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JOHN SNOW, INC./PDY

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

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JOHN SNOW INC.

PROGRAMME DENMINSENYA YIRIWALI (JSI/PDY)

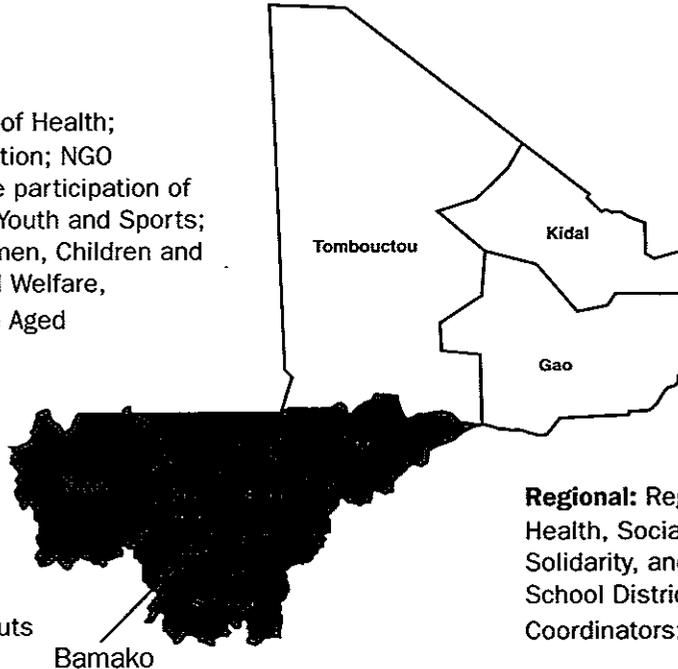
The Programme Denmisenya Yiriwali (Program for Youth Development) contributes to USAID's Youth Strategic Objective, a part of its bilateral assistance program in Mali. The goal of the Youth Strategic Objective is to improve the social and economic behaviors of young people aged 0 to 24. JSI/PDY, a technical assistance program, primarily supports two Malian government strategies: the Health and Social Development Program (known as PRODESS) and the Ten-Year Education Plan (PRODEC). JSI/PDY is under contract to USAID from July 1999 through December 2002.

Technical Assistance Areas:

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

Geographic Coverage and Levels of Intervention:

Central: Ministry of Health; Ministry of Education; NGO Partners; with the participation of the Ministries of Youth and Sports; Promotion of Women, Children and the Family; Social Welfare, Solidarity and the Aged



District: District Health Centers and Public Health Teams; "Centres d'Animation Pédagogique"; "Instituts de Formation des Maîtres"

Regional: Regional Directorates of Health, Social Welfare and Economic Solidarity, and Youth Promotion; School Districts; JSI/PDY Regional Coordinators; NGO Partners

JSI/PDY's Technical Assistance Team:

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

TABLE OF CONTENTS

Year 2001	4
Health	6
Social Marketing	9
Youth Promotion	13
Education	15
Institutional Capacity Building	19
Information, Education and Communication	21
Operations Research	23
Workshops and Trainings	26
Personnel	27
2001 Results	28
Annexes :	
1. Programmatic Budget	34
2. Equipment Purchases	35
3. Personnel List	36

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARH	Adolescent Reproductive Health
BASICS	Basic Support for Institutionalizing Child Survival (a centrally funded USAID program)
CAFS	Center for African Family Studies
CAG	“Centrale d’Achat de Génériques” (a private contraceptives distributor)
CAP	“Centre d’Animation Pédagogique” (district-level center for educational support and supervision)
CNIECS	National Center for Health IEC
CS	Child Survival
CSCOM	Community Health Center
CSRef	Reference Health Center
CYP	Couple Years Protection
DESAM	“Développement Sanitaire au Mali” (a health information system)
DNEB	National Directorate of Basic Education
DPM	Directorate of Pharmacies and Medication
EDC	Education Development Center
FP	Family Planning
GIS	Guide to Integrated Supervision
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IFM	“Institut de Formation des Maîtres” (district-level teacher training institute)
IMCI	Integrated Management of Childhood Illnesses
JSI/PDY	John Snow Incorporated/“Programme Denmisɛnya Yiriwali”
NGO	Nongovernmental Organization
OR	Operations Research
PC	“Pédagogie Convergente” (Convergent Pedagogy, a bilingual teaching method)
PNP	Policies, Norms and Procedures
PRIME II	A global training and support project for RH service providers, financed by USAID.
PRODEC	Ten-Year Education Plan
PRODESS	Health and Social Development Program
RH	Reproductive Health
SISEF	“Système d’Information Routine Scolaire de l’Enseignement Fondamental” (an education information system)
SNFC	“Stratégie Nationale de Formation Continue”(the National Strategy for In-Service Training)
STD	Sexually Transmitted Disease
TFGI	The Futures Group International
USAID	United States Agency for International Development
WEI	World Education, Incorporated
WHO	World Health Organization

Year 2001

For JSI/PDY and its partners, 2001 was a year of multiple activities, founded on the preparation and planning that characterized 2000. The program's 2001 work took place within the context of Mali's decentralization, in which responsibility and decision-making are transferred progressively to the regional level. Thus JSI/PDY's work increasingly takes place directly with regions and districts.

2001 activities were executed in close collaboration with ministerial and non-governmental partners, and members of JSI/PDY's technical assistance team provided expertise to the components for which they are responsible. The Center for African Family Studies (CAFS) focuses on strengthening reproductive health services, and The Futures Group International (TFGI) carries out social marketing activities. Education Development Center (EDC) works primarily to revise the primary school curriculum, centering on modules in health, nutrition and life skills, and provides technical support to the government's education system. World Education, Incorporated (WEI), in its turn, takes on literacy, youth promotion, and support to decentralization, and is responsible for supervising JSI/PDY's Regional Coordinators.

JSI/PDY's principal activities for the period January 1 – December 31, 2001 were:

Health: JSI/PDY devoted much effort to putting in place three interlinking tools for ensuring quality health services: the Policies, Norms and Procedures documents; the Guide to Integrated Supervision; and the National Strategy for In-Service Training. These documents were disseminated through training workshops, in which health workers learned to make use of the valuable information contained within them. In the Child Survival arena, service providers in the three Integrated Management of Childhood Illnesses (IMCI) test districts are now trained and implementing the approach. The long anticipated basic nutrition training module was developed, and JSI/PDY ensured training of trainers who will, in their respective regions, train health workers in nutrition services. At the same time, JSI/PDY advanced its social marketing communications activities, and provided important support to contraceptive availability, particularly by strengthening the ability of the private distributor "Centrale d'Achat de Génériques" to carry out social marketing distribution activities.

Youth Promotion: A new literacy course for out-of-school youth, with a focus on health issues, was drafted in 2001. JSI/PDY ensured a training of peer educator trainers in three regions and in Bamako, and the peer educators of one NGO per region were subsequently trained. To complement the peer educator system, JSI/PDY trained 39 service providers in adolescent reproductive health, in addition to the 17 trained in the preceding year. Finally, a youth services database was developed to facilitate information exchange between groups active in youth promotion in Mali.

Education: The development of an improved curriculum for Level I (Grades 1 and 2) of the basic education cycle continued throughout 2001, culminating in a new curriculum that will be tested in 2002. JSI/PDY contributed model modules in health, nutrition and life skills, in particular through the development of “integrated tasks”. The program also helped strengthen the abilities of the Directors of regional and district-level training and support structures (the school districts, “Centres d’Animation Pédagogique” and “Instituts de Formation des Maîtres” to carry out the institutional changes dictated by the government’s education reform plan.

Institutional Capacity Building: JSI/PDY concentrated its efforts in two arenas that are fundamental to Mali’s health and education services: decentralization and information systems. Thus JSI/PDY initiated a series of regional workshops in which participants defined strategies, developed tools and established agreements to make use of local financing for health and education services. Preparatory activities within the Ministries of Health and Education culminated in national training of trainer workshops in the management of routine data. Other trainings included database management and use of the Internet. Finally, the database for monitoring in-service training was modified and will soon be installed on the two Ministries’ systems.

Information, Education, Communication (IEC): Throughout 2001, JSI/PDY followed up on the actual use of the IEC message catalogues that it developed with its partners in 2000, and created and disseminated IEC materials based on the catalogues. The themes for these materials were sexually transmitted diseases (STD’s) and AIDS, and hygiene and sanitation. JSI/PDY and the National Center for Health IEC met with partner radio stations that broadcast IEC information to youth to identify ongoing information and training needs among radio personnel.

