

Impacts of the Involvement of Sub-prefects/Prefects in the Governance of Nutrition at the Community Level: Case of the Health District of KAYES

Samou Diarra^{1*}, Magloire Bunkembo Mampindu², Issouf Traoré³,
Fousseny Traoré⁴ and Mohamed Diah⁴

¹Specialist in Family Medicine/Community Medicine, Kayes Reference Health Center, Mali

²Expert and engineer in health information systems, Coordination of the NGO Action Contre la Faim, Mali

³ONG CSPEEDA, Mali

⁴Coordination of the NGO Action Contre la Faim, Mali

*Corresponding Author: Samou Diarra, Specialist in Family Medicine/Community Medicine, Kayes Reference Health Center, Mali.

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Abstract

In Mali, malnutrition is a public health problem as it is in most countries of the Sahel band. Several strategies have been used at different levels of the health pyramid. These strategies often omit the involvement of certain key actors. The experience of involving the sub-prefects and prefect of the Kayes health district in nutrition activities has led to a real change in the implementation of community activities and the mobilization of local resources for nutrition financing. This experience is discussed in this article in order to draw the attention of the various stakeholders in the implementation of development activities in nutrition in order to further mobilize these actors who constitute real opportunities for the success of projects and programs.

Keywords: Nutrition; Governance; Local Actors; Resource Mobilization; Sub-prefect/Prefect

Abbreviations

ANJE: Infant and Young Child Feeding; ASACO: Community Health Association; ASC: Community Health Worker; CSCOM: Community Health Center; CSRéf: Reference Health Center; DTC: Technical Director of the Center; UNICEF: United Nations Children's Fund; GSAN: Nutrition Support Group; IEC: Information, Education, Communication; NGO: Non-Governmental Organization; PB: Brachial Circumference; PMA: Minimum Package of Activities; PCIMA: Integrated Management of Acute Malnutrition; RND: District Nutrition Officer; SSGI: High Impact Health Service; SEC: Community Essential Care; URENAM: Moderate Ambulatory Nutritional Recovery and Education Units; URENAS: Severe Ambulatory Nutritional Recovery and Education Units

Introduction

In Mali, malnutrition is a public health problem, as it is in most of the countries of the Sahel. It is one of the major causes of morbidity and mortality in children under five years of age. It is a multifactorial health problem whose underlying causes (according to the UNICEF model) are lack of access to quality food, inappropriate infant and young child feeding care and practices, poor hygiene and sanitation practices, insufficient access to safe water and health services [1].

According to the results of the sixth edition of the Demographic and Health Survey, for the country as a whole, 27% of children under 5 years of age were stunted, of which 10% were severe. Nearly

one in ten (9%) children under age 5 were wasted, of which 3% were severely wasted. The results also show that 19% were underweight and 5% were severely underweight [2].

According to the results of the SMART 2020 survey, an improvement was noted at the national level: 7.2% of children aged between 6 and 59 months suffered from acute malnutrition, including 1.3% of the severe form. The national prevalence of global acute malnutrition fell below 10%, but the situation was still precarious, as it could increase in the event of any deteriorating economic situation. This survey was also conducted during the harvest period, when food abundance would certainly have played a role in reducing the extent of acute malnutrition. Despite the influence of the harvest period on the results, this GAM prevalence (7.2%) is still far from the goal of reducing it to below 5% of the global nutrition targets by 2025.

The disaggregated analysis of the global acute malnutrition (GAM) indicator revealed that nine regions out of 11, including the Kayes region, were in a precarious situation with less than one child in 10 suffering from acute malnutrition.

In 2020, the Kayes region had seen a decrease in the prevalence of global acute malnutrition. From 8.9% in 2019, it has fallen to 5.6% with 0.3% of severe form [3]. However, the results of the SMART 2021 survey showed that the prevalence had risen to 11.5%, including 1.4% of severe forms [4].

With regard to the actors involved in the management of the disease, the State and the NGOs or UN agencies have a predominant role through the supply of inputs, the financing of capacity building and the monitoring of activities.

