

World Vision Relief & Development, Inc.

**WVRD/SENEGALFY94
First Annual Report
Thies Extension Child Survival Project
Thies, Senegal
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TABLE OF CONTENTS

LIST OF ACRONYMS

I.	Overview of Year One	Page 3
	A. Comparison of Actual Accomplishments With The Project Objectives in the DIP	Page 3
	B. Training Activities For Project Staff	Page 5
	C. Technical Support Received	Page 7
	D. Number of Active Village Health Committees and Their Work	Page 7
	E. Linkages Made Between Project, MOH and other Activities	Page 8
II.	Follow-up of DIP Review	Page 9
III.	Changes made in Project Design	
	A. Measurable Objectives	Page 14
	B. Type or Scope of Child Survival Intervention	Page 14
	C. Location or Number of Project Beneficiaries	Page 14
	D. Budget	Page 14
IV.	Constraints, Unexpected Benefits and Lessons Learned	
	A. Constraints Which Have Affected Project Learned	Page 15
	B. Strategies Which Have Been Used To Overcome These Constraints	Page 15
	C. Circumstances Which May Have Facilitated Implementation and/or Produced Unexpected Benefits	Page 16
	D. Lessons Learned and Steps That Are Being Taken To Institutionalize These Lessons	Page 16
V.	Progress In Health Information System (HIS) Data Collection	
	A. The Characteristics and Effectiveness of the Project HIS	Page 17
	B. System of Data Collection	Page 18
	C. Needs For Further Refinement of the System	Page 18
VI.	Budget and Expenditures	Page 19
VII.	Other	Page 19
	A. Basic Training For Traditional Birth Attendants	
VIII.	Pipeline	

LIST OF ACRONYMS

CDD	Control of Diarrheal Diseases.
CHW	Community Health Worker
CSP	Child Survival Project
DIP	Detailed Implementation Plan.
EPI	Expanded Program for Immunization.
IEC	Information-Education-Communication
HPN	Health Post Nurse
HIS	Health Information System.
MOH	Ministry Of Health
ORT	Oral Rehydration Therapy
PNC	Prenatal Consultation.
TBA	Traditional Birth Attendant.
VHC	Village Health Committee
WV	World Vision.

I. OVERVIEW OF YEAR ONE

A. COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH THE PROJECT OBJECTIVES AS OUTLINED IN THE DIP

<u>OBJECTIVES</u>	<u>MEKHE AREA</u>		<u>BABA GARAGE AREA</u>	
	<u>Final Survey</u>	<u>Actual Accomplishment</u>	<u>Base Line Survey</u>	<u>Actual Accomplishments</u>
	<u>1994</u>	<u>1995</u>	<u>Jan. 95</u>	<u>1995</u>
<u>IMMUNIZATION (EPI)</u>	n=7996		n=2282	
1. 80% of children (DPT1) 12-13 months fully (OPV3) immunized by (Measles) their first birth date	86.4% 70.8% 70.8%	87.1% 81.9% 62.3%	65.6% 39.5% 51.0%	76.3% 60.3% 48%
Completely immunized	68%	51.4%	34.4%	25.8%
2. 75% of pregnant women will receive at least two doses (TT2) of TT prior to delivery	78.1%	20.5%	28%	25.4%
3. Reduce the drop out rate for DPT and OPV to 10%	18%	5.9%	36.5%	20.9%
<u>CCD</u>				
1. 80% of children with diarrhea treated with ORT.	40%	NA	6.4%	NA
2. 80% of children with diarrhea given usual or increased amount of fluids.	63.5%	NA	60.2%	NA
3. 50% of households have a jar with latrine	17.6%	633*	12.1%	307
4. 50% of households have a jar with faucet.	0.8%	82*	1.7%	68

