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Maternal and Child Health Integrated Program

MCHIP/MALI



SEMIANNUAL REPORT

October 1, 2013 – March 31, 2014

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Abbreviations and Acronyms

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| AMTSL | Active Management of the Third Stage of Labor |
| AMM | Malian Association of Municipalities |
| ANTIM | National Agency of Medical Telecommunication and Informatics |
| APR | A Promise Renewed |
| ASACO | Association de Santé Communautaire (Community Health Association) |
| ATPC | Total Piloté par la Communauté (Community Led Total Sanitation) |
| BCC | Behavior Change Communication |
| ASC | Agents de Santé Communautaire (Community Health Workers) |
| CPS | Planification et de Statistique (Department of Planning and Statistics) |
| CS | Child Survival |
| CSCOM | Centre de Santé Communautaire (Community Health Centers) |
| CSRéf | Centre de Santé de Référence (Referral Health Centers) |
| DNS | Direction Nationale de la Santé (Reproductive Health Division) |
| DRS | Regional Director of Health |
| DRWP | Direction Regionale de la Protection de la Femme et de l'Enfant |
| DTC | Director Technique CSCOM |
| ENC | Essential Newborn Care FBIP MCHIP's Facility Based Integrated Package |
| FELASCOM | Fédération Locale des Associations de Santé Communautaire |
| FENASCOM | Fédération Nationale des Associations de Santé Communautaire |
| FERASCOM | Fédération Régionale des Associations de Santé Communautaire |
| FP | Family Planning |
| FPE | Family Planning in Emergency |
| FY14 | Fiscal Year 2014 |
| HBB | Helping Babies Breathe |
| HQ | Headquarters |
| ICCM | Integrated Community Case Management |
| IO | Obstetrical Nurse |
| LQAS | Lot Quality Assurance Sampling |
| MCHIP | Maternal and Child Health Integrated Program |
| M&E | Monitoring and Evaluation |
| MIP | Malaria in Pregnancy |
| MLD | Methodes de Longue Duree (Long Acting Methods) |
| MNCH | Maternal, Newborn, Child Health |

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|----------------|---|
| MNCH/FP | Maternal, Newborn, Child Health, and Family Planning |
| MNH/FP | Maternal and Newborn Health and Family Planning |
| MOH | Ministry of Health |
| NACP | National AIDS Committee Program |
| NDH | National Directorate of Health |
| NCPM | National Control Program of Malaria |
| PNLP | National Malaria Prevention Program |
| PNP | Policies, Norms and Procedures |
| PPFP | Postpartum Family Planning |
| PPIUD | Postpartum Intrauterine Device |
| RHD | Regional Health Directorate |
| SEC | Soins Essentiels Communautaire (Essential Community Package) |
| SC | Save the Children |
| SR | Santé de la Reproduction |
| SIAPS | Systems for Improved Access to Pharmaceuticals and Services |
| TS | Health Technician |
| TSS | High health technician |
| TWG | Technical Working Group |
| USG | United States Government |
| UNICEF | Fonds des Nations Unies pour l'Enfance |
| USG | United States Government |

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 over 40 developing countries to implement programs at scale for sustainable improvements in maternal, newborn, and child health (MNCH).

MCHIP's goal in Mali is to contribute to the reduction of maternal, newborn, and child mortality. In Mali, MCHIP has worked strategically at the national, district, and community levels building and expanding on existing platforms to promote proven and effective approaches since 2010. MCHIP works to ensure increased access to and utilization of integrated, evidence-based packages of maternal, newborn, child health and family planning (MNCH/FP) interventions at both community and facility levels with a geographic focus on the districts of Kita and Diéma in the Kayes region and the districts of Bougouni, Selingué, Kolondieba, Yanfolila and Yorosso in the Sikasso region.

MCHIP/Mali Fiscal Year 2014 (FY14) Objectives include:

Objective 1: Contribute to improved national health strategies, policies, and programs that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions;

Objective 2: Improve access to, and the quality and efficiency of, the essential community package (SEC) through implementation and M&E support in the two regions of Kayes and Sikasso;

Objective 3: Improve access to and the quality and efficiency of facility-based integrated services in CSCOMs.

This report describes the progress made by the MCHIP project during the semester (October 1 – March 31, 2014) in accordance with the PY4 work plan.

Key achievements this semester include:

- The expansion of the integrated maternal, newborn health and family planning (MNH/FP) facility-based package to five Sikasso districts

- Implementation of a qualitative study on SEC to assess poor utilization issues identified by the 2012/2013 LQAS study
- The training of 36 women community leaders from the seven project districts in social mobilization and MNCH best household practices.
- Following the un-suspension of US government (USG) engagement with the Government of Mali, the re-establishing and intensifying of MCHIP's collaboration and coordination with the Ministry of Health (MOH) at both the national and regional levels. This collaboration includes the introduction of MCHIP project objectives, achievements and plans to the newly appointed National Directorate of Health (NDH) team, to the Sikasso and Kayes Regional Directorate of Health (DRS) teams and to the seven MCHIP districts.
- MCHIP support to the MOH on "A Promise Renewed" activities through conducting a Child Survival Desk Review. The study was followed by the dissemination of the report at the national level and a presentation at an APR partners meeting at WHO.
- Initiation of coordination between the National Malaria Prevention Program (PNLP), the Reproductive Health Division (DNS) and other stakeholders through the development of the malaria in pregnancy (MIP) technical working group (TWG).
- MCHIP continued collaboration with various civil society partners such as the Malian Association of Municipalities (AMM) and the National Federation of Community Health (FENASCOM) which are working with the MOH to establish a sustainable mechanism to support ASCs (community health workers) salaries.
- Improvement of routine coordination, supervision, data collection and commodities management mechanisms in MCHIP districts.
- Implementation of a data quality assessment to review the quality of the data management, collection and reporting.

Summary of Achievements by Objective

Objective 1: Contribute to improved national health strategies, policies, and programs that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions;

MCHIP continued to play an active leadership and coordination role amongst SEC implementing partners as the Secretariat of the MOH SEC Ad Hoc Group and the SEC Focal Group. MCHIP provided technical and financial support for the revision and validation of the training tools for relais. MCHIP participated and provided comments

for the review and validation of the national reproductive health (RH) strategy; led a Child Survival (CS) Desk Review to inform the national APR strategy development, conducted a mapping of mayors and other actors contributing to the support of ASC at community levels to support the establishment of a sustainable approach for ASC salaries; and implemented a qualitative study to further explore issues of SEC access and utilization discovered during the lot quality assurance sampling (LQAS) study conducted by UNICEF and partners.

Specific activities achieved:

- MCHIP conducted the mapping of the community contributions on SEC implementation in the seven MCHIP districts in collaboration with AMM and FENASCOM.
- Two preparatory meetings with SEC Focal Points to organize the meeting of the MOH Ad Hoc Group for the validation of relais training tools under the SEC program to share the MCHIP integrated supervision tool for SEC and the protocol for the SEC qualitative study that will follow the LQAS survey.
- A Child Survival Desk Review was conducted in partnership with NDH and preliminary results were disseminated in October 2013 through a workshop attended by NDH divisions, CS partners, NGOs, USAID and CREDOS. The report was validated at national level in January 2014. MCHIP also participated in three other meetings organized by MOH/DNS: a meeting to set up the TWG; a meeting on coordination and monitoring mechanisms; and a meeting on the establishment of a partnership mechanism for the support of child survival.
- One meeting with the MOH's Department of Planning and Statistics (CPS) to discuss the initiation of the Score Card activities under the Promise Renewed process.
- For the MIP technical working group, MCHIP has:
 - Provided support to the MOH to establish a national level MIP technical working group and coordination committee comprised of all relevant stakeholders and partners in Mali. MCHIP has ensured this group meets on a regular basis and supports this group to review and analyze the findings and recommendations from the PMI funded MIP policy review.
 - Assisted the MOH in the dissemination of all revised MIP training materials and tools
 - Two meetings with FENASCOM to share the FY 2014 work plan activities and define the terms of collaboration with this organization.

