



MALI: A GROUND GAME TO TACKLE MALNUTRITION

Nutrition and Hygiene Project

Duration: 2013–2018

Challenge

In the center of Simaye village in Mali's Mopti Region, men, women, and children gather under a large tree to listen. Two USAID-trained facilitators discuss the health challenges facing the village. Only three latrines serve many families, so more than half of the villagers are practicing open defecation. The water point no longer functions, so most families are pulling dirty water from the river. Many of the infants are not benefiting from exclusive breastfeeding and young children from a diversified diet, so they are malnourished.

Since 2013, this scene has repeated itself hundreds of times in the 15 districts and four regions of Mali—Mopti, Segou, Koulikoro, and Sikasso—most affected by malnutrition, poor access to health care, and substandard water and sanitation services. To address the persistent issues of food insecurity, poverty, and high undernutrition in a country that has among the highest fertility rates and child mortality rates in the world, USAID is working to improve the nutritional status of pregnant women and children within the critical first 1,000 days of a child's life.

Opportunity

The strategy is to address the immediate causes of malnutrition—inadequate diet and infectious diseases such

USAID works with local artisans in communities like Anga, Mali, to repair or rehabilitate artesian drilling as an incentive to become open defecation free-certified. Photo credit: CARE Mali

as diarrhea—as well as the underlying causes, such as poor hygiene and inadequate sanitation. USAID's ground game is to train a cadre of frontline workers and change agents—community health workers, *relais* (community health volunteers, including pregnant women), agriculture agents, elected officials, artisans, and women's associations. These change agents will remain in their communities for years to come, demonstrating, monitoring, promoting, and reinforcing critical hygiene and nutrition behavior change, and building and repairing infrastructure that lead to improved nutrition and health outcomes and significant drops in open defecation.

Their work includes household visits emphasizing behavior change; malnutrition screenings; home gardening, cooking, and breastfeeding demonstrations and guidance; and open defecation free certification and monitoring.

Sometimes behavior change comes from a simpler source—modeling the improved behavior for others. Says USAID-trained Maman Leader Djema Doumbia, a pregnant mother herself, “Those who try nothing will have nothing. I want to thank USAID for their effective trainings and motivation. In our village, there are now very few cases of malnutrition. We are now equipped with the tools to minimize these health problem at the community level and change perspectives on certain traditional health practices.”