GROUPE PIVOT/SANTÉ POPULATION

Final Report

for the period

30 September 1997 – 30 September 2002

Save the Children

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Table of Contents

List of Acronyms 2

I. Introduction 3

II. End of Grant Review 4

III. Attainment Level of Project Objectives/Analysis of Selected Indicators 5

IV. Challenges Encountered / Lessons Learned 9

V. Success Stories / Partnerships 11

VI. Synergy 14

Annex 1:

Other Programs and Projects of GP/SP 15

List of Acronyms

A-ONG:	Animateur ONG
A-DBC:	Agent de Distribution à Base Communautaire
AR:	Animateur Relais
AS:	Agent Santé
CCC:	Connaissances - Comportement - Couverture
CSAR:	Centre de Santé d'Arrondissement Revitalisé
CSCom:	Centre de Santé Communautaire
DBC:	Distribution à Base Communautaire
DSFC:	Division Santé Familiale et Communautaire
HFA:	Health Facilities Assessment
IRA:	Infections Respiratoires Aiguës
ONG:	Organisation Non Gouvernementale
PDSS:	Plan de Développement Socio-Sanitaire
PE:	Peer Educator
PEV:	Programme Elargi de Vaccination
PF:	Planning Familial
RH:	Reproductive Health
SE:	Survie de l'Enfant
SIG:	Système d'Information et de Gestion
SR:	Santé de la Reproduction
SSSC:	Service Socio-Sanitaire de Cercle
SSP:	Soins de Santé Primaire
VAR:	Vaccin Anti-Rougeoleux
VAT:	Vaccin Anti-Tétanique

I. Introduction

Groupe Pivot/Santé Population began implementing reproductive health programs in 1994. It is known for advocating for the role of national NGOs in providing quality health services at the facility and community level as well as for its contribution to national health policy. GP/SP staff serve on virtually all of the MOH's action committees.

Under this USAID funded program, GP/SP oversaw and supported the *Integrated Youth Health Program* (1997-2002). This program was implemented through 17 projects carried out by 26 NGO partners with a focus on reproductive health geared towards youth aged zero to 24 years old. It was carried out in five regions (Kayes, Koulikoro, Sikasso, Ségou, and Mopti) and in the District of Bamako. The *Integrated Youth Health Program reached* ***an estimated population of 963,974 people in 597 communities.***

Groupe Pivot's proven capacity to innovatively and successfully mobilize grassroots efforts around various health issues, as well as its trademark of strong, collaborative teamwork between communities, NGOs, and technical services has made it a sought after partner for other US PVOs (PLAN International, CEDPA, Population Action International, the POLICY project), national development agencies (Coopération Française), CDC, international agencies (World Bank, World Health Organization), and Mali's own Ministry of Health.[1]

The principal program objectives of Groupe Pivot through this *cooperative agreement* were:

- ✓ To strengthen the capacity of national health NGOs;
- ✓ To strengthen collaborative ties between national health NGOs and Malian technical services;
- ✓ To advocate at a ministerial, national, and regional level for women's reproductive health rights;
- ✓ To advocate at a ministerial, national and regional level for NGO involvement in the planning, carrying out, monitoring and evaluation of child survival and reproductive health activities at a grassroots level; and
- ✓ To ensure a strong, competitive, and secure Groupe Pivot which will sustain the above objectives after the life of this agreement.

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[1] ***Groupe Pivot's tremendous success in implementing a community-based contraceptive distribution program was analyzed in December 2002 (using other funding sources). The key determinants in the success were found to be the commitment and personal connections both in the distribution of contraceptives and in the personalized supervisions of NGO and CSCom/CSAR staff by GP/SP. This study was conducted by Dr. Lori Leonard of Johns Hopkins University, Bloomberg School of Public Health.***

II. End of Grant Review:

Reviewing the above mentioned objectives together with indicators over which Groupe Pivot had control, results exceeded expectations. The following are just a few highlights of Groupe Pivot's accomplishments during the period of this *cooperative agreement*:

- Dramatically higher rates than national averages of contraceptive use in some of the hardest to reach places;
- Legislation and government initiatives around family planning, HIV/AIDS, and excision as a result of GP/SP innovative national advocacy strategies;
- Member NGOs nationally and internationally recognized for excellence of efforts as evidenced by direct engagement with other funding partners;
- Groupe Pivot became legally separate from Save the Children in 2001;
- Groupe Pivot substantially expanded its funding source to include other US PVOs (PLAN International, CEDPA, Population Action International, the POLICY project), national development agencies (Coopération Française), CDC, international agencies (World Bank, World Health Organization), and Mali's own Ministry of Health; and
- Groupe Pivot was officially certified by USAID in January 2003.

