

Mali's Community Health Workers

- ▶ Access to a health worker is something that we all take for granted. But if you live in Mali, where there are just **0.8 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

World Vision in Mali

World Vision reaches almost **two million lives** (1,880,922) in Mali. Within World Vision's coverage areas, there are an estimated **94,046** children under the age of five, **32,563** pregnant women, and **220,281** women of childbearing age.

This is where World Vision's **community health workers** in Mali create their impact.

▶ WHY MALI?

Living in a rural area of Mali can be deadly, especially for a pregnant mother or very young child, and much of Mali is rural. While CHWs are essential to community health in many countries, the need for CHWs to reach hard-to-reach populations is especially vital in Mali. As the eighth-largest country in Africa, Mali is home to many unreached communities and a diverse population demographic including nomadic peoples. Mali also faces insecurity issues in many areas, particularly the northern regions, which affect uptake of health services and people's ability to travel and move. With over 60,000 people internally displaced in Mali, 2.7 million people facing food insecurity, and 700,000 children under five affected by severe to moderate acute malnutrition, CHWs play a critical role for women, children, and families in Mali.

Over half of Mali's population lives in rural areas (61%), and Mali is a **global health workforce crisis country**: For every 10,000 people, there are only 0.8 doctors and 4.3 nurses and midwives (WHO, 2014). Additionally, 130,000 Malians are living with HIV/AIDS and 18,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Mali—such as during a difficult labour, infection, or when a newborn has a high fever—there may not be one. Only 58.6% of all births in Mali are attended by a skilled health worker of any kind, a reality that contributes to Mali's high child mortality rate: for every 1,000 live births in Mali, 114.7 children will die before they reach their fifth birthday (WHO, 2015). In addition to the shortage of health workers at all levels, Mali's health infrastructure has been weakened by conflict, internal displacement, and recent food crises, resulting in further difficulties for many Malians to seek care.



A PORTRAIT: MALI'S COMMUNITY HEALTH WORKERS

Today, World Vision supports 17 community health workers in 1 ADP of 35 ADPs in Mali. (October 2015). CHW programming is relatively new to Mali. First a pilot by UNICEF and USAID, nation-wide CHW programming was intended to scale up and be supported by community government.

Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

As a result of national funding issues, however, coordinated CHW programming across Mali is not as functional as planned. Only in regions where community governments can afford to pay CHWs are the programs are functional. There are two levels of CHWs in Mali: volunteers ("Relais") who help mobilize the community for events, assist with nutrition programming, etc. and CHWs ("Agents de santé") who are trained via government curriculum and paid a salary. World Vision Mali supports CHWs through joint training, transport, per diem and small incentives such as tee shirts. WVM is currently supporting only a small part of the paid CHWs in one of World Vision's grant programs.

CHW Activities supported by World Vision Mali

Infant and young child feeding, breastfeeding support, deworming, PD Hearth, Integrated Community Case Management (iCCM), family planning and Healthy Timing and Spacing of Pregnancy (HTSP), Community-Based Integrated Management of Childhood Illness (c-IMCI), health promotion/behavior change counseling, essential newborn care, Community Management of Acute Malnutrition (CMAM) support, Growth monitoring of children, WASH.



CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – partially operational
- ☑ National policy of 1 CHW per 1500 people
- ☑ World Vision predominantly supports CHW programmes by technical assistance and capacity building
- ☑ 2 of 35 ADPs in Mali currently have health staff
- ☑ TTC planned for implementation in 2016
- ☑ mHealth capacity

EVIDENCE FOR IMPACT

In 2007, the Canadian International Development Agency (CIDA) provided \$105 million (2007-2012) to UNICEF to implement a project known as the Catalytic Initiative to accelerate progress towards the health-related Millennium Development Goals (MDGs) to save a million lives. Through this project, UNICEF worked with 6 developing country governments (Ethiopia, Ghana, Mali, Malawi, Mozambique, and Niger) to save 200,000 lives through developing capacity, equipping and deploying grassroots community health workers. The final evaluation of the program, published in 2014, found that the programme was effective in expanding community-based health care for pregnant women and children through deployment of CHWs, but availability of CHWs needs to be improved. Additionally, the programme found large improvements in both ORS coverage and the proportion of children under five sleeping under an ITN during the programme period (Beseda et al, 2014).

WHAT'S NEXT?

World Vision Mali does not have a formal plan for CHW programming expansion as funding is not currently available. Some ADPs support CHWs in areas where they are functional, but there is significant opportunity for growth in this area. Future grants would support an increase in the number of ADPs that could have CHW programming with trained and paid CHWs. Cost per site (with 1 CHW per site and population of 1500) per annum is calculated at \$2,675 (2012) for community mobilisation, equipment, supervision, salary, training, and materials renewal.

CURRENT FUNDING AND MAJOR GRANTS

There are currently no grants funding World Vision-supported CHWs in Mali.

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