239

**AFRICARE/BURKINA FASO
GANZOURGOU CHILD SURVIVAL PROJECT**

AFRICARE PROJECT NUMBER: 26-04-4301/26-04-2301
USAID COOPERATIVE AGREEMENT NUMBER: OTR-0500-A-00-0104-00

**THE AFRICARE/GANZOURGOU
CHILD SURVIVAL PROJECT
PHASE I**

FINAL EVALUATION

Written by: Dr. Ibrango Issouf, MD, MPH
Director of Evaluations
Department of Planning
Ministry of Health
Government of Burkina Faso

Submitted/
Edited by: Dellaphine B. Rauch-Houekpon
Country Representative
Africare/Burkina Faso

Submitted to: Jeff Gray
Regional Director
West Africa Region
Africare/Washington Headquarters
Washington, D.C.

Date Submitted: March 1994

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*Listing of Appendices to the Report

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Bibliography

* To view the complete appendices, See Volume II

GENERAL PROJECT DESCRIPTION

Implementing Agencies: Africare/Burkina Faso
Ministry of Health and Social Action
Government of Burkina Faso

Project Title: Ganzourgou Child Survival Project
Phase I

Project Country/Area: Department of Meguet
Province of Ganzourgou
Burkina Faso, West Africa

Project Duration: September 1, 1990 to August 31, 1993

Project Numbers: USAID Cooperative Agreement Number:
OTR-0500-A-00-0104-00

Africare Project Number:
26-04-4301

Africare Matching Grant Number
26-04-2301

Total Value of Activity
by Respective Donors: USAID..... \$615,000
Africare Match..... \$205,000
Total..... #820,524

Project Coordinators: Amelia Duran Bordier 1990 - 1991
Claudia Williams 1991 - 1993
Mark White 1993

Country
Representatives: Tyrone Gaston 1990 - 1991
Dellaphine B.
Rauch-Houekpon 1991 - 1993

Mid-term Evaluation: October 1992

Final Evaluation: November 11 - December 14, 1993

Presentation of
Results of Final
Evaluation: December 15, 1994

Country Representatives Statement:

The Africare/Ganzourgou Child Survival Health Project was first conceived as a viable project for Africare when as Acting Country Representative in October 1989 discussed with then USAID/Burkina Faso Health Officer Richard Greene if Africare could submit a child survival project to the mission and seek funding from USAID. Of course, he said "Of Course!" and that is when the Africare/Ganzourgou child survival project was conceived. After discussion with the West Africa Region at Africare/Washington Headquarters, and particularly with Alameda Harper of the Africare Headquarters Health Staff, the project was researched, designed and written by myself and the primary health consultant hired to assist with the project, Amelia Duran Bordier, who also served as the first coordinator for the project.

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I. INTRODUCTION

The Africare Ganzourgou Child Survival Project, Phase I, (CSI) was implemented by Africare from September 1990 to August 1993. As a primary health care project, the activities focus on the promotion of maternal and infant health.

Integrated into the national policy in terms of maternal and infant health/family planning intended for at risk children and mothers, this project has a community-based approach and develops appropriate Information-Education-Communication messages and techniques through social mobilization within the project villages. Primary messages are related to diarrheal disease control, the promotion of safe feeding practices and appropriate information regarding birth spacing and infant nutritional monitoring.

The Africare child survival project represents an innovation in the sense that the identification of needs and the planning and execution of the project's activities were initiated with the active participation of the beneficiary population.

A mid-term evaluation was conducted in October 1992 which enabled Africare to assess the level of the population's comprehension of the objectives midway through the project, particularly mothers' respective knowledge and participation (KAP) regarding solutions and application of methods pertaining to recognition and treatment of diarrheal diseases.

The recently held final evaluation was aimed at assessing the qualitative as well as the quantitative impact of the CSI in connection with the recommendations from the mid-term evaluation. (The recommendations from the project's mid-term evaluation are attached as Appendix A to this report and were taken into consideration in evaluating the achievements of the project.)

The final evaluation was conducted from November 25 to December 14, 1993 with a presentation of the findings of the final evaluation on December 15, 1993.

The evaluation team was multi-disciplinary. The team members were:

- Dr. Ibrango Issouf,
Team Leader, DEP/MOH
- Dr. Nébié Badémé,
Provincial Health Director,
Ganzourgou Province

- Dr. Sanou Léon,
Nutritionist,
Division of Family Health/MOH
- Ms. Nougbara Gnoni,
Mid-Wife and IEC Expert

It should be noted that the final evaluation team was composed entirely of qualified Burkinabe health professionals. with strong health-oriented backgrounds

Africare/Burkina Faso Staff took part in the evaluation as well and included the following project staff:

Project Staff located in Ouagadougou

- Dellaphine B. Rauch-Houekpon
The Country Representative of Africare/Burkina Faso
- Drave Souleyman
The Ouagadougou Program Assistant
- Patricia Rouamba
Chief Accountant

Project Staff located in Ganzourgou

(The project office is located in the principal city, Zorgho)
Most staff interviewed were hired for the implementation of the Child Survival Project Phase II and were not involved with the activities of CSI)

- Wendy Greene, MPH
The Project Coordinator
(hired as of October 1993 for implementation of
Child Survival Project II)
- Richard Kabore
The Project Field Supervisor
(hired as of November 1993 for implementation
Child Survival II)
- Isabelle Zongo
Program Assistant
(former Health Promoter now Program Assistant)

The five original Health Promoters hired for the project have remained with the project and were available to be interviewed as part of the evaluation. Their animation actions, techniques and approaches were also observed by the evaluation team during actual village information sessions. A listing of staff members who worked with the project during phase I is attached to this report as Appendix B.

II. PRESENTATION OF THE PROJECT

The Africare Ganzourgou Child Survival Project Phase I was funded with the assistance of the United States Agency for International Development, USAID for three (3) years beginning September 1990. The project covered fourteen (14) villages of the 33 located in the department of Méguet, located in the Ganzourgou Province. The project site is located 110 Km east Ouagadougou on the road to Niger. (Detailed map attached at Appendix C.) Major project activities consisted of relaying messages related to the promotion of maternal and infant health. As a child survival project, emphasis was placed on recognition and prevention of diarrhoeal disease and malnutrition and instruction in preventive techniques while working to ensure that children are protected against childhood diseases. The project also sought to protect mothers' lives through access to pre-natal care and the lengthening of birth intervals.

II. 1. Project Identification

1. Beneficiary/Country	Burkina Faso, West Africa
2. Location	The Department of Meguet Ganzourgou Province
3. Sector(s)	*Infant and Maternal Health *Training of Strategic Health Personnel *Improved Management of Health Personnel at the Provincial Level
4. Duration	36 months
5. Cost	\$820,000
6. Donor(s)	USAID Africare Africare Chapter of Chicago Cissy Patterson Trust

7. Management/Execution

Africare/Burkina Faso
Africare/Washington
Headquarters

I.2. CHARACTERISTICS**1. ZONE OF INTERVENTION**

The Ganzourgou Child Survival Project was implemented in the fourteen (14) target villages of the department of Méguet in the province of Ganzourgou with an estimated population of more than 30,000 inhabitants. The Ganzourgou province was selected as the zone of intervention after recommendation by the Ministry of Health (MOH). The selection of the region as an ideal project zone was justified by the precarious health status of mothers and children regularly reported by the health technicians in Ganzourgou as being extremely high as a result of less than adequate health coverage and lack of accessible medication and medical resources. The target beneficiaries were identified as women, 15-49 years old and children from 0 through 5 years of age.

2. PROJECT COMPONENTS

Project activities focused on the following components:

1. **Diarrhoeal disease control:** Teach and promote oral rehydration therapy including use of rehydration solutions, locally available fluids and cereal-based solutions, continued breastfeeding, and improved child feeding practices during and after an episode.
2. **Promotion of Immunization:** Mobilize communities for immunization of all children less than 24 months of age and women of child-bearing age; educate and promote the importance and timing of childhood immunization.
3. **Growth Monitoring and Nutrition:** Promotion of the proper feeding practices (including Vitamin A), improved child feeding practices, promotion of consumption of caloric and vitamin A-rich food for children and lactating pregnant women.
4. **Family Planning and Prevention of High Birth Risks:** Improved village midwife skills for clean and safe delivery, detection/referral of high risk pregnancies and counselling. Promotion of child spacing methods through community education of men and women and promotion of high quality and integrated MCH/PF services in the rural health centers. (A listing of anticipated project outputs is attached as Appendix D.)

The Child Survival Matching Grant entitled "The Africare/Ganzourgou Water Resources Development and Vegetable Gardens Project", "Saving the Children of the Sahel" was implemented to promote and "match" the nutritional messages supported and emphasized by the Child Survival Project. Child survival match activities consisted of the installation of eight boreholes, repair of ten boreholes, deepening two existing wells, provision of carrot seeds to help promote Vitamin A, provision of gardening equipment and initiation of vegetable gardens at each new and current borehole site. These activities consisted of construction of wells and boreholes and the execution of vegetable gardens to promote better nutrition. As an integrated project, the child survival match implementation and success also rested on the level of community participation and support. The match project assisted in the form of development of water committees to manage and monitor the village water supply. A copy of the final report of the match project is attached as Appendix E.

II. 3 INITIAL OBJECTIVES

The following objectives were projected as attainable by the completion of the project:

* Diarrheal Disease Control

1. 85% of mothers living in the project zone will know ORT (ORS satchel and administration at home).
2. 70% of mothers will know how to adequately prepare the ORS.
3. 40% of mothers will utilize ORS for the treatment of their children's diarrhea.
4. 50% of mothers will report that they keep providing food to their children during diarrhoeal episodes.
5. 100% of mothers will report an increase in feeding after a diarrhoeal episode.
6. 85% of diarrhea cases will be treated by ORS in the health facilities.
7. Decrease of 75% of diarrhoeal cases when treated with anti-diarrheal fluid in the medical centers.

* Nutritional Monitoring

1. Decrease of 25% of the cases of acute malnutrition (2DC, weigh in connection with the age of the kids of less than 2 years).
2. 90% of the medical centers in the region will monitor growth and will initiate nutrition activities.
3. 70% of children less than 2 years old will be weighed once every quarter in the villages where the medical centers initiate growth and nutrition monitoring.
4. A 25% increase of women providing their children with additional appropriate food at the age of 6 months.
5. 80% of children participating in the nutritional monitoring activities will receive vitamin A capsules.
6. 70% of mothers will receive vitamin A up to 2 months after delivery.

* Prevention of High Birth Risks.

1. 85% of Trained Birth Attendants will be trained to provide prenatal care, to acknowledge various signs related to high maternity risks and indications of Vitamin A therapies before delivery and after entopic delivery.
2. 85% of the trained birth attendants and the community health workers will be trained to promote birth spacing and will be able to locate the family planning centers.
3. 75% of fathers and mothers will be able to cite one modern method of contraception and should be able to locate the places where family planning messages are provided.
4. Reduction of the percentage of low birth weight in the medical centers (<2.5kg).

* Immunization

1. 85% of children will be vaccinated against measles before age one.
2. A 50% increase of the percentage of children to be entirely immunized.

3. An increase of 50% of the percentage of women aged from 15-49 years old entirely immunized against tetanus.

* Malaria

1. 80% of the village health workers will know how to properly administer chloroquine.
2. 80% of the village health workers will be able to identify the symptoms of malaria that requires serious treatment
3. 80% of the village health workers will know the prophylactic dose of chloroquine for pregnant women.
4. An increase of the number of villages where chloroquine is available.

II. 4. PROJECT JUSTIFICATION

1. National Health Status

Burkina Faso, as with other poor countries and after careful research and study, has opted for Primary Health Care as a essential health development strategy. This decision led to the development of a national health plan slated for 1980 to 1990. This was defined as a pyramid-like network with support of health initiatives becoming a primary focus from the village or base level beginning with the strengthening the PSPs (Primary Health Posts), located at the village level, the CSPS, (Center for Health and Social Promotion) located at the provincial level, the CHR, (Regional Hospital Center) located at the regional level and the CHN which is the National Hospital Center. After defining this plan and the specific components related to maternal and infant health, the following results were achieved by the Government of Burkina Faso:

*Health coverage

- General health coverage	30% (1990)
- Physicians	1/30,600 inhabitants
- Mid-wives	1/29,503 inhabitants
- Trained birth attendants	1/15,370 inhabitants

* Health status of the target population

- Infant mortality rate	13.4%.
- Maternal mortality rate	6.1%.
- Immunization coverage (for children 0-24 months)	61%
- Contraceptive prevalence	8.2% (1990)
- Coverage in terms of potable water	(within 15km) 35% (1987)

The high infant mortality rate of the target population is primarily caused by diarrheal diseases, malnutrition, deficiency in terms of nutrition such as lack of iron, iodine and vitamin A. Maternal mortality results from food imbalance during pregnancy, inadequate obstetrical coverage, and pregnancies at short intervals. Malaria as well as infectious endemo-epidemics also contribute to maternal and infant mortality in the project region.

2. Status of Mother and Infant Health Programs

Child Survival activities are precarious throughout Burkina Faso and particularly in the project zone of Ganzourgou. Immunization coverage (Measles less than 67%, BCG less than 38%) seems satisfactory; however, an improvement is necessary. Mothers as well as the health staff show great weakness seeking information and subsequent follow-up pertaining to diarrheal diseases and other health afflictions. One mother out of three is familiar with and knows about ORT, however the rate of utilization remains very low (16%). The lack of immediate access to family planning services leaves much to be desired and contraceptive coverage was estimated at 2% in 1988. Frequent and short interval pregnancies are made worse by an acute food imbalance of pregnant and nursing mothers which contribute to the high rates of maternal mortality in the region.

Aware of this alarming situation, the authorities of Burkina Faso, in conjunction with other partners operating in the field of health resources development, decided to consider maternal and infant health programs as an issue of national priority. International and local non-governmental organizations were requested to provide varied levels of health assistance to try to stem this critical situation and. The response has been favorable.

III. THE PROJECT CONTEXT

IV. I. PROJECT BACKGROUND

Africare has been present in Burkina Faso since 1974 and has undertaken several large-scale activities to improve agriculture, health services and nutrition, water development resources, reforestation, natural resource management, and income-generating projects and refugee services. Africare supports and believes in working with and through existing host government programs to provide assistance and strengthen institutional capacity at the departmental, provincial and village level. The Africare Ganzourgou Child Survival Project involves several of the above-mentioned components within the project.

Africare worked with the Direction Provinciale de Sante et l'Action Sociale et Famille, DPSASF, of the Government of Burkina Faso to implement the Child Survival Project in the department of Méguet, Province of Ganzourgou. The project operated in 14 target villages within the 33 village groups in the department. The target population of the target villages was estimated at over thirty thousand. The project aimed at reducing infant mortality and morbidity associated with diarrhoeal disease and malnutrition. The project approach extended to relaying and enforcing child survival messages and strategies to the household level through the development and training of a network of volunteer neighborhood liaisons or counselors located within the project villages. The neighborhood counselors would be trained by and work in close partnership with the project's five health promoters.

Research conducted at the provincial level to seek the primary causes of maternal and infant mortality and morbidity indicated the following:

1. Causes: The high mortality and morbidity rates in the department of Méguet are essentially caused by:

- low level of health education;
- lack of prenatal care and services ;
- inappropriate and unbalanced feeding practices;
- high prevalence of diarrhoeal diseases;
- high prevalence of contagious diseases,
- pregnancies and births at short intervals.

2. Intervention: The health conditions of the beneficiaries can be improved through appropriate health coverage and by raising the level of education of the population. The target population should therefore take an active part in project activities.

3. Action: The increase in the level of education, the introduction of new health awareness, hygienic habits and appropriate health coverage will contribute to decreased maternal and infant mortality and morbidity rates.

III.2 PROJECT GOALS

The goals of the project are to reduce infant and child morbidity due to diarrhea and malnutrition and to reduce high risk births resulting from insufficient prenatal care, poor nutrition and short birth intervals. The project has the following goals:

- *Improving health conditions in the zone;
- *Reducing mother and infant mortality rates;
- *Improving Follow-Up and Surveillance by the CSPS staff with the village groups and increased usage of the CSPS by the villagers themselves.

III.3 STRATEGIES

The project proposed to strengthen the existing primary health care program in the Méguet department through training at different departmental management levels. It was anticipated that the training of the departmental staff in the CSPS would contribute to the enhanced understanding of primary health care and child survival techniques at the village level. The project emphasized support and improvement of the CSPS through more focused training of the existing system of supervision of the CSPS staff. One of the project strategies consisted of helping to provide direct services to the target populations and growth monitoring units in the three (3) CSPS as well as improving pre- and post-natal care, management and prevention of vitamin A deficiency. The CSPS staff, with the assistance of the health promoters, supervised the Neighborhood Liaisons. This system of supervision will remain intact after completion of the project and was anticipated as a viable sustainable aspect of the project.

Strategies:

1. To train the project health promoters and the Ministry of Health staff who will introduce new habits in the zone. This training focused on the objectives of the project, proposed child survival prevention techniques, and also included the community health agents in the 14 target villages.

2. To formulate a network of neighborhood liaisons (actual residents of the project villages) within each target village. Their role is to promote the Child Survival Project activities in the project zone.
3. To supply Information, Education, & Communication materials and technical equipment and to relay child survival messages through non-formal education techniques and animation.
4. To develop a regular program of supervision activities to be initiated by the CSPA staff in coordination with the project officials based in Zorgho.
5. To develop a community-based, statistically accurate Health Information System in conformity with the National Health Information System.

The MOH and the DPSASF assisted in the development of the strategies of the child survival project and were instrumental in devising and assisting with the various approaches needed to implement the project.

IV. OBJECTIVES OF THE EVALUATION

The final evaluation focused on the level of realization of several objectives and achievements thought attainable by the project. As a result, the evaluation team believed that recommendations and suggestions should be provided along the same theme for the development protocol for the second phase of the project:

The evaluation sought to achieve the following objectives:

- The assessment of the level of achievement of the project on the basis of the recommendations from the mid-term evaluation and the DIP (Detailed Implementation Plan) including the efficiency of these strategies.
- The estimate of the impact of the Child Survival Match Project on nutrition and Diarrheal Disease Control for children in particular, and the entire village population in general.
- The level of collaboration and coordination of activities with partners at strategic levels and the extent of the integration of the project activities with those initiated by the Ministry of Health.

- The status of collaboration and the inter-sectorial coordination of activities with the project partners at the central level and how these activities were integrated with those of the DPSASF at the operational level.

4. The level of implementation of several outputs such as:

- The training programs and ensuring results of the neighborhood liaisons, the project health promoters, and the community health workers;
- the literacy campaign component intended for women;
- the training and refresher training of the workers operating in the project zone;
- the project's achievements in terms of the infrastructure created;

5. the efficiency and the viability of the project Health Information System;

6. the efforts of the project staff in augmenting supplementary activities, utilization and knowledge of the following:

- Information-Education-Communication Developments
- AIDS Education and Awareness
- The Bamako Initiative (in terms of revitalizing the Primary Health Posts)
- The level of involvement and interaction with the project partners
- The level of technical and financial assistance from the project partners

7. The evaluation team also wanted to observe and address several particular aspects of the project and the relationship of these aspects with the understanding of the project beneficiaries and the project management such as:

- The relevance of the Information, Education and Communication messages as used, adopted and transferred by the project.
- the level of involvement and understanding of the community;

- the coherence and the level of integration of Child Survival Matching Grant activities with the Child Survival Project itself in terms of assistance to the following components:

Diarrheal Disease Control
IEC/Nutrition and Sustainability

- the identification of additional Matching Grant Projects to further project objectives in addition to nutrition.

V. THE METHODOLOGY OF THE EVALUATION

Following discussions with the Country Representative, Project Staff, and members of the evaluation team, the evaluation methodology was developed and defined using the elements listed below:

5.1. The target groups:

The target groups were composed of:

- Mothers and women (15-49 years old)
- the project health promoters
- the neighborhood liaisons and community health workers
- the project staff
- the partners operating in the project zone.

5.2. The techniques used:

The following techniques were used:

- observations
- discussions centering on and revolving around a particular topic or theme
- interviews
- review of project documents and consultation of mothers' and children's health records.

1. The target group composed of women were subject to individual interviews in connection with the stated child survival components/strategies:

- *Diarrheal Disease Control
- *Information Education Communication/Family Planning,
- *Information Education Communication/Nutrition,
- *Information Education Communication/Immunization.

2. Considering the children targeted by the project, the evaluation focused on observing and reviewing the results of the weighing sessions and verification of data indicated in the

children's individual immunization books. Emphasis was placed on nutrition and immunization and observing the techniques of the health promoters.

3. The neighborhood liaisons and the community health workers were interviewed individually regarding their understanding of the main components of the project as well as its sustainability.

4. Regarding the project health promoters, the evaluation team observed Health Promoters conducting discussions on precise child survival topics, knowledge of preventive messages and techniques and the knowledge necessary to correctly interpret and relay to mothers the children's weight results. To better assess the level of the health promoters, a knowledge and practice chart and questionnaire were developed to drill them regarding their level of training, comprehension and their ability to successfully "animate" and/or impart the correct messages to the village populations. (Questionnaire included as Appendix F)

5. With a major representation of the entire village population present, the evaluation team was provided the opportunity to discuss the sustainability of the project and the impact of the match project in connection with nutrition. Additionally, the team reviewed the level of awareness of the population as far as HIV infection and AIDS are concerned. (Questionnaire included as Appendix G)

6. The project administrative staff was individually asked about the following:

- the inter-sectorial collaboration;
 - the financial management procedures of the project;
 - the physical achievements and logistics
 - the management of statistic data
 - public relations and outreach.
- (Questionnaire included as Appendix H)

7. With the project partners, the interviews were conducted on a individual basis and focused on the following points:

- the relevance of the project;
 - the inter-sectorial collaboration and,
 - sustainability.
 - assistance and support by the project management
- (Questionnaire included as Appendix I)

8. Finally, all documentation pertaining to the project from the design to daily management and execution of project activities both in Ouagadougou and Zorgho, including general administrative and financial reports, were verified.

5.3. Sampling

1. The methods used:

* The project encompasses a zone composed of 14 villages and 4 areas having a CSPS (Méguet, Salogo, Kabouda and Koulwéogo) with a total population of 30,000 inhabitants. The final evaluation was designed to assess the impact of the project on a relevant sampling of the target population.

* The approach consisted of selecting 1/3 of the villages at random which represents a total of 5 villages. The evaluation focused on 1/10 of mothers and children for nutrition and immunization. Only children born between January 1989 and January 1992 were considered for this evaluation.

* For the neighborhood liaisons, 12% were selected i.e. 5 per village.

* Community health workers from the five selected villages were interviewed.

* Focus group discussions involved entire community populations.

* Interviews of the project partners involved the people in charge of the institutions collaborating with Africare for the implementation of the Ganzourgou Child Survival Project.

* The Africare Country Representative and the Ganzourgou Child Survival Project Coordinator were also interviewed. Their interviews focused on the management, administration and public relations outreach of the project at the various implementation levels. It should be noted that the Project Coordinator was newly-hired and therefore unfamiliar with the activities of the first phase of the project. As a result, the evaluation team made a special note to apprise her of the proposed recommendations for implementing a phase II to the current project.

2. Constraints of the Sampling Method Used

The combination of the methods of the sampling selection were based on probability, responses and verification which required the presence of the target group to be interviewed. However, some obstacles were experienced such as:

1. It was difficult on several occasions to achieve the necessary population numbers required by the sample methodology in several villages as villagers did not come on time. The majority of women were obliged to complete their household duties before coming to the evaluation sessions. As a consequence, a great amount of time was lost by the evaluation team as they had to wait for the populations to assemble. The team lost time waiting.

2. The children to be observed during the interviews and information sessions were not always present with their mothers, nor did they have their respective cards.

3. In the project zones several villages are divided on an issue of leadership. This problem tended to affect, to a great extent, the project regarding the places where the discussion sessions were scheduled to be held. During the evaluation, this problem was evidenced by the non-participation of a portion of the population due to internal conflicts.

Despite the above, the evaluation team was able to conduct activities as planned.

VI. EVALUATION

6.1. RESULTS FROM THE SAMPLING

See Appendix J

6.2. RESULTS OF THE COMMUNITY INTERVIEWS

The interviews conducted by the evaluation team resulted in a random sample of verbal responses to the 36 elements of the devised questionnaire, the verification of health records and relevant documents pertaining to the project.

1. RESULTS OF THE DISCUSSION TECHNIQUES

This activity consisted of observing the project health promoters conducting discussion sessions. (The evaluation chart that was developed produced the following results for the five project health promoters).

1. STRENGTHS OF THE PROJECT HEALTH PROMOTERS

1. Topics discussed are well grasped;
2. The project health promoters are trustworthy and well-integrated in their communities;
3. The health promoters have good manners during discussion sessions, they are well dressed, and have good outreach approaches;
4. They have the knowledge, expertise and capacity to make the audience participate in discussions.

2. WEAKNESSES

1. The project health promoters do not apply the IEC techniques in an effective manner.
2. The audience is not totally controlled.
 - Several topics are discussed on the same time.
 - The sequences of IEC are not respected during discussion sessions.

3. OBSERVATIONS

- 80% of the project health promoters perfectly grasp the techniques of discussion.

4. RECOMMENDATIONS

1. Training and refresher training for the health promoters in all the project components:
(IEC/Nutrition, IEC/Immunization, IEC/Family Planning)
2. Ensuring and organizing the training of the health promoters in the various project intervention areas. Assistance can be provided upon request from the technical services and partners intervening in the health sector.

2. Behavior Change at the Level of Mothers Understanding and Knowledge

2.1. IEC/Nutrition 2.1.1. Basic Data

- 11.6% of children are of 2 different CET types which represent measures for NCHS for the weight/height. 35.1% for height/age and 32.5% for weight/age.

- 80% of mothers breastfeed their children until the age of 30 months.
- Breastfeeding is not spontaneous in the majority of cases.
- 50% of mothers believe that it is not recommended to give food to a child if he/she does not ask for it.

2.1.2. Objectives Achieved by the Project

The general report notes that 83% of children aged from 0 to 36 months had been weighed on a quarterly basis and 86% of children less than 12 months of age were followed every month in 1993. A weight gain was reported in 84% of the noted cases.

Finally, all the health promoters and community health workers have been trained in the nutritional monitoring techniques.

2.1.3. Results of the Evaluation

a/ Strengths

1. The project health promoters grasp the relationships between the age of the child and his/her nutritional status and,
2. the majority of mothers acknowledge that weaning foods should be made of basic local products.

b/ Weaknesses

1. Mothers do not know how to read or interpret the line indicating the growth of the child in 50% of noted cases.
2. The majority of mothers do not know the various food categories which are nutritional for growing babies.
3. One mother out of three is unaware of the age the child should be before being introduced to his/her first food.

c/ Observations

Although the training intended for the eight CSPS workers did not take place, the objectives pertaining to the nutritional monitoring were achieved. Indeed, no case of acute malnutrition among the children was noted. However, the qualitative aspects and the main food categories seem not to be fully grasped. This can partly be attributed to the fact that villages are aware of certain nutritional foods but do not consume nor cultivate them.

2.2. Diarrheal Disease Control

2.2.1. Basic data

- 20.8% of mothers know about ORS and 13.8% of them have already utilized it.
- 13% of mothers have properly described the preparation of the ORS.
- 11% know SSS.
- Over 50% reported a reduction in terms of the quantity of food given to the child during diarrhea.

2.2.2. Objectives Achieved by the Project

- Three (3) provincial trainers, twenty-four (24) nurses, twenty-eight (28) community health workers and two hundred and five (205) neighborhood liaisons have been trained in techniques regarding the treatment of diarrhea.
- 5,034 people of all sexes and ages have been trained in the preparation and the administration of the ORT.

2.2.3. Results of the Evaluation

a/ Achievements

1. All the mothers have an excellent knowledge of SSS as well as its preparation.
2. Mothers can identify and acknowledge signs of dehydration.
3. They are aware of the notion of hygiene (clothes, food, body and environment)
4. They report that the ORT constitutes the first means of treatment of diarrhea at the CSPS.
5. They mentioned that they keep feeding their children during the diarrheal episode.

b/ Weakness

The evaluation team noted a total confusion as far as the preparation techniques of SSS and ORS are concerned. Project staff should have been more cognizant of this confusion and introduced methods of recognition.

c/ Observations

The evaluation team noted that the project's intervention effort in IEC/DDC is the project component most addressed and the best grasped objective by the mothers and village groups interviewed.

2.3. Immunization Promotion**2.3.1. Basic data**

- 94.5% of mothers acknowledge the importance of immunization;
- 81% of mothers have immunized their youngest child at least once;
- the majority of mothers ignore the number of contacts necessary for a total immunization and the five EPI diseases.

2.3.2. Objectives Achieved by the Project

- 44% of children were fully immunized in 1993 as compared to 29% in 1991.

2.3.3. Results of the evaluation**a/ Achievements**

1. All mothers interviewed are fully aware of the EPI diseases.
2. Mothers know the number of immunization sessions for women from 15-49 and children of 0-11 months
3. Mothers acknowledge the importance of immunization in the protection of their children's health.

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b. Weaknesses

1. Not all the mothers know the age their child should have his/her first immunization.
2. The majority of mothers never initiate the immunization of their children.

c/ Observations

The project's objective was not well defined and had been observed as not being a direct fault of the project but an area that the project tried its best to assist the provincial authorities with. The project did not initiate immunization. This activity required the assistance of the local CSPS to be truly effective, however, oftentimes the CSPS nurses did not have sufficient gas to travel to immunization sessions. The project assisted with gas in several instances. This aspect was pointed out during the mid-term evaluation.

The total immunized population represents 44% in 1993 as compared to 29% in 1991 for children aged from 12 to 23 months. (The Ganzourgou project began in September 1990 therefore through the efforts of the project immunization coverage and efforts were doubled) It should be noted that this result is acceptable, although the project did not have a precise social mobilization strategy to promote this objective.

The rate of immunization coverage (44%) seems to be below the actual rate. However, the evaluation team's verification of immunization cards indicates that 90% of children are totally immunized.

2.4. Family Planning/Safe pregnancy**2.4.1. Basic Data**

- 93.3% of women are willing to receive information on family planning.
- 92% do not know how to get information on birth spacing.
- The majority of women report giving birth at home assisted by a TBA (trained birth attendant).

2.4.2. Achieved Objectives

- 28 health community workers and the 205 neighborhood liaisons benefitted from training in family planning,
- 14 TBAs benefitted from training on the advantages of pre-natal consultation;
- 5,172 people were trained in the advantages of family planning and modern methods of contraception;
- 6,260 people attended discussions on the importance of pre-natal consultation.

2.4.3. Results of the Evaluation

a/ Achievements

1. All the mothers interviewed were aware of family planning.
2. Modern family planning methods are generally known.
3. Mothers are aware of birth spacing .

b/ Weaknesses

1. Mothers do not practices modern methods of contraception.

c/ Observations

The restricted freedom and the absence of decision-making power in the family contribute to making women shy in discussing methods of contraception.

2.5. Specific Recommendations (General) for these Project Components

- It is necessary to integrate IEC activities and weighing for two main reasons:

- * weighing sessions provide opportunities to convey nutritional messages as related to weight to mothers and for them to share their experiences with the group;

* the high prices of materials and resources require the project management to search for and successfully use flip-charts and other non-formal educational means to convey nutritional and weight messages which was observed as a weakness in the information sessions.

- The content of nutritional messages should take into consideration locally available and easily accessible food commodities by the population.

- A more wide-reaching social mobilization strategy needs to be developed to urge women to attend immunization sessions.

- The family planning messages should be more inclusive of and directed towards men.

3. Knowledge/Ability of the Neighborhood Liaisons and the Community Health Workers

3.1. Basic data

1. Community Health Workers

Within the context of initiating primary health care awareness and coverage, more than 80% of villages throughout Burkina Faso built a primary health post during a campaign launched by the government in 1985. Each post was staffed with a Health Agent and a Trained Birth Attendant. Unfortunately, the concept of primary health care and the roles and prerogatives of the village health committees were not well-defined. As a result, the social mobilization and other related activities in most of the villages have ceased to work and community health workers have given up. Additionally, the majority of committees were not functional.

2. Neighborhood Liaisons (Counselors)

Unknown before, these kinds of volunteers working for the promotion of health at the village level is an innovation for the project in the Ganzourgou province. This strategy was necessary to provide the project with its community approach and to make the population more involved in the activities. The network of neighborhood liaisons aims at addressing the health issues of the village.

3.2. Achieved objectives

1. In all, 205 neighborhood liaisons were selected by the communities which proved to be a key element in relaying the messages to the village populations as the women were selected by their families and friends.

2. The 205 neighborhood liaisons and 28 community health workers in the 14 target villages were trained in techniques aimed at the promotion of maternal and infant health in DDC, nutrition, EPI and family planning.

3. The project contributed to revitalizing the village PSPHC centers to make them more functional and responsive to the needs of the village populations.

3.3. Results of the Evaluation

a/ Achievements

1. The neighborhood liaisons and the community health workers acknowledge the relevance of the project.
2. They are able to conduct activities spontaneously.
3. They have gained the confidence of the populations and succeed in mobilizing them.

b/ Weaknesses

They do not grasp their roles as "agents" of behavioral change for the promotion of health. They also believe that they have been selected to be "intermediaries" between the project and the communities rather than "agents of change."

c/ Observations

1. Although supervision is conducted on a regular basis, the project neighborhood liaisons and the community health workers requested a retraining session.
2. Within the context of revitalizing of the PSP's, a literacy program was initiated on behalf of the community health workers and the members of the village health committee. The purpose of this program was to provide these people with appropriate tools which will enable them to properly play their role as organizers and mobilizers of the population. Initiated in 1992, this program had a low rate of participation (6%) for women primarily because their everyday household duties prevented their participation and their husbands were not supportive of their attending literacy classes. This illustrates the problem of availability of women for certain project activities.

3.4. Specific Recommendations

1. The evaluation team believes that supervision and refresher training of the neighborhood liaisons and community health workers can contribute significantly towards increased motivation on their part. Furthermore, it is necessary to adopt new techniques and strengthen the roles of the neighborhood counselors.

The evaluation team recommends the following:

- developing a supervision chart.
- placing more emphasis on formative supervision at the level of field supervision activities.

The literacy program needs to be developed in conjunction with the PDRG and the National Institute for Adult Literacy which have considerable experience in the province with community approach activities.

4. View of the Populations

4.1. Context

Although the identification of needs and the timing of activities were initiated with full participation of the community, the project did not develop a specific strategy of social mobilization and neighborhood training.

The mid-term evaluation enabled the populations to express their basic needs in terms of potable water and dams. Thus, in accordance with their recommendations, a corresponding match project was developed to support the nutrition and DDC messages of the project by focusing on vegetable market gardening activities for consumption and developing income-generating activities for village women.

A component pertaining to IEC/AIDS, which was not initially anticipated as part of the project's activities, was added in December 1992 as a result of the need to educate and inform the project population regarding AIDS. Education awareness sessions were conducted by the project health promoters at which entire village populations attended. Education and awareness of AIDS was also transmitted to the youth in the project region through a youth club initiated and started by Africare.

4. 2. Achieved Objectives

1. Within the context of the execution of the child survival match activities, the following was achieved:

- * installation of eight (8) boreholes
- * repair of ten (10) existing boreholes
- * deepening of two local village wells
- * provision of vegetable gardening equipment for all fourteen villages
- * provision of carrot seeds to supplement Vitamin A needs
- * training in repair of the boreholes and provision of repair tools
- * establishment of village water management committees

2. IEC/AIDS: 1500 people attended the discussion sessions on AIDS awareness and education.

4.3. Results of the Evaluation

a/ Achievements

1. The population acknowledged the importance of water from the boreholes in the prevention of water related diseases such as guinea worm .
2. The project beneficiaries are aware of the importance of vegetable growing and consumption in connection with nutrition and income generation activities.
3. The populations is well aware of AIDS.

b. Weaknesses

1. Although the project beneficiaries are willing to formulate development structures such as village groups, they do not adequately prepare themselves for sustainability.
2. They do not mention their own efforts and needs to revitalize the primary health care centers.

4.4. Specific Recommendations

1. It is necessary to strengthen and to more effectively integrate the existing and functional structures, the village groups, the health committees and the PHC posts within existing project activities, to the greatest extent possible.

2. Sustainability of activities should be well thought-out and planned in advance during the course of the project.

5. Impressions of Partners Involved in Health Development

5.1. Context

1. The project was developed with the collaboration of the Ministry of Health. One of the primary responsibilities of the project is to provide support to the activities of the ministry rather than creating a parallel structure; additionally, the execution of the project was entrusted to the DPSASF, which coordinates all of the interventions within the social and health sector.

2. The main partners are the Ministry of Health, USAID/Burkina Faso, UNICEF and Africare/Burkina Faso. The target beneficiaries are the rural populations of Mguet.

3. The project partners are each supporting health institutions at the national, provincial and local level.

5.2. Report of the evaluation

a/ Positive Aspects

1. Each of the interviewed partners report that the project activities respond to their concerns related to development of the health sector.

2. Each partner interviewed said that good relationships exist with the various partners at the strategic level (USAID/MOH). The Africare Country Representative was cited as being particularly effective at this level especially in outreach, sharing of information and public relations efforts with the MOH, USAID, and various project partners regarding the activities of the project.

3. Each partner interviewed declared that the results achieved from the work of the project's health promoters with the neighborhood counselors was a unique intervention and provides ample opportunities for sustainability.

4. Project management, at all levels, was lauded for providing assistance to the MOH's emergency activities.

5. Project management was successful in integrating and trying to include activities and interventions which were not originally budgeted nor planned (i.e. malaria component, AID's education and awareness, inclusion of men in project activities, expanded immunization activities) but was needed by the populations and to more efficiently approach and carry out project activities.

b/ Weaknesses

1. The project partners believe that the short duration of the project does not provide enough time to enable the project staff to become totally involved to the degree necessary to achieve the stated project achievements.

2. The duration of the project's intervention time (36 months) is not enough of a time span to expect a successful impact in terms of behavioral change of mothers and village populations as far as maternal and infant mortality and morbidity are concerned.

3. The coordination and integration of the project activities with those of the project partners, especially the MOH, is not totally effective at the operational level i.e. the provincial level of the execution of project activities.

5.3. Specific Recommendations

1. It is necessary to integrate the project's activities with those of other partners and, this in accordance with the specific sectors of intervention. This integrated aspect is of basic importance as far as the execution of health programs at the community level is concerned. This becomes especially critical in the phase II implementation of project activities.

2. It is important that the donor, specifically USAID, provide priority to extension of the project in order to successfully achieve project goals.

6. Project Administration

6.1. Context

1. The project is managed by an expatriate coordinator responsible for the technical development and management of activities in the project zone. The expatriate Country Representative of Africare is the overall project administrator, supervises the activities of the coordinator and is responsible

for the administrative and financial integrity of the project's activities. The locally-hired co-coordinator played a predominant role in the formulation of the project's approach at the implementation level and with the training of the health promoters and the neighborhood counselors. This provided the ground work to successfully develop additional interventions.

2. The Africare/Ouagadougou office backstops the activities of the project office. Africare's headquarters, based in Washington, D.C., provides technical backup to the project through a child survival manager. The project has also built a five room office in the project region with a training room. The office is equipped with a computer, printer and typewriter and a generator to provide electricity.

6.2. Results of the Evaluation

A/ Positive aspects

1. The project coordination acknowledges and noted that there has been an excellent inter-sectorial collaboration at the strategic level.
2. The project has a pertinent approach regarding child survival issues in particular and public health matters in general.
3. The project has the capacity to adapt itself to emergency situations.
4. As far as the outputs are concerned, the project has gained a great level of achievement in a short period of time.
5. The project has been financially executed at 97%. For this purpose, Africare can benefit from the assistance of the DPSASF as far as the timing of preventive and curative project intervention and activities is concerned.
6. As a result of the child survival project in the region, a youth-oriented health group composed of students from the local school has been formed. (See Appendix K)
7. The project management demonstrated excellent outreach efforts in pursuing linkages with other project partners such as UNICEF and WINS, the Women and Infants Nutrition Project. These types of linkages should prove beneficial towards enhancing on-going activities for a phase II project.

8. The project's management showed flexibility and adaptability to unforeseen and unplanned elements of the project. Issues such as malaria prevention, AIDS awareness/education, and maternal health were integrated into the project despite the fact that they were not within the original project framework.

