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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 2013
April 2013- August 2013*

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Executive Summary

Introduction

Assistance Technique Nationale 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 provided 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. The project operated in 36 of Mali’s health districts up until April 2012 when the operating context in Mali changed.

On March 22, 2012 a coup d’etat occurred in Mali. Due to these extraordinary circumstances which were marked by a complex socio-political situation and social unrest in the three northern regions and part of Mopti, per USAID’s instructions, ATN Plus was temporarily suspended and activities were limited to those necessary to maintain operational capacity and participation in authorized information exchange meetings in Bamako. Fortunately, on October 31st 2012, USAID Mali authorized ATN Plus to resume activities which officially began on November 1st 2012 but excluded Family Planning activities with the Government of Mali

This report covers the period April 2013 to August 2013 because of the project closing by September 30th 2013.

1. Summary of Annual Results for FY 2013 (October 2012- August 2013)

The suspension was lifted on October 31st 2012 and a list of urgent activities were authorized by USAID to be undertaken over two months (November-December 2012) while developing an annual work plan for FY 2013 (the last year of the project). This annual workplan was submitted with budget to USAID and was approved on December 26th, 2012. Activities conducted during this final year of the project focused on the operational levels of the health system, especially the Centres de Santé Communautaires (CSCComs) and health districts.

The following are highlights of quantitative results achieved during the period November 2012 to June 2013 (8-Months) after the suspension was lifted on October 31st by technical domain. As per the letter lifting the suspension, no family planning activities were carried out with the government or its structures. Family planning activities were carried out directly at CSCCom level with non-governmental organizations (NGOs, the private sector) and ATN Plus staff and consultants.

1.1. Maternal Health (including Essential Newborn Care) and Family Planning (IR 1 & IR 2)

- Trained 29 trainers (20 women and 9 men) in focused antenatal care (FANC) in the Koulikoro region including 9 male Doctors, 9 Midwives and 11 female obstetrician nurses
- Trained 108 service providers in FANC for the health districts of Bankass, Koulikoro and Sikasso: including 12 midwives, 40 female obstetric nurses and 56 matrones.
- Provided post training *supervision* of 156 providers (147 women and 9 men) trained in FANC in Diéma (25 women 0 man), Koulikoro (40 woman 9 men), Segou (16 women 0 men), Sikasso (44 women 0 men) and Bankass (22 women 0 men). Post-training supervision in all these districts for FANC was integrated with supervision of active management of the third stage of labor (AMTSL), while in Bamako 29 providers (25 women and 4 men) it has been integrated with Malaria supervision.

- Provided post-training supervision of 68 matrones, 1 midwife and 9 female obstetric nurses oriented in interpersonal communication for family planning (IPC/FP) in the districts of Kayes, Segou, Markala and Niono.

1.2. Child Health(IR 3) (Immunization, Nutrition, HSS and BCC)

1.2.1. Immunization

- Monitoring of the pilot activity to recruit incompletely vaccinated children during the National Immunization days for Polio (NIDs) took place from March 29 to April 1, 2013 in the health district of San. During the monitoring it was determined that children aged 0-11 months were successfully taken to a health facility by their parents or caregiver and vaccinated as follows: : BCG, 217; OPV1, 233; OPV2,148; OPV3, 134; Penta1, 247; Penta2, 145; Penta3, 132; PCV1, 257; PCV2, 149; PCV3, 130; VAR, 157; VAA, 154.
- Supervised technical staff during routine immunization in the districts of San (59: 5 women and 54 men), Dioila (41: 5 women and 36 men) and Kati (44: 25 women and 19 men) with funding from ATN Plus. Technical staff were technical Directors of CSComs (DTC), vaccinators, midwives, nurses and managers of local pharmacy (DV).
- Finalized and reproduced 250 copies each of the reference manual and the recruitment strategy guide of children 0-11 months incompletely vaccinated during NIDs in order to introduce them into the routine immunization system;
- Provided technical and financial support to national immunization facilitative supervision held July 5-15, 2013 in Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako;
- Supported the organization, monitoring, data collection, cleaning, analysis and report writing for the second round of Lot Quality Assurance Sampling (LQAS).

1.2.2. Nutrition

- Trained 28 trainers (7 women and 21 men) in the Protocols, Norms and Procedures (PNP) Nutrition in the district of Koulikoro;
- Trained 166 providers (30 women 136 men)in PNP Nutrition in Bandiagara, San, Bankass, Markala and Bougouni;
- Supervised a total of 122 (22 women 100 men) trained providers.

