



CS-18 Guinea
(Cost Extension of CS-14)

*The Community Health Initiative for the Districts of
Mandiana and Kouroussa, Republic of Guinea*

Third Annual Report

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Acronyms and Terms

ADRA	Adventist Development and Relief Agency
AJVDM	<i>Association des Jeunes Volontaires pour le Développement de Mandiana</i> – the Association of Young Volunteers of Mandiana
ANC	Antenatal Care
AVHC	Association of the Village Health Committees
BASICS II	Basic Support for Child Survival (USAID project, administered by the Partnership for Child Health)
BCC	Behavior Change Communication
BCG	Tuberculosis Vaccine
C-IMCI	Community Integrated Management of Childhood Illnesses
CBD	Community-Based Distributor
CECOJE	Youth Council Listening Center
COGES	Community Health Center Management Committee
CS	Child Survival
DIP	Detailed Implementation Plan
DPS	<i>Direction Préfectoral de Santé</i> -District Health Office
DRS	<i>Direction Régionale de Santé</i> -Regional Health Office
DTP3	Diphtheria, Tetanus and Pertussis, third dose
EPI	Expanded Program for Immunization
FP	Family Planning
GAAPE	<i>Groupe d'Appui à l'Auto Promotion Paysanne et à Protection de l'Environnement</i> – the Support Group for the Self Promotion of the Land and the Protection of the Environment
GMP	Growth Monitoring and Promotion
HA	Health Agent
HC	Health Center
HF	Health Facility
HIS	Health Information System

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HKI	Helen Keller International
HP	Health Post
ITN	Insecticide-Treated Net
IUD	Intrauterine Device
MCH	Maternal and Child Health
MNC	Maternal and Newborn Care
MOH	Ministry of Health
MTE	Midterm Evaluation
MURIGA	<i>Mutuelle pour la Prise en Charge des Risques Liés à la Grossesse et l'Accouchement</i> – Community Funds
NGO	Non-Governmental Organization
NID	National Immunization Day
PRA	Participatory Rapid Appraisal
PRISM	<i>Pour Renforcer les Interventions en Santé Reproductive</i> et MST/SIDA (USAID project, administered by MSH)
RA	Active Case Finding
SA	Outreach Visit
SC	Save the Children Federation, Inc.
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TDCI	Program for the Prevention of Iodine Deficiency
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VAC	Vitamin A Capsule
VHC	Village Health Committee
VHDP	Village Health Development Plan
VHW	Village Health Worker
WRA	Women of Reproductive Age

Introduction

Save the Children's (SC) four-year project, CS-18, *The Community Health Initiative for the Districts of Mandiana and Kouroussa, Republic of Guinea* is a cost-extension funded from 2002-2006. This project builds on six years of child survival and health experience in the region and extends the model into new areas of the Mandiana district and the entire neighboring Kouroussa District. The cost-extension introduces partnerships between Save the Children and two local non-governmental organizations: 1) *GAAPE* (Groupe d'Appui à l'Auto Promotion Paysanne et à Protection de l'Environnement – the Support Group for the Self Promotion of the Land and the Protection of the Environment) and 2) *AJVDM* (Association des Jeunes Volontaires pour le Développement de Mandiana – the Association of Young Volunteers of Mandiana). Neither organization is a health non-governmental organization (NGO), but their linkage to communities has proven an invaluable asset to rapidly activating the key element of CS-18's success: the Village Health Committees (VHC). An added benefit of this approach includes the organizational capacity benefits to both NGOs and the extension of the Ministry of Health (MOH) capacity building elements started in the original project.

CS-18 targets two districts with 527 villages, and a total population of 393,060, including 85,402 children under five years old and 106,753 women of reproductive age (WRA). The intervention mix includes Immunization (10%), Nutrition and Micronutrients (30%), Maternal and Newborn Care (40%) and HIV/AIDS (20%). Additional funding was received from USAID/Washington's Flex Fund to include family planning (FP) in the community level activities.

The Midterm Evaluation (MTE) in September 2004 revealed a well functioning child survival (CS) team capable of managing an expanded CS model. The evaluation also concluded that the project is well on track to achieve most, if not all, of the project targets. During this third year of CS-18 programming, the Guinea team has implemented the action plans resulting from the MTE, especially focusing on an exit strategy with partners, so that program implementation will be transferred to partners before the end of the program in September 2006.

A. Main Accomplishments of Program by Intervention

1. NUTRITION

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
60% of mothers exclusively breastfeed their infants from 0-6 months old.	Refresher training of the nutrition animators.	Yes	100% of the animators were retrained in nutrition (6 in Kssa and 4 in Mna).
	Refresher training and training of nutritionists on the VHCs in nutrition.	Yes	133 nutritionists (100%) were retrained to Mna and 42 (52.5%) in Kssa. 38 nutritionists (47.5%) were trained in Kssa.
	Refresher training and training of Health Agents (HA) in nutrition.	Yes	31 HAs were retrained in nutrition with Mna and 13 were trained in Kssa
	Organization of the breastfeeding promotion day	Yes	The day of exclusive breastfeeding was organized in the two health districts (Mna and Kssa).
	Organization of education sessions to promote exclusive breastfeeding.	Yes	1,126 health education sessions were carried out to promote exclusive breastfeeding (8,692 women and 3,056 men participated) 1,200 grandmothers took part in education sessions (185 meetings) promoting exclusive breastfeeding
40% of mothers give colostrum to their children in the first hour following birth	Organization of education sessions to promote feeding colostrum.	Yes	32,648 mothers of children receive nutrition information. All the women who were assisted during childbirth by trained or qualified personnel (9,084) were counseled on feeding colostrum. 24,466 mothers of children received nutrition information in Mna. and 8,182 in Kssa.
70% of the children 6-9 months old receive a suitable complementary food	Creation and restocking of the cereal banks. Organization of education sessions on complementary feeding appropriate to children of nursing mothers.	Yes	Approximately 133 cereal banks were created/reinforced in Mna and 80 in Kssa. 4,772 mothers of children 6-9 months old and 1,974 men were informed about appropriate complementary feeding for nursing children.