B/Weaknesses

1. The Project failed to integrate its activities to the greatest extent possible with those of the MOH as far as the execution at the implementation level is concerned. (The evaluation team acknowledges that there were considerable delays with start-up activities, none-the-less project management could have been more effective in this area.)
- 2/ There has been considerable delay in installing the health information system and with developing the statistical formulas from the discussion sessions which should be developed with the assistance of the DPSASF in order to conform with the national HIS.
- 3/ Some specific components such as the malaria prevention and the maternal health were dealt with. This indicates that the project's real operational capacities were under-estimated, as these components were added within budget constraints.
- 4/ As far as the financial administration of the project is concerned, several cost centers such as photocopying and duplication, construction were not included. The evaluation team was made aware by the Country Representative that certain costs were designed to be covered by the match. However, certain activities relate directly to the project and to ensure its success, should be covered by the project.
- 5/ Health data has not been forwarded to the DPSASF for better monitoring and statistical verification .
- 6/ The frequent change of the project coordinators (3 in less than 3 years) affected the style and emphasis of project activities.
- 7/ The transferring of provincial staff i.e. such as nurses that had received training from the project represented a major constraint as far as the coordination and integration of the field activities were concerned.

6.3. SPECIFIC RECOMMENDATIONS

1. In accordance with the recommendations from the mid-term evaluation, improved collaboration and targeted integration strategies of the project coordination at the operational level are necessary.

2. Although this problem has been noted, the conditions for improved collaboration between various actors (health promoters, the project coordinator and co-coordinator, project health staff) is necessary.

3. The project will have to develop and implement, in conjunction with the DPSASF, a specific component related to the promotion of women's health with emphasis on combatting circumcision.

4. The project should also adapt and take note of the following:

- * utilizing weighing machines for weighing babies, as halters are not suited for this case.

- * revising DDC messages as far as SSS and ORS are concerned, in conformity with the National DDC program which advises against administering SSS.

- * within the context of the Bamako Initiative, Africare will greatly contribute to social mobilization activities through informing the public which will have to set-up the structures for the execution of the program at the village level. (Project Management should begin considering this aspect now) Interventions to consider in this context are:

- * an agreement between UNICEF and the French Cooperation will determine the intervention of each partner in the project zone consisting of:

- the formulation of health committee,
- the training of the members of the committee and the people responsible for managing the stock of medicines
- the supply of essential drugs,
- the promotion of village development committees.

6. In regard to sustainability, Africare will have to put stress on improved counselling to better prepare the population for sustainability.

7. Considering the fact that sustainability greatly depends on the level of responsibility and awareness of the target populations, as well as the economic status of families, it is necessary to put emphasis on the promotion and the support of income-generating activities such as market gardening, grain-mills, shea-nut processing, weaving, local food processing units and other related activities.

8. To initiate all these project components, the project needs to direct its messages to men who are the decision makers at the family level.

VII. 2. PROJECT MANAGEMENT

1. The Ganzourgou Child Survival Project needs to develop and to support the coordination of activities as well as their alignment with national structures at the grassroots level such as PDRG and DPSASF in order to harmonize development messages. However, the efforts of integration should be conducted by all the partners working in the field.

2. The improvement of immunization coverage requires direct support from the EPI at the provincial level through a contribution in terms of gas and logistics in the project zone.

This approach represents an element of dedication on the part of the health staff.

RECOMMENDATIONS FOR A SECOND PHASE

VII. 1. Expansion of Additional Project Components

1. Africare needs to stress the integrated aspect of the project thus making the Child Survival Match activities more of a socio-economic development project rather than simply an addition to a health interventions of the project. The important components to be added include income-generating activities for women such as grain milling, peanut processing units, weaving, animal fattening, soap making, and small-scale economic development.

2. The distribution of vitamin A capsules which should support the nutrition component started with a delay in March 1992. As a result, the project had low preventive and curative coverage. Only 2,163 children of 0-60 months, 266 recent mothers and 614 sick adults benefitted from this intervention. Thus, it is necessary to integrate this activity in discussion sessions.

3. Cases of endemic goiters were noted during the evaluation. It is recommended that the project anticipate considering the possibility of dealing with this situation which results from nutritional deficiency. The phase II project would greatly benefit from technical assistance from the Division of the Family Health in regard to preventive and curative interventions.

4. It is very important to add IEC/excision to Family Planning during focus group discussion. The women in the project have demonstrated great interest in this issue.

VIII. CONCLUSIONS

VIII. 1. Relevance of the project

The project has addressed the health problems of the population while simultaneously promoting the well-being of the target population of mother and child.

VIII.2. Effectiveness

The model based on the development of the neighborhood liaisons network and the integration of the community health workers' activities enabled the project to achieve an excellent level of execution of all the IEC components except the component dealing with malaria. As for the specific components related to the health of the mother, particularly safe and risk-free pregnancy, the project management should continue to focus and improve the implementation of these interventions during the second project phase.

The project was a success from the management point of view and several needed components such as AIDS were introduced during the execution without affecting the budget.

VIII. 3. Efficiency

Although the project has been short in terms of duration, the administrative as well as the financial execution enabled the project to achieve unanticipated results despite the introduction of additional components. Other aspects that the project initiated and supported, especially in emergency situations, showed a sensitivity to the project beneficiaries and their needs.

VIII. 4 Impact

Mothers have grown as far as monitoring and preventive care of the children's health is concerned. They are more aware of curative methods and methodology and where to go for services.

VIII. 5. Sustainability

The combination of the Match Project achievements and the results achieved by the project health promoters and neighborhood counselors make us expect a real sustainability of the intervention.

Overall, the issues related to sustainability will be solved once the health district is set in place. Indeed, the re-organization of the health system centered around decentralization and community participation regarding the management of the activities implies control of all factors contributing to the promotion of health. Among the factors, the following are:

- Immunization coverage,
- Attending health facilities
- Availability of medical care
- Accessibility to health care
- Quality of health care.

The MOH, in conjunction with the project's partners, including Africare, are working to put these factors in place.

Thus, these results, along with the recommendations, should serve as data and background for the development and implementation of a successful second phase to the project.

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- C. Detailed Map of Ganzourgou Province
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- F. Questionnaire Developed for Project Health Promoters Interviewed
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- B. Scope of Work: Evaluation Team
- C. Intern Report
- D. Project Organizational Chart
Background Information:
Health System of Burkina Faso

ABBREVIATIONS AND ACRONYMS

AID/FHA/PVC	Agency for International Development (Bureau of Food and Humanitarian Assistance (Office of Private and Voluntary Cooperation
AIDS	Acquired Immune Deficiency Syndrome
ASC	Agent de Santé Communautaire. Community Health Worker. Includes AV (Trained Birth Attendant) and (Community Health Worker)
ASV	Agent de Santé Villageois. Community Health Worker. Volunteer position at the village level. One of two members of the Community Health Team. Responsible in theory for curative activities and environmental
AV	Accoucheuse Villageoise. Trained Birth Attendant. Volunteer position at the village level; one of two members of the Community Health Team.
B.I.	Bamako Initiative
CHN	Centre Hospitalier National - National Hospital
CHR	Centre Hospitalier Regional - Regional Hospital
CHT	Community Health Team. Includes ASC and ASV
CM	Centre Médical. Medical Center. (Health facility available at the Provincial capital level. Level of reference for CSPS).
CS	Child Survival
CSI	Africare/Ganzourgou Child Survival Project Phase One
CSII	Africare/Ganzourgou Child Survival Project Phase Two
CSPS	Centre de Santé et de Promotion Sociale. Rural Health Clinic, delivers both curative and preventive services. Level of care after volunteer Community Health Workers
CSSP	Johns Hopkins School of Public Health Child Survival Support Project

DDC	Diarrheal Disease Control
DEP/MS	Direction des Etudes et de la Planification du Ministère de la Santé. The Division of Planning of the Ministry of Health
DIP	Detailed Implementation Plan
DPS	Direction Provinciale de la Santé provincial Health Department which plans, coordinates and supervises health activities in the Ganzourgou province (former name)
DPT	Diphtheria - Pertussis - Tetanus
DSF	Direction de la Santé et de la Famille (Division of Family Health)
DPSASF	Direction Provinciale de la Santé de l'Action Sociale et de la Famille. Provincial Health Department which plans, coordinates and supervises health activities in Ganzourgou Province.
EPI	Expanded Program on Immunization
FP	Family Planning
FPPI	Foster Parents Plan International
GCSP	The Ganzourgou Child Survival Project
GCSP I	Ganzourgou Child Survival Project Phase I.
GCSP II	Ganzourgou Child Survival Project Phase II.
GOBF	The Government of Burkina Faso
HC	Health Committee
HIS	Health Information System
HP	Health Promoter. (Project employee)
IEC	Information, Education, Communication
HKI	Helen Keller International
KPC	Knowledge, Practice and Coverage
MCH/FP	Maternal and Child Health and Family Planning Services

MOH	Ministry of Health
MOHSASF	Minister of Health of Social Action and Family
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts. Refers to the packaged mix supplied by UNICEF
ORT	Oral Rehydration Therapy. Includes use of homemade Sugar Salt Solution (SSS)
PDRG	Programme de Developpement de la Région du Ganzourgou
PHC	Primary Health Care
PSP	Poste de Santé Primaire
PVO	Private Voluntary Organization
RKPC	Rapid Knowledge, Practice and Coverage (Survey)
SSS	Salt Sugar Solution
STD	Sexually Transmitted Diseases
TBA	Trained Birth Attendant (Accoucheuses Villageoise)
UNICEF	Unicef Nations International Children Education Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
VITAP	Vitamin A Program
WHO	World Health Organization

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Coordinator
Co-Coordinator

- Ministry Reports and Government Statistics

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Télex : 9851111 — Fax : 011 (226) 30 77 64
Bureau : Avenue Ouezzin Coulibaly

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01 Boîte Postale 608
Ouagadougou 01
Burkina Faso

PRESIDENT D'HONNEUR DU CONSEIL
D'ADMINISTRATION
S.E. le Dr Kenneth D. Kaunda de la Zambie

SIEGE ADMINISTRATIF AUX USA
Africare House
440 R Street, N.W.
Washington, D.C. 20001 E.U.A
Telephone : (202) 462-3614
Telefax : (202) 387-1034
Telex : 64239

AFRICARE/BURKINA FASO
GANZOURGOU CHILD SURVIVAL PROJECT

AFRICARE PROJECT NUMBER: 26-04-4301/26-04-2301
USAID COOPERATIVE AGREEMENT NUMBER: OTR-0500-A-00-0104-00

THE AFRICARE/GANZOURGOU CHILD SURVIVAL PROJECT PHASE I

FINAL EVALUATION (Appendices to the Report)

Written by: Dr. Ibrango Issouf, MD, MPH
Director of Evaluations
Department of Planning
Ministry of Health
Government of Burkina Faso

Submitted/
Edited by: Dellaphine B. Rauch-Houekpon
Country Representative
Africare/Burkina Faso

Submitted to: Jeff Gray
Regional Director
West Africa Region
Africare/Washington Headquarters
Washington, D.C.

Date Submitted: March 1994

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APPENDIX A.

**Recommendations from the Mid-Term
Evaluation October 1992**

- Health promoters should be used for consciousness raising in the village as well as for specific health education activities.
- The project needs to begin to plan with the villagers for the eventual depart of the health promoters.
- For villages in which unified community organization is difficult, the project should begin on a small scale with a few motivated people. Success with these people can then begin to influence others.

Health Information System

- A pictorial reporting system needs to be developed to record and monitor counselors' activities.
- Health promoters need to regularly keep up the vaccination status in the family register by discussing it with the mother during every growth monitoring session - regardless of whether there was an immunization session during that month.
- Health promoters need to use the register to develop a list of eligible children who have not been completely vaccinated. They then need to use that list in collaboration with the counselors to assure the children's participation.
- The health promoter should discuss her monthly report with the counselor before sending it in to the Co-coordinator.
- Ways need to be explored for the health centers to be able to utilize the information (particularly for immunizations) the health promoters maintain in their family register.
- The Co-coordinator needs to send a monthly activity report to the Provincial Health Director. They need to go over it together to use it for planning.

Interface with the Ministry of Health

- Project staff needs to actively coordinate and plan activities with Ministry of Health staff at all levels. At the village level, the health promoter needs to plan her activities to coincide with those of the health center nurse so that she can serve as a "guide" and facilitator for interaction between the nurse, the village health teams, and the counselors.
 - The model for Ministry of Health collaboration needs to be modified such that the Co-coordinator will work more at the provincial level, the health promoters will work more at the health center level, and the health promoters will work more with the nurses at the village level.
 - Ministry of Health staff need to be strongly encouraged and motivated to participate in project activities and to fulfill supervision responsibilities. The Co-coordinator needs to work with the Medical Director and the Provincial Health Director to help assure this happens at that level. At the village level, the health promoter needs to work with the health center nurses to make sure the village health teams get the supervision they need.
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Africare Burkina Faso Midterm Evaluation - 28

- The project needs to provide training to the nurses at the health center level in supervision and interpersonal communication.
- The project needs to look for non-monetary ways to encourage and motivate Ministry of Health staff at all levels. They need to see a personal benefit out of the presence of the project. This might include computer training, other professional training, social benefits, transportation benefits, etc.
- The Co-coordinator, Medical Director, and Provincial Health Director should work together to best take advantage of the resources (particularly human resources) of the project within the constraints of the commitment to child survival interventions in the 14 active villages and within the constraints of not putting something in place that will later have a negative impact on sustainability.
- The project needs to work with Provincial Health Director to encourage nurse stability in the health centers for at least one year. This will allow for the project to train the nurses to a point where they would be able to take advantage of the skills outside the project area.
- There needs to be more real integration of efforts with other sectors and with other non-governmental organizations in the province.
- There needs to be more involvement with planning and sharing information at Central level. The project should consider working on the establishment of a child survival team in Ouagadougou made up of representatives from the Ministry of Health non-governmental organizations working in health in the country.

Diarrhea Disease Program

- The project should explore possible recipes for cereal-based oral rehydration solution. However, implications for any message change in this regard will need to be seriously considered.
- The project needs to increase emphasis on and work on improvement of feeding and hygiene messages associated with diarrhea. The message content is appropriate, but the implementation is weak.
- Since a free supply of oral rehydration packets from the health center is not likely to be permanently available, the project needs to begin to think about the time when packets will be sold.

Immunization Program

- The project should review its messages regarding frequency of contacts and age with immunization team. These messages need to agree with the national policy and should remain with the emphasis of 5 contacts before 1 yr old.

- Tetanus messages for women aged 15-49 need to be that 5 vaccinations are necessary in order to be completely immunized, and that she should verify her vaccination status with the nurse if she is pregnant.
- The project needs to develop vaccination messages that encourage women to search out vaccinations even if the mobile team is not available. No effort is too much to get a child immunized.
- The project should support the State commitment to making the fixed centers work through information and sensitization.
- The project objectives should be changed to more accurately reflect the project's actual activities.

Nutrition Program

- Use of real food as visual aids and/or food demonstrations should be explored as an education strategy.
- The growth monitoring sessions need to be reorganized in order to allow enough time and space for women to receive counselling regarding their child's progress.
- Nutrition messages need to be clarified and limited to :
 - food is the first treatment for weight loss
 - quantity of food - frequency and quantity per sitting
 - quality of food
- The project needs to explore ways to disassociate the nutritional education from the activity of growth monitoring. Understanding the importance of adequate nutrition for the health and growth of the child is the goal while growth monitoring is only a means to this awareness. In the shorter term, health promoters could begin to occasionally do a nutrition session without actually doing weighing.
- Health promoters should begin to work with the counselors on giving appropriate advice with the goal that counselors will also give nutritional counselling at the household level.
- The project should explore the use of arm circumference or other means of assessing growth in order to provide additional support to a nutrition education program at the counselor level.
- The project should explore the feasibility of maintaining growth monitoring at the village level sponsored by the village health teams.
- As an intermediate step, the health promoters can attach growth monitoring to the immunization sessions as way to still reach families while limiting the time they put into growth monitoring in the coming months.
- The project should explore ways to further integrate primary health activities at the health center level: growth monitoring, FP, and immunizations should all be available when women come for consultation.

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Other Interventions

- Health promoters need training in AIDS.
- The project should consider the establishment of a revolving drug fund to provide a consistent supply of chloroquine and aspirin at the village level.
- The project should evaluate its program of literacy training for village health teams. If it has a positive impact on the health program it should consider expansion of the program to include counselors in the future.

Project Management

- The project needs to develop and use supervision guides at health promoter and counselor levels.
- Staff evaluations need to be done.
- The project should do a time and motion study of the health promoters in order to evaluate whether priorities per time spent are appropriate.
- Health promoters need direct input into the content of their training.
- Adopt more of a team approach to management
- Coordinators' roles and tasks need to be evaluated and redefined.

Sustainability

- The project needs to discuss and plan regularly with the villagers for the departure of the health promoter.
- The project should explore the possibility of organizing villages to help support the advanced strategy of the provincial health structure. This could enable the nurse to get further out to villages.
- Even as the project becomes more involved with the provincial health structure, the temporary nature of this involvement has to be kept in mind when choices and decisions are made.
- The project needs to identify sustainability objectives.

XII. LESSONS LEARNED

Upon completion of the evaluation process, the Ministry of Health team members both felt they had learned two significant lessons from the project. These were: 1/ that a successful health intervention model has to include a mechanism for really reaching the household level and 2/ that messages regarding the general importance and relevance of health to the villagers' lives need to be conveyed initially before specific interventions will be successful. Villagers need to feel the interventions really touch their needs. The team as a whole concurred that these were significant lessons.

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The model using neighborhood counselors as the primary mobilizers and implementers requires a large up-front input of resources for training and support. However, it provides a solid means for reaching households. These women are taking care of their own extended families and don't have a work load beyond that which can reasonably be expected to be carried voluntarily. The expectation is that their interventions are simple and successful enough that they will continue even when there is less health promoter support.

Additional lessons the team felt have been learned from this project were the importance of having a national health policy and a provincial level health system that support village level primary health care; and the importance of very simple intervention messages. The successful project messages were consistent at all levels, very simple, and developed out of village input.

XIII. REFLECTIONS ON A SECOND PHASE

It seems clear that in planning a second phase the project needs to expand its population coverage and to begin to think about replicability. In addition, several specific recommendations come out of this evaluation.

- The project needs to consider moving into more integrated development rather than remain an isolated health program. The match project for water will help significantly since that is the primary need mentioned by most people. However, malnutrition in the project villages is often truly due to lack of means to feed a child. Therefore, there appears to be a significant need to improve the economic situation and/or food availability in the villages. This might include further work to develop economic groups (particularly for women) and/or support for small animal raising. This would help get money into women's hands. Some of these activities are already in progress sporadically, and the PDRG is ready to work closer with the project in these areas.
- In considering the expansion of intervention for prevention of high risk births to maternal mortality prevention, it is important to survey the cause of recent maternal deaths to better understand the problem. It is likely that the availability of transportation during labor will be a key problem that will need to be taken into account even though there is an ambulance in Zorgho.
- In considering the expansion of interventions into AIDS, education at the neighborhood level should be the key. The structure is already in place for easy implementation. Counselors need to be trained in several key messages, and village health workers need to be trained to sensitize men.

APPENDIX I

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Africare Ganzourgou Child Survival Project
Mid-Term Evaluation
Evaluation Framework

prepared by Claudia Williams, Coordinator

I. Diarrheal Disease Activities Anticipated in DIP

Activity Anticipated	Activity Occurred	Input Anticipated	Input Occurred
Improve Health Worker diarrheal disease management through day training of health workers in 5 health centers - August 1991	Training took place in March 1992	16 health center staff from project zone trained for 10 days	20 health center staff from throughout Province trained for 5 days
Improve community management of diarrheal disease through training of ASV and AV in 14 project villages - November 1991	Training Occurred in May-June 1992	28 VHW's from 14 project villages trained for 8 days - each received stock of SRO packets	33 VHW's from 14 villages trained for 3 days in group and 2 additional days with the NL's by HP's - total of 5 days training
Observational Study of health center case management before training - August 1991	Study occurred in February 1992	1 medical center and 4 health centers visited for observation	1 medical center and 6 health centers visited
Observational study of health center case management after training - Three months after training	Study has not yet occurred	1 CM and 4 health center visited for observation	
Improving mothers' knowledge of DDC through training of counselors and mothers	counselors and mothers trained	70 counselorse and 2800 mothers to participate	205 counselors and 2896 participants (men and women-may be duplicated)

II. Vaccination Program - Activities anticipated in DIP

Anticipated Activity	Activity which Occurred	Input Anticipated	Input which Occurred
Community Meetings to inform mothers of vaccination sessions and train mothers in basic PEV knowledge	HP's have generally broken activity into two pieces. They pass through the neighborhoods before the sessions to inform and then deliver a "health talk" on vaccines the day of the vaccination at the site	Community meetings before each vaccination session	For 30 out of 34 of the vaccination sessions to date the HP was informed, informed the village and conducted an animation session before the vaccinations
Needs assessment and retraining of members of village health teams on basic vaccine knowledge and community organization skills - December 1991	No specialized training targeted to village health team has occurred. Teams have participated in general information and education sessions on vaccines conducted by HPs.	Training during 4.5 days of 28 members of the village health teams	Through participation in community meetings and discussions on mobilization estimate that health teams have received 1.5 days of training
Registration of vaccinations received by mothers and children in family registration notebooks during vaccination sessions	Vaccinations received are recorded by HP during the trimestrial baby weighing sessions rather than at the vaccination session	Quarterly monitoring of vaccination coverage using family registration notebooks	To date project has calculated vaccination coverage twice, in October 91 and in June 1992, it will be calculated again in January 1992

Diarrheal Disease - Activities anticipated in DIP cont.

Activity Anticipated	Activity which Occurred	Input Anticipated	Input which Occurred
Mothers' ORT knowledge assessed in growth monitoring sessions and home visits - activity anticipated on a monthly basis	Activity underway in Sep 1992 - not considered feasible to complete monthly	Home visits made on a sample of mothers whose children have had diarrhea - each HP to sample 20 mothers per month	KAP quest to be completed on a sample of at least 8 mothers per village whose children have had diarrhea in last 2 weeks
Conduct focus groups to explore attitudes towards treatment and message blocks	Focus groups to explore attitudes towards treatment conducted in January 1992, not focus groups conducted on message blocks	not identified	Project HP's conducted focus groups in all 14 project villages with the NL's to
Introduction of National monitoring forms for diarrhea case management in health centers	These forms were discussed during training but are not being used in health center - copies have not been distrib.	Provision or reproduction of forms by the Project	No national diarrhea forms are appropriate to reduced symptom list for dehydration. Anticipate development of pictorial system used by counselors

Vaccination Program - Activities anticipated in DIP cont.

Anticipated Activities	Activities which occurred	Inputs Anticipated	Inputs which Occurred
Participation of Health Promoters in village vaccination sessions	Health promoters have participated in 89% of the village vaccination sessions	Health promoter records the vaccinations received by child in neighborhood notebooks	Health promoter assists the nurse to fill out the vacc. cards and organize session
Experimental develop. of alternative vaccination card	Project has not yet engaged in this activity	Revised vaccination card for illiterate mothers	not anticipated

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III. Nutritional Improvement - Activities anticipated in DIP

Activities Anticipated	Activities which Occurred	Inputs Anticipated	Inputs which Occurred
<p>Monthly Growth Monitoring sessions in all project villages</p>	<p>Starting in Feb/March 1992 HP's conducted trimestrial growth monitoring for all children 0-36 months and monthly sessions for high risk children (under 12 months and those who lose weight)</p>	<p>HP organizes monthly baby weighing sessions in each village</p>	<p>Project strategy has been to organize GM by neighborhood, although sometimes two or more neighborhoods are regrouped for one session.</p>
<p>Pilot testing of nutrition education and nutritional demonstration activities in one or two villages April 1992</p>	<p>In reality project could not carry out GM activities without nutrition education. Activities consist of individual nutritional counselling with mother at GM session, some home visits and introduction of PMI bouillies</p>	<p>all GM participants receive nutritional education</p>	<p>nutrition education carried out</p>

Project will purchase baby scales for the health centers that are not equipped and for the use of health promoters in villages	Project has purchased baby scales for the use of health promoters but has not yet purchased scales for the use of health centers	purchase five hanging Salter scales for HP's and two beam scales for health centers	Project has purchase d Five hanging Salter scales
Project will introduce the regular MOH GM card in the fourteen villages and experiment with a bubble chart starting in 1992	With the beginning of regular GM in Feb 1992 HP's have been selling the GM card for 65CFA to all participating mothers	Project purchase of GM cards and free distrib to mothers	Project supports Nat'l policy by selling cards for 65CFA

Nutritional Improvement - Activities Anticipated in DIP (Cont)

Activities Anticipated	Activities which Occurred	Inputs Anticipated	Inputs which Occurred
With assistance of Vitamin A experts and results from baseline survey, develop Vitamin A strategy - Oct 1991	Have not yet elaborated a strategy to focus on Vitamin A. Nutritional messages include promotion of consumption of greens for children and pregnant mothers		

IV. Prevention High Risk Births - Activities Anticipated in DIP

Anticipated Activities	Activities which Occurred	Input Anticipated	Input which Occurred

Needs assessment and Training of 8 CSPS workers from project zone in growth monitoring and promotion. Sep 1992	Training of 7 health center workers from 5 health centers which cover project villages in nutrition communication (counselling) in June 1992. Training on nutrition animation using AED flip-charts planned for Nov/Dec 1992. Did not complete a formal needs assessment or post training analysis	10 days of training for health centers level health workers. After training and purchase of scales health centers will conduct GM at least weekly	3 days of training in June and 4 days antic. in Nov/Dec on flip charts = 7. Two of the four health centers (Meguet and Kabouda) conducting GM sessions regularly
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Nutritional Improvement - Activities anticipated in DIP cont.

Activities Anticipated	Activities which occurred	Inputs Anticip	Inputs which occurred
Training of village health workers in GM activities - Nov 1992	While traditional midwives and village health workers have regularly participated in GM sessions the project has not organized or conducted GM or nutritional training focused on the village health teams	Training of 28 village health workers for 8 days in growth monitoring and promotion with focus on interpretation of Growth chart and follow-up counselling	Has not yet occurred
Home visiting for growth faltering children completed by the Neighborhood liaison	Home visits completed somewhat sporadically for children considered at high risk by the health promoter. To date home visits conducted by the health promoter.	project will consider home visits by counselors	

Support activities of the ACMN project which plans to train TBA's in birth spacing methods and use TBA's to distribute condoms	Project coordinators participated in parts of the refresher training for the CSPS accoucheuses organized by the ACMN. In October, 1992 the Population Council conducting an evaluation of ACMN project	No defined inputs	The Health promoters provide supervision and support to the TBA's in practicing animation on topics covered in the ACMN training
Train the male community health workers in birth spacing methods and techniques	No specific activities yet undertaken to train male health workers in birth spacing	Form village health workers in child spacing	
Providing information on types of contraceptive methods available and where they can be obtained	The project health promoters conduct animation sessions targeted to men and women to promote family planning		Between January and July project had 2887 participants in 105 child spacing sessions

Prevention of High Risk Births - DIP continued

Activities anticipated	Activities which occurred	Inputs anticipated	Inputs which occurred
Promotion of prenatal sessions available at health center	Educational sessions with pregnant mothers to encourage them to attend prenatal sessions at health center		

V. Project HIS System - Activities anticipated in DIP

Activities anticipated	Activities which occurred	Inputs anticipated	Inputs which occurred

Initial Census of target populations - September 1991	Family Registration occurred between October and December 1991	Fill out family registration forms for all women 15-49 and all children under five. Weigh children and check vaccination records	Same as anticipated
Continual updates of family registration	same		The counselor informs the HP when a child is born. The HP accompanied by the counselor makes a home visit to register and weigh the child. Deaths of children and women (associated with childbirth) are registered on family registration forms

Project HIS System - Activities Anticipated in DIP (Cont)

Activities anticipated in DIP	Activities which Occurred	Inputs Anticipated in DIP	Inputs which Occurred
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<p>Regular monitoring of data for consistency and quality</p>		<p>Weekly field visits to each HP by coordinator initially to verify data collection, subsequently field visits every two weeks</p>	<p>Specific site visits are not made to cover HIS. The coordinator makes three to five site visits a month to the project villages. During these visits HP's data are reviewed</p>
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APPENDIX 2
EVALUATION SCHEDULE

October 12-16 Development of evaluation plan, preparation of evaluation tools, and meetings with people in Ouagadougou

Mon. Oct. 12 Met with Claudia Williams, Roger Tonde, Dellaphine Rauch-Houekpon, Suleiman Drave and Evelyn Gorsline to discuss evaluation goals, plan, strategy, etc.

Tues. Oct. 13 Met with Jatinder Cheema and Neen Alrutz from USAID

Wed. Oct. 14 Met with Dr. Ibrango Issouf: team member representing the Department of Evaluation and Planning, MOH
Met with Dellaphine Rauch-Houekpon, Country Director

Thurs. Oct. 15 Spent the day in Zorgho: observed KAP survey for diarrhea and reviewed evaluation tool with Claudia Williams, Roger Tonde, Nebie Bademe, and Evelyn Gorsline

Fri. Oct. 16 Met with Dr. Leonard Tapsoba: Director of the Department for Planning and Evaluation, MOH
Met with Dr. Bekouan Didier, Director of the Department of Family Health, MOH
First meeting of full evaluation team

Sun. Oct. 18 Travelled to Zorgho

Mon. Oct. 19 Team meeting to finalize evaluation tools
Met with Tapsouba Goukouliga, High Secretary and Yonli Cristof, Secretary General of Ganzourgou Province
Met with Ahmed Kouama, Mayor and Department Head for Zorgho

Tues. Oct. 20 Met with and interviewed health promoters
Met with Head Nurse from the hospital
Met with Seni Blandine from the nutrition recuperation program
Met with Pulcherie and Amadeau, nurses who had been in health centers last year and had been trained by the project
Met with Nebie Bademe, Provincial Health Director

Wed. Oct. 21 Visited Gnegnogo - observed growth monitoring, interviewed mothers, met with chiefs and elders

Thurs. Oct. 22 Visited Vagma - observed growth monitoring and diarrhea counselling, interviewed mothers, met with neighborhood chief and elders

Fri. Oct. 23 Visited health center at Zamce
Visited Yembtenga - observed session on child spacing, interviewed chiefs and elders, interviewed counselors, nutrition focus group, interviewed health promoter

Sat. Oct. 24 Visited health center at Salogo
Visited Nahoube - interviewed chiefs and elders, interviewed counselors, interviewed health promoter
Visited Gnegnogo - interviewed counselors nutrition focus group, interviewed health promoter

Mon. Oct. 26 Reviewed documents, analyzed results and recommendations

Tues. Oct. 27 Met with Dr. Traore Celestin, Provincial Medical Director
Gave report to Medical Director and High Secretary
Finalized analysis
Travelled to Ouagadougou

Wed. Oct. 28 Met with Dellaphine Rauch-Houekpon and Suleiman Drave to discuss results
Prepared presentation

Thurs. Oct. 29 Presentation to interested officials from MOH, NGO's, USAID, and Unicef

Fri. Oct. 30 Depart for USA



APPENDIX B

Listing of Project Staff. Phase I

Project Staff
Africare Ganzourgou Child Survival Project
Phase I
September 1990 - August 1993

Africare/Burkina Faso
Country Representatives

Tyrone Gaston	1990 - 1991
*Dellaphine B. Rauch-Houekpon	1991 - 1992

Project Coordinators

* Amelia Duran-Bordier	1990
Claudia Williams	1991-1993
**Mark A. White	1993

Project Co-Coordinator

**Roger A. Tonde	1990-1993
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Project Health Promoters 1991-1993

Isabelle Zongo
Amélie Kaboré
Leonie Ouédraogo
Joanna Kouama
Denise Ouangraoua

Project Intern

Peter Teboh 1993

* Collaborated to write the original project beginning October 1989. Rauch-Houekpon was Acting Country Representative and Duran-Bordier was the technical consultant.

** Closed Out Project Activities in August 1993

Africare/Washington Headquarters and Technical Staff

Regional Director/West Africa

Robert Wilson
(Africare/Burkina Faso is Classified with this region.)

Program Associates

Mark Smith
Gail George

Child Survival Managers

Phyllis George, MPH
Evelyn Gorslin, MPH

Child Survival Director

Alameda Harper, MPH
Regional Director
Central Africa



APPENDIX C

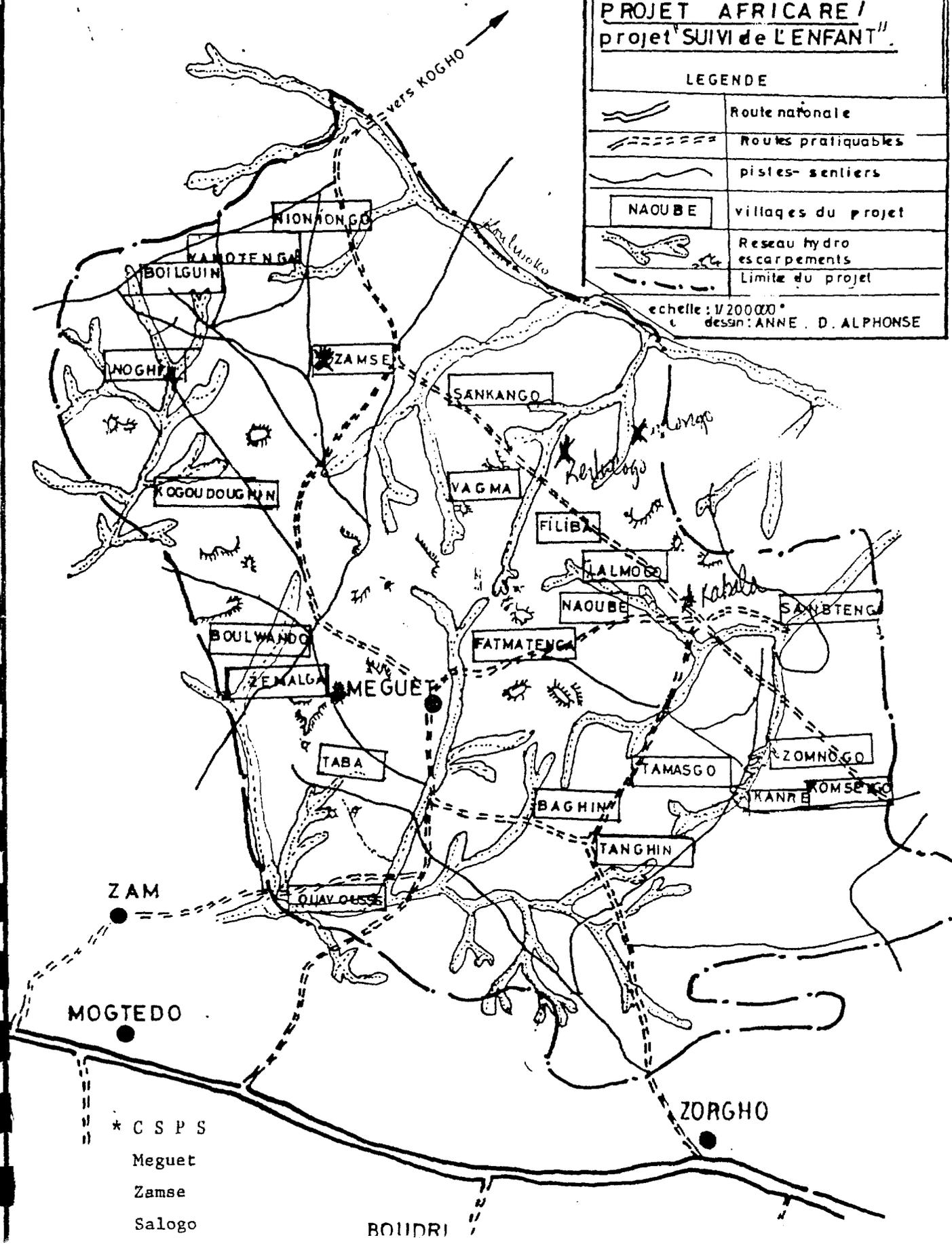
Detailed Map of Ganzourgou Province

BURKINA FASO
Province duGANZOURGOU
Departement de MEGUET
PROJET AFRICARE /
projet "SUIVI de L'ENFANT"

LEGENDE

	Route nationale
	Routes praticables
	pistes-sentiers
	villages du projet
	Reseau hydro escarpements
	Limite du projet

echelle : 1/200000
 dessin : ANNE . D. ALPHONSE



* CSPPS
 Meguet
 Zamse
 Salogo

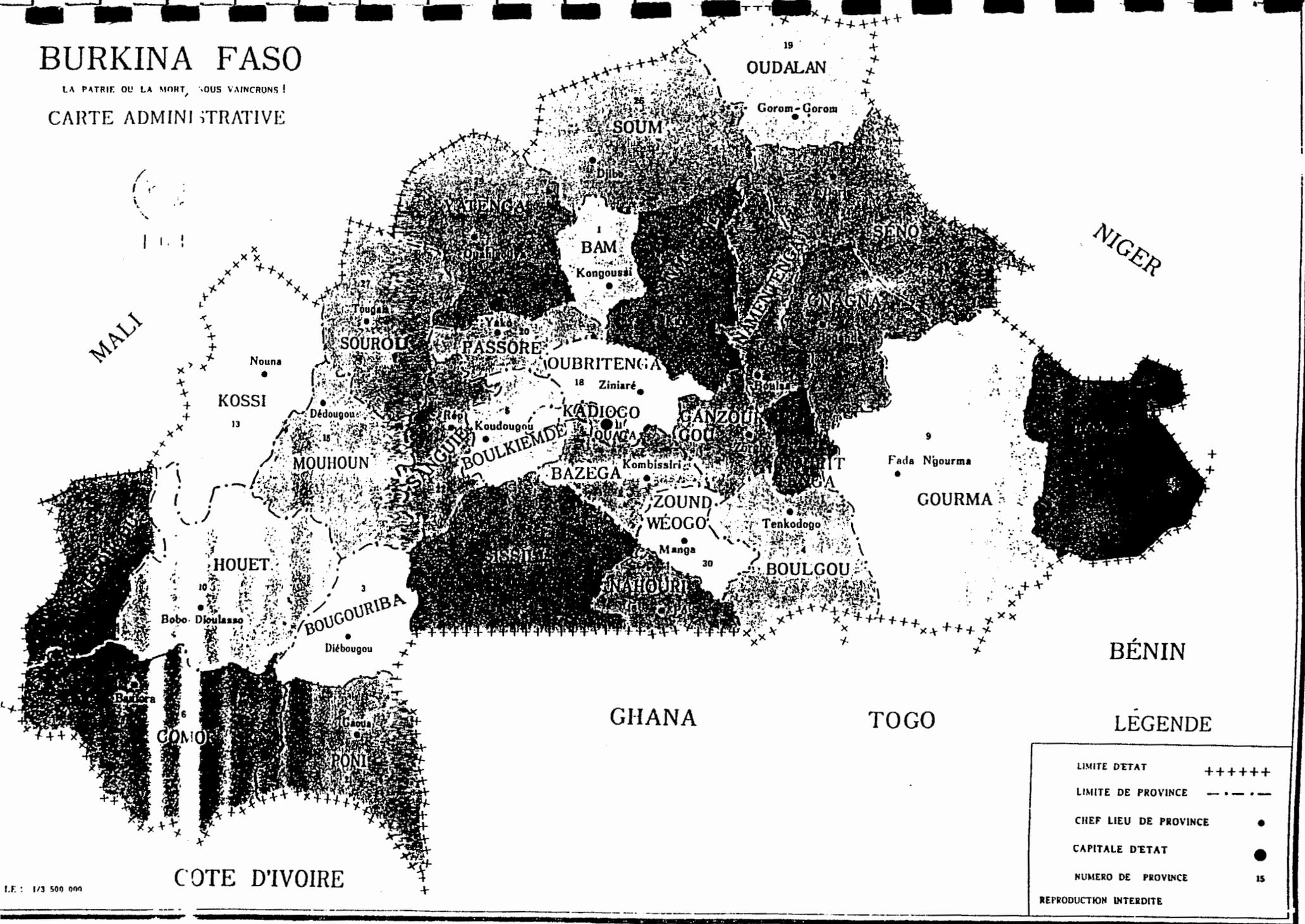
BOUDRI

70

BURKINA FASO

LA PATRIE OU LA MORT, NOUS VAINCRONS !

CARTE ADMINISTRATIVE





APPENDIX D

Expected Project Outputs

Project Outputs

Introduction

In the Meguet Department there are 3 CSPSS and 1 dispensary as well as 27 PSPs, of which 14 will be targeted for intervention. The Ganzourgou Child Survival Project consists of two components: A) a training component and B) a service delivery component.

TRAINING COMPONENT

Africare will utilize the services and training staff of the Ministry of Health and Social Affairs (MOHSA) and the "Direction Provinciale de Sante et Affaires Sociales" (DPSAS) for the initial training at the departmental level. A training of trainers workshop, for the CSPS and dispensary health staff, will be conducted and will cover such topics as primary health care, child survival interventions/techniques, and health education. The purpose of this workshop is to increase the staff's knowledge and improve their skills in the aforementioned subject matter, as well as to establish a core of trainers to deliver training to PSP health workers.

