



U.S. Agency for International Development  
Bamako, Mali

# Country Strategic Plan

FY 2003 – 2012



REDUCING POVERTY AND  
ACCELERATING ECONOMIC  
GROWTH

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## High Impact Health Services (SO6)

### 1. Development Challenge and USAID's Advantage

Mali faces daunting challenges in improving the health of her citizens. Statistically, the country is one of the worst. The threat of HIV/AIDS is very real, mortality rates at all age levels are high, and family planning has not taken hold. There are few and distant health services available to the bulk of the population, inadequate numbers of health staff and limited amounts of equipment. Healthy practices and appropriate health seeking behaviors are limited in the Malian cultural and social setting, as are financial resources necessary to meet the needs. Listed are some of the key challenges.

**Health Status:** Mali has extremely high rates of infant and under-five mortality, even by African standards, of 113 and 229/1000 live births, respectively. Moreover, these rates have shown little or no improvement over time. The total fertility rate in Mali is 6.8 children per women, one of the highest in sub-Saharan Africa. While other West African countries have experienced declines in this indicator, Mali's fertility has stagnated.

**HIV/AIDS:** While the general HIV prevalence in Mali is low, high rates in certain bridging populations underscore the necessity of maintaining a strong focus on STI/HIV prevention. Adult HIV prevalence in Mali is 1.7% (2001 DHS), with higher infection rates among women (2%) than among men (1.3%). However, the rates of sexually transmitted infections (STIs) and HIV among certain high-risk groups are much higher. For example, a Centers for Disease Control study in 2000 of six cities found a 29% HIV prevalence among sex workers and 6.2% among bus station attendants.

**Causes of under-five mortality:** Data sources indicate that malaria is a major cause of child deaths due to inadequate prevention and treatment. Because of low vaccination rates (22% fully vaccinated – 2001 DHS), measles and neonatal tetanus are still important causes of under-five mortality. Repeated episodes of diarrhea (19% of children had diarrhea during the two weeks prior to the 2001 DHS) increase the vulnerability of Malian children to other diseases and result in deaths due to dehydration. The DHS reported use of oral rehydration therapy in only 30% of diarrheal cases. Among children 6 to 59 months old, 68% have diets that are vitamin A deficient. Yet vitamin A supplementation is still not implemented nationwide. Eleven percent of children under five years old suffer from acute malnutrition, while 39% are stunted (DHS 2001).

**Causes of maternal mortality and morbidity:** Lack of family planning utilization and poor access to health services contribute to high maternal mortality (UNICEF estimated a maternal mortality ratio of 582/100,000). Other contributing factors include harmful traditional practices, early-age child bearing, closely spaced births, unsafe abortions, and inadequate obstetrical care. One study (Sikasso region) reported that almost two-thirds of women of reproductive age are anemic, the majority from repeated attacks of malaria, 55% of which went untreated. Less than a third of pregnant women have had two or more doses of tetanus toxoid vaccine (32.1% - 2001 DHS), an indication of a low level of medical care for pregnant women.

**Family Planning:** High fertility negatively impacts the health and economical development of Mali. Modern contraceptive prevalence is 5.7% in Mali, one of the lowest of any USAID-supported country. Based on an annual population growth rate of 2.7%, Mali's current national population figure of 12 million is projected to increase to 23.2 million by 2020. Moreover, the DHS reports a large gap between married women who have ever used (15%) versus currently use (5%) modern contraceptives.

**Government Response:** In 1990, the Government of Mali adopted a health policy initiative known as "Politique Sectorielle de Sante" (PDSS), followed by a ten-year plan (1998-2007) for health and social development, and a first phase five-year strategy called PRODESS. The Government's health policy is based on the principles of Primary Health Care and the "Bamako Initiative", focused on increasing the coverage and the quality of the health system nationwide.

The policy encourages communities to participate in managing and financing health care through the creation of community health committees (ASACOs), which serve as boards of directors for community health centers (CSCOMs). However, despite these worthwhile efforts, adequately staffed, equipped, and supplied community facilities are still insufficient in number.

Shortages and retention of health staff (primarily nurses) remain major problems. More than 65% of nurses, midwives and physicians work in Bamako and regional capitals, leaving large segments of the rural populations with limited or no access to qualified health professionals. At the beginning of CY 2001, of Mali's 517 CSCOMs, 228 CSCOMs (mostly in rural areas) were not functional due to lack of personnel. Yet the MOH intends to construct 150 more CSCOMs. Pre-service training is weak on managerial skills and some important technical areas (family planning, nutrition). While in-service training courses are plentiful, they divert the already scarce staff from service delivery without necessarily addressing performance needs. Supervision and its role in ensuring quality services also need to be strengthened. Despite community financing of health centers and essential drugs in many localities, there are still shortages of key commodities including contraceptives in some places, particularly in the north.

Due to the limited health infrastructure, staffing, poverty, and cultural/behavioral reluctance to demand health services, utilization of health facilities is low, with only 0.17 new visits /resident/year (MOH Report, 2001). About 40% of the population lives more than 15 kilometers from a health service delivery site (considered by WHO to be the maximum distance for access to a facility), making the delivery of health services in communities difficult.

Empowerment and action, when it comes to healthy practices and appropriate health seeking behavior, is limited in the Malian cultural and social setting. Health messages are apparently not reaching appropriate individuals, are not having the desired effect, or both. Malians are still inadequately informed about the benefits of health services. Building on elements of the culture to engender appropriate and healthy practices and behaviors is critical to reach the bulk of the population without easy access to health facilities.

Women's lack of empowerment at the health care decision-making level, compounded by financial dependency, contribute to less than desirable health seeking behaviors. Gender relations have been considered when designing High Impact Health Services (SO6). Interventions and strategies have been identified to ensure that women have access to high impact health services and that men become increasingly involved in health care decisions and behaviors. Such efforts will be facilitated through non-government organizations (NGOs) and community groups, with attention to increasing capacity among women as role models.

