

Monitoring of nutrition activities in Mali Salutary innovation in the circle of Kayes

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Abstract

Introduction: In the Kayes region, the prevalence of malnutrition in the health district of Kayes has been fluctuating over the past five years (from 2017 to 2021). From 14.2% of global acute malnutrition in 2017, it has decreased to 5.6% in 2020 and will reach 11.5% in 2021[1]. Given that it is impossible to monitor the execution of the commitments of the various actors and the implementation of activities and the achievement of objectives in 54 health areas due to the lack of adequate resources, it is essential to implement local monitoring by involving local authorities. It is within this framework that in 2021, the Nutrition Officer of the Kayes Health District (RND) requested the involvement of the sub-prefect of the Ambidedi district to organize local monitoring by inviting the mayors of the district's communes, the DTC (Technical Director of the Center) of the CS Com (Community Health Center) to review the achievements of the nutrition activities and the mobilization of financial resources by the ASACOs and mayors.

General objective: To share the experience of the Kayes health district in terms of local monitoring of nutrition activities.

Methodology: To report the process to nutrition actors around the world.

Results: Four local monitoring meetings were organized in two districts. Nearly two million CFA francs were mobilized to finance the holding of the meetings, the motivation of the GSANs and CHWs. The lessons learned show that local meetings help boost local leadership, resource mobilization, program effectiveness, efficient resource management, etc.

Conclusion: The initiative of local monitoring of nutrition activities is a salutary innovation that strengthens the community anchorage of financing and monitoring of nutrition activities. We should think about improving the initiative by extending it to the monitoring of other health center activities.

Keywords: Nutrition, monitoring of activities, PCIMA, Kayes, GSAN, Funding.

1. Introduction

The Kayes health district is the most populous in the Kayes region with 766,367 inhabitants in 2022. To date, it covers 54 acute malnutrition management units (moderate and severe cases) in 54 community health centers. Additionally, there are 40 community health worker sites in operation.

Within the region, the prevalence of malnutrition in the health district of Kayes has fluctuated over the past five years (from 2017 to 2021). From 14.2% of global acute malnutrition in 2017, it has decreased to 5.6% in 2020 to reach 11.5% in 2021[1].

In terms of nutrition, the health district of Kayes has most staff trained in the various aspects of care and services relating to ANJE (Infant and Young Child Feeding), the protocol of integrated management of acute malnutrition (PCIMA), preventive surveillance of children (SPE). In 2018, the PCIMA Surge approach was implemented. Also, from 2021 to 2022; 176 GSAN (Groups of Support to Nutrition Activities) have been set up in villages and neighborhoods of health areas.

The implementation of the PCIMA Surge approach and the GSAN approach has been supported by commitments from local authorities (mayors) and community leaders (ASACO presidents (Community Health Association), village chiefs, and community leaders).

