

- PD-ABT-287



# John Snow, Inc./PDY

Centre for African Family Studies  
Education Development Center, Inc.  
The Futures Group International  
World Education, Inc.

# Annual Report 2000

Financed by USAID  
Youth Team  
Contract # 688-C-00-99-00236-00



**JOHN SNOW, INC.**  
**PROGRAMME DENMISENYA YIRIWALI (JSI/PDY)**

*Programme Denmisenya Yiriwali* ("The Program for the Development of Youth") contributes to USAID's Youth Strategic Objective, through its bilateral assistance program to Mali. The goal of the Youth Strategic Objective is to improve the social and economic behaviors of children and adolescents aged 0 to 24. JSI/PDY primarily supports two Malian government strategies: phase one of the ten-year Health and Social Development Program (known as PRODESS) and the Ten-Year Education Plan (called PRODEC). JSI/PDY is under contract with USAID from July 1999 to December 2002 to provide technical assistance in the following areas:

- **Child Survival**
- **Reproductive Health**
- **Youth Promotion**
- **Primary Education**
- **Institutional Capacity Building**
- **Information, Education, and Communication**
- **Operations Research**

**GEOGRAPHIC COVERAGE:**

- Kayes
- Koulikoro
- Sikasso
- Ségou
- Mopti
- District of Bamako

**LEVELS OF INTERVENTION:**

**Central:**

- Ministry of Health
- Ministry of Education
- NGO Partners
- *In collaboration with the Ministry of Youth and Sports and the Ministry for the Promotion of Women, Children, and the Family*

**Regional:**

- Regional Departments of Health, Social Welfare, and Youth Promotion
- School District (formerly known as Regional Departments of Education)
- JSI/PDY Coordinator
- NGO Partners
- Teacher Training College [*Institut de Formation de Maîtres (IFM)*]

**District (Cercle):**

- District Health Centers and Public Health Teams
- Centers for Educational Support and Supervision [*Centres d'Animation Pédagogiques (CAP)*]

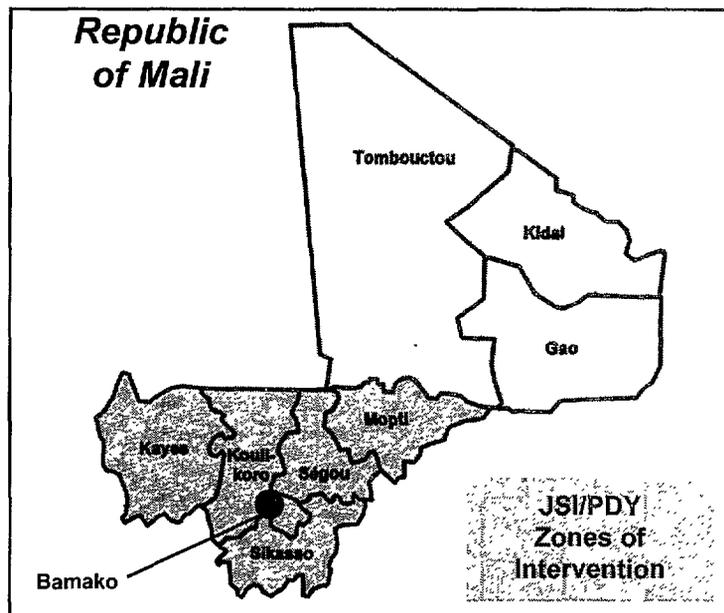
**JSI/PDY'S TECHNICAL ASSISTANCE TEAM:**

- John Snow, Incorporated (JSI)
- The Futures Group International (TFGI)
- World Education, Incorporated (WEI)
- Education Development Center (EDC)
- Centre for African Family Studies (CAFS)

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This document was translated from the original French version.



## ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
ASDAP	Association de Soutien au Développement des Activités de Population ( <i>Association for the Support and Development of Population Activities</i> )
CAFS	Centre for African Family Studies
CAG	Centrale d'Achat de Génériques ( <i>Central Purchasing for Generic Drugs</i> )
CAP	Centre d'Animation Pédagogique ( <i>Center for Educational Support and Supervision</i> )
CBD	Community-based distribution
CHPS	Community Health and Population Services
CNIECS	Centre National d'Information, d'Education et de Communication pour la Santé ( <i>National Center for Health IEC</i> )
CSCOM	Centre de Santé Communautaire ( <i>Community Health Center</i> )
DAF	Direction de l'Administration et Finance ( <i>Department of Administration and Finance</i> )
DE	Division d'Epidémiologie ( <i>Department of Epidemiology</i> )
DNEF	Direction Nationale de l'Enseignement Fondamentale ( <i>National Department of Elementary Education</i> )
DNSP	Direction Nationale de la Santé Publique ( <i>National Department of Public Health</i> )
DPM	Direction de la Pharmacie et du Médicament ( <i>Department of Drugs and Pharmaceuticals</i> )
DRE	Direction Régionale de l'Education ( <i>Regional Department of Education</i> )
DSFC	Division de la Santé Familiale et Communautaire ( <i>Division of Family and Community Health</i> )
EDC	Education Development Center, Inc.
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, and Communication
IEF	Institut d'Enseignement Fondamental ( <i>Institute of Elementary Teaching</i> )
IFM	Institut de Formation des Maîtres ( <i>Teacher Training College</i> )
IMCI	Integrated Management of Childhood Illnesses
JSI/PDY	John Snow, Incorporated/ <i>Programme Demmisɛnya Yiriwali</i>
NGO	Non-governmental organization
OR	Operations research
PPM	Pharmacie Populaire du Mali ( <i>People's Pharmacy of Mali</i> )
PRIME	PRIME is a project for training and supporting primary providers of reproductive health services around the world
PRODEC	Programme Décennal de l'Education ( <i>Ten-Year Education Plan</i> )
PRODESS	Programme de Développement Sanitaire et Sociale ( <i>Phase one of Ten-Year Health Plan</i> )
SDA	Schéma Directeur d'Approvisionnement ( <i>Essential Drugs Procurement and Supply System</i> )
SNFC	Stratégie Nationale de Formation Continue ( <i>National Strategy for In-Service Training</i> )
STI	Sexually Transmitted Infection
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WEI	World Education, Incorporated
WHO	World Health Organization

## Year 2000

The year 2000 marked many achievements and substantial progress towards accomplishing the overall objectives of the JSI/PDY contract. The majority of activities in this year's action plan, developed with our partners at the central and regional level, were completed. The JSI/PDY team worked closely both with government and with non-governmental organizations (NGOs), and continues to reinforce their efforts and activities.

The activities of JSI/PDY were somewhat delayed by the restructuring of the key technical departments of our partner ministries. Therefore, although JSI/PDY completed most of its planned activities by December 2000, some had to be postponed to the year 2001. The following section describes our most significant accomplishments during this reporting period (January 1- December 31, 2000), undertaken with our partners.

**Health:** The establishment of a solid link between quality assurance of health services and training was a key accomplishment in this technical area. Thus, our efforts concentrated on the dissemination and utilization of the *Policies, Norms, and Procedures (PNP)*; the *Integrated Supervision Guide*; and the *National Strategy for In-Service Training (SNFC)*. A great deal of effort was also put into increasing the availability of contraceptives. In the private sector this was carried out through social marketing activities under contract with a new contraceptives distributor. In the public sector, JSI/PDY worked to strengthen the Department of Drugs and Pharmaceuticals (DPM).

