



**INTERNATIONAL RESCUE COMMITTEE
MALI PROGRAM**

QUARTERLY REPORT

Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions

(CONTRACT NO: AID-OFDA-G-14-00098)

OCTOBER 1, 2014 - DECEMBER 31, 2014

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE: Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions

PROJECT NO: AID-OFDA-G-14-00098

AGENCY: International Rescue Committee (IRC)

COUNTRY: Mali

REPORTING PERIOD: July 1- Sep 30, 2014

GOAL: Vulnerable individuals, households and communities in the Gao, Mopti and Kidal regions of Mali have increased resilience through enhanced capabilities and resources, assisting them to manage shocks, change, and thrive in the face of adversity.

OBJECTIVES:

1. To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women.
2. To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.
3. To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.
4. To enhance women's livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).

BENEFICIARIES:

Total targeted: 75,268
Protection: 9,658
WASH: 22,916
Nutrition: 7,555
Early Recovery and Market Systems: 4,815
IDP beneficiaries: 7,500 (estimated 10% of total beneficiaries)
Individuals affected in target area: 1,090,641

LOCATION: Mopti, Gao and Kidal Regions

DURATION: 18 months (July 1, 2014 – December 31, 2015)

SUMMARY:

Over the course of the second quarter, the IRC reached a total of 9,597 beneficiaries through its Child Protection, Gender-Based Violence (GBV), Nutrition, and WASH programs. The Child Protection team set up five children's centers during the quarter and has identified 112 cases, 92 of which already have a case management plan and have received at least one visit. The GBV team celebrated the '16 Days of Activism Against Gender Violence', around which it organized discussion groups, radio broadcasts and workshops in Menaka, Touloupe and Bamako. The team also identified five GBV cases that have already received counseling and psychosocial support. Nutrition community based management activities and WASH rehabilitation and construction works are underway and will intensify in the next quarter.

II. Summary of Activities

Objective 1: To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women

Protection

Beneficiary numbers

Beneficiaries Targeted: 9,658 total direct beneficiaries, including 5,560 for Child Protection and 4,020 for Prevention and Response to GBV, and 78 government and IRC staff benefiting from trainings and support. **Reached in the quarter:** 4,999 including 3,596 for Child Protection, 1,338 for GBV, and 65 for Protection Coordination.

Sub-sector 1: Child Protection

Training

During the reporting period, 20 people (13 men and 7 women) from administrative authorities, health structures, teachers, women's associations, protection committees and children's governments took part in a training about children's rights and child protection. This training enabled participants to understand the different notions of child abuse and the importance of their participation in the protection of children in their communities. This training was held in Boni, in the intervention site of Douentza.

18 staff including representatives of partner organizations (GRADE and GARDL) and other IRC sectors (WASH, health and nutrition) took part in a training on psychological first aid. This training was held in Bamako and aimed to equip staff with the capacity to allow them to provide primary psychological care to children and families in order to improve the psycho social responses.

Children's Clubs and Child Protection Committees

Five Children's Clubs have been established in Ansongo with 50 members in Ansongo (22 girls and 48 boys). Five protection committees made up of 45 adults and children (34 men and 7 women and 4 boys) was set up in Ansongo. These various community structures (children's clubs, protection committees and focal points) have come together in Ansongo to develop action plans to facilitate the implementation of psychosocial activities. This approach will be shared with other sites of intervention to strengthen the joint work of the various structures.

Children's clubs play an important role in psychosocial activities as they facilitate the mobilization of other children in the participation of various activities. In addition, they are active in identifying protection problems and developing awareness raising messages with the support of IRC staff. For example, children's clubs in the villages of Koussoum and Fafa in Ansongo identified problems related to early marriage, physical abuse and non-schooling of children. These topics were then discussed during the celebration of the Convention on the Rights of the Child (20 November).

Referral System

Though the referral system is set up in the intervention sites, its proper functioning and use remain a challenge. The Protection Cluster, Sub Clusters and technical working groups continue to advocate to ensure that the various organizations coordinate their work so as to exchange not only information but also to facilitate a holistic response for different beneficiaries. This was the case, for example, when the IRC staff successfully referred to the DRC team in Douentza, twins who were not being taken care of properly, and thus were malnourished. Meanwhile the IRC provided positive parenting skills training to the parents. In collaboration with the protection committees and focal points, the teams continue to raise awareness about the referral system as a means of disseminating information. Internally, the IRC case management team has referred 100 children and youth to the economic recovery team.

