

PD-ABX-643

118615



careSM

CARE International in Mali

Koro Community Health Project (KCHP/PSCK)

October 1997 to September 2002 Report
(CA #

District of Koro

Project Manager:
Country Director:

Dr. Elie Bankineza, Health Sector/ CARE Mali
Jean-Michel Vigreux

CONTENTS

A.	Introduction.....	P 1
A.1.	Background information.....	P 1
A.2.	Intermediate objectives.....	P 1
A.3.	Approach.....	P 1
A.3.1	Clinical building strategy.....	P 1
A.3.2	Institutional capacity building and health promotion strategy.....	P 1
A.4	Profile of the population of the intervention zone.....	P 2
B.	Results of the activities conducted.....	P 2
B.1.	Youth team indicators.....	P 2
B.2.	Impact indicators.....	P 5
B.3.	Process indicators.....	P 6
B.4.	Analysis of Project Results.....	P 7
B.4.1.	USAID Indicator progress status	P 7
4.1.1.	Indicators on the vaccination of children aged 0-23 months and pregnant women.....	P 7
4.1.2.	Family Planning and Sexually Transmitted Infections (STI)	P 8
4.1.3.	Indicators on assisted deliveries.....	P 9
4.1.4.	Indicators on health promotion	P 9
B.4.2.	Monitoring of the withdrawal plan: Capacity building of partners.....	P 10
4.2.1.	Support to the comprehension of the FELASCOM regulations and statutes.....	P 10
4.2.2.	Support to the comprehension of the legal and statutory regulations of health and decentralization	P 10
4.2.3.	Training of the Csref technical staff and staff of CSCOMs.....	P 10
4.2.4.	Support in the management of the stocks of community health agents... ..	P 11
B.4.3.	Functionality of ASACOs	P 11
B.4.4.	Literacy	P 13
B.4.5.	Collaboration with the Ministry of Health	P 13
C.	Conclusion.....	P 13

List of Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ASACO	Community Health Association
BCG	Vaccine against tuberculosis (Bacille de Calmette et Guérin)
CB	Clinical Building
COMGEST	Management Committee
CSCOM	Community Health Center
Csref	District level Referral Health Center
DCI	International Generic Name
DG	Democratic Governance
DRC	District Distributor Deposit
DTCP3	3rd injection of vaccines against Diphtheria, Tetanus, whooping cough, and poliomyelitis
EDCG	Evaluation of Development of Capacity in Management
FELASCOM	Local Federation of Community Health Associations
FERASCOM	Regional Federation of Community Health Associations
GAVI	Global Alliance Vaccination and Immunization
HIV	Human Immuno deficiency Virus
IB/HP	Institutional Building/Health Promotion
KCHP	Koro Community Health Project
PDDSS	Ten-year Plan for Health and Social Development
PMA	Minimum Activity Package
PRODESS	Health and Social Development Program
RH	Reproductive Health
RTBA	Retrained Traditional Birth Attendant
STI	Sexually Transmitted Infections

A. INTRODUCTION

A.1 Background information

The 5-year Koro Community Health Project began in 1997. The activities conducted in this period focused on clinical strengthening, institution building, and health promotion. Under the clinical strengthening, the technical staff of the referral health Center and the community health centers supervised by the project received support in formative supervision and training in Reproduction Health and Child Survival. The targeted objective was to increase the quality of the health services provided to target populations. In Institution Building, the members of the ASACO management committees received training in key areas of CSCOM management. They learned to perform the evaluation of their capacity in management and propose institutional development plans to ensure their growth. Health promotion helped increase the knowledge and practices of target populations in reproductive health and child survival.

In the last two years, the above mentioned interventions were implemented in the context of a withdrawal strategy, the objective of which was to ensure a transfer of skills to sustainable local Malian structures.

A.2. Intermediate Objectives

The objectives pursued by the project are:

To improve the capacity and quality of sustainable reproductive health and child survival services provided by seven CSCOMs of Koro District by 2002.

To improve knowledge and change attitudes and practices of 28,000 mothers and young people of Koro District about key aspects of prevention and health care by 2002.

