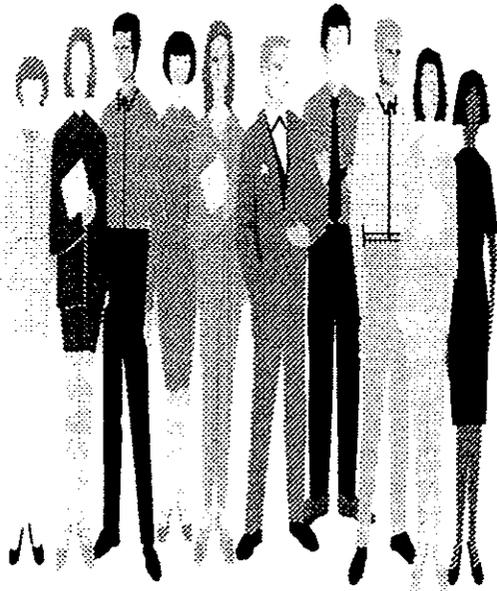


SEMI-ANNUAL REPORT

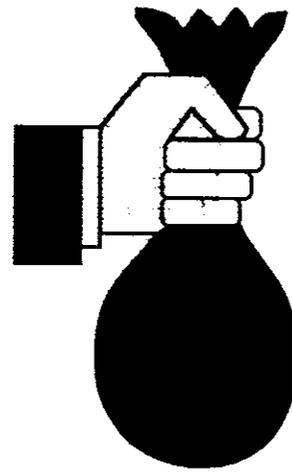
JANUARY - JUNE 1999

Submitted to USAID for Cooperative Agreement

No.624-A-00-97-00067-00



YOUTH



**SUSTAINABLE
ECONOMIC
GROWTH**



**DEMOCRATIC
GOVERNANCE**



**Save the
Children**



SAVE THE CHILDREN USA

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3 August 1999

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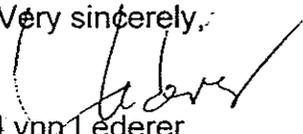
Dear Timm,

With this letter I am pleased to attach 10 copies of the semi-annual report for the projects included in the umbrella grant: **Cooperative Agreement 624-A-00-97-00067-00**.

Also included in this report is an update on the Bougouni Child Survival XI project which, though funded through a central grant, we thought would be of interest to you, particularly insofar as many of our future strategies in health are built around the solid base of CS XI.

Once again, we apologize for the delay in submitting this report and appreciate your patience and understanding.

Very sincerely,


Lynn Lederer
Sahel Field Office Director

Executive Summary

The information which is presented in the following reports is meant to complement the information included in the *Continuation Application*. In addition, we have included data in this report which addresses certain issues raised by the *Continuation Application Review Team*.

Although there is new information herein as a result of reports received and studies carried out since the *Continuation Application* was submitted, it should be noted that this data will again be augmented when the 'hivernale' harvests are recorded, testing results are compiled, and after the currently underway health studies in Kolondieba and Bougouni are completed.

In addition to completing activities previously described in our workplan, we would like to highlight the following initiatives, not all of which were supported by this grant, but which we feel have contributed to the results achieved during this reporting period:

- ◆ Institution of regular meetings between Save the Children, World Education, Africare, and our Malian NGO partners (focusing on community schools);
- ◆ Planning meetings with World Education regarding ways to synergize our efforts particularly in the domains of *Democratic Governance, Credit, and Education*;
- ◆ Within Save the Children, the creation of geographic based inter-sectoral teams for more efficient and effective work with communities;
- ◆ The implementation of a school health program which has linked human resources in the health and education sectors in collaborative action to improve the knowledge and nutritional status of school children in the Kolondieba area;
- ◆ The engagement of technical consultants in credit, education, and health during this reporting period who provided assistance particularly in the areas of project evaluation and strategic planning;
- ◆ Adding key program leaders to each of our sectors or strengthening sector leadership through internal promotion; personnel changes which we feel confident will impact positively on "results"; and
- ◆ Investing in the ongoing development of our staff's skills through a variety of training experiences locally, regionally, and internationally.

We take pride in the public recognition during this reporting period by USAID/ Washington, D.C. of two of our projects: Groupe Pivot/Santé Population which has been showcased as a worldwide model of an NGO network by *NGO Networks for Health*; and the Child Survival XI project which has so successfully realized the potential of the spirit of the *Bamako Initiative* and, as a result, is being modeled by other PVOs in Mali as well as internationally.

This reporting period has also been characterized by great learning; learning which has occurred from plans which didn't evolve in the way we had expected or hoped; learning from the changing needs of the constantly evolving context within which we implement our programs; learning from the questions raised by USAID and external technical support. We appreciate the stimulation of such a dynamic environment which requires constant assessment of the strategies used to achieve our objectives. We believe that we have used these opportunities to improve our ability to achieve important results.

We feel privileged to be a partner with USAID in implementing each of these projects and are proud of the work accomplished to date. We see the (sometimes extraordinary) difference being made in the lives of the beneficiaries, whether it is the excitement of children in a classroom, newly literate women expressing their voices on a committee or in the community, people having more control over meeting their health needs, expanded economic opportunities particularly for women—in short, people truly being empowered with more control over their lives. This is “development” which is working, which is having a positive impact on the lives of individuals and their communities. We invite you to visit any of our projects with us so that you can feel firsthand the great appreciation for USAID's investment.

COMMUNITY SCHOOLS

Semi-Annual Report

For the period

1 January – 30 June 1999

Save the Children

CA NO. 624-A-00-97-00067-00

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- II. Progress Towards Results 1999
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List of Acronyms

CEP	6 th grade leaving exam
DRE	Regional Education Direction Sikasso
Ecom	Community school
IEF	Inspection d'Enseignement Fondamentale
IPN	Institut Pedagogique Nationale
MBE	Ministry of Basic Education
SC	Save the Children
SMC	School Management Committee

I. Introduction

The period from January to June has been marked by a long, participatory, process of assessment of strategies and results, reflection on future directions and approaches, and restructuring of the team that will lead us forward. The result is a Save the Children community school program, led by a strengthened management team and reinforced partnerships, which is guided by a vision of:

A school, integrating the national system, sustainable, entirely managed by the community in a dynamic partnership, and where quality, learner-centered instruction is delivered through an appropriate methodology with equal opportunity for boys and girls in a supportive environment

Lessons learned from the past six months have confirmed that our focus needs to be primarily on improving the quality of education and the capacity of communities and the communities' partners to move towards sustainability. To address these challenges, we have developed long and short-term strategies that will result in significant progress in key areas, such as student achievement, while at the same time, promoting opportunities to involve important partners in finding solutions to larger-scale or less-defined issues. As we look forward to the next school year, we are confident that our substantial investment of time and effort will translate positively and directly into the classroom.

II. Progress Towards Results 1999

IR2.1 Increased Access to Basic Education including Life Skills

ACCESS				
Indicator and Life of Project Target	Planned Target for 1999 (School Year 88-89)	Results Achieved	Difference	% Achieved
1) 714 new community schools established (total 1100)	890	777	(113)	87%

In August 1998, the MBE and PVOs agreed to open new community schools according to the list of villages on the *School Map*. Furthermore, it was decided to delay opening schools in a new zone until school year 1998-99, so that the newly recruited NGOs could spend a year of training/apprenticeship with an experienced NGO. In both instances, the delay was discussed with USAID with the intent that it was to be recovered in future years. As a result, significantly fewer schools were opened than had been foreseen.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
2) 85,000 pupils attending, most of whom would never otherwise have attended school	64,260	46,005	(18,255)	72%

The initial projection of 85,000 pupils was based upon an unrealistic average of 60 students per class through 6th grade. The annual target of 64,260 students was similarly calculated. Results to date are a function of the number of classrooms whose population decreases through annual dropout from an initial average first year population of 54 per cohort. As described below, recent encouraging data indicates that dropout rates during the school year are decreasing.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
3) Gender parity throughout 1-6eme	50%	47.4%	(2.6%)	95%

Sikasso Region ratio for public schools is approximately 66% boys, 33% girls¹

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
4) Over 370,000 pupil years	108,300	83,596	(24,704)	77%

As with the target and projections for the number of students attending community schools, the pupil year target is a function of unrealistic 60 student/class average in grades 1-6. Actual result achieved is based on 926 classes and their actual enrollment.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
5) 80% Gross intake rate	80%	84% girls = 86.8% boys = 80.9%	+4%	105%

Sikasso Region public school average is 42.2%²

¹ Source: CPS Annual Statistics, 1997-98

² Source: CPS Annual Statistics, 1997-98

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
6) 65% Gross enrollment rate	55%	54% girls = 53.8% boys = 53.3%	(1%)	98%

Sikasso Region public school average is 47.7%³ The 54% rate will increase as second classrooms are added in communities where the first cohort has attained fourth grade.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
7) 80% persistence rate in 6 th grade	80%	51%	29%	64%

The persistence rate for 6th grade in 1998-99 has averaged 10% per year instead of the anticipated 5%. This has been due to the first two cohorts containing older students more susceptible to marriage or leaving for work. Given, however, that this rate marks a nearly 50% increase over school year 1997-98, and that recent data on school year dropout indicate further a downward trend, we are confident that the current rate will steadily improve.

The end of year report indicates an average dropout rate of 3.1% for all grades between the start and end of the year. If one considers that the initial inscription of 46,005 students was likely underestimated due to the late opening of some schools or the late arrival of some students, this rate goes down further. Details are shown in the table below:

Grade	Students Start of School Year	Dropouts	Proportion
1 st Boys	6074	112	1.8%
1 st Girls	5312	104	2.0%
1 st Total	11386	216	1.9%
2 nd Boys	8293	207	2.5%
2 nd Girls	7373	213	2.9%
2 nd Total	15666	420	2.7%
3 rd Boys	5952	147	2.5%
3 rd Girls	5652	201	3.6%
3 rd Total	11604	348	3.0%

³ Source: CPS Annual Statistics, 1997-98

4 th Boys	2854	115	4.0%
4 th Girls	2573	149	5.8%
4 th Total	5427	264	4.9%
5 th Boys	786	37	4.7%
5 th Girls	680	52	7.6%
5 th Total	1466	89	6.1%
6 th Boys	261	3	1.1%
6 th Girls	195	15	7.7%
6 th Total	456	18	3.9%
Total Boys	24220	655	2.7%
Total Girls	21785	787	3.6%
Total	46005	1442	3.1%

The table clearly confirms the fact that girls dropout at a higher rate than boys, particularly in the grades 4-6 where marriage and family work pull them out of school. Other major reasons for dropout for both boys and girls include the exodus of parents and children to Ivory Coast, and the cost of schooling.

If this pattern persists, and student retention can be maintained between school years, we are confident that an improvement in the current 6th grade persistence rate of 51% will be achieved.

IR2.2 Improved Quality of Basic Education

ACCESS				
Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
1) 60% pass rate for 6eme exam (CEP) for girls and boys	30%	10%	20%	33%

The table below indicates the test results for both girls and boys.

#	Village	Participants			Passed			Percentage		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	Koloni-boundio/ Boundioba	3	0	3	3	0	3	100	0	100
2	Dontereke	15	10	25	8	1	9	53.5	10	36
3	Garanko	10	5	15	3	0	3	30	0	20
4	Masamakana	16	15	31	5	1	6	31	6.66	19.35
5	Ntiobala	12	3	15	2	0	2	16.66	0	13.33
6	Ntjinina	22	12	34	2	1	3	9.04	16.66	8.82
7	Neguepie	22	24	46	3	1	4	13.63	4.66	8.69
8	Ngola	12	5	17	1	0	1	8.33	0	5.88
9	Bogodougou	11	18	29	1	0	1	9.09	0	3.44
10	Tienkouno	24	6	30	0	0	0	0	0	0

11	Maribougou	12	13	25	0	0	0	0	0	0
12	Sinzeni	13	3	16	0	0	0	0	0	0
13	Siala	13	1	14	0	0	0	0	0	0
14	Falaba	6	3	9	0	0	0	0	0	0
	Total	191	127	318	28	4	32	14.65	3.15	10.05

While we witnessed a slight improvement in overall test results, there are signs of encouragement for greater leaps forward in the next few years. This optimism is based on the following lessons taken from those schools which had relative success this past year:

1. In Dontereke and Masamakana, students did homework in groups on a regular basis with the help of lamps and petrol supplied by their parents. Teachers would also participate in these sessions on occasion;
2. In Masamakana, the teacher had been educated at the Institut Pedagogique d'Enseignement General (IPEG), and put his experience to work for the benefit of the students. Hence, despite taking the test for the first time, 20% of the class was able to pass;
3. In Dontereke, the teacher had been mentored during the previous year by a professional teacher recruited by Save the Children. With this experience, and the 45 day training, the teacher was able to guide his class to a 36% pass rate;
4. Dontereke, Koloni-boundio/Boundioba, and Ngola took the CEP last year and decided to redo the 6th year to better prepare for the exam. The result for all three villages was positive as shown above. Among the reasons for this success are the experience of taking the test before, and the use of the French texts supplied by the IEF of Bougouni II in 1997-98. (Note : These books were not available to the new 6th grade classes in 1998-99);
5. Dontereke, Masamakana, Naguepie, Ntjinina and Garanko all opened their schools between the 15-20 November. Others such as Sinzeni and Siala did not open school until the start of February effectively limiting the school year to 4 months (It is important to note, however, that Sinzeni continued to pay two teachers from November through January, since, though they believed in the school, they felt that field work was a greater priority); and
6. The poor scores in Sinzeni, Falaba, and Siala can in part be attributed to the late replacement of newly literate teachers by more qualified teachers.

We will continue to investigate and learn from the factors which have determined greater success on the CEP, and feed them into our strategy for improving educational quality. In addition, we will focus even more attention on the needs of the girl student, whose lower performance is of considerable concern. Based on lessons learned from the Gender Relations Analysis conducted in May, we will address specific issues related to conflicting priorities of girls to do chores around the home and the need to be suitably prepared to learn.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
2) 75% pass rate on village relevant life skills test given to every pupil at end of 6eme	To achieve by end of project	N/A	N/A	N/A

Testing

To promote partnership, sustainability and legitimacy of pedagogical initiatives in the community schools, Save the Children has involved MBE divisions in different activities such as curriculum development, pedagogical support, and testing. In past years, IPN has carried out end of the year performance tests for the different grade levels. In 1998-99, we intended to develop a testing strategy in conjunction with the IPN that would respond to our different testing needs, from CEP preparation to curriculum-based test on the Save the Children program. When assessment of the 1997-98 testing instrument by an external consultant raised serious doubts about its validity, we refocused our efforts on the development of a comprehensive strategy over a longer period of time in preparation of the 1999-2000 school year. In the short-term, the consultant and the Save the Children education team facilitated the development of a test by IPN of the second and fourth grades, hoping to gather important information about student learning, as well as to assess the quality of the testing instrument and process.

In May, 1368 students from 69 community schools (1020 in 2nd grade and 360 in 4th) were tested. The results will be available in August.

Activities, Attitudes, and Aspirations of 6th grade leavers

With the second cohort of 6th grade students preparing to finish the school year, Save the Children initiated an assessment of the activities, attitudes, and aspirations of students who had finished 6th grade. The study was conducted in June-July and focused on 6th grade leavers in 1997-98 and 1998-99, and 5th grade students in 1998-99. Among the objectives were :

- Determine what the students who finished the 6th year in May 1998 are doing now, considering these activities in the context of students' family backgrounds and skills they were taught in the Ecoms ;
- Evaluate what students who finished the 5th or 6th year in May 1999 are doing, and what they hope to do after leaving the Ecom. As with the first group of students, consider these activities and aspirations in the context of students' family backgrounds and the skills taught in school ;
- Compare the knowledge, attitudes, social roles, activities, and responsibilities of students, dropouts, and children who have never attended an Ecom ;
- Consider villagers' attitudes towards students, dropouts, non-schooled children, and the curriculum used in the Ecom ;

- Give students and parents an opportunity to suggest how SC can improved the curriculum. To promote villager participation, the study would use PRA activities.

Data has been collected and will be analyzed shortly.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 99-99)	Results Achieved	Difference	% Achieved
3) Gender parity in all forms of achievement	To achieve by end of project	N/A	N/A	N/A

Results from the CEP exam demonstrate a great difference between boys and girls achievement. Reasons for this, besides those already discussed above, will be identified and addressed. Results from the 2nd and 4th grade IPN test will be available in early August

Indicator and Life of Project Target	Planned Target for 1999 (School Year 99-99)	Results Achieved	Difference	% Achieved
4) Average 9 th grade education for 4 th -6 th grade teachers	To achieve by end of project	50% of 4 th -6 th are 9 th grade or higher	-	50%

In 1997-98, the average was 20%. Already for school year 1999-200 we have received over 500 requests from qualified candidates to be trained and teach in the community schools. With such an enthusiastic response, we can confidently say that this result will be achieved.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 99-99)	Results Achieved	Difference	% Achieved
5) Over 3300 teachers trained and offered regular refresher, mini courses and supervision	2070	1524	(546)	74%

This result is a function of the number of schools opened, and that with the cost and improved competencies of more qualified teachers, some communities are retaining only one teacher per cohort instead of two. 100% of current teachers have been trained and supervised by NGO animators and/or Regional Pedagogical Advisors. In addition, twelve 6th grade classes have received a total of 195 days of support from public school directors.

Indicator and Life of Project Target	Planned Target for 1999 (School Year 98-99)	Results Achieved	Difference	% Achieved
6) Reinforcement of health and productivity themes in curriculum	N/A	See Comment	See Comment	

During this period, the reinforcement of village-based, appropriate life skill themes in the curriculum has been addressed in the following ways :

- Delivered health lessons to students through teachers, Save the Children staff, and child-child methods.
- Trained 235 teachers and 900 students in vegetable gardening, bee-keeping, and small livestock raising in Kolondieba ;
- Assessed the activities, attitudes, and aspirations of 5th, 6th, and 6th grade leavers related to the community school program, and in particular, the skills and knowledge acquired ;
- Adopted the Convergent Methodology, with its modular format, as the principal methodology in new classrooms for school 1999-2000. With MBE collaboration, modules can be adapted to respond to the community school milieu.

