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USAID ASSIST Project

Mali Country Report FY14

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

Performance Period:
October 1, 2013 – September 30, 2014

DECEMBER 2014

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

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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 funded by 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. 2014. Mali Country Report FY14. Published by the USAID ASSIST Project. Bethesda, MD: University Research Co., LLC (URC).

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Abbreviations

AMTSL	Active management of the third stage of labor
ANC	Antenatal care
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CHW	Community health worker
CSCom	Community health center
DNS	National Health Directorate
DSR	Division for Reproductive Health
ENC	Essential newborn care
EONC	Emergency obstetric and newborn care
FP	Family planning
FY	Fiscal year
HBB	Helping Babies Breathe
HCI	USAID Health Care Improvement Project
HIS	Health information system
MCH	Maternal and child health
MOH	Ministry of Health
PE/E	Pre-eclampsia/eclampsia
PPFP	Post-partum family planning
PPH	Post-partum hemorrhage
QI	Quality improvement
TBA	Traditional birth attendant
URC	University Research Co., LLC
USAID	United States Agency of International Development
WHO	World Health Organization

1 Introduction

In Fiscal Year (FY) 2009, University Research Co., LLC (URC) began working in Mali through the USAID Health Care Improvement Project (HCI), applying improvement science to maternal and child health (MCH) care, with significant results. Given the still unmet need in Mali for adequate coverage and quality of maternal and newborn health services along with the stated interest of the Ministry of Health (MOH) and USAID in strengthening maternal and newborn services, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began working in Mali in May 2013 to strengthen and expand the activities begun by HCI, both in technical content and coverage.

ASSIST is working in Mali to improve evidence-based maternal and newborn care and post-partum family planning services at facility and community levels in six target districts in the Kayes Region and to improve delivery of evidence-based interventions to reduce 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), including postpartum family planning, in a sample of maternities.

During FY14, ASSIST continued to reach out to 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 in the quality of active management of the third stage of Labor (AMTSL), essential newborn care (ENC), pre-eclampsia/eclampsia (PE/E), and post-partum family planning (PPFP) services in the project's phase one districts in Kayes and Diéma. Best practices that had been learned were extended to the four new districts where the AMTSL/ENC package had been scaled up in FY13. To refine the PE/E and PPFP service delivery improvements, new maternal content on quality of antenatal care services (birth preparedness, intermittent presumptive treatment for malaria, iron/folic acid, and counselling on danger signs) was added to facility-level improvement work in the Kayes, Yélimané, and Diéma districts. At the community level, counselling/ health education was reinforced by home visits during pregnancy and the early postpartum period. The home visit counselling promoted birth preparedness, utilization of skilled delivery care, early identification of danger signs, and care-seeking by family members or referral by community health workers (CHWs). In the area of newborn health, a new improvement activity, which focused on prevention and management of newborn asphyxia, was introduced in Yélimané and Kayes districts. Capacity-building was followed by intensive coaching of front-line improvement teams and the tracking of common indicators of quality of newborn resuscitation in targeted maternities in the Kayes, Yélimané and Diéma districts.

Scale of USAID ASSIST's Work in Mali

Family Planning

Maternal and Child Health

MOHSW, 1 Implementing Partner

153 facilities

50 communities

203 Quality Improvement Teams

2,265,662 out of 2,926,043

2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Improvement of maternal and newborn care at facility and community levels	• Improve evidence-based obstetric and newborn care and post-partum family planning services at facility and community levels in target districts in the Kayes Region	Kayes Region (1 of 9 regions): 153 facilities (153/164) in 6 districts (6/7) covering 1,858,351 inhabitants (out of 2,375,000) Facilities: 146 peripheral facilities, 6 district hospitals, and 1 regional hospital Target districts in Kayes Region: Bafoulabé, Diéma, Kayes, Nioro, Kenieba and Yelimané QI teams: 153 Community teams: 26 (Community Health Agents and volunteers)	x	
2. Improvement of anemia prevention and control activities	• Improve delivery of evidence-based interventions to reduce anemia among pregnant women and infants at facility and community levels in Bougouni District (Sikasso Region)	Sikasso Region (1 of 9 regions): 25 facilities (25/37) in Bougouni District (1 of 9 districts) covering 407,311 inhabitants (out of 551,043) Target facilities include 24 peripheral facilities and 1 district hospital QI teams: 25 Community teams: 24 community health committees in catchment areas of 4 facilities	x	

3 Key Activities, Accomplishments, and Results

Activity 1. Improvement of maternal and newborn interventions at facility and community levels

BACKGROUND

In Mali, USAID ASSIST is continuing its contribution to USAID, MOH, and partners' initiatives to strengthen essential obstetric and newborn care (EONC) services to reduce maternal and infant morbidity and mortality in the districts of Bafoulabé, Diéma, Kayes, Nioro, Kenieba, and Yelimané in the Kayes Region.

In Mali, while the maternal mortality rate has declined modestly over the past 10 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 by applying evidence-based interventions such as AMTSL. Since 2007, the Division for Reproductive Health (DSR) of the National Health Directorate (DNS) in Mali made the training of all skilled birth attendants in AMTSL a national priority. In April 2009, the DNS authorized matrons nationwide to provide AMTSL for the prevention of post-partum hemorrhage (PPH) and to administer intramuscular oxytocin. Increasing access to AMTSL depends largely on improving the quality of services provided based on the compliance to norms and standards, which is one of the key focus areas for ASSIST.

