
December 2019
Acknowledgements:

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## List of Acronyms

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<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>CARE</td>
<td>Cooperative for Assistance and Relief Everywhere</td>
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<tr>
<td>CDA</td>
<td>Community Development Agent</td>
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<tr>
<td>CC</td>
<td>Community Counselor</td>
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<tr>
<td>CHA</td>
<td>Community Health Agent</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>CLTS</td>
<td>Community-led Total Sanitation</td>
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<tr>
<td>CPM</td>
<td><em>Chef de Poste Médicale</em></td>
</tr>
<tr>
<td>CEHA</td>
<td><em>Comité Eau Hygiène Assainissement</em></td>
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<tr>
<td>CPN</td>
<td><em>Consultation Prénatale</em></td>
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<tr>
<td>CSCOM</td>
<td><em>Centre de Santé Communautaire</em></td>
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<tr>
<td>CSRef</td>
<td><em>Centre de Santé de Référence</em></td>
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<tr>
<td>DN</td>
<td><em>Démonstration Nutritionnelle</em></td>
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<tr>
<td>DNACPN</td>
<td><em>Direction Nationale de l’Assainissement, du Contrôle des Pollutions et des Nuisances</em></td>
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<tr>
<td>DRACPN</td>
<td><em>Direction Régionale de l’Assainissement, du Contrôle des Pollutions et des Nuisances</em></td>
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<tr>
<td>DRH</td>
<td><em>Direction Régionale de l’Hydraulique</em></td>
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<tr>
<td>DRS</td>
<td><em>Direction Régionale de la Sante</em></td>
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<tr>
<td>FTF</td>
<td>Feed the Future</td>
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<tr>
<td>GoM</td>
<td>Government of the Republic of Mali</td>
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<tr>
<td>SDA</td>
<td>Small Doable Actions</td>
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<tr>
<td>SO</td>
<td>Strategic Objective</td>
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<tr>
<td>SPE</td>
<td><em>Surveillance Preventive de l’Enfant</em></td>
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<tr>
<td>TIPs</td>
<td>Trial of Improved Practices</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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<tr>
<td>URENI</td>
<td><em>Unité de Récupération et d’Education Nutritionnelle Intensive</em></td>
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<tr>
<td>USG</td>
<td>United State Government</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VSLA</td>
<td>Village Saving and Loan Association</td>
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Introduction

Background
In alignment with USAID’s resilience strategy to mitigate recurrent shocks on vulnerable populations in Mali, the overall goal of the Integrated Rural Program to Improve Nutrition and Hygiene – USAID Nutrition and Hygiene – project (2013-2019) was to improve the nutritional status of women and children, with a special emphasis on building resilience through the prevention and treatment of undernutrition.

The project – which was implemented by a CARE-led consortium that included Family Health International (FHI 360), the International Rescue Committee (IRC) and a Malian non-governmental organization (NGO) called Yam-Giribolo-Tumo (YA-G-TU) – targeted three regions in Mali: Mopti, Ségou and Koulikoro. These regions are all characterized by drought and climate-related chronic food insecurity and high acute malnutrition rates. The project was implemented in nine districts across these three regions: Nara (Koulikoro Region), Niono (Ségou Region), Mopti, Bandiagara, Bankass, Tenenkou, Youwarou, Koro and Djenne (Mopti Region). In 2016, the project received additional funding from Feed the Future to reinforce its agriculture component in the Mopti region.

The project aimed to reach children during the 1,000-day “window of opportunity” period between conception and the first two years of life through the promotion of community and health sector services, improved agricultural practices, nutrition education and social behavior change communication. Our approach addressed both the immediate causes of malnutrition – such as inadequate dietary intake and infectious diseases, including diarrheal diseases – and the underlying root causes of malnutrition – such as poor hygiene, inadequate sanitation infrastructure and barriers to the access to and consumption of quality, diverse foods – in order to achieve the following strategic objectives:

- **Strategic Objective 1:** Increase access to and consumption of diverse and quality foods;
- **Strategic Objective 2:** Improve nutrition and hygiene-related behaviors; and
- **Strategic Objective 3:** Increase utilization of high impact nutrition and water, sanitation and hygiene (WASH) promotion and treatment services.
- **Strategic Objective 4:** Reinforce and scale up community-led total sanitation (CLTS) through the implementation of a National Post Open Defecation-Free Strategy, and strengthen the institutional capacity of the National Department of Sanitation and Pollution Control (DNACPN).

The CARE-led consortium worked at multiple levels to create lasting change, with each member of the team bringing their own unique technical capabilities and strengths.

<table>
<thead>
<tr>
<th>Table 1: Partner Roles, Responsibilities and Technical Capabilities</th>
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<tbody>
<tr>
<td><strong>CARE Mali (Prime)</strong></td>
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<tr>
<td>- Nutrition and WASH</td>
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<td>- Agriculture and Nutrition</td>
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<tr>
<td>- Formative Research</td>
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<tr>
<td><strong>• Lead consortium and overall technical/managerial program design and implementation;</strong></td>
</tr>
<tr>
<td><strong>• Manage all deliverables with USAID, Government of Mali (GoM), and sub-grantees;</strong></td>
</tr>
<tr>
<td><strong>• Lead monitoring and evaluation, performance management planning (PMP) and reporting for program deliverables for USAID and GoM;</strong></td>
</tr>
<tr>
<td><strong>• Coordinate with all relevant nutrition stakeholders;</strong></td>
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</tbody>
</table>

The CARE-led consortium worked at multiple levels to create lasting change, with each member of the team bringing their own unique technical capabilities and strengths.
In total, the project reached 68,383 pregnant and lactating women, approximately 173,000 children under 2 years old, 17,520 smallholder farmers and their households, and trained 6,107 community and facility-based service providers for prevention of malnutrition and poor hygiene. The performance of all project indicators is discussed in the sections below and also listed on page 35.

This report covers project activities conducted during six years from October 1, 2013 to September 30, 2019.
The USAID Nutrition and Hygiene project was implemented in the Mopti, Segou and Koulikoro regions:
What we did and why it matters:

The USAID Nutrition and Hygiene project adopted an integrated agriculture, nutrition and WASH approach. This approach relied on three pillars:

i. **Nutrition-sensitive agriculture** to ensure the availability of good nutritional quality food intended primarily for consumption;

ii. **Nutrition-specific interventions** to promote the consumption of quality and high nutritional value products to improve the health of mothers and children; and

iii. **Water, sanitation and hygiene interventions** to help communities live in a healthy environment and adopt healthy lifestyles conducive to their well-being.

These pillars had **two crosscutting components: a social behavior change (SBC) package and a focus on women’s empowerment** to increase women’s access to knowledge and agricultural resources and to influence decisions they make about feeding their children, as well as working to improve intra-household dynamics and engagement with men and boys.

*Figure 1: Integrated WASH-Ag-Nut Approach*
Integrated Behavior Change Toolkit

Nutrition and Hygiene’s communication strategy was critical for achieving desired social and positive behavior change. The program implemented a robust, targeted SBC package that addressed agricultural production and consumption, nutrition and hygiene-related practices and behavioral drivers of malnutrition and poor hygiene. The strategy developed by the project prioritized the social acceptability of all of its communications and methods to ensure that education and training materials were responsive to women’s, children’s and famers’ needs and their realities, and equipped them with skills and knowledge to build their own human capital.

The project team, in partnership with the National Center for Information, Education and Communication on Health (CNIEC); the USAID Keneya Jemu Kan (KJK) project; and government extension services for agriculture, health and sanitation, developed the Agriculture, Nutrition and WASH toolkit using a participatory approach. During the design process, the team drew on results from an earlier USAID project in Mopti region called WASHplus to identify key behavioral barriers to and motivating factors for improved nutrition and WASH practices, such as gender norms or inadequate access to key services and infrastructure. Following the Trails of Improved Practice (TIPS) method, the project team identified a number of “small doable actions” (SDAs) to form the basis of the toolkit and other SBC materials. Project staff visited approximately 100 households to test out the identified SDAs and communication strategies. With each household, the SDAs were “negotiated,” not taught, using a problem solving dialogue approach. Based on these household tests, the project team developed the Agriculture, Nutrition and WASH toolkit, which included a facilitator guide and visual aids, including flipbooks for agriculture, nutrition and WASH and “how-to” handouts.

The project produced a total of 902 toolkits and trained 1,641 community extension workers (1,084 men and 481 women) and 76 animators (53 men and 23 women) on the use of flipcharts and other visual aids across all intervention areas. The project’s SBC outreach targeted smallholder farmers, VSLA groups and, especially, women to promote the production and consumption of quality, diverse foods and improve overall nutritional status in the communities.

As a result of the toolkits, producers were able to diversify crops with new varieties of hybrid crops, drought-resilient millet, sorghum, rice, vegetables and fruits depending on local conditions. They also adopted food processing and storage techniques. The uptake of these agriculture techniques facilitated the adoption of nutrition practices promoted by the project. Hygiene and other WASH behaviors were also facilitated by the increase in access to water and participatory community sanitation approaches. The toolkit thus allowed for the integrated delivery of these messages in tandem with the water, sanitation, and agriculture investments.

After six years, the final evaluation reported a 26% reduction in stunting, almost 65% prevalence of exclusive breastfeeding (up from 33% at baseline), a reduction of underweight women by 40%, and nearly 75% of
households with water and soap at handwashing sites. The performance of all project indicators is listed on page 35.

