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Maternal and Child Health Integrated Program

MCHIP/Mali

Urban Outreach and Social Marketing Project

SEMESTER REPORT

April – September 2012

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ACRONYMS & ABBREVIATIONS

BCC	Behavior Change Communication
CPR	Contraceptive Prevalence Rate
CSCOM	<i>Centre de Sante Communautaire</i>
CYP	Couple Years of Protection
DHS	Demographic Health Survey
DRS	<i>Direction Régional de la Sante</i>
DTK	Diarrhea Treatment Kit
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
GHI	Global Health Initiative
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Devices
LARC	Long-Acting Reversible Contraceptive
MoH	Ministry of Health
ORS	Oral Rehydration Salts
PPM	<i>Pharmacie Populaire du Mali</i>
POU	Point of Use
PSI	Population Services International
RH	Reproductive Health
VCT	Voluntary HIV/AIDS counseling & testing

EXECUTIVE SUMMARY:

The goal of the project is to continue to reduce maternal and under-five child mortality by increasing the availability and use of high quality modern contraceptive methods among women of reproductive age; to reduce infant and child morbidity and mortality due to diarrhea by increasing the employment of point of use (POU) water treatment, oral rehydration salts (ORS), and zinc; and to reduce morbidity and mortality due to HIV/AIDs by increasing access to and use of safer-sex products in Mali. The project will increase the use of modern contraceptives and healthy FP practices, and socially market Orasel ORS packets coupled with zinc in the form of a diarrhea treatment kit (DTK), Aquatabs water treatment tablets, Protector Plus condoms, Confiance injectable contraceptives, and Pilplan oral contraceptives. There will also be a focus on promoting sustainable, country-led programming through the implementation of sound research, monitoring, evaluation and advocacy techniques, to influence national policies.

The current report will cover the period from April 1st to September 30th, 2012.

Section 1: Semester Results (April-Sept 2012)

Family Planning: Communications

To inform and educate women, a series of broadcasts on the reversibility and reliability of long-acting reversible contraceptive methods (LARCs) took place between February and March. Total of 102 television spots and 4950 radio spots were aired on 71 community radio stations from July to September. These spots also targeted heads of families on the importance of their involvement in family planning within the couple.

To complement this campaign, a micro-program was produced to raise awareness among men and women of the key economic and health benefits of family planning. A total of 8,314 programs were broadcast on 42 community radio stations.

Family Planning: Short-acting methods

The oral contraceptive *Pilplan-d* and the injectable contraceptive *Confiance* are distributed nationally by 22 pharmaceutical wholesalers. In addition, PSI/Mali has subcontracted, with funds from another donor, a medical detailing firm to conduct visits to pharmacies. These detailers are equipped with promotional material and educational materials about managing rumors around short-acting methods and proper counseling. Sales have increased this semester partially due to stock-outs in the public sector.

Family Planning: Long-Acting Methods

From April 2012 to September 2012, 932 sessions to promote LARCs were held at community health centers (CSCOMs) in the cities of Bamako, Ségou, Sikasso and Koutiala. These promotional activities reached 33,528 women of reproductive age, of which 8,222 accepted a LARC, a 25% conversion rate. Of these, 639 chose intrauterine devices (IUDs), and 7,583 chose implants.

In the private sector, the social franchise network ProFam provided 3653 LARCs, 3,014 IUDs and 639 implants. It should be noted substantial improvements LARC insertions were seen through the private sector, which accounted for 31% of LARC insertions this year. This change is attributed to an extension of the network and intensive community-level mobilization around LARCs and clinic event days, funded by another donor.

As part of building the capacity of family planning service providers, 18 providers in the health district of Koutiala were trained in contraceptive technology. In addition, 13 providers were trained in insertion of IUDs in the immediate postpartum period, including 6 in Kayes.

After the training session was held in contraceptive technology in Koutiala, 17 CSCOMs were equipped with LARC insertion kits. Partnership agreements have been signed between PSI/Mali and community health associations for the promotion of family planning.

In order to develop a strategy for effective management of complications related to insertion of LARCs in ProFam clinics, PSI /Mali has signed partnership agreements for the management of complications with the hospitals and referral centers in each district or commune where PSI-trained providers work. These accords ensure the rapid management of any complications related to ProFam franchised services, namely IUD and implant insertion, and is put of a broader PSI quality-assurance plan.