A.3. Approach

To reach these objectives KCHP developed a two-axis strategy:

A.3.1. Clinical Strengthening (CB) Strategy:

This component was aimed at reinforcing the capacity of the technical staff of the Community Health Center (CSCOM) for an improvement in the quality of care in Reproductive Health and Child Survival (RH/CS). The project implemented several elements to help these community health centers move toward the necessary quality of services by providing certain support to CSCOMs, including medico-surgical equipment, the promotion of constructive, capacity-building oversight (rather than outmoded, punitive forms of supervision), and training of staff, as needed.

A.3.2. Institution Building and Health Promotion Strategy

The institution building aspect was designed to develop the management capacity of COMGESTs and FELASCOM members in organizational self-diagnosis and monitoring according to the Evaluation Tool of Management Capacity Development.

Using IEC tools, the health promotion component helped increase the knowledge of target populations in health, while encouraging them to use modern health services. It establishes a connection between the use of health services, infection prevention, and behavioral change in health and is done through mass media and communication tools such as the "image box", leaflets, and booklets in literacy.

A.4. Profile: Estimated Target Population in the Intervention Zone, 2002

Target Groups	Estimated Population ¹
0-11 months (4%)	3858
12- 23 months (3.9%)	3761
0- 23 months (7. 9%)	7619
0- 36 months (11.7%)	11285
Women of childbearing age 15-49 years old (21%)	20255
Men of childbearing age 15-59 years old (21.4%)	20641
Pregnant women (5%)	4822
Young people aged 10-14 years (13.9%)	13407
Young people aged 15-24 years (19.5%)	18808
Young people aged 10-24 years (33.4%)	32215
Total population, intervention zone	96451
Total population for Koro District	289462

B. Results of the activities conducted

As mentioned above, the activities of the project remained relatively constant over the five years of the project. For illustrative purposes, below we present the indicators reflecting the range of activities during the final project semester. After that, we present a comparative analysis of our results over the five years of the project.

B.1. USAID Indicators

SO Level

Indicator: *Doses of measles vaccine administered to children prior to first birthday (less than 1 year old)*

- a) Number of doses of measles vaccine administered to children 0-11 months old (prior to first birthday) 947
- b) Estimated number of children 0-11 months in population of intervention zone: 3858

Indicator: *Prenatal Care: Number of tetanus toxoid (TT) doses administered to pregnant women*

- a) Number of TT doses administered to pregnant women: 1551
- b) Estimated number of pregnant women in intervention zone: 4822

Indicator: *Couple years of protection (CYP) for modern methods, women of reproductive age (15-49 years old)*

Number of CYP for the following modern methods²:

- i) oral contraceptives: 71,93
- ii) IUD: N/A
- iii) Condoms: 3,81
- iv) Foaming tablets: 2,73
- v) Depo/injectables: 50,25

¹ This is the updated figure of the different target populations according to the natural growth of 3%.

² CYPs result from the compilation of data of peer educators and CSCOMs from January to June 2002.

IR-1 Level Access – Increased access to minimum package of child survival (CS) and family planning (FP) interventions at district and commune levels

Indicator: Access to CS services

a) Number of persons in intervention zone within 15 km of facilities offering CS services:	96451
b) Estimated total number of persons in intervention zone:	96451

Indicator: Access to family planning services

a) Number of persons in intervention zone within 15 km of facilities offering FP services:	96451
b) Estimated total number of persons in intervention zone:	96451

Indicator: Access to peer educators

a) Number of 15-24 years olds in within 15 km of peer educators offering RH information/services:	18808
b) Estimated total number of 15-24 year olds in intervention zone:	18808

IR-1 Level: Quality: minimum package of CS and RH interventions provided at district and sub-district levels according to internationally recognized norms and standards.

Indicator: Number of health service providers HWs (Health Workers) trained in IMCI

a) Number of HWs trained in IMC:	N/A ³
b) Number of active HWs:	N/A

Indicator: Supervision of activities at facilities/sites in target area

a) Number of facilities/sites, which had 1 or more visits by their supervisor in the past 3 months:	7
b) Number of facilities/sites in intervention zone:	7

Indicator: Referrals of 15-24 year olds by peer educators

a) Number of referrals of 15-24 year olds made by peer educators:	300 ⁴
b) Total number of peer educator contacts with 15-24 year old in intervention zone:	5000

IR-1 Level: demand: increased knowledge, attitudes and practices of individual households and communities of minimum package of CS and RH interventions.