Community and facility-based health workers
The project also provided community and facility-based health workers with the knowledge and skills needed to deliver effective messages and outreach to communities and to implement project activities like management of severe and moderate acute malnutrition; prescription of therapeutic zinc for diarrhea, deworming pills and Vitamin A supplements; and counseling for optimal infant and young child feeding practices including exclusive breastfeeding and complementary feeding. These community health workers were also trained on WASH interventions like improving point-of-use water quality, increasing sustainable access to improved community water supplies, expanding use of adequate sanitation facilities and promoting handwashing with soap. With their new skills and knowledge, these health workers shared the lessons of the toolkits with women and vulnerable households.

Broadcasting of radio programs
In addition to the toolkits, the project worked with local radio stations to improve access to information about agriculture, nutrition and WASH. The project signed partnership agreements with community radio stations in the health districts to deliver key awareness-raising messages. Community members who were committed to adopting positive behaviors were identified and called "champions." These champions were invited on local radio shows for discussions on topics related to agriculture, nutrition and WASH. During the six years of project implementation, a total of:

Multimedia nutrition and hygiene campaign
The project carried out a mass media campaign to foster initial momentum for the messages on good nutrition and hygiene practices in the project intervention areas. This campaign was then complemented by the national radio system, which raised awareness on USAID and CARE’s work to improve nutrition and hygiene in Mali. This multimedia campaign was conducted in collaboration with URTEL, the government agency responsible for regulating television and radio transmissions, and its partner radio stations in the project intervention regions.

Poster on fecal-oral transmission
As a follow-up to CLTS, the project designed a poster on fecal-oral transmission to facilitate continued dialogue in ODF-certified villages on risks to their ODF status, particularly villages with weekly markets where outsiders who do not have access to sanitation facilities will continue to defecate in the open and endanger the health of community members. The poster was used as a communication medium during meetings to advocate for the importance of public latrines in the villages. As a result of this work, a total of 31 public latrines were built by communities in ODF-certified villages.
Promotion of good practices during World WASH and Nutrition Days:
As part of public information and awareness-raising on WASH and nutrition best practices, the project signed strategic partnership agreements with government technical services to provide support in the celebration of relevant “holidays” including the Week of Intensification of Nutrition Actions (SIAN), World Breastfeeding Week, Global Handwashing Day, World Toilet Day, World Environment Day and World Water Day.

In partnership with the GoM technical services, the project also produced and broadcast programs and organized debates on the radio and conducted sketches in health centers and maternity centers on the advantages of exclusive and early breastfeeding.

Policy work and Systems Strengthening
The project also employed a systems strengthening approach, building the leadership and capacity of local and national government stakeholders. The project helped the National Directorate for Sanitation, Pollution and Nuisances (DNACPN) to plan, monitor and operationalize Mali’s national sanitation strategies. Under the project, the CARE-led consortium supported the sector planning process for Mali’s national CLTS and post-ODF strategies and supported the set-up and institutionalization of the sanitation monitoring platform, SANIYA. At the local level, the project established accountability mechanisms to promote dialogue between communities and elected officials on WASH services, including water user associations (WUAs) in each site. In its last year, the project also piloted a management model for rural water services in two communes. The project helped formalize institutional arrangements, facilitated the contracting process, and established the linkage with the government’s technical and financial support operator (STEFI). For all water points, the project worked hand in hand with water users in each community to establish a financing mechanism, so the community can cover operation and maintenance costs.
Progress made towards objectives:

The USAID Nutrition and Hygiene project adopted an integrated agriculture, nutrition and WASH approach. This approach relied on three pillars:

**Strategic Objective 1: Increase Access to and Consumption of Diverse and Quality Foods**

In order to achieve the strategic objective of increasing access to and consumption of diverse and quality foods, the Nutrition and Hygiene project implemented a set of core activities that were complemented by three crosscutting activities. Figure 2 below represents the project’s approach for this strategic objective:
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1.1 Support for cereal production

In the Mopti region, the project trained 9,450 farmers (7,072 men and 2,378 women) in the Feed the Future intervention villages in the districts of Bandiagara, Bankass, Koro, Mopti and Djenné. Inputs provided included seeds for millet (torognou), cowpea (nièbé), sorghum and rice, as well as fungicide and insecticide seed treatment and mineral fertilizer for two consecutive crop years (2016 to 2017 and 2017 to 2018).

A total of 629 village farmer delegates (479 men and 150 women) received a training using the Farmer Field Business School (FFBS) approach, which uses demonstration plots to provide hands-on opportunities to test new practices and technologies to improve yield and quality of production. The trained participants then replicated their acquired skills on their own plots and through farmer-to-farmer learning in their respective villages.

The training modules focused on:

- Technical production, including sowing, micro dose, weeding, and deep placement of urea;
- Harvesting techniques for seeds, tops and stems;
- Threshing, winnowing and crop weighing techniques; and
- Crop conservation techniques, including the use of pick bags, plastic cans and others.

A total of 8,384.88 hectares were farmed by 9,450 producers in the project intervention villages in the Mopti region. These included 5,548.07 hectares for millet, 1,381.98 hectares for sorghum, 484.11 hectares for groundnut, 840.72 hectares for cowpea and 130 hectares for rice. The tables below depict the increases in yield and production for farmers participating in the project.

Farmer Field School (FFS): In the FFS approach, members of market gardening groups receive training on different agricultural techniques. In turn, these members share their knowledge with other members via Farmer Field Schools (FFSs) using demonstration plots. FFS focuses on a learning by doing approach, putting small-scale farmers at the heart of learning and decision-making around new agricultural techniques.

In the project, all learners participated and directly applied tillage and soil preparation techniques using Apron Star, micro-dose, seed treatment to Apron Star, as well as the soil management and fertility conservation techniques. The approach also integrates gender and equity, and food and nutrition security to build the knowledge, skills and practices of women.

In 2017, almost 9,500 people were trained in nutrition-sensitive agricultural practices, including 2,378 women.
Table 2: Comparisons of yields between data of crop years (2016-2017 and 2017-2018).

<table>
<thead>
<tr>
<th>Crop Year</th>
<th>Number of Producers</th>
<th>Millet</th>
<th>Cowpea</th>
<th>Sorghum</th>
<th>Groundnut</th>
<th>Rice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area (ha)</td>
<td>Production (kg)</td>
<td>Yield (kg/ha)</td>
<td>Area (ha)</td>
<td>Production (kg)</td>
<td>Yield (kg/ha)</td>
</tr>
<tr>
<td>2016-2017</td>
<td>3,519</td>
<td>440.53</td>
<td>126,056.51</td>
<td>286.15</td>
<td>255</td>
<td>93,180.1</td>
</tr>
<tr>
<td>2017-2018</td>
<td>9,450</td>
<td>5,107.54</td>
<td>4,261,420.5</td>
<td>834.34</td>
<td>585.72</td>
<td>490,350.7</td>
</tr>
<tr>
<td>Total</td>
<td>9,450</td>
<td>5548.07</td>
<td>4,387,477.01</td>
<td>790.81</td>
<td>840.72</td>
<td>583,530.8</td>
</tr>
</tbody>
</table>

A total of 3,519 producers harvested 126,056.51 kgs of millet and 93,180.1 kgs of cowpea in 204 villages for the first year. For the second year, a total of 4,261,420.5 kgs of millet, 793,133.2 kgs of sorghum, 490,350.7 kgs of cowpea and 380,809.2 kgs of peanut, and 502, 500 kgs of rice were harvested by 9,450 producers in the project intervention area, with a significant difference in yield (kg cultivated per hectare) between years one and two.

This yield gap between the 2016-2017 and 2017-2018 seasons is due in part to irregular rains in 2016, but also to the improved techniques for pest control adopted in the second year of the intervention (discussed in further detail in the next section).

Table 3: Comparison of production for each crop before and after the adoption of improved practices

<table>
<thead>
<tr>
<th>Crop</th>
<th>Area (ha)</th>
<th>Production (kg)</th>
<th>Area (ha)</th>
<th>Production (kg)</th>
<th>Area (ha)</th>
<th>Production (kg)</th>
<th>Area (ha)</th>
<th>Production (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention</td>
<td>5, 107.5</td>
<td>3, 196, 065.38</td>
<td>1, 381.9</td>
<td>593, 729.79</td>
<td>585.71</td>
<td>277, 963.31</td>
<td>484.1</td>
<td>234, 072.13</td>
</tr>
<tr>
<td>Post-intervention</td>
<td>5, 107.5</td>
<td>4, 261, 420.50</td>
<td>1, 381.9</td>
<td>793, 133.16</td>
<td>585.71</td>
<td>490, 350.66</td>
<td>484.1</td>
<td>380, 809.16</td>
</tr>
<tr>
<td>Gap or intervention impact</td>
<td>1, 065, 355.13</td>
<td>-</td>
<td>199, 403.37</td>
<td>-</td>
<td>212, 387.36</td>
<td>-</td>
<td>146, 737.03</td>
<td>-</td>
</tr>
</tbody>
</table>
Despite the poor distribution of rain during the first year of the intervention, the improved seed varieties and other agricultural inputs provided by the program, combined with improved cultivation techniques, enabled increases in production and yield for all crops.

The use of Apron Star, an integrated fungicide and insecticide seed treatment technique, combined with micro-dosing techniques for fertilizer led to improved crop yields and more efficient use of fertilizer. The treated seeds had higher germination rates and more vigorous growth compared to sowing traditional practices by communities, and reduced input costs for farmers. The increased adoption of these technologies enabled thousands of small-scale producers to significantly improve their production levels across the diverse agroecological climates in the intervention districts. Results confirm that:

- The micro-dose of fertilizer technique enabled rapid growth;
- The micro-dose effect depends on the seed variety used, type of fertilizer used and agro-climatic conditions; and
- The extension services and farmer training provided by the FFBS plots were successful in ensuring smallholder farmers understand and apply techniques effectively.