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
Moderate or severe malnutrition decreases by 50% (30% to 15% Kssa)	Organization of community growth monitoring and promotion sessions.	Yes	On average, 5.7% of the children under three years old were weighed monthly. The proportion of children weighed in the red and yellow band (weight for age) is 15.7% (2.6% in the red band and 13.1% in the yellow band) and the percentage in the green band is 87.3%. The proportion of children moderately or severely malnourished is 12.4% in Mna, and 23.9% in Kssa. The low level of GMP participation in the various communities is explained by several factors including broken scales that took some time to repair, the migration of the population to the mining zones and hamlets, and a lack of community mobilization for this activity. The insufficient number of nutritional demonstration sessions in Kssa explains the high rate of malnutrition there.
	Organization of the HEARTH.	Yes	66.7% of the planned Hearths were carried out; 6 Hearths were carried out to Mna and 0 in Kssa
	Organization of the nutritional demonstration meetings.	Yes	492 nutritional demonstration meetings were organized; 4,325 mothers and 1,463 men were sensitized during the nutritional demonstrations. Few nutritional demonstration meetings (19.4%) were carried out in the project districts (Mna: 24.5% and Kssa: 10.5%).
	Distribution of the mebendazole for deworming of preschool children.	Yes	4 children from 6 to 35 months old received mebendazole for deworming. The nutritional advice given by the VHC to parents contributed to the management of moderate cases at the household level. The severe cases were referred by the VHC to the closest HC/HP.
95% of the children 6-59 months old receive vitamin A	Organization of the NID.	Yes	Two rounds of NIDs were organized this year in the two health districts covered by the project. The coverage rate of vitamin A in the children 6-59 months old is 100%. 237 health education sessions were organized on the importance of eating foods rich in vitamin A. 1,783 women and 748 men were sensitized on the importance of eating foods rich in vitamin A. The success of the NIDs in the two districts is explained by the strong involvement of the VHCs in community mobilization. These organizations effectively communicated the messages about the importance of vitamin A for children 6-59 months old and of the consumption of foods rich in vitamin A.

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
60% of postpartum women receive two doses of Vitamin A.	Providing TBAs with vitamin A capsules (VAC). Providing health facilities (health centers (HC) and health posts) with VACs.	Yes	56.8% of postpartum women received a megadose of vitamin A. In addition, 89.6% of mothers who recently delivered during the year received vitamin A. 178 trained TBAs received VACs and 24 HCs and 37 health posts also received VACs. The community distribution of the VACs by the TBAs and the provision to the health facilities (HC/HP) explains the good performance of this indicator.
70% of the households use iodized salt in family meals	Test of the salt heaps in the households and markets with the iodized salt tester	Yes	1,680 salt samples were tested with the iodized salt tester. The availability of testing kits to the NGO animators and the involvement of VHC members, made the testing of 1,680 salt samples possible (1,680 in Mna and 0 in Kssa).
	Training and refresher training of the VHCs on the importance of iodized salt consumption.	Yes	175 VHCs were retrained on the importance of consuming iodized salt and 38 were trained.
	Refresher training of the animators on the importance of iodized salt consumption.	Yes	All the animators of the project (100%) were retrained on the importance of iodized salt consumption.
	Organization of education sessions on the importance of iodized salt consumption.	Yes	501 health education sessions (10.8%) on the importance of iodized salt were organized (13% with Mna and 5.9% in Kssa). 4,373 women and 1,574 men took part in education sessions on the importance of iodized salt consumption. The low number of education sessions conducted is due to the stock-out of salt testers during certain times of the year.

2. MATERNAL AND NEWBORN HEALTH

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
80% of pregnant women are assisted by trained personnel during their last childbirth	<p>Training of TBAs.</p> <p>Refresher training of TBAs.</p> <p>Training/refresher training of the HAs in maternal care.</p>	Yes	<p>95% of childbirths were assisted by trained or qualified personnel (HA/TBA) in the project districts (98.5% in Mna and 89.1% in Kssa). No TBAs were trained this year; 42 TBAs were retrained in Kssa and 133 in Mna.</p> <p>42 Health Agents were trained/retrained in maternal care. The training and refresher training of the TBA/HA in MNC contributed significantly to the achievement of the goal.</p>
80% of pregnant women get three antenatal consultations-one of which will be in their 9th month of pregnancy, during their last pregnancy	Organization of ANC education sessions.	Yes	<p>37% of the pregnant women expected in the year had 3 ANC visits one in the 9th month. 1411 health education sessions were organized on the importance of the ANC.</p> <p>12617 women and 6341 men were sensitized on the importance of ANC. The tiredness of the women, sometimes the poor appreciation of the age of the pregnancy, the insufficient outreach visits and the stock-out of essential drug and management tools (under notification) explain the low level of the indicator.</p>
	Organization of outreach visits and active case finding of defaulters.	Yes	<p>46% outreach visits (54% in Mna and 37% in Kssa) and 44.1% active case findings of defaulters (43.8% in Mna and 44.4% in Kssa) were organized. The achievement of this indicator is due to an absence of HAs for trainings, the frequent breakdown of motor bikes, the insufficient number of personnel and the inaccessibility of certain locations in the rainy season.</p>
	Organization of radio broadcasts on the importance of ANC.	Yes	<p>3 radio broadcasts were organized on the importance of ANC.</p>
	Advocacy visits for the availability of the management tools.	Yes	<p>17 advocacy visits concerning the availability of management tools were organized (8 in Mna and 9 in Kssa).</p>
60% of mothers know at least 2 danger signs during pregnancy and the postpartum period	Organization of education sessions on danger signs related to the pregnancy, the childbirth and the postpartum.	Yes	<p>332 health education sessions on danger signs related to pregnancy, childbirth and the postpartum period were organized; 3,155 women and 1,611 men were sensitized on these danger signs. 2,275 WRA were sensitized in Mna during 252 health education sessions and 880 women with Kssa during 80 health education sessions.</p>
80% of pregnant women use chemo prophylaxis (iron folate and chloroquine) at the time of their last pregnancy	Provision of essential drugs (chloroquine and iron folate) to the health facilities (HCs and health posts).	Yes	<p>96.5% of women receiving ANC received chloroquine for the prevention of malaria (96.7% in Mna and 96.1% in Kssa). 91.9% of women coming for ANC received iron folate for the prevention of anemia (88.4% in Mna and 98.8% in Kssa). The stock-out of drugs (chloroquine and iron folate) explains why 100% of women did not</p>

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
			receive chemoprophylaxis.
60% of mothers receive at least two postpartum visits including one in the first week postpartum	Training and refresher training of the TBAs. Refresher training of the HAs.	Yes	80.2% of the women who gave birth during the year receive two postpartum visits (98.5% in Mna and 50% with Kssa). 58.4% of the planned MNC education sessions were carried out (66.4% in Mna and 41.1% in Kssa). The training of the TBAs and the integration of postpartum consultations in the outreach visits contributed to the improvement of this indicator. For 56.1% of the cases, the postpartum consultations were carried out by the TBA during the postpartum visits.
80% of mothers of children from 0 to 23 months old, who had complications during their last pregnancy were referred to a HF	Creation of the MURIGA.	Yes	38 community funds for emergency obstetrical care (MURIGA) were created. 3.5% of the pregnancies considered to be “at risk” were referred to the health facilities (HF) (3.3% in Mna and 3.7% in Kssa). Insufficient information on danger signs related to pregnancy, childbirth and the postpartum period, and the high cost of transportation explain the low results of the indicator. The training and the refresher training of the TBAs and the HAs contributed to the improvement of case management of the referred cases.
	Refresher training of the VHCs in administrative and financial management for the management of the MURIGA. Organization of the community workshop for the MURIGA in Kouroussa.	Yes	175 VHC received refresher training in administrative and financial management for the MURIGA. The community workshop was organized for the MURIGA in Kouroussa.

