

# SDM Integration in Mali through Projet Kénéya Ciwara and other Partnerships

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# Country Context



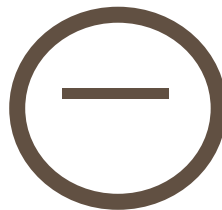
Nearly 25 years of FP programming efforts

Most men and women know about modern methods

Unmet need remains around 26%

Modern contraceptive prevalence (CPR) hovers around 10%

Fertility rate — 6.1 children/woman



# Family Planning Revitalization



Implementation began in 2005

Community level revitalization focused on:

- Expanding community-based distribution (CBD)
- Strengthening linkages between community and health facilities
- Including efforts to expand method mix by adding SDM and LAM

# Projet Kénéya Ciwara (PKC) I & II



**Objective:** Improve access, quality and use of high impact health services



**Who:** CARE Mali (lead), JHU/CCP, IntraHealth, Action Against Hunger, Groupe Pivot Santé



**Where:** 14 districts

**When:** 2003-2008

**FP Focus:** Community-based awareness raising of all methods

**Where:** 37 districts (2/3 of Mali)

**When:** 2008-2013

**FP Focus:**

- Expansion of contraceptive method mix
- Integration of SDM

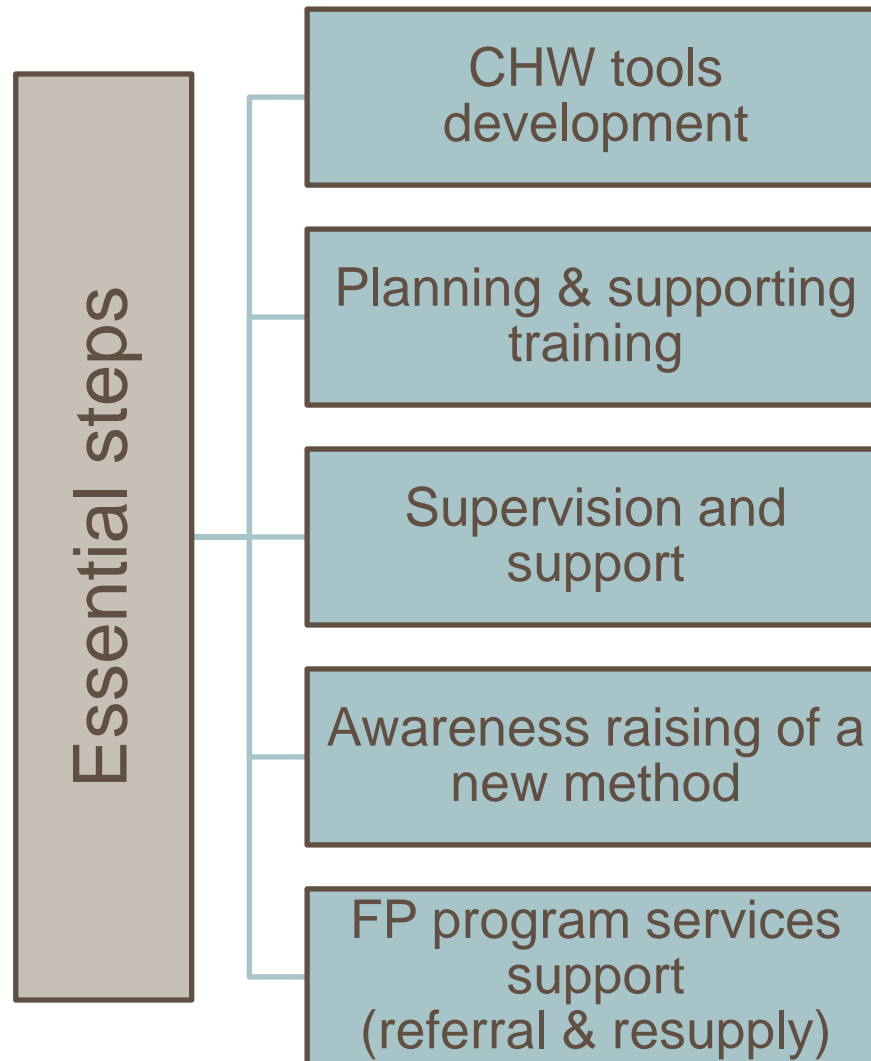
# Why SDM as part of CBD?