In fact, local actors at different levels have taken on the role of beneficiaries, even though the management protocol identifies active roles for them in the provision of services within the framework of the implementation of different strategies at the community level (mother PB, tradithérapeutes PB, GSAN PB). In spite of these provisions, the community level is characterized by a wait-and-see attitude because in some places, it is the NGOs that finance nutritional demonstrations, even at the village level where the inputs are local.

As of 2019, this trend has changed in the health district of Kayes where the community had mobilized more than 8 million CFA

francs in 2019 and 29 million in 2020 for screening activities for acute malnutrition in children aged 6 to 59 months and pregnant and lactating women, monthly meetings of community actors (Relais, DTC, ASACOs), nutritional demonstrations, transportation of nutritional inputs, resolution of gaps in access to health services, biannual monitoring, etc.

At the meeting to review the activities of the PCIMA Surge approach in 2020, the mayors and presidents of the ASACOs committed to financing the same activities to the tune of more than 41 million CFA francs (for 29 out of 30 CSComs) for the year 2022.

With the establishment of the GSAN in 28 health areas, local leaders (village chiefs, women and youth leaders, religious leaders) are also supporting nutritional demonstrations through the provision of inputs and the motivation of GSAN members.

All this change is not spontaneous, it is the result of an approach that consisted in involving the local authorities, particularly the prefect and the sub-prefects in the nutrition activities. This article describes the impact of the involvement of the sub-prefects and the prefect in the implementation of nutrition activities, with reference to the case of the Kayes health district. It will enable the experience of Kayes to be shared with the various nutrition actors throughout the world in order to improve the sustainability of nutrition activities.

General objective

To describe the impacts of the involvement of sub-prefects and prefects in nutrition activities.

Specific objectives

- Describe the situation of nutrition activities before the involvement of sub-prefects and prefects;
- Describe the mechanism of involvement of sub-prefects and prefects;
- Describe the impacts observed after the involvement of sub-prefects and prefects.

Findings before involvement

- **Active screening:** One of the key activities in the fight against malnutrition remains the early detection of cases of acute malnutrition in the community, called active screening. This activity was always financed by the State through the

coupling of a vaccination or vitamin A administration campaign with malnutrition screening. Also, the NGOs that had projects to implement in the district financed the screening according to their plans (partial or total screening in the district). In view of the national management protocol, which recommends quarterly active screening, all these strategies were not very effective and were at the mercy of the financial resources available, either from the State or the NGOs. Thus, the question of sustainability became acute, because the ideal would have been to reconcile regular, less costly and sustainable screening.

- **Transport of nutritional inputs:** From 2013 to 2016, an NGO financed by the European Union, intervening in an emergency context, transported nutritional inputs from the CSRéf to the CCom. At that time, the fight against malnutrition was considered more as an activity of this NGO by community actors and not as that of the LDC. This NGO was succeeded by another one starting in 2017 that did not ensure the transport of inputs. This posed a problem because the cost of transport was passed on to the ASACOs, some of whom complained about it.
- **Carrying out nutritional demonstrations:** As with active screening, it was the NGOs that financed the nutritional demonstration sessions, which meant that this activity, which plays an important role in raising mothers' awareness of ANJE, was carried out irregularly. This seriously handicapped the prevention of malnutrition through the learning of local recipes with high nutritional value by mothers. In the absence of NGO funding, no other system was in place to allow for the continuity of the sessions, even though multiple supervisions had suggested to the ComHAs that they finance these activities.
- **Community Relais activities:** Community Relais are actors chosen by the community and who devote some of their time on a voluntary basis to carry out sensitization, monitoring and testing activities. They work with the DTCs to whom they must report data on their activities. They must be motivated by the community, the ASACO, the town hall or the State and its partners.

In fact, the selected community Relais did not carry out their activity package or did so very little. Because motivation was lack-

ing, many abandoned the activities. They are involved by DTCs in mass campaigns. And often, NGOs also involve them in screening for acute malnutrition in return for a monthly incentive of 2,000 CFA francs in kind or in cash. Being used to being motivated in this way, many Relais stop some of their activities at the end of the projects. This situation characterizes most of the Relais, regardless of the area considered in Mali, evoking a failure of the Community Relais approach.