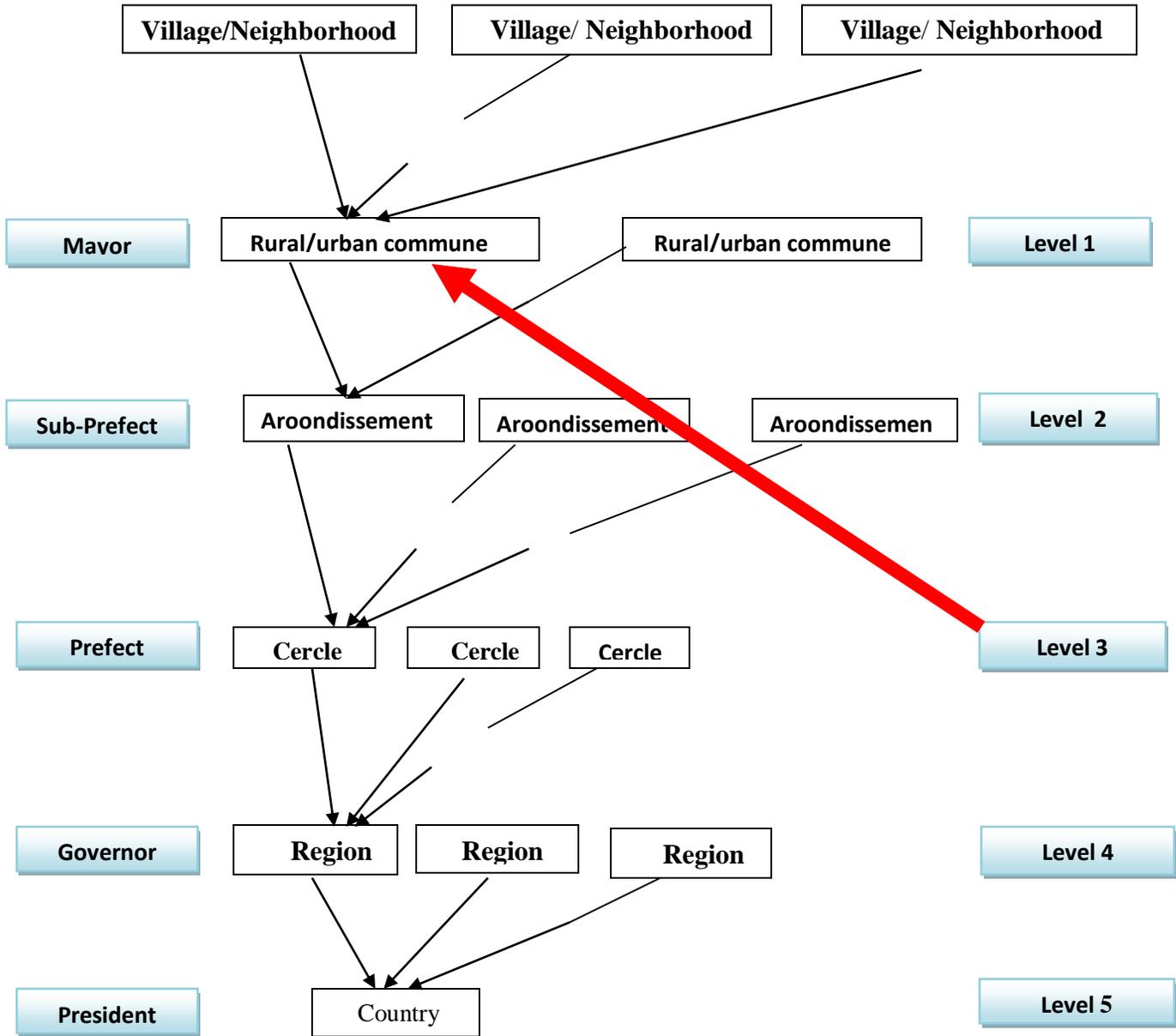
Additionally, the district is regularly supported by local partners and by UN entities in the field through the financing of the reinforcement of providers' skills, supervision missions of malnutrition management activities in the health centers, supervision of the GSAN, activities of the CHWs (community health agents), of the EPI (expanded program on immunization), and the coordination meetings at the district level

Given that it is impossible to monitor the execution of commitments and the implementation of activities and the attainment of objectives in the 54 health areas due to the lack of adequate resources, it appeared essential to introduce local monitoring by involving the authorities. It is within this framework that in 2021, the District Nutrition Officer (RND) requested the involvement of the sub-prefect of the Ambidedi district to organize a local follow-up by inviting the mayors of the communes of the district, the DTC (Technical Director of the Center) of the CSCoM (Community Health Center) to review the achievements of the nutrition activities and the mobilization of financial resources by the ASACOs and mayors. The success of this meeting led the RND to propose the same scheme to the person in charge of another district. This allowed another local follow-up in the Segala district.

This work describes the mechanism used to organize the local monitoring meetings and highlights the contributions and difficulties related to these meetings. This way of doing things, which is an innovation, is brought to the attention of nutrition actors at different levels so that it can be improved or scaled up to contribute significantly to the fight against under nutrition.

