



**HUMANITARIAN INNOVATION FUND**  
**Early Stage Innovation Final Report**

<b>Organisation Name</b>	ACTION CONTRE LA FAIM
<b>Project Title</b>	The invisible group: Understanding uncomplicated severely acutely malnourished infants <6m through systematic screening and community-based management
<b>Partner(s)</b>	The project is implemented by Action Against Hunger in partnership with the National Directorate of Health (DNS), the Health District Executive Teams (ECD) and the National Institute for Research in Public Health (INRSP). The project implementation actors are the ECDs (district nutrition officer in charge of URENI, district medical officer) of Kayes and Kita; Technical Directors of Health Center (DTC); CSCOM Nutrition Officers, Community Relays, Community Health Workers (ASC), members of Nutrition Support Groups (GSAN) and vaccinators etc.
<b>Problem Addressed / Theme</b>	Routine screening for acute malnutrition is traditionally reserved for children aged 6-59 months and does not include infants under 6 months of age. These are often excluded from nutrition surveys and programs because it is assumed that these children are exclusively breastfed and are therefore rarely malnourished. In nutritional recovery units (URENI) in Kayes, 3% of children are infants under 6 months and 39% are between 6 and 9 months old. These figures are due to a lack of early diagnosis in children under 6 months. The lack of evidence regarding the management of acute malnutrition in infants under 6 months of age led to the design of this research based on current WHO guidance as represented in the C-MAMI tool.
<b>Location</b>	The project was implemented in the Health Districts of Kayes and Kita with control and intervention zones. In Kayes, the intervention took place in the health areas of DIAMOU, LANY TUNKA, KOUSSANE and DRAMANE with the control health areas LOGO SABOUCIRE, TROUN, DIBOLI and FEGUI. In Kita, the interventions health areas are MAKANDIABOUGOU, MAMBRI, SEBECORO and KOUROUNIKOTO, and the health areas selected for control are DARSALAM, BALANDOUGOU and GUENIKORO.
<b>Start Date</b>	01 April 2018
<b>End Date</b>	31 December 2018



<b>Total Funding</b>	50 000 GBP
<b>Total Spent</b>	30 685 GBP

<b>Innovation Stage</b>	(1) Identification of the systematic screening and care of children under 6 months of age vulnerable to malnutrition problematic, (2) Development of a research protocol by ACF and its validation in collaboration with the DNS / DN and the committee Ethics of INRSP in Mali, (3) Training of operational implementation partners of the project and ACF team on C-MAMI tool, (4) Realization of practical test on vulnerability assessment sheets , enrollment and management at the start of the enrollment of children in the program, (5) Children Enrollment and monitoring, (6) Implementation of quality of care according to C -MAMI tool joint monitoring missions, (7) Database development, (8) Monthly data collection and registration in the database.
<b>Type of Innovation</b>	The innovative point of the project is the development and validation of a standard program for the management of malnutrition in infants under 6 months of age at the community level in Mali.
<b>Project Impact Summary</b>	The project contributed to the management of 54 mother-infant pairs at community level, through the strengthening of the capacity of health personnel on the C-MAMI tool. This community support has facilitated access to local healthcare and reduced indirect costs (transportation, meals during the stay at URENI, loss of time ...) related to treatment at hospital level.

### ACTIVITIES CARRIED OUT

1. Describe all the activities carried out. Please attach a workplan or log frame, if these were used.

#### **Activity 1: Elaboration and validation of research protocol**

The research protocol was approved by the INRSP ethics committee under decision number 12/2018/CE-INRSP. This approval followed the conflict of interest rules

#### **Activity 2: Training of the actors about the implementation on the C-MAMI tool**

A total of 31 health professionals (DTC, vaccinators, nutrition staff and nurses from the URENI) and 24 ACF nutrition staff were trained on the C-MAMI tool in July 2018 (Kayes) and in September (Kita). For active case-finding, 187 community actors (community health workers and GSAN members) were trained on screening and referral in children under 6 months of age following the research protocol in the project intervention areas.

#### **Activity 3: Reproduction and distribution of training materials on C-MAMI tool**

The training material and support tools (new WHO growth charts, vulnerability scorecard and registration and management sheet) were made available to CSCoM's of interventions areas

#### **Activity 4: Follow-up and evaluation of program activities**

At the start of the activities, children under 6 months were identified at household level. During the implementation of the project, data on new live births were collected by community health workers and GSANs to guide screening activities. Joint supervisions (ACF and staff from the Health Center) were carried out. The supervision in September found a delay in screening and enrolment of vulnerable mother / infant pairs. Routine evaluation of infants seen in curative consultation was recommended. October, November and December months shown improvements in the enrollment of vulnerable mother / infant pairs of less than 6 months in the program. However, deficiencies in the filling of screening and management tools have been identified and corrected in all Health Centers.

