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MINISTRE DE LA SANTE
Un Peuple – Un But – Une Foi.



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ASSISTANCE TECHNIQUE NATIONALE (ATN)

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Acronyms

ACT	Artemisinin-based Combination Therapy
ATN	National Technical Assistance Project
CNI	National Center for Immunization (Immunization section)
CNIECS	Center for the Information, Education, and Communication for Health
CCIA	Inter Agency Coordination Committee
CDD	Control of the Diarrheal Disease
CLIC	Community Learning and Information Center
CPN	Prenatal Consultation
CPS	Planning Division of the Ministry of Health
CSCOM	Community Health Center
DNS	National Direction of the Health
DN	Division of Nutrition
DPT	Diphtheria Pertussis Tetanus Vaccine
DSR	Division of Reproductive Health
DSSAN	Nutrition Monitoring Unit of the CPS
DPM	Direction of the pharmacy and of medicine
EDS	Demographic and Health Survey
FNUAP	UN Fund for Population
HKI	Helen Keller International
HPP	Post-Partum Hemorrhage
IPC / FP	Interpersonal Counseling / Family Planning Technology
INRSP	National Institute of Public Health Research
IPT	Intermittent Preventive Treatment
KC	Kenya Ciwara
MAC	Malaria Action Coalition
NGO	Non-governmental Organization
NIDS	National Immunization Days
ORT	Oral Rehydration Therapy
PRODESS	Program for the Development of Health and Social Services
PNLP	National Malaria Control Program
PPM	The people's Pharmacy in Mali
PSNAN	National Strategic Plan for Nutrition
PEV	Expanded Program for Immunizations
PCIME	Integrated Management of Child Illness
PF	Family Planning
RED	Reach Every District (ACD)
SIS	Health Information System
SIAN	National Nutrition Weeks
SNIDS	Sub National Immunization Days
SP	Sulfadoxamine-Pyremethamine
SRO	Oral Rehydration Salts
TPI	Intermittent Preventive Treatment of Malaria
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
VAT	Anti-tetanus Vaccine
WHO	World Health Organization

1 Introduction

The present report summarizes the key technical activities of the second semester of fiscal year 2005 (April – September 2005) for the USAID Health Program / National Technical Assistance (ATN) project. This fiscal year is the second year of operation for ATN. A brief summary of the year's activities by component is also provided in the concluding section of this report.

ATN's activities in 2005 essentially were the result of a high level of productive collaboration with the Ministry of the Health (MOH). 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 in health: Increased Use of High Impact Services within the framework of PRODESS II.

During the second six months of fiscal year 2005, the project staff worked closely with the different high impact services, prioritizing activities that will lead to higher coverage of the target population. Special attention in this period went into continuing the momentum of the family planning campaign, supporting sub-regional national immunization days in three regions where polio cases were found, validating national food and nutrition policies (PSNAN), and convening a national consultation on prevention and case management of diarrheal diseases.

This second semester report presents the two important project components: high impact services and cross-cutting interventions. The report summarizes activities carried out during this period, lessons learned and obstacles encountered, and outlines planned activities for the next semester (FY 06). A summary of the year's activities by component is included in the conclusion of the report.

2 COMPONENT I: High Impact Services

2.1 Nutrition

2.1.1 Accomplishments of the past six months

The present report reflects the different activities of the Nutrition component of ATN. These activities were carried out in collaboration with the Division Nutrition (DN) National Direction of Health (DNS) and the Division of Food and Nutrition monitoring (DSSAN) of the Planning Division of the Ministry of Health (CPS/Sante) as well as with other nutrition partners.

ATN's nutrition activities are designed to reach the overall objective of USAID/Mali and the Ministry of Health of universal coverage of children 6-59 months with vitamin A supplementation. Synergy activities, advocacy, and promotion of national nutrition policies were also carried out this past semester.

1. National Nutrition Weeks (SIAN)

ATN's involvement in the SIAN began during the planning stages of the January 2004 SIAN and has continued to the present with the combination of the administration of Vitamin A with

the National Immunization Days in February 2005. In FY 2005 2,662,525 children (78% of the 6-59 month target group for NIDS) and 79,731 women in post partum (96% of the target group) received vitamin A.

During the past semester and in view of dissemination on a larger scale, ATN reprinted the evaluation report of the National Nutrition Weeks (SIAN) and reports of the results of the two editions of the SIAN in 2004 (80 copies of each document). These documents were handed over to the Nutrition Division for an eventual distribution. (USAID Mali has received copies of the SIAN evaluation and SIAN reports from 2004).

Scheduling the next National Nutrition Week

A significant concern of the past six months was the scheduling and organization of the next SIAN to occur at least six months after the National Immunization Days / Vitamin A of February 2005. Multiple consultation meetings with the DNS and the Nutrition Division were held to prioritize, discuss, and organize the next Vitamin A distribution. The lessons learned at the time of the February NIDS/Vitamin A allowed us to put a special accent on the organization of a SIAN, preferably to be held during the months of July to August (during the 4 to 6 months timeframe from the last supplementation).

To advocate in favor of a SIAN and to underscore its urgency, ATN staff met with the National Director of the Health. Several meetings were held with nutrition partners such as HKI and UNICEF on coordination and for budget planning of the next SIAN.

The possibility was discussed, because of limited funds and other programmatic reasons, to combine vitamin A supplementation with the sub national NIDS (SNIDS) in September 2005 for the regions of Sikasso, Ségou and Mopti with the SIAN occurring in the remaining regions and the District of Bamako towards the end of September and/or the beginning of October 2005. However, due to the need to better plan the coupling of vitamin A with the SNIDS this option was not adopted.

Despite the efforts to identify funding and look at distribution alternatives such as SNIDS, a SIAN within the six month time frame was not implemented during this semester. In spite of the best efforts of the DNS and partners, a political commitment and a funding commitment at the ministerial level is lacking for vitamin A supplementation. There is still a perception that the SIAN is not necessary in specific regions and that routine delivery (through the EPI) is sufficient to cover the target group, even though recent data do not support the hypothesis that routine service delivery coverage is sufficient for reaching the entire target group (6-59 months) for vitamin A, particularly children over 12 months of age.

ATN will work with nutrition partners and the DNS on a more consistent and thorough approach and on increasing political commitment to SIAN in order to achieve high coverage. It is the position of ATN that this can only be achieved through SIANs in all regions.

At the end of the semester it appeared that:

- Vitamin A would be combined with the NIDs of December 2005
- a SIAN for children 6-59 months would be programmed for six months after this in June 2006.