Upon completion of this training, CSPS staff that cover the 14 project villages will assist in the training of PSP Community Health Teams (AVs and ASVs) within these villages. This training will take place during the third trimester of project year one. The staff of the PSPs, a combined total of 28 Ass ASVs will be trained diarrheal Diseases Case Management (ORT and Dietary Management of Diarrhea [DMD]); Growth Monitoring and Nutrition Promotion including Vitamin A prophylaxis and treatment; Malaria Treatment; Hygiene and Sanitation Promotion; High Risk Birth Prevention; and Immunization Promotion.

Village level training will focus on the Neighborhood Liaisons (NL), volunteers recruited for community organizing and program implementation. The "Institute National d'Alphabetisation" (INA) will provide literacy training for these 70 workers using health-related material available in Moore, the local language. This will prepare them for a training workshop to be conducted by PSP, Health Promoters and project staff.

NB: Five Promoters will be hired and trained to recruit, motivate and supervise the NLs. These promoters will be used as temporary project staff and will be phased out once the PSP staff assumes long-term supervision of the NLs.

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SERVICE DELIVERY COMPONENT

In Meguet, the three CSPSS and the dispensary will be equipped with ORT units as well as growth monitoring equipment subsequent to the staff's training. Treatment of diarrheal episodes with the rehydration liquid (prepared with the pre-packaged ORS) will be carried-out as well as promotion of Dietary Management of Diarrhea (DMD). Similarly there will be growth monitoring of all children under three years of age monthly, under the best conditions, but at least quarterly. Children diagnosed with growth faltering and malnutrition will be followed by the staff and their parents will be provided with nutrition education.

At the PSP level there will also be ORT units and growth monitoring equipment and the ASS and the AVSS will provide ORT, DMD and growth monitoring services. At this level, they will learn to recognize severe cases which will be referred to the CSPSS. The AVs and the ASVs will be charged with educating families about feeding, the process of weaning and supplementation of breastfeeding. They will also provide pre, peri and post-natal care and child spacing information.

Following their training, the NLs will be qualified for community mobilization and dissemination of information on child survival topics such as ORT, growth monitoring and the importance of good nutrition, necessity of getting immunized, and pre, peri and post-natal care.

OUTPUT

The following are project outputs which should be realized by the project completion date:

- At the departmental level 5 CSPSS/dispensary nurses and their assistants will have been trained in the areas cited above.
- Twenty-eight trained AVs and ASVs working in 14 PSPs in Meguet.
- At the village level, the recruitment and training of 70 NLs in promotion of ORT, DMD, growth monitoring, nutrition, and immunization promotion techniques. This would have been preceded by:
- The hiring and training of five health promoters to assist in identifying and recruiting the NLs.
- The installation of ORT and growth monitoring units in 3 CSPSS and 1 dispensary in the Meguet Department.

- ORT and growth monitoring units installed and functioning in 14 PSPs.

- A completed baseline survey measuring 1) the level of knowledge, attitudes and practices of the mothers with respect to ORT, DMD, growth monitoring, immunization and 2) anthropometric measurements and morbidity and portality levels among the population less than three years of age in Meguet.

- A record-keeping and reporting system for project monitoring and evaluation.

- An end-of-project survey documenting changes resulting from this intervention.



APPENDIX E

Child Survival Match Project

AFRICARE/GANZOURGHO CHILD SURVIVAL PROJECT
"CHILD SURVIVAL "MATCH" PROJECT

FINAL REPORT

AFRICARE/GANZORGHO WATER RESOURCES DEVELOPMENT
AND VEGETABLE GARDENS PROJECT

"SAVING THE CHILDREN OF THE SAHEL"

Written by: Dellaphine B. Rauch-Houekpon
Country Representative

David Bartlett
Africare Intern

Submitted by: Dellaphine B. Rauch-Houekpon
Country Representative

Submitted to: Africare/Chicago Chapter

Submitted: December 1993

GENERAL ACTIVITY DESCRIPTION

PROJECT TITLE AFRICARE/GANZORGHO PROJECT "MATCH"
WATER RESOURCES DEVELOPMENT AND
VEGETABLE GARDENING PROJECT
"SAVING THE CHILDREN OF THE SAHEL"

PROJECT AREA DEPARTMENT OF MEGUET
PROVINCE OF GANZOURGHO
BURKINA FASO

DURATION 2 YEARS

AMOUNT FUNDED \$317,000

DONORS THE AFRICARE/CHICAGO CHAPTER
CISSY PATTERSON TRUST

IN ASSOCIATION WITH THE UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT (USAID)

UNDER THE AUSPICES OF THE AFRICAN
GANZOURGHO CHILD SURVIVAL (CS
PROJECT

PROJECT PERSONNEL ZORGHO
MARK WHITE
AFRICARE CS COORDINATOR

LOGGOSSINA QUATTARA
ENGINEER/CONSULTANT

DRAVE SOULEYMANE
NEW PROJECTS COORDINATOR

ALI DANAYE
NATURAL RESOURCES COORDINATOR

DELLAPHINE B. RAUCH-HOUEKPON
COUNTRY REPRESENTATIVE

AFRICARE/BURKINA FASO STAFF

AFRICARE/ZORGHO - GANZOURGOU CHILD SURVIVAL PROJECT

Mark Anthony White
Coordinateur

Roger Tonde
Co-Coordinateur

Aminata Gouo
Secrétaire de Bureau

Zombre Boukary
Chauffeur

Peter Teboh
Office Intern

ANIMATRICES

Isabelle Zongo

Leonie Ouedraogo

Amelie Kabore

Denise Ouangraoua

Joanna Kouama

GARDIENS

Pascal Damiba

Madi Sissao

CHILD SURVIVAL MATCH

Logossina Ouattara
Ingenieur/Consultant

Talato Konombo
Animateur

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PROJECT BACKGROUND

In 1990 Africare requested and was granted \$614,980 for a three-year project falling under the USAID Child Survival Competitive Grant Program. Africare "matched" this funding with \$317,000 of its own. These "matching" funds were used for the Africare/Child Survival Match Project to supplement the nutritional activities and messages of the Child Survival Project.

History/Background of the Child Survival Program in Méguet.

The Child Survival (CS) program was designed to intervene in 14 of the 36 villages in the Meguet Department, reaching 75% of the approximately 30,000 inhabitants within these 14 villages. The project aims were to reduce infant morbidity and mortality due to diarrhea and malnutrition, and to reduce maternal mortality caused by lack of access to prenatal care and shortened birth intervals.

The CS project design called for promotion of child survival awareness and techniques in the project area, and strengthening of the existing health care delivery system at the departmental and village levels. Project components included:

- (a) The training of health staff within the Department of Meguet.
- (b) Support of the service delivery system in 14 villages within the department.

Within this framework, the Ganzourgou C.S. Project interventions included the following:

- Diarrheal Disease Control (DDC) and Oral Rehydration Therapy (ORT) education; appropriate dietary management of diarrhea; and promotion of simple preventative measures such as hand washing, use of potable water, and food hygiene.
- Growth Monitoring and Nutrition. Improved child feeding practices, plus Vitamin A promotion through vegetable gardening.
- High Risk Birth Prevention. Improvement of trained birth attendant skills in delivery and referral. Promotion of acceptable child spacing methods through education of both men and women.
- Promotion of immunization through community mobilization.

Following discussions with officials of the Government of Burkina Faso (GOBF), The Ministry of Health and Social Affairs (MOSHA), and the USAID/Burkina Faso Health and Population Officer, the Department of Meguet was targeted as an ideal project area to implement a child survival program.

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- Appendix D: Village Management Group Details
- Appendix E: ESF-Ouagadougou Contractor's Data Report
- Appendix F: Program From Opening Ceremony
- Appendix G: Photographs of Various Project Activities/Stages

The Africare Ganzourgou Child Survival Project has registered considerable success in the first years of field implementation. The project has effectively extended the reach of the Primary Health Care (PHC) messages and interventions to families in their villages. At the village level, the project's five health promoters have formed a network of 205 neighborhood volunteers who work as village health worker "extenders". The project has trained these volunteers together the village health teams consisting of the village midwives and village health agents.

Families in project villages and nurses in the local health centers have shared vivid examples of the impact of the newly learned child survival skills on the health of their children. Families are able to follow the growth of their babies and are counselled with concrete messages to change feeding and health practices when the child's growth falters.

Communities in Méguet are responding to Africare initiatives with great interest and enthusiasm. The project has achieved participation rates in trimestrial growth monitoring which surpass the goal of 75%. Turnout for clinic-based prenatal sessions has increased along with participation in village-based vaccination sessions.

It is within the framework of the CS project that Africare implemented the CS Match Project. From early discussions with the village populations, the villagers identified "lack of food" and "lack of water" constantly as their two most essential needs. Therefore the project focused on the production and consumption of vitamin-rich vegetables as one of the objectives of the CS Program with clean and readily available water to lead to improved sanitation and hygiene.

In talking to the villagers in the target areas, there was always the issue of water. Without an available and close source of water there has been no way to care for vegetable plots necessary for cultivation of much needed vitamin-rich food which was a prime message of the project for mothers and children; to consume vitamin rich food. Africare, based on the consultation and participatory input of the villagers themselves, decided that the best use of their matching funds would be for the construction and repair of numerous boreholes and pumps within the target area. The specific goals of the project were to:

- Construct 8 new boreholes with pumps.
- Repair 10 existing boreholes/pumps.
- Deepen and solidify 2 wells.
- Provide training in pump maintenance/repair to local participants.
- Aid in the establishment of water commissions to manage

distribution of water and pump maintenance.

- Provide gardening tools for vegetable plots.
- Train existing CS health workers in vegetable gardening techniques so that they can teach others regarding the care and maintenance of the vegetable gardens are constructed.

Through these specific actions, Africare planned to meet the following objectives:

- Facilitate the establishment of vegetable gardening near the new constructed and/or repaired boreholes and wells
- Increase the quantity and reliability of water available to the human and animal populations.
- Increase the quality of drinking water.
- Provide a source of local and nearby nutritional supplements to enhance the nutritional messages being promoted by the project

PROJECT AREA

Country:

The Department of Meguet is located in Burkina Faso.

Burkina Faso is a land-locked country in the Sahel region of West Africa located at the southern edge of the Sahara. The country covers an area of 274,000 km² - roughly the size of the state of Colorado - and shares common borders with Mali, Niger, Ivory Coast, Togo, Benin and Ghana. Burkina Faso has nine major ethnic groups of which the Mossi constitute nearly 48% of the total population of which more than 90% are farmers. The water resources, soils and climate of Burkina present a very difficult environment for people to live. Subsistence farming, cash crop production, and animal-raising comprise the principal economic activities of the rural population.

33% of the land is considered arable by the government of Burkina Faso. More than 90% of Burkina's 10 million people live in small villages of less than 1,000 inhabitants and depend almost exclusively on subsistence agricultural and livestock production for day to day survival. Agriculture is the key sector in the economy, providing 82% of the national employment and 87% of all exports. Subsistence farming accounts for 80% of the food produced annually.

Nearly 60 percent of the population live on the Mossi Plateau where population density averages 107 persons per square kilometer. Population densities range from 0-49 people/km² in the north (Gorom-Gorom and Dori areas) to 80-120 people/km² in the Koudougou area and north of Saponé, just outside Ouagadougou, the capital city of Burkina Faso.

The climate is classified as Dry Tropical or Southern Sahel in the northern part of the country and Semi-humid Tropical or Sudan-Guinean for the southern portion. The rainfall patterns vary spatially and temporally, averaging from 500 millimeter or less in the sahel zone to up to 1,400 millimeter in the southwest.

The health status of the population of Burkina is extremely poor. Life expectancy for men and women respectively is 45 and 49 years while infant mortality is estimated at 140 per 1,000 live-births. In 1982 the physician-to-population ratio was one doctor to 55,760 people. The poor health status of the population is complicated in part by the scarcity of clean water, high food insecurity, a three-year recurrent drought and poor road infrastructure that impedes the distribution of food and essential social services, like health. Malnutrition, poor sanitation, and a high level of infectious diseases are endemic to most parts of the country and make health improvement a country-wide priority.

As a result of over a decade of drought, famine, and general climatic inconsistencies, Burkina Faso is one of the poorest countries in the world with an average yearly per capita income of less than \$150.

Project Area:

The project zone is the Department of Meguet, within the Province of Ganzourgou, 110 km east of Ouagadougou, the capital of Burkina Faso. The principal ethnic group in the area is Mossi. Most of the target population are subsistence farmers who cultivate peanuts and cereals. Dry season activities include cotton dying, weaving, and limited vegetable gardening. The total area affected by the activities is approximately 340 km² or 44% of the Department of Meguet. The population within this area is approximately 15,512 inhabitants in 14 villages.

Climate in the area is characterized by two seasons:

- A dry season from November to April.
- A rainy season from May to October.

Aquifers and natural rainwater collection areas are rare and poorly distributed. Because of this uncontrollable phenomenon, thorough hydro-geologic and technical studies had to be conducted by a qualified water consultant to first decide upon the most feasible areas to initiate borehole drilling and placement of pumps.

There are no permanent natural water sources in the project zone, only seasonal drainage systems.

Maps of the villages affected by the activities can be found in Appendix A.

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Participating Groups:

Community Participation: The main supporting group for the CS Match project is the group of existing Child Survival outreach workers and volunteers. These participants have shown a high level of self-organization and motivation throughout previous CS Project activities. They trained and will continue to educate the populations in the areas of vegetable gardening, and sanitation and hygiene as they relate to water and water sources, and water-borne disease.

The Ministry of Health, Social Affairs and the Promotion of Family has been an active partner in the CS Projects in order to ensure coordination with national plans, policies and initiatives. Many meetings have taken place for informational and consultative purposes.

PRITECH: CS Project staff have collaborated with the national PRITECH team for the development of training programs. The PRITECH training manuals have been used for training of personnel.

Nutritional Communication Project: The NCP, supported by USAID and working through the Ministry of Health, has developed nutritional flipcharts and training curricula. The CS Projects have received technical assistance from NCP in the use of their materials and training approach to train the CS Project workers.

Helen Keller International: The CS Projects have collaborated with HKI for the training of health promoters in nutritional problem-solving.

Project for the Rural Development of Ganzourgho (PDRG): This group helped supply seeds and technical assistance for the vegetable gardening aspect of the project.

Progress and Accomplishments:

March 1 - 28, 1993:

The activities for this period consisted mostly of financial research, project planning, and evaluation of current conditions. Although a study of the conditions of pumps and well in the area had been conducted in August of 1992, certain areas that had been previously studied were no longer reliable due to and erosion, repairs and breakdowns occurring since the study. As a result, Africare and the Project Consultant decided to re-evaluate the existing equipment conditions. The following actions took place:

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- A 3-day trip to the project zone to evaluate the existing conditions of equipment.

- A cost comparison of the two major brands of pumps available in Burkina Faso (INDIA and ABI).

Pump Comparison:

	INDIA (Apicoma)	ABI (Faso Yaar)
Pump	170,000 CFA	250,000 CFA
Triangle and Pipe	3,650 CFA	5,000 CFA
Tool Box	190,000 CFA	250,000 CFA
Installation	20,000 CFA	50,000 CFA
Warranty	12 months	6 months

The original decision to install INDIA pumps because of the low cost differential met with opposition from many of the participants because there were no INDIA pumps in use in any of the 14 project villages. Although there are many INDIA pumps in neighboring areas, the decision was ultimately made to install the ABI pumps as requested by the villager at a slightly higher cost. The villagers greeted this concession by Africare and promised to give their all for the implementation of the project. They all kept their word and their promise.

Borehole Construction and Repair Analysis:

An analysis of the existing conditions produced the following results (Results of pre-project analysis of water sources can be found in Appendix B):

1. The project funds would be able to construct eight new boreholes/pumps and three new pumps will be installed on existing wells.

2. It was impossible to build a new borehole at each of the 14 targeted villages; therefore the project followed the following guidelines will be used:

- The chosen locations should make water available to as many of the target people as possible.

- Women in the areas of the water source should be motivated to initiate and participate in vegetable gardening activities

- The chances of the project being a success should be strong.

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3. Suggestions were made as to which villages should be chosen.
4. Meetings were planned with The Rural Development Program of Ganzourgou (PDRG) regarding future collaborative work.
5. Discussions took place between the Africare/Zorgho staff and the local health promoters.

Based on these analyses, Africare and its partners were able to select the most feasible sites for the new and repaired boreholes and wells.

The sites for repair of hand-dug, cement lined wells were:

- Boilghin
 - Boulwando
 - Nonghin
- (See village maps in Appendix A for specific locations.)

The sites for the new boreholes were:

- Boulwando
 - Nioniogo
 - Zamsé
 - Kougoudoughin
 - Nonghin
 - Yamstenga
 - Zemalga
 - Nahoubé
- (See village maps in Appendix A for specific locations.)

In addition, so as not to offend some villages, as a symbolic gesture and to help with the almost non-existent water supply, the pumps in the remaining eight villages in the area were checked and repaired and spare parts were donated by Africare. The villages receiving repairs were:

- Filba
 - Sankango
 - Vagma
 - Zamce
 - Lalmogo
 - Fatmatinga
 - Yamstenga
 - Nahoube
- (See Appendix C for specific pump repair details.)

March 29 - April 6.

One of the objectives of the CS Match Project was to include the beneficiaries as much as possible in the project activities. In fact, their expertise and local knowledge were depended on for successful project planning and implementation.

A series of four community-wide "information" sessions were planned with each village in the target zone. The overall goals of these sessions were:

1. To have the local participants' input to be included in the overall pre-evaluation of conditions in the area.
2. To allow villagers an opportunity to express themselves and ask questions regarding Africare's activities in the area.
3. To work together with the local population to find solutions to their problems.

The series of participatory sessions was planned as follows:

First Session: Allow the people to express themselves on the following points:

- How does the village currently manage their pump?
- What do the villagers know of the work of Africare?
- Do they currently practice vegetable gardening? If not, why not? If so, what vegetables do they produce?
- What sorts of problems do they experience regarding water?
- In terms of work on wells or pumps, how could the village participate? (Getting materials together, monthly usage fees, masonry work, garden enclosures, gardening.)

Second Session: Bring to the attention of the villagers the following information: Africare, after examining the problems brought up by the villagers, can help them with the installation of a pump; therefore, the village will have water for farming and drinking. But a pump costs a lot of money (as much as five new motorcycles, for example). Because of this, the users will need to take very good care of the pump.

With this explained, the population was asked to complete the following work:

- Collect sand, gravel and small stones.
- Agree to help with masonry activities.
- Set up a Village Management Group.
- The Village Management Group needs to collect 50,000 CFA for the maintenance of the pump.

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- Deepening of wells, and if there is a lot of water, Africare can help with the installation of a pump.
- Construction of a vegetable garden and enclosure. The enclosure can be made of millet stalks, branches, or other locally available vegetation.
- Collect local seeds: Gumbo, beans, carrots, tomatoes, garlic, and eggplant.

Once the gardens are in place, Africare will supply wheelbarrows, water cans, gardening tools and vitamin-A rich carrot seeds. It should be noted that the villagers offered to use their own germinated seeds in the vegetable gardens and stated their preference for the locally grown greens and vegetables which, indeed, was discovered to be equally vitamin-A rich as universally acknowledged vitamin A enriched vegetables

Third Session: Verification of the election of a Village Management Group. Also, verify collection of 50,000 CFA by the Group, and selection of the site for the garden.

Fourth Session: The project consultant, in one or more sessions, completed the following work:

- Informed the population about water-borne diseases.
- Emphasized the nutritional value of the vegetables in the gardens, for both children and adults.
- Discussed care of the gardens.
- Discussed the proper use of the pump and sanitary measures to be taken with water.

Summary of First Sessions (29 March - 6 April):

For each of the eight villages the coordinators, Mr. Logossina Ouattara, the project consultant and Mr. Talato Conombo the animator who was hired to assist Mr. Logossina (and is himself a trained borehole repairman), started by providing a short presentation about the activities of Africare in the region and country. After this, the villagers were requested to contribute their ideas and opinions. In most cases it was the Village Chief who spoke first, responding to the prepared questions (as outlined above for each session). In order to decentralize the discussion, the others in attendance were encouraged to speak as well.

Note: At the time of the first sessions a epidemic of measles occurred. Because of this, attendance was lower than it should have been.

Most sessions lasted for approximately two hours, and the attendance ranged from 20 to 200 people, averaging 85 at one time.

In each of the eight villages people were all very concerned about the question of water. They all said that they were prepared to pay user's fees and to help with the necessary work if they were provided with a borehole or well. The villages of Nonghin, Kougoudoughin, Nahoubé, and Yamstenga were characterized by very enthusiastic and organized inhabitants. The villages of Zémalga and Boilghin seemed much less motivated and enthusiastic.

It was observed that the water sources in most villages needed to be cleaned up, due mostly to the livestock that frequent them.

In many villages it is poor distribution of water sources that is hindering vegetable gardening. Placement of gardens were addressed during the training and information sessions.

The ineffectiveness of existing Village Management Groups for the pumps has often been the cause of pump breakdowns and delays in repairs.

Most of the villages did not do any vegetable gardening because of a lack of water.

There is vegetable gardening going on in the village of Kougoudoughin, managed by the women with the help of the men. It was stressed that this activity should be a model for other villages. The pump in Kougoudoughin will be used to expand existing gardening activities in the village.

Most of the villages proudly claimed to be aware of Africare and its activities in the region.

7 - 25 April 1993.

This period was devoted to the second round of village sessions. Each village was informed as to the type of work to be undertaken, as well as what was to be expected of them.

Discussions were carried out to determine how the Village Management Committees had been set up. In most cases, their make up followed the guidelines given to them, being:

- 1 president
- 1 treasurer
- 1 secretary
- 1 woman responsible for cleaning the well/borehole area
- 1 repairman

With the acquisition of these new tools the populations were asked to set up one committee for every water source. In order to reduce waste, water will be sold for 5 CFA per earthenware jar. This money will be used by the committee for

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upkeep and repair of the pump or well.

A detailed look at the duties of each member of the Committee can be found in Appendix D.

Training period:

During this time training sessions were planned. The goal of the training was to make the maintenance and upkeep of the pumps and wells sustainable by the local population. The idea was that money collected by the Village Management Committees in the form of user's fees would, among other things, cover the costs of these maintenance activities.

There were three repairmen trained over a period of six days. In general, there were five areas of training:

1. Definition and description of wells and borehole pumps.
2. Criteria used for choosing a hand pump.
3. Complete description of ABI and INDIA pumps - dismantling and installation.
4. Use and upkeep of handpumps.
5. Common breakdowns with handpumps and corresponding repairs.

Pump Repairs:

The project consultant made a trip to Ouagadougou on April 16 to April 24 to buy spare parts for the pumps in disrepair, and to meet with the company in charge of borehole drilling and construction (ESF-Ouagadougou). The original plan to begin work at the beginning of April had since been revised. The project, which was targeted for completion at the end of May, now had a completion date of late June.

The pump repairs began on April 27, 1993. New tools were provided to the repairman by Africare consisting of the following:

- 2 hoisting keys #36
- 1 table vise
- 1 file for pipes
- 1 wire brush
- 1 metal saw with 2 saw blades

With the acquisition of these new tools the repairmen were able to perform the necessary repairs within Meguet instead of travelling to Koupele (the next largest town) to search for the necessary tools. A detailed list of the repairs made to the wells can be

found in Appendix C.

Geophysical Survey:

A geophysical survey of the seven villages was conducted from April 26 to 29. Several of the chosen sites for boreholes had to be re-examined by the participants:

1) Kougoudoughin: The neighborhood chosen by the project have already benefitted from a pump donated by the NGO Reseau Afrique 2000. A new site had to be agreed upon with the help of the local population.

1) Nonghin: It was originally decided that because of the lack of attendance at Africare activities in the village, Nonghin would not be the site of two new boreholes. In the end, Nonghin did receive one pump, in the Narotin Quarter.

Borehole Drilling/Construction:

From June 4 to June 7, 1993 eight new boreholes were drilled. All eight were fitted with new ABI handpumps. The specific details of each borehole can be found in the report, provided by ESF-Ouagadougou, in Appendix E.

Problems and Constraints:

The project met with several problems during its implementation:

a) At the start, there were two principal problems:

- The epidemic of measles in the project zone hindered the village sessions.
- There was poor communication and circulation of information between the villagers. This affected turnout and was a factor in the delay of project activities.

b) This delay in evaluation and identification activities resulted in the need for fairly intensive "sensitizing" activities on the part of the local coordinators and outreach workers. Because this work was done over a short period of time, there will need to be additional and continued efforts made to educate the population in the areas of vegetable gardening, for one, but also hygiene and sanitation around the water sources.

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c) Funeral ceremonies (due in some cases to the measles epidemic) halted work activities on several occasions, adding to the project delay. For future projects relying partially on participant work contributions, a certain amount of time should be budgeted for unforeseen events such as this, though there is actually no way to plan for unforeseen activities such as this.

d) Additional delays were encountered because the borehole construction and repair company had not yet been chosen and contracted before the start of the project activities. The borehole work, which was planned for the beginning of April, did not actually get underway until the end of April as the management personnel of Africare was involved in heavy negotiations with various borehole digging companies to receive what Africare considered a fair and just price. This added another month of delay to the project completion date. For future work of this type, Africare will try to hire the contractor well before the start of the project. Of course, this also depends upon the contractor's offer.

e) Initially, there was resentment from several villages that were not chosen as a potential borehole site for a number of technical and logistical reasons, i.e. no water discovered from the geophysical studies, not enough people served, villagers too lax. Several village chiefs threatened the expulsion of the Child Survival Project animatrices from their villages. Africare, through the efforts of the Country Representative, took this problem directly to the Minister of Water who sent several Water Resource Agents to accompany Africare on the next site visits. The agents and the Africare personnel took time to explain why, technically, several particular villages were not chosen. The Country Representative then explained how it was just not nice to threaten the animatrices when they had been doing such great work in their villages and that their actions were not in the true spirit of collaboration. This combined effort and frankness was eventually understood and appreciated by the villagers but the lesson learned is that water is not only a necessity but it is a highly charged political issue as well.

e) Because of the delays, the project completion date got extended until nearly July. Since this is the high point of the rainy season, most people were working exclusively in the fields. Nevertheless, because of the training and education received, the vegetable gardens were started in all of the villages receiving new or repaired water sources. Women were able to plant beans, gumbo, eggplant, and other vegetables. It will, however, be necessary to wait until the next dry season to fully mobilize people in gardening work.

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Additionally, in view of better production, the introduction of pesticides was necessary to combat plant-eating insects.

f) In nearly all of the villages in the project area the scarcity of water is a reality. The implementation of the CS Match Project has alleviated some of the problems, but requests for boreholes and wells continue to come from almost all of the villages.

SUBSEQUENT ACTIVITIES FOLLOWING THE CONSTRUCTION AND INSTALLATION OF THE BOREHOLES

Africare with the assistance of the local authorities, planned a large scale participatory "turning over" ceremony at the Village of Meguet, signifying that the borehole repair and construction project had been successfully completed and that the project donors, through Africare, had completed their obligations and commitment to the project and now it was time for the project beneficiaries to take over the management of the project and sustain the activities already initiated. The support turnout was large with numerous supporters and partners travelling from Ouagadougou, over 110 kilometers away, all of the local officials were present and attended, and there was active village participation with local dancers at the nearby village of Boulwando. (A program of the ceremony is attached as Appendix F)

Africare fabricated a sign for each of the village sites where new boreholes were installed. The signs indicated the name of the village where the borehole was installed, the Donors name, Africare Chicago Chapter and its provincial location, the department of Meguet. In addition to the colorful signs, Africare provided the following gardening tools for the women's group of each village with a new borehole to actively engage in vegetable gardening initiatives:

- two wheelbarrows
- four watering cans
- two each of pick axes and hoes
- 5 packets of carrot seeds

Africare contributed to the excitement and the gaiety of the occasion with some creative decorations. The signs, the wheelbarrows and the watering cans were adorned with ribbons and balloons, which was a great hit with the village children. Speeches were made by the Haut Commissaire who is similar to the governor of a state, the Prefet, who is similar to the mayor of a city and the Africare Country Representative, Dellaphine B. Rauch-Houekpon. The villagers of the project were also the recipients of a gift to celebrate the occasion. SAFGRAD, an agricultural development organization financed by USAID and a long-time friend of Africare contributed hybridley developed, improved corn seeds to be planted under the auspices of the local agricultural agency. The villagers were extremely happy to receive this gift as successful cultivation

of corn during peak season can substantially increase family profits as it can sell for high prices.

Following the turning over ceremony, all the participants travelled about five kilometers to the Village of Bowlwando to view one of the newly installed boreholes. The program participants were greeted with dancing and singing by the population. Following the greetings and introductions, the participants were requested to "test" the water. While the villagers proudly pumped the water, each of the visiting officials "tested" the waters of Bowlwando by washing their hands. After a round of refreshments, the participants travelled back to Meguet Village where a splendid and filling luncheon was served.

CONCLUSIONS AND LESSONS LEARNED

The Child Survival "Match" Project was not difficult to implement as Africare has over twenty years experience in borehole and village wells installation and repair in Burkina Faso. So, even with the delays and the start-up problems within the course of the implementation of the project, Africare has much experience in this area and was able to successfully overcome these "normal, ordinary" setbacks. Seeking the assistance, input and collaboration of the village beneficiaries was not a problem as Africare's entire development approach is community-based one-on-one contact with the project beneficiaries, helping Africans to help themselves.

The problem for Africare with this project was the best placement and the most just, honest and impartial manner to decide where to install eight boreholes within fourteen villages at the same time when all fourteen are in dire, desperate need of water. This was the real challenge, the real test. And as a result of trying to make the best decision, we were confronted with trying to find the best solution within our budgetary and mandatory limits. We are most proud of our solutions which were achieved through openness and honesty with the villagers, collaboration with our project partners, assistance from the government through their regional agents, concessions on the part of Africare and the villagers to arrive at the most feasible solution, and by direct and through one-on-one discussions with the villagers themselves.

Communication was the key and the end result was a project that is truly a project through which lives have been saved and hope has been kept alive.

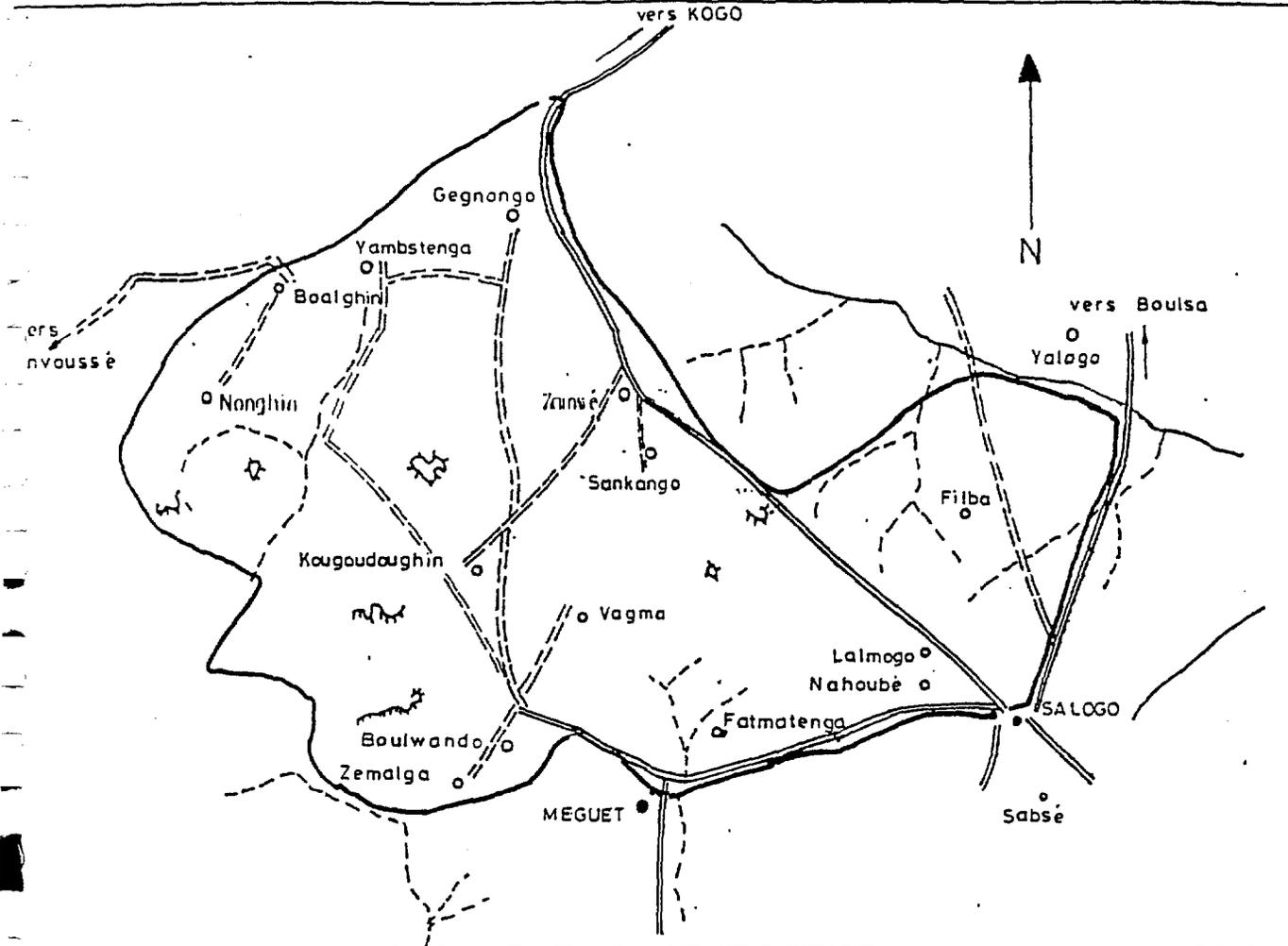
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APPENDIX A

ab

1 - CARTE DE SITUATION
 DES VILLAGES COUVERTS PAR LE PROJET
 SURVIE DE L'ENFANT DANS LE GANZOURGOU

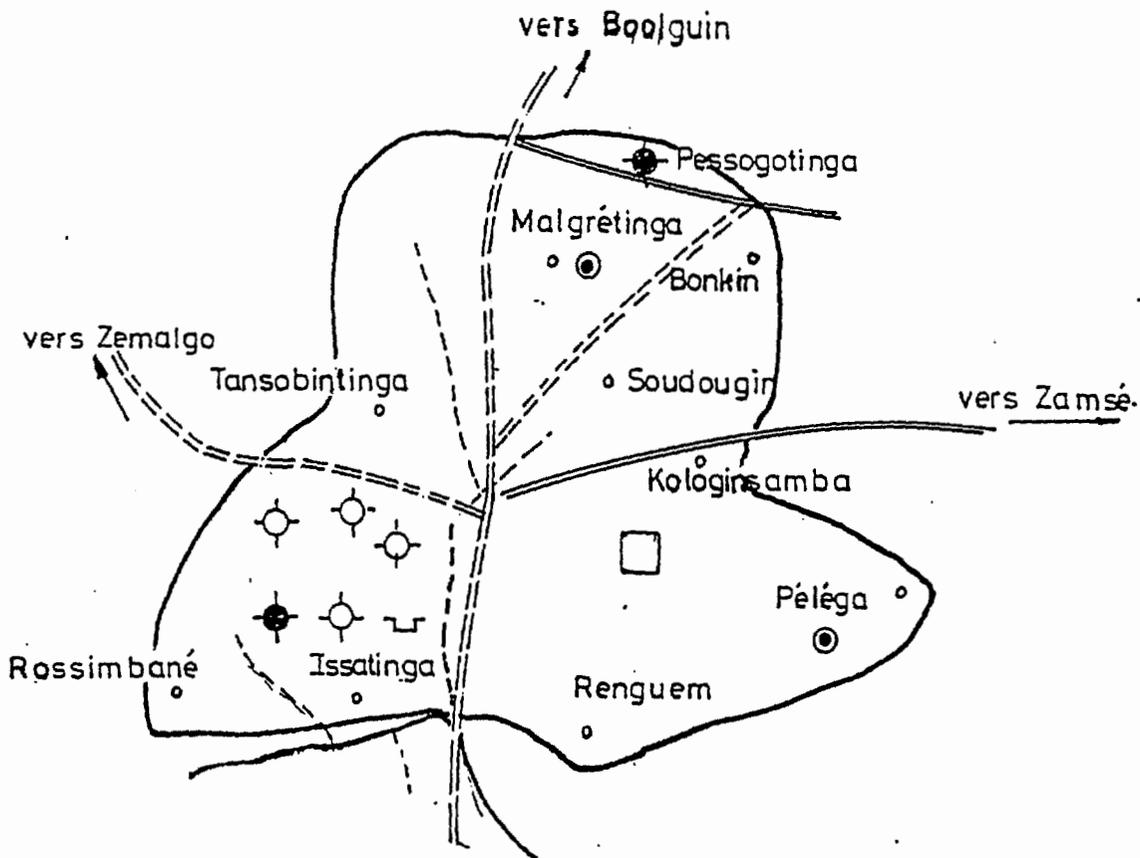
AFRICARE BURKINA FASO



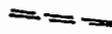
LEGENDE

-  Limite de zone
-  Village
-  Piste
-  Sentiers
-  Cours d'eau
-  Cuirasse ou colline

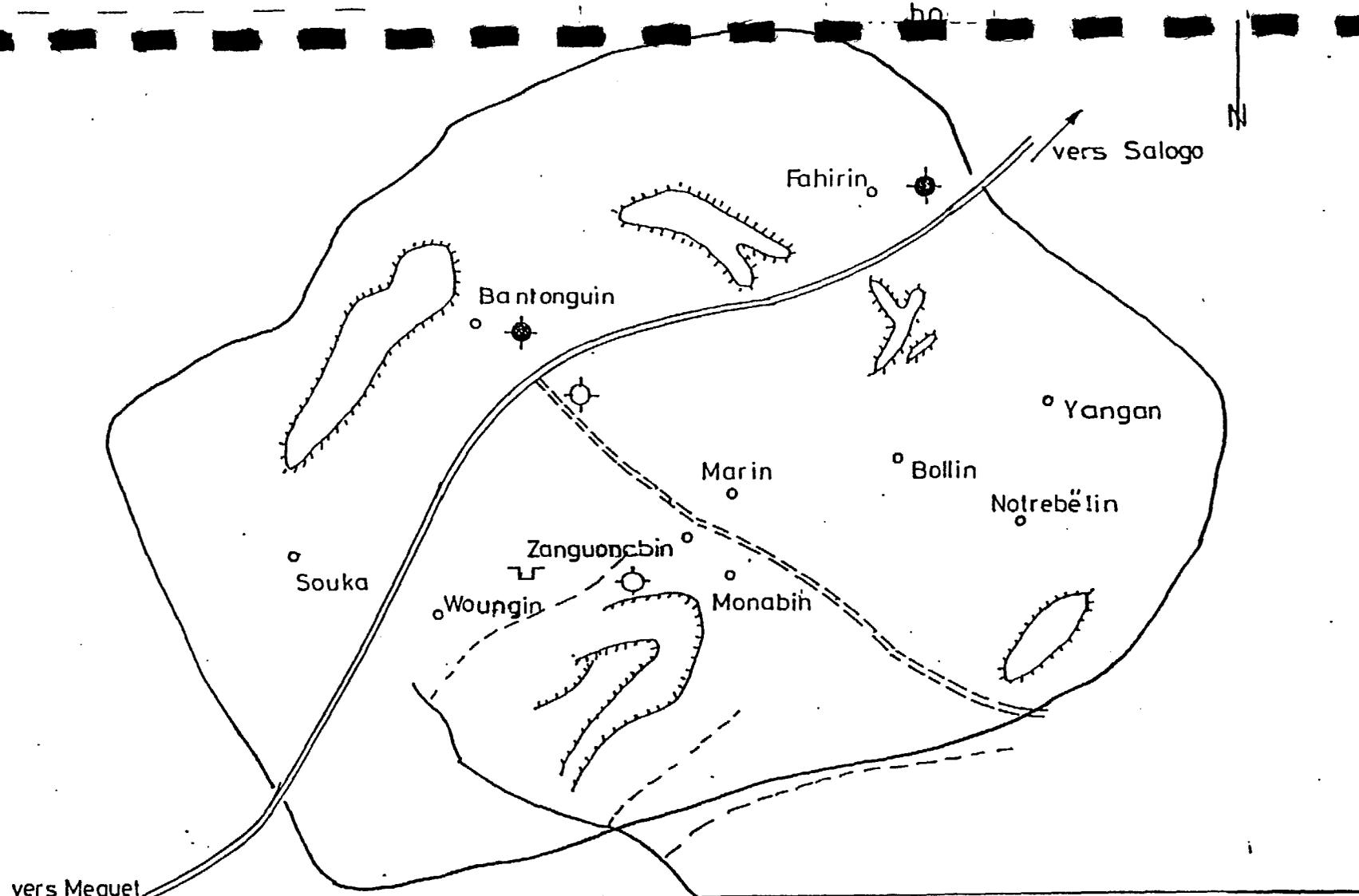
Village de BOULWANDO



LEGENDE

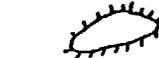
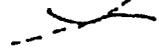
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|---|-------------------|---|-----------------------|
|  | Limite de village |  | Surcreusage programmé |
|  | Piste |  | Forage programmé |
|  | Sentier | | |
|  | Sous quartiers | | |
|  | Forages | | |
|  | Puits busés | | |
|  | Ecole | | |
|  | Cours d'eau | | |

