

**Plan International USA, Inc.
d/b/a Childreach**

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District of Kita
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**ANNUAL REPORT OF THE CHILD SURVIVAL
PROJECT IN KITA
(September 30, 2001 – September 29, 2002)**

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List of Acronyms

A/ DOKE: Doke Association
APPF: National Protection for Protection of Women
ARAFD/C: Consortium of local NGOs (ACD, ARAFD et ODILE)
ASACO: Community Health Committee
BN: National Office
CMDT: Compagnie malienne du Développement du Textile
CPM: In charge at Health Center
CPON: Post Natal Consultation
CSCom: Community Health Center
CSRéf: Reference Health Center
DNS: National Health Direction
DRDS-ES: Regional Direction of Social Development
DRS: Regional Health Direction
EPSE: Child Survival Project Team
FELASCOM: Local Federation of Health Associations
UNFAP: United Nations Funds for Activities related to Population
IB: Bamako Initiative
ICPM: Head nurse
MARP: Active research and participative Planning method
MLI: Mali
WHO: World Health Organisation
PDRIK: Integrated Rural Development Project of Kita
IMCI: Integrated Management of Childhood Illnesses
DIP: Detailed Implementation Plan
PRODESS: Government program for Health and Social Development
CSP: Child Survival Project
CS: Child Survival
HIS: Health Information System
RH: Reproductive Health
UNICEF: United Nations International Children's Emergency Fund
USAID: United States Agency for International Development

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INTRODUCTION:

The first year that has just elapsed has allowed us to get a feel of the different actors involved in the project and to look with more realism at the results of the project activities.

Some signs already forecast the evolution towards a beneficial partnership with the MOH. For example the district of Kita was the first in the region to take advantage of the HIS training because of the emphasis the project wanted to put on the HIS. Another example of partnership is the acceptance by the MOH of Plan's approach that recommends the training of traditional birth attendants and also the acceptance (after our suggestion at the start up workshop) of parallel health centers and their recognition as being a part of the national health system.

Towards this end, a joint supervision mission was organized in the district. Plan has provided logistical support and part of the human resources and the MOH provided gas and mission costs.

During this first year, important realizations have been made from the baseline studies to the reinforcement of a partnership by the setting up and the functioning of the coordination committee. In fact, the recruitment and all the initial training of the project team and resource personnel have been done, the results of the baseline studies have been completed since the second trimester and even used in the elaboration of the DIP as well as in the formulation of health education messages.

Other activities not less important have also taken place during this year and are all described in this chapter.

ACTIVITIES

The first year of the CSP was essentially marked by the hiring of the project staff and by the conceptualization and negotiation of the activities. In fact, all the activities have gone through these two phases (conceptualization and negotiation). Other activities, nonetheless, important have equally taken place this year and they are described in this chapter.

I- ACTIVITIES PROGRAMMED AND COMPLETED

A- Baseline studies

The objective of these studies was to make a field assessment and evaluate the training needs of the health agents and the communities in which the mothers reside. For this reason, the Child Survival Project actively participated in the assessment studies of the health facilities and the KPC of mothers of children less than 2 years for a three-week period (January 17 to February 3, 2002).

The assessment of the health facilities focused on **eight** functional health centers and the SSSC of Kita (see results of the study) and the KPC study included almost 400 women chosen randomly in the district.

This activity took place in different phases in Kita:

1. Training of investigators that took place in 2 modules (assessment studies of the training and KPC studies). In each of these sessions, we received the support of Dr Pierre Marie Metangmo of USNO and all his expertise for the 2000 KPC study.
2. Field investigation and supervision
3. Verification and correction of questionnaires that lasted for one day at the end of the KPC study and brought together investigators, supervisors and study coordinators.

The results of this study have allowed us to comprehend certain practices and attitudes of the population in the district of Kita (especially health agents and mothers). This knowledge will be used to orient our actions and adapt our messages for behavior change. Also, the results of this study have given us the chance to readjust our objectives in the DIP and some objectives have been revised.

B- Exchange visits

Almost the entire month of February was devoted to the preparation and the achievement of two exchange visits: one in the region of Sikasso (February 11-14, 2002) and the other one in Burkina Faso (February 18-22, 2002). The objective was for the project staff to learn lessons from other CS projects that would be beneficial for the implementation of their own project and for a good orientation of the personnel.

These visits have allowed the project team to:

- Learn about the SEBAC (Surveillance Epidémiologique à Base Communautaire) mechanisms and the tools used by the community relays in

the district of Kolondieba (Sikasso region). These tools (data collection books) were improved by the CSP and reduced to seven instead of 13 as identified in the district.

