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Strengthening Policies and Advocacy to Advance Access to Family Planning in Mali

With its very young and rapidly growing population—median age of 16 years—Mali’s family planning strategy, [*Plan d’Action National Budgétisé de Planification Familiale du Mali*](#) or Costed Implementation Plan (CIP), has set health and development goals aimed to increase access to and uptake of voluntary family planning. The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), has improved the enabling environment for family planning through strengthened policies, advocacy, and engagement of key multisectoral stakeholders through critical technical and financial assistance on several key activities. The development, execution, dissemination, and monitoring of the 2014–2018 and 2019–2023 CIPs was a major achievement as was advancement

toward adoption of a ministerial decree formalizing community health workers as part of the health system workforce.

This legacy impact brief examines HP+’s role in supporting policies and processes to increase capacity, transparency, and ownership by the government. By strengthening family planning policy and advocacy, HP+ contributed to the advancement of the country’s family planning goals and their linkages with improved health and development outcomes. Given the social, religious, and cultural barriers to family planning prevalent in many communities in Mali, HP+’s work also focused on ensuring an inclusive and multisectoral approach, engaging with diverse stakeholders about the linkages between access to family



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planning services and improvements in maternal and child health outcomes, as well as to broader development goals related to women’s economic empowerment and education for girls.

As indicated in Mali’s 2018 Demographic and Health Survey, the country has one of the highest maternal mortality rates in the world and is among the highest when it comes to fertility rate—6.3 children per woman in 2018, down from 7.1 in 1987. More than half of Malian women are married before the age of 18 and teenage pregnancy is very high, with over one-third of Malian women being pregnant by the age of 19.¹ Use of modern methods of family planning by married women is 16 percent, a remarkable increase from 1 percent in 1987, but still far from the country’s goal of 30 percent by 2023. Uptake of family planning varies by region as use is higher among married women in urban areas than those in rural areas. Unmet need for family planning is 24 percent and is especially high among unmarried women (INSTAT and ICF, 2019; MacQuarrie et al., 2020).

In recent years, Mali has experienced rising instability and insecurity, which further complicates its ability to reach its health, development, and family planning goals. In 2020 and 2021, implementation of these programs was also challenged by the COVID-19 pandemic. In addition, a military coup in August 2020 triggered a provision in U.S. foreign assistance legislation that restricts foreign assistance to countries that have experienced a coup d’état. Another coup took place in late May 2021. These crises not only undermine Mali’s political stability but present new challenges to maintaining its commitments on family planning and to reaching its family planning goals. Although HP+’s family planning work in Mali was halted due to the coup, it is hoped that the work will be pursued by the government and other stakeholders to ensure that gains continue to be made.

¹ The teenage pregnancy rate is correlated with education levels: 22 percent of women with a secondary education experience teenage pregnancy compared with 47 percent of those without an education.

STRENGTHENED CAPACITY FOR THE DEVELOPMENT AND MONITORING OF THE COSTED IMPLEMENTATION PLAN

CIP Execution Approach: Planning, Implementing, and Reviewing

[Costed implementation plans \(CIPs\) for family planning](#) are an approach introduced through FP2020 and the Ouagadougou Partnership to assist countries in developing family planning roadmaps that align their goals, strategies, and activities with credible, costed budgets. The CIPs allow a country’s partners to come together around the same strategy, to map donor and domestic financing, and importantly, to identify financing gaps. The CIPs were designed to promote greater country ownership of family planning by engaging local stakeholders to define their own priorities and approaches. Accordingly, the CIPs have become critical tools for planning, advocacy, and alignment around national priorities (Fleischman, 2020). Throughout the process in Mali, HP+ supported the Ministry of Health and Social Development to lead this process, prioritize activities and objectives, and monitor the process to attain these goals.