Improvements in the health status of target groups in Mali have lagged behind expectations. We have considered this in the determination of our strategic directions, and nevertheless see great opportunity in the coming years. SO6 will: 1) bring significant resources and expertise in support of key, focused interventions that address well-understood health problems; 2) build consensus with other donors on priority foci and work with the MOH in a coordinated fashion to ensure a logical, continuous process in overcoming health problems; and, building on Mali's democratization and decentralization, 3) catalyze community and individual actions for self-improvement and fulfillment. This moment also coincides with the Government of the Republic of Mali/Ministry of Health's (GRM/MOH's) completion of institutional reform under the first phase of PRODESS. While the GRM and other donors may have deemed it prudent to have low expectations on health performance during phase one, phase two will demand more rigorous implementation and results achievement.

**Operational approach:** Our approach to increasing the use of high impact services involves three components. Building on past efforts, USAID will support increased use of health services through:

- Linking and involving communities with health services (further developing community health centers and health committees);

- Delivering key interventions within communities (further developing health center outreach activities and the impact of existing community distributors, motivators, and agents); and
- Promoting and supporting key health behaviors and practices at the household level.

**Behavior change is critical:** Motivating and empowering individuals and communities to take better control of their health are critical to improving use of high impact health interventions and practices. The emphasis on behaviors is intended to isolate and target the missing link in efforts of past years: while there have been considerable investments in technical and managerial staff skills, and advances in client knowledge and awareness, health services remain grossly underused, and important health indicators remain largely unchanged. The critical behaviors are described below:

- Households: understanding by families of disease prevention and benefits of family planning; recognition of life-threatening illnesses; adequate knowledge of home care and appropriate care-seeking behavior;
- Communities: community involvement in the design and delivery of behavior change strategies and in the management of health services;
- Health Providers: managing, promoting and implementing client centered services; and
- Leaders: appropriate policies and promotion of a customer focused health system and healthy behaviors by the population.

**Geographic coverage:** SO6 will have a nation-wide impact on the use of high impact health services by supporting activities at three levels:

- National: improving the policy environment, operationalizing management systems, expanding health promotion and advocacy, capacity building, and providing targeted support for key national programs (immunization, family planning, semi-annual distribution of vitamin A and other health products);
- District and Community: facilitating the use of high impact, customer-focused information and services in at least 12 of the country's 55 districts, including three districts in the under-served North; and
- High Risk Locations: targeting interventions at bridging populations that engage in high-risk behaviors.

**Special Considerations for Operating in the Northern Regions:** There are special environmental and cultural factors to be addressed when implementing interventions in the three northern regions of Mali. Behavior change and other implementation strategies will need to be tailored to nomadic and other dispersed populations. Because the health infrastructure, logistics and other management systems are weaker; more work on building basic health systems will be required. Low population density and indigent populations make community financing of health facilities more difficult. Despite these challenges, USAID's experience working with international and local PVOs, and in other rural communities in Mali will facilitate progress in these under-served areas.

**The Private Sector and Community approaches are critical to implementation:** This strategy will significantly expand the roles of 1) communities in managing and financing of health services, 2) international and local non-government organizations (NGOs), 3) private and social marketing of health products and services including through informal and non-traditional outlets, and 4) employer-based provision of care. The existing community involvement of health services will be expanded to include support for outreach and extension services (e.g., agents, volunteers). Promising community-financing mechanisms such as the "*mutuelles*" insurance schemes will be replicated. Private and social marketing of health products (condoms, oral contraceptives, insecticide treated bednets, etc.) will improve access to important services. Management of sexually transmitted infections (STIs) in private sector facilities in urban areas, mining sites, agro-business sites, etc. will also be strengthened. NGOs are a proven implementation mechanism and their role will increase. "Operations Research" (OR) on other private sector

mechanisms and channels (e.g., use of professional organizations, franchising) will be used and successful pilots scaled up.

**Comparative Advantage:** SO6 will concentrate on the implementation of results-focused, proven reproductive and child health services that will have an impact on Mali's high fertility, under-five and maternal mortality rates. These include childhood vaccinations, vitamin A supplementation, child nutrition, malaria prevention and treatment, family planning, oral rehydration and STI/HIV prevention. Experience in Mali in working with and through NGOs will enable the Mission to work at the community level, essential for changing people's health practices and attitudes. Successful experiences in other countries will be adapted to Mali's circumstances and applied through a variety of instruments and approaches. With USAID's extensive experience worldwide with child survival programming (defined as an Agency priority almost two decades ago), USAID can bring to Mali extensive lessons learned and the resources of a global network. As a pioneer in family planning service delivery and social marketing, and specialized capabilities in logistics management, USAID will apply proven techniques to increase availability of a broad range of accessible services and products. Finally, as a key contributor to the Global Fund for HIV, tuberculosis and malaria, and as Mali's lead donor in HIV/AIDS prevention, USAID will build on the solid foundation of data sets and collaborative relationships already established.

## 2. Purpose and Definition

The High Impact Health Services Strategic Objective is defined as a program that "motivates and empowers individuals and communities to take more control of their health". The purpose of this Strategic Objective (SO6) is to increase use of proven, effective health services in order to address the continued high under-five mortality, maternal mortality, and fertility in Mali. To maintain the present low rates of HIV/AIDS, the SO will also support interventions that target those segments of the population who are at high risk of infection and transmission. Given the lack of progress and constraints encountered in the health sector, we believe that USAID's manageable interest lies in increasing the use of high impact services. Although we will be working towards reductions in mortality and fertility, these objectives are considered higher-level goals and achievement will only come from the combined efforts of all parties working in the health sector. After three years of implementation, the Mission will review progress and determine if the focus, activities, and geographic scope of the SO should be modified.

Health problems in Mali are among the worst in the developing world, and the infrastructure in place to address these issues is among the weakest. There is no shortage of places to begin. On the contrary, health care needs in Mali are so widespread that the task seems overwhelming.