Operations Research: JSI/PDY and its partners identified three research subjects for 2001: “The functioning of the referral system between peer educators and health service providers”, “The impact of radio IEC messages on youth”, and “The impact of formative supervision on the quality of teaching in primary schools”. These three studies touch on issues of importance to the Ministries of Health and Education as well as to JSI/PDY, and as such were able to be used as tools to assess the impact of JSI/PDY activities. Two of the three studies were completed by year’s end; the third will come to a close in April 2002.

Results 2001: JSI/PDY’s program indicators touch upon all components of its work and the majority of its activities. In 2001, 22 indicators were used to track program progress and measure program impact. This was a true team effort in which, in particular, the Ministries of Health and Education played indispensable roles. The results allow JSI/PDY to determine the effects of its work and of complementary interventions, to re-orient activities as needed, and to make recommendations to the two Ministries for 2002.

At the end of 2001, JSI/PDY met with USAID to evaluate the program’s progress against the milestones outlined in the contract. Both parties recognized the major advances made to date, and noted that a handful of planned activities may not be finalized by the program’s end in December 2002. In some cases, JSI/PDY’s partners have re-evaluated priorities; in others, delays in preparatory work have lengthened the overall activity timetable. Milestone adjustments will be made as necessary.

HEALTH

Overall Objectives:

- To improve Child Survival (CS) services for children ages 0-4.
- Improve responsible reproductive behaviors among youth 10-24 years old through improved quality of, increased access to, and increased demand for reproductive health (RH) services.

JSI/PDY provides technical and financial assistance to activities prioritized by the Ministry of Health, using an intervention framework that conforms to the Malian government's Health and Social Development Program (PRODESS). In 2001, the program's assistance focused on improving the quality of health services at all levels in Mali through the application of Policies, Norms and Procedures (PNP) in RH, the Guide to Integrated Supervision (GIS), and the National Strategy for In-Service Training (SNFC).

Applying the RH Policies, Norms and Procedures

The PNP document, a technical reference for health care providers, is a detailed guide to offering RH services. It includes sections on adolescent RH (ARH), sexually transmitted diseases (STDs) and HIV/AIDS, CS and gender. In 2000 and early 2001, with support from JSI/PDY, regional trainers were trained to disseminate the PNP document. These trainers then held five district-level workshops to train service providers to use the PNP in their work: Commune VI (Bamako), Douentza (Mopti), San (Ségou), Kadiolo (Sikasso) and Kolokani (Koulikoro). Kayes district will hold its PNP training in early 2002. The effect of these workshops will be evaluated via a series of follow-up visits targeting service providers in 2002.

The role of the PNP in improving RH service quality is well demonstrated, but to ensure that providers use these tools, quality supervision is needed. To this end, the Ministry of Health, the World Health Organization (WHO) and JSI/PDY created the GIS.

Disseminating the Guide to Integrated Supervision

In 2001, JSI/PDY provided technical and financial support to disseminate the GIS to health supervisors in Ségou, Mopti, Sikasso, Kayes and Koulikoro regions, and will do so in Bamako in 2002 (note that the integrated supervision system replaces sectoral supervision, an expensive and less efficient means of monitoring the work of health providers). The dissemination-training covered the GIS' contents and allowed trainees to apply their learning in a practical integrated supervision exercise in the field. JSI/PDY ensured that the number of GIS printed was adequate to meet the needs of all Community Health Centers (CSCOMs) in the JSI/PDY zone.

Use of the GIS will allow for reinforcing the PNP trainings within health facilities, and will help supervisors identify skills and knowledge gaps among health workers. These gaps can often be filled via in-service training, be it formative supervision (see text box) or a more formal training or refresher workshop.

Putting into Practice the National Strategy for In-Service Training

With the SNFC, the Ministry of Health aims to ensure that health personnel have access to ongoing opportunities for skills strengthening, based on needs identified by integrated supervision. In 2000, JSI/PDY participated in the dissemination of the SNFC in the program's five regions and Bamako, and in one district per region. The regional sessions included instruction in the formulation of regional training plans.

What is Formative Supervision?

Formative supervision is a process that aims to ensure that health personnel accomplish their duties in a satisfactory manner, and improves their on-the-job performance.

It is a management tool that allows for better guidance, to support and assist personnel in the execution of their tasks in order to improve the performance of the health facility.

Formative Supervision requires an interactive approach, with an accent on:

- Coaching
- Joint, on-the-job, resolution of performance problems
- Two-way communication

Source: Reference Manual for Supervision Training, 2001, PRIME II

In 2001, JSI/PDY and PRIME II (a global project of USAID) created a manual of standards for in-service training. In addition, JSI/PDY created a software program to aid in the management of in-service training. The standards manual and the software were tested and approved by JSI/PDY's national and regional partners.

The standards will be disseminated in conjunction with training in andragogy (adult education) and formative supervision. JSI/PDY and PRIME II have prepared the training sessions, which will take place in 2002 for health workers in the program zone. The health workers to be trained will be able to provide training in their respective regions regardless of the theme.

JSI/PDY will evaluate the impact of the tools and trainings in 2002 and, to better highlight the linkages between the PNP, the GIS and the SNFC, will work with CSCOMs to reinforce the tools' use and to encourage good performance.

Strengthening Child Survival Activities

JSI/PDY, in collaboration with WHO, provided training in Integrated Management of Childhood Illnesses (IMCI) to health workers in Koulikoro and Djenné districts. These two circles, along with Commune V in Bamako (where JSI/PDY trained service providers in 2000), are the pilot zones for IMCI in Mali. With the 2001 trainings, the preparatory phase is complete: each district now has trainers and supervisors trained in IMCI, and trained health workers are using the approach in CSCOMS and reference health centers (CSRefs). In 2002, JSI/PDY and WHO, along with trained supervisors, will undertake monitoring visits of the trained health workers, and will subsequently organize an evaluation of the IMCI experience in Mali.

In 2001, the program provided important support to nutrition services, particularly women's and children's nutrition, in collaboration with the Ministry of Health, WHO and Helen Keller International. JSI/PDY financed the updating of nutrition documents currently in use in Mali, created modules for trainers and health workers, and conducted trainings of trainers throughout the program zone. These trainers will, in turn, train service providers in all the zone's districts in 2002.

The Ministry of Health's national effort to train selected service providers in perinatal care was given a boost when JSI/PDY delivered trainings in Kéniéba and Yélimané (Kayes) and in San (Ségou).

Support to Other RH Activities

JSI/PDY, in its role as technical and financial partner to the health sector, provides regular support to working groups and to RH trainings within the Ministry of Health, NGOs and USAID. In 2001, JSI/PDY provided support to the Regional Health Directorate to organize a workshop that brought together health providers and disabled women, with the aim of improving the care of such women at Bamako's health facilities. The two groups devised a plan to improve disabled women's access to health centers; the plan will be put into place in 2002.



A practice counseling session during IMCI training

SOCIAL MARKETING

JSI/PDY's social marketing activities address Malian youth's knowledge of and access to contraceptive products, and do so primarily through the private sector. This component's objective is to increase contraceptive prevalence and to reduce the prevalence of STDs and AIDS among young Malians. To achieve this objective, JSI/PDY supports the private company "Centrale d'Achat de Génériques" (CAG) ability to distribute contraceptives, and conducts IEC activities through numerous channels.

JSI/PDY collaborates with certain ministerial services, such as the Directorate of Pharmacies and Medication (DPM), the National Campaign against AIDS, the National Center for Health IEC (CNIECS), and with NGOs working in RH and/or youth promotion. Given that one of social marketing's primary aims is the development of a private sector contraceptive network, its principal partner is CAG, a distributor that sells contraceptives to the private sector and to certain NGOs at reduced prices. JSI/PDY provides technical assistance to CAG, building its capacity to manage a contraceptive social marketing program in Mali.

In 2000, JSI/PDY primarily helped CAG to develop logistics and financial management skills. In 2001, this support continued and was built upon as CAG improved its distribution network by creating partnerships with private pharmacies in Koutiala, Sikasso and Mopti.

