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MALI SOCIAL MARKETING PROGRAM: AN ASSESSMENT OF PROGRESS (2000–2010)

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The Global Health Technical Assistance Project

1250 Eye St., NW, Suite 1100
Washington, DC 20005
Tel: (202) 521-1900
Fax: (202) 521-1901
info@ghtechproject.com

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With an assessment of this breadth and complexity, it would be difficult to acknowledge all those who helped us. The assessment team has clearly benefited from the help of many people in Mali and the United States. The team thanks the USAID/Mali for commissioning this assessment and for selecting us to undertake this challenging task. The time, patience, goodwill, and depth of knowledge of the more than 65 persons interviewed as part of this assessment made it possible for the team to understand the significance of the many and diverse reports and technical interventions associated with the social marketing program's decade of development in Mali. The willingness of Pathways to Health (PTH) and PSI staff to provide us with a vast array of documentation and to share with us their thoughts on the Social Marketing Program's initiatives over the years was of significant importance to the assessment. The project staff's patience and good humor in responding to our repeated calls for clarification and information throughout the four weeks of this assessment made it possible for the assessment team to feel less uncomfortable as we increased the intensity of our inquiries. While many PTH staff contributed to this effort, we would like to single out Rodio Diallo, PSI Country Representative, for generously sharing her time and her perspective with us. The importance of the contribution of officials within USAID/Mali cannot be overstated. Most notable were the contributions to this assessment of Allyson Bear, the project's agreement officer's technical representative (AOTR), and Souleymane Sogoba, USAID/Mali health team officer for monitoring and evaluation, in terms of framing its technical methodology and contributing to our evaluation of USAID/Mali's SM program.

The two members of this assessment team express their collective thanks and appreciation to the entire staff of PTH and of USAID/Mali for having assisted us in the many logistical and administrative details associated with this assessment. The assistance of Mr. Sogoba and Maïmouna Soumaré, PSI's administrative assistant to Ms. Diallo, merits special notice. We are grateful to them for having played an essential role in providing transport, scheduling our interviews, and making certain that we did not forget to show up on the appointed hours. Finally, the assessment team expresses its appreciation to the staff of USAID Global Health Technical Assistance Project (GH Tech), most especially to Michelle Ferng, GH Tech's program manager in Washington, for having provided us with administrative support throughout this interesting and challenging assignment.

Many of the individuals with whom we met during the assessment are listed in Annex C. However, many more are not listed. We would like to express our gratitude for the time, information, and friendship given to us by all of the representatives of the program's stakeholder community. They provided the team with an opportunity to meet them one-on-one or in groups to discuss their perspectives regarding USAID/Mali's SM program. Information provided from these host country counterparts enabled the assessment team to cut through hyperbole and focus on the reality.

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ACRONYMS AND ABBREVIATIONS

AOTR	Agreement Officer's Technical Representative
AMMS	Agence Malienne de Marketing Social ANC
ANC	Antenatal care
BCC	Behavior change communication
BOD	Board of directors
CAG	Centrale d'Achat des Génériques
CEO	Chief executive officer
CMS	Social marketing council
CNIECS	National Center for Health Information, Education and Communication (Centre National d'Information d'Education et de Communication pour la Santé)
COAG	Cooperative agreement
COC	Corridors of Change Project
COC	Combined oral contraceptive
COP	Chief of party
CPR	Contraceptive prevalence rate
CSCOM	Centre de Santé Communautaire (Community Health Center)
CSW	Commercial sex worker
CY	Calendar year
CYP	Couple year protection
DALY	Disability-adjusted life year
DHS	Demographic and Health Survey
EPI	Expanded Program of Immunization
FCFA	Franc CFA
FGD	Focus group discussions
FGM	Female genital mutilation
FP	Family planning
FY	Fiscal year
GFATM	Global Fund for HIV/AIDS Tuberculosis and Malaria
GH Tech	USAID Global Health Technical Assistance Project
GHI	Global Health Initiative
GoM	Government of Mali
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	Information, education, and communication