In the process of forging a manageable program for USAID investments in health during the next decade, the health team thoroughly researched several options related to each problem area, and assessed potential contributions that could be made to combat the identified causes of morbidity and mortality. For example, while central MOH technical and management capabilities, including information systems, are weak, we nevertheless determined that skills and systems development at the community level (where morbidity and mortality are day-to-day occurrences) was the more compelling need for the next three to five years. Integrated management of childhood illnesses (IMCI), while potentially a useful approach, has not "taken off" in Mali, despite the considerable time, effort and resources already devoted to it. Aspects of maternal mortality, such as emergency obstetric care, require significant financial investments and specialized technical resources to be successful, but leave behind Mali's most significant contributors to morbidity and mortality, i.e., malaria, immunizations, lack of family planning and nutrition/diarrheal disease control. Given the traditional and cultural complexities of efforts to reduce the incidence of female genital cutting, interventions will, at least initially, be limited to sensitization through Information/Education/Communication (IEC) activities. And while the number of abortions seem to be somewhat on the rise, post-abortion care and its likely urban focus is seen as less of a priority than a more standard, proven family planning program, although post-abortion services may be incorporated within appropriate settings.

USAID/Mali facilitated and oversaw an extensive and highly consultative process to identify priorities and weigh them against potential impact, USAID comparative advantage and cost. The GRM/MOH, all implementing partners, other donors, other teams, USAID/W and customers participated in the process. In addition, we reviewed several documents (see Annex D), and we commissioned key studies. The latter include a PVO assessment, malaria strategy, donor mapping, an assessment of family planning in Mali, role of private sector, community financing, MCH assessment, and a north “assessment”. These were conducted either in-house, with outside contractors, with USAID/W personnel, or a combination of these.

Based on three sub-sector assessments and the Mission’s own internal reviews, this strategy diverges from its predecessor by:

- Concentrating on the implementation of high impact, proven reproductive and child health services that will have an effect on Mali’s high fertility, under-five and maternal mortality rates (rather than accompanying the evolution of these improvements through generational behavior changes);
- Targeting populations according to the nature of the problems being addressed (rather than concentrating on youth);
- Decreasing emphasis on youth promotion and networks, school-based services, and peer education for reproductive health, while capitalizing on advance already made;
- Focusing PVO/NGO efforts more on services facilitation rather than on direct implementation (as is done in other similar countries), thereby widening and expanding geographic focus.
- Initiating implementation in the Northern regions;
- Significantly expanding the roles of the private (non-public) sectors including empowered communities, international and local PVOs/NGOs, private and social marketing firms including non-traditional outlets, and employer-based health services for implementing the program;
- Increasing support for widely proven and accepted family planning activities (training, Information/Education/Communication tools (IEC), logistics, etc.)
- Significantly increasing efforts on creating demand for high impact services at the community level;
- Operationalizing proven management tools developed under USAID’s previous strategy, especially those most closely linked to the use of high impact health services (e.g., norms/procedures, IEC messages, integrated supervision guide);
- Reducing the production of new management and quality improvement tools;
- Rationalizing and reducing the time and cost of in-service training by operationalizing the national in-service training strategy designed with USAID support; and
- Consolidating the work and reducing the number of implementing partners.

Listed below is the minimum package of interventions that are expected to have the highest impact in reproductive health and child survival in Mali. Selected interventions: 1) address the outcomes and conditions which contribute most to achieving reductions in high mortality and fertility (see Section I); 2) are considered feasible in countries like Mali; 3) can be cost-effectively integrated into existing delivery mechanisms such as ante-natal care and community outreach; and 4) can be expanded, such as by conducting semi-annual “vitamin A distribution” and “health day” campaigns and more community outreach activities. Other interventions may be delivered in USAID-supported intervention areas depending upon their local impact, feasibility, and cost (including additional maternal health/safe motherhood services).

- Childhood vaccinations (including the vaccines to be introduced with support of the Global Alliance for Vaccines and Immunization) and tetanus toxoid for women of reproductive age
- Twice yearly vitamin A supplementation of children integrated with iron-folate supplementation for pregnant women
- Best practices in Mali of growth monitoring, promotion and child feeding (e.g., exclusive breastfeeding)

- Promotion of insecticide treated bednets/materials and prompt and effective treatment with appropriate anti-malarials, including presumptive treatment of pregnant women at selected intervals
- Promotion of appropriate home fluids and oral rehydration salts for treatment of diarrhea
- Family planning information and services through the public and private sectors, including social marketing and community based distribution of contraceptives
- Comprehensive and well-proven family planning program interventions (training, IEC, logistics, etc.)
- Full range of proven and effective family planning interventions and approaches implemented at all levels including: social marketing, contraceptive logistics, communication, advocacy, behavior change and IEC appropriate training and management support
- Community-based distribution and operations research
- Prevention of STI/HIV transmission, with a special emphasis on bridging populations.

To prevent the HIV/AIDS epidemic from escalating, SO6 will support interventions targeted at populations that engage in high-risk behaviors. There will be a continued emphasis on maintaining the surveillance system (including behavioral surveillance) in order to monitor HIV trends and allow timely warning of any changes in prevalence. Under the Agency's approach HIV/AIDS "Stepping Up the Response", Mali has been classified as a non-priority country. However, a country may become a priority country for assistance if HIV and STI surveillance data indicate impending changes from concentrated to generalized epidemics.

#### **Key Indicators at the SO Level:**

- Percentage of pregnant women receiving intermittent presumptive treatment for malaria.
- Percentage of pregnant women using insecticide-treated bednets.
- Percentage of children 6-59 months old receiving Vitamin A supplementation.
- Percentage of children 12-23 months old fully vaccinated prior to first birthday.
- Percentage of children 12 months old who have received DPT3.
- Percentage of children 6-59 months with diarrhea receiving ORT.
- Percentage of high-risk population using condom, last sexual intercourse.
- Contraceptive prevalence rate modern methods, women of reproductive age.

By 2007 and by 2012, it is targeted that:

- Percentage of pregnant women receiving intermittent presumptive treatment for malaria will improve from a baseline of 15%, to 45% and to 60% respectively;
- Percentage of pregnant women using insecticide-treated bednets will improve from today's 3%, to 30% and to 52%;
- Percentage of children (6-59 months old) receiving Vitamin A supplementation will increase from 32%, to 45% and to 62%;
- Percentage of children (12-23 months old) fully vaccinated prior to first birthday will increase from 21.5%, to 30% and to 52%;
- Percentage of children (12 months old) who have received DPT3 will climb from 34%, to 50% and to 62%;
- Percentage of children 6-59 months with diarrhea receiving ORT will expand from 30%, to 50% and to 67%;
- Percentage of high-risk population using condoms during last sexual intercourse will increase from 44.8%, to 65% and to 80%; and
- Contraceptive prevalence rate for modern methods, women of reproductive age, will progress from 5.7%, to 8% and to 11%.