The population profile of the 597 communities targeted by this progam is as follows:

Population Profile of GPSP Intervention Zones (2002)

Targeted Population	**Estimated Number**
0-11 months (4%)	38,559
12-23 months (3.9%)	37,595
0-23 months (7.9%)	76,154
0-36 months (11.7%)	112,785
Women, reproductive age, 15-49 yrs (21%)	202,434
Men, "reproductive age", 15-59 yrs (21.4%)	206,290
Pregnant women (5%)	48,199
Young adults, 15-24 yrs (19.5%)	187,975
Total population of intervention zone	**963,974**

III. Attainment Level of Project Objectives/ Analysis of Selected Indicators

Impact Indicators

A. Access:

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
1	80% of pop. will have access to a min. package of interventions existing within a radius of 15 km.	45%	65%	NGOs facilitated the creation of CSComs and encouraged health trainings to ensure a minimum package of interventions as well as the "strategie avancée"
2	80% of children 0-11 mo. will have measles vaccination.	21%	71%	NGO trained "relais" and peer educators conducted intense awareness raising activities. "Strategie avancée" activities also served as a means for active research on children either not or not correctly vaccinated. Doctors (through encouragement by NGOs) used every consultation to verify vaccination status and to vaccinate if necessary. **This indicator more than tripled over the life of the project and is far superior to the national rate as reported by the EDSM-III of 49%.**
3	80% of children <1 yr. will be completely vaccinated	34%	70.1%	NGO trained "relais" and peer educators conducted intense awareness raising activities. "Strategie avancée" activities served as a means to actively search out children either not or not correctly vaccinated. Doctors (through NGO putting emphasis on importance of vaccination) used every consultation to verify vaccination status. **This indicator which doubled by the end of the program is far superior to the national rate as reported by the EDSM-III of 29%.**
4	Maintenance of at least 80% of contraceptive delivery points	79%	100%	Regular supervision of delivery points ensured that all points were always operational.
5	80% of women (15-49) receive 2 or more doses of tetanus toxoid during pregnancy	35%	63.4%	IEC activities carried out by the NGOs through the CPNs in the ASACOs and awareness raising activities led by NGO animators, "relais", and peer educators accounted for the dramatic improvement of this indicator which, again, **is far superior to the national rate as reported by the EDSM-III of 32%**

B. Quality:

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
1	80% of CSCom/CSR will offer CS and RH services according to nat'l and int'l norms	50%	52.9%	The high turnover of the people trained together with their frequent transfers and/or leaving to join the civil service explains the weak results of this indicator.
2	80% of CSComs/CSAR/AR will benefit from 1 supervision visit from SSSC	79%	89.5%	An integrated system for planning this with the SSSC and the fact that NGOs covered the costs of the supervision visits is the key factor for this strong result.
3	80% of CSCom/CSAR health agents (AS) will be able to advise mothers of undernourished children <5	15%	56.5%	The high turnover of the people trained together with their frequent transfers and/or leaving to join the civil service should also have had a negative effect on this indicator. However, the work of NGOs with nutritional rehabilitation which was supported by IEC at the CSComs meant that the larger public (including matrons) are familiar with nutrition messages.
4	80% of CSCom/CSAR AS will be able to advise mothers of children < 5 with ARI	0%	25%	The high turnover of trained personnel due to transfers or being admitted into the civil service and the lack of training of health workers by the SSS translates into the fact that few health workers have the communication skills or the necessary information to give advice to mothers.
5	80% of CSCom/CSAR AS will be able to advise re : malaria	0%	15.6%	Same as above.
6	80%of CSCom/CSAR AS will be able to follow the vaccinal status of children	15%	76.2%	Awareness raising activities by NGO workers in the CSComs together with different trainings conducted by CNI, UNICEF, and this program and the training of certain doctors by this program in the systematic control of the vaccinal status enabled attaining this objective.
7	80% of births will be assisted by a trained AS or matrone	66%	87.7%	Credit for the success in the attainment of this indicator goes to the NGO workers, relais, and peer educators who conducted intense "Safe Motherhood" awareness raising activities together with information sharing on at-risk pregnancies, the advantages of prenatal counseling, and the training of midwives and matrones on quality service delivery (in particular the welcome) .

