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Maternal and Child Health Integrated Program

MCHIP/Mali

Urban Outreach and Social Marketing Project

ANNUAL REPORT

October 2012 – September 2013

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PSI MALI

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ACRONYMS & ABBREVIATIONS

BCC	Behavior Change Communication
CDC	Center for Disease Control
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
MSM	Male Sexual Partners with Men
ORS	Oral Rehydration Salts
PPM	<i>Pharmacie Populaire du Mali</i>
POU	Point of Use
PLWHA	People Living with HIV/AIDS
PSI	Population Services International
RH	Reproductive Health
VCT	Voluntary HIV/AIDS counseling & testing
SRH	Sexual Reproductive Health

EXECUTIVE SUMMARY:

PSI/Mali MCHIP aims to reduce maternal and under-five child mortality rates by increasing the availability and use of high quality modern contraceptive methods among women of reproductive age. The project also aims 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. PSI/Mali through MCHIP also works to reduce HIV/AIDS mortality rates by increasing access to prevention, treatment, and care.

Despite Mali's unstable socio-political situation this year, PSI/Mali and its' partners have been able to make progress on the MCHIP project's main deliverables. As a result of the political situation, the project was impacted due to USAID program restrictions.

Nevertheless this year PSI/Mali and its partners achieved the following achievements:

- Provided 80,000 women of reproductive age with Family Planning (FP) education, and access to 17,749 implants, 14,295 IUDs, 52,856 injectables, and 1,670,824 Oral Contraceptives,
- Approximately 18, 534 people were tested for HIV/AIDS in line with the combination prevention approach, which includes referrals for additional services for follow up care and treatment.
- 20,368,358 male condoms were distributed
- 5,194,700 units of water treatment products were provided including 109,895 lifesaving oral rehydration salts for children under 5 years old.

This annual report includes progress from Q4, October 2012 to September 2013. Updates are provided on the overall program objectives including achievements, challenges, lessons learned, and highlights of upcoming activities in 2014.

Section 1: Annual Results

Objective 1: Increase the availability of modern family planning and HIV products and services through social marketing.

1. Family planning

a) Behavior Change Communications (BCC) Activities

During the reporting period BCC activities focused on outreach to women of reproductive age. Approximately 81,290 women attended information sessions designed to increase their awareness of the numerous FP options available to them. 34,000 information sessions were held in Bamako, Sikasso, Segou, and Kayes, bringing the number of women adopting FP methods to 21% of those reached through the BCC sessions.

In terms of mass media outreach this year 32,329 radio spots and 154 television spots aired FP themed messaging. Due to the ongoing political instability planned activities concerning mobile video units and youth-centered street theater were halted reducing outputs significantly. At present restrictions have been lifted therefore these activities are scheduled to take place, and will be reported on in the next quarterly report.

The national hotline *Keneyako* has integrated FP and HIV communications activities which received 17,000 calls this year. The hotline has generated numerous queries from local listeners that are interested in gaining more information on FP methods and learn more about accessing services at health centers.

b) Short-term FP methods

Social marketing activities of short term FP methods are ongoing. PSI utilizes the private sector distribution system which has minimal disruption in the availability of products, particularly in the northern parts of Mali where access is scarce

However during the reporting period there was a slight decrease in product distribution due to the rainy season which had a major impact on the local transportation system. During the rainy season several roads are non-accessible which reduces overall product distribution.

Despite these challenges this year 799 cycle beads, 562,856 injectables, and 1,670,824 oral contraceptives were distributed.

c) Long-Term Reversible FP Methods

During the reporting period PSI was successful in extending access to LARCs to five new districts with low CPR to Kadiolo, Kolondieba, in Sikasso, Yelimane, Kenieba and Nioro, in the region of Kayes. As part of PSI's outreach model once districts are selected to offer services, providers receive training and dedicated support which includes coaching, M&E, and technical assistance from PSI/Mali staff. This support is offered during local health community days where FP methods are integrated along with other health services including routine immunizations.

During the period 129 providers were trained in contraceptive technology, and 25 providers from high delivery sites were trained in post partum IUD insertion. These services respond to the local community's request for training in comprehensive family planning methods.

d) Cervical cancer screening integration during LARCs Outreach

An innovative approach developed by the PSI/Mali team during the period is integration of cervical cancer screenings as part of a comprehensive approach during IUD service delivery at community health centers, and ProFam clinics.

