

SIKASSO HEALTH

Final Report

for the period

30 September 1997 – 30 September 2002

Save the Children

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List of Acronyms

APF	Agent de Planning Familial
ASACO	Association de Santé Communautaire
AVN	Agents Villageois de Nutrition
CA	Cooperative Agreement
CHA	Community Health Agent
CPN	Consultation Pré-natale
CPM	Chef de Poste Médicale
CPON	Consultation Post-natale
CPR	Contraceptive Prevalence Rate
CS	Child Survival
CSAR	Centre de Santé d'Arrondissement Revitalisé
CSCom	Centre de Santé Communautaire
CVS	Comité Villageois de Santé
CYP	Couple Year Protection
DG	Democratic Governance
DRSP	Direction Nationale de Santé Publique
FE	Final Evaluation
FELASCOM	Federation Locale des ASACOs
FENASCOM	Federation Nationale des ASACOs
FP	Family Planning
FPA	Family Planning Animator
ICPM	Infirmier Chef de Poste Médicale
IMCI	Integrated Management of Childhood Illnesses
INRSP	Institut National de la Recherche en Santé Publique
MOH	Ministry of Health
OPK	Observatoire de Population de Kolondièba
ORS	Oral Rehydration Solution
RH	Reproductive Health
SC	Save the Children
SIS/HIS	Health Information Systems (Data Base)
SPE	Surveillance Préventive des Enfants (Growth Monitoring)
SSS	Services Socio Sanitaire
TBA	Traditional Birth Attendant
VHC	Village Health Committee

I. Introduction

Health activities of this consolidated agreement were based on Save the Children's having worked with the populations of the Kolondièba area since 1987, strengthening the achievements of the Child Survival IV and VIII grants completed in 1996 in the Kolondièba/Zantiébougou zone and anticipating transferring its geographic focus in FY 2000 to seven additional *aires de santé* in the Bougouni *cercle*¹, to build on the innovations and lessons learned of the Bougouni-based Child Survival XI grant.

Working with marginalized, rural, and largely illiterate populations, Save the Children's work has been known for its capacity to mobilize hard to reach communities and provide them with the skills and information to enable them to ensure their access to basic health services. The strategy used, and many of the innovations piloted during this CA realized the full intent of the *Bamako Initiative* in these zones and has consequently generated great interest regionally and internationally, in addition to the regular sharing and collaboration with other actors at a national level.

The achievements noted in this summary final report reflect the efforts of the *relais* (volunteer community health workers) and the Village Health Committees (VHCs) working closely with their ASACOs and through the ASACOs with the Services Socio Sanitaires (SSS). *It has been the synergistic relationship between all of these actors, facilitated by SC field agents, which has been the unique trademark of this project.*

With a goal of leaving sustainable structures continuing to respond to the health needs of the target populations, a considerable investment was made in training. The following are selected highlights of these efforts:

- 🔗 Creation and training of 133 Village Health Committees;
- 🔗 The identification and joint training with the CSRef of Bougouni of 342 traditional birth attendants in clean delivery;
- 🔗 Strengthening the skills of the *Chefs de Postes Médicales* (CPMs) in particular related to child survival and reproductive health;
- 🔗 The establishment of strong interdependent links between the Village Health Committees and the ASACOs representing them through monthly meetings as well as special fora; and
- 🔗 Regular adaptation/refinement of strategy to reflect learnings from successes and failures.

¹ Specifically, Kéléya, Faragouaran, Ouroun, Torakoro, Diban, Toba, and Méridiéla

II. End of Grant Review

Reviewing the objectives of this funding together with the indicator targets over which SC had control, we are pleased to report the following results:

- ✚ Provision of child survival and reproductive health services to 100% of the population living in the project zone through the mobilization and training of Village Health Committees and CSComs;
- ✚ Complete vaccination coverage of 78.6% of children 12-23 months before their first birthday through SSS micro-planning and self evaluation facilitated by this project; and
- ✚ The establishment of functioning, reliable, and enduring *Health Information Systems* at the village level.

A direct result of the strong base established along with the positive results and acclaim for project innovations were additional activities funded including:

- ✚ *Averting Maternal Death and Disability (AMDD)* providing technical and infrastructural support to the CSRefs in Bougouni and Yanfolila to deal with obstetric emergency (funded by Columbia University);
- ✚ *Malaria Prevention and Control* building on the success of the *caisses pharmaceutiques* and the treated bednet activities of this CA in Bougouni, Kolondièba, and Yanfolila (funded by CDC);
- ✚ *Saving Newborn Lives*: a national program funded by the Bill and Melinda Gates Foundation through Save the Children; and
- ✚ *Zinc* as an addition to the *caisses pharmaceutiques* for the treatment of diarrhea (funded by WHO and USAID through Johns Hopkins University).