Other activities included the production of an article by ATN staff on the SIAN, its history and successful implementation in Mali, for eventual publication on USAID Mali's website.

Coordination meetings relating to SIAN were also held with the project Sahel (HKI – MI – UNICEF) to discuss vitamin A supplementation and communication tools for vitamin A.

2. The National Strategic Plan for Food and Nutrition (PSNAN)

The primary objective of the National Strategic Plan for Food and Nutrition is to improve the coherence and the effectiveness of policies and sectoral programs having a direct or indirect impact on consumption levels and nutrition status of the population in order to reduce mortality. It is based on the principals of equity, decentralization, sustainability and partnership and on capitalizing on past and existing experiences. The entire process of the revision and validation of the former PANAN (National Action Plan for Food and Nutrition) up to the validation of the PSNAN benefited from USAID support.

- ✓ Coordination and planning meetings with the Division of Monitoring Food and Nutrition (DSSAN of the CPS/Health) for the organization of a workshop for the revision and validation of the PSNAN.
- ✓ Duplication and hand over to DSSAN of 50 copies of the PSNAN for distribution to the invited participants to the workshop.
- ✓ Workshop for the revision and validation of the PSNAN from 9 to May 11, 2005 under the coordination of the CPS/Health through the DSSAN with technical assistance from Dr Mohamed Ag Bendeche of HKI. This workshop grouped together forty participants from different sectors and partners.
- ✓ Re-launch of the website: www.malinut.net on May 12 2005 at the INRSP. Synergy was demonstrated with the websites of the projects CLIC and ComDev (Nieta Kunafoni) of HKI. This meeting benefited from the technical support of the Regional Advisor for Information Technology of HKI.

3. Nutrition *PROFILES* in collaboration with *POLICY*

During this past six months the Nutrition *PROFILES* advocacy tool was finalized and validated during a workshop with thirty participants.

In order to prepare for the validation of the *PROFILES* tool the following activities were carried out:

- ✓ Coordination meetings with *POLICY* on the organization of the training workshop to train trainers and advocates on the *PROFILES* tool.
- ✓ Training of trainers at the national level in presentation techniques using the model Nutrition *PROFILES* tool in collaboration with *POLICY* from April 25 to 26, 2005 at the Palais du Congres. About twenty trainers were trained.
- ✓ Planning meetings and trainer team coordination for the dissemination of the Nutrition *PROFILES* tool in Mali's nine (including Bamako) regions with the DSSAN. Three teams were constituted: one for the regions of Kayes and Koulikoro, one for Sikasso, Ségou and Mopti and one for the regions of Tombouctou, Gao and Kidal. The presentation in the District of Bamako was carried out with the support of all three teams.

The dissemination of the Nutrition *PROFILES* model in all regions and the District of Bamako was carried out between July 19 and September 15. This dissemination targeted health and social development personnel and other sectors (education, agriculture), elected officials (the presidents of the district advisors), the representatives of the regional assemblies, the presidents of CAFO in the districts and regions, religious leaders and representatives of civil society organizations.

The general consensus after this presentation at the regional level was that an engagement was needed from all participants to take into account nutrition in their respective workplans and in their daily activities in the communities they lead.

Nutrition was further advocated at the highest level when the model was presented to the Health Commission of the National Assembly and the Islamic network for Population and Development in collaboration with POLICY on August 3 2005.

4. Synergy with World Education

- ✓ Organization of coordination meetings on the development of the information boards on Vitamin A
- ✓ Elaboration of a preliminary draft of the information boards on vitamin A
- ✓ Planning of next steps on the use of the information boards: pretesting in two zones (Kati and Gao)

5. Celebration of International Breastfeeding Week

- ✓ Participation in preparatory meetings for the organization of International Breastfeeding Week from August 1- 7
- ✓ Support for broadcasting radio messages on breastfeeding was provided to four radios (Kledu, FR3, Jèkafo, Guintan) during the week
- ✓ Support for the organization of the launch of the Breastfeeding week was provided to the CSCOM of Badialan in commune III of the District of Bamako

6. Alternative activities (collaboration, coordination)

- ✓ Participated in the meetings of the Nutrition technical partners
- ✓ Participated in the coordination meetings for the fortification of HUICOMA oil (a local brand) with vitamin A
- ✓ Provided support in preparing a presentation of the Fortification project at the Health Commission of the National Assembly May 31 2005
- ✓ Provided technical support provided for the development of a document on national policy regarding nutrition for persons infected and affected by HIV/AIDS.
- ✓ Participated to the reporting out workshop of the National investigation on iodine deficiency in Mali (carried out in July 2005) August 16 2005 to INRSP
- ✓ Provided technical support to the Nutrition division for the preparation of a report for the West Africa Health Organization meeting on nutrition activities in the CEDEAO countries after the 9th Forum Nutrition held in Cotonou in September 2004. This meeting will occur in Bobo Dioulasso in Burkina Faso between August 22 to 27, 2005
- ✓ Provided technical support to the Nutrition division for the preparation of a presentation for Mali in a meeting of the World Bank (September 5-9 in Rome) : *Africa Nutrition Strategic Business Plan and School Health Nutrition Workshops*
- ✓ Participated in collaborative meetings with the Project Sahel (MI – HKI – UNICEF). These meetings are designed to improve the coordination of activities relating to Vitamin A supplementation.
- ✓ Provided technical support to REMANUT.

2.1.2 Lessons Learned

ATN's nutrition activities are carried out in a synergistic and participatory manner with all concerned partners.

In addition to key activities to improve and maintain adequate coverage in vitamin A among children 6 to 59 months, consistent attention was given to advocacy and policy development

for nutrition in Mali, notably through PROFILES. ATN also provided critical technical assistance for the validation of the PSNAN and the National strategy for nutrition for Infected and affected persons with HIV/AIDS.

The synergy activities are an excellent opportunity for further reaching nutrition objectives in Mali as they will expand communication to the target groups.

Follow-up on the presentation of the model PROFILE at the regional level and his presentation to alternative levels could play an important role in taking more fully into account nutrition at the national level. Nevertheless, a follow up of this process will be necessary.

2.1.3 Obstacles/challenges encountered and steps taken to address them

The lack of leadership in the nutrition division constitutes a major challenge. Despite this shortage the nutrition activities were carried out during this semester due to strong advocacy and daily efforts that ATN deployed while working closely with the interim director of the nutrition division and her associates. The implication of the CPS/DSSAN in the activities of PROFILES and the PSNAN validation also helped these move these activities in a positive direction.