IP	Implementing partner
IPC	Interpersonal communications
IR	Intermediate result
ITN	Insecticide-treated bednet
IUD	Intrauterine device
KAP	Knowledge, attitude, and practice
KFW	Kreditanstalt für Wiederaufbau (German Development Bank)
LARC	Long-acting reversible contraception
LLITN	Long-lasting Insecticide-treated bednet
LTM	Long-term method
MAP	Measurement of access and performance
MARPs	Most-at-risk persons
MCH	Mother and child health
MCH/FP	Mother and child health/family planning
MNCH	Maternal, newborn, and child health
MoH	Ministry of Health
MSD	Ministry of Social Development
NGO	Non-governmental organization
NTD	Neglected tropical disease
OC	Oral contraceptive
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PLWHA	People living with AIDS
PMP	Performance monitoring plan
POS	Point of sale
POU	Point of use (of water)
PSAMAO	Prévention du SIDA sur les Axes Migratoire de l'Afrique de l'Ouest
PSI	Population Service International
PTH	Pathways to Health Project
RFA	Request for applications
RH	Reproductive health
SALIN	Strategic Alliance with International Non-Governmental Organisations
SDP	Service delivery point
SO	Strategic objective
SOMARC	Social Marketing for Change Project

TRAC	Tracking Results Continuously
TRaC M	Tracking Results Continuously (Media Impact Survey)
TV	Television
US	United States
USAID	United States Agency for International Development
USAID/Mali	United States Agency for International Development/Mission to Mali
VCT	Voluntary Counselling and Testing Center
WRA	Women of reproductive age

EXECUTIVE SUMMARY

As an introductory comment, it is essential to underscore that the focus of this report is on an assessment of USAID/Mali's 10-year assistance (2000–2010) to the Republic of Mali's SM for health program. Although a single implementing partner was largely responsible for the provision of USAID/Mali social marketing assistance during this period, this report should not be viewed as an evaluation of the implementing partner's performance in the execution of its contracts.

Over the past decade (2000–2010), USAID/Mali and others from the international donor community have provided the equivalent of more than $71 million to the Republic of Mali to support the social marketing of preventive health products and services in response to a number of the nation's public health priorities. Although social marketing concepts and methods borrow heavily from the traditional marketing sector, the social marketing program in Mali, focusing to a large extent on broad-based media communications campaigns as well as on making health products and services more readily available nationwide via interpersonal communications (IPC), training, and media communication activities, has sought to contribute to behavior change related to these national health priorities while not exclusively driving consumers to social marketing products.

At the beginning of this decade, PSI submitted its first proposal for funding for a social marketing project (Corridors for Change) to USAID/Mali to address those most at risk for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). In a 2003 proposal for USAID/Mali funding to undertake its second SM project (Pathways to Health) and in subsequent years, PSI was contracted to extend its program to address social marketing related to behavioral change with reference to family planning (FP), diarrheal disease, malaria, and safe drinking water.

As extended through October 2011, the objectives of the Pathways to Health Project were to

- Reduce maternal and children-under-5 mortality by increasing the availability and use of high-quality modern contraceptive methods among women of reproductive age (WRA)
- Reduce infant and child morbidity and mortality by increasing the use of long-lasting insecticide treated nets (LLINs) and other malaria commodities
- Reduce infant and child morbidity and mortality due to diarrhea by increasing the use of point-of-use (POU) water treatment, oral rehydration salts (ORS), and potentially zinc
- Reduce morbidity and mortality due to HIV/AIDS by increasing the adoption of safer sexual behaviors among persons engaged in high-risk sexual practices

The focus of this four-week review of USAID's decade of support for social marketing in Mali was to assess

- The history of accomplishments of social marketing and of the contributions of social marketing to mother and child health/family planning (MCH/FP), water, and HIV/AIDS status in Mali, going back to 2000
- USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results
- Whether results were commensurate with levels of USAID funding over time
- The quality of decision-making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects

- Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing program could address over the next three to five years with regard to the component program and technical areas of MCH/FP, water, and HIV/AIDS

The substantive part of the assessment took place in Bamako, Mali, September 3–30, 2011. The assessment was undertaken by a two-person team through the Global Health Technical Assistance Project (GH Tech). During the assessment, the team reviewed more than 90 documents associated with the social marketing program's 10-year implementation and interviewed more than 65 program, public- and private-sector stakeholders, managers, subcontractors, collaborating partners, and staff.

