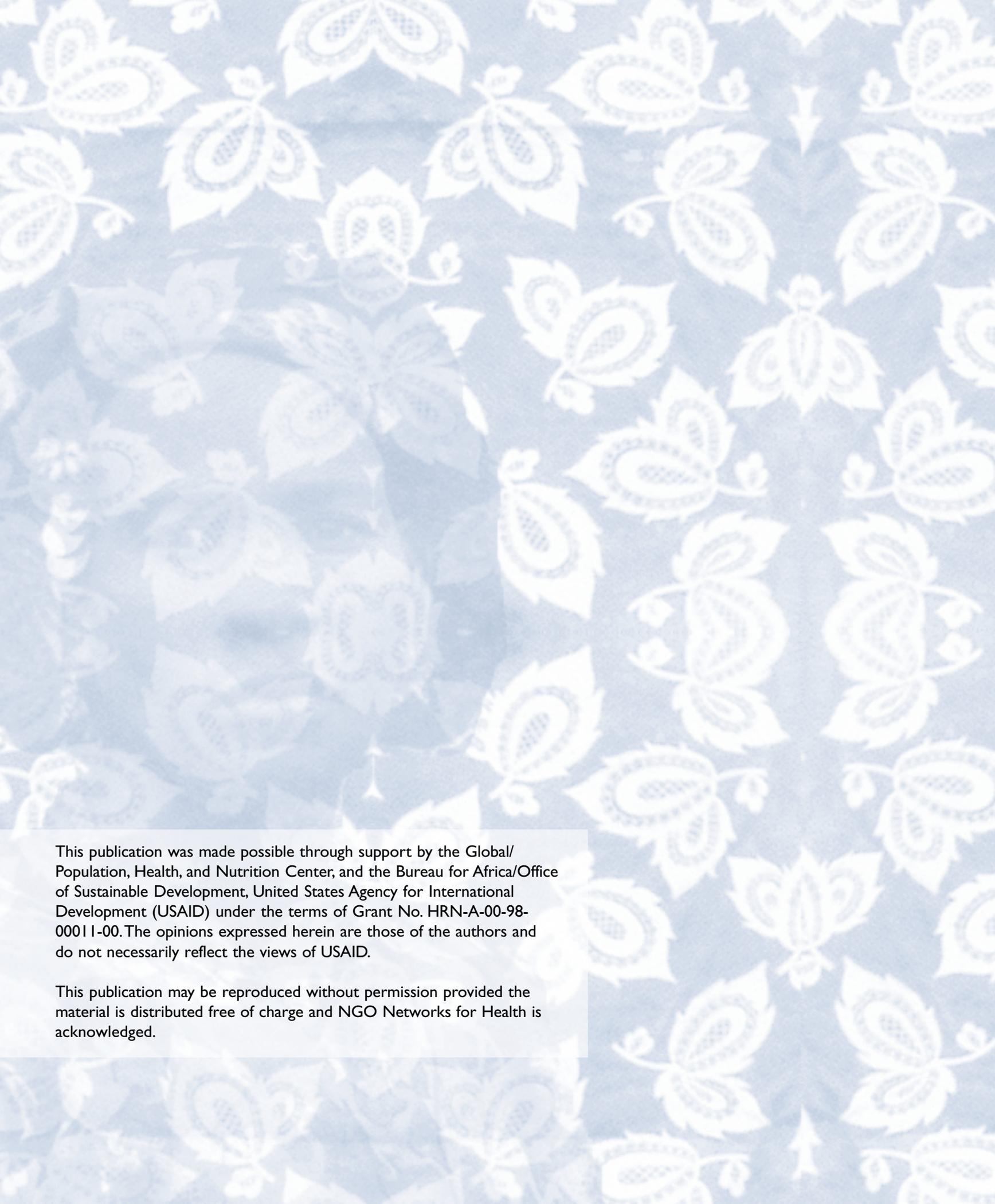




GROUPE PIVOT/SANTÉ POPULATION
PROFILE OF A HEALTH NETWORK





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ACRONYMS

AIDS	Acquired immune deficiency syndrome
ASDAP	Association de Soutien au Développement des Activités de Population
CCA-ONG	NGO Coordinating Committee (Comité de Coordination des Actions–Organisations Non-Gouvernemental)
FRAC	Forum Regional d’Analyse et de Concertation (Regional Forum for Analysis and Consultation)
FP/CS/RH/HIV GP/SP	Family planning/Child survival/Reproductive health/HIV/AIDS Pivot Group for Health and Population (Groupe Pivot/Santé Population)
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
NGO	Non-governmental organization
PVO	Private voluntary organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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The document was researched in country and written by a capable and experienced team comprised of Bibi Essama, Thomas Kelly, and Sara Pacqué-Margolis. Emily Moore and Mamadou Djire added subsequent expertise on gender and data collection and analysis respectively.

Several others contributed to this profile in its final form: Mike Negerie, who managed the first team of consultants; Carolyn Long, who coordinated the identification and fielding of the additional research consultants; Fred Lee, who provided substantial logistical support to the activity; Belkis Giorgis, who assisted with the design of the gender component of the research; Charlotte Storti, who patiently re-wrote the gender section to reflect reviewers' comments; Susan M. Lee, who synthesized the various reports to produce the final copy; Rita Feinberg, who provided ongoing editing of numerous drafts and managed the activity's completion, and Cecilia Snyder, who designed and formatted the document.

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PREFACE

In 1998, five established private voluntary organizations—Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children US—began working in partnership on the NGO Networks for Health (*Networks*) project. This project, funded by the United States Agency for International Development (USAID) is designed to improve the capacity of the Partners and their collaborating non-governmental organization (NGO) partners in developing countries to provide quality family planning, reproductive health, child survival, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) information and services to the needy populations they serve.

Networks is committed to identifying, documenting, and disseminating the experiences and lessons from partnerships among NGOs that successfully meet the growing demand for reproductive health information and services. *Networks* is particularly interested in the use of networks as an effective means to expand reach and access to health care and has embarked on an effort to document activities of this kind. This effort will benefit the project's activities in network development and strengthening, as well as inform the broader development community about the potential of organizations working together to accomplish more.

This profile on Groupe Pivot/Santé Population (GP/SP)—considered one of the most successful examples of NGO network development and public-private partnership in the Africa region—is the third in a series of profiles that traces the history, growth, challenges, accomplishments, and activities of health networks and their impact on their NGO members and on the health of the communities they serve.

The information contained in this document is based on:

- ◆ Secondary reviews of documents;
- ◆ Interviews and focus group discussions with staff of GP/SP, member NGOs, private voluntary organizations (PVOs), the Ministry of Health, and project beneficiaries;
- ◆ A gender workshop for GP/SP's member NGOs; and
- ◆ Visits to GP/SP-funded NGOs and project sites.

It is important to note that the purpose of this exercise was solely to document the activities of GP/SP and its member NGOs. No attempt was made to determine the direct impact of these activities on health outcomes other than what could be gleaned from existing reports. Limitations in available data precluded this type of analysis for this documentation activity.

EXECUTIVE SUMMARY

The Republic of Mali faces considerable challenges to improving the health and well being of its population. One of the poorest ten countries in the world, with an average per capita purchasing power parity of US\$ 820, Mali's population of more than ten million is growing rapidly at an annual rate of almost 3 percent, and it has a total fertility rate of 6.7.

Because of Mali's weak public health system, the country is also characterized by high levels of maternal and child mortality: the infant mortality rate is 123 per 1,000 live births and the maternal mortality ratio is 577 per 100,000 live births. Not surprisingly, improving the health of its citizens, especially women and children, is an important national priority. In policy reforms begun in the early 1990s, the government began to include non-governmental organizations (NGOs) in its efforts to reach the population at the grassroots level, counting on them to mobilize communities and their resources to build community-level health centers, distribute contraceptives, and engage in other activities to support its primary health care policy.

This report describes the evolution of a network of NGOs in the health sector, currently known as the Pivot Group in Health and Population (Groupe Pivot/Santé Population, or GP/SP). GP/SP was one of four pivot groups whose formation in the early 1990's was stimulated through USAID's PVO Co-Financing Project, which was designed to channel funding to NGOs and to build their capacity. While other pivot groups focused on natural resource management, small and medium enterprise development, and basic education, GP/SP focused on health, initially on child survival, and was called the Child Survival Pivot Group (Groupe Pivot Survie de l'Enfant) with Save the Children as the lead PVO. Over time, GP/SP's portfolio became more comprehensive, encompassing family planning, reproductive health, and HIV/AIDS, as well as child survival, and it grew into a network of more than 100 NGOs.

GP/SP has provided financial support to its members through subgrants and focused on building their management and technical skills in the health sector, including the development of information systems to monitor effectiveness. Throughout its development, GP/SP has been successful in building strong working partnerships with the government and communities and providing an important voice for the NGO sector and communities in the formulation of national health policies.

ACHIEVEMENTS AND STRENGTHS

GP/SP has played an important role in building the capacity of its member NGOs to reach underserved communities throughout Mali with information and services on family planning, child survival, reproductive health, and HIV/AIDS (FP/CS/RH/HIV). GP/SP has:

- ◆ helped its member NGOs to grow into professional health organizations by providing training for NGO staff on organizational and technical issues;

- ◆ developed an information management system and institutionalized it throughout its member NGOs, helping to demonstrate the effectiveness of NGO interventions;
- ◆ formed strong collaborative relationships with the Ministry of Health at all levels; and
- ◆ played an important role in formulating national and regional health policies.

GP/SP and its member NGOs have:

- ◆ built strong partnerships with the communities where they work;
- ◆ encouraged discussion about once-taboo subjects and created an enabling environment for the adoption of new health behaviors at the community level;
- ◆ reached significant numbers of Malian women, men, and youth with information on FP/CS/RH/HIV;
- ◆ increased awareness and knowledge of FP/CS/RH/HIV and other health topics among their target populations; and
- ◆ expanded community access to contraceptives.

KEY CHALLENGES FOR THE FUTURE

GP/SP faces a number of challenges in the future; it must:

- ◆ gain institutional independence so it is positioned to obtain funding from other sources;
- ◆ diversify its sources of funding to ensure sustainability;
- ◆ address a series of issues concerning its information management system, such as expanding the capacity of NGOs to analyze and use the information collected and adapting the system to accommodate low levels of literacy among community health workers.

LESSONS

Some important lessons emerged from this study of Groupe Pivot/Santé Population, along with specific recommendations to promote the continued growth and maturation of the network.

Institutional Development

1. Establishing itself as a separate entity from the NGO Coordinating Committee immunized GP/SP from a variety of administrative and management complexities and helped it to avoid the difficulties faced by other sector pivot groups.

2. Pursuing a strategy of measured growth ensured that the GP/SP network and its individual member NGOs could absorb funding when it became available.

