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USAID Kenya Nieta (Household and Community Health)

CONTEXT

Mali has seen significant improvements in health over the past several decades, particularly in maternal and infant mortality. Maternal mortality fell from 582 maternal deaths per 100,000 live births in 2001 to 325 maternal deaths per 100,000 live births in 2018, and under-five mortality has decreased from 247 deaths per 100,000 live births in 1987 to 101 deaths per 100,000 live births in 2018. Yet maternal and child mortality rates remain high, despite recent progress led by Mali's multi-tiered health system.

ABOUT THE ACTIVITY

USAID Kenya Nieta improves integrated maternal, newborn, and child health, family planning/reproductive health, nutrition, water, sanitation, and hygiene (WASH), malaria, and immunization outcomes by partnering with the Ministry of Health and Social Development (MOHSD) to strengthen the ability of individuals, families, households, and communities to plan, finance, and manage their health in the target regions of Mopti, Segou, and Sikasso. This increases individual and household adoption of healthy behaviors and increases demand for and use of health services.

HEALTH FINANCING AND VILLAGE SOLIDARITY FUNDS

In collaboration with Village Health Committees, USAID Keneya Nieta helps to establish and strengthen village solidarity funds, to support transportation of pregnant women and children under age five to community health centers (CSCOMs). These funds also finance income-generating activities for health. In addition, USAID Keneya Nieta establishes and strengthens mechanisms to transport patients from villages to CSCOMs by mobilizing funds from the private sector and the diaspora and training Village Health Committees on fund planning and management.

HEALTH GOVERNANCE AT THE COMMUNITY LEVEL

USAID Keneya Nieta works with Village Health Committees to strengthen their governance capacity so they are able to fully assume ownership of community activities and carry out quality education and health promotion activities at the household level. The 4,000 USAID Keneya Nieta supported Village Health Committees are assisted monthly to plan, implement, and monitor activities and ensure sustainability and inclusivity.

COLLABORATION WITH LOCAL AND REGIONAL PARTNERS AND THE PRIVATE SECTOR

At the regional level, USAID Keneya Nieta coordinates activities with Regional Departments for Health, Social Development, Women's Welfare, Sanitation, and Control of Pollution and Nuisances, in parallel with its sister activity, USAID Keneya Sinsi Wale. Quarterly, USAID Keneya Nieta shares its approaches and tools with other stakeholders and provides opportunities for the joint supervision of project activities. The Activity participates in various regional, district and local planning and coordination meetings for improved synergy. USAID Keneya Nieta also developed a strategy to engage the private sector in making a lasting contribution to health financing at the community level. Operationally, community development agents support advocacy with the private sector and the diaspora to advance health financing.

DIGITALIZATION OF THE COMMUNITY REGISTER

USAID Keneya Nieta works with the MOHSD to integrate the community registry in the national health information system. Under the leadership of the General Directorate of Health, the registry is being digitalized on the Community Health Toolkit platform phone cell phones for real-time data collection in the implementation villages.

KEY ACHIEVEMENTS IN THE TWO FIRST YEARS

- **3,848** platforms (composed of nutrition support groups, village health committees (VHC), WASH, and village health solidarity committees) established and oriented on their roles and responsibilities
- **3,169** villages (79%) established health solidarity funds
- **230,449,006 FCFA** (334,185 USD) of funds mobilized by the village health solidarity funds
- **3855** people (1965 pregnant women and 1890 children aged 0 to 59 months) supported by the funds
- **1,832** villages (45.8%) established emergency transportation systems
- **706** people (402 women and 304 children aged 0 to 5 years) transported to health centers

- **More than 4.8 million** individuals reached with social and behavior change (SBC) messages
- On average, **475,757** children aged 6 to 59 months screened for malnutrition per month
- **51,168** children identified with malnutrition and treated
- **21,504** women received family planning counseling
- **303** community gardens supported for the promotion of moringa and amaranth cultivation

IMPLEMENTING PARTNERS

University Research Co. URC (Prime)
 EngenderHealth
 Interchurch Medical Assistance World Health
 Viamo via mobile
 Malian Association for Community
 Development (AMADECOM)

JIGI
 Yam Giribolo Tumo (Ya-G-Tu)
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