The program disseminated information on climate-smart and resilient technologies to improve the production systems to meet the farmers’ real-life conditions. In the long-term, scaling up production technologies will have a significant impact on the livelihoods of small-scale producers.

The project also encouraged individual farmers to build up their own seed stock as well as participate in village rebates. The village rebates allowed other producers not participating in the project to benefit from the seed varieties and techniques promoted in the intervention area. In all villages, producers gave 2,290 kg of millet and 2,221 kg of cowpea as rebate seeds.

1.2 Soil protection and restoration (erosion control for soil recovery and conservation)

To support small-scale producers to sustainably increase production with minimal strain to natural resources, the project carried out trainings on soil protection and restoration practices in the districts of Koro, Bankass, Bandiagara, Mopti and Djenné through the FFBS (described in the previous section), reaching all 629 farmers enrolled in the FFBS. These participants then replicated what they learned in their respective villages, training an additional 3,110 producers (2,471 men and 639 women) in the health districts of Mopti, Bandiagara, Bankass, Djenné and Koro.

After the training, the Nutrition and Hygiene field team follow up counted 2,197 people that began applying improved soil and water management techniques on 1,958 hectares across all intervention districts. As a result, improved soil quality not only influenced the quality and quantity of the crops that the farmers produced and thus their food security and livelihoods, but also contributed to the good stewardship of the farmer’s environment and natural resources.

1.3 Promotion of market garden production, self-consumption and marketing of products

Market gardening occupied a prominent place in activities supporting socio-economic development in the project intervention regions. Numerous studies in Mali and sub-Saharan Africa overall, as well as CARE’s experience in Mali, all highlight the importance of market gardening for improving the nutritional status of households.¹

The project supported 52 women's gardening groups (90% of which also belonged to VSLAs) in the development of 38.08 hectares of gardening areas in Koro, Bankass, Bandiagara, Mopti and Dienné districts of the Mopti

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region. The 52 market gardens were all equipped with Improved Village Water Systems (IVWSs) to reduce women’s burden in water collection and irrigation. Each system also had a standpipe at each garden to provide potable drinking water, and Jatropha plans were planted along the wire fences of gardens for protection.

The women’s gardening groups in 104 villages, including the 52 gardening groups described above, also benefitted from seed inputs and equipment through the VSLAs, including vegetable seeds (peppers, eggplant, cabbage, lettuce, okra, amaranth, cucumber) and small equipment (watering cans, wheelbarrows and pickaxes).

In total, 1,577 women and 128 men received training in market gardening techniques. The training modules focused on composting techniques, garden bed techniques, nursery installation techniques (lettuce, cabbage, and eggplant), sowing techniques (carrot, beet), and disease and pest management techniques using neem.

As part of the follow-up, the project organized several trips to the project intervention area to ensure uptake of all of the training topics. These visits provided the women an opportunity to discuss and troubleshoot with other women’s groups to improve the garden water supply, enable water-smart techniques, and improve the vegetable production system. These tips were very much appreciated by market gardeners and allowed them to progressively improve their level of production. The project also worked with gardening groups to establish water management practices and set up rotational delivery of water for irrigation. This method addressed the water scarcity challenge for more efficient use of water. A water tower system was set up wherever supply was identified as an issue, to more efficiently extract water. Women’s groups also received capacity building on watering cans made from traditional materials (calabash).

The program also set up and strengthened the governance of management and investment committees around each garden that relied on collective contributions for the maintenance and repair of infrastructure, purchase of new tools, and other additional investments to sustain water supply.
1.4 **Promotion of home gardens and cultivation using repurposed objects**

The Mopti region is composed of flooded and dry areas with very little space for crops. To cope with these geographical difficulties, the project promoted a technique for home gardening that makes use of recovered bags, containers and other objects to develop small family plots. These practices strengthened resiliency among women farmers by equipping them with skills to continue production despite shocks (lack of water and land) and improve the diet of their households with the products from these gardens.

The project supported 3,458 women to set up family gardens and harvest 10,374 kg of market gardening products in the districts of Mopti, Bandiagara, Bankass and Koro.

1.5 **Promotion of the consumption of market garden products**

The integrated Agriculture, Nutrition and WASH toolkit designed by the project was used by the team and community workers to promote the consumption of garden products through community dialogue sessions. This was important to ensure a balance between the sale and consumption of the healthy and quality food being produced in market gardens. These community dialogue sessions were then reinforced by other SBC materials and strategies including the project’s broadcasts on local radio stations. Seeds put at the disposal of women’s groups during the training sessions yielded 507,440 kg of vegetables, of which 352,897 kg were consumed by the women and their families and 154,543 kgs sold for a value of 69,544,350 francs CFA (approximately US $117,275). This activity maximized the VSLA meetings to ensure women valued and prioritized the practice of consuming market garden products. The surplus were then sold to cover household financial needs.

1.6 **Strengthening the capacity of women producers in the processing of market garden products**

The water content of most vegetables and fruits is the cause of their rapid deterioration. In order to prevent deterioration, the Nutrition and Hygiene project promoted drying techniques such as the "solar dryer," a piece of equipment of simple design that enables the storage of food products for a longer period of time (at least 6 months).

Three women’s networks (with a total of 530 members) in the districts of Koro (village of Bénébougou), Mopti (village of Perimpé) and Badiangara (village of Sincarma) were equipped with a solar dryer with high capacity. After the installation of the devices, the members (18 women) of the three targeted village management committees were trained in the techniques of handling and drying products, and of equipment maintenance. These committee members were trained on the techniques of handling and drying products, and on equipment maintenance.

These women’s groups processed a total of 3,201 kg of vegetables (okra, shallot leaf, onion, tomato and cabbages). Nutritious, varied and processed food that is implemented in a sustainable manner helped contribute to food security for participating households.

1.7 **Gender promotion and women’s empowerment**

The project, in partnership with the Pedagogy Training Centers (Ministry of Education), trained 68 illiterate community members, including 25 women. Upon their return from training, participants opened literacy centers for women in their respective communes using local dialects. A total of 1,275 women in the districts of Bankass and Djenne participated in these functional literacy training courses. These training courses helped women learn literacy and numeracy in their local language (or dialect), which will help improve their management capacity for their market gardens.
VSLAs were at the center of the project’s approach to gender and women’s empowerment. VSLA meetings were used as platforms for community engagement activities and group members often played the role of drivers of social behavior change in their community. With the VSLAs, the project was able to support small-scale producers in increasing their production and the consumption of quality, varied foods, which had a beneficial impact on the nutritional status of women and children. In addition, VSLA members developed income generating activities (IGAs) that helped to cover family expenses, including children’s schooling and health expenses, and to acquire inputs for nutritional demonstrations.

In the Mopti and Ségou regions (districts of Mopti, Bandiagara, Bankass, Koro, Djénéné, Tenenkou, Youwarou and Niono), 505 VSLAs composed of women farmers benefited from the support of the project. A total of 12,238 women mobilized 122,486,780 francs CFA (or approximately US $207,957) and provided 74,997,800 francs CFA (or approximately US $127,330) in loans to 10,755 beneficiaries.

In the Koulikoro Region (district of Nara), 51 VSLAs were created, 21 of which were formed spontaneously by the communities. A total of 1,567 people, including 1,498 women, mobilized 40,667,936 francs CFA (or US $81,335.87) in local savings and granted 203,999,200 francs CFA (US $407,998.40) in loans to 1,275 members of the 51 groups – of which 73,786,945 CFA (or US $147,573.89) were from spontaneous VSLAs, representing 36% of loans in the region.

The agriculture-related indicator performance for this strategic objective is found in the table below:
### Hygiene and Nutrition: End of Project Report

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals who have received USG-supported short-term agricultural sector productivity or food security training</td>
<td>13,142</td>
<td>17,520</td>
<td>133.31%</td>
</tr>
<tr>
<td>Total quantity of targeted nutrient-rich value chain commodities produced by direct beneficiaries with USG assistance that is set aside for home consumption (Kg)</td>
<td>11,740,556</td>
<td>7,238,659</td>
<td>61.66%</td>
</tr>
<tr>
<td>Farmer's gross margin per hectare, per animal, per cage obtained with USG assistance ($ USA)</td>
<td>5,234</td>
<td>5,775</td>
<td>110.33%</td>
</tr>
<tr>
<td>Value of small-holder incremental sales generated with USG assistance</td>
<td>529,865</td>
<td>358,034</td>
<td>67.57%</td>
</tr>
<tr>
<td>Number of for-profit private enterprises, producers' organizations, water users associations, women's groups, trade and business associations, and community-based organizations (CBOs) receiving USG food security-related organizational development assistance (RAA) (WOG)</td>
<td>192</td>
<td>188</td>
<td>97.92%</td>
</tr>
<tr>
<td>Number of for-profit private enterprises, producers’ organizations, water users associations, women’s groups, trade and business associations and community-based organizations (CBOs) that applied improved organization-level technologies or management practices with USG assistance</td>
<td>192</td>
<td>188</td>
<td>97.92%</td>
</tr>
<tr>
<td>Number of vegetable gardens converted or rehabilitated</td>
<td>233</td>
<td>212</td>
<td>90.99%</td>
</tr>
</tbody>
</table>
Strategic Objective 2: Improve Nutrition and Hygiene-Related Behaviors

As part of the prevention and treatment of undernutrition in children, pregnant women and women of reproductive age, the USAID Nutrition and Hygiene project carried out various activities in its intervention areas. These activities included:

- Training community extension workers on Essential Nutrition Actions;
- Monitoring (community health workers);
- Promotion of early breastfeeding and exclusive breastfeeding;
- Nutrition cooking demonstrations;
- Screening and referral of malnourished children; and
- Child Preventive Surveillance (CPS).

