



# REPOSITIONING FAMILY PLANNING IN MALI

Status of Family Planning Programs in Mali

*Brief*

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## Overview

Since 2001, the United States Agency for International Development (USAID), the World Health Organization (WHO), the William and Flora Hewlett Foundation, and other partners have collaborated with African governments on an initiative to raise the priority of family planning (FP) in their national programs by strengthening political commitment and increasing resources. This concept is known as “repositioning family planning” (RFP). In 2011, the RFP initiative gained momentum when national leaders from eight francophone West African countries approved the Ouagadougou Call to Action, a commitment to take concrete actions to increase FP use.

This brief summarizes the key findings and recommendations from a 2012 assessment of Mali’s RFP initiative.

Mali ranks among the world’s poorest countries, with a gross national income per capita of US\$600 per year.

Approximately half of the population lives on less than US\$1 a day. Ranking 175 out of 187 countries, Mali remains near the bottom of the United Nations Human Development Index, which is composed of life expectancy, educational attainment, and economic indicators.

Mali’s population has tripled in size since independence in 1960. Its current population of 15.4 million people is growing at 3.1 percent annually. The potential for continued rapid population growth already exists, since nearly half (48%) of Mali’s people are under age 15. Also, the country’s fertility rate, estimated to be 6.5 children per woman on average, is among the highest in the world.

Few Malian women use family planning. A 2006 national survey found that 7 percent of married women were using modern contraceptive methods and 1 percent were using traditional methods. Still, more than one in

### Major policies, plans, and guidelines supporting FP/RH are in place.

These include the

- Reproductive Health Law
- Policies, Norms and Procedures
- National Action Plan for FP

### To strengthen the FP program, the government needs to

- Give more decision-making authority to the FP unit in the MOH
- Increase government funding of FP programs
- Strengthen coordination of FP activities
- Cultivate FP champions at all levels
- Expand task shifting

four (28%) married Malian women would like to space or limit future births but are not using contraception, indicating an unmet need for family planning.

## Enabling Policies

Mali has comprehensive national and subnational policy and strategy documents, plans, and guidelines to promote general access to FP information and services. These documents have been updated regularly and thus contribute to continual improvements in the enabling environment for FP services and information.

Since 1991, policies and plans for social development and health programs have included reproductive health (RH) and FP services. Recent plans focus on geographic access to health services. District plans integrate FP into their operational plans.

Key FP policies include the 1990 population policy, which states that any woman, married or not, with or without parental or spousal authorization, can have access to family planning. The 2002 Reproductive

Health Law affirms the right to FP services and provides implementing texts. The National Action Plan for FP (2011–2015) covers implementation of the FP policies based on the 2005 Policies, Norms and Procedures (PNP) for FP/RH, which provides operational guidelines for services throughout the country.

Strategic plans cover key aspects of FP programs, including RH communication, adolescents and youth, male engagement, and RH product security. The Strategic Plan for Repositioning FP, based on the guidelines from the 2011 international FP conferences held in Ouagadougou and Mbour, Senegal, lays out priority actions to raise awareness of the benefits of FP. Other key documents are the 2008 National Supervision Guide, 2005 Plan for RH Services for Youth and Adolescents, the 2011 Circular Letter on Contraceptive Prices, and the 2005 directive authorizing traditional midwives to provide FP services in villages. Building on previous plans, the 2011 Essential Community Care (SEC) strategy provides guidance to nongovernmental organizations (NGOs) and other partners implementing CBD programs.

## Program Implementation

Mali's family planning program has progressed over the past three decades, as indicated by its Family Planning Program Effort score, which has risen from 11.3 in 1982 to 61.4 in 2009 out of a possible score of 100.<sup>1</sup> The scores are based on the average scores submitted by 10–15 local experts on 30 indicators that cover a country's FP program related to policies, services, evaluation, and access to FP methods. Nevertheless, contraceptive supplies remain a problem, based on Mali's 2009 score of 44.2 (out of a possible score of 100) on the Contraceptive Security Index.<sup>2</sup> The score is based on an assessment of 17 indicators related to the supply chain, finance, the health and social environment, access to FP, and use of FP.

