



Maternal and Child Health Integrated Program

MCHIP/Mali

ANNUAL REPORT

October 1, 2012 – September 30, 2013



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Jhpiego in collaboration with
John Snow Inc.
Save the Children
PATH

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USAID/Mali SO: Increased use of child survival and reproductive health services
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MCHIP Organizations: Save the Children (country lead plus technical leadership in newborn health and community-based interventions), Jhpiego (technical leadership in postpartum family planning and maternal health), JSI (technical leadership in integrated community case management)
Key Partners in Mali: Ministry of Health (MOH), FENASCOM, AMM, UNICEF; Project Keneya Ciwara (PKC) 2; Assistance Technique Nationale Plus (ATN); Save the Children (SC), Population Services International (PSI); Health Care Improvement Project (HCI); Plan Mali, ICH/ Muskoka

Table of Contents

ACRONYMS AND ABBREVIATIONS 4

EXECUTIVE SUMMARY 6

MCHIP PROJECT ACHIEVEMENTS BY COMPONENT AT NATIONAL, REGIONAL AND DISTRICT LEVEL 8

ANNUAL REPORT ON PROGRESS AGAINST THE WORK PLAN 23

ENVIRONMENTAL MITIGATION AND MONITORING REPORTING FORM AND CERTIFICATION 62

MCHIP/MALI SUCCESS STORY 65

PERFORMANCE MONITORING PLAN.....68

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)
AMM	Malian Association of Municipalities
ANTIM	National Agency of Medical Telecommunication and Informatics
BCC	Behavior Change Communication
BF	Breastfeeding
CAFO	Coordination of Women Association and Organization
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
CYP	Couple Year Protection
CPR	Contraceptive Prévalence 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
BIP	Facility-Based Integrated Package
FP	Family Planning
FELASCOM	Fédérations Locales des Associations de Santé Communautaire
FENASCOM	Fédération Nationale des Associations de Santé Communautaire
FERASCOM	Fédérations Régionales des Associations de Santé Communautaire
FY	Fiscal Year
GHI	Global Health Initiative
HBB	Helping Babies Breathe
HMIS	Health Management Information Systems
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
LARC	Long-Acting and Reversible Contraceptive
LAPMs	Long-Acting and Permanent Methods
LBW	Low Birth Weight
MCHIP	Maternal and Child Health Integrated Project
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
M&E	Monitoring and Evaluation
NBH	Newborn Health
PAC	Post Abortion Care
PAFP	Post Abortion Family Planning
PKC	Project 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
PPTL	Postoperative Postpartum Tubal Ligation
PSI	Population Services International
QOC	Quality of Care
SBA	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
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
SCI	Save the Children International

EXECUTIVE SUMMARY

MCHIP is USAID's flagship maternal and child health program focusing 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, civil society, local health champions, professional bodies, 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 MCHIP 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 community and facility levels with a geographic focus on the districts of Kita and Diema in the Kayes region. Since January 2013, MCHIP has extended its activities to five additional districts in the Sikasso region (Bougouni, Selingué, Kolondieba, Yanfolila and Yorosso) to implement the Integrated Essential Community Care (SEC) package.

MCHIP raised additional funding from UNICEF to provide technical assistance to five other districts of the Kayes region (Kayes, Bafoulabe, Kenieba, Yelimane and Nioro). At the national level, MCHIP continued to play a leadership role through the SEC focal point group. Based on the program description provided by USAID and MCHIP/Mali's achievements in the project's second year, MCHIP FY 3 specific objectives are to:

1. *Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.*
2. *Improve access to and the quality and efficiency of the SEC package through implementation and monitoring and evaluation support in the regions of Kayes and Sikasso.*
3. *Improve access to and the quality and efficiency of facility-based integrated services at Community Health Centers (CSComs) and rural maternities.*
4. *Cross cutting activities such as M&E, coordination and management related to the objectives above.*

To achieve these objectives, within the constraints imposed by the government suspension, the project team has anticipated coordination and collaboration with civil society partners (FENASCOM, FERASCOM, FELASCOM and AMM), professional and association bodies, champions and partners at the national, regional, district and community level in order to strengthen partnerships and facilitate the implementation of MCHIP FY13. To increase efficiency, MCHIP used consultants for assessments and studies including an Infection prevention and biomedical waste management study at both facility and community level; an evaluation of the SEC implementation process after the LQAS survey, the organization of health fairs in seven MCHIP districts and the pre assessment of Postpartum intrauterine devices (PPIUD). Another innovative strategy was the use of technical resources for training, follow-up, and supervision activities at facility and community levels.

The team also focused on finalizing the relais training manual in partnership with UNICEF and successfully advocating for the validation of the matron's curriculum at the national level in partnership with USAID partners including ATN plus, PKC-II, Intra-Health, etc. Other important achievements include the implementation of innovative approaches such as the cascade training of DTC and ASC in seven MCHIP districts, organization of health fairs "foires de santé" to enhance community participation, promoting adoption of best practices in maternal, newborn and child health, increasing the value of ASC, matrons and relais, and rewarding all those who have been distinguished through their achievements at the community levels. This first edition of a "foire de santé" publication, noted the participation of local actors (ASACO, local elected persons, DTC, ASC, relais, matrons, village chiefs) and health partners (CHCs, ICH, Koica, PASA, ADAC, EGK, PAM, ACF, Arcad AIDS, PSI, Paje Nieta, Plan, Marie Stopes), as well as 7,000 individuals mobilized by the fairs to receive health services and behavior change messages. 4,744 people, mostly women and children, benefited from various preventive and curative health services related to WASH, integrated community case management (ICCM), family planning (FP) and newborn care. This very intense, creative and innovative activity raised MCHIP's profile at community levels and it is highly expected that it will increase use of community health services in upcoming months. Through the organization of FP campaigns in Kita, approximately 800 students received FP messages and 448 women received free implants. Behavior change communication (BCC)

activities have been reinforced through the finalization of BCC messages, the use of local radio stations to disseminate health promotion messages and the identification of women groups which will be oriented to promote best practices on maternal, newborn and child health activities.

MCHIP PROJECT ACHIEVEMENTS BY COMPONENT AT NATIONAL, REGIONAL AND DISTRICT LEVEL

Essential Package of Integrated Community Services (SEC) - iCCM - ORT/Zinc - Nutrition (including diagnosis and management of malnutrition) - WASH - ENC - PNC home visits (including identification and referral of LBW babies) - Family Planning (including provision of injectables, OCP, condoms) - BCC messages

At national level:

- MCHIP continued to facilitate and lead monthly SEC focal point meetings and worked closely with Civil Society organizations (FENASCOM, AMM) to strengthen coordination in SEC activities. These meetings focused on the review of relais training packages, the harmonization of SEC implementation activities for all partners, the sustainability of ASC salaries after the end of UNICEF support, and the different studies under SEC interventions (LQAS, qualitative evaluation after LQAS and the SEC implementation process evaluation).
- MCHIP, in partnership with UNICEF, FENASCOM and the leadership of the National Direction of Health, worked closely to develop a scope of work for the revision of the relais training manual that will include newborn health, BCC, WASH and community-based distribution of contraceptives. The process took into account the development of a draft of the document followed by a finalization workshop organized by MCHIP through FENASCOM in collaboration with SEC implementation partners. At the end of the workshop MCHIP developed an innovative cascade training strategy starting with the organization of a training of trainers (TOT) for master trainers and an orientation for relais trainers (DTC+ASC) on newly revised package of integrated priority interventions for relais in cascade. The first step was to identify and recruit five consultants with skills in adult education, BCC, Family Planning and Essential Newborn Care to ensure orientation of 20 masters trainers selected from NGO partners recognized for their competence on training (Group Pivot Health, ASDAP, and Intra Health), Civil Society (FENASCOM, FELASCOM), Midwives Association, Professionals bodies and MCHIP Champions. The methodology used was an interactive training method for adults. This helped to harmonize training approaches

and strengthen trainer's capacity on adult training to train relais supervisors (158 DTC and the 408 ASC in all seven MCHIP supported districts) on the relais review package.

Development of a concept document on the process to use mobile phones for SEC data collection.

Recruitment of a consultant to conduct evaluation of SEC implementation process through data collected during the program implementation; analyze different methods used for community approach; community mobilization; identification and selection of ASC sites; ASC recruitment and training; installation of equipment; and supervision of data collection system. The evaluation was conducted in Kayes, Kita, Diéma, Bougouni and Kolokani. The results will be shared with the Ad Hoc and SEC focal point groups and will facilitate the decision to review the SEC package and harmonize the implementation process at all levels.

- Development of a BCC strategy which required the recruitment of a consultant. During the process, the BCC team and the consultant made field visits to MCHIP supported districts to better understand the issues that determine behavior change in communities. The team met different stakeholders (FELASCOM members, community leaders, women groups, youth groups, radio animators, MCHIP district officers, ASC, relais, and religious leaders) to ensure that the actions defined in the strategy will lead to sustainable change.
- Organization of a national workshop in collaboration with FENASCOM to review existing BCC messages. A representative sampling of messages in the local language was tested by communities.
- Dissemination of MCHIP "foire de santé" results at national level with the participation of MCHIP team, resource persons, champions and partners. This dissemination workshop has been an opportunity to share lessons learned, discuss strengths and weaknesses and make recommendations for future health fairs.

At regional level:

- In the Sikasso region, MCHIP provided technical and financial support to organize an advocacy workshop under the leadership of the FENASCOM. All FELASCOM presidents, local mayors, ASACO, Doctors leaders, and SEC implementation partners participated in the workshop. The objective was to strengthen partnership, collaboration and involvement of local actors in the SEC implementation and to create a sustainable ownership.

- Organization of a regional meeting in Segou, Sikasso and Kayes in collaboration with FENASCOM, AMM, Everyone Campaign, UNICEF and ICH to share with local authorities, the implementation situation of SEC packages in terms of progress, challenges and perspectives as well as encourage mayors commitments to support the implementation of the SEC through the payment of ASC salaries and support of proximity supervision visits. Mayors in all regions decided to include ASC salaries in their budgets.

At district level:

The SEC team effort has been focused on the following activities:

- Technical and financial support to LQAS survey activities, in collaboration with UNICEF, under the leadership of the MoH. Six health districts were targeted by this evaluation: four districts that already started implementation of SEC in Kayes (Kita, Diema), and in Sikasso (Bougouni, Yorosso) and two districts that have not yet started the implementation of SEC (Kadiolo and Koutiala) in the Sikasso region. At the end of the survey, MCHIP supported the dissemination workshop in Kita, Diema, Bougouni and Yorosso.
- Training of 65 ASC of Kita and 26 of Diema on the new nutrition protocol and SEC data collection and supervision tools in partnership with FELASCOM
- Training of 103 replaced ASC (29 in Kolondieba, 41 in Bougouni, 10 in Yanfolila, 9 in Yorosso, 6 in Selingué and 8 in Diema) on SEC package including new protocol for malnutrition.
- Orientation of all 97 CSCOM Technical Directors in Sikasso (39 in Bougouni, 19 in Kolondieba, 7 in Selingue, 18 in Yanfolila and 14 in Yorosso) on SEC package including data collection and supervision tools.
- Integrated supervision visits in the seven MCHIP districts by Bamako team in order to identify the weaknesses of ASC sites. In October 2013, it is planned to organize a workshop in the seven districts to share lessons learned from such supervision and enhance their competence on ASC supervision approaches and SEC tools.
- TOT orientation for relais trainers (DTC+ASC) on newly revised package of integrated priority interventions for relais. MCHIP innovative approach: MCHIP, under the leadership of FENASCOM, provides financial and technical assistance for the revision of the relais training module. After the finalization, MCHIP developed an innovative strategy to organize TOT orientation for relais trainers (DTC+ASC) on the newly

revised package of integrated priority interventions for relais in cascade. The first step has been to identify and recruit five consultants with skills in adult education, Behavior Communication Change, Family Planning and Essential Newborn Care to ensure orientation of 20 Masters Trainers selected from NGO partners recognized for their competence on training (Group Pivot Health, ASDAP, Intra health), Civil Society (FENASCOM, FELASCOM), Midwives Association, Professionals bodies and MCHIP champions. The methodologies used to train the Masters Trainers were focused on an interactive training method for adults. This helped to harmonize training approaches and strengthen their capacity for adult training. They constitute the pool of trainers to train the 158 DTC and the 408 ASC in all 7 districts through 20 training sessions over the course of three weeks (6 in Bougouni, 4 in Kita, 2 in Diema, 1 in Selingue, 2 in Yanfolila, 3 in Kolondieba and 2 in Yorosso). The training workshops at district level were organized under the leadership of FELASCOM. Objectives for these training workshops were to improve the ability of the DTC and ASC to complete the following:

- Master the different components of the relais package.
- Master the use of the relais training guideline.
- Explain how to use data collection and reporting tools.
- Animate relais orientation sessions using interactive techniques of adult education.
- Master the management and disposal of waste.

