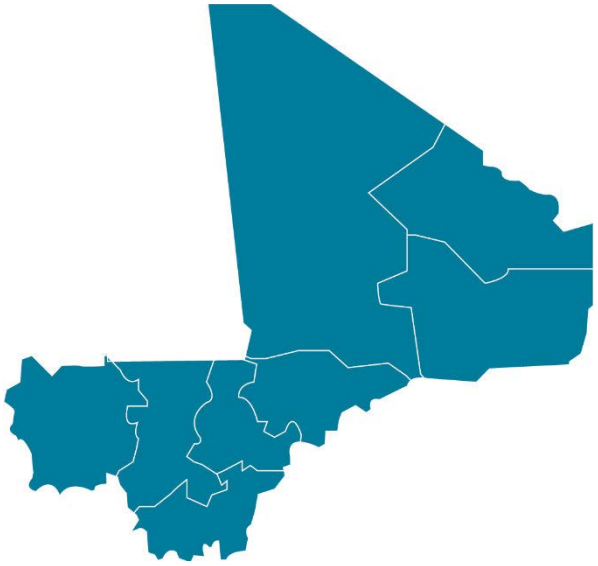
# MCHIP Country Brief: Mali



| Selected Health and Demographic Data for Mali | |
|---|---|
| Maternal mortality ratio (deaths/100,000 live births) | 464 |
| Neonatal mortality rate (deaths/1,000 live births) | 35 |
| Under-5 mortality rate (deaths/1,000 live births) | 95 |
| Infant mortality rate (deaths/1,000 live births) | 56 |
| Contraceptive prevalence rate | 10 |
| Total fertility rate | 6.1 |
| Skilled birth attendant coverage | 59% |
| Antenatal care,4+ visits | 35.4% |
| *Sources*: World Bank; Mali DHS 2006 and 2012–2013. | |

**Health Areas:**

- Maternal Health
- Newborn Health
- Child Health
- HIV/AIDS
- WASH
- Malaria
- Nutrition
- Family Planning

| | | | | | | |
|---|---|---|---|---|---|---|
| Program Dates | October 1, 2010–June 30, 2014 | | | | | |
| Total Mission Funding | Redacted [redacted] | | | | | |
| Geographic Coverage | No. (%) of Regions | 25% | No. of Districts | 7 | No. of facilities | 166 |
| Country and HQ Contacts | Aissata (Aida) Lo, Anita Gibson, Pat Taylor, Rebecca Levine, Erin Fleming, Alyssa Om'Iniabohs, Winnie Mwebesa, Karen Waltensperger, Eric Swedberg, Serge Raharison, Nefra Faltas, Soo Kim, Holly Blanchard, Anne Pfitzer, Tsigue Pleah, Devon Mackenzie, Bethany Arnold, Ian Moise, Aimee Dickerson | | | | | |

# MATERNAL, NEWBORN, AND CHILD HEALTH; FAMILY PLANNING; MALARIA

## INTRODUCTION

The USAID-funded Maternal and Child Health Integrated Program (MCHIP) was launched in Mali in 2010 following the identification of the country as one of USAID's 30 priority maternal and child health countries for increased investment. MCHIP/Mali's vision was to significantly contribute to accelerated and sustainable improvement in maternal, newborn, and child health (MNCH) in Mali, through the scaling up of evidence-based, high-impact, integrated public health interventions. MCHIP/Mali worked strategically at the national, regional, and districts levels, building and expanding on existing platforms to promote proven and effective maternal, newborn, and child health and family planning (MNCH/FP) programming.

From 2010 to 2014, MCHIP/Mali's activities were informed by the following objectives (which were refined during the course of the project):

- **Objective 1.** 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 interventions;
- **Objective 2.** Improve access to and the quality and efficiency of, the essential community package (SEC) through implementation and monitoring and evaluation (M&E) support in the two Regions of Kayes and Sikasso; and
- **Objective 3.** Improve access to and the quality and efficiency of facility-based integrated maternal, newborn health and family planning (MNH/FP) services.