Between July and September, 1,286 women were screened for cervical cancer and 24 positive cases were referred to the next level to receive appropriate follow up diagnosis and care. Integrated cervical cancer screening activities will continue in the 3 regions where PSI is implementing the project. Furthermore, PSI through MCHIP will be able to provide referral sites with much needed cryotherapy equipment in order to offer proper follow up. Currently only 2 centers in Bamako have the capacity to receive referrals from peripheral areas. Upcoming 2014 activities will include assessing the outcome of disseminated communication messages particularly the number of women who benefited from cryotherapy.

2. HIV/AIDS Prevention

a) Communication Activities

HIV/AIDS communication activities focused on youth in the largest regions of the country. One of the main achievements of the program is the positive living

approach. Prior to MCHIP HIV/AIDS, outreach in Mali did not include a focus on positive living methods. PSI and its partner ARCAD-SIDA have facilitated workshops to develop appropriate communication materials for people living with HIV (PLHIV). PSI also led workshops for the development of HIV prevention communication materials with MSM and the CDC also participated in these workshops. These workshops are typically based on situation analyses enriched by existing data in Mali, and the region, including formative research studies discussed in the previous report on sexual and health seeking behaviors among PLHIV in Bamako, Kayes, Koulikro, and Sikasso.

These workshops were a collaboration between WHO, UNAIDS, local NGOs, PLHIV, and representatives from la Cellule Nationale de Lutte contre le VIH. The latest workshop resulted in the following recommendations for communication materials and messaging:

- Designing messaging in local languages on PLWH rights and duties,
- the importance of treatment adherence,
- participation in support group activities,
- and highlighting the benefit of a healthy lifestyle,
- prevention of opportunistic infections.

During last quarter, PSI distributed 9,997 basic care kits for prevention of opportunistic infections amongst PLWH.

The basic care Kits were distributed in Bamako, Koulikro, Sikasso, Mopti and Segou. Targeted individuals and families received the kits and complementary counseling on positive living at ARCAD-SIDA care centers and hospitals. 94% of basic care kits recipients were adults with the majority being women. Overall, 452 counseling sessions were provided which focused on 7 themes including: Malaria, prevention, hygiene and hand washing, family planning options, condom use and STI prevention, water treatment usage including ORS use for children under 5 years of age.

The basic care package contains the following:

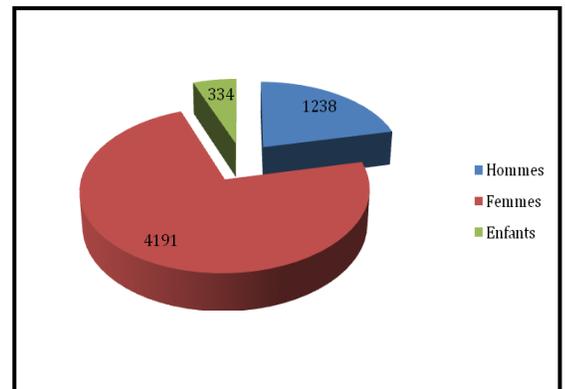


Figure 1: Counseling session participants

- Water recipient (20 litres) of potable water
- 100 Aquatabs pills for diarrheal diseases prevention
- 1 LLIN for prevention of Malaria
- 2 ORS/Zinc packs to treat 2 diarrhea episodes
- 80 male condoms to prevent HIV/STIs
- 4 bars of hand soap to promote hand washing
- 1 brochure providing information on comprehensive FP options

In alignment with the combination prevention framework for youth programming, PSI/Mali has been working with a team of youth volunteers between the ages of 15-24 years old assisting in the development of youth-appropriate radio programming to address sexual and reproductive health communication, as well as information on health services and human rights. The radio program called *Grin*¹ is hosted by 18 young volunteers working at 6 radio stations across the country specifically in Bamako, Kayes, and Sikasso.



