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# Improving National Capacity to Implement High Impact Health Services and Promote Healthy Behaviors in Mali

## **Assistance Technique Nationale Plus ATN Plus**

Second Semester Report / Annual Summary FY 2011  
April 2011 – September 2011

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Submitted to: Salif Coulibaly, COTR

Submitted by: Lisa Nichols, COP Abt Associates, ATN Plus

Consortium: Abt Associates, Inc. (prime) IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Sante Population (GP/SP)

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**Annex A: Annual Report on Progress against the Workplan: Excel Table (file attached)**

**Annex B: Table of key ATN Plus PMP indicators (file attached)**

# Executive Summary

## Introduction

Assistance Technique National Plus (ATN Plus) is a five-year bilateral project, funded by USAID Mali on October 1, 2008. The project is funded under the TASC3 mechanism and is entitled “Improving National Capacity to Implement High Impact Health Services and Promote Healthy Behaviors in Mali”. ATN Plus supports a comprehensive effort by the Government of Mali referred to as PRODESS II, the national ten-year health strategy which was recently extended to 2011.

ATN Plus provides technical assistance to the Ministry of Health to expand the delivery of high-quality maternal and child health services to key Malian populations, particularly in rural areas, while promoting the use of services and changes in key behaviors.

In FY 2010 USAID Mali’s Health team undertook a revision of its results framework. One of the outcomes of this exercise was a streamlining of interventions and geographic areas -- 35 health districts were selected in which USAID activities will be focused (with the exception of PMI activities which remain nationwide). During FY 2011 the health district of Sikasso was split into two and the district of Kignan was created. The coverage area is currently 36 health districts.

FY 2011 activities were also influenced by the selection of Mali as a Global Health Initiative Plus country. The GHI strategy is a US government multi-agency approach to improving health in particular through health system strengthening, innovation and scaling up of evidence based activities. Other influencing events such as the development of a “BEST” strategy (best practices for maternal and child health) for Mali also occurred.

In FY 2011 the MOH’s PRODESS II was evaluated with USAID technical assistance which included two consultants and operational cost support from ATN Plus. This evaluation will contribute to the development of Mali’s ten year strategy (2011 to 2021) which will take place in FY 2012.

## 1 Summary of Annual Results for FY 2011

### Key achievements by Technical Domains

The following are selected achievements for FY 2011. Additional achievements and further details are found in the technical sections of both the first and this current second semester report.

#### Maternal Health / Family Planning

**Scale Up of Active Management of the Third Stage of Labor (AMTSL):** For reaching scale up goals, the team has provided technical support to regional and district training teams to train matrones in AMTSL through two sessions in each target district since 2009. Currently, 78% of matrones in the 36 USAID

ATN Plus district's public health facilities are now trained in AMTSL with ATN Plus contributing significantly to this PPH coverage – 72% of all births in the 36 districts are done using AMTSL.

**Key outputs from efforts in training and supervising providers in long term family planning methods:**

Training of qualified providers, teachers / coaches of health schools, training institutions in health sciences, private clinics and hospitals in IPC / FP with a focus on long lasting FP methods including postpartum family planning and integration of the injectable method in outreach in the districts of Sikasso Kignan, Koutiala, Kadiolo and Bougouni. This fiscal year providers were trained in pre- and postnatal FP counseling and IPC/ FP for long-lasting Family planning methods in 14 of the 35 target districts. A total of 112 qualified providers (90 women and 22 men) were trained in Kayes, Diéma, Mopti, Bandiagara, Bankass, Tenenkou, Ségou, Niono, Markala, San, GAO, Ansongo, Kidal, and Tessalit.

**New users of family planning:** ATN Plus was tasked with reporting new users in Family Planning as part of the Performance Management Plan for USAID for FY 2011. This indicator, as defined, reports on the total number of new FP users in the past twelve months. This total numbers for FY 2011 surpassed the target (see M&E tables in Annex) by 21,179 new users. The data indicates a trend in the increased number of new users of modern FP methods over a period of 12 months.

**Child Health**

**Immunization: Revision of the Multi Year Comprehensive Plan (MYPc)** The revision of the Multi Year Comprehensive Plan (MYPc) for immunization, which is a comprehensive plan and reference document for all aspects of the country's routine immunization program, has been one of the major activities in this semester for ATN Plus. ATN Plus was a major actor in the development of the previous multi-year plan and was again requested to play an important role in the development of the 2012-2016 plan. ATN Plus provided assistance to the technical aspects of the vaccination strategy and to the financial analysis of the new plan during the preparatory phase, and during the review workshop held from June 13-15, 2011 in Ségou.

**Support of consultation workshops for strengthening routine immunization:** Workshops were organized in two priority districts: Bougouni and Sikasso. These workshops helped to bring all the vaccination actors (CSCOM Technical Directors (DTC), ASACOS, mayors, prefects, sub-prefects, Elected commune officials, District Management Teams, the Regional Directorate of Sikasso, National Directorate of Health/ Immunization Section, and partners) to the table to identify problems and find solutions. A timetable and budget were developed with all the actors' input. The process was supported by a radio program in these two districts.

**Nutrition:**

**Summary results NNW (SIAN) (2<sup>nd</sup> round 2010 and 1<sup>st</sup> round 2011)**

<b>2nd round 2010 (Held from November 20-26, 2010 and December 1-7, 2010)</b>	<b>1st round 2011 (Held from July 4 -11, 2011)</b>
<b>2,919,600 children 6-59 months received Vitamin</b>	<b>2,992,470 children 6-59 months received Vitamin</b>

<b>A (coverage rate is 103%)</b>	<b>A (coverage rate is 96%)</b>
2,590,623 children aged 12-59 months received albendazole (coverage rate is 101%)	2,776,033 children aged 12-59 months received albendazole (coverage rate is 99%)
<b>76,675 Women post-partum received Vitamin A (coverage rate is 97%)</b>	<b>86,749 Women post-partum received Vitamin A (coverage rate is 100%)</b>
76,775 Women post-partum received albendazole (coverage rate is 97%)	86,607 Women post-partum received albendazole (coverage rate is 100%)

*Source: NNW Report for 1<sup>st</sup> Round 2011, MOH/ Nutrition Division*

## Health Systems Strengthening

**Scale up of data collection through cell phone technology:** During FY 2010 ATN Plus put into place a pilot activity with the district advisors for the collection of health information data for ATN Plus results reporting using cell phone technology. DataDyne, a nonprofit firm which promotes an open source software EpiSurveyor (episurveyor.org) trained ATN Plus **central and regional teams and** Monitoring and Evaluation team members, USAID Mali’s M&E advisor, MOH HMIS staff and other partner representatives in the use of the software and cell phones. This fiscal year all 28 district advisors were allocated cell phones for data collection.