2.1 Nutrition cooking demonstration sessions

As a core component of its intervention strategy, the project promoted the empowerment of communities to make healthy choices in their diets and raised awareness about the importance of dietary diversity. Three community agents from each intervention village (including community extension workers, VSLA volunteers and leaders of small-scale production groups) were trained on nutrition cooking demonstration techniques to enhance and promote local products in their villages.

Throughout the project’s six years, VSLA members invested in inputs (local products, sugar, milk, etc.) to carry out nutrition cooking demonstration sessions in their villages. While the project directly supported the demonstrations in the community health centers (CSCOMs), VSLAs took responsibility for leading demonstrations at the village level. In the CSCOMs they were organized on the days of prenatal visits and post-natal care visits.

In villages and CSCOMs, the sessions helped women master the use of local products in food preparation for children of all ages in order to prevent malnutrition. Sessions included demonstrations on enriched porridges made from millet, cowpea, rice and peanut flour, but also other recipes such as larro (a complementary food made of millet, peanuts, fish and oil), vegetable fish soup, and dishes with baobab and moringa leaves. The follow-up provided by community extension workers revealed that mothers replicated these recipes in their households, demonstrating successful uptake of Nutrition and Hygiene’s messaging.
2.2- Screening and referral of malnourished children

The project strengthened the capacity of community health workers to screen children for acute and severe malnutrition. Routine screening was done in all intervention villages and malnourished children were referred to the CSCOM for treatment under the community-based management of acute malnutrition (CMAM) approach. The program capitalized on nutrition cooking demonstration sessions to conduct routine malnutrition screenings.

To monitor the impact of our activities on the nutritional status of children, the project introduced mass mid-upper arm circumference (MUAC) screening campaigns in all intervention villages. These screenings were carried out by the community extension workers supported by the project team (animators, supervisors and area coordinator) and the directors of community health centers.

The following table shows the evolution of the nutritional status of children in the area:

<table>
<thead>
<tr>
<th>Categories</th>
<th>September 2016</th>
<th>September 2017</th>
<th>February 2018</th>
<th>March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>%</td>
<td>Total</td>
<td>%</td>
</tr>
<tr>
<td>Number of children reached</td>
<td>62,523</td>
<td>100.00%</td>
<td>111,049</td>
<td>100.00%</td>
</tr>
<tr>
<td>Number of moderate acute malnourished children</td>
<td>3,282</td>
<td>5.25%</td>
<td>3,262</td>
<td>2.94%</td>
</tr>
<tr>
<td>Number of severe acute malnourished children</td>
<td>779</td>
<td>1.25%</td>
<td>724</td>
<td>0.65%</td>
</tr>
</tbody>
</table>
The figures in the table above show a gradual decrease in malnourished children from year-to-year. This is observed during both periods of the year – the lean period in September and during the harvests February and March.

2.3- Child Preventive Surveillance (CPS)
The Nutrition and Hygiene project developed a strategic partnership with the CSCOMs in the intervention areas to implement CPS. The project strengthened the capacity of health workers (center directors and nutrition officers) and provided 64 CSCOMs with 6,958 child health record booklets (3,383 girls and 3,575 boys). The availability of the booklets enabled the center directors to set up and roll out preventive surveillance in the health districts of Bandiagara, Bankass, Youwarou, Mopti and Niono. Joint monitoring visits were carried out by the project with the health district management team, which helped to build the capacity of the agents and increase the registration of children to 5,564 including 2,920 boys and 2,644 girls.

2.4- Capacity building of communities to support nutrition actions
In order to make the project's actions sustainable, the project team identified community extension workers in all intervention villages. Local stakeholders in the health districts of Mopti and Nara (including members of VSLA groups) were then supported in setting up Nutrition Activities Support Groups (GSANs). This greatly facilitated GSAN nutrition activities in these villages. The community extension workers and GSAN members received capacity building on Essential Nutrition Actions and training on the first 1,000-day approach. The sessions focused on women's nutrition, breastfeeding for the first six months, supplementary feeding after six months, nutritional care for sick and malnourished children, prevention and control of anemia, and prevention of iodine deficiency.

2.5- Formative supervision
Follow-up of child preventive surveillance activities in the CSCOM in Niono
To strengthen community mobilization at all levels, community extension workers held routine meetings in the health areas in the project intervention health districts. The center directors and the project team supervised community extension workers and provided coaching. The health districts also conducted formative supervisions of the GSANs.

These supervision visits provided an opportunity to address the shortcomings identified, to strengthen the capacity of the GSANs and CSCOM workers involved in the implementation of the child preventive surveillance activities, and to ensure that the recommendations made during previous supervisions are implemented.

To strengthen community mobilization at all levels, quarterly meetings with community health workers were held in the project's intervention health districts. These meetings were facilitated by health workers with the support of the project team. During these meetings the review of the community health worker was done.
during the quarter and coaching conducted to improve their performance.

The nutrition-related indicator performance for this strategic objective is found in the table below:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Sessions carried out</th>
<th>Number of people reached or trained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training of community workers in Essential Nutrition Actions</strong></td>
<td>12 sessions</td>
<td>1,261 (402 women and 859 men) and 133 health workers (103 men and 30 women)</td>
</tr>
<tr>
<td><strong>Monitoring of relays</strong></td>
<td>Five meetings</td>
<td>1,236 (411 women and 825 men)</td>
</tr>
<tr>
<td><strong>Nutrition cooking demonstration</strong></td>
<td>6772 sessions</td>
<td>614,357 people (49,220 men, 226,087 women and 339,050 children under 5 years old)</td>
</tr>
<tr>
<td><strong>Replication of cooking demonstrations</strong></td>
<td>2644 sessions</td>
<td>41,996 people (4,854 men, 14,292 women and 22,850 children under 5 years old)</td>
</tr>
<tr>
<td><strong>Promotion of early breastfeeding and exclusive breastfeeding</strong></td>
<td>4122 sessions</td>
<td>147,879 people (82,782 women, 22,260 men and 42,837 children under 5 years old)</td>
</tr>
<tr>
<td><strong>Screening and referral of malnourished children</strong></td>
<td>Five mass screening sessions</td>
<td>160,605 children aged 6-59 months (76,623 boys and 83,982 girls)</td>
</tr>
<tr>
<td><strong>Child Preventive Surveillance (CPS)</strong></td>
<td>49 CSCOMs</td>
<td>5,564 children (2,644 girls and 2,920 boys)</td>
</tr>
</tbody>
</table>
Strategic Objective 3: Increase utilization of High Impact Nutrition and WASH Promotion and Treatment Services

3.1- Implementation of Community Led Total Sanitation (CLTS)
To help communities live in a clean environment and adopt healthy lifestyles that are conducive to their well-being, the project promoted CLTS to improve access to and use of latrines. CLTS is a participatory approach that helps communities to analyze their own hygiene and sanitation situation and practices, particularly regarding open defecation and its consequences on health and community life. A total of 223 out of 299 villages were certified open defecation-free (ODF) by the project, a rate of 75%.

To support communities to sustain their ODF status, the project helped certified communities in the development of their post-ODF action plans, as part of the national strategy. Post-ODF actions include the construction of public latrines and drinking water points, the purchase of sanitation equipment and the organization of health days and community awareness activities to promote good hygiene practices. These action plans were used to set milestones and actions for communities to maintain their ODF status and ensure sustained use of latrines and an environment free from open defecation with supportive supervision and coaching provided by the project and the DNACPN.

Case Study: Adapting CLTS in the Niono district
In each of its intervention areas, the project assessed the appropriateness of CLTS for each local context and adapted its intervention strategy and latrine construction techniques according to this context. For example, in the case of Niono district, the assessment of the intervention villages showed the following situation:

- Relatively dense population, with over 1,500 inhabitants;
- Relatively high latrine coverage rate (more than 60%) but persistent open defecation practices;
- Only a small proportion of these latrines have a hygienic lid and handwashing device;
- The presence of other stakeholders that subsidize the construction of latrines, including ALPHALOG, Lux Development.

The program conducted a workshop with stakeholders from the district of Niono to review the intervention strategy and revise the approach to fit the Niono context. This included dividing the large village into neighborhoods, each with their own sanitation committee and support from officials and the project team, as well as training local masons on environmental design to upgrade latrines and on lids and handwashing devices to meet demand.

This helped certify 14 out of the 20 test villages in the district of Niono.
The success of the Niono context helped inform the project’s approach to using CLTS in more densely populated areas. It also highlighted the importance of investing time and resources to review the local context and situation and then making an informed decision on how CLTS can be best harnessed to help communities meet ODF certification criteria.

3.2 Integrated training of masons and women leaders

Given the integrated nature of the project, training sessions for masons and women leaders were carried out in the health districts of the project intervention areas in Mopti and Segou Regions to promote good sanitation and hygiene practices. The training covered both the construction and maintenance of latrines adapted to the different types of soil in Mali and nutrition cooking demonstrations.

The participation of masons in the preparation of enriched porridge proved effective in increasing support and acceptance among men in nutrition cooking demonstrations and the use of household cereals for this purpose. Similarly, the participation of women leaders in the construction of latrines allowed them to become more involved in community mobilization efforts for the construction, use and maintenance of latrines. A total of 275 people received the integrated training, including 138 women leaders and 137 local masons.

3.3 Improvement of hygiene

The project promoted household water treatment with chlorine products to improve safe point-of-use treatment of drinking water. Awareness-raising sessions were held by the WASH Committees in villages to promote this behavior among communities. A strategic partnership with another USAID health program in the region (Keneya Jemu Kan) was established to capitalize on existing social marketing activities promoting low-cost Aquatabs (a type of chlorine-based water treatment).