The population profile of the 117 communities targeted by this program is as follows:

Population Profile of the Sikasso Health Program Zone (2002)

Targeted Population (Total Population of Target Zone = 77,150)	Estimated Number
0-11 months (4%)	3,086
12-23 months (3.9%)	3,009
0-23 months (7.9%)	6,095
0-36 months (11.7%)	9,027
Women, reproductive age, 15-49 yrs (21%)	16,201
Men, "reproductive age", 15-59 yrs (21.4%)	16,510
Pregnant women (5%)	3,857
Young adults, 15-24 yrs (19.5%)	15,044

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

Impact Indicators

No.	End of Agreement (2002) Objectives	Base-line Data	Final Evaluation	Comments
ACCESS - IMPACT				
1	100% of population within 15 km of a fixed health facility, CBD or community agent/site offering CS services	34%	100%	Save the Children supported the Bougouni SSS in the creation and training of CSComs and Village Health Committees providing CS services.
2	100% of population within 15 km of a fixed health facility, CBD or community agent/site offering RH services	34%	100%	Each of 117 villages has 2 FPAs, and at least one trained TBA. There are also a total of 48 <i>peer educators</i> in the program area.
ACCESS - PROCESS				
1	7 new CSComs created offering CS/RH services	3	100%	In spite of the challenges of ongoing intense mobility of the CPMs, significant effort was made to work with the ASACOs and the FELASCom regarding CSCom management. During the last year of the grant, the SC's Health and DG teams worked with these structures jointly. It should be noted that the CPMs were all stable during the final six months of the program.
2	80 villages pharmacies created	0	100%	This initiative is in the process of being scaled up on a regional level by the SSS and has also been used by other PVOs as a model for the village distribution of products (esp. contraceptives and treated bednets). The impact that these village drug kits have had on malaria is particularly evident with few to no severe cases of malaria and fewer lost days due to illness in communities where these kits exist.
QUALITY – IMPACT				
1	a) 40 CHAs correctly assessing and treating children under 5 with presumptive malaria and counseling their caretakers	0	90%	Save the Children trained all CHAs in IMCI to ensure their capacity to treat children and counsel caretakers. This work has been strengthened through subsequent efforts, funded by CDC, for malaria prevention and control.
2	b) 40 CHAs correctly assessing and treating children under 5 with diarrhea and counseling their caretakers	0	90%	SC trained all CHAs on how to treat and advise on cases of diarrhea. VHC members as well as mothers were trained on the management of diarrhea.
3	c) 40 CHAs correctly assessing and treating children under 5 with pneumonia and counseling their caretakers	0	90%	SC trained all CHAs in IMCI and how to effectively counsel caretakers. VHC members as well as mothers were trained to recognize danger signs of pneumonia and the importance of referral.

No.	End of Agreement (2002) Objectives	Base-line Data	Final Evaluation	Comments
QUALITY – IMPACT (continued)				
4	d) 40 CHAs correctly assessing and treating	0	90%	SC trained all CHAs regarding nutrition, weighing babies, determining and referring

