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USAID ASSIST Project

Mali Country Report FY15

Cooperative Agreement Number:
AID-OAA-A-12-00101

Performance Period:
October 1, 2014 – September 30, 2015

OCTOBER 2015

This annual country report was prepared by University Research Co., LLC for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is made possible by the generous support of the American people through USAID.

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DISCLAIMER

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Acknowledgements

This country report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is made possible by the generous support of the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER LLC.

For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. 2015. Mali Country Report FY15. Published by the USAID ASSIST Project. Bethesda, MD: University Research Co., LLC (URC).

TABLE OF CONTENTS

List of Acronyms ii
INTRODUCTION 1
PROJECT BACKGROUND AND OBJECTIVES 2
Background 2
Project Objectives 3
ACTIVITIES IMPLEMENTED DURING THE FOURTH QUARTER OF FY15 4
Planned Activities for the Reporting Period (Q4 of FY15) 4
Activities Achieved during the Reporting Period (Q4 of FY15) 6
Success Stories 14
Challenges/Difficulties Encountered and Proposed Solutions 15
Lessons Learned 15
Gender Activities 16
Family Planning Compliance Activities 17
Geographic Information System Data Reporting 17
SUMMARY NARRATIVE OF ACTIVITIES ACHIEVED DURING THE FISCAL YEAR (FY15) 18
Activity 1: Improve evidence-based maternal and newborn care and postpartum family planning services at facility and community levels in eight target districts in the Kayes Region 18
Activity 2 Improve delivery of evidence-based interventions aimed at reducing anemia among pregnant women and infants at facility and community levels in the Bougouni District of Sikasso Region 21
Scale-up of Improvement within the Project 24
ANNUAL INDICATORS TABLE REFLECTING CUMULATIVE PROGRESS DURING THE FISCAL YEAR (FY15) 25
ENVIRONMENTAL MITIGATION REPORT 29
CONCLUSION 29
ANNEX 30
Project Improvement Indicators Table 30

List of Acronyms

AMTSL	Active management of the third stage of labor
ANC	Antenatal care
ASACO	Association de santé communautaire (Community Health Association)
ASC	Agent de santé communautaire
ASSIST	USAID Applying Science to Strengthen and Improve Systems
BCC	Behavior change communication
BF	Breastfeeding
CSCom	Centre de santé communautaire (Community Health Center)
CSRef	Centre de sante au niveau référence
DNS	Direction Nationale de la Santé (National Health Directorate)
DRS	Direction Regionale de la Santé (Regional Health Directorate)
DSR	Division de Santé Reproductive (Division of Reproductive Health)
ENC	Essential newborn care
EONC	Essential obstetric and neonatal care
FP	Family planning
HIS	Health information system
HSS	Health systems strengthening
IPC	Interpersonal communication
IPT	Intermittent preventive therapy
KM	Knowledge management
LAPM	Longer-acting methods and permanent methods
MDG	Millennium Development Goal
M&E	Monitoring and evaluation
MIYCN	Mother, infant, and young child nutrition
MNCH	Maternal, newborn and child health
MNH	Maternal and newborn health
MoH	Ministry of Health
NGO	Non-governmental organization
NR	Newborn resuscitation
PCIHS	People-centered integrated health services
PE/E	Pre-eclampsia and eclampsia
PMI	President’s Malaria Initiative
PMP	Performance management plan
PPFP	Postpartum family planning
PPH	Prevention of postpartum hemorrhage
QI	Quality improvement
QIT	Quality improvement team
RC	Relais communautaires
RH	Reproductive health
SCC	Safe Childbirth Checklist
TOT	Training of trainers
URC	University Research Co., LLC
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
WHO	World Health Organization

INTRODUCTION

Led by University Research Co., LLC (URC), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project works globally to strengthen health systems and service quality by using locally appropriate solutions to critical problems. The project is empowering communities, health workers and managers to assess the quality of health services and provide solutions that can help for improvement of services and the whole health system.

In Mali, USAID ASSIST works hand in hand with the Ministry of Health (MoH) at national level and in the regions of Kayes and Sikasso to improve health services and outcomes by expanding on existing platforms of maternal, newborn and child health as well as family planning. The project is also collaborating with others implementing partners funded by USAID to meet the objectives of the USAID Mission in Mali.

By creating awareness of how improvement science can bridge traditional implementation gaps to improve the quality of high-impact maternal, neonatal health (MNH) services, USAID ASSIST's current improvement work fits well with the environment and improvement needs in the current Mali context. The project continues to refine the application of the improvement approach to different technical contents in maternal, newborn, and child health (MNCH)/family planning (FP) and nutrition at regional and district levels.

The USAID ASSIST Project began working in Mali in May 2013 by building on the work of the USAID Health Care Improvement Project. Upon the request of the Ministry of Health to USAID Mali, ASSIST is working to: 1) improve evidence-based maternal and newborn care and postpartum family planning services at facility and community levels in eight target districts in the Kayes Region; and 2) improve delivery of evidence-based interventions aimed at reducing anemia among pregnant women and infants at facility and community levels in the Bougouni District of Sikasso Region. The project is also supporting implementation of the World Health Organization (WHO) Safe Childbirth Checklist (SCC) as well as people-centered integrated health services (PCIHS), including postpartum family planning, in a sample of maternities.

By focusing on results and addressing key cross-cutting MNCH service issues, the project is contributing to improve pregnancy, delivery, and newborn care as well as supporting system functions at facility and community levels in the regions of Kayes and Sikasso.

The project's activities are aligned with the current health strategy of USAID Mali by focusing on key areas of population needs in health to build a strong, community-based MNCH program with responsive facility-based services at the Community Health Center (CSCOM/ Centre de Santé Communautaire) and Referral Health Center (CSREF/ Centre de Santé de Référence) levels. The project is working to build the competences of health care providers in hospitals and peripheral health centers for quality MNCH services provision and is promoting compliance to norms and standards for better health outcomes in the health centers.

The current report focuses on activities carried out during the last semester but also presents a succinct summary of work performed by the USAID ASSIST Project during FY15: October 1, 2014–September 30, 2015.

PROJECT BACKGROUND AND OBJECTIVES

Background

In Mali, while maternal mortality has declined modestly over the past ten years, it remains unacceptably high at 368 deaths/100,000 live births (DHS 2012-2013). Obstetric hemorrhage is still one of the main causes of maternal death. Skilled birth attendance, reported at 59% (DHS 2012-2013), can significantly reduce maternal mortality due to hemorrhage, with the application of evidence-based interventions such as active management of the third stage of labor (AMTSL). An essential factor to increasing access to AMTSL is to improve the quality of services provided based on increasing compliance to norms and standards, which is one of the key activities of USAID ASSIST. The project is also working to increase screening for pre-eclampsia/eclampsia (PE/E) during antenatal, delivery, and postpartum care to increase the timely diagnosis of PE/E and improve compliance with treatment standards, particularly for severe PE/E.

The implementation of antenatal care (ANC) in Mali has faced a lot of challenges. Antenatal care was provided to only 74% of women (at least one visit), only 47% received tetanus toxoid vaccine, and only 41% have been informed of danger signs during pregnancy and delivery validated at national level is facing a lot of challenge for implementation. USAID ASSIST is contributing to improve the implementation of Mali's national standards for ANC in the project impact areas.

Mali has a high Total Fertility Rate of 6.1 and a low Contraceptive Prevalence Rate of 10% for modern methods (DHS 2012-2013). The unmet need for family planning in Mali is 26% among all women of reproductive age (DHS 2012-2013). While postpartum family planning, lactation amenorrhea method (LAM), and transition to other modern FP methods is included in Mali's Policies, Norms, and Protocols, there is still need to emphasize the role of longer-acting methods in assisting women to achieve appropriate pregnancy spacing. Longer-acting methods and permanent methods (LAPMs) are not widely known by women in the community; only 10% percent of women are using modern method of contraception, and implants, only 3% (DHS 2012-2013). Not all providers are trained on long-acting methods, and a lack of equipment and supplies to support the provision of LAPMs at the Community Health Center (CSCom) level contributes to limited availability and use. USAID ASSIST is applying the quality improvement approach to improve the uptake of post-partum family planning at facility and community levels.

