



**USAID** | **MALI**  
DU PEUPLE AMERICAIN



**PROGRAMME SANTE USAID**  
**ASSISTANCE TECHNIQUE NATIONALE (ATN)**

**First Semester Report**

**FY 2008**

**October 2007 – March 2008**



**Contract Number: 688-C-00-04-00011-00**

**Abt Associates Incorporated, Helen Keller International, IntraHealth International,  
Johns Hopkins University/ Center for Communications for Population, IBEX, SSDS**

## TABLE OF CONTENTS

1	Introduction.....	1
2	Summary of Semester Activities and Achievements .....	2
3	COMPONENT I: High Impact Services.....	6
3.1	Integrated Child Health Campaign.....	6
3.2	Nutrition .....	8
	Accomplishments of the past six months .....	8
	Lessons Learned.....	9
	Key activities planned for the next six months .....	9
3.3	Vaccination .....	10
	Accomplishments of the past six months .....	10
	Lessons Learned.....	11
	Key Activities planned for the next six months .....	11
3.4	Malaria.....	11
	Accomplishments of the past six months .....	11
	Lessons Learned.....	12
	Key activities planned for the next six months .....	12
3.5	Other Child Health Activities.....	12
3.6	Maternal Health and Family Planning.....	13
	Accomplishments of the past six months .....	13
	Lessons learned .....	15
	Key activities planned for the next six months .....	16
4	COMPONENT II: Cross-cutting Interventions .....	16
4.1	Health Reform.....	16
	Accomplishments of the past six months .....	16
	Lessons Learned.....	17
	Key activities planned for the next six months .....	17
5	Behavior Change Communication (By technical component and cross-cutting) .	17
	Accomplishments of the past six months .....	17
5.1	Child Health BCC .....	17
5.2	Maternal Health and Family Planning BCC .....	18
5.3	Cross Cutting BCC activities .....	19
	Lessons Learned.....	19
	Key activities planned for the next six months .....	19
6	Additional activities .....	19

## Acronyms

ACT	Artemesinine based combination therapy
AMSTL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ATN	National Technical Assistance Project
BCC	Behavior Change Communication
CAREF	Center for Research and Training Support
CNIECS	Center for the Information, Education, and Communication for Health
CDD	Control of the Diarrheal Disease
CHV	Community Health Volunteer (relais communautaire)
cMYP	Comprehensive Multi-year Plan for Immunization
CPS	Planning Division of the Ministry of Health
CREDOS	Center for Child Health Research
CSCOM	Community Health Center
CSRef	Reference Hospital
DHS	Demographic and Health Survey
DNS	National Direction of Health
DN	Division of Nutrition
DRH	Division of Reproductive Health
DPM	Direction of Pharmacy and Medicines
DPT	Diphtheria, Pertussis, and Tetanus vaccine
ENA	Essential Nutrition Actions
EPI	Expanded Program for Immunizations
FP	Family Planning
GIVS	Global Immunization Vision Strategy
GOM	Government of Mali
HKI	Helen Keller International
ICC	Inter-Agency Coordination Committee
IMCI	Integrated Management of Child Illness
INRSP	National Institute of Public Health Research
IUD	Intrauterine Device
IPT	Intermittent Preventive Treatment of malaria
LLIN	Long Lasting Insecticide Treated Nets
MDG	Millennium Development Goals
MH	Maternal Health
MI	Micronutrient Initiative
MOH	Ministry of Health
MSA	Ministry of Social Affairs
NGO	Non-governmental Organization
NHA	National Health Accounts
NMCP	National Malaria Control Program
ORS	Oral Rehydration Salts
PKC	Keneya Ciwara Project (CARE consortium)
PMI	The President's Malaria Initiative
PRODESS	Program for the Development of Health and Social Services
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	Prevention of postpartum hemorrhage
PPM	Malian People's Pharmacy
PNP	Policy Norms and Procedures
PSI	Population Services International
PTF	Technical and financial partners for health
RECOTRADE	Traditional Communicators Network

RED	Reach Every District
SIS	Health Information System
SIAN	National Nutrition Weeks
SP	Sulfadoxine-Pyrimethamine
TPI	Intermittent Preventive Treatment of Malaria
UEMOA	West African Monetary and Trade Union
USAID	United States Agency for International Development
UNFPA	UN Fund for Population
UNICEF	United Nations Children's Fund
WHO	World Health Organization

# 1 Introduction

The present report summarizes the key technical activities of the first semester of fiscal year 2008 (October 2007 – March 2008) and the fifth year of activity of the USAID Health Program / National Technical Assistance (ATN) project. This fiscal year is referred to in the contract as Option Year 2 and is the final contract year of the project or Year 5.

ATN's activities continue to be the result of a high level of collaboration with the Ministry of the Health (MOH) overall with an emphasis on the high impact service divisions. Through a process of ongoing consultation with USAID Mali's Health team and a productive collaboration with the Ministry of the Health and other partners, ATN is able to work towards achieving USAID's strategic objective (SO 6) in health: Increased Use of High Impact Services and improved behaviors, within the framework of PRODESS II.

Going into the final year the ATN workplan was prepared with an emphasis on completing key activities and products such as technical reference documents and tools (PNP nutrition, Nutrition communication plan, Family Planning supervision tools, etc). Analyses of policy implications such as the provision of free ACTs and LLIN's and the analysis of the DHS household spending data were also planned. The strategy going into Year 5 has been to take stock, consolidate, and strengthen our results in order that the Ministry of Health can capitalize and build on these in future years.

Close collaboration with the MOH continues to be of note this semester. One particular example of this was that ATN was again solicited to participate in the development of a major policy document. The ATN Deputy Director was invited by the Ministry of Health in November 2007 to participate in the final phases of analysis of the Demographic and Health Survey (DHS IV) for Mali in Calverton, Maryland at the MACRO offices. The finalization of chapter 19 on household spending in the DHS IV report was authored in part by Cheick Simpara and Yann Derriennic along with CPS staff from the Ministry of Health.