Community health workers promoted three high-impact hygiene practices, which were jointly selected with the community volunteers and members of village WASH committees and integrated safe WASH practices. The three key practices consisted of:

1. Handwashing with soap at critical times
2. Use of latrines
3. Consumption of safe water (hygiene in the handling and storage of water and treatment of water)

3.4 Promotion of sanitation shops:

To promote the scale up of sanitation and sustain latrine use in certified villages, the project set up sanitation shops in ODF-certified villages, in partnership with each village’s VSLA. The sanitation shops made WASH products available in their communities, including the SANPLAT slab, Aquatabs, and soap. A total of 101 sanitation shops were established in the project intervention area and all are managed by VSLAs. The decision to use VSLAs as the management body for the shops enables women entrepreneurs to apply commercial and market strategies to reduce open defecation in their environment and promote healthy practices in their communities. To ensure continued availability of products, the project facilitated connections with wholesalers of the USAID KJK project for the purchase of low-cost Aquatab products and local masons for the construction of
SANPLAT slabs. The project also provided capacity building to the VSLAs to strengthen their management, basic bookkeeping, and marketing skills. The sanitation shop’s marketing activities included the marketing of WASH products through programs aired on the community radios used by the project to promote its messaging.

3.5- Implementation and sustainable management of water points

As part of the consolidation of achievements in ODF-certified communities, the project supported them in the rehabilitation of their water points. The project in partnership with the Regional Laboratory of Water carried out physicochemical-bacteriological and arsenic analyses of the water points before their delivery to the communities.

The project team facilitated at General Meetings in ODF-certified communities, the “Decision Making Module for Water Pricing”. This is an awareness-raising technique that helps a community to realize the importance of the maintenance and servicing of water points, and then leads them to establish a strategy for mobilizing financial resources to support the costs. All the water points rehabilitated by the Nutrition and Hygiene project benefited from the “Decision-Making for Water” training and set up financing mechanisms to cover operation and maintenance costs.

Community decision-makers (village chiefs and councilors), youth and women managing the water points in the market garden areas participated in the village meetings. Collection and resource mobilization systems used by communities for the maintenance and servicing of water points vary according to villages. They are among others: monthly or weekly contribution, by individual by household and direct sale of water especially at the level of manually operated pumps. The regular monitoring of the measures taken at the end of the community meetings helped to mobilize CFAF 9,133,215 from October 2017 to June 2019.

To facilitate a repair of the water points, the project has formed a pool of (32) repairing craftsmen. For example, eight (08) toolboxes were granted to town halls to strengthen the working tools of pump repairers. Through decentralization, the Government of Mali transferred the management contract of water hygiene sanitation (WASH) to local authorities in accordance with Decree 315 of 04 June 2002. To ensure the sustainability of the public water supply in rural and urban areas, the use of technical and financial monitoring services (STeFl) became mandatory for the management of water supply systems in accordance with the Government of Mali’s 2018 decree. However, their involvement is not as widespread, and communities require assistance in setting up the STeFl model.

In partnership with these STeFl in Mopti, the Nutrition and Hygiene Project organized training sessions for
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elected officials and managers of water infrastructures in the health districts of Koro, Bankass and Bandiagara on technical and financial management and the role of STeFI. Then two villages (Anga and Songho) in two communes (Kendié and Doucoumbo) were supported in the establishment of the management system. The following results were achieved:

- Installation of a water meter on the village water system in the village of Anga;
- Development of a constitution for WUAs;
- Delegation contracts were signed between the commune and the WUAs for management;
- Signing of a partnership agreement between the STeFI, the commune of Doucoumbo and the Songho WUA;
- Opening of a bank account for the WUA in Songho; and
- Launch of the sale of water in both villages.

The STeFI system provides ongoing capacity building to water operators (in this case the WUAs) and commune governments to ensure water points remain functional.

3.6 - Promoting accountability through dialogue

To strengthen local governance for WASH, the project set up accountability mechanisms between local government officials and citizens through public community meetings. During these meetings, the mayors presented their reports on WASH, health and education, and citizens were able to ask questions and engage in dialogue with their elected officials. Awareness-raising messages were also conveyed through sketches, and recommendations were made for elected officials as well as citizens. These community meetings between elected officials and citizens were supported by the project in 32 communes. The project also worked in synergy with the USAID Food for Peace projects in the area (Harande and Civic Engagement) to support five additional communes in setting up these mechanisms.

The WASH-related indicator performance for this strategic objective is found in the table below:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Results achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ODF-certified villages</td>
<td>223</td>
</tr>
<tr>
<td>Number of post-ODF action plans supported</td>
<td>289</td>
</tr>
<tr>
<td>Number of water points rehabilitated</td>
<td>143</td>
</tr>
<tr>
<td>Number of improved latrines built</td>
<td>18,257</td>
</tr>
<tr>
<td>Number of improved latrines rehabilitated</td>
<td>7,490</td>
</tr>
<tr>
<td>Number of Handwashing Devices</td>
<td>23,658</td>
</tr>
<tr>
<td>Number of participants in integrated training for masons and women leaders</td>
<td>386 men and 390 women</td>
</tr>
<tr>
<td>Number of masons trained on SANPLAT flagstones</td>
<td>200</td>
</tr>
<tr>
<td>Number of sanitation shops set up and functional</td>
<td>101</td>
</tr>
<tr>
<td>Number of public latrines built by community</td>
<td>31</td>
</tr>
<tr>
<td>Number of SANPLAT flagstones sold, with total amount</td>
<td>234 flagstones for 1,389,150 francs CFA</td>
</tr>
<tr>
<td>Number of Aquatabs sold, with total amount</td>
<td>108,388 Aquatab tablets sold for 901,430 francs CFA</td>
</tr>
</tbody>
</table>
Strategic Objective 4: Reinforce and scale up of CLTS through the implementation of a National Post Open Defecation-Free Strategy, and strengthening the institutional capacity of the DNACPN

In order to strengthen the leadership of the DNACPN in the implementation of the national CLTS and post-ODF strategies, the project provided ongoing institutional support, coaching, and capacity building at the national and regional levels. After signing a partnership agreement with the DNACPN, the CARE-led consortium conducted an institutional diagnostic of the DNACPN and provided recommendations to improve the implementation of post-ODF activities. These formed the foundation of the project’s support to the DNACPN and its regional offices (DRACPN) for the implementation of Mali’s national post-ODF strategy. CARE also provided institutional support to the sanitation sector planning and monitoring processes in Mali, providing technical and financial support during yearly reviews and planning meetings.

4.1 Capacity building of stakeholders in Ségou and Kayes Regions for the implementation of the post-ODF strategy:

The Nutrition and Hygiene project provided technical and financial support to the regional DRACPN stakeholders in Segou and Kayes to strengthen their capacity to lead the implementation of the national post-ODF strategy. A total of 90 people, including 20 women took part in these training courses, which gave participants the opportunity to familiarize themselves with the tools and implementation steps of the post-ODF strategy and how to operationalize these in the field.

4.2 Support to DNACPN in drafting an administrative, financial and accounting manual and in building the capacity of managers in the management of this manual

The DNACPN receives financial support from certain technical and financial partners and is responsible for managing these funds. However, the institutional audit showed that the DNACPN did not have a procedural manual that met financial and accounting management system requirements, which negatively affected its ability to manage funds. It is within this context that the Nutrition and Hygiene project provided support through a consultant for the development of an administrative, financial and accounting manual to improve the capacity of the DNACPN to effectively manage funds and grants from technical and financial partners. During the manual’s development process, the different DNACPN partners such as UNICEF, SNV, and Water-Aid were consulted. Following the manual’s validation workshop, the project organized a training workshop for officials from the DNACPN and its regional officers to reinforce and strengthen their understanding and ownership of the manual.

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2 UNICEF, separately, supported three more regions: Koulikoro, Segou and Mopti.
The Nutrition and Hygiene project supported participants from Kayes, Koulikoro, Sikasso, Segou and Mopti and UNICEF sponsored another five northern regions of Timbuktu, Kidal, Gao, Ménaka and Taoudéni.

4.3 Establishment of a web-based sanitation Mali SANIYA database linked to the mapping of Mali

As part of its strategic partnership with UNICEF, the Nutrition and Hygiene project worked with UNICEF to support the DNACPN in the set-up and operationalization of the SANIYA database for sanitation in Mali. The project held an initial workshop to identify performance indicators for CLTS and post-ODF follow-up aligned with Sustainable Development Goal 6. The Mali SANIYA database was then linked to existing data sets and a launch workshop was organized at the national level and in all regions to present the database and its operating mechanism, including data collection and validation at the regional level and processing of data at the national level before dissemination on the DNACPN website: http://www.dnacpn.gouv.ml

CARE provided technical and financial support to the DNACPN and its regional offices to hold quarterly workshops on the operation the Mali SANIYA database. The workshops were held to upload data to the database and correct design problems. These data were then analyzed and shared among coordination structures and during yearly sector review and planning meetings. As a result, the monitoring system in Mali was strengthened, with indicators and a database, as well as a systematic process of analyzing these data to inform actions and decision-making for sanitation.

4.4 Support to DNACPN and its regional representations in the form of computer equipment and a vehicle

Pursuant to the recommendations of the institutional audit and to support the operation of the Mali SANIYA database, the Nutrition and Hygiene project provided computer equipment to the DNACPN and its regional offices, including a server for the operation of the departmental website. Then the national level benefitted from a support in the form of a 4x4 vehicle for monitoring the implementation of the post-ODF strategy in the field.