HIV: Communications

Overall during this semester HIV activities have experienced difficulties in implementation due to the partial suspension of project activities and restrictions on working with the government. No mass media communication was conducted on HIV prevention and stigma against people living with HIV. However, PSI/Mali co-sponsored the show "Star Mini 2012 Edition" through the private television channel AFRICABLE, distributed leaflets on HIV, and conducted other interpersonal communication activities on prevention with support mobile VCT teams.

Two HIV brochures were pretested dealing with general prevention and the importance of testing. In view of the significant results obtained by the research,

20,000 brochures entitled "4 good reasons to get tested" and 8,000 brochures entitled "HIV Prevention" have been produced and will be distributed during events and future activities of the mobile HIV testing teams next semester.

HIV: Condom distribution

During this semester some activities have surpassed their objectives. A total of 8,862,760 units of the male condom "Protector Plus" have been distributed by the distribution team, plus 900 units of the female condom.

During field activities in Kayes, Koulikoro, Sikasso, Ségou and Mopti promoters visited 5,327 businesses. A total of 2,049 were already selling condoms. In addition, 925 new shopkeepers have agreed to stock Protector PLUS.

Today the distribution through the general trade network has greatly improved. PSI/Mali followed wholesalers instead of semi-wholesalers. The number of wholesalers has increased from 13 to 28, comprised of 18 in the interior and 10 in the district of Bamako. Some semi-wholesalers saw their trade to improve and become wholesalers not only in selling condoms but also for other PSI/Mali socially marketed products. Wholesalers in Bamako are seen twice per week and those in the interior are seen and followed-up by promoters when in the field or via telephone.

WASH: Aquatabs distribution and handwashing

During this semester, the distribution team has focused on creating sales outlets for Aquatabs. PSI distribution agents covered almost the entire country except the occupied North, giving priority to the 35 health districts of USAID. A total of 6,027,800 tablets were distributed. The sales database shows that 40% of sales are made in the Mopti region, 50% in Kayes, and 10% in Gao by public transport from Mopti.

Aquatabs radio spots were aired 25,230 times, covering the entire rainy season when the risk of water contamination is higher.

The hand washing with soap radio campaign began in September. These broadcasts are in support of the celebration of the World Hand Washing with Soap Day and are currently aired on 87 community radio stations across the five regions in addition to Bamako.

MCH: DTK distribution

After much delay due to quality inspection issues and importation approvals, the branded diarrheal treatment kit *Orasel/Zinc*



was released into the Malian market in August 2012. The kit includes two sachets of strawberry-flavored oral rehydration salts and 10 zinc tablets. It is the first product in Mali to package the two items together.

Due to the political situation in the country, no launch was held. However, promotion to general trade distributors and pharmacy network by sales staff was supported by a campaign through eighty-six community radio stations. Promotional materials such as flyers, stickers, and posters have been printed and are being distributed.

PSI/Mali gave 62,500 kits to Save the Children for distribution through their community health workers. Initial sales have been slow as it is a new product and UNICEF has flooded the market with free ORS. However, with increased promotion and distribution strategies it is certain that FY2013 will see an increase.

Cross-cutting: Hotline “Keneyako”



Keneyako is a toll –free anonymous hotline where callers can access information about reproductive health and other health areas. The hotline was launched in June 2012 with funding from another donor.

This free interactive service helps to better inform the public by dispelling false rumors, misconceptions and misinterpretations of family planning. The hotline provides information to those who are embarrassed to discuss issues of reproductive health. Up to 30% of calls are from men, who are an important audience that is often overlooked and under-informed on these issues.

Tele-counselors are trained to answer questions from people wanting advice on family planning and on other issues related to health such as HIV / AIDS, sexually transmitted infections (STIs), fistulas, malaria, and diarrheal disease. If necessary, the hotline staff will refer the caller to a medical facility that meets their needs. This semester the hotline has received over 2,000 calls.

