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MCHIP Social Marketing Project in Mali End-of-Project Report

October 1, 2011–August 31, 2014



Submitted on:

June 25, 2014

Submitted to:

United States Agency for International Development
under Cooperative Agreement # GHS-A-00-08-00002-00

Submitted by:

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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Country Summary: Mali



Selected Health and Demographic Data for Mali	
GDP per capita (USD)*	694
Total population	14,517,176
Maternal mortality ratio (deaths/100,000 live births)	464
Skilled birth attendant coverage**	58.6
Antenatal care, 4+ visits	72.1
Neonatal mortality rate (deaths/1,000 live births)	27
Infant mortality rate (deaths/1,000 live births)**	58
Under-five mortality (deaths/1,000 live births)*	98
Treatment for acute respiratory infection*	30.1
Oral rehydration therapy for treatment of diarrhea**	40.3
Diphtheria-pertussis-tetanus or Pentavalent vaccine coverage (3 doses)**	63.1
Modern contraceptive prevalence rate**	9.9
Total fertility rate**	6.1
Total health expenditure per capita (USD) *	42
Sources: *World Bank; **Mali Preliminary Demographic and Health Survey 2012-2013*; Mali DHS 2006; 2009 Census.	

Major Activities

- Address unmet need for postpartum family planning (PPFP) services by supporting integration in routine **MNCH** (immunization and nutrition) services via mobile outreach model
- Revitalize immediate postpartum intrauterine contraceptive device (PPIUD) insertions
- Raise awareness around cervical cancer prevention and treatment and provide centers with equipment
- Design and disseminate behavior change communication (BCC) tools, specifically for most at risk persons, about HIV prevention and referral to care services
- Develop innovative demand creation strategies for oral rehydration salts (ORS) and water sanitation products
- Produce and air youth radio show on sexual and reproductive health issues
- Improved field data collection and analysis time through mobile devices

Program Dates	October 1, 2011–August 31, 2014					
Total Mission Funding to Date by Area	Total =\$ 6,359,091; \$2,791,822 (POP); \$1,343,745 (HIV); \$1,314,256 (MCH); \$909,268 (WASH)					
Total Core Funding to Date by Area						
Geographic Coverage	No. (%) of regions	4	No. of districts	10	No. of facilities	93
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Acronyms and Abbreviations

ARCAD/SIDA	Association de Recherche de Communication et d'Accompagnement à Domicile
BCC	Behavior Change Communication
CAREF	Centre d'Apprentissage à la Recherche et la Formation
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CPR	Contraceptive Prevalence Rate
CSCOM	Centre de Santé Communautaire
CSREF	Centre de Santé de Référence
CSW	Commercial Sex Worker
CYP	Couple Years of Protection
DALYS	Disability-Adjusted Life Years
DHS	Demographic and Health Survey
DRS	Direction Régionale de la Santé
DTK	Diarrhea Treatment Kit
FP	Family Planning
GHI	Global Health Initiative
HIV	Human Immunodeficiency Virus
HCT	HIV/AIDS Counseling and Testing
IDU	Injection Drug User
IPC	Interpersonal Communication
IRH	Institute for Reproductive Health
IUD	Intrauterine Devices
LARC	Long-Acting Reversible Contraceptive
MARP	Most at-Risk Population
MCHIP	Maternal and Child Health Integrated Program
MNCMOH	Ministry of Health
MSM	Men Who Have Sex with Men
NGO	Nongovernmental Organization
ORS	Oral Rehydration Salts
PLWHA	People Living with HIV/AIDS
PPIUD	Postpartum Intrauterine Device
POU	Point of Use
PSI	Population Services International
STI	Sexually Transmitted Infection
TRaC-M	Tracking Results Continuously – Monitoring Only
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VIA	Visual Inspection with Acetic Acid (cervical cancer screening tool)
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

Acknowledgments

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MCHIP would like to acknowledge the collaboration and contributions of the Mali USAID Mission and the Government of Mali. The completion of this project could not have been accomplished without the support of many individuals and organizations. We would like to extend our sincere thanks to all of them. We wish to thank various partners for their contribution to this project including the following, but not limited to those listed below, for their valuable leadership and technical support on this project:

- Ministry of Health (MOH)
- Ministry of National Education
- Ministry of Youth
- Regional Directions of Health
- Sectoral Committee for the Fight Against HIV/AIDS-MOH
- National Direction for the Promotion of Women
- National Center for Information, Education and Communication for Health
- Groupe Pivot
- ARCAD (Association de Recherche de Communication et d'Accompagnement à Domicile)
- AKS (Association Kéné Dougou Solidarité)
- NGO ARCAD
- NGO AKS (Association Kéné Dougou Solidarité)
- NGO SOUTOURA

Special thanks should be given to the entire PSI Mali staff for their hard work and dedication to the successful implementation of the project.

Executive Summary

The goal of the U.S. Agency for International Development’s (USAID’s) Maternal and Child Health Integrated Program (MCHIP) was to assist in scaling up evidence-based, high-impact maternal, newborn, and child health (MNCH) interventions to thereby contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4, 5, and 6.

The program component executed by PSI/Mali specifically contributed to:

- Increasing the availability and use of high-quality modern contraceptive methods among women of reproductive age;
- Reducing infant and child morbidity and mortality due to diarrhea by increasing the employment of point-of-use water treatment, oral rehydration salts (ORS), and zinc; and
- Reducing morbidity and mortality due to HIV and AIDS by increasing access to and use of safer sex products, HIV counseling and testing, and AIDS treatment and care in Mali.

In the execution of the project, PSI focused on promoting sustainable, country-led programming through the implementation of sound research, best practices, monitoring and evaluation, and advocacy techniques, to influence national policies.

Despite Mali’s unstable socio-political situation, PSI and its partners have been able to make significant progress in executing the project’s main deliverables. Through its focus on research-based behavior change communication (BCC) and social marketing, the MCHIP program in Mali implemented by PSI and its partners has had the following impact on health between October 2011 and June 2014:

MCHIP Project Health Impact between October and June 2012

HEALTH AREA	COUPLE YEARS OF PROTECTION (CYP) OR DISABILITY-ADJUSTED LIFE YEARS (DALYS) GENERATED	DEATHS AVERTED
Family -planning (FP)	1,320,829 CYPs	1,425 maternal deaths averted and 506,993 Unintended Pregnancies averted
HIV prevention	236,201 DALYs	4,453 HIV cases averted
Water, sanitation, and hygiene (WASH)	36,518 DALYs	441 diarrhea related deaths averted

Source: PSI Mali Management Information System.

Strategies used to achieve the results above include:

FOCUS ON CAPACITY BUILDING

Under MCHIP, PSI/Mali contributed to the development of local capacity in order to foster effective, country-led programming that will help strengthen the health system. The project focused on expanding and transitioning expertise and capacity to local private clinic providers and community-based centers and organizations to offer high-quality counseling and services for the full range of family planning (FP) methods and develop evidence-based communication strategies and high-quality materials for each audience.

STRONG PUBLIC PRIVATE PARTNERSHIP

The implementation focused on engaging the private sector actors, such as clinics owners and local cell phone and mining companies, to contribute to improvement in health outcomes. This area of implementation contributed to strengthen public-private partnership by showing concrete examples of private sector engagement.

STRATEGIC INTEGRATION OF SERVICES

The strategic integration of services is a universally recognized, high-impact best practice under USAID’s integration strategies within the Global Health Initiative, and has been noted as an effective way to encourage the adoption of safer behaviors through the provision of a comprehensive package of services. Under MCHIP, PSI broadened family planning, HIV/AIDS, and WASH services offered to key populations: Women of Reproductive Age, People Living with HIV/AIDS, Men Who Have Sex with Men (MSM), and Youth. A list of major activities undertaken is available on page 6 of this report.

MAIN INTERVENTIONS AND COVERAGE

TARGET POPULATIONS			MOST AT RISK POPULATIONS (MARPS) (MSM, COMMERCIAL SEX WORKERS, INJECTION DRUG USERS)	
HEALTH AREAS ACTIVITIES	WOMEN OF REPRODUCTIVE AGE	PEOPLE LIVING WITH HIV		YOUTH
Family planning and reproductive health	Demand creation and support to long-acting reversible contraceptive (LARC) service delivery in community health centers in Bamako, Kayes, and Sikasso via mobile outreach model	FP demand creation and referral to services	FP demand creation and referral to services	FP demand creation through school theaters on prevention themes and referral to services
HIV/TB prevention and linkage to services	HIV counseling and testing services offered through ProFam TB screening is also offered during counseling and testing for HIV	Design and production of targeted BCC materials, and prevention kits for local nongovernmental organizations (NGOs) to use and refer to services	Design and production of targeted BCC materials for local NGOs to use and refer to services	Community radio show designed and animated by youth volunteers School theaters on prevention themes in Bamako
Water, sanitation, and child survival	Demand creation for ORS/zinc and Aquatabs, especially in rural and peri-urban areas	Distribution of Positive Living (“Keneyasabati”) kit	N/A	School theaters on prevention themes

OVERVIEW OF LESSONS LEARNED AND WAY FORWARD



Mobile rural/urban outreach based on dedicated providers is an important service delivery model in family planning that has the potential to quickly help close the gap in service delivery between urban and rural areas. Furthermore, in low-resource and low contraceptive prevalence rate settings, this model significantly increases LARCs uptake by providers, hence helping to disseminate task shifting, and by women of reproductive age. The success of this project has prompted Mali's MOH to include the mobile

rural and urban outreach model as one of the best practices to use during the implementation of its new FP strategic plan, to be adopted soon.¹

TB integration into HIV counseling and testing: During the implementation of the project, it was noticed that there was a missed opportunity to offer TB screening and referrals to diagnosis to vulnerable population such as people living with HIV, miners, commercial sex workers (living in crowded compounds), and women of reproductive age. The project was able to demonstrate that TB screening can be integrated in HIV counseling and testing with minimal adjustments, for example, to the time needed by providers and clients for the counseling session. The project also helped to reveal a lack of governance in integrated activities. There is therefore a need to define a national lead on integrated activities in the country to allow better coordination and uptake of integrated activities at the lowest level of the health care system, and during mobile service delivery. Additionally, improvement in coordination will lead to better data collection and analysis on a national scale.

Integration of cervical cancer screening into LARC service delivery: Over the last year of implementation, the project team saw an opportunity to improve women's health by taking advantage of LARCs, especially intrauterine device (IUD) service provision, to offer low-cost cervical cancer screening using acetic acid to women, if they consented. Over the past few months, this experience has demonstrated that there is minimal resistance to the service from women when the offer is preceded by comprehensive counseling on FP and cervical cancer. Additionally, in a context where women do not regularly seek gynecologic/obstetric care, this type of integration presents an opportunity to provide a potential lifesaving screening.