On a global level, HP+ developed what is called the CIP execution approach, which was introduced in Mali in 2017. Following a midterm review of the CIP, this approach helped the Malian government to define a CIP map that articulated its strategy, aims, and specific focus areas, which in turn identified what needed to be tracked. Since the CIP strategy is generally quite broad, this execution approach helped the Ministry of Health and Social Development focus in on the areas that needed special attention, either because they were particularly problematic or because they would have significant influence toward achieving an objective.

The review of Mali’s first CIP for family planning (2014–2018) by the ministry, with HP+ assistance, established the promotion of family planning as a key strategy to reduce maternal and child mortality. This work was built upon with the [second CIP \(2019–2023\)](#) for which HP+ supported the ministry



to develop, coordinate, and monitor the plan, including setting its family planning objectives. To move it forward, the ministry's Sub-directorate of Reproductive Health put in place an operational team, a technical committee, and a project steering committee, which worked closely with HP+ and other technical partners and civil society to realize implementation of the CIP.

The second CIP represents Mali's roadmap to achieve its family planning goals over five years and established five strategic areas—demand creation, service provision, contraceptive commodities, enabling environment, and monitoring and evaluation—with specific indicators, budgets, and key activities associated with each. The CIP also set forth the ambitious goal of increasing the modern contraceptive prevalence rate (mCPR) from 16.4 to 30 percent. This will require an annual increase of 2.7 percent in the mCPR, which translates into 1,513,000 women using a modern method by 2023 (Ministère de la Santé et des Affaires Sociales, 2019).

Promoting Sustainability through Multisectoral and Regional Engagement

HP+ provided consistent technical and financial support to the Ministry of Health and Social Development's Sub-directorate of Reproductive Health in developing, reviewing, coordinating, and monitoring the CIP process. As the recognized experts in supporting CIP development, HP+

provided coaching for the sub-directorate's staff to take charge of its family planning strategies and programs, to lead the technical family planning committee and its regular reviews of the data, and to facilitate advocacy on family planning with other parts of the government and with development partners. An important part of this process involved engaging other key ministries, civil society and youth-focused organizations, and religious leaders, and to bring regional actors and family planning focal points to the capital to participate in periodic CIP reviews. These reviews were valuable for bringing the regions together to report on what they were doing, where they were encountering problems, and what possible solutions they were developing. In addition, the participants agreed on where more focus was needed, based on the data. This review process constituted a new level of exchange across regions and among partners, all of which helped to improve coordination between partners and the government.

Recognizing the importance of including all stakeholders in the CIP process, HP+ ensured that ministries beyond the Ministry of Health and Social Development were engaged, as were representatives of civil society. While several ministries participated in the development and launch of the CIP, the Ministry for the Promotion of Women, Children, and Families joined the Ministry of Health and Social Development in remaining engaged in advancing the CIP process. This ongoing engagement was due in large part to the

advocacy supported by HP+ that helped mobilize high-level decisionmakers to make family planning a priority.

Improving Data Quality and Tracking

One of the important legacies of the HP+ work on family planning in Mali involves improved data quality and reporting on family planning indicators. This included reducing the number of indicators to a more manageable one or two for each result and sub-result, so everything could be tracked. Such tracking is critical to understand progress toward family planning goals, as well as understand government obligations and expenditures and where there is need for additional resource mobilization or allocation.

CIP Dashboard. A critical part of this work representing an important aspect of the HP+ legacy in Mali involved the monitoring system that HP+ established to track progress and to identify problems. The CIP dashboard was introduced under the first CIP, but was further refined to inform implementation of the second CIP. The dashboard encapsulates the CIP execution approach by providing tools for collecting data—including how and where to collect the data—resulting in visual representations of the indicators and data from all regions.

As part of the implementation of the CIP execution approach for the second CIP, HP+ helped the government take a concentrated look at what could be done with the routine data that was already being collected, notably through the DHIS2 system on service delivery and the USAID-funded health commodity dashboard (OSP santé) on supply chain logistics, focused on data aggregated from the health facilities. This process informed which indicators to include in the CIP dashboard. HP+ also provided tools to better track contraceptive method availability and stockouts.