**Youth Development:** The groundwork was laid in the year 2000 to develop an integrated literacy training module and leadership training materials for (and with) our NGO partners. In addition, a variety of curricula were united into two training manuals. One manual is for peer education and the other is to assist health service providers to better serve youth. Together, these curricula provide a basis from which to develop a stronger collaboration between peer educators and service providers.



Source: ASDAP

*JSI/PDY and its partners work to improve the behaviors, knowledge, and health of youth 0 to 24 years old*

**Education:** The preparatory steps in the revision process for the primary school curriculum began this year. Staff from the education team participated as members of the Ministry of Education's working groups to develop a framework and associated documentation to guide the process. The process established by these working groups assures the participation of all partners at all levels of the education system. Model modules in the areas of health, nutrition, and life skills were created, as was a guide to assist in the development of additional modules. These teaching aids were tested

in the field and the results will be used to improve the materials before disseminating them more widely into the school system next year.

**Institutional Capacity Building:** Many JSI/PDY partners are involved in activities related to this domain. Therefore, to best meet the needs of the Ministries of Health and Education while not duplicating efforts, we met with our partners this year to collect information needed in order to focus our efforts. The result is that activities next year will concentrate in the areas of decentralization and the strengthening of information systems. The goal for information systems is to improve decision making by Ministry staff. A training program to this end was developed, to be implemented in 2001.

**Information, Education, and Communication (IEC):** The IEC team completed a number of activities that were already underway at the beginning of the JSI/PDY program, most notably the dissemination of the health IEC catalogue (Volume I) which was produced in 1999. JSI/PDY and its partners developed, pre-tested, and disseminated a second health IEC catalogue of additional key messages in the year 2000. A study showed that over 95% of the service providers trained in the utilization of Volume I actually used it to carry out their work. Also in 2000, IEC strategies for education and youth promotion were developed.

**Operations Research (OR)** A steering committee and a working group made up of members of different partner organizations were formed. These groups identified three research themes for the year and trained regional teams to develop research protocols and carry out fieldwork. Three studies were completed, and the draft results disseminated in the program regions. Feedback from dissemination sessions was used to improve and finalize research reports.

Each member of the JSI/PDY team was vital to the success of our activities this year, as in the past. Specifically, The Futures Group International (TFGI) continues to guide and support the contract's social marketing activities; the Centre for African Family Studies (CAFS) reinforces reproductive health activities; the Education Development Center, Inc. (EDC) works on the new primary education curriculum and provides technical assistance to the Ministry of Education; and World Education, Inc. (WEI) concentrates its efforts on literacy and decentralization. World Education International is also responsible for the recruitment, placement, and supervision of the program's regional coordinators. The role of the six coordinators is crucial to carrying out our activities and for assuring their impact in the field.

In December JSI/PDY met with USAID to assess progress against the program's milestones. The consensus at this meeting was that the JSI/PDY team and our Ministry counterparts have been working as quickly and efficiently as possible and that the accomplishment of milestones was progressing satisfactorily, despite delays in completing some activities. It was noted that the range of activities described in the contract are possibly too diverse. In order to address this issue, JSI/PDY made suggestions to USAID to reinforce its interventions in priority areas and to eliminate isolated activities. These suggestions were accepted, and the program is moving forward with this understanding.

## ACHIEVEMENTS OF YEAR 2000

### HEALTH

#### **GLOBAL OBJECTIVES:**

- *To improve child survival services for children ages 0-4.*
- *To improve responsible reproductive behaviors among youth 10-24 years old through improved quality of, increased access to, and increased demand for reproductive health services.*

The health team's framework for intervention conforms to and supports the goals of the Health and Social Development Program (PRODESS) of the government of Mali. JSI/PDY's health interventions fall into three broad categories: quality assurance, training (pre- and in-service), and the availability of services. The team provides technical and financial assistance to priority activities as identified by the Ministry of Health. In the year 2000, JSI/PDY technical assistance was focused on improvements to health services through the adoption and use of the National Policies, Norms, and Procedures (PNP).

#### ***VALIDATION AND DISSEMINATION OF THE POLICIES, NORMS, AND PROCEDURES (PNP)***

Adolescent reproductive health, HIV/AIDS, child survival, and gender were all included in the Ministry's 1999 revision of the PNP. These norms and procedures now provide standards to which all reproductive health services should adhere.



*Quality assurance is important at all levels  
of health service*

JSI/PDY worked together with the Family and Community Health Division (DSFC) of the Ministry of Health to finalize the PNP documents at the national level. Both regional and national decision-makers participated in this process. Once the documents were approved, the health team supported the development of a dissemination strategy based on a curriculum for the training of trainers. This year, JSI/PDY trained 120 trainers in four regions plus Bamako (training was completed in Koulikoro in January of 2001).



*Norms and Procedures :  
indispensable tools for quality assurance*

The trainers in Mopti and Bamako in turn trained service providers in one district each. The other regional trainers will train service providers in one district each in 2001, as indicated in JSI/PDY's work plan for 2001. Using direct USAID [(Department of Administration and Finance (DAF)] funding, trainings in all of the other districts are planned for 2001.

Given the importance of institutionalizing the norms and procedures, one of JSI/PDY's key indicators is concerned with health service providers' adherence to them: "Percentage of health service providers performing reproductive health services, specifically for Sexually Transmitted Infections (STI); family planning; Integrated Management of Childhood Illnesses (IMCI); and adolescent reproductive health who apply appropriate norms and procedures." This indicator will be measured every year until the end of the program. (See *Evaluation* section)

### ***DISSEMINATION OF THE INTEGRATED SUPERVISION GUIDE***

Until last year, supervision of health services and service providers was carried out separately for each kind of health service, following supervision guidelines specific to each kind of service. This procedure proved to be time-consuming and cumbersome and demanded a great deal of resources. Therefore, the Ministry of Health made the decision to integrate supervisory activities. With the help of the World Health Organization (WHO), the Ministry developed an integrated supervision system. With financial and technical support from JSI/PDY, the ***Integrated Supervision Guide for Health Services*** was revised and adopted in the year 2000. The guide now serves as the reference document for all health supervision in the country, and is an important tool for improving service quality. In 2001, the guide will be disseminated in all program intervention zones.

