Assessment of Mali's 2016 National Campaign for the Promotion of Family Planning

May 2017

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USAID
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MEASURE Evaluation

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ABBREVIATIONS

AMPPF	Association Malienne pour la Protection et la Promotion de la Famille/Malian Association for the Protection and Promotion of the Family
CFA	West African franc
CNESS	Comité National d'Éthique pour la Santé et les Science de la Vie/National Committee of Ethics for Health and Life Sciences
DNS	Direction Nationale de la Santé/National Health Directorate
DRS	Direction Régionale de la Santé/Regional Health Directorate
DSR	Division de la Santé de la Reproduction/Reproductive Health Division
FGD	focus group discussion
FP	family planning
IUD	intrauterine device
KII	key informant interview
KJK	Keneya Jemu Kan
MSI	Marie Stopes International
NGO	nongovernmental organization
PSI	Populations Services International
SSGI	Service de Santé à Grand Impact/High-Impact Health Services
UNC IRB	University of North Carolina Institutional Review Board
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

The Republic of Mali has one of the world's lowest modern contraceptive prevalence rates, at 9.9% according to the 2012–2013 Mali Demographic and Health Survey. Nevertheless, the government of Mali is making strides to reposition family planning (FP) as an essential public health and development intervention. As part of a national strategic plan, a promotional FP campaign is organized each year. The 2016 national campaign, which lasted two months, was launched by the First Lady of Mali on April 9, 2016 with a theme of "constructive engagement of leaders and decision makers in favor of FP for youth and sustainable development."

This report presents an assessment of Mali's 2016 national FP campaign. The purpose of the assessment—a post-intervention process evaluation—was to identify how well the campaign's activities were implemented and whether adjustments should be made to improve future FP campaigns and interventions. The assessment was conducted from November 2 to December 5, 2016 and focused on the national level and five health districts targeted by intensive intervention: Diéma, Bougouni, San, Koro, and Nara.

The assessment used three types of data:

1) A document review of campaign planning, implementation, and results was conducted. Twenty-four indicators were chosen through a review of anticipated campaign activities. Materials reviewed include the campaign action plan, the campaign final report, records of campaign activities and events occurring in intensive intervention districts, information collected during the campaign, and materials produced and distributed by the campaign.

2) Twenty-one key informant interviews were conducted to collect information on perceptions of the effectiveness of campaign activities, barriers to implementation, and the identification of strengths and weaknesses.

3) Six focus group discussions (FGDs) were held with women ages 18–24 living in communities in intensive intervention districts (Diéma, San, and Bougouni) to gauge exposure to the campaign, attitudes about the annual campaign and campaign messages, and common barriers to the use of FP.

The assessment received an ethics exemption from the University of North Carolina at Chapel Hill, USA, and ethics approval from the Mali National Committee of Ethics for Health and Life Sciences (CNESS).

A main finding of the assessment was the **lack of documentation of campaign activities**, especially at the subnational level. The lack of documentation makes it difficult to measure the actual extent of campaign activities at the regional and district levels. Moreover, the low availability of campaign documents and records was a limiting factor for the assessment. Much of the data was from interviewed individuals and could not be verified.

The long-term goals of the 2016 campaign were to: (1) increase the number of FP users, and (2) reduce the maternal and infant mortality rate in Mali. In order to reach these goals, eight specific campaign objectives were identified. The specific objectives reflected a wide range of potential campaign activities.

Another main finding of the assessment is that there **were gaps between what was planned and what was implemented**. The campaign was successful in meeting objectives and results related to advocacy at the national and international levels, strengthening the participation of the private sector and civil society, and obtaining commitments from authorities to support FP efforts. However, objectives and results that were to be obtained after the launch and throughout the remainder of the campaign were less successful. This is due to the variable, and often weak, implementation of the campaign at the district level. Also, objectives related to improving the data system and increasing the availability and quality of FP services are not the types of objectives that can be met through a two-month intervention. Meeting these objectives would entail sustained

and specific efforts that require investment in health information systems, improvements in logistics and supply management, and provider training, among others.

A third main finding from the assessment of documents and discussions with key informants and FGD participants was that there were **a number of campaign successes**: the strong launch of the campaign and successful synchronous launch events with local officials; the signing of the charter of commitment and the attainment of public support for FP from community leaders; the use of social media to publicize the issue of FP; and the participation of the private sector, civil organizations, and NGOs in the planning and organization of campaign events.

The assessment also found **some important weaknesses in the campaign**: insufficient communication between the central, regional, and district actors; a lack of sufficient resources dedicated to campaign activities at the subnational level; the variable implementation of campaign activities at regional and district levels; and the inability to have all health facilities participate in open days with sufficient stock on hand. This meant that the campaign did not fully meet its promise to provide FP services free of charge throughout the duration of the campaign.

Finally, the assessment results suggested a number of recommendations:

- Prior to the next campaign launch, reexamine the objectives, expected results, and planned activities of the campaign, to ensure that implemented activities will help reach the goal of increasing FP use in Mali. Carefully consider each objective and whether it is achievable or not through a promotional campaign. Use of a logic model to map inputs, planned activities, and their expected outcomes and goals may be a helpful tool for this process.
- Document campaign activities. Consider the use of standardized forms to document the completion of key campaign events, especially at the regional and district levels. To improve transparency and accountability, it is essential that this information is recorded and made available to the campaign committee.
- Identify national and regional National Health Directorate (DNS) staff to monitor and evaluate campaign activities and the availability of FP supplies and methods throughout the campaign. Document problems and work to make necessary adjustments throughout the campaign. Among other benefits, this will help ensure that open days happen in all areas of the country.
- Improve logistics management to ensure that contraceptive methods and services are available at all distribution points. This work should be ongoing.
- Strengthen information systems so that validated information on FP service delivery is available throughout the year. This work should be ongoing.
- Continue to explore the use of social media to reach target audiences with FP messages. This communication medium may provide an efficient way to reach young people with messages on FP.
- Integrate subnational FP stakeholders into the planning and organizational process of the campaign. Doing so can improve buy-in and motivation, as well as improve communication between the different levels.
- Address the issue of resources. Consider what resources will be available and what will be the best use of the resources. Ask the following questions: What amount of activities can be reasonably expected, given the level of resources available? Will the resources available be sufficient to achieve goals and objectives?

BACKGROUND

Mali has one of the world's lowest modern contraceptive prevalence rates (9.9%) (Cellule de Planification et de Statistique, Institut National de la Statistique, & ICF International, 2014; STATCompiler, 2016). This contributes not only to high fertility and rapid population growth, but also to high rates of infant and maternal mortality. The government of Mali is making strides to improve these conditions by repositioning FP as an essential public health and development intervention. Mali is actively participating in global FP initiatives, such as the Ouagadougou Partnership and FP2020. Mali's National Strategic Plan for 2014–2018 identifies four priority areas—demand, supply, enabling environment, and monitoring and coordination—to reach the goal of increasing the contraceptive prevalence rate to 15 percent by 2018 (Ministère de la Santé et de l'Hygiène Publique, 2014).

As part of the National Strategic Plan, an FP campaign is organized each year. The two-month[1] 2016 national campaign, Mali's twelfth FP campaign, was launched on April 9, 2016, with a theme of "Constructive engagement of leaders and decision makers in favor of FP for youth and sustainable development." Detailed information on the campaign activities, resources, outcomes, strengths, and weaknesses, is needed to inform future FP campaigns and interventions.