- Conducted a national and regional level training of trainers for all relevant service providers in the revised MIP training materials and tools.
- A delegation from the MCHIP Mali team attended the iCCM Evidence Review Symposium in Ghana organized by UNICEF and MCHIP Headquarters. The team shared Mali's unique experiences including the results and lessons learned from the SEC assessment. Attendees of the meeting included Community Case Management (CCM) researchers, implementers and MOH officials from over 30 countries.
- Provide financial support to AMM for the organization and preparation of a national round table to advocate for ASC salaries.

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.

From October 2013 to March 2014, MCHIP focused on improving ASC supervision in Kayes and Sikasso. This included providing an orientation on SEC data collection and reporting tools and orientation of supervisors on the ASC integrated supervisory approach. In addition, several training activities were completed for ASC, DTC and Community Health Association (ASACO) members in data analysis for decision making in all seven project districts. Promotion of MNCH services were conducted through radio broadcasts messages and trained women's groups. Specific activities are described below.

Specific activities achieved:

- 114 DTC and 13 MCHIP Districts officers oriented on SEC data collection, supervision and reporting tools and integrated supervision approaches.
- 123 ASC from Kita, Selingué and Bougouni received integrated supervision visits from national supervisory team involving MOH national, regional, district and CSCOM level staff. This resulted in the national supervisors taking on the breadth and depth of the SEC supervision challenges which include weaknesses in monitoring of the newborn during the first week of life and use of family planning at the village level.
- Monthly payment of motivation for 326 ASC in the five Sikasso districts.
- 95 women leaders were selected from the seven MCHIP districts and trained on MNCH promotion skills and preparation of enriched foods from local products.

- 10 MNCH keys messages called the “Ten Commandments” have been developed and distributed to all women for their sensitization activities in their respective women groups and villages. The training workshop was organized in Bamako with participation of trainers from, NDH, MOH/RHD, DRWP and the MCHIP SEC team assisted by a BCC consultant.
- A needs assessment has been completed to support community mobilization efforts in model latrine buildings through the "Degout Approach Model" in the seven project districts. Based on the assessment results, the SEC Team elaborated a strategic approach taking into account the status of model latrines buildings in each district. From previous donor assistance, five districts (Bougouni, Yorosso, Kolondieba, Yanfolila and Kita) have already benefitted from the “Degout Approach Model” sanitation process and have built dalles sanplats which are available at ASACO levels. In these five districts, MCHIP is working with District Medical Officers, FELASCOM and ASACOs to exchange available dalles sanplat against the provision of building materials (cement and iron). The building process is ongoing in all seven districts, but currently a total of 185 communities have benefited from the dalles.
- MCHIP is also providing the full range of sanitation and latrines building activities in the two districts of Diéma and Selingué, neither of which had received any previous support on ATPC (CTS) approach from other donors. 45 relais have been trained on the “Degout Approach Model” to facilitate implementation in these two districts.



Figure 1: Degout Approach Model



Figure 2: Promotion of dalles sanplat

- Organization of one-day hand washing promotion in the seven project districts in collaboration with District teams, FELASCOM and ASACO
- Sensitization messages on hand washing were broadcast through local radio stations. Additionally, the hand washing demonstration was completed in all 426 ASC sites.
- National level restitution to the health fair activities: participants including MOH/NDH, Reproductive Health Division and Hygiene and Sanitation Division, seven MCHIP district health teams, mayors, FERASCOM members, ANM and FENASCOM representatives, and NGOs who participated in the health fairs

Objective 3: Improve access to and the quality and efficiency of facility-based integrated services at CSComs.

MCHIP worked intensively in Semester 1 to expand the facility-based integrated package (including AMTSL, ENC, and PFP) to the five Sikasso districts, in addition to various training and supervision activities, in partnership with the regional and district teams, MNH Champions, and professional associations.

Specific activities achieved:

- A Family Planning situational analysis was conducted in the districts of Yorosso, Bougouni, Yanfolila and Selingué in the Sikasso region with assistance from an MNCH consultant assisted by the head of the Regional Family Health Division and the MCHIP MH/FP advisor.
- Organization of transfer of learning visit in CSComs trained in PPIUD in August 2013 (Makandiabougou, Darsalam and Saint Felix, and the CSRÉF of Kita). Nine trained providers have inserted a total of 61 PPIUDs as one of several PFP choices.
- Training on PPIUD counseling: a total of 44 providers trained on the PPIUD in Kita and Bamako.
- Training on PPIUD technical: 17 providers trained on PPIUD in Kita and Bamako.
- Expansion of the facility-based integrated package (ENC, AMTSL, HBB, and PFP) to five Sikasso districts through training, provision of basic supplies and follow up. During this semester MCHIP undertook an intense cascade training

activity to expand IP and long acting methods (MLD) in the five assisted Sikasso districts. These include:

- A total of 128 qualified health care providers trained on IP in all five districts
- 105 matrons trained on IP in all five districts
- 111 qualified health care providers trained to provide LARC services
- 105 matrons trained to provide LARC and Jadelle services.
- Quarterly Supervision of Facility Based Integrated Package at CSCOMs and secondary health centers in Diéma and Kita.
 - Diéma: 50 qualified health care providers supervised on facility based integrated package including long acting methods. This supervision included 21 CSCOMs and 10 secondary health centers.
 - Kita: 68 health care providers supervised on the integrated package in Kita. This supervision included 41/42 CSCOMs and 15 secondary health centers.
- Health care providers integrated post training follow-up on IP and MLD in Sikasso and Kayes :
 - A total of 135 qualified health care providers (DTC, nurses) followed up on IP and MLD in five districts.
 - 156 out of the 202 trained (DTC and matrons) on have benefited the post training follow up (transfer of learning) on FBIP including HBB in five (5) Sikasso districts.
 - A total of 71 out of 105 matrons followed up on IP and Jadelle insertion
 - 29 health care providers (DTC, obstetric nurses, midwives) received post training follow up on facility based integrated package and MLD in the Diéma and Kita districts of Sikasso.

Cross-cutting activities (Monitoring and Evaluation, Coordination and Management) related to all objectives:

Monitoring and Evaluation:

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

- Development of personalized SEC and IP database for the five new districts coordinators of Sikasso.
- Development of biomedical waste management data collection tools at ASC level.
- Development of data collection tools for local radio stations' broadcast activities.
- Data revision during MCHIP-Bamako monthly coordination meetings in Kayes and Sikasso.
- Supervision of ASC on SEC activities in Kayes and Sikasso districts.
- Collection of the Environment Mitigation and Monitoring Plan activities (EMMP) in the seven districts of Kayes and Sikasso.
- Implementation of the integrated supervision system to include SEC focal point CSCOM staff, ASCs, and relais to enhance the quality of program activities in the seven districts in Kayes and Sikasso
- Production and distribution of SEC and IP data collection and reporting tools.
- Organization of Data Assessment Quality (DQA) method including development (data collection tools, orientation of national (MOH), regional (DRS) and district team; training of investigators and receiving of data quality storage and flow on the field in the seven MCHIP districts. This study allowed us to appreciate the quality and the system of data collection and reporting by level; the DQA highlighted strengthen and deficiencies in terms of promptness in reporting and a few discrepancies between the data transformed from the ASC sites to CSCOMs to district data base.
- Recruitment of a consultant for the MCHIP end line assessment in the district of Diéma and Kita.
- Provided support for the revision of the end line assessment protocol survey questionnaires.
- Submission of the end line assessment protocol of the project to the IRB Committee.

