



Maternal and Child Health Integrated Program

MCHIP/Mali

Urban Outreach and Social Marketing Project

SEMESTRIAL REPORT

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Table of Contents

Acronyms & Abbreviations.....	3
Executive Summary.....	4
OBJECTIVE ONE: Improve access to family planning, through the provision of outreach services.....	4
<i>-Expand and Strengthen the PPP Outreach Model for IUD/Implant Insertion.....</i>	<i>4</i>
<i>-Documenting Program Findings and Advocacy.....</i>	<i>5</i>
<i>- Integration of FP and other Maternal & Child Health Products and Services.....</i>	<i>5</i>
OBJECTIVE TWO: Increase the demand for, and consumption of FP, RH, HIV and diarrhea-related health commodities through effective and innovative social marketing.....	6
<i>- Social Marketing of Diarrheal Disease Control Products.....</i>	<i>6</i>
<i>- Social Marketing of HIV/AIDs Products.....</i>	<i>6</i>
<i>- Social Marketing of Family Planning and Reproductive Health Products.....</i>	<i>6</i>
Monitoring & evaluation.....	7
<i>- Operations Research.....</i>	<i>7</i>
<i>- Brand Research.....</i>	<i>8</i>
<i>- Tracking Results Continuously (TRaC) Quantitative study.....</i>	<i>8</i>
Planned activities for the next 6-months.....	9
Indicators table.....	10

ACRONYMS & ABBREVIATIONS

BCC	Behavior Change Communication
CAREF	<i>Centre d'Apprentissage a la Recherche et la Formation</i>
COAG	Cooperative Agreement
CPR	Contraceptive Prevalence Rate
CSCOM	<i>Centre de Sante Communautaire</i>
CSREF	<i>Centre de Sante de Référence</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
HCT	HIV/AIDS counseling & testing
IPC	Interpersonal Communications
IUD	Intrauterine Devices
LARC	Long-Acting Reversible Contraceptive
MoH	Ministry of Health
ORS	Oral Rehydration Salts
PPM	<i>Pharmacie Populaire du Mali</i>
PPP	Public-Private Partnerships
POU	Point of Use
PSI	Population Services International
RH	Reproductive Health

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), 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 October 1st, 2011 to March 30th, 2012.

OBJECTIVE ONE: Improve access to family planning, through the provision of outreach services

Expand and Strengthen the PPP Outreach Model for IUD/Implant Insertion: In this reporting period, PSI/Mali's team of 10 midwives facilitated 976 family planning event days in public sector Centres de Santé Communautaires (CSCOMs) and reached 37,053 women with messages about family planning. During these days they supported CSCOM staff in inserting 9,945 implants and 2,413 intrauterine devices (IUDs).

In January 2012, 46 public sector CSCOM providers in Bamako received comprehensive training in contraceptive technology, including all available methods, infection prevention, quality assurance systems, and counseling. This 11-day training includes 6 days of theory and 5 days of practice in clinic, focused on the long-acting reversible contraceptives (LARC), IUDs and implants. Trainers from PSI/Mali and the MOH facilitated both the theory and practical phases. In accordance with PSI/Mali's quality assurance manual that was validated by the MOH, each participant must be observed inserting 5 IUDs and 5 implants before they can be certified.

In addition, 10 providers from each of Bamako's 5 CSREFs were trained in postpartum IUD (PPIUD) insertion in February 2012. This training, focused on counseling, infection prevention, and the insertion technique, includes 2 days of theory and 8 days of practice, as participants must wait for a delivery to have a practical case. As with the contraceptive technology training, participants must insert 5 PPIUDs with a trainer before earning their certification. The lessons learned from these 5 simultaneous trainings are being used to revise and validate the national PPIUD protocol.

To begin the process of ensuring a sustainable supply of long-acting reversible methods at the CSCOM level, a meeting was held on February 16th, 2012, called by the Direction Regionale de la Santé (DRS). The president of the ASACO, head doctor, and head of family planning of each CSCOM of Bamako were invited to attend. During the meeting, the group set the total price, including product, consumables, and service, at 2000 CFA (\$4) for IUDs and implants. Removal of either method was set at 1000 CFA (\$2). An accord was signed between the CSCOM, PSI/Mali, the DRS, and the Centre de Santé de Reference (CSREF) agreeing to offer these methods at the agreed price and to refill the stock regularly.

In a ceremony on February 29th, 2012, all 55 CSCOMs of Bamako were invited to receive kits for the insertion and removal of IUDs and implants, funded by the Dutch government's worldwide project called Choices and Opportunities Fund. Participants also included the Dutch Ambassador and representatives of MCHIP, USAID, UNFPA, and other partners. Each CSCOM received a kit and an initial stock of 50 implants and 20 IUDs, to raise funds to start stocking their own products. Such equipment was given to the ASACO so they can take ownership and better commit to Family Planning. The ceremony was broadcast on national television.

