



Projet HURAPRIM – WP8

Traditional Birth Attendants and management of obstetric emergencies in Sikasso and Kolokani Districts, Mali, West Africa.

The participation of *Aidemet* NGO in the collaborative project “Human Resources for Health in Africa” (HURAPRIM), funded by UE, derives from the commitment in the strengthening of local health systems by an organized and evaluated collaboration between the traditional and modern systems of health care. The project brings together: 6 committed African partners, 5 universities and 1 non-profit organization, *Aidemet* NGO, from different parts of the continent, and 3 experienced European universities. The HURAPRIM project gives to *Aidemet* NGO the opportunity to test his approach on the field and to assess its effectiveness over time facing up the priority problems of public health, like maternal and neonatal mortality.

According to the preliminary data of Demographic and Health Survey V – 2012/2013 [1], excluding the Northern Regions of Mali, the risk of child mortality in Mali is valued at 58 ‰: 35 ‰ for neonatal mortality and 23 ‰ for the post-neonatal mortality. The ratio of juvenile mortality is estimated at 42 ‰. Overall, the risk of dying before the age of 5 years is 98 ‰ for all five regions of the South, namely Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako district. In other



Photo n° 1 : Animation of TBAs Workshop in Massantola

(TBAs), may be considered as human resources for the Primary Health Care at the village level, while creating bridges between traditional and modern systems of health care [3]”.

words, about one in ten children dies before reaching the age of 5 years

Prof. Rokia Sanogo, President of *Aidemet* NGO: “*Our ambition is to help in building an African vision of community health in the context of the discussions on the revitalization of primary health care that have developed on the occasion of the 30th anniversary of Alma Ata [2]. Our objective was to ensure that the traditional healers, and particularly the Traditional Birth Attendants*

A study published in 2013 [4], concerning the impact of training traditional birth attendants on maternal mortality and morbidity in Sub-Saharan African countries, confirms strongly the *Aidemet* NGO assumptions and methodology, and underlines the importance of TBAs in sub-Sahara Africa, that for years has been denied by african professional western trained, health practitioners, and other scientists. Trained TBAs can have positive impact on reducing maternal and new-born mortality if the programme is well implemented with systematic follow-up after training. This could be done through joint meetings between health workers and TBAs as feed and learning experience from problem

encountered in process of providing child delivery services. TBAs can help to break socio-cultural barriers on intervention on reproductive health programmes. However projects targeting TBAs should not be of hit and run; but gradually familiarize with the target group, build trust, transparency, and tolerance, willing to learn and creating a better relationship with them. Some case studies, described in this article, show how trained TBAs can be fully utilized in reducing maternal and new-born mortality rate in rural areas. What is needed is to identify TBAs, map their distribution and train them on basic primary healthcare related to child deliveries and complications which need to be referred to conventional health facilities immediately.

So, the aim of *Aidemet* NGO's intervention was to improve and evaluate a model for collaboration between traditional and modern medical systems, by involving TBAs in the management of obstetric emergencies and in the promotion of low risk motherhood in two Health Areas in the Kolokani District (Koulikoro Region, Mali): Massantola and Sabougou, and in one Health area in the Sikasso District (Sikasso Region) : Finkolo AC.



Photo n° 2 : Group photo in Sabougou

Dr Sergio Giani, Programs Officer of

Aidemet NGO: *"We think that the involvement of TBAs can create bridges between traditional and modern systems of health care, and contribute to the reduction of maternal and neonatal mortality"*.

After the presentation of the research project to the health authorities of reference, the *Aidemet* NGO research team selected, in collaboration with local actors, about 45 TBAs in the three areas of health taken into account by the project. The selected TBAs participated in the organization and information



Photo n° 3 : Data collection and analysis in Finkolo AC

workshops on taking care of obstetric emergencies, organised from 6th to 21 July 2013.

Prof. Rokia Sanogo: *"It was indeed important to work with a good selection of TBAs, according to the definitions of Unicef, WHO and UNFPA, and of MOH of Mali: the TBA is a person who is known in the village to help new mothers during childbirth and whose competence comes from a family heirloom, from childbirth she*

carried herself or her learning with other TBAs. It is usually a middle-aged woman who has already given birth to many living children, and who is a member of the community where she serves. In the Malian villages, community thinks that a woman, who has not yet given birth herself, cannot attend the births of other women". [5, 6].

During the workshops, the *Aidemet* NGO research team facilitated the dialogue between TBAs and health personnel on the basis of concrete experiences of the ones or the others, so getting to draw together an integrated model to take charge of cases of obstetric risk in the village level, defining the roles and tasks of different local actors. Immediately after the workshop, started either the test of the model in the social practice, either the collection of data for assessing the efficiency and effectiveness of the model defined. Finally, according to the research protocol, the workshops of self-assisted evaluation were planned and implemented, in order to improve the model in a participatory manner and to evaluate its functionality and its impact.

Six months after the TBAs Workshops, in December 2013, the first data collected are encouraging: among the 42 TBAs participating in the project, 140 children were born, i.e. 78 girls and 62 boys. 73 women at risk were referred or evacuated by TBAs to CHCs. No maternal deaths were reported, but



Photo n° 4 : Delivery of certificates to TBAs

2 stillbirths and 1 perinatal death were deplored. In synergy with the team UdB/DMT, these cases are being investigated to determine whether they were preventable.

Dr Sergio Giani: *"In conclusion, we can say that an atmosphere of trust begins to settle between TBAs and health local staff. TBAs can recognize the risk cases and begin to develop the reflex of the reference and evacuation of risk cases. The first trends of data collected and analyzed seem to confirm the overall assessment of the health authorities and personnel about the appropriateness and effectiveness of the*

undertaking activities, as well as about the relevance of the methodology used. The TBAs, who saw the importance of their work recognized and valued, are committed enthusiastically to perform to the best of their abilities the tasks that have been entrusted to them. Better results will follow!"

Prof. Rokia Sanogo, Dr Sergio Giani, April 2014

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