



2010
2016

Leveraging the French Muskoka Fund to improve the lives of women and adolescents in West and Central Africa



Introduction

The Muskoka Fund was set up in response to an urgent call for action to improve the health of mothers, newborns, children and young people.

The call was made at the 2010 G8 in Canada, in order to meet the Millennium Development Goals of 2015, and taken on by the French Government.

It pledged EURO 95 million over five years to UNFPA and other UN agencies to fund high-impact health interventions in West and Central Africa. The investment, known as the Muskoka Fund, is a unique funding mechanism which has been so successful it has been extended for a further year and now runs until October 2017.

It has encouraged coordination, innovation and a sharing of technical expertise and knowledge between the agencies involved: UNFPA, UNICEF, UN Women and WHO.

To date, UNFPA has received around EURO 26 million from the fund, allowing us to make significant improvements in maternal, neonatal and adolescent health in our target countries: Benin, Ivory Coast, Guinea, Mali, Niger, Senegal, Chad and Togo.

The need in these countries is high.

Of the 202 million population, 41 million are women of reproductive age. Every year about nine million women become pregnant and of these, 45,000 will die.

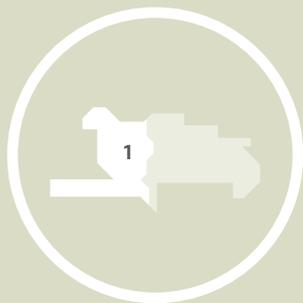


pregnant women

9,000,000

deaths

45,000



- **202 million** inhabitants
- **45 million women** of childbearing age
- **55,000 maternal deaths** every year
- **838,000 deaths** among children under 5 years of age; 40% of which are newborns

		UNICEF	UNFPA	WHO	UN WOMEN
1	Haiti			✓	✓
2	Senegal	✓	✓	✓	
3	Guinea	✓	✓	✓	✓
4	Ivory Coast	✓	✓	✓	✓
5	Mali	✓	✓	✓	✓
6	Burkina Faso			✓	
7	Togo	✓	✓	✓	✓
8	Benin	✓	✓	✓	✓
9	Niger	✓	✓	✓	✓
10	Chad	✓	✓		
11	Democratic Republic of Congo			✓	

 "Flagship" beneficiary countries
 "Non-flagship" beneficiary countries

Objectives and main axes of intervention

The French Muskoka Fund uses targeted high-impact interventions to improve the health of women, young people and children. It is aligned with national policies, supports coordination mechanisms and compliments inter-country activities and regional initiatives.

**Maternal
and
neonatal
health**

**Family
planning**

**Adolescents'
and young people's
sexual and
reproductive
health**

Child health



Our achievements

UNFPA's mandate is to work in close collaboration with other agencies and form partnerships wherever possible. Our expertise and experience bring added-value to these partnerships in the following ways:

- UNFPA emphasizes capacity development in maternal care, especially the strengthening of human resources and emergency obstetric and newborn care. UNFPA helps to train midwives, supports emergency obstetric and newborn care facilities and networks. We also support the implementation of maternal death review and response systems, to help officials understand how and why many women are dying and how to respond. We work with our partners WHO on standards and procedures and with UNICEF on neonatal care.
- Our family planning interventions focus on helping mothers to space or choose not to have more pregnancies - improving the health of both women and children.
- We use a regional strategy to reduce the number of young mothers by running and promoting comprehensive sexuality education programmes and adolescent-friendly sexual and reproductive health services. Within the Muskoka mechanism, UNFPA is well-known as the technical lead agency and convener on AYSRH at regional and national level.
- We use the Fund to catalyse other available funds (for example, UNFPA Supplies and the Sahel Women's Empowerment and Demographic Dividend and on AYSRH with joint programmes on female genital mutilation and child marriage) to support and complement each other, both at regional and country level.



