



Maternal and Child Health Integrated Program in Mali

ANNUAL REPORT



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Reporting period: October 1, 2010 – September 30, 2011

Submitted to: USAID Mali

Submitted by: MCHIP/ Mali

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| Country: MALI |
| Life of PY1 Activity (start and end dates): September 2010 – September 31, 2011 (includes program development and implementation beginning July/August 2010) |
| Intervention Areas: Prevention of Post-Partum Hemorrhage, Integrated Community Case Management, Essential Newborn Care, Family Planning |
| USAID/Mali SO: Increased use of child survival and reproductive health services |
| Field Representative: MCHIP/Mali Representative – Dr Diarra Houleymata N'Diaye, hdiarra@savechildren.org |
| US-based MCHIP Contact Person(s): Koki Agarwal, Director, kagarwal@mchip.net ; Patricia Taylor, Country Support Team Leader, ptaylor@mchip.net |
| Total Estimated Contract/Agreement Amount: Total: \$1.425 Million \$625,000 MCH \$400,000 POP \$300,000 MCHIP Core \$100,000 OIC |
| Obligations in PY1: \$ 1,425 Million committed as of September 1, 2010 |
| Current Pipeline Amount: |
| Actual Expenditures this Year: |
| Estimated Accruals as of September 30, 2011: |
| MCHIP Organizations: Save the Children (country lead, plus technical leadership in newborn health and community-based interventions); Jhpiego (technical leadership in maternal health and family planning); JSI (technical leadership in child health and community case management); PATH (technical leadership on the procurement and distribution of oxytocin in the Uniject™ ¹ device) |
| Key Partners in Mali: Ministry of Health (MOH), UNICEF; Projet Keneya Ciwara 2; Assistance Technique Nationale Plus (ATN); Save the Children (SC), Population Services International (PSI); Health Care Improvement Project (HCI); Health Policy International (HPI); Institute of Reproductive Health (IRH); Strengthening Pharmaceutical Supplies (SPS), Spanish Project. |

¹ Uniject is a registered trademark of Becton, Dickinson & Co.

Acronyms and Abbreviations

| | |
|---------|---|
| AMTSL | Active Management of the Third Stage of Labor |
| ASACO | Association de Santé Communautaire (Community Health Association) |
| ASC | Agents de Santé Communautaire (Community Health Workers) |
| ATN | Assistance Technique Nationale (USAID bilateral health program) |
| BASICS | Basic Support for Institutionalizing Child Survival |
| BCC | Behavior Change Communication |
| BF | Breastfeeding |
| CB-MNC | Community-Based Maternal and Newborn Care |
| CBD | Community-Based Distribution |
| CCM | Community Case Management (usually of diarrhea, pneumonia and malaria) |
| CCT | Controlled Cord Traction |
| CHERG | Child Health Epidemiology Reference Group |
| cMYP | comprehensive Multi-Year Plan |
| CPR | Contraceptive Prevalence Rate |
| CSCom | Centres de Santé Communautaires (Community Health Centers) |
| CSRéf | Centre de Santé de Référence (Referral Health Centers) |
| DH | District Hospital |
| DHS | Demographic Health Survey |
| DNS | National Directorate for Health |
| DPM | Direction de la Pharmacie du Médicament (Directorate for Pharmacies and Medications) |
| DSR | Division for Reproductive Health |
| EDL | Essential Drug List |
| iECCP | Integrated Essential Community Care Package |
| ENC | Essential Newborn Care |
| FANC | Focused Antenatal Care |
| FBIP | Facility Based Integrated Package |
| FP | Family Planning |
| FY | Fiscal Year |
| FTF | Feed the Future |
| GHI | Global Health Initiative |
| HCI | Health Care Improvement (USAID global project) |
| HMIS | Health Management Information Systems |
| HPI | Health Policy International |
| HTSP | Healthy Timing and Spacing of Pregnancies |
| HQ | Headquarters |
| iCCM | Integrated Community Case Management |
| IEC | Information, Education, and Communication |
| IUD | Intrauterine Device |
| JHPIEGO | International non-profit health organization affiliated with Johns Hopkins University |
| JSI | John Snow, Inc. |
| KMC | Kangaroo Mother Care |
| LAM | Lactation Amenorrhea Method |

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| LAPMs | Longer Acting Methods and Permanent Methods |
| LBW | Low Birth Weight |
| MCHIP | Maternal and Child Health Integrated Project |
| MDGs | Millennium Development Goals |
| MMR | Maternal Mortality Ratio |
| MNCH | Maternal, Newborn and Child Health |
| MNH | Maternal and Newborn Health |
| MOH | Ministry of Health |
| MVA | Manual Vacuum Aspiration |
| PAC | Post Abortion Care |
| PAFP | Post Abortion Family Planning |
| PKC | Projet Keneya Ciwara (USAID bilateral health program) |
| PMP | Performance Monitoring Plan |
| PNP | Policies, Norms, and Procedures |
| POPPHI | Prevention of Postpartum Hemorrhage Initiative |
| PP/PNC | Postpartum/Postnatal Care |
| PPFP | Postpartum Family Planning |
| PPH | Prevention of Postpartum Hemorrhage |
| PPIUD | Postpartum Intrauterine Device |
| PRODESS | Programme de Développement Sanitaire et Social (Social & Development Programme) |
| PSI | Population Services International |
| QOC | Quality of Care |
| SBA | Skilled Birth Attendants |
| SBM-R | Standards-Based Management and Recognition |
| SC | Save the Children |
| SNL | Saving Newborn Lives |
| SPS | Strengthening Pharmaceutical Systems |
| TAG | Technical Advisory Group |
| TBD | To be determined |
| TFR | Total Fertility Rate |
| TOT | Training of Trainers |
| TTI | Time-Temperature Indicator |
| UNICEF | United Nations Children Fund |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program, which focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5. Awarded to Jhpiego and partners in September 2008, MCHIP works with USAID missions, governments, nongovernmental organizations, local communities and partner agencies in developing countries to implement programs at scale for sustainable improvements in MNCH. MCHIP addresses major causes of mortality, including malnutrition, by:

- Implementing high impact, effective interventions at scale, based on the country context and using global and local data;
- Using innovative program approaches to achieve country MNCH goals including performance-based financing, community insurance schemes, and public-private partnerships;
- Building global consensus and sustained government commitment to support results-oriented, high-impact, effective MNCH interventions;
- Influencing country programs to incorporate effective, feasible, high-impact interventions and approaches based on global evidence;
- Maximizing the use of local programs supported by MCHIP1 to advance field-based learning and innovation; and
- Strategically integrating critical interventions into existing services and wrap-around programs.

MCHIP's goal in Mali is to contribute to the reduction of maternal, newborn, and child mortality. To achieve this goal, MCHIP works to ensure increased access to **integrated, evidence-based** packages of MNCH-FP interventions at both the community and facility levels with a geographic focus on the districts of Kita and Diema in the Kayes region.

MCHIP Mali life of project objectives and results continue to contribute to USAID's strategic objective which states "***Increased Use of Child Survival and Reproductive Health Services***".

