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Mali
Community Health & Population Services (CHPS) Project

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1 Introduction

1 1 Context

Mali's national development strategy has evolved from a history of management and control being centralized, to current trends which give considerably greater decision making powers to the most local levels The Government of the Republic of Mali (GRM) in acknowledging that past policies have hindered adequate levels of economic growth views their decentralization effort as a significant move in meeting the long range needs of the country This includes a wide range of policy reforms which address multiple needs from national economic growth (and the relationship of population dynamics to this growth) to meeting the basic social needs of individual Malians through adequate provision of primary health care and family planning services throughout the country

A number of indicators vividly illustrate the urgency for addressing some important social and economic issues in Mali Mali's social sector continues to suffer from some of the lowest levels of social well-being in the world While improving from 1986 to 1992 from the 4th to the 20th lowest per capita income worldwide, Mali remains 7th lowest in social indicators life expectancy being a prime example Despite a steady increase life expectancy for a Malian remains significantly lower than for most other country nationals

Access to basic health and population services remains extremely low malnutrition is pervasive access to potable water is inadequate in many parts of the country, and the knowledge and use of good health practices remains low in most of Mali This results in very high infant and child mortality and morbidity rates and one of the highest maternal mortality rates (MMR) worldwide

According to the 1995-96 Demographic and Health Survey (DHS) the infant mortality rate (IMR) is 123 per thousand live births, while the child mortality rate (age 12-59 months) is estimated at 238 per thousand live births, considerably higher than in most other developing countries A large proportion of child deaths (70%) are from preventable diseases such as malaria measles tetanus, respiratory diseases, diarrhea and malnutrition

The leading cause of death among women of child bearing age is maternal mortality The MMR for Malian women is 577 per 100,000 births HIV related deaths although relatively small in numbers compared to some neighboring countries, could become significant if not controlled Malnutrition levels are very high among small children

A variety of factors contribute to the poor state of health in Mali Medical coverage is limited and often of poor quality in rural areas Less than 30% of the population lives within five kilometers of a health center There is only one physician for every 23 000 people and one nurse for every 12 000 people In rural areas the situation is far worse as 60% of the country's physicians work in the capital, Bamako, serving 8 5% of the nation's population

There are numerous other constraints on Mali's health and family planning situation which are attributable to both supply and demand sides of the system However, there are encouraging signs for Mali's future in health, population, and the water supply sectors These include government efforts to integrate health, population and sanitation activities into a more comprehensive approach to meet the long-term needs of the Malian population

In 1990 the GRM drafted a "National Health and Population Policy The policy calls for the GRM to concentrate less on direct service provision in health and family planning from the national level and focuses on a more appropriate national role to deal with issues of

- strategy, policy, management, and support services
- improvements in quality of referral care, and
- more intense promotion of a national public health plan

Included in this approach is the need to consider an appropriate role for the non-governmental sector (PVO and for profit) in providing preventive primary health care and family planning services in order to take the "strain" away from government whose resources are already stretched extremely thin

The policy also calls for the decentralization of health care provision to local levels involving both government and private sectors Thus, the policy attempts to delegate greater responsibility to the district level of the health care system and provides fiscal incentives (percentage of local taxes to remain at local levels) to allow this to successfully occur

Cost recovery issues (the Bamako Initiative) are also addressed in the policy to ensure that new health policies can be implemented and sustained, and to guarantee a continuous supply of affordable essential drugs for all Malians

The goal of the National Health and Population Policy is to expand the coverage of health and family planning services to the entire population by improving the quality of services and integrating primary health care (PHC), maternal and child health (MCH) and family planning (FP) services at all levels

The first step in implementing the policy was the signing of the new World Bank-led Second Health Population and Rural Water Supply Project (Projet Sante Population et Hydraulique Rurale or PSPHR) in August 1991

The PSPHR was designed with agreements from other donor sources (notably USAID EDF Germany and France, as well as others) to provide complimentary funding and to design their own participation in the sector along similar lines This innovative approach sought to eliminate uncoordinated practices, which had previously allowed donors to implement separate projects with the same sector whose goals had oftentimes opposed to each other

Another important aspect of the PSPHR was the recognition by the GRM that the private sector has great potential for participating in government's plan for improvements in the health sector Establishing collaborative relationships between government the private sector and donor agencies has made the PSPHR unique

The overall goal of the PSPHR was to improve the well-being of the Malian people by promoting economic growth by increasing the productivity of the Malian population and economy

- by encouraging private sector participation in Mali's development strategy
- by increasing incomes in sectors which have high productive potential and
- by improving health and education services

The overall goals of the PSPHR coincided with broader development policies of USAID thus USAID became a primary partner in implementing the PSPHR

USAID s contribution to the PSPHR was primarily through its Community Health and Population Services Project (CHPS) The CHPS project goal within the overall PSPHR was to promote economic growth in Mali CHPS's sub-goal was to improve the quality of life of Mali's poor and its purpose was to increase the sustainability and effectiveness of Mali s family health service delivery system This was to be achieved through the policy reforms and strategic objectives of the PSPHR program CHPS distinguished itself from the PSPHR in its selection of specific program components and its specific implementation strategy

1 2 CHPS Project Objectives

The objectives of the CHPS project were

- to train and improve the quality of 6,000 health care professionals providing MCH/FP/IEC services at District and Community Health Centers private clinics and pharmacies,

- to train and improve the quality of 200 health care administrators providing quality supervision and management to clinic staff and local health committees

- to increase knowledge, use and demand for modern contraceptive methods through public, private and commercial channels and

- to design and improve a health management information system (MIS) that is useful and functional at all health care system levels where the project is operational

1 3 CHPS Implementation Strategy (March 1993 - June 1998)

The CHPS implementation strategy was based upon six major activity areas

1 human resource development (training),

2 information, education and communication (IEC),

3 health information systems management (MIS)

4 core maternal and child health and family planning (MCH/FP) activities

5 operations research (OR), and

6 contraceptive management and distribution

Implementation of the CHPS Project has been guided by a few principles which are specific to the Malian situation

- continuously improving the management of the CHPS project through core and special activities which are well planned, where implementation is coordinated with all participants, and with monitoring and evaluation as a key element to open communications among government, USAID and JSI,

- concentrating the strengthening of district level teams to assure CHPS continuity and sustainability by improving skills in MCH FP IEC MIS and program management and cost recovery,

- carefully building institutional collaborative links between key groups such as the Project Coordination Unit (PCU) of the PSPHR the Malian Association for the Promotion and Protection of the Family (AMPPF) the National Center for Health IEC (CNIECS), the Division of Family Health (DSF) and the Health Directorates of the GRM, and

- strengthening working relationships with other donor agencies who are involved in health and family planning such as UNICEF WHO UNFPA Germany France, and other bilateral donors, and national and international NGOs with the overall intention to maximize the benefits of all groups participating together to improve the health sector

1 4 Follow-on to CHPS Project Activities (July 1998 - June 1999)

After a period of re-engineering, the USAID/Mali Mission drafted a revised Mission Strategic Plan This document defines the USAID/Mali Mission goal as "that Mali achieve a level of economic social and political development that will eliminate the need for concessional foreign assistance ' Two sub-goals underlie this goal maintaining the nation s economic growth rate above 5 0 percent, and decreasing and maintaining the average population growth rate to a level below 3 0 percent The Mission identified three inter-related Strategic Objectives (SOs) and one Special Objective to attain these sub-goals

- improved social and economic behaviors among youth (Youth SO)

- increased value-added of specific economic subsectors (Sustainable Economic Growth SO),

- community organizations as effective partners in democratic governance including development decision-making and planning (Democratic Governance SO), and

- improved access to and effective use of, information (InfoCom Special Objective)

From 1996-1998, the CHPS project continued to implement activities primarily as planned in the original project proposal However, subsequently, as CHPS was now classified under the Youth Strategic Objective, strategic planning began to shift toward the classification of activities by Intermediate Results to achieve the Youth Strategic Objective improved social and economic behaviors among youth

In mid-1998, JSI was asked to submit a proposal for "follow-on services ' to the JSI/CHPS contract (Contract No 688-0248-C-00-3042-00) to provide a smooth transition from the previous orientation to the new Youth SO focus This proposal served as the basis for development of a revised project SOW for the period July 1998 to June 1999 The SOW for the follow-on period included the following four (4) intermediate results (IRs)

- IR #1 GOM and partners Jama Ka Keneya (JKK) and the Pharmacie Populaire de Mali (PPM) will have the capability to use a computerized contraceptive (and essential drug) logistics system at central and regional levels

- IR #2 MOH will have developed 2 pilot decentralized training sites for child survival/reproductive health (CS/RH) training

- IR #3 National Information, Education and Communication (IEC) Strategy for Health is operationalized with specific emphasis on reaching youth

- IR #4 Expand contraceptive (and selected essential drugs) availability in Mali through an increased number of regularly supplied and supervised distribution points in both urban and rural areas

The Intermediate Results for the follow-on period were revised to reflect CHPS project achievements through June 1998 as well as changes in direction and program emphasis at USAID/Mali and in the MOH

1 5 Organization of this Report

Since this document reports on activities during both project periods, which have similar but not completely parallel activities and objectives, we will present project activities by "theme " Each theme is subsequently divided into two chronological periods

