The Challenges of Reducing Child Mortality at the District Level: the case of Koutiala, Mali

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Background
MSF set up a medical and nutrition project in July 2009, to reduce infant and child mortality. Between 2010 and 2016, 7 multi-indicator cross-sectional surveys was conducted in Koutiala and the finding showed a reducing trend in under five mortality and fairly constant prevalence of acute malnutrition. By 2019, MSF expanded the intervention to cover almost all the rural health areas of the district. We conducted a survey to have some baseline health information.

Methods
It was a cross-sectional community-based survey using a two-stage cluster sampling method. Clusters were selected randomly with probability proportionate to size and households selected by spatial random sampling. Under five mortality rate was estimated for a recall period of 380 days (July 14, 2021 – July 28, 2022) and the prevalence of acute malnutrition estimated in children 6-59 months based on lower limp oedema, mid upper arm circumference (MUAC), and weight/height ratio.

Results
A total of 2320 households and 2982 children aged 0 to 59 months enrolled. Under five mortality rate was 0.54 deaths/10,000/day [95% CI: 0.38 - 0.70] and this was higher in remote health areas compared to Koutiala city. The major cause of deaths was malaria (36.84%). Approx. 65% of deaths occurred either at home or at the community health center. Among children with at least one episode of ill-health in two weeks preceding data collection, Higher proportion used primary health facilities and lower proportion used secondary health facilities in comparison with Koutiala city where the reverse was observed. Prevalence of acute malnutrition was 11.45% and it was evenly distributed across the district.

Conclusion
Under-five mortality rate in Koutiala has risen recently. There is need to reassess the context and referral system in place and adapt the intervention accordingly.