In addition, Save the Children has been very active in getting our School Health project underway. This intervention, supported primarily by SC private funds, has proven worldwide that low-cost distributions of vitamin A, iron supplements, and micronutrients can have a significant effect on student performance and retention. Amongst School Health accomplishments of January to June are :

- Completed base line study covering 396 children in community and public schools in Kolondieba ;
- Trained 260 teachers/village leaders in distribution of Vitamin A in March followed by massive distribution of Vitamin A to school and non-school attending children in Kolondieba ;
- Dewormed 396 children in May ;
- Examined eyes of the majority of primary school children in Kolondieba ;
- Provided 130 first aid kits and training to Kolondieba community schools ;
- Organized a program exchange trip to Tanzania to learn from national NGO successfully managing a school health program.

A key component to this strategy is health education. Over the next several months, we will focus on reinforcing the health components in the curriculum through in-depth training in Child-Child methods, and collaboration with Helen Keller International, UNICEF, and officials in the Ministries of Basic Education and Health. Our goal will be to test and introduce new health lessons and communication strategies into the classroom during the next school year.

Assessment of the revised health lessons, as well as other relevant themes, will be included in the testing strategy of the next school year.

IR2.4 Improved Capacity to Deliver Quality Basic Education Services

CAPACITY	
Indicator and Life of Project Target	Progress January-June 1999
Functional integration of community schools into mainstream	<ul style="list-style-type: none"> • Agreement with MBE to receive material and training support for Convergent Methodology in up to 160 new classes in 99-00; • All 6th grade students have option to take CEP exam; • Teacher training and pedagogical support provided by district education inspections (IEF); • Testing of 2nd and 4th grades carried out by IPN ; • Request by DRE to provide community school data for inclusion in national statistics ; • Request by DRE to include community school book needs with regional book order ; • Developed action plan to pilot integration of SMCs and APes into a federation for better school representation ; • 357 of 777 schools have received their recipisse • Selected as case study for PRODEC study on how community participation can be integrated into public system

Indicator and Life of Project Target	Progress January-June 1999
Adaptation of community schools to evolving realities of decentralization	<ul style="list-style-type: none"> • Community schools conform to PRODEC vision of decentralized, community run schools ; • Developed action plan to pilot integration of SMCs and APes into a federation for better school representation ; • Discussed collaboration with DRE on training APes in roles and responsibilities in decentralized system ; • Democratic Governance team has provided training to Kolondieba SMCs on roles and responsibilities of a community organization in Malian context

Indicator and Life of Project Target	Progress January-June 1999
Enhanced SMC, APE federation, partner NGO, and MBE training to ensure smooth functioning and post-phaseout sustainability	<ul style="list-style-type: none"> • SMCs demonstrate increased investment and civic action in community schools; • SMCs participated in 6 day training by SC/NGO education teams on roles and responsibilities ; • 131 Kolondieba SMCs participated in Democratic Governance training on roles and responsibilities of a community organization, in Malian context ; development of internal rules and regulations statute ; administration management ; • SMCs have each participated in 2 quarterly fora to exchange problems and solutions with other SMCs (a total of 4354 people of which 929 are women; • NGOs have been audited and financial/admin management

	<p>training course being elaborated;</p> <ul style="list-style-type: none"> • PVO/NGO forum created to enhance training and support to SMC/APEs and NGO partners; • IEF Bougouni I/II received computers and training to facilitate information sharing and analysis ; • Intensive literacy training was organized for 474 people, including 192 women, representing the 131 community schools in Kolondieba ; • REFLECT literacy methodology completed first cycle, and is in the process of evaluation. A second cycle will start in the fall ; • Development of a pilot strategy for a commune-based, revolving material fund where parents can buy supplies at low cost. Once textbooks are procured, the distribution and recuperation of books between communities can be included ; • Three meetings held with DRE and IEF representatives to promote joint planning of training, pedagogical support, and information sharing.
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Indicator and Life of Project Target	Progress January-June 1999
Development of technical assistance package on community support for access and quality	The technical assistance package is to be developed in future years as the current SC approach adapts to changing realities (decentralization, Convergent Methodology, etc). Based on mid-term evaluation in year 2000, and other reflections, we will look at how to build on lessons learned to promote the production and distribution of people .

III. Impact of Activities

The following improvements and accomplishments occurred over the past six months :

- 9 out of 25 students from Dontereke pass the CEP exam;
- Average dropout rate during the 1998-99 school year of 3.1% ;
- In the village of Digan, the SMC negotiated with local administration to lower the cost of birth certificates from 4100CFA to 2500CFA;
- In Koloni-boundio, the SMC negotiated with regional school authorities to permit 3 community school students, who had not taken the 7th grade entrance exam the previous year, to present themselves. All 3 students passed the test;
- Constructed 27 cement classrooms for over 1600 children in 9 villages in Kolondieba. Villages were selected in collaboration with the Regional Education Director according to the waiting list for school construction. In all cases, approximately 50% of the cost was supplied by the communities in labor and basic materials ;
- Village associations collect revenue from the cotton crop or collective fields to support the community schools (such as Digan and Donkerila), or from fining anyone 1000CFA for not participating in a communal activity

(Bohi and Kolosso). In some cases, village associations have as much as 5,000,000CFA in bank accounts. Similarly, school management committees, such as Donkerila, have taken punitive measures, such as fining any parent 45,000CFA for refusing to send their child to school.

- Teachers' salaries continued to be increased in many communities, going from 15,000CFA to 25,000CFA in Sinzeni, Blaba, and Ntiobala and to 30,000CFA in Ngokila ;
- The improved qualifications of teachers encouraged the return of some candidates who had left to work in the Ivory Coast. This phenomenon was seen in the villages of Warakana, Ngoufien, Donkerela, Mpiedougoula, and Tocomoula.
- 202 of 226 candidates with a minimum 9th grade education level, and who underwent an intensive 45 day pedagogical training in the fall of 1998, were teaching in the community schools ;
- NGO Amprode-Sahel has taken the initiative to test its students' progress in mathematics and reading on a regular basis ;
- 63% of villages in Sikasso region are within 5km of a primary school, providing coverage to 47% of the population (coverage in SC zone is greater);
- Strengthened commitment of communities to support their schools through recruitment of more qualified teachers, teacher salary increases, obtention of birth certificates and recepisses acknowledging school creation, and attending meetings on the arrondissement level;
- Growing will of the education authorities to promote a "mass and quality" education for all Malian children, and the strengthening of partner relationships between SC and the MBE at national, regional, and local levels;
- Conducted a thorough Gender Relations Analysis in Kolondieba on the role of women in village life, community organizations, daily tasks. This information will be fed back into the sector planning process.

The following areas deserve highlighting :

- **Community mobilization for girls' participation**

While we have already had great success in maintaining a nearly equal boy/girl attendance ratio, there are some individual communities that should be noted for special efforts in support of girls' education. The most remarkable is the village of Dontereke, which has actively ensured that girls who marry still attend school, and that mothers be allowed time during school to nurse. Other villages of note are Neguipie, Maribougou, and Bogodougou which all presented more girls than boys for the 6th grade leaving exam.

- **Strengthened relations with the DRE**

School year 1999-2000 marked the first time that the Regional Education Director had visited the community schools. In addition to his visit to the teacher training conducted by the DRE last October, he voiced his encouragement for what he had seen during a stop in 12 community schools in the spring of 1999. These visits have been reinforced by frank and positive discussion and joint planning for teacher training, pedagogical and material

support, and information sharing in preparation for the next school year. This atmosphere of collaboration has also been demonstrated on the IEF level where the inspectors have taken a professional interest in supervising the quality of teacher training to start in July.

- **Increased responsibility and initiative of NGO partners**

Our NGO partners are more than executing agents in the community school program. Many of them have taken initiatives, such as AMPRODE/SAHEL which regularly tests the reading and writing level of its students, and GADS and ASG which have organized literacy lessons in community school villages. In addition, NGOs are playing a larger role in strategic decision-making as evidenced by two NGO working groups who were formed around developing pilot action plans for the creation of federations of APE/SMC, and the organization of a sustainable system of low cost school supplies through commune-level boutiques. In the next school year, NGOs will have greater responsibility for working with communities to prioritize and determine construction, equipment, and material needs.

IV. Challenges Encountered/Lessons Learned

In addition to testing student performance as discussed above, we have faced other challenges that have a direct influence on classroom learning. Among these are:

- **Lack of textbooks**

The acquisition of French books continues to be a challenge. Except for a few French books given to 6th grade classes in Kolondieba by the Inspector of Bougouni II, books were not available through the Regional Director and efforts to locate books for the 4th-6th grades on the local market made it clear that sufficient quantities could not be obtained. Even if they had been, the cost would have been prohibitive and unsustainable.

Actions:

- SC is currently engaged in discussions with the MBE, USAID and PVO partners to resolve this issue;
- The DRE has requested that we include our need for books in the regional order;
- MBE has indicated to us that they will supply texts and image boxes for the first grade classes using the Convergent Methodology;
- Existing textbooks will be recuperated and redistributed according to need;
- Alternatives such as teacher and student generated material, photocopies, and visual aids in the classroom will be explored

- **Shortened school year**

Student learning is challenged by communities who start the school year late or finish early for work in the field due to late harvests or early rains. In addition mid-year "breaks" caused by teacher travel (a result of recruitment of more qualified teachers from outside the community), religious holidays, or village ceremonies, such as circumcision.

Actions:

- Encourage all communities, in particular those with grades 4-6, to open schools in October;
- Organized teacher and animator training from July to September to allow for school opening in October;
- Intensify animator discussions and exchanges between SMCs in quarterly meetings on importance of complete, uninterrupted school year;
- Promote homework to reinforce classroom learning and maximize use of time during school year;

- **Teacher Development and Support**

The impact of teacher preparation and regular support needs to be fully assessed, particularly in terms of the transition from Bambara to French language instruction. In the past year, we have witnessed great improvements in teacher quality towards this end. These include communities having tremendous success in recruiting and retaining more qualified teachers (overwhelming demand from volunteers, increased salaries, etc.), and the DRE being able to provide pre-service training of 9th grade educated candidates and regular classroom visits and support to NGO animators by pedagogical advisors in each inspection. At the same time, however, classroom observation has indicated that some teachers do not master the curriculum, struggle with lesson delivery (using traditional "chalk and talk" frontal style), and teach to the curriculum instead of learner's attainment level.

Actions:

SC has hired a Pedagogical Advisor who, in collaboration with appropriate partners, will:

- Jointly assess the positive relationship being developed with the DRE (teacher training, follow-up) so that we can trace these interventions to improvements in the classroom;
- Collaborate with MBE and DRE officials to promote learner-centered teaching methods and classroom management practices through training and regular follow-up;
- Provide annual pre-service and refresher training, in addition to regular in-service training to all teachers in collaboration with DRE;
- Organize pre-service and refresher training by MBE experts in the Convergent Methodology;
- Organize one-month pedagogical training for all NGO animators in September;
- Increase impact of pedagogical support by strengthening pedagogical advisor relationship with NGO animators. Given high pedagogical advisor/school ratio, the goal is to maximize their time and expertise to more efficiently and effectively reach a larger percentage of community schoolteachers. Strengthening this relationship will be based on more frequent exchanges and mini-workshops between pedagogical advisor and groups of community school teachers which should also improve

animator technical competencies and ensure follow-up on recommendations on classroom visits;

- Reinforce the system of monitoring and evaluation and ensure information is fed back into the teacher development and support process.

V. Partnerships

- Initiated community school forum with World Education, Africare, and Malian partner NGOs in order to attain mutual understanding, promote the adoption of best practices, avoid duplication or contradictory efforts, and, ultimately, to determine a common strategy of advocacy for the future of community schools;
- Three meetings with the DRE and its pedagogical advisors and inspectors on organizing teacher and animator training; pedagogical support in the form of technical visits and books; the selection of new school sites;
- Visit of Regional Education Director to 12 community schools, including 9 in Kolondieba;
- 57 community schools visited by pedagogical advisors from the IEF in Bougouni II;
- Testing of 2nd and 4th grades by the IPN;
- Presentation of a paper on the Save the Children Community School Experience at the Annual International Comparative Education Conference in Toronto;
- 12 of 13 6th grade classes benefited from 195 days of support from public school directors;
- Participated in two Greencom trainings, one in February for 10 teachers and another in April for 12 teachers and 5 Save the Children agents, as well as 12 teachers and animators from NGO partners. This training reinforced understanding of environmental problems and put teachers at ease about the teaching of environmental themes in the curriculum.
- Meetings with NGO partners on the quality of teaching and learning in community schools; management of community schools by the community; the creation of systems to supply books and school supplies at low cost; and the creation of APE/SMC federations in the decentralized context;

VI. Plans (July-December 1999)

- Preservice training of 300 9th grade educated teaching candidates;
- Refresher training for 200 current 9th grade educated teachers;
- Refresher training for teachers in grades 2-3 in Bambara-based curriculum;
- Preservice training for up to 170 new teachers in the Convergent Methodology;
- Pedagogical training of NGO animators;
- Development of testing strategy;
- Development of joint annual plan with DRE and IEFs;
- Opening of the school year in October-November;

- Start process of strengthening health curriculum;
- Participation in the pedagogical innovation seminar with MBE;
- Study visit to Malawi to participate in curriculum-based testing workshop with Malawi Government and SC;
- Continued intensive DG training in financial training, civic action, and promotion of women's participation in Kolondieba.

Annex

USAID Proposed Indicators:

IR2.1 Increased access to basic education including life skills

- Gross enrolment ratio:
 - Total: 84%
 - Boys: 86.8%
 - Girls: 80.9%
- Gross access ratio
 - Total: 54%
 - Boys: 53.8%
 - Girls: 53.3%

IR2.2 Improved quality of basic education

- 4th grade attainment rate:
 - Total: 77.3%
 - Boys: 81.3%
 - Girls: 73.3%
- 6th grade attainment rate
 - Total: 50.7%
 - Boys: 58.0%
 - Girls: 43.3%
- 6th grade achievement rate
 - Total: 10.05%
 - Boys: 14.65%
 - Girls: 3.15%

IR2.3 Increased promotion of basic education responsive to client needs

- Student/teacher ratio: 30:1
- Student/book ratio: 2.2:1
- Number of female teachers: 124 (8%)
- Number of teachers trained per year: 1524
- Percentage of girls enrolled by grade:

1 st .	46.7%
2 nd .	47.1%
3 rd .	48.7%
4 th .	47.4%
5 th .	46.4%
6 th .	42.8%

Total: 47.4%

- Number of schools created: 777
- Number of classrooms created: 926

IR2.4 Improved capacity to deliver quality basic education

- Number of community schools registered at inspectorate level:

46% showed document (357/777), yet 59% claim to have received it.

GROUPE PIVOT/SANTÉ POPULATION

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

CA No. 624-A-00-97-00067-00

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LIST OF ACRONYMS

A-ONG:	Animateur ONG
A-DBC:	Agent de Distribution à Base Communautaire
AR:	Animateur Relais
AS:	Agent Santé
CCC:	Connaissances – Comportement – Couverture
CNIECS:	Centre National d'Information d'Education de Communication pour la Santé
CSAR:	Centre de Santé d'Arrondissement Revitalisé
CSCom:	Centre de Santé Communautaire
DBC:	Distribution à Base Communautaire
HFA:	Health Facilities Assessment
IRA:	Infections Respiratoires Aiguës
ONG:	Organisation Non Gouvernementale
PE:	Peer Educator
PEV:	Programme Elargi de Vaccination
PF:	Planning Familial
SE:	Survie de l'Enfant
SIG:	Système d'Information et de Gestion
SR:	Santé de la Reproduction
SSSC:	Service Socio-Sanitaire de Cercle
SSP:	Soins de Santé Primaire
VAR:	Vaccin Anti-Rougeoleux
VAT:	Vaccin Anti-Tétanique
*	Source: Routine Data collected by NGOs in their project zones
**	Source: Data from rapid opinion poll of KAP/situational analysis of the CSComs in the GP/SP NGO partner zones
***	Source: Total of the actual results with the target population (from NGO project documents)
****	Source: Data from CCC study done by GP/SP in Nov. 1998
*****	Source: Data from HFA study done by GP/SP in Nov. 1998
*****	Source: EDSII 95-96
*****	Source: Questionnaire given to the GP/SP NGO partner coordinators

Groupe Pivot / Santé Population

I. Introduction

The reporting period January – June 1999 was notable for the number of monitoring and support activities which Groupe Pivot provided for its NGO partners. The following are highlights of activities which occurred during this period:

- ◆ GP/SP organized mini-workshops with NGO partners on the development of Health Information Systems to strengthen data collection efforts. These workshops enabled the SIS Coordinator at Groupe Pivot to greatly improve the entire SIS at Groupe Pivot to ensure ongoing accurate and timely data input.
- ◆ The effective involvement of young people as "peer educators" notably increased the sale of contraceptives and positively contributed to counseling activities;
- ◆ Modibo Maiga was invited to participate as a part of the Malian national delegation to The Hague forum "Cairo +5". This international forum took place 6-12 February and focused on the progress made after the Cairo conference on Population and Development. Mr. Maiga's participation was supported by FNUAP.
- ◆ A press luncheon was held March 8th on the occasion of the International Day of the Woman to discuss women's rights, particularly in the area of reproductive health.
- ◆ A tripartite workshop (GP/ MOH/WHO) was held as a follow up to partnering discussions held in Dakar in February 1998.
- ◆ Groupe Pivot was highlighted as a worldwide model of a networking organization by USAID supported NGO Networks for Health. A Networks team spent three weeks in Mali visiting areas where GP has sponsored activities. Modibo Maiga, subsequently, was invited to make a presentation about GP/SP to USAID/Washington.
- ◆ A number of GP staff had trainings geared towards strengthening their capacity to do their specific jobs.