- March 1993 - June 1998, and

- July 1998 - June 1999

The themes are

- Human Resource Development (Training),
- Information, Education and Communication (IEC)
- Management Information Systems (MIS),
- Maternal and Child Health/Family Planning (MCH/FP),
- Operations Research (OR),
- Contraceptive Procurement/Contraceptive Logistics,
- Contraceptive Distribution through "Alternative ' Channels
- Diverse (activities which are not readily classified following the above themes, but which support achievement of project results) and
- Project Administration

2 Human Resource Development (Training)

2 1 March 1993 - June 1998

In order to provide good quality training of health professionals CHPS, through the Human Resource Development Specialist, worked closely with counterpart trainers from the Inter-Institutional Training Group (ITG) to

- conduct training of trainers in various skills areas identified in the needs and resource assessments,
- focus on building district level training teams trained and supervised by regional trainers and members of the ITG,
- coordinate training efforts from the ITG regional and district levels to match government, PCU, and USAID standards

The training process was pyramidal — starting at national level, and then moving to regional level, on to district level, and finally to arrondissements and local levels Those trained included government and non-government participants The initial training phase of the Project (1991-

1993) focused on the District of Bamako and the regions of Kayes and Mopti Phase II (1994-1997) included the regions of Koulikoro and Segou The first task was to conduct a training needs assessment in these regions which would lead to a training plan The plan included development of training of trainers and core training courses and related curriculum design and draft training materials including participant and facilitator manuals and course documentation Design of post training evaluation and field follow up was included in this step

Training activities also included training of approximately 90 participants in specialized courses in Dakar, Lome, and Mauritius

Training activity planning was supported by Columbia University staff and field training was conducted with assistance from Africare regional training staff recruited specifically for this assignment

Core training included

- training of trainers,
- clinical family planning,
- training community-based distributors, and
- middle management of district health officers

Additional courses that were developed included

- voluntary surgical contraception (including Norplant),
- IEC materials development,
- workshops in operations research and management information systems,
- workshop in evaluation, and
- workshops on topics of special interest as dictated by the evolution of the project (barriers to service delivery, quality of services, private sector programming, women in development, financing and self-sufficiency social marketing, etc)

2 2 July 1998 - June 1999 Intermediate Result #2 MOH will have developed 2 pilot decentralized training sites for child survival/reproductive health (CS/RH) training

The following series of interventions was developed with the DSFC to establish decentralized training sites by reinforcing the technical knowledge and training skills of service provider staff in selected District Health Centers Each intervention corresponded to a visit from external TA Participants to benefit from the skills development were chosen from the staff of District Health Centers selected as pilot sites by the Regional Directors of Public Health in conjunction with the DSFC Following these interventions, the trained personnel trained service providers from the CSCOM/CSAR for which the District Health Centers serves as the referral center They therefore became the supervisors of the CSCOM/CSAR staff that they trained

Visit #1	Revised Norms and Procedures, Revised selected curricula (Adolescent RH, EPI/IMCI Nutrition Harmful Traditional Practices), Finalized supervision guides, Finalized selection of pilot sites, Identified training material needs, Identified infrastructure renovation needs
Visit #2	Updated the technical knowledge of the Regional and Cercle personnel identified as resource people in the selected subject areas
Visit #3	Reinforced training and formative supervision skills of the Regional and Cercle personnel identified as resource people
Visit #4	Held first training session for CSCOM/CSAR personnel at the selected sites, in the selected subject areas and using the trained Regional and Cercle resource people
Visit #5	Conducted formative supervision visits of the CSCOM/CSAR personnel trained (visits conducted by the trained Regional and Cercle resource people)
R2 Output #1	**Curricula revised in integrated management of childhood illnesses, nutrition, adolescent reproductive health, and harmful traditional practices**

Visit #1 (above) was designed to accomplish this output The specific topic areas in the curricula were identified by the DSFC as areas that reflected their priorities Revisions to the curricula were made, in some cases, because the 1996 version of the Norms and Procedures did

not adequately cover the priority topics as identified by the DSFC In other cases curricula had already been revised subsequent to the 1996 exercise, and thus were not considered to require additional work

Activities to Achieve Output

- **Visit #1 required JSI to contract an external consultant A detailed SOW was developed by JSI in conjunction with the DSFC JSI facilitated the consultancy and provided logistical support**

A two-week workshop was held in Bamako in August 1998 (with technical assistance from JHPIEGO) to develop/update the curriculum for adolescent reproductive health for the nurse midwife school

The various committees that have been working on different aspects of the Integrated Management of the Child Initiative (IMCI) met in September 1998 to discuss progress to date on adaptation of the various IMCI modules for use in Mali

In April 1999, JSI recruited an external consultant to assist the DSFC with the revision of the Policies Norms and Procedures for the delivery of Reproductive Health services with a particular emphasis on the Community Health Center level The most recent revision had been undertaken in February 1996, and certain areas that needed reinforcement had been identified since then - youth-specific aspects of reproductive health, syndromic approach to STI identification and treatment, nutritional aspects of prenatal care, gender concerns etc The DSFC assembled approximately 25 resource people, not only from the DSFC itself but from the nurse midwife school, the faculty of pediatrics, the National AIDS program and several NGOs to review update and complete the documents After this 2-week workshop a small editing group was left in place to organize the material, finalize the drafts and begin work on a curriculum to be used for the dissemination of the documents at a decentralized level

In May 1999 JSI had the consultant return to facilitate the final review of the work of the editing group and advance the 3 documents (Policies, Norms and Procedures and the Dissemination Curriculum) to a satisfactorily finalized form for submission to the Minister for formal approval A limited number of copies were made in preparation for a formal presentation to all of the implementing partners once the Minister's approval was obtained

R2 Output #2 **Equip at least 8 District Health Centers' personnel (regional and site) with the skills necessary to conduct clinical skills training for service delivery staff**

Visits #2 #3 and #4 (above) were designed to accomplish this output In each pilot site at least 2 Regional level staff members were trained to serve as resource persons for District level training and supervisory visits, and at least 2 District level staff members were trained as

trainers for CSCOM/CSAR level staff and for their subsequent supervision Part of the training included the trainees' first session as trainers, with technical support and constructive feedback provided by the external TA

Activities to Achieve Output

- **Visits #2, #3 and #4 required JSI to contract an external consultant Detailed SOWs were developed by JSI in conjunction with the DSFC JSI facilitated the consultancy and provided logistical support**

Prior to the April 1999 consultancy mentioned above, the DSFC chose 2 Health to serve as pilot sites for the activities detailed under "Visits 2 through 5" - the Centre de Sante de Commune VI for the urban context and the Centre de Sante de Baroueli for the rural context Resource people from each of these centers were present for the April 1999 revision exercise as were resource people from the corresponding Regional levels, District of Bamako and Segou Region The Centre de Sante de Commune VI was visited in order to determine what supplementary equipment and/or reorganization of services would be needed in order to allow the center to be used as a training site for the continuation of this series of activities

R2 Output #3 **At least 4 regional and 4 site personnel from two units (District Health Centers) capable of providing supervision refresher training to appropriate staff**

Visits #3 and #5 (above) were designed to accomplish this output Part of the training included the trainees' first formative supervision visit of the service providers that they had trained For this visit they were accompanied by the Regional level resource persons and external TA who provided constructive feedback on conducting formative supervision

Activities to Achieve Output

- **JSI contracted an external consultant for visits #3 and #4 Detailed SOWs were developed by JSI in conjunction with the DSFC JSI facilitated the consultancy and provided logistical support**

R2 Output #4 **Plans of action for replication in six additional areas prepared Plans to address strategies for TOT and training revisions, based on needs/gaps identified in pilots, and training site selection and scheduling**

Activities to Achieve Output

- **Through site visits, evaluated strengths and weaknesses of the pilot series of activities, and areas for which external TA was required for replication (DSFC, DRSP and JSI)**

- **Through site visits, identified replication sites and personnel involved, developed budgets, set timing, drafted plans for inclusion in DSFC workplan (DSFC, DRSP and JSI)**

Other activities related to achievement of Intermediate Result #2 Development of computerized database for tracking trained health personnel and identifying future training needs

JSI contracted with a consultant to develop a database of all health personnel their training needs, and what training they have completed The database functions to track personnel needs and abilities, to evaluate the appropriateness of candidates who are proposed for training to determine personnel strengths/weaknesses by region, and to determine which personnel need training an/or reinforcement in which areas The database was developed in close collaboration with the Technical Director of the PSPHR to ensure that it met Ministry needs

R2 Performance Indicator #1 **Decentralized training centers providing clinical skills and supervisory training to service delivery staff on a regular basis**

Means to Measure Performance

- Collected training reports and tracked numbers of participants trained

- Collected and analyzed regional activity and supervision reports

- Solicited feedback from other USAID implementing partners' Regional field representatives (see Result #4, Output #1)

R2 Performance Indicator #2 **At least 24 service delivery staff trained demonstrate notable improvement in quality of services provided**

Means to Measure Performance

- Conducted bi-annual supervisory visits (JSI and DSFC)

- Solicited feedback from other USAID implementing partners' Regional field representatives (see Result #4, Output #1)

- Analyzed service statistics to monitor improvements in performance (e g increased number of visits to SDPs)