With regard to antenatal care (ANC), data show that only 74% of women received the service (at least one visit), only 47% received tetanus toxoid vaccine, and 41% were informed of danger signs during pregnancy and delivery (DHS 2006). Improving ANC in Mali faces a lot of challenges for implementation; ASSIST is contributing to improve the implementation of these ANC best practices.

As a result of the high unmet need for family planning (FP) in Mali, ASSIST is also working to improve the quality of reproductive health services provided at the facility and community levels. Mali has a high total

fertility rate of 6.1 and a low contraceptive prevalence rate of 10% for modern methods (DHS 2012-2013). While Mali's FP policies, norms, and protocols include post-partum family planning with healthy timing and spacing of pregnancies, lactational amennorhea, and transition to other modern FP methods, 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 are not widely known by women at the community level; only 10% percent of women are using modern methods of contraception, and use of implants is 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 these methods at the community health center (CSCom) level contributes to limited availability and use.

The neonatal death rate in Mali is 34 deaths/1000 live births (DHS 2012-2013). The main causes of neonatal deaths in the country include infections (32%), preterm births (29%), and asphyxia (24%) (Child Health Epidemiology Reference Group 2010). The roll-out of the essential newborn care package is yet to reach expected results in terms of quality of services provided for newborns after delivery. Newborn resuscitation remains a big challenge for providers, despite the training they have received. Therefore, the need for improving this service is critical. To address newborn resuscitation, ASSIST is working with the DNS and partners to improve the competencies of providers on newborn resuscitation at the facility level and is contributing to refining the package.

KEY ACCOMPLISHMENTS

- **Engaged in capacity building of trainers, coaches, and providers throughout FY14.**
  - Conducted trainings on "Helping Babies Breathe" (HBB) for providers during the first and second quarters of FY14. The HBB newborn resuscitation training approach was integrated into a broader training on essential newborn care and AMTSL. During the first half of FY14, 155 providers including 100 women were trained on HBB/ENC/AMTSL from two districts (Kayes and Yelimané) and the regional hospital. Trainers were from ASSIST headquarters, ASSIST Mali, MOH, and the Regional Directorate. The training focused on simple techniques like keeping the baby warm, rubbing the baby dry, and if necessary, suctioning the baby's mouth and correct application of a resuscitator for face mask ventilation. These simple skills can prevent up to 80% of deaths due to newborn birth asphyxia. The QI portion of the discussions focused on analyzing major obstacles in applying EONC standards at all levels of the health system in Mali, from the operational to the management levels. Also, priority improvement aims, indicators, and initial changes that can be tested to address these challenges and improve care to all newborns in need of HBB were discussed. The most challenging part was how to document essential tasks performed and actions taken mostly during the first minute of life on existing health information system (HIS) registers and other forms. Participants analyzed all existing registers, forms, and partograms and decided to test ideas on how to improve them and have key tasks recorded in appropriate registers and partograms.
  - Provided refresher training on PPFP for 184 providers and coaches, including 177 women, of Diéma, Kayes, Nioro, and Yélimané districts (Q2).
  - Provided refresher training on screening and management of PE/E for 43 providers and coaches from Kayes, Diéma, and Yélimané districts (Q2).
  - Conducted training of trainers session on improved antenatal care package to develop improvement objectives, indicators, monitoring plan, and tools in preparation for the integration of this package into ANC QI activities in three districts (Kayes, Diéma, Yélimané) (June 2014).
  - Conducted a training of providers (4 sessions) on improved ANC package to facilitate the implementation of the package in Diéma and Yélimané (July 2014). Two hundred providers were trained on this package: 17 medical doctors, 15 midwives, 32 obstetrical nurses, 43 nurses, and 93 matrons.
- **Conducted coaching visits.**
  - ASSIST carried out a coaching visit to all EONC extension sites in the districts of Nioro, Bafoulabé, and Yélimané (Kayes Region) (Q1). The main purpose was to document which recommended changes were implemented and what results were obtained. In addition, follow-up coaching visits were performed to all newly trained providers on HBB (Q1). Results were very encouraging, as providers started applying new skills and also testing some changes.

- The team held a coaching visit for the community QI teams in Diéma (Q2)**.** The team observed that 29 of the 35 CHWs had mastered the content of messages to women and their husbands. In Farabougou village, all pregnancies were detected in the first quarter.
- Conducted coaching in all 153 health facilities and 26 communities in five districts of Kayes Region (April and June 2014). QI teams were set up and began to meet on a weekly basis to discuss QI implementation. As a result, some improvements were observed in the set-up of community contributions (*caisse communautaire*) to support transportation fees for women who did not have access to these services. The performance of QI teams also improved by better planning and greater local problem-solving.
- Conducted seven coaching visits in all 153 health facilities in five districts in Kayes Region (July 2014). Providers (106) were observed during the coaching visits. As a result, some improvements were observed: 90% compliance with norms for provision of AMTSL, ENC, and HBB.
- Conducted a regional meeting for coaches (July 2014). Seventeen (17) medical doctors and 20 midwives participated in this meeting. As a result, coaches recommended that ASSIST set up a regular timeframe for this type of learning process in order to continue to share lessons learned and find solutions for challenges and difficulties.
- ASSIST staff and district coaches conducted a coaching visit to accessible peripheral health centers in Yélimané, Nioro, and Diéma (August 2014).
- Conducted a coaching visit to community QI teams in Diéma with coaches from peripheral health centers (August 2014).
- Regional and national coaches conducted two coaching visits to all referral health facilities (September 2014). As a result, some improvements were noted in terms of compliance with HBB standards as well as use of tools to collect data.