3. VACCINATION

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
80% of the 12-23 month-old children are completely vaccinated before one year	Organization of education sessions on the importance of vaccination, the vaccine calendar and the management of secondary effects.	Yes	41.1% of the children were completely vaccinated (44.2% in Mna and 34.6% in Kssa). Factors contributing to the low accomplishment of this indicator include: stock-outs of forms and reports, stock-outs of vaccines, the non-respect of the appointments for outreach visits and the insufficiency of active case findings and health personnel. 44.0% of education sessions were carried out in EPI with Mna, and 31.3% in Kssa. 16,858 women and 9,707 men were sensitized on the importance of vaccinations, the vaccine calendar and the management of vaccination side effects.
	Training and refresher training of the VHCs in vaccination.	Yes	17.8 of the VHC were trained in EPI (38) and 82.2% were retrained (175).
	Training and refresher training of the HA in vaccination.	Yes	100% of the HA trained/retrained in EPI.
	Refresher training of the animators in vaccination.	Yes	100% of the animators were retrained in EPI.
90% of children receive a dose of BCG	Vaccination in fixed points and outreach visits.	Yes	74.5% of the children received BCG (70.7% in Mna and 82.4% in Kssa).
80% of children receive the DTP3 before one year	Vaccination in fixed points and outreach visits.	Yes	54.2% of the children received the DTP3 (54% in Mna and 54.5% in Kssa)
80% of children receive the rouvax before one year	Vaccination in fixed points and outreach visits.	Yes	52.2% children received the vaccine against measles (53.7% in Mna and 49% in Kssa).
The level of outreach visits is increased to 85%	Establishing microplans for each subdistrict and organization of outreach visits.	Yes	48 microplans of outreach visits were established. 525 of outreach visits were carried out by the HAs with the support of the animators and project staff. The number of outreach visits is relatively weak in the project districts; 54% of outreach visits were carried out by the HAs with the support of the animators Mna and 37% in Kssa.

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
80% of mothers receive 2 doses of TT during their last pregnancy before the 9th month	Provision of vaccines and essential drugs to the HF.	Yes	43.1% of pregnant women received the TT2 and 1,305 women received booster doses of TT. 100% of the HF were supplied with essential vaccines and drugs. The stock-out of vaccines, under notification following a stock-out of antenatal consultation and management tools carried out by certain stations without administration of TT for reasons of conservation and the insufficient number of outreach visits contributed to the slight decrease in the achievement of this indicator.
The dropout rate of DTP3 will be reduced from 51% to 20% in Kssa and 27% to 15% in Mna	Organization of education sessions in vaccination. Organization of outreach visits.	Yes	1,802 of education sessions were organized on EPI/vaccination. 16,858 women and 9,707 men were sensitized on the importance of vaccination, the vaccine calendar and the management of side effects. 46% of the outreach visits were carried out. The activities promoting vaccination were carried out by the VHC with the support of the NGO Animators.

4. FAMILY PLANNING

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
50% of the mothers of children under 2 years old who do not wish to have another child in the next two years use a modern method of contraception	FP refresher training of the animators including possible side effects of methods.	Yes	All the animators (100%) were retrained in FP.
	Management training of SC staff in FP.	Yes	2 SC staff were trained in FP (100%).
	Training and refresher training of the HAs in FP including possible side effects and their management.	Yes	29 HAs were trained; 16 in Mna and 13 in Kssa.
	Training and refresher training of CBDs in FP including possible side effects of methods and their management	Yes	76 CBDs were trained and 84 CBDs were retrained in Kssa, and 266 were retrained in Mna.
	Organization of the monthly meetings between CBDs and the HA.	Yes	144 meetings were organized; 60 in Mna and 84 in Kssa.
	Evaluation of the initial stock of contraceptive supplies in Mandiana. Installation of an initial stock of additional contraceptives in Kouroussa.	Yes	Review of regular stock-outs and restocking of contraceptive methods at the health structure level. An initial stock of Kssa is not set up yet. In addition, the stock level was evaluated in Mna.
	Supply/restocking of CBD contraceptive products	Yes	100% of CBD (VHC) covered by project were supplied with contraceptive products (266 CBD in Mna and 160 in Kssa).
	Provision of contraceptives to the HCs and health posts	Yes	All of the HFs were restocked with contraceptive products. In Kssa, 100% of the HAs were trained/retrained in CBD.
	Organization of advocacy visits with religious, traditional, and local leaders.	Yes	128 planned FP advocacy visit were carried out with leaders and local council members (52 in Mna and 76 in Kssa).
	Organization of FP education sessions	Yes	46.5% of FP education sessions (2,165 meetings) were carried out (52.4% in Mna and 33.6% in Kssa). 15,914 WRA and 11,512 men received FP information; 154 couples used condoms, 16 couples (F) used spermicide, 755 (F) used Depo-Provera; 469 (F) used IUDs.
Sale of contraceptive supplies	Yes		
	Yes		
	Yes		
	Yes		

5. STI/HIV/AIDS

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
80% of the husbands use condoms with irregular/new partners.	Organization of STI educational sessions.	Yes	29.2% of planned BCC meetings (1,359 meetings) on STIs were carried out (33.5% in Mna and 19.9% in Kssa). 9,359 women and 9,096 men attended.
	Organization of HIV/AIDS education sessions.	Yes	35.5% of the planned BCC meetings (1,655 meetings) on HIV/AIDS were carried out (39.9% in Mna and 26.1% in Kssa). 12,094 women and 11,681 men were sensitized on HIV/AIDS. The community structures in the new project zone were functional starting in the second half of the third project year.
	Provision of contraceptives and essential drugs to the HFs.	Yes	100% of the HFs were supplied with contraceptive products and essential drugs.
	Organization of HIV/AIDS conferences.	Yes	13 conferences were organized on HIV/AIDS (4 in Mna and 9 in Kssa).
80% of youth aged 15-24 years old know that condoms can prevent HIV/AIDS transmission	Organization of HIV/AIDS education sessions for youth aged 15 to 24 years.	Yes	211.7% of HIV/AIDS education sessions (381 meetings) were organized (215.8% in Mna and 203.3% in Kssa) to inform teenagers. 2,199 girls and 2,680 boys were informed on the modes of HIV/AIDS transmission and prevention.
	Organization of video showings. Organization of round tables.	Yes	34 video showings were organized and carried out. 2 round tables were organized and occurred.
	A doers/non-doer study of condom use to explain key determinants of this behavior in Mandiana.	No	This formative research study was not conducted due to the number of other activities.
80% of mothers know at least two means of preventing HIV/AIDS. 80% of WRA know that condoms can be used to prevent HIV/AIDS	Organization of HIV/AIDS education sessions.	Yes	1,655 HIV/AIDS health education sessions were organized and conducted. 12,094 women were sensitized on HIV/AIDS (7,102 in Mna and 2,257 in Kssa).
700 leaders (4 per village) received advocacy information on HIV/AIDS	Advocacy visits to religious, local and traditional leaders concerning HIV/AIDS.	Yes	63 advocacy visits were organized (42 in Mna and 21 in Kssa).

