Jhpiego
an affiliate of Johns Hopkins University

Mali Country Profile

innovating to save lives

Jhpiego in Mali

Quick Facts

Estimated total population:[1]
16.7 million

Maternal mortality ratio:[2]
368 per 100,000 live births

Infant mortality rate:[2]
56 per 1,000 live births

Under-five mortality rate:[2]
95 per 1,000 live births

Total fertility rate:[2]
6.1

Contraceptive prevalence:[2]
9.9% (modern methods)
10.3% (all methods)

HIV prevalence:[2]
1.1%

Births with skilled provider:[2]
58.6%

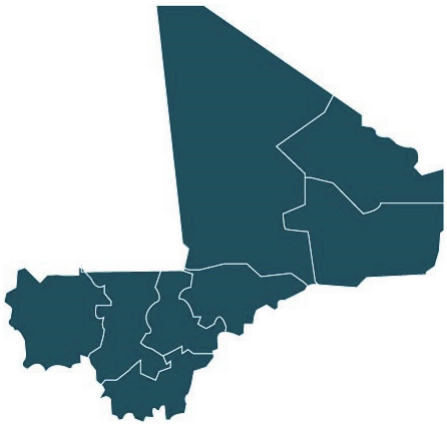
Sources:
[1] Population Reference Bureau *2015 World Population Data Sheet;*
[2] Mali Demographic and Health Survey 2012–2013.

Background

Among other health challenges, Mali's total fertility rate is one of the highest in Africa. According to the 2012–2013 Demographic and Health Survey, the unmet need for family planning (FP) in Mali is 26% among married women of reproductive age. Moreover, 35% of the women surveyed reported their last two children were born 35 months or less apart, indicating a birth-to-next-conception interval of 26 months or less. Birth-to-next-conception intervals of 36 to 47 months have the lowest risk of neonatal, infant and under-five mortality.

With funding from the U.S. Agency for International Development (USAID), Jhpiego began working in Mali in the late 1980s, expanding and strengthening pre-service education in reproductive health at the National School of Medicine and Pharmacy in Bamako under a multi-year program. In the mid-1990s, Jhpiego provided technical assistance to the Ministry of Health (MOH) to introduce Norplant® implants into the mix of contraceptive methods available in Mali, and also built the capacity of the Malian Association for the Protection and Promotion of the Family (AMPPF) to provide high-quality FP services. These programs were followed by the provision of technical assistance to improve infection prevention practices within FP services.

After a nearly 15-year hiatus, Jhpiego began working again in Mali as part of the USAID-funded Maternal and Child Health Integrated Program (MCHIP) and the Maternal and Child Survival Program (MCSP), led in-country by Save the Children from 2010 to 2015. Under these awards, Jhpiego sought to increase access to and utilization of high-quality, integrated maternal, newborn and child health (MNCH) and FP services in Mali, with a focus on ensuring access to high-quality, lifesaving health care services for women, newborns and children. Currently, Jhpiego continues to work in Mali through the *Services de Santé à Grand Impact* (High-Impact Health Services, or SSGI) program (2014–2019), funded by USAID and led by Save the Children. A description of current activities and accomplishments is provided below.



Current Program

Under the SSGI program, Jhpiego provides technical leadership in the areas of FP, infection prevention and control, maternal health and malaria in pregnancy (MIP). Jhpiego has provided technical assistance to facilitate a range of FP training courses, with an emphasis on long-acting methods as well as postpartum family planning (PPFP), including the postpartum IUD (PPIUD). In addition, Jhpiego provided technical support to review and update national training materials for basic emergency obstetric and newborn care, working closely with the MOH and maternal health experts. Jhpiego has also worked with the MIP Technical Working Group, led by the National Malaria Control Program, to update the national policy, standards and procedures to reflect the World Health Organization's (WHO's) MIP guidelines and revise data collection tools used by the national health information system to include the latest recommended indicators for MIP.