PURPOSE AND OBJECTIVES

The purpose of this assessment was to evaluate the implementation of Mali's 2016 national FP campaign. Specifically, the assessment aimed to provide information on what activities were implemented, how well the activities were implemented, the difficulties encountered, and whether there are lessons learned or adjustments to make to improve future FP campaigns and interventions. The assessment focused on the national level and five health districts targeted by intensive intervention: Diéma (Kayes region), Bougouni (Sikasso region), San (Ségou region), Koro (Mopti region), and Nara (Koulikoro region). These target districts were selected for intensive intervention based on criteria established by the campaign's Technical Committee and have low contraceptive prevalence.

Figure 1. Five districts targeted by intensive intervention

METHODOLOGY

Overview

The design of the assessment consisted of a post-intervention process evaluation with outcome indicators. This type of evaluation is designed to answer a number of questions related to the implementation of the campaign, including the following:

- What inputs or resources were allocated or mobilized for implementation of the campaign? Were these sufficient?

[1] The extension of the campaign resulted in implementation during two and one-half months.

- What intervention activities took place during the campaign?
- To what extent were planned activities implemented?
- What were the outcomes of the implemented activities (assessed to the extent possible)?
- How well did the implemented activities address the target audiences of youth and women in low contraceptive prevalence areas?
- What were the barriers to campaign delivery?
- What were the campaign's strengths and weaknesses?

Design

The post-intervention process evaluation, with outcome indicators, used both quantitative and qualitative data. The following data-collection methods were used:

Document Review

This method allowed for the review of documents related to campaign planning, implementation, and results. The review of documents necessitates that information is available, meaning that it is both documented and shared with the assessment team.

Key Informant Interviews (KIIs)

Interviews with individuals involved with the campaign were used to collect information on perceptions of the effectiveness of campaign activities and barriers to its implementation and to identify the campaign's strengths and weaknesses.

Focus Group Discussions (FGDs)

FGDs were used to gauge exposure to the campaign, attitudes about the annual campaign (and campaign messages), and common barriers to the use of FP among young women living in communities in the districts where the intensive intervention was implemented.

Indicators

The process and outcome indicators selected for the assessment were based on the list of anticipated activities presented in the "DRAFT Descriptif de la campagne de promotion de la PF au Mali" and are listed in Table 1 (Ministere de la Santé du Mali, 2016).

Table 1. List of process and outcome indicators used for assessment

Indicators
Process
1. Number of speeches written and delivered
2. Number of national campaign messages validated or used
3. Number of regions (and/or districts) with campaign materials available
4. Number of communication materials distributed (by type of material: banner, poster, etc.)
5. Launch of campaign by First Lady or Minister of Health (Y/N)
6. Synchronous launch by governor or community leaders (Y/N)

7. Number of press briefings held
8. Number of journalists attending press briefings (total)
9. Number of radio spots aired
10. Number of TV spots aired
11. Number of debates conducted by any media (radio, television, or other)
12. Number of special events completed (by type of event: concert, FP evening, day of discussions, etc.; and by region, if possible)
13. Number of religious leaders reached with campaign message(s)
14. Number of opinion leaders reached with campaign message(s)
15. Number of mobile health teams organized
16. Number of "Open Days" for free FP methods
17. Number of facilities participating in "Open Days"
18. Number of weekly coordination meetings (at district level if appropriate)
19. Total amount of funds spent on the campaign
20. Number of FP points of service out of stock, by method, at the start of the campaign
21. Number of FP points of service out of stock, by method, at any time during the campaign
Outcomes
22. Number of articles mentioning the national campaign in the media (by type of media: newspapers, online blogs, and social media)
23. Number of people reached by media coverage (estimated coverage) (by type of media: radio, television, newspaper, social media, and other)
24. Number of modern contraceptive methods distributed during "Open Days" (if possible: by type of method)

Data Collection

Documentation

Materials used to plan and implement the campaign were collected and reviewed. These included the national campaign action plan, the campaign final report, reports of campaign activities and events occurring in the intensive intervention districts, information collected during the campaign, and materials produced and distributed by the campaign. Information requests supported the documentation of activities and outcomes not available from other sources. Instances where documentation was not available are noted in the report. A list of documents reviewed for the assessment is included in Appendix 1.

KIIs

U.S. International Agency for International Development (USAID)/Mali and National Campaign Committee members were approached to identify individuals for the initial KIIs. Additional interviews were identified through the snowball technique. In addition to National Campaign Committee members, interviewees included regional and district community leaders, religious leaders, journalists, FP specialists, health directors in the intensive intervention districts, FP stakeholders—such as Marie Stopes International (MSI), Population Services International (PSI), Association Malienne pour la Protection et la Promotion de la Famille (AMPPF)—and other opinion leaders involved in the campaign. A total of 21 KIIs were conducted (KII affiliations are listed in

Appendix 2). Interviews lasted approximately 30 to 45 minutes and elicited feedback on the perceived strengths of the campaign, the resources provided, the effectiveness and quality of campaign messages, the targeting of youth and women living in priority areas, the barriers to the implementation of planned activities, and the needed actions for improvement of campaign implementation.

FGDs

A total of 74 women ages 18–24 participated in an FGD in the intensive intervention districts of Diéma, San, and Bougouni (six focus groups in total; two in each of these districts). Due to the level of danger traveling through Koro and Nara, planned FGDs were canceled in these areas. By age and area of residence, the participants reflected the target audience for the FP campaign. The women were recruited from a single community in each of the three districts. Staff of the Regional Health Directorate (DRS) coordinated recruitment and identified space for the discussion groups. Discussions took place in a nongovernmental organization (NGO) or government-sponsored health facility or outdoor program space in the selected community. Each FGD lasted about 45 minutes to one hour. Participants were asked about their exposure to the campaign, attitudes about the annual campaign and the campaign messages, and common barriers to the use of FP for young women in their community.

Tools for the document review, KIIs, and FGDs are included in Appendix 3.

All activities were directly implemented by MEASURE Evaluation (technical manager of the study) and its consultants in collaboration with health district agents, regional directorates, DNS, and USAID/Mali. Two female consultants working for MEASURE Evaluation were present in Mali for data collection.

Ethics Considerations

The protocol and draft data-collection tools were submitted to the University of North Carolina Institutional Review Board (UNC IRB) and CNESS for ethical review. Ethics exemption was received from the UNC IRB on July 28, 2016. Ethics approval from CNESS was received on October 5, 2016.

Informed consent was administered to all participants. To maintain confidentiality of key informants, names and titles do not appear in the report. Furthermore, results from the interviews are presented with the intent to learn from current practices to strengthen the FP campaign, and not to negatively affect the reputation of individuals or agencies involved with the campaign or the assessment.

Due to the low literacy rate in Mali, especially in rural areas, potential FGD participants were not asked to read or sign any document. Instead, a script with a description of the study was read in the presence of a witness, and verbal consent was obtained. The FGD consent form is attached in Appendix 4. Certain discussion topics may have been sensitive and could have embarrassed FGD participants. To reduce this risk, it was made clear that participation was entirely voluntary and that women could choose not to participate at any time.