Overall, the MCHIP project in Mali significantly contributed to increased awareness and adoption of healthy behaviors, while also increasing access to lifesaving health services and products.

¹ Mali National Family Planning Strategic Plan, final draft version, March 2014.

Introduction

Mali, located in West Africa in the Sahelian region, has a history of substantial economic progress and has seen growth over the years in numerous sectors. Yet the country has some of the highest poverty rates, and one in five children dies before the fifth birthday. The poverty is exacerbated by low levels of literacy, with the majority of the population having minimal access to health services, and high maternal mortality, mainly due to early childbirth in adolescence, which is widespread.²

The goal of the U.S. Agency for International Development's (USAID's) Maternal and Child Health Integrated Program's (MCHIP) is to assist in scaling up evidence-based, high-impact maternal, newborn, and child health (MNCH) interventions to thereby contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4, 5, and 6. PSI and local partners have been implementing MCHIP in Mali since 2012. Specifically, the project seeks 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; 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 reduce morbidity and mortality due to HIV/AIDS by increasing access to and use of safer-sex products in Mali.

The project built upon the achievements of USAID's past Pathways to Health Program, and other current reproductive health (RH), HIV, and water, sanitation, and hygiene (WASH) social marketing projects funded by the Dutch Government, the Women's Health Project and the Kreditanstalt für Wiederaufbau (KfW). In the execution of the project, PSI focused on promoting sustainable, country-led programming through the implementation of sound research, best practices, monitoring and evaluation, and advocacy techniques to influence national policies.

EPIDEMIOLOGICAL CONTEXT

Family Planning and Reproductive Health

Mali's modern contraceptive prevalence rate (CPR) rose from 6.9% in 2006 to 9.9% in 2012 and is among the lowest in the world. Malian women have on average 6.1 children in their lifetime, while one in 33 women in Mali will die from pregnancy-related causes, and one in 10 infants will die in their first year of life.³ Addressing Mali's unmet need for family planning (FP), currently 30%, is vital to saving women's lives and improving their health and their children's health.

Mali also has one of the highest rates of cervical cancer in the world, with a crude incidence rate of 23.2 per 100,000 women per year, compared to 15.8 globally.⁴ While the World Health Organization (WHO) has proven that visual inspection with acetic acid (VIA) is a reliable and low-cost tool to detect cancer, early⁵ screening is available in few sites and only 4.8% of women in Mali have been screened every three years.⁶

HIV and AIDS and Continuum of Care

² UNICEF Mali 2009.

³ Ibid.

⁴ Ibid.

⁵ Teguete I, Muwonge R, Traore C, Dolo A, Bayo S, Sankaranarayanan R. Can visual cervical screening be sustained in routine health services? Experience from Mali, Africa. *BJOG* 2012;119:220–226.

⁶ WHO/ICO Information Centre on HPV and Cervical Cancer (HPV Information Centre). Human Papillomavirus and Related Cancers in Mali. Summary Report 2010. Available at: www.who.int/hpvcentre/

The HIV/AIDS epidemic in Mali is characterized by its overall relatively low prevalence, 1.3% among the general population, but with a very high prevalence among vulnerable groups, especially youth—more than 40% are between 15 and 24 years old. These vulnerable groups include: men who have sex with men (MSM), with a prevalence of 17%, commercial sex workers (CSWs) with 35.3%, street vendors with 5.6%, and a growing number of injection drug users (IDUs). Like in many other countries, HIV in Mali affects more women than men, with 60% of all infections among women aged 15 and older.⁷ High-risk behaviors including low condom use, multiple and concurrent partnerships, and low testing for HIV continue to be factors driving the epidemic.

Diarrheal Disease

Lack of access to safe drinking water remains a major barrier to improving public health in Mali. Diarrheal disease, which is linked to unsafe drinking water, is the third largest killer of children in Mali. Similarly, lack of access to clean water has also resulted in periodic cholera outbreaks since 1970. Equally as important to reducing diarrhea-related mortality is the prompt and correct use of ORS and zinc for treatment.⁸ It should be noted that in Mali the ORS is often sold without zinc.

TARGETED POPULATION

The relevance to the population of the health burden addressed is a key determinant of the impact of a public health program. Taking into account the project time frame, Mali's epidemiological and political situation, as well as existing services and ongoing projects by PSI and other partners, PSI is focusing on the following non-mutually exclusive vulnerable groups:

Women of Reproductive Age

Contraceptive prevalence in Mali remains one of the lowest in the world. Knowledge about contraceptive methods, especially long-acting methods, is low—only 68% of women are aware of oral contraceptives, 63% are aware of implants, and 21% are aware of intrauterine devices (IUDs).⁹

People Living with HIV/AIDS (PLWHA)

According to national statistics, about 28,263 people are currently receiving treatment for HIV in Mali.¹⁰ Among them, close to 50% are receiving treatment and care at *Association de Recherche de Communication et d'Accompagnement à Domicile des Personnes Vivantes avec le HIV (ARCAD)*¹¹ facilities, while the other half are supposed to access care at government facilities. Forty-one percent¹² of the PLWHA accessing care through ARCAD have developed an opportunistic infection last year, and among those, 51% had TB. Despite these numbers, knowledge about hyper-infection and/or opportunistic infections such as tuberculosis is low, as is knowledge about HIV transmission, and self-efficacy to engage in necessary healthy lifestyle behaviors (drinking clean water, hand washing, consistent condom use, and sleeping under bed nets) in order to prevent opportunistic infections. Moreover, PLWHA looking for family planning options are currently offered only oral contraceptives, and are not counseled on or offered the range of other FP methods.

Commercial Sex Workers

⁷ Enquête Démographique de Santé du Mali, 2006.

⁸ *Clinical Management of Acute Diarrhea*, WHO/UNICEF Joint Statement, May 2004.

⁹ Ibid.

¹⁰ Fiche de tabulation des données de prise en charge des PVHIV. Base de données de la cellule de coordination de lutte sectorielle contre le HIV. Données du «3^{ème} trimestre 2012. Accéder le 28/05/2012.

¹¹ Association de Recherche de Communication d'Accompagnement à Domicile des Personnes Vivantes avec le HIV/SIDA, the largest local NGO working in close collaboration with the government to provide care to PLWHA, conduct outreach activities and provide HCT to MSM

¹² ARCAD, 2011 MIS annual data.

Due to their profession, CSWs as a group have the highest prevalence of HIV in Mali, 24.2% in a 2009 study.¹³ They also face stigma and social isolation, making it difficult to assess health services. While several community-based organizations (CBOs) are working with CSWs on HIV prevention, they lack high-quality, evidence-based communication materials to better serve this vulnerable group.

Men Who Have Sex with Men (MSM)

According to a 2008 study, HIV prevalence among MSM is about 17%,¹⁴ which is more than 20 times the rate among the general population.¹⁵ Unprotected anal sex, multiple sexual partners, and the often secretive nature of relationships between men contribute to a much higher HIV prevalence among MSM in many low- and middle-income countries, as compared to the general population. Many MSM have both male and female partners who may be unaware that their partners are having sex with other people and that they themselves are at an increased risk of infection. Anecdotal evidence further supports low risk perception among MSM because of the lack of targeted materials. The vast majority of HIV communication materials are targeted toward heterosexual couples; MSM have reported “not being at risk for HIV because they do not engage in sexual relationships with females.” Because little data exist on the determinants of sexual behaviors among MSM in Mali, it is often difficult to develop evidence-based interventions for them.

Youth

An alarming characteristic of the HIV epidemic in Mali is its expansion among youth, especially women aged 15 to 24. According to the 2006 Demographic and Health Survey, segmented by place of residence, the prevalence of HIV is 1.2% among women and 1.4% among men in Bamako. The same survey indicates that the prevalence among youth increases with the number of partners: 1.1% with a single partner, 3.3% with two partners, and 5.5% with three partners or more. Condom use among women aged 15–24 years is 17%, and 39% for men in the same age group. This age group is less knowledgeable about HIV in general, and lacks the self-efficacy needed to engage in protective behaviors such as condom negotiation and partner reduction. In addition, only 3.4% of sexually active girls aged 15–19 are using modern methods of contraception. These statistics show the need for an integrated approach, promoting dual protection to prevent sexually transmitted infections (STIs) and unintended pregnancies.

Injection Drug Users

Despite the growing number of injecting drug users with suspected signs of AIDS, there have been no studies at local or national level to assess the actual prevalence rate. PSI in collaboration with the National Technical Services launched the integration of TB and HIV/AIDS detection pilot project at the voluntary counseling and testing (VCT) center in Sikasso region and Bamako district. The results of this pilot project will be used for scaling up at national level.

¹³ CDC Integrated STI and Behavior Surveillance Survey, 2009.

¹⁴ Les Hommes qui ont des rapports sexuels avec d'autres Hommes et la réponse au HIV au Mali, 2008 Population Council, Mali Ministry of Health.

¹⁵ Ibid.

IMPLEMENTATION STRATEGY

Focus on Capacity Building

Under MCHIP, PSI/Mali contributed to the development of local capacity in order to foster effective, country-led programming that would help strengthen the health system. The project focused on expanding and transitioning expertise and capacity to local private clinic providers and community-based centers and organizations so they could offer high-quality counseling and services for the full range of FP methods and develop evidence-based communication strategies and high-quality materials for each audience.

In the public and private not for profit sector, Under MCHIP, PSI/Mali put in place a technical support agreement with public health authorities, the Regional Health Directorate, District Health Offices, and Community Health Centers. These agreements allowed the MCHIP program to significantly contribute to reproductive health, especially FP service delivery and quality uptake in the regions of Bamako, Sikasso, Kayes, and Segou. In the agreement, national, regional, and district authorities received training support to provide high-quality oversight. Following a cascade model, regional- and district-level providers led trainings of trainers (TOTs) in their respective community. Upon participating in the trainings, community-level providers also benefited from supportive supervision visits conducted by dedicated PSI providers to help them to continue to build their skills and ensure adoption of newly acquired behaviors, especially around long-acting reversible Contraceptives (LARCs). The selection of centers to support was made with national health authorities on the basis of factors such as contraceptive prevalence, availability of an FP room, availability of providers to train, and the like. The results achieved using this model helped persuade the government of Mali to include the mobile outreach strategy with dedicated providers among the “best practices to scale up” in the recently developed National Family Planning Strategic Plan.¹⁶

In the private for profit sector, Under MCHIP, PSI/Mali organized technical support agreements with private facility members of the social franchise, ProFam. Private sector providers received equipment and initial stocks of commodities. They also received dedicated coaching/supportive supervision visits via the mobile outreach model to enable them to offer high-quality, comprehensive FP counseling and services to their clients. Furthermore, network providers received training in basic accounting and book keeping as well as continuous quality assurance/quality improvement support. Social franchising under PSI’s model as a mechanism to increase access to underutilize health service was noted by the MOH in the PRODESS as one of the best practices to scale up in order to help the country meet the MDG goals.¹⁷

In the NGO sector, MCHIP was tasked by USAID to provide BCC capacity-building assistance to local NGOs executing the USAID HIV portfolio in the country. Over the life of the project, PSI Mali introduced more than 10 local and international NGOs to evidence-based BCC strategy development using the DELTA framework. The use of this framework allow trainees to use existing evidence, including formative research, field experience, and target group insight, to develop appropriate communication messages and tools. Moreover, the framework offered an opportunity to open the dialogue between NGOs, government representatives, and representatives of MARPs about taboo subjects such as right-based approach to programming, especially in work with MARPs such as MSM and CSWs. This experience was a tremendous success. Besides the development of overdue tailored communication materials for MSM, CSWs, and PLWHA in Mali, it also paved the way for the creation of a cluster on MARPs issues by the government, which in turn officially revised government guidelines in HIV programming and added MSM to the list of MARPs. In line with the combination prevention approach, the project

¹⁶National Family Planning Strategic Plan.