Key Accomplishments

Under the SSGI program, as of March 2016, Jhpiego has built the capacity of health care providers in the following areas: 21 providers in infection prevention and control, including considerations for Ebola Virus Disease; 24 in PPFP counseling (including PPIUD); 13 in PPIUD insertion; 61 in long-acting and reversible contraception (LARC) methods, including IUDs and implants; and 51 in FP counseling (including PPIUD). In addition, 79 qualified providers and *matrones* (auxiliary midwives) in Kayes and 24 *matrones* in Kadiolo were trained in how to insert Jadelle implants, thereby supporting task shifting of implant insertion to this cadre and improving access to FP methods, in particular for rural women who are predominantly served by *matrones*. Ongoing post-training follow-up visits and supportive supervision conducted by Jhpiego ensure that any difficulties with service provision, staffing, materials, etc. are detected promptly and addressed to improve and maintain quality of service delivery.

Under MCSP, Jhpiego served as the technical lead for FP and MIP. During the span of MCSP/Mali (May 2014–June 2015), there were over 28,000 new family planning acceptors in MCSP-supported facilities. Jhpiego strengthened the capacity of service providers and improved the quality of postabortion care (PAC) and LARC services in national and regional hospitals and referral health centers in the regions of Kayes and Sikasso and the district of Bamako. This was accomplished through training and equipment provision, improving the quality of PAC services (including access to FP) in four facilities in these regions. The proportion of PAC clients counseled on contraception in MCSP-supported facilities rose from 80% to 93% at the end of the program.

As a partner in MCHIP, Jhpiego provided technical assistance in integrating active management of the third stage of labor and PPFP services at community health centers. Jhpiego also added PPFP training for community health agents, or *Agents de Santé Communautaire*. PPFP entails counseling on immediate and exclusive breastfeeding, return to sexual activity, risks of unintended pregnancies, healthy spacing of pregnancies, use of the lactational amenorrhea method and the transition to other methods compatible with breastfeeding throughout the first two years after childbirth. Through MCHIP, Jhpiego helped expand the FP method mix to include LARC, and built the capacity of *matrones* in rural districts in Kita and Diema in the Kayes Region in Western Mali to provide contraceptive implants.

On the national stage, MCHIP achievements include technical support for improved national MNCH/FP policies. MCHIP provided assistance to update the National Reproductive Health Strategic Plan and revise Mali's focused antenatal care clinical training materials to include the latest WHO guidelines on intermittent preventive treatment of malaria for pregnant women. At the facility level, MCHIP introduced and scaled up an integrated approach to improve the quality of MNCH/FP services, training more than 600 health facility providers in active management of the third stage of labor, essential newborn care, Helping Babies Breathe and LARC methods. Working across seven districts, MCHIP reached 12% of referral health centers (seven out of 60 nationally) and 15% of community health centers (159 out of 1,050) with this innovative, competency-based training approach.

Mother and baby at immunization clinic in Bamako, Mali.

MCHIP focused on improving MNCH and FP services throughout the continuum of care from the antenatal to postpartum period. The program improved access to LARC methods through training on IUD and implant insertion. Program monitoring data showed that the number of IUDs inserted in community health centers in the two regions more than doubled after training (from 240 in 2012 to 519 in 2013). In addition, task shifting of implant insertion to *matrones* in Diema District increased access to LARC at lower-level facilities while demonstrating that these providers can insert implants with acceptable adherence to quality standards. MCHIP also expanded the contraceptive options available for postpartum women by providing training on PPIUD insertion for more than 40 obstetricians and nurse midwives in Kayes and Sikasso Regions.

MCHIP conducted a baseline survey in 2011 in Kita and Diema Districts, with an endline survey conducted in 2014. Results showed increases in knowledge regarding the need for healthy timing and spacing of pregnancies; the percentage of women agreeing that there should be at least 24 months between births rose from 50% to 66% at endline. Moreover, uptake of modern methods of contraception rose from 11% in 2011 to 14% in 2014.

Partners/Donors

Jhpiego's donor in Mali is USAID. The USAID-funded SSGI consortium comprises Save the Children Federation, Inc., Jhpiego, Management Systems International (MSI), Marie Stopes International, *Groupe Pivot Santé et Population* and the *Fédération National des Associations de Santé Communautaire* (FENASCOM).

References

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Population Reference Bureau. *2015 World Population Data Sheet*. Washington, D.C.