In the past 6 months the show has received 200 calls from local listeners who have participated in discussions on many relevant topics including sexual reproductive health needs on a national scale, which has encouraged increased dialogue between parents-and youth on these culturally sensitive topics. Additionally, the program offers a

social media venue where the discussions can continue off-air through Facebook. The *Grin* Facebook page has reached about 300 fans who share ideas, and comments on various related topics, the majority of users who are between 18-24 years old.

b) Counseling and testing Activities

The following counseling and testing activities took place during the reporting period:

- Establishment of a mobile team in the region of Sikasso and Kayes
- Integrating TB screenings & referrals into existing HIV activities
- Regional Learning trip for MARPs programming
- 18,534 clients received HCT,

¹ Bambara local language meaning a gathering place

PSI testing activities yield an approximated annual positivity rate of 2% which is higher than the national prevalence rate, and mainly due to the fact that prevalence is higher amongst MARPS than within the general population. 97% of people tested during PSI/Mali MCHIP activities were referred to care centers to receive additional services.

As part of the combination prevention approach, PSI/Mali continues to work in integrating HIV-TB activities in Mali. While these activities are part of the recommended package of services, particularly for PLWHA, there are still not put into practice for several reasons including a lack of partnership between HIV/AIDS and TB national programs. PSI's strategy is to organize advocacy sessions between the two health areas in order to collaborate national efforts in targeting populations, identifying intervention zones, and establishing performance indicators for data collection. Following advocacy efforts, a training of providers was organized in order to start activities and ensure referral and data collection to be integrated in the national health system. In addition joint meetings were held to discuss indicators and lessons learned sessions. These collaborative discussions are set to take place every quarter.

PSI Mali in partnership with PSI/Cote d'Ivoire, organized a regional learning trip to Cote d'Ivoire in order to learn best practices for MARPs programming. Participants included local NGOs working with MARPs, USAID mission technical staff, the Centers for Disease Control M&E specialist, and PSI/Mali HIV team. The main objectives were to learn from advocacy efforts at the national level to include MARPs programming into the national HIV/AIDS strategy, share experiences on activities targeting MARPs especially MSM, CSWs and their partners. The mission also aimed to gain exposure to PSI/Cote d'Ivoire's field data collection strategy as well as incorporating data results in programming.

After the mission Mali's National HIV program has decided to embrace recommendations made by trip participants. One of the immediate outcomes is the creation of a MARPS technical working group whose mission will be to advocate for MARPS programming nationally, as well as ensure that best practices are implemented at the field level, and updated on a timely basis.

Objective 2: Increase demand and access to specific socially marketed health commodities and services among key populations, including: ORS/Zinc, Aquatabs,

comprehensive FP options, and condoms

a) Demand for male condoms, oral contraceptives, and injectables

PSI's distribution system reported a 14-20 % increase in wholesalers and distributors' demand for male condoms over the reporting period, which exceeds distribution objectives by 40%. This interesting trend needs to be further explored in order to have a better understanding of market dynamics, and its' linkages to ongoing behavior change communication efforts by PSI or other partners.

Demand for oral contraceptives, and injectables have been steady. There have been notable increases in quarter 1 and 3, and slight decrease in quarter 2, but trends are not different from the same periods last year. (See table 1 below)

b) Increasing Demand for ORS/Zinc, Aquatabs

Demand for social marketed products was difficult to stimulate in 2012 because communication activities programmed to air on the national TV and radio, ORTM, had to be suspended in relation with the country's political situation. However, beginning in quarter 1 2013, PSI reprogrammed the BCC campaigns through community radios in 5 regions and a private television channel, Africable TV, in order to increase demand. In addition, series of focused mid-media communication campaigns, and point of sales demonstration targeting nurses and mothers at the market place rolled out during quarter 3 of 2013 yield positive results, ORS/Zinc distribution has been doubling since July, see table 1 below, compared to previous months.

Furthermore, to restart water treatment activities after the stock out that occurred in May 2013, PSI developed partnerships with local CBO PCKII, for community based distribution. Over the following months, PSI and its' subs started working in priority districts in the regions of Sikasso and Segou for increased community-based promotion and distribution of Aquatabs and ORS/Zinc. Prior to the rainy season when diarrheal case rates increase considerably amongst children, PSI launched a mass campaign on hand washing with soap, and promoted the use of ORS/Zinc.

