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VOICES from the VILLAGE:

Improving Lives through CARE’s Sexual and Reproductive Health Programs

Keneya Ciwara: Supporting Family Planning In Mali



USAID
FROM THE AMERICAN PEOPLE



Introduction

In the heart of Mali's Dogon country — named after the area's principal ethnic group — lies the poor and remote commune of Kendie.¹ Here the Dogon people live in stone houses, built into the soaring cliffs for which the region is known. This dramatic choice of dwelling influences every part of Dogon life, for just leaving the house often means climbing up and down boulders, crags and other obstacles.

Families in Kendie try to scrape a meager living from this harsh terrain by growing millet. But farming the labor-intensive crop rarely yields enough money to rise out of poverty. As a result, sons and daughters are often sent to work in larger cities in Mali and abroad, sometimes as far away as Gabon or the Central African Republic. In this harsh economic climate, families in Kendie have come to believe they need many children to make a living, and to ensure that at least one child from the household will succeed — at home or abroad.

Services and infrastructure here are scarce. The commune has only one community health center to serve more than 20,000 people spread throughout 30 villages. The center is managed by a trained nurse who supervises two midwives, but there is no doctor in Kendie. People who need serious medical attention are referred to the regional health center in the city of Bandiagara, 45 kilometers (about 28 miles) away.

Child mortality is high and malnutrition rife in Kendie and the surrounding Mopti region. One in five children in the region die before their fifth birthday, and nearly half of all children under age five are malnourished.² The Dogon are characterized by polygamous families in which co-wives compete to produce large numbers of children. Children in this society are valued for their contribution to the household economy, so the more children a woman bears, the higher her status in the eyes of men — and other women. While formal education is often used elsewhere as a vehicle for changing attitudes and behavior toward childbearing, this is unlikely in the Mopti region, where only 20 percent of women have ever attended school.³ Taken together, the region's extreme poverty, high child mortality, low levels of education and cultural emphasis on large families make family planning a tough sell.



Program Description

Operating in 13 national districts and the national capital, Bamako, the Keneya Ciwara⁴ program seeks to increase availability and demand for quality health services at the community level while improving essential health practices in the household. During its first phase (2003–2008), the program focused on actively involving members of the community in contraceptive distribution, and it also worked to improve immunization, control of malaria and diarrheal diseases, nutrition and reproductive health. The program is being implemented by a consortium composed of CARE, the Johns Hopkins University/Center for Communication Programs (JHU/CCP), IntraHealth International and the Groupe Pivot/Santé Population (GP/SP), supported by USAID. The second phase of Keneya Ciwara began in October 2008 and will last three more years, eventually covering every health district in the country.⁵

Outreach Workers: Grassroots Advocates for Family Planning

The success of Keneya Ciwara depends on volunteer outreach workers (relais) to raise awareness about family planning and other health issues among community members who lack access to local health centers. There are currently about 4,000 Keneya Ciwara outreach workers in Mali. After prospective outreach workers are chosen by their village committees, they receive seven days of program training before assuming their duties. At the conclusion of their training, they receive a certificate and recognition by the community — an important step toward gaining the trust and respect of the people they aim to serve.

Each outreach worker serves approximately 35 households. New volunteers are given an initial stock of contraceptives (condoms, pills, spermicides and cycle beads) to sell; if a woman wants to use injectable birth control, which is the most popular method of contraception, outreach workers can refer her to the community health center.

Outreach workers replenish their stocks of contraceptives with the money they earn from sales. While they do not get paid a salary, they keep a small portion of their profits as compensation.

The volunteers are supervised by one of the program's many partner NGOs. In the Kendie health district, there are 18 outreach workers assigned to serve seven area villages. They are supervised by a local NGO, AMPRODE/SAHEL, as well as by several local women's associations (described below).

Women's Microfinance and Credit Groups: An Innovative Resource for Family Planning

One of the most crucial components of the Keneya Ciwara program has been women's microfinance and credit groups, known as Musow Ka Jigiya Ton (MJTs, or Women's Savings Clubs). These groups, most of which were

begun by the program, provide women an opportunity to improve their financial security as well as a source of funds to help ensure their reproductive health. Hence, the name for this approach in Bamanankan is tonofla, meaning “a two-fold purpose.”

