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MCH PROGRAM DESCRIPTION

Mali



Overall MCH and health sector situation

Mali has one of the greatest health challenges of any country in the world, with a MMR of 464 per 100,000 live births, a child mortality rate of 191 per 1,000 live births, and a TFR of 6.6. Although the trend is positive with respect to these and other MCH indicators, the context is still among the most challenging in the world. USAID/Mali's strategic approach is to "significantly decrease the morbidity and mortality of children under 5 and women of reproductive age through the use of proven best practices and high-impact services." Since 2003, USAID's approach has focused on the provision of high-quality High Impact Health Services (HIHS) implemented through a combination of 1) linking communities and health services that are supported by evidence-based national policies; 2) delivering culturally and gender-sensitive community-based interventions; and 3) promoting key household-level health behaviors and practices.

MCH interventions at the Mission level

The following six technical areas comprise the high-impact health services:

- **Malaria prevention and control:** distribution of ITNs; provision of IPTp; provider training and policy development for the transition from chloroquine to ACTs; provision of technical assistance to the national malaria control program, including improved management of Global Fund funding for malaria. In December 2006, Mali was one of the eight new countries selected to become a PMI focus country, and thus, starting with FY08, USAID will increase the level of interventions in the four PMI program priority areas primarily targeting pregnant women and children under 5:
1) ACT for effective case management; 2) sulfadoxine-pyrimethamine for IPTp; 3) IRS; and 4) LLINs.
- **Diarrheal disease prevention and control:** technical assistance to the national diarrheal disease control program in policy development and strategic planning; community-based hygiene interventions; social marketing of ORS as part of overall oral rehydration therapy ORT; and mass media promotion of good hygiene and sanitation practices.
- **HIV/AIDS prevention and control:** training and materials development for voluntary counseling and testing; technical assistance to the National AIDS Control Program in sentinel and high-risk surveillance systems; support to community-based local NGOs in HIV prevention education for most-at-risk groups and counseling; capacity building of the Executive Secretariat for the High Council for National AIDS Control (HCNLS) as well as assisting HCNLS in the decentralization process.
- **Maternal health and family planning:** policy development and provider training in postpartum hemorrhage prevention; training of community service providers in birth planning and expanded antenatal care; provision of

contraceptive commodities to the public sector and training in commodity logistics and forecasting; provider training in counseling and the provision of a range of contraceptive methods; training, equipping, and supervising more than 4,000 community-based health volunteers currently providing FP counseling and distribution; training and accreditation of private FP/RH providers; policy and advocacy targeting government, civil society, and religious leaders.

- **Nutrition, including vitamin A supplementation:** technical and financial assistance to fortify wheat flour with multiple vitamins and cooking oil with vitamin A; provision of vitamin A commodities; technical and financial assistance for semiannual National Nutrition Weeks that include widespread vitamin A supplementation to children 6 to 59 months; and promotion of exclusive breastfeeding.
- **Immunization:** technical assistance to the national immunization coordinating committee for the introduction of new vaccines; technical and financial assistance at the community level to plan and carry out vaccination outreach activities; technical assistance for expanding the Reaching Every District approach; surveillance, planning, and evaluation assistance for National Immunization Days.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID is currently the largest bilateral donor to the Government of Mali and one of the top four health donors in Mali. USAID/Mali works closely with the MOH and the Ministry of Social Development to support the implementation of the National Health Sector Plan. Direct financial support is provided to MOH each year to implement a variety of high-impact health activities at the central, regional, and local levels. USAID works closely with the ministries on strategic program planning and implementation approaches, strengthening their accounting and administrative capacity, and providing various types of technical assistance when requested.

The HIHS program is supported by three USAID-funded bilateral projects:

- **National Technical Assistance (ATN)**, led by Abt Associates, focuses on national-level strategies, policies, standards, and guidelines. This program will end in September 2008 and will be replaced by a similar but new TASC III award.
- **Keneya Ciwara Project (PKC)**, led by Care International, focuses on community- and household-level service provision and care. This program will end in September 2008 and will be replaced by a follow-on award.
- **Pathways to Health (PTH)**, led by Population Services International, focuses on private sector and social marketing of commodities and provider practices. This program will end in September 2008 and will be replaced by a follow-on award.

In addition, the Groupe Pivot Sante Population (GPSP) (Health and Population Pivot Group) is a local Malian umbrella organization that groups more than 150 local NGOs. GPSP is currently partnering with USAID on a number of activities, including family planning promotion, community-based HIV prevention, and community capacity building, through subagreements with more than 40 local NGOs.