**PRODESS evaluation:** The end of PRODESS I and II (Mali’s ten year plus health plan) and related programs is a critical period in the implementation of health policy in Mali. The evaluation of PRODESS involves multiple donors but in particular USAID through its implementing partners such as MEASURE and ATN Plus. USAID considers this activity as a priority of GHI in connection with its assistance to the Government of Mali. The contribution of ATN Plus to the evaluation was carried out under the auspices of the USAID Health Team and involved the establishment and recruitment of a team of international consultants and national facilitators in close collaboration with MEASURE Evaluation and the MOH Planning and statistics Unit.

## Behavior Change Communication

**Ligne Verte on family planning:** The Family Planning call in show “Ligne Verte” was renewed this year with the radio network Djekafo of Bamako in collaboration with their radio partners in Kayes, Sikasso, Ségou and Mopti. Two abstracts on the Ligne Verte were written and accepted for international meetings: one for the Global Health Council annual conference in Washington, DC (2011) and for the International Conference on Family Planning to be held in Dakar, Senegal in November 2011. Terms of reference for the evaluation of the “Ligne Verte” radio program have been drafted.

**Vaccination:** Communication activities primarily focused on the introduction of new vaccines. Activities included the active participation of the ATN Plus communication advisor in the development of communication strategies for new vaccines, the printing of one thousand (1000) pamphlets targeting health providers, community leaders and the population with information on the national campaign for two vaccines: meningococcus A and meningitis, support for the development of a training module for

health providers for the administration of the two vaccines and the development of a module for the training facilitator for the introduction of the Pneumococcal conjugate vaccine.

**Nutrition:** Communication and social mobilization activities during the NNWs were funded in 32 health districts: dissemination of messages for ten (10) days by at least two (2) local radio per health district and the organization of traditional animation in the second round of 2010 NNW and the first round of 2011 NNW.

**Malaria prevention and control:** In the fight against malaria two major activities have been conducted: in Sélingué the workshop for the harmonization of the messages and supporting documents, design of a job aid on care seeking for malaria and production of 1,500 copies of the directory of harmonized malaria messages to be distributed to districts, CSCOMs, social development and other partners

## ***Acronyms***

<b>AMTSL</b>	Active Management of Third Stage of Labor
<b>ANC</b>	Antenatal care
<b>ASACO</b>	Association de santé communautaire (Community Health Association)
<b>ASC</b>	Community Health Agent
<b>ATN Plus</b>	Assistance Technique Nationale Plus (National Technical Assistance Project Plus)
<b>BCC</b>	Behavior Change Communication
<b>CNIECS</b>	Center for the Information, Education, and Communication for Health
<b>CPS</b>	Planning and Statistics Office, Ministry of Health
<b>CROCEPS</b>	District level planning meetings
<b>CSCOM</b>	Centre de santé communautaire (Community Health Center)
<b>CSRef</b>	Centre de Sante de reference (Reference Health Center)
<b>DHS</b>	Demographic and Health Survey
<b>DNS</b>	Direction Nationale de la Santé (National Health Directorate)
<b>DRS</b>	Direction Regionale de la Santé (Regional Health Directorate)
<b>DSR</b>	Division de Santé Reproductive (Division of Reproductive Health)
<b>DPM</b>	Direction de Pharmacie et Medicaments
<b>DTC</b>	Technical Director of CSCOM
<b>ENA</b>	Essential Nutrition Actions
<b>ENC</b>	Essential Newborn Care
<b>EPI</b>	Expanded Program for Immunization
<b>FANC</b>	Focused Antenatal Care
<b>FP</b>	Family Planning
<b>GHI</b>	Global Health Initiative
<b>GIS</b>	Geographic Information System
<b>GPSP</b>	Groupe Pivot Santé Population
<b>HKI</b>	Helen Keller International

<b>INRSP</b>	National Institute for Research in Public Health
<b>IPC/FP</b>	Interpersonal Communication for Family Planning
<b>IPT</b>	Intermittent Preventive Treatment of malaria
<b>JHU/CCP</b>	Johns Hopkins University Center for Communication Programs
<b>LLIN</b>	Long Lasting Insecticide Treated Nets
<b>MDG</b>	Millennium Development Goals
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-governmental Organization
<b>NNW</b>	National Nutrition Weeks
<b>PKCII</b>	Kenya Ciwara II
<b>PMI</b>	President's Malaria Initiative
<b>PMP</b>	Performance Management Plan
<b>PNP</b>	Policies, Norms and Procedures
<b>PPH</b>	Prevention of postpartum hemorrhaging
<b>PRODESS</b>	Program for the Development of Health and Social Services
<b>RED</b>	Reach Every District
<b>RH</b>	Reproductive Health
<b>SEC</b>	Essential Community Health (Integrated Community Case Management)
<b>USAID</b>	United States Agency for International Development
<b>UNFPA</b>	UN Fund for Population Activities
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

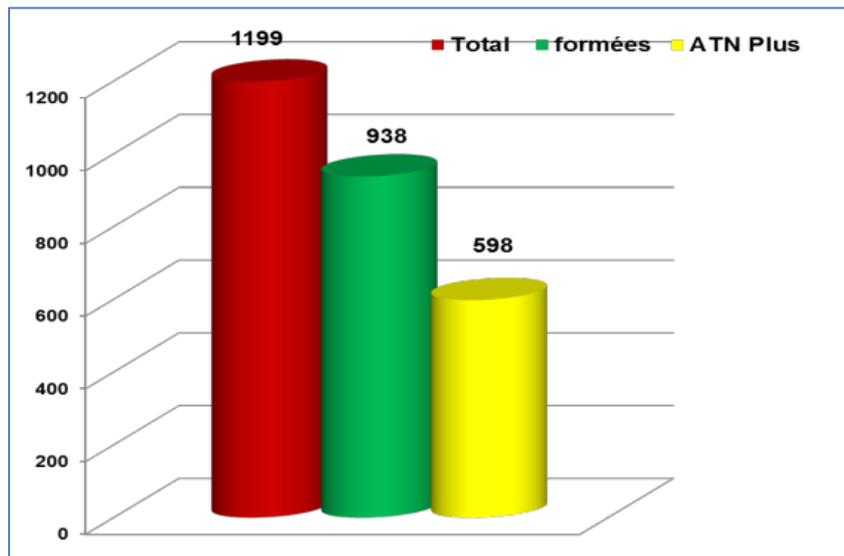
## 1.1 Maternal Health (including Essential Newborn Care) and Family Planning (IR 1 and IR2)

The maternal, newborn and family planning component of ATN Plus, focused during the period April 1st to September 30th 2011 on activities to support the so-called high-impact services whose effectiveness has been demonstrated in a significant reduction of maternal and neonatal mortality rates at low cost. It focuses on the mother-child couple in the application of AMTSL and on family planning communication activities for behavioral change. These activities aim to strengthen national policy on RH / FP at both the national and operational levels.

