# Mali: Nutrition Profile

## Background

Mali's economy has proved resilient, despite having recently emerged from a protracted security and political crisis. In 2013, economic growth rebounded to 2 percent, up from zero percent in 2012.[1] Political instability and a prolonged drought in 2011 have had a negative impact on human development and poverty: Mali's rank in the UNDP's Human Development Index was 175 out of 187 countries prior to the 2012 political crisis, and the poverty rate has most likely increased since 2010 from 36 to 38 percent.[1] Mali remains fragile, predominantly arid with an undiversified economy that is vulnerable to commodity price fluctuations and climate change. Mali also has one of the highest population growth rates in the world (fertility rate of 6.6 children per woman),[2] which further fuels high rates of poverty and food insecurity. Economic activity is largely confined to the riverine area irrigated by the Niger River, and about 65 percent of its land area is desert or semidesert. About 10 percent of the population is nomadic, and about 80 percent of the labor force is engaged in agriculture and fishing, though those sectors contribute only one-third of GDP.[3] Despite these challenges, Mali is still on track to eradicate extreme poverty and hunger (Millennium Development Goal 1) by 2016, but not to reduce child mortality (MDG 4) or improve maternal health (MDG 5).[4]

## Nutrition Situation

Food insecurity and hunger plague Mali. During lean periods even in non-crisis years, 11 percent of households are severely food insecure and 17 percent are moderately food insecure.[5] Following the political crisis and related insecurity in 2012, more than 1.5 million people in the country were food insecure (according to a March 2014 analysis), with the number expected to have increased to 1.9 million people during the lean season.[6] Nutritional factors are an underlying cause of up to 45 percent of childhood deaths.[7] Stagnant poverty and food insecurity levels have contributed to rates of undernutrition that have barely changed in the past seven years. These are exacerbated by inadequate feeding practices: two-thirds of children are not exclusively breastfed, and only 7 percent of children 6-23 months old receive a minimum acceptable diet.[8,9] Regional variations in undernutrition persist, with the highest rates of stunting in Mopti (46.5 percent), Segou (40.5 percent) and Sikasso (39.9 percent), and the lowest rate in Bamako (21.1 percent). Anemia is highly prevalent and can be attributed to low and inconsistent use of iron–folic acid supplementation for pregnant women, the high burden of malaria, frequent diarrheal disease and parasitic infections, and poor child feeding practices.[8]

| Mali Nutrition Data | | |
|---|---|---|
| Population (2012) | | 15.5 Million |
| Population under 5 years of age (0-59 months, 2012) | | 2.9 Million |
| | **2006[9]** | **2012-13[8]** |
| Prevalence of stunting among children under 5 (0-59 months) | 38% | 38% |
| Prevalence of underweight among children under 5 (0-59 months) | 27% | 26% |
| Prevalence of wasting among children under 5 (0-59 months) | 15% | 13% |
| Prevalence of anemia among children aged 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) | 14% | n/a |
| Prevalence of children aged 0-5 months exclusively breastfed | 38% | 33% |
| Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet | 7% | n/a |

### *National Nutrition Policies*

A National Policy of Nutrition was adopted in early 2013. The policy is under the overarching Strategic Framework for Growth and Poverty Reduction (CSCRP) 2012–2017, and is governed by the health ministry's 10-year health strategy and 5-year implementation plan, called the Health and Social Development Plan and Health Sector Development Program. The policy sets out a coordination process for implementation and monitoring and established the National Nutrition Council and the Intersectoral Technical Committee for Nutrition. Mali developed a national road map to set up a costed multisectoral nutrition action plan to ensure effective implementation of the newly adopted National Policy of Nutrition. 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. A Nutrition Cluster, comprised of key donor agencies and the government, was activated in February 2012 to coordinate the humanitarian response in nutrition; this was a shift from traditional development partners to humanitarian agencies being involved in key nutrition programs.

In 2011, Mali joined **Scaling Up Nutrition (SUN)**, 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. The SUN movement 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, including the CSCRP (Strategic Framework for Growth and Poverty Reduction) 2012–17.

Mali signed a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2009. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. The two national strategies aligned with CAADP are the National Program for Investments in the Agriculture Sector (PNISA) and the National Priority Investment Plan in Mali's Agricultural Sector (PNIP-SA).

## USAID Programs: Accelerating Progress in Nutrition

Under the USAID Annual Program Statement (APS) No. APS-688-13-000001 (Integrated Rural Program to Improve Nutrition and Hygiene in Mali), two Cooperative Agreements have been awarded to CARE and Save the Children for a five-year-long period effective as of October 1, 2013, and ending September 30, 2018.

| Highlighted Bilateral Nutrition Projects in Mali | | | |
|---|---|---|---|
| **Project Name** | **Year Awarded** | **End Date** | **Objective(s)** |
| Nutrition and Hygiene, implemented by CARE | Oct. 1, 2013 | Sept. 30, 2018 | —Increase access to and consumption of diverse and quality foods.<br>—Improve nutrition and hygiene-related behaviors.<br>—Increase utilization of high-impact nutrition and WASH promotion and treatment services. |
| Nutrition and Hygiene, implemented by Save the Children | Oct. 1, 2013 | Sept. 30, 2018 | —Increase access to and consumption of diverse and quality foods.<br>—Improve nutrition and hygiene-related behaviors.<br>—Increase utilization of high-impact nutrition and WASH promotion and treatment services. |

### *Feed the Future Progress*

**IICEM** is working in all three target regions to increase communities' resilience to climate change through better water management systems, through rehabilitation and creation of new rice irrigation perimeters, and through facilitating acquisition of new water pumps. These activities will help overcome production constraints related to insufficient rainfall and inadequate distribution by helping farmers reduce the variability of yields.