Supervision of the management of acute malnutrition

Supervision of nutrition activities at the level of the health district remains a tool to strengthen local management actors. This activity is generally carried out by the district nutrition officer. At the end of the activity, a restitution is made by identifying in a collegial way the bottlenecks and by adopting an action plan aiming at solving the observed gaps. What characterized the supervisions before the participation of the sub-prefects was the absence of the decision-makers (representative of the mayor's office, decision-making member of the ASACO). The consequence was that the problems that remained were not solved, thus discouraging the district supervisors, to whom the members of the ASACO, who were generally not influential, gave a well-rehearsed speech: "We have learned a lot from you. We are illiterate. We have a hard time understanding. Everything you said is important. We will do everything to solve these problems by the time of your next visit. We are making blessings for your safe return home. And then nothing.

Community health workers (ASC)

ASC were first introduced in the Kayes Health District through financial support from UNICEF. After this initial phase, a five-year project (SSGI) took over their monthly incentives. The motivation of CHWs depended on the expectations of NGOs in general. Very few town halls or ComHAs addressed these incentives or gave contracts to the individuals involved. Between two projects, the CHWs were in dire straits, leading to a break in the continuity of care in certain health areas.

GSAN

The first GSANs in the district were set up for the first time in 2017. In their implementation, the procedure advocated by the GSAN strategy was not respected. This has resulted in a total lack of functioning of almost all the GSANs. In addition, there is a lack

of motivation on the part of the village chiefs, the ASACOs or the mayors. The ANSGs that are involved in the activities of the 1,000-day approach are of great importance in preventing malnutrition during the first window of opportunity. Before the involvement of sub-prefects in nutrition activities, the GSANs were not functioning in the Kayes health district.

Mechanism of involvement

History of the involvement of the prefect and sub-prefects of the Kayes health district

In 2017, in view of the difficulties in implementing the action plans resulting from the supervisions, the district nutrition officer (RND) suggested to the Chief Medical Officer (head of the health district) that these concerns be passed on to the prefect of the circle (head of the circle's administration) through the activity reports. At the same time, the new prefect transferred to Kayes had contributed to major actions in the fight against malnutrition in the circle of Yorosso. The presence of the latter in the circle of Kayes served as a catalyst for nutrition actions. It is in this context and during the planning of a supervision of the PCIMA in some CSCom of the district that the RND asked the prefect for his participation. The latter was replaced by his deputy to participate in the monitoring of 10 CSCom. After the participation of the first deputy, the sub-prefects took over in the districts. And the prefect had given his agreement to contact directly the sub-prefects for their participation in the nutrition activities. This is how the involvement of the sub-prefects in the governance of nutrition activities in the Kayes health district began.

Among the important mechanisms used for a greater involvement of the administrators, in this case the sub-prefects and the prefect, in nutrition activities, we can cite

The story of the prefect of the Kayes circle used as a source of inspiration

He had been a sub-prefect in the circle of Yorosso in the Sikasso region. At the time, this district had a chronic malnutrition rate of 30%. Through his support of technical services (health service, local service of social development and solidarity economy, local service of promotion of women, children and family) and NGOs, in two years, the prevalence of chronic malnutrition in the circle of Yorosso has decreased from 30% to 15%. With this result, he won

an international competition. Shortly thereafter, in 2017, he was appointed prefect of the Kayes circle, which had noted during that same year an increase in the prevalence of global acute malnutrition to 14.2%. It is in this context that the health district and the prefect have worked together.

One of his first strong actions was to agree to have his deputies participate in the supervision of nutrition activities, whose recommendations were not being followed in the communities. The presence of the commander (another name for sub-prefects and prefects in the community) during nutrition activities made it possible to explain to the population the eminent interest that the authorities had in the fight against malnutrition and in other nutrition activities.

His other activities consisted in seizing all opportunities to plead with the mayors for the financing of nutrition activities in the CSCom and villages; NGOs and other structures.

He also piloted the setting up of the multisectoral platform for the fight against malnutrition.