Fieldwork

A scoping meeting took place on November 2, 2016, with members of the FP campaign's multisector committee, including representatives of Keneya Jemu Kan (KJK), Service Santé à Grand Impact (SSGI), Applying Science to Strengthen and Improve Systems (ASSIST), and USAID/Mali, as well as officials from the DNS Reproductive Health Division. The meeting's objectives were to introduce the consultants to the committee and share with committee members the assessment protocol, the data-collection tools, and the assessment timeline. Appointments for the first interviews with key informants were also made. Then, a timeline was sent to the DNS so that appointments could be made at the regional level to prepare and facilitate data collection.

Communications were sent to the regions so they could inform the districts of the mission's arrival. In collaboration with the DNS, MEASURE Evaluation took steps to inform all national and regional actors (Ministry of Health, political and administrative authorities, partners, etc.) that the campaign assessment team would be coming through their area.

The first phase of data collection was conducted November 3–11, 2016, and included Bamako and three districts: San, Bougouni, and Koro. The second phase of data collection occurred from November 21–29 in Bamako and the districts of Diéma and Nara. Unrest in Koro and Nara meant that a personal visit by the data collectors was not possible; however, requests for documents and information were made. The first stop for the data-collection team in each region was the office of the DRS, which assisted with coordination, gathering of documentation, and identification of key informants. The data collectors met with many resource people in the regions, intervention districts, and Bamako to collect information on the campaign.

District health staff assisted with recruiting women for the focus groups. The FGDs were conducted in Bambara so that all participants could take part.

Timeline

The timeline for the assessment is shown in Table 2.

Table 2. Timeline for assessment

Activity	Completion date
Request for assessment received at MEASURE Evaluation	May 9, 2016
Process evaluation protocol finalized	July 15, 2016
Ethics exemption received from UNC IRB	July 28, 2016
Ethics approval received from CNESS	October 19, 2016
Meeting with campaign staff and key stakeholders to • Introduce the assessment protocol, data collectors, and fieldwork timeline • Identify preliminary list of KIIs; schedule interviews • Obtain campaign records and documents • Determine information requests	November 2, 2016
Phase I data collection	November 3–11, 2016
Phase II data collection	November 21–29, 2016
Fieldwork debrief with USAID	December 5, 2016
Release final report to USAID/Mali and DNS (English and French)	May 2017
Presentation of findings	May 2017

Analysis

Evaluation of the 2016 national campaign included an assessment of process and outcome indicators, combined with an analysis of information collected through the KIIs and FGDs. The indicators were adjusted slightly from those included in the assessment protocol; percentages were removed as only counts could be assessed from information obtained for the five intensive intervention areas. Information was triangulated to identify and assess the strengths, weaknesses, and lessons learned of the campaign and its implementation; the barriers to implementation of the campaign (or barriers to specific campaign activities); the perceptions of whether the campaign successfully targeted youth and women living in priority areas; and the perceptions of whether the campaign was successful in reducing barriers to contraceptive use among target populations.

RESULTS

The campaign was launched on April 9 and ran through June 17, 2016. The campaign sought to constructively mobilize leaders and political decision makers in support of FP for current and future generations of young people and for sustainable development. The campaign aimed to engage all actors, including NGOs and associations, civil society leaders, national and international decision makers, media figures, and religious leaders. The campaign received a high-profile launch from the First Lady of Mali in the village of Karan, close to Kangaba. Campaign documents highlight a theme of the campaign, "constructive engagement of leaders and decision makers in favor of FP for youth and sustainable development" and targeted youth, men, women of reproductive age, leaders, and health workers to receive this and related messaging.

Results of Process Indicators

This section presents information collected in the intensive intervention districts for each of the process and outcome indicators selected for the assessment. Intensive intervention districts focused on elements of the campaign appropriate for their area, in line with the national campaign objectives. Therefore, not all indicators are relevant for each area.

1. The number of speeches written and delivered

	Diéma	Bougouni	San	Koro	Nara
Number	5	2	3	4	5

The number of speeches written and delivered in the districts ranged from two to five. In each of these districts, the number of speeches written was the same as the number of speeches delivered. Numbers were obtained through interviews; no documentation was received.

2. The number of national campaign messages validated or used

	Diéma	Bougouni	San	Koro	Nara
Number	1	7	5	4	*

*Information requested, not obtained.

The number of campaign messages validated or used in the districts ranged from one to seven. Numbers were obtained through interviews; no documentation was received.

3. The number of regions (and/or districts) with campaign materials available

All the intensive intervention districts had campaign materials available. Within the regions of Kayes, Sikasso, Ségou, Mopti, and Koulikoro, the number of districts that had campaign materials was only obtained for Mopti; it was reported that all eight districts had received campaign materials.

4. Number of communication materials distributed (by type of material: banner, poster, etc.)**

	Diéma	Bougouni	San	Koro	Nara
Number by type:					
T-shirts	*	Region: 100 Bougouni: 5	Region: 100 San: 30	Region: 100 Koro: *	Region: * Nara: *
Caps	*	Region: 50 Bougouni: 7	Region: 100 San: 30	Region: 100 Koro: *	Region: * Nara: *
Banners	*	Region: 8 Bougouni: 3	Region: 6 San: 3	Region: 10 Koro:	Region: * Nara: *
Pagne cloths	*	Region: * Bougouni: 1	Region: * San: 1	Region: * Koro: *	Region: 10 Nara: *

* Information requested, not obtained.
**Numbers may be higher but could not be verified.

The number of materials distributed by the campaign varied, but was low overall, especially at the district level. T-shirts and caps were the most common materials distributed. Exact numbers from Diéma were not obtained, as the response was that these were "difficult to estimate." Most information on communication materials was not obtained for Nara, either. The numbers present were obtained through review of dispatch notes from the DNS Reproductive Health Division and from interviews.

5. Launch of campaign by First Lady or Minister of Health (Y/N)

Yes, a highly publicized launch of the campaign was conducted by the First Lady of Mali and held in Karan. Documentation of the event was provided by the DNS Campaign Report.

6. Synchronous launch by governor and/or community leaders (Y/N)

Yes, a launch of the campaign was conducted by the governor in each of the regions of the five intensive intervention districts.

7. Number of press briefings held

	Diéma	Bougouni	San	Koro	Nara
Number	0	1	1	*	1

* Information requested, not obtained

According to campaign documents, one press event was held in Bougouni, as well as three regional roundtables—one each in Sikasso, San (for Ségou), and Nara (for Koulikoro).

8. Number of journalists attending press briefings (total)

	Diéma	Bougouni	San	Koro	Nara
Number	0	15	*	*	*

* Information requested, not obtained

Information on the number of journalists attending the press briefing was only available for Bougouni.

9. Number of radio spots aired

	Diéma	Bougouni	San	Koro	Nara
Number	360	2 per day	2 per day	*	*

* Information requested, not obtained

According to campaign documents, campaign messages were widely aired by radio. Bougouni and San reported that two messages per day were aired over 14 radio stations throughout the campaign (the total number was not provided). The number of campaign messages aired was not calculated for Koro or Nara, though messages were broadcast. Diéma reported a total of 360 radio spots aired on eight radio stations. Messages for the radio program included defining FP, explaining the benefits of FP, describing the different contraceptive methods and side effects, dealing with rumors, and explaining the importance of engaging leaders in FP. These messages were based on a list of themes developed by the national planning committee. It is worth noting that the numbers presented here are different, and much lower, than those reported by the DNS campaign report for the regions.