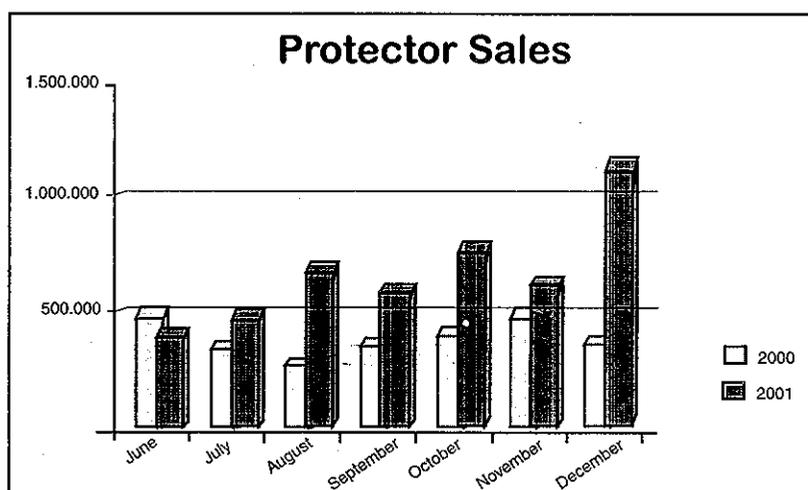
The development of the distribution network, particularly the private network, provides the target population ready access to contraceptive products. There are currently more than 13,000 non-traditional sales points for "Protector" condoms: shops, bars, nightclubs and hotels. Promoting contraceptives, through the peer educator network, sponsoring activities, and above all radio and TV advertisements, increases knowledge of social marketing products, which translates into a strong demand for condoms among Malian youth.

Distribution and Sales of Contraceptive Products

Contraceptive sales grew considerably in 2001, following a sales slump the first half of 2000 caused by a break in the national supply chain. A comparison between the two years' sales also reveals an appreciable difference in type of product sold. While sales of "Protector" condoms and "Pilplan d" oral contraceptives grew by 64 and 17 percent respectively between June and December 2001, sales of the injectable "Confiance" dropped by 34 percent compared to the same period in 2000.

Total contraceptive sales between June and December 2001 represent 87,619 couple-years protection (CYP), an increase of about 25 percent over 70,191 CYP during the same period in 2000. The CYP breakdown by contraceptive is 50 percent "Protector"; 35 percent "Pilplan d"; and 15 percent "Confiance".

Condom sales have continually increased since the program began, but the spectacular sales increase in the last half of 2001 (see graphic) must be primarily attributed to the Malian government's commitment to a national anti-AIDS campaign, a commitment that has spurred increased activity throughout the national health system and among NGOs.



In 2001, JSI/PDY technical assistance allowed CAG to strengthen its skills in sales management and to launch partnerships with private pharmacies in order to increase contraceptive sales in the regions. Because certain contractual problems arose in June 2001, when the JSI/PDY–CAG contract was due to be renewed, these activities were suspended until CAG’s ongoing role as social marketing distributor could be confirmed. The issue was resolved in December; in 2002 JSI/PDY will continue the progressive transfer of technical skills that will permit CAG to effectively manage a social marketing program. The seminar on improving private-public sector partnerships, planned for 2001, will be held in 2002 under the guidance of the DPM and within the framework of Mali’s action plan for contraceptive security.

Managing Contraceptive Side Effects

A study conducted by JSI/PDY in 2001 revealed that 38.5 percent of women who stop using hormonal contraceptives do so because of side effects, a finding that is confirmed by the 35 percent drop in “Confiance” sales. Insufficient client counseling by service providers contributes to this barrier to contraceptive use. As a result of the study, JSI/PDY and the Ministry of Health designed two “decision tree” posters on managing contraceptive side effects. In 2002, JSI/PDY will train service providers in the program zone to use the posters as technical and counseling support materials.

Condoms: Known, but Only Partially Understood

In 2001, JSI/PDY conducted a study on knowledge of social marketing products and barriers to condom use. The study involved a sample of 2,784 people aged 15 to 24 throughout the program zone.

The study revealed that young people know what condoms are (94%) and know where to buy them. Yet only 54% think of the condom as a contraceptive method, and only 31% of youth surveyed said they used a condom during their last sexual encounter, 42% of them justifying this by saying they trust their partner or have only one regular partner.

These findings led JSI/PDY to reinforce the message that condoms offer a double protection, against STDs and unwanted pregnancy, via radio spots, radio soap operas, and a new TV ad. The message also appears on all promotional items, including t-shirts, banners and posters. In 2002, JSI/PDY will work with concerned organizations to ensure that this message is uniform throughout Mali.

Multiple Channels to Inform Youth

To increase the impact of interpersonal communication offered by peer educators, the social marketing component negotiated contracts with NGOs and associations that work with specific target groups, with the aim of reaching a wide range of people at risk of unwanted pregnancy and STDs/HIV/AIDS. In this way, 442 new peer educators were trained in RH (compared to 219 in 2000), including 60 young mothers, 29 disabled youth, 24 female soccer players, 14 rural women, 60 truck drivers, 15 peri-urban residents, 150 young workers and 90 maids.

JSI/PDY uses various mass media to broadcast contraceptive messages, via a subcontract with the communications agency "Synergie". Radio spots on "Protector", "Pilplan d" and "Confiance" were broadcast in Bambara, French, Peulh and Sarakolé over the national radio station and 18 independent stations in the program zone. Two TV ads were broadcast twice weekly, and a 20-episode soap opera played once a week on each of the stations (produced by TFGI approximately five years ago). JSI/PDY produced and pre-tested six new radio spots on the double protection offered by condoms (see box) in the program zone.



These peer educators have won a trophy and an audience for ARH information

In addition, JSI/PDY sponsored musical and sporting events throughout the year, including a bicycle-tour and soccer matches. In December, global AIDS awareness month, JSI/PDY participated in the "Convoy of Hope" which traveled through Sikasso, Ségou, Mopti and Koulikoro regions before culminating in the "AIDS March" through Bamako. During the "Convoy of Hope", "Protector" condoms were promoted in concerts and shows, and by playing and distributing music cassettes produced by JSI/PDY: "Artists Against AIDS", which brought together Samba Diallo, Thiéwa Dembélé, Djénéba Seck, Tata Pound and Harouna Sylla; "Truckers Against AIDS" by Daouda Dembélé; and an album by Abdoulaye Diabaté. JSI/PDY also sponsored a "Reproductive Health Week" in Sikasso Region.

During each event, promotional materials were distributed, including “Protector” t-shirts, stickers, key chains and caps.

In 2002, JSI/PDY will increase the number of radio stations with which it works, based on recommendations from its 2001 survey (see IEC section). The newly produced advertisements will replace the old spots, and JSI/PDY will produce 20 new soap opera episodes that deal with hormonal contraceptive side effects and provide accurate information on condoms. To reinforce the family planning (FP) program, JSI/PDY will put an emphasis on traditional media and close collaboration with certain target groups such as women’s associations, the midwives’ association, and private enterprises.



The “Convoy of Hope” gets underway in Ouélessébougou

YOUTH PROMOTION

Overall 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.

In its Youth Promotion component, JSI/PDY aims to establish a synergy between the various sectors that target young people in Mali and to multiply the impact of their work. If 2000 represented a period of coordination and preparation, 2001 saw important advances in the implementation of activities under this component.

The component's principal focus areas – literacy, peer educator training and leadership training – endow youth with the skills they need to participate in and benefit from Mali's development. They help young people develop the responsibility, autonomy, self-confidence,

organizational skills and knowledge that allow them to participate in activities that lead to their personal development. This in turn allows young people to take better advantage of the services that target them, especially health and education.

A Coordinated Effort to Reach Youth

To ensure a cohesive approach to youth-oriented activities, JSI/PDY collaborates with a Working Group composed of representatives from NGOs (Africare, ASDAP, CARE, CEDPA, "Enda Tiers Monde", "Fondation Pour l'Enfance", "Groupe Pivot Santé/Population", Handicap International, "Mali Enjeu", WEI) and from the government (Reproductive Health Division; National Directorates of Basic Education; Social Welfare; Youth, and Promotion of Children, Family and Women; National Council on Youth; and the Project for Promotion of Youth, Sports and Health).

In its literacy work, JSI/PDY works through six Regional Commissions, each of which brings together five or six staff from government services and NGOs.

Literacy for Youth: a Focus on Health

JSI/PDY and its Regional Commissions (see box) chose health as the theme for literacy materials targeted to out-of-school youth. In a first workshop, JSI/PDY's Regional Coordinators, each with a member of their Regional Commission, established an overall plan for the literacy course contents. These products were assembled during a second workshop: the resulting draft is a text that integrates literacy lessons, drawings and exercises focusing on health. In 2002, this draft will be translated into Bambara, finalized and tested via pre-selected structures in each region.