- Learn about the monitoring and evaluation support used by the CSP of Burkina Faso, which was improved and readjusted to fit our needs.
- Determine the nature of partnership between the different actors and their roles in the successful implementation of this project.

C- Start up workshop

From the 26 to ~~the 28th February~~ 28 February 2002, the Child Survival team actively participated in the start up workshop to launch the CS project. The project staff and all stakeholders actively participated in the workshop.

This workshop allowed the participants to:

- Gather an impressions of the different partners ~~involved in~~ the project activities of the project and their execution
- Define the duties and rights of all the different actors in the management of this project
- Redefine the role of each member of the coordination committee as well as the role assigned to ~~the~~ this committee
- Reach a depen ~~understanding~~ the reflexion of n the motivation of the community relays
- Define together (partners) the activities for the first 12 months of the project.

D- Detailed Implementation Plan (DIP)

From ~~March 4-29, 2002,~~ the elaboration and the finalization of the DdIPetailed implementation plan was the main activity undertaken by of the project team; it started in Kita and ended in Bamako.

The following steps and processes were necessary to the elaboration of this DIP:

1. Start up workshop of the project
2. Selection of a writing committee.
3. Field visit.
4. Writing of the DIP
5. Review of the DIP in Washington DC

After the review of the DIP, the Plan US team finalized the document in partnership with USAID and sent us a copy in May 2002. This version was translated in French by the Pproject Coordinator and sent to all the different actors (animators, MOH, PDRIK, FELASCOM, etc).

During the training of the animators in the key interventions of the project, the DIP was the main tool used and at the end of the training it was considered as the principle guideline for animators to use in the elaboration, execution, and follow up of local the activities locally.

As a recommendation all the animators were asked to conform to the DIP to elaborate monthly activity programs and to follow the timeline and the agency of the activities as described in the DIP.

E- Trimester meetings of the CS coordination committee

- Three coordination meetings were held during this first year, they were all useful for the coordination and the programming of the field activities. Actually, these meetings now represent an ideal exchange setting between the different health actors in the district and the programming is now done in a collective manner.

The following roles and responsibilities were defined for each of the members:

Role of the president:

- Responsible for the coordination committee
 - Calling of the meetings
 - Presidency of the meetings
 - Proposal of the orders of the day
- Represents the coordination committee at all levels

Role of the vice-president:

- Same role and prerogative as the president in case of his absence ~~of the president~~.

Role of the members:

- Effective participation in all meetings
- Following the defined activities
- Achieving the tasks given

The CSP team now only takes all its decisions after ~~the~~ holding ~~of~~ these meetings.

F- Visits of the CSCoOms and ASACO:

During the third quarter, the CS team started its activities in the field by a general visit to the different health centers selected for the first year of the project.

The objectives were the following:

- Present the project to the managers of the ASACOs and discuss the responsibilities of each and everyone in the project
- Conduct an institutional and organizational analysis of the ASACOs
- Determine the needs of the CSCOMs in equipments and personnel training

From April 22 to May 5, 2002 the CS team visited the CSComs of Kassaro, Sebekoro, Fladougou-Marena, Bendougouba, Djidian, Sandiambougou, Bougaribaya and Mankandianbougou

The team would meet at first with the different ~~member~~organs of ASACOs, the health agents and the notables of the village to present the CS project ~~on one hand~~ and ~~on the other hand~~ to explain to the partners what is expected from them.

Following this orientation, the meeting would be held with a reduced team, composed of the health agents and management committee of the CSComOMs in order to ~~get a feel of~~discuss the current management dynamics and the potentialssible problems ~~meto be faced~~ by the management team.

During the presentation of the project, a special emphasis was put on the choice preferences of the members of village health committees ~~as well as on~~and community relays.

At the end of this mission, a certain number of issues were discussed ~~among which~~:

- The lack of judicial documents,
- The non-functionality of certain ~~organs~~organs of the ASACO,
- The mismanagement of the organs because the role and responsibilities were not clearly defined,
- The need of training ~~of~~ some health services providers,
- The lack of furniture, equipments and medical materials in some of the centers

In order to ensure ~~an~~ efficient implementation of the child survival project, the following recommendations were issued by the ~~parties~~ concerned parties:

- ~~A b~~Better information communication betweenof the communities and on the project activities by the members of ~~the~~ ASACO on the project activities.
- ~~B A~~ better organization of the ASACOs and the CSComs
- ~~R A~~ regulation of the ASACOs in ~~the~~ researching ing of administrative and judicial documents with the help of health and political authorities
- Formulation by the ASACO of their requests ~~in needs~~ for training, furniture, equipment and medical material.
- ~~Large implication~~Greater involvement of all the parties concerned in the activities of the project.