10. Number of TV spots aired

	Diéma	Bougouni	San	Koro	Nara
Number	NA	NA	NA	NA	NA

There are no local TV channels. However, the DNS campaign report shows that a range of 184–589 television spots aired on the national channel in these regions during the campaign (no source of information is provided).

11. Number of debates conducted by any media (radio, TV, or other)

	Diéma	Bougouni	San	Koro	Nara
Number	3	1	10	*	1

* Information requested, not obtained

According to information requests and campaign reports, Bougouni and Nara each conducted one public debate. The debate in Bougouni was conducted in a community health center. An MSI report from San indicates 10 debates were conducted in Ségou, nine of which were in San, and the campaign report from Diéma indicates that three were held.

12. Number of special events completed (by type of event: concert, FP evening, day of discussions, etc.; and by region, if possible)

	Diéma	Bougouni	San	Koro	Nara
Number by type:					
Awareness days in school	-	1	-	-	1
Lectures in schools	1 ("conference -debate")	2 (Sikasso)	2	1	-
Open days in private facilities	-	5	-	"Yes" (Bandiagara)	"Yes"
Talks in the community	-	1,372	9	-	28
Advocacy session with religious leaders	1	1 (Sikasso)	1	4	-
Provider trainings	-	-	-	2	-
Signing of the charter	1	1 (Sikasso)	-	1	-
Other	Testimony Supervision	-	-	Contest Visit from national FP ambassador Exhibition of FP methods at launch	-

Information from the MSI report, district campaign reports, and interviews with campaign stakeholders highlight the special events of the campaign in these five districts. The most common special events across the districts were lectures in local high schools, though only one or two were held in each district. A number of community talks were also reported in San and Nara, with Bougouni reporting over 1,372 such talks. Other campaign activities, such as open days and advocacy sessions, were also mentioned and are reported with more detail in other indicators.

13. Number of religious leaders reached with campaign message(s)

	Diéma	Bougouni	San	Koro	Nara
Number	1,500	100	30	120	*

* Information requested, not obtained

Information from interviews and campaign reports indicate that the number of religious leaders reached ranged from 30 in San to 1,500 in Diéma. Numbers reported for Bougouni and Koro include opinion leaders. It is not clear how the term "reached" was defined by the districts nor how the counting was done. Due to the wide difference in numbers, there appears to be variation in how this indicator was calculated at the district level.

14. Number of opinion leaders reached with campaign message(s)

	Diéma	Bougouni	San	Koro	Nara
Number	1,200	100	*	120	*

* Information requested, not obtained

Diéma, Bougouni, and Koro reported on the number of opinion leaders reached by the campaign. The numbers for Bougouni and Koro include religious leaders. As with the numbers for religious leaders, it is not clear how "reached" was defined nor how the counting was done. Again, the high numbers reported by Diéma may indicate variance in how the indicator was defined and/or calculated.

15. Number of mobile health teams organized

	Diéma	Bougouni	San	Koro	Nara
Number	2	45	1	1	*

* Information requested, not obtained

According to the MSI report and interviews, the number of mobile health teams organized was two in Diéma (for more than 15 villages), one in San (in San's community health center), one in Koro (four in Mopti), and in "all of the community health centers" in Bougouni (45). The indicator was not reported for Nara.

16. Number of "open days" for free FP methods

	Diéma	Bougouni	San	Koro	Nara
Number	45	0	0	1	*

* Information requested, not obtained

Reports from Bougouni, San, and Koro indicate that very few open days were recorded to have occurred in these districts during the campaign. There were no open days in Bougouni, but Sikasso had five open days in private clinics and the regional capital's military garrison. San did not have any open days, though there was one at the youth center in Ségou. In contrast, Diéma reported 45 open days during the campaign. Open days occur in areas supported by partners such as MSI and PSI.

17. Number of facilities participating in "open days"

	Diéma	Bougouni	San	Koro	Nara
Number	23	0	0	*	*

* Information requested, not obtained

Reports from MSI and interviewed stakeholders indicated that the number of facilities participating in the open days was variable across the intensive intervention districts. No facilities participated in Bougouni or San, whereas 23 facilities were reported to have participated in Diéma. While "all health facilities in Mopti" were said

to have participated, this apparently led to only one actual open day in Koro, as reported for the above indicator (#16). Open Days were announced on the radio and also by people walking through the streets with megaphones.

18. Number of weekly coordination meetings (at district level if appropriate)

	Diéma	Bougouni	San	Koro	Nara
Number	3	8 (1/week)	0	5	8 (1/week)

Officials interviewed in Diéma, Bougouni, Koro, and Nara indicated that coordination meetings occurred during the campaign, though not always weekly. However, these meetings did not occur in San, as there was no organizing committee there.

19. Total amount of funds spent on the campaign

	Diéma	Bougouni	San	Koro	Nara
Number	*	*	200,000 CFA	**	*

* Information requested, not obtained.
**"Activities financed by partners."

The amount of funds spent on the campaign at the district level was difficult to track. Interviewed individuals in San identified that 200,000 CFA (about US$328) was provided by the DRS in Ségou for the duration of the campaign. Interviewed individuals in Koro stated that all the activities were financed by partners, and no information was provided in Diéma, Bourgouni or Nara.

20. Number of FP points of service out of stock, by method, at the start of the campaign

	Diéma	Bougouni	San	Koro	Nara
Number	*	**	*	*	**

*Number unknown
**"In all districts of the region"

Information from interviews indicates that there were stockouts of some FP methods and supplies at the beginning of the campaign in all intensive intervention districts, but the exact number of facilities with stockouts was not known.

21. Number of FP points of service out of stock, by method, at any time during the campaign

	Diéma	Bougouni	San	Koro	Nara
Number	*	**	*	*	**

*Number unknown.
**"In all districts of the region."

Information from interviews indicates that stockouts in all intensive intervention districts continued throughout the campaign. While stockouts were widespread, they were reported to not affect every facility. Additionally, stockouts did not occur for every method. Jadelle, a popular contraceptive implant, was most likely to be unavailable, as it was often requested by women.

Outcome Indicators

22. Number of articles mentioning the national campaign in the media (by type of media: newspapers, online blogs, and social media)

	Diéma	Bougouni	San	Koro	Nara
Number	*	0	1	*	*

* Information requested, not obtained

This indicator helped to assess whether outreach to journalists was effective and resulted in coverage of the campaign. Only an individual from Ségou who was interviewed provided information on this indicator, citing an article that covered the launch of the campaign. There are no newspapers in Bougouni.

23. Number of people reached by media coverage (estimated coverage) (by type of media: radio, TV, newspaper, social media, or other)

	Diéma	Bougouni	San	Koro	Nara
Number by type:					
Social media	-	24,955	20,236 (for Ségou)	14,633	13,693
Campaign activities	3,700+	-	-	-	-

This indicator is a measure of the degree to which the campaign engaged with the public. The numbers of people reached by social media coverage in Bougouni, San, Koro, and Nara were obtained from the KJK campaign report, as the districts did not have this information. According to the report, most districts had a high number of interactions through social media (through activities including a contest on Facebook and a "Tweet-up"). This type of outreach/interaction may be especially effective for young people, who are likely to be active on social media. It would also reach individuals who have access to and familiarity with smartphones. Diéma calculated a number of people reached through campaign activities that included the launch, conference, advocacy, lectures, and counseling.