Summary results NNW (SIAN) (2nd round 2012 and 1st round 2013)

2nd round 2012 <i>(Held in January 2013: NNWs only)</i>	1st round 2013 <i>(Held in May 2013: NNWs integrated to NIDs)</i>
3,425,447 children 6-59 months received Vitamin A <i>(coverage rate is 92.6 %)</i>	4,796,781 children 6-59 months received Vitamin A <i>(coverage rate is 102.5 %)</i>
3,211,637 children aged 12-59 months received Albendazole <i>(coverage rate is 96.4 %)</i>	4,985,255 children aged 12-59 months received Albendazole <i>(coverage rate is 109.3 %)</i>
80,386 Women post-partum received Vitamin A <i>(coverage rate is 85 %)</i>	97,449 Women post-partum received Vitamin A <i>(coverage rate is 60.5 %)</i>
83,574 Post-partum women received Albendazole <i>(coverage rate is 81.3 %)</i>	97,449 Post-partum women received Albendazole <i>(coverage rate is 60.5 %)</i>

Source: NNW Reports for 2nd Round 2012 and 1st round 2013, MOH/ Nutrition Division

NB. The 1st round 2013 for SIAN was integrated into Polio NIDs which included Vitamin A. The results are very different because the approach is very different when compared to the usual SIAN (NNW) 2nd round 2012. The difference in numbers between the second semester 2012 and the first round 2013 for Vitamin A and Albendazole are due to:

- difference in strategy: National Immunization Days (NID) is a door to door strategy rather than a fixed, mobile or advanced strategy for National Nutrition Week (NNW);
- difference in the target population age: 0 to 59 months for NID instead of age 6 to 59 months for NNW (children under six months are not given vitamin A but it's more likely that children over 59 months are given vitamin A and deworming capsules which run out due to the difference in target group);
- difference in the rigor of estimating the child's age: rigor more pronounced in the NNW than in NIDs;
- difference in source of population target numbers: the NNW uses HMIS/district population estimations for the target group and the Polio NIDS uses its own estimation of the target population. When these two are compared the NID number is significantly more than the NNW number.

IR4 Malaria is reported in a separate document for PMI.

1.2.3. Health Systems Strengthening (IR 5)

- Trained 24 (8 women and 16 men) regional trainers on the organization and management of services to improve the performance of CSCoM.
- Trained 74 (10 women and 64 men) DTCs (Technical Director of CSCoM) on the organization and management of services to improve the performance of CSCoM in the districts of Kignan (1 woman 13 men), Markala (4 women 19 men) and Segou (5 women and 32 men).

- Disseminated the results of the two rounds of LQAS surveys for monitoring PMP indicators not collected by the health information management systems or HMIS in Kayes, Sikasso, Segou, and Mopti.
- Produced the following reference documents:
 - 200 copies of the Health Center Management Reference Manual;
 - 200 copies of the Trainer's Guide for Health Center Management;
 - 500 copies of the nine posters/ management job aids produced on the organization and management of services at community level;
- Produced 500 summary reports of the two LQAS surveys and disseminated them to all participating CSComs.

1.2.4. Behavior Change Communication

- Broadcast 81 messages on AMTSL at each of the 21 health districts. In total there have been 1,701 sessions of AMTSL message broadcasts in 30 days during the period May 2013-June 2013.
- Developed six maternal health media communication supports: three posters, one pamphlet, one briefing document on the elements of the free caesarean policy and one briefing document on blood donation.
- Supported the post-training supervision of 82 matrones (all women) oriented in IPC/ IPPFP in Kayes (28), Niono (21), Markala (15) and Segou (18).
- Documented the integration of IPC / IPPFP to NNWs in 29 CSComs of the health district of San.
- Follow up of 14 out of 27 reproductive health communication plans in the geographically accessible health districts.
- Five local radio stations in each of the health districts of Fana and San supported the reach every district (RED) approach over a three month period through message dissemination, round tables sessions, and contests focusing on immunization as.
- Conducted monitoring visits to 17 priority areas of the health district of San during the implementation of the strategy to recruit not or incompletely vaccinated children aged 0-11 months;
- Produced banners, organized round table and broadcast messages on immunization in each of the 27 health districts covered by ATN Plus program during the African Child Immunization Week (SAV).
- Disseminated the strategic communication plans for behavior change in nutrition in Koulikoro region during the training of trainers on PNP Nutrition.
- Designed and produced 500 copies of a CDROM on achievements of USAID/ATN Plus health program. 500 folders and briefing documents were also produced.
- Supported the finalization of an Action Plan for the removal of barriers to the use of intermittent preventive treatment with sulfadoxine pyrimethamine (IPT-SP) during FANC.

1.2.5. ATN Plus End of Project Day for sharing of ATN Plus' Results, Innovations, Successes and Achievements



Presiding from right to left . Dr. Sarr, WHO Rep. in Mali; Mr. Gary Juste, USAID Director in Mali, Dr. Mamadou Namory Traore, Health Advisor, Ministry of Health; Ms. Lisa Nichols, Portfolio Manager of ATN Plus, representing Abt Associates, Dr. Timothee Gandaho, Chief of Party, ATN Plus.