Echelle 1 / 100 000



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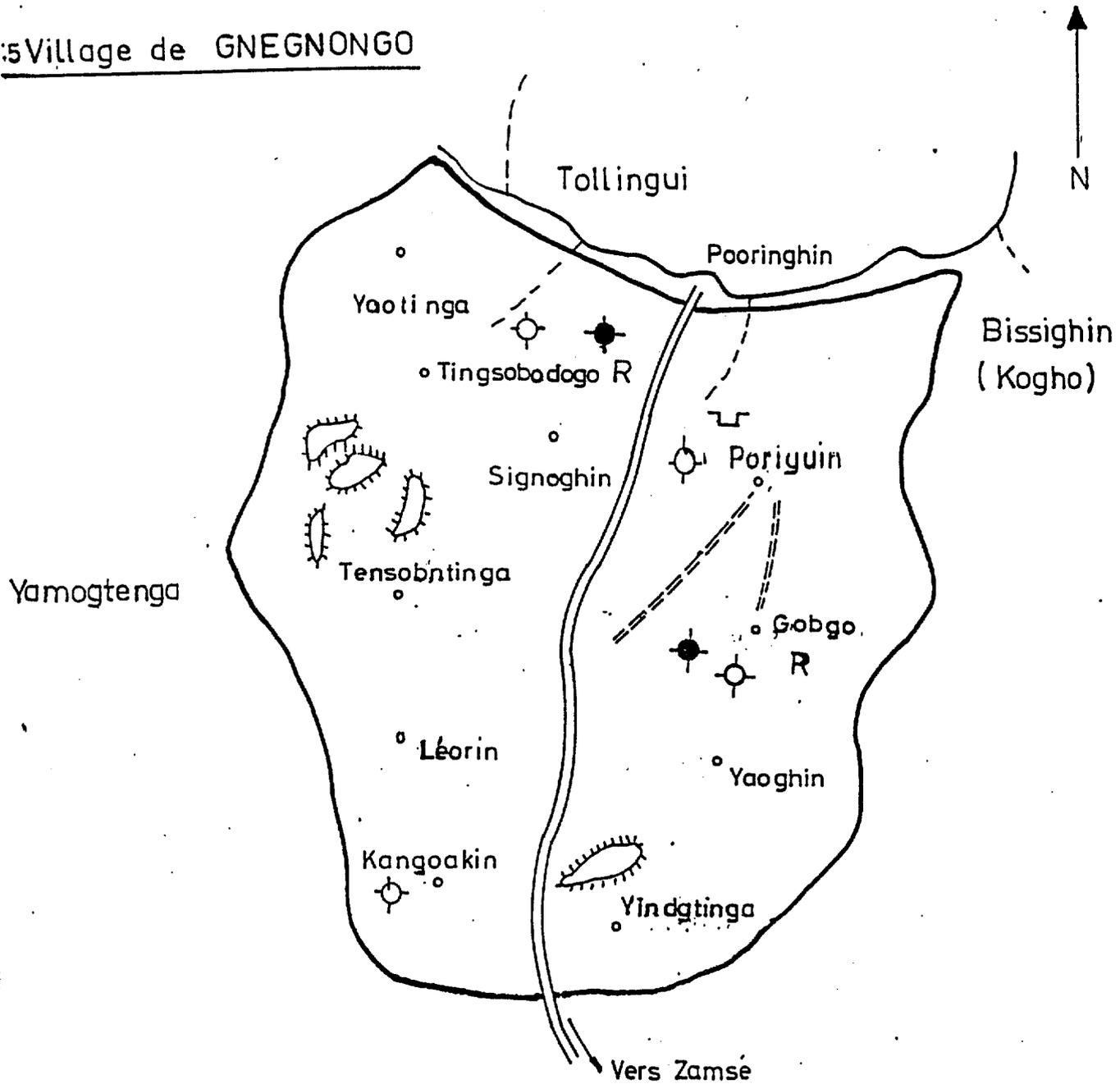
-  Limite de village
-  Piste
-  Sentier
-  Forage

-  Collines
-  Cours d'eau
-  Sous quartiers

-  Puits busé
-  Surcreusage programmé

Echelle 1/100.000

Village de GNEGNONGO



LEGENDE



Limite du village

Piste

Sentier

Cours d'eau

Sous quartiers

Forages

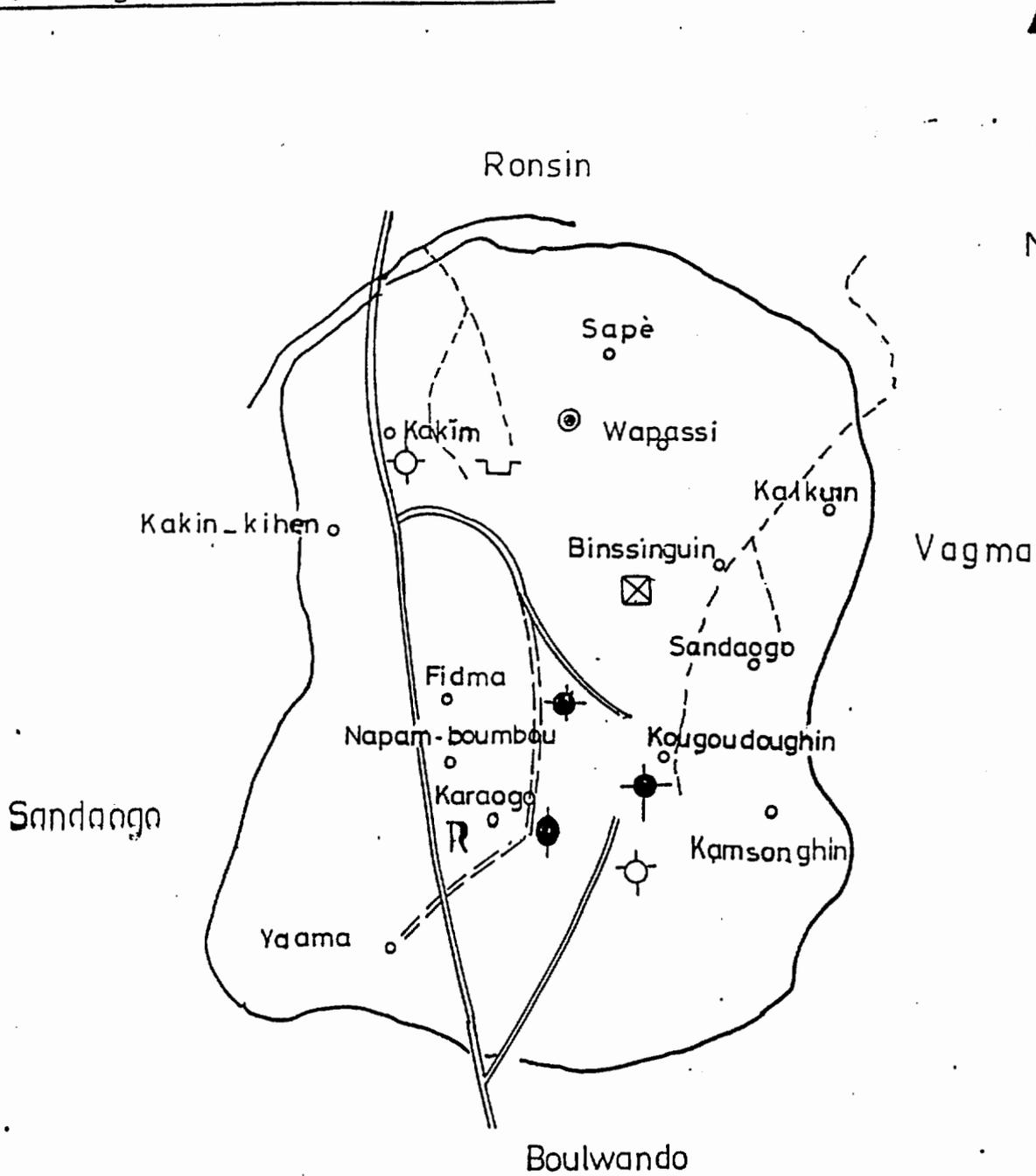
Surcreusage programmé

R Reprise programmée

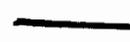
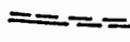
R Révision programmée

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6 Village de KOUGOUDOUGHIN

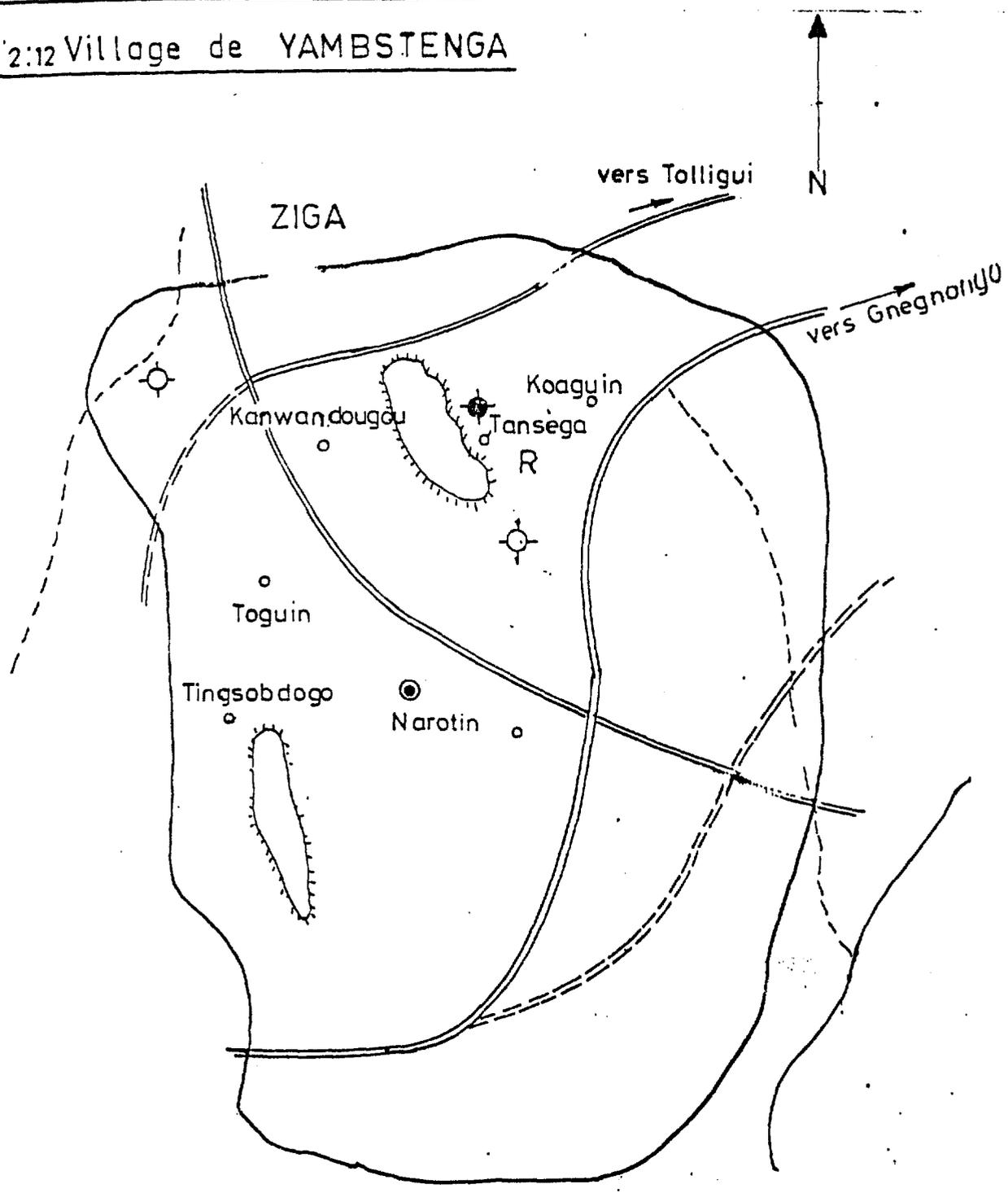


LEGENDE

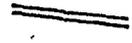
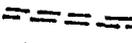
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|---|-------------------|---|--------------------|
|  | Limite de village |  | Forage programmé |
|  | Piste |  | Reprise programmée |
|  | Sentier |  | surcreusage |
|  | Sous quartiers | | |
|  | Forages | | |
|  | Puits busés | | |

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2:12 Village de YAMBSTENGA

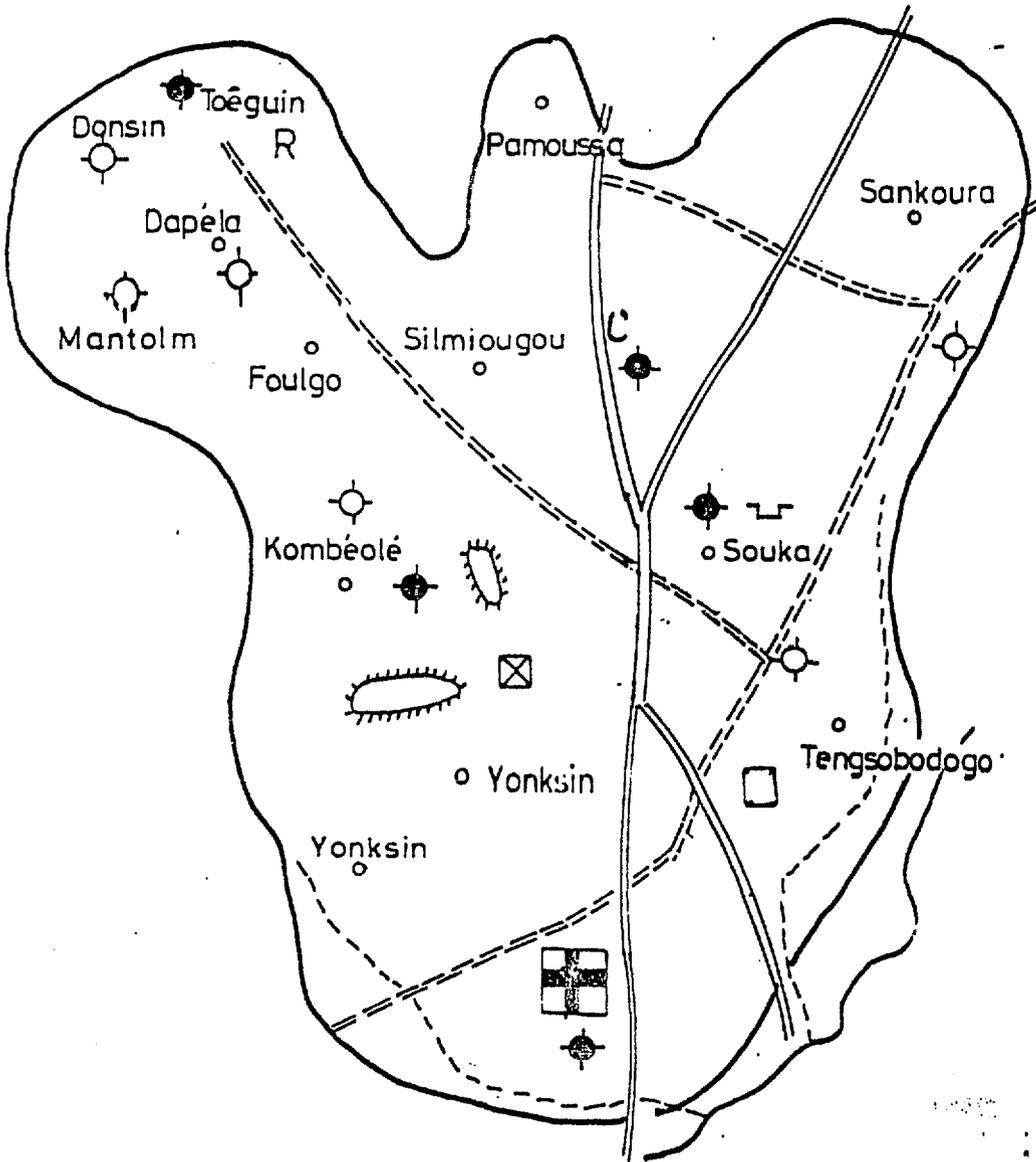


LEGENDE

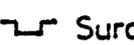
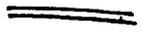
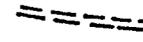
-  Limite de village
-  Piste
-  Sentier

-  Forage
-  Collines
-  Forage programmé
-  Révision programmée

2:13 Village de ZAMSE

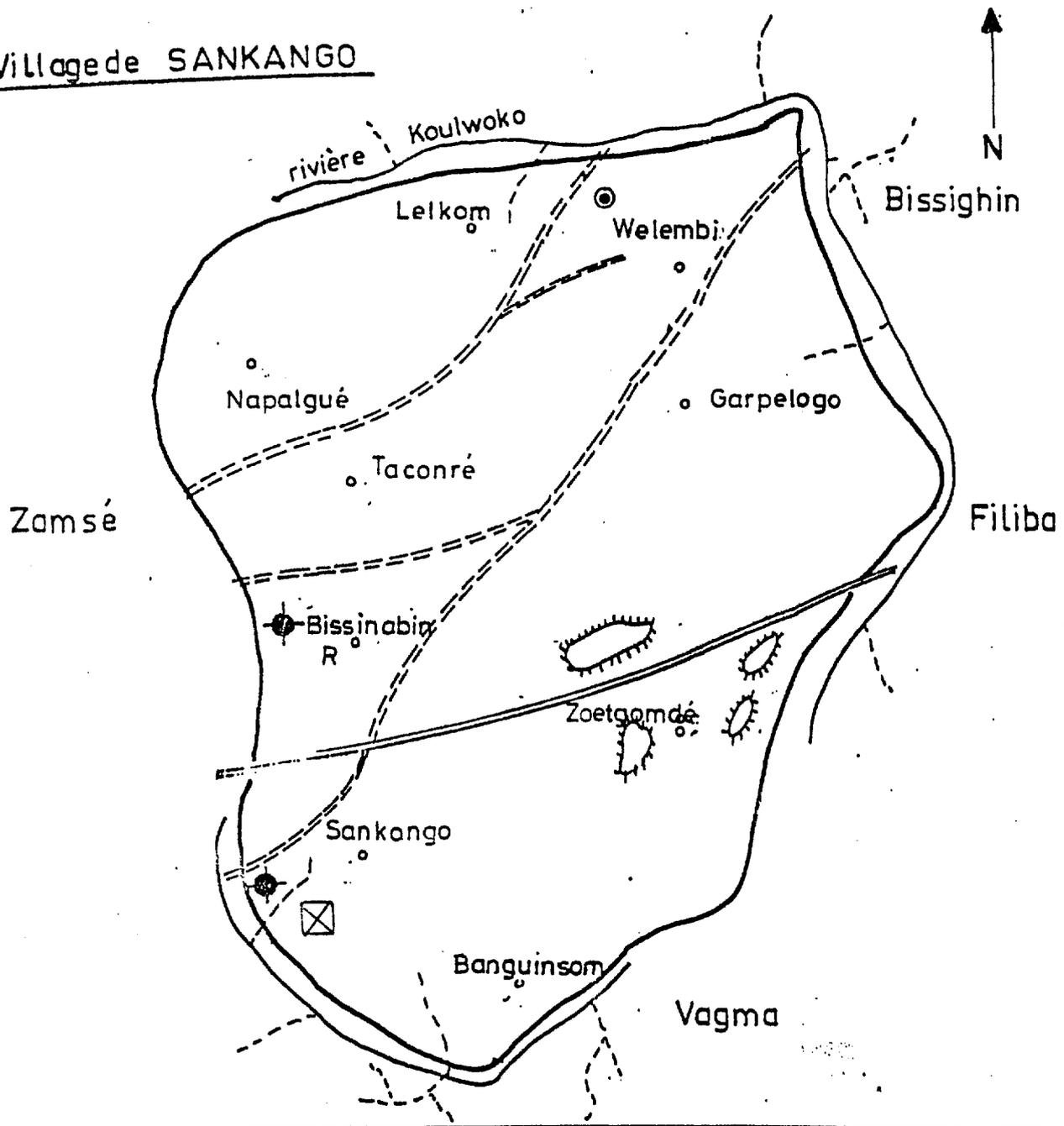


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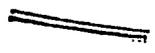
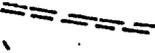
- | | | | |
|---|--------------------------|--|------------------------|
|  | Limite du village |  | Surcreusage programmé |
|  | Piste |  | R. Révision programmée |
|  | Sentier |  | C Contrôle programmé |
|  | Forages | | |
|  | Puits busés | | |
|  | Ecole | | |
|  | Centre d'alphabétisation | | |
|  | C. S. P. S. | | |
|  | Sous quartiers | | |

BEST AVAILABLE COPY

10 Village de SANKANGO

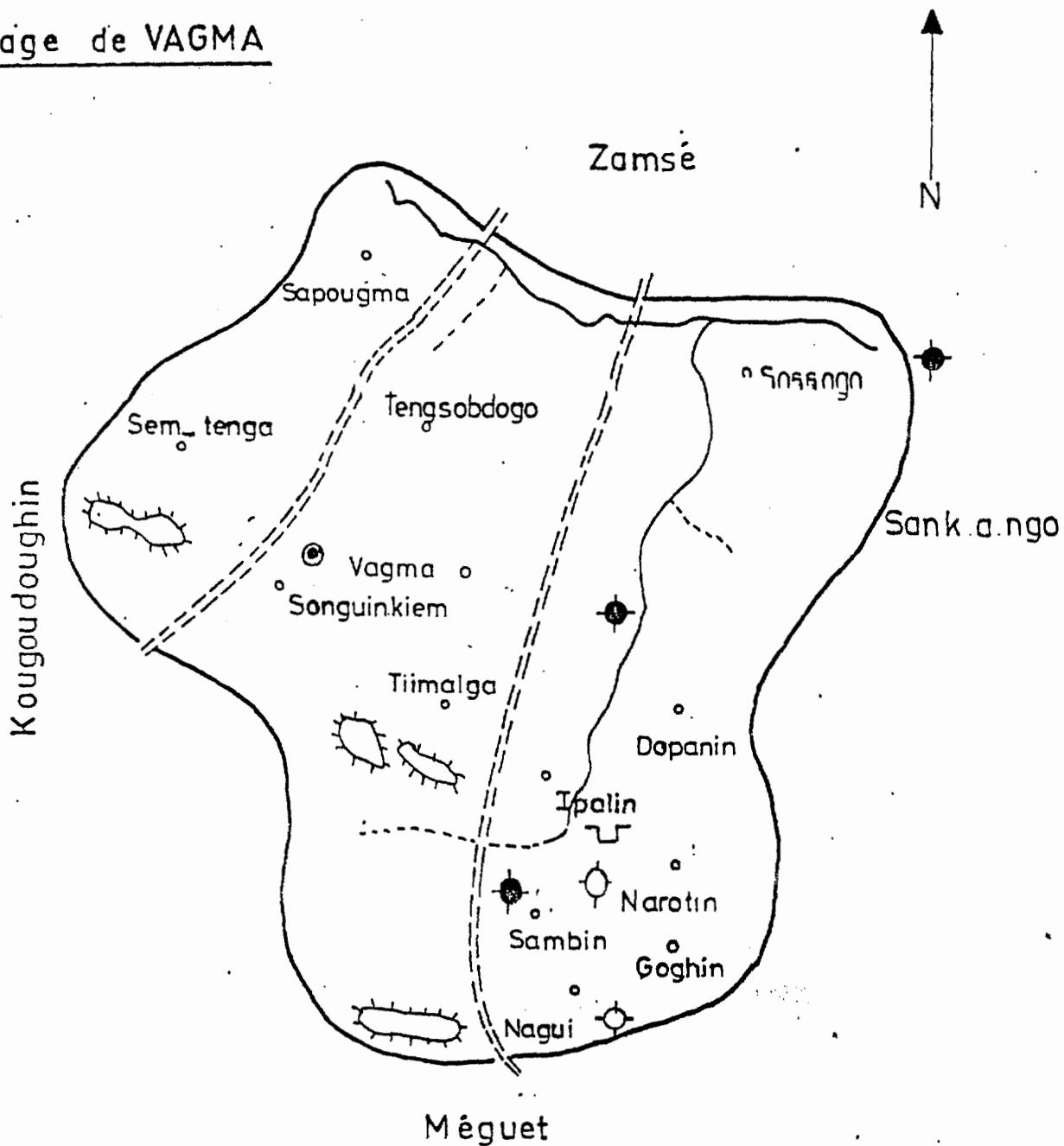


LEGENDE

- | | | | |
|---|--------------------------|---|-----------------------|
|  | Limite de village |  | Forage programmé |
|  | Piste |  | R Révision programmée |
|  | Sentiers | | |
|  | Cours d'eau | | |
|  | Forage | | |
|  | Sous quartiers | | |
|  | Centre d'alphabétisation | | |

BEST AVAILABLE COPY

Village de VAGMA



LEGENDE



Limite du village

Sentier

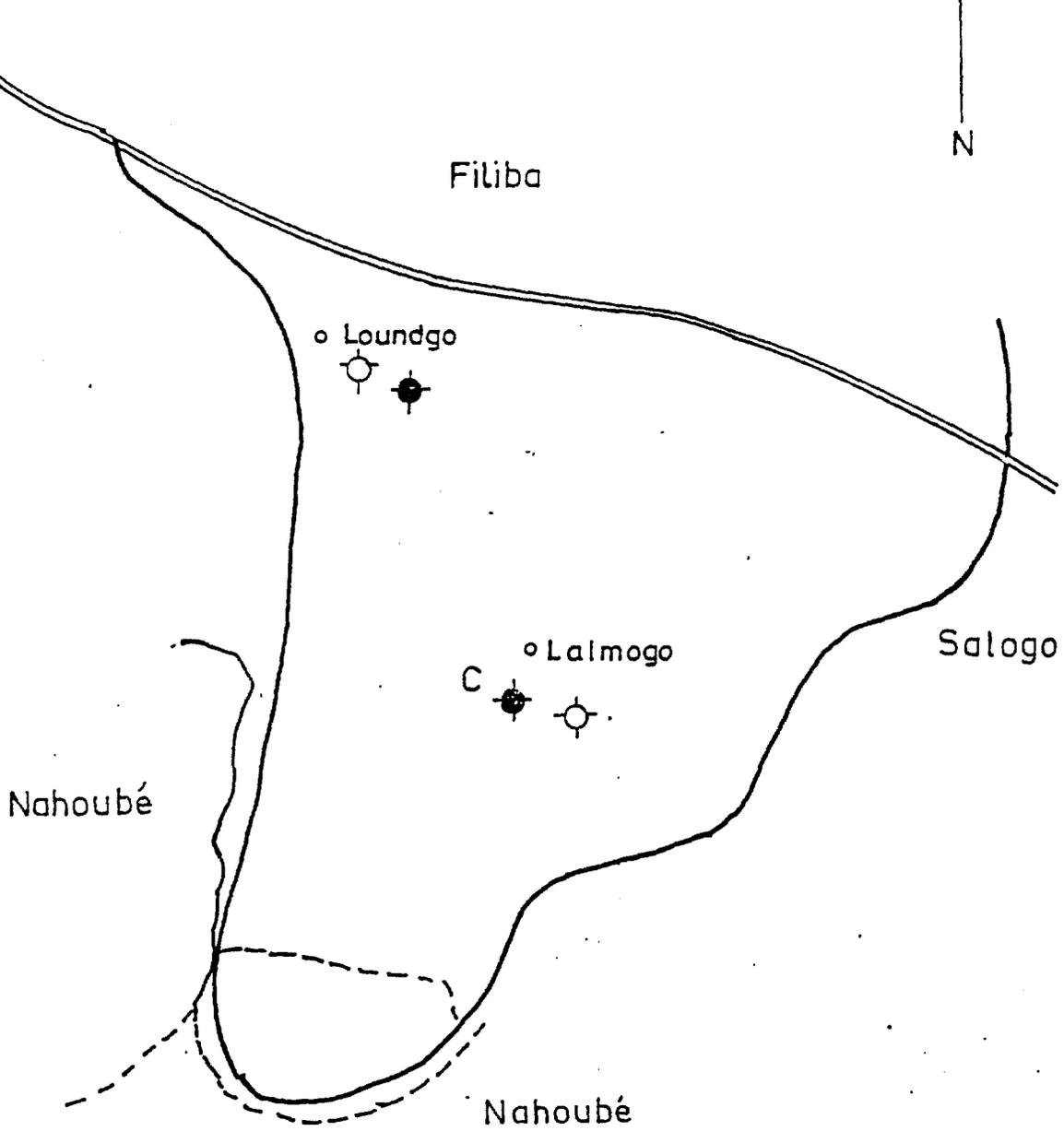
Cours d'eau

Sous-quartiers

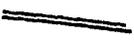


Surcreusage programmé

2:7 Village de LALMOGO

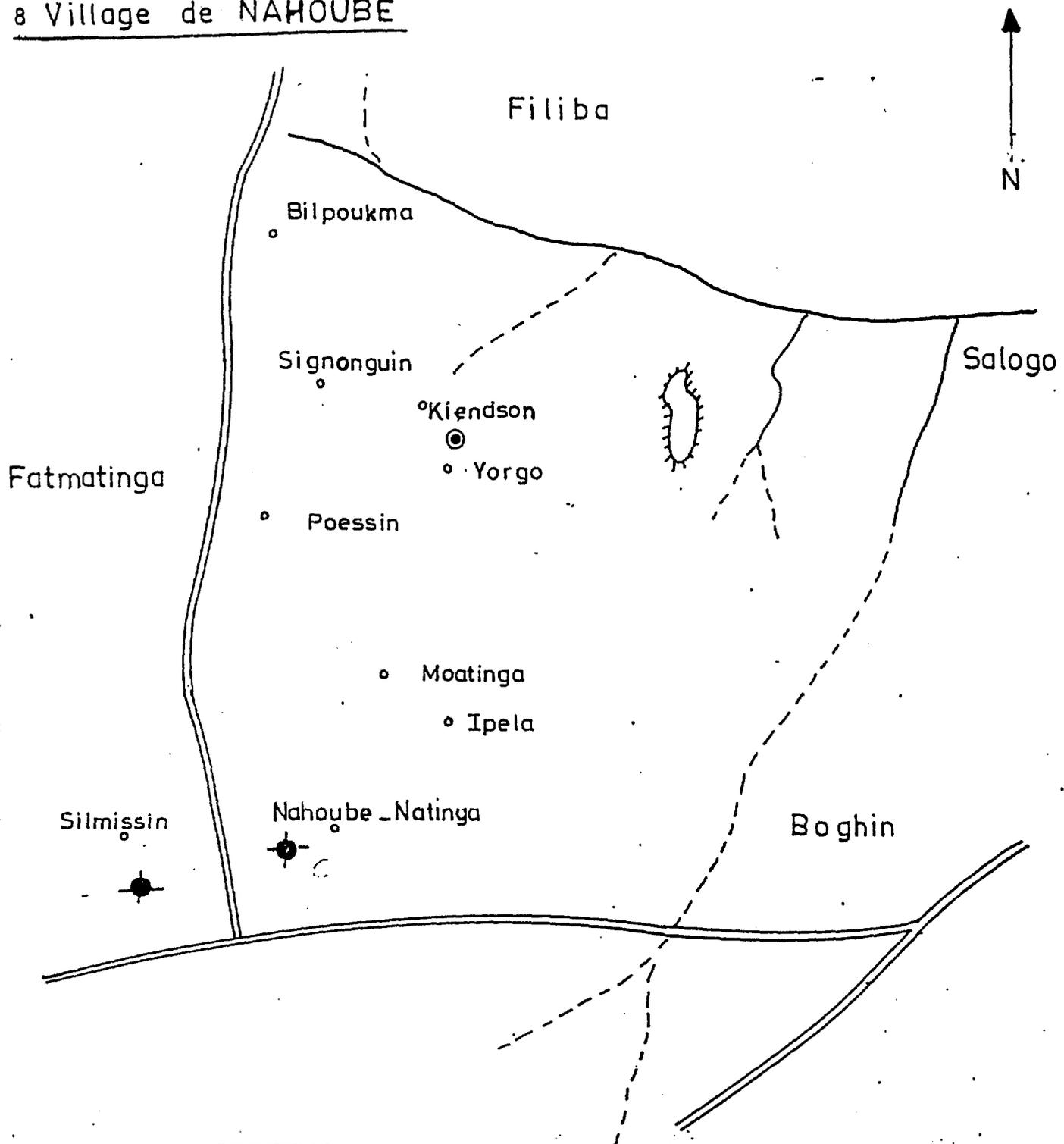


LE GENDE

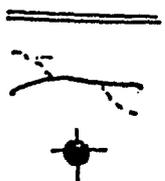
-  Limite du village
-  Piste
-  Cours d'eau
-  Forages
-  Puits busés

BEST AVAILABLE COPY

8 Village de NAHOUBE



LEGENDE



Piste

Cours d'eau

Forage

⊙ Forage programmé

C Contrôle programmé

BEST AVAILABLE COPY



APPENDIX F

**Questionnaire Developed for Project
Health Promoters Interviewed**



APPENDIX G

Questionnaire Developed for Project
Population Interviewed



APPENDIX H

**Questionnaire Developed for Project
Management Interviewed**

FICHE 5

PROJECT ADMINISTRATION

1. Inter sectorial collaboration

1 0

2. Financial Evaluation

1 0

3. Physical Assesment of the anticipated activities

1 0

4. Management of the statistical data

1 0

1. Inter sectorial collaboration

Q 1. Do you know other institutions intervening in the project zone ? Cite-them.

1 0

Q 2. What type of collaboration have you been developing with these various institutions ?

1 0

Q 3. What type of relationships would like to develop with them ?

1 0

2. Financial evaluation : Verification of the financial documents

- Anticipated budget
1 0

- Rate of financial achievement
1 0

3. Physical assesment : Verification of the activity reports. How do you manage the statistical data provided by the project?

1 0



APPENDIX I

**Questionnaire Developed for Project
Partners Interviewed**



APPENDIX J

Results of Sampling

Table II: Target Samples/Techniques Used/Components Addressed

No.	Village	Sample Women	Sample Children	Focus Group	Animatrices	Neighborhood Liasons CHW		Partners	Project Administration
						RBV	ASV		
1	Zamcé	20	60	Population	1	5	2	PDRG & DPS	Country Rep. & CS Project Coordinator
2	Boulghin	17	32	.	1	5	2		
3	Filiba	36	62	.	1	5	2		
4	Lalmogho	9	17	.	1	2	1		
5	Sankago	24	42	.	1	6	1		
Total	5	116	193	~6067	5	23	8		
%		3.5	7	~32.1	100	11.2	28.5		
Survey Techniques		Individual interview with the interpretation of the growth line.	Verification of the EPI card Weighing	Group discussion	Observation of the discussion and weighing techniques	Individual interview		Individual interview	Individual interview
Components addressed		IEC/EPI Nutrition FP DDC	Results IEC/EPI Nutrition	CS Match IEC/AIDS Nutrition	Discussion techniques	<ul style="list-style-type: none"> - Awareness of roles and responsibilities - Sustainability 		<ul style="list-style-type: none"> - Project relevance - Collaboration and integration - Sustainability 	<ul style="list-style-type: none"> - HIS - Collaboration - Physical achievements - Financial accomplishments

Table 1: Total Population and Proportion of Target Groups

No.	Village	Administrative Population	Female Population 15-49 Years Old		Administrative Population Children 1-4 Years Old
			Administrative	Recorded in 1992	
*1	Bolighin	1045	238	170	152
2	Boulwando	1224	439	322	280
3	Fatimatinga	1402	320	142	204
*4	Filibe	1804	366	361	234
5	Gnegnigo	1405	320	246	205
6	Kougougougin	1926	302	219	193
*7	Lalmogho	402	92	90	51
8	Nahoubé	1126	257	175	164
9	Nonghin	1415	323	240	205
*10	Sarkago	201	48	239	29
11	Vagmo	1556	378	368	241
12	Yamogliengo	1100	251	103	160
*13	Zamcé/Souka	2815	642	290	410
14	Zemalga	1481	338	305	216
Tot	14	18,900	4312	3270	2745
%		100.00	22.8	17.3	14.5

* Villages subject to the evaluation



APPENDIX K

Intern Reports: Formulation of Club
de Jeune de Africare pour la Sante
(CJAS)



Africare

B.P. 608
Ouagadougou, Burkina Faso
Tel: 00 226 30.21.71
FAX: 011 226 30.77.64

TO: Dellaphine Rauch-Houekpon
Country Representative

FROM: Peter Teboh, Intern/Zorgho

RE: Final Reports

Date: 13/August/1993

Dear Madame;

Attached please find my final reports for:

1. IEC student health club (Club de Jeune de Africare pour la Sante-CJAS); and
2. Final Internship Report

These reports are for your information. If you have questions please contact me or direct questions to the project coordinator, Mr. Mark White. Thank you for the opportunity to work with Africare Burkina Faso. It has been a very positive experience.

AFRICARE/ZORGHO STUDENT INTERN SUMMER PROGRAM(JUNE/JULY1993)

CLUB DE JEUNE DE AFRICARE POUR LA SANTE (CJAS)

INTRODUCTION:

With regards to our first report on the progress of the club (CJAS)--meaning "CLUB DE JEUNE DE AFRICARE POUR LA SANTE",the ideas that lead to the formation of the club remains the same. The club's overall objectives is to carry out humanitarian activities in the community of Zorgho and to use students in the I.E.C health information process.

The students being on holidays were able to attend meetings bi-weekly on Tuesdays and Thursdays. In terms of internal organizational structure, a President and Secretary have been elected and are being trained to organize and take control of the club meetings and activities. The club which started with seven members now boast of seventeen (17) members, amongst which are fifteen active members. Due to lack of office space, we have decided to restrict membership to a maximum of 20 students.

I OBJECTIVES:

The club is actively involved in achieving their defined objectives, which are:

- 1) To involve students in the health education process;
- 2) To promote health and I.E.C activities via student participation;
- 3) To work in communities of Zorgho and Méguet as volunteers;
- 4) To promote the name of Africare in the local community.

II ACTIVITIES

The club has taken part in the following three activities:

- 1) Assistance given in organizing AFRICARE inauguration ceremony at Meguet on the 15th of June 1993.
- 2) The beautification of the office's surrounding i.e., planting of flowers and construction of natural barriers. The activity which took us five meeting periods was completed on the 13th July 1993.
- 3) Site visit to Zamce, a target village of AFRICARE Child Survival Project.

Thanks to the project coordinator, Mr Mark White, whose support to the club is so influential for the proper running of the club and making it possible for us to realize our goals.

With the formation of an activity committee, several propositions have been brought up by the members.

Those being:

- 1) Visit target villages of AFRICARE Child Survival Project.
- 2) Take part in national and local reforestation campaign.
- 3) Visit the community hospital and health centers.
- 4) Organizing of team theaters for public show.
- 5) Organizing social evenings--bar dancing, movies etc.
- 6) Carry out activity on community sanitation.

Members appear to be very serious and eager to put these ideas and propositions into action.

III SUMMARY OF MEETINGS:

24/06/93: We had our sixth meeting in which we started planning for our second club activity. This activity would involve the planting of flowers in front of the office. We also had a light refreshment to congratulate two of our members who succeeded in their secondary school exams. Meeting lasted for approximately 2 hrs.

29/06/93: Two new members attended our seventh meeting; 1) Tiemtore Halidou; and 2) Kabore Pascal. During our meeting, a brief description of club objectives and activities were given to new members. Afterwards, members with their working tools dug holes and cut sticks for the proposed flower garden in front of the office.

01/07/93: Two new members joined the club namely--Balkoulga Severine and Sorgho Benedicte--thus increasing the total number of participants to twelve. The students were given some instructions on the purpose and functions of a computer as well as an introduction to Word Perfect. Later, a short meeting was held to plan for upcoming activities

06/07/93: A new member, Kabore Pascaline, joined the club. We worked on planting flowers in front of the office. After two hours of hard work, we had a short meeting to discuss upcoming agendas. Some members expressed their desire to visit an AFRICARE impact villages as a club activity.