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
STI rates for mothers is reduced from 20% to 10% in Kssa and from 9% to 3% in Mna.	Provision of contraceptives and essential drugs to the HFs.	Yes	All HFs (100%) in the project zone received contraceptives and essential drugs
	Organization of HIV/AIDS meetings for specific target groups	Yes	154 soldiers were sensitized on HIV/AIDS. 780 miners were sensitized on HIV/AIDS (377 women and 403 men). 126 transporters were sensitized on HIV/AIDS-all men. 80 "free" girls were sensitized on the HIV/AIDS 4,879 youth aged 15-24 years were sensitized on HIV/AIDS (2,199 girls and 2,680 boys).

6. SUSTAINABILITY

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
<p>80% of the villages will have CBD agents</p> <p>80% of the villages will have a system of renewable funds for health emergencies for pregnant women and children under 5 years old.</p> <p>80% of the VHCs will be able to plan, follow and evaluate health activities in their villages</p> <p>80% of the villages will have a health development plan</p> <p>100% of the sub-prefectures will have their VHC association be able to work out and follow their VHDPs, and to mobilize funds promoting health and other</p> <p>Reinforcement of competences of NGO and DPS (installation of the data bases for additional information)</p>	<p>Training and refresher training of community agents in CBD.</p> <p>Training and refresher training of the VHCs in CBD.</p> <p>Creation of VHC.</p> <p>Organization of the meetings for the revision of agreements between VHC, trade union and hospital.</p> <p>Sharing of agreements between VHC, the transporter trade union and hospital.</p> <p>Refresher training of the VHC in fund management.</p> <p>Training of the treasurers in administrative and financial management.</p> <p>Training of 38 VHCs and refresher training of 175 VHCs in follow-up evaluation.</p>	<p>Yes</p>	<p>350 CBD agents were retrained in CBD (266 in Mna and 84 in Kssa) and 76 were trained.</p> <p>175 VHCs were retrained in CBD.</p> <p>38 VHCs were created and trained in CBD.</p> <p>4 meetings were carried out for the revision of conventions between VHCs, transporter trade unions and hospitals.</p> <p>1 sharing of agreements between VHC, transporter trade union and a hospital were carried out.</p> <p>175 VHC were retrained in fund management.</p> <p>38 treasurers were trained in administrative and financial management.</p> <p>175 VHC were retrained in follow-up evaluation and 38 were trained.</p>
	<p>SC staff training in PRA.</p> <p>Animator training in PRA</p> <p>Negotiations for the training of the VHC in elimination of illiteracy.</p> <p>Establishment of the formal recognition by the government of the VHC.</p> <p>Establishment of the microplans of activities.</p> <p>Institutionalization of the VHC.</p>	<p>Yes</p>	<p>100% of SC staff were trained in PRA</p> <p>4 animators were trained in PRA</p> <p>1 negotiation was carried out for the training of the VHC in elimination of illiteracy with CLUSA-Guinea</p> <p>12 VHC associations established formal recognition with the government</p> <p>213 VHCs (100%) carried out microplans of activities</p> <p>80 VHCs are institutionalized with internal regulations and statutes</p> <p>133 VHCs are institutionalized with internal regulations and statutes</p>

OBJECTIVES	PRINCIPLE ACTIVITIES	Progress	COMMENTS
	Creation of VHC associations Development of village health plans Establishment of activity microplans by the VHC Institutionalization of VHC associations Support of the search for funding for VHC associations Training of VHC associations in conducting advocacy visits and negotiations	Yes	12 VHC associations were created. 12 village plans of health development were elaborated. 213 VHC established their activity microplans. No association is still institutionalized. 12 VHC associations were supported in fund raising. 12 VHC associations trained in the technique of advocacy visits and negotiation.
	SC staff training in conducting advocacy visits and negotiations Training of the NGO animators in conducting advocacy and negotiations Training of the animators in fund raising techniques. Installation of the HIS databases in the two DPS.	Yes	SC program staff was trained in conducting advocacy visits and negotiation. 4 animators were trained in conducting advocacy visits and negotiation. 4 animators were trained in fund raising techniques. The HIS program database was installed in the two health districts.

B. Factors That Impeded Progress and Corrective Measures

Factors:

1. Lack of TBA training in a part of Kouroussa.
2. The low level of participation of mothers in GMP sessions.
3. Insufficient number of outreach visits.
4. High cost of transportation for referral care.
5. Insufficient means of communication.
6. Stock-outs of vaccines and management tools.
7. Stock-outs of contraceptives supplies.
8. Insufficient communication between spouses.
9. Conservative attitudes of certain religious leaders.
10. Lack of computers for the NGOs.
11. Insufficient resources for building the organizational capacities of local VHC associations and NGOs.

Corrective Measures:

1. Training and regular supervision of the village TBAs in Kouroussa; most TBAs are already trained in Kouroussa so this same strategy will be applied to the remainder of the zone. The follow-up and continuous refresher training will be conducted for TBAs in Mandiana and in the rest of Kouroussa.
2. The impact of the public criers, as recommended during the midterm evaluation, will be emphasized with particular emphasis on the importance the weighing/growth monitoring during health education sessions. Outreach sessions were organized in the mining zones and farming hamlets in order to reach a maximum number of children.
3. Continuation of outreach visits through enhanced coordination of work schedules. Organization of the community through the VHC to facilitate the replacement of the HA in the event of their absence or the breakdown of the HC motor bike.
4. Support of the MURIGA through the mobilization of funds, revision and establishment of the assumption of responsibility conventions, and emergency transportation between the transport trade union, the hospital and the communities.
5. Identification and establishment of transportation means within the community in the event of obstetrical emergencies.

6. Support for the transportation of vaccines (between Conakry health districts and the Kankan health districts) and the sharing of management tools (ANC and child health cards); the HCs provide the paper and SC makes the copies.
7. Support through the provision of initial contraceptive stocks for the restocking of CBD agents and the HCs. The use of the MURIGA for the purchase of contraceptives.
8. Reinforcement of FP messages through BCC meetings with a special emphasis on communication between partners (within couples).
9. Support of advocacy visits and the orientation of religious leaders on the concepts of family planning and HIV/AIDS.
10. Support for the provision of additional computers to NGO partners.
11. Strengthening of the organizational capacities of local VHC associations and NGO partners, and fund raising support.

C. Request for Technical Assistance

- Documentation of the project results.

D. Substantial Changes from the DIP

Since the project start and during the midterm evaluation, there were no substantial changes to the project description or DIP, which would require a modification of the cooperative agreement.