MCHIP submitted an initial concept paper for the family planning, prevention of postpartum hemorrhage and newborn activities to USAID/Mali in 2009. In early 2010, USAID/Mali approved the MCHIP concept paper and communicated its intention to allocate additional field support funding for a three year program. While implementation with Mission field support will begin upon USAID's approval of the plan, the period of performance for the project began in the fall of 2009, with MCHIP Core support.

A team of MCHIP technical advisors who visited Mali for a short period in May 2010 has developed a draft of objectives and activities for program year one. A second visit held in December (6th -16th) has allowed MCHIP technical advisors and Deputy Director to work closely with MCHIP Mali country team to refine proposed activities in light of field visit and partners meetings results. MCHIP has ensured that all project activities be designed and implemented in collaboration with key in-country partners, specifically USAID bilateral programs Assistance Technique Nationale (ATN Plus), Projet Keneya Ciwara (PKC) and projects Strengthening Pharmaceutical Supplies (SPS), Population Services International (PSI); Health Care Improvement Project (HCI); Health Policy International (HPI). Given Mali's identification as a Global Health Initiative (GHI) Plus country and as a recipient of Feed the Future (FTF) funding and Organization of Islamic Conference (OIC), MCHIP has proposed potential opportunities for alignment with and complementation of these strategies.

MCHIP/Mali has worked closely with the USAID/Mali team and various partners and stakeholders to define MCHIP specific objectives which are to:

1. Support the Government of Mali and partners in the roll-out of the national integrated community-based care package (SEC) that will increase access to quality management of childhood illnesses (diarrhea, pneumonia, malaria, acute malnutrition), post-partum family planning, and essential newborn care, in the districts of Kita and Diema;
2. Support the implementation of an integrated package of evidence-based interventions at the facility level in Kita and Diema, with a technical focus on PFP and FP as a part of PAC services, and in AMTSL, ENC, and KMC as needed;
3. Contribute to the improvement of national health strategies that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions;
4. Increase access to AMTSL by facilitating the introduction of oxytocin in the Uniject device at national scale;
5. Contribute to the Organization of Islamic Conferences framework in Mali through the development of a communication initiative addressing religious leaders support for maternal and newborn health and family planning.

The dedicated project team in Mali (please see Annex A for MCHIP/Mali Staff List) with staff based in both Bamako and in the region of Kayes, works to achieve these objectives by providing technical support to the Ministry of Health (MOH) at national, regional, and district levels and through close collaboration with local implementing partners in Kita and Diema.

The project impact area is an extremely difficult work environment and has posed several challenges for the MCHIP/Mali team. These challenges include a large geographic area with poor transportation infrastructure and limited access; the two referral health centers in Kita and Diema are very old and poor in terms of space; many of the community health centers are more than one day's travel distance from the referral health center (particularly in Kita); and a partners coordination mechanism is not currently functional. Despite these challenges, the MCHIP team has made significant progress in moving forward activities and in addressing some of these issues from the beginning of the project.

This report highlights the progress made by MCHIP/Mali in FY10 from September 2010 to September 2011 including program development and implementation beginning in July-August 2010. **The first quarter** of the project (October – December) was dedicated to defining the geographic project impact areas, introducing MCHIP to the various partners and stakeholders in the Kayes region, developing partnerships in order to complement reinforce and expand ongoing efforts at the national, regional and district levels, and the finalization of the detailed project activity plan and implementation strategies. **The second quarter** (January – March) focused on recruitment, establishing a cohesive, motivated and effective team at country level, coordinating with USAID funded projects and partners to ensure complementarities, and the implementation of startup activities. **The third quarter** (April-June) has been very productive with the beginning of activity implementation in the field in close collaboration with partners. With the approval of the project workplan by USAID Mali in May 2010 due to internal changes at USAID/Mali, the project has been able to share the final document with partners and plan activities in synergy with implementing partners. **The fourth quarter** (July-September) has been dedicated to completing trainings,

initiating supervision, conducting follow up visits, and seeking solutions for issues regarding commodities and supplies for ASCs. The year's accomplishments are described by objective and activity in the requested reporting format.

MCHIP/ Mali: Annual Report on Progress against the Work Plan
(October 2010 to September 2011)

| Summary Plan of Activities for the Year by Program Elements | Status of Implementation | Update at 6 months | Update at End of Year |
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| Objective 1. Support the Government of Mali and partners in the roll-out of the national integrated community-based care package (SEC) that will increase access to quality management of childhood illnesses (diarrhea, pneumonia, malaria, acute malnutrition), post-partum family planning, and essential newborn care, in the districts of Kita and Diema | | | |
| Activity 1. Identify sites and ASCs for the introduction of the SEC in Kita and Diema and develop implementation plan | Completed | In collaboration with UNICEF and the Regional Direction of Health in Kayes, the project team has facilitated the development of SEC implementation plans for Kita and Diema. MCHIP has actively participated into SEC launching workshop in Kayes. Number of ASCs to be set up in the two districts are 100 (78 for Kita and 22 for Diema) | 100 sites for SEC introduction have been identified and a detailed implementation plan for the region has been developed in collaboration with UNICEF and RDH of Kayes |
| Activity2: Participate in advocacy at community level for the implementation of ASC strategy (approches communautaires) | Completed | a technical meeting with key partners for SEC implementation has been organized in Kayes with the participation of Kita and Diema dsitricks representatives to prepare the messages for communiuty approaches and set a plan for the organization of these meetings under the leadership of local authorities. | 2 advocacy meetings have been conducted in Kita and Diema (1 per district) and community meetings (1 per village) have been organized in all 38 sites in order to get community support for ASCs start up. |

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| <p>Activity 3. In collaboration with UNICEF and other district partners conduct training of ASCs on PFFP and FP as part of PAC for the selected sites</p> | <p>In Progress</p> | <p>As the process for ASCs implementation is funded by UNICEF in Kayes, this activity has been delayed to April-June in order to mobilize resources</p> | <p>2 training sessions have been conducted (1 Kita; 1 Diema) thus far. In Kita, 21 of 72 ASCs have been trained and in Diema, 17 of 28 ASCs have been trained for a total of 38 of 100 ASCs. In July and August, 2 training sessions of 51 ASCs have been organized in Kita in order to complete the number of ASCs planned (78) for the district. 2 Follow up visits took place after the training and the others are planning for the first quarter of FY12. Because of the Cholera outbreak in Diema the last session for this district has been done in October. The project will continue support the training of new upcoming ASCs for Kita in FY12</p> |
| <p>Activity 4. In collaboration with UNICEF, UNFPA, and other partners, ensure the availability of essential equipment, commodities, and supplies for the provision of the SEC in Kita and Diema.</p> | <p>In Progress</p> | <p>As the process for ASCs implementation is funded by UNICEF in Kayes, this activity has been delayed to April-June in order to mobilize resources</p> | <p>During the start-up process, essential equipment, commodities and supplies have been provided to each ASC by UNICEF. MCHIP has paid for the transportation of equipment and commodities from district to ASC sites. Complementary equipments, commodities and supplies need to be provided to ASCs and the process is in progress. The MCHIP team has met with the representative of the Spanish project in Kita in order to find out the solution for the provision of contraceptives to ASCs in Kita. MCHIP could receive implants from the Spanish project as they are providing only long acting methods, for the others contraceptives the project need to procure through USAID system. MCHIP has worked with SPS to determine the needs and sent them to USAID procurement responsible.</p> |