09/07/93: Two new members, Compoare Aicha and Guoba Judith, joined the club. After briefing the new members on objectives of our club, we all took part in the planting of new varieties of flowers that were purchased.

Total number of club members has increased to fifteen. Members suggested visiting the hospital as a club activity. Two of our members have left for vacation.

13/07/93: Some new varieties of flowers were planted. Following the activity, we had a meeting in which a President and a Secretary were elected in persons of Ouedraogo Rose and Tientore Kabore, respectively. Members still expressed their desire to visit AFRICARE impact villages.

15/07/93: In addition, two new members joined the club by names-- Ouedraogo Elizabeth and Ouedraogo Clement. We had the pleasure of having two animatrices, ZONGO Isabelle and OUANGRAOUA Denise, discuss their job activities in their respective villages. Following the discussion, we had a period for questions and answers. An activity committee was chosen to bring suggestions for group activities in the next meeting.

20/07/93: Meeting started at 10:00am with 13 members. The president and secretary were taught to conduct meetings. The director of USAID Burkina Faso, Mr Tom Luche, visited the office. He spoke to the club members encouraging them to carry on effectively with the club activities.

Those appointed for the activity committee in our previous meeting came up with the following propositions:

- 1) Take part in the coming international community reforestation campaign.
- 2) Organize social evening for theaters, ballet or cinema show.
- 3) Carry out environmental sanitation activities.

Four students volunteered to help us in the office to organize files from the animatrice for easy input into the computer.

22/07/93: Due to inclement weather, 13 members attended the meeting. The purpose of meeting was to discuss the possibility of the club participating in the reforestation camp that is to be organized some 50km from Zorgho. We later learned that the reforestation camp had been postponed. We plan to visit one of the villages of the AFRICARE Child Survival Project on July 30, 1993.

30/07/93: Fourteen (14) members came to the office at 7:30am and were transported to Zamce--a target village of AFRICARE Child Survival Project. Zamse is about 42km from Zorgho. They observed an animatrice, ZONGO Isabelle, in action. Isabelle gave lessons to the villagers and had them demonstrate the preparation of Salt Sugar Solution (SSS) use as a remedy for treatment of diarrhea. We returned to Zorgho at about 1:00pm.

IV OBSERVATION:

The students have exhibited exceptional interest in the club and they are highly motivated to carrying out club activities. The average increase of two members per week is indicative of the club's popularity in the region. Membership has been restricted due to lack of office space to hold meetings with large number of students. The dynamic potential of the members is expressed by their desire to organize one activity per week.

DISCUSSIONS:

Most often, we have discussions on the different interventions of the AFRICARE Child Survival Project situated in the Department of Meguet. We once invited two Animatrices who spoke to the students about their job description. Members had the opportunity to inquire about the different interventions.

While visiting Zamce, the students witnessed villagers demonstrating the preparation of SSS (Salt Sugar Solution) as a remedy for diarrhea treatment.

During our discussion, we have had visitors in persons of:

- 1) the Director of USAID for Burkina Faso
- 2) the Secretary General of GANZOURGHO
- 3) Mr Rene Dala, Public Health Specialist

who all spoke to the club members encouraging them to carry on seriously with their club activities and to view their future optimistically.

Presently, we are discussing possibilities of organizing theaters on health information for public demonstration. Members have already started practicing for a public showing.

At each meeting, a common point of discussion included how the club could participate in activities. This was viewed as a priority for all club members.

CONCLUSION/RECOMMENDATION:

With our 17 registered members, amongst which are 15 active, the popularity of the club has gone far beyond expectations. Though meetings normally last one hours (10:00am-11:00am), members still show their desire to stay longer.

The members show much devotion to club activities as could be seen by their desire to attend meetings twice a week. When there is a club activity to undertake, all members respect the schedule. Meetings usually end with a closing prayer.

The club is moving in a positive direction. In the future, I envision students conducting meetings for themselves and needing AFRICARE staffs to serve as advisor. Since my internship with AFRICARE is almost at term--I would recommend ZONGO Isabelle as the new facilitator of the club. I hope that a budget would be allocated to run the club's activities as deemed necessary.

I have told the members that when schools resumes, they should continue club activities in their schools. AFRICARE staff should be contacted for assistance. At their various schools there will be enough space to hold large number of students.

Furthermore, the students are being encouraged to continue practicing their theater and ballet dancing for future presentation to entertain guests during the opening ceremony of the second phase of AFRICARE Child Survival Project. Isabelle is taking charge of the group, teaching them theater pieces and ballet dancing. I hope that the club will soon have tee-shirts that will distinguish members in ceremonies or activities involving AFRICARE. I hope that arrangements will be made for the ballet dancing and theater costumes for members before presentation. All questions concerning CJAS should be directed to the project coordinator.

MEMBERS OF CJAS:

- 1) BALKOULGA Severine
- 2) COMPARE Aicha
- 3) GUIGMA Chantal
- 4) GUOBA Judith
- 5) FATIMATA Dousoune
- 6) KABORE Catherine
- 7) KABORE Claire
- 8) KABORE Emmanuel
- 9) KABORE PASCALINE
- 10) kabore pascal
- 11) KABORE Rigobert
- 12) TIEMTORE Halidou
- 13) OUEDRAOGO Bureima
- 14) OUEDRAOGO Clement
- 15) OUEDEAOGO Elizabeth
- 16) OUEDRAOGO Rose
- 17) SOURGHO Benedicte

Facilitator of club: **TEBOH PETER**
Office Intern
AFRICARE/ZORGHO

Honorary members: Dellaphine Rauch-Houekpon
Mark A. White
Roger Tonde
Gouo Aminata
Zombre Boukary



APPENDIX L

Financial Report

AFRICARE/BURKINA FASO
 EXPENDITURES REPORT
 GANZOURGOU CHILD SURVIVAL
 DECEMBER 1990 - AUGUST 1993
 26 04 4301

DESCRIPTION	CC	ORIGINAL TOTAL		BALANCE
		BUDGET	EXPENDIT	
I. SALARIES				
HQ & EXPAT SALARIES	6012		0	0
AFRICARE FIELD STAF	6021	72.221	66.782	5.439
AFRICARE TEMPORARY	6031	8.400	13.981	(5.581)
CONSULTANT & INTER	6041	0	3.738	(3.738)
				0
SUB TOTAL SALARIES		80.621	84.501	(3.880)
				0
II. BENEFITS & RECRUIT				
				0
FICA TAXES 7.51%	6111		0	0
HQ/EXPATRIATES BENE	6121			0
INTL'L WORKMAN'S CO	6122			0
LOCAL HIRE BENEFITS	6131	13.360	10.624	2.736
VACATION	6141			0
RECRUITEMENT EXPEN	6211	0	136	(136)
ORIENTATION PERDIEM	6221		596	(596)
				0
SUB TOTAL BENEFITS & RECRUITING		13.360	11.356	2.004
				0
				0
III. TRAVEL & REGLOCATION				
				0
TRAVEL INCIDENTALS	6311		640	(640)
STORAGE/PERS. FRGHT	6321		716	(716)
HOUSEHOLD FURNISHI	6411	3.700	3.198	502
HOUSING RENTAL	6421	6.840	1.111	5.729
HOUSING REPAIR/MAI	6431	1.200	2.377	(1.177)
GENERAL TRANS & GA	6511	15.000	38.951	(23.951)
GENERAL SUBSISTENC	6521	15.804	10.402	5.402
HM LV TRAV/INTL TRA	6531		283	(283)
INTNL & RELOCATION	6541		2.084	(2.084)
				0
SUB TOTAL TRAVEL & RELOCATION		42.544	59.762	(17.218)
				0

IV TRAINING				0
				0
				0
LANG TRAIN/MATERIAL 6611	27.872	11.389	16.483	
SUBSCRIPTION/PUBS 6621			0	
MEETINGS/MEMBERSHI 6631			0	
DEPENDANTS EDUCATI 6641			0	
FREIGHT ON COMMODIT 6711	875	2.028	(1.153)	
BUS & VEHICLES INSU 6721	2.100	5.994	(3.894)	
TAXES & DUTIES 6731	150	775	(625)	
LEGAL & AUDIT 6741		553	(553)	
TELE/TELEX/POST/DE 6751	1.300	14.258	(12.958)	
	6761	18	(18)	
OFFICE RENT/REPAIRS 6781	4.500	7.146	(2.646)	
FX GAINS/LOSSES 6791	300	1.328	(1.028)	
OTHER DIRECT COSTS 6793		689	(689)	
SUB TOTAL TRAINING			0	
& OTHER DIRECT COSTS	37.097	44.178	(7.081)	
			0	
TOTAL LEVEL I	173.622	199.797	(26.175)	
			0	
V. EQUIPMENT			0	
			0	
PROJECT EQUIPMENT 6911	2.150	367	1.783	
VEHICLES 6921	0	45	(45)	
OFFICE EQUIP/FURNIS 6931	12.700	1.935	10.765	
EQUIP REPAIR/RENTAL 6941	5.200	1.083	4.117	
			0	
SUB TOTAL EQUIPMENT	20.050	3.430	16.620	
			0	
VI. SUPPLIES			0	
			0	
PROJECT SUPPLIES 7011	22.192	910	21.282	
OFFICE SUPPLIES 7021	4.500	6.566	(2.066)	
PRINTING/DUPLICATIN 7031	0	2.809	(2.809)	
REFRESHMENTS 7041		588	(588)	
			0	
SUB TOTAL SUPPLIES	26.692	10.873	15.819	
			0	
VII. CONSTRUCTION			0	
			0	
CONSTRUCTION 7111		968	(968)	
			0	
SUB TOTAL CONSTRUCTION	0	968	(968)	
			0	
TOTAL LEVEL II	46.742	15.271	31.471	
			0	
INDIRECT LEVEL I			0	
INDIRECT LEVEL II			0	
			0	
INDIRECT COSTS	0	0	0	
			0	
GRAND TOTAL	220.364	215.068	5.296	

FUNDS TRANSFERTS
CHILD SURVIVAL
26 04 4301

DATES	AMOUNT US DOLLA
11/16/90	12.000
02/26/91	12.000
05/03/91	18.666
06/18/91	7.000
09/27/91	42.717
05/12/91	35.000
02/03/92	33.390
10/12/92	43.548
6/25/93	56.457
TOTAL	260.778

PROJECT EXPENDITURES SUMMARY

ORIGINAL BUBJET	220.364
FUNDS TRANSFERTS	260.778
BALANCE TO BE TRAN	0

REMAINING BALANCE FROM PROJECT:
220,364 - 215,068 = 5,296

AFRICARE/BURKINA FASO
 EXPENDITURES REPORT
 GANZOURGOU CHILD SURVIVAL
 DECEMBER 1990 - AUGUST 1993
 26 04 4301

DESCRIPTION	CC	EXPENDITURES			TOTAL
		FY 91	FY 92	FY93	
I. SALARIES					
HQ & EXPAT SALARIES	6012		0		0
AFRICARE FIELD STAF	6021	4,544	22,755	39,483	66,782
AFRICARE TEMPORARY	6031	2,956	2,857	8,168	13,981
CONSULTANT & INTER	6041	1,582	2,027	129	3,738
					0
SUB TOTAL SALARIES		9,082	27,639	47,780	84,501
					0
II. BENEFITS & RECRUIT					
					0
FICA TAXES 7.51%	6111		0		0
HQ/EXPATRIATES BENE	6121				0
INTL'L WORKMAN'S CO	6122				0
LOCAL HIRE BENEFITS	6131	225	3,552	6,847	10,624
VACATION	6141				0
RECRUITEMENT EXPEN	6211	72	64		136
ORIENTATION PERDIEM	6221		292	304	596
					0
SUB TOTAL BENEFITS & RECRUITING		297	3,908	7,151	11,356
					0
					0
III. TRAVEL & REGLOCATION					
					0
TRAVEL INCIDENTALS	6311	502	138		640
STORAGE/PERS.FRGHT	6321		716		716
HOUSEHOLD FURNISHI	6411	683	2,452	63	3,198
HOUSING RENTAL	6421	586	(297)	822	1,111
HOUSING REPAIR/MAI	6431	1,650	542	185	2,377
GENERAL TRANS & GA	6511	4,853	11,746	22,352	38,951
GENERAL SUBSISTENC	6521	1,109	4,483	4,810	10,402
HM LV TRAV/INTL TRA	6531		283		283
INTNL & RELOCATION	6541	2,065	19		2,084
					0
SUB TOTAL TRAVEL & RELOCATION		11,448	20,082	28,232	59,762
					0

					0
IV TRAINING					0
					0
LANG TRAIN/MATERIAL 6611	2.074	3.929	5.386	11.389	
SUBSCRIPTION/PUBS 6621					0
MEETINGS/MEMBERSHI 6631					0
DEPENDANTS EDUCATI 6641					0
FREIGHT ON COMMODIT 6711	1.930	98		2.028	
BUS & VEHICLES INSU 6721	1.773	1.801	2.420	5.994	
TAXES & DUTIES 6731	152	331	292	775	
LEGAL & AUDIT 6741		(34)	587	553	
TELE/TELEX/POST/DE 6751	2.523	3.005	8.730	14.258	
	6761	18		18	
OFFICE RENT/REPAIRS 6781	1.957	1.956	3.233	7.146	
FX GAINS/LOSSES 6791	94	189	1.045	1.328	
OTHER DIRECT COSTS 6793			689	689	
SUB TOTAL TRAINING					0
& OTHER DIRECT COSTS	10.521	11.275	22.382	44.178	
					0
TOTAL LEVEL I	31.348	62.904	105.545	199.797	
					0
V.EQUIPMENT					0
					0
PROJECT EQUIPMENT 6911	124	18	225	367	
VEHICLES 6921	0	45		45	
OFFICE EQUIP/FURNIS 6931	206	1.645	84	1.935	
EQUIP REPAIR/RENTAL 6941	29	349	705	1.083	
					0
SUB TOTAL EQUIPMENT	359	2.057	1.014	3.430	
					0
VI. SUPPLIES					0
					0
PROJECT SUPPLIES 7011	269	310	331	910	
OFFICE SUPPLIES 7021	1.329	2.568	2.669	6.566	
PRINTING/DUPLICATIN 7031	97	1.135	1.577	2.809	
REFRESHMENTS 7041		33	555	588	
					0
SUB TOTAL SUPPLIES	1.695	4.046	5.132	10.873	
					0
VII. CONSTRUCTION					0
					0
CONSTRUCTION 7111		968		968	
					0
SUB TOTAL CONSTRUCTION	0	968	0	968	
					0
TOTAL LEVEL II	2.054	7.071	6.146	15.271	
					0
INDIRECT LEVEL I					0
INDIRECT LEVEL II					0
					0
INDIRECT COSTS	0	0	0	0	
					0
GRAND TOTAL	33.402	69.975	111.691	215.068	



APPENDIX M

Abbreviations and Acronyms

ABBREVIATIONS AND ACRONYMS

AID/FHA/PVC	Agency for International Development (Bureau of Food and Humanitarian Assistance (Office of Private and Voluntary Cooperation
AIDS	Acquired Immune Deficiency Syndrome
ASC	Agent de Santé Communautaire. Community Health Worker. Includes AV (Trained Birth Attendant) and (Community Health Worker)
ASV	Agent de Santé Villageois. Community Health Worker. Volunteer position at the village level. One of two members of the Community Health Team. Responsible in theory for curative activities and environmental
AV	Accoucheuse Villageoise. Trained Birth Attendant. Volunteer position at the village level; one of two members of the Community Health Team.
B.I.	Bamako Initiative
CHN	Centre Hospitalier National - National Hospital
CHR	Centre Hospitalier Regional - Regional Hospital
CHT	Community Health Team. Includes ASC and ASV
CM	Centre Médical. Medical Center. (Health facility available at the Provincial capital level. Level of reference for CSPS).
CS	Child Survival
CSI	Africare/Ganzourgou Child Survival Project Phase One
CSII	Africare/Ganzourgou Child Survival Project Phase Two
CSPS	Centre de Santé et de Promotion Sociale. Rural Health Clinic, delivers both curative and preventive services. Level of care after volunteer Community Health Workers.
CSSP	Johns Hopkins School of Public Health Child Survival Support Project

DDC	Diarrheal Disease Control
DEP/MS	Direction des Etudes et de la Planification du Ministère de la Santé. The Division of Planning of the Ministry of Health
DIP	Detailed Implementation Plan
DPS	Direction Provinciale de la Santé provincial Health Department which plans, coordinates and supervises health activities in the Ganzourgou province (former name)
DPT	Diphtheria - Pertussis - Tetanus
DSF	Direction de la Santé et de la Famille (Division of Family Health)
DPSASF	Direction Provincial de la Santé de l'Action Sociale et de la Famille. Provincial Health Department which plans, coordinates and supervises health activities in Ganzourgou Province.
EPI	Expanded Program on Immunization
FP	Family Planning
FPPI	Foster Parents Plan International
GCSP	The Ganzourgou Child Survival Project
GCSP I	Ganzourgou Child Survival Project Phase I.
GCSP II	Ganzourgou Child Survival Project Phase II.
GOBF	The Government of Burkina Faso
HC	Health Committee
HIS	Health Information System
HP	Health Promoter. (Project employee)
IEC	Information, Education, Communication
HKI	Helen Keller International
KPC	Knowledge, Practice and Coverage
MCH/FP	Maternal and Child Health and Family Planning Services

MOH	Ministry of Health
MOHSASF	Minister of Health of Social Action and Family
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts. Refers to the packaged mix supplied by UNICEF
ORT	Oral Rehydration Therapy. Includes use of homemade Sugar Salt Solution (SSS)
PDRG	Programme de Developpement de la Région du Ganzourgou
PHC	Primary Health Care
PSP	Poste de Santé Primaire
PVO	Private Voluntary Organization
RKPC	Rapid Knowledge, Practice and Coverage (Survey)
SSS	Salt Sugar Solution
STD	Sexually Transmitted Diseases
TBA	Trained Birth Attendant (Accoucheuses Villageoise)
UNICEF	Unicef Nations International Children Education Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
VITAP	Vitamin A Program
WHO	World Health Organization



APPENDIX N

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Project Progress Reports 1990-1993

Coordinator
Co-Coordinator

- Ministry Reports and Government Statistics

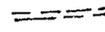


APPENDIX O

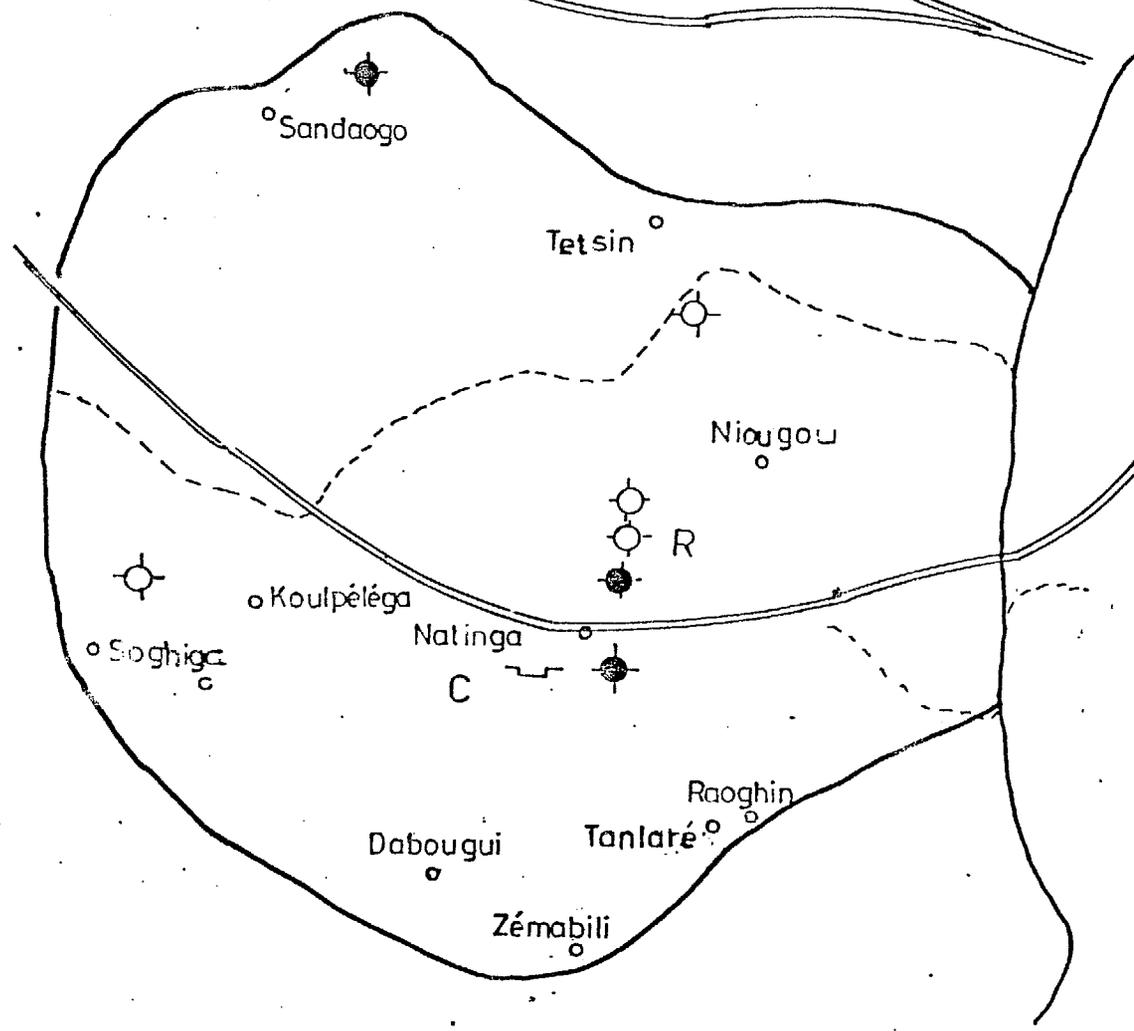
Project Photographs

N

LEGENDE

-  Limite de village
-  Piste
-  Sentier
-  Sous quartier
-  Forage
-  Puit busé
-  Cours d'eau
-  Surcreusage programmé
-  Révision programmée
-  Contrôle programmé

Echelle 1/100.0



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APPENDIX B

Pre-project Status of Large Wells in Project Area

Village	Location	Well	Year	Depth	Remarks
Boalghin	Baglenga	1 eqpd well	1983	23m	Dry in April
Boalghin	Narotin	1 eqpd well	1980	22m	Dry in May
Boulwando	Pesogotinga	1 eqpd well	1980	15m	Dry in May
Boulwando	Tansobintinga	1 eqpd well	1980	10m	Dry in May
Boulwando	Issatenga	3 permanent wells	1981	12m	Dry in May
Fatimatenga	Wougin	1 permanent well	1990	15m	Dry in March
Filba	Bendogo	1 eqpd well	1991	17m	Dry in April
Filba	Samandin	1 eqpd well	1987	20m	Dry in April
Filba	Tangsega	1 eqpd well	na	20m	Dry in April
Filba	Tansablogo	1 eqpd well	1990	40m	Dry in April
Gnegnodogo	Gobdo	1 eqpd well	1980	23m	Dry in April
Gnegnodogo	Poriguin	1 eqpd well	1981	22m	Dry in April
Gnegnodogo	Yaotinga	1 eqpd well	1980	24m	Dry in April
Koudoughin	Kakin	1 eqpd well	1988	20m	Dry in May
Koudoughin	Kamsonghin	1 eqpd well	1987	22m	Dry in May

Lalmogo	Loundgo	1 eqpd well	1989	25m	Perm't, but un- derused due to depth
Nahoubé	--	--	--	--	--
Nonghin	Kontinga	1 eqpd well	1985	20m	Dry in May
Nonghin	Narotin	1 eqpd well	1982	20m	Dry in May
Nonghin	Pousnoghin	1 eqpd well	1980	25m	Dry in May
Sankango	--	--	--	--	--
Vagma	Narotin	1 eqpd well	1982	23m	Dry in May
Vagma	Nagui	1 eqpd well	1985	22m	Dry in May
Yambstenga	Kanwandou- gou	1 permanent well	1985	23m	Dry in May
Yambstenga	Tansega	1 permanent well	1987	24m	Poor cond.
Zamsé	Donsin	1 eqpd well	na	22m	Dry in Feb.
Zamsé	Kombéolé	1 eqpd well	1980	20m	Dry in Feb.
Zamsé	Dapela	1 eqpd well	na	20m	Dry in Feb.
Zamsé	Souka	1 eqpd well	1985	25m	Dry in Feb.
Zamsé	Matolm	1 eqpd well	na	23m	Dry in Feb.
Zémalga	Niougou	2 eqpd wells	1985	20m	Dry in Feb.
Zémalga	Soghiga	1 eqpd well	1984	23m	Dry in Feb.

PREPROJECT STATUS OF WATER SOURCES AND VEGETABLE GARDENING

Village	Pop.	Wells	Boreholes	Small Scale Dams	Vegetable Gardening
Zamsé	2293	1	5	0	yes
Boulwando	1567	5	1	0	yes
Vagma	1349	2	2	0	no
Zemalga	1326	3	3	0	yes
Filba	1306	4	4	0	no
Nonghin	1152	3	0	0	yes
Gnegnodogo	1144	3	2	0	no
Fatimatinga	1142	1	2	0	no
Kougoudoughin	1079	2	3	0	no
Nahoube	916	0	1	0	yes
Yambstenga	896	2	1	0	no
Boalghin	831	1	2	0	no
Lalmogo	327	1	2	0	no
Sankango	184	0	2	0	yes
TOTAL	15512	33	30	0	6 yes

APPENDIX C

Pump Repairs:

Spare parts (pipes, bars, rings, empty cylinders) had already been distributed to the responsible parties for each pump.

New tools had been made available to the repairmen by Africare:

- 2 hoisting keys n36
- 1 table vice
- 1 file for pipes
- 1 wire brush
- 1 metal saw and two saw blades

With the acquisition of these new tools the repairmen were able to accomplish the work that before necessitated a trip to Koupela.

In each of the eight villages, an ABI pump was located and repair were carried out.

Repairs in Sankanqo:

After dismantling the pump, the following observations were made:

- a delivery tube was perforated at the level of the bolt.
- aspiration valve perforated at the level of the bolt.
- 2½ worn pump rings.

Repairs made:

- The perforated tubes were cut with a saw and mended with the new tools.
- worn pump rings replaced.
- delivery tubes lengthened to 3m.

Equipment needed:

- two 3m tubes and bar and accessories.

Repairs in Vagma:

After dismantling the pump, the following observations were made:

- delivery tube perforated.

Repairs carried out:

- the perforated tube was cut and repaired.

Equipment needed:

- two 3m tubes and bar and accessories.
- one bare cylinder d70.
- 2½ pump rings.

Repairs in Zamce:

After dismantling the pump, the following observations were made:

- five delivery pipes perforated.
- broken cylinder.
- 2 bars badly worn.
- 1 bar broken.

Repairs:

- 2 new pipes and bars replaced.
- 1 new cylinder replaced.
- 2½ rings replaced.
- pipes and bars mended.

Equipment needed:

- 2 pipes and bars and accessories.
- 1 empty cylinder.
- 2½ pump rings.

APPENDIX D

Village Management Committees (VMCs)

The Village Management Committee system of management allows for progressive management of the water source by the population themselves. This system increases the chance of success for the project.

Role of each member of the VMC:

President: Plays the role of coordinator for the group. Each member should keep him/her informed of any issues concerning the water source. He/she makes all decisions about work to be done, user's fees and spending.

Secretary: He/she is in charge of recording in writing all activities concerning the water source. For this task, two ledgers will be kept:

1. Dates, goals, and decisions made concerning the water source during all VMC meetings.
2. All maintenance and repairs to water source, and the reason for these actions.

Treasurer: Collects user's fees as decided by the VMC. He/she must always brief the president and makes no payments until authorized by the president.

Hygiene Manager: He/she is in charge of keeping the water source area in clean condition. He/she can organize others to help clean the area on a rotating basis.

Repairman: He has the responsibility of keeping the pump in good working order. Tasks include the following:

Weekly:

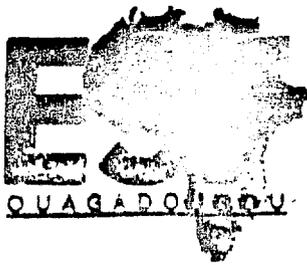
- Oil or grease all moving parts to ensure minimal wear and to avoid rust.
- Listen to all comments from the users about problems with the pump. Correct these problems if possible.

Monthly:

- Make sure all bolts and nuts are securely fastened, and that the handle is not loose.
- Observe gasket wear.
- Replace gaskets as needed.

Yearly:

- Paint the exterior parts to protect against rust.
- Repair cracked or damaged parts of the cement spillway.
- Adjust the valves and replace if necessary.
- Replace Gaskets as necessary.
- Examine the pump handle and repair or replace as necessary.



01 B.P. 2723 Ouagadougou 01
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BURKINA FASO

A F R I C A R E

REALISATION DE 08 FORAGES PRODUCTIFS

REGION DU GANZOURGOU

1993

151



01 B.P. 2723 Ouagadougou 01
Tél. : (226) 30-69-73 - RC 11692 / A
BURKINA FASO

S O M M A I R E

- a) Facture de l'ouvrage
- b) Fiche de forage
- c) Sondage électrique
- d) Pompage d'essai
- e) Fiche d'installation de pompe.
- f) Analyse



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Tél. : (226) 30-69-73 - RC 11692 / A
BURKINA FASO

ssujetti à la TVA sous le N°
d'identification fiscale 0523790R

FACTURE N°93011 POUR LA REALISATION
DE 01 FORAGE PRODUCTIF

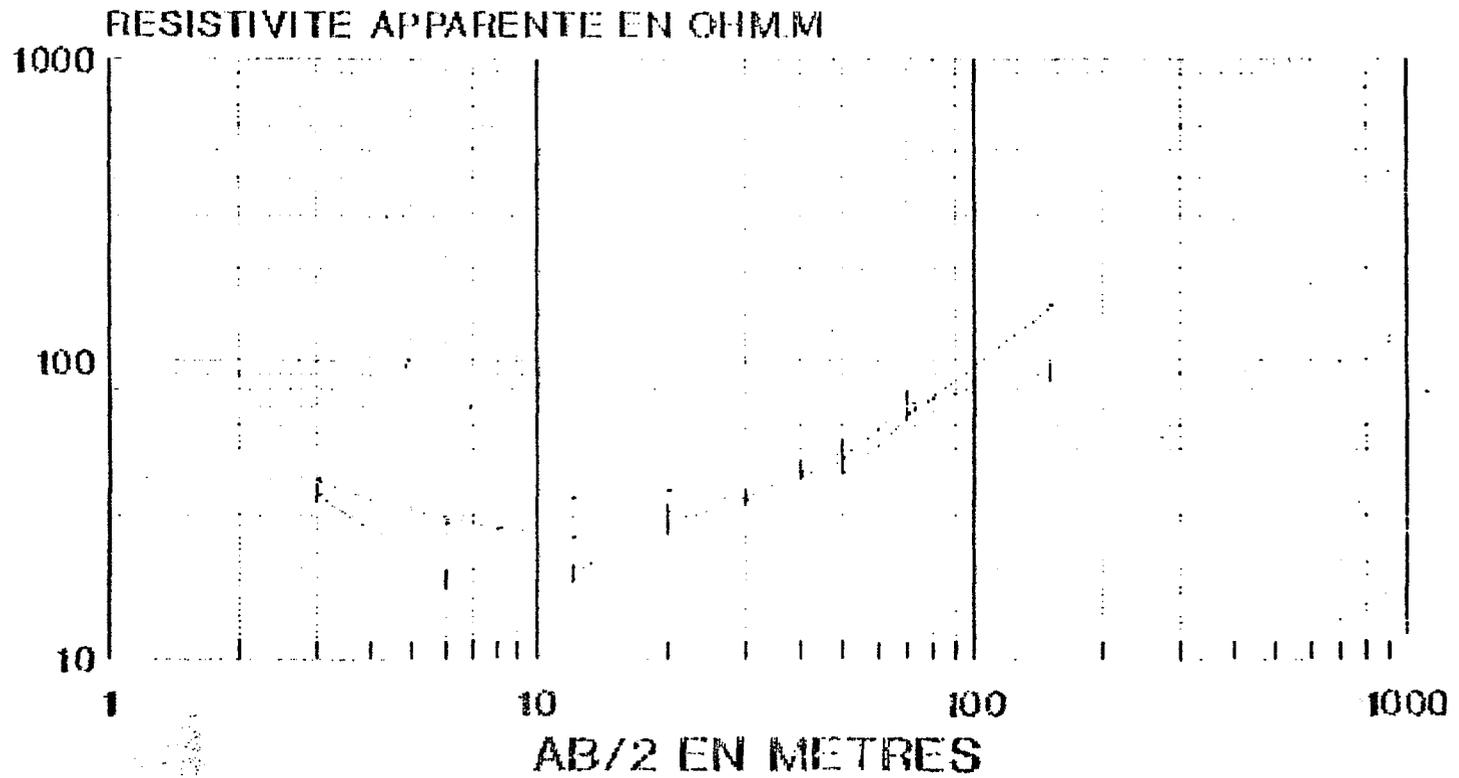
LIENT : AFRICARE

PROFONDEUR : 71 M
Site : YARGO

N°	DESCRIPTIF	UNITE	QUT	PU	TOTAL
1	Etude géophysique	U	1	300.000	300.000
2	Amene et repli du materiel	U	1	400.000	400.000
3	Deplacement	KM	0	0	0
4	Montage demontage sur chaque site	U	1	50.000	50.000
5	Foration (9"7/8) de 0 à 40 ML	ML	13,25	17.500	231.875
6	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	57,75	17.000	981.750
8	Foration (6"1/2) > à 80 ML	ML	0		0
9	Fourniture et pose de tubage PVC ø 125 lisse	ML	59,82	6.500	388.830
10	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	11,68	7.000	81.760
11	Mise en place d'un bouchon d'argile	U	0	25.000	0
12	Mise en place d'un bouchon de pied	U	1	20.000	20.000
13	Massif filtrant	ML	15,68	2.500	39.200
14	Têtes de forage	U	0	15.000	0
15	Développement par air-lift	H	2	27.500	55.000
15	Essai de pompage	FF	1	27.500	27.500
16	Analyse de l'eau	U	1	25.000	25.000
17	Confection d'une margelle	U	1	120.000	120.000
18	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
	PRIX TOTAL HT				3.320.915
	T V A E X O				
	PRIX TOTAL TTC				3.320.915

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SONDAGE ELECTRIQUE NAWOUBE YARGO



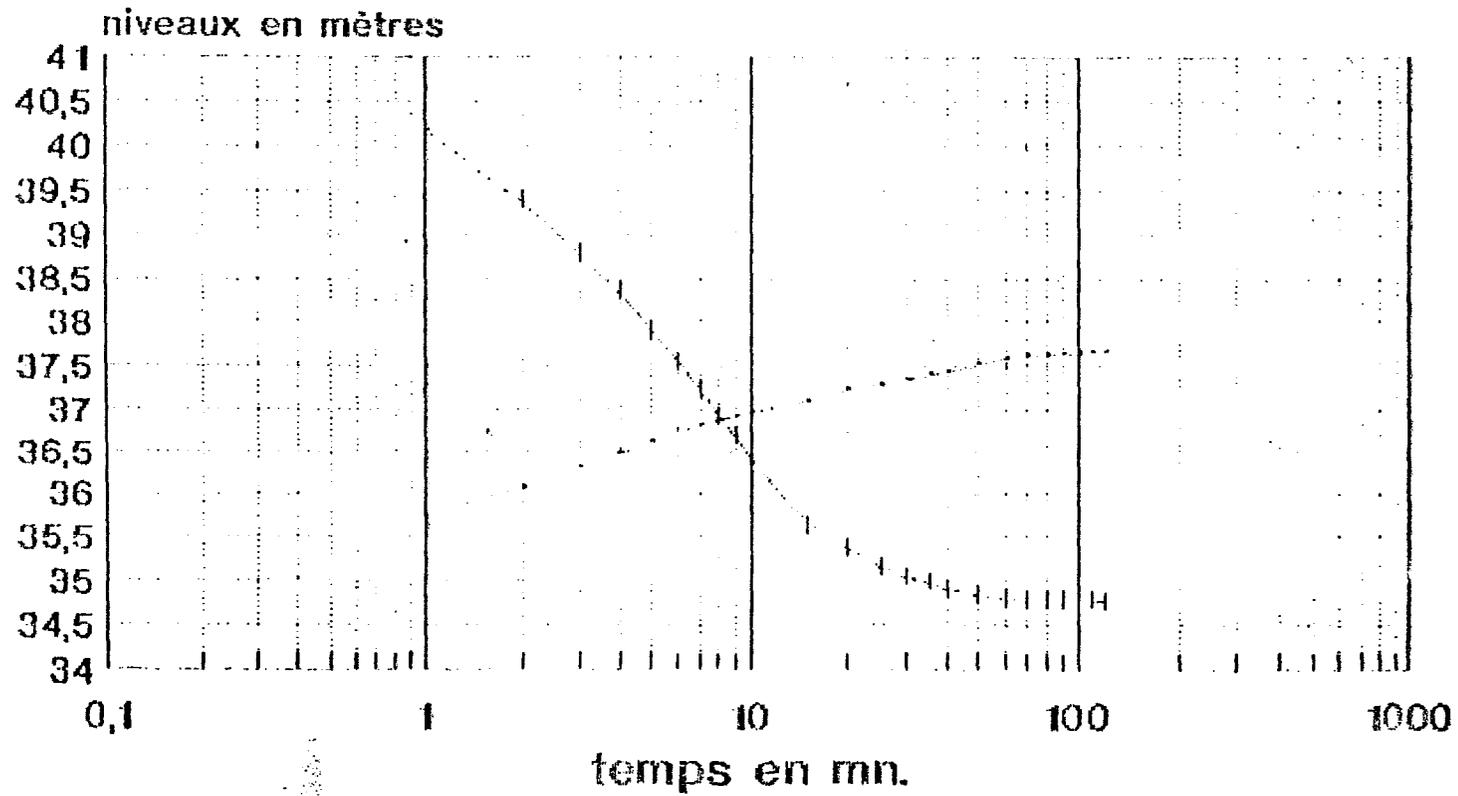
SE1 SE2

26.04.93

11.00.93

154

NAHOUBE YARGO POMPAGE D'ESSAI



Descente

Remontée

exécuté le 04.06.93

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FICHE D'INSTALLATION DE POMPES

DESIGNATIONS	
VILLAGE	NAWOUBE
QUARTIER	YARGO
TYPE DE POMPE	ABI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	33,98
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	42,99
DEBIT EXPLOITABLE	5M3/H
DEBIT EXPLOITE	0,8M3/H
ANNEE D'INSTALLATION	6/1993