Monitoring of integrated supervision is carried out using the following indicator as a measure: "Percentage of health service delivery points at the district level and in community health centers (CSCOM) in program regions which have had at least one annual visit as established by the *Integrated Supervision Guide*." The results of the study will serve as a baseline on which to orient dissemination activities in 2001. (See *Evaluation* Section)

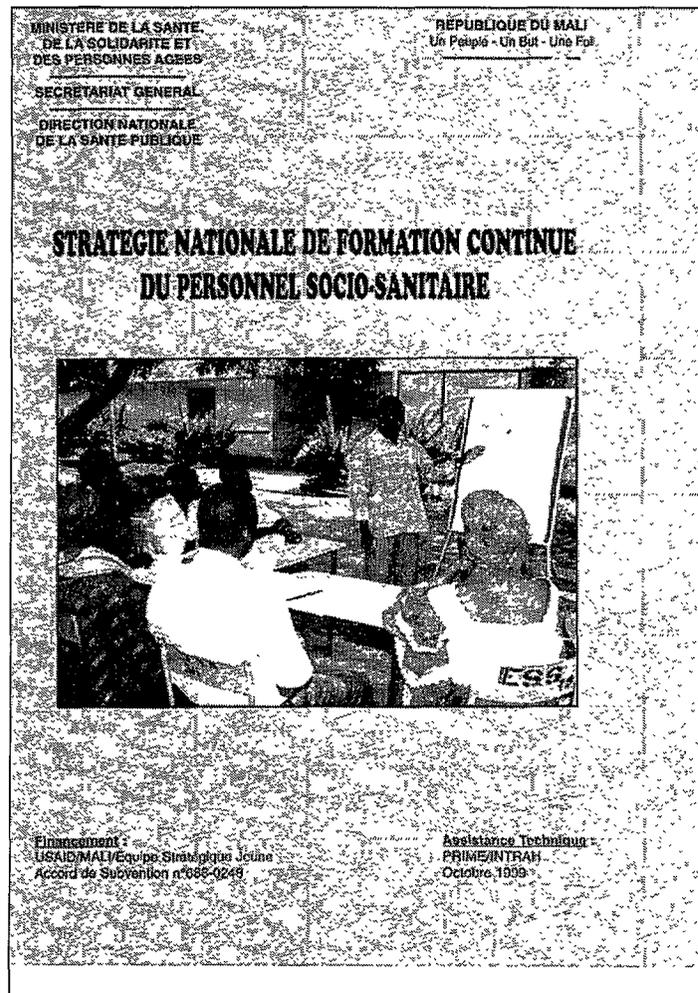
## DISSEMINATION OF THE NATIONAL STRATEGY FOR IN-SERVICE TRAINING (SNFC)

In-service training is the most widely used method of reinforcing the performance of health service providers. The SNFC enables the Ministry to organize trainings and to identify target service providers and priority areas for skill development. Norms and procedures are at the heart of this strategy as they offer a standard against which training needs can be identified.

PRIME (a global project funded by USAID) supported the development of the SNFC. From the beginning of its contract, JSI/PDY has been involved in the validation and dissemination of this document. In collaboration with PRIME, we worked with the Ministry of Health to disseminate the strategy in program regions, as well as in one district of each region. With USAID direct funding (through the DAF) the Ministry is currently disseminating the SNFC in the other districts of the country. Dissemination allows decentralized health and social service teams to make their individual plans for training, independent of training activities at other levels. It also made the creation of networks of potential trainers in each region possible that will assure in-service training in the future. In order to strengthen the skills of the trainers in these networks, JSI/PDY trained 19 trainers in adult learning and formative supervision with PRIME and the Ministry. Four more training sessions on the same themes are planned for 2001.

### OTHER ACHIEVEMENTS IN THE YEAR 2000

The health team worked to integrate various existing referral and evacuation protocols with WHO, UNICEF, UNFPA, and Save the Children/US. An important part of this activity was the introduction of referral procedures regarding child survival and adolescent reproductive health. Referral and evacuation protocols can now be taught to all appropriate service providers so that they are capable of sending clients to secondary and tertiary facilities as quickly and efficiently as possible when necessary. Trainings for perinatal referral and evacuation in Kayes, Ségou, and Sikasso will be held in 2001.



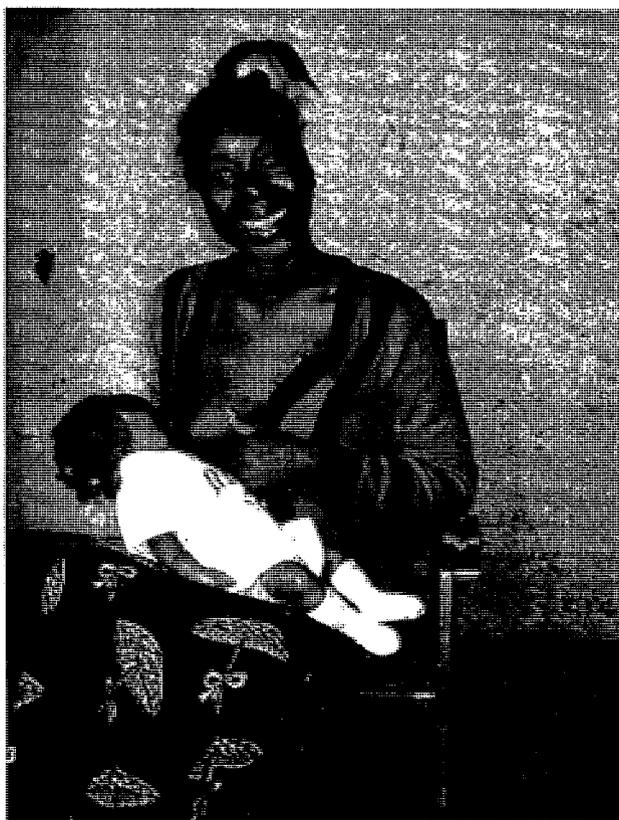
*Guide to the National  
Strategy for In-Service Training*

In collaboration with the DSFC, JSI/PDY supported **training of trainers in the integrated management of childhood illnesses (IMCI)**. In 2001, JSI/PDY will emphasize the training and support of health service providers in pilot areas.

A study was carried out on the **introduction of child survival services within the Community Based Contraceptive Distribution (CBD) system**. The study confirmed the possibility of CBD agents adding child survival activities to their ongoing work. This will help mothers to better care for their sick children before they can be brought to health centers. Expanding CBD programs to include child survival activities will be a priority of the health team in 2001.

To improve access to contraceptives as defined by the Ministry of Health's protocol for the supply of essential drugs, JSI/PDY coordinated **training for representatives of central supply services; training of trainers for central and regional level staff in contraceptives management; and a training of more than 90 agents working in district warehouses in contraceptive logistics management**.

In addition, JSI/PDY gave technical and financial support to a conference on the **rights of disabled women, including reproductive health rights**. Discussions identified the information needs of disabled women as well as information needs of reproductive health service providers to better meet the needs of disabled clients. A workshop on these topics will be held in 2001.



*Exclusive breast feeding is key  
to improved child survival*

## **SOCIAL MARKETING**

### ***A PRIORITY INTERVENTION IN HEALTH***

Social marketing is crucial to the success of JSI/PDY's health activities. It has a particularly important role to play in adolescent reproductive health. The objective of social marketing in Mali is to increase contraceptive prevalence and to reduce STI/HIV/AIDS prevalence among target populations. These objectives are reached by increasing access to contraceptives in the program's zones of intervention and by improving the knowledge, attitudes, and practices of youth in regards to contraception and STI/HIV/AIDS prevention.



The social marketing team collaborates with Ministries and NGOs working in health, youth development, and STI/HIV/AIDS services. But, given that social marketing works principally through the private sector, its primary partner is a private distributor, the Centrale d'Achat de Génériques (CAG). JSI/PDY provides technical assistance to CAG, which in turn sells contraceptives at subsidized prices in the private sector and through selected NGOs.

A private sector distribution network allows youth to easily access contraceptives. There are more than **12,000 non-traditional sales points** (bars, stores, nightclubs, etc.) for *Protector*, the social marketing brand of condoms. Training activities with NGO partners are helping to improve the quality of family planning and IEC services. Advertising and other promotional activities increase knowledge that translates into increased demand for family planning services by youth.

