



**USAID** | **MALI**  
DU PEUPLE AMERICAIN



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

***Assistance Technique Nationale Plus  
(ATN Plus)***

*Final Project Report*

*October 2008 – September 2013*

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## Executive Summary

The five-year Assistance Technique Nationale (ATN) Plus project was awarded to Abt Associates and its partners in 2008, and began implementation on October 1 of that year. The original scope of work of the ATN Plus project was to support a comprehensive effort by the Government of Mali (GOM) 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 improving key healthy behaviors. ATN Plus focused on improving maternal health, family planning, essential newborn care, immunization, diarrheal disease prevention and care, and nutrition and malaria services, and on addressing cross-cutting health systems strengthening (through quality assurance and improved planning) and behavior change communication. In each of these eight focus areas the project supported the Ministry of Health (MOH) at the national, regional, and district/community health center levels to develop policies, improve services and expand access to care, design and implement behavior change communication activities to increase the demand for services, and identify opportunities for public-private partnerships that expand the provision of services. The project worked in all eight regions of Mali plus the District of Bamako.

Over the life of the project, several modifications were made to the specific scope of work. For example, in Year 2, 35 health districts were identified as USAID intervention districts in lieu of all 60 health districts, and the results framework for the USAID SO6 Health Strategy changed, including the performance indicators. In Year 3 USAID introduced the Best Practices at Scale in the Home, Community and Facilities (BEST) and Global Health Initiative (GHI) strategies as guiding principles. The March 2012 *coup d'état* marked project Years 4 and 5, as activities were suspended in Year 4 and unsuspended in Year 5. ATN Plus activities during the suspension were limited to those necessary to maintain operational capacity and participation in authorized information exchange meetings in Bamako (between April 7 and October 31, 2012). Per USAID's instructions, project activities were suspended because of the complex sociopolitical situation and social unrest in the three northern regions and part of Mopti. USAID Mali eventually authorized ATN Plus to resume activities on November 1, 2012, except for family planning (FP) activities conducted jointly with the GOM. Activities that were conducted during the remainder of Year 5 focused on the operational levels of the health system, especially the *Centres de Santé Communautaires* (CSComs) and health districts.

Technical assistance was based on ATN Plus's principles: 1) working side by side with ministerial counterparts at the national, regional, and district levels to improve capacity in planning and service delivery; 2) promoting innovation; 3) building skills and capacity for scaling up and rolling out proven life-saving interventions; and 4) building skills to improve quality in all aspects of service delivery.

Throughout the life of the project, ATN Plus contributed to the achievement of several high impact indicators. Increases in key results were registered between the FY09 baseline and FY12 final data collection as noted below (data from FY13 is excluded as it was incomplete due to – a) the suspension of project activities, b) the reduction in the number of districts in FY13 and c) the end of project activities in June 2013).

- The application of Active Management of the Third Stage of Labor increased from 50 percent of deliveries to 96.4 percent.
- 87 percent of project CSComs had appropriate temperature control for oxytocin

- The number of pregnant women who made at least three antenatal care visits increased from 164,643 to 216,843.
- The number of new acceptors of FP methods increased from 86,572 to 170,117.
- The number of children less than 12 months of age who received the Pentavalent vaccination (PENTA3) increased from 516,726 to 573,722.
- The number of children aged 6 to 59 months who received a dose of Vitamin A from US Government (USG)-supported programs increased from 2,729,761 to 3,046,781.
- The number of health workers trained in use of artemisinin combination therapies (ACTs) with USG funds increased from 412 to 2,296.
- The number of health workers trained in IPTp with USG funds increased from 60 to 2,604.

The project developed innovative solutions to strengthen the effectiveness of project activities and ATN Plus's ability to improve access to and quality of maternal and child health services. These innovations include:

- 1) The **integration of Interpersonal Communication on Family Planning into National Nutrition Weeks** as a means to reach 80% of postpartum women in the targeted districts with information about return to fertility, and about the family planning options available to them at the CSCom or from Community Based Distribution (CBD) agents. This led to a significant increase in family planning uptake in the pilot district.
- 2) Answering more than 150 questions about family planning via a **Telephone Call-in Radio Show** broadcast to five regions in Mali, to increase awareness about family planning choices available and to combat myths about their use.
- 3) **Identifying more than 500 under-vaccinated children during Polio National Immunization Days (NIDs)**, who were referred to CSComs for their routine vaccinations. This was done through the addition of one team member to each NID vaccination team to provide Interpersonal Communication for Family Planning (IPC) to caregivers about the Expanded Program for Immunization (EPI) and referrals.
- 4) Improved **Routine Data Collection with Mobile Phone Technology**.

Throughout all components of the program, supportive supervision was introduced. This helped to ensure quality and adherence to policies, norms, and protocols, and standard guidelines, which had been introduced by the MOH with ATN Plus assistance. District Advisors and ATN Plus Technical staff were integral in training and in facilitating the introduction of this supervision technique, which provides feedback and reinforcement of key actions. Similarly, flexibility on the part of the ATN Plus team was imperative to the success of the programs. ATN Plus was open and ready to adjust as necessary to respond to new needs in light of social unrest and politics, as well as changes in donor priorities and focus over the five years of implementation. The delivery of USG-purchased family planning commodities directly to CSComs in 2013 is an example of this.

ATN Plus successfully implemented a mechanism for support to the GOM in developing and then operationalizing policies related to high impact health services within Mali. This is demonstrated by our support to the successful task-shifting of active management of the third stage of labor (AMTSL) to *matrones*, and likewise the successful operationalization of malaria control and treatment guidelines and protocols. In the future, we recommend that innovations and activities piloted under ATN Plus be scaled up for increased reach. And to ensure that strides made to operationalize policy continue, a process should be designed for examining and addressing issues of quality of AMTSL application.

# Acronyms

<b>ACT</b>	artemisinin combination therapy
<b>AMTSL</b>	Active Management of Third Stage of Labor
<b>ANC</b>	Antenatal care
<b>ASACO</b>	<i>Association de santé communautaire</i> (Community Health Association)
<b>ATN Plus</b>	<i>Assistance Technique Nationale Plus</i> (National Technical Assistance Project Plus)
<b>BEST</b>	Best Practices at Scale in the Home, Community and Facilities
<b>CBD</b>	Community-Based Distribution Agent
<b>CSCom</b>	<i>Centre de Santé Communautaire</i> (Community Health Center)
<b>CSRef</b>	<i>Centre de Santé de Référence</i> (Reference Health Center)
<b>CTD</b>	<i>CSCom</i> Technical Director
<b>DHS</b>	Demographic and Health Survey
<b>DNS</b>	<i>Direction Nationale de la Santé</i> (National Health Directorate)
<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>GOM</b>	Government of Mali
<b>GPSP</b>	Groupe Pivot Santé Population
<b>IPC/FP</b>	Interpersonal Communication for Family Planning
<b>IPC/IPFP</b>	Interpersonal Communication for Immediate Postpartum Family Planning
<b>IPTp</b>	Intermittent Preventive Treatment of malaria in pregnancy
<b>IPT-SP</b>	Intermittent Preventive Treatment of malaria with sulfadoxine-pyrimethamine

<b>JHU/CCP</b>	Johns Hopkins University Center for Communication Programs
<b>LLIN</b>	Long-Lasting Insecticide Treated Nets
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>NID</b>	National Immunization Days (for Polio)
<b>NNW</b>	National Nutrition Weeks
<b>PMP</b>	Performance Management Plan
<b>PNLP</b>	<i>Programme National de Lutte contre le Paludisme</i> (National Malaria Control Program)
<b>PNP</b>	Policies, Norms and Procedures
<b>PRODESS</b>	Program for the Development of Health and Social Services
<b>RED</b>	Reach Every District
<b>RH</b>	Reproductive Health
<b>USG</b>	United States Government
<b>UNICEF</b>	United Nations' Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# 1 ATN Plus Scope of Work

Assistance Technique Nationale Plus (ATN Plus) was awarded to Abt Associates and its partners in 2008, and began implementation on October 1, 2008. The five-year project, funded under the TASC3 mechanism, was formally titled “Improving National Capacity to Implement High Impact Health Services and Promote Healthy Behaviors In Mali,” but immediately adopted the French name, which reflects that this work followed previous USAID investments in Mali.

The original scope of work of the ATN Plus project was to support a comprehensive effort by the Government of Mali (GOM) 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 improving key healthy behaviors. ATN Plus focused on improving maternal health, family planning, essential newborn care, immunization, diarrheal disease prevention and care, nutrition, and malaria services, and addressing cross-cutting health systems strengthening (through quality assurance and improved planning) and behavior change communication. In each of these focus areas, the project supported the Ministry of Health (MOH) at the national, regional, and district/community health center level in developing policies, improving services and expanding access to care, designing and implementing behavior change communication activities to increase the demand for services, and identifying opportunities for public-private partnerships that expand the provision of services. The project worked in all eight regions of Mali plus the District of Bamako, in all 60 health districts.

During Project Year 2, USAID/Mali requested a change in ATN Plus’s scope of work in order to streamline the project’s and USAID’s geographic area as well as the technical intervention areas. These changes were approved in a contract revision in August 2010, although their implementation had been gradually put into place earlier in the year with the reassignment of staff and development of new indicators. The most significant changes in the contract were the identification of 35 USAID-targeted health districts, the integration of intervention areas such as diarrheal disease control and essential newborn care into other maternal and child health approaches, and the closure of the project subcontract with CARE.

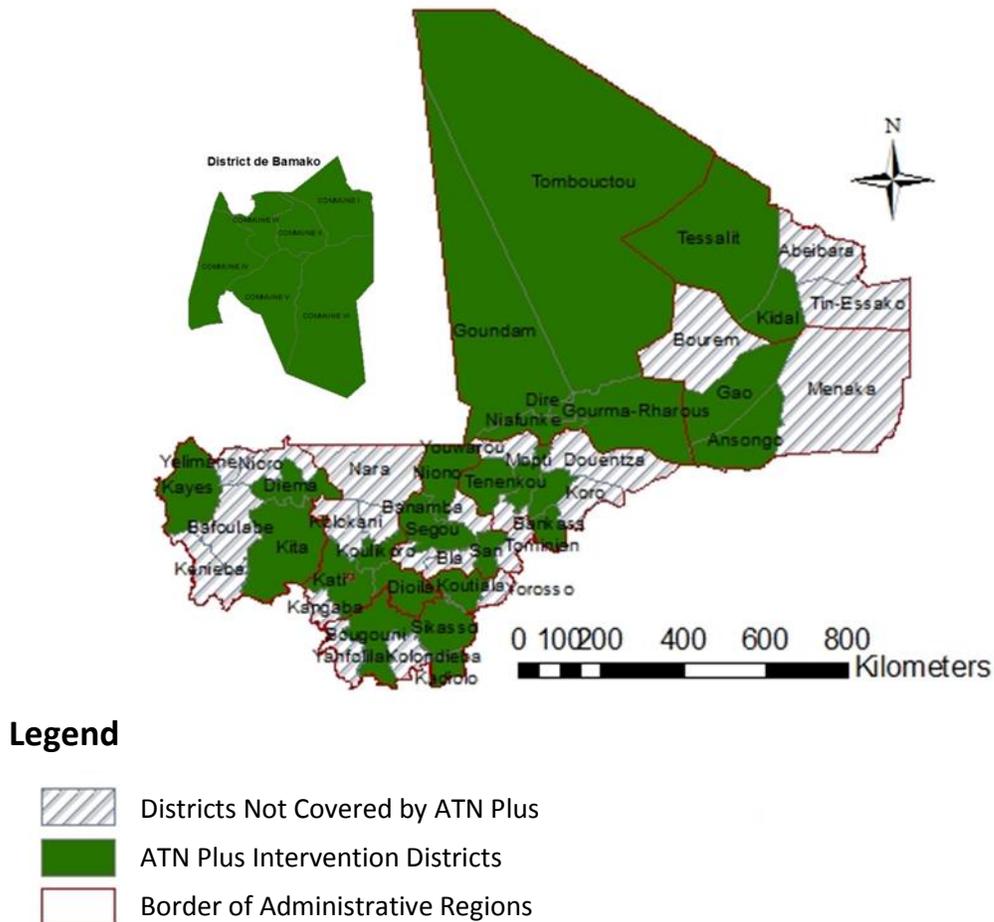
During project Year 3, there were several additional changes. Sikasso health district was split into two districts (Sikasso and Kignan), which changed the number of project districts to 36. Additional implementing partners were included in USAID Mali’s portfolio; and stronger coordination and strategic decision-making were needed to avoid any duplication and cost inefficiencies (for example, in the area of maternal health/family planning (FP) in Kayes). Most importantly, USAID introduced the Best Practices at Scale in the Home, Community and Facilities (BEST) and Global Health Initiative (GHI) strategies as guiding principles.