2. Building a strong partnership with government health officials enabled GP/SP and its members to achieve greater results.
3. Community-based programs have helped GP/SP and its member NGOs to reach communities with a broad range of information and services.
4. GP/SP's success in coordinating among health sector groups and government agencies increased its effectiveness.
5. Developing an information management system and sharing the collected data have been critical in program management, leveraging support from the government, and demonstrating success.
6. GP/SP's institutional arrangements with Save the Children keep it dependent on a single source of funding (USAID).
7. GP/SP's member NGOs are also heavily dependent on funds from a single source, and those that have not formed partnerships with other PVOs or external NGOs operate on shoestring budgets.

Information Management

1. GP/SP and its member NGOs have developed a useful information management system but are not using the collected data to its full potential.
2. Low levels of literacy among community outreach volunteers makes data collection difficult, and the preference for volunteers who can read and write puts women at a disadvantage in volunteer selection.

Capacity Building

1. GP/SP has contributed significantly to the professional capacity of its member NGOs through its training and technical assistance activities.

Programming

1. Empowering women cannot be isolated from the larger dimension of gender relations within the household and the community.
2. GP/SP and its member NGOs have contributed to high levels of knowledge about family planning and HIV/AIDS found in the intervention zones, but a wide gap remains between knowledge and behavior regarding contraception and HIV/AIDS prevention.
3. Information, education, and communication (IEC) activities by GP/SP and its member NGOs, in collaboration with government health agencies, have increased awareness among community members and made it easier to talk about once-taboo issues.
4. GP/SP's systems for contraceptive procurement and the supervision of its community health workers have been key in preventing stockouts of contraceptive supplies in community-based distribution programs.

5. Given the recent declining profits faced by outreach workers in GP/SP-funded community-based contraceptive distribution programs, GP/SP and its member NGOs may have a hard time retaining their volunteer workforce.

6. The support that GP/SP and its member NGOs have given to income-generating activities for women has helped to empower women and increase awareness and the practice of family planning and other health behaviors.

RECOMMENDATIONS

Institutional Development

1. While pursuing institutional independence, begin investigating ways to diversify funding and recover costs to increase long-term financial sustainability.

Information Management

1. Focus more attention on mining the data from GP/SP's information system further, conducting more analysis for future marketing, to tell its story, measure success, and support strategic planning among NGOs and the government.

2. Invest in the additional human and software resources needed for more in-depth analysis of data collected through GP/SP's information system.

3. Expand training opportunities in data analysis for staff of member NGOs to improve their capacity to make information-based programmatic decisions independently.

4. Develop simple and efficient record-keeping methods to accommodate low levels of literacy among community outreach workers and prospective volunteers.

Capacity Building

1. Consider offering additional training courses on the development and evaluation of IEC activities for GP/SP's member NGOs conducting such activities at the community level.

2. Expand literacy training for outreach workers and the pool of prospective volunteers, with particular attention to the inclusion of women.

3. Consider providing community outreach workers with bicycles or other forms of transportation so they can reach remote populations with services and information.

4. Consider conducting more training or refresher courses on problem analysis, project design, and proposal preparation to respond to the identified needs of NGO members.

Programming

1. To close the gap between awareness and behavior among target populations, target IEC messages to specific audiences and use more creative communications strategies.
2. Continue to support women's income-generating activities.
3. Continue to promote positive male involvement.
4. Implement activities that promote *collective* empowerment.
5. Expand program and IEC activities targeting adolescents and their parents.

Lessons for Donors

1. Continue to build GP/SP's management capacity so that it can gain its institutional and financial independence.
2. Provide assistance to GP/SP and the Ministry of Health to ensure the expansion of their partnership.



BACKGROUND

The Republic of Mali is a landlocked Sahelian country surrounded by Algeria, Niger, Burkina Faso, Cote d'Ivoire, Guinea, Senegal, and Mauritania. It is ranked among the ten poorest countries in the world, with more than half its land area desert or semi-desert. Per capita purchasing power parity was estimated at US\$ 820 in 1999. Like its West African neighbors, the majority of Malian families live in rural areas, and some 80 percent of the labor force engages in subsistence farming, fishing, and animal herding.

Mali's population totals more than ten million with an estimated annual growth rate of almost 3 percent. Its total fertility rate is 6.7 nationwide and contraceptive prevalence is less than 10 percent. Young people under age 15 comprise almost 50 percent of the population.

Despite modest improvements in a number of health indicators in the past decade, Mali's infant mortality rate (123 infant deaths per 1,000 live births in 2000) and the child mortality rate (131 deaths per 1,000 live births) remain among the highest in sub-Saharan Africa. The maternal mortality ratio, estimated at 577 maternal deaths per 100,000 live births, is also among the highest in the region. Most of the deaths among children under age five are attributable to preventable or easily treatable illnesses like diarrhea, malaria, acute respiratory infections, malnutrition, and tetanus. Approximately 5 percent of adults are infected with HIV/AIDS.¹

Health Indicators in Mali

Total fertility rate	6.7
Contraceptive prevalence	10%
Maternal mortality rate (deaths per 100,000 live births)	577
Women receiving at least one prenatal consultation during last pregnancy	40%
Infant mortality rate (deaths per 1,000 live births)	123
Child mortality rate (deaths per 1,000 live births)	131
Children receiving full immunization	32%

Policy Framework

In 1987, Mali's Ministry of Health, the Elderly, and Solidarity (hereafter, the Ministry of Health) approved the Bamako Initiative along with other African Ministers of Health. The Bamako Initiative supports the participation of communities in the management and financing of health services and the establishment of cost recovery measures that would enable community-managed health centers to provide primary health care services and supply essential drugs.

To implement the Bamako Initiative, Mali's Ministry of Health developed a new health policy in 1990 with technical assistance from the World Bank. The main objective of the policy was to improve access to basic health services in rural areas by creating community health centers financed and managed by the communities themselves, and improving the supply of generic essential drugs. Key features of the 1990 policy include the decentralization of planning and management of health services, the expansion of community participation, the establishment of a minimum package of preventive and curative services provided by community health centers, and the reform of the pharmaceutical sector.

The decentralization of planning and management to health officials at the district level and the new focus on community participation led to increased consideration of community health priorities. These reforms also opened the door to increased involvement of non-governmental organizations (NGOs), with many district health authorities requesting NGO assistance to mobilize and organize communities to ensure their involvement and input in planning and managing health services. NGOs are required to formalize their interventions at the local level by signing an accord with Ministry of Health officials at either the national or district level.

The 1990 health policy resulted in substantial improvements in access to basic health services in rural areas. By 1998, nearly 300 community-managed health centers had been created and the percentage of the country's population living within a 15-kilometer radius from a community-managed health center increased from 17 percent in 1995 to 39 percent in December 1997.² Reforms in the pharmaceutical sector stemming from the new health policy led to significant reductions in the prices of generic essential drugs, including contraceptives—by 20 percent by the mid-1990s.³

The government of Mali has had a clearly formulated population policy since 1991. The policy is designed to reduce population growth by increasing demand for family planning and improve the availability and quality of family planning information and services using public and private sector efforts. The United States Agency for International Development (USAID) has been the major funder of family planning programs in Mali along with the United Nations Population Fund (UNFPA) and the World Bank.

During the droughts in the early and mid-1980s, the Emergency Action Coordinating Committee (*Comité de Coordination des Actions d'Urgence*) was formed by external private voluntary organizations (PVOs) and NGOs working in Mali to coordinate drought relief activities. This evolved to the NGO Coordinating Committee (*Comité de Coordination des Actions—Organisations Non-Gouvernemental*), which concentrated on food security and primary health care. Formally structured local NGOs began to emerge near the end of the 1980s and became members of the NGO Coordinating Committee. A 1989 grant from the Canadian International Development Agency to the Coordinating Committee stimulated the further development of local NGOs. USAID also contributed to the growth of the indigenous NGO sector during this period through its PVO Co-Financing Project.

The watershed event for the NGO sector in Mali occurred in 1991 when a revolt brought down the government. This was followed by a virtual explosion of NGO growth throughout the early 1990s. The political events that led to the election of a democratic government in 1993 created a more supportive regulatory environment for local NGOs and fostered a more collaborative relationship between the Ministry of Health and the NGOs. Under the framework of the multi-donor Health, Population, and Rural Water

Supply Project (*Projet Santé, Population, Hydraulique Rurale*), the Ministry of Health established a Social Fund for Population Activities that has been used to finance microenterprise projects by NGOs and other private institutions addressing family planning and other population-related issues.

THE EVOLUTION OF GROUPE PIVOT

In 1992, USAID stimulated the formation of a number of pivot groups (*groupes pivots*) through its PVO Co-Financing Project to channel funding more efficiently to NGOs and to build their capacity. These pivot groups, which focused on four different sectors (health, natural resource management, small and medium enterprises, and basic education), united existing and newly formed local NGOs within the structure of the NGO Coordinating Committee. US PVOs funded by USAID were selected as lead organizations in these groups.

At the outset, the health sector pivot group, initially comprising five NGOs, focused on child survival and called itself the Child Survival Pivot Group (*Groupe Pivot Survie de l'Enfant*), with Save the Children as the lead organization. It began with two staff members in a converted garage space. Over time, the Child Survival Pivot Group emerged as a full partner with the government in addressing Mali's health needs. It functions as the coordinating network for NGOs in the health sector; all major US PVOs, local NGOs, and other international NGOs involved in health services in Mali are members of the pivot group.

Although officially considered an integral part of the NGO Coordinating Committee, the Child Survival Pivot Group established itself as a separate entity, working directly with Save the Children without an additional layer of administration. The wisdom of this decision became clear over time as other pivot groups lodged within the Coordinating Committee ran into difficulties. The separation of the health sector pivot group from the NGO Coordinating Committee immunized it from problems of absorptive capacity, management complexity, technical competence, and variations in partnership approaches that arose among the other pivot groups.

Save the Children played a supportive role in the Child Survival Pivot Group's early years, providing capacity building in the initial phases and gradually increasing the level of the pivot group's programming responsibility as its expertise and efficiency increased. In the later stages of the pivot group's development, Save the Children provided increasingly sophisticated technical expertise from internal or contracted resources. Throughout its evolution, the group's relationships with its multiple partners have been characterized by collaboration and transparency, particularly in budgeting and finance. Today, the pivot group remains administratively tied to Save the Children, though steps are being taken to establish the group as an independent organization.

In 1993, USAID identified population programs as a new priority in Mali, specifically targeting family planning service delivery. A US\$ 7 million grant was issued to the Child Survival Pivot Group to implement the Family Planning and AIDS Prevention Project. The main objectives of this project were to increase the demand for and use of modern methods of family planning through information, education, and communication (IEC) activities and the community-based distribution of contraceptives. During the first years of project implementation (1994–1996), the pivot group shifted its focus from child survival to family planning.