II. Reporting Indicators: Period of January – June 1999

Strategic Objective Level

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

a.) Number of doses of measles vaccine administered to children 0-11 months old prior to first birthday: 14,288

b.) Estimated number of children 0-11 months in target: 35,173

Indicator: Immunization coverage children less than one year old:**

a.) Number of children 12-23 months who have been fully vaccinated before their first birthday: 14,315

b.) Estimated number of children 12-23 months in target population: 32,535

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

a.) Number of TT doses administered to pregnant women: 17,614

b.) Estimated number of pregnant women in target population: 43,966

Indicator: Prenatal care: Immunization coverage: 2+ tetanus toxoid (TT) doses during pregnancy. **

a.) Number of women receiving 2 or more TT doses during pregnancy: 9,677

b.) Estimated number of pregnant women in target area: 43,966

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

Number of CYP for the following modern methods:

i.	Oral contraceptives:	5,145
ii.	Condoms:	488
iii.	Foaming tablets:	604
iv.	Depo/Injectables:	1,032

A. Intermediate Results-1Level: Access: Increased access to minimum package of child survival (CS) and family planning (FP) interventions at district and sub-district levels

Indicator: Access to Child Survival interventions:

- a.) Number of persons in target population within 15 kilometers of facilities offering CS services: **571,562**
- b.) Total number of persons in target population: **879,327*****

N.B.: This number is obtained on the base of 65% of the total population having access to CS services in a 15 km radius. **

Indicator: Access to family planning services.

- a.) Number of persons in the target population within 15 kilometers of facilities offering family planning services: **571,562**
- b.) Total number of persons in target population: **879,327** ***

Intermediate Results -1 Level: Quality: Minimum package of CS and RH interventions provided at district and subdistrict levels according to internationally and nationally recognized norms and standards.

Indicator: Number of health service providers/HWs (health workers) trained in the Integrated Management of Childhood Illnesses (IMCI) (Training was provided in the management of malnutrition, diarrhea, malaria, and ARI, since the manual has not been widely distributed).

- a.) Number of HWs trained in IMCI: **46**
- b.) Number of HWs active: **92**

In addition, there were 34 NGO HWs trained in IMCI through the collaboration with BASICS and the DSF/C 6-8 April (which represented 17 (or 100%) of the coordinators and 17 animators).

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

- a.) Number of facilities/sites which had 1 or more visits by their supervisor in the past three months: **2,155**
- b.) Number of facilities/sites supported: **2,155**

N.B.: The supervisory visits are bi-monthly which means that at the end of a quarter, all sites have been supervised.

Intermediate Results – 1 Level: Demand: Increased knowledge/attitudes/practices (KAP) of individuals, households, and communities of minimum package of CS and RH interventions.

Indicator: Caretaker knowledge of key child health practices**

- a.) Number of target area children less than 3 years old who have had diarrhea in the last two weeks: 163,555
- b.) Number of caretakers of these children with recent cases of diarrhea who report having sought treatment from health service delivery point (provider or site) and used ORS and/or home liquid: 44,160

Indicator: Client knowledge of STI preventive practice****

- a.) number of clients/target population for STI messages: 336,782
(persons aged 15-24 and 25-49 years: 51% of whom are women and 49% men)
- b.) Number of clients/target population citing at least two acceptable ways of protection from STI infection: 121,949 women and 153,471 men or a total of 275,420 (81.7% or 71% women and 93% men).

Intermediate Results – 1 Level: Capacity: Institutional Capacity to improve community service delivery

Indicator: Cost recovery mechanisms

- a.) Number of PVO supported facilities: 46
- b.) Number of PVO supported facilities which achieve 100% recurrent cost recovery: 22

III. **Groupe Pivot Reporting Indicators (from the Cooperative Agreement)**

Impact Indicators

A. ACCESS:

No.	End of Agreement (2002) Objectives	Base-line data	Results for 1-6/99	Mid-term evaluation	Final Evaluation	% of Objective Achieved
1	80% of pop. will have access to a min. package of interventions existing within a radius of 15 km.	***** 45%	** 65%			81%
2	80% of children 0-11 mo. will have measles vaccination.	**** 21%	* 41%			51%
3	80% of children < 1 yr. will be completely vaccinated	**** 34%	** 41%			51%
4	Maintenance of at least 80% of contraceptive delivery points.	***** 79%	* 100%			100%
5	80% of women (15-49) receive 2 or more doses of tetanus toxoid during pregnancy	**** 35%	** 40%			50%

B. QUALITY:

No.	End of Agreement (2002) Objectives	Base-line data	Results for 1-6/99	Mid-term evaluation	Final Evaluation	% of Objective Achieved
1	80% of CSCom/CSAR will offer CS and RH services according to nat'l and int'l norms	***** 50%	** 55%			69%
2	80% of CSComs/CSAR/AR will benefit from 1 supervision visit from SSSC	***** 79%	* 85%			106%
3	80% of CSCom/CSAR health agents (AS) will be able to advise mothers of undernourished children <5	***** 15%	** 38%			47.5%
4	80% of CSCom/CSAR AS will be able to advise mothers of children <5 with ARI	***** 0%	** 20%			25%
5	80% of CSCom/CSAR AS will be able to advise re: malaria	***** 0%	** 25%			31%
6	80% of CSCom/CSAR AS will be able to follow the vaccinal status of children	***** 15%	** 60%			75%
7	80% of births will be assisted by a trained AS or matrone	**** 66%	** 74%			92.5%

C. DEMAND (KAP):

No.	End of Agreement (2002) Objectives	Base-line data	Results for 1-6/99	Mid-term evaluation	Final Evaluation	% of Objective Achieved
1	95% of mothers of children <5 will know of one method of ORT	**** 37%	**** 37%			39%
2	80% of children <3 with recent diarrhea will receive ORT at home or at a health facility	**** 19%	** 27%			34%
3	50% of children <4 mo. will be exclusively breastfed	**** 14%	**** 14%			28%
4	80% of families of febrile children will have sought treatment or given appropriate treatment in the first 24 hours.	**** 20%	** 36%			45%
5	80% of mothers will know two danger signs of ARI	**** 27%	** 27%			34%
6	Contraceptive use prevalence rate of 60% for women 15-49	**** 23%	** 27.3%			46%
7	87,965 Couple Year Protection	Source: 1997 Report 3,845	* 7,269			8%
8	60% men interviewed will have used a condom for their last sexual encounter	**** 29%	**** 29%			48%
9	90% of individuals >15 will know at least two methods of STD prevention. Women: Men:	**** 71% 93%	**** 71% 93%			79% 103%

D. CAPACITY:

No.	End of Agreement (2002) Objectives	Base-line data	Results for 1-6/99	Mid-term evaluation	Final Evaluation	% of Objective Achieved
1	Increase to 90% of proportion of CSCom/CSAR personnel having received one or more supervisory visits by an NGO or gov't supervisor during the 3 preceding months.	***** 79%	** 85%			94%
2	Increase to 90% of proportion of DBC agents reporting having received one or more supervisory visits during the previous three months (or a rate of 24 visits/AR,PE/year)	* 100%	* 100%			100%
3	Increase to 90% of the proportion of agents having received a supervisory visit from GP/SP in the course of the previous 3 months (or a rate of 1 visit/NGO/quarter=68 visits/year)	* 18%	* 76%			84%
4	Increase to 80% of the number of NGO data reports delivered to health centers in a timely manner	* 59%	* 73%			91%
5	Increase to 75% the number of CSCom/CSAR which graphically monitor vaccination coverage of their zone and who make decisions based on a knowledge of PEV illnesses and calendar.	***** 25%	** 55%			73%
6	Increase to 60% of the number of CSCom/CSAR Assuring 100% cost recovery	**** 30%	**** 30%			50%

IV. Process Indicators:

A. ACCESS:

No.	Objectives	Baseline	Results 1-6/99	% of Objective Achieved	Comments
1	5 new CSCom created, offering CS and RH services	* 0	* 7	140%	
2	5 new ASACOs created	0*	8*	160%	

B. QUALITY:

No.	Objectives	Baseline	Results 1-6/99	% of Objective Achieved	Comments
1	Train 100% of the NGO coordinators in project management	* 0	* 29	100%	20 NGO coordinators with sub grants + 9 coordinators of GP/SP member NGOs
2	Train 100% of the NGO agents receiving sub grants in nutrition	* 60	* 102	81%	
3	Train 100% of the NGO agents receiving sub grants in LMD	* 35	* 111	88%	
4	Train 100% of the NGO agents receiving sub grants in ARI	* 65	* 122	97%	
5	Train 100% of the NGOs receiving sub grants in ARI	* 35	* 106	84%	
6	Train 100% NGO agents receiving sub grants (coordinators and facilitators) in IMCI	* 0	* 112	89%	Those agents trained have passed on their training to other NGO agents.
7	Train 100% of AR (2,155) in literacy	* 30	* 431	20%	
8	Train 100% of the 'relay' agents (2,155) and peer educators (3,000) in IEC for CS and RH	* 0	* 2942	57%	
9	ToTs in peer education for 100% of NGO agents with sub grants	* 0	* 126	100%	

C. DEMAND:

No.	Objectives	Baseline	Results 1-6/99	% of Objective Achieved	Comments
1	359,715 IEC sessions (Group animation, VAD counseling, mass activities) on preventive care themes	Source: 1997 Report 27,245	* 115,109	64%	The sessions were facilitated by NGO facilitators, relay facilitators, peer educators
2	Quantity of contraceptive products sold: Pills: Condoms: Spermicides: Depo/Injectibles:	Source: 1997 Report 51,161 41,065 60,946	* 38,591 29,277 36,244 2,064		
3	175,282 women will have participated in IEC sessions organized by A-ONG/AR about RH and CS	***** 86,654	* 84,633	49%	

D. CAPACITY:

No.	Objectives	Baseline	Results 1-6/99	% of Objective Achieved	Comments
1	13 literate ASACO management committees including at least one woman	* 0	* 6	46%	
2	At least one meeting quarterly between the SSS and FELASCOM	***** 5%	* 66%	66%	
3	100% of the CCom/CSAR management committees making decisions based on their annual workplan	***** 15%	* 33%	33%	

V. Narrative

A. Success Stories/Impact:

1. The organization of the press luncheon with the Ministries of Health and Women and Children Promotion which was attended by representatives from all Malian communications (all newspapers, magazines, radio, and television). The theme of this luncheon, which occurred during the week of the International Day of the Woman, was "The Reproductive Rights of Woman", though the focus of the debates during the luncheon were nearly entirely around the practice of excision.
2. As follow up to the workshop on the partnership of NGOs/Services de Santé, a joint supervisory trip (involving the Regional Director of Public Health of Koulikoro and the "direction" of the NGO, DONKO) was made to DONKO's project zone 3-5 May, 1999. The Regional Director of Public Health was very satisfied with the results which included:
 - ◆ Applying the workshop recommendations to the NGO/Services de Santé partnership;
 - ◆ Integrated planning with SSSC;
 - ◆ Implementation and monitoring integrated with SSSC; and
 - ◆ Perspective of the NGO as a complementary support to the development of health and social services in the <cercle>.
3. The NGOs in the Groupe Pivot framework have each formed excellent relationships with the CSComs and the ASACOs in their work zones.

Through a diverse set of interventions but, particularly, through the framework of the "strategie avancée", leadership training, and management training, the GP/SP NGOs have, in a synergistic way, strengthened the capacities of the ASACOs.

Each NGO has established a protocol of collaboration with the ASACOs and CSComs with which it works.
4. The choice of GP/SP by the NGO Networks for Health project in Washington, D.C. as a model of NGO coordination for health activities in Africa was a great honor for GP/SP and showcased its achievements internationally. In fact, NGO Networks for Health is a network of U.S. NGOs, created as a result of a presentation made by the Director of GP/SP in New York in 1996. NGO Networks for Health includes the following NGOs: Save the Children, PATH, CARE, PLAN International, and ADRA and is funded by USAID.

B. Future Objectives:

The following activities will be the focus of GP/SP's energies in the coming months:

- ◆ Mid-term evaluation;
- ◆ Joint supervision together with USAID and the MSPAS;
- ◆ Opening of the "Center Polyvalent des Jeunes";
- ◆ Organizing a "Health Day", presided by the MSPAS;
- ◆ Organization of the "Week of the Adolescent"; and
- ◆ Participation at FRAC.

VI. Collaboration

During the semester being reported, project officials:

- a.) sent supervisory reports to the appropriate MOH officials.
Yes, Each NGO sent copies of its activity report to the SSS in its intervention zone.
- b.) passed statistics to the local representative of the MOH?
Yes, each NGO sent along with its activity report, statistical data to the SSS in its intervention zone.

N.B.: A workshop on the coordination of the NGOs' SIS together with the SSS SIS was held by GP/SP in collaboration with USAID.

- c.) met with other local officials of the MOH to discuss project activities.
Yes, NGO project agents (coordinators and 'animators') participated in locally organized meetings or gatherings as well as local training events. They are also involved as a result of their role in organizing large events such as the National Vaccination Days, AIDS Day, etc.

In addition, GP/SP participates in all of the large forums organized by the MOH.

N.B.: The events organized the 30-31 July by GP/SP in collaboration with the Regional Offices of Health and Social Action, brought together for the first time in the regions of Kayes, Koulikoro, Sikasso, Ségou, Mopti, and the district of Bamako all of those involved in Health activities (ASACOs, MSPAS, NGOs). We are pleased to note that the recommendations made at these events have been put into place, such as:

- inclusion of the NGO data with the SSSC data, and
- joint project monitoring between the NGOs and the SSSC

VII. Additional Information

A. Other Activities of Note During this Period:

Access:

- ◆ Identification of a site for the Youth Center—in Koulikoro.
- ◆ Quarterly supply of NGOs with contraceptives
- ◆ Monitoring the supply of the local NGOs "DONKO" and "AID/Mali" with regards to the distribution of the <cercle>'s deposits.
- ◆ Improvement in the organization of the <strategie avancée>, involving the A-ONG, the ARs, and the PEs.

Quality:

1. Trainings organized by GP/SP:

- ◆ DIP Workshop 25-30 January 1999 organized in collaboration with Karen Waltensperger, SCF's Africa Health Advisor.
- ◆ Two mini workshops for Project Coordinators (3-4 February and 4 June) on:
 - revised indicators for GP/SP, reflection on the quality of services and supervision, and the GP/SP DIP;
 - The status of the development of the integrated health program for youth and the preparation of the annual program review.
- ◆ Workshop to share baseline study results in the program intervention zones. (3 June)
- ◆ Tripartite forum (government/NGO/WHO), 21-22 April as follow up to the recommendations made in Dakar, February 1998.

2. Participation in Meetings/Trainings Organized by GP/SP Partners.

- ◆ Modibo Maiga participated in the national delegation from Mali to the forum in La Hague on "Cairo + 5". This forum took place 6-12 February and addressed the progress made since the international conference on Population and Development held in Cairo in 1994.
- ◆ Mrs. Diawara participated in a workshop which focused on strengthening the capacities of West Africa journalists focusing in health. This workshop was held 15-19 March and was organized by WHO.
- ◆ GP/SP NGO members' participation in a workshop about IMCI in test zones. This workshop was organized 6-8 April by WHO, GP/SP, and the DSF-C with a goal of sharing information with and seeking information from NGOs re: the implementation of IMCI at a community level.
- ◆ M. Thienta participated in a forum on malaria in Mopti 12-16 April. This forum was organized by the DNSP with a goal of energizing the National Program for the Battle Against Malaria. During this forum a specific workplan was developed. GP/SP is a member of the technical committee of this program.
- ◆ Dr. Fatoumata Toure participated in a workshop on the start up of a Micronutrients Program the 19-20 April. This workshop was organized by HKI to share most recent data and information with all of the 'players' (NGOs, government, UN agencies, etc.)
- ◆ Dr. Fatoumata Touré's and Soumana Thienta's participation in the CERPOD conference on Youth Reproductive Health, entitled "Youth in Danger" 7-9 May, 1999. These days were organized by DSF-C with the objectives of sharing the results of the CERPOD study on youth reproductive health in order to develop more effective strategies which take into count the needs and preoccupations of adolescents and youth with regards to their sexuality and reproductive health.
- ◆ Soumana Thienta participated in the training workshop, "Policy Analysis and Planning" organized by the Ministry of the Economy and Planning in collaboration with UNICEF in Segou between 31 May and 4 June, 1999.
- ◆ Soumana Thienta participated in the CEFA training in Lomé from 12 to 29 June, 1999 on the theme of "Effective Communication with Youth about Sexuality and Reproductive Health".
- ◆ Workshop in Bamako on Partnership and Capacity Building, organized by Save the Children USA, together with Case Western Reserve University's *Global Excellence in Management* project team.

- ◆ Dr. Fatoumata Toure and Mme. Diawara participated at a meeting between NGOs, private parties, and the *Programme Palu* regarding the role of NGOs in the campaign against malaria.
- ◆ Within the overall staff development framework of Save the Children which promotes ongoing capacity building for its staff and with the particular goal of increasing the capacity of GP/SP, Modibo Maiga participated in a variety of training events and meetings in the United States between 26 April and 2 July 1999. (These events were all covered by Save the Children private funds.) They included:
 - Intensive English training at World Learning's Executive English program;
 - *Appreciative Inquiry* workshop through the Global Excellence in Management program;
 - *Quality Assurance Management Methods for Developing Countries* at Johns Hopkins University;
 - Participation in the annual international health *Program Learning Group* meeting of Save the Children;
 - Participation in the Population Council led "Operations Research" workshop; and
 - Presentation of GP/SP and its role in the development of Malian Health NGOs to USAID in Washington, at the invitation of NGO Networks for Health. The focus of this presentation was GP/SP's role as an African model of coordination of national Health NGOs and the auxiliary roles which USAID/Mali and SCF have played in this effort.
- ◆ Dr. Youssouf Diallo participated (17 May – 4 June, 1999) in a study trip to the United States organized by the Africa Regional Project "Common Front Against HIV/AIDS", and on the invitation of USAID/Mali.

3. NGO Supervision/Monitoring Activities

- ◆ Review of the staff supervision tools, specifically the guide to evaluate knowledge in Child Survival and Reproductive Health of the A-NGOs and their capacity to train the ARs and PEs was completed.
- ◆ Development of a new model of data input conforming to the program requirements.
- ◆ Supervision visits to the following NGOs:
 - AID/Mali
 - ASDAP (Fana-Bla)
 - AES/SOS Monde Rural
 - ACD/GIAD

- Consortium le Sahel
- AMPRODE/Sahel
- SODAC
- Djekafo
- Consortium AEC/Kilabo/Enda Tiers Monde
- APPF
- Consortium "3A"

All supervisory visits were followed by a debriefing meeting between the project staff, the NGO or Consortium management, and GP/SP where progress towards objectives was reviewed.