On July 23rd, 2013, USAID's bilateral health project, ATN Plus, held the end project workshop in the Malian capital Bamako at hotel Radisson Blu to:

- (a) inform the Ministry of Health and health partners on the achievements of ATN Plus from October 2008 to July 2013;
- (b) share lessons learned , innovations and achievements over the past five years with partners to consolidate gains in the areas of High Impact Health Services and Behavior Change Communication;
- (c) collect and share stories and testimonies of implementing partners.

This activity provided a concrete opportunity to display the project's activities and impacts over the past five years. More than 130 representatives from the Malian government including ministry officials, representatives from USAID and partners joined ATN Plus for a half day of presentations, video, poster sessions and lively testimonies and discussions regarding project achievements.

The event was highlighted by a video review of partner experiences with ATN Plus. Testimonies in the video were from Ministry of Health, Health Planning unit, National Directorate of Health and its divisions, National Malaria Prevention Program, National Center for Communications, Regional Directorate of Health, and providers in the field, NGO partners and health services beneficiaries.

Presentations of the key results obtained by the project through trainings, innovations and other activities were made by Dr. Timothee Gandaho, Chief of Party of ATN Plus. He gave a brief summary of the ATN Plus program and shared the key program results. Some of these results include: the percentage of deliveries during which Active Management of Third Stage of Labor (AMTSL) was applied increased from 50% in FY 2009 to 96.4% in FY 2012; the percentage of health centers with appropriate temperature control for oxytocin (between 2°C and 8°C) was more than 87% (according to the LQAS surveys); the number of new users of

family planning in the USAID health districts increased from **86,572** in FY 2009 to **170,117** in FY 2012 according to HMIS data; and a decrease in under-five mortality from **229 ‰** (2001) to **191‰** in 2006 and **98‰** in 2012/13 (according to DHS 2012/13).

Table 1: Trends in Key results of PMP of USAID/ATN Plus

Indicator	FY09	FY10	FY11	FY12
	Base	Results	results	Results
Number of pregnant women who completed at least 3 antenatal care (ANC) visits during pregnancy (C)	164643	NA	222188	216 843
Percentage of deliveries in health facilities using Active Management of the Third Stage of Labor and Essential Newborn Care (C)	50	60	78	96,4
Number of new acceptors of FP methods (C)	86 572	135 533	156 712	170 117
Number of children less than 12 months of age who received PENTA3 (C)	516 726	529 767	545 409	573722
Percent of births attended in a health center (C)	61	61	57	63,4
Percentage of service delivery points with a least one provider trained in the active management of labor and essential newborn care (C)	30	69	72	95,1
Number of children (6 to 59 months) who received a dose of Vitamin A from USG-supported programs (S)	2 729 761	2 805 823	3003470	3,046,781
Number of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds (S)	412	587	NA	234
Number of health workers trained in IPTp with USG funds (S)	60	1173	1983	270

Table 2: Key indicators monitored with LQAS for randomly selected CSComs of the health districts of the USAID/ATN Plus intervention areas in the south and the center of Mali

INDICATORS	COORDINATION AREA IN THE SOUTH		COORDINATION AREA IN THE CENTER	
	LQAS_1*	LQAS_2**	LQAS_1*	LQAS**
	Average Coverage (%)	Average Coverage (%)	Average Coverage (%)	Average Coverage (%)
Percentage of CSCom applying AMTSL with adequate conservation of oxytocin (2°C - 8°C)	91,5	88,4	87,2	89,5
Percentage of CSCom offering injectable FP method during outreach strategy (OS)	50	69,5	58,6	71,1
Percentage of CSCom with knowledge of when to use RDT for under five children	94,7	100	94	99,2
Percentage of CSCom with knowledge of when to use ACT for under five children	85,3	100	97	100
Percentage of CSCom with PENTA available	93,5	100	94,7	98,5
Percentage of CSCom with VAR (measles) available	96,8	100	97	97
Percentage of CSCom where vaccine are kept adequately according to standards (+2°C à 8°C) the day of the survey	87,8	92,3	94,6	93,8
Percentage of CSCom with health messages guide available	90,5	92,6	88	88,7
Percentage of CSCom with harmonized messages for malaria control available	64,2	85,3	66,2	83,5
Percentage of CSCom with functional community health workers (ASC) in the health area	83,3	93,7	50	90,3
Percentage of CSCom with community health workers (ASC) who offers the full package of services	88,1	81,4	100	98,1
Percentage of CSCom that received at least one supportive supervision	36	26,7	51,72	55,1

LQAS_1 covered the period July-December 2011 LQAS_2** covered the period January-December 2012*

Six stands set up in a separate hotel conference room allowed officials and participants to see posters, reference documents, training manuals, reports and CDs produced by ATN Plus.



