



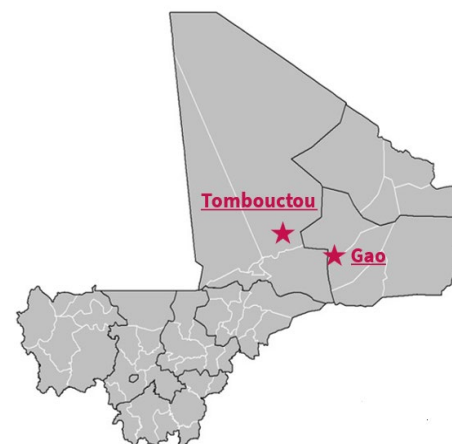
Technical Brief

November 2024

PROVIDER TRAINING IN MALI

Lessons Learned for Expanding Access to Quality Family Planning Services in Gao and Timbuktu

TO ADDRESS POOR VOLUNTARY FAMILY PLANNING AND REPRODUCTIVE HEALTH OUTCOMES and a lack of trained providers skilled in family planning services in Gao and Timbuktu in northern Mali, MOMENTUM Integrated Health Resilience conducted knowledge and skills training and targeted, follow-up mentorship and supervision with healthcare providers in 33 community-funded health facilities and 3 private clinics. This brief presents the experiences to date from this intervention in these fragile and conflict-affected settings.



BACKGROUND

Access to quality voluntary family planning (FP) services is vital for combating maternal and newborn mortality and improving the health and wellbeing of women, girls, their families, and their broader communities. Although improvements have been made over the past decade, further progress is needed in Mali to address poor sexual and reproductive health outcomes. At the national level, the total fertility rate is 6.3 children per woman, contraceptive prevalence rate is low at 16 percent, and unmet need for FP is high at 24 percent. Adolescent pregnancy is common, contributing to 36 percent of overall fertility, and maternal and newborn mortality rates are among the highest in the world at 325 per 100,000 live births and 33 per 1,000 live births, respectively.

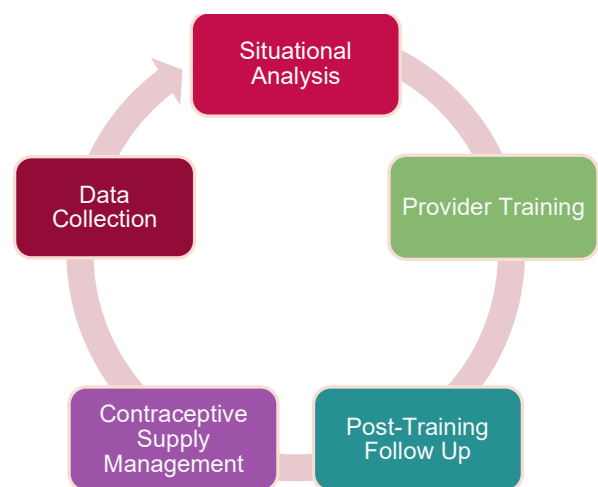
In the Gao and Timbuktu regions of northern Mali, sociocultural, geographic, and other barriers inhibit access to and use of FP services. Sociocultural barriers can be particularly acute for adolescents and young people due to provider bias against providing services to youth, minimum age requirements established at facilities and procedures requiring parental or spousal consent, societal stigma against non-married sexually active adolescents, and lack of privacy and confidentiality during service provision. In addition to these barriers, there are few local health providers adequately trained in the full range of contraceptive methods according to current standards, which inhibits access to and use of FP services. The situation is further exacerbated by the local security situation; providers frequently leave and are reluctant to return to their posts in areas of insecurity, leading to provider turnover and understaffed facilities.

This situation has worsened since the 2012 crisis, with the massive departure of qualified health providers. Many of the providers recruited to fill staffing gaps have not received training or mentorship in the provision of long-acting contraceptive methods. To address this challenge, USAID's MOMENTUM Integrated Health Resilience (MIHR) contributed to the capacity strengthening of FP providers using training materials prioritized by the Mali Ministry of Health and Social Development (MOH).