24. Number of modern contraceptive methods distributed during open days (if possible: by type of method)

The number of modern contraceptive methods distributed during open days was reported in the DNS campaign report. However, it is not clear from the report how the numbers were obtained and whether or not they were verified. Given the small number of documented open days during the campaign in these districts, and in some areas, no Open Days, it is unclear how these figures could have been attained.

Results from Key Informant Interviews

A total of 21 KIIs were conducted in Bamako and the five intensive intervention areas. The interviewees included national campaign committee members, regional community leaders, religious leaders, journalists, FP specialists, health directors in the intensive intervention districts, and FP stakeholders (see Appendix 2 for

interviewee affiliations). The interviews were conducted for the purpose of obtaining the thoughts and opinions of key campaign stakeholders in order to answer seven specific questions about the campaign.

1. *How well did the campaign reach the youth audience?*

Many of the key informants felt that the campaign successfully reached the youth audience. They mentioned young FP ambassadors, a national youth forum, and participation in FP skits in the villages and the launch event as activities that actively incorporated youth during the campaign. For example, in Diéma, young people led events at the launch and performed skits to encourage their peers to protect their health and well-being by using contraceptive methods. However, a few informants had differing opinions, stating that the participation varied by area, due to differences in financial resources, or that the youth were mostly involved during the launch but not as much for the rest of the campaign.

2. *How well did the campaign reach women living in priority areas of Diéma, Bougouni, San, Koro, and Nara?*

Respondents had differing opinions of this issue. Some felt that the campaign had effectively reached women living in priority areas, especially through the radio campaign and the inclusion of religious leaders and traditional communicators. Others felt that the campaign did not fully achieve this objective and mentioned the lack of resources to carry out campaign activities and the variability of effort put into the campaign at the district level. In particular, the groups in San felt that rural areas were not sufficiently reached by the campaign.

3. *How effective was the campaign in reaching religious and community leaders?*

Many of the interviewees felt that the campaign was effective in reaching religious leaders, especially Muslim and Protestant leaders, some of whom confirmed having given sermons that incorporated FP messages during and after the campaign. Interviewees mentioned a "willingness to endorse FP" and a strong, vocal presence by religious leaders at the national launch. Some religious leaders interviewed mentioned a lack of resources, such as financial and communication support, during and outside of the campaign. A few interviewees also noted that religious leaders that have not participated in FP trainings or advocacy events are still reticent to support FP, and that, therefore, a lack of FP support by religious leaders in the country is still a barrier to the general acceptance of FP. Some of the religious leaders interviewed accepted FP as necessary for the well-being of women and children, but were more reticent when it came to the use of contraception by young women, particularly unmarried women, even though the benefits are the same.

The effectiveness of the campaign in reaching nonreligious community leaders was mentioned less often by the interviewees. The inclusion of community leaders at the launch events, the participation of traditional communicators in campaign activities, and the signing of the commitment charter in Diéma and Koro were mentioned as examples of effectively reaching community leaders.

4. *What were the barriers to meeting the objectives?*

A common barrier mentioned by key informants was insufficient coordination and communication between stakeholders at the central, regional, and district levels for the planning and implementation of campaign activities. Specifically, informants felt that the organization of the campaign was not "decentralized," that the views of those at the local level were not sufficiently taken into account, and that, therefore, the involvement of regions and districts was weak. Local level authorities also felt they lacked the authority to tailor the campaign activities. This sentiment was also noted in the DNS campaign report.

Another issue mentioned as a barrier was insufficient resources for the campaign from the national to the regional and district levels. The insufficient resources mentioned include communication support materials (caps, T-shirts, pagne cloths, etc.), funding, monitoring support, and stockouts of contraceptive methods and

supplies in some locations. One informant felt there was a lack of motivation for providers. Finally, one informant felt these problems were due to a general lack of leadership.

5. *Were sufficient resources (time, effort, and funds) allocated to the campaign?*

Overall, interviewees did not feel that sufficient resources were allocated to the campaign. These insufficiencies included time (not enough organizational time, particularly at the district level), effort (such as the nonresponse or delayed response of partners and campaign staff to requests), contraceptive availability (i.e., stockouts in some areas), communication materials (T-shirts, caps, banners), and funding.

As a result, interviewees felt that insufficient inputs and resources made it impossible to implement the activities as planned.

6. *What are areas where the campaign could be improved? What actions would be needed to make these improvements?*

Only two of the 21 interviewees felt that no areas of the campaign could be improved. The other 19 interviewees had the following suggestions:

- Have the themes and financing available to all stakeholders in time.
- Strengthen communication and partnerships at all levels.
- Have all necessary inputs available prior to the launch.
- Mobilize sufficient human and material resources to implement, monitor, and evaluate activities.
- Reevaluate planning and organization and the modes of communication from the central to the regional and district levels. Consider decentralizing the campaign to the regions to promote local participation, coordination, and adaptation.
- Improve financial resources.
- Synchronize activities.
- Improve outreach to men/husbands.
- Institutionalize FP interventions and elevate the issue to the level of other important health areas, such as malaria or HIV.

When asked what specific activities could be improved with greater resources, responses included better communication, organization, planning, and motivation; better involvement of district and rural areas in organization and strategy meetings; and additional awareness-raising activities for rural women and men.

7. *Any additional thoughts about the campaign that you would like to share in the context of this assessment?*

The most common response was that FP stakeholders need to do a better job of getting FP messages to potential FP users, specifically those that raise awareness about the benefits of FP. Others mentioned the need to "learn from shortcomings" to improve the campaign through better communication and coordination with local stakeholders and by developing a post-campaign roadmap to implement recommendations. Finally, comments were provided about the continued importance of reaching out to religious leaders, the importance of ensuring that contraceptive supplies and methods are available, and the difficulty of implementing the campaign in areas of civil unrest.

Results from Focus Group Discussions

A total of six FGDs were held with women ages 18–24: two each in Diéma, Bougouni, and San. Each of the six FGDs had between 11 and 14 participants, with a sum total of 74 women. The participants included married and unmarried women as well as women who had children and those who did not. Women were very interested in joining the focus groups, and the data collectors had to turn women away.

In general, focus group participants expressed a high level of enthusiasm, openness, and buy-in with respect to FP. Even in areas with few campaign activities, the participants revealed a keen interest in contraceptive methods. In fact, at the end of each discussion, women voluntarily stayed to ask questions and learn more about FP and the methods available. (Note: The FGD leader was a trained medical doctor.)

Women were first asked whether they were aware of the FP campaign that took place during the months of April to June. In San, most women had heard of the campaign, but those in Diéma and Bougouni had not. As a result, not much discussion was able to take place on issues specific to the campaign in those discussion groups. Some women did mention awareness of the campaign, and two had actually participated in campaign activities, specifically in a skit and as a hostess. These women had learned of the campaign through various sources: the village facilitator, information provided about open days, MSI service providers at clinic visits, launch events, radio, and television. They mentioned learning about the different methods, the benefits of FP, and that the methods were to be free of charge. This was countered by other women noting that methods were often unavailable or that they had had to pay for the services anyway.

Very little discussion about the campaign or its activities appears to have taken place in the social circles of these women.