N.B. The weakness of many CSComs in the evaluation and treatment of sick children is due to a lack of training of the health workers. There is not a reflex to look at the child as a whole. IMCI training should have dealt with this need. GP/SP tried to fill this void through training NGO and some CSCom agents in principles of child survival and aspects of IMCI, though the IMCI modules had not been developed. Unfortunately the mobility of CSCom health personnel accentuated the detrimental effects of the overall lack of training.

C. Promotion :

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
1	95% of mothers of children <5 will know of one method of ORT	37%	86.1%	Success in achieving this indicator is due to the intense IEC activities conducted by NGO workers, "relais", and peer educators.
2	80% of children <3 with recent diarrhea will receive ORT at home or at a health facility	19%	41.5%	The rate of treatment with ORT was doubled as a result of the efforts of this project. Though not at the level hoped for at the beginning of the project, it is still substantially better than the **national rate of 29.8% as reported in the EDSM-III.** In looking at this indicator, the level of knowledge of mothers regarding when to treat with an ORT (82.5%) is important. The weakness of this indicator can be explained by frequent ruptures in the stock of ORT at the CSCom depots along with the non prescription of SRO by some health workers and by the preference of some mothers to use traditional practices.
3	50% of children <4 mo. will be exclusively breastfed	14%	34.7%	This indicator is greatly improved (more than double of the baseline). **The national rate according to EDSM-III is 12%.** Even if the objective was not achieved, these results are impressive. Socio cultural barriers still exist, however, regarding the concoctions which many caretakers for infants continue to consider as "medicine" and not as liquid.
4	80% of families of febrile children will have sought treatment or given appropriate treatment in the first 24 hours.	20%	61.4%	This indicator tripled by the end of the program. It is the result of intense awareness raising activities conducted by NGO workers, "relais" and peer educators at a household level regarding childhood illnesses, their danger signs, and appropriate treatment.
5	80% of mothers will know two danger signs of ARI	27%	87.9%	Intense awareness raising activities about ARI led by the NGO workers, "relais", and peer educators resulted in surpassing the objective of this indicator.
6	Contraceptive use Prevalence Rate of 60% for women 15-49	23%	65.8%	The objective for this indicator was ambitious at the start of the project but was surpassed, thanks to the efforts (often very personalized as explained in Dr. Leonard's analysis) of the NGO workers, "relais", and peer educators and to the fact that they ensured a reliable source of modern contraceptives avoiding stockouts.

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
7	12,667 Couple Year Protection (*Revised target per 2000 CA is 25,000)*	Source : 1997 Report 3,845	16,652	This indicator was revised upward in 2000 due to the strong results coming through as a result of the efforts of the NGO workers, "relais", and peer educators and the fact that sufficient supplies were maintained to avoid stockouts.
8	60% of men interviewed will have used a condom for their last sexual encounter	29%	49.9%	Compared to the baseline this indicator nearly doubled. It is **also significantly better than the national rate of 33% as measured by the EDSM-III.** The use of condoms by less than 50% of men during casual sex is a substantial HIV risk factor. However we want to point out that many of the men interviewed for the final evaluation said that they didn't use a condom because they didn't have casual sexual relations. This points to the success of the IEC messages which speak about fidelity and abstinence as well as using a condom.
9	90% of individuals >15 will know at least two methods of STD prevention. Women : Men :	71% 93%	86.7% 89%	This indicator was attained at the time of the baseline. The effort was involved in maintaining it.