While FP provider training is important everywhere, it is particularly critical in fragile and conflict-affected settings where access to quality FP services is low and the availability of qualified providers is impacted by population movements caused by insecurity, limited resources, and increased demands for provider time.

MIHR has been active in Mali since 2021. Training in February 2023 as well as ongoing, targeted follow-up mentorship and supervision that the project provides virtually to remote healthcare providers helps to strengthen their technical capacities, address gaps in provider capacities, and expand access to high-quality FP information and services for both adults and adolescents and youth. MIHR partners with health facilities, communities, and local organizations in Gao and Timbuktu to implement a multi-faceted approach to increasing demand for and access to quality FP services, including pairing provider training approaches with community-based demand generation activities, such as educational sessions on the benefits of FP with community leaders, to help ensure local buy-in and effective FP awareness-raising for community members.

Figure 1. Five steps in MIHR'S FP Provider Capacity Building Approach in Mali



APPROACH AND METHODS

A key MIHR Learning Question that the project seeks to address is, “How can different programmatic approaches address the dimensions of fragility that have direct and indirect impacts on FP/reproductive health outcomes?” To help answer this, MIHR implemented a five-step capacity strengthening approach to address FP/RH quality of care in fragile settings within Mali, in line with the Ministry of Health’s policies, standards, and procedures:



The practice equipment, including arm mannequin, used during the FP provider training in Gao and Timbuktu.

- A **situational analysis** to identify providers in project-supported health facilities that either had not received training on the provision of FP counseling and services, or who were trained over 2 years ago.
- A 10-day, three-phase **training**, using only tools validated by the Ministry of Health, for 36 community health providers. This included theoretical courses and discussion, demonstrations using anatomical models, and practical internships with real health center clients to strengthen provider capacity on communication for social and behavior change focused on FP/RH, FP counseling and

service provision, infection prevention and biomedical waste management, quality assurance, stock management, and data collection and reporting.

- **Post-training follow up** over the course of 6 weeks to reinforce and strengthen the skills covered in the training, using the following training methodology:
 - Compared pre- and post-test results of trained providers and identified any remaining knowledge or skill gaps. Used observation grid to assess provider skills in counseling and FP service provision on clients or models.
 - Reviewed primary data collection tools at health facilities to ensure completeness and accuracy of data and address data gaps.
 - Conducted individual and group interviews with service providers to identify barriers, challenges, and lessons learned to develop a problem-resolution plan.
- **Contraceptive supply management**, starting with an analysis of the contraceptive commodity needs of the facilities, and coordination with the USAID Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) project for commodities and supply chain management.
- **Data collection** and use of paper FP registers, which are compiled into monthly activity reports and entered into the District Health Information Software version 2 (DHIS2) national database.

Through the different steps of the approach, MOMENTUM strengthened the 36 providers’ capacity on the general concepts of FP and healthy timing and spacing of pregnancies; quality FP counseling that focuses on voluntarism and informed choice; the full range of available FP methods and how to administer them, their mechanisms of action, advantages and disadvantages, side effects and side benefits, and duration of efficacy; and infection prevention and control. The capacity building approach also included orientation on gender norms



Implanon insertion practice session for service providers during the practical training at the Bellafarandi health center in Timbuktu.

and considerations, and their impact on access to FP services, social and behavior change communication for FP, and FP data collection and reporting using the DHIS2. An additional consideration of the approach is to advocate with community health associations to set up and equip spaces in their facilities solely to provide FP services, in accordance with MOH and clinical standards. This should include safe spaces for youth/adolescents seeking FP/RH consultations and services.

Training plans often need to be adapted to account for security and other challenges that frequently affect the fragile and conflict-affected settings where MIHR works. One key strategy for MOMENTUM in Mali was to develop a virtual WhatsApp “FP Group” to support post-training follow-up of all 36 trained providers, giving providers a space to share lessons learned, challenges, and local initiatives. This makes it possible to ensure continual and remote monitoring in the context of limited resources and insecurity. The trained providers regularly share their practical experiences and difficulties encountered, which are discussed with the clinical coaches.