2. Description of the organization of the territorial administration in Mali. (Figure 1)

Figure 1: administrative organization of the territory in Mali



The organization of the administration of the territory in Mali refers to several levels: village or district, commune, arrondissement, circle, and region. Schematically, the links between these different levels are as follows:

- Level 1: Several villages or neighborhoods form a commune managed by a communal council chaired by a mayor;
- Level 2: Several communes form an arrondissement, headed by a sub-prefect;
- Level 3: Several arrondissements form a circle whose head is the prefect;
- Level 4: Several circles form a region whose head is the governor;
- Level 5: Several regions form the country and the president is in charge.

Until the initiative of a local follow-up meeting involving the mayor and sub-prefect, nutrition activities were characterized by the implementation of nutrition activities at level 1 by level 3 with little or no involvement of level 2 and the mayor, let alone an appropriation for sustainability. At level 1, we have **the mayors** who are authorizers of expenditure and responsible for decentralized areas. At level 2 we have the sub-prefects who are the representatives of the State. Level 3 actors (i.e., the health district management team) who intervened at level 1 were confronted with the recurrence of no follow-up to the recommendations that sanctioned their various missions. The presence of decision-makers was generally lacking. To remedy this phenomenon, the idea of involving the sub-prefects/prefect in the various nutrition activities was tested with the result that the decision-makers (the president of the ASACO and mayor) participated in the follow-up missions to provide the necessary support to solve the problems identified. This involvement was especially achieved with the implementation of the PCIMA Surge approach where the said decision-makers having been involved in all implementation processes contributed to the financing of nutrition activities to the tune of more than eight million after eleven months of implementation, and more than twenty-eight million in 2020 with specifically more than nine million in nutrition activities after two years of implementation. In 2022, during a workshop on the follow-up of the CSCoM under the Surge approach, they committed themselves to finance certain activities to the tune of nearly 42 million for the 30 CSCoM that was under the said approach. The involvement of the sub-prefects was identified as a lesson learned and a good practice. Thus, these actors were involved in the implementation and monitoring of the GSAN in the villages. This was again a success overall. To better use the leadership of the sub-prefects and mayors, the idea of a semi-annual local follow-up of the nutrition activities in the districts was proposed to some of them by the RND. Thus, the trial cost was a masterstroke.

3. Situation before the local monitoring meetings of nutrition activities

Different community actors have committed themselves to the health district of Kayes during the advocacy for nutrition. These commitments were made through the implementation of the PCIMA Surge approach, the multisectoral platform for the fight against malnutrition, and the setting of the GSANs.

The PCIMA Surge approach is an approach that allows reinforces the resilience of the health system to face malnutrition peaks through participatory planning. The implementation of the

PCIMA approach requires the analysis of trends and risks, the determination of gaps in the health center, the setting of thresholds about the center's capacities, the identification of actions to be deployed in the event of reaching critical phases, the determination of the costs of said actions, the plan for the deployment or cessation of the surge actions, etc. For the financing of the identified actions, the mayors of the communes to which the State has delegated health management in the commune and presidents of the ASACOs which are the project owners of the health services participate in the implementation process in the CS Com. They commit that if the critical phase is reached, they will participate in the financing of the actions according to the plan.

The GSAN strategy is a strategy promoted by the State. It consists in implementing certain activities in the sense of the thousand-day approach. Within the framework of the implementation of the GSAN, the process starts with advocacy at the district level that sees the participation of the sub-prefects, mayors of the communes, presidents of ASACO, partners of the proximity of nutrition, etc. During this meeting, the details of the approach are exposed, insisting on the roles of the different actors for the functioning of the future GSAN. Also, a community dialog is organized at the commune level to inform local leaders (village chief, women's leader, youth leader, religious leaders, and traditional birth attendants) and determine their responsibilities for the functioning of the future GSAN. At this level, commitments are collected. Then, the selection of the members of the SNAGs and their training by the DTC follow.

