
Mali: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Mali, which has had a rate of chronic malnutrition (stunting or low height-for-age) among children under 5 years of 38 percent since 2006, while 13 percent suffer from acute malnutrition (wasting or low weight-for-height) (Cellule de Planification et de Statistique et al. 2014).

Background

Mali is a vast, mostly desert, country with a population of almost 18 million (UNICEF 2017) and a highly undiversified economy that makes it vulnerable to commodity price fluctuations and the consequences of climate change. Although sparsely populated, with only 10 percent of its people living in the north, high population growth rates and drought have fueled food insecurity, poverty, and instability. The delivery of services in such a large territory is challenging, affecting geographic equity and social cohesion (World Bank 2017). In early 2012, there was a military coup and an occupation of the northern regions by armed groups, followed by the deployment of French-led military forces in 2013, which handed over peacekeeping operations to the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) later that same year. Peace negotiations between the government and two rebel coalitions, known as the “Platform” and “Coordination” groups, concluded with the signing of agreements in 2015. While the agreements do not give autonomous status for Mali’s northern regions, they give stronger impetus for decentralization (Programme de développement accéléré du Nord). Security, critical to economic recovery and poverty reduction, is fragile, with attacks by armed groups on the UN force and the Malian army continuing, mostly in the north (USAID 2017; World Bank 2017).

Despite volatile security conditions, economic performance in Mali is strong. High performance in agriculture (one of Mali’s primary sectors, in addition to gold) and the services sector led to a growth rate of about 6 percent in 2016. However, Mali is plagued by recurring crises such as drought, floods, and high prices in conflict areas. While Mali experienced an overall drop in national poverty from 56 percent in 2001 to 44 percent in 2010, the poverty rate rebounded to 45 percent in 2013. Ninety percent of all poor live in rural areas, concentrated in the south, where population density is highest (World Bank 2017).

Currently, Mali ranks 146th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). Mali also has one of the highest population growth rates in the world (with a total fertility rate of 6.1 children per woman), further fueling its high rates of poverty and food insecurity (Cellule de Planification et de Statistique et al. 2014).

Nutrition and Food Security Situation

Food insecurity and hunger plague Mali. It is estimated that 4.1 million Malians are food insecure and 795,000 face severe food insecurity (OCHA 2018). Following the 2012 political crisis and the poor agricultural and pastoral season in 2013–2014, low crop production and high food prices led to a critical food security situation. Inadequate child feeding practices exacerbate undernutrition: two-thirds of children under 6 months of age are not exclusively breastfed, and only 8 percent of children 6–23 months receive a minimum acceptable diet (Cellule de Planification et de Statistique et al. 2014). Poor child feeding practices, along with a lack of consistent iron-folic acid supplementation for pregnant women, the country’s high malaria burden, and high prevalence of diarrheal disease and parasitic infections, are also responsible for high anemia prevalence (Cellule de Planification et de Statistique et al. 2014). Regional variations in undernutrition persist, with the highest stunting prevalence reported in Mopti (47 percent), Segou (41 percent), and Sikasso (40 percent), and the lowest in Bamako (21 percent) (Cellule de Planification et de Statistique et al. 2014).

Childbearing begins early in Mali. By age 19, 66 percent of adolescent girls had begun childbearing in 2013, which is an increase from 65 percent in 2006 (Cellule de Planification et de Statistique et al. 2014). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers (Cellule de Planification et de Statistique et al. 2014). The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014). There is significant disparity in chronic undernutrition according to maternal education and wealth levels—only 24 percent of children whose mothers have secondary education are stunted, while the rate rises to 40 percent of children whose mothers had no formal education. Similarly, 21 percent of children in the highest wealth quintile are stunted, while 46 percent of children in the lowest wealth quintile are stunted. Stunting peaks among children 24–35 months (Cellule de Planification et de Statistique et al. 2014).

Mali Nutrition Data (DHS 2006 and 2013)		
Population 2016 (UNICEF 2017)	18 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	3.33 million	
	DHS 2006	DHS 2013*
Prevalence of stunting among children under 5 years (0–59 months)	38%	38%
Prevalence of underweight among children under 5 years (0–59 months)	27%	26%
Prevalence of wasting among children under 5 years (0–59 months)	15%	13%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	14%	16%
Prevalence of anemia among children 6–59 months	81%	82%
Prevalence of anemia among women of reproductive age (15–49 years)	68%	51%
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m ²)	14%	12%
Prevalence of thinness among adolescent girls (15–19 years)	23%	19%
Prevalence of exclusively breastfed children 0–5 months	38%	33%
Prevalence of exclusively breastfed children 4–5 months	24%	22%
Prevalence of early initiation of breastfeeding (i.e. put to the breast within 1 hour of birth)	46%	58%
Prevalence of children who receive a pre-lacteal feed**	30%	21%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	8%

Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years) (>25 BMI)	18%	18%
Coverage of iron for pregnant women (for at least 90 days)	18%	51%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	72%	61%
Percentage of children 6–59 months living in households with iodized salt	79%	95%

NA: Not Available

**Please note the most recent DHS data set is from 2013; more recent information from OCHA indicate a worsening nutrition situation.*