1. Evidence showed SDM could be offered with quality by CHWs
2. Demand existed
3. MOH was looking for innovative and community acceptable approaches



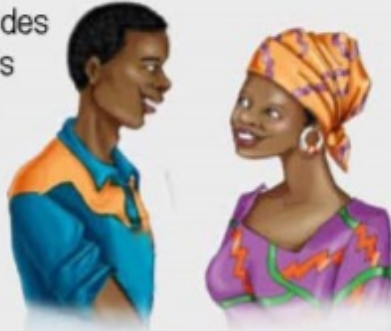
# Expanding Community Awareness and Access to SDM



# CHW Tools

## Qui peut utiliser le Collier du Cycle ?

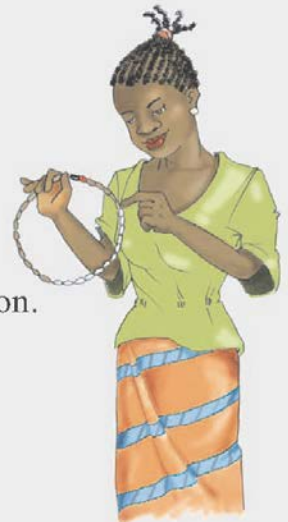
- ◆ Les femmes dont le cycle menstruel dure entre 26 et 32 jours.
- ◆ Les couples qui communiquent bien et qui acceptent d'éviter des rapports sexuels non protégés quand la femme peut tomber enceinte.



French

## « Kōnōnnin » ye mun ye

- ◆ Kōnōn don n'a kōnōnkisw new te kelen ye.
- ◆ Kōnōnkisw je dow be garisige soro donw jira ; o la i b'i yere mine kafonogonya ma o donw na.walima i be fugulan nanfama don.
- ◆ je dow be don jira, garisige soro ka gelen don minnu na.



Kōnōnnin ye bangekolosi feere lakika ye n'a kecogo penā. Barisa n'i ye muso 100 taa muso 5 dōron de be garisige soro k'u to a kan.

Bambara

# Training and Supervision



# Training and Supervision



## Successes

- Refresher training on new method information
- Training leaders of women's associations and credit groups

## Challenges

- Costs of adding a method to ongoing CBD program
- Revising IEC and training protocols
- Collaboration with non-FAM partners

# Increasing Awareness

## Actors



## Approaches

- Home visits
- Interpersonal communication
- Community education
- IEC (posters, pamphlets, radio)

