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Improving National Capacity to Implement High Impact Health Services and Promote Healthy Behaviors in Mali

Assistance Technique Nationale Plus ATN Plus

Second Semester Report / Annual Summary FY 2010
April 2010 – September 2010

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Annex B: Table of key ATN Plus PMP indicators (file attached)

Annex C: Thematic maps of key indicators (file attached)

Executive Summary

Introduction

Assistance Technique National Plus (ATN Plus) is a five-year project, funded on October 1, 2008 by USAID Mali. The project is funded under the TASC3 mechanism and is entitled “Improving National Capacity to Implement High Impact Health Services and Promote Healthy Behaviors in Mali”. ATN Plus supports a comprehensive effort by the Government of Mali referred to as PRODESS II, the national ten-year health strategy which was recently extended to 2011.

ATN Plus provides technical assistance to the Ministry of Health to expand the delivery of high-quality maternal and child health services to key Malian populations, particularly in rural areas, while promoting the use of services and changes in key behaviors.

During FY 2010 USAID Mali’s Health team undertook a revision of its results framework. One of the outcomes of this exercise was a streamlining of interventions and geographic areas -- 35 health districts were selected in which USAID activities will be focused (with the exception of PMI activities which remain nationwide) along with a smaller group of interventions. ATN Plus in order to incorporate these changes into its strategy proposed revisions to its core contract and results framework, which were submitted to the USAID Contract Office Technical Representative and Regional Contracting Office. ATN Plus’s contract was officially modified on August 4, 2010 under contract modification 005.

Since this modification, Mali was chosen as a Global Health Initiative Plus country. The GHI strategy is a US government multi-agency approach to improving health in particular through health system strengthening, innovation and scaling up of evidence based activities. A team from Washington came to Mali in August and ATN Plus participated in a general meeting of all partners and several site visits in Bamako. The selection of Mali as a GHI plus country implies that other changes will occur to the USAID Mali results framework in FY 2011.

1 SUMMARY OF ANNUAL RESULTS for FY 2010

Streamlining Strategic Framework, Target district selection, and financial reporting

USAID Mali in October 2009 requested ATN Plus to undertake a streamlining exercise to better focus and refine its activities for increased impact, to create a more efficient approach to addressing high impact services and to reduce the management burden of covering national, regional and all 59 districts/CSCOMs. This exercise resulted in ATN Plus proposing to USAID a subset of districts for direct intervention, fewer technical areas and fewer subcontractors.

A final list of 35 targets was adopted after a consensus meeting with Keneya Ciwara 2 in February 2010. The Ministry of Health was informed by USAID in March 2010.

In addition USAID Mali requested ATN Plus to revise its financial reporting to track spending according to all funding sources (in the first year PMI only was reported). ATN Plus during the year made various systems changes – administrative and financial – to improve reporting by funding source.

During this semester USAID requested ATN Plus to submit contract revisions for amending the ATN Plus contract. A contract modification was signed on August 4, 2010.

Key achievements by Technical Domains

The following are selected achievements for FY 2010. Additional achievements and further details are found in the technical sections of both the first and this current second semester report.

Maternal Health / Family Planning

Scale Up of Active Management of the Third Stage of Labor (AMTSL): For reaching scale up goals, the team has provided technical support to regional and district training teams to train matrones in AMTSL through two sessions in each target district. In total **203 matrones** have been trained in AMTSL in the districts of Kidal, Tessalit, Gourma Rharous, Niono, Ségou, Markala, Bandiagara, Mopti, Tenenkou et Bankass. The ATN Plus team provided technical and financial support to two AMTSL training of trainers sessions in the North: (45 trainers) and 8 training sessions for qualified professionals (78 (doctors, nurses and midwives were trained) and 80 matrons).

As part of the scale up efforts training of qualified providers also needs to continue. The qualified providers (doctors, midwives, obstetric nurses and supervisors) need to be updated in AMTSL in order to both expand the availability of AMTSL and to foster the practice among the matrones that they supervise. Supervision and monitoring play a key role in effective scale up. Monitoring of the training programs for AMTSL took place in the regions of Segou, Mopti, Tombouctou and Kidal. Monitoring of the training of qualified providers in AMTSL occurred in 9 districts. In total **154 qualified providers** (88 women and 66 men) were trained in AMTSL in Kidal, Tessalit, Gourma Rharous, Niono, Segou, Markala, Mopti, Tenenkou and Bankass.

A total of 529 qualified providers and matrones have been trained by ATN Plus in AMTSL.

Facilitative Supervision: ATN Plus for greater synergy and efficiency has opted for facilitative supervision that trains providers in supervision which resolves on site problems. This supervision focuses on several key areas such as malaria, maternal and child health. During the year, ATN Plus trained regional teams of Gao, Kidal and Timbuktu and at the national level -- 10 people per region for a total of 31 officers trained in facilitative supervision, including 10 women and 21 men. In Bamako a total of 28 MOH staff were trained, 11 men and 17 women. To date all regions have been trained as well as the national level Staff.

Key outputs from efforts in training and supervising providers in long term family planning methods:

The ATN Plus training team organized and implemented with MOH and partners training in long term family planning methods in the region of Koulikoro and supported training in other regions. Training of qualified providers in IPC/FP for long-lasting FP methods and pre- and postnatal FP counseling took place for health personnel from nine districts of Koulikoro. In total **114 providers** (88 women and 26 men) were trained.

Specific supervision of qualified providers trained in IPC/FP with the aid of the supervision guide in long-lasting FP methods and pre- and postnatal FP counseling took place in 6 out of the 9 districts of

Koulikoro. A total of 42 facilities out of 47 received a post training supervision visit. A total of **63 qualified providers** (44 women and 19 men) were supervised post training, out of the 114 providers trained.

New users of family planning: ATN Plus was tasked with reporting new users in Family Planning as part of the Performance Management Plan for USAID for FY 2010. This indicator as defined reports on the total number of new FP users in the past twelve months. This total numbers for FY 2010 surpassed the target (see M&E tables in Annex). The data indicated a trend in the increased number of new users of modern FP methods over a period of 12 months.

Child Health

Immunization: During this year, the Immunization Section of the DNS/MOH received a newly appointed director. ATN Plus has met and exchanged with the IS director on a number of issues, in particular the Vaccination advisor’s proposal for a private sector partnership supporting vaccination which will be developed in the future. The transition to the new director delayed key activities at the national level such as the validation of the vaccination supervision guide.

Reach Every District approach to reinforcing routine vaccination and integrating maternal and child health activities: At the district level for target districts, ATN Plus continued to provide financial and technical support for the implementation of the Reach Every District (RED) approach. As part of this approach, ATN Plus with partners trained 26 agents (Community Development agents and Medical Post Directors) in Niafunke, 25 officers in Dire, and 22 in Goundam in monitoring and micro-planning activities.

In addition, the 28 District Advisors for ATN Plus were trained in technical monitoring and micro planning of routine immunization activities. This will enable the advisors to support the monitoring and microplanning activities in their districts.