E. Sustainability

The project developed a sustainability plan centered on the district health teams, the partnership with local NGOs and the creation and strengthening of community structures:

Health District Level, with the model of a health information system based on community health information set up by the project, the district teams collect demographic and health information (births, deaths, vaccinations, FP, disease monitoring) as well as information related to health education conducted by the VHWs. The system was installed in the health districts, the in-charges for statistics were trained and the HAs of the HCs and health posts are responsible for the training/refresher trainings of the VHWs, their follow-up and the community data gathering. This supplements the data received from the HFs. The project teams conduct quarterly joint supervisions to consolidate the system set up. Monthly meetings between HAs and VHCs are held to discuss the challenges and to plan activities, like the outreach visits for each village.

NGO local level, a contract approach was developed since the project start with two local NGOs which were created by local leaders of each health district. A partnership was established between the HFs and NGOs to contribute to the sensitizing and mobilization of the communities for increased use of health services as well as to stimulate the participation

of the communities in the financing of the health system. NGOs were trained in organizational and institutional development, in strategic planning, and in fund raising. They were also trained on the various project intervention areas, enabling them to correctly undertake all of the activities related to the project objectives in their contracts, as well as to maintain these activities in their health district after the end of the project.

Community structures, existing community structures (VHC) in each village serve as the basis for the implementation of interventions and will ensure the post-project phase. They are made up exclusively of the village residents chosen freely by community assemblies. They are trained and equipped for effective implementation of project interventions. They were organized in a superstructure called the Association of the Village Committees of Health (AVCH), made up of all the VHCs in each sub-prefecture. These associations were trained in planning, management and mobilization of resources, and in good government and administration. Statutes and rules of procedure were established and a negotiation is in process with the administrative authorities for obtaining an official recognition as civic organizations working for social good and health development.

A mechanism for collaboration between the three levels is being created; the project plays the role of facilitator and the district teams play the part of regulator. This mechanism makes it possible to work together for the benefit of the communities. Recently in Mandiana, the NGO AJVDM and the VHCs obtained financing for a project funded by Guinea-Italian Aid for malaria control focusing on insecticide-treated bednets (ITN), carried out by the VHCs.

F. Information Request in the DIP Consultation

This does not apply to this project.

G. Family Planning Indicator Table for Flex Funds

Service Statistics (core indicators in bold)

Indicator	Number	Numerator	Denominator	Percent	Yes/No
Couple-years of protection (CYPs)	1394				
Number of new acceptors	1992				
% of customers who receive adequate counseling		Not Avail.	Not Avail.		
% of population who within 5 km of a FP service delivery point		Not Avail.	Not Avail.		
Total number of persons served or reached by the program	94,288				
Program sustainability plans in place	213 VHC set up with the DPS	213 villages	319 villages	67	Yes

Population-Based Survey Indicators (core indicators in bold)

This table was not completed because it requires survey based data.

H. Description of Program Management Systems

The financial management of the program follows the rules and procedures of SC and USAID, especially on the level the OMB 122 and 133, but also the Federal Codes of Regulation 22CFR 226 and 22CFR 228. Guinea is part of the SC Sahel Field Office, and sends financial reports to Bamako for compilation and transmission to the home office in Westport, CT.

For program implementation, SC selected two NGO partners in accordance with the project application; one NGO in each district (Kouroussa and Mandiana). The development of the NGO action plan and budget with the support of SC Guinea. Therefore, the parties signed agreements between themselves which delineated each one's responsibilities and the results expected to be achieved on two levels:

- 1) Programming: the District Coordinators, the in-charge for the NGOs and the Project Coordinator monitor the activities carried out by the NGOs very closely in order to make necessary adjustments in a timely manner.
- 2) In the same way, the administration and finance department conduct support visits, including training in financial, budgetary and logistical aspects. This includes regular monitoring of the monthly financial reports including expenditures, and respect for the management guidelines as conditions for the quarterly payments.

Personnel management: At the start of the project, three additional SC staff were hired to enhance the team which led the CS-14 project. These personnel received orientations and their full job descriptions were developed based on the project objectives. At the end of every year, a performance evaluation of the team is made in relation to the project objectives and also in accordance with the quality of their work. On the basis of these results, new objectives are set for each person. During the year, coaching and midterm evaluations are conducted to help the staff to achieve their annual goals.

Communication and team development: Since the project start, a dynamic and transparent approach was created for communication and the effective development of project teams as well as relations with partners (NGO and DPS/DRS). This approach is based on:

- Annual planning workshops were organized at the beginning of each year and include project personnel, NGO leaders and field agents, and the district teams. During these workshops, NGO financial and budgetary questions are discussed with the SC administrative and finance staff, and the accounting secretaries of the NGOs. In addition, updates on technical issues are provided as needed by project and NGO staff.
- Quarterly planning meetings are held at the end of each quarter in the districts with SC staff, NGO field agents and the MOH district teams. They include evaluating the preceding quarter and programming for the next based on the annual plan. Challenges are reviewed and corrective measures are considered for the next quarter.

- Monthly coordination meetings are also organized in the districts under the facilitation of the District Director. They include evaluating not only the activities related to phase-out objectives and recorded challenges, but also to any additional activities not envisioned by the various plans. Next, the team supervision plans are collaborated and divided between the group in order to avoid duplication of activities. Finally, new objectives are defined for each team.
- Internal monthly program meetings are held at SC's central office with only the SC district teams. They consist of reporting on the activities planned and conducted in the districts with the partners, allowing for the evaluation and corrective action necessary to attain the objectives. In addition, this is also an opportunity to share general information received from SC home office, the MOH at the regional and central levels, and other partners. It also provides a chance to plan supervision visits for the CS-18 Program Coordinators, as well as the trainings and workshops occurring at the regional, national and international levels.
- Feedback meetings are held monthly and quarterly with the VHC in each village and include the participation of the HAs and the NGO field agents. These meetings make it possible to inform the communities on the health status of their villages and progress made in health promotion activities, like the contributions for the MURIGA, and the number of children vaccinated.

Collaboration in-country: The project collaborates with many projects, NGOs, programs and institutions, including. PRISM in regards to CBD services; HKI in regard to the distribution of VACs to postpartum women; EngenderHealth in the clinical services and marketing of FP; ADRA for the expansion of our approaches in Siguri; and BASICS, for the implementation of C-IMCI. The project also collaborates with MOH programs such as the National Program of Maternal Health for the training of TBAs and of MURIGA; with Program TDCI (Program for the Prevention of Iodine Deficiency) for cooking salt inspection for iodine; and the tuberculosis control program for monitoring tuberculosis cases with the VHCs. Finally, CS-18's central partners are the MOH health districts and the Regional MOH for project implementation.

Evaluation of organizational capacity: NGO partners have their organizational and administrative capacity evaluated each year. A performance improvement plan is then developed from the evaluation results. It should be noted that the first evaluation of the NGOs was conducted after the contracts were signed. NGO are also audited with the goal of correcting their financial, administrative and material management.

The factors having negatively affected the total management of the program since the project start are:

- The interference with the activities as a result of MOH programming which does not take into account of the planned district activities. This creates delays or postponement of certain planned project activities.
- The lack of personnel in the HC/HPs, preventing the accomplishment of certain activities planned jointly with the districts.

