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PHOTO CREDIT: USAID Keneya Nieta

USAID Keneya Sinsi Wale (Health System Strengthening, Governance and Finance)

CONTEXT

Despite recent gains, maternal and infant mortality rates in Mali remain amongst the highest in the world. Governance systems in the health sector are weak and Mali's health workforce is under a great deal of stress. The health worker to population ratio is only 5 doctors, nurses, and midwives per 10,000 inhabitants, well below the World Health Organization's goal of 45. Other barriers to care include a lack of sustainable health financing at all levels and a largely rural population that is hard to reach with primary health care services.

ABOUT THE ACTIVITY

USAID Keneya Sinsi Wale increases access to quality services by supporting Malians to improve transparency, accountability, and decision-making in the management of health services, particularly at district and regional levels.

Keneya Sinsi Wale aims to:

- Strengthen the involvement, collaboration, and synergy of action between actors in planning and coordinating health activities.
- Promote qualified, responsible, and motivated human resources for health.
- Improve planning, ordering and distribution of essential drugs and commodities.
- Develop and implement sustainable local health financing strategies, and
- Improve the timeliness, completeness, and accuracy of health data.

The project supports implementation of the national quality assurance strategy and the Government of Mali's minimum package of primary health care services which includes:

- Diagnosis and management cases
- Referral of maternal, newborn and child complications
- Appropriate pregnancy spacing and planning, antenatal care
- Skilled attendance of delivery
- Complete postnatal care for both mother and baby
- Screening and management of acute malnutrition
- Vitamin A supplementation

Along with USAID Keneya Nieta that focuses on support for household and community care, USAID Keneya Sinsi Wale works to combat gender-based violence and to promote the inclusion of vulnerable groups such as those living in extreme poverty, youth, people with disabilities, and women.

KEY ACHIEVEMENTS

- Increase in the overall rate of use of services from 0.33 new contacts per person per year to 0.41
- Increase in the number of women delivering in a USAID-supported health facility from 244,620 to 264,581
- Decrease in the number of resuscitated newborns in respiratory distress from 9,285 to 2,693
- Decrease in the dropout rate of children under 12 months between the first dose of Penta (Penta1) and the third dose (Penta3) from 15.40% to 5.0%
- Increase in the completion rate of advanced strategy activities from 47.8% to 70.9%
- Increase in the percentage of laboratories that provide services without interruption due to equipment failure from 9.1% to 95.1%
- Increase in the rate of implementation of integrated supervision from 27.9% to 52.1%. The achievement rate for the supervision of community health workers increased from 25.3% to 63.1%
- Increase in the rate of availability of essential drugs from 83.0% to 97.0%
- Increase in the percentage of circle distribution depots (DRC) and sales depots of reference health centers (CSRef) and community health centers (CSCoM) where the 13 principles of good stock management are respected from 28.8% to 77.0%

- Increase in completeness and timeliness rates from 42.2% to 91.6% and 91.8% respectively
- Increase in the proportion of beneficiary private structures submitting complete reports in the DHIS2 database from 2.0% to 10.3%
- Increase in the proportion of ASACOs that adapt their Micro-plans based on community feedback at general meetings from 16.0% to 49.6%
- Increase in the proportion of ASACOs that hold statutory meetings on a regular basis (Management Committee) from 33.0% to 51.0%
- Increase in the proportion of ASACO/CSCOM that have separate accounts for underwriting and drugs from 50.2% to 96.7%.

IMPLEMENTING PARTNER

Palladium