#### ***DISTRIBUTION/SALES OF CONTRACEPTIVES***

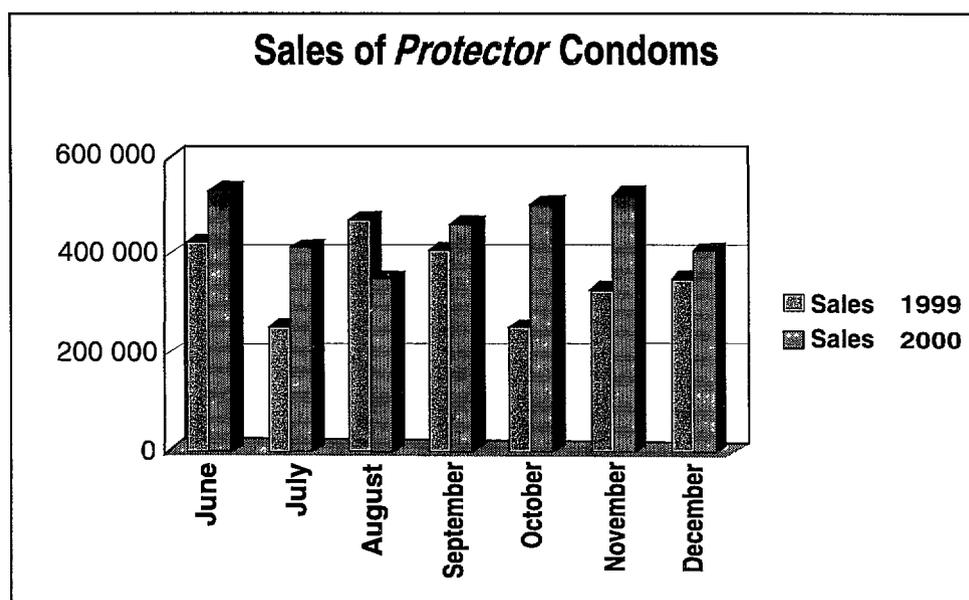
During the year 2000, there was a general decline in the sale of all social marketing products for the first time in Mali. There are several reasons for this decline:

- No sales of hormonal contraceptives (*Pilplan d* and *Confiance*) were possible for the first five months of the year. This was caused by a stock-out of these products following the seizure of the former distributor's storehouse for non-payment of rent.
- The subsequent delay in the selection of the new distributor, CAG, delayed the beginning of its work with JSI/PDY until June 1, 2000.

From January 1st to December 31st, 1999, social marketing sales were as follows: *Protector* - 5,062,997; *Pilplan d* (oral contraceptive) - 801,943; and *Confiance* (injectable contraceptive) - 244,599. In 2000, those figures were *Protector* - 4,151,712; *Pilplan d* - 395 939; and *Confiance* - 81 460.

The distribution of condoms was not as seriously affected by the problems cited above as was the distribution of hormonal contraceptives because the network of sales people directly managed by JSI/PDY and CAG carries out about 80% of condom sales. Salespeople who had condoms on hand when the stock-out occurred at the central level were able to continue sales and diminish the effects of the shortage to some degree. Once stocks of condoms were again centrally available in the second half of the year, condom sales increased significantly (27.6%) over the second half of the previous year, although the sales of other contraceptives remained low.

From June 2000 (the beginning of CAG's contract) through December, 3,199,872 *Protector* condoms were sold, compared with 2,508,131 from June to December of 1999.



### **INFORMATION, EDUCATION, AND COMMUNICATION: SOCIAL MARKETING**

All of CAG's sales people, supervisors, doctors, and other personnel, including the staff who package generic contraceptive products, were **trained in marketing and communication techniques**. With our partners, 25 youth-targeted radio producers were trained in the development of promotional and advertising materials. **219 peer educators were trained** from the NGOs subcontracted under JSI/PDY for social marketing activities. Of these, 125 were school-based youth, 25 from semi-urban areas, 39 unemployed youth, and 30 domestic workers.

With SYNERGY (a communications agency), **radio commercials** for *Protector*, *Pilplan d*, and *Confiance* were translated into French, Bamanan, and other local languages. These were aired on 14 private radio stations in Bamako and the 5 program regions at the rate of two airings per commercial per week on the private stations and four airings per commercial per week on the national station. Two TV commercials were also aired twice a week each. A radio soap opera with 20 episodes played once a week on each of the 14 private stations, the national station, and another public station. JSI/PDY also sponsored **musical events** like the "AIDS Tour" and sporting



*Samba Diallo in a concert sponsored by JSI/PDY*

events including soccer matches and bike races, as well as International AIDS Day events.

Five billboards were created and placed in Bamako and the regions of Kayes, Koulikoro, Ségou, and Mopti. Three more were placed in Sikasso, a priority area due to the high HIV/AIDS prevalence there. Other promotional materials were produced and distributed such as T-shirts, stickers, and *Protector* calendars.

### *FUTURE ACTIVITIES*

JSI/PDY's social marketing team will continue to provide technical assistance to the private distributor CAG in 2001, and to progressively transfer technical skills to its staff which will enable it to efficiently manage social marketing in Mali.

During the year 2001, in direct partnership with CAG, JSI/PDY will continue to expand and develop the private contraceptive distribution network. Communication activities will be renewed and reinforced. A study to identify barriers to condom use will be carried out and a seminar to improve public-private partnership will be held.

## YOUTH PROMOTION

### GLOBAL OBJECTIVE:

- *To develop with partners the tools necessary to reach and mobilize youth (10-24 years old), to provide them with practical skills, and to better integrate them into development activities.*

This component represents an effort by JSI/PDY to establish synergy between different sectors involved in the development of adolescents. The goal of the youth promotion team is to help youth build the skills necessary to permit them to participate in the development of Mali, and to benefit, in turn, from that development. The activities are organized into three components: life skills/literacy; innovative approaches; and coordination between the public sector, NGOs, and other youth-oriented services. The work of the youth promotion team helps young people to develop a sense of responsibility, autonomy, self-confidence, knowledge, and the capacity to organize. This development affects both individuals and groups of youth, and helps them to benefit more from the services that target them, especially health and education.

What are life skills?

Life skills are all of the attitudes and skills that allow people to face the multitude of challenges in their everyday lives. Together, they involve behaviors that permit an individual to take control of his or her life, to make sound choices to improve it, and to resist pressures that could diminish well being. Life skills can be grouped in the following way: health/well being, socio-economic skills, culture-identity, citizenship, social organization, and the environment.

The Youth Promotion Working Group, put in place this year, includes representatives from over a dozen national and international NGOs, and the Ministries of Health; Education; the Promotion of Women, Children, and the Family; Social Development; and Youth and Sports.

### LITERACY AND HEALTH

Literacy plays an important role in the development of youth who do not go to school. Experience shows that literacy training can also be very useful in building life skills (see box). Among various life skills themes, health was identified as the highest priority in all the regions studied. JSI/PDY's regional

coordinators created committees to **develop literacy materials**. In 2001, each committee and the Youth Promotion Working Group will produce different modules that will be combined to make up a new literacy course for youth focusing on health.

## PEER EDUCATION

Peer education allows youth to access reliable information from other young people in their peer groups. Youth in a group or community are trained to communicate with their peers, and to educate them on various themes, such as reproductive health, that may be difficult to discuss with parents, teachers, or other older people. Peer educators use interpersonal and small group communication methods, which are often more efficient than mass media, to spread messages.