On March 22, 2012, during Project Year 4, there was a coup d’etat in Mali. 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, because of the complex sociopolitical situation and social unrest in the three northern regions and part of Mopti. On October 31, 2012, USAID Mali authorized ATN Plus to resume activities; these officially began again on November 1, 2012, but excluded FP activities with the GOM. Immediately after the suspension was lifted, USAID authorized a list of urgent activities to be undertaken over two months (November-December 2012) while developing an annual work plan for FY13 (the last year of the project). This annual work plan was submitted with a budget to USAID

and was approved on December 26, 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 (CSCoMs) and health districts.

The following maps (Figures 1 and 2) illustrate the districts covered by the ATN Plus project before and after the *coup d'etat* and project suspension.

**Figure 1. Districts covered by USAID/ATN Plus before March 2012 (36 districts)**





## 2 Model of Technical Assistance

### 2.1 Project Structure

ATN Plus was implemented by Abt Associates Inc. as prime, and subcontractors IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), Groupe Pivot Santé et Population, and CARE international (2008-2010). Each partner provided long-term staff on the project as illustrated in Figure 3 on the following page.

The project worked out of three sites – the main headquarters office in Bamako, and offices occupied by the ATN Plus regional team at the regional directorates of health in Segou, Gao and the Bamako District. The ATN Plus district advisors, supported by local non-governmental organizations (NGOs), generally shared an office with the local health information specialist of the MOH at the District health center, i.e., the *Centre de Santé de Référence* (Reference Health Center, abbreviated CSRef). This embedded approach allowed the ATN Plus teams to become a part of the MOH regional and district teams, and facilitated the provision of technical assistance. Technical expert teams and the finance and administrative team were based in Bamako, traveling out to the five regions in which the project worked as required. Three Regional Coordinators, based in Segou, Gao and the Bamako office respectively, managed field-level activities,<sup>1</sup> and worked hand in hand with nine local NGOs. These NGOs, who were selected in partnership with the USAID-funded Keneya Ciwara II in Year 1, played an important role in the interface between ATN Plus, the MOH, and other key partners in the nine administrative regions of Mali.

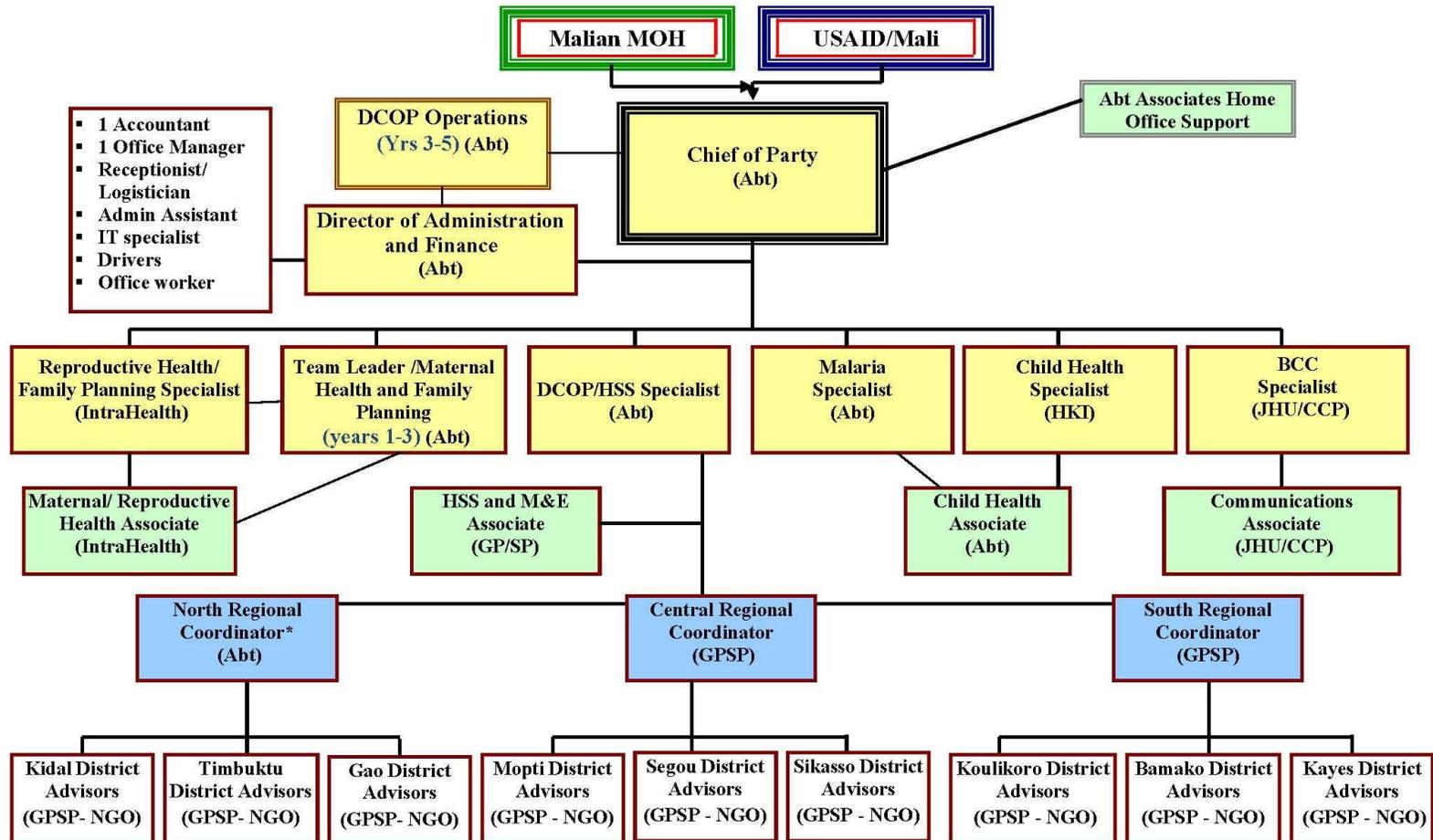
**Strategic Relationships.** All technical assistance is based on ATN Plus’s principles: 1) working side by side with ministerial counterparts at the national, regional, and district levels to improve capacity in planning and service delivery; 2) promoting innovation; 3) building skills and capacity for scale-up, and rolling out of proven interventions; and 4) building skills to improve quality in all aspects of service delivery. To ensure the transfer of skills, ATN Plus provided technical inputs; helped guide processes and training; and coached and mentored MOH staff.

The health system in Mali is organized in a pyramid. At the bottom level is a network of community health centers – CSComs – offering a package of preventive and curative services and promotional health covering an area of villages, neighborhoods or nomadic groups. Management of the CSComs has been delegated to community health organizations (*Association de santé communautaire*, or ASACOs). At the next level are reference health centers – CSRefs – which are responsible for planning and monitoring health and social development in the district, and provide services to patients referred from the CSComs. Finally, regional hospitals provide tertiary care. The health system is managed by administrators and policy-making teams, who are responsible for strategic planning and for mobilizing national-level finances. Likewise, regionally based technical assistance supports district-level implementation.

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<sup>1</sup> Field offices were closed following the coup, and field-based regional staff moved to Bamako during the suspension. Once the project suspension was lifted, the regional coordinators were reorganized to cover the redistributed geographic area of the project.

Figure 3. ATN Plus Organization Chart



\*Following March 2012, regional staff moved to align with our new geographic focus.

While several decades of dialogue and cooperation initiated by NGOs and civil society with the GOM have not yet led to a formal partnership, collaboration has advanced, and the adversarial role typically played by NGOs has evolved into a more supportive one, thanks to programs like ATN Plus. Indeed, many NGOs participate in the implementation of donor-funded development programs. ATN Plus successfully supported the MOH/NGO partnership by setting up a framework in which NGOs supported the decentralized health sector plan and supported the MOH in the delivery of health services according to national standards and policies, and through which NGOs contributed to implementation of district health workplans and the collection of reliable and relevant data to monitor and assess program performance.

To set up the framework of NGO-GOM collaboration, Groupe Pivot Santé Population recruited and hired two physicians to act as regional coordinators based in Bamako and Segou, in addition to the one recruited by Abt Associates and based in Gao. Their role was to provide a link between the regional directorates of health and the technical teams, and to coordinate program activities. Two assistant coordinators were hired in 2010 for monitoring and implementing activities in the regions of Timbuktu and Mopti, in order to provide support in proximity to these regional health directorates. The nine partner NGOs, which were subcontracted by Groupe Pivot, hired 28 District Advisors (including doctors, a lawyer, administrators, and sociologists) to support the health and social affairs teams in the 36 intervention districts.

## 2.2 Activities by Technical Area

### 2.2.1 Maternal Health and Family Planning

The Maternal Health and Family Planning objectives centered around: supporting the implementation of policies to improve access to and use of modern contraceptives, strengthening maternal health services and the use of pre- and postpartum services, and supporting the application of the Essential Newborn Care (ENC) plan and the systematic use of best practices for ENC at the operational level.

To achieve these objectives the project undertook activities in the following areas: a) supporting the update and operationalization of the Policies, Norms and Procedures (PNP) for Reproductive Health (RH);<sup>2</sup> b) supporting the promotion of modern contraceptives for family planning; c) building the capacity of providers in safe motherhood; d) supporting the implementation of focused antenatal care (FANC); and e) improving supportive supervision for reproductive and maternal health services. An overview of the activities and results follows.

Table 1. Key Family Planning Results by the Numbers

Activity	#
Participants in the dissemination of the Situation Analysis of Family Planning	244
Participants in the dissemination of the Supervision Guide	244
Trainers trained in LAFP	30
Providers trained in LAFP	244
Teachers trained in LAFP	28
Qualified providers briefed in IPC/FP	42
<i>Matrones</i> briefed in ICP/FP	154
Family Planning handbooks (“green books”) and posters, and Eligibility Wheels, ordered	1000

**PNP/RH:** The ATN Plus team organized and participated in two workshops to revise and validate the PNP/RH. The team also finalized and disseminated job aids for auxiliary midwives – *matrones* – for reproductive health services to CSCComs. ATN Plus specifically produced 500 copies of the job aids in addition to 1,000 produced by USAID, and distributed them to all CSCComs. The most recent monitoring showed that 58 percent of CSCComs now have RH job aids, while somewhat fewer CSCComs (23.2 or 53.3 percent) have the PNP. One reason for this shortfall in both the job aids and the PNP is that the staff value them so much that they take them with them when they are transferred due to the high consideration the personnel have for these reference documents.

**Family Planning:** To promote the accessibility of modern contraceptives, ATN Plus disseminated the results of the Situation Analysis of FP Services Offered and the FP Supervision Guide.<sup>3</sup> In addition, the project implemented

regional training of trainers, and trained qualified providers in long-acting family planning (LAFP) methods, as well as briefing *matrones* in interpersonal communication for family planning (IPC/FP). Finally, the team provided technical and financial assistance for the organization of national family planning campaigns each year. Specific numbers reached can be found in Table 1.

<sup>2</sup> Technical assistance for the development of the PNP was originally provided by the USAID-funded Assistance Technique National Project.

<sup>3</sup> The situation analysis was implemented by the Assistance Technique Nationale (ATN) project in 2008.

**Safe Motherhood:** After the formal dissemination of the findings from the pilot test on the feasibility of *matrones'* use of oxytocin in the active management of the third stage of labor (AMTSL)<sup>4</sup> and the authorization by the MOH of *matrones* to apply AMTSL in 2009, the ATN Plus team ensured that stakeholders in all regions received copies of the study results, trainers were trained, and qualified providers and nursing and midwifery educators were also trained. AMTSL is a key intervention in the prevention of postpartum hemorrhage, one of the leading causes of maternal deaths in Mali. In total, 113 trainers were trained, and 755 qualified providers (including educators) and 938 *matrones* were trained in AMTSL application. The results of the pilot study were shared with 325 health staff throughout Mali, and 500 copies of the updated AMTSL job aids were distributed to CSComs. Figures 4, 5 and 6 on the following pages illustrate the evolution of the geographic reach of ATN Plus trainings in AMSTL.