Nevertheless, the lack of visibility of nutrition at high national levels remains a concern and a challenge – an example of this being the low vitamin A coverage (under 80% in the February 2005 NIDS/ vitamin A activity).

2.1.4 Key activities planned for the six next months (10/05-3/06)

- Participation in planning of Vitamin A distribution with NIDS scheduled for December 2005
- Support to the revision and dissemination of the PNP for Nutrition and harmonizing its content with the Reproductive Health PNP
- Supporting regional level dissemination of the PSNAN after its adoption by the government
- Support to the finalization and validation of the National strategic planning for nutrition of those individuals infected and affected by HIV/AIDS
- Follow up of recommendations from the consultative meeting on prevention and case management of diarrheal diseases, particularly examining policies on zinc
- Follow up on the next steps of the synergy activity with World Education on the usage of information boards on Vitamin A
- Consultative and planning meetings for the integration of the deworming of children in the next SIAN.

2.2 Vaccination

2.2.1 Accomplishments of the past six months

In terms of ATN's Vaccination activities, the past year was significantly marked by the decision to undertake supplemental vaccination (the editions of National Immunization Days against Polio, "mop ups" in the three regions with cases of the Wild Poliovirus, and a measles campaign in December 2004) in a synchronized manner with the AFRO sub-region.

In regards to the strengthening of routine immunization, ATN was able to launch implementation of the approach "Reach Every District" in the districts of Niafunké and Goundam in the Tombouctou region.

1. Reach Every District

With the goal of strengthening routine EPI coverage, ATN decided to support two districts with weak vaccination coverage, Goundam and Niafunké in the Tombouctou region through implementation of the Reach Every District approach for reinforcing routine EPI in collaboration with the local health personnel and WHO Mali. The following activities were undertaken:

- Information and orientation meetings with local officials (regional and district level)
- Organization of a workshop to develop microplans for routine vaccination activities in the districts of Goundam and Niafunké April 22 - 27 2005,
- The development of the microplans was linked to the signing of performance contracts between the community and the technical services;
- Organization of a training workshop of health personnel responsible for health posts and EPI activities in the districts of Goundam and Niafunké in EPI implementation and monitoring.

2. Supplemental Vaccinations: NIDS

Supplemental vaccination activities in which ATN participated actively involved joint supervision, production of communication tools and for social mobilization. These activities were carried out during the following supplemental efforts:

- The five (5) editions of JNV Polio (October, November 2004 and February, April, May 2005) and the two (2) passages referred to as "mop ups" in August and September 2005 in the regions of Mopti, Ségou and Sikasso
- Measles vaccination campaign in December 2004.
- Active participation in preparatory meetings (the national level steering committee, the technical and social mobilization subcommittee meetings);
- Development of messages for the NIDS
- In support of the Immunization section, ATN's staff participated in the development of memoranda and technical directives for EPI, updates of training guides and in supervision of NIDS in collaboration with WHO, the CVD and the UNICEF for the implementation of the Immunization section's workplan;

3. Reinforcement of routine EPI

ATN participated for the first time in the quarterly meeting of the lead officials for AFP surveillance and for EPI held in Mopti April 28 - 29 2005. These periodic meetings are organized by WHO and are the only formal meetings which focus on epidemiological information sharing in the regions. They also examine routine immunization results from the previous trimester.

In anticipation of the progressive introduction of the *hib* vaccine in the routine EPI in Mali, ATN's immunization advisor served as a trainer in the training of EPI lead trainers for the regions of Ségou and Sikasso held in Koutiala July 10 - 18 2005.

ATN's vaccination and communications advisors organized a dissemination workshop for the integrated communication plan for EPI for NGO's working in health activities and to provide information and training on using the orientation guide for the plan, for technical application

of the IEC materials in particular the flip chart and the radio series. As witnessed by this meeting, NGO's capacity was increased for the promotion of communication for behavior change.

ATN finalized the production of the radio series on the importance of the vaccinations in an additional three national languages: Sonrai, Fulfulde and Tamasheq for eventual broadcasting at the regional level in the North.

4. Advocacy

ATN participated in preparatory meetings and in the Pan African Forum on strengthening partnerships for Immunization and Child Survival with religious and traditional leaders and the mass media held in Dakar. An important Malian delegation to the meeting was led by the Minister of the Health and included four members (traditional leaders, the media) funded by ATN.

The reporting out workshop of the results of this forum was organized with UNICEF and the Ministry of Health on June 2nd at the Palais du Congres of Bamako. This meeting recommended the creation of a consultative process involving all civil society representatives and traditional and religious leaders to become involved in the microplanning and social mobilization around all vaccination efforts.

2.2.2. Lessons Learned

- Activities for strengthening routine EPI at the national level are insufficient and must be revitalized, notably through the "Reach Every District" approach.
- Mali, having become an endemic country for the wild poliovirus, needs to interrupt the spread through nationwide vaccination activities which will continue through next year (FY 06).

2.2.3. Obstacles/challenges encountered and steps taken to address them

One noticeable constraint in the implementation of vaccination activities with the various vaccination partners (Immunization section of the DNS, WHO, UNICEF and CVD) is the high workload among the lead advisors in each organization and the lack of sufficient human resources to implement activities such as joint supervisions and trainings that were scheduled in this year's workplans.

Steps to address this are not easily undertaken as it would involve allocation of additional resources for vaccination and additional political engagement. ATN's vaccination advisor works continuously in supporting the head of the Immunization section and providing technical assistance. He is on call whenever the need rises and often works alongside the immunization team on weekends and evenings. Needless to say the capacity of the Immunization Section is absorbed completely by the NIDS and additional activities for routine immunization have suffered.

ATN will continue to work with the immunization section to improve resource programming to overcome the limited capacity. The EPI review will also have an institutional component that will most likely underscore these issues as well and provide recommendations.