“The training really enabled me to differentiate between all the contraceptive methods validated in national FP/RH documents, on their advantages, disadvantages, and mechanism of action.”

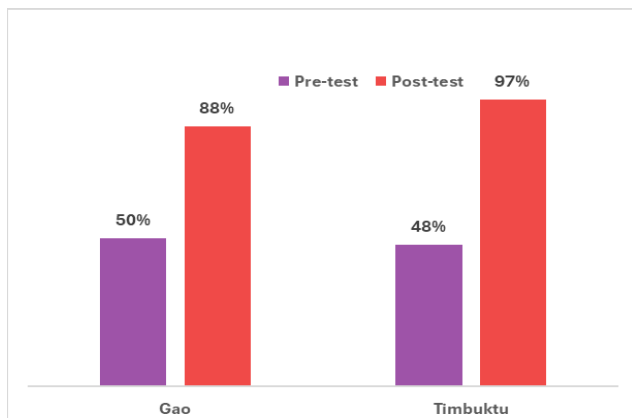
“Thank God, thanks to this training, I have a better understanding of these criteria [to determine eligibility for specific contraceptive methods].”

Healthcare Providers in Gao

RESULTS

Pre- and post-tests administered to the training participants showed substantial improvements in knowledge and skills. Average pre-test scores went from 48 percent to a post-test average of 97 percent in Timbuktu. The average score went from 50 percent to 88 percent in Gao (Figure 2).

Figure 2. Average participant pre- and post-test scores



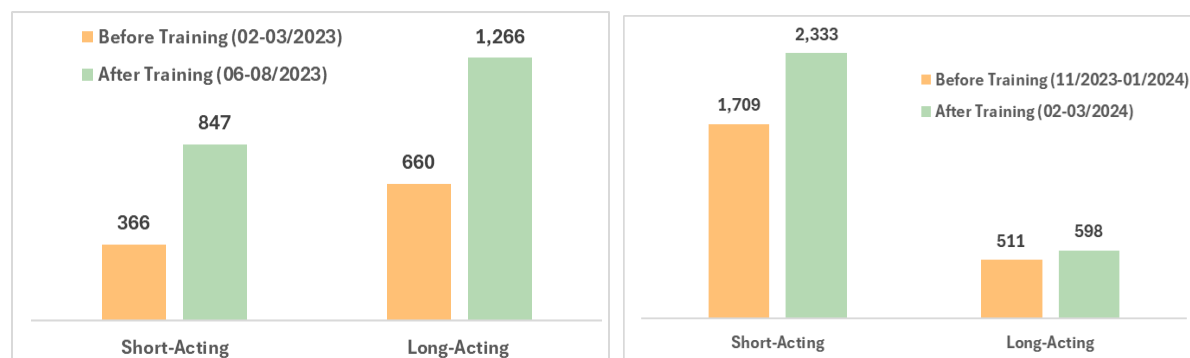
In both regions, each of the 36 providers trained surpassed the minimum performance threshold of 80 percent set for competency validation by the MOH on three key skills, including FP counseling, insertion of implants and intrauterine devices (IUDs), and implant and IUD removal. Feedback from providers demonstrated their improved knowledge and skills after the training, indicating their likelihood to provide high-quality counseling and services to FP clients who come to their facility.

MIHR provided post-training follow-up and monitoring of providers for 6 weeks. Providers were then retested on the initial learning. Thirty-three of the 36 providers trained were supervised and provided with targeted capacity building. Their average skills scores remained greater than 80 percent for each of the skills assessed: counseling, implant insertion and removal, and IUD insertion and removal.