Behavior change messages were shared through 87 community-based radio stations (7,228 diffusions of ORS/Zinc messaging, and 900 hand washing spots), and on Africable TV radio station (70 radio spots were aired). To increase the penetration of these messages in targeted local communities, PSI created ORS/Zinc point of sales in Segou and Sikasso where products are sold, focusing messages on early treatment of diarrhea in children, and increasing prevention through hand washing.

Table 1: Commodity Distribution October 2012-September 2013

Months/Products	Male Condoms	Oral Contraceptive	Injectable	Aquatabs	ORS/Zinc
October	1,214,240	145,050	71,988	384,200	1,639
November	1,540,000	162,375	54,728	150,000	1,782
December	2,234,400	115,550	52,600	1,071,000	4,782
January	1,619,520	138,825	50,716	42,379	9,301
February	1,442,560	147,300	49,116	305,621	11,879
March	1,400,000	69,425	47,922	431,500	3,317
April	1,405,600	73,025	46,656	253,500	4,246
May	1,416,838	60,025	58,366	0	9,030
June	1,974,560	174,400	37,788	499,600	4301
July	2,070,880	216,224	29,892	1,185,200	19,100
August	1,888,160	32,175	24,768	305,800	24,942
September	2,161,600	336,450	38,316	565,900	23,779
Total distributed	20,368,358	1,670,824	562,856	5,194,700	85,398

Objective 3: Increase the capacity of local partners (ProFam network providers, and community based organizations communications teams) to provide high quality services, and develop high quality communication tools targeted to vulnerable groups.

Capacity building of private social franchises, ProFam, network members

Initial performance improvement training was offered to a selected number of ProFam clinic owners to help them identify and prioritize skills that they need to develop to reinforce their business. Ten providers were trained on marketing techniques to attract and retain clients. The majority of participants reported being satisfied by the training and appreciated the case study style and concrete output approach. They also found the marketing plan realistic for their clinics—that they developed during the training. PSI provided the top 2 clinics that completed the plan with execution support; customer experience improvement, and immediate community outreach support activities.

Partnership with local CBO, PCKIL, for community based distribution

PSI is working with local NGOs to increase their capacity in social marketing and behavior change communication around HIV, FP, water & sanitation. The principal local partner, Group Pivot, which is a network of more than 100 community based organizations, works across 106 health districts to deliver training in the technical areas mentioned above, and in M&E in order to help them better account for the work they do in the community. In addition, the local NGOs also received accounting and finance capacity building support from PSI in order to improve their financial reporting skills, and overall better fund management.

After receiving the training, the NGOs main activities will include the following: Community based sensitization and distribution of ORS/Zinc to prevent diarrhea in children under 5 years of age, demand creation for family planning by targeting women and men of reproductive age, followed by referral to the nearest health centers offering FP services, and interactive community level hygiene & hand-washing sensitization through media outlets including Community Theater.

Section 2: Lessons learned-Challenges

This past year there have been numerous lessons learned particularly in terms of; setting a pricing strategy for LARCs service delivery in the public sector, cervical cancer screening integration in existing service provision, and the need for youth sexual reproductive health programming.

- **Advocacy for Pricing of LARCs:** One of the greatest barriers to FP, especially LARCs uptake in Mali is price.. PSI Mali has been advocating to the government in order to decrease LARCs prices to customers reached by the public sector. While advocacy efforts have paid off earlier this year, by bringing the price down from \$12 to respectively, \$4 and \$5 for IUDs, and implants; however, these new prices are not respected by most health centers. Consequently, PSI has redirected its advocacy strategy to reach out to community health center boards, and district level pharmacies in order to analyze barriers to the current pricing structure. The lesson learned is that pricing enforcement from the government is very difficult; therefore, there is a need to foster partnership at the community level in order to agree on pricing, and involve community health leaders in enforcing regulated prices.
- **Integration of cervical cancer screening:** PSI Mali saw an opportunity to improve women’s health by taking advantage of LARCs, especially IUD service provision to offer low cost screenings, using acetic acid, provided to women who consented. Over the past few months, this experience has demonstrated that there is minimal resistance to the service from women when the offering is preceded by comprehensive counseling on FP and cervical cancer. Additionally, in a context where women do not regularly seek gynecologist/obstetric care, this type of integration presents an opportunity to provide potential life saving screenings especially in a country where cervical cancer is one of the leading cancers among women of reproductive age.
- **Sexual and reproductive health Education (SRH) for youth:** Youth SRH issues are not officially discussed in Mali. Very few programs target the youth with comprehensive SRH education and services. PSI tried an innovative radio show approach coupled with linkages to care and support at existing facilities, managed by other partners. One of the lessons learned through this approach is the need to provide discussion topics that allow interactive discussions during and right after the show between youth, and also between parents and children. Also, it appeared important to use this avenue to publicize existing point of services because anecdotal evidence show that the vast majority of youth do not know where to go or are afraid to go to health clinics .

