



Aidemet Ong

Aid to the Development of the Traditional Medicine

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Traditional Midwives and Reduction of the Maternal and Child Mortality.

The maternal and child mortality remains in Mali very high, in spite of the technical, organizational and financial efforts allowed from the Ministry of the Health and from its technical and financial partners, during the ten last years. The data of the three available Demographic and Sanitary Investigations (EDS) are, to this aim, edifying: the child mortality that was of 108 ‰ (EDS I, 1982-1987), reached 123 ‰ (EDS II, 1996), to stop on 113 ‰ (EDS III, 2001); the maternal mortality goes from 577 maternal deaths on 100.000 births (EDS II, 1996) to 582 (EDS III, 2001).

In these last years, nearly everywhere in Mali a great effort has been allowed for the organization of a first-aid system for the obstetrical emergencies: in this context, the Health Centers of Reference (CSRéf) and the Centers of Community Health (CSCoM) have been strengthened, through the improvement of human and technical resources: surgical teams,



Photo n° 1: Traditional Midwives of Sebekoro (Kolokani).

operating block, ambulance, communication network by RAC. Besides, a sharing system of the costs allows to take a joint and solidly responsibility of the expenses for the evacuation and the surgical intervention. Recently, the decision concerning the free-of-charge carrying out of the caesarian section has subsequently loosed the financial charge for the women in danger.

In this situation, the analysis of the different available evaluations shows that the access to this system still stays below the expectations. Our goal has always been to participate in the diminution of

the maternal and child mortality through the valorization of the local knowledge related to the follow-on of the pregnancy and to the assistance to the birth.

Therefore, from 1999 we have realized some experiences concerning the information and the organization of the Traditional Midwives (TM) about the first-aid system for the obstetrical emergencies, keeping in account their roles and abilities. This has not been exactly a new

experience, but the action was placed in a new framework with different methodology and approaches.

The idea was to develop a close collaboration among the traditional systems of assistance to the pregnancy and the birth, of which the TMs are the protagonists, and the modern system of first-aid to the obstetrical emergencies. The principal purpose of this collaboration is to identify and to evacuate in good time the critical cases. Moreover, it is important to recognize that there is a very important role that the TMs can play for breaking the cultural difficulties of access to the services of modern health; to this purpose, there are certainly some aspects on which the TMs can usefully exchange with the matrons of the CSComs.

It mainly deal with a mostly implication the TMs, valorizing their knowledge and ability, and their role in the villages, to break the barriers of communication among the women in danger and the CSComs and so, to allow a more equitable and increased access to the first-aid system for the obstetrical emergencies.

It is basic to underline that it isn't a question of a classical formation or updating, during which the trainers try to transmit some elements of knowledge and ability to the participants, but of facilitating an intercultural exchange among the actors of the two medicines, during which the experiences, the competencies and also the certainties of all of them are studied and valorized, but also, if necessary, discussed. It is important that an open and fruitful exchange can be realized; for this, the methodology that we have used is always the broad-mindedness, the mutual respect, the courage of all to put ourselves in discussion, the availability of all to listen and to learn, the admission from everybody of his own limits: that is to say that it is a question of trying to develop a sincere discussion on equal terms to find some realistic solutions to some dramatic problems.

This methodology and these approaches were experimented in the District of Kolokani, Region of Koulikoro that is one of the first Districts in Mali to put in work the first-aid system for the obstetrical emergencies. The activities have been conducted at first in the health area of Massantola (1999) and, the following year, in the Health Areas of Sebecoro I, Ouolodo and Nonsombougou (2000) (Project of Decentralized Cooperation *Terra Nuova*/University of Turin-Italy). The areas were selected in relation to the deficit of referred or evacuated cases of obstetrical emergencies. The same methodology was used in the health areas of Loulouni (2001), District of Kadiolo, Region of Sikasso, with the support of the Swiss Cooperation, and in the health area of Mory, District of Bandiagara (2002), with the support of the Italian Cooperation/*Terra Nuova*. Thanks to the Program Local Knowledge of the World Bank, we can realize, always in the District of Kolokani, the impact evaluation in the Health Areas of Massantola, Sébécoro I, Ouolodo, and Nonsombougou (2003), and a new intervention in the Health Areas of Kolokani Central, Didiéni, Nonkon et Ségué (2004). Always with the support of the Swiss Cooperation, we intervened again in the District of Kadiolo, in Dioumaténé and Zégoua (2005).

Activities have always been conducted in collaboration with the socio-sanitary team of the District Center of Health. The role of *Aidemet* Ong, with the support of an advisor on gender and intercultural communication, and of an advisor in traditional medicine and community health, consisted to facilitate the communication. It was, above all, a question of:

- ✓ Informing the TMs on the working method and the access formalities of the first-aid system for the obstetrical emergencies and of gathering their experiences and suggestions;
- ✓ Identifying the critical signs of obstetrical alarm and their correspondences at traditional level and defining some consequent behaviors;
- ✓ Carrying out in the villages a net of monitoring and fast reference of the critical obstetrical cases, creating a close collaboration among the traditional and modern systems of health;

- ✓ Recognizing the role of the TMs in the assistance to the normal deliveries under hygienic conditions at the village, and supplying the necessary information and materials;
- ✓ Developing an intercultural dialogue between the TMs and the matrons for the safeguard of the maternal and child health, determining the role of all of them;
- ✓ Elaborating and carrying out the adequate tools of monitoring, evaluation and gathering of the impact data.

From 2005, we added a form that allows to put in evidence the delivery difficulties linked up with the practice of the Female Genital Mutilations.

The used materials were:

- ✓ *Didactic supports*: a brochure on the cases to be referred and/or to evacuate; a brochure on the hygienic delivery, a mannequin and a box with images for the demonstration on the consequences of the MGF.



Photo n° 2 : Images box on MGF.

- ✓ *Kit for the hygienic delivery*: Bleach, alcohol, soap, blades, gloves, thread, ophthalmic ointment, etc. in a small bucket in plastics.
- ✓ *Notebook and pens* for the recording of the data. *A folder in plastics* to keep the different documents.

The results in the areas of health where activities have been conducted and followed are very encouraging. Therefore, the actual problem is to be able to capitalize the acquired experiences, to spread the reached results and to carry out a system of monitoring/evaluation allowing to validate the used methodology and approaches. We hope so to participate in the definition of a national strategy of struggle against the maternal and child mortality keeping in account, among other things, the local knowledge.

Therefore, we look for technical and financial partners to be able to assure the extension of the activity to other zones of Mali.

The total cost of a workshop of formation and organization of the TMs in an area of health is of around 1.000.000 F CFA or 1.525 Euros.

The cost of a workshop of assisted auto-evaluation, which should be realized among six months and one year from the initial formation, is of around 350.000 F CFA or 535 Euros.

Text compiled by Dr Rokia Sanogo, President de Aidemet Ong

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