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Maternal and Child Health Integrated Program in Mali



ANNUAL REPORT

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Reporting period: October 1, 2011 – September 30, 2012

Submitted to: USAID Mali

Submitted by: MCHIP/ Mali

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Project Award Number: United States Agency for International Development under Cooperative Agreement #GHS-A-00-08-00002-000

Country: MALI
Life of PY2 Activity (start and end dates): October 1, 2011 – September 31, 2012
Intervention Areas: Prevention of Postpartum Hemorrhage, Integrated Community Case Management, Essential Newborn Care, Postpartum Family Planning
USAID/Mali SO: Increased use of child survival and reproductive health services
Field Representative: MCHIP/Mali Representative – Dr. Diarra Houleymata N'Diaye, hdiaarra@savechildren.org
US-based MCHIP Contact Person(s): Koki Agarwal, Director, ; Patricia Taylor, Country Support Team Leader,
Total Estimated Contract/Agreement Amount: Total: \$3,200,000 Million \$1,175,000 MCH \$1,200,000 POP \$825,000 PMI
Obligations in PY2: \$2,175,000 Million
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 device)
Key Partners in Mali: Ministry of Health (MOH), UNICEF; Project Keneya Ciwara (PKC) 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.

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)
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
HBB	Helping Babies Breathe
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

LAPMs	Long-Acting 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
NBH	Newborn Health
OIC	Organization of the Islamic Conference
PAC	Post Abortion Care
PAFP	Post Abortion Family Planning
PKC	Project Kenya 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
PPTL	Postoperative Postpartum Tubal Ligation
PRODESS	Programme de Développement Sanitaire et Social (Social & Development Programme)
PSI	Population Services International
QOC	Quality of Care
SBAs	Skilled Birth Attendants
SBM-R	Standards-Based Management and Recognition
SC	Save the Children
SEC	Soins Essentiels dans la Communauté (integrated essential community care package)
SIAPS	Strengthening Information and Pharmaceutical Systems
SOW	Scope of Work
STTA	Short Term Technical Assistance
TAG	Technical Advisory Group
TFR	Total Fertility Rate
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
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 that 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 maternal, neonatal and child health/family planning (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's life of project objectives and results continue to contribute to USAID's strategic objective, which is an "*Increased Use of Child Survival and Reproductive Health Services.*"

In PY1, MCHIP/Mali, in coordination with the USAID/Mali team, various partners and stakeholders, worked on specific objectives, which were to:

1. Support the Government of Mali and partners with rolling-out the national integrated essential community care package (SEC) that increases access to quality management of childhood illnesses (diarrhea, pneumonia, malaria, acute malnutrition), postpartum family planning (PPFP) and essential newborn care (ENC) 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 PPFP and FP as a part of the integrated package of services that include active management of the third stage of labor (AMTSL), ENC, Kangaroo Mother Care (KMC) as needed, and strengthening FP in post-abortion care (PAC) services.;
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 a national scale;

5. Contribute to the Organization of the Islamic Conference's (OIC) framework in Mali through the development of a communication initiative addressing religious leaders' support for MNCH and FP.

In PY2, MCHIP/Mali's specific objectives were realigned for more efficiency and efficacy based on country priorities in MNCH/FP. These objectives were to:

1. Contribute to improved national standards, guidelines, curricula and policy and programmatic guidance that increase the population's access to high impact MNCH/FP interventions with a particular focus on the SEC and PFPF;
2. Contribute to national, regional and global program learning focused on GH/Mali priorities of PFPF and integrated community approaches
3. Improve access to and the quality and efficiency of facility-based integrated services including AMTSL, ENC (inclusive of Helping Babies Breather (HBB)) and PFPF (inclusive of postpartum intrauterine device (PPIUCD) and postoperative postpartum tubal ligation (PPTL) in the districts of Kita and Diema
4. Improve access to and the quality and efficiency of the SEC through supporting implementation and monitoring and evaluation in the regions of Kayes (in Kita and Diema) and Sikasso

Comment [HB1]: Isn't

Comment [WA2]: Do or added to the acronym USAID GHI ? Global Health

Comment [HB3]: Am was done due to not being hospital staff. Another h accomplished in PY2 was staff--

To achieve these objectives, MCHIP/Mali has provided technical and financial assistance to the Ministry of Health (MOH) and implementing partners at national, regional and district levels (Kita and Diema). With the significant progress achieved in PY1, PY2 implementation was less challenging in the first quarter. The second quarter starting in March was disrupted by the dramatic political change (Coup d'Etat du 22 mars 2012), which put Mali under suspension from U.S. Government (USG) development assistance.

Comment [HB4]: Fin about support ??

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During the same period, the country was facing three concomitant crises: a food and nutritional crisis, armed conflict in the northern part of the country and the political and military crisis following the coup d'état in the South. The conflict in the North has resulted in many changes for the population with massive internal displacement and external displacement to neighboring countries. OCHA has estimated the total number of Internally Displaced People (IDP) to be 155,042, with the majority (107,000 people) in the North (PAM, 3 July) and 47,598 registered in the South (OCHA sitrep 27 June). Children and families have been in need of urgent life-saving interventions, particularly in regions where there has been a high influx of IDPs fleeing fighting in the North, and who have also been affected by the food and nutritional crisis, in particular those in Mopti, Segou, Bamako and some parts of Kayes, where the impact of the crisis is compounded by extreme poverty and chronic malnutrition. As a result, the country has been classified as a complex humanitarian emergency setting. .

MCHIP, as well as other USAID-funded projects, received an official letter from USAID on April 6th suspending our activities and all engagement with the Government of Mali (GoM). On June 8th, MCHIP received a recommencement letter outlining the reversed suspension of specified humanitarian-focused activities in our workplan and noting that USG legal and policy restrictions prohibit USAID, and USAID-funded activities, from working with the Malian government at all levels, including Malian governmental organizations and institutions funded by the Malian government

Comment [HB6]: You this includes all health fac

Despite this complex situation, in order to continue assisting the population, USAID/Mali has worked closely with partners to help them review and realign all workplans on life-saving humanitarian services. MCHIP, like all other partners, has developed a transition plan (see copy in Annexes) with activities to be implemented in Kita and Diema during this period. These funding restrictions are expected to continue until there is a democratically elected government in place.

Two of four project objectives listed above were approved for continuation (Objective 3 and 4).

In spite of this complexity and restriction, MCHIP key achievements in FY12 are highlighted below:

- Serving as secretariat for the two national mechanisms leading the management and governance of the SEC, MCHIP played a leadership role in increasing the efficiency, effectiveness and success of the new national package of integrated community care.
- Specifically, MCHIP supported the development and finalization of the SEC package, including training materials and curriculum, data collection and supervisory tools, and detailed roll-out and implementation plans, and facilitated national level workshops and trainings on the SEC package.
- Also at the national level, MCHIP successfully raised the profile of PFP within the national reproductive health/FP working group. In 2011, MCHIP effectively advocated for PFP to be the focus area of the annual national FP campaign;
- At the regional level, MCHIP, working hand in hand with the regional health management team (RHMT), facilitated the efficient and effective roll-out of the SEC in the region of Kayes through the development of a detailed implementation plan. This plan included activities focused on increasing community awareness of the SEC, selection and training of community health workers (ASCs), supportive supervision, creation of coordination mechanisms for procurement of commodities and supplies, creation of a forum for ASCs to come together and share lessons learned and experiences, and lastly, a coordinated review of the program with key stakeholders.
- To establish long-acting and reversible contraception (LARC) at the CSCom facility level in Diema a five-day, competency-based training course was offered. During this period 33 participants from 21 Community Health Centers (CSComs), the Regional and District Directorates of Health, and the district Referral Health Center provided implants to 312 women and 11 women requested and received IUDs
- MCHIP through the FELASCOM, ASACO, that governs services at the CSCom trained 30 matrons to competency on contraceptive implant services including insertion and during the training they provided 199 women with Jadelle, the contraceptive implant.
- At the district level, MCHIP has trained over 200 ASCs and supervisors in the SEC.
- Through its collaboration with the OIC, 176 religious Muslim and Christian leaders were trained on advocacy tools, such as the RAPID and AIM models, and the Pregnancy, Malaria and Islam tool. In addition, MCHIP worked to strengthen messaging of 36 religious leaders from influential Islamic networks on promoting MNCH best practices in their communities.