D. Capacity:

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
1	Increase to 90% of proportion of CSCom/CSAR personnel having received one or more supervisory visits by an NGO or gov't supervisor during the 3 preceding months.	79%	89.5%	This objective was achieved because it was rigorously monitored, planned, and covered (financially) by the NGOs. It was done in collaboration with the SSS which also served to strengthen the link between the NGO and the SSS.
2	Increase to 90% of proportion of DBC agents reporting having received one or more supervisory visits during the previous three months (or a rate of 24 visits/AR,PE/year) **(***Revised target per 2000 CA is 100%)*	100%	87.3%	The NGO workers regularly supervised the "relais" and the peer educators.
3	Increase to 90% of the proportion of agents having received a supervisory visit from GP/SP in the course of the previous 3 months (or a rate of 1 visit/NGO/ quarter=68 visits/year	18%	85%	For the first three years of the project GP/SP did quarterly supervision visits for all of the NGOs. Towards the end of the program, GP/SP carried out two supervisory visits per year for those NGOs who had established a proven record of accomplishment.

No.	End of Agreement (2002) Objectives	Base-line data	Final Evaluation	Comments
4	Increase to 80% of the number of NGO data reports delivered to health centers in a timely manner	59%	80%	During supervisory visits GP/SP reviewed the collaboration between the NGO and the health centers…and furnishing timely reports was one of the things which was looked at.
5	Increase to 75% the number of CSCom/CSARs which graphically monitor vaccination coverage of their zone and who make decisions based on a knowledge of PEV illnesses and calendar.	25%	77%	Working meetings between NGOs and the CSComs, NGO financial support for the "strategie avancée", and providing refrigerators to assure the cold chain, as well as training on vaccinations (target illnesses, schedule for vaccinations, etc.) along with overall monitoring are the key factors in this objective being realized.
6	Increase o 60% of the number of CSCom/CSAR assuring 100% cost recovery	30%	56.2%	This objective was achieved due to the strengthening of the capacity of CSComs through training and ongoing coaching from the NGOs.

IV. Challenges Encountered/Lessons Learned

Challenges Encountered

During the life of this agreement, the following represented the main contextual constraints which affected Groupe Pivot and its NGO partners in the implementation of project activities:

- Mobility of "relais" and peer educators;
- High illiteracy rate among some "relais" and peer educators (particularly those from the more isolated zones which the project worked in which suffered from a lack of access to education);
- Mobility and turnover of healthworkers at the CSComs who were trained by the program;
- Stockouts of medicines including ORT and contraceptives; and
- A weak (non existant for the most part) system for financing health emergencies (such as ASGR and "mutuelles")

The challenges which are a legacy of this program are:

1. The sustainability of program activities—particularly given the geographical breadth and the (large) number of NGO workers, "relais", and peer educators. How does one create a structure which can continue to exploit these trined and talented human resources who are ready and motivated to invest themselves in the improvement of the health conditions of their communities?
2. The capacity of NGOs to continue to mobilize resources after the grant ended and in a fatigued donor environment.

Lessons Learned

Of the many lessons learned through this project, the following stand out:

- Adopting a staggered implementation plan enabled GP/SP and its NGO partners to program resources as they were available;

- The creation of a solid partnership with the Department of Health and its regional and district offices was key in enabling GP/SP and its partners to obtain the best results;

- Working with communities directly enabled GP/SP to bring to communities a wide range of services and information;

- Putting into place a solid *Health Information System* and the regularly sharing of the information gathered with the stakeholders (SSS and communities) was a key factor in the management of the project. The visible successes and results of the project resulted in stronger support from the SSS.

- The program significantly contributed to the institutional capacity development of NGOs through trainings, supervisory visits (involving one on one coaching and mentoring), and through the provision specific technical support.

- With the valuing of women came increased women's economic power and voice in decision making around the health of the household and community.

- The contraception distribution system established by GP/SP along with the supervision given to peer educators efficiently prevented stock outs in the field.

- Diversification of funding sources is a very important aspect to the sustainability of NGO activities.

- The manner in which Save the Children accompanied GP/SP both technically and financially fostered the development of the capacity which primed Groupe Pivot's complete autonomy in 2001 and certification by USAID in 2003.