The multisectoral platform for the fight against malnutrition is a framework created to strengthen actions to fight malnutrition in the circle through the involvement of the different State services, civil society organizations, professional orders and health associations, mayors, sub-prefects, the prefect and the president of the circle council. It is chaired by the prefect and managed by a select committee. Its meetings are held every six months during which commitments to fight malnutrition are made and monitored. The platform innovated in 2021 with the development of a multisectoral project providing for establishing 5 fish ponds in 5 communes through the project carried by it. The same applies to the opening of 5 Guéra goat parks, 5 market gardens, support for establishing multisectoral communal platforms, monitoring of GSAN, etc.

This various coordination or monitoring meeting frameworks for nutrition activities only occurred sporadically and generally at the district level under the funding of a local partner (NGO). In no case were they locally initiated and funded. This posed the problem of sustainability and regularity.

4. Implementation mechanism of the local meeting for the follow-up of nutrition activities

Faced with great difficulties in monitoring and coordinating nutrition activities at the local level due to various limitations, particularly financial; RND expected a local monitoring mechanism by putting the mayors and presidents of ASACOs in the forefront within a self-financing framework.

The entry point was the sub-prefect of the Ambidedi district, who was particularly committed to the cause of nutrition in the district through his sub-prefect. The idea was to invite to a meeting all the mayors of the five communes that make up the arrondissement, the presidents of the ASACOs of the five CS Com under PCIMA Surge as well as their DTCs. The said sub-prefect accepted the idea and so the participants were invited.

The meeting occurred in the sub-prefect's office and each DTC was invited to report on the implementation of nutrition activities. The activities evaluated concerned the number of nutritional demonstration sessions, the quarterly active wasting screening campaigns in the health areas, the number of IEC (Information, Education, Communication) sessions, the number of malnourished people put in the care program, the rate of recovery, abandonment, and death in the program, the difficulties encountered, and the shares of funding from the ASACO and the town hall. After the DTC presentation, the president of the ASACO concerned or the mayor of the commune concerned could take the floor for additions or clarifications. Also, other participants could ask questions or make comments or contributions.

The framework made it possible to discuss the problems identified, share experiences, and promote the financing of nutrition activities.

At the end of the meeting, a commune was chosen to host the next meeting (the commune of Faleme, whose capital is in Diboli).

In the mechanism described, the sub-prefect played an important role because he can mobilize the mayors, whereas this would have been difficult for another mayor since there is no hierarchical link between them. Secondly, he is the representative of the State. It would have been difficult, if not impossible, to organize the meeting without the involvement of the sub-prefect. Also, during the meeting, the sub-prefect presided over the debate.

A report of the meeting was drawn up, taking stock of the commitments made by the participants.

To date, four semi-annual meetings have been held in the districts of Ambidedi (Ambidedi Post and Diboli) and Segala (Koniakary and Marintoumania). Two others are planned in the districts of Segala (Niamiga) and Ambidedi (Ambidedi Koré) during the rest of 2022.

5. An overview of the monitoring meetings conducted

5.1. Meetings in the Ambidedi district

5.1.1. Meeting in Ambidedi Poste (chief town of the Kerikafo commune and the district)

The Ambidedi district includes the rural communes of Kemetambo, Falemé, Tafacirga, Keri Kafo, Sony, and the urban commune of Fégui. In this arrondissement, there are 9 health areas (Territory dedicated to a community health center with a given population for the implementation of health services) in which 9 health centers offer primary health care. Additionally, there are several secondary health centers.

Since the surge approach was not extended to all the health centers, as well as the GSAN approach, the Ambidedi meeting concerned only the health centers of the following: Dramané, Ambidedi Koré, Goussela, Tafacirga, and Diboli.

After submitting the idea of the meeting to the sub-prefect of Ambidedi, he approached the mayors of the communes concerned using the approach and agreed on a date. The mayors were asked to inform the presidents of the ASACOs. The RND informed the DTCs specifying the data to be presented at the meeting.

At the meeting, three mayors, all the DTCs or their deputies, and all the ASACO presidents or representatives were present, in addition to the sub-prefect and RND.