Coordination and Management:

Management activities in this semester were focused on the following:

- MCHIP Mali Chief of Party (COP), SEC Advisor, M&E Coordinator as well as representatives from USAID and PMI met with PNLP to discuss the revision of the PMI tools to coincide with the WHO recommendations.

- MCHIP Mali COP, together with the Child Health Advisor and M&E Coordinator, met with the CPS team to discuss the Score Card activities setup of the MIP/TWG.
- MCHIP Mali COP and MH/FP Coordinator participation in the sub - regional meeting on the introduction of scaling up the DIUPP in Ouagadougou, Burkina Faso from 2 to 5 February 2014.
- MCHIP COP, CH Advisor, and MH/FP Coordinator met with the Sikasso Regional Director of Health and region team to present the FY14 work plan and discuss collaboration process.
- Meeting with FENASCOM to present MCHIP FY14 work plan.
- AOTR meeting with USAID in February and March to update the project activities, talk about the challenges and the way forward.
- Meeting with five Sikasso health district teams to discuss the framework for collaboration and coordination after the lifting of the suspension.
- Meeting with Save the Children Senior Management Team to discuss and share the close out plan.
- Regular weekly meetings with the MCHIP Headquarters team in order to review progress of the project close out plan.
- Team-building workshop for MCHIP Mali staff to review FY13 achievements and kick off FY14 activities.
- Recruitment of an Informatics Technician
- Technical assistance visit from the MCHIP Headquarters Finance and Grants Manager to support project close out activities and budget projections.
- Technical assistance visit from the MCHIP Headquarters Senior Technical Advisor to support project close out activities as well as the analysis of qualitative study results and dissemination workshop.
- Elaboration and follow up of plan for terminating MCHIP staff contracts
- Management of project close out related tasks including termination of lease, recovery/backup of data from departing staff as well as other project closeout administrative tasks.

Challenges and Next Steps

Challenges:

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

- Poor supervision of the ASC from DTC s.
- ASC salaries sustainability.
- Stock-outs of key commodities for SEC.

Next Steps:

- Efforts will made by MCHIP to support the payment of ASC motivations in Sikasso during the month of April and May.
- Manage project transition activities through follow-up and supervisory visits from DTC to ASC for organization of integrated supervision in all districts in order to strengthen the most vulnerable ASC sites.
- Implement and monitor project close out plan.
- Design transition plan between MCHIP and RMNCH.
- Increase advocacy and coordination activities at all levels to reinforce Civil Society involvement for the implementation of the SEC package.

Annex 1: Activities Table

| Quarterly Report on Progress against the Work Plan (Report Period: October 1, 2013 – March 31, 2014) | | |
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| Workplan Activities by Objective | Status of Implementation | Update for 6 months |
| Objective 1: Contribute to improved national health strategies, policies, and programs that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions | | |
| Activity 1.1 : Continue to play a technical leadership and coordination role amongst SEC implementing partners via the Focal Points Group, the FENASCOM and Mayors Association (AMM) to ensure effective and efficient implementation of the SEC strategy at community level. | Ongoing | <ul style="list-style-type: none"> ❖ SEC team met AMM and FENASCOM teams to share with them the work plan and discuss about coordination mechanism to implement all activities requiring their active participation. ❖ Two (2) meetings with SEC Focal point to share SEC Qualitative study protocol and make update on SEC partners activities, organize "relais" training tools validation workshop ❖ Two meetings with FENASCOM to share the MCHIP 2014 workplan and define the mechanism of collaboration between MCHIP and FENASCOM to |

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| | | <p>implement the activities</p> <ul style="list-style-type: none"> ❖ One Meeting with the Health Ministry to discuss the payment of ASC salary to ensure the continuation of SEC implementation ❖ MCHIP, through the Child Health Advisor, provided technical support to the MoH to organize the national reproductive health strategy finalization and validation workshop. ❖ MCHIP provided financial and technical support to AMM and FENASCOM to organize ASC salaries sustainability workshop. This workshop took place in Selingué to develop document which will be use during the national workshop plan for March 2014. In March 2014, Ad-hoc group meeting took place to share action points adopted at the Accra symposium on the ICCM (integrated Community Case Management) and discuss on SEC national Strategic Plan Elaboration process in Mali. At the end of the meeting it was decided to organize a situational analysis of SEC implementation in Mali and recruited a Consultant to write the draft of SEC national strategy plan. |
| <p>Activity 1.2: Support AMM and FENASCOM in mapping of local Mayors and other groups contributing to SEC and IP</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ The data has been collected and the first draft of the report is available |

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| activities in MCHIP-supported districts. | | |
| Activity 1.3: Strengthen the capacity of ASACOs, FELASCOMs, FERASCOM and FENASCOM in the use of data for decision making to improve program | Completed | ❖ MCHIP provided technical and financial support to strengthen the capacity of 165 ASACOs members, 7 FELASCOMs members, 2 FERASCOM members and FENASCOM in use of data for decision making in all seven MCHIP implementation districts. |
| Activity 1.4: Advocacy at the level of civil society organizations (professional bodies, NGOs, Associations), the media and the private sector for increased mobilization and support for the SEC and Integrated Package (IP) interventions | Ongoing | ❖ A Technical Working Group including Representative of FENASCOM, AMM, Groupe Pivot, Midwife, Association ect.. developed TORs and agenda of this activity. A draft of presentation was also developed. Resource persons like Professor of Gynecology-Obstetric (Amadou Dolo) were identified to make presentation on the issue of maternal newborn and child health in Mali. |
| Activity 1.5: Advocacy workshop to create awareness on maternal and newborn care and FP in Mali | Ongoing | ❖ This activity is about to be organized under the leadership of the Ministry of Health. The TDR, agenda and outline of abstracts were developed. The discussions are ongoing to plan the workshop |

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| <p>Activity 1.6: Dissemination of SEC assessment results and lessons learned at a national, one day workshop, and two one-day regional workshops in Kayes and Sikasso</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP provided financial and technical support to the NDH for the national dissemination of SEC study result. Also the district dissemination took place in 4 districts (Bougouni, Yorosso, Kita et Diéma). |
| <p>Activity 1.7: Support the SEC Focal point partners to share experiences of the SEC during the CCM Regional Symposium in Accra, Ghana in March 2014</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP team participated in the Africa Regional Symposium on iCCM to present Mali's experience implementing the SEC. MCHIP staff attending the symposium also participated in a side MCHIP meeting where learning from various MCHIP country programs was shared. The report of the symposium was presented to the Ad Hoc Group and focus activities for the next 12 months were identified. |

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| <p>Activity 1.8: Provide technical support to the MOH as requested for APR undertakings</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP, under the leadership of MoH, conducted a desk review on Child survival in Mali. For this, a literature review and individual interviews were conducted among child survival partners and stakeholders. The first draft report shared with USAID, HQ, partners and MoH for their feedback and contribution. ❖ MCHIP in partnership with the MoH/ NDH/RHD organized a workshop to disseminate the Call to Action recommendations and finalize the report of Child Health Desk review conducted by MCHIP ❖ MCHIP has financed 12 TOT (technician from DNS, CPS/MOH, INSTAT, INRSP, CREDOS and the financial partners(USAID,DFATD-Canada, UNICEF, REACH, etc.) on the use of the Lives Saved Tool. |
| <p>Activity 1.9: Support MOH to establish technical Malaria in Pregnancy Coordination Committee</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP in partnership with PSI, provided technical and financial support to organize national Malaria Training Manual adaptation workshop to revise and update according to the latest WHO guidelines on IPTp. ❖ Malaria in Pregnancy TWG Coordination Committee established. And a TOR developed and validated by the group. ❖ In total, 3 TWG meetings have taken place. One recommendation coming out of these meetings is to organize a meeting between PCIME/ Nutrition team and the technical coordination group of MIP to |