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Highlights and achievements in 2016 at regional level

Across the region, we promoted innovation and best practices throughout the year in the following ways:

- **Raising public awareness:** Running a second series of the highly successful media programme 'C'est la vie!' with the strong involvement of UNFPA in collaboration with 3 other agencies - the first TV soap-opera in WCA educating viewers on maternal, sexual and reproductive health. This mixed media campaign has been a huge success with more than 100,000 views per quarter on TV5 Monde of the 26-episode show and 300,000 views on YouTube. There have been 21,500 views on the website, 21,000 fans via Facebook and 18,000 views of extra interviews and discussions. The campaign brings discussion on everything from HIV to female genital mutilation and obstetric fistula into the home and has been broadcast in 44 countries across the continent. Research shows that television has taken over from radio as the major source of entertainment for those living in urban areas in WCA. But the campaign has also reached rural areas with an estimated 62 percent of viewers watching from outside the cities. As well as bringing information into the home each week via the television soap opera, the campaign includes discussion guides, cinema screenings, web games and social media to reach every part of society. Initiatives have included involving youth leaders and clubs, press kits, women's groups and government.
- **Supporting and sharing knowledge:** by supporting the 2nd ECOWAS Forum on Best Practices in Health, focusing on reproductive maternal neonatal child and adolescent health (RMNCAH) knowledge in the region. This forum promoted innovation in RMNCAH-related Sustainable Development Goals (SDGs).
- **Advancing sexuality education:** Documenting good practices on how to operationalize and institutionalize comprehensive sexuality education (CSE) programmes in Benin, Cote d'Ivoire, Senegal and Togo.
- **Reducing early pregnancy:** UNFPA led the first regional AYSRH inter-agency strategy and framework to be implemented in the eight countries benefiting from the Fund.



300,000

VIEWS
ON YOUTUBE



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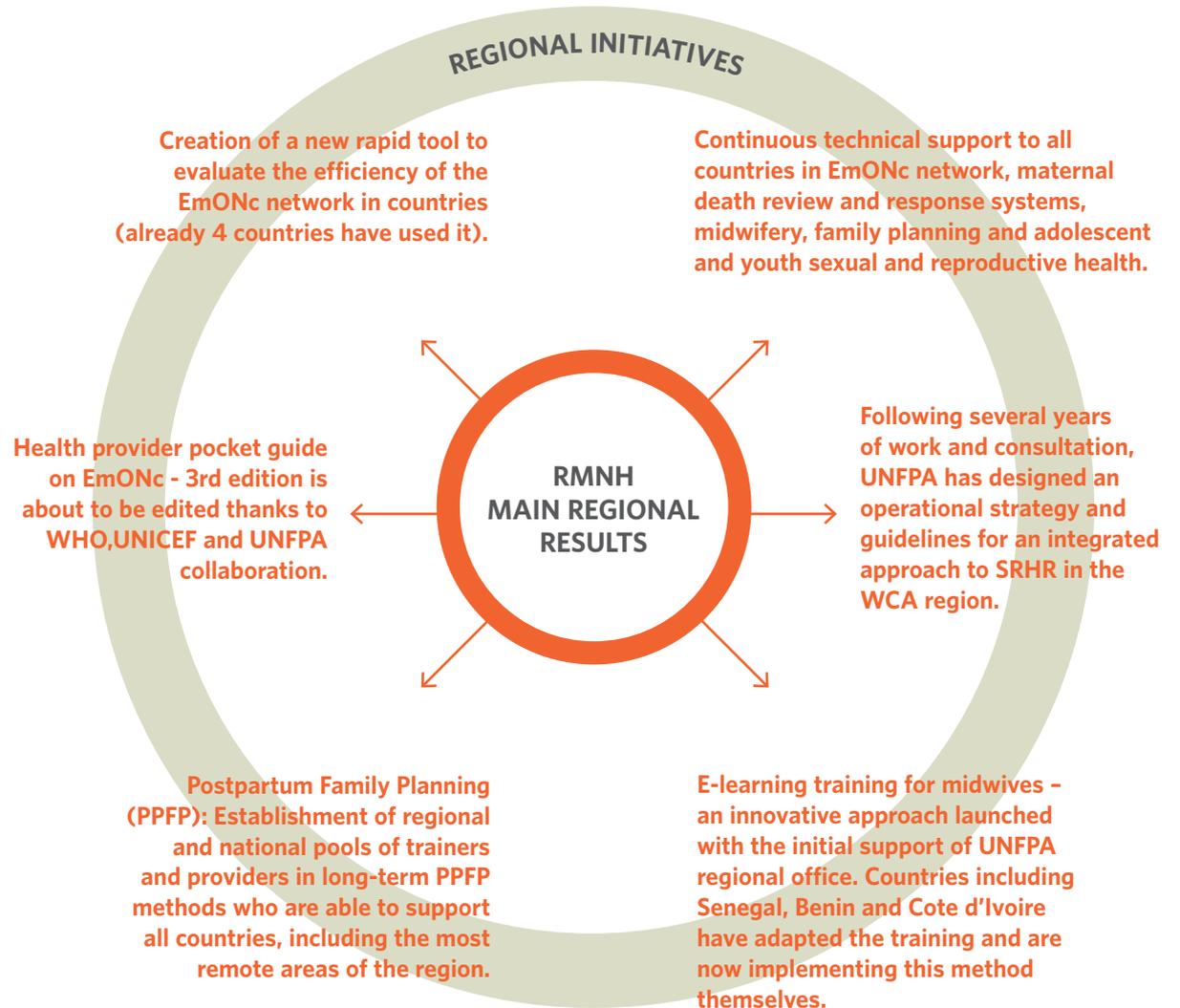