In all instances, USAID will collaborate with other donors in support of GRM/MOH efforts. We are hopeful that good, constructive partnerships will enable even greater successes than those shown.

### 3. Intermediate Results

Service use by clients depends on a **supportive policy environment (IR 1), creating the demand for services (IR 2), increasing access to services (IR 3), and improving the quality of services (IR 4)**. By addressing these areas, populations are more likely to seek out health services (i.e., adapt positive health care behaviors), which in turn will be manifested in increased use of high impact health services, resulting in improved health status. Implementation of this SO will be through work in the four Intermediate Result areas discussed below.

#### a. IR 1: Policy environment for high impact health services established

Strong political commitment, sectoral reform, effective health policies, and participation and advocacy by opinion leaders are needed to improve the environment for increasing access to, and eventual use of, services.

Although there have been some achievements under the GRM's Health Sector Development Strategy (the PRODESS), implementation has been hampered by failure to address pressing problems in human resources (e.g., the lack of health workers for community health facilities), GRM financial management and community health financing, organization of the public sector, and collaboration and coordination among public and private sector entities. The resolution of these sectoral health problems is beyond the manageable interest of USAID alone. Under this Intermediate Result (IR), USAID will actively support the existing multi-donor reform process (a GRM/MOH task force for the development of human resources has already been established) through policy dialogue and provision of targeted technical assistance.

Moreover, IR 1 will directly address the key health policy issues that are within its manageable interest and directly impact on the achievement of the SO (i.e., improving use of high impact services). These include identifying and standardizing (through national guidelines and tools) the best practices for the delivery of community based services outside the reach of health facilities, including through community agents, volunteers, outreach and community based distribution. As a result, these existing community based mechanisms will be further developed and become a national programming strategy, rather than isolated pilot activities. The standardized guidelines will consider what is known about communities' preferences for qualifications of community agents, including gender, age, literacy skills, etc. Under this IR, USAID will also promote family planning including contraceptive security and disseminate a national AIDS policy and advocacy tools. Although not foreseen in the early stages of implementation, IR 1 will further promote the role of the private sector in the delivery of services during the life of this strategy.

The placement of the policy environment including identifying and standardizing best practices for community-based services in IR 1 represents the critical importance of political support to the program's successful implementation, as well as its early-on phasing. While at least some aspects of all Intermediate Results (IRs) will be addressed at SO launch, we nevertheless anticipate that efforts under IR 1 will be the primary focus of SO6 activities during the first full year of implementation, as a necessary prelude to successful implementation of activities under the remaining IRs. This is particularly the case in relation to the majority of activities to be carried out at the district level.

#### Illustrative activities:

- Promote and subsequently help design national policies, guidelines, and tools for community-based services beyond the reach of health facilities (including job descriptions, performance standards, reporting forms, job aides, training programs, supervision guidelines for community agents).
- Strengthen the contraceptive security coordination group; develop a policy and implement a long-term plan.

- Support the development and dissemination of a national HIV/AIDS policy.
- Provide targeted, short-term technical assistance to implement the PRODESS health reform process.
- Expand private sector service delivery models.

**Key Indicators:**

- Family planning/contraceptive security development (degree of accomplishment).
- Community agent role/guidance development (degree of accomplishment).

**b. IR 2: Demand for high impact health services increased**

Increasing demand for services is essential to increased use. There is urgent need to improve knowledge of and attitudes toward these services. USAID will counter widespread misperceptions (sometimes “documented” in studies conducted in Mali) on such topics as the association between condom use and fertility; incorrect definitions of “exclusive” breastfeeding; immunization associated with morbidity; the harmful effects of female genital cutting; etc. Effective communication (including through the well developed Malian radio network) is key to any attitude and behavior change intervention, including at the level of the individual, relating to decision-making within a family, and at the national policy level (advocacy). Communications strategies will be used to improve knowledge, counter misperceptions, and motivate individuals, families, managers and decision-makers to take action and improve public health.

**National Level:** Compared to past strategies, Health SO6 will support a larger, more comprehensive communication and behavior change program in reproductive health and child survival that will use a wide variety of channels, including mass and traditional media, interpersonal communication, national advocacy, and social mobilization to target key populations (policy makers, health managers and providers, communities, individuals and families). There will be a strong customer focus to all programs, including message content and medium depending on target audience (men, women, decision-makers, etc.) and issue being addressed (e.g., it may be more important for women to understand the importance of childhood vaccinations and good reproductive health practices), and clients' rights. Social and private sector marketing will be expanded in quality and scope (e.g., insecticide treated bednets to prevent malaria). STI/HIV behavior change activities will be targeted at high-risk populations such as sex workers and truckers.

**Intervention Districts.** Many of the child and maternal deaths in Mali are preventable, take place outside of the formal health system, and are associated with inappropriate health practices and behaviors. For example, despite the unmet need, the demand for family planning is low. In USAID-supported intervention districts, NGOs and women's social networks will support behavior change activities to promote health, family planning, and illness prevention (e.g., exclusive breastfeeding, appropriate child feeding, use of bednets, the importance of immunization, health benefits of family planning). In addition, the Health Program will develop and implement behavior change programs to allow rural women and men to better recognize danger signs for and evidence of severe illness, provide appropriate home care, seek appropriate care, and accept referrals for additional care when recommended by health providers.

USAID will conduct studies to identify obstacles to the adoption of positive behaviors and help identify message content, target groups, and media approaches that will help overcome these obstacles. While efforts under IR 2 will be long-term, it is essential that communications and marketing planning (including research and message development) begin early on in the SO, so that demand creation coincides with increased supply in products and services (see IR 3).

**Illustrative activities:**

- Conduct advocacy (all levels) and provide advocacy training in topics such as the effects of high population growth on national development and the impact of closely spaced births
- Use previously effective messages, develop and implement client-focused, community level IEC materials: family planning benefits and side effects; bednet use and retreatment; exclusive breastfeeding; and consequences of female genital mutilation;
- Strengthen social marketing of contraceptives and include child survival and health products (bednets and oral rehydration salts) and services.
- Develop and implement behavior change communication approaches targeting high-risk populations in mining areas, transport corridors, etc. for STI/HIV prevention (e.g., peer education).