Case Management

112 cases were identified for case management. However, using the vulnerability criteria established in partnership with community members, only 106 were selected (64 girls and 42 boys). 92 cases, or 86.7%, of the 106 cases already have a case management plan and have received at least one visit. The various management plans have been developed in

collaboration with children and members of their family. The action plans for the remaining 14 cases are ongoing. These cases include orphaned children living with elderly family members, young mothers who are victims of stigmatization, children in foster care and out of school, fatherless and/or motherless children and children who are the head of a household.

Psychosocial Activities

Psychosocial activities were implemented in Mopti, Ansongo, Kidal and Menaka. 3,425 children (including 1,671 girls or 48.7%) took part in psychosocial activities in the various intervention sites including 529 children and youth in Ansongo, 553 in Mopti, 834 Kidal and 1,509 in Menaka. Creative and recreational activities were included to help children express themselves in places where they feel safe; get used to group living; have an opportunity to express their desires, etc. A study of the level of the children's resilience is underway and an evaluation will also be made at the end of the project to help determine the impact of psychosocial activities on the emotional well-being of children.

Awareness Raising

Over the course of the reporting period, the IRC was able to reach:

- 10,508 people including 543 men, 490 women, 224 boys and 251 girls in Ansongo. The topics covered included: education, the right to a birth certificate, abuses and violence against children.
- 2,078 people in Menaka including 333 men, 328 women, 695 girls and 722 boys around the themes on corporal punishment, abuses against children, and emotional abuse towards children.
- 330 people in Kidal, including 50 men, 70 women, 120 girls and 90 boys. These sessions focused on the analysis of the context of Kidal vis-à-vis the protection of children in order to highlight themes that should be addressed during mass sensitizations. These sessions were done in small groups where IRC staff were first able to educate representatives from different structures on the identified themes before presenting these themes on a large scale.

Sub-sector 2: Prevention and Response to Gender-Based Violence (GBV)

Due to ongoing instability in northern Mali, the IRC had to limit its movements in the area. As a consequence, the GBV team was forced to focus its activities in Menaka.

As part of the IRC partnership strategy, the GBV program identified and selected a local partner, CRADE, who will assist the GBV program in implementing prevention and response activities in Gao. This partner will start implementing activities during the next quarter and will also receive capacity building and support from the IRC to reinforce their monitoring and evaluation.

GBV Prevention

Between 25 November and 10 December, the GBV program celebrated 16 Days of Activism in Menaka, Touloupe and Bamako. A human rights framework is central to 16 Days of Activism campaign, stating that the communities are accountable for acts of violence against women. As part of this campaign, the GBV team organized discussion groups with both men and women (457 women, 211 girls, 388 men and 255 boys) in five neighborhoods in Menaka with a focus on the GBV methodology of "Engaging Men through Accountable Practice". The team also performed eight community awareness raising sessions through mass campaigns, radio broadcasts, and conferences. Topics covered include HIV risks and prevention, the importance of the health centers, GBV causes and consequences, Ebola prevention, girls' education, and domestic violence. The women's associations in collaboration with the IRC also implemented activities for the campaign including a conference on domestic violence for the International Day for the Elimination of Violence against Women (25 November), a mass campaign to celebrate the International Day for Women Defenders of Human Rights (29 November), a radio broadcast with health and GBV staff on Radio Adaar Menaka to remember the fight against HIV (1 December), sensitization in Menaka to supposed disabled persons (3 December), and a GBV workshop with IRC staff to celebrate Human Rights Day (10 December). Throughout the project, the IRC team has noted the positive engagement of community leaders. The Chief of Menaka, for example, stated "Some men base their acts of violence against women on religion, while religion does not recommend violence against women. Religion does not prevent women to meet or trade or work. If you see a man walking proudly then there's a strong woman behind."

GBV Response

Due to the security context, response activities chiefly covered Menaka since access was limited. The GBV program documented 5 GBV cases: 1 case of rape, 1 of physical violence, 2 of denied resources and 1 of psychological violence. Each survivor received counseling and psychosocial support through GBV case management, which allowed them to find psycho-emotional stability and enabled them to make informed choices about their situation. The IRC also referred them to the Health Center (providing prescriptions payment, transport) and provided food and non food items.

