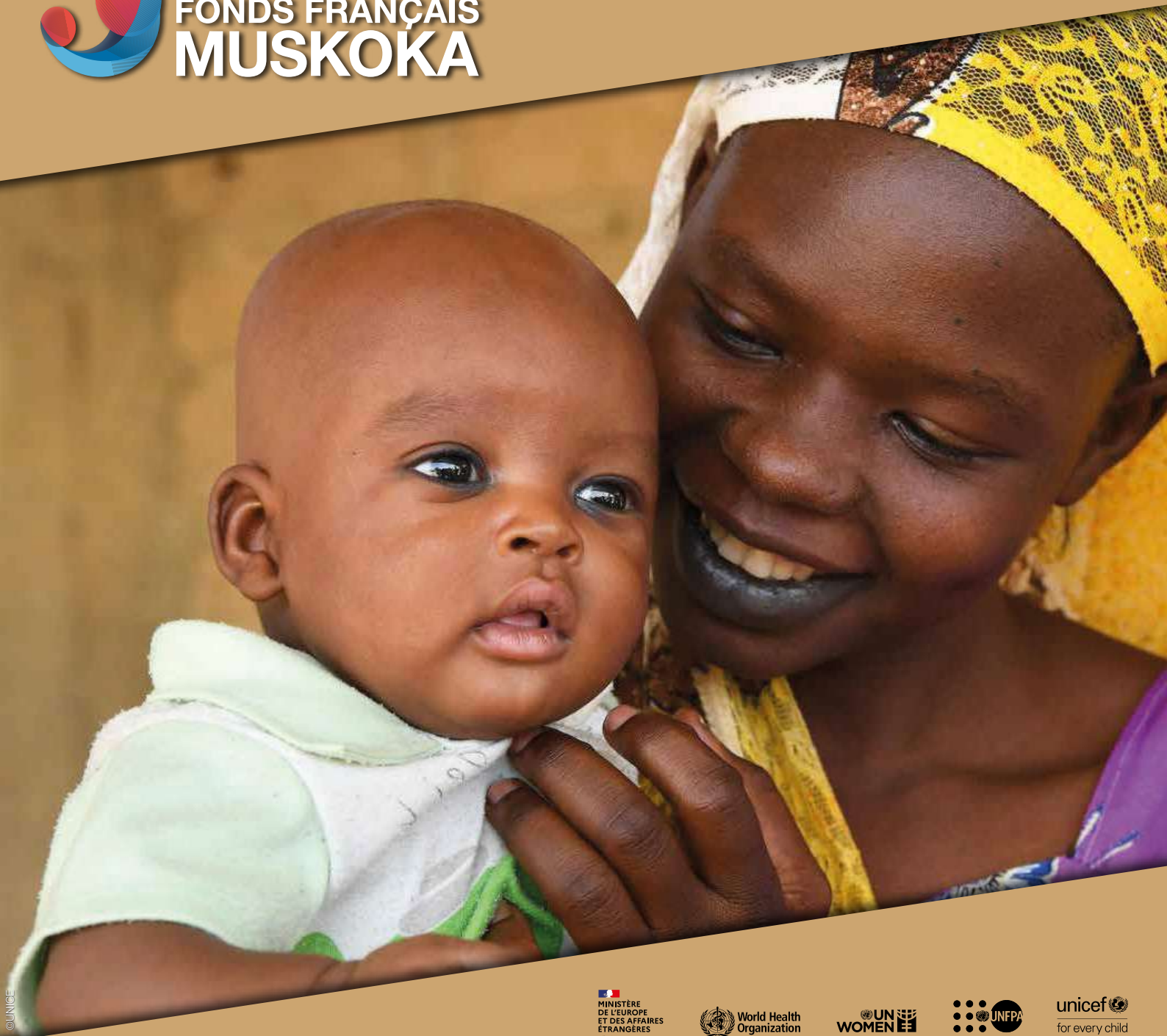




FONDS FRANÇAIS  
MUSKOKA



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## CREATION

In 2010, following the G8 summit in Canada.