Several of USAID's centrally funded projects also support Mali's health program in MCH and FP/RH, including the Health Policy Initiative, the Capacity Project, the Fertility Awareness Project, the Prevention of Postpartum Hemorrhage Initiative (POPPHI) project, and the Child Survival Grant Program. The new USAID Initiative for Neglected Tropical Diseases selected Mali as one of five fast-track countries and began in-country activities in 2007.

USAID/Mali also provides direct funding to the MOH in support of its work in all the above mentioned technical areas.

To further enhance attainment of the HIHS objectives as well as support other sectors in USAID/Mali's portfolio, several interventions are collaboratively implemented between sectors. For example, the health projects collaborate with democracy and governance projects to strengthen locally elected health committees to openly and transparently manage the health centers, education projects to integrate messages on key health behaviors into school, adult literacy, and teacher training curricula, and cross-cutting communications for development projects to air health messages on local independent radio stations.

Specific actions supported as part of the MCH approach

USAID/Mali will be supporting a 3-year technical assistance program implemented by the Strengthening Pharmaceutical Systems (SPS) program. It will build sustainable capacity of national institutions to carry out the procurement, quality assurance, supply and distribution functions for pharmaceutical products.

USAID funds the Capacity Project to provide institutional support to the Nursing School in Gao, while bilateral funding directly funds the school as well. The Nursing School provides human resource capacity for the health service in the northern regions.

The USAID program's geographic focus

During the last 5-year phase (2004–2008) USAID programs provided national-level technical assistance and district-level support in 15 health districts covering approximately 30 percent of the Malian population. In the new 5-year phase (2009–2013), USAID programs will provide national- and regional-level technical assistance support and community mobilization nationwide with varying levels of intensity depending on the presence of other partners, notably UNICEF.

The Mission program's relationship to the country's health sector and development plans and strategies

PRODESS II is the second National Health and Social Development Program (2005–2011) that USAID supports. The Comité de Suivi (evaluation committee) approves the annual PRODESS operating plan, which includes funding gaps expected to be covered by donors. Several partners (Netherlands, Sweden, and Canada) provide direct budget support on an annual basis. All other donor funds are targeted to subsectors and programs. The Government of Mali contributes mostly to salaries and other operating costs in PRODESS annual budgets. The government also uses Heavily Indebted Poor Countries Initiative funds to pay some MOH salaries, especially at the Centre de santé communautaire (Community Health Center) level. Overall, the government has steadily increased the contribution of the national budget devoted to health from about 6 percent in 2000 to about 8 percent in 2005, with commitments for additional increases in the future. The Government of Mali's goal is to devote 15 percent of the national budget to health by 2015.

To further support the MOH, USAID has served as the chair of the Technical and Financial Health Partners Coordination Group, is a member of the Mali Country Coordinating Mechanism (CCM) of the Global Fund, and has provided critical technical assistance to the development of the latest Mali proposals to the Global Fund, resulting in an additional \$56 million for HIV/AIDS and \$29 million for malaria.

USAID also partners with other U.S. Government agencies active in Mali in a variety of ways including:

- The U.S. Centers for Disease Control and Prevention, a key technical resource on HIV/AIDS working within the MOH, receives a portion of its funding through a Participating Agency Service Agreement with USAID.
- The National Institutes of Health and USAID share information and planning orientations, particularly in the area of malaria, and USAID recently co-funded with NIH the visit by the president of the University of Mali to the United States.
- USAID also provides technical assistance to the Department of Defense's HIV/AIDS prevention partnership with the Malian Ministry of Defense.

Potential for linking Mission MCH resources with other health sector resources and initiatives

Initiatives:

- Mali has been a Family Planning Repositioning Global Leadership Partner since FY05.
- Mali is a nonfocus PEPFAR country.
- Mali is a PMI country.
- Mali is an International Health Partnership Plus priority country.

- Mali is a Catalytic Initiative country.
- Mali is a National Training and Development Institute country.
- Mali will receive funding for Health Services Strengthening from GAVI.

The Millennium Challenge Corporation approved a 5-year compact agreement for assistance of up to \$460.8 million to increase economic performance, including assistance for small and medium-sized enterprises, and agricultural output in order to reduce rural poverty and achieve national food security.