V. Success Stories / Partnerships

- Contributing in an important manner to the successes noted below were the support from the very beginning of the Minister of Health who officially presided at the launching of this *"Programme Intégré de Santé des Jeunes"* and the Director of USAID/Mali who both created a team focusing on youth so that they would be at the heart of the public debate, as well as stressed the importance of collaboration between NGOs and the involved Malian Ministries.

- Regional meetings enabled GP/SP in collaboration with the Regional Health and Social Service offices to bring together for the first time at a regional level all of the stakeholders, providing all with an opportunity to express their point of view on and to engage them in the programs to be carried out under this agreement. The frank discussions which occurred at these meetings began the process of reflection about the partnership dynamic between the SSS, the ASACOs, and NGOs. The important recommendations which resulted from these meetings promoted stronger partnerships, particularly between the NGOs and the SSS.

- The *Health Information Systems* workshop which GP/SP organized in November 1998 for both NGO and SSS staff involved with the *PISJ* to ensure harmony between NGO and SSS data collection systems was, without doubt, a cornerstone for the consequent successes of the project.

- The Groupe Pivot model extended regionally through the Executive Director's role as president of the *Réseau des ONG Sahéliennes oeuvrant dans le domaine de la santé* and vice-president of the Forum Régional d'Analyse et de Concertation (FRAC) which brought together African francophone countries and Haïti working in reproductive health. Groupe Pivot also was pivotal in the creation of the *Réseau des ONG Béninoises de Santé* (ROBS), through mentoring and hosting ROBS personnel and its Board here in Mali.

The successes mentioned below illustrate the remarkable achievements of this project and reflect the innovative spirit which guided all activities:

- *Income generating activities developed by AMPRODE Sahel*

Income generating activities developed by AMPRODE Sahel in the district of Ténékoun are credited with this district as now having one of the highest contraceptive prevalence rates. Access to micro credit was a clear factor in improving women's access to modern contraceptive products.

- *Ongoing/lasting activities in JIGI's intervention zone*

When the announcement was made that this project would be ending, the Sebénicoro ASACO decided to continue its collaboration with its NGO partner, JIGI, which it would finance itself through certain income generating projects. An agreement between the Sebénicoro ASACO and JIGI has been signed.

- *Medical consequences of excision conference*

On June 9th, 2003, the NGO DONKO, in collaboration with the CSRef of Banamba, organized a conference on the medical consequences of excision with leaders of women's associations, practicing excisers, influencers of opinion, and representatives of both the Moslem and Christian religious communities

The discussions about the dangers and harmful consequences were broadcast on *Radio Faso-Kanu* so that a larger audience would be able to benefit from this event.

- *Raising awareness around HIV/AIDS; Raising money for AMAS/AFAS*

For the life of this grant, Groupe Pivot has coordinated December 1st (World AIDS day) events. A part of the events in 2001 was the organization of a gala/dinner to raise awareness and to raise funds nationally for AMAS/AFAS, the Malian NGO for AIDS orphans and people living with AIDS. ATT, who was re-elected President of Mali in 2002, presided over this event. Dr. Peter Piot, the global head of UNAIDS was in attendance. The results of this evening dramatically surpassed what were considered ambitious goals. 23,000,000 F CFA (about $40,000) was raised while 15,000,000 had been hoped for.

- *Significant enlargement of partnership with the Coopération Française :*

At the end of this grant, Groupe Pivot negotiated a significant expansion of its *Programme Concerté Santé Mali* with the *Coopération Française.* This is a reflection of the confidence placed in Groupe Pivot by the *Cooperation Française* which has translated into Groupe Pivot directly managing activities and personnel for this project. The *Cooperation Française* project builds on the solid base established through this cooperative agreement.

Partnerships

Groupe Pivot gained worldwide recognition for the partnerships it developed during the life of this grant: with its NGO implementing partners, with cooperating Ministries (the Ministries of Health, Education, Promotion de la Femme), and with cooperating communities.

Community Level Partnerships

Solid partnerships were woven with the communities GP/SP worked with during this grant. With the objective of improving health conditions at a community level, NGOs

strengthened the capacity of communities to through the recruitment and training of "relais" and peer educators, community health associations, and women's organizations, always focusing on issues of increased access and quality of health services.