## MANDATE

Strengthening health systems to improve the health, well-being and nutrition of mothers, newborns, children, adolescents and youth in West and Central Africa with a view to achieve the Sustainable Development Goals.

## LEADERSHIP AND IMPLEMENTATION

French Ministry of Europe and Foreign Affairs (MEAE) funded-mechanism bringing together 4 UN agencies: **WHO, UN Women, UNFPA, UNICEF.**

## COUNTRIES OF OPERATION

Benin, Côte d'Ivoire, Guinea, Senegal, Chad, Togo.






REDUCED  
MATERNAL  
MORTALITY

STRENGTHENED  
TRAINING  
OFFER

Retrouvez tous  
nos domaines  
d'intervention sur  
[www.ffmuskoka.org](http://www.ffmuskoka.org)



Muskoka helped us, and we are grateful to them.

They have helped, and we thank all those who, directly or indirectly, contribute to the reduction of maternal and neonatal mortality rates, because today, women who die while giving life, reflecting a lack of experience.

Yet this is a reality, we have no choice.

The fact remains, some medical conditions are killing women, and even the staff.

Sometimes, we lose our friends.

This is mainly attributable to a lack of training.

By rushing during delivery, a midwife may cause a torn cervix.


She cannot repair the tear. In case of hemorrhage, a whole team of specialists is required.

The situation is compounded by the fact that you're on your own, or at most, the center has only 4 people to provide the entire service.

In such a case, you cannot do anything to save your patient.


This is why Muskoka came to us and helped us achieve our goal, which is to travel to visit these women living in the most remote areas, train staff and nurses, and interact with the population.

We built a relationship of trust with the local population. As a result, people began to attend health centers again.



**Sira KEITA**  
Midwife, Bernard Kouchner Hospital, Guinea

*For the health, well-being and nutrition  
of mothers, newborns, children, adolescents and youth*




The Fonds Français Muskoka has empowered girls to not only identify themselves but also engage within our community.

As a result of these activities, we are now involved in decision-making bodies, family gatherings and take part in major decision-making bodies to bring our point of view.

Moreover, thanks to the Fonds Français Muskoka, young girls from Kolda have been able to travel and discover places they had never been before.

Some had the opportunity to travel to Côte d'Ivoire, France and even Nairobi, to showcase the work carried out by the Young Girls' Club in Kolda.

Therefore, we would like to thank the Fonds Français Muskoka and our partners for their contribution to girls' development in Kolda.



**Awa DIASSY,**  
President of the Young Girls'  
Club, Kolda, Senegal



**COMMUNITY  
ENGAGEMENT**

**PARTICIPATION  
IN DECISION-MAKING  
BODIES**

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about our areas  
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## FPM GOVERNANCE

### **COUNTRY LEVEL**

#### **Muskoka Coordination Group**

- Technicians from 4 UN agencies,
- Representatives from ministries,
- Civil society,
- Youth

### **REGIONAL LEVEL**

#### **Technical committee (COTECH)**

- Technicians from 4 UN agencies, regional level
- Ministry of Europe and Foreign Affairs (MEAE),
- Regional global health advisors,
- Civil society

### **GLOBAL LEVEL**

#### **Steering Committee (COFIL)**

- Senior representatives of the French Ministry of Europe and Foreign Affairs (MEAE),
- Directors of UN regional offices,
- AFD

#### **Secretariat**

- Coordinator
- Monitoring and evaluation specialist
- Communication and advocacy specialist
- Administrative and Financial Specialist

## TOTAL FEM CONTRIBUTION

Almost **€170 million**

since 2010



## KEY DATA AND INDICATORS FROM THE FEM COUNTRIES OF OPERATION\*

2022

### POPULATION


Total population (in figures)	170,737,000
Average annual population growth/change rate (2020/2025)	2.8%
Total number of women of childbearing age (15-49 years)	42,005,734
Total number of births	6,401,000
Total fertility rate (number of babies per woman)	5.1
Total number of young people aged 10-19	35,545,200
Total number of children aged 0-14	75,151,670
Total number under 5 children	28,614,000
Percentage of children married before 18 (average 2005/2020)	44.9%

\*Figures from 2010 to 2022 (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Chad, Togo)

Sources: WHO AFRO IAHO | AFRO Region indicators.