Cross-Cutting: Mini Star Sponsoring

This semester Mini Star, an interactive Malian television program on the private channel Africable aimed at children, approached PSI with a sponsorship

opportunity. This sponsorship program offered a promotion package for Orasel/Zinc which included four quiz games, a PSI spot broadcast before and after shows, quiz games in the mobile set in two communes (Commune I and IV) of Bamako.

In addition to child health, the event also helped the HIV program to mobilize young people during the show for voluntary testing. The Voluntary Counseling and Testing (VCT) mobile team was present at the mobile sets in all six communes in Bamako.

During all these activities, PSI mobilization and sensitization staff distributed IEC materials including brochures, key chains and Protector PLUS T-shirts. Information cards inviting young people to call the Keneyako hotline on the issues of HIV / AIDS were distributed. The show has also highlighted malaria prevention and use of insecticide-treated bednets.

Section 2: Success Stories

HIV: Condom Promotion

Since 2003, PSI has employed both “push” and “pull” techniques to increase condom sales. Push techniques focus on getting the product into the system from the top, with the wholesalers, semi-wholesalers, and detailers. PSI/Mali’s distribution team has been working closely with all levels of the distribution chain to ensure the wide availability of Protector PLUS.

Pull techniques focus on the consumer, with demand creation such as mass media. With this strategy, the supply chain reacts to consumer demand by stocking the product.

Thanks to the efforts of the distribution and communications teams, an intensive push strategy for condoms is no longer needed. Increasing sales of condoms are prompting orders for more stock and PSI no longer needs to work with semi-wholesalers and detailers to convince them to stock Protector PLUS.

This evolution of the condom market allows the PSI distribution team to focus more on managing wholesalers, whose number has increased from 13 to 28. One reason for the increased number of wholesalers is former semi-wholesalers saw their business increase enough through social marketing sales to become wholesalers.

Protector PLUS has benefited from the most constant field-level promotion, and the relationships built during the process will help pave the way for other products such as Aquatabs and Orasel/Zinc to also become “pull” products.

Section 3: Lessons learned

Family Planning: Urban Outreach

In April 2012, PSI/Mali stopped bringing the products and consumables needed for LARC insertion to the CSCOMs of Bamako during vaccination days. All CSCOMs were trained, equipped, and given initial stock of LARCs to provide services without PSI assistance. Each had signed an accord with PSI and the regional direction of health setting the price for insertion at \$4.

While PSI staff continued to pass during vaccination days in the majority of CSCOMs, there was a significant reduction in the number of LARC insertions, for an overall reduction of over 30% in Bamako compared to the previous semester. An informal survey of 29 CSCOMs probed the reasons for this decrease and found multiple causes.

For implants, the major issues were stocking and pricing. Each CSCOM was given 50 free implants at the beginning of the semester to sell at \$4 each. In September, 24% of CSCOMs surveyed in Bamako had no implants left and had not re-stocked. Stock-outs at the national pharmacy were cited as the barrier, but denied by the national pharmacy. In addition, 38% of CSCOMs were charging a price higher than \$4, too expensive for most of their clients. The reason given was the cost of consumables made it impossible to charge \$4 and not lose money.

In the next year with MCHIP funding, a kit containing 20 implants with the necessary consumables will be created and sold directly to the CSCOMs by PSI midwives at the official national price of \$1 per implant. This system will stabilize the price by removing the consumables cost and preventing speculation or hoarding by the national pharmacy.

For IUDs, the problems are more linked to provider confidence and consumer demand. Only 10% had renewed their initial stock of IUDs, and 17% had not used any of their initial stock. PSI midwives report that when women ask for IUDs, they make appointments for when PSI midwives will be present and often PSI midwives do the insertions.

To increase both consumer demand and provider confidence, in the next year with MCHIP funding PSI will organized IUD/Cervical cancer screening days in the CSCOMs, to bring more women into the center to learn about the benefits of IUDs and help providers increase the confidence with on-site coaching from PSI midwives.

Section 4: Barriers and solutions

Cross-Cutting: Distribution

Due to donor suspensions following the events of March 22, 2012, short-acting methods of family planning and condoms are stocked out in the public sector. Since PSI's commodities forecasting did not include supporting the public sector, the risk of stock-out of PSI/Mali was increased, which would lead to nation-wide shortages.