The CMAM-Surge approach (PCIMA-Surge)

This approach aims to strengthen the resilience of the health system in order to cope with peaks of malnutrition in care programs while maintaining the quality of services. This approach was first implemented in Kenya with the international NGO Concern World Wide. In 2017, the approach was implemented in Mali in the Mopti region by Save The Children which recorded significant results. It was then that in 2018 a pool of national trainers was trained with the vocation of scaling up in different concerned districts. Thus, the approach was implemented in the health district of Kayes as an exit strategy by the NGO Action Contre la Faim which provided financial support to the health district. One of the particularities of the implementation in the Kayes health district was the inclusion of the training of ComHAs on the Surge process in 2018, which was initially intended for health workers only.

Technically, the approach includes eight steps which are: trend and risk analysis, capacity assessment, determination of thresholds, identification of Surge actions and budgeting, formalization of commitments, monitoring of thresholds, expansion and reduction of Surge actions, reflection-review and adaptation of thresholds [8].

The specificity of the PCIMA Surge approach lies in the planning of actions according to the different phases to avoid chaos when the capacity of the health system is exceeded. In its implementation, local decision-makers are involved, ranging from community leaders to village chiefs, from DTCs to ASACO presidents, from mayors to sub-prefects and prefects.

The multisectoral platform for the fight against malnutrition

This entity was created by a decision of the prefect of the cercle in reference to the experience of Yorosso, where a similar framework had contributed to a significant decrease in malnutrition. The platform integrates the various technical services of the State, civil society organizations, professional orders, the mayors of the 28 communes of the cercle, the 10 sub-prefects of the cercle, youth and women. Its establishment has enabled the development of a roadmap composed of commitments from its members in favor of actions at the community level. The authors of the commitments should carry them out before the next meeting, which should theoretically take place in three months. From its inception to January 2022, approximately four commitment follow-up meetings were held. The commitments made were, among others, the sensitization of the population, the organization of active screening for acute malnutrition, the financial support of the CSCoM in the implementation of nutrition activities, the participation of the sub-prefects in the follow-up activities, etc. The platform's meetings served above all as a framework to better inform the various actors of the consequences of malnutrition on local and national development. The innovation of 2022 is the elaboration of a project of mobilization of local resources for the financing of nutrition and food security activities. This project costs more than 100 million CFA francs. It will consist in the realization of 5 market gardens, 5 fish ponds, nutrition monitoring activities, the erection of 5 Guerra goat parks.

Participation of sub-prefects in nutrition activities (supervision, setting up of communal platforms to fight malnutrition, setting up of GSANs): The participation of sub-prefects in URENAS/URENAM supervision activities, as well as their participation in the setting up of GSANs, was a mechanism to better impregnate them in nutrition activities. The collaboration was facilitated by the prefect who authorized direct contact with the sub-prefects for the implementation of the different activities.

Implementation of the GSAN approach in the health district

The prefect and the sub-prefects were involved in the implementation of GSAN through two activities: advocacy at the health district level and community dialogue. Advocacy at the district level allows for the involvement of governance actors (Prefect, sub-prefects, mayor, ASACO, technical services involved). As for the community dialogue, it consists of bringing together the local governance of the commune and the villages concerned for information and advocacy in favor of the GSAN.

After the implementation, they were involved in the supervision activities of the GSAN. During these activities, the technical team made up of the person in charge of nutrition, social development, the driver, an employee of the NGO that financially supports the activity; picks up the sub-prefect whose district is concerned. Once in the village, the team goes to the village chief who, with the help of the DTC and ASACO, invites the members of GSAN. After the supervision, the restitution is made in the presence of the village chief and the members of the GSAN. The strong points and those to be improved are noted and brought to the attention of all the actors. A plea is also made on the mobilization of inputs by the village to facilitate the holding of nutritional demonstration sessions and on the motivation of the members of the GSAN for the sustainability of the activities.