The second striking example of collaboration occurred in the planning and implementation of the nationwide integrated child health campaign which brought together several key divisions of the DNS, international and local partners and a variety of actors. This activity was successfully carried out in December 2007 and reached 2.8 million children in Mali. Lessons learned from the National Nutrition Weeks held in June 2007, which included the distribution in Timbuktu and Gao of LLINs, were incorporated into the campaign. ATN played a key role in fostering these connections and in promoting improvements based on the past four years of assistance with vaccination implementation and National Nutrition Weeks.

This semester report presents the two major project components: high impact services (child survival, maternal and reproductive health) and cross-cutting interventions (sector reform and behavior change communication). This report summarizes key activities carried out during this period; reviews lessons learned and obstacles encountered, and outlines planned activities for the second semester FY 2008, which will be ATN's final semester of program activity.

The following is a brief summary of the project's key achievements for this semester. A table of key indicators and results follows in annex.

## 2 Summary of Semester Activities and Achievements

### Child Health:

- **Integrated Child Health Campaign:** During this semester the MOH and partners carried out the integrated child health campaign in December 2007 which provided measles and polio vaccines, vitamin A, albendazole (deworming) and LLIN's for children 0-59 months. Women post partum also benefited from vitamin A and albendazole. This was the largest public health event in the history of Mali with the largest package of child health interventions ever delivered in one week to 2.8 million children. The campaign was evaluated in January and the results indicated that most of the campaign objectives were met.

### Nutrition:

- **Policies, Norms, and Procedures for Nutrition:** ATN provided financial and technical support to the validation of the Nutrition PNP. The PNP is intended to improve the quality of nutrition services at all levels. A consultant assisted with the development of a training curriculum for the dissemination of the PNP.

### Vaccination:

- **Workshop on the dissemination of results from the implementation of the RED approach for strengthening routine immunization and the Niafunke and Goundam experience:** The RED approach was designed to strengthen routine immunization in a sustainable manner. ATN provided technical and financial support to MOH personnel in two districts of Timbuktu: Goundam and Niafunke to assist them in applying the RED approach. In 2007 routine vaccination coverage improved in these two districts since the start of RED. The elements which made the RED activity successful were discussed and disseminated in a workshop which included representatives from other regions.

### Malaria:

- **Analytical framework regarding the provision of free drugs and services for Malaria prevention and control:** ATN, in collaboration with the NMCP, developed an analytical framework to examine the implications of the introduction of free drugs and services (LLINs, ACTs, Rapid Diagnostic Tests, and treatment kits for the management of acute malaria) for malaria prevention and control. This paper was presented to the malaria working group and has received favorable reactions from the MOH and PNL. A wider dissemination of the document is being planned.

### Family Planning and Maternal / Neonatal Health:

- **Family Planning Campaign 2008:** ATN provided financial and technical support to the Family Planning campaign launched in March 2008. The preparation involved planning meetings which began several months in

advance of the launch. Other activities also included the development of messages around the theme: "Leadership for the Repositioning of Family Planning: Constructive male engagement makes a difference".

- **Supervision of Contraceptive availability:** A follow-up/supervision mission to review the availability and utilization of the IUD Kits and other contraceptive products in all the 8 regions and the six communes of Bamako district was carried out jointly with RH division, Directorate of Pharmacy and Drugs (DPM) and Malian People's Pharmacy (PPM). This information provided a key update on the status of commodities prior to the launch of the Family Planning campaign.
- **Launch of Family Planning Situation Analysis:** Many working sessions were held to prepare the Situation Analysis for FP service delivery points which will be carried out by CAREF for the RH Division with technical and financial support from ATN. The activity was launched late March with a training of the surveyors.
- **National Essential Newborn Care training:** A national theoretical and practical training of trainers (midwives and doctors) in Essential Newborn Care was carried out in March 2008. Out of the 24 Malian participants, 67% were women). Facilitation of the training sessions was done jointly by DSR (3 facilitators), ATN (1), BASICS (5) and Save the Children (1); and observers from Madagascar (3) and RDC (2). The training focused on service providers in particular and provided a state of the art update.

#### **Health Reform:**

- **National Health Accounts:** ATN's health reform advisor participated with the MOH (CPS) and a member of the NHA team from INRSP in a workshop to harmonize the production of National Health Accounts held in Burkina Faso sponsored by UEMOA and WHO in September 2007.
- **Support to Mali DHS IV:** ATN participated in the preparation of the final version of the DHS IV report by providing analysis and input for chapter 19 on household spending on health in collaboration with the CPS. The ATN Deputy COP was invited to travel to Macro's headquarters in Calverton, Maryland to participate in the finalization of the report in November 2007.

#### **Behavior Change Communication:**

- **Preparation of the Situation Analysis and Communication Plan for Nutrition:** ATN provided technical support in the preparation of the Terms of Reference for the workshop for the nutrition communication plan, financed the preparation of and review of the situation analysis document, and participated actively in the Communication plan workshop which brought together key actors in nutrition and communication.
- **Workshop for the validation of the training module for the promotion of malaria prevention and control by traditional communicators:** ATN organized in collaboration with CNIECS and the NMCP a workshop to validate a training module for traditional communicators for the promotion of

malaria prevention and control. Prior to the workshop a consultant developed a draft module, based on the module and job aids previously completed for traditional communicators for vaccination promotion. Technical “job aids” were also developed by the communicators themselves during the malaria module workshop. This semester the vaccination module and job aids were translated into Bambara.

## Photo Collage of First Semester FY 2008 activities



### 3 COMPONENT I: High Impact Services

#### 3.1 Integrated Child Health Campaign

- **The largest public health event in the history of Mali: Integrated Campaign against Measles, Polio, and distribution of Vitamin A, Albendazole, and insecticide treated mosquito nets successfully delivered to 2.8 million children under five and women post-partum**

The Government of Mali with its technical and financial partners, including USAID Mali, the President's Malaria Initiative, USAID /ATN, Population Services International (PSI), Keneya Ciwara (PKC), Helen Keller International (HKI) and over 30 other local and international partners successfully carried out a national campaign from December 13-19, 2007 to protect over 2.8 million children under 5 against measles, polio, Vitamin A deficiency, intestinal worms and malaria. This was the first time in Mali that these five interventions were combined into a single campaign.