Before the year 2000, many different peer education methods and curricula were in use by different organizations, most focusing on reproductive health. The quality, population coverage, and subject matter of these materials varied. This year, JSI/PDY and its partners **integrated the methodologies**

**and training materials for peer education** into one document that includes reproductive health as well as other themes. This document includes a curriculum in French and a guide for peer educators in French and Bamanan. Led by the social marketing team, the document was completed and the first training of trainers was held in Ségou in August. The document will be used as the basis for training peer educators supported by JSI/PDY in 2001.



*A youth learns to show her peers how to use condoms correctly*

## LEADERSHIP

Leadership training helps young people to improve their capacity to work effectively in groups. A young person need not be the official leader of a group to exercise leadership. Leadership skills allow youth to better collaborate and work toward positive outcomes for the whole group, and leadership training develops self-confidence for all group members. This confidence translates into the capacity to make healthy and wise decisions in everyday life.

JSI/PDY facilitated the development of new **youth leadership training materials**. A module including nine components was written on the themes of leadership, adaptation, group management, resource management, self-confidence, communication, advocacy, mobilization, and the spirit of creativity and initiative. The module will be finalized in 2001 and used during trainings of trainers.

## **TRAINING OF HEALTH SERVICE PROVIDERS TO BETTER SERVE THEIR ADOLESCENT CLIENTS**

Twenty-five health service providers participated in a **training in adolescent reproductive health**. This workshop was facilitated by JSI/PDY's health team in collaboration with the Division of Family and Community Health (DSFC) and NGO partners, following the development of a training module. Peer educators were trained to appropriately refer youth to health services. Other trainings in health and education will be held during 2001, based upon the expressed needs of peer educators. The training of health and education service providers leads to better services for youth, which, in turn, reinforces the use of those services by youth themselves.

### **DATABASE**

JSI/PDY developed a prototype of a database to bring together information from all groups active in youth development. The database will increase access to information for everyone involved in youth promotion at all levels. It will be an important tool for communication and collaboration between groups and individuals interested in the future of youth in Mali. The next step will be to identify a partner who can manage the database after the close of JSI/PDY.



*Improving primary education is a priority*

## EDUCATION

### GLOBAL OBJECTIVE:

- **To increase the knowledge of youth ages 5 to 14 through increased access to, quality of, and demand for primary education.**

The priorities of the Ten-Year Education Program (PRODEC) of the government of Mali include the improvement of primary education. This priority includes several key themes such as improved life skills of students, higher teaching standards, an improved elementary curriculum, and better management of the education system.

### Competency Based Learning

Competency can be defined as the capacity to take effective action when faced with a complex situation. A person is able to deal with this situation because he or she has the knowledge necessary and the capacity to mobilize resources wisely and in good time to identify and resolve the most pressing problems (adapted from a definition by Philippe Perrenoud). Competency based education allows individuals to acquire these skills.

Competency based learning techniques place students in complex situations that they have to deal with either alone or in groups. The activities can be simulations, projects, case studies, or other types of problem solving situations. In applying themselves to solve problems, students must reflect on the problems, analyze them, examine different solutions, carry out and justify their choices, and evaluate the process. Through problem solving, students acquire competencies. "Integrated tasks", which make students combine a variety of skills and knowledge to solve problems, prepare children to react appropriately to challenges in their lives outside of school.

JSI/PDY supports the PRODEC through technical and financial assistance centered on four main components: the development and revision of the elementary curriculum; strengthening training of education professionals; institutional strengthening of the Ministry of Education; and school health. The education team collaborates with other JSI/PDY teams including health, IEC, and operations research as well as with the Ministry of Education's partners: the technical office of the PRODEC; the National Center for Education and the National Department of Primary Education.

### INTRODUCTION OF A COMPETENCY BASED LEARNING CURRICULUM

JSI/PDY supported the Ministry of Education in developing a primary school curriculum founded on competency based learning (see box) including the:

- Introduction of a curriculum oriented framework;
- Training of pedagogical advisors (*conseillers pédagogiques*) in Bamako and the five program regions to offer them skills in drafting the curriculum and introducing teachers to model modules for teaching health, nutrition, and life skills;
- Preparation of teachers and school directors to test the model modules;
- Development of a series of documents that will offer guidelines for the writing of the new primary school curriculum.

## **LIFE SKILLS DEVELOPMENT**

Life skills play a major role in the education sector in Mali. It is through life skills that young people develop, and can in turn contribute to the development of the health and economy of Mali. During the year 2000, a large part of the work of the education team and its partners was to conceptualize, plan, and manage the introduction of life skills into elementary education.

**A Teacher's and Pedagogical Advisor's Guide to the Development of "Integrated Tasks" was developed.** "Integrated tasks" are a group of learning activities organized so that the student is required to combine his or her knowledge of several school disciplines with practical skills. In accomplishing these "integrated tasks", students develop competencies. This guide offers model integrated activities to level one teachers (1st and 2nd year) using a competency based approach to learning (see box). It also gives teachers the tools they need to adapt their lessons to this new pedagogical method. Competency based lessons help young students to better prepare themselves to face the problems of their everyday lives and the problems faced by their communities. The guide is currently being tested in 28 public and community schools as well as Centers for Educational Development (CED). Beginning in 2001, the guide will be adapted to the entire primary school curriculum so that Malian children can master life skills throughout their elementary school years.

## **NEEDS ASSESSMENTS**

In order to plan for future trainings and purchases necessary to maintain the system of education, JSI/PDY carried out two needs assessments. The first targeted school inspectors and pedagogical advisors. Using participatory methods including a workshop held in July, JSI/PDY **identified the training needs of target groups** in order to adapt to their new roles in supervision and support of teachers. Methods to introduce the new roles of the directors of the Centers for Educational Support and Supervision (CAP) and the school districts (*Académies d'Enseignement*) were also included in the study. Financing of the workshop was shared between the Dutch Development Agency and JSI/PDY as were regional curriculum writing workshops. A training will begin in 2001 to help the personnel of the CAPs to support teachers in introducing the new curriculum to their classes.

An **assessment of equipment needs** at the CAPs and the Teacher Training Colleges (IFM) was carried out. A report of the status of various equipment purchases by international donor agencies for these institutions was also produced. The comparison between the expressed needs and the purchases already being made will guide us in the coming months to make decisions about the minimum equipment purchases necessary to enable the CAPs and Teacher Training Colleges to better undertake the pre- and in-service training of teachers.

## **INSTITUTIONAL CAPACITY BUILDING**

### **GLOBAL OBJECTIVE:**

- ***To improve the institutional capacity to deliver quality services in child survival, reproductive health, and basic education.***

Institutional capacity building is a vast and complex domain. Capacity building efforts lead to the creation, strengthening, or support of sustainable internal systems within institutions. Areas of intervention in this domain are numerous and varied. At the beginning of the contract, JSI/PDY planned interventions in decentralization, planning, budgeting, administration, and information systems. During the year 2000, it became clear that so many different and diffuse activities did not provide JSI/PDY's partners with a clear path to improved institutional capacity.

Therefore, this year became largely one of research and reflection on how to better target JSI/PDY's interventions. We weighed where we could have the greatest impact given the strengths and weaknesses of our partners, their needs, and the resources available. With the support of its partners and USAID, JSI/PDY reworked its strategy in this domain. Institutional capacity building efforts are now concentrated in two areas: decentralization and information systems. Activities in these focus areas were begun, and will continue throughout the life of the program.