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| <p>Activity 5. Build capacity of district health team to implement, manage, and monitor the integrated essential community care package (SEC)</p> | <p>In Progress</p> | <p>The project team has organized an orientation meeting with the two DHTs to reinforce the guidelines provided during the regional meeting in Kayes for SEC implementation.</p> | <p>2 training sessions per district have been organized by MCHIP, UNICEF and the Regional Directorate of Kayes for the district health teams in Kita and Diema. Qtr 3 activities completed however capacity building support will be ongoing. A training session (1 per district) on monitoring tools has been organized with the district health team in Kita and Diema. 17/21 ASCs has been supervised in Kita and in Diema 10/17. Partners (RHMT, UNICEF, ATN+) have been invited to join the supervision visits but only the RHMT has participated, UNICEF and ATN+ were not available during the activities.</p> |
| <p>Objective 2. Support the implementation of an integrated package of evidence-based interventions at the facility level in Kita and Diema, with a technical focus on PFP and FP as a part of PAC services, and as needed in AMTSL, ENC, and KMC</p> | | | |
| <p>Activity 1. Conduct detailed mapping of CSRef training needs in Kita and Diema</p> | <p>Completed</p> | <p>The project team has worked with DHTs to finalize training needs and discussed with partners for training implementation in each district</p> | <p>The project team developed a planning/mapping tool which determined the number of skilled providers, matrons and ASCs to be trained in Kita and Diema.</p> |
| <p>Activity 2. Conduct baseline assessment for identified facilities</p> | <p>Completed</p> | <p>The project team has collected available data from HMIS in Kita and Diema as well as Regional level. A HFA will be conducted next quarter to finalize the district mapping process</p> | <p>A baseline survey was conducted in 20 health zones (10 per district) and at the 2 CSREFs in Kita and Diema.</p> |
| <p>Activity 3. In coordination with partners, ensure availability of essential equipment, commodities, and supplies for PFP</p> | <p>In Progress</p> | <p>The project team has participated in TAC meetings and has worked closely with SPS to develop the supplies and commodities needs for Kita and Diema. In addition to that the oxytocin in Uniject needs for all 35 USAID funded districts has been developed with ATN+,PKCII and SPS</p> | <p>2 supervision visits have been organized by the project team in Kita and Diema. These visits have been used to evaluate commodities and supplies provision per health center. During the visits there were no stocks out of FP commodities in the centers visited as the district received the supplies and commodities at the same period but some equipments were missing or not functioning.</p> |

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| Activity 4. Organize a planning Workshop in Kayes for the development of training plans in Kita and Diema | Completed | In collaboration with Kayes Regional Direction of Health the project has organized a workshop with Kita and Diema DHTs in order to develop training plans for 2011 | |
| Activity 5. Revise/adapt training materials for identified gap areas (specific to PFP and FP in PAC) and vet/field test them through TOT with identified regional trainers | Completed | A workshop has been organized in Kayes to revise/adapt existing training packages of MoH related to MCHIP work (SEC, SENN, FP, PFP, GATPA). At the end of the workshop a small working group has been set up for the finalization of the training materials with TA from MCHIP | Training modules for the facility based package have been finalized and tested during a training of trainers in Kita with technical assistance from HQ. 21 trainers participated in the ToT. |
| Activity 6: Provide technical and Financial support to the coordination meeting of partners operating in Kayes especially in Kita and Diema | In Progress | The project team has fully participated in the planning process at district and regional level to present FY11 activities and discuss possible 2012 activities based on the existing workplan. | Only one meeting took place this year because of the non availability of RHMT and partners due to unplanned activities and lack of coordination with national level activities by the region. The next meeting will be in the first quarter of year 2. and will focus on HMIS revision as well as ASC implementation process in the region. |
| Activity 7 Work with regional and district health teams to harmonize M&E tools used at the facility level | In Progress | | The MCHIP M&E officer worked with the Kayes Regional HMIS manager to identify project indicators that currently exist in the HMIS tools and additional indicators that should be collected under the PMP of the project. They have developed a draft of tools and a terms of reference for an M&E harmonization workshop which was hold in July with a participation of districts and regional HMIS responsables. Harmonized tools have been validated at regional level and will be introduced in year 2 in the two districts. |

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| <p>Activity 8. In coordination with other partners, organize trainings for PFP, FP as part of PAC, and as needed AMTSL, ENC, and KMC for health facility staff in Kita and Diema</p> | <p>In Progress</p> | <p>3 training sessions have been organized in Kita with 21 skilled providers and 44 matrons. In Diema, 1 training session has been held with 25 skilled providers. 3 additional sessions will be conducted in July and August.</p> | <p>3 training sessions on the facility integrated package have been organized in Diema. 66 services providers have been trained by the project and 2 follow up visits took place 4 weeks after the trainings. The others visits are planning from October.</p> |
| <p>Activity 9. Support staff at CSRef and CSCom levels in conducting supportive supervision visits</p> | <p>In Progress</p> | | <p>During the 2 supervision visits organized by the project team and the RHMT of Kayes commodities and supplies provision per health center has been evaluated.</p> |
| <p>Activity 10. Ensure ongoing monitoring and documentation of integrated package implementation process to enable national level learning</p> | <p>In Progress</p> | | <p>An internal training session has been organized by the project team with HQ support in order to define the type of documentation to be produced for reporting and lessons learning and dissemination of information. The project M&E manager and the COP have been designated to facilitate and coordinate this process internally and with partners.</p> |
| <p>Activity 11. Establish 2 KMC Units (1 at each CSRef in Kita and Diema)</p> | <p>In Progress</p> | <p>2 visits have been conducted by the project team to identify needs and assess KMC unit implementation process. District assessment will follow in July and August in order to decide the implementation of the Unit per district.</p> | <p>After the need assessment activity in Kita and Diema, it has been found that there is no availability of rooms at the District referral health center which can be used to implement the KMC units. Therefore there is a possibility in Kita because of the construction on the new building of district referral health center but in Diema the activity need to be change into ambulatory KMC if possible.</p> |
| <p>Activity 12. Implement program learning for PFP agenda in selected sites: "Demonstration of safety, acceptability, and feasibility of matrons providing implants at CSComs"</p> | <p>In Progress</p> | <p>With the technical assistance of HQ, a draft study protocol has been developed in collaboration the with Kayes and Diema teams. The next steps will be the approval process with USAID/Mali and the MoH.</p> | <p>With HQ support , the IRB process is ongoing and the indicators for this study have been defined and agreed at facility and community levels. A possible change will happen depending on the MoH decision to directly implement and scale up the provision of implants by matrons related to the exchange visit in Kenya and Ethiopia organized by USAID Mali.</p> |

| Objective 3. Contribute to the improvement of national health strategies that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions | | | |
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| <p>Activity 1. Participate in the review and revision of training materials (including training modules, job aids, etc) for the integrated community-based care package (SEC).</p> | <p>In Progress</p> | <p>The project staff has anticipated a regional review of the training document in Kayes in order to include PFPP into the document to be tested in Kita and Diema. The project team has participated in several meetings on this issue with partners at regional level</p> | <p>The project has provided technical assistance to finalize the SEC training materials and to conduct the training of trainers at national level. A national testing workshop of monitoring and supervision tools took place in Selingue with the technical assistance of MCHIP HQ and the National Direction of Health (Planning UNIT). The final version of these tools will be validated by the Ad hoc committee at national level. In addition to that, the monthly reporting document for ASCs has been developed. The project will continue providing TA and support to the process as needed.</p> |
| <p>Activity 2. Provide technical assistance to the review and revision, as necessary, to national protocols for facility-based PPFP, and for AMTSL and ENC as appropriate</p> | <p>Completed</p> | | <p>The project FP/MH advisor has provided technical assistance to the development of training materials on postpartum IUD. This was a national workshop organized by DRH with financial support of PSI.</p> |