Nutrition:

Vitamin A supplementation, deworming and National Nutrition Weeks: During the year ATN Plus provided technical support for preparatory meetings for the second round of 2009 NNWs and for the first round of NNWs for 2010. (see dates in table)

Summary results NNW (SIAN) (2nd round 2009 and 1st round 2010)

2nd round 2009 (Held from January 4 to 10, 2010)	1st round 2010 (Held from July 5 -11, 2010)
2,736,003 children 6-59 months received Vitamin A (coverage rate is 102%)	2,805,823 children 6-59 months received Vitamin A (coverage rate is 99%)
2,414,928 children aged 12-59 months received albendazole (coverage rate is 100%)	2,535,914 children aged 12-59 months received albendazole (coverage rate is 99%)
75,089 Women post partum received Vitamin A (coverage rate is 101%)	77,039 Women post partum received Vitamin A (coverage rate is 98%)

75,648 Women post partum received albendazole (coverage rate is 101%)

78,279 Women post partum received albendazole (coverage rate is 99%)

National Nutrition Forum: The National Forum on Nutrition was held after months of preparation on June 3, 2010 at the International conference center in Bamako. ATN Plus provided technical and financial support to a series of activities for the Forum including advocacy meetings with technical and financial partners, development of terms of reference for working groups, preparation of a synthesis of regional forum recommendations, finalizing the list of participants, agenda-setting, and for other organizational details. The recommendations of the forum were the subject of the development of terms of reference for a focal point nutrition adviser in charge of monitoring and implementation of the recommendations of the Forum and the development of technical note on the Forum for the Ministry of Health.

Malaria: Prevention and Treatment

Training in malaria case management with ACTs: A significant level of training of health personnel (public and private sector) for malaria case management occurred this semester. The following represents ATN Plus funded training:

- *Segou Region: 266 trained from May 10 to June 11, 2010*
- *Koulikoro Region: 252 trained from 10 May to 30 July 2010*
- *Mopti Region: 256 trained from May 10 to September 30, 2010*

The total number of trained providers (funded by ATN Plus) for this semester from May 10 to September 30, 2010 is **774 health workers**.

A total of **1,172 providers** were trained during FY 2010 in malaria case management.

Supervision missions during FY 2010: Supportive supervision of staff trained in malaria case management and pre transfer treatment of severe malaria in the circles of Sikasso and Koutiala was conducted this year. All districts in Sikasso have received post training supervision visits. Recommendations were made corresponding to the health system levels and health managers were assigned to follow up on the recommendations. Post training supervision also took place and similar recommendation / actions were taken. The ATN Plus malaria advisor participated in the joint supervision between the NMCP and Partners from August 26 to September 01 in the Koulikoro region. ATN Plus also accompanied the USAID Health team in the regions of Mopti, Segou, Sikasso and Kayes for data quality assessments and supervision of other activities. In Bamako, the FANC was supervised and ATN Plus team staff accompanied the MOH/DRH during this supervision.

Participation and leadership in the National forum on improving access to community health: ATN Plus staff participated in the drafting of documents on Essential Care in the Community (Integrated

Community Case Management) which includes activities to support correct malaria case management. These documents were presented to the office of Minister of Health February 25, 2010 with the next steps for the development of a national strategy until implementation. As part of the follow up steps, tools were developed and will be validated in FY 2011 for implementation of ICCM.

Health Systems Strengthening

Development of Geographic Information System: ATN Plus with MOH partners (CPS, Unite SIS DNS) and a local consultant developed a GIS application which links to the Ministry of Health Information system. Training of trainers in the use of the software, ArcGIS was held in Segou with ATN Plus staff and Ministry of Health staff from the national and regional levels.

Development of data collection through cell phone technology: During FY 2010 ATN Plus put into place a pilot activity with the district advisors for the collection of health information data for ATN Plus results reporting using cell phone technology. DataDyne, a nonprofit firm which promotes an open source software EpiSurveyor (episurveyor.org) trained ATN Plus central and regional teams and Monitoring and Evaluation team members, USAID Mali's M&E advisor, MOH HMIS staff and other partner representatives in the use of the software and cell phones. In September, 28 district advisors were trained in Mopti by the ATN Plus M&E team and regional coordinators.

Accreditation Process: This year ATN Plus contributed to the production and validation of the accreditation tools for CSCOMs and CSRefs. ATN Plus funded the training in all regions of supervisors who will participate in the accreditation process. Accreditations are planned in Koulikoro, Segou, Timbuktu and Bamako for 2010. Planning activities are underway for Kayes, Sikasso, Mopti, Gao and Kidal. Regional staff participated in the final evaluation of CSCOMs in Timbuktu and ongoing evaluations in Fana, Ouelessebougou, Kati, Communes I and IV in Bamako, Sikasso and Kadiolo.

Regional Health System Strengthening: Regional coordinators and district advisors participated in various steps for the development of the district workplans for 2011 including a review of 2010. ATN Plus central level and regional staff participated in CROCEP in all regions except for Kidal. Activities in Kidal were officially launched and the NGO in the region officially began activities in Kidal.

Behavior Change Communication

2010 Family Planning campaign: ATN Plus communication advisors, along with reproductive health advisors, supported the organization of the national Family Planning campaign and played a major role in the development of the theme, message design, and the design of a radio program, Ligne Verte on family planning.

Ligne Verte on family planning: The Ligne Verte (Green Line) radio call in program, an innovation developed by ATN Plus, was launched with Radio Djekafo this semester and was the subject of significant participation and attention. A report summarizing the call in statistics and some analyses is being prepared and will be finalized in FY 2011. Overall the program was a success and efforts to duplicate the program for 2011 will be made. The object of the program was to answer callers' questions about family planning by health professionals -- to dispel rumors about FP use, to answer questions on side effects and other issues. Radio Djekafo operates in Bamako, Kayes, Sikasso, Segou

and Mopti so this broadcast reached the population throughout Mali. Some callers even made international calls as they followed the program over the internet. A large number of callers were male.

Reproductive Health Communication plans in regions and districts: Most importantly Reproductive Health communication plans have been finalized in 30 of the 35 health districts for USAID Mali / ATN Plus in Kayes, Timbuktu, Segou, Sikasso and Bamako district. These communication plans will help when other RH funding for communication activities from other PTFs is available. They will guide the regional and district teams in the development of an RH communications strategy and provide invaluable standards for a successful strategy.

Vaccination: Health districts of the Timbuktu region – Timbuktu and Gourma Rharous received three months of radio broadcast of messages, contests and round table discussions for routine vaccination to support RED. Other vaccination support for BCC was given to CНИЕCS to address communication around the introduction of new vaccines such as HINI and meningitis.

Nutrition: The ATN Plus team supervised the communication activities for the promotion of the National Nutrition Weeks in the several regions (message development and identification of distribution channels). The BCC team participated in the organization and implementation of the National Forum on Nutrition including preparing a synthesis of recommendations from regional forums.

Malaria prevention and control: The ATN Plus BCC team and the malaria advisor in collaboration with the NMCP and CНИЕCS produced 700 copies of job aids for health providers for pre transfer of severe malaria cases.

