Maternal and Child Health Integrated Program

MCHIP/MALI

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TABLE OF CONTENTS

Abbreviations and Acronyms..... 3

Executive Summary.....5

Objective one: Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.……..6

Objective two: 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.……..6

*Objective three: Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities.……..**7***

Cross-cutting activities (M&E, Coordination and Management) related to all objectives.……..8

Challenges & Solutions.....9

Activities table.....10

PMP.....28

Success Story.....36

ABBREVIATIONS AND ACRONYMS

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)

CSCom : Centres de Santé Communautaires (Community Health Centers)

CSRéf : Centre de Santé de Référence (Referral Health Centers)

CYP: Couple Year Protection

ENC: Essential Newborn Care

FBIP: Facility-Based Integrated Package

FELASCOM : Fédérations Locales des Associations de Santé Communautaire

FENASCOM : Fédération Nationale des Associations de Santé Communautaire

FERASCOM : Fédérations Régionales des Associations de Santé Communautaire

FP: Family Planning

FPE: Family Planning in Emergency

GHI: Global Health Initiative

HBB: Helping Babies Breath

HQ: Headquarters

ICCM: Integrated Community Case Management

KMC: Kangaroo Mother Care

MCHIP: Maternal and Child Health Integrated Project

M&E: Monitoring and Evaluation

MNCH/FP: Maternal, Newborn, Child Health, and Family Planning

PNC: Postnatal Care

PPFP: Postpartum Family Planning
SEC : Soins Essentiels Communautaires (Essential Community Package)

SIAPS: Systems for Improved Access to Pharmaceuticals and Services

USG: United States Government

UNICEF: Fonds des Nations Unies pour l'Enfance

SC: Save the Children

EXECUTIVE SUMMARY

MCHIP/ Mali works to ensure increased access to **integrated, evidence-based** packages of MNCH-FP interventions at both community and facility levels. The project's main goal is to contribute to the reduction of maternal, newborn, and child mortality. The geographic focus areas are two (2) districts of the Kayes Region (Kita and Diema) and five (5) districts of the Sikasso Region (Bougouni, Kolondieba, Yanfolila, Selingue and Yorosso). Given the project's results during the two years of implementation, UNICEF has requested MCHIP's technical assistance to strengthen and improve the implementation of the SEC package in 5 other districts of the Kayes region (Kayes, Nioro, Bafoulabe, Yelimane, Kenieba).

The USAID/Mali team based the MCHIP Mali FY13 program description on four specific objectives:

1) OBJECTIVE ONE: Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.

2) OBJECTIVE TWO: 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.

3) OBJECTIVE THREE: Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities.

4) CROSS-CUTTING ACTIVITIES (M&E, Coordination and Management) related to all objectives

This report shows MCHIP/Mali's progress in the first semester of FY13 from October 2012 to March 2013. This period was very challenging and productive for the project team because of the increased funding and the intensity of activities generated by the project extension from 2 to 7 districts. The team focused on the development and finalization of several key documents, finalization of FY12 activities, startup of the FY13 workplan as planned, and partnership building with partners at all levels for increased ownership of MCHIP activities and facilitation of implementation at national, regional, districts and community levels. Improvement of coordination, supervision, data collection, and commodities management mechanisms has been another important step to facilitating project implementation. This very important reorganization of the project management systems was shared with all MCHIP staff (Bamako, Sikasso and Kayes) through a dissemination workshop and the distribution of a folder, which included the complete set of all management, supervisory and M&E tools to be used in the field.

Key accomplishments for this semester were the following:

OBJECTIVE ONE: Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.

MCHIP continued to play a leadership and coordination role amongst SEC implementing partners through the CCM/CH Advisor's active preparation for and participation in the following meetings and activities.

- SEC Focal Points Group monthly meetings. Outcomes of these meetings include revision of relais training manuals and solutions to reducing commodities' stock-out and regular payment of motivation of ASC.
- Coordination meetings of partners involved in the implementation of activities at household level.
- Workshop in Sikasso Region to strengthen partnership and advocacy at the level of FERASCOM and FELASCOMs for improved coordination and commitment to the implementation of SEC activities. The workshop was co-funded by the following SEC partners: the KOIKA Project, ICH/Muskoka, and the Red Cross/Muskoka projects.
- Coordination meetings of partners to strengthen nutrition and WASH activities.
- LQAS evaluation of SEC package implementation in MCHIP districts in partnership with UNICEF.