It works like this: Each MJT selects members who are trained by the program to be community health agents. These agents provide basic health information and peer counseling — for example, they talk with other women about how to better communicate with their husbands about family planning. Like the program’s outreach workers, each health agent is given an initial stock of contraceptive products that they can sell to generate income, which they contribute to a communal fund. This money can finance the purchase of more family planning products and also fund women’s visits to the community health center, where they can procure other contraceptives, such as injectables, when needed. Members can also borrow money from the fund to start their own small enterprises, such as the making of soap or other products they can sell in their local market. Each MJT’s communal fund then grows as the entrepreneurs repay their loans, with interest.

During the first phase of Keneya Ciwara, the leaders of more than 300 MJTs throughout Mali were trained by the program and began to reach out to local women. In addition, the groups received 1,000 boxes of contraceptives to sell in their respective communities.

As of May 2007, there were about 560 women participating in 20 MJTs across seven villages in the Kendie health district. In the first phase of the program, they were able to mobilize more than \$18,000 in credit and carry out 188 awareness-raising sessions on health and family planning, which involved nearly 4,000 local women.

Here, one member of the Ben Kadi women’s group from the village of Kendie explains how the group functions:

“Every Thursday we meet up, and each woman contributes 110 francs (about 22 cents). We talk about lots of things, including family planning, before we go home. The money we have enables our members and their families to go to the health center to get treated or to get family planning methods, which are not available in their villages.”

Results

At the 2004 baseline survey of Keneya Ciwara, 75.9 percent of women of reproductive age (WRA) in Bandiagara Cercle knew a modern method of contraception. At mid-term (2006), that number had increased to 84.6 percent. At the final evaluation, 84.9 percent of WRA in Bandiagara Cercle knew one modern method of contraception.

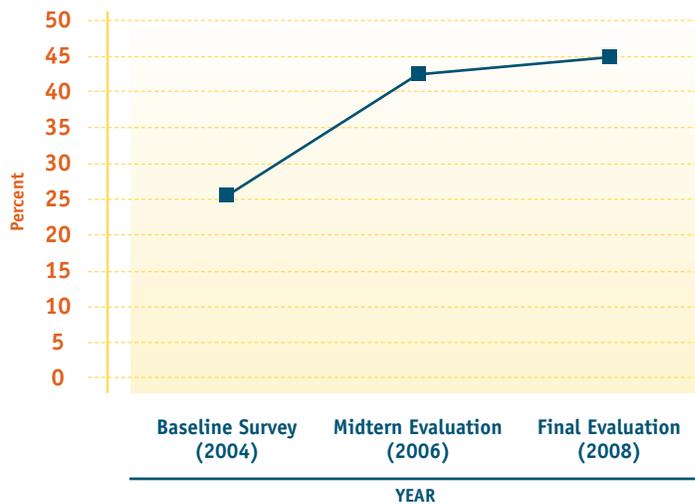
Furthermore, the final evaluation showed that women who participated in a microfinance group were more than twice as likely to use contraception as those who were not members, indicating that the information and support women get from these groups encourages them to use family planning.

The contraceptive prevalence rate (CPR) was 13.5 percent for women in microfinance groups versus 6.1 percent for those not in a group. This is especially promising, given that MJT membership rose considerably during the first phase of the program, from 25.6 percent to 45.2 percent, as the groups proliferated throughout Mali.

