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Norway Protestant Mission

**Final Evaluation Report
Health and Literacy Project in
Tambaga Area
“PSAT”
May 2010**

Achieved by:

- **Dr Lalla Cissé**
- **Aly DJIGA, Team leader**

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SETS OF INITIALS

IGA	Incomes Generating Activities
APDC	Paggiri Action Community Development
APP	Association of Parents of Pupils
CHA	Community Health Association
TRBA	Traditional Retrained Birth Attendant
CPA	Center of Pedagogic Animation
LDC	Local Development Committee of village
CMS	Chief of Medical Station
PC	Prenatal Consultation
CHC	Community Health Center
SFGRP	Strategic Framework for Growth and Reduction of Poverty
HCR	Health Center of Reference
ICD	International Common Denomination
DTWP	Diphtheria Tetanus Whooping Cough Polio (vaccine)
IEC	Information Education Communication
STI	Sexually Transmitted Infections
MNE	Ministry of National Education
WSHG	Women's Self Help Groups
MPN	Norway Protestant Mission
MDG	Millenium Development Goals
NGO	Non Governmental Organization
PDRIK	Integrated Development Project of Kita
PDSC	Health Development Plan of Circle
SECDP	Social, Economic, and Cultural Development Program
EPI	Expanded Program of Immunization
MPA	Minimum Package of Activities
NPFE	National Program of Fight against Excision
PPSAT	Pilot Project for Health and Literacy of Tambaga
PRODESS	Social and Sanitary Development Program
PSAT	Health and Literacy Project in Tambaga Area
HIS	Health Information System
AMV	Anti-Measles Vaccine
HIV / AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

EXECUTIVE SUMMARY

The Health and Literacy Project in Tambaga area (PSAT) is the result of a pilot project for Health and Literacy executed in the area of Tambaga and Kokofata between 2002 and 2004.

From 2006, PSAT was designed by the Norway Protestant Mission in Mali to accompany the Rural Communes of Tambaga and Kokofata for a period of five years in their development process of basic social services through activities of health, literacy and income generation for the benefit of its communities including women and children.

The project goal aims at fighting against poverty and supporting the creation of a sustainable development in the region, based on resources and conditions that are in the area. The project will *not be* the hope and change for the population, but expects *to create and bring* hope and change that last; in the first instance by targeting women and children.

Initially the project targeted the rural commune of Tambaga which is administratively part of the district of Kokofata. The district covers three communes. In the context of inter-communal exchanges between these three communes, the mayors of the two municipalities expressed their desire to see PSAT involved in their communes. In analyzing this request, PSAT accepted and since then the Commune of Kokofata and Bougaribaya became an intervention zone of PSAT.

The project has planned to work so that to become the most “superfluous as possible”. It has also planned to assist the community in the setting up of their own development, where activities in the highest degree possible “will be held” and led by participants from the start up.

After four years of implementation and in accordance with annual plans, MPN has commissioned a final evaluation to analyze the level of achievement of the planned results. After evaluation, the general conclusions to be considered are the following:

Under the salient strengths of PSAT, major findings emerge.

As a whole, the results expected in the annual plans based on objectives are achieved and some are exceeded. Trust is established between the populations of the three communes and the Project. The current staff of the project has a good knowledge of the project, the area and populations of the three municipalities.

In all the 11 villages / hamlets out of 30 visited in the three communes, the populations encountered (village chiefs, members of groups of women and men, communities, elected officials, technical services, administration) agree to express their high satisfaction with the results achieved.

All the target groups encountered in the 11 villages have said they are very satisfied with the quality and number of achievements made by PSAT, and that they meet their basic needs.

The second major finding is that in each village visited, women are the biggest beneficiaries, and they have not failed to mention the positive impacts that the achievements of PSAT have caused on them and their families.

Given the important role played by PSAT in the creation and operation of health structures in the three communes, their results can be taken fully in the account of the Project. This role is well illustrated by the remarks of the Deputy Chief Medical Officer of the Health Center of Reference of Kita “Thanks to PSAT, the CHCs of Tambaga, Kokofata, and Sitanikoto have been operational. Without PSAT, these CHCs would certainly not be functional today like 4 others built in the circle at the same time”.

The development rate of family wells has been particularly appreciated by the populations. All the persons interviewed, including health technicians have systematically said that drinking water is now clean and that the rate of diarrheal diseases has decreased. Many have stressed that these developments contribute to the safety of children and animals (prevent them from falling into wells).

The large-diameter wells and pumps have helped to have water permanently in the villages. As for the pumps their water is considered clearer and cleaner.

The sensitizing activities in health were also unanimously appreciated by the TRBA, village and municipal authorities and administration. These include emissions on excision, pregnancy monitoring, EPI, nutrition and hygiene / sanitation. They find that these activities help in their sensitizing and mobilization work for the use of health services and in the framework of the sanitation of villages.

In the village of Kouloubou, M. Samakoudiala Dembele called Abel says: “Thanks to my literacy that the Project has supported in my village, after being literate in three years, I had classes in a biblical school of Bafoulabe.”

In an official declaration on the national television and radio of Mali, September 7, 2010, the Minister of National Education of Mali said that he now welcomes the availability of teaching materials in Malinké language. This declaration is due to the work of PSAT.

The Malinké language is known since then as a national language of Mali among the 13 national languages of Mali.

The President of the Association of Parents of Pupils (APP) of Tambaga M. Sewoli Dembélé, testified that thanks to the support that PSAT has brought to their Association with the construction of new classrooms, the charges of parents decreased and this has helped them enroll many of their children in school especially girls.

Thanks to the electrification of the classrooms of the second cycle of Tambaga, said the President of the APP, pupils learn more lessons and are much more motivated. Out of a total of 17 mills by PSAT since 2003, 13 are operating properly and are managed by a management committee set up and trained by the Project. Each of the group has a credit union created by the revenues from the mill.

The President of the group of women of Biliko, Mrs Bariki Kamissoko said: “Before the arrival of PSAT with the mill, we went to Kokofata located 9 km with a load of 20 kg on

head, to make grind our cereals and Shea nuts. This took us all day. Thanks to PSAT, we won a day to devote to other tasks such as gardening, and the same quantities of cereals and nuts are ground in less than 30 minutes. We lack words to thank Sandjiba”.

More than 53 acres of gardens are utilized by 974 women in nine villages, who produce mainly leafy vegetables, fruits and tubers for domestic consumption and sale for cash income. The President of Women’s Group of Tambaga, Mrs. Mahati Dansira has told us that in one campaign of gardening in the hot season, one woman can get CFA 5 000 by selling one part of her production after extracting the part to be consumed by the family. This consumption of vegetables by the family may be extended for three months.

In Béhon, the group of women around the mill, in one year, has saved an amount of CFA 175 000, which it has invested in the purchase of 2 tons of cereals to constitute a cereal bank. The group will proceed with the sale of these cereals during the soldering period in the village.

In Béhon, the President, Mrs. Founébala Dansira told us that within three months 68 women members of their group have saved an amount of CFA 40 000. This amount has been given as credit to 10 women to allow them to undertake either a small business, to treat or pay the tuition of their children.

The evolutions outlined above, are correlated with the aim of the project. The strategies, approaches and activities of the project, based on the linking of communities and their elected officials have strongly promoted the successes recorded in terms of number of achievements made in PSAT.

Despite strength mentioned above, the program presents some weaknesses

- The abrupt departure of the Project Coordinator in May 2009 has had enough negative effects on the implementation of activities planned for 2009. These effects have contributed to the postponement of many activities for the year 2010. The section that has suffered more from this disturbance is literacy. Despite the formalization of the Malinké language by the Minister of National Education, PSAT couldn’t train those village animators in time, or open literacy centers in villages let alone to provide women with reading and writing as it had planned it.
- We note first, the primary approach of PSAT occulted the capacity building of target groups. But since February 2010 this is in correction with the partnership established with the APDC NGO.
- The approach of PSAT which is based on collaboration with the municipal authorities, does not involve these authorities at all stages of the implementation of achievements. Especially neither in the selection of tenders of service providers nor in financial management.
- The saving approach “WSHG” must be followed to maximize its benefits.
- The low level of women’s representation within the Project team.

As conclusion

The evaluation mission found that PSAT project is relevant and its implementation strategy must be reviewed to allow ownership of village development by the community.

We thank the project staff for having facilitated the task of information collection thanks to a good organization of the stages of the mission and logistics.

Finally, we thank the populations of the three communes and particularly those of the villages and hamlets visited who have so warmly received us and spared no time despite their full workdays, to explain us their activities.

1. INTRODUCTION:

The Norway Protestant Mission was established in 2001 in Tambaga. It initiated in 2002 the Pilot project for Health and Literacy in Tambaga “PPSAT”. It was a pilot project that has been executed between 2003 and 2004 and that has planned to establish relationships with the society and local authorities, through practical works in the field of health, literacy and income generating activities (IGA).

Many useful experiments have been made during this pilot phase. The external evaluation of PPSAT gave ideas regarding what worked well and what should be improved in a new phase of the project.

Based on these recommendations, the Norway Protestant Mission in collaboration with local and central authorities met to design this Project which took the name “Health and Literacy project in Tambaga area (PSAT)”. PSAT has been designed for a period of five years from January 2006 to December 2010.

In May 2010, MPN has contracted the services of two external consultants, Dr Lalla Cissé and Aly Djiga, Agricultural Work Engineer, to make the final review of the Project following a Term of Reference (see Appendix 1).

The purpose of the review is to evaluate the impact made in relation to the financial and human resources that are engaged by the project and evaluate the degree to which activities met the needs of target groups and assess the sustainability of these activities. This review was conducted in the project area from 4 to 12 of May 2010.

2. EVALUATION METHODOLOGY:

The Consultants have received documentation on PSAT Project in advance by email. The two consultants have separately met with the Management of MPN for the signing of contracts.

The evaluation team came to Tambaga on May 4, 2010. She met with the Project Coordinator M. Holsje Haugsja who provided basic information on the Project.

The day after the consultants met with the project team who made a presentation of the project, and together, we developed a schedule for field visit. (See Appendix 2).

This calendar / program established by the Project team for a period of seven days and half has enabled to visit the achievements of 11 villages and to meet with the recipient target groups of these achievements and meet with the collaborators: authorities of territorial collectivities of the three communes, officers of technical services in the three communes and the city of Kita. (See list of interviewees Appendix 3).