MIHR also monitored changes in FP use during this time and found significant increases in the number of FP users in both regions. Figure 3 below shows the total number of FP users of short-acting methods and long-acting methods, before and after the provider training in the Gao and Timbuktu regions. Health provider training—along with other project efforts related to ensuring the availability of contraceptive commodities,

and community-level FP awareness-raising and demand-generation activities carried out in partnership with local nongovernmental organizations—suggests an advantageous synergy toward improving the number of users of both short-acting and long-acting FP methods.

Figure 3. Trends in the number of users of short- and long-acting FP methods before and after the training in Timbuktu (left) and Gao (right). Source: Mali DHIS2.



CONCLUSION

A robust capacity building approach that is tailored to the specific fragility context can provide effective results. An approach that includes initial comprehensive training, follow up mentorship and supervision, coordination with the health management information system and commodity supply mechanisms, and linkages to community-based demand generation activities can contribute to improving access to quality services in these contexts.

RECOMMENDATIONS

- Advocate with community health associations (called ASACOs in Mali) to set up and equip spaces in their facilities solely to provide FP services in accordance with MOH and clinical standards.
- In areas where insecurity or other shocks/stresses inhibit regular onsite mentorship and supervision, projects can establish remote mechanisms, such as WhatsApp groups, to share experiences and best practices among participants and mentors on an ongoing basis.
- Provider FP training should be complemented with community-based demand generation activities based on fragility assessments and carried out by local organizations in collaboration with community actors, including, but not limited to, educational talk sessions on the benefits of FP with community leaders, to help ensure local buy-in and effective FP awareness-raising activities for community members.
- Provide health centers with communication and counseling support (visual aids, WHO eligibility table, memory aids, Tiahrt poster, etc.).
- Create a permanent framework for exchanges among different health facility technical teams to improve the management and supply of FP products.

WAY FORWARD

MIHR will continue ongoing training for providers through the WhatsApp platform, and monitor the supply of contraceptive products to health centers during routine integrated supervision visits and through monitoring of DHIS2 facility-level data. The project will share training documents with partners and implementers as relevant, and conduct periodic assessments to ensure ongoing quality and compliance.

Resources

Institut National de la Statistique. 2019. *Cellule de Planification et de Statistique Secteur Santé-Développement Social et Promotion de la Famille CPS/SS-DS-PF et ICF*. From the Mali 2018 Demographic and Health Survey, Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF et ICF.

Mali Ministry of Health. 2020. *Plan stratégique de la santé de la reproduction de la mère, du nouveau-né, de l'enfant, des adolescents et la nutrition ; 2020-2024, Mali*.

Suggested Citation

Traoré, Demba. 2024. "Provider Training in Mali: Expanding Access to Quality Family Planning Services in Gao and Timbuktu" Washington, DC: USAID/MOMENTUM Integrated Health Resilience

Acknowledgements

Thanks to the MIHR teams and health providers in Timbuktu and Gao as well as the two facilitators, Maimouna Mohamed and Mama Diallo, from the Malian Association for the Protection and Promotion of the Family (AMPPF) for their technical support for the training. Gratitude and recognition to Dr. Aminata Traore and Dr. Lazare Coulibaly, who lead MIHR/Mali, for their leadership in the success of the activity.

Photos (Cover and Interior): Dr. Demba Traoré, MIHR Mali Technical Director

Cover photo caption: An implant insertion session on a mannequin arm during the training in Gao.



MOMENTUM

USAIDMomentum.org

TWITTER: @USAIDMomentum

FACEBOOK: USAID Momentum

LINKED IN: USAID-Momentum

YOUTUBE: USAIDMomentum2161

MOMENTUM Integrated Health Resilience is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by IMA World Health with partners JSI Research & Training Institute, Inc., Pathfinder International, GOAL USA Fund, CARE, and Africa Christian Health Associations Platform (ACHAP) under USAID cooperative agreement #7200AA20CA00005. For more information about MOMENTUM, visit www.USAIDMomentum.org. The contents of this technical brief are the sole responsibility of IMA World Health and do not necessarily reflect the views of USAID or the United States Government.