	children under 5 who are malnourished and counseling their caretakers			cases of malnutrition. In selected communities, SC piloted <i>Positive Deviance</i> , an innovative technique using model mothers (those who children are thriving). VHC members as well as mothers were trained in preventive monitoring through weighing for nutrition. In addition, each community was provided a scale.
5	80% births assisted by a trained health attendant	34%	91.45%	The joint identification, training, and provision of clean delivery kits to TBAs by SC and the Bougouni SSS played a large role in the achievement of this object. However, quality of services is a persistent challenge. Addressing this challenge SC trained the Bougouni CSRef team in "quality Improvement". They will use this training in their supervisory work where they will be better able to provide appropriate guidance.
QUALITY – PROCESS				
6	350 Community Health Agents (CHAs) trained in CS and clean delivery	0	97%	In all of the villages now, umbilical cords are cut with sterile blades and dressed with sterile bandages as a result of the clean delivery kits provided to the ATs and the presence of a trained AT.
7	7 ASACOs trained in and using information management for decision-making	0	100%	Joint training of ASACOs with SC's DG team contributed to the achievement of this objective.
8	350 AVNs trained in nutrition and breast-feeding	0	77%	In each of the villages where this project intervened, two AVNs were trained who gave advice on exclusive breast breeding, weaning practices and nutritional needs for children under two.
9	1050 supervisory visits to community-based distribution points by CSCom personnel	0	89%	The motos provided to the CPMs enabled the <i>strategie avancée</i> to come alive and resulted in the good results for this indicator.
PROMOTION – IMPACT				
1	80% of children aged 12-23 months vaccinated for measles by age 12 months	20.2%	78.6%	The establishment of a village-level HIS system, together with the <i>strategie avancée</i> contributed to greatly increasing the vaccinal coverage for measles of children by 12 months. These results are significantly greater than the national results for measles of 49% reported in the DHS III.
2	80% of children 12 to 23 months who are fully vaccinated before their first birthday	4.8%	78.6%	The establishment of a village-level HIS system, together with the <i>strategie avancée</i> contributed to greatly increasing the full vaccinal coverage of children before their first birthday. These results are significantly greater than the national results of 29% reported in the DHS III.

No.	End of Agreement (2002) Objectives	Base-line Data	Final Evaluation	Comments
PROMOTION – IMPACT (continued)				
3	90% of women who received at least 2 doses of tetanus toxin	31.7%	83%	The establishment of a village-level HIS system, together with the <i>strategie</i>

	(TT) during pregnancy			<i>avancée</i> contributed to greatly increasing the percentage of women receiving at least 2 doses of tetanus toxin during pregnancy. These results are significantly greater than the national results of 32% reported in the DHS III.
4	50% Contraceptive Prevalence Rate (CPR) for men/women of reproductive age (15-24)	2.2%	47.7% ²	Contributing to the achievement of this indicator was the effort put into the village (VHC) and community (CSCom) structures combined with innovative use of theatre troupes and radio.
5	90% of men/women of reproductive age knowing at least two acceptable ways of protection against STIs	17.4%	92.5%	The strong results for this indicator (<i>which is also greater than those of the DHSIII</i>) are due to the IEC efforts made by the VHCs.
6	80% of Children under age 3 with diarrhea in the last 2 weeks who received ORS	14.9%	82.7%	Establishing 80 village pharmacies made ORS easily available at the village level. VHCs were also instructed on how to prepare their own ORS in case of stock outs (such as occurred during 2001).
7	1000 couple years of protection for modern contraceptive methods	Unevaluated	94%	This positive achievement was the result of the dynamic combination of ensuring supply and creating demand.
PROMOTION – PROCESS				
1	1,860 IEC/BCC sessions given on emphasis behavior and danger signs	0	89%	The enthusiasm of the SC animators and by the VHCs regarding raising awareness on health issues was the key to these positive results.
2	10,245 mothers participating in nutrition sessions given by AVNs	0	105%	The enthusiasm of the SC animators and by the VHCs regarding raising awareness on health issues was the key to these positive results.
3	10,245 of mothers participating in health sessions given by TBAs	0	105%	The enthusiasm of the SC animators and by the VHCs regarding raising awareness on health issues was the key to these positive results.

No.	End of Agreement (2002) Objectives	Base-line Data	Final Evaluation	Comments
CAPACITY - IMPACT				
1	100% of health facilities which report one or more	33%	100%	As a result of this project, regular mentoring visits by the SSS have

² In the Semi-Annual Report of June 2002, we reported a rate of 21% for this indicator and stated : “We were overly optimistic when the target (of 50%) was established.” As can be seen in the table above, the project achieved 47.7% in 2002, significantly higher than we expected. We believe that a number of additional activities we undertook, such as 33 theatrical presentations by the Theatrical Group “Do”, and radio spots on Radio Banimonotiè, strongly contributed to this result.

No.	End of Agreement (2002) Objectives	Base-line Data	Final Evaluation	Comments
	supervisory visits in the past 3 months			become institutionalized.
2	100% of CBD agents reporting one or more visits by supervisors during the past 3 months	0%	100%	As a result of this project, regular mentoring visits by the SSS have become institutionalized.
CAPACITY – PROCESS				
1	7 ASACOs with 100% literacy of members in Bambara	0	100%	The synergy between SC's DG and Health teams ensured the complete achievement of this objective.
2	7 ASACOs with at least one female member	3	100%	Encouraging female participation in leadership positions is a goal in each of SC's sectors. The synergy between the sectors thus supported the complete achievement of this objective.

