OUR MISSION

Mali Health’s mission is to reduce maternal and child mortality in resource-poor communities in West Africa. To achieve this, Mali Health implements replicable programs that improve access to quality primary care at low costs, while increasing the capacity of and participation in local health systems.

OUR VISION

We envision a world where health systems can meet the basic needs of the poor and eliminate preventable death, effectively treat disease, and enhance self-efficacy and dignity for mothers and children.
DEAR FRIENDS,

In 2016, Mali Health will celebrate its 10th anniversary. Looking back over the past ten years, we are amazed and proud of the ground we have covered. Mali Health began in 2006 as a small partnership between students at Brown University and the midwives from a community clinic in Sikoro. We now provide training and support to 68 primary care clinics and our team has grown to a staff of more than 65. Last year brought our most rapid growth yet – with your help we doubled our annual budget and expanded into several new districts outside Bamako.

Over the past decade, we have created an integrated model that provides a full continuum of health services for women and children, bringing together doorstep care with alternative financing mechanisms and quality improvement in community clinics. As our programs mature, we are focused on learning, fine-tuning our approach, and sharing research to inform national and global health policy. Working with Brown University and Innovations for Poverty Action, we recently completed a multi-year randomized control trial to test the effect of Community Health Workers (CHWs) and free care on under-5 mortality.

Since October 2015, we have been working with the CDC to improve community clinics’ capacity to stop the spread of infectious disease. In 2016, we will also work with several health districts using quality improvement tools to ensure high quality care at public clinics in poor neighborhoods. We are partnering with WaterAid and Djantoli to apply quality improvement to a wide range of issues that affect maternal and child health, from sanitation to neonatal care to clinic management.

It has been an incredible journey, but we are only getting started. We are more committed than ever to expanding access to primary health care for those who need it most. This year, Mali Health will continue to consolidate our model and support the local health system in integrating innovative methods for delivering health services.

This is what drives us as we move into 2016. We look forward to sharing our progress with you over the coming year. Thank you, as always, for your support.

With gratitude,

Erin Kitchell
Executive Director

Mariam Fofana Diallo
National Director
SOURAKABOUGOU
- Action for Health
- Savings for Health
- Clinic Quality Improvement
- Water, Sanitation & Hygiene

BOULKASSOUMBBOUGOU
- Action for Health
- Savings for Health
- Clinic Quality Improvement
- Water, Sanitation & Hygiene

SIKORO
- Action for Health

SOTUBA
- Action for Health
- Savings for Health
- Clinic Quality Improvement

SABALIBOUGOU
- Water, Sanitation & Hygiene

NIAMAGORO
- Water, Sanitation & Hygiene
Refining Our Strategy

Over the past several years, Mali Health has begun to reach outside of our original partner community of Sikoro-Sourakabougou to introduce our programs in those neighborhoods in which we felt they would have the most impact. While Action for Health focused on families living in Sikoro, Savings for Health was launched in Lassa and Kalabambougou. The Quality Improvement Program began in Boulkassoumbougou before expanding to Sotuba, Lafiabougou, and Sikoro-Sourakabougou. In all cases, we worked closely with local partners to ensure our programs fit with existing community structures and had public support. We were excited to contribute to these neighborhoods’ development by increasing access to primary care for mothers and children.

But we realize the greatest potential for improved maternal and child health lies in connecting our programs, magnifying their impact, and creating a Continuum of Care. While we educate people in effective methods for maintaining health and preventing illness, we work also to eliminate cultural and financial barriers to accessing health care so that when people get sick, they are able to seek the care they need. At the same time, we work with community health clinics to improve their management and the quality and capacity of the services they provide so that when patients visit, they receive the very best care possible. All of this is reinforced by strong research & evaluation that guides our decision-making and helps us to both tailor our approach to local realities and measure the impact of our programs.

We are developing a model health system that meets the needs of the poorest and most vulnerable families by boosting their knowledge, their autonomy, and their power to advocate for themselves. By building a health system that is accountable to the people it serves, we can achieve our vision: eliminating preventable deaths, effectively treating disease, and enhancing self-efficacy and dignity for mothers and children.

MALI HEALTH:  
Nassa, what do you want to be when you grow up?

NASSA NYERE:  
A doctor.

MALI HEALTH:  
Why do you want to be a doctor?