Three years into program implementation, USAID Mali adopted a new strategic plan (1996–2002) that folded all social sector activities into one Youth Strategic Objective. The Child Survival Pivot Group received funding under the Save the Children umbrella for an Integrated Youth Health and Population proposal and became the management entity for subgrants to local NGOs in the health sector. At the same time, to reflect its expanding role in the health sector, the pivot group changed its name to Groupe Pivot/Santé Population (GP/SP), the Health and Population Pivot Group.

MISSION AND STRATEGY

GP/SP's mission is to contribute to the improvement of social and health conditions of the Malian people through its network of NGOs and associations working in health and population, which today comprises more than 100 members. Coordinating and supporting the activities of its members in the health sector, GP/SP also provides capacity building and promotes partnership with the Ministry of Health to achieve its goals.

GP/SP's Coordination Office is the executing arm for all GP/SP activities, while its General Assembly and the Planning and Management Committee provide general oversight and support. These bodies work together to manage and implement the group's activities, raise funds, and plan future activities. The Coordination Office provides training and technical support to NGO members, advocates for its members, represents the membership in meetings with partners, and mobilizes resources.

GP/SP plays an important negotiating and coordinator role with local health authorities and its member NGOs in planning and implementing activities. For example, its Coordination Office has been instrumental in negotiating the geographic partition of health service activities.

GP/SP has pursued a strategy of measured growth and the delivery of high quality services by its members. It works closely to assist its member NGOs to consolidate their activities rather than spreading themselves too thin and having less impact. While this strategy may have raised the group's overall cost per beneficiary and per couple-year of protection⁴ in the short term, GP/SP feels that it increases service quality and builds a foundation for more sustainable efforts.

Partnerships

In addition to the partnerships that GP/SP has with its member NGOs, it collaborates closely with the Ministry of Health and international groups.

The Ministry of Health: Over the years, GP/SP's cooperation with the Ministry of Health has gone substantially beyond rhetoric. GP/SP constantly reinforces its relationships with the Ministry at the national level and serves as an advocate, negotiator, and troubleshooter for its member NGOs with local health officials. This partnership between the government and NGOs in Mali's health sector is widely recognized and was held up as a model for the region at the International Conference on Partnerships among Governments, NGOs, and the World Health Organization (WHO)–Africa Region (Senegal, February 1998).

The government recognizes the critical role that NGOs play in expanding access to primary health care services at the community level, particularly in rural areas. The

NGOs' knowledge of their communities and the health information and population data they have available have been indispensable in negotiating where community health centers are sited and in identifying the health needs and priorities of communities.

GP/SP and the Ministry of Health continue to explore ways to increase their collaboration. For example, GP/SP, the Ministry, and USAID organized a workshop in November 1998 to discuss the harmonization of the NGO health information system and the national health information system.

Furthermore, under the new Five-Year Investment Program in the health sector, the government plans to strengthen existing partnerships and build new alliances with NGOs, particularly in community advocacy and mobilization to protect the rights of children and women to basic health care and education. GP/SP and its member NGOs are positioned to complement government efforts to improve maternal nutrition and infant feeding and weaning practices through nutrition education approaches and the community-based distribution of micronutrients.⁵ In addition, the 1998–2007 Health and Social Development Plan (*Plan Decennal de Développement Sanitaire et Social*) provides an opportunity for continued dialogue with NGOs about their role within the health sector, and GP/SP is implementing partnership forums to ensure that this priority is operationalized.

International Partnerships: GP/SP has a well-established relationship with WHO and was a major participant in the international conference on partnerships mentioned above. In addition, GP/SP facilitated a follow-up national workshop in Mali on the same theme. Moreover, at the time of this study, GP/SP was organizing a malaria workshop in Bamako for Francophone African countries, in partnership with the regional WHO office.

Building on its local successes and relationships with multilateral organizations, particularly WHO and UNFPA, and to a lesser extent the United Nations Children's Fund (UNICEF), GP/SP has become prominent in regional and international coordination mechanisms, including the Regional Forum for Analysis and Consultation (*Forum Regional d'Analyse et de Concertation*, FRAC). GP/SP's coordinator is the vice-president of FRAC, which brings together all French-speaking African countries, Haiti, and the United States and focuses on the exchange of information among NGOs involved in reproductive health services.

GP/SP Funding Sources and Prospects for Sustainability

Since its creation, GP/SP's funding has come from USAID through Save the Children. From 1994 through 1999, USAID funding consisted of a capacity building grant of \$647,000 and a second grant of \$7 million to promote family planning, AIDS awareness, and appropriate health practices. The USAID mission in Mali restructured its health projects with local NGO partners under a single grant channeled through Save the Children and GP/SP. The second grant was revised and extended from 1997 through 2002 at a level of \$8,731,368, including \$5,127,619 in subgrants to NGOs. Twenty-two five-year subgrants were approved in 1997, ranging from \$140,000 to \$500,000; these sub-grants include support for operating costs and equipment. At the time of this study, annual funding was at \$1,490,000 for 1999 and was projected to be between \$1,730,000 and \$1,750,000 for the remaining three years of the grant.

GP/SP and its member NGOs recognize the importance of financial sustainability and have begun exploring ways to recover some of their costs. GP/SP has encouraged the government to assess the cost of services provided by its member NGOs to demonstrate the savings the government incurs because of these NGO activities. In addition, GP/SP and its member NGOs are trying to win the right to deliver services at the community level; the current sector policy limits their role to community mobilization, management training, and IEC activities. Given the substantial cumulative development experience of GP/SP and its member NGOs, the network may want to consider marketing its services, technical assistance, and training to other groups outside the network. These and other cost-recovery mechanisms will be important to ensure the long-term sustainability of GP/SP and its member NGOs.

However, the fact that GP/SP is not yet an independent entity from Save the Children and cannot receive funding from other donors, including direct USAID funding, poses a serious constraint to its ability to diversify its funding base.

GEOGRAPHIC AND POPULATION COVERAGE

The GP/SP works in five regions of the country, Kayes, Koulikoro, Sikasso, Segou, and Mopti) and the district of Bamako, encompassing 586 villages and certain peri-urban quarters in Bamako. GP/SP provides subgrants to 27 NGOs in 17 discrete projects. Figure 1 indicates the location of these intervention areas and Table 1 (on the following page) lists the geographic areas along with the percentage of the total population in each.⁶

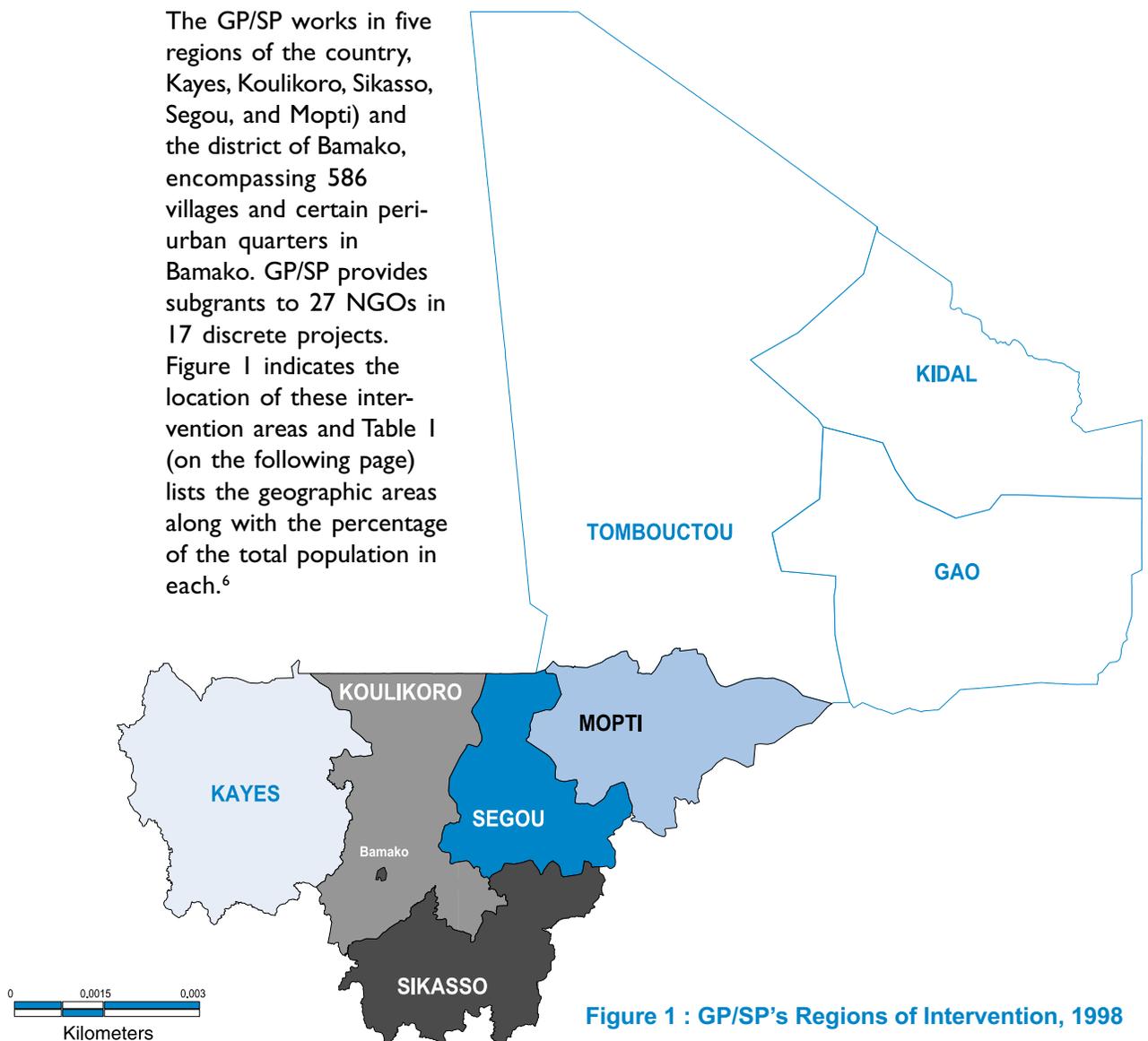


Figure 1 : GP/SP's Regions of Intervention, 1998

Table 1: Population Distribution in Regions of NGO Intervention

Region	Population	Localities	Total NGO target population	NGO target population as % of regional population
District of Bamako	1,016,000		242,075	23.8
Kayes	1,372,000	Bafoulabe Diema Kayes Kelimane Kenieba Kita Nioro	32,445	2.4
Koulikoro	1,566,000	Banamba Diola Kangaba Kati Kolokani Koulikoro and Fana Nara	244,591	15.6
Mopti	1,475,000	Bandiagara Bankass Djenne Douentza Koro Mopti Tenenkou Youvarou	99,808	6.8
Ségou	1,679,000	Baraoueli Bla Macina Markala and Niono San Segou Tominian	192,616	11.5
Sikasso	1,780,000	Bougouni Kadiolo Kolondieba Koutiala Sikasso Yanfolila Yorosso	23,245	1.3
TOTAL	8,888,000		834,680	9.4%

ACHIEVEMENTS

Influence on Health Policies

Serving as a representative of NGOs, GP/SP has made a substantial contribution to the development and implementation of national and regional health policies and strategies; it also serves in a technical advisory capacity on many commissions and sub-commissions developing and reviewing long-term sectoral plans and programs. Thus, GP/SP has ensured that the perspectives and concerns of NGOs in the health sector and their communities have been given voice and are considered in the formulation of policies and strategies at the national and regional levels.