¹⁷Health Sector Development Program (PRODESS).

successfully undertook steps to collaborate with the WHO office in Mali to provide technical assistance to the MOH for the provision of integrated HIV counseling and testing (HCT) and TB screening during fixed and mobile HIV service delivery. Integrated TB-HIV services were to some degree non-existent in Mali, under MCHIP, PSI Mali was able to bring together the Cellule Nationale de Lutte contre le SIDA and the National TB Program to define an national integration strategy, conduct an integrated training together, and a pilot on integrated HCT/TB activities.

Strong Public-Private Partnership

As described in the project proposal, PSI/Mali does not create a parallel health system, but reinforces the existing public and private markets' ability to serve their population.

Private sector data into the national health management information system (HMIS):

While 60% of Malians seek care in the private sector, the national HMIS is rarely able to compute private sector data on service provision because the vast majority of private providers do not report. Many factors explain the lack of/under-reporting, including: fear of taxation, competition with the Centre de Sante Communautaire (CSCOM) on donated commodities (bed nets, vaccines), lack of data collection tools, and lack of knowledge about how to use the tools. Under MCHIP, PSI facilitated a series of discussions on this issue. The advocacy meetings with the Bamako Regional Health Office (Direction Régionale de la Santé [DRS], Bamako) and private providers led to a promising way forward. The DRS alleviated providers' fears around extra taxation and revenues implications, and organized a training of private providers on reporting tools. At the end of the trainings, PSI provided reporting tools to providers, and used its dedicated midwife teams to motivate providers to report. Reporting from network providers into the national HMIS went from less than 10% to 75% over a six-month period. In return for entering their data, private providers are now eligible to receive donated commodities from their respective health districts.

Raising awareness around cervical cancer, and improving treatment options: Cervical cancer is the second cause of cancer-related deaths among women of reproductive age in Mali.¹⁸ Despite trainings done by different MOH partners years ago, demand for screening services was latent, and only one facility in the country, Gabriel Toure Hospital, could offer treatment. In December 2013, with MCHIP funding, PSI Mali and its private partner, Fondation Orange, launched a national screening and treatment campaign. The campaign used integrated communication channels (TV, radio, print, traditional griots/announcers) synched to increase awareness and provide information on screening and treatment services. Over three weeks, the campaign drove more than 10,000 women to seek screening services, among whom 8,421 were screened, and 633 found were found to be VIA-positive and referred for further diagnosis. Besides creating demand for services, the provision of cryotherapy materials to all six reference hospitals in Bamako was a major turning point in opening access to affordable treatment to women in Mali.

Private business engagement toward improving health outcomes: Private sector contribution to reaching MDGs in Mali has always been recommended. Over the life of this project, PSI Mali developed a strong partnership with Orange, one of Mali's largest cell phone providers. In this partnership, Orange contributed to BCC efforts by reinforcing major campaign messages through free SMS to its network of over six million people.

¹⁸ Teguede I, Muwonge R, Traore C, Dolo A, Bayo S, Sankaranarayanan R. Can visual cervical screening be sustained in routine health services? Experience from Mali, Africa. *BJOG* 2012;119:220-226.

Strategic Integration of Services

The strategic integration of services is a universally recognized, high-impact best practice under USAID's strategies within the Global Health Initiative, and has been noted as an effective way to encourage the adoption of safer behaviors through the provision of a comprehensive package of services. Under MCHIP, PSI broadened family planning, HIV/AIDS, and WASH services offered to key populations: women of reproductive age, PLWHA, MSM, and youth. Best local practices disseminated from this project include the following activities:

FP/immunization and FP/nutrition integration: Since its launch and pilot by PSI in 2009, the FP/immunization strategy has been recognized as a best practice by the MOH and USAID and has been disseminated in many countries. Piggy-backing on the high immunization rate in the country, trained community health centers (CSCOM) midwives lead small-group education around comprehensive FP options to women coming to vaccinate their children. Women interested in FP methods can, on the spot, in the same location, receive private counseling and the method of their choice. Following on the success of the FP/immunization model, PSI with MCHIP funding is piloting FP/nutrition integration in regions with high nutrition activities mainly in Sikasso and Kayes. The idea is to continue to bring services to women in need, wherever they are.

TB/HIV integration: As part of the combination prevention approach, PSI/Mali worked with the MOH and WHO to integrate TB into HIV service delivery in Mali. While these activities are part of the recommended package of services, especially for PLWHA, they were still not put into practice for several reasons, including a lack of partnership between HIV/AIDS and TB national programs. PSI's strategy was to organize advocacy sessions between the two departments to synergize efforts on targeting populations, identifying intervention zones, and establishing performance indicators for data collection. Following advocacy efforts, training of providers was conducted to start activities and ensure referral and data collection and capture into the national health system. Additionally, joint meetings were held every quarter to discuss indicators and lessons learned from the integration.

Cervical cancer screening/LARC (IUD provision) integration: As mentioned earlier, the burden of disease associated with cervical cancer is increasing in a context where preventive service is rarely sought or known about. An innovative approach developed by the PSI/Mali team during the project is the integration of cervical cancer screening during IUD service provision in community health centers and ProFam clinics. Lessons learned from the experience revealed that this integration is acceptable to the providers and clients, and requires little time and financial investment. Furthermore, PSI through MCHIP was able to equip referral sites with much-needed cryotherapy materials for initial follow-up care.

Table 1. Main Interventions and Coverage

TARGET POPULATIONS	WOMEN OF REPRODUCTIVE AGE	PEOPLE LIVING WITH HIV	MARPS (MSM, CSWS, IDUS)	YOUTH
HEALTH AREAS ACTIVITIES				
Family planning and Reproductive Health	Demand creation and support to LARC service delivery in community health centers in Bamako, Kayes, and Sikasso via mobile outreach model	FP demand creation and referral to services	FP demand creation and referral to services	FP demand creation through school theaters on prevention themes and referral to services
HIV/TB prevention and linkage to services	HIV counseling and testing services offered through ProFam TB screening is also offered during HCT	Design and production of targeted BCC materials, and prevention kits for local NGOs to use and refer to services	Design and production of targeted BCC materials for local NGOs to use and refer to services	Community radio show designed and animated by youth volunteers School theaters on prevention themes in Bamako
Water, sanitation, and child survival	Demand creation for ORS/zinc and Aquatabs especially in rural and peri-urban areas	Distribution of Positive Living (“Keneyasabati”) kit”	N/A	School theaters on prevention themes

Major Accomplishments

FAMILY PLANNING AND REPRODUCTIVE HEALTH

Context

Mali's modern contraceptive prevalence rate (CPR) rose from 6.9% in 2006 to 9.9% in 2012 and is among the lowest in the world. The increase in modern contraceptive prevalence is mainly due to the injectable (from 2.5% to 4.0%), implants (0.1% in 2006 against 2.5% in 2012–2013). The use of FP to time and space pregnancies and prevent unintended pregnancies has been shown to significantly reduce maternal mortality and morbidity and lessen the chances of infant and child death. Addressing Mali's 30% unmet need for FP is vital to saving women's lives and improving their health and their children's health.

Table 2. MCHIP Strategies and Activities

INTERVENTION TARGET GROUP	IMMUNIZATION/FP PROVISION WITH FOCUS ON LARCS	CERVICAL CANCER SCREENING & TREATMENT	QUALITY ASSURANCE/QUALITY IMPROVEMENT
Women of reproductive age	Demand creation via interpersonal communication (IPC) agents in the community, in addition to periodic mass media campaign to address community norms/barriers to FP. Increased access to services in CSCOM and private clinics.	Demand creation for screening around facilities with equipment in Bamako. Increased access to service through private clinics (PSI dedicated providers). Positive cases are referred to Centres de Santé de Référence, CSREF, for further care including cryotherapy	Implementation of the external recommendation audit plan. Continuous supportive supervision of the clinics and community health centers through periodic efforts of PSI staff in improving the providers' skills, quality assurance, client satisfaction, or any other topic that can improve the quality of services.
Family planning services providers	Training on contraceptive technology and provision with a focus on LARCs, plus provision of initial insertion/removal equipment in Kayes, Bamako, and Sikasso.	Demand creation for service delivery (previously trained providers), plus introduction of cryotherapy equipment in 6 reference hospitals (Centres de Santé de Référence [CSREF]) in Bamako.	Combination of outreach mobile delivery and provider BCC activities (routine support visits to build providers' skills and confidence in high-quality provision of all FP methods especially LARCs).

Results

Behavior change communication strategies reached a total of 233,024 women of reproductive age, consequently contributing to generate 1,130,829 couple years protection, prevent 506,993 unintended pregnancies, and avert 1,425 maternal deaths. Besides, 139 providers were trained in postpartum IUD insertion, and another 324 in comprehensive contraceptive technology, in the public and private sectors. Performance improvement training was provided to ProFam clinic owners, and 10 providers were trained in marketing techniques. In the mass media, 554 TV spots and 69,029 radio spots focusing on the benefits of family planning were aired with FP messaging.

Next Steps

Promoting postpartum family planning/postpartum IUD (PPIUD): Advocacy efforts at national and regional levels for PPIUD have led to the drafting of a national PFP/IUD action plan and the creation of a PPIUD coordination committee piloted by national and regional trainer pools. These steps were taken to boost service uptake and make a significant contribution to meeting the needs of postpartum women.

Monitoring the spread and implementation of a national FP plan: MCHIP contributed significantly to the increase in attention to FP by the regional and health district authorities, and monitored the progress of the activities.