- **Facilitated learning sessions to share experiences and best practices.**
  - Held the second community learning session in two communes of Diéma with 112 participants, including 31 women and 21 village heads (Q1)**.** The topic was prenatal care at the community level. The intervention focused on prenatal care, including home visits and community visits by skilled birth attendants.
  - Conducted the first learning session for the 40 sites in the two districts (Kayes and Yélimané) implementing HBB QI activities (June 2014). Two parallel sessions were organized with 72 participants attending, with representatives of the Regional Directorate of Health and ASSIST Mali technical advisors serving as facilitators of the sessions.
  - Conducted a learning session for the 22 sites implementing PE/E and PPFP in Diéma District (June 2014). As a result, some improvements have been observed in the introduction of new changes. These include engaging the management committees of two of the 22 community health centers to support fees for ANC for women who did not have access to services due to financial barriers and procurement of kits for systematic checking of PE/E.
- **Held workshop to validate HBB monitoring indicators** and determine how to document essential tasks performed and actions taken during the "golden minute", using existing HIS registers and other forms (Q2). It was decided to use a stamp to add a documentation area on partograms. In addition, data collection tools were developed and distributed to coaches.

RESULTS

Improvement in Key Indicators

Activity	**Indicator**	**Baseline** (Nov 2009)	**Last value** (August 2014)	**Magnitude of improvement (percentage points)**
Improvement of EONC at facility level in Kayes Region	% compliance to 3 key AMTSL norms for vaginal delivery at facility	0% 17 sites	99% 144 sites	99
	PPH rate for vaginal delivery at facility	1.2% 17 sites	0.18% 144 sites	-1.02

Activity	Indicator	Baseline (Nov 2009)	Last value (August 2014)	Magnitude of improvement (percentage points)
	% compliance to postpartum surveillance norms (mothers and newborns)	39% 17 sites	99% 144 sites	60
	% compliance to PE/E assessment norms	25% 17 sites	90% 33 sites	65
	% compliance to eclampsia treatment norms	0% 17 sites	85% 33 sites	85
Improvement of EONC at community level in Diéma District (Kayes Region)	Number of new pregnant women enrolled into EONC program at community level	0 10 sites	173 (July 2014) 20 sites	173
	Number of women who received at least one home visit	0 10 sites	310 (July 2014) 20 sites	310

- Table 1 summarizes best practices that were developed by community EONC improvement teams, and Table 2 lists changes implemented by community teams to improve birth preparedness.

Table 1: Community EONC, Diéma district achievements

Domains	Best Practices
Identification of pregnancy and tracking of women	• Contacting the CSCom (health facility) midwife to establish a list of women who have received ANC but who are not currently on the register • Recognizing pregnant women by re-trained traditional birth attendants (TBAs) or other village elders who communicate their names to the CHW
Access to skilled health care	• Women who are eight months pregnant no longer go to the fields to work • In cases where it is difficult to achieve advanced strategies, the CHW regroups women with the same appointment period and brings them to the CSCom • Commitment of women to attend ANC visits and give birth at the center, despite the reluctance of their husbands, by organizing to buy a cart to help them • Establishment of a fund to finance the transport of village women to CSCom
Motivation of intermediaries/TBAs	• Free services for all CHWs and their families if they orient enough clients

Table 2: Changes implemented by community teams to improve birth preparedness

Changes implemented
• Noting the full address of women in the register during their first ANC visit (name of the head of household). The intermediary is informed if the woman misses the meeting to actively find her.
• Sensitization meeting on the preparation of giving birth and the advantages of doing so at the center
• Information on the elements of childbirth preparation and verification of what preparedness activities the couple has adopted one month before giving birth.
• Involvement of the village chief in solving problems encountered with Vitamin A deficiency
• Enlist elderly women to watch for signs of pregnancy in young women and inform the intermediary
• Sensitization of in women near the end of their term on the advantages of giving birth at the center and the signs of labor
• Visit to households by an intermediary supervisor to check their understanding of the messages given to the households

- Results for improving delivery of AMTSL and birth preparedness are shown in Figures 1 and 2, respectively. Figure 3 shows the postpartum hemorrhage rate of facility deliveries at demonstration versus spread sites.
- Figure 4 highlights results for compliance with eclampsia treatment standards at 19 demonstration versus 17 spread sites in Kayes and Yélimané districts.
- The percentage of newborns resuscitated according to standards has sustained improvements since the beginning of the intervention in July 2013, as shown in Figure 5, which also lists the changes implemented that contributed to this improvement.