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| <p>Activity 3. Based on district level experience, participate in national level discussions around availability of essential equipment, commodities, and supplies.</p> | <p>In Progress</p> | | <p>2 meetings have been organized with partners at the national level to discuss challenges encountered with equipment, commodities and supplies, especially for ASCs. UNICEF will provide the initial stock and the others partners will contribute as much as possible. 2 meetings have been organized with the National Malaria Control Program (PNLP) to discuss and ensure the availability of ACTs and RDTs. In addition to that there were two meetings organized by NDH and the Group Ad hoc to define the strategy of availability and provision of supplies and commodities for ASCs with partners involve in ASC implementation strategy. With UNICEF the project team has organized two meetings focused on commodities, supplies and monitoring tools provision to trained ASCs in Kita and Diema. To facilitate all this process the MCHIP CCM advisor has informally and regularly contacted all partners and MoH to coordinate implementation activities for the progress of the ASCs strategy in Kayes .</p> |
| <p>Activity 4. Based on district level experiences, participate in national level HMIS discussions.</p> | <p>In Progress</p> | | <p>Internal revision process is in progress at MoH and the HMIS unit planned to involve partners through a national workshop and working groups per thematics. The project team will participate in each of these activities as well.</p> |

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| <p>Activity 5. Support the RHFP National WG to prioritize and promote PFPF</p> | <p>In Progress</p> | <p>The project team has participated in all RHFP meetings and will continue to do so.</p> | <p>With the assistance of MCHIP, PFPF promotion has been integrated into the RHFP National WG scope of work as a priority for this year. Q3 activity achieved therefore the TA to the national WG will continue. As a results of MCHIP advocacy with partners, PFPF has been considered as a priority for the campaign in Kita and Diema. During the launch in Kayes LAM has been promoted. A national dissemination workshop on the FP campaign results for 2011 took place. MCHIP contribution has been added into Kayes results.</p> |
| <p>Activity 6. Set up national level technical advisory committee to support PFPF learning agenda</p> | <p>In Progress</p> | | |
| <p>Objective 4. Increase access to AMTSL by facilitating the introduction of oxytocin in the Uniject device at national scale</p> | | | |
| <p>Activity 1. Identify and initiate process to register oxytocin in Uniject</p> | <p>In Progress</p> | <p>The project team has worked closely with DPM to facilitate the registration process of oxytocin Uniject. With support from MCHIP HQ, the project has collected all needed documentation as well as 30 samples for the registration committee in Mali</p> | <p>All required documents related to the registration of oxytocin-Uniject have been provided to the National Directorate of Drugs. Oxytocin samples have also been provided. The project team is waiting for the next national committee meeting for the approval (expected to be before the end of September). The project team has requested the assistance of PATH at HQ in order to have the laboratory expert to visit the country and facilitate this process. 2 conferences calls have been organized with PATH and MCHIP Mali technical team to clarify the role and responsibility of the project vis a vis registration and laws recommendations.</p> |

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| <p>Activity 2. Work with the MOH to develop a plan for introduction and related logistics</p> | <p>In Progress</p> | <p>This would be postponed to next quarter as the coordination of this process is not defined at MoH. The project will be developing an advocacy strategy with Intrahealth and ATN+ to facilitate the discussions with MoH</p> | <p>In collaboration with SPS and other USAID funded projects (ATN+. Intrahealth) involved in AMSTL, the project team has developed a draft report with estimate for oxytocin needs per facility for all districts in Mali from 2011 to 2013. This report has been shared with USAID.</p> |
| <p>Objective 5. Support Organization of Islamic Conference framework in Mali through the development of a communication initiative addressing religious leaders and Muslim communities support for maternal and newborn health and family planning in Kayes (Kita and Diema)</p> | | | |
| <p>Activity 1. Participate in repositioning MNH/FP health services campaign in Kayes, Diema and Kita</p> | <p>Completed</p> | <p>The project team has participated in all meetings related to the campaign preparation and has developed actions plans for Kayes, Kita and Diema in collaboration with regional and districts teams</p> | <p>A regional launch (high level meeting) for a FP campaign was held in Kayes with regional authorities and partners. A public radio program with youth and women groups was completed during the month of this FP campaign. After the regional launch, two district launches also took place in Kita and Diema.</p> |
| <p>Activity 2. Organize advocacy days focused on HTSP and PFP for the reduction of maternal and infant mortality at the regional level with partners</p> | <p>Completed</p> | <p>To be able to emphasis PFP promotion and introduce HTSP concept, the project has initiated discussions at regional level for the organization of 2 advocacy days during the FP national campaign in Kayes and Diema</p> | <p>3 advocacy days on HTSP have been organized during the launch of the FP campaign in Kayes, Kita and Diema. More than 300 people have been mobilized and exposed to HTSP messages as well as FP/PFP messages. The next quarter will be focus on HTSP promotion through services provision in Kita and Diema. Communication materials and messages will be develop to ensure this promotion.</p> |

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| <p>Activity 3. Work with partners to adapt FP advocacy tools with focus on PPF (rapidWomen model)</p> | <p>Completed</p> | <p>This activity is planned with TA from HPP Mali colleagues, because of their planning process of the new phase of their project we have decided to reschedule it for April</p> | <p>After the national TOT on Rapid Women, the Project team worked with the HPP team to prepare a session for Kayes including developing the agenda, TOR and documentation to be distributed. A regional workshop has been organized by the RHMT and the project to orient the audience on FP/HTSP benefits and contribution to the reduction of maternal and newborn mortalities. How to improve the services for women and girls and promote women-girls centred activities related to health and education. This workshop has been facilitated by HPP project and the national focal point for OIC in Mali. The tool presented will be use at local level trough community fora to continue advocacy activities as planned by the project in FY12.</p> |
| <p>Others Project Activities (Project Start up, Meetings and Workshops)</p> | | | |
| <p>Recruitment of key project staff</p> | <p>Completed</p> | <p>The project Chief of Party, 3 Advisors (1 Maternal Health/FP; 1 Child Survival/Community; 1 Newborn Health). An M&E Officer and Program Specialist are in the process of being hired. All are based in Bamako</p> | |
| <p>Definition of project management leadership in Mali</p> | <p>Completed</p> | <p>Save the Children Sahel Country Office has been identified as project management leadership in Mali</p> | |
| <p>Revision of MCHIP work plan (GHI, OIC)</p> | <p>Completed</p> | <p>As Mali has been identified as GHI plus country as well as OIC country, MCHIP workplan has been revised to introduce GHI plus and OIC priorities. A learning agenda on PPF is in development to respond to this need.</p> | |