Reaching More Youth

In 2001, JSI/PDY supported the training of a core group of over 80 peer educator trainers in Koulikoro, Sikasso, Mopti and the district of Bamako, using the training curriculum it developed in 2000. Participants came from technical services, NGOs and associations that work with youth. A good number of these trainers then trained peer educators from the groups that work with the Social Marketing component of JSI/PDY. In Kayes and Ségou, once a training of trainers is accomplished, groups will be identified to train peer educators in those regions in early 2002.

JSI/PDY used the ARH training module it developed in 2000 to train, in collaboration with the Reproductive Health Division, some 40 Bamako-based health workers. One of the important subjects treated was the reference system between peer educators and health service providers. JSI/PDY chose to deepen its understanding of how this system is actually working in the field (see the Operations Research component for a summary of this study).

The impact of the ARH training will be evaluated through a JSI/PDY indicator as well as through integrated supervision visits of health centers.

In 2001, JSI/PDY and a sub-committee of the Working Group tasked themselves with identifying the various fields that should figure in a database of organizations working with youth. They then developed a database model that will, in early 2002, be presented to partners for suggestions before available data is entered.



These peer educators learn how strong condoms really are

After this step, data on a larger number of organizations will be collected and entered, and the database's user group expanded. Groups that are interested in youth development will be able to access the database to learn what others are doing, to initiate contacts and collaboration, and to bring their own activities to the attention of others. A future possibility will be to create a Web page through which young people can access the database's contents.

The Working Group met in early 2001 to continue work on the leadership training modules. In 2002, the modules will be finalized, pre-tested, and field-tested in the youth projects of several NGOs and associations.

Also in 2002, JSI/PDY will collaborate with the Institute for Popular Education and the Ministry of Education to train schoolteachers who are using the convergent pedagogy method to implement a teaching methodology that integrates mathematics and participative community approaches to reaching youth.

EDUCATION

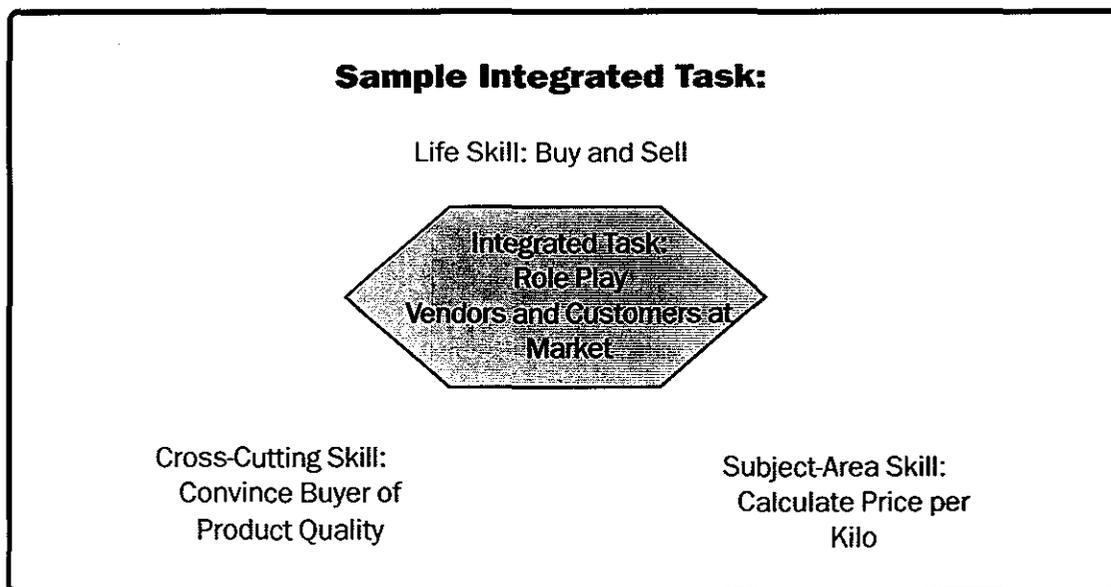
Overall Objective:

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

In 2001, JSI/PDY continued its support to the Ministry of Education and its Ten-Year Education Program (PRODEC), contributing to the improved quality of basic education. JSI/PDY's technical and financial assistance is in accordance with PRODEC priorities: renewing the basic education curriculum, with an accent on life skills acquisition; improving the professional skills of teachers, including convergent pedagogy (PC, see box); and better management of the education system in the context of Mali's decentralization.

Advances in the Level I Curriculum

2001 saw important progress in the development of an improved curriculum for Level I (that is, the first two years of the basic education cycle), a multi-organizational effort headed by the National Center for Education. JSI/PDY's contributions consisted above all in producing curriculum documents in health, nutrition and life skills and introducing "integrated tasks" (see graphic) upon which teachers can base their lessons. The Level I elements proposed by JSI/PDY have been incorporated in the curriculum draft, a document that helps teachers plan and deliver lessons, and evaluate the progress of their students. Throughout the year, JSI/PDY participated in the curriculum development process, and provided both technical and financial support to workshops. The draft curriculum guide has reached an advanced stage, and will be pre-tested in February 2002. The pre-test will be followed by a wider test beginning when the 2002 school year convenes.



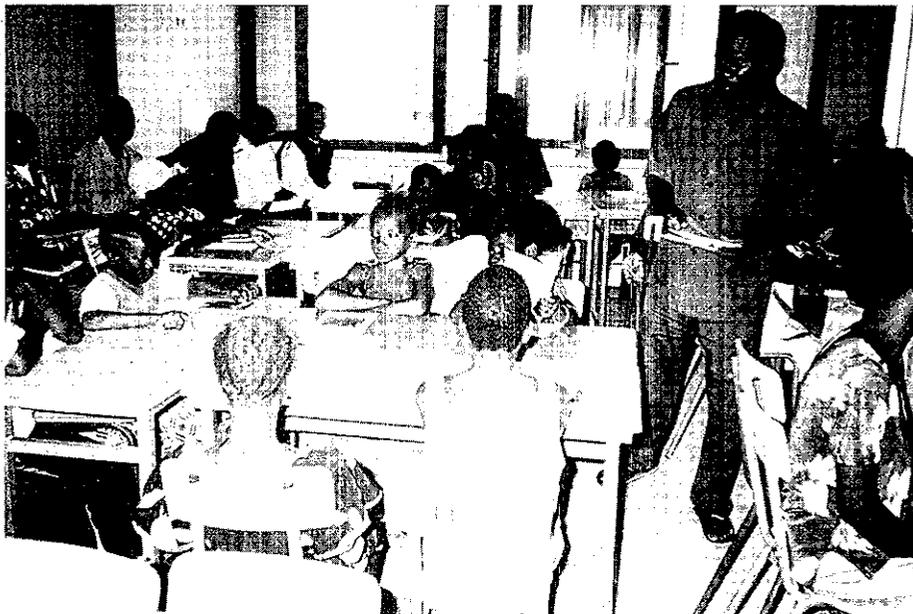
Improving Teacher Training Skills

JSI/PDY took advantage of the annual conference for the development of teaching materials in national languages to train 200 trainers in the use of the health, nutrition and life skills elements of the draft curriculum. JSI/PDY also prepared these trainers – pedagogical advisors, school directors and senior instructors who will train teachers in PC – in principles of the competency-based approach and showed them how to help teachers use active methods and integrated tasks for teaching health, nutrition and life skills. These trainers will participate in teacher training as the new curriculum is introduced.

Convergent Pedagogy and the New Curriculum

PC is a teaching method that aims to help children gain functional bilingualism, using the native language and gradually introducing, in Mali's case, French. PC contrasts with the old, unilingual model in which the school was often the only place a child was exposed to French.

PC is the foundation of Mali's new primary school curriculum. It embraces active teaching methods to help children acquire competencies, that is the ability and resources to analyze and resolve life problems, in the five subject areas taught (languages and communication, arts, human development, human sciences, and science, mathematics and technology), in life skills, and in cross-cutting skills such as independence, decision making and leadership.



Active teaching methods mean that children participate in their own development

Meeting the Challenges of Institutional Change

JSI/PDY contributed to strengthening the education system through a series of trainings and follow-up visits designed to improve the management abilities of directors of school districts, of "Centres d'Animation Pédagogique" (CAP), and of "Instituts de Formation des Maîtres" (IFM). This support plays a significant role in the contexts of decentralization and the introduction of the new curriculum, both of which require organizational changes and new skills.