The ATN Child Survival team, the Communication Advisor, and the COP participated actively in the preparation of the Integrated Child Health campaign since FY 2007 when it was originally announced. During this past semester, specifically ATN contributed to:

- the development and application of tools for microplanning, data collection, supervision and budgeting;
- the development of training modules and as trainers during key training sessions;
- the planning and implementation of a test run of the campaign in Fana;
- the terms of reference for the supervision of the campaign and the orientation of campaign supervisors;
- the development of communication materials for the national and international press;
- the preparation of briefing materials for the orientation of the international visitors and technical observers from CDC and WHO and in the orientation sessions.

The campaign, whose goal was to improve the health of all children 0 to 59 months and women post-partum took place at health centers and other fixed sites nationwide and delivered vaccinations against measles and polio, Vitamin A, Albendazole (for deworming), and the distribution of long-lasting insecticide treated nets (LLIN). Health personnel were mobilized as well as over 7,000 volunteers mobilized by the Malian Red Cross, PKC, other partners and local communities.

The campaign was launched by the President of Mali, Amadou Toumani Toure and other high level officials such as the head of the President's Malaria Initiative, Admiral Timothy Ziemer. International visitors including sports stars, journalists, and technical experts all came to Mali to experience the campaign first hand and to help in the international promotion of the five interventions.

It should be noted that the Timbuktu and Gao regions had been previously served with LLINs during the national Nutrition Week in June 2007. Lessons from this experience also contributed to the success of the December campaign. Throughout the planning for the campaign ATN staff raised the lessons learned from other similar activities such as the National Immunization Days and the National Nutrition Weeks. ATN actively advocated during the planning process for changes that reflected these lessons.

### **Results of the campaign:**

<b>Intervention</b>	<b>Target groups</b>	<b>Target group estimate</b>	<b>Result</b>	<b>Coverage</b>
Polio	<b>Children 0-59 months</b>	<b>2,800,797</b>	<b>2,957,387</b>	<b>106%</b>
VAR	<b>Children 9-59 months</b>	<b>2,547,819</b>	<b>2,562,537</b>	<b>101%</b>
MII	<b>Children 0-59 months</b>	<b>2,369,905</b>	<b>2,232,468</b>	<b>94%</b>
Albendazole	<b>Children 12-59 months</b>	<b>2,294,407</b>	<b>2,357,238</b>	<b>103%</b>
Albendazole	<b>Women post partum</b>	<b>70,815</b>	<b>73,305</b>	<b>104%</b>
Vitamin A	<b>Children 6-59 months</b>	<b>2,676,808</b>	<b>2,628,084</b>	<b>98%</b>
Vitamin A	<b>Women post partum</b>	<b>70,815</b>	<b>74,202</b>	<b>105%</b>

It is likely that a combination of factors led to administrative coverage results over 100%. The Ministry of Health uses the last census of 1998 and population growth estimates to estimate the current total population and the target group (usually a percentage of the total population). Therefore an underestimated denominator can occur. Also poor estimation of children's ages by health personnel leading to children over 5 being included in the campaign interventions, poor completion of tracking forms by health personnel, lack of an efficient vital statistics registration, and an influx of families from bordering countries (Senegal, Cote d'Ivoire, Burkina Faso, Niger, Mauritania) all have a cumulative effect on inflating the numbers.

### **Evaluation of the campaign:**

In late January the campaign was evaluated by an external team. The evaluation involved for the first time Personal Digital Assistants (PDSs) which were used by the surveyors to collect household data.

**The results of the evaluation found that 97% of the respondents brought their child to the campaign site.**

Specifically the evaluation found high coverage levels:

<b>Intervention</b>	<b>Coverage</b>
Measles	80.8 %

Polio	95.3 %
Albendazole (deworming)	77.6 %
Vitamin A	85.1 %
LLIN	79.5 %

The objectives were not reached for Measles and deworming primarily due to the difficulty in determining children's correct ages at the time of the campaign. The target group for Measles is 9 to 59 months and for Albendazole 12 to 59 months.

Campaigns can provide key messages to reinforce preventive household behaviors and the use of health services. Before, during and after the campaign communication activities were carried out to stress the importance of protecting children with vaccinations, vitamin A, deworming and use of LLINs. In particular house to house visits were carried out by volunteers to demonstrate how the bednets can be hung and to emphasize that young children and pregnant women need to sleep under the nets because they are particularly vulnerable to malaria. Other messages included the importance of routine immunization for all children.

The campaign's success was due to the strong leadership of the Ministry of Health of Mali and the coordination of the partners – internationally and locally. The campaign has helped Mali achieve high coverage of key interventions and will help to reinforce use of health services and key behaviors. The impact of the campaign on behavior will be further evaluated in July 2008 during the upcoming rainy season when an extensive household survey is carried out to look at use of the LLINs by the key target groups during the high malaria transmission season.

## 3.2 Nutrition

### **Accomplishments of the past six months**

#### **Revision of PNP for Nutrition**

- ATN supported the DN in the development of the terms of reference and in the validation of the PNP for Nutrition. A consultant was funded to assist with the development of a training curriculum for the dissemination of the PNP Nutrition.

#### **Documentation of the SIAN process**

- A consultant was recruited with the Nutrition Division's approval to prepare a document reviewing the SIAN results from 2003 to the present. The initiative was made in order to compile into one document the SIAN results with an analysis of the trends and the problems encountered. This document will be used by the Nutrition Division in their efforts to obtain funding and ensure the sustainability of the SIAN. ATN provided technical assistance to the consultant in the development of the Terms of Reference, compilation of documents for the literature review and by gathering key partners to review of the first draft of the report. Comments were gathered and they were integrated into the second draft.

#### **Preparation of the Situational Analysis and Communication Plan for Nutrition**

- ATN provided technical support in the preparation of the Terms of Reference for the workshop for the nutrition communication plan, participated actively in the workshop including the preparation sessions with the consultant and in the debriefing meetings.