NASSA NYERE:  
Because I want a healthier village.
The Continuum of Care

An integrated approach to supporting local health systems

Reduced Maternal & Child Mortality

Proactive Case Management
High Quality Primary Health Care
Accountable & Transparent Clinic Management

Mobile Outreach

Action for Health uses Community Health Workers to identify sick children and refer them to the clinic for care early in the course of an illness.

Alternative Health Financing

Savings for Health ensures that families can access care when they need it by supporting women in saving for health expenses and providing interest-free loans to cover unexpected health costs.

Quality Improvement

Quality Improvement allows clinic staff, management committees, and patients to assess problems in health service delivery, brainstorm innovative solutions, and use data to test their effectiveness.

Health System Strengthening

Our Health System Strengthening initiatives educate the public about important health issues and their right to participate in the decision-making process so that their voices will be heard and their needs will be met.
Aminata Doumbia, a Mali Health-trained Community Health Worker, was wrapping up her morning visits with neighborhood families. In spring 2015, we conducted a community wealth survey and identified hundreds of new families eligible to enroll in Action for Health, so many of the mothers and children she met that morning were being seen for the first time.

Aminata stepped softly into the family’s yard and greeted Mariam, a mother of one. They spoke for a few minutes until Mariam explained that her son, Moussa, was malnourished. She’d taken Moussa to the clinic that morning to get treatment, but they’d been turned away because the nurse listed him as 10kg, too big to qualify for treatment. Aminata greeted the boy, placed him on a scale, and found he weighed only 6kg. Her brachial measuring tape confirmed it – Moussa was severely malnourished.

Aminata rushed Moussa and his mother to the local clinic and found the nurse who’d worked with him that morning. She pushed the nurse to weigh the boy again, this time using her own scale, and indeed, Moussa was only 6kg. The nurse apologized and gathered several sachets of Plumpy’Nut, an effective treatment for malnutrition. She taught Mariam how and when to give Moussa the supplement and asked her to bring the boy back each week to be weighed and to receive more of the sachets until he reached a healthy weight.

Health Workers like Aminata are many things to the families in our programs - they are educators, advocates, and even friends. “I play a very important role in the lives of [the families I visit] by strengthening their capacities to take care of their health,” says CHW Brehima Tangara. “It is truly a relationship based on respect.”

Our 29 CHWs visit over 2,500 children and dozens of pregnant women in our partner communities. They are trained to monitor mothers’ and children’s health and link them to the formal care system when necessary. The program aims to improve the health of mothers and children by encouraging preventive health behavior, facilitating access to primary care, and supporting early care-seeking to avoid the elevated costs associated with more serious illness.

During bi-weekly visits, Community Health Workers teach caregivers how to keep themselves and their families – especially children – safe from the most common illnesses, including malaria, malnutrition, diarrheal disease, and upper respiratory infection.
“Since I started with Action for Health,” says Kadiatou Toure, who joined the program in 2015, “I’ve learned many things. In my family, everyone’s health has improved [because of the] lessons conducted by our CHW.”

In 2015, Mali Health made an important change in Action for Health. Infancy is the most critical developmental period in a child’s life. Thus, we narrowed our focus to children between 0 and 30 months old. And with an eye toward sustainability, medical care would no longer be completely free for families, but would instead be heavily subsidized.

Unfortunately, with this change, we found that clinic utilization dropped among enrolled children. Two Mali Health-sponsored free consultation days at local clinics at the end of the year drew hundreds of families. As a result, we’ve adjusted our approach once more in 2016, broadening our criteria to children up to age five and re-instituting free medical care for the youngest children. We’ve also launched a concerted effort to enroll more mothers of Action for Health children in our Savings for Health program so that financial means will no longer be a barrier to high quality care.

In 2015, our mHealth initiative reached 100% utilization among our Community Health Workers in three of our partner communities. During visits with Action for Health families, the app guides CHWs through a series of questions aimed at registering children’s health information and identifying warning signs of illness, especially malnutrition.

“I find the application to be very helpful. It helps us to conduct our visits with [the families] easily and efficiently,” says CHW Kadiatou Cisse. “When there is a severe case of illness, the application prompts us to send the child directly to the clinic to seek care.”

Mobile technology has also been woven into our Monitoring & Evaluation efforts to assess the quality of care at our partner clinics, making data collection and analysis much easier.

