SDM Integration in Mali through Projet Kénéya Ciwara and other Partnerships

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CARE Mali
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
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
**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

- Essential steps
  - CHW tools development
  - Planning & supporting training
  - Supervision and support
  - Awareness raising of a new method
  - FP program services support (referral & resupply)
**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.

**“Kononnin” ye mun ye**

- Konon don n’a kononkisw new te kelen ye.

- Kononkisw ne dow be garisige sorò donw jira ; o là i b’i yere mine kafonogonya ma o donw na.walima i be fugulan nanfama don.

- ne dow be don jira, garisige sorò ka gelen don minnu na.

**Kononnin ye bangekolosì féere lakika ye n’a kecogo ñen. Barisa n’i ye muso 100 taa muso 5 dëron de be garisige sorò k’u to a kan.**

**French**

**Bambara**
## Training and Supervision

<table>
<thead>
<tr>
<th>Successes</th>
<th>Challenges</th>
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<td>- Refresher training on new method information</td>
<td>- Costs of adding a method to ongoing CBD program</td>
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<td>- Training leaders of women’s associations and credit groups</td>
<td>- Revising IEC and training protocols</td>
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<td>- Collaboration with non-FAM partners</td>
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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

MOH supply chain (central to health center levels)

Private and NGO supply chain
## Assuring Availability of CycleBeads

<table>
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<tr>
<td>• Increased CBD of contraceptives and referrals</td>
<td>• Systems issues getting CycleBeads to community health centers</td>
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<td>• Health centers able to provide CycleBeads</td>
<td>• Sustainability based on NGO supply</td>
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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.
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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

- Sustained SDM Services
  - Service provision to match demand creation
- SDM in pre- & in-service training
- Awareness Raising
- Reporting and Measurement (DHS & HMIS)
- Supply chain management

Research to inform program strategies
THANK YOU!

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