#### **Coordination and technical assistance to the Nutrition Division and the DNS**

- ATN actively participated in meetings to discuss nutrition aspects of the final version of the National child survival strategy.
- ATN participates in key meetings on the Neglected Tropical Disease Initiative with the DNS and the implementing partners.
- ATN is frequently solicited to participate in various nutrition meetings at the local level. This semester ATN was consulted by numerous teams from NGO's (Borne Fonden), the European Commission, child survival evaluation teams (HKI), and other child survival partners concerning ATN's nutrition activities.

#### **Lessons Learned**

The integrated campaign benefited greatly from the experiences of the SIAN, which has included albendazole since December 2006 and with the June 2007 SIAN which incorporated the distribution of LLINs in the North.

The dissemination of the PNP Nutrition will be critical to expanding and strengthening nutrition activities carried out by health personnel.

Sustainability of the SIAN is another challenge facing the Nutrition Division including the integration of the SIAN into Mali's new child survival strategy.

#### **Key activities planned for the next six months**

- Technical and financial support for the validation, testing, and training of national trainers for the PNP Nutrition.
- Technical and financial assistance to the SIAN documentation process.
- Participation in a workshop on the behavior change component for Essential Nutrition Actions in MBour in April 2008.
- Technical assistance for the preparation of the June 2008 SIAN.
- Technical assistance to the implementation of the National Nutrition Forum.
- Coordination with other nutrition partners: UNICEF, MI/projet Sahel, WFP, HKI SAN+, and HKI fortification program.

#### **Conclusion**

In 2007 synergy for integrated activities peaked with the National integrated child health campaign. Integrated activities are beneficial to the promotion of nutrition. They raise awareness for vitamin A and deworming as well as other key practices such as malaria prevention and vaccination which help protect a child's nutritional status and overall health.

Maintaining support and momentum for the SIAN scheduled for June 2008 will be a critical activity for the next six months. Over the years, cost containment has been achieved in the SIAN planning and implementation (for example lower fuel allotments and lower per diems are the norm). It will be clear in the planning for the upcoming SIAN to refocus again on the previous norms and standards that have been in use since 2003.

### 3.3 Vaccination

#### **Accomplishments of the past six months**

##### **EPI Directors' meeting for West Africa: March 5- 7, 2008**

- From March 5 to 7, 2008 WHO organized a meeting of EPI Directors from West African Block countries for an update of 2007 activities which focused on the Global Immunization Vision Strategy, the Regional Strategic plan for 2006 -2009 and to monitor the progress on recommendations made during the 15<sup>th</sup> Task Force on Immunization meeting. The meeting providing an opportunity for exchanging experiences for strengthening routine immunization in West Africa.
- Mali was chosen for the introduction of PDAs for integrated supervision of EPI and for the introduction of the pneumococcal vaccine (only Mali and Gambia were chosen for the introduction of the vaccine in 2009). (Official recommendations from the meeting are in annex)

##### **Workshop on the dissemination of results from the implementation of the RED approach for strengthening routine immunization and the Niafunke and Goundam experience: March 10 – 12, 2008**

The RED approach designed to strengthen routine immunization in a sustainable manner was carried out with ATN technical and financial support in two districts of Timbuktu: Goundam and Niafunke. This experience resulted in:

- The signature of performance contracts linking actors from a cross sector: health, governance, civil society, and social development in the implementation and gave specific responsibilities to decision makers and community leaders;
- Monitoring and Microplanning every six months in the health sub-districts (aire de santé) was a process which allowed community actors to follow RED progress and to deal with the obstacles and challenges that were encountered.
- This periodic review of RED created an environment of problem solving through collaboration between the health team from the sub-districts and the local community leaders;
- The communication component played an important role in awareness raising, community commitment, and increased the demand for vaccination services.

The workshop made the following recommendations regarding the district level results from RED:

- The signature of performance contracts with all of the CSCOMs is necessary.
- A greater implication and supervision of the community health volunteers (CHVs) (relais) in these districts is critical to raising awareness among the communities of the need to support and participate in all health activities
- A local strategy for motivating the CHVs is essential.
- The signing of an agreement between the ASACO (health committee) and the ASACO Union (collectivite) reinforces the ASACO's commitment.

##### **Technical Support to the Immunization Section and the DNS**

ATN continues its mandate to provide technical support to the Immunization Section. In this semester ATN's immunization advisor:

- Participated in the technical committee of the CCIA
- Participated in Crisis management committee meetings and health personnel trainings for the Yellow Fever and meningitis vaccination campaigns.
- Participated in the drafting of the study protocol for vaccine safety in the context of the Yellow Fever campaign and as a member of the committee of experts regarding Vaccine Related Adverse Events.

### **Lessons Learned**

The integrated child health campaign was a first experience for West Africa in that five interventions were delivered simultaneously in a campaign setting. The most significant lesson learned from the campaign was that good advanced preparation is the key to success for any campaign and particularly important for one this complex.

Integration of other interventions such as Vitamin A in the RED performance contracts should be encouraged to increase even more the impact of RED on child health.

### **Key Activities planned for the next six months**

- Analysis of preliminary DHS data on vaccination coverage.
- Technical and financial support to the development of a guide for improving supervision of routine vaccination activities.
- Provide assistance to the Immunization Section for the training of health personnel in EPI management within the RED approach.

## **3.4 Malaria**

### **Accomplishments of the past six months**

#### **Analytical framework regarding the provision of free drugs and services for Malaria prevention and control:**

- ATN, in collaboration with the NMCP, developed an analytical framework to examine the implications of the introduction of free drugs and services (LLINs, ACTs, Rapid Diagnostic Tests, and treatment kits for the management of acute malaria) for malaria prevention and control. Unintended adverse consequences of these innovations on the health system were discussed in the document along with a complete description of the current implementation status of these initiatives. Recommendations and further analyses are proposed in the document. During the malaria working group meeting of February 20, 2008 the document was presented by the consultant, Yann Derriennic and the ATN team and in general it was well received. The advisor to the Minister of Health will present the document in an upcoming technical and financial partners meeting.

#### **Workshop for the validation of the training module for the promotion of malaria prevention and control by traditional communicators: March 27-28, 2008**

- ATN organized in collaboration with CНИЕCS and the NMCP a workshop to validate a training module for trainers of traditional communicators for the promotion of malaria prevention and control. Prior to the workshop a consultant developed a draft guide, based on the guide previously completed for traditional communicators for vaccination themes. Technical “job aids” were also developed by the communicators themselves.