HIV/AIDS AND CONTINUUM OF CARE

Context

The HIV epidemic in Mali is characterized by its overall relatively low prevalence, 1.3% among the general population, but with a very high prevalence among vulnerable groups, which are composed largely of youth (more than 40% are between 15 and 24 years old). These vulnerable groups include: men who have sex with men (MSM), with a prevalence of 17%, sex workers with 35.3%, street vendors with 5.6%, and in growing number of injecting drug users. As in many other countries, HIV in Mali affects more women than men, with 60% of all infections among women aged 15 and older.¹⁹ High-risk behaviors including low condom use and multiple and concurrent partnerships, and low testing for HIV continue to be factors driving the epidemic. The 2010 National Strategic Plan echoed the 2009 UNAIDS²⁰ country report by emphasizing the “need to intensify interventions towards vulnerable populations that represent pockets of concentration of the epidemic and particularly that present significant potential risks in terms of dynamics of the epidemic and a challenge to step up prevention.”

Table 3. MCHIP Strategies and Activities

INTERVENTION	BEHAVIORAL	BIOMEDICAL	STRUCTURAL
TARGET GROUP			
MSM	Targeted materials (innovative IPC games) designed using DELTA and DELTA Promo	Referral or HCT at appropriate places and times Improved access to condoms and lubes STI screening, counseling, and referral to treatment	ARCAD providers and mobile testing staff have already received sensitivity training to serve MSM in and around designated hot zones.
Youth	Participatory theater promoting preventive behaviors, HCT, and FP Youth Facebook page	HCT Condom distribution Referrals to designated FP and HCT services Referrals to treatment for youth testing HIV-positive	ProFam network providers and HCT mobile team are already trained on providing quality services to this population.

¹⁹ Enquête Démographique de Santé du Mali, 2006.

²⁰ http://www.unaids.org/ctrysa/AFRMLI_en.pdf

INTERVENTION	BEHAVIORAL	BIOMEDICAL	STRUCTURAL
PLWHA	Targeted BCC and information, education, and communication	Referral to CD4 count, and viral load testing (provided at government and ARCAD facilities) Improved access to condoms, BCP, and FP TB screening and referral to existing -government free TB diagnosis and treatment services Provision of family planning options, and referral to existing PMTCT services	ARCAD personnel are already trained on stigma and discrimination, stigma reduction.
Commercial Sex Workers	Targeted BCC and information, education and communication	HCT Condom distribution Referrals to designated FP and HCT services	SOUTOURA providers and mobile testing staff have already received sensitivity training to care for CSWs in and around designated hot zones.
Injecting Drug Users	Targeted BCC and information, education and communication	HCT Condom distribution	ALPHALOG personnel are already trained on stigma reduction and discrimination. They have also trained police forces in a more understanding approach toward suspected IDUs

Results

The distribution team sold 45,603,552 male condoms over the course of the past three years. There was a 20% increase in wholesalers' and distributors' demand for male condoms in Program Year 5, leading the team to exceed the objective by 44%. Unfortunately due to late arrivals of USAID-donated commodities; male condoms were out of stock by the end of 2013 for five months, with new stock arriving in 2014.

During the life of the program, 32,649 people were tested for HIV/AIDS. Of these, 18,574 were female and were 14,102 male, and in line with the combination prevention approach, 650 referrals were made for additional services including follow-up care and treatment. The project crude positivity rate is 1.8%, which is not too far from the country prevalence of 1.3%.²¹ A total of 17,997 care kits were distributed to PLWHIV and 452 counseling sessions were held with PLWHIV. A counseling and testing mobile team was assembled, which integrated TB screenings and referrals. Advocacy sessions were held to integrate HIV and TB activities in Mali with the Ministry of Health.

Communication materials, brochures, radio spots, and TV spots were developed, focusing mainly on youth and a positive living approach. Prior to MCHIP's HIV/AIDS program, outreach in Mali did not include a focus on positive living methods. Workshops were held to develop communication materials to reach PLWHIV and HIV prevention communication materials

²¹ HIV prevalence in Mali's general population is 1.3% (EDS 2006).

MCHIP pioneered a radio show offering youth an arena to openly discuss sexual and reproductive health issues they face including gender-based violence. The project worked with a team of youth volunteers to develop and air the weekly program called Grin. The program has gained a lot of listeners among youth, and continues to receive requests to extend it to the entire country, link youth with services, and use other media such as TV.

Next Steps

HIV prevention programming will continue to extend integrated TB-HIV screening to additional regions to be determined by the National TB program.

Sexual and reproductive health communication activities targeting youth will continue and will be strengthened by a service delivery pilot, co-shared with another donor, to respond to youth needs around service availability.

WATER, SANITATION AND CHILD SURVIVAL

Context

Lack of access to safe drinking water remains a major barrier to improving public health in Mali. Diarrheal disease, which is linked to unsafe drinking water, is the third largest killer of children in Mali. According to the 2012 Demographic and Health Survey (DHS), 6% of children under the age of five had diarrhea in the two weeks preceding the survey. Similarly, lack of access to clean water has also resulted in periodic cholera outbreaks since 1970. Equally as important to reducing diarrhea-related mortality is the prompt and correct use of ORS and zinc for treatment.²²

Table 4. MCHIP Strategies and Activities

INTERVENTION TARGET GROUP	WATER AND SANITATION	CHILD SURVIVAL
Children under 5	Demand creation for water purification tablets, Aquatabs, especially in rural and areas	Demand creation for ORS/zinc in rural and urban areas
Mothers and caregivers of children under 5	Targeted BCC (handwashing campaign)	Targeted BCC

Results

A total of 17,949,630 water purification tablets, Aquatabs, were distributed, with the support of 57,461 radio spots and 183 TV spots. Mass media targets for TV and radio promotion of handwashing could not be met due to the suspension of funding in the second semester of 2012. However, to continue demand creation activities, the communication strategy was revised to use 87 community-based radios and community health workers. Additionally, to increase adoption of healthy behavior messages in targeted local communities, PSI created ORS/zinc points of sales, targeting nurses and mothers and focusing messages on early treatment of diarrhea in children, and increasing prevention through handwashing.

Next Steps

A next step is to improve demand creation for ORS/zinc by popularizing the benefits of the combined formula, ORS+Zinc, which is different from existing ORS in the country. Additionally, pretesting has shown that mothers preferred the “strawberry flavored” product, and hence will be more likely to give it to their children. Overall, the product could help address the challenges related to diarrhea in children under five if additional funding for promotion is available.

²² *Clinical Management of Acute Diarrhea*, WHO/UNICEF Joint Statement, May 2004.

RESEARCH AND MONITORING AND EVALUATION

Research activities are summarized in the implementation of the following qualitative and quantitative studies:

- Perception of the emotional and functional attributes of the pill (Pilplan-d) and the injectable (Trust) among women aged 18–30 years
- Repositioning of the male condom Protector Plus®
- Basic care for people living with HIV
- Availability of social marketing products in general trade and pharmacies;
- Documentary magazine on MSM and sex workers

The different objectives and results of these studies are presented in the related study reports; an overview of the reports is presented in Table 5 below.

Next Steps

The program, which continued until the end of June 2014, included studies on injectable drug users in the city of Sikasso; the evaluation of communication campaigns for Aquatabs, Orasel/Zinc, and modern methods of contraception such as "N 'terini"; and the pretest spot and brochure on the integration of FP services/HIV/TB clinics in the ProFam network.

Table 5. Studies: Objectives, Key Findings, and How the Findings Were Used

STUDY TITLE	OBJECTIVES	KEY FINDINGS	HOW THE FINDINGS WERE USED
<p>Perception of emotional and functional attributes of the pill Pilplan-d and injectable Confiance brands among women aged 18-30 years in Mali (2012)</p>	<p>Understand perceptions of women of reproductive age about short-term contraceptives; Understand relationship with the brands; and Understand positive and negative associations with the brand characteristics.</p>	<p>Both brands, Confiance and Pilplan-d, are sold for the same price as the public sector product. There is a need to revamp the packaging to revitalize the products as they are perceived as being old, for older women.</p>	<p>Advocacy to revise the price of both products is under way, and will be revised upward to reflect inflation in Mali, if government support is obtained. Packaging improvement process started in 2013 and is ongoing, to make products more attractive to women of reproductive age.</p>
<p>Exploring the creation of a new brand, and/or repositioning the condom Protector Plus in Mali (2012)</p>	<p>Understand customers' perceptions about Protector condoms; Understand customers' purchase habits, and use; Get an insight on brand perception/association; and Understand positive and negative associations with the brand characteristics.</p>	<p>Like the other products, the Protector condom is sold for the same price as the public sector condom. Customers also found that condoms are not visible at points of sale. They are barely visible in pharmacies. Customers are concerned about smell, lubrication, and strength.</p>	<p>The price of Protector to full and semi-wholesalers was revised upward to reflect inflation in the country in 2013. Efforts to improve point-of-sale branding and visibility in pharmacies are ongoing. An emphasis will be placed on building strong evidence of reliability and quality of Protector Plus in communication and promotional activities.</p>
<p>Measuring coverage and coverage quality of social marketing products and brands in the private distribution system; Get data on product quality and product coverage; and Get data on products' penetration at point of sale. Mali (2012)</p>	<p>Assess geographic coverage of social marketing products and brands in the private distribution system; Get data on product quality and product coverage; and Get data on products' penetration at point of sale.</p>	<p>Protector is accessible and available in urban areas, but to some degree non-existent in rural areas of Segou and Mopti, where demand is high.</p>	<p>Communication and distribution efforts will be revised to increase coverage and penetration in rural areas.</p>
<p>Formative study (quantitative) to understand PLWHA behaviors toward care in Mali (2013)</p>	<p>The objective of the study was to help design an acceptable basic care package and BCC messages for PLWHA in Mali.</p>	<p>Consistent condom use is less likely (28%) among sero-discordant couples. Malaria is the most common recurrent illness among PLWHA; 41.3% had one episode of malaria in the last three months preceding the study.</p>	<p>These results helped in the design of a basic care package distributed to PLWHA, and in the design of BCC messages and tools on key healthy behaviors targeting PLWHA.</p>

STUDY TITLE	OBJECTIVES	KEY FINDINGS	HOW THE FINDINGS WERE USED
<p>Literature review on MSM and CSWs in Mali and West Africa</p>	<p>Collect and understand available information and data on MSM and CSW health behaviors, as well as their attitudes and perceptions toward health messages and services in Mali and the West African region.</p>	<p>Very few data are available on CSWs and MSM in Mali. BCC tools targeting CSW have been developed more than a decade ago and not adapted. BCC tools and messages targeting MSM have never been developed in the country.</p>	<p>The review provided insights, which, coupled with field experience, helped design targeted BCC messages, tools, and strategies using PSI's DELTA process.</p>

Cross-Cutting Themes

THEME 1: GENDER

Gender equity plays an important role in improving health outcomes. Socio-economic and cultural trends related to gender often reinforce vulnerability, increasing the importance of addressing gender in a comprehensive manner. For example, one of the major reasons men cite for refusing contraception is that they view it as a way of imposing limits on the size of a community.²³ The MCHIP project and funds from the Institute for Reproductive Health (IRH) developed a strategy to introduce men to family planning through the Standard Days Method, also called Cyclebeads. Cyclebeads are relatively well-known in Mali as part of the modern method portfolio. However, a latent demand for the method existed as it was distributed through PSI's social marketing channel without demand creation support. Through anecdotal evidence, it was revealed that religious men interested in family planning were more likely to buy and recommend Cyclebeads to their spouse. Besides, recent IRH research²⁴ also demonstrated the need to reposition Cyclebeads toward consumers, taking into account factors such as literacy levels, the design of the accompanying insert, etc. Using both research and anecdotal evidence, PSI, under the MCHIP program, designed a marketing plan and put together a team of promoters to offer Cyclebeads to shop owners. There was a dramatic increase in the number of Cyclebeads distributed. Sales reports also indicated that most customers were middle-aged men, interested in the “natural” character of the method, and its apparent ease of use. The main lesson learned through this experience is that Cyclebeads could be used as an entry point into the FP discussion, especially in countries with a social and religious context similar to Mali. This experience was disseminated at the 2013 International Family Planning Conference²⁵ in the abstract session on best practices. The abstract can be found in the final project documents.