| | | | |
|--|-----------|---|--|
| Participation at OIC launching workshop in Mali | Completed | MCHIP was present at this meeting | |
| Project introduction to Ministry of Health (DNS, DSR, DPM, DN, Unite, DRS Kayes, CSREF Kita and Diema) | Completed | Under the leadership of USAID Mali, the project has been presented to the National Director of Health and the heads of key divisions working in partnership with the project. A trip was organized to Kayes, Kita and Diema for this purpose with USAID Mali. | |
| Project introduction to USAID partners (ATN+, PKCII, PSI, SPS, HCI) | Completed | Through different meetings organized by USAID Mali the project has been introduced to other USAID funded projects. In addition to that, an official letter has been sent to each of them to formalize the introduction | |
| Project introduction to others non USAID funded partners (UNICEF, Projet Espagnol, Cooperation Canadienne, AMPPF) | Completed | The project has sent an official letter to each key partner working in the same districts as well as at regional level in Kayes. During the trip to Kayes the project team met with representatives of each to ensure better coordination and complementarity during implementation | |
| Districts planning and needs assessment at national and regional level | Completed | With technical assistance of MCHIP HQ, a district level needs assessment was conducted to seek a better understanding of districts situation and priorities to be included in project workplan. At national level efforts have been concentrated in developing clear partnership regarding MCHIP possible contribution at this level. | |

| | | | |
|--|-----------|--|--|
| Finalization of field staff recruitment | Completed | MCHIP Regional and districts coordinators based in Kayes, Kita and Diema have been recruited and positioned on site | |
| Partnership development meetings | Completed | In order to clarify MCHIP contribution at country level, MCHIP Mali with support from HQ has initiated a partnership development process to help each of them better understand how MCHIP will be complementary to them in Kayes, Kita and Diema. MCHIP Mali has created a partnership tool that has been used to summarize activities and define roles and responsibilities per level. This process will continue next quarter and the final document will be presented to USAID. | The project team has developed a consensus workplan with HPP and HCI and have shared a draft with USAID. The process will continue for FY12. |
| Participation into Regional and district planning meetings (districts management meetings, pre CROCEPS and CROCEPS) | Completed | MCHIP 2011 activities have been presented and finalized. 2012 activities have been included into districts plans in Kita and Diema | |
| iCCM focal points meetings for follow up and coordination | Completed | | 4 coordination and follow up meetings have been organized by MCHIP in order to discuss and resolve challenges that are being faced with the implementation of SEC in Kayes and Sikasso. Key points of discussions were recruitment of ASCs, training process, commodities, supplies and equipments situation, and supervision 1 month after the training. These issues, as well as the salary issue remain key challenges. MoH and partners are continuing to seek solutions and it is anticipated that progress will be made by the end of the year.. |

| | | | |
|---|-----------|--|--|
| USAID and Embassy Country Meetings | Completed | | MCHIP COP and Advisors are participating regularly in these meetings where the project can talk about progress and challenges and share more information and documentation with USAID and Embassy staff |
| Project monitoring meetings and planning for the next period | Completed | | 1 meeting per month is organized in order to monitor the progress, discuss upcoming activities, identify challenges and seek solutions. The project management process is also reviewed and improved as needed. These meetings are internal to MCHIP Bamako and Kayes staff. |
| Training of "Champions" at national level on Rapid Women tool with Health Policy Project | Completed | | 2 persons from MCHIP have participated at this session to facilitate the development of FP/PPFP messages and integrate MCHIP messages into the tool. |
| GHI orientation meeting at USAID | Completed | | 2 persons from MCHIP have participated at this meeting organized by USAID to orient partners on GHI strategy, define roles and responsibilities of each of them and identify next steps for implementation at country level. |
| Districts monitoring and strategic planning sessions with partners | Completed | | These are the planning meetings organized by the Regional Directorate of Health to develop an implementation plan for each district as recommended by PRODESS tools. The MCHIP team in Kayes has participated in these meetings to integrate MCHIP activities into district's plan and to present the project to other local partners. |
| Coordination and planning meeting with Health Care Improvement project team on activities in Kita and Diema | Completed | | The project team has worked with HCI team to develop a common workplan where MCHIP and HCI will co-facilitate and co-share technical and financial assistance to districts to strengthen the quality of care in the health centers. |

| | | | |
|---|-----------|--|--|
| Participation at iCCM workshop in Dakar | Completed | | MCHIP COP has participated in the iCCM workshop in Dakar. |
| Participation at the reproductive health working group meeting related to PRODESS III strategies and activities development | Completed | | MCHIP participated in 3 subgroups meetings on RH, FP and Health system strengthening |
| Participation at the national TOT workshop on SEC implementation in Segou | Completed | | MCHIP has been represented by the two advisors of CCM and NBH. |
| Organization of project monitoring meetings per month | Completed | | 1 regional monitoring meeting has been organized with Kayes team and 1 national meeting with the whole team also has been organized to see progress and plan for the next quarter (1 meeting per month). This was completed for year one but will continue in year 2. |
| Participation in USAID AOTR meetings for MCHIP | Completed | | 4 AOTR meetings have been organized with USAID team in order to discuss the project progress and provide recommendations for the improvement of activities. In addition to that the project has participated in all requested meetings organized by USAID where MCHIP was invited. This was completed for year one but will continue in year 2. |
| Development and review of behavior change and communications materials for the integrated package at facility and community level | Completed | | The project team with technical support of the national center for BCC (CNIECS) has organized a workshop in Kayes with partners to develop and review all existing communications materials for the integrated package at both level in order to complete the set of messages related to AMSTL, ENC, SEC and PFP/SAA. The developed guide of messages will be validated in FY12 and the production of selected materials will take place in order to start with BCC activities. |

| | | | |
|---|-----------|--|--|
| Community mobilization meetings for SEC implementation in Kita | Completed | | 24/51 meetings has been organized per community/village to strengthen the coordination and appropriation process of the implementation of SEC in Kita. ATN+ coordinator in Kayes has been invited to join the activities |
| Field visit of OIC/ Fiqh Academy delegation in Mali | Completed | | MCHIP and HPP have facilitated the visit of OIC/ Fiqh Academy delegation in Mali to see the progress made with OIC actions. The visit took place in Kita and Bamako with the support of the national focal point nominated by DRH. |
| Participation at Cholera outbreak management meetings at regional level | Completed | | MCHIP regional coordinator has represented the project at cholera outbreak management meeting for Diema. A report has been shared with USAID. In Diema MCHIP district coordinator has provided assistance for the event and has ensured cases management with others partners at local level |
| Participation at the preparatory meetings for EMONC review in Mali | Completed | | MCHIP has participated in this meeting as technical support for the review of the final evaluation of EMONC terms of references, planning schedule and resources definition to conduct this evaluation at national level. |

PROJECT ACTIVITIES

1. Facility based integrated package implementation process (FBIP)

In order to facilitate the development and implementation of facility based integrated package, MCHIP has initiated a need assessment to explore existing materials for each component of this package. Knowing that these areas have been introduced at country level by different partners like Save the Children, ATN plus, HCI in partnership with Ministry of Health, MCHIP has organized a meeting with each of them in order to discuss MCHIP mandate and collect needed information and documentation that could be the platform to build on. So at national level, activities started with the review of existing training, supervision and monitoring materials on AMTSL, ENC, FP/PPFP and PAC. After the review, the project has organized a workshop to develop/adapt training materials for services providers and ASCs. This workshop has included partners like ATN plus, PKCII, AMPPF, UNICEF, the Spanish project and National and regional representative of MoH. The draft of the integrated module was tested during the first training session for skilled providers in Kita with the participation of partners (ATN plus, DRS Kayes). This testing has been facilitated by MCHIP FP/MNH HQ team.



