USAID | MALI
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REQUEST FOR INFORMATION

RFI Number: 720-688-20-RFI-00001
Subject: Improved Health Services and Systems in the North of Mali
Issuance Date: **July 02, 2020**
Response Due Date: **July 16, 2020**

The United States Government, represented by the U.S. Agency for International Development (USAID) Mission in Mali, is seeking feedback on an anticipated activity: "Improved Health Services and Systems in the North of Mali" to focus at the health district level to deliver a limited package of health services through limited facility-level support to strengthen primary care for and referral for some higher level services – integrated management of newborn and child illness (IMNCI), basic emergency obstetric and newborn care (BEmONC)- through mobile clinics and community health workers where possible, potentially to include:

1) Family planning (services, counseling, commodities, behavior change communication);
2) Malaria (commodities);
3) Nutrition (prevention) and water sanitation and hygiene treatment products; and
4) Maternal and child health.

Additionally, it is envisioned that the activity could support: community participation/ engagement in health service/system/finance as feasible; coordination with the Government of Mali (GoM)/Ministry of Health and Social Affairs (MOHSA) and other partners to develop a deliberate transition plan (and timeframe) for movement from humanitarian assistance to a hybrid humanitarian/development approach, with the eventual goal being a minimum package of development assistance.

The activity is envisioned to build on previous and on-going Health Office service delivery, pharmaceutical systems/supply chain, and information systems strengthening and policy investments, as well as to complement activities funded through USG/Office of Foreign Disaster Assistance and Food for Peace.

This request for Information (RFI) **is issued solely for information gathering and planning purposes.**

The RFI does NOT represent any award commitment on the part of the U.S. Government, nor does it obligate the U.S. Government to pay for costs incurred in the preparation and submission of any feedback to the questions. Information received as part of this RFI shall become the property of USAID, therefore proprietary information that cannot be shared should not be sent.

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Not responding to this RFI does not preclude participation in any future Request for Proposal (RFP) or Request for Application (RFA), if any is issued.

USAID posts its opportunities on www.fbo.gov or www.grants.gov. It is the potential offeror's/applicant's responsibility to monitor these websites for announcement of new opportunities, further information and updates.

Responses to this RFI must be submitted electronically to bamakoaao@usaid.gov by the due date specified above. This office will not respond to any other inquiries regarding this notice.

The submitted information must not exceed ten (10) pages and should include:

Reference Number:
Date:
Name point of contact: _____
E-mail point of contact: _____
Name of organization: _____
Address of organization: _____

- Brief narrative on the organization's experience, expertise, focus areas
- Responses to questions

Responses in relation to the RFI questions should be submitted in English or French. Please note that USAID is not seeking technical or cost proposals at this time. Only the information requested above will be considered.

We look forward to receiving your feedback on the attached documents to help ensure that the new activity's design can best respond to the country's needs.

Sincerely,

LESLIE-ANN A NWOKORA (affiliate)

Digitally signed by LESLIE-ANN A NWOKORA (affiliate)
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ATTACHMENTS:

Attachment 1: Background – Health Status in Mali
Attachment 2: Technical Guidance Questions

Attachment 1: Background – Health Status in Mali

Despite the intersection of challenges that Mali represents, the country has made strides on key health outcomes in recent years. Maternal mortality has decreased from 582 deaths per 100,000 live births in 2001 to 325 in 2018 and under five mortality has decreased from 247 deaths per 1,000 live births in 1987 to 101 in 2018. Despite less than half of the population living within 5 kilometers of a health facility and close to 30% within 15 kilometers, skilled attendance at delivery has increased from 38% in 2001 to 67% in 2018; and malaria prevalence has been reduced from 47% in 2013 to 19% in 2018. The Ministry of Health and Social Affairs (MOHSA) has recently proposed health system reforms designed to pave the way towards universal health coverage and sustainable development. Meaningful citizen participation in governance, decentralization and budgetary management are central to these reforms.

Yet insecurity in Mali is complex and increasing. The roots of the current violence in the North and Centre of Mali are layered and difficult to disentangle. Separatist rebellions have been going on in the North since the 1960's, but since the 2012 military coups and despite the 2015 peace agreement, the situation is becoming increasingly precarious. Violent fatalities rise annually with more than 5,000 people having been killed in acts of violent extremism since 2017. The transnational nature of aspects of the conflict also makes for difficult accounting, but the high intensity and diffuse distribution of violence in the Inner Niger Delta area of Mali and the Liptako-Gourma between Niger, Mali and Burkina Faso have led it to be described as "unprecedented".