In the fall, Mali Health signed a deal with a Malian health technology company, CERTES, to further develop the app to include maternal health monitoring, and to better align the data we collect with national priorities.
Launched as a small pilot project in mid-2013 with the goal of eliminating financial barriers to health care and empowering women with financial knowledge and independence, Savings for Health’s popularity has driven immense growth in the past two and a half years. Starting with only 100 women in two communities, today over 2,700 women in 127 groups across six communities gather weekly to save, borrow, learn, and support one another.

Members agree to contribute a small amount of money to two collective savings funds. The first fund is meant to support family health expenses; women borrow the money they need for an upcoming expense, then repay the loan with no interest. From the second fund, participants borrow money to pursue income-generating activities, such as supporting a small business or learning a trade; these loans are repaid with interest. Each group sets its own rules for borrowing and repayment of funds, as well as how much group members are expected to contribute each week.

In 2015 alone, women in the program withdrew nearly 1,500 loans to pay for health care expenses. For many, this was the only way to ensure they or their family members got the care they needed.

“I took my health loan because my child was sick while my husband was traveling, and I did not have enough money to pay for the prescriptions myself,” recalls one woman. “I borrowed 10,000 CFA (~$16), and I was able to buy the medications my son needed. Now he is doing very well, thanks to this program.”

Financial access remains a barrier to health care for many families in our partner communities. Though Mali Health covers or subsidizes care for children in Action for Health, thousands of other families are in need of similar assistance. Through the Savings for Health model, that need is met in a sustainable way – participating women invest their own money in the collective accounts, ensuring that every member has access to financial assistance when she needs it without placing the financial burden on any single family and avoiding members’ or groups’ dependence on Mali Health for funds.

Health insurance is practically nonexistent in Mali, and saving money for unknown future health expenses is not a common practice, either. As each Savings Group sets its own rules for its accounts, we found that the majority of funds contributed at weekly meetings were being directed into the fund.
for income-generating activities. In the second half of the year, the program team made a concerted effort to advise Groups on the benefits of prioritizing the health fund; today, the trend is slowly balancing out.

The program team began the year with another challenge: Enrollment had slowed. Women’s microfinance initiatives were not new to our partner communities – many women had joined other groups in the past and had very negative experiences. They were wary of trying again.

The team brainstormed how to boost enrollment, eventually concluding there is no better ambassador for the program than the participants themselves. The team organized a series of large events in public spaces. One after another, women from the local Savings Groups stepped to the microphone and shared their stories, explaining how the program had opened so many doors for them.

Said Ramata Keita: “This program is great because of the health loans it offers to members in need, and it allows us to build our income, which was nearly impossible for many of us before. We hope to take ownership of this project and make it into a driving force for the development of our community.”

Mali Health introduced Savings for Health and Reproductive Empowerment, or SHARE, in mid-2015 as a sub-division of its parent program. SHARE is designed to boost maternal health through guaranteeing access to pre- and post-natal care, as well as safe delivery at a clinic.

Women in Savings for Health who become pregnant are invited to enroll in SHARE groups, through which each woman saves money in her own personal account. These funds, supplemented by Mali Health, are enough to pay for all four WHO-recommended prenatal visits and delivery at the local health clinic.

Group members support one another by sharing experiences and lessons learned. Once a month, Mali Health invites doctors and midwives to conduct workshops with the groups, discussing the importance of prenatal care, recognizing danger signs during pregnancy, maternal hygiene and nutrition, proper breastfeeding techniques and many other topics. To date, all eligible women have chosen to enroll in SHARE groups, and all deliveries have occurred safely within clinics’ walls.
Mali’s Ministry of Health recommends that all infants receive two specific vaccines: BCG protects against tuberculosis and VAR against chickenpox, both to be delivered before a child reaches 9 months old.

In Mali Health’s partner clinic in Lafiabougou, staff delivered the BCG vaccine to most of the children born in the area, but they found that fewer than half of all children were brought back to receive the VAR vaccine. After discussions with women in the community, the team determined that new mothers didn’t fully understand the importance of vaccines or the schedule on which they should be delivered.

So the staff set itself a goal: Within one month, raise the number of eligible children who receive the VAR vaccine by 15%. Doctors and midwives began thoroughly discussing the vaccination regimen with mothers during prenatal and postnatal visits, emphasizing how it would protect their children from serious illness. Community Health Workers did the same when they visited mothers in their homes. Clinic staff created a calendar to track when each child born in the maternity ward should receive each vaccine. When the time came, a staff member would call the mother to remind her. For women without permanent phones, CHWs visited the families’ houses to remind them in person. By the end of the month, the clinic had seen a 15.2% increase in children receiving the VAR vaccine on time.