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BURKINA FASO

sujetti à la TVA sous le N°
identification fiscale 0523790R

FACTURE N°93011 POUR LA REALISATION
DE 01 FORAGE PRODUCTIF

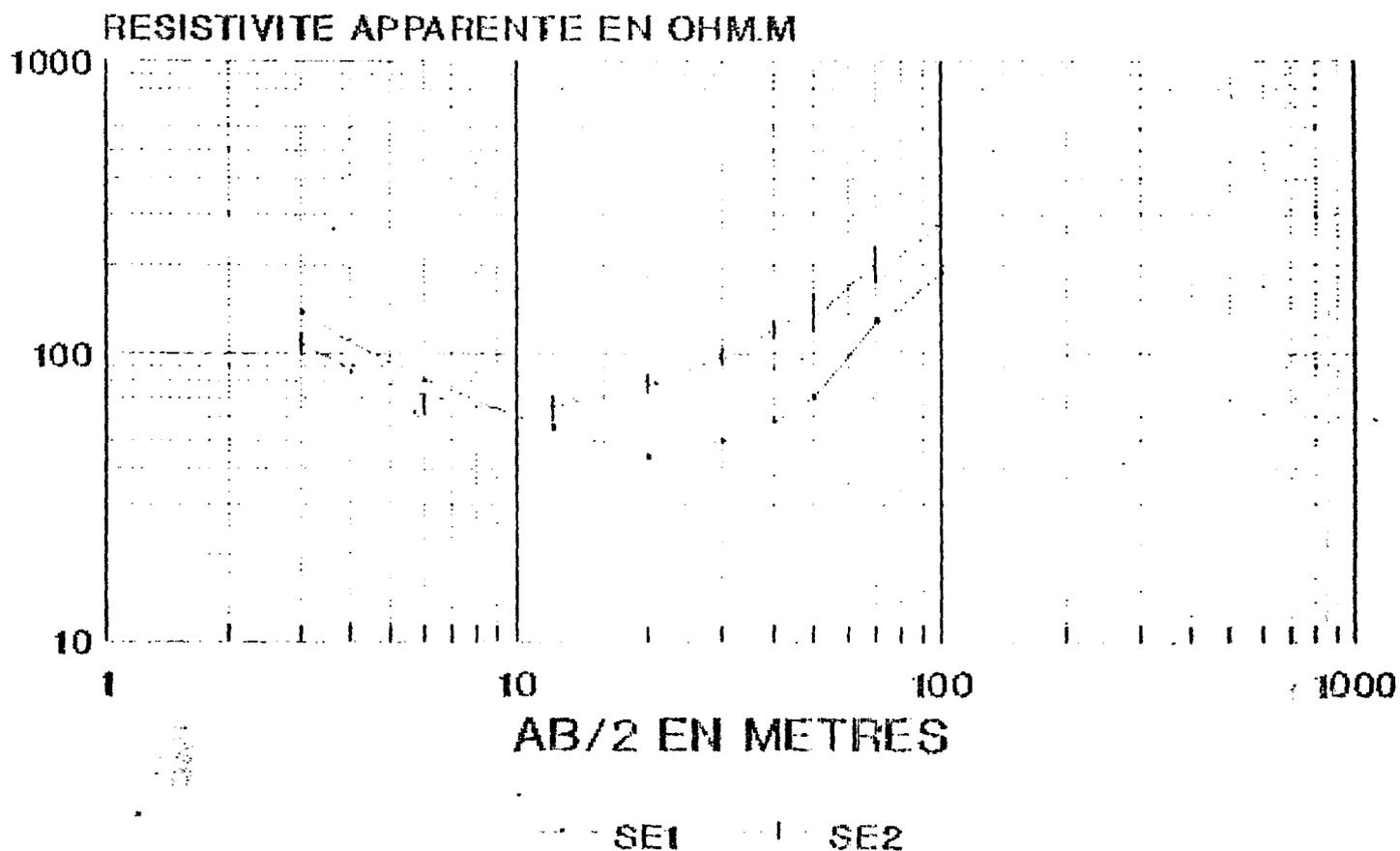
AGENT : AFRICARE

PROFONDEUR : 59 M
Site : RAGUIN

N°	DESCRIPTIF	UNITE	QUT	PU	TOTAL
1	Etude géophysique	U	1	300.000	300.000
2	Amene et repli du materiel	U	0	400.000	0
3	Deplacement	KM	0	0	0
4	Montage demontage sur chaque site	U	1	50.000	50.000
5	Foration (9"7/8) de 0 à 40 ML	ML	20,61	17.500	360.675
6	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	38,39	17.000	652.630
8	Foration (6"1/2) > à 80 ML	ML	0		0
9	Fourniture et pose de tubage PVC ø 125 lisse	ML	41,98	6.500	272.870
0	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	17,52	7.000	122.640
1	Mise en place d'un bouchon d'argile	U	0	25.000	0
2	Mise en place d'un bouchon de pied	U	1	20.000	20.000
3	Massif filtrant	ML	30,36	2.500	75.900
4	Têtes de forage	U	0	15.000	0
5	Développement par air-lift	H	2	27.500	55.000
5	Essai de pompage	FF	1	27.500	27.500
6	Analyse de l'eau	U	1	25.000	25.000
7	Confection d'une margelle	U	1	120.000	120.000
8	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
PRIX TOTAL HT					2.682.215
T V A EXO					
PRIX TOTAL TTC					2.682.215

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SONDAGE ELECTRIQUE ZEMALGA RAGUIN

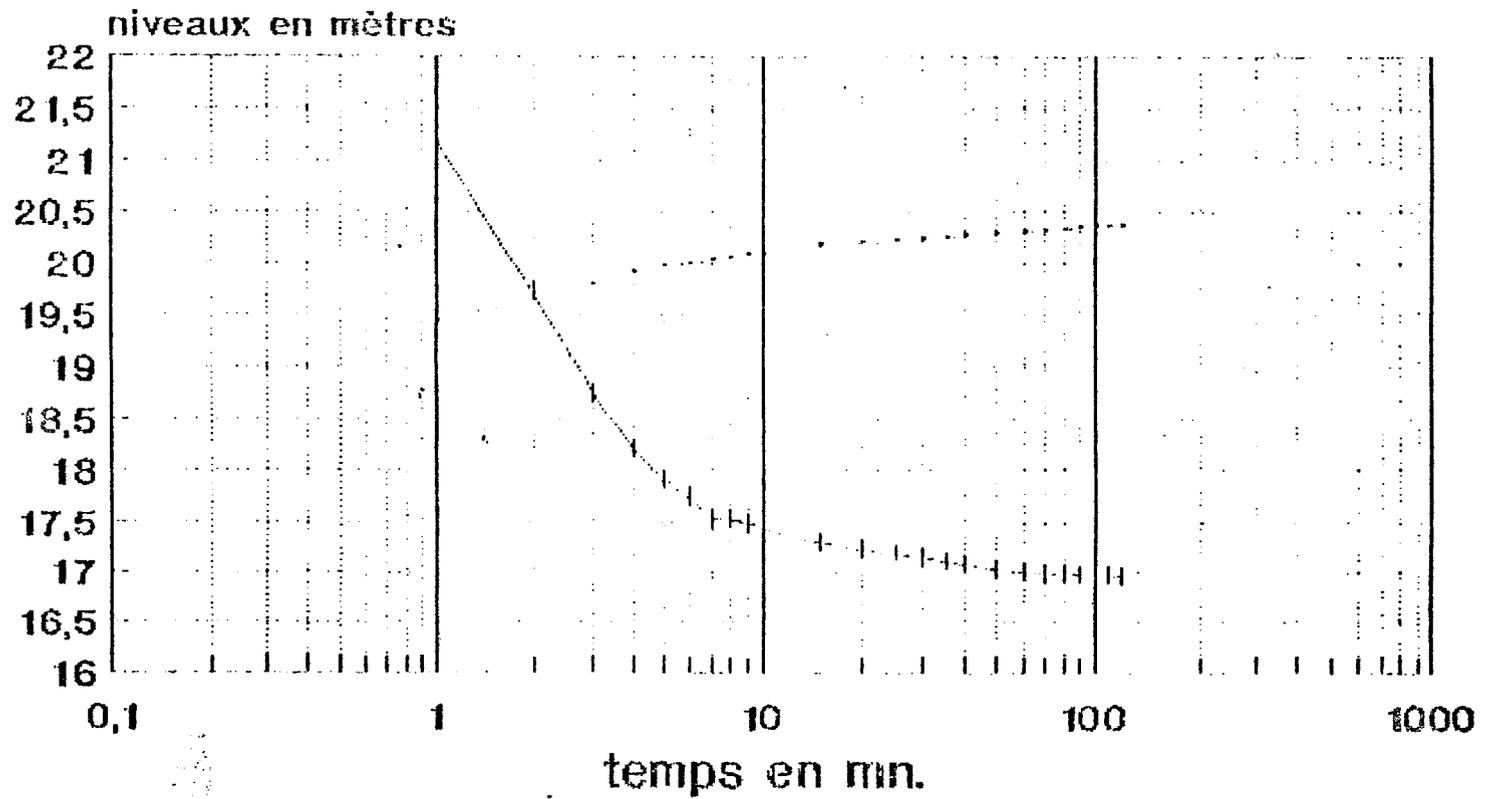


27.04.93

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ZEMALGHA RAGHIN

POMPAGE D'ESSAI

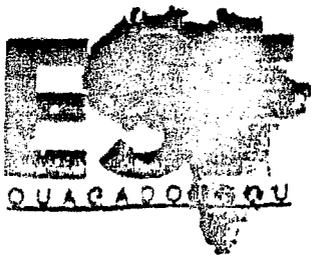


• Descente † Remontée

exécuté le 04.06.93

FICHE D'INSTALLATION DE POMPES

DESIGNATIONS	
VILLAGE	ZEMAMGA
QUARTIER	RAGUIN
TYPE DE POMPE	ABI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	16,72
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	29,31
DEBIT EXPLOITABLE	4,5M3/H
DEBIT EXPLCITE	0,9M3/H
ANNEE D'INSTALLATION	6/1993



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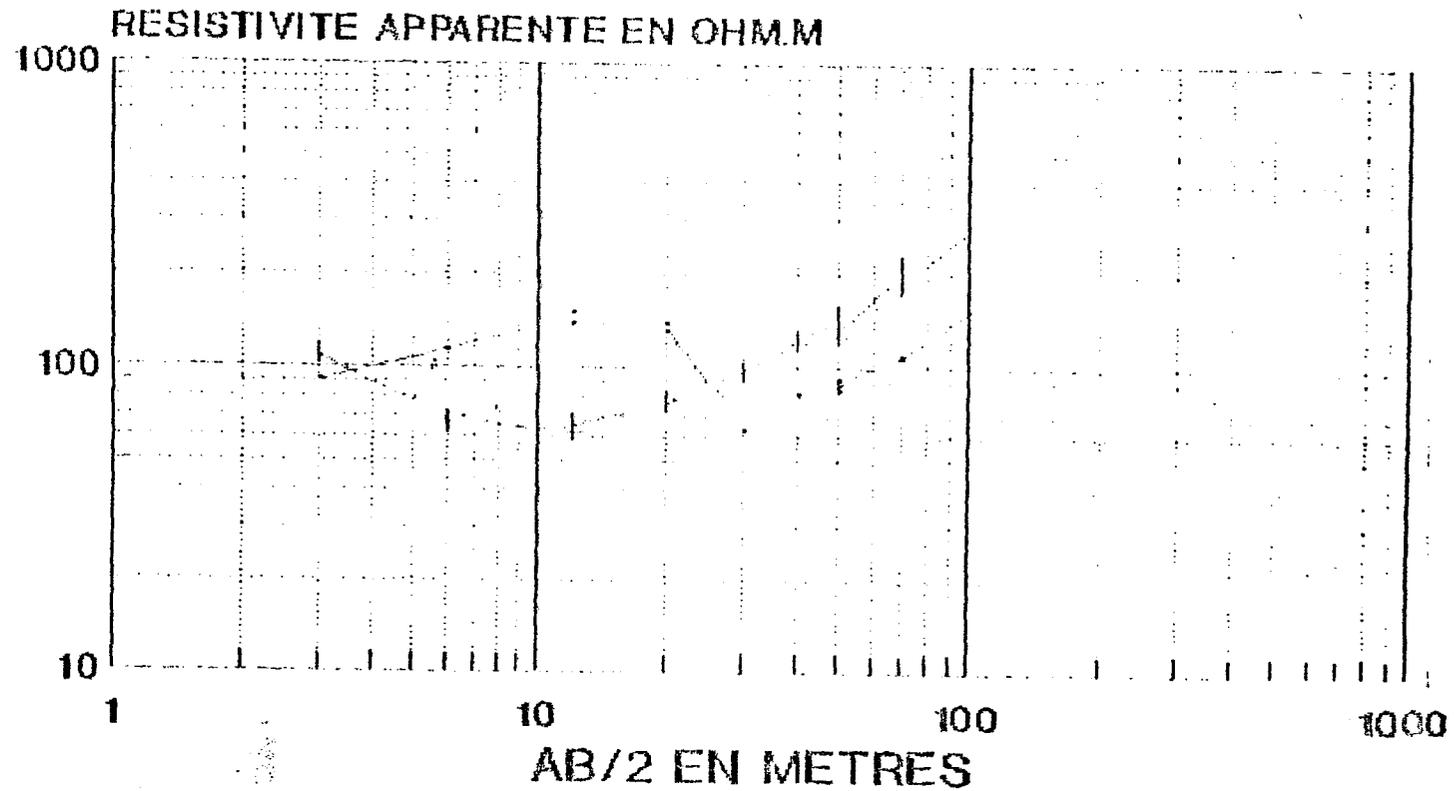
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DE 01 FORAGE PRODUCTIF

CLIENT : AFRICARE

PROFONDEUR : 58.94 M
Site : NAROTIN

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1	Etude géophysique	U	1	300.000	300.000
2	Amené et repli du matériel	U	0	400.000	0
3	Deplacement	KM	0	0	0
4	Montage demontage sur chaque site	U	1	50.000	50.000
5	Foration (9"7/8) de 0 à 40 ML	ML	23,68	17.500	414.400
6	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	35,26	17.000	599.420
8	Foration (6"1/2) > à 80 ML	ML	0		0
9	Fourniture et pose de tubage PVC ø 125 lisse	ML	41,92	6.500	272.480
10	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	17,52	7.000	122.640
11	Mise en place d'un bouchon d'argile	U	0	25.000	0
12	Mise en place d'un bouchon de pied	U	1	20.000	20.000
13	Massif filtrant	ML	21,52	2.500	53.800
14	Têtes de forage	U	0	15.000	0
15	Développement par air-lift	H	2	27.500	55.000
15	Essai de pompage	FF	1	27.500	27.500
16	Analyse de l'eau	U	1	25.000	25.000
17	Confection d'une margelle	U	1	120.000	120.000
18	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
PRIX TOTAL HT					2.660.240
T V A EXO					
PRIX TOTAL TTC					2.660.240

SONDAGE ELECTRIQUE NONGHIN NAROTIN



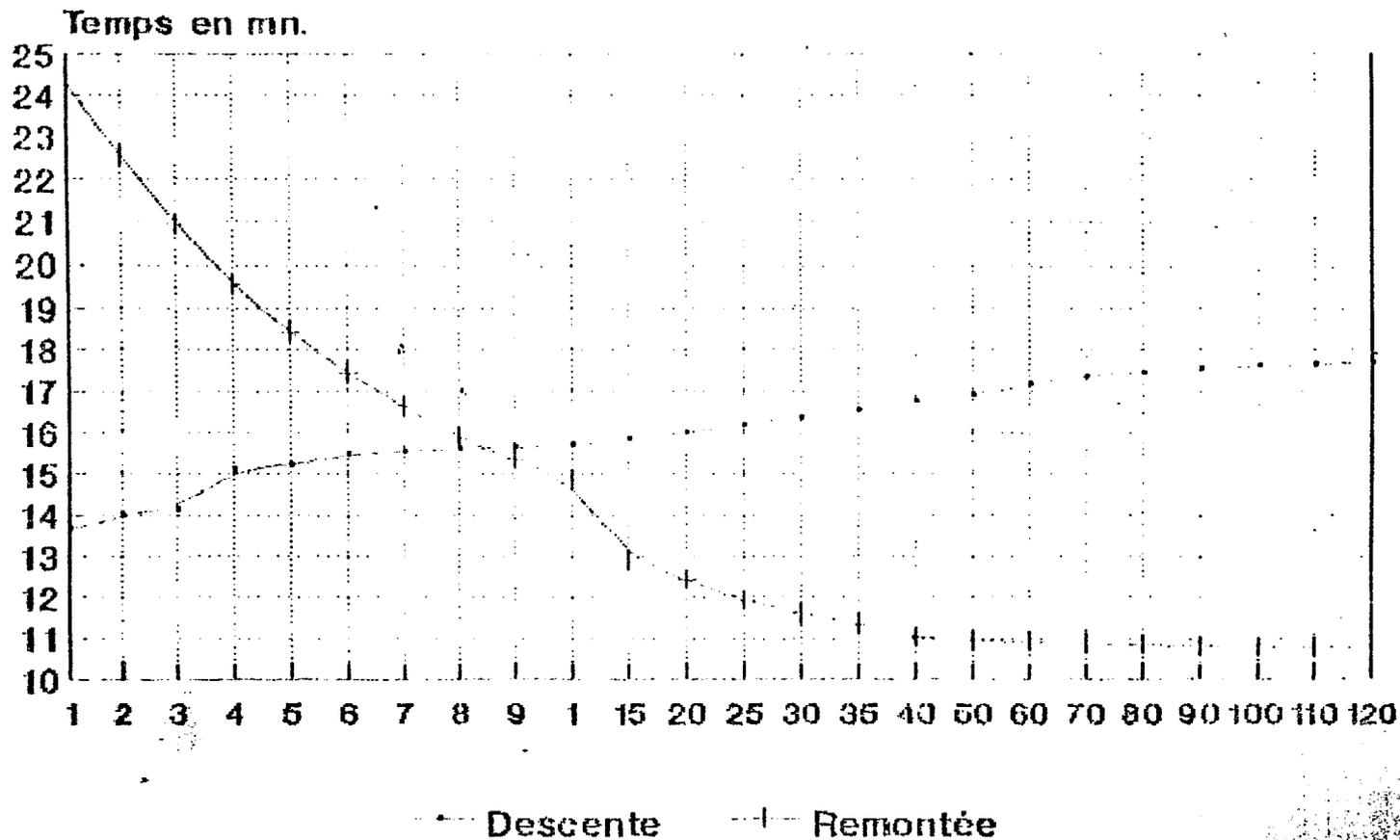
06.05.93

SE1

SE2

1602

NOGHIN NAROTIN POMPAGE D'ESSAI



exécuté le 5.06.93

FICHE D'INSTALLATION DE POMPES

DESIGNATIONS	
VILLAGE	NOGHIN
QUARTIER	NAROTIN
TYPE DE POMPE	ABI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	9,63
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	32
DEBIT EXPLOITABLE	2,5M3/H
DEBIT EXPLOITE	0,8M3/H
ANNEE D'INSTALLATION	6/1993



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BURKINA FASO

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Identification fiscale 0523790R

FACTURE N°93011 POUR LA REALISATION
DE 01 FORAGE PRODUCTIF

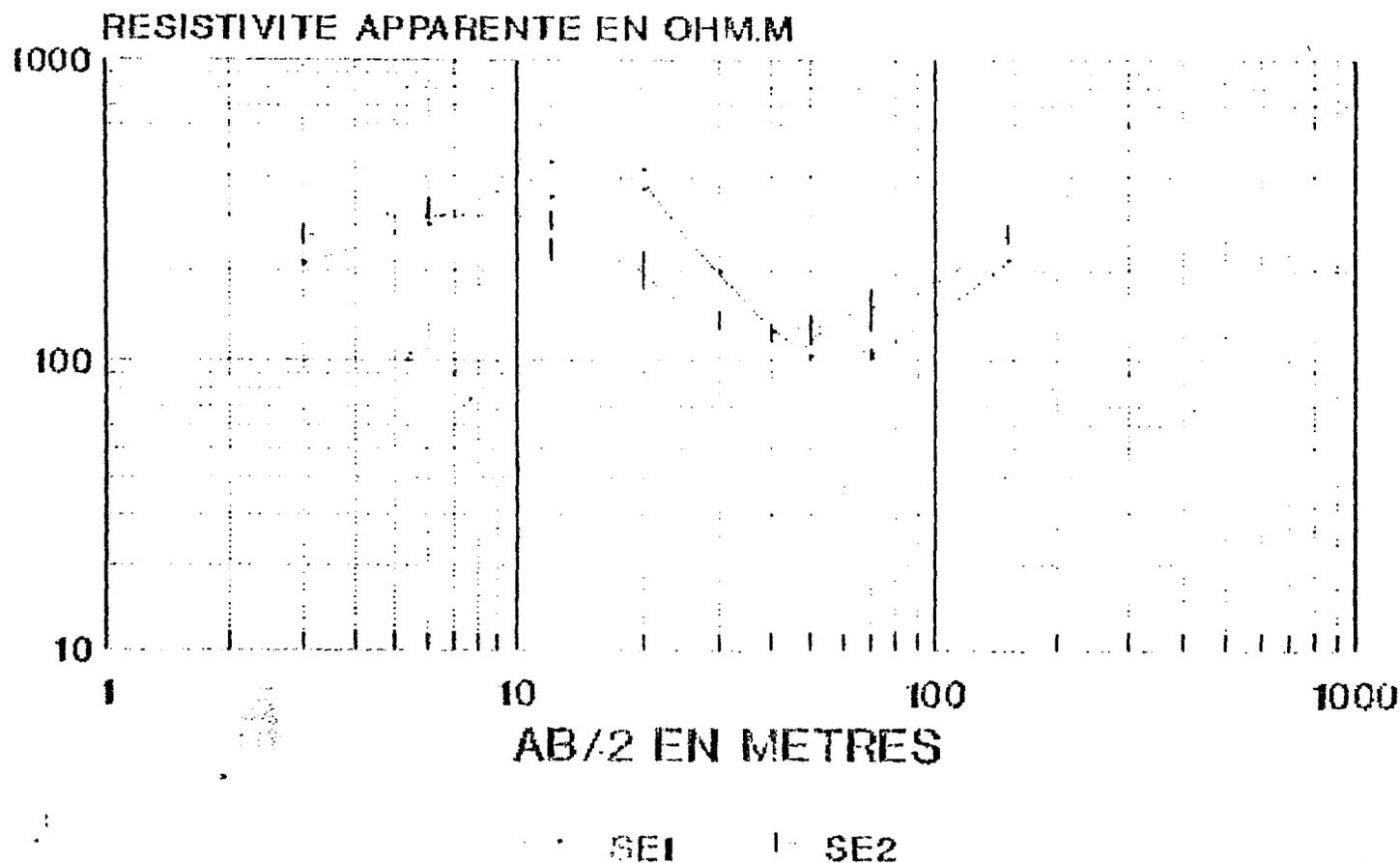
OBJET : AFRICARE

PROFONDEUR : 50 M
Site : YAMA

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1	Etude géophysique	U	1	300.000	300.000
2	Amene et repli du materiel	U	0	400.000	0
3	Deplacement	KM	0	0	0
4	Montage demontage sur chaque site	U	1	50.000	50.000
5	Foration (9"7/8) de 0 à 40 ML	ML	14,37	17.500	251.475
6	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	35,63	17.000	605.710
8	Foration (6"1/2) > à 80 ML	ML	0		0
9	Fourniture et pose de tubage PVC ø 125 lisse	ML	27,14	6.500	176.410
10	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	23,36	7.000	163.520
11	Mise en place d'un bouchon d'argile	U	0	25.000	0
12	Mise en place d'un bouchon de pied	U	1	20.000	20.000
13	Massif filtrant	ML	31,66	2.500	79.150
14	Têtes de forage	U	0	15.000	0
15	Développement par air-lift	H	2	27.500	55.000
16	Essai de pompage	FF	1	27.500	27.500
17	Analyse de l'eau	U	1	25.000	25.000
18	Confection d'une margelle	U	1	120.000	120.000
19	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
	PRIX TOTAL HT				2.473.765
	T V A E X O				
	PRIX TOTAL TTC				2.473.765

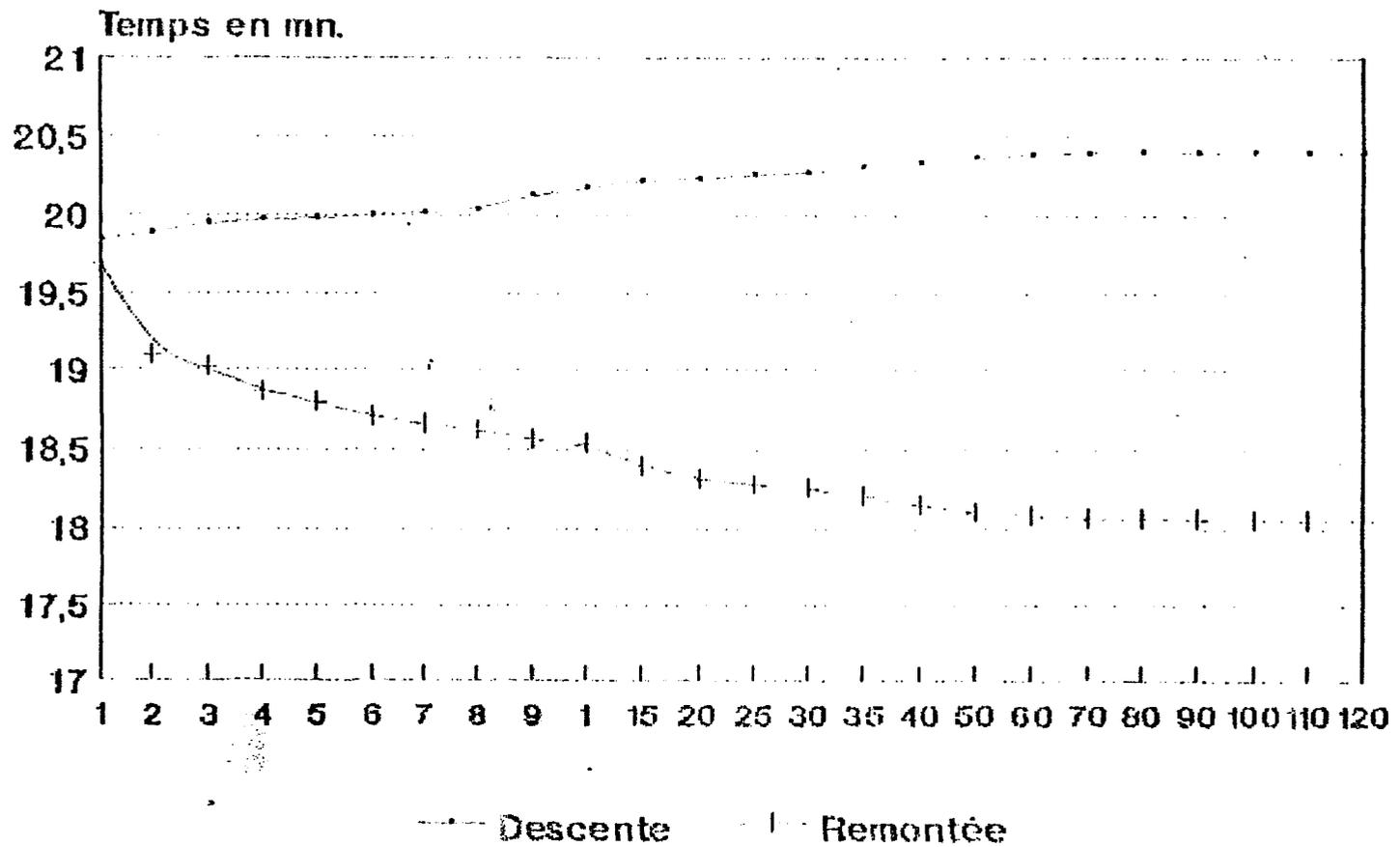
165

SONDAGE ELECTRIQUE KOUGODOUGHUIN YAMA



19.05.93

KOUGOUDOUGHIN YAMA POMPAGE D'ESSAI



exécuté le 5.06.93

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FICHE D'INSTALLATION DE POMPES

DESIGNATIONS	
VILLAGE	KOUGOUDOUGHIN
QUARTIER	YAMA
TYPE DE POMPE	ABI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	17,63
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	30
DEBIT EXPLOITABLE	1,5M3/H
DEBIT EXPLOITE	0,9M3/H
ANNEE D'INSTALLATION	6/1993



01 B.P. 2723 Ouagadougou 01
Tél. : (226) 30-69-73 - RC 11692 / A
BURKINA FASO

assujetti à la TVA sous le N°
d'identification fiscale 0523790R

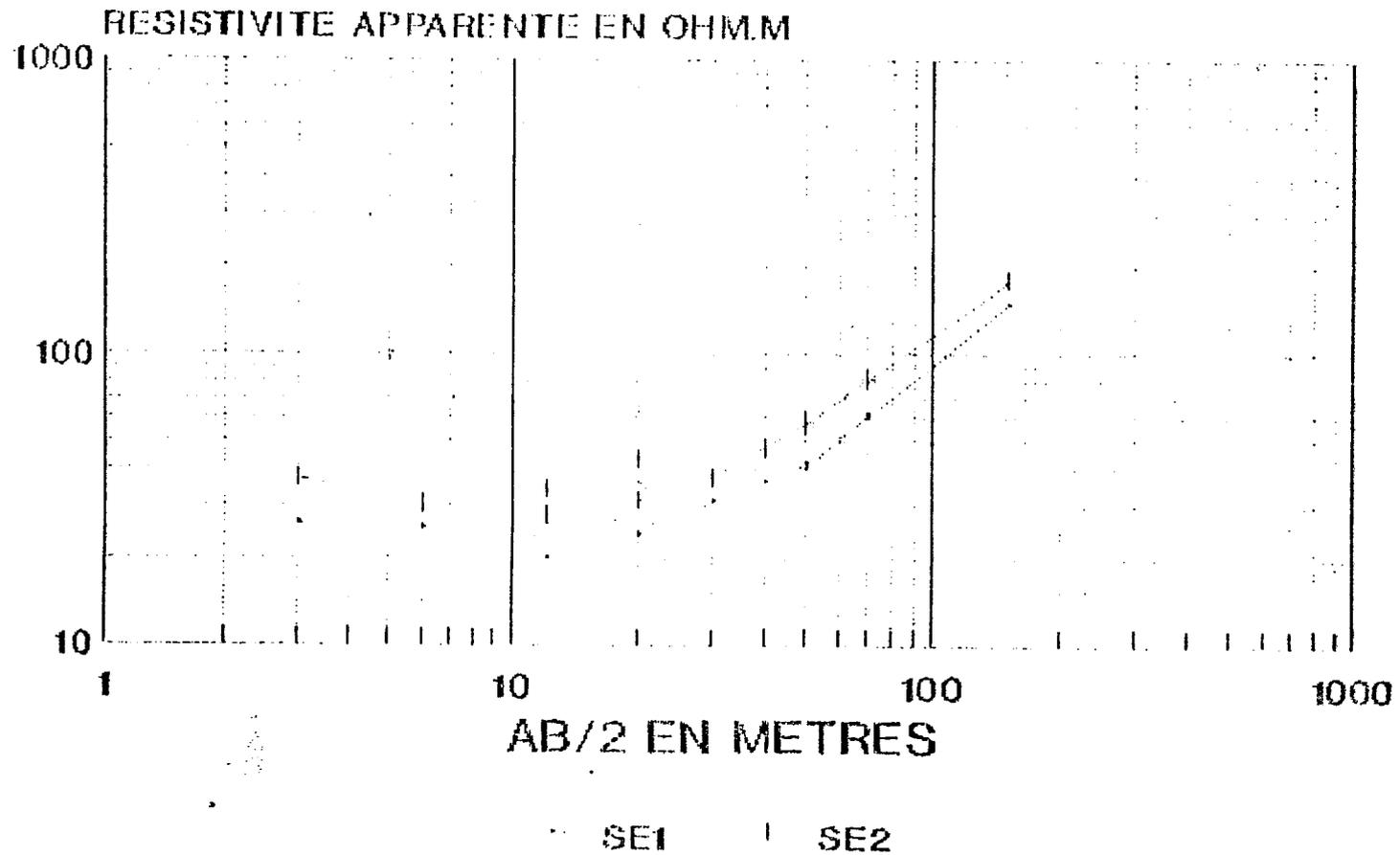
FACTURE N°93011 POUR LA REALISATION
DE 01 FORAGE PRODUCTIF

CLIENT : AFRICARE

PROFONDEUR : 80 M
Site : BOKIN

N°	DESCRIPTIF	UNITE	QUT	PU	TOTAL
1	Etude géophysique	U	1	300.000	300.000
2	Amene et repli du materiel	U	0	400.000	0
3	Deplacement	KM	0	0	0
4	Montage demontage sur chaque site	U	1	50.000	50.000
5	Foration (9"7/8) de 0 à 40 ML	ML	15,45	17.500	270.375
6	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	64,55	17.000	1.097.350
8	Foration (6"1/2) > à 80 ML	ML	0		0
9	Fourniture et pose de tubage PVC ø 125 lisse	ML	57,14	6.500	371.410
10	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	23,36	7.000	163.520
11	Mise en place d'un bouchon d'argile	U	0	25.000	0
12	Mise en place d'un bouchon de pied	U	1	20.000	20.000
13	Massif filtrant	ML	45,88	2.500	114.700
14	Têtes de forage	U	0	15.000	0
15	Développement par air-lift	H	2	27.500	55.000
16	Essai de pompage	FF	1	27.500	27.500
17	Analyse de l'eau	U	1	25.000	25.000
18	Confection d'une margelle	U	1	120.000	120.000
19	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
PRIX TOTAL HT					3.214.855
T V A E X O					
PRIX TOTAL TTC					3.214.855

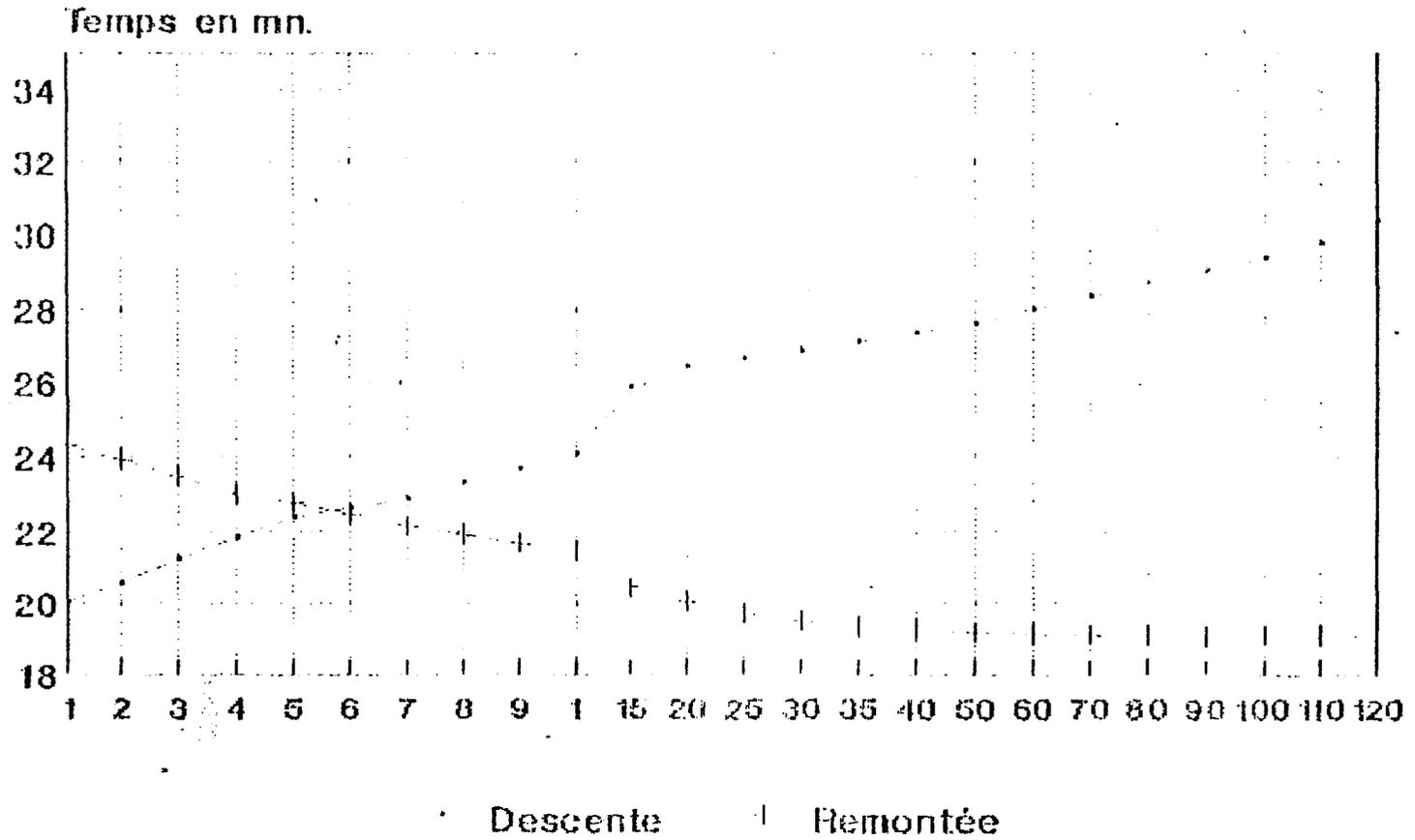
SONDAGE ELECTRIQUE BOULWANDO BOKIN



27.04.93

15.06.93

BOULWANDO BOKIN POMPAGE D'ESSAI



exécuté le 6.06.93

FICHE D'INSTALLATION DE POMPES

DESIGNATIONS	
VILLAGE	BOULWANDO
QUARTIER	BOKIN
TYPE DE POMPE	ARI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	17,47
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	40
DEBIT EXPLOITABLE	0,6M3/H
DEBIT EXPLOITE	0,6M3/H
ANNEE D'INSTALLATION	6/1993



01 B.P. 2723 Ouagadougou 01
Tél. : (226) 30-69-73 - RC 11692 / A
BURKINA FASO

Sujetti à la TVA sous le N°
Identification fiscale 0523790R

FACTURE N° 93011 POUR LA REALISATION
DE 01 FORAGE PRODUCTIF

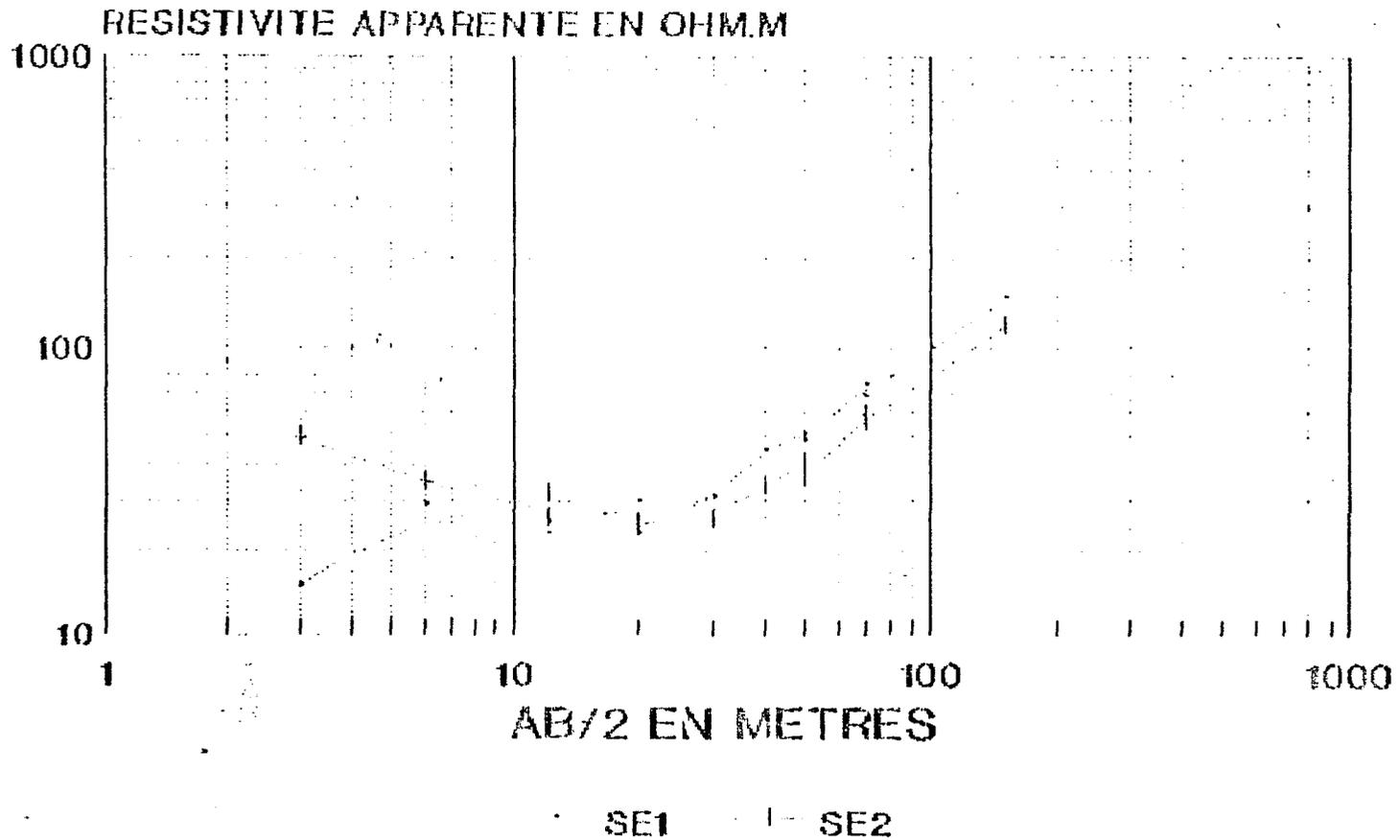
CLIENT : AFRICARE

PROFONDEUR : 50 M
Site : TOGHIN

N°	DESCRIPTIF	UNITE	QUT	PU	TOTAL
	Etude géophysique	U	1	300.000	300.000
	Ame et repli du matériel	U	0	400.000	0
3	Déplacement	KM	0	0	0
	Montage démontage sur chaque site	U	1	50.000	50.000
	Foration (9"7/8) de 0 à 40 ML	ML	16,40	17.500	287.000
	Foration (9"7/8) > à 40 ML	ML	0		0
7	Foration (6"1/2) de 0 à 80 ML	ML	33,60	17.000	571.200
	Foration (6"1/2) > à 80 ML	ML	0		0
	Fourniture et pose de tubage PVC ø 125 lisse	ML	38,96	6.500	253.240
	Fourniture et pose de tubage PVC ø 125 crépine, slot 0,8 à 1,2mm	ML	11,68	7.000	81.760
	Mise en place d'un bouchon d'argile	U	0	25.000	0
2	Mise en place d'un bouchon de pied	U	1	20.000	20.000
	Massif filtrant	ML	15	2.500	37.500
	Têtes de forage	U	0	15.000	0
5	Développement par air-lift	H	2	27.500	55.000
5	Essai de pompage	FF	1	27.500	27.500
	Analyse de l'eau	U	1	25.000	25.000
	Confection d'une margelle	U	1	120.000	120.000
8	Fourniture et installation d1 pompe manuelle	U	1	600.000	600.000
	PRIX TOTAL HT				2.428.200
	T V A E X O				
	PRIX TOTAL TTC				2.428.200