PRINCIPAL FINDINGS

Assessment of the Accomplishments of the 10-Year Social Marketing Program

Currently and after a broad extension of the range of product interventions by the social marketing program's implementing partner (IP), more than 80% of the socially marketed products sold to users at an affordable price are dedicated to the reduction of maternal and children-under-5 mortality. The IP's involvement in the logistics of the distribution of bednets to combat malaria has resulted in good coverage in targeted areas, contributing to the national plan for the decrease of malaria in Mali. Contraceptive sales over eight years have generated a total of 1.5 million couple years of protection (CYPs), increasing by 400% the initial 82,600 CYPs generated in 2003 to reach 316,000 CYPs in 2010. The strategic decision made by PSI and the Ministry of Health (MoH) to introduce the provision of implants and intrauterine device (IUD) insertion services at an affordable price associated with training of service providers since 2008 has contributed to the growth of long-term methods (LTMs) in the method mix.

Sales data reviewed during the assessment indicate a significant level of achievement in response to established program targets and to demand for social marketing products. The following statistics all point to a significant degree of success in promoting healthy behaviors on the part of the social marketing programs' clients:

- The sale of condoms increased from 3 million in 2003 to more than 9 million in 2010
- More than 137,000 clients volunteered for testing under the program's voluntary counseling and testing (VCT) program
- More than 8 million Pilplan and more than 2 million injectables were utilized
- More than 28,000 implants and 2,615 IUDs were inserted within the last two years
- More than 8.6 million Aquatab packages were sold between 2009 and 2011
- More than 1 million kits for retreating mosquito nets were distributed via social marketing

As a general statement, the assessment has revealed that the community of Malian social marketing stakeholders lacked a clear and common understanding of the concept of social marketing. Additionally, there was limited agreement on this same community's understanding of sustainability either as a concept or as an operational definition. The absence of unanimity and common understanding of social marketing and sustainability assumes added importance given that, throughout the 10-year period being examined, USAID/Mali's social marketing program was not evaluated, nor were successive procurements awarded through competition among potential IPs. Had both of these program management mechanisms—scheduled evaluations and open competition among IPs—been implemented, there is a strong likelihood that successive procurements could have focused on the importance of promoting a better understanding of social marketing and of an enhanced emphasis on sustainability. Accordingly, when viewed from

the perspective of the seven principles of the U.S. Government's Global Health Initiative (GHI) and their focus on country ownership and sustainability and from the perspective of internationally accepted best practices, the assessment team would conclude that, without a Malian foundation as the bedrock for its future development and growth, Mali's social marketing program is not sustainable.

Successive Projects' Achievement of USAID Objectives and Desired Results

Over the last decade, each successive proposal provided targets, expected results, and outputs that were intended to be measured through a range of monitoring tools and surveys. However, in the assessment team's review of documentation associated with the transition from each successive social marketing project and in our discussions with current program staff within USAID and within the IP, it was difficult to determine the extent to which targets were based on a systematic, evidence-based review of past results. Moreover, it is apparent that, throughout the period under assessment, USAID/Mali did not rigorously evaluate the appropriateness of targets established by the IP.

When converted to CYPs, sales of contraceptives and condoms have exceeded expectations by 10%. Although the lack of constant supply for oral contraceptives (OCs) constrained the ability to meet sales objectives, the large demand for injectables combined with oral contraceptive sales resulted in 849,000 CYPs while 776,000 were expected. The average growth of condom sales between 2003 and 2010 was 16% per year, leading to the doubling of sales between 2003 and 2006 (from 3 million to 6 million units), reaching 9 million in 2010. In addition, LTMs provided at an affordable price since 2008 have largely contributed to a recent increase in CYPs generated by the social marketing program's sales and distribution. Similarly, the social marketing sales and distribution data for bednets indicate that targets were met and in fact exceeded.

A PSI survey to assess the impact of generic communication campaigns implemented to promote FP indicated that radio and television spots had an estimated national coverage of 60%. In 2008 a study on population exposure to communication activities indicated that 75% of respondents listened more than 10 times to the spots on the prevention of malaria.

With reference to the program's impact on addressing gender issues that influence care-seeking behaviors, the social marketing program designed FP messages highlighting the role of a responsible husband in promoting acceptance of FP. A similar approach to recognizing and responding to the role of the male in bringing about behavior change was adopted in the program's promotion of the use of bednets. In addition, with leveraged support from the German Development Bank (KfW), the program's progress in working with ProFam clinics to address the issue of female genital mutilation (FGM) demonstrated the potential for behavior change linked to the reduction of this prevalent traditional practice

Were Results Commensurate with Levels of USAID Funding Over Time?