Section 3: Key activities upcoming in 2014

Objective 1: Increase the availability of modern family planning and HIV products and services through social marketing.

Under this objective, PSI will increase its support to community health centers in 5 low CPR districts including; Markala, San, Tomian, and Bla in the region of Segou, and Nioro in Kayes, bringing the number of community health centers receiving assistance through MCHIP to assistance 150.

PSI will also continue to provide;

- Technical assistance for quality assurance and M&E to trained providers
- Rural mobile outreach for FP and HIV/TB in the regions of Kayes, Segou, and Sikasso,
- Expand the dedicated provider outreach model in urban areas of Sikasso and Kayes
- In partnership with the national level cervical cancer screening campaign in the 3 main districts, and donate cryotherapy material to 6 districts hospitals
- Outreach to youth in order to increase their access to sexual reproductive health messages and services by reinforcing the ProFam network ability to offer youth friendly services, and by expanding the youth radio show activities to other districts

Objective 2: Increase demand and access to specific socially marketed health commodities, and services among key populations, including: ORS/Zinc, Aquatabs, comprehensive FP options, and condoms

Over the next reporting period, PSI will focus efforts on the rising demand for Aquatabs and ORS/Zinc. Demand creation activities including; TV, radio and community events will be ongoing, and discussion with the mission to initiate early commodities procurement will also take place in order to avoid potential stock out. Besides, recent data from qualitative programmatic research has revealed that FP messaging needs to be readapted, especially in urban settings. Consequently FP efforts will include;

- Continuous demand creation (IPC) for family planning by increasing the number of IPC agents in urban settings, and working with “matrones,” traditional birth attendants in rural areas.
- Community based outreach for all social marketing products through local CBOs
- Intensive community mobilizations MVU events in rural and peri-urban areas
- Production and diffusion of 3 TV spots on FP

Objective 3: Increase the capacity of local partners (ProFam network providers, and community based organizations communications teams) to provide high quality services, and develop high quality communication tools targeted to vulnerable groups.

For this objective, PSI will focus on designing a service integration and quality assurance and improvement strategy for the private sector network. Activities will include a DELTA workshop, and the implementation of a new marketing plan, in addition to efforts to increase the number of private and religious clinics in the network.

Additionally, PSI will continue to provide;

- Support to ProFam network in accounting and finance management
- Support to local organizations in communication materials development, and services delivery

Section 4: Success Story: *A taboo-free forum serving the youth!*

The word *Grin*, which in Bambara means a gathering place where friends of all ages come together to discuss, was reinvented by PSI/Mali for a youth sexual and reproductive health program. *Grin* is now a radio program through which young people freely discuss topics such as sexuality, risky behaviors, and family planning. Broadcasting between music and entertainment programs, *Grin* is positioned exactly at the level of young people who desire to have accurate information on such important topics.

In Mali, reproductive health is a topic that is discussed between adults who are supposed to have achieved physical and mental maturity. However, there are few opportunities for young people to talk about reproductive health and HIV/ STI prevention. *Grin* is then a place where young people get to exchange ideas and talk about their experiences. This exchange happens twice a week on six urban radio stations. In addition to sharing, *Grin* is a channel that allows conversation between parents and children which continues after the show ends. Within six months of its implementation, *Grin* has become the benchmark show where artists are invited around the table, individuals from the civil society try to establish self-awareness into people's minds, and specialists in reproductive health guide individuals who want to know and understand their role and responsibility towards sexuality.

"Grin is really a program that needed to be created in order to wake up the sleeping youth" says a listener.

