



## Maternal and Child Health Integrated Program in Mali

### SEMIANNUAL REPORT

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## EXECUTIVE SUMMARY

MCHIP/ Mali works to ensure increased access to **integrated, evidence-based** packages of MNCH-FP interventions at both the community and facility levels with a geographic focus on the districts of Kita and Diema in the Kayes region. In addition to this focus MCHIP has been requested to provide also technical assistance at national level to support the quality of programming for SEC and PFP. All this work is to contribute to the reduction of maternal, newborn, and child mortality.

USAID/Mali team defined MCHIP Mali FY12 program description around four specific objectives which are to:

1. Contribute to improve national standards, guidelines, curricula, and policy and programmatic guidance that increase the population's access to high impact MNCH/FP interventions with particular focus on the SEC and PFP
2. Contribute to national, regional, and global program learning focused on GH/Mali priorities of PFP and integrated community approaches
3. Improve access to and the quality and efficiency of facility-based integrated services including AMTSL, ENC (inclusive of HBB) and immediate PFP (inclusive of PPIUCD and PPTL) in the districts of Kita and Diema
4. Improve access to and the quality and efficiency of the essential community package (SEC) through support to implementation and monitoring and evaluation in the regions of Kayes (in Kita and Diema) and Sikasso

This report highlights the progress made by MCHIP/Mali in the first semester of FY12 from October to March 2012. This period has been very challenging and productive for the project team because of the intensity of activities due to partners' availability at national level. The team has focused on the finalization of several key activities from FY11 at field level and starting of FY12 work as planned with MCHIP/HQ support. Using challenges and lessons learned from last year, the project team has anticipated coordination and collaboration with MoH partners in order to facilitate the integration of MCHIP FY12 activities into national, regional and districts planning process. Another important step was to inform and share project FY11 annual report and FY12 draft workplan with key decision makers at national level which has been done so far. This semester key accomplishments are the following:

- ***Facility based package with emphasis on PFP***

The focus for the implementation of this package in this semester was to continue strengthen results from the last year investment in capacity building and quality of services provision at referral district center as well at the CSCOM level. The project team has worked closely with the regional and districts health teams to implement follow up visits for 68 providers in Kita and 37 in Diema, 2 supportive supervision visits of providers in CSCOM, complementary training of 20 providers in Kita, facilitation of FP products provision using the national scheme of essential drugs provision, training on implants for 25 DTC in Diema during which 312 implants were inserted in 5 days. In the two districts in 2011 there were

10 918 new acceptors of family planning methods as the results from the project and others partners efforts. The number is progressively increased with additional 2775 new acceptors for the first quarter of 2012. Long acting methods uptake has also increased with 5557 implants and 233 IUDs in 2011 and 487 implants and 40 IUDs in the first quarter of 2012. At national level the project has continued to participate in RH/FP working group meetings and advocate for PFP under GHI working group set up.

- ***Community based package SEC***

This component has progressed as well and results from the 100 ASCs contribution are visible at CSCOM and village level. For example in the two districts malaria cases management has increased from 13016 to 14709, malnutrition from 542 to 1090 and immediate follow up visits for newborn from 254 to 949. Major activities were: review workshops in Kayes and Sikasso involving all partners at regional level; supervision visits from CSCOM to ASC; facilitation of provision of commodities and supplies for ASC; ASC for a for experiences sharing and lessons learned; validation of FY12 SEC implementation plan and the terms of reference for SEC annual review through group Ad'Hoc and focal points meetings at national level; finalization and validation of SEC supervision tools; training of 35 national supervisors and 69 districts supervisors in Kita and Diema on SEC supervision tools; Continue documentation of SEC implementation process at national level ( Mali SEC NEWS number 2 and 3).

The detailed activities processes are described by objective and activity in the requested reporting format.