In attempting to respond to this issue, the assessment team was significantly constrained by the limited amount of verifiable data on the allocation of funding for the USAID/Mali-assisted social marketing program.

Nevertheless, measuring performance against established targets indicates a positive value for investments in the provision of services and products through the private sector. However, had USAID/Mali's social marketing program included a component for addressing national-level policy and advocacy issues, internal evidence would suggest that such a component might have resulted in a more significant improvement in contraceptive prevalence. In addition, USAID/Mali social marketing program's limited support of a strategy to address non-urban, community-level

traditional values neglected an important and potentially significant means of impacting Malian society's support for contraceptive use.

The Quality of Decision-Making and Choice of SM Strategies and Activities Over Time

Starting in 2003 and extending to the present, the IP's approach to social marketing initiatives has been based on a number of methodologies and a significant number of tools to develop strategies as well as to assess the effectiveness of the program's social marketing initiatives.

Well-defined communications plans linked to marketing plans are essential to social marketing initiatives. Defining a clear approach to communications ensures that, as products are marketed, communications initiatives are in place to promote client access to information critical to effective marketing. Based on a review of documentation and on discussions with the IP's staff, it would appear that, over the past decade, the only detailed communications plan produced was one that, in January 2006, provided plans for both marketing and communications. As of 2006, specific marketing plans were defined for each product rather than the program's relying on a single marketing plan for all products.

With the exception of the newly launched products (Aquatab, ORS-Zinc), no willingness-to-pay studies were undertaken during the last decade of the social marketing program. In fairness, given the MOH's policy on price control, the program's ability to effectively use the results of such studies would have been somewhat questionable. However, had such studies been undertaken, there is an argument to be made that their results could have been used to advocate for a change in MOH policy. Also, in fairness, it should be noted that USAID determined that the IP's recent request to carry out willingness-to-pay studies on FP products should be held in abeyance pending the development of the Mission's new social marketing program.

USAID's social marketing programs played a key role toward implementation of Government of Mali (GoM) policies by building the private sector market for health-related products. As a member of several working groups designated to facilitate the MOH and partners in conceiving and implementing thematic communication campaigns, the IP provided evidence-based information and quality communication products (TV, radio spots) that enabled the information, education and communication (IEC) group to design campaigns and strategies.

In leveraging support from the Dutch Government under the Strategic Alliance with International Non-Governmental Organisations (SALIN), PSI/Mali has, since 2009, begun to address the 30% unmet need for FP in Mali by raising awareness within urban areas among women at clinic infant immunization days and by providing them with high-quality FP services.

Given the magnitude of the program's numerous sound analyses, each of which provided thoughtful recommendations, there is limited additional evidence of a systematic and focused application of the recommendations to the program's adjustment of their program strategies. Moreover, in the absence of comprehensive baseline data and the absence of formal and rigorous mid-term and final evaluations, the ability to objectively assess the program's impact was significantly constrained.

I. INTRODUCTION AND BACKGROUND

SOCIAL MARKETING: A DEFINITION

Various definitions of social marketing exist. They usually include the notion that social marketing involves increasing the acceptability of ideas or practices in a target group, that it is a process for addressing the need for behavioral change, that it applies marketing concepts to the introduction and dissemination of ideas and issues, and that it is a strategy for translating specific knowledge into effective education programs. While social marketing concepts and methods borrow heavily from the traditional marketing sector, social marketing is distinguished by its emphasis on so-called "non-tangible" products—ideas, attitudes, lifestyle change—as opposed to the more tangible products and services that are the focus of marketing in the business, health-care and nonprofit service sectors.[1] In the field of public health, the definition has evolved over the years, some giving the priority to public private sector partnership[2] and assessing program impact with sales, others putting the emphasis on communication and on measuring the program's impact on specific behavior changes.

Public/private sector partnership is a cornerstone of social marketing. Although social marketing concepts and methods borrow heavily from the traditional marketing sector, the social marketing program in Mali has focused to a large extent on broad-based media communications campaigns. By making health products and services more readily available nationwide via interpersonal communications (IPC), training, and media communication activities, social marketing has sought to contribute to behavior change related to national health priorities while not exclusively driving consumers to social marketing products. While applying knowledge and concepts from commercial marketing techniques, a purely noncommercial social marketing program focuses on the welfare of the population as the basis for product promotion. In its implementation, social marketing corresponds to a planning process that begins with analyses (qualitative or quantitative studies) leading to the development and implementation of a strategy (positioning, segmentation, targeting, etc.). These activities are accompanied by a monitoring system and studies that allow for the evaluation of impact and results and the adjustment of strategies.

