International Medical Corps has worked in Mali since 2013, following a coup d'état that caused mass displacement and the disruption of many public services, including healthcare. Violence and insecurity in the north aggravated already-fragile health and nutritional conditions in the region, while women and girls became increasingly exposed to acts of sexual violence. When Ebola spread to Mali in 2014, International Medical Corps worked to strengthen the country’s healthcare system to quickly detect, contain and respond to potential Ebola cases by training healthcare workers and other professionals in Ebola case management. We currently support 35 health facilities and two mobile clinics in Mali.
In response to an outbreak of violence in 2013, International Medical Corps began working in the most seriously affected communities in Timbuktu and Gourma-Rharous districts, with programs focused on health, nutrition and protection.

Today, we are building on these efforts to strengthen Mali’s disease surveillance, information and reporting systems for infectious diseases with epidemic potential. In Timbuktu region, we support more than a dozen health clinics and two referral health centers through primary and secondary healthcare, nutrition services and protection activities aimed at preventing and responding to gender-based violence (GBV).

RESTORING ACCESS TO HEALTHCARE IN CONFLICT AREAS

Our health response in northern Mali promotes free, quality curative and preventive health services in areas severely affected by the recent war. Since 2013, International Medical Corps has helped local healthcare systems in Gourma-Rharous and Timbuktu districts regain self-reliance and credibility by rehabilitating and supplying community health centers, recruiting and training health workers, and strengthening emergency response and disease surveillance. We have also enhanced water, sanitation and hygiene (WASH) facilities in all of the health centers we support, and provided such essential equipment as water pumps and tanks, handwashing stations and latrines.

PRIMARY AND SECONDARY HEALTH

GBV rates in Mali significantly increased during the recent conflict in the north. The harm caused by sexual violence goes beyond those directly affected, causing painful social disruptions within families and communities. Besides promoting clinical and psychosocial care in a confidential, competent and compassionate manner, we focus on building community resilience and providing support to survivors through 17 health facilities in Gourma-Rharous and Timbuktu districts, and two mobile clinics in Taoudeni district. We also address how to prevent GBV, working in close partnership with community-based organizations, ensuring sustainability by training community volunteers and local health staff, and designing referral paths to other relevant services.

TRAINING OF HEALTHCARE PROVIDERS AND SUPPORT STAFF

International Medical Corps conducts training for healthcare personnel working in the facilities that we support. We complement this training with on-the-job coaching and supervision to further strengthen the capacity of caregivers. In 2018 alone, we trained 581 health workers on multiple health interventions, including treatment for malnutrition, emergency obstetric and newborn care, infection prevention and control, and more. Additionally, we trained 410 community health volunteers in health promotion, disease prevention and Ebola response, as well as in the screening and referral of malnourished children and of pregnant and breastfeeding women. In the GBV sector, we trained more than 100 community health workers and volunteers on GBV case management and referral, nine radio hosts on GBV awareness and prevention, and 26 community leaders on their role in GBV prevention and response.
FAMILY PLANNING AND REPRODUCTIVE HEALTH

With support from the United Nations Population Fund (UNFPA), International Medical Corps works to increase access to family planning services for women, girls and adolescents in Ségou and Sikasso regions. We provide logistical and financial support to 20 peripheral health facilities, ensuring each is equipped with the necessary supplies and medications to support family planning activities and quality maternal and child health services. Our family planning outreach through radio ads and other media helps connect community members to our service. In addition, we have trained 38 health care workers on contraceptive methods, 86 health care workers on the management of family planning products and 50 adolescents on peer education for sexual and reproductive health.

NUTRITION

International Medical Corps supports community health centers in the northern region of the country, battling high rates of malnutrition by:

- Training healthcare providers in the treatment of malnutrition through a preventive and curative approach, with a focus on the community-based management of malnutrition
- Providing nutrition supplies and medication for adequate treatment of acute malnutrition in its different stages
- Strengthening referral systems from community health centers to regional health facilities and hospitals
- Training community health volunteers in identifying malnourished children and pregnant and breastfeeding women
- Promoting care groups, which use volunteers to encourage mothers to adopt practices known to improve the nutrition and, ultimately, the health of their children

NUTRITION

International Medical Corps supports community health centers in the northern region of the country, battling high rates of malnutrition by:
POLIO ERADICATION IN NORTHERN MALI

Mali last had a polio case (vaccine-derived poliovirus type 2) in 2015, after a 19-month-old child traveled from Guinea to the capital of Bamako, putting the country on high alert. International Medical Corps is helping to strengthen surveillance systems for acute flaccid paralysis (AFP)—the most common sign of acute polio used to diagnose cases—in the Gao Region in Northern Mali in Gao and Ansongo districts.

Our program helps the regional Ministry of Health (MoH) in Gao to:

- Train MoH and private health workers working in primary healthcare facilities about AFP surveillance, enabling them to identify cases
- Collect two stool samples within 24 hours from children exhibiting symptoms of the virus (within a maximum of two weeks from their appearance)
- Send the samples to a laboratory for testing
- Document, jointly with the MoH, all results while referring suspect AFP cases for treatment if one tests positive

Through this training and through the improvement of surveillance systems, International Medical Corps will help ensure that no AFP case goes undetected in these two districts in Gao Region—and move the country closer to a polio-free future.

EBOLA OUTREACH RESPONSE IN MALI

In response to the Ebola outbreak in West Africa, International Medical Corps provided classroom instruction and simulation training to medical and non-medical personnel from the public and private health systems, Malian Ministry of Health, partner agencies and others. By the end of 2015, we had trained more than 2,200 medical and non-medical professionals from 62 public and 30 private healthcare facilities across the country. Most of the training sessions were held at a center we built in the capital, Bamako, which was handed over to the National Center for Disease Control in early 2016. The program, which also covered the training of trainers, included three rapid response teams in Bamako, Ségou and Sikasso regions that were equipped to transport suspected Ebola patients, and to help local health facilities with infection prevention control.

INFECTIOUS DISEASE PREVENTION

Mali continues to be at risk of infectious disease outbreaks, including Dengue fever, Rift Valley fever and measles. With support from the Center for Disease Control as part of its Global Health Security Agenda, International Medical Corps collaborates with the Ministry of Health and Ministry of Rural Development to strengthen Mali’s disease surveillance, information and reporting systems in Ségou and Sikasso regions. Over the past four years, through an epidemiological surveillance program using the “one health” approach, we have provided ongoing technical guidance and in-service training sessions to health facility staff, community health volunteers and veterinary health volunteers, helping them acquire the skills to detect, prevent and respond to epidemics. This has included setting up two Rapid Response Teams for health emergency issues, training 386 health district staff trained in epidemiological surveillance and deploying teams of qualified trainers on epidemiological surveillance in human and animal health. As a result, we have seen a 93% improvement in the validity and completeness of the reporting of surveillance data from the community to the district level, as well as enhanced coordination and collaboration in disease prevention efforts between government and non-governmental agencies across Mali.