Figure 1 Training participation certificate delivery Figure 2: Practice session at the maternity

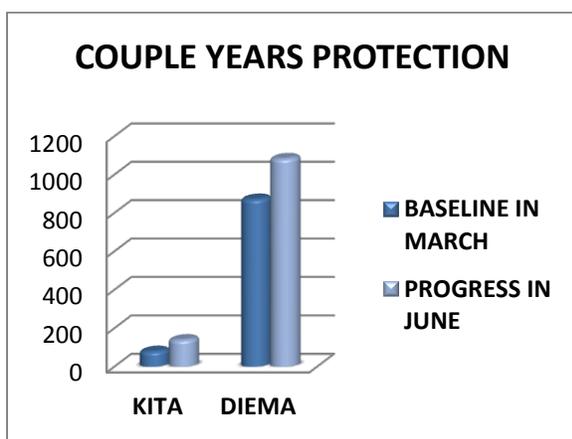
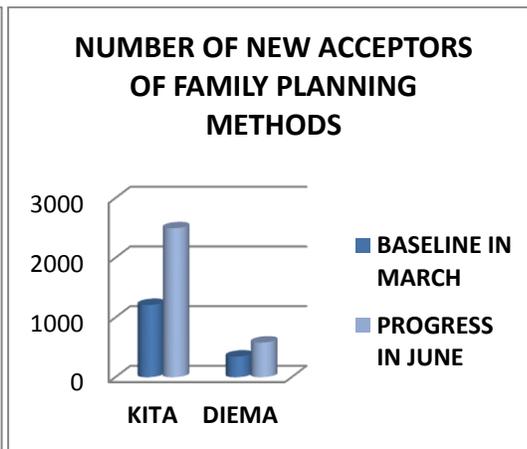
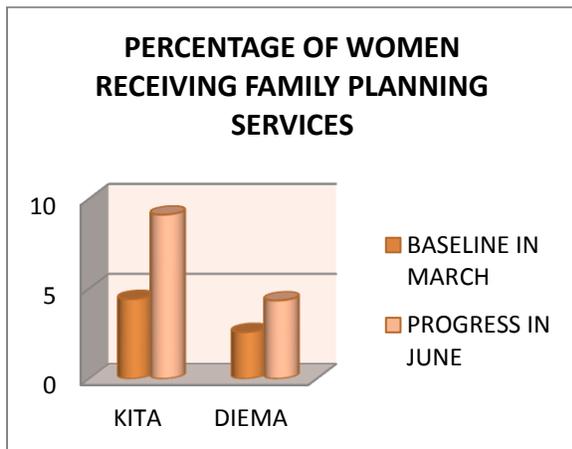
Along the development of the training modules, the training strategy has been discussed and defined by regional MoH team and partners in order to maximize resources and use existing partnership to achieve these activities. For example ATN plus team has provided technical assistance for the TOT by facilitating AMTSL sessions for providers. In the two districts and at regional level 150 services providers have been trained (see table 1 below).

| Type of providers | Kita | Diema |
|-------------------|-----------|-----------|
| Doctors | 8 | 12 |
| Midwife | 6 | 6 |
| Obstetric nurses' | 14 | 11 |
| Nurses | 14 | 20 |
| Matrons | 27 | 46 |
| Total | 55 | 95 |

The implementation of the facility based package has been supported by some advocacy activities conducted to introduce the new concept of PFP and HTSP at different level of the system. For example, a presentation on PFP and HTSP made by MCHIP during the International Midwives Day at national level, MCHIP technical and financial support to the national campaign to repositioning family planning in Kayes, Kita and Diema during which the project has played an important role by informing and disseminating key messages on PFP/PEIGS to more than 300 people in targeted areas.

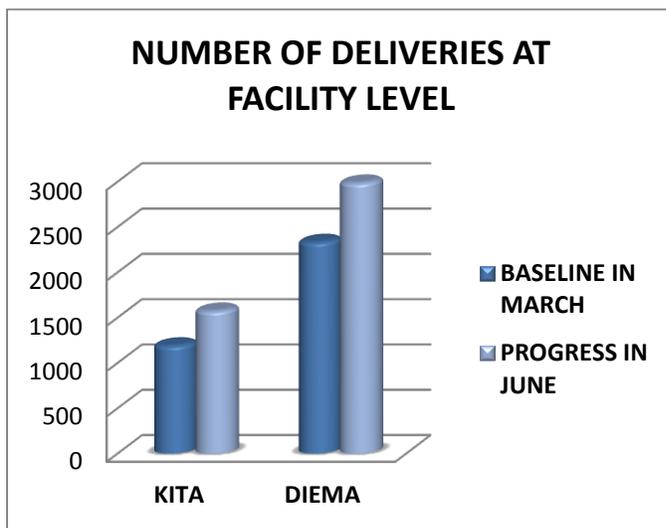
Concerning FP policy and legislative procedures activities, during this year, MCHIP staff through the follow up visit of providers has supervised FP activities in the MCHIP supported facilities to ensure that there were no violations of the FP policy and legislative procedures. Also all trainings undertaken ensured that the FP Policy and legislative procedures were taught.

Looking at progress made by the project in terms of family planning activities comparing health facility assessment survey (baseline survey) results and data collected after the first training sessions of facility based integrated package through existing health information system, we can notice an increase of uptake of FP services in both districts. Figures below are illustrating progress:



The implementation of the training activities on facility based integrated package including AMSTL has also increased the number of deliveries at facility level especially in CSCOMs as the majority of deliveries occurred at CSCOMs level instead of CSREF. With the new skills on AMSTL, matrons are more confident on their work and motivated to use these skills to get more women delivered at the CSCOMs. One matron in Kita after the training has declared: *“I have heard about the benefit of this practice when I traveled to visit my family in Bamako, so if through this project we get a chance to be train on the same like Bamako health staff, this is a huge contribution to our work and I am sure we will have more women coming at the CSCOM for delivery as they also know the benefit. I personally will be starting with sensitization activities in my CSCOM for pregnant women letting them know that we also have this capacity here in Kita”.*

To illustrate the progress with the increase of the number of deliveries at facility level (CSCOMs), below is the figure from the project data:



2. Community based package implementation process (SEC)

Since the national forum hold in March 2009, on improving access to care and quality services at the community level, the National Directorate of Health (NDH) in collaboration with all partners began the process of developing tools for implementing SEC.