The 2001 workshops organized by JSI/PDY in this area were:

- Planning for Organizational Change; new roles, tasks and responsibilities among existing and new players such as Students' Parents Associations. This workshop set the stage for those that followed. (School districts, CAPs, IFMs)
- Creating Strategies to Improve Teachers' Pre-Service Training, in light of the new curriculum and its child-focused approach. (IFM)
- Personnel and Classroom Supervision, to introduce staff to, and strengthen their abilities to further, the changes within the education system. (National Directorate of Basic Education [DNEB], school districts)
- Supervision, Coaching Visits and Managing Teachers' Training. (School districts, CAPs, IFMs)

In December, JSI/PDY, DNEB and school district personnel coordinated follow up visits with CAP and IFM directors in the program zone. The visits were, for supervisors and supervisees, a model of the kind of monitoring that the Ministry of Education now encourages: a process of jointly identifying and resolving problems in a collaborative atmosphere. A particular objective of the visits was to help directors make plans for changes in their organizations, and to create and launch their coaching plans. The directors learned of what their peers were accomplishing in these arenas, a subject that interested them greatly. Overall, the visits were well-received and were, indeed, the first that the directors had ever received. Many said, in effect, "We no longer feel abandoned, we are more confident," and evinced appreciation of the new supervision model. The first tangible result of the follow-up visits is the production of an organizational change plan for each structure, with a commitment to follow through on the plans. In 2002, JSI/PDY will continue to reinforce DNEB capacities in planning and holding workshops, and in the follow-up and coaching that will help Mali's educators strengthen their skills and knowledge.

Steps toward a School Health System in Mali

To date, Mali does not have a cohesive school health program. In 2001, JSI/PDY organized two workshops on the subject, in collaboration with the Ministries of Health and Education. The workshops permitted education and health staff to identify current actors in school health in Mali, even though their activities are not coordinated at present. They also discussed school health models in use elsewhere, and defined possibilities for Mali's future. Participants expressed a great interest in the subject of school children's health, drafted a first attempt at a school health development plan for Mali, and acknowledged at the same time the high level of coordination and direction required to adopt and manage a system in the future. In 2002, JSI/PDY will investigate more closely what communities and NGOs are actually doing in the school health sector, in the hopes of culling useful lessons for the two Ministries.



These children will benefit from the new curriculum

INSTITUTIONAL CAPACITY BUILDING

Overall Objective:

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

JSI/PDY works to reinforce partners' capacities to furnish support to activities that reach young people. The institutional capacity arena is broad and complex, and within it JSI/PDY has mapped out a strategy that concentrates on two critical fields: decentralization and information systems.

Laws Surrounding Local Services Financing

In 2001, JSI/PDY concentrated its support to decentralization on strategies for reinforcing local financing of health and education services. JSI/PDY hosted a workshop in each of its program regions, organized by the High Commissioners, bringing together administrators, elected officials, civil society members and development partners to create strategies to mobilize funding for health and education. The strategies dealt primarily with the collection of various local taxes. The workshops filled an important gap, and were highly appreciated by the participants.

Toward the end of the year, a meeting was held with financial partners to identify next steps that would allow JSI/PDY to complement the activities described above. It was decided that JSI/PDY will work with WEI, "Oeuvre Malien d'Aide à l'Enfance" and a handful of other NGOs in early 2002 to develop follow-up activities to the strategies created in the local financing workshops.

Improving the Use of Information Systems

The information systems sub-component offered a complementary set of activities leading to improved capacities in information system management, communication and research within the Ministries of Health and Education. This sub-component covers use and management of decentralized, routine information systems; in-service training data management; and the use of email and the Internet.

Regarding systems for routine information, a series of trainings were held for staff of the two Ministries, with the aim of improving the decision-making process in program implementation at all levels: central, regional and district. Particular attention was paid to comprehension, analysis and exploitation of indicators relevant to the different levels, in conjunction with practical exercises in the use of software created for the collection and entry of basic, routine data.

JSI/PDY trained trainers to train appropriate personnel in the routine information systems of each Ministry. These two core groups of trainers will, in 2002, train regional and district-level staff. The Ministry of Health was already able to conduct one such training session in Ségou in late 2001.

Two other types of training completed the support to routine information systems. First, central-level staff received training in the use of Microsoft Access® (a commercial database software) to better exploit the software programs that were created to support routine information systems in health (the program is known as DESAM) and in basic education (SISEF). Secondly, JSI/PDY ensured that DESAM was installed in the health information system at regional and district levels, and that staff were trained in its use. The Ministry of Education undertook a similar installation and training, with its own funds, for the SISEF application.

In other trainings, agents from each of the ministries learned to use the Internet and email to improve intra-ministerial communications and technical research capabilities via the Web.

The information systems sub-component will also contribute to improvements in human resources management. In 2001, a database for better managing both ministries' in-service training programs was tested at the central level prior to installation at the regional level, an activity that will take place in 2002.

INFORMATION, EDUCATION AND COMMUNICATION

Overall Objective:

- To improve the economic and social behaviors of youth (0 to 24) using information, education and communication activities that target young people.

Using IEC Messages

JSI/PDY, in collaboration with Synergie and CНИЕCS, conducted regular site visits to monitor partner radio stations, service providers, and the availability of contraceptive products at health centers and pharmacies. These visits were combined with monitoring and support of IEC agents. In June 2001, JSI/PDY noticed that in some cases, the catalogues of key IEC messages were not being used to the extent desired; this was particularly so where new staff had not received IEC training. In November, during the next field visits, JSI/PDY trained these staff to use the catalogues, and provided copies to agents who had none. The catalogues, compiled jointly by the government, NGOs and JSI/PDY, are a collection of tested IEC messages dealing with childhood illnesses and RH (Volume I) and with attitudes and practices in CS among mothers and RH among adolescents (Volume II).

During the 2001 field visits, JSI/PDY distributed illustrated flipcharts on STDs/AIDS, which were financed by USAID through the Directorate of Administration and Finance, and trained IEC agents in their use. A census of IEC support materials led JSI/PDY to create, in collaboration with CНИЕCS, a flipchart dealing with hygiene, sanitation and diarrheal diseases. Also based on needs assessed in 2001, JSI/PDY will ensure the creation of support materials in nutrition and FP in 2002.

Hygiene and Sanitation Flipchart



"Mother, watch your child while he is eating."

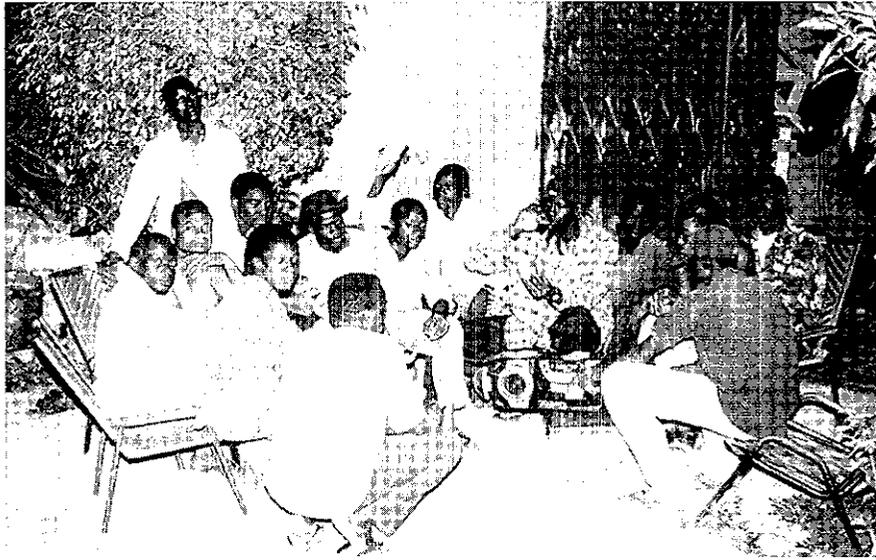


"Eating dirty food leads to diarrhea."



"Diarrhea is a serious and sometimes fatal disease...save your child's life by giving her KENEYAJI at the first sign of diarrhea."

Radio, an Important Source of Information for Youth



Young Malians are avid radio listeners

Following a study of radio listenership, undertaken in 1999 in conjunction with CNECS, JSI/PDY opted to support the 19 radio stations most listened to by young people in the program zone. These stations currently work with "Synergie", a communications agency subcontracted to JSI/PDY, to create and implement monthly media plans to broadcast information on ARH. The information is in the form of advertisements, soap operas, and other formats targeted to young audiences.

In 2001, JSI/PDY undertook a detailed monitoring of these stations to evaluate their work and their ongoing training needs (in addition, see the Operations Research component for a discussion of the impact of radio messages on youth). During the monitoring visits, radio station personnel expressed strong interest in gaining more knowledge of RH and of ways to better reach their young listeners. JSI/PDY will organize a training for radio personnel in 2002.