The information was collected at the level of different categories of actors according to the lines of investigation below:

- **Knowledge about the intervention approaches and strategies of PSAT;**
- **Assessment from activities of PSAT and results achieved to date by the different target groups;**

- **Assessment of effects of the interventions of PSAT on the village and on the individual;**

It should be noted that given the time assigned to evaluation, the methodology was essentially qualitative, based on interviews with the different players of the Project who formed the sources of information and observation. Quantitative data of activities of health structures were collected from reports of the Health Information System (HIS) of the HCR of Kita.

Despite the lack of a logical framework in the project basic document, clear indicators are defined in the annual plans that were used to measure achievement of specific objectives and purpose searched for.

3. PSAT PROJECT GOAL:

Fight against poverty and support the creation of a sustainable development, based on resources and conditions being in the intervention zone.

4. INTERVENTION ZONE:

Initially the project targeted the rural commune of Tambaga which is administratively part of the District of Kokofata, Circle of Kita, Kayes Region - Republic of Mali.

The district of kokofata gathers three communes which are:

- Commune of Tambaga : 11 villages
- Commune of Kokofata : 16 villages
- Commune of Bougaribaya : 6 villages

The populations of the three communes having close family relationships, their local authorities have formed an association called “Heremakono” which means “Waiting for Happiness together” to undertake together actions of common development. Thus, in the context of inter-communal exchanges between these three municipalities, the Mayors of the two municipalities expressed their desire to see PSAT involved in their communes. In analyzing this request, PSAT accepted and since then the Communes of Kokofata and Bougaribaya became an intervention zone of PSAT.

5. PROJECT INTERVENTION STRATEGY:

The design of the document of Health and Literacy project of Tambaga was done in collaboration between MPN and local authorities (Mayor of the commune of Tambaga and his councilors). From the outset, the decision of working with village leaders and giving the responsibility of development to the democratically elected authorities has been adopted as a basic strategy.

This intervention strategy consisted to be based on territorial collectivities to reach populations. Thus, the annual planning of PSAT is made on the basis of people's needs taken into account in the Social, Economic, and Cultural Development Plan of the target Communes.

A Memorandum of Understanding is established between PSAT and the Mayors who notify the roles and responsibilities of each and the process of selecting the actions to

undertake for the benefit of target groups or villages. The Commune and PSAT agreed that for each intervention requested by the village, a contribution in kind is required from this one.

So that PSAT intervenes in the village for any activity, it is necessary as a preliminary that the local authorities approve the village request, and forward this request to PSAT.

PSAT, after a feasibility study of the desired action, sets the terms and an agreement was signed between PSAT and the recipient village. The Common authorities have the responsibility to mobilize people to meet conditions. It was after the activity is performed by PSAT.

PSAT has developed two different intervention strategies during its cycle:

From 2006 to May 2009, the team of PSAT only composed of employees recruited by MPN was monitoring the activities and the training of beneficiary groups.

Between May 2009 and December 2009, PSAT has contracted a national NGO called Paggiri Action Community Development (APDC), in service delivery, to trust him with the capacity building of women's groups around the mills and market gardens. After satisfying this service, PSAT has developed a partnership with the aforementioned NGO and to give it the full coordination of the project. The NGO has deployed for this purpose its own staff and continued to work with some of the staff hired by MPN and continues the implementation of the actions of PSAT near beneficiaries.

For the realization of infrastructures, PSAT contracts service providers through tender, to achieve them. A contract is signed for this purpose between PSAT and the service provider.

6. AREAS OF INTERVENTION / OBJECTIVES:

Building on the experiences of the pilot Project (PPSAT) and the needs of the populations expressed in the Plans for Social, Economic and Cultural Development of the recipient rural Communes of this project, the following sections have been identified as intervention area of PSAT:

6.1 Section of Health: The objective is to improve the health status of the populations in particular mothers and children in the Project intervention zone.

6.2 Section of Literacy and Education: The objective is to improve the knowledge in reading and writing in particular among women in the Project intervention zone.

6.3 Section of Incomes Generating Activities: The objective is to increase the incomes of women in the Project intervention zone.

7. INTERVENTION STRATEGIES PER SECTION:

7.1 Section of Health:

- Provision of primary vicinity health services for the entire population of the target communes;
- Facility in the access of populations to drinking water;

- Information, education and communication on matters of public health of the populations (HIV / AIDS, the practice of excision, family planning, the fight against malaria, hygiene and sanitation);
- Capacity building of the beneficiaries for the care of actions undertaken.

7.2 Section of Literacy / Education:

- Advocacy for the recognition of the Malinké language as national language in the Republic of Mali;
- Development of documents in Malinké language;
- Literacy of populations especially women in Malinké language;
- Schooling of a high number of girls in schools;
- Capacity building of the beneficiaries for charge taking of actions undertaken.

7.3 Section of Incomes Generating Activities for Women:

- Diversification of sources of incomes for women through the installation of mills, market gardens and savings and credit system;
- Capacity building of the beneficiaries for charge taking of actions undertaken.

8. TARGET GROUPS:

The project targets the populations, men and women, of the most remote areas and gives priority to women as special target group. Because women generally have the largest workload, and in addition confronted with major health problems and are less skilled in reading and writing than men.

In the field of health, the Project has focused primarily on the health status of mothers and children.

9. STRUCTURES, STAFF, AND LOGISTIC MEANS:

9.1 Project Structure:

PSAT is based in offices built for the occasion in Tambaga. It has shops and housing for the expatriate coordinator.

A Board of Directors is the supreme organ of PSAT. It meets at least twice a year to exchange ideas on the project's progress and plans future interventions.

It consists of the following:

- The Sub-prefect of Kokofata;
- The Mayors of the communes of Tambaga, Kokofata, and Bougaribaya;
- The Director of MPN;
- The Coordinator of PSAT;
- An agent of PSAT;
- The Chief Medical Officer of Kita;
- The Director of the Center of Pedagogic Animation of Kita;

- Representatives of village chiefs.

9.2 Project Staff:

From January 2006 to December 2009:

During this period the team of PSAT counted 11 people exclusively employed by MPN whose positions and names are as follows:

1. An expatriate coordinator (Holsje Haugsja called Sandjiba Dembélé)
2. An assistant to the coordinator, accountant (Samakoun Dembélé)
3. An expatriate animator in charge for the section of health (Anita Haugstad Haugsja)
4. An animator of the section of health (Kadidiatou Varma)
5. An animator of the section of health (Koniba Dembélé)
6. A Secretary Accountant (Mariam Balla Diakité)
7. A Literacy animator (Balla Dembélé)
8. A mill animator (Nouhan Dembélé)
9. A warehouseman (Sayon Dembélé)
10. A guard (Namaké Dembélé)
11. A driver (Madou Dembélé)

NB /. A consultant has been contracted by PSAT since 2003, to ensure the development of the Malinké language. This is Dr. Fadiala Kamissoko Linguist Researcher at the Ministry of National Education, based in Bamako. M. Kamissoko carries out regular supervision missions in PSAT.

From January 2010 to May 2010:

From January 2010, a restructuring of the project took place. A national NGO called Paggiri Action Community Development (APDC) has been contracted to entrust the management of the project. This NGO involved their own officers and some officers from PSAT have been kept. The new team consists of 12 people, including six officers and six of APDC and six former officers of PSAT who are the following:

1. A Malian Coordinator, APDC (Cheick Salla Coulibaly)
2. An animator of literacy and wells, APDC (Balla Coulibaly)
3. A mill trainer, APDC (Baba Coulibaly)
4. A mill trainer, APDC (Ousmane Guindo)
5. A gardening trainer, APDC (Drissa Konaté)
6. A gardening trainer, APDC (Modibo Bouaré)
7. A health animator, PSAT, (Kadidiatou Varma)
8. A mill animator, PSAT, (Nouhan Dembélé)
9. A Secretary Accountant, PSAT, (Mariam Balla Diakité)
10. A guard, PSAT (Namaké Dembélé)
11. A warehouseman, PSAT, (Sayon Dembélé)
12. A driver, PSAT, (Madou Dembélé).

9.3 Logistic Means:

The Project has a hard top Toyota aged about eight years being in a tired state, otherwise poorly maintained.

All field agents of PSAT have a motorbike; on the contrary the 4 field agents of APDC share only 2 motorcycles.

The secretary- accountant has a scanner, a laptop, a printer and an office.

The Coordinator of APDC has a laptop, a printer and an office.

A training room built by PSAT is available for training and meetings of the project team.

10. FUNDING OF INTERVENTIONS :

Table I : Budget in CFA

	2006	2007	2008	2009	2010
Planned	63 550 000	96 808 000	107 200 000	90 000 000	1 183 896 NKR
Achieved	67 516 155	113 561 001	120 999 179	91 456 145	
Spread	- 3 966 155	-16 753 001	-13 799 179	-1 456 145	

NB /: The reasons for these differences are many. A major reason is the approach used for planning. Because at the time of planning we don't know in advance the costs of interventions.

The needs of the populations are sent by PSAT by the local authorities as and when in proportion as they arrive to Town Halls.

11. RESULTS OF PSAT:

11.1 SECTION OF HEALTH / WATER / SANITATION:

To better appreciate the accomplishments of PSAT in health, it is important to give an overview on the organization of health activities in Mali.

The health system of Mali has three levels of care: central composed by the national hospitals, intermediate composed of the regional hospitals, and operational which comprises two grades.

The first grade and first level of recourse to care offer the Minimum Package of Activity in Community Health Centers (CHCs). The management of these CHCs has been entrusted to Community Health Associations (CHAs). In addition to this, there are community clinics and maternity hospitals isolated, extra public health structures, faith based structures, community clinics and private clinics. Some aspects of healthcare delivery are complemented by NGOs (such as reproductive health and the fight against HIV / AIDS). It is also important to note the existence of places of consultation of traditional medicine that are often used as first resort.

The second grade or second level of recourse to health care (first reference) consists of health centers of reference of the circle, or HCR (corresponding to the hospitals of health district).

One of the roles of the HCR is the technical support to CHCs, which in turn is responsible for this role in community clinics and maternity hospitals isolated. The CHCs are also in charge for the monitoring of Traditional Birth Attendants called Retrained after training by the professionals of health and equipped with materials to help enhance the aepsy during childbirth.

There are standard norms for the construction and equipment of health facilities and the Minimum Package of Activity (MPA) by type of structure.