	2010	2022	Δ
<b>MATERNAL, NEWBORN, CHILD, YOUTH AND ADOLESCENT HEALTH</b>			
Maternal mortality ratio (per 100,000 live births)	640,4	491,6	- 23.23%
Neonatal mortality rate (per 1,000 live births)	33,7	28,2	- 16.32%
Under 5 mortality rate (per 1,000 live births)	116,4	97,7	- 16%
Stunting rates among under 5 children (low height-for-age)	35,0%	26,9 %	- 23.14%
Underweight prevalence among under 5 children (low height-for-age)	9,7%	7,9 %	- 18.55%
Adolescent birth rate (number of babies per 1,000 girls aged 15-19)	142,0	119,4	- 15.9%
Adolescent fertility rate (number of births per 1,000 girls aged 15-19)	182	171	- 6%
Percentage of pregnant women living with HIV who received antiretrovirals for mother-to-child transmission prevention	38,1 %	75,2%	+ 97.37%

	2010	2022	Δ
<b>HEALTH SYSTEMS</b>			
Needs met through family planning	24,8%	35,9%	+ 44.75%
Prevalence of contraception (modern methods)	10,1%	17,9 %	+ 65.7%
Universal Health Coverage index	30,7%	38,4 %	+25%
Density of nurses and midwives (per 1,000 persons)	38,8	46,4	+ 19.58%
Percentage of deliveries attended by skilled personnel	50,0%	60,8 %	+ 19.6%
Exclusive breastfeeding rate (among children under 6 months)	24,9%	36,9 %	+ 48.19%
Rate of antenatal care with at least 4 visits (ANC4)	43,6%	45,4%	+ 4.1%
Percentage of appropriate management of childhood pneumonia	38,8 %	46,4 %	+ 19.58%
Incidence of tuberculosis (per 100,000 population)	115,4	92,3	- 20%
Incidence of malaria (per 100,000 population)	362,7	282,6	- 22%



We manage malaria, diarrhea and other conditions...

I am grateful to the Fonds Français Muskoka.

Why? Previously, the municipality of Zakpota experienced high mortality rates.


Relays were trained and medicines distributed to save the children's lives.

Pregnant women benefited from a home visit.

When pregnant, women are referred to the health center.

As representative of community health relays,

I am so grateful to the Fonds Français Muskoka.



**Antoinette TAOFOUN**  
Community relay,  
Houangon, Benin

**IMPROVED  
ACCESS TO  
HEALTHCARE  
(HOMECARE)**

**FIGHTING  
MATERNAL,  
NEWBORN  
AND CHILD  
MORTALITY**

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# INTERVENTIONS ON THE 6 PILLARS OF HEALTHCARE SYSTEMS



## SERVICE DELIVERY

### CHALLENGES

Need to strengthen health facilities to ensure services and provision of quality care for mothers, newborns, children and adolescents.

Guaranteeing the continuity of care (availability and quality) during crisis periods.

Strengthening a multi-sectoral, community-based approach to deliver an integrated package of preventive and curative interventions.

Developing communications to gain public confidence and trust in our services in a sustainable way (especially during crisis periods).

### FFM RESPONSES

The FFM is involved in strengthening health facilities providing more quality care to women, newborns and children: development of emergency obstetric and neonatal care (EmONC) networks, health worker and personnel training, provision of both preventive and curative health services.