## Semester Report on Progress against the Work Plan

(Report Period: October 1 - Mars 30, 2012)

Summary Plan of Activities by Program Elements	Status of Implementation	Update at 6 months
<b>Project Activities</b>		
<b>Objective 1. Contribute to improved national standards, guidelines, curricula, and policy and programmatic guidance that increase the population's access to high impact MNCH/FP interventions with particular focus on the SEC and PFP</b>		
Activity 1.1: Convene national stakeholder's workshop to clarify expected major strategic tasks required for coherent and effective effort in developing a national SEC strategy, appropriately integrated with existing primary health care services. Based on scale-up map approach, MCHIP STTA would work with MOH and partners to elaborate the full range of issues that will need to be addressed in a National SEC Strategy, making more explicit how these pieces will be addressed (including who's doing what), working out appropriate sequencing.	In Progress	<p>MCHIP Child Health advisor is continuously working with MoH/Unit to develop technical elements that will be use for the national implementation plan of SEC strategy. This effort is done in collaboration with other partners involved in SEC implementation at country level. This activity is a long process and will continue for the next quarter.</p> <p>As part of the capacity building process at national level, MCHIP provided technical and financial support to MoH/Unit to organize national supervisors training session on SEC data management tools. This training has increased the number of potential supervisors' and their capacity to conduct SEC supervision for quality improvement. All others MoH division were represented. In addition to this training session, MCHIP and MoH/Unit have initiated an information day for the head of divisions</p>

		involve into SEC on the strategy guidelines and tools. This was for advocacy purpose in order to bring more expertise into the process.
Activity 1.2: Acting as Secretariat, facilitate the restructuring of the Ad-Hoc Committee and Technical Working Group to ensure they facilitate as effectively and efficiently as possible. This includes clarifying their respective roles, scheduling monthly meetings, ensuring additional MOH units are represented and creating technical sub-groups to focus on specific issues	In Progress	<p>During this semester MCHIP through the CS Advisor and the project COP have worked closely with the Ad-Hoc Committee/ technical group to develop a scope of work related to the implementation of SEC. It has been planned to have a separate SOW for the technical group from the Ad’Hoc committee but the actual configuration is that technical group is part of the Ad’Hoc committee and for specific issues, working subgroups are used. For more efficiency it has been decided to maintain the actual scheme and evaluate the functionality at the end of the year for lessons learned and recommendations for changes if needed. For each meeting, MCHIP is facilitating the organization with the host partner and share the minutes from the last meeting. 3 regular meeting and 1 extra meeting on nutrition have been organized.</p> <p>Because of complexity of the agenda of this group, it has been decided to have these meetings every two month. Partners “focal point” meetings are organized monthly to facilitate technical review and others issues related to implementation at national level.</p>
Activity 1.3: Convene quarterly monitoring data review meetings at the national level to determine challenges with the current package of interventions (including task-	In Progress	2 meetings have been organized in this period to finalize and validate the SEC data collection and supervision/follow up tools and to discuss the training plan of supervisors. The SEC data collection and supervision

<p>overload), issues with existing implementation tools, to propose solutions/revisions, and finalize all SEC implementation tools (including training curriculum, data collection tools, supervision tools, and job aides).</p>		<p>tools have been validated with MCHIP technical assistance. MCHIP has also negotiated the production and dissemination of the tools with UNICEF and the MoH/Unit in order to improve field implementation of the activities. Sikasso and Kayes will be the first two regions to use the validated tools under MCHIP technical support in partnership with NDH, RDH, UNICEF and others partners.</p> <p>In partnership with NDH, RDH and UNICEF, MCHIP provided technical and financial support to the regional review of child survival activities in Kayes including SEC. All implementing partners of child survival activities participate in this event. Representatives from USAID funded project as well as UNICEF, Spanish Project, political and administrative authorities, local elected representatives, civil society were also present. MCHIP team has fully undertaken all technical work with the regional team to produce the workshop documents (TOR, agenda, presentations guidelines per district, TOR for working groups, logistic etc.) During the workshop, the SEC results were presented and reviewed per districts and the FY12 implementation plans were finalized for all the 7 districts of Kayes. MCHIP has also contributed to the SEC review in Sikasso Region.</p>
<p>Activity 1.4: Design, develop, and begin roll-out of national SEC Data Management Software.</p>	<p>In Progress</p>	<p>MCHIP has worked with the MoH/Unit and HMIS responsible to determine how the model being developed for SEC could be linked or integrated into actual HMIS system. Actually all the SEC data are available for Kayes and Sikasso. The data Manager position recruitment is in</p>