**Key Indicators:**

- Couple years of protection, showing use of various birth control commodities
- Number of insecticide-treated bednets sold (target areas)
- Percentage of target population seeking STI care at service delivery sites (target areas)

**c. IR 3: Access to high impact health services increased**

Health services in Mali are grossly underused, with only 0.17 new visits/resident/year (MOH Report, 2001). Although the GRM has had some success expanding the first level service delivery infrastructure, still 41% of the population lives beyond 15 kilometers of a health service delivery site (considered by WHO to be the maximum distance for access to a facility). The combination of difficult terrain, insufficient health infrastructure, long distances to reach service delivery points, the frequent unavailability of a particular product or service, and insufficient and under-qualified staff severely limit utilization.

**National Level:** At the national level, the Health Program will support; the expansion of social marketing delivery points for contraceptives; introduction of insecticide-treated bednets to prevent malaria; and oral rehydration salts (ORS) for diarrhea treatment. USAID will help institutionalize the national, semi-annual distribution of vitamin A to children 6 months to 59 months (integrated with iron folate distribution to pregnant women). Operations Research will be conducted to further integrate intermittent presumptive treatment for malaria for pregnant women into this distribution. USAID will expand support for immunizations for measles and neonatal tetanus; and USAID will assist with the planned integration of hepatitis B and routine yellow fever vaccinations (as approved by the Global Alliance for Vaccines and Immunizations). To dramatically improve access to and use of family planning services, USAID will support a large, comprehensive family planning program, including; provider training, expanded social marketing and community-based distribution of contraceptives, expanded birth control method mix, procurement and improved distribution and logistics of contraceptives, IEC activities (as noted in IR 2), and Operations Research.

**Intervention Districts:** To improve access to services in intervention districts, USAID and its NGO partners will work with other donors and the GRM to fully implement the national policies, guidelines, and tools (developed under IR 1) for community-based services beyond the reach of health facilities. These guidelines and tools (e.g., job aides, IEC materials, supervision checklist, registers) will improve the effectiveness of the existing community-based distributors, agents, volunteers, and outreach mechanisms. This will better link communities with health services, expand the delivery of high impact interventions within communities, and promote and support key behaviors (as described in IR 2). NGOs will work with communities to resolve staffing shortages in their community-managed health centers; and will also assist with further elaborating health financing options to help communities achieve their cost recovery targets while addressing the needs of indigent populations.

The basic package of high impact services identified in the SO definition above include key, scaleable interventions for maternal health (e.g., intermittent treatment for malaria, iron-folate

supplementation) and nutrition (e.g., vitamin A supplementation, exclusive breastfeeding). Given the importance of these outcomes, NGOs will further develop best practices in these areas, and replicate pilot interventions at the district level (e.g., birth preparedness, the Hearth positive deviance model) that could be implemented effectively at scale.

**STI/HIV:** For STI/HIV prevention, the Health Program will expand the availability of services targeted at high-risk groups and target populations nationwide, including condom promotion and voluntary counseling and testing. Advocacy and planning for other nationwide activities (e.g., family planning promotion, bednet marketing) are already being implemented on a small scale in anticipation of expansion. District level activities will be phased in only after IR 1 guidelines and tools have been developed and ratified, and will integrate IR 3 national level activities as they are established, i.e., by year two of the strategy.

**Illustrative activities:**

- Operationalize community-based service guidelines, job descriptions, and tools.
- Expand private distribution of contraceptives and child survival commodities through community-based social marketing and other means.
- Strengthen and expand programs for immunizations to reduce dropouts and expand outreach services for routine immunizations.
- Help implement the nationwide implementation of semi-annual micronutrient days including vitamin A supplementation, iron folate distribution to pregnant women, and possibly intermittent presumptive treatment of malaria.
- Strengthen priority services for high-risk STI/HIV population including STI management and voluntary counseling and testing.
- Support the establishment of insurance schemes (*mutuelles*).

**Key Indicators:**

- Number of community agents established (target areas).
- Number of fully staffed CSCOMs (target areas).
- Number of districts that conduct two district-wide Vitamin A distribution activities per year (target areas).

**d. IR 4: Quality of high impact health services improved**

**National:** At the national level, USAID will address quality of services including performance of health providers by supporting the development and strengthening of training, supervision and logistics systems. USAID has been instrumental in the design of policies, norms, and procedures (which include client welcome and procedures to respect the client's privacy), integrated supervision guidelines, and a national strategy for in-service training for health providers. Under this IR, USAID will continue to collaborate on the process of implementing these instruments at every level of the health system. Training and supervision will be key to improving provider knowledge of family planning and removing medical barriers that limit use of services (e.g., many providers impose unnecessary laboratory tests). Better logistics management will improve the supply of contraceptives, vaccines, and other essential drugs critical to delivering high impact services. The application of standardized job descriptions, training courses, supervision guidelines, and IEC materials for community volunteers will strengthen the delivery of family planning, vaccination, and other services. USAID will contribute to improving the quality of the national immunization program through strengthening safe injection practices, training of providers to reduce dropouts, and increasing the accuracy and use of vaccination data for decision-making. A more focused use of epidemiological data will improve the quality and effectiveness of STI/HIV activities (e.g., targeting groups and locations for interventions).

**Intervention Districts:** In Health Program-supported areas, NGOs will fully implement the policies, norms, and procedures, supervision standards, and proven management tools by training and providing simple job aids to health providers and community agents. Through this approach,

prevailing provider biases and practices that restrict the use of services by women (e.g., age restrictions on provision of hormonal contraceptives) will be reduced. The Program will enhance the quality of outreach services to outlying communities by improving logistics, assuring more comprehensive services (beyond immunization), and encouraging regular supervision. In addition, based on the norms that will be designed under this IR, NGOs will organize, train, and facilitate the supervision of community agents and volunteers/animators, so that they can deliver a small package of nationally agreed upon essential services. NGOs will also conduct selected Operations Research to test possible expansion of community-based services (sale of anti-malarials by community volunteers).