Five years of implementation aimed at strengthening health systems and reducing maternal deaths



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Country initiatives

BENIN

The Fund helps UNFPA run three mobile clinic boats and a mobile clinic truck to reach women living in some of the remotest areas of Benin with family planning services.

The average woman in the country has five children and lives on just two US dollars a day.

Women such as Christine Diegue, who has already lost two of her nine children and had a very difficult last pregnancy, relies on the service.

"To have any more children would just be too difficult," she said.

"Since I won't become pregnant again, I won't tire myself out taking care of more children. Now I am free to take good care of the kids that I already have."

GUINEA

Maternal health improved with Basic Emergency Obstetric and Newborn Care (BEmONC) coverage increasing from 3 maternity departments in 2013 to 92 in 2016.

The Comprehensive Emergency Obstetric and Newborn Care (CEmONC) coverage increased from 7 in 2013 to 11 in 2016.

BEmONC

3 → 92 MATERNITY DEPARTMENTS

CEmONC

7 → 11 MATERNITY DEPARTMENTS



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CHAD

In Chad, where nearly one in every 100 women died during or as a result of childbirth in 2014, the Fund's initiatives have significantly improved the numbers of mothers seeking medical care.

"In 2012, we did not even get 30 births per month," said Dr Mamadou Bobo Diallo, a United Nations volunteer working in the Mongo Regional Hospital's maternity unit in Guera region.

"Today, we have an average of 100 to 120 births per month. This means that there has been a visible improvement in the receiving of patients, as well as in the frequency and quality of care given."

Investments by the Fund have significantly improved conditions at the maternity unit, which did not even have running water when Dr Diallo first arrived in 2012.

Now he has the equipment he needs as well as trained staff to assist him.

About 80 percent of women in the region still give birth at home, so the challenges are still great. But UNFPA is committed to reversing the number to get at least eight out of ten pregnant women to come to properly equipped health care facilities for medical supervision and to give birth.

Between 2012 and 2016, in nine intervention regions, the following strategies were implemented: identification of 99 health facilities, training of service providers, provision of health facilities, supervision and monitoring.

This intervention made it possible to increase from 2 to 46 BEmONC facilities and from 12 to 36 CEmONC facilities.

The increase in the number of CEmONC training courses has reduced obstetric deaths in the intervention area from 10 to 2.85 percent.

BEmONC facilities



CEmONC facilities



CEmONC training course



Obstetric deaths



COTE D'IVOIRE:

In Côte d'Ivoire, maternal mortality remains high. It is essential that maternal deaths are recorded and analysed so we can understand the causes and put in place appropriate responses.

In 2012, we put in place a system to monitor and respond to maternal deaths:

- Implementation of maternal death reviews in health districts. Health providers from 47 out of 82 health districts were trained (57.3 percent). Of these districts, 19 out of 47 districts carried out post-training reviews (40.4 percent).
- Notification of maternal deaths. All 82 districts of the 19 health regions (100 percent) are reporting maternal deaths. This notification is made by one of the following channels (Smartphone, telephone call, Internet). This progress was made possible thanks to advocacy by UNFPA with key stakeholders and the support of Madam Minister of Health and Public Hygiene.



57.3%

**DISTRICTS TRAINED
ON MATERNAL DEATH REVIEWS**



40.4%

**DISTRICTS CARRIED OUT POST-TRAINING
REVIEWS**

NIGER:

The Fund's aim in Niger is to help bring down the fertility rate – the highest in the world – by teaching people about key family planning practices.

On average, a woman has more than seven children, normally at home, without trained medical help.

Health workers have been trained to teach parents eight points for better maternal and child health, including exclusive breastfeeding, vaccinations, using anti-malaria mosquito nets, hand washing and how to identify malaria, diarrhoea and pneumonia.

Eight out of ten people in Niger live in rural, often remote and inaccessible, areas and this education is helping those unable to reach health facilities to keep their families safe from disease.