Comment [HB7]: PFP SEC—although I think the or community case mana

Comment [WA8]: Ho doesn't make sense how sure what she's trying to

The descriptions of accomplishments by objective and activity are presented in the following table in the requested reporting format.

Annual Report on Progress against the Work Plan

(Report Period: Oct. 1st, 2011 - Sept 30th, 2012)

Summary Plan of Activities by Program Objective	Status of Implementation	Status at 6 months	Status at Yearend
Project Activities			
Objective 1. Contribute to improved national standards, guidelines, curricula, and policy and programmatic guidance that increase the population's access to high impact MNCH/FP interventions with a particular focus on the SEC and PFPF			
<p>Activity 1.1: Convene national stakeholder's workshop to clarify expected major strategic tasks required for coherent and effective effort in developing a national SEC strategy that is appropriately integrated with existing primary health care services. Based on the scale-up map approach, MCHIP short term technical assistance (STTA) will work with MOH and partners to elaborate the full range of issues that will need to be addressed in a national SEC Strategy, explicitly explaining how these pieces will be addressed (including who's doing what) and working out appropriate sequencing.</p>	Completed	<p>The MCHIP Child Health Advisor was continuously working with MOH/Unit to develop technical elements that will be used for the national implementation plan of the SEC strategy. This effort was in collaboration with other partners involved in SEC implementation at country level. As part of the capacity building process at national level, MCHIP provided technical and financial support to MOH/Unit to organize a national supervisors training session on SEC data management tools. This training increased the number of potential supervisors and their capacity to conduct SEC supervision of quality improvement. All other MOH divisions were represented. In addition to this training session, MCHIP and MOH/Unit initiated an information day for the head of divisions involved with SEC on the strategy guidelines and tools. This was for advocacy purposes to bring more expertise into the process.</p>	<p>With the restriction of the project to not work with government partners, this process has been reduced to "focal point" meetings and coordination. MCHIP continues to work and coordinate with representatives of SEC implementing partners within the focal point working group in order to maintain project results.</p>

Comment [WA9]: Very confusing in this column.

<p>Activity 1.2: Acting as Secretariat, facilitate the restructuring of the Ad-Hoc Committee and Technical Working Group (TWG) to ensure they facilitate as effectively and efficiently as possible. This includes clarifying their respective roles, scheduling monthly meetings, ensuring additional MOH units are represented and creating technical sub-groups to focus on specific issues.</p>	<p>Completed</p>	<p>During the first semester of FY 12, through the CS Advisor and the project COP, MCHIP worked closely with the Ad-Hoc Committee/ Technical Working Group (TWG) to develop a scope of work (SOW) related to the implementation of the SEC. The original plan was for the Technical Group to have a different SOW than the Ad-Hoc Committee, but the actual configuration is that the TWG is part of the Ad-Hoc committee; and, for specific issues, working subgroups are used. For more efficiency it was decided to maintain the actual scheme and evaluate the functionality at the end of the year for lessons learned and recommendations for changes if needed. For each meeting, MCHIP was facilitating the organization with the host partner and sharing the minutes from the last meeting. Three regular meetings and one extra meeting on nutrition were organized.</p> <p>Partners' "focal point" meetings were organized monthly to facilitate technical review and other issues related to implementation at national level.</p>	<p>These have been suspended and reconfigured as "focal point" meetings and coordination. More than 10 meetings have been organized by the project during the past six months for better coordination and management of the crisis with the MOH partners and representatives of focal points. With the restriction, the lead has been divided between MCHIP and UNICEF in order to maintain the relationship with MOH.</p>
<p>Activity 1.3: Convene quarterly monitoring data review meetings at the national level to determine challenges with the current package of interventions (including task-overload), issues with existing</p>	<p>Completed</p>	<p>Two meetings were organized in this period to finalize and validate SEC data collection and supervision/follow-up tools and to discuss the supervisors' training plan. SEC data collection and supervision tools were validated with MCHIP technical assistance. MCHIP also</p>	<p>The MCHIP team continues to organize regular technical meetings with SEC implementing partners to improve activities in Kayes and Sikasso based on SEC review recommendations in</p>

<p>implementation tools, to propose solutions/revisions and finalize all SEC implementation tools (including training curriculum, data collection tools, supervision tools, and job aides).</p>		<p>negotiated the production and dissemination of the tools with UNICEF and the MOH/Unit in order to improve field implementation of the activities. Sikasso and Kayes will be the first two regions to use the validated tools under MCHIP technical support in partnership with NDH, RDH, UNICEF and other partners.</p> <p>In partnership with NDH, RDH and UNICEF, MCHIP provided technical and financial support to the regional review of child survival activities in Kayes, including SEC. All implementing partners of child survival activities participated in this event. Representatives from USAID-funded projects as well as UNICEF, Spanish Project, political and administrative authorities, local elected representatives and civil society were also present. The MCHIP team fully undertook all technical work with the regional team to produce the workshop documents terms of reference (TOR), agenda, presentations, guidelines per district, TOR for working groups, logistics, etc.) During the workshop, the SEC results were presented and reviewed by district and the FY12 implementation plans were finalized for all 7 districts of Kayes. MCHIP also contributed to the SEC review in the Sikasso Region.</p>	<p>both regions.</p>
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<p>Activity 1.4: Design, develop and begin roll-out of the national SEC Data Management Software.</p>	<p>In Progress</p>	<p>MCHIP worked with the responsible MOH/Unit and HMIS to determine how the model being developed for SEC could be linked or integrated into the current HMIS system. Currently all of the SEC data is available for Kayes and Sikasso.</p>	<p>The discussion is ongoing between the different partners involved in SEC implementation to develop the global database for SEC in the country. MCHIP will provide technical and financial support to facilitate this process and document it for decision making about the strategy itself.</p>
<p>Activity 1.5: Advocate for the inclusion of SEC (including globally agreed upon iCCM) indicators in the revised national HMIS</p>	<p>In Progress</p>	<p>Based on the recommendations of the first national workshop for revision of HMIS indicators, it was requested that a separate workshop for integration of SEC indicators into the system be organized. MCHIP was working with the Unit to develop the TOR for this workshop, developing a SEC core indicators list to be standardized based on international standards and mobilizing partners to provide technical and financial support to this activity.</p>	<p>MCHIP will organize the SEC evaluation activities in Kita and Diema and will provide technical support to other partners if needed. The recommendations of this evaluation will be shared with the MOH through non-restricted partners and used to standardize the HMIS to meet international requirements for iCCM</p>
<p>Activity 1.6 In collaboration with SIAPS, provide technical assistance to the MOH in addressing supply chain management challenges including the frequent stock-outs of ACTs and RDTs</p>	<p>In Progress</p>	<p>Through the field coordinator based in Kita and Diema, MCHIP has helped the two districts to identify the needs and has facilitated the provision of ACTs and RDTs for the CSComs and ASCs. MCHIP has collaborated with UNICEF on this issue.</p> <p>MCHIP provided technical and financial support to organize a workshop in Kita and Diema in collaboration with the districts, the Community Health</p>	<p>After the SEC review workshops, MCHIP worked with the ASACO, the Coordination Committee at CSCom level and UNICEF to strengthen the procurement system of supplies and medicine for SEC. MCHIP is also working closely with the SIAPS team to adapt and simplify the supply chain management tools</p>