In keeping with these objectives, MCHIP/Mali's key technical areas included:

- ***Maternal health:*** in order to reduce morbidity and mortality associated with pregnancy, labor and delivery, and the postpartum period;
- ***Newborn health:*** to reduce illness and death associated with newborn asphyxia, prematurity, and low birth weight;
- ***Child health:*** to reduce morbidity and mortality associated with the most common causes of childhood illness including diarrhea, malaria, and pneumonia;
- ***Postpartum family planning:*** to reduce maternal, infant, and child mortality and morbidity, avert unintended pregnancies, and support healthy pregnancy spacing; and
- ***Cross-cutting*****:** capacity-building and training; monitoring and evaluation (M&E); health management information systems (HMIS); research; health promotion; communication; and advocacy.

MCHIP's activities were designed to increase access to and utilization of quality, integrated, evidence-based MNCH/FP interventions across the household-to-hospital continuum of care (HHCC) and spanned the antenatal care period up to a child's fifth year of age, the prevent-protect-treat continuum, and the policy, health facility, and community levels.

MCHIP worked hand in hand with the Ministry of Health (MOH) and with other key partners, supporting activities at the national level as well as in selected regions and districts. MCHIP began work in the Districts of Kita and Diéma in the Kayes Region and expanded to the Districts of Bougouni, Selingué, Kolondieba, Yanfolila, and Yorosso in the Sikasso Region in

2013. Over the life of the project (LOP), MCHIP strengthened the quality of MNCH/FP services available, at the community and facility levels, to a population of over 1.49 million.
Critical to the success of many of MCHIP's activities was the forging of key strategic partnerships within the Malian public health community. From 2010–2014, the MCHIP team built strong relationships and formed close collaborations with numerous departments/units within the MOH as well as with other key partners and stakeholders including other USAID-support projects, international organizations such as UNICEF and WHO, NGOs and CBOs, and key professional societies and associations.

Through focused and consistent cooperation, coordination, and collaboration with these stakeholders, MCHIP realized several important program successes over the life of the project. Life-of-project performance is shown in the table below for selected project indicators.

**Summary of Life-of-Project Performance by Selected Project Indicators**

| INDICATOR | BASELINE | LOP PERFORMANCE | NOTES |
|---|---|---|---|
| Number of national policies guidelines or documents developed or revised with MCHIP support | 0 | 6 | Includes both the SEC and Reproductive Health National Strategic Plans |
| Number of new family planning acceptors in the last 12 months in MCHIP-supported districts | 5,198 | 20,294 | Figure includes both acceptors at the health facility level and via ASCs |
| Percentage of sick children with malaria receiving appropriate treatment by ASCs in MCHIP-supported districts | 61% | 96% | Data collected during quarterly ASC supervision visits |
| Percentage of mothers with a postpartum/newborn visit within 2 days of birth by ASCs in MCHIP-supported districts | 33% | 61% | Data source: Baseline and endline survey conducted in Kita and Diema (2011 and 2014) |
| Percentage of women delivering in MCHIP-supported facilities receiving AMTSL | 72% | 85% | HMIS Data |

## Endline Survey Results

Noteworthy results from MCHIP's endline survey conducted in April 2014 in the Kayes districts of Kita and Diema are highlighted below:

- **Birth spacing:** Baseline and endline survey results suggest that women are now more aware of the need for adequate birth spacing. Indeed, the proportion of women who think there should be at least 24 months between two consecutive births rose from 50* in 2011 to 66% in 2014. Moreover, the tendency to rely on God for the number of children to have declined considerably from 33% at the start of the program to just 12% by the end.
- **Contraception:** Knowledge of contraceptive methods is almost universal (98% in 2014), with use of a modern method increasing from 11% in 2011 to 14% in 2014. Among those who used modern methods, findings showed women are more likely to use long term methods such as injectables and implants.

*"The villagers call me 'Doctoro Muso' (Lady Doctor). I like my work – the villagers respect me! They always greet me properly and invite me to their baptisms and weddings. The fact that I am respected enables my messages to get through and helps me better care for people."*