The focus group participants were then asked some general questions about FP. For example, women were asked about the attitudes of religious leaders in their communities regarding FP. The women in these focus groups felt like their community religious leaders either fully rejected (or forbid) FP or were wary of it. Women most often mentioned illness and disease as reasons why couples in their community do not use FP. Others mentioned side effects, long waiting times until the ability to become pregnant returns, husbands preventing the use of FP, religious reasons, and the fear of sterility. Some women also expressed that FP is bad for adolescents, as it might encourage early sexual initiation and sex outside of marriage.

When women were asked about what future FP campaigns could do to improve the use of FP, they suggested focusing on raising awareness among men, heads of households, mothers-in-law, couples, and leaders. Women recommended more FP sensitization at the village level; more FP talks in the community (for example, neighborhoods and public places, such as the market), particularly among young, unmarried women; and more open days. They wanted specific activities, such as concerts, dances, cultural evenings, and school conferences, organized around promoting FP. They also suggested that TV and radio spots be aired during or after the most watched/listened to programs. The following were the messages that women thought important to promote: that FP use can lead to a reduction in health expenses for children, that FP can promote harmony within a couple, that FP can prevent unwanted pregnancy, and that FP promotes the well-being of women and the health of the family.

ASSESSMENT OF RESULTS

Findings

A main finding of this assessment was the **lack of documentation of campaign activities**, especially at the subnational level. The lack of documentation made it difficult to measure the actual extent of campaign activities at the regional and district levels. Often the information used for this report came from interviews

with individuals familiar with campaign activity, but such information could not otherwise be verified. Additionally, many requests for information went unanswered; it is not clear whether this was also due to a lack of documentation or an unwillingness to share information.

According to planning documents, the long-term goals of the 2016 campaign were to (1) increase the number of FP users and (2) reduce the maternal and infant mortality rate in Mali. In order to reach these goals, eight specific objectives were identified (Ministère de la Santé du Mali, 2016). The specific objectives reflected a wide range of potential campaign activities.

Another main finding of the assessment was that there **were gaps between what was planned and what was implemented**. Table 3 shows a mapping of campaign objectives to anticipated results and implemented activities. This table highlights some of the gaps between planning and implementation.

Table 3. Mapping of objectives, anticipated results, and campaign activities

Objective	Anticipated Results	Activities Implemented	Comments
Advocacy to obtain the support of national and international decision makers	Engagement of policymakers	YES (Ex. Launch by First Lady of Mali, attended by national and international policymakers, advocates, NGOs, and development partners)	
	At least 500 FP champions identified*	SOMEWHAT	Not clear what it means to "identify a champion" and if this is more than attendance at launch events
Strengthen the involvement of the private sector and civil society	Engagement of public and private sector	YES (E.g., partnership includes multiple stakeholders, such as AMPPF, PSI, MSI, KJK, SSGI, etc.)	
Strengthen participation of media as well as community and religious leaders	Engagement of community and religious leaders; media pledges to address FP issues	SOMEWHAT (E.g., press conference held April 16, 2016, media orientation held April 15, 2016)	Variable participation of media, community, and religious leaders at the district level

Establish an efficient system for the collection of relevant data in order to adapt the supply of FP services to demand.	An efficient data-collection system is available	NONE	While data-collection tools were developed by the campaign specifically for the campaign, a system was not established. Meeting this objective requires activities beyond a short, promotional campaign
Promote FP and long-acting methods by providing information about the benefits of birth spacing.	Young people and women are mobilized	SOMEWHAT	Extent of mobilization of young people and women is not clear
Increase the visibility, availability, and quality of FP services.	FP services are accessible and available	SOMEWHAT (NONE for availability or quality of services; stockouts were pervasive)	Meeting full objective requires activities beyond a short, promotional campaign
Obtain commitment from the authorities to support efforts in the fight against maternal mortality.	Engagement of policymakers	YES (Ex. Charter of Commitment signed by First Lady and other officials)	
Inform the authorities and the general public about the strong link between constructive engagement of leaders and decision makers in support of FP and investments in youth and sustainable development.	Engagement of policymakers	SOMEWHAT	Extent to which general public is aware of link is not clear

*Only result with a specific set target

Table 3 shows that the campaign was successful in meeting a number of objectives and anticipated results through implementation of campaign activities. Specifically, objectives and results related to advocacy at the national and international levels, strengthening the participation of the private sector and civil society, and obtaining commitments from authorities to support FP efforts were met through the campaign activities. Activities for these objectives were mainly accomplished through the campaign planning process and the launch activities.

Objectives and results that were to be obtained after the launch and throughout the remainder of the campaign were less successful. One reason for this is that the implementation of the campaign at the subnational level was variable and often weak. This is true even for the districts that were chosen to be "intensive intervention" areas. Also, objectives related to improving the data-collection system and increasing the availability and quality of FP services are not the type of objectives that could be met through a two-month intervention. Meeting these objectives would entail sustained and specific efforts that require investment in health information systems, improvements in logistics and supply management, and enhancement of provider training, among others. However, efforts in these areas may be more likely to increase the number of FP users and thereby reduce maternal and infant mortality in Mali.

A third main finding was that the assessment of documents, discussions with key informants, and focus group participants identified **a number of campaign successes**. These included, first, the strong launch of the campaign, which was well-attended by FP stakeholders at the national and international levels and was also well publicized. Intensive implementation regions also had successful launch events with local officials. A second positive outcome of the campaign was the signing of the charter of commitment and the attainment of public support for FP from community leaders. A third success of the campaign was the use of social media to publicize the issue of FP and connect with potential FP supporters and adopters, especially among youth. According to reported numbers, this strategy generated a high level of engagement with the general public. In fact, the use of social media was noted as "one of the biggest successes of the campaign" in the DNS campaign report. Finally, another main strength of the campaign was the participation of the private sector, civil organizations, and NGOs in planning and organizing campaign events. Partnerships around campaign events can work to build the strength of the FP community and improve the reach of campaign activities.

The assessment also found **some important weaknesses in the campaign**. A common weakness mentioned by interviewed stakeholders was insufficient communication between the central, regional, and district actors, resulting in a sentiment that FP actors at the subnational level were not included in the design or implementation of the campaign. This opinion may have affected these FP actors' motivation and ability to participate in the campaign and was considered a lesson learned in the DNS campaign report. Interviewees also noted a lack of sufficient resources dedicated to campaign activities at the subnational level. The deficiency in resources applied to communication materials and finances, as well as the availability of contraceptive methods—especially in public sector facilities. A third main weakness was the variable implementation of campaign activities at the regional and district levels. Some interviewees stated that in their locations, no special campaign activities were carried out other than routine activities planned by the partners. Finally, the inability to have all facilities participate in open days, with sufficient stock on hand, meant that the campaign did not fully meet its promise to provide FP services free of charge during the campaign time period.

Limitations of Assessment

The assessment followed a process evaluation design, and therefore could not produce information on the impact of the national FP campaign on behaviors, such as changes in attitudes about FP, or contraceptive method uptake. However, the proposed assessment did include selected outcome measures, and it provides useful information to help direct future FP campaigns and interventions.

The availability of campaign documents and records was a limiting factor for the assessment. Much of the information was from interviewed stakeholders and could not be verified. Some key documents were requested by the data collectors but were never received. Even information extracted from documents, such as reports, should be interpreted with caution, as there was often no way to verify the information. The ability to triangulate information through the use of multiple data-collection methods—document review, interviews, and FGDs, helped to substantiate the findings reported.