OPERATIONS RESEARCH

Overall 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 goals of the national health and education programs are to improve the health status and knowledge base of the Malian people. To reach these goals, precise programming at all levels is required, as is coordination between activities, adequate training and supervision of personnel, and a continuous evaluation of both the programs and their impact. All these elements can be fine-tuned using information furnished by operations research (OR).

The JSI/PDY partners who have been involved in OR since 1999 (see box) have become important resources for the future management of and improved collaboration between health and education programs in Mali.

2001 Studies

OR Partners: Who does What?

Steering Committee: Decision Makers from the Ministries of Health, Social Welfare, Youth and Sports, and Education, and from NGOs and private groups; the Committee's role is to approve research protocols, to ensure that OR results are followed up, and to integrate OR data into the appropriate levels of various health and education programs.

Working Group: Technical personnel from the above-named ministries; the Working Group takes responsibility for technical aspects of the research and analysis. The Working Group members are now able to identify OR needs, create research protocols, facilitate regional trainings in data collection, supervise data collection in the field, enter and analyze data, create results reports, disseminate results, and help projects and institutions use the results in their decision-making and activity planning.

Trained Professionals: Each year the Working Group, with technical assistance from JSI/PDY, trains regional staff from partner Ministries in the OR process. Those who benefit from these theoretical and practical trainings serve as resource people within their own structures.

In 2001, JSI/PDY and its OR partners operationalized three research protocols, two of which dealt with the health sector and one with education. A total of 63 professionals from the Ministries of Health, Social Welfare, Education, and Youth and Sports were trained in OR techniques. In close collaboration with JSI/PDY and the Working Group, these professionals carried out two studies from conception to results dissemination in December 2001. The third study will come to a close in April 2002.

In 2002, JSI/PDY and its partners plan to follow the process of identifying topics to be the subject of three new OR studies, again via an approach of "learning by doing" for partner staff.

Theme I: The functioning of the referral system between peer educators and RH service providers

Goal: To contribute to the improvement of the referral system between peer educators and RH service providers.

Targets: 773 youth, 506 peer educators, 154 RH service providers in Sikasso and Bamako, 69 managers of health services or of NGOs with peer educator programs.

Conclusions

- It is necessary that youth-oriented services be both offered to and used by youth in order for peer educators to serve as liaisons between service providers and young people.
- The referral system needs to be reviewed from both sides (peer and provider), and efforts made so that peer educators and health workers consider one another partners in the same effort (such as joint training or regular meetings).
- Peer educators who have participated in RH refresher training are more likely to refer young people to health services than those who have not.
- The quality of RH service has a positive influence on referrals. Service provider training can contribute to improved referrals, but training alone, be it in PNP or in RH, is not sufficient. Other elements such as follow-up and formative supervision are needed.



Peer educators and health workers benefit from joint ARH training

Theme II: The impact of radio RH messages on young people

Goal: To contribute to improving RH knowledge, attitudes and behaviors of Malians aged 15 to 25 via radio-broadcast IEC messages.

Targets: 52 radio stations and 731 youth throughout the JSI/PDY program zone.

Conclusions

- There is a strong correlation between the subjects that are broadcast and knowledge among young people. For example, young people have a good knowledge of STD and AIDS prevention, and cite the radio as their primary source of information. Indeed, all radio stations state that they broadcast on these subjects. As for subjects less frequently broadcast (sexuality, fertility), youth have only a weak knowledge and cite "friends" as their information source. In short, young people listen to and understand RH messages on the radio. There remain enormous opportunities in Mali to expand and diversify radio broadcasting of IEC messages.
- To help youth translate knowledge into behavior change, it is important that they receive reliable information not only from the radio but from other trusted sources, especially school, friends and parents. Here peer educators, schoolteachers and health workers may have an important role to play in ensuring that young people receive the same messages from an array of trusted sources.
- Radio personnel wish to be better informed in RH issues so they can better reach their audiences and minimize the risk of broadcasting misleading information. Local health workers trained in RH could serve as a valuable resource for radio staff.

Theme III: The impact of formative supervision on the use of active teaching methods

Goal: To improve the supervisory system's ability to support the use of active methods that will lead to better results in the first six years of basic education.

Targets: Ségou and Sikasso, 12 schools per region (six test and six control), three teachers per school, the Director of each school, two CAP per region and two pedagogic advisors per CAP, two representatives per school district.

Status of the study

- The Directors of test-schools and the pedagogic counselors in both regions have had refresher training in active methods.
- The Directors of test schools, the pedagogic counselors, the CAP Directors and the school district representatives have been trained in formative supervision techniques.
- Teachers from the test schools have received follow-up visits from their Directors, from the pedagogic counselors and the CAP Directors.
- The activities to be studied are underway.

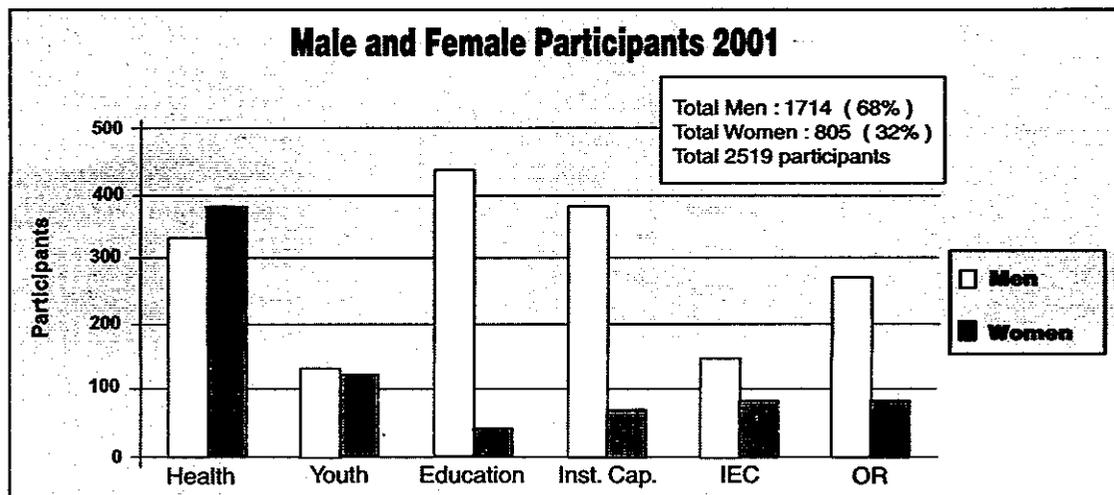
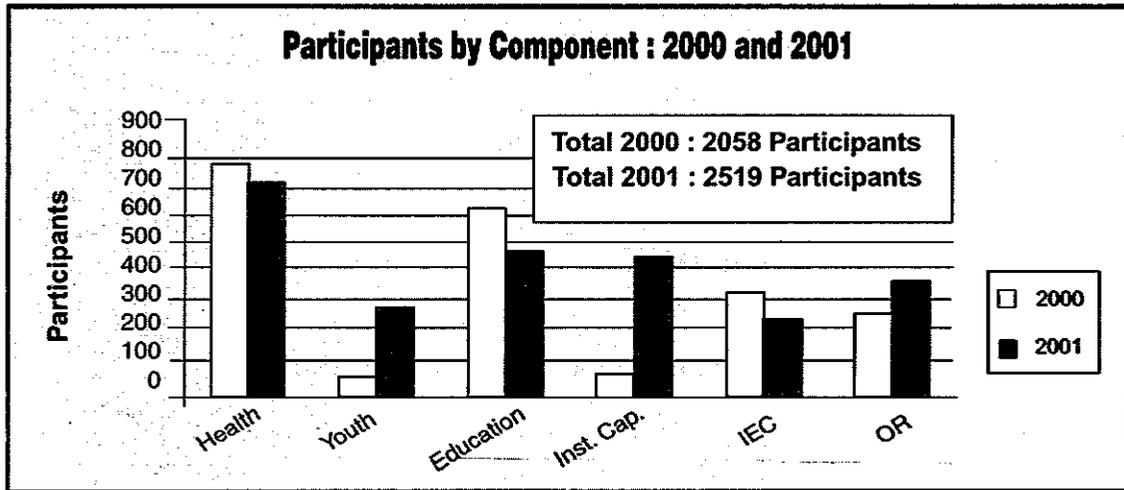
Remaining Steps: Test research tools, collect data in test and control schools, analyze and disseminate the results.