THEME 2: MHEALTH

Data collection is an important aspect of monitoring and evaluation in all projects. However, the quantity of data to be collected and the number of service delivery collection points could be barriers to entering and using data for program reports and improvements. The project pioneered data collection through mobile phones over the last year of the project. Before this new alternative, the project team used to wait for a minimum of 10 days at the end of each month before being able to obtain data and make necessary adjustments.

Data collection from four regions in real time using mobile phone was based on the datawinners software system. It involved midwives' supervisors sending recorded data (on IUDs, PPIUDs, and implants inserted, cervical cancer screening and HIV tests performed) on a daily basis at the end of clinic activities. The analysis of these data allows us to measure the evolution of the results over time, to identify the contribution of clinics on the one hand and the contribution of midwives on the other.

²³ USAID's 2011 report, *The Use of Family Planning in Mali: The How and Why of Taking Action*, documents men as citing FP as a means of imposing one's will over the will of God, in which one respondent remarks: “It is up to God, not man, to decide.”

²⁴ Etude IRH sur l'amélioration de l'insert pour une meilleure utilisation du collier

²⁵ La méthode du Collier du Cycle™ : porte d'entrée des hommes à la planification familiale au Mali <https://www.xcdsystem.com/ICFP2013/program/index.cfm?aID=2594&selID=421>.

Recommendations and Way Forward

1. **The mobile rural/urban outreach strategy** as an important service delivery model:

With MCHIP funding, PSI conducted a small-scale pilot looking at the sustainability of the dedicated providers' model in a context of support to CSCOMs for LARC provision. Lessons learned from this pilot include:

- Dedicated providers play the role of change catalyst in low-resource and low CPR settings. They facilitate LARC uptake by providers, and hence help disseminate task shifting. They can dramatically influence providers' attitudes, beliefs, and self-efficacy to offer LARCs.
- Mobile outreach for service delivery with dedicated providers will/should vary depending on the setting. It is not a one-size-fits-all model, and it will be different in urban vs. peri-urban or rural areas. This strategy also requires strong MOH engagement to ensure commodity security, and MOH leadership in training and supervision to build in sustainability from the start.

2. **Integration of TB into HIV counseling and testing:**

During the implementation of the project, it was noticed that there was a missed opportunity to offer TB screening and referrals to diagnosis to vulnerable population such as PLWHA, miners, CSWs (living in crowded compounds), and women of reproductive age. Therefore the project reached out to WHO to get its technical assistance to incorporate TB screening questions into HCT intake forms, and train providers to offer TB screening. After the initial pilot in Bamako, the following recommendations were made:

- TB screening can be integrated with HIV HCT with minor adjustments needed from the provider and the clients.
- There is a need to define a national lead on integrated activities in the country to allow better coordination and uptake of integrated activities at the lowest level of the health care system, and during mobile service delivery. Additionally, improvement in coordination will lead to better data collection and analysis on a national scale.

3. **Youth-friendly sexual and reproductive health services:**

Youth sexual and reproductive health issues are not publically discussed in Mali. While youth are considered a key population, very few programs target them with comprehensive sexual and reproductive health 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 allows interactive discussions during and immediately after the show between youth, and also between parents and children.
- Also, it appeared important to use this avenue to publicize the existing point of service because anecdotal evidence shows that the vast majority of youth do not know where to go or are afraid to go to an ordinary provider.

4. **Integration of cervical cancer screening into LARC service delivery:**

PSI Mali saw an opportunity to improve women's health by taking advantage of LARCs, especially IUD service provision, to offer low cost, cervical cancer screening using acetic acid (VIA) to women if they 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 gynecologic/obstetric care, this type of integration presents an opportunity to provide a potential lifesaving screening.

Annex 1: Indicator Matrix

UPDATED PERFORMANCE MONITORING PLAN (PMP)

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
OBJECTIVE 1: Improve access to family planning, through the provision of outreach services.					
1.1	Number of implant insertions	Number of implant insertions in public and private health centers supported by PSI	PSI MIS data	PY4: 16,000 PY5: 19,000 PY6: 13,500 TOTAL: 48,500	PY4: 18,145 PY5: 17,749 PY6*: 11,986 TOTAL: 47,880 LOP progress to target: 99%
1.2	Number of IUD insertions	Number of IUD insertions in public and private health centers supported by PSI	PSI MIS data	PY4: 3,000 PY5: 12,000 PY6: 10,800 TOTAL: 25,800	PY4: 6,066 PY5: 14,295 PY6: 10,684 TOTAL: 31,045 LOP progress to target: 120%
1.3	Number of providers trained in contraceptive technology	Number of providers completing 2-week training including validating 5 practical insertions for both IUDs and implants	PSI reports	PY4: 40 PY5: 70 PY6: 100 TOTAL: 210	PY4: 95 PY5: 129 PY6: 51 TOTAL: 324 LOP progress to target: 154%
1.4	Number of providers trained in postpartum IUD insertion	Number of providers completing 2-week training including validating 5 practical PPIUD insertions	PSI reports	PY4: 18 PY5: 30 PY6: 30 TOTAL: 78	PY4: 91 PY5: 37 PY6: 11 TOTAL: 139 LOP progress to target: 178%
1.5	Number of women screened for cervical cancer	Number of women screened for cervical cancer by trained providers	PSI reports	PY4: 0 PY5: 0 PY6: 2,000 TOTAL: 2,000	PY4: N/A PY5: 1,286 PY6: 13,050 TOTAL: 14,336 LOP progress to target: 717%
1.6	Number of ProFam PLUS owners trained in accounting and finance	Number of clinic owners attending one day training on finance	PSI reports	PY4: 0 PY5: 30 PY6: 0 TOTAL: 30	PY4: N/A PY5: 0 PY6: 26 TOTAL: 26 LOP progress to target: 87% Four clinic owners declined the invite due to time constraints

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
1.7	Number of FP brochures produced	Number of FP integrated service brochures produced	PSI reports	PY4: 0 PY5: 10,000 PY6: 0 TOTAL: 10,000	PY4: N/A PY5: 0 PY6: 22,000 TOTAL: 22,000 LOP progress to target: 220%
1.8	Number of FP flip charts produced	Number of FP flip charts produced	PSI reports	PY4: 0 PY5: 500 PY6: 0 TOTAL: 500	PY4: N/A PY5: 590 PY6: 200 TOTAL: 790 LOP progress to target:158%
1.9	Number of FP TV spots aired	Number of FP TV spots aired	PSI reports	PY4: 50 PY5: 120 PY6: 164 TOTAL: 334	PY4: 132 PY5: 258 PY6: 164 TOTAL: 554 LOP progress to target: 165%
1.10	Number of FP radio spots aired	Number of FP radio spots aired	PSI reports	PY4: 10,000 PY5: 18,000 PY6: 9,000 TOTAL: 37,000	PY4: 27,700 PY5: 32,329 PY6: 9,000 TOTAL: 69,029 LOP progress to target: 187%
1.11	Number of "Ma femme, mon amie" shows aired	Number of "Ma femme, mon amie" shows aired	PSI reports	PY4: 0 PY5: 21 PY6: 17 TOTAL: 38	PY4: N/A PY5: 4 PY6: 19 TOTAL: 23 LOP progress to target: 61%. Please note this target was not met due to media restriction during the emergency state period
1.12	Number of FP Mobile Video Units (MVU) films produced	Number of FP MVU films produced	PSI reports	PY4: 0 PY5: 1 PY6: 0 TOTAL: 1	PY4: N/A PY5: 1 PY6: 0 TOTAL: 1 LOP progress to target: 100%
1.13	Experimentation completed	Analysis of surveys and MIS data compiled, presented to mission	PSI reports	PY4: 0 PY5: 1 PY6: 1 TOTAL: 1	PY4: N/A PY5: 0 PY6: 1 TOTAL: 1 LOP progress to target: 100%

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
1.14	Number of meetings with DSR [reproductive health department] sponsored	Number of meetings with DSR sponsored		PY4: 5 PY5: 0 PY6: 0 TOTAL: 5	PY4: 2 PY5: N/A PY6: N/A TOTAL: 2 LOP progress to target: 40% These planning meetings were scheduled to help DRS jump start LARCs offering, no further meetings were necessary after the initial 2.
1.15	Number of FP micro programs airings on radio	Number of FP micro programs airings on radio		PY4: 600 PY5: 0 PY6: 0 TOTAL: 600	PY4: 8,314 PY5: N/A PY6: N/A TOTAL: 8,314 LOP progress to target: 1,386%
OBJECTIVE 2: Increase the demand for and consumption of FP-, reproductive health-, HIV-, and diarrhea-related health commodities through effective and innovative social marketing.					
2.1	Number of combined oral contraceptives (COC) cycles distributed	Number of combined oral contraceptives (COC) cycles distributed by Laborex and PSI distribution agents	PSI MIS data	PY4: 1,448,298 PY5: 1,370,972 PY6: 1,200,00 TOTAL: 4,019,270	PY4: 1,249,797 PY5: 1,670,824 PY6: 551,704 TOTAL: 3,472,325 LOP progress to target: 86% Stock out issues during PY6 hindered achievements
2.2	Number of injectables distributed	Number of injectables distributed by Laborex and PSI distribution agents	PSI MIS data	PY4: 580,829 PY5: 540,529 PY6: 400,000 TOTAL: 1,521,358	PY4: 516,017 PY5: 562,856 PY6: 272,886 TOTAL: 1,351,759 LOP progress to target: 89% Stock out issues during PY6 hindered achievements