G- Restitution workshop of the results of the baseline studies:-

~~From May 15 to May 17, 2002, was held T~~he restitution workshop of the baseline studies of the Child Survival project of Plan Kita was held from May 15 to May 17, 2002. This workshop was chaired by the prefect of Kita:

The following participants w~~W~~ere present at this workshop:

- Plan Mali's Country Director
- The national coordinator of the child survival program
- A deputy representing the political authorities of the district
- The managers of the health centers
- The president of the FELASCOM

- The members of the NGO ARAFD/C
- The members of the NGO Nyiesigiso (micro credit institution)
- The representative of the NGO A/ DOKE
- The coordinator of PDRIK
- The coordinator of the NGO APPF
- ~~T~~And the staff of Plan Kita- Kourou (4 ~~from~~of the CSP and 3 from the sponsorship department)

The objectives of the workshop were ~~the following~~:

- ~~To s~~Share with the partners the results of the baseline studies
- ~~To p~~Present the project and redefine together the roles and responsibilities of the different actors
- ~~To d~~efine the strategies that will reinforce the acquisitions of the project.

~~The~~is way, ~~the~~ first two days ~~of the workshop~~ were devoted to the presentation of the project and the results of the baseline studies; this session was followed by questions. On the third day, working groups were formed to discuss the responsibilities of each party.

At the closing of the workshop, the following recommendations were made:

- Ensure the availability of ~~the the~~ 10 medicines in the baskets and ~~to~~ regularly furnish the CSCom ~~with~~in impregnated nets and ~~in~~secticide (re-treatment supplies) ~~impregnation product~~.
- Ensure the availability of vaccines.
- Ensure the availability of quality services in the CSCom ~~OM~~.
- Make a periodical follow-up of the CSCom ~~OM~~.
- Respect the engagements that will be ~~undertaken~~ by the different parties.
- Regular follow up by the FELASCOM of the proper functioning of the ASACO organs.
- Put in place a consultation ~~environment mechanism~~ between the FELASCOM and the ASACO.
- Regular information ~~efrom~~ the actors of the different activities ~~in regards to~~and results of the project.
- Involve all the actors in the implementation of the project.
- Appropriation of the activities of the project by all the actors.
- Respect of the execution calendar ~~efor~~ implementation of the activities.

H- Review of the DIP by USAID in Washington DC:

The CS project coordinator and the CS Program coordinator traveled to DC and Rhodes Island to support the presentation of the DIP to USAID and also to present their project to the USNO-Childreach staff. The review and ~~approbation~~ approval of the DIP took place on May 24th 2002, ~~pending subsequently to~~ the submission of additional information. ~~A revised DIP was submitted on June 24, 2002~~ This information was sent out on June 6th via e-mail.

While in DC, this two-member team also participated in ~~a conference called~~the" Global Health Council ~~conference~~".

I- Elaboration of the POs for the implementation of ~~the project's~~ activities:

-In order to begin the activities in the field, different POs were elaborated: purchase of equipment and medical materials, training of the health personnel and the ARAFD/C NGO and, training of the ASACOs and relays.

~~J- Provision to the health structures of equipment and medical materials to the health facilities on July 27, 2002:~~

After the assessment of the health centers' needs and in consultation with the MOH, the project ~~has~~ has provided ~~based on advice from the MOH~~, a set of equipments and medical materials to ~~each of~~ the seven CSComs. T, the eighth couldn't receive this set because at the time of the assessment, it did no't have a nurse. ~~These~~ equipments wasere valued at around 20 millions FCFA.

~~It must be noted here that~~ The distribution of this material was subordinate to the signature of a performance agreement between Plan, the ASACOs and the mayor's office and between Plan and the MOH for the follow up of the proper use of this equipment.

K- Training of the NGO on the key interventions of the project

On September 9-13, 2002 and September 25-27, 2002, two training sessions were initiated for ARAFD/C, the local NGO partner (~~ARAFD/C~~) in charge of the execution of the project activities in the community. This training was provided by the project staff and two health agents and had ~~the following objectives~~ objective to:

1. To dDevelop a common understanding of the key interventions of the project
2. To mMake known to the NGO the principal intervention strategies of the CS project
3. To mMake known to the NGO the fundamental principles of the sectorial health and population policy, the different actors and their roles
4. To dDevelop the different management tools to put in place for the execution of the project activities
5. To dDefine the roles and responsibilities of the NGO in the implementation of the project

This training session was conducted in two phases:

First phase: training of the NGO on the intervention policies of the CS project and the sectorial health and population policy of Mali (September 9-13, 2002)

Second phase: training of the NGO on the management of the key main illnesses covered by the project (September 25-27, 2002)

The DIP was translated and distributed to each participant and was used as a main reference tool during this training.