173

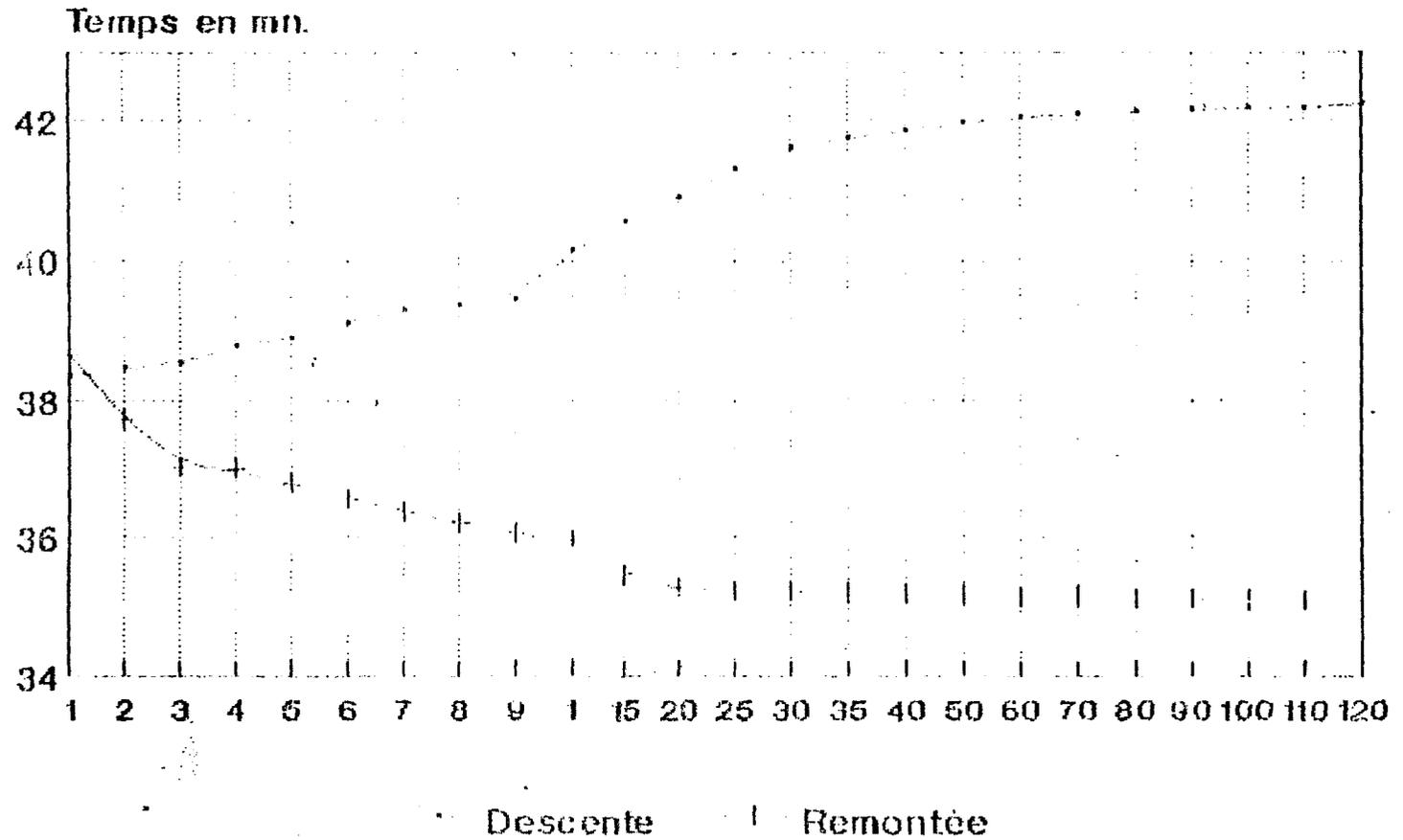
SONDAGE ELECTRIQUE YAMSTENGA TOGHIN



27.04.93

174

YAMSTENGA TOGHIN POMPAGE D'ESSAI



exécuté le 6.06.93

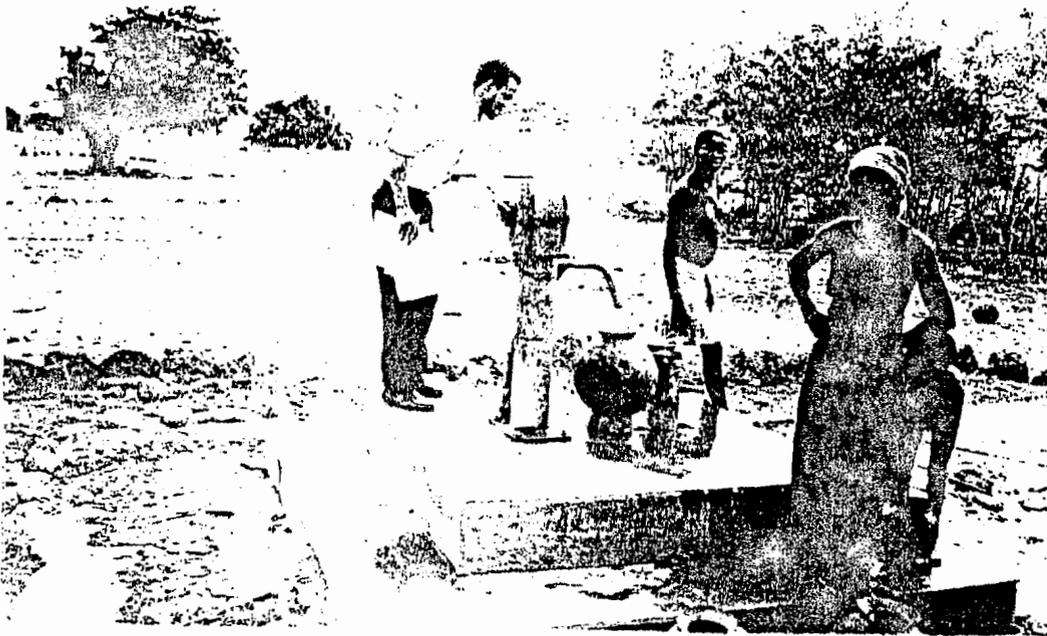
125

FICHE D'INSTALLATION DE POMPES

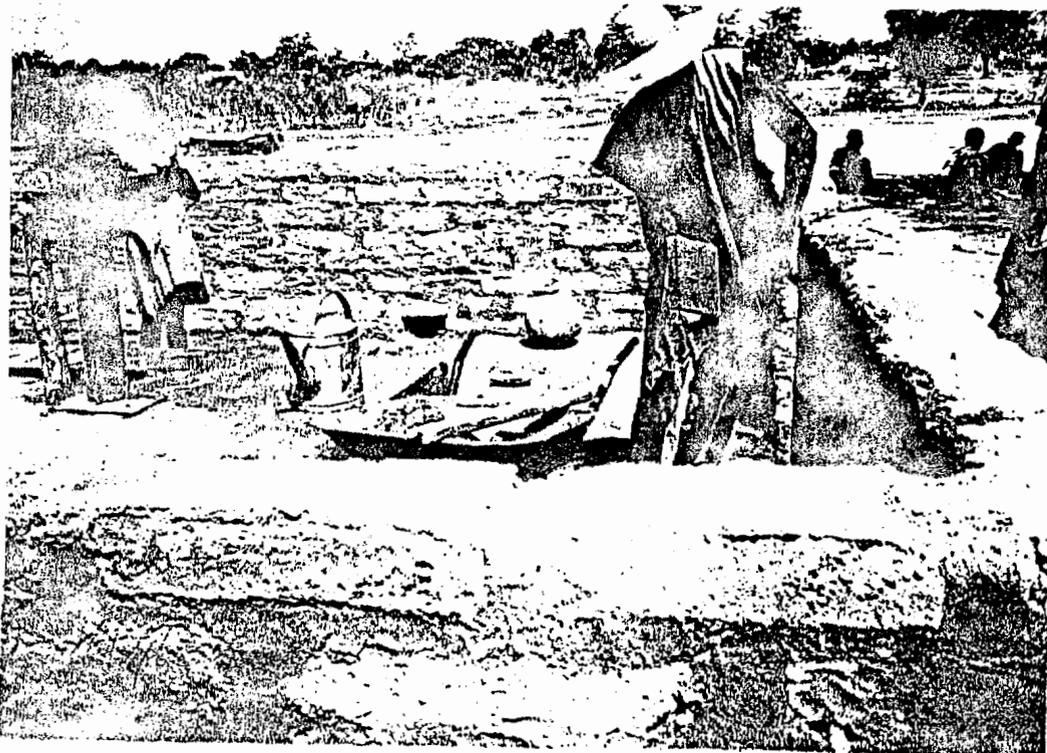
DESIGNATIONS	
VILLAGE	YAMSTINGA
QUARTIER	TOGHIN
TYPE DE POMPE	ABI MN
ENERGIE	MOTRICITE HUMAINE
NIVEAU STATIQUE	34,34
NIVEAU DYNAMIQUE/PROFONDEUR D'INSTALLATION	45
DEBIT EXPLOITABLE	0,7M3/H
DEBIT EXPLOITE	0,7M3/H
ANNEE D'INSTALLATION	6/1993

APPENDIX F

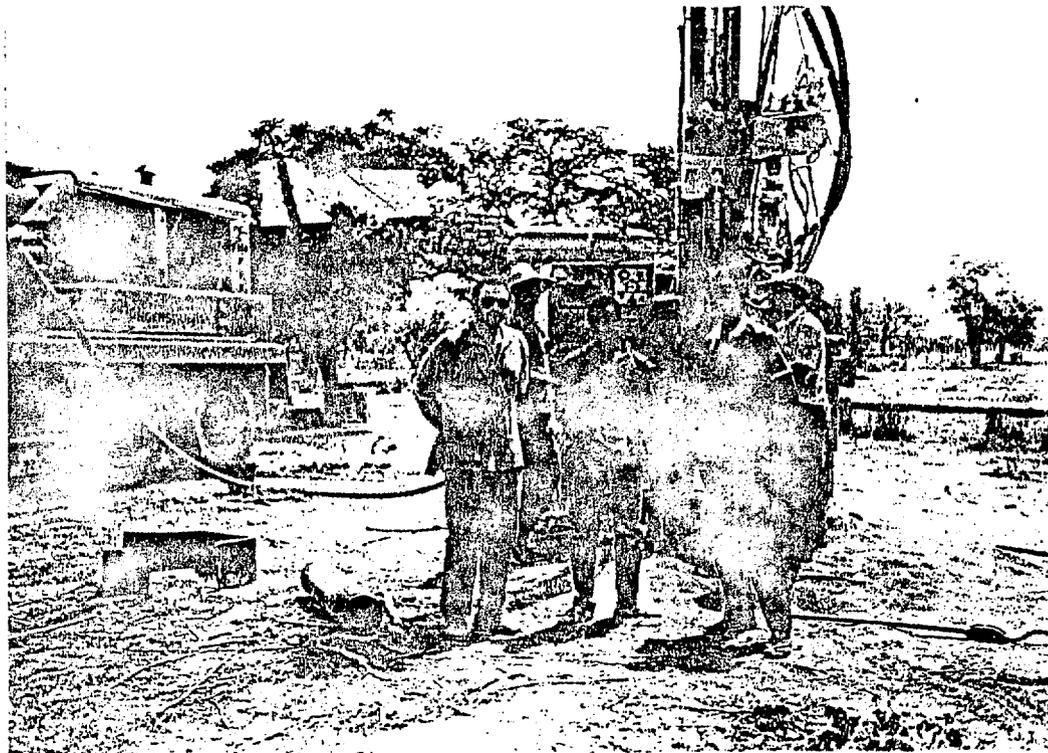
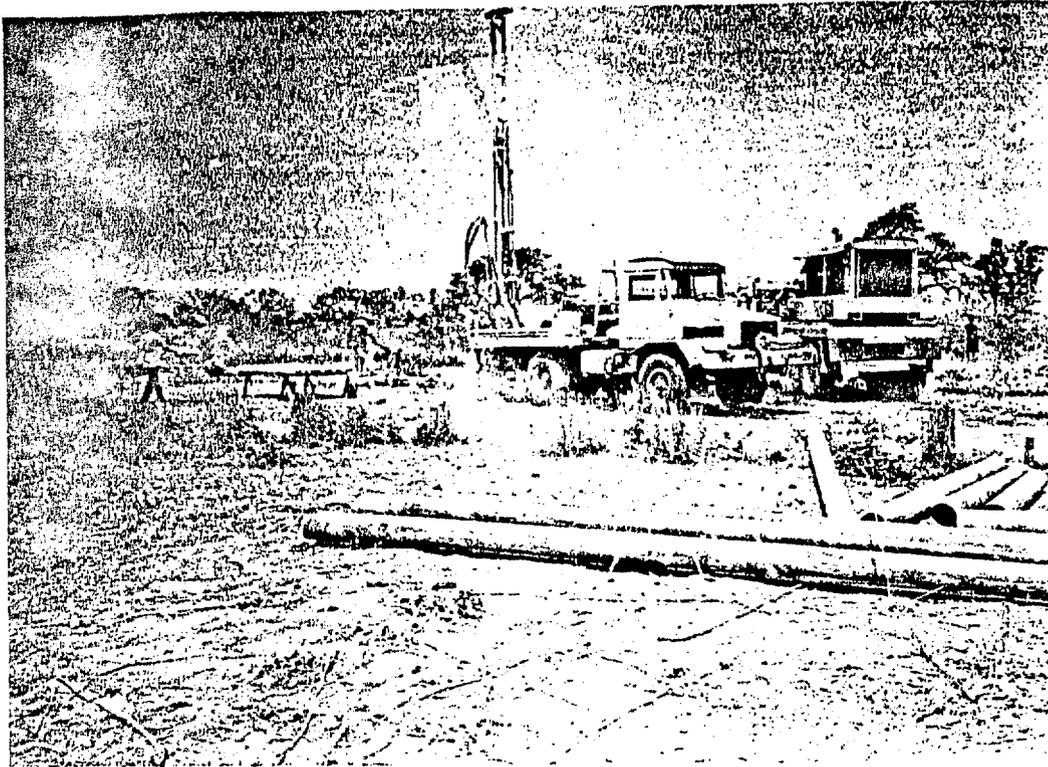
APPENDIX G
(Photographs)



A thorough analysis of the conditions of existing pumps was carried out before the final decisions for new borehole placement could be made. Here the engineering consultant, Mr. Loggosina Ouattara, tests one of the village pumps.

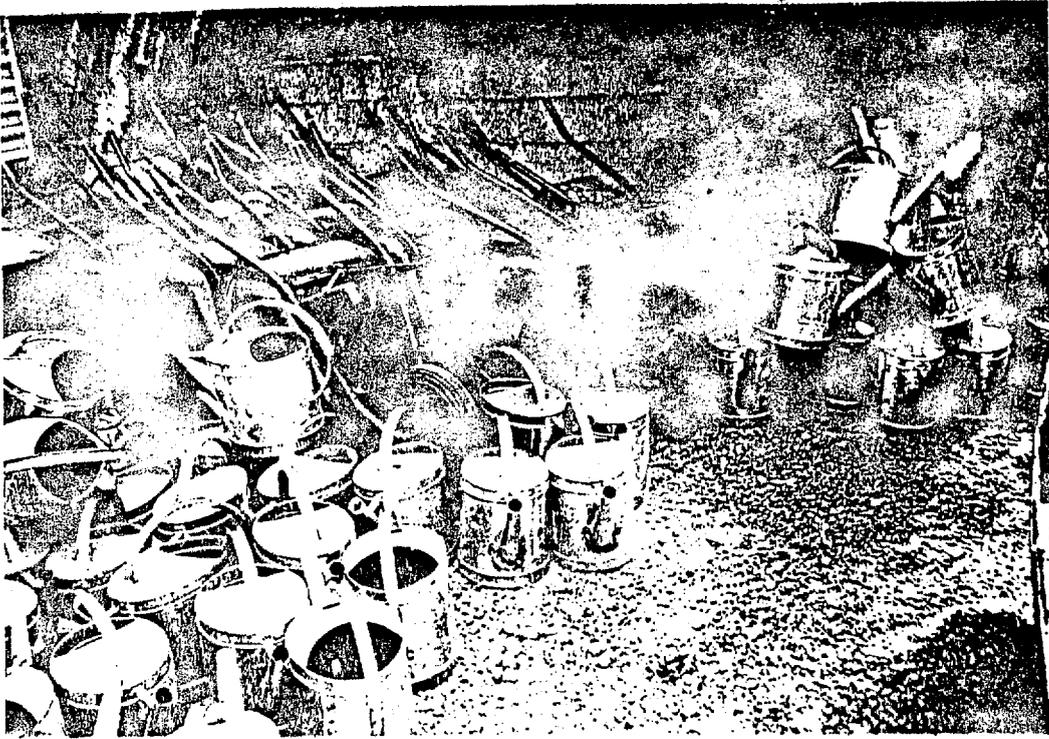


Local masons were hired to construct the pump enclosures and spillways.

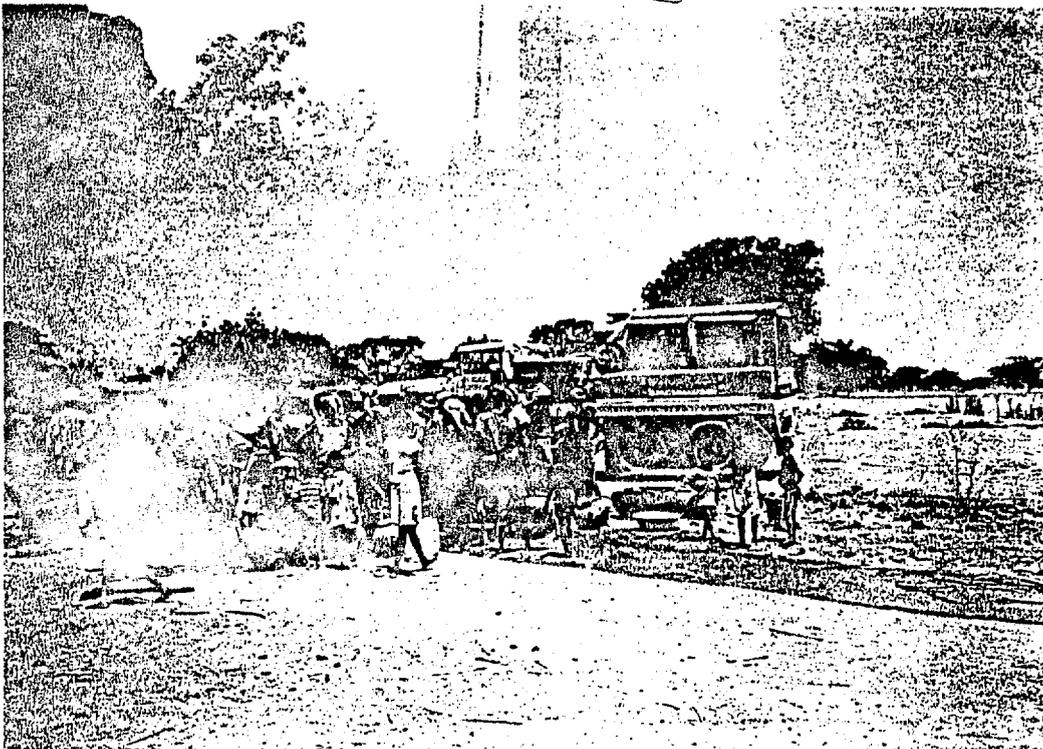


ESF-Ouagadougou was the drilling and installation contractor for the CS Match Project.

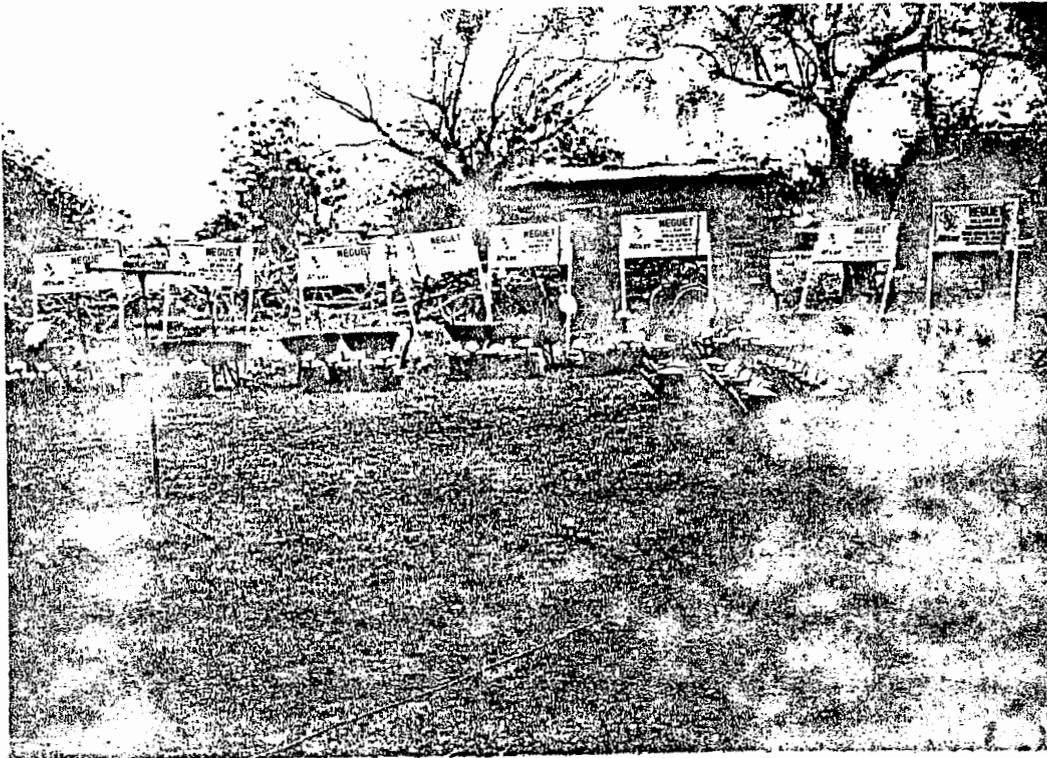
BEST AVAILABLE COPY



Gardening equipment at the Africare office in Ouagadougou awaits transport to the Department of Mèguet.



A total of eight new boreholes were drilled in the Department in June 1993.



Each of the sites of the new boreholes and handpumps received a sign identifying the supporting groups: Africare Chapter/Chicago and Africare/Burkina Faso. Each site also received gardening equipment to maintain the vegetable plots.



Training provided in pump maintenance and repair was an essential part of the Child Survival Match Project. Village Management Committees will collect user's fees that will pay maintenance and repair costs, thus allowing for long-term, sustainable sources of water.



AFRICARE/BURKINA FASO
 EXPENDITURES REPORT
 CHILD SURVIVAL/MATCH
 DECEMBRE 1990 - AUGUST 1993
 26 04 2301

DESCRIPTION	CC	BUDGET	EXPENDITURE	BALANCE
PROJECTE UP TO AUG.				
I. SALARIES				
HQ & EXPAT SALARIES	6012		0	0
AFRICARE FIELD STAF	6021	3.258	3.061	197
AFRICARE TEMPORARY	6031	4.968	6.166	(1.198)
CONSULTANT & INTER	6041		0	0
SUB TOTAL SALARIES		8.226	9.227	(1.001)
II. BENEFITS & RECRUIT				
FICA TAXES 7.51%	6111		0	0
HQ/EXPATRIATES BENE	6121			0
INTL'L WORKMAN'S CO	6122			0
LOCAL HIRE BENEFITS	6131	603	0	603
VACATION	6141			0
RECRUITEMENT EXPEN	6211			0
ORIENTATION PERDIEM	6221			0
SUB TOTAL BENEFITS & RECRUITING		603	0	603
III. TRAVEL & REGLOCATION				
TRAVEL INCIDENTALS	6311			0
STORAGE/PERS.FRGT	6321			0
HOUSEHOLD FURNISHI	6411			0
HOUSING RENTAL	6421			0
HOUSING REPAIR/MAI	6431			0
GENERAL TRANS & GA	6511	2.917	4.089	(1.172)
GENERAL SUBSISTENC	6521	785	744	41
IM LV TRAV/INTL TRA	6531			0
INTNL & RELOCATION	6541			0
SUB TOTAL TRAVEL & RELOCATION		3.702	4.833	(1.131)

IV TRAINING

LANG TRAIN/MATERIAL	6611	363	358	5
SUBSCRIPTION/PUBS	6621			0
MEETINGS/MEMBERSHI	6631			0
DEPENDANTS EDUCATI	6641			0
FREIGHT ON COMMODIT	6711			0
BUS & VEHICLES INSU	6721		0	0
TAXES & DUTIES	6731	187	44	143
LEGAL & AUDIT	6741			0
TELE/TELEX/POST/DE	6751	1.496	895	601
OFFICE RENT/REPAIRS	6781	1.008	1.062	(54)
FX GAINS/LOSSES	6791	374	820	(446)
OTHER DIRECT COSTS	6793		1.322	(1.322)
SUB TOTAL TRAINING				
& OTHER DIRECT COSTS		3.428	4.501	(1.073)
TOTAL LEVEL I				
		15.959	18.561	(2.602)

V. EQUIPMENT

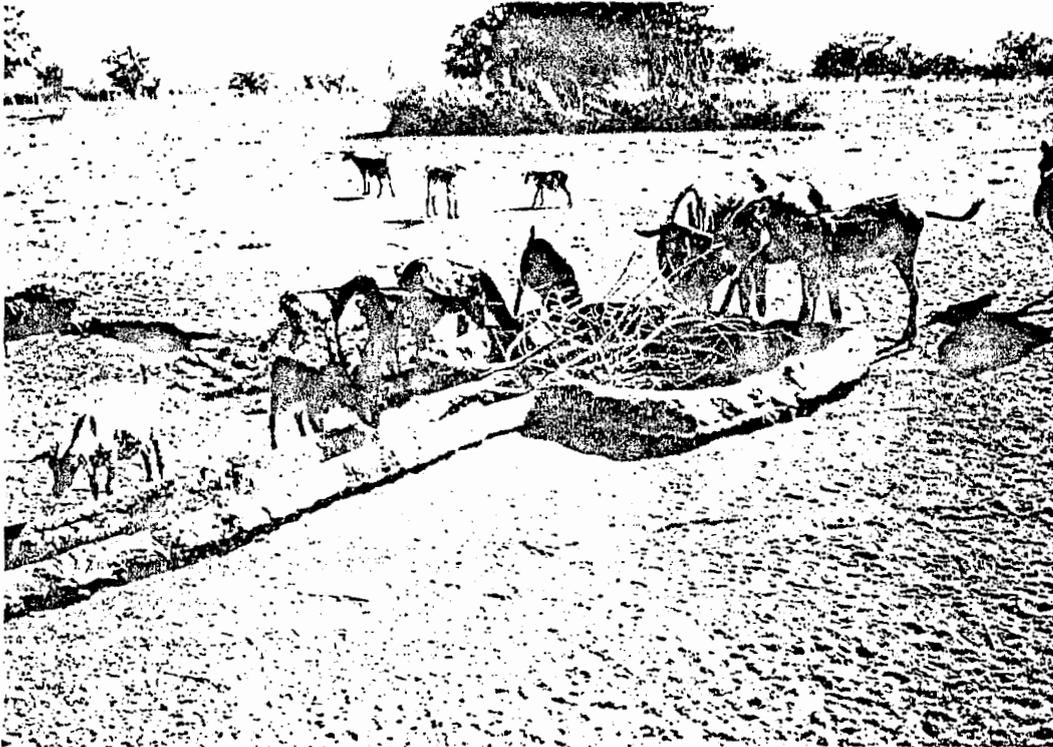
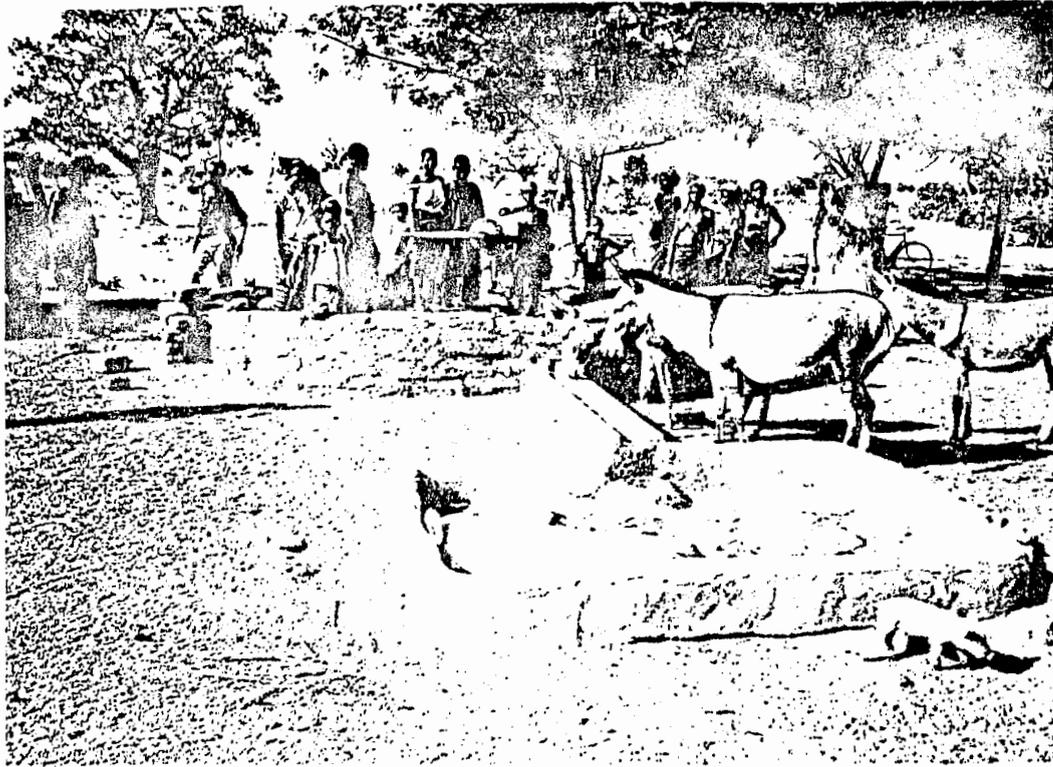
PROJECT EQUIPMENT	6911			0
VEHICLES	6921			0
OFFICE EQUIP/FURNIS	6931			0
EQUIP REPAIR/RENTAL	6941		268	(268)
SUB TOTAL EQUIPMENT				
		0	268	(268)

VI. SUPPLIES

PROJECT SUPPLIES	7011	5.047	11.950	(6.903)
OFFICE SUPPLIES	7021	676	621	55
PRINTING/DUPLICATIN	7031	848	369	479
REFRESHMENTS	7041		0	
SUB TOTAL SUPPLIES				
		6.571	12.940	(6.369)

VII. CONSTRUCTION

CONSTRUCTION	7111	90.471	80.554	9.917
SUB TOTAL CONSTRUCTION				
		90.471	80.554	9.917
TOTAL LEVEL II				
		97.042	93.762	3.280
INDIRECT LEVEL I				
		0	0	0
INDIRECT LEVEL II				
		0	0	0
INDIRECT COSTS				
		0	0	0
GRAND TOTAL				
		113.001	112.323	678



Spillways allow water normally wasted to collect for livestock consumption.



Africare/Burkina Faso Country Representative Dellaphine Rauch-Houekpon (top) tries out one of the newly installed ABI handpumps. The Director of Planning & Studies for the Ministry of Water participated in the ceremonies as well.

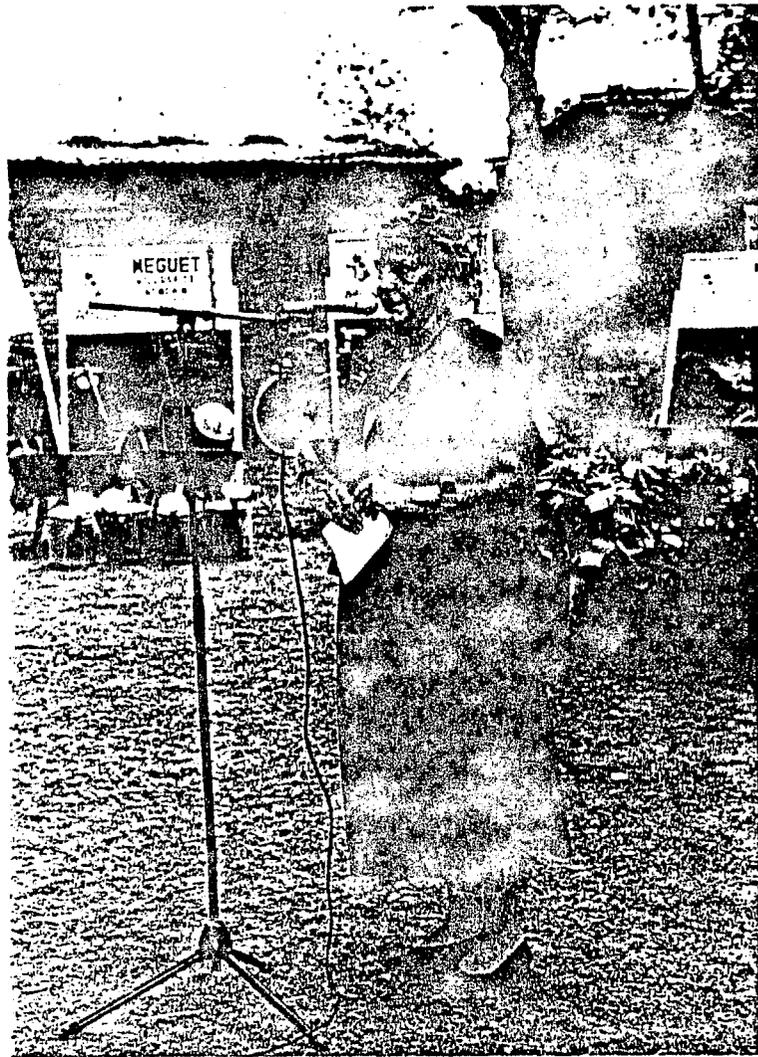


Each of the new or repaired water sources has an adjacent vegetable garden. These gardens will supplement the existing diet of the population with vitamin-rich vegetables, bettering the nutrition of mothers and children.



The main goal of the Child Survival Match Project is to provide clean sources of water to the population to promote sanitation and hygiene and to allow for vegetable gardening near the water sources.

Elizabeth Raspolic, the Deputy Chief of Mission at the United States Embassy/Burkina Faso (right), spoke at the ribbon cutting ceremony in Méguet. The Director of SPONG, the national coordinating office for Non-Governmental Organizations, "tested the waters" at one of the pumps.



The Director of SAFGRAD, an agricultural technical assistance and experimentation organization, cuts the ceremonial ribbon for Village of Zemalga (right)

Below: Mr. Loggasina, the engineering consultant for the project (in white shirt) discusses the gardening aspect of the project with local officials.



Africare

Visant l'amélioration de la qualité de la vie en Afrique rurale en développant les ressources hydrauliques, la production agricole et les services de santé, reforestation et assistance aux réfugiés.

Téléphone : (226) 30-21-01
Télex : 9851111 — Fax : 011 (226) 30 77 64
Bureau : Avenue Ouezzin Coulibaly

01 Boite Postale 608
Ouagadougou 01
Burkina Faso



PRÉSIDENT D'HONNEUR DU CONSEIL
D'ADMINISTRATION
le Dr Kenneth D. Kaunda de la Zambie

DIRECTEUR ADMINISTRATIF AUX USA
Africare House
30 R Street, N.W.
Washington, D.C. 20001 E.U.A
Téléphone : (202) 462-3614
Télex : (202) 387-1034
Fax : 64239

CEREMONIE DE REMISE DES FORAGES ET DU MATERIEL MARAICHERE MEGUET 15 JUIN 1993

AFRICARE/GANZOURGOU PROJET SURVIE DE L'ENFANT " SAUVER LES ENFANTS DU SAHEL" ZORGHO, BURKINA FASO 09H00MN

PROGRAMME

- | | |
|-------------|---|
| 7:00 - 8:30 | Mise en place des populations et troupes d'animation |
| 8:30 - 9:00 | Accueil et installation des invités |
| 9:00 - 9:30 | Animation/Troupe |
| 9:30 | Début de la cérémonie |
| | - Allocution de Monsieur le Préfet Maire de Méguet |
| | - Allocution de Madame la Représentante de AFRICARE |
| | - Allocution de Madame l'Ambassadeur des Etats Unis par Intérim |
| | - Animation/Troupe |
| | - Allocution de Monsieur le Haut Commissaire de la Province |
| | - Animation/Troupe |
| | - Allocution de Monsieur le Ministre |
| 10:00 | Remise des ouvrages et matériel |
| | - Visite d'une réalisation dans un village "Boulwando" |
| 11:00 | - Rafrachissement |
| 12:00 | - Départ des invités |

Africare/Burkina Faso remercie toutes les personnes physiques et tous les organismes de développement pour leur contribution à la réalisation des objectifs "du projet Match". Faut t-il le rappeler, le projet Match en cours d'exécution dans la province du Ganzourgou vise à sauver les enfants du Sahel de la malnutrition et à mettre à leur portée de l'eau potable.

Messieurs les membres du gouvernement, chers invités, la présente cérémonie, nous donne l'occasion de remercier le gouvernement du Burkina Faso, les responsables politiques, administratifs, religieux et coutumiers de la province du Ganzourgou, (l'USAID, l'UNICEF, le Chicago Chapter of Africare aux Etats-Unis, Cissy Patterson Trust le bureau de Africare pour la région ouest Africaine et les bénéficiaires du projet. Nous les prions de trouver ici l'expression de notre gratitude pour cette oeuvre dont nous sommes si fiers.