- MCHIP trained ASC, Soulouba Village

- **ANC & SBA:** While not statistically significant, increases were seen in the number of women attending ANC visits (74% to 80%) and those giving birth in a health facility (47% to 50%).
- **Essential newborn care practices:** Findings show progress was made in delaying the first bath for newborns from 52% in 2011 to 61% in 2014. A noteworthy increase in the administration of colostrum was found with an increase from 79% at the start of the project to 89% by 2014.
- **Postnatal care:** As highlighted above, postnatal care visits for mothers and newborns within 2 days of birth, increased dramatically from 33% in 2011 to 61% in 2014.
- **Management of childhood illness:** Feeding practices during an episode of diarrhea among children under five years of age showed positive change in the behavior of mothers. There was a significant increase in mothers who reported giving more fluids or breast milk during an episode of diarrhea and those who reported administering ORS.
- **Exposure to MNCH/FP messages:** Exposure to mass media messages related to maternal and child health increased dramatically among mothers interviewed from 24% in 2011 to 53% in 2014.
- **Health facility readiness:** Findings showed that the availability and stock of key commodities including oxytocin, vitamin K, and magnesium sulfate increased between 2011 and 2014. Of particular note is the increase in facilities with oxytocin available at the time of the survey, from 50% in 2011 to 100% in 2014.

## KEY ACHIEVEMENTS

- **MCHIP served as a major catalyst for improved national policies in support of MNCH/FP.** For example, MCHIP supported the updating, review, development, and/or finalization of several key MNCH policies and guidelines such as the National Reproductive Health Strategic Plan, the "Soins Essentiels Communautaires" (SEC) Implementation Guide and Strategic Plan, and focused antenatal care (FANC) guidelines to include revised WHO guidance on intermittent preventive treatment of malaria for pregnant women. In addition, MCHIP strengthened the leadership and stewardship role of the MOH at national, regional, and district levels.
- **MCHIP supported the development, rollout, and implementation of the SEC.** At the community level, MCHIP supported the effective implementation of the "Soins Essentiels Communautaires" (SEC), which is delivered by a new cadre of salaried community health workers (Agents de Santé Communautaire or ASC) to extend simple preventive and curative services into communities located greater than five kilometers from a *Centre de Sante Communautaire*/Community Health Center (CSCOM). By identifying, training, equipping, and supporting ASCs in its target districts, MCHIP ensured that a package of evidence-based prevention- and treatment-focused interventions including integrated community case management of childhood illnesses (iCCM), postpartum and postnatal care visits for mothers and newborns, and family planning were available to vulnerable communities. Over the course of the project, MCHIP trained 426 ASCs and 3,318 r*elais* (community volunteers who conduct health promotion activities).
- **MCHIP supported scaling-up of under-utilized and newer MNCH interventions in target districts.** MCHIP supported the introduction or revitalization of several evidence-based, high-impact MNCH interventions including Kangaroo Mother Care (KMC) for managing low birth weight (LBW) babies; Helping Babies Breathe (HBB) for newborn resuscitation; long-acting and reversible contraception (LARC) such as implants and

postpartum intrauterine devices (PPIUD); and integrated community case management (iCCM) for managing sick infants and children in the community.

- **MCHIP introduced an innovative, skills-based training approach to improve effectiveness of MNH/FP clinical training.** MCHIP introduced an integrated MNH/FP training approach at the regional and district levels, which emphasized acquisition of skills and competencies for AMTSL, essential newborn care (ENC) including the Helping Babies Breathe (HBB) newborn resuscitation training; and postpartum family planning with an emphasis on long-acting methods. As part of this program approach, MCHIP developed training materials, prepared trainers, and oriented supervisors to plan for and conduct post-training follow-up and provide supportive supervision. Between 2010 and 2014, MCHIP trained over 600 facility-based health care workers.

MCHIP-trained midwife, counseling mother of an 8-hours-old newborn on postpartum family planning options.

- **MCHIP supported various program learning activities with documented results which have influenced national learning and policy.** Learning from various MCHIP led and/or supported studies including the National SEC Evaluation, SEC LQAS Household Survey, and SEC Qualitative Study, were utilized to inform national policy and practice. This includes, most notably, the National Strategic Plan for the SEC recently developed by the Secretary General's office, which details the scale-up of the SEC throughout the nation and outlines the government's plan for financing the SEC, which has been a key issue since the outset of the SEC initiative. MCHIP also implemented a demonstration study to assess the feasibility and safety of midwifery assistants (*matrons*) providing contraceptive implants at CSCOMs, with the assumption that task-shifting long-acting family planning methods to *matrons* will safely increase the availability and choice of family planning methods for all women, specifically during the first year postpartum.