Next Steps to be pursued under *Programme Denmissiniya Yiriwali (PDY) While the first phase of activities was recognized as a considerable success, due to availability constraints and the difficulties inherent to organizing a large and diverse group of resource people the start up of this series of activities was severely delayed The DSFC is now anxious for the remainder of the technical visits to be carried out as soon as the Minister has formally approved the documents that have been submitted A core of central level technicians have been fully involved in the revision process and are prepared to act as resources for the continuation The same holds true for the Regional level for the 2 pilot sites chosen The expansion of this activity should involve not only the public sector but NGOs as well, as these Norms and Procedures are intended to serve as the standard for all actors intervening in the field of Reproductive Health and in particular, the Reproductive Health of Young Adults*

2 3 Diverse Training Activities

Centre Africain de Management et de Perfectionnement des Cadres (CAMPC) Training (January 1998) PSPHR's Chief Accountant and the CNIECS Accountant (Koke Diarra) followed a three-week course in financial management and related computer applications at CAMPC in Abidjan

University of Pittsburgh/International Management Development Institute (IMDI) Training (First Module, Direction Nationale de l'Action Social (DNAS) January 1998 Second Module Direction Nationale de la Sante Publique (DNSP) March 1998, Second Module, DNAS March 1998 Based on extremely positive feedback from PSPHR participants who had attended management training courses in Pittsburgh, a series of training activities were arranged in Bamako Bringing IMDI trainers to Mali rather than sending Malian participants to Pittsburgh allowed for 58 participants to be trained in both the first ("Planning and Management of Development Projects") and second ("Monitoring and Evaluation of Development Projects") modules at what it would have cost to send approximately 12 participants to the US for a single module Approximately 30 DNSP participants were trained in the first module in December 1997

CERPOD/Population Council Training in Operations Research (August 1998) Three CNIECS staff members (Boubabar Camara, Oumou Sangare and Fatime Maiga) followed a two-week training in Operations Research study design and implementation in Fana Designs for several OR studies were developed during the workshop

Programming of Decentralized Training Activities (September - December 1998) Discussions with Regions, DSFC, identification of consultants, draft of SOW and chronogram of activities

Development of Reproductive Health Curriculum (August 1998) A two-week workshop was held in Bamako (with technical assistance from JHPIEGO) to develop and update the curriculum for adolescent reproductive health for the nurse midwife school

3. Information, Education and Communication (IEC)

3 1 March 1993 - June 1998

IEC/health activities are intended to maximize the use of existing health services by increasing demand for these services Under CHPS, the approach to IEC was to work with the National Center for Health IEC (CNIECS) to develop national guidelines and standards and to assist government and non-governmental organizations (NGOs) to implement IEC activities and to develop IEC materials which follow these standards and guidelines

From 1993 to 1997, the CHPS IEC specialist provided technical assistance to the National Center for Health IEC and to the Malian Association for the Protection and the Promotion of the Family (AMPPF), the IPPF affiliate in Mali This reflected CHPS objectives in IEC to develop national guidelines in IEC, and to assist NGOs (in this case, AMPPF) to use these guidelines in developing IEC materials and activities

During this period, the CHPS IEC advisor assisted the National Center to organize a national IEC technical committee, which served as the steering committee for coordination of IEC activities at the central level

Regional IEC advisors were also recruited, trained and installed in each of the PSPHR regions These regional IEC advisors provided technical assistance to the regional directors for public health and social affairs, as well as to cercle-level medical directors and district health officers

In addition each region delegated 4 IEC technicians to be trained in family planning IEC using TOT modules developed by the CHPS project This training served to provide a solid base of trained IEC technicians within each region

CHPS also provided technical and financial assistance to the development and reproduction of a "boîte a images" on reproductive health, which was distributed to community-based distribution (CBD) agents working in the national CBD program and in CBD programs managed by various NGOs This "boîte a images" was a key element in the "animation" kit provided to CBD agents, which also included posters, booklets, and samples of the modern contraceptive methods available in Mali

A major focus of early CHPS IEC activities involved promotion of the national family planning logo, developed by Population Communication Services prior to the CHPS project In November, 1995 the CHPS IEC advisor provided technical assistance to CNIECS and the Center for Study and Research on Population and Development (CERPOD) to conduct a baseline study prior to the launch of the logo promotion campaign The study also surveyed general family planning knowledge, attitudes and practices

Study results showed that knowledge of modern contraceptive methods was extremely high whereas use remained distressingly low Most of the persons surveyed did not know of the existence of a national family planning logo, nor of its significance as a means to identify family planning service sites

Following the study to promote the logo in an effort to increase use of FP services the family planning logo was printed on cloth, T-shirts, baseball caps, bumper stickers and posters, and plaques painted with the logo were used to identify family planning service sites (hospitals clinics and the houses of CBD agents)

CHPS also played a critical role in defining and developing the National IEC/Health Strategy With the IEC technical committee, over which CNIECS presides the CHPS IEC advisor drafted the SOW for, and recruited a consultant to develop a strategy document

As a first step to development of the IEC strategy, an analysis of IEC activities and actors was conducted in September 1996 In October 1996, CHPS facilitated a workshop of central and regional level IEC technicians, during which the strategy document was drafted based on the findings of the IEC "situation" analysis The national strategy which resulted from this workshop dictated the course of CHPS IEC activities for the rest of the LOP

The "situation" analysis found that a major problem hampering the effectiveness of IEC activities and materials in Mali was the absence of standardized messages and lack of quality control governing development of IEC materials and implementation of IEC activities The result was a plethora of messages/materials and activities/approaches with little resulting behavior change

Therefore, the strategy outlines roles and responsibilities for actors at each level of the public health system, as well as NGOs/PVOs working in health The strategy also details key messages for certain priority target groups, and identifies behaviors and perceptions of these groups that merit further research

A first step to implementation of the strategy was to develop a number of standardized messages for each element of the "minimum package of activities (MPA) " the "package" of health interventions available at each level of the health system, as specified in the GRM health sector policy

However, given that many IEC messages and materials had already been developed for each of these health topics it was deemed advisable to first evaluate the comprehension of these existing materials and messages This served not only to determine for which elements of the MPA effective messages and materials already existed, but to provide useful lessons for the development of messages and materials to "fill in the gaps "

This study was conducted by CNIECS in October-November 1997 with technical assistance from CHPS Preliminary results of this study were used to develop an inventory of messages and materials for each element of the MPA during a message development workshop held in December 1997

Results of the study were presented to representatives of the MOH PSPHR various NGOs and USAID/Mali in April, 1998 The final results of this study were used to refine the messages developed in the December workshop

In May-June 1998, CHPS provided technical assistance and training to CNIECS to conduct a pre-test of the almost 100 messages developed during the December 1997 workshop The results of this pre-test were used to revise and finalize the messages and accompanying images and to incorporate suggestions from members of target audiences about how to most effectively communicate the various health messages

3 2 July 1998 - June 1999 Intermediate Result #3 National Information, Education and Communication (IEC) Strategy for Health is operationalized with specific emphasis on reaching youth

R3 Output #1 **Finalized repertoire of IEC/Health messages for each element of the PMA (minimum package of activities, CS/RH) is disseminated to the 5 Projet de Sante, Population et Hydraulique Rurale (PSPHR) Regions, District-level MOH teams and USAID-supported PVOs**

Activities to Achieve Output

- **Finalized messages and suggested channels for communicating these messages**

The repertoire of approximately 100 health messages and accompanying images was pre-tested in May/June 1998 Revisions based on the findings of the pre-test were made and the revised messages were translated into Bamanan The JSI IEC Advisor worked with a team of artists at CNIECS to revise the images, based on the findings of the pre-test A finalized version of the repertoire was approved by the CNIECS Director in September 1998

The JSI IEC Advisor developed a guide to assist IEC technicians to use the repertoire This guide was pre-tested with CNIECS staff, and minor revisions were made The guide assists IEC technicians to identify priority health problems in their zones, determine the target group(s) whose behavior underlies these problems, select the message that relates to solving the given problem and finally, to select an approach (media) that is most appropriate for communicating the messages to this target group The exercise also assists users to develop a communication plan budget and timeline

- **Present messages to central-level IEC technicians (both MOH and USAID-supported PVOs) in the District of Bamako**

The repertoire and the National IEC Strategy were presented to central level IEC technicians in January 1999 The full-day workshop provided participants a ' hands-on opportunity to use the repertoire In groups, participants developed a communication plan using the repertoire and following a guide developed by the JSI IEC Advisor At the end of the workshop each group presented its communication plan, which served as a test of participants ability to effectively use the repertoire and to understand the process of communication program planning

Participants were given a copy of the National IEC Strategy, the repertoire the repertoire with accompanying images (in the form of a "boîte a images") and a copy of the guide (as a memory aid of what was learned in the workshop)

- **Conduct a series of presentations in each of the 5 PSPHR regions**

The first regional presentation was held in the Koulikoro Region in April 1998 Regional presentations were subsequently held in the Segou Region (May 1999) and the District of Bamako (May 1999)

Each cercle was requested to identify two representatives to participate in the workshop ideally the chief medical director of the circle, and the community development technician The programme for the workshop was identical to that used for the central level although an entire day was allotted for group work, whereas only 4 hours were dedicated to this activity during the workshop for central-level IEC technicians

Workshops were not held in the Kayes, Mopti and Sikasso regions due to difficulties in scheduling and inavailability of appropriate representatives from each of the cercles