Documenting Program Findings and Advocacy: PSI/Mali gave technical and financial support to the MOH for the 2012 family planning campaign in March 2012, including arranging media coverage of the launch March 15th in Bamako, sponsoring the regional launch in Ségou, and intensified mass media campaigns.

The February 16 meeting of the CSCOMs and the subsequent accord are important advocacy steps to increase the emphasis on family planning, particularly LARCs, in the CSCOMs. Not only the heads of family planning units and the head doctors participated, but also the presidents of the community health associations, who are respected leaders in their communities and have pledged their support.

With funding from SIFPO, an in-depth case study on the vaccination day model was researched and produced during this reporting period. It is being finalized with USAID/Washington and will be disseminated both in Mali and internationally.

Integration of FP and other Maternal & Child Health Products and Services: During this reporting period, PSI/Mali focused on the integration of family planning counseling during pre-natal visits, which is particularly vital for the PPIUD. In selecting the 50 participants in the PPIUD training, CSREFs were asked to prioritize midwives who provide pre-natal care, deliveries, and those who work the over-night shifts.

OBJECTIVE TWO: Increase the demand for, and consumption of FP, RH, HIV and diarrhea-related health commodities through effective and innovative social marketing

Social Marketing of Diarrheal Disease Control Products: Sales of Aquatabs have been lower during the dry season, with a total of 1,075,630 tablets sold (14% of sales target), but are on track to meet LOP objectives. Regular broadcasting of TV and radio spots maintains the visibility of the product. Results from the 2011 quantitative study show that non-users have lower awareness of where they can buy Aquatabs and a lower perception of the brand, so the 2012 marketing plan includes promotion activities in markets to increase awareness and build brand equity.

The launch of diarrhea treatment kit (DTK) Orasel/Zinc faced challenges in procurement. The product was failing quality inspection due to black particles found in the oral rehydration salt (ORS) packets. After the issue was resolved, PSI/Mali had to re-negotiate their contract with the supplier, causing further delays. The product was set to be shipped when the March 21 coup forced all shipments to be postponed. As soon as the situation stabilizes and the product is delivered, the pipeline will be filled and distribution will begin. TV and radio spots have already been produced and promotional items are available.

Social Marketing of HIV/AIDS Products: During this reporting period, PSI/Mali distributed 8,290,512 male condoms purchased with KfW funds. With results from the 2011 quantitative study, PSI/Mali identified social support as an important factor influencing condom use. The condom campaign in 2012 will be based around the key message of encouraging young men to talk about condom use with their friends.

Due to problems with the Global Fund, the High Counsel on HIV/AIDS did not organize large-scale World AIDS Day activities in 2011.

Social Marketing of Family Planning and Reproductive Health Products: Results from PSI/Mali's 2011 quantitative study shows that only 36% of women in Mali have a complete

understanding of family planning methods, and only 3% have complete knowledge of IUDs. As such, media campaigns have focused on IUDs and implants.

During this reporting period, PSI/Mali aired 115 TV, and 13,320 radio spots promoting family planning and long-acting methods. In addition, 20 mobile video unit events, which show a short film on family planning and are animated by a 3-member team, have taken place with the collaboration of ProFam network clinics in Bamako, Kayes, and Sikasso and during the Festival sur le Niger in Ségou in February 2012.

A total of 49 interpersonal communication (IPC) agents are working in Bamako, Kayes, Ségou, and Sikasso, reaching women in one-on-one sessions. They provide tailored sessions to meet the need for each client and refer them to clinics for services. In addition, as lack of support from their partners was identified in the 2011 quantitative study as an important barrier to family planning use, male IPC agents target groups of men and link their partners, if interested, with female IPC workers. Female IPC workers can also refer male partners to male IPC workers, but this is less frequent. During the IPC training, the IPC agents participated in a 1-day gender module, which covered the difference between sex and gender, decision-making and power differentials between genders, and how these differences can influence family planning use.

The short-acting methods, oral contraceptives (Pilplan-d) and Depo Provera (Confiance) were transferred to the commercial distributor Laborex starting in July 2011, and sales of these two products saw significant decreases. Further investigation found that other wholesalers were reluctant to buy from Laborex due to their high volume of documentation demanded, including tax documents, and that during the stock-outs of Pilplan-d and Confiance the national pharmacy sold un-branded OCs and injectables, intended for the public sector, to the private sector. Pharmacies still have these stocks and do not want to re-supply until they are consumed.