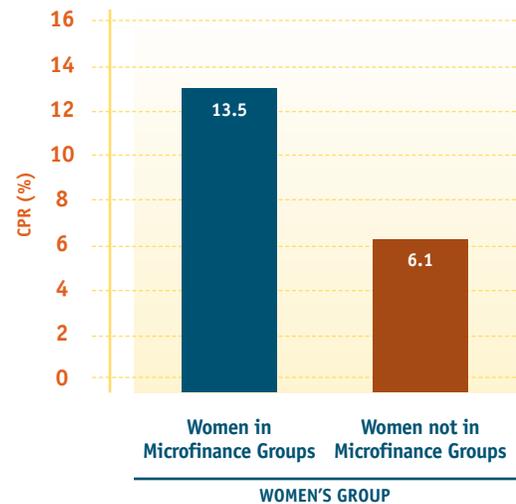
% OF WRA WHO KNOW OF A MODERN METHOD OF CONTRACEPTION



% OF WRA IN BANDIAGRA CERCLE WHO BELONG TO A MJT



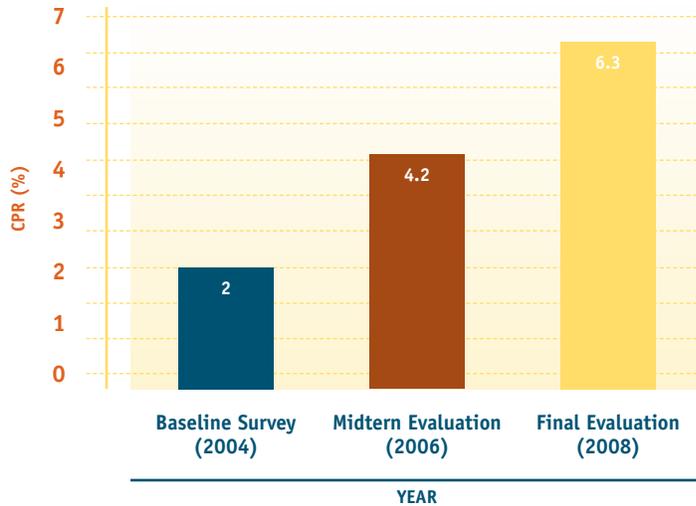
CONTRACEPTION PREVALENCE RATES FOR WOMEN IN MJT V. WOMEN NOT IN MJT



Increased Community Distribution of Contraceptives and Health Center Referrals

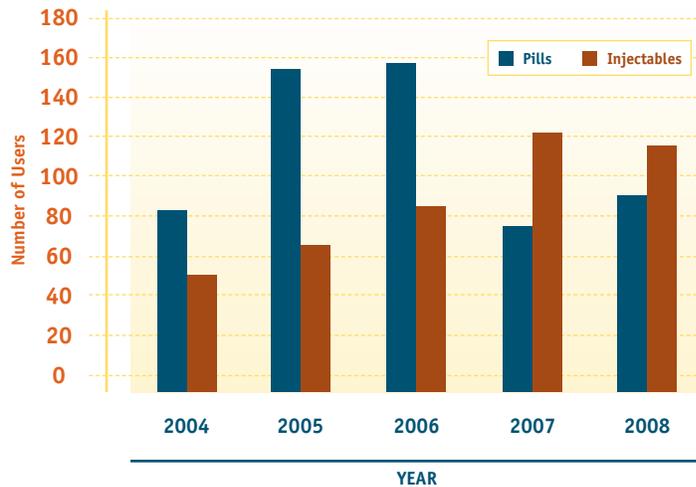
One of the challenges to assessing program impact is that outreach worker activities were not systematically recorded. For instance, local health center records generally do not distinguish between contraceptives sold directly to women at the center and contraceptives sold to outreach workers for resale in their villages. However, evidence suggests that outreach worker efforts did have a significant impact. The graph below shows an increase that is nearly threefold in contraceptive use in Bandiagara Cercle during the first phase of the program.

CONTRACEPTIVE PREVALENCE: BANDIAGARA COMMUNITY SURVEYS



By comparison, the contraceptive prevalence in the entire Mopti region, which includes Bandiagara Cercle, was only 2 percent in 2006,⁶ less than half that of the rate in Bandiagara Cercle. These figures likely reflect the efforts of outreach workers in Kendie and elsewhere in Bandiagara Cercle that have been ongoing for almost three years.

NUMBERS OF USERS OF PILLS AND INJECTABLES, KENDIE CSCOM



The graph below demonstrates that the use of injectables in Kendie began to rise steadily in 2006, indicating that MJT community health agents and local outreach workers were referring increasing numbers of women to the health center for injectables. At the same time there is a decrease in the use of pills. This is likely due to the fact that women were purchasing them from the MJT community health agents and outreach workers.