Social Marketing and U.S. Government-Assisted Programs in Mali: 2000–2010

Over the past decade (2000–2010), the UUSAID/Mali and others from the international donor community have provided the equivalent of more than $71 million to the Republic of Mali to support the social marketing of preventive health products and services in response to a number of the nation's public health priorities. At the beginning of this decade, PSI submitted its first proposal for funding for a social marketing project (Corridors for Change) to USAID/Mali. In the proposal, PSI noted that data relating to HIV/AIDS prevalence, although limited, indicated

[1] Social Marketing and Public Health Intervention. R. Craig Lefevre and June A. Flora in Health Education Quarterly, 1998.

[2] Public/private partnerships (PPPs): "Any explicit joint programme or project involving public and private collaboration to provide services. These include contracting between the public sector (either governments or development agencies) and private providers to provide goods or services. The services can include SM or direct provision of health care. It can also involve private finance initiatives (PFIs) in which private organisations (usually a mixture of financial institutions, construction companies and private providers) work in partnership with governments to support infrastructure development" Private Sector Participation in Health 2004, Institute for Health Sector Development 27 Old Street, London EC1V 9HL, United Kingdom.

that ". . . it is generally accepted that HIV/AIDS is infiltrating Mali along its major migration and transportation routes." [3] Today, with a population estimated at more than 14.5 million, HIV prevalence appears to have remained relatively low, at 1.3%.[4] In the 2003 proposal for USAID/Mali, funding to undertake its second social marketing project (Pathways to Health), PSI noted that, "…while accessibility of modern contraceptive methods (particularly oral and injectable contraceptives) is considered high, use of these methods remains extremely low, at approximately 6%." [5] Today, as in the past, data on the nation's contraceptive prevalence rate (CPR) remains unreliable. However, data from the most recent Demographic and Health Survey (DHS) estimated that, as of 2006, Mali remained relatively fixed at a modern contraceptive prevalence rate of only 6.9% of WRA.[6] However, with its 2009 introduction of LTMs, the IP has stated that "…if sales from OCs, injectables and IUD/implant insertions were extrapolated, the prevalence among all WRA would be estimated at at least 11%..."[7] In 2004, PSI successfully solicited additional funding to provide for the distribution of insecticide treated nets (ITNs) as part of its social marketing program under Pathways to Health (PTH). In the 2006 DHS, it was estimated that 27% of the children under 5 years of age had slept under an ITN during the previous night,[8] while in the Anemia and Parasitemia Survey of 2010, it was estimated that 85% of children under 5 had done so.[9]

As extended through October 2011, the objectives of the PTH Project were to:

- Reduce maternal and children under 5 mortality by increasing the availability and use of high-quality modern contraceptive methods among WRA
- Reduce infant and child morbidity and mortality by increasing the use of long-lasting insecticide treated nets (LLINs) and other malaria commodities
- Reduce infant and child morbidity and mortality due to diarrhea by increasing the use of point-of-use (POU) water treatment, ORS and potentially zinc
- Reduce morbidity and mortality due to HIV/AIDS by increasing the adoption of safer sexual behaviors among persons engaged in high-risk sexual practices

[3] Population Services International Corridors for Change, 2000.
[4] USAID/Mali, Mali Global Health Strategy, November 2010.
[5] Population Services International, Pathways to Health Proposal, 2003.
[6] USAID/Mali, Mali Global Health Strategy, November 2010.
[7] Communication from Population Services International, September 2011.
[8] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*.Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.
[9] President's Malaria Initiative (PMI) – Mali, 2011.