**IVPC** is located in the Sikasso region and is implemented by the World Vegetable Center. The project focuses on developing seed lines and gardening practices, and improving dietary diversity. In FY2012, IVCP supported improved nutrition by increasing off-season vegetable production by local women's cooperatives and by providing inputs and gardening techniques necessary for production; the project benefited 1,325 producers in FY2012, 91 percent of who were women. The program also established commercial linkages between the cooperatives and input suppliers. Women produced various vegetables: half were consumed within the household, thereby increasing nutrition, and the remainder were sold locally. In addition, nutrition-related behaviors were improved by training cooperatives to develop recipes with locally available, nutrient-dense foods and locally produced cereals and vegetables for children from 6 to 24 months of age.[10]

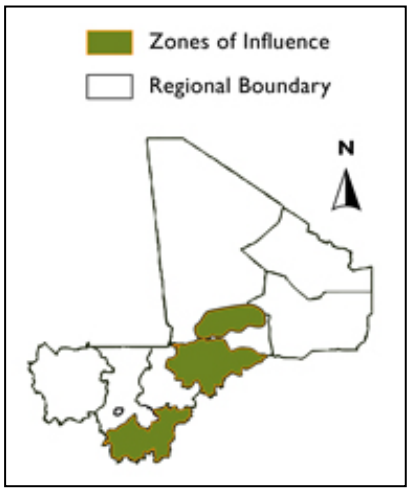
**USAID/Mali Feed the Future Targets for 2015**

- Provide targeted assistance to increase average yields of irrigated and lowland rice by 33% and 66% respectively. Double sorghum yields and increase millet yields by 50%.
- Reach more than 255,000 children with services to improve their nutrition and prevent stunting and child mortality.
- Achieve improved income and nutritional status for significant numbers of additional rural populations through strategic policy engagement and institutional investments.

**IRP** is a community-level initiative in the Sikasso and Mopti regions, focusing on access to and consumption of diverse foods for children and pregnant and lactating mothers. Principal activities center on behavior change communication (BCC) addressing household dietary behaviors.

The deteriorating security situation in Timbuktu and northern Mopti has challenged implementation of Feed the Future and other USAID-funded programs. In addition, the March 2012 coup resulted in the suspension of all Feed the Future programs at a critical time in the agricultural campaign, just prior to the 2012 planting season. Some key programs have subsequently been restarted and were modified, while others remain suspended.

**Mali: Feed the Future Zones of Influence**




### *Active Global Nutrition Mechanisms*

The **Global Alliance for Improved Nutrition (GAIN)** supports the *Tache d'Huile* project, of which Mali is a key country. *Tache D'Huile* is a multipartner public-private initiative to produce vitamin A-fortified cooking oil in eight countries in West Africa: Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Niger, Senegal and Togo. The project estimated that 75 percent of the population would be using fortified cooking oil by 2013.

## Other USAID Nutrition-Related Development Assistance

Nutrition is a key part of the five-year USAID/Mali Health Strategy (2013-2018), which seeks to achieve sustained improvements in health through increased use of high-impact health services and 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 communication 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 implemented by Helen Keller International (HKI), USAID/Mali supported the **Strengthening Community-Based Acute Malnutrition Prevention and Treatment** project in the Koulikoro and Sikasso regions, targeting 45,000 acutely malnourished children under 5. In FY2012, the project trained 1,198 community volunteers in the prevention of acute malnutrition, 576 mothers' group members in the promotion of ENA practices, and 622 community health volunteers in the screening, referral and follow-up of acute malnutrition and ENA. Health agents conducted a total of 690 BCC sessions on various nutrition topics, reaching a total of 4,812 women of reproductive age. In addition, a total of 1,040 BCC discussion sessions were organized by members of mothers' groups, reaching a total of 30,627 women of reproductive age. Thus, 16,391 children were screened and 376 cases of severe acute malnutrition (SAM) and 1,646 cases of moderate acute malnutrition (MAM) were identified at the community level and referred for confirmation and treatment.[10]

USAID/Mali also supports the **Nutrition WASH "Damu Ni Wassa"** project, which includes short- and medium-term humanitarian responses to the food and nutrition crisis created by the poor harvest in 2011. USAID works with communities to provide emergency scale-up of critical, lifesaving nutrition services and to support the institutionalization of service delivery capacity at the community level, which is also under the Annual Program Statement (APS) No. APS-688-13-000001 (Integrated Rural Program to Improve Nutrition and Hygiene in Mali).

The **Food for Peace (FFP)** office responded to Mali's complex crisis, including support through the multidonor-funded World Food Programme, which in 2012 targeted over 1.1 million internally displaced persons and drought-affected Malians with food distributions, cash transfers and nutritional support. Mali joined the *Committing to Child Survival: A*

*Promise Renewed* campaign in 2012,and pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition. To view the country action plan for ending preventable child and maternal deaths in Mali, please see the Acting on the Call 2014 report at: http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf.

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