

**Report on IMCC Partner Identification visit to Bamako, Mali.
January 12th – 19th 2008**



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Abbreviation list

APS	Amicale Pour la Promotion de la Santé
ASACO	(A political association to promote health in Mali)
ASDAP	L'Association de Soutien au Développement des Activités de Population
BADS	National? NGO working with health
BF	Børnefonden
C-IMCI	Community based Integrated Management of Childhood Illnesses
CBO	Community Based Organisation
CEDPA	?
CFA	Communauté Financière Africaine Francs (currency in Mali)
CIDA	French for AIDS but when talking of donors Canadian International Development Agency
CREDOS	(National institution working on health and research)
CSCOM	Centre de Santé Communautaire (health centre at community level)
CSREF	Centre de Santé de Référence (hospital at prefect (district) level)
DHA	District Health Administration
DUF	Dansk Ungdoms Fællesråd
EDSM IV	Enquête démographique et de Santé au Mali IV (Health Survey Mali 2006)
FELASCOM	(National? NGO working with health)
GA	General Assembly
GRAAP	(National institution working with HIV/AIDS)
HC	Health Centre
HCMC	Health Centre Managing Committee
IMCC	International Medical Cooperation Committee
INSRP	(National NGO working on health and research)
ITN	Insecticide treated bed nets
NEDA	(Netherlands's parallel to Danida)
ONG	Organisation Non Gouvernementale
PA	Public Announcement system
PH	Public Health
PLA	Participatory Learning and Action
PSEP	Strategy of Eradication of Poverty
SLIS	Système Local d'Informations Sanitaires
SWOC(/T)	Strengths, Weaknesses, Opportunities and Constraints(/Threats)
TBA	Traditional Birth Attendant
USAID	United States AID development agency
VCT	Voluntary Counselling and Testing

Introduction

Motivation

A subgroup of IMCC Denmark, known as IMCC Mali, have for the last year worked towards identifying an area to start a new IMCC Uland Project. Mali was selected and the group have had meetings with consultants from Børnefonden and DUF in Denmark.

IMCC Ghana was approached to conduct a Partner Identification Visit to Bamako, Mali, to meet with proposed partners for a pilot programme to be undertaken in the summer of 2008.

Mission

Several meetings had been arranged by the IMCC Mali group in Denmark, and our mission was to attend these meetings to; 1) gather information about the prospective partners selected by IMCC Mali (particularly ASDAP and APS). 2) gather information about the Malian health system and health status of Mali, specifically concerning the Sikasso Region. 3) If possible identify and meet with any local associations or NGOs that could become the focus or partners of the pilot programme and a future IMCC Uland project in Mali.

Outline of visit

We departed from Ghana on January 12th and arrived in Bamako on the 13th. During the 13th to the 16th we met with Børnefonden, ASDAP, ASP and visited health centres at Sénou (peri-urban) and Keleya (rural). At Keleya we met with the Health Centre Management Committee and the committee in charge of an anti-malaria project funded by the Swedish Barnfonden. Both committees consisted of members from civil society. At Keleya we also met a well functioning woman association, that had created a sustainable credit union and ventures that eased the daily lives of the women.

A detailed schedule can be found in Annex 1. *Outline of activities during partner identification visit to Mali January 2008.*

Description of report and annexed documents

This report contains brief descriptions of our findings from the meetings and visits and recommendations on how to undertake the proposed pilot project in the summer 2008. There are several annexed documents. A list can be found at the end of this report. This report gives an overview and we have allowed ourselves to write some subjective observations here. All the information we were able to get during our few days in Bamako has been captured in the annexed documents.

Facts about health in Mali

What is presented here is the output of the meetings held during our visit. We have asked all the units we have met to send us any reports they can find about the health status of Mali and Sikasso Region to us by e-mail. Information from these reports has not been included here. For more information see

- Annex 11. *Système Local d'Informations Sanitaires 2005.pdf*
 - Yearly Report 2005 from the Ministry of Health. In French.
- Annex 7. Power point presentation on *Résultats préliminaires EDS Mali 2006.ppt*

- Part of the presentation ASDAP gave IMCC about the health situation in Mali. In French.
- Annex 8. Power point presentation on Prodess II – composante Santé.ppt
 - Part of the presentation ASDAP gave IMCC about the health situation in Mali. In French.

