

**Title: Keneya Ciwara, a community Health program in Mali: What works, What Doesn't?**

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**Department: Health**

**Description: Keneya Ciwara, a successful high impact health interventions project is contributing to improve maternal and child indicators in rural community of Mali.**

**Keywords: High impact interventions - Maternal and child Health indicators –**

**Geographic area: 13 districts in Mali**

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**Content:**

The “USAID district level health project” called “Keneya Ciwara” is one of the successful health projects of USAID Mali in the last five years. Keneya Ciwara aims to improve the access, quality and use of high impact health services and ensure the adoption of community and household key health practices by the communities and households in 13 cercles and the district of Bamako. The high impact health services are related to child survival (vaccination, malaria, diarrhea disease, nutrition and vitamin A), family planning and reproductive health. Keneya Ciwara is implemented by a consortium of international and national NGO led by CARE. The other members of the consortium are JHU/CCP, IntraHealth International, Action Against Hunger, and Groupe Pivot Santé Population.

The final evaluation (April 2008) of Keneya Ciwara project has shown that apart from oral rehydration therapy (ORT), all indicators have greatly improved compared to the baseline (April 2004). The final has shown that the level of the following indicators are even better than that reported in the Mali DHS 2006: use of insecticide treated nets (ITN) by pregnant women increased from 7 % to 32 % and that for children from 10% to 42 %, pregnant women receiving 2 doses of SP increased from 0.3% to 22.5%, modern contraceptive prevalence increased from 7% to 9%.

Great was achieved in improving mothers and children health indicators however some challenges remain

### **What works?**

The success of Keneya Ciwara is mainly due to 1) the community mobilization through the 4000 trained and equipped community relais leading to the increase of the demand and use of services provided at CSCOM and community levels and the promotion and adoption of key family health practices; 2) the creation of synergy between USAID health project partners such as PSI, Netmark to improve access to key health commodities such as insecticide treated net (ITN), Sulfadoxine Pyrimethamine (SP) and contraceptives, and PGP for building and improving the partnership between ASACO and commune; 3) the quality improvement initiative called “Gold Ciwara” initiative engaging communities in defining and putting in place the quality of services that suits them in their community health center (CSCOM).

### **What doesn't works?**

Although good results were achieved in maternal and child survival health indicators improvement, Keneya Ciwara is still facing the following challenges: i) inadequate coverage of household by the relais: the number of relais should at least double to have an adequate coverage of the households ; ii) the supervision and motivation of relais should be regularly ensured by the ASACO/CSCOM; iii) less than 50% of the ASACO were performing well therefore, ASACO performance in term of governance and management and resources mobilization needs more works.

Keneya Ciwara follow on project will works to tackle these challenges.



A female community relais conducting a behavior Change Communication (BCC) session with a women group



“Gold Ciwara” label



Nurse administrating vaccine to a child