To achieve these objectives, the emphasis was placed on interactive adult learning techniques and work groups followed by plenary and practical exercises, demonstrations, and simulations. Each DTC has been linked with an ASC and together they constitute a team to lead sessions with the assistance of facilitators. Each DTC and ASC runs at least two training sessions. After each micro teaching, feedback on the facilitators was given by the participants. This approach has been well appreciated by participants and is used by the facilitators to assess the level of competence of all DTC and ASC, identify challenges for them as trainers and strengthen weaknesses.



FP counseling demonstration during the training by two ASC



DTC facilitating a training session



ASC animate a training session

- MCHIP recruited a consultant to conduct a need assessment in 10 CSCOM of Kita and 10 CSCOM of Diema to assess the knowledge, attitudes and practices of health care providers in terms of prevention of infections and biomedical waste management. The assessment demonstrated that very few providers had been trained on biomedical waste management. In addition, national guidelines about AES were not always displayed in the CSCOM, few structures had functional incinerators and many CSCOM had not required number of bins with Lid.
- DTC and ASC refresher training on infections prevention and biomedical waste management has been integrated into their training on relais review package in all seven MCHIP implementing districts. 405 ASC and 158 DTC attending this tow-day orientation session. The training on infections prevention and biomedical waste management has also been integrated as a component in the MCHIP integrated package and all providers (midwife, nurses and matrons) have been oriented. In addition, the 64 CSCOM of Kita and Diéma each received 2 bins with lid.
- A need assessment was conducted in 10 ASC sites to assess knowledge, attitudes and practices of community health workers in terms of infection prevention and waste management. All ASC sites received WASH kits including hand washing bins with lids, brouilletes, shovels, gangs household, bib and rakes.
- Contracts initiated with 15 local radio stations to disseminate messages on maternal, newborn and child health in the seven supported districts. Before signing the contracts, a one-day workshop was organized to orient radio directors on MCHIP goals, activities, strategies and expectations in terms of communication for behavior change.

- Recruitment of a consultant to work with the MCHIP team to determine and develop a communication strategy that can address issues related to behavior change and identify appropriate approaches to increase the demand for services at community level. The BCC team and the consultant conducted a field visit in four districts: Yanfolila Kolondièba, Kita Diema. This has increased the MCHIP's knowledge of common perceptions of stakeholders and beneficiaries, identified local problems and corresponding solutions and also shown the potential of each locality. Information collected enhanced knowledge of positive and negative factors and identified approaches and tools that the project could focus on to stimulate behavior change in communities.
- Organization of workshop in partnership with FENASCOM, FELASCOM, and Champion under the leadership of the consultant to review existing messages to ensure they integrate all areas of the intervention. The workshop was attended by members of the different project components (SEC, neonatal health, maternal health and family planning). The workshop was followed by a test of messages through individual interviews and focus groups. The results of the test proved successful, showing the value of the messages. This assessment was also an opportunity to test the BCC tools which were appreciated by the communities.
- Organization of health fairs in all seven MCHIP districts from June 24 to July 6, 2013, in collaboration with FENASCOM, FELASCOM, CSRef teams, community actors and leaders, ASACO, DTC, ASC and relais. Several institutions and organization representatives including the head of USAID Health Department, Save the Children Director for Mali and Guinea, were present at the launching ceremony on 24 June in Sélingué. The objective of the Health Fairs is to obtain behavior change from communities, stakeholders, partners and decision-makers on the importance and the need for maternal, newborn and child health interventions through the mobilization and involvement of the community.



Dr. Madina Bah of USAID with a rewarded ASC



ASC Booth at a Health Fair

Health fairs are an innovative strategy and used an integrated approach of the project which aims to improve maternal, neonatal and child health indicators. The implementation process went through various stages including the elaboration of conceptual documents, support and tools, the involvement and participation of local stakeholders, the creation of implementation commissions and sub commissions, the development of a media plan and the design of a rapid qualitative and quantitative evaluation tools. This first edition, which noted the participation of many project partners, was focused on health services and behavior change message delivery that mobilized around 7,900 people. 5,922 people, mostly women and children, benefited from stands providing preventive health services related to WASH, malnutrition, and diarrhea, counseling and family planning methods. The Health Fairs were also an occasion to award outstanding stakeholders (ASC, DTC, village chiefs, etc.), who distinguished themselves in health, particularly in the implementation of MCHIP activities. Additionally, "Divertir pour Eduquer", which is key in the Health Fairs process, was promoted through games and a quiz.

The first edition of the Health Fairs was a good experience and results will be shared with stakeholders at the national level. The impact will be evaluated and the project will lead a process of setting up a national steering committee.

Integrated Package of Care at Community Health Centers (CSComs) & Secondary Maternities - AMTSL - ENC - HBB - Implants & IUDs

At national level:

- MCHIP, through the MH/FP team, provided financial and technical assistance for the adaptation of facility-based integrated package training curriculum for matrons at CSCom and secondary health centers. During this workshop, MCHIP shared the lessons learned on the different training sessions. The validation workshop of MCHIP facility-based integrated package training curriculum for matrons at CSCOM and secondary health centers was organized in collaboration with FENASCOM and other USAID partners (ATN plus, PKCII, PSI, Intra Health, etc.) Before the validation workshop, MCHIP trained 21 matrons of Kita to test the document and provide technical support for the validation.
- The project continued to contribute to the improvement of the national FP program by participating in a FP and nutrition intensification campaign (SIAN in Kita and Diema in partnership with Champion). During these campaigns (331) implants and (2) IUDs were inserted. PPF with long acting method promotion was included in all strategies

and activities related to the national FP campaign. MCHIP also participated in the Kuala Lumpur International Meeting on FP.

- MCHIP MH/FP team organized a training session on PPIUD in Bamako from 12 to 16 August with the technical assistance of the JHPIEGO team. 15 providers (nine from Kita, two MCHIP champions, two MH/FP officers, two professional body members, one gynecologist and one midwife of Commune VI health center).



PPIUCD training organization with MCHIP HQ participation



PPIUCD Demonstration on mannequin by MCHIP FP Assistant

At regional level

In December 2012, MCHIP MH/FP provided technical assistance to the SC FPE project for the training of 18 providers on LARC.

At district level

During this year, Facility-based Integrated Package (FBIP) activities focused at the district and community level through the following activities:

- As part of the national FP campaign, MCHIP's MH/FP team, in partnership with FELASCOM, champion, Coordination of women association and organization, professional bodies and associations, organized a promotion of LARC through the nutrition intensification campaign (SIAN) in collaboration with MCHIP champions. During the campaign, 448 women received implants and 2 received free IUDs.
- A follow-up visit was conducted for matrons trained on implants in Diema. It was the third follow-up visit as recommended in the demonstration implementation protocol. 27 trained matrons received this follow-up visit among the 30 trained in August 2012.

- To complete the training session on Integrated Package (IP), 50 matrons (19 from CSCOM and 31 from secondary health centers) and 20 skills providers were trained in Kita.
- Training of 65 skilled providers on LARC (DIU and Jadelle) in Kita district. During the training, 126 women received free implants and 7 women received free IUDs. In addition, the different providers received the necessary equipment to insert jadelle in IUD after the training.
- In order to make LARC methods available for women in reproductive age as well as answer the unmet demand for these women in terms of FP services, MCHIP decided to extend the training of matrons on jadelle in Kita district. 40 matrons of Kita received this training. During this activity, 200 women received FP counseling and 70 received free jadelle.
- Integrated follow-up and supervision visits of trained providers (DTC, matrons and nurses) were conducted in Kita and Diema to continue to strengthen provider's capacity on the different components of the IP. This included training on Helping Babies Breathe (HBB) through the use of mannequins to demonstrate and practice their knowledge. The supervision team was composed of the project team, Champion and consultant. At the end of the visit a feedback session was organized and key recommendations were provided to the CSCOM team as well as the ASACO, which is managing the center.
- Organization of field visit in communes V and VI of Bamako and four centers of Kita district to assess equipment and infection control measures in preparation for the training on PPIUD counseling. After this visit, 19 providers of Kita had been trained on PPIUD counseling.
- Training of 246 health providers (108 skill providers and 138 matrons) of CSCOM, secondary health centers, private clinics and health schools in Kita and Diema on HBB approach. The purpose of this approach is to reinforce the provider's capacity on newborn resuscitation through demonstration and practice with Neonatalie mannequins and to encourage participants to establish practice sessions on the mannequin in their facilities in order to maintain their knowledge and capacity on newborn resuscitation. At the end of the training session, 135 resuscitation kits were distributed. After six weeks, each training provider received a follow-up visit. They also received quarterly formative supervision visits to reinforce and maintain their capacity on newborn resuscitation.



HBB Demonstration on neonatalie mannequin by a DTC of Diema during the training session

- In collaboration with professional bodies/ associations, the newborn team organized specific newborn health supervision visits of ASC in the seven MCHIP districts to improve newborn services delivered by ASC at community level as well as promote newborn health through behavior change messages. Messages included seeking care at the health center during pregnancy, childbirth and post-natal visits; recognition of danger signs; the importance of newborn home visits during the first week of birth to ensure that both mother/newborn are doing well; tips for daily care and the when to make referrals as necessary to the health center. This supervision was formative and created an opportunity to address challenges and make recommendations that will be implemented and monitored by the various levels of responsibility.

Cross-cutting activities including M&E, Coordination and Management

Monitoring and evaluation summary

This year, monitoring and evaluation activities were focused on strengthening the quality of the project's M&E system and the documentation of results. Main activities included:

- Development and testing of systematic supervision guidelines and tools which are used for all staff supervisory visits at CSComs, ASC, and relais levels.
- Elaboration of TOR for integrated supervision.

- Development of a database for the documentation of the demonstration on Diema matrons' activities on LAM (Jadelle).
- Development of personalized SEC and IP database for each of the seven district coordinators of Sikasso and Kayes.
- Production and the distribution of SEC and IP data collection and reporting tools.
- Participation in the complete process of SEC evaluation using LQAS method (data/tools development, training of national and regional trainers, training of investigators, and data collection on the field).
- Orientation of 56 DTC in Kayes region (35 in Kita and 21 in Diema) on IP data collection and reporting tools.
- Recruitment of a consultant for a baseline survey on Environment Mitigation and Monitoring Plan activities (EMMP).
- Need assessment on biomedical waste management strategy and the use of infection prevention measures at 10 CSCOM in Kita and 10 CSCOM in Diema.
- Development of a database for local radios broadcast activities.
- Organization of MCHIP internal monthly coordination meetings with Bamako staff and regional coordinators in Sikasso and Kayes.
- Routine data collection through supervision activities in CSCOM and ASC sites.
- Production of 14,100 individual records sheets for women who have adopted a FP method. This tool was distributed in 64 CSCOMs in Kita and Diema districts.

