


# Mali EOP Summary & Results



### Geographic Implementation Areas

**Regions**

- 3/11 (27%)—Bamako, Kayes, Sikasso

**Districts**

- 13 districts and 6 communes of Bamako

**Facilities**

- 571 CHW sites

### Population

**Country**

- 18.4 million

**MCSP-supported areas**

- 7.53 million

## Technical Areas



**Program Dates**  
May 1, 2014–June 30, 2015

**Total Funding through Life of Project**  
\$5,978,302

### Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)	368
NMR (per 1,000 live births)	34
IMR (per 1,000 live births)	56
U5MR (per 1,000 live births)	95
CPR (modern)	10%
TFR	6.1
Children under 5 who sleep under a bed net	69%

Source: Mali DHS 2012

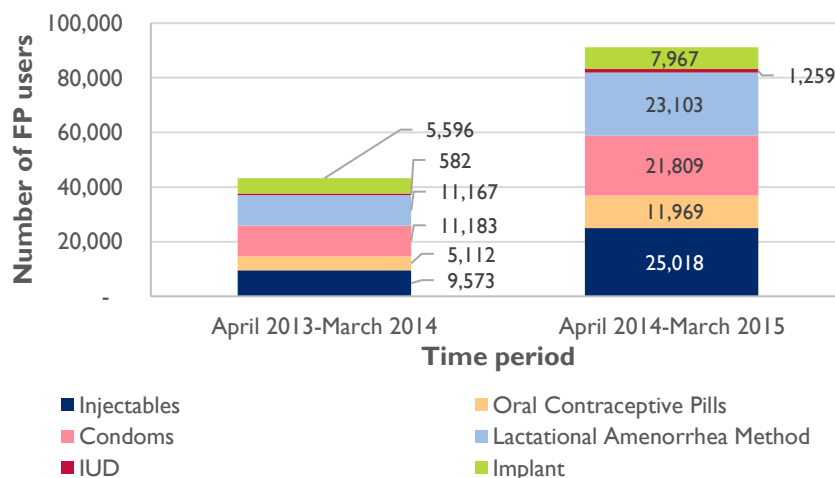
### Strategic Objectives through the Life of Project

- Contribute to improved national health strategies, policies, and programs that increase the population's access to an affordable integrated package of high-impact MNCH/FP, malaria, nutrition, and WASH interventions.
- Improve access to and the quality and efficiency of MNCH/FP, malaria, nutrition, and WASH services at the community level, including the Essential Community Package and social marketing products.
- Improve access to high-quality, integrated MNCH/FP services in public health facilities, private clinics, and ProFam sites in project areas.

### Highlights through the Life of Project

- Increased coordination, supervision, capacity-building, and financial support of CHWs and district officers to improve implementation of Mali's Essential Community Package.
- Aided the National Health Division's introduction of CHX by sharing strategies and lessons learned from other countries and guiding the creation of an action plan with the National Pharmaceutical Agency.
- Contributed to an increase in provision of facility-based FP from 43,213 in April 2013–March 2014 to 91,125 in April 2014–March 2015.
- Coordinated with the government to implement a seasonal malaria chemoprevention campaign, which reached 54% of the eligible children in Kita district with all three doses of treatment during the four recommended monthly rounds.

**Figure 1: Facility-based FP between the last year of MCHIP and MCSP**



# Mali

## Background

Mali has reduced under-5 mortality by more than 100 deaths per 1,000 live births since 1990. Gains in under-5 and infant mortality reduction are indicative of significant shifts in the coverage and use of health services in Mali, including increases in ANC attendance, facility-based births, vaccination coverage, and the proportion of children under-5 taken to a health facility for diarrhea and fever. However, given the extent of maternal and under-5 mortality, access to and use of high-quality health services must increase for Mali to continue to improve MNCH outcomes. MCSP was initiated in Mali to scale up achievements and address the major challenges identified in the MCHIP endline evaluation by supporting high-impact interventions, with a focus on ensuring women, newborns, and children have equitable access to high-quality health care services. MCSP worked with the Government of Mali, civil society, the private sector, health care providers, and communities to increase the population's access to affordable, high-impact MNCH, FP, malaria, nutrition, and WASH interventions in public health facilities, private clinics, ProFam<sup>33</sup> sites, and at the community level.