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| | | harmonize the treatment of malaria. |
| Activity 1.10: Assist the MOH in the dissemination of revised MIP training curriculum including data collection tools as appropriate. | Completed | ❖ MCHIP provided technical and financial support to organize national and regional stakeholders orientation on MIP review training manual. The specific objectives of this orientation workshop, was to Share the Desk Review on MIP conducted by MCHIP in PMI 5 supported countries with participants and Make the update on the recommendations of Mali Child survival Desk review; to Orient national and regional stakeholders on the news recommendations in term of MIP according WHO and to validate the ANC training manual. |
| Activity 1.11: As timing allows conduct national and regional level ToT on revised MIP training curriculum | Completed | ❖ After the national workshop, 36 CSRef and 160 CSCOM Stakeholders were oriented on the new WHO guidelines on MIP in the seven districts of 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: Refresher training for CSCOM technical teams in case management of childhood illnesses and newborn sepsis with emphasis on classification and | Completed | ❖ MCHIP in collaboration with CSRef team organized three-day refresher training for the DTCs and matrons on the management of malaria, pneumonia, diarrhea and newborn sepsis. 17 matrons of Yanfolila, 20 DTC of Yorosso and 41 Matrons of Kita received refresh |

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| treatment of malaria with ACTs. | | training in January. |
| Activity 2.2: Strengthen supportive and integrated supervision of trained ASCs to ensure (timing and content of postnatal visit) they are providing PNV as recommended (time); correctly identifying and referring NBs with danger signs; correctly managing LBW babies that can be followed at home | Ongoing | <ul style="list-style-type: none"> ❖ During this quarter, MCHIP District Coordinator conducted supervision visit at for ASC and Relais in 71% of ASC site. In January 2014, MCHIP national team will organize integrated supervision visit for all of Kita, Diéma and Bougouni ASC site. During these supervision visit, the focus will be on newborn and family planning component. |
| Activity 2.3: Disseminate the integrated supervision plan at the level of 7 districts in Kayes and Sikasso to include 158 CCom providers (DTC) and 20 MCHIP district officers and provide support to its implementation | Completed | <ul style="list-style-type: none"> ❖ During this quarter, MCHIP, organized in collaboration with SEC national focal point and district team the orientation of 158 DTC and 20 MCHIP district officers on SEC data collection, supervision and reporting tools. They also oriented on ASC supervision approach. ❖ SEC team developed a summary of all ASC supervision report. This document was presented during the dissemination. |

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| <p>Activity 2.4: Implement the SEC supervision system to include 158 CSCom staff, 426 ASCs, and 3738 relais linked to SEC sites and provide support to ensure the continuation of the implementation of the plan</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP national team and resources persons organized supervision visit for 10 ASC of Kita , 10 of Selingué and 10 of Bougouni during this quarter. MCHIP District Coordinator organized routine supervision visit for 71% of ASC |
| <p>Activity 2.5: Redesign and pilot simplified SEC data collection and reporting tools (registers and forms) to improve efficiency</p> | <p>Canceled</p> | <ul style="list-style-type: none"> ❖ MCHIP in partnership with SEC group Ad-hoc and partners organized two days workshop to propose simplified SEC data tools. This activity was canceled due to the elaboration of the strategic plan process. A workshop situational analysis implementation of SEC Mali is planned from 5 to 10 May 2014. During this workshop all SEC component including M&E system will be examined. |
| <p>Activity 2.6: Develop and disseminate community-level promotional and BCC materials to improve uptake of best household practices.</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> ❖ The BCC materials have been developed and will be disseminated in May. |
| <p>Activity 2.7: World Malaria Day launch in 7 districts in Sikasso and Kayes regions for cascade launch events in 419 ASC sites</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ MCHIP Provided financial backing to the MoH organizes to World Malaria day lunch at national level. At the village level, the ASC Organized day free consultation and Disseminate messages on the prevention and treatment of Malaria. Also, MCHIP supported diffused radio broadcast messages on |

| | | Malaria |
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| Activity 2.8: Motivation of 326 community health agents (ASC) for 5 districts (Selingué, Bougouni, Yanfollila, Kolondiéba and Yorosso) in Sikasso region (pending mapping results of mayor's contribution) | Completed | ❖ The 326 ASC of (Selingué, Bougouni, Yanfollila, Kolondiéba and Yorosso) in Sikasso region received their motivation during 6 months |
| Activity 2.9: Key health messages broadcast by 16 local radio stations in the project area in Sikasso and Kayes regions as well as a workshop to build capacity of radio broadcasters on health BCC messages. | Completed | ❖ During this semester, MCHIP contracted radio continued to disseminate best practices messages on Maternal, Newborn and Child Health. People consisting of relays, ASC, groups of women were identified in the villages to monitor the activities of radio listening through the broadcast messages. Collection tools have been developed to facilitate this process. This helped to evaluate the activities of each radio. |
| Activity 2.10: Reproduce and distribute management, data and reporting tools for community health agents within the project area in Sikasso and Kayes Regions. | Completed | ❖ All SEC activities management, data collection and reporting tools for ASC and Relais multiplied and disseminated at ASC and Relais level. Also, MCHIP SEC team, developed and disseminate a women group activities follow-up tools. |
| Activity 2.11: Organization of monthly regional MCHIP staff meeting at Sikasso and Kayes | Completed | ❖ During the 6 months of MCHIP regional Coordination meetings were held in both regions Sikasso and Kayes. The 8th of each month was chosen for the organization |

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| | | of these meetings. these coordination meetings are a reel exchange opportunities between MCHIP national , regional and district team. It's allows to make update on activities implementation at all levels. SEC and IP databases of each district are presented and validated during these meetings. The difficulties encountered during activities implementation are discussed and solutions are proposed. . |
| Activity 2.12: Finalization of SEC Qualitative Study in four districts of Sikasso and Kayes regions | Completed | <ul style="list-style-type: none"> ❖ SEC Qualitative Study in four districts of Sikasso and Kayes regions finalize. MCHIP under the leadership of the NDH organized the national dissemination workshop with the participation of RDH team, FERASCOM members, Mayors represent and partners,. ❖ SEC qualitative post LQAS study conducted in Kita, Diéma, Bougouni and Yorosso. MCHIP HQ Senior Child Health Advisor traveled to Mali to provide technical support for investigators training and data collection in Bougouni District. After the national dissemination, the studies result presented at district level in collaboration with the district team. The representatives of FELASCOM, ASACO, DTC, Women group, Youth group, Mayors were present. |
| Activity 2.13: Follow up activities of call to action of the international meeting held by | Ongoing | <ul style="list-style-type: none"> ❖ MCHIP under the leadership of MoH, conducted Child survival desk review; A consultant recruited to conduct this activities. A first draft of the report shared with |