By building the capacity of ministry staff to use validated tools and methods, the collaboration with HP+ has enabled the ministry to project what will be needed to achieve its FP2030 commitments. Specifically, the collaboration will help project what number of additional family planning users will result in what percent reduction in unintended pregnancies and maternal mortality, and more

broadly, how the CIP might need to be adjusted across interventions and activities.

Financial Gap Analysis of the CIP. Based on a recommendation from a 2015 assessment of the Ministry of Health and Social Development, HP+ seconded technical advisors within the ministry. [One HP+ technical assistant seconded to the Sub-directorate of Reproductive Health](#) collected domestic, donor, and partner data to conduct a financial gap analysis of the CIP while mentoring colleagues and training them on the methodology used, both quantitative and qualitative. The [gap analysis](#) (Bagayogo, 2020) portrayed a stark picture of the gap in resources available for family planning activities, with the five-year CIP projected to cost around US\$124 million and the gap amounting to about US\$78.9 million. This clearly illustrated that the financing available for the CIP was not aligned with the proposed activities. Through this analysis, HP+ and the Sub-directorate of Reproductive Health identified the government's contribution to be 5.68 percent to the 2020 CIP budget. The assessment of the gap between the estimated costs of the proposed activities and available funding provides a clear picture of what additional funds are necessary, where they might be sought, and which activities might be prioritized, while also establishing long-term data analysis capacity of the sub-directorate's team to carry on this work.

SUPPORTING THE SUSTAINABILITY AND SCALE-UP OF COMMUNITY HEALTH WORKERS

Community health workers (CHWs) in Mali provide an alternative to facility-based health services to reach rural populations with an essential package of preventive and curative services, including family planning, reproductive health, and maternal and child health. Notably, they are able to provide injectable contraceptives (DMPA-IM) and are also moving toward greater use of the simpler injectable, DMPA-SC. Based in the communities that they serve, CHWs constitute an important link between communities and primary healthcare services, especially for women and children. At the time of

writing, there were 3,021 CHWs in Mali delivering health services in 3,215 sites, as recorded in the Directorate of Human Resources/Health's CHW database, which HP+ developed, as discussed next.

Data Visualization and Costing Inform Path for Community Health Workers

Through a [mapping and analysis of CHWs conducted in 2015](#) (see Saint-Firmin et al., 2017), HP+ improved the data around CHWs by identifying where they were located geographically, how they were paid or supported, what services they were providing, and how far they were from health facilities. CHWs are supposed to be located at least 5 kilometers from community health centers, in areas where access to a health facility and services is more difficult. Using geospatial analytics and data visualization, HP+ created a database and supported policymakers in targeting underserved areas where the CHW program could be scaled up. This work impacted access to family planning information and services in rural areas, enabling women to access methods closer to their homes.

In 2021, HP+ formally transferred the CHW database to the Directorate of Human Resources/Health, ensured interoperability with existing health information systems, and updated the CHW data with the support of partners. The directorate now has full data on all CHWs and they, along with partners, are actively using the data to make informed decisions about CHW deployment and monitoring financial and technical support. More about these efforts are summarized in an HP+ policy brief, [Community Health Worker Program in Mali Under Threat: Evidence to Drive Advocacy Efforts](#) (Saint-Firmin et al., 2018), an article published in *Global Health: Science and Practice*, "[Community Health Worker Program Sustainability in Africa: Evidence From Costing, Financing, and Geospatial Analyses in Mali](#)" (Saint-Firmin et al., 2021), and a blog, "[How We Make the Case Matters](#)" (Saint-Firmin, 2021).