***Among last-born children born in the 5 years preceding the 2006 survey and among last-born children born in the 2 years preceding the 2013 survey*

Global and Regional Commitment to Nutrition and Agriculture

Mali has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Mali pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The Canadian International Development Agency (CIDA) is the donor convener of SUN in Mali. SUN's Multi-Partner Trust Fund (MPTF) recently funded the Civil Society Alliance for Scaling Up Nutrition in Mali, which aims to improve the structural environment for nutrition advocacy; build the capacity of Malian civil society to influence and advance the nutrition policy agenda; and establish national and community-level nutrition policy campaigns to include nutrition in national policies and programs such as the 2012–2017 Strategic Framework for Growth and Poverty Reduction Program (SUN 2017).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Two national strategies are aligned with CAADP: the National Program for Investments in the Agriculture Sector (PNISA) and the National

National Nutrition Policies/Legislation, Strategies, and Initiatives

Mali's commitment to improving nutrition is outlined in the following documents:

- Multisectoral Nutrition Action Plan (2014–2018)
- Strategic Framework for Economic Recovery and Sustainable Development of Mali (CREDD) (2016–2018)
- Strategic Framework for Growth and Poverty Reduction Program (CSCR) (2012–2017)
- Health and Social Development Plan
- National Priority Investment Plan for Mali's Agricultural Sector (PNIP-SA)
- National Nutrition Policy (2013)
- Health Sector Development Program
- National Program for Investments in the Agriculture Sector (PNISA)

The Ministry of Health and Public Hygiene is in charge of several programs that have a specific bearing on improved nutrition, including the Management of Acute Malnutrition Program, the People Living with HIV/AIDS Nutrition Management Program, the Infant and Young Child Feeding Program, and the Essential Nutrition Actions Program. In early 2013, Mali adopted a national nutrition policy under its Strategic Framework for Growth and Poverty Reduction Program (CSCR) 2012–2017. Governed by the Ministry of Health's 10-year health strategy (Health and Social Development Plan) and 5-year implementation plan (Health Sector Development Program), the policy outlined a coordination process for nutrition implementation and monitoring, and established the National Nutrition Council and the Intersectoral Technical Committee for Nutrition. In 2014, Mali also developed and adopted a costed multisectoral nutrition action plan (2014–2018) to ensure effective implementation of the newly adopted national nutrition policy. In April 2016, The Government of Mali adopted the Strategic Framework for Economic Recovery and Sustainable Development of Mali (CREDD) 2016–2018. The overall objective of the CREDD is to promote inclusive and sustainable development in favor of the reduction of poverty and inequality in a united and peaceful Mali to achieve the Sustainable Development Goals (SDGs) by 2030.

One major achievement in 2016 was the establishment of the Nutrition Coordination Unit as a formal coordinating structure. At the national level, the multisectoral platform (MSP) meets twice a year through the Technical Inter-Sectoral Nutrition Committee, and once a year through the National Nutrition Council, bringing together ministers from different sectors. These decentralized coordination bodies are established and clearly defined in the National Nutrition Policy, but are not yet operational. The frameworks established in the policy are the regional, local, and commune-level steering, coordination, and monitoring committees for development actions (SUN 2017).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Mali. The U.S. Government selected Mali as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy. Due to the country's security situation, Mali's Feed the Future Initiative focuses on 113 communes in Sikasso, Mopti, and Tombouctou, and two communes in Segou. The strategy includes strategic investments in strengthening targeted value chains, addressing high levels of malnutrition and low dietary diversity, improving the enabling environment for agricultural trade and investment, and building capacity among farmers, the private sector, civil society, and public institutions to help reduce poverty and stunting in children under 5.

Selected Projects and Programs Incorporating Nutrition in Mali		
Name	Dates	Description
High Impact Health Services in	2014–2019	The aim of the program is to improve survival and the nutritional status of mothers, newborns, and children under 5 through scaling up high-impact health