		Association (ASACO), the coordination committee of SEC and UNICEF to discuss all the challenges of SEC implementation, including the frequent stock-outs of ACTs and RDTS issues.	at CSCom level. The supply chain managers (63) will be trained in FY13 on the adapted/simplified tools that will facilitate the monitoring of commodities and supplies at community level and prevent frequent stock-outs.
Activity 1.7 Provide STTA to work with GoM to consider various financing schemes that would ensure a sustained remuneration system and support their efforts to adopt and operationalize this scheme.	Delayed due to the humanitarian context of the project	With the technical assistance of HQ, MCHIP assisted the development of a financial scheme based on the existing system that could help MOH to invest in the strategy.	suspended
Activity 1.8: Establish a PFP sub working group within the national RH/FP working group	Delayed due to the humanitarian context of the project	MCHIP submitted the TOR for the PFP sub working group to the larger RH/FP group but the process has not been approved yet by DRH and some key partners working on FP. MCHIP will continue to advocate with DRH and other partners to explain the value added of this group and the potential to improve the PFP component of each project for better results.	suspended
Activity 1.9: Provide technical leadership and coordination for the national RH/FP working group.	Delayed due to the humanitarian context of the project	MCHIP participated in all meetings organized by the RH/FP group and has continuously provided technical assistance for the preparation and facilitation of these meetings (dissemination of the Dakar civil society workshop on FP results, presentation on the Nairobi workshop results,	suspended

		presentation of the Ouagadougou Action Plan, etc.). A MCHIP FP/RH advisor will continue to participate in the working group activities and provide TA as needed.	
Activity 1.10: Facilitate the review, adaptations, revision and validation of training materials and policies, norms and procedures for newborn care, including ENC, the introduction of HBB curriculum and KMC.	In Progress	MCHIP facilitated the procurement of HBB materials and equipment for the project in Mali and met with the Division of Reproductive Health, Newborn Health (NBH) focal point to develop the training plans for HBB introduction at national level and determine activities that can be implementing in Kita and Diema to complete the integrated package in these districts. Training materials are being translated and reviewed at global level. Final training dates will be adjusted to ensure training materials are available. For KMC in Kita the project is working on the possibility of implementing ambulatory KMC before the availability of space for the KMC unit. MCHIP is also participating in the KMC evaluation process organized by SNL2 project in order to determine the improvement process that could be strengthen the ENC package at national level.	MCHIP /Mali and HQ decided to limit the KMC activities to essential care for low birth weight babies as there is no evidence supporting ambulatory KMC results. 23 trainers have been trained on HBB. The training of providers from Kita and Diema will happen in FY13
Activity 1.11:Oxytocin Uniject issue: meeting with DSR	Delayed	For the registration of Oxytocin Uniject in Mali, a consultant has been identified and prepared by PATH to assist the country in this procedure. MCHIP has identified potential partners for this activity in Mali and has facilitated the contact between the consultant	The consultant worked with identified partners (DPM, PPM, Intra health, private organizations, pharmacists, professional bodies, DRH, etc.) to examine the feasibility of

		and these partners (DPM, PPM, Intra health, Private organization and pharmacist, professional bodies, DRH etc.). Because of the current security situation in Mali, the field visit of the consultant did not take place. We will continue provide assistance and facilitate the implementation of the SOW of the consultant.	Oxytocin in Uniject registration in Mali. The MCHIP COP provided support to finalize the consultant's report. The report has been submitted to USAID.
Objective 2. Contribute to national, regional, and global program learning focused on GH/Mali priorities of PFP and integrated community approaches			
Activity 2.1: Lead Global Health Initiative (GHI) PFP coordination among USAID-funded partners.	Delayed as linked to the PFP working group establishment	GHI results documented from MCHIP activities (draft resume on GHI in Mali attached in annexes). MCHIP plans to initiate a workshop to determine the process and put a GHI support group in place.	
Activity 2.2: Document program learning on the integration of MNCH/FP community-based services through the SEC.	In Progress	The documentation of the MNCH/FP is ongoing. A register with all requested validated information was developed and distributed to ASCs for regular data collection and reporting. Their upcoming monthly report will include data on PFP indicators. Actually all FP supply and commodities are available at community level and ASCs are providing PFP services focused more on counseling, home visits and organization of reference if the women choose a LAM.	Data collection on MNCH/FP continues and a focus on PFP activities with ASCs will also be documented as a learning process.
Activity 2.3: Implementation and documentation of enabling matrons to provide implants at the CSC level in Diema	In Progress	MCHIP has worked closely with USAID/W on the review process of the protocol and gathered all documentation for IRB approval before starting the implementation of training of selected matrons and their	Unable to work directly with the GoM, yet the need for effective PFP particularly LARC at the community CSC level (where matrons are responsible for MH and

		<p>supervisors. Additionally, MCHIP started the preparation of the study sites in Diema and organized meetings at national and regional levels to present the protocol and get feedback. Training materials and instruments were procured. During 5 days of training with technical assistance from HQ, 29 providers (23 from the CSComs, 5 from the CSRef and one from another private medical center) were trained on LAM. Before the training, community mobilization activities took place with the support of women groups. During the practical session each participant inserted more than ten implants. This helped 312 women to receive their implants free and 11 others an IUD (more detail in the activity report).</p> <p>The study protocol has been submitted to DRH for the ethic committee approval and to the regional team in Kayes. 30 matrons were selected with the support of the district team in Diema for the study.</p>	<p>FP service) is desperately needed, MCHIP/Mali and HQ decided to integrate implant activities with matrons into package implementation in Diema. During a 5 day training with technical assistance from MCHIP 30 matrons (25 from the CSComs, 5 from secondary centers) have been trained on implants. Before the training, community mobilization activities took place with the support of women groups. During the practical session each matron inserted more than 5 implants. Some of them inserted 12 implants. 199 women received their implants free and 130 were in the postpartum period. Date for documentation will be collected during the follow-up visits that are planned for October.</p>
<p>Activity 2.4: Support OIC-USAID collaboration with focus on PFP and MNCH national, regional, and global learning.</p>	<p>In Progress</p>	<p>MCHIP used women groups and local radios to mobilize women of reproductive age for LAM uptake and created general awareness for the population on LAM benefits as well as HTSP as a key message for saving lives during the DTC training in Diema. For more efficiency, religious leaders and other influential community members were also invited to the event in Diema. In Kita and</p>	<p>The annual report of the OIC activities was developed in collaboration with HPP team and OIC focal point of MOH.</p>

Comment [HB10]: Is work with the govt ?

		Diema during the community approaches for SEC strategy civil society representatives, ASACO, women leaders, religious leader etc. have contributed to the success of the “buy in” by the communities.	
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			
Activity 3.1: Establish PPIUCD and PPTL as a part of a comprehensive PPF in two CSREFs in Kita and Diema and the Regional Hospital in Kayes.	In Progress	MCHIP worked with the Spanish project and the Regional Directorate of Health in Kayes to determine the training needs on PPIUCD and PPTL.	The training will take place in FY13-Q2. MCHIP will support a study visit for the Mali team to MCHIP/Guinea on PPIUCD activities for experience sharing and capacity building. 15 providers at CCom level will be trained.
Activity 3.2: Introduce HBB as a component of ENC services at the facility level in Kita, Diema and the Regional hospital in Kayes.	In Progress	A STTA visit is plan to help MCHIP team to facilitate the training. The team is following the translation of the training document in French and organizes the training as planned at national and regional level.	MCHIP plans to train 147 providers at CCom level in Kita and Diema in collaboration and with technical support from the professional bodies and associations (midwives and doctors). A TOT 's workshop was held with 23 national trainers trained in HBB.
Activity 3.3: Conduct trainings on as needed basis for new health facility staff on the FBIP inclusive of AMTSL, ENC, and immediate PPF.	In Progress	Because of the change occurred in the staffing situation in the two districts (relocation, left for specialization in Bamako, etc.), MCHIP has initiated a need assessment process with the support of the districts team in order to define the new training needs and proceed as planned. New training strategy also has been developed for more ownership at district level and maximizes opportunities of	27 matrons of Kita district will be trained on IP package to complete the training of providers on the FBIP in the both districts.