Advocating for Sustainable Financing of Community Health Workers

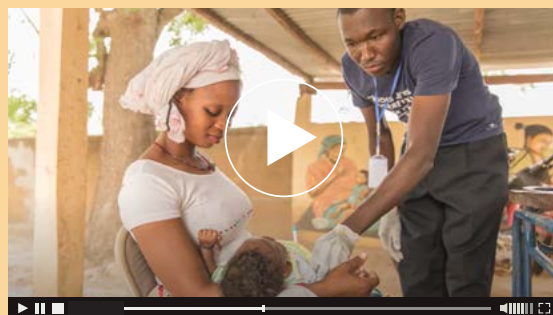
Work by the government and other partners has underscored the important contribution that CHWs have made to provide health coverage to the

population. Accordingly, HP+ worked with them to address how to get CHWs paid or incentivized. HP+ supported efforts to increase domestic resources for funding CHWs and better deploy them around the country. Since donor dependency risks undermining the program's sustainability, efforts to mobilize domestic resources for CHWs are critical; therefore, HP+ helped focus on domestic and local resources for financing.

In 2018 and 2019, HP+ supported high-level advocacy efforts, including at the National Assembly, where HP+ brought CHWs, mayors, district officials, and others to testify about the importance of CHWs for their populations. Furthermore, working with the Association of Municipalities in Mali, HP+ provided technical support for efforts to get local municipalities and mayors to support CHWs in their budgets. This included supporting the association's advocacy with the Ministry of Health and Social Development and the Territorial Administration to redeploy the unused portions of other budget lines to support CHWs. HP+ also developed an [advocacy brief with key messages for mayors](#) (HP+, 2019) and a [video to support stakeholder advocacy](#) ("The Importance of Investing ...," 2021). While the impact is difficult to measure, some of the funds mobilized by mayors supported special family planning days in communities, where networks of women's groups and CHWs provide information and services about family planning and maternal health. Some of these

Video Supports CHW Messaging

HP+ developed a video to support stakeholder advocacy for investment from the Malian government for CHWs. See: www.healthpolicyplus.com/pubs.cfm?get=18501.



Since Mali began using CHWs to deliver essential health services to rural populations, health outcomes across the country have improved.

IN MALI, FROM 2006 to 2018 (DHS data)

47% ↓ decrease in under-five child mortality



modern contraceptive use doubled 7% → 16%



efforts seem to have contributed to increased uptake of antenatal care and family planning services at nearby health centers.

Currently, approximately 80 percent of CHW funding still comes from external donors, leaving the program vulnerable to donors withdrawing funds. For this reason, HP+ generated evidence and engaged the private sector and local leaders in support of a decree formalizing the rights, responsibilities, and status of Malian CHWs. After the country's inter-ministerial council reviewed the decree, which would obligate the government to finance the CHW program, a revised version was subsequently submitted and awaits approval. If ultimately approved by the inter-ministerial council, the decree will move to the council of ministers, over which Mali's president presides, for adoption.

FACILITATING BROADER ENGAGEMENT ON FAMILY PLANNING

Work with Civil Society

Ensuring that a range of civil society actors are engaged in advancing the family planning agenda and that their voices and perspectives are included in participatory processes at the national and regional levels was a central feature of HP+'s work in Mali. This included a range of activities, from involving youth ambassadors and youth networks around family planning in the CIP process to engaging the

Coalition of NGOs in both domestic and West African regional meetings. The project also worked with the organization of midwives, training them in advocacy around [the link between family planning and the Sustainable Development Goals](#) (see HP+ and République du Mali, 2019). HP+ worked with women's organizations such as Women in Law & Development in Africa (WILDAF) and Coordination des Associations et ONG Féminines du Mali (CAFO) around issues of rights and access to family planning. A particular focus also involved work with religious leaders, as discussed next.

Engaging Religious Leaders

In Mali, expanding acceptance of and access to family planning requires engaging religious leaders, both Christian and Muslim, grounded in accepted interpretations of the Bible and the Koran, respectively. This process of engaging, training, and collaborating with religious leaders as allies for family planning and birth spacing is essential to reach other religious leaders, and their congregants, throughout the country to address cultural barriers and misconceptions about family planning.