Hopefully we will receive more reports subsequently which will be forwarded to IMCC Mali.

Structure of health system¹

Under the Ministry of Health there are eight regional hospitals in the eight regions. Under these hospitals there are district Health Centres (HC) in the 49 prefects (districts), manned by 1-3 medical doctors and other staff depending on the size of the prefects. The hospital administration is also the district health administration. In each prefect there are a number of communes (ca. 709 in total) consisting of a number of villages in close vicinity to each other. The official target is to have community health centres (CSCOMs) in all 709 communes all within a distance of 15 km's of each other. Larger communes will have more than one community HC. This target is not yet reached.

The community health centres are manned by public health nurses, midwives, pharmacists. The HCs can perform VCT and with Quick-Test test for malaria parasites in blood. All services cost money for the patients. At all HCs have a *membership scheme*, where community members can pay 1000 CFA per year and receive discounts to services at the HC.

Ideally there is a Health Aid Volunteer in each community corresponding to one for every 35 households in the community. However the success of the volunteer program is absolutely dependant on the presence of a well functioning HC management committee.

A community health centre committee consisting of elected members of the community and officials such as the Mayor and School Headmaster manages the health centre. Apparently there is a great degree of difference in how well the health centre committees function. We were told that generally the committees in the rural areas function better than in the peri-urban and urban areas. Presumably it has something to do with the degree of closeness to the community, in the sense that in small communities where everyone knows everyone, it is easier for the population to make demands to the committee and this serves as positive motivation for the committee members.

Mali Health survey carried out in 2006²

- Fecundity 6,6
- Contraceptive use 6%
- Infant mortality ~ 96 per 1000 live births (decreasing)
- Child mortality (1-4 years) ~ 105 per 1000 live births
- Prenatal attendance 70% (less in rural than urban areas)
- Births assisted by health personnel 49% (less in rural than urban areas)
- Children received full immunisation program 48%
- Proportion of children under 5 with:
 - Fever 18%
 - Diarrhoea 13%
 - Upper respiratory infection 6%

¹ Annex 2. Minutes from meeting with André Sinamenye, Børnefondens January 13th.doc, Annex 3. Minutes from meeting with André Sinamenye, Børnefondens, January 14th.doc, Annex 10. Minutes from meeting at Sénou Health Centre, Bamako.doc, Annex 20. Minutes from visit to Børnefondens Centre 707, Keleya, January 16th

² Annex 5. Minutes from meeting with ASDAP

HIV/AIDS

We received different figures from the different sources we asked. The HIV prevalence in Mali was in the survey from 2006 reported to be 1,3% (Women 1,5%, men 1% and highest in urban areas)³. The results from the Mali Health Survey ASDAP presented to us reported a prevalence in Sikasso at 0,7%.

Børnefonden⁴

Børnefonden (BF) Mali runs programs in a number of “centres” in three regions of Mali. A sponsored child receives money to cover educational expenses and all medical costs for the whole family are covered by BF. All communities in the centres benefit, whether their children are sponsored or not, by improvements to school facilities, health facilities and other initiatives such as the support to women credit unions. All the activities have a strong foundation in civil society due to the establishment of *parent committees* in the communities that plan and authorise any activities that are carried out. The committees have the final say in all expenditures and there is full financial transparency.



Børnefonden collaborates with or have good relations to many organisations such as ASDAP and public research institutions such as INRSP and CREDOS.

ASDAP⁵



We had a comprehensive meeting with ASDAP at their main office in Bamako on January 15th and visited a Health Clinic in Sénou with ASDAP personnel and completed the partnership identification form for ASDAP with the help of Dr. Ousmane from ASDAP.

ASDAP is a NGO with its main office in Bamako that work mainly with reproductive health and youth. They have very good facilities, including conference halls and an internet café. They also run a STI clinic at their head office.

ASDAP has a very strong executive board and among its staff it has five medical doctors. The

organisation runs a number of programs with support from and in partnership with many large organisations such as USAID, UNFPA, the Ministry of Health in Mali and many more. Some changes and additions to national health policies have been based on results from ASDAP programs.