- Periodic changes in the official cost of fuel in addition to the lack of fuel (stock-outs) restricts supervision visits and negatively impacts the appropriate care of vaccines and greatly reducing outreach visits from the HCs.
- The low funding allocated to each NGO (\$10,000 per annum) has been aggravated by growing inflation in the country. The project has managed by charging certain expenditures to other funds and SC/Guinea projects resulting in a slight increase of NGO funds.

I. Collaboration with the USAID Mission

The CS project has collaborated with other USAID partners in Guinea. For the implementation of C-IMCI, CS-18 worked in partnership with BASICS II to strengthen project objectives related to vaccination and nutrition. With PRISM, the project collaborated on the strengthening of community activities for FP and interventions on STI/HIV/AIDS. In regards to the MCH campaign and the fight against HIV/AIDS in the prefecture of Mandiana, PRISM used the community structures (VHC) created and trained by the project to convey the messages. Scenarios/dramas were created by the VHC and were filmed with the support of PRISM.

Information was shared through reports and USAID Mission coordination meetings. The quarterly and annual reports are often presented, and the midterm evaluation report was given to the mission. Often, the project receives supervision visits from the USAID team in the project zones. Debriefings of technical assistance visits from headquarters are another opportunity to inform the Mission of the project constraints and progress. The Mission team is also often invited to take part in meetings or important project activities, such as evaluations.

J. Work Plan October 2005 – September 2006

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
I IMMUNIZATION											
		Support of fixed point vaccination sites	X	X	X	X	24 HC		No. children vaccinated	SC/DPS /NGOs	HC
1 - 90% of children will receive a BCG before turning one		Continuous refresher training of the VHC in EPI	X		X		213VHC		No. of VHC recy.	NGO/eq. dist	rep. Ani./SC
2 - 80% of children will receive DTP3 before turning one		Establishment of the microplan of outreach visits	X		X		24 microplan		No. of microplan in SA	Ani/A. EPI	VHC Register
		Support with the execution of outreach visits	X	X	X	X	1,152 SA 288 RA		No. of SA exc.	A. EPI/ Year/VHC	VHC Register
3 - 80% of children receive measles immunization before turning one 4. 80% Children completely vaccinated before turning one 5. To reduce the dropout rate from 27% to 15% 6. To increase the level of the outreach visits	0-11 mo. old children	Organization of education sessions for mothers and fathers	X	X	X	X	4,986 meetings		No. of meetings carried out	HA/Ani./ VHC	Stimulating reports from NGO Project Reports
II MATERNAL AND CHILD HEALTH											
1 - 80% of mothers of children 0-23 months old will receive two doses of Vit. A during their last pregnancy	Pregnant women	Support in the centers and health posts in ANC	X	X	X	X	24 centers 38 HP		No. of HC and HP supported	DPS/SC	Reports
		Provision of TT/drugs to HF's	X	X	X	X	24 HC		No. HC provided Vit. A/medicati	DRS/DPS/ SC	Stock, HC/DPS

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
									ons		
<p>2. 80% of mothers of children 0-23 months old will have received 3 antenatal visits, one in the 9th month at the time of their last pregnancy</p> <p>3. 80% of pregnant women will use iron folate during their pregnancy</p> <p>4. 80% of pregnant women will use chloroquine like chemoprophylaxis at the time of their last pregnancy</p> <p>5. 80% of pregnant women will be assisted during childbirth by trained personnel</p>	pregnant women	Organization of education sessions	X	X	X	X	4,656 Sean. For 80,799F AP 50,798 husbands	No. CCC realized No. SA No. RA realized	VHC/HA/NGO.	Reports	
		Support with the outreach visits	X	X	X	X	1152 SA				
		Organization of the active case findings					288 RA	No. diffu No. rediffu	DPS/SC	Training reports	
		Mothers of children 0 - 23 month	Implication of the rural radio to the diffusion and repeat broadcast of the messages	X	X	X	X	4 diffusions and repeat broadcasts	No. TBA No. TBAREcy		Register
			Training and equipment of the village TBAs	X	X	X	X	38 TBA trained			
			Continuous refresher training of the village TBAs					213 TBA			

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
6 - 60% of the mothers of 0-23 month old children will receive at least two postpartum visits including the one first week of their childbirth by a trained personnel	FAP	Support with the postpartum visits in HC/HP	X	X	X	X	24 HC and 38 HP		No. HC/HP	TBA/HA/SC	Cards HC/HP
		Support for postpartum consultations during the outreach visits	X	X	X	X	25% of SA		% SA	SC	Reports
7 - 60% of mothers of children 0-23 months old will know at least two signs of danger during pregnancy and postpartum		Reinforcement of the MURIGA	X	X	X	X	213 Muriga		No. WALL	VHC/NGO/HA/SC	Tools VHC/project Report
8- 80% of women with complications during their last pregnancy will be referred to a HC or with the hospital		Follow-up of the correct application of conventions	X	X	X	X	2 Districts				Reports of format.
		Review of conventions	X				1 District				
		Training of managers MURIGA	X				144 mgmt.				
III - STI/HIV/AIDS											
1 - 80% of husbands will use condoms with new sexual partners	Husbands	Refresher training and follow-up of the peer educators	X	X	X	X	450 PE		No. of PE .received training	Anim/supe. NGO/Consei.	reports
2 - 80% of mothers will know at least two means of HIV/AIDS prevention		Theater productions on HIV/AIDS with the VHCs					8 productions		No. of production	AnimNGO SC/VHC	Reports
3 - To reduce the rate of STI infection of mothers from 20% to 10%	Mothers	Organization of education sessions	X	X	X	X	8178 Sean.		No. of meeting of CCC réal.	VHC/EP/ Anim/ SC	Reports Card-index VHC/EP
4 - 80% of mothers will know at least two means of HIV/AIDS prevention		Provision of contraceptives and drugs to the HFs/CBDs	X	X	X	X	24 HC		HC approval.	SC/DRS/ DPS	SC report/DPS
5. To increase from 56% to 90% the number of mothers who seek care at a HF											

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
6 - 4 Leaders/village will be visited for HIV/AIDS prevention	Leaders	Advocacy visits of community leaders	X	X	X	X	852 Leaders 2,556 seanc.		No. Lead. No. Seances	Anim/VHC /SC	Reports Cards VHC
7 - 80% of the WRA will know that condoms prevent HIV transmission	FAP	Sale of condoms	X	X	X	X	60,872 piec		No. of condoms sold	CBD Agents HC/HP	Reports CBD Drive HC/HP
8 - 80% of youth aged 15-24 years will know that the condom can be used to prevent HIV infection	Teenager	Support with the activities of the youth listening centers	X	X	X	X	2 youth listening centers		No. youth listening centers	Chiefs CECOJE SC/DPJ	reports
		Video projections	X	X	X	X	96 proj.				
		Round tables	X	X	X	X	16 round				
		Conferences debates	X	X	X	X	8 Confer.		No. conferenc.	Year/CA/ CBD/HA/ SC	reports
IV NUTRITION											
1 - 40% of the mothers will nurse their children during the first hour of life	VHC Mothers	Continuous refresher training of nutritionists in VHCs	X	X	X	X	213		No. nutrit retrained	SC/NGO/ HA	Reports
2 - 60% of mothers will exclusively nurse their children for the first six months (from 40%)	Leaders	Organization of education sessions	X	X	X	X	4,986 Sean.		No. seanc.	SC/NGO/ HA	Reports
	Husbands	Organization of the HEARTH week	X		X	X	2 weeks		No. sem.		