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
2.3	Number of Cyclebeads distributed	Number of Cyclebeads distributed by Laborex and PSI distribution agents	PSI MIS data	PY4: 1,000 PY5: 2,000 PY6: 1,000 TOTAL: 4,000	PY4: 1,714 PY5: 799 PY6: 298 TOTAL: 2,814 LOP progress to target: 70% There was no funds allocated to demand creation at the end of the IRH project that was complementing products offering with demand creation activities
2.4	Number of Positive Living Kits distributed to PLWHA	Number of Positive Living Kits distributed	PSI MIS data	PY4: 0 PY5: 10,000 PY6: 8,000 TOTAL: 18,000	PY4: N/A PY5: 9,997 PY6: 8,000 TOTAL: 17,997 LOP progress to target: 99.9%
2.5	Number of <i>Protector PLUS</i> condoms distributed	number of <i>Protector Plus</i> condoms distributed by PSI distribution agents	PSI MIS data	PY4: 12,102,066 PY5: 14,500,000 PY6: 12,000,000 TOTAL: 38,602,066	PY4: 16,970,402 PY5: 20,368,358 PY6: 8,264,792 TOTAL: 45,603,552 LOP progress to target: 118%
2.6	Number of people tested by VCT team	Number of people tested by VCT team	PSI MIS data	PY4: 0 PY5: 16,800 PY6: 16,000 TOTAL: 32,800	PY4: N/A PY5: 18,534 PY6: 20,762 TOTAL: 39,296 LOP progress to target: 120%
2.7	Number of TV spots aired	Number of HIV TV spots stigma aired	PSI reports	PY4: 150 PY5: 0 PY6: 90 TOTAL: 240	PY4: 77 PY5: N/A PY6: 96 TOTAL: 96 LOP progress to target: 40% Please note this target was not met due to media restriction during the emergency state period
2.8	Number of radio spots aired	Number of HIV radio spots stigma aired	PSI reports	PY4: 20,000 PY5: 0 PY6: 8,000 TOTAL: 28,000	PY4: 25,302 PY5: N/A PY6: 8,000 TOTAL: 33,302 LOP progress to target: 119%

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
2.9	Number of brochures produced	Number of HIV brochures produced	PSI reports	PY4: 17,500 PY5: 0 PY6: 0 TOTAL: 17,500	PY4: 17,500 PY5: N/A PY6: N/A TOTAL: 17,500 LOP progress to target: 100%
2.10	Number of posters produced	Number of HIV posters produced	PSI reports	PY4: 4,927 PY5: 0 PY6: 0 TOTAL: 4,927	PY4: 0 PY5: N/A PY6: N/A TOTAL: 0 LOP progress to target: 0% Strategy revision with target group, PLWHA, demonstrated that posters will be ineffective in reaching the audience
2.11	Number of events sponsored	Number of HIV prevention events sponsored	PSI reports	PY4: 4 PY5: 0 PY6: 5 TOTAL: 9	PY4: 1 PY5: N/A PY6: 6 TOTAL: 7 LOP progress to target: 77%
2.12	Number of in-school youth reached with integrated FP/HIV messages	Number of in-school youth reached with integrated FP/HIV messages	PSI reports	PY4: 0 PY5: 1,000 PY6: 1,000 TOTAL: 2,000	PY4: N/A PY5: 0 PY6: 10,327 TOTAL: 10,327 LOP progress to target: 516%
2.13	Baseline study PLWHA completed	Baseline study PLWHA completed	PSI reports	PY4: 0 PY5: 1 PY6: 0 TOTAL: 1	PY4: N/A PY5: 1 PY6: N/A TOTAL: 1 LOP progress to target: 100%
2.14	Number of diarrhea treatment kits distributed	Number of diarrhea treatment kits distributed	PSI MIS Data	PY4: 300,000 PY5: 500,000 PY6: 350,000 TOTAL: 1,150,000	PY4: 70,771 PY5: 118,098 PY6: 96,853 TOTAL: 285,722 LOP progress to target: 25% Funds allocation did not covered demand creation despite team efforts to use other strategy this objective could not be met

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
2.15	Number of Orasel/Zinc TV spots broadcast	Number of Orasel/Zinc TV spots broadcast	PSI reports	PY4: 100 PY5: 120 PY6: 164 TOTAL: 384	PY4: 30 PY5: 214 PY6: 164 TOTAL: 408 LOP progress to target: 106%
2.16	Number of Orasel/Zinc radio spots broadcast	Number of Orasel/Zinc radio spots broadcast	PSI reports	PY4: 3,000 PY5: 16,000 PY6: ,000 TOTAL: 28,000	PY4: 18,225 PY5: 12,490 PY6: 9,396 TOTAL: 40,111 LOP progress to target: 143%
2.17	Number of Orasel/Zinc micro programs broadcast on community radio	Number of Orasel/Zinc micro programs broadcast on community radio	PSI reports	PY4: 300 PY5: 300 PY6: 2,000 TOTAL: 2,600	PY4: 0 PY5: 0 PY6: 2,000 TOTAL: 2,000 LOP progress to target: 77% Please note this target was not met due to media restriction during the emergency state period
2.18	Number of community events sponsored	Number of handwashing and safe water events sponsored	PSI reports	PY4: 1 PY5: 0 PY6: 2 TOTAL: 3	PY4: 1 PY5: N/A PY6: 1 TOTAL: 2 LOP progress to target: 67% Please note this target was not met due to public gathering suspension during the emergency state period
2.19	Number of generic handwashing TV spots broadcast	Number of generic handwashing TV spots broadcast	PSI reports	PY4: 95 PY5: 100 PY6: 60 TOTAL: 255	PY4: 0 PY5: 97 PY6: 60 TOTAL: 157 LOP progress to target: 62% Please note this target was not met due to media restriction during the emergency state period

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
2.20	Number of generic handwashing radio spots broadcast	Number of generic handwashing radio spots broadcast	PSI reports	PY4: 18,000 PY5: 18,000 PY6: ,000 TOTAL: 45,000	PY4: 900 PY5: 18,000 PY6: 9,000 TOTAL: 27,900 LOP progress to target: 62% Please note this target was not met due to media restriction during the emergency state period
2.21	Number of branded <i>Aquatabs</i> TV spots broadcast	Number of branded <i>Aquatabs</i> TV spots broadcast	PSI reports	PY4: 95 PY5: 70 PY6: 60 TOTAL: 225	PY4: 51 PY5: 72 PY6: 60 TOTAL: 183 LOP progress to target: 81% Please note this target was not met due to media restriction during the emergency state period
2.22	Number of <i>Aquatabs</i> radio spots broadcast	Number of <i>Aquatabs</i> radio spots broadcast	PSI reports	PY4: 18,000 PY5: 16,000 PY6: 9,000 TOTAL: 43,000	PY4: 32,460 PY5: 16,001 PY6: 9,000 TOTAL: 57,461 LOP progress to target: 134%
2.23	Number of <i>Aquatabs</i> distributed	Number of <i>Aquatabs</i> distributed	PSI MIS Data	PY4: 7,964,200 PY5: 7,500,000 PY6: 6,000,000 TOTAL: 21,464,200	PY4: 7,103,430 PY5: 5,194,700 PY6: 5,651,500 TOTAL: 17,949,630 LOP progress to target: 299%
2.24	Business operations software upgraded	Business operations upgraded using configured Lawson integrated financial software for accounting, procurement and supply-chain management	PSI Reports	PY4: 0 PY5: 0 PY6: 1 TOTAL: 1	PY4: 0 PY5: 0 PY6: 1 TOTAL: 1 LOP progress to target: 100%

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

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	TARGET	ACHIEVEMENTS
3.1	Number of clinic staff trained on business skills	ProFam clinic staff trained on business skills	PSI reports	PY4: 0 PY5: 0 PY6: 26 TOTAL: 26	PY4: 0 PY5: 0 PY6: 26 TOTAL: 26 LOP progress to target: 100%
3.2	Number of IPC workers from CBOs trained on message development	Soutoura IPC workers trained on targeted health message development	PSI reports	PY4: 0 PY5: 0 PY6: 15 TOTAL: 0	PY4:0 PY5: 0 PY6: 15 TOTAL: 15 LOP progress to target: 100%
3.3	Number of DELTA workshops completed	Number of DELTA workshops resulting in high-quality BCC materials conducted with local CBOs	PSI reports	PY4: 0 PY5: 3 PY6: 1 TOTAL: 4	PY4:0 PY5: 3 PY6: 1 TOTAL: 4 LOP progress to target: 100%
3.4	Number of CBOs trained on internal controls	ARCAD-SIDA and GPSP (Pivot Group for Health and Population) trained on internal controls and on best practices for targeted health communication material	PSI reports	PY4: 0 PY5: 0 PY6: 2 TOTAL: 2	PY4: N/A PY5: 1 PY6: 2 TOTAL: 3 LOP progress to target: 150%
OBJECTIVE 4: Assess the prevalence of HIV and AIDS in the population of injection-drug users in the city of Sikasso, partnering with Kéné Dougou Solidarité.					
4.1	Quantitative research completed	Analysis of quantitative research compiled and presented to USAID mission to map injection drug users in Sikasso for pilot project programming	PSI reports	PY4: 0 PY5: 0 PY6: 1 TOTAL: 1	PY4:N/A PY5: N/A PY6:1 TOTAL:1 LOP progress to target:100%
4.2	Number of drug-users tested for HIV/AIDS by VCT team	VCT services targeting injection drug users provided in Sikasso	PSI reports	PY4: 0 PY5: 0 PY6: 0 TOTAL: 0	PY4: N/A PY5: N/A PY6: 90 TOTAL: 90 LOP progress to target: 100%
4.3	Number of sub-contracts with CBOs	1 sub-contract signed with Kenedougou Solidarité	PSI reports	PY4: 0 PY5: 0 PY6: 1 TOTAL: 1	PY4: N/A PY5: N/A PY6: 1 TOTAL: 1 LOP progress to target: 100%

*PY6 data is through May 2014

Annex 2: Success Stories

SUCCESS STORY #1: GRASSROOTS COMMUNICATION TO SUPPORT COMMUNITY HEALTH DURING CERVICAL CANCER SCREENING WEEK

In Mali, various campaigns or activities were implemented to fight cervical cancer and promote cancer screening in women. However, very few campaigns were able to convince target populations to go to health care centers. Although regarded as the most common cancer effecting women, cervical cancer is unfortunately still not known by millions of Malian women. With a rough incidence rate of 23.2 per 100,000 women every year, it represents a real threat to public health. Therefore, it remains urgent to inform women in rural, urban, and suburban areas on cancer screening to prevent this silent killer in time. In a society where female intimacy is much respected, what communication would be effective to convince these women to go to health care centers for massive screening?



Launch ceremony of cervical screening campaign in the CSREF in Lafiabougou - Bamako.