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

OBJECTIVE TWO: 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.

The project team focused on the following activities this semester:

- MCHIP COP, DCOP and CCM/CH Advisor's introductory visit to the Sikasso region to assess the functioning of the former CCM project that ended in December 2012.
- Workshop in Sikasso to improve ownership of SEC activities at the level of FERASCOM and FELASCOM, as well as coordination among SEC partners.
- Training of 57 DTC of Bougouni and Kolondieba in Sikasso Region on SEC package, including data collection, supervision, and reporting tools.
- Organization of supervision visit for 65 ASC of Kita district.
- Monthly payment of motivation for 325 ASC in Sikasso 5 MCHIP districts.

- Multiplication and distribution of SEC data collection and supervision tools, which will be used for a semester in Kayes and Sikasso regions.
- Identification of women's groups to promote nutrition, WASH and MNCH activities within their membership at community level.
- Collection and analysis of ASC data for documentation and reporting.
- Contracting with 15 community radios (11 in Sikasso and 4 in Kayes) for information, sensitization, and BCC activities.

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

OBJECTIVE THREE: Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities.

This semester, implementation of this package was focused on the continued strengthening of last year's results and investments in capacity building and quality of service provision at CSCom and secondary health centers. The project team has worked in partnership with the Champions and the Professional/Association Orders and Civil Society on the following activities:

- Adaptation of MCHIP facility-based integrated package training curriculum for matrons at CSComs and secondary health centers.
- Promotion of LAM through the nutrition intensification campaign (SIAN) by two MCHIP teams reinforced by champions during which (331) implants and (2) IUDs were inserted.
- Complementary training of 21 matrons on the integrated package at CSCom level in Kita district.
- Supervision visit of (19) CSCom staff trained on the IP in Diema district in December 2012.
- Supervision visit of (22) CSCom staff trained on the IP in Kita district in January 2013.
- Training of (51) skilled providers on LAM (DIU and Jadelle) in Kita district during which (120) implants and (7) IUDs were inserted.
- Training of (38) CSCom service providers on HBB in Diema district.
- Training of (42) CSCom matrons and (42) secondary centers on HBB in Kita district.
- Provision of (63) HBB mannequins at CSCom level during the training sessions.
- Follow-up visits of 32 trained providers on HBB in Diema district in January.
- Follow-up visits of 30 matrons trained on LAM (Jadelle) in Diema district in (these matrons were trained in August 2012).
- Multiplication and distribution of IP data collection and supervision tools in Kita and Diema.

- Collection and analysis of IP data for documentation and reporting.

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

CROSS-CUTTING ACTIVITIES (M&E, Coordination and Management) related to all objectives

MONITORING AND EVALUATION SUMMARY

M&E activities this semester were focused on the following:

- 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.
- Recruitment of a consultant for a baseline survey on Environment Mitigation and Monitoring Plan activities (EMMP).
- Development of a database for the documentation of Diema matrons' activities on LAM (Jadelle).
- Development of personalized SEC and IP database for each of the seven district coordinators of Sikasso and Kayes.
- Participation in MCHIP monthly coordination meetings in Kayes and Sikasso.
- Application of the integrated supervision tools at Bougouni and Yanfolila districts, where 2 CSComs and 2 ASC were visited.
- Supervision of ASC on SEC activities in Kayes and Sikasso districts.
- Supervision of CSCom providers trained on facility-based integrated package in Kita and Diema districts.
- Orientation of (Nbre??) Bougouni and Kolondieba CSCom teams on SEC package.
- Data collection using the local HMIS and ASC data to inform the project PMP results.
- Production and distribution of SEC and IP data collection and reporting tools.
- Participation in the entire process of SEC evaluation using LQAS method (data tools development, training of national and regional trainers, training of investigators, and collection of field data).
- Orientation of 35 DTC of Kita and 21 DTC of Diema on IP data collection and reporting tools.