The MPA in CHCs consists of curative, preventive and promotional activities comprising in particular family planning, PC (Prenatal Consultation), immunization of children under one year and women in age of procreation, medical consultations, the care. The CHC team travels regularly to conduct certain activities such as immunization and PC in villages away from the center (this is advanced strategies).

The minimum staff required for a CHC is: a physician / nurse / midwife as chief of medical station, a matron and a manager. That of a maternity hospital is composed of a matron and a manager.

Drugs from pharmacies of CHCs are International Common Denominator (ICD). There is a list of essential drugs in ICD which prices are regulated by decree.

The financing of the activities of CHCs is provided by: territorial collectivities that must allocate a certain percentage of its budget; internal and external partners and extern; service deliveries.

The tariffs of service deliveries are set by the beneficiaries through the management structures, but based on a basic scale.

The planning of Health interventions in Mali is done on a ten-year plan which is implemented through the Health and Social Development Program (PRODESS) that is executed in two five-year phases. The current PRODESS is at its second phase and was to end in 2009, but was extended until 2011 from where the calling "PRODESS II extended

from 2009-2011”. The planning of health activities at peripheral level is done through the “Health Development Program of Circle”.

As for the territorial collectivities, the planning of their activities is quinquennial and is done through the “Social, Economic, and Cultural Development Program (SECDP.)

The health section of PSAT mainly concerns the communes of Tambaga and Kokofata in the circle of Kita.

Health facilities in the two communes, Tambaga and Bougaribaya, before PSAT were: a district health center in Kokofata, a community clinic / maternity hospital in Tambaga, buildings for use of CHCs in Tambaga, Kokofata, and Sitanikoto built by the Integrated Development Support Project of the Circle of Kita (PDRIK).

The Project interventions were based on investments (facilities, equipment) of health facilities and water points; the functioning of facilities, the capacity building of administrative and technical staff of facilities and information and education for the populations’ health.

The communes of Tambaga and Kokofata as well as the communes of Bougaribaya were part of the former district of Kokofata.

Therefore, in the context of intercommunity, Bougaribaya receives some assistance from the project either directly through water points, or indirectly through health structures of which, some areas count among their populations those of Bougaribaya and also through mass activities of health education.

a). Achievements of Health Facilities and Functioning and Human Resources:

The main achievements were:

- The support to the operation of the community clinic / maternity hospital of Tambaga before its transformation into CHCs. This structure was entirely managed by PSAT. To this end the Project has recruited technical staff;
- The construction of the maternity hospitals of Fangalakouta and Bafing Makana.
- The equipment of the CHCs of Tambaga, Kokofata, and Sitanikoto with non-medical and medical equipments including solar power, a motorcycle and a refrigeration chain;
- The equipment of the community clinic / maternity hospital of Kobaronto with non-medical and medical equipments including solar power and a motorcycle;
- The equipment of the Maternity hospital of Bada with non-medical and medical equipments including solar power;
- The initial endowment of structures equipped with essential drugs;
- The equipment of 33 traditional birth attendants;
- The social mobilization for the membership of villages to different health structures.
- The support to the advanced activities (prenatal consultation and immunization) of CHCs during the first 6 months of operation;
- The support to the vaccination campaign against measles in 2010 in the commune of Tambaga;
- The completion of two surveys on health situation in the communes of Tambaga and Kokofata in 2006-2007.

From 2006 to 2007, health activities of the Project were conducted by the staff recruited by the Project. But since 2008, the management of health structures supported by PSAT is ensured by local authorities through the staff recruited and paid by CHAs and the support of technical services of the State including the Health Centre of Reference of Kita.

However due to financial difficulties in the CHC of Tambaga in 2009, PSAT has contributed to the payment of the salaries of CHC's staff for 3 months.

Currently, PSAT employs only one health technician primarily responsible for activities of health education and supervision of TBAs.

The Project has put special emphasis on the capacity building of its staff and its partners through long and short terms trainings.

Long Term Training at the Health School of Kita concerned:

- 7 matrons, among whom 5 have completed and 2 must complete this year. The duration of training is one year;
- 4 obstetric nurses, among whom two have completed, 2 are in second grade and 2 in 3rd grade. The duration of training is three years.

These people trained or in training have been chosen by local authorities. But they have neither employment contract with the town halls, nor with PSAT. However, they are required to work anywhere in the communes of Tambaga, Kokofata, and Bougaribaya during the three years following their training.

Short Duration Training concerned:

- The training of the management committees of 3 CHC and the maternity hospitals of Fangalakuta, Kobaronto, and Bada in administrative and financial management;
- The training of 33 traditional birth attendants in the health areas of Tambaga, Kokofata, and Sitanikoto on the techniques of clean child birth, recognition of signs of problems, reporting of cases;
- The training of chiefs of the medical stations of Tambaga, Kokofata, and Sitanikoto in perinatal period;
- The training of community relays of the health area of Kokofata on the 13 key family practices;
- The training of two health animators of PSAT in animation technique;
- The training of health animators of PSAT in the Software WORD and EXCEL.

b). Achievements of Water Points and Sanitation:

Achievements in this area were:

- The construction of 5 drillings divided in 5 villages / hamlets;
- The development of the surrounding of 9 drillings divided in 3 villages / hamlets.
- The construction of 10 large-diameter wells distributed in 10 villages / hamlets;
- The development of 730 family wells distributed in 30 villages / hamlets. This development has essentially consisted in the installation of a curb-stone of approximately one meter high above the wells;
- The construction of 6 Packages of 2 latrines in schools distributed in 6 villages / hamlets;
- The establishment of water management committees in villages / hamlets;

- The training of village health committees in the health area of the CHCs of Tambaga, Kokofata, and Sitanikoto on the rights and respect of hygiene and sanitation services on the community.

c). Achievements of Health Education:

It was done through training and awareness raising.

The themes developed were mainly: health services attendance, EPI, weaning the child, nutrition, malaria, family planning, pregnancy and its follow-up, HIV / AIDS, excision, hygiene and sanitation, chlorination of water.

The media used were the theater, film projection, image boxes.

Sensitizing activities were generally mass, but sometimes the target was women or religious people.

Training / meetings were conducted:

- A one-day meeting of 72 Ulema from the three communes with resource persons from Bamako (an imam, a physician, a representative of the National Program of Fight against Excision: NPFE) on excision in 2009.
- The training of the matrons of health areas of Tambaga, Kokofata, and Sitanikoto on the consequences of female genital mutilation;
- The training of the women of Kobaronto on the consequences of female genital mutilation.

Sensitizing has been made during:

- Weekly Radio broadcasts on the FM radio station of Kokofata from 2006 to January 2010;
- Regular passages of the animators of PSAT in villages;
- The observance of commemorative days (International Women's Day: March 8, International Day of fight against HIV / AIDS: December 1, International Day against the Practice of Excision: February 6);

Sensitizing activities were conducted essentially by the animators of PSAT and theatrical troops of the circle of Kita.

As a whole, the rate of implementation of activities is satisfactory (equipment and launching of CHCs: 100%, building of maternity hospitals: 200%, skill training of health: 63% if we consider the training started, this rate becomes 138%, training / equipment of TRBA 66%).

IMPACT OF HEALTH ACHIEVEMENTS:

Given the important role played by PSAT in the creation and operation of health structures of the communes of Tambaga and Kobaronto, their results can be taken fully in the account of the Project. This role is well illustrated by the remarks of the Deputy Chief Medical Officer of the HCR of Kita “Thanks to PSAT, these CHCs of Tambaga, Kokofata, and Sitanikoto have been operational. Without PSAT, these CHCs would certainly not be functional as of today like the 4 others built in the circle at the same time”.

Therefore, our analysis of the impact of the achievements of PSAT is not only based on our findings and impressions of those interviewed individually or in groups but also on performance indicators of health structures (geographical coverage and use of services).

a). Impact of Health Facilities, Functioning, and Human Resources:

- The operational capability in the communes of Tambaga and Kokofata, the first 3 CHCs, a community clinic / maternity hospital;
- The recruitment of qualified or trained personnel in health structures. The chiefs of medical stations of the three CHCs are State Certified Nurses and matrons trained are part of the staff. Similarly to the maternity hospital of Bada, a trained matron is working.
- The assignment of a public servant in 2008 to the CHC of Tambaga. And according to an officer of the HCR of Kita: “For the assignment of qualified staff, State Certified Nurse, and obstetric nurse, we give priority to health structures established or equipped by PSAT that fits well with the health map of the circle .
- The strengthening of the quality of services of the TRBAs of the communes of Tambaga and Kokofata through their training, their equipment and their monitoring. Each TRBA interviewed told us the following: I am working now in better hygienic conditions especially with the gloves and I can recognize early signs of a difficult child birth, I can also advise according to the problems of women with the appropriate means of transport for their evacuation to a health structure. Finally, I report (notification) my activities to the chief of the medical station.
- The reporting of births and their outcome (state of mother and child) made by the TRBAs in the CHC through a register is also positive not only for health statistics, but also for an analysis that may be made by health authorities for possible decision making.

The performance of health structures in 2009 is summarized in Tables II and III.

The choice of 2009 is justified by the fact that it is the only year of full exercise of all structures concerned, their launching which took place at different times in 2008.

Table II: Tariffs (in CFA) of the service deliveries of CHCs in 2009.

CHC	Curative Consultation	Child Birth	PC	Membership card	village Contribution
Tambaga	500	1 500	1 000	500	20 000
Kokofata	500	2 000	1 000	500	5 000 – 25 000 (According to the village size)
Sitanikoto	1 000	2 500	2 000	750	
Average circle kita	667	2 000	1 333	583	

Sources: HIS report of the HCR of Kita, posting boards, and CHA of the CHCs of Tambaga and Kokofata.

We can see that compared to the average of the circle, the charges for services are low in Kokofata and Tambaga but high in Sitanikoto.

The average cost of the prescription within the three CHCs is CFA 1515 which is up to the objective of PRODESSII extended (= CFA 2000).

The statistics of the following table take into account not only the activities of the CHCs, but also those of community clinics, maternity hospitals and TRBA followed.

Table III : Performance of the services of areas of CHCs of Tambaga, kokofata and Sitanikoto in 2009.