The six stands of USAID/ATN Plus at the end of project Day MH/FP; Malaria ; Nutrition ; Immunization ; Communication ; HSS

Invitees visiting the stands

Participants were pleased to have the opportunity to discuss the achievements of ATN Plus to improve health in Mali and give their own testimonies. Statements included:

"...It is with ATN Plus that the communication plan for malaria control became a reality in Mali ...";

"...The HMIS has always received the least financial support compared to other health divisions. ATN Plus has been our partner through the funding of key activities such as supervision HMIS staff in the field, training them on DESAM, support from ATN Plus district advisors and regional coordinators to Regional Directorate of Health and District Health teams. ATN Plus also contributed to the production of HMIS statistical yearbooks of HMIS in collaboration with other partners.

"The type of partnership in the consortium of ATN Plus should be used as a learning example in implementing health programs";

"...Thanks to ATN Plus for its support to REMANUT's actions to promote nutrition in Mali. ATN Plus is ending but what is important is the technical skills and capacity left in place to continue... ";

“...It is in difficult time and trouble that good friends are helpful. ATN Plus trusted the Groupe Pivot Sante Population for technical assistance to decentralized health facilities for the improvement of high impact health services. We are very grateful to ATN Plus for its frank cooperation... ”.

In conclusion the event proved to be a successful forum for sharing success, key results, achievements and lessons learned of interest to the entire public health community in Mali.

1.2.6. Distribution of contraceptives commodities to CSCComs in the five regions in the south and Bamako as requested by USAID, two rounds (May and July 2013)

In January 2013 and in May 2013 USAID Mali requested that ATN Plus ensure the distribution of USAID purchased family planning commodities to all functional CSCComs in the regions of Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako in order to continue to supply communities with important family planning commodities under the “notwithstanding order” following the coup in 2012. Two distributions were requested by USAID. The first distribution took place in May 2013 with family planning products that arrived by air at the end of April. The second round in July distributed the remaining products which arrived late in the month. ATN Plus carried out this distribution activity using its consortium member Groupe Pivot Sante Population’s (GPSP) established experience in commodity distribution.

Tables 3 and 4 below are the lists of FP products with projections of needs for the first and second distributions through two working sessions between USAID and USAID projects ATN Plus, Systems for Improved Access to Pharmaceuticals and Services (SIAPS), Keneya Ciwara II project (PKCII) and Population Services International (PSI) and other partners to produce distribution plans based on the list of functional CSCComs.

Table 3: Quantity of family planning products transferred to ATN Plus and distributed by GP/SP to CSCCom in May 2013.

N°	CONTRACEPTIVES PRODUCTS	PRESENTATION	UNIT	QUANTITY
1	Male Condom	Bulk	Condom	296 634
2	Mycrogynon	Tablet	Platelet	95 545
3	Microlut	Tablet	Platelet	36 000
5	Depo provera	Injectable	Phial	80 000
6	Jadelle	Capsule	Box of 2	17 000
7	Intra-Uterin Device (IUD)	TCu-380A	Box of 1	20 100

Table 4 : Quantity of family planning products transferred to ATN Plus for the second distribution in July 2013

N°	CONTRACEPTIVES PRODUCTS	PRESENTATION	UNIT	QUANTITY
1	Male Condom	Bulk	Condom	1 483 168
2	Mycrogynon	Tablet	Platelet	200 000
3	Microlut	Tablet	Platelet	35 280

4	Depo provera	Injectable	Phial	400 000
5	Jadelle	Capsule	Box of 2	18 500

The distributions involved three phases:

- a) Packaging of contraceptives to facilitate their transport on the ground;
- b) Transportation of the products to CCom level in the best possible conditions within reasonable time period;
- c) Monitor the distribution of contraceptives down to the CComs.

The distribution was undertaken by a central team in Bamako and a team of 47 agents posted one per district. Once the commodities were repackaged in Bamako for transport to the CCom, a hired transport company transported them to the rented private warehouses in each of the health districts. The community health committees (ASACO) from each CCom were asked to come to the private warehouse to claim their allocated commodities where they signed a receipt and were reimbursed for transportation/per diem. GPSP then used its decentralized NGO network and ATN Plus district advisors in the process, particularly in monitoring the distributions. Communication system and coordination mechanism were put in place to ensure smooth and fast distribution.

In total **833 CCom** in 45 health districts and 54 CCom in Bamako received their FP commodities as planned and specified by USAID during the first distribution and **830 CCom** in 45 health districts and 54 CCom in Bamako received their FP products during the second distribution.