Acronyms

ACT	Artemisinin based combination therapy
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal care
ASACO	Association de santé communautaire (Community Health Association)
ATN Plus	Assistance Technique Nationale Plus (National Technical Assistance Project Plus)
BCC	Behavior Change Communication
CNIECS	Center for the Information, Education, and Communication for Health
CPS	Planning and Statistics Office, Ministry of Health
CROCEPS	District level planning meetings
CSCOM	Centre de santé communautaire (Community Health Center)
CSRef	Centre de Sante de reference (Reference Health Center)
DHS	Demographic and Health Survey
DNS	Direction Nationale de la Santé (National Health Directorate)
DRS	Direction Regionale de la Santé (Regional Health Directorates)
DSR	Division de Santé Reproductive (Division of Reproductive Health)
DPM	Direction de Pharmacie et Medicaments
ENA	Essential Nutrition Actions
ENC	Essential Newborn Care
EONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program for Immunization
FANC	Focused Antenatal Care
FP	Family Planning
GIS	Geographic Information System
GPSP	Groupe Pivot Santé Population

HKI	Helen Keller International
IMCI	Integrated Management of Childhood Illnesses
INRSP	National Institute for Research in Public Health
IPT	Intermittent Preventive Treatment of malaria
JHU/CCP	Johns Hopkins University Center for Communication Programs
LLIN	Long Lasting Insecticide Treated Nets
MDG	Millennium Development Goals
MOH	Ministry of Health
NMCP	National Malaria Control Program
NGO	Non-governmental Organization
NNW	National Nutrition Weeks
PKCII	Keneya Ciwara II
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PNLP	Programme National de Lutte contre le Paludisme (National Malaria Control Program)
PNP	Policies, Norms and Procedures
PPH	Prevention of postpartum hemorrhaging
PRODESS	Program for the Development of Health and Social Services
RED	Reach Every District
RH	Reproductive Health
SP	Sulfadoxine-Pyrimethamine
USAID	United States Agency for International Development
UNFPA	UN Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organization

2 Overview of Second Semester Activities by Intermediate Result

Introduction: During FY 2010 ATN Plus reformulated the strategic framework as part of the overall revision of USAID Mali’s strategic framework for health. The framework was finalized as part of the contract modification 005 and **signed on August 4, 2010.**

Intermediate Results will be tracked by Key results and indicators which mirror the USAID Mali framework and Performance Management Plan.

The following is the approved framework for ATN Plus:

ATN Plus Results Framework

Task Order Objectives:

1. Increase the capacity of the Ministry of Health to develop and roll out appropriate and technically sound policies and guidance and improve the capacity of the Ministry of Health, civil society and the private sector to implement them;
2. Expand and strengthen the range of services and quality of care offered through the health system in the areas of maternal health and child survival in Mali, from the central level through to the local level (CSCOM) in 35 health districts, representing 70% of the population;
3. Expand and improve access by underserved communities and key populations to high quality health services related to maternal health and child survival;
4. Develop and manage broad-based communications interventions that enhance the knowledge of Malians about core issues related to maternal health and child survival, including persuasive information to encourage and sustain healthy behaviors; and
5. Expand partnerships and increase the capacity of the public and private sectors to create an improved environment for the rational delivery of quality health services.
6. Expand and Strengthen MOH capacity in malaria control through in-service training and improved supervision, from the central level throughout the CSCOM level, in line with PMI goals and objectives for national coverage.

IR 1: Maternal Health

Access, Quality and Use of Maternal Health services improved

IR 2: Family Planning

Access, Quality and Use of modern methods of Family Planning improved

IR 3: Child Health

Access, Quality and Use of Child Health services improved

IR 4: Malaria

Coverage and use of key Malaria interventions increased

IR 5: Health Systems Strengthening

National, Regional, District, and Community Management and Systems Improved including M&E, policies and other cross-cutting issues.

This report is organized according to the ATN Plus Intermediate results. Communication for Behavior Change remains a project objective and as such will be reported in a separate section in this report.

2.1 Maternal Health (including Essential Newborn Care) and Family Planning (IR 1 and IR2)

The maternal, newborn and family planning components of ATN Plus focused during the second semester of FY 2010 on activities to support high-impact services whose effectiveness has been demonstrated in significant reduction in maternal and neonatal mortality. These activities were aimed at strengthening the national policy of RH / FP services at both national and operational levels and at improving implementation of quality services.

Scale Up of Active Management of the Third Stage of Labor (AMTSL): For reaching scale up goals, the team has provided technical support to regional and district training teams to train matrones in AMTSL through two sessions in each target district. In total **203 matrones** have been trained in AMTSL in the districts of Kidal, Tessalit, Gourma Rharous, Niono, Ségou, Markala, Bandiagara, Mopti, Tenenkou et Bankass.

As part of the scale up efforts training of qualified providers also needs to continue. The qualified providers (doctors, midwives, obstetric nurses and supervisors) need to be updated in AMTSL in order to both expand the availability of AMTSL and to foster the practice among the matrones that they supervise. Supervision and monitoring play a key role in effective scale up. Monitoring of the training programs for AMTSL took place in the regions of Segou, Mopti, Tombouctou and Kidal. Monitoring of the training of qualified providers in AMTSL occurred in 9 districts. In total **154 qualified providers** (88 women and 66 men) were trained in AMTSL in Kidal, Tessalit, Gourma Rharous, Niono, Segou, Markala, Mopti, Tenenkou and Bankass.

ATN Plus takes advantage of these training opportunities and monitors the dissemination of the Reproductive Health job aids and their use as part of the AMTSL training in Gao, Kidal and Timbuktu.

AMTSL results:

Training of qualified providers	Tessalit, Rharous Gourma, Niono, Segou, Markala Bandiagara, Mopti, Tenenkou and Bankass	154 (88 women and 66 men)
Training of Matrones	Bourem, Menaka, Goundam and Niafunke	203

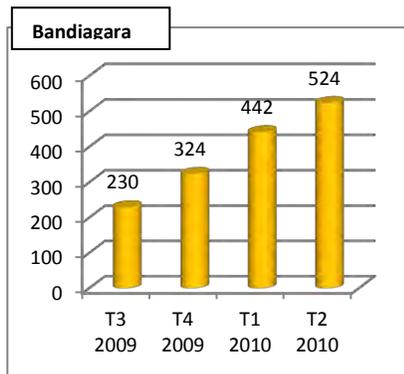
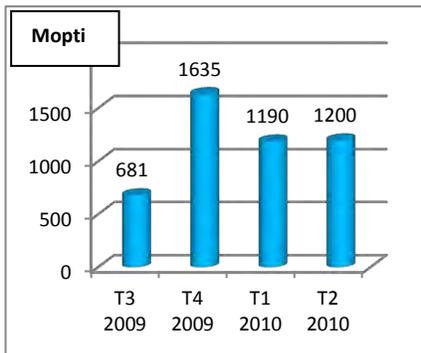
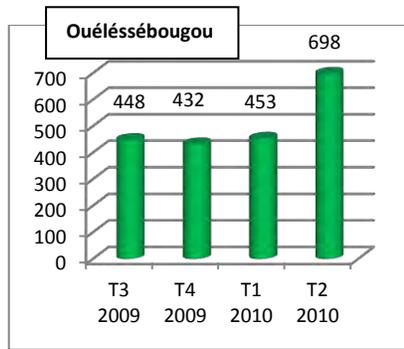
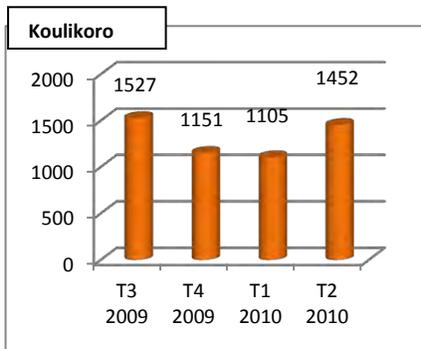
Maternal Health Policy study: ATN Plus continues to participate in the evaluation of the implementation of the free caesarean policy in collaboration with the CPS financed by HS 20/20 (USAID Washington). Over the period there have been monitoring of research activities by CAREF in health facilities and in the community, of the socioeconomic data collection in selected health facilities on women with C-section and HIMS data analysis for 2005-2009. Two drafts study reports submitted by CAREF were read and amended for finalization. The results of the study will be ready in the first semester of FY 2011.