II. ASSESSING USAID-ASSISTED SOCIAL MARKETING IN MALI: SCOPE OF WORK

In September 2011, acting upon a request from USAID/Mali, a USAID Global Health Technical Assistance Project (GH Tech) two-person team completed a four-week assessment of USAID/Mali's decade of support for social marketing in Mali. Under its scope of work, the team assessed:

- The history of accomplishments of social marketing, and of the contributions of social marketing to MCH/FP, water, and HIV/AIDS status in Mali, going back to 2000
- USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results
- Whether results were commensurate with levels of USAID funding over time
- The quality of decision-making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects
- Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing program could address over the next three to five years with regard to the component program and technical areas of MCH/FP, water, and HIV/AIDS

ASSESSMENT METHODOLOGY

Description of Process

The assessment of USAID/Mali's 10-year social marketing program was conducted using participatory approaches and methods to prepare an overview of the program's programmatic and technical strengths, best practices, and weaknesses and to provide recommendations of ways in which USAID/Mali might build on or respond to the assessments findings as the Mission moves forward with a consideration of future social marketing initiatives in Mali. The assessment took place between August 29 and September 30, 2011. The methodology employed a combination of the following qualitative techniques:

Review of relevant documents: The team spent an initial three days as well as a significant amount of time in Mali reviewing an extensive variety of existing key program data and reports (see Annex C for a list of reviewed documents).

Team planning meeting: During its first two days in Bamako, the team reviewed the scope of work, refined the methodology and the report's outline, and identified issues requiring clarification by USAID or PSI in initial Mission and contractor briefing meetings.

Initial briefing meetings: Following the team planning meeting, the team met with Allyson Bear, the USAID AOTR, to receive a Mission briefing, review the team planning meeting issues, and review and reach common agreement on the assignment's scope of work, methodology, and outline (see Annex A and Annex D). The team also met with key PSI staff for a briefing on the PTH Project and social marketing in Mali followed by a second meeting with the USAID health team to review the Mission's development agenda and their strategic plan for supporting the U. S. government's Global Health Initiative (GHI) as a GHI-Plus country.

Interviews and site visits: In addition to meeting on several occasions with PSI and USAID staff as a group, in focus groups, and in separate interviews, the team devoted 12 working days to interviewing more than 60 stakeholders representing the donor community, national and regional government, health facilities, collaborating partners, non-governmental organizations,

product distributors, pharmacies, vendors, and warehouses. (See Annex B.) For each interview, the team used standardized interview guidelines developed by the assessment team and distributed to each respondent prior to a scheduled meeting. Each interview took one to two hours. At the end of an interview day, the team met to review and record the findings of the day's meetings. These electronic records of each meeting served as the information base for the team's development of its preliminary draft report. (See Annex F and G.)

Team review and report preparation: The team used interview results, site visit observations, document reviews, and other relevant sources to obtain an in-depth understanding of USAID/Mali's social marketing program and as an information base for the report's initial draft. To assist in development of the draft, the team developed a matrix of the scope of work's 39 illustrative assessment issues. (See Annex D.) The matrix was used as a guideline or checklist in the team's discussions with PSI staff and as the framework for the report outline. Despite the extensive list of issues addressed under the scope of work, the report was developed and finalized over a period of 10 working days, with the final first draft being delivered to USAID/Mali on October 9, 2011.

Preliminary briefing meeting: On September 21, preliminary briefing meetings with both USAID/Mali and PSI staff were facilitated by the assessment team to present the assessment's preliminary findings and to promote a discussion that would assist the team in finalizing the draft report. Due to procurement-sensitive issues discussed in the full report, it was necessary to have separate meetings with staff from the two entities. USAID/Mali's AOTR attended both meetings.

Revision and modifications: The preliminary briefing meetings provided the team with an opportunity to validate initial findings, correct misinterpretations, and make necessary revisions and modifications. The final draft report writing was completed on September 29.

Final debriefing meeting: On September 30, 2011, a final debriefing session was held with USAID/Mali. For procurement integrity reasons associated with the release of an anticipated social marketing procurement, USAID determined, with PSI's agreement, that it would not be appropriate for PSI to attend this briefing.

Delivery of final first draft: A full draft assessment report and a "procurement clean" version of the report were delivered by electronic mail to USAID/Mali's AOTR on October 10, 2011. On October 21, both USAID and PSI provided the assessment team with their feedback on the initial draft. On October 28, the final draft of the assessment report was delivered electronically to GH Tech for transmission to USAID/Mali.

Constraints and Gaps

The assessment, as a generalized qualitative study of USAID/Mali's social marketing program over the past decade, relied heavily on the availability of documentation and on USAID/Mali and PSI's institutional memory to support its findings. The limited amount of information available on USAID/Mali investments in support of the nation's social marketing program represented a significant constraint to the team's ability to assess the extent to which USAID support for the programs had been commensurate with the programs' results. Moreover, with the passage of time, limitations on historical documentation and on institutional memory on specific issues, most especially those related to finance and the use of research, affected the team's ability to fully respond to the complete array of illustrative issues suggested in the assessment's scope of work.