Figure 1: Percent compliance with AMTSL norms and postpartum hemorrhage rate at demonstration vs spread sites (Oct 2009 – Feb 2014)

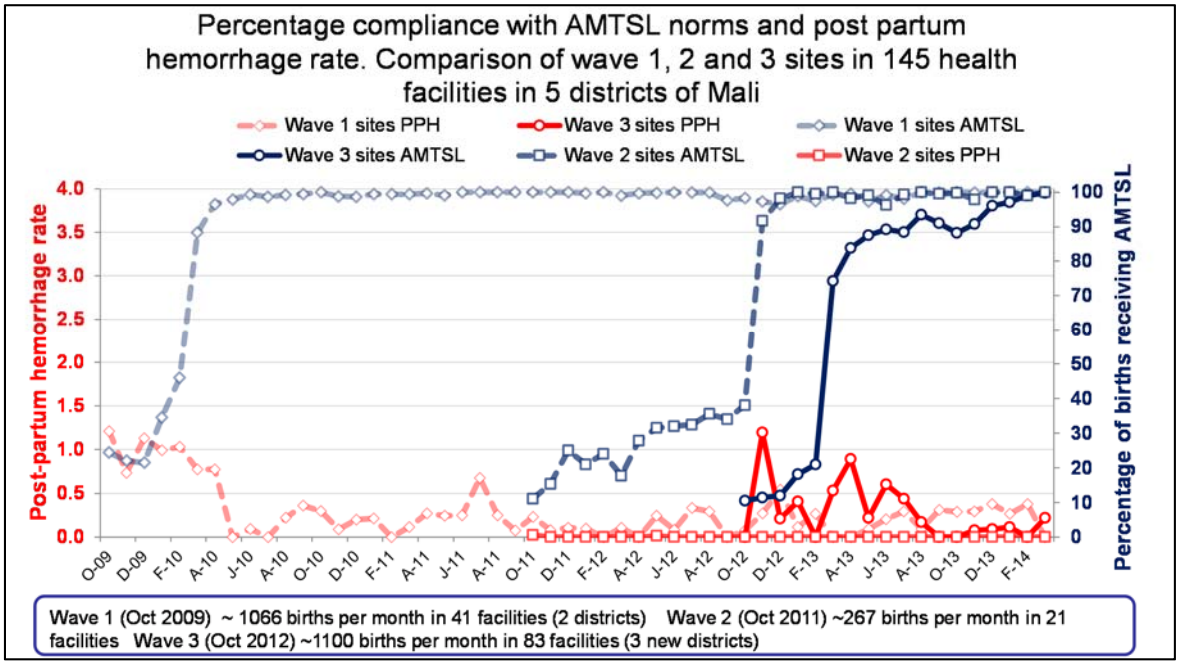


Figure 2: Birth preparedness of enrolled pregnant women at 13 community EONC sites, Diéma district (Jan 2011 – March 2014)

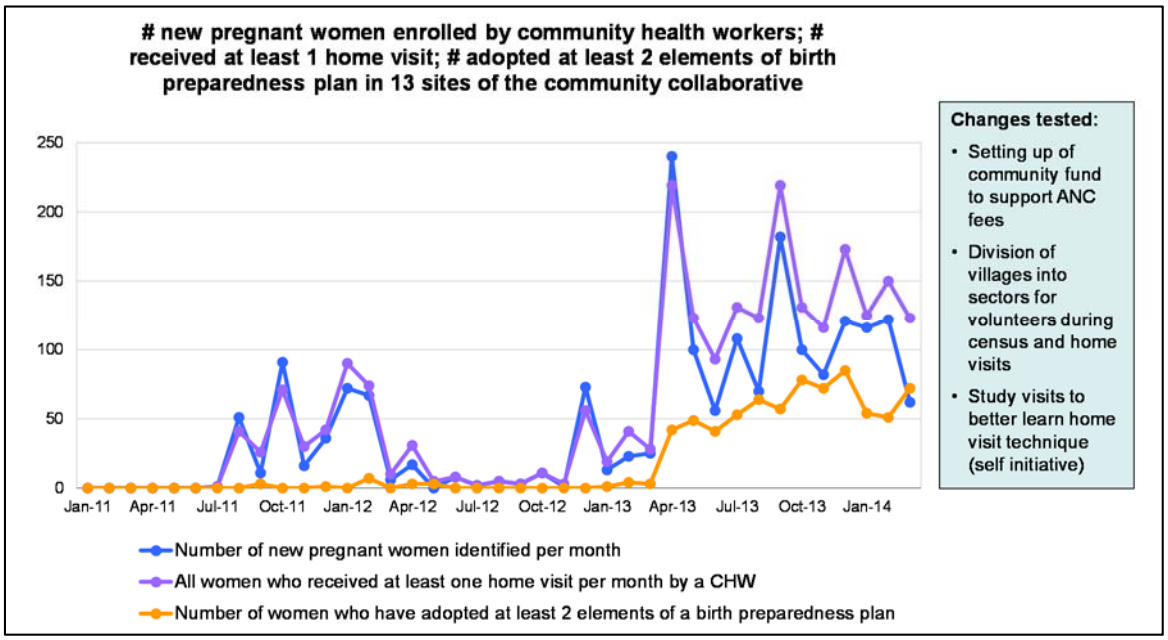


Figure 3: Postpartum hemorrhage rate of facility deliveries at demonstration vs. spread sites (Oct 2009 – June 2014)