Findings after involvement

Advocacy for nutrition, reproductive health and increased involvement of sub-prefects:

The involvement of the prefect had as a direct consequence the increase of the number of advocacy for nutrition. He seized every opportunity to inspire the actors (sub-prefects, mayors, presidents of ASACOs, village chiefs, etc.) through his experience on the need for their involvement in the fight against malnutrition. He convinced a consortium of NGOs to finance a regional forum in Kayes for the local mobilization of resources for the financing of nutrition. He convinced (almost demanded) the mayors to take into account the financing of nutrition in the PDSEC. He pleaded with the mayors for the regular payment of their quotas within the framework of the evacuation referral system and the integration of the referral of severely malnourished children with complications in the said system. Indeed, the referral-evacuation system is a system of mutualization of efforts on the part of town halls and ComHAs for the transfer of a parturient or newborn from a CSCoM to the CS-

Réf by means of an ambulance with qualified personnel on board. The ASACOs and the town halls must annually contribute an agreed sum for the operation of the system.

Through the involvement of the prefect, the sub-prefects are also involved in nutrition activities facilitating the multisectoral approach to nutrition. As an anecdote, having been the object of many sensitizations on different aspects of malnutrition, the sub-prefects during the supervision of nutrition activities often played the role of the supervising health agent. They addressed the population by defining malnutrition, citing the different types of malnutrition, mentioning the consequences of malnutrition on the intelligence of the child, and its impact on the local and national economy. Their presence at these activities demonstrated how seriously the issue of nutrition was taken by the government. Their participation also increased trust between administrators and constituents who are happy to have their commanding officer in their villages for matters that concern them. It was reported that the supervision of CSCoM Surge (CSCoM applying the PCIMA-Surge approach) brought a sub-prefect to a village in his district where he had not been for more than seven years.

It should be noted that the support from the mayors' offices has always been low until 2019, which favors the mobilization of local resources for the financing of nutrition activities. And the sub-prefects have significantly contributed to this change.

Another success story directly related to the involvement of the sub-prefects is that in 2021, an NGO wanted to train the members of the ANSGs of six health areas and only had the resources for five people per ANSG (ten people had previously been selected per village). To be able to train all the members of the ANSGs, the district nutrition officer asked the sub-prefects to request the support of the mayors by paying the per diems of the participants, which were not covered by the NGO's budget. In five out of six health areas, the communities have financed the additional resources for the training of the GSA. It is clear that without the interventions of the various sub-prefects, it would have been difficult to mobilize additional financial resources so that all the members of the ANSGs could be trained.

Also, some sub-prefects are pedagogical in places where village chiefs are unable to mobilize inputs for nutrition demonstrations. On several occasions, many sub-prefects have given money to the

supervised ANSGs to carry out nutrition demonstrations. This motivates the GSA and indirectly pushes local officials to become more involved.

The involvement of the prefect, as the first executive officer, has helped to inspire and influence other actors such as the mayors to include lines in their PDSEC to finance the fight against malnutrition in their communes; to better involve the sub-prefects in the fight against malnutrition.

PCIMA surge approach

After the implementation of the said approach in thirty health centers, and for the first time, the communities (ASACO and maries) had mobilized more than eight million CFA francs for the financing of nutrition activities (nutritional demonstrations, organization of active screening for acute malnutrition, monthly meetings with community actors, monitoring of health center activities, transportation of nutrition inputs). Although the above-mentioned activities directly benefited the communities, they were mostly financed by the NGOs. In 2020, the mobilization was of the order of more than 24 million of which more than 7 million was for nutrition activities only. This is a remarkable feat especially since the world was living under the Covid-19 pandemic. The roles of the prefect and sub-prefects were of paramount importance in the achievement of these results because by participating in the implementation and monitoring process; their presence brought the mayors of the communes to be present as well as the heads of the ASACOs. Once all the decision-makers were present, resolving the problems identified during the supervision became easy.

This approach was an effective mechanism for the district to involve the prefect and sub-prefects as representatives of the state in the implementation of nutrition activities that led to significant results.