For example, GP/SP was a member of the commission in charge of drafting the government's Health and Social Development Plan (1998–2007) and a member of a working group established by the Ministry of Health to elaborate strategies for enhancing women's participation in health programs. As a member of the Technical Committee for IEC, GP/SP also participated in two other planning workshops that resulted in a national IEC policy and strategy for the health sector and a plan for implementing the Integrated Management of Childhood Illnesses initiative in Mali.

Capacity Building of Member NGOs and Community Groups

GP/SP evolved in a measured fashion, building its own capacity as it built the capacity of its members. By focusing first on financial management training, it positioned itself and its members to benefit from the funding that has become available. By focusing next on training in the technical aspects of health delivery, it has been able to produce demonstrated results.

Although financial management was GP/SP's starting point to ensure that its NGO members had adequate management skills to become recipients of direct funding, its training and other process-related activities focused on a range of institutional development subjects, including proposal design and preparation, implementation planning, monitoring and evaluation, information management, and general training in project management. Other topics have included IEC techniques, topics in FP/CS/RH/HIV, operations research, microenterprise development, and gender and equity issues. GP/SP also conducts meetings with member NGOs to exchange ideas and experiences, regularly supervises NGO project activities, and provides technical assistance to NGOs to meet their specific program needs.

Some NGO staff members noted that they need more training in how to diversify their funding base, as well as more training on problem analysis, project design, and proposal preparation. GP/SP may wish to conduct more courses on these topics and offer refresher courses for those staff who have already received training.

GP/SP's member NGOs receiving subgrants say that training is the most important benefit of working with GP/SP.

GP/SP has focused on training core staff of NGO coordinators and educators so that they may in turn train their colleagues, as well as community outreach workers and members of community-based organizations.

GP/SP's training and technical support activities have strengthened the institutional capacity of NGOs and had a positive impact on NGO staff performance. GP/SP has also

assisted numerous members to secure funding through the government's Social Fund for Population Activities. By March 1999, GP/SP had trained more than 600 member NGO staff. Trained NGO staff were highly satisfied with the training they received, and felt that the training was pertinent to their work and taught them specific skills they could use in their day-to-day activities. The following provide some evidence of these accomplishments:

- ◆ Local administrative and health authorities perceive GP/SP's member NGOs to be more professional today (that is, to have some of the best management tools) than they were five years ago, and that they implement more effective interventions.
- ◆ GP/SP's member NGOs have a better understanding of the health and population policies of the Ministry of Health.
- ◆ The Ministry of Health perceives GP/SP's member NGOs as credible partners in the implementation of its policies.
- ◆ GP/SP's member NGOs have a better appreciation of the role of the NGO sector in implementing the national health policy.
- ◆ Member NGOs have developed action plans that include process and impact indicators and use them to monitor and evaluate progress in achieving program objectives.
- ◆ Member NGOs have a cadre of mid-and senior level professionals trained in nutrition, family planning, AIDS, control of diarrheal diseases, social mobilization for immunization programs, the use of process and impact indicators, development of project proposals, and project management.

Importantly, GP/SP has institutionalized among its members a recognition of and respect for the importance of quantifiable data as a major tool in their activities. The development of culturally appropriate reporting formats by GP/SP and its member NGOs, together with the successful efforts to incorporate data collection as part of good management skills seem to have taken hold generally. Some GP/SP members have parlayed their information systems expertise to market their services. One member NGO has been contracted to perform social science surveys and others are engaged in election training programs.

GP/SP's member NGOs have in turn extended this capacity building to members of the communities in which they work. NGO staff organize at least a dozen training workshops or refresher courses each year for community outreach workers and members of the community health associations and women's organizations. Topics have included financial management, contraceptive logistics management, IEC, and functional literacy.

Advocacy for GP/SP Member NGOs

GP/SP strives to increase the awareness and openness of local communities and health authorities to the benefits of collaborating with NGOs. GP/SP first solidified its relationships with the Ministry of Health at the national level, and once having the Ministry cachet, marketed NGO services to regional authorities. GP/SP's health information system helps to demonstrate NGO effectiveness to local government officials and has been a key element in its advocacy strategy. GP/SP's substantial success in promoting the cause of NGOs is suggested by the growing number of NGOs involved in health services and the increase in the coverage of these services, and in the demand from community health centers for NGOs to serve as partners in health activities.

GP/SP also serves as a communication channel between local NGOs and the Ministry of Health. Member NGOs often cited GP/SP's negotiation with the government at both the national and local levels as another valuable service it provides. GP/SP has also promoted partnerships between its member NGOs and international NGOs working in the health sector, including Save the Children.

Consequently, GP/SP has increasing credibility in national and international forums as an advocate for NGOs. It maintains a high profile in Malian health circles, and it participates in all of the major donor initiatives dealing with NGOs in the health sector, including the World Bank-led Fund for Social Action and Family Education. In this role in particular, GP/SP advocates for and mentors the numerous smaller NGOs who do not receive its subgrant funding.

Information Management

GP/SP's ability to demonstrate its results in the health sector is in no small part due to its relatively sophisticated but user-friendly health information system. The system is both simple and comprehensive; all of the data collected is useful and important.

GP/SP's information management system consists of three levels: 1) community outreach workers, 2) NGO educators, and 3) NGO coordinators (Figure 2 on the following page). Community outreach workers, chosen by their communities, work as volunteers but keep half of the proceeds from their contraceptives sales. NGO health educators, recruited and paid by the NGO, supervise the community outreach workers in five to ten villages. NGO coordinators manage each program site, coordinate the activities of NGO educators, and work with the local administration and district health services. All NGO staff receive training in FP/CS/RH/HIV and contraceptive logistics management tailored to their specific needs.

The staff at each level maintain notebooks on IEC activities, contraceptive users, and contraceptive sales. All of the information gathered by staff at one level is synthesized by staff at higher levels. NGO educators also provide monthly activity reports to the NGO coordinators with information on seven intervention areas, including training, IEC activities, community health center activities, contraceptive logistics, vaccinations, income-generating activities, and follow-up (including information on contraceptive users, referrals, and supervision).

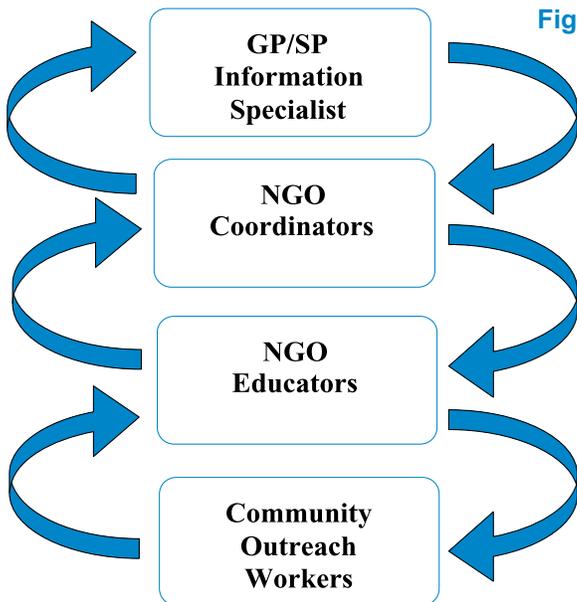


Figure 2: Flow of Information in GP/SP's Health Information System

NGO coordinators provide GP/SP with regular reports on specific targets and indicators. This information is entered into the central GP/SP information system, which allows GP/SP's information systems specialist to monitor progress toward established targets and analyze the data for regular reports.

By developing data collection instruments at all levels of its programmatic intervention, GP/SP and its member NGOs have undertaken a complete census of their target population, providing denominators for target setting, impact monitoring, and survey sampling. For example, its 1998 annual report indicates the total beneficiary population by NGO and geographic zone of intervention was 834,678. Community outreach workers also use their data informally to assess their own program activities. For example, they note that the

recent decline in sales of oral contraceptives is due to their clients' increasing demand for injectables as a substitute method and not to contraceptive discontinuation.

GP/SP has used this activity data to create strategic alliances between the public and private sectors. Interviewees within member NGOs and the Ministry of Health stated explicitly that GP/SP has always encouraged and enabled local health authorities to use its data in their regular reports on health coverage and impact. In keeping with its strategy to become fully incorporated as a technical arm of the local health team, GP/SP never attempted to take credit for localized health results apart from the credit attributed to the local health authorities.

GP/SP's success in achieving this strategic objective is evident in many forms; for example, the Director of the Ministry of Health's Statistical and Planning Unit proudly asserted that no health planning, monitoring, or policy meeting takes place at any level of the national health system without the participation of a GP/SP representative. This was echoed by staff from GP/SP and Save the Children, and by senior staff from USAID.

In addition, NGO coordinators frequently emphasized the importance of GP/SP's information system and their training in its use as the foundations of member NGOs' growth into professional health organizations. GP/SP's member NGOs also cited numerous examples of their ability to leverage data in their advocacy work with local health officials; one example is described in Box 1.

Box 1: Using Data to Leverage Support

AMPRODE-Sahel initially found the health authorities in Tenenkou district to be very resistant to the idea of NGOs intervening in any type of service delivery. GP/SP's health information system enabled AMPRODE to demonstrate that the contraceptive prevalence rate for modern methods in its intervention zone (9%) was considerably higher than that for the region (1% in Mopti) and even higher than the national contraceptive prevalence rate (4.5%), suggesting the impact of its community-based contraceptive distribution program. By engaging in dialogue and a strategic partnership approach, the local health authorities were encouraged to take ownership of the NGOs' localized impact. Eventually the authorities acknowledged that collaborating with local NGOs could have positive results.

While GP/SP and its member NGOs have made great strides in developing and using the health information system, a challenge at the community level is the fact that a significant number of community health workers cannot read or write and are unable to document their activities. Furthermore, the literacy requirement (or preference) places women at a disadvantage given the very low level of female literacy among the target population.

Mali's Director of the Statistical and Planning Unit at the Ministry of Health proudly asserted that no meeting on health planning, monitoring, or policy takes place at any level of the national health system without the participation of a GP/SP representative.

In addition, the member NGOs have limited capacity to computerize and analyze the data they collect. While many of them have the necessary hardware, they lack the software, personnel, or training (or all three) to conduct decentralized analysis and decision-making. GP/SP is aware of this constraint and has begun to address it by developing a training of trainers system. The NGO coordinator at JIGI, a GP/SP member, participated in an information systems training program in Senegal, and GP/SP is currently discussing how to use the coordinator as a resource.

