

## Data Sheet

<b>USAID Mission:</b>	Mali
<b>Program Title:</b>	High Impact Health Services
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	688-006
<b>Proposed FY 2004 Obligation:</b>	\$13,650,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$13,274,000 CSH
<b>Year of Initial Obligation:</b>	FY 2002
<b>Year of Final Obligation:</b>	FY 2012

**Summary:** USAID's health program will increase access to and use of key health services in three areas: child survival; family planning/reproductive health; and HIV/AIDS. Funding will be used to expand access to HIV/AIDS prevention and testing services, further consolidate HIV/AIDS surveillance activities, expand malaria prevention and treatment programs, reduce vitamin A and iron deficiency, increase immunization coverage, prevent and treat diarrheal diseases, and expand access to family planning and reproductive health services.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Improve child survival and maternal health (\$4,550,000 CSH). To address child mortality, USAID will target malaria, diarrheal disease, vaccine preventable deaths and nutrition. USAID will continue to support the national social marketing campaign for the promotion of insecticide treated bednets and the distribution of subsidized nets to vulnerable populations (e.g., pregnant women and children). It is anticipated that USAID's intervention in malaria will result in a drastic reduction in malaria illness and deaths. USAID will launch a nation-wide campaign to promote Oral Rehydration Salts (ORS) to counter the dehydrating effects of diarrhea and will improve diarrhea treatment at the clinic and community level. Support will again be provided to national level vitamin A distribution aimed to reach 80% of Malian children with 2 doses yearly. USAID expects to reduce countrywide infant mortality by up to 20% through this intervention. To increase immunization rates to 80%, USAID will provide technical assistance and training to the Malian National Immunization Program and increase access to services through outreach activities. Targeted technical assistance will be directed to national programs covering planning, program management and policy development in the areas of immunization, nutrition and malaria. In 12 target zones, USAID will provide intensive on-the-ground assistance to increase outreach, improve facility-based services, improve household health behaviors, and encourage interaction and complementary efforts between the government and civil society. Principal contractors and grantees: Abt Associates, CARE, Population Services International (primes); and IntrahHealth, Action Against Hunger, JHU/CCP (subs).

Improve family planning and reproductive health (\$5,250,000 CSH). According to the 2001 Demographic and Health Survey (DHS), modern contraceptive prevalence is 5.7%. Without intervention, based on an annual population growth rate of 2.7%, Mali's current population of 12 million would increase to 23.2 million by 2025, placing enormous demands on public services such as health and education. USAID will expand access to family planning and integrated reproductive health through social marketing of contraceptives; expanding community-based services; improving training of health workers; providing information and education; and promoting key policies, such as a strategy for ensuring the supply of contraceptives over the long-term. In addition, over the life of the activity, 200 health facilities (covering approximately 30% of the Malian population) will receive staff training and supplies to promote family planning services. This network of community-based agents will be crucial to increasing contraceptive prevalence rates. Principal contractors and grantees: Abt Associates, CARE, Population Services International, The Futures Group, John Snow Inc. (primes); and JHU/CCP, IntrahHealth (subs).

Control HIV/AIDS (\$3,850,000 CSH). Despite low rates of HIV infection in the general population (1.7%), according to the Demographic Health Survey 2001, higher prevalence in high risk groups (ranging from 8% to 50%) highlight the need to be vigilant. To prevent the HIV/AIDS epidemic from escalating, USAID will support interventions targeted at populations that engage in high-risk behaviors and will continue surveillance activities in order to monitor HIV trends and allow timely warning of any changes in prevalence. USAID will provide targeted behavior change messages and programs to all high risk groups in Mali including prostitutes, truck drivers, other transport workers, street vendors, miners and seasonal cotton plantation workers. Behavior change messages will target specific groups and are expected to result in a reduction of sexual partners, increased use of condoms with non-regular partners and ultimately a reduction in HIV/AIDS prevalence in high risk groups. USAID will continue to support voluntary counseling and testing (VCT) services in three sites and will provide technical assistance to the Ministry of Health to finalize the national VCT policy. The condom social marketing program will be "relaunched" with an updated package design, logo, and advertising campaign. Principal grantees: Centers for Disease Control, Population Services International, Futures Group (primes).

**FY 2005 Program:**

Improve child survival and maternal health (\$4,650,000 CSH). USAID intends to pursue activities initiated in the previous year, continuing with service delivery scale-up activities in 12 selected intervention zones and central level technical assistance to the Ministry of Health for the improvement of national service coverage. Same implementers as FY 2004.

Improve family planning and reproductive health (\$4,824,000 CSH). USAID intends to pursue activities initiated in the previous year, continuing with service delivery scale-up activities in 12 selected intervention zones and central level technical assistance to the Ministry of Health for the improvement of national service coverage. Same implementers as FY 2004.

Control HIV/AIDS (\$4,000,000 CSH). USAID plans to continue to focus on prevention in high risk groups and surveillance. Same implementers as FY 2004.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

**Performance and Results:** During FY 2003, the social marketing campaign for bednet promotion resulted in retail sales of 60,000 bednets and the distribution of another 27,000 to vulnerable populations. During the peak October to December malaria period a further 43,000 nets were given to vulnerable groups and 10,131 were sold, meaning that more than 140,000 nets were made available in 2003. USAID supported a nationwide vitamin A supplement campaign that achieved 80% coverage. The first Maximizing Access and Quality Exchange conference was held in Mali to strategize on key steps to improve family planning access and quality. Sentinel HIV surveillance was carried out in 12 sites, and the second round of the Integrated HIV/Sexually Transmitted Infections Surveillance Survey was carried out among high risk groups. This survey is conducted every three years.

By 2007, USAID anticipates reaching 80% of Mali's children with vitamin A supplements and sustaining this coverage level through the end of the strategy in 2012. USAID will also increase immunization rates to 80%. To reduce the burden of malaria, by 2007, USAID will increase the percentage of women and children sleeping under insecticide treated bednets in target zones. HIV/AIDS prevention services will cover all high risk groups in Mali and behaviors within high risk groups will be safer. Women will have increased access to family planning and reproductive health services and use of modern contraceptives will increase.

## US Financing in Thousands of Dollars

Mali

	CSH	DA
688-006 High Impact Health Services		
<b>Through September 30, 2002</b>		
Obligations	8,488	0
Expenditures	0	0
Unliquidated	8,488	0
<b>Fiscal Year 2003</b>		
Obligations	12,271	200
Expenditures	1,367	0
<b>Through September 30, 2003</b>		
Obligations	20,759	200
Expenditures	1,367	0
Unliquidated	19,392	200
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2004 NOA</b>		
Obligations	13,650	0
<b>Total Planned Fiscal Year 2004</b>		
Obligations	13,650	0
<b>Proposed Fiscal Year 2005 NOA</b>		
Obligations	13,274	0
Future Obligations	82,117	750
Est. Total Cost	129,800	950