Neonatal deaths in Mali are 34 deaths/1000 live births (DHS 2012-2013). The main causes of neonatal deaths include infections (32%), preterm birth (29%), and asphyxia (24%) (Child Health Epidemiology Reference Group (CHERG) 2010). The MoH and its partners (UNICEF, USAID) developed the essential newborn care (ENC) package from household to the facility which is yet to reach expected results in terms of quality of services provided for newborn after delivery. Newborn resuscitation remains a big challenge for providers, and the need for improving this service is critical. USAID ASSIST is working to improve the competence of providers on newborn resuscitation at facility level and contribute to refine the package.

Mali's under-five mortality rate remains high at 95 deaths per 1000 live births (DHS 2012-2013). With 38 percent of Malian children under-five stunted and 26 percent under-weight (DHS 2012-2013), under-nutrition is a key underlying cause of death that needs to be addressed. Currently, nutrition and nutrition-sensitive activities are national priorities for the country, and nutrition issues

are being addressed by different actors primarily focused on case management, promotion, and prevention. The current nutrition national guideline is promoting an integrated nutrition/water, sanitation, and hygiene (WASH) package of services, but few activities are implemented regarding anemia prevention and control. USAID ASSIST is contributing to anemia prevention and management by developing and implementing a package of services at both facility and community levels.

Project Objectives

USAID ASSIST's goal in Mali is to contribute to the reduction of maternal, newborn, and child mortality by improving health care and strengthening essential functions of the health system. ASSIST's work addresses the health needs of the most vulnerable groups in Mali by phasing in high-impact clinical content along the maternal and newborn continuum of care. The project has placed strong emphasis on sustaining gains made in prior years in the quality of AMTSL, ENC, PE/E, and post-partum family planning (PPFP) services in the project's target region of Kayes and on strengthening anemia prevention and control among pregnant women in the Bougouni District of Sikasso Region. ASSIST is working hand in hand with the Ministry of Health and key national and international partners at regional and district levels to provide targeted technical assistance to complement, reinforce, and expand ongoing efforts to achieve country maternal newborn and child health targets. The USAID ASSIST FY15 plan in Mali strengthened and expanded activities undertaken in FY14 to deepen and broaden the technical content and coverage of ASSIST-supported work. In line with the FY15 objectives, **Table 1** summarizes the project focus areas with respect to technical content and geographic coverage.

Table 1: FY15 focus areas of USAID ASSIST in Mali

What are we trying to accomplish?	At what scale?
1. Improve evidence-based maternal and newborn care and postpartum family planning services at facility and community levels in eight target districts in the Kayes Region	
• Improve the delivery of high-impact evidence-based maternal and newborn care, and postpartum family planning services at facility and community levels in target districts (Kayes Region) • Improve the compliance of health-care workers with best practices around the time of childbirth by using Safe Childbirth Checklist (SCC) in two districts of Kayes (39 sites)	• Regions: 1 out of 9 • Districts: 8 out of 8 in 1 region • Facilities in selected districts: 87% (202 out of 233) • Communities: 10 out of 28 health areas in 1 district • Catchment population in facilities served: 1,858,319 out of 2,373,968
2. Improve delivery of evidence-based interventions aimed at reducing anemia among pregnant women and infants at facility and community levels in the Bougouni District of Sikasso Region	
• Improve the delivery of evidence-based interventions to reduce anemia among pregnant women and infants at the facility	• Regions: 1 out of 9 • Districts: 1 out of 10 in 1 region

What are we trying to accomplish?	At what scale?
and community levels in Bougouni District (Sikasso Region)	• Facilities in selected districts: 100% (43 out of 43) • Communities: 56 out of 506 • Catchment population facilities served (43 health areas): 567,317 out of 567,317 • Catchment population communities served (4 health areas): 84,774 out of 567,317

To achieve these objectives the project has partnered with the following key national stakeholders from all levels of the system: 56 village community committees and related community health workers (CHWs), 244 facilities in 9 districts, 9 District Health Management Teams, 2 Regional Health Management Teams as well as the National Health Directorate (DNS), Reproductive Health, Planning, and Quality Improvement (QI) divisions at the central level. Implementing partners funded by USAID as well as others partners (UNICEF, Spanish project, CIDA) also contributed to project activities in Kayes and Sikasso.

ASSIST Mali works at the country level in partnership with the MOH and others USAID implementing partners on the implementation and scale-up of integrated MNCH and nutrition intervention packages.

By building the capacity of MOH managers, decisions makers, and technical staff as well as other USAID-funded implementing partners, the project is facilitating the roll-out of quality improvement processes within their respective programs for more sustainability. Best practices and lessons learned are gathered into technical materials that are disseminated among partners through the training-of-trainers (ToT) and training of providers for more leadership and ownership of capacities. The project has achieved an important step by employing ongoing advocacy with decision makers at the MOH, particularly with the Department of Quality, to sensitize and help them understand the need for the development of a national quality improvement strategy that can lead the total integration of QI within the health system in Mali.

ACTIVITIES IMPLEMENTED DURING THE FOURTH QUARTER OF FY15

Planned Activities for the Reporting Period (Q4 of FY15)

As per the work plan, the activities for the fourth quarter were the following:

Activity summary	Time frame (Q1-Q4)
Objective 1: Improve delivery of evidence-based integrated maternal and newborn care and post-partum family planning services at facility and community levels in target districts in the Kayes Region to reduce morbidity and mortality and achieve Healthy Timing and Spacing of Pregnancy	

Activity summary	Time frame (Q1-Q4)
Continue follow-up and coaching visits in the 6 districts regarding AMTSL/ENC practices in collaboration with district health teams and regional team	Q1-Q4
Continue to organize coaching visits on PEE every 3 months to the 3 districts (Kayes, Yelimané and Diema) with district health teams	Q1- Q4
Organize a regional coach meeting on PE/E for all targeted districts (6) in Kayes	Q3-Q4
Organize 1 coaching visit on PEE to all target sites in the 4 new spread districts by MOH coaches Kayes district (4 visits)	Q3-Q4
Continue organize coaching visits on HBB every 3 months to the 3 districts (Kayes, Diema and Yelimané) with districts health teams	Q1-Q4
Organize regional coaching visits on PPFP to target sites (3)	Q3-Q4
Organize coaching visits on PPFP to all facilities by district coaches (18)	Q1-Q4
Organize a PPFP evaluation	Q4
Organize coaching visits on quality ANC in Bougouni	Q2-Q4
Organize 1 learning session in Bougouni on quality ANC	Q4
Organize a regional learning session on quality ANC in Kayes or Sikasso	Q4
Organize follow-up visits and documentation of the compliance with safe birth checklist use in facilities	Q2-Q4
Disseminate results and lessons learned with partners and WHO at national level	Q3-Q4
Objective 2: Improve delivery of evidence-based anemia prevention and control interventions to reduce anemia among pregnant women and infants at facility and community levels in the Bougouni District (Sikasso Region)	
Organize all stakeholders meetings for planning and coordination of nutrition activities implementation	Q1-Q4
Conduct coaching visits on anemia to all sites every 2 months	Q1-Q4
Organize learning sessions on anemia (every quarter)	Q1-Q4
Organize refresher sessions for coaches	Q2-Q4
Organize home visits (ASC/RCs)	Q2-Q4
Organize coaching visits to support ASC/CRs and community QI teams (QITs)	Q1-Q4
Organize learning sessions between the village QITs of the same health area and between the QITs of the district health areas	Q1-Q4
Document best practices	Q1-Q4