Building Local Awareness and Demand for FP/CS/RH/HIV Information and Services

GP/SP's member NGOs work predominantly at the community level and are primarily involved in the community-based distribution of contraceptives and community mobilization. Their principal partners are the communities, which they mobilize around priority health issues by creating village health committees and hygiene and sanitation committees, conducting meetings with religious leaders and other influential community members, promoting primary health care activities at the community health centers, organizing community-level preventative health activities, and mobilizing women's associations, youth groups, and community health associations.

GP/SP and its member NGOs use innovative communication channels, like sports events, theatrical groups, local musicians, and youth-to-youth approaches to disseminate health and family planning messages designed for specific groups.

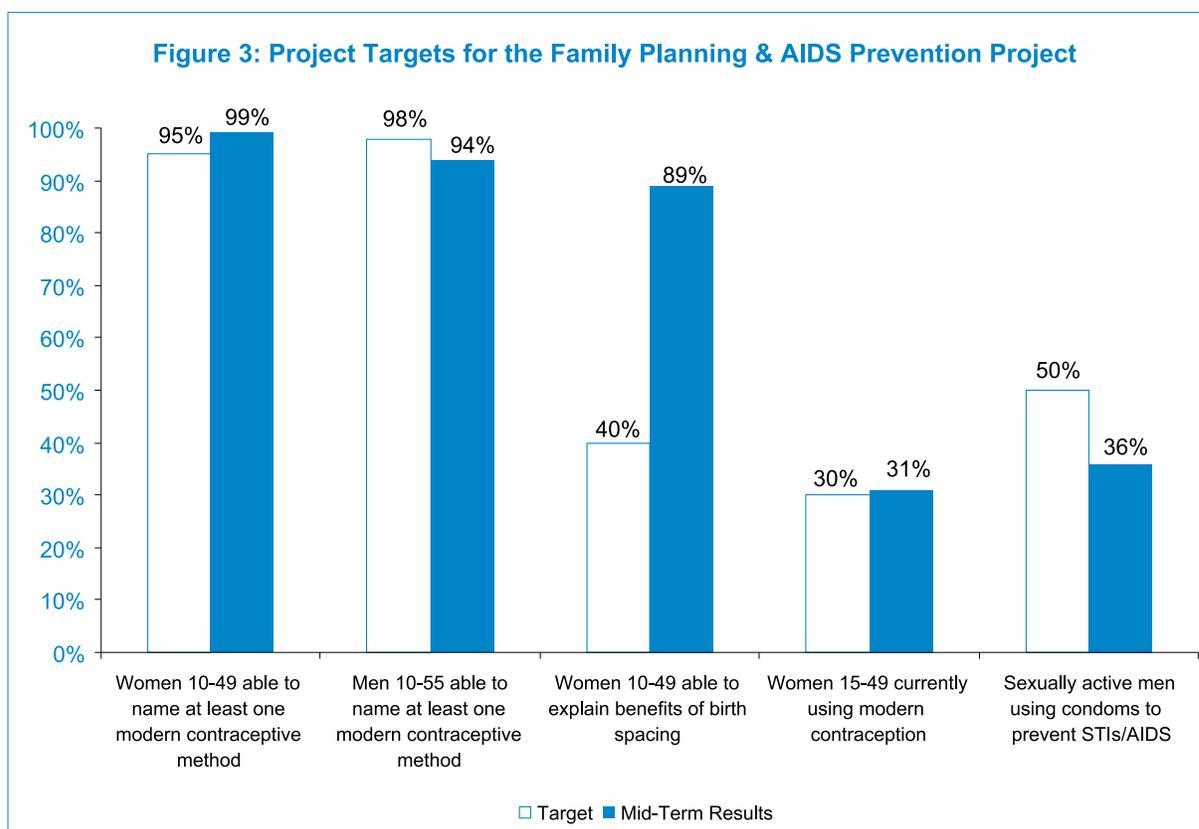
For example, GP/SP collaborates with the Ministry of Health on IEC activities to support and reinforce efforts by member NGOs and local health authorities, such as the Mega-Caravan Against AIDS and local events on World AIDS Day. GP/SP has also developed television spots targeting youth on HIV, sexually transmitted infections, and other reproductive health issues; these were broadcast on national television during matches of the World Soccer Cup and the African Nations Cup.

At the community level, member NGOs sponsor radio programs and their community workers make home visits, provide information at meetings of credit associations, show informational videos followed by discussion, and hold workshops with village health associations. They also take advantage of community gatherings to initiate discussions about health or respond to questions from community members. The workers are well integrated into the communities and are well informed about the major activities taking place within them. Box 2 on the following page describes a particularly innovative approach to raising awareness.

Box 2: Creative Awareness-Raising in Dioila

One member of GP/SP, a consortium comprising Aide à l'Enfance Canada and two local NGOs, Kilabo and ENDA, has worked with children from a local kindergarten to educate parents about the importance of immunizations and children's rights to basic health services. In collaboration with government youth and health services in the Dioila district and the kindergarten headmistress, the consortium organized a local theater group composed of kindergarten children who put on short skits on child survival topics. During the festivities marking the Day of the African Child in June 1997, the consortium produced an audiocassette containing the children's messages regarding their rights. Children delivered copies of this audiocassette to their families and to all the health and social services in the town of Dioila, with the consortium providing logistical support for the transport of children and their chaperones. This event increased community awareness of the importance of children's access to basic education and health services.

Through their community-based activities, member NGOs have contributed to significant increases in knowledge about family planning, HIV/AIDS, sexually transmitted infections, and child survival in their intervention areas. The results of a mid-term evaluation of the USAID-financed Family Planning and AIDS Prevention Project (1996) in the intervention areas of ten GP/SP member NGO projects found that, in addition to surpassing its target contraceptive prevalence rate, the project had met or exceeded many of its other targets concerning awareness. For example, 89 percent of women ages 10–49 were able to explain the benefits of birth spacing, far exceeding the 40 percent target. Figure 3 shows the other project targets and the results of the mid-term evaluation.⁷



This evaluation also found a relatively large gap between knowledge levels and behaviors; for example, 99 percent of women ages 10-49 could name at least one modern form of contraception, but only 31 percent of women ages 15-49 actually used a modern method. Nevertheless, the evaluation found that the programs had already made significant contributions to raising awareness in the intervention areas.

Given how critical a woman's fertility is to her status in Mali, dispelling rumors about contraceptive safety has been particularly important in encouraging women to use contraceptives. Female community members felt that information provided by GP/SP member NGOs has dispelled rumors about the safety and efficacy of contraceptives. They also noted that the information supplied by the NGOs has given support to their belief that a woman's uterus "needs a rest" between pregnancies.

Reducing Social Barriers to Behavior Change

GP/SP and its member NGOs have helped to create an enabling environment for the adoption of new health behaviors by breaking down social barriers in communication and decision-making. Their strategies have included enlisting the support of religious and traditional leaders, involving young people and men, and implementing programs to empower women.

Sensitizing religious/spiritual leaders: NGOs have found that creating alliances with religious and traditional spiritual leaders, like imams and marabouts, and mobilizing their support in public awareness campaigns has been very effective in encouraging communities to adopt new behaviors. By having these leaders speak to communities about reproductive health issues from a traditional or religious perspective, they lend legitimacy to reproductive health and family planning efforts. For example, a beneficiary of activities sponsored by the Association de Soutien au Développement des Activités de Population (ASDAP) said she had been reluctant to use family planning because she believed that Islam forbade the practice. ASDAP brought an imam from Bamako to Bla to speak to the woman and others about family planning. The imam reassured her that birth spacing was permitted, and her husband agreed to practice family planning when he was persuaded that Islam does not forbid it. In another case, village women noted that while they would continue to practice excision on their daughters, they would stop immediately if community leaders advised them to do so.

Involving youth: One of the most significant contributions of GP/SP's members has been their focus on youth, the fastest growing segment of the population, particularly since traditional socialization processes have been weakened. NGO staff members noted that parents are often ill prepared to provide reproductive health information and worry that broaching the subject of sexuality may encourage adolescents to become sexually active. Female community members echoed some of these sentiments, saying that they found sexuality to be one of the most difficult topics to discuss with their daughters. Member NGOs have responded to this need by working with schools, teachers, parents, peer counselors, religious leaders, and youth groups to address the problems of adolescents (see Box 3 on the following page). Community members credited member NGOs for helping them to address these sensitive issues with their children.

Involving Men: Member NGOs also work to ensure the positive involvement of men. Men have traditionally been seen as opponents of the use of family planning and women's reproductive rights. A number of GP/SP's member NGOs specifically involve

Box 3: Adolescents Educate Each Other and Overcome Taboos

Young people in Mali are helping to break down social barriers and increasing awareness among their peers and elders. Among the innovative approaches to influencing behavior change by GP/SP member NGOs is the use of peer educators in their target communities.

Residents of rural communities in Mali typically have very conservative attitudes toward the discussion of sex, which makes the proliferation and acceptance of peer education activities even more remarkable. From skits performed by teenage students in Tenenkou, using a wooden phallus and real condoms to explain how the disgruntled husband might persuade his reluctant wife to share the conjugal bed without risking yet another pregnancy, to kindergarten children in Dioïla marching through the village as part of the National AIDS Prevention Day, young people are overcoming traditional taboos. At the Lycée Doweïle Marico in Dioïla, where student educators trained by Aide à l'Enfance Canada, Kilabo, and ENDA have been at work since 1996, the school administration reports a decline in the recorded sexually transmitted infections from 17 in the 1996–1997 school year to 1 in 1998–1999. In the same period, recorded unwanted pregnancies declined from 9 to 4.

For special events, such as AIDS Prevention Day, celebrated throughout the country, local NGOs encourage youth groups from pre-schoolers to the *lycée*-level to organize competitive theatrical and traditional music presentations on health themes. These performances address subjects that may have been taboo for their elders and have proven to be major crowd pleasers.

An indication of the degree to which this technique has been accepted nationally is the recent approval of the Mali Ministry of Education for one GP/SP member, *Djekafo* (Bambara, for discussion group), to conduct regular peer education sessions in two Bamako schools as part of the curriculum.

men in their activities to help transform them into advocates for reproductive health. For example, some NGOs have targeted their counseling activities to men, with positive results. A number of female community members said that their husbands have adopted new behaviors after receiving information in NGO counseling sessions. In addition, community members feel that the increased information that men and women receive through NGO activities improves the likelihood that couples will make joint decisions about sexual and reproductive matters. They also felt that radio programs that have exposed the public to information previously considered “women’s issues,” in addition to the life-threatening AIDS epidemic, have increased communication between women and men.