	Tambaga	Kokofata	Sitanikoto	Average circle of Kita	Objectives of PRODESS II extended	Objectives of PSAT
Percentage of the population living within a radius of 5 km of a functional CHC (%)	36	29		40	60	100
Percentage of the population living within a radius of 15 km around a health structure offering the MPA in fixed center (%) and activities of advanced strategies (%)	66	58		65	81	
Use rate of curative consultation	0,10	0,35	0,15	0,18	0,33	
Use rate of PC (%)	49	81	32	58	80	
Rate of assisted births	39	61	49	45	60	>60
Birth rate in health structures	29	47	23	27	-	-
Rate of births assisted by TRBAs followed	0	15	9	0.3	-	25
Contraceptive prevalence rate	1	3	6	1	-	-
Coverage rate of immunization against DTWP (third dose of vaccine anti Diphtheria, Tetanus, Whooping cough, Polio) for children under one year.	70	180	63	77	≥90	90

Rate of vicinal coverage AMV (Anti Measles Vaccine) among children under one year completely immunized with AMV.	69	161	62	77	≥ 90	90
Prescription Average cost	1515					≤ 2000

Sources : HIS report of the HCR of kita, PRODESS II extended from 2009-2011, project document and annual plans of PSAT.

Moreover since their launching, no cases of maternal death or neonatal death have been recorded in areas of the three CHCs.

The performances of no CHC have achieved the objectives of PSAT (except for immunizations in Kokofata). We believe that the objectives of PSAT were too ambitious given the data obtained from surveys it conducted in 2006-2007 and the operating time of CHCs (less than 3 years).

Compared to the objectives of PRODESS, the objective of bringing health services closer to the populations by PSAT begins to be achieved with a performance of 60% in Tambaga and about 48% in Kokofata within a radius of 5 km.

As for the utilization rate of services:

- In Kokofata, they are above the average of the circle and the objectives of PRODESS. This would be partly explained on the one hand by the fact that the city of Kokofata was the county-town of district with a district health center, on the other hand it is there that we find most of the technical and administrative services of the State;
- In Tambaga and in Sitanikoto, they are very often below the average of the circle and below the objectives of PRODESS. This would be partly explained by the problems of personnel management in Tambaga and the high costs of services in Sitanikoto. But also by the fact that the use of new services requires a behavior change that takes time, yet the structures are functional for less than three years.

At the end of this analysis, we can conclude that there is hope to see the objectives of PRODESS in 2011 and those of PSAT achieved in the communes of Tambaga and Kokofata if some improvement measures are undertaken now.

b). Impact of Water points and Sanitation:

- The development rate of family wells has been particularly appreciated by the populations. All interviewed persons, including health technicians have systematically said that drinking water is now clean and that the rate of diarrheal diseases has decreased. Many have stressed that these developments contribute to the safety of children and animals (prevent them from falling into wells).
- Large-diameter wells and pumps have helped to have water permanently in villages. As for the pumps, their water is considered clearer and cleaner. The village chief of Mogoyabougou (hamlet of Dalama) told us "The drill is very

valuable for us: we have water at all times, women do not deploy much effort to get water for household chores, we have a sweeter and cleaner drinking water, our children are washed and wash themselves at will, our animals are given drink at will. Before we had so many problems of water that I offered to give one ox to any well digger who would dig a well in my village at a desired depth, the only one who has accepted to take up the challenge fled after a few days. Today, even the inhabitants of the neighboring hamlet (Sabria) come here to take on fresh water. They have so many problems of water that even their wives didn't wash often.

- The work done by members of management committees of wells is much appreciated in the villages namely Kouloubou because they take care, not only of hygiene and sanitation around the large-diameter wells, but also of family wells.

c). Impacts of Health Education:

Sensitizing activities in health were also unanimously appreciated by the TRBAs, village authorities and local and administrative authorities. These include in particular emissions on excision, pregnancy monitoring, EPI, nutrition and hygiene / sanitation. They find that these activities help in their work of sensitizing and mobilization for the use of health services and in the context of villages' sanitation.

We didn't find any negative impact of the intervention of PSAT in terms of health, but some difficulties continue to exist.

DIFFICULTIES:

It is mainly about:

- The nonpayment of annual dues of CHAs by villages and the insufficiency of members purchasing card. This state of fact is found in all structures visited (CHCs of Tambaga and Kokofata, maternity hospital of Bada). The reasons seem to be more a lack of will than a lack of means;
- Difficulties in managing human resources in Tambaga and Bada. This is inter alia about the problem created by the redundant employees (this is the case of the former vaccinator of Tambaga and the former matron of Bada), who are providing services in their own account;
- Difficulties or concerns for CHCs to ensure their capital operation including the charge taking of advanced strategies and staff salaries. Despite the will of State's technical services to assign qualified staff in the various structures, it is clear that only the chief of medical station of Tambaga is servant. Note that the first chief of the medical station of Kokofata, who was recruited on the funds of Least Developed Countries, left and was replaced by another paid by the CHA. Because of such difficulties, in Kobaronto, there is no matron anymore (the one who was there preferred to leave rather than see her salary reduced (child births are being carried out by a TRBA)).
- The supervisions by the Chief of Medical Station (CMS) of Tambaga and the maternity hospital of Bada and the community clinic of Kobaronto are not regular due to lack of financial resources;
- There might be some problems with matrons and obstetric nurses trained or in training without an employment contract;

- Weak capacity of territorial collectivities' financial contribution to health activities, as evidenced by the difficulties encountered during the immunization campaign against measles in early 2010 where the mayors could not handle the travel of vaccinators (fuel, per diem) as decided by the HCR. Town halls wanted to pass this cost on the populations by charging each child, which has created an outcry. After negotiations, the expenditure was made in Kokofata by the CHA and in Tambaga by PSAT;
- Wells, be they family or large diameter ones, are not covered;
- No provision has been made in villages for the maintenance and repair of drillings and large-diameter wells;
- Audiovisual material of PSAT is broken down due to a short circuit since the celebration of the Day of February 8, 2010;
- Operation problems of the radio station of Kokofata, the only FM radio in the area and that was used extensively by PSAT for notice of news and health education.

11.2 SECTION OF LITERACY / EDUCATION:

In cooperation with national authorities in the field of literacy, the Pilot Project for Health and Literacy in Tambaga area executed between 2003 and 2004, a standard has been developed for the Malinké as a written language.

From 2006, PSAT has undertaken advocacy actions and continues the language development through the design of documents into Malinké language. His objective was that the Malian Government recognizes the Malinké language as national one and provides the populations with reading and writing in the project area in particular women. Then PSAT, from 2006 until now, has achieved the following:

a). Achievements in Literacy:

- The spelling book of Malinké language revised with new drawings;
- A book of calculation revised;
- A total of 12 books have been validated and revised;
- 5 new books were printed in Malinké on the following themes: health, hygiene, society, environment, AIDS, breeding and gardening;
- A book is printed in Malinké about the tales;
- 9 old books have been validated, edited and printed;
- A new book for teachers has emerged;
- Organization of a forum with 8 communes in Kokofata on the development of Malinké language and culture;
- A literacy center, totally renovated, electrified and fitted in Kokofata;
- Support to communities of six villages for the construction of six literacy centers;
- Training of 37 village animators for 30 days, to teach literacy in villages. Among the 37 trained, 22 animators including 4 women have the level of teaching;

b). Achievements in Education:

- A school with three classrooms built in Tambaga with direction and latrines;
- A school with three classrooms and latrines built in Faramansonya;
- A school built with the direction and latrines in Koumakiré;
- Electrification with solar system of the classrooms of the second cycle of Tambaga;
- Financial support and support in teaching materials for the school of Tambaga.

IMPACT OF ACHIEVEMENTS IN LITERACY / EDUCATION:

- Since 2004 literacy is undertaken by PSAT. Among the first trained animators who were 24 in number, presently three centers continue to receive literacy classes including the center of Tambaga with 38 animators including 22 men and 16 women.
- In the village of Kouloubou, M. Samakoudiala Dembélé called Abel says: “Thanks to my literacy which, the project supported in my village after being literate in three years, I had classes in a biblical school of Bafoulabe”.
- In an official declaration on the national television and radio of Mali, September 7, 2010, the Minister of National Education of Mali said that he now welcomes the availability of teaching materials in Malinké language. This declaration is due to the work of PSAT.
- The Malinké language has been recognized since that date as national language of Mali among the 13 national languages of Mali.
- 22 village animators are available in at least 10 villages to teach the Malinké
- The President of the Association of Parents of Pupils (APP) of Tambaga M. Sewoli Dembélé, testified that thanks to the support that PSAT has given to their Association through the construction of new classrooms, the charges of parents decreased and this has helped to enroll many of their children in school especially girls.
- Thanks to the electrification of the classrooms of the second cycle of Tambaga, said the President of the APP, pupils learn more lessons and are much more motivated.

11.3 SECTION OF INCOMES GENERATING ACTIVITIES FOR WOMEN:

a). Achievements of Mill:

- 3 mills installed in 2007 in Kouloubou II, Koumakiré II, and Biliko;
- 2 mills installed in 2008 in Simbonna and Béhon;
- 2 mills installed in 2009 in Dougoubakono and Bagnafata;
- 12 management committees established in 12 villages and trained in management.

b). Achievements of Market garden:

- 3 market gardens installed in Boundjala in 2008, Katakoto I, and Katakoto II;
- 3 market gardens installed in 2009 in Tambaga I, Tambaga II, and Djignagué;
- 8 market gardens installed in 2010 in Makana, Biliko I, Biliko II, Tambaga III, Béhon, Simbonna, Madina I, and Madina II;

c). Achievements of Savings and Credit (WSHG):

- 12 women's groups of 12 villages practice savings and credit.

IMPACT OF IGA ACHIEVEMENTS:

a). Impacts of Mills :

- Out of a total of 17 mills by PSAT since 2003, 13 are functioning properly today and are managed by a management committee set up and trained by the project. Each of the groups has a credit union created by the revenues from the mill.
- The President of women's group of Biliko, Mrs. Bariki Kamissoko said: "Before the arrival of PSAT with the mill, we went to Kokofata located 9 km with a load of 20 kg on head, to go to grind our cereals and nuts of Shea. It took us all day. Thanks to PSAT, we won a day to devote to other tasks such as gardening, and the same quantities of cereals and nuts are ground in less than 30 minutes. We lack words to thank Sandjiba"
- Mrs. Moussokouta Kamissoko, from women's group of Biliko said: "In my family, every day I spent two hours of time to transform 2kg of groundnut into paste for the sauce of our meal. With the mill I transform 20 kg of groundnut in less than 15 minutes for my need of 30 days at less than CFA 1 000. I have no more back pain that the manual millstone gave me"
- In Béhon, the women's group around the mill, in one year, have saved a sum of CFA 175 000, which he has invested in the purchase of 2 tons of cereals to form a cereal bank. The group will proceed with the sale of these cereals during the soldering period in the village.
- A user of a private mill came to request to the coordinator of APDC, for the mill's management tools, to use them.

b). Impact of Market Gardens:

- 53 375 square meter of garden are used by 974 women in nine villages, who produce mainly leafy vegetables, fruits and tubers for family consumption and

sale for cash income. The President of the Women's Group of Tambaga, Mrs. Mahati Dansira has told us that in one campaign of gardening in the hot season, a woman can get CFA 5 000 by selling a part of her production after extracting the part to be consumed by the family. This consumption of vegetables by the family may be extended for three months.