In February 2010, in order to facilitate the coordination of this strategy at national level, the Ministry of health and his partners agreed to create a coordination team called “Groupe Ad Hoc”. This group is composed by representative of each key departments of MoH and financial and technical partners involve into this process. Under the leadership of the Planning Unit of MoH responsible for coordinating the implementation of SEC, the terms of references for the “Groupe Ad’Hoc” has been developed. In this line a guide defining the modalities and criteria of SEC strategy implementation was developed and validated by a national coordination team.

In December 2010, according to the principles of the guide, advocacy workshops were held in 5 regions considered as priority to start the implementation. During the advocacy workshop, different partners have committed to provide technical and financial support to the Ministry of Health for this strategy. UNICEF and MCHIP have decided to start with two districts in Kayes in collaboration with the Regional Direction of Health, district teams and local implementation partners.

Following that, a planning workshop with all partners (Regional Direction of Social Development and Solidarity, Regional Direction of Woman Welfare, UNICEF, USAID/ATN Plus, USAID/PKCII, Spanish project, AMPPF) in the region has been organized by the project team under the leadership of the Planning Unit and Kayes Regional Direction of Health in March 2011. During this workshop, activities to be carried out per level have been defined with the responsible and the timeline for implementation has been established. A regional coordination group similar to the national one has been established.

In order to strengthen synergy and resources availability partners committed to this strategy has established a working group (Points focaux) to harmonize interventions and facilitate coordination. Because MCHIP has played a catalytic role to support this working group, the project is actually the secretariat for this working group. The partners involve in the working group are: UNICEF, Save the Children, ATN plus, PKC II, Plan Mali, SPS. The upcoming new partners are PSI, UNFPA, WHO, AGA KHAN Foundation, World Bank, Canadian CIDA, Belgian Cooperation, WFP, World Vision.

After several workshops to develop training tools for SEC, the project supported the finalization, organization and testing of tools in Sélingué with the participation of all members of “Groupe Ad’Hoc”.

The project has used several strategies to ensure the quality of SEC implementation in Kita and Diema. Among these strategies, the project has initiated community mobilization activities by organizing community meetings in each ASC sites in order to get the support from community members to the strategy.



Photos of Advocacy meetings with local authorities and districts representatives, May 2011

In addition to that the project has estimated supplies and commodities needs for the implementation of SEC with technical assistance from SPS for each district and all 35 USAID supported district at country level. The project has also facilitated the transportation of part of commodities and supplies from the district level to the ASC sites. Therefore, the implementation process has been challenging by several issues that has affected the project performance. Among these issues there are:

- Non availability of some supplies and commodities to be provided to ASCs by others partners (UNICEF) such as ACT, contraceptives, cough suppressants, equipments (scales, thermometers etc.).
- Delay in the validation of monitoring and supervision tools at national level
- Non availability of MoH partners at regional and district level due to specific and non planned activities such as immunization campaigns against polio, Neglected Tropical Diseases campaign, the cholera outbreak, etc.

Despite these constraints, the majority of planned activities for year one was implemented. See resume in table 2 below:

Table: Update on SEC implementation process in Mali

| Regions | Kayes | | | | Sikasso | | | | | Koulikoro | | Total |
|---|--|---|--|-------------------------|--------------------------------------|---------------------------|--|--|---------------------------|---------------------------|-----------------------|-------|
| Districts | Diéma | Kita | Bafoula be | Nioro | Bougouni | Kolondieba | Yanfolila | | Yorosso | Fana | Dioila | |
| PARTNERS Financing | USAID/ MCHIP Unicef | USAID/ MCHIP Unicef | Unicef | Unicef | SCF/CCM/ PMI Unicef | SCF/CCM/P MI Unicef | SCF/CCM/PMI Unicef | | SCF/CC M/PMI Unicef | Unicef | Unicef | |
| Districts | Diéma | Kita | Bafoul. | Nioro | Bougouni | Kolondie. | Yanf. | Selingue | Yorosso | | | |
| # of CSCOM | 22 | 35 | 28 | 22 | 34 | 18 | 15 | 7 | 12 | | | |
| ASC Sites planned | 28 | 72 | 64 | 10 | 143 | 86 | 35 | 18 | 37 | 75 | 113 | 1029 |
| ASC Sites realized | 12 | 21 | 28 | 10 | 78 | 51 | 35 | 18 | 37 | | | 432 |
| # of'ASC planned | 28 | 72 | 64 | 10 | 143 | 86 | 35 | 18 | 37 | 75 | 113 | 1029 |
| # of trainers per districts | 4 | 4 | 4 | 4 | 5 | 4 | 5 | 4 | 5 | | | 71 |
| # of supervisors /C PM | 14 | 31 | | 7 | | | | | | | | 52 |
| # of ASCs trained | 28 | 72 | 61 | 10 | 78 | 51 | 35 | 18 | 37 | 49 | 47 | 828 |
| Training Dates | 08 to 22/06/ 2011 05 to 20/10/2 011 | 18/05 to 02 /06 2011 and 26/09 to 10/10/2 011 | 18/05 to 02/06/ 2011 and 05 to 19/09/ 2011 | 08 to 22/06/ 2011 | 16-25/05 to 13- 27/06/ 2011 | 20/05 to 03/06/2011 | 10 – 20/04 and 26/05 to 09/06 / 2011 | 14- 30/04 and 13 – 22/05/ 2011 | 9- 23/06/ 2011 | 12- 27/0 9/20 11 | 12- 27/09/2 011 | |
| ASCs sites starting date | 24- june11 | 16- June11 | 13- June11 | July- 11 | May 2011 and 01/07/20 11 | June and 01/07/2011 | July 11 | May 11 | July 11 | | | |
| Follow up visits dates (V) | | | | | | | | | | | | |
| August | | V1. 4- 17. N17 | | | | | | | | | | |
| September | V1. 15- 23; N10 | | | | | | | V1. 13- 21; N9 | | | | |

3. Partnership Development

While one of the priorities of MCHIP in Mali was to build strong and effective partnership for the implementation of project activities, this year has been successful for that. USAID/ Mali has requested that MCHIP build on existing achievements from others USAID funded projects in terms of MNCH in the two districts where MCHIP is working. In order to meet this requirement, MCHIP has spent more than six month in discussing with partners to determine the role and responsibilities per level. The concerned USAID partners are ATN plus, PKCII, HPP, HCI, PSI and others non USAID funded are the Spanish project, Canadian CIDA, UNICEF, UNFPA, AMPPF. In order to maximize collaboration, MCHIP has developed a partnership chart with possible role for each of them and shared with all partners including USAID. During the implementation of activities MCHIP has always promoted the dialog with partners depending on the area of technical expertise and or financial capacity. To illustrate this, MCHIP and HPP has successfully developed a strong partnership by working closely together and organizing all activities related to the implementation of OIC work plan in Mali. HPP and MCHIP staff are representing each other during the meetings at MoH and the two projects partnership is an example of success recognize by MoH. The focal point of OIC at MoH declares that “MCHIP and HPP are like the same project because of the harmony between the two teams. If I need any information from MCHIP, I can easily ask HPP and vice versa, this is a kind of synergy we wanted to see among partners supporting us doing our work and with this harmony, the success is warranty. I urge others to learn lessons from these two projects.”