Family planning commodities distribution in Koulikoro (top left), Banamba (top right) and Kita

Acronyms

AMTSL	<i>Active Management of Third Stage of Labor</i>
ANC	<i>Antenatal care</i>
ASACO	<i>Association de santé communautaire (Community Health Association)</i>
ASC	<i>Agent de santé communautaire (Community Health Agent)</i>
ATN Plus	<i>Assistance Technique Nationale Plus (National Technical Assistance Project Plus)</i>
BCC	<i>Behavior Change Communication</i>
CNIECS	<i>Center for the Information, Education, and Communication for Health</i>
CPS	<i>Planning and Statistics Office, Ministry of Health</i>
CSCom	<i>Centre de Santé Communautaire (Community Health Center)</i>
CSRef	<i>Centre de Santé de Reference (Reference Health Center)</i>
DESAM	<i>District Health Information software</i>
DHS	<i>Demographic and Health Survey</i>
DNS	<i>Direction Nationale de la Santé (National Health Directorate)</i>
DQA	<i>Data Quality Assessment process</i>
DRS	<i>Direction Régionale de la Santé (Regional Health Directorate)</i>
DSR	<i>Division de Santé Reproductive (Division of Reproductive Health)</i>
DPM	<i>Direction de Pharmacie et Médicaments (Directorate of Pharmacy and Drugs)</i>
DTC	<i>Technical Director of CSCom</i>
ENA	<i>Essential Nutrition Actions</i>
ENC	<i>Essential Newborn Care</i>
EPI	<i>Expanded Program for Immunization</i>
FANC	<i>Focused Antenatal Care</i>
FP	<i>Family Planning</i>
GHI	<i>Global Health Initiative</i>

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

2. Achievements of the Second Semester for FY 2013

The following are highlights of the activities undertaken during the period April 1st 2013 and June 30th 2013 of the Second Semester for FY 2013. A complete table of indicator data is in annexes B and C of this report.

ATN Plus's technical team developed an operational plan for last year of the project, FY 2013. This plan was proposed to USAID on December 19th, 2013 and approved on December 26th 2013 for implementation.

ATN Plus held an internal semi-annual data review workshop to review data from the Second semester of FY13 with its District Advisors in charge of collecting, validating and transferring HMIS data from the operational level to ATN Plus using cell phone/computers to help compile PMP indicators of the program. The session was held on July 24th, 2013 (27 district advisors from five regions and Bamako District working with ATN Plus monitoring and evaluation team).

ATN Plus core staff met with USAID / DQA health team on August 26th, 2013 at ATN Plus to conduct a data quality assessment (DQA) of the information used for reporting on certain USAID indicators prior to a field visit by the DQA Health team of USAID/Mali. DQAs are periodically conducted for certain key USAID indicators. It is also necessary because of the revision made to the USAID Performance Management Plan (PMP) with the inclusion of new indicators to be reported to Washington. Among these, the indicator: "Number of people trained with the assistance of the US Government" was discussed as well as "number of children under five reached by USG-supported nutrition programs and number of people trained in child health and nutrition through USG-supported programs".

Specific activities of the Semester by domain are the following:

2.1. Maternal Health (including Essential Newborn Care) and Family Planning (IR 1 & IR 2)

- Participation in training and post -training supervision of providers trained in FANC in Bankass (22 women 0 man);
- Participation in training of trainers for FANC in the region of Koulikoro (20 women and 9 men) and training of providers in the health district of Koulikoro (40 women and 9 men) in FANC;
- Participation in the supervision of trainers and providers trained in FANC of the CSComs of Bamako District (25 women 4 men) and the health districts of Kayes, Diéma , Segou, Koulikoro and Bankass (156: 147 women and 9 men) to improve the quality of their services;
- Financial and technical support to the training of providers of the health district of Sikasso (44 women 0 man) in FANC;
- Participation in the dissemination workshop of the results of the study on the evaluation of the quality of malaria case management and FANC in the health facilities in Mali;
- Financial and technical support to regional supervisions of providers for AMTSL in the health districts of Sikasso , Bougouni, Kignan , Kadiolo, Koutiala , Mopti, Bankass, Bandiagara, Ténenkou , Koulikoro, Kati, Ouéléssébougou , Diola and Fana;
- Distribution of Reproductive Health (RH) PNP for matrones in most community health centers in the 27 intervention health districts of ATN Plus;