L. Training of trainers in IMCI on September 16- 21, 2002

To obtain a core of trainers available for the district of Kita in the training of health agents in IMCI (Integrated ~~management~~ Management of Childhood Illnesses), the CS project initiated a training of trainers in collaboration with the Ministry of Health.

Two agents of Plan, the trainer of the CS project and the Health coordinator of Plan Kati-Sanankoroba participated in this training; the other participants at this workshop were ~~composed of state~~ MOH doctors.

II- OTHER ACTIVITIES:

The CS project of Kita also participated in other activities that weren't scheduled in the DIP

A- Global Identity training

April 4: All the members of the CS project participated in the Plan Global Identity training. The objective of this training was to bring Plan and its entire staff to adopt a change in attitude in order to give the organization a more positive image.

B- Training of the chief doctor and the CS assistant in charge of IMCI training in Dakar

April 8-12: The district medical officer and the assistant in charge of IMCI for the project went to a training workshop in Dakar

The objective of this workshop was to promote the effective participation of the NGOs in the development, implementation, and expansion of the community factor in IMCI.

C- Follow up meeting with the Program Director

On May 6, 2002, in collaboration with the PSM the project team reviewed the activities planned. A revision of the existing POs (0229, 0264, 0266 and 0273) was conducted during this follow up meeting.

At the end of this meeting, the PSM suggested that the team prepare the supporting documents for the POs and the contract with the local NGO (terms of reference). All of these suggestions were followed and have been completed.

D- Joint supervision mission in Kaarta (northern part of Kita)

In order to make an assessment of the situation of the non-formal health facilities of the district and in the perspective of integrating them in the system, a joint supervision mission of the SSC team and of Plan Kita went to Sefeto and Toukoto from ~~the~~ 6-10 ~~MayMay~~ -2002 and from 26-27 ~~MayMay~~ 2002.

This mission had ~~the following for~~ objectives ~~to~~:

- Assess the situation of the staff in the centers
- Assess the activities performed
- Verify the existence and the use of technical supports
- Identify the sources of provision of water
- Verify the existence of management structures
- Assess the logistics, the material and the existing furniture-

At the end of this mission, 12 centers were visited and recommendations were formulated ~~on one hand~~ to determine procedures to integrate these structures in the system and ~~on the other hand~~, to improve the provision of services.

E- Monitoring meeting of the activities of the second trimester of the SSC in Kita

From June 28 to July 2, 2002, the CSP of Plan Kita through its monitoring and evaluation specialist participated in the second annual meeting of the health center of Kita.

The following participants attended~~Were present at~~ this meeting:

- The staff of the district's health center (responsible ~~of~~ the services)
- The nurses in charge of the health posts (CPM) in the CSCom of the district
- The representatives of the partners NGOs involved in health issues (Plan, ADOKE, ARAFD/C)
- The other partners and services ~~involved~~ involved (Bata Sékou Clinic, INPS)
- ~~And a~~ support team from the National Direction of Health Department.

Each CPM presented the level of their activities for the 2nd trimester and the following evaluations were made:

- ~~In a general manner in the entire district,~~ the level of indicators for the entire district are well below the fixed objectives
- ~~The~~ objectives are below those of ~~the~~ PRODESS
- ~~There is an~~ absence of supervision at the central level towards the CSCom
- The health centers of Toukoto, Sirakoro and Sagabary were placed under surveillance because of their less than satisf~~actory~~ actory results

And the following recommendations were issued:

- ~~To~~ increase the rhythm frequency of supervision in the centers, and especially even more for those placed under surveillance.
- Train a simplified mobile team
- Elaborate an action plan for the hygiene and sanitation service
- The CPM must:
 - Involve the communities in all the decision making
 - Couple certain activities such as BCG immunization and CPON and/or the follow up of healthy children
 - Relaunch ~~the~~ active research to improve immunization coverage

The national assistant director who closed the session exhorted each and everyone to more engagement in improving the level of health indicators.

III- Activities Planned but not completed: (See level of execution of work plan in annexes).

II DIFFICULTES IN THE EXECUTION OF THE ACTIVITIES AND SOLUTIONS ENVISAGED/ENVISIONED

During the first year, the major difficulty encountered was the management of activities planned during the rainy season. As a matter of fact, all the meetings scheduled in the communities were cancelled because of rural constraints (see level of execution plan in the appendix). This caused a major constraint in the achievement of the annual objectives but can be used as a lesson learned for future programming.

Because the launching of the project started a little late (first trimester) and in an effort to reach good results, the CSP team judged necessary to limit their interventions to eight CSComs instead of the 10 planned for that year.