Product Outputs (Demand):

- ◆ 1000 T-shirts with the GP/SP logo and with Child Survival or Reproductive Health messages were printed as a part of the Integrated Program for Youth Health.
- ◆ Contact with ORTM was made to work on the establishment of a protocol for a collaborative agreement.
- ◆ Issues No. 15 and 16 of *Kènèya-Info* were produced and distributed.
- ◆ 3000 bags are being produced for the ARs and PEs.
- ◆ An information brochure on reproductive health is in the process of being produced for use by the Peer Educators. (2000 copies will be produced.)
- ◆ Two videos are being produced about Child Survival and Reproductive Health. (There will be 50 copies of each produced.)
- ◆ 'Pagnes' are being produced with specific RH messages.
- ◆ Posters on RH and CS are being produced (1000 copies each).
- ◆ 50 copies each of three cassettes on CS and RH are being produced.

Activities (Capacity):

1. Participation in the following partner meetings:

- ◆ Sahel Summit of Save the Children in Ouagadougou, Burkina Faso (March)
- ◆ General Assembly of Kolondieba ASACOs 24-26 June
- ◆ Quarterly meeting of all involved in Family Planning, organized by the Ministry of Health, in order to coordinate contraceptive distribution logistics
- ◆ NGO support to the ASACOs through:
 - Literacy training
 - Planning and management training

2. The following visitors were hosted during this reporting period:

- NGO Networks for Health (a team of four) 11 April – 2 May, 1999. Not only did this team work with the Bamako based partners of GP/SP but it also was able to make field visits to ASDAP in Bla, AMPRODE/Sahel in Téninkou, and AEC/Kilabo/Tiers Monde in Dioïla.
- CSTS study visit the 8-9 April by
 - Della Dash (PVO Child Survival and Health),,
 - Leo Ryan (Program Advisor Manager/Trainer),
 - Kristen Marsh (Nutrition and Maternal/ Child Health Advisor), and
 - Mohamed B. Hamid Haroun (IARA/USA).

This team had a field visit to the Baara Nyuman NGO zone in Magnambougou where it met with the Medical Director of the CSCom and had a meeting with youth in the same neighborhood. The team also had a meeting with GP/SP staff in Bamako.

KOLONDIÉBA HEALTH

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

CA No. 624-A-00-97-00067-00

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LIST OF ACRONYMS

APF	Agents Planning Familiale
ASACO	Association de Santé Communautaire
AVN	Agents Villageois de Nutrition
CPR	Contraceptive Prevalence Rte
CS	Child Survival
CSAR	Centre de Santé d'Arrondissement Revitalisé
CSCom	Centre de Santé Communautaire
CVS	Comité Villageois de Santé
DRSP	Direction National de Santé Publique
FELASCOM	Federation Locales des ASACOs
FENASCOM	Federation National des ASACOs
FP	Family Planning
MOH	Ministry of Health
OPK	Observatoire de Population de Kolondieba
ORS	Oral Rehydration Solution
RH	Reproductive Health
SC	Save the Children
SIS/HIS	Health Information Systems (Data Base)
SSS	Services Socio Sanitaire
TBA	Traditional Birth Attendant

Population Profile/Kolondieba & Zantiébougou

1999 Population	KBA	ZBG	Total	Population	Within 15	Km. rad
				K=88.4%	Z=38%	Total
	158,456	21,242	179,698	140,075	8,072	148,147
<1 year (4%)	6,338	850	7,188	5,603	323	5,926
<2 years (7.9%)	12,518	1,678	14,196	11,066	638	11,704
Women of Childbearing Age (15-49 years)(21%)	33,276	4,460	37,736	29,416	1,695	31,111
Pregnant women/year (5% total population)	7,923	1,062	8,985	7,0004	403	7,407
Men 18-55 (16.7%)	26,462	3,547	30,009	23,393	1,348	24,741
Adolescents (15- 24 years) (14.1%)	22,342	2,995	25,337	19,751	1,138	20,889

Kolondieba Health

I. Introduction

During the first semester of 1999, Save the Children (SC) designed its plan for gradual withdrawal from Kolondieba. A strategy was discussed with local Ministry of Health (MOH) personnel to guarantee a smooth program transition. Most activities during this reporting period were focused on ensuring program sustainability. Other important activities were:

1. *Education/training activities:*
 - Nutrition seminar: 235 nutrition volunteers (AVN) were trained in basic nutritional concepts;
 - Family planning seminar: 255 volunteers (male and female) were trained. Among this group, 50.2% were women;
 - Seminar in birth delivery techniques: 56 TBAs were trained, updating their delivery techniques;
 - Seminar in health information systems and growth monitoring for 264 CVS members. 45.8% of the participants were women;
 - A 45 day literacy course for members of 13 ASACOs was conducted in conjunction with the democratic governance team; and
 - A respiratory infections seminar was conducted in June. 27 health agents from different CSComs/CSARs participated in this 10 day seminar in Kolondieba. Teachers included personnel from the DRSP (Direction National de Santé Publique) from Sikasso and local MOH agents.
2. A mini-forum of the CSCOM/CSAR was held in Kolondieba in April-May. 12.2 % of the participants were women.
3. The first ASACO/CVS forum was held in June, with the participation of 69 ASACO members.
4. Together with local public health authorities, SC teams conducted four radio programs, focused on the objectives of pre and postnatal consultation, dental problems, and vaccination.
5. In conjunction with CERPOD, SC organized a seminar focused on survey techniques in April. 13 "surveyors" were trained and are working in the field.

6. Members of the SC health team participated in the following activities:
 - The coordinator of the FP-AIDS/STI programs participated in the quarterly health meeting organized in Sikasso in April '99.
 - Two members of the SC health team participated in the community mobilization seminar organized by UNICEF in June '99.
 - The SC coordinator participated in the Social Capital seminar organized by PNUD in Bamako during May '99.
7. In conjunction with local MOH officials, SC organized an ophthalmic consultation program in 128 EComs and in 23 government schools. Most common pathologies found were conjunctivitis, trachoma, and avitaminoses A.
8. An epidemiological surveillance system was implemented in conjunction with the local MOH. This system was designed with the objective of analyzing monthly the statistics compiled through the radio alarm system. A monthly meeting with the local MOH is being held to analyze the epidemiological profile and implement appropriately responsive activities.
9. In conjunction with the INRSP (Institute National de la Recherche en Santé Publique), SC conducted the first School Health Survey between December 1998 and January 1999. The target population are children between 6 and 15 years old in ten EComs of Kolondieba. The principal results were:
 - A rate of avitaminoses A of more than 5 %
 - Anemia was found among 65 % of the children surveyed
 - Ankylostoma eggs were found in 65 % of the surveyed children
 - Malnutrition was found in more than 32 % of the children

I. Reporting Indicators: Period of January – June 1999
Save the Children Kolondieba(K) and Zantiébougou (Z)

A. Strategic Objective Level

Indicator: Doses of measles vaccine administered to children prior to first birthday (<1):

a.) Number of doses of measles vaccine administered to children 0-11 months old :

K = 3524 Z = 194 Total = 3,718

b.) Estimated number of children 0-11 months in target population:

K= 6338 Z= 850 Total = 7,188

Indicator: Immunization coverage of children less than one year old.

a.) Number of children 12 - 23 months who have been fully vaccinated before their first birthday:

4,275¹

b.) Estimated number of children 12 to 23 months in the target population =

7008

N.B. Save the Children is presently conducting a health survey (July 1999), the results of which will be disseminated by September 1999.

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

a.) Number of doses of TT doses administered to pregnant women: = 5,033²

b.) Estimated number of pregnant women in the target population = 8,985

K = 7,923 Z = 1,062

¹ Based on the results of the vaccination survey conducted by the Kolondieba Population Observatory.

² This series includes VAT1+VAT2+VATR.

Indicator: Prenatal care: Immunization coverage 2+ tetanus toxoid (TT) doses during pregnancy³

- a.) Number of women receiving two or more TT doses during pregnancy: **3,236**
- b.) Estimated number of pregnant women in the target population: **8,985**

Indicator: Couple Years of Protection (CYP) for modern contraceptive methods for women of reproductive age (15 - 49 years)⁴

Number of CYP for the following modern methods:

i. oral contraceptives:	363
ii. IUD:	0
iii. condoms:	49
iv. spermicide (foaming tablets)	53
v. Depo/injectables:	203
TOTAL:	668 CYP

- *This CYP data comes from 13 CSCom of 15 actually working during the reporting period. Two CSCom (Farako and Diaka) do not have nurses.*

B. Intermediate Results – 1 Level: Access: Increased access to the minimum package of child survival (CS) and family planning (FP) interventions:

Indicator: Access to Child Survival Interventions:

- a.) Number of persons in target population within 15 kilometers of facilities offering CS services: **42,815**
- b.) Total number of persons in the target population: **148,147**

³ Data for this indicator is gathered every two years, was gathered in 1997 and is in the process of being gathered in the present study.

⁴ Conversion factors :

Oral contraceptives :	15 cycles	= 1 CYP
IUD/stérilets	1 IUD/stérilets	= 3.5 CYP
Condoms	120 Condoms	= 1 CYP
Foaming tablets (spermicide)	120 Tablets	= 1 CYP
Depo-provera/injectables	4 Depo/injectables	= 1 CYP

Indicator: Access to Family Planning Services:

- a.) Number of persons in the target population located within 15 kilometers of facilities offering family planning services: 55,852
- b.) Total number of persons in the target population 148,147

N.B. This indicator includes population living within a radius of 15 km from facilities in the zones of Kolondieba and Zantiébougou.

Intermediate Results – 1 Level: Quality: Minimum package of CS and RH interventions is assured, according to internationally and nationally recognized norms and standards.

Indicator: Number of health agents trained in the Integrated Management of Childhood Illnesses (IMCI-including malnutrition, diarrhea, malaria, and ARI) during the course of this semester:

- a.) Number of agents trained in ARI: 27⁵
- b.) Total number of active health agents: 56

N.B. Further IMCI training modules are being tested by the MOH/DSFC.

Indicator: Supervision of facilities/sites in the target zone

- a.) Number of facilities/sites which had one or more visits by their supervisor in the past three months: 298
K= 249 Z=49
- b.) Number of facilities supported: 298

Intermediate Results – 1 Level: Demand: Increased knowledge, attitudes, and practices (KAP) of individuals, households, and community of the minimum package of CS and RH interventions.

Indicator: Caretaker knowledge of key child health practices⁶.

- a) Number of children with diarrhea whose caretakers reported having sought treatment from health service delivery point and used ORS and/or home liquids. = 18,491 of an estimated target population of 37,736.⁷

⁵ During the 1997-98 year, health agents were trained in the prevention and treatment of malaria. This year, the training focused on ARI as the remaining IMCI training modules are not yet available from the DSFC.

⁶ Baseline for this indicator was taken from the CS8 final study in 1995, is gathered every two years, and is in the process of being gathered in the current study.

- b) Number of children (<3 years old) who have had diarrhea during the last two weeks: 3% of the children <3 had diarrhea during the last two weeks (POK survey, April, 1999)

Indicator: Client knowledge of STI preventive practice.⁸

- a) Number of men/women (15-24 years) knowing at least two acceptable ways of protection against STI?

15,634 men/women have cited at least two acceptable ways of protection against STI (POK survey).

NB: this indicator will be measured again in the survey scheduled for July-September, 1999.

- b) Number of clients/target population for the STI messages:

Population:	Women of child bearing age:	37,737
	Men between 15-49 years:	40,432
Total:	<u>78,169</u>	

Intermediate Results – 1 Level: Capacity: Institutional capacity to improve community health services

Indicator: Cost recovery mechanisms

- a- Number of health facilities financed : 15
b- Number of health facilities which achieve 100% recurrent cost recovery:
13⁹

⁷ This is based on POK figures. Data for this indicator is also in the process of being gathered now.

⁸ Same as above.

⁹ Due to the lack of nurses at two of the CSComs.

II. Kolondieba-Zantiébougou Health Program Summary Indicators

Impact Indicators

A. ACCESS:

Objectives (1999)	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
90% of the population will have access to minimum package of child survival interventions and be within 15 kms from a CCom/CSAR	73.7% (SIS SSS 96)	88.4% (SIS SSS 97)	93% (SIS SSS 98) ¹⁰	93%* (SIS SSS 99)
90% of the population will have access to FP services and be within 15 kms from a CCom/CSAR	73.7% (SIS SSS 96)	88.4% (SIS SSS 97)*	93% (SIS SSS 98)	93%* (SIS SSS 99)
80% of children between 0-11 months will be vaccinated against measles	91% (SIS SSS 96)	71.4% (source SIS SSS 97)	110%(7698/6999 children 0-11 months) (SIS SSS 98) ***	51.7 *
80% of children 12 to 23 months will be fully vaccinated before their first birthday	24% (SIS 96)	29%(source SIS SCF 97)	61% (survey OPK)	61%* (survey OPK)
80% of the population will have regular access to essential drugs (ORS, chloroquine) and iron for pregnant women	65%	84%**	93% (SIS SSS 98)	93%* (SIS SSS 99)
90% of women will receive 2 or more doses of TT during pregnancy	66.6%(SIS SSS 96 CCom/CSAR)	47.8% (SIS SSS 97 CCom/CSAR)	10% (OPK survey) (1)	36%* (SIS SSS)

* SCF will conduct a health survey that will include vaccination, FP, IEC, morbidity and HFA.

** This increase is linked to the extension of health coverage.

*** This indicator includes children vaccinated in Kolondieba, but coming from other health "aires".

(1) Results of the trimestrial survey conducted by OPK in Kolondieba, April-June 1998, presented in April 1999

¹⁰ 93% for KBA and ZBGOU (87% in Kolondieba, due to the absence of nurses in 3 CComs).

B. QUALITY:

Objectives (1999)	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
100% of CCom/CSAR will offer child survival and reproductive health services according to national health policies.	73.7% (SIS SSS 96)	88.4% (SIS SSS 97)	93% (SIS SSS 98)	93% (SIS SSS 99)
90% of the CCom/CSAR will be supervised at least once every three months	100% (SIS SSS 96)	100% (SIS SSS 97)	100% (SIS SSS 98)	100%
80% of the health agents from CCom/CSAR and the members of the CVS will provide counseling to caretakers of children < 5 with diarrhea.	43% of the health agents CCom/CSAR and 80% CVS members have provided counseling to caretakers concerning diarrhea	86% of health agents CCom/CSAR et 80% CVS members have given counseling to caretakers concerning diarrhea	79% of health agents from CCom/CSAR and 80% of CVS members have provided counseling on diarrhea	49% of the caretakers have contacted a health facility during a diarrhea episode
80% of the health agents from CCom/CSAR and the members of the CVS will provide counseling to caretakers of children < 5 with respiratory infections	43% of health agents from CCom/CSAR and 80% of CVS members provided counseling on hygiene.	86% of health agents CCom/CSAR and 80% CVS members provided counseling on hygiene.	79% of health agents from CCom/CSAR and 80% of CVS members provided counseling (SIS SSS)	Final data will be provided by the endline survey.
80% of the health agents from CCom/CSAR and the members of the CVS will provide counseling to caretakers of children < 5 with malaria.	43% of health agents from CCom/CSAR and 80% of CVS members have provided counseling on malaria.	86% of health agents from CCom/CSAR and 80% of CVS members provided counseling on malaria	79% of health agents from CCom/CSAR and 80% of CVS members provided counseling on malaria	66% of caretakers have contacted a health facility for cnsing/trtmnt on malaria (OPK).
90% of the health agents from CCom/CSAR and the members of the CVS will follow the vaccinal status of children	43% of health agents from CCom/CSAR have followed the vaccination status of children and 80% of CVS members conducted active research of target pop (source SIS SSS)	86% of HAs from CCom/CSAR have followed the vaccination status of children and 80% of CVS mmbms cndctd active research of target pop (source SIS SSS)	79% of HAs from CCom/CSAR have followed the vaccination status of children and 80% of CVS mmbms conducted active research of target pop (source SIS SSS)	Data to be provided by the endline survey July-99.

Objectives (1999)	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
80% of the CScCom/CSAR health agents will provide counseling to couples and adolescents focused on reproductive health (RH)	43% of CScCom/CSAR health agents have provided RH counseling to couples and adolescents	86% of CScCom/CSAR health agents and 80% of CVS members have provided RH counseling to couples and adolescents	79% of CScCom/CSAR health agents and 80% of CVS members have provided RH counseling to couples and adolescents (source SIS SSS)	36% of couples have received RH counseling from a health agent (OPK-survey).
80% of deliveries will be assisted by a TBA (trained or "recycled" by SCF)	25% of deliveries have been assisted by a TBA (Source :EDSM 96)	55% of deliveries have been assisted by a TBA (SSS-bilan 97)	42% of deliveries have been assisted by a midwife and 56% by a TBA (SSS)	49% of mothers reported birth assistance by a TBA in their last delivery (OPK- survey)

C. Demand

Objectives (1999)	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
80% of the children <3 years and with diarrhea during the last two weeks will receive ORS or treatment in a health facility	16% of children who had diarrhea in the last two weeks received ORS (source:EDS 96-97)	16% of children that had diarrhea in the last two weeks have received ORS (source:EDS -97)	80%of children that had diarrhea were treated with ORS at home (OPK-98)	49% of caretakers reported ORS treatment through a health agent (OPK)
50% of children < 4 months will be exclusively breastfed	12% of children have been exclusively breastfed (source:EDS 96-97)	12% of children have been exclusively breastfed (source:EDS 96-97)	70% of children have been exclusively breastfed (OPK 98) (2)	Data to be provided by SCF survey July 99
80% of caretakers with feverish children during the last 24 hours will have sought care at a CScCom/CSAR	< 22% of caretakers contacted a health facility to receive treatment for their feverish children (EDS-96)	< 22% of caretakers contacted a health facility to receive treatment for their feverish children (EDS-96)	74% of caretakers have reported treatment for fever either at home or at a health facility (OPK-98)	Data to be provided by SCF survey July 99

Objectives (1999)	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
80% of caretakers will be able to recognize at least two signs of acute respiratory infections (ARI)(coughing, fever, dyspnea, taquipnea)	15 % of caretakers have recognized at least two signs of ARI (EDS 96-97)	15 % of caretakers have recognized at least two signs of ARI (EDS 97)	76% of caretakers have contacted a health facility for ARI treatment after detecting signals (OPK-98)	Data to be provided by SCF survey July 99
60% contraceptive prevalence rate (CPR) among couples 15-24 years.	2% contraceptive prevalence rate in rural areas (EDS 96-97)	2.18% CPR (SSS/SCF)	3.38% of CPR (SSS/SCF)	1.77 CPR (Jan-June '99) (3)
Achieve. 1000 CYP	423.16*	459.12*	3512	670 (Jan-June '99)
60% of men will have reported condom utilization during the last sexual intercourse	8.7% of men have reported condom utilization during their last sexual intercourse (EDS 96-97)	8.7% of men have reported condom utilization during their last sexual intercourse (EDS 96-97)	20% of men have declared condom utilization as a way of preventing STDs (OPK-98)	Data to be provided by SCF survey July 99
90% of young adolescents between 15-24 will know two ways of preventing STI	12% of adolescents declared knowledge of at least one way to prevent STIs (source:EDS-MALI 96-97)	12% of adolescents declared knowledge of at least one way of preventing STIs (source:EDS-MALI 96-97)	52% of adolescents knew that condom utilization is a way of preventing STIs (OPK-98) (4)	Data to be provided by SCF survey July 99

* 1996-97 CYP conversion:

Condom =150, Spermicide=150 , oral contraceptives = 15, Depo/injectable = 4

(2) This rate is considered very high and will be reviewed in the endline survey that SC is conducting July/August 1999.+

(3) 13 CSCom of 15, Jan-Jun 99.