2.2.2 Key activities planned for the six next months (10/05-3/06)

- Organize regular supervision of the RED districts.
- Provision of technical assistance to the EPI evaluation
- Introduction of IPC in the training of the NIDS vaccinators
- Continuing follow up of the radio series on the importance of vaccinations
- Participation in the supervision of the Polio NIDS 2005/2006
- Assist in the organization of monitoring in the RED districts;
- Organize and participate in joint supervisions of RED districts with WHO and other national level partners;
- Promote the use and evaluation of communication tools and the Integrated communication plan for EPI;
- Support the introduction plan of the Hib vaccine (training of trainers in Northern regions and Mopti)

2.2.3 Events / trips scheduled

- ✓ Organization of Polio NIDS in November and December 2005 and the editions for 2006;
- ✓ External evaluation of EPI;

2.3 Maternal health and Family Planning

2.3.1 Accomplishments of the past six months

In accordance with the ATN Workplan, in collaboration with Kénéya Ciwara and the Reproductive Health Division of the DNS, the following activities were implemented during the six last months:

1. Training

- Preparation and implementation of a training session for 27 participants (in late May- and beginning of July 2005) in Family Planning Technology and Interpersonal Counselling (IPC/FP). The participants were 24 mid wives, 2 obstetrical nurses and 1 doctor from regions of Tombouctou, Gao, Mopti, Koulikoro, Ségou and the district of Bamako for the non-Keneya Ciwara districts. Also included were Health Officials of the Army, the Police, the French police force, the National security guard, INPS of the Mutec, and personnel from Mother /Child Hospitals and Gabriel Touré Hospital.
- Agents trained in IPC/FP in non-Ciwara communes of the District of Bamako were supervised in August - September to ensure that they are able to apply what they have learned and especially to determine if they have been able to follow their action plans that they elaborated at the end of training.
- Preparation of a draft synthesizing the results of the five training sessions IPC/FP carried out between July 2004 to July 2005. This will be finalized in FY 06.

2. Policies, Norms, and Procedures for Reproductive Health

- Preparation and implementation of a workshop adapting the implementation guide of the PNP (end of April at the beginning of May 2005). This workshop brought together about twenty participants of the DNS, the DSR, training schools for health, other RH partners (USAID and NGO's)

- Reprinting final versions of the 7 volumes of PNP and implementation guide of the PNP for the DSR in July 2005 to prepare for the final authorization by the Minister of Health in early FY 06.

3. Family Planning campaign

- Participation in the organization of the televised round tables on the advantages of family planning in April 2005
- Participation to the elaboration of the preliminary report of the Family Planning campaign;
- Technical support to the FP advocacy workshops organized by POLICY Project and the District of Bamako for religious leaders, Muslim women, NGO and religious leaders, traditional leaders, and administrative officials of the District of Bamako in April 2005;
- Organization of two round tables on Family Planning (one on TV and one on radio) on the following themes:
 - *Importance of the birth spacing in the improvement of the health of the mother and child*
 - *Role and place of men in the promotion of the Family Planning Services*
- Participation in the FP caravan on the road from Bamako –Moribabougou - Tienfala-Koulikoro structured by the Group Pivot Health Population in the framework of the activities of the National Country in favor of the Family Planning
- Participation to the reporting out of the Accra meeting on repositioning Family Planning in West Africa;
- Preparation of a draft article on FP in Mali

(A full report of the FP campaign is included in Annex).

4. Gender

- Discussions held with IntraHealth headquarters staff on a questionnaire for the upcoming gender workshop with the DNS/ DSR to be distributed to the participants of the February 2004 gender workshop
- These questionnaires were distributed to the national participants and were collected and analyzed to serve as a basis for the workshop to be held in early FY 06
- The ratio of men/women per training session was tabulated for Keneya Ciwara and Division of Reproductive Health trainings.

5. Leadership:

- Recruitment of a consultant through Intrah for the team building activity with the DSR
- Participation in the team building activity of the DSR that included the entire personnel (Doctors, managers, nurses, Midwives, accountants, laborers, driver, secretaries). All of the organizational and interpersonal problems and the staff expectations were discussed in order to develop better team spirit. The DSR appreciated the success of this consultancy.

6. Partnership:

The following are partnership activities with reproductive health partners in which ATN participated:

- International Health Week organized by WHO
- Workshop on the revival of IUD use organized by ACQUIRE
- Field mission by USAID /Washington for FP activities
- Workshop on Facilitative supervision by Intrahealth
- Workshop for development of an advocacy plan for the model reduce/alive structured by the DSR

- Dissemination session of the experience of TOSTAN
- Workshop on the use of the monitoring guide for data at the level of the CSCOMs
- Workshop on the conceptual framework on the reference for the new policy on caesarian sections
- Workshop for the field coordinators of Kénéya Ciwara
- Workshop disseminating the results of the SAVE the Children experience in Bougouni and Yanfolila relating to Emergency Obstetric Care and to the introduction of Zinc in the treatment of the diarrhea.
- Meeting organized by Deliver and USAID for the reporting out of the results of the evaluation of the quality of the data of the contraceptive logistics system
- Celebration day on safe motherhood with the Minister of the health in the circle of Bougouni.

2.3.2 Lessons Learned

The collaboration with Keneya Ciwara and the DSR in FP/RH training allowed for better coordination of tools and approaches, improved the revision process of the PNP and other training sessions. The financing of the launch of the Family Planning campaign activities at the national and regional level by ATN allowed successful completion of all the planned activities.

2.3.3 Obstacles/challenges encountered and steps taken to address them

The time required to revise the PNP exceeded our resources despite our effort to consolidate and support the DSR with the management of the activity. In order to avoid this from reoccurring with other activities periodic meetings will be held with the DSR to look at workplans and resource availability jointly.

2.3.4 Key activities planned for the next six months (10/05-3/06)

- Catch up session for the IPC/FP training
- Training session on facilitative supervision
- Training session in improved ANC (CPN recentree) with an accent on the IPT and ITNs
- Supervision of agents trained in IPC/FP
- Dissémination of the PNP with the Minister of Health
- Training of national trainers for the dissemination of the PNP
- Organization and implementation of a gender workshop addressing men's involvement family planning decisions
- Reporting out of the results of the implementation of the prevention of PPH
- Participation in national and international FP meetings

2.4 Malaria

2.4.1 Activities achieved in the last six months

Malaria activities were centered on implementation of the MOH new policy, namely Intermittent Preventive Treatment (IPT) and case management.

For IPT, ATN has assisted the PNLN to clarify various issues on the technical note that is to be distributed to the regions and districts. The technical note underlined the different aspects for the Sulphadoxine- Pyrimethamine (S-P) and its interaction with Iron-Folic Acid (IFA).

Again related to IPT, ATN is finalizing the contract with URTEL for the broadcasting of radio spots. This broadcasting is the continuation of the broadcasting the PNLP started with ORTM last year. The broadcasted spots (TV and radio) were developed by ATN in collaboration with the PNLP, KC, and CНИЕCS. (A copy of the French text of the IPT messages is included in annex).