* Percentage not yet available

<u>OBJECTIVES</u>	<u>MEKHE AREA</u>		<u>BABA GARAGE AREA</u>	
	<u>Final Survey</u>	<u>Actual Accomplishment</u>	<u>Base Line Survey</u>	<u>Actual Accomplishments</u>
	<u>1994</u>	<u>1995</u>	<u>Jan. 95</u>	<u>1995</u>
<u>NUTRITION</u>				
1. 50% of infants 0-3 months exclusively breastfed.	96%	NA	3%	NA
2. 80% of mothers initiate breast feeding within 8 hours of delivery.	NA	NA	34.7%	NA
3. 80% of children 4-6 months received semi-solid foods.	44%	NA	25.9%	NA
4. 70% of children 0-23 months weighed quarterly.	63%	31.3%	16.7%	20.8%
5. 65% of mothers know what foods prevent anemia.	54.5%	NA	48.1%	NA
6. 65% of pregnant women consume more foods than usual.	46.7%	NA	48.5%	NA

<u>OBJECTIVES</u>	<u>MEKHE AREA</u>		<u>BABA GARAGE AREA</u>	
	<u>Final Survey</u>	<u>Actual Accomplishment</u>	<u>Base Line Survey</u>	<u>Actual Accomplishments</u>
	<u>1994</u>	<u>1995</u>	<u>Jan. 95</u>	<u>1995</u>
<u>Maternal Care</u> <u>Family Planning</u>				
1. 70% of pregnant women will make 2 or more prenatal visits.	NA	47%	31.7%	22%
2. 65% of deliveries conducted by a trained health agent.	NA	33%	36%	26.9%
3. 5% of women not wanting a child in the next 2 years using a modern contraceptive.	NA	NA	NA	NA

<u>OBJECTIVES</u>	<u>MEKHE AREA</u>		<u>BABA GARAGE AREA</u>	
	<u>Final Survey</u>	<u>Actual Accomplishment</u>	<u>Base Line Survey</u>	<u>Actual Accomplishments</u>
	<u>1994</u>	<u>1995</u>	<u>Jan. 95</u>	<u>1995</u>
<u>Malaria</u>				
1. 60% of pregnant women receive weekly prophylaxis.	NA	60.3%	NA	38%
2. 60% of children with suspected malaria receive full course of treatment.	NA	NA	NA	NA
3. 20% of household have an impregnated mosquito net	NA	306*	NA	84*

* Percentage not yet available

B. TRAINING ACTIVITIES FOR PROJECT STAFF

WV Staff

- Fatou Niang, the CSP nutrition coordinator received a 15 day training at CESAG on the theme "The Management and Evaluation of Health Projects." This training provided her with the

skills required to direct the essential activities during the project implementation phase in the extension zone of Baba Garage.

- The animators and the agents of the other components of the WV integrated development program participated in a 30-hour training and orientation session.

The learning objectives of this session are as follows:

- * To identify the linkages between the CSP and the other project components (agriculture, hydrology, literacy training, income generation...etc), particularly during the first year of the CSP/ADP exercise.
- * To harmonize the phase-in efforts of the CSP with other components of the WV integrated development program.
- * To define the role and specify the priorities of each agent in the execution of his work and in the scheduling of program capital equipment(vehicles, etc) requirements.

MOH Staff

The medical chiefs of Thies and Bambej each participated in a 10-day training session on the management of HIS.

Community Volunteer Network

- 148 village health promoters in the zone of Mekhe received a three day refresher training with special emphasis on exclusive breastfeeding and the campaign against AIDS.
- 79 village health committees within the same zone received refresher training with special emphasis on defining their responsibilities in monitoring community health activities and preparing them to participate in reducing the dropout rate for the tetanus, diphtheria and pertussis vaccines.
- 64 female village health promoters within the zone of Baba Garage, received training on the techniques of communication with special emphasis on identifying the health education messages to transmit to mothers in their communities.
- 24 TBAs including 12 from the zone of Baba Garage received the prescribed TBA training.

- 62 women's group leaders within the zone of Baba Garage received training in the skills necessary to mobilize the women in their respective zones for CSP activities.
- 28 village health committees within the extension zone of Baba Garage received training on the role of health committees in the partnership between themselves and WV and the MOH.
- 38 village hygiene committees were trained on the management of their environment with special emphasis on the dangers related to improper human waste disposal.
- 38 masons were trained on the technique of dry pit latrine construction.
- The members of two women's groups were trained on the technique for mosquito net impregnation.