**Capacity Building:** The Health Program will continue to support capacity building at all levels. This will include targeted support of pre-service training to complement the substantial support envisioned in PRODESS and at the macro level for MOH management and leadership capacity. Reflecting the importance of behavior change, communication, and IEC in this strategy, USAID will strengthen selected public and private sector communication and IEC organizations. USAID will also support capacity building of key local NGOs involved in field implementation of its program. Finally, USAID will complement the support provided by other donors to implement the human resources reform agenda included as a key item of the PRODESS.

Many national-level IR 4 activities (e.g., in- and pre-service training strengthening, systems improvements) are a continuation of activities being implemented under the previous strategy; hence, these will be ready for rapid expansion. District level activities will be phased in as management tools and job aids are operationalized, and will integrate IR 4 national-level activities as they evolve and become operational.

#### **Illustrative Activities:**

- Development of standardized job descriptions and norms for training existing and new community agents, mobilizers, and volunteers based on development of simple job aids and materials to establish the approved policies, norms and procedures.
- Provision of technical assistance to improve contraceptive, vaccine and essential drug logistics at the national level and within NGO areas.
- Support for HIV/AIDS sentinel surveillance and behavioral surveillance.
- Provision of short-term technical assistance to strengthen pre-service training institutions and to design appropriate curriculum revisions.

#### **Key Indicators:**

- Number of fixed service delivery site providers who correctly apply policies, norms and procedures for high impact services (target areas).
- Number of community agents who correctly apply performance standards for high impact services (target areas).
- Percentage of community health centers reporting stock outs for contraceptives (target areas).

## **4. Contextual Assumptions**

Implementation of SO6 has its share of risks and challenges. Possible reduction in household revenues, lack of GRM commitment to promotion of family planning, and changes in the mechanisms and level of HIV /AIDS funding, are real risks to the program as planned. Reduction of cash flow at households would result in less use of health services offered by the CSCOM and, consequently, less money available for CSCOM operational costs. USAID-supported economic growth activities in the same geographic intervention areas, such as micro-finance, and rice/livestock production, would mitigate the effects of this eventuality.

Family planning is the cornerstone of maternal and child health promotion. Lack of real commitment to family planning by the GRM would likely impede the viability of such

interventions. Given considerable resources already invested by USAID in family planning here, GRM indifference could jeopardize USAID's continued support, including provision of contraceptives. To deter this, the Health Team will work strategically and build consensus among donors, will foster support for a new vision of family planning as a key factor for economic growth and poverty reduction, and will engage civil society, religious leaders, women's groups and others to advocate for family planning.

Mechanisms and levels of HIV/AIDS funding from USAID could change and HIV/AIDS programs may be funded regionally. This could complicate USAID/Mali's relationships with GRM departments involved in fighting HIV/AIDS. When and if this occurs, the SO team will need to ensure that bilateral program linkages with the GRM are maintained, and explore other mechanisms for mobilizing resources.

Despite the high poverty rates, there has been continued political and social stability and there is little reason to believe this will change in the upcoming years. Nevertheless, it is important to be ready to adapt to changing circumstances. War or a natural disaster in a neighboring country or in the region could engender a flow of refugees, dilute political will, economic resources and programmatic commitment. In the case of a drought, increased poverty, malnutrition, hunger, and societal inequities could occur. In such situations, the SO team would need to work with humanitarian programs, and quickly change the program focus.

Achievement of results under this SO is also dependent on a few critical assumptions that have been made. Although current implementation is slow, USAID believes that the GRM will make reasonable progress implementing the PRODESS and that the donors will be willing to support a follow-on five year plan beginning in 2003. Another assumption is based on donor support and collaboration. USAID/Mali will not be able to achieve results without other donors' contributions. For example, we believe that UNICEF and the Global Vaccine Fund will support the procurement of key vaccines and that UNICEF will continue to supply all needed vitamin A capsules. Finally, achievement of the strategic objective is based on the assumption that funding levels will be available at the target levels or higher if the need is demonstrated, for the next ten years.

## 5. Linkages

### a. Linkages Within SO

In order to achieve the Strategic Objective, strong links among the IRs are essential. Under IR 1, USAID and other donors will work with the GRM to develop a framework for delivering community health services beyond health facilities and promoting healthy behaviors among individuals and families. This policy framework, once operationalized within IR 3, will substantially improve the availability of services to communities and enhance multi-donor coordination in reproductive health and child survival. Activities under IR 2 will increase the demand for these critical services and improve key knowledge, attitudes, and practices. The quality improvement achieved under IR 4 will further increase acceptance and use of high impact services.

For example, the use of bednets will be increased through effective private sector distribution through community-based non-traditional vendors, effective behavior change messages, and effective information provided by community agents, mobilizers, and outreach workers. Adequate management and logistics of the program will assure the continued supply of these commodities to communities. This requires that elements of all Intermediate Results work together to ensure the success of the malaria bednet program.

### b. Linkages Within Mission Strategy

Health status and the ability to seek and receive prompt health care contribute most directly to SO7 (Improved Quality of Basic Education) and SO9 (Accelerated Economic Growth). A child's healthy start in life will determine his/her ability to learn and to participate in the classroom. Economic growth depends on human productivity, which in turn depends on maintenance of good health status. Steady or improved family income will also increase the likelihood that the family can "release" a child from agricultural work to attend school, contribute to school costs and seek health care -- an interconnected chain.

Activities under SO8 (Shared Governance through Decentralization) and SpO10 (Communications for Development) will be mutually reinforcing with those of SO6, i.e., each will be working with SO6 structures and organizations, and by doing so, will contribute to improved health care management and health promotion.

The following are key cross cutting themes that can be linked and support the objective of "Increased use of high impact health services":

**Improved Quality of Basic Education (SO7):** The reproductive health activities and behavior change activities under SO6 will reinforce the empowerment of women resulting from girls' education. Certain behavior change initiatives under SO6 (such as family planning) will also target school age populations. SO6 will encourage school referrals to health services through the efforts of local NGOs. Use of high impact services will increase when literacy rates among women of reproductive age are improved.