Change in the framework for nutrition supervision:

As reported, the supervision of nutrition activities remained a series of low impact activities before and without the involvement of sub-prefects. Indeed, they were characterized by the absence of decision-makers during the restitutions. This meant that the bottlenecks identified remained unresolved. With the involvement of the sub-prefects, we have seen the participation of the mayors to whom the State has given the responsibility of health in the com-

mune as well as the presidents of the ASACOs who ensure the implementation of health actions in the health areas.

Contribution to the mobilization of local financial resources

The sub-prefects and the prefect have actively participated in the mobilization of local resources in Kayes District. This was an innovation in the history of nutrition in the district.

Their contributions took different forms:

Individual contributions: during the supervision of GSAN activities in the villages, some sub-prefects had to finance nutrition demonstration activities in some villages. The total amount financed was around one hundred thousand CFA francs. These actions have served to encourage the village chiefs to better understand their responsibilities, which include the provision of nutritional demonstration inputs and the motivation of GSAN members. If the district chief finances nutrition activities targeting children and women in their villages, there will be recognition that reinforces the advocacy that the sub-prefects carry out by asking the mayors and village leaders to get involved so that the prevention of undernutrition at the community level is successful.

It should be noted that one sub-prefect had to contribute financially to the implementation of active screening in the health areas (case of the sub-prefect of Segala).

Also, we can mention the catering costs and the costs of inputs for the nutritional demonstrations which were granted by the sub-prefect of the Ambidedi district amounting to more than two hundred thousand CFA francs during the biannual follow-up meeting in the Ambidedi district. This same sub-prefect committed himself to motivate the CSA of a village in the district at a rate of ten thousand CFA francs per month.

Advocacy with ASACO/Mayor's office: some sub-prefects have called on ASACO managers and mayors so that they can continue to finance nutrition activities in their communes. We can mention the case of the sub-prefect of the Ambidedi district who has repeatedly contacted the mayor and the president of the ASACO of the Dramané CScm for the implementation of nutrition activities for which they had committed themselves through the PCIMA Surge approach and the multisectoral platform. This was a trigger for the realization of the activities because the ASACO made arrangements to finance the following activities: quarterly active screening of

acute malnutrition in the health area of Dramané, nutritional demonstration sessions, monthly supervision of the GSANs, monthly meeting with the community actors.

We can also mention the case of the sub-prefect of the Samé district who made the plea to the mayor and the ASACO for the financing of nutrition activities.

Organization of semi-annual follow-up of nutrition activities in the districts

This activity is an innovation of the Kayes health district. It was born from the suggestion of the RND of Kayes to the sub-prefects to organize local follow-ups of the commitments of the mayors and presidents of the ASACO in the financing of nutrition activities in relation with the Surge actions. The first local monitoring meeting was held in the Ambidedi district in June 2021. To date, three semi-annual meetings of local monitoring of nutrition activities at the level of the districts have been held, including two in Ambidedi and one in Segala. These meetings consisted of an invitation from the sub-prefect to the mayors of the district, the presidents of the ASACOs, the DTCs, the village leaders and a member of the local GSAN. During this meeting, an update was given on certain activities during the period (nutritional demonstrations, number of IEC, number of monthly meetings of community actors, number of follow-up of CHWs and GSAN, contributions of the ASACO and the mayor's office, difficulties and prospects). It should be noted that these meetings were financed neither by an NGO nor by a UN agency, but by either the sub-prefect himself (in Ambidedi for the first time by providing food for the participants and by having granted one hundred thousand CFA francs to the GSANs of four health areas to finance the nutritional demonstrations), or by the ASACO (in the case of the Diboli meeting in January 2022). As for the participants, they are responsible for their own travel. The second meeting in the same district was financed by the ASACO of Diboli under the leadership of the town hall, which took care of the catering for more than sixty participants (coffee break and lunch break). During this meeting, the sub-prefect financed the making of forty GSAN vests to the tune of fifty thousand CFA francs.

In the case of the Ségala district, not only were the activities carried out during the period presented with identification of bottlenecks and prospects, but it was also a framework for mobilizing resources. For the mayors who participated in the meeting all made

financial commitments to support nutritional activities in their communes. The mayor of Marintoumania pledged one hundred thousand CFA francs (which he gave to ASACO), the representative of the mayor of Marena Diombougou pledged to give fifty thousand CFA francs to each of his two CCom. The mayor of the commune of Ségala, who was absent from the meeting, was contacted by the sub-prefect and the office of the intermunicipality. Thus, the said mayor undertook to support the three CCom of the commune quarterly to the tune of fifty thousand CFA francs (which he did in December 2021).

