

## Data Sheet

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|--|-----------------------------|
| <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>Status:</b>                             | Continuing                  |
| <b>Planned FY 2005 Obligation:</b>         | \$14,838,000 CSH            |
| <b>Prior Year Unobligated:</b>             | \$0                         |
| <b>Proposed FY 2006 Obligation:</b>        | \$14,230,000 CSH            |
| <b>Year of Initial Obligation:</b>         | 2002                        |
| <b>Estimated Year of Final Obligation:</b> | 2012                        |

**Summary:** USAID's health program will increase access to and use of key health services: child survival; family planning/reproductive health; and HIV/AIDS. Funding will be used to expand access to HIV/AIDS prevention services and to continue surveillance activities, expand malaria prevention and treatment programs, reduce vitamin A and iron deficiency, increase immunization coverage, correctly manage diarrheal disease, and expand access to family planning and reproductive health services.

### Inputs, Outputs, Activities:

**FY 2005 Program:** Improve Child Survival, Health and Nutrition (\$3,380,000 CSH). To address child mortality, USAID will target diarrheal disease, vaccine preventable deaths and nutrition. Diarrhea is among the top five causes of death in children under five, yet knowledge of how to prevent and treat diarrhea is low. USAID will launch a nation-wide multi-media campaign with prevention and treatment messages expected to reach over 500,000 families. Research has shown that achieving 80% coverage in vitamin A supplementation results in a significant decrease in child mortality. USAID will again support national level vitamin A distribution aimed to reach at least 80% of Malian children with 2 doses yearly. To increase immunization rates to 80%, USAID will continue to provide technical assistance and training to the Malian National Immunization Program and increase access to services through outreach activities. In 11 districts and two urban communes (covering 33% of the national population), USAID will continue to provide intensive on-the-ground assistance to increase outreach, improve facility-based services and improve household health behaviors. Over the life of the project 225 health facilities will receive equipment, training and commodities, including approximately 30 health centers in the north of Mali, and 4,500 health workers will be trained to promote healthy household living practices. Principal contractors and grantees: Abt Associates, CARE, and Population Services International (primes); and IntrahHealth, Action Against Hunger, and Johns Hopkins University Center for Communication Programs (subs).

Prevent and Control Infectious Diseases of Major Importance (\$2,425,000 CSH). Malaria is the number-one killer of children in Mali, and insecticide treated bednets (ITNs) have been shown to be the most cost-effective way to reduce malaria incidence. USAID will continue to support the national social marketing campaign to promote ITNs and the distribution of subsidized nets to pregnant women and children. Approximately 250,000 ITNs will be sold or distributed. Principal contractors and grantees: Population Services International, Netmark, and CARE (primes); and Johns Hopkins University Center for Communication Programs, and Action Against Hunger (subs).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$5,350,000 CSH). Two baseline surveys conducted in 2004 showed a contraceptive prevalence rate for modern methods of approximately 7%. Based on an annual population growth rate of 2.7%, Mali's current population will double by 2025 placing enormous demands on public services such as health and education. USAID will support a national family planning multi-media campaign including interventions at the national, regional and local levels. USAID will continue to support the social marketing of contraceptives; the initiation of community-based contraceptive distribution through the 4,500 USAID-trained village health workers; the training of over 300 providers from 225 district and local health facilities; information and education provision; and promotion of key policies. USAID will sponsor a study tour by seven male and female religious leaders from the north of Mali to Senegal and Morocco to learn about innovative approaches in

family planning advocacy with religious communities. Principal contractors and grantees: Abt Associates, CARE, Population Services International, The POLICY Project, and ACQUIRE (primes); and Johns Hopkins University Center for Communication Programs, and Intra Health (subs).