Within the Ministry of Health (MOH), the Division of Reproductive Health (DSR) oversees and manages the national FP program in Mali. While the DSR actively fulfills this role, it lacks the authority and decision-making powers needed to ensure optimal coordination because it is a division, not a directorate, within the National Directorate of Health (DNS).



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Coordination of activities at all levels (national, regional, district, and community) needs to be stronger to reduce duplication, avoid gaps, and ensure that all partners use the same approach and tools. For example, some partners use their own information-collection system at the district level, rather than linking into the existing national system.

The MOH/DNS is responsible for the development, coordination, and monitoring of FP policies. Implementation of all health activities, including FP activities, devolves to the Regional Health Directorates. In principle, FP services are offered in all government health structures across the country and by community health agents. However, much more needs to be done to ensure nationwide coverage. The MOH has adopted various initiatives to make FP services more accessible, including reducing prices for consumers, offering long-term FP methods in health centers and through mobile services, introducing contraceptive injectables in community outreach services, engaging males in FP, involving the private sector and civil society in FP services, educating religious leaders and parliamentarians, enlisting peer educators for FP, and supporting social franchising.

The major local NGOs working in FP are Groupe Pivot (GP), a network of more than 150 NGOs; the *Association Malienne pour la Protection et la Promotion de la Famille* (AMPPF), founded in 1972 and the Malian affiliate of the International Planned Parenthood Federation (IPPF); *Association de Soutien au Développement des Activités de Population* (ASDAP); the *Association Malienne pour la Protection et le Développement de l'Environnement au Sahel* (AMPRODE/SAHEL); and Jigi. In addition, *Réseau Islam Population et Développement* (RIPOD) has mobilized resources and implemented FP activities with religious leaders. FP services are also provided by associations and faith-based organizations.

Other FP providers are Population Services International, which has managed a social franchising program with 60 private clinics in Bamako since 2005, and Marie Stopes International, which recently established offices and services in Mali.

Beginning in 1990, Mali introduced community based distribution (CBD) of contraceptives in two pilot projects that trained and deployed community agents to distribute condoms and spermicides in rural areas.

### Mali's Major RH and FP Policies

- RH Law (2002)
- Strategic Plan for Repositioning FP (2011)
- Strategic Plan for RH Communication
- Strategic Plan for Reproductive and Sexual Health of Adolescents and Youth
- Plan for the Security of RH Products (2011–2015) (not yet validated)
- Operational Plan for Procurement and Distribution of RH Products
- Guide for Constructive Engagement of Men in FP/RH
- National Action Plan for FP (2011–2015)

In 2003, a new initiative recruited male and female community agents to raise public awareness about various health issues, including FP, and to provide contraceptives and other health products. In 2011, the DNS and its partners launched a new strategy for CBD, called Essential Care in the Community.

Several working groups contribute to the coordination and planning of FP activities. The FP Multisectoral Working Group, created in 2004, is comprised of representatives of public and private agencies, including NGOs, religious leaders, parliamentarians, and private sector pharmacies and clinics. Managed by the DSR, the group coordinates FP work throughout the country and serves as a forum for partners to share research, program results, and other news. The group also organizes the month-long FP campaign held every spring. Following the 2011 international FP conferences, the government created the RH Thematic Group, which implements the Strategic Plan for RFP, and the Civil Society Coalition for RFP.

Two groups are responsible for contraceptive commodities. The National Commission for Monitoring the RH Products Security Plan is a government entity housed in the MOH. Created in 2002, it updates the plan and keeps close track of

donations, purchases, and shipments. A second group is a multisectoral committee that focuses on the Contraceptive Procurement List (TAC).

Resources for family planning in Mali are diverse and substantial, including funds for FP commodities, technical assistance, and various bilateral and multilateral projects. Donors also provide construction and material resources, collaboration on training activities, studies, behavior change activities, and policy and strategy development. Since the 2011 Ouagadougou conference, partners have made additional commitments to support RFP activities. Between 2009 and 2011, funds for contraceptive commodities increased by 66 percent. Mali's government has set up a line of credit to contribute to the purchase of FP commodities and spent funds for this purpose in 2011 and 2012.