MANAGEMENT

Management activities in this semester were focused on the following:

- Posting for a new COP in December 2012 and recruitment of a DCOP as a new position in November 2012.
- FY13 workplan and budget revision. Final approval granted by USAID on March 19, 2013.
- Introduction visits of the new COP to all MCHIP partners including USAID implementing partners (PSI, ATN, PKC II), Civil Society (FENASCOM), UNICEF, Red Cross and other Save the Children partners implementing SEC activities (Koika and ICH/Muskoka).
- Recruitment of 14 new positions for the project.
- Reorganization of the MCHIP staff organigramme highlighting new positions, staffing by focused activities (Project support, IP, SEC, M&E) and regional staffing.
- MCHIP new office rental and procurement of new furniture, equipment and services (security and cleaning)
- Organization of moving activities from Save the Children main office to the MCHIP new office.
- Finalization of the procurement of two project vehicles. Procurement is being processed for the third vehicle.
- Development and distribution of MCHIP reference 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 supervisory tools, as well as commodities management.
- Development of TOR for regional monthly coordination meetings.

CHALLENGES

Key major challenges from the implementation of MCHIP activities were the following:

- Tardiness in staff recruitment, procurement and provision of ASC motivation.
- Mobility of trained staff at CSCom and ASC levels, particularly in Sikasso region.
- Working without support of Government structures, particularly delaying TDC and ASC training activities in the 5 districts of Sikasso region.
- Completion of commodities and equipment for ASC in Sikasso region (transportation, drugs, data collection tools).
- ASC salaries sustainability.

SOLUTIONS

- Accelerate and finalize staff recruitment and procurement through provision of more administrative autonomy to MCHIP management staff.

- Continue to explain the context of USG decisions to partners at all levels and reinforce working relationship with FENASCOM, FERASCOMs, and FELASCOMs
- Continue to represent USAID technical expertise and share MCHIP technical approaches and results in health and nutrition clusters.
- Seek new opportunities for partnership with local NGOs, community women and youth groups and other support groups for implementation of project activities.
- Strengthen project implementation activities through follow-up and supervisory visits for increased capacity building of CSCom service providers and ASC. This includes the organization of systematic supervision at all levels (Regional, District, CSCom and ASC site) for improved implementation of project activities.
- Increase advocacy and coordination activities at all levels to reinforce Civil Society involvement for the implementation of the SEC package.

Semester Report on Progress against the Work Plan

(Report Period: October 1, 2012 - March 31, 2013)

Summary Plan of Activities by Program Element	Status of Implementation	Update at 6 months
Project Activities		
Objective 1. Contribute to improved programmatic guidance among SEC implementing partners to increase the effectiveness and efficiency of the SEC.		
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	In Progress	MCHIP Child Health advisor is continuously working with SEC implementing partners. ❖ 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. ❖ 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 others 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.
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.	In Progress	❖ 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 module and to organize a review and validation workshop to finalize the module.
Activity 1.3 : Update/revision of CBD FP module for all relais	Ongoing	❖ The CBD/FP module for relais was revised and will be integrated into the draft relais training manual.
Activity 1.4: Contribute to a comprehensive SEC Evaluation	Ongoing	❖ 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 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.)	In Progress	❖ 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.
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	❖ 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 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		
Activity 2.1: Use the newly validated national SEC nutrition protocol to adapt/update ASC training module and provide refresher trainings to the 100 ASCs trained during PY2	Ongoing establishment	❖ 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.
Activity 2.3: Based on this specific need identified in PY2, MCHIP will work with ASC supervisors to 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.	In Progress	❖ All DTC in Kayes region have been trained on SEC package. The training of Sikasso DTC on the SEC package is ongoing and will include data collection, reporting, and supervision tools. ❖ 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.

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 achieve this task.	In Progress	❖ 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 regular use of these supervisory tools by MCHIP staff will improve early detection of bottlenecks and apply immediate solutions.
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.	In Progress	❖ Organization of workshop at Selingue 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 all the project staff to improve coordination, management, and M&E activities at all levels. ❖ Elaboration of TOR for integrated supervision.
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	In Progress	❖ 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.

districts.		
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 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.	In Progress	❖ 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 committee. During these meetings the data submitted by ASC are shared with ASACO members and the local SEC coordination team. ❖ In Kayes and Sikasso, MCHIP will provide support to DTC involved in ASC supervision.
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.	In Progress	❖ 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.