Reduce Transmission and Impact of HIV/AIDS (\$3,683,000 CSH). While Mali's general population HIV prevalence remains low (1.7%, Mali Demographic and Health Survey (DHS) 2001), prevalence in groups at higher risk (up to 31%) highlights the need to be vigilant. To prevent the HIV/AIDS epidemic from escalating, USAID will provide targeted behavior change programs emphasizing abstinence and fidelity to mobile populations in Mali including transport workers, street vendors, miners and seasonal workers. USAID will support surveillance activities through the bi-annual sero-surveillance survey. USAID will support voluntary counseling and testing (VCT) services in three sites and will provide technical assistance to VCT counselor training. Support to the condom social marketing program will continue through mass media promotion. USAID will support the National High Council for HIV/AIDS in the development of the national strategy 2005-2009. Principal grantees and agencies: Centers for Disease Control, Population Services International, and The POLICY Project (primes).

**FY 2006 Program:** Improve Child Survival, Health and Nutrition (\$3,830,000 CSH). USAID will continue with service delivery activities in 11 districts and two urban communes and central level technical assistance to the Ministry of Health. USAID will also support the 2006 Mali Demographic and Health Survey. Same implementers as FY 2005, plus Macro International.

Prevent and Control Infectious Diseases of Major Importance (\$1,150,000 CSH). USAID will continue to support ITN and re-treatment kit promotion and to provide central level technical assistance to the Ministry of Health. Same implementers as FY 2005.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$5,350,000 CSH). USAID will continue providing training to community level providers in contraceptive logistics and quality reproductive health care and central level technical assistance to the Ministry of Health for the improvement of national service coverage. Same implementers as FY 2005.

Reduce Transmission and Impact of HIV/AIDS (\$3,900,000 CSH). USAID will continue to focus on prevention in high risk groups, policy, advocacy and surveillance. USAID will also provide support for the HIV sero-prevalence testing component of the DHS to be carried out in 2006. Same implementers as FY 2005, plus Macro International.

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

**Performance and Results:** This program has already achieved significant results. The ITN social marketing initiative built on solid FY 2003 results and achieved a cumulative total of more than 190,000 ITNs sold and distributed by the end of FY 2004. Introduced this year as a complement to ITN distribution was the sale and distribution of 234,958 ITN re-treatment kits. Since FY 2003 USAID has supported three vitamin A supplementation campaigns that have reached over 4,000,000 children. In FY 2004, USAID supported clinical family planning training of 102 master trainers and 141 trainers of trainers who will work with local health workers and community agents in FY 2005. Technical assistance provided to the Mali Country Coordinating Mechanism for the Global Fund to fight AIDS, Tuberculosis and Malaria resulted in the approval of the Mali HIV proposal for \$54 million in June 2004.

Through this program, USAID anticipates achieving a minimum of 80% vitamin A coverage of children and will also increase immunization rates to 80%. USAID will increase the percentage of women and children sleeping under ITNs in project districts. The HIV/AIDS prevention activities will focus on high-risk groups and will promote safer behaviors within these groups. 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, 2003</b>     |         |     |
| Obligations                           | 20,759  | 200 |
| Expenditures                          | 1,367   | 0   |
| Unliquidated                          | 19,392  | 200 |
| <b>Fiscal Year 2004</b>               |         |     |
| Obligations                           | 13,550  | 0   |
| Expenditures                          | 14,555  | 0   |
| <b>Through September 30, 2004</b>     |         |     |
| Obligations                           | 34,309  | 200 |
| Expenditures                          | 15,922  | 0   |
| Unliquidated                          | 18,387  | 200 |
| <b>Prior Year Unobligated Funds</b>   |         |     |
| Obligations                           | 0       | 0   |
| <b>Planned Fiscal Year 2005 NOA</b>   |         |     |
| Obligations                           | 14,838  | 0   |
| <b>Total Planned Fiscal Year 2005</b> |         |     |
| Obligations                           | 14,838  | 0   |
| <b>Proposed Fiscal Year 2006 NOA</b>  |         |     |
| Obligations                           | 14,230  | 0   |
| Future Obligations                    | 66,939  | 750 |
| Est. Total Cost                       | 130,316 | 950 |