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## CASE STUDY

# Gender integration in quality improvement: Increasing access to health services for women in rural Mali

### Summary

Anemia is one of the leading contributors to infant and maternal mortality and morbidity in Mali. The causes of anemia are many and complex, but are influenced by social norms and cultural beliefs as well as lack of access to health and social services. It is in this context that USAID, through the USAID ASSIST Project in Mali, is supporting sites and communities in the Bougouni Health District in the Sikasso Region to reduce the incidence of anemia among pregnant women and children under five years old. This case study describes how addressing gender-related issues contributed to anemia prevention at the community level.

Community committees were formed, supported, and coached regularly to find ways to prevent anemia and get more pregnant women and children into care to address suspected anemia. After identifying and considering gender issues affecting anemia, community committees developed change ideas to address those issues and improve access to health care and land. The committees drew on members of women's groups as well as male health workers and community agents to conduct outreach activities targeting mothers-in-law and husbands for education on the importance of pregnant women attending antenatal services during their first trimester. In addition, these community committees successfully advocated for village leaders to set aside land to grow iron-rich foods for pregnant women and children at risk of anemia. The different change ideas tested by committees translated into a 72% increase in the rate of prenatal consultation in the first trimester of pregnancy within 12 months, and the acquisition of about half a hectare of land by community groups to cultivate foods rich in iron and vitamin A for pregnant women and children under five.

### Background

Anemia is one of the leading contributors to infant mortality and morbidity in Mali. Severe anemia is responsible for 28% of maternal deaths and 53% of deaths of children under five years old. Similarly, malnutrition and micronutrient deficiencies (iron, iodine, and vitamin A) are thought to contribute to half of these deaths. The Sikasso Region has the highest recorded number of infants with anemia in Mali. According to various experts, the high prevalence of anemia in Sikasso is linked to lack of nutritional knowledge and the low utilization of health services due to barriers to accessibility and low quality care.

According to surveys conducted in the districts of Kadiolo, Bougouni, and Sikasso of Sikasso Region, fewer than a third of pregnant women were aware of the symptoms, causes, and consequences of anemia. This was particularly true in rural Bougouni District, where use of antenatal care (ANC) services by pregnant women in facilities and in outreach was found to be low, especially ANC in the first trimester.

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In 2013, the Ministry of Health (MOH) of Mali asked for USAID ASSIST support for interventions to reduce the prevalence of anemia among pregnant women and children under five years in Bougouni, addressing barriers at both the facility and community levels. At the facility-level, the project supported the MOH to improve screening for anemia and increase the proportion of pregnant women and children under five years who received nutritional supplements and deworming in 25 health centers. The community-level intervention sought to increase early antenatal care, awareness of anemia prevention and good nutritional practices, and identification of children with signs of anemia.

In Mali, villages often have organized women's groups that support specific activities and social events. Community volunteers known as *relais* and who are mostly male also exist in many rural communities to support health promotion and mobilization. ASSIST supported health facility workers, community health agents (ASC), and *relais* to train women's groups about anemia in 54 of the 492 villages of Bougouni health district and establish community committees made up of the health agents and community group representatives to support anemia reduction. After the training, these groups were able to recognize the signs and consequences of anemia and encourage members to take actions to prevent anemia.

In June 2015, ASSIST conducted a gender analysis in Mali which identified that family members, particularly husbands and mothers-in-law, have a strong influence on women's access to health services. It also identified access to cultivable land as a challenge for women to improve their nutritional status as well as that of their children. To address these issues, ASSIST supported the community committees to implement innovative activities to strengthen decision-making power and access to health care and land to improve pregnant women's living conditions.

### **Improving anemia prevention**

To address issues identified in the gender analysis, ASSIST worked closely with community leaders and stakeholders (including community development committees, ASC, *relais*, and women's groups) as well as government officials in charge of social issues and gender empowerment in the Bougouni district. First, community improvement committees were formed in selected villages, mostly made up of representatives from women's groups. ASSIST supported and coached these committees regularly, which were also assisted by ASCs and *relais*. Men were also recruited for the committees to help in educating village leaders, husbands, and mothers-in-law on the importance of pregnant women attending antenatal care in their first trimester of pregnancy and to help them understand the close connection between seeking care at the health facility and better health of mothers and children. The community committees also advocated for village leaders to set aside plots of land for community members to use to produce iron-rich foods for pregnant women and children at risk of anemia.