#### **Technical Support to the NMCP and the DNS and other partners**

- ATN’s malaria advisor participated in technical meetings focusing on sentinel sites for
- ATN’s advisor participated in the workshop for monitoring and evaluation of National Malaria Control Program activities. This workshop was led by trainers from WHO and developed in order to comply with the Global Fund’s requirements for strengthening monitoring and evaluation as well as to PMI’s objectives.

#### **Lessons Learned**

As a result of various funding for malaria (PMI, GFATM) Mali also is receiving more donor interest and proposals for additional activities which have at times overstretched the MOH and NMCP’s capacity. Coordination continues to be a critical need for malaria partners. With the new leadership of the NMCP, ATN has actively supported NMCP’s efforts to improve partner coordination using the experience gained with other successful coordination efforts such as family planning, vaccination, and nutrition.

The evaluation of the integrated child health campaign in January demonstrated that even though distribution objectives were met for LLINs use of LLINs is still lagging. Additional emphasis needs to be placed on promotion of correct use of LLINs by the key age groups of children under five and pregnant women. This will be particularly important to carry out before the second evaluation of the campaign, in particular on net use, in August 2008.

#### **Key activities planned for the next six months**

- Provide technical assistance to the NMCP and the DPLM for the revision of the monitoring guide.
- Participate in technical follow up with the NMCP and the DRH of operations research on IPT of children under five.
- Work with the new NMCP director for the dissemination of the analytical framework of the new malaria drug policies.

### **3.5 Other Child Health Activities**

#### **Acute Respiratory Infection**

- ATN participated in working groups on ARI case management at the community level which produced two draft research protocols: one for an antibiotic study and operations research for the use of drugs at the community level (by mothers and health workers).

#### **National Direction of Health / Child Survival Strategy document**

- ATN has actively provided input to the child survival strategy emphasizing in particular aspects of delivery of health services through population based scheduled activities such as the SIAN (for example) and of emphasizing

proven interventions and not those that are the subject of ongoing operations research.

## 3.6 Maternal Health and Family Planning

### Accomplishments of the past six months

#### Introduction

This report presents the various activities implemented by the Maternal Health /Family Planning team based on ATN's workplan 2007-2008 for the period October 2007 - March 2008. These activities were accomplished in collaboration with the Reproductive Health Division (DSR) of the National Direction for Health (DNS) and other reproductive health and family planning partners.

One member of the team left during this period but a new member named Ariel Wagner, Peace Corps Volunteer, provided part time support to the team.

These accomplishments support the objective of increasing contraceptive prevalence and contributing to the reduction of maternal, neonatal and infant mortality.

In order to reduce maternal and newborn morbidity and mortality the Malian MOH decided to reinforce newborn care with appropriate training of trainers (providers) from the regions and Bamako district in Essential Newborn Care (ENBC).

During this period October 2007 – March 2008, training, supervision, advocacy and MH/FP policy support activities were also accomplished in synergy with technical and financial support from USAID/ATN to the DNS/DSR in line with the implementation of 2007-2008 plan of action.

#### Training

Capacity building of health providers is a priority in the ATN action plan as it is a key element for rolling out innovations nationwide and for improving the provision of quality services. Therefore, in-service training in Essential Newborn Care and also school based training in AMSTL for the prevention of postpartum hemorrhage (PPH) were two trainings conducted this semester with active participation of the MH/FP team:

- Three sessions of teachers training in AMSTL at nursing and midwifery schools from November 12-29, 2007 (61 teachers with 60% women);
- National theoretical and practical trainings of trainers (midwives and doctors) in Essential Newborn Care. Out of the 24 Malian participants, 67% were women). Facilitation of the training sessions was done jointly by DSR (3 facilitators), ATN (1), BASICS (5) and Save the Children (1); and observers from Madagascar (3) and RDC (2) participated in March 2008;

However, the remaining challenge is the implementation of the workplans developed during these trainings. The inherent challenge is identifying resources to train providers and to train the nursing and midwifery students back in the regions after the trainers are trained and to follow-up on the application of the acquired skills during the training sessions.

## **Supervision**

The SMPF team participated actively with DSR staff in the following supervisory activities:

- Supervision of focused antenatal care in the regions of Segou from October 22-29, 2007 in the circles of Bla, Markala and Macina ;
- The visits to the pilot sites where research promoting AMSTL by auxiliary midwives was tested with staff from IntraHealth in Koulikoro, Commune I and V of Bamako district ;
- The mission to Gao to assess the results of the feasibility test of AMSTL by auxiliary midwives from December 1-10, 2007 ;
- The supervision of the implementation of the free caesarean policy in Sikasso and Kadiolo from October 15-17, 2007.

## **Policies, Norms and Procedures (PNP) for Reproductive Health**

- Follow-up of the duplication in 1,000 copies of the adapted PNP job aides for auxiliary midwives done by USAID and their distribution and dissemination down to the regions.

## **Family Planning**

The team participated and contributed actively in:

- The virtual conference on family planning organized by USAID ;
- The regional workshop on basic knowledge of community family planning services and the conception and monitoring/evaluation of FP programs organized by Save the Children and Core Flexible Fund from February 4-15<sup>th</sup>, 2008 (about 30 participants from 10 countries with 50% women) ;
- The meetings of the FP partnership group to prepare the National FP campaign of 2008. The theme was "Leadership for the Repositioning of Family Planning: Constructive male engagement makes a difference".
- The follow-up/supervision mission to review the availability and utilization of the IUD Kits and other contraceptive products in all the 8 regions and the six communes of Bamako district carried out jointly with RH division, Directorate of Pharmacy and Drugs (DPM) and Malian People's Pharmacy (PPM) from December 2007 – March 2008 ;
- The mission to Nara in Koulikoro region to test the FP supervision tools from March 2-9, 2008 ;
- The launching of the National Family Planning campaign of 2008 on March 13<sup>th</sup> by the Prime Minister at the International Conference Center of Bamako ;
- The launching of the FP campaign in Bamako district at Sikoroni, Commune I by the Governor of the Bamako District on March 18<sup>th</sup>, 2008 ;
- The working session on the Contraceptive Acquisition Tables (TAC) on April 1-2, 2008;
- Many working sessions were held to prepare the Situation Analysis for FP service delivery points which will be carried out by CAREF for the RH Division with technical and financial support from ATN. The activity was launched late March with a training of the surveyors.