### Key Achievements in Maternal Health during the semester

- **Scale Up of Active Management of the Third Stage of Labor (AMTSL):** For reaching scale up goals, the team has provided technical support to regional and district training teams to train matrones in AMTSL through two sessions in each target district since 2009. Currently, 78% of matrones in the 36 USAID ATN Plus district's public health facilities are now trained in AMTSL with ATN Plus contributing significantly to this PPH coverage – 72% of all births in the 36 districts are done using AMTSL. During the semester, monitoring of training sessions in AMTSL for qualified providers and matrones in the districts of Sikasso, Koutiala and Dire were carried out. A total of 43 qualified providers including 25 women and 18 men and 107 matrones were trained.

This graph compares the total number of matrones in the 36 district public health facilities with those trained in AMTSL and those trained by ATN Plus.



- Joint supervision in AMTSL/FP for trained qualified providers and matrones of CSRef , urban and rural CSCOMs of : Kayes, Diema, Kita, Mopti, Bandiagara, Bankas, Tenenkou, Segou, Markala, Niono, San, Timbuktu, Niafunke, Goundam, Dire, Gourma Rharous, Gao, Ansongo, Kidal, Tessalit, Sikasso, Kignan, Koutiala, Kadiolo, Bougouni, Koulikoro, Kati, Ouelessebouyou, Dioila, Fana, CI, CII, CIII, CIV, CV and CVI in the Bamako district. In total all 36 districts have benefited from this joint supervision carried out by regional teams, district management teams, coordinators and district advisors of ATN Plus.
- Contribution to the organization of the Safe Motherhood day celebrated on Tuesday, July 14, 2011. Approximately five hundred people attended the ceremony at the ASACOMA Magnanbouyou in Commune VI of Bamako district
- International dissemination of the results of the free caesarean policy evaluation at the Global Health Conference in Washington, USA and at the workshop of the Health Economists Association in Toronto, Canada
- Monitoring the availability of PNP / RH & job aids for matrones during supervision by the districts advisors. A total of 474 out of 707 CSCOM (67%) have PNP / RH job aids.

*“The matrones of Kadiolo told us that they have learned on site through transfer of skills made by the heads of the health centers who were trained in AMTSL. They found the training very useful as it allowed them to be more competent in the application of AMTSL.”*

**NB:** Key achievements in Essential newborn care during the semester: To be more efficient and effective, all trainings in AMTSL were coupled with training in essential newborn care.

### **Key achievements in Family Planning during the semester**

- Training of qualified providers, teachers / coaches of health schools, training institutions in health sciences, private clinics and hospitals in IPC / FP with a focus on long lasting FP methods including postpartum family planning and integration of the injectable method in outreach in the districts of Sikasso Kignan, Koutiala, Kadiolo and Bougouni. A total of 34 qualified providers, including 25 women and 9 men were trained.
- Disseminating the results of the FP situational analysis and the national supervision guide for family planning activities, in the districts of Sikasso, Kignan, Koutiala, and Kadiolo Bougouni. A total of 34 qualified providers, including 25 women and nine men participated.
- Monitoring the integration of the injectable in outreach strategy through the district advisors. In total 18 districts out of 36 or 50% and 210 CSCOM out of 707 (30%) offer injectable during outreach strategy. This data points out that more work is needed to address the organization of outreach strategy to increase the availability of injectable contraception.
- Joint supervision of FP/AMTSL of trained qualified providers and matrones from CSRef, urban and rural CSCOMs of Kayes, Diema, Kita, Mopti, Bandiagara, Banks, Tenenkou, Segou, Markala,

Niono, San, Timbuktu, Niafunke, Goundam, Dire, Gourma Rharous, Gao, Ansongo, Kidal, Tessalit, Sikasso, Kignan, Koutiala, Kadiolo, Bougouni, Koulikoro, Kati, Ouelessebouyou, Dioila, Fana, CI, CII, CIII, CIV, CV and CVI in the Bamako district. In total all 36 districts have benefited from this joint supervision carried out by regional teams, district management teams, coordinators and district advisors of ATN Plus.

- Contribution to the organization of the 7th edition of the national FP campaign on May 9th, 2011 in Kati. About 1000 people attended the ceremony.
- Continued distribution of contraceptives (Jadelle and IUDs) to health centers where providers were trained in IPC / FP long-lasting methods in 7 regions out of the 9 total.

### **Other Activities**

The team conducted a number of other activities and participated in internal meetings of ATN Plus, with USAID partners, staff of the Ministry of Health and other technical and financial partners as part of its Technical Assistance in the interest of strengthening partnership and collaboration.

**Innovative activity:** The team has also initiated the integration of the IPC/FP postpartum to National Nutrition Week as a pilot experiment in six health areas of the District of San to increase demand and use of FP methods among post-partum women in collaboration with nutrition and communication teams, the regional coordinator and the district advisor of ATN Plus through the National Directorate of Health (Division of Reproductive Health, Nutrition Division), the regional health Directorate of Segou and the district management team of San.

### **Key activities scheduled for the next six months (October 2011- March 2012)**

Interventions in Maternal, Newborn Health and Family Planning of USAID Health Program / ATN Plus will focus more on strengthening national policy for Maternal, RH/FP at the operational level in accordance with new GHI and BEST strategies of USAID. They are:

#### **Maternal Health**

- Joint supervision of AMTSL / FP / FANC by central MHFP team
- Participation in training and supervision activities related to focused antenatal care
- Participation in the study of barriers to malaria prevention in pregnant women with Intermittent Preventive Treatment with Sulfadoxine Pyrimethamine (IPT/SP) during focused antenatal care
- Participation in training / supervision activities in supportive supervision
- Support to the activities of the Vision 2010 Initiative
- Participation in international conferences on maternal health

### **Interesting Anecdotes**

#### **A bystander's observation:**

*A radio seller sitting in front of the training classroom in Sikasso said: "Your training is very serious; I noticed that the participants rarely leave the classroom and are more concentrated than usual and care a lot about the results of the final test! I overheard the participants say that they appreciate the perseverance and endurance of the facilitators. "*

**Clients want discretion:** *During the applied sessions, when the trainees are in the FP clinics to gain practice, some clients during counseling stated that they have been waiting for these long-lasting FP methods, especially Jadelle because it is more discrete than other methods.*

- Participation in the training of trainers approach of Lot Quality Assessment Sampling (LQAS)