Activity summary	Time frame (Q1-Q4)
Work with partners involved in nutrition promotion activities to integrate anemia control and prevention messages into nutrition-sensitive activities and/or campaigns	Q2-Q4
Contribute to campaigns and/or nutrition activities in Sikasso Region	Q2-Q4
Objective 3: Build the competence of health system managers at all levels to implement effective, large-scale QI interventions and promote the institutionalization of this capacity throughout the system	
Organize a national workshop to review achieved results and to plan for large-scale dissemination of best practices by their own	Q4
Objective 4: Contribute with effective collaboration with partners to the review, modification, and implementation of national health policies, strategies, and programs that increase the population's access to an improved package of MNCH/FP and nutrition/WASH services to achieve better health outcomes for Mali's citizens.	
Participate into national working groups on MNCH and nutrition to facilitate integration of key QI activities within existing mechanisms or processes at national and regional levels	Q2-Q4
Participate into evaluation and or assessment organized under the national working groups on nutrition/WASH or MNCH for strategy or policy review	Q1-Q4
Contribute to the development, validation, and implementation of a national QI strategy	Q2-Q4

Activities Achieved during the Reporting Period (Q4 of FY15)

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Objective 1: Improve delivery of evidence-based integrated maternal and newborn care and post-partum family planning services at facility and community levels in target districts in the Kayes Region to reduce morbidity and mortality and achieve Healthy Timing and Spacing of Pregnancy		
Continue follow up and coaching visits in the 6 districts regarding AMTSL/ENC practices in collaboration with districts health	Completed	A total of 158 sites in 5 districts of Kayes (Nioro, Bafoulabé, Diema, Kayes, Yelimané and Oussoubidiagna) have been visited along the year to check the quality of AMTSL/ENC services at maternities. Coaching teams were from MoH regional, district and project technical team in Kayes. As results of the visits, technical norms have been assessed for each content, data for notification, data completion, tools and materials and team work.

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
teams and regional team.		Challenges and gaps have been identified and discussed and recommendations provided to solve these challenges as much as possible with project support. During each coaching, recommendations from last coaching are checked. A total of 96/158 QI teams received refresh training on sites by CSRef coaches and project district technical advisors. Among visited QI teams a performance of 95% has been noticed for AMTSL/ENC
Continue organize coaching visits on PEE every 3 months to the 3 districts (Kayes, Yelimané and Diema) with districts health teams	Completed	97/97 sites have been visited in the 3 districts evaluating the quality of services for PE/E coaching teams from MoH regional, district and project technical team in Kayes conducted the visits during the Q2-Q3. As a result of the visit technical norms have been assessed for each content, data for notification, data completion, tools and materials and team work. 76% of the recommendations from the coaching visits were implemented.
Organize a regional coach meeting on PE/E for all targeted districts (6) in Kayes	Postponed	PE/E technical review with Regional Office and HQ support has been delayed to finalize the elaboration of implementation guide based on the activities in Kayes. This activity will be included into FY16 workplan to complete the cycle of improvement and validate the best practices for scale up in others districts as appropriate.
Organize 1 coaching visit on PE/E to all target sites in the 4 new spread districts by MOH coaches Kayes district (4 visits)	Completed	The MoH regional coaches have organized 3/4 visits in Q2-Q3 in Kayes, Diema and Yelimané to check the quality of services provided within the maternities related to AMTSL/ENC and PE/E. These visits were integrated with others coaching visits for HBB and ANC for more efficiency and coordination. Data collected during these visits were shared with the project technical staff for validation at regional level.
Continue organize coaching visits on HBB every 3 months to the 3 districts (Kayes, Diema and	In progress	The MoH regional coaches have organized 3/4 visits in Q2-Q3 in Kayes, Diema and Yelimané to check the quality of services provided within the maternities related to AMTSL/ENC and PE/E. These visits were integrated with others coaching visits for HBB and ANC for more efficiency and coordination. Data

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Yelimané) with districts health teams		collected during these visits were shared with the project technical staff for validation at regional level.
Organize regional coaching visits to target sites (3)	Completed	2 integrated coaching visits have been organized Kenieba and Diema in collaboration with DRS and CSRef to assess the performance of all 25 sites in AMTSL/ENC and PPFP technical content. 19 QI teams found performing on the 3 technical contents checked. 6 non performing QI teams developed an improvement plan that has been followed in Q4.
Organize coaching visits to all facilities by district coaches (18)	Completed	The project team has reviewed tools and indicators for coaches. For better efficiency, the project has implemented integrated coaching visits with regional and district coaches to be able to visit more sites and provide more complete technical review of norms, data, processes, and tools. As a result of this change of strategy, more recommendations are implemented, and coaches have an opportunity to learn continuously from each other. All districts received coaching visits during the year as planned.
Organize a regional workshop on PPFP best practices in Kayes (mid-year review)	In process	After the refresher training, the district teams have conducted 4 learning sessions on PPFP to develop the list of improved and validated best practices from the implementation sites. The regional workshop will be organized when all district learning sessions are completed by QI teams per districts. This activity will be implemented in Q1 of FY16 and facilitated by regional TA from the project to help write the guidelines for Mali regarding quality of PFPP services at facility level. PPFP evaluation will follow this activity in Q1 of FY16.
Organize 1 learning session in Bougouni on quality ANC	Completed	A learning session on ANC has been organized in Bougouni with 58 participants (11 men and 47 women). Data was presented and discussed as well as results per sites. Six key recommendations on the services provided were introduced within the sites to

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
		strengthen the quality of services provision for pregnant women and also the monitoring of data.
Organize a regional learning session on quality ANC in Kayes or Sikasso	Completed	Sikasso learning session has been integrated to district learning session in Bougouni describe above. In Kayes, 115 providers (85 men and 34 women) participated in the learning session. Four best practices were identified, and their implementation will start at small scale in two districts as this requires a change within the current health system.
Organize follow-up visits and documentation of the compliance with checklist use in facilities	In process	2 coaching visits were organized in Kita and Kenieba for 40 sites to check the use of safe childbirth checklist within maternities of these sites. The draft report has been developed and shared with HQ and WHO for feedback and will be finalize early in FY16 and use for the update meeting with partners at national level.
Disseminate results and lessons learned with partners and WHO at national level.	Postponed	As the implementation is continuing and learning session cycle not finalized, this activity will be postponed for Q2 of FY16.
Objective 2: Improve delivery of evidence-based anemia prevention and control interventions to reduce anemia among pregnant women and infants at facility and community levels in the Bougouni District (Sikasso Region)		
Organize all stakeholders meetings for planning and coordination of activities implementation	Completed	A mapping of nutrition partners in Sikasso has been developed during a regional nutrition workshop with 36 implementers. The draft of the mapping document has been finalized and shared with all nutrition partners at regional level and other projects (SSGI and KJK). ASSIST has participated in 4 coordination meetings and contributed to the harmonization of regional nutrition plans with DRS and UNICEF.
Conduct coaching visits to all sites every 2 months	Completed	6 visits were conducted in all 43 sites in Bougouni. During these coaching visits, data are presented, discussed, and validated per indicators and per sites. At the end of the coaching visits cycle, a one-day meeting was organized at regional level with 14 participants (10 men and 4 women), with 4 facilitators

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
		from the regional, district and project teams to share results and validate the 17 key indicators reported by the project for anemia activities.
Organize learning sessions (every quarter)	In process	4 learning sessions for health centers have been organized for 43/43 centers. A series of 3-day session was held in Bougouni with 57 participants from CSCOMs (27 men and 30 women) per session. Facilitators for this session were the team from the regional health directorate of Sikasso, the representatives of the referral health center of Bougouni, and the project technical advisors. From the learning session it has been noticed that 91% of quality improvement teams are regularly meeting. 15 gaps have been notified, and 15 improvement plans have been developed to solve the gaps. 25 QI teams proposed an idea for change to test and implement. A key recommendation from these meetings was to do the evaluation and analysis of site performance more often and to share findings with all QI teams on norms and standards regarding anemia management and prevention.
Organize refresher sessions for coaches	Completed	A 3-day training session was held with the participation of 27 providers (17 men and 10 women) with the support of 7 facilitators. At the end of the training, the evaluation showed 100% satisfaction of participants for the content of the training, the methodology of the training, the capacity to replicate the same training, and the competences developed during the training.
Organize home visits (ASC/RCs)	Completed	16 new villages were included into the project activities. 20 community groups selected among the 120 identified. 512 new members (484 women 28 men) were trained on anemia prevention activities. 1196 members were trained on anemia prevention activities.