Delivery of IT equipment to DNACPN Director by USAID Representative
4.5 Support to DNACPN in the implementation of national post-ODF strategy

To help catalyze the operationalization of the national post-ODF strategy in Mali, the Nutrition and Hygiene project supported the DNACPN in mobilizing stakeholders (including UNICEF, SAVE the Children, and other USAID projects in the region) to roll out the clean village competition in their respective regions, one of the key activities under the post-ODF strategy. Under the leadership of the DNACPN, a short video was produced and broadcasted on local television stations to maintain momentum of the communities participating in the clean village competition. Local, regional and national steering committees were set up to monitor and evaluate villages. A total of 895 ODF villages in Kayes, Koulikoro, Sikasso, Segou, and Mopti regions were able to participate in the first post-ODF clean village competition.

A guide for conducting the post-ODF clean village competition was then produced and validated by the stakeholders in the sub-sector. The competition encouraged friendly competition and rewarded villages for quick, collective action to achieve total sanitation coverage in eight regions in Mali.

4.6 Sponsorship of DNACPN and DRACPN executives for their participation in international workshops related to sanitation

As part of the capacity building of the DNACPN and its regional offices, the project sponsored the participation of DNACPN representatives in several international workshops outside Mali. These workshops provided opportunities for exchanges with peers from the subregion and around the world. The most recent was the presentation of the Mali SANIYA database at the AFRICASAN5 Conference, where the DNACPN was selected to present on Theme 3: Monitoring and Data for Sanitation and Hygiene.

The conference urged African countries to put in place reliable monitoring and evaluation systems and to carry out surveys and censuses to determine the sanitation situation in African countries to inform decision-making and advocacy for this sub-sector. In addition, these information systems need to take into account the disaggregation of data on gender,
wealth and poverty level of households, and people with disabilities in order to accurately measure progress for vulnerable people and gradually eliminate inequalities. These recommendations were absorbed by the DNACPN and will hopefully shape next steps for the SANIYA database.

**Environmental Compliance:**

Environmental sustainability is key to ensuring the long-term sustainability of nutritious and varied foods. As such, the project integrated good environmental stewardship into its different agricultural, nutrition and WASH-related activities.

- **Promoting organic treatment in market gardens**

As part of the nutrition-sensitive agriculture pillar of the project, the project team provided training sessions for women market gardeners on the dangers of chemical pesticides and the control of risks related to the use of pesticides. To respond to the damage caused by pests (termites and caterpillars) in market gardens, the project oriented market gardeners on a technique for organic, natural pest control. The promoted technique consisted of spraying the crops with a solution prepared from neem leaves boiled for about 30 minutes. This inexpensive technique was very well appreciated by the farmers and visibly restored hope to women market gardeners in the area.

- **Support to women vegetable producers in the production of organic manure**

The project team supported 52 market gardeners’ groups in the production of organic manure. Trainings addressed sizing techniques, filling steps, types of biodegradable residues to be used and appropriate use of compost. Indeed, the choice of the gardening sites remains very important since it helps to significantly reduce the risks of landslide but also to facilitate the different water inflow at any time. This ongoing support has been very beneficial for women market gardeners and helped participants acquire the skills and confidence to apply improved methods, including application of organic compost, to their farming activities.

- **Latrine design models for flood-prone and sandy areas**

The project promoted latrine construction techniques for flood-prone areas and sandy soil developed under the USAID WASHPlus program. In areas that have a high water table, or are high flood-prone, the latrine designs sought to prevent contamination of groundwater and employed techniques to stabilize pit walls with cement. In certain areas, it was advised to raise up the latrines on platforms using bricks so as not to dig more than 50 cm below ground. This will avoid contact with the groundwater even in case of capillary rise. In the sandy zones, pit wall stabilization techniques with local materials have been promoted. This prevented the latrines from collapsing due to humidity during the rainy season.

- **Fruit tree planting for the mitigation and improvement of the diet**

As part of the effort to replace the trees cut down for the construction of traditional latrines, fruit trees with high nutritional values have been promoted in ODF-certified communities. These varieties included 11,789 moringa plants, 2,000 baobab plants; 2,648 banana plants, 7,845 guava plants, 2,744 papaya seedlings and 2,664 improved jujube plants. The success rate was 67%. Part of the loss is due to insufficient watering due to lack of water in some villages as well as damage and consumption by stray animals that are very attracted by moringa and baobab plants.
Implementation of waste management

CLTS helped end open defecation in a large number of communities, improving environment health and reducing the spread of diarrheal diseases. This positive trend led to the valorization of the garbage collection as part of the organization of hygiene days within the villages. Together, these had a positive impact on the environment, the sanitation of the village, and its economy, since the garbage could be reused through its transformation into organic manure and sale to farmers in the area.

Strategy for Sustainability of Achievements:

In order to ensure long-term impact in the project’s implementation areas (and beyond), the project promoted community ownership of project activities. Community members and representatives from local, regional and national government were involved in planning, implementing and monitoring project activities to ensure that they will have the skills and tools needed to continue to lead the effort to fight malnutrition in the future. The following are examples of ways the project built the capacity of local agents to maintain and sustain the push for change.

- **VSLAs**: In the implementation of the project, VSLA groups were important players in driving behavior change in their communities. Various community dialogues led to a better understanding of WASH and nutrition best practices and motivated communities to take responsibility for making changes to improve WASH infrastructure (latrines and water points) and reduce malnutrition. The implementation of market gardens contributed to strengthening women’s income-generating activities and the mobilization of local products for nutrition cooking demonstrations (enriched porridge, soup, larro etc.).

- **Capacity building for small-scale producers**: The Farmer Field School approach was used to build the capacity of small-scale producers on new agriculture technologies and to popularize them. The skills acquired improves their know-how in production. These delegate small-scale producers will continue to share their knowledge with their neighbors even after the end of the project, particularly since the techniques they learned and new seeds they acquired through the project successfully helped farmers improve their yields.

- **GSANs, Community Health Workers, and Community Extension Workers**: Community volunteers are important players in the implementation of the Community Health strategy in Mali. The USAID Nutrition and Hygiene project supported some health districts (Mopti and Nara) to establish GSANs strengthened their capacity and provided centers and workers with equipment. The activities of these community players contributed to raising awareness of women and men to address malnutrition among children and (pregnant and lactating) women. With their new knowledge, skills and equipment, these groups will continue their community dialogue activities, malnutrition monitoring and screening, and case referrals in their respective villages.

- **Involvement of technical services**: Under the implementation of this project, several strategic partnership agreements were signed and implemented with the government technical services for health, agriculture and sanitation. The project helped to build the capacity of the extension services through provision of equipment, various training sessions and supervision. These efforts will help ensure the future promotion of good practices in Agriculture, Nutrition and WASH.

- **Systems strengthening**: The Nutrition and Hygiene project supported the sector planning process for national CLTS and post-ODF strategies, the set-up and institutionalization of Mali’s sanitation.
information platform (SANIYA) and ongoing capacity building and institutional support for the DNACPN and DRACPN. The project’s commitment to strengthening systems and building government ownership and leadership will contribute significantly to the sustainability of sanitation strategies and results in Mali.

- **CLTS and post-ODF activities:** WASH committees, local masons and community leaders have been trained in sustainable management of WASH infrastructure and construction of traditional latrines. Their commitment enabled their respective villages to achieve ODF status and to mobilize funds for the maintenance and servicing of water infrastructure. The communities themselves, under the supervision of the project team, conducted post-ODF activities developed in the certified villages. These acquired skills will enable them to continue building on their achievements.

- **Promotion of sanitation shops:** The project partnered with VSLA groups in the establishment and operation of sanitation shops. This contributed to make WASH products available and at a lower cost in the certified villages. This activity simplifies the work of women in promoting hygiene and sanitation and enhances their income-generating activity in the village. VSLA groups being sustainable structures in villages, related activities will surely continue.

### Challenges and Lessons Learned:

#### Security Issues

In the project intervention areas, the security situation progressively worsened. What started as petty crime and banditry evolved into theft of equipment and vehicles, which was then made much worse by the increased movement of jihadists and armed groups. The project intervention areas saw targeted killings and even inter-community conflicts with mass killings in villages (more than 150 people killed, several wounded and material damage in the villages of Koulogo Habbé and Ogossagou in Bankass district and Soband-da in Bandiagara district). From 2017, most of the communal and administrative authorities at communal level moved to the district level offices for fears of safety.

In addition, movement of humanitarian workers and other stakeholders became difficult following the decree of the Chief of Staff of the Mali Armed Forces on January 5, 2017. This decree prohibited all travel with two-wheeled vehicles and pick-up trucks in the health districts of Niono, Youwarou and Tenenkou. Then, on February 1, 2017, the Chief of Staff of the Armed Forces generalized the prohibition to all the health districts in Mopti Region then Niono, Macina and Tominian in Segou Region. As a result, it became increasingly difficult and risky to reach communities in our intervention areas. This situation strongly impacted the project activities.

The Nutrition and Hygiene project team changed its response strategies as the security environment evolves in the following ways:

- **At the beginning of project implementation,** the field team was made up of more than 50% of locals from Mali. As we recorded departures, that percentage rose to 90% by the end of the project.

- **The assessment of the security situation of each area** was updated (Go and No-Go) regularly. Often, missions were canceled following the advice given by the community or the communal authorities because of insecurity.

- **The project team organized separate meetings** for men and women and held meetings in the
Community Health Centers (CSCOMs) in areas with a strong presence of jihadists/and armed groups, to comply with decrees that women and men were not to intermingle.