In a society in which men’s and women’s spheres are clearly delineated, it has been “shocking” for many observers to witness the gender relations in many of the GP/SP member intervention zones. Once-taboo subjects are being discussed more openly; these discussions are taking place between husbands and wives, parents and adolescents, on the radio and television, in group education sessions, and in individual counseling sessions sponsored by NGOs. The GP/SP Coordinator spoke at length about one rural village where men and women speak openly about reproductive health issues and their level of knowledge and awareness is quite high—even higher and more accurate than the levels found in urban populations. Observers have witnessed women frequently correcting their husbands on reproductive health topics that are taboo elsewhere—for example, how long one should wait before attempting to become pregnant after a spontaneous abortion.

Both male and female community members and NGO staff note that increasing knowledge and awareness of AIDS and other sexually transmitted infections in the community make it easier for people to discuss the sensitive topics. Such discussions open up the possibility for changing norms, improving the likelihood of sustainable change.

Empowering Women: The staff of many NGOs feel that focusing on reproductive health alone does not address the full range of issues—educational, economic, and political, in addition to other health-related issues—facing women in Mali; it is artificial to separate women’s productive activities from their reproductive activities. Reproductive rights are only one set of rights that constrain women’s ability to participate fully in public life. Economic security and productivity strengthen women’s capacity to make decisions regarding sexuality and reproductive health.

Many of GP/SP’s member NGOs take an integrated, holistic approach to their activities, addressing women’s reproductive health issues not in isolation, but as an integral part of broader strategy aimed to improve their lives. For example, ASDAP’s interventions promote rights to basic health services, including reproductive health, and facilitate access to health information and services, basic education, and microcredit. Through its integrated approach and by networking with other community-based organizations, ASDAP has made significant strides in educating communities about the links between reproductive health and other development issues and about the health and social consequences of female genital cutting (see Box 4).

Box 4: Preventing Female Genital Cutting in Bla and Fana Districts

ASDAP has launched an effective community-based initiative in approximately 140 villages in Bla and Fana districts to educate the population about the harmful effects of female genital cutting (FGC) and reduce its incidence.

The group mobilizes regional- and district-level support through consultations with government health officials, community development agents, and school officials who are highly respected by the populations. These exchanges also help to identify villages that should be targeted and the sociocultural issues and sensitivities associated with the practice in each locality.

Focus group discussions at the village level with influential community groups, including village chiefs, traditional spiritual leaders, traditional birth attendants, traditional practitioners of FGC, and leaders of community-based associations (including women’s and youth associations) give ASDAP a better understanding of community beliefs, attitudes, and opinions about FGC, the extent to which FGC is practiced, and why it continues. The divergence of opinions that emerges at these meetings provides an excellent entry point for ASDAP educators. ASDAP also organizes educational sessions to explain, in a culturally sensitive manner, the anatomy and physiology of the female reproductive system and to discuss the health and social consequences of FGC.

Throughout the initiative, ASDAP has enlisted the support of community-based organizations in its advocacy efforts and has developed an inclusive and culturally sensitive communication strategy that involves men, women, and youth. This strategy has reportedly increased public support for the project in the district and produced significant changes in women’s and men’s attitudes toward women’s reproductive health issues, including FGC. NGO staff in the Bla district report that a significant number of participants (practitioners of FGC, mothers, and other caregivers) have pledged not to practice FGC or to have it performed on their daughters in the future. Local health authorities indicate that there is increasing reluctance among FGC practitioners in the project villages to perform the procedure and attribute this outcome to the effectiveness of ASDAP’s strategy. *(continued on following page)*

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As a result of ASDAP's activities, men are no longer suspicious of the group's objectives and now encourage their wives to participate in its activities. As men have become increasingly aware of reproductive health issues and their impact on women's lives, they have persuaded the heads of their village councils (the village chiefs) to include women in the councils. Today, women are included as full members on the majority of village councils. In one village (Moribaboubou), the men have even elected a woman as president of the community health association.

Income-Generating Activities: NGO efforts to empower women and help them to improve and better manage their lives often center around civic and family life education, functional literacy, income-generation activities, and promoting women's participation in community development activities.

GP/SP has always emphasized identifying and meeting the needs of individuals (particularly of women) as a means of opening the door to family planning and other health services. Women's need for their own disposable income to pay for contraceptives and other health services is a primary focus of its activities. Consequently, income-generating activities and increasing access to credit are important components of the GP/SP's health program. Five projects concentrating on income-generating activities, benefiting more than 600 women of childbearing age, were being supported by GP/SP and its member NGOs at the time of this study.⁸

GP/SP maintains a modest revolving fund that can be accessed by its member NGOs to support the income-generating activities component of their programs. Funds are provided to interested groups in small amounts (between 5,000 CFA [US\$ 10.00] and 20,000 CFA [US\$ 40.00] per person). The loan cycle is relatively short (5-6 months) and the borrowers repay the loan with interest. The principal is returned to the NGO to be distributed to another group; the interest from the loan and membership fees are used to provide additional loans to new members. Most loan recipients invest their funds in small-scale trade; a portion of the profits is reinvested in their business and a portion is used to meet their family planning and household expenses.

NGO educators often use women's credit groups as a venue to discuss reproductive health, family planning, child survival, and other issues of interest to the members. Often these awareness-raising activities are the first points of contact for the participants with the formal health system. The positive impact of the credit program on women's lives lends credibility and importance to the health topics addressed.

Staff of GP/SP and its member NGOs universally felt that income-generating activities are integral to achieving reproductive health results and provide women with "choices." Beneficiaries note that they value the economic independence that they receive from participating in such activities, as it gives them greater freedom to make economic decisions, such as taking care of a sick child, using a health center, or sending daughters to school. They also noted that such activities raise their confidence and self-esteem, which empowers them to challenge male-only decision-making and participate in decisions that affect their lives. The extra money also gives them more leverage with traditional decision-makers, such as mothers-in-law, aunts, and men. All of these factors help to reduce the barriers to adopting new health behaviors. Box 5 on the following page presents an example of these results.

Box 5: Microcredit increases access to contraception

One member of GP/SP, AMPRODE-Sahel, has mobilized women's groups in the Tenenkou district (Mopti region) in a microcredit project funded by GP/SP. This effort involved 177 women and has helped to improve their access to contraceptive services. That district has reached a contraceptive prevalence rate of 9 percent, the highest in the region. District health authorities attribute this encouraging result to AMPRODE's efforts to integrate its community-based distribution strategy with other health and economic development activities, and to mobilize and enlist the participation of women and youth in the program.

AMPRODE's income-generating activities have helped women generate supplementary income that they have used in part to meet their own as well as their children's health care needs. Many women noted that the small loans they received from the NGO have helped them to start or expand their small-scale trade; they were able to use part of the profit to purchase contraceptive supplies, their children's health cards, medicines, soap, and other household supplies. They were proud that they no longer had to rely on their husbands' resources to meet their reproductive health needs. In addition, some men found the literacy training that their wives had received very useful. One man explained that because of this training, he now feels more confident about his wife's ability to manage her own commercial activities since she no longer has to rely on potential buyers to determine the weight and price of her agricultural produce.

These income-generating activities have also prepared a cadre of women trained in organizational and financial management. These women become powerful advocates and role models for women's broad-based participation in village political and economic life. Until recently, it would have been unheard of to find women on local management committees.

However, beneficiaries of NGO programs also noted that the downside of participating in income-generating activities is that they may strain relations between husbands and wives and can add to a woman's work burden. This has obvious implications for the success of income-generating activities and must be addressed carefully in programming decisions.

Increasing Access to Contraceptive Services at the Village Level

GP/SP's member NGOs have significantly improved access to contraceptives in five of Mali's eight regions and the district of Bamako through their community-based distribution programs. Today, contraceptives are available at all community health centers located in NGO program areas, and the community-based distribution agents and community outreach workers get their contraceptive supplies from the community health centers to distribute in the villages.

The community-based distribution of contraceptives relies on a community support network consisting of community outreach workers, NGO educators and coordinators, and the district health team. Two community outreach workers (one male and one female) are typically assigned to one village. Outreach workers are trained and supervised by the NGO staff (assisted by the district Ministry of Health team) to facilitate group discussions, advise clients, sell contraceptives, and provide appropriate follow-up and referrals of clients.

A mid-term evaluation of GP/SP's activities under the Family Planning and AIDS Prevention Project conducted in 1996 found that the GP/SP program had already met its principal objective of 30 percent contraceptive prevalence in the intervention areas; 31 percent of women aged 15–49 were found to be using a modern contraceptive method in GP/SP's intervention zones.⁹

NGO programs financed by GP/SP have also expanded the range of modern contraceptive methods available at the community level. Initially, the GP/SP program offered only three methods—oral contraceptives (three brands, one indicated for lactating women), condoms, and spermicides. However, in order to meet the diverse needs of their clients, NGO programs began to provide other methods such as injectables, Norplant®, and intra-uterine devices. These latter methods are provided only under clinical services. For example, the project site in Dioila (described below) began distributing injectables in February 1997 in addition to other contraceptive methods. In its first year, it distributed 886 and in its second year it distributed more than 1,000.

In 1997, USAID Mali commissioned a study of the five community-based distribution programs that it funded, including the one run by GP/SP through its member NGOs. Comparisons of the different programs provide important insights into why GP/SP and its member NGOs have succeeded in contributing to a relatively high level of contraceptive prevalence in their intervention zones.¹⁰

The assessment revealed that the GP/SP member program had achieved the highest level of delivery of contraceptive services of the five programs, as measured by the total couple-years of protection. GP/SP's members achieved 9,285 couple-years of protection, compared to a high of 8,627 and a low of 232 among the other programs. In addition, the study found that GP/SP's members had achieved the second highest contraceptive prevalence rate (6%) while the other programs had achieved prevalence rates ranging from 7 percent to as low as 0.2 percent (see Table 2).

Table 2: Summary of Results from Evaluation of Community-Based Distribution Programs in Mali

Program	Target Population	Women 15–49 years	Couple-years of protection	Contraceptive prevalence (%)
GP/SP	769,897	169,377	9,285	5.5
AMPFF ^a	402,845	88,626	2,462	2.8
ASDAP	116,244	25,574	1,867	7.3
National program	716,117	157,545	8,627	5.5
Plan International	600,000	132,000	232	0.2

^a Malian Association for Protection and Promotion of Families

All three of the best-performing programs, including GP/SP's, were thoroughly embedded in their local communities. Three characteristics of GP/SP's program were particularly noteworthy:

- ◆ Its strong partnership and collaboration between the NGO personnel and local health authorities;
- ◆ The extent to which its health information system could demonstrate localized effects;
- ◆ Its system for contraceptive procurement and cost recovery using suppliers independent of the supervisory system (and motivating personnel with profits from contraceptive sales) prevented contraceptive stockouts at service delivery points.