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Build the coaching technique capacity of the appointed ASACO representatives	Completed	These sessions has been facilitated by the Regional Department of social development and women and family welfare. The design of the training was done with the development of the terms of reference. Facilitators have been oriented by the project team. Improvement plans developed by district are followed by each ASACO with the support of district QI coordinators.
Organize ASC/CRs and community QIT coaching visits	Completed	10 matrons, 12 ACS, and 26 volunteers were trained on anemia prevention and management activities. 24 community committees were visited. 20/24 are organizing regular monitoring meetings. 100/128 committees (78%) at community level have been visited. 9 district coaches implemented this activity, and as a result, 42/ 44 committees were found functional and 38/42 committees regularly meet and discuss on anemia prevention activities during their meeting. The rate of implementation of recommendations from the meetings is 80% for the visited committees.
Organize learning sessions between the QIT villages of the same health area then among the QITs of the district health areas	Completed	153 participants in the learning sessions (98 women, 55 men). 4 sessions have been organized with 172 participants (126 committees, 21 providers from maternities, 21 CHW, 3 local authority representatives, 4 representatives of mayor and community health center management (ASACOs)). The 7 follow-up indicators validated for this level have been presented and discussed by the committees' members. Data has been analyzed and performance graphic presented by the facilitators. Gaps and challenges have been determined and improvement plans developed to resolve these gaps. 12 new best practices were identified and validated for implementation at scale within the district. Recommendations were developed and addressed to the local authorities for their support to the committees for more sustainability at local level.

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Document best practices	Completed	A KM position has been recruited to facilitate this process with the support from regional office and HQ knowledge management team. A 2-days session facilitated by a team of 4 technical advisors/coaches worked with the participants to identify best practices that need to be validated and shared among sites. A list of 12 best practices has been selected and described with results among 29 presented. Nine lessons learned were adopted and six challenges identified. Key recommendation was the dissemination of validated best practices for other sites and strengthening supervision of these sites by QIT in the district. The KM Advisor has participated in the learning session for health center QITs in Bougouni to capture best practices and lessons learned from the implementation of activities. Training on KM is planned for Q3 for all project team to develop KM products and discuss in guidelines to be developed for scale-up of best practices at district and regional levels in Sikasso.
Contribute to campaigns and or nutrition activities in Sikasso Region	Postponed	The planned campaign has been postponed due to Ebola outbreak and activities were delayed for another period.
Objective 3: Build the competence of health system managers at all levels to implement effective large-scale QI interventions and promote the institutionalization of this capacity throughout the system		
Organize a national workshop to review achieved results and to plan for large-scale dissemination of best practices by their own	Postponed	The project team has focused on the packaging of results and data at district and regional levels to prepare the national level following activities which were not implemented in this year. The team has decided to continue work on knowledge management processes to finalize implementation guide per technical content and validate them before their dissemination at national level. These activities will be inserted into the FY16 work plan to continue with the institutionalization process within the project.

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Objective 4: Contribute to effective collaboration with partners for the review, modification, and implementation of national health policies, strategies, and programs that increase the population's access to an improved package of MNCH/FP and nutrition/WASH services to achieve better health outcomes for Mali's citizens.		
Participate in national working groups on MNCH and nutrition to facilitate integration of key QI activities within existing mechanisms or processes at national and regional levels	Completed	The project team has regularly participated in all working group meetings organized by the MoH at national and regional levels in Sikasso and Kayes. The team has provided technical assistance to the groups regarding PPFP and nutrition.
Participate in evaluation and/or assessment organized under the national working groups on nutrition/WASH or MNCH for strategies or policies review	Completed	3 major activities done with nutrition national committee: training of committee members on partnership development for nutrition; finalization and presentation of nutrition advocacy tool for civil society (PROFILES); and participation in SUN activities with MoH nutrition advisor. The project has continued to provide technical assistance to the national committee through the national focal point of MoH to follow up activities related to the national plan implementation and coordination with different sectors.
Contribute to the development, validation, and implementation of national QI strategy	In process	The project team has worked closely with the MoH representative to develop the terms of reference for the development of the national strategy and identify opportunities which can support the process at national level. The draft of letters and list of participants were also developed and need to be validated before starting with the implementation of this activity. The activity will continue in FY16 and will be led by the Division of Equipment and Regulations of the MoH.

Success Stories

COMMUNITY INITIATIVES TO SUPPORT ANEMIA PREVENTION ACTIVITIES IN BOUGOUNI: the power of change with women groups

Figure 1: Theater representation on anemia by women group in Fadia village (Sanso Health area)

Located in the third region of Mali (Sikasso), Bougouni is one of the districts most affected with anemia among pregnant women and children under five. Before the intervention, the baseline study showed only 62% knowledge of anemia as a health problem within the community, and less than 40% were able to identify anemia signs. The USAID ASSIST Project applied a community system strengthening approach to train and support existing women's groups on anemia recognition, screening and referral to health center for case management. Due to knowledge and capacities acquired during these training sessions, many women's groups have initiated social mobilization activities to create awareness of their peers on anemia prevention messages and implementation of systematic screening of pregnant women and children under five within their households and communities. Because of the low level of education among the majority of women's group members, women leaders decided to present in the form of theater, songs and poems in local language to promote screening on anemia, prevention and early care-seeking for pregnant women and children under five. In addition, to facilitate access to antenatal care services at the community health center, one women's group has put in place a saving process with monthly fixed payment (an average of US$2-10). These savings are used to cover the health cost for the first antenatal care visit for pregnant women who accepted to seek services at the health center. The group has also advocated with the community health center management team to procure bed nets and give them free for women who accepted antenatal care and anemia screening within communities. In addition, the group has created a garden to produce vegetables, and pregnant women are receiving some products free in priority for family use.

During learning sessions at community level, women's group leaders have shared their experiences and lessons learned. As of October 2015, 42 of 42 women's groups (100%) are organizing theater, songs and poems to create awareness in the families and the communities to mobilize and support pregnant women and children under five within their communities (see **Figure 1**). These successes have been disseminated among peers in others villages not covered by the project, that are also now starting to organize such activities to help pregnant women and

children under five. To show the impact of women's groups efforts, some village chiefs have attested that they are seeing fewer referrals of anemic children to health centers in comparison with previous years (see **Figure 2**). This reduced prevalence of anemia among children under five has also been observed by community health center managers involved in the project's community system strengthening work.

Figure 2: From the left, the commune of Koumantou Mayor is speaking about women groups actions to support anemia prevention

By involving community women's groups and cultivating peer education and sharing through training, coaching visits and learning sessions on anemia prevention and management, the project has significantly improved the health outcomes of pregnant women and children under five in the targeted communities in Bougouni.

Challenges/Difficulties Encountered and Proposed Solutions

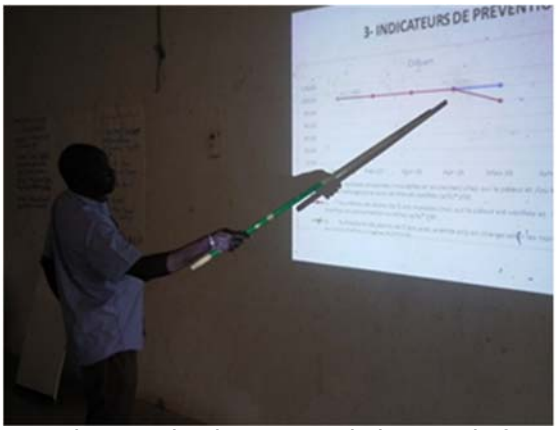
Beside continuation of challenges regarding coordination among implementing partners and interruptions due to national activities and campaigns (immunization days, etc.), the most important challenge is the insufficiency of transportation (vehicles) for district and regional teams to participate into coaching activities. The project has helped as much as possible to solve this issue. In addition, the project team has significantly increased the collaboration with regional and district health teams for better coordination of activities.