- Distribution of AMTSL posters (Birth delivery plans, elements of AMTSL and postpartum monitoring for the first six hours) in most CSComs in the 27 intervention health districts of ATN Plus;
- Contribution to the development of messages on the free caesarean policy during a five days national workshop;
- Contribution to the compilation of data related to number of personnel trained or supervised in RH/FP with financial and technical support by ATN Plus;
- Technical and financial support to the celebration of the International Day of Midwives in Mali;
- Participation in national end of project workshop organized by Fistula-care and PKCII projects;
- Participation in the ATN Plus internal semi-annual data review workshop with its District advisors on July 24th;
- Finalization of the documentation of the Integration of IPC/FP with NNWs in 29 health areas in the district of San for increased use of FP methods;
- Distribution of the WHO International guide on FP (green book and green posters) in the majority of the community health centers in the intervention area of ATN Plus;
- Reproduction of the report on the Integration of IPC/IPPPF to NNWs in 29 health areas in the district of San in collaboration with the Coordinator and the District Advisors to increase the acceptance and use of FP methods;
- Participation in the post-orientation supervision of the matrones oriented IPC/IPPPF in the health districts of Kayes, Niono, Markala and Segou.

2.2. Child Health(IR 3) (Immunization, Nutrition, HSS and BCC)

2.2.1. Immunization

- Monitoring of the vaccination status of incompletely vaccinated children recruited in San, which revealed the introduction of these children in the routine system is effective and ongoing;
- Technical and financial support to staff supervisions in some districts: San (59), Dioila (41) and Kati (44);
- Reproduction of documents for the recruitment strategy (manual and guide);
- Technical and financial support to national semiannual supervision;
- Establishment of a documentation system to facilitate the ownership and sustainability of immunization innovations;
- Preparation and participation in the internal data review workshop of ATN Plus with its District Advisors ;
- Participation in the DQA meeting with the ATN Plus staff at its offices on August 26th, 2013.

2.2.2. Nutrition

- Participation in the planning of the first round of the NNWs in 2013 integrated with the NIDs;
- Participation in the financial and human resources mobilization for the first round 2013 of NNWs;
- Participation in the supervision of staff during the NNWs in all regions in the south and in the district of Bamako;
- Financial support to the social mobilization activities in favor of the NNWs in the health districts covered by USAID/ATN Plus;

- Training of regional trainers in Koulikoro (7 women 21 men) on PNP nutrition job Aids and on strategic communication plan for behavior change in nutrition;
- Training of providers of the health districts of Bandiagara (6 women 27 men), San (7 women 29men), Bankass (6 women 21 men), Markala (4 women, 18 men), Bougouni (7 women 41 men) on PNP nutrition Job Aids;
- Post-training supervision of 166 (30 women 136 men) providers trained on PNP nutrition Job Aids in the health districts of Fana, Diéma, Kita, Ouéléssébougou, Bandiagara and Bankas;
- Participation in coordination meetings in the field of nutrition and child survival at central level;
- Training of district health management teams on PNP Nutrition Job Aids in the regions of Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako district;
- Post-training supervision of the district health management teams on PNP Nutrition Job Aids in the regions of Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako district.

2.2.3. Health Systems Strengthening (IR 5)

- The extension of the training of DTC on the organization and management of services to improve the performance of the CSCoM in the Health District of Segou 37 DTC (5 women and 32 men).
- The presentation of the results of two LQAS surveys in the regions with the participation of the health and social officials of the health district covered by the intervention;
- Preparation and participation in the internal data review workshop of ATN Plus with its 27 District Advisors;
- Participation in the DQA meeting with the ATN Plus staff at its offices on August 26th, 2013.
- Production of the following reference documents:
 - 200 copies of the Health Center Management Reference Manual;
 - 200 copies of the Trainer's Guide for Health Center Management;
 - 500 copies of the nine posters/ management job aids produced on the organization and management of services at community level;
 - 500 copies of the summary report of the two LQAS surveys

2.2.4. Behavior Change Communication

- In the area of **maternal health**, the BCC activities were mainly on monitoring the dissemination of messages on AMTSL at each of the 21 health districts;
- Technical and financial support provided to a national workshop to develop key messages and tools for media to promote better understanding of the free caesarean policy and its implementation;
- Post-training supervision of matrones trained in ICP/IPPPF postpartum in the health districts of Kayes, Niono, Markala and documentation of the integration of ICP/IPPPF postpartum to NNWs in 29 CSCoM of the health district of San;
- Follow up of 14 out of 27 reproductive health communication plans in the geographically accessible health districts.