The inability to travel to some areas due to dangerous conditions was also a limiting factor for data collection.

Due to time and resource constraints, the assessment focused on women, especially young women, as target audiences for the campaign. Men as partners were not included in the assessment, though they were also listed as a target audience for the campaign. Future evaluations should assess men's role in the campaign and response to the campaign activities.

RECOMMENDATIONS

The following recommendations were suggested by the review of documents, interviews with key informants, and discussions with young women living in communities in intensive intervention districts:

- Prior to the next campaign launch, reexamine the objectives, expected results, and planned activities of the campaign to ensure that implemented activities will help reach the goal of increasing FP use in Mali. Carefully consider each objective and whether it is achievable or not through a promotional campaign. Using a logic model to map inputs, planned activities, and their expected outcomes and goals may be a helpful tool for this process. Such reflection can lead to a more streamlined, coherent campaign. It can also lead to the development of other FP interventions that may better meet some of the priority objectives.
- Document campaign activities. Consider the use of standardized forms to document the completion of key campaign events, especially at the regional and district levels. To improve transparency and accountability, it is essential that this information be recorded and made available to the campaign committee.
- Identify national and regional DNS staff to monitor and evaluate campaign activities and the availability of FP supplies and methods throughout the campaign. Document problems and work to make necessary adjustments throughout the campaign. Among other benefits, this will help ensure that open days happen in all areas of the country.
- Improve logistics management to ensure that contraceptive methods and services are available at all distribution points. This work should be ongoing.
- Strengthen information systems so that validated information on FP service delivery is available throughout the year. This work should be ongoing.
- Continue to explore the use of social media to reach target audiences with FP messages. This communication medium may provide an efficient way to reach young people with messages on FP.
- Integrate subnational FP stakeholders into the planning and organizational process of the campaign. Doing so can improve buy-in and motivation, as well as improve communication among the different levels.
- Address the issue of resources. Consider what resources will be available and what will be the best use of the resources. Ask questions: What amount of activities can be reasonably expected, given the level of resources available? Will the resources available be sufficient to achieve goals and objectives?

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APPENDIXES

Appendix 1. Documentation Sources

- DNS campaign report
- Campaign planning documents
- Regional campaign reports (Ségou, Mopti, Koulikoro, Sikasso, Kayes)
- Launch reports
- Supervision chronogram
- FP reports from regions
- Commission reports
- Meeting reports from organizing committee
- Letters, communications
- Follow-up mission reports
- Campaign tracking report (Kayes)
- MSI activity report and campaign results report (Ségou)
- Selection criteria for champions (Ségou)
- Service statistics from DRS (Koulikoro)
- PowerPoint presentation (Koulikoro)
- Report of campaign activities (Diéma)
- AMPPF Action Plan, organization meetings, and campaign reports (San and Gao)
- SSGI campaign budget
- PSI campaign report

Appendix 2. List of Key Informant Affiliations

AMPPF in Bamako (1)

KJK in Bamako (1)

National Center for Health Information, Education and Communication in Bamako (1)

DNS (2)

District Sanitaire in Bougouni (1)

DRS in Ségou and Sikasso (2)

Government officials in Diéma (2)

Imams in Bamako and Diéma (2)

MSI in Bamako and Ségou (2)

Media representative in Diéma (1)

RECOOTRAD in Diéma (1)

PSI in Bamako (1)

Projet Jeunes in Bamako (2)

Protestant Pastor in Diéma (1)

SSGI in Bamako (1)

Appendix 3. Data-Collection Tools

Tool: Document Review

Instructions: Collect all campaign materials: for example, campaign action plan, records of campaign activities and events, information collected during the campaign (such as campaign monitoring information and contraceptive purchasing documentation), and materials produced and distributed by the campaign. Much of the material will be collected at the national level; whenever possible, try to find information for the five priority intervention districts.

Obtain an electronic copy, photocopy, or photograph for documentation, unless prohibited from doing so. If documentation is not available for review, request information from the responsible individual(s). Send document copies and notes on information requests to Janine Barden-O'Fallon: bardenof@email.unc.edu.

Make note of any campaign materials that are unavailable or were not used in the campaign.

Collect documents/information that were part of the campaign, even if they are not reflected on this form.

Add extra rows or space in this form as needed to ensure that all information is accounted for.

Review of campaign materials	Information
How many speeches were written by the campaign staff?	Number: _____
How many speeches were delivered during the campaign? Please document, as possible, who delivered them and where they occurred (region and/or district)	Number: _____ Name/Location: _____ _____ _____ _____ _____ _____
How many campaign messages were developed for the 2016 campaign?	Number: _____

Were these messages developed new for 2016 or used from previous campaigns?	NEW or USED BEFORE
How many regions (and/or districts) had campaign materials available for use during the campaign?	Number: _____
How many communication materials were distributed, including: Banners? Posters? Other?(List:_____) How many of these materials went to either Diéma, Bougouni, San, Koro, and Nara: Banners? Posters? Other? (List:_____)	 Number: _____ Number: _____ Number: _____ Number: _____ Number: _____ Number: _____
Who gave the campaign launch?	Name:_____ Title:_____
How many regions (and/or districts) had a synchronous launch by the governor and/or community leaders?	Number:_____
How many press briefings were held during the campaign? Where did these occur?	Number:_____ Location:_____ _____ _____

How many journalists attended the press briefings (in total)?	Number:_____
How many radio spots were aired during the campaign? Were these at the national level, regional or other level?	Number:_____ NATIONAL or OTHER LEVEL
How many TV spots were aired during the campaign?	Number:_____
How many debates were conducted by any media (radio, television, or other) (in total)?	Number:_____
How many "special events" were completed during the campaign? (at national level or, if possible, just in the districts of Diéma, Bougouni, San, Koro, and Nara) List by type of event (for example, concert, FP evening, or day of discussions) Event type:_____ Event type:_____ Event type:_____ Event type:_____	Number:_____ Number:_____ Number:_____ Number:_____
How many religious leaders were reached with campaign message(s)? How many of the religious leaders reached with the campaign are in Diéma, Bougouni, San, Koro, and Nara? How were these religious leaders reached (for example, radio, letters, or meetings)?	Number:_____ Number:_____ _____ _____ _____

How many "opinion leaders" were reached with campaign message(s)? How many of the opinion leaders reached with the campaign are in Diéma, Bougouni, San, Koro, and Nara? What type of opinion leaders are they?	Number:_____ Number:_____ Type:_____ _____ _____
How many "decision makers" were reached with campaign messages? Include documentation on how they were reached.	Number:_____
How many "open days" were held during the campaign?	Number:_____
How many facilities participated in "open days"? In total: In Diéma, Bougouni, San, Koro, and Nara: What is total number of facilities that provide FP services in Mali? In total: In Diéma, Bougouni, San, Koro, and Nara:	 Number:_____ Number:_____ Number:_____ Number:_____
How many weekly coordination meetings (at the national level and at the district level if appropriate) occurred during campaign planning and implementation?	Number (national):_____ Number (district):_____
What is the total amount of funds spent on the campaign? (Specify whether in USD or CFA) If funds can be broken down by activity or by district, please include this information.	 Amount:_____