Lessons Learned

This year was marked by sharing of lessons learned and successful practices among health providers in health centers and capacity building of non-performing staff ay project-supported sites to follow norms and standards for different technical content areas (PE/E, ANC, and HBB). District coaches have initiated on-site practical training for non-performing providers to improve the screening of pregnant women for complications at admission at health centers. At the end of the training sessions, a coaching plan was developed to help maintain practical skills for health center staff. Collected best practices for PE/E and HBB have been reviewed and validated during the learning sessions. Counseling during ANC visits also improved with the sensitization of community committees in Bougouni. Women are receiving the same message from providers, CHWs, committees, and volunteers. With the consistency of messages and involvement of all community actors around the providers, best practices for ANC were successfully scaled up, which increase the number of women using the services in early pregnancy (within the first trimester).

Key lessons learned:

- By increasing knowledge-sharing among peers and motivating skilled providers as trainers, the performance of sites will also increase significantly. The use and recognition of internal capacities is a good opportunity to motivate staff, which can positively affect site performance. By disseminating the information about sites' performance with the district and regional coaches, we will create a positive environment for performance maintenance within sites.



Learning session in Bougouni: the Head of Diban community health center (CSCOM) presenting his results on anemia prevention.

- By combining mobilization strategies and involving all providers within the health centers, the use of services is increasing, and clients feel more confident to seek them. Training capacities can be used to provide the right messages to women and their families in order to improve the relationship between providers and their patients.

Gender Activities

- **A technical advisor from headquarters provided a four-day gender integration in improvement training in June-July 2015.** The USAID ASSIST Mali technical staff and those focusing on maternal health and family planning, anemia, knowledge management, and M&E participated. The components of the training included defining gender and related concepts; understanding steps to conduct gender analysis; understanding how to develop, analyze, and report on sex-disaggregated data and gender-sensitive indicators; identifying and addressing gaps and issues related to gender in ASSIST activities; and gender-sensitive program planning. The training included interactive gender sensitization activities, designing a problem tree, a driver diagram, and strategic planning related specifically to maternal and newborn health, family planning, and nutrition and anemia.
- **After building the capacity of the field office staff to critically analyze gender issues, the training focused on conducting a gender analysis as a team**. This included reviewing and critically analyzing gender assessments already conducted for Mali and reviewing relevant data. The team critically analyzed gender issues related to ASSIST's technical areas and goals across five different USAID recommended domains: 1) laws, policies, regulations and institutional practices; 2) cultural norms and beliefs; 3) gender roles, responsibilities and time used; 4) access to and control over assets and resources; and 5) patterns of power and decision-making.
- **The team identified gender issues affecting the ability to achieve program outcomes at the household, community, and health facility levels**. Based on the gender analysis issues identified, the nutrition and anemia group and the maternal and newborn health and family planning group discussed additional information needed, the challenges and the opportunities

to achieving targeted health outcomes and promoting gender equality. Further, the teams selected gender-related issues that were under ASSIST's mandate to address and that were feasible to respond to. Teams identified activities and indicators were proposed to measure change.

- **Following the gender assessment and analysis conducted in FY15, the project has integrated some key activities to facilitate gender reporting and compliance**. ASSIST is working to improve equities for access to quality health services, to food, information, and decision making through ASSIST improvement work both at the community and facility levels in Kayes and Bougouni. The project in Bougouni and Kayes through antenatal care has planned to increase the number of men engaged in contributing financial support for transportation to the health center for ANC and delivery for better health outcomes. Changes defined will be tested in two districts in order to get more women using ANC services and prepare for delivery at facilities. The project has started with the preparation of the training of providers on gender which will be combined with the other training topics in FY16 for better integration.

Family Planning Compliance Activities

Two project staff has been trained on FP compliance by USAID technical advisors on RH/FP to facilitate the integration of compliance within project monitoring and follow-up processes. At the end of the training, an implementation plan was developed and shared with USAID on this topic. As of today, all technical staff (25) has been trained on FP compliance, and monitoring tools for compliance data collection have been developed and integrated into project monitoring and reporting activities. Posters and pamphlets with key information on the compliance also will be produce to help providers following requirements and have access to the information regularly. The project team will work with others implementing partners to organize the training in Kayes and Sikasso in order to avoid duplication and misunderstanding of messages.

Geographic Information System Data Reporting

USAID ASSIST Mali is working in the Region of Kayes with interventions on MNCH in all 10 districts, though with coverage only of 17/44 CSCOMs in Kita. The project expects to cover all CSCOMs with activities in FY16, including the two new launched districts in Kita (Sefeto and Sagabari).

In Sikasso Region, the project is covering all 42 CSCOMs of Bougouni District and the CSREF with interventions related to anemia prevention and management. Our updated database of GIS is found in the Excel file that is transmitted with this report.

SUMMARY NARRATIVE OF ACTIVITIES ACHIEVED DURING THE FISCAL YEAR (FY15)

Activity 1: Improve evidence-based maternal and newborn care and postpartum family planning services at facility and community levels in eight target districts in the Kayes Region

Major Accomplishments and Results

- **Provided technical support to strengthen and scale-up EONC best practices and spread package (AMTSL, ENC, PE/E, HBB, ANC and PPFP) in 202 facilities in 8/8 districts of Kayes** (May-Sept 2015): USAID ASSIST through a cascade training model and parallel sessions facilitated by regional and districts coaches has continued to build the competencies of providers to comply with the norms and standards for appropriate life-saving maternity care at the facility level. To achieve this task, the project has continued to train regional and districts coaches as well as providers from facilities supported by the project in Kayes and Sikasso regions.
- **Organized refresher training to providers on PE/E and improved ANC** (May-Sept 2015)**.** A total of 88 providers (63 women and 25 men) participated into these trainings in four districts.
- **Conducted training on PPFP** (July 2015). Twenty-five coaches (17 women and 8 men) have been trained on PPFP counseling, coaching visits, and QI process in Kayes. The acceptable level of performance for this training increased from 64% during pre-test to 95% in the post-test conducted right after the training. One hundred and thirty-two (132) providers (128 women and four men) from four districts were also trained on PPFP. The acceptable level of performance for this training increased from 60% in the pre-test to 90% in the post-test. Regarding LAM provision, 53 providers (44 men and 9 women) were trained in the two districts. The training was more practical to allow each participant to perform as requested by the norms. The acceptable level of performance for this training increased from 60% in the pre-test to 80% in the post-test.

Postpartum family planning counseling in a community health center (CSCOM) in Diema. Kayes.

- **Fourteen HMIS managers** were trained by the project team on a QI data collection system and data analysis to illustrate changes and improvement per site. Participants completed a practical session on data review, analysis, and production of graphs to measure progress and discuss challenges during this training. HMIS managers were also oriented on new indicators like inclusion and validation of data per site. Seven new district advisors to the project and

four new staff from Kayes Regional Direction of Health have were trained on QI and collaborative approaches applied to EONC technical content for Kayes.

- **The ASSIST team, in collaboration with the Kayes Regional Health team trained 15 trainers on the WHO Safe Childbirth Checklist which was adapted to Mali** (June 2015). To improve the quality of the training, the training was facilitated by two national master trainers on EONC. The session was more practical to facilitate the learning process on site. Following the training of trainers, four training sessions were organized to train providers on the SCC in two districts of Kayes Region. A total of 127 providers were trained (58 in Kita and 69 in Kenieba).
    - ASSIST carried out monthly coaching visits for capacity assessment of providers and compliance to norms and standards for the use of checklist in targeted facilities.
    - One learning session was conducted in July 2015 with 23 QI teams to gather best practices and challenges linked to the use of the SCC.
- **Participation in WHO evaluation process** of facilities using the SCC (27 facilities): Twenty-seven sites participated in a preliminary evaluation to report on the use of the SCC for deliveries at the facility level in June 2015. The WHO has developed and validated a standard questionnaire that has been sent to country team for administration to sites and QI teams. The project team has translated the questionnaire and facilitated the administration to sites and QI teams in collaboration with regional and district teams. The project team helps to compile the information and sent the document to WHO with the copies of questionnaires. The evaluation report will be done by WHO and shared with the project team in country.
- **ASSIST-supported integrated coaching visits in collaboration with the Regional Director of Health and district coaches in order to assess the sites' performance in 202 facilities of 8/8 districts of Kayes and 42 facilities of 1 district in Sikasso** (June - Sept 2015): Twenty-two (22) sites were assessed for AMTSL/ENC and PPFP technical content. Sixteen (16) QI teams were found to perform well in the three technical content areas. Six of the non-performing QI teams developed and implemented improvement plans. One hundred and forty-five (145) QI teams of five districts were visited by district coaches and project district technical advisors. The visited QI teams showed a performance of 95% for AMTSL/ENC and PPFP. Sixty-seven sites in three districts were checked for improved ANC performance in Kayes and Sikasso, resulting in a level of achievements of 90%. Regarding HBB, 50 sites were visited, and the level of performance varied from 83%-90%.