R3 Output #2 **At least three refined IEC messages and/or channels for priority target populations of communities, youth, mothers of small children and/or service providers developed**

As previously noted the national IEC strategy described a need for further research into the reasons underlying certain health behaviors in order to develop IEC strategies to influence and change these negative health behaviors Youth, mothers of small children and communities were cited as three of the primary target groups warranting specific research studies For youth the strategy cites a need to study the barriers (real and perceived) to use of reproductive health services For mothers of small children in particular, and communities in general the strategy notes that there is a lack of good information concerning their perceptions of the health system and their views concerning health prevention

Activities to Achieve Output

- **Develop study protocols to investigate (1) barriers to reproductive health services by youth, (2) communities' perceptions of the health system, and (3) mothers' attitudes and beliefs and behaviors concerning health prevention and maintenance**

Prior to development of the study protocols, the JSI IEC Advisor conducted a review of the available literature (both in and outside of Mali), to further define and develop the research questions to be addressed During this literature review, it was found that a number of studies had already been conducted on "communities' perceptions of the health system in Mali", and thus it was decided to conduct only the mothers' perceptions and "youth reproductive health" studies

The JSI IEC Advisor worked with experts from the CDC and the BASICS project to develop a protocol and questionnaire for the "mothers' perceptions study CNIECS staff also provided useful insight into the development of the questionnaire and assisted in translating the completed tool into Bambara The protocol and questionnaire for this study were completed in February 1999

While the survey was being conducted in the field for the 'mothers' perceptions study ' the IEC Advisor worked with staff of the FOCUS project to develop the protocol and questionnaire for the "adolescent reproductive health" study

- **Conduct "Barriers to Reproductive Health Services by Youth," "Communities' Perceptions of the Health System (Services)," and "Mothers' Beliefs about Health Prevention and Maintenance" studies in PSPHR intervention zones**

Fieldwork for the "mothers' perceptions" study began in March 1999, following a one-week training of the surveyors Five (5) CNIECS staff members participated in the study as surveyors and were accompanied by 3 external surveyors

Fieldwork for the "adolescent reproductive health" study began in April 1999 following a one-week training of the surveyors Four CNIECS staff (who had not participated in the "mothers' perceptions" study, in order to maximize the number of CNIECS staff who were given the opportunity for "hands-on" experience with qualitative research) were selected to participate in the "adolescent" study Several surveyors were also recruited from the youth association "Fondation pour l'Enfance," who provided key insight into development of the protocol and questionnaire

As previously noted, the "communities' perceptions" study was not conducted due to the existence of numerous similar studies of this type

- **Use study results to develop IEC strategies (approaches) and messages to influence behavior change in these 3 target populations by means of a workshop with national and regional-level IEC technicians, pre-test messages with target populations in PSPHR intervention zones**

A message development workshop was held in June 1999, during which preliminary results from the "mothers' perceptions" and "adolescent reproductive health" surveys were used to develop messages for each of these priority target groups

Twenty-six messages were developed on adolescent reproductive health and twenty-nine messages were developed for mothers about childhood illnesses common in Mali These messages will need to be pre-tested with the appropriate target groups before they can be widely disseminated for use

- **Disseminate study results**

Preliminary results of the "adolescent reproductive health" study were presented at a national forum on adolescent reproductive health, organized by Africare in June, 1999

Final results of the "adolescent reproductive health" and "mothers' perceptions" studies will be presented in September 1999, under the USAID-funded "Youth" project "Programme Denmissiniya Yiriwali (PDY) "

R3 Output #3 **At least 6 CNIECS staff capable of conducting formative (qualitative) research**

Activities to Achieve Output

- **Send at least 2 CNIECS staff for training (in the West Africa region) in qualitative research techniques, depending on training opportunities**

As of June 1998, 8 CNIECS technical staff members had been trained in various IEC techniques in regional training centers throughout West Africa

Three (3) CNIECS staff members were trained in development and conduct of Operations Research, at a workshop held by CERPOD and The Population Council (August 1998)

- **Conduct three formative research studies (see R3 Output #2, above)**

Five (5) CNIECS staff members served as surveyors for the mothers' perceptions study They worked with 3 external surveyors, and served to train and supervise these 3 during fieldwork Two CNIECS staff members served as team leaders during fieldwork

Four (4) CNIECS staff members participated in the adolescent reproductive health survey Two CNIECS staff members served as team leaders during fieldwork

R3 Performance Indicator #1 **At least 12 organizations (MOH units, PVOs, etc) use the IEC/Health messages for IEC activities and materials development**

Means to Measure Performance

- **Health IEC materials are produced or health IEC activities are conducted using the repertoire of messages developed by CNIECS**

CNIECS and the JSI IEC Advisor have worked with UNICEF, WHO, the Dutch Cooperation, the US Peace Corps, and numerous local and international NGOs to develop IEC materials, using the messages and images contained in the repertoire

In October 1998, CNIECS signed a contract with SOMARC (the Futures Group) and the DLP/PPM to develop, pre-test, and produce IEC materials to promote use of generic essential drugs (DCI), using the DCI messages included in the message repertoire CNIECS staff singlehandedly developed the pre-test protocol and questionnaires

In August 1998, CNIECS held a workshop with traditional artists to develop songs stories, marionettes and sketches on excision, vaccination, nutrition and DCI, using messages in the repertoire Four supports (sketch, marionette, song and story) were developed for each of the 4 themes, thus 16 in total Copies of the video and audio cassettes were given to cercle-level participants at the repertoire dissemination workshop Copies have also been distributed to key

NGO partners and development agencies for use in health promotion activities on the appropriate themes

In January 1999, CNIECS began work with UNICEF to use the nutrition and child survival messages in the repertoire to develop health communication/education materials

In March 1999, the JSI IEC Advisor made a presentation of the repertoire and elements of message development to Africare field staff during a workshop on communication planning Staff from Africare's YHEP project will use the messages in the repertoire to develop IEC materials as proposed in their individual action plans

R3 Performance Indicator #2 CNIECS research division established

During the second half of 1998, CNIECS staff singlehandedly developed two pre-tests of IEC materials the first, a pre-test of a "boîte a images" on excision developed by ASDAP and the second, the pre-test of the DCI materials developed for SOMARC and the DLP/PPM In 1999 CNIECS staff conducted a pre-test of a logo for the National Programme for Malaria Prevention and for the USAID-funded environmental communication project GreenCOM CNIECS staff members have also conducted formative research on nutrition for UNICEF CNIECS staff are beginning to demonstrate the ability to conceive and conduct IEC materials pre-testing without significant technical input from the JSI IEC Advisor

The three CNIECS staff that were trained in OR at the Population Council/CERPOD workshop in August 1998 assisted the IEC Advisor to develop the study protocols and questionnaires for the "mothers' perceptions" and "adolescent reproductive health" studies (see R3 Output #2), and served as surveyors and team leaders during fieldwork

These three staff members will form the core of the CNIECS research division with fieldwork conducted by other CNIECS staff members, and surveyors external to the organization but trained by CNIECS and the JSI IEC Advisor in qualitiative research techniques

3 3 Diverse IEC Activities

Development of Communication and Marketing Plans for ORS and Generic Essential Drugs with the Division of Laboratory/Pharmacy (DLP) and the Futures Group (October 1997 - March 1998) The JSI/CHPS IEC Advisor worked with the DLP and the Futures Group to develop plans for the promotion and marketing of generic essential drugs and ORS

Development of a Communication Plan, and Appropriate Messages/Materials for Promotion of Generic Essential Drugs, with the Division of Laboratory/Pharmacy (DLP) and the Futures Group (May-June 1998) JSI provided technical assistance to CNIECS in developing a communication plan for the promotion of generic essential drugs The plan was submitted to the Futures Group and the DLP for approval and funding The plan included training of health

personnel conception, pretesting and production of 3 videocassettes (sketches) — one for consumers one for "prescripteurs," and one for "dispensateurs" on the quality affordability and effectiveness of generic essential drugs, and 2 posters on the advantages of substituting generic drugs for specialty drugs — one for "prescripteurs" and the other for "dispensateurs "

Development of a Communication Plan for Contraceptive Implants (Norplant) with the Division of Family and Community Health (DSFC) (September-October 1998) The JSI/CHPS IEC Advisor worked with CNIECS staff and the DSFC to develop a communication plan to target women who have contraceptive implants, and need to have them removed

Next Steps to be pursued under the follow-on activity *The IEC repertoire Volume I should be disseminated in Kayes, Mopti and Sikasso, to complete this dissemination activity Requests for dissemination workshops have already been received from these regions Volume II of the repertoire is under development messages for mothers (common childhood illnesses) and adolescents (reproductive health) were developed in a workshop held in June 1999 and will need to be finalized (accompanying images drawn, messages translated into Bambara) and pre-tested Other governmental agencies and non-governmental organizations will be asked if they have messages to include in Volume II of the repertoire — these messages will be tested along with the ± 60 messages for mothers and youth Preliminary results of the studies on mothers' perceptions of common childhood illnesses, and the KAP study of adolescent reproductive health were used to develop the messages referenced above The results of these two studies are currently being further analyzed, to be presented to government and non-government counterparts in October 1999*