Comment [HB11]: W initiate this activity becau the GoM or are planning in Mali ?

		practice for regional and district trainers. In December 30 providers including 25 from CSCCom and 5 from CSREF have been trained on the facility-based integrated package. As needed we will complete the training in the both districts.	
Activity 3.4: Conduct follow-up and supportive supervision for staff trained in the FBIF.	In Progress	In Kita 68, in Diema 37 trained providers (midwives matrons and nurses) have been supervised in collaboration with the two districts under the leadership of the regional team. For Q3 quarterly supervision visit will be organized per level with the districts and the region.	All the trained providers on FBIF in Kita and Diema received a supportive supervision visit. 16 of 21 community health center providers have received the follow-up visit in Diema after training on long acting methods. The rest of the centers will be supervised by the district coordinator by the end of July.
Activity 3.5: Support supply chain management issues at the regional and district levels to ensure availability of commodities, supplies, and equipment.	In Progress	MCHIP district coordinators have worked closely with Kita and Diema district teams to facilitate the provision of supplies at each level, especially for ASCs and CSCComs. In Q3 the MCHIP operation and logistic manager based in the Kayes office will work closely with the regional pharmacist to organize a needs assessment visit at the district and CSCCom levels in Kita and Diema for capacity building in terms of supply chain management.	The team has worked on a needs assessment tool for commodities and supplies that has been filled by each CSCComs team in Kita and Diema. MCHIP has also reviewed the drugs and supplies management tools currently used in the field. At the end of the review more simplified tools for CSCComs have been submitted to SIAPS for feedback and technical review. 63 drugs store managers have been identified for the training and utilization of the tools in

Comment [HB12]: Do number of facilities that FBIF

			order to document progress and lessons learned.
Activity 3.6: Reorganization workshop in Kita and Diema	Delayed due to the humanitarian context of the project	Preparatory meetings were held in collaboration with the district teams in Kita and Diema. The TOR and the questionnaire for the needs assessment have been elaborated and shared with the districts.	It was planned in Q3 to organize information and consensus workshops in the two districts in collaboration with the RDH team and other partners to contribute to the availability of supplies and the quality of health services provided at facility level. The result of the data collected and the planned needs assessment will be used to determine a better scheme of functionality for MNCH/FP services to be set up in each district.
Activity 3.7: Establish KMC units at CSRef (Kita).	Delayed due to non-availability of space at Kita district health center	As of now the new building for the KMC unit has not been constructed. KMC activities will be discussed once again with the HQ and USAID to reevaluate the feasibility of this activity and see how this can be adapted to the local context .The new option is to assess the implementation of ambulatory KMC with an emphasis on case management at community level.	The MCHIP team had proposed to implement ambulatory KMC but because of the lack of strong technical evidence to support this work, MCHIP will reorient the resources allocated to this activity to another (NBH) priority requested during the Kayes SEC review. Newborn care during the early post natal period will be implemented at CSCCom level in Kita and Diema.
Objective 4. Improve access to and the quality and efficiency of the essential community package (SEC) through support to implementation and monitoring and evaluation in the regions of Kayes (in Kita and Diema) and Sikasso			

Activity 4.1: Conduct SEC training for new ASCs in Kita and Diema as needed.	In Progress	Preparatory meetings for the community-based approaches have been organized per district under the leadership of the SEC coordination committee. In 2012, 20 new sites ASC (13 in Kita, Diema 7) are expected and MCHIP will support the training of these 20 new ASCs in collaboration with UNICEF.	In 2013, 110 new sites ASCs are expected and MCHIP will support the training of these 110 new ASCs in collaboration with UNICEF.
Activity 4.2: Provide technical and financial support to the printing and procurement of ASCs and related materials on FP, PFP, ENC, and PNC in the regions of Kayes.	Completed	MCHIP printed and distributed the set of data collection and supervision tools to the 100 ASCs in Kita and Diema. Registers for NBH home visits were also procured and will be distributed in Q3. Currently ASCs are using a sheet to collect the data.	MCHIP has produced several copies of monitoring and supervision tools for ASCs in Kita and Diema.
Activity 4.3: Build capacity of regional and district health teams (Kayes, Sikasso) to implement, manage, and monitor the integrated essential community care package (SEC).	Completed	MCHIP provided technical and financial assistance to support the training of 13 supervisors in Kita and Diema at district level and 56 at CSCCom level on the data collection and supervision tools validated at national level.	
Activity 4.4: Support the RHMT and DHMT to conduct follow-up and supportive supervision visits for trained ASCs, including training of new CSCCom staff in supportive supervision in the regions of Kayes and Sikasso.	In Progress	MCHIP district coordinators provided technical assistance to the district teams in Kita and Diema for the two supportive supervision visits conducted during the semester. In Q3 MCHIP will provide technical assistance to the SC/CCM/PMI team during the supervision visit in Sikasso and continue to support supervision visits in Kayes. Per UNICEF and the Regional Directorate of Health's request, MCHIP district coordinator for Kita has provided	The MCHIP team continued to provide technical and financial support to CSCCom staff and ASACO through supportive supervision visits of ASCs. All of these activities have been organized in collaboration with FELASCOM. The MCHIP team also organized a specific supervision visit for all of the functional ASCs, 65 in Kita and 22

		technical support for the training of ASCs for the Kayes district.	in Diema, in partnership with the FELASCOM, ASACO and CSCoM.
Activity 4.5: Work with regional and district health teams to ensure availability of commodities, supplies, and equipment for the provision of SEC in the regions of Kayes and Sikasso.	In Progress	<p>The need assessment process has started during the review in Sikasso and the ASC forum in Kita and Diema</p> <p>MCHIP district coordinators are facilitating this process in Kayes by working with district team to review the recommendation made during the ASC forum in Kita and Diema and inform UNICEF and other potential partners (Spanish Project) for the provision of commodities and supplies for ASCs. Actually the majority of supplies and commodities are available with ASCs excluding thermometers, tetracycline ointment and armoires for drugs.</p>	During FY12, some ASC sites has registered a stock-out of ACTs and RTDs. Currently at all ASC sites the majority of supplies and commodities are available excluding armoires for drugs. MCHIP will procure in FY13 210 armoires (100 for old ASCs and 110 for new ASCs) in Kita and Diema.
Activity 4.6 Conduct training on M&E tools for ASC supervisors (2 sessions in Kita and one in Diema)	Completed	MCHIP provided technical and financial assistance to support the training in Kita and Diema of 13 supervisors at district level and 56 at CSCoM level on the data collection and supervision tools validated at national level.	The 13 supervisors at district level and 56 at CSCoM level trained on the data collection and supervision tools validated at national level have the capacity to supervise the ASCs in Kita and Diema.
Activity 4.7: Support, in collaboration with key community actors, coordination and linkages between HFs, ASCs, and community networks for MNCH/FP services in Kita and Diema.	In Progress	Two meetings have been organized with MCHIP support in Kita and Diema to strengthen the two district coordination committees and help them develop an advocacy plan for local initiative to support SEC implementation.	By organizing orientation and coordination meeting with ASACOs, FELASCOM and ASCs, the project has created a strong partnership and network between the three entities in terms of health outcomes improvement and health promotion for mothers