### ***Family Planning***

- Follow-up of the Innovation on integration of the IPC / FP to National Nutrition Week as a pilot experiment in six health areas of the District of San to increase demand and use of FP methods among post-partum women in collaboration with nutrition and communication teams, the regional coordinator and the district advisor of ATN Plus through the National Directorate of Health (Division of Reproductive Health, Nutrition Division), the regional health Directorate of Segou and the district management team of San.
- Training of qualified providers, teachers / coaches of the schools of health, health sciences training institute in IPC/FP with focus on long-lasting FP methods including postpartum FP
- Joint supervision AMTSL/FP of the central MHFP team
- Support for training and supervision in IPC/FP with focus on long-lasting FP methods organized by other partners,
- Support for the organization of the national FP campaign 2012 edition
- Participation in international conferences on family planning (Dakar)

### **Lessons Learned**

- This year, delegating the training and supervision of AMTSL/FP/ENC to the Regional health teams (MOH) and the district management teams allowed them to take responsibility and ownership of training and supervision of the providers trained in each district.
- Monitoring the availability of PNP/RH and job aids for matrones by the district advisors improved the availability of these documents down to the community health center (CSCOM) level.
- Collaboration with other partners to implement MH/FP activities enabled the use of the same tools for training and supervision and a close collaboration in conducting training sessions.

### **Obstacles and solutions**

The lack of availability of regional MOH health directorate staff and the overlap with the activities of other health programs at the regional and district levels often creates a backlog in the implementation of programmed activities. However, the persistence of the central MH/FP team, the regional coordinators and their assistants, and the district advisors to conduct these activities has paid off and key activities were completed. ATN Plus presence since 2009 in the regions and districts, and the acceptance within the regional and district health teams of ATN Plus staff has allowed for a closer and successful collaboration.

## ***1.2 Child Health (IR 3)***

### **1.2.1 Immunization**

ATN Plus has focused efforts this semester on strengthening routine immunization in certain priority health districts. This semester, ATN Plus identified districts based on absolute numbers of non-vaccinated children – for example the health districts in the regions of Sikasso (Bougouni and Sikasso

districts) and Mopti have the largest number of children who have not received Penta3 vaccine. These children are at the highest risk of morbidity and mortality from vaccine preventable diseases.

In the second semester, ATN Plus's main vaccination activities were focused on implementation of the vaccination workplan in spite of the urgency to hold Polio immunization days due to new polio cases in Mali

## **Key achievements in Immunization during the semester**

### **National level immunization activities**

- **Revision of the Multi Year Comprehensive Plan (MYPc)** The revision of the Multi Year Comprehensive Plan (MYPc) for immunization, which is a comprehensive plan and reference document for all aspects of the country's routine immunization program, has been one of the major activities in this semester for ATN Plus. ATN Plus was a major actor in the development of the previous multi-year plan and was again requested to play an important role in the development of the 2012-2016 plan. ATN Plus provided assistance to the technical aspects of the vaccination strategy and to the financial analysis of the new plan during the preparatory phase, and during the review workshop held from June 13-15, 2011 in Ségou.

### **Operational level immunization activities**

- **Support of consultation workshops for strengthening routine immunization:** These workshops were organized in two priority districts: Bougouni and Sikasso. These workshops helped to bring all the vaccination actors (CSCOM Technical Directors (DTC), ASACOS, mayors, prefects, sub-prefects, Elected commune officials, District Management Teams, the Regional Directorate of Sikasso, National Directorate of Health/ Immunization Section, and partners) to the table to identify the problems and find solutions along with a timetable and budget developed with all the actors input. The process was supported by a radio program in these two districts.
- **Innovative strategy for strengthening routine immunization through Polio NIDs:** ATN Plus, with the national and operation MOH teams, developed a strategy to recruit children 0-11 months with incomplete or "zero dose" vaccination status during the door to door visits that are the delivery strategy for Polio National Immunization Days (NIDs). The children were "recruited" (identified) and their parents were counseled in order to orient them to the routine immunization system in three sub districts (or aires) of the District of Bougouni (Ouroumpa, Ladié, and Tiemala).

A notebook with the children's names and vaccination status is given to local health officials at the end of the Polio NIDs. By working with the local CSCOM staff the health system is informed of these children's status and can also make efforts to reach out to their parents. The first phase of recruitment took place during the Polio NIDs in April 2011 and resulted in the identification of 743 children whose immunization status was not up to date. In some cases these children lived in sub districts in which the outreach strategy was nonfunctional. ATN Plus staff raised this issue with the head of the health district and regional officials in order to identify solutions.

The second phase involved the vaccination of those children who had been identified. As of June 20<sup>th</sup> 548 or 73.4% of the recruited children were vaccinated as a result of the counseling their parents received during the NIDs. A complementary radio program has been implemented to generate demand for vaccination services and further encourage parents to seek services. ATN Plus will replicate this innovation in other districts (and sub districts) in which there are high levels of unvaccinated children who are identified during microplanning in the upcoming NIDs.

- **Technical and financial support to facilitative supervision of vaccination activities in the Koutiala health district.** The facilitative supervision approach is used to supervise the officers in charge of vaccination in 21 sub districts. Supervision visits using this approach have resulted in the development of problem solving plans and for monitoring of the implementation of the resolutions.
- **Support for monitoring in priority areas of Koutiala.** 10 health sub districts were selected by District Management Teams on the basis of their weak performance and to identify bottlenecks and corrective measures.
- Training of the DTC on the management of vaccination activities in Kadiolo (30 officers) and Timbuktu (20 agents).

#### **Other activities in workplan but not completed:**

- The implementation of the national partnership for immunization
- The support to immunization activities of the districts of Gao, Timbuktu, Kidal, Tessalit
- The review of the performance of the Timbuktu and Rharous district contracts.

These activities were not completed primarily because of the competing supplemental Polio immunization activities which were scheduled due to new polio cases.

#### **Key activities scheduled for the next six months (October 2011-March 2012)**

Over the next six months priority will be given to the implementation of the Reach every district approach (RED) in the priority districts. This approach includes:

- The organization of consultation workshops for the strengthening of routine immunization in the districts of Kita, Fana and Mopti;
- The supervision of districts with low coverage as well as the introduction of new vaccines (MenAfriVac, Rota virus);
- The continuation of the development of strategies to increase vaccination coverage, for example the implementation of the recruitment of non- or incompletely vaccinated children to introduce them to routine EPI ;
- The activities in support of vaccination strategies involving the private sector for vaccination implementation;
- Support to priority areas for monitoring of micro district vaccination planning (Gourma Rharous, Niafunké, Bougouni, Sikasso, Niono, Markala, San, Ségou, Dioila, Kati, Bandiagara, Bankass, Mopti, Tenenkou, Gao, Kidal, Tessalit) ;

- The supervision of the vaccination officers in priority districts (Tombouctou, Goundam, Bougouni, Kadiolo, Koutiala, Sikasso, Dioila, Fana, Koulikoro, Kati, Ouélésébougou, Bandiagara, Bankass, Mopti, Tenenkou);
- Strengthening the monitoring of vaccination data quality through ATN Plus regional and district teams;
- Support to activities for the eradication of poliomyelitis in Mali.