# Increasing Awareness



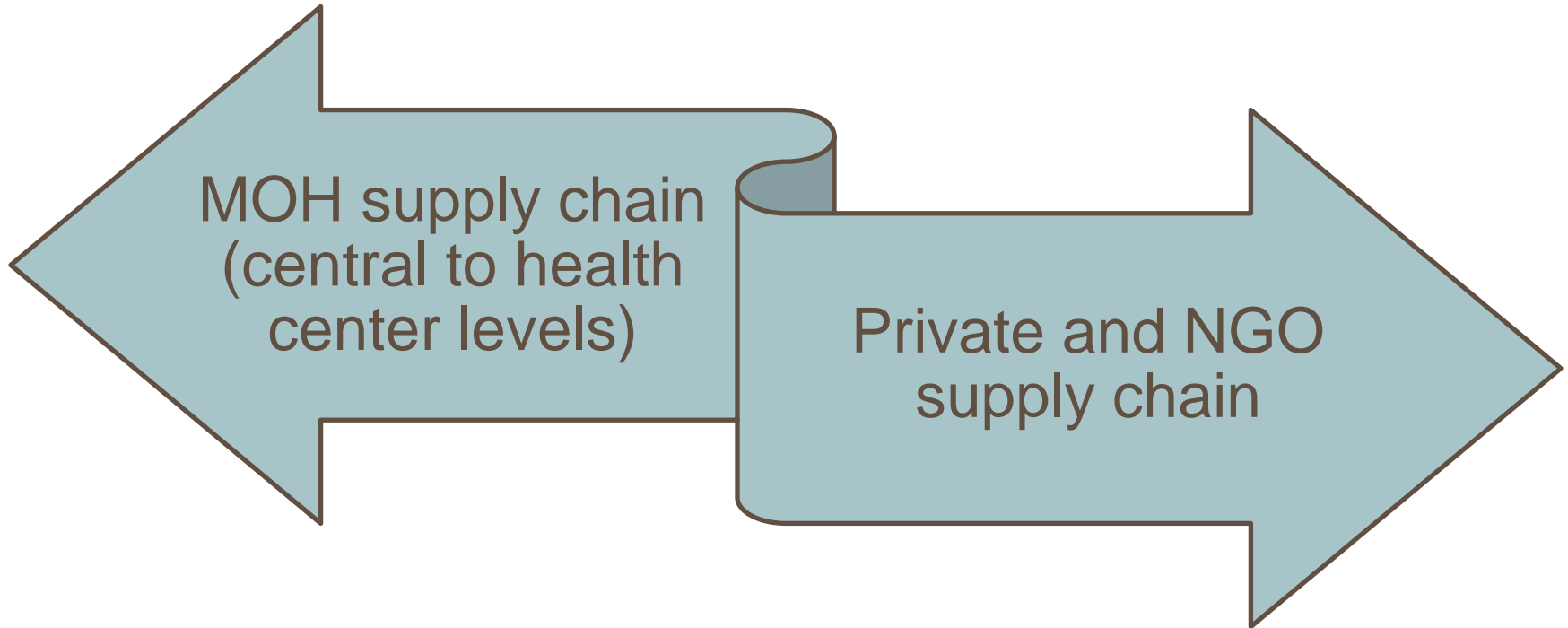
## Successes

- SDM users increased from 6,000 (2007) to 24,000 (2011)
- Policy Norms & Procedures (PNP) for FP/RH in place

## Challenges

- Balancing awareness-raising with informed choice
- Assessing Each One Invites Three
- Assumptions about male partner disapproval

# Assuring Availability of CycleBeads



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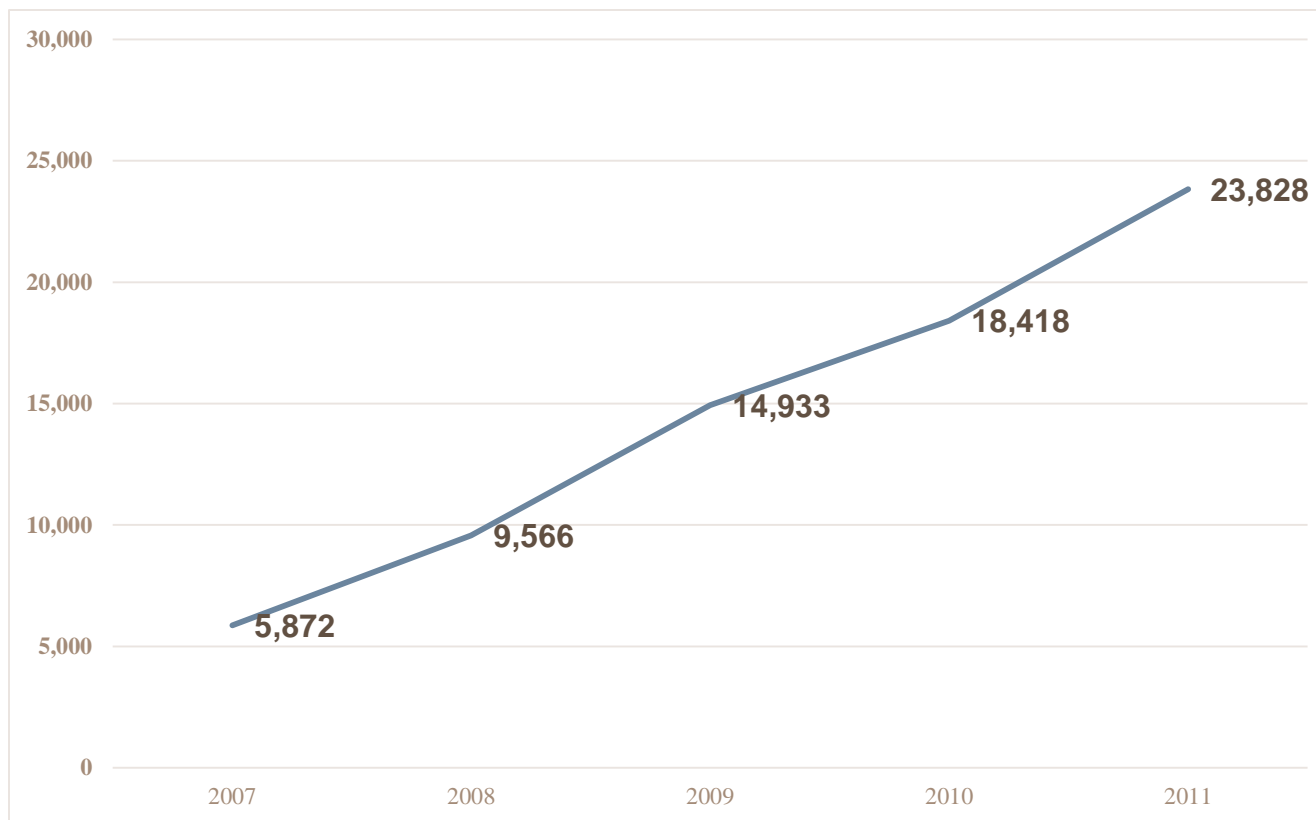
## Successes