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. District advisors will monitor monthly broadcasted messages.	In Progress	❖ The mapping of all local radios has been achieved in the 7 MCHIP supported districts and 16 have been selected. ❖ A 6 month contract has been temporarily established with 15 radios out of 16 selected (11 in Sikasso region, 2 in Diema and 2 in Kita) in order to closely monitor the radio's performance and prepare them for competition to meet MCHIP BCC needs identified through the results of the ongoing quantitative and qualitative evaluation activities. ❖ The Head of the 15 local radios 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.
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.	In Progress	❖ MCHIP Integrated Package and SEC Package management and data collection and reporting tools have been produced and distributed to 19 district coordinators, 3 regional coordinators, and M&E manager.
Activity 2.22: Quarterly the coordination team will supervise the health district advisors. This supervision will be done during the monthly meetings and will be a forum to improve district advisors.	In Progress	❖ 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

activities.		centers and ASC level.
Activity 2.23: According to the project guidelines, monthly meetings are organized between district advisors and the main project main team that resides in Bamako. These meetings facilitate to up-to-date activities done during the past month and plan future activities. That meeting is also an opportunity to share / exchange field experiences and project actions that happened in other areas such as Kayes region. The meeting minutes will be established and shared with other colleagues in Kayes region.	In Progress	❖ One of the outcomes of the Selingue 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 and their objectives are to share information from MCHIP/BKO and from the field, review activities implemented during last month, update planning for next month, and discuss implementation challenges and appropriate solutions.
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.	In Progress	❖ 18 Women 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 groups will be trained as trainers and, in return, will train 72 ou 96?? enlightened mothers in charge of conducting health promotion activities within their membership.
Activity 2.43: MCHIP will provide with 426 ASC in Sikasso and Kayes region with bins with lid to collect the waste from the		❖ Needs assessment has been conducted and the notice of invitation to tender is launched.

activities of SEC.		
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 Diema.	In Progress	❖ 23 matrons have been trained on the integrated package of MCHIP at CSCom level in Kita district.
Activity 3.2: Quarterly Supervision of Integrated Package at CSComs	In Progress	❖ 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.
Activity 3.3 : Adaptation of the MCHIP facility-based integrated package training curriculum for matrons at secondary health centers	In Progress	❖ 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 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	In Progress	❖ 48 matrons from 48 secondary health centers have been trained on adapted facility-based integrated package in Kita.
Activity 3.5: Trained matrons will receive a 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	❖ The follow-up supervision visit is planned for April 2013
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 help to guide the development a set of training modules for lower health workers.	In Progress	❖ 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 fed back to ASACO leaders.
Activity 3.11: MCHIP will organize the training of all 60 DTC providers in Kita through 3 sessions of six days per session 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	Completed	❖ 51 DTC providers 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

new DTC from Diema will participate in this training.		
Activity 3.17: Campaigns on LARC free services.	Completed	❖ Through SIAN activities in Kita and Diema districts, MCHIP used women groups and local radios to mobilize women in reproductive age for LAM uptake. As a result, 331 women requested LAM services and received Jadelle free.
Activity 3.18: Provide technical assistance to SC FPE project in Kita, Diema, and Kayes	Completed	❖ Technical assistance provided by the MH/FP assistant to the SC FPE project in Kita district for the training of 18 providers on LAM.
Activity 3.19: Continue HBB introduction with training of service providers at CSComs in Kita and Diema.	In Progress	❖ Training of 38 CSComs service providers (skills providers) in Diema, and (42) CSComs matrons and (42) Secondary maternities in Kita on HBB.
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 single provider, consider bringing out Neonatal during supervisory visit)	In Progress	❖ 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.

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.	In Progress	❖ 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.
CROSS-CUTTING ACTIVITIES (M&E, Coordination and Management) related to all objectives		
Activity 4.1: Ensure ongoing monitoring and documentation of integrated packages	In Progress	❖ 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 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.