## Lessons Learned

The greatest challenge facing implementation of vaccination activities is the need for a strong commitment by the various actors to routine vaccination delivery and outreach in the districts. Also, the scheduling conflicts between routine immunization activities and the numerous supplemental immunization activities (such as new vaccine introduction and Polio NIDs) are an important factor to take into account when targets are not met and routine rates fall off. Human resources are not sufficient to undertake multiple large scale activities without routine efforts being affected. One way of addressing this challenge is through innovative programs which target weak districts, such as the RED approach.

For ATN Plus, almost 70% of activities programmed for vaccination in the workplan for FY11 were completed. The NIDs (polio) were the main constraints to the implementation of the workplan.

### 1.2.2 Nutrition

ATN Plus technical assistance for nutrition this semester can be summarized as follows: support to national level for continuing the successful planning, resource mobilization and advocacy for the National Nutrition Weeks (NNW) and national nutrition policy, support to the operational level for the implementation of the NNW, support for training of providers in the Policies, Norms and Procedures and job aids for nutrition (Gao), and support for the implementation of the innovation – “Interpersonal counseling for post-partum family planning in the NNWs through breastfeeding promotion” in San district (Segou region).

#### Key Achievements in Nutrition during the semester

##### ***National Nutrition Weeks (also referred to as SIAN)***

- **Vitamin A supplementation, deworming and National Nutrition Weeks:** ATN Plus provided technical and financial support for planning and supervision of the 1st Round of NNW for 2011 in all regions and the district of Bamako;
- **Regional workshops for microplanning the NNW 1<sup>st</sup> round of 2011** were held from May 8-17, 2011 in the 3 regions of the North (Timbuktu, Gao and Kidal). These different workshops were one of the key recommendations of the NNW reporting out workshops that had been held in 2010. These workshop resulted in the identification of budgets by health district and by region for NNWs and took into account the local/regional specificities to reinforce and promote

ownership of the activity (one of the main strategies used by ATN Plus for ensuring sustainability of local operational costs the NNWs);

- **Introduction of and monitoring the pilot activity**, “Interpersonal counseling for post-partum family planning in the NNWs through breastfeeding promotion” in 6 sub districts of the health district of San (Segou region).

### Summary results NNW (SIAN) (2<sup>nd</sup> round 2010 and 1<sup>st</sup> round 2011)

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76,775 Women post-partum received albendazole (coverage rate is 97%)	86,607 Women post-partum received albendazole (coverage rate is 100%)

*Source: NNW Report for 1<sup>st</sup> Round 2011, MOH/ Nutrition Division*

#### **Policies, Norms and Procedures for nutrition (PNP) and job aids for nutrition:**

- **Technical and financial support** was provided by ATN Plus to the training of trainers of the health district teams on the PNP and job aids in the Gao region. Total 19 providers were trained including 8 women;
- Planning with the MOH Nutrition division of the training of trainers of health district teams on the PNP and job aids for other regions and the district of Bamako.

#### **Monitoring of the implementation of the recommendations of the national forum on nutrition:**

- Participation in the launching ceremony by the Minister of Health of the implementation of the recommendations of the National Forum on Nutrition (held in June 2010);
- Technical support to all phases of the development and technical validation of the “National policy document for the development of Nutrition in Mali”;
- Technical support to the activities of "Scaling up Nutrition."

#### **Other Nutrition activities**

**World Breastfeeding Week:** ATN Plus supported the organization and implementation of the World Breastfeeding Week, held August 1 to 7, 2011. The theme this year was: “Let’s talk: Breastfeeding in three dimensions”. The ATN Plus nutrition advisor provided wall charts to the MOH from the World Breastfeeding association and provided input to the Minister of Health’s speech for the launch.

**Additional technical activities to support nutrition:** ATN Plus’s nutrition advisor supported a number of policy dialogue activities throughout the semester:

- Participation and technical support for the reporting out of the results of the situational analysis for nutrition in Mali (Landscape Analysis) (core Technical Committee member);
- Technical support to the meetings of the National technical unit on food fortification in Mali (information: on the project of fortification of wheat flour coordinated by HKI and funded by USAID, the results of the investigation of coverage on the consumption and the start of the impact of oil fortified with vitamin A);
- Participation in the workshop for the adaptation of WHO growth standards to Mali and the proposal of a new book on child growth for Mali;
- Participation in the workshop organized by the sub regional nutrition working group (REACH - FAO - ACF) on: Links Health - Nutrition - food safety to optimize the impact of nutritional interventions of the food security programs in West Africa held from May 24-27 in Dakar (Senegal);
- Participation in the International course on the Management of programs of supplementation with vitamin A organized by Micronutrient Initiative (MI) from June 8- 10, 2011 in Dakar (Senegal).

## **Key activities scheduled for the next six months (October 2011-March 2012)**

### **National level**

- Technical and financial support:
  - to the organization and the supervision of the 2011 2nd round of NNW;
  - to the extension of the integration of the Inter personal Communication on family planning to 2th round of NNWs for 2011 in other sub district of San (Segou region);
  - the training of trainers in technical and PNP Nutrition of the teams of the health of other areas and the district of Bamako districts
- Technical support for other specific key nutrition activities (including the implementation of other recommendations of the National Forum on Nutrition, activities of Scaling up Nutrition, activities for food fortification, etc.);

### **Regional and operational levels**

- Technical and financial support:
  - For planning, organization and supervision of the 2011 2nd round of NNW;

- For the extension of the integration of the Inter personal Communication on family planning to the 2<sup>nd</sup> round of NNWs for 2011 to other sub health districts of San (Segou region) district;
- For training on the PNP Nutrition for other regions and the district of Bamako;

## **Lessons Learned**

The planning of the NNWs using direct budget support (ABS) funds or MOH funds in the arbitration of the workplan is a challenge and an obstacle for sustainability of the NNWs. These funds from other sources are not always mobilized on time and sometimes not available at all.

Partnership and synergy of actions helped enhance nutrition in Mali for the achievement of the MDGs (National Forum on Nutrition).

The NNWs (organized twice a year and covering almost 3,000,000 children 6 to 59 months and more than 80,000 women in Post-Partum) has become a platform for the integration of other high impact health services (deworming, screening for acute malnutrition, and interpersonal counseling of post-partum women on family planning through the promotion of exclusive breast-feeding).