C. TECHNICAL SUPPORT RECEIVED

The following technical assistance was received during the first year of project implementation.

- The Family Planning Expansion and Technical Support Services Project (SEAT) provided us with assistance in evaluating the methods for improving family planning coverage within the CSP zone. As a result, the project has succeeded in elaborating a strategy for the implementation of a community based contraceptive distribution program in collaboration with the Community Health Worker network.
- The National Health Education Service of the MOH provided prototypes of image boxes. These boxes have since been massively produced by WV and supplied as teaching aids to health promoters. Among the topics depicted are:
 - domestic hygiene and the dangers of human feces.
 - maternal protection.
 - the Fight against AIDS.

D. NUMBER OF ACTIVE VILLAGE HEALTH COMMITTEES AND THEIR WORK

Currently 63 VHCs are operational in the zone of Mekhe and 28 to the zone of Baba Garage.

Within the zone of Mekhe, the VHC have succeeded in 1995, in organize their communities for the construction of latrines and the installation of jars with faucets in households in 11 villages. They have also succeeded in:

- repairing their respective health huts.

- renewing their medical stock.
- participating to the cost of transportation of the HPN.

Each VHC in the zone of Mekhe has met 3 times over the last 90 days. In the extension zone of Baba Garage, the VHCs have succeeded in accomplishing the following tasks:

- Mobilizing their communities for the construction of 28 health huts.
- Ensuring that the health huts are functional and used for vaccination and prenatal consultations.
- Organizing meetings for the selection of 28 TBA and 64 health promoter candidates.
- Organizing their communities for the construction of latrines and jars with faucets in households in 18 villages.

E. LINKAGES MADE BETWEEN PROJECT, MOH, AND OTHER ACTIVITIES

1. Linkages with MOH

Social mobilization and health education activities implemented at the health hut level since the inception of the project have enabled MOH to decentralize preventive health care delivery services.

The training of TBAs is done at the MOH maternity ward of the health center by the mid-wives there.

The plan of action for the districts of Bambey and Mekhe has been developed in collaboration with the project staff according to the objectives defined in the DIP with the MOH.

The MOH also provides the project with basic support in the form of vaccination cards, maternal health cards and growth monitoring cards.

2. Linkages with other World Vision Senegal Development Activities

The agricultural section of World Vision's integrated development program promotes market gardening and trains womens groups in the processing of local garden products (eg. tomato paste) CSP health promoters work with the agricultural staff and these women's groups to promote nutrition and balanced diets. This includes the use of garden products in cooking demonstrations, etc.

World Vision's integrated development program provides training for economic interest groups (GIEs) in technical skills, activity management, and basic accounting for the development of income

generating enterprises. In order to encourage the use of local resources and to assure the sustainability of impregnated mosquito net activities, the CSP works in collaboration with the GIEs. Some activities include malaria awareness education and information sessions, training sessions on how to sew mosquito nets and properly impregnate them, etc.

World Vision's Water Project is key to CSP activities since the availability of abundant fresh drinking water is crucial to health and hygiene. The CSP, in collaboration with the Water Project, trains communities in hygiene, water usage, and basic sanitation. The CSP also trains Water Project "bush technicians" in the construction of jars with faucets.

3. Linkages With Other Organizations

The TBAs and promoters trained and equipped by the project in the village of Diemoul actually work with the NGO "Source de Vie" that intervenes within the village.

II. FOLLOW-UP OF DIP REVIEW

TABLE D OF DIP

CHWs in the extension zone of Baba Garage were selected and trained during the first quarter of the project. They have been in position since the second quarter of the project and will continue throughout the duration of the project and beyond.

Table D of the DIP has been corrected accordingly.

Case Management of Diarrheal Diseases

At the initial stages, WV supports 20% of the cost of latrine construction and jars with faucets in pilot villages on a demonstration basis. So far 307 latrines have been constructed in the extension area of Baba Garage with minimum input from WV.

Given the low cost of latrines and the availability of trained local masons it is expected that most households will be able to self finance the construction of their latrines. The role of WV project staff will be as follows:

- a) To popularize latrines through education of the population.
- b) To facilitate the creation of Income Generating activities (IGAs) and to access credit for the village population.