*"Nothing is insurmountable; it is just a matter of having the right competencies to get the work done. I would never have imagined that I would ever one day insert either an IUD or a Jadelle implant. Before, at the CSCom, we would only observe when teams would come out from Bamako to carry out Jadelle insertions."*

– MCHIP trained midwife

## WAY FORWARD

Mali, while showing some encouraging data gains in combating mortality and morbidity, still has a long road ahead to reverse the unacceptably high mortality levels among women and children under five. Below are some key recommendations for the way forward based on MCHIP's experience and learning over the last four years of program implementation.

- Advocacy for/support provision of high-level coordination for MNCH/FP activities within the MOH in order to strengthen national-level strategic planning, coordination, and program implementation.
- Advocacy for inclusion and standardization of high-impact MNCH/FP packages and competency-based training approaches into pre-service education curricula.

- Strengthening of MOH capacity in the area of health information systems and monitoring and evaluation.
- Strengthening of supervision of ASCs through the integration of supportive supervision with other outreach activities to reduce the burden on the health system. In addition, consideration of extending supervisory roles to other health cadres, including the nurses at the CSCOM level, rather than leave the responsibility solely on the head doctor in charge.
- Increased and improved community preparation and engagement for ASCs to ensure that they are fully integrated into the community upon posting.
- Prioritize the capacity-building of civil society organization in an effort to strengthen their ability to mobilize communities for improved knowledge, access to, and utilization of MNCH/FP services. The capacity-building of local CSOs will foster further community engagement in health programs and facilitate sustainability and local ownership of community interventions.

# CONDOM SOCIAL MARKETING

## INTRODUCTION

The goal of the U.S. Agency for International Development's (USAID's) Maternal and Child Health Integrated Program (MCHIP) was to assist in scaling up evidence-based, high-impact maternal, newborn, and child health (MNCH) interventions to thereby contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4, 5, and 6. The MCHIP component executed by PSI/Mali specifically contributed to:

- Increasing the availability and use of high-quality modern contraceptive methods among women of reproductive age;
- Reducing infant and child morbidity and mortality due to diarrhea by increasing the employment of point-of-use water treatment, oral rehydration salts (ORS), and zinc; and
- Reducing morbidity and mortality due to HIV and AIDS by increasing access to and use of safer sex products, HIV counseling and testing, and AIDS treatment and care in Mali.

## KEY ACHIEVEMENTS

In the execution of the project, PSI focused on promoting sustainable, country-led programming through the implementation of sound research, best practices, monitoring and evaluation, and advocacy techniques, to influence national policies.

Despite Mali's unstable socio-political situation, PSI and its partners have been able to make significant progress in executing the project's main deliverables. Through its focus on research-based behavior change communication (BCC) and social marketing, the MCHIP program in Mali implemented by PSI and its partners has had the following impact on health between October 2011 and June 2014:

**MCHIP Project Contributions to Health Impact between October and June 2012**

| HEALTH AREA | COUPLE YEARS OF PROTECTION (CYP) OR DISABILITY-ADJUSTED LIFE YEARS (DALYS) GENERATED | DEATHS AVERTED |
|---|---|---|
| Family -planning (FP) | 1,320,829 CYPs | 1,425 maternal deaths averted and 506,993 Unintended Pregnancies averted |
| HIV prevention | 236,201 DALYs | 4,453 HIV cases averted |
| Water, sanitation, and hygiene (WASH) | 36,518 DALYs | 441 diarrhea related deaths averted |

*Source*: PSI Mali Management Information System.

Strategies used to achieve the results above include:

### *Focus On Capacity Building*

Under MCHIP, PSI/Mali contributed to the development of local capacity in order to foster effective, country-led programming that will help strengthen the health system. The project focused on expanding and transitioning expertise and capacity to local private clinic providers and community-based centers and organizations to offer high-quality counseling and services for the full range of family planning (FP) methods and develop evidence-based communication strategies and high-quality materials for each audience.

### *Strong Public Private Partnership*

The implementation focused on engaging the private sector actors, such as clinics owners and local cell phone and mining companies, to contribute to improvement in health outcomes. This area of implementation contributed to strengthen public-private partnership by showing concrete examples of private sector engagement.