Indicator: Caretaker knowledge of key child health practices

a) Number of mothers who recognize at least one (1) danger sign of dehydration:	10249
b) Estimated total number of mothers in intervention zone:	20255
c) Name of last survey: KAP	date conducted: May 2002

Indicator: Caretaker knowledge of key child health practices

a) Number of mothers who recognize at least two (2) warning signs of respiratory infection:	N/A
---	-----

³ This situation remains still critical in Mopti Region. According to the information received, only Djenné District received the training in PCIME.

⁴ As in previous reports, it concerns the results obtained in the interviews with the managers of peer educators and the officials of CSCOMs on the referral of peer educators. This figure is an estimate because of the difficulties in data collection in the level of Peer Educators and the staff of the CSCOM.

- b) Number of mothers who recognize at least one (1) danger sign of respiratory infection: 13429
- c) Estimated total number of mothers in intervention zone: 20255
- d) Name of last survey: KAP date conducted: May 2002

Indicator: Client knowledge of STI preventive practice

- a) Number of individuals citing at least two acceptable ways of protection from STI infection: 3762
- b) Estimated total target population in intervention zone for STI messages: 18808
- c) Name of last survey : KAP date conducted: May 2002

IR-1 Level: Capacity: institutional capacity to improve community service delivery

Indicator: Cost recovery mechanisms

- a) Number of CARE supported facilities: 7
- b) Number of CARE supported facilities which achieve 100 % recurrent cost recovery : 6

B.2: Impact indicators:

SUMMARY REPORT WITH TARGETS FOR CY	DATA SOURCE	1998	2000	2001	2002		
		BASELINE	mid-term	Achieved	planned	Achieved	Deviation
INDICATORS							
IG#1: Increase the capacity and quality of sustainable reproductive health and child survival services provided by 7 CSCOMs in Koro District by 2002							
% of population within 15 km of fixed health facility offering focused child survival interventions	CSCOM	89%	100%	100%	100%	100%	0%
% of population within 15 km of fixed health facility offering family planning services, or served by a CBD agent	CSCOM	89%	100%	100%	100%	100%	0%
% of CSCOM staff providing IMCI	CSCOM	0%	N/A	N/A	85%	N/A	-
% of CSCOM staff trained in IMCI	CSCOM	0%	N/A	N/A	85%	N/A	-
% of CSCOM providing integrated quality RH and CS services	CSCOM	0	07	07	07	07	0
% of CSCOMs and CBDs reporting one or more visits from supervisor in past 3 months	CSCOM	0	100%	100%	100%	100%	0%
% of population with access to modern contraceptive methods, drugs and micro-nutrients at village level	Survey	83%	N/A	70%	80%	N/A	-
% of children 12-23 months old fully vaccinated, prior their first birthday	Survey	18.4%	20.0%	55%	55%	28.3%	- 28,7%
# doses of measles vaccine administered to children <1 year old	CSCOM	344	3531	4383	4500	5330	
% of women aged 15-49 having received at least two doses of tetanus vaccine	Survey	23.9%	18.3%	N/A	60%	35.0%	- 25%
# of doses TT vaccine administered to pregnant women	CSCOM	1039	1836	5840	4500	7391	
% of births to women aged 15-49 assisted by trained attendants	Survey	52.4%	45.7%	N/A	60%	62.6%	+2,6%
# of CSCOMs support by the project which achieve 100% recurrent cost-recovery	CSCOM	0	04	05	07	07	0