The survivor of sexual assault is under 18 and she received medical assistance in Health center of Menaka. She is currently doing well. The survivor of physical violence was referred to the IRC after she felt ill due forced feeding, a harmful traditional practice that forces women and girl to eat large amounts of food in order to quickly gain weight and become marriageable. The cases of denied resources received support in foods and no foods items (oil, sugar, hand basin, broom, bin, soap, wooden spoons, rakes, and shovel) to provide them with the basic materials to live with their child because the spouse refused to support the family.

During the next quarter, the GBV program plans to reinforce the capacity of 12 volunteers (8 women and 4 men) in charge of Tea Rooms located in Tabankort, Inchinane, Anouzegrene and Tagalalt through identification of intervention planning in each site, assignment of volunteers in each tea room , and implementation of prevention and psychosocial support by volunteers in each Tea Room.

In line with increasing the overall quality of comprehensive clinical care for survivors of sexual assault, IRC Mali's GBV staff participated in the Clinical Care for Sexual Assault Survivors Training of Trainers (ToT)¹ in Chad with IRC Health and GBV staff from Niger, Central African Republic and Chad. All four country programs are working in contexts where GBV is common. 14 people received this capacity building in November 2014. As a follow-up, these staff members will provide capacity building to CSCOM health staff as well as IRC Health and GBV staff in Gao and Menaka.

Sub-sector 3: Protection Coordination, Advocacy, and Information

In order to provide an adequate response in the area of GBV in Mali, it is essential that humanitarian actors master the tools and instruments of prevention, care, collection and analysis of data on issues of gender-based violence. To this end, the IRC GBV Program in collaboration with UNFPA organized a refresher training on GBVIMS (Management System for Information on Gender Based Violence) in Segou from November 10th to 14th for local and international NGOs, UN Agencies and ministries (FCI, PDHEG, GREFFA, UNICEF, UNHCR, ONUFEMMES, IMC, MDM among others). The overall objective was to evaluate, improve, and adopt the GBVIMS tools that had been presented during a first training in June 2013 and subsequently to sign the information sharing protocol by all users of the system. As a result, the tools have been adopted and the protocol signed. With this system, data can be collected, stored, analyzed and eventually published in accordance with the principles of ethics and safety.

Thanks to co-financing from UNICEF, the IRC, as the lead of the technical working group on case management, facilitated training of group members on the management of cases and the management of the CPIMS database:

- 45 representatives, including 16 women, members of the different structures of the technical working group on case management took part in trainings on case management in Bamako, Mopti and GAO.
- 15 managers from databases structures representing members of the technical group working on case management took part in training on the CPIMS database in Bamako.

Objective 2: To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.

Water, Sanitation, and Hygiene (WASH)

¹ The objective of the training was to train and introduce future trainers on the use of the CCSAS multimedia tool. The training was carried out in a standardized way according to the CCSAS facilitator's guideline and CCSAS Psychosocial toolkit.

Beneficiary numbers

Beneficiaries targeted: 22,916 direct beneficiaries, including 10,728 in and outpatients with access of WASH facilities rehabilitated in 3 CCom, 11,298 people through hygiene education, 800 children benefiting from rehabilitated WASH facilities in child centers, and 90 people receiving training through the project. Reached in the quarter: 0

Sub-sector 1, 2 & 3: Sanitation Infrastructure; Environmental Health; Water Supply Infrastructure

During the quarter, the WASH team completed technical evaluations in collaboration with local communities of the two children's centers in Douentza and Gao and the women's center in Menaka. The following activities will be undertaken:

- Menaka women's center:
 - Construction of two latrine blocs
 - Construction of a shower
 - Installation of hand washing stations in each latrine bloc
 - Construction of a water point
- Gao children's center:
 - Construction of two latrine blocs
 - Rehabilitation of two showers
 - Installation of hand washing stations in each latrine bloc
 - Construction of a water point
- Douentza children's center:
 - Construction of two latrine blocs with three stalls each
 - Rehabilitation of two latrine blocs with two stalls each
 - Rehabilitation of an existing water point

A construction company has been selected to work on the children's center in Douentza and will begin during the next quarter. For the center in Gao, the tender process was launched on 15 December 2015 and the selection process is underway. The tender process for the center in Menaka is expected to begin in January.