These results elicited the following comment from CARE’s Dr. Nouhoum Koita, deputy chief of party of Keneya Ciwara:

“If such good results can be achieved among the Dogon population of Bandiagara, who are from a very rural, conservative setting, then this reflects the efforts of the outreach workers, the women’s groups and, especially, the goodwill of the villagers. This tendency towards an increase in knowledge and use of family planning can be seen throughout Mali wherever Keneya Ciwara has been implemented.”

Local Nursing Matrons: Using Every Opportunity to Spread the Message



Madame Karambé (standing, at left), one of two nursing matrons⁷ in Kendie, confirms this trend toward increased use of injectables procured at the health center. “The vast majority of women prefer injectables, as they say they forget to take the pill regularly,” she says. “In addition, many want to hide their contraceptive use from their husbands. Injectables enable them to do this.”

Women who give birth in the health center’s maternity unit usually spend seven days there after delivery. During this time, Madame Karambé encourages them to use family planning in the future.

A young mother’s female friends and relatives will often stay with her in the maternity unit to feed her, help her wash and provide other support. Madame Karambé makes sure that these women also receive family planning messages. Like the new mother, these women come from remote areas and may not otherwise have a chance to learn about contraceptives. On her seventh day in the maternity unit, the woman’s friends take her home to her village for the baby’s baptism.

Keneya Ciwara strongly encourages women to give birth in their local health centers. The Ben Kadi women’s group in Kendie is working with group members’ husbands to stress the importance of skilled care at birth and helping women access health facilities for deliveries. These efforts are leading to increases in numbers of pregnant women receiving counseling from Madame Karambé and who are thus likely to use contraceptives. The women receive family planning counseling at the center during their ante-natal consultations and when their children are immunized.

Challenges

Men’s Opposition to Family Planning Drives Women to Use Contraceptives in Secret

The greatest challenge to increasing the use of family planning in this region is overcoming men’s opposition to contraceptives. This opposition is based on a number of misconceptions, including the myth that contraceptive use makes women sterile.

“One man came to me, as he had seen pills in his wife’s trunk and he was furious because he thought she wouldn’t have any more children. They had three children together and he wanted more. But when I explained to him that she was using family planning to space her births, he understood and was eventually in agreement.”

MADAME KARAMBÉ, MATRON, KENDIE

Lessons Learned

Mutual Reinforcement of Family Planning and Women’s Economic Activities

Although many women are not yet members of a MJT, they still benefit greatly from belonging to a family planning association. Women in these groups learn to recognize that family planning can dramatically improve their financial situations.

“I have already used family planning, so I can talk about this. Now I have time to go to the market and to do the commercial activities I want, as I can leave my child at home with others; he won’t cry and he eats properly. I have noticed that since I have been using contraception my income has increased, so I can truly say that using family planning has changed my economic status.”

MJT MEMBER, 20 YEARS OLD, KENDIE

Some members of the women’s groups also noted that family planning use increased the efficacy of their associations.

“The use of family planning by our members has improved the functioning of the group, as there are a lot of women among us who use family planning and who are thus very economically active. If, for example, there were lots of pregnant women in our group, it would slow down our activities.”

MJT MEMBER, 40 YEARS OLD, KENDIE

The phenomenon of family planning increasing women’s economic potential has not gone unnoticed by men.

“There are a lot of women in our village who use family planning and have improved the economic status of their families, because the child can play and the mother can do whatever she wants ... In addition, we men can save the money we would have otherwise spent on medicines for children born after short birth intervals.”

MILLET CULTIVATOR, 55 YEARS OLD, KENDIE

Impact of the Program on Outreach Workers

The 18 outreach workers in Kendie say their jobs have helped them improve their own knowledge about family planning.

“Before the training, I saw pills around in town but I didn’t know what they were ... Now I know what they are and my wife even uses them! Before, I just thought they were pills to cure an illness. I didn’t know what injectables were, either.”

OUTREACH WORKER, 57 YEARS OLD, KENDIE

Keneya Ciwara has also enabled outreach workers to improve their social status.

“Now I am very respected in my village because they have seen the efforts I put into the awareness raising, and now they have so much confidence in me that they themselves come and see me for advice about family planning.”