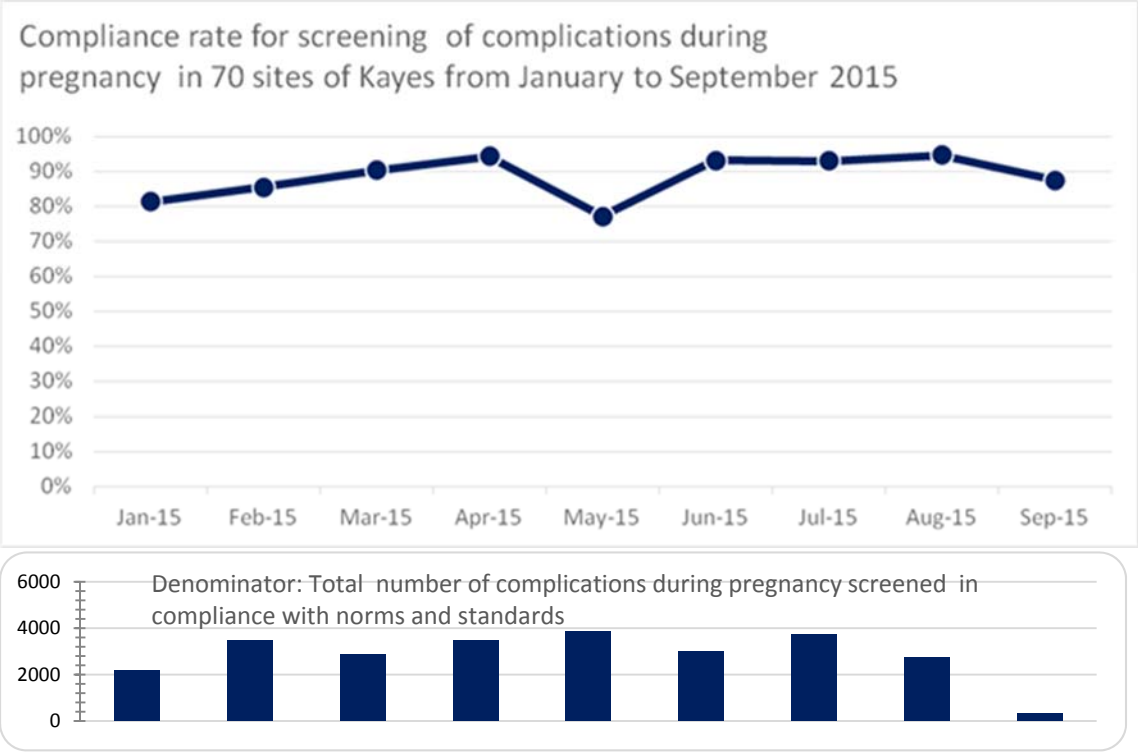
Refresher training of coaches on coaching techniques and data quality assessment: working groups' session (Kayes).

- **Provided technical assistance for the learning sessions and identification of best practices on SCC, ANC, PE/E and HBB for 56 sites in 5/8 districts** (July-September 2015): Best practice sessions have been organized on PE/E with 52 participants, five coaches (three

women and two men) in two districts to identify and validate practices that can be scaled up in other districts and help improve the management of PE/E at the facility level. Two learning sessions with 60 participants (28 women and 32 men) were conducted to discuss and validate best practices that can be integrated into the implementation guide for quality improvement of HBB and PPFP in Mali. The sessions were facilitated by the regional coaches leading the technical working group on guideline development with the project knowledge management team.

- **Improvement in compliance rate for screening of complications during pregnancy**. With regular coaching visits, learning sessions and continue process of capacity building of providers during coaching visits we have maintained the high level of compliance (see **Figure 3**). In May 2015, due to the stock-out of some products (malaria rapid diagnosis test) and malfunction of some equipment within sites (thermometer, blood pressure measurement), the performance of the sites decreased. Through coaching visits, the ASSIS team has helped the QI teams of the sites to define the needs and report to the Regional Health Management Team for solutions.

Figure 3: Compliance rate for screening of complications during pregnancy, 70 sites, Kayes Region (Jan – Sept 2015)



Activity 2 Improve delivery of evidence-based interventions aimed at reducing anemia among pregnant women and infants at facility and community levels in the Bougouni District of Sikasso Region

Major Accomplishments and Results

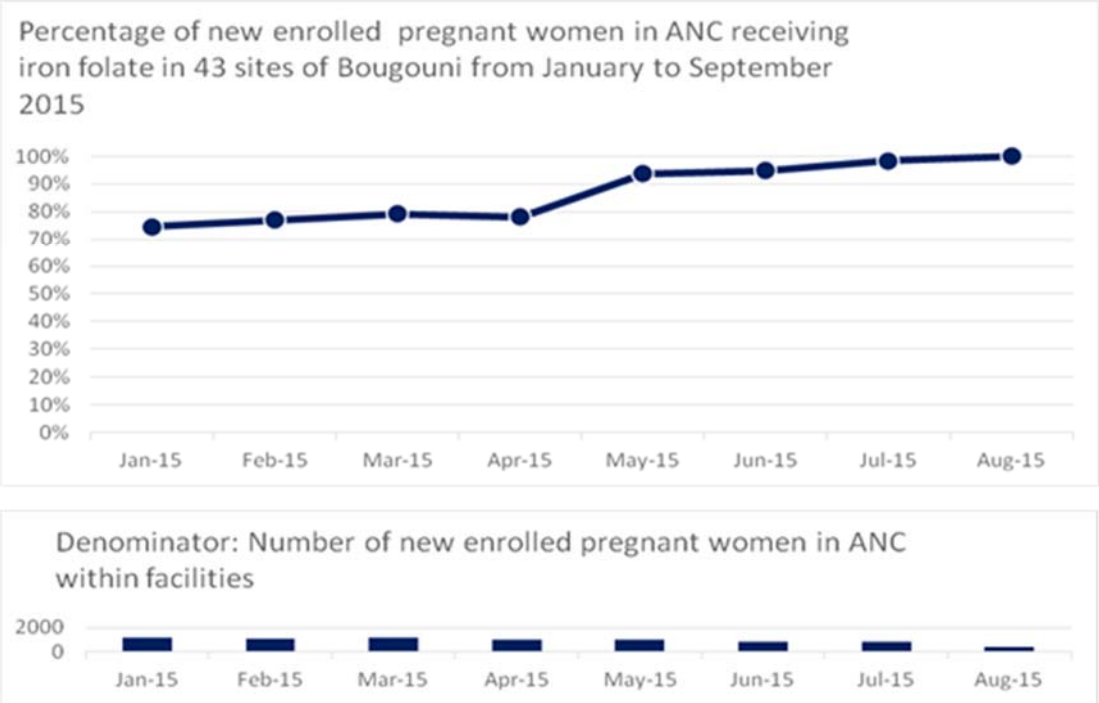
- **Provided technical support to strengthen and scale-up anemia prevention and management best practices in 43 facilities in 1 out of 10 districts in Sikasso** (June-August 2015): Capacity building for coaches and providers continued to maintain their skills and facilitate the implementation of activities. Fifteen new coaches were identified and trained on coaching techniques to support project activities. The training was facilitated by the district and regional coaches from Sikasso under the supervision of the project team. Non-performing old coaches were included in the training in order to improve their performance. Refresher training of community committees was organized in 42 community committees and brought together over 2,000 participants: 2035 community committee members, 51 community volunteers, 18 chiefs of village, 14 ASCs, and six matrons. Additionally, 124 community providers (75 men and 48 women) were trained on essential messages to deliver to the community regarding anemia prevention.
- **Provided support for coaching visits in 43 facilities in 1 out of the 10 districts in Sikasso** (June - August 2015): Two coaching visits were conducted in 43 sites, in collaboration with the Referral Health Center (CSRef) to assess the performance of all sites in anemia technical content. During the coaching visits, 39 QI teams were found to comply with performance criteria. Four non-performing QI teams developed an improvement plan to be followed further. The project team has worked with the CSREF local health management information system (HMIS) to review and complete data for the entire district before processing for analysis and validation. Data consistency is checked during coaching visits for health centers. A regional meeting for data validation for all health facilities was organized. Three coaching visits were conducted in 79 community committees to check the progress of their planning and collect data recorded for pregnant women in their communities. A best practices list was developed and used during the learning sessions.
- **To strengthen the management of anemia through ANC, ASSIST's technical team trained 111 of Bougouni's health providers on quality ANC for provision of quality services including anemia prevention and management** (July 2015). The goal of this training was to improve the provision of quality of services for pregnant women during the first quarter of pregnancy to prevent and or manage anemia during this period. These sessions were facilitated by the Regional Department of Social Development, Women, and Family Welfare.
- **Provided technical assistance for the learning sessions and identification of best practices on anemia prevention and management in 43 sites in 1 out of 10 districts and 44 community committees** (July-August 2015): A best practices session was organized at the facility level to consolidate best practices and validate them for inclusion into a guideline for anemia. The session was attended by 17 participants, 5 women and 12 men. A community level best practices session also took place and was facilitate by the project technical team and districts coaches. This session brought together 50 participants (26 women and 24 men).