National Family Planning Campaign: ATN Plus technical team including our communication advisors participated in numerous meetings for the preparation of the National Campaign PF 2010. This is the 6th

edition of the campaign and the theme this year is community mobilization. ATN Plus was instrumental in preparing a global workplan for the workplan and coordinating press information and information sharing among the members of the FP working group. The FP campaign was launched on April 22nd 2010 in Ouelessebougou. It was attended by the Minister of Health, USAID Mission Director and other luminaries. A statement signed by numerous civil society organizations and associations was presented to the Minister of Health (see success story in Annex)

ATN Plus was tasked with reporting new users in Family Planning as part of the Performance Management Plan for USAID for FY 2010. This indicator as defined reports on the total number of new FP users in the past twelve months. This total numbers for FY 2010 surpassed the target (see M&E tables in Annex). The data indicated a trend in the increased number of new users of modern FP methods over a period of 12 months (see examples in Koulikoro, Ouelessebougou place where national FP campaign was launched in April 2010, Mopti and Bandiagara as indicated on the graphs below):

Fig 1 Trends in number of new users of modern Family Planning methods (Source: data collected by ATN Plus district advisors)



T1=Jan-Feb-Mar T2=Apr-May-June T3=Jul-Aug-Sept T4=Oct-Nov-Dec

Facilitative Supervision: ATN Plus for greater synergy and efficiency has opted for facilitative supervision that trains providers in facilitative supervision techniques in several key areas such as malaria, maternal and child health. Financial and technical support was provided to the training in supportive supervision of national and regional teams, of the monitoring officers and district advisers, hospital providers and, instructors / trainers of training institutes in health sciences. A total of 28 persons (11 women and 17 men) were trained.

Key outputs from efforts in training providers in long term family planning methods: The ATN Plus training team organized and implemented the following with MOH and partners:

- Training of qualified providers in IPC/FP for long-lasting FP methods and pre- and postnatal FP counseling in 9 districts of Koulikoro. In total **114 providers** (88 women and 26 men) were trained.
- Dissemination of the results of the Family Planning situational analysis and the FP supervision guide in 9 districts of Koulikoro for 114 providers (88 women and 26 men).
- Specific supervision of qualified providers trained in IPC/FP with the aid of the supervision guide in long-lasting FP methods and pre- and postnatal FP counseling in 6 districts out of 9 (42 facilities out of 47) of Koulikoro. A total of **63 qualified providers** (44 women and 19 men) were supervised post training, out of the 114 trained providers.
- ATN Plus family planning advisor participated in the International Conference on repositioning Family Planning in Kigali in April 2010. From this meeting an action plan was developed for repositioning and strengthening family planning activities.

Why women want long term

family planning methods: During the long term family planning training sessions there is a practical phase in a local service delivery point (CSCOM) where actual clients are counseled and served. During one session a mother came asking for a long term method. She stated that she had been advised the previous year to use a short term method which failed and she became pregnant. Today, after the counseling she requested and received an IUD mainly because she was attracted by its long duration. She said with satisfaction: "I do not want any more children. This method will help me for a long time."

We find that women who have many children want long term methods. They can be protected from unwanted pregnancy for a longer period and the methods available are more effective.

2.2 Child Health (IR 3)

2.2.1 Immunization

ATN Plus has focused efforts this semester on strengthening routine immunization in certain priority health districts. The Northern regions were identified in the first year of ATN Plus to receive support to routine vaccination due to their low coverage rates and lack of other donor support in the regions. In the future ATN Plus will identify districts based on absolute numbers of non-vaccinated children – for example the health districts in the regions of Sikasso and Mopti have the largest number of children who

have not received Penta3 vaccine. These children are at the highest risk of morbidity and mortality from vaccine preventable diseases.

During the semester the Immunization Section of the DNS/MOH benefitted from a newly appointed director. ATN Plus has met and exchanged with the IS director on a number of issues, in particular the Vaccination advisor's proposal for a private sector partnership supporting vaccination which will be developed in the future.

Reach Every District approach to reinforcing routine vaccination and integrating maternal and child health activities: ATN Plus continued to provide financial and technical support for the implementation of the Reach Every District (RED) approach. As part of this approach ATN Plus with partners trained 26 agents (Community Development agents and Medical Post Directors) in Niafunke, 25 officers in Dire, and 22 in Goundam in monitoring and micro-planning activities.

In addition, the 28 District Advisors for ATN Plus were trained in technical monitoring and micro planning of routine immunization activities. This will enable the advisors to support the monitoring and microplanning activities in their districts.

Supervision of routine vaccination: ATN Plus has supported financially and technically the supervisory activities in all CSCOMs in Timbuktu and Gourma Rharous districts in order to review the implementation of routine vaccination but also to take stock of performance contracts for vaccination outreach. In reviewing the performance contracts it was noted that the commitments that had been made by community leaders and actors were for the most part not honored. One of the reasons for this cited by local mayors was the lack of availability of GOM subsidies to the local governments. The local governments count on these subsidies to support health outreach and other activities which can not be funded through cost recovery from drug sales in the CSCOMs.

In addition, financial and technical support was provided to strengthen the capacity of Medical Post Directors in Gao, Tessalit and Kidal districts in monitoring of immunization activities.

Data Quality Assurance training: With the support of district advisors, a data quality assessment of vaccination data collected by the districts will be established.

New vaccine development: ATN Plus vaccine advisor served as a trainer during the training of vaccinators and supervisors in Dioila district in the new meningitis vaccine for meningitis A vaccine with MenAfriVac.

Strengthening routine immunization (including preparation of action plans by districts): ATN Plus has technically supported the Regional Health Directorate of Kayes in the implementation of micro-planning of the RED approach with social and health district teams in the region with financial support from UNICEF Mali. Support was provided for micro-planning of immunization activities with involvement of all stakeholders in the districts of the region of Mopti and Sikasso;

2.2.2 Nutrition

Vitamin A supplementation, deworming and National Nutrition Weeks: During the semester ATN Plus provided technical support for preparatory meetings for the first round NNWs for 2010 (held July 5-11 2010).

Summary results NNW (SIAN) (2nd round 2009 and 1st round 2010)

2nd round 2009 (Held from January 4 to 10, 2010)	1st round 2010 (Held from July 5 -11, 2010)
2,736,003 children 6-59 months received Vitamin A (coverage rate is 102%)	2,805,823 children 6-59 months received Vitamin A (coverage rate is 99%)
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75,648 Women post partum received albendazole (coverage rate is 101%)	78,279 Women post partum received albendazole (coverage rate is 99%)

Other Vitamin A supplementation activities supported by ATN Plus:

- Policy dialogue on the integration of Vitamin A supplementation in routine vaccination activities.
- Technical support for a national workshop on microplanning of NNWs in May 2010.
- Technical support for national NNW preparation for the 1st edition of 2010.
- Technical and financial support for NNWs in regions and districts.