Comment [WA13]: D

			<p>and children. The team has also worked with local radios to develop messages and harmonize understanding of the country context which will facilitate the census of the displaced population in the MCHIP impact area. Messages have been elaborated to facilitate their identification and allow ASACO and partners to consider these displaced persons in their plans and activities. Currently Kita and Diema local radio stations are continuing to disseminate these messages. A census tool has been developed and shared with each FELASCOM for the registration of IDPs. The MCHIP team has also involved FELASCOM members in the supervision visits for SEC in Kita and Diema. MCHIP has worked closely with local NGOs, community leaders, women groups and other partners to implement the humanitarian plan.</p>
Activity 4.8: PNC activities in SEC	In Progress	MCHIP has developed a data collection tool to track information on NBH activities in SEC. We will continue data collection and follow-up visits for	All of the ASCs in Kita and Diema have a register to track NBH data. All of them implement newborn

		NBH activities.	activities as part of the SEC package (PNC visit, recognizing newborn danger signs, referrals and PFP counseling for mothers).
Objectives 5. CROSS-CUTTING ACTIVITIES (BCC, M&E, Coordination and Management) related to all objectives			
Activity 5.1 Implement BCC strategy for increased utilization of MNCH/FP services at both facility and community levels in Kita and Diema.	In Progress	MCHIP has worked with partners to include a set of messages related to PFP, especially into the RAPID Women tool and FP reviewed messages at the national level under the leadership of CNIECS.	MCHIP used a proximity radio to disseminate messages on MNCH/FP services at both facility and community levels in Kita and Diema with a focus on move women . MCHIP also used the women group to mobilize women of reproductive age during all the training activities on FP. And more than 500 women received free a LAM. In FY13 MCHIP will organize campaigns through SIAN activities and FP campaigns in Kita and Diema in collaboration with partners in Kayes.
Activity 5.2: Ensure ongoing monitoring and documentation of integrated packages to enable national level learning.	In Progress	In Q3 the MCHIP M&E officer from HQ will be assisting the project team for this task.	The MCHIP team organized a quarterly meeting with all of the project to discuss the progress of the work plan activities, the challenges met during the implementation and other issues. In FY12, the MCHIP M&E Manager worked closely with the district coordinators to collect

Comment [HB14]: Is continuing this work with GoM ?

Comment [HB15]: ??

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			and analyze data on IP and SEC activities. Two bulletins on Mali SEC news have been elaborated and shared with the MOH and other partners through the focal points of SEC. The training of the CSCom manager on LAM in Diema has been documented, and the data collection and documentation of Diema matrons' activities on implants will begin in October 2012.
Activity 5.3: Continue leadership in regional PRODESS III coordination mechanism for health activities implementation in Kayes.	Completed	A meeting was organized in Kayes with an emphasis on SEC and nutrition as regional priorities in collaboration with UNICEF and the participation of all regional partners and national representatives. The results of this meeting were the FY12 plans for SEC and nutrition as an emergency.	In order to improve the implementation of the SEC package and increase the linkages between local actors and ASCs, MCHIP will provide technical and financial support to the FELASCOM, ASACO and CSCom teams to organize ASC review at community level.
Activity 5.4: Organize technical internal review workshops of project activities, conduct internal M&E activities, reporting, documentation, project management and partnership implementation.	Completed	Internal M&E and technical review activities were implemented through monthly meetings for the field team and quarterly meetings for the entire project staff. Additionally, weekly meetings are organized in Bamako to identify priorities and plan the work. The minutes for these meetings are shared with the field staff.	The MCHIP team has organized two retreat workshops in Sélingué to review and adapt the project plan strategies and tools to the humanitarian context as approved by our current status. The team has also worked on the project's technical documents, prepared the training sessions on HBB and discussed

			management issues related to logistics for implementation of activities. During these workshops, the draft of the quarterly report and the PMP are reviewed and finalized with the participation of the team. Project management and partnership issues are discussed for better implementation.
Meetings and workshops			
Participation at the second international conference on FP in Dakar	Completed	MCHIP's COP and Diema District Coordinator represented the project at this meeting for learning experience in order to improve the project outcomes based on countries' examples. The MCHIP team contributed to the development of Mali's MOH presentation on FP accomplishments.	
Participation at the reproductive health working group meeting related to PRODESS III strategies and activities development	Completed	The MCHIP MH/FP Advisor has participated in all meetings organized at national level.	
Participation at the workshop for the development of training materials on PAC in Selingue	Completed	MCHIP provided technical leadership as facilitator of this workshop organized by the DRH with financial support from PSI.	
Participation at USAID 50 th anniversary celebration activities	Completed	MCHIP, in collaboration with other USAID-funded projects, animated a stand for PPFP as well as SEC.	

Participation at the review workshop of communication materials on FP organized by CНИЕCS	Completed	MCHIP contributed to this workshop by including messages developed on PPFП in Kayes.	
Participation in USAID GHI meeting with partners	Completed	MCHIP provided the list of indicators that could be informed through the project on PPFП for GHI as well as FP activities under SEC in Kita and Diema.	
Participation in the workshop on the review of HMIS indicators at national level	Completed	MCHIP has contributed with a list of indicators for PPFП, NBH and iCCM that could be consider for revision at national level in order to align the country with international standards.	
Participation at CIDA, WHO and UNICEF joint visit on SEC in Kita	Completed	MCHIP contributed to the development of TOR and the visit schedule, travel logistics for a field visit in Kita, the organization of meetings at national level and coordination of communications with the international Task Force for CCM in the U.S.	
Participation at USAID AOTR meeting	Completed	Two AOTR meetings were organized this semester in addition to regular monitoring meetings with the project CTO.	MCHIP continues to have regular contact with the project CTO and participate in all meetings organized during this period
Organize a MCHIP/Mali and HQ FY13 work planning retreat in Dakar	Completed		FY13 workplan and budget draft have been developed by the CO team and HQ team
Organize coordination and technical meetings with PSI team in order to follow implementation status of PSI workplan	Completed		Two coordination meetings were conducted with PSI to discuss their project activities, challenges and need for support.

			Particular discussions were held around commodities procurement in the country context as well as distribution process with partners. Regular and more systematic communication will be set up to facilitate the implementation of project needs.
Participation at UNICEF meeting on SEC assessment			The iCCM/CH advisor and the iCCM/CH assistant participated in the UNICEF meeting on the SEC assessment with LQAS method.
Project Management	In progress	In progress	Finalization of the interim plan of action and shared with MCHIP/HQ and Save the Children/SCO Development of budget of the action plan according to the interim action plan approved FY12 Orientation of project staff on the humanitarian concept and definition of roles and responsibilities of each staff member per activity.
International trips for STTA			
Holly Blanchard	Completed, trip report available	Holly Blanchard traveled to Mali to assist the MCHIP team with the finalization of the implant	

		training package for the matrons, training the supervisors of matrons in Diema on long-acting methods reversible contraception (LARC), and working with the MCHIP team to strengthen PFPF services in the community.	
Steve Hodgins	Completed, trip report available	Steve Hodgins, Child Survival Team leader, traveled to Mali to work with the in-country team on strengthening MCHIP's role in national level coordination and monitoring the ASC strategy's implementation; help develop management tools to support this new role with partners; advocate with USAID/Mali and MOH partners on MCHIP capacity and experiences; build the capacity of MCHIP/Mali's country team on effective integration of approaches and documentation of the results and help align the project results with MCHIP's global expectations and contribution to GHI in Mali.	
Management			
Recruitment process for new staff	In Progress	The new recruited staff was: an iCCM/SEC Assistant, a MH/PPFP Assistant, and an Operations and Logistics Manager.	Two new district coordinators in Kita have been recruited.
Procurement of equipment for FY12	Delayed	The project has been authorized by the donor to procure three vehicles (one for Kayes, one for Bamako in FY11 and one for Bamako in FY12) for the implementation of activities which have been in progress since December 2010. The MCHIP/Mali COP and HQ team	The procurement of three vehicles is ongoing.