		process, by next June the compile national data on SEC will be available.
Activity 1.5: Advocate for the inclusion of SEC (including globally agreed upon iCCM) indicators in the revised national HMIS	In Progress	Based on the recommendations of the first national workshop for HMIS indicators revision, it has been requested to organize a separate workshop for SEC indicators integration into the system. MCHIP is working with the Unit to develop the TOR for this workshop ,develop a SEC core indicators list to be standardize based on international standards and mobilize partners to provide technical and financial support to this activity. MCHIP will partially provide technical and financial support to this process in collaboration with MoH/Unit.
Activity 1.6 In collaboration with SPS, provide technical assistance to the MOH in addressing supply chain management challenges including the frequent stock-outs of ACTs and RDTs	In Progress	MCHIP through the field coordinator based in Kita and Diema has helped the two districts to identify the needs and have facilitated the provision of ACTs and RDTs for the CSCom and ASCs. MCHIP has collaborated with UNICEF on this issue.
Activity 1.7 Provide short term technical assistance to work with GOM to consider various financing schemes that would ensure a sustained remuneration system and support their efforts to adopt and operationalize this scheme.		MCHIP with the technical assistance of the HQ will assist the development of financial scheme based on existing system that could help MoH to invest in the strategy. This was plan for Q3.

<p>Activity 1.8: Establish PFP sub working group within national RH/FP working group</p>	<p>In Progress</p>	<p>MCHIP has submitted the TOR for PFP sub working group to the larger RH/FP group but the process has not been approved yet by DRH and some key partners working on FP. MCHIP will continue advocate with DRH and others partners to explain the value added of this group and the potential to improve the PFP component of each project for better results.</p>
<p>Activity 1.9: Provide technical leadership and coordination for national RH/FP working group.</p>	<p>In Progress</p>	<p>MCHIP has participated in all meetings organized by the RH/FP group and has continuously provided technical assistance for the preparation and facilitation of these meetings ( Dissemination of the results of Dakar civil society workshop on FP, Presentation of Nairobi workshop results; Presentation of Ouagadougou Action Plan etc.). MCHIP FP/RH advisor will continue to participate in the working group activities and provide TA as needed.</p>
<p>Activity 1.10: Facilitate the review, adaptations, revision, of validation of training materials and policies norms and procedures for newborn care including essential newborn care, the introduction of Helping Babies Breathe curriculum, and Kangaroo Mother Care.</p>	<p>In Progress</p>	<p>MCHIP has facilitated the procurement of HBB materials and equipments for the project in Mali and have met with the Division of Reproductive Health, Newborn Health focal point to develop the training plans for HBB introduction at national level and determine activities that can be implementing in Kita and Diema to complete the integrated package in these districts. Training materials are being translated and reviewed at global level. Final training dates will be adjusted to ensure training materials are available. For KMC in Kita the project is working on the possibility of implementing ambulatory KMC before the availability of space for the KMC unit. MCHIP is also participating in the KMC evaluation process organized by SNL2 project in order</p>

		to determine the improvement process that could be strengthen the ENC package at national level.
Activity 1.11:Oxytocin Uniject issue: meeting with DSR		For the registration of Oxytocin Uniject in Mali, a consultant has been identified and prepared by PATH to assist the country in this procedure. MCHIP has identified potential partners for this activity in Mali and has facilitated the contact between the consultant and these partners (DPM, PPM, Intra health, Private organization and pharmacist, professional bodies, DRH etc.). Because of the current security situation in Mali, the field visit of the consultant did not take place. We will continue provide assistance and facilitate the implementation of the SOW of the consultant.
<b>Objective 2. Contribute to national, regional, and global program learning focused on GH/Mali priorities of PFP and integrated community approaches</b>		
Activity 2.1: Lead GHI PFP coordination among USAID funded partners	Delayed as linked to the PFP working group establishment	GHI results documented from MCHIP activities (draft resume on GHI in Mali attached in annexes). MCHIP plans to initiate a workshop to determine the process and put a GHI support group in place.
Activity 2.2: Document program learning on the integration of MNCH/FP community-based services through the SEC	In Progress	The documentation of the MNCH/FP is ongoing. A register with all requested validated information has been developed and distributed to ASCs for a regular data collection and reporting. Their upcoming monthly report would include data on PFP indicators. Actually all FP supply and commodities are available at community level and ASCs are providing FP services focused more on counseling, home visits and organization of reference if the