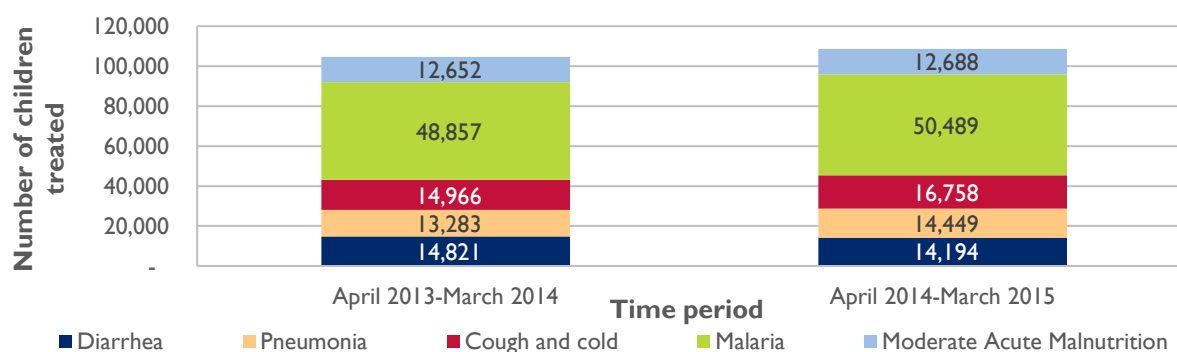
## Key Accomplishments

### *Contributed to Improvements in the Essential Community Package*

MCHIP's endline analysis showed that community members were dissatisfied with the country's Essential Community Package because it only included integrated management of illness among children, not newborns or adults, and it suffered from several implementation challenges. In response, MCSP worked to finalize the strategic plan for the package's implementation through support of national meetings to convene stakeholders and experts, as well as development of a harmonized community health database.

The MCHIP analysis also revealed insufficient leadership by and involvement of stakeholders at the regional, district, and community levels, and found that CHWs faced insufficient supervision by the health system, a lack of supplies, irregular payment of incentives, inadequate housing, marginalization, and sexual harassment. In response, MCSP helped with the coordination, supervision, capacity-building, and financial support of CHWs and placed district officers in all 13 supported districts to offer an additional layer of oversight and support at the community level. In total, 571 CHWs received at least one supervision visit within a 1-year period, 90% of whom received at least five supervision visits from a community health center technical director, MCSP district officer, and/or teams of Ministry of Public Health supervisors. Capacity-building for IMCI was also conducted during supervisory visits to 237 of the 305 community health centers. Through its support for the Essential Community Package, MCSP contributed to improvements to access, treatment, and referral for essential child health services. Notably, CHWs maintained and then increased the number of children they treated from 104,579 during the last year of MCHIP (April 2013 to March 2014) to 108,578 during MCSP (April 2014 to March 2015); comparison of these totals and diagnosis/treatment are reflected in Figure 2.

**Figure 2. Comparison of number of children treated by CHWs between the last year of MCHIP and MCSP**



<sup>33</sup> ProFam is a social franchise approach used with private health clinics in Mali that was created and is led by Population Services International in Mali.

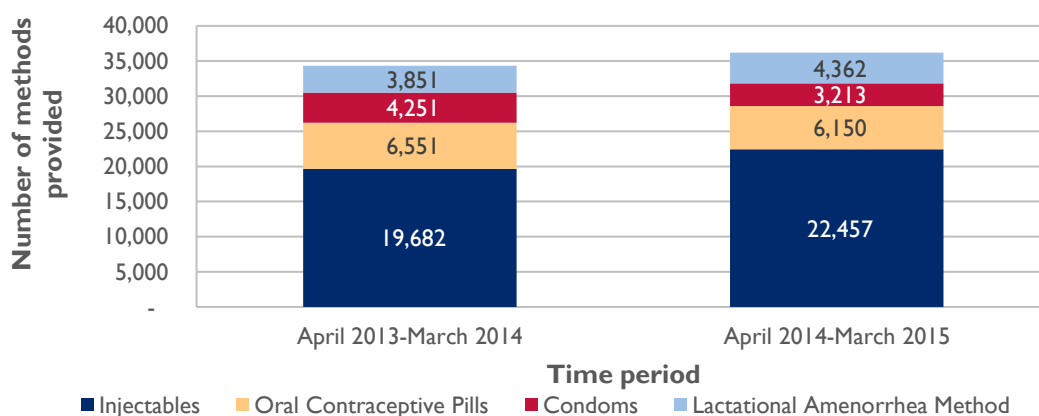
## Provided Support for Additional National Health Strategies, Policies, and Programs

MCSP supported the creation of a national scorecard to track progress in MNCH and FP. It also supported the validation of Mali's national strategic plan for reproductive health and FP, and its approval by the Ouagadougou Partnership, which coordinates national FP activities in Francophone West Africa. The program also assisted with the alignment of national policies to WHO's guidelines on MiP and malaria in children under 5. Additionally, MCSP aided the National Health Division's introduction of CHX for umbilical cord care by sharing global strategies and lessons learned from introduction in other countries; supporting development, implementation, and dissemination of an assessment of cord care strategies at facility and community levels; and guiding the creation of an action plan for scale-up with the National Pharmaceutical Agency to be operationalized under the new bilateral program.

## Improved FP Awareness and Provision

MCSP's support to the Essential Community Package focused on community awareness of healthy timing and spacing of pregnancy and community-based distribution of modern FP methods, including injectables and implants. Between 2011 and 2014, the percentage of women who thought it was important to space consecutive births by at least 24 months rose from 50% to 66%. In MCSP-supported areas, these gains led to a 5% increase in the number of FP methods provided by CHWs, from 34,335 during the last year of MCHIP (April 2013 to March 2014) to 36,182 during MCSP (April 2014 to March 2015), as seen in Figure 3.