Management

The project management activities were focused on:

- Recruitment of a COP in December 2012 and a DCOP in November 2012.
- Revision of the FY13 work plan and budget for a final approval on March 19, 2013.

- Introduction visits of the new COP to all MCHIP partners including USAID implementing partners (PSI, ATN, PKC II), the Civil Society (FENASCOM), UNICEF, the Red Cross and other Save the Children partners implementing SEC activities (Koica and ICH/Muskoka).
- Recruitment of 14 new staff for the project.
- Reorganization of MCHIP staff organigram highlighting new positions, staffing by focused activities (project support, IP, SEC, M&E) and regional staffing.
- Rental of a new office and procurement of furniture, equipment and services (security and cleaning).
- Organization of shifting activities from Save the Children main office to the MCHIP new office.
- Purchase of two project vehicles. Rental of vehicles to fill the logistic gaps
- Development and distribution of MCHIP coordination and management mechanism manual for all MCHIP staff to improve general mastering of the project's organization and activities, including coordination, supervision, and management of data collection and supervision tools, as well as commodities management.
- Development of personalized SEC and IP database for each of the 20 district coordinators of Sikasso and Kayes.
- Development and testing of systematic supervision guidelines and tools which are used for all staff supervision visits at CSComs, and ASC levels.
- Production and distribution of SEC and IP data collection and reporting tools.
- Elaboration of FY14 work plan, PMP, EMMP plan and budget.
- Four-day retreat with MCHIP Bamako team, regional teams and technical support consultants to strengthen the team spirit and trigger a new dynamic for FY 2014. The main goal of this retreat was to strengthen the project team's capacity in terms of management and leadership. To achieve this objective, several exercises were organized including topics on cooperation, building a common goal, communication ,creativity, organizational change, group dynamics , managing personalities,

characteristics of an effective team, the MCHIP diagnostic team, constructive feedback, defining leadership and defining situational leadership.

- Procurement of complementary equipment to improve quality of SEC and FBIP services.

Partnership development/coordination

During this fiscal year, MCHIP reinforced partnerships with SEC implementing partners (UNICEF, Plan Mali, ICH, etc.), civil society (FENASCOM, AMM), USAID implementation partners (PSI, ATN plus, PKC II, etc.) and national NGOs at all levels. The collaboration allowed for better implementation of the two packages of the project.

MCHIP COP and team met representatives from FENASCOM, AMM and FELASCOM to explain the changes and the new role they could play at the community level to facilitate and increase the use of services provided by CSComs and ASCs with MCHIP support. An MOU was established to clarify the role and responsibilities of MCHIP and FENASCOM.

MCHIP, in its role of providing appropriate technical expertise for activities, has continued collaboration with professional associations (midwives, doctors, etc.) to increase the opportunity of assistance for the activities conducted by CSCom staff and ASC.

Key program learning activities

This year, MCHIP decided to document four program learning activities listed below:

- **Comprehensive SEC Evaluation:**

Is the national SEC strategy effective in increasing the utilization of community-based MNCH/FP services and does it has an impact on morbidity and mortality?

To respond to this question, MCHIP will document the results from three evaluation activities implemented during FY13: LQAS in four MCHIP districts in collaboration with UNICEF; SEC implementation process evaluation study at four districts (3 in MCHIP area and 1 supported by UNICEF) and the planned SEC qualitative study in August 2013.

- **Matron Implant Study:**

Can matrons (midwifery assistants) effectively provide implants according to recognized international and national standards?

Documentation finalized in September 2013.

- **Community mobilization and promotion of BCC messages through health fairs:**

Does the implementation of health fairs increase the promotion of community based health service provision; increase the utilization of the essential package of MNCH/FP interventions (SEC) and IP at CSCOM levels?

All health fair conceptual documents and data collected on fairs sites are available. Post health fair data monitoring is underway at the level of all CSCOMs and ASC sites in MCHIP zones. Documentation of this activity will be finalized by end of September 2013.

- **BCC Messages via Radio Broadcasts:**

Does the promotion of MNCH/FP messages via radio broadcasts have an impact on community-based health service (SEC) and health center (CSCOM) services utilization and health outcomes?

A database has been put in place for data entry for this activity and a radio mystery survey activity that will involve some community actors is in place.

Challenges

Key major challenges from the implementation of MCHIP activities were:

- A huge package of activities to be implemented in a short period of 6 months.
- Management of challenges (staffing, procurement, etc.).
- Inability to engage government entities due to the suspension.
- Availability of commodities.
- Important turnover among ASC and CSCOM staff.
- Maintaining integrated supervision to strengthen newborn health and FP service delivery by ASC.

Key Opportunities

Key opportunities include:

- Strengthened engagement with FENASCOM, FERASCOM, FELASCOM and Majors associations.
- Greater engagement with local community groups including women's and youth groups, local NGOs, etc.
- Advocacy for SEC at national level through civil society.
- Improved operating environment and staff increase.

Nest steps for FY14 preparation:

- Sharing the outline of the approved work plan with partners at central and local levels (FENASCOM, AMM).
- Setting up the training strategies by identifying trainers by domain and developing the training plan by district.
- Development of a procurement plan for all needed.
- Development of a supervision plan by component.
- Coordination with other partners for better use of resources for activities (co-funding).
- Development and organization of a TA trip during the first quarter.
- Training, follow up and supervision visit in each district.

ANNUAL REPORT ON PROGRESS AGAINST THE WORK PLAN

(Report Period: October 1, 2012 - September 30, 2013)

Summary Plan of Activities by Program Element	Status of Implementation	Update at 6 months	Year-end Status
Project Activities			
Objective 1. Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.			
<p>Activity 1.1: Play a technical leadership and coordination role amongst SEC implementing partners via the Focal Points Group to ensure effective and efficient implementation of the SEC strategy at community level</p>	<p>In Progress</p>	<p>MCHIP Child Health advisor is continuously working with SEC implementing partners.</p> <ul style="list-style-type: none"> • 3 meetings with the subgroup responsible for monitoring and coordination of activities implemented at household level. PSI is the leader of this group. • 1 meeting with Plan International and ACF to improve the coordination of nutrition activities at community level through ASC. • 1 meeting with UNICEF to improve the development of hygiene and nutrition activities at community level. 	<ul style="list-style-type: none"> • With the restriction of the project to not support group Ad-Hoc meeting, this process has been reduced to “focal point” meetings and a coordination meeting with partners in order to maintain project results.

		<ul style="list-style-type: none"> • Status of SEC implementation in all regions has been shared with SEC focal point partners. • MCHIP initiated a workshop in Sikasso region to strengthen partnership and advocacy for the improvement of ownership and coordination for SEC activities. MCHIP improved coordination with Save the Children KOIKA and ICH/Muskoka projects, and other partners such as Red Cross, ATN, PKCII, and Plan International. • FERASCOM of Sikasso and FELASCOM committed to support MCHIP and all partners in SEC package implementation. 	
<p>Activity 1.2: Identify an integrated package of priority interventions for all relais, update the curriculum, training tools, job aids, and materials for this package.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • MCHIP, through the CS Advisor, worked closely with partners to develop a scope of work for the revision of the relais training manual that will include SEC interventions. To speed up the process, a consultant was recruited to develop the first draft of the relais integrated 	<ul style="list-style-type: none"> • The curriculum, training tools, job aids, and materials for relais have been updated and finalized. The job aids have been validated at national level with UNICEF financial support. The validation of the relais training manual is planned for July 2013. The updated document included 8 modules: Roles and responsibilities of relais, BCC, Nutrition, ENC, WASH, CBD FP, Health

		module and to organize a review and validation workshop to finalize the module.	Information System, vaccination epidemiological surveillance and neglected tropical diseases.
Activity 1.3 : Update/revision of CBD FP module for all relais	Completed	<ul style="list-style-type: none"> The CBD/FP module for relais was revised and will be integrated into the draft relais training manual. 	<ul style="list-style-type: none"> CBD FP integrated into the relais updated manual.
Activity 1.4: Contribute to a comprehensive SEC Evaluation	Ongoing	<ul style="list-style-type: none"> The SEC activities evaluation process began with UNICEF in October 2012 under MoH leadership. Through the CCM/CH Advisor and the M&E Manager, MCHIP has participated in all steps of this first evaluation. Six health districts were targeted by this evaluation: 4 districts that already started implementation of SEC in Kayes (Kita, Diema), and in Sikasso (Bougouni, Yorosso) and 2 districts that have not yet started the implementation of SEC (Kadiolo and Koutiala) in Sikasso region. Currently all of the LQAS survey data are available. MCHIP participated in the dissemination 	<ul style="list-style-type: none"> MCHIP provided technical and financial support to the restitution of LQAS survey result and the analysis of SEC implementation bottleneck in Diema, Bougouni and Yorosso district. <p>MCHIP also recruited a consultant to conduct an evaluation of SEC implementation process. These studies can provide technical elements which can be helpful for the SEC package revision process.</p> <ul style="list-style-type: none"> A qualitative study post LQAS is ongoing to explain the result of LQAS quantitative data.

		workshop in Kita district organized in March 2013.	
Activity 1.5: MCHIP/Mali team and SEC implementation partners will review the results of the SEC Evaluation with CSComs and ASACOs and actions taken at the local level will be included in the SEC Mali Newspaper and will be disseminated among partners and beneficiaries (ASACO, FELASCOM, etc.)	Completed	<ul style="list-style-type: none"> The bottlenecks analysis was conducted with all partners during the dissemination workshop in Kita district organized in March 2013 and dissemination activities will be finalized in all MCHIP target districts. 	<ul style="list-style-type: none"> MCHIP provided technical and financial support to the restitution of the LQAS survey results and the analysis of the SEC implementation bottleneck in Diema, Kita, Bougouni and Yorosso district. The community actors (ASACO, local elected) were represented at the level of all these 4 districts. After the dissemination workshop, some ASACO made the decision to reduce the price of the consultation ticket to 250 FCFA from 100 FCFA, which will thereby increase the use of services at the ASC sites.
Activity 1.6: MCHIP will work closely with MEASURE Evaluation and ANTIM to adapt the data management software developed for Bamako and Segou to reduce timeline for reporting and improve the completion of data for reporting and data use for programming.	In Progress	<ul style="list-style-type: none"> MCHIP Child Health advisor met with the MEASURE Evaluation team to discuss this activity to better understand their approaches and the difficulties encountered during the implementation of this activity in Segou. Information gathered during this learning meeting will guide decision making for the scope of this activity under 	<ul style="list-style-type: none"> MCHIP, through the CCM/CH Advisor, met with ANTIME and YELEMA to discuss the effective pilot implementation of this activity. The implementation description has been elaborated. The process to select the pilot model and ASC sites is underway. The description of mobile phone use and strategies were also developed. The consultant SOW was developed and the recruitment process is ongoing.

MCHIP.