### **1.3 Prevention and Treatment of Malaria (IR 4)**

(See ATN Plus PMI fourth quarter report for FY2011)

### **1.4 Health System Strengthening (IR 5)**

The second semester of the third fiscal year of implementation of ATN Plus was marked by the strengthening of the monitoring and evaluation system of ATN Plus with the training of the regional coordinators on the Geographic Information System and the assignment of cell phones to all district advisors for data collection and transmission of data.

During this semester the main activities carried out were those scheduled in the workplan as well as other activities in support of the various Ministry of health partner divisions and departments.

#### **Key achievements in Health System Strengthening during the semester**

##### **National Level**

- Training of three regional coordinators on the use of the GIS for ATN Plus and ArcGIS software for strengthening the M&E system of the program.
- Organization of the semi-annual review of data collected using the cell phone;
- Assigning all 28 district advisors a telephone for transmission of data;
- Compilation of data for the development of indicators and the production of thematic maps for the needs of the program;

- Financing the participation of a regional coordinator in the training seminar on monitoring/Evaluation at CESAG of Dakar in Senegal;
- Organization the training of district advisors in facilitative supervision approach for the improvement of the performance at their respective sites.

### **Regional and local level**

- Participation of the district advisors in the organization of the management boards in the targeted health districts;
- Financial and technical support to the training of health district teams in the region of Sikasso on facilitative supervision for performance improvement; 59 district advisors and providers trained on facilitative supervision;
- Training of the Technical Directors of CSCOMs from the districts of Tenenkou and Kadiolo on the organization and management for performance improvement in CSCOMs; 51 persons trained Tenenkou (26) and Kadiolo (25);
- Participation in joint supervision missions by district advisors and MOH regional and district health teams in regions in the North for the strengthening of district advisors skills and with the involvement of the administrative authorities and local communities;
- Support to the implementation of the accreditation process of the CSCOM for the improvement of the quality of the services;
- Participation of the regional and districts teams in integrated and/or specific supervision missions organized by MOH at different levels.

### **Workplan activities not completed**

- Provide technical support to the implementation of a national strategy of performance based contracting in the Kayes region;
- Participate in district health staff training on leadership in the regions of Timbuktu, Gao, Kidal and Bamako;
- Participate in the joint monitoring mission of PRODESS with technical and financial partners at the regional level;
- Provide financial support for the accreditation of the CSRef visits;
- Follow the implementation of the various studies on the private health sector to exploit results;
- Provide support to networks of actors in the private sector initiatives to strengthen the public-private partnership;
- Advocacy for inclusion of the health spending module in EDS V;
- Organize the biannual supervision of the regional teams of the program (responsible for follow-up and regional coordinators).

Because of a full schedule and a lack of time, in part due to the participation by ATN Plus in the PRODESS evaluation (the depth, the time involved, and the funding mobilized) ATN Plus was not able to complete the above mentioned RSS activities. Some are being rescheduled for Year 4 and some, such as the leadership training, will be dropped. It is anticipated that Year 4 HSS activities will primarily focus on M&E and assistance with the development of the next ten year health and social development plan.

### **Key Activities scheduled for the next six months (October 2011 to March 2012)**

- Monitoring of the collection and transmission of data by cell phone to strengthen the system of monitoring and evaluation – ATN Plus will prepare a plan for the gradual transfer of the cell phone activity to the MOH by the end of ATN Plus in 2013.
- Strengthening of the logistics for district advisors through provision of laptops;
- Training health district supervision teams in the regions of Timbuktu, Kidal, Koulikoro, Kayes, Mopti and the District of Bamako on the facilitative supervision approach;
- Organization of the post-training supervision of officers trained on the facilitative supervision approach;
- Training of trainers and district advisors on the LQAS method.

## **Lessons learned**

The collection and transmission of data with the mobile phone is a great opportunity to improve the quality of data for decision-making and action and can serve as a platform to innovate in other areas such as: surveys, monitoring, disease surveillance, and drug supplies. The ease demonstrated in the use of cellphones in the collection and transmission of data aroused particular interest among HMIS officers in health districts which will facilitate transfer of these skills to the MOH technical services.

The implementation of the CSCOM accreditation approach reinforces the synergy of action between the different actors in the supply of health services (technical staff, community, local communities and other technical and financial partners).

The existence of regional trainers facilitates the transfer of skills to health district teams at a lower cost. This also can accelerate implementation of training and supervision particularly when the skills are in close proximity to the providers and services.

## **Major challenges**

- Preparation of the new ten-year health development plan and the five-year district strategies within the time limit in relation to the objectives of GHI.
- Strengthening the organization and management of CSCOM services and that of their staff in the health districts;
- transfer of technological innovations to the technical services of MOH such as the application of cell phones for the collection and transmission of data from routine for the improvement of the quality of health information;
- maintaining or strengthening service quality in the accredited Ciwara d'Or CSCOMs;
- the appropriation of the facilitative supervision approach by supervision teams for improvement in the performance of CSCOMs and other health service delivery sites.

## 1.5 Behavior Change Communication

Communication activities of the third year of ATN Plus were marked by the continuation and strengthening of activities undertaken in the second year and by the specific streamlining of the district intervention areas.

Main activities among others that should be retained are information sessions and awareness raising of women's groups and traditional communicators on handwashing with soap at critical times and the innovative activities such as 1) the call in radio show "Ligne Verte" for Family Planning, 2) the integration of the NNWs with interpersonal counseling of post-partum women in Family Planning through strengthening of exclusive breastfeeding and 3) the strategy of recruitment of children from 0 to 11 months not or incompletely vaccinated.

### Key communication activities by component

#### Maternal health and Family Planning

- In the area of maternal health, the communication plan for Reproductive health activities in the region of Koulikoro (nine health districts and the regional level) was adapted on the basis of the standard communication framework adopted by the National Information, Education and Communication Center for health (CNIECS).
- Support was provided to training sessions of qualified providers in the regions of Ségou, Mopti and Kayes in Interpersonal counseling for Family Planning (IPC/FP) focused on long-term methods and the finalization of the Kigali action plan for family planning (Also referred to as the National FP action plan).
- The activities of the national campaign for family planning, the 2011 Edition, were supported both at the national level (the development of communication media) as well as in 34 health districts through the organization of four (4) round tables, the realization of 180 local radio broadcasts in each district, and the supervision of family planning communication activities by the national and operational levels.
- The Family Planning call in show "Ligne Verte" was renewed this year with the radio network Djekafo of Bamako in collaboration with their radio partners in Kayes, Sikasso, Ségou and Mopti. Two abstracts on the Ligne Verte were written and accepted for international meetings: one for the Global Health Council annual conference in Washington, DC (2011) and for the International Conference on Family Planning to be held in Dakar, Senegal in November 2011. Terms of reference for the evaluation of the "Ligne Verte" radio program have been drafted.
- ICP/FP post-partum was introduced in the NNW within six (6) sub districts of the Health District of San in the Ségou region.