Through our Quality Improvement Program, Change Teams in four of our partner clinics are trained to implement initiatives just like this. Teams comprised of doctors, nurses, midwives, administrators, management, and patient representatives are given the tools they need to recognize opportunities for improvement in their clinic, then collaboratively and rapidly design, implement, and assess small-scale initiatives to address the issues they’ve identified.

Once per quarter, the Change Teams from all four clinics come together to share best practices. After their successful test for improving vaccination rates, the team from Lafiabougou shared their strategy at the quarterly meeting, and now similar efforts are being implemented in all four of our partner clinics.

Our Quality Improvement (QI) Program is predicated on the idea that raising the quality of health care will lead to higher clinic usage by community members, which in turn will lead to more revenue for the clinic (not to mention better health for patients), which will allow it to further improve its quality and capacity.
By the Numbers

<table>
<thead>
<tr>
<th>95.9/100</th>
<th>26%</th>
<th>77</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Management Committees operate near full capacity after MH training</td>
<td>rise in vaccination coverage among children</td>
<td>Plan, Do, Study, Act cycles launched in partner clinics</td>
</tr>
</tbody>
</table>

Still in its pilot phase, 2015 was an opportunity for us to refine our strategy for the program. We hired full-time QI Coaches who work very closely with the Change Teams to develop and carry out new initiatives, and the program leadership worked with a QI consultant to restructure our goals and the methods we use to measure progress.

As a result, we’ve seen remarkable progress in the skills and knowledge of clinic management committees. And while the clinics still rely on us for guidance in identifying and addressing opportunities for improvement, many team members have embraced what they’ve learned and pursued meaningful and lasting change.

“Our greatest accomplishment of 2015 was the increase in the number of women who complete all four prenatal consultations,” reports the chief midwife in Boulkassoumbougou. “In the very first consultation, we talk to mothers about why it’s important to come for all four visits. It helps them psychologically prepare for their pregnancy and their eventual delivery. Through the QI program, this information has become an important part of our medical personnel’s training to ensure the best quality service for our patients.”

WASH

In partnership with WaterAid Mali, in June we undertook to apply our quality improvement techniques to water, sanitation, and hygiene (WASH) in several clinics and district hospitals to ensure that clinic personnel and patients are not exposed to easily preventable infectious diseases that proliferate in settings with poor sanitation.

We established hygiene committees in each clinic to oversee their own staff’s efforts, and we provided cleaning supplies and other physical materials. We trained medical staff how and when to wash their hands to protect themselves and their patients, and we taught custodians how to effectively clean the clinics to avoid spreading infectious materials.

Over 50 people in eight clinics and seven hospitals have received direct training so far, and while it’s still too early to judge the resulting health effects, the clinics look cleaner than ever. Kalifa Togola, a custodian at the Sabalibougou clinic, had this to say: “I’ve been working at the [clinic] for the past 10 years, and it’s never been this clean. I’m proud of my work and how it contributes to the [clinic’s] well-being.”
Under a banner reading, “Water, soap, and hands are inseparable friends in order to reduce pneumonia and diarrhea. I wash my hands to maintain my health, and how about you?” hundreds of children packed in around an open stage to participate in the excitement of Global Hand Washing Day.

Mali Health emcee and DJ Abdou Toure had students and teachers dancing with Malian music and led the afternoon’s events. Our medical advisor, Dr. Diakaridia Traoré, stepped to the microphone and launched the celebration by explaining why hand washing is a vital component of good health, helping to prevent pneumonia and diarrheal disease.

Nearly 30 students from the two participating schools came prepared for Mali Health’s Hand Washing Olympics, each wearing the event’s specially designed t-shirt reading, “I like the people around me. I wash my hands with water and soap in order to maintain my health AND my friends’ health.”

Thousands of women and children and over a dozen health clinics and hospitals benefit from participating in Mali Health’s programs year-round, measurably improving the health of tens of thousands of people. But the health of one person cannot be divorced from the health of her community. One is reliant upon the other. Thus, throughout the year, we share our lessons with as many people as we can reach through large, public events, such as Global Hand Washing Day.