In the beginning, the sub-prefect, after the usual greetings, emphasized the eminent interest of the follow-up of nutrition activities concerning its harmful consequences on the development of the child, his intelligence as well as on the development of the community. Then, each DTC or representative presented the data on the nutrition activities as well as the difficulties encountered.

In total, in the health areas, the PCIMA performance indicators for the semester were within the sphere norm. In all CS Com, the problem of mobilizing resources to finance the activities existed. Some Com HAs had started and then stopped funding planned activities, while others pointed to the lack of support from the town halls.

The search for a solution was the subject of a frank debate between the participants, leading to commitments by the heads of the Com HAs and the town halls to strengthen the financing of nutrition activities. The ultimate was that the meeting allowed to establish the debate between the decision-makers of the same district, and even better, between those of the same commune.

The catering (coffee break, meal break) of the participants was taken care of by the sub-prefect. He also offered the sum of one hundred thousand CFA francs to support the nutritional demonstration activities by the GSAN in the five health areas.

After three hours of discussion, the meeting ended with words of thanks and encouragement from the sub-prefect. And the mayor of the commune of Falemé offered to organize the next local meeting in Diboli, which should occur in 6 months.

During the meeting, RND's role was to facilitate and analyze the data by drawing the participants' attention to specific points.

5.1.2. Diboli meeting

Six months after the Ambidedi meeting, the sub-prefect recalled the mayor of the commune of Falemé (Diboli chief town) to choose a date for the Diboli stage. As part of this meeting, the sub-prefect chose to improve the framework by initiating the awarding of prizes to the best GSAN in the health areas of the district. And on himself, he had taken fifty thousand francs to motivate these GSAN. In doing so, the RND suggested buying fabric to make vests to improve the

visibility of GSAN, strengthen their sense of belonging to a group through a vest uniform, and count on the remanence of the motivation that comes from wearing the vest.

On the scheduled date, the meeting was held at the town hall and the participants were

- The sub-prefect of the district of Ambidedi;
- The mayors of the communes of Falemé and Kerikafo;
- The representative of Mayor Kemeni Tambo;
- The presidents or representatives of the management bodies of five health centers;
- The chiefs of the villages where the GSANs have been set up as well as the leaders of these GSANs (25 villages were involved);
- The technical directors of five centers or their representatives
- The district nutrition officer;

A total of 65 people attended this meeting.

The presentations focused on the nutrition activities carried out in the health areas, namely the number of nutritional demonstration sessions, IEC (Information, Education, Communication), the realization of screening campaigns for acute malnutrition, the holding of monthly meetings between the DTC, ASACO and community actors, the achievement of the different phases within the framework of the implementation, the realization of the biannual monitoring, the supervision of the activities of the GSANs and ASCs (community health agent), the contributions of the ASACO and the town hall, the success stories.

The results were as follows: The meeting made it possible to

The meeting allowed us to sensitize all the participants to malnutrition, its causes, and its consequences. It was a moment of pleas to the authorities present to get more involved in the fight against malnutrition through the mobilization of local resources for the financing and sustainability of nutrition activities. The issue of motivation of the members of the GSAN was discussed and explained and examples were given. The RND indicated some inexpensive types of motivation that are quite important to maintain the group's dynamics. These included

- Publicly congratulate the GSANs during large gatherings in the village for their efforts in favor of the health of the population; also congratulate them in private;
- Ask for a monthly report on the activities carried out by the GSAN;
- Mobilize financial or material resources from household heads to provide demonstration inputs and other incentives to GSAN members;
- Support GSAN members during social events (baptism, wedding, funeral, etc.).

Review the activities carried out during the period: the different DTCs presented the activities carried out, the difficulties encountered and the resources mobilized by the ASACOs and the town halls.

Obtain the commitment of the town halls and ASACOs to finance the activities planned within the framework of the PCIMA Surge approach and the supervision of the GSANs and ASCs in the

health areas. Indeed, the mayor of Diboli, the host commune, committed to financing the ASACO's action plan in favor of nutrition. This commitment has been honored because 1 million CFA francs have been made available to ASACO which has been conducting regular nutrition activities since the beginning of 2022.