- The head master of the school of Kata, has requested PSAT to train pupils and teachers of his school in the technique of gardening.

c). Impact of Savings and Credit (WSHG)

- Each of the 12 groups of women who have undertaken this savings and credit system has less than three months activity.
- In Béhon, the President, Mrs. Founébala Dansira told us that within three months 68 women members of their group have saved a sum of CFA 40 000. This amount has been given as credit to 10 women to allow them to undertake either a small business, to treat or pay the tuition of their children.
- The women of the village of Koumaré III, a village not framed by PSAT, requested the Coordinator of APDC to introduce the WSHG system in their village.

11.4 MISCELLANEOUS INTERVENTIONS:

Miscellaneous Achievements:

- Equipments of the Community Radio Station of Kokofata with solar system, antenna;
- Color washing of the offices of the Sub Prefect of Kokofata;
- Equipment of the sub prefecture of Kokofata with a laptop;
- Construction of a visitor center for the benefit of the rural commune of Tambaga;
- Construction of a training center for the benefit of the rural commune of Tambaga;
- Support to the construction of the Town Hall of Tambaga;
- Financial support to local and regional administration for the welcoming of the President of the Republic during his visit to Kokofata, on the occasion of the inauguration of the Bridge of Balé.

IMPACT OF MISCELLANEOUS ACHIEVEMENTS

- The radio covers the geographical area of three communes and is listened to by people of all villages;
- A very good collaboration is established between the Administration and PSAT;
- The visitor center of Tambaga serves as pied-à-terre for all official visitors on mission in one of the three communes;
- All persons that the evaluation team has met with are unanimous that without PSAT, the three communes would be counted among the last of the 703 communes of Mali in terms of development.
- The Annual Plan 2010 has scheduled three framework of dialogue with those involved in the life of health centers. This activity has not been completed at the time of evaluation.

12 IMPACTS AND RESULTS ANALYSES

12.1 Efficiency and Effectiveness Analysis of Activities Relating to the Project Goal

Literacy			
Business area	Strong points	Weak points	Comments
Promotion of the Malinké Language	<p>Contract of collaboration since the start up with a linguist researcher from the area and responsible in the MNE</p> <p>Involvement of local structures of the Ministry of Education (ACADEMIA, CPA)</p> <p>Involvement of local authorities for the mobilization and the choice of village animators</p> <p>Organization of a forum by eight territorial collectivities in 2008 on the development of the Malinké language and culture</p>	Insufficiency in the monitoring of animators trained for literacy by the Center of Pedagogic Academia of Kita	The Director of the CPA is available to monitor the centers that will be established.
Documents on important subjects were translated into malinké.	PSAT has got 16 documents edited in malinké language today.		
Animators have acquired the adequate expertise after having participated to the training.	36 literacy animators have been trained during 30 days and 22 are confirmed having the adequate level to train animators.	Out of a need of 57 animators, villages could provide 36 responding to the criteria of selection.	The agents of PSAT should participate to the selection of animators in villages.
Villages in collaboration with the commune and the technical service have started to set up a facility which is in charge for the performing of literacy.	PSAT supported 5 villages to set up one literacy center / school.	The number of literacy center (5) is much insufficient compared to the number of villages framed by PSAT (30) and to the number of village animators trained (22).	The agents of PSAT and the Town Hall must work together to mobilize villages to open literacy centers.

<p>At least 50% of women are literate.</p>	<p>In 2004, PPSAT had trained 24 village animators to provide the populations of 9 villages with reading and writing. To date three centers are continuing to provide literacy. The village of Tambaga gathers 38 animators including 16 women.</p>	<p>New animators trained in April 2010 didn't start yet literacy in their respective center.</p>	<p>Give literacy priority to the members of mill groups, market gardens, and savings and credit through the 22 confirmed animators.</p>
<p>New school buildings are built and fitted out.</p>	<p>3 classrooms built and fitted out in Tambaga</p> <p>A financial support for teaching materials has been granted to the Association of Parents of Pupils in the first year of the second cycle.</p>		
<p>The second cycle of Tambaga is opened.</p>	<p>The second cycle is opened. PSAT has equipped the second cycle with a solar power system.</p>		
<p>Section of Health:</p>			

<p>Health facilities and functioning.</p>	<p>Reach of a level of geographic coverage of the populations in the MPA comparable to the average of the circle of Kita.</p> <p>Adequate medical equipments in all the structures.</p> <p>Required minimum personnel recruited in Tambaga, Kokofata, Sitanikoto, and Bada.</p> <p>Capacity building of the TRBAs.</p> <p>Availability of skilled personnel in local health care (nurse, obstetricians, and matrons).</p> <p>Capability of organizing the advanced strategies by the CHCs (existence of an operational cooling chain, existence of logistic means).</p> <p>Offer of the MPA in Tambaga, Kokofata, Sitanikoto, and Bada.</p> <p>CHAs operational in the three health areas of the CHCs.</p> <p>Members of facilities' management committees trained in administrative and financial management.</p>	<p>Absence of minimum necessary staff in Kobaronto (one additional matron is needed).</p> <p>MPA incomplete in kobaronto.</p> <p>Non respect of the advanced strategies exit program in some localities (example in Bada causing thus, a problem of mobilization).</p> <p>Maternity hospitals of Fangalakouta and Bafing Makana not equipped yet.</p>	
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<p>Water points and their management</p>	<p>Improvement of clean water supply for populations</p> <p>Existence of water points management committees in villages</p> <p>Sanitation activities around water points</p> <p>Protection of children and animals from falling into wells.</p>	<p>Less action to make water drinkable.</p>	
<p>Health education</p>	<p>Training of the health animator of PSAT in GRAAP. And existence of GRAAP material</p> <p>Training of health professionals on excision.</p> <p>Training and equipment of water points management committees in hygiene and sanitation.</p>	<p>Insufficiency of animation materials.</p> <p>Non-capitalized radio broadcasting (lack of tapes for repeat).</p> <p>Video Kit broken down.</p> <p>Functioning problem of the FM radio.</p>	<p>Reinforce this section before the end of PSAT by involving community relays.</p> <p>Maintain radio emissions and give them a larger visibility.</p>
<p><u>Section of Incomes Generating Activities for Women:</u></p>			
<p>Business area</p>	<p>Strong points</p>	<p>Weak points</p>	<p>Comments/ Suggestions</p>
<p>Diversification of activities to strengthen family incomes for the most elementary needs.</p>	<p>PSAT has supported the women of 9 villages to install 14 market gardens of 5 acres and 7 mills in 7 villages between 2006 and 2010. These two activities constitute sources of cash and food incomes for groups and individuals.</p>	<p>All the wells dug in the market gardens require a deepening to increase the quantity of water in this period where water table is at the lowest level of the year.</p>	<p>Sensitize women so that they start deepening work.</p>

<p>Training of female associations and building the capacities of female groups to manage their activities.</p>	<p>From the end of the year 2009 PSAT has undertaken the establishment of management committees around mills and market gardens, also has proceeded with their training in management.</p> <p>Women gardeners have started to receive in the same period trainings in the technique of gardening.</p>	<p>Cultivations are infested by insects and women lack appropriate techniques to effectively fight against these farming devastating insects.</p>	
<p>Establishment of market gardens for female associations.</p> <p>Production of vegetables and fruits for family needs.</p>	<p>More than 5 acres of gardens fenced with grid are exploited to produce, all along the year, leafy vegetables, fruits, and roots for family feeding.</p>	<p>The production techniques of some vegetables are not well controlled by women.</p>	<p>Develop a capitalization of women's knowledge in gardening through inter-female groups meeting.</p>
<p>Development of savings and credit</p>	<p>Since February 2010 all the female groups around mills and market gardens initiated therein, savings and credit system called « Women Self Help Group (WSHG)»</p> <p>Each group initiated the granting of credit to be pay back to their groups with an interest rate of 10 to 20%.</p>	<p>All the members of village groups did not adhere to this savings and credit system.</p>	<p>PSAT must look forward to analyzing the reasons of the non membership of all the members and propose solutions.</p>

12.2 Analysis of the Project intervention Strategy in the Purpose of Sustainability

<u>Section of Literacy:</u>			
Area of intervention	Strong points	Weak points	Improvement suggestions
Development of the Malinké language	Instrumentation of the Malinké language (knowledge of Malinké as the 13 th national language in Mali).	Lack of implementation of the teaching of the Malinké language in villages (some villages don't have trained animators).	Before December 2010 : Organize the training of literacy animators of villages that do not have any. Sensitize local authorities to mobilize villages in order to start the literacy of women in IGA groups.
Teaching of the Malinké language in villages.	Production of 16 booklets in the Malinké language as teaching materials.	Very few women can read and write in Malinké. All the villages don't have literacy center.	
	22 village animators exist to teach the Malinké language.		
Establish good cooperation between the CPA of Kita, the mayor, and the local government and the Project.	Two Advisors of the CPA have received the trainers' training. The two trainers of the CPA have trained 36 village animators in literacy. The Mayors of the three communes have been in charge for the selection of the 36 village animators.	The CPA was not involved in the monitoring. Literacy centers are not operational yet in villages.	
<u>Section of Health:</u>			

	<p>Establishment of a collaboration contract between PSAT and the HCR of Kita and between PSAT and the Town hall.</p> <p>Definition of roles and responsibilities of different interveners before any achievement.</p> <p>Health facilities created according to the health map of the circle of Kita.</p> <p>Development of water points existing so far.</p> <p>Selection of sites for new water points based on the SECDP priorities.</p> <p>Planning of activities planned according to the SECDPs of communes.</p> <p>Financial, material or physical contribution of beneficiaries to the achievement of facilities.</p> <p>Important role given to the town hall in the monitoring of activities.</p> <p>Capacity building of human resources.</p>	<p>Lack of specific and formal framework of dialogue between the HCR and PSAT.</p> <p>Insufficiency of collaboration between PSAT and CHCs and HCR in the field of health education.</p> <p>Non involvement of water services in activities.</p>	
section of Incomes generating Activities for women:			
Area of intervention	Strong points	Weak points	Improvement suggestions