		<p>women choose a LAM. ( Some of the information are shared into Mali SEC new of February and March)</p>
<p>Activity 2.3: Implementation and documentation of enabling matrons to provide implants at the CSCOM level in Diema</p>	<p>In Progress</p>	<p>MCHIP has worked closely with USAID/W on the review process of the protocol and gathered all documentation for IRB approval before starting the implementation with the training of selected matrons and their supervisors. In addition to that MCHIP has started the preparation of the study sites in Diema and have organized meetings at national and regional level to present the protocol and get feedback from them. Procurement of training materials and instruments has been done. During 5 days training with technical assistance from HQ, 29 providers (23 from the CSComs, 5 from the CSRef and 1 from other private medical center) have been trained on LAM. Before the training, community mobilization activities took place with the support of women groups. During the practical session each participant has inserted more than 5 implants. This helped 312 women to receive their implants free and 14 others an IUD (more detail in the activity report).</p> <p>The Study protocol has been submitted to DRH for the ethic committee approval and to the regional team in Kayes. 30 matrons have been selected with the support of the district team in Diema for the study.</p>

<p>Activity 2.4: Support OIC-USAID collaboration with focus on PPFP and MNCH national, regional, and global learning.</p>	<p>In Progress</p>	<p>MCHIP used women groups and local radios to mobilize women in reproductive age for LAM uptake and has created awareness for the population in general on LAM benefit as well as HTSP as a key message for saving lives during the training of DTC in Diema. For more efficiency religious leaders and others influential community members have been also associated to the event in Diema. In Kita and Diema during the community approaches for SEC strategy civil society representatives, ASACO, women leaders, religious leader etc. have contributed to the success of the “buy in” by the communities. The annual report of this collaboration will be developed in partnership with HPP and OIC focal point of MOH.</p>
<p><b>Objective 3. Contribute to the improvement of national health strategies that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions</b></p>		
<p>Activity 3.1: Establish PPIUCD and PPTL as a part of comprehensive PPFP in two CSREFs in Kita and Diema and the Regional Hospital in Kayes</p>	<p>In Progress</p>	<p>MCHIP has worked with the Spanish project and the Regional Direction of Health in Kayes to determine the training needs on PPIUCD and PPTL. The training will take place in Q3. MCHIP will support a study visit for Mali team to MCHIP Guinea on PPIUCD activities for experiences sharing and capacity building if possible. Therefore MCHIP Mali might ask MCHIP Guinea TA for the training.</p>
<p>Activity 3.2: Introduce HBB as a component of essential newborn care services at the facility level in Kita, Diema, and the Regional Hospital in Kayes.</p>	<p>In Progress</p>	<p>A STTA visit is plan to help MCHIP team to facilitate the training. The team is following the translation of the training document in French and organizes the training as planned at national and regional level.</p>

<p>Activity 3.3: Conduct trainings on as needed basis for new health facility staff on the facility based integrated package inclusive of AMTSL, ENC, and immediate PFP</p>	<p>In Progress</p>	<p>Because of the change occurred in the staffing situation in the two districts ( relocation, left for specialization in Bamako, etc), MCHIP has initiated a need assessment process with the support of the districts team in order to define the new training needs and proceed as planned. New training strategy also has been developed for more ownership at district level and maximizes opportunities of practice for regional and district trainers. In December 30 providers including 25 from CSCom and 5 from CSREF have been trained on the facility based integrated package. As needed we will complete the training in the both districts.</p>
<p>Activity 3.4: Conduct follow-up and supportive supervision for staff trained in the facility-based integrated package inclusive of HBB, PPIUCD, and PPTL</p>	<p>In Progress</p>	<p>In Kita 68, in Diema 37 trained providers (midwives matrons and nurses) have been supervised in collaboration with the two districts under the leadership of the regional team. For Q3 quarterly supervision visit will be organized per level with the districts and the region.</p>
<p>Activity 3.5: Support supply chain management systems at the regional and district levels to ensure availability of commodities, supplies and equipment for the provision of integrated facility based services in Kita and Diema.</p>	<p>In Progress</p>	<p>MCHIP district coordinators have worked closely with Kita and Diema districts team to facilitate the provision of supplies per level especially for ASCs and CSCOMs. In Q3 the MCHIP operation and logistic manager based in Kayes office will work closely with the regional pharmacist to organize a need assessment visit at the district and CSCom level in Kita and Diema for capacity building in terms of supplies chain management.</p>