WORKSHOPS AND TRAININGS

As described in the preceding sections, trainings and workshops are the primary tools that JSI/PDY uses to provide technical assistance in most of its components. The participants at these events are decision-makers, supervisors, providers of health and education services to young people. The trainings take place nationally, regionally and at the district level. JSI/PDY often trains trainers who then train others, allowing the program to reach all levels of the decentralized system. With the introduction of new skills and knowledge, intra - and inter-organizational synergy is improved, as are services throughout the project zone. In order to offer a cohesive program, USAID funds one district per region through JSI/PDY, and funds the remaining districts directly through the Directorate of Administration and Finance.

The total number of participants at workshops and trainings in 2001 rose by 21% over the previous year, from 2,058 to 2,519. Among these, 1,720 were involved in trainings, with an average of nine days of training each for a total of 15,895 person-days of training. This is a 37% increase over 2000, when JSI/PDY ensured 11,571 person-days of training.

An effort must be made to reverse the under-representation of women, particularly in institutional capacity building, IEC, OR and education seminars. In 2001, two-thirds of participants at such fora were men.



PERSONNEL

JSI/PDY began 2001 with a full complement of staff. Policies and procedures within the program are followed, and collaboration among staff is smooth. Support staff are efficient in their assistance to technical personnel, and contribute significantly to the programmatic results achieved. Communications systems are much improved following the expansion of the internal network to all the program's zones. The OR/IEC Advisor left JSI/PDY in 2001; the position was divided and filled by two national experts, one of whom was already employed by the program and one of whom was recruited. The positions of Information Systems Specialist and CS Training Advisor were also vacated and filled anew in 2001.

2001 saw the six Regional Coordinators in their posts and fully involved in program implementation. The three Coordinators recruited in 2000 settled in and, along with the longer-standing Coordinators, took part in – among other activities — organizing the Convoy of Hope, organizing and co-facilitating the training of peer educator trainers, developing the literacy course, organizing and facilitating regional workshops on local financing, preparing OR studies and disseminating the results, and collecting information related to JSI/PDY program indicators. In addition, the Coordinators served as liaisons between Regional Health Directors, school districts and USAID in monitoring activities financed directly by USAID.

The Coordinators have proven to be crucial to the smooth functioning of JSI/PDY's work. The Bamako-based staff salute them for their flexibility, their mastery of program activities, and above all the good relationships they have cultivated with partners in the regions.



RESULTS 2001

Monitoring Program Indicators

JSI/PDY monitors results and achievement indicators yearly over the program's lifetime. The indicators touch upon all the program's components and most of its major activities, and provide a view of the evolution and impact of activities in the field. Moreover, the indicators allow for measurement of the progress made by partner Ministries in the execution of their own programs.

In 2001, JSI/PDY measured 22 of the 25 indicators selected for the life of the program. Monitoring the indicators involves the entire JSI/PDY staff as well as partner staff. It is a true team effort, a logistically complex operation in which each individual plays a vital role.

Health

1. Percentage of providers in the program zone who deliver RH services (specifically STD, FP, IMCI, ARH) according to the PNP.

Expected Result: 40%

Year 2001: 33% of a sample of 245 providers. It should be noted that PNP training has not yet occurred in the majority of districts. The providers surveyed included health staff of 11 CSRefs and 57 CSCOMs. JSI/PDY's survey team spent three days at each site to observe the quality of the services provided.

2. Percentage of CSCOMs and district-level structures that received at least one annual visit according to a pre-established GIS implementation plan.

Expected Result: 50%

Year 2001: 13%. Note that GIS training is, to date, quite limited. The 274 providers interviewed are from the same 68 structures that figure in Indicator #1.

3. Percentage of regional, district and community-level structures that have an annual training plan.

Expected Result: 50% of the 5 regions and Bamako.

Year 2001: 33%, or 2 regions (Ségou and Sikasso), were able to create annual training plans for the regional, district and CSCOM levels. The remaining 4 regions will finalize their plans in the first trimester of 2002.

Social Marketing

The results for Indicators #4, 5 and 6 are drawn from a survey undertaken in mid-2001 with a sample of 2,784 people aged 15 to 24 (1,409 women and 1,375 men) that covered the JSI/PDY program zone.

4. Percentage of 15 to 24-year olds who spontaneously cite the name (brand or generic) of at least one social marketing product.

Expected Result: 80%

Year 2001: 95%. The condom is the best known product (94%), followed by the pill (66%) and injectable (27%).

5. Percentage of 15 to 24-year olds who correctly identify at least two private establishments where social marketing products are sold.

Expected Result: 80%

Year 2001: 65%. This rises to 75% when knowledge of public and private vendors is combined. Knowledge of sales points is strongest for condoms (68%), followed by the pill (45%) and injectables (13%). While the 2001 result falls short of expectations, other data from the same survey reveal that access to products is not a constraint: 92% of sexually active youth who have tried at least once to buy a condom claim they can easily do so when the need arises.

6. Percentage of 15 to 24-year olds who used a social marketing product in the previous twelve months.

Expected Result: 10% of women used the pill or injectable; 30% of men used the condom.

Year 2001: 14% of women were using the pill (9%) or injectable (5%) at the time of the survey; 37% of men were using condoms. These rates rise when measuring those who have ever used the products: 22% for hormonal products and 43% for condoms.

7. Percentage of outlets involved in logistics management that properly manage the availability of contraceptives (no stockouts) according to the indicator established by the WHO.

Expected Result: 20%

Year 2001: 17.6%. Of the 34 outlets surveyed (including 6 regional "Pharmacie Populaire du Mali" outlets and 28 district-level outlets) only 6, of which 3 were in Bamako, had no supply breaks for the five products covered by the indicator: Conceptrol, condom (generic or "Protector"), "Depo-Provera" or "Confiance",

"DuoFem" or "Pilplan d", and "Ovrette". This is an improvement over Year 2000's result of 6.9%.

Youth Promotion

8. A literacy course incorporating health themes is developed and in use in target zones.

Expected Result: 5 sites.

Year 2001: 0 sites. Regional Commissions drew up materials for a literacy course during the year. In 2002, these will be translated and trainers trained in their use. Testing will occur in 6 sites.

9. Percentage of those trained by JSI/PDY who apply their new knowledge to improve decentralized services aimed at youth (200 people will be trained).

Expected Result: 30%

Year 2001: 47%. Of the 98 peer educator trainers and the 56 health service providers who have been trained, 88 and 27 respectively responded to the survey. Of health providers, 23 (85%) demonstrated their use of knowledge gained in trainings by scoring 70% or higher on evaluation criteria. Of peer educator trainers, 31 (35%) applied their knowledge by training peer educators.

10. Percentage of youth reached by the peer educators of partner NGOs who are referred to health service providers.

Expected Result: Not defined.

Year 2001: Less than 1%. More than 15,000 youth have been reached via the peer educators of the four partner NGOs, but referrals are rare. This indicator has proved somewhat problematic, as the denominator should rather be the number of youth needing referral. JSI/PDY will abandon this indicator in 2002.

Education

11. Percentage of pilot-school teachers who use the model health, nutrition and life skills modules produced by JSI/PDY.

Expected Result: 25%.

Year 2001: 85%. This high percentage is encouraging; however, of the 111 agents who received the survey, only 47 responded.

12. Percentage of pilot-school teachers who use their own modules in health, nutrition and life skills.

Expected Result: 5%.

Year 2001: 40%. Again an encouraging result, but based on 47 responses among 111 surveyed.

13. Percentage of pedagogical advisors and school directors trained by JSI/PDY who train teachers annually in health, nutrition and life skills.

Expected Result: 10%.

Year 2001: 20%. Of 224 agents trained by JSI/PDY, 123 responded. Of these, 24 stated that they trained teachers in the use of the modules in 2001.

14. Percentage of schools visited at least twice during the school year by CAP directors and pedagogical advisors.

Expected Result: 20%.

Year 2001: 30%. 936 schools were visited at least twice in 2001 according to the survey, in which 198 agents from 27 CAPs in the six regions participated. Given the impossibility of all relevant agents from all CAPs participating in the survey, the denominator (all schools) was extrapolated, proportionate to the percentage of agents who participated.

15. Percentage of trained agents at the regional level (pedagogical advisors and CAP directors) who use supervision and improved management techniques as outlined by the Ministry of Education.

Expected Result: 40%.

Year 2001: 29%. The 2001 result should be viewed as baseline data, since training took place only at the end of the year. JSI/PDY took the opportunity to collect data at mid-year at the same time and with the same group that figures in #14, to gain knowledge of the on-the-ground situation. This indicator will be fully tracked in 2002.