Nutrition

(a) Refer to Section 1A - Statistics on percentages of mothers currently aware of foods that prevent anemia and who are consuming more of them during pregnancy.

No data exists on women eating foods that prevent anemia. If necessary, such data will be collected during the mid-term evaluation KPC survey.

(b) Market gardening activities have been integrated into the project with equal emphasis on the nutritional and income generating aspects of crops selected for gardening.

(c) Efforts to accomplish changes in feeding practices and the eradication of nutritionally unhealthy taboos are being undertaken on the following three fronts:

1. CHW's will be involved in sensitizing the villagers on the importance of colostrum and the use of protein-rich yet, "unpopular" baby foods such as eggs.

2. Traditional healers will also be involved in a special health education program to discourage the habits related to nutritionally unhealthy taboos.

3. In cooperation with World Vision's agricultural activities, the agricultural production base is being diversified through the promotion of cowpeas, millet and sorghum as substitutes for peanuts. Already in Louga, over the past 3 years, WV has been instrumental in promoting a 50% increase in the production of the cowpeas bringing the crop today to the same level of popularity as peanuts. The Women in Development(WID) team is also working on methods of promoting and integrating the use of cowpeas into the culinary practices at the village level population. Equal emphasis is being placed on transforming and preserving perishable vegetables and fruits.

Maternal Care and Family Planning

The problem of teen pregnancies and in particular teenage marriages for girls will be addressed in a specific education campaign.

A social marketing consultant will be hired to assist in the development of the necessary strategies.

Malaria Control

A new proposed agreement is awaiting the signature of the MOH. It will be forwarded to WVRD as soon as it is available. Chloroquine reliance and the associated risks of resistance development have been taken into consideration. Alternative and appropriate strategies to chloroquine reliance being considered by the project include the dissemination of impregnated mosquito nets as a preventive measure.

It must be pointed out that new MOH policy restricts the use of chloroquine as a preventive measure for pregnant women.

Human Resources

The HPN and midwife perform a variety of administrative and technical duties in coordinating the activities of all the CHW to attain efficient operations.

The CHWs (TBAs, promoters) are selected by the villagers under the supervision of the VHCs and they may be dismissed by the same procedure. The VHCs are responsible for monitoring the conduct of the CHWs.

The CHWs work under the general direction of the HPN/Midwife working from defined procedures and objectives (established by the MOH and disseminated by WV/MOH) to carrying out their assigned responsibilities. For advice and guidance on matters, they refer to MOD staff, that require interpretation of technical procedures. They refer to WV staff for advice and guidance on all matters technical, social, and economic.

In its relationship with both MOH staff and the CHW network, the WV's role is that of leader, trainer, motivator, and the provider of economic support and technical backstopping. In the initial stages, WV is also responsible for ensuring regular contacts between all levels personnel.

As outlined in the Final Evaluation report, three years is probably inadequate time to accomplish lasting behavioral changes in communities. This time limitation however applies only to the CSP program which earlier was financed for a three year period, other components of WV's integrated development work are programmed for a duration of between 5 to 10 years.

Reviewer concern about intervention-overload for CHWs is valid for the new extension zone of Baba Garage. Even there it must be pointed out that the Water Project and agricultural activities preceded the CSP project for at least one year. Thus before the beginning of the CSP project, most communities have already been initiated basic health and hygiene, market gardening and the literacy training activities. In addition, the integration of the CSP and other activities has a natural logical flow. The typical WV sequence of interventions is water, followed by agriculture, health, and then literacy.

Initial training as reported in the DIP should be interpreted to mean "during the first 18 months of project implementation". The numbers therefore include both the pre-implementation phase and in service training during the first half of the project. During the first year efforts have been concentrated on training CHWs and VHCs.

DIP TABLE C has been revised accordingly.

Reviewers' concerns about the work load of village promoters based on the low ratio of promoter to beneficiary are quite valid.

To diminish the work load of the health promoters, auxiliary health promoters will be recruited.