B.3: Process indicators

SUMMARY REPORT WITH TARGETS FOR CY	DATA SOURCE	1998	2000	2001	2002		
					planned	Achieved	Deviation
INDICATORS							
G#2: Increase the knowledge, and change the attitude and practices of mothers and young people in KORO District regarding key aspects of health prevention and health care, by 2002.							
% of population ages 15-49 who know where child survival and safe motherhood services can be obtained.	Survey	97.4%	86.9%	90%	90%	80.7%	+0,4%
% of population ages 15-49 who know where focused reproductive health services can be obtained.	Survey	80.9%	60.8%	80%	80%	67.3%	-12,7%
% of mothers who can explain the meaning of growth monitoring measurements taken on children	Survey	17.2%	27.1%	40%	70%	9.6%	-60,5%
% of mothers who recognize at least one danger sign of dehydration	Survey	3.6	-	-	0,6%	50,6%	0%
% of children aged 0-36 months with episode of diarrhea within the past 2 weeks who receive ORS at health center or at home and/or home liquid.	Survey	0.7%	83.1%	85%	85%	90,9%	+5,90%
% of children under 4 months exclusively breastfed	Survey	43.3%	17.9%	45%	45%	11,8%	-33,70%
% of homes using bed nets	Survey	58.9%	61.4%	75%	75%	66,1%	-8,90%
% of mothers able to explain the link between malaria and bed nets	Survey	93.2%	91%	95%	95%	86,9%	-8,10%
% of target population (12-24) citing at least two ways to prevent STIs	Survey	15.2%	10%	20%	60%	20%	-40%
% of sexually active males aged 12- 24 using condom	Survey	45.3%	17.2%	30%	60%	29,7%	-30,30%
% of sexually active women aged 15-24 using modern contraceptive methods	Survey	1.8%	3.7%	5%	5%	4%	+9%

³ The two surveys were conducted in May. This period corresponds to the period of field clearing, which is carried out by women. In the absence of « mothers », grand parents feed the child with liquids other than mother's milk.

B.4. Analysis of Project Results

B.4.1. Progress status of USAID indicators

In this section, we analyze project performance on the various indicators over time. We look at indicator progress by comparing the data from the 1998 baseline survey and the 2002 final survey. We also compare the results achieved to the targets set by the project. In most cases, we note considerable improvement, though we did not always achieve the ambitious targets we set.

B.4.1.1. Indicators on the vaccination of children aged 0-23 months and pregnant women

Based on the two household surveys, we note the following findings:

- **Vaccination coverage of children less than one year old:** Though we did not achieve the results that we had planned (55%), *the percentage of children aged 12-23 months and fully vaccinated before their first birthday increased from 18.4% in 1998 to 28.3% in 2002*, for a raw increase of 9.9 % but a proportional increase of 54%.
- **The number of anti-measles vaccine doses administered to children less than one year old went up from 344 in 1998 to 5350 in 2002.** The results achieved (5350) far exceeded projections (4500).
- **Vaccination coverage of childbearing age women and pregnant women:** On this indicator, *the percentage of women aged 15-49 years and having received two doses of VAT rose from 23.9% in 1998 to 35% in 2002*. Even though we remain well below the planned results (60%), the KCHP increased by 11.1% in raw terms and 46% proportionally.
- **The number of VAT doses administered to pregnant women increased from 1039 in 1998 to 7391 in 2002.** This far exceeded our life-of-project target (4500).

These encouraging results were achieved thanks to the implementation of an approach, which has several key aspects:

- **Needs Assessment:** At the onset of the project, a needs assessment study was conducted. It helped to better target the major problems that came up and to find appropriate solutions. For example, based on the needs assessment, training sessions in neonatology were organized for the technical staff of CSCOMs. This training certainly contributed to the improvement of the quality of care for parturient women.
- **The maturity of the structures that we supervise.** After the long period of CARE support to ASACOs in terms of supervision, training, cold chain equipment, (particularly in IEC on the advantages of vaccination), and the like, many have finally reached a level of maturity that inspires trust and thus makes easier the mobilization of their populations. *These populations are actively participating in health activities, particularly in vaccination.* This took time but now the results are being felt because representatives of the local populations often come to the health center to request a visit by the vaccination agent.
- **Involvement of mayors and village delegates:** The technical staff solicited mayors to participate in the different activities. The vaccination results are a testament to the joint efforts of all local actors.