(4) 21.7% of adolescent less than 25 years reported utilization of modern methods of FP and AIDS prevention (condom) OPK.

D. CAPACITY:

Objectives 1999	Baseline 1996	Results 1997	Results 1998	Results Jan-June 1999
100% of periodic reports will be sent on time	100%	100%	100% (SIS SSS)	All reports are being sent on time (Jan-June 99)
90% of CSComs will utilize graphics to follow vaccination coverage	10/14 CSCom (71.4%)	13/14 CSCom (92.8%)	12/15 (80%)	13/15 CSCom. (86.6%) (5)
80% of CSComs/CSAR will have a 100% cost recovery system	10/14 CSCom (71.4%)	14/14 CSCom (100%)	12/15 CSCom (80%)	13/15 CSCom. (86.6%) (6)
50% of CSComs/CSAR will utilize the information from HIS to make decisions.	10/14 CSCom (71.4%)	14/14 CSCom (100%)	12/15 CSComs (7)	13/15 CSCom. (86.6%)

(5) In addition to monitoring the data graphically, a microplan is being implemented in each health facility.

(6) SCF supervised the cost recovery process.

(7) Due to the absence of personnel in 3 CSComs: Diaka, Gourouko, Rènà

Comments: Between January and June 1999, two CSComs (Diaka and Farako) did not have nursing personnel. In conjunction with local MOH and the ASACOs, SC is promoting recruitment for these positions.

IV. Process Indicators:

A. ACCESS:

OBJECTIVES	Baseline	Results through June 1999	% of Objective Achieved	Comments
2 new CSComs created will offer child survival and reproductive health services.	Not accepted by local MOH ¹¹	NA	NA	
2 new ASACOS created	Idem	NA	NA	
number of villages pharmacies created(90)	Idem	NA	NA	

B. QUALITY:

OBJECTIVES	Baseline	Results through June 1999	% of Objective Achieved	Comments
Train 272 members of CVS in nutrition, ARI, FP, malaria and HIS	272 members of CVS	255APFs/235 AVNs & 264 CVS members trained in CS & RH (45% women)	88.2%	255 APFs/235 AVNs and 264 CVS members trained
Train 28 health agents from CSComs and 25 SC agents in ARI and perinatal management	26 health agents ¹² 25 SC agents	26 health agents trained in ARI 25 SC agents	96%	51 agents recycled/trained in ARI (June 99) (8)
Train the members of ASACO in mngmnt/plnng & HIS utilizatn/decisn making process		Planning with DG		Training on-going for 82 ASACO members (June 99) (9)
Train/recycle 70 TBAs	70 TBAs to be trained/recycled	56 TBAs trained recycled	80%	Ongoing training activities
Train/recycle 272 AVNs in nutrition /breastfeeding techniques.	272 AVNs	235 AVNs trained/recycled	86.4%	235 AVNs recycled or trained in Jan-March 99

¹¹ Plans to create these 2 CSComs were originally developed with the SSS. However, after the plans were developed, it was determined that the communities did not meet the criteria (pop >10,000 for financial sustainability) and so the SSS proposed equipping rural « Maternités » in place of creating the CSComs. As this did not fall within the « politique sectorielle de Santé » of the Ministry, neither SC, USAID, or UNICEF supported this plan.

¹² 26 of the 28 invited attended the training event.

Number of supervisions of CSComs/CSAR and selling points for DBC.	1602 supervisions at 178 selling DBC points	1824 supervisions conducted at 178 DBC points	113.8%	959 supervisions conducted at the 178 DBC points Jan-June included in 1824 total (10)
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- (8) Training with MOH personnel from Sikasso, utilizing WHO protocols
- (9) This activity is being conducted in conjunction with DG
- (10) These supervisions were integrated and conducted in conjunction with the local MOH.

Comments: SC conducts a hands on training during supervision, focused on improving the quality of services. These supervisions are conducted in conjunction with MOH inspectors.

C. DEMAND:

OBJECTIVES	Baseline	Results through June 1999	%Objective Achieved	Comments
Number of IEC trainings in preventive care	5,500	3151 IEC sessions conducted in preventive care issues by SC and SSS.	57.3%	
Number of messages on child health provided through the "Child to Child" program	200 messages	200	100%	149 information activities conducted in the "Child to Child" program in 130 EComs 1-6/99 (11)
# of FP/AIDS sessions conducted through counseling	5,808	2,895 IEC sessions/ 1360 IEC on FP, 786 on AIDS, 749 on STIs	50%	Local MOH agents to work with SC agents were transferred. Therefore work was done without the normal MOH support
# of debates organized with female groups focused on health promotion	2054	1735 debates organized re: RH	84.4%	578 debates organized Jan-June '99
# of sessions organized with female groups focused on reproductive health	900	578 RH sessions organized Jan-June '99	64%	
# of participants at health sessions organized in EComs	130 EComs	96,850 participants at health sessions organized at 130 EComs	100% Ecom participation	

OBJECTIVES	Baseline	Results through June 1999	% Objective Achieved	Comments
# of caretakers who participated in sessions organized by AVNs on diarrhea, nutrition and breastfeeding.)	37,736 women of childbearing age; 30,009 men (15-49) = 67,735	80% (caretakers= women and men 15-49) declared knowledge on preventive measures against diarrhea		From an POK survey. Therefore can present only a %.
# of female caretakers who participated in sessions organized by TBAs on diarrhea, nutrition and FP and breastfeeding.	37,736	23,669 caretakers have participated in 1,238 IEC CS sessions	62.7%	
Total revenue produced by village pharmacies.	Strategy not accepted by local MOH			

(11) Activities conducted among children from first to sixth year during '98-'99 school year.

D. CAPACITY

OBJECTIVES	Baseline	Results through June 1999	% Objective Achieved	Comments
15 ASACOs will receive literacy training in Bamanan-kan including at least one woman	15 members of 15 ASACO committees	13 of 13 trained	86.6%	On-going training for 28 ASACOs members (12)
Promote monthly meetings of ASACOS & FELASCOM	1 monthly meeting / 15 ASACOs (180 in total/ 90 per semester)	61 meetings held	67.7%	61 meetings organized between ASACOs and FELASCOM
# of CSCom/CSAR which are making decisions based on their year's activity program	12-15 CSComs	13	86.6%	¹³

(12) SC has begun monthly meetings to discuss/evaluate literacy needs with ASACO members. During these meetings, sustainability concepts are also being discussed with SSS and MOH personnel. These meetings are scheduled to end in December 1999.

¹³ Two CSComs (Diaka et Farako) have not had nurses for more than three months.

V. Narrative

A. Lessons Learned / Success stories

1. SC designed a phaseover strategy which included a gradual withdrawal of the logistical support for the community FP distribution. After finishing this support completely, SC found that 80 % of the DBC (distribution de base communautaire) has continued to be supported from the CSCOM.
2. SC found that women in our FP program are increasingly preferring injectable methods. This has been observed particularly during this reporting period, with an increase of from 197 CYP to 203 CYP.
3. Meetings between ASACO members and FELASCOM have been improving coordination and participation among their participants. Coordinated supervision visits are being organized by both associations.

B. Major activities for the next period:

- Continue ASACO training in planning and management, in conjunction with democratic governance.
- Technical support for school health program.
- SC end line survey to be conducted in July 1999
- Strengthening the epidemiological surveillance system. This will include training in information analysis to enable better use of the data.
- Continue monthly meetings with TBAs
- Continue support to sponsorship program.
- Schedule second forum ASACO-CVS in conjunction with local MOH

VI. Collaboration

During the semester being reported:

- a.) SC has sent all supervision reports to the local MOH. These reports have been analyzed with the Director of SSS.
- b.) SC has sent all statistical reports to the local MOH. Frequent meetings were conducted to analyze epidemiological results.
- c.) Monthly meetings between the MOH are being held to discuss and plan program activities. These meetings are being held the 5th of each month, with the assistance of the SSS Director (Dr. Drissa Ouattara) and SCF Coordinator (Dr. Fodé Doumbia).

CHILD SURVIVAL XI

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

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LIST OF ACRONYMS

AC	=	Animateur Communautaire
APF	=	Animateur de planning Familial
ASACO	=	Association de Santé Communautaire
AT	=	Accoucheuse Traditionnelle
ATF	=	Accoucheuse Traditionnelle Formée
ATNF	=	Accoucheuse Traditionnelle Non Formé
AVN	=	Animatrice Villageoise de Nutrition
CAC	=	Centre d'Action Coopérative
CMDT	=	Compagnie Malienne des Textiles
CMDT	=	Compagnie Malienne des Textiles
CONSULT	=	Consultation
CPN	=	Consultation Pré-Natale
CROCEPSS	=	Comité Régional d'Orientation, de Coordination et d'Etudes des Programmes des Services de Santé
CSCom	=	Centre de Santé Communautaire
CVS	=	Comité Villageois de Santé
ICPM	=	Infirmier Chef de Poste Médical
IEC	=	Information Education Communication
IRA	=	Infection Respiratoire Aiguë
ISA	=	Infirmier de Stratégie Avancée
LMD	=	Lutte contre les Maladies Diarrhéiques
MST	=	Maladie Sexuellement Transmissible
PAD = DIP	=	Plan d'Action Détaillé
PCIEM	=	Prise en Charge Intégrée de l'Enfant Malade
PDCSS	=	Plan de Développement de Couverture Socio-Sanitaire
PEV	=	Programme Elargi de Vaccin
PF	=	Planification Familiale
POP	=	Plan Opérationnel du Programme.
RVO	=	Réhydratation par Voie Orale
SIS	=	Système d'Information Sanitaire
SR	=	Santé de la Reproduction
SRO	=	Solution de Réhydratation Orale
SSS	=	Services Socio-Sanitaires

Child Survival XI

I. Introduction

A. Background

1.1. *The Bougouni <Cercle>*

Situated in the southwest of Mali, the Bougouni <cercle> covers an area of about 20,000 square kilometers. It's bordered on the north by Koulikoro, on the south by the Ivory Coast, on the west by Yanfolila, and on the east by Kolondieba.

It is divided into nine <arrondissements> and includes 466 villages in 25 <aires de santé> ¹ and 25 <communes> which are the new administrative geographic areas.

With the dawn of decentralization, there is a new territorial context which should assure the communes economic autonomy and which, we feel, will provide a framework to encourage the blossoming of economic and health infrastructures in these communities.

The population of the <cercle> is about 300,000, the majority of which are Bambara and Peulh. The principal economic activities are agro-pastoral. A Health Center with nine specializations services the area. With the opening of the CSComs and CSAs in Dogo, Kéléya, and Meridiela, there are now 17 functional Community Health Centers.

The principle treatments are for:

- Malaria
- Acute Respiratory Infections
- Dermatological Conditions
- Diarrhea
- Eye Problems

¹ An « aire de santé » is a group of villages in the same geographic zone having together decided to create a CSCom which meets the criteria of a population (greater or equal to 5,000 inhabitants) and the criteria of distance (less or equal to 20 km from one another) according to health sector policies.

During this time period, there were 22 cases of measles reported and 10 cases of meningitis. Although this doesn't indicate a medical emergency, measures were taken to control these outbreaks.

1.2 The Project Zone

The CS XI project covers two <arrondissements>: Garalo and Sido as well as the Bougouni town commune. The population of the project zone is estimated to be around 100,746 of which the following are target groups:

Target Population	Estimated # Persons
Infants 0-11 months (4% of total pop)	4,030
Infants 0-23 months (7.9% of total pop)	7,959
Women of Childbearing Age (21% of total pop)	21,157
Pregnant Women (5% of total pop)	5,037

B. Goals and Objectives for the Child Survival XI Project

Project Goal:

A sustainable reduction in infant, children under five, and maternal morbidity and mortality, as a result of the implementation of two community-based strategies:

- Community education programs which include the promotion of safe motherhood practices and caretaker education; and
- Community mobilization, including the promotion of sustainable community-based initiatives including village health committees (CVS) and CSCom (community health centers).

Specific Program Objectives to Support this Goal:

1. Vaccination

- 65% of infants under one year will be completely vaccinated against six common childhood illnesses and 90% of women of childbearing age will have received at least two doses of tetanus toxoid; and
- 75% of the cases of measles, polio, neonatal tetanus, and whooping cough, noted at the village level by the CVSs or the community animators are recorded at the CSCom or the Bougouni Health Center.

2. Nutrition/Vitamin A

- 60% of mothers practice appropriate weaning techniques, providing supplementary food to their children over six months in varied and frequent meals. There is an increase in the consumption of foods rich in Vitamin A by all;
- 60% of children under two, moderately or severely malnourished who are brought to the CSCCom will show growth and increased weight; and
- 70% of children between 6 months and 5 years will receive a Vitamin A capsule (200,000 UI) every six months (with infants of 6-12 months receiving half a dose) and 60% of mothers receiving a full dose following a birth at a CSCCom.

3. Family Planning/Safe Motherhood

- 70% of pregnant women will have at least one prenatal and postnatal visit and will have their delivery assisted by a trained birth attendant;
- 40% of nursing mothers will have at least one postnatal visit;
- 70% of mothers will know at least three danger signs for each of the three mothering conditions (pregnancy, delivery, and nursing);
- 60% of high risk pregnancies, diagnosed in the course of prenatal visits, will be referred to a health center; and
- 20% of women who wish to space their children will use modern contraceptive methods.

4. Battle Against Diarrheal Disease

- 75% of mothers will know how to prepare Oral Rehydration Solution, managing cases of diarrhea using available liquids and cereals, and knowing when to refer serious cases or where there are complications; and
- 75% of children with diarrhea for two weeks or more will be treated with oral rehydration therapy.

5. Battle Against Malaria

- 75% of suspected cases of malaria will be treated with chloroquine and referred in case their conditions do not respond to the treatment; and
- 65% of mothers of children under five will have access to treatment for malaria in their communities, will take appropriate preventative measures, and will have access to health care services in case of serious complications.

II. Reporting Indicators for the January – June 1999 Period

A. ***Indicator: # of doses of measles vaccine administered to children before their first birthday.***

961 doses of measles vaccine administered to infants under 11 months (in the estimated target infant population of 2015)² = 47.7% (65% target)

B. Indicator: # of doses of tetanus toxoid vaccine administered to pregnant women.

1861 doses of tetanus toxoid vaccine given to pregnant women (of an estimated target pregnant women population of 2519)³ = 74% (90% target)

C. Indicator: Contraceptive use to control pregnancy using modern methods. (Couple Years of Protection)

Condoms: 34 CYP
Pills: 220 CYP
Spermicide: 24 CYP

D. Indicator: Improved access for the minimum package of child survival interventions as well as for family planning services

1. Access to Child Survival Interventions: 30,488 people of an estimated target population of 71,574 live within a radius of 15 km from facilities providing "Child Survival" services. = (42.6%)
2. Access to Family Planning Services: 15,531 people of an estimated target population of 35,787⁴ = (43.4%)

E. Indicator: Quality of Service: A minimum package of child survival and reproductive health interventions⁵ are assured.

1. Number of health agents trained in Integrated Management of Childhood Illnesses during the course of this semester. There were no health agents (of a possible 35) trained in ICMI at this time as the ICMI training module is still being tested by the MOH.

F. Indicator: Supervision of on-site activities in the target zone.

1. 10 literacy centers were equipped; 2 refrigerators and 1 mobylette were provided for three ASACOs
2. Supervisor visits: All 118 pharmaceutical banks were visited/supervised; 302 (100%) Family Planning Animators were visited; and all CSComs were visited/supervised during this period.

G. Indicator: Cost recovery capacity developed

² Data from the Bougouni Health and Social Services

³ Data from the Bougouni Health and Social Services

⁴ Data is from the Bougouni Health and Social Services; As half of the population is estimated to be under 15 years, a figure of half of the total target population is used for family planning purposes.

⁵ As defined by international and national norms and criteria

Of the six CSComs financed by Save the Children, six (or 100%) developed effective cost recovery systems according to the norms of the health sector policies.