Health volunteers are selected by the villagers themselves according to clearly established guidelines. The intuition and good judgement of villagers in selecting the volunteer candidates can explain why the dropout rate has been dramatically low at 3%.

HIS

The following table responds to the clarification at each level for information to be collected and it's usage by the project.

<u>INFORMATION</u>	<u>LEVEL OF COLLECTION</u>	<u>USAGE</u>
Number of target population for each component.	Village	To quantify the target group per activity and to evaluate the coverage efficiency
Number of births registered	Health hut/Health post	Measure the frequency of use of TBAs.
Number of prenatal checkups.	Health hut/Health post	Measure the results of IEC and the utilization of maternal antenatal services.
Number of mother/fetal deaths	Health hut/Health post	Evaluate the effectiveness of maternal health coverage.
Number of child deaths (0-1yr) resulting from childhood sickness.	Villages	Measure the impact of CSP activities on child morbidity.
Number of children (0-11mos) vaccinated by antigen . Number of children (0-36mos) weighed each month.	Health hut/Health post	Measure the impact of the CSP on the response of the target population to vaccination and growth monitoring sessions
Morbidity of children (0-36mos).	Health post	Monitor the impact of field activities and determine program priorities.
Number of education activities at the village level.	Promoters	Determine the coverage of the population in terms of health education
Number of deficiencies in the execution of technical activities.	Health hut/Health post	Measure the efficiency of training curriculum for CHWs, VHPs and HPN
Number of meetings held by VH. Amount of revenue collected within the context of health service cost recovery program.	Health hut	Measure the performance of level ofform performance of health committees and their capacities to sustain the CSP Activities

III. CHANGES MADE IN PROJECT DESIGN

A. Measurable Objectives

No significant deviations have been made in this regard.

B. Type or Scope of Child Survival Intervention

The MOH has defined a new strategy within the context of the malaria control program. This strategy restricts the use of chloroquine chemoprophylaxis in children of 0-5 years old. Yet, it has been observed that the incidence of serious cases of malaria among children 0-5 years is high particularly once the child stops the chemoprophylaxis program.

As a result, the scope of the CSP activities will change in terms of the malaria control component in favor of impregnated mosquito net use, chemoprophylaxis for pregnant women, and home treatment of malaria cases.

In response to the interest expressed by the population for the component of AIDS control, the CSP project will develop IEC activities on AIDS.

C. Location or Number of Project Beneficiaries

The rate of rural out-migration is quite significant in the project zone. Currently no data exists to measure its magnitude, but the project will expect determine its impact at a later stage.

D. Budget

The selection of a replacement project manager was followed by a transition period which slightly set back the timely execution of the budget to some degree. As a result the following deviations have been made.

- The transfer of International travel funds for year one to year two.
- The transfer of MOH staff training and institutional building funds from year one to year two.
- It was possible to purchase only one vehicle due to the high purchase price of the first vehicle.

Pertinent budget-modification suggestion include:

- The allocation of the available funds from the second vehicle to the purchase of a computer to replace the existing computer which is constantly in disrepair and inappropriate for the CSP.
- Since WV already owns overhead and slide projectors which are available to the CSP project on demand, that the funds budgeted for projectors be re-allocated to the purchase of a video recorder/player for a giant screen.

IV. CONSTRAINTS, UNEXPECTED BENEFITS AND LESSONS LEARNED

A. Constraints Which Have Affected Project Implementation

This past year, the project faced the following constraints.

- The transition period during the changeover of project managers was longer than expected; also, the ex-manager was preoccupied during this period with his preparation for further studies in the U.S.
- Increase in the workloads of MOH staff as a result of:
 - . Accelerated immunization program.
 - . Training sessions for the medical chiefs of Mekhe and Bambe who must received 2 weeks of training in public health each month. (These training sessions have now been completed.)

Consequently, it has not been possible to introduce in additional training for MOH staff through consultations on HIS and family planning into their already overloaded schedule. Also, for the same reason, it has been difficult to plan regular coordination meetings with the MOH staff.