<p>Mills</p>	<p>All the groups of mills have a miller well trained by PSAT for the maintenance and repair of mills.</p> <p>13 women's groups around mills out of 17 have received training in Management. Funds are better managed by women themselves.</p>	<p>All the members of mills' management committees are not literate.</p>	<p>Before December 2010 :</p> <p>Provide the members of women's groups around mills with literacy.</p>
<p>Market gardens</p>	<p>More than 5 acres of garden fenced with grid are exploited in order to produce, all along the year, leafy vegetables, tubers, fruits, and roots for family consumption.</p> <p>12 women's groups around market gardens have established a management committee and committees have training in management. All the groups have today cash with funds constituted through a contribution from each exploiting woman of the garden.</p>	<p>The members of management committees of market gardens are not literate.</p> <p>The production techniques of some vegetables are not well controlled by women.</p> <ul style="list-style-type: none"> - Wells in gardens are drying up. 	<p>Women must organize themselves again to start the deepening work of wells in the gardens.</p> <p>Provide the members of women's groups around market gardens with literacy.</p> <p>Two gardens are being established.</p>
<p>Savings and Credit</p>	<p>Savings and Credit System initiated does not require any external financial capital. The system is sustainable. Money saved by women is like the fund allocated to credits.</p>	<p>The members of the management committee are not literate. Some groups have integrated men for the management of their funds due to their level of education.</p>	<p>Provide the members of women's groups around the WSHG with literacy.</p>

12.3 Analysis of Women's involvement and the Empowerment of Woman in the Project

Area of intervention	Strong points	Weak points	Comments of Improvement Suggestions
literacy	4 female literacy animators are trained and are confirmed having good level.	18 men are confirmed having good level. The criterion of equity has not been followed during the selection of village animators.	
Health / Water	<p>Women are the favored actors and beneficiaries of this section.</p> <p>Matrons and TRBAs are women.</p> <p>Women have a first place as regards the activities of health services : PC, assisted birth, anti tetanic vaccination</p> <p>In households, women are the most users of water so, any improvement of water points improve their working conditions.</p>	<p>Weak representativeness of women in the management committees of facilities. Example: only 1/3 of the members of water management committee of kouloubou are women (4/13). In the CHA of Kokofata, 3 members out of 17 in the management board are women. There is no representation of woman in the management committee of the same association composed of 4 members.</p>	<p>Elaborate specific literacy program for women (matrons, TRBAs, persons in charge for women's groups) to develop their self-confidence.</p>
IGA	Women are the only groups targeted by generating activities.	Men tried to dispossess women of their mill in three villages. Due to the vigilance of the officers of the Project (APDC), women repossessed their mills.	<p>Plot of lands on which women practice gardening must be legally given to groups with an administrative document. (Allotment Letter of the Mayor).</p>

12.4 Analysis of the Relevance of the Current Activities of the Project Relating to the Local Context, Capacities of PSAT, and the Competence of the Partner (APDC).

Area of intervention	Strong points	Weak points	Comments of Improvement Suggestions
Literacy	<p>The most spoken language in these three communes is Malinké.</p> <p>PSAT has involved a linguist researcher in the project who is from the area and malinké tribe for the design of documents in malinké language. This researcher is a Public Servant working in the ministry of Education; he has trained two advisers of the CPA and the agents of PSAT in literacy.</p>	<p>Roles that are to be played by Town halls aren't still visible.</p> <p>The selection of village animators that was entrusted to Town halls has been done badly. The desired number (56) is not reached. Only 36 animators have participated to the training.</p>	

<p>Health / Water</p>	<p>The relevance of establishment or sites of structures are justified by :</p> <ul style="list-style-type: none"> - the 3 CHCs equipped are the first and the only ones in the communes of Tambaga and Kokofata ; - Kobaronto is the most populated village after Tambaga and the most distant from the CHC (26km); - Fangalakouta and Bafing Makana are the most populated villages of the health area of Sitanikoto and the most distant from the CHC of respectively 30 and 22km ; - The choice of the support type in terms of water points is done by the beneficiaries according to their priorities. <p>The activities of PSAT frame the important priorities of the communes, Mali, and the World defined in particular within: SECDP, CSCRP, PRODESS, MDG.</p>	<p>Weak management capacity of educational activities for the health of PSAT and partners.</p> <p>The only FM radio station of the area does not work due to (decay) of material.</p> <p>The audio-visual material of PSAT is also broken down.</p> <p>Weak involvement of partners in this activity.</p>	<p>Support the revival of the good functioning of the radio station through especially the awareness raising of local authorities.</p> <p>Establish and train village relays in the commune of Tambaga.</p> <p>Rely on village relays for the implementation of activities.</p> <p>Empower the staff of CHCs and maternity hospitals for the training and organization and monitoring of activities.</p>
<p>IGA</p>	<p>APDC NGO which is the partner of the Project abounds in competences in terms of capacity building of groups and since his intervention in the project the effect is well visible in the management of mills' funds.</p>	<p>Women of groups are not literate.</p>	

12.5 Analysis of the Project Governance

Area of intervention	Strong points	Weak points	Comments of Improvement Suggestions
<p>Ownership feeling of the development process by the local population.</p>	<p>Beneficiaries organize themselves and submit their needs to the Communes. A financial contribution of the group is required and paid for each intervention.</p> <p>The community provides physical contribution for the execution of works.</p>	<p>PSAT is not interested in the way the group organizes to pay its financial contribution. Case of three villages where individual men have paid the contribution to mills, instead of women to own them.</p>	<p>The agents of PSAT must get involved in the internal organization of target groups in order to guide them in their opinions.</p>
<p>Model of governance and functioning.</p>	<p>All the interventions of PSAT are drawn from the social, economic, and cultural development plans. These interventions meet the needs of the target groups.</p>		<p>The question we ask is how are these needs taken into account in the SECDP”?</p>

<p>Change made by the APDC.</p>	<p>Contribution of new competences within PSAT.</p> <p>Capacity building of the management committees of female groups (management tools and management committees established).</p> <p>Introduction of savings and credit system near women (WSHG).</p> <p>Identification of problems related to mills management.</p> <p>Capacity building of women in terms of techniques (gardening, savings / credit).</p> <p>Better monthly planning of the work of agents for the management of motorcycle fuel.</p> <p>Better planning of financial needs.</p> <p>Institution of a monthly meeting system between the project team.</p> <p>Good work relationship with village communities.</p> <p>Establishment of new dynamics within the project.</p>	<p>No women among the agents of NGO partner</p>	
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12.6 Analysis of the Project Administration

Area of intervention	Strong points	Weak points	Comments of Improvement Suggestions
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<p>Project administrative structure</p>	<p>Partnership developed with a national NGO that ensures the project coordination.</p>	<p>Some employees are part of the NGO and others are from MPN</p> <p>Disregards from the side of the driver were noticed to the Coordinator.</p>	
<p>Human resources management.</p>	<p>APDC NGO has introduced a monthly planning system with its objectives to be achieved per agent. Each agent provides a monthly report.</p>		
<p>Financial resources management.</p>	<p>The Coordinator has initiated a forecast system of expenditures, which the Secretary Accountant will use to supply the cash. This system will make it possible to reduce the lack of liquidity.</p>	<p>The Secretary Accountant is dependent on the Accounting Department of MPN in Bamako. The Coordinator of the APDC does not control her.</p>	<p>MPN must support PSAT to develop a simple and easy manual of financial resources management which will be put at the disposal of the team regarding the management of advances taken by agents for their various activities.</p>

<p>Abrupt departure of the Coordinator.</p>		<p>Destabilization of the smooth working of the project as a whole.</p> <p>The implementation of the recommendations of the evaluation of 2008 has not been done.</p> <p>Material and funds embezzlement.</p> <p>Stoppage of the services of APDC NGO from May 2009 to November 2009.</p> <p>Slowdown or stoppage of the activities of literacy, implantation in gardens, and some activities and the slowdown of the monitoring of activities by collaborators.</p> <p>The non achievement of results in 2009 annual plan</p> <p>Motivation loosing of some staff members of the project.</p>	
<p>Capacities and competence of the team of PSAT</p>	<p>The team of PSAT is composed of agents having skills and competence in the following areas :</p> <p>Health: a health technician.</p> <p>Mill: two agents for the repair of mills and the capacity building of women in management.</p> <p>Gardening: two agents for training in the techniques of gardening.</p>	<p>PSAT doesn't have any field agent to promote literacy in villages.</p>	<p>APDC NGO must think of a female staff member in charge for the promotion of literacy near groups in villages and the opening of centers in villages.</p>

Collaboration between the personnel of PSAT.	With the system of monthly meeting between the personnel of PSAT and with the leadership of the Coordinator, team work is developing.		MPN must define a flowchart putting its staff under the hierarchy of the Coordinator of APDC.
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12.7 Annalysis of the Collaboration and the Networking

Collaborator	Strong points	Weak points	Comments of Improvement Suggestions
Village council	<p>PSAT signs a memorandum at the beginning of each intervention with the village chief that defines the role and responsibility of everyone</p> <p>For community interventions, PSAT works with the village council: such as the development of the surroundings of community water points.</p>		
Village associations and groups.	<p>PSAT works in close collaboration with women's groups around mills, market gardens, and WSHG.</p>	No female agent apart from the health agent.	
Communal authorities	<p>A key element of the intervention strategy of PSAT is to establish good relationships with communal authorities.</p> <p>A memorandum of understanding is signed between PSAT and the Mayors of the communes.</p> <p>Mayors are members of the Project council. They participate to the planning of activities and the mobilization of communities.</p>	Communes are neither involved in the financial management of PSAT, nor in the selection of service providers.	