III. Semi-Annual Report Table: January - June 1999 (also submitted to USAID in Washington)

PROBLEMS	OBJECTIVES FOR FY 99	ACTIVITIES	EXPECTED RESULTS FY 99	ACHIEVED RESULTS 6/30/99
(1). Low vaccination coverage rate in the 0-11 months age group	(1). 65% of infants 0-11 months to be completely vaccinated (5,239)	* Awareness raising educational sessions were held at the village level about the importance of immunization. * Collaboration with the ISA to develop vaccination strategies.	(1). Complete vaccination for 795 infants from 0 to 11 months.	(1). 593 infants from 0 to 11 months completely vaccinated.
(2). Neonatal tetanus is a cause of infant death. Maternal death is also often due to tetanus.	(2). 90% of women of childbearing age will have 2 doses of tetanus toxoid vaccine (16,819)	(2). Awareness raising educational sessions on the importance of vaccination were held. *There was active seeking of women of childbearing age who were incompletely vaccinated.	(2). Only 7 women remaining for complete (100%) vaccination coverage of women of childbearing age.	(2). 2,108 women of childbearing age were completely vaccinated.
(3). Pregnant women benefit little or not at all from prenatal and postnatal consultations.	(3). 70% of pregnant women (5,681) will have a prenatal consultation and 40% of women delivering will have a postnatal consultation.	(3). Awareness raising through women's associations and radio messages on the importance of pre and post natal consultations * Pre and postnatal consultations in the CSAR/CSComs utilizing the "stratégie avancée".	(3). 1,594 pre-natal consultations for pregnant women. * Postnatal consultation for 1,275 women who recently delivered.	3). 1,132 pregnant women received at least two prenatal consultations. * 659 women received one post-natal exam
(4). High-risk pregnancies are a public health problem.	(4). 20% of women who wish to control becoming pregnant use modern contraceptive methods.	(4) Refresher training of the APFs * Make contraceptive products available for the APFs. * Supervision of these APFs		(4) To be reported in end of project survey.
(5). Women's misinformation and lack of understanding about the preparation and use of "ORS".	5). 75% of mothers will know how to prepare and use oral rehydration solution (salt & sugar) to treat cases of diarrhea (11,666)	(5). Information and awareness raising on the causes of diarrhea. * Training of the CVS about diarrheal diseases.	(5). Half or 8,018 mothers will know how to prepare and administer "ORS"	(5). 1,195 mothers (=15% of target) received information on the preparation and administration of SRO.

N. B. : As concerns *Family Planning*, together with the SSS of Bougouni, a campaign was organized through all of the Bougouni zone to counteract the effects of a religious leader who was against all family planning; During the community awareness raising meetings, we noted the encouraging fact that there was ongoing sale of/demand for contraceptive products.

IV. Lessons Learned/ Successes

A. Semester Activities: January through June 1999

During the course of this semester, the activities which continued in all areas are noted with their results in the table below:

Activity	1/99	2/99	3/99	4/99	5/99	6/99	Total
'Old' prenatal consultation	73	95	313	194	250	207	1132
Births assisted by Health Agent	1	49	81	73	35	55	294
Births assisted by a trained TBA	10	29	75	66	112	55	347
Births assisted by an untrained TBA	0	0	0	0	6	5	11
Births assisted by a family member	2	0	0	0	0	2	4
Newborn consultations (girl)	10	33	76	62	72	41	294
Newborn Consultations (boy)	10	47	71	95	74	44	341
Miscarriages	0	0	2	0	2	2	6
Maternal Deaths	0	0	0	0	1	0	1
Newborn Deaths (girl)	3	0	0	3	3	1	10
Newborn Deaths (boy)	2	1	1	4	8	4	20
Births (girls)	6	36	67	58	70	73	310
Births (boys)	18	49	80	77	96	56	376
New mothers receiving Vit.A	0	9	89	74	101	72	345
Pregnancies Referred	1	0	8	2	2	1	14
Postnatal consultations	41	69	175	134	147	93	659
'New' prenatal consultations	88	69	226	229	348	260	1220

What can be drawn from these numbers:

1. 347 births were assisted by CS XI trained traditional birth attendants or 52%; and 294 (28%) of the births were in CSComs which means that 80% of the births were assisted by trained health personnel.
2. The number of pregnant women who benefited from at least one prenatal consultation was 2,352 for this semester of 5,037 pregnancies calculated for the year. This indicates that the prenatal consultation rate will be greater than 80% by the end of the year.

Number of Contraceptives Sold:

<u>Type of Contraceptive</u>	<u>Total</u>	<u>CYP</u> (Couple Years of Protection)
Condoms	4111	34
Overette (pills)	461	
Pills	2865	220
Spermicide	2914	24

The contraceptive use rate for the January-June 1999 semester is $34+220+24=278$.

- **593** children 0-11 months and 2,791 women were completely vaccinated.
As a child needs to be at least nine months old for complete vaccination, there is a difference between the number completely vaccinated and the targeted number of children in this age group (795).
- **927** women attended a nutrition session.
- **888** malnourished children were de-wormed with albendazole
- **6,212** children 0-3 years were weighed of whom 288 were determined severely malnourished.
- **1,836** women were informed about danger signs during pregnancy, delivery, and postpartum.
- **1,195** women between 14-49 received information/training on the preparation, administration, and preservation of oral rehydration solution (ORS).
- **1,310** women with children under five received information/training on the prevention/treatment of malaria.
- The Bougouni Health Center was provided with 2 refrigerators and a mobylette for the support of CSCom activities.
- **10** literacy centers were equipped.
- **17** literacy teachers were trained.
- **2** villages were chosen to pilot the REFLECT method of literacy.
- **2** village facilitators were trained in the REFLECT methodology.
- **119** women members of the village health committees became literate in 35 days.
- **209** members of the village health committees responsible for providing SIS data had refresher training in reading and writing in Bambara.

B. Additional Activities January-June 1999

During this period of time we appreciated being able to host/participate in the following activities:

- ◆ A two week workshop on "*Positive Deviance*" related to nutrition for children, led by Monique Sternin and supported by Save the Children.

This strategy is currently being piloted in two villages in the Bougouni-West area: Sogola and Flaboula. Before this pilot, a baseline was done in these two villages by CS XI staff after which there was a gathering of the animators, supervisors, the involved CS XI staff, SSS partners, the CSCom and a Malian NGO partner/member of Groupe Pivot/Santé Population.

- ◆ Visits to our impact area by key Save the Children headquarters personnel including: Spee Braun, Anne Martin, and Diana Myers.
- ◆ A week long study/visit from five IARA colleagues based in Timbuktu. (IARA is interested in replicating the CS XI model there. Expenses for this visit were shared equally by Save the Children (private funds) and IARA.)
- ◆ Visit by USAID/DC Child Survival team headed by Della Dash
- ◆ Invitation to Coordinator for presentation at international meeting in Washington, D.C. on Safe Motherhood
- ◆ English language training for interested members of the Bougouni staff; French language training for maintenance staff; workshop (Lomé, Togo) on reproductive health for the assistant coordinator; quality assurance training for managers of health care systems course (Johns Hopkins) for the coordinator and the Bougouni Medecin-Chef (from SC private funds).

C. *Comments on Results*

During the course of this semester, **only 15 of 656** reported births were with the assistance of untrained birth attendants, which indicates a high coverage of trained birth attendants in the impact zone.

The number of mothers trained in the different interventions of CS XI is greater than that expected as a result of the extra activities conducted by SCF animators at the village level. As a result of these activities, we have noticed a decrease in the incidence of diarrheal cases in the impact zone.

Challenges

The lack of a Health Director in SIDO was an obstacle for the implementation of activities for this CSCCom. SCF is working with local MOH officials in candidate selection.

The ongoing training activities of some CSCCom nurses caused some delays in vaccination activities as they are the only qualified health personnel to administer the vaccinations.

There was a break in supply of certain vaccines. (particularly measles) The frequent breakdowns of the mobylettes caused disruptions in the CSCCom activities. The mobylettes obtained are not well suited for field activities.

D. Success Stories

We are often encountering women at the CSCComs who are promoting active vaccination research.

The following are two success stories from Garalo:

1. Before the implementation of SCF programs, the village of Djiné was always a difficult spot for community mobilization. Achieving high vaccination coverage was difficult. Today, after one year of SCF community mobilization programs, vaccination coverage is very high.
2. Bladié was a highly divided community. Community activities were very difficult to coordinate, due to the lack of a community vision. Community involvement in health programs was very low. Today, SCF agents have promoted positive attitudes toward community work and community meetings are frequently held. Community support for health programs is very high.

The success of the CS XI work can also be seen by the warm welcome provided to the different visitors at the villages. Unscheduled visits and supervisions by external consultants have demonstrated the high level of community education achieved by the project (see Della Dash report--US--D/DC).

The success of our programs can be explained by the close cooperation with local MOH personnel. At the same time, the SCF team has ensured a wide participation in the decision making process at all community levels—including CVS, ASACOS, and MOH personnel. This wide participation has dramatically improved

community response to the different public health programs promoted by SCF.

V. Plans for the Final Three Months of CS XI

- Final survey for CS XI;
- Together with the CSComs, continue planning and implementation of ongoing activities (vaccinations, SPE, CPN, CPON);
- Quality Assurance of CSCom and CVS activities/services to ensure their sustainability;
- Making operational the CSCom of Bougouni-South;
- Preparation for the baseline studies for the Sikasso Health Program;
- Analysis of survey results, design of an action plan based on these results; and
- Development of a CS XI phase out plan, focussing on sustainability issues.

CREDIT: GGLS AND FASO JIGI

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

CA No. 624-A-00-97-00067-00

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LIST OF ACRONYMS

CMDT :	Compagnie Malienne de Développement Textile
DG :	Democratic Governance
GGLS :	Group Guaranteed Lending and Savings
Jigiya	Cooperative of Well-Diggers
PAD :	Programme d'Appui à la Décentralisation
SC :	Save the Children USA
Sennasigi	Cooperative of Gardeners
SLACAER :	Service Local d'Appui Conseil d'Aménagement et de l'Équipement Rural
SMC :	School Management Committee (Community Schools)
VA:	Village Association
ZAER:	Local Development Representative of CMDT

I. Introduction

The first six months of 1999 has been a time of consolidation, growth, and strategic planning for both Faso Jigi and GGLS. Building on the momentum of its successful restart in June 1998, Faso Jigi has continued to attract customers and maintain a quality portfolio of savings and loans at a level that could not have been foreseen a year ago. In turn, GGLS has expanded its services to poor, rural women and their families in underserved districts where the demand has been tremendous. While challenges remain, these have been addressed in our business plan which lays out a realistic roadmap that will guide our reinforced microcredit team towards achieving the goal of a sustainable Malian microfinance institution capable of increasing the access of thousands of women entrepreneurs to credit and savings in the target regions of Kolondièba and Bougouni.

I. Progress Towards Results 1999

Faso Jigi (January-June 1999)

Indicators	2002	Base	Results 1998	Results 1999		Increase since 1998
				Planned	Progress	
# of Clients	16,740	0	204	6,950	634	420
Savings (CFA)	138,250,000	2,553,160	11,012,225	27,200,000	30,572,831	19,560,606
Portfolio (CFA)	251,125,000	0	10,260,000	59,500,000	25,655,750	15,395,750
Financial Autonomy	94%	4%	8.85%	26%	13%	4.15%

During the period January-June, Faso Jigi has:

- Mobilized enough savings to surpass the 1999 target. Savings per client have been almost ten times greater than the original estimates of approximately 4,000CFA/client. The current average is almost 50,000CFA/client. The reasons for this are primarily the need for a Savings and Loan institution in Kolondièba/Bougouni, as well as the confidence people have in the restructured Faso Jigi. For example, in Kebila, one person alone has deposited 1,000,000CFA in savings in Faso Jigi;
- Increased its membership by 211%;
- Ensured a 100% reimbursement rate since its restructuring in June 1998;

- Increased its portfolio by 150% due to the increase in clients;
- Increased financial autonomy by 4.15% due to the increase in revenue and the 100% reimbursement rate;
- Analyzed its loan requests by itself after training by SC agents;
- Drawn 216 members to its general assembly;
- Trained 7 agents in petty cash control and inspection; and
- Stimulated savings through a fund raising lottery.

(Note: The total number of clients, and in consequence the portfolio and financial autonomy, remains less than the cooperative agreement results due to the Faso Jigi restructuring and the fact that 1970 members of the village garden groups have not yet joined).

GGLS (January-June 1999)

Indicators	2002	Base	Results 1998	Results 1999		Increase since 1998
				Planned	Progress	
# of Clients	13098	2310	2084	5000	2796	712
Savings (CFA)	16,699,950	3,248,663	3,127,614	13,282,500	3,330,334	202,720
Portfolio (CFA)	404,728,200	31,365,719	24,701,689	97,350,000	32,143,752	7,442,063
Financial Autonomy	66%	15%	44%	52%	21%	23%

(The data provided for GGLS includes Kolondièba and Bougouni.)

The reason for the difference between the 44% in 98 and the 21% in 99 as concerns financial autonomy is due to the fact that expenses increased (recruitment of 5 new agents linked to the increase of the clients, + 2 exchange visits), the interest rate went from 28% in 98 to 25% in 99, the documents fees decreased from 5% to 2%, and the loan interest from Bougouni's new clients are not included in the revenues.

For the period January-June, GGLS has:

- Increased its number of clients by 34% due largely to the extension in Bougouni. Currently there are 2,124 clients in Kolondièba and 672 in Bougouni;
- Maintained savings at a relatively constant level. The lower than anticipated amount of mobilized savings is due to the fact that women withdraw their savings at the end of the loan cycle. This withdrawal was not foreseen at the start of the program.
- Increased its portfolio by 30%;
- Trained 11 agents in technical and marketing animation;

- Trained 150 GGLS clients in literacy, the structuring of community organizations, and administrative management through the *Democratic Governance* program.

(N.B. The number of clients is lower than originally proposed due to a focus on the restructuring of Faso Jigi, which delayed our plans for GGLS growth in Kolondièba and Bougouni. This slowed growth, in addition to our decision to meet client needs by extending loan repayment to a monthly instead of biweekly rhythm and decreasing the interest rate by 3%, has had a similar effect on both the portfolio and financial autonomy. These delays will not have an effect on the overall autonomy of GGLS as explained in the *GGLS Business Plan* submitted to USAID in June)

II. Impact of Activities

- Some women in Kolondièba and Bougouni have expanded their economic activities to include buying and selling in Bamako. For example, three women from Benkoro Association each received loans for 40,000CFA from GGLS to buy blankets in Bamako and sell them in Bougouni. In three months, these women have turned a profit of more than 100,000CFA.
- A woman from Danaya, whose husband departed a year ago, managed to provide for herself and her children after receiving a loan for 35,000CFA to sell condiments, fruit, and cakes.
- A medical doctor in Bougouni received a 800,000CFA loan to purchase medicines and supplies to open his own health clinic. To date, his savings deposit with Faso Jigi is 1,400,000CFA, and he proposes to repay his initial loan ahead of schedule in order to obtain a larger loan to further improve services to his clientele.
- GGLS loans have contributed to the reestablishment of weekly markets in Kelekele, Boundioba, and Kalakan by generating economic activity within the village.
- Some women have diversified their economic activities and have involved their children. One example is Mariam Diarra from Danaya/Massabilakoura with the support of the GGLS program, knits and makes bedsheets and curtains. She employs her daughters (Kadiatou and Ramata) who trade with other women in Bougouni, Kolondièba, Kébila, and Koumantou. With the increase of revenue, the daughters have established a fabric business. A second example is Mrs. Sow Korotoumou Koné whose husband is retired and who is a GGLS client. She supports her family's needs through cereals trading between Bougouni, Dogo, and Défina. She is assisted in this business by her children (Amina Koné and Adiaratou Koné). Presently, the business is run by her two children.

III. Challenges Encountered/Lessons Learned

- **Development of a Business Plan for GGLS and Faso Jigi**

A major priority during the last few months has been the preparation of a business plan which would guide GGLS and Faso Jigi to autonomy. Based on lessons learned, the need for the services of microfinance institutions, and the current opportunities in the zone, the future vision and structure of both institutions were analyzed with the assistance of external technical expertise. Results of this intensive and thorough planning are available in the business plan, submitted with the *Continuation Application* to USAID, which details our goal of making GGLS an autonomous microfinance institution. This plan, which is modeled after Save the Children's successful experience worldwide, marks a significant shift in our strategy which we believe will result in more impactful, realistic, and sustainable outcomes for women and their families.

- **Change in repayment time, interest rate for women clients**

One of the challenges of the GGLS program has been how to attract clients and promote economic activities in rural as well as semi-urban zones. While keeping the long-term viability of GGLS in mind, we have tried to be flexible to our clients' needs and limitations. For this reason, we changed the reimbursement period from every two weeks to monthly while decreasing the interest rate by 3% when it became clear that the previous policy was starting to place certain loans at risk. As a result, GGLS now offers loan terms which are competitive with other microfinance institutions and attractive to our female clientele. These changes are reflected in the business plan

- **Low level of savings for GGLS**

GGLS has not been able to mobilize the level of savings that it had anticipated when the program was conceived as women have systematically withdrawn their obligatory savings at the end of each loan cycle to finance other activities or to cover their daily needs. To address this issue, we propose that clients maintain a higher savings balance in their account in order to access a larger loan in subsequent cycles. In addition, we hope to learn what motivates villages such as Sankafara de Kebila and Samba which have always maintained their savings in GGLS. These lessons of «positive deviance» can hopefully be applied to better serving our clients' needs in other communities.

- **Late reimbursement of loans for GGLS Kolondièba.**

In the last few months we have experienced the late reimbursement of loans by certain women's groups in the town of Kolondièba. Seventy percent of the loan arrears fall in two GGLS associations in Kolondièba and were a result of a weak monitoring capacity of the agents involved; These agents have had refresher training and the debtors involved have all received summons from the Court in Kolondièba at the end of July. Given our experience with Faso Jigi, it is estimated that 95% of the loans will be recovered by the end of December, 1999.

IV. Partnerships

Save the Children has worked closely with Faso Jigi to forge relationships which will help solidify their institutional growth and management. Among these collaborations are:

- Kafo-Jigi, a credit institution supported by Helvetas, which houses its funds in Faso Jigi;
- SLACAER which assists Faso Jigi in the application of the rules and principles of credit and saving mutuals;
- Kondo Jiginè with which has organized exchange visits and joint work sessions;
- Sennasigi and Jigiya, with which Faso Jigi is negotiating to provide loans for gardening activities (including wells) and the adherence of village garden group members;
- Faso Jigi and GGLS are members of the Association of Micro-Finance Professionals;
- Faso Jigi and GGLS provide statistics to the Cellule d'Appui aux Structures Mutualistes d'Epargne et de Credit and BCEAO;
- GGLS is organizing exchange visits with Jigiyaso, supported by World Education.