Thanks to the efforts of the USAID/Mali mission, PSI/Mali will procure 10 million condoms and 2.6 million cycles of oral contraceptives in FY2013 to fill the pipeline and avoid national shortages.

Cross-cutting: Communications

Prior to the suspension of interaction with government agencies, almost all mass media communications were done through the state-run TV and national radio stations. These stations have the largest reach, especially among rural and poorer populations. PSI/Mali had a pre-negotiated rate for broadcasts on these channels. This caused a delay in the broadcasting of mass media spots while solutions were put in place.

To find a solution to this problem for the radio, PSI relies heavily on community radio with a strategy to increase broadcasts for many rural and peri-urban areas. In addition, PSI works with a long list of community radios to reach a significant portion of the urban public.

The current situation compels PSI to focus TV strategy to the only private television channel, Africable. Although the audience share is more urban rather than rural, this channel is attracting more and more viewers. It also brings more opportunities for sponsorship, which allows the audience to be more consistently exposed to messages. PSI negotiated with Africable and signed a deal to broadcast spots at the same pre-negotiated rate as the state-run channel at the end of the year.

Section 5: Key activities in the next semester

Family Planning

Next semester PSI will continue to scale up the outreach model in semi-urban areas by training 70 CSCOM providers and following up with a mobile team.

The capacity of private clinic owners in the ProFam social franchise will also be increased by a workshop in accounting, inventory, and human resource management.

A “kit” for Jadelle, which includes all needed consumables, will be packaged and sold to CSCOMs to reduce the cost of the insertion to the client.

HIV

The HIV department will work with ARCAD-SIDA on a Prevention with Positives program, which includes the distribution of 10,000 Positive Living Kits. PSI will continue to work with local NGOs that target high-risk groups such as men who have sex with men and commercial sex workers, and through a participatory marketing-planning process create high-quality communications materials.

WASH/MCH

PSI/Mali will subcontract with local community-based organizations in the Sikasso region to do community-based promotion and distribution of Aquatabs and Orasel/Zinc.

Section 6: Key indicators

See section 9 for annual indicators table including semester results.

Section 7: Future events

World AIDS Day

PSI/Mali will work with local partners to contribute to the observance of World AIDS day on December 1st.

VCT Data Dissemination Meeting

In January PSI/Mali will hold its annual VCT data dissemination meeting. This meeting includes all parties involved in HIV work in Mali and the trends in HIV

prevalence, risk factors, and demographics are presented. This data, collecting during VCT services, is the most extensive and complete of its kind in Mali.

Ségou music festival

In February PSI/Mali will participate in the Festival sur le Niger in Ségou. The festival attracts thousands of people each year and PSI/Mali will have a stand for IEC materials, one for VCT, and one for family planning. In addition the mobile video unit will show family planning films and refer interested clients to local clinics for services. Last year 361 people were tested for HIV and over 1000 saw the family planning film.



Figure 1: Two clients await their HIV test results at the 2012 Ségou music festival

Section 8: Annual Activity Narrative

Family Planning Annual Summary

From October 2011 to September 2012, 1908 sessions to promote family planning methods long term were held at community health centers in the cities of Bamako, Ségou, Sikasso and Koutiala. These promotional activities reached 70,581 women of reproductive age, and 18,376 accepted a LARC (1,378 IUDs and 16,998 Implants). In addition, 256 of these IUDs were inserted immediately post-partum, or 19%.

The private sector saw dramatic increases in LARC insertions, with a total of 5,825 in FY 2012. This is over a 300% increase from FY2011. Reasons for the increase include an extension of the ProFam network to include more clinics in Bamako and also in the urban areas of Kayes, Sikasso, and Ségou, and intensive community mobilization efforts, with funding from another donor.

A total of 91 providers were trained in post-partum IUD insertion, and another 95 in comprehensive contraceptive technology, in the public and private sectors. A total of 55 CSCOMs in Bamako and 18 CSCOMs in Koutiala were equipped with LARC insertion and removal equipment and accords were signed with each to offer LARCs at a standard price.

Short-acting methods sales were low at the beginning of FY2012, but increased throughout the year due to medical detailing efforts and later due to stock-outs in the public sector.

In the mass media, 132 TV spots and 8,314 radio spots focusing on the benefits of family planning were aired over FY2012.