- Increased CBD of contraceptives and referrals
- Health centers able to provide CycleBeads

## Challenges

- Systems issues getting CycleBeads to community health centers
- Sustainability based on NGO supply

# Cumulative SDM Users in Mali

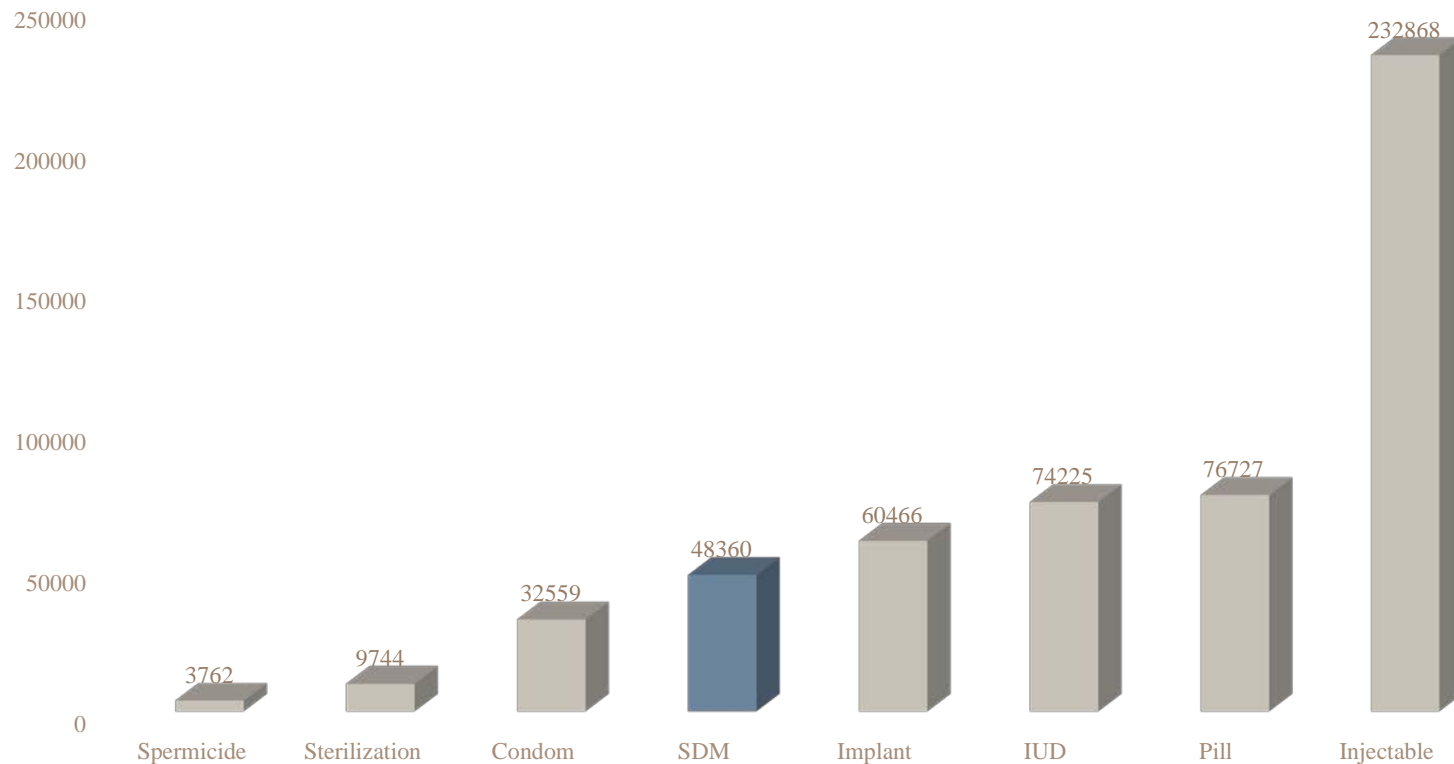


Source : Consultative report on SDM/FP data collected with the Department of Rural Health and Centres de Sante de Reference (CSREF) of Ségou Koulikoro and Sikasso, with private sector data provided by PSI)

# Contribution of SDM to FP Utilization in Mali



Cumulative Couple-years of Protection (CYP) (2007-2011)



