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Mali: Traditional Knowledge and the Reduction of Maternal and Infant Mortality

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Maternal and infant mortality remains very high in Mali, despite the technical, organizational and financial efforts made by the Ministry of Health and donors during the last ten years. The data available from the three EDS are eloquent in this respect: infant mortality, which was 108 ‰ (EDS I, 1982-1987), reached 123 ‰ (EDS II, 1996) to freeze at 113 ‰ (EDS III, 2001); maternal mortality rose from 577 deaths out of 100.000 births (EDS II, 1996) to 582 (EDS III, 2001).

The retraining of Traditional Birth Attendants (TBAs)

From the 1980s, many attempts at " retraining " TBAs and the matrons were supported by WHO, UNICEF, UNFPA and other bilateral and multilateral cooperation agencies, as a temporary measure, pending the training of more health professionals who could take charge of childbirth assistance functions. The results obtained from these various programmes fell short of expectations for many reasons, including the following :

- the real "representativeness" of the TBAs trained: often the selection of these women was made without taking into account some important socio-cultural criteria (age, number of children, involvement of traditional authorities, etc.)
- the training methodology, which was often unidirectional, did not always take into account the experience of the TBAs nor existing traditional knowledge;
- the performance of the modern health facilities: often, a woman in distress referred to the peripheral health centre, or even to the District health facility, could not always find the expected satisfactory solution;

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- the absence of an efficient and accessible transportation system; and
- the high cost of surgical operations, where these services were available: there was no system of cost-sharing to help pay for the costs of evacuations .

TBAs and obstetrical emergencies

The experiment that the authors carried out concerns the " information and organization of the TBAs for the management of obstetrical emergencies " while taking into account their traditional role and experience. While this is not a novelty per se, it was carried out in a new context with a different methodology and different approaches.

During these past years, all over Mali, tremendous efforts have been made to set up a system of management of obstetrical emergencies: within this framework, the Referral Health Centres (CSRéf) and the Community Health Centres (CSCom) were strengthened through the allocation of adequate human and technical resources: surgical team, operating theatre suite, ambulance, RAC telecommunication network. In addition, a cost-sharing system allows for a joint financing of medical evacuation and surgical operation charges.

In this new context, the analysis of the various evaluations conducted shows that access to this system still remains very short of expectations. The objective was therefore to valorize the traditional knowledge in the context of the monitoring of pregnancies and delivery assistance.

The activities were carried out in a context characterized by the following features:

- a weak rate of utilization in the CSComs of mother and child care services in general, and of delivery services in particular, due not only to obstacles related to economics and accessibility, but also cultural and traditional obstacles;
- the existence, in all villages, of a traditional system of childbirth management of centred around the TBAs, who had been practicing this function long before the creation of Health Centres and who enjoy the respect and trust of the village community;
- the unpredictable nature of the occurrence of a childbirth, the isolation of some villages and the difficulties of transportation, which cause many women of those villages located far away from the CSCom to deliver their babies at home, even if they wished to deliver at the maternity of the Health Centre;
- the existence in the Districts of an organization of Traditional Healers (of which the TBAs are full members) who are starting to organize themselves and who are generally open to collaboration with the modern health care services; and
- the existence in the districts of an operational and accessible system of management of obstetrical emergencies, and the absolute need to have the greatest possible number of women take advantage of it.

It is on the basis of these observations that it was considered possible and useful to try to develop a close collaboration between the traditional system of assistance to pregnancy and childbirth, of which the TBAs are the protagonists, and the modern system of management of obstetrical emergencies. The main goal of this collaboration would be to de-

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tect critical cases and to refer them in time. In addition, it should be recognized that there is a very significant role that the TBAs can play in breaking the cultural barriers of access to modern health care and from which the CSComs matrons could benefit.

This mainly meant involving the TBAs more by valorizing their knowledge and know-how and their traditional role in the villages to break the communication barriers between the women in distress and the CSComs and to thus allow more equitable and greater access to the obstetrical emergencies management system.

Methodology and approaches

It is obvious that in order to implement these activities and achieve the goals set out, the definition of a methodology to be followed is, in this case more than ever, a very delicate and sensitive issue. While the valorization referred to earlier is important at all meeting occasions, this is especially so during the training sessions.