### ***SUPPORT TO DECENTRALIZATION***

JSI/PDY worked with partners to develop strategies to define and clarify the roles and responsibilities of various actors involved in the implementation and administration of health and education policies within Mali's new decentralization policy. During the year 2000, JSI/PDY, in collaboration with the Cooperative League of the USA (CLUSA), World Education/Mali, and other NGOs examined a variety of possible interventions in this area. The decision was made to develop tools and strategies that will help people and institutions affected by the Regional and Local Development Tax to better understand their roles and better assume their responsibilities. Activities toward this end will begin in 2001. Lessons learned will be adapted for use in other sectors of decentralization.

### ***INFORMATION SYSTEMS***

JSI/PDY information systems activities are complementary and build upon each other. They will lead to improvements within the Ministries of Health and Education in their capacity to manage information systems, effectively communicate, carry out research, and make decisions based on findings and information. Skills and tools acquired will help the Ministries to use and manage routine decentralized information on in-service training and government staff performance, and the use of the Internet and e-mail.

Activities were launched with a workshop that brought together USAID and Ministry of Health partners. The theme of the workshop was "The local health information system and monitoring". The goal was to **develop a plan of action to integrate data from**

NGOs with that of the government in order to establish a viable and complete local health information system.

In 2001, two types of training are planned for the staffs of the Ministries of Health and Education. One will be based on the use of the routine health and education information systems. In 2000, an international consultant examined the health information system and made recommendations on future training needs. UNICEF carried out a similar exercise with the education information system. JSI/PDY has planned trainings in the coming year that will lead to improvements in the decision making capabilities of the two Ministries at all program levels: national, regional, and district.

The other type of training will improve Ministry staff capacity in communication and research through use of the Internet and e-mail.



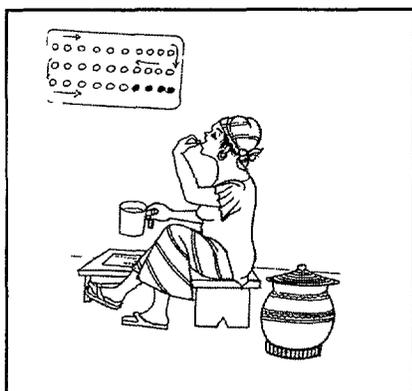
Information systems activities also contribute to improvements in human resources management. In 2000, a prototype of a database was created to track in-service training of health and education staff. Field-testing and debugging will begin in 2001, followed by installation of the database in the regions. A prototype database monitoring performance of the education and health staff of the Ministries will be developed next year as well.

## INFORMATION, EDUCATION, AND COMMUNICATION (IEC)

### GLOBAL OBJECTIVE:

- To improve the economic and social behaviors of youth (0-24) using information, education, and communication activities by targeting them directly, or indirectly through secondary target groups.

### CATALOGUES OF KEY MESSAGES



Realizing that health IEC activities needed to be better targeted, the National Center for Health Information, Education, and Communication (CНИЕCS) developed a national health IEC strategy in 1996.

The first step in implementing the strategy was the development of key messages. CНИЕCS and its partners compiled a catalogue of over 100 messages with illustrations in September 1998. These key messages are the basis for all health IEC messages in the country.



Using a guide developed by CНИЕCS for the use of the catalogue, training sessions supported by JSI/PDY in 2000 and previously by Community Health and Population Services (CHPS) were conducted for health service providers at all levels. These providers adapt messages from the catalogue to their target populations and use the messages in their work. **More than 95% of the training participants** confirmed that they use the catalogue to develop and conduct IEC activities.



The catalogue (Volume I) is made up of messages about all the elements included in the minimum package of activities as defined by the Ministry of Health. It includes messages targeting mothers about common childhood diseases, and targeting adolescents about reproductive health. However, messages on these two subjects deal more with medical care rather than with the knowledge, attitudes, and practices of mothers and youth.

With technical and financial assistance from JSI/PDY, key messages aimed at behavior change of mothers and youth were developed. The results

Images from the IEC catalogue (Volume II)

of studies carried out under CHPS, one on the perceptions of mothers of common childhood illnesses, and the other concerning knowledge, attitudes and practices of youth regarding reproductive health served to greatly enrich the messages targeting both groups. These messages, and others developed by different organizations working in the area of IEC, were compiled in a second catalogue. This catalogue, which contains over 150 messages and images, was disseminated to IEC technicians in all program intervention zones in November.

### ***IEC FOR EDUCATION AND YOUTH PROMOTION***

During the planning of JSI/PDY's activities for the year 2000, the Ministry of Education and the Ministry of Youth and Sports asked us to help them develop IEC materials and activities targeting youth in their sectors. Together, we decided to follow the same steps used in developing and implementing the national health IEC strategy since that process had been so successful. Thus, in September, a workshop to develop national IEC strategies in education and youth promotion was held.

More than 180 representatives from the Ministries of Education, Youth and Sports, Health, and Social Affairs; NGOs; and private partners from the national, regional, and district levels participated in workshops to disseminate the two IEC catalogues for health (Volume I and II) and the National IEC Strategies for Education and Youth Promotion.

### ***USING RADIO TO REACH YOUTH***

The results of a study of radio listenership, conducted in 1999 and currently being finalized were used to identify the radio stations that youth listen to most. Personnel from 25 of these stations were trained in the development of social marketing messages. This group forms the core of a network of radio stations that will reach out to youth in the coming years.

### ***THE FUTURE***

In 2001, we will evaluate the use and utility of the two health IEC catalogues through a survey of the IEC technicians who were trained in November of this year. Quarterly field visits are planned to monitor the use of the catalogues' messages and to assist IEC technicians to make more effective use of them, if needed.

## OPERATIONS RESEARCH (OR)

### GLOBAL OBJECTIVE:

- *To identify eventual solutions to inherent problems in health and education programs with the intent of improving the degree of efficiency, output, and quality of services offered by service organizations as well as the degree of availability and acceptability of these services to youth.*

The goal of national health and education programs in Mali is to improve the health and increase the level of knowledge of the Malian people. Attaining this goal demands precise programming at all levels, coordination between different activities, adequate training and supervision of personnel, and continual evaluation of progress and impact. Operations research (OR) can be a powerful tool to clarify and work toward all of these elements which is why OR is especially important within the JSI/PDY program.

### THE OR STEERING COMMITTEE AND WORKING GROUP

#### *Theme 1: Active Teaching Methods*

Goal: To better understand obstacles to the application of active teaching methods in elementary schools.

Target Population: 266 teachers, 96 school directors, and 72 pedagogical advisors and inspectors in 95 schools.

#### Preliminary Findings:

- Teachers find it difficult to apply active methods in their classrooms. Teachers, school directors, pedagogical advisors, and inspectors suggested that increased teacher training, adequate supply of teaching materials in the classroom, increased supervision, and decreased class size would improve the use of active methods.

- Ironically, the skills that teachers expressed as their weakest and thus requiring training were the same skills that the pedagogical advisors and inspectors identified as the teachers' strongest.

This year, JSI/PDY worked with the Ministries of Health, Education, and Youth and Sports to create an OR Steering Committee made up of decision-makers and technical staff from the Ministries and representatives from NGOs. The Steering Committee identified three research themes (see boxes). An OR Working Group was also established, made up of representatives from the same institutions.