		<p>have communicated with SC/CO management on the issue many times with no success. Required documentation for waivers approval has been partially submitted to MCHIP HQ and the complementary document is still being processed.</p> <p>MCHIP has received FP training models and instruments for LARC training providing all 23 CSComs in Diema with start-up materials for FP implant services</p>	
Kayes office	Completed	Kayes office is functioning.	The coordinator and the FP monitoring officer of Save the Children's emergency response team are based in the Save the Children regional sub-office in Kayes.

PROJECT ACTIVITIES/RESULTS

1. Facility-based integrated package implementation process (FBIP)

At national level:

MCHIP has continued to support all technical activities improving the norms and standards of the three components of the facility-based package (AMTSL, PPFP and ENC). In the first quarter, the project team provided technical assistance for the development of communication messages on FP lead by the national center for communication on health and UNFPA. During this meeting, MCHIP shared the messages on PPFP and early post natal visits and care for newborns. The project continues to contribute to the improvement of the national FP program by participating in monthly meetings lead by the Division of Reproductive Health and providing technical assistance to the maternal health working group. PPFP with long acting method promotion has been included in all strategies and activities related to the national FP campaign. MCHIP also participated in the Dakar international meeting on FP and helped MOH representatives to develop a presentation for Mali. MCHIP results were included in this presentation to show country progress on long acting method uptake. At the beginning of the second quarter, national level activities stopped due to the country's political situation.

At regional level:

MCHIP continues to work with the Kayes regional team to strengthen FY11 achievements in Kita and Diema. MCHIP has built the capacity of the regional team to provide technical support to the implementation of the FBIP through training of providers, follow-up visits after training, supervision and data collection. MCHIP's coordination effort continues within the maternal and child health working group at a regional level, including providing technical support to other partners supported by USAID. Regional efforts also stopped in the second quarter for the same reason as national effort.

At district level:

The project organized the last training session for providers (30) of the FBIP in Kita to complete the capacity building process at facility level, emphasizing follow-up visits and the supervision of 97 trained providers (DTC, matrons and nurses). In Diema, the activities focused on follow-up visits of trained providers (95) and supervision. During these follow-up and supervision visits, the project team continues to build the capacity of the providers by holding practical sessions after each visit. The supervision team is composed of the project team, the regional trainers and district trainers. At the end of the visit a feedback session is organized and key recommendations are provided to the CSCCom team as well as the ASACO, which is managing the center.

The main activity this year in Diema was the training of 29 DTCs and 30 matrons on provision of implants. Using lower level health professionals to provide implants was a demonstration activity of the project in Diema intended to show the ability of this cadre of health workers to contribute to the increase of long acting method uptake in FP. This initiative supported by the HQ FP technical team was proposed by MCHIP to USAID/Mali as an innovation attributed to the GHI strategy in Mali. Long acting method access and availability are critical as a strategy to improve the quality of FP services at country level. MCHIP has developed a good partnership at district level with local women organizations and district health teams to facilitate and mobilize for this initiative. The result was that more than 300 implants were provided to women in a week during the training. The project team has worked with local radios to develop a radio program for the promotion of FP, especially long acting method. Women groups have worked with their counterparts to mobilize potential clients for the period. The most influential religious leaders have also been identified and involved in the mobilization activities with the district health team. As a result of this activity, other matrons and CSComs have requested the same capacity building, and women from this area have also requested implants. The recruitment of women for the method is ongoing and the project team is supporting the CSCom for the provision of the services for them.



Photo 1: Practice of implant insertion during the training in Diema

- 29 heads of Community Health Centers (Medical doctors, nurses) trained to provide implants
- 30 matrons trained to provide implants
- More than 500 clients received implants in 10 days
- 2 local radios trained on long acting method promotion
- 5 keys radio messages developed and disseminated regularly (4 per day) to mobilize potential clients
- Women association coordination (CAFO) led the mobilization activities at household level
- More than 550 counseling sessions conducted during the week of the training



Photo 2: Insertion of Jadelle with the trained matron in Diema



Photo 3: Counseling practice with matrons in Diema

Illustrative results of the facility-based implementation at district and CCom level

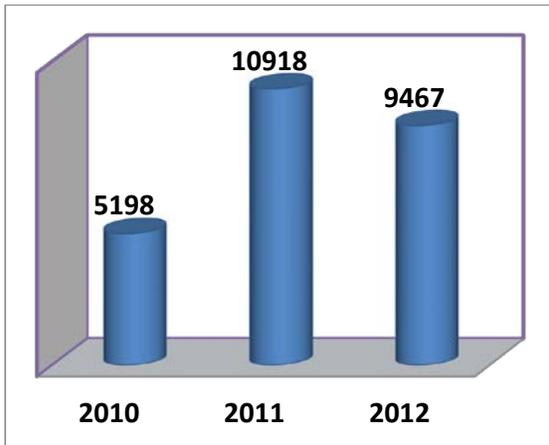


Figure1: Trend of FP new acceptors in Kita and Diema (2012 data is only for 3rd quarter)

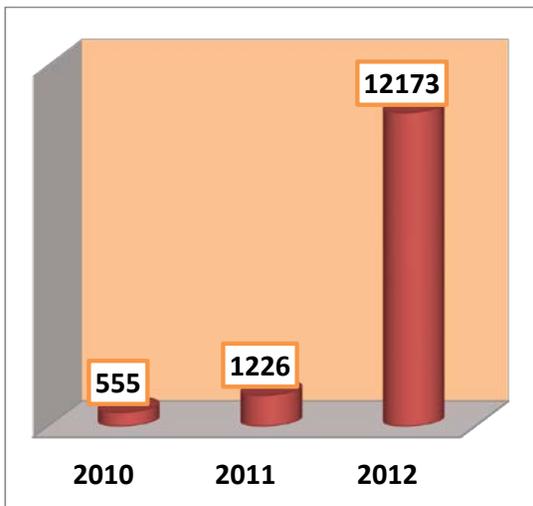


Figure 2: CYP trend in Kita and Diema

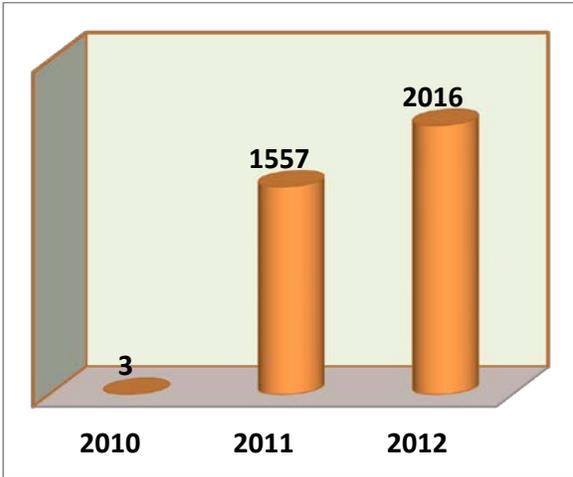


Figure 3: Use of Jadelle in Kita and Diema

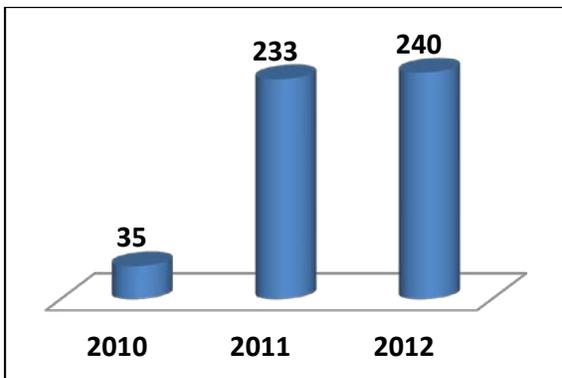


Figure 4: Use of IUD in Kita and Diema

2. Community-based package implementation process (SEC)

At national level:

During the first quarter of this year, MCHIP continued to work on the follow-up and supervision tools for ASCs with the technical team from the national direction of health. MCHIP was the technical lead for the finalization of these tools and facilitated a workshop with 15 participants (MOH and SEC implementing partners) to validate the tools. At the end of this workshop it was decided to train all national and regional supervisors in the use of these tools in order to strengthen the quality of data collection and management for ASCs' contribution to the system. Forty three supervisors have been trained at national level with financial and technical support from MCHIP. The drafted standard TOR for SEC supervision was developed and shared with trained supervisors to improve the quality of the field visits.