The Fund has given motorbikes to 13 facilities to help health workers reach a wider area. Measures such as these helped Niger reach Millennium Development Goal Four's target of reducing child mortality (under-5s) by two-thirds between 1990 and 2015.

It has also transformed health facilities into centres capable of hosting and managing CEmONC, through rapid evaluation, active monitoring, supplying equipment and providing quality training to health professionals.

Results include:

- 200 maternity departments with CEmONC equipment and medicines.
- 200 maternity departments supervised regularly.
- 53 action plans for strengthening CEmONC.





TOGO

There has been a substantial reduction in the number of maternal deaths in Togo since the implementation of maternal and child health programmes in 2011. The maternal mortality rate has fallen from 470 to 400 deaths per 100,000 live births between 1998 and 2013.

Varied, complementary and innovative family planning strategies have been implemented. These include:

- An increase in the number of health facilities offering at least three methods of contraception: from 88.3 percent of health facilities in 2013 to 97.9 percent in 2014. Coverage has also been increased from 13.2 percent in 2010 to 17 percent in 2013. In 2014 alone, family planning methods helped avoid 309 maternal deaths.
- Postpartum family planning: in less than two years, 1,503 women received an intrauterine device (IUD) postpartum giving a CAP (couple years protection) of 5260.5. The postpartum intrauterine device (PPIUD) is currently being implemented in 25 health units in six health regions and the country has just begun the process of developing a scale-up plan of this approach.



88.3 → 97.9%

HEALTH FACILITIES OFFERING AT LEAST THREE METHODS OF CONTRACEPTION IN 2014



309

MATERNAL DEATHS AVOIDED WITH FAMILY PLANNING METHODS IN 2014



1,503

WOMEN RECEIVED AN INTRAUTERINE DEVICE (IUD) POSTPARTUM.





→

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Improving Adolescent and Youth Sexual and Reproductive Health Practices

In **Chad**, 2,000 pupils at Ndjamena girls high school were given access to sexual and reproductive health information and services; 13 teachers were trained in Comprehensive Sexuality Education (CSE); 12 girls were trained to be young leaders in CSE and a blog dedicated to young girls was created.

In **Senegal**, a telephone information line GINDIMA 'Illuminates Me' was launched in August 2016 as part of a global framework on AYSRH. This free 24/7 line is automatic and in French and Wolof.

It is capable of taking a large volume of simultaneous calls, quickly analysing data and ensuring the anonymity and strict confidentiality of the caller. Content is centered around seven themes including the menstrual cycle, sexually transmitted infections and HIV/AIDS, contraception and violence.

Within three months of its launch, it registered 24,639 calls - more than double the number envisaged. Gindima is very popular with teenagers and young people and is promoted by social networks.

 **Information line GINDIMA**
24,639 calls
→ within 3 months

In **Côte d'Ivoire**, UNFPA helped the government draw up two major strategic documents: the Comprehensive Sexual Education Programme (PNESC 2016-2020) and the National Youth Policy (NPC 2016-2020).

UNFPA provided technical support to the ministries involved, using advocacy, communication and evidence-based arguments to encourage political dialogue. This included creating a favourable environment - especially through the school campaign 'O Pregnancy'.

In **Togo**, providing school health care for adolescents and youth has become a central focus and actions have been taken at several levels:

- At strategic level: A reference document has been made available to school and university clinics.
- At operational level: 25 school health care clinics have been reinforced for sexual and reproductive health (SRH) support. SRH, HIV and gender-based violence education has been made available at 80 secondary schools and more than 200 villages and 100 institutions have received integrated SRH services targeting adolescents and youth. There have also been awareness campaigns on early school pregnancy and early marriages.



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Muskoka Fund in situations of crisis

Chad

In the Lake Chad region, where there is a significant humanitarian crisis, the already worrying maternal health indicators are deteriorating rapidly. The Fund complemented other funds in supporting a campaign called 'All4Lakechad' which sheltered refugees, returned and internally displaced persons in the health districts of Bol, Bagasola and Liwa, from May to July 2016.

The strategies implemented were:

- Deployment of 160 midwives and three gynaecologists in health centres and hospitals.
- Providing health facilities with equipment, SR products including contraceptives, consumables and management tools.
- Engaging traditional and religious leaders to encourage community demand.
- Offering fixed as well as mobile services to facilitate people in hard-to-reach areas.
- Monthly Facilitating Supervision and Active Data Collection.