The example in Figures 4 (below) and 5 (on the following page) demonstrates the impact of a community-based contraceptive distribution program in Dioïla, implemented by a consortium of NGO members of GP/SP, including Aide à l'Enfance Canada, Kilabo, and ENDA. Since the project's inception in 1995, contraceptive sales, contraceptive prevalence, and couple-years of protection have continued to rise. However, one challenge

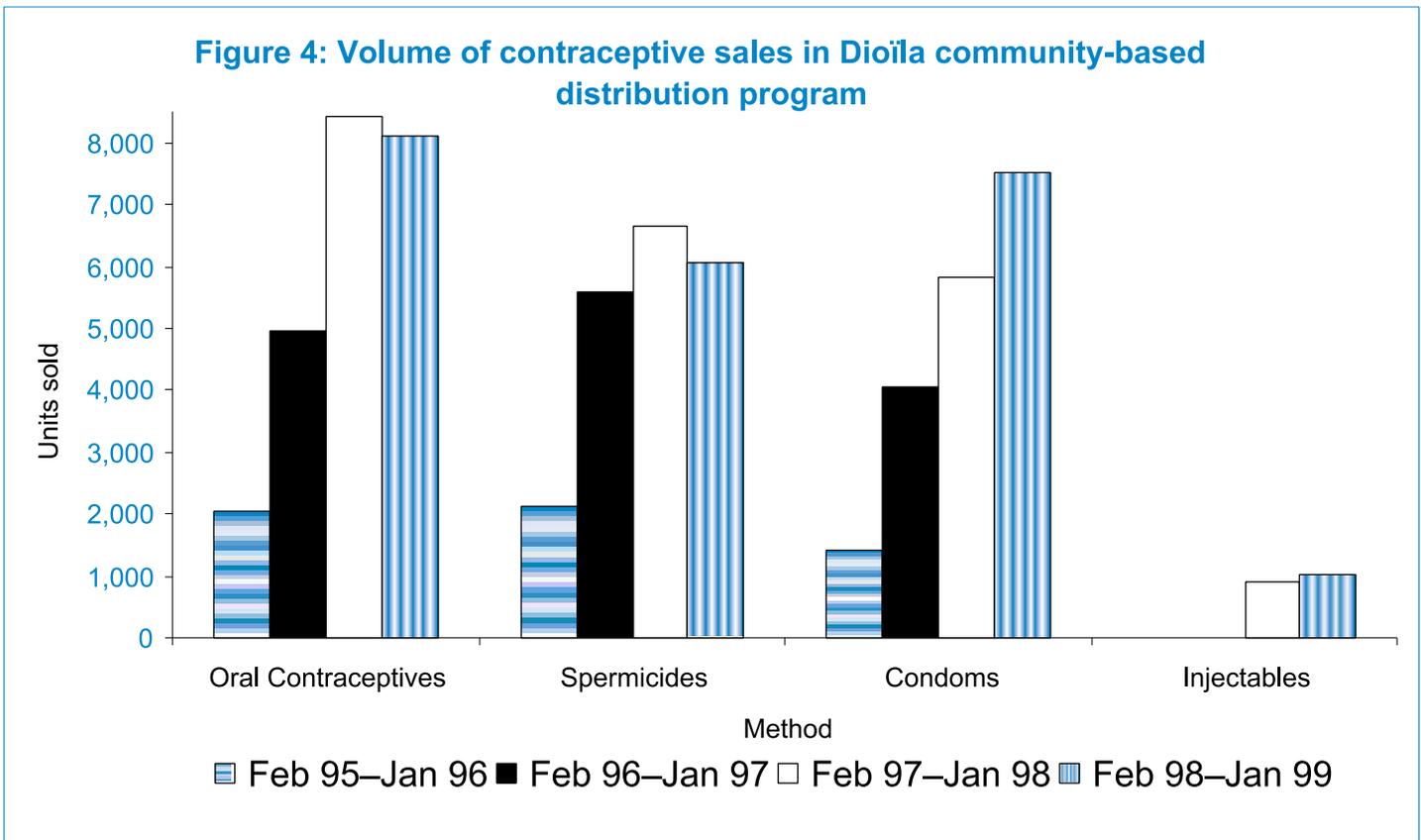
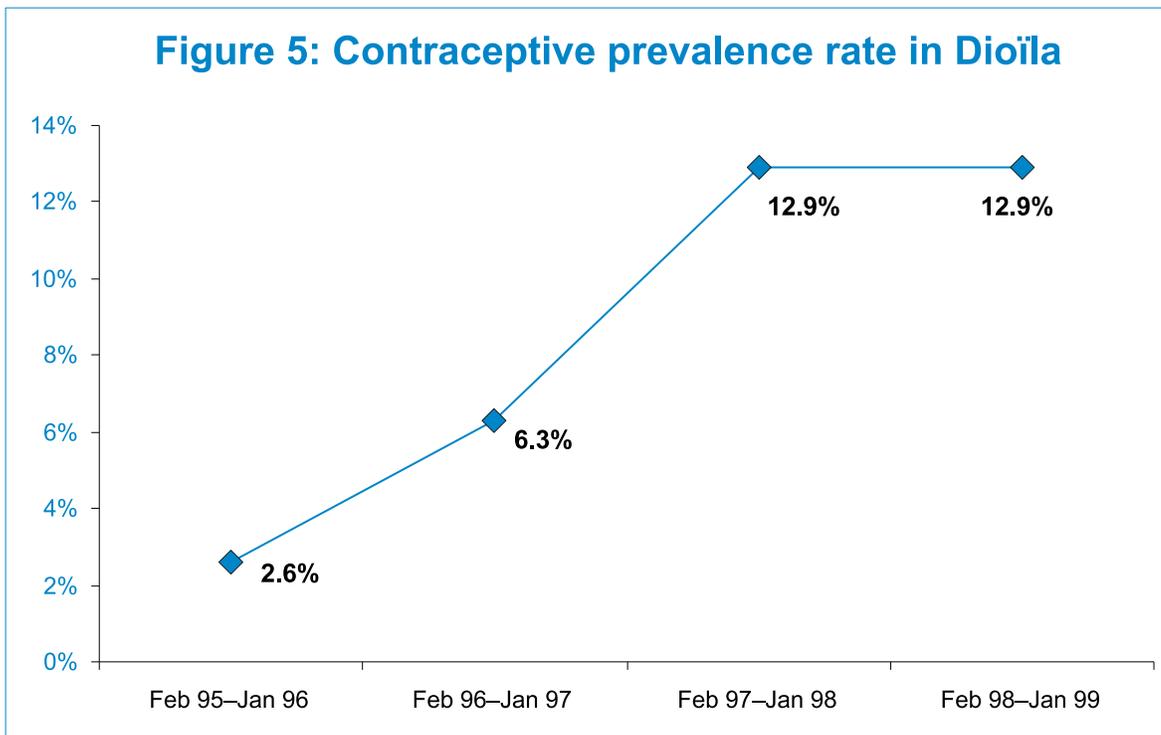


Figure 5: Contraceptive prevalence rate in Dioïla



facing all of these community-based distribution programs is that the community workers' profits and motivation are declining because of competition from other contraceptive distribution systems that provide contraceptives at lower cost or free.

As a result of the success of the community-based distribution approach, the Ministry of Health is assessing the feasibility of using community outreach workers to distribute other health products, such as vitamin A capsules, oral rehydration solution, and iron and folic acid tablets, at the village level.

LESSONS

Some important lessons emerged from this study of Groupe Pivot/Santé Population, along with specific recommendations to promote the continued growth and maturation of the network.

Institutional Development

1. Establishing itself as a separate entity from the NGO Coordinating Committee immunized GP/SP from a variety of administrative and management complexities and helped it to avoid the difficulties faced by other sector pivot groups.

2. Pursuing a strategy of measured growth ensured that the GP/SP network and its individual member NGOs could absorb funding when it became available. This approach required discipline, as significant funding was available early on. Organizations have often ignored the issue of absorptive capacity when substantial funding becomes available.

3. Building a strong partnership with government health officials enabled GP/SP and its members to achieve greater results. The careful attention that GP/SP paid to involving national, regional, and local health officials, sharing information, and building capacity has paid off; government health officials view GP/SP and its members as partners in development and involve them in all stages of policy and strategy development at all levels.

4. Community-based programs have helped GP/SP and its member NGOs to reach communities with a broad range of information and services. Technical support and supervision have been provided to community health workers and community outreach volunteers on an ongoing basis. This investment in their capacity helps to ensure the sustainability and effectiveness of community-level activities.

5. GP/SP's success in coordinating among health sector groups and government agencies increased its effectiveness. The focus on cooperation instead of competition helped to ensure the smooth functioning of the network. In some cases, this involved difficult decisions, such as persuading one member to move its operations to another location to avoid duplicating the activities of another member.

6. Developing an information management system and sharing the collected data have been critical in program management, leveraging support from the government, and demonstrating success. This data has been important in helping GP/SP and its NGO members to set program targets and obtain feedback for programmatic decision-making.

7. GP/SP's institutional arrangements with Save the Children keep it dependent on a single source of funding (USAID). These institutional arrangements

prevent it from receiving direct USAID funding or diversifying its funding base through other donors, reducing the likelihood of long-term sustainability.

8. GP/SP's member NGOs are also heavily dependent on funds from a single source, and those that have not formed partnerships with other PVOs or external NGOs operate on shoestring budgets. Consequently, member NGOs would like more training on how to diversify their funding sources.

Information Management

1. GP/SP and its NGO partners have developed a useful information management system but are not using the collected data to its full potential. Current staffing and skills are not sufficient to make optimal use of the available information.

2. Low levels of literacy among community outreach volunteers makes data collection difficult, and the preference for literate volunteers puts women at a disadvantage in volunteer selection.

Capacity Building

1. GP/SP has contributed significantly to the professional capacity of its member NGOs through its training and technical assistance activities. However, NGO staff members feel the need for more training in problem analysis, project design, and proposal preparation.

Programming

1. Empowering women cannot be isolated from the larger dimension of gender relations within the household and the community. By understanding these dynamics, NGOs can design interventions that will strengthen women's roles, not only as providers and caretakers of family health and welfare but also as decision-makers.

2. GP/SP and its member NGOs have contributed to high levels of knowledge about family planning and HIV/AIDS found in the intervention zones, but a wide gap remains between knowledge and behavior regarding contraception and HIV/AIDS prevention. This may be due in part to a reliance on standardized communication approaches.

3. IEC activities by GP/SP and its member NGOs, in collaboration with government health agencies, have increased awareness among community members and made it easier to talk about once-taboo issues.

4. GP/SP's systems for contraceptive procurement and the supervision of its community health workers were key in preventing stockouts of contraceptive supplies in community-based distribution programs.

5. Given the recent declining profits faced by outreach workers in GP/SP-funded community-based contraceptive distribution programs, GP/SP and its

member NGOs may have a hard time retaining their volunteer workforce.

The outreach workers would like to be able to access more remote populations where the market is not yet saturated. However, unlike agents for the national distribution program, they do not receive bicycles or other means of transportation.

6. The support that GP/SP and its member NGOs have given to income-generating activities for women has helped to empower women and increase awareness and the practice of family planning and other health behaviors.