IV. Challenges Encountered / Lessons Learned

Challenges Encountered

- Assuring regular vaccination in the villages was sometimes difficult due to :
 - Weak CCom management;
 - Target populations not fully understanding the importance of vaccinations ;
 - A cold chain which is too long. Just one rupture in the cold chain can jeopardize the whole system;

Ensuring the planning in advance for vaccine, providing logistical support to the cold chain and ensuring a means of transportation through the provision of motorcycles are key elements in a successful vaccination program.

- Ensuring community ownership of the CComs so that they functioned properly proved to be a different experience in each community. We learned that the community mobilization approach used needs to be adapted to the specific needs of each set of communities.

Decentralization of health services preceded Mali's political decentralization which often created misunderstandings around the management of health activities in the commune or the *aire de santé*. Communal and district council roles were not sufficiently known or understood by certain players.

- In spite of great focus BCC, behavior did not change to the desired level. Again, strategies specific to the profile and needs of individual communities need to be developed.

The success of *Positive Deviance* which targets positive behavior from within a community proved the power of individually tailored BCC strategies.

Lessons Learned

- ***The self confidence generated by believing in the capacity of communities*** to identify and provide for many of their own needs is the key to sustainable community health programs not only through the empowerment which comes through training and the transfer of capacity to the leaders but, most importantly, through the community's ownership of the program.

The *caisses pharmaceutiques* are based on believing in the capacity of the *caisse* managers (who are volunteers from the village) to not only manage the stocking of the village pharmacies but also to prescribe correctly, counsel caretakers, appropriately provide the first treatment and refer serious cases to the CCom.

In addition, the collaboration which happens with the start up of activities needs to be maintained and strengthened through regular supervisory/mentoring/coaching visits in order to ensure sustainability of efforts.

- There is no « free lunch ». Establishing public health programs for rural hard to reach populations has certain unavoidable costs. Additionally, in much of Mali where illiteracy is high, the same few literate people are called on to lead all community development activities.

In addition, we learned that it is important to ensure that a program goes step by step, without jumping over some to reach a quick result. Unless a community truly understands the message and feels its ownership over an activity, it is not likely that a message or activity will ‘take’. This takes time and three to five years in the Malian context, considering the beginning point, is an unrealistically short accompanying time.

Supervisory visits and the *stratégie avancée*, key aspects of the Malian health strategy, need to be strengthened to ensure achievement of objectives. This can only be done through the empowerment of decentralized bodies.

V. Success Stories / Partnerships

- ☞ The **Caisses Pharmaceutiques** have proven to be one of the most exciting legacies of the Sikasso Health program. The success and potential demonstrated by the 80 *caisses* established through funding from this cooperative agreement was the catalyst for a grant from the CDC which enabled Save the Children to scale up the endeavor to two additional districts, adding mosquito nets along with the seven basic medicines. The powerful potential to effectively distribute to hard-to-reach populations any health product – contraceptives, malaria treatment, ARI treatment—has been widely recognized. The *caisses pharmaceutiques* will certainly continue to be a key strategy in enabling marginalized populations to better address their health needs.
- ☞ Routine vaccinations now depend on the **Village Health Committees**. These committees, created by this program, have become synonymous with successful implementation of community health programs in the district of Bougouni. Recognizing both their proven impact and potential as a model for community based IMCI, BASICS II documented the experience to share throughout the world.

The Village Health Committees combined with the Caisses Pharmaceutiques have proven the potential of successful community case management.

VI. Synergy

The strength of this cooperative agreement was the constant synergy at work between the four different sectors. For the *Sikasso Health Program*, the interventions of the *Democratic Governance* team (through work with the Village Health Committees on sound management and providing literacy training to keep all of the HIS records) and the *Microfinance* team (helping health associations learn how to keep books and run the village pharmacies) were particularly critical. The *Commercial Gardens and Wells* project nicely complemented the health team's efforts in nutrition and in enabling, particularly women, to have extra revenue to cover the health needs of their children.

A specific example of this synergy was with the promotion of treated mosquito nets by three women's associations in Bougouni. The women's associations were trained about malaria and treating bed nets by the *Health* team; they were trained by the *Democratic Governance* team in running their organizations as well as in literacy; and they were trained by the *Microfinance* team on running a business and marketing their product. All of this awareness raising has made the members of these associations models in keeping their children in school and in taking responsibility for their children's good health and nutrition.