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| <p>USAID in USA in June 2012 and in Addis Abeba in January 2013.</p> | | <p>USAID, NDH and partners for their improvement and feedback. MCHIP provided technical financial assistance to organize a national workshop for the finalization and dissemination of desk review result. This workshop has also been the occasion to disseminate the recommendations of Call to ActionA technical working group Established to follow up the action plan which will be elaborated during the dissemination workshop. Two days workshop is plan in January 2014 under the leadership of the MoH to disseminate call to action meeting recommendations and finalize the desk review report with the participation of all the technical and financial partners, civil society.</p> |
| <p>Activity 2.14: Support community mobilization efforts in model latrine building and replication within 180 communities through the "Degout Approach Model"</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ As part of the promotion of model latrine use in MCHIP districts, the following strategies adopted: strengthening capacity of local actors (Relais, ASC, ASACOs, leaders of women's groups, leaders of youth groups) on best practices in term of WASH. These actors used to disseminate messages of behavioral change in favor of hygiene and sanitation at community level. The materials and equipment were provided to districts through ASACO for building of model latrine and making available to the public at a very reasonable price for easy access to the majority of families. today's date more than 146 slabs were |

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| | | distributed in the communities |
| Activity 2.15: Organization of one-day hand washing promotion in each of the seven MCHIP districts. | Completed | <ul style="list-style-type: none"> ❖ Hand washing day lunched in Sikasso 5 district in collaboration with District team, FELASCOM, ASACO ❖ Messages of sensitization on hand washing were broadcast through local radios. Also in the entire 426 ASC site the hand washing demonstration have been done. |
| Activity 2.16: TOT of 36 women leaders on the preparation of enriched foods from local products and MNCH promotion skills in Sikasso and Kayes regions. | Completed | <ul style="list-style-type: none"> ❖ 10-days workshop was devoted to orient 36 leaders of women's group on MNCH best practices and preparation of enriched flour from local products. a methodology of this approach was very participative and focused on 10 messages call the 10 commandments. Field visits were organized to put women in real situation of village to organize community meeting, negotiation activities with community leaders, social mobilization activities and culinary demonstration activities in village level . At the end of the session, each women group elaborated his action plan to strengthening BCC activities in collaboration with Relais and ASC. February 2014, 5 member of each of the 18 groups were also oriented on the same themes. A visit to monitor the activities of groups is scheduled for April |

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| <p>Activity 2.17: Animation and sensitization of women’s group members by the “Maman Lumiere” on the preparation of enriched foods from local products and MNCH/FP promotion in 18 ASC sites in Sikasso and Kayes regions</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ 95 women group members of MCHIP seven district trained on the preparation of enriched foods from local products and MNCH/FP promotion messages call 10 commandments |
| <p>Objective 3: Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities</p> | | |
| <p>Activity 3.1: Expand the facility-based integrated package (ENC, AMTSL, HBB, PFP) to 5 Sikasso districts through training, provision of basic supplies and follow up</p> | <p>Completed</p> | <p>During this semester in term of training:</p> <ul style="list-style-type: none"> ❖ A total of 128 qualified health care providers trained on IP in five districts of MCHIP intervention in Sikasso ❖ 105 matrons trained on IP in Sikasso five districts ❖ 111 qualified health care providers trained to provide LARC services ❖ 105 matrons trained to provide LARC and Jadelle services. |
| <p>Activity 3.2: Post training follow-up (transfer of learning) of newly trained DTC and matrons and their supervisors on FBIP including HBB in 5 Sikasso districts</p> | <p>Ongoing</p> | <p>During the semester,</p> <ul style="list-style-type: none"> ❖ A total of 135 qualified health care providers followed up on IP and MLD ❖ 156 on the 202 trained (DTC and matrons) on have benefited the post training follow up (transfer of learning) on FBIP including HBB in five (5) Sikasso districts ❖ A total of 71 matrons followed up on IP and Jadelle |

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| | | <p>insertion</p> <ul style="list-style-type: none"> ❖ For the Post-PPIUD training follow up of providers 25 (Midwives, OB nurses, physicians) in Kita BEmONC centers, Sikasso and the CHU of Gabriel Toure on the counseling, |
| <p>Activity 3.3: Quarterly Supervision of Integrated Package at 64 CSCOMs and secondary health centers in Diéma and Kita districts</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> ❖ Quarterly Supervision of Integrated Package at CSCOMs and secondary health centers in Diéma <ul style="list-style-type: none"> ○ 50 qualified health care providers supervised on IP and MLD in Diéma. This supervision has concerned 21 CSCOM plus 10 secondary health centers ○ 68 care providers have supervised on Integrated Package(IP) in Kita. This supervision has concerned 41/42 CSCOM plus 15 secondary health centers. ❖ Quarterly Supervision on Integrated Package and MLD has been organized <ul style="list-style-type: none"> ○ 29 health care providers (DTC, obs nurses, midwives) received post training follow up on FBIP and MLD in Diéma and Kita districts, region of Sikasso. |
| <p>Activity 3.4: Quarterly Supervision of FBIP at 94 CSCOMs in Sikasso districts</p> | <p>Completed</p> | <ul style="list-style-type: none"> ❖ In Diéma district: 50 qualified health care providers supervised on FBIP including long acting methods. This supervision included 21 CSCOM and 10 secondary health centers. ❖ Kita: 68 health care providers supervised on Integrated Package in Kita. This supervision included 41/42 CSCOM and 15 secondary health centers ❖ 103/149 qualified health care providers supervised in |

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| | | Kolondièba and Bougouni district in Sikasso region |
| Activity 3.5: Training of 117 CSCom DTC and midwives in provision of LARC methods of FP (implants and IUD) in four districts of Sikasso (Selingue, Yorosso, Yanfolela, Bougouni) | Ongoing | <ul style="list-style-type: none"> ❖ 75 qualified health providers have been trained on MLD (jabelle insertion and) in four district of Sikasso :Yorosso , Bougouni,Kolondieba and Selingué <ul style="list-style-type: none"> ○ 60 insertion of jabelle in Makadiambougou, CSRef of Kita, St Felix and CHU of G. Toure 61 DIUPP have been inserted |
| Activity 3.6: Expansion of task shifting training for 94 matrons to provide implants at the CSCom level in 5 Sikasso districts | Completed | <ul style="list-style-type: none"> ❖ A total of 104 matrons and 4 nurses obs; trained to provide implants at the CSCOM level in five (5) districts of Sikasso, MCHIP interventions areas |
| Activity 3.7: Documentation of program learning that shows enabling of matrons to provide implants at CSCom level | Ongoing | <ul style="list-style-type: none"> ❖ Documentation has been completed and national and international dissemination is being planned. |
| Activity 3.8: Post-PPIUD training follow up of providers (Midwives, OB nurses, physicians) in Kita BEmONC centers. | Ongoing | <ul style="list-style-type: none"> ❖ Meeting with representatives societies (order of Gynecology, midwifery and Associations of midwives) to discuss with them to the level of implementation of their action plans developed during training on the DIUPP. ❖ Participation with the senior FP/RH of Jhpiego at the meeting at the DSR, on the activities of Call To Action and discuss SAA and implementing a scale of the DIUPP. ❖ 60 insertion of Jabelle in Makadianbougou, CSRef of Kita , Saint Felix and CHU of G. Touré |