However, they must carefully consider the effects that such activities can have on husband-wife relations and women's workloads when designing future programs or scaling-up existing programs.

RECOMMENDATIONS

Institutional Development

1. While pursuing institutional independence, begin investigating ways to diversify funding and recover costs to increase long-term financial sustainability. GP/SP and its partners should continue exploring cost-recovery options with the government through the community health centers. In addition, GP/SP should continue to investigate the marketing and sale of its services to other groups.

Information Management

1. Focus more attention on mining the data from its information system further, conducting more analysis for future marketing, to tell its story, measure success, and support strategic planning among NGOs and the government.

2. Invest in the additional human and software resources needed for more in-depth analysis of data collected through GP/SP's information system.

3. Expand training opportunities in data analysis for staff of member NGOs to improve their capacity to make information-based programmatic decisions independently.

4. Develop simple and efficient record-keeping methods to accommodate low levels of literacy among community outreach workers and prospective volunteers. Given the low levels of literacy among women in Mali, simpler methods would be particularly important to promote the increased participation of women as volunteers.

Capacity Building

1. Consider offering additional training courses on the development and evaluation of IEC activities for GP/SP's member NGOs conducting such activities at the community level.

2. Expand literacy training for outreach workers and the pool of prospective volunteers, with particular attention to the inclusion of women. GP/SP has

already begun to provide literacy training to community health association members and community outreach volunteers.

3. Consider providing community outreach workers with bicycles or other forms of transportation so they can reach remote populations with services and information. This would increase their pool of potential customers and may reverse the declining profits they have experienced in recent years.

4. Consider conducting more training or refresher courses on problem analysis, project design, and proposal preparation to respond to the identified needs of NGO members.

Programming

1. To close the gap between awareness and behavior among target populations, target IEC messages to specific audiences and use more creative communications strategies. GP/SP and its partners should introduce problem resolution strategies, small-group communication, and one-on-one interactions at the household level, and use local role models in their activities.

2. Continue to support women's income-generating activities. GP/SP should continue to expand this aspect of its programming and try to find additional funding for these projects.

3. Continue to promote positive male involvement. Evidence shows that activities to promote positive male involvement can be effective if properly targeted and appropriately designed.

4. Implement activities that promote collective empowerment. While individuals are capable of changing behavior on their own, change is often facilitated when undertaken collectively because it allows individuals to share the risk of change with others. Official decree, from religious or community leaders and the like, may also be effective in changing the behavior of many people simultaneously. For example, a religious leader who issues a statement condoning family planning may carry a lot of weight with the targeted community.

5. Expand program and IEC activities targeting adolescents and their parents. Evidence suggests that helping parents to overcome social taboos about sexuality and increasing their awareness in turn helps them to talk to their adolescent children about these sensitive issues, increasing young people's awareness and reducing the likelihood that they will engage in risky behaviors.

Lessons for Donors

1. Continue to build GP/SP's management capacity so that it can gain its institutional and financial independence. This is important for ensuring the sustainable operation of GP/SP and its member NGOs.

2. Provide assistance to GP/SP and the Ministry of Health to ensure the expansion of their partnership. This assistance should address strategic planning, policy analysis, cost recovery, and other relevant topics. USAID is well placed to provide this assistance because of its past funding support to NGOs in Mali.

Achievements and Strengths

GP/SP has played an important role in building the capacity of its member NGOs to reach underserved communities throughout Mali with information and services on reproductive health, family planning, child survival, and HIV/AIDS. GP/SP has:

- ◆ helped its member NGOs to grow into professional health organizations by providing training and technical assistance to NGO staff on institutional and technical issues;
- ◆ developed an information management system and institutionalized it throughout its member NGOs, helping to demonstrate the impact and effectiveness of NGO interventions;
- ◆ formed strong collaborative relationships with the Ministry of Health at all levels; and
- ◆ played an important role in formulating national and regional health policies.

GP/SP and its member NGOs have:

- ◆ built a strong partnership with the communities in which they work;
- ◆ helped to encourage discussion of once-taboo topics and create an enabling environment for the adoption of new health behaviors at the community level;
- ◆ reached significant numbers of Malian women, men, and youth with information on reproductive health, family planning, child survival, and HIV/AIDS;
- ◆ increased awareness and knowledge of reproductive health, child survival, and related health topics among their target populations; and
- ◆ expanded community access to contraceptives.

Key Challenges for the Future

GP/SP faces a number of challenges in the future; it must:

- ◆ gain institutional independence so it is positioned to obtain funding from other sources;
- ◆ diversify its sources of funding to ensure sustainability; and
- ◆ address a series of issues concerning its information management system, such as expanding the capacity of NGOs to analyze and use the information collected and adapting the system to accommodate low levels of literacy among community health workers.

ENDNOTES

¹ Statistics in this section from: World Bank. 1998. *The World Bank and the Health Sector in Mali. An OED Country Sector Review*. (No. 18112). Washington, DC: World Bank; World Bank. 1998. *Project Appraisal Document on a Proposed IDA Credit in the Amount of SDR 28.5 million (US\$ 40 Million Equivalent) to the Republic of Mali for a Health Sector Development Program*. (No. 17744-ML). Washington, DC: World Bank; and Coulibaly, S et al. 1996. *Mali Demographic and Health Survey 1995-1996*. Calverton, MD: CPS/MSPAS, DNSO, and Macro International, Inc.

² World Bank. 1995. *Mali—Public Expenditure Review*. (No. 13086). Washington, DC: World Bank.

³ World Bank. 1998. *The World Bank and the Health Sector in Mali. An OED Country Sector Review*. (No. 18112). Washington, DC: World Bank.

⁴ CYP measures the protection provided by a given family planning program during a one-year period, based on the volume of all contraceptives sold or distributed free to clients during that period (Bertrand, J et al. 1993. *Handbook of Indicators for Family Planning Program Evaluation*. Chapel Hill, NC: The Evaluation Project).

⁵ World Bank. 1998. *Project Appraisal Document on a Proposed IDA Credit in the Amount of SDR 28.5 million (US\$ 40 Million Equivalent) to the Republic of Mali for a Health Sector Development Program*. (No. 17744-ML). Washington, DC: The World Bank.

⁶ Information in this paragraph and table from GP/SP. 1999. *Rapport Annuel d'Activités du Groupe Pivot Santé Population. Janvier–Decembre 1998*. Bamako, Mali: GP/SP; and National Direction for Statistics and Information (NDIS). 1998. *Draft Mali Census 1998 Report*. Bamako, Mali: NDIS.

⁷ Information in this section and Figure 1 from Kanté, M et al. 1996. *Mid-Term Evaluation. Family Planning and AIDS Prevention Program. Child Survival Pivot Group. Final Report*. Bamako, Mali: USAID.

⁸ *Ibid.*

⁹ *Ibid.*

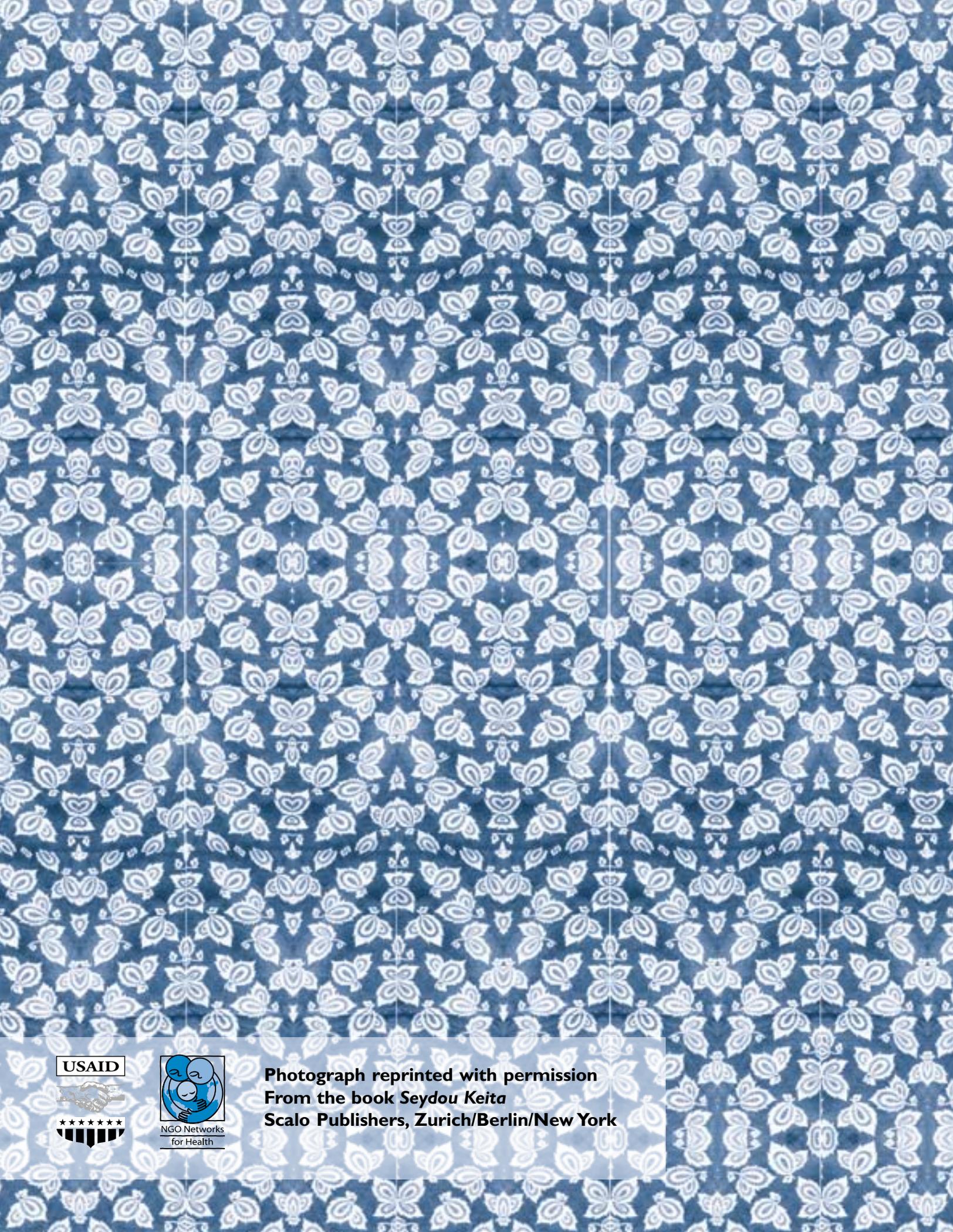
¹⁰ Information on the evaluation of community-based distribution programs from O'Rourke, S et al. 1997. *Assessment of Community-Based Distribution Programs. Evaluation Report*. Bamako, Mali: USAID/Mali.

NGO Networks for Health (*Networks*) is an innovative five-year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development, the project began operations in June 1998. For more information, contact:

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Networks Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that individual's perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.



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