In addition to this backdrop of chronic violence, harsh climate conditions, grinding poverty, high fertility, low literacy and poor infrastructure are among the factors driving health and well-being in Mali. Approximately 1.1m people are estimated to require sustained emergency food assistance in the upcoming lean season. Average life expectancy is 55. Approximately half of the population lives on less than $1.90/day. Out of pocket health spending is catastrophic (35% of all health spending) for most families that must avail themselves of health services, which until the recent health reforms were systematically fee-for-service, according to the Bamako Initiative. The population is very young (66%< 24 yo). But the education sector is troubled, with many schools having closed long before the COVID-19 epidemic due to teachers strikes. Promising employment options are lacking, and extremist groups are increasingly present.

Governance in Mali is decentralized through regions and *cercles* to 703 communes (19 urban and 684 rural), each of which is administered by an elected local council headed by a mayor. Allegations of corruption are common. Parliamentary elections (first round in March, second round in April 2020), went ahead amidst the emerging the COVID 19 epidemic. There had been hope that a new balance of power would lead to fuller implementation of the 2015 Algiers Accord, but low turnout has left some describing the results as "legal, but not legitimate".

Large migrations toward saturated urban centers have left at least 218,536 people currently internally displaced, 142,109 Malians remaining abroad as asylees and 26,730 refugees from other countries within Mali.

As of November 2019, the North and Centre of Mali had respectively 73 and 57 humanitarian actors operating within those borders, delivering everything from essential health services to food and shelter. This number has almost certainly increased with the advent of COVID-19. Coordination of humanitarian assistance activities happens largely through the cluster system.

Insecurity threatens humanitarian workers' safety too, however, and is increasing. In 2018, there were at least 215 security incidents affecting humanitarian NGOs (v. 116 in 2016).

Representing roughly 10% of Mali's total population, the North is a vast area covering 827,000 square kilometers, (roughly twice the size of Germany), where unsurprisingly, Mali's recent successes are least felt. According to the 2018 Demographic and Health Survey, prevalence of the use of a modern contraceptive method was 3% in Gao and Kidal, 6% in Timbuktu (v. 16% national average); the percent of children 12-23 months old having received all of their vaccines was <1% in Kidal, 22% in Gao and 34 % in Timbuktu (v. 45 % national average). Access to clean water is scarce and acute malnutrition and stunting of children are startlingly high.

Two of the country's eight regional hospitals (intermediate referral sites) are in the cities of Gao and Timbuktu. At the most local level of Mali's three-tiered decentralized referral system, 16 of Mali's 65 referral health centers (centres de santé de référence [CSREF]) are in the North. The area contains 221 community health centers (Centres de Santé Communautaire [CSCOM]), each a private, non-profit entity managed by Community Health Associations (ASACOs) representing the communes they serve, but their functioning is questionable, and many internally displaced persons stay in villages without a CSCOM. Community health volunteers (CHVs) theoretically report to CSCOMs. In reality, CSCOMs' functionality is widely variable, and a national debate is ongoing around the professionalization of CHVs. The health worker (doctors, nurses and midwives) to population ratio is 0.3:1000 inhabitants in the North (v. 0.5 national average and 2 in Bamako) and stocks of essential supplies and medicines are subject to multiple competing forces including a weakly regulated supply chain. In urban centers partners report health centers stretched far past their already limited capacity, trying to serve groups speaking languages with which local health workers are unfamiliar. Health centers and pharmacies are among the targets of armed violence.

Attachment 2: Technical Guidance Questions

USAID is interested in receiving feedback on any or all of the following questions. Responses may be in English or French.

1. What lessons are available from other similar contexts for getting the most out of a development investment in a predominantly humanitarian space?

2. Is there a geographic area in the North of Mali that now or sometime in the near future is/will be, according to your organization's experience, ripe for a transition from humanitarian assistance to development assistance to enhance early recovery efforts? If so, which health districts? And what changed and when in those districts?

3. How could the interface between humanitarian and development initiatives be strengthened to assure access to quality essential health services for all Malians including internally displaced persons and refugees?

4. What should the top three priorities in the health sector be in the North of Mali for the next five years?

5. What should the future goals be in the North of Mali, regarding:

    - Health governance?
    - Accountability of public services?
    - Cost recovery?

6. Given the leadership of the GoM on community health, what strategies can be extrapolated from the South to inform community health programming in the North?

7. How can real-time data be better collected and used to inform decision-making about health activities?

8. Which local organizations have you worked with in the North? Please describe their operational and financial management capacity.

Any documentation of your group's lessons learned and/or best practices would be appreciated. Especially if your organization has experience with:

- Mobile clinics
- Community outreach
- Surveillance
- Third party monitoring
- Building capacity of local organizations
- Collaboration/coordination across implementing partners and with government
- Involvement of religious groups in health care provision
- The cluster approach in the North of Mali

- Private sector engagement
- Cost recovery
- Ability to pay
- Development programming to offset or mitigate the need for humanitarian-focused investment