### *Strategic Integration of Services*

The strategic integration of services is a universally recognized, high-impact best practice under USAID's integration strategies within the Global Health Initiative, and has been noted as an effective way to encourage the adoption of safer behaviors through the provision of a comprehensive package of services. Under MCHIP, PSI broadened family planning, HIV/AIDS, and WASH services offered to key populations: Women of Reproductive Age, People Living with HIV/AIDS, Men Who Have Sex with Men (MSM), and Youth. A list of major activities undertaken is available on page 6 of this report.

**Main Interventions and Coverage**

| TARGET POPULATIONS / HEALTH AREAS ACTIVITIES | WOMEN OF REPRODUCTIVE AGE | PEOPLE LIVING WITH HIV | MOST AT RISK POPULATIONS (MARPS) (MSM, COMMERCIAL SEX WORKERS, INJECTION DRUG USERS) | YOUTH |
|---|---|---|---|---|

| TARGET POPULATIONS / HEALTH AREAS ACTIVITIES | WOMEN OF REPRODUCTIVE AGE | PEOPLE LIVING WITH HIV | MOST AT RISK POPULATIONS (MARPS) (MSM, COMMERCIAL SEX WORKERS, INJECTION DRUG USERS) | YOUTH |
|---|---|---|---|---|
| **Family planning and reproductive health** | Demand creation and support to long-acting reversible contraceptive (LARC) service delivery in community health centers in Bamako, Kayes, and Sikasso via mobile outreach model | FP demand creation and referral to services | FP demand creation and referral to services | FP demand creation through school theaters on prevention themes and referral to services |
| **HIV/TB prevention and linkage to services** | HIV counseling and testing services offered through ProFam<br><br>TB screening is also offered during counseling and testing for HIV | Design and production of targeted BCC materials, and prevention kits for local nongovernmental organizations (NGOs) to use and refer to services | Design and production of targeted BCC materials for local NGOs to use and refer to services | Community radio show designed and animated by youth volunteers School theaters on prevention themes in Bamako |
| **Water, sanitation, and child survival** | Demand creation for ORS/zinc and Aquatabs, especially in rural and peri-urban areas | Distribution of Positive Living ("Keneyasabati") kit | N/A | School theaters on prevention themes |

## WAY FORWARD

**Mobile rural/urban outreach** based **on dedicated providers** is an important service delivery model in family planning that has the potential to quickly help close the gap in service delivery between urban and rural areas. Furthermore, in low-resource and low contraceptive prevalence rate settings, this model significantly increases LARCs uptake by providers, hence helping to disseminate task shifting, and by women of reproductive age. The success of this project has prompted Mali's MOH to include the mobile rural and urban outreach model as one of the best practices to use during the implementation of its new FP strategic plan, to be adopted soon. [1]

A[1] Mali National Family Planning Strategic Plan, final draft version, March 2014.

Midwife Kouma Diawara counsults with long-term FP client

**TB integration into HIV counseling and testing**: During the implementation of the project, it was noticed that there was a missed opportunity to offer TB screening and referrals to diagnosis to vulnerable population such as people living with HIV, miners, commercial sex workers (living in crowded compounds), and women of reproductive age. The project was able to demonstrate that TB screening can be integrated in HIV counseling and testing with minimal adjustments, for example, to the time needed by providers and clients for the counseling session. The project also helped to reveal a lack of governance in integrated activities. There is therefore a need to define a national lead on integrated activities in the country to allow better coordination and uptake of integrated activities at the lowest level of the health care system, and during mobile service delivery. Additionally, improvement in coordination will lead to better data collection and analysis on a national scale.

**Integration of cervical cancer screening into LARC service delivery:** Over the last year of implementation, the project team saw an opportunity to improve women's health by taking advantage of LARCs, especially intrauterine device (IUD) service provision, to offer low-cost cervical cancer screening using acetic acid to women, if they consented. Over the past few months, this experience has demonstrated that there is minimal resistance to the service from women when the offer is preceded by comprehensive counseling on FP and cervical cancer. Additionally, in a context where women do not regularly seek gynecologic/obstetric care, this type of integration presents an opportunity to provide a potential lifesaving screening.

Overall, the MCHIP project in Mali significantly contributed to increased awareness and adoption of healthy behaviors, while also increasing access to lifesaving health services and products.