Activity 3.6 :Reorganization workshop in Kita and Diema	In Progress	Preparatory meetings have already been done the district team in Kita and Diema. The TOR and the questionnaire for the need assessment have been elaborated and shared with the districts. In Q3 in order to contribute to the availability of supply and the quality health services provide at facilities level in Kita and Diema, MCHIP in collaboration with the RDH team and others partners will organize an information and consensus workshops in the two districts. Data collected from the need assessment will be use to determine the better scheme of functionality of MNCH/FP services to be set up in each district.
Activity 3.7:KMC in Kita	Delayed due to non availability of space at Kita district health center	The fact is that until now the new building for the KMC unit is not achieved .KMC activities will be discussed once again with the HQ and USAID to reevaluate the feasibility of this activity and see how this can be adapt to the local context .The new option is to assess the implementation of ambulatory KMC with emphasis on case management at community level.
<b>Objective 4. Improve access to and the quality and efficiency of the essential community package (SEC) through support to implementation and monitoring and evaluation in the regions of Kayes (in Kita and Diema) and Sikasso</b>		
Activity 4.1: Conduct SEC training for new ASCs in Kita and Diema as needed	In Progress	Preparatory meetings for the community-based approaches have been organized per district under the leadership of the SEC coordination committee. In 2012, 20 new sites ASC (13 in Kita, Diema 7) are expected and MCHIP will support the training of these 20 new ASC in collaboration with UNICEF.

<p>Activity 4.2 Provide technical and financial support to the printing and procurement of ASC &amp; relais materials on FP, PFP, ENC, and PNC in the regions of Kayes</p>	<p>In Progress</p>	<p>MCHIP has printed and distributed the set of the data collection and supervision tools to the 100 ASCs in Kita and Diema. Register for newborn health home visits are also procured and will be distributed in Q3. Actually ASC are using a sheet to collect the data.</p>
<p>Activity 4.3 Build capacity of regional and district health teams ( Kayes, Sikasso) to implement, manage, and monitor the integrated essential community care package (SEC)</p>	<p>In Progress</p>	<p>MCHIP provided technical and financial assistance to support the training in Kita and Diema of 13 supervisors at district level and 56 at CSCOM level on the data collection and supervision tools validated at national level.</p>
<p>Activity 4.4: Support the RHMT and DHMT to conduct follow up and supportive supervision visits for trained ASCs, including training of new CSCOM staff in supportive supervision in the regions of Kayes and Sikasso</p>	<p>In Progress</p>	<p>MCHIP districts coordinators provided technical assistance to the district team in Kita and Diema for the 2 supportive supervision visits conducted during this semester. In Q3 MCHIP will provide technical assistance to the SC/CCM/PMI team during the supervision visit in Sikasso and continue to support supervisions visit in Kayes. Per UNICEF and the Regional Direction of Health request, MCHIP district coordinator of Kita has provided technical support for the training of ASC for Kayes district.</p>

<p>Activity 4.5: Work with regional and district health teams to ensure availability of commodities, supplies and equipment for the provision of SEC in regions of Kayes and Sikasso</p>	<p>In Progress</p>	<p>The need assessment process has started during the review in Sikasso and the ASC forum in Kita and Diema</p> <p>MCHIP district coordinators are facilitating this process in Kayes by working with district team to review the recommendation made during the ASC forum in Kita and Diema and inform UNICEF and others potential partners ( Spanish Project) for the provision of commodities and supplies for ASC. Actually the majority of supplies and commodities are available with ASCs excluding thermometers, tetracycline ointment and armoires for drugs. In Q3 these supplies will be distributed to ASC.</p>
<p>Activity 4.6 Conduct training on M&amp;E tools for ASCs supervisors (2 session in Kita and 1 in Diema)</p>	<p>Completed</p>	<p>MCHIP provided technical and financial assistance to support the training in Kita and Diema of 13 supervisors at district level and 56 at CSCom level on the data collection and supervision tools validated at national level.</p>
<p>Activity 4.7 :Support, in collaboration with key community actors, coordination and linkages between HFs, ASCs, and community networks for MNCH/FP services in Kita and Diema</p>	<p>In Progress</p>	<p>2 meetings have been organized with MCHIP support in Kita and Diema to strengthen the two district coordination committee and help them develop an advocacy plan for local initiative to support SEC implementation. In Q3 MCHIP will help finalize and implement these plans in collaboration with others partners ( Local NGOs, community leaders and women groups)</p>
<p>Activity 4.8:PNC activities in SEC</p>	<p>In Progress</p>	<p>MCHIP has developed a data collection tool to track the information on NBH activities in SEC. We will continue data collection and follow up visits for NBH activities.</p>