- The rural out-migration rate is significant, thus making it difficult to obtain accurate statistical information on the project zone.
- The signature of the Letter of Execution by the MOH has experienced unnecessary delays.
- Within the zone of Mekhe, the frequency of HPN visit to health huts has been irregular.

B. Strategies Which Have Been Used To Overcome These Constraints

The following strategies have been used.

- The process of installing community health structures was accelerated during the second quarter of the year particularly

in the zone of Baba Garage in order to avoid a slow down in project expenditures.

- Training sessions for MOH staff have been re-programmed for the current FY 96.
- The project is currently assisting the HPNs in carrying out a census of the various target populations for each component of the health program.
- Regular monthly meetings are held with the medical chiefs and the supervisors to monitor the implementation of the project and to decide on the appropriate actions to take as problems arise.

C. Circumstances Which May Have Facilitated Implementation and/or Produced Unexpected Benefits

The success of the project during its initial stages in Mekhe, in terms of installing community based health structures, had a favorable effect on the population and health authorities in the adjoining zone of Baba Garage. Consequently the initial phase of the extension project in this zone has been welcomed with a high level of enthusiasm and optimism.

The visits of the representatives of the population and the MOH staff the zone of Baba Garage encouraged the adherence rate during the implantation of the CSP program.

The health benefits and comfort obtained through the use of impregnated mosquito nets in the pilot villages have been instrumental in creating demand from an important segment of the population for nets which hitherto had been unpopular in this zone.

The training of womens group leaders in the zone of Baba Garage has contributed in encouraging the women to participate actively in the mobilization of the target groups during vaccination campaigns and prenatal consultation sessions.

The choice of literacy-trained health promoters selected in the zone of Baba Garage facilitated the achievement of training objectives during their initial training sessions.

The commitment of promoters to the execution of CSP activities, in the zone of Mekhe has remained high even though project activities have been reduced in this zone in favor of the extension zone of Baba Garage.

D. Lessons Learned And Steps That Are Being Taken To Institutionalize These Lessons

- The choice of "literacy-trained" women as health promoters facilitates the achievement of training objectives and enables them to use teaching aids such as image boxes. Consequently, "literacy-trained" has been included in the selection criteria for health promoter candidates. At the same time, the project continues to encourage existing promoters and TBAs to enroll in WV sponsored literacy training classes in their respective communities. Furthermore, within the zone of Mekhe, the project has created a drama group to play-act during literacy training classes to portraying the essential themes of the CSP program.
- Granted MOH restrictions, currently, impregnated mosquito nets remain the most appropriate strategy in the malaria control program. As a result, the project has assisted in creating an economic interest group (G.I.E) responsible for the marketing of mosquito nets in the zone of Mekhe.
- The direct implication of HPNs in the supervision of CHWs is essential to ensure the sustainability of the CSP activities.

Consequently, the project has decided to provide a stipend of \$3 per visit (\$36 per year) to motivate HPNs to undertake their supervision rounds.

- The HPN, promoters, and TBAs in the zone of Mekhe have begun holding monthly meetings to develop a program of activities for their respective villages. These meetings are conducted without the direct participation of CSP staff.

V. Progress in Health Information System (HIS) Data Collection

A. The Characteristics And Effectiveness Of The Project HIS

The two major objectives of the HIS system are:

- To gather useful community-related information to guide in decision making pertaining to the health of the population.
- To provide information that is integrated into the HIS system of the MOH to measure the accomplishments of the CSP on the field.

It is designed to take into consideration the aptitudes of illiterate promoters and health committee members and to respond to the needs of HPNs as well as the project staff.

It is a system that benefits from data collected at two levels

- At the health hut level, the CHWs record information in registers in any convenient language. (National language,

French, or Arabic). The information is then reported using diagrams to illustrate the magnitude of the activities in question.

- At the health post level, the HIS of the MOH retains the information pertaining to the CSP.

B. System Of Data Collection

At the village level, the CHWs and VHCs are responsible for the collection of the following HIS data:

- Birth related data.
- Data on sensitization education activities.
- Number of normal and high risk pregnancies.
- Community health activities.

The information is recorded in registers by a available resource person in the village, with writing skills within the village. The data is then reported using simple illustration charts and sent down to the HPN each month.