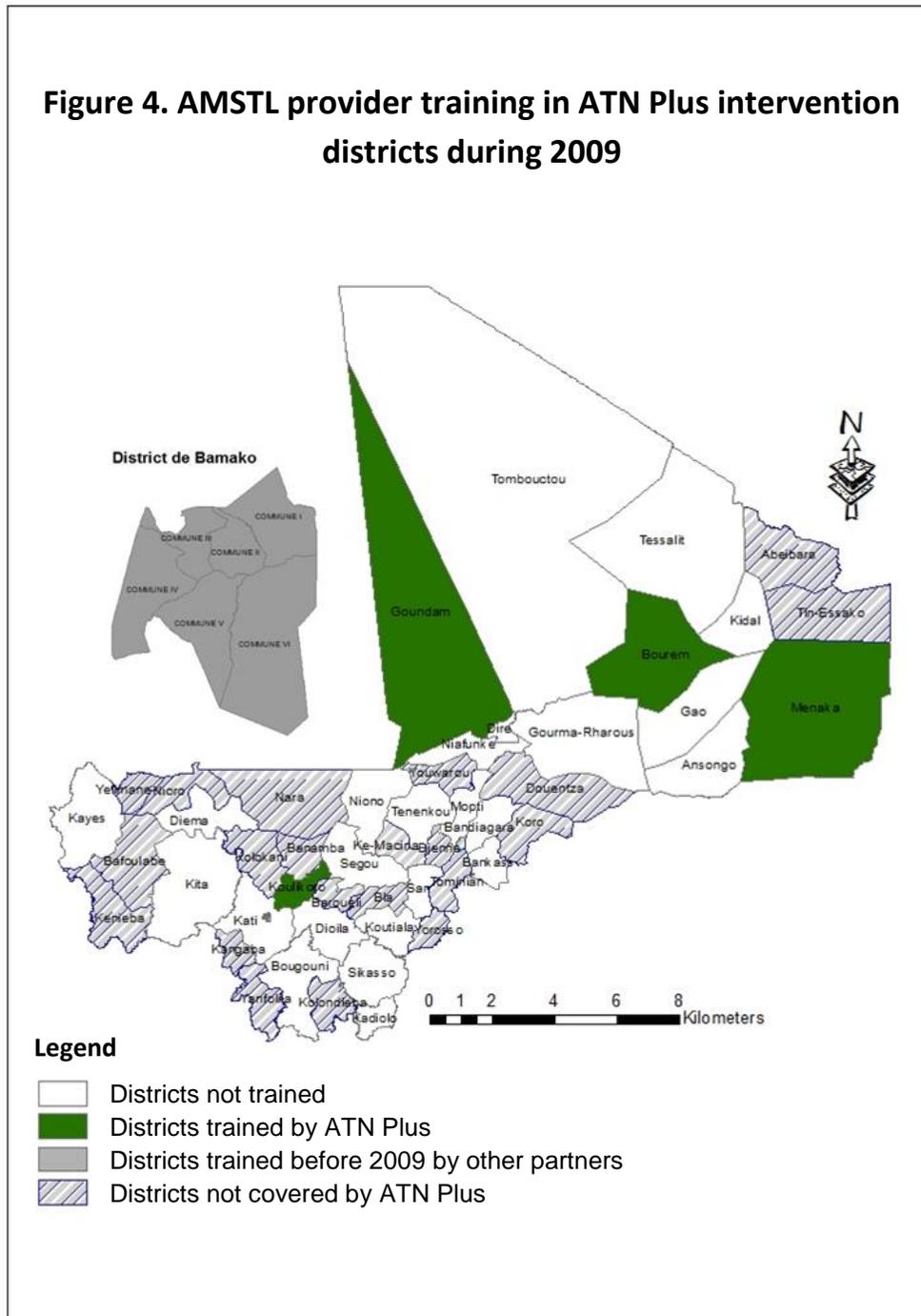
**FANC:** The ATN Plus team participated in the review and validation process of tools and supported the training of 90 trainers, and after that the training of 174 providers (including educators).

**Supportive Supervision:** ATN Plus participated in the training of trainers and training of 114 district supervisors, as well as accompanying supervision visits of staff trained in AMTSL, FP and FANC. As a result, all supervisors trained are applying a supportive supervision approach.

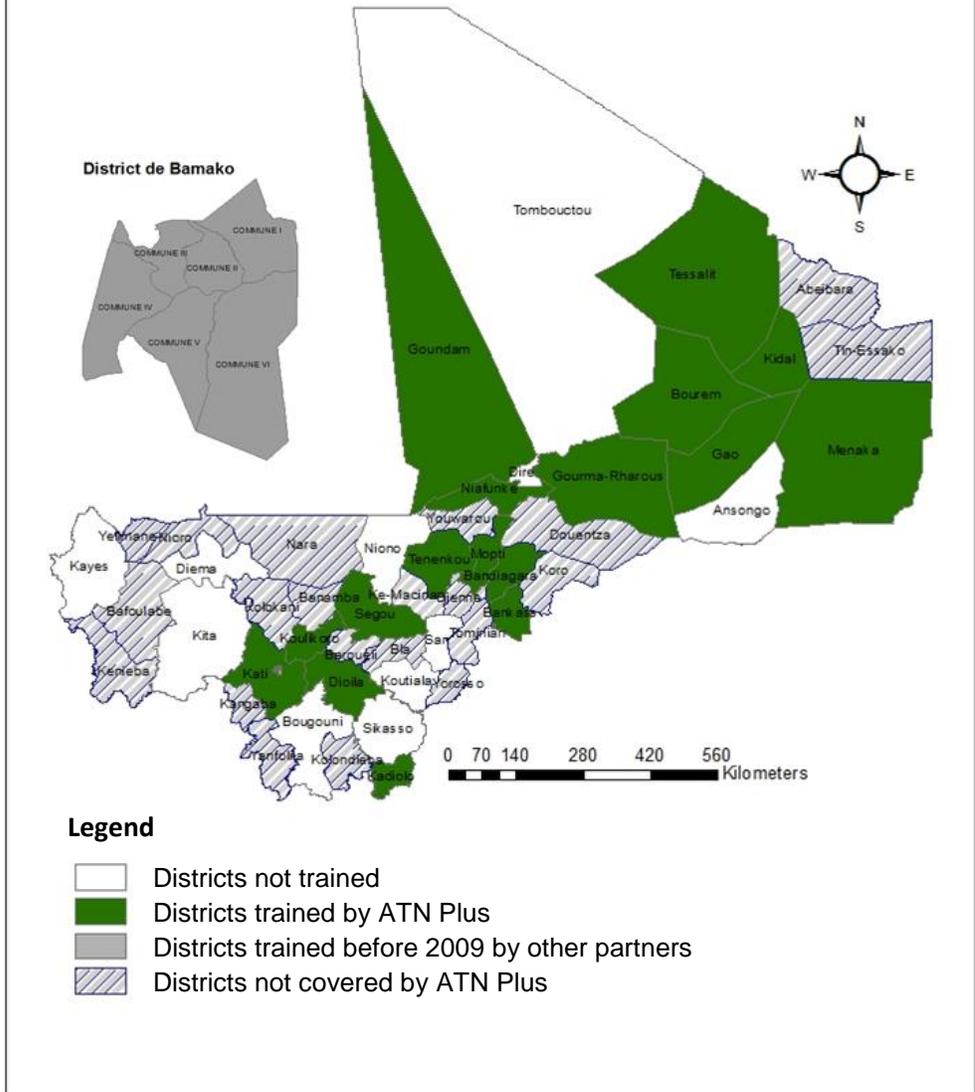
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<sup>4</sup> The « Evaluation finale sur la faisabilité de la Gestion Active de la Troisième Période de l'Accouchement par les *matrones* au Mali, » was implemented by the USAID-funded Assistance Technique Nationale project in March 2008.

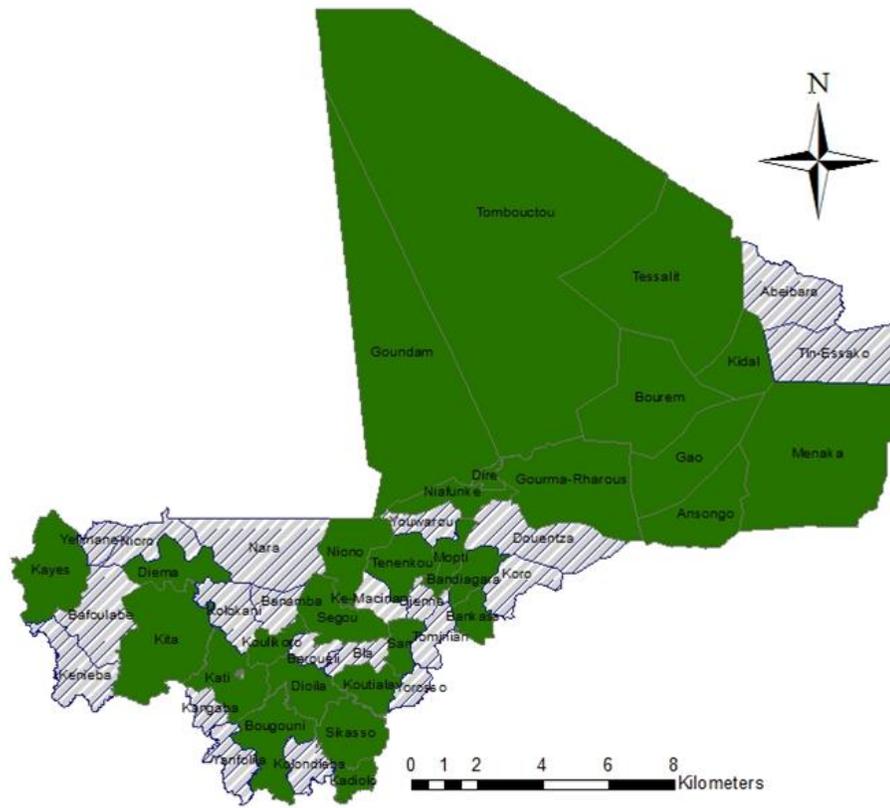
**Figure 4. AMSTL provider training in ATN Plus intervention districts during 2009**



**Figure 5. AMSTL provider training in ATN Plus intervention districts during 2009 through 2010**



**Figure 6. AMSTL provider training in ATN Plus intervention districts during 2009 to 2011**



**Legend**

- Districts trained by ATN Plus
- Districts trained before 2009 by other partners
- Districts not covered by ATN Plus

**Results and Impact:** Through these family planning activities, 61 percent of districts (22 of 36), or, 46 percent (335 of 684) of CSComs, now offer injectable contraceptives through their outreach strategies; 170,117 clients are new users of modern contraception; and all trained providers have a copy of *Family planning: a global handbook for providers* (sometimes referenced to as the WHO Family Planning Green book) and the *Medical Eligibility Criteria Wheel* for determining an appropriate contraceptive for a client. Furthermore, by the second half of the second project year (2010), 97.2 percent of facilities in the 36 project districts had a staff member trained in the application of AMTSL and able to help prevent postpartum hemorrhage.



*Communication Associate Haleimatou Maiga leads an ICP/FP training.*



*A matrone learns proper techniques during AMTSL training.*

## 2.2.2 Child Health

The Child Health objectives centered on improving access to vaccination, updating policies and guidance on the use of oral rehydration solution (ORS) and zinc for the treatment of diarrhea, and supporting nutrition and hygiene promotion (handwashing) activities. (Malaria is addressed in a separate chapter). Specific objectives were: 1) support the update and implementation of national vaccination policy – including new vaccines and the “Reach Every District (RED)” approach; 2) increase the visibility of nutrition issues as reflected in policy decisions and national strategies for improving maternal and child health; and 3) increase the number of children 0-59 months of age receiving Vitamin A supplements biannually.

### Vaccination Activities

Vaccination activities built on the successes of the USAID ATN project (2003-2008), also implemented by Abt and its partners, in providing technical assistance to launch RED in the districts of Niafouké and Goundam.

Support to vaccination activities under ATN Plus occurred in Timbuktu, Gourma-Rharous, Bougouni, Sikasso, Fana and San districts. To achieve the vaccination-related objectives the project provided technical assistance in the following areas: a) resource planning and management at the national, regional and district levels supporting routine vaccination through engaging communities; and b) capacity-building and c) supportive supervision. An overview of the activities and results follows.

**Planning and Engaging the Community:** The ATN Plus team supported the MOH’s development, with partners such as WHO and UNICEF, of the new multi-year comprehensive vaccination plan for 2012-2016, specifically providing technical assistance with the management system and financial analysis; and supported the introduction of the meningitis A vaccine (MENIAFRIVAC) between 2010-2011 through campaigns; the introduction of the pneumococcal conjugate vaccine (PCV13) through the Expanded Program for Immunization (EPI), or routine vaccination; and the introduction of the rotavirus vaccine.<sup>5</sup>

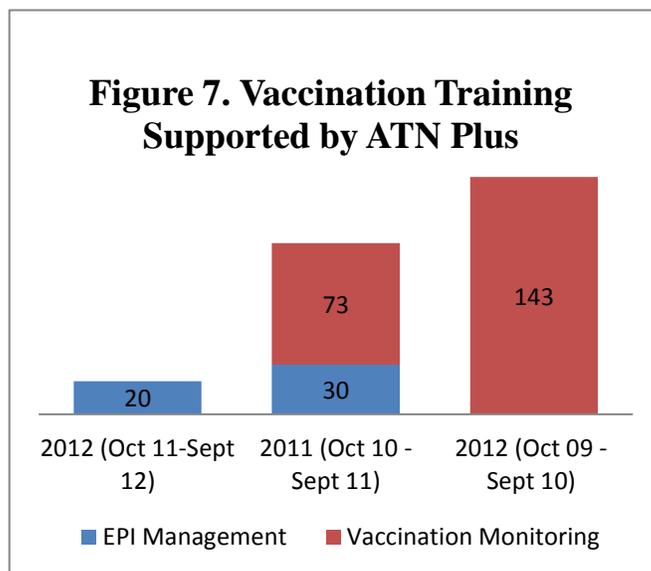


*Micro-planning workshop in Gourma-Rharous, 2010.*

In 2009-2010, ATN Plus supported the Regional Health Directorate of Timbuktu to implement micro-planning for EPI in the Gourma-Rharous and Timbuktu districts. At these planning events, problems and solutions were identified to achieve mutually determined objectives, and a performance contract was approved and signed between stakeholders, implementers, and civil society. As a result of these meetings there was an improvement of resource mobilization by the local governing councils for the RED approach, to enhance what had already been done by the ASACOs. This is particularly important in the north, where nomadic lifestyles impact clinic attendance and therefore cost recovery related to vaccinations. In both districts, increases in vaccination rates were seen. Vaccination coverage with the Pentavalent 3, or PENTA3, increased from 58 to 59 percent in Gourma-Rharous and from 70 to 103 percent in Timbuktu from 2009 through 2010. (Pentavalent 3 is three doses of a vaccine which addresses diphtheria, pertussis, tetanus, hepatitis B and the haemophilus influenza type b or Hib virus.) The ASACO and Mayor’s office played an important role in this.