This difference will be made up ~~for~~ in the upcoming 2 years in which the number of ASACOs will also rise from the planned 4 to 6 (4 old ones and 2 new).

The CSP proposes to the Country Office an increase in the amount allocated to the PU of Kita in petty cash or to make the project independent by giving them their own functioning costs.

There have also been considerable communication problems that have gotten worse with the deterioration of the roads (the suspensions of the project vehicle had to be replaced in less than a year of use) and the great problem of impossibility to getting through phone lines between Kita and Bamako.

There is hope that there will soon be an improvement in the quality of communications, the national service in charge of the phone management has just begun a vast project site of renovation and extension of the Kita's network and this should according to city officials result in the acquisition by the city of cellular phones and the internet.

Before ~~that~~, the team wais counting on the RAC system for communications; a VHF radio that has been installed by the MOH ~~of health~~ in all the functional CSComs of the district. This system can ensure national coverage and will be used by the team.

The last difficulty is a programmatic one and is linked with the non-availability of certain MOH staff for the execution of certain activities that were programmed together and included in the DIP.

This was the case for the training of agents in IPCM, which was planned for programmed since the start of August and ~~that~~ still hasn't taken place. The training was finally scheduled from October 21 to November 02, 2002.

B- SUPPLEMENTARY INFORMATION REQUESTED DURING THE DIP REVIEW

1. The chart:

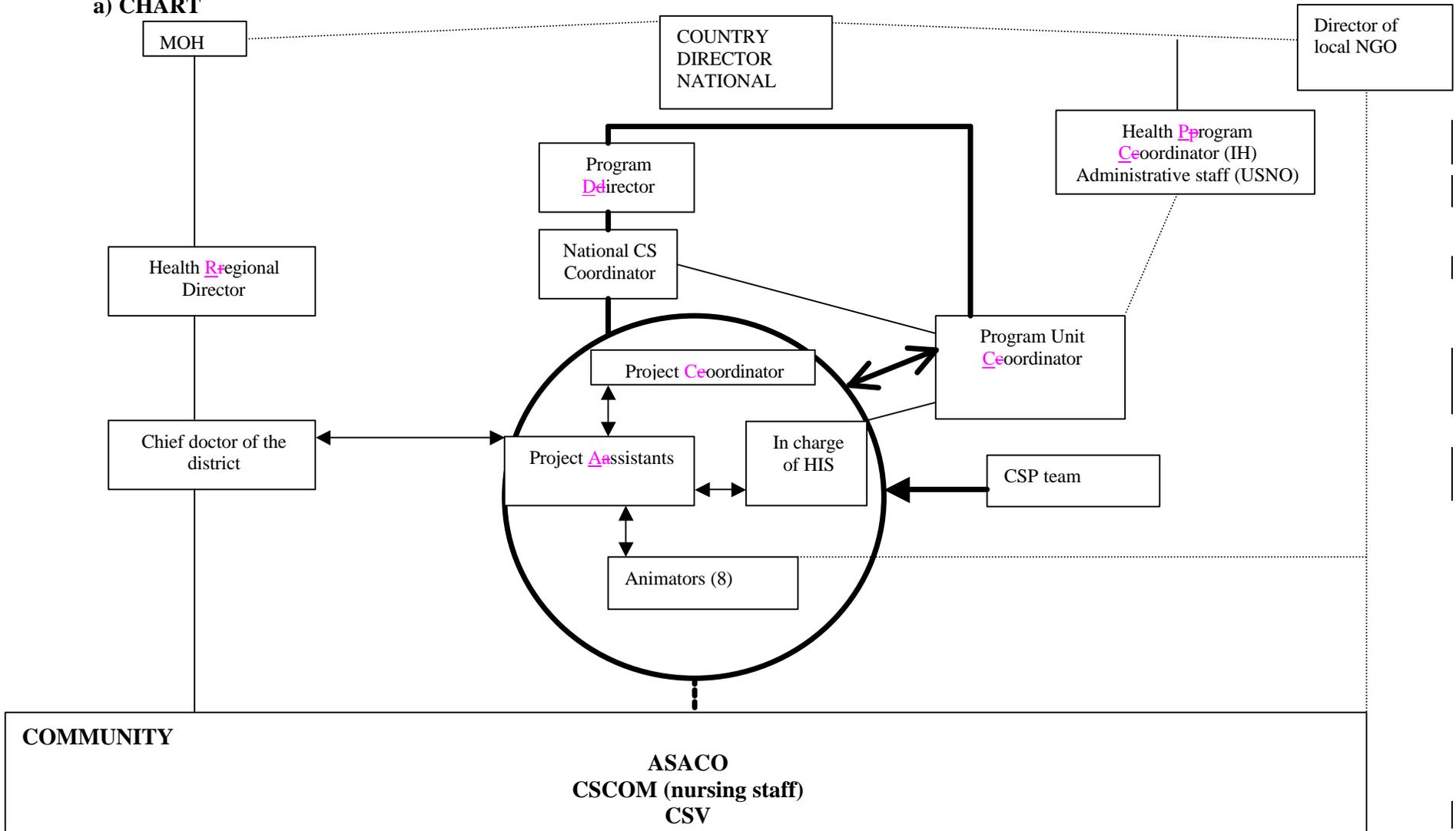
There were no major changes in the chart, we can only note that the position of the health coordinator no longer exists in Plan but has been replaced by the position of national CS coordinator, who is also the direct supervisor of the project team.