The Steering Committee and the Working Group are important resources for the future management of and close working relationship between the health and education sectors in Mali. These groups are now capable of identifying OR needs, developing research protocols, facilitating regional trainings in data collection, supervising data collection, data entry and analysis, writing reports, and helping projects and institutions to use OR results.

### IMPLEMENTING OPERATIONS RESEARCH

The members of the Working Group trained a total of 82 professionals from the Ministries of Health, Social Affairs, Education, and Youth

***Theme 2: Reproductive Health Information in School***

**Goal:** To assess various initiatives to promote reproductive health information in school, and to understand the reproductive health information needs of Malian students.

**Target Population:** 43 representatives of youth organizations and 1215 adolescent program beneficiaries, their parents, and school authorities.

**Preliminary Findings:**

- Most organizations working in reproductive health in schools also have programs outside of school. This seems to have a positive impact on youth's knowledge.
- Although youth participate in activities, they are usually not involved in organizing or evaluating programs or in developing support materials.
- Youth need more knowledge on the fertile period of the menstrual cycle and signs of STIs.
- Youth cite school as their most important source for reproductive health information.

and Sports in operations research. The regional training participants under the supervision of the OR Working Group collected the data for three OR studies.

In November, the results of the three studies were presented to representatives of the Ministries and national and international NGOs at the national, regional, and district levels through a series of workshops in JSI/PDY's five program regions and Bamako.

In 2001, JSI/PDY and the Steering Committee will follow the same process to identify research themes and carry out three studies with partner participation, under the supervision of the OR Working Group. Emphasis will be placed on training regional teams in data entry and analysis.

***Theme 3: Reproductive Health and Literacy Out of School***

**Goal:** To understand the strengths and weaknesses of organizations working with adolescents on reproductive health and literacy out of school, to understand the obstacles they face, and to identify possible ways to overcome them.

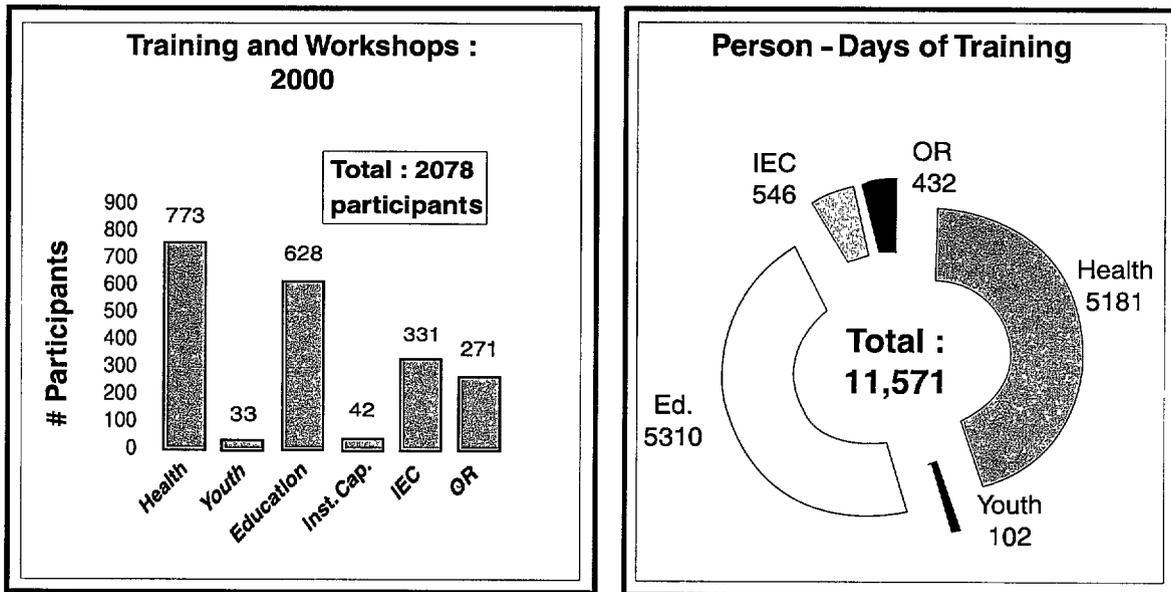
**Target Population:** 53 representatives of organizations working with youth plus 1484 youth program beneficiaries.

**Preliminary Findings:**

- Few service providers know the size of their target population despite the importance of this information in understanding programming needs.
- Although IEC is the predominant activity of the organizations studied, it needs to be strengthened.
- Youth are not involved strongly enough in program design, management, and evaluation.
- More than half of the organizations included in the study had not been evaluated although it is recognized that frequent evaluation of youth programs is important to measure impact and improve services.

## JSI/PDY TRAINING AND WORKSHOPS

As described in almost all of the previous sections, training and workshops are the most frequently used tools of technical assistance that JSI/PDY provides. The participants of our trainings and workshops are decision-makers, supervisors, and service providers in health, education, and youth promotion. Our trainings and workshops are either national, regional, or at the district level. JSI/PDY often facilitates training of trainers, who in turn carry out trainings that cover all levels of the decentralized system. Acquiring new skills and knowledge results in improvements to services in all program zones of intervention.



## PERSONNEL

The JSI/PDY team is now complete following the recruitment of three regional coordinators to reinforce JSI/PDY's human resources. The team is made up of 36 staff members including 20 technical staff of which six are expatriates (see *Annex 3* for the complete list of personnel).

### THE REGIONAL COORDINATORS

The JSI/PDY team includes six coordinators, one in each program region and one in Bamako. Regional coordinators are agents of communication and collaboration between JSI/PDY and the regional governmental and non-governmental institutions with which we work. They are involved in the conception of national level activities which subsequently often get carried out at the regional level. Coordinators join in the regional planning of the technical services in their areas and in the overall implementation of JSI/PDY activities.

## EVALUATION

JSI/PDY tracks indicators related to all of its project components and almost all of its major activities. They allow us to track the evolution and the impact of program activities in the field. However, it is important to note that the success or failure to reach indicators depends on much more than JSI/PDY contract activities. JSI/PDY is one among a wide range of development actors including, above all, the Ministries themselves, but also donors, NGOs, and international organizations who each contributes to success or failure in attainment of objectives.

Monitoring indicators is a team effort. The logistics are complex with each partner playing a vital role. For example, the monitoring of year 2000 health indicators would have been impossible were it not for the close collaboration of the JSI/PDY health team, social marketing staff, the regional coordinators, and two local JSI/PDY consultants as well as several government institutions such as the National Public Health Department (DNSP), the Regional Public Health Departments (DRSP), the Division for Family and Community Health (DFSC), the People's Pharmacy of Mali (PPM), and the Department of Drugs and Pharmaceuticals (DPM).

During the year 2000, the original program indicators were examined, taking into account several elements including: the evolution and execution of the actual activities in the field, the relevance of each indicator, and the resources available. This examination led to the elimination of some indicators that were no longer needed, clarification of others, and addition of some new indicators to better reflect the goals of the program. There are now 29 indicators that will be tracked. Six of them have been measured for the year 2000. In 2001, 24 indicators will be measured.