4 Management Information Systems (MIS)

4 1 March 1993 - June 1998

The need to provide routine, accurate and timely health surveillance, monitoring and evaluation information for various health interventions is invaluable for ultimate project success Verifiable indicators were only haphazardly counted before implementation of the CHPS project The strategy to improve MIS activities included analyzing system needs to remove constraints to information use simplifying and prioritizing HIS needs at all levels from national to local, improving use of surveillance information for public health decision making facilitating collaboration among donor agencies, and developing a functional MIS model to provide reliable and timely data which could be replicated on a national level

The review of the MIS system concentrated at the district and arrondissement levels The review evaluated the items collected, the performance of the system and the views of local officials on the system, as well as their views on how to simplify and improve the system

In January 1998, discussions were held with CPS, UNICEF PSPHR and USAID to identify appropriate potential MIS-related interventions that would support progress in the evolution of the collection analysis and use of service statistics from Service Delivery Points (SDPs) toward the development of a standardized quarterly report format

4.2 July 1998 - June 1999 Intermediate Result #1 GOM and partners Jama Ka Keneya (JKK) and the Pharmacie Populaire de Mali (PPM) will have the capability to use a computerized contraceptive (and essential drug) logistics system at central and regional levels

N B The Division Laboratoire et Pharmacie (DLP) of the GOM will have a data collection system for contraceptives and essential drugs that is computerized at both Central and Regional levels Jama Ka Keneya (JKK) and the Pharmacie Populaire du Mali (PPM) will have data collection systems that are computerized at the Central level and fed with data that is provided from the Regions These systems however will not necessarily be computerized at the Regional level but rather rely on a simple system of manual data collection that will be forwarded to the Central level for input into the computerized system No computer equipment procurement is envisioned under this contract for this purpose

R1 Output #1 **Essential drug management software developed in collaboration with the Division Laboratoire et Pharmacie (DLP)**

This is a continuation of the essential drug management software development activity that was undertaken under the original JSI contract Once the current version of the software has been installed in the Regions and Regional Pharmacists have gained a certain level of experience in its use additional improvements or refinements to the software will be undertaken using locally contracted technical assistance

Activities to Achieve Output

- **Identify software functions that could be improved or refined and develop a detailed SOW for a technical assistance consultancy**
- **Contract with a local consultant to undertake the consultancy (JSI) and monitor progress toward the completion of the work**

In November-December 1997, revisions were made to the essential drug management software ("Suivi du Fonctionnement du Schema Directeur d'Approvisionnement") This improved version of the software was demonstrated to the Director of the DLP and approved in mid-December A User's Manual was also developed

In March-April 1998, the software was installed in the office of the Regional Pharmacist in the District of Bamako to verify its operationality, and minor adjustments were made In May 1998 use of the software was demonstrated to all of the Regional Pharmacists during a workshop in Segou The software program was finalised in May 1998

R1 Output # 2 **Automated system in place and capable of receiving data district-level distribution warehouses in four regions**

It was envisioned that the essential drug management software developed in R1 Output #1 would be installed in the Regions, and that regular periodic supervisory visits by DLP Central level staff would monitor its use The DLP, through FED financing, has provided computer equipment to all of the Regional Pharmacists for this purpose JSI's primary concern in this process was to ensure that the system was operational in at least four of the PSPHR Regions

Activities to Achieve Output

- **Installed software in Regions**
- **Trained Regional Pharmacists in its use**
- **Provided OJT to Regional Pharmacists during supervisory visits performed by Central level DLP staff**

The software program was installed on Regional Pharmacist's (Bamako) computer in May 1998

From May to June 1999, follow-up on the software's use was included in the standardized supervision methodology so that it could systematically become a topic of discussion whenever the Central level DLP staff supervised the Regions

R1 Output #3 **At least 10 staff members from MOH central and/or regional level fully trained on the drug management software and have acquired the skills necessary for analysis/logistics planning**

This was accomplished through the initial training of two staff members in each Region and a core group of 3 or 4 resource persons at the Central/District of Bamako level These staff members also received follow-up training and OJT when the software improvements referred to under R1 Output #1 were undertaken

Activities to Achieve Output

- **Conducted seminar at Central level (+ Regional Pharmacists) for training in improved software**

- **Conducted seminar at Central level focusing on data analysis for logistics planning**

- **Provided on-the-job training to Regional Pharmacists during supervisory visits performed by Central level DLP staff (same as third activity under R1 Output #2)**

In May 1998 a workshop with regional pharmacists was held in Segou where use of the software program was demonstrated

R1 Output #4 **Regional pharmacists (four regions) and DLP staff trained in and capable of conducting quarterly/biannual (respectively) supervisory visits to collect/verify data**

Once the software was developed, refined, installed in the Regions and Regional Pharmacists trained in its use, regular periodic supervisory visits were conducted to ensure that the data was complete and available to the Central level The software is used to facilitate management decisions and coordination with other partners involved in essential drug distribution such as Jama Ka Keneya the Pharmacie Populaire du Mali and Futures Group's mobile teams Again JSI's primary concern in this process was to ensure that the system was operational in at least four of the PSPHR Regions

Activities to Achieve Output

- **Assisted the DLP in the development of supervision guides and provided training in their use**

- **Accompanied DLP Central level staff on monitoring and supervisory visits to the Regions (same as third activity under R1 Output #2)**

From July to September 1998, discussions were held with the DLP to undertake a series of supervision trips to the regions -- each trip was to be a walk-through of the supervision that each regional pharmacist was supposed to do in his region

From February to March 1999, JSI (and FPLM) helped develop supervision guides and a standardized format for supervision reports so that the performance indicators in the contract SOW (e g reduction in number of stock-outs, reduction in discrepancies between data found on stock cards and the actual stock count) could be monitored

From May to June 1999, JSI (and FPLM) accompanied the DLP in conducting supervisory visits according to the standardized methodology An initial visit was conducted with each regional

pharmacist to ensure that all subsequent supervisory visits would be conducted in the same manner These trips also provided an opportunity for on-the-job formative supervision of how regions use the essential drug management software (R1 Outuput #1) and provided an opportunity to identify some areas where the software could be improved or expanded

R1 Output #5 JKK and PPM personnel have the skills necessary to perform adequate stock management

In collaboration with FPLM, JSI has been involved in logistics training for JKK and Futures Group staff members

Activities to Achieve Output

- **Developed curriculum and participated in stock management training for Central level PPM and JKK staff (in collaboration with FPLM and the Futures Group)**

From May to June 1999, during the supervisory visits mentioned above JSI and FPLM administered a "quiz" to identify areas of weakness in the capacities of stock management personnel encountered

- **Developed curriculum and participated in stock management training for PPM Regional staff (in collaboration with FPLM and the Futures Group)**

From July to September 1998, the JSI Chief of Party served as a team member on the evaluation committee that is currently monitoring the performance of JKK The evaluation looked at aspects of warehousing, repackaging and distribution of all AID-funded contraceptives The evaluation team examined JKK's accounting system, their warehousing operations etc and spent a week in the field to determine what impact the switch from public sector to private sector handling of this activity has had on the availability of contraceptives in the field

R1 Performance Indicator #1 15% reduction in stockouts and theoretical vs physical inventory discrepancies

Means to Measure Performance

- **Monitored JKK and PPM Central level storage facilities periodically**
- **Ensured that necessary information was included in supervision guides so that supervision reports provided the data needed to quantify these discrepancies (see Activities to Achieve R1 Output #4)**

As stated under R1 Output #4, JSI helped to develop supervision guides and a standardized format for supervision reports to monitor the performance indicators in our contract SOW (e g reduction in number of stock-outs, reduction in discrepancies between data found on stock cards and the actual stock count)

R1 Performance Indicator #2 **Quarterly coordination meetings among the DLP, JKK and PPM on regional contraceptive and essential drug activities conducted**

N B A bi-annual forum already existed that brought together all of the Regional Pharmacists This forum was expanded to include JKK and PPM JSI assisted the DLP in its organization In addition during quarters when this Regional Pharmacist forum was not held JSI maintained regular contact among DLP, JKK and PPM by means of periodic coordination meetings

Means to Measure Performance

- **Drafted minutes of meetings with reporting on major issues that were discussed**

The last quarterly contraceptive coordination meeting was held on May 18 1999

4 3 Diverse MIS Activities.