Objective 2. Improve access to and the quality and efficiency of the essential community package (SEC) through implementation and monitoring and evaluation support in the regions of Kayes and Sikasso

<p>Activity 2.1: Use the newly validated national SEC nutrition protocol to adapt/update the ASC training module and provide refresher trainings to the 100 ASCs trained during PY2.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • Training of 65 functional ASC of Kita in the new nutrition protocol under a co-financing with ACF. • Training of 26 functional ASC of Diema in the new nutrition protocol in partnership with the SC Humanitarian project. • During these workshops the ASC have been oriented to data collection and management tools on the SEC package. The orientation session for Sikasso is planned for FY13 quarter 3. 	<ul style="list-style-type: none"> • 103 replaced ASC (29 in Kolondieba, 41 in Bougouni, 10 in Yanfolila, 9 in Yorosso, 6 in Selingué and 8 in Diema) have been trained on SEC package including new protocol of malnutrition.
<p>Activity 2.3: Based on this specific need identified in PY2, MCHIP will work with ASC supervisors to</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • All DTC in Kayes region have been trained on SEC package. The training of Sikasso DTC 	<ul style="list-style-type: none"> • During this year all ASC received at least one formative supervision visit per quarter. This routine supervision visit include, PNV, correctly

<p>strengthen ASC skills in three major SEC interventions: postnatal care visits, identification of newborn danger signs and referral, and low birth weight management. Supportive supervision visits will be conducted in collaboration with CSComs staff, representatives of professional bodies and champions in order to improve the quality of services offered to newborns at community level.</p>		<p>on the SEC package is ongoing and will include data collection, reporting, and supervision tools.</p> <ul style="list-style-type: none"> The documentation of SEC implementation is ongoing. A register integrating all requested and validated information has been developed and distributed to ASCs for regular data collection and reporting. Their upcoming monthly report will include data on postnatal care visits, identification of newborn danger signs, and referral. 	<p>identifying and referring newborns with danger signs; correctly managing LBW babies as recommended in SEC implementation guidance and supervision tools. Also, MCHIP/HQ Newborn Advisor and Assistant organized specific supervision visits in 2 CSCOM and 2 ASC sites of Kita with the focus on newborn component.</p> <ul style="list-style-type: none"> In July 2013, MCHIP Bamako team organized an integrated supervision visit in MCHIP district. In October 2013, it is planned to orient MCHIP district officers and DTC together on SEC formative supervision process and data collection, supervision and reporting tools in order to harmonize ASC supervision visits by all supervisors at all levels.
<p>Activity 2.4 : TOT orientation for relais trainers (DTC+ASC) on newly revised package of integrated priority interventions for relais</p>	<p>Completed</p>		<ul style="list-style-type: none"> 158 DTC (22 in Diema, 41 in Kita, 38 in Bougouni, 14 in Yorosso, 19 in Kolondieba, 17 in Yanfolila and 7 in Selingué) have been oriented on newly revised package of integrated priority interventions for relais. 408 ASC (28 in Diema, 56 in Kita, 149 in Bougouni, 38 in Yorosso, 86 in Kolondieba, 33 in Yanfolila and 18 in Selingue) have been oriented on newly revised package of

			<p>integrated priority interventions for relais. The duration of each training session was 4 days. This cascade training activity was made possible because of the use of 20 Masters trainers trained in Bamako, in partnership with Champions, Professionals bodies, and FENASCOM.</p>
<p>Activity 2.5: Train and equip 750 relais linked to SEC sites on the new package of integrated priority interventions.</p>	<p>Completed</p>		<ul style="list-style-type: none"> • 3,738 relais (597 of Diema, 1,198 of Kita, 412 of Kolondieba, 1,010 of Bougouni, 252 of Yanfolila, 241 of Yorosso and 28 of Selingue) have been trained on newly revised package of integrated priority interventions for relais. The duration of each training session was 6 days. The DTC and ASC were the trainers with the support of MCHIP district officers and resource persons.
<p>Activity 2.6: MCHIP will work with the CSComs to strengthen record keeping and reporting of services by the ASCs, as well as relais, and their sales of medicines and contraceptives, including timely identification and resolution of bottlenecks. MCHIP will provide refresher supervision trainings to existing ASCs as needed in order to</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • MCHIP is improving record keeping at the levels of field coordinators, DTC, and ASC through the distribution of record keeping tools (registers, folders, boxes). Formative supervision of CSCom providers and ASC is being implemented under the newly revised supervision approaches and tools. The 	<ul style="list-style-type: none"> • The ASC provide their activities report monthly. MCHIP District Officers in collaboration with DTC ensure the verification of ASC data quality before the entry in the database developed for this purpose in each district. To ensure better documentation and archiving, the ASC provide three reports every month. One report is for the ASC, one for the CSCOM and one for the CSRef. MCHIP provided shirts to the ASC and archives boxes to the CSCOM for the archiving.

achieve this task.		regular use of these supervisory tools by MCHIP staff will improve early detection of bottlenecks and apply immediate solutions.	
Activity 2.7 : Post-training follow-up of relais	Planned for the first quarter of FY14		<ul style="list-style-type: none"> The follow-up and supervision plan will be develop and the first follow-up visit is planned for October.
Activity 2.8 : Supervision of relais trained in integrated package of priority interventions	Planned for the first quarter of FY14		<ul style="list-style-type: none"> Planned for the first quarter of FY14.
Activity 2.9 : Orient 61 CSCOM Technical Directors and 100 ASCs on CBD FP for relais in Kita & Diema	Completed	<ul style="list-style-type: none"> The relais package was adapted and CBD has been included. 	<ul style="list-style-type: none"> CBD FP is a component of relais adapted manual. 158 DTC and 408 ASC were trained on this package.
Activity 2.10: Training of 750 Relais on CBD FP.	Completed		<ul style="list-style-type: none"> 3,738 relais (597 of Diema, 1,198 of Kita, 412 of Kolondieba, 1,010 of Bougouni, 252 of Yanfolila, 241 of Yorosso and 28 of Selingue) have been trained on newly revised package of integrated priority interventions for relais. This training package included CBD FP.
Activity 2.11: Post-training follow-up of 750 relais.	Planned for the first quarter of FY14		<ul style="list-style-type: none"> Planned for the first quarter of FY14.

<p>Activity 2.12: In 5 SC assisted districts, MCHIP will work with the regional PMI/CCM team to adapt the supervision guidelines approach developed in Kayes to the Sikasso context and facilitate the refresher orientation of supervisors in order to strengthen M&E and reporting of results as well as use of data for decision making.</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • Organization of workshop at Selingué with 36 MCHIP staff (Bamako, Sikasso, and Kayes) to share MCHIP global vision and to disseminate the newly designed approaches in coordination, supervision, data collection tools, commodities management, and internal procedures for field activities. • Development and distribution of MCHIP reference manual for the entire project staff to improve coordination, management, and M&E activities at all levels. • Elaboration of TOR for integrated supervision. 	<ul style="list-style-type: none"> • A first orientation session on ASC packages including ASC data collection, supervision and reporting tools has been organized for the 94 DTC of Sikasso region in collaboration with FELASCOM, ASACO and MCHIP resources persons. • After the integrated supervision visit was conducted by MCHIP Bamako staff, it has been decided to reinforce DTC and MCHIP district officers on ASC supervision system in order to harmonize ASC supervision approach at all levels.
<p>Activity 2.13: Disseminate the integrated supervision plan at the level of 7 districts in Kayes and Sikasso to include 149 CSCOM providers (DTC) and provide support to its implementation</p>	<p>In Progress</p>		<ul style="list-style-type: none"> • MCHIP has organized a two-day workshop to harmonize ASC supervision approaches with all staff, including resources persons. During this workshop, all data collection tools have been presented and discussed for common understanding .The supervision plan describing the whole methodology of supervision has been also discussed. The integrated

			<p>supervision plan dissemination occurs during supervisions activities with DTC. In July 2013, an integrated supervision visit was conducted with MCHIP Bamako staff in the 7 districts to identify the difficulties of SEC packages implementation. In October 2013, the integrated supervision result and plan will be disseminated in the 7 districts of Kayes and Sikasso to include 158 CSCOM providers (DTC) and 20 MCHIP district officers.</p>
<p>Activity 2.14: MCHIP will work with PMI/CCM supported district teams to adapt the monitoring tools to SEC implementation and facilitate the organization of training sessions on the adapted tools for all CSComs in the five districts.</p>	Completed	<ul style="list-style-type: none"> 57 CSCom staff from Bougouni and Kolondieba have been trained on SEC package, including data collection, reporting, and supervision tools. The training of the other 3 districts is ongoing. 	<ul style="list-style-type: none"> All 96 CSCom staff from Bougouni and Kolondieba, Yanfolila, Yorosso, Selingué and Kolondieba have been trained on SEC package, including data collection, reporting, and supervision tools. The training of the other 3 districts is ongoing. The national validated tools are used at all districts for supervisors.
<p>Activity 2.15: The ASC site supervision is under the responsibility of DTC in collaboration with district health coordinators. This supervision will be done monthly or quarterly in order to improve delivery services at the community level. The project team will provide financial support</p>	In Progress	<ul style="list-style-type: none"> MCHIP has developed new norms for the supervision of ASC sites by district coordinators. Each ASC site will be supervised at least two times per quarter. The district coordinators participated in CSCom monthly coordination meeting with the local SEC 	<ul style="list-style-type: none"> MCHIP provided financial support for ASC specific supervision visit by DTC in all 5 districts of Sikasso. The beginning of this activity is planned in July 2013.

<p>to ASACO to support DTC's supervision of ASC sites. A monitoring report will be submitted to ASACO members at the end of each supervision, and recommendations will be shared at SEC coordination team meetings at CSCoM level.</p>		<p>committee. During these meetings the data submitted by ASC are shared with ASACO members and the local SEC coordination team.</p> <ul style="list-style-type: none"> • In Kayes and Sikasso, MCHIP will provide support to DTC involved in ASC supervision. 	
<p>Activity 2.16: To organize special days: World Malaria day, African Child Day in 326 ASC sites in Sikasso and Kayes regions.</p>	<p>Completed</p>		<ul style="list-style-type: none"> • Malaria day and African Child Day have been organized in all ASC sites in Sikasso and Kayes regions through a free one-day health consultation. Local radio stations also disseminated messages on malaria prevention for children under five and pregnant women. MCHIP health fairs have been an opportunity to disseminate behavior change communication messages on malaria prevention, hand washing, and child nutrition. Also, through the DTC and ASC, sick children with diarrhea, pneumonia, malaria and malnutrition received appropriate treatment. 982 children received free treatment.
<p>Activity 2.17: To organize ASC fora Meeting in Sikasso and Kayes regions.</p>	<p>Postponed to October</p>		<ul style="list-style-type: none"> • The fora workshop will be integrated to the supervision plan dissemination workshop at all 7 districts.