Following discussion with the GBV team, some common interests were identified to strengthen the program's integration and community resilience, chiefly to train community outreach workers on GBV concepts. The WASH team will ensure that there is equitable access to latrines in schools and health centers by building separate latrines for men and women, an element which is taken into account in evaluations.

Sub-sector 4: Hygiene Promotion

The IRC selected the local NGO Appui au Développement Durable en Afrique (ADDA) to partner in its hygiene promotion activities and training of actors in Douentza. Due to delays in the signature of the subaward, activities are expected to begin next quarter.

Additionally, during the next quarter, each health center will be provided with hygiene kits containing soap, gloves, buckets, trash cans, brooms, boots, shovels, and bleach.

Objective 3: To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.

Nutrition

Beneficiary numbers

Beneficiaries targeted: 7,555 direct beneficiaries, including 200 women receiving IYCF counseling, 55 Community Health Workers supported, and 7300 people receiving behavior change intervention.

Reached in the quarter: 105 Community health workers, 4,369 people attending to sensitization session on health nutrition and hygiene.

Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change

A Counseling Officer for the Ménaka health center was recruited at the end of December 2014. The next quarter will be dedicated to IYCF staff training and the establishment of the community center in Ménaka (rehabilitation of the building). The team will also work on listing pregnant and lactating women in Ménaka city through the maternity register and traditional birth attendance reports. The IRC team will work closely with the CSRef health staff in charge of pre and post natal consultation to identify women facing breastfeeding difficulties who could receive breastfeeding counseling. In parallel, the IRC technical nutrition team is developing a specific tool to evaluate IYCF (which will also be used for a Sida-funded project) and an assessment will be conducted during the next quarter.

Sub-sector 2: Management of Moderate Acute Malnutrition (MAM)

As explained in the proposal, management of Moderate Acute Malnutrition (MAM) is currently being undertaken through an ECHO-funded program that started in June 2013 and ends in March 2015. This OFDA project will complement the community based management activities such as training and follow up of Community Health Volunteers in charge of active screening, referral and sensitization. During this period (October to December 2014 under ECHO), in addition to the previous 55 trained Community Health Workers (CHW), 50 Community Health Workers have been identified to cover the totality of the villages covered by the project (1 CHW per village). A 3-day training was conducted for the CHW by health staff and the IRC team on the management of malnutrition at community level (screening /referral/ defaulter follow up), as well on the hygiene, health and nutrition messages.

During the reporting period, the CHW organized awareness raising sessions. The main topics covered were the knowledge of signs and causes of malnutrition, malnutrition treatment, preventive health measures, and common pathologies. A total of 137 sessions were conducted for 4,369 people with an average of 31 people per session (55% (2,395) male and 45% (1974) female). A significant proportion of men attended these sessions, showing community involvement in the program. Moreover, their participation plays an important role in changing behavior and the application of good practices at home, since men have a key role in decision making within the household.

During the reported period, 3,651 children under five were screened by 105 trained community health volunteers in 11 "aires de santé" (health areas). Among them, 290 have been identified as malnourished (222 MAM, and 68 SAM) and referred to the nearest health center.

A total of 431 moderately malnourished children have been admitted in the supplementary feeding program (URENAM). The performance indicators of the MAM project are in the range of the recommended standards (>75% of cured rate, <15% of defaulter, <3% of death rate) with 85.1% of cured rate, 14.9% of defaulter and 0% death rate.

Sub-sector 3: Management of Severe Acute Malnutrition (SAM)

The management of Severe Acute Malnutrition (SAM) activities is also currently being undertaken through an ECHO-funded project since June 2013. The OFDA program will complement community based management activities such as training and follow up of Community Health Volunteers in charge of active screening /referral and sensitization.

A total of 87 severely malnourished children have been admitted to the therapeutic feeding program (URENAS). The performance indicators of the SAM project are in the range of the recommended standards (>75% of cured rate, <15% of defaulter, <10% of death rate) with 86.1% of cured rate, 13,9% of defaulter and 0% of death rate. This defaulter rate decreased to compare to the previous quarter mainly due to the return of nomadic population to their area of origin (for grazing following the rainy season). As a result, malnourished children are now able to go to the health center on weekly basis for treatment follow up.

