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CASE STUDY

MALI

**REACHING WOMEN IN NEED OF FAMILY
PLANNING AT CLINIC IMMUNIZATION DAYS**

PERSONAL STORY:

Salimata is 43 years old and from Bamako. She married at the age of 17. In her 26 years of marriage she has had 17 pregnancies with 14 live births and 3 miscarriages. Several of her children did not live past infancy. During her last pregnancy Salimata was afraid of losing a baby again as she was not able to space her births the recommended 3–5 years.

During a meeting organized by PSI/Mali's outreach animation team, Salimata learned of long-acting methods offered at an affordable cost. After receiving counseling from the PSI midwife, she selected the IUD, a method that would effectively prevent pregnancy for up to 12 years. After the insertion Salimata said she felt reassured she would no longer have to see her children die in infancy.

**Salimata's name was changed for this story.*

In the past five years, family planning has received limited donor support and government attention in Mali. Women of reproductive age are largely unaware of the health benefits of family planning, and knowledge of family planning methods is low. As a result, contraceptive usage among all population segments, including women residing in urban areas and women who have secondary education or higher, has stagnated or declined. With support from the Dutch Government under the Strategic Alliance with International Non-Governmental Organisations (SALIN), PSI/Mali is currently addressing the estimated 30% unmet need for family planning in Mali by raising awareness among women of reproductive age at clinic immunization days for children under 1, and providing them with high-quality family planning services.

SITUATION ANALYSIS

Mali's modern contraceptive prevalence rate (CPR) of 6% is among the lowest in the world and has stagnated since 2001. Mali also has one of the highest total fertility rates (TFR) at 6.6%. In the capital, Bamako, the CPR actually *decreased* from 19% to 16% from 2001 to 2006, and since 2005 there has been a decline in the number of women spacing births for the recommended 3–5 years. Furthermore, one in 25 women in Mali will die from pregnancy-related causes, and significantly more will suffer lifelong complications, while 1 in 10 infants will die in their first year of life. The use of family planning to optimally time and space pregnancies and prevent unintended pregnancies has been shown to significantly reduce maternal mortality and morbidity, and lessen the chances of neonatal, infant and early childhood death. Therefore, addressing Mali's unmet need for family planning¹, is vital to saving women's lives and improving their health.

OPERATIONS RESEARCH: HOW TO REACH THE MOST WOMEN WITH UNMET NEED

In early 2009, with support from SALIN, PSI/Mali significantly expanded its existing family planning program to include the promotion and service delivery of long-acting reversible contraception. The intrauterine device (IUD) provides protection from unintended pregnancy for up to 12 years and the implant for up to five years. In Mali both the IUD and implant are available in the public and private sectors.

Long-acting reversible contraception (LARC) conveys many benefits to the user. Due to there being no action required on the part of the user, these methods facilitate consistent and correct use, and therefore rarely fail. A long-acting method may be a good option for a woman who has discontinued using a short-acting method due to side effects, or has difficulty returning to a clinic for re-supply. Additionally, during one year of typical use, the pregnancy rate associated with oral contraceptives, a short-acting method, is 8 percent compared to 0.8 percent with the long-acting IUD². Despite the many advantages of long-acting methods, use in Mali is less than 1 percent.

To help promote and drive demand for long-acting methods among women of reproductive age while increasing quality supply, PSI/Mali applied lessons learned from other PSI family planning programs in Cambodia, Madagascar, Myanmar and Zambia. Toward this end, in early 2009, PSI/Mali piloted 'clinic event days' at 5 private clinics from the franchised *ProFam* Network in Bamako. These clinics were chosen for the initial operations research because: 1) PSI/Mali had an established working relationship with them; 2) Providers and clinic owners were interested in trying new activities to promote family planning to their clients; and 3) PSI/Mali had already trained clinic staff in LARC service delivery.

Given that unmet need for family planning is estimated to be highest (79%) among post-partum women, it was hypothesized that reaching women with family planning messages during infant immunization days and linking them to quality family planning products and services could result in significant health impact. Moreover, a large number of women of reproductive age could be reached during a single activity conducted on immunization days.

CLINIC EVENT DAYS AT A GLANCE

Event days are designed to promote family planning by creating greater access to and demand for quality products and services at a designated clinic. PSI/Mali works closely with the host clinic to identify immunization days and prepare for the event, ensuring that a PSI midwife can travel to the clinic on that specific day and that she will have adequate space and clinic staff with whom to work. During the event, the midwife, with assistance from clinic personnel, conducts a 30–45 minute presentation on the importance of family planning for maternal and child health to the women waiting to have their children immunized. The full range of modern contraceptives available in Mali is discussed with special emphasis placed on LARCs.