**Shared Governance through Decentralization (SO8):** Service delivery will be enhanced by ensuring an enabling environment at the community level, where services are delivered. Mobilization and use of community resources (including budgeting, referrals and community support mechanisms) are essential for successful decentralized health care. Community financing and managing of health facilities will be reinforced within NGO-supported areas through support for planning, management, and advocacy. Women's groups will be promoted and/or strengthened to support and encourage healthy behaviors and support the role of women in health care management and decision-making.

**Accelerated Economic Growth (SO9):** Financial and other family resources are inevitably required for health care. Nevertheless, even knowledge of good health practices often does not lead to expanded use of services if there is a lack of funds to pay services fees and/or to purchase essential drugs. Increasing access to health services and promoting healthy behaviors, such as nutrition, can be enhanced through linkages with income generating programs. Credit and savings programs, especially for women, can result in increased access to health care. For example, IEC activities linked with income generation programs at the household and community levels can improve decision-making and priority setting on the use of available funds.

**Communications for Development (SO10):** Communications in various media are basic tools for bringing about attitude and behavior change interventions, whether at national policy or community levels. Collaboration with SpO10 will provide an opportunity to maximize communication and behavior change interventions, especially for family planning, HIV/AIDS control, and child survival. In addition, capacity-building activities will be enhanced through utilization of the Internet for distance learning, particularly targeting health organizations and health personnel.

**West Africa Regional Program (WARP):** Infectious diseases do not respect borders. Similarly, infected individuals, be it with the HIV or malaria, may not be aware of their status, or may be purposely crossing borders in search of treatment or anonymity. SO6 will collaborate with the WARP to address those health issues that are “border insensitive” and apply interventions that have a regional base or significance. For example, activities concerning migratory routes of transient populations, among whom HIV infections are typically higher than those of the general population, will be strengthened with the WARP. Commodity procurements that could benefit from economies of scale, such as insecticide-treated bednets, contraceptives and HIV rapid test kits, will be made in coordination with the regional program. Finally, extensive IEC materials and technical expertise developed by the WARP will be applied in SO6.

**Capacity Building:** Capacity building is an important factor in promoting the sustainability of health services. Human resource constraints are apparent both on the national and the community levels. Provision of services in rural communities is challenging due to the lack of qualified personnel who are willing to work in isolated areas of the country. Pre-service training and strengthening knowledge of community leaders and decision makers will help to improve the health care system. In addition, capacity building among NGOs will increase performance in the private sector.

### c. Conformance With Donor and GRM Programs

The USAID program will be implemented in close collaboration with the Ministry of Health and with other donors and development partners. All donors work together within the context of the Government of Mali's ten-year health sector program, “PRODESS,” described in Section V.A.1. Development Challenge and USAID's Advantage. While USAID is currently the health sector's largest donor in Mali, the World Bank leads the sector based on a sector-wide approach of providing direct budgetary support to the Ministry of Health. Other participating donors include the European Union, the Netherlands, the France, Germany, Canada (Kayes region) and other bilateral and multilateral donors. USAID will not directly contribute to the funding basket until capacity at the Ministry level is significantly improved, and will make other direct contributions, such as procurement of contraceptives. In addition, USAID will play an active role in discussions and activities designed to move PRODESS forward and provide technical assistance in key policy reform areas (e.g., health financing, curriculum reform).

The GRM's Poverty Reduction Strategy includes increased access to social services as one of its ten strategic areas. At the community level, emphasis will be placed on behavior change and community/beneficiary participation. At the service delivery level, access to services, service quality and use, and human resource management will be improved. USAID's proposed efforts are consistent with the GRM's emphases.

USAID will continue to coordinate closely with UN agencies, especially UNICEF, UNFPA and UNAIDS. UNICEF and the UN Foundation are using a similar approach to USAID's. They are focusing on selected, high impact interventions in nine districts over the next three years. This will allow the country to be progressively covered with a coordinated, donor-supported approach to address under-five mortality and fertility. UNICEF also supports the semi-annual vitamin A supplementation program, which, with USAID assistance, will expand nationwide. WHO also shares USAID's objectives and approaches in malaria. UNFPA supports a range of reproductive health activities primarily in the Kayes, Sikasso and northern regions, and also procures some contraceptives. To help improve coordination, USAID has also developed a donor map that identifies activities by geographical area and by donor. This tool, designed to diminish redundancy and identify any programmatic gaps, will be updated as needed.

USAID is the lead donor in HIV/AIDS and an active member of the National Coordination Committee on HIV/AIDS Prevention under the aegis of the Programme National de la Lutte contre la SIDA. USAID's HIV interventions conform to the National HIV/AIDS Strategic Plan for 2001–2005. USAID will continue to work collaboratively with partners and donors to plan and execute activities in support of the HIV/AIDS Strategic Plan.

The World Bank supports the PRODESS and provides assistance to the Government of Mali through the Initiative for Heavily Indebted Poor Countries (HIPC). To address difficulties rural populations face in cost recovery at the CSCOM level and, therefore, in access to health services, the MOH is using HIPC financing as a mechanism for health personnel recruitment of CSCOM medical staff in extremely disadvantaged areas. Other donors support different parts of the PRODESS including construction of additional CSCOMs, particularly in the under-served North. In addition, NGOs support community health through support of community outreach, training and supervision.

Across sectors it will be necessary to improve and enhance a working environment for donor community coordination of interventions. This will involve continued informal contacts among core groups and sustained direct exchanges and consultations on the programmatic and implementation level of service delivery. The SO6 efforts will complement and support those of other donors working in reproductive health and child survival, specifically UNICEF, UNFPA, the Netherlands, the European Union, the World Bank, and WHO. A health sector sub-committee, under the aegis of the PRSP, will be formed shortly and USAID will be an active member.

## 6. Instruments

**Institutional Support:** To provide the national level support envisioned under this program, USAID will solicit proposals from institutional contractors and other non-governmental organizations. The awardee(s) will provide key support for the national level immunization, vitamin A supplementation, nutrition, malaria, family planning programs. Support for behavior change interventions may be provided by a bilateral awardee or through Field Support (Indefinite Quantity Contract). Also, long-term training for Malians may be provided in instances where crucial expertise is not available locally in areas directly related to implementation of some aspect of the program.