Development of Trainee Database In October 1998, JSI contracted with a locally-hired, independent consultant to develop a database to compile information on all of the persons trained under PSPHR by subject matter of training, date of training title of course current place of work etc The database includes a variety of cross-referencing functions to facilitate the monitoring of trained personnel and identification of training needs and potential candidates The database was developed in close collaboration with the Technical Director of the PSPHR, to ensure that it meets MOH needs

Next Steps to be pursued under PDY

Essential Drug management software On-the-Job training in this software should retain a prominent position in the DLP's supervision activities to help make full use of this software as a management/supervisory tool Efforts should be made to institutionalize the software's use in all Regions to allow the monitoring of the performance indicator relating to stock outs as well as taking advantage of the software's family planning-specific functions such as calculating couple years of protection, method mix and region-specific contraceptive prevalence rates

Trainee Database Though this database has been developed and tested with "ficticious" data it has never been filled with "real" data Efforts should be made to collect as much data as possible for those trained under PSPHR (a data collection form has already been developed for this purpose) and then a system should be put in place to systematically enter all new data as each training activity is completed so that this database can serve as the resource management tool it was designed to be

5. MCH/FP

5 1 March 1993 - June 1998

CHPS provided technical and financial assistance to support the National Family Planning Action Plan which implements Mali's national Population Policy and the National Family Planning Strategy

CHPS contributions under this component included

- medical equipment and training, reinforced by operations research
- support to private health care practitioners
- a management study of the AMPPF to upgrade management systems and to build capacity to manage resources efficiently and at a national level
- JSI's FPLM project to train commodity logistics management
- support for the nation's social marketing contraceptive program through the Pharmacie Populaire du Mali (PPM) and through the SOMARC project

Specifically CHPS provided technical and financial assistance to the MOH and the NGO AMPPF (the IPPF affiliate in Mali) to

- assist AMPPF with management,
- assist AMPPF in establishing private health and family planning norms
- assist AMPPF with FP to private practitioners
- establish Phase I community health centers (CSCOMs) under PSPHR

- assist Phase I community health center operation under PSPHR
- develop plans for Phase II community health centers under PSPHR and
- establish remaining community health centers (under PSPHR)

5 2 July 1998 - June 1999:

Activities related to MCH/FP in the last extension year of the project fell primarily into the Intermediate Result #2 category as they pertained for the most part to the revision of the Reproductive Health Policies, Norms and Procedures Other aspects such as those related to the estimation of contraceptive needs and contraceptive distribution can be found in the Contraceptive Procurement section (Section 7, below)

6. Operations Research

6 1 March 1993 - June 1998:

Columbia University was subcontracted to the CHPS project to provide technical assistance for training in operations research and development, in collaboration with the MOH and NGOs of innovative operations research projects

A training in "action research" was held in Mali, with technical assistance from Columbia University

In May 1997 an assessment of community-based distribution (CBD) programs funded by USAID was conducted, with technical assistance from CHPS This assessment compared the different CBD models developed by Groupe Pivot, PLAN International the Population Council/the Division of Family and Community Health (the National CBD Program) and the AMPPF The assessment studied training, IEC, finance mechanisms and commodity distribution mechanisms in order to make recommendations concerning future USAID-funded CBD activities

6 2 July 1998 - June 1999

In February - March 1998, JSI provided technical and financial assistance to a study of the viability of community health centers (CSCOMs) for the PSPHR Two expatriate consultants were contracted by JSI to complete the team JSI also supplied logistical support office space and secretarial support to the consultant team during field work report preparation and presentation of findings Results of the study were used to improve service delivery in CSCOMs in PSPHR intervention zones

In October 1998, JSI and the Futures Group developed a protocol to study mechanisms by which to integrate sale of ORS through the Contraceptive Social Marketing network in Mali A meeting to discuss MOH concerns regarding social marketing of ORS and to reach a consensus on possible modalities for introduction of ORS into social marketing channels was held in October 1998, after which the study protocol was finalized and field work began

7. Contraceptive Procurement/Contraceptive Logistics

7 1 March 1993 - June 1998

Contraceptives procurement and management are designed to ensure that a wide range of contraceptive methods are available at all times through multiple channels, that systems are in place for the timely replacement of stock and protection of quality products and that quality products are obtained to help meet contraceptive demand Under the CHPS project this was achieved by following existing practices in JSI's FPLM project in Mali

7 2 July 1998 - June 1999:

Preparation of Contraceptive Procurement Tables In April 1998 the JSI/CHPS Chief of Party assisted FPLM and the DLP in the collection and analysis of 1997 contraceptive distribution data in preparation and finalization of the 1998 Contraceptive Procurement Tables (CPTs)

Evaluation of FPLM Project Activities In August 1998, two external consultants conducted an evaluation of FPLM project activities JSI/CHPS provided technical assistance (briefings) to the team as well as logistical and secretarial support during the evaluation

Monitoring of Jama Ka Keneya Activities In October 1997 as a member of the "Comite de Suivi" established by USAID/Mali and the MOH, the JSI/CHPS Chief of Party participated in the first monitoring exercise of the local Contraceptive Social Marketing contractor in October 1997 The 10-day investigation covered a verification of the total quantities of contraceptives sold by the contractor, total sales revenues, repackaging and warehousing operations Subsequent to this evaluation, the JSI/CHPS Chief of Party served as intermediary between USAID and the MOH to ensure the opening of a bank account for the deposit of 30% of total sales

The next monitoring exercise for Jama Ka Keneya was held in October 1998 The SOW was practically identical to that developed by the "Comite de Suivi" for the October 1997 review Two of the major objectives of the 1998 review were to ensure that 30% of all sales are deposited in the bank account opened for this purpose in late 1997, and that monthly reporting requirements were fulfilled

Participation in Contraceptive Logistics Coordination Meetings In February July and October 1998 JSI attended contraceptive logistics coordination meetings which are held quarterly between DLP, Jama Ka Keneya and the PPM to discuss regional activities and the distribution of contraceptives and essential drugs

Next Steps to be pursued under PDY

CPT Mid-Year Review This exercise will track actual distribution figures against estimates that were made when the CPTs were drafted in April 1999 to determine if quantities ordered and the shipment schedule can be maintained as is or if modifications need to be made An appropriate time for this exercise would be in September 1999

PIPELINE training FPLM has now developed a software package PIPELINE to replace their old and now out-dated NEWCPT for the automated drafting of the Contraceptive Procurement Tables FPLM/Washington is planning a training session in the use of this software to be held in Abidjan during the last quarter of 1999 As the DLP has now taken the lead on coordinating contraceptive logistics and estimating contraceptive needs it would be extremely helpful for someone from the DLP to attend this training and thus institutionalize the capacity to project commodity needs, particularly in light of the probability that FPLM's resident advisor will be terminated o/a October 1999

8. Alternative Distribution Mechanisms

8 1 March 1993 - June 1998

Though not specifically mentioned in the original project design this category of activities was included in the scope of work of the final extension year of the project It reflects the shift toward increased intervention through non-governmental sectors such as private sector workplaces and youth-oriented NGOs to complement efforts undertaken through the more traditional Ministerial channels

8 2 July 1998 - June 1999 Intermediate Result #4 Expand contraceptive (and selected essential drugs) availability in Mali through an increased number of regularly supplied and supervised distribution points in both urban and rural areas

R4 Output #1 **In collaboration with other USAID implementing partners, use regional field presence to oversee data collection, supervision and product resupply activities for peer educator and workplace-based distribution activities (and contribute to the coordination and implementation of activities under Results 1, 2 and 3 above as well)**

The Population Council now has Regional Coordinators in each of the 5 Regions where community based distribution activities are underway The mobile teams of Futures Group's social marketing activities spent the majority of their time in the field JSI instituted close collaboration among these partners at the Central level, particularly recently with the development and launching of the workplace-based program

Activities to Achieve Output

- **Ensured that regional representatives of other USAID implementing partners were included as much as possible in training activities that occured in the field**

- **Included regional representatives of other USAID implementing partners in centrally organized coordination fora such as the bi-annual seminar of Regional Pharmacists**

- **Ensured that regional representatives of other USAID implementing partners were visited whenever central level staff conducted supervisory visits in the Regions**

In September 1998, a JSI/Futures/FPLM team made a joint presentation to a group of project coordinators from Africare/Mali in Segou The same presentation was made to a group of animators from Office du Riz peri-urban and rural community education programs in Dioro in December 1998

R4 Output #2 **In collaboration with other USAID implementing partners, establish 10 peer education and/or distribution efforts in urban and peri-urban areas**

JSI assisted in the development of a CAP study protocol and questionnaire for a workplace-based pilot activity (see R4 Output #4 below) These materials oriented toward a more urban rather rural setting, could easily be adapted to collect baseline data prior to launching urban or peri-urban peer educator programs

Activities to Achieve Output

- **Assisted other USAID implementing partners in the identification of sites and potential local partners for peer educator programs**

- **Assisted other USAID implementing partners in undertaking pre-launch CAP studies in designated peer educator program sites**

- **Participated in curriculum development and training of the peer educators for these programs (see R4 Output #3 below)**

In May-June 1998, the JSI/CHPS Chief of Party assisted the Futures Group and the local NGO AMIE to identify pilot sites for a Workplace-Based Peer Education and Contraceptive Distribution program Two fabric mills, ITEMA (Bamako) and COMATEX (Segou) were selected JSI and the Futures Group designed a questionnaire, and hired local surveyors to conduct a study of knowledge, attitudes and practices (KAP) about family planning sexually transmitted diseases and AIDS among factory workers at ITEMA (June 1998) and COMATEX (November 1998) The JSI IEC advisor analyzed the data of the two KAP studies and disseminated the results to factory administrators and health infirmary personnel
After the KAP studies were completed, 22 peer educators at each of the two factories were trained in family planning, STD/AIDS prevention and communication skills