ATN assisted the PNLP in the preparation of the Global Fund proposal for the extension for the 2nd round through the hiring of a consultant. The Global Fund has accepted the extension proposal. ATN also assisted the PNLP for the 5th round application. ATN hired a consultant who collaborated full time on the proposal. Unfortunately, the Global Fund did not accept the proposal. The lack of Global Fund funding will lead to drug availability problems for ACT, now that the new policy is ready for implementation.

Concerning malaria case management, ATN has been and will continue to be engaged in the different levels of policy dialogue towards the finalization of the policy.

ATN assisted the PNLP in a team building activity that included the entire personnel. All of the organizational and interpersonal problems and the staff expectations were discussed in order to develop better team spirit.

2.4.2 Key activities for the next 6 months

- Continuation of radio broadcasting with local radio stations
- Follow up on the broadcasting
- Assist the PNLP in scaling up IPT in collaboration with the DSR
- Engage the PNLP on community-based treatment in collaboration with MAC.

2.5 Control of Diarrheal Diseases

2.5.1 Activities achieved in the last six months

One of ATN's goals is to assist the MOH to improve ORT use for diarrhea case management, based on data from recent research.

1. National Consultative workshop

Because of new research, a consensus on the prevention and case management of diarrhea in Mali was needed. ATN organized a one-day consultative workshop with the following partners: DRS, CREDOS, Keneya Ciwara, PSI, SAVE, WHO, UNICEF with the title: "Re-invigorating the Prevention and Case Management of Diarrheal Disease." During this workshop, participants discussed new data and directives on prevention and case management in order to stimulate discussion and clarify national policy.

The objectives of the workshop were:

- Perform a situational analysis related to current policies for the control of diarrheal disease: prevention, treatment, case management;
- Present and discuss effective interventions for prevention and control of diarrheal diseases, including new research on case management of acute diarrhea (the new directives regarding low osmolarity ORS and Zinc) from UNICEF and WHO
- Reinvigorate correct case management of diarrheal disease at all levels (household, community, CSCOM, etc).

The workshop was organized in the following manner, carried out by the DNS, CREDOS, SAVE, PSI, and others in collaboration with the ATN team:

1. Document review,
2. Development of a terms of reference for the workshop
3. Review of current policies related to diarrheal disease (IMCI, PNP, etc.)
4. Review of WHO/UNICEF document: Joint Declaration on Clinical Case Management of Acute Diarrhea
5. Presentation of the status of current research: zinc, hand-washing, water treatment at home, etc.

Results achieved during the workshop:

- Situation analysis related to case management of children with diarrhea
- A step towards consensus on correct case management of diarrheal diseases
- Recommendations to improve prevention and case management at all levels
- Detailed orientations (next steps) taken into account by partners

2. Review of PSI Spots

ATN was asked to review PSI's TV and radio spots on ORT / ORS. The spots were to be broadcast in October 2005 by ORTM and local radio stations. They focus on danger signs and the definition of dehydration, the importance of bringing the child to the CSCOM when there are danger signs, correct case management of diarrhea, and actions to be taken to rehydrate the child. Because of the lack of ORS packets, the messages also focused on the quantity of water to give to the child for rehydration (with or without ORS).

2.5.2 Key Activities in the Next Six Months:

- Follow up on recommendations from the workshop
- Support the process of ensuring the new ORS low osmolarity formula is listed on the Essential Drug List (if necessary) and other policy changes with the Department de la Pharmacie et du Medicament (DPM) and the DSR
- Support the process of ordering the new ORS formula

3 COMPONENT II: Cross-cutting Interventions

3.1 Health Reform

3.1.1 Activities achieved in the last six months

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

Main activities for ATN included:

1. Implementation of a donor mapping for the health sector:

- After the consultant was recruited, the *Cellule de Planification et de Statistique* (CPS) prepared a letter of introduction for data collection from the various donor organizations
 - Data collection is currently underway.
 - A data base, using the software ACCESS has been developed to match data entry
 - A training workshop was held for the technical working group in the CPS and among other things, led to improvements in the data entry format
 - A draft report is being prepared and will be discussed shortly with the technical working group of the CPS.
2. Support to PRODESS
- ATN participated in various meetings of the Technical and Oversight Committees and the Technical and Financial Partners.
- Analysis of procedures for mobilizing USAID funds at the Administration and Financial Directorate of the Ministry of Health in order to improve use of USAID procedures:
- Programming training for the various levels proved difficult, due to conflicts with other MOH activities. Therefore ATN, with approval from USAID, supported the DAF to collect suggestions from key players in the field on the contents of a guide on financial management procedures for USAID-funded activities. The draft guide was then distributed to all regional accountants, and they are currently using it in their work.
3. Support to National Health Accounts :
- Following sensitization and advocacy for NHA with the Ministry of Health and Technical and Financial Partners, ATN and a PHRplus consultant finalized a research protocol for NHA
 - Data collection tools used in neighboring countries were adapted to the Mali context and tested in the field.
 - Training of data collectors was completed.
 - At this moment, a team of 24 data collectors is preparing to start data collection in all regions of Mali (including the North where heavy rains are causing delay in the data collection).
 - ATN participated in a supervision visit with members of the NHA Technical Committee September 14-20, 2005.

The health sector donor mapping is in progress, not without some difficulty however. Some donors, particularly those participating in basket funding, felt that the questionnaires overburdened them with additional work. However, the CPS has been able to gain their cooperation.

For the NHA, the supervision visit undertaken by the NHA Technical Committee led by the National Institute of Public Health Research (INRSP), brought to the surface certain issues:

- Difficulties in collaborating with the private sector which has been reticent to provide information on their expenditures and for which there is often an almost total lack of organized accounting
- The absences of financial records and continuity in accounting in public sector health facilities.

ATN worked with Keneya Ciwara on a training for the development of a module to reinforce the capacity of ASACO's, serving as an advisor in the development of the program and as a facilitator during the workshop. Capacity building of ASACO's is recognized as a link to improving CSCOM performance in providing high impact services and to increasing use of health services by the population.

3.1.2 Lessons Learned:

- Difficulties in implementation of PRODESS II

There have been delays between programming, resource mobilization and planning of activities for the following year. In addition, basket funding as a funding mechanism requires additional refinement; the government is not quite ready even though certain partners had already made progress in their preparations.