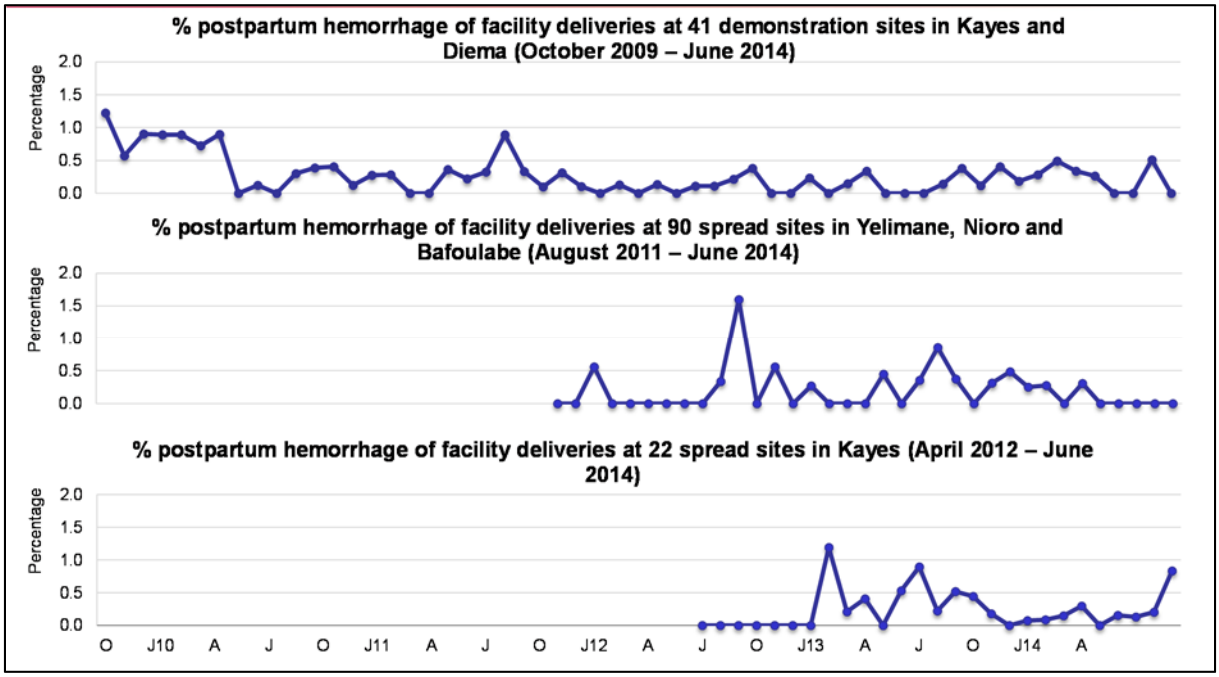


Figure 4: Compliance with eclampsia treatment standards at demonstration vs spread sites (December 2011 – March 2014)

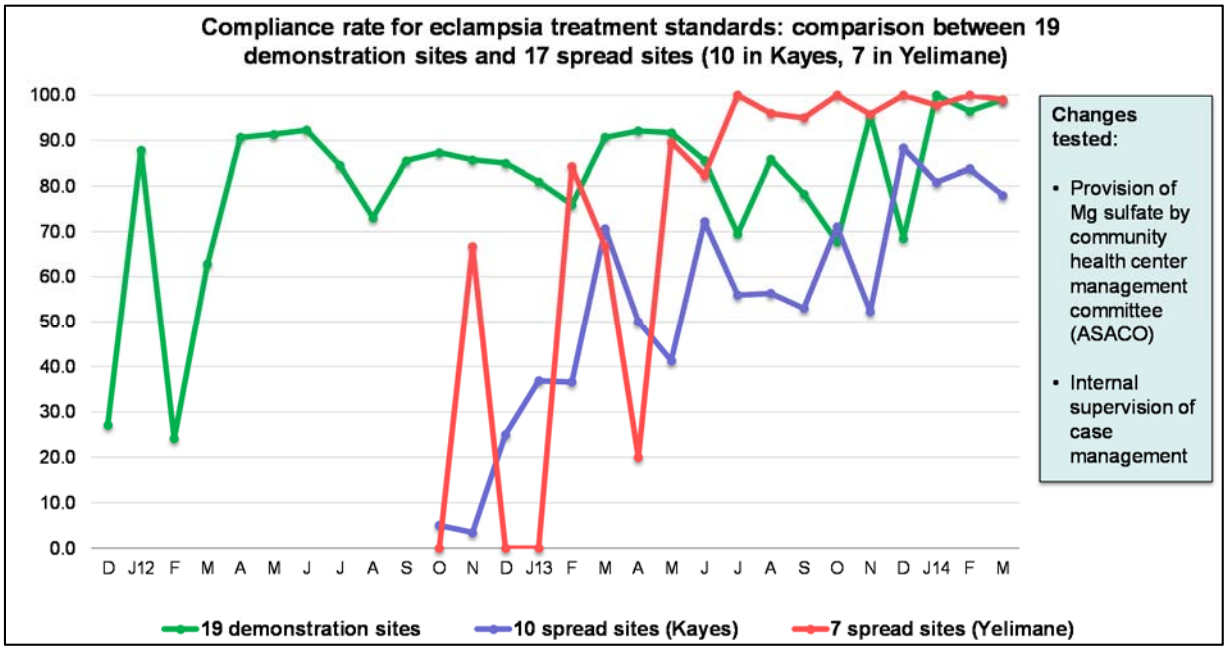
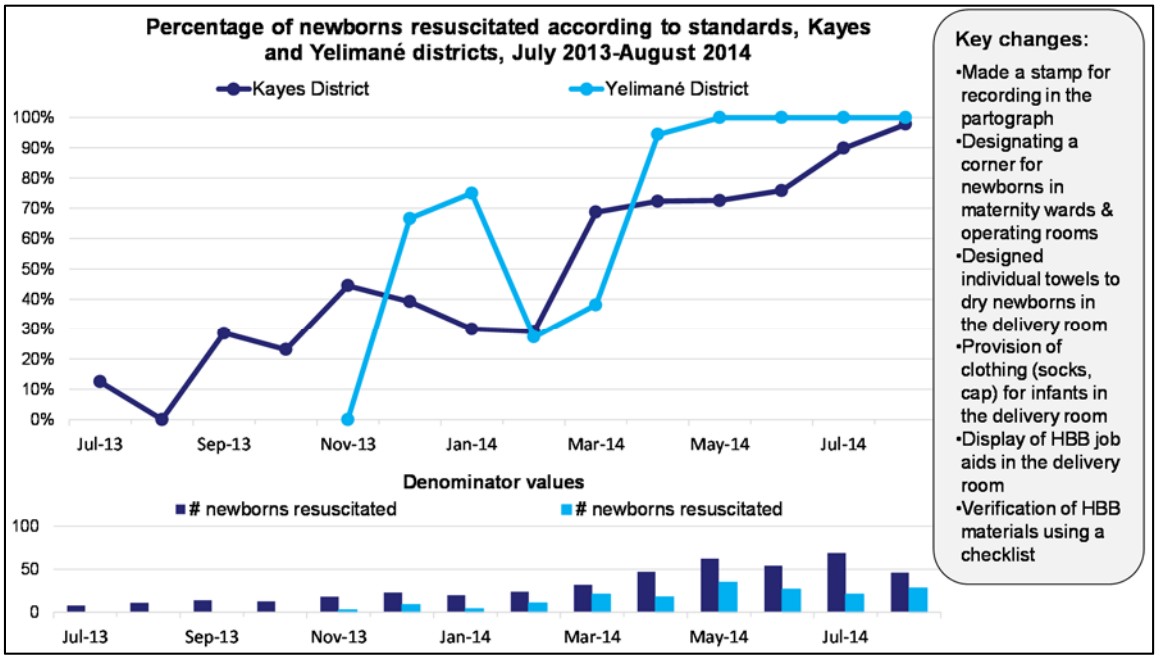