Motivating the best GSANs by health area: in fact, the sub-prefect of Ambidedi made available the sum of 50,000 FCFA to motivate the GSANs. Under the advice of the RND, vests were made for the best GSAN of the health areas of the district. Indeed, the latter proposed an evaluation framework for the performance of the GSAN. This allowed the DTCs to select the best GSAN in their health areas. Ten vests were awarded to each winning GSAN. The beneficiaries were visibly pleased.

Some success stories were also reported: the adherence of mothers to the practice of exclusive breastfeeding, and the increase in attendance of the prenatal consultation service in some health areas. The sensitization of two village chiefs who refused to get involved in the activities of their GSAN (by mobilizing inputs for malnutrition screening) and who finally became involved after the intervention of the sub-prefect was considered a success story.

5.2. Meetings in the Segala district

5.2.1. Meeting in Koniakary

The first meeting of the Segala district occurred in the urban commune of Koniakary, financed by ASACO.

At this meeting, only the DTCs, mayors, presidents of ASACOs or representatives, and the sub-prefect of Segala were invited. The activities carried out by the health areas were reviewed with open and direct debate on the difficulties encountered by the technicians in the implementation of the activities. Note that coffee and lunch breaks were provided by ASACO.

The results obtained were as follows:

Advocacy for nutrition;

- Review of nutrition activities and identification of difficulties;

- The commitments of the mayors: the mayor of Marintoumania committed himself to grant the ASACO of his CSCom 100,000 CFA francs; the representative of the mayor of the commune of Marena committed himself to support the three health centers of his area with 50,000 CFA francs per center. While the mayor of Marintoumania has done so, the mayor of Marena has not yet honored the commitment. The mayor of Marintoumania, who is in charge of the intercommunity office, approached the mayor of Segala after the meeting to finance nutrition activities. The sub-prefect presided over the said meeting. The mayor of Segala committed at this meeting to grant 50,000 CFA francs per health center in his commune (three centers) for a total of 150,000 CFA francs. This commitment was honored.

5.2.2. Meeting in Marintoumania

This second follow-up meeting in the Segala district, like the one in Diboli, was also remarkable. The participants in the meeting were the sub-prefect, the mayors of the communes of Koniakary and Marintoumania, the mayor in charge of health in Marena, the village chiefs or representatives of 5 villages with ANHGs in the Marintoumania health area, the representatives of the 5 ANHGs in Marintoumania, some members of the ASACO and the mayor's office.

The results observed were the following:

- Advocacy in favor of nutrition by emphasizing the roles of village chiefs and community leaders for the sustainability of GSAN activities;
- Review of nutrition activities in the health area and identification of difficulties;
- Commitment of the health and administrative authorities to redouble their efforts to improve nutrition indicators and local monitoring;
- Success stories: some CS Com has reported success in the adherence of mothers to the practice of breastfeeding, the improvement of immunization and prenatal consultation indicators, and the success of the advanced strategies through the involvement of the GSAN in the mobilization of these activities.

Another fact that can be considered a success is the plea made by the mayor of the commune of Koniakary, the president of the solidarity fund for the referral and evacuation of parturients and newborns, to his fellow mayors present and the presidents of the ASACOs. The ASACO of Marintoumania agreed to pay 150,000 CFA francs out of the annual 250,000 CFA francs.