- In the area of immunization, five local radio stations in each of the health districts of Fana and San disseminated messages, conducted round table sessions, and promoted contests focusing on immunization as part of the RED approach;
- Monitoring visits to 17 priority areas of the health district of San for the implementation of the strategy to recruit incompletely vaccinated children aged 0-11 months in order to encourage them to visit the CSCoM to complete their vaccinations.;
- In each of the 27 health districts covered by ATN Plus program the following activities were conducted as part of the African Child Immunization Week (SAV): making banners, organizing round tables and broadcasting messages on the benefits of immunization.
- The strategic communications plan for behavior change in nutrition was disseminated in Koulikoro region during the training of trainers on PNP Nutrition.
- In the area of HSS, preparing the organization of the end of project workshop was one of the main activities of the Communication team during the semester;
- In addition, the Communication team regularly attended monthly meetings of Hygiene and Environmental Health cluster (organized in response to the crisis in the North) ,sessions on the collection and analysis of data collected by LQAS approach, and monitored the availability and use of the guide for health messages and other materials produced by ATN Plus;
- In support to the Malaria prevention and control team, the Communication team helped finalize an Action Plan for the removal of barriers to the use of IPT-SP during FANC;

3. Success Stories

- The matrons trained in a joint session on FANC, IPC/IPFP and AMTSL, said that they welcome any additional training. They noted that they had been forgotten and were often left out of scheduled trainings.. They rejoiced at the end of the training session and were singing and dancing to show their happiness as trainees;
- Providers and matrones who were supervised post-training mentioned the scarcity of post-training supervision often due to lack of funds, poor planning or availability of trainers to conduct post-training supervision. They were delighted to see their trainers check in on them in the field;
- During the post-training supervision of the matrones trained in IPC-IPFP's feedback session in Markala the CSCoM DTC said "since I started working, this is the first time I can see trained agents supervised post-training within two months after their training. For me, this is very interesting because it allowed correction of some deficiencies in the matrones' acquired knowledge";
- Speakers at the end of the project workshop have all appreciated the exemplary technical and financial support from ATN Plus in all areas and speakers expressed their wish to maintain the momentum of support. They have added that this support has enabled prompt and flexible implementation of many activities related to improving maternal and child health in Mali.

4. Lessons Learned

- The technical approaches developed and implemented as part of ATN Plus effectively contribute to strengthening the health system in Mali (facilitative supervision, approach to performance improvement through training of organization and management of CScCom services, and others);
- 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;
- Strengthening routine immunization is important to pursue through the development, implementation and appropriation of innovative strategies such as the recruitment during NIDs of incompletely vaccinated children;
- The NNWs (organized twice a year and covering almost 3,000,000 children 6 to 59 months and more than 80,000 post-partum women) 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);
- Collaboration with NGOs and private associations to implement FP activities has reinforced collaboration in ensuring access and use of FP services;
- Encouraging accountability for the regional and district teams for training/supervision in FANC allowed them to appropriate the training and supervision of the providers trained in each district;
- The collaboration of ATN Plus with the Midwives Association helped in ensuring the post-training supervision of trained matrons in Kayes, Niono, Markala and Segou;
- The objectives of reducing the number of children incompletely vaccinated during routine immunization will be reached if there is an ownership of the recruitment strategy by the health districts;
- Reminding various local actors of their responsibilities (technicians, communities and collectivities) in routine immunization through periodic consultation will ensure compliance with performance contracts to achieve immunization coverage objectives;
- The main determinant of knowledge and skills acquisition at training on PNP nutrition is motivation, not qualification;
- The authority of the district manager appears to be an important determinant in the success of training sessions in the health district;
- The presence of the central team of ATN Plus has a positive influence on the behavior of some actors during the training sessions;
- The dissemination of messages on AMTSL, the implementation of RED and the recruitment strategy of not or incompletely vaccinated children 0-11 months and direct them to the routine immunization system proved to show the relevance of collaboration among all health actors (public and private) for a better understanding of health problems and their resolution;
- The feedback on LQAS survey results helped to remind stakeholders of their roles and responsibilities in making decisions for improving the performance of the health facilities at the operational level and sectorial policy and population issues in the context of decentralization and good governance;
- The DTC and others actors trained had a better understanding of the importance of better organization and management of services;

- The approach to improving performance is to meet felt needs and some of the staff expectations.

5. Barriers/Challenges and Solutions

- At the time this report is being written, Mali is facing enormous challenges. Even though the situation is far from settled, many achievements at the community level can be built upon and extended which will improve the quality of access and service delivery to the most vulnerable populations;
- The insecurity in some geographic areas of Mali did not allow the post-training supervision in those areas;
- The major challenges in immunization are: the need to strengthen overall the immunization system to improve the effectiveness of vaccines; the increased importance of immunization because of the socio-economic and political situation and the lack of resources to meet immunization objectives. Effective ownership of the recruitment strategy by the actors is also a challenge. One solution is the documentation of the different approaches to vaccination for example, RED for state partners, civil society and other partners; another solution is to develop partnerships at the operational level with the private sector to strengthen efforts already made in the field;
- The Malian people are mostly illiterate and are more receptive to oral messages in local languages. It is therefore necessary to work in synergy with local radio stations and women's groups to better convey the messages as a solution;
- The current period of Mali is characterized by weak institutions, insecurity and issues of governance.