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
3 - 80% of children 6-9 months old will receive additional food	Grand-mothers 0-35 month old children	Restocking of the cereal banks	X	X	X	X	213 banks		% banks restocked	SC/NGO/HA	Reports/reports
		Community distribution of the mebendazole	X	X	X	X	175 villages		No. village		Banks Distrib. cards
	some 6-59 month old children	Organization of the HEARTH	X	X			24		No. HEARTH	SC/NGO/HA	Reports Monitoring sheet
4 - To decrease the rates of moderate or severe malnutrition from 30% to 15%	FP	Organization of the nutritional demonstration sessions	X	X	X		1,917 meetings		No. meetings	SC/NGO/HA	Reports
		FAP	Distribution of Vit A for all the children of 6 to 59 months	X		X		2 distribut. Semi-annual		No. distri No. Children	DPS/SC/Share
5 - 95% of children 6-59 months old will receive a dose of vitamin A every six months		Reinforcement of the implication of the public criers to the organization of the GMP sessions	X	X	X	X	In 213 villages VHC		No. villages	SC/NGO	Reports
6 - 60% of postpartum women will receive two doses of vitamin A		Monthly weighing of the 0-35 month old children	X	X	X	X	2556 meetings		No. meetings carried out No. TBAs No. maternities.	NGO/HA/VHC	Register VHC Register HC/HP
7 - 70% of households will use iodized salt in the family meals		Provision of vitamin A to maternities/HC/HP/TBAs	X	X	X	X	2 maternit. 24 HC 36 HP 213 TBA		No. HC No. HP No. Sean	DPS/SC/Share	Reports Drive stock Physical stock
		Organization of meetings to sell salt and soup	X	X	X	X	5,115 meetings 8,600 tests		No. tests	NGO/VHC	Reports Register VHC

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
		Ongoing refresher training of the VHC on the importance of iodized salt consumption	X	X	X	X	213 VHC		No. VHC	NGO/SC	Reports
V FAMILY PLANNING											
<p>1. 50% of mothers of children <2 years old not wishing to have another child in the two next years will use a modern method of contraception (37% base line)</p> <p>2. 20% of the FAP will use a modern method of contraception</p>	KNOWLEDGE AND INCREASE IN INTEREST IN PLANNING										
	FAP	Organization of education sessions	X	X	X	X	4,986 Sean		.Nbr Sean.	VHC/NGO /SC	Reports VHC Registers
	Leaders	Advocacy with the religious leaders	X	X	X	X	852 lead		No. Lead		
		Husbnds	Organization of orientation sessions for religious, traditional leaders	X	X	X	X	96 Session			
			Promotion of dialog between couples	X	X	X	X	213 villa.			
		Organization of radio messages with local stations	X	X	X	X	4 Emitted.		No. EM.		
	Promoter training on IUDs		X			8 CA 6 HA 1 SC 2CECOJ E		No. CA No. HA No. SC No. CEC.			
IMPROVED QUALITY OF FP SERVICES PROVIDED IN HEALTH STRUCTURES AND THE COMMUNITY											
<p>3. 50% of the people who are sexually active will discuss FP with their spouse or partners during the past 12 months</p> <p>4. 60% of the people who are sexually active discuss FP with a HA or FP promoter in the last 12 months</p>		Ongoing refresher training for CAs	X	X	X	X	426 CA		No. CA	NGO/ CA/SC	Reports
		Regular monthly meetings with CAs and HAs	X	X	X	X	288 Reun.		No. Reu	DPS	Cards HC/VHC/DPS
		Regular supervisions of the HFs	X	X	X	X	24 Super.		No. visit		
		Provision of acceptable contraceptive methods to the HFs and the CAs	X	X	X	X	24 HC		No. HC		

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
		Regular and adequate counseling	X	X	X	X	426 CA		No. CA		
		Training of the HAs in IUD insertion and removal	X				chaq cont. 5 HA		No. coun No. HA		
INCREASED ACCESS TO FP SERVICES BY THE POPULATION											
		Expansion of FP services to the villages far away from the HFs	X	X	X	X	213 villages		No. of villages	VHC/HA/NGO	reports NGO/SC
		Decentralization of certain clinical FP services in the peripheral centers	X	X	X	X	3 HC		No. HC		
		Promotion of the sale of contraceptives	X	X	X	X	213 villages		No. village	NGO/SC	Rep. NGO/SC
		Regular provision of contraceptives to service delivery points	X	X	X	X	24 HC 213 village.		No. HC No. village		
SOCIAL ENVIRONMENT AND POLICY IMPROVE FOR THE SERVICES OF FP/SR AND THE BEHAVIORS											
		Organization of education sessions	X	X	X	X	4986 Sean		No. Sean	NGO/VHC/HA	Reports
		Expansion of the network of FP distributors and promoters	X	X	X	X	189 villag		No. villag	SC/DPS	Cards HC VHC Registers
		Advocacy visits	X	X	X	X	2556 Sean		No. Sean	NGO/VHC/SC	Reports
		Radio broadcasts	X		X		4 Emitted.		No. Emitted		VHC Registers

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
		Participation of the MURIGA in the purchase of contraceptives for the CAs	X	X	X	X	5% Muriga		% Muriga	SC/NGO/HA/VHC	Reports Cards
		Participation of the religious, traditional and political leaders in the FP sensitizing meetings	X	X	X	X	852 Lead		No. lead		
VI. FOLLOW-UP EVALUATION											
100% of the VHC, HC, PS and NGO and district ISCOM teams will receive TA visits and periodic evaluation of planned activities	VHC/NGO	Monthly support visits	X	X	X	X	22		No. visits	NGO/SC/DPS	Reports
	Eq.SC	Monthly supervisions	X	X	X	X	22		Super Nbe		Cards
		Quarterly joint supervisions	X	X	X	X	8		No. S. Co		Registers
	HC/HP	Data-gathering of statistics	X	X	X	X	24		No. sticks.		
		Monitoring	X		X		2		No. moni		
		Monthly program meetings	X	X	X	X	11		No. reun		Equip SC
		Follow-up of the NGO improvement plan	X	X	X	X	8		Followed Nre	To advise (E)	Plan rep./of amelio
		Preparation of the videograms	X	X	X	X	10 villages		No. videogram	SC VHC/NGO/HA	Videograms
		Setting according to the videograms	X								Reports
		HA supervision of the VHCs	X	X	X	X	12		No. of supervis.	HAs	Reports
		Follow-up on the use of DPS databases	X	X	X	X	2 DPS		No. DPS	SC/DPS	Reports