In 2013, in the district of San, ATN Plus also supported micro-planning. In May 2013, an ATN Plus-supported follow-up indicated that:

- All CSComs had a copy of the contract strengthening routine immunization performance.
- Many activities were being implemented currently and some completed.
- Stakeholders were working together.
- Many of the ASACO presidents and mayors were motivated to complete activities.



<sup>5</sup> Introduction of rotavirus was still in process at the time of publication.

Nevertheless, in some *aires*, monitoring of the activities was lacking and there were difficulties mobilizing financial resources. Evaluation of the commitments according to performance contracts did not always show an improvement in resource mobilization for example in Bougouni and Sikasso districts.

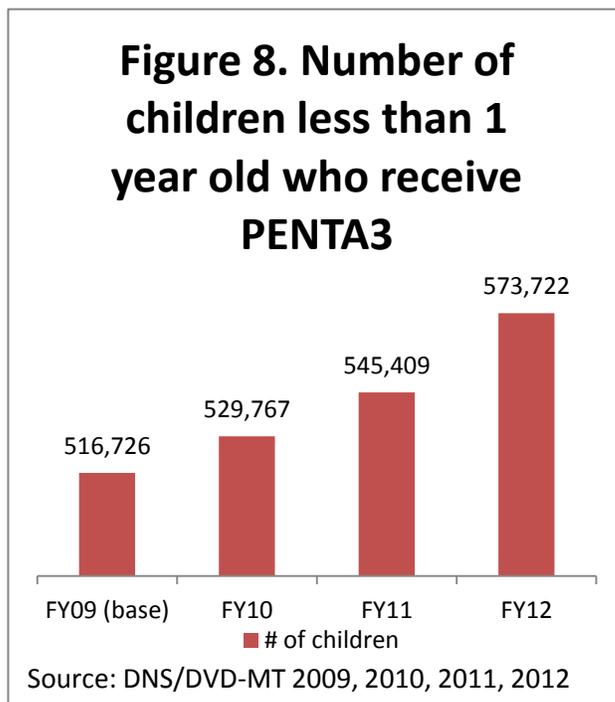
**Capacity-Building and Supportive Supervision:** Two hundred and sixty-six MOH staff were trained with technical and financial assistance from ATN Plus as part of capacity-building for RED implementation. During 2010 and 2011, a total of 216 officers in the districts of Ansongo, Timbuktu, Gourma-Rharous, Niafouké, Goundam, and Tessalit, and six communes in Bamako, were trained in immunization monitoring methodology. In 2011, 50 officers in charge of immunization (Clinic Technical Directors (CTDs) and vaccinators) in the districts of Kadiolo and Timbuktu were trained or updated on EPI management.

ATN Plus provided technical and financial support to develop, validate and reproduce a national guide for supportive supervision of vaccination services. It was distributed to all district health teams, regional offices, the *Direction Nationale de la Santé* (National Health Directorate, abbreviated DNS) and immunization partners to ensure ownership of the supportive supervision approach. Between 2008 and 2013, 477 providers – specifically at the CCom level (CTDs, vaccinators and *matrones*) – were supervised in the priority *aires* of Niafouké Timbuktu, Gourma-Rharous, Tessalit, Kadiolo, Fana, Ouéléssébougou, Sikasso, Bougouni, Kayes , Bandiagara, San, Dioila and Kati, with financial support from ATN Plus.

**Innovation to Improve EPI:** As described in section 3.2, ATN Plus piloted the introduction of a third team member to National Immunization Days for Polio vaccination teams, who focused on working with families to ensure children were brought in to health centers to receive all of their routine vaccines (see Strategic Innovations section).

**Results and Impact:** The number of children aged 0-11 months who received PENTA3 is a key indicator in both USAID and ATN Plus’s Performance Monitoring Plans (PMPs), along with measles coverage. Data from the DNS’s District Vaccines Data (DVD) Management Tool for the Immunization Division shows a gradual increase in the PENTA3 rate between FY09 and FY12, due to the combined efforts of all vaccination partners in Mali.

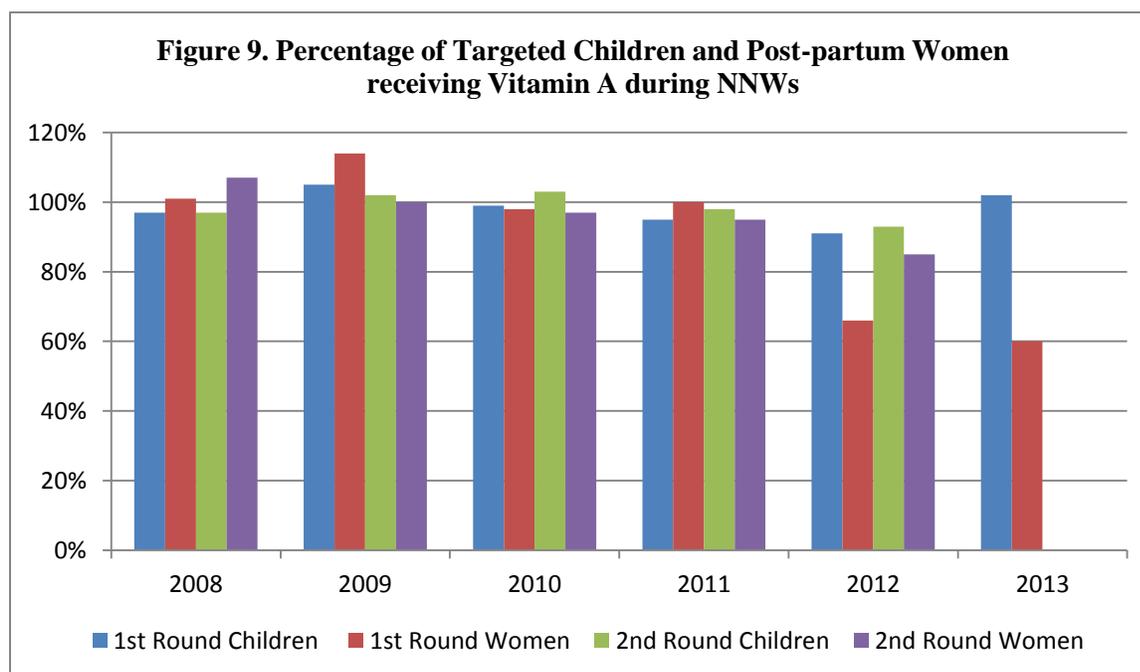
Beyond resource mobilization and indicators, it should be noted that in all the districts, micro-planning allowed communities and key actors to better understand the vaccination situation, appreciate their roles and responsibilities in supporting immunization, and establish a framework for negotiation to resolve issues related to immunization services.



## Nutrition Activities

The project worked to assist the GOM to reach 80 percent coverage rates of children and postpartum women with Vitamin A and albendazole (deworming)- delivered during National Immunization Weeks organized by the Ministry of Health throughout Mali at fixed sites and health facilities; to increase awareness about these interventions and about breastfeeding, complementary feeding, and iron and iodine supplementation; and to increase understanding of and compliance with the PNP for nutrition, and raise the position of nutrition within the Program for the Development of Health and Social Services (PRODESS). Activities were focused in the following areas: a) supporting the implementation of National Nutrition Weeks (NNW); and b) supporting the development and operationalization of the PNPs for nutrition, and supporting the Nutrition Forum, which led to Mali's acceptance in the SUN (Scaling Up Nutrition) initiative, as described below.

**National Nutrition Weeks:** ATN Plus provide technical and financial support to the GOM to roll out NNWs twice annually between 2008 and 2013 as demonstrated in Figure 9<sup>6</sup>. The administration of Vitamin A coupled with deworming enhances not only nutritional status but also immune response.



**Policy Activities:** To strengthen provider competence in the PNPs for nutrition care services, ATN Plus supported 19 trainings following the validation of the PNP in 2010: eight trainings of trainers (one per region including the District of Bamako, with the exception of Kidal because of insecurity), resulting in 136 trainers trained (including educators); and 11 provider trainings in Goundam, Fana, Diéma, Kita, Ouélessébougou, Bandiagara, Bankass, San, and Markala, plus two in Bougouni, collectively resulting in 348 trained providers. About 25 percent of the staff trained were women. ATN Plus also disseminated 850 copies of the PNP and 120

<sup>6</sup> Note – the Coup d'Etat occurred in March 2012, effecting success of 2012 NNWs rounds which were combined with National Polio Immunization Days.

copies of the curriculum in the regions and districts trained. In addition, the Nutrition Communications Plan was disseminated during the training of trainers. Follow-up supervision indicates that trained providers were offering improved quality of nutrition services.

To better position nutrition in the PRODESS and the growth and poverty reduction policies and strategies, ATN Plus technically and financially supported the implementation of a national nutrition forum in February 2010. Through this process participants: developed a common understanding of all the dimensions of nutrition; defined the role of nutrition in research on food security; shared successful experiences noted in other countries in the subregion; identified the role of different actors, stakeholders and partners; proposed a reposition of nutrition at the heart of the growth and poverty reduction agenda; and developed a framework for consultation and a coordination mechanism to implement and monitor the Forum's recommendations.



*Providers work in groups during a PNP training in Ouélessébougou in March 2013.*

ATN Plus supported several different stages in the development of the national policy document on nutrition. ATN Plus staff met with the MOH to launch the process, and presented at meetings with the Nutrition Focal Point Advisor and the Secretary General to enact a roadmap for the development of the document as well as an Intersectoral Action Plan. We supported the establishment of the Steering Committee, and conducted weekly meetings with UNICEF's Technical Assistant. ATN Plus collected documentation, wrote the situation analysis, and met with the heads of different sectors to collect information. Steering Committee meetings with the Technical Assistant determined the vision, goals and strategic priorities and led to the institutional

framework and mechanisms for intersectoral coordination. ATN Plus participated in drafting the policy document and organized a consensus workshop in Segou (of the Steering Committee and various partners) and the following technical validation workshop. In 2013 the Council of Ministers finalized the National Nutrition Policy. The policy now provides guidance for all interventions in the development of nutrition in Mali, taking into account current nutrition problems.

**Results and Impact:** The nutrition activities of ATN Plus have covered both the policy and implementation aspects of improving child and maternal nutrition. Mali has sustained high levels of vitamin A coverage, which have been validated by a series of external studies ranging from the Demographic and Health Survey (DHS), to the multiple indicator cluster survey (MICS), to sub-national studies examining coverage in program districts. Mali also has maintained the integration of deworming in the NNW, and has improved nutrition messages and counseling.

The update to the PNP and the job aids for nutrition, which were also developed with ATN Plus support, will be an invaluable reference tool at the CSComs for nutrition interventions for prevention and for treatment of malnutrition.

The Nutrition Forum, and the subsequent implementation of the recommendations made by the Forum, led to Mali's inclusion in the Scaling Up Nutrition approach, a global movement to improve nutrition in member countries supported by the UN and partners such as USAID.

### 2.2.3 Malaria

To increase the number of children receiving prompt and appropriate treatment of fever in accordance with the targets of the Programme National de Lutte contre le Paludisme (National Malaria Control Program, or PNLP), and improve the adherence to case management for both children and pregnant women, ATN Plus undertook activities in the following areas as described below: development and dissemination of case management standards; training and supervision guidelines; supportive supervision; and development of the integrated community case management (iCCM) strategy and training guides.

**Malaria Policy:** The ATN Plus team provided technical and financial support to develop policy documents, specifically developing, reproducing and disseminating 2,500 copies of the Case Management protocols for malaria, and the LLIN and SP distribution guidelines for all facility levels, and provided support for the development and dissemination of 2,250 copies of a compilation of harmonized malaria messages in collaboration with the partners of the PNLP.