SUCCESS STORY:

Improved Care at the CSCOM of Dioungani

Mme Guindo, Midwife at the Dioungani CSCOM:

"Eleven months ago, through support from CARE and the PSCK project, I received training in pre- and post-birth monitoring ('perinatality'). This training gave me skills and exposed me to new techniques in areas where I knew little previously. For example, I learned how to do a 'partogramme' to better diagnose potential problems that could arise during labor.

"Before the CARE training, I didn't have any idea what I should do if a woman in labor had complications. I did not know why most women whom I evacuated to the hospital died, usually along with their babies. But during the training, I learned to look for early signs of potential problems. Apparently, I had previously waited too long before evacuating dangerous cases. One of the trainers explained the usefulness of a partogramme in evaluating prospects for a safe birth and deciding whether or not to evacuate.

"Ever since this training, I have used the partogramme technique and have seen a dramatic drop in the number of women and babies who die as a result of pregnancy complications."

B.4.1.2. Family Planning and Sexually Transmitted Infections

We have also been successful in promoting progress in the indicators of the use of modern family planning methods by sexually active young people.

- **Women aged 15-24 years who use modern contraceptive methods:** the comparison of the results of the baseline survey (1.8% in 1998) and final survey (14% in 2002) shows a positive variation of 12.2%. But, more concretely, ***we have been successful in increasing contraceptive use almost seven-fold***, albeit from a very low baseline. This result also exceeds our target by 9%.

This progress is a logical outgrowth of the peer educators' sensitization effort on RH themes such as the control of STIs, condom use, and unwanted pregnancy. This good progress on indicators could have been even better, but some difficulties slow the continuity of health activities. These difficulties are of at least two types:

- Inadequate stocks of key pharmaceuticals such as contraceptives.
- Slackening and even outright stoppage of health promotion activities during planting and harvest periods. Consequently, activities remain stalled for at least 5 months in the year.

- **Target population aged 12- 24 who cite at least 2 prevention methods.**

Even if the project did not achieve the planned result (60% compared with 20% achieved), we note a modest improvement 4.8% of the indicator when we compare the baseline survey (15.2% in 1998) and the final survey (20% in 2002). Clearly, however, our target on this indicator was far too ambitious, but we are examining project activities and dynamics to better understand why results were so meager.

B.4.1.3. Indicators on assisted deliveries

The indicator focusing on assistance in delivery (among women aged 15-49 years) by qualified staff at the village level increased from 52.4% in 1998 to 62.6% in 2002. This is an improvement of 10.4% and also exceeds the target (60 percent). This improvement demonstrates that all the training that RTBAs have received through the RH/CS modules have paid off. Clearly, RTBAs, if they are well trained and monitored, have the capacity to provide quality services at the village level.

B.4.1.4. Indicators on health promotion

Several indicators related to awareness building and health care promotion have also progressed. For example,

- *The knowledge of signs of dehydration progressed from 3.6% in 1998 to 50.6% in 2002.*
- With regard to the use of mosquito nets, the project improved behavior on this critical indicator from 58.9% in 1998 to 66.1% in 2002. This increase of indicators was due to the multiple IEC sessions oriented toward women of childbearing age and particularly pregnant women and breast-feeding mothers.

SUCCESS STORY:

Improving Child Health in the Remote Village of Koporopen

Mme. Meresung Togo, housewife in Koporopen:

"I am from a very poor household. My husband left town to chase his fortune two years ago and has not sent us any money at all. My two children were very scrawny, especially the youngest one, whose hair had taken on a reddish tint. They were often sick with diarrhea and fever. Needless to say, this made things even more difficult for us all. I was ashamed at being unable to give my children the nutrition they needed to be healthy.

"Then one day, our village chief called a meeting of all the women to inform us that our village had been selected by CARE to participate in the PSCK project. They wanted to train us in child nutrition. It was in the course of this two-week training that I learned that even in our poor village I can find simple foods that are nutritious enough to protect my children's health.