By working with religious leaders, as well as with the Ministry of Religious Affairs and the Sub-directorate of Reproductive Health, HP+ helped develop tools for [Muslim](#) and [Christian](#) leaders to promote the healthy timing and spacing of pregnancies through access to family planning as key to promoting maternal and child health. Also intended for use by religious teachers and women's groups, such as

the National Union of Muslim Women of Mali, the tools relied on religious arguments and verses from the Koran and the Bible related to birth spacing and broader family well-being, as well as passages relating to preventing gender-based violence and promoting children's education. With HP+'s help, religious leaders used the tools to engage their peers around the country. This work also supported strategies for religious leaders to engage their male followers, who are often resistant to their wives using contraception but who may be more inclined to listen to religious leaders as opposed to healthcare providers on the topic.

Additional work in this area included work with the Malian branch of the Réseau Islam Population et Développement to develop documents and action plans and organize trainings and activities for religious leaders, both Muslim and Christian. This work supported religious leaders to train their peer leaders to discuss family planning with their followers and with couples about to be married. In this way, HP+ supported the training of some 300 imams in Bamako and about 100 in other regions. According to the Réseau, those trained were largely younger imams, who tended to be less conservative than their older peers. The religious leaders continue to use these tools without support from HP+ and speak publicly in favor of family planning, something they did not previously do.

Working with the Alliance of Muslim and Christian Religious Leaders, HP+ expanded its work from fighting discrimination against people living with HIV to helping the alliance educate their followers on gender-based violence, child marriage, and the importance of family planning. HP+ provided support for seminars and financing for training on tools and communication around gender-based violence to help religious leaders sensitize their communities. As part of this, a group of 10 Christian and 109 Muslim leaders worked together to develop [documents around the importance of preventing gender-based violence](#), based on interpretations of the Bible and the Koran (HP+, 2020). These leaders are using the talking points to raise awareness among their congregations and have spoken in favor of a draft law against gender-based violence.

Involving Young People in Family Planning

Young people in Mali face particular challenges in accessing family planning information and services, due in large part to cultural and religious obstacles. These challenges are especially acute for unmarried adolescent girls and young women, who face biases and judgmental attitudes from their families, religious leaders, and health service providers. The impact of these realities is reflected in their high unmet need for family planning.

From the beginning of the second CIP process, HP+ worked to involve young people as a key constituency for family planning. Through organizations like Projet Jeune and the Youth Ambassadors linked to the Ouagadougou Partnership, HP+ supported youth representatives to participate in meetings and reviews and provided capacity building for them to train peer educators around the country on family planning. HP+ staff working with the Sub-directorate of Reproductive Health frequently facilitated this work and accompanied youth groups in their activities. [HP+ supported youth ambassadors with the evidence they needed](#), using the [RAPIDWomen](#) tool, to advocate for improved sexual and reproductive health services for youth in Mali (see HP+ and République du Mali, 2020).

Part of HP+'s support to Projet Jeune involved expanding their social media outreach about family planning. HP+ helped the youth group sensitize community health workers about young people's needs for family planning through modules developed for a broad WhatsApp group. HP+ also advised youth organizations about training peer educators—who now number an estimated 10,000 around the country—to participate in mobile outreach programs, often run by nongovernmental organizations, to engage with young people and link them to information and services.

CONCLUSION

Mali has made progress in advancing access to family planning in recent years, supported by the significant technical and financial support that USAID through HP+ has provided to reinforce the capacity of the government and key stakeholders.

HP+ has shown the value of strengthening policy, advocacy, and financing capacity to implement high-impact health services, including through increasing access to family planning in order to reduce maternal, infant, and child mortality and to increase women's empowerment and broader economic development. Going forward, as Mali regains its political stability, it will be essential to assist national- and community-level leadership and civil society to mobilize domestic and global resources, including for contraceptive commodities, to support sustainable access to family planning information and services, and to strengthen family planning policy and advocacy. HP+ in Mali has shown that investing in family planning is a critical approach for the country to advance health and development outcomes and to address the needs of its youthful population.

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