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
VI SUSTAINABILITY											
1 - 80% of the villages will have CBD agents	VHC	Refresher training of CA/VHC	X	X	X	X	426 CA		No. CA/VHC recy.	NGO/ SC/HA	Reports
2 - 80% of the villages will have a system of renewable funds for health care for pregnant women and children <5 years old	Trade union, VHC, Leader Com. Hospital	Funding research support	X	X	X	X	213 VHC		No. of VHC recy	NGO/ SC DPS Trade union	Reports Conven. revised Statemnt
		Establishment/diffusion of conventions	X	X			1 Con.				
		Organization of the community assemblies	X	X	X	X	8 Assm				
3 - 80% of the VHC will be able to plan, follow and evaluate health activities in their village	VHC	Refresher training in follow-up-evaluation	X	X	X	X	213 VHC		No. VHC	NGO/ SC	Reports/ module
		Demonstration of health data-gathering	X	X	X	X	24 collect		No. sticks		
		Retro information meeting	X	X	X	X	8 reun		No. reun		
4 - 80% of the villages will have a Health Development Plan		Agreements for VHC training to eliminate illiteracy	X	X	X	X	60 VHC		No. negociat	SC/ VHC/ NGO Which have	Statement meeting Reports Plans
		Establishment of the Village Health Development Plan (VHDP)	X	X	X	X	24		No. Plan		
5-100% of the subdistricts will have a VHC association able to develop and their VHDFP and mobilize funds for health promoting and other activities		Finalization of the installation of VHC associations	X	X			12 AVHC		No. of AVHC created	SC/Ani.	Reports
		Development of a microplan-plan of activities	X	X	X	X	1596 microplan		No. of microplan	SC/Ani/ VHC/DPS	Reports Plans

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
		Training in technique of advocacy and negotiation			X		12 offices		No. of persons	SC/Ani/VHC/DPS	Reports
		Fund raising for the AVHC	X	X	X	X	24 AVHC		Amt. of funds	VHC	Reports
		Institutionalization of the VHC Association			X		24 AVHC		No. of AVHC Institute	SC/DPS/VHC	Reports SRI Appr.
1- DPS will have the database and will included community data the software installed by SC	DPS	Development of the partnership between VHC Associations, DPS and NGO	X	X	X	X	12 AVHC 2 DPS 2 NGO		No. AVHC DPS/ NGO	SC	Reports Statemnt
	VHC	Supervision continues VHC by the HAs	X	X	X	X	12		No. of supervis.	HAs	Reports
	NGO	Follow-up of the use of the data bases of the DPS	X	X	X	X	2 DPS		No. DPS	SC/DPS	Reports
2- NGOs (AJVDM and GAAPE) will have a partnership with the VHC Associations and the DPS for the implementation of health activities in the prefecture		Training in fund raising/advocacy/negotiation	X	X			1		No. of trained agent	SC	Modulate/t rng. report
		Training in Follow-up evaluation		X			1		No. of trained agents	SC	Modulate/t rng. report
		Installation of a system of performance evaluation	X	X	X	X	1		No. éval.réali-sées	SC	CA NGO/SC
		Coordination and conciliation meetings of the activities	X	X	X	X	12		No. of meetings	SC/DPS/ NGO	Rap and statement
		Training in PRA		X			1 NGO		Persons trained	SC	Reports/mo dule
PENSION PLAN											
1-To reinforce the competences	VHC	Reinforcement of the VHC Associations	X	X	X	X	12 AVHC		No. of AVHC	SC/NGO/ DPS	Reports

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
and capacities of community organizations	AVHC	Community quarterly meeting between NGO/VHC/HA	X	X	X	X	4		No. of meetings	SC/DPS	Reports
		Joint data collection	X	X	X	X	4		No. of collections	DPS/NGO/VHC	Reports
		VHC microplans	X	X	X	X	1596		No. of microplan.	SC/VHC/NGOAS	Reports Plans
		Development of VHDPs	X	X	X	X	12 VHDPs		No. of plan Dev.	NGO/VHC/HA	Reports Plan
		Support VHC Associations with fund mobilization	X	X	X	X	12 AVHC		No. AVHC	SC/DPS/NGO VHC	Reports Project
2-To reinforce NGO competences	AVHC	Follow-up the improvement plan for NGO performance	X	X	X	X	2		No. NGO	SC	Reports Plan
		Organize meetings of joint collection	X	X	X	X	4		No. of meetings	SC/NGO/PDS AVHC	Rap and statement Cards
3- To develop an effective partnership between the speakers and the actors	DPS/NGO VHC	VHC supervision by the Has continues	X	X	X	X	12		No. of supervis.	HAs	Reports Cards
		Planning Meetings	X	X	X	X	12		No. of meetings	HA/VHC/NGO	Stment meetings Reports Plans
		OPERATIONS RESEARCH									
1-To reinforce team competencies	DPS/NGO SC	Organization of research conducted/not conducted on condom use by husbands	X				1 Investigation		Inquiry realized	SC	Reports
		Follow-up on the village pharmaceutical cases	X	X	X	X	5 Cases		No. of cases	SC/DPS/NGO	Reports
		Evaluation of the pharmaceutical cases			X						Cards

OBJECTIVES	Target population	ACTIVITIES	PERIOD				RESULTS		Indicators	Persons in charge	Sources of data
			T1	T2	T3	T4	Expected	Obt.			
		Follow-up and support of the Youth Council Listening Centers (CECOJE)	X	X	X	X	2		No. CECOJE	SC team	Reports Tools CECOJE

K. Key Issues and Results Highlights

The creation of the VHC superstructure called the VHC Association, is a new approach used to reinforce sustainability activities undertaken by the project. This approach makes it possible for villages to create larger, joint efforts to promote health activities in their respective communities. Each Association develops income generating activities to support their fund. A Village Health Development Plan (VHDP) was developed with project support, by each association. The Associations meet quarterly in the central town of each subprefecture, during which activities from the previous quarter are re-examined and new plans are for the next quarter. The HAs are always invited to these sessions so they can obtain demographic and health information. This saves them a great deal of time and expense as they do not need to visit each village. The importance of these Associations lies especially in their ability to raise funds for the health activities of their villages. This participation in the financing of the health system facilitates gathering of demographic and health data in order to effectively supplement the data of the MOH health information system, which is otherwise lost.

Currently there are 12 formal associations comprised of 133 VHCs from 133 villages/districts. They are organized into true civil society associations with the required normative structures (General Meeting, Executive Committee, etc.). Each VHC Association has statutes and rules of procedures governing their operation. The tendency of these associations is to deal with the social and financial management of the HCs and replace the Management Boards (COGES) which are currently dysfunctional.