"It has now been three months since I completed the training. I can honestly say that my life has changed for the better. My children are significantly healthier – My older son has almost completely recovered from his previous sickly lethargy. Improvement is slower for the younger one, but he is getting better. The big difference that I notice is that they are sick much less often than before. If this continues, I will be able to save some money and further improve our situation. "

B.4.2 Monitoring of the withdrawal plan: Partner capacity building

B.4.2.1. Promotion of comprehension of FELASCOM by-laws

In order to prepare FELASCOM to support and promote the sustainability of the organizational and institutional capacity-building activities of ASACOS, the project organized a workshop with FELASCOM members to review their by-laws in order to better position themselves to meet the challenges of decentralization. Discussions focused on the role of FELASCOM as a partner in the context of decentralization, as well as its vital role in PRODESS as a health partner. Under the withdrawal plan, FELASCOM is monitoring ASACOs in Koro District in the implementation of their action plans.

B.4.2.2 Support to the comprehension of statutes and laws regulating health service provision in the context of decentralization

KCHP, in collaboration with FELASCOM, organized a workshop on the legal and statutory regulations governing the health system in Mali. The objective of this workshop was to help participants (ASACO members, mayors of the communes in the KCHP intervention zone) understand the various regulations and their implications and promote the establishment of meaningful collaboration among the various partners in the context of decentralization. The project team and the officials of the Csref facilitated this important workshop. Discussion focused on statutory and legal regulations such as:

- The Mutual Assistance Convention: This convention defines the obligations on either side between the CSCOM and the Csref to better ensure the health coverage of populations.
- Order 41 / PG of 1959: it presents the legal requirements for the setting up of an association in Mali.
- The inter-ministerial decree 5092 of 21/04/94, which authorizes the creation of ASACOs in Mali and all the legal and health ramifications.

At the end of the workshop, the notion of a right to a decent standard of health care and the right of women and children to vaccination were some key points of made in the work groups. The need for setting up mutual health benefits societies was also raised. Through this workshop, the project staff wanted to anticipate the tripartite cooperation decisions to be made among the commune, the ASACOs, and the Csref technical staff regarding the management of health affairs in the context of decentralization. We felt that it played a key role in tying the general debates about decentralization to the specific practical issues facing the health sector.

B.4.2.3 Training of the Csref technical staff and the staff of CSCOMs

In fighting to control STIs and HIV/AIDS, KCHP provided financial support to the Csref team in the training of 30 heads of posts and traditional birth attendants on the syndromic and psychological care for people living with HIV/AIDS. This training is part of the Csref reinforcement plan for caring for people infected and affected by HIV/AIDS and will continue to bear fruit long after the end of the project.

B.4.2.4 Support in the management of the stocks of community health agents

To ensure the quality of services and the sustainability of the actions of Traditional Birth Attendants, the project put at the disposal of ASACO members a pack of supplies such as bandages, alcohol bottles, absorbent cotton, tetracycline ointment, blades, and bottles of bleach for the health care service delivery by traditional birth attendants. The project examined the management of such essential supplies with the members of the different COMGESTs to avoid running out and to create a special essential drug supply for Retrained Traditional Birth Attendants (RTBAs). During supervision visits conducted by the KCHP Community Assistants, RTBAs were trained in stock management and efficient use of consumables to avert any shortages. This pack of consumables will help during the rainy season, when supply becomes difficult due to bad roads. According to the results of supervision visits, ASACO management of these consumables is becoming more rigorous and stringent. This will help avoid future shortages of essential supplies.

B.4.3. Functionality of ASACOs

According to the data that CARE collected through its Local Organization Capacity Reinforcement project (RECOL), all the ASACOs supervised by KCHP are at the highest level of management, as measured on the USAID Democratic Governance (DG) indicators.

The following table shows the results of a functionality survey conducted among project zone ASACOs.