6. The main points of the local meeting on the follow-up of nutrition activities

- Strengthening advocacy for nutrition and health services: a presentation was made on malnutrition and its consequences on the development of children, the economic development of villages and communes; the roles and responsibilities of the different actors, and the strategies and policies deployed by the State to deal with the scourge.
- Boosting local leadership: until now, nutrition activities were usually initiated and perfused by local partners who often implemented projects that were not in phase with the needs felt by certain key actors. The local meeting allows the key leaders (presidents of the ASACOs who manage the implementation of health care in the health area; the mayors who are responsible for health at the commune level; the sub-prefect who represents the State in the district, the RND, the DTC, the village chiefs, the members of GSAN and the CHWs) to meet on their initiative, to review the achievements in nutrition in favor of their population, to identify the gaps and solutions to the difficulties encountered. Through these meetings, the leaders become aware of their duties and work to achieve them; this energizes local leadership.
- Promote the mobilization of local resources for the financing of nutrition and health: all the meetings were financed by financial resources mobilized either by the ASACO, the town hall, or the sub-prefect. This mainly concerns the cost of catering, sugary drinks, and water. The transport costs, it is the responsibility of the participants, often the ASACO or the town hall. For the sustainability of these meetings, it would be necessary for the ASACOs to foresee their

organization in their operational plans and the town halls in their communal economic and social development plans.

- Promote collaboration between the community health centers in the health areas;
- Promote the collective management of problems;
- Promote the sharing of experiences;
- Contribute to the improvement of the regular monitoring of the Asc and GSAN
- Motivate the community actors: During 3 meetings out of 4, the members of the GSAN were motivated:

In Ambidedi, the sub-prefect granted 100,000 CFA francs to support nutritional demonstrations in the areas where the GSANs were set up;

In Diboli, the sub-prefect granted 50,000 CFA francs to motivate the GSAN. This sum was used to make vests for the best GSANs per health area;

In Marintoumania: the mayor granted one vest per GSAN member for the GSAN of the commune, i.e. 50 vests;

In Koniakary: the ASACO paid for 50 vests for the GSAN of the health area.

Community activities carried out voluntarily cannot succeed without regular and local motivation.

- Effectiveness and efficiency: This framework is not only effective as we have seen in the cases presented, but it is also efficient. For if the same activities were to be financed by the usual NGO mechanism, each meeting conducted would have a cost that would approach or exceed 1 million CFA francs. The cost was therefore shared between the host (catering) and the participants (transportation costs). This allows for sustainability.

7. Difficulties with local follow-up meetings of nutrition activities

- Lack of automatism in the organization of meetings: Indeed, for each meeting, the suggestion of RND was the trigger. It would be better to guide the local leaders to organize the meetings independently and regularly. In this way, sustainability would be achieved.

- The recent absence of some mayors: this is a major difficulty since the evolution of the initiative should lead each commune to organize the meeting within its boundaries and then to take stock of the activities at the level of the district meeting. The solution would therefore be to have the first phase of the follow-up in the communes and then a second phase at the district level. This would encourage the mayors to take ownership of nutrition and health issues.

8. Lessons Learned

- A strong local leadership facilitates the follow-up of nutrition activities and allows the mobilization of resources;
- There is a possibility of financing community activities by the town halls and the ComHAs;

- There is a possibility of extending the monitoring to the other elements of the minimum package of activities. Here, it would be better to require CSCoM to conduct the semi-annual monitoring. Then all the CSCoM, the mayors of the communes, the district, and other actors will meet at the district meeting under the chairmanship of the sub-prefect for the monitoring of health activities.

9. Perspectives

- Advocate with the prefect to decide in favor of the organization of semi-annual monitoring meetings of health activities at the level of the health areas and districts;
- Transform the meeting for monitoring nutrition activities into a meeting for monitoring the minimum package of activities through semi-annual monitoring;
- Promote the establishment and monitoring of the multisectoral platform for the fight against malnutrition;
- Extend the meeting to all the districts of the circle.

Conclusion

The local monitoring of nutrition activities mobilizing local decision-makers is a good initiative that has enabled the mobilization of financial resources in favor of nutrition, strengthening advocacy and improving performance indicators. It needs to be improved by extending the monitoring to the whole package of CSCoM activities. The integration of this activity in the planning of the communes and health centers should be ensured for the sustainability of the activity.

Acknowledgments

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Bibliography

1. Retrospective National Nutritional Anthropometric and Mortality Survey following the SMART methodology, Mali 2017. 10th edition. P131.
2. National Nutritional Anthropometric and Mortality Retrospective Survey in December Mali 2021. 11th edition. P164.