#### Child Survival

##### *Vaccination:*

- Communication activities primarily focused on the introduction of new vaccines. Activities included the active participation of the ATN Plus communication advisor in the development of communication strategies for new vaccines, the printing of one thousand (1000) pamphlets targeting health providers, community leaders and the population with information on the national campaign for two vaccines: meningococcus A and meningitis, support for the

development of a training module for health providers for the administration of the two vaccines and the development of a module for the training facilitator for the introduction of the Pneumococcal conjugate vaccine.

- Support was provided for the implementation of the strategy of recruitment of children 0 to 11 months incompletely or non- vaccinated in three sub districts of the health district of Bougouni for the strengthening of the routine immunization program.
- Support was provided to a stakeholders meeting for strengthening routine immunization using the approach Reach every District (RED); local radio programs have been implemented in the health districts of Sikasso and Bougouni as a component of RED.

#### ***Nutrition:***

- 300 copies of the Strategic Plan for Behavior Change Communication in Nutrition were printed and this strategy was disseminated during the PNP Nutrition training in the region of Gao.
- Communication and social mobilization activities during the NNWs were funded in 32 health districts: dissemination of messages for ten (10) days by at least two (2) local radio per health district and the organization of traditional animation in the second round of 2010 NNW and the first round of 2011 NNW.
- Two other activities were supported: the revision of the training module on Essential Nutrition Actions (ENA) to integrate communication and the adaptation of vitamin A supplementation messages into the Policies, Norms and Procedures (PNP) for Nutrition.
- Technical and financial support was provided to the World Breastfeeding Week 2011 Edition: Organization of the launch, printing banners, organization of an information session for 55 members of women's groups and 55 members of youth associations (a new target group for breastfeeding support messaging).

#### ***Malaria prevention and control:***

- In the fight against malaria two major activities have been conducted: in Sélingué the workshop for the harmonization of the messages and supporting documents, design of a job aid on care seeking for malaria and production of 1,500 copies of the directory of harmonized malaria messages to be distributed to districts, CSCOMs, social development and other partners.

#### **Other communication activities**

- At the request of various MOH offices and departments, the Health Messages Guide has been reproduced in one thousand (1000) copies and further distributed to health offices in public, private and faith based health facilities covered by ATN Plus.
- Two (2) communication advisors for ATN Plus participated in a training organized by JHU/CCP in Dakar, Senegal entitled "Issues and challenges for malaria, HIV/AIDS, tuberculosis, FP, maternal and child health: Leadership and innovative approaches in strategic communication."
- ATN Plus participated actively in the preparations this semester for the organization of the commemorative ceremonies of the Fiftieth anniversary of USAID.

#### **Partnership**

Partnership is an important theme and guiding principle of ATN Plus's communication efforts. This year partnership has been strengthened between ATN Plus and other USAID implementing agencies through periodic meetings of the PMI communication group and those of the Family Planning group.

With UNICEF and WHO, collaboration has mainly been concentrated on the development of the Communication Plan for the introduction of new vaccines and the development of training modules for MenAfriVac and conjugated pneumococcal vaccine.

In synergy, ATN Plus participated in the development of a job aid for traditional healers on the management of malaria with PKCII.

## **Key activities scheduled for the next six months (October 2011-March 2012)**

### **National level**

- Support the assessment of the radio program Ligne Verte for Family Planning;
- Support supervision of health providers trained in CIP/FP long term methods;
- Ensure the supervision of the FP campaign's communication activities in Timbuktu and Sikasso;
- Disseminate the sketch Male involvement in favor of Family Planning on the national TV station
- Disseminate the sketch on the preparation of childbirth for national TV;
- Implement radio programs for strengthening and extension of support of routine immunization;
- Support the development, production and dissemination of the materials on the introduction of new vaccines in the routine EPI;
- Support the expansion of the policy of recruitment of children incompletely or non- vaccinated in at least three health districts;
- Ensure the RED approach in three districts: Fana, Mopti and Kita;
- Ensure the supervision, monitoring and the extension of the integration of IPC/FP Post-partum in the NNWs in all sub districts of San;
- Ensure the integration and dissemination of the Nutrition Communication Plan during training sessions for health district teams on the PNP and Nutrition job aids;
- Support the development of the national malaria strategic communication plan (2011-2015);
- Support the implementation of the recommendations of the study on the obstacles to the use of the IPT/SP;
- Support the communication for the Global Handwashing with Soap day;
- Support the process of accreditation of CSCOMs and CSREFs in FY12;
- Support the thematic group on hygiene and environmental health for the orientation of the new PRODESS;
- Organize the ATN Plus results sharing day;
- Launch website for ATN Plus.

### **Operational level**

- Disseminate through local radio messages encouraging upcoming women to give birth in health facilities so that they can benefit from AMTSL;
- Support the implementation of the radio show Ligne Verte in the health district of Timbuktu;

- Support FP communication activities in the 36 health districts; monitor communication activities of the FP campaign by the regional coordinators;
- Support monitoring and supervision of the implementation of the communication plans for district-level reproductive health;
- Support technically and financially the implementation of local radio programs supporting the RED approach in three districts: Mopti, Fana and Kita;
- Support the follow-up of the communication activities for the RED approach in three districts (Mopti, Fana and Kati);
- Ensure the implementation and monitoring of the recruitment strategy of incompletely or non-vaccinated children in at least three health districts
- Support communication activities SIAN at the level of the 36 districts 2nd Edition 2011 and 1st Edition 2012
- Monitor the availability and use of health messages and other media produced by ATN Plus

## **Lessons learned /obstacles and solutions**

The constitution of thematic group of USAID partners and periodic meetings of these groups have facilitated the flow of information, strengthened synergy and allowed for more efficient use of available resources.

By strengthening the integration of communication into different technical components of ATN Plus the implementation of innovative activities was also strengthened. These activities include: Ligne Verte for Family Planning, IPC/FP post-partum integration into the NNW and the strategy of recruitment of children from 0 to 11 months incompletely or non- vaccinated. The communication aspects of these innovations have been emphasized and thus have helped strengthen the relevance and success of the activities.

The implementation of the activities scheduled for the third year was somewhat slowed by the delay in the approval of the ATN Plus workplan. To alleviate this difficulty, emphasis was placed on the continuation of the already initiated activities from Year 2 and the continuation of efforts through a provisional approval of the workplan.

## **2 Challenges**

(Many of these challenges appeared in the second semester report and have prevailed for this fiscal year).