## **Gender**

- Participation in the session organized by Health Policy Initiative on the guide on Male's constructive commitment to RH ;
- Participation in the session to validate the guide on constructive male engagement to RH organized by Health Policy Initiative.

### **Safe Motherhood / Vision 2010**

- Participation in the 6th meeting of the Regional Committee for Action and Follow up of Vision 2010 activities in Banjul, the Gambia March 31st to April 4th 2008 to update participants on activities conducted by the member countries and to discuss innovative approaches to reduce maternal, neonatal and infant mortality in the West and Central Africa countries ;
- Financial support by ATN to the Focal Person of the First Lady of Mali Pr. Dolo Amadou to attend the 6th meeting of the Regional Committee for Action and follow up of Vision 2010 activities in Banjul, the Gambia.

### **Partnership**

In order to reinforce institutional partnership and collaboration, the team participated in many meetings and working sessions mainly:

- Meetings related to AMSTL ;
- The USAID meeting of partners with Ministry of Health Services on the programming of 2007-2008 activities;
- Coordination meetings with Keneya Ciwara and its CSCOM Accreditation ceremony Ciwara d' Or ;
- The working sessions at DSR on strategy or policy documents or on sharing of Malian experience including supervision tools for Newborn Care, the Road Map for Maternal and Neonatal Health, the Constructive Male Engagement to RH ;
- Participation in the Exchange session of The Bristol-Myers Squibb Foundation on HIV/AIDS in West Africa « SECURE THE FUTURE » ;

### **Lessons learned**

- The timely planning of the activities with the DSR on a quarterly basis allowed for a better management of their implementation ;
- The assignment of workplan activities to team members to serve as focal points of contact for the activity was helpful for synergy in meeting deadlines and for the overall implementation of the activities
- The family planning group continues to be an example of best practices to coordinate and mobilize resources for the FP national campaign under the leadership of the Ministry of Health;
- Working as a consortium of BASICS, ATN and SAVE in support to DSR to organize and conduct the training of trainers in Essential Newborn Care was an asset for the quality and the enrichment of this training. Choosing providers who are still practicing to be trained as trainers also proved to be promising.

## **Key activities planned for the next six months**

- Assist the organization of regular meetings of the family planning working group as part of repositioning family planning ;
- Assist the organization of Vision 2010 group meetings ;
- Assist the finalization of the feasibility study on AMSTL by auxiliary midwives (dissemination of results) ;
- Support the organization of National Safe Motherhood Day ;
- Support the activities of professional associations and legal entities to promote family planning in Mali ;
- Support DSR and the HIV/AIDS prevention Unit for the integration of FP into the HIV/AIDS prevention and care activities ;
- Document best practices and lessons learned by ATN in MH/FP (follow-up);
- Assist activities related to newborn care ;
- Support the duplication and dissemination of the family planning supervision tools ;
- Support the integration of the AMSTL module into the existing modules of Emergency Obstetrical Care and Essential Neonatal Care (SONE) for the Health Training Schools and the Faculty of Medicine ;
- Support a situational analysis study in family planning.

## **4 COMPONENT II: Cross-cutting Interventions**

### **4.1 Health Reform**

#### **Accomplishments of the past six months**

ATN continued its activities in the area of health reform, within the PRODESS framework. In particular, ATN participated in several national workshops, consultative meetings and other activities organized by the Ministry of Health as part of the PRODESS Technical and Monitoring Committee.

Main activities for ATN included:

#### **Support to National Health Accounts:**

- ATN's health reform advisor participated with the MOH (CPS) and a member of the NHA team from INRSP in a workshop to harmonize the production of National Health Accounts held in Burkina Faso sponsored by UEMOA and WHO in September 2007.

#### **Support to PRODESS**

- ATN participated in the standing schedule of meetings for the PRODESS: the steering committee in October 2007 and the evaluation meeting of the 2007 workplan results and financial analysis that provides information for the 2008 planning cycle;
- ATN participated in a workshop for the revision of planning tools for PRODESS organized by the Planning and Statistics Division of the MOH.

These tools were transferred to the regions and health districts during the workshop.

### **Support to Mali DHS IV**

- ATN participated in the preparation of the final version of the DHS IV report by providing analysis and input for chapter 19 on household spending on health in collaboration with the CPS. The ATN Deputy COP was invited to travel to Macro's headquarters in Calverton, Maryland to participate in the finalization of the report in November 2008.

### **Other activities**

- ATN with Keneya Ciwara (Groupe Pivot) and the DNS participated in the validation of a manual for management training for ASACO members and CSCOM personnel. This manual is one of several key reference documents available for the development of ASACO capacity.

### **Lessons Learned**

The NHA activity has demonstrated the need for quality data and with the finalization of the DHS data part of this need will be met. This will also help to reinforce the institutionalization process for future generations of National Health Accounts in Mali if the data is fully operationalized. A challenge to this process will be the need for a stronger CPS. Also the sub regional resources for improving NHA can be drawn upon to improve local capacity and strengthen the systems put in place for the collection of NHA data.

### **Key activities planned for the next six months**

ATN will focus on the following activities:

- Support the implementation of the PRODESS within the current political climate (new Minister and possibly other new staff)
- Prepare the institutionalization of the NHAs and apply the secondary DHS analysis with the CPS and DNS to improve the NHAs if time allows.
- Participate in national validation of Mali's DHS IV and support secondary analyses as identified by the MOH.

## **5 Behavior Change Communication (By technical component and cross-cutting)**

Communication activities of the first semester primarily followed the priority activities outlined in the FY08 workplan for ATN: the integrated campaign, training modules for traditional communicators (for malaria and vaccination); the National Communication plan for improved nutrition behaviors, and the National Family Planning Campaign.