Over the campaign's period, attendance increased by 69 percent and 6,078 pregnant women received prenatal consultations.

Month of June-July-August	2016	2015	OBSERVATIONS
Number of assisted deliveries	940	591	Increase of 59%
Number of CPN1	3848	2020	Increase of 90%
Number of complications received and supported	74	33	Increase of 124%
Number of Caesarean sections	31	11	Increase of 182%

Mali

In northern Mali, there has been a massive population displacement and very limited access to health care due to the destruction and/or plundering of infrastructure and the halting of health services. Muskoka agencies have been organized to ensure the continuity of health care in the health districts and hospitals of the regions of Gao, Timbuktu, Kidal, Mopti and Ségou.

Multidisciplinary RMNCH teams were sent to conflict zones. A total of 217 specialists were deployed in the field, including 30 midwives and obstetric nurses, eight gynaecological obstetricians and 26 Expanded Programme on Immunization (EPI) agents.

Between 2012 and 2013, eight missions were carried out. These interventions allowed the reopening of some health centres looted during the occupation of the North and the continuity of services. Emergency drugs (kits) and other medical and non-medical inputs were also supplied.

Activities carried out included:

- 956 surgical procedures, including 314 caesarean sections;
- 2,732 pre-natal consultations and 878 assisted deliveries;
- 58,196 children, aged 0 to 11 months, vaccinated against priority EPI diseases.



956

SURGICAL PROCEDURES



314

CAESAREAN SECTIONS



2,732

PRE-NATAL CONSULTATIONS



878

ASSISTED DELIVERIES



58,196

CHILDREN VACCINATED



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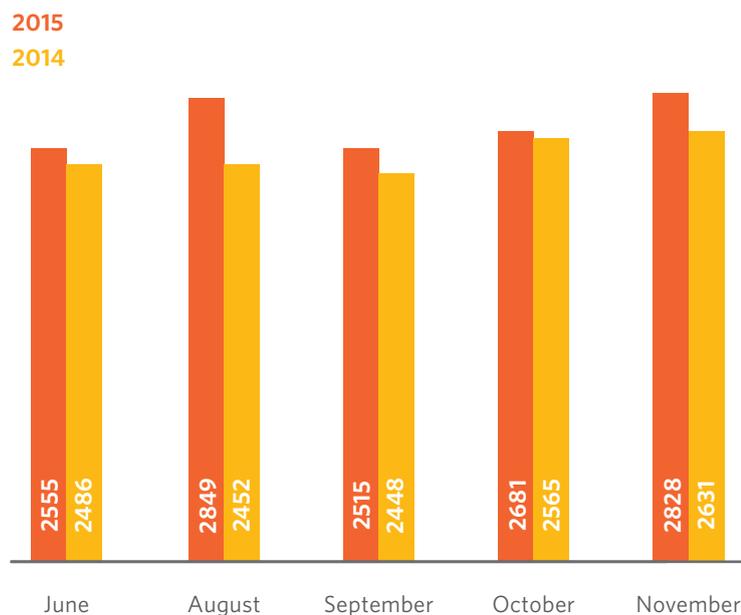
Guinea

In Guinea, the Fund complemented other funds in the fight against the Ebola epidemic.

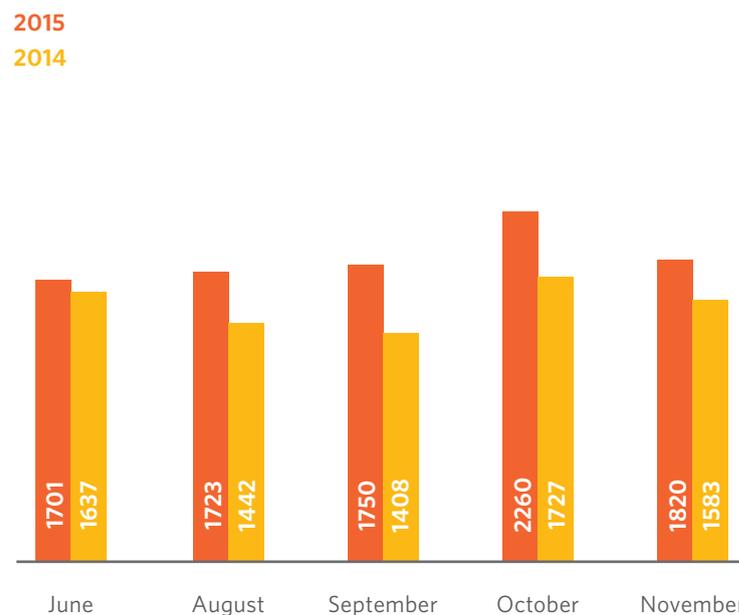
It funded products and inputs to enable 68 midwives to participate in the Mano River Initiative. They worked in the border prefectures most affected by Ebola, increasing the number of women using the services (as shown in the graphs below).