In January and February 1999, in collaboration with Futures Group JSI developed contractual agreements with 3 local NGOs to implement peer education programs addressing 3 distinct target groups Fondation de l'Enfance for in-school youth, ENDA Tiers Monde for out-of-school youth and Association Mieux-Etre for factory workers JSI then recruited external TA to facilitate a training of trainers, assisted by 2 locally resource people to act as co-facilitators The outcome of this TOT was to establish a core of trained trainers in each of these NGOs to undertake the training of the actual peer educators for each target group Over the months of February through April 1999, these 3 NGOs established peer education programs in 45 schools, 5 Associations Regionales des Jeunes Travailleurs and 6 additional workplaces
In February and March 1999, based on the experience of the first 2 CAP studies the questionnaires were slightly modified and the methodology slightly improved The Association Mieux-Etre a local NGO, was then given the task of undertaking 5 additional CAP studies in 7 additional workplaces (due to the relatively small size of certain workplaces 2 were grouped together) The results of these studies were then analyzed by JSI's IEC specialist using EPI-INFO and a report developed for each individual workplace Ideally the same study will be redone toward the end of 2001 to measure the evolution of the workplace population's behaviors regarding family planning and STI/AIDS prevention

In May and June 1999, during the training of trainers activity described above a curriculum was developed to be used by the trainees to train the peer educators in their specific target group Though approximately 85% of the curriculum content was common to all 3 targets there was some differentiation Over the course of February through April while peer educators were being trained the trainers made observations as to how the curricula could be improved Over May and June 1999 JSI and Futures Group held detailed curriculum revision sessions with the trainers of each of the 3 NGOs to incorporate the modifications suggested through the use in the field The end result was a field-tested, target group specific curriculum for each of the 3 groups These curricula can now be made available to various NGOs or other groups who are interested in developing peer education activities

R4 Output #3 **Equip at least 200 peer educators with the skills necessary to ensure that the education/distribution efforts in urban and peri-urban areas are fully functioning**

For the pilot workplace-based distribution program described in R4 Output 4 below JSI assisted in the development of a curriculum for the training of peer educators and participated in the training itself Again as these training materials were developed with a more urban audience in mind they could easily be adapted to peer educator programs in urban and peri-urban settings

Activities to Achieve Output

- **Assisted other USAID implementing partners in the adaptation of the training materials to better meet the specific training objectives for their peer educator programs**
- **Provided technical input for the communication skills aspects of the training curriculum**
- **Supported training activities as needed**

During July to September 1998, JSI and The Futures Group made contact with several youth associations, and negotiated with them to implement peer education and distribution activities

From February to April 1999, upon completion of the training of trainers mentioned above, trainers from each of the 3 local NGOs began training peer educators in their specific target groups Fondation pour l'Enfance trained 100 peer educators in 45 schools throughout the country, ENDA Tiers Monde trained 125 peer educators through the Associations Regionales des Jeunes Travailleurs in 5 regions and the Association Mieux-Etre trained 137 peer educators in 8 workplaces The Fondation de l'Enfance was asked to facilitate 2 additional training sessions for school-affiliated groups that were not included in the original contractual agreement, yielding another 40 peer educators, and the IEC specialists of JSI and Futures Group trained 16 peer educators from the ranks of the agricultural extension agents of the Office du Riz in Segou This brings the total number of peer educators trained to 418

In December 1998, JSI and The Futures Group drafted and signed contracts with ENDA Tiers-Monde (out-of-school youth), and the Fondation pour l'Enfance (in-school youth) to recruit train and monitor/evaluate peer education program activities

R4 Output #4 **In collaboration with other USAID implementing partners, establish at least 6 workplace-based distribution programs for contraceptives (and selected essential drugs)**

Under the most recent contract, JSI assisted Futures Group and FPLM, with collaboration from Population Council, in establishing a pilot workplace-based distribution site at the ITEMA cloth mill This involved negotiations with company management developing a protocol and questionnaire for a pre-launch CAP study, developing a curriculum and participating in the training of the peer educators This same process can now be replicated in other commercial establishments using the same protocol, questionnaires and curriculum that were developed for the ITEMA pilot

Activities to Achieve Output

- **Assisted Futures Group and FPLM in the identification of additional workplace sites through discussions with company management**
- **Assisted Futures Group and FPLM in undertaking pre-launch CAP studies in the additional workplace sites**
- **Participated in the training of the peer educators in the additional workplace sites**

In September 1998, the JSI/Futures/FPLM team contacted COMATEX (Segou) to discuss the possibility of implementing peer education/ distribution activities in this workplace A CAP study, followed by training for selected peer educators, was held at COMATEX during the week of October 26

In December 1998, JSI and The Futures Group contracted with the local Malian NGO AMIE (workplace-based) to recruit, train and monitor/evaluate peer education program activities

In all 8 workplace-based peer education programs were established under this contract (see above)

R4 Output #5 **Identify service provider behaviors and biases limiting youth's access to contraceptives in general and certain contraceptive methods in particular**

Considerable progress has been made over the past years to decrease legislative and service provider policy barriers that hampered access to contraception The recently revised Norms and Procedures for example allow for expanded availability of contraception through channels other than diplomaed doctors and midwives However many service providers continue to demonstrate behaviors that discourage potential contraceptive clients particularly among youth JSI through the contracting of external TA will conduct a study to identify these behaviors and their causes in order to develop strategies to overcome their limiting effect on youth's contraceptive use This study of service provider biases will complement the "Barriers to Reproductive Health Services by Youth" study of youth's perceptions of reproductive health

services proposed in R3 Output #2

Activities to Achieve Output

- **In collaboration with the DSFC, identified potential contact persons, pertinent available documentation, possible study methodologies, etc and developed detailed SOW**

- **Contracted with a consultant to perform the study**

- **In collaboration with the DSFC, facilitated the conduct of the study (e g , development of data collection instruments, logistical arrangements, etc)**

Questions about service provider bias (from the adolescents' perspective) were included in the "Adolescent Reproductive Health" study, conduced under Intermediate Result #3 Output #2 The research done by CNIECS on adolescent reproductive health with technical and financial assistance from JSI provided numerous insights into societal factors that tend to discourage youth from taking advantage of the reproductive health services that are available to them The preliminary results of this research were used as the basis for a workshop to develop messages to alleviate the influence of these factors, addressing not only youth themselves but secondary targets such as parents and service providers as well The secondary analysis of the data collected through this research will be used to develop additional strategies for circumventing these barriers

R4 Output #6 **Develop strategies aimed at lessening their negative impact on contraceptive prevalence among youth**

The results of the service provider bias study, described above combined with the results of the "Barriers to Reproductive Health Services by Youth" (R3 Output #2) were used to develop strategies to improve youth's access to reproductive health services These strategies included IEC activities changes in legislation and policies, as well as activities to lessen the effect of cultural beliefs and norms which might tend to restrict youth's accessing reproductive health services

Activities to Achieve Output

- **Facilitate a workshop of health professionals and youth leaders (representatives of youth groups) to discuss results of service provider biais and youth "Barriers" studies, in order to draft strategies to overcome health system inadequacies in providing access to reproductive health services for youth**

- **Conduct a workshop of youth representatives and legislators and religious/cultural leaders to discuss results of service provider biais and youth "Barriers" studies, in order to draft strategies to address legislative and cultural barriers which block access to reproductive health services by youth**

These workshops were not held during the CHPS project, due to the fact that the "Adolescent Reproductive Health" study was not able to be completed until June 1999 It is hoped that these activities will be conducted following dissemination of results from the "Adolescent Reproductive Health" study, which CNIECS plans for October 1999

R4 Output #7 **Identify policy issues affecting the integration of additional health interventions (such as child survival and the distribution of selected essential drugs) into community-based activities, and recommend strategies for resolution**

JSI The Population Council, and SOMARC worked with the DSFC and the DLP toward the inclusion of selected child survival products and services in social marketing and community-based distribution networks

Activities to Achieve Output

- **In collaboration with SOMARC and The Population Council, identified remaining policy/programmatic issues barring the provision of selected child survival products and services by community-based distributors and social marketing retailers, and continued dialogue with the DSFC and DLP to resolve these issues**

- **In collaboration with The Population Council, assisted the DSFC to develop a curriculum for CBD agents to train them to provide selected child survival products and services**

- **Assisted SOMARC to develop a similar curriculum to train social marketing retailers to provide same selected child survival products and services**

During July to September 1998, JSI and The Futures Group worked with the Population Council to finalize a protocol to study mechanisms by which to integrate distribution of ORS and essential drugs into CBD program activities JSI and the Futures Group also worked with USAID/Mali, the DSFC and the DLP to develop possible scenario for integration of ORS into social marketing channels A meeting to discuss MOH concerns regarding social marketing of ORS and to reach a consensus on possible modalities for introduction of ORS into social marketing networks, was held in October 1998, at which time the DNSP the DLP and the DSFC agreed to re-visit the issue The Futures Group conducted a study to show the extent of consumer demand for ORS, and to identify how ORS could be included in social marketing channels The Population Council and the DSFC are still working on plans to fully integrated ORS into CBD activities, although this has been implemented on a pilot basis in some areas

R4 Performance Indicator #1 **At least 2,400 target individuals reached by peer education**

Means to Measure Performance

- **Collected activity reports from implementing partners' peer education programs**
- **Conducted periodic monitoring visits to peer education sessions with Futures Group and FPLM**
- **Solicited feedback from USAID implementing partners' regional representatives**

Based on activity reports submitted by the 3 NGOs contracted by JSI and The Futures Group to implement the peer education programs (Fondation pour l'Enfance ENDA Tiers Monde and AMIE) over 25 000 individuals were reached or at least participated in discussions generated by the peer educators trained under this project

R4 Performance Indicator #2 **15% of total workplace-based population involved in distribution programs for contraceptives/essential drugs**