How many media articles mentioned the national campaign, before, during, or after its implementation? Newspaper? Online blogs? Social media? Other? (List:_____)	 Number:_____ Number:_____ Number:_____ Number:_____
What is the estimate of the number of people reached by the media coverage: Radio spot audience? Television spot audience? Newspaper circulation? Social media ("likes"; tweets and retweets, etc.) Other	 Audience size:_____ Audience size:_____ Circulation:_____ Social media stats:_____ _____ _____ Other:_____ _____
How many modern contraceptive methods were distributed during "open days"? (in total, if information is in the health information system, if not, by up to 20 selected facilities in the districts of Diéma, Bougouni, San, Koro, and Nara) How many by type of method? Implants? Injections? Pills? IUD? Condoms (male and female)? Standard Days Method/cycle beads? Other modern methods?	Number:_____ Number:_____ Number:_____ Number:_____ Number:_____

(If possible: how many methods were distributed to *new acceptors* on "open days" and/or during the campaign? (in total)	Number:_____

Tool: Key Informant Interviews

Name of key informant: _____

Title of key informant:_____

Organization represented:_____

Date of interview:_____

Note to interviewer: The conversation should flow naturally. Use this guide to ensure that all topics are covered and that necessary information is obtained. Some informants may not be able to answer all questions, due to their role in the campaign. You may read or summarize the introduction.

Introduction

As you will recall, the 2016 National FP campaign was implemented from April to June, with a theme of "Constructive engagement of leaders and decision makers in favor of FP for a flourishing youth and sustainable development."

The purpose of the interview today is to elicit your input and feedback as an important stakeholder in the campaign. This information will help assess the implementation of the campaign and improve future campaigns and other FP activities.

This interview will last about 30 minutes. I will be recording the interview in addition to taking notes so that no information is lost. Once we have a complete transcript of the discussion, the recording will be destroyed.

1. Please describe your role in the 2016 National FP Campaign.

2. Are you aware of the objectives of the campaign? If so, do you think the activities adequately addressed the objectives? Why or why not? Which objectives, if any, were not met? What were some of the barriers to meeting these objectives?

3. One of the main objectives of the campaign was to target youth. How well do you think the campaign reached the youth audience? (Probe to explain.)

4. Another main objective was to target women living in the districts of Diéma, Bougouni, San, Koro, and Nara. How well do you think the campaign reached women living in these priority areas? (Probe to explain.)

5. How effective was the campaign in reaching religious and community leaders? (Probe to explain.) (Do you know of any religious leaders who incorporated the campaign messages into their teachings?)

6. In your opinion, how high was the quality of the campaign messages? What about the quality of the radio spots? The television spots? The printed materials, such as banners? (Probe to explain.)

7. In your opinion, were sufficient resources (time, effort, and funds) allocated to the campaign? If not, why not? If the resources were insufficient, what more could have been achieved with additional resources?

8. Are there areas where the campaign could be improved? If so, what are these? (Probe: objectives, planning, target populations, intensive implementation sites, and implementation of the campaign plan.) What actions would be needed to make these improvements?

9. Do you have any final thoughts on the campaign that you would like to share for this assessment?

Please know that we will not list your name or title in the evaluation report. It is only noted here for our own record keeping and for any potential follow-up.

This completes the interview. May I contact you in the future in case I have questions after reviewing my notes?

Thank you very much for you time. Your input is appreciated.

Tool: Focus Group Discussions

District: _____

Date of FGD:_____

Number of participants:_____

Note to discussion leader: The conversation should flow naturally. Use this guide to ensure that all topics are covered and that necessary information is obtained. You may read or summarize the introduction. Privately obtain verbal consent for participation in the FGD from all women before beginning the introduction and welcome.

Introduction & Welcome

Welcome and thank you for volunteering to take part in this discussion. You have been asked to participate because your point of view is important. I realize you are busy and I appreciate your time.

As you may recall, the 2016 National FP campaign was implemented from April to June, with a theme of "Constructive engagement of leaders and decision makers in favor of FP for a flourishing youth and sustainable development."

The purpose of this discussion is to learn if women in this community knew of the campaign, and if so, what they thought about it. We are also interested to know what women in this community think of family planning in general.

The discussion will take no more than 1 hour.

Please know that your participation in this discussion is anonymous, and that I will not record your names. Please do not discuss the comments of the other women outside of the group. If there are any questions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

Please also know that it is important that only one person speak at a time; however, you do not have to speak in any particular order. If you have something to say, please do so. You do not have to agree with the views of other women in the group.

May I record the discussion so that no information is lost?

Are there any questions before we begin?

First, I'd like to go around and have everyone tell us their age and how many children they have.

Now I am going to give you a minute or two to think back to April, May, and June and to remember if you saw, heard, read, or talked about family planning related to the 2016 National Campaign.

Discussion questions:

- Did you know about the FP campaign that took place in April, May and June of this year? How did you know about it (i.e., heard speeches, radio, community events, etc.)?

- Did most women in this community know about the campaign? If yes- how did they know about it (ie.g., heard speeches, radio, community events)? Did women discuss FP and the campaign in gatherings?

- Did the women in this community learn something new about family planning from the annual campaign? If so, what do they learn?

- Do the campaign messages change women's (and men's) attitudes about the use of family planning? If so, in what ways? Do any of you know of a woman who decided to use a family planning method because of something she heard in a campaign?

- In general, what are the attitudes of the religious leaders in this community about family planning?

- There are lots of reasons women and their husbands do not use family planning. What are the main reasons couples in this community do not use family planning?

- Do you think the National Campaign messages help to address those reasons? Why or why not?

- Is there something the campaign could do differently, to improve couples' attitudes about family planning?

- Does anyone have any final thoughts they would like to share about the campaign or about family planning in general?

Thank you for participating. This has been a very successful discussion. We hope you have found the discussion interesting.

Appendix 4. Informed Consent for Focus Group Discussions

Informed Consent to Participate in a Focus Group Discussion
for the
Assessment of the 2016 National Campaign for the Promotion of Family Planning in Mali

Purpose: The national Directorate of Health and USAID/Mali are conducting a program assessment. You are invited to participate. The purpose of the assessment is to discuss the 2016 National Campaign for the Promotion of Family Planning in Mali. It is OK to participate even if you have not heard of this campaign. We want to find out what young women in this community think of this campaign and of family planning in general. We hope to use this information to improve the campaign and future family planning programs.

Procedures: If you agree to participate in this assessment, you will be in a group of approximately 8–10 women. There will be a facilitator who will ask questions and facilitate the discussion. The discussion will be recorded so that the facilitator does not have to write down everything that is said.
Your participation is completely voluntary. You may withdraw from the discussion at any time without penalty.

Benefits and Risks: Your participation may benefit you and other women by helping to improve future family planning campaigns and programs. No risk greater than those experienced in ordinary conversation are anticipated. Everyone will be asked to respect the privacy of the other group members. All participants will be asked not to discuss anything said with others outside of this group, but it is important to understand that other people in the group with you may not keep all information private and confidential.

Confidentiality: We will not write down your name. No individual participant will be identified or linked to the comments from this discussion. The results of the discussion may be part of a report and may be presented at meetings; however, your identity will not be included. All information obtained from this discussion will be kept strictly confidential. The notes and recordings will be stored in a secure office and access to files will be restricted to paid professional staff.

Verbal Consent:
By saying "yes," you are indicating that you fully understand this information and agree to participate in this focus group. Do you consent to participate in this discussion?

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