<p>Activity 2.18: ASC will be motivated, as indicated, for their work at the end of each month. ASACOs have service contracts that constitute a working relationship between them and the ASC. In a dynamic partnership, the project team, in collaboration with FELASCOM/ASACO, will ensure payment of the motivation for the ASC during 9 months in five health districts in Sikasso.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • A new mechanism for the payment of ASC motivation in Sikasso region has been established under MCHIP's new organization approaches. To ensure regular payment of ASC motivation, a fixed payment calendar (week of 22 to 30) has been negotiated and established in each health zone between the coordinators, FELASCOM, and ASACO members. 	<ul style="list-style-type: none"> • 326 ASC of Sikasso received their monthly motivation. These motivations are paid on fixed dates each month. The ASC bring their monthly reports and the DTC and district officers use this opportunity to check and correct the reports with the ASC.
<p>Activity 2.19: MCHIP will use fourteen radios (ten in Sikasso and four in Kayes) to broadcast key messages on SEC package. These messages will be disseminated through a media plan established by radio stations. District advisors will monitor monthly broadcasted messages.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • The mapping of all local radio stations has been achieved in the 7 MCHIP supported districts and 16 have been selected. • A 6 month contract has been temporarily established with 15 radio stations out of 16 selected (11 in Sikasso region, 2 in Diema and 2 in Kita) in order to closely monitor the radio station's performance and prepare them for competition to meet 	<ul style="list-style-type: none"> • A 6 month contract has been temporarily established with 15 radio stations out of 16 selected (11 in Sikasso region, 2 in Diema and 2 in Kita) in order to closely monitor the radio station's performance and prepare them for competition to meet MCHIP communication and BCC needs identified through the results of the ongoing quantitative and qualitative evaluation activities. • The heads of the 15 local radio stations have been oriented to MCHIP's global vision, and interventions, and the need for creative broadcast approaches that effectively contribute to the projects expected results. A

		<p>MCHIP BCC needs identified through the results of the ongoing quantitative and qualitative evaluation activities.</p> <ul style="list-style-type: none"> • The heads of the 15 local radio stations have been oriented to MCHIP’s global vision, interventions, and the need for creative BCC approaches that effectively contribute to the project’s expected results. 	<p>media plan established by the MCHIP/BCC assistant has been shared with all the radios and district coordinators. A workshop was organized to review BCC messages on all project components in partnership with FENASCOM. The messages were tested in the field for final internal adoption. Before a new contract in FY14, an assessment of radio station performance will be conducted to choose the best performing radio stations.</p>
<p>Activity 2.20: Each ASC will receive quarterly management, data, and report monitoring and supervision tools. This allocation will be given through DTC, which will be responsible for rigorous monitoring in order to avoid the interruption of stock-outs.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • MCHIP Integrated Package and SEC Package tools have been produced and distributed at all levels. 	<ul style="list-style-type: none"> • In all ASC sites and CSCOM the data collection, reporting and supervision tools are available.
<p>Activity 2.21: Multiplication of training tools (manuals, guides, etc.) of the community health agents and relais in Sikasso and Kayes Regions.</p>	<p>In Progress</p>		<ul style="list-style-type: none"> • Multiplication of 655 relais manuals, 655 training guidelines and 425 job aids for DTC and ASC used for relais training in Sikasso and Kayes regions. The multiplication of 2,064 relais BCC materials and relais data collection

			tools is ongoing.
Activity 2.22: The coordination team will supervise the health district advisors on quarterly basis. This supervision will be done during the monthly meetings and will be a forum to improve district advisors activities.	Completed	<ul style="list-style-type: none"> Guidelines developed for systematic supervision to be used by all MCHIP staff during regular field visits. This document addresses: coordination, cleanliness and level of organization, availability of equipment, and supplies and tools at health centers and ASC level. 	<ul style="list-style-type: none"> MCHIP Bamako team and regional coordinators conducted formative supervision visit for all district officers.
Activity 2.23: According to the project guidelines, monthly meetings are organized between district advisors and the main project team that resides in Bamako. These meetings facilitate updates on activities done during the past month and plans for future activities. This meeting is also an opportunity to share/exchange field experiences and project actions that happened in other areas such	Completed	<ul style="list-style-type: none"> One of the outcomes of the Selingué workshop on reinforcing and harmonizing MCHIP management approaches is the establishment of regular regional coordination meetings on the 8th of each month. These meetings gather all district coordinators and MCHIP Bamako staff. The objective is to share 	<ul style="list-style-type: none"> Since January 2013, monthly staff meetings have been organized in both Kayes and Sikasso regions. These meeting are an opportunity to: share information and news between Bamako and the field staff, update the monthly work plan, review the activities planned for the next month by district, assess availability of commodities and data collection tools at all levels (ASC site, secondary maternities and CSCOM), review data collected by district coordinators, reinforce District Coordinators capacity on MCHIP

<p>as the Kayes region. The meeting minutes will be established and shared with other colleagues in Kayes region.</p>		<p>information from MCHIP/BKO and the field, review activities implemented during last month, update planning for next month, and discuss implementation challenges and appropriate solutions.</p>	<p>implementation package as needed, discuss difficulties encountered and proposed solutions to resolve them.</p>
<p>Activity 2.24: LQAS results dissemination in 7 districts in Sikasso and Kayes region</p>	<p>Completed</p>	<ul style="list-style-type: none"> Dissemination workshop in Kita district organized in March 2013. 	<ul style="list-style-type: none"> MCHIP provided technical and financial support to the restitution of LQAS survey results and the analysis of SEC implementation bottleneck in Diema, Kita, Bougouni and Yorosso district.
<p>Activity 2.25: Basic training of DTC on the SEC package and orientation of relais trainers (DTC+ASC) on the new integrated package of priority interventions within the 5 districts in Sikasso region.</p>	<p>Completed</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 94 DTC of Sikasso (39 in Bougouni, 14 in Yorosso, 18 in Kolondieba, 16 in Yanfolila and 7 in Selingué) have been oriented on newly revised package of integrated priority interventions for relais. Training of 325 ASC of Sikasso (149 in Bougouni, 37 in Yorosso, 86 in Kolondieba, 35 in Yanfolila and 18 in Selingué) on relais updated package.
<p>Activity 2.26: To train and equip 1,000 new relais in 3 districts and 1,568 relais that have a relationship with ASC sites on the new integrated package of priority intervention in 5 districts within</p>	<p>Completed</p>		<ul style="list-style-type: none"> In the 5 districts of Sikasso, 1,762 (914 in Bougouni, 358 in Kolondieba, 248 in Yanfolila, 215 in Yorosso and 27 in Selingué) relais linked to ASC sites have been trained.

Sikasso region.			
Activity 2.27: Celebration of the global week of exclusive breastfeeding.	Completed		<ul style="list-style-type: none"> The health fair allowed the promotion of exclusive breastfeeding through behavior change communication with local radio stations, ASC and DTC. Awards were given to women who adopted exclusive breastfeeding and correctly followed the immunization schedule for their children.
Activity 2.28: Harmonization of supervision approach in Sikasso and Kayes regions.	Completed	<ul style="list-style-type: none"> The supervision approach harmonization workshop organized with MCHIP resources persons. 	<ul style="list-style-type: none"> MCHIP organized a 2-day workshop with all staff involved in supervision in order to harmonize ASC supervision approach in Sikasso and Kayes regions. During this workshop, the supervision plan was shared as well as all data collection, reporting and supervision tools. From July 2013, MCHIP is planning to organize monthly integrated supervision visits (district, community health center, and ASC sites) in all seven MCHIP districts with the participation of all Regional and Districts Coordinators. After this supervision, a 3-day workshop will be organized to share the findings, and make recommendations to further strengthen the supervision system. This activity will be an opportunity to reorient the participants on MCHIP interventions package including data

			collection, reporting, supervision tools and the TOR of integrated supervision visits developed in quarter 2.
Activity 2.29: To organize a workshop in order to analyze the results of LQAS survey on SEC done by UNICEF.	In Progress		<ul style="list-style-type: none"> The LQAS result has been shared with SEC Ad hoc Group for comments and suggestions. One national workshop will be organized to disseminate results of SEC evaluation: quantitative LQAS, qualitative study post LQAS and SEC implementation process evaluation.
Activity 2.30: To Collect and analyze the qualitative data about SEC in Kayes and Sikasso regions.	In Progress		<ul style="list-style-type: none"> Consultant recruited and study protocol developed and validated by INRSP etiquette committee.
Activity 2.31: Dissemination of the results of the qualitative survey on SEC in Sikasso and Kayes regions.	In Progress		<ul style="list-style-type: none"> Consultant recruited, protocol elaborated and validated by Mali local IRB.
Activity 2.32: Follow up of call to action of the international meeting held by USAID in USA in June 2012.	In Progress		<ul style="list-style-type: none"> Due to country context, it was decided to postpone this activity in October 2013 after the elections. With a new government and new technical persons we will ensure monitoring and proper execution of the recommendations and actions which need to be implemented. A consultant was recruited.

Activity 2.33: To Train 79 new ASC in Sikasso.	Completed		<ul style="list-style-type: none"> New ASC weren't recruited. Instead, MCHIP team decided to train replaced ASC. 103 replaced ASC (29 in Kolondieba, 41 in Bougouni, 10 in Yanfolila, 9 in Yorosso, 6 in Selingué and 8 in Diema) have been trained on SEC package.
Activity 2.34: Reward 50 villages that have promoted health activities within the project areas in Sikasso and Kayes regions.	Completed		<ul style="list-style-type: none"> During the health fairs in the 7 districts, 1,859 people who promoted health activities within the project have been rewarded (see the table in annexes).
Activity 2.35: Equip 426 ASC and 1,750 relais with hand washing kits.	Ongoing		<ul style="list-style-type: none"> 426 bins and 426 hand washing kits were purchased for 426 ASC.
Activity 2.36: Equip 427 ASC sites with a model latrine builder training on making of Sandlot slab for latrines.	Ongoing		<ul style="list-style-type: none"> The builders already trained on sandlot slab latrine construction were identified. 35 sites were identified to receive sandlot slabs, and the ingredients for the production of slabs were purchased. MCHIP team was oriented on Dubai Care project approach implemented by Save the Children. The ASC sites and local stakeholders were informed about MCHIP approach. The manufacture of slabs will begin in October 2013 and the animators who must do community-based approaches will be oriented in November 2013.

<p>Activity 2.37: MCHIP, in collaboration with ASACO and FELASCOM, will organize the training of members of women's groups on the promotion of hygiene and healthiness of infants and young children in every village of Sikasso and Kayes regions supported by the project. This training will be done by the DTC with the district coordinators or district advisors.</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • 18 women's groups leaders (2 per district and 2 additional for the larger Kita and Bougouni districts) have been identified to promote nutrition, WASH, and all other promotional MNCH activities at community level. 36 leaders from these women's groups will be trained as trainers and, in return, will train 90 enlightened mothers in charge of conducting health promotion activities within their membership. 	<ul style="list-style-type: none"> • The training session is planned for October 2013.
<p>Activity 2.38: Equip women's groups in 427 ASC sites with healthiness kits (rake, wheelbarrow, and shovel).</p>	<p>Completed</p>		<ul style="list-style-type: none"> • All women's groups of ASC sites received healthiness kits (rake, wheelbarrow, and shovel).
<p>Activity 2.39: Organization of one-day session on hand washing in the 7 MCHIP assisted districts.</p>	<p>Completed</p>		<ul style="list-style-type: none"> • Health fairs were used to perform demonstrations on hand washing with soap in all seven MCHIP districts. Awareness messages on food, environment and body hygiene were disseminated through radio stations. The contests were organized to reward people who have understood the messages disseminated. Hand washing kits and soap was given to

			people who provided the best answers.
Activity 2.40: Organization of public innovative broadcasts on the SEC package	Completed		<ul style="list-style-type: none"> During health fairs in all 7 districts, broadcast messages have been disseminated on family planning essentials through local radio, ASC and DTC.
Activity 2.43: MCHIP will provide 426 ASC in Sikasso and Kayes regions with bins with lid to collect the waste from the activities of SEC.	Completed	<ul style="list-style-type: none"> The invitation to submit tenders to provide WASH equipment for ASC was launched. 	<ul style="list-style-type: none"> After a need assessment conducted in 10 ASC sites to assess knowledge, attitudes and practices of ASC in terms of infection prevention and waste management, all ASC sites received WASH kits including device hand washing bins with lids, brouettes, shovels, gants de ménage, and rakes.
Objective 3. Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities			
Activity 3.1: Complete the training of matrons in the MCHIP facility-based integrated package at the remaining CSComs in Kita and	Completed	<ul style="list-style-type: none"> 23 matrons have been trained on the integrated package of MCHIP at CSCom level in Kita district. 	<ul style="list-style-type: none"> 73 providers have been trained on the Integrated Package in Kita and Diema in collaboration with FELASCOM and champion.