**Training:** The project supported the revision of the malaria training modules in April 2009, as well as their reproduction. We trained 341 trainers and 1,837 qualified CRef and CCom providers in case management. The project conducted a specific pre-transfer of severe malaria cases training in two pilot districts (Koutiala and Sikasso), emphasizing drugs used during the pre-transfer. ATN Plus provided technical and financial support for the overhaul of training modules for FANC in collaboration with the PLNP and *Division Santé de la Reproduction* (Division of Reproductive Health), and the testing and dissemination of the materials. As a result, 161 trainers and 246 providers were trained in FANC. To



*Clinical Malaria Diagnostic and FANC trainings prepared service providers to supply high-quality malaria services.*

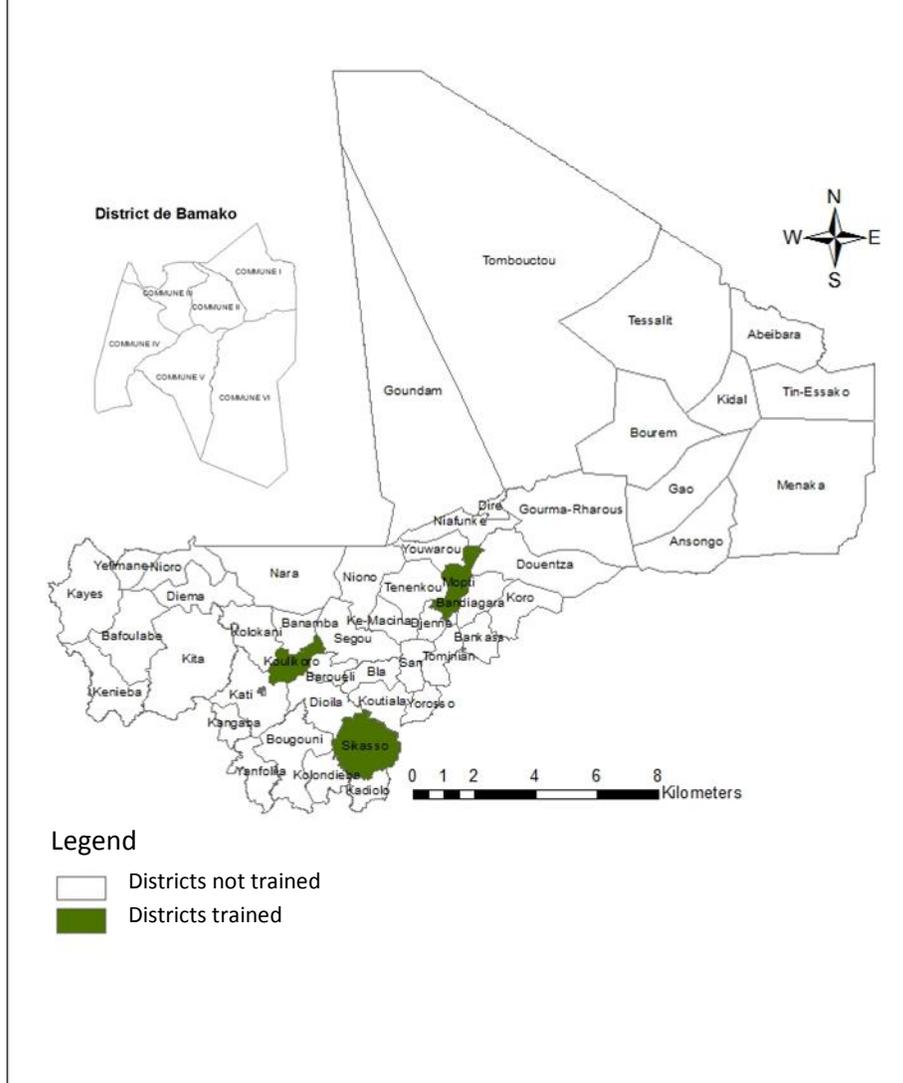
supplement this training, with ATN Plus financial and technical assistance, 2,000 posters/job aids on the treatment protocols for pre-transfer case management of severe malaria were produced and distributed. So were 1,500 posters/ job aids on supervision of the distribution of SP, and 500 copies each of the Trainers Guide for FANC, reference manual, participant's notebook, and national training schedule. Figures 10 through 14 on the following pages illustrate the evolution of geographic coverage of training in malaria case management between 2009 and 2013.

**Supervision:** The ATN Plus team supported the organization of a workshop on supportive supervision for the PNLP managers, and related national structures, as well as a workshop on the development, reproduction and distribution of 700 copies of the Supervision Guide for malaria activities, at the national, regional and district levels. Twenty-eight PNLP and MOH staff were trained in supportive supervision. Finally, ATN Plus staff provided specific support and accompanied joint supervisions of the PNLP and DSR in Kayes, Koulikoro, Sikasso, Segou and Mopti.

**iCCM:** ATN Plus supported the organization of the National Forum on iCCM in March 2009, and was an active member of the Ad Hoc Group coordinating the iCCM strategy. In this way, the project supported workshops to develop and test iCCM training tools, namely the integration of a guide for data collection and monitoring and supervision; and supported an orientation workshop for 20 national iCCM trainers. The project trained evaluators of the iCCM strategy in Sikasso and Kayes in Lot Quality Assurance Sampling (LQAS), in collaboration with UNICEF.

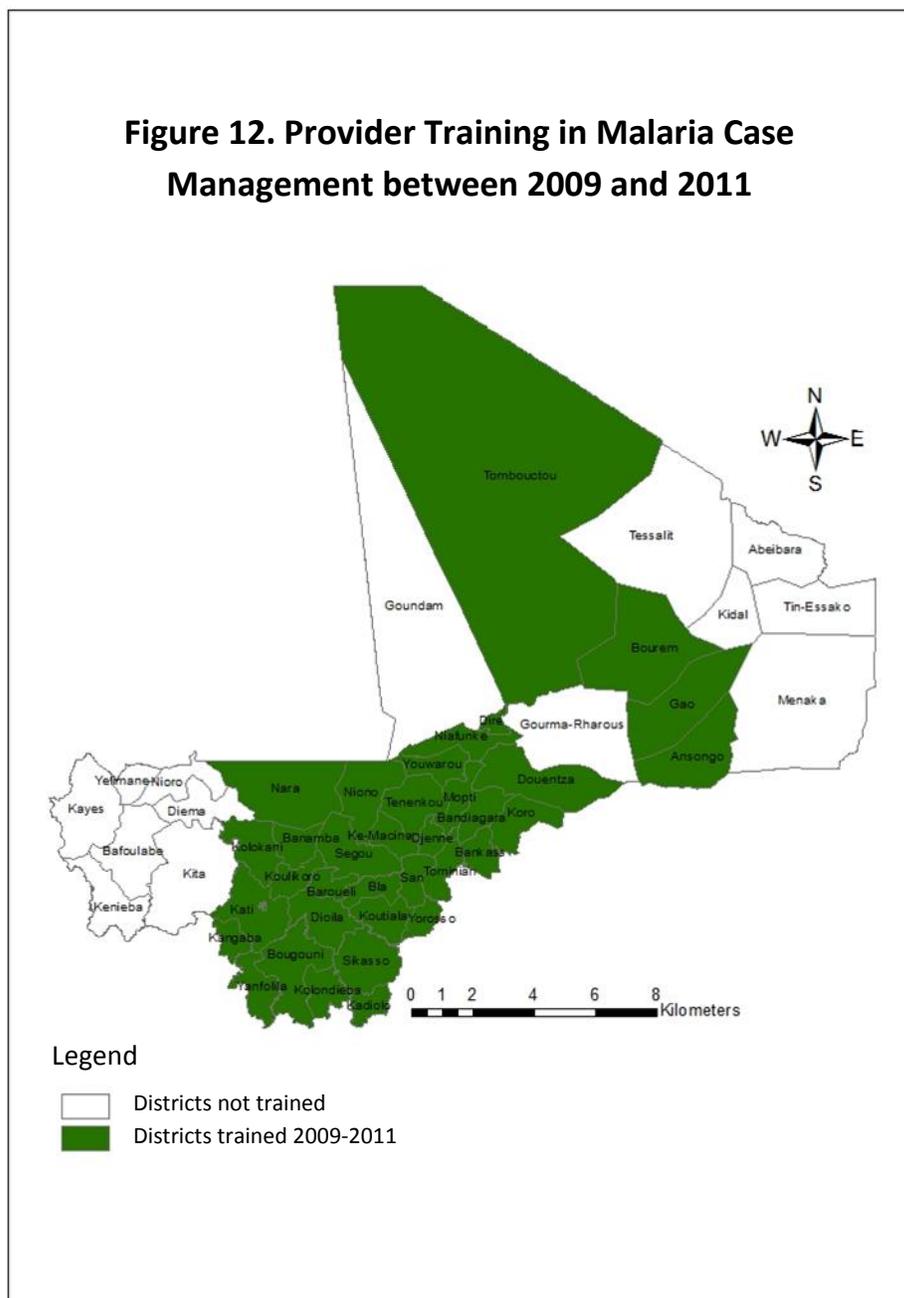
**Results and Impact:** Because at the start of ATN Plus in 2008 the Government of Mali had only recently introduced ACTs, most of Mali's population did not have access to health personnel trained in the administration of ACTs. ATN Plus in collaboration with the PNLP and other President's Malaria Initiative partners had completed training in most of Mali's 61 health districts by 2012. Eventually most of Mali's population was able to access these new drugs and treatment in their local CSComs, thus saving lives and reducing morbidity from malaria.

**Figure 10. Baseline Provider Training in Malaria Case Management**





**Figure 12. Provider Training in Malaria Case Management between 2009 and 2011**







## 2.2.4 Health Systems Strengthening

ATN Plus's strategy for health systems strengthening (HSS) reflected a vision which focused on national level policy development, strategic planning, and collaboration with the larger donor community while at the same time supporting the operational level for application of policies, improved decentralized planning and collaboration and coordination with regional, district and community partners and stakeholders. Development of innovations and tools for planning, financial tracking and data reporting was also a focus of the health system strengthening component.

ATN Plus support for all activities including HSS was based on a two tiered approach. The first tier involved a central team which participated in national policy dialogue on technical approaches (iCCM), development of strategies and reference documents (PNP, Malaria case management directives, etc.), planning, monitoring and administration of Mali's National Health Strategy, or PRODESS, support for routine and program data quality strengthening (EPI, NNW, HMIS with MOH) and other overarching national activities. The central level team would support the regional coordinators who worked with regional Ministry of Health teams and district advisors (NGO staff under ATN Plus) based in the targeted districts on technical training implementation, decentralized planning, and district and community level Monitoring and Evaluation.

ATN Plus's approach added value at the central level as activities were informed through feedback gathered by the program staff at the operational level. Specifically, weaknesses and resource gaps identified by ATN Plus at the decentralized level were brought to the attention of the central level MOH partners so that they could be addressed by improved planning and resource mobilization. For example, lack of trained personnel for AMTSL and essential medicine stockouts (ACT) were reported both through the usual channels (district to region, region to national) but at the same time reported to the central ATN Plus staff who worked with the MOH to respond.

Among other health systems strengthening activities, ATN Plus developed and funded innovations that promoted national, district and community clinic resource planning to increase demand, access and availability of health services to help Mali achieve the Millennium Development Goals. A strong focus on strengthening financial systems and implementing monitoring and evaluation was also part of the health systems strengthening approach of ATN Plus.

**Planning:** At the decentralized level, ATN Plus Regional Coordinators, district monitoring officers, and District Advisors worked with health systems' stakeholders for the effective mobilization of resources programmed during annual work planning and coordination; this process is referred to as the CROCEPs – the regional planning exercise. ATN Plus staff were trained by the MOH in the use of the PRODESS tools which augmented the value of their technical assistance to the planning process. ATN Plus actively participated in the CROCEPS in all regions of Mali prior to the coup in 2012. Through this participation ATN Plus was able to advocate for additional resources for high impact services such as Family Planning and immunization support as well as assist with strengthening the quality of the workplan.

To assist in tracking regional workplan activities, ATN Plus developed an Excel tool to summarize the results of the regional planning exercise. The tool tabulated implementation, source of funding, and partners involved, among other information. ATN Plus District Advisors completed the Excel report to be submitted by the

District Chief Medical Officer and other members of the Socio-Health Team, for approval and validation by the Council's management. This tool also allowed the District to have a technical instrument for planning and negotiation with regional structures and partners during CROCEP. In addition community (CSCom) plans were taken into account during completion of the Excel report.

Improved planning at the central level was also an objective of ATN Plus and through collaboration with the MOH's central level structures such as the National Direction of Health (DNS), Planning and statistics division (CPS), National Center for Information, Education, and Communication for health (CNIECS), and the National Institute for Public Health Research (INRSP) the development and monitoring of the PRODESS was improved.

ATN Plus contributed significantly both financial and technically to the final evaluation of the 10 Year Health Systems Plan and assisted the MOH CPS with the preparation of the next ten year plan (PDDSS). Key technical assistance was provided to the evaluation for the health system strengthening and health financing aspects, along with funding of the field visits by the evaluation team. The successful completion of the PRODESS evaluation particularly demonstrated ATN Plus's ability to negotiate and complete a comprehensive assignment with the MOH within budget and within the deadline.