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| Activity 3.9: Two training sessions of 30 OB/GYNs and midwives on PPIUD counseling and service delivery in Kayes, Bamako, and Sikasso hospitals and service delivery sites | Completed | ❖ 44 OB/GYNs and midwives trained on PPIUD counseling and service delivery in Kayes, Bamako and Sikasso hospitals and service delivery sites |
| Activity 3.10: Post-training follow-up of trained OB/GYNs and midwives on PPIUD in Kayes, Bamako, and Sikasso hospitals. | Ongoing | ❖ 8 providers are followed in post training on PPIUD in Kita and Bamako |
| Activity 3.11: Rapid situational analysis of PAC services in selected health centers in Bamako and 2 districts of Kayes and Sikasso. situation analysis of PAC services in selected health centers in Bamako and 2 Districts of Kayes and Sikasso | Completed | ❖ Organize a workshop at analysis situational on the SAA at Bamako, Kayes(Kita) and Sikasso(Bougouni) in the centers of Commune VI and hospitals which offer the SAA. |
| Activity 3.12: Training of 26 providers from CSComs on PAC and PPFPP counseling in Kayes and Sikasso | Canceled | ❖ Planned for RMCNH |
| Activity 3.13: Post training follow up (transfer of learning) of the 26 providers trained in PAC and PPFPP counseling in Kayes and Sikasso. | Canceled | ❖ Planned for RMNCH |

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| Activity 3.14: Campaigns to promote free LARC services in MCHIP districts | Canceled | ❖ Planned for RMCNH |
| Activity 3.15: Conduct a rapid assessment of use and quality of KMC services at the Bougouni CSREF including follow up of KMC outpatients that takes place at the closest service delivery facility | Completed | ❖ This activity has been completed by a consultant and the dissemination of results has happened. |
| Activity 3.16: Collaborate with Bougouni FELASCOM to create a mechanism that allows local CSComs to follow up with mothers and their newborns who are transitioning from KMC facility care to community care | Completed | ❖ The results of this activity have disseminated in Bougouni FELASCOM and a mechanism that allows local CSCOMs to follow up with mothers and their newborns that are transitioning from KMC has created. |
| Activity 3.17: Document and share lessons learned of the successful KMC local initiative at Tingare/Diéma | Completed | <ul style="list-style-type: none"> ❖ Shares the success story draft with the MCHIP team and DTC of Diéma and Tinkare for their input. ❖ Exchanges with the consultant on maternal, neonatal and child health on the TOR ❖ Work session on the draft of the success story of the SOE Dao de Kayes hospital. |
| Activity 3.18: Conduct refresher Training on Revised MIP Curriculum as requested, conduct national and regional | Ongoing | ❖ This activity is not achieved but the process has been launched with a media cover |

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| level TOT on revised MIP training curriculum | | |
| CROSS-CUTTING ACTIVITIES (M&E, Coordination and Management) related to all objectives | | |
| Activity 4.1: Ensure ongoing monitoring and documentation of integrated packages | Completed | <ul style="list-style-type: none"> ❖ MCHIP Mali BCC Coordinator with the support of MCHIP HQ Communication Specialist conducted field visits in Kita to realize success stories on integrated package and SEC package. Interviews were conducted with health care providers, ASC and women who received Jadelle services. ❖ M&E team with the participation of MNH team review IP data collection and report tools to facility data report before the training on IP in Sikasso ❖ M&E team developed data collection tools on biomedical waste |
| Activity 4.2: Implement the integrated supervision system to include CSCOM staff, ASCs, and relais to enhance the quality of program activities. | Completed | <ul style="list-style-type: none"> ❖ Specifically a Data Quality Assesemnt has been initiated by MCHIP and realized in the 7 health districts of MCHIP, from 10 to 15 December 2013. This study allowed us to appreciate the quality and the system of data collection and reporting by level; the DQA highlighted strengthen and we have noted some deficiencies in terms of promptness in reporting and a few discrepancies between the data from one level to another. ❖ At time the integrated supervision at the level of the CSCOM and ASCs site and relais is ongoing in Kita and Diéma, the others districts are planned for implement. |

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| Activity 4.3 Organize one project review workshop to review progress of program implementation and utilize data for programmatic decision-making | Ongoing | ❖ During the workshop: it was especially question to review the project program by component and update data collected by district but also examine the challenges and results of the projects, share lessons learned, identify the solutions needed for the resolution of problems and develop a detailed plan for the next to the next steps of the project |
| Activity 4.4: Procurement and distribution of needed equipment and supplies for the implementation of the FBIP and SEC | Completed | ❖ Data collection and reporting tools for IP and SEC package multiplied and disseminated at CSCOM and ASC level. |
| Activity 4.6: Community mobilization and promotion of BCC messages through the Foires de Santé (Health Fairs) | Completed | <ul style="list-style-type: none"> ❖ Organization of workshop of contracting with selected radios has led to: Development of local radio media plans. The signing of contract for provision of 05 months ❖ Workshop of restitution of health fairs during this activity: MCHIP workplan, SEC activities have been presented, the radio media plan and data collect tools are also presented ❖ Protocol of the documentation has been finalized |
| Activity 4.7 : Endline Assessment | Ongoing | ❖ The consultant has recruit, and the data collection is ongoing |
| Activity 4.8: Develop Close Out Plan | ongoing | Detailed close-out implementation plan developed in December |

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| Activity 4.9 : Implement closeout process | Ongoing | ❖ A close out team has been created and is working to implement the closeout plan. |
| Meetings and workshops | | |
| MCHIP monthly Coordination meeting in Kayes and Sikasso region | Completed | ❖ During this semester, 6 monthly coordination meeting organized in Sikasso and Kayes. Its allow for MCHIP team to discuss about the routine activities, to update data base and to strength MCHIP partners collaboration |
| BCC workshop | Completed | ❖ MCHIP team organized health fairs results dissemination workshop in partnership with National Department of Health and FENASCOM. Le film about health fairs were designed and ASC, Chief of Villages, Women make testimony about health fairs benefit in term of increasing ASC site frequentation and ASC valuation at community level . |
| Management | Completed | <ul style="list-style-type: none"> ❖ MCHIP COP and SEC advisor, M/E Coordinator and USAID, PMI team met with PNLP to discuss at the PMI tools revision in conform a WHO recommendation ❖ MCHIP Mali Chief of Party with the Child Health Advisor and M&E Coordinator met CPS team to discuss the Score Card activities setup of the MIP/ TWG. ❖ Participation to the sub-regional meeting in Ouagadougou in Burkina Faso on the introduction or scaling of the DIUPP from 2 to 5 February 2014(MCHIP COP and SM/PF Coordinator) |

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| | | <ul style="list-style-type: none"> ❖ MCHIP COP, CH advisor, and MH/FP coordinator met with the Sikasso regional director of health and region ❖ Meeting with FENASCOM to present MCHIP FY14 work plan. ❖ AOTR meeting with USAID on February and March to update the project activities, talk about the challenges and the eventual way of resolution ❖ Meeting with Sikasso five health district teams to discuss the framework for collaboration and coordination after the lifting of the suspension |
| Participation at international conference on SR in emergency situation, Dakar | Completed | <ul style="list-style-type: none"> ❖ MCHIP, SM/ PF Assistant participated at the Health Reproduction in emergency situation in Dakar, Senegal |
| Participation at international conference on PF in Adis Abeba | Completed | <ul style="list-style-type: none"> ❖ MCHIP COP, and SM/PF Assistant participated at the PF conference in Addis Ababa |

Annex 2: EMM Reporting Form

USAID/MALI IEE 688-S06 (amendment #1)

ENVIRONMENTAL MITIGATION AND MONITORING

REPORTING FORM AND CERTIFICATION

Implementing Organization:

Name of Subawardee Organization (if any): USAID/MCHIP Geographic location of USAID-funded activities: Bougouni, Selingué, Kolondieba, Yanfolila, Yorosso, Kita et Diema

Period covered by this Reporting Form and Certification: October 2013 to March 2014