Diema.			
Activity 3.2: Quarterly supervision of Integrated Package at CSComs.	In Progress	<ul style="list-style-type: none"> 19 CSCom skills providers trained on the IP in Diema district and 22 in Kita district received 1 supervision visit from the MH/FP advisor and the MH/FP assistant in collaboration with MCHIP Champions. 	<ul style="list-style-type: none"> Trained providers received supervision visit.
Activity 3.3: Adaptation of the MCHIP facility-based integrated package training curriculum for matrons at secondary health centers.	Completed	<ul style="list-style-type: none"> The workshop for the adaptation of MCHIP facility-based integrated package training curriculum for matrons at secondary health centers was organized in partnership with ATN plus, PSI and PKC II in November 2012. Active participation from representatives of FENASCOM, FELASCOM of Kita district, and the Midwife association and Champions. The curriculum has been tested during the training 	<ul style="list-style-type: none"> MCHIP facility-based integrated package training curriculum for matrons at secondary health centers adaptation workshop organized in partnership with ATN plus, PSI and PKC II. Active participation from representatives of FENASCOM, FELASCOM of Kita, and the Midwife association and Champion. The curriculum has been tested during the training session of the 21 matrons of the Kita CSCOMs. The validation workshop was organized in May 2013.

		session of the 21 matrons of the Kita CSComs.	
Activity 3.4: Training of matrons from secondary health centers on adapted facility-based integrated package.	Completed	<ul style="list-style-type: none"> 50 matrons from secondary health centers have been trained on adapted facility-based integrated package in Kita. 	<ul style="list-style-type: none"> Among the 50 matrons trained on adapted facility-based integrated package, 30 come from secondary health centers.
Activity 3.5: Trained matrons will receive follow-up visits to ensure the capacity to provide services to women and children as requested per level. The follow-up visits will be facilitated by MCHIP in collaboration with professional bodies and champions.	In Progress	<ul style="list-style-type: none"> The follow-up supervision visit is planned for April 2013. 	<ul style="list-style-type: none"> All trained providers received a follow-up supervision visit.
Activity 3.10: In PY2, MCHIP provided technical and financial assistance for the training of matrons in 30 CSComs in Diema to provide implants. In PY3, MCHIP will document learning from this program approach, inclusive of a post-intervention assessment at the CSCom and community level. These results will be shared at the national level and will help to guide	In Progress	<ul style="list-style-type: none"> Development of database to document Diema matron's activities on Jadelle. Follow-up visit has been organized 1 month after matron's training. 2 monthly supervision visits were achieved, including data collection and analysis and 	<ul style="list-style-type: none"> The documentation of activities is planned for October 2013.

the development of a set of training modules for lower health workers.		feedback to ASACO leaders.	
Activity 3.11: MCHIP will organize the training of all 60 DTC providers in Kita through three six-day sessions in collaboration with FELASCOM and ASACOs. These trainings will be facilitated by MCHIP Mali team and professional bodies as well as champions as trainers. 5 new DTC from Diema will participate in this training.	Completed	<ul style="list-style-type: none"> 51 DTC in Kita district were trained on LAM (Jadelle and IUD) in collaboration with FELASCOM and ASACOs. These trainings were facilitated by the MCHIP Mali MNCH team and professional bodies as well as champions as trainers. 	<ul style="list-style-type: none"> The 51 trained providers received follow-up supervision visits by the MCHIP MH/FP team.
Activity 3.17: Campaigns on free LARC services.	Completed	<ul style="list-style-type: none"> Through SIAN activities in Kita and Diema districts, MCHIP used women's groups and local radio stations to mobilize women in reproductive age for LAM uptake. As a result, 331 women requested LAM services and received free Jadelle. 	<ul style="list-style-type: none"> MCHIP MH/FP team organized campaigns on free LARC services through the nutrition intensification campaign (SIAN) in Kita. During this campaign, the mobilization strategy has been accentuated on the use of women's groups (CAFO) and local radio stations. In addition, MCHIP MH/FP Advisor visited 6 schools to disseminate messages on family planning. About 800 students received awareness messages on family planning. 331 women received implants and 2 women received IUDs free.

<p>Activity 3.18: Provide technical assistance to SC FPE project in Kita, Diema, and Kayes.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • Technical assistance provided by the MH/FP assistant to the SC FPE project in Kita district for the training of 18 providers on LAM. 	<ul style="list-style-type: none"> • Project ended.
<p>Activity 3.19: Continue HBB introduction with training of service providers at CSComs in Kita and Diema.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • Training of 246 health providers (108 skill providers and 138 matrons) of CSCOM, secondary health centers, private clinics and health schools in Kita and Diema on HBB approach 	
<p>Activity 3.20: After completion of the service provider trainings MCHIP will continue to strengthen the HBB component by conducting supportive supervision (as part of integrated package supervision visits). To support the maintenance of skills, MCHIP will provide Neonatalies to different sites for continued practice (in sites with low volume or a single provider, consider bringing out Neonatalies during supervisory visit).</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • Follow-up visit of 32 skills providers trained on HBB in Diema district and 37 matrons trained in Kita district. 63 Neonatalies were provided to different CSCom sites for continued practice. 	<ul style="list-style-type: none"> • To date, 108 qualified providers (40 of Diéma and 68 Kita), 138 midwives (46 of Diéma and 92 of Kita) have been trained on HBB. 135 Neonatalies were distributed as well as an additional kit consisting of a penguin bag and mask for use in the delivery room.

<p>Activity 3.22: MCHIP will conduct a needs assessment to identify the existing biomedical waste management strategy and the use of infection prevention measures at health facility level.</p>	<p>Completed</p>	<ul style="list-style-type: none"> Recruitment of a consultant to conduct a baseline survey on Environment Mitigation and Monitoring Plan activities (EMMP) activities. The assessment results will be available by May 5th. 	<ul style="list-style-type: none"> MCHIP recruited a consultant to conduct a need assessment in 10 CSCOM of Kita and 10 CSCOM of Diema to assess the knowledge, attitudes and practices of health care providers in terms of prevention of infections and biomedical waste management. This assessment demonstrated that very few providers have been trained on biomedical waste management that national guidelines about AES are not always displayed in CSCOM, few structures have functional incinerators and many CSCOM have not required number of bins with lid.
<p>CROSS-CUTTING ACTIVITIES (M&E, Coordination and Management) related to all objectives</p>			
<p>Activity 4.1: Ensure ongoing monitoring and documentation of integrated packages.</p>	<p>In Progress</p>	<ul style="list-style-type: none"> MCHIP has printed and distributed a six-month stock of data collection and supervision tools to ASCs in Kayes and Sikasso. 14,100 individual record sheets for women adopting a FP method were produced and distributed in CSCOMs and secondary health centers in Kita and Diema districts. In order to ensure close 	<ul style="list-style-type: none"> MCHIP coordinators are doing routine data collection through supervision activities in CSCOM and ASC levels. During this quarter, the M&E team developed monthly activity reports, a database for local radio activities, and a monitoring and a training directory for all components of the project.

		<p>monitoring of data, the M&E team developed a personalized database by area and district and oriented all MCHIP district and regional coordinators to the use of the database. Routine data collection is effectively achieved through district coordinators supervision activities in CSCom and ASC levels. Another database was developed to improve documentation activities for Diema matrons on LAM. The routine data collection and documentation processes are continuing to inform the monthly, quarterly, semiannual, and annual reports.</p>	
<p>Activity 4.2: During these project review workshops, staff will share technical updates per component, review project results and challenges, share lessons learned, identify materials and equipment needed and develop a detailed plan</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • MCHIP COP and DCOP met with all 4 project component advisors to clarify and align their planned activities in prevision of the revision of the FY13 work plan. The work plan revision was finalized 	<ul style="list-style-type: none"> • In April 2013, the M&E team organized an internal monitoring workshop with the participation of all Bamako staff and Kayes and Sikasso Regional Coordinators.

<p>for the next period of implementation. The quarter 4 project review workshop will also serve as the FY14 work planning retreat.</p>		<p>with the participation of all advisors and assistants. The monitoring meeting for quarter 1 activities is planned in April.</p>	
<p>Activity 4.3: MCHIP will organize a monthly monitoring meeting with partners funded under MCHIP to review the progress of their work plan implementation, coordinate reporting and documentation submission to USAID, and define roles and responsibilities of each party under the partnership.</p>		<p>Several coordination meetings were held with MCHIP and USAID partners:</p> <ul style="list-style-type: none"> • MCHIP COP and DCOP meetings with ATN and PKCII Chiefs of Party and the UNICEF CS/Officer for introduction of MCHIP's new management team. Program information sharing and preparation of the SEC advocacy and partnership workshop in Sikasso. • Participation at 3 meetings of the subgroup responsible for monitoring and coordination of activities implemented at household level under PSI leadership. • Meeting with Plan International and ACF to 	<p>Several coordination meetings were held with MCHIP partners:</p> <ul style="list-style-type: none"> • Organization of two SEC focal point meetings. • FENASCOM to strengthen their commitment to the implementation of MCHIP activities. • Measure Evaluation, YELEMA and ANTIM on the approach to using mobile phones in the system of data collection and management inputs. • UNICEF and Plan International to organize the workshop on relais training manual review.

		<p>improve coordination of nutrition activities at community level through the ASC.</p> <ul style="list-style-type: none"> • Meeting with UNICEF to improve the development of hygiene and nutrition activities at community level. • Meeting with Plan International and ACF to improve coordination of nutrition activities at community level through the ASC. • MCHIP is also leading the newly initiated subgroup of reproductive health/family planning at community level. The partners involved in this activity are PSI, HCI, INTRA HEALTH, ATN plus, PKC II. • Several meetings and work sessions organized with the PMI/CCM project advisor to facilitate the continuation of SEC activities in the Sikasso 	
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		region through MCHIP/Mali during FY13.	
Activity 4.4: Provision of complementary equipment and supplies for the implementation of the FBIP and SEC	In Progress	<ul style="list-style-type: none"> • FBIP and SEC complementary equipment and supplies list is being finalized. Will be followed by immediate procurement. 	<ul style="list-style-type: none"> • The process to purchase complementary equipment for ASC sites and CSCOM is being finalized.
MCHIP's New office.	Completed	<ul style="list-style-type: none"> • MCHIP moved to a new office near Save the Children Country Office in April 2013. The MCHIP management team secured the availability of necessary office furniture, equipment and supplies in order to improve staff working environment. 	
Review of MCHIP staff organogram.	Completed	<ul style="list-style-type: none"> • A new organigram was developed to highlight the 36 MCHIP staff positions and teams as well as administrative and technical lines within the Bamako Office and within the two regions. 	