To contribute to reducing maternal and infant mortality and to support efforts in improving the living conditions of women, PSI Mali organized, with the financial support of USAID/MCHIP and in collaboration with the Regional Health Directorate of the District of Bamako and the National Health Directorate, **a large campaign of free screening and treatment of cervical cancer in 12 Community health centers (CSCOM), six referral health centers (CSREF), the National Center for Disease Control (CNAM) and two University Hospital Centers (CHU) of the District of Bamako, from December 9–20, 2014.**

During two weeks, **8,041 women received screening, 596 of whom were positive cases referred to relevant care services and 1,187 of whom had a genital infection and received treatment and/or were referred to a relevant center medical care.** These achievements exceed by far the initial target of 3,000 women.



These results were reached thanks to a vast mobilization based on coherent grassroots communication through a mixture of tools and other means. Upstream of the campaign, **four radio stations that have a very wide listening audience among women aired advertisements before and after the "baroni,"²⁶; simultaneously with the national television,²⁷** they announced the campaign nearly 10 times. Indeed, these media activities were also intended to support the awareness-raising sessions conducted by **20 town criers who roamed the market places and other places** commonly frequented by women. Likewise, **74 interpersonal communication workers went door to door** to reach women and girls for free screening on certain sites. For a week, **11 young volunteers conducted radio programs** on free treatment and screening campaign through **six radio stations whose programs are aired in three major regions and the District of Bamako.**

Through this campaign, it is easy to understand that grassroots communication is an effective strategy to convince thousands of women to go to health care centers, which had been used very infrequently for cervical cancer screening. It is a strategy that multiplies contacts and is mass-oriented. As Dr. Tekete, a Gynecologist at Gabriel Toure Hospital Center of Bamako, said, *"We, service providers speak to one person at a time, but you, communication workers speak to several persons at the same time."* It should be remembered that grassroots communication is effective when it uses information and communication tools and other means in a coherent and appropriate manner with vulnerable populations.

²⁶ Women-focused radio broadcasts produced in the form of chats and whose topics are based on the realities of Malian households.

²⁷ Malian TV and radio broadcasting corporation—ORTM.

SUCCESS STORY # 2: "KENEYA KIT", HOPE FOR A POSITIVE PREVENTION OF HIV/AIDS

In Mali, living with HIV/AIDS is a struggle that national and international actors have decided to place in the center of their HIV/AIDS interventions. In their daily lives, people living with this disease are confronted with multiple and stigmatizing glances of their relatives, their professional environment, in short, the whole community around them.

In this situation, they are vulnerable to diarrheal diseases, malaria, STIs, and unwanted pregnancies, which can affect them both physically and emotionally. Like everyone, they are in search of quality, basic care that can offer them more hope for survival and stability. When available and accessible, this basic care makes it easier for infected and affected people to overcome stigmatizing glances and to improve their living conditions.

In order to contribute to reducing vulnerabilities, infant mortality, and morbidity related to HIV/AIDS, and to make quality services and products available to people living with HIV/AIDS in Mali, **USAID/MCHIP, with its usual generosity, funded the supply of 10,000 basic care kits through PSI Mali and the NGO ARCAD-SIDA** in June 2013. In addition to providing its continual support to HIV counseling and testing, this USAID/MCHIP program also aims to raise specific and general awareness about promoting positive prevention among PLWHA, who are also very vulnerable to diarrheal diseases, malaria, STIs, and unwanted pregnancies. On this subject, Mr. Coulibaly, a farmer, said, *"The Keneya kit really facilitated my pastoral work because it was not possible to get quality water in the bush. With the can I received, I spend peaceful days. My wife and children sleep under the mosquito net and there are no more malaria or diarrhea problems."*



Indeed, the kit provides essential equipment against all of the opportunistic infections. The distribution is done on 18 sites by the NGO ARCAD. **Sixty-nine percent of the kits were given to women and 5% of them were given to children.** With regard to raising awareness about the correct use of the kits, **1,101 educational chats were organized, reaching a total number of 13,706 participants** in order to improve the lives of people living with HIV/AIDS. *"I used to have STI problems in the past. But after my discussion with the advisor, I am very aware about prevention and treatment"* said B. Maiga, a mother, enthusiastically.

Besides, the recipients of these basic care kits are more hopeful, thanks to a mutual collaboration between **PSI Mali**, which ensures both HIV/AIDS counseling and testing and the referral of positive cases to care sites, **and the NGO ARCAD-SIDA**, which aims at contributing to the improvement of the living conditions of vulnerable populations in general and PLWHA in particular, at community level in Mali.

It is a legitimate feeling for an individual to desire better living conditions, but sharing with other is a common duty. Basic care kits now constitute a chance to ensure dignity for tens of thousands of people infected and affected by HIV/AIDS who even tried to add more value to the kit name, changing it from *"Keneya kit"*²⁸ to *"kit nafatiama."*²⁹

²⁸ Health Kit.

²⁹ Kit with multiple advantages!

INNOVATIONS SUCCESS STORY: INTEGRATION OF CERVICAL CANCER SCREENING

An innovative approach developed by the PSI/Mali team 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 2013 and April 2014, 5,914 women were screened for cervical cancer and 210 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 three 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 two 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.

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. This experience 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 gynecologic/obstetric care, this type of integration presents an opportunity to provide potential lifesaving screenings, especially in a country where cervical cancer is one of the leading cancers among women of reproductive age.

Annex 3: List of Presentations at International Conferences and Publications

NAME OF CONFERENCE OR PUBLICATION	DATE	AUTHORS	PRESENTATION TITLE
International Family Planning Conference – Addis Ababa	November 2013	Alassane Niaré, Nene Fofana	Prestataires et Méthodes de Longue Durée: Cas du DIU
International Family Planning Conference – Addis - Ababa	November 2013	Rokia Sissoko, Nene Fofana	La méthode du Collier du Cycle : Porte d'Entrée des hommes à la Planification Familiale
International Conference on AIDS and STIs in Africa ICASA–Cape Town	December 2013	Sékou Adama Traoré, Nene Fofana	Utilisation du Préservatif chez les PVVIH au Mali

Annex 4: List of Materials and Tools Developed or Adapted by the Program

DEC LIST	GLOBAL OR COUNTRY OUTPUT	INTERVENTION AREA /TECHNICAL TEAM	AUTHOR, PUBLICATION, DATE	DEC UPLOAD LOCATION
QUARTERLY REPORTS				
MCHIP_Mali_Quarter 3 Report2_7Jul12	Mali	FP/HIV/MCH/WASH	Rodio Diallo / July 2012	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTcz
MCHIP_Mali_S2 and Annual Report FY2012_29Oct12	Mali	FP/HIV/MCH/WASH	Rodio Diallo / October 2012	http://pdf.usaid.gov/pdf_docs/pa00jwcp.pdf
MCHIP_Mali_Annual Report FY2013_DONOR_REVISIED_FINAL_12. 4. 2013	Mali	FP/HIV/MCH/WASH	Rodio Diallo / December 2013	http://pdf.usaid.gov/pdf_docs/pa00jwd8.pdf
MCHIP_Mali_FY13 Q2 Report Jan-March_May 10.2013	Mali	FP/HIV/MCH/WASH	Rodio Diallo / May 2013	http://pdf.usaid.gov/pdf_docs/pa00jwdb.pdf
MCHIP_Mali_Quarterly Report_Oct-Dec 2013	Mali	FP/HIV/MCH/WASH	Rodio Diallo / December 2013	http://pdf.usaid.gov/pdf_docs/pa00jwq8.pdf
MCHIP_Mali_Quaterly Report Q1_OctDec 12	Mali	FP/HIV/MCH/WASH	Rodio Diallo / December 2012	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDQ3
MCHI_Mali_Semester 1 Report_PSI Mali_March 2012	Mali	FP/HIV/MCH/WASH	Rodio Diallo / March 2012	http://pdf.usaid.gov/pdf_docs/pa00jwcs.pdf
SUCCESS STORIES				
PLWHIV Succes story / MCHIP_Mali_Success story_PVVIH_2014	Mali	HIV	Doumbia/Moro – February 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzUz
Integrated services TB/HIV succes story / MCHIP_Mali_Succes story_integration HIV-TB_2014	Mali	HIV	Yacouba/Moro – February 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzUy
FP Succes story /MCHIP_Mali_Success story_FP_Night time insertions	Mali	FP	Jeanne – March 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzM1
Cervical cancer succes story / MCHIP_Mali_Success story_cervical cancer	Mali	HIV	Moro – February 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzM
TRAINING MATERIALS & TOOLS				

MCHIP_Mali_formation des ONG et Associations version 2_August 2013	Mali	HIV	PSI Mali / August 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzU1
MCHIP_Mali_formation DOT Communautaire_August 2013	Mali	HIV	PSI Mali / August 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzU2
MCHIP_Mali_Introduction Principes de base du Cours_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzU3
MCHIP_Mali_LA PRISE EN CHARGE COMMUNAUTAIRE 1_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzU4
MCHIP_Mali_Le Diagnostique biologique du VIH_2011_2014	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzU5
MCHIP_Mali_Le Processus de l_infection_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzYy
MCHIP_Mali_Les activités PRISE EN CHARGE COMMUNAUTAIRE 2_2011_14	Mali	HIV/ TB	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzYz
MCHIP_Mali_PRESENTATION GENERALE DU PNLT_2011_2014	Mali	HIV/ TB	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzY0
MCHIP_Mali_Présentation PS_2013	Mali	HIV	PSI Mali / 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzcx
MCHIP_Mali_Processusde CC_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzcx
MCHIP_Mali_Questionnaire francais pour TB corr1_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzcy
MCHIP_Mali_Questionnaire Pré test Formation PF- VIH -TB_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzcx

MCHIP_Mali_QUESTIONS Pre TEST - Réponses1_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzc0
MCHIP_Mali_Reponses aux questions d'évaluation_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzc4
MCHIP_Mali_Concept et techniques de base_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzgz
MCHIP_Mali_Counselingarv_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzg2
MCHIP_Mali_Etapes du counseling jeux de rôle_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzkw
MCHIP_Mali_Processus duC-Etapes du counseling_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzkz
MCHIP_Mali_Processusde CC_2011_14	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzk4
MCHIP_Mali_QUESTIONS POST- TEST - Réponses1_2011_2014	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDAx
MCHIP_Mali_QUESTIONS POST_2011_2014	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDA1
MCHIP_Mali_Support des données_2011_2014	Mali	HIV	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDA4
REPORTS				
MCHIP_Mali_IEE form_ EMMP and Env reporting templates for partners_PSI_12.15.2013	Mali	FP/HIV/MCH/WASH	Nene Fofana / December 2013	http://pdf.usaid.gov/pdf_docs/pa00jwdm.pdf
MCHIP_Mali_IEE form_ EMMP and Env reporting templates for partners_PSI_Q2_March2014	Mali	FP/HIV/MCH/WASH	Nene Fofana / March 2014	http://pdf.usaid.gov/pdf_docs/pa00jwdm.pdf