At the health post level, the HPN is responsible for the collection of the following HIS data:

- verification and recording of data obtained at the CHW level.
- data on immunization activities.
- data on prenatal and postnatal consultations.
- data on growth monitoring.
- data on morbidity and mortality.

The information is recorded into registers and forwarded to the district level and the CSP headquarters on a monthly basis.

The information collected at the CHW and HPN levels is compiled into a central report by the HPN. Then it is analyzed to determine any changes/trends the health situation in the zone of program coverage.

The HPN provides feedback to the CHW and VHC levels once every six months.

C. Needs For Further Refinement Of The System

The HIS program currently utilized has to be revised to enable the CHWs and VHCs to utilize directly the data contained. This will enable them to discuss with results and provide feedback to the communities concerned to improve upon the decision making process.

It will be necessary to develop a system that will enable the illiterate village population to analyze the data pertaining to their own health situation.

VI. BUDGET AND EXPENDITURES

Due to changes in the MOH malaria control strategies for chemoprophylaxis treatment for infants 0-5 years, the budget allocation for these components will be changed as follows.

Item D Procurement:

1. Supplies Malaria:

- a. Chloroquine = 360 cans instead of 700 cans for years 2 and 3. Bringing the total budget expenditure to U\$540 (360 X \$14) instead of \$9800.
 - b. Mosquito nets = 305/year instead of 105/year @ \$19 =\$5803
 - c. Insecticide (Deltametrine) =\$1352/year instead of \$400/year.
- \$2000 will be re-allocated from the budget item D2 b1 (Pick up Mitsubishi) to a new item (D2a4) computers since the computer available to the project is in a constant state of disrepair.
 - Budget, items D2a1 and D2a2 (slide projector and overhead projector) should be replaced with video recorder/player for a giant screen since slide and overhead projectors are also accessible to the CSP from other WV sources.

Budget items B1:

Diarrheal Disease Control 1), 2) \$1485,
EPI 1), 2) \$1485,
Nutrition Improvement 1),2) \$1485 and
Malaria Control 1), 2)
should all be carried forward to FY 1996.

Budget item B2 a), b) \$8662 for International travel (airfare/tuition) should be carried forward to FY 1996.

To accommodate the scheduled AID sponsored workshop on family planning in 1996 in Senegal, the CSP budget has been increased by \$55,000.

VII. OTHER

Please see the attached document detailing the training module for Traditional Birth Attendants.

1995 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A

WVRD Senegal
Grant 4049-00

Revised October 30, 1995

COST ELEMENTS	Actual Expenditures to Date (10/01/94 to 09/30/95)			Projected Expenditures Against Remaining Obligated Funds (10/01/95 to 09/30/97)			DIP Budget (Columns 1 & 2) (10/01/94 to 09/30/97)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
<i>DIRECT COSTS</i>									
A. Personnel	\$44,302	\$0	\$44,302	\$121,361	\$0	\$121,361	\$165,663	\$0	\$165,663
B. Travel/Per Diem	16,152	0	16,152	192,088	8,662	200,750	208,240	8,662	216,902
C. Consultants	709	0	709	40,389	0	40,389	41,098	0	41,098
D. Procurement	21,068	56,920	77,988	48,315	66,342	114,657	69,383	123,262	192,645
E. Other Direct Costs	13,403	5,835	19,238	70,145	(1,114)	69,031	83,548	4,721	88,269
Total Direct Costs	95,634	62,755	158,389	472,298	73,890	546,188	567,932	136,645	704,577
<i>INDIRECT COSTS</i>									
Field Support Cost Allocation	0	20,923	20,923	0	25,944	25,944	0	46,867	46,867
HQ Indirect Costs @ (20%)	19,127	4,991	24,117	84,797	1,510	86,306	102,586	17,661	120,247
Total Indirect Costs	19,127	25,914	45,040	84,797	27,454	112,250	102,586	64,528	167,114
Total Costs	\$114,760	\$88,669	\$203,429	\$557,095	\$101,343	\$658,438	\$670,518	\$201,173	\$871,691