HIV Annual Summary

The distribution team sold 16,970,402 male condoms in FY2012. Communications activities for HIV were put on hold during the suspension which delayed the production of posters and prevented TV spots from being aired. However, two brochures were designed, pretested and produced and additional radio spots were aired.

WASH Annual Summary

A total of 7,103,430 Aquatabs were distributed in FY2012, with the support of 32,460 radio spots and 51 TV spots. Mass media targets for TV and radio production for handwashing could not be met due to the suspension of funding in the second semester.

MCH Annual Summary

Orasel/Zinc was launched in August 2012. Distribution of 70,771 includes a donation to PKC II for community health worker distribution. Mass media achievements were below target due to the suspension. Sponsoring of Mini Star also gave Orasel/Zinc national publicity.

Section 9: Annual Indicator Table

INDICATOR	DATA SOURCE	TARGET	SEMESTER 1 ACHIEVEMENT OCT 11-MAR 12	SEMESTER 2 ACHIEVEMENT APR-SEPT 12	TOTAL ACHIEVEMENT OCT 11-SEPT 12	%
OBJECTIVE 1: Improve access to family planning, through the provision of outreach services						
Nber of insertions Implants	PSI MIS data	16 000	9 946	8 199	18 145	113%
Nber of insertions IUDs	PSI MIS data	3 000	2 413	3 653	6 066	202%
Number of providers trained in PPIUD insertion	PSI reports	18	60	31	91	506%
Nber of providers trained on contraceptive technology& counseling	PSI reports	40	95	0	95	238%
Number of meeting with DSR sponsored	PSI reports	5	2	0	2	40%
Number of Radio airings	PSI s MIS data	10 000	13 320	14 380	27 700	277%
Number of TV airings	PSI s MIS data	50	115	17	132	264%
Number of FP Micro Program airings on radio	PSI s MIS data	600	0	8314	8 314	1386%
OBJECTIVE 2 : Increase the demand for, and consumption of FP, RH, HIV and diarrhea-related health commodities through effective and innovative social marketing						
FP/RH						
Number of cycle Beads distributed	PSI MIS Data	1 000	1 612	102	1 714	171%
Number of Pilplan-OC distributed	PSI MIS Data	1 448 298	590 675	659 122	1 249 797	86%
Number of Confiance Injectable distributed	PSI MIS Data	580 829	177 865	338 152	516 017	89%
HIV AIDS						
Number of condoms Protector Plus distributed	PSI sales report	12 102 066	8 104 352	8 866 050	16 970 402	140%
Number of HIV Posters produced	PSI reports	4 927	0	0	0	0%
Number of HIV Brochures produced	PSI reports	17 500	0	17500	17500	100%
Number of Radio airings	PSI reports	20 000	10 922	14 380	25 302	127%
Number of TV airings	PSI reports	150	60	17	77	51%
Number of events sponsored	PSI reports	4	0	1	1	25%
Water Supply and Sanitation						
Number of Aquatabs distributed	PSI sales data	7 964 200	1 075 630	6 027 800	7 103 430	89%
Number of Radio airings (hand washing)	PSI reports	18 000	0	900	900	5%
Number of TV airings(hand washing)	PSI reports	95	0	0	0	0%
Number of Radio airings(Aquatabs)	PSI reports	18 000	14 460	18 000	32 460	180%
Number of TV airings(Aquatabs)	PSI reports	95	21	30	51	54%
Number of community activities sponsored	PSI reports	1	0			0%
Maternal and Child Health						
Number of Diarrhea Treatment Kits distributed	PSI sales data	300 000	0	70 771	70 771	24%
Number of Radio airings	PSI reports	3 000	0	18 225	18 225	608%
Number of TV airings	PSI reports	100	0	30	30	30%
Number of ORS/ZINC Micro Program radio airings	PSI reports	300	0	0	0	0%

Number of promotion activities sponsored	PSI reports	2	0	1	1	50%
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Studies and evaluations FY2012

1. Qualitative study on condoms(Protector Plus ®) and short-acting family planning methods (Confiance and Pilplan-d)

Discussion guides for focus groups of men (condoms) and women (condoms, family planning) were designed with the technical assistance from PSI /Washington to better understand the consumer perceptions of the socially marketed products that have been available since 1993 and desired improvements in these products. PSI/Mali subcontracted with a research agency to facilitate the focus groups. The, transcriptions, data entry and writing summary reports are ongoing. The results will be presented in the next quarterly report.