### **Accomplishments of the past six months**

#### **5.1 Child Health BCC**

### **Integrated Child Health Campaign BCC**

- Provided technical assistance in the development of messages and materials for the integrated child health campaign;
- Facilitated the workshop which harmonized the campaign messages for each intervention;
- Participated in the campaign test activity in Fana, October 25-26, 2007 and the reporting out meeting on November 1, 2007
- Participated in the information and orientation sessions for leaders and communicators for the integrated campaign in Gao region from November 21-22, 2007
- Participated in the training of supervisors for the campaign
- Supervised activities in Mopti (Mopti, Djenne, Douentza, and Bandiagara) and Segou (Bla and Segou) during the campaign in December 2007

### **Nutrition BCC**

- Completion of the situational analysis for nutrition for the development of the National Nutrition Communication Plan
- Organization of validation workshop for the situational analysis and National Nutrition Communication Plan from January 21-26, 2008

### **Vaccination BCC**

- Translation into Bambara the training module for traditional communicators for vaccination: routine and campaign and the technical job aids for the communicators. 250 copies were printed of each
- Technical support for the Maternal and Neonatal Tetanus campaign communication activities in certain health districts
- Support for the preparatory work for the RED workshop with the vaccination advisor for ATN
- Technical support for communication was provided for the integrated campaign for message development, training modules for communication, and strategic planning.

### **Control of Diarrheal Diseases BCC**

- Support for communication materials in particular the sketch to be broadcast on ORTM (national TV and radio) for handwashing at key moments for the reduction of diarrheal disease
- Participation in the partner meetings for the implementation of the National Handwashing Action Plan.

### **Malaria BCC**

- Production of 5,000 copies of counseling cards (4) on the ACTs to be added to the community health worker kit and to distribute to key partners: PKC, Groupe Pivot, WHO and UNICEF
- Development of a module for traditional communicators for malaria: development of the Terms of Reference and recruiting of the consultant.
- Organized workshop for the validation of the training module for malaria in Mopti: all regions participated – including Regional Health, Regional Social Affairs, and traditional communicator network members.

## **5.2 Maternal Health and Family Planning BCC**

### **Family Planning BCC**

- Production and distribution of 500 copies of the qualitative study on the effects of the family planning campaign and obstacles to family planning use.
- Reporting out of the 2007 Family Planning campaign: contributed to final report on financial and technical contribution.
- Printing of 250 copies of the video cassette on male involvement in Family Planning
- Participated in the subcommittee which developed messages for the 2008 FP campaign; assisted the MOH with the organization of the launch of the FP campaign
- Financed announcement in fourteen newspapers of the Family Planning campaign
- Set up six contracts with local radios in Bamako to broadcast messages during the 30 days of the FP campaign.

### 5.3 Cross Cutting BCC activities

- Financed 200 copies of the 8 Heremakono cassettes which were given to Keneya Ciwara for use in their program
- Financed broadcasting of Heremakono by local radio (Bamako) and Sikasso
- Produced 1,100 copies of the Message Guide to be distributed at all levels of the health infrastructure
- Organized a dissemination workshop for the Message Guide.

### Lessons Learned

Strengthening the role of CNIECS and the coordination that has begun is a positive framework for communication activities. Collaboration between CNIECS and the technical services of the DNS continues to build.

One obstacle that is so far difficult to overcome is the overburdened schedules of the various partners making it very difficult to complete tasks.

### Key activities planned for the next six months

- Support technically and financially the development of materials for the handwashing campaign
- Support the promotion of handwashing among kindergarten teachers and other child care personnel
- Support meetings with the private sector to discuss handwashing activities
- Support the Nutrition Division in the finalization of the National Nutrition Communication Plan
- Participation in planning for communication activities for the National Family Planning campaign for 2008
- Support the dissemination of the National Communication Plan
- Develop the CDROM of key ATN/MOH products from 2006 to 2008.

## 6 Additional activities

- The ATN team participated in the Keneya Ciwara field coordinator meetings and Ciwara d'Or accreditation ceremonies.
- ATN staff participated in PTF, USAID-UNICEF, and biweekly meetings with USAID and Keneya Ciwara.

- DQA meetings were held with USAID Mali to review data quality as reported in the semester activity reports.
- ATN's Financial and Administrative Manager and Chief Accountant attended a financial training workshop at Abt Associates in November 2007.
- Courtesy meetings were held with the new Secretary General and MOH cabinet advisors. ATN participated in a separate meeting with the Minister of Health to encourage leadership and support of the Family Planning -- for the campaign and the launch.

## ATN Operational Plan Indicators for FY 2008

*Indicator:*

Number of people trained in maternal/newborn health through USG supported programs

*DEFINITION:*

Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in maternal and/or newborn health and nutrition care through USG-supported programs.

**Targets FY 08: 43 (40 women; 3 men) Actual: 85 (53 women; 32 men)<sup>(3)</sup>**

*Indicator:*

Number of people trained in child health and nutrition through USG supported health area programs

*DEFINITION:*

Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in child health care and child nutrition through USG-supported programs

**Targets FY 08: 118 (70 women; 48 men) Actual : 310 (45 women, 265 men)<sup>(4)</sup>**

*Indicator:*

Number of children under 5 years of age who received vitamin A from USG supported programs

*DEFINITION:*

Number of children under 5 years of age who received Vitamin A from USG-supported programs.

**Targets FY 08: 2,300,000 Actual FY 08 : 2,676,808 (Source: Integrated Campaign results MOH)**

*Indicator:*

Number of people trained in FP/RH with USG funds

*DEFINITION:*

Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy and systems, research, etc.)

**Targets FY 08: 22 (20 women; 2 men) Actual : 0**

*Indicator:*

Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services

*DEFINITION:*

Number of policies or guidelines developed or changed to improve access to and use of FP/RH services

Target FY 08: **2** Actual **4**<sup>(5)</sup>

The following is an indicator in the FY 07 report that is not on FY08 list for ATN

*Indicator:*

Number of local organizations provided with technical assistance for HIV-related institutional capacity building

*DEFINITION:*

A local organization is defined as any entity whose headquarters is in a country or region served by the Emergency Plan. As such, the majority of the entity's staff (senior, mid-level, support) is comprised of host country and/or regional nationals. "Local organizations" refers to both governmental and non-governmental (NGOs, FBOs, and community-based) organizations.