Policies, Norms and Procedures for nutrition (PNP) and job aids for nutrition: Technical and financial support was provided by ATN Plus to develop job aids from the nutrition PNP (similar to the format of the Reproductive Health job aids produced by ATN Plus and the MOH in 2007) and to carry out a field test in Kati district before printing and dissemination from August 30 to September 3, 2010.

National Forum on Nutrition: The National Forum on Nutrition was held after months of preparation on June 3, 2010 at the International conference center in Bamako. ATN Plus provided technical and financial support to a series of activities for the Forum:

- The nutrition advisor and the communication advisor participated in a series of meetings to produce a synthesis of the regional forums on nutrition. Both ATN Plus advisors and regional staff had participated in the regional forums in the last semester. The recommendations in the synthesis formed the foundation of the main discussion topics of the National nutrition forum;
- A meeting was held with Technical and Financial partners to advocate support for the Nutrition forum;
- Technical and financial support for the preparation (validation of the Terms of Reference of the thematic workshops and communication plan, finalizing the list of participants, agenda-setting,

composition of working groups, logistics, list of resource persons selected etc..) and for the implementation of the National Forum on Nutrition (1st to June 3rd, 2010 at CICB);

- The recommendations of the forum were the subject of the development of terms of reference for a focal point nutrition adviser in charge of monitoring and implementation of the recommendations of the Forum and the development of technical note on the Forum for the Ministry of Health.

World Breastfeeding Week: ATN Plus supported the organization and implementation of the World Breastfeeding Week, held August 1 to 7, 2010. The launch ceremony was held in Yirimadjo in Commune 6 and was presided by the Minister of Health and the Minister of new technology and telecommunications. During the launch, two mothers provided testimony as to the advantages of breastfeeding. They cited fewer household expenditures on illness, happier infants, greater "ambience" in the household as the whole family is less stressed during these difficult economic times. One mother talked about the family planning (birth spacing) advantages of breastfeeding which the Minister of Health picked up on and further developed in his speech. The Minister of Health talked about the importance of Family Planning for the health of the family overall. This was the first time during World Breastfeeding Week that the link was made with family planning and breastfeeding in a formal speech.

Mothers providing testimony on the benefits of breastfeeding during World Breastfeeding week launch in Yirimadjo Bamako



Additional technical activities to support nutrition: ATN Plus's nutrition advisor supported a number of policy dialogue activities throughout the semester:

- Preparation of the launch of the production of fortified wheat flour with iron, folic acid, zinc and vitamin B (B1, B2, B3, B6 and B12). This project is funded by USAID and coordinated by HKI with the Grands Moulins and the Moulins Modernes du Mali;
- Nutrition meeting presided by the Minister of Health with Civil Society representatives on June 29-30, 2010 to disseminate recommendations of the National nutrition forum and other information on nutrition programs and best practices.
- Preparation of survey protocol for an evaluation of the NNW (funded by HKI)
- Participation in the 12th Nutrition forum organized by the CEDEAO in Cote d'Ivoire September 20-24, 2010. The theme of this meeting was the financing and planning of nutrition programs. ATN Plus also supported the participation of a nutrition division staff member and participated in the development of Mali's presentation at the meeting.
- Participation in the selection of a performance indicator for the Ministry of Health for nutrition that will eventually be included in the Health Information System. This indicator will be reported on for the purposes of monitoring direct budget support. An indicator of vitamin A supplementation coverage using the NNW report was chosen.

2.3 Prevention and Treatment of Malaria (IR 4)

ATN Plus malaria activities are integrated into other components, in particular maternal and child health (training, supervision, monitoring and evaluation) and communication for behavior change.

This semester malaria interventions continued to focus on training on malaria case management and post-training supervision. The transition from Year 2 to Year 3 will underscore a gradual shifting to more emphasis on supervision and in particular local supervision.

Training in malaria case management with ACTs: A significant level of training of health personnel (public and private sector) for malaria case management occurred this semester. The following represents ATN Plus funded training:

- **Segou Region: 266 trained from May 10 to June 11, 2010**
- **Koulikoro Region: 252 trained from 10 May to 30 July 2010**
- **Mopti Region: 256 trained from May 10 to September 30, 2010**

The total number of trained providers (funded by ATN Plus) for this semester from May 10 to September 30, 2010 is **774 health workers**.

The training modules for health providers were developed with the National Malaria Control Program (NMCP). These were printed and distributed to all trained providers. In addition to the modules, job aids in the form of posters were prepared on the pre transfer treatment and on Intermittent Preventive Treatment of malaria with Sulfadoxine Pyrimethamine (IPT/SP) for pregnant women. It took time to develop these posters because of the coordination on the technical content that was required with the

DNS/ Division of Reproductive Health, the NMCP and the National Center for IEC. 700 posters were printed and all regions received copies. ATN Plus coordinators and districts advisors will follow up on their internal dissemination to the districts and CSCOMs.



A participant in the session on provider training in Tenenkou learns to use the Rapid Diagnostic Test



The participant writes patient information on the RDT

Training in facilitative supervision: From July 5 to 1, 2010 a training workshop on facilitative supervision was organized with the DNS and ATN Plus support and funding. As all of the regional staff have been trained (10 per region), this was the time that the national teams allotted for the training. National staffs comprised of 28 managers, from numerous institutions - the DNS, Kati Hospital, National Center of Odonto-Stomatologie, National Institute of Training on Sciences, the Research Centre for Studies and Documentation on Child Survival, and of the National Malaria Control Program (PNLP) - were trained. This training aims to develop and strengthen the capacity of supervisors to use an interactive process to solve problems, develop and update the supervision tools. These national structures and the NMCP developed action plans to carry out facilitative supervision in their institutions.

Post training supervision: The post training monitoring of health providers trained in malaria case management was carried out in **all Sikasso districts** from April 4-11, 2010. The supervision team made the following findings:

- The quality of the management of malaria in pregnancy has improved in most facilities visited;
- The availability of inputs for FANC in most centers visited was good. However, even though the SP is offered for free during ANC in most structures this is not universally the case. Therefore the Regional Director of Health for Sikasso was requested to write a letter to the district medical officers to reinforce that SP is to be offered for free and that the patient should not leave without taking one dose of SP.
- Stockouts of RDT was found in almost every site visited due to a lack of supplies nationwide;
- A strong need exists for additional FANC training because there are many new agents who have never been trained in Focused ANC (IPT/SP for pregnant women).

Development plans (troubleshooting, problem solving, and monitoring) was done according to health system level. Deficiencies in the management of inputs and management of malaria cases were reported, in order to reverse this trend, the provision of RDTs in health facilities and regular monitoring of malaria activities by local teams is essential in resolving many of the identified problems. A plan for monitoring and implementation of recommendations was developed and made available to district teams.

ATN Plus malaria advisor participated in the joint supervision between the NMCP and Partners from August 26 to September 01 in the Koulikoro region. ATN Plus also accompanied the USAID Health team in the regions of Mopti, Segou, Sikasso and Kayes for data quality assessments and supervision of other activities. In Bamako, the FANC was supervised and ATN Plus team staff accompanied the MOH/DRH during this supervision.

Locally organized supervision from the region to the districts to the CSCOMs is the best approach for continuing the supervision process and will be a focus of our regional efforts in FY 2011.