<b>Objectives 5. CROSS-CUTTING ACTIVITIES (BCC, M&amp;E, Coordination and Management) related to all objectives</b>		
Activity 5.1 Implement BCC strategy for increased utilization of MNCH/FP services at both facility and community levels in Kita and Diema	In Progress	MCHIP has worked with partners to include a set of messages related to PFP especially into Rapid Women tool and FP reviewed messages at national level under the leadership of CNECS. In Q3 MCHIP will hire a communication consultant to help the project team to develop additional materials (posters, pamphlets etc) and document existing communication activities implemented at facility and community level in collaboration with partners in Kayes.
Activity 5.2: Ensure ongoing monitoring and documentation of integrated packages to enable national level learning	In Progress	In Q3 MCHIP M&E officer from HQ will be assisting the project team for this task.
Activity 5.3: Continue leadership in regional PRODESS III coordination mechanism for health activities implementation in Kayes	Completed	A meeting has been organized in Kayes with an emphasis on SEC and nutrition as regional priorities in collaboration with UNICEF and the participation of all regional partners and national representatives. The results of this meeting were the FY12 plans for SEC and nutrition as an emergency.
Activity 5.4: Organize technical internal reviews workshops of project activities, conduct internal M&E activities, reporting, documentation, project management and partnership implementation	In Progress	Internal M&E and technical reviews activities are implementing through monthly meetings for the field team and quarterly meeting for the entire project staff. In addition to that weekly meeting are organized in Bamako to identify priorities and plan the work. The minutes for these meetings are shared with the field staff.

<b>Meetings and workshops</b>		
Participation at the second international conference on Family planning in Dakar	Completed	MCHIP COP and Diema District Coordinator have represented the project at this meeting for learning experience in order to improve the project outcomes based on countries examples. MCHIP team has contributed to the development of Mali MoH presentation on FP accomplishments.
Participation at the reproductive health working group meeting related to PRODESS III strategies and activities development	Completed	MCHIP MH/FP Advisor has participated in all meetings organized at national level.
Participation at the workshop for the development of training materials on post abortion care in Selingue	Completed	MCHIP has provided technical leadership as facilitator of this workshop organized by the DRH with financial support of PSI.
Participation at USAID 50 <sup>th</sup> anniversary celebration activities	Completed	MCHIP in collaboration with others USAID funded project has animated a stand for PFPF as well as SEC.
Participation at the review workshop of communication materials on family planning organized by CNIECS	Completed	MCHIP has contributed to this workshop by including messages developed on PFPF in Kayes.
Participation to USAID GHI meeting with partners	Completed	MCHIP has provided the list of indicators that could be inform through the project on PFPF for GHI as well as FP activities under SEC in Kita and Diema.

Participation at the workshop on the review of HMIS indicators at national level	Completed	MCHIP has contributed with a list of indicators for PFPF, Newborn Health and iCCM that could be consider for revision at national level in order to align the country with international standards.
Participation at CIDA, WHO and UNICEF joint visit on SEC in Kita	Completed	MCHIP has contributed to the development of TOR and the visit schedule, travel logistic for field visit in Kita, the organization of meetings at national level and coordination of communication with international Task Force for CCM in US.
Participation at USAID AOTR meeting	Completed	2 AOTR meetings have been organized in this semester in addition to regular monitoring meetings with the project CTO.
<b>International travels for STTA</b>		
Holly visit	Completed, trip report available	Holly Blanchard has traveled to Mali to assist MCHIP team in the finalization of the implant training package for the matrons, train the supervisors of matrons in Diéma on long-acting methods reversible contraception (LARC), and work with MCHIP team to strengthen PFPF services at the community.
Steve visit	Completed, trip report available	Steve Hodgins, Child Survival Team leader has traveled to Mali to work with the in-country team on strengthening MCHIP role for national level coordination and monitoring of the ASC strategy implementation ; help develop management tools to support this new role with partners ; advocate with USAID MALI and MoH partners on MCHIP capacity and experiences ; build the capacity of MCHIP Mali country