After the presentation, women are encouraged to ask questions and engage in a participatory discussion. Often the midwife will ask if anyone has heard of rumours regarding IUDs or implants. This question frequently generates significant discussion and an opportunity to dispel common myths and misconceptions. After the discussion, women are then informed they can receive counselling, a physical exam and if eligible, a long-acting method at a subsidized price immediately at the clinic. The PSI midwife then provides insertion services with the support of clinic personnel. PSI provides a subsidy to the provider so that the user fee for the insertion is reduced from 1,500-3,000 CFA to 500 CFA (equivalent to €0.70). The subsidy is instrumental to increase access to family planning services among the target population. Fees are likely to be further reduced or even removed completely if the program is rolled out to the rural parts of the country.



Holly Blanchard, JHPIEGO
Malian women receive health talk by PSI midwives.

During the initial operations research, from February to April 2009, PSI/Mali conducted 14 event days at five *ProFam* clinics, reaching 720 women with information on the benefits of family planning. Of the women reached, 75 chose and received a long-acting method—just over 10%.

BUILDING CAPACITY, EXPANDING ACCESS

Seeing the potential to reach a larger portion of women with an unmet need for family planning, PSI/Mali expanded its event day activities to include more *ProFam* clinics and, in coordination with the Ministry of Health, a number of selected public sector clinics. PSI/Mali considers inclusion of the public sector to be vital in addressing Malian women's unmet need. The majority of family planning services in the country are delivered through public sector sites and large numbers of women attend immunization days at public sector clinics.

To ensure that women receive high quality follow-up visits, complication and adverse event management and IUD and implant removal services, PSI/Mali trained 50 public sector midwives (one for each designated clinic) in modern contraceptive technology, including LARC service delivery prior to implementing clinic event days. This work was done in collaboration with the regional health authority. PSI/Mali continues to provide routine refresher trainings to midwives as well as *ProFam* clinic providers. From May to November 2009, 12,204 women were reached with family planning messages through 292 event days held during clinic immunization days. *A total of 2,202 women (18%) chose and received a long-acting reversible contraceptive during an event day.* These results indicate a significant demand for long-acting reversible contraception among post-partum women.

:: PSI/MALI EVENT DAYS: 2008 AND 2009 PROGRAM CHANGES AND RESULTS; 2010 PROJECTIONS (ANNUAL)

	2008 (SALIN funding was received in Sept. 08)	2009 (JAN. - DEC.) (under SALIN grant)	2010 PROJECTIONS (with SALIN funding)
PSI FAMILY PLANNING PERSONNEL	1 midwife	3 midwives	6 midwives
CLINICS	33 <i>ProFam</i> Clinics	53 <i>ProFam</i> clinics + 25 public sector clinics	53 <i>ProFam</i> clinics + 35 public sector clinics
PROMOTION	0 Event Days	292 Event Days	1,100 Event Days
RESULTS	142 implants; 188 IUDs 330 TOTAL	3,434 implants; 563 IUDs 3,997 TOTAL	4,800 implants; 800 IUDs 5,600 TOTAL

ENSURING HIGH QUALITY SERVICES

Compliance with PSI quality assurance standards is ensured through supervisory visits, a review of method discontinuation rates, and a referral system for adverse events/improper insertions. Where quality of care is a problem, program staff immediately intervenes to increase technical support until the issue is resolved. Providers found to be non-compliant with PSI's quality assurance standards are removed from the program network. To date no private provider has been removed from the network due to quality assurance issues. Only one public sector clinic has been removed from the network due to failing to meet facility QA standards.

CHALLENGES AND LESSONS LEARNED

At present neither the *ProFam* clinics nor the public sector clinics have a sufficient number of staff to provide both immunization and LARC insertion services on the same day. In order to meet the demand for long-acting methods, the presence of a dedicated long-acting method insertion midwife is necessary. This fact represents both the benefits and challenges of integrating family planning services with immunization services. Clinics already operate at full capacity in order to meet the demand for immunization services; however, evidence shows that a significant number of women will opt to receive a family planning method if it is made available to them when they are visiting a clinic on immunization days.

PSI/Mali will continue to explore innovative family planning models which address the issues of human resources, provider capacity and project sustainability.

PSI supports LARC programs in twenty three countries in Africa, Asia and Latin America as well as reproductive health and family planning programs in over 30 countries. To learn more about PSI and our reproductive health programs, visit <http://www.psi.org/our-work/healthy-lives/reproductive-health>.

I Defined as the percentage of fecund, sexually active women who desire to space or limit their pregnancies but are not using contraception.

II Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