³ Annex 7. Power point presentation on Résultats préliminaires EDS Mali 2006

⁴ Annex 2. Minutes from meeting with André Sinamenye, Børnefonden January 13th.doc, Annex 3. Minutes from meeting with André Sinamenye, Børnefonden, January 14th

⁵ Annex 5. Minutes from meeting with ASDAP.doc, Annex 9. Partner identification form ASDAP

ASDAP works with smaller associations at the local community level and conduct capacity building trainings for other NGOs. They also promote C-IMCI at community and household level in several prefects and created peer-educator clubs, community youth listening and discussion groups centred around HIV/AIDS.

Visit to Sénou Health Centre⁶

With ASDAP we visited a peri-urban health centre. The health centre committee was not functioning at the health centre and a result of this was a non-functioning Health Volunteer system. Both these problems were also said to be connected to the fact that many of the community members worked in Bamako and would travel early in the morning and return late in the evening, leaving no spare time to do voluntary work.



APS⁷

APS was the main focus of the visit to Mali. We had a very pleasant 8 hour meeting with four board members of APS at facilities at the Faculty of Health at the University in Bamako.

APS is a young association (founded November 2005) open to medical students and doctors. (The founders themselves will soon be doctors themselves).



The board of six is made up of the founders. The general assembly is all students at the faculty who approximately four times a year are invited to meetings to discuss APS's activities and volunteer their time to help carry out the same activities. 50-150 students usually turn up.

APS has a strong partnership with a Swiss Medical Student association, with which they arrange exchange visits and practical clinical periods. Students from Switzerland who come to Mali also take part in the development projects APS undertake. Funding to the projects comes from the Swiss Medical Student Association

who sells Malian art crafts at fundraising events in Switzerland. They also receive funding and items for the Health Clinics and computers to the Faculty of Medicine from Swiss doctors, hospitals and the Swiss Army.

APS's development focus is on information, education and sensitisation in the rural communities in partnership with the community health centres. Their main areas of interest are malaria, HIV, malnutrition, female genital mutilation and to encourage people to go to the official health system if they are sick. They have a number of success stories and are very motivated.

Upon conducting a SWOC/T analysis, the board members were honest and self critical and identified a number of organisational threats and system constraints that could result in the deterioration of APS and inhibit its work. The most important weakness of the organisation is the

⁶ Annex 10. Minutes from meeting at Sénou Health Centre, Bamako

⁷ Annex 14. Minutes from meeting with APS January 15th.doc, Annex 15. Partner identification form APS.doc, Annex 16. Organisational assessment form APS.doc

fact that all members of the board will become doctors within the next year (or few years). These are the first generation of board members. They express the wish to stay within the organisation, but yet it is a challenge for APS to survive to the next generation. However they also had considered strategies on how to deal with these problems. For example they are in the process of recruiting and training a number of young medical students who can eventually be a part of the executive board and take over from the current members when they become full fledged doctors. The current board has a strong will for APS grow and remain.

We asked APS to fill out the Organisational Assesment Format supplied as Appendix 1 from *How to Asses NGO Capacity*, (Stein-Erik Kruse, Oslo 1999). We had received this manual from the IMCC Mali group and assumed that this would be useful for the future work of the Mali group. We have attached the results as *Annex 16. Organisational assesment form APS*.

PLA Pilot project

The four members of the board of APS all seemed to understand the PLA approach and all found the goals of ASP and IMCC to be compatible. They expressed a strong motivation to work with IMCC, and had already formulated some thoughts on the prospects of long term collaboration on a development project. They assured us that they could find at least 10-15 volunteers who would like to work with IMCC during August/September, and were comfortable with the fact that no financial compensation could be paid to the volunteers. All the work they do is voluntary. They told us that due to



problems at the faculty and recent conflicts between the medical student union and the University/Government the lesson plans and holiday plans have not been made public by the Faculty of Medicine, so they were not sure exactly when the students would be on holiday and have time to participate in the pilot project. Hopefully it would be August/September, but they did not know if the exam dates would be pushed back. The dates would be set within the next two months. This has direct implications toward setting up the pilot project, because it has to be planned so it can be moved to a later date (perhaps two weeks) if the exam dates are set later than usual. If this means the project would have to be undertaken when the Danish IMCC Mali group's semester starts, a solution will have to be found.