Major FP donors are USAID, the UN Population Fund, Kreditanstalt für Wiederaufbau (KfW), AMPPF/IPPF, the Netherlands government, the William and Flora Hewlett Foundation, and the World Health Organization. In addition, World Bank and Muskoka Initiative funds from France are proposed to support urban FP programs beginning in 2013.

## Recommendations

Based on suggestions from key informants, the assessment team made the following recommendations to the government of Mali and its partners:

- **Raise the level the DSR to a directorate.** The DSR needs to have the decision-making authority, staff, and other resources to ensure that family planning is a priority.
- **Increase FP resources from the national budget.** Increasing funding for family planning would strengthen Mali's FP programs, avoid contraceptive stockouts, and accelerate progress toward attaining the Millennium Development Goals. The MOH has allocated funds for contraceptives in the national budget. The challenge is to intensify this effort and increase the funding.
- **Strengthen coordination of FP activities.** Coordination among FP agencies is needed at all levels—national, regional, district, and local—to



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ensure that partner plans and activities are fully consistent with those of the MOH. Similarly, the various committees and working groups need to maximize synergy while avoiding duplication.

- **Cultivate FP champions at all levels.** Champions—people who are known, respected, and trusted—can be very influential in changing attitudes and behaviors. Identifying, creating, and strengthening FP champions would help to increase demand for and use of FP services.
- **Expand task shifting.** Some aspects of FP services could be shifted to lower levels of the health system and in communities, thus allowing access to a broader choice of contraceptive methods. To extend quality FP services to rural areas, community health workers must be carefully recruited, trained, and supervised. The next revision of the Policies, Norms and Procedures should update procedures for providing injectables at the community level and support the constructive male engagement strategy.

- **Identify and encourage FP champions.** The private sector has an important role to play in reaching decisionmakers as well as citizens with information about FP. An intensive effort to support FP champions at all levels could generate broader interest in FP.
- **Reinforce task shifting initiatives.** CSOs can help to assess and refine new strategies, and thus accelerate task shifting initiatives. They can also monitor FP programs to ensure that quality standards are maintained.

Mali has made considerable progress in creating a more enabling environment for family planning: it has strong policies, plans, and guidelines in place; effective advocates; a multisectoral coordination mechanism; and experienced local partners that can implement programs independently. Still, much can be done to make FP services and information more accessible.

The assessment team's recommendations for civil society organizations (CSOs) are to:

## Assessment Report

During 2011–2012, Futures Group (with funding from the William and Flora Hewlett Foundation) conducted assessments in six francophone West African countries to document the status of repositioning FP initiatives. The USAID-funded Health Policy Project conducted two additional assessments. These assessments can serve as a benchmark to highlight gaps in expanding access to FP and identify areas where challenges remain and more attention and resources are needed. The assessments used the Framework for Monitoring and Evaluating Efforts to Reposition Family Planning, developed by the MEASURE Evaluation project.<sup>3</sup>

Futures Group conducted the assessment in Mali during January 2012. The process included collection of available data on FP programs and funding as well as interviews with 25 key informants, including government officials, civil society organizations, donors, and local leaders.

For the full report including the sources for cited data, see

Maiga, M., B. Deme Diallo, E. McDavid, and S. Attama Dissirama. 2012. *Repositioning Family Planning in Mali: A Baseline*. Washington, DC: Futures Group. Available at: [www.futuresgroup.com](http://www.futuresgroup.com).

## Resources

<sup>1</sup> Ross, John, and Ellen Smith. 2010. *The Family Planning Effort Index: 1999, 2004, and 2009*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

<sup>2</sup> USAID | DELIVER Project, Task Order 1. 2009. *Contraceptive Security Index 2009: A Tool for Priority Setting and Planning*. Arlington, VA: USAID | DELIVER Project, Task Order 1.

<sup>3</sup> Judice, N., and E. Snyder. 2012. *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning*. Chapel Hill, NC: MEASURE Evaluation PRH. Accessed on July 15, 2013, from <http://www.cpc.unc.edu/measure/publications/SR-12-63>.

## Contact Us

Futures Group  
One Thomas Circle NW, Suite 200  
Washington, DC 20005  
[www.futuresgroup.com](http://www.futuresgroup.com)  
[policyinfo@futuresgroup.com](mailto:policyinfo@futuresgroup.com)

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