The number of animators went from 3 to 8 in order to ensure an equal repartition distribution of the workload. For the first year of intervention, the project chose eight ASACOs covering a total of 80 villages. This way, each animator will have around 10 villages to cover and his workload will be approximately 2 days per village/month (2 days/10villages/month =20 days, one day will be used for preparation and animation)

The Ministry of the Environment and Rural Development has come into play in the following organizational chart because it is them that will follow the PDRIK, principal partner, in the construction of CSCom instead of the Belgian Cooperation.

ORGANIZATIONAL CHART
Relationship between Plan and its partners

Appendix 2: Complement to the DIP
a) CHART



|

2- Changes in attitude/policy of the MOH regarding training and function of the relays:

At the time of the elaboration of the project document, the chief doctor of Kita was not favorable to the use of relays in the project. The reason given was that there was a risk that these relays would ~~to~~ turn into service providers and represent a loss of income for the CSC ~~om~~OMs.

3-Technical assistance plan

Plan established in the US technical and administrative capacities specifically indicated for projects receiving technical funding. Plan has two public health professionals based in VA, Dr Pierre Marie Metangmo and Claire Boswell, his associate. Both have extensive knowledge in CS and regularly monitor the existing projects. They ~~will~~ visit projects at least once a year to work with ~~the~~ project staff and their partners in various domains such as the project management, HIS, the use of indicators, ~~and~~ technical solutions. Additional technical support will be given by this team or from people ~~in~~ the field.

4-Project management

4.1 Information management

Even though Kita doesn't have Internet service, the project staff can access information when in the National Office. Vehicle liaison exists at least once a week between Kita and ~~the~~ Bamako.

4.2 Financial management

The assistant in charge of HIS ~~is~~ sends his monthly financial reports to the project coordinator who then submits trimester financial reports to the Program Unit Manager. Once revised, they are sent to the financial director in Bamako.

~~The~~ costs for the purchase of equipment and material for the project are pulled from a financial system already in place at Plan Mali. The expenses are categorized using specific codes, the report of these expenses is then sent out directly from Plan Mali to USNO where they are revised.

4.3 Logistics

The project follows the logistics system established by Plan. The project staff requests articles that are supplied by the National Office.

5- Role of Plan in the national IMCI strategy

To develop the IMCI strategy, the MOH has decided to put in place a consultation and coordination Commission of the IMCI strategy. Plan Mali is member of this commission whose role is to better coordinate the IMCI actions and to give advice to the MOH in this area.

Following the actions started by Plan to develop the IMCI, the MOH has decided to retain the four sanitary districts in which Plan usually works (Banamba, Kati, Kangaba et Kita) as IMCI zones.

Among all the IMCI zones, the MOH has given the priority to Kita; this explains why the training of all agents was scheduled. But because of a crisis in trainers in the

country (most of the trainers of the MOH were either absent from the country or were not available), the training could not take place. To solve this problem, Plan assured in collaboration with the MOH the training of a core of trainers consisting of Plan agents. These trainers will from now on ensure the training in all the IMCI zones. The training in Kita is scheduled for October 15-31, 2002.

6- Motivation of relays:

The objective of the relay motivation is to assure that ~~the relay~~ all the necessary conditions (material and social) exist, which (material, social) to allow them to play their part in the implementation of the project. ~~Thus, at is the reason why~~ the project has made it clear to all the communities that it is necessary to motivate the relays. However, the strategy adopted by the project is to leave the choice open for each village to define its types and forms of motivation.

A frequent source of motivation in the rural world is the participation of the village in rural works of the relays (for example one day to sow, one day to weed and another for harvesting). This example is one among many others and ~~it is left to the~~ communities have the latitude to find the best motivation technique.

~~This is why~~ For the above reasons, it ~~was~~ ould be difficult ~~for us~~ to include in advance in the DIP indicators for ~~this~~ motivation of relays and thought that the it would be best would be to wait for the setting up of relays.