Responsible : Dr Beh Kamaté

| List each Mitigation Measure from column 3 in the EMM Mitigation Plan | Status of Mitigative Measures | List any outstanding issues relating to required conditions |
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| Waste management and | The prevention of infection is a part of | |

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| <p>prevention of infection is always integrated in the activities of supervision in health and community structures. Strengthening capacity of providers will be through training supervision visit</p> | <p>MCHIP integrated package supervision check list. Also MCHIP team developed a systematic supervision guideline which is used during supervision visit at facility and community level to collect data on waste management at facility and community level.</p> | |
| <p>The guide will be used as a systematic supervision check list to appreciate the level of execution of the infection prevention measures and waste management at the community health center level and CSA site</p> | <p>During this semester 49% (76/155) of CSCOM supervised managed well biomedical waste according the norms. 81%(347/426)of ASC received supervision visit managed correctly waste at community level.</p> <p>The data collection tools are developed</p> | |

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| <p>During supervision visits MCHIP and CSCom teams will verify the waste management at ASC site and provide them advises to best management of waste management at ASC site and provide them advises to best management of waste</p> <p>MCHIP will build promotional latrines with dales santplat at ASC sites to increase the use of this latrine at community level. This activity will reduce the risk of oro-faecal transmission of diseases. Also at each site ASC in collaboration with women group and relais organize were skinheads of salubrites.</p> | <p>During supervision visit at CSCOM and ASC level, Supervisors check the cleanliness of the courtyard, the availability of decontamination water in the delivery room, the use of security boxes, bins with lid, property and equipment and material of HYGIENE the availability and use of facilities for washing hands, the availability of a source of running water, the availability of a system of piping and liquid waste disposal in the delivery room.</p> <p>As part of the promotion of model latrine use in MCHIP districts, the following strategies adopted: strengthening capacity of local actors (Relais, ASC, ASACOs, leaders of women's groups, leaders of youth groups) on best practices in term of WASH. These actors used to disseminate messages of behavioral change in favor of hygiene and sanitation at community level. The materials and equipment were provided to districts through ASACO for building of model latrine and making available to the public at a very</p> | |
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| | <p>reasonable price for easy access to the majority of families. today's date more than 146 slabs were distributed in the communities</p> | |
| <p>Local radios are also used to spread awareness messages on hand washing with soap, food HYGIENE, body HYGIENE and others environnement messages.</p> | <p>8 local Radios in MCHIP (seven districts) spread awareness messages on hand washing with soap, food HYGIENE, body HYGIENE and others environnement messages.</p> | |

Annex 3: MCHIP/Mali Indicator Table

| INDICATORS (A) | FY14 TARGET (B) | SEMESTER ACHIEVEMENT (Kita ,Diéma and Sikasso seven districts) (D) | POURCENTAGE (E)=D/C*100 with | COMMENTS |
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| <i>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</i> | | | | |
| 1- Number of guidelines or documents developed or updated with MCHIP support | 2 | 1 | 50% | Review of standard documents and policy in relation to malaria and pregnancy |
| 2- SEC Focal Points Group Functional | 6 | 2 | 66% | There was three (3) meeting of the group ad hoc and three meeting (3) of the technical group |

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| <p>3- Number of ASACOs, FELASCOMs, who use data for decision making to improve program management in MCHIP supported district</p> | <p>82 (50%)</p> | <p>ND</p> | <p>MCHIP provided technical and financial support to strengthen the capacity of 165 ASACOs members, 7 FELASCOMs members, 2 FERASCOM members and 1FENASCOM in use of data for decision making These workshop organized in all MCHIP seven implementation district. The data have not collected</p> |
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| <p>4- Number of Advocacy workshop organized with Civil Society to create awareness on maternal and newborn care and FP in Mali</p> | <p>3</p> | <p>0</p> | <p>0%</p> | <p>Some meetings are doing for workshop organization. Preparatory meetings were held with the FENACOM, the AMM, DNS, Group Pivot. Creation of a comitee to organize the workshop. The process is ongoing</p> |
| <p><i>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</i></p> | | | | |
| <p>5- Number of DTC and matrons trained on the SEC package* in MCHIP supported districts</p> | <p>253</p> | <p>320</p> | <p>126%</p> | <p>A total of 320 DTC and matrons trained on PCIME in all the seven districts of MCHIP intervention</p> |

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| 6- Proportion of ASC who received at least 1 formative newborn/FP supervision visit in the prior 3 months in MCHIP supported districts | 75% (640/852) | 84% (718/852) | 84% | |
| 7- Number of CSCOM providers (DTC) and MCHIP district officers oriented on the integrated supervision plan at the level of 7 districts in Kayes and Sikasso | 162 | 166 | 102% | This activity is completed for Q1 and Q2 This activity scheduled for Q1 and Q2 has been completely realized in Q1 |
| 8- Proportion of CSCOM, ASCs and Relais in MCHIP supported districts who received at least 1 supervision visit during which registers and/or reports were reviewed in the past 3 months **** | 1 000 | 822 | 82% | 104 CSCOM, 718 sites ASC supervised in Kayes and Sikasso district, for MCHIP this semester . |

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| 9- Number of ASC who received monthly motivation | 326 | 326 | 100% | |
| 10- Proportion of radio stations that broadcast awareness messages on Maternal Newborn and Child Health including handwashing with soap and hygiene. | 100% | 100% | 100% | In total: 8 radio station, one radio by district (2 in Kita) |
| 11- Number of ASC sites with data collection, management, monitoring and supervision support | 426 | 426 | 100% | 100% of ASC sites received data collection, management, monitoring and supervision support |
| 12- Number of monthly meetings organized at Sikasso and Kayes by coordinator team | 12 | 12 | 100% | 100% |
| 13- Number of workshops held to report on the results of the qualitative survey on SEC | 4 | 5 | 125% | The results of qualitative study has disseminate at the national (Bamako) and the district (Diéma, Bougouni, Kita and Yorosso) level |

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| 14- Proportion of ASC sites with a model of latrine with Sandlot slab | <p style="text-align: center;">126</p> | <p style="text-align: center;">146</p> | <p style="text-align: center;">116%</p> | <p>The materials and equipment were provided to districts through ASACO for building of model latrine and making available to the public at a very reasonable price for easy access to the majority of families. today's date more than 146 slabs were distributed in the communities</p> |
| 15- Number of women trained on the preparation of enriched flour from local produce | <p style="text-align: center;">100</p> | <p style="text-align: center;">114</p> | <p style="text-align: center;">114%</p> | <p>This result concerned the total of TOT women's leaders and members group at the seven district</p> |
| 16- Percent of fever cases tested by RDT or microscopy among children less than 5 years (C) | <p style="text-align: center;">80%</p> | <p style="text-align: center;">87% (24916/28499)</p> | <p style="text-align: center;">87%</p> | |

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| 17- Number of RDTs examined for malaria from ASC patients in MCHIP supported districts | 12 399 | 24916 | 201% | The target has been under estimated. One reason which can explain this rate will be the functionality of some new ASC sites and the replacement of the CSA who were leaved at the time. |
| 18- Number of RDT-confirmed ASC patient cases of malaria in MCHIP supported districts | 8 370 | 18630 | 222% | The target has been under estimated |
| 19- Number of children under 5, receiving ACTs for treatment of uncomplicated malaria in MCHIP supported districts | 7 686 | 22213 | 289% | The target has been under estimated |
| 20- Percentage of sick children with malaria receiving appropriate treatment in MCHIP supported districts**** | 88% | 93% (4747/5113) | 93% | |
| 21- Number of cases of child diarrhea treated with ORS and ZINC in MCHIP supported districts | 4 612 | 6819 | 148% | The target has been under estimated |
| 22- Percentage of sick children diarrhea receiving appropriate treatment in MCHIP supported districts**** | 80% | 90% (1668/1852) | 90% | |