The presence of midwives in health centres has restored public confidence in the use of services by pregnant women.

EVOLUTION OF THE CPN4 (PRENATAL CONSULTATION/ANTENATAL CARE) BETWEEN 2014-2015.



TRENDS IN BIRTHS ASSISTED BY SKILLED PERSONNEL BETWEEN 2014-2015.

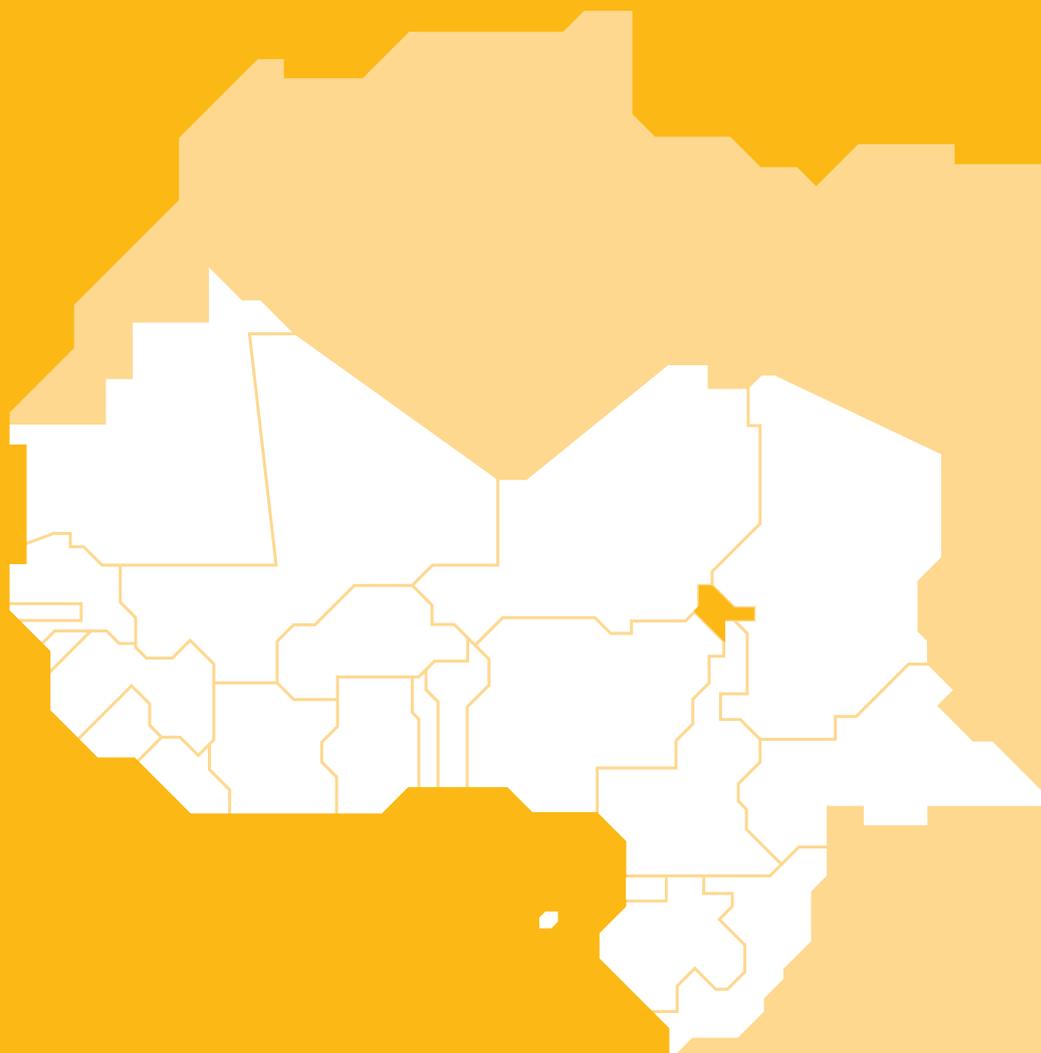


*We intend to deliver a region
where every pregnancy is
wanted, every childbirth is
safe and the potential of every
young person is fulfilled.*





Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



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