Activities conducted to address malaria control policies: ATN Plus has participated in the drafting of a community health agent training tool and implementation guide for Essential Care in the Community (integrated Community Case Management or ICCM) which includes activities to support malaria case

management. These documents were the subject of ATN Plus and partner- funded workshops (with ATN Plus participation) but have not yet been finalized.

ATN Plus supported the launch of ICCM by SAVE in the Sikasso region and organized the coordination committee for ICCM at the regional health office of Sikasso.

Other activities under way include the study, "Impact of the introduction of removing user fees for children under five years for the treatment of malaria in the public and private health facilities (including CSCOMs and CSREF) in Mali," is being carried out by Health Systems 20/20 with PMI funding and is also being supported by ATN Plus.

In addition ATN Plus participated in the meetings focusing on updating national policies on malaria case management for children and pregnant women.

2.4 Health System Strengthening (IR 5)

The most significant activities of the second semester of FY 2010 for the Health Systems Strengthening team, which is also in charge of monitoring and evaluation, was the revision of the USAID Performance Management Plan (PMP) and the subsequent revision of the ATN Plus PMP. The M&E team mobilized to include the USAID indicators from the revised PMP into ATN Plus's data collection efforts.

As mentioned in the first semester report implementation delays were experienced because of the streamlining discussion and the shift in the geographic focus. There was also a delay in informing the MOH of the final group of intervention health districts. In this semester an effort was deployed to refocus team building and activities on the 35 districts selected during the revision. Originally all districts were to have been covered by ATN Plus activities so when it was announced that the geographic focus was going to change district level efforts were reduced and operational level teams focused instead on regional team building and skills building among the ATN Plus district advisors.

Development of data collection through cell phone technology: During the semester ATN Plus put into place a pilot activity with the district advisors for the collection of health information data for ATN Plus results reporting using cell phone technology. DataDyne, a nonprofit firm which promotes an open source software EpiSurveyor (episurveyor.org) trained ATN Plus central and regional teams and Monitoring and Evaluation team members, USAID Mali's M&E advisor, MOH HMIS staff and other partner representatives in the use of the software and cell phones. In September, 28 district advisors were trained in Mopti by the ATN Plus M&E team and regional coordinators.

Geographic Information System: The RSS team continued the development of ATN Plus's Geographic Information System tool with the training of additional staff in its use. However some delay was experienced in finalizing the system due to the need to make revisions to take into account the new indicators for USAID Mali and ATN Plus.

Accreditation Process: ATN Plus continued its dialogue with the MOH for the dissemination of accreditation tools for CSCOMs and CSRefs. The MOH delayed the dissemination due to funding discussions with another partner (GAVI). ATN Plus has funded the training in all regions of supervisors who will participate in the Ciwara d'Or and CSREF accreditation process.

Regional Health System Strengthening: Regional coordinators and district advisors participated in

various steps the development of the district workplans for 2011 including a review of 2010. ATN Plus central level and regional staff participated in CROCEP in all regions excepting Kidal and Bamako district. District advisors were trained in Results-based management and in monitoring and microplanning tools. This training is essential for the district advisors so that they can effectively promote the use of these tools among their district counterparts. A joint supervision between the regional NGO partner and ATN Plus of the district advisors also occurred during the semester.

Model Performance Contract: The Health System Strengthening team participated in the continued development of a model performance contract in Segou and Gao regions. This contract will help in furthering the MOH's interest in establishing performance contracts with CSCOMs for improving the expansion and quality of health services delivery.

Launch of program activities in Kidal: The HSS team, including the regional coordination team for the North, launched program activities in the region of Kidal after USAID approval. This was an official launch of the NGO partner activities in the region. Prior to this, MOH Kidal staff participated in training activities by travelling to Gao. The NGO partner will now be able to work more directly with the regional health team and the regional coordinator will be able to supervise activities in the region.

2.5 Behavior Change Communication

The BCC activities of ATN plus focus on establishing standard reference documents for communication strategies and monitoring their effective use, supporting national social mobilization efforts, reinforcing the communication components such as rural radio of key ATN Plus activities such as Reach Every District, improving interpersonal skills of health providers (such as for long term family planning) and working with MOH partners such as CNIECS to reinforce their capacity.

2010 Family Planning campaign: ATN Plus communication advisors supported the organization of the national Family Planning campaign and played a major role in the development of the theme, message design, organizing the press conference, and disseminating the sketch on constructive male engagement in family planning. The campaign was launched in Ouélessébougou with a slight delay this year in order for the Minister of Health to be available to preside over the launch. ATN Plus BCC advisors supervised two key regions: Koulikoro and Mopti's communication activities during the campaign. ATN Plus financed a number of regional and district level communication efforts:

- In Mopti – radio program, games with prizes and round tables were organized in Bandiagara, Bankass, Koro, Mopti and Tenenkou;
- In Koulikoro radio programs were broadcast in Kati, Koulikoro and Ouélessébougou;
- In Timbuktu, radio programs were broadcast in Goundam and three information sessions were organized with community leaders in three communes of Dire;
- In Bamako, information sessions for traditional communicators were organized on the subject of Family Planning use in different communes.

For the Technical working group for family planning ATN Plus communication advisors participated in the finalization of the Kigali action plan.

Ligne Verte on family planning: The Ligne Verte (Green Line) radio call in program was launched with Radio Djekafo this semester and was the subject of significant participation and attention. A report

summarizing the call in statistics and some analyses is being prepared and will be finalized in FY 2011. Overall the program was a success and efforts to duplicate the program for 2011 will be made. The object of the program was to answer callers' questions about family planning by health professionals -- to dispel rumors about FP use, to answer questions on side effects and other issues. Radio Djekafo operates in Bamako, Kayes, Sikasso, Segou and Mopti so this broadcast reached the population throughout Mali. Some callers even made international calls as they followed the program over the internet. A large number of callers were male.

Maternal health BCC and RH district communication plans: Support was provided to social mobilization efforts for Safe Motherhood day. Most importantly Reproductive Health communication plans have been finalized in 30 of the 35 health districts for USAID Mali / ATN Plus in Kayes, Timbuktu, Segou, Sikasso and Bamako district. These communication plans will help when other RH funding for communication activities from other PTFs is available. They will guide the regional and district teams in the development of an RH communications strategy and provide invaluable standards for a successful strategy.

Vaccination: Health districts of the Timbuktu region – Timbuktu and Gourma Rharous received three months of radio broadcast of messages, contests and round table discussions for routine vaccination to support RED. Other vaccination support for BCC was given to CНИЕCS to address communication around the introduction of new vaccines such as HINI and meningitis.