The FFM promotes sustained family planning within community facilities, a high-impact intervention aimed at reducing maternal and infant mortality.

The FFM works to guarantee and establish a more enabling environment to address gender-based violence and respond to crisis situations.

The FFM fosters synergies between maternal, newborn and child health (MNCH) and nutrition interventions by promoting optimal breastfeeding practices in maternity wards, malnutrition screening and optimal infant and young child feeding (IYCF) practices at community level along with vitamin A supplementation.

### RESULTS

In terms of nutrition, from 2010 to 2022, the exclusive breastfeeding rate (for children under 6 months) increased by 96% in Cte d'Ivoire.

In Guinea, the coverage of potential needs for basic emergency obstetric and neonatal care (BEmONC) increased by 41% in 3 years.

Surveys carried out in Togo and Chad on the links between violence and maternal health resulted in a consolidated report used as advocacy tool. This advocacy resulted in the inclusion of gender-based violence (GBV) provisions in the penal code.

In Senegal, the number of BEmONC operating 24/7 tripled between 2013 and 2016.



## HUMAN RESOURCES AND HEALTH WORKERS

### CHALLENGES

Equitable access to skilled health personnel is crucial to improve maternal, newborn, child and adolescent health.

This calls for strengthened human resources, dedicated financial resources, access to training and being able to guarantee the safety of health personnel in every situation.

The availability of trained and skilled human resources helps to meet needs and requirements in times of health crisis.

### FFM RESPONSES

Providing equitable access to skilled health personnel is one of the key activities of the FFM through: sustained advocacy tools and initiatives, policies and plans for health human resources, and enhanced training for midwives.

### RESULTS

In countries where the Fonds Français Muskoka operates, the density of nurses and midwives increased from 38.8% to 46.4% between 2010 and 2022, equivalent to less than 1 nurse and midwife per 1,000 people.



Regarding our home hospital in Bé, I would argue that the Fonds Français Muskoka helped the hospital to strengthen the capacity of the staff and the technical platform. This resulted in a significant improvement in care provided to mothers, newborns and children.

We have also witnessed an improvement in the quality of care provided to mothers, newborns and children.

As proof, we're very crowded, especially during the Covid-19 period.

Compared to last year, attendance rates have increased.

Today, everyone wants to come to Bé Hospital.