**Strengthening Financial Systems for the Health Sector:** Mobilization of resources is a key challenge for the health sector in Mali. Several actors are involved in the efforts to fund the GOM's budget: donors, GOM authorities, the community, alternative funding mechanisms (community health insurance schemes, private insurance, etc.), and civil society. The consolidation and coordination of funding mechanisms for resource mobilization and expenditure tracking is particularly challenging. To strengthen the financing system in Mali, ATN Plus supported the MOH to strengthen staff and organizational skills and capacity in integrating a module containing questions on household expenditures on health into the DHS IV (released in 2008 under ATN); most importantly this household spending on health information has been used as a foundation for the institutionalization of National Health Accounts (NHA). MOH staff had previously been trained through USAID funding under ATN. The NHS is the main health finance analysis tool adopted by the ECOWAS. In addition, the DHS organizers (MACRO/ICF) have indicated that the questions on household spending are now part of the core questionnaire for DHS and will be included in the upcoming DHS V/Mali report.

**Monitoring and Evaluation:** ATN Plus's health systems strengthening activities placed a particular emphasis on M&E and strengthening of supervision with the MOH and NGOs to produce useful performance indicator data for the MOH and for USAID reporting. From the outset it was decided to use only data that had been validated by the Ministry of Health at the district level; this data was then reviewed through ATN Plus data quality assurance measures with the MOH district health team.

Technical activities were complemented by data quality assessments; data collection and analysis in strengthening District health information reporting, a Geographic Information System (GIS), mobile phones for data collection, along with the use of LQAS for measuring facility performance.

Beginning in mid-2009, after the program had been launched in the regions and target districts, ATN Plus District Advisors sat within the MOH District Health Offices, often directly with the District HMIS officer, and were specifically trained in MOH operational planning tools, the official MOH HMIS, supportive supervision techniques, the use of mobile technology for data collection, and IPC (use and training).

One of the challenges in the health sector in Mali is the production and use of quality data for decision-making to improve the performance of health services in real time. The Ministry of Health has a National Health Information System which is similar to a master plan for health information for all levels of the health pyramid, and a Local Health Information System in the District. The National Health Information System and Local Health Information System are used to collect, process, analyze and transmit data through periodic reports (known as the RTA 1st and 2nd level) that provide information using special software which calculates indicators using routine HMIS data.

With the assistance of the District Advisor from ATN Plus, the health and social affairs teams in the districts gradually improved operations by targeting and supporting CSCoM officers, previously with weak performance, to better organize and expedite the collection of data and reduce the time to transfer the reports to the next level. Advisors also helped the District HMIS Officer capture and review district data and carry out the preliminary analysis for submission to the Chief Medical Officer (district) and the transmission of the second level reports within 15 days to the next level.

Thanks to this technical support, the thoroughness, timeliness and data quality of district reporting were significantly improved in the ATN Plus intervention districts and areas. A separate activity report, which captures testimonies on the contribution of NGOs to the implementation of the PRODESS, is available for further detail on the impact of the NGOs under ATN Plus.

**The Use of Cell Phones and the GIS:** ATN Plus developed a data collection system using cell phone data and a GIS for presenting, analyzing and planning with data using maps. The GIS system allows you to visualize performance data by district and to improve planning at the regional and district levels. Plans for further breaking down the maps to present geographic sub-districts were not successful because the coordinates were not available during the development of the GIS. Nevertheless, the maps have proved a valuable method for presenting the geographic scope of program implementation, visual analysis of progress, and identification of gaps, and for improved resource planning.

ATN Plus developed a pilot activity with the District Advisors for the collection of facility based health information for ATN Plus results reporting using cell phone technology. This was later scaled up to all ATN Plus districts. DataDyne, a nonprofit firm that promotes an open-source software, trained the ATN Plus central and regional team and M&E team members, USAID Mali's M&E advisor, MOH HMIS staff, other implementing partner staff (PKC2 and IntraHealth), and selected district HMIS officers in the use of the software and the cell phones. The plan was to transfer these skills to the Ministry of Health in a more systematic process; however, because of the suspension of the project's activities in 2012, this transfer was not accomplished. The MOH National HMIS staff were trained in the use of the site, the database, laptop computers, and cell phones were transferred to the government HMIS director at the end of the project, so it is hoped that those staff who were part of the exercise can continue to plan for the eventual transfer of HMIS data using this approach.

**Results and Impact:** The Health Systems Strengthening component of ATN Plus gradually shifted its focus to the district and CSCoM level in the later years of the project. Recently, ATN Plus developed and funded an innovation on the organization and management of services to improve the performance of CSCoM that involves CSCoM personnel, ASACO and local authorities in selected districts (Tenenkou, Kignan, Markala and

Reference documents produced	Number
Health Center Management Reference Manual	200
Trainer's Guide for Health Center Management	200
9 different posters on job description of each CSCoM staff member	500
Summary report of LQAS	500

Segou): 24 regional trainers and 74 DTCs were trained. The DTC and others actors trained gained an understanding of the importance of better organization and management of services. This approach to improving performance is to meet felt needs and some of the CSCoM staff's expectations.

Two rounds of LQAS were conducted to measure the performance of 228 randomly selected CSCoMs in six regions. The summary report was produced in 500 copies and disseminated to participating CSCoMs, districts and regions. The feedback on LQAS survey results in each region helped to remind stakeholders of their roles and responsibilities in making decisions for improving the

performance of the health facilities at the operational level.

## 2.2.5 Behavior Change Communications

Behavior Change Communication activities were cross-cutting and integrated into all components of the project. They centered on generating and sustaining demand for high impact services and provision of high-quality interpersonal communication about health services by providers. The major activities are described as follows.

**Maternal Health:** Thirty- six reproductive health communication plans for health districts and nine communication plans for the regional level were developed and monitored. Six communication materials were developed to promote and explain the Free Caesarean Section Policy: three posters describing the elements of this policy, listing of structures offering free Caesarean sections and the referral terms; a pamphlet describing the policy; and a mass media public service announcement on the elements of the policy and on blood donation. The project supported the broadcast of 81 messages on AMTSL in each of the 21 districts (1,701 total).

**Family Planning:** ATN Plus contributed to all of the national family planning campaigns from 2009 to 2011 by a) compiling partners' plans, b) designing messages, c) disseminating FP messages via radio for 10 days, three times per day, and d) sensitizing and updating 210 traditional communicators on family planning (35 communicators in each town of the District of Bamako). A radio call-in show was developed and broadcast on five local radio stations to combat myths and answer questions about FP (see section 3.2). Auxiliary midwives were trained in IPC/FPPP in Kayes, Niono, Markala, and Segou, as well as in post-training supervision. ATN Plus piloted the integration of IPC/FPPP into the NNWs in 29 *aires* in SAN (see section 3.2).

**Vaccination:** The project established a radio program in Gourma-Rharous, Timbuktu, Fana and San to promote RED, and to broadcast messages promoting vaccination on three radio stations twice a month for three months (936 broadcasts). We hosted one roundtable per month per radio station (36 in total) on vaccination, and organized 36 radio call-in contests. The project also supported the communication skills of vaccination

recruiters who referred unvaccinated children for EPI during the NIDs/Polio in Bougouni, Sikasso, Fana and San; and designed and reproduced 1,500 pamphlets on the introduction of meningitis A vaccine.

**Malaria:** ATN Plus validated, reproduced and distributed 250 copies of the malaria communications plan, and designed, reproduced and disseminated 2,250 copies for community-level health structures (including CSComs) and other malaria stakeholders. The project also developed an Action Plan for the removal of barriers to the use of IPT/SP during FANC, and designed and reproduced the malaria pre-transfer treatment protocols for severe malaria and the protocols for SP distribution.

**Nutrition:** The project reproduced 300 copies of the strategic communication plan and disseminated these to all stakeholders; broadcast 25,920 messages to promote both of the annual NNW editions; and supported 4,320 traditional communicators' outreach actions. We reached 120 women through women's groups on nutrition during each of four World Breastfeeding Weeks. We provided technical and financial support for the first national day to promote handwashing with soap in 2008.

**Health Systems Strengthening:** ATN Plus disseminated 1,750 copies of the Health Messaging Guide to health facilities at all levels and local health sector NGOs; and designed a CD-ROM highlighting ATN activities, which was then used to populate the MOH website; and produced 1,000 copies of this CD for dissemination.

**Project Support:** The Behavior Change Communication team supported ATN Plus to design a CD-ROM on the activities undertaken (500 produced), and to produce a video magazine on the achievements of ATN Plus, and all other ATN Plus informational materials.

Materials Reproduced	Number
Reproductive health communication plans	36 + 9
Communication materials to promote free Caesarean sections	6
Pamphlets on the introduction of meningitis A vaccine	1,500
Malaria communications plan	250 + 2250
Strategic communication plan for nutrition	300
Health Messaging Guide to health facilities at all levels and local health sector NGOs	1750
CD-ROM highlighting ATN activities	1,000 + 500
Video magazine on the achievements of ATN Plus	2

## **2.3 Strategic Innovations**



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## Integration of Interpersonal Communication on Family Planning into National Nutrition Weeks in Mali

Assistance Technique National Plus (ATN Plus) is a five-year (2008–2013) project funded by USAID/Mali. ATN Plus supports the Government of Mali in expanding the delivery of high-quality maternal and child health (MCH) services to key populations, while encouraging use of priority health services and behavior change for improved health.

The project focuses on MCH and related services such as family planning, immunization, nutrition, and malaria while addressing crosscutting health systems strengthening and quality issues. In each focus area, the project seeks to:

- Scale up and operationalize policies
- Improve services and expand access to care, especially for vulnerable and rural populations
- Design and implement behavior change communication activities to increase demand for services
- Identify opportunities for public-private partnerships that expand the provision of services

ATN Plus is implemented by Abt Associates with partners IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Santé et Population.

**M**aternal and child health are being addressed in many ways in Mali – including efforts to improve access to and quality of reproductive health services and child health programs. To prevent and address micronutrient deficiencies the government of Mali has implemented National Nutrition Weeks, a week-long nationwide campaign which occurs twice a year.

The package of services offered through the National Nutrition Weeks include: 1) distribution of Vitamin A to all children ages six months to five years and post-partum women; 2) distribution of deworming treatment to all children one to five years of age and post-partum women; 3) health promotion education on the importance of breastfeeding (exclusively for six months, and complementary to other foods until one year) and the consumption of iron rich foods and iodized salt; 4) identification and referral of malnourished children.



Women and children attending National Nutrition Weeks

The National Nutrition Weeks reach more than 3,000,000 children under five and 70,000 post-partum women twice yearly.

Another issue affecting maternal and child health in Mali is family planning. According to the Demographic and Health Survey in 2006, 79 percent of post-partum women in Mali have unmet need for family planning that can help them space their pregnancies, benefitting both their health and the health of their child(ren).

## ATN Plus Solution

**A**TN Plus identified the National Nutrition Weeks as an opportunity to reach women, both post-partum and mothers, in to address their need for family planning information, by piloting the addition of interpersonal communication on family planning in the National Nutrition Week counseling package. The goal of this innovation was to provide one-on-one counseling about the return to fertility, the importance of birth spacing to post-partum women, and provide referrals to the health clinics for family planning.

The pilot activity was implemented in two phases, during July 2011 (in six health *aires*) and December 2011 (in 29 health *aires*) in the district of San, in Segou, Mali. The objectives were to test the integration and acceptance of family planning messages within the context of the National Nutrition Weeks, specifically the link of exclusive breastfeeding and infant health as an entry point for discussing return to fertility and

family planning choices available to mothers in Mali.

During each counseling session, mothers were given a laminated ticket, which they presented at the community health centers for family planning services after the National Nutrition Weeks.

This activity successfully demonstrated that family planning counseling is acceptable in a child health or nutrition setting, providing an additional low-cost opportunity to reach post-partum women which can be easily scaled up. Over 98 percent of post-partum women reached by NNWs participated in interpersonal counseling sessions on family planning. New users six months after the pilot period (January-June 2012) remarkably increased compared to the six months before the pilot. In some sub-districts the number of new users of modern family planning methods almost doubled after the intervention period.



Communications materials around spacing and return to fertility

### Activities during the San Pilot

1. Introductory and planning meetings with national, regional and district stakeholders.
2. Orientation of community health center technical directors, auxiliary midwives, *relais*, and radio station officials.
3. Message development on exclusive breastfeeding and return to fertility.
4. Radio broadcast of messages during activities and implementation of interpersonal communication on family planning during National Nutrition Week.
5. Follow-up data collection on new family planning users and qualitative survey in the health sub-districts.