In the early months of the year, as Mali recovered from its outbreak of Ebola Virus in late 2014, we continued to hold community-wide events to educate people about prevention and recognition of signs and symptoms so that should the disease cross into Bamako again, we could contain and quash it quickly. American NGOs Mali Watch and Focus Ebola Mali helped to sponsor a number of these trainings in and outside of Bamako.

Spring time gatherings brought together traditional leaders, clinic staff, and hundreds of community members to hear from women in our Savings for Health program. The women spoke about how Savings Groups have changed their lives, opening doors to opportunities for skill development and financial independence, while teaching them effective techniques to maintain good health and providing them with the financial means to seek out
health care when necessary. Mali Health staff also shared with these assemblies the benefits of membership in the local clinic management association, or ASACO, which carries with it a lower cost of care at the associated clinic and the right to vote for ASACO leadership, which governs how a clinic is run.

And in October, Mali Health revived its celebration of Global Hand Washing Day, which we had last organized in 2008. At the event – dubbed the Hand Washing Olympics – school children from Sikoro competed with fellow students from Sébénicoro to determine who knew the most about hand washing and hygiene.

Emcee Abdou Toure kept the mood light as the students led detailed demonstrations, answered trivia, and performed skits and songs conveying the benefits of good hand hygiene and the drastic consequences of forgetting to wash.

At the end of the day, Mali Health judges named the students from Sébénicoro the gold medalists, and each school received 15 hygiene kits, including buckets for clean and waste water, solid and liquid soaps, and packages of bleach for water treatment.

Ebola Yanbila!

After our successful work with community-based, governmental, and international partners in containing the Ebola outbreak in Bamako at the end of 2014, Mali Health formed a partnership with Catholic Relief Services and Johns Hopkins University to train health personnel outside of the city to effectively recognize, prevent, and respond to the Ebola Virus should it appear in Mali again.

Between March and September, Mali Health trained 20 doctors and over 300 community health agents in the epidemiology of the disease, hand hygiene and other prevention techniques, and contact tracing to identify and monitor possible cases to prevent the virus’s spread. We used pre-training and post-training tests to measure how much of the material was retained, and we provided individual support to those who needed it. Follow-up visits throughout the project also provided opportunities for support.

Within the clinics, Mali Health helped to establish triage systems for identifying and isolating Ebola patients and waste management systems to guarantee the virus would not spread within clinics.
In 2014, 94% of children in Action for Health were diagnosed at some point with an upper respiratory infection. In 2015, that number was only 27%. We saw similar trends in all four of the major childhood illnesses:

- Malaria fell from 64% to 34%
- Diarrheal disease fell from 21% to 16%
- And though some children joined the program already malnourished, all have made progress and no new cases of malnutrition developed in 2015

Only 45% of Savings for Health members were able to access a health loan when they needed one, indicating a need for Savings Groups to balance contributions to the health fund with contributions to the revenue-generating fund.

However, only 4% of Group members reported being able to access health loans outside of the Group, demonstrating that the program does improve access to health care.

85% of patients rated their experience at the local clinic as high or very high.

Areas in need of development include: Patient welcoming & orientation process; wait times; clinic cleanliness; and the availability of particular medicines.
Mali Health prioritizes strategic programming, targeting the areas where we can have the greatest impact, and continually assessing our progress toward concrete goals.

**THE YEAR AHEAD**

- Train all Community Health Workers to utilize rapid malaria diagnostic tests
- Enroll more mothers from Action for Health in Savings for Health to further improve family outcomes
- Introduce and facilitate community-based interventions against childhood malnutrition
- Develop a family planning initiative
- Incorporate newborn care into Quality Improvement efforts; audit all maternal and newborn deaths at partner clinics
- Expand Action for Health to two new sites and reach 3,500 children by year’s end

**HOW WE MEASURE UP**

- Consolidate and integrate efforts to implement a comprehensive continuum of care in our existing communities
- Develop a family planning initiative
- Improve training in emergency obstetrical care for clinic staff in charge of reproductive health
- Develop and deliver efficacy trainings for Community Health Associations (ASACOs)
- Refocus efforts on the first 1,000 days of life (from conception to age 2), the most critical period of child development
- Develop a water, sanitation & hygiene initiative
## Statement of Activities