Target FY07: **1 Baseline 1 Actual: 0** Target FY08: **1 Actual:1**<sup>(6)</sup>

(Activity was postponed to FY 2008 – technical assistance process begun)

1)

Number of medical and para-medical practitioners trained in evidence-based clinical guidelines

Target FY08: 112 (all women) (GATPA)

2)

Number of people trained in monitoring and evaluation with USG assistance (FY07)

Target FY08: 138 (70 men; 68 women)

(3)

a) Number of teachers 61 (37 women, 24 men) of health professionals (nurses and midwives) at medical nursery and midwifery schools who were trained in Active Management of Third Stage of Labor (AMSTL) for the prevention of Post Partum Hemorrhage

b) Number of national and regional trainers (midwives, nurses, doctors and pediatricians) 24 (16 women, 8 men) trained in Essential Newborn Care

Total: 85 (53 women & 32 men)

(4)

- a) Information sessions on the integrated child health campaign for community leaders and communicators. December 2007 in three regions. 233 participants (206 men and 27 women)
- b) Workshop on dissemination and implementation of Reach Every District. Bamako, March 10-12 2008. 41 participants (31 men and 10 women)
- c) Workshop to prepare training module for traditional communicators for malaria. Mopti, March 2008. 36 participants (28 men and 8 women).

5)

Number of guidelines or reference manual developed:

- 1 Harmonized guideline for supervision of family planning services
- 1 Guideline for training in the integration of FP and HIV/AIDS activities
- 1 Reference manual for integration of FP and HIV/AIDS activities
- 1 Participant notebook for the integration of FP and HIV/AIDS activities

6)

Support to the National Unit of HIV/AIDS Prevention and Care for the integration of FP and HIV/AIDS activities

## ***Recommendations from the EPI Directors Meeting for the West African region – March 2008, Ouagadougou, Burkina Faso***

### ***A. Data Quality Issues***

Considering the increasing need of good quality data (including those related to communication) for planning, implementation, monitoring, and evaluation of immunization programs:

1. Each country should create a core group on data management at all levels for cleaning, harmonizing, analyzing, and using data for decision making, including feedback (by May 2008).
2. AFRO should finalize and disseminate SOPs for data management to all countries for use (by April 2008) .

### ***B. Integration of additional child survival activities***

The participants noted the potential role that integration can play in child survival, and they requested that:

3. IST and partners document best practices on integration and seek/reinforce opportunities during EPI meetings (and other fora) to sensitize and build consensus on integrated interventions (e.g. malaria, EPI, MCH, nutrition, and IMCI).
4. Countries adapt and use the Integrated Child Survival Tally Sheet for Fixed and Outreach Services by end of 2008.

### ***C. Accelerated disease control activities***

5. Countries should strengthen surveillance for measles, yellow fever, MNT, and meningitis, and performance indicators should be met at all levels.
6. Countries are encouraged to establish/strengthen surveillance for those diseases related to new vaccines will be introduced (e.g. pneumococcal disease, meningitis, rotavirus, etc.) and for avian flu.

➤ Measles:

6. Benin, Nigeria, and Cote d'Ivoire should mobilize resources for 50% of the operational costs for their 2008 measles SIA campaigns with the support of partners.
7. For any preventive campaign, the planning process should start at least 8 months prior to the implementation of the campaign.

➤ Yellow Fever:

8. The 7 high risk countries yet to complete risk assessments (Benin, Cote d'Ivoire, Ghana, Guinea, Liberia, Nigeria, and Sierra Leone) should complete these by April 2008 and put in place an effective system for regular monitoring of preparations towards preventive campaigns.

➤ MNT:

9. All countries having, or preparing, a 2008-2009 plan of action should include surveillance activities.

10. All eligible countries for MNTE and validation should start collecting and updating neonatal mortality data in all districts immediately, including all levels and the community in the process.

### ***E. Polio Eradication Initiative in West Africa***

11. Innovative strategies should be implemented for the upcoming polio SIAs in Niger to reach every child and achieve the highest quality campaigns (ongoing 2008).

12. Nigeria should continue improving the quality of IPDs and population immunity in order to interrupt transmission of WPV 1 in 2008.

13. All countries (especially Algeria, Cap Vert, Ghana, Guinea Bissau, and Gambia) should achieve and maintain AFP surveillance operational targets at the sub-national level (by December 2008).

14. Burkina Faso, Mali, Benin, and Liberia should prepare and submit complete documentation on polio eradication to ARCC (March - September 2008).

#### ***F. Strengthening Immunization Systems in West Africa***

15. All countries should prepare annual plans of action, using their cMYPs, and implement and monitor scheduled activities.

16. EPI programs should involve Ministry of Finance staff and key partners in budget planning and, with partners, should advocate for the release of budgeted funds. REVISE to indicate that MOH should implicate itself in MOF planning, defend MOH budgeting, and then follow up.

17. Eligible countries that expressed interest in introducing new vaccines (e.g. Hib and pneumococcal vaccine) must prepare an application for support to GAVI and should consider logistical implications well in advance. (List countries)

Add recommendation to address non-eligible countries—see TFI recommendation.

18. Countries should use temperature monitoring devices (e.g. refrigerator and freezer tags) as soon as possible. Countries should improve vaccine storage quality by using temperature.....

19. Countries are encouraged to implement all components of the RED strategy in order to achieve the foreseen GIVS goal of 90% national vaccination coverage and 80% at district.

#### ***G. Health Systems Strengthening and Partner's Collaboration***

20. Countries are encouraged to submit integrated and strategic plans/proposals for resource mobilization to the HSCC for review and endorsement.

21. Countries are encouraged to define a set of integration strategies that should be put in place in 2008-2010. Move to integration section.

Add recommendation that addresses co-financing.

Early planning and micro-planning were noted as key to operating good quality vaccine campaigns.

1. Countries (Mali, Togo) should be encouraged to introduce and scale-up the use of the PDA for integrated supervision (ongoing 2008).