V. Plans (July-December 1999)

- Improve reimbursement rate of GGLS to 95% by the summons of debtors to court and the reinforcement of follow up by Save the Children agents.
- Increase the number of GGLS clients to 3,872 through the extension of the program to Bougouni and Garalo and a more active presence of promoters in the field, radio broadcasting, and incentives for agents according to their results (number of clients, recovery rate)
- Increase the amount of GGLS savings by December 1999 by raising the compulsory savings rate from 5% to 10%, and increasing the loan size to be related to 50% of stable savings.
- Ensure the implementation of the Faso Jigi disengagement plan;

- Initiate contacts with lending institutions in order to meet capital requirements for GGLS;
- Reinforce the Microfinance team through recruitment of a microfinance technical expert to advise GGLS and Faso Jigi; recruitment of credit promoters;
- Continue to reinforce the capacity of Faso Jigi and SC personnel as well as that of beneficiaries towards greater professionalism; SC agents will be trained in administrative and financial management and cash accountancy. Faso Jigi management members will be trained in petty cash accountancy and in their roles and responsibilities.

FASO Jigi Minimum Reporting Information (January – June, 1999)

Portfolio and Outreach	June 30, 1999	Income	June 30, 1999
Number of clients	634	Income	
Amount of Loans Outstanding (1)	25,665,750	Interest Income from Loans	977,610
Number of Loans Disbursed	185	Fees From File	345,525
Amount of Loans Disbursed	32,987,000	Interest on Bank Savings	0
# of Compulsory Savings Accounts	238	Others Income	150,000
# of Voluntary Savings	76	Total Income	1,473,135
Amount of Compulsory Savings Accounts (2)	17,922,151		
Amount of Voluntary Savings (3)	12,650,680		
Arrears 30-60 days (4)	0	Expenses (19)	
Arrears 61-90 days (5)	0	Staff Salaries (brut) Admin/Program	5,502,737
Arrears 91-120 days (6)	0	Advantages and Benefits	141,696
Percentage of female clients (7)	30%	Building Maintenance	0
Number of staff (8)	5	Vehicle Maintenance	586,660
Nominal Annual Interest Interbank rate (9)	9%	Living and Travel	2,360,885
Effective Annual Rate Loan (10)	26%	Supplies	824,550
Real Annual Interest Rate Savings	25%	Other	475,814
Effective Annual Interest Rate Savings	5%	Depreciation Motorcycles	466,665
Local Annual Interest Interbank Rate (11)	5.75%	Depreciation Equipment	342,801
Local Annual Inflation Rate (12)	4%	Audit	0
Number of Program Staff (13)	17	Rent Utilities	0
Donations for Operations (14)	10,097,342	Communication	0
Donations Capital Contributions (15)	0	Guard Service	0
		Training	205,000
		Loan Loss	0
Indicators		Interest Paid on Bank Savings	11,798
Operational Self Sufficiency (16)	13.5%	Cost of Commercial Money	0
Financial Self Sufficiency (17)	12.7%	Total Expenses	10,918,406
# Active Loans/Program Staff (18)	37		
Portfolio at Risk	0		
Average Loan Size	178,308	Total Operating Profit/Loss	(9,455,271)
		Imputed Cost of Capital (20)	616,032
		Total Adjusted Expenses (21)	11,534,438
		Adjusted Profit	(10,061,303)

* All financial amounts in FCFA

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VI. Comments on Faso Jigi Minimum Reporting Information

- (1) Amount represents the balance of outstanding loans on 30 June, 1999
- (2) Amount represents the balance of term deposits on 30 June, 1999
- (3) Amount represents the balance of voluntary savings on 30 June, 1999
- (4) (5) (6) No delay in repayment
- (7) Expresses the proportion of women clients in Faso Jigi
- (8) Indicates Faso Jigi support personnel
- (9) (11) (12) Source Banque Nationale de Developpement Agricole (BNDA)
- (10) Percentage represents 25% interest rate plus 1% file charge
- (13) Faso Jigi's management teams of Administrative Council, Administrative Advisory (9 members), Credit Committee (5 members), Surveillance Committee (3 members)
- (14) Represents funding from Save the Children. Does not take into account depreciation or interest paid on savings
- (15) No start-up funds
- (16) Revenue over operating expenses
- (17) Revenue over adjusted expenses (taking into account inflation)
- (18) Number of clients per agent
- (19) Expenses represent 40% of the expenses of Faso Jigi/GGLS. GGLS covers 60%
- (20) The annual local interest interbank rate (5.75%) is higher than the inflation rate (4%). The imputed cost of capital is obtained by multiplying expenses by the interbank rate
- (21) The sum of expenses and the imputed cost of capital

VIII. GGLS Minimum Reporting Information (January – June, 1999)

Portfolio and Outreach	June 30, 1999	Income	June 30, 1999
Number of clients	2796	Income	
Amount of Loans Outstanding (1)	32,143,752	Interest Income from Loans	3,371,785
Number of Loans Disbursed	1482	Fees From File	691,070
Amount of Loans Disbursed	30,900,000	Interest on Bank Savings	0
# of Compulsory Savings Accounts	2796	Others Income	0
# of Voluntary Savings	0	Total Income	4,062,855
Amount of Compulsory Savings Accounts (2)	2,963,524		
Amount of Voluntary Savings	0		
Arrears 30-60 days (3)	86,169	Expenses (18)	
Arrears 61-90 days (4)	5,760,098	Staff Salaries (brut) Admin/Program	8,254,106
Arrears 91-120 days (5)	3,453,028	Advantages and Benefits	212,544
Percentage of female clients	100%	Building Maintenance	0
Number of staff (6)	13	Vehicle Maintenance	879,990
Nominal Annual Interest Interbank rate (7)	9%	Living and Travel	3,541,328
Effective Annual Rate Loan (8)	27%	Supplies	1,236,825
Real Annual Interest Rate Savings	25%	Other	336,231
Effective Annual Interest Rate Savings	0	Depreciation Motorcycles	0
Local Annual Interest Interbank Rate (9)	5.75%	Depreciation Equipment	40,000
Local Annual Inflation Rate (10)	4%	Audit	0
Number of Program Staff (11)	0	Rent Utilities	0
Donations for Operations (12)	17,914,052	Communication	0
Donations Capital Contributions (13)	12,500,000	Guard Service	0
		Training	0
		Loan Loss	3,453,028
Indicators		Interest Paid on Bank Savings	0
Operational Self Sufficiency (14)	23%	Cost of Commercial Money	0
Financial Self Sufficiency (15)	21%	Total Expenses	17,954,052
# Active Loans/Program Staff (16)	215		
Portfolio at Risk (17)	30%		
Average Loan Size	20,850	Total Operating Profit/Loss	(13,891,197)
		Imputed Cost of Capital (19)	1,032,358
		Total Adjusted Expenses (20)	18,986,410
		Adjusted Profit	(14,923,555)

* All financial amounts in CFA

VII. GGLS Minimum Reporting Information

- (1) Amount represents the balance of outstanding loans on June 30, 1999
- (2) Amount represents the balance of term deposits on June 30, 1999
- (3) (4) (5) Amounts represents at-risk loans
- (4) GGLS support personnel
- (5) (9) (10) Source: Banque Nationale de Développement Agricole (BNDA)
- (6) Represents interest rate of 25% plus 2% file charge
- (11) There are currently no management groups in GGLS
- (12) Funding from Save the Children
- (13) Revolving funds from start of program in 1995
- (14) Revenue over operating expenses
- (15) Revenue over adjusted expenses (taking into account inflation)
- (16) Number of clients per agent
- (17) Total number of loans at risk. 30% reimbursed by July 31
- (18) Expenses represent 60% of expenses for Faso Jigi/GGLS. Faso Jigi covers 40%
- (19) The annual local interest interbank rate (5.75%) is higher than the inflation rate (4%). The imputed cost of capital is obtained by multiplying the expenses by the interbank rate
- (20) Sum of expenses and imputed cost of capital.

COMMERCIAL GARDENING & WELLS

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

CA No. 624-A-00-97-00067-00

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Commercial Gardening and Wells

I. Introduction

This report is a summary of the *Commercial Gardening and Wells* activities carried out between 1 January and 30 June, 1999. The main activities over this period were the following:

- Assessment of sites for the development of 26 village gardens
- Development of 26 village gardens
- Training the committee members of the *Groupement Villageois de Maraîchage (GVM)* in committee functions as well as the management of a garden (keeping accounts, measuring production, etc.)
- Training the gardeners in gardening techniques
- Organizing the new gardeners to form a "bureau" to manage their gardens (who plants what where, the procurement of seeds, fertilizer, etc.)
- Creating new teams of well diggers/masons
- Training the well digger/mason teams
- Monitoring the gardens' cultivation
- Monitoring the digging of the wells and the gardens' development
- Evaluation of:
 - The quantity of vegetables produced and its value;
 - The quantity of vegetables sold and its value; and
 - The quantity of vegetables consumed and/or preserved and its value.

The results obtained during this period are shown in the indicator tables below with an explanation following each type of indicator.

II. Results Tables

Result/Indicator	Expected Results 1999	Actual Results Jan-June 1999	% Achieved to date	Comments
1. No. of gardens created	14	26	185%	
2. No. of garden wells dug	28	52	185%	

These better than expected results lie in the fact that there was a very high demand for the gardens. We received 31 requests as opposed to our expected 14. After a re-analysis of resources available, the project was able to finance the development of 26 gardens. For each of these gardens two wells will have been dug, for a total of 52.

Result/Indicator	Expected Results 1999	Actual Results Jan-June 1999	% Achieved to date	Comments
3. No. of well digger/mason teams created	14	26	185%	A team is composed of 4 (2 well diggers/2 masons) the increase is due to the increased no. of gardens developed.
4. No. of well diggers/masons trained	56	104	185%	

The higher than expected results are due to the greater than expected number of gardens developed.

Result/Indicator	Expected Results 1999	Actual Results Jan-June 1999	% Achieved to date	Comments
5. No. of operational gardens	34	39	115%	
6. Total number of people involved (active and non-active)	2400	3011	125%	Kolondieba=2242 Bougouni = 858
Women:	1440	2049	142%	
Men:	960	962	100%	

The number of people involved was originally based on 50 per garden while in actual fact it has averaged to around 40 per garden. After the development of 18 gardens in 1998, five gardens were able to be planted immediately which brought the number of cultivated gardens to 39 compared to the 34 expected. The number of people involved increased due to the increase in number of gardens developed (26 compared to 14 expected). Women's participation was more enthusiastic than expected. In the Bougouni area, there are some gardens which are exclusively for women.

Result/Indicator	Expected Results 1999	Actual Results Jan-June 1999	% Achieved to date	Comments
7. No. of active growers (Operational gardens):	1700	2022	118%	Due to more gardens becoming operational than expected.
Women:	1020	1618	158%	
Men:	680	404	59%	

The results were greater than expected as five more gardens than expected became operational (were cultivated).

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
8. No. of garden committee members trained or through a refresher course by SC	140	195	139%	Trainings were for the committees from the 39 gardens in operation—in 2 sessions (Feb and April)
9. No. of people trained by committee members on gardening techniques	960	1740	181%	The trainings touched 1740 of 2022 active growers. The lower number is due to women in particular having other responsibilities which kept them from the trainings..
Women:	-	1194		
Men:	-	546		

The number of committee members trained in gardening techniques and in garden management by Save the Children and the number of people trained by the committees was greater than expected due to the number of gardens cultivated being greater. (39 as opposed to 34). The training was held for the growers of operational gardens.

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
10. Total production (tons)	216	171.03	79%	The 'hivernale' production has not yet been included.
11. Average production per garden (tons)	6.35	4.38	69%	

Although the number of gardens cultivated was greater than expected (39 as opposed to 34), the production was less than expected due to the drying up of

some wells, particularly during the April-June period. During this period, six gardens were not cultivated due to a lack of water. Also, there was a strong production of lighter weight leaf vegetables grown. Finally, it should be noted that the 'hivernale' production (July-December) has not yet been evaluated and, though generally less than productions at other points of the year, it usually averages at about 30% of the dry season production which means that the goals should easily be reached.

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
12. Value of total production (cfa)	42,000,000	36,912,355	87%	Good results due to extreme market demand as a result of low production. The rainy season growing period should add considerably to the results achieved to date.
13. Average value of production per garden	875,000	704,600	80%	

Growers were able to receive a higher than normal price for their vegetables as there was insufficient production to meet demand. Thus, in spite of a low yield due to lack of water, and in spite of not yet calculating the impact of the rainy season growing period, the average and total value of production is very good.

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
14. Quantity of vegetables sold (tons)	144	117.72	81%	With the addition of the rainy season growing results, goals will easily be reached.
15. Value of the quantity sold (cfa)	33,500,000	24,605,000	73%	
16. Average revenue per grower	24,700	12,165	49%	

Despite the lack of water to grow the vegetables, the quantity of vegetables sold and their value was relatively good because it coincided with a growing market demand. The average revenue per grow is lower than expected because in some gardens there are as many as 71 growers rather than the expected 50. The success experienced has encouraged many women to start other small businesses such as selling children's clothes, other 'condiments', peanuts, etc.

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
17. Quantity of vegetables preserved (in tons)	43	--	--	The total production was either sold or consumed.
18. Value of vegetables preserved (cfa)	8,400,000	--	--	

Because of the low overall production and the high market demand for vegetables, growers had no vegetables left to conserve.

Result/Indicator	Expected Results FY 99	Actual Results Jan-June 1999	% Achieved	Comments
19. Quantity of vegetables consumed by growers (in tons)	--	57.012	--	An estimation of the amount to be consumed by the growers themselves was not made at the beginning of the project.
20. Value of vegetables consumed by growers (cfa)	--	12,307,000	--	

A large amount of vegetables was consumed by the growers to meet family needs, which contributed to an improved nutritional status of their children.

III. Impact of Activities/Lessons Learned

3.1 Review of 1998 Impact of Activities/Lessons Learned

Below are the lessons learned, descriptions of impact, and successes noted in previous reports:

- The training of the growers in their own villages facilitated the involvement of women;
- 22 Growers put their earnings into savings accounts with Faso Jigi;
- Growers in Bougoula and Sokolondiè invested their earnings into enlarged gardens (by 624 square meters in Bougoula and 312 square meters in Sokolondiè) which meant a higher/individual revenue;
- The village growers are the most popular sellers of produce;
- The number of loans for gardens increased from 12 in 1997 to 25 in 1998 due to the work of the animators and the gardens' successful results;
- An entrepreneurial spirit is growing quickly among the participants due to the success they've had in selling their produce; and
- The gardening association of "Sennasigi" and the well diggers' masons' association of "Jigiya", with the support of Save the Children, became more involved with the provision of the construction materials for the

gardens and wells, taking on responsibilities which will contribute to their long term sustainability.

3.2 Successes and Lessons Learned January-June 1999

- There is a great demand for these gardens, witnessed by the fact that in Kolondieba 25 requests were made in FY 98 and 26 in FY 99 and in Bougouni 31 requests were received in FY 99;
- All wells need to be 12 meters deep to ensure their not going dry;
- Gardening is filling a void in income generation activities for these communities during the dry season;
- With the revenues from gardening, the participants are developing other income generating activities;
- Community participation is especially difficult to mobilize in the semi-urban areas due to the lack of influence of traditional leaders in mobilizing workers to dig wells, clear land, etc.; and
- Further efforts need to be made to assess the "impact" of these activities on the quality of life of the participants.

3.3 Some initial observations of <Impact>

During the course of the USAID monitoring visit 14-18 June, the following descriptions of <impact> were noted by the women participants in Ténémakana, Wakoro, Koloni-Boundio, Kélékélé and Sokolondie:

With the profits from gardening

- I bought a bicycle for my son (Kaniba Coulibaly of Koloni-Boundio);
- I bought a lamb to raise and this lamb is now bred (Bintou Fané of Ténémakana and Biba Sangaré of Kolosso);
- I'm doing other 'petit commerce' (Soungalo Koné , president of the gardening committee of Kélékélé);
- I am buying the trousseau for my daughter (Bintou Fané of Ténémakana);
- We were able to visit a Health Center and buy the necessary medicine (Awa Koné of Ténémakana);
- We bought clothes for our children and ourselves (Rokia Konaté of Ténémakana);
- There has been a lessening of the rural exodus of youth due to having resources to buy bicycles, radios, clothes, etc. (Kaniba Coulibaly of Koloni-Boundio);
- When I visit my parents who are in another village, I don't stay long as I worry about how my plants are doing in my absence (Kaniba Coulibaly of Koloni-Boundio);
- Now I get along well with my husband because the sauce is good and I have the resources to do other things than those for the children (Awa Koné of Ténémakana);

- There are now fewer cases of childhood illnesses due to the lack of green leafy vegetables (Rokia Konaté of Ténémakana);
- Now the men are big because of green vegetables (Kaniba Coulibably of Koloni-Boundio);
- We are able to buy grain when we run out (Salia Konery of Sokolondiè);
- For the first time I was able to plow my millet field with an ox as before I never had enough money. What took me 15 days before, took me one day with the ox and plow (Minata Koné); and
- I bought 50 kilos of peanut seed for 20,000 cfa for my field (Salimata Konaté).

IV. Difficulties Encountered

These difficulties fall into two categories: organizational and technical:

4.1 Organizational Difficulties

Organizational difficulties were encountered particularly in the large villages such as Garalo and Kologo with the construction of the wells and the fencing around the gardens (getting the necessary materials and digging). Because of the larger villages, there is more of a sense of individualism and less control over the community by the traditional leaders who in smaller communities make the decision for the community participation needed to prepare the gardens and dig the well. To resolve these problems, day laborers were engaged.

4.2 Technical Difficulties

Due to incomplete data being kept by the committees, it was difficult in some cases to evaluate the level of production of the garden or the resources generated from the sale of the produce. We are now reflecting on how to improve the system of data collection so that it is efficient and accurate. A training workshop will be held on data collection for all of the agents.

V. Collaboration

A strong partnership has been established between Sennasigi, Faso Jigi, and Jigiya. This partnership has been institutionalized with quarterly meetings.

VI. Plans (July-December 1999)

During this period activities will focus on:

- Monitoring of the cultivation of 66 gardens;
- Evaluation of the 'hivernale' production;
- Educating the villages about SC's garden loan system;

- Collecting and responding to new requests;
- SC's recovery of loans;
- Organization of growers in September for the new growing season which commences in October; and
- Training of the growers.