<table>
<thead>
<tr>
<th>Source</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and Family Foundations</td>
<td>$172,598</td>
<td>$216,158</td>
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<tr>
<td>Foundations &amp; Corporations</td>
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<td>218,720</td>
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<tr>
<td>Gifts-in-kind, Interest, &amp; Other Income</td>
<td>14,282</td>
<td>813</td>
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<tr>
<td><strong>Total Public Revenue &amp; Support</strong></td>
<td><strong>$622,799</strong></td>
<td><strong>$435,691</strong></td>
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<table>
<thead>
<tr>
<th>Program</th>
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<tr>
<td>Program Services</td>
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<td>Management &amp; General</td>
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<tr>
<td>Fundraising</td>
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<td><strong>Total Expenses &amp; Losses</strong></td>
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<td><strong>$367,307</strong></td>
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<td>Increase in Net Assets</td>
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<td>$68,400</td>
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<td>Net Assets, Beginning of Year</td>
<td>420,887</td>
<td>352,487</td>
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<tr>
<td><strong>Net Assets, End of Year</strong></td>
<td><strong>$340,103</strong></td>
<td><strong>$420,887</strong></td>
</tr>
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</table>

## Revenue by Source
- Individual Donors: 4%
- Foundation Grants: 68%
- Family Foundations: 3%
- Corporations: 1%
- In-Kind: 1%
- Other Income: 24%

## Expense by Program
- Action for Health: 38%
- Quality Improvement: 25%
- Savings for Health: 6%
- Health System Strengthening: 4%
- Advocacy: 8%
- General Programs: 19%
- Program Services: 6%
- Management & General: 5%
- Fundraising: 89%
OUR STAFF

Erin Kitchell  Executive Director
Mariam Fofana Diallo  National Director
Dr. Diakaridia Traore  Deputy Director & Medical Advisor
N’Diaye Bathily  Quality Improvement Coach
Baba Bayoko  Program Assistant (Quality Improvement)
Oumar Coulibaly  Administrative Assistant
Yuki Davis  mHealth Coordinator
Awa Tounkara Diarra  Finance & Administration Coordinator
Dramane Diarra  Public Affairs & Communications Coordinator

Gaoussou Doumbia  Community Empowerment Coordinator
Ina Enatsu  Partnerships & Impact Fellow
Stephen Muse  US Operations Director
Alassane Niare  Monitoring & Evaluation Coordinator
Mariam Sidibe  Program Assistant (Health Savings)
Lamine Sogoba  Quality Improvement Coach
Abdou Toure  Program Assistant (Communications & Advocacy)
Aïssata Toure  Program Assistant (SHARE)
Djibril Traore  Program Assistant (Action for Health), Interpersonal Communication Officer

OUR CHWs

Adama Iro  •  Aminata Diarra  •  Founé
Coulibaly  •  Jeanne Kamaté  •  Ramata Traoré
•  Aminata Camara  •  Bïrama Keïta  •  Fatoumata Touré  •  Kadiatou Cissè
Adiaratou Kanté  •  Aïchata Sidibé  •  Cheibou Sangaré  •  Kadiatou Doumbia  •  Aminata Doumbia  •  Bolly Lucienne Cissoko  •  Fatoumata Kanté  •  Sirimana Françoise
Sissoko  •  Agaichou Maïga  •  Ami Keïta  •  Djeneba Coulibaly  •  Fanta Goïta  •  Francis Baya  •  Gouanse Traoré  •  Ibrahim Kanti
Sissoko  •  Kadiatou Savañé  •  Malick Yalcoué  •  Mariam Ballo  •  Moustapha Togola
Oumou Camara  •  Oumou Togola  •  Sanata Sissoko  •  Sidi Fane  •  Sokona Coulibaly  •  Adiaratou Tangara  •  Assoumou Touré
Brehima Tangara  •  Djeneba Coulibaly  •  Djeneba Maïga  •  Addis Dakouo  •  Aminata Koumaré  •  Fatoumata Bangoura
Souleymane Konaté  •  Safiatou Sandoko  •  Amidou Coulibaly  •  Issa Cissè  •  Sien Diarra
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In 2015, you did the impossible.

In a country where 1 in 26 women dies during pregnancy and 1 in 8 children will not reach age 5, you showed the world that change is possible.

You gave children access to doctors for the very first time.

You empowered women to start small businesses and learn to manage their own money.

You gave doctors the tools they need to provide every family with the quality care they deserve.

And because of you, we have not lost one mother or child in over two years.

You have saved lives, and you've proven that change is possible. Thank you for being our inspiration and for bringing hope to so many people.
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