-The strategy adopted by Plan Mali is to not indicate a fixed type of motivation (since there is probably more than one type) but to document all along the life of the project the types of motivation that each village has instituted as well as their level of success.

7- Modification of the CHANGE project tools

The CHANGE NGO has contributed in the implementation of the SEBAC in Kolondieba by the elaboration of data collection tools. The project team visited this locality to discover these tools and adapt them to their situation; these different tools are listed in the appendix of the DIP under Relay books;

8- Activities/Strategies for malaria prevention during pregnancy

The notion of presumptive treatment of malaria was introduced by UNICEF in certain regions (SADSE: Stratégie d'Accélération de la Survie et du Développement de l'Enfant; West Africa and Central Kenya).

This strategy ~~that~~ uses ~~as presumptive treatment~~ SULFADOXINE PYRIMITHAMINE (FANSIDAR, MALOXINE) as presumptive treatment instead of CHLOROQUINE in the chloroquine resistant in case of all suspected cases of malaria fever.

Also in these regions, it is used in prophylaxy in pregnant women, but because of certain possible damages to the fetus, it is used only starting the second trimester. This is what is called the intermittent presumptive treatment as a replacement of prophylaxy.

For the moment in Mali through the National Programme of Fight against Malaria (PNLP), ~~this strategy~~ is in the stage of operational research and Mali has not yet adhered to this strategy at a national level. This because the resistance to chloroquine is different from one region to another but has not yet reached an

alarming level. And more so, the chloroquine prophylaxy only addresses new subjects (foreigners, people from the North temporarily residing in the South) and pregnant women.

So the prophylactic treatment in Mali (intermittent presumptive treatment in certain chloroquine resistant regions) is only geared to pregnant women and ~~is~~ still done with chloroquine (300 mg/week)

In the line of our project, we are going to continue to ~~give~~ use chloroquine ~~to~~ in pregnant women and this indicator of prophylactic usage will be measured ~~d~~ through relay reports.

9- Mid-term and final assessment

For the mid-term evaluation, the CSP team proposes September 2004, the end of the third year ~~and more precisely September 2004~~ (the rainy season and the harvesting period should be avoided).

May or September ~~are~~ is the ideal time to ~~have~~ conduct the final evaluation ~~n~~ conducted.

10- Strategy for the distribution of impregnated nets

~~The project~~ in order to promote the use of impregnated nets at a larger scale (especially in children less than 5); ~~the project~~ intends to give supply freely to the ASACOS a sufficient quantity of nets to the ASACOS free of cost.

In turn, the ASACOs will sell the nets in her CSCom level at a reasonable price (price below market price). This way, the income generated from these promotional sales will serve ~~for~~ the ASACO to ~~the~~ purchase ~~of~~ other nets that will be sold in a similar fashion ~~in the same conditions~~.

For better results, the village committees will also participate in this promotional sale at their respective village level and they will also be trained in impregnation techniques.

The animators during their sessions will also promote use of impregnated nets but they will mostly emphasize its ~~insist on the~~ use for children less than 5 years of age.

III PERSPECTIVES

In the upcoming month, (October 2002) the field activities will effectively begin and become more intense in the following areas with:

- The selection of the relays in the villages and their training;
- The building-capacity building activities involving the organizational and institutional activities of the local NGO and the ASACO, (their training as well as the training of the communities and mothers)
- The first qualitative studies in MARP (or PRA)
- The first assessments with the LQAS technique

In addition, this second year will be marked by:

- The creation of new CSComs (4 according to the PDRIK that have already programmed the beginning of the construction in October 2002).
- The implementation in the whole district of a referral-evacuation system for obstetrical emergencies by the MOH.

New activities (sensitization of the population and negotiation of costs of referral, community approach, etc.) will be done by the project in addition to the usual activities.

CONCLUSION

The first year has just concluded, elapsed it would be premature to talk about annual assessment but more of results and under this vision, most results are satisfactory:

- Baseline studies realized
- Setting up and functioning of the coordination committee
- Establishment of a partnership between the MOH and Plan in the implementation of the project in Mali (training of Plan agents in HIS, training session financed by Plan in IPCM, joint supervision excursions in the project zone, etc)
- Active involvement in the communities in the implantation of the project activities (supply of free housing to certain animators in the project zone)

However, these few results should not deter us from our global objective (sustainable improvement of women and children's health of less than 5 years) and more actions need to be taken to reach that end. In so, difficulties have already arisen and will certainly arise in the future to throw us off the right track. Therefore, it is thus important for all the actors involved in this project after a year of implementation execution of the project to make an assessment.

This is why as announced in the introduction, we hope that this report can be a reflective-reflexion document, which should help us plan for a better partnership and a better implantation of the project.