Table: results of the DG survey of ASACOs in Koro District in 2002

Indicators	Number of ASACOs and %				OBSERVATIONS
	2001		2002		
	#	%	#	%	
Self governance	7	100	7	100	ASACOs of Koro have been classified since December 1999 at level III on the self-governance criteria. ASACOs were renewed in 2000 in a transparent framework with the participation of FELASCOM/Csref and FERASCOM. The renewal rate was 65%.
Sound Management	7	100	7	100	To reinforce sound management among Koro ASACOs, KCHP held training sessions in financial and accounting management for ASACO members. This permitted better financial record keeping, and activity reports were presented to ASACO members in General Assembly (GA)
Civic Action	6	85	3	43	ASACOs engage in civic action to defend the interest of their members. In the context of decentralization, the confusion of the roles and responsibilities between mayors and the chairmen of ASACOs on the management of ASACOS made this civic action somewhat timid.
Effective Civic Action	3	43	0	0	Actions were timid. The elections slowed down the dynamism of COMGEST members to conceive of and engage in civic action.
Resource mobilization	5	71	6	85	ASACOs showed a commitment in resource mobilization. This was made possible thanks to the training in management and the implementation of their action plan. The progress is due to the application of training and workshops. ASACOs are making the mobilization of external resources more and more of a priority. These resources will come from many sources such as mutual benefits societies, membership cards, tontine systems, etc.

B.4.4. Literacy

The second literacy campaign conducted by CKHP ensured the consolidation of the gains of newly literate people, made up of ASACO members or community agents. The literacy campaign permitted us to train 1,359 level I students and 244 of level II. The objective sought by this second campaign is to build up a core of village trainers able to teach the same literacy themes to village students and to serve as project relays for future literacy stakeholders. The table below summarizes the total number of students:

Table: Summary of target group for the second literacy campaign

Targets	Men	Women	Total
Trainers trained and retrained	26	2	28
Registered audience	167	192	359
Regular audience	185	174	359
Community Agents	39	59	98
New literate in literature	86	31	55
New literate in mathematics	82	29	53

B.5. Collaboration with the Ministry of Health

In the project's final six-month period KCHP staff:

- a) sent supervisory reports to the appropriate officials in the Ministry of Health
yes no
- b) sent service statistics to the appropriate officials of the MOH6
yes no
- c) Participated in meetings or have had official contacts with local officials of the MOH to discuss the project plans and activities.
yes no

C. Conclusion

In the 5 years that this project lasted, important activities have been conducted to improve the demand for and quality of services in community health centers and at the village level. Efforts have been made to reinforce the technical and managerial capacities of ASACOs, FELASCOM, CSCOMs, and SSSC in order to make them able to ensure the quality of services after the withdrawal of the project. These partners have reached a certain level of functional maturity. This facilitates the mobilization of local populations. We are proud of the advances in health knowledge and practices in the target zone over the life of the project.

As demonstrated by this report, significant gains have been made at the local level due to project support.

Among these gains, we note:

- The maturity reached by the ASACOs supervised by the project. Members of most ASACOs understand better their roles and responsibilities and easily mobilize for issues linked to the health of their home area ;
- The existence of a network of school and out-of school peer educators well equipped and supervised by teachers and the Youth Service,

⁶ The data from CSCOMs are shared with the DRS, and the data of peer educators with the Referral Health Center

- The involvement of rural radios in the dissemination of sensitization messages in reproductive health and HIV/AIDS,
- The participation of Commune officials in the implementation of health activities,
- A technical staff well trained and well supervised through an integrated formative supervision tool, a tool that significantly contributed to improving the quality of the services delivered by health facilities.

It is important to note that the project used an innovative approach that took into account two essential dimensions: The technical capacity dimension and the key dimension of the community management capacity. One cannot progress without attention to the other. A CSCOM can have good nurse, but if the COMGEST does not have a good management capacity, there is very little chance that this CSCOM functions effectively in the long-term. The successes recorded by this project are due to the fact that it combined two dimensions: clinical strengthening and institution building.

Even in the areas where we have fallen short of project targets, we have nevertheless generally seen statistically-significant improvements in community health as well as knowledge and behavior. While overly-ambitious targets constitute part of the problem in terms of falling short, CARE must be introspective in seriously examining project activities to discover better ways of achieving necessary health gains in rural Mali. We recently completed a final project evaluation, which was shared with USAID, and we are using the results of this evaluation to improve future project design. The present project provided a great opportunity to serve vulnerable grassroots populations, and the lessons learned will permit us to be even more effective in the future. We thank USAID/Mali for a great collaborative experience, which we believe has been beneficial for all concerned.