Figure 5: Percentage of newborns resuscitated according to standards (July 2013 – Aug 2014)



SPREAD OF IMPROVEMENT

Best practices in AMTSL, ENC, and PE/E from previous years were documented and disseminated with key stakeholders at regional and national levels. The process to spread to the new districts in Kayes Region has started per Regional Health Team request. ASSIST conducted orientations on QI, training of trainers, and training of providers on these topics in targeted districts. Thirty-five trainers and 473 providers were trained in the selected districts during the year. Learning sessions organized at regional level helped to facilitate the sharing of best practices in these districts. Workshops were also conducted to integrate QI activities into work plans and budgets in order to sustain these gains.

Activity 2. Improvement of anemia prevention and control activities

BACKGROUND

Mali's under-five mortality rate remains high at 95 deaths per 1000 live births (DHS 2012-2013). With 38% of Malian children under-five stunted and 26% 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. These issues are being addressed by different actors primarily focused on case management, promotion, and prevention. The 2011 national nutrition guideline is promoting an integrated nutrition, water, sanitation and hygiene package of services, but few activities are being implemented (i.e., prevention activities during ANC for pregnant women and during malaria treatment for children). Eight out of 10 (85%) children suffer from anemia in Mali, a condition which increases child mortality, impairs physical and cognitive development, and has long-term impacts on individual and even national economies.

USAID ASSIST is providing technical assistance to the Division of Nutrition at the MOH and its partners to develop and implement a package of services regarding anemia control and prevention at both facility and community levels. The overall purpose of this activity is to contribute to the reduction of the prevalence of anemia among children 6-59 months of age and pregnant women through a learning process to improve overall delivery of community and facility evidence-based interventions in Bougouni District (Sikasso Region). ASSIST started working on this activity in 2013. Its goals are to:

- Build a partnership between various community level partners (i.e.,CSCom, Association of Community Health Center staff, local leaders, other community groups, etc.) to carry out a joint implementation plan to improve awareness of anemia and its consequences and to improve the overall delivery and use of health and dietary interventions to reduce anemia.

- Engage in a learning process between health district providers and communities to share experiences, identify best practices, and improve the delivery of services for anemia prevention and control through context-specific and participatory decision-making processes.