<p>Local administration</p>	<p>The Sub Prefect is member of the Project Council and chairs the councils.</p>		
<p>State technical services (health, education, agriculture, environment)</p>	<p>PSAT maintains collaboration relationships with the Health Center of Reference, the Center of Pedagogic Animation of Kita. These technical services are members of the Project Council and their role is the monitoring of interventions.</p>	<p>The CPA complained about the insufficiency of their involvement in the monitoring of literacy activities.</p>	<p>Involve more the CPA in the establishment of literacy centers and their monitoring.</p>
	<p>In terms of health : PSAT intervenes in a network coordinated by local authorities and State technical services. Indeed activities supported by PSAT mainly profit from the co-financing of different interveners. Example: PSAT has equipped CHCs built so far. And all the major programs of Mali contribute to the offer of MPA in health structures in particular by providing inputs (anti-tuberculosis vaccine, impregnated mosquito nets, Sulfadoxine / Pyrimethamine for pregnant women...).</p> <p>PSAT has specifically collaborated with Razel Company in the framework of fight against HIV / AIDS and Djoliba Center and the Norwegian Church Aid in the framework of fight against excision.</p>	<p>PSAT didn't develop collaboration relationships with the technical services of hydraulics.</p>	

Other organizations (NGOs,...)	A part from APDC NGO which is in partnership, no other organization develops a formal collaboration relation with PSAT.		Negotiate with UNICEF for the establishment of village relays in the commune of Tambaga.
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12.8 Analysis of Sustainability of Miscellaneous Activities Conducted by the Project

Activities	Strong points	Weak points	Comments of Improvement Suggestions
Literacy	MPN will stay in Mali as author of the officialization of the Malinké language by Holsje Haugsja called Sandjiba Dembélé.	A delay is shown in the literacy of Malinké language in villages.	Open literacy centers for women conducting the activities of PSAT.
Mills	<p>Some groups of women have a receipt. Having paid their financial contribution amounting to CFA 500 000, representing 70% of the cost of the mill, means that they appropriates this investment.</p> <p>The establishment of a management committee and training in management received by these groups will certainly help maintain the time duration of the machine.</p> <p>Revenues that are saved will allow buying a new mill.</p>	<p>The non literacy of group members will result in a long run, the poor governance of current women leaders.</p> <p>Women don't have enough funds in their cash. They have recently started to manage well revenues.</p>	Support women's groups around mills to undertake the literacy of members.
Market gardens	Gardens are achieved; each woman has a plot of land to be exploited.	Water contained in wells is not sufficient to exploit the garden during all the year. Wells dry up in dry season.	Support women to organize themselves to undertake the deepening of wells from the beginning of next dry season.

<p>Savings and Credit.</p>	<p>Savings and Credit system Women Self Help Groups is based on capital saved by women and no external contribution is requested. The system is self-sustainable.</p>		
<p>Health facilities.</p>	<p>Health facilities and water points constructed or developed with durable materials.</p> <p>Health facilities built and equipped according to national standards.</p> <p>Sites of health structures comply with the health map of the circle of Kita.</p>		
<p>Human resources.</p>	<p>Availability of obstetric nurses and matrons trained likely to work in the area.</p> <p>Capacity building of the TRBAs.</p>		

12.9 Advantages and Disadvantages of the Approach of PSAT.

PSAT has chosen from the beginning not to create and work with Local Development Committees (LDC); that includes advantages and disadvantages.

Advantage	Disadvantage
<p>PSAT has won at least one year in advance by working without LDC. Otherwise it would take at least the year establishing the LDC in Villages.</p>	<p>PSAT is seen as Donor.</p> <p>The village is neither known well by PSAT nor real problems to which the populations are confronted.</p> <p>This is not a village development committee, the financing of a support guaranteed by the Town hall.</p>
<p>PSAT has directly begun investment near target groups, once the requests are approved by Mayors.</p> <p>The Town hall is involved in the selection of village, because the intervention request is approved by the Mayor.</p>	<p>Insufficient in the knowledge of basic data on the target group.</p> <p>Risk of corruption and paternalism.</p> <p>Favoritism to villages having supported the election of the running party.</p>
<p>PSAT didn't sensitize communities to mobilize the contributions of target groups.</p>	<p>The intervention can belong to a minority group of persons but is much affiliated to the Mayor.</p> <p>The mobilization of the group's contribution can be paid by one person.</p>
<p>A large number of investments in infrastructures could be done by PSAT in a short time.</p>	<p>Not sustainable. Without training.</p> <p>No follow-up after achievement.</p>

12. CONCLUSION :

In the project goal, an element aims the fight against poverty and a support to the creation of a sustainable development. In analyzing the results of the project we summarize that PSAT has undertaken activities such as: access to well-equipped health services and education, improvement of water points, the introduction of mills, market gardens and savings and credit which are actions that contribute to improving the well being of people especially women.

In analyzing of this second element of the goal: **«The project will not be the hope and change for the population, but hopes to create and bring hope and change that lasts».**

Regarding sustainability, there is still work to do.

The objective of literacy is achieved in half. The official recognition is acquired, but centers are not open in all villages to literate women. Women's groups established around the activities of mill and market gardens have not reached a level of organizational and institutional capacity building enabling them to have good governance in their midst. In addition the majority of them are illiterate.

The third element of the goal, that says that the project will first target women and children, is achieved. The working time recovered with mills is invested in the keeping of children. The vegetables are a good basis for child nutrition. Access to health services and education serves more mothers and children. The saving is reinvested in the expenditure of the family or the child.

Health Literacy Project in Tambaga area reached, as a whole, the objectives it had set in the basic document.

The intervention zone initially targeted only the commune of Tambaga which extended before the end of the project to two other communes. Concretely, the project targeted 10 villages initially and finally has intervened in more than 30 villages.

Most of the indicators set for achieving this objective are reached with success: the officialization of the Malinké language as the thirteenth national language of Mali. This achievement will go down in history that MPN through Holsje called Sandjiba was the promoter of the Malinké language in the Republic of Mali.

A large number of infrastructures have been achieved in the three communes in the interest of the populations of more than 30 villages.

The three communes have many needs achieved in their Social, Economic, and Cultural Development Plan thanks to the interventions of PSAT.

The approach of PSAT initiated the working method required by Decentralization. This method is to establish the working relationship between communities and their Elected Officials in the context of decentralization.

13. RECOMMENDATIONS

Following the findings and analyses of PSAT's health section, we recommend to MPN to focus future interventions on the following aspects:

1. Finalize the following actions before October 2010 in order to monitor them during three months before the project end:

- Equipment and launching of the maternity hospitals of Fangalakouta and Bafing Makana;
- Ensure the payment of the tuition and scholarship for the remainder of the training period of the two matrons and four obstetric nurses in training at the Health School of Kita;
- Give to different health structures motorcycles parts received from PSAT;
- Completion of the construction of drillings and wells in progress; establish management committees in villages / hamlets concerned and to provide them with training in sanitation and equip them.

2. Take actions within the scope of the sustainability of health structures through:

- The organization of a forum of all stakeholders (mayors, town councilors at the level of village, CHA, technical staff concerned, CHCs, maternity hospitals, community clinic, and HCR), the administrative authorities of the communes of Tambaga, Kokofata, and Bougaribaya, PSAT. This activity must take place before October 2010. The themes may be: the importance of health structures, the responsibility of each intervener, difficulties met from the creation to date, possible solutions;
- Finance fortnightly supervision costs of CHCs, functional maternity hospitals, and community clinic of Kobaronto by the social service of the HCR of Kita;
- Establishment and training of community relays in the commune of Tambaga;
- Encourage villages to establish a financial mechanism for the maintenance and repair of water points.

3. Consolidate the experiences of PSAT:

- It is desirable that MPN consolidates the experiences of PSAT in terms of health in the communes of Tambaga, Kokofata, and Bougaribaya because the infrastructures established are not autonomous yet.
- The behavior change, especially for the use of health services by the population takes a long time. There is a need to continue health education which should be integrated through other activities such as IGAs
- The capacities of municipal authorities and CHAs to take in charge health structures are still insufficient especially since the new management teams are only set up since 2009. We Should develop their capacity for social mobilization, human resources management of health services and research of financial and technical partners;
- It is necessary to support again for a time the advanced strategies of CHCs. Supporting this activity provides assurance that it will be conducted regularly. This activity, while contributing to the increase in the immunization rates, will make it more complete activities of the maternity hospitals of Bada, Fangalakouta, Bafing Makana, and Kobaronto through the anti tetanic vaccination of women in

age of procreation. This support may concern the purchase of gas for the fridge and the maintenance of motorcycles;

- The appropriation of CHCs and maternity hospitals by the HCR is not effective yet. It is therefore important to help them get there by supporting the specific supervisions of these structures by the social and technical service of the HCR in 2011;
- The water resource is vital for good health and priority of populations. It is therefore important to continue the creation of water points where there are none in the three communes and also to continue the improvement of existing water points and sanitation / hygiene activities. For that, collaboration with technical services of water would be an asset for sustainability.

Following the findings and analyses of the section of Literacy /Education and IGA of PSAT, we recommend to MPN to focus future interventions on the following aspects:

- By December 2010, the team suggests PSAT to create a synergy between the section of Income Generating Activities for women and Literacy. This means to provide literacy to the members of women's groups conducting incomes generating activities like the mill, market garden, and savings and credit.
- Involve more the CPA in the monitoring of literacy centers.
- Support women's groups around the mills to undertake the literacy of members.
- Provide literacy members of groups of women around WSHGs.
- Open literacy centers for women conducting the activities of PSAT.
- Provide literacy to the members of women's groups around the market gardens.
- Give literacy priority to the members of groups of mills, market gardens, and savings and credit by the 22 animators.
- Support women to organize themselves to undertake the deepening of wells at the beginning of the next dry season.
- The agents of PSAT should be involved in the internal organization of the target group to guide them in their ideas.
- Develop a capitalization of women's knowledge in gardening through inter-women's groups meetings.
- MPN must support PSAT to prepare a simple and easy manual of financial resources management that will be put at the disposal of the team for the management of advances which, officers are taking for their various activities.
- The plots on which women are practicing gardening should be legally given to groups with an administrative document. (Allotment Letter of the Mayor).
- APDC NGO should see a female staff member in charge of promoting literacy among groups in the villages and the opening of centers in villages.
- MPN must define a flowchart putting its staff under the hierarchy of APDC.

APPENDIXES:

- 1 : TOR
- 2 : Evaluation Schedule
- 3 : List of Interviewees

APPENDIX 1

TERM OF REFERENCE (TOR)

Support Project to Health and Literacy in Tambaga Area (PSAT)
Final Evaluation 2010

1. Background

A pilot project has been implemented from 2003 - 2004 in Tambaga area, circle of Kita, Mali. The evaluation, at the end of the period, has recommended to MPN to continue the development process in the area in collaboration with local authorities by launching a longer term project from 2006. A mid-evaluation in May 2008 provided recommendations for the continuation of the project. The current project will end on December 2010, and an extension of some activities will be considered on the basis of the review.