### YEAR 2000 RESULTS

- 1 Percentage of health service staff in the JSI/PDY intervention zones who provide services in reproductive health, specifically for STI, family planning, IMCI, and adolescent reproductive health, according to the Norms and Procedures.**

**Expected Result:** 20%

**Year 2000:** 27% (of the 126 service providers surveyed)

Service providers surveyed include doctors, nurses, matrons, midwives, obstetrical nurses, and nurse's aids from all zones of intervention.

- 2 Percentage of health service delivery points at the district level and in community health centers (CSCOMs) in target regions which have had at least one annual supervision visit in adherence with the *Integrated Supervision Guide*.**

**Expected Result:** 10%

**Year 2000:** Less than 3%

Training in the use of the guide was very limited due to unavoidable delays. Of the 159 service providers interviewed representing 5 regions,

Bamako, and 24 district health centers (linked to 175 CSCOMs) only 7 had been trained. Dissemination on a major scale will take place in 2001.

**3 Percentage of regional, district, and community structures in program intervention zones that have a) a plan to introduce and use the National Strategy for In-Service Training, and b) an annual training plan.**

**Expected Results:**

- a) 100% have a plan for the introduction of the strategy
- b) 1 region has an annual training plan

**Year 2000:**

- a) 100%. All the regions and districts have developed introduction plans.
- b) 0 training plans. The training plans will be completed in the first quarter of 2001 as part of the operational plans of each structure. Note: all the training plans are being revised to conform to the new DNSP policy stating that training activities must take place in the third quarter of the year.

**4 Percentage of IEC technicians at the Ministry of Health and among NGOs who use the materials in Volume I of the IEC catalogue of messages.**

**Expected Result:** 50%

**Year 2000:** 95% of 63 trained technicians

This result is based on a mid-year study. Health agents at all levels are adapting messages to their target populations and using them in their activities.

**5 The number of radio stations (with staff trained by JSI/PDY) that air health related radio spots during listening times and programs preferred by youth.**

**Expected Result:** 1 radio station

**Year 2000:** 16 radio stations

The 16 stations are under contract to establish and carry out media plans respecting times, programs, and languages preferred by youth according to a study conducted in the program zones of intervention. A firm hired by JSI/PDY monitors monthly that the radio stations fulfill their contracts as planned.

**6 A system is in place that allows for the incorporation of operations research results in program planning. Each year the results of operations research projects are incorporated into different program activities.**

**Expected Result:** System in place and results incorporated

**Year 2000:** System in place

An OR steering committee and working group carried out 3 studies relevant to the work of the Ministries of Health, Education, and Youth and Sports during the year. The results of these studies will be finalized in February and will be incorporated into program activities of the 3 Ministries during 2001.

**ANNEX 1**  
**PROGRAMMATIC BUDGET**  
 January - December 2000

	<b>Budget (FCFA)</b>	<b>Amount Spent (FCFA)</b>	<b>Percentage of Budget Spent</b>
<b>Health</b>	242,240,000	127,191,262	<b>52.51 %</b>
<b>Social Marketing</b>	406,020,000	220,354,494	<b>54.27 %</b>
<b>Youth Promotion</b>	84,180,000	7,375,070	<b>8.76 %</b>
<b>Education</b>	154,215,900	76,453,475	<b>49.58 %</b>
<b>Institutional Capacity</b>	102,000,000	2,627,830	<b>2.58 %</b>
<b>IEC</b>	19,350,000	55,253,140	<b>285.55 %</b>
<b>Operations Research</b>	57,600 000	50,072,580	<b>86.93 %</b>
<b>TOTAL</b>	<b>1,065,605,900</b>	<b>539,327,851</b>	<b>50.61 %</b>

## ANNEX 2

### EQUIPMENT PURCHASES For the Ministry of Health in 2000

#### DNBP

Multi-media Projector (CPS)  
Multi-media Projector (DNBP)  
Photocopier (DRSP Ségou)  
Photocopier (DRSP Sikasso)  
Photocopier (DRSP Kayes)  
Photocopier (DRSP Koulikoro)  
Photocopier (DRSP Bamako)  
Photocopier (DRSP Mopti)  
Photocopier (DE)  
Photocopier (DNBP)  
Overhead Projector (DRSP Mopti)  
Overhead Projector (DRSP Ségou)  
Overhead Projector (DRSP Sikasso)  
Overhead Projector (DRSP Kayes)  
Overhead Projector (DRSP Koulikoro)  
Overhead Projector (DRSP Bamako)  
Overhead Projector (DNBP)

#### DSFC

Computer Printer HP 610C  
Sony Television with built in VCR  
Laser Jet 1100 computer printer  
Computer system  
UPS

#### CNIECS

JVC 61" Giant Screen Television  
Sharp Audio System with recording capability  
Toshiba Multisystem VCR  
Toshiba Multisystem VCR  
Sony 21" Television  
Gestetner 2703 Color Photocopier  
Overhead Projector

**Total Value of Equipment Delivered : 48,920,000 FCFA**

41 computers with printers and UPS were ordered in 2000. 24 are for the Ministry of Health and 17 for the Ministry of Education. Delivery is expected in February 2001.

### ANNEX 3

### JSI/PDY PERSONNEL

NAME	POSITION
<b>JSI</b>	
Suzanne Reier	Chief of Party
Alfred Schulz	Management Systems Advisor/Deputy Chief of Party
Kriss Barker	IEC/OR Advisor
Houleymata Diarra	Training Advisor/Child Survival
Fatimata Tony	Child Survival/Reproductive Health Assistant
Oumar Thiéro	Administrator
Modibo Dembélé	Chief Accountant
Nathalie Cissé	Administrative Assistant
Lassana Bagayoko	Administrative Assistant
Ami Gadiaga	Logistics Specialist
Modibo Doumbia	Purchasing and Equipment Manager
Aminata Maïga Fofana	Information Systems Specialist
Fatimata Macki Traoré	Receptionist
Cheick Oumar Traoré	Transportation Chief
Fousseyni Fofana	Driver/General Assistant
Souaïbou Sané	Driver/General Assistant
Moulaye Haïdara	Driver/General Assistant
<b>EDC</b>	
Gabriel Larocque	Education/Training Advisor
Cheick Oumar Coulibaly	Non-formal Education Specialist
Salina Sanou	Youth Skills Development Specialist
Yobi Guindo	Curriculum Development and Teacher Training Specialist
Fatoumata Traoré	Administrative Assistant
<b>CAFS</b>	
Arkia Doucouré	Training Advisor/Reproductive Health
<b>FUTURES GROUP *</b>	
René Rovira	Distribution Systems/Marketing Advisor
Dandara Kanté	Social Marketing/IEC Advisor
Fatim Diakité	Administrative Assistant
Adama Keïta/Elvis	Sales Chief
Mamadou Dembélé	Messenger/Photocopier
Sidiki Sanogo	Motorcycle Mechanic
<b>WORLD EDUCATION</b>	
Rachel Stoler	Youth Promotion and Integration Advisor
Abdoul Karim Samaké	Regional Coordinator Bamako
Djénéba Yattara Koureïssi	Regional Coordinator Koulikoro
Adama Pierre Ouattara	Regional Coordinator Sikasso
Moussa Boubou Sissoko	Regional Coordinator Ségou
Soumana Thienta	Regional Coordinator Mopti
Salaha Siby	Regional Coordinator Kayes
* The social marketing supervisors, promoters, and medical visitors are now part of the staff of the private distributor, CAG.	