National Level Partnerships

The relationship with the Ministry of Health grows stronger and stronger. GP/SP played its advocacy role on behalf of Malian NGOs both at a policy and operational level.

GP/SP has been an active participant in all of the key MOH operating committees and was one of the principal players in the development of PRODESS, Mali's ten year health plan. A key new aspect of PRODESS was the engagement of NGOs as important partners with the Ministry of Health to translate the *Bamako Initiative* into reality, a fact which has been reinforced by the extraordinary difference between health zones benefiting from NGO interventions and those without.

The model partnership between Groupe Pivot/Santé Population and the Ministry of Health was recognized at a regional conference on partnerships between NGOs and government and international agencies, jointly organized between WHO, the MOH, and GP/SP.

NGO expertise is frequently consulted by the SSS when decisions need to be made regarding establishment or placement of a CSCom.

Recognizing the unique capacity of NGOs to implement health activities at a community level, the MOH engaged 130 of Groupe Pivot's members to facilitate with communities a local response to HIV/AIDS.

GP/SP actively participates in the integrated review of the DNS and is playing an active role in the development of the 2nd phase of PRODESS.

Partnerships with other Ministries

During the past four years, partnerships with other departments has been strengthened through work with peer educators on harmful health practices, child labor, and HIV/AIDS. Groupe Pivot established the national network of Peer Educators and the network of Peer Educators working against HIV/AIDS.

International Partnerships

Groupe Pivot has a strong relationship with WHO, UNICEF, UNFPA, and the French Cooperation. As mentioned above, it has jointly organized regional workshops with the above mentioned organizations. During the spring of 2003, GP/SP, together with WHO, organized an international malaria conference for francophone countries in Bamako.

V. Synergy

The contribution to the development of Malian civil society of choosing as a strategy the implementation of a major program through partnerships with 26 national NGOs cannot be overstated. In addition to implementing specific activities and achieving all major targeted results, this strategy has empowered communities with knowledge and skills to seek higher quality health services.

Communication for behavior change has been another key strategy which has had a very positive legacy….and was carried out in synergy with rural radio stations.

Synergy was also felt by this project in work with Save the Children's *Democratic Governance* team which worked with ASACOs and CSComs to inform them of sound management principles (transparence, record keeping, etc.) and of their right and responsibilities.

Annex 1 :

Other Programs and Projects of GP/SP

French Cooperation

The Joint Health Program/Mali (PCSM) has been operational since May 2001 and has interventions through 30 projects managed by NGO members of GP/SP throughout the country.

At the end of this cooperative agreement, the funding for this project was substantially increased through access to EU financing (through the French Cooperation). An agreement for approximately 2.5 million Euros over three years will be signed shortly.

Plan International

GP/SP started the monitoring of the Reproductive Health Programs of seven NGOs in areas not supervised by PLAN International/Mali in November 2000. Activities carried out have included supervisory visits to NGOs, participation in the supervision of the opening of voluntary HIV/AIDS screening and counseling centers in five regions, regular reporting on this grant, and quarterly meetings with the NGO coordinators carrying out activities under this grant.

PAI 3/CEDPA

The PAI/CEDPA project is in its third stage which is focusing on advocacy to end excision in Mali. Activities which have been recently carried out were a workshop at CRES on February 21st. In attendance were representatives of the Comité National d'Action pour l'Abandon des Pratiques Néfastes (CNAPN), UNICEF, four private radio stations, two national (state run) youth projects, the national offices of Health and the Promotion of Women and Social Development, and twenty-five national and international NGOs. In addition to developing advocacy strategies, a highpoint of this conference was a presentation on excision by the "So" theatrical group.

One Circle, One NGO Initiative (MOH):

GP/SP plays a facilitating role in this program initiated by the Ministry of Health. During this reporting period recruitment was initiated for a program coordinator. Additionally, GP/SP participated in all meetings related to the management of this initiative.

Saving Newborn Lives (Save the Children/USA):

GP/SP will be managing advocacy activities in this national project managed by Save the Children/USA. In this proposal, GP/SP would plan and organize a national advocacy campaign around newborn care and reproductive health.