- Technical and methodological support has reinforced capacity in the NHA Technical Committee (INRSP)

The supervision visit provided the opportunity to see that one would need to consult certain case studies to be able to fill in some of the data collection forms related to functions of some health facilities.

3.1.3 Key Activities for next 6 months

ATN will work to:

- Support implementation of PRODESS, participate in the various activities planned for this year, and assist in the formulation of new needs for health sector reform
- Finalize the donor mapping report, disseminate it to all donors, and validate it during the next meeting of the Technical and Oversight Committees of PRODESS. The data base will then be made available to all. The data base that has been set up lends itself well to updating directly into the data base. Support the NHA, especially the essential tables.
- ATN will assist the Pharmacie Populaire du Mali (PPM) and Departement de la Pharmacie et du Medicament (DPM) in a pharmaceutical assessment with the aim of strengthening logistics related to high impact services.

3.2 Mutual Health Organizations

ATN, during the last six months, organized the following activities, in collaboration with the CPS of the Ministry of Health and Partners for Health Reform *plus* (PHR *plus*) under the direction of the Equity Initiative Steering Committee:

Preparation of a report on the Household survey to evaluate the impact of MHOs on the utilization of high impact services in the two intervention sites (Bla and Sikasso) and the impact of maternal health IEC activities in Bla

- Presentation of preliminary results during a workshop organized by the Technical Committee for PRODESS (July 6-8, 2005)
- Finalization of the evaluation report in preparation for a national dissemination workshop

These various preliminary activities generated advice and suggestions from stakeholders that helped to improve the final report.

National workshop on dissemination of findings on the impact of MHOs on health service utilization

- A sub-committee of the Equity Initiative Steering Committee, composed of the CPS, the National Directorate of Protection and Economic Solidarity, Technical Union of Mutual Health Organizations, DNS, ATN, and PHRplus, etc., worked closely with the Facilitator to organize and carry out the dissemination workshop
- Presentations were prepared on the legal and regulatory framework for MHOs, the experience of MHOs supported by PHRplus/ATN, and the impact of the MHOs.
- Participants at the workshop included: regional representatives from the Ministries of Health and Social Affairs (from all regions), development partners, civil society, the president of the Parliamentary committee on Health and Social Affairs, and members of the executive committees of the MHOs.

3.2.1 Lessons Learned:

Key results from the evaluation include:

- Beneficiaries of MHOs in rural areas are more likely to seek modern health care services for fever than non-beneficiaries in rural areas
- Child survival:
 - Children 0-59 months of age who were MHO beneficiaries are more likely to sleep under impregnated mosquito nets than non-beneficiaries in rural areas (Bla)
 - Children 0-59 months of age who were MHO beneficiaries are more likely to seek care from a modern provider and to use ORS for diarrhea than non-beneficiaries in rural areas
- Maternal Health:
 - Pregnant MHO beneficiaries in rural areas seek prenatal care earlier and more often than non beneficiaries
 - Pregnant MHO beneficiaries in rural areas are more likely to receive malaria prophylaxis during their pregnancy than non beneficiaries
 - Pregnant MHO beneficiaries in rural areas are more likely to deliver with a skilled birth attendant and in a modern facility than non beneficiaries

From the experiences in the two sites, one can conclude that the MHOs constitute an opportunity for the population to organize and strengthen demand and utilization of health services, especially in rural areas where poverty is more engrained, while results from the urban zone of Sikasso indicate a more complex situation where several factors come into play and affect the impact of MHOs.

It should also be noted that sustainability of community-based MHOs requires a close, regular follow-up and income-generating activities to sustain the process of premium payment which may require a synergetic action where there is significant poverty and economic insecurity.

In addition, MHOs should put a specific focus on ensuring that women and children become members/beneficiaries. The traditional concepts of decision-making by the head of household and low incomes for women end up limiting the ability of women to join MHOs. Promotion of MHOs among women's groups and expanding family membership should help.

3.2.2 Obstacles and possible solutions:

The results of MHO membership remains low nationally vis a vis the needs of the population due to:

- Lack of sufficient commitment by Technical and Financial Partners, NGOs and local governments;
- Weak planning and implementation capacity for MHO development within government structures;
- Heavy procedures and costs related to MHO legislation (consent to operate given at central level only, feasibility study costs, etc.)
- Lack of sufficient skills to support MHOs in both the public sector and in civil society

One solution to this problem will be to assist in the creation of a strategic plan for MHO development which would include capacity building for key actors and IEC about MHOs.

3.2.3 Key Activities for the next 6 months:

- Dissemination of the full report of the results of the evaluation survey
- Support the development of a Strategic Plan for MHO Development in Mali

3.3 Behavior Change Communication (cross-cutting)

Results for last 6 months:

- Follow-up on the production of a radio series on high impact services: organization of meetings of the Review Committee to review scenarios, preparation of the Terms of reference for various sub activities.
- Development of a conceptual document on collecting materials for the CLICs
- Development of a conceptual document on the revision/updating/inventory of messages related to high impact services
- Contribution to development of a project prospectus for ATN

4 Summary of 2005 Activities and Achievements

Nutrition:

- ✓ **Vitamin A supplementation:** ATN's involvement in the SIAN began during the planning stages of the January 2004 SIAN and has continued to the present with the combination of the administration of Vitamin A with the National Immunization Days in February 2005. In FY 2005 2,662,525 children (78% of the 6-59 month target group for NIDS) and 79,731 women in post partum (96% of the target group) received vitamin A.
- ✓ **PSNAN:** Revision and validation of the PSNAN (National Food and Nutrition Policy) under the coordination of the CPS/Health.

Vaccination:

- ✓ **Routine Vaccination support:** Support to the National Direction of Health, Immunization Section for routine EPI through support to microplanning, trimester supervision, and application of management tools.
 - 2 districts supported in microplanning activities

- 6 districts supported through supervision with improved tools
- ✓ **National Immunization Days:** Support in technical and communication areas for the planning, organization, and implementation of five rounds of NIDS and two rounds of Sub-NIDS; over 100% coverage was noted in all NIDS rounds

Family Planning / Maternal Health:

- ✓ **PNP:** Revision and updating of the Policies, Norms, and Procedures (7 volumes)
- ✓ **Community Health Worker training:** Development of a training module for community health workers (relais) with Keneya Ciwara (58 regional trainers trained)
- ✓ **Provider training:** Revision of training modules in Interpersonal Communication and Family Planning Technologies (128 trainers/ supervisors and FP providers trained and supervised. 3 of the 5 sessions financed by ATN)
- ✓ **National Family Planning Campaign:** Active participation in the national family planning campaign

Malaria:

- ✓ **IPT launch:** Support to the National Direction of Health for the launch of the new policy for IPT (Intermittent Preventive Treatment) with SP

Control of diarrheal disease:

- ✓ **Policy Dialogue:** ATN organized a one-day consultative workshop with the following partners: DRS, CREDOS, Keneya Ciwara, PSI, SAVE, WHO, UNICEF with the title: “Re-invigorating the Prevention and Case Management of Diarrheal Disease.” During this workshop, participants discussed new data and directives on prevention and case management in order to stimulate discussion and clarify national policy.