**Azouboua ADJEODA ABÉOU**  
Deputy director,  
Bé Hospital, Lomé, Togo

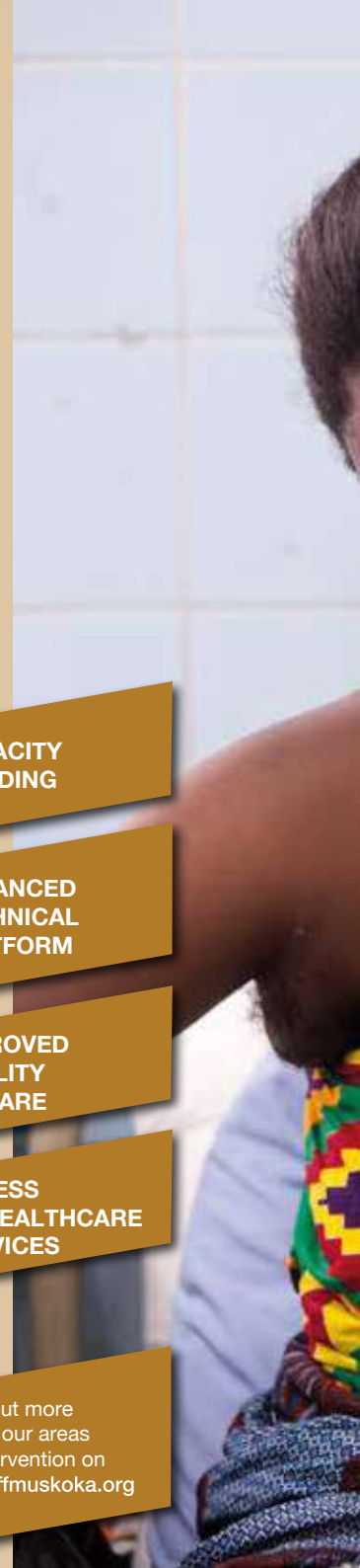
**CAPACITY BUILDING**

**ENHANCED TECHNICAL PLATFORM**

**IMPROVED QUALITY OF CARE**

**ACCESS TO HEALTHCARE SERVICES**

Find out more about our areas of intervention on [www.ffmuskoka.org](http://www.ffmuskoka.org)





## EQUIPMENT, MEDICINES AND CONSUMABLES

### CHALLENGES

Access to essential medicines and priority health products is crucial to maternal, newborn, child and adolescent health. To this end, it is necessary to ensure the continued availability of quality, affordable equipment, medicines and health products, the maintenance of the supply chain in times of crisis, and their use by health personnel.

### FFM RESPONSES

The FFM supports access to medicines, health technologies and regulatory means strengthening through the availability of quality, affordable health services, medicines and health products, and their rational use by health personnel. The aim is to improve access to essential medicines and priority health products for mothers, adolescents and children.

### RESULTS

The FFM supported the preparation for the WHO pre-qualification of national quality control laboratories in Côte d'Ivoire and Senegal.

With the support of the FFM, Côte d'Ivoire, Guinea and Togo reviewed therapeutic protocols to improve the quality of care for mothers and children.

In Cte d'Ivoire and Togo, changes in the prevalence of modern contraceptive use among women increased from 14.6% to 20.6% and from 16.3% to 23.2% respectively between 2012 and 2017.



## LEADERSHIP AND GOVERNANCE

### CHALLENGES

The FFM is an effective coordination model, providing better alignment of global, regional and national strategies, and synergy of actions in favor of reproductive, maternal, neonatal, child and adolescent health - nutrition (RMNCAH-Nut). Through its operating model, the FFM promotes effective coordination of the response to crisis situations, guaranteeing continued leadership by the government and the Ministry of Health, and a clear definition of priorities for RMNCAH-Nut.

### FFM RESPONSES

The proven effectiveness of the Muskoka approach, combining complementary mandates and expertise of 4 UN agencies, helps to strengthen health systems to improve the health, well-being and nutrition of women, newborns, children and adolescents in West and Central Africa.

This operating model allows to accompany and support national strategies and harmonize technical support across countries.

### RESULTS

The FFM brings together the key stakeholders (governments and development partners) around RMNCAH-Nut, through the creation or strengthening of consultation frameworks.



**FIGHTING  
NEONATAL  
MORTALITY**

**EASE OF  
ACCESS  
TO FAMILY  
PLANNING  
SERVICES**

As part of our initiatives, we benefited from the Fonds Français Muskoka support.

These funds enabled us, amongst others, to improve newborn survival. In this specific context we implemented a so-called optimized maternal and newborn care model.

An approach focused on improving the quality of care, focused on the newborn, enabling specific monitoring of newborns with low birth weight. From birth, we provide them with this electronic bracelet.

The bracelet is designed to detect hypothermia.

For 4 weeks, these newborns are monitored on a weekly basis to assess the risk of death.

Apart from that, we managed to significantly improve family planning coverage by using these funds to organize free family planning (FP) campaigns.

It is important to acknowledge that since we introduced the use of bracelets on newborns, we achieved a significant reduction in newborn mortality in the health zone.

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about our areas  
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**Dr Blaise GUÉZO MÈVO**  
Coordinating physician,  
health zone of ZoBoZa, Benin



## HEALTH INFORMATION SYSTEM

### CHALLENGES

Data availability and quality are crucial to improving quality-driven processes in maternal, newborn, child and adolescent health care.