<p>Recruitment for new MCHIP positions.</p>	<p>In Progress</p>	<p>With assistance from the MCHIP/SC/HQ and SC Mali/HR Office, MCHIP conducted intensive recruitment activities for the following 14 positions:</p> <ul style="list-style-type: none"> • Chief of Party, Deputy Chief of Party, Newborn Health Advisor, Newborn Health Assistant, Maternal Health and FP Assistant, Data Management Officer, Kayes Operation and Logistic Assistant, SEC Assistant, Finance Grant Manager, and 5 District Coordinators for Kayes and Diema. • Recruitment for BCC and Documentation Assistant, WASH and Nutrition Assistant and Sikasso Regional Coordinator are underway. 	<p>Intensive recruitment activities for the following positions:</p> <ul style="list-style-type: none"> • SEC Assistant, SEC Advisor, Nutrition and WASH Assistant, BCC Manager, Operation and Logistic Assistant, Grant Manager, Regional Coordinator for Sikasso, Regional Coordinator for UNICEF, 3 Districts Coordinators (1 Kita, 2 Kayes).
<p>Introduction of new District Coordinators to FELASCOM and partners.</p>		<ul style="list-style-type: none"> • The introduction of the Kayes and Diema districts' new coordinators to FELASCOMs and local partners was achieved by Kayes Regional 	

		Ccoordinator and MCHIP/Bamako staff.	
MCHIP HQ Senior Program Officer and Program Officer visit in Mali.	Completed		<ul style="list-style-type: none"> MCHIP Mali received the visit of MCHIP HQ Senior Program Officer and Program Officer (Rebecca Levine and Jennifer).
MCHIP HQ Senior ICCM/CH Advisor visit in Mali.		<ul style="list-style-type: none"> Completed. Trip report available. 	<p>Serge Raharison traveled to Mali to:</p> <ul style="list-style-type: none"> Assess the status of the overall evaluation of the SEC with UNICEF and other relevant partners to further refine MCHIP's roles. Conduct a field visit to assess the progress status of CCM program in sites supported by MCHIP with the MCHIP regional office teams and partners, in collaboration with the MCHIP regional office teams. Identify opportunities of using mobile phone technology to monitor the SEC strategy, develop a concept paper for an initiative, assess in-country capacities and evaluate the resources needed to launch a pilot phase (financial and additional technical assistance). Discuss with Save the Children team in Sikasso region to follow-up on the process of expanding MCHIP activities in the region and provide information to USAID, MCHIP team and partners on the global agenda of CCM and discuss how best Mali can provide inputs to the Evidence Summit planned in

			<p>December 2013.</p> <ul style="list-style-type: none"> • Discuss steps to finalize the MIP-HMIS multi-country study. <p>Activities during this mission:</p> <ul style="list-style-type: none"> • Attended SEC focal points meeting. • Met with UNICEF, WHO, DNS, ANTIM, FENASCOM, the Public Health Department of the Medical School, Save the Children, Yeleman. • Field visit in Kita, Kolondieba and Bougouni. • Attended the health fair in Selingué. • Reviewed next steps and provided recommendations. • Gathered documents related to MIP Monitoring and Evaluation for HMIS. • Prepared list of stakeholders involved in MIP M&E activities. • Identified and hired a consultant to conduct the interviews. • Oversaw the interviews in-country. • Met with PMI focal person to gather documents and information on routine monitoring activities for MIP. • Presented progress status to UNICEF and SEC Focal Point for ownership of the study
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			<p>results and future recommendations.</p> <ul style="list-style-type: none"> • Hired a Senior-level Consultant to develop the protocol and submit to Ethics Committee, develop data collection tools, collect and analyze data. • Finalized the concept paper on the use of mobile phones for data collection and monitoring. • Reviewed budget from YELEMAN and finalized administrative process for the contract. • Negotiated administrative and logistical arrangement with ANTIM.
<p>MCHIP HQ Senior Newborn Advisor visit in Mali.</p>			<p>Winifride Mwebesa HQ Senior Newborn Advisor traveled to Mali to assist MCHIP Mali Newborn to:</p> <ul style="list-style-type: none"> • Review status of the implementation of newborn health activities at facility and community level: ENC, HBB and SEC with newborn team. • Review current service statistics and supervisory tools. • Conduct field visit to Kita or as suggested by in-country team for supervisory visit of 1) HBB at facility level (Objective 3 – activity 3.2) and 2) SEC activities with particular focus on ENC, and PNC (Objective 2 –

			activity 2.3).
Meetings and workshops			
Qualitative assessment workshop on the management system of logistics and essential drugs in Mali organized by MSH / SIAPS.	Completed	MCHIP M&E Manager's participation in the Qualitative Assessment of the Procurement and Distribution of Essential drugs system organized by SIAPS in October 2012. The main objective of this workshop was to identify the bottlenecks of procurement and distribution of essential drugs system and make recommendations for resolutions to improve procurement and distribution systems of essential drugs at all levels (national to village level through ASC).	
Participation in the Nutrition Cluster weekly meetings.	Completed	The MCHIP CH/CCM participated in all cluster weekly meetings to analyze the implementation of nutrition activities.	
Meeting with UNICEF on ASC's monthly motivation and MCHIP technical support in the five other districts of Kayes region regarding	Completed	The memorandum of cooperation with UNICEF for the strengthening and improvement of the SEC package implementation in five	

the strengthening of WASH activities under the SEC package.		other districts of Kayes was approved in December 2012 and funding is available. UNICEF is also engaged in strengthening WASH activities under the SEC package.	
Review of MCHIP FY13 work plan.	Completed	Temporary approval of the work plan was granted by USAID in December 2012 and final approval was granted in March 2013 after work plan and budget revision.	
MCHIP Interim COP's orientation	Completed	One-day orientation session organized to inform the interim COP in MCHIP progress to date, new activities to be integrated into the work plan, staffing, and other challenges.	
Meeting with USAID to discuss the new orientation on Sikasso region MCC/PMI SEC activities	Completed	MCHIP FY13 Work plan has been requested to adapt and integrate all MCHIP SEC approaches and activities into MCC/PMI SEC activities in Sikasso region starting in January 2013.	

Participation at MOH Partners' meeting on SEC approach.	Completed	MCHIP drafted SEC PPT including SEC challenges to be addressed, ASC motivation, skilled supervision, data collection tools and approaches, availability of commodities, etc.	
USAID partners meeting at PKC II.	Completed	The goal of this meeting was to coordinate malaria, WASH, and nutrition activities at community levels with all USAID (ATN Plus, PKC II, and PSI) implementing partners.	
Training workshop on USAID partners assuring effective environmental compliance.	Completed	MCHIP team developed a component on environmental monitoring and mitigation plan. This plan will be implemented during FY13.	
Participation in USAID's country open meeting.	Completed	MCHIP team participated in the open country meeting to provide an update on project activities undertaken and clarified the fact that the project works with community health associations and professional associations in order to be able to carry out its activities and achieve its	

		objectives.	
BCC workshop	Completed		MCHIP BCC team organizes in partnership with Everyone team a workshop to review and finalize BCC messages.
AOTR meeting with USAID	Completed		<p>April 24 AOTR meeting took place in MCHIP office with Madina to:</p> <ul style="list-style-type: none"> • Update implementation since MCHIP COP arrival • Discuss the May work plan • Discuss the SMC project implementation • Discuss the abstracts for Addis conference on FP • Discuss the accruals.
MCHIP internal quarterly monitoring meeting	Completed	.	MCHIP internal monitoring meeting has been organize with Bamako staff and regional coordinators.
MCHIP facility-based integrated package training curriculum for matrons at CSCOM and secondary health centers validation workshop.	Completed		In partnership with partners such as ATN plus, PKC-II, Intra health etc., MCHIP provided technical and financial support to validate matrons training curriculum.

Participation at international conference on newborn in Johannesburg.	Completed		MCHIP COP, Newborn Advisor and Newborn Assistant participated at Newborn conference in Johannesburg in South Africa
LQAS survey dissemination workshop at district level.	Completed		MCHIP provided technical and financial support for the organization of LQAS survey dissemination workshop in Kita and Diema, Bougouni and Yorosso.
Working session with SMC implementing partners in Koutiala district (MSF, CSREF team and CSCOM team).	Completed		<p>In May 2013, MCHIP team, through the COP and SEC Advisor made an exchange visit in Koutiala with MSF, CSREF team and CSCOM team to better understand the SMC implementation approach. The objective of this visit was to:</p> <ul style="list-style-type: none"> • Exchange on community mobilization process. • Exchange on the distribution of drugs during SMC campaign. • Discuss the follow-up, supervision, data collection and reporting system during the campaign. • Obtain a copy of the different document used • Exchange on lessons learned and potential challenges and difficulties

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USAID/MALI IEE 688-S06 (amendment #1)
ENVIRONMENTAL MITIGATION AND MONITORING REPORTING FORM AND CERTIFICATION

Implementing Organization: USAID/MCHIP

Name of Subawardee Organization (if any):

Geographic location of USAID-funded activities: Kita, Diema, Bougouni, Selingue, Kolondieba, Yanfolila and Yorosso

Period covered by this Reporting Form and Certification: October 2012 to September 2013

List each Mitigation Measure from column 3 in the EMM Mitigation Plan	Status of Mitigative Measures	List any outstanding issues relating to required conditions
<p>MCHIP will conduct a needs assessment to identify the existing biomedical waste management strategy and the use of infection prevention measures at the facility level. This needs assessment will inform MCHIP on the gaps in terms of incinerator use, training, organization and infection prevention measures.</p>	<p>MCHIP recruited a consultant to conduct a needs assessment in 10 CSCOM of Kita and 10 CSCOM of Diema to assess the knowledge, attitudes and practices of health care providers in terms of prevention of infections and biomedical waste management. This assessment demonstrated that very few providers have been trained on biomedical waste management, national guidelines about AES are not always displayed in CSCOMs, few structures have functional incinerators and many CSCOMs do not have the required number of bins with lids.</p>	

<p>MCHIP will organize a workshop to share the results of the needs assessment with local actors (FELASCOM, ASACO), partners and others potential donors to discuss the practical implications and develop an action plan to resolve any outstanding issues.</p>	<p>ASC fora will be used to share the needs assessment results in all seven MCHIP implementing districts with local actors such as DTC, ASACO, FELASCOM, ASC and others partners or potentials donors being informed.</p>	
<p>MCHIP will organize refresher trainings for health providers on biomedical waste management.</p>	<p>DTC and ASC refresher trainings on infections prevention and biomedical waste management have been integrated into the MCHIP relais review training package in all seven MCHIP implementing districts. Two days were devoted to this orientation. 405 ASC and 158 DTC were trained during this orientation session. Infection prevention and biomedical waste management has also been integrated as a component in the MCHIP integrated package and all providers (midwives, nurses and matrons) have received the training. 64 CSCOM of Kita and Diema each received two bins with lids.</p>	

<p>MCHIP will facilitate the capacity building of CSCOM staff and ASC by organizing exchange visits across districts in order to stimulate the exchange and use of lessons learned and to promote best practices.</p>	<p>Due to time constraints, this activity may not be completed. Our monitoring/supervision indicates that not having these visits take place will not adversely affect our efforts for environmental mitigation.</p>	
<p>MCHIP will conduct follow up and supervisions visits to assure that the providers used the best practices for biomedical waste management and infections prevention.</p>	<p>The MCHIP team developed a systematic supervision guideline which included all elements of infections prevention and biomedical waste management. This guideline has been shared with all MCHIP staff and used during supervision visits at all levels.</p>	
<p>During supervision visits, MCHIP and CSCom teams will verify the waste management at CHA sites and advise them on the best management of waste</p>	<p>A needs assessment was conducted in 10 ASC sites to assess knowledge, attitudes and practices of community health workers in terms of infections prevention and waste management. All ASC sites received WASH kits including hygiene kits including bins with lids, shovels, and rakes.</p>	

MCHIP/MALI SUCCESS STORY

Region: Sikasso

District: Yanfolila

Establishment / Community: Guelenikoro / Komissana

Theme of the success story: Promoting WASH activities (Hygiene-Sanitation)

The Yanfolila health district is one of five districts covered by the MCHIP project as part of the implementation of Community Essential Care in the Sikasso region. The district is composed of 15 health areas divided into 35 Community Health Association sites and all of them are operational. Guelenikoro is one of the Community Health Centers of the Yanfolila health district. It is located 45 km north-west of the central district administration. The area is completely covered with the support of the two Community Health Association sites: Tekelendougou and Komissana respectively located five km and 14 km from the Community Health Center site and is the most remote site. It has a population of 1,564 inhabitants of which 336 are between the ages of 0-5 years. Komissana is composed of three satellite villages: Siradjouba 14 km; Sirakoro 11 km; Kabaya 8 km away.

The person in charge of the Community Health Association in Komissana is a woman called Djèguè Sidibé, about 32 years old. She was trained and equipped by the project. She ensures consultations and provides care for minor cases of malaria, acute respiratory infections, diarrhea and malnutrition in children aged 0 to 5 years. She is also responsible for family planning, newborn supervision and behavior change communication (BCC) activities. Djèguè has a bicycle provided by the project which she has been using as a means of transportation to reach satellite villages. Djèguè likes her job very much and is proud of helping the community access basic care for women and children who are less than five years. According to the Community Health Association, she is always available and gives full satisfaction to the people of the four villages. Djèguè also handles hygiene activities in the villages that she supports. She provides advice, especially to women, through chats and home visits.