		team on effective integration of approaches and documentation of the results and help align the project results with MCHIP global expectations and contribution to GHI in Mali.
<b>Management</b>		
Recruitment process for new staff	In Progress	The new recruited staffs are: iCCM/SEC assistant, and MH/PPFP assistant, Operation& logistic manager.  Recruitment in process are: 1 district coordinator for Kita, 1 finance manager for Bamako
Procurement of equipments for FY12	Delayed	The project has been authorized by the donor to procure 3 vehicles (1 for Kayes and 1 for Bamako in FY11 and another 1 for Bamako in FY12) for the implementation of activities which still in process since December 2010. MCHIP Mali COP and HQ team have many times communicated with SC/CO management on the issue with no success. Required documentation for waivers approval has been partially submitted to MCHIP HQ and the complementary document is still in process.
Kayes office	Completed	Kayes office is functioning.

## MONITORING AND EVALUATION SUMMARY

M&E activities in this semester have been focused on the:

- finalization and validation of SEC package data collection and supervision tools;
- development and test of facility based integrated package supervision check list;
- participation to the national HMIS revision workshop,
- supervision of providers trained on facility based integrated package in Diema and Kita,
- orientation of Kita and Diema districts and CSCom team on SEC data collection and supervision tools;
- data collection using the local HMIS to inform the project PMP results,
- orientation of national supervisors on SEC data collection and supervision tools,
- production and distribution of SEC data collection and supervision tools for all ASC in Kita and Diema,
- participation of district coordinators at ASC supervision visits in Kita and Diema.

The project is actually working on documentation processes for SEC implementation and progresses on PFPF in collaboration with partners at regional and district level in order to get lessons learned that could be shared at national level during SEC annual review and contributed to GHI results for Mali.

## CHALLENGES

Key major challenges from the implementation of the two packages were the following:

- ***Facility based package with emphasis on PFPF:*** the effective implementation of this package need a real implication of the entire staff of the district which is difficult to obtain due to the management issue and /or staff mobility. In Kita for example 2 key trained staff left in the middle of the year which really impacted on activities supervision and follow up. In Diema, 1 key staff also left. In addition to that the staff at regional or district levels may travel for training purpose for a month or more which will also affect the planning of activities. Commodities and supplies provision is still a challenge especially for FP activities. Services provision needs to be reorganize in order to offer more opportunities to the staff to improve their ability to serve the population and understand more their role.
- ***Community based package SEC:*** 3 key issues are still visible with this implementation: the completion of commodities and equipment for ASCs (transportation, drugs, data collection tools etc.) as well as re supply system from the CSCOM and district; ASCs salaries sustainability; availability of funding from UNICEF for supervision and follow up visits for trained ASCs by district and CSCOMs teams; limited inclusion of others division of National Direction of Health on SEC.

- **PMP reporting:** delay in the delivery of data from the SLIS CSCOM to CSREF for the project M&E request due to different reporting period of MoH/ HMIS system and the project reporting period.
- **Political change at country level:** It is important to notify that due to the country situation, some of the project activities planned for end of March did not took place. The exceptional situation with a suspension of all USAID funded project also affected the current implementation plan for the next quarter.

## **SOLUTIONS**

- Implement reorganization activities in Kita and Diema in Q2
- Maintain partnership and synergy of activities by informing regularly partners on the project activities at national, regional and district levels.
- Continue follow up and supervision visits for more capacity building of service providers
- Coordinate with potential partners for provision of commodities and supplies at facility level as well as for ASCs in Kita and Diema; work with UNICEF and others partners for the provision of non FP commodities
- Increase advocacy activities at national level to have all divisions at national direction of health involved into the implementation of SEC.
- Organize supervision/field visits for national level key staff and partners for process learning and right decision making for the implementation of SEC and improvement of policies and guidelines for FP/PPFP.
- Continue discuss and find solution for the procurement of project vehicles with MCHIP HQ and SC/CO by the end of May.
- Strictly follow USAID guidelines for this type of situation and inform regularly HQ and staff on the evolution of the context.