Kayes, Koulikoro, and Sikasso regions and Gao and Bamako districts		services and promoting healthy behaviors in relation to nutrition; water, sanitation and hygiene (WASH); family planning/reproductive health (FP/RH); maternal and child health (MCH); and malaria prevention and treatment (MPT).
Health Sector Social and Behavior Change Communication in Kayes, Koulikoro, Sikasso, and Mopti regions and Gao and Bamako districts	2014–2019	The aim of the program (Communication et Promotion de la Santé/Keneya Jemu Kan) is to increase use of high-impact services and promote healthy behaviors (in relation to WASH, FP/RH, MCH, MPT, and HIV prevention and treatment) and social marketing of WASH and family planning commodities in targeted geographical areas.
Mali Sub-National Governance Program	2016–2019	The aim of the program is to advance Mali’s decentralization process by: creating and institutionalizing effective financial and asset management procedures; containing corruption; and improving overall operational efficiency in the management of Mali’s financial resources between Bamako and the regions, thus ensuring that public funds intended for decentralized services are delivered effectively and transparently.
Feed the Future Mali Horticulture Scaling Project	2014–2019	The program, also known as Deploying Improved Vegetable Technologies to Overcome Malnutrition and Poverty in Mali, is located in the Sikasso, Timbuktu, and Mopti regions and implemented by the World Vegetable Center. The goal of this project is to contribute to reduced malnutrition, especially in children, through diet diversification and promotion of the production and consumption of vegetables as affordable sources of essential vitamins and micronutrients. In FY 2017, the program trained 14,502 people in vegetable production and 37,680 seed kits were distributed to foster establishment of vegetable gardens and improve household accessibility and consumption of vegetables. These seed kits contained okra, tomato, African eggplant, pepper, and amaranth seeds and sweet potato cuttings, enabling Feed the Future/Mali to achieve a massive increase in the consumption of nutrient-rich commodities (85.07 kg as target to 319.855 kg) that year, as well as a massive sales increase (US\$250,070 as target to \$964,686).
Nutrition and Hygiene in Mopti, Koulikoro, and Segou regions	2013–2018	The aim of the project is to increase access to and consumption of diverse and quality foods, improve nutrition and hygiene-related behaviors, and increase utilization of high-impact nutrition and water, sanitation, and hygiene (WASH) services. In FY 2017, the project reached 35,570 children under 2 years (including 17,966 girls) with community-level nutrition interventions and 13,827 pregnant women with nutrition-specific interventions.
Nutrition and Hygiene in Sikasso region	2013–2018	The aim of the project is to increase access to and consumption of diverse and quality foods, improve nutrition and hygiene-related behaviors, and increase utilization of high-impact nutrition and WASH services. In FY 2017, the project reached 123,476 children under 2 years (including 64,668 girls) with community-level nutrition interventions and 46,977 pregnant women with nutrition-specific interventions.
Feed the Future Cereal Value Chain (CVC) Project	2013–2018	The CVC project increases agricultural productivity through the use of improved seeds, improved fertilization, and good agronomic practices, including water and soil management. CVC is building the capacity of water-use associations to better manage and maintain irrigation infrastructure. In Sikasso, Segou, Timbuktu, and Mopti regions, the project trained 547 individuals, comprising 521 water users and 26 staff (specialists and coaches). Almost 550 community agri-business

		teams (CATs) and water users were trained in 2017 in best practices for irrigation network management. Two demonstration sessions were conducted to promote the use of the leveling bar on 20 irrigated rice plots that involved 140 participants in the villages of Syn and Kouana (Mopti). Training for 421 producers and other water users was also conducted on the health risks associated with irrigation, water and waterborne diseases, and WASH.
Food for Peace	Ongoing	Through the Office of Food for Peace (FFP), USAID provided US\$28.5 million in emergency food assistance to improve food security and economic recovery, reaching 260,000 beneficiaries. In addition to providing food assistance to vulnerable and food-insecure internally displaced persons, returnees, and conflict-affected individuals, FFP also supported food-for-assets activities to rehabilitate community assets and re-establish livelihoods. FFP partners with CARE to implement Harande, a Development Food Assistance Program, to benefit more than 270,000 individuals in the Mopti Region. The project aims to strengthen food, nutrition, and income security among poor households and improve their resilience to future shocks. Activities focus on health and nutrition promotion, prevention and treatment of malnutrition, improved literacy, livelihood diversification, and increased access to safe drinking water and sanitation.

Other USAID Nutrition-Related Humanitarian/Development Assistance

Nutrition is a key part of the 5-year USAID/Mali Health Strategy (2013–2018), which seeks to achieve sustained improvements in health through increased use of high-impact health services and promotion of healthy behaviors. The strategy includes improved access to diverse and quality foods (linked to Feed the Future agricultural productivity interventions); improved nutrition-related behaviors through comprehensive social and behavior change strategies; and improved use of maternal and child nutrition services, including Essential Nutrition Actions (ENA), micronutrient supplementation, and community-based management of acute malnutrition.

In collaboration with the Office of U.S. Foreign Disaster Assistance (OFDA) and UNICEF, USAID/Mali promotes community-based approaches to prevent and treat malnutrition and to reduce mortality and morbidity linked to micronutrient deficiencies and malnutrition. With a grant from OFDA, UNICEF provides services to children under 5 and supports the Ministry of Health in nutrition surveillance and coordination. Through UNICEF, OFDA also provides technical assistance to integrated humanitarian response programs. In Kidal and Kayes, OFDA supports water kit distribution and conducts training for health providers on the management and treatment of acute malnutrition in children. In Tombouctou and Ghourma Rharous, OFDA supports health centers by strengthening health providers' capacity to reduce acute malnutrition in children and pregnant and lactating women. In Gao (Menaka) and Tombouctou, OFDA promotes integrated nutrition, hygiene, and sanitation programs.

In Mali, USAID's Office of Food for Peace (FFP) works with the UN World Food Program (WFP) to respond to urgent emergency food needs through general food distributions, blanket and targeted supplementary feeding programs and food-for-assets activities. FFP also facilitates WFP's local and regional purchase of food and delivery of food vouchers to stimulate local production and markets. Through the UN Children's Fund (UNICEF), FFP provides ready-to-use therapeutic food to treat severely malnourished children.

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