Objective 4: To enhance women's livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).

Economic Recovery and Market Systems

Beneficiary numbers

Beneficiaries targeted: 4,815 direct beneficiaries, including 250 women of 10 VSLA groups; 500 young mothers and youth at risk; 4,000 beneficiaries of psychosocial activities at the Child Protection Centers²; 50 members of the child protection community networks; 15 staff of DNPEF/DRPEF. Reached in the quarter: 124 women in VSLA groups

Sub-sector 1 & 2: Microfinance & New Livelihoods Development

The Child Protection restructured team has been working on the youth & livelihoods (Y&L) and microfinance strategy for child protection outcomes based on lessons learned from previous DFID and OFDA interventions:

Youth & Livelihoods (Y&L):

499 children and youth have been identified to receive livelihood support including 100 in Menaka, 200 in Mopti and 199 in Ansongo. The vulnerabilities of these youth are mostly young single parents and exposed to various abuses, youth head of households, young victims of sexual exploitation and/or survivor of gender-based violence. Their ages range between 14 and 23 years. Over 50% of beneficiaries are girls. Market research is underway and will help guide young people in the final choice of sectors for income generating activities (IGA) or vocational training.

In addition, the IRC teams in Menaka have monitored 100 children from families who had been supported as part of case management. This support helped facilitate the reintegration of children in schools thanks to IGA. All 100 children are now in school and their families were able to facilitate purchases of different school kits for the children's return to school. Their IGA are progressing well (for the most part small businesses and animal rearing).

Microfinance:

In order to improve access and control of resources for women and girls, the GBV team started economic and empowerment activities with 125 women in Menaka focusing on the Village Saving Loans Associations (VSLA) methodology. The IRC provided a three-day capacity building course on election management of VSLA groups, procedures and rules for solidarity fund and savings, how to conduct of VSLA meetings and the loan process, and the importance of monitoring records. The team has observed a greater cohesion between VSLA members and funds for solidarity have been used by group members. Women are more confident and have been able to restart their former activities or start IGAs through credit. A total of 53 loans (ranging from USD 30-70) have been taken out by VSLA members for a total amount of USD 860.

Similarly, the GBV team has provided literacy kits (made up of double notebook online, reading book, math book, ruler, sharpener, pens, chalk, and a teacher's guide) to 125 women members of VSLA groups. The team has identified four literacy facilitators: one Tamashek woman and 3 men (Tamashek and Songhai) were selected by women in partnership with CAP (pedagogical learning center). Literacy classes will begin next quarter for three months to allow VSLA members to learn appropriate skills in reading, calculating and writing. These new skills will facilitate management of loans.

III. Indicator Tracking

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
OBJECTIVE 1 Sector: Protection; Sub-Sector: Child Protection				
1. Number of people trained in child	260 people (160 men	65 (28 women and 37 men)	65	

² Benefitting from the sustainability of the Child Protection Centers through Income Generating Activities that the participatory business study funded by OFDA will help identify

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
protection, disaggregated by sex	and 100 women)			
2. Number of trained IRC staff and partners reporting an increased understanding of resiliency and case management steps and procedures.	100% of those trained (200)	0	0	
3. Number of children and caregivers reached by awareness sessions, by sex	35,000 (25,000 female, 10,000 male) approx.	3,916 (926 men, 888 women, 1036 boys, and 1,066 girls)	12,916	
4. Number of children entered into CP IMS who receive an action plan and at least one follow up visit (OFDA)	1,300 (1,000 girls, 300 boys)	106 (64 girls and 42 boys)	106	
5. Number of children participating in psychosocial activities (psychosocial centers and case management)	4,000	3,425 (1,671 girls and 1,754 boys)	3,425	
6. Percent of children reporting improvements in resiliency and accessing services	80%	0	0	
OBJECTIVE 1 Sector: Protection; Sub-Sector: Prevention and Response to Gender-based Violence				
1. Number of individuals benefiting from GBG services, by sex (OFDA)	2,320 total (800 women, 720 girls, 400 boys and 400 men).	1,311 (457 women, 211 girls, 388 men and 255 boys)	1 311	
2. Number of people trained in GBV prevention or response, by sex	78 (GBV, health, child protection, and WASH)	22 (15 women and 7 men)	22	