*Merci Beaucoup!
Africare/Burkina Faso*

Autre
Philippe
Peter

Africare/Ganzourgou Child Survival Project Phase I ended on August 30 1994. To assess the both the qualitative and the quantitative impact of the project, a final evaluation was held. The CSI final evaluation was conducted by a team entirely composed of Burkinabè, a woman included. This picture represents the team members:

Front: - Dr Ibrango Issouf, Team Leader
DEP/MOH

From left to right: Team Members

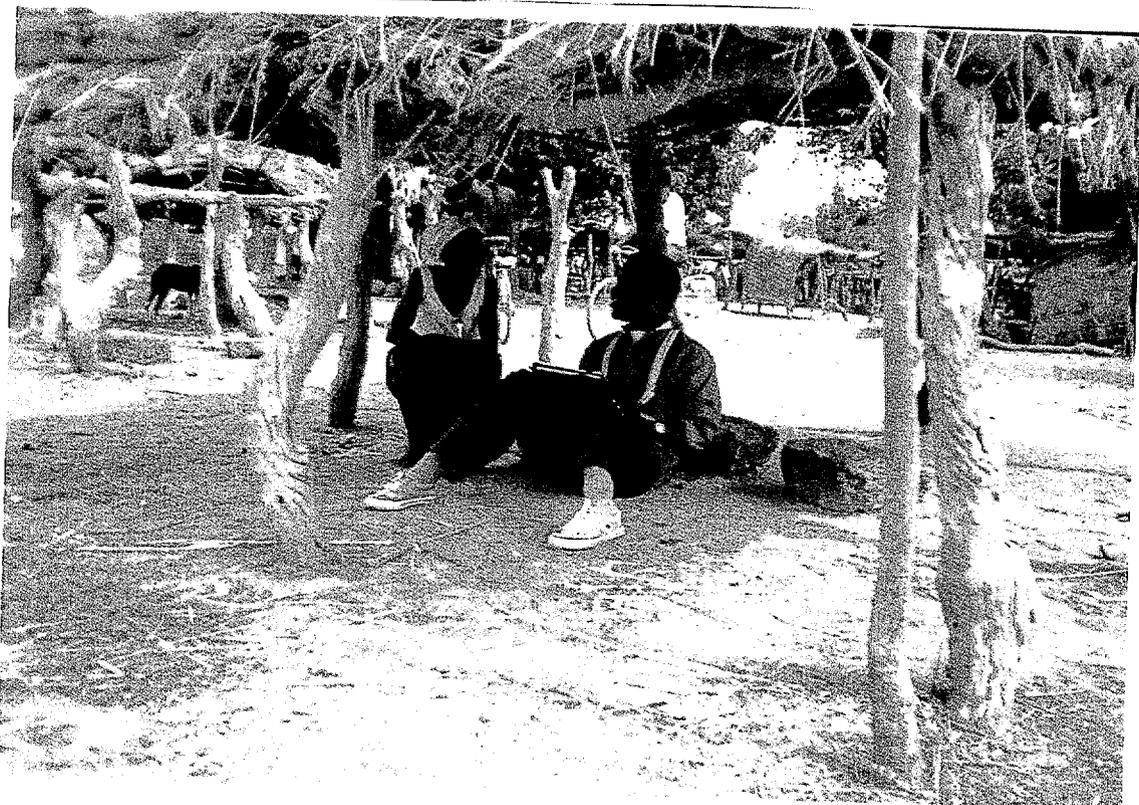
- Dr Nébié Badémé,
Provincial Director/MOH

- Ms Nougbara Gnoni
Mid-wife, IEC Expert

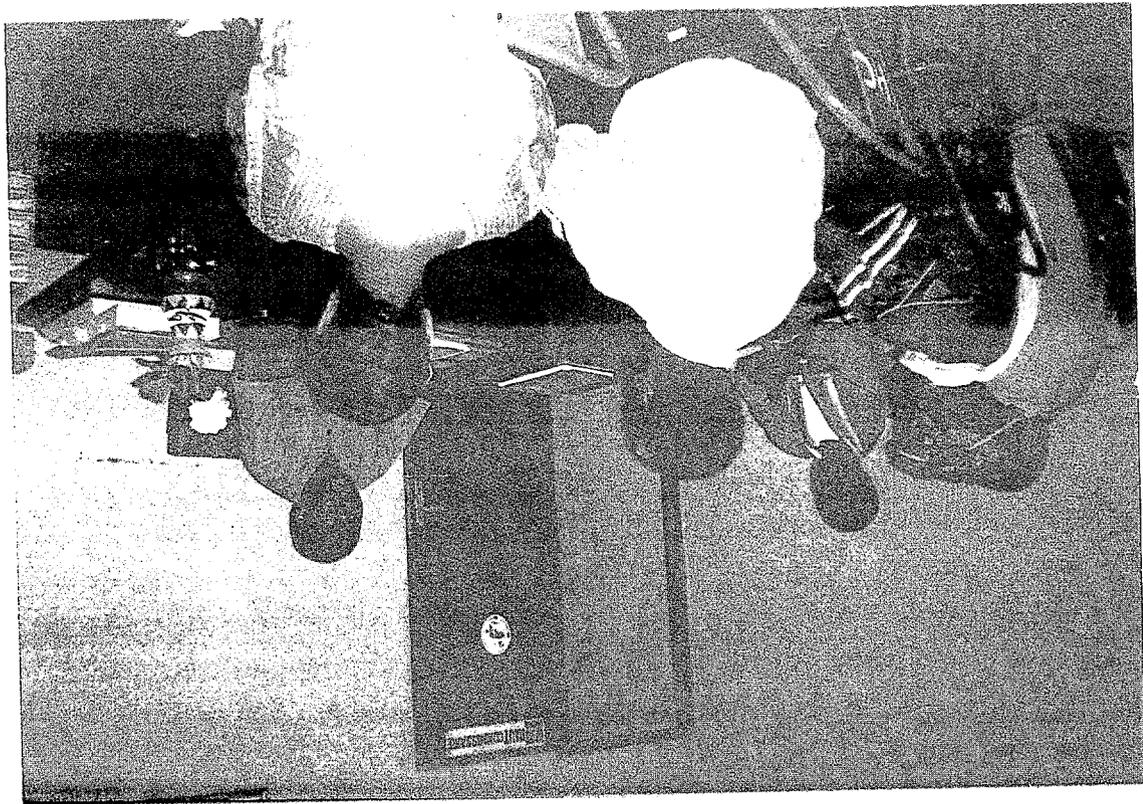
- Dr Sanon Léon
Nutritionist Division of Family Health/MOH



After the observation of the health promoters in discussion sessions, each team member meets with various women to discuss specific topics. Ms Nougara who is a Mid-Wife and an expert in IEC dealt with Family Planning. Dr Sanon Léon discussed nutrition and Dr Nébié was responsible for checking the immunization cards of the women and children.



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Before travelling to the field, the team paid a visit to the Haut Commissaire of the Ganzourgon Province. As the first political and administrative official of the project zone, Atricare always keeps him and his staff, as well as other partners informed of project activities. The team leader explained the objectives of the evaluation. In return, the Haut Commissaire expressed willingness to assist in the execution of the evaluation.

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After the individual discussion with women, the team met with the entire community for focus group discussion which aims at assessing the level of the population's awareness regarding AIDS and HIV infection. The opportunity was given to Ms Nougara to discuss the consequences on woman's health. The evaluation team urged the project to direct certain project activities towards men.

The evaluators observe a project health promoter conducting a discussion sessions with emphasis on Information-Education Communication techniques. This aspect is very important and enables the project to reach its objectives related to behavior change. In the first picture the project health promoter is asking the community to interprete a poster which shows a dehydrated child. The health promoter was also asked to weigh a child . This enables the evaluation team to assess the weighing techniques.



Before the actual evaluation, the team met with Project Staff in Zorgho. Upon the completion of the evaluation, the team met with the project staff for feedback. Every team member pointed out some observations regarding his/her area of expertise along with recommendations and suggestions. Staff comments and observations were also considered for the final report.



The evaluation team and the Ganzourgou Child Survival Project staff all pose for a group photograph.



As a partner-sharing component prevalent in all Africare/Burkina Faso projects, the final results of the evaluation was presented in round-table form. Invitees ranged from USAID to various officials within the Ministry of Health to provincial partners to sister NGO's and PVO's. The presentation enabled Africare to share the findings of the final evaluation and receive valuable feedback from other health-oriented organizations. Mission Director Thomas Luche, (Blue shirt) was also in attendance.



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1. The Africare Ganzourgou Child Survival Project is a community health project focusing on the promotion of the mother and infant health. The project intervenes in 23 target villages of the department of Méguet. Project activities center around the following components: Diarrheal Disease Control, Promotion of Immunization, Family Planning and the Prevention of High Birth Risks, Growth and Nutritional monitoring, Prevention of malaria and AIDS.

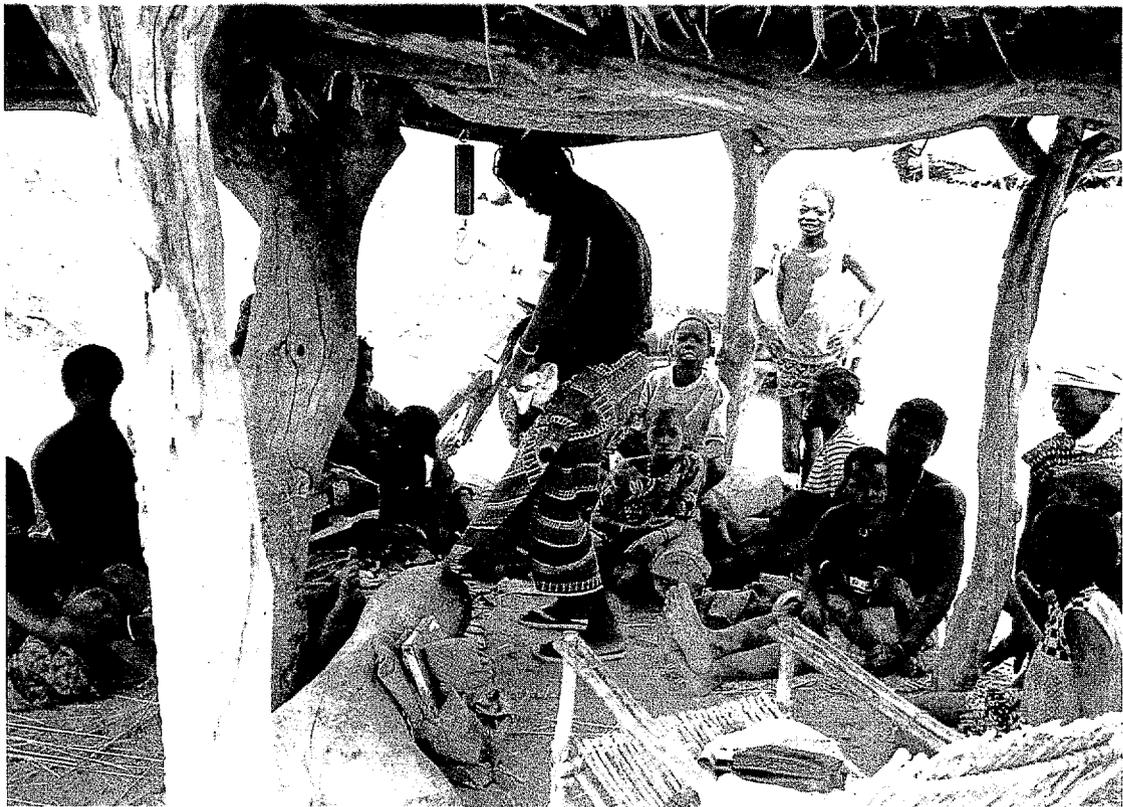
Depicted in this picture are the project target beneficiaries: composed of women 15-49 and children less than two years of age. Women participate in discussion session focusing: child survival messages and prevention techniques.



2. This picture shows women attending a weighing session. As part of the project's growth monitoring component, weighing enables the project staff to assess the growth of the child and to provide nutritional recommendations to mothers.



3. The project health promoter is conducting a weighing session. Every child possesses a growth card containing information regarding the status of the child's growth rate.



4. The project instructs mothers regarding the preparation and administration of SSS fluids. The SSS is administered to children undergoing diarrheal episodes. Now, the MOH protocol regarding DDC is no longer recommending the preparation and administration of SSS because the conditions of hygiene are not met.

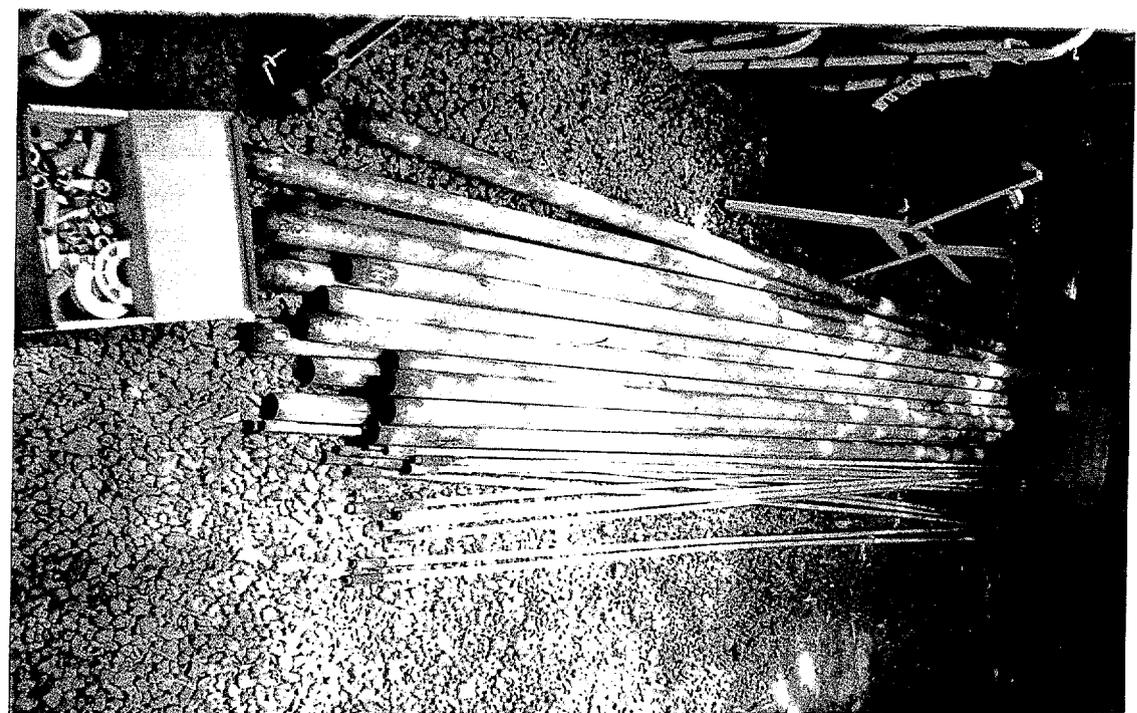


205

5. The project initially targets women of 15 to 49 years old and children under 2 years of age. Later the project staff realized that activities could be successfully conducted if men were involved. Indeed, in rural zones of ganzourgou, men have the decision making power. Putting them aside can negatively affect the project. The contribution of men to the project is needed as far as the family planning messages are concerned. Family planning is decided by both the wife and the husband.



6. Within the context of the implementation of the CS Project, a CS Matching Grant was initiated. The CS Match aimed at constructing boreholes and vegetable gardens to promote nutrition and to control A avitaminosis related diseases. Thanks to the CS Match, Africare installed eight (8) new boreholes, repaired twelve (12) existing boreholes and deepened two (2) wells. Some equipment composed of wheelbarrows, water cans, seeds were also bought.



7. Mark White, the last project coordinator was approached by the youth of the local high school to participate in Africare's activities. He organized the youth into the "Club de Jeunesse d'Africare pour la Sante". The youth participated in the project by assisting with office and programmatic activities and in turn, they were provided instruction on the office computer. Activities under Phase I will include providing training in AID education and awareness and their education and participation in dramatic skits and activities to spread the message of AID through-out their counterparts in the project zone.





8. The Africare Ganzourgou Child Survival Phase ended in August 1993. A second phase which is scheduled to last for three years is launched. Before initiating the second phase activities a baseline survey was conducted. This picture shows the team of surveyors.

9. The baseline survey focused on mothers of 15-49 years old and children less than 24 months. Here a surveyor is interviewing a woman and her child. The results from the baseline survey will help to better direct the project activities and to appropriately develop health related messages.





GENERAL APPENDICES

A. Program: Presentation of Findings
Final Evaluation
Africare/Ganzourgou CS
Project Phase I
December 15, 1993

B. Scope of Work: Evaluation Team

C. Intern Report

D. Project Organizational Chart
Background Information:
Health System of Burkina Faso



GENERAL APPENDICES

A. Program: Presentation of Findings
Final Evaluation
Africare/Ganzourgou CS
Project Phase I
December 15, 1993



Africare/Burkina Faso

**PRESENTATION DES RESULTATS
PRELIMINAIRES
DE L'EVALUATION FINALE DU PROJET
" SURVIE DE L'ENFANT"-PHASE I
(26 NOV- 06 DEC 1993)**

**PRESEED PAR: DR TAPSOBA LEONARD,
SECRETAIRE GENERAL DU MINISTERE DE LA SANTE,
DE L'ACTION SOCIALE ET DE LA FAMILLE**

**MOT DE BIENVENUE PRONONCE PAR : MME DELLAPHINE B. RAUCH-HOUEKPON
REPRESENTANTE RESIDENTE DE AFRICARE**

EVALUATION TERMINALE DU PROJET
"SURVIE DE L'ENFANT" AU GANZOURGOU PHASE I

DOCUMENT PREPARATOIRE

I. SYNTHÈSE TERMES DE RÉFÉRENCE

1. Mesurer le niveau de réalisation du projet selon les recommandations de d'évaluation à mi-parcours - les méthodologies utilisés.
2. Impact du projet niveau de réalisation des différents objectifs en se basant sur les indicateurs de monitoring et d'évaluation utilisé dans le DIP
3. L'impact du projet Match sur l'amélioration de la nutrition des populations.
4. L'état de la collaboration et de la Coordination intersectoriel en terme de gestion du projet.
5. Niveau de réalisation de :
 - formation des conseillères /Animatrices
 - alphabétisation
 - staff médical provincial
 - l'infrastructure du projet
 - gestion du projet.
6. Viabilité et utilité du SIS au projet
7. Recommandation pour la Phase II du projet qui inclue :
 - IEC/SIDA
 - IB
 - Implication d'autre partenaires.
8. Question spéciale
 - niveau d'implication de la communauté
 - feed back des activités du projet à la population
 - niveau d'intégration des activités du projet Match et Survie de l'Enfant (LMD, IEC/nutrition ou les activités de maraîchage)
 - quel autre projet Match à développer et intégrer au projet ?



GENERAL APPENDICES

B. Scope of Work: Evaluation Team

Africare



Visant l'amélioration de la qualité de la vie en Afrique rurale en développant les ressources hydrauliques, la production agricole et les services de santé, reforestation et assistance aux réfugiés.

Téléphone : (226) 30-21-01
Télex : 9851111 — Fax : 011 (226) 30 77 64
Bureau : Avenue Ouezzin Coulibaly

01 Boite Postale 608
Ouagadougou 01
Burkina Faso

PRESIDENT D'HONNEUR DU CONSEIL
D'ADMINISTRATION
S.E. le Dr Kenneth D. Kaunda de la Zambie

SIEGE ADMINISTRATIF AUX USA
Africare House
440 R Street, N.W.
Washington, D.C. 20001 E.U.A
Téléphone : (202) 462-3614
Telefax : (202) 387-1034
Telex : 64239

SCOPE OF WORK FOR FINAL EVALUATION
AFRICARE/GANZOURGHO CHILD SURVIVAL PROJECT PHASE I
NOVEMBER 22 - DECEMBER 5, 1993
OUAGADOUGOU/ZORGHO
BURKINA FASO

Prepared by: Wendy L. Greene
Project Coordinator

Dellaphine B. Rauch-Houekpon
Country Representative

PROJECT REFERENCE(S)

Phase One Project Implementation Period/Evaluation:

Africare/Ganzourgho Child Survival Project
September 1990 - August 1993

Phase One Mid-term Evaluation
October 16 - 31 1993

Phase Two Project Implementation Period:

Africare/Ganzourgho Child Survival Project
September 1993 - August 1996

ACTIVITY: Conduct a Final Evaluation of the Africare/Ganzourgho Child Survival Project, Phase I Activities

INTRODUCTION

The Africare/Ganzourgho Child Survival Project Phase I activities ended on 31 August 1993. A Phase II to the Ganzourgho Child Survival Project (which is an expansion of Phase I activities,) was approved by the donor, USAID, with a proviso to conduct the final evaluation of the achievements and lessons learned from the implementation of Phase I project activities. USAID has generously allowed Africare to conduct the final evaluation of Phase I in conjunction with the Phase II requirement of the development of a baseline survey for the expanded activities emanating from Phase I.

SUMMARY/BACKGROUND

The Africare/Ganzourgho Child Survival Project (Phase I) is a community-based/message oriented project which aims to reduce infant morbidity and mortality associated with diarrheal disease and malnutrition in fourteen targeted villages in the Department of Meguet in the Ganzourgho Province of Burkina Faso. The project approach is to extend child survival messages and strategies to the communities at the household level within the project zone. The project trained five health promoters who helped to develop a network of 205 neighborhood volunteers who work as village health worker "extenders". The project also works closely with the village health teams, nurses and mid-wives based in the five rural health clinics which cover the project villages and collaborate with the Direction Provinciale de la Sante et de l'Action Sociale et de la Famille (DPSASF) (the provincial direction) for the reinforcement of provincial activities and training to support child survival.

The specific project interventions as outlined in the project's Detailed Implementation Plan (DIP) are as follows:

- * diarrheal disease control, ORT (oral rehydration therapy) usage and knowledge and promotion of simple preventive measures
- * growth monitoring and nutrition to address improved child feeding practices and vitamin A food promotion through vegetable gardening
- * immunization promotion through community education and mobilization
- * high risk birth prevention with messages pertaining to child spacing methods and education regarding pre-natal care

(more detailed information on these interventions is attached to the Scope of Work)

The project was also charged with the following:

- * to assist with the nutritional messages of the project, (Africare, as part of the project "match" requirement for implementing USAID projects, installed and rehabilitated twenty (20) sources of potable water (i.e. installation of boreholes and repair of boreholes) within the target villages).

- * to develop a Health Information System (HIS) based on maintaining a family register by household which would consist of monitoring all target women and their children based on their participation in immunizations and growth monitoring. The project was to develop and share the data collected with the provincial officials.

A mid-term evaluation of project activities was conducted from October 16 - 30 1993. A detailed report of the mid-term results was submitted with observations and recommendations for follow-up during the remaining ten (10) months left in the project. Additionally, the mid-term produced a detailed questionnaire which can also be used as a guide for expanded interviews with the project beneficiaries for the final evaluation. The recommendations from the mid-term report should be used as the foundation for conducting the final evaluation.

The major recommendation from the mid-term evaluation was to enhance health sector and community support for child survival activities by:

- * providing technical support to the departmental health workers to improve Village Health Worker/Neighborhood Volunteer to primary health care activity planning

- * develop and implement strategies to reformulate village health committees including re-establishment of revolving drug funds in the project's impact area

- * enhance the health promoter's role as a trainer, supervisor and motivator for work to be carried out by mothers, village volunteers and village health workers

In addition to technical recommendations for the primary project interventions, supplemental recommendations covered the areas of project design and infrastructure, development of strategies boosting Information, Education and Communication initiatives, development and utilization of the Health Information System, increased interfacing and coordination of activities with the project's provincial counterparts (including project motivation of provincial health personnel) AID's training and intervention by the project staff and recommendations for a second phase to the project, which was successfully achieved.

In response to the recommendations from the mid-term evaluations, the following major activities were completed between November 1992 and 31 August 1993:

- * development of the Health Information System (Identification of each target mother and child in the fourteen project villages by village, quartier and concession)
- * training in nutrition education with provincial personnel (health promotion through the use of pictures, flipcharts and storytelling)
- * staff training in AID's education
- * staff training in Vitamin A
- * project assistance in the distribution of Vitamin A capsules
- * implementation and basic literacy training in four target villages
- * Re: Information, Communication and Education
 - *formulation of student group "Youth for Health Education" which meets thrice weekly to assist with relaying of child survival, nutrition, hygienic and AID's education and awareness activities
 - *sessions on health education
- * completion of Project Match: "Wells and Vegetable Gardens for Ganzourgho". The following water resources development and vegetable gardening activities were accomplished in the project region:
 - *installation of eight new boreholes
 - *repair and rehabilitation of ten existing boreholes
 - *deepening of two existing wells
 - *forwarding of gardening implements for the women to construct vegetable gardens in each target village (watering cans, wheelbarrow, seeds)

SPECIFIC TERMS OF REFERENCE FOR THE EVALUATION

The project evaluation should address the following significant issues:

- 1) project achievements and developments which respond to the recommendations of the mid-term evaluation and methods the project used to address and implement the suggested recommendations
- 2) the impact of the project's designated intervention activities according to the original indicators in the DIP

3) the impact of the match project in terms of increased nutrition awareness among the project beneficiaries including the impact of water and its connection to achieving the messages addressed by the project

4) how well and to what degree the project collaborated and coordinated activities with provincial counterparts, the MOH USAID and other health-related agencies

5) the level and degree of effectiveness of the following:

- * staff training (health promoter, neighborhood liaisons)
- * literacy training
- * provincial counterpart training
- * project infrastructure
- * project management

6) viability and effective usage by the project of the Health Information System

7) suggestions and recommendations to consider for the project's Phase II expansion activities including:

- AID's Education and Awareness
- The Bamako Initiative
- Other Governmental and Non-Governmental Organizations

The evaluator is requested to employ qualitative and quantitative methods to find out whether or not the original objectives of the project have been met. The methods used will allow Africare to examine the quality and sustainability of the activities for implementation of Phase II expansion activities

The Scope of Work also includes addressing the following questions using qualitative and quantitative methods:

Having established the fact that the education sessions are being held, what is the level of comprehension of the mothers? Where, if any, is there room for clarification or revision in the health messages; Nutrition, diarrheal control, family planning, etc.

Are the messages appropriate? The midterm mentioned that the mothers were coming to the weighings as an end in itself. Have there been improvements in that perception since the midterm? Are the diarrheal messages stressing prevention as well as treatment? Are family planning messages backed up and supported supplies at the health facilities? If not, is it appropriate to relay these messages without the health facilities providing the appropriate

Has the targeted community been involved with and have a sense of ownership of the project activities? Does the project respond to needs expressed by the community?

The DIP mentions feedback to the community being very important. Has this objective been accomplished. Have the provincial health officials been kept abreast of the data?.

Have the project match activities been noticeably integrated with the child survival project activities? Do the diarrheal messages include going to the new borehole and making certain that the water-holders are clean? Is the population consuming what is grown in the vegetable gardens or selling it? Are the gardens seen as another source of food or as a source of income. Should Africare develop an income generating project to meet this need? What other projects should be developed and integrated in the project?

The evaluator will also be requested to present the preliminary results and findings of the final evaluation in a brief presentation before a representative selection of Provincial and Ministry Officials, USAID and Project Partners and Observers. (Africare/Burkina Faso developed this idea during the mid-term evaluation, which was very effective and enthusiastically hailed by the participants as being constructive and innovative. Africare/Burkina Faso has successfully presented evaluation and project finding results before appropriate ministerial, provincial and project partners on several occasions since the mid-term and has found this activity to be crucial towards sharing the project with all levels of our partners.

QUALIFICATIONS

Candidate should be an MPH and have previous experience in conducting evaluations of community-based, primary health care projects with emphasis/knowledge of child survival training/implementation techniques. Fluent french and exemplary writing skills imperative as well as the ability to focus on the key issues of the objectives of the project and acutely evaluate its strengths and weaknesses. The candidate should also provide succinct technical recommendations for the implementation of the second phase to the project, which is has been recently launched. Candidate will be the team leader and will work in conjunction with the Project Coordinator and the Country Representative.

SPECIFICS

Period of Work: November 22 - December 5, 1993

Location: The evaluation will take place in Ganzourgho and Ouagadougou, Burkina Faso

Major Tasks: Serve as Team Leader
Design evaluation framework
Prepare Questionnaire for Interviews
Review project documents
(suggested documents listing attached)
Manage in-country evaluation activities
Present the Preliminary Results
Write the final evaluation

Evaluation Team
Composition: Team Leader/Evaluator
Representative from Ministry of Health
Representative from the DSPASF
Representative from Africare/Washington

Observers: Africare/Burkina Faso Country Representative
Ganzourgho Child Survival Project Coordinator
USAID
Selected Project Partners
Zorgho Project Staff

SUGGESTED DOCUMENTS

- * The Africare/Ganzourgho Child Survival Project (Phase I)
- * The Africare/Ganzourgho Mid-Term Evaluation Report
- * The Africare/Ganzourgho Child Survival Project Detailed Implementation Plan
- * The Baseline Survey and Interpreted Results
- * Project Progress Reports
- * Project Training Reports
- * Coordinator and Co-Coordinator Monthly Reports

ADDITIONAL DETAILS/INTERVENTIONS

Vaccination

- * training of health promoters (5) and community health workers (28);
- * educate families with regards to EPI;
- * mothers of children under five know the number of contacts necessary for complete vaccination and the diseases for which children are being vaccinated.

Diarrhea

- * training of all levels of provincial health structure - health department supervisory and training staff, medical center staff, 4 CSPS's staff, health promoters (5), community health workers and mothers;
- * improve health worker diarrheal disease management skills at health facilities
- * promote healthier management of diarrheal disease and nutritional intake during and post episode in the home; (see page 13 of DIP for objectives.)

Nutrition

- * improve weaning practices of mothers in the impact villages
- * improve nutrition promotion and growth monitoring delivery and supervisory skills in the health facilities
- * health promoters and community health workers will be trained in growth monitoring and promotion
- * train 2100 women in nutritional improvement behaviors
- * 75% of children less than 3 coming to weighings at least 4 times a year
- * 60% of children weighed will show adequate monthly weight gain
- (see page 17 of DIP for weighings attendance objectives.)

High-Risk Births Prevention

- * promotion of prenatal attendance and birthing services and family planning
- * train health promoters in birth spacing
- * provide information on contraceptives and where they can be obtained
- * train village TBA's and ASV's



GENERAL APPENDICES

C. Intern Report

AFRICARE CHILD SURVIVAL PROJECT
ZORGHO, GANZOURGHO PROVINCE

FINAL REPORT ON INTERNSHIP COURSE WITH
AFRICARE/ZORGHO--MARCH 29 TO AUGUST 13 1993

PREPARED BY : TEBOH PETER TAMUNOH
OFFICE INTERN
AFRICARE/ZORGHO

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INTRODUCTION

I arrived in Zorgho on the March 29, 1993; and started working on the 30th. On my first day of work, I was introduced to the entire staffs of AFRICARE /Zorgho and to the various sections of the office.

My internship with Africare ends on the 13 of August 1993. The following report describes my job responsibilities and progress.

TECHNICAL ASSISTANCE

- organized and conducted meetings of the Teen Health Movement-- Club de Jeune de AFRICARE pour la Sante(CJAS)
- Organized and created health related models and information packages

ADMINISTRATION

- balancing of vouchers and receipts,
- conducted inventory of Africare properties (Zorgho office, coordinators' house and other related staffs),
- arranging and labelling of office files,

OFFICE ASSISTANCE

- assisted in the administrative duties of the secretary,
- worked to improve the offices' physical appearance,
- assisted in organizing Africare related activities

PROGRESS:

Much was achieved during my stay with AFRICARE. The following is a brief description of the progress made.

CJAS (Club de Jeune de Africare pour la Sante):

The idea of starting a health promotion club which would actively involve high school students was discussed by the project coordinator Mr. Mark A. White and myself. With the collaboration of Mr Rasman, a professor at Lycée Provincial /Zorgho. Eight students were identified as those interested in being members of the Club. These students attend a local high school and have interest in pursuing a health career and/or just have an interest in Africare. Using students in health promotion is a new outreach of the projects IEC (Information Education and Communication) component.

Initial plans in forming the club include the organizing of a student group having the name of Africare to carry out I.E.C. activities such as AIDS Education awareness, Malaria prevention, Hygiene and Diarrhea disease control & prevention.

These students will also be involved in health activities such as community outreach (i.e., sanitation, visitation of hospitals, clinics and the physical improvement of the office). In addition field trips will be made to villages to assist in Africare related activities such as ceremonies, student theaters and others. Club members will attend only those activities deemed necessary by the project coordinators.

OBJECTIVES

The CJAS club has adopted the following objectives:

- 1) To involve students in the health education process;
- 2) To promote health and I.E.C activities via student participation;
- 3) To work in communities of Zorgho and Méguet as volunteers;
- 4) To promote the name of Africare in the local community.

BALANCING OF RECEIPTS:

I was trained by the project coordinator, to balance Child Survival Petty Cash and Match receipts at the end of every batch periods. Much progress was made in this area, and my responsibilities were increased to include balancing of all receipts. On completion, the coordinator cross-checked, wrote comments and signed before forwarding to the head office in Ouagadougou for replenishment.

INVENTORY

I was responsible for the inventory of AFRICARE properties in Zorgho office and staffs' houses. During the process, unlabelled items were given numbers and I typed the list of the inventory which was sent to the head office in Ouagadougou.

OFFICE FILES

During my first two weeks, I was busy organizing the filing system of the office and reading articles on AFRICARE. I rearranged the filing system by placing files alphabetically, creating of new files and placed files according to subjects titles.

ASSISTING THE SECRETARY:

I assisted the secretary in the typing of documents and project reports on the computer. When she was occupied, I responded to phone calls, welcomed visitors, and received office mails. In times of her absent, I worked in her place. I also did the service of delivering official mails to other offices of Zorgho.

PREPARE INFORMATION PACKAGE ON AFRICARE:

In the capacity of an office assistant, I was responsible for the preparation of information packages in response to requests made by people interested in knowing more about Africare Child Survival Project in Burkina Faso.

PHYSICAL IMPROVEMENT OF THE OFFICE:

To improve the physical appearance of the office and with the recommendation of the project coordinator, Mr Mark White, I worked on putting up posters and drawings. With the assistance of the club members, flowers were planted in front of the office thus giving the office a better physical appearance.

TOOK PART IN THE ORGANIZING AFRICARE RELATED ACTIVITIES:

I accompanied the staffs to Goumogho for the inauguration of the Goumogho Dam constructed by AFRICARE. I also participated in the inauguration of eight wells constructed by AFRICARE for villages in the Meguet Department on the 15 of June 1993. Furthermore, I once represented Africare at a going-away ceremony organized by PDRG-Zorgho.

ASSISTING IN THE OFFICE:

In this respect, I have been of assistance to the staff in responding to their demands and making sure to render whatever service that was required of me.

ASSISTING IN ORGANIZING AFRICARE SEMINARS:

I have been of service to arrange halls for Africare seminars and in transporting equipments to be used for the seminar. I have participated in two seminars organized by AFRICARE on AIDS Education & Prevention and Nutrition Education.

ACCOMPANY THE COORDINATOR FOR OFFICIAL VISITS:

Most often, I accompany the coordinator to the village sites to supervise the activities of Child Survival and Match project. On these trips, I took pictures of the ongoing activities. I also once accompanied Mr Mark to represent AFRICARE at a seminar on health statistics at the ministry of health.

COMPUTER SKILLS:

While with AFRICARE, I have obtained a certain level of computer literacy. During my stay here, I have been working constantly with Word Perfect 5.1, Harvard Graphics and DBASE IV. I once gave lessons on the purpose and function of the computer to the members of CJAS.

HEALTH INFORMATION SYSTEM (HIS)

I have assisted in the development of the health information system (HIS) by arranging files of the Health Promoters. This facilitated input of information and data entry in the computer. I also assisted in data entry.

CONCLUSION

In regards to the above progress which was made during my internship with AFRICARE, much was achieved in all the sectors. For CJAS meetings and activities, I have submitted two reports to the project coordinator of Zorgho and to the Country Representative, Mme Dellaphine Rauch-Houekpon. With my internship course with AFRICARE coming to an end on the 15th August 1993, I have prepared the students to take over the responsibilities of the club meetings and activities. A Health Promoter, ZONGO Isabelle, has been introduced to the club members and has accepted to take over the obligation of attending club meetings and activities.

Members of the club have been preparing theaters on health education and ballet, in preparation for the opening ceremony of the second phase of AFRICARE Child Survival Project. They are constantly encouraged to continue with their club meetings and activities.

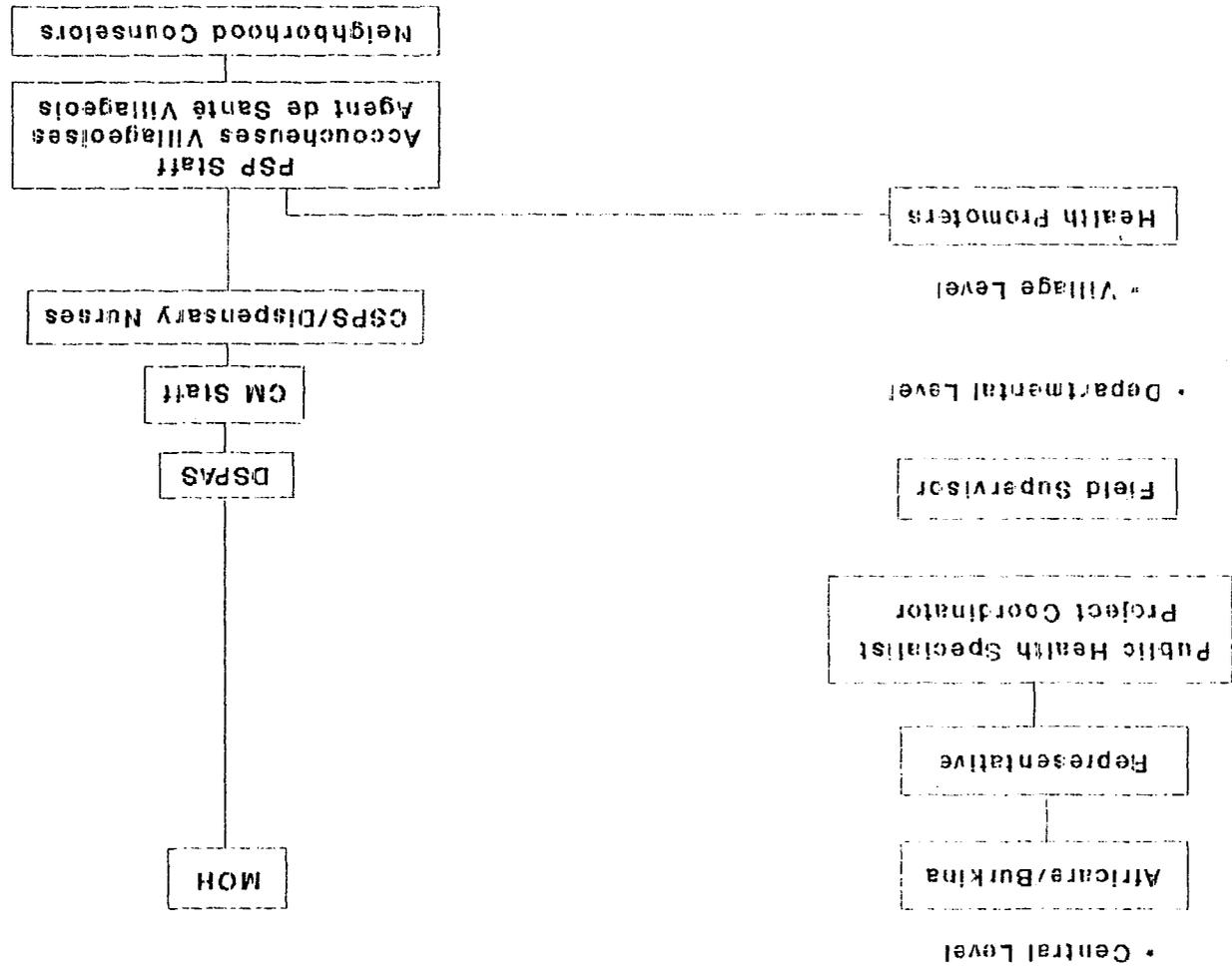
I very much thank all the staffs of AFRICARE Burkina Faso for their loving concern and hospitality that contributed to my satisfactory employment with AFRICARE.



GENERAL APPENDICES

D. Project Organizational Chart
Background Information:
Health System of Burkina Faso

PROJECT ORGANIZATIONAL CHART
 Africare/Ganzourgon Child Survival Project



APPENDIX 5

BACKGROUND INFORMATION ON THE HEALTH SYSTEM IN BURKINA FASO & 1989 HEALTH CARE COVERAGE STATISTICS IN GANZOURGOU PROVINCE

I. General Description of the Health System

Burkina Faso is administratively divided into 30 provinces, each subdivided further into several departments. The departments, in turn, have jurisdiction over several villages.

Burkina Faso's health structure is pyramidal. At the base, or at the village level is found the "Poste de Sante Primaire" or the Community Health Team. The Community Health Team (CHT) includes one Community Health Worker ("Agent de Sante Communautaire") one Trained Birth Attendant ("Accoucheuse Villageoise") who receive 1-2 months of training. The PSP also includes a village-level Community Health Committee of which the Community Health Teams are also members. PSP coverage at the village level is relatively high: trained Community Health Teams exists in 86.6% of Burkina Faso's 7100 villages.

At the next level is found the CSPS (Centre de Sante et de la Promotion Sociales). In addition to the dispensary and the nurse found at this level, the CSPS also has a maternity ward. Those facilities that do not have a maternity ward are referred to simply as dispensaries. The CSPS covers the health needs of several villages and supervises the PSPs in its jurisdiction. The next level up is the Centre Medical (CM), which is located in the provincial capital. The CM provides a variety of services, including prenatals, growth monitoring activities, and family planning. The Provincial Health Department or the Direction Provinciale de Sante et des Affaires Sociales (DPSAS) is also situated in the provincial capital. The DPSAS is responsible for the coordination and the supervision of health activities in the province. The DPSAS is responsible to the Ministry of Health and Social Affairs.

Tertiary care is available in Regional Hospitals (Centre Hospitalier Regional) which serve the needs of several provinces. Finally, there are two national hospitals, one in the capital, Ouagadougou and the other in Bobo-Dialasso, located in the western part of the country.

II. Health Care Coverage in Ganzourgou Province: 1989

Province: 244,908 inhabitants (1989)

<u>Health Agent</u>	<u>UN Standard</u>		<u># Required</u>	<u># Available</u>	<u>% of Repts.</u>
Doctors	1/10,000 inh.		25	2	8%
Pharmacists	1/20,000		12	0	0%
Midwives	1/5,000		49	2	4,1%
State Nurses	1/5,000		49	14	28,6%
Nurses*	1/3,000		82	8	9,8%
Health Aux.	1/1,000		245	7	2,9%
Midwife Aux.*	1/1,000		245	7	4,1%

* National norms

(Sources: norms, Statistiques Sanitaires 1987; personnel figures, DPSAS Ganzourgou)