Health Sector Reform / Mutuelles:

- ✓ **Donor mapping:** A training workshop was held for the technical working group in the CPS and among other things, led to improvements in the data entry format. A draft of the report will be available in early FY 06.
- ✓ **Mututelle Evaluation:** The evaluation was completed and a sub-committee of the Equity Initiative Steering Committee, composed of the CPS, the National Directorate of Protection and Economic Solidarity, Technical Union of Mutual Health Organizations, DNS, ATN, and PHRplus, etc., worked closely with the Facilitator to organize and carry out the dissemination workshop
- ✓ **National Health Accounts:** The research protocol was finalized and a team of 24 data collectors is preparing to start data collection in all regions of Mali.

Communication:

- ✓ **Radio series:** A workshop was held and production was begun of a radio series on high impact services. Meetings of the Review Committee comprised of DNS and other partners to review scenarios have been regularly held.

5 KEY INDICATOR TABLE

**Programme Santé USAID / Assistance Technique Nationale
USAID Health Program / National Technical Assistance
Expected Results for FY 2005**

Results	Data source	2004	Target (2005)	Achieved to date	Comments
<i>Impact Results</i>					
% of children 6-59 months receiving one dose of vitamin A in the last six months (in USAID supported areas)	MOH / EDS III (national)	80%	80%	78%	Source : National Immunization Days with vitamin A – nationwide results February 2005 2,662,525 children; 79,731 women in post partum
<i>Process Results for Nutrition</i>					
1. The National Policy for Food and Nutrition is written, validated, and disseminated	Division Nutrition/ DNS / ATN	0	1 policy document	1 policy document validated	Dissemination will continue in 2006
2. PROFILES for Nutrition is finalized and validated	Division Nutrition/ DNS / ATN	0	1 policy document	1 policy document	PROFILES finalized and validated in February 2005 with POLICY
3. One post-campaign rapid evaluation of a SIAN is completed	Division Nutrition / DNS / ATN – rapport	1	1 survey report is disseminated	1 survey report disseminated	The evaluation results were presented and validated in February 2005. The evaluation

Results	Data source	2004	Target (2005)	Achieved to date	Comments
	d'évaluation				recommendations are to be incorporated in a future SIAN.
4. Integration of iron/ folic acid supplementation in the SIAN	Division Nutrition/ DNS / ATN	0	2 districts in 2 regions	*****	*****This activity is on hold. The first SIAN of FY 05 was replaced by National Immunization Days with vitamin A. Other interventions were not feasible for integration of a pilot activity.
<i>Process Results for Immunization</i>					
1. Revise / Develop microplans for immunization in 5 districts selected for "Reach Every District" (RED)	ATN, District reports ; trip reports	0	Microplans in 2 districts revised	Training in 2 districts of EPI personnel	Note: Target revised downward from five to two districts due to budget and other restrictions. Work has begun in 2 districts and will continue in 2006 with development of multi year district level immunization plans
2. Trimester supervision of routine EPI at a select number of district and sub district sites using integrated supervision	Immunization Section / DNS, ATN (trip reports)	1 supervision visit	3 visits/ 1 per trimester	2 visit (Kaye, Koulikoro)	Joint supervision difficult due to the workload and full schedules of the Immunization Section due to National Immunization

Results	Data source	2004	Target (2005)	Achieved to date	Comments
tools					Days
3. NIDS (Polio and Measles) Supervision at select district sites	Immunization Section, DNS, ATN (Trip Reports)	2 supervision visits	1 supervision visit per NID	7	Supervision visits in: Kayes (October/Polio); Segou (November/Polio); Kayes (December/Measles); Mopti et Segou (February/NIDs, Vitamin A); May/NIDS, August/September mop up/Polio)
3. Support to the National EPI Review	Immunization Section / DNS / ATN	0	1 report	0	Postponed to FY 06
4. Support the plan for introducing the HIB vaccine	Immunization Section / DNS / ATN	0	2 Training sessions for regional directors for Health and EPI focal points	1 Training of trainer session held	ATN will work with CVD/CNAM on regional and EPI focal point training
<i>Process Results for CDD</i>					
1. New policy for prevention/-case management of diarrheal disease disseminated	DNS / ATN	0	1 partners' consultation meeting held	0	Meeting held in April 05; policy development to occur in FY 06
<i>Process Results for Family Planning / Reproductive Health</i>					

Results	Data source	2004	Target (2005)	Achieved to date	Comments
1. Trainers trained in clinical FP (contraceptive technology) and Inter-personal counseling	DSR / DNS / ATN	20	46 in two sessions		One participant per FP unit trained
2. Dissemination of Reproductive Health Policies, Norms, and Procedures revised with job aids for community level, CSCOM and household	DSR / DNS / ATN	0	1 Document(s) validated, disseminated at National level	1 document validated	Dissemination under preparation (development of guide and signing by MOH of preface in FY06)
3. Communication strategy in Reproductive Health developed	DSR / DNS / ATN	0	1 strategy	0	Awaiting further information on MOH level communication strategy before proceeding with RH strategy development
4. Gender approach integrated in DSR strategy	DSR / DNS / ATN	30 – 50% of training participants are women	50% of participants are women		For all workshops except FP clinic/ IPC (women's participation is a proxy)
<i>Process Results for Malaria</i>					
1. National Policy disseminated	PNLP / DNS/ ATN	1 final document available	1 document disseminated	0	Document not yet available; ACT yet to be determined and made available
2. Health personnel trained	PNLP / DSR/	Gao, Segou	Personnel		Training occurred before