2. Operations research

In FY2012, PSI/Mali proposed operations research to determine the sustainability of the urban outreach model in the public sector. In Bamako, all CSCOMs were equipped with insertion and removal equipment and initial stock of IUDs and implants. Beginning in April, 10 CSCOMs were left without PSI assistance while the remaining CSCOMs in Bamako continued to receive coaching and demand creation from PSI midwives were responsible for stocking the products. In the regions the original program of PSI midwives providing all products and consumables continued.

The proposed operations research was delayed due to late delivery of insertion equipment and the political crisis in March. The baseline data for the two quantitative studies, client satisfaction and provider perceptions, was completed and is in final stages of analysis. End-line surveys will be conducted in December and the results shared with partners in Q1 of 2013. Routine data collection has continued in all CSCOMs and an analysis of this data included in the lessons learned above (Section 3).

3. Pre-testing of communications materials

As part of the communication activities for behavior change in health, the research team pre-tested three pamphlets including one on the promotion of family planning and the other two on the prevention of HIV /AIDS and HIV testing. The target groups were educated people aged 15-35 years, 15 to 24-year-old women and married educated men. The PSI/Mali Marketing team used the results of these qualitative focus-group studies to revise and improve these pamphlets.

4. Tracking Results Continuously (TRaC) Quantitative study:

The initial results from the 2011 quantitative study were available in March 2012 and used in marketing planning for all 3 health areas.

For Family Planning below are the key results and findings:

Behavior: There was significant improvement in the level of modern contraceptive use among women of reproductive age who are not pregnant, from the time of data collection in 2008 (16.8%) to 2011 (19.4%).

Opportunity: There was a significant improvement in percentage of women of reproductive age (15-49 years) who were comfortable buying modern contraceptives, from 51% in 2008 to 63% in 2011. This exceeded the target of 60%.

Capacity Building: A significant improvement was noted in the percentage of women of reproductive age (15-49 years) who believe that their spouse/partner supports them in the use of modern contraceptives, from 54% in 2008 to 56% in 2011.

Motivation: The percentage of women of reproductive age (15-49 years) who think that modern contraceptives are a health risk increased from 30% in 2008 to 39% in 2011, whereas the target was to reduce to 25%.

Exposure to communication activities: There was an improvement in the percentage of women of reproductive age who were not pregnant and were exposed to PSI/Mali family planning mass communication messages. The rate increased from 35% in 2008 to 48% in 2011. As we did not reach the target of 60%, these results imply the need to intensify of our family planning communications activities.

For HIV/AIDS below are the key findings and their programmatic implications:

Behavior:

- A significant improvement was noted in the percentage of men aged 15-49 years who had engaged in acts of high risk sex over the last 12 years. At the time of collecting data, the indicator had dropped from 25% to 18%, contrary to women in the same age range.
- With regard to condom use during acts of high risk sex, a significant improvement was noted across both sexes; from 39% to 43.5% among men and 17% to 31% among women in 2011.
- An improvement among the percentage of women aged 15-49 years who are willing to take care of a “parent” who is living with HIV was also noted, from 72% to 77%, contrary to men.
- Finally, a significant improvement in the percent of people who are willing to buy food from an HIV-positive person was also noted. The indicator increased from 36% to 60% among men and from 26% to 47% among women.

Ability:

- We note a significant improvement among youth (men and women aged less than 25) who know at least three (3) means of transmitting

HIV/AIDS. The indicator increased from 22% to 37% among men and from 18% to 27% among women.

- We note the same trend among people (men and women aged 15-49 years) who know that a person who appears healthy may actually carry the AIDS virus. This indicator increased from 60% to 76% among men, and from 49% to 67% among women.

Exposure to communications activities:

- We note an improvement in the percentage of people (men and women aged 15-49 years) who were exposed to PSI/Mali mass media messaging on the subject of HIV; from 40% to 46%. Far from our 85% objective, this implies the need to intensify our HIV/AIDS communications activities.