Means to Measure Performance

- **Collected and analyzed activity reports from workplace-based programs**

- **Conducted periodic monitoring visits with Futures Group and FPLM to review consultation registers, determined quantities of contraceptives and selected essential drugs distributed, attended general assemblies with peer educators, etc**

It is still too early in the life of these workplace-based programs to precisely quantify the percentage of the population adhering to the program, as accurate quantification would require a census of the workplace population, through discussions with the personnel of the workplaces' infirmaries Nevertheless, it appears that the number of family planning/STI/AIDS consultations is on the rise, as are actual sales of contraceptive products including condoms True this is the trend throughout the country and cannot therefore be directly attributed to the sole efforts of the peer educators But a correlation seems to be developing

Next steps to be pursued under PDY

Supervision of peer education programs During the month of June JSI and Futures Group visited several of the peer education programs It was evident from the reaction of the peer educators, as well as of the workplace managers and school administrators that periodic visits of this nature are extremely beneficial in terms of maintaining peer educator motivation and focussing on the acceptance and appreciation of their efforts by "management"

Dissemination of peer education curricula The 3 target group specific curricula for the training of peer educators that were developed over the last months of this project should be made available to any NGOs or other groups interested in developing peer education programs This will mean a savings in resources, as well as promoting a certain uniformity of approach

CAP studies in workplaces After perhaps a 2 year period of operation (mid- to end-2001) CAP studies should be redone in the workplaces adhering to the program to better quantify the impact of the program and evaluate how the approach might be improved

9 Diverse CHPS Project Activities

Analysis of Depo-Provera Supply During December 1997 to January 1998 the JSI/CHPS Chief of Party assisted the Futures Group to conduct an analysis of the Depo-Provera supply situation and to develop recommendations to USAID/Mali concerning the programming of future orders for Depo-Provera

Recruitment of AMPPF Executive Director In January 1998 the JSI/CHPS Chief of Party served on the selection committee for the recruitment of an Executive Director and a Program Officer for AMPPF He assisted AMPPF to develop recruitment criteria, sat on the interview panel and rated candidates

Installation of RACs In January 1998, JSI assumed responsibility for monitoring the completion of RAC installation with Mission Aviation The last RACs were installed in January 1998, for a total of 38 RACs installed over the Life of Project (LOP)

Workshop on the USAID/Mali Plan of Action In June 1998, JSI participated in a seminar organized by USAID/Mali to plan, program and budget activities financed bv USAID/Mali through 1999 Participants included MOH officials from the central and regional levels (Divisions of Social Action and Public Health) and various NGOs financed by USAID

Development of SOW for JSI/CHPS Project Follow-On Activities A workplan for the contract extension period of July 1, 1998 through June 30 1999 was developed and proposed to USAID in June 1998

Development of Logical Framework for USAID/Mali Youth Profiles Over the months of January and February 1998, JSI developed a draft logical framework for the Youth Profiles A timeframe detailing the various steps to be undertaken to perform the study the length of time needed for each step, internal and external TA needed for each step etc were proposed for discussion with USAID/Mali USAID/Mali later determined that JSI's conducting this study would preclude them from submitting a proposal on any future USAID Youth-related RFP and JSI withdrew from the activity

10. Project Administration

Coordination Meetings At the time of the Mid-Term Evaluation (see below) the observation was made that there was definitely a need for improved coordination among the numerous USAID-funded Cooperating Agencies that were active in the Mali's health sector JSI was identified as USAID's choice to attempt to fulfill this role JSI therefore in mid-1996 instituted a series of monthly coordination meetings that brought together the principal CAs to discuss areas of activity of each, and determine how linkages of collaboration and mutual assistance could be developed The core group of attendees at these meetings consisted of JSI Futures Group Population Council, FPLM

Designation of a COTR When the JSI contract was extended for the period of October 1997 through June 1998, a "Contracting Officer's Technical Representative" was officially designated to follow JSI's performance under the CHPS contract At this time a system of weekly meetings between JSI and the COTR (and appropriate members of the USAID Youth team) was established with JSI submitting a proposed agenda the day before each meeting This had a very positive effect on JSI-USAID relations, thus allowing JSI to perform more efficiently

Contract Extensions/Contract Amendments During the years 1997 and 1998 the JSI technical assistance contract nearly came to a close 3 times, once due to delays in the finalization of a contract amendment for incremental funding and twice in order to extend the contract's completion date (October 1997 through June 1998, and July 1998 through June 1999) These contractual problems greatly perturbed implementation of project activities forcing JSI to devote a considerable amount of time unnecessarily drafting repeated correspondence to bring about the necessary contract actions, drafting and submitting close out plans notifying local staff of the imminent termination of their contracts only to then extend them etc

Unexpended funds Of the total contract amount of $5,578 219 approximately $250 000 will remain unexpended once all final expenditures have been submitted and cleared

Mid-Term Evaluation USAID contracted to have a mid-term evaluation of the CHPS project conducted in early 1996 The evaluation was composed of 4 members - a team leader to evaluate quality of service issues as well as activities related to management information systems a human resource development specialist, an IEC specialist and a public health generalist to evaluate efforts made in the field of Community Based Distribution The evaluation team spent approximately 1 month in country, consulting with USAID, JSI and all implementing partners at the central level as well as spending considerable time in the field Prior to the team's departure in early February 1996, a draft report of findings was presented and distributed to a large and diverse audience at the Ministry of Health, presided over by the Secretary General Feedback was received and incorporated into the final version of the report

The evaluation report contained numerous recommendations as to how activities over the remainder of the project might be organized for optimal results As this coincided with the arrival of a new Chief of Party for the JSI TA team, these recommendations became the focal point of the incumbent's attention Through a series of meetings with representatives of all of implementing partners concerned and presided over by the Director of PSPHR actions to be undertaken were assigned to each recommendation, with a designated person responsible a due date and resource people to help achieve the specified outcome This action plan then become the object of quarterly progress meetings, also presided over by the Director of the PSPHR where each responsible person would report on progress made toward the achievement of the task that had been assigned to them Difficulties encountered became the object of the solicitation of additional attention from the assembled group of partners

This process continued for approximately one and one half years over which time approximately 50% of the recommendations were addressed

Incremental Funding On January 30, 1998, USAID/Mali approved amendment #7 to the JSI/CHPS contract This amendment allocated the remaining incremental funding necessary to bring the total amount obligated under the contract to the full contract amount This required a financial analysis to demonstrate that the prior obligated total would not be sufficient to cover costs through the (then) contract completion date of June 30, 1998

IEC Technical Advisor In January, 1998 IEC Advisor Kriss Barker became a full-time employee of the JSI/CHPS project From August - December 1997, Kriss worked at a 75% level-of-effort (LOE) for the JSI/CHPS project Prior to her engagement by JSI in August 1997, the SOW for the IEC Advisor was changed from a 50/50 time-sharing arrangement between CNIECS and the Malian Association for the Protection and Promotion of the Family (AMPPF) to that of a full-time technical advisor at CNIECS

Project Accountant Aminata Gadiaga was hired as accountant for the JSI/CHPS project in August 1998 Aminata brought much experience with Malian and International NGOs to the CHPS project having previously worked for Africare, the Malian NGO "Ligi" and SuisseContact Aminata replaced Adama Franklin, who served as the JSI/CHPS accountant since 1992 Adama left the JSI/CHPS project to join her husband, Clifton in the United States

Office Clerk Cheick Oumar Traore was promoted from project driver to office clerk Although he continued to serve as a project driver, Cheick's increased responsibilities included monitoring vehicle maintenance (4 project vehicles), ordering and tracking use of office supplies and assisting with general office functioning and operations

Support to FPLM Project Activities Over the life of the project, JSI/CHPS provided a project vehicle and full-time driver to support FPLM activities The JSI/CHPS Chief of Party also assisted USAID/Mali in recruiting and briefing the new FPLM resident technical advisor (RTA), Hafsatou Diallo, who replaced the previous RTA, Aoua Diarra in December 1998 Aoua is now serving as the Regional FPLM technical advisor for West Africa based in Dakar Senegal

Project Close-Out Anna-Lea Jenny, the CHPS administrative backstop from JSI/Boston, visited Mali from June 14 through July 2, 1999 to assist with project close-out The first task was the reconciliation of the non-expendable property inventories by making a physical verification of all equipment and furnishings in the JSI offices the COP residence and rented storage space As records had been satisfactorily maintained over the life of the project and as this exercise had been undertaken in June 1998 when it appeared that the project may have closed due to delays on the finalization of the proposal to extend for the July 1998 - June 1999 period this exercise went quite smoothly Documentation was prepared for the transfer of the office equipment, furnishings and vehicles to the arriving JSI technical team for the Youth activity Documentation was also prepared for the transfer of all project-funded household effects appliances and residential generators to the Ministry of Health as well as documentation to confirm the Ministry's receipt of all the commodities procured on theor behalf over the life of the project Appropriate transportation was then arranged signatures obtained confirming receipt etc

Various local moving companies were contacted to provide price quotations for the repatriation of the COP's household effects as well as for all project documentation that needs to be stored by JSI/Boston for a specified period of time after the project completion date Ms Jenny oversaw this operation as well

Procedures were undertaken to close out the project bank account and the remaining balance of approximately $10,000 was transferred back to JSI's bank in Boston