MCHIP has continued to facilitate and lead the Ad-Hoc Committee meetings (three in the first quarter) as well as the SEC TWG meetings (two in the first quarter). These meetings were focused on issues regarding the implementation of SEC strategy at national level, and as a result of this effort, a draft of the SEC national workplan has been developed and shared with partners for feedback.

Tableau I : Activités prioritaires de 2012 pour le niveau central

Comment [WA17]: Should this be in English or is it okay in French ?

Activités	Période (proposition)	Responsables/ MEO	Observation
Organisation régulière des réunions du G.A		DNS, PTF	
Orientation des superviseurs nationaux des ASC	21-23 février	DNS, PTF	
Journée d'info des acteurs des structures centrales sur le développement de la stratégie SEC (Update)	29 février	DNS, PTF	
Appui à la formation des formateurs (superviseurs régionaux et CSRef) sur les Outils de supervision des ASC	Avril	DRS, PTF	-Calendrier à fournir par les DRS -
Conception et mise en place d'un outil de collecte des données des ASC (désagrégation des données)	Mars	DNS, DRS, PTF	
Intégration des indicateurs SEC dans le SNIS	Mars-		En atelier et voir la possibilité de contribution des autres partenaires
Supervision des ASC : mission combinée Nx National, DRS, Districts	Mars- Avril	DNS, DRS, District, PTF	Budget élaboré, retard dans la signature au niveau central

Revue régionaux des SEC : Kayes, KKRO, Ségou, Mopti	Mai- juin	DRS, PTF	Sikasso OK Kayes OK
Harmonisation des outils de formation et de supervision du relais	Mai- juin	DNS, DRS, PTF	
Revue nationale des SEC (résultats consolidés des missions de suivi+ enquêtes LQAS)	3eme trimestre	DNS, DRS, PTF	
Elaboration du plan stratégique des SEC*	Juin	DNS, PTF	En discussions car le PDDSS est en cours
Evaluation externe	Aout- Sept. 2012		
Bulletin trimestriel SEC	trimestre	DNS, PTF	
Adaptation des SEC aux régions du nord			Après l'évaluation annuelle

The key topics of the Ad-Hoc Committee and the Technical Group meetings were follow-up and validation of supervision tools, the training of supervisors on these tools, the use of the tools for data collection and analysis, the improvement of nutrition activities including nutrition supplies, the newborn care package in SEC and the regular payment of ASCs' salary. As the lead of the coordination group, the project has facilitated the implementation of recommendations coming from these meetings and helps other SEC implementing partners to follow them. In addition to these two groups at national level, the project has developed a focal points group where representatives of all SEC implementers are present. The focal points group is currently acting as the coordinating group, since national level activities were also suspended. MCHIP is using the partnership with UNICEF under the SEC to maintain the momentum with MOH and continue to support the SEC strategy at community level.

MCHIP has participated in several events related to SEC implementation:

- The SEC workshop in Sikasso on the ASC salary issue and sustainability of the strategy
- SEC evaluation process with LQAS activities at district level
- Nutrition cluster working group for emergencies through SEC

At regional level:

MCHIP, in collaboration with UNICEF, organized the SEC review in the Kayes region where district SEC implementation plans were reviewed and improved and supervision, supplies, commodities for SEC procurement and ASCs' recruitment needs for the whole region were discussed and revised. At this meeting MCHIP districts served as a model for the complete SEC implementation, since the progress made by the two MCHIP districts was significant compared to the others. As a result, MCHIP was requested to cover the entire region for the SEC and submit a proposal to UNICEF for this

purpose. The proposal was submitted to UNICEF by Save the Children, and the implementation of additional activities to improve the quality of supervision and data collection in the other districts of Kayes region will start soon with UNICEF funding for 6 months.

At district level:

MCHIP effort has been focused on the strengthening of supervision of ASCs. Sixty supervisors from Kita and Diema were trained on the validated tools. 90% of ASCs were supervised in both districts and this will continue to cover 100% of ASCs. CCM, FP and newborn care were emphasized during these supervisions, and the average level of ASCs' performance was 70.4%, ranging from 40% to 100% in the two districts. All ASCs are providing the complete package of services but there are key issues that need to be resolved for better performance (salary, availability of supplies at district level, the other needs that ASCs are not currently authorized to provide, etc.)

MCHIP started an initiative to better support ASCs by holding a two-day meeting in Kita and Diema, where ASCs assembled to share experiences, successes and challenges as part of a learning and motivational process. At the end of this meeting, MCHIP, in collaboration with the district health teams, provided performing ASCs with a certificate of recognition. Lessons learned from these meetings were disseminated at the district and regional level in Kayes.



Photos: ASCs doing RDT for a child in Kita

When the country's political situation changed critically during the second quarter, MCHIP reviewed its workplan to focus on humanitarian activities. In order to determine the ASCs' additional needs, MCHIP conducted a census of IDPs in Kita and Diema (more than 200 people) and an orientation meeting with local stakeholders to explain the change of the project workplan. Four sessions were organized in Kita and Diema (2 per district) with all community level actors to share the interim plan, discuss the roles and responsibilities of each partner and put a communication system in place to inform the beneficiaries of the project changes. All radio stations in Kita and Diema worked with the project to develop messages to sensitize the population on the project's new responsibilities. The project also provided all ASCs in Kita and Diema with data collection tools. Illustrative results of services provision by ASCs are below.