Avian Influenza

At the current time, no cases of avian influenza (AI) have been confirmed in Mali, although surrounding countries (Burkina Faso and Cote d'Ivoire) have reported cases. The Malian response to the avian flu crisis that erupted in Nigeria in 2005 was immediate and well organized, led by the Ministry of Livestock and Fisheries. A national crisis group, which includes the MOH and USAID, was convened and meets weekly. The Government of Mali developed a national action plan within the first months of the crisis and shared with partners and donors in order to mobilize their contributions. Surveillance among domestic and wild birds was initiated and is continuing through agricultural and wildlife outreach agents. USAID contributed \$150,000 in FY06 to the national action plan and also secured the delivery of personal protective equipment (PPE) kits to the government; additional USAID funds were contributed to support the international AI conference. Both health and veterinary services in Mali have been trained in avian flu detection and diagnosis and local laboratories have been scaled up to meet potential demand for testing.

A Pandemic Preparedness design team, led by the International Federation of the Red Cross, will make an initial visit to Mali in July 2008.

Planned results for the Mission's MCH investments over the next 5 years

- Increase percentage of women who have completed a pregnancy in the last 2 years who have received two or more doses of IPTp during that pregnancy from 4 percent (2006) to 85 percent in 2011.
- Increase percentage of children 6 to 59 months old receiving vitamin A supplementation from 80 percent (2006) to 85 percent in 2011.
- Increase percentage of pregnant women sleeping under an ITN from 29 percent (2006) to 85 percent in 2011.
- Increase percentage of women with at least one FANC visit from 70 percent (2006) to 85 percent by 2011.
- Increase percentage of children 12 to 23 months old fully vaccinated prior to first birthday from 48 percent (2006) to 60 percent by 2011.
- Increase percentage of children 12 months old who have received DPT3 from 68 percent (2006) to 80 percent by 2011.
- Increase percentage of children 6 to 59 months old with diarrhea receiving ORT from 24 percent (2006) to 55 percent by 2011.
- Increase percentage of children under 5 with fever in previous 2 weeks treated with appropriate antimalarial drugs within 24 hours of onset of symptoms from 15 percent (2006) to 85 percent by 2011.
- Increase contraceptive prevalence rate for modern methods in women of reproductive age from 6.4 percent (2006) to 10 percent by 2011.

USAID is in the process of realigning its bilateral programs to continue progress in achieving results under the HIHS approach.

| MCH COUNTRY SUMMARY: MALI | VALUE |
|---|---------------|
| MCH FY08 BUDGET | 6,443,000 USD |
| Country Impact Measures | |
| Number of births annually* | 582,000 |
| Number of under-5 deaths annually | 111,000 |
| Neonatal mortality rate (per 1,000 live births) | 46 |
| Infant mortality rate (per 1,000 live births) | 96 |
| Under-5 mortality rate (per 1,000 live births) | 191 |
| Maternal mortality ratio (per 100,000 live births) | 464 |
| Percent of children underweight (moderate/severe) | 27% |
| Birth Preparedness and Maternity Services | |
| Percent of women with at least one antenatal care (ANC) visit | 69% |
| Percent of women with at least four antenatal care (ANC) visits | 35% |
| Percent of women with a skilled attendant at birth | 49% |
| Percent of women receiving postpartum visit within 3 days of birth*** | 22% |
| Newborn Care and Treatment | |
| Percent of newborns whose mothers initiate immediate breastfeeding | 46% |
| Immunization | |
| Percent of children fully immunized at 1 year of age | 42% |
| Percent of DPT3 coverage | 68% |
| Percent of measles coverage | 68% |
| Maternal and Young Child Nutrition, Including Micronutrients | |
| Percent of mothers receiving iron-folate | 61% |
| Percent of children receiving adequate age-appropriate feeding | 30% |
| Percent of children under age 5 receiving vitamin A supplement in the past 6 months | 72% |
| Percent of children under 6 months exclusively breastfed | 38% |
| Treatment of Child Illness | |
| Percent of children with diarrhea treated with ORT | 49% |
| Percent of children with diarrhea treated with zinc | N/A |
| Percent of children with pneumonia taken to appropriate care | 38% |
| Water, Sanitation, and Hygiene | |
| Percent of population with access to improved water source** | 60% |
| Percent of population with access to improved sanitation** | 45% |
| <p>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. (Unless otherwise noted, the data source is the 2006 Demographic and Health Survey.)</p> | |