The training referred to is not training or retraining of the classical type, during which the trainers try to transmit elements of knowledge and know-how to the participants. Rather, it is to facilitate an intercultural exchange during which the experience, competencies and even certainties of all parties are studied and valorized, but also, if necessary, put to debate. To this effect, the methodology that can be recommended is open-mindedness, mutual respect, the courage of every one to call him/herself into question, the willingness of all to listen and learn, the recognition by all of their own limits: i.e. trying to hold a frank and egalitarian discussion to find realistic solutions to problems. The use of the principle of dynamic exchanges can help in the analysis of actual critical and concrete cases and in the identification of positive and efficient behaviours to face up to such situations.

The experiments carried out in the District of Kolokani

This methodology and these approaches were experimented with in the District of Kolokani (Koulikoro Region) which was one of the first Districts in Mali to set up the obstetrical emergencies management system. These activities were first undertaken in the Massantola Health intervention area (1999) and, in the following year, in the Sébécoro I, Ouolodo and Nonsombougou (2000) Health intervention areas (*Terra Nuova* decentralized cooperation Project / University of Turin – Italy). These health intervention areas were selected because of their lack of referral/evacuation facilities for obstetrical emergencies.

The activities were undertaken by the socio-medical team of the District Health Centre, with the support of a consultant in gender issues and traditional medicine and of another consultant in traditional medicine and community health. The objective was especially to:

- inform the TBAs on the operation and modes of access to the obstetrical emergencies management system and to record their experiences and suggestions;
- identify any critical obstetrical alert signs and their equivalents in traditional know-how, and determine the appropriate behaviour;
- set up a village network for monitoring and quick referral of critical obstetrical cases, by promoting collaboration between the traditional and modern health care systems;
- recognize the role of TBAs in the management of normal childbirth under hygienic conditions in the village and to provide them with the necessary information and basic equipment;
- develop an intercultural dialogue between the TBAs and the matrons for the preservation of mother and child health, by determining their respective roles; and
- develop and put in place appropriate instruments for monitoring, evaluation and impact data collection.

The first results remain convincing, even if the lack of funding prevented an adequate monitoring of the activities and a careful evaluation of their impact. In the year which followed the TBAs information and organization workshops, compared to the previous year, the rate of prenatal consultations in the four health intervention areas rose on average, from 53 percent to 58.9 percent, the rate of assisted deliveries went from 40.4 percent to 54.65 percent and the rate of referred and evacuated cases went from 64.85 percent to 110.40 percent. In other health intervention areas (Didjeni, Toussana and Sabougou) where this activity was not undertaken, but which, at the beginning, had satisfactory rates of referral/evacuation, during the same periods, the rate of

prenatal consultations fell on average, from 64.57 percent to 58.47 percent and the rate of assisted deliveries fell from 51.8 percent to 47.7 percent. Nevertheless, it should be noted that the rate of referred and evacuated cases rose from 125.93 percent to 185.67 percent.

The activities carried out in the District of Kadiolo

The same approach was used in the Loulouni health intervention area, District of Kadiolo, Sikasso Region (2001), as part of a programme of valorization of the resources of traditional medicine implemented in collaboration by Intercooperation (Programme for the Sustainable Management of Natural Resources *Jåkasi)* and IUED (Mali Swiss Socio-medical Support Programme), with support from the Office of Coordination of Swiss Cooperation in Mali.

The first data available are also very significant: the data from the Health Information System concerning the first quarter of 2002, compared to the first quarter of 2001, show that TBA-assisted deliveries increased by 66.6 percent, the number of women referred and evacuated increased by 150 percent. For the same period, one also notes a 44.6 percent increase in the deliveries performed by CSCom; on the other hand, prenatal consultations decreased by 19.2 percent.

An assisted self-evaluation workshop conducted in July 2002 made it possible to capitalize on these achievements and to correct the identified weaknesses. Indeed, the data from the third quarter of 2002, compared to those of the third quarter of 2001, show that TBA- assisted deliveries increased by 360 percent, and the number of evacuated women increased by 100 percent. The deliveries performed at CSCom increased by 9.1 percent.

For the first time, during the same period, prenatal consultations increased by 95.3 percent: this result was achieved through the active involvement of the TBAs in the outreach strategy implemented at the village level. Referred cases from the CSCom to the CSRéf decreased by 60 percent: this can be explained by better management, at the CSCom level, of the complicated cases referred in time by the TBAs.

The problem now is, therefore, to be able to capitalize on the experience gained, to disseminate the results achieved and to set up a monitoring/evaluation system which would allow on one hand, for the validation of the methodology and approaches used, and on the other hand, the extension of the activity to other areas of Mali. The authors hope to participate in the definition of a national strategy for the control of maternal and infant mortality by taking into account, *inter alia*, the traditional knowledge available on the subject.

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