- In response to the increase in inter-community conflict and the decisions of the Chief of Staff of the Armed Forces, the project redeployed its agents in the chief towns of the health districts to lead group field visits using the rental or public transport vehicles (weekly market traders). For this, schedules for the visits were developed in collaboration with the beneficiary communities. The project team would visit two villages per day. In the villages not accessible to the rental and public transport vehicles, the agents used motorized canoes (pinasses), bicycles, carts, etc. with the help of the communities to get to the village.

Finally, the communal authorities often relocated the public forum meetings between elected officials and citizens to a more secure village in the same commune, rather than the capital city, to ensure accountability mechanisms continued despite insecurity. Thus, using this strategy, the project was able to certify 10 villages in the district of Tenenkou and then 14 villages in the district of Niono. Those are the first ODF-certified villages in these two districts given the high risk of insecurity.

**Climate Issues**

For activities in the area of food security and economic recovery, the main difficulties identified during the implementation of the project occurred during and after the lean season (June to September), which was extremely hard and uncertain for the communities. These difficulties were caused by the different, successive floods and droughts. These events had a significant impact on households’ savings capacity. This slowed down the activity of VSLAs (decrease in loans, etc.). For agricultural activities in the area, climate hazards also led to increased pressure on the limited water resources and attacks on vegetable crops by pests, which resulted in a decline in production and therefore in the availability of food products. To cope with these difficulties, the project promoted fast-yielding varieties and trained farmers on soil conservation and restoration techniques as well as the treatment of vegetable crops with organic pesticides, including neem.

**Lessons Learned: what was learned in relation to the process or results?**

- The involvement of women in a process of social behavior change brings added value because of their organizational capacities and their dynamism in the community.

- As part of improving the nutritional status of children under 2 years old and pregnant women, the integrated agriculture nutrition and WASH approach proved very relevant and effective because of the complementary nature of these actions. By creating both the supply of and demand for nutritious foods, the project promoted the adoption of healthy lifestyles that are conducive to the well-being of the community.

- The promotion of nutrition cooking demonstrations using local products facilitated the acceptance and adoption of the new practices by the community, which will contribute to improving the nutritional status of children under 5 years old.

- The design and use of small, doable actions (SDAs) as a communication tool during community dialogues facilitated the adoption of good practices by the community.

- The composting of waste collected within the villages had a positive impact on the environment, the sanitation of the village, and this organic manure could be sold to farmers in the area.

- The establishment of a healthy competitions within or between communities, like the post-ODF clean village
competition, helps keep momentum in adopting good practices.

- Supporting policy, institutional support to the DNACPN and focusing on capacity building helped build an enabling environment for project activities and scale-up of successes.

**Evolution of project performance indicators**

After six years of implementation, the Nutrition and Hygiene project in Mali made steady progress and accomplished its objectives. The project also met or exceeded a good part of its program indicators, particularly in child health, with stunting reduced by 29%. Indicators that were not met are explained after the table.

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Baseline survey 2014</th>
<th>Mid-term survey</th>
<th>Final survey in 2019</th>
<th>Expected reduction</th>
<th>Real reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of underweight (children under 2 years old)</td>
<td>37.8</td>
<td>11.2</td>
<td>11.2</td>
<td>-30%</td>
<td>-70%</td>
</tr>
<tr>
<td>Prevalence of wasting (children under 2 years old)</td>
<td>24.1</td>
<td>8.4</td>
<td>11.7</td>
<td>-30%</td>
<td>-51%</td>
</tr>
<tr>
<td>Prevalence of stunting (children under 2 years old)</td>
<td>20.5</td>
<td>15.7</td>
<td>14.5</td>
<td>-25%</td>
<td>-29%</td>
</tr>
<tr>
<td>Prevalence of anemia in children aged 6-23 months</td>
<td>NA</td>
<td>74.3</td>
<td>65.5</td>
<td>-50%</td>
<td>NA</td>
</tr>
<tr>
<td>Prevalence of exclusive breastfeeding (children &lt;6 months)</td>
<td>33.5</td>
<td>62.9</td>
<td>64.7</td>
<td>50%</td>
<td>93%</td>
</tr>
<tr>
<td>Prevalence of children aged 6-23 months with a minimum acceptable diet</td>
<td>20.1</td>
<td>54.7</td>
<td>48.8</td>
<td>250%</td>
<td>143%</td>
</tr>
<tr>
<td>Prevalence of underweight (women)</td>
<td>10.2</td>
<td>7.6</td>
<td>6.3</td>
<td>-20%</td>
<td>-38%</td>
</tr>
<tr>
<td>Prevalence of anemia in non-pregnant women of reproductive age</td>
<td>NA</td>
<td>33.7</td>
<td>42.1</td>
<td>-20%</td>
<td>NA</td>
</tr>
<tr>
<td>Dietary diversity score of women of reproductive age</td>
<td>NA</td>
<td>33.7</td>
<td>65.7</td>
<td>20%</td>
<td>NA</td>
</tr>
<tr>
<td><strong>WASH Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of households using recommended technologies for water treatment</td>
<td>47.2</td>
<td>72</td>
<td>95.41</td>
<td>200%</td>
<td>102%</td>
</tr>
<tr>
<td>Number of communities certified ODF, (open defecation free)</td>
<td>-</td>
<td>185</td>
<td>223</td>
<td>300</td>
<td>223</td>
</tr>
<tr>
<td>Percentage households with water and soap at handwashing sites</td>
<td>29.7</td>
<td>80.4</td>
<td>74.7</td>
<td>150%</td>
<td>152%</td>
</tr>
</tbody>
</table>
For some of the indicators, particularly “Prevalence of children aged 6-23 months with a minimum acceptable diet” and “Prevalence of households using recommended technologies for water treatment” targets were set very high and thus not realistic for the project to meet.

Success Stories:

Local woman shares knowledge with her sisters via radio
Djelika Fofana lives in the flooded plains of Youwarou Village. She decided to participate in the call for stories about hygiene and nutrition from the Dande radio station. Ms. Fofana observed that while all her family members were washing hands with soap and using a latrine (habits that she admits have to be encouraged on a daily basis, at least at the beginning), the household members were much less sick, especially the kids! She also talked about the importance of exclusively breastfeeding until the baby is 6 months, as her little sister was exclusively breastfeeding her child of less than 6 months. She testified how healthy and happy the baby is. Finally, she called on all her fellow women in the surrounding villages to practice good nutrition, such as adding fruit into cereals, and good hygiene, such as washing hands and using the latrine, so that their families can remain healthy even during the rainy season when flooding happens.

Early breastfeeding and exclusive breastfeeding, a great treasure bequeathed by the project
Mrs Oumou Thiao, a member of the VSLA in Akka, is a mother of four children, the first three of which were born before the USAID Nutrition and Hygiene Project. During their childhood, they experienced all kinds of diseases: diarrhea, cough, dysentery, stomach ache, etc. None of them had been exclusively breastfed and they drank water from the river before the age of 6 months.

In 2015, I started participating in the USAID Nutrition and Hygiene project animations through our VSLA. At the time, I was 6 months pregnant with my fourth child. Topics such as early breastfeeding, exclusive breastfeeding, critical handwashing times, etc. caught my attention and made me question my own behavior.

I gave birth in January 2016, and I immediately started early breastfeeding. The baby drank the "yellow milk," and I continued breastfeeding him for the next six months, despite some adversities. He was getting brighter and stronger, with no diarrhea or vomiting. By 10 months, he was walking. From his birth until now, apart from his vaccination, he never became ill. This was very surprising to me. So through this experience I decided to
volunteer to help the project to convince other women in the village about the importance and the need for early breastfeeding as well as exclusive breastfeeding. I will fight in my village so that all women do the same thing. I say a big thank you to USAID, CARE and YA-G-TU for this treasure they leave us after their passage.

**Millet Baby Cereal Saves Lives**

Hawa Tapily, 35 years old, Hama Tapily’s spouse, lives in Koundougou village, Soroly commune. Hawa is mother of five children (three boys and two girls) – Amadou Tapily, at 2 years old, is the youngest of the children.

During the malnutrition mass screening campaign of May 27, 2017, Amadou was diagnosed with moderate acute malnutrition and referred to the CSCOM of Bendjely. Due to the lack of treatment available at the CSCOM, the malnutrition status of Amadou was at risk of becoming severe acute malnutrition. Back home, Amadou’s parents put into practice their new knowledge on how to cook millet baby cereal, provided by the project team. This baby food is made of fermented or non-fermented millet, enriched with diverse ingredients such as peanut, shea butter or oil, baobab fruit, salt, sugar, and milk, when available. Surprisingly, after few weeks of feeding their baby, the result was terrific.

Indeed, Hawa’s testimony was impressive: “When I started feeding Amadou with the millet baby cereal, his health status kept improving. Amadou kept gaining weight and growing. Two weeks later, during the screening of the end of June, the community relays declared that Amadou had recovered. I could not believe it. One week later, when I went to the CSCOM, the health agent declared that my child is really healed. During this lean season, only this millet baby cereal taught by the project team could have saved my baby. I am very thankful to the project, and to USAID and American people, for helping me saving my child”.

"**Moringa has chanced my life**"

*In the village of Bénébouro in Koro district, women received training on moringa leaf recipes. The training was organized by the USAID Nutrition and Hygiene project. One of the beneficiaries shared her experiences with the other women about how she started processing and marketing Moringa. This is her story:*

My name is Adiaratou Poudiogo, I am 55 years old, married and mother of 5 girls and 3 boys. I can say that women have benefited from the support of the American project in several sectors. It is in this context that I attended a training course in Soufroulaye on moringa recipes and their therapeutic virtues. The workshop requested that each participant replicate the training with 20 other women.