2. If you have made changes or amendments to the planned activities and objectives that have not been detailed in an *Agreement Amendment Form*, please list them here.  
NA

---

### ACHIEVEMENTS

3. Has the project demonstrated the success of the innovation or idea ?

- Completely successful
- Significantly successful
- Partially successful
- Completely unsuccessful

*Please explain further:*

Despite the delay in the effective start of activities, the project screened 217 children under 6 months of age by community health workers and GSANs using SHAKIR bands, of which 54 couples of mother / infant less than 6 months were supported according to the C-MAMI approach.

4. Please describe how the project achieved the planned objectives, and describe all

- (i)** The training of the different actors on the implementation of the project make it possible the understanding of the C-MAMI tool and facilitated the identification and the management of the registered cases.
- (ii)** Supervision activities contributed to the improvement of the quality on management of the couples mother/children enrolled in the program and the holding of the management tools.
- (iii)** The replication and distribution of supporting documents facilitated the collection of data and contributed to the establishment of sources of verification for vulnerability assessment and program enrollment.
- (iv)** Monitoring of new live births has made it possible to orient screening activities in the villages.

---

### APPROACH

5. Describe how the approach, project design or methodology you used was OR was not appropriate to carry out the planned activities or to achieve the planned objectives. This approach has improved the understanding of health personnel on the care of under 6 months' malnourished children without complication or at risk of malnutrition. It made it possible to demonstrate the possibility of outpatient management of these cases through the C-MAMI tool. The participation of GSAN in the screening and referral of these children can allow the integration of this approach in the current IYCF

practices. The training of the GSAN made it possible to set up counseling support for lactating women on breastfeeding.

### MAJOR OBSTACLES

6. Please list the three most significant obstacles faced during the project and describe how they affected the planned activities and results.

Obstacle	Impact of obstacle
<p><b>(i)</b> Delay in the training process of health staff and community actors following mass activities organized by the Ministry of Health, <b>(ii)</b> Delay in protocol validation, <b>(iii)</b> Decline in the prevalence of SAM of children and pregnant and lactating woman between 2017 and 2018 (SMART survey) <b>(iv)</b> Strike of health workers (June 2018), <b>(v)</b> Reduction of field activities during the presidential election period (July - August 2018), <b>(vi)</b> Difficulties of coordination with technical state services (availability concerns), <b>(vii)</b> Non-availability of community actors during enumeration / vaccination campaigns between July and October 2018.</p>	<p><b>(i)</b> Insufficient number of children enrolled in the program, <b>(ii)</b> Delayed implementation of the protocol in the Kita Health district, <b>(iii)</b> Final status not known for some mother-infant pairs followed in the program.</p>

7. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

Solution	Effective ?
<p>1. Follow-up visits with a representative of each reference health center in the intervention area to assess the progress of the project.</p>	<p>Increase of number of couple mother / infant enrolled in the program</p>
<p>2. Regular phone calls with Community Health Workers to enhance the community-based screening and referral process.</p>	<p>Increase of number of couple mother / infant enrolled in the program</p>

### OPTIONAL : PARTNERSHIPS AND COLLABORATION

*If you received HIF funding with partners or collaborators, please answer questions 8 and 9.*

8. How and why did the partnership change during the course of the project ?

9. Are there plans to continue your partnership, either while continuing this innovation or on other projects ?

- Yes, with this innovation
- Yes, with another project
- Maybe
- No

*Please describe further :*



**DISSEMINATION**

**10.** Please describe any steps taken to disseminate the outcomes of the project. The results of the study will be shared with the project implementation actors at the local level (a restitution workshop per health district). Subsequently the results will be validated with the national level (INRSP, National Directorate of Health), and may be used as evidence for advocacy with the Government of Mali to scale up the C-MAMI approach, complementing the current national protocol for integrated management of acute malnutrition (PCIMA). ACF wishes to continue this study, then share the results at the international level with all stakeholders.

*Please include all completed and forthcoming, as well as all planned and unplanned products (for example, research and policy reports, journal articles, video blogs, evaluations).*

**NEXT STEPS**

**11.** Will the project, idea or innovation be replicated, carried forward or scaled up ?

- Yes
- No
- Maybe

*Please describe further*

For the future, ACF plans to carry out the following activities: **(1)** Joint supervision (DNS, INRSP, DRS, CSRef, ACF) for the evaluation of the quality of care of couples mother/infant under 6 followed in the program, **(2)** Evaluation of the causes of the defaulter and/or missed appointments, **(3)** Follow-up of the couple mother/infant already in the program until the recovery of nutritional status **(4)** Capitalization of the intervention. For scaling up, a methodological approach will be developed and validated by the Ministry of Health of Mali a method adapted to the context, taking into account the specificities of the area (Country).

**12.** If the project or innovation could be carried forward, replicated or scaled up, please list the three most important issues or actions that will need to be considered (*where 1 = most important and 3 = least important*)

Suggestion/issue	1	2	3
1. Train health staff on the new WHO growth standards adopted by Mali and community-based IYCF.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Integrate the anthropometric parameters of the new WHO growth standards into the registry of pediatrics consultation to promote systematic screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. As lesson learned, it would be useful to involve upstream the governance bodies of the community health structures that are the ASACOs (community health association) in the context of Mali in order to boost the activities of the project through their power of decision on health staff and community health workers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>