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 detailed plan for the next period of implementation. The Quarter 4 project review workshop will also serve as the FY14 workplanning retreat.	In Progress	❖ MCHIP COP and DCOP met with all the 4 project component advisors to clarify and align their planned activities in prevision of the revision of the FY13 work plan. The workplan revision was finalized with the participation of all advisors and assistants. The monitoring meeting for Semester 1 activities is planned in April.
Activity 4.3: MCHIP will organize a monthly monitoring meeting with partners funded under MCHIP mechanism to review the progress of their workplan implementation, to coordinate reporting and documentation submission to USAID, and define roles and responsibilities of each party under the partnership.		❖ Several coordination meetings were held with MCHIP and USAID partners: ❖ MCHIP COP and DCOP meetings with ATN and PKCII Chiefs of Party and 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 improve coordination of nutrition activities at community level through the ASC. ❖ 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 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	❖ FBIP and SEC complementary equipment and supplies list is being finalized. Will be followed by immediate procurement.
MCHIP's New office	Achieved	❖ MCHIP moved to a new office near Save the Children Country Office. 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 organigramme	Completed	❖ A new organigramme 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.

Recruitment for new MCHIP positions.	In Progress	❖ With assistance from the MCHIP/SC/HQ and SC Mali/HR Office, MCHIP conducted intensive recruitment activities for the following 14 positions: ❖ Chief of Party, Deputy Chief of Party, Newborn Health Advisor, Newborn Health assistant, Maternal Health and FP 2nd 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.
Introduction of new district Coordinators to FELASCOM and partners.		❖ The introduction of the Kayes and Diema districts' new coordinators to FELASCOMs and local partners was achieved by Kayes regional coordinator and MCHIP/Bamako staff.
❖ **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 the strengthening of WASH activities under the SEC package.	Completed	❖ The memorandum of cooperation with UNICEF for the strengthening and improvement of the SEC package implementation in five 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 workplan.	Completed	❖ Temporary approval of the workplan was granted by USAID in December 2012 and final approval was granted in March 2013 after workplan and budget revision.
MCHIP Interim COP's orientation	Completed	❖ 1 day orientation session organized to inform the interim COP in MCHIP progress to date, new activities to be integrated into the workplan, staffing, and other challenges.
Meeting with USAID to discuss the new orientation on Sikasso region MCC/PMI SEC activities	Completed	❖ MCHIP FY13 Workplan 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, 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.
MCHIP monthly coordination meeting at regional level (Sikasso and Kayes).		❖ Two regional monthly coordination meetings were held with support from MCHIP/Bamako staff. The outcomes were: harmonized information, coordination, supervision, data collection, and other processes across the two regions. The MCHIP management team ensures that all management issues raised in the previous meeting are promptly addressed and that an adequate response is provided to the regional teams.

Performance Monitoring Plan

INDICATOR	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	FY13 TARGET	FIRST QUARTER ACHIEVEMENT: OCTOBER TO DECEMBER 2012 (Kita and Diema)	SECOND QUARTER ACHIEVEMENT: JANUARY TO MARCH 2013 (Kita ,Diema and Sikasso five districts)	TOTAL ACHIEVED SEMESTER ONE	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	1	0	1	Facility-based integrated package training curriculum for matrons at secondary health centers
SEC Focal Points Group Functional	Program records and meeting minutes	Quarterly	n/a	1	3	4	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	89	0	89	65 ASC of kita and 24 of Diema have been trained on a new protocol of nutrition. 115 replaced ASC of Sikasso and Kayes will be

							trained in April/May 2013
Number of relais trained in MNCH/FP services within MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	3518	0	0	0	Elaboration of relais module is ongoing. The process will be finish in Mai 2013
Number of community health workers trained in case management with ACTs in MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	426	0	0	0	115 replaced ASC of Sikasso and Kayes will be trained in April/May 2013
Number of community health workers trained to use RDTs in MCHIP supported districts	Training Information Management System (TIMS)	Quarterly	426	0	0	0	115 replaced ASC of Sikasso and Kayes will be trained in April/May 2013
Number of fever cases received by ASC in MCHIP supported districts	ASC report	Quarterly	31305	3359	8204	11563	74% 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%	NA	94%	94%	Represents data collected in the five districts of Sikasso during ASC supervision visit. supervision visit at ASC sites.