Financial resources mobilized

In 2020 and 2021, missions to capitalize on the activities of the PCIMA Surge approach crisscrossed thirty CCom Surge. The results were as follows.

Funded activities	Total Cost 2019 (N: 27CCom)	Total Cost 2020 (N: 29)	Totals
Transport of nutrition inputs from CSRéf to CCom	1 161 350	1 720 000	2 881 350
Nutritional demonstrations	1 130 300	1 520 500	2 650 800
Monthly meetings	1 036 500	1 076 000	2 112 500
Quarterly Active Screening	1 522 700	1 864 700	3 387 400
Monitoring	45 000	170 000	215 000
Gap Resolution	2 415 724	19 163 000	21 578 724
Other fees Surge	776 500	289 300	1 065 800
	8 088 074	25 803 500	33 891 574

Table 1: Activities financed by resources mobilized at the local level by the ASACOs and town halls according to time.

Community health worker (ASC)

As the impacts of the involvement of sub-prefects in nutrition activities have been noted, some NGOs have started to plan outings of the CHW focal point with them to do advocacy at the community level so that mayors, ASACO presidents and village leaders can motivate CHWs so that they can continue working. This was successfully done in all the villages where the missions were carried out.

Nutrition activity support group (GSAN)

In view of the positive results achieved by the GSANs during the coordination meeting of the GSAN activities in November 2021, we can say that the involvement of the sub-prefects and the prefect has been very beneficial. Some elements of these results for 16 CCom out of 18.

Indicators	Totaux
Number of children followed by GSAN	3719
Number of pregnant women followed by GSAN	979
Number of children screened Green by Shakir's band	19313
Number of children screened Yellow by Shakir Band	574
Number of children screened Red by Shakir Band	190
Number of IEC sessions	320
Number of participants in IEC sessions	11418
Number of Nutritional Demonstration Sessions	236
Number of participants in Nutritional Demonstration sessions	12378

Table 2: Indicators of 90 ASG activities in 16 health areas from July to November 2021.

The participation of sub-prefects and prefect in the various processes has significantly contributed to the achievement of these results, which also need to be greatly improved.

The involvement of Kayes sub-prefects and prefects as a success story implemented in other districts of the region or in another region.

The involvement of the administrators of the Kayes health district in nutrition activities has served as a source of inspiration in the region and in the country. For example, during the implementation of the PCIMA Surge approach in the Yélimané health district in 2021, an important role was given to the sub-prefects who actively participated in the different processes. We can also mention the involvement of the sub-prefect of Gogui in the Nioro region to mobilize inputs for the GSANs. We can also cite the case of the Segou region, where during a meeting, the Kayes experience was presented and served as a source of inspiration for certain sub-prefects.

Discussion

This study highlights the contributions of administrators (sub-prefects and prefects) in governance, mobilization of financial resources, and monitoring of activities in the fight against malnutrition in the Kayes health district. However, one of its limitations is that the results achieved are not specific to the contributions of administrators. Other actors (mayors of communes, presidents of ASACOs, DTC, RND, community relays, ASCs, GSANs, village chiefs, NGOs, UN agencies) have also contributed significantly. Despite this situation, it is undeniable that the sub-prefects and prefects have added value in the fight against malnutrition through their involvement. This observation is shared by some authors/information sites. Already in its publication of April 29, 2020, Scaling Up Nutrition presented on its website the contributions of Prefect Bernard COULIBALY in the fight against malnutrition in the health district of Kayes in its presentation [5]. Also, the DEPECHE.fr in its publication of January 24, 2022 highlighted the contribution of the involvement of the sub-prefecture of the district of Saint-Giron in France in the fight against the health crisis related to Covid-19 [6]. In these two publications, the administrators stand out for their ability to mobilize and coordinate activities either in the fight against malnutrition or in the fight against Covid-19.