Results	Data source	2004	Target (2005)	Achieved to date	Comments
on IPT and providing services	DNS/ ATN	and Bamako are trained	trained in 4 regions		ATN began activities
3. Information Campaigns to raise public awareness of IPT	ATN / PNL	1 campaign started	1 campaign completed	1 campaign	Television spots diffused; radio campaign finalized
4. Evaluation of the integration of IPT in prenatal consultations	ATN evaluation report	0	1 evaluation	0	
<i>Process Results for Component 2</i>					
1. Donor mapping updated	ATN / CPS	1 questionnaire is updated	1 donor mapping is available	0	Underway; to be completed in FY 06
2. Analysis of bottlenecks in health care provision	ATN	0	1 analysis document prepared	0	
3. Analysis of procedures for fund expenditure by the Division of financial affairs of the MOH	ATN	0	1 financial management of USAID funds prepared	1	Guide for financial management of USAID funds is available and being used in regions
4. Dissemination of lessons learned and achievements of Health Maintenance Organizations in Mali	ATN	Evaluation designed	1 reporting out of results meeting	1 report available	
5. Production of radio series on high impact services	ATN		14 Scenarios produced	1 (in progress)	Scenarios recorded and made available for broadcasting

ANNEXES

IPT Spot – French Text

National Family Planning Campaign Report

Textes TPI

1- LA CONSULTATION PRENATALE

Jingle

Plan 1

- A la borne fontaine, les femmes viennent puiser de l'eau. Parmi elles, une femme enceinte

Plan 2

- Dans un bureau, une femme enceinte, des papiers en main

Plan 3

- Au marché, une vendeuse de lait enceinte

Plan4

- Au saut d'un lit protégé par une moustiquaire, une femme enceinte

Plan 5

Une voix les interpelle : « Vous qui portez la vie, évitez le paludisme, rendez-vous au CSCOM »

Les femmes se dirigent vers le CSCOM pour une consultation prénatale

L' agent de santé :

- bonjour, aujourd'hui nous allons parler d'un traitement qui va vous protéger du paludisme, la SP
- la SP c'est seulement 2 doses de trois comprimés à prendre entre le 4è et le 8è mois de la grossesse

La secrétaire (femme travaillant au bureau) :

- et ce médicament que l'on prenait chaque semaine jusqu'à la fin de la grossesse ?

L' agent de santé :

- pour les femmes enceintes, la chloroquine c'est terminé ! Maintenant pour éviter le paludisme vous avez la moustiquaire imprégnée et la SP. La SP c'est efficace. Ce n'est pas cher, pas contraignant, facile, seulement 2 doses de 3 comprimés à prendre entre le 4è et le 8 è mois.

Fin de la consultation prénatale

(Les femmes repartent tout en discutant entre elles de la SP et de manière positive)

Voix off : « Femmes, portez et donnez la vie sans paludisme »

Jingle

2- LA FAMILLE

Personnages

Zanké : le beau-frère

Mah : la belle-mère

Ami : la femme enceinte

Jingle

Après avoir pris sa première dose de 3 comprimés au CSCOM, Ami rentre chez elle. Elle est interpellée par son beau-frère.

Zanké : Eh Flaniwba ! (mère de jumeaux) d'où viens-tu comme ça ventre devant, dents dehors ?

Mah ! Ami est toute joyeuse aujourd'hui, je crois qu'elle nous apporte du nouveau

Ami : Mah ! Je suis heureuse ! Je rentre là du CSCOM, on nous a parlé d'un nouveau traitement pour éviter le paludisme pendant la grossesse.

Mah : Aaan !!!

Ami : C'est la SP ; la SP Mah, c'est seulement 2 doses de 3 comprimés à prendre entre le 4^e et le 8^e mois. Je viens d'ailleurs de prendre ma première dose au CSCOM

Mah : Et ce médicament que l'on prenait chaque semaine jusqu'à la fin de la grossesse ?

Ami : Pour la femme enceinte, Mah, la chloroquine c'est fini ! Pour prévenir le paludisme chez la femme enceinte, c'est la moustiquaire imprégnée et la SP ; disponible au CSCOM à un prix abordable. Deux fois ; c'est pas contraignant et c'est efficace

Zanké : Quel bonheur pour les femmes ; à présent je comprends mieux ta joie Ami. Seulement 2 doses de 3 comprimés à prendre au CSCOM entre le 4^e et le 8^e mois de la grossesse...

Mah : Dieu merci ! Ami, tu viens de prendre ta 1^{ère} dose de SP... Alors n'oublies pas la deuxième dose, d'ailleurs j'y veillerai moi-même.

Voix off : « Femmes, portez et donnez la vie sans paludisme »

Jingle

3- LE TEMOIGNAGE

Personnages

Penda : femme peulh vendeuse de lait

Rokia : femme bamanan enceinte (grossesse de 4 mois) ; épouse de Baba

Baba : chef de famille ; époux de Rokia

Jingle

Une femme balaie devant sa porte : « il faut que j'évacue cette flaque d'eau pour ne pas nous attirer des moustiques »

Penda la femme vendeuse de lait entre dans la cour.

Penda : Bonjour femme bamanan... le lait frais est là !

Femme bamanan : bonjour femme peulh

(Son mari étant sur le point de partir l'épouse l'interpelle) :

- Baba ! à ton retour, arrête-toi à la pharmacie et achète-moi un médicament contre le paludisme pour ma prévention

Penda : Qu'est-ce que tu dis ? ... Et Baba n'achète rien du tout, une femme enceinte ne doit rien prendre sans avis médical.

- Baba, amène-la au CSCOM où la SP existe maintenant. La SP c'est seulement 2 doses de 3 comprimés à prendre entre le 4^e et le 8^e mois de la grossesse.

Baba : ... Tu entends ?

Penda : C'est vrai. J'ai pris la SP durant ma dernière grossesse pour me protéger contre le paludisme. Tu vois comme il est beau et bien portant mon bébé ; il a 3 mois aujourd'hui. Mon mari m'a également acheté une moustiquaire imprégnée. Nous dormons tous à l'abri des piqûres de moustiques.

Femme bamanan : Eh femme peulh ! Et ce médicament que l'on prenait chaque semaine jusqu'à la fin de la grossesse ?

Penda : La chloroquine ? Plus jamais pour la femme enceinte. Maintenant c'est la SP. Elle est efficace, 2 doses seulement de 3 comprimés à prendre au CSCOM. Tout cela à un prix très abordable et le pari est gagné.

Baba : (à sa femme) Tu vois, la femme peulh a l'information... Il n'y a plus de temps à perdre. Allons ensemble au CSCOM pour la Consultation Prénatale (CPN) pour que tu prennes ta 1^{ère} dose de SP.

Voix off : « Femmes, portez et donnez la vie sans paludisme »

jingle