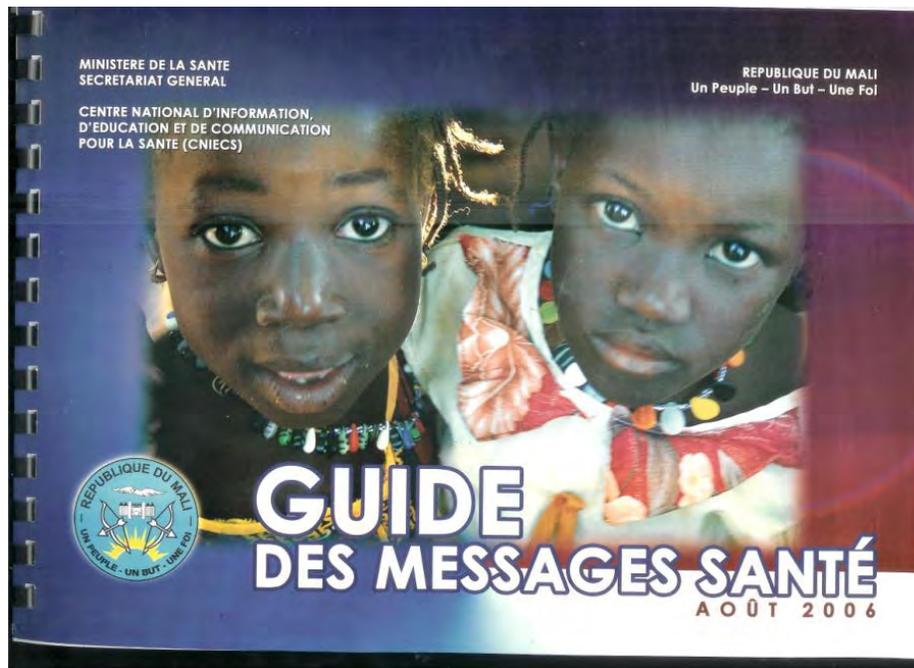
Nutrition: The ATN Plus team supervised communication activities which promote the National Nutrition Weeks (First edition of 2010 held in July) during the preparatory meetings and carried out supervision of BCC efforts for the NNW in the several regions (message development and identification of distribution channels). The BCC team participated in the organization and implementation of the National Forum on Nutrition: finalizing TOR, review deadlines and synthesis of recommendations from regional forum (harmonization TOR, identifying group work themes, outline of presentation of the final reports). Technical support for preparation of regional forums on nutrition of the regions of Sikasso, Segou and Mopti: presentation of TDR and canvas reporting areas, determination of profiles of participants, preparation of budget and timeline.

In July the NGO information meeting on nutrition where the recommendations from the NGO forum were shared with NGOs along with discussion of NGO best practices was supported by the BCC team.

Malaria prevention and control: The ATN Plus BCC team and the malaria advisor in collaboration with the NMCP and CНИЕCS produced 700 copies of job aids for health providers for pre transfer of severe malaria cases.

In Gourma Rharous in the Timbuktu region the head of vaccination made this observation: "It's thanks to the radio show that these indicators have considerably increased for my district. For the last three years since I've been here I've never seen the vaccination coverage increase to this level. The contests that were broadcast promoted the importance of vaccination cards to mothers. The indicator coverage of 80% in Gourma Rharous is due to the radio broadcasts."

Follow up in regions and districts on the use of Message Guide for high impact health services: ATN Plus undertook a supervision process to follow up on the use of the Message Guide produced under ATN. In 2008 1,100 copies of the Message Guide were disseminated to all regions. The purpose of the follow up was to determine if the Guide was being used by social and health organizations. Because of the overwhelming positive reaction to the guide and evidence of its use, additional copies will be printed and distributed.



Some reactions from the field to the Health Message Guide:

The IEC officer under the Social Development and Solidarity office in Niono underscored the importance of the message guide as follows: “The Message Guide is a document that helped me to fill information gaps for several health themes. I used it many times including during my teaching sessions at the local health training school. I also used it during radio shows and health education discussions with local groups.”

His colleague at the CSCOM in Yolo in the health district of Segou said, “The Message Guide is our main reference tool for our IEC sessions. As you can see, my copy is practically destroyed from so much use. The vaccinator, the matrones and myself we get together often to translate the messages into local language before carrying out health education sessions in our CSCOM and for outreach. This document is so important that ALL health

3 Challenges

A number of obstacles and challenges exist that often times seem insurmountable for a bilateral program operating in Mali. Creative solutions, team effort with the regional and district health teams, significant efforts to coordinate by phone and in person have all been undertaken to address these challenges and overcome obstacles to implementation and achieving results.

Context:

- Security: The continuing insecurity in the Northern regions makes it difficult to ensure quality implementation and supervision of activities. Measures have been taken to protect project staff and materials from the banditry in the region but these measures can limit our mobility and access.
- Human resources: The numerous requests from stakeholders in the regions and districts and the limited human resources available means that the MOH sometimes do not have time in their full schedules for ATN Plus activities. These activities, such as CROCEP sessions, the numerous NIDs for polio, other vaccination days such as for meningitis, MILD distribution, among others usually result in the suspension of all other activities. ATN Plus staff at the regional level try to coordinate as much as possible and schedule around these critical events. A master calendar of MOH events is maintained by staff as a reference document to help program activities around major events.

Resource limitations:

- Contraceptives and materials: ATN Plus was not designed nor funded to purchase a large of amount of consumables, long term family planning contraceptives, and other materials need for Family Planning delivery post training. For the training sessions, ATN Plus has managed to purchase supplies for long term training to date. However, in order to send the training participants back to their posts with supplies additional supplies have been negotiated with the Regional health directors. These supplies are necessary to help the health provider increase users. However, this method has not allowed for increase demand to be met adequately after training (Koulikoro for example) in spite of ATN Plus efforts to negotiate supplies with other donors such as UNFPA. USAID's support in negotiating these materials and contraceptives with other donors and other programs is needed to see real impact in the post training period.
- Lack of standard per diem with MOH: Because other organizations such as the UN are offering higher per diem rates to MOH, ATN Plus activities are often side lined or made a lower priority by MOH counterparts in the regions and districts.
- Supervision / Human Resources/ Motivation of MOH personnel: Local supervision which is necessary for problem solving is being challenged due to the above mentioned HR and per diem issues. If possible, USAID should address the per diem issue with other PTFs to find a solution.

Streamlining and other strategic changes:

- The streamlining process provided much needed focus in our programming. However, the process has not been without delays. The contract modification was signed in August – 10 months into the second year of ATN Plus's contract. However, all throughout year 2 ATN Plus district level activities were delayed in anticipation that some districts would be cut from the

strategy and personnel would be relocated. Since February 2010, ATN Plus has been concentrating on targeting districts among the 35 where the need is most significant for capacity building, support and on team building to make up for the delays experienced in Year 2.

- GHI principles are already a part of the ATN Plus strategy of health system strengthening, scale up of proven interventions, innovation and partner development (civil society). Further delays to accommodate GHI strategy should be minimized as much as possible. A “reframing” of our current activities within the GHI context will be possible and should be the key to any future strategic changes in USAID Mali to accommodate GHI.

Issues with Ministry of Health:

- The current climate at the Ministry of Health related to the ongoing investigations around misappropriation and mismanagement of some donor funds has delayed some activities, for example the HSS activities such as the accreditation tool dissemination that were to be co-funded with GAVI. Also some donor funding is tied up as an indirect result of the investigations into mismanagement and as such causes delays which compromise investments already made, for example in moving ahead on integrated community case management. This climate promises to continue into FY2011 and as such will delay overall implementation of the PRODESS II as well as ATN Plus activities which are primarily carried out with the MOH.

4 Success Stories

Success Story #1

PMI Success Story: Malaria in Pregnancy – the benefits of Focused Antenatal Care (FANC)

Prepared by: Dr. Boubacar Guindo, ATN Plus malaria advisor

Introduction

In order to reduce maternal and neonatal mortality, the Ministry of Health adopted a strategy of prenatal consultations called Focused antenatal care (FANC) which puts additional emphasis on the quality of the prenatal visits as well as the number of visits. The FANC strategy is based on the principal that all pregnant women are at risk of complications and that all women should therefore receive the same basic care (which includes addressing any complications). The four elements of Focused antenatal care are:

- Detection and early treatment of problems and complications
- Prevention of complications and illness
- Preparation of delivery and preparation in case of complications
- Promotion of the overall health of the pregnant woman

The following complications have a significant influence on maternal health and neonatal health: Malaria, severe anemia, pre-eclampsia/eclampsia, HIV and Sexually transmitted infections.