In view of the importance of the involvement of sub-prefects in nutrition activities in particular, one may wonder about the causes of their under-involvement in general in the country. One probable cause would be their omission from the national protocol for the integrated management of malnutrition [7]. In this document, sub-prefects and prefects are not explicitly mentioned among the actors. As representatives of the State in the districts, with the power to monitor activities in the communes, they remain effective allies in achieving the objectives of nutrition and food security, and therefore the Sustainable Development Goals (SDGs). Also, concerns about the implementation of the multisectoral approach are dispelled because they are able to involve other technical services in their jurisdictions and other community actors that the health services cannot. The involvement of sub-prefects/prefects will correct what could be considered a misuse of an important link in the chain of command. For just as governors represent the state at the regional level, so prefects represent it at the district level, and so do sub-prefects at the district level. So wanting to work on the populations of the communes and with their leaders without sufficiently

involving the entity that manages them; remains a business with little profit.

It must also be recognized that the involvement of sub-prefects and prefects will be an important step but will not magically solve all the difficulties of frontline nutrition. The question of adaptive leadership that these actors must embody remains another matter. So, one thing will be to involve them, another will be to orient them on what they can and must do to move the lines in the fight against malnutrition in their constituencies. And this in turn requires great leadership from the technical service (s) in charge of nutrition, or involved in the multi-sector and multi-actor approach to nutrition. It would also be necessary for the NGOs to implement this approach sufficiently (i.e. involvement of the sub-prefects and prefect in nutrition activities) by facilitating the participation of the administrators during the different activities, in order to elevate the usual function that is assigned to them above the visas of the mission orders and the reading of speeches during the different ceremonies. Also, it is legitimate to wonder about the availability of sub-prefects and prefects if all sectors began to solicit them in the manner proposed in this work. Wouldn't these requests generate other needs that could increase the burden on the State with negative returns on nutrition activities? These questions remain scientific and legitimate. However, from the beginning of their involvement in the health district of Kayes in 2018 to the present day, no negative effect has been noted in the support of the sub-prefects and prefect in the implementation of the various activities of the different sectors in the fight against malnutrition.

Conclusion

The involvement of the prefect and sub-prefects of the Kayes circle in nutrition activities has greatly contributed to the mobilization of local resources for the financing of nutrition activities. It has allowed the semi-annual follow-up of nutrition activities in some districts totally financed by the community. This is really an innovation in this field and is in line with the sustainability of the activities by reinforcing the impact of the projects. In practice, the strengthening of the involvement of these actors seems to accelerate the achievement of the SDGs. All actors in the field of specific nutrition or the multisectoral approach are invited to put this success story of the Kayes health district to the test in order to contribute to the reinforcement of knowledge in this area and to contribute significantly to the achievement of the SDGs.

Recommendations

General directorate of health and public hygiene/nutrition sub-directorate

- Include the names of the sub-prefects and prefects in the actors implementing nutrition activities in the national protocol for the integrated management of acute malnutrition;
- Capitalize on/extend the involvement of sub-prefects and prefects in nutrition activities.

United Nations Agency/Health Districts and its partners

- Involve the sub-prefects and prefects in nutrition activities (advocacy for nutrition; supervision of PCIMA; supervision of GSANs, ASC, community relays; reviews of data from the different health programs) and in all related activities (WASH, agriculture, livestock, fishing, education, etc.)
- Plan the participation of sub-prefects and prefects in nutrition activities at the community level;
- Orient sub-prefects and prefects on the different activities allowing a strong empowerment of implementation and follow-up of activities at community level;
- Involve sub-prefects and prefects in the mobilization of local resources for nutrition financing;
- Motivate sub-prefects and prefects by showing them recognition and granting them titles of "Nutrition Champion".

ASACO/DTC/COMMUNES

- Use sub-prefects and prefects to solve problems related to nutrition issues;
- Plan and carry out follow-up activities in the field with sub-prefects and prefects;
- Involve sub-prefects and prefects in the establishment of communal platforms for the fight against malnutrition.

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