OUTREACH WORKER, 35 YEARS OLD, KENDIE

Next Steps

- Establish more women’s microfinance associations
- Recruit more female outreach workers
- Encourage men to support family planning by emphasizing how it improves women’s contributions to household productivity and income
- Improve spousal communication



The clear message emerging from Keneya Ciwara is that women's groups can help significantly increase rates of family planning. The groups offer women economic independence from men, allowing them to support one another in the face of opposition from their husbands. This dynamic system needs to be increasingly capitalized on through the recruitment of more female outreach workers and through the creation of more women's associations throughout the Keneya Ciwara program.



Fatoumata Seïba, the only female outreach worker in Kendie, shows some of the materials she uses to educate women about contraception.

Keneya Ciwara will also strive to increase the number of women trained as outreach workers. In the first phase of the program, 44 percent of outreach workers were women. In the second phase, the goal is to train a total of 19,200 outreach workers throughout Mali, including an increased percentage of women. This will be a challenge; in rural areas like Kendie, where female literacy rates are low, women often cannot meet minimum literacy requirements to become outreach workers. In fact, there is only one woman among the 18 outreach workers in Kendie.

That lone female outreach worker is 45-year-old Fatoumata Seïba, who has had five years of schooling. Fatoumata is also president of one of the local women's groups. Despite her soft smile and mild manner, her determination to improve women's lives is strong. She has had a remarkable impact on family planning in Kendie.

Last year, Fatoumata won the Keneya Ciwara d'Or (the Gold Keneya Ciwara) prize for being one of the best outreach workers in Mali. This award was based on the number of education sessions she carried out, her sales of contraceptive products, her referrals to the community health center and her ability to convey health and family planning information. She sees the award as a great honor, but says there is still much work left to do.

"We are on the case but need to double our efforts with regard to family planning so that mothers don't die, and so that even if the husbands are not in agreement, we can try and convince them. If we don't succeed in helping women to convince their husbands, women will have to hide their contraceptive use from them in order to save their own lives."

FATOUMATA SEÏBA, WINNER OF THE GOLD KENEYA CIWARA PRIZE FOR BEST OUTREACH WORKER

Her husband Moussa Tembiné (next page) takes pride in her achievements. Moussa is an adviser to the mayor of Kendie. He sees family planning as a catalyst for development in the town, but believes it can only be effective if there is strong support from men.



Moussa Tembiné

“Men, as yet, don’t understand family planning,” he says. “It is not going to make their women promiscuous. Rather, it will stop them getting old before their time. A woman who uses family planning can work better and contribute more to the family. This, in turn, helps men, but men don’t understand this yet.”

An important next step in the program is thus to emphasize, particularly to men, that there are economic advantages to using family planning. Women’s groups can help open up dialogue on this subject by giving women the support and negotiating skills to improve spousal communication.

During the first phase of Keneya Ciwara, rates of family planning have increased considerably among families in Kendie and throughout Bandiagara Cercle. And thanks to the efforts of people like Fatoumata, Moussa and Madame Karambé – counseling their peers, dispelling myths and promoting family planning as a way to enhance families’ economic well-being – those rates are likely to continue to increase. Their determination reflects the fortitude that the people of Kendie have drawn upon for centuries to survive life on the cliffs.

¹ In Mali, a commune is a local administrative unit, usually named after its principal town. The next biggest administrative unit is a cercle. The commune of Kendie is located in Bandiagara Cercle, which also includes the city of Bandiagara.

² Demographic and Health Survey of Mali (EDS-Mali, IV, 2006)

³ Demographic and Health Survey of Mali (EDS-Mali, IV, 2006)

⁴ In Bamanankan, Mali’s lingua franca, “Keneya” means “health” and “Ciwara” is an antelope mask used in celebratory masked dances. The Ciwara has become Mali’s symbol of national pride and identity and, above all, courage.

⁵ A health district is an administrative area that includes an average of 14 community health centers. There are 59 health districts in Mali.

⁶ Demographic and Health Survey of Mali (EDS-Mali, IV, 2006)

⁷ Nursing matrons are women who receive on-the-job training for six months from a midwife at the health center. Women interested in becoming nursing matrons are required to present a certificate of primary education or secondary education before they can receive training.



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