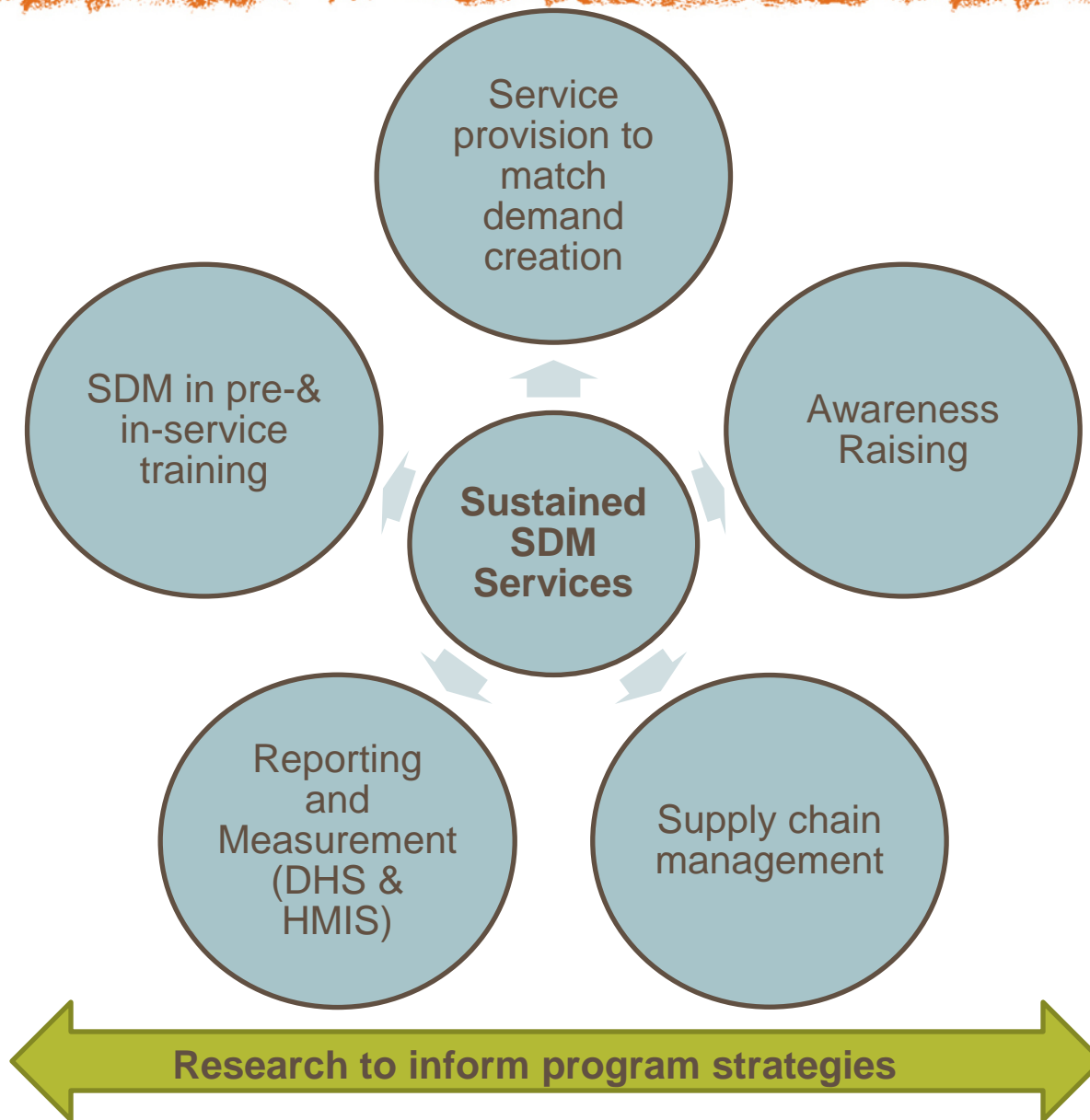
Source : Consultative report on SDM/FP data collected with the Department of Rural Health and Centres de Sante de Reference (CSREF) of Ségou Koulikoro and Sikasso, with private sector data provided by PSI

# Lessons Learned



- ❖ Introducing a non-hormonal option increases the method mix
- ❖ High religious and cultural acceptance fosters FP uptake
- ❖ SDM creates a new channel of spousal communication around FP use
- ❖ Advocacy to integrate SDM into PNP is key to sustainability

# Moving Toward Sustainability of CBD of SDM





# THANK YOU!

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