- **11 of 43 health centers were visited by ASSIST and a CSREF team member to assess the work environment and existence of processes for care provision and staff management**. The ASSIST team has actively worked with regional partners to build a partnership for nutrition, which they expect will result in better coordination of actions at the regional level.

USAID Mali field visit in Bomou village: Meeting with community volunteers, CHW, Community committees leaders and rural matron (Bougouni)

- **Community committees continued to sensitize and enroll pregnant women within the project sites**. Health centers have seen an increase in the use of antenatal services which facilitate the access to iron folate provision to women. Women are receiving the same messages from CHWs, committees' members and health providers which also helped to increase the compliance to iron folate uptake (**Figure 4**). Mothers-in-law were engaged into the follow-up of health providers' recommendations received during antenatal care at home to make sure women are taking their iron pills.

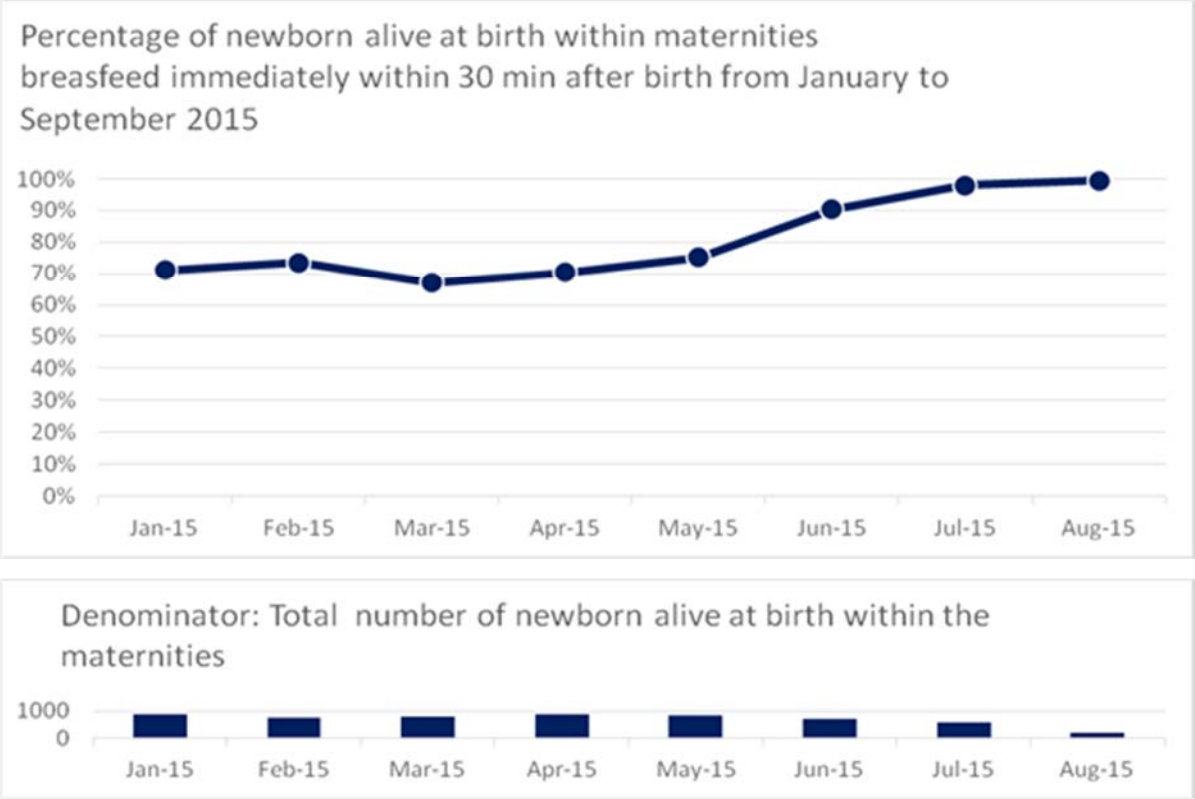
Figure 4: Delivery of iron folate to pregnant women newly enrolled in ANC (January-August 2015)



- **The same efforts of sensitization of women during antenatal care as well as providers on the importance and benefits of exclusive breastfeeding have also helped to achieve improvement in breastfeeding rates (Figure 5).** Decisions makers at community

level such as grandmothers and mothers-in-law have been targeted and involved into the follow up of women for pregnancy and delivery in each sites. As a result, health providers were able to comply with ENC norms regarding immediate breastfeeding.

Figure 5: Percentage of newborns alive at birth within maternities who are breastfed immediately within 30 minutes after birth (Jan – August 2015)



***Left**: Community committee meeting in a village in Bougouni. **Right**: Community committee playing a theater to sensitize on the importance to antenatal care and anemia prevention in a village in Bougouni.*

- **ASSIST organized three meetings were organized at regional level to strengthen coordination and partnership regarding nutrition activities** in May, June, and August 2015. These meetings were led by the regional direction of health with technical assistance from the project. The coordination was done among USAID-funded projects and with other nutrition partners like UNICEF, Born Fonden, etc. A regional road map for nutrition was developed with the role and responsibilities of each member as well as a summary of partners' activities per domain and per district in order to avoid duplication and promote complementarities.
- **Training in knowledge management**: The project received technical assistance from regional office and headquarters for a knowledge management (KM) training in May 2015 which helped staff build their understanding of knowledge management concepts and techniques that they can use in their improvement work, as well as to plan for the development of KM products. Nineteen technical staff attended the two-and-a-half day long training. There was also four staff that attended the francophone KM training in Abidjan in 2013 and helped throughout the week. The training was developed based on previous trainings in Durban, Abidjan, and Kenya with an incorporation of learning from those experiences to improve the Mali session. Knowledge management plans were developed at the end of the training per level of interventions and implement within the project during the period of follow up. Guidance on how to improve quality of health care services, in the form of a change package and a documentary and in the form of job aides, best practices, and videos was developed along the activities related to anemia and EONC in both regions. A draft guide on quality improvement applied to AMTSL/ENC was developed and shared with the Regional Office in Niger and headquarters for feedback and will be finalized for dissemination in FY16. Achievements at community level in Bougouni were documented, and a video produced to illustrate results at village level. The list of best practices was also developed and will be use to continue develop other knowledge products for better illustration of results at all levels of the project.

Scale-up of Improvement within the Project

During FY15, USAID ASSIST scaled up EONC best practices for AMTSL, ENC, PE/E, HBB, ANC, and PPFP to all eight districts in Kayes Region (covering 202 out of the 233 EONC facilities in the region) and introduced the EONC interventions in Bougouni District of Sikasso Region, covering 42 out of 43 facilities.