VII. Conclusion

This period has been a full one with many encouraging results both quantitative and qualitative. From the information we have to date, we feel that we will be able to achieve our year goals.

Annex A

Data Collection System

In order to assure the regular and accurate collection of data, we have trained each garden management committee in the keeping of records regarding recurrent costs, quantity of production, amount sold (for how much), and the amount consumed (value based on the value of that sold).

Each grower notes in a notebook the amount which she/he has harvested, how much has been sold, the price for which it was sold, and the amount which was consumed by the family or preserved.

To facilitate data collection in the villages a RRA was conducted. During the course of the RRA, each of the growers was systematically contacted to collect specific indicator data. The technique used was the "semi-structured interview". In addition to the data gathered in this way, we also gathered the data which was kept in the existing records from which we were able to develop averages.

The tables in this report represent a combination of data from the RRA and the garden committee records.

Annex B

Method of Determining the Production Cost of a Garden

In order to calculate this, we have determined the length of the loan (3 years) as the amortization period for the wells and the fencing.

Description	Quantity	Cost per unit	Total
1. Garden Development			
-fencing	8	45,000	360,000
-installation of fencing /laborer/days	20	500	10,000
Sub total			370,000
2. Digging of one well			
- sacks of cement	30	5,500	165,000
- iron rod reinforcemets (6)	40	2,000	80,000
- tempered iron wire	1	4,000	4,000
- tôle	1	4,500	4,500
- transport of local materials (sand, gravel, water)	20	500	10,000
- sub contracts	1	150,000	150,000
Sub Total			413,500
Cost for 2 wells	2	413,500	827,000
Total Investment Cost			1,197,000
3 Year Amortization			
Annual Amortization			399,000

Cultivation Cost Per Garden

Activity	Quantity	Laborer Days	Rate per day	Total
Watering of 420 parcels	4 men/90 days	360	500	180,000
Binage	10 men/1day	10	500	5,000
Fertilization	1 man/day	1	500	500
Preparing 420 parcels	21 men/1day	21	500	10,500
Amengement	21 men/1day	21	500	10,500
Seeds	10 packages			10,000
Sowing/Howing	21men/1day	21	500	10,500
Sub-total		434		227,000

Annual Total Cost of Investment: 339,000 + 227,000 = 626,000 cfa

Average Annual Revenue per Garden: 750,000 cfa (from 1998 data which does not include the 'hivernale' revenue).

Average Net Revenue per garden: 124,000 cfa

After three years of amortization: 750,000 – 227,000 = 523,000 cfa

DEMOCRATIC GOVERNANCE

Semi-Annual Report

for the period

1 January – 30 June 1999

Save the Children

CA No. 624-A-00-97-00067-00

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- VII. Conclusion

LIST OF ACRONYMS

APE :	Parent-Teacher Association
ASACO:	Community Health Association
CERPOD :	Centre d'Etude et de Recherche sur la Population pour le Developpement
CO :	Community Organization
CMDT :	Compagnie Malienne de Developpement Textile
DG :	Democratic Governance
GGLS :	Group Guaranteed Lending and Savings
Jigiya	Cooperative of Well-Diggers
PAD :	Programme d'Appui a la Decentralisation
PAIP :	Program in Support of Producers' Initiatives
SC :	Save the Children USA
SETADE :	Societe d'Etude pour l'Assistance au Developpement
Sennasigi	Cooperative of Gardeners
SLACAER :	Service Local d'Appui Conseil d'Amenagement et de l'Equipement Rural
SMC :	School Management Committee (Community Schools)
VA:	Village Association
ZAER:	Local Development Representative of CMDT

I. Introduction

Over the first 6 months of 1999, Save the Children's Democratic Governance team has focused its efforts in two main areas: completing the baseline survey of USAID indicators and restructuring and providing community organizations (CO) with formal management tools to promote sound management practices. To date, the 205 community organizations have received training in the creation of community organizations, preparation of internal rules and regulations, and administrative management. In addition, all COs had the opportunity to send non-literate members to intensive literacy training in April-May. 738, of which 52% were women, completed the course.

We expect that this training will enhance CO members' ability to manage the various functions of good governance. In combination with our other fundamental strategies of IEC and Partnership, SC's capacity-building efforts will also promote women's active participation in decision-making. As we look ahead to the next several months, we will closely monitor progress and the impact of our strategies on the good governance of the COs listed in the chart below. In learning from this process, we will continue to strengthen COs through subsequent training modules and regular follow-up visits over the second half of the year.

Target Community Organizations

Category	Types		Communes					Total
	M/F	F	Mena	Kabila	Kadiana	Fakol a	Koloss o	
School Management Committee	X		6	22	13	10	10	61
Village Association	X		13	28	19	18	10	88
ASACO	X		2	2	1	2	1	8
APE	X		0	1	1	1	2	5
GGLS		X	2	11	2	5	1	21
Village Gardening Group	X		0	8	3	3	2	16
Faso Jigi*	X		1	-	-	-	-	1
Sennasigi*	X		1	-	-	-	-	1
Jigiya*	X		1	-	-	-	-	1
FELASCOM*	X		1	-	-	-	-	1
APE*	X		1					1
Radio**	X		1	-	-	-	-	1
Total	X		29	72	39	39	26	205

* Federations. For the APE, SC works with both individual and federation.

** Radio is located in Kolondieba, but is part of training in Mena

II. Progress Towards Results 1999

The charts below describe our progress in the implementation of planned activities for the period January to June in the five communes of Kolondieba (Note: work in the remaining seven communes of Kolondieba has started in June). *As the baseline information was collected in March-April, we will not collect further information on progress towards annual results until the end of the year.*

2.1 Results: Cooperative Agreement Program Indicators

Indicator	Baseline	Expected Result FY99	Activities Planned Jan-Jun 99	Progress to Date Jan-Jun 99
% of COs which are democratically governed	0% (AID survey = 4%)	25%	<ol style="list-style-type: none"> 1. Train 205 COs in the creation and structuring of COs 2. Train 205 COs in preparation of internal rules/regulations 3. Broadcast 24 radio spots about the criteria and norms of democratic governance 	<ol style="list-style-type: none"> 1. 191 COs trained* 2. 205 COs trained, and committees to elaborate internal rules/regulations put in place 3. 20 radio spots broadcast

* 14 CO's from Mena were added to our targets after this training

Even though COs have not demonstrated practice of all three criteria, SC is confident that CO performance will be improved through the trainings on roles and responsibilities and the development of internal rules and regulations. Only 17% of COs lack one criteria while 44% lack two. Among these are Radio Benso, which needs only to organize a general assembly; the village association of Ziasso which needs only to maintain an attendance list at meetings to measure participation; and the ASACO of Tousseguela which is having difficulty agreeing upon a president, but already meets the other requirements. SC and 3A are working with the ASACO to mediate the discussion.

Indicator	Baseline	Expected Result FY99	Activities Planned Jan-Jun 99	Progress to Date Jan-Jun 99
% of COs with sound management practices	4.76% (AID survey = 4%)	40%	<ol style="list-style-type: none"> 1. Train 205 COs in admin and finance management 2. Train 852 CO members in literacy, of which 50% are women 3. Train Faso Jigi admin council in their roles and responsibilities 4. Train Faso Jigi oversight committee in controlling funds 5. Organize Faso Jigi's general assembly 6. Organize GGLS annual borrowers' forum 	<ol style="list-style-type: none"> 1. 205 COs trained in admin. Finance training will be in Sept. 2. 738 members trained, of which 52% (394) are women 3. 16 members trained 4. 2 of 3 members trained 5. 216 clients participated 6. Will occur second semester

For similar reasons as cited above for COs which govern themselves democratically, SC remains encouraged by progress towards this result. In particular, we have found that federations and some village associations are already advanced in the practice of sound management. Examples can be found in the ASACOs of Tousseguela, Gouroko, and Mena, and the village associations of Blakala and Toutiala which have demonstrated strategic planning, accounting documents, holding a general assembly to validate annual expenses, and gender analysis. Specifically in Toutiala, the village association designed budgets which determined the contributions of the village and funding partners for the construction of a literacy center and agricultural dam.

Indicator	Baseline	Expected Result FY99	Activities Planned Jan-Jun 99	Progress to Date Jan-Jun 99
% of COs having one woman in a position of responsibility	15% (AID survey = 63%)	35%	<ol style="list-style-type: none"> Undertake a Gender Relations Analysis Restructure COs 	<ol style="list-style-type: none"> Data collected in May-June. All COs are in process of restructuring with elaboration of internal rules/regulations

At least two women play active roles in almost all COs, yet the number of women in positions of responsibility in mixed COs is limited to eleven. Of these, there are 2 presidents, 2 vice-presidents, 3 secretaries, and 4 treasurers. In the vilalge of Djissan, women occupy the posts of president, secretary and treasurer for the school management committee. To promote similar representation in other COs, results from the gender relations analysis will serve as a foundation for the restructuring of COs and intensive gender awareness training in all target communities.

Indicator	Baseline	Expected Result FY99	Activities Planned Jan-Jun 99	Progress to Date Jan-Jun 99
% of COs pursuing a civic action	17.85% (AID survey = 63%)	20%	<ol style="list-style-type: none"> Train 20 local radio personnel on citizens' rights and duties Broadcast 24 radio spots in preparation for communal elections (vote, duties of the mayor and deputies, citizens' rights and responsibilities) 	<ol style="list-style-type: none"> 15 members trained 20 radio spots broadcast
% of COs pursuing effective civic action	9.52% (AID survey = 22%)	20%	<ol style="list-style-type: none"> Train COs in roles/responsibilities and advocacy 	<ol style="list-style-type: none"> Planned for second semester
% of COs mobilizing non-member, non-USAID resources	41.66% (AID survey = 69%)	40%	<ol style="list-style-type: none"> Train COs in negotiation, resource mobilization 	<ol style="list-style-type: none"> Planned for second semester

Promoting civic action and the mobilisation of non-member, non-USAID resources will be a greater strategic focus of the next six months. Nevertheless, there are excellent examples of COs taking initiative in these areas. ASACOs, for example, collect revenue from consulting fees. Village associations collect revenue from the cotton crop or collective fields to support the community schools (such as Digan and Donkerila), or from fining anyone 1000CFA for not participating in a communal activity (Bohi and Kolosso). In some cases, village associations have as much as 5,000,000CFA in bank accounts. Similarly, school management committees, such as Donkerila, have taken punitive measures, such as fining any parent 45,000CFA for refusing to send their child to school.

2.2 Results: Other Program Indicators

Following are results for other USAID indicators which were collected in April:

SO 3 : Community Organizations in target communes as true partners in democratic governance, including decision-making about development and planning.

Indicator	Expected Results FY99	Results Jan-Jun 1999	Comments
# of COs that develop a functional partnership with local government structures in service delivery	NA*	1 ASACO in Mena established a joint-funding partnership with the arrondissement of Kolondieba in order to fence the CSCOM.	
# of COs that expand their services and development activities	NA	17	Generally, the village associations diversify their development activities. For example, in Digan, the VA pays teacher salaries while in Bohi the VA built a birthing clinic.

* NA - Not Applicable

3.3.1 Target Malian federations and intermediate NGOs support the efforts of democratic self-governance and the actions of community organizations

Indicator	Expected Results FY99	Results Jan-Jun 1999	Comments
# of COs that affirm having known organizational changes and/or use at least one new technique in which they were trained	NA	75%	We have witnessed increased dynamism in COs after training and or information sessions in roles/responsibilities, finance/admin management.

3.3 *Enabling environment empowers community organizations and intermediary NGOs and federations*

Indicator	Expected Results FY99	Results Jan-Jun 1999	Comments
# of federations/intermediate NGOs working together in a systematic fashion to resolve serious constraints linked to their environment	NA	2	Sennasigi and Jigiya requested and were involved in the process of supplier selection for gardening material with SC
# of COs that know their rights and responsibilities in relation do local government	NA	89%	Following radio broadcasts and training on democracy, citizenship, rights and responsibility, CO members are more aware of legal framework in Mali

III. **Impact of Activities**

The following examples of CO civic action were documented after the April 1999 baseline and subsequent to initial training and information sessions by 3A cited above:

- 75% of COs trained by Save the Children and 3A have demonstrated organizational change;
- School Management Committees have demonstrated organized civic action towards local authorities, including establishing birth certificates for community school students, requests for land to construct community schools, requests to *chefs d'arrondissement* to exonerate community school students from taxation, requests for official recognition for the creation and opening of community schools, and production of rubber stamps to officialize documents prepared by the SMC;
- In the village of Digan, the SMC negotiated with local administration to lower the cost of birth certificates from 4100CFA to 2500CFA;
- In Koloni-boundio, the SMC negotiated with regional school authorities to permit 3 community school students, who had not taken the 7th grade entrance exam the previous year, to present themselves. All 3 students passed the test;
- In Dontereke, girl students who marry are encouraged to continue attending classes;
- In Neguipie, the village contacted the *Cercle*-level authorities when the *chef d'arrondissement* requested them to pay an unjustified sum of money for the plans of a school that had just been completed;

- Commune election turnout was twice as great as the last presidential elections (Approximately 20% nationally versus Mena 40%, Kebila 42%, Kolosso 40%, Fakola 41%, Kadiana 40%);
- Certain Village Associations accelerated their protests to the Syndicat des Cultivateurs Vivriers (SYCOV) so that CMDT would pay them after reception of the cotton production;
- COs have chosen commissions to develop internal rules and regulations documents. Drafts of these documents will be ready at the start of August;
- Increased membership in Faso Jigi and GGLS.

IV. Challenges Encountered/Lessons Learned

- **Leadership and Decision-making in COs**

Two main challenges to democratic governance in COs persist as a result of cultural practice and tradition:

1. It is quite common that the same person holds positions of responsibility in different COs. Whether due to low literacy capacity in a village, social position, or motivation, dependence on one or a few people can limit equitable representation and place at risk the functioning of the CO if the person leaves.
2. Most decision-making is made or influenced by the older, male generation. This is true from the selection of CO members to resolving conflicts. Often times, the elders do not participate in or benefit directly from the activities of the CO. As a result, questions related to women, children, and youth may not represent the views or needs of these underserved populations.

To address these issues, Save the Children is proceeding with the following initiatives:

1. Promote the restructuring of all COs through the development of internal statutes. This should result in increased participation of women and youth;
2. The training of all CO management structures in their roles and responsibilities;
3. 738 CO members have received an intensive 45-day literacy training. Of these 52% were women;
4. The institution of an "exchange space" between village elders and COs. This opportunity for discussion will allow the CO to explain their objectives, results, and future plans in order to avoid the imposition of men and women by the elder leaders; and
5. A comprehensive gender relations analysis was carried out in May-June. Results from this study will serve to focus our training and community mobilization efforts to promote gender equity in village decision-making

- **Absence of Internal Rules and Regulations**

Except for Faso Jigi, ASACO, and Sennasigi, no CO had an official statute of internal rules and regulations to guide their functioning. Through training provided by 3A and Save the Children staff, the majority of COs will have developed these statutes by August.

- **Financial Dependence on Village Associations and Save the Children**

Despite contributions of time, labor, and materials, COs still find themselves reliant on the Village Association or Save the Children for financial support to carry out their activities. This can be due to the fact that the cost is too high for a CO to support individually, or that they have decided to distribute their resources towards other priorities. To address these issues in the second half of the year, we are planning training sessions in financial sustainability, negotiation and resource mobilization, and sound management practices. In addition, we plan to provide advice towards the promotion of income generating activities.

V. Partnership

Save the Children has made great strides in fostering relations and building partnerships which allow us to increase mutual understanding and maximize resources and opportunities towards program goals on different levels:

- Amongst PVOs, we have been working closely with World Education, Africare, and CARE in an effort to harmonize our approach and reinforce the capacity of our NGO partners. This will include collaborative development of training curricula for assistance to intermediate NGOs and federations and co-sponsoring of DG training;
- Local administrative authorities in Kolondieba have been contacted to present and discuss the program and its goals. These include the *Commandant de Cercle*, the *chefs d'arrondissement* of our target communes, the *service socio-sanitaire* and its representatives in the *arrondissements*; school authorities; and *Service Local d'Appui Conseil d'Amenagement et de l'Equipement Rural* (SLACAER);
- Amongst the parastatal organizations, meetings were held with CMDT's area representatives (ZAER) in our target communes;
- Amongst NGOs and technical assistance offices, we have collaborated with ADAC in Kadiana, ADIB in Kolondieba, Helvetas/PAIB in Kolondieba, SETAD in Kolondieba, CERPOD, the theater group Jamtoyerela in Kolondieba, and PAD/CEPID and ACODEP in Bougouni.
- In May, SC participated in a forum with the PAD/CEPID and ACODEP to examine their DG program's goal, objectives, and target populations. After determining the compatibility of approaches and strategies, a collaborative relationship was established for the Sikasso region whereby SC would continue its focus on community organizations, PAD/CEPID with the elected and communal personnel, and ACODEP with villages. The group

will meet twice a year to discuss progress with interventions and ensure the continued compatibility of approaches and frameworks.

VI. Plans (July-December 1999)

- Promote CO restructuring and stability by consolidating technical advice and information sessions to promote the adoption of internal rules and regulations and the pursuit of legal recognition;
- Produce training modules linked to sound management, civic action, and female representation program indicators; and reinforce the training capacity of SC's DG team to facilitate sessions;
- Organize information/discussion sessions on the DG program with COs in 7 communes to be targeted next year;
- Continue to broadcast radio information spots on the rights and responsibilities of citizens and other program indicators;
- Train SC DG team in advocacy techniques, and in turn train the COs;
- Promote increased female leadership and participation through the Gender/FACETS team;
- Organize a participatory planning workshop with COs to promote experience sharing and more effective programming.
- Collect data on progress towards program results for annual report

VII. Conclusion

Save the Children looks forward with great confidence to continuing the process of strengthening COs over the next six months. This belief is based upon our results to date, our comprehensive strategy of training, IEC, and partnership, and the strengthened technical quality of our team. To date, each CO has participated in creating a solid foundation upon which a viable organization can be built through a continued process of capacity building. As we prepare for the challenges and opportunities of the near future, such as the creation of the commune councils, we remain optimistic that COs in Kolondieba will actively and equitably represent their members' interests in the development of their own communities.