On my return, after the debriefing, the village chief asked me to extend the replication to all women in the village. So, I trained 120 women from my village on the recipes I learned at the training. At first, my goal was to help my sisters use moringa in their diets, but the word spread to neighboring villages. It is in this context that I went to the villages of Enè, Adounkanbé, Omo and Bando to train 342 women on the different Moringa recipes.

In terms of nutrition, moringa consumption is now a staple in our family recipes for its nutritional value. The green and dried leaves are used in seasoning dishes of rice, tô, and couscous. Moringa is also used as tea. Thanks to this,
there has been a great improvement in the nutritional status of children and pregnant women in our village. Today, there is almost no child malnourished thanks to the consumption of Moringa.

As far as I am concerned, I developed a very successful income generating activity. I turn moringa into dried leaves and flour. These products sell very well; 2,500 francs CFA (approximately US $5) for each basket of dried leaves and 100-500 francs CFA (approximately US $0.80) for the sachets of flour. With my younger daughter, I sell my products in the weekly markets. Thus, we were able to achieve savings of over 120,000 francs CFA (US $202). My daughter is no longer attracted by urban migration. With my savings, I prepare for her wedding and use a part to support the family.

I speak for all of the women in my district when I thank the Americans for this opportunity to fight malnutrition and improve our living conditions. Thank you, USAID.

**A life-saving tablet in the community**

Diantakaye is a highly populated village located near the Niger River in Konna commune. The village struggles with limited access to potable drinking water. The Niger River is the only source of drinking water for the nearby communities. Communities usually use this water for drinking without any kind of treatment, with the consequences of high rate of diarrheal and other diseases.

Since 2016, the USAID Nutrition and Hygiene project has been promoting the use of Aquatab tablets for water purification. Diantakaye’s communities integrated this behavior change message into their practices and created a community shop managed by a women’s group to ensure the availability of Aquatab tablets. Women leaders buy Aquatab from CSCOM and sell them in their shop. As the group’s president attests, “after using Aquatab tablets for water purification, our village has experienced a drastic reduction of diarrheal diseases as well as malnutrition cases. The project team and Aquatab have brought the practice of water treatment and improved our health status in the village. Many thanks to the project agents for promoting Aquatab tablets, and to the American people for financing happiness within Diantakaye’s communities.”

**Women in Bonébouro thank USAID for the promise kept**

My name is Aminata Togo and I am a 56-year-old market garden producer from the village of Bonébourou in Koro district. We, women of Bonébouro rely on our gardens for our livelihoods – even during the dry season. Our commitment and efforts were always doomed to failure because of the lack of water. It is not possible to continue with gardening activities beyond December. All our crops would dry in the garden for lack of water, leaving us women demotivated.

Then, a delegation from the USAID Nutrition and Hygiene project came to meet us in the garden. During the interviews, we expressed the water issue. The delegation promised to respond to our request, and a few months later, our wishes were granted because our perimeter was equipped with a water tower, built with the support
of USAID. Today our joy is immense.

I have lived in this village for almost 40 years, and I have never seen women in Bonébourou have such a good production as this year. We were able to produce all vegetables such as beetroot, onion, lettuce, cabbage to the desired level. We were able to meet the village needs for vegetables and those of the surrounding villages. Families have benefited from food diversification and income from the sale of the surplus, which helps to provide for the needs of the family such as schooling for children.

**Good health secret of your child**

My name is Fatoumata Dicko. I live in Youwarou Hombolore Laramfarandi. I am 18 years old and my child is 3 months old. Since I gave birth, I have been exclusively breastfeeding my child, for during the pre-natal visits at the CSCOM in Youwarou, I participated in a nutritional demonstration session for children.

The USAID Nutrition and Hygiene project officer and a midwife facilitated the demonstration. During this session, we were told not to give anything else to the child except breastmilk for the first six months. After delivery, I would breastfeed my child three, four and even five times during the day and three to four times during the night.

I noted that my child is free from minor ailments and is growing faster than other children of the same age who are given other foods in addition to breast milk. Since I started these practices, my child has not fallen ill; and I am comfortable. I call on my sisters to practice exclusive breastfeeding, because that is beneficial for both the child and the mother.

I thank the midwives and the USAID Nutrition and Hygiene Project, who taught me these good practices. We want the project to continue so that we and our children can have a better life.

**Testimony of the Mayor of the rural commune of Diamnaty, District of Bandiagara**

My name is Seydou Kélépily, and I am the Mayor of the rural commune of Diamnaty in Bandiagara district. First, let me thank USAID and their partners for their support in the implementation of the Integrated Rural Nutrition and Hygiene Improvement Program in Mali. On behalf of the mayors of all of the intervention communes of this program, I say to you, once again, thank you.
Water, hygiene, sanitation, nutrition are areas that reveal the competence of local elected officials. We are grateful to have partners who support us in these sectors. I do not know where we would be without the CLTS approach. Indeed, this approach puts the beneficiary at the center of activities. This participatory approach allowed communities to take ownership of the program activities and achievements. In the field, we have seen that many latrines offered free of charge to communities by partners are unused or misused. The CLTS approach is fundamentally different in that it requires community buy-in at every step.

With YA-G-TU, we were involved from beginning to end in the implementation of the CLTS campaign. From the selection of villages to ODF certification through the follow-ups, the

assessments of activities, we participated in all the stages of the process. As part of the clean village competition, a village in my commune ranked first at the commune and district level. We are committed to maintaining our ODF status with the sanitation kits offered to certified villages by YA-G-TU and its partners. This program helped to reduce the rate of malnutrition and the prevalence of certain diseases and also enhanced the economic power of women.

Testimony of Mr. Chiaka Magassa, Prefect of Niono District

My name is Chiaka Magassa, Prefect of Niono district. The USAID Nutrition and Hygiene project has been active in the district of Niono for over 5 years. The project approach has been participatory throughout. This approach empowered the Communal Orientation Committee for Coordination and Development by involving it in as the development of a framework for the validation of site selection and monitoring evaluation.

The status of project implementation was periodically presented to the committee, which made recommendations. The committee also worked on the mid-term and final evaluations of the project. Chaired by the Prefecture, this committee is made up of sub-prefects, mayors, heads of technical services, representatives of civil society, and NGO partners.

Following the presentations made at the closing workshop in Bamako, I wondered "who these presentations were meant for" because we were all stakeholders in the field and we were all aware of all that happened.

I think that the nutrition demonstrations by mothers of children will continue as long as local foods are available, and other women are trained who will replicate the demonstrations.

My thanks to USAID and to the implementing NGOs for including the district of Niono in the project intervention.
areas and for having achieved conclusive results in the fight against malnutrition through the prevention of malnutrition, improvement of the environmental sanitation status and provision of safe water points in the district.

The Integrated Rural Program to Improve Nutrition and Hygiene in Mali: Results and Dissemination Workshop and Looking Forward

On July 1, 2019 an end-of-project event was organized together with CARE and Save the Children consortiums under the APS. The event was a great success according to participants, USAID and several stakeholders. It gathered about 200 people together, including several high-ranking officials, such as the Mayor of Commune III, the American Ambassador and the Ministry of Health and Social Affairs.

CARE and Save The Children presented two documentary films and PowerPoint presentations summarizing the objectives, results, lessons learned and challenges of the program. These were followed by discussions, questions and answers. During the event, the participants attended 14 different round table sessions, which allowed them to address several specific subjects and topics of interest in greater detail.

CARE and Save The Children concluded the day with an exposition of support products and results of the projects. At the end of the workshop, the learning documentation of the two projects as well as the posters, PowerPoint presentations and documentary films were shared with the participants.

Feedback on Nutrition and Hygiene Workshop, Innovation and Achievements:

Two television stations (the National Radio Television Broadcast of Mali and AFRICABLE, the African International station), and five private radio stations covered the event.

Participants were impressed, not only by the results, but also by the documents produced (three outcome documents, posters, an Integrated Agriculture Nutrition WASH toolkit, success stories and a video), and many requests were received for additional copies. The interactive version of all the documents of the Nutrition and Hygiene project implemented by CARE was produced and shared with about a hundred of stakeholders working in the sector.

Three of the project’s four short films were selected by the Johns Hopkins Communications Center as finalists to share and explore what works to change social norms, behaviors and amplify the voices of practitioners in Francophone Africa. These were:

- Innovative and participatory involvement of communities in the implementation of Community Led Total Sanitation (CLTS), Mali;
- Community Responses through Small Feasible and Important Actions (SFiAs), Mali;
- Integrated approach: an effective tool for fighting malnutrition in children and pregnant women, Mali; and
- Commitment of community leaders: a new dynamics in behavior change activities through local radio, Mali.

NB: the first three were ultimately selected.
During the summit, the Agriculture-Nutrition-WASH integrated toolkit was much appreciated by the participants because of the relevance of the topics covered and its simplicity in its use.

In addition to this workshop, the project was invited to share its results and lessons learned in other conferences, including:

- **AfricaSan 5 Conference**: African Ministers’ Council on Water (AMCW) issued a request for applications to make presentations during its fifth conference held in Cape Town, South Africa. The DNACPN proposed the sharing of its data capitalization experience and the monitoring of sanitation performance indicators through the Mali SANIYA database, and was selected to present along with representatives from Guinea Bissau. The USAID Nutrition and Hygiene project and UNICEF supported the DNACPN in the preparation of this proposal.

- As part of the revision of the WASH and Nutrition national strategy, a UNICEF consultant used the mid-term results of the Nutrition and Hygiene project to highlight the importance of involving the community in the fight against child malnutrition. The project was invited to share its experiences during the national workshop.
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Founded in 1945 with the creation of the CARE package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in more than 90 countries, reaching over 50 million people around the world. To learn more, visit www.care.org.