The anemia prevention and control work in Bougouni District has now covered all 43 facilities in the district, which is one of nine districts in Sikasso Region. Community-level anemia prevention activities now reach 56 communities (out of approximately 500 communities) in four of the 43 health areas that make up Bougouni District.

In FY16, the EONC interventions will be scaled up to the remaining 31 facilities in Kayes Region and introduced in 109 out of 229 facilities in four of the 10 districts of Sikasso Region. The target facilities include peripheral facilities (338), district hospitals (14), and a regional hospital (1). Community EONC interventions will be implemented in communities linked to 47 peripheral facilities in Kayes Region.

USAID ASSIST also plans to package the knowledge learned about how to improve EONC interventions to spread these best practices to sites of districts targeted by other USAID-funded projects.

The knowledge products will expand over time in terms of technical contents. MOH coaches and managers from USAID ASSIST-supported districts will be mobilized to support the scale-up of best practices to other districts. By doing so, their capacity will be strengthened, and we will be able to achieve a larger coverage.

The project plans to elaborate these knowledge products in various formats. Scale-up strategies to leverage these knowledge products and experienced coaches and managers to support the scale-up process will be defined at district, regional, and national levels.

ANNUAL INDICATORS TABLE REFLECTING CUMULATIVE PROGRESS DURING THE FISCAL YEAR (FY15)

Indicator	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total)	Comments
MATERNAL AND CHILD HEALTH				
Number of USG-supported facilities that provide appropriate life-saving maternity care	**208**	**515**	**453**	ASSIST is working in 8/8 districts of Kayes region implementing MNCH/FP activities and 1/10 districts in Sikasso for nutrition. The district of Kita which is new to quality improvement activities will be included with MNCH activities but total coverage will be done in FY16 to achieve this target.
Percent of deliveries in health facilities using active management of third stage of labor (AMTSL) and essential newborn care (ENC)	**99%**	**100%**	**99%**	ASSIST is working in 6 districts on the integrated AMTSL/ENC package in Kayes since 2009, the mature technical content has been spread in 2 additional districts so the target for the project became high to achieve quality results
Numerator :number of deliveries in health facilities using AMTSL and ENC in the 6 districts	**3911**		**10567**	

Indicator	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total)	Comments
Denominator: Total number of deliveries in health facilities in the 6 districts	**3941**		**10642**	
Number of babies who receive post-natal care within two days of child birth in USG-supported programs	**3844**	**19260**	**15609**	Through the ENC and HBB works in the 6 districts of Kayes ASSIST is collecting this data from health centers for deliveries which followed the quality criteria based on national norms and standards. Data is a compile per health center through the existing HMIS
Number of boys	1977		7753	
Number of girls	1867		7906	
Number of newborns not breathing at birth who were resuscitated in USG-supported programs	136		342	For HBB ASSIST has worked in 2 districts since 2014 and achieved the target higher. The project is scaling up the intervention in 6 others districts this year.
FAMILY PLANNING AND REPRODUCTIVE HEALTH				
Percentage of USG-assisted service delivery sites offering family planning (PF) counseling and or services	**100%**	**100%**	**100%**	All facilities covered by the project in Kayes are offering post-partum family planning counseling as recommended by the norms and standards
Numerator: number of USG assisted service delivery sites providing FP information and /or services	**183**		**219**	
Denominator: number of SDPs planned to receive	**183**		**219**	

Indicator	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total)	Comments
USG assistance over life of project				
Number of new users of modern family planning methods among women between 15-49 years age	3044	**4570**	8142	These data are taking into account only women in postpartum period which is the focus of the project for quality improvement
Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information and/or services during the year	88	NA	88	The project is working in partnership with MCSP project to include ASCs into the follow up activities for FP uptake at community level
NUTRITION				
Number of households with soap and water at a hand washing station used by family members in USG supported programs		**360**	298	The project has integrated WASH activities only in FY15 in addition to nutrition anemia program. The data for this indicator will be reported in Q2. The project is working with PHN and others partners in order to define the data to be reported and avoid duplication.
Number of children under five who received vitamin A from USG-supported programs	**8189**	**21630**	**21500**	All children received for preventive and cases management activities at the 43 health center (CSCOMs) and CSREF benefit from systematic Vit A supplementation.
Number of boys	4001		10671	
Number of girls	4188		10829	

Indicator	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total)	Comments
Number of people trained in child health and nutrition under USG supported program	**2177**	**2000**	**2720**	ASSIST is organizing training and refresher sessions for providers on anemia prevention and management.
Number of Men	341		556	
Number of Women	1836		2164	
Number of children under five reached by USG supported nutrition programs (anemia prevention and management)	**20411**	**67352**	**60333**	Children under five and their mothers are receiving counseling and cases management on anemia in the 43 sites.
Number of boys	10353		30235	
Number of girls	10058		30098	
HEALTH				
"Number of policies and guideline documents developed or updated with USG assistance"	**1**	**NA**	**1**	Advocacy tools for nutrition "Profiles Mali" updated to include new data for nutrition and priorities through the SUN activities.
Percentage of providers complying with national guidelines/standards for labor and delivery visits at USG-supported facilities	**98%**	**100%**	**98%**	Within the 208 facilities working with the project 98% of all providers are complying with the norms and standards regarding labor and delivery visits.
Numerator: Average number of task completed in compliance with national guidelines/standards for labor and delivery visits	360		360	

Indicator	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total)	Comments
Denominator: The total number of task in the national guidelines/standards for labor and delivery visits	368		368	

ENVIRONMENTAL MITIGATION REPORT

Not applicable.

CONCLUSION

The project in this year has increased focus on scaling up of best practices developed in mature districts to new districts covering a total of 9 districts and 244 CSCOMs in two regions of the country. QI work in specific technical areas was strengthened to address persistent and complex quality challenges that impact mortality, including coordination and continuity of care for women with PEE, sustaining quality of newborn resuscitation services, and promoting a greater mix of client-centered short- and long-term FP methods at community and facility levels. In addition, the project has contributed to strengthen essential cross-cutting system functions to deliver high-quality care within maternities, emphasizing greater involvement and ownership of MoH managers and supervisors at all levels of the health system.

ANNEX

Project Improvement Indicators Table

Activity	**Indicator**	**Baseline** (indicate month)	**Last value** (indicate month)
Improvement of EONC intervention at facility level in Kayes Region	Compliance to 3 key AMTSL norms	0% (Nov. 09) 17 sites	99% (Sept 15) 110 sites
	Postpartum hemorrhage rate	1.2% (Nov. 09) 17 sites	0.27% (Sept.15) 109 sites
	Compliance to ENC norms	39% (Nov. 09) 17 sites	99% (Sept. 15) 109 sites
	Compliance to PE/E diagnostic standards	25% (Nov. 09) 17 sites	95% (Sept. 15) 73 sites
	Compliance to PE/E treatment standards	0% (Nov. 09) 17 sites	88% (Sept. 15) 73 sites
	Newborn with successful resuscitation	25 % (June13) 47 sites	90 % (Sept. 15) 61 sites
	Compliance to antenatal care standards	40% (June 2014) 17 sites	95% (Mar.15) 70 sites
Improvement of anemia prevention and control activities in Bougouni district (Sikasso Region - Mali)	% of pregnant women for whom pallor and/or hemoglobin are checked at ANC visits	0% (Jan.13) 13 sites	99% (Sept. 15) 43 sites
	% of pregnant women who received good counseling on how to prevent anemia during ANC visits	0% (Jan.13) 13 sites	97% (Sept. 15) 43 sites
	Immediate breast feeding	27% (Jan.13) 13 sites	100 % (Sept. 15) 43 sites
	Provision of iron	68% (Jan.13) 13 sites	100% (Sept. 15) 43 sites
Increasing access to antenatal care for pregnant women thanks to community members	Number of pregnant women identify by comity members	0 (Oct.13)	1752 (Sept.15)
	Number of pregnant women receiving ANC visit during the first quarter of their pregnancy	0 (Oct.13)	504 (Sept.15)

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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