Børnefonden Centre 707, Keleya, Sikasso Region

On the 16th we visited Børnefonden Centre 707 in Keleya, Sikasso region.⁸ Here we visited a school built by Børnefonden, the Børnefonden Centre administration, the Health Centre in Keleya and a woman association. At the Health Centre we had a meeting with the Swedish Barnfonden Anti-Malaria project committee and the Health Centre Managing Committee.

⁸ Annex 20. Minutes from visit to Børnefonden Centre 707, Keleya, January 16th

The Børnefonden Centre

The coverage area of the Børnefonden Centre is divided into sectors. A parents committee is functioning in each sector. The committees have the final say in BF expenditures. Most projects are initiated by the committees and all have to be approved by both the committee and Børnefonden. There is complete financial transparency.

Børnefonden have constructed Health Huts in seven communities around Keleya. A health mother or guide mother is attached to a health hut in a community. They are volunteers that help the Health Centre staff when conducting nutritional surveillance and immunisations.

Two Health Huts have been built by the official health system in the two communities that are furthest away from the Health Centre. A TBA (Matron) trained by the Health Centre and Børnefonden assist women in delivering there.

The Health Centre and it's Managing committee



Keleya is the largest community in a commune of 23 villages (or communities within a number of villages). In total Keleya Health Clinic covers approximately 23,000 persons. The HIV/AIDS situation in the commune is not known. The HC has the capacity to do VCT but there is a lot of stigmatisation and people do not want to attend VCT.

The Health Centre Managing Committee is the institution that manages the HC. It consists of 19 members of which a number are elected from the 23 communities and

some are officials like the Mayor and School Headmaster. Votes are cast by representatives from the 23 communities. Tenure of office is five years. Gender distribution is not known, but most members present at the meeting were male, yet the president is female.

The committee meets every three months. There is complete financial transparency and the committee members themselves feel that the committee is functioning well. It was remarked that the people in the communities know the importance of a well functioning HC and often confront the committee members with questions and demands about the HC. The committee could not identify any areas where they needed improvement as a committee. However they knew of many things that needed improvement at the HC.

The Barnfonden anti-malaria project

The Swedish sister organisation to Børnefonden, Barnfonden, have supported a community based anti-malaria project since 2006. As the Health Centre Management committee the project is run by a committee of people from the communities in the commune. The committee reported that they worked well, there was full financial transparency and they recorded a big success with a huge drop in advanced malaria cases at the clinic since the implementation of the project. Now they were thinking about targeting the high incidence of diarrhoea as it is the second largest cause of admittance to the HC.

The woman association



A woman association created 10 years ago now own a grinding mill and several other ventures that allow the association to get financial income to start other projects that can help the women in their daily lives and strengthen the communities. It is a large association of 90 women who meet once a month to discuss their ventures and other things. There is openness and full financial transparency. Børnefonden are planning to help the women start a mutual health insurance fund within their organisation.

National NGOs, Local NGOs and associations

We have tried to collect the names of any local organisations and associations based in Sikasso Region and have also included other larger NGOs we heard about. Our knowledge of the organisations below is very sketchy, so please use the list as a starting point to search for more information.