So far, *Grin* has broadcasted 181 programs beyond the boundaries of the capital, Bamako, and reached other areas such as Kayes and Sikasso. This show involved 165 people who not only wanted to give their contributions over the phone, but also ask questions or give thanks and direct the show's audience to continue the discussion on their Facebook page "Youth and HIV" where the community is always welcomed.

An approved 5mn film on reproductive health titled "My Struggle" was also conducted in August for the International Conference on FP and told the story of Djibril Sangare, who was one of the volunteers aspiring to be Mali's youngest filmmaker.



Annexes:

Annex A: Annual indicator table

Please refer to attachment A which has updates on all the key indicators, and performance broken down per quarter, as well as the percentage achieved. Overall, all indicators related to this project are on target to be reached by June 2014.

Annex B: Experimental analysis of FP service provision beyond PSI support in Bamako

Between October 2011 and September 2013, PSI evaluated the community health centers. The objective of the evaluation was to assess 55 community centers in Bamako readiness to become sustainable by looking at factors such as the health centers management engagement toward FP, looking at questions such as: does the board re-stock in FP products?

Additionally, the analysis also looked at trained providers' level of service provision; are the trained providers actually offering services during and beyond event days? Finally, quality assurance scores over the period of the experiment were analyzed. All centers initially received training, equipment donation, and supportive supervision, and were separated in 3 groups;

- **Group 1: Top Performers:** 10 centers, monthly supportive supervision
- **Group 2: middle-tier :** 10 centers, coaching during vaccination days
- **Group 3: more support needed :** 35 centers, full service provision by PSI

Results showed interesting trends;

- 43% decrease in service provision in group 1
- 35 % decrease in service provision in group 2
- No change in group 3

Lessons learned from this analysis could be summarize in 3 main points

- Coaching/technical assistance to providers with incremental disengagement can lead to sustainable service provision
- There is no single path toward sustainability: health centers are at different stages of preparedness and we must continue to tailor strategy to each
- Build in sustainability from the start is key to encourage local community health managers to embrace FP with an initial long term perspective

The full report is available in Annex B attached to this document.

Annex C: Partner Indicator Table-These annual indicators illustrate results from partners quarterly reports

Annex C

HIV Voluntary Counseling and Testing Statistics table (October 2012-September 2013)

Number of Clients Disaggregated by Sex

Male	Female	Total
8573	9961	18534

Number of HIV positive clients

Male	Female	Total
76	274	350

Number of Key Population Tested

MSM	CSW	Total
6	521	527

Number of positive among Key populations

MSM	CSW	Total
0	52	52

NB: All HIV CT clients are aged 15 and older in line with Mali's HIV CT national guidelines

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ANNEX C: PARTNER ANNUAL INDICATORS

Indicator	Data Sources	FY13 Target	Achieved Quarter 1+2+3	Achieved Quarter4	Achieved Quarter 1+2+3+4	Disaggregation	Please tell the reason why you are <u>below</u> or <u>above</u> target by <u>10%</u>
Number of condoms Protector Plus distributed	PSI Sales database	14,500,000	20,368,358	Not yet available	20,368,358	N/A	Indicator was exceeded by 40% in response to demand, Protector plus is the only social marketed condom brand in the country
Number of Positive Living Kits distributed to PLHIV	Field monthly reports	10,000	9,997	Not applicable	9,997	Yes	Reached 100%
Number of insertions Implants	PSI MIS	19,000	17,749	Not available	17,749	N/A	
Number of insertions IUDs	PSI MIS	12,000	14,295	Not available	14,295	N/A	Uptake in insertions is due to event days during which community mobilization around comprehensive FP and informed choice are emphasized. Event days make up for 45% of services and are an effective mean to reach low women in need
Number of oral contraceptives distributed	PSI Sales database	1,370,972	1,670,824	Not available	118,098	N/A	Indicator was exceeded BY 22% in response to demand, Pilplan-D is the only social marketed condom brand in the country
Number of injectables distributed	PSI Sales database	540,520	562,856	Not available	562,856	N/A	
Number of diarrhea treatment kits distributed	PSI Sales database	500,000	118,098	Not available		N/A	Indicator is not yet reached, due to limitation in working with the national radio& TV broadcaster ORTM suspension, strategy has been revised to use local CBOs as distributors