16. Percentage of school districts, CAPs and IFMs that, as a first step, have a plan to adopt organizational change recommendations.

Expected Result: 50%.

Year 2001: 88%. In the program zone, 42 of 48 structures (6 districts, 5 IFMs and 37 CAPs) created a plan for organizational change. This was, however, the result of JSI/PDY and ME follow-up visits with these 42 structures which helped them create a plan. The 4 CAPs not visited do not have a plan. Six school districts and 25 CAPs were created in the last half of 2001, but are not yet operational.

Institutional Capacity

17. Central and regional units will produce reports responding to minimal standards and providing evidence that data is used in decision making.

Expected Result: 3 regions plus the central level.

Year 2001: This indicator will be followed in 2002, since only one regional training took place toward the end of 2001. The six regional health structures, plus two CSRefs and 10 CSCOMs in the District of Bamako, were nonetheless surveyed in order to gain knowledge of the current situation. With rare exceptions, JSI/PDY determined that reports are late and incomplete. It is evident that decisions are made with the data in mind but, contrary to expectations, the further one goes from the central level, the less this is so. CSCOMs make less use of the data than other structures.

18. Database on in-service training is operational; percentage of quarterly training reports received at national and regional level.

Expected Result: 50%.

Year 2001: 0%. The database was in its test phase in 2001, and was used only at the national level. This indicator will be revisited in 2002, when the database is installed in all the regions and agents are trained in its use.

IEC

19. Percentage of IEC agents from NGOs and the Ministry of Health who use Volume I of the IEC catalogue.

Expected Result: 70%.

Year 2001: 80%. 83 of 104 trained agents use the materials, according to the mid-year survey. Agents at all levels are adapting messages to target populations and using the messages in their daily activities.

20. Percentage of IEC agents who use Volume II of the IEC catalogue.

Expected Result: 40%.

Year 2001: 71%. 68 of 96 trained agents use the materials, according to the mid-year survey. As with Volume I, agents are applying their training and using the materials to better reach their target populations.

21. The number of radio stations (with staff trained by JSI/PDY) that show evidence of using health-related spots, taking into account their audiences' preferred hours and favorite broadcasts.

Expected Result: 2 radio stations.

Year 2001: 19 radio stations. Contracts were established with 19 stations to create and implement media plans that respect audience preferences (including preferred language) determined by an earlier listenership survey. An agency under contract with JSI/PDY ensures that stations follow their monthly media plans.

Operations Research

22. A system is in place allowing OR results to be incorporated into appropriate programs. Each year the OR results are incorporated into relevant program activities.

Expected Result: System is in place and results are incorporated into program.

Year 2001: Results are incorporated into Ministry and other programs, but not in a systematic manner. The utility of the results is limited to the precise needs of organizations contacted. 47 agents representing 33 structures in the JSI/PDY zone were surveyed on their use of OR results. 19 structures (58%) demonstrated that they used the results of at least one of the four studies finalized prior to 2001 to influence their program planning and/or activities.

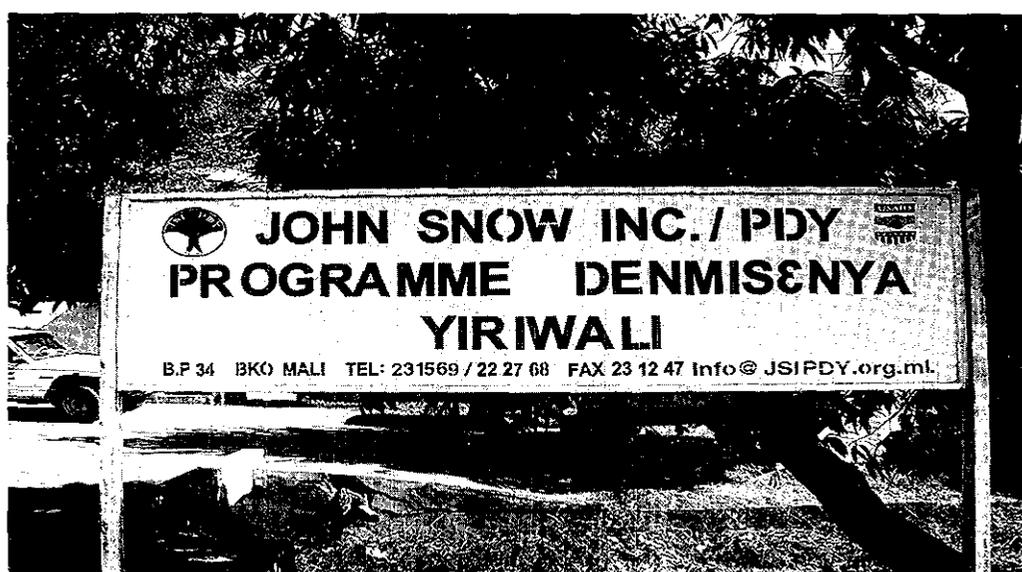


"Convoy of Hope"

Annex 1

Programmatic Budget January - December 2001 Exclusive of Equipment Purchases

Component	Budget (F CFA)	Actual Expenditures (F CFA)	% Expended
Health	230 100 000	129 222 057	56
Social Marketing	449 850 000	417 569 384	93
Youth Promotion	127 000 000	83 713 000	66
Education	280 800 000	119 906 657	43
Institutional Capacity	125 000 000	54 827 089	44
IEC	36 000 000	26 518 345	74
Operations Research	130 500 000	67 822 772	52
Monitoring / Evaluation	38 940 000	30 899 845	79
TOTAL :	1 418 190 000	930 479 149	66



Annex 2

Equipment Purchases 2001

a. For the Ministry of Education

Item	CAP (34)	IFM (5)	DNEB	Total
Portable stereo	170	25	0	195
Stereo system	34	5	1	40
Overhead projector	34	5	1	40
Overhead projector screen	34	5	1	40
Multimedia projector	0	5	0	5
Voltage stabilizer	34	5	1	40
Flip chart stand	170	25	5	200
Blackboard with stand	170	25	5	200
Metal armoire	102	15	3	140

b. For the Ministry of Health

Item	National Directorate of Health	RH Division	School Health Section	Regions (6)	Total
Overhead projector	1	0	1	0	2
Multimedia projector	1	1	1	0	3
Desktop computer	3	2	1	12	18
UPS	3	0	1	12	16
Binding machine	1	1	0	0	2
Laptop computer	4	2	0	0	6
Read/Write CD drive	1	0	0	0	1
External ZIP drive	5	0	0	0	5
Laser printer	3	0	0	12	15
Photocopier	0	0	0	6	6
Medical supplies for 5 CSCOMS					

Total Value of Equipment Purchases: 352,048,625 F CFA

Annex 3

JSI/PDY/ Personnel

John Snow Incorporated	
Suzanne Reier	Chief of Party
Alfred Schulz	Management Systems Advisor/Deputy Chief of Party
Fatoumata Dèdè Tandía	OR Advisor
Boubacar Diarra	CS and IMCI Training Advisor
Fatimata Tony	CS / RH Assistant
Oumar Thiéro	Administrator
Modibo Dembélé	Chief Accountant
Nathalie Cissé	Program Assistant
Lassana Bagayoko	Administrative Assistant
Ami Gadiaga	Logistics Specialist
Modibo Doumbia	Purchasing and Equipment Manager
Bakary Camara	Information Systems Specialist
Fatimata Mackí Traoré	Receptionist / Administrative Assistant
Cheick Oumar Traoré	Chief of Transportation
Fousseyni Fofana	Driver / General Assistant
Souaïbou Sané	Driver / General Assistant
Moulaye Haïdara	Driver / General Assistant
Education Development Center	
Gabriel Larocque	Education / Training Advisor
Cheick Oumar Coulibaly	Non-Formal Education Specialist
Yobi Guindo	Curriculum Development and Teacher Training Specialist
Fatoumata Traoré	Administrative Assistant
Center for African Family Studies	
Arkia Doucouré	RH Training Advisor
The Futures Group International	
René Rovira	Social Marketing / Distribution Systems Advisor
Dandara Kanté	IEC Advisor
Fatim Diakité	Administrative Assistant
Adama Keïta / Elvis	Chief of Sales
Mamadou Dembélé	Messenger / Photocopier
Sidiki Sanogo	Motorcycle Mechanic
World Education, Incorporated	
Rachel Stoier	Youth Promotion and Integration Advisor
Abdoul Karim Samaké	Regional Coordinator, Bamako
Djénèba 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 CAG's staff.