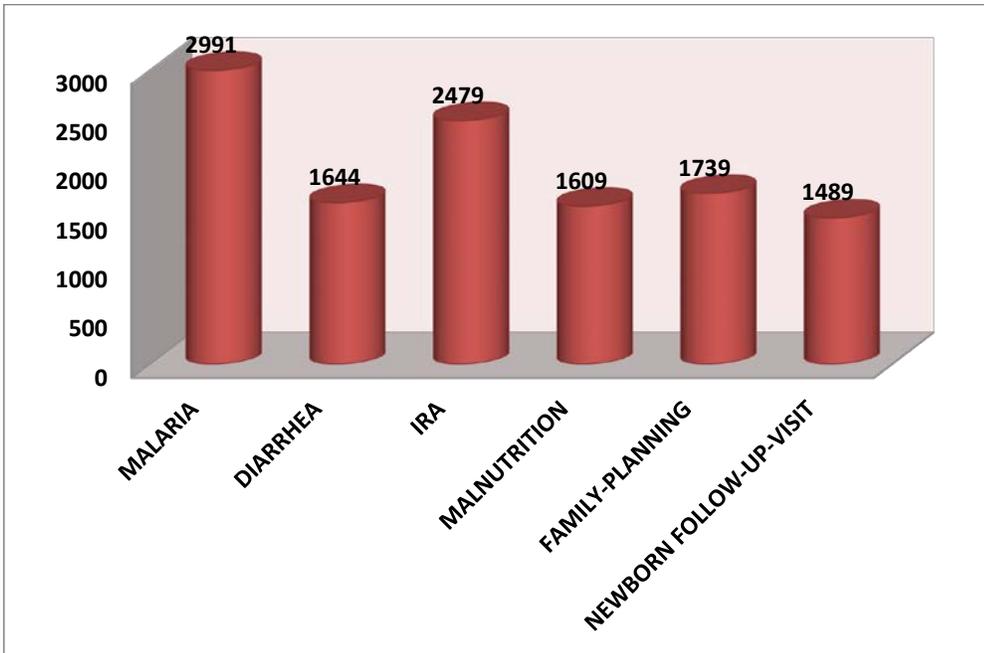


Figure 5: Use of ASC s services in Kita and Diema from October 2011 to July 2012

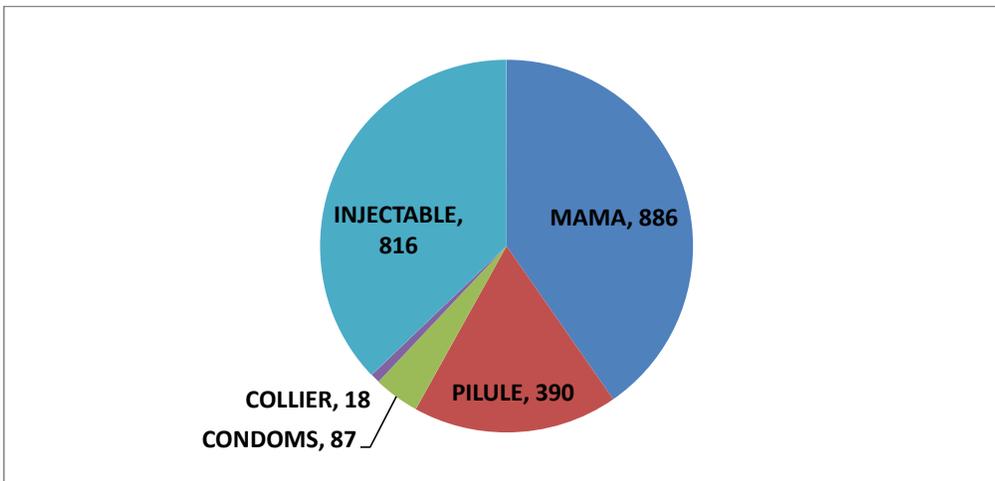


Figure 6: Use of FP methods in ASCs sites from October 2011 to July 2012

PARTNERSHIP DEVELOPMENT/COORDINATION

MCHIP has worked continuously on partnership development since the beginning of the project, and this past year has sought to enrich its collaboration and networking. To better promote the two packages supported by the project (the FBIP and the SEC), MCHIP has built partnerships with FENASCOM, FERASCOM and FELASCOM, organizations that serve as the leads for community-level interventions in health. MCHIP team members have met with representatives from these bodies at all levels to explain the changes and the new role they can play at the community level to facilitate and increase the use of services provided by CSComs and ASCs with MCHIP support. An official letter was sent to FENASCOM to clarify this partnership.

To continue to provide appropriate technical expertise for activities, MCHIP has created a strong working relationship with professional associations (midwives, doctors, etc.) to increase the opportunity of assistance for the activities at the CSCom level.

Women and groups of religious leaders have been systematically involved in social mobilization and continued sensitization of IDPs to use ASC services and show up for registration at the community level.

MCHIP has also partnered with other USAID-funded projects that have been approved to provide humanitarian relief to maximize use of local expertise and avoid duplication at community level (HCI, PKCII, ATN+, etc.)

PROJECT MONITORING AND EVALUATION

M&E activities this year have been focused on strengthening the quality of the project's monitoring and evaluation system and the documentation of results. MCHIP/Mali results were shared with all partners during USAID health meetings. Main activities implemented in M&E were:

- Finalization and validation of SEC package data collection and supervision tools
- Training of national supervisors on SEC data collection and supervision tools
- Training of Kita and Diema districts and CSCom supervisors on SEC data collection and supervision tools
- Production and distribution of SEC data collection and supervision tools for all ASCs in Kita and Diema,
- Supervision visit of ASC in Kita and Diema,
- Development and test of FBIP supervision check list
- Supervision of all providers trained on the FBIP in Kita and Diema
- Supervision visit of CSCom providers trained on the FBIP in Kita and Diema
- Follow-up visits of providers trained on LAM in Diema
- Data collection at the CSComs and ASC level during supervision visits
- Participation in the national HMIS revision workshop to include PPFP and NBH indicators
- Monthly and quarterly data collection using the local HMIS to inform the project PMP results
- Two internal assessments of project activities and documentation during the team retreat
- Project data quality audit process was done by the USAID/Mali team

- Implementation of the audit recommendations in terms of data storage (use of external disk to copy data and place them in secure safe)

The project is currently working on documentation processes for SEC implementation and progress on PFP in collaboration with partners at regional and district levels in order to document lessons learned that could be shared at the national level during the SEC annual review and contributed to GHI results for Mali.

CHALLENGES AND OPPORTUNITIES

Challenges

- Payment of ASCs “salaries” on time (6 month delay due to non-justification of funding with UNICEF at regional and district levels)
- Insufficiency of commodities and supplies for management of acute malnutrition with ASCs
- Abandonment of the job by some ASCs (9/100) for different reasons (family reasons, insufficient salary, delay in the payment of salary, limitation of services for ASCs, nonperformance, etc.)
- Coordination committees at district and regional levels are not fully functional due to non-availability of members to meet regularly
- Monthly follow-up/supervision visits of ASCs by CSComs and district teams are not fully implemented (conflict of agenda, lack of resources due to non-justification of previous budget with UNICEF)
- Inaccessibility to data collection and the transmission system at district level due to the project suspension in quarter two
- Implementation of activities without GOM partners at national, regional and district levels

Comment [K18]: They don't really meet the national labor law's definition of a salary.

Opportunities

- Reversed suspension of the project and approval of humanitarian activities at community level
- Strong partnerships with communities and CSCom teams in the two districts
- Continuing access to MOH partners through cluster meetings (health and nutrition)
- Strong partnership with UNICEF on SEC implementation in the region
- Strong expertise of project technical staff
- Continued support and guidance from the USAID/Mali team on the situation
- Coordination with other USAID-funded partners in the two districts
- Full engagement of community leaders

RECOMMENDATIONS

In order to achieve the required results, the project will continue to build a positive partnership at the national level with professional bodies and other USAID approved projects as well as with community representatives (FENASCOM, ASACOs) to facilitate the implementation of activities during the

transition period. As the project focus changes to humanitarian, activities will be implemented directly with CSCComs and ASCs, and the technical support will come from the project staff.

For the FBIP, the activities will focus on completing the training and supervision of CSCCom staff on AMTSL, PPFPP and ENC (HBB training and documentation for newborn component); the introduction of Misoprostol for PPH management at community level; the expansion of capacity to provide implants by matrons in Kita; and the documentation of all the new approaches for dissemination of results at national and international level.

For the SEC package, it is important to start with the implementation of the *relais* strategy in order to achieve a complete set of activities and results that can be documented and disseminated with partners at all levels. The main activities next year will be the training of *relais*; the follow-up and supervision of *relais* and ASCs; the implementation of a nutrition package and newborn activities; supporting the provision of supplies and commodities to ASCs and CSCComs; the expansion of district coverage with new ASCs; evaluation of the strategy and implementation of key recommendations from reviews and evaluations.

Behavior change communication will be very important to support the services provision with ASCs and at CSCCom level; thus, the project will continue to work with local radio and women's groups to mobilize more beneficiaries and inform them about project activities.

MCHIP will also be actively participating in all working groups related to coordination and technical support on the SEC and the FBIP within USAID-funded partners' network.

Nest steps for FY13 preparation:

- Share the outline of the approved workplan with partners at central and local levels (FENASCOM, National and Regional Direction of Health, District teams and CSCComs, representatives of professional bodies, MCHIP Champions, approved USAID-funded partners)
- Set up the training strategies by identifying trainers by domain and developing the training plan by district
- Develop and produce all needed training materials and procure commodities and supplies for the training sessions
- Coordinate with other partners for better use of resources for activities (co-funding)
- Develop and organize a TA trip for the first quarter
- Plan training in each district