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| 23- Number of cases of child pneumonia treated with AMOXICILLINE in MCHIP supported districts | 3 074 | 6285 | 204% | |
| 24- Percentage of sick children pneumonia receiving appropriate treatment in MCHIP supported districts**** | 91% | 90% (1879/2084) | 90% | |
| 25- Number of children <5 years old with moderate acute malnutrition (MAM) treated by the ASC | 3 843 | 6358 | 165% | The target has been under estimated |
| 26- Number of new family planning acceptors through ASCs in MCHIP supported districts in the last 12 months | 5 124 | 6524 | 127% | |
| 27- Couple Years Protected provided by ASCs in the last 12 months in MCHIP supported districts | 1 600 | 3231 | 202% | The target has been under estimated |
| 28- Number of women referred by ASCs to the facility for family planning services in MCHIP supported districts | 193 | 334 | 173% | |
| 29- Number of postpartum/newborn visits within 2 days of birth by ASCs in MCHIP supported districts | 5 729 | 6114 | 107% | |
| 30- Percentage of SEC sites with all SEC commodities in stock in MCHIP supported districts**** | 80% (340/426) | 65% (276/426) | 65% | Stockouts continue to be a challenge |

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| 31- Proportion of ASC sites with no expired or damaged medicine or diagnostics on the day of observation | 90% (383/426) | 79% (336/426) | 79% | |
| 32- Proportion of ASC who correctly managed waste | 80% (340/426) | 81% (347/426) | 81% | |
| 33- Number of ASC without ACT drug and RDT stock-out in last quarter | 340 | 282 | 82%(282/340) | 282 is the number of ASC site without ACT drug and RDT stock –out in this last quarter |
| <i>Objective 3. Improve access to and the quality and efficiency of facility-based integrated services at CSComs and rural maternities</i> | | | | |
| 34- Number of health care providers trained in MNCH/FP services at MCHIP supported facilities | 483 | 615 | 127% | This result include the number of the trainer |
| 35- Number of people trained through USG -supported programs**** | 1 103 | 1230 | 112% | |

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| 36- Proportion of CSCOM that received at least one supervision visit on Integrated Package in MCHIP supported district | 80% (126/158) | 65% (103/158) | 65% | This semester has focused on IP training activities in Sikasso region. In total 103 CSCOM have been supervised in Kayes and Sikasso. Here the detail: 61 in Kita, 27 Diema and 15 in Sikasso |
| 37- Number of new acceptors of FP methods in the last 12 months in MCHIP supported facilities* | 6 750 | 5606 | 83% | |
| 38- Number of continuing users of FP methods in the last 12 months in MCHIP supported facilities | 4 500 | 2967 | 66% | |
| 39- Couple-Years Protection (CYP) in MCHIP supported CSCOM and catchment areas | 12 364 | 9387 | 76% | |
| 40- Number of women receiving individual counseling sessions in immediate postpartum care and PAC for FP/RH in MCHIP supported facilities. | 5 090 | 7541 | 148% | |

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|--|---------------|-----------------|------|-----------------|
| 41- Percentage of women who receive individual counseling for FP/RH as part of PAC care in MCHIP-supported BEMOC structures in Kayes and Sikasso | 80% | 89%(155/175) | 89% | |
| 42- Percentage of women counseled in FP/RH in PAC service in MCHIP-supported BEMOC structures in Kayes and Sikasso who accept a modern FP method | 75% | 90%(139/155) | 90% | |
| 43- Percentage of MCHIP-supported facilities with delivery services that offer Active Management of the Third Stage of Labor and Essential Newborn Care | 90% (142/158) | 100% | 100% | 158 CSCOM / 158 |
| 44- Percentage of women delivering in MCHIP-supported facilities receiving AMTSL | 90% | 96% (7338/7643) | 96% | |
| 45- Number of newborns receiving essential newborn care at MCHIP-supported facilities | 6 189 | 7344 | 119% | |
| 46- Percent of babies not breathing/crying at birth who were successfully resuscitated in MCHIP-supported facilities | 70% | 97% (183/189) | 97% | |

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|--|------------|--------------------|------------|---|
| <p>47- % of health facilities that received a supervision visit where correct adherence to biomedical waste standards was followed (as measured by use of medical waste box).</p> | <p>50%</p> | <p>49%(76/155)</p> | <p>49%</p> | <p>The committees and supports management are not functional and available in the most of the CHCs supervised in MCHIP seven of Kita, Diema and Sikasso district.</p> |
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Annex 4: Success Stories

Sadio Tounkara opts for a long-term method of planning due to counseling from MCHIP-trained providers



Sadio Tounkara and her baby during a visit to the health center

Sadio Tounkara is twenty-five years old, married and the mother of five children. She lives in Kossilabougou in the health district of Kita where the Maternal and Child Health Integrated Program (MCHIP) has implemented activities since 2011. The project team there has supported an integrated package which includes Active Management of the Third Stage of Labor, Essential Newborn Care, Postpartum Family Planning (PPFP) and Essential Community Health.

Due to the efforts of MCHIP-trained providers, Sadio was able to receive counseling at the clinic of Saint Felix from Veronique Diawara, a nurse obstetrician there. After receiving counseling, Sadio accepted the insertion of an intra-uterine device in post-partum (PPIUD) on September 30, 2013, immediately following the birth of her fifth child. *« I opted for a method of family planning (FP) because of my many closely spaced pregnancies. I almost had a baby every year because of the refusal of my husband to apply a method of FP. He finally accepted, following our discussions during which, I shared information and advices given by doctors during my prenatal consultations. Furthermore, repeat diseases of children and cost that resulted in, also led him to make a decision. The choice for the PP IUD is that it is a method that is safe ».*

The IUD insertion, performed by Veronique at the clinic of Saint Felix, was a real success. *« Sadio was a serious enough case and we wanted to do everything in our power to preserve her health and her children »* said Veronique.

MCHIP recognizes Djeguenina's Community Health Worker



Souleymane Doumbia in front of his consultation room

Twenty-four year old Souleymane Doumbia is a community health worker (CHW) in Djeguenina, a village of farmers and ranchers far from the health district of Yanfolila in the Sikasso region.

Although he is now a respected member of the community, he faced an uphill battle when he first began working in Djeguenina.

«People used to attend health education sessions but I felt some unease between us. The community did not fully trust in me. Also, old people did not understand that I cannot consult them».

In June 2013, however, Souleymane was recognized at the health fairs organized by MCHIP. These health fairs intended to provide information and disseminate health messages, as well a drive community mobilization and participation. The health fairs also helped to promote Souleymane and colleagues' work to stakeholders and the community at large. At the health fairs, MCHIP recognized the work of deserving CHWs in the region, including Souleymane. This action had a significant impact on Souleymane as his status in the community has changed.

"This certification despite being a piece of paper is more valuable than money. Even after my death, people who know me and my family can be proud of what I did. A climate of trust is installed between the community and me. Moreover, the presence of women at the health fair and the information which they have received have allowed increasing the number of consultations at my level especially in family planning. Hygiene habits have also changed - the village has established a safety day every Sunday. »

Indeed, six months after the health fairs, consultations for children have nearly doubled and women are demanding more family planning services.

«Souleymane is brave and loves his job. It facilitates many things such as moving to the Health Centre. It ensures the follow-up of children in households. Women consult him more because his work is now known by all » stated members of a women group of Djeguenina.



Women of Djeguenina during a meeting with MCHIP staff