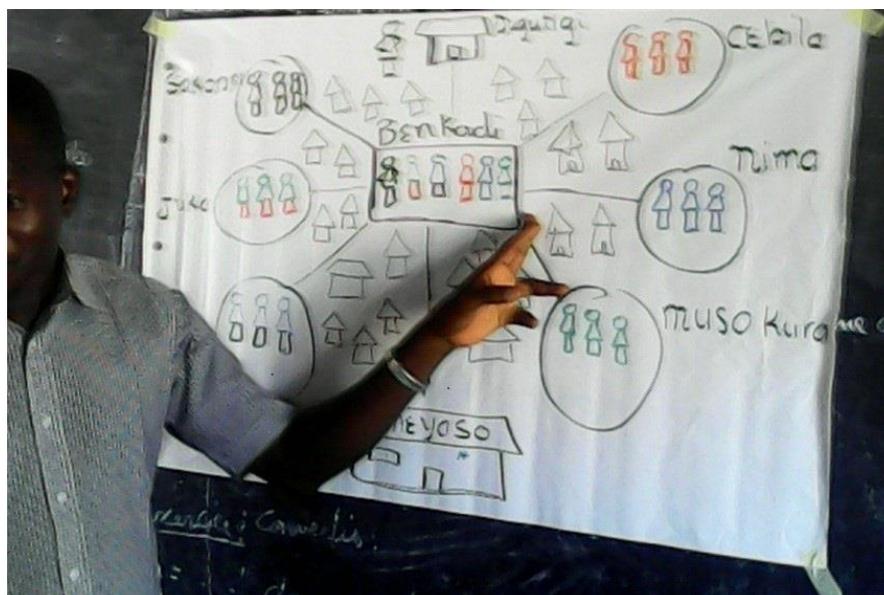


A village-based community committee meets. Photo by Ibrahima Kamate, URC.

After women's groups were trained about anemia, the community QI committees developed their own change ideas to improve pregnant women's access to health services and land. These ideas built upon existing values of community solidarity and sought to strengthen women's empowerment. With access to

land to garden for nutrient-rich food, women had the opportunity to increase their family's consumption of nutritious food and sell surplus food. The women had control over the food and money from selling the surplus, increasing their autonomy and ability to access health services. Among the ideas tested, those that provide effective include the following:

- Using the village chief as a facilitator to sensitize heads of families on the importance of timely health care for pregnant women.
- Using *relais* and mothers in the community to check whether pregnant women were taking iron and folic acid as prescribed at the health center.
- Including village heads in the learning sessions where representatives of community committees came together to share their progress.
- Establishing community gardens in order to make foods rich in iron and vitamin A available for pregnant women and children under five.



A trainer explains to community coaches the creative scheme of a community health committee to support the prevention of anemia in Bougouni.  
Photo by Ibrahima Kamaté, URC.

## Results

The different change ideas tested by the community committees led to the following key results:

- The number of antenatal visits in the first trimester of pregnancy increased from 2,664 in July 2014 to 3,714 in August 2015. This represented an increase in the proportion of women who attended their first ANC visit in the first trimester of pregnancy from about 23% in July 2014 to 32% in August 2015.
- 87% of *relais* said husbands and mothers-in-law in their communities were encouraging pregnant women to take iron and folic acid during meals.
- 20 of the 56 community committees each acquired about half a hectare of land from community leaders to grow foods rich in iron and vitamin A; all of these prioritized access to the harvest for pregnant women and mothers of children under five.
- Chiefs in all of the villages with community improvement committees supported the work by actions such as the following:
  - Encouraging women to go for the first antenatal visit in the first trimester of pregnancy
  - Engaging youth to put up fences around community gardens
  - Installing wells for watering community gardens
  - Facilitating the acquisition of seeds for community gardens
  - Mobilizing heads of household and mothers-in-law to support women's actions.

## Next Steps

This case study highlights how communities integrated gender considerations into improvement activities to improve maternal and child health. The change ideas and lessons learned have been shared with health authorities and other communities in Bougouni District through various learning and training

sessions. ASSIST is currently working with community groups in other villages to support integrating gender considerations into improvement activities. Some 195 community groups in 39 villages of Bougouni have so far been part of the process, and this experience is now being applied in three more districts of Sikasso: Kolondièba, Kadiolo, and Yanfolila.

Addressing gender-based issues is new in Mali because it represents a fundamental challenge to the traditional lack of empowerment of women in rural areas. But by leveraging social norms and existing community structures to support family health, the project was able to engage community decision makers--who are mostly men—with members of women's groups and community health workers to jointly solve issues affecting the health of women and young children.

This case study shows that integrating gender issues into maternal and child health improvement activities can lead to better outcomes.

The views expressed in this case study are those of the authors and do not necessarily represent the views of the U. S. Government or USAID.