

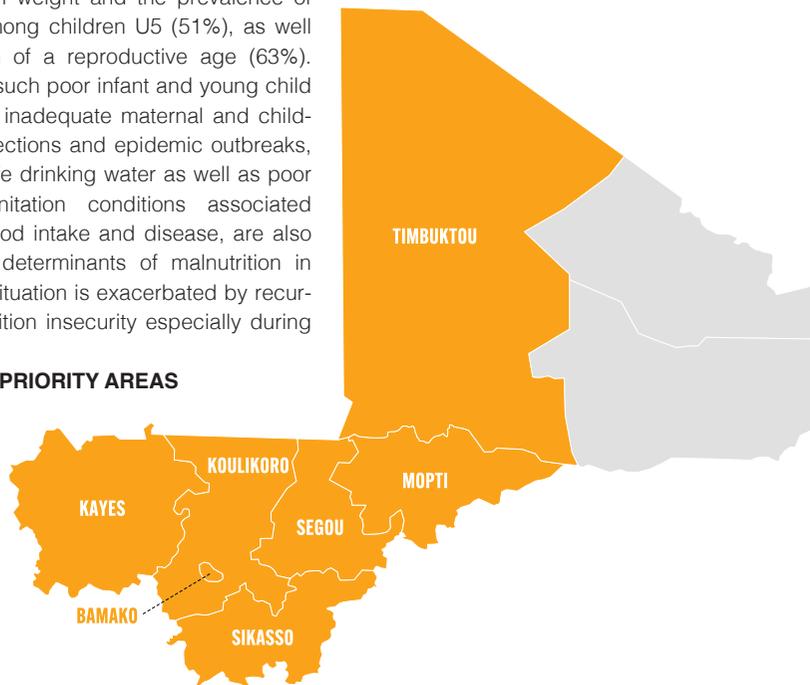
Mali, a vast Sahelian country, has a very low human development index of 0.434. It is positioned at 184 out of 189 countries and territories in the world for the three dimensions: a long and healthy life, access to knowledge and a decent standard of living. It is also classified as a low-income economy and 42.1% of the population lives in extreme poverty. Since 2012, the country has experienced instability and conflict which, according to the World Bank, has resulted in health, security, social, and political crises. In 2020, poverty rates increased by 5%, especially in the south where 90% of the country's poverty is concentrated in the densely populated rural areas.

The nutritional situation in Mali is an ongoing public health concern that has not seen any improvements in the last decade. National rates of Global Acute Malnutrition (GAM) vary between 7.2 % (with 1.3% of severe acute malnutrition) during the post-harvest (SMART 2020) and 9.4% during the lean season (SMART 2019). Approximately, 15% of children are born with low birth weight and the prevalence of anemia is high among children U5 (51%), as well as among women of a reproductive age (63%). Additional factors such poor infant and young child feeding practices, inadequate maternal and child-care, recurrent infections and epidemic outbreaks, poor access to safe drinking water as well as poor hygiene and sanitation conditions associated with inadequate food intake and disease, are also deemed the key determinants of malnutrition in Mali. Overall, the situation is exacerbated by recurrent food and nutrition insecurity especially during

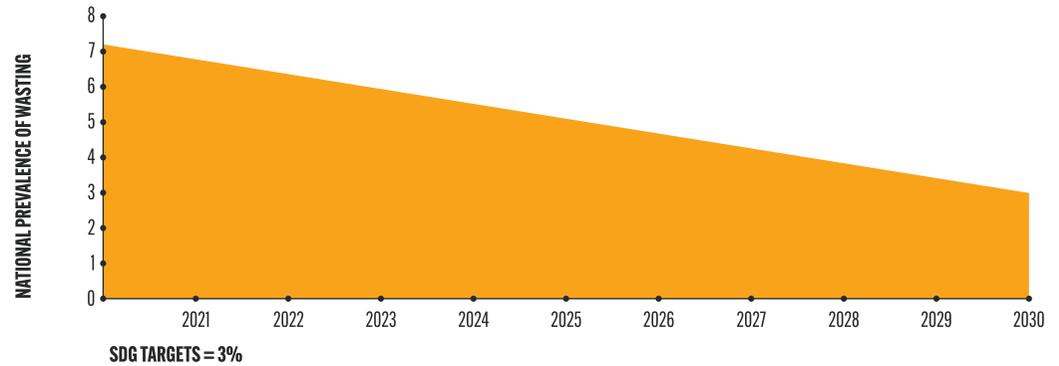
the lean season where more than a million people need support (e.g., 1,245,569 persons projected in crisis between June -August 2021) for survival and increased resilience.

The ongoing conflict between government forces and non-governmental armed groups coupled with intercommunal violence has also impacted the security situation, community livelihoods as well as the health and nutrition status of the population. At least 346,864 internally displaced persons (IDP) were registered in January 2021, and 61% of the IDPs registered were less than 18 years old (in the northern and central regions of Mali). Except for Mopti, all the IDP sites (Gao, Koulikoro, Segou, Timbuktu, Bamako) reported high levels (>10%) of GAM. The overall humanitarian crisis in Mali has been aggravated by the effects of climate change and the COVID-19 pandemic resulting in compounded effects on an already ailing economy and nutrition status of children U5 as well as pregnant and lactating women.