KEY ACCOMPLISHMENTS

- **Introduced a community health system approach in Bougouni District through situational analysis and coaches training with the technical assistance from ASSIST's Senior Community Health Advisor** (Q1). Fifty-six CHWs were subsequently oriented, including 24 women, on the community health system for the anemia program. Each target member returned to his/her community and identified formalized community groups in four health areas (Koumantou, Sanso, Sido, and Zantiébougou).
- **Data were collected on human resources performance and engagement in sites participating in the anemia collaborative in Bougouni.**
- **Twenty-four community groups were selected among 189 identified for the implementation of the community health system within the anemia collaborative.** Then, 249 members of the 24 community groups were trained on anemia and the community health system in four sites of the anemia collaborative. They began data collection and received a first coaching visit.
- **Conducted coaching visits.**
  - Conducted the fourth coaching visit in all 25 sites implementing anemia QI activities (April-May 2014). Anemia screening has increased and became systematic in communities, and documentation of the management of anemia has improved at community health centers (25/25 health centers).
  - Conducted coaching visits in all 25 sites implementing anemia QI activities (August – September 2014). We found that 10 QI teams implemented at all improvements planned during past visits, four QI teams are in process, and 11 sites have not yet implemented activities. QI team meetings have been held monthly in 9/25 sites and every other month in 4/25 sites.
  - Conducted coaching visits to community committees in the four health areas (July – September 2014). These groups were able to identify 208 pregnant women within communities. Of these, 112 received counseling on anemia, and 107 accepted to visit the health center for their first ANC visit due to community committees' actions.
- **Facilitated learning sessions to share experiences and best practices.**
  - Held the second learning session in the second quarter to share experiences and best practices.
  - Conducted the first learning session for the four sites in Bougouni District implementing community anemia improvement activities (April 2014). Four parallel sessions were organized. A total of 142 participants attended, including representatives of the District Health Team and ASSIST Mali technical advisors who together facilitated the sessions. The community health committees reported having identified 592 pregnant women; among those, 286 received their ANC at the community health center. The 306 women who did not go to the health center for ANC were targeted by the community committees for follow-up.
  - Conducted third learning session for all 25 sites in Bougouni District implementing anemia QI activities (July 2014). Parallel facility and community sessions were organized with a total of 67 participants (35 women and 32 men), including 61 QI teams, two coaches and four representatives of the Association of Community Health Committees. ASSIST Mali technical advisors were facilitators of the sessions with technical support from the ASSIST Senior Community Health Advisor from headquarters.
  - Conducted a learning session with community groups from the four health areas (August 2014). One hundred and ten people (45 women and 61 men) participated in this session: 72 members of community committees, 24 representatives of villages, four community health association members, three civil society organization members, and seven coaches.

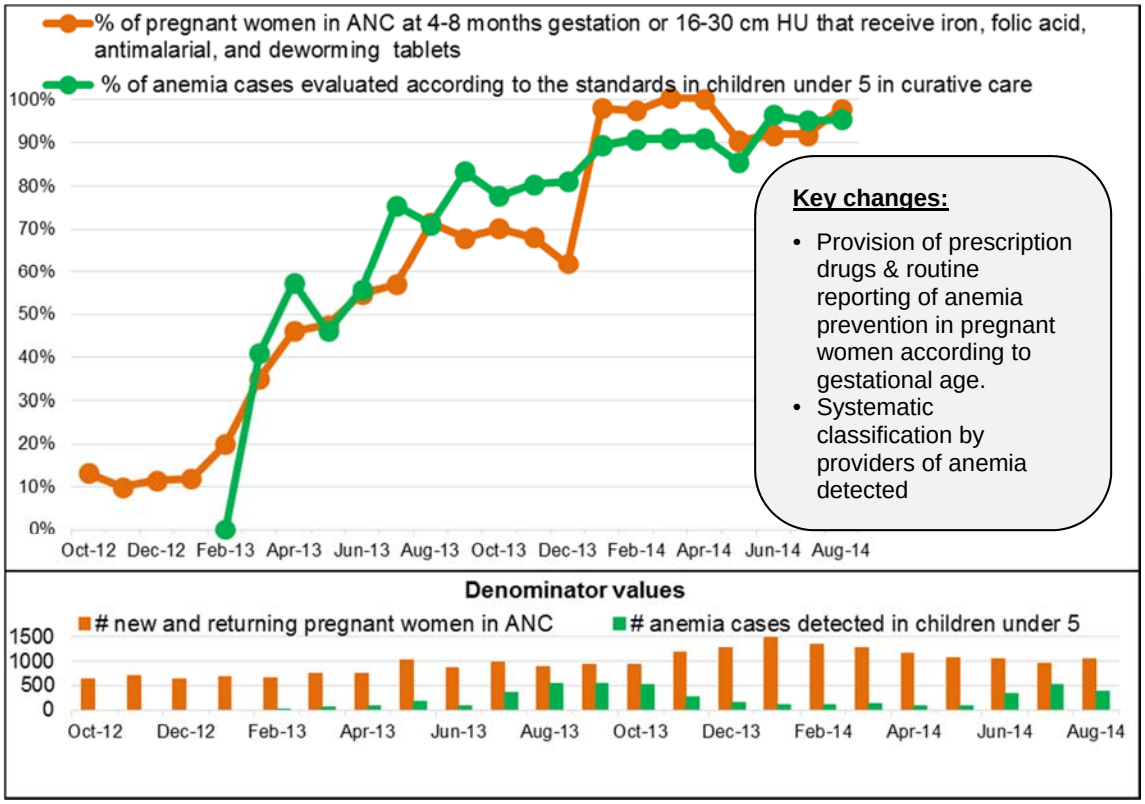
RESULTS

Improvement in Key Indicators

Activity	Indicator	Baseline (Oct 2012) 25 sites	Last value (Aug 2012) 25 sites	Magnitude of improvement (percentage points)
Improvement of anemia prevention and control activities	% of pregnant women in ANC at 4-8 months gestation who received iron, folic acid, antimalarial, and deworming in project-assisted sites	21%	100%	89
	% of pregnant women for whom pallor and hemoglobin were checked at ANC visits	-	94%	--
	% of women who received good counselling on how to prevent anemia during ANC visits	-	87%	--
	% of newborn who benefitted from immediate breastfeeding	27%	100%	73
	% of children under five for whom pallor was checked and documented during curative visits	-	81%	--
	% of children under five who benefitted from Vitamin A supplementation and deworming	-	45%	--

- **Results of anemia management and prevention activities in Bougouni District are presented in** Figure 6, which highlights the increasing percentage of pregnant women in ANC at 4-8 months who received iron, folic acid, and other anemia prevention medications and percentage of anemia cases in children under five in curative care.