Village of Komissana



*Djèguè Sidibe, Community Health Worker
Komissana*

One day, while she was visiting households, she found women doing laundry in the immediate vicinity of the well. As all dirty water was flowing into the well, she moved closer to those women and asked them if the water from the well was used as drinking water. They

responded “yes”. She was distraught and surprised by this response. Immediately, she started sensitization and education activities to raise people’s awareness of this issue. She started to help women understand that dirty water is a source of diarrheal diseases. The area around the wells shall be clean and protected from waste water. For this purpose, the wells should have lips and pulleys, the area around shall be cleaned regularly and arrangements shall be made by the heads of families to make the lips of the well and set up pulleys for the dippers. Dégué took the initiative to call a meeting and to disseminate to the whole population of Komissana the measures discussed and accepted by all. A health committee was set up and duties and responsibilities were assigned to each member. The village chief made a commitment, on behalf of heads of families, to expedite the construction of the lip of the well and provide pulleys for wells used for domestic purpose.

After this positive experience in Komissana, the same process will be followed in all satellite villages to improve water/sanitation.



Well before lip is built



Well with lip



Oumou Sidibé, designated leader for the health committee of Komissana

SITUATION OF PEOPLE AWARDED DURING MCHIP HEALTH FAIR

Outils / Distinctions	Sélingué	Yanfolila	Kolondiéba	Bougouni	Yorosso	Diéma	Kita	Total
Badge	05	11	13	14	08	05	07	63
Trophée Mama Lumière	05	10	11	12	14	03	07	62
Drapeau MCHIP	07	16	16	22	18	06	10	95
Canne du Chef de village	02	06	05	10	04	03	03	33
Bamounan	64	134	45	70	116	52	200	681
Pagne du couple des 3 Bonheurs	45	38	48	54	28	76	42	331
Affiche Bébé	09	11	36	22	-	15	10	103
Boucle d'oreille Dembagnouman	-	17	22	28	12	16	14	109
Kit du Bébé bien aimé	18	21	17	30	11	37	41	175
Best ASACO	02	03	09	04	04	02	04	28
Best ASC	01	03	14	20	10	05	11	64
Best DTC	02	02	01	05	05	02	03	20
Best Relais	03	03	10	-	11	-	-	27
Best Matrone	-	-	-	-	-	-	03	03
Best women association	02	01	02	-	-	-	-	05
Best Community	-	-	-	-	-	01	-	01
others awarded through parters	10	05	05	14	08	10	07	59
TOTAL								1859

MCHIP FY13 Performance Monitoring Plan

INDICATOR	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	FY13 TARGET	TOTAL ACHIEVED FY13	PERCENTAGE ACHIEVMENT	COMMENTS
Objective 1. Contribute to improve guidelines and programmatic guidance among SEC implementing partners that increase the population's access to high impact MNCH/FP interventions						
Number of guidelines or documents developed or updated with MCHIP support	Program records	Annual	3	2	67%	-Facility-based integrated package training curriculum for matrons at secondary health centers - Relais training package
SEC Focal Points Group Functional	Program records and meeting minutes	Quarterly	n/a	4	n/a	6 SEC focal point meeting have been organized in turn by each partner.
Objective 2. Improve access to and the quality and efficiency of the essential community package (SEC) through implementation and monitoring and evaluation support in the regions of Kayes and Sikasso						
Number of ASCs trained in MNCH/FP services within MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	426	408	96%	96% of ASCs trained in MNCH/FP services within MCHIP supported districts
Number of relais trained in MNCH/FP services within MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	3518	3482	99%	99% of relais trained in MNCH/FP services within MCHIP supported districts .Relais training on relais review package
Number of community health workers trained in case management with ACTs in MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	426	118	28%	28% of community health workers trained in case management with ACTs in MCHIP supported districts -118 replaced ASC (29 in Kolondieba, 41 in Bougouni, 10 in Yanfolila, 9 in Yorosso, 6 in Selingué and 8 in Diema and 15 in Kita) have been trained on SEC package including case management with ACTs. No ASC recycling.

Number of community health workers trained to use RDTs in MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	426	118	28%	28% of community health workers trained to use RDTs in MCHIP supported districts (118 replaced ASC of Sikasso and Kayes trained in SEC package including the use RDTs).
Number of fever cases received by ASC in MCHIP supported districts	ASC report	Quarterly	31305	37723	121%	121% achieved. Data represents total of RDT examined cases plus fever cases treated RDT.
Percent of fever cases tested by RDT or microscopy among children less than 5 years (C)	ASC report	Quarterly	98%	95%	97%	36011 number of fever cases tested by TDR/37723 number cases of fever.
Number of RDTs examined for malaria from ASC patients in MCHIP supported districts	ASC report	Quarterly	30998	36011	116%	The target was under estimated
Number of RDT-confirmed ASC patient cases of malaria in MCHIP supported districts	ASC report	Quarterly	16739	27187	162%	
Number of children under 5, receiving ACTs for treatment of uncomplicated malaria in MCHIP supported districts	ASC report	Quarterly	15372	28899	188%	1712 children under 5 received ACTs for treatment of uncomplicated malaria without tested by RDT because of RDT stock out. The target have been under estimated
Proportion of planned malaria-related supervisions conducted in MCHIP supported districts***	ASC report	Quarterly	100%	56%	56%	

Number of cases of child diarrhea treated with ORS and ZINC in MCHIP supported districts	ASC report	Quarterly	15372	8257	54%	
Percentage of sick children with malaria receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	96%	96%	5537 Children received correct posology of ACT, 5754 total children with RTD positive. This data collected through MCHIP district coordinator during ASC supervision visit using children individual record form
Percentage of sick children pneumonia receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	88%	88%	1781 Children received correct posology of Amoxicillin , 2013 total children with pneumonia. This data collected through MCHIP district coordinator during ASC supervision visit using children individual record form
Percentage of sick children diarrhea receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	89%	89%	2055 Children received correct posology of ZINC and ORS 2307 total children with diarrhea. This data collected through MCHIP district coordinator during ASC supervision visit using children individual record form
Number of cases of child pneumonia treated with AMOXICILLINE in MCHIP supported districts	ASC report	Quarterly	10248	7428	72%	
Number of children <5 years old with moderate acute malnutrition (MAM) treated by the ASC	ASC report	Quarterly	15372	6691	44%	
Percentage of ASCs in MCHIP supported districts providing PFP interventions	Supervision checklist	Quarterly	100%	100%		100% achievement

Number of new family planning acceptors through ASCs in MCHIP supported districts in the last 12 months	ASC report	Quarterly	25620	9376	37%	
Couple Years Protected provided by ASCs in the last 12 months in MCHIP supported districts	ASC report	Quarterly	4000	3953	99%	
Number of women receiving family planning services at the community level in MCHIP supported districts	ASC report	Quarterly	32175	19401	60%	
Number of women referred by ASCs to the facility for family planning services in MCHIP supported districts	ASC report	Quarterly	769	472	61%	
Number of postpartum/newborn visits within 2 days of birth by ASCs in MCHIP supported districts	ASC report	Quarterly	22916	19766	86%	
Percentage of SEC sites with all SEC commodities in stock in MCHIP supported districts****	Supervision checklist	Quarterly	80%	72%	90%	72% achievement with ACT,RTD,SRO, Zinc, Amoxicillin, paracetamol, pilule, Depo-Provera.

Proportion of ASCs who received at least 1 supervisory contact in the prior 3 months during which registers and/or reports were reviewed in MCHIP supported districts****	Supervision checklist	Quarterly	100%	39%		
Proportion of ASC sites with no expired or damaged medicine or diagnostics on the day of observation	Supervision checklist	Quarterly	100%	87%	87%	No expired or damaged medicine observed in 87% of supervised ASC sites.
Proportion of ASC who correctly managed waste	Supervision report	Quarterly	80%	41%	51%	Numerator: 146 ASC received supervision visit who correctly managed waste (using of Poubelle and security box) Denominator: 358 ASC received supervision visit.
Number of ASC without ACT drug and RDT stock-out in last quarter	Supervision report	Quarterly	426	289	68%	Data collected during supervision of ASC.
Objective 3. Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities						
Number of health care providers trained in MNCH/FP services at MCHIP supported facilities	Training Information Management System (TIMS)	Quarterly	620	616	99%	99% achievement.
Number of people trained through USG -supported programs*	Training Information Management System (TIMS)	Quarterly	4138	4782	116%	616 have been trained on integrated package and HBB, 408 ASC have been trained on relais package,3482 relais trained on the health maternal promotion, 118 new replaced ASC trained on ASC package ,158 DTC have been trained on relais package.

Number of new acceptors of FP methods in the last 12 months in MCHIP supported facilities*	HMIS/service statistics/ facility records/FP registers	Quarterly	9000	9936	110%	110% achievement. T
Number of continuing users of FP methods in the last 12 months in MCHIP supported facilities	HMIS/service statistics/ facility records/FP registers	Quarterly	6000	5427	90%	
Couple-Years Protection (CYP) in MCHIP supported CScOm and catchment areas.	HMIS/service statistics/ facility records/FP registers	Quarterly	16,496	21,757	132%	
Number of women receiving individual counseling sessions in immediate postpartum or PAC for FP/RH in MCHIP supported districts	Facility records/Delivery register/PAC register	Quarterly	20,359	11,292	48%	
Percentage of women who receive individual counseling for FP/RH as part of PAC care in BEMOC structures in Kita and Diema.	Facility records/PAC register	Quarterly	80%	77%	96%	
Percentage of women counseled in FP/RH in PAC service who accept a modern FP method	Facility records/PAC register	Quarterly	60%	39%	65%	numerator:77, denominator: 199

Percentage of service delivery points that offer Active Management of the Third Stage of Labor	Supervision checklist	Quarterly	90%	91%	101%	Numerator: 64 supervised CSCOM which delivered Active Management of the Third Stage of Labor Denominator: 70 total CSCOM received supervision visit
Number of women delivering in MCHIP supported facilities receiving AMTSL	Facility records	Quarterly	17,407	11,657	67%	
Percentage of women delivering in MCHIP supported facilities receiving AMTSL	Facility records	Quarterly	90%	85%	94%	Numerator: 11654 number of women delivered at facility level who received AMSTEL Denominator: 13634: Total number of women delivered at facility level
Percent of women receiving a uterotonic immediately after birth in MCHIP supported facilities	Facility records	Quarterly	95%	86%	91%	Numerator: 11734 number of women delivered at facility level who received uterotonic immediately after birth in MCHIP supported facilities Denominator: 13634: Total number of women delivered at facility level
Percentage of service delivery points that offer Essential Newborn Care	Supervision checklist	Quarterly	90%	91%	101%	Numerator: 64 supervised CSCOM which delivered Active Management of the Third Stage of Labor Denominator: 70 total CSCOM received supervision visit
Number of newborns receiving essential newborn care at MCHIP supported facilities	Facility records	Quarterly	15,473	12,249	79%	

Percent of babies not breathing/crying at birth who were successfully resuscitated in MCHIP supported facilities	Facility records	Quarterly	60%	96%	160%	Numerator: 500 Denominator: 522
% of health facilities which managed the biomedical waste according the standards.	Supervision report	Quarterly	80%	Data not available		This year the baseline survey was conducted in community health centers and ASC website for this indicator. Tools will be developed for the collection of data during supervision to inform the indicator for 2014
****USAID requested indicators for reporting						