### FFM RESPONSES

The FFM contributes to strengthening the health information system, with an emphasis on improved integration of data on reproductive, maternal, newborn, child and adolescent health (RMNCAH-Nut) through the implementation of the maternal death surveillance and response (MDSR) and its integration into the existing general disease surveillance system; to supporting decentralized monitoring, building the capacities of several health system stakeholders at both national and decentralized levels in the management of the National Health Information System (NHIS), to updating data collection tools and provision of IT equipment, and to supporting the introduction of DHIS 2 (District Health Information Software) and information and communication technologies in data collection.



### CHALLENGES

Governments are urged to increase their budgets for reproductive, maternal, newborn, child and adolescent health - Nutrition (RMNCAH-Nut) with a view to strengthening their health systems and thereby contributing to the achievement of MDGs 2, 3 and 5.

Maintaining free and subsidized service programmes in some countries contributes to guaranteeing continuity of care during crisis periods.

### FFM RESPONSES

The FFM supports the implementation of high-impact, cross-sectoral interventions as part of the continuum of care in RMNCAH-Nut, and helps countries to increase their RMNCAH-Nut financing.

### RESULTS

The support provided by partner agencies of the Muskoka Initiative as part of the development of Medium-Term Expenditure Frameworks in several countries, to support the implementation of National Health Development Plans, enabled us to better identify the marginal costs and budgetary priorities to be considered with respect to maternal, neonatal, child and adolescent health interventions.

Te Fonds Français Muskoka enabled us to give a huge boost to high-impact interventions in the country, in collaboration with other UN agencies.

As lead of the UN system in Côte d'Ivoire, the WHO facilitated and organized inter-agency coordination. Moreover, the organization ensured the coordination of all interventions as part of the programmes at national level, through the Community Health Directorate.

In terms of progress, I would say that there is greater coordination among UN system agencies.

Te Fonds Français Muskoka helped build the capacities of field actors, raise awareness of high-impact interventions, and improve the availability of products of vital importance for mothers and children by including some missing products in the list of essential medicines.

INTEGRATED,  
MULTI-SECTORAL  
APPROACH

SYNERGY  
OF ACTION

HIGH-IMPACT  
INTERVENTIONS

**Dr Geneviève SAKI-NEKOURESSI**  
Former WHO Mother and Child  
Programme Advisor, Côte d'Ivoire

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# THE NEW MUSKOKA 3.0 STRATEGY

**In order to accelerate the achievement of the Sustainable Development Goals, the Fonds Français Muskoka has developed a new multi-year strategy: *Muskoka 3.0*.**

## OBJECTIVES

Ending preventable maternal, newborn, child, adolescent and youth deaths and improving sexual and reproductive health and rights and nutrition within countries of intervention through the Fonds Français Muskoka mechanism, an unprecedented partnership involving France and four UN agencies (WHO, UN Women, UNFPA and UNICEF).

## MEANS

Increasing the impact of Muskoka interventions at country and regional levels; strengthening the momentum for a convergent, integrated and multi-sectoral approach.

## STRATEGIC GOALS OF THE NEW STRATEGY *MUSKOKA 3.0*

1. Strengthening health system performance and resilience, including at community level, through innovation to ensure a supply and equitable access to quality and respectful health services for Universal Health Coverage (UHC) for women, newborns, children, adolescents and young people.
2. Strengthening the development of an enabling environment for the health and well-being of women, newborns, children, adolescents and young people at regional and national level.
3. Strengthening the demand for services and the socio-economic and legal empowerment of women and adolescent girls to reduce violence and discrimination against them, and promoting social attitudes and behaviors conducive to Reproductive, Maternal, Newborn, Child and Adolescent Health - Nutrition (RMNCAH-Nut).

The Muskoka mechanism is fully aligned with the 2030 Agenda and the UN Secretary General's reform, as well as with the African Union's Agenda 2063, the African Health Strategy 2016-2030 and the Maputo Plan of Action 2016-2030, positioning France as a key partner for African governments to support them in achieving their sustainable development goals.