ANNEX 1
Level of Execution of
Activities According to
the Work Plan

Appendix 1: Level of execution of the activities according to the work plan

A- First year

ACTIVITIES	Q1	Q2	Q3	Q4
	Selection and orientation of the project coordinator	X	X	
Selection and orientation of the project staff	X	X		
Selection and orientation of other personnel				X
Assessment of health structures		X		
CAP study		X		
Assessment of the needs of the ASACOs			X	
Rural participative evaluation				X
Start up workshop		X		
Preparation of the DIP		X		
Work groups with the communities			X	
Development of a supervision mechanism of the CSCom with the ASACOs and the communities		X	X	
Meeting of the coordination committee			X	X
Meeting of the follow up committee				X
Management and training in HIS			X	
Coordination meetings with the CSComs, the ASACOs, and the NGOs			X	X
Organizational assessment for the communities			X	X
Organizational assessment of the partners			X	
Development of building capacity tools				X
Participation in national information campaign			X	X

ACTIVITIES				
	Q1	Q2	Q3	Q4
Creation/reinforcement of management committees in ASACOs				X
Health personnel of CSComs(training in management and /with communities)				X
Training of management committees of ASACOs				X
Training of the ASACOs				
Development of the CCC materials			X	X
Training and refresher training of the supervisor				X
Conception of HIS/Surveillance		X	X	
Training of the staff in HIS/Surveillance				X
CAP		X		
Assessment of the health facilities		X		
Trimester reports		X		
Baseline studies		X		
EvaQL (specific indicators and interventions)				X
Monthly reports	X	X	X	X

Level of Execution

ACTIVITIES	DATES SCHEDULED	PROGRESS	OBSERVATIONS
Selection and orientation of the project team	Before December 31st	1/5	Only the project coordinator went on Dec 10, 2001 and the rest of the team in Feb. 2002
Selection and orientation of other staff	Before September 2002	1/1	The project accountant was hired during the fourth trimester
Assessment of the health facilities	January-February 2002	1/1	
CAP study	January-February 2002	1/1	
Assessment of the needs of the ASACOs	April 2002	Activities completed at	The needs in equipment and training of the

		this date	ASACO were assessed
Rural participative evaluation	September 2002	Activities not completed at this date	The selection and hiring process of the consultant for the training in the method was performed from 08/02 to 09/02
Start up workshop	February 2002	Activities completed at this date	All the partners participated
Preparation of the DIP	March 2002	Activities completed at this date	
Working groups with the communities	April 2002	Activities completed at this date	
Development of a supervision mechanism of the CSCom with the ASACOs and the communities	End of March 2002	Activities not completed at this date	Activities will be performed after the training of the relays
Meeting of the coordination committee	Last of the trimesters	¾	Three meetings took place
Meeting of the follow up committee	Every 6 months	0/2	No follow up because no major field activity
Management and training in HIS	April 2002	Activities completed at this date	The project staff received training from the MOH in the use of the national HIS software as well as the agents from the MOH in charge of HIS
Coordination meetings with the CSComs, the ASACOs, and the NGOs	May 2002	Activities not completed at this date	NGO wasn't recruited yet
Organizational assessment of communities and partners (NGO)	June 2002	Activities not completed at this date	
Development of capacity building tools	April 2002	Activities not completed at this date	This will be performed by a consultant who is going to do the organizational and institutional assessment
Participation in national information campaigns	All through the year		Plan participated in the pilate committee's meetings on IPCM in July 2002
Creation/reinforcement of	June 2002	Activities not	Start of the harvesting

management committees in ASACOs		completed at this date	activities, difficulties to bring together the community
Health personnel of CSComs(training in management and /with communities)	April 2002	Activities not completed at this date	This will take place in November after the IPCM training
Development of the CCC materials	May 2002		This is no longer necessary because the NGO already has expertise in CCC
Training and refresher training of the supervisor	February 2002	Activities not completed at this date	This position no longer exists
Conception of the HIS/Surveillance	April 2002	Activities completed at this date	
Training of the staff in HIS/Surveillance		Activities completed at this date	Training will take place after the IPCM training
CAP	February 2002	Activities completed at this date	
Assessment of the health structures	Jan-Feb 2002	Activities completed at this date	
Trimester reports	End of trimesters	3/4	Three reports were sent out by the Project coordinator
Baseline studies	Jan-Feb 2002	Activities completed at this date	
EvaQL (specific indicators and interventions)		Activities not completed at this date	There is no expert in this field in Mali and the support of USNO will be necessary
Monthly reports	Every month	9/12	Activities performed by the one in charge of follow up and monitoring

Annex 2

Complement to the DIP

ORGANIZATIONAL CHART
Relationship between Plan and its partners

a) CHART