Figure 6: Percentage of pregnant women in ANC at 4-8 months gestation who received iron, folic acid, antimalarial, and deworming and percent of anemia cases in children under five who were correctly assessed, 25 sites, Bougouni District (Oct 2012 – Aug 2014)



4 Sustainability and Institutionalization

In FY14, USAID ASSIST supported the MOH at regional and district levels to take steps to lead and implement quality improvement work focused on leading MNCH/FP challenges throughout the health system, in a participative process. The project has continued to build the capacity of regional and district coaches to fully implement planned improvement activities and document them within the existing system. All efforts this year were focused on gaining solid competencies in designing and implementing improvement work. To ensure sustainability, periodic meetings were organized under the leadership of coaches with other stakeholders to synthesize and disseminate lessons, discuss challenges, and plan for future actions. Learnings from district teams in both Kayes and Sikasso regions were shared with regional and national working groups in order to allow improvement strategies to become institutionalized.

5 Knowledge Management

The following knowledge products were developed with inputs from the Mali team in FY14:

- **Report:** Making Health Care about People: Applying People-centered Care Principles to Family Planning Improvement Work in West Africa. https://www.usaidassist.org/resources/making-health-care-about-people-applying-people-centered-care-principles-family-planning
- **Blog post:** Making Care More People-Centered. https://www.usaidassist.org/blog/making-care-more-people-centered
- **Peer-reviewed article published in the *British J of Obstetrics and Gynecology*:** Improving postpartum care care for mothers and newborns in Niger and Mali: a case study of an integrated maternal and newborn improvement programme. https://www.usaidassist.org/resources/improving-postpartum-care-mothers-and-newborns-niger-and-mali-case-study-integrated

6 Research and Evaluation Activities

- A concept paper was developed for a study that will be conducted in FY15 on the impact of the anemia community collaborative intervention in Mali.
- A concept paper was developed for the “WHO Safe Birth Checklist implementation study”, with data collection expected to begin early in FY15.
- Planning is underway for a study on “Institutionalization of improvement” in Mali.

7 Gender Integration Activities

During FY14, the ASSIST Mali team identified an important gender-related barrier related to women’s low ANC attendance due to lack of transportation resources. To improve access to health services, ASSIST worked with two villages to initiate a social funding program to support ANC and delivery costs for women at health centers.

8 Directions for FY15

Activity 1. Improvement of maternal and newborn interventions at facility and community levels (Kayes Region)

In FY15, increased focus will be placed on: 1) scaling up best practices developed in mature districts to cover all seven districts in Kayes Region, including 224 CSComs; 2) deepening the QI work in specific technical areas to address persistent and complex quality challenges that impact mortality, including coordination and continuity of care for women with PE/E, sustaining quality of reproductive health services, and promoting a greater mix of client-centered short- and long-term FP methods at community and facility levels; and 3) strengthening essential cross-cutting system functions to deliver high quality care, including health information systems, provider support, and continuous application of QI approaches to overcome critical gaps.

In the Kenieba and Kita districts, ASSIST will collaborate with the MOH and the World Health Organization (WHO) to test and evaluate use of the WHO Safe Childbirth Checklist as a tool to improve quality of integrated maternal and newborn intra- and post-partum care, including provision of PPFP

services. WHO is currently testing use of the Safe Childbirth Checklist in a number of countries as part of the WHO Global Safe Childbirth Collaboration. Mali will the first sub-Saharan African Francophone country to test use of the checklist as an improvement tool.

Country capacity building in quality improvement will continue and be one of the key priorities for FY15. USAID ASSIST will ensure this transfer of the quality improvement skills through the capacity building of program counterparts to implement the approach at a larger scale.

The following stakeholders from all levels of the system will participate in improvement work to be supported by ASSIST staff in FY15: 233 facilities in 8 districts; 8 District Health Management Teams; 1 Regional Health Management Team; the DNS; and the Reproductive Health, Planning and QI divisions at the central level of the Ministry of Health.

Activity 2. Improvement of anemia prevention and control activities in Bougouni District, Sikasso Region

In FY15, ASSIST will continue to implement two complementary processes: one at the CSCOM level and another one at the community level (communities/villages surrounding targetted CSComs).

At the facility level, ASSIST will focus its technical support to the MOH and partners on improving screening and case management of anemia among children 6-59 months of age and pregnant women; increasing the number of children 6-59 months of age and pregnant women who receive services and information on anemia prevention; and increasing the number of children 6-59 months of age and pregnant women who know and adopt adequate attitudes on anemia prevention.

At the community level, the project will increase the number of pregnant women and mothers of children under age five, households, husbands, and other appropriate stakeholders who receive services and information on anemia prevention at the community level. Collaboration with partners implementing water, sanitation, and hygiene interventions will be particularly important for addressing parasitic causes of anemia in women and children.

ASSIST will continue mainly to build the evidence base for results achieved and draw best practices for scale-up. In addition, knowledge management strategies will be leveraged at every opportunity. The anemia control improvement work presents many opportunities to learn about approaches that can best promote collaboration among different sectors in pursuit of a common goal (in this case, control of anemia in pregnant and post-partum women, newborns, and infants). ASSIST plans to use different channels of communication to disseminate and share learning that emerges during all phases of implementation.

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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