Women Rapid workshop in Kayes with Religious leaders facilitating by HPP

Another example of strong partnership is UNICEF/MCHIP support for SEC training in Kita and Diema. For these trainings, UNICEF has provided funding and MCHIP technical assistance and documentation. Lessons learned from Kayes implementation have been used by UNICEF to plan and support the training in others regions in the country (Segou, Koulikoro and Mopti).

4. Project monitoring and evaluation

M&E activities were focused on the elaboration of project PMP based on the key global indicators that should be informed by the project per component. To facilitate the documentation of progress, the project team has worked with technical assistance from HQ on developing tools (questionnaire, TOR, information letter to Kayes, Kita and Diema etc.) and conducting a facility baseline survey in the two districts. In addition to the facility baseline survey, there was a need to conduct also a population based survey which will be important to inform population knowledge's and behaviors for health outcomes and issues especially on family planning. The data coming from the two surveys will help the project design the communication strategy for health services providers and communities to promote healthy behaviors for mothers and families. Another key important activity in M&E was MCHIP technical contribution for the process of HMIS revision which started late this year at national level. MCHIP has anticipated the process by organizing working sessions with the Regional HMIS team (HMIS managers from Kayes, Kita and Diema) to determine the list of indicators to be promoted at national level in order to complete existing tools and standardize them. Others activities implemented are: the finalization of the population based report; the review of tools developed with Kayes regional team in order to define the strategy to introduce these tools in Kita and Diema; the participation of the M&E manager to the national workshop for the finalization of SEC supervision and monitoring tools; the revision of indicators for the matron study, and data collection using the local HMIS to inform the PMP results. The baseline (facility and population based surveys) results will be presented to partners in the first quarter of FY12.

5. Challenges and Opportunities

Challenges

- ***MCHIP Mali work plan development process:*** New initiatives at the global level (Global Health Initiative, BEST Strategy, Organization of Islamic Conference) which indicate Mali as a priority country, have lead to revisions of the USAID/Mali health strategy. In order to ensure MCHIP Mali can contribute to demonstrated results linked to these initiatives, MCHIP revised the work plan to include additional activities which was difficult to achieve without additional resources.
- ***Partnership coordination for the implementation of activities in Kayes:*** The two target districts identified for MCHIP have been challenging in terms of coordinating the various roles of partners exacerbated by the recent staff turn-over in the Regional MOH team in Kayes. Many partners (both USAID and non USAID funded) have been operating in these two districts, as well as in the Kayes region, for a long time, however a functional coordination mechanism facilitate complementarities is missing.

- **Expectations of MCHIP contribution relative to funding level:** The Ministry of Health through the Regional Direction of Health in Kayes is expecting MCHIP to support new initiatives regarding the improvement of maternal and child health activities in Kayes. During the needs assessment visits in Kayes, Kita and Diema, regional and district health teams have requested MCHIP support for equipment, supplies, funding for integrated supervision, training of relais and TBAs through SEC strategy etc. Currently, MCHIP does not have the funding to support these requests. There are other expectations of MCHIP at the national level (technical assistance to SEC implementation for example) which will be difficult to achieve with actual level of funding and role defined for MCHIP.
- **Coordination of SEC implementation at national level:** resources mobilization to execute activities; the provision of supplies, commodities and equipments to ASCs in Kita and Diema; delay in the organization of national workshop to finalize supervision and monitoring tools ; the recruitment of ASCs at district level: there is a lack of candidate to fill the require position for the two districts
- **Training needs for Kita and Diema:** The project has faced a big challenge for the training needs as in Kita and Diema the number provided by the districts teams during the need assessment was highly below the number of staff to be trained in the two districts. Kita and Diema have both a high number of rural maternities and secondary health zones which are not part of the formal system and need to be included into project activities in order to improve the quality of services provided for mothers and children in these maternities. In addition to planned training sessions, the project has organized more training sessions to cover all these matrons with the facility based package modules.
- **Completion of training sessions** planned for ASCs and skilled providers in Kita and Diema due to unplanned activities (national immunization days, cholera outbreak, NTD campaign)
- **Partial coverage of SEC strategy** due to limited funding (training of relais and TBAs, training of supervisors on SEC tools)

Opportunities

- New partners interest to support the implementation of SEC strategy at the country level
- The recognize need for coordination and technical support to the Planning Unit
- Global initiatives covering the country (GHI, PMI etc.)

Annex1

Success Stories - MCHIP Mali

MCHIP innovative training approaches for CSCOMs (Community Health Centers) staff members in Kita



Counseling in PPFp practice:
roleplay during training

Modibo Coulibaly is the head of the CSCOM in Niagane, a town in the Kita district. He is a nurse with over 5 years of experience working in the area. When he became the Health Center's director, he was encouraged to participate in trainings on various topics, such as FP, Immunization, HMIS, yet without any "personal satisfaction".

When he was invited to participate in an MCHIP

training, he resolved himself to the idea that this was yet another routine training, without any new tangible knowledge or skills. He was happily surprised by what he saw. During the program, he observed that MCHIP was using an innovative approach for the training, combining theoretical and practical courses with an emphasis on practice in the local context. His enthusiasm grew. He appreciated the feedback sessions, and the fact that, though the trainings were in French, many of the explanations were in the local language, especially concerning PPFp and HTSP. By the end of the program, he was one of the participants with the highest improvement rates.

When he returned from the training, he initiated a meeting with his ASACO peers to inform them that he planned to train others CSCOMs staff members on important health areas. He also organized an advocacy day with local authorities, religious leaders, community members and women leaders, asking them to help promote PPFp and HTSP as part of the solution to save mothers' lives. In response to his campaigning, an Imam now organizes two sermons on FP/PPFP every Friday, and the ASACO has decided to pay for CSCOM staff training. The



Case management during the practical session

health areas that are not part of the formal health system and Community Health Agents, to ensure that behavior change and communication activities include the crucial messages that could save lives.

Consequently, the MCHIP project has decided to support him as a champion for their FP/PPFP campaign next year.



Meeting at community level with leaders and authorities

Teaching New Skills to Facilitate the ASCs' Integration: Foulematou's story

Foulematou Soucko is a dynamic young woman who was recruited as a Community Health Worker in the village of Makana Bamaman at the Dafela CSCom. Before accepting Community Health Agent position, she worked for over 3 years in health promotion activities at the community level, especially with regards to family planning. Foulematou was trained with the support of MCHIP. During the training, she expressed interest in community mobilization and asked for more information on the topic.



Foulematou testing for Malaria



Foulematou sensitizing mothers

After the training, she returned to her village where she used her new knowledge and skills to mobilize men and women around family planning services. She organized a meeting with men and women community members and set up a support group in her village. The Village Chief, seeing her initiative and motivation, decided to support her work by providing her with equipment (chairs, a table, a box for drugs, etc.) and built a space where she now receives patients. As a Community Health Agent, she counsels many patients, and receives on average more than 3 women per week. She refers women to the larger and better-equipped health centers if need be; for instance, two women have recently received implants in the Kita Referral Health Center. She is part of a women's social group, and she often discusses healthy behavior messages with an emphasis on post partum family planning during their weekly meetings.



Foulematou counseling a client for FP



Foulematou meeting with community members

She received a visit of USAID and inspired the CSREF (Referral Health Center) staff to support similar initiatives.