In those geographic areas where malaria is endemic and transmission is high, identification of malaria signs and symptoms is a routine element of FANC. Key interventions which have been found to be effective for reducing maternal and neonatal morbidity and mortality are: tetanus vaccination, iron folate supplementation, intermittent preventive treatment of malaria with Sulfadoxine-Pyrimethamine and use of long lasting insecticide treated nets.

A series of training sessions on FANC including malaria during pregnancy were carried out nationwide with the Ministry of Health and USAID/ATN support during 2005 -06. Sikasso was included and is now a target region for the President's Malaria Initiative.



Results

USAID currently funds ATN Plus, a follow on project to the ATN bilateral which began in 2008 and will run to 2013. ATN Plus receives PMI funding to carry out malaria control efforts such as malaria case management training and malaria in pregnancy activities.

A joint supervision of FANC between the National Malaria Control Program, the National Direction of Health, the Sikasso Regional Direction of Health and ATN Plus was carried out in the Sikasso region in beginning of April 2010. During this supervision Mrs. Sanogo Hawa Traore, who is the midwife for the Reference Health Center (CSRef) in Mancourani told the supervisors, “Before, malaria cases in pregnant women were treated the same whether they were simple or severe malaria. Now that the severe malaria kits have been introduced and all pregnant women who come to their FANC visit with malaria are treated as a severe malaria case, we have noticed very positive progress in terms of malaria in pregnancy. Because of this change and along with IPT with SP, we’ve noticed fewer maternal and child deaths, fewer cases of still born births and fewer premature deliveries.”

Mrs. Sanogo also added, “Even this morning a pregnant woman was treated for severe malaria and after her treatment she felt much better and received the rest of her medicine and was able to go home.”

“LLIN’s are also given during the first prenatal visit to encourage use of the net during the entire pregnancy. If the woman normally comes for her prenatal visits we rarely see malaria. For me, I’m convinced that all midwives should be trained in FANC including case management of severe malaria.”

Conclusion

FANC is a critical strategy for reducing maternal and neonatal deaths overall, from multiple causes. Malaria increases anemia in pregnant women; if the anemia is severe it can lead to maternal death.

Pregnant women increase their risk of malaria infection if they are:

- Experiencing their first or second pregnancy
- Adolescent
- Coming from a zone where malaria is not endemic
- Diagnosed with HIV/AIDS



Malaria increases the risk of:

- Spontaneous abortion
- Still born births
- Low birth weight which contributes significantly to deaths in the first month of life.

Systematically training all health providers who carry out prenatal care in FANC will lead to increased detection and treatment of malaria and particularly prevent complications in pregnant women and their unborn children.

Success Story #2

Civil Society organizations present declaration to Minister of Health in support of Family Planning

Prepared by: Dr. Baba Coulibaly, M&E advisor and representative Groupe Pivot/Sante Population, ATN Plus

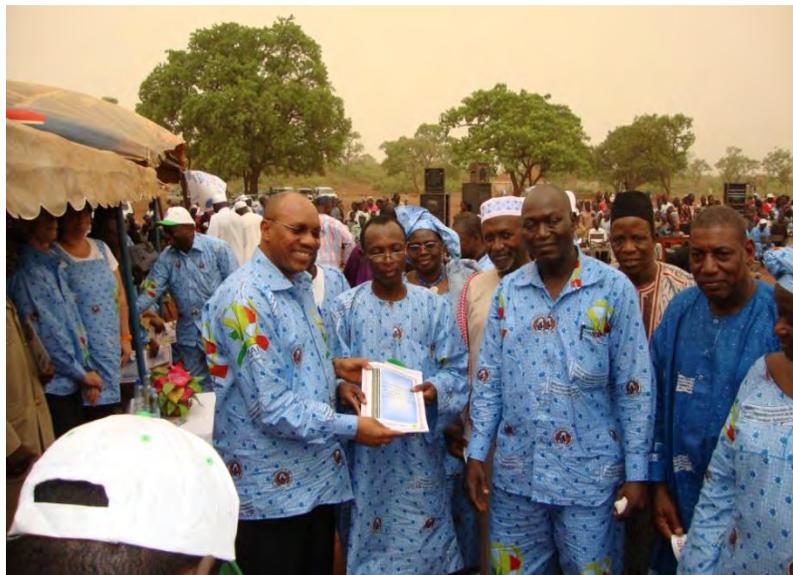


Photo of the presentation of the declaration to Minister Oumar Ibrahim TOURE, Minister of Health during the launching ceremony of the National Family Planning Campaign in the Municipal stadium of Ouéléssébougou, Kati.

On April 23, 2010 Malian civil society showed with great vigor its commitment to the repositioning of Family Planning in Mali through a statement delivered to the Minister of Health during the official ceremony launching the 6th edition of the National family planning campaign at the Municipal Stadium

in Ouélessébougou, Mali.

This statement was conceived and adopted by the participants for the repositioning of family planning in Mali during a national workshop in August 2009, organized by Groupe Pivot Santé Population with technical and financial support from USAID / ATN Plus, in collaboration with the National Department of Health (DNS) and the Directorate of Pharmacy and Medicine (DPM). The declaration, called "civil society in favor of family planning in Mali," is a review of the family planning situation in Mali and presents recommendations from civil society for strengthening the repositioning of family planning in Mali. In all 53 organizations were represented at the workshop and representatives from a broad range of organizations signed the declaration.

On April 23, this declaration was read and presented by Mr. Souleymane Dolo, Executive Director of Groupe Pivot Santé Population on the occasion of the official launching ceremony of Mali's national family planning campaign, a major social mobilization effort in its 6th edition. This event, held in Ouélessébougou in Kati circle in Mali, was attended by leaders of civil society including, among others, religious leaders, the National Federation of Associations of Community Health, the Malian Association for the promotion and protection of family, representatives of professional health organizations, the association of midwives in Mali, the Network of traditional communicators, and other organizations.

Thus, civil society organizations have expressed to the Government of Mali and to technical and financial partners their commitment to support all family planning efforts. In presenting the statement at a public event, they asked for the engagement of the government for this cause.

The Minister of Health Mr. Oumar Ibrahim Touré, in his speech at the official launch, recognized the relevance of the conclusions in the declaration and the importance of implementation of the recommendations made. The Minister pledged to take the needed measures to improve population and family planning indicators for Mali.

The official launching ceremony of the campaign was also an opportunity seized by Groupe Pivot Santé Population and ATN Plus to disseminate this statement to a wide audience along with the support of the Division of Reproductive Health of the DNS. The MOH has received five hundred (500) copies for wide distribution to regions and health districts. The health and social development teams of the thirty (35) health districts covered by USAID's bilateral program has also received copies of the declaration.

This solid demonstration by civil society in support of family planning will contribute to reinforcing the partnership role between the CSO and the MOH in advancing the welfare of the Malian people.

It should be noted that the Minister of Health, to show his commitment to civil society, presided over in person the next workshop with CSOs to share nutrition information held in June 2010.