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
(OFDA)	staff and health center staff)			
3. Number of CSCoM and number of survivors who receive Post-rape Kits	8 CSCoM/80 survivors	0 CSCoM/1 Survivor	0/1	
4. Percent of community group sessions held where participants demonstrate knowledge of existing services, their importance and how to access these services by the end of project	75%	0	0	
5. Number of survivors referred by other services	400 survivors	5 (1 rape, 1 physical violence, 2 denied resources and 1 psychological violence)	5	
6. Percent of health workers who have received training on the medical management of cases of sexual violence and have applied the standard protocols and put into practice GBV survivor-centered services	90%	0	0	Activities will begin during Q3
7. Women and girls in focus groups report increased safety and access to gender-based violence services	70%	0	0	Activities will begin during Q3
OBJECTIVE 1 Sector: Protection; Sub-Sector: Protection Coordination, Advocacy, and Information				
1. Number of people trained in protection, by sex (OFDA)	100	65 (28 women and 37 men)	65	

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
2. Number of IRC led workshop sessions with Government and Protection cluster working group on Case management and IA CPMS	6 (quarterly)	6	6	3 workshops on case management, 1 CP IMS workshop ; 2 SOP validation workshops (thanks to co-financing from UNICEF)
3. Number of community leaders who take action to reduce risk for women and girls (OFDA)	8	0	0	
TOTAL OBJECTIVE 1: Number of Beneficiaries Targeted: 9,658 Number of Beneficiaries Reached: 4,999				
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Sanitation Infrastructure				
1. Estimate of the population served by the sanitation program (OFDA)	11,328	0	0	All sites are known and tender process begun.
2. Number of hand washing facilities in use at target CSCoM	9	0	0	All sites are known and tender process begun.
3. Number of latrines at CSCoM completed and clean	3	0	0	All sites are known and tender process begun.
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Environmental Health				
1. Number of people targeted by Environmental health program (OFDA)	10,728	0	0	All sites are known and a subaward is being signed
2. Number of CSCoM targeted by environmental health program	3	0	0	4 CSCoM have been targeted, all in Douentza
3. Number of CSCoM targeted for medical waste management	3	0	0	
4. Number of visits where evaluation showed proper segregation and disposal of medical waste	3	0	0	

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Water Supply Infrastructure				
1. Estimate of population served by water supply program (OFDA)	12,097	0	0	Tender process begun and activities will begin in Q3.
2. Number of CCom targeted by water supply infrastructure	3	0	0	Tender process begun and activities will begin in Q3.
3. Number of water points developed, repaired or rehabilitated	5	0	0	Tender process begun and activities will begin in Q3.
4. Number of water points tested with 0 fecal coli forms per 100mL sample	5	0	0	Tender process begun and activities will begin in Q3.
5. Number of child protection centers provided with access to potable water	2	0	0	Tender process begun and activities will begin in Q3.
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Hygiene Promotion				
1. Number of people receiving hygiene promotion (excluding mass media campaigns and without double-counting) (OFDA)	22,916	0	0	Activities will begin during Q3 following signature of the subaward.
2. Number of artisans trained on repairs and maintenance	6	0	0	Activities will begin during Q3 following signature of the subaward.
3. Number of water points that are clean and protected from contamination	5	0	0	Activities will begin during Q3 following signature of the subaward.
4. Number of community outreach workers trained in hygiene promotion	28	0	0	Activities will begin during Q3 following signature of the subaward.
TOTAL OBJECTIVE 2: Number of Beneficiaries Targeted: 22,916 Number of Beneficiaries Reached: 0				
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Infant and Young Child Feeding and Behavior Change				

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
1. Number and percentage of infants 0-<6 mo. who are exclusively breastfed (OFDA)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q3 for Menaka city
2. Number and percentage of children 6-23 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q3
3. Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	55	105	105	
4. Number of people receiving behavior change interventions, by sex and age	7,500	4369	4369	
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Moderate Acute Malnutrition (MAM)				
1. Number of health care providers and volunteers trained in the prevention and management of MAM, by sex	55 (50% male, 50% female)	50	105	55 already trained in Q1 + 50 trained in quarter 2
2. Number of Moderate acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	700	222	222	
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Severe Acute Malnutrition (SAM)				
1. Number of health care providers and	55	50	105	55 already trained in Q1 + 50 trained in quarter 2