**Figure 3. FP provision by CHWs between the last year of MCHIP and MCSP**



As a part of its social marketing activities in Mali, the project aired TV spots to raise awareness about the benefits of FP. MCSP also organized promotional days for integrated FP and vaccination to strengthen the delivery of postpartum services in community health centers in Bamako, Sikasso, and Kayes. During these events, 70,171 women voluntarily received FP services, and of those women, 30,451 chose long-acting methods: 18,383 selected implants, and 12,068 chose IUDs.

MCSP also incorporated FP counseling and provision into postabortion care services based on the results of a needs assessment conducted by MCHIP. To do this, MCSP trained providers on postabortion care and LARCs in supported facilities and in national and regional hospitals in Bamako, Kayes, and Sikasso using a combination of classroom lessons, competency building using anatomic models, and practical instruction in facilities. In facilities where post-training follow-up was conducted, almost all 148 postabortion care clients had received FP counseling, and 88 had chosen a FP method, of which 41 opted to use LARC. Due to these and other service-strengthening activities, provision of facility-based FP more than doubled between the period of April 2013–March 2014 and April 2014–March 2015, as seen in Figure 1.

## Implemented Seasonal Malaria Chemoprevention Campaign

MCSP and the Government of Mali implemented a seasonal malaria chemoprevention campaign at national and district levels (Kita district) to protect children from malaria through the existing health system. Seasonal malaria chemoprevention is a WHO-recommended approach that involves the distribution of amodiaquine plus SP for 3 days per month during the 4 months with the highest malaria transmission, along with

continued use of insecticide-treated bed nets. Promotional messages were relayed through popular radio programs and other local media channels; town criers; administrative, political, and religious leaders; women’s groups; and local community health associations. MCSP also supported the retraining of the 48 health care providers who manage malaria cases at health facilities and community health centers in Kita district on the Ministry of Public Health-developed training manual. An additional 665 CHWs, community health center technical directors, and volunteers were trained on the drug distribution strategy.

As a part of this activity, the project also supported the local Malaria Research and Training Center to conduct a household survey to determine whether this campaign could achieve sufficient efficacy to reduce the incidence of malaria and anemia among children 3–59 months. The survey found 65–80% of the 103,296 children 3–59 months in Kita had received at least one dose of amodiaquine plus SP during the individual monthly rounds of treatment. In total, 54% of the eligible children in Kita received all three doses of treatment during the four recommended monthly rounds. This demonstrated that chemoprevention distribution and adherence could attain a high enough level of efficacy using the existing health system and reduce incidence of malaria and anemia among these children.

## Recommendations for the Future

The following is a summary of key recommendations that MCSP shared with USAID and disseminated during the national MCSP closeout event. In addition, MCSP participated in numerous work planning meetings with the two new bilateral projects and at the USAID partners’ meeting to integrate these recommendations into the year 1 work plan of both new projects. MCSP partners have worked closely with the new bilateral to successfully facilitate the transition of social marketing brands and commodities.

- **Improve service provision at the community health level.** To do so, it will be important to strengthen community outreach through supervision of the Essential Community Package, integration of project activities, and provision of monthly supervision to CHWs. Future programs should also ensure functionality of Essential Community Package coordination committees in health districts, organize health district monitoring meetings, and integrate Essential Community Package data into health district’s quarterly activity reports to effectively analyze and use data to aid decision-making.
- **Support the functionality of the Essential Community Package at the facility level.** These activities should include visits to each health district with all Essential Community Package implementation actors and communities. All CHWs should also be trained/retrained on Essential Community Package implementation to include the integrated package.
- **Observe the supervisory visit schedule.** Identify alternatives in the absence of focal points for the supervision of Essential Community Package and integrated program activities, and ensure the delivery of funds on time.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of (national) policies drafted with MCSP support	2: the national strategic plan for Essential Community Package, and the national plan for the introduction of CHX (target: 2; target achieved)
Number of technical directors of community health centers, CHWs, and volunteers trained on the Essential Community Package and seasonal malaria chemoprevention in MCSP-supported districts	1,042 (target: 818; target exceeded)
Percentage of sick children with pneumonia receiving appropriate treatment by CHWs in MCSP-supported districts	93% (734/773, target: 90%; target exceeded)
Number of new FP acceptors through CHWs in MCSP-supported districts	13,282 (target: 15,500; 86% achieved)
Number of new FP acceptors in MCSP-supported facilities	28,088 (target: 32,000; 88% achieved)

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of newborns in MCSP-supported districts who received a PNC visit by a CHW within 48 hours of birth	14,755 (target: 15,812; 93% achieved)
Percentage of supportive supervision visits with reports that include key issues that need to be addressed and a follow-up mechanism/timeline for addressing these	77% (target: 100%; 77% achieved)
Number of health workers trained in MNCH/FP and malaria services at MCSP-supported facilities	233 (target: 237; 98% achieved)

For a list of technical products developed by MCSP related to this country, please click [here](#).