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## Answering Malians' Questions about Family Planning via a Telephone Call-in Radio Show

Assistance Technique National Plus (ATN Plus) is a five-year (2008–2013) project funded by USAID/Mali. ATN Plus supports the Government of Mali in expanding the delivery of high-quality maternal and child health (MCH) services to key populations, while encouraging use of priority health services and behavior change for improved health.

The project focuses on MCH and related services such as family planning, immunization, nutrition, and malaria while addressing crosscutting health systems strengthening and quality issues. In each focus area, the project seeks to:

- Scale up and operationalize policies
- Improve services and expand access to care, especially for vulnerable and rural populations
- Design and implement behavior change communication activities to increase demand for services
- Identify opportunities for public-private partnerships that expand the provision of services

ATN Plus is implemented by Abt Associates with partners IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Santé et Population.

Family planning, despite being a national priority, is still a challenge in Mali. The 2006 Demographic and Health Survey in Mali estimated that the contraceptive prevalence rate was 6.9, total fertility 6.6, and unmet need for family planning 31%. Myths and misconceptions about family planning, including its side effects abound, while knowledge levels generally about family planning options and availability is consistently low.

ATN Plus sought an opportunity to increase correct knowledge about family planning, despite the concern that discussing the topic openly might be taboo in Mali.

Capitalizing on the use of radio as a popular media outlet in Mali, and on the growing use of mobile phones, ATN Plus worked with the Ministry of Health's multisectoral Family Planning Working group to design a radio call-in show called Ligne Verte.



Radio DJs and midwives respond to questions from callers at the Djékafo Radio stations.

## ATN Plus Solution

The goal of the Ligne Verte radio show was to discuss in depth the issues around effective family planning use and allow trusted health care providers to answer anonymous real time questions – specifically to give Malian men and women an opportunity to ask questions they may be too embarrassed to ask otherwise, and for those answers to be shared broadly with the larger radio listening audience.

ATN Plus signed a three-month contract with a local radio station network Djékafo to develop and record the program. Djékafo was selected because of its technical capacity and reach of 1.3 million listeners in Bamako, Segou, Sikasso, Mopti, and Kayes.

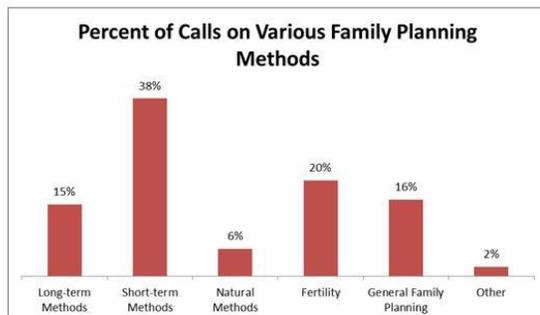
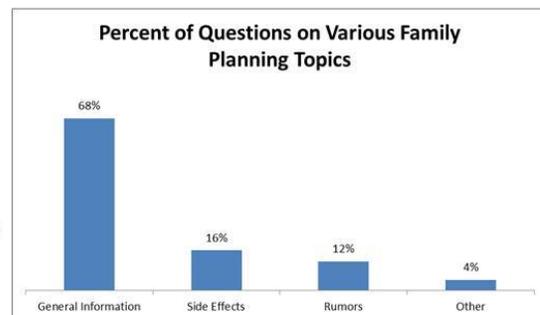
Twelve synchronized radio broadcasts in 45-minute increments were broadcast over Djékafo, Balanzan, Sika FM, Konaris, and Cool FM stations.

The broadcasts featured two family planning clinical specialists, a person recording and noting call-in questions and a broadcast emcee. While callers names were not requested, demographic

data (location, age, and gender) were collected, and debriefs with the facilitators were conducted after each show to document call-in question themes.

In conclusion, ATN Plus found that radio can be an effective way of discussing family planning and clarifying myths and rumors, even in societies where family planning issues can be a taboo subject. The number of men who called in demonstrates that men too have an interest in family planning and need a safe venue to ask questions.

Also notable was that Malians are willing to invest their own money to make the call-in phone calls. The success of the radio show highlights the importance of diversifying communications channels to share family planning information.



### Interesting Findings

- 40% of callers were men who tended to ask about particular methods he and his partner were using at this time.
- Callers aged 20-29 were the largest age group to call in.
- Most questions were related to requests for general information about family planning – but an additional 16% were about side effects and 12% to clarify rumors.
- The questions were most commonly with regard to short-term family planning methods (pills, injectables).



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## Expanded Programs for Immunization Recruitment Strategy for Under-Vaccinated Children

Assistance Technique National Plus (ATN Plus) is a five-year (2008–2013) project funded by USAID/Mali. ATN Plus supports the Government of Mali in expanding the delivery of high-quality maternal and child health (MCH) services to key populations, while encouraging use of priority health services and behavior change for improved health.

The project focuses on MCH and related services such as family planning, immunization, nutrition, and malaria while addressing crosscutting health systems strengthening and quality issues. In each focus area, the project seeks to:

- Scale up and operationalize policies
- Improve services and expand access to care, especially for vulnerable and rural populations
- Design and implement behavior change communication activities to increase demand for services
- Identify opportunities for public-private partnerships that expand the provision of services

ATN Plus is implemented by Abt Associates with partners IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Santé et Population.

Since 1977, the international community led by WHO has sought universal immunization of children against the most common diseases effecting them, working with countries to develop routine vaccinations strategies referred to as Expanded Program for Immunization (EPI).

Mali's EPI, launched in 1996, covers diphtheria, tetanus, whooping cough (pertussis), Haemophilus influenzae type b, hepatitis B, measles, poliomyelitis, tuberculosis and yellow fever.

Despite gains in childhood vaccinations, an EPI coverage survey of 2009-2010 showed that 14% of children 12-23 months old had not received BCG (tuberculosis), 24% had not received Polio3, 25% had not received penta3 (diphtheria-tetanus-pertussis, hepatitis b, and inactivated polio vaccines) and 29% had not received VAR (varicella) in



Name photographer

Recruiters discuss how to use the routine vaccination cards with mothers bringing their children in for Polio Immunizations

Mali. Reach Every District strategies have been implemented to enhance vaccination coverage.

Mali ATN assisted the Ministry of Health and local health systems to operationalize a Reach Every District program, piloting a strategy to identify zero dose or under-vaccinated children at the time of National Immunization Days against Polio.

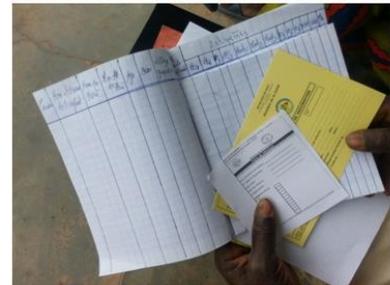
## ATN Plus Solution

**A**TN Plus referred such children to community-level clinics (CSCComs) or to an upcoming Reach Every District mobile vaccination campaign to ensure that they received their full set of routine vaccinations. In 2012 the project launched a pilot activity in Sikasso district, which had three parts: 1) identify children needing vaccinations, 2) organize their follow-up vaccinations, and 3) support the activity with interpersonal and radio communication about vaccination. Several health aires in Sikasso district – Dembella, Foh, Zaniéna, Kapala, Dallé, Kléla, Koungnan, Dougoukolobougou, Ouahibéra, and Finkolo AC – were selected as pilot locations because of the number of children who had not yet received their Pentavalent 3, the dynamism of the CSCComs and their governing bodies (ASACOs), and the existence of a functional routine vaccination system and of a well-organized system of community health workers (relais). Child identification was undertaken building off of another successful vaccination endeavor in Mali – the Polio National Immunization Day.

A registration book, registration card for the child, and job aids were created to assist recruiters in tracking children and engaging parents about the importance of immunization. Recruiters (often relais) were trained in interpersonal communication and use of the registration book and the registration card, and then accompanied Polio National Immunization Day workers in their daily rounds.

To support the messages parents were receiving from the relais, five radio stations were contracted to air programs informing community members about the integration of the recruitment into the Immunization Days, and sensitize parents about the importance of bringing their children to the event in order to learn more about vaccination from the community health workers.

This activity identified 561 children as non- or under-vaccinated in Sikasso; they were all registered and their vaccinations brought up to date over the following nine months (between April and December of 2012.) Integrating identification of non- or under-vaccinated children into other



Name, of photographer

Recruiters receive registration books and cards to use during the Polio Immunization Days.

campaigns was proven effective in introducing them back into the routine immunization system when coverage numbers drop, and is a tool that communities can use to reduce the number of non-vaccinated children.

### Recruiter Activities During

- Identify non- or under-vaccinated children in their notebook and note which vaccines are needed to bring the child up to date.
- Provide each caretaker of an identified child in families living within 5 km of a CSCCom with a vaccination registration card to take to the CSCCom.
- Complete records (registration card and notation in registration book).
- Counsel the caretakers on the benefits of routine vaccination.



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## Improving Routine Data Collection with Mobile Phone Technology

Assistance Technique National Plus (ATN Plus) is a five-year (2008–2013) project funded by USAID/Mali. ATN Plus supports the Government of Mali in expanding the delivery of high-quality maternal and child health (MCH) services to key populations, while encouraging use of priority health services and behavior change for improved health.

The project focuses on MCH and related services such as family planning, immunization, nutrition, and malaria while addressing crosscutting health systems strengthening and quality issues. In each focus area, the project seeks to:

- Scale up and operationalize policies
- Improve services and expand access to care, especially for vulnerable and rural populations
- Design and implement behavior change communication activities to increase demand for services
- Identify opportunities for public-private partnerships that expand the provision of services

ATN Plus is implemented by Abt Associates with partners IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Santé et Population.

**M**onitoring and evaluation are important parts of any activity; they require the collection and reporting of regular data.

ATN Plus has a program-monitoring plan that aligns with USAID’s and the GHI’s priorities of strengthening the health system’s strategic planning and focusing on impact. Success (or not) in this area in turn affects Mali’s ability to reach Millennium Development Goals 4 and 5.

Similarly, the project supports Mali in strengthening its health management information system – the *Système Local d’Information Sanitaire* and the *System National D’Information Sanitaire*.

A simple, effective means for transmitting data from activity sites to Bamako while minimizing the classic problems encountered in health information reporting was needed in order to better monitor

and evaluate project and health system interventions. The project therefore used mobile phones to transmit data, and a GIS to illustrate health indicators and program reach. This approach was used to transmit this data both for the project’s direct use and in supporting the government in strengthening its HMIS.

### Results of introducing telephone data collection

- Made data and indicators available for USAID ATN Plus (complete and intermediate);
- Strengthened monitoring of data quality and allowed for immediate feedback about the quality of data;
- Reduced the risk of data loss.

## ATN Plus Solution

**A**TN Plus contracted

Datadyne to provide technical assistance to design a data collection strategy and train project staff in it using mobile technology. Datadyne is an American social enterprise that works to develop new technologies for use in international development and global health programs. Data collected in this way is fed directly into a central database, rather than being reported upward from the community level to the district level to the central level. The data is accessible to all levels of the system.

During a program design and training workshop in Bamako in 2010, two Datadyne consultants worked with ATN Plus staff to: 1) design a system; 2) train the staff in the phases of the data collection processes; 3) train them in manipulating phones to report the data; 4) create data collection forms to relate to both USAID and the GoM's chosen indicators; and 5) draft standard operating procedures for data collection.

Training had both a theoretical session, and a practical section in which the team transferred data between a community-level clinic (*Centres de Santé Communautaire, or CSCom*) and a district-level clinic (*Centres de Santé de Référence, or CSRéf*) to better understand the process and test forms.

ATN Plus then rolled out a pilot of field training and data collection in Mopti. Mopti was chosen as a pilot location because of its central location and distribution of both urban and peri-urban CSComs in which to test the intervention.

In 2010, over three days, ATN Plus staff trained by Datadyne trained 28 District Advisors from 12 health districts in the organization of the health information system, the data collection strategy, use of telephones within this system, and the relationship between the project and USAID's data needs.

ATN Plus also uses this data to develop maps with the arcGIS software as illustrations of



Staff transmitted data using Nokia e71s

interventions. Twelve mobile phones were distributed for each of the target districts, chosen for their population base, after which all 16 District Advisors were equipped with mobile phones as well. equipped with mobile phones as well.

### 3 Best Practices and Lessons Learned

Throughout the implementation of ATN Plus, several tools and best practices were identified that have facilitated the impact achieved through the project.

**Supportive supervision** is a key tool to ensure quality of high impact health services after trainings. This supervision is multifaceted and organized to cascade from the regional to district level and then from the district to CCom. It is a participatory effort to monitor and immediately solve identified problems. Supportive supervision is an approach to supervision that focuses on coaching, joint problem-solving and communication in both directions. ATN Plus District Advisors acted as full members of the District Supervision team, supervising the CComs and ensuring that supervision occurred, per ATN Plus training, in a supportive manner.

An important aspect of supportive supervision is that it allows effective monitoring of the CCom's micro-plan and evaluation of specific performance indicators. It also allows supervisors to monitor service delivery, the referral system, or any other activities that were key to achieving the objectives.

