## **MOMENTUM**

INTEGRATED HEALTH RESILIENCE



# STRENTHENGING HEALTH RESILIENCE IN **NORTHERN MALI**

Mali has made great strides in improving reproductive, maternal, and child health in recent decades, but much work remains. Maternal mortality is still among the highest in the world, at 325 deaths per 100,000 live births, while children under 5 years have a mortality rate of 33 deaths per 1,000 live births. The 2018 Demographic and Health Survey reports that, at 6.3 children per woman, Mali's total fertility rate (TFR) is higher than the Sub-Saharan Africa average rate of 4.8. Nutritionally, 25 percent of children nationwide are stunted, with the highest prevalence occurring in Gao (33 percent). The modern contraceptive prevalence rate among married women in both Gao and Timbuktu is lower than the national rate of 16 percent (15.1 and 11.1 percent, respectively). Grinding poverty, security and instability issues, high fertility, low literacy, and poor infrastructure continue to drive the country's poor health outcomes.

MOMENTUM Integrated Health Resilience (MIHR) aims to increase the resilience and preparedness of health systems in Northern Mali regions by working with the Ministry of Health, stakeholders, and other partners to:

- 1. Improve equitable access to and use of maternal, neonatal, and child health (MNCH), voluntary family planning (FP), reproductive health (RH), nutrition, and immunization services (including via referrals to and provision of emergency care).
- 2. Increase accountability of district and other local governance structures to absorb, adapt to, and recover from health system shocks and stresses.
- 3. Increase cross-sectoral collaboration to improve or prevent the regressing of health outcomes.

### IMPLEMENTATION STRATEGIES









resilience



Improve service quality

Address Human Resources for Health issues

Increase



Reduce access Increase use of harriers digital solutions

Improve community participation



Strengthen governance

#### **KEY FACTS**

**BUDGET TO DATE** \$9,225,000 USD

**PROJECT CYCLE** 

2020-2025

#### **TARGET AREAS**

#### **Gao & Timbuktu**

- 38 primary (CSCom), 2 private health facilities per district
- One public referral health facility (CSRef) per district
- 2 local ONGs per district

#### **TARGET POPULATIONS**

Girls and women of reproductive age and their male partners, pregnant women, new mothers, newborns and infants, children under 5 and their families.

#### **IMPLEMENTING PARTNERS**

- IMA World Health (Global Lead)
- JSI Research and Training Institute, Inc. (Country Lead)
- Pathfinder International
- **GOAL USA Fund**

MIHR works in fragile settings as part of the MOMENTUM suite of innovative awards funded by USAID to holistically strengthen quality voluntary family planning, reproductive health, and MNCH within partner countries around the world.

> FOR MORE INFORMATION www.USAIDMomentum.org

### **INSIGHTS FROM PROJECT BASELINE ASSESSMENTS**

## Health Facility Readiness Assessment

MIHR conducted a baseline health facility assessment in the 22 public project-supported facilities to detail their existing capacity to provide MNCH/FP/RH, nutrition, and immunization services in order to inform future project efforts.



All MIHR-supported facilities provide some MNCH/FP/RH services. However, not all services are provided in line with national standards.



Supply chain issues resulting in stock outs for essential medicines and commodities were a primary reason for MNCH/FP/RH service disruption.



A lack of provider training, equipment, and supplies was a major factor limiting the provision of critical MNCH/FP/RH services.



One-third of facilities had experience disaster or crises in the previous five years, yet most facilities did not have an emergency response plan, team, or fund.

Greatest shocks and stresses effecting the populations of Gao and Timbuktu:



Natural disasters, Environmental degradation



Violence and conflict with armed groups/ terrorists

## Fragility, Crisis Sensitivity, and Complexity Assessment

MIHR conducted a fragility, crisis sensitivity, and complexity assessment to better understand the shocks and stresses that contribute to and perpetuate fragility in its areas of implementation. The results of the study will be used primarily to guide the project's programming strategy in each region.

### **RESULTS SNAPSHOT: PROJECT YEARS 1 - 3**

250

health care providers participated in a MIHR-supported training on topics such as pediatric death audits, basic emergency obstetric and newborn care, nutrition, and possible severe bacterial infections



health facilities in project regions received health information systems support



increase in COVID-19 vaccination coverage in the target population supporting the Ministry of Health in 2022



local community health association (ASACO) representatives oriented on management roles and responsibilities of community health centers