In response, PSI/Mali put in place several strategies. First, putting in place a system of stock installment to be paid after it is sold, so as to allow other wholesalers to stock the products without going through Laborex. Second, medical detailers, equipped with informational brochures and promotional items, are visiting the private pharmacies to encourage them to stock Pilplan-d and Confiance. Since the implementation of these two strategies in December 2011, sales have been increasing.

MONITORING & EVALUATION

Operations Research: The detailed operations research plan was approved by USAID in December 2011. It focuses on 3 models for providing the LARC services in the public sector,

one with no outside support, one with IEC and technical coaching by PSI/Mali staff to CSCOM providers, and one with PSI/Mali staff continuing to provide both IEC and insertions during vaccination days. The 3 models will be compared against the following criteria: number of insertions, quality assurance scores, client satisfaction, stock levels, and provider attitudes. Baseline data collection began in February 2012 and the 3 models will begin April 2012. There was a delay due to the late arrival of insertion kits.

Brand Research: The brand research protocols are being validated by PSI's regional research teams and will begin in May 2012. This qualitative research will focus on the brand equity for *Pilplan*, *Confiance* and *Protector* and will cover areas such as packaging attributes, willingness and ability to pay and overall brand perception.

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.

The final results will be shared with partners and stakeholders when the political situation in Mali stabilizes.

PLANNED ACTIVITIES FOR THE NEXT 6-MONTHS:

- Launch ORS Zinc
- Complete Operational Research
- Ensure condom distribution and availability
- Ensure Pilplan and Confiance and cycle beads distribution and promotion
- Promote long acting methods throughout urban CSCOMs
- Ensure Aquatab distribution, sales and promotion

URBAN OUTREACH PROJECT - INDICATORS TABLE

INDICATOR	DATA SOURCE	FREQUENCY OF COLLECTION	TARGET	SEMESTER 1 ACHIEVEMENT OCT 11- MARCH 12	%
OBJECTIVE 1: Improve access to family planning, through the provision of outreach services					
Nber of insertions Implants	PSI MIS data	Monthly	16 000	9 946	62%
Nber of insertions IUDs	PSI MIS data	Monthly	3 000	2 413	80%
Number of providers trained in PPIUD insertion	PSI reports	Quarterly	18	60	333%
Nber of providers trained on contraceptive technology & counseling	PSI reports	Quarterly	40	95	238%
Number of meeting with DSR sponsored	PSI reports	Quarterly	5	2	40%
Number of Radio airings	PSI s MIS data	Quarterly	10 000	13 320	133%
Number of TV airings	PSI s MIS data	Quarterly	50	115	230%
Number of FP Micro Program airings on radio	PSI s MIS data	Quarterly	600	0	0%
Percent of WRA who know the IUD	DHS 2012	5 years			
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	161%
Number of Pilplan-OC distributed	PSI MIS Data		1 448 298	590 675	41%
Number of Confiance Injectable distributed	PSI MIS Data		580 829	177 865	31%
Percent of WRA that know at least one modern method contraception	DHS 2012	5 years			
HIV AIDS					
Number of condoms Protector Plus distributed	PSI sales report	Quarterly	12 102 066	8 104 352	67%
Number of HIV Posters produced	PSI reports	Quarterly	4 927	0	0%
Number of HIV Brochures produced	PSI reports	Quarterly	17 500	0	0%
Number of Radio airings	PSI reports	Quarterly	20 000	10 922	55%
Number of TV airings	PSI reports	Quarterly	150	60	40%
Number of events sponsored	PSI reports	Quarterly	4		0%
Percent of men who know where to procure condoms	DHS 2012	5 years			
Water Supply and Sanitation					
Number of Aquatabs distributed	PSI sales data	Quarterly	7 964 200	1 075 630	14%
Number of Radio airings (hand washing)	PSI reports	Quarterly	18 000	0	0%
Number of TV airings(hand washing)	PSI reports	Quarterly	95	0	0%
Number of Radio airings(Aquatabs)	PSI reports	Quarterly	18 000	14 460	80%
Number of TV airings(Aquatabs)	PSI reports	Quarterly	95	21	22%
Number of community activities sponsored	PSI reports	Quarterly	1	0	0%
Maternal and Child Health					
Number of Diarrhea Treatment Kits distributed	PSI sales data	Quarterly	300 000	0	
Number of Radio airings	PSI reports	Quarterly	3 000	0	
Number of TV airings	PSI reports	Quarterly	100	0	
Number of ORS/ZINC Micro Program airings on radio	PSI reports	Quarterly	300	0	
Number of promotion activities sponsored	PSI reports	Quarterly	2	0	
Percent of women who know about ORS	DHS 2012	5 years			