6. Annual Table of Indicators (See Annex B and Annex C)

7. Evaluations and studies conducted during the FY13

- The Malaria team in collaboration with MH-FP and Communication teams worked on a study on barriers to the use of IPT-SP conducted in four regions (Sikasso, Mopti, Timbuktu and Bamako) by CAREF during the first semester of FY12. Results have been disseminated and a problem resolution plan was developed to address the identified barriers. A report is printed and distributed;
- The Malaria team in collaboration with MH-FP, INRSP, INFOSTAT and CPRIS worked on a study for the evaluation of the quality of malaria case management and focused antenatal (FANC) care in the health facilities of Mali. The results were disseminated during the International Malaria day. The report is printed and distributed widely;
- ATN Plus has also launched a data collection using LQAS approach using the district advisors to supplement the routine HIMS data for the PMP indicators. Two rounds of LQAS surveys were conducted to cover the period July-December 2011 and January-December 2012. A summary report was produced, printed and distributed.

Annexes

Annex A Letter for Resumption of ATN Plus Activities



October 31, 2012

Mr. Jeffrey Barnes, Portfolio Manager
Abt. Associates Inc.
4550 Montgomery Ave. Suite 800
Bethesda, MD, 20814-3343

Email: JeffreyBarnes@abiassoc.com

Reference: Assistance Technique Nationale Plus - ATN - Task Order GHS-I-03-07-00003 and Rossman Activity Suspension Letter of April 2, 2012

Subject: Recommending Operational Activities

Dear Mr. Barnes:

Following review of your program against USG legal and policy restrictions, I am pleased to inform you that the operational suspension imposed on your award is partially lifted. ATN Plus has received permission to resume all program activities not provided through the Government of Mali as well as some activities with the Government of Mali as described below.

Please note in resuming activities that USG legal and policy restrictions generally prohibit USAID, and USAID-funded activities from working with the Government of Mali, at all levels, including Malian governmental organizations and institutions funded by Malian government. However, the USAID health notwithstanding authority does allow work, except family planning activities provided through the Government of Mali.

As your activity provides immediate life-saving work that prevents maternal and child death in Mali, all ATN Plus program activities including assistance to the Government of Mali may resume except family planning activities provided through the Government of Mali. Should the USG restrictions be further lifted, you will be expected to resume your suspended family planning activities after a reasonable amount of transition time.

Please acknowledge receipt of this letter and please affirm with your response that your organization will follow the USAID policy. Your response as well as any questions related to this letter should be directed to Aminata Kanta at akanta@usaid.gov, with copy to your COR, Carrie Rasmussen.

Sincerely,

Michael P. Rossman
Contracting Officer

Cc: Carrie Rasmussen, COR
Timothee Gandaho, COP

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Annex B Table of training sessions and participants-October 2012-June 2013

N°	INTERVENTION DOMAIN /TYPES OF TRAINING	TRAINED PERSONNEL			PLACES	OBSERVATIONS
		MEN	WOMEN	TOTAL		
1	Training of qualified providers on management of malaria cases and management of outbreaks	70	35	105	Kignan (Sikasso), Bankass, Markala et Niono	Support from DRS Sikasso, mopti and Ségou for the training sessions
2	Training of trainers of the health districts in focused antenatal care	31	73	104	Régions de Kayes, Ségou , Koulikoro et le District de Bamako	Trainers of the health districts of the target regions
3	Training of providers of the health districts in focused antenatal care	0	165	165	Health districts of Diéma , Bankass, Ségou et Koulikoro	Providers in the target health districts
4	Training of trainers of the health districts on Norms, standards and protocols in nutrition	38	16	54	Mopti et koulikoro	Trainers of the target health districts
5	Training of providers of the health districts on Norms, standards and protocols in nutrition	241	46	287	Fana (26), Ouéléssébougou (18), Diéma (26) et Kita (48), Bandiagara (33), Bankass (27), Markala (22), Bougouni (48), San (36)	Regions of Koulikoro, Kayes, Mopti, Ségou et Sikasso
6	Orientation sessions for matrones on IPC/Family planning in the health districts	0	135	135	Kayes (53), Niono (27), Markala (27), Ségou (28)	Family planning activities with governmental facilities were suspended
7	Training of regional trainers on the organization and management of the services to improve the performance of the CSCoM	16	8	24	Ségou	Regions of Mopti, Ségou, Sikasso, Koulikoro, Kayes and Bamako District
8	Training of DTC on the organization and management of the services to improve the performance of the CSCoM	32	5	37	Kignan (14), Markala (23)	Support from the central level to the trainers of the target regions
Total		428	483	911		

Annex C Key PMP indicators USAID/ATN Plus annual results FY 2013 (in separate file attached)