A number of obstacles and challenges exist that often times seem insurmountable for a bilateral program operating in Mali. Creative solutions, team effort with the regional and district health teams, significant efforts to coordinate by phone and in person have all been undertaken to address these challenges and overcome obstacles to implementation and achieving results.

Context:

- Security: The continuing insecurity in the Northern regions makes it difficult to ensure quality implementation and supervision of activities. Measures have been taken to protect project staff and materials from the banditry in the region but these measures can limit our mobility and access.

- Human resources: The numerous requests from stakeholders in the regions and districts and the limited human resources available means that the MOH colleagues sometimes do not have time in their full schedules for ATN Plus activities. These activities, such as CROCEP sessions, the numerous NIDs for polio, other vaccination days such as for meningitis, MILD distribution, among others usually result in the suspension or postponement of all other activities. ATN Plus staff at the regional level try to coordinate as much as possible and schedule around these critical events. A master calendar of MOH events is maintained by staff as a reference document to help program activities around major events.

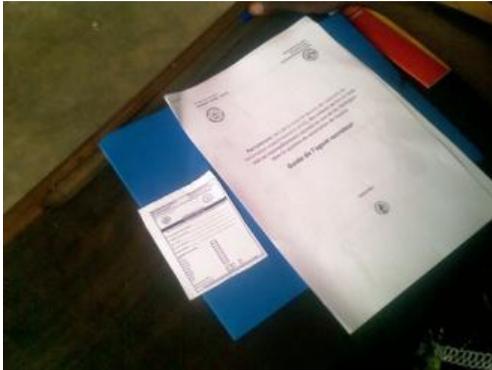
#### Resource limitations:

- Contraceptives and materials: ATN Plus was not designed nor funded to purchase a large of amount of consumables, long term family planning contraceptives, and other materials need for Family Planning delivery post training. For the training sessions, ATN Plus has managed to purchase supplies for long term training to date. However, in order to send the training participants back to their posts with supplies additional supplies have been negotiated with the Regional health directors. These supplies are necessary to help the health provider increase users. However, this method has not allowed for increase demand to be met adequately after training (Koulikoro for example) in spite of ATN Plus efforts to negotiate supplies with other donors such as UNFPA. USAID's support in negotiating these materials and contraceptives with other donors and other programs is needed to see real impact in the post training period.
- Lack of standard per diem with MOH: Because other organizations such as the UN are offering higher per diem rates to MOH, ATN Plus activities are often side lined or made a lower priority by MOH counterparts in the regions and districts.
- Supervision / Human Resources/ Motivation of MOH personnel: Local supervision which is necessary for problem solving is being challenged due to the above mentioned HR and per diem issues. If possible, USAID should address the per diem issue with other PTFs to find a solution.
- GHI principles are already a part of the ATN Plus strategy of health system strengthening, scale up of proven interventions, innovation and partner development (civil society). Further delays to accommodate GHI strategy should be minimized as much as possible. A "reframing" of our current activities within the GHI context will be possible and should be the key to any future strategic changes in USAID Mali to accommodate GHI.

#### Issues with Ministry of Health:

- The current climate at the Ministry of Health related to the ongoing investigations around misappropriation and mismanagement of some donor funds has delayed some activities, for example the HSS activities such as the accreditation tool dissemination that were to be co-funded with GAVI. Also some donor funding is tied up as an indirect result of the investigations into mismanagement and as such causes delays which compromise investments already made, for example in moving ahead on integrated community case management. This climate promises to continue into FY2011 and as such will delay overall implementation of the PRODESS II as well as ATN Plus activities which are primarily carried out with the MOH.

### 3 Success Story: Innovation



#### **“Boosting routine immunization by reaching hard to reach children through National Immunization Days for polio”**

ATN Plus focuses on improving the capacity of the Ministry of Health to plan, implement and supervise maternal and newborn health, family planning, immunization, nutrition and malaria services and on addressing cross-cutting health systems strengthening and quality assurance issues. Behavior change communication is integrated into each program area.

In April 2011, ATN Plus carried out an innovative pilot activity designed to “recruit” incompletely or non-vaccinated children during the National Immunization Days for Polio to increase routine immunization coverage. It is estimated that over 35% of children in Mali have not completed their routine vaccinations by age one. This situation leads to continuing epidemics such as measles and other outbreaks and a continuing need for vaccination campaigns. In addition, due to the increased detection of imported polio cases in Mali the Ministry of Health implements door to door vaccination against Polio 4- 5 times a year or more. The NIDs is a massive donor supported campaign effort that usually takes place during a 3-4 day period and involves thousands of trained volunteers going to door to door to administer the polio vaccine.

In order to take advantage of this population wide effort and to identify and fully vaccinate hard to reach children and boost immunization coverage, ATN Plus and the MOH introduced an activity to recruit children during the NIDS who had neither completed their vaccines or were not vaccinated at all, referred to as zero dose children, in three sub health districts of Mali during the May 2011 NIDS.

Recruitment involved determining the vaccination status of each child in the household and counseling and encouraging their parents to bring the zero dose child into the nearest health center to complete their immunizations. In practical terms an additional vaccination/communication team member was added to the NIDs team with funding support for per diem only since these are volunteers. When the team identified a non-vaccinated (or zero dose) child, the team member would record additional information and take time to counsel the child's caretaker in order to encourage the child to be taken to the nearest health center to complete their vaccinations. The parent was given a referral slip which will be used for monitoring follow up in the coming months.

Approximately 750 children were identified in the three health sub districts as needing additional vaccinations. The results of the recruitment were shared with local authorities – both health and elected authorities in order to raise their awareness of the situation and the need for additional resources for vaccination outreach. Other problems such as insufficient cold chain and stockouts of vaccines were identified as problems leading to non-vaccinated children.

The second phase involved the vaccination of those children who had been identified. As of June 20th 548 or 73.4% of the recruited children were vaccinated as a result of the counseling their parents received during the NIDs. A complementary radio program was implemented to generate demand for vaccination services and further encourage parents to seek services. ATN Plus will replicate this innovation in other districts (and sub districts) in which there are high levels of unvaccinated children who are identified during microplanning in the upcoming NIDs.

This minimal investment and effort to boost routine immunization can be replicated in other districts where there is a high level of non-vaccinated children. The results of the pilot activity will be disseminated to other regions in Mali to stimulate interest in this low cost effort.

This innovative activity demonstrates that using campaigns to raise awareness and to reach hard to reach children for routine immunization is a win win situation for the Ministry of Health in a low resource setting such as Mali's.

**Annex A: Semester Report on Progress against the Workplan**

**Annex B: Table of key indicators – annual result**

**(See Excel Table files attached)**