GEOGRAPHICAL PRIORITY AREAS

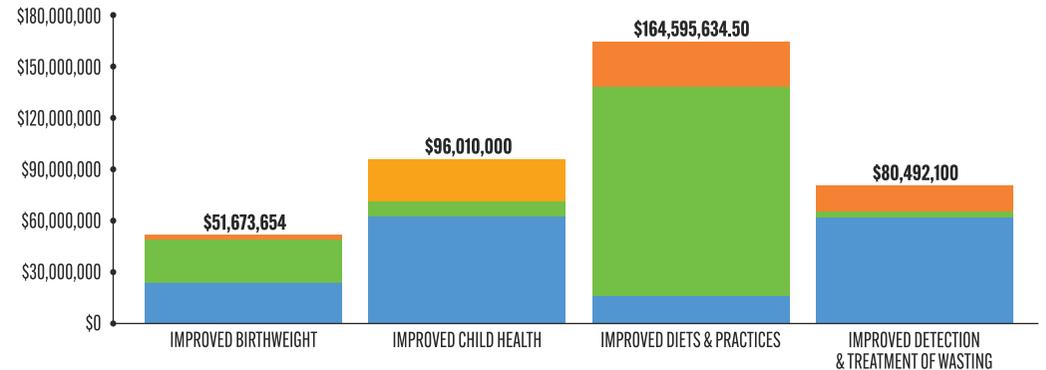


REACHING THE SDG TARGET BY 2030



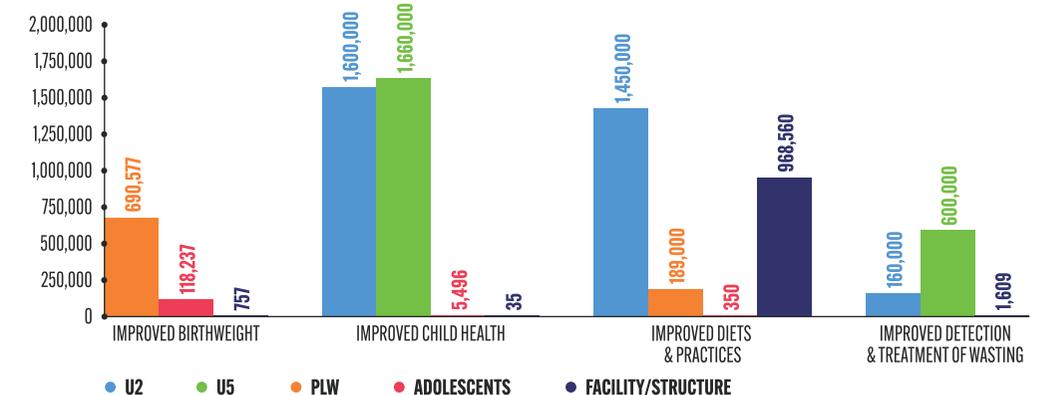
ANNUAL COST (USD)

TOTAL ANNUAL COST = \$392,771,388.50



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 6,473,660



- REDUCE LOW BIRTHWEIGHT TO 10.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 56%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 100% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 75% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support expanding coverage and quality of primary health care and related services and practices for pregnant women Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy Early detection and treatment of undernutrition among pregnant women Strengthen the food value chain that aims to increase the accessibility and affordability of sustainable healthy diets for pregnant and lactating women
FOOD	Food fortification /bio-fortification Food assistance to pregnant women with energy and protein fortified food for population with high rates of malnutrition Strengthening school feeding programs Promote Social Behaviour Change Communication to increase demand and utilization of healthy diet
SOCIAL PROTECTION	Optimization of use of school platforms for promoting nutrition and reproductive health to adolescent girls

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Skilled support for promoting early initiation and exclusive breastfeeding during the first six months Support the implementation of the code of marketing of breastmilk substitute Strengthening of Caring for caregivers' initiative
FOOD	Promotion of diet diversity through cultural methods and fortification Capacity building on food preparation and conservation Production units of locally fortified foods (complementary foods for young children) Support small scale infrastructure for food processing, preservation, storing and conditioning Seasonal food assistance to severely food insecure households
SOCIAL PROTECTION	Social assistance (cash or in-kind) programs targeting vulnerable communities

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve access and coverage for immunization and an integrated treatment of common illnesses Support health systems strengthening (planning, budgeting, and mobilisation of resources) Integration of nutrition into the health system as part of health services in the national health plans, supply plan et roadmap to universal health coverage Strengthen early detection of wasting and growth faltering including the LBW
FOOD	Reduction of crops contamination in farms; enhanced food storage and handling, promotion of food safety throughout the food chain with main focus on food supplements for young children
WASH	Provision of water, hygiene and sanitation (access to clean water, latrines, refuse disposal and solid waste management) in health facilities including IPC measures for COVID-19 Hygiene and food safety promotion Ensure a WASH package for children with wasting and those affected by emergencies (IDP, refugees)

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale-up implementation of community Groups of support to nutrition actions (GSAN) in different health zones Strengthen early detection of Wasting through family MUAC, SIAN and CPS and referral of cases for treatment Scale-up Community management of severe acute malnutrition in ASC sites Roll out training of health workers and community health workers on simplified approaches for treatment of wasting Capitalisation of study pilots on simplified protocols and surge approach, and revision of the national IMAM protocol Strengthen Health and nutrition data collection in hard to reach areas
FOOD	Food assistance to caregivers of children with wasting including during inpatient care for SAM Support the feasibility study of local production of RUTF and strengthening government supply chain of RUTF for management of wasting
SOCIAL PROTECTION	Social protection support to vulnerable families with wasted children living regions affected by food insecurity and malnutrition