Number of RDTs examined for malaria from ASC patients in MCHIP supported districts	ASC report	Quarterly	30998	3336	7941	11277	73% achievement
Number of RDT-confirmed ASC patient cases of malaria in MCHIP supported districts	ASC report	Quarterly	16739	2623	5492	8115	97% achievement
Number of children under 5, receiving ACTs for treatment of uncomplicated malaria in MCHIP supported districts	ASC report	Quarterly	15372	2646	5732	8378	109% achievement
Proportion of planned malaria-related supervisions conducted in MCHIP supported districts***	ASC report	Quarterly	100%	47%	39%	43%	43% achievement
Number of cases of child diarrhea treated with ORS and ZINC in MCHIP supported districts	ASC report	Quarterly	15372	669	2602	3271	43% achievement
Percentage of sick children with malaria receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	61%	98%	83%	Most of ASC capable of treating malaria appropriately.
Percentage of sick children pneumonia receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	73%	98%	86%	Most of ASC capable of treating pneumonia appropriately.

Percentage of sick children diarrhea receiving appropriate treatment in MCHIP supported districts****	Supervision checklist	Quarterly	100%	54%	95%	75%	Most of ASC capable of treating diarrhea appropriately.
Number of cases of child pneumonia treated with AMOXICILLINE in MCHIP supported districts	ASC report	Quarterly	10248	789	1629	2418	47% achievement
Number of children <5 years old with moderate acute malnutrition (MAM) treated by the ASC	ASC report	Quarterly	15372	1337	1226	2563	33% achievement
Percentage of ASCs in MCHIP supported districts providing PPFP interventions	Supervision checklist	Quarterly	100%	100%	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	885	2820	3705	29 % achievement
Couple Years Protected provided by ASCs in the last 12 months in MCHIP supported districts	ASC report	Quarterly	4000	246	1160	1406	70% achieved in the two regions
Number of women receiving family planning services at the community level in MCHIP supported districts	ASC report	Quarterly	32175	2164	8977	11141	69% achieved in the two regions

Number of women referred by ASCs to the facility for family planning services in MCHIP supported districts	ASC report	Quarterly	769	64	79	143	37% achieved in the two regions
Number of postpartum/newborn visits within 2 days of birth by ASCs in MCHIP supported districts	ASC report	Quarterly	22916	773	3340	4113	36% achievement
Percentage of SEC sites with all SEC commodities in stock in MCHIP supported districts****	Supervision checklist	Quarterly	80%	21%	48%	35%	35% achievement with ACT,RTD,SRO, Zinc, Amoxicillin, paracetamol, pilule, depo-provera, condoms.
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%	47%	39%	43%	43% achievement
Proportion of ASC sites with no expired or damaged medicine or diagnostics on the day of observation	Supervision checklist	Quarterly	100%	NA	100%	100%	No expired or damaged medicine observed in 100% of supervised ASC sites.
Proportion of ASC who correctly managed waste	Supervision report	Quarterly	80%	NA	86%		86% of ASC received supervision visit manage correctly

							waste.
Number of ASC without ACT drug and RDT stock-out in last quarter	Supervision report	Quarterly	426	33/43 ASC site without ACT stock-out and 39/43 ASC site without RTD stock-out in last quarter	130/144 ASC supervised site without ACT stock-out and 130 /144 ASC supervised site without RTD stock-out in last quarter		Data collected during supervision of ASC.
Objective 3. Improve access to and the quality and efficiency of facility-based integrated services (Community health centers and secondary health centers) including AMTSL, ENC (inclusive of HBB) and immediate PPFP (inclusive of PPIUCD and PPTL) in the districts of Kita and Diema							
Number of health care providers trained in MNCH/FP services at MCHIP supported facilities	Training Information Management System (TIMS)	Quarterly	620	59	248	307	50% achievement. Number of health care providers and secondary health centers underestimated.
Number of people trained through USG -supported programs*	Training Information Management System (TIMS)	Quarterly	4138	204	248	452	21% achievement. Data represents only health care providers and ASC trained.3518 Relais are not train yet.
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	2495	2860	5355	119% achievement. Target under estimated. Will be recalculated.