**NGOs:** Once the political environment and national standards for community services are established, U.S. NGOs will undertake field implementation in target districts. The Request for Assistance or Annual Program Statement issued by the Mission will solicit applications from NGOs who are able and willing to cover a minimum of 3 districts each (12 districts total, including 3 in the North). This will involve the NGOs facilitating rather than directly implementing high impact interventions. Having NGOs cover larger geographic areas will permit the Mission to reduce the number of its NGO partners. Some U.S. NGOs may implement through qualified, local NGOs. It is anticipated that activities in three northern districts will be implemented through a separate mechanism, located in the North.

**Social Marketing:** USAID will implement its social marketing program under a separate assistance instrument.

**HIV/AIDS:** Under the Agency's approach HIV/AIDS 'Stepping Up the Response,' Mali has been classified as a non-priority country. For non-priority countries, this new approach to HIV/AIDS anticipates the transfer of responsibility for management of HIV funds and programs to USAID's regional centers in Africa over the next two years. Bilateral programs are expected to work closely with regional advisors to identify programmatic needs based on local and regional epidemiology. The response emphasizes the need to target high-risk groups and maintain credible surveillance systems in lower prevalence countries. Nevertheless and given decisions still being made, until this is finalized, USAID will continue to work with the Centers for Disease Control through a PASA mechanism.

**Targeted Field Support:** USAID will use USAID/Washington field support mechanisms for targeted technical assistance to address important programmatic gaps and to provide selected support, as needed, for the implementation of the PRODESS (e.g., short-term TA in health financing, curriculum reform).

**Non-Project Assistance:** Direct support to the Malian government, in the form of Non-Project Assistance, may be considered for programs relating to human resources reform, training of government staff or certain elements of the Ten-Year Health Strategy. This will only be considered in instances where the Malian government has clearly demonstrated effectiveness of implementing such programs independently.

**Common Indicators for Implementing Partners:** Program reporting requirements for all USAID-funded partners (contractors or grantees) under this SO will be required to track performance on the basis of performance measure indicators set as part of the expanded SO Results Framework.

# Results Framework for SO6

## Increase Use of High Impact Health Services

### Overall Indicators:

**\*\*In Target zones**

1. Percentage of pregnant women receiving intermittent presumptive treatment for malaria \*\* (annual)
2. Percentage of pregnant women using insecticide-treated bednets \*\*( biannual)
3. Percentage of children 6-59 months receiving 2 Vitamin A supplements/year (USAID/W) \*\*[annual]
4. Percentage of children 6-59 months who had a case of diarrhea and received ORT (USAID/W)\*\* [biannual]
5. Percentage of children fully vaccinated prior to first birthday\*\* (biannual)
6. Percentage of children under 12 months old with DPT3 prior to 1<sup>st</sup> birthday\*\* [biannual]
7. Percentage of high risk populations using condom with last non-regular partner (USAID/W) [ISBS, triennial]
8. Contraceptive prevalence rate (USAID/W) [DHS]

### Development Context:

- Infant mortality rate [DHS]
- Maternal mortality rate [DHS]
- Total fertility rate [DHS]
- TT for pregnant women [DHS]
- HIV seroprevalence [DHS]

### Additional Indicators needed for USAID/W:

- Total condom sales (USAID/W) (annual)
- DPT3 for under 12 month olds (USAID/W) [annual]
- Number of partners during past 12 months among high-risk population (USAID/W) [ISBS, triennial]

### High-Impact Services:

- Child vaccination
- Child Vit A Supplements
- Child nutrition
- Malaria prevention/treatment
- Family Planning
- Home fluids for diarrhea
- STI/HIV prevention

**Intermediate Result 1**  
Policy environment for high impact services established

**Indicators:**  
Ind 1.1: Milestone scale for implementation of contraceptive security policy  
Ind 1.2: Milestone scale for community agent role/guidance development

**Intermediate Result 2**  
Demand for high impact services increased

**Indicators:**  
Ind 2.1: Couple years of protection (CYP)  
Ind 2.2: Number of insecticide-treated bednets sold\*\* (USAID/W)  
Ind 2.3: Percentage of target population seeking STI/HIV care at fixed service delivery point\*\* (ISBS, triennial)

**Intermediate Result 3**  
Access to high impact services increased

**Indicators:**  
Ind 3.1: Number of community agents established\*\*  
Ind 3.2: Number of fully staffed CSCOMs\*\*  
Ind 3.3: Number of districts that conduct 2 district-wide Vit A distribution activities per year\*\*

**Intermediate Result 4**  
Quality of high impact services improved

**Indicators:**  
Ind 4.1: Number community agents who correctly apply performance standards for high impact services\*\*  
Ind 4.2: Number of fixed CSCOM service providers who correctly apply PNPs for high impact services\*\*  
Ind 4.3: Percentage of CSCOMs reporting stockouts for contraceptives\*\*

### Illustrative Activities

- Design national policies and guidelines for mobile community agents and other non-public service delivery models (including performance standards)
- Strengthen contraceptive security coordination group and develop long-term plan
- Provide TA to MOH to develop national HIV/AIDS strategy
- Support HIV Policy development
- Provide short-term TA to implement PRODESS health reforms

- Conduct advocacy training on population growth, birth spacing
- Develop and disseminate IEC materials for fixed CSCOM and community-level
- Expand and strengthen social marketing for contraceptives to include: bednets, ORS, and related services
- Develop and implement behavior change communication approaches for FP, HIV prevention
- Expand use of local radio, new ICT
- Conduct health promotion through literacy materials, APes

- Operationalize policies for community-based services
- Expand microplanning for immunizations
- Assist national implementation of Vit A days
- Strengthen services for high-risk populations
- Expand community-based distribution of commodities
- Establish insurance schemes & IGAs
- Establish public/private partnerships
- Strengthen ASACO management/good governance

- Train community agents
- Strengthen pre- and in-service training
- Develop job aids to implement policies, norms and procedures (PNPs) for high-impact services
- Strengthen HIV/AIDS sentinel and behavioral surveillance
- Improve commodity logistics and management
- Provide literacy training, community agents

