



Aidemet Ong

Aid to the Development of the Traditional Medicine

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Decentralization, Community Health and Traditional Medicine.

In May 2003, at the end of an operational research on the valorization of the resources of the Traditional Medicine in Kadiolo District, one of the identified trails to follow was to develop, at local level, the dialogue among the associations of community health, the territorial collectivities and the actors of the traditional medicine to try to build a decentralized and participative sanitary planning that could take in account the concrete health problems locally lived by the populations and all the available resources to resolve them. Reference was made n° to the Decree 02-314/P-RM of June 04th 2002, fixing the Details of the Competences in matter of Health transferred by the State to the Territorial Collectivities at Municipality and District level. Therefore, the Office of the Swiss Cooperation of Bamako committed to *Aidemet* NGO the realization of a research-action (RA) on Decentralization, Community Health and Traditional Medicine. The activities were carried out from December 2004 to January 2006 in the Municipalities of Kadiolo, Dioumaténé and Zégoua of the region of Sikasso.

During the first phase, the principal care of the RA animation team was to develop the partnership in the town space, facilitating at the same time the communication and the shared reflection around the solution of the priority working problems of the health system, identified with the local actors. It was so used a pedagogic approach that consisted in the identification, the planning and the realization of concrete actions of change to support of the dynamic partnership.



Photo n° 1 : Group of women of Lofigué.

These actions were carried out by the local actors and valued inside the groups of reflection of the RA at Municipality level.

It can be useful to remember that we didn't deal with a classical process of strengthening of abilities, having for objective to support the Municipalities in the understanding of the health and social development problems and of their role and missions in the context of the decentralization, for a best elaboration of the town politics; but of an approach of research-action in which the mutual apprenticeship had to result from the participation to the shared

reflections and from the participant realization of actions concerted and valued.

The privileged approaches were the principles of dynamic exchange and intercultural communication, with a particular attention to the gender specificities. In every occasion, it was

fundamental to preserve an attitude to listening, to a participant reflection, to a sincere and open discussion, to the permanent restitution to the field actors, and to the self-criticism of the researchers.

The animation team of the RA thought that the transfer of the competences and resources in matter of health to the territorial collectivities should be also an opportunity for one in-depth reflection on health decentralization and community participation. Therefore, to the exclusive accompanying of the territorial collectivities it was preferred the accompanying of all the actors of the health in the town space, with the emphasis on the Municipalities, the Associations of Community Health, the Health Insurances, the groups of women and the traditional healers, so they can learn to communicate, to reflect and to act together.

In this animate and participant town space, the Municipality teams can and must to practice their leadership: it was thought that this process of accompanying would have to bring to the strengthening of their competences in matter of decentralization and socio-sanitary development and of their abilities of communication and negotiation. It was also important, at first, the construction, around the Municipality, of a democratic social fabric formed by the organized social actors, able to participate, to stimulate and to check the management of health. The radios of proximity had a very important role to play in this way.

Concerning to the actors of the traditional medicine, the RA team thought that it didn't only deal with acknowledging their presence in the town space. The priority was to build, at first, the channels of communication among the traditional healers and the Municipality, on a side, and the system of modern health, on the other side. The goal was to achieve the perception of the traditional medicine as a fundamental local resource in matter of the health, in the perspective of an organized and valued collaboration among the two medicines on the priority problems of health, for a lasting improvement of the health state of the populations.

Besides, the RA animation team didn't have any preconstituted knowledge to deliver to the ones and the others; he doesn't have for this sustained the role of external observer or trainer; on the contrary, he contributed, with his competencies and experiences, to the common reflection, with an attitude of listening and opening, what did not excluded the necessary critical distance.

At the end of this first phase, we can cite some concrete results:

- In Kadiolo, the dialogue established among the Municipality, the Association of Community Health, the Health Center of Reference and the traditional heads of the village allowed the start of the activities of the Community Center of Health in an autonomous building.
- The campaign of communication on the proximity radios of allowed to increase the attendance of the Central Community Center of Health and to decrease the publicity of the "Itinerant Therapists."



Photo n° 2: Women of Dioumaténé

- The women of Dioumaténé started to work their coffers of solidarity.
- In Zégoua, the process of opening of some Community Center of Health out sanitary plane was stopped and the actors are deciding about an alternative solution.
- A climate of trust starts to establish among the actors of the traditional medicine and the modern medicine.
- The dynamic partnership and the habit to the open discussion, to the consensual decision making and to the participant realization of the actions start to establish in the town spaces.
- The teachings carried from the first results of the RA are taken in account in the socio-sanitary planning of the Municipalities, of the District and of the Region.

Generally, we can also affirm that the RA allowed to *Aidemet* NGO to participate with a non marginal role to the political dialogue on the decentralization and the community health.

All the people met during the first phase of the RA underlined the importance of the job realized; they appreciated the used methodology and approaches. The local actors, also at level of the District and the Region, agreed with the opportunity of a second phase that can allow to consolidate, to spread and to capitalize the reached results and the carried from teachings. The



Photo n° 2 : RA reflection team in Kadiolo

goal was not only to participate in the consolidation of the experiences of the socio-sanitary and administrative decentralization, but also in the definition of a more efficient, effective, accessible and equitable system of community health.

The reflection on the second phase of the RA, which should set out in 2007, is in progress. In this framework, the idea is to keep on working on the dynamic partnership, and on the community participation, putting also the accent on the leadership of the Municipality teams. It will be a question, in this context, to choose some priority themes

of health, particularly the malaria and the maternal and neonatal mortality, which whether to mobilize the social actors in the town space, including the actors of the traditional medicine.

The accent will also have put on two transversal themes: the communication and the specificities of gender. It will be necessary, finally, to develop a in-depth reflection and to start the experimentation on the essential tools for the real exercise of the Municipality leadership, particularly a socio-sanitary system of information proper to the context of the decentralization and a local planning really participant and decentralized.

Text compiled by Dr Sergio Giani, Programs Officer of *Aidemet* Ong

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