Number of continuing users of FP methods in the last 12 months in MCHIP supported facilities	HMIS/service statistics/ facility records/FP registers	Quaterly	6000	1590	1170	2760	92% target under estimated. Will be recalculated.
Couple-Years Protection (CYP) in MCHIP supported CSCom and catchment areas.	HMIS/service statistics/ facility records/FP registers	Quaterly	16,496	5912	5810	11722	142% target under estimated. Will be recalculated.
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	Quaterly	20,359	2232	2621	4858	48% achievement
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	Quaterly	80%	61%	93%	77%	77% achievement
Percentage of women counseled in FP/RH in PAC service who accept a modern FP method	Facility records/PAC register	Quaterly	60%	54%	95%	75%	75% achievement
Percentage of service delivery points that offer Active Management of the Third Stage of Labor	Supervision checklist	Quaterly	90%	75%	97%	86%	86% achievement
Number of women delivering in MCHIP supported facilities receiving AMTSL	Facility records	Quaterly	17,407	2502	2546	5048	58% achievement

Percentage of women delivering in MCHIP supported facilities receiving AMTSL	Facility records	Quaterly	90%	71%	90%	81%	81% achievement
Percent of women receiving a uterotonic immediately after birth in MCHIP supported facilities	Facility records	Quaterly	95%	74%	90%	82%	82% achievement
Percentage of service delivery points that offer Essential Newborn Care	Supervision checklist	Quaterly	90%	75%	97%	86%	86% achievement
Number of newborns receiving essential newborn care at MCHIP supported facilities	Facility records	Quaterly	15 473	3041	2522	5663	73% achievement
Percent of babies not breathing/crying at birth who were successfully resuscitated in MCHIP supported facilities	Facility records	Quaterly	60%	100%	99%	100%	100% achievement
% of health facilities which managed the biomedical waste according the standards.	Supervion report	Quaterly	80%	NA	NA	NA	Baseline on waste management is ongoing.
******USAID requested indicators for reporting**							

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 the five districts covered by the MCHIP project as part of the implementation of the 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 in the 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 5 km and 14 km from the Community Health Center site. Komissala is the most remote site. It has a population of 1564 inhabitants among whom 336 are between the ages of 0-5 years. Kamissala site is composed of three satellite villages: Siradjouba 14 km; Sirakoro 11 km; Kabaya 8 km away.

Village of Komissana

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, new-born supervision and behavior change communication (BCC) activities. Djèguè has 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 to basic care for children under 5 years and women.She is always available and gives full satisfaction to the people of four villages, according to members of the Community Health Association. Djegue also handles sanitation activities in those villages. She provides advice especially to women through chats and home visits.

Djegue Sidibe - Komissana Community Health Worker

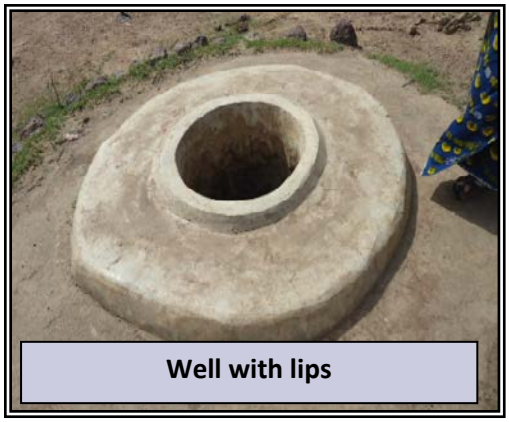
One day, while she was visiting households, she found women doing laundry in the immediate vicinity of the well. As all dirty water was flowing into the well, she moved closer to those women and asked them if the water from the well was used as drinking water. They responded: “yes”. She was distraught and surprised by this response. Immediately, she started sensitization and education activities to raise people awareness of this issue. She started to make women understand that dirty waters are sources 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 salubrity committee was set up and duties and responsibilities were assigned to each member.

The chief of village made a commitment, on behalf of heads of families, to expedite making of the lip of the well and pulleys for wells used for domestic purpose and especially to support the salubrity committee set up to help Dégué in her activities.

Oumou Sidibe designated leader for the salubrity committee of the village

After this experience in this village, the same processes will be followed in all satellite villages to improve water / sanitation.

Well without lips



Well with lips