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
volunteers trained in the prevention and management of SAM, by sex and age (ODFA)				
2. Number of severe acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	350	68	68	
TOTAL OBJECTIVE 3: Number of Beneficiaries Targeted: 7,555 Number of Beneficiaries Reached: 4,474 (105 Community health workers, 4,369 people attending to sensitization session on health nutrition and hygiene)				
OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: Microfinance				
1. Number of people, by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support (OFDA)	250 women	124	124	1 woman dropped out of her VSLA group
2. Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly (OFDA)	85%	0	0	
3. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$1,000	0	0	
OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: New Livelihoods Development				
1. Number of people assisted through new livelihoods development activities, disaggregated by sex	4,565	0	0	

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q2	Cumulative	Remarks
(OFDA)				
2. Number of new MSEs started (OFDA)	250	0	0	
3. Percentage of people, disaggregated by sex, continuing in their new livelihoods by program completion (OFDA)	70%	0	0	
4. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$51,000	0	0	
TOTAL OBJECTIVE 4: Number of Beneficiaries Targeted: 4,815		Number of Beneficiaries Reached: 124		
TOTAL PROJECT : Number of Beneficiaries Targeted: 75,268		Number of Beneficiaries Reached: 9,597		

IV. Constraints, Challenges and Lessons Learned

The security situation in Northern Mali continues to be volatile, often leading to a temporary suspension of project activities. In October, a MINUSMA convoy was attacked on the Menaka-Ansongo axis leading to the death of nine peacekeepers. An IRC mobile team was also stopped by armed men in the western area of Menaka, though in the end there was no altercation. During the same month, a rumor started circulating that armed groups were planning to take over the town of Menaka. Several incidents were also registered during the month of November including attacks and carjackings along the Ansongo-Menaka axis and near the Nigerien border. These incidents have led to increased IRC vigilance, particularly along the Ansongo-Menaka axis that the IRC forbids its staff to use. Instead, the IRC recommends the use of ECHO flights when possible.

Another challenge encountered by the teams, specifically WASH, Child Protection, and GBV, was the delayed signature of subgrants, which has pushed back the implementation of certain activities to the next quarter.

V. Activities for the following quarter**Child Protection :**

- Monitoring of ongoing cases and the management of new cases
- Market study and training and support to youth for IGAs
- Training of staff on life skills
- Begin life skill session in the different communities
- Identify and support vulnerable families
- Awareness raising of community members on themes relating to children's rights and child protection

Gender Based Violence :

- Conduct a training for volunteers in Inchinanane and Menaka
- Organize a radio broadcasting on GBV issues
- Establish meetings with the Health center of Menaka in order to establish a partnership on GBV medical response
- Conduct community awareness on GBV

- Provide a refresher training to volunteers and facilitators of literacy activities on the basic concepts of gender-based violence
- Manage and monitor GBV cases
- Meetings with men's focus groups
- Identification of girls for the girl effect activity
- In Bamako and Mopti, the GBV team will receive a visit from the GBV Technical Advisor and will participate in a workshop on GBV core concept

WASH :

- Signing of contracts with companies and local NGO, ADDA
- Start of work and monitoring of the construction works in Douentza, Gao and Ménaka
- Training of water management committees
- Quarterly meeting with stakeholders (Douentza)
- Water quality test and bacteriological monitoring (first phase)

Nutrition:

- The Nutrition team will assist with the rehabilitation of the counseling center.
- The team will also identify lactating women facing breastfeeding difficulties and the launch of breastfeeding counseling activities.

Economic Recovery and Market Systems:

- Following sensitization of women in Ménaka on the VSLA methodology, five groups will be set up in five districts. 125 women have already been identified to take part in this activity. An additional 275 women spontaneously expressed an interest in creating VSLA groups in Ménaka. Though the GBV program will be unable to monitor these additional ad hoc groups, the team will provide capacity building and VSLA/literacy kits when possible.
- Once the five groups are properly set up, the IRC will track meetings of five groups in Ménaka. The GBV staff will also provide training to volunteers to monitor the VSLA group.
- During the next quarter, the GBV team also plans on starting literacy classes for women in the VSLA groups.