Two LQAS surveys (March 2012 and 2013) showed a shift from traditional supervision to the use of supportive supervision by district health teams in ATN Plus intervention districts in the south and central regions. The percentage of CComs that received supportive supervision visits increased from 51 percent to 55 percent in Sikasso, Segou and Mopti.

*A Legacy of Expertise*

Throughout the life of the project ATN Plus trained 89 regional trainers in supportive supervision, including 25 supervisors in Sikasso and 35 in Mopti. In addition, 28 ATN Plus District Advisors, who work for Malian NGOs, are available to continue providing coaching and training using supportive supervision techniques.

The implementation of the facilitative approach to supervision created a pool of a dozen trained people in each region of Mali that can be drawn upon and on occasion provided an opportunity for some regions to leverage funds to train their district health teams. This was the case in the region of Segou in 2011, where the Regional Coordinator of ATN Plus provided technical support and was able to mobilize funds from other partners to train the district teams.

A legacy of this activity is that supportive supervision is now integrated into the national training curriculum of health personnel and is supported by a pool of trainers at the national and regional levels.

**Flexibility.** Throughout the life of the project, the team has had to shift its focus to accommodate political changes within Mali and changes in USAID's emphasis. Through constant contact with the client and stakeholders, project staff were able to plan quickly for these changes, negotiate budgets and stay within timelines, all of which were accomplished smoothly. The following describes our assistance in delivering US Government (USG)-purchased family planning commodities to the community level clinics during the summer of 2013, the period between the coup and the establishment of the new government.



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## ATN Plus: Helping Ensure Availability of Family Planning During Mali's Crisis

Assistance Technique National Plus (ATN Plus) is a five-year (2008–2013) project funded by USAID/Mali. ATN Plus supports the Government of Mali in expanding the delivery of high-quality maternal and child health (MCH) services to key populations, while encouraging use of priority health services and behavior change for improved health.

The project focuses on MCH and related services such as family planning, immunization, nutrition, and malaria while addressing crosscutting health systems strengthening and quality issues. In each focus area, the project seeks to:

- Scale up and operationalize policies
- Improve services and expand access to care, especially for vulnerable and rural populations
- Design and implement behavior change communication activities to increase demand for services
- Identify opportunities for public-private partnerships that expand the provision of services

ATN Plus is implemented by Abt Associates with partners IntraHealth International, Johns Hopkins University/Center for Communication Programs (JHU/CCP), Helen Keller International (HKI), and Groupe Pivot Santé et Population.

**T**hroughout the recent past, the US Government (USG) and several other donors have invested significantly in addressing reproductive health and family planning needs in Mali. This included investments through ATN Plus. In March 2012, the government of Mali experienced a coup d'etat, which resulted in changes in the way the US Government could provide aid within the country, leading to gaps in the commodity supply chain in particular for family planning.

### **ATN Plus Solution:**

To assist USAID in continuing to ensure the availability of these much needed contraceptive supplies, ATN Plus was enlisted to facilitate the distribution of family planning products to the community level by developing a provisional supply chain for USG procured contraceptives directly to 887 community health centers in the five regions in southern Mali and the District of Bamako.

Working with the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, ATN Plus developed a distribution plan for the



*ATN Plus District Advisor hands off a box of contraceptives to the Technical Director of the CCom in Kita*

contraceptives based on populations within the Community Health Association (ASACO) / Community health clinic (CCom) catchment areas.

ATN Plus' consortium member Groupe Pivot Population Santé (GPSP), an umbrella organization of Malian NGOs, engaged member NGOs in 47 districts to identify and rent private warehouses and

manage transportation of commodities from Population Services International (PSI) warehouses in Bamako to the district level where each ASACO could collect its stock. Two rounds of deliveries were made: Round 1 in May and June of 2013, and Round 2 in July and August of 2013.

GPSP developed tools to monitor the delivery and reception of products, supervised the delivery and distribution to the ASACO representatives, and collected data. To ensure the proper reception of the products, GPSP undertook supervision meetings with 83 ASACO representatives.

In total 887 CSCoM (54 in Bamako) in 45 health districts received their FP commodities as planned and specified by USAID during the first distribution and 884 CSCoM (54) in Bamako in 45 health districts received their FP products during the second distribution.

Through monitoring visits GPSP found varied levels of adherence of stock entries into the management system, shortages in consumables that are needed for some of the contraceptives (gloves, antiseptics), and in some CSCoMs a lack of qualified personnel to deliver certain long term modern contraceptives (IUDs, Implants). ATN Plus learned from this experience that assessing the needs of individual CSCoMs (specifically with concern to Human Resource availability) in addition to population coverage, could have assisted in ensuring that all the commodities delivered could be used on site. Also, that delivering commodities through the ASACO encouraged their participation in the management of the CSCoM.

Overall, this provisional supply chain effort was successful thanks to the close collaboration among USAID's partner projects. The contingency plan guaranteed communities' continuous access



*Commodities were stored in a central warehouse Bamako where they were repackaged before transport to the Districts.*



*Commodities are distributed in Banamba.*

to contraceptives despite the suspension of family planning commodity procurement activities with the Malian government and helped avoid stockouts of critical supplies. While creating a separate health delivery system is sometimes counterintuitive to sustainable development, during the crisis in Mali this system allowed ongoing efforts to provide lifesaving maternal and reproductive health and technical assistance to continue.

This provisional supply chain effort allowed community level family planning activities to continue where they were left off, rather than having to recover from a gap in logistics and commodities stock outs.

Product	Quantity Distributed/ Phase 1	Quantity Distributed/ Phase 2
Male Condom	296,634 condoms	1,483,168 condoms
Myrognon (OC)	95,545 packets	200,000 packets
Microlut (OC)	36,000 packets	35,280 packets
Depo Provera (Injectable)	80,000 vials	400,000 vials
Jadelle (implants)	17,000 packages of 2	18,500 packages of 2
IUD	20,100 devices	

## 4 Conclusions and Recommendations

ATN Plus successfully implemented a mechanism for support to the GOM in developing and then operationalizing policies related to high impact health services within Mali. This is demonstrated by our support to the successful task-shifting of AMTSL to *matrones*. The predecessor project, ATN, assisted in the pilot of matrones' use of AMTSL, and then ATN Plus assisted in the dissemination of those results, trained 755 qualified providers and 938 matrones, and developed and disseminated job aids for staff, ensure that almost every facility in Mali now has at least one staff person trained in AMTSL. Similarly, ATN Plus supported the operationalization of case management and LLIN and SP distribution, and harmonized messaging with regard to malaria control and treatment. Through the training of 1,837 qualified providers, and participation in joint supervision with the PNL, the project succeeded in increasing access to ACTs and proving that providers in targeted facilities were largely using correct practices to treat simple malaria.

In the future, we recommend that innovations and activities piloted under this program be scaled up for increased reach. Such activities include, for example, integrating postpartum family planning with National Nutrition Weeks, answering questions and dispelling myths about family planning through radio talk shows where taboo issues can be discussed frankly and the programs heard broadly, and using NIDs to reach and refer under-vaccinated children for EPI.

To complement this work and ensure that strides made to operationalize policy continue, a process should be designed for looking at and addressing issues of quality. This should include addressing incentives for provider quality, and human resources for health; and continuing to address health financing and mechanisms for universal health coverage, to ensure that Malians have access to sustainable, quality health systems. 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.

# 5 Annexes

## 5.1 Annex 1. Key Results Achieved Under ATN Plus

Prog. element	Indicator	Geog. focus	FY09 Base	FY10 Results	FY11 Results	FY12 Results	FY13 Results	Observations
MCH/ FP/ RP	Number of pregnant women who completed at least 3 antenatal care (ANC) visits during pregnancy	36 districts	<b>164,643</b>	<b>NA</b>	<b>NA</b>	<b>216,843</b>	<b>161,032</b>	Data is annual. FY13 data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal)
	Percentage of deliveries in health facilities using Active Management of the Third Stage of Labor and Essential Newborn Care	36 districts	<b>50</b>	<b>60</b>	<b>78</b>	<b>96.4</b>	<b>97</b>	FY13 data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal)
	Percent of children 12-23 months of age who have received measles vaccine by 12 months of age	National	<b>NA</b>	<b>NA</b>	<b>NA</b>		<b>72</b>	FY13 Data = Preliminary Results of DHS Mali 2012/2013
	Number of new acceptors of Family Planning methods	36 districts	<b>86,572</b>	<b>135,533</b>	<b>156,712</b>	<b>170,117</b>	<b>133,750</b>	FY13 data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal)

Number of children less than 12 months of age who received Pentavalent 3	36 districts	516,726	529,767	545,409	573,722	447,010	FY13 data reflects routine data (0-11 months) for three (3) quarters from July 2012 to March 2013, from DVD-MT 2013 of DNS/Immunization Section
Percent of births attended in a health center	36 districts	61	61	57	63.4	46	Data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal). It should be noted that HIMS has not received officially data from the health districts of Bankass, Tenenkou, Kati and the Commune 6. Data collected by ATN Plus District Advisors from the districts were used to calculate this indicator
Number of health care providers trained in FP/RH with USG funds	National	NA	NA	1,196	1,224	1,356	Numbers trained are cumulative.
Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services	National	NA	NA	85	87.2	100.0	FY13 numbers reflect the USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal).
Percentage of service delivery points with a least one provider trained in the active management of third stage labor and essential newborn care	36 districts	30	69	72	95.1	97.5	FY13 data are for three quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal).

Nutrition	Number of children (6 to 59 months) who received a dose of Vitamin A from USG-supported programs	National	2,729,761	2,805,823	NA	3,046,781	3,425,447 / 4,796,781 <sup>7</sup>	Numbers are per year.
CROSS CUTTING	Number of policies or guidelines documents developed or updated with USG-assistance to improve access to and use of high-impact health services	National		5	21	26	28	Numbers of documents are cumulative
	Number of people trained with USG assistance	36 districts			5,013	5,449	6,382	Numbers trained are cumulative
	Percent of health facilities supervised in the last three months	National				62.5	54	Data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal).
MALARIA	Number of health workers trained in case management with ACTs with USG funds	National	412	1,277	1,957	2,191	2,296	Numbers trained are cumulative
	Percent of confirmed malaria cases among children less than 5 years who were treated with ACTs	National	NA	NA	NA	99.3	83	FY 13 data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal).

<sup>7</sup> First number is from 2nd edition 2012, and second number is from 1st edition 2013.

Number of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds	National	<b>412</b>	<b>587</b>	<b>NA</b>	<b>821</b>	<b>1,196</b>	Numbers trained are cumulative
Number of health workers trained in IPTp with USG funds	National	<b>60</b>	<b>1,173</b>	<b>1,983</b>	<b>2,253</b>	<b>2,604</b>	Numbers trained are cumulative
Percent of pregnant women who received 2 doses of IPTp during ANC visits	National	<b>NA</b>	<b>40</b>	<b>NA</b>	<b>32.7</b>	<b>32</b>	FY13 data are for three (3) quarters from July 2012 to March 2013 concerning USAID/ATN Plus intervention health districts except regions in the North (Timbuktu, Gao and Kidal).

## 5.2 Annex 2. Table of Policy Documents

### Policy Documents Developed or Revised

DOCUMENTS	Reason Revised	Number	Type of Assistance
National ENC guidelines	Adapted for use at household level	1	
Revision of Immunization Policy	Updated to reflect new immunizations	1	
Revision of Essential Medicines list	Updated to include zinc and ORS	1	
Nutrition PNP	Developed and disseminated	1	
Malaria Communication Plan	Finalized and disseminated	1	
Revision of training modules for FANC (Trainer's Guide, Participant Workbook and Reference Manual)	Introduced aspects of malaria standards of care for pregnant women.	3	Technical and Financial
Collection of Harmonized Malaria Control Messages	Harmonisation	1	Technical and Financial
Supportive Supervision Guide for Malaria Control Activities	Development	1	Technical and Financial
Job Aid on treatment of malaria cases	Development	1	
Revision of Family Planning Training Modules	Introduction of aspects related to post-partum FP	3	Technical and Financial
Training Module for CTDs in organization and management for improving CSCom Service Provision	Development	1	Technical
Job Aids for the PNP Nutrition	Revisions	1	Technical and Financial
Supportive Supervision Guide for Vaccination	Development	1	Technical and Financial
Revision of Vaccination Practice models (trainer's guide, participant folders)	Introduction of new pneumococcal conjugate vaccine	2	Technical
Adaptation of the training module for the MenAfriVac	Adaptation	1	Technical
RH Communication Plan for Koulikoro	Adaptation to align with guidelines of the National Center for Information, Education, and Communication for Health	1	Technical and Financial
		1	Technical

Guidelines for malaria case management		1	
Guidelines for distribution of LLIN and SP		1	
Guide of malaria supervision		1	
National FANC training plan		1	
Manual and Training Guide for CCom Technical Directors on CCom management and organization	Development	2	Technical and Financial
<b>Total</b>		<b>28</b>	