## KEY FEATURES OF MUSKOKA 3.0

### AT STRATEGIC LEVEL

- Strengthening the multisectoral, convergent and integrated programmatic approach
- Recasting priority areas of intervention (focusing on Nutrition)
- Operational research & programmatic and technology innovation
- Strengthening the demand for services and the socio-economic empowerment of women and girls, with a focus on the commitment and accountability of stakeholders, including community stakeholders, to promote gender equality and empowerment for greater socio-economic and cultural impact.

### AT PROGRAMMATIC LEVEL

- Harmonization and simplification of budgeting and reporting cycles
- Strengthening national communication, internal communication and advocacy

### AT PARTNERSHIP LEVEL

- Development of new strategic partnerships (technical, institutional and financial)

### AT GOVERNANCE / RESOURCES / ORGANIZATION / MONITORING AND EVALUATION LEVEL

- Strengthening of governance bodies
- More financial and human resources
- Improving evidence-based planning and decision-making.







**FIGHTING  
EARLY  
MARRIAGE**

**ACCESS TO  
INFORMATION**

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My testimony about the youth center is that, without the center, I would be somewhere with 2 or 3 children right now.

However, thanks to the center, I'm here! I am continuing my studies.

Because here, in Muslim countries, sex is taboo.

Therefore, to prevent us from engaging in sexual activity, we are given in marriage at the age of 15.

I have 4 sisters who have already married that way.

I said "no" thanks to God and, after God, thanks to the Youth Center.

I was able to say "no" to forced marriage here.

At the youth center, I was taught that I have rights and at 15 years old, I was not yet ready for marriage.

They taught me my rights that I did not know.

What I learned at home was submission.

The center helped me teach my parents what life is all about.

I need to go to school so I can at least provide them with something tomorrow.


And thanks to me, 3 or 4 sisters of mine go to school.

And by the looks of it, I am confident that we will all attend school in the future. We will get married at the right time.

This is no longer a matter of forced marriage or early marriage.

And thanks to the center, we will fight unwanted pregnancies.


**Roubatou TCHAGAOU,**  
Student, FFM-supported youth center of Tabligbo, Togo



This fund aims to build health workers' capacities through training in EmONC\* and health services, as well as in contraceptive techniques, the kangaroo care method, newborn resuscitation, etc. But also, through the provision of medical and technical equipment to the ten facilities supported through the fund.

Since 2017, these different interventions were instrumental in reducing significantly maternal, neonatal and infant morbidity and mortality.

\*Emergency obstetric and neonatal care



**Abdelkerim Mahamoud  
TAHIR,**  
Head of expanded immunization,  
Provincial delegation of Kanem,  
Chad

*Interview extracted from the report  
«L'appui à un hôpital tchadien pour  
combattre la mortalité néonatale et  
infantile» broadcast on 12/09/2023  
on VOA Afrique*



**CONTINUING  
MEDICAL  
EDUCATION**

**PROVISION  
OF EQUIPMENT**

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In 2018, the FFM was identified as an instrument to implement equality between women and men, a major concern of the five-year term of President Macron. In July 2021 as part of the Generation Equality Forum, France reiterated its political, technical and financial commitment to the FFM up to and including 2026. In May 2023, the G7 reiterated its commitment to the FFM and its actions in support of women's, mothers' and children's health.

## IMPACT, EXPECTED RESULTS

### BY 2030

Through the implementation of the Strategy with **sustainable and appropriate financing**, the Fonds Français Muskoka will support countries in their efforts to achieving the Sustainable Development Goals (SDGs):

- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- Reduce neonatal mortality to at least as low as 12 per 1000 live births in all countries.
- Eliminate all harmful practices, discrimination, and violence against women and girls.
- Maximize convergence in health to provide all women, children and adolescents with equal opportunities to survive and thrive.

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Muskoka and its activities

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