MCHIP_Mali_Workplan format PSI PY6_SUBMISSION_April 28 2014	Mali	FP/HIV/MCH/WASH	Psi Mali/ April 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MjA3
MCHIP_Mali_Rapport de Formation Sikasso_April2014	Mali	FP	Jhpiego Corp- Mme Nana K. Coulibaly / Mme Djeneba BERTHE/Ramata KONE/Assitan SANGARE / April 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTQz
MCHIP_Mali_Workplan format PSI PY6 REVISED_March 17.2014.	Mali	FP/HIV/MCH/WASH	PSI Mali / March 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTk5
RESEARCH				
MCHIP_Mali_POSTER Abstract-DIU-A. NIARE Final_31-01-2014	Mali	FP	Néné FOFANA/Sethson KASSEGNE/Sékou Adama TRAORÉ/Mamadou Djouldé BAH/Alassane NIARÉ/Jeanne TÉSSOUGUÉ/Rodio DIALLO / January 2014	http://pdf.usaid.gov/pdf_docs/pa00jwcb.pdf
MCHIP_Mali_MSM programming_ICASA_Dec 2013-1	Mali	HIV	Mamadou Tiéman DOUMBIA / December 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTcw
MCHIP_Mali_Panel MSM en Afr.del'ouest_122013	Mali	HIV	Gareth Benthley / December 2013	http://pdf.usaid.gov/pdf_docs/pa00jwcd.pdf
MCHIP_Mali_POSTER Abstract_Mali_PVVIH_Preservatifs_	Mali	HIV	Mamadou D. BAH/ Sethson KASSEGNE/Néné FOFANA/Clinton TROUT/Alassane NIARE/Sékou Adama TRAORE/Mamadou T DOUMBIA/Rodio DIALLO	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTcy
MCHIP_Mali_TRaC Summary Report_VIH_final_02_07_2012	Mali	FP/HIV	Mamadou Djouldé BAH/Sékou Adama TRAORE/Sethson KASSEGNE / February 2012	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MjM1
MCHIP_Mali_PSI_Aquatabs Rapport final_2011	Mali	WASH	Mamadou Djouldé BAH/Sékou Adama TRAORE/Sethson KASSEGNE / 2011	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MjM2

MCHIP_Mali_TRaC Summary Report PF Mali_2011	Mali	FP	Mamadou Djouldé BAH/Sékou Adama TRAORE/Sethson KASSEGNE / 2011	http://pdf.usaid.gov/pdf_docs/pa00jwft.pdf
MCHIP_Mali_Rapport MAP Produits de marketing social au Mali_2012	Mali	FP/HIV/MCH/WASH	Sékou Adama TRAORE/Mamadou Djouldé BAH/Alassane NIARE / 2011	http://pdf.usaid.gov/pdf_docs/pa00jwfv.pdf
MCHIP_Mali Rapport Etude sur les methodes contraceptives Injectable & pillules_2013	Mali	FP	Psi Mali / 2013	http://pdf.usaid.gov/pdf_docs/pa00jwfx.pdf
MCHIP_Mali_Rapport Etude sur les presevatifs au Mali VF_022013	Mali	HIV	PSI MALI / February 2013	http://pdf.usaid.gov/pdf_docs/pa00jwg2.pdf
MCHIP_Mali_Etude TRaC sur les soins de base des PVVIH au Mali. Round1_2013	Mali	HIV	CERIPS / 2013	http://pdf.usaid.gov/pdf_docs/pa00jwg5.pdf
MCHIP_Mali)_Rapport_Pré-test_N'térini- Pilplan et Confiance_VF	Mali	FP	Sékou Adama TRAORE/Mamadou Djouldé BAH/Alassane NIARE	http://pdf.usaid.gov/pdf_docs/pa00jwgb.pdf
MCHIP_Mali_Rapport-Pré-test-Dépliant-VIH-Sida_VF_August2013	Mali	HIV	Sékou Adama TRAORE/Mamadou Djouldé BAH/Alassane NIARE / August 2013	http://pdf.usaid.gov/pdf_docs/pa00jwgd.pdf
MCHIP_Mali_Rapport-Pré-test-Microprogramme-ORASEL-ZINC_VF_August2013	Mali	MCH	Sékou Adama TRAORE/Mamadou Djouldé BAH/Alassane NIARE / August 2013	http://pdf.usaid.gov/pdf_docs/pa00jwgg.pdf
TECHNICAL RESEARCH				
MCHIP_Mali_Rapport formation TC a Gao_April2014	Mali	FP	Jhpiego Corp /Mme Yalcouyé Aoua Guindo/Mme Touré Mariam Maiga/Mme Coulibaly Cely Diallo /Dr Doundey Maiga / April 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTYx
MCHIP_Mali_RAPPORT PF_MLD_February2014	Mali	FP	Mme Yalcouyé, Aoua Guindo / February 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MTY1
SBCC MATERIALS & TOOLS				
MCHIP_Mali_stiker Aquatabs petit format	Mali	WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwgh.pdf
MCHIP_Mali_affiche sida 150px	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MjU5

MCHIP_Mali_28,6x10,8-Autocollant_OraselZinc_Modif	Mali	MCH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwjk.pdf
MCHIP_Mali_80x60-Affichette_OraselZinc_Modif	Mali	MCH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwgm.pdf
MCHIP_Mali_PSI-Planning-Famillial 60x40_(OK)	Mali	FP	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MjYy
MCHIP_Mali_AFFICHE_40X60cm_message_association des pvvih	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTQ5
MCHIP_Mali_AFFICHE_40X60cm_message_Groupes de parole	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwh7.pdf
MCHIP_Mali_AFFICHE_40X60cm_message_homme	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwh8.pdf
MCHIP_Mali_AFFICHE_40X60cm_femme	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhb.pdf
MCHIP_Mali_AFFICHE_60X40cm_message_Groupes de soutien	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhc.pdf
MCHIP_Maliaffiche tuberculose_2011_2014	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhd.pdf
MCHIP_Mali_Boite à images PVVIH2011_13	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhf.pdf
MCHIP_Mali_MSM-2011_13	Mali	HIV	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhh.pdf
MCHIP_Mali_calendrier 2014 recto_2014	Mali	FP/HIV/MCH/WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhj.pdf
MCHIP_Mali_calendrier 2014 recto <input type="checkbox"/> verso_2014	Mali	FP/HIV/MCH/WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhk.pdf
MCHIP_Mali_Chevalet Calendar_Jan2014	Mali	FP/HIV/MCH/WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhn.pdf
MCHIP_Mali_depliant_Orasel_Recto2_2011_14	Mali	WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwjc.pdf
MCHIP_Mali_depliant_ORASEL_Verso2_2011_14	Mali	WASH	PSI Mali / Rokia Sissoko	http://pdf.usaid.gov/pdf_docs/pa00jwhs.pdf
MCHIP_Mali_Recto_Depliant_PSI_2011_14	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mjk1
MCHIP_Mali_Verso_Depliant_PSI_2011_14	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mjk2
MCHIP_Mali_depliant tuberculose_2011_14	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NzA2

MCHIP_Mali_Depliant VIH_2011_14	Mali	HIV	PSI Mali / Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NzA3
MCHIP_Mali_flyers Grin recto_2011_14	Mali	HIV	Doumbia/Rokia Sissoko – February 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzAx
MCHIP_Mali_Flyers Grin verso_2011_14	Mali	HIV	Doumbia/Rokia Sissoko – February 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzAz
MCHIP_Mali_GUIDES MSM_2011_14	Mali	HIV	PSI Mali	http://pdf.usaid.gov/pdf_docs/pa00jwj5.pdf
MCHIP_Mali_carte_2011_14	Mali	HIV	Doumbia/Rokia – January 2014	http://pdf.usaid.gov/pdf_docs/pa00jwj8.pdf
MCHIP_Mali_boîte carte_2011_14	Mali	HIV	Doumbia/Rokia Sissoko – February 2014	http://pdf.usaid.gov/pdf_docs/pa00jwj7.pdf
MCHIP_Mali_porte doc recto-A_2011_14	Mali	MCH	PSI Mali	http://pdf.usaid.gov/pdf_docs/pa00jwj9.pdf
MCHIP_Mali_porte doc verso-A 2_2011_14	Mali	MCH	PSI Mali	http://pdf.usaid.gov/pdf_docs/pa00jwjc.pdf
MCHIP_Mali_01 Piste 1_2011_14	Mali	Radio/MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzEx
MCHIP_Mali_02 Piste 2_2011_14	Mali	Radio/MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzEy
MCHIP_Mali_03 Piste 3_2011_14	Mali	Radio/MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzEz
MCHIP_Mali_spot radio Oracel bm_2011_14	Mali	Radio/MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzE0
MCHIP_Mali_spot radio Oracel fr2011_14	Mali	Radio/MCH	Boureima/Rokia – June 2012	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzE2
MCHIP_Mali_Spot service intégré PF-TE-VIH_Avril 2014	Mali	Radio	PSI Mali / April 2014	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NzA4
MCHIP_Mali_Aquatabs_2011_14	Mali	WASH	Boureima/Rokia – April 2011	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTAz

MCHIP_Mali_Lavage des mains_2011_14	Mali	WASH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5MzE5
MCHIP_Mali_Promo_Orasel Zinc_2011_14	Mali	Radio/MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5Mzlw
MCHIP_Mali_T-shirt grin_2011_14	Mali	Com/Radio/Youth Health	Doumbia/Rokia - February 2013	http://pdf.usaid.gov/pdf_docs/pa00jwjr.pdf
MCHIP_Mali_PSI Dépistage du col de l'utérus-last_Dec2013	Mali	HIV	PSI Mali / December 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDk0
MCHIP_Mali_Oracel bm_2011_2014	Mali	MCH	PSI Mali	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDk1
MCHIP_Mali_IL FALLAIT_2011_14	Mali	HIV	Doumbia/Rokia - November 2013	
MCHIP_Mali_Révélation_2011_2014	Mali	FP	Rokia Sissoko - September 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NDk5
MCHIP_Mali_Séré (3) Projet PSI PF2_2011_2014	Mali	FP	Rokia Sissoko	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTAw
MCHIP_Mali_Teasers_2011_2014	Mali	FP	Doumbia/Rokia Sissoko - August 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTAy
MCHIP_Mali_Aquatabs_2011_2014	Mali	WASH	Boureima/Rokia Sissoko - April 2011	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTAz
MCHIP_Mali_Lavage des mains_2011_2014	Mali	WASH	Boureima/Rokia Sissoko - September 2013	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTA0
MCHIP_Mali_PSI-Stigma VIH-fr bm_17-12-12	Mali	HIV	PSI Mali / December 2012	https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=MzQ5NTA1