2. Aim of the Project Review

Based on the 2004 evaluation, a new project document for the period 2006-2010 has been designed. This is on the basis of the current support of Normisjon and NORAD. The aim of the project review is to evaluate the impact made regarding the financial and human resources that are engaged in the project. Further evaluate the degree to which the project activities have met the needs of target groups and assess the sustainability of the project activities.

An analysis is required concerning the future activities and the need for more assistance after the end of the project period.

3. Approach and Working Method

The review should be conducted by the combination of the following methods:

- A. Study of plans and project reports
- B. Interviews
- C. Field observations

The aim is that the review should be learning with the participants from administration, field staff, local authorities and target group.

4. Analysis and Evaluation Objectives

4.1. Project Efficiency and Effectiveness

Evaluate the efficiency and effectiveness in the achievement of project goals by conducting the following major activities of the program:

- 4.1.1 Development of the Malinké language
- 4.1.2 Literacy classrooms through the use of the Malinké language
- 4.1.3 Investments in the field of Education
- 4.1.4 Health Related Investments (buildings and equipment)

4.1.5 Health Activities: Support to CHCs, maternity hospitals and pharmacies, health of the mother and the child, and health education

4.1.6 Drinking water / Wells

4.1.7 Women's groups; grinding mill, market gardens

4.1.8 Savings and Credit bank

4.1.9 Evaluate the effects on capacity building in the main activities of the project. Are attitudes changed? What are the results, efforts deployed during the project period?

4.2 Strategy and Execution

4.2.1 Evaluate the strategy adopted by the project with the view of the sustainability of activities in which the project has supported.

4.2.2 A particular focus of the review should be on participation and empowerment of women in all aspects of the project. Did PSAT contribute to the blossoming of women in the area? Does PSAT practice and motivate for gender equity? **Did the project influence on relations between men and women in the intervention zone?**

4.3 Project Profile

4.3. Evaluate the relevance of current activities in relation to the local context and the capacity of PSAT and the competence of the project's partner.

4.4 Governance

4.4.1 How is the feeling of the ownership of the development process by the local population?

4.4.2 Evaluate the function and governance model of the project concerning efficiency and delegation of responsibilities.

4.4.3 Focus the change made in January 2010 on the organization of the project.

4.4.4 Evaluate the collaboration between PSAT and APDC.

4.5 Administration

4.5.1 Evaluate the administrative structure of PSAT.

4.5.2 Evaluate the management of human and financial resources.

4.5.3 Evaluate the consequences of the sudden departure of the project coordinator in 2009.

4.5.4 **Evaluate the capacity and competence of the team of PSAT and collaboration between workers.**

4.6 Collaboration and Networking

4.6.1 Evaluate the collaboration with local authorities, authorities of the area, and with other groups and organizations intervening in the area.

4.7 Sustainability

4.7.1 Evaluate the sustainability of various activities in which the project engaged **according to plans, the model of organization, the intervention zone, and personal resources.**

4.7.2. PSAT has chosen, at the beginning, not to create and work with Local Development Committees (LDC). Draw the advantages and disadvantages with this strategy.

5.0 Recommendations

5.1 Recommend future approaches for development activities, addressing also the beneficiaries and partners after the project.

5.2 Recommend strategies for future activities.

5.3 It is important to focus on the gender aspect. Are there any special obstacles for women or for men to participate in certain activities of the project? And if so, what actions should be taken to help women in particular to get involved more actively in all aspects and at all levels of project work, also in decision-making?

6.0 Team of project review.

- Aly Djiga, Team Leader
- Lalla Cissé

Résumé attached separately

7.0 Flowchart and Report

The fieldwork will be conducted during May. The team leader will be in charge for the production of the project review report within three weeks after the end of fieldwork. A temporary report must be submitted to the project officers before finalizing the report so that they can raise questions and give their point of views on the report.

MPN is in charge for sending an English version of the final report to donors.

8.0 Practical Arrangements

All expenses for the project review will be borne by PSAT. PSAT and MPN will provide all required documents to the team and care for their travel, accommodation, and food at the time of fieldwork.

APPENDIX: 2

EVALUATION SCHEDULE OF PSAT

Day 1: in Bamako

Reading of project documents by consultants

Day 2; Tuesday, May 4:

09:30 to 13:30: Voyage Bamako-Tambaga

14:00 to 16:00: Elaboration of discussion guide by the evaluation team

16:30 to 19:00: Meeting with the Coordinator of PSAT, Holsje Haugsja

19:45 to 20:45: Continuation of meeting with the Coordinator of PSAT, Holsje Haugsja

Day 3; Wednesday, May 5:

08:00 to 11:00: Elaboration of discussion guide by the evaluation team

11:00 to 13:30: Closing ceremony of the training session of literacy animators of PSAT

14:30 to 19:30: Meeting with the Team of PSAT.

Day 4 ; Thursday, May 6, 2010 :

Villages	Activities to be visited	Target group to meet with.	
Kokofata	District	Sub prefect	
	Town council	Mayor	
	FM Radio station of Kokofata	Director	
	CHC		Chief of Medical Station
			Management Committee of CHA
Village		Village Chief	

Day 5; Friday, May 7, 2010:

Villages	Activités à visiter Activities to be visited	Groupe cible à rencontrer Target group to meet with.
Kata	Market Garden	Individual women
Baliko	Market garden	Women's groups
	Women's Self Help Group	Women's groups
	Mill	Management Committee
	Health	Traditional birth attendant
Behon	Women's Self Help Group	Women's groups

Day 6 ; Saturday, May 8, 2010 :

Villages	Activities to be visited	Target group to meet with.
Bougaribaya	Town council	Mayor
Bedéyani	Literacy	Listeners/Animator
Bada	Maternity hospital	Management Committee
Kouloubou	Wells	Management Committee
	Health	Traditional birth attendant

Day 7; Sunday, May 9, 2010:

Villages	Activities to be visited	Groupe cible à rencontrer Target group to meet with.
Tambaga	Health/CHA	Management Committee
	Health/CHC	Chief of Medical Station
	School	Management Committee
	Mill	Management Committee

Day 8; Monday, May 10, 2010:

Villages	Activities to be visited	Target group to meet with.
Tambaga	APDC	Coordinator
	Administration/Accountancy	Secretary Accountant
Mogoyabougou	Drilling	Management Committee

Day 9; Tuesday, May 11, 2010:

Villages	Activities to be visited	Groupe cible à rencontrer Target group to meet with.
Tambaga	Various activities	Ex Mayor
Kita	HCR	Chief Medical Officer
	CPA	Director of CPA

Day 10; Wednesday, May 12, 2010:

Villages	Activities to be visited	Target group to meet with.
Tambaga 8:00 to 11:30	Debriefing	Personnel of APDC
Tambaga ; 13:00	Voyage Tambaga- Bamako	Vehicle of John Solve

APPENDIX 3:

LIST OF INTERVIEWEES

VILLAGE	NAME AND FAMILY NAME	POSITION
Tambaga	Holsje Haugsja	Ex Coordinator PSAT
	Dr Fadiala Kamissoko	Linguist Researcher / Literacy supervisor
	Cheick Salla Coulibaly	Coordinator PSAT
	Balla Dembélé	Literacy Animator PSAT
	Kadidiatou Varma	Health Animator PSAT
	Nouhan Dembélé	Mill Animator PSAT
	Mariam Balla Diakité	Secretary Accountant PSAT
	Baba Coulibaly	Mill trainer PSAT
	Drissa Konaté	Gardening Trainer PSAT
	Modibo Bouaré	Gardening Trainer PSAT
	Ousmane Guindo	Mill trainer PSAT
	Namaké Dembélé	Guard PSAT
	Sayon Dembélé	Warehouseman PSAT
	Madou Dembélé	Driver PSAT
	Aljouma Kodio	Chief of Medical Station
	Mahati Dansira	President of mill group
	Tiomoko Nomoko	Vice president of mill group
	Mariam Dansira	Organization Secretary of mill group
	Bafily Dansira	Treasurer of mill group
	Mariam Diarra	Administrative Secretary of mill group
	Kaniba Keïta	Controller of mill group
	Adama Kanouté	Information Secretary
	Cissé Souckou	Treasurer WSHG
Kama Dembélé	President CHA	
Seydou Dembélé	Treasurer CHA	
Sewoli Dembélé	President APP	
Founèkè Nomogo	Ex Mayor /Town councilor	
Kokofata	Moussa Coulibaly	Sub Prefect
	DeMPA Hanou Dembélé	Mayor of the commune
	Boubacar Dembélé	Director of Radio station
	Mohamed dit Medhi Dembélé	Steward of Radio
	Modibo Boré	Chief of Medical Station
	Fadiala Camara	Drugstore manager CHC
	N'fali Kanouté	Treasurer CHA
	Fadiala Dembélé	President CHA
	Mr Traoré	Village Chief
Kata	Groupements 1 et 2 des femmes	Périmètres maraîchers Market gardens
	Massaba Traoré	President of group
Biliko	Sayon Dembélé	Village Chief
	Conseil de village	10 members
	Groupements 1 et 2 des femmes	Market gardens
	Moussokouta Kamissoko	President of group N°1
	Bariki Kamissoko	President of group N°2
	Groupement femmes (MJT)	Savings and Credit

	Founebala Dansira	President of group
Béhon	Groupements des femmes	Mill and WSHG
	SaMPA Dembélé	Ex Mayor of Bougaribaya
Bougaribaya	Massamakan Dembélé	Mayor of the Commune
	DeMPA Dembélé	1 st Assistant to the Mayor
	Madi N. Dembélé	3 rd Assistant to the Mayor
Betéyandi	BaMPA Nomogo	Village Chief
	Bado Nomogo	Son of the Village Chief
Bada	Awa	Matron of the maternity hospital
	Moctar Sidibé	Drugstore Manager
	Sékou Keïta	President of Management Committee
	Moussa Nomogo	Controller of Management Committee
	Djibril Dembélé	Treasurer of Management Committee
Kouloubou	Yougo Traoré	Literacy Animator
	Samakoudiala dit Abel Dembélé	Member of Hygiene Committee
	Groupement des femmes	Mill
Kaliko	Makandjan Kamissoko	Hamlet Chief
Mogoya-bougou	Bamaba Dembélé	Hamlet Chief
Kita	Dr Kizito Tabou	Deputy Chief Medical Officer of HCR
	Amadou Boré	Director CPA