- Project National Lutte Contre le CIDA – National project to fight against HIV/AIDS
- Women associations in many communities
 - Mutual Health Insurance Schemes
 - Run credit unions such as the association in Keleya
- GRAAP – NGO in Bamako with group in Selengue that works together with the district hospital to sensitise about HIV/AIDS
- Associations for Medical Students from specific area. For example Village Association of Medical Students from Mopti. It is like that a group from Sikasso exists. APS will know more about this.
- Synergie de CD4 – an association formed by some the members of ASP before the formation of ASP. The purpose is to sensitise and advocate on the importance of VCT.
- Keleya Health Centre Area: Association des femmes, ASACO, Le Comité de Coordination du Projet Palu – NGOs named by ASDAP as working in Keleya, Sikasso.
- FELASCOM – An NGO working in Selengue. ASDAP have listed them in an email.
- An official register of CBOs/NGOs exists and is managed by Territorial Administration and local community Minister, but it is said to be too expensive for NGOs to actually register.
- www.malipages.com/ccaong - an organisation that keeps a registre of NGOs. Might be the same as the one managed by Territorial Administration and local community Minister.
- A coalition of NGOs exists, Groupe Pivot/Santé Population. ASDAP is a member of the board of this coalition. It differs between Association and NGO status. Associations sign up though récépissé (recognition sheet) and NGOs have cooperative agreement with Malian government.

Discussion and recommendations

Concerning the pilot project

Partners

We are confident APS will be a trustworthy and reliable partner. They are very motivated and have experience in operating in the rural setting. They appear organised and are used to work with westerners (The Swiss Medical Students). If IMCC Mali wishes to extend the collaboration with APS to a future project it is also important to be aware (and support) that the responsibility for the APS is passed on to the younger generation. ASDAP is a strong association in its own right, and should probably not be the focus of the pilot project, but could play a role in a future project, since they have capacity, authority and knowledge in many aspects relevant to IMCC.

Time planning

Due to the fact that APS cannot at this point know when they would have summer holiday and therefore could participate in a pilot project, it is important for the IMCC Mali group to make flexible plans and find out if they would be able to go to Mali as late as September or if this would clash with their own studies. APS promised us that they would let IMCC Mali know when they knew the dates. It is advisable to send them an email to confirm.

When conducting the pilot project we would suggest that IMCC Mali plan for 3-5 days to search for and meet the local associations and organisations already identified and possibly find more. This would provide IMCC Mali and APS a choice of who to conduct the PLA with and also serve for information as to where to focus a possible future long term project.

If time permits it we also recommend that IMCC Mali set up meetings with the large organisations such as USAID and UNICEF, to gather information and generally just get to know the people working with development in Mali. It is surprisingly easy to get support and help from other organisations so developing rapport with “colleagues” is very important and can also be a lot of fun.

Transport

As traffic in Bamako is very hectic it is advisable not to drive there yourself unless you are a very experienced driver. The most ideal situation is for IMCC Mali to rent a 4x4 car for the whole stay and an additional one or two for transport to and from the PLA site in the rural area when going with ASP. It could also be possible to rent a bus. André from Børnefonden will most likely be able to find a company that is safe and reliable. August and September at the height of the rainy season and we were told that 4x4 was necessary to ensure that travel to the rural area could be done, if going to areas that do not have tarred roads.

Operating on a tight time schedule means that we do not advise to rely on public transport, especially not in the rainy season.

Budgeting

When searching for prices for airline tickets, take into account that prices will go up the closer you come to the departure date. Presumably there are not many flights to Bamako, so tickets may be hard to get when you approach the departure date.

List of Annexes

1. Outline of activities during partner identification visit to Mali January 2008
2. Minutes from meeting with André Sinamenye, Børnefonden January 13th
3. Minutes from meeting with André Sinamenye, Børnefonden, January 14th
4. Agenda visite IMCC a ASDAP
5. Minutes from meeting with ASDAP
6. Power point presentation on ASDAP
7. Power point presentation on Résultats préliminaires EDS Mali 2006
8. Power point presentation on Prodess II – composante Santé
9. Partner identification form ASDAP
10. Minutes from meeting at Sénou Health Centre, Bamako
11. Système Local d'Informations Sanitaires 2005
12. Convention, ASDAP, 2004
13. ASDAP information pamphlet
14. Minutes from meeting with APS January 15th
15. Partner identification form APS
16. Organisational assessment form APS
17. Mail from IMCC to APS January 15th 2008
18. Email from APS to IMCC January 16th 2008
19. Minutes from dinner meeting with André Sinamenye, Børnefonden January 15th
20. Minutes from visit to Børnefonden Centre 707, Keleya, January 16th
21. Generelle indtryk fra Mali
22. Tanker, forslag, råd i forbindelse med Maliprojektet
23. Contacts Mali