As an assessment, this report focuses more on an overview of the progress of USAID/Mali's social marketing program and less on an evaluation of issues associated with its implementation. Accordingly, the assessment represents a missed opportunity to fully reflect on lessons learned

in USAID/Mali and PSI's approach to administering, documenting, and evaluating a program spanning an entire decade of development.

Prior to the team's arrival, access to program documentation was largely limited to documents whose importance to the assessment was, to some extent, tangential to the scope of work's terms of reference. Upon the team's arrival, access to relevant documents continued to be an issue of significant concern, primarily due to the volume of documentation received and to the limited time available for its review. The constraint associated with access to program documentation was somewhat mitigated by USAID/Mali and PSI's careful and thorough preparation of initial program briefing sessions in response to a request made by the team.

While the assessment terms of reference called for a review of USAID/Mali's decade of assistance, the limitation in substantive information and in institutional memory available with reference to the first three years of the decade (2000–2003) dictated that the focus of the assessment and of the report itself was principally directed toward the social marketing program's progress from 2003 to 2010.

III. FINDINGS

SUSTAINABILITY OF SOCIAL MARKETING IN MALI

As a general statement, the assessment has revealed that the community of Malian social marketing stakeholders lacked a clear and common understanding of the concept of social marketing. Additionally, there was limited agreement on this same community's understanding of sustainability either as a concept or as an operational definition. The absence of unanimity and common understanding of social marketing and sustainability assumes added importance given that, throughout the 10-year period being examined, USAID/Mali's social marketing program was not evaluated nor were successive procurements awarded through competition among potential IPs. Had both of these program management mechanisms—scheduled evaluations and open competition among IPs—been implemented, there is a strong likelihood that successive procurements could have focused on the importance of promoting a better understanding of social marketing and an enhanced emphasis on sustainability. The assessment's definition of social marketing, based on international experience and documentation, is provided above under "Social Marketing: A Definition." The issue of sustainability is addressed in the following paragraphs.

As defined by USAID/Mali, "sustainability" in social marketing follows a continuum reflecting the status of two major points: 1) the status and capacity of an independent organization (preferably local) who, 2) covers a significant proportion of its costs through non-donor revenue streams (e.g. entrepreneurial activities).[10]

Based on a review of literature with reference to best practices associated with sustainability, the assessment team would define a sustainable program as one that is

1. Fiscally transparent and professional in documenting its operations and in accounting for its use of resources
2. Able to administer and use its resources efficiently and effectively in the implementation of a social marketing program
3. Able to recruit, train, and maintain required quality human resources
4. Technically skilled in social marketing based on current best practices
5. Technically skilled in monitoring and supervision
6. Technically skilled and successful in marketing its services
7. Technically skilled and effective in the use of data for decision-making
8. Innovative in its approach to implementing social marketing services
9. Integrated within the communities it serves and respected among its peers
10. Effectively engaged with the MOH in policy formulation and program coordination

[10] USAID/Mali: email correspondence. September 2011,

When viewed from the perspective of the above criteria for sustainability, the current social marketing program would appear on most counts to be sustainable if it is accepted that the future of social marketing program development in Mali should continue to be viewed as the responsibility of the international community without reference to the importance associated with the seven principles of the U.S. Government's GHI.[11] However, when viewed from the perspective of the GHI's seven principles and their focus on country ownership and sustainability and from the perspective of internationally accepted best practices, the assessment team would conclude that, without a Malian foundation as the bedrock for its future development and growth, Mali's social marketing program is not sustainable.

As indicated in Figure 1, USAID's social marketing program was administered through seven successive procurement mechanisms. Starting with the early 2001 award of the Corridors of Change (COC) Project to PSI, none of the successive procurements were competed, with all procurements implemented by PSI. In addition, none of the successive procurements were evaluated, and limited attention was directed toward the design of a program that would be sustainable following the completion of the IP's contracts.

Figure 1. Social Marketing Project Development 2000–2011.

Social Marketing Projects in Mali	Years in which Projects Were Implemented										
	95-2000	2000	2001	2002	2003	2004	2005	2006	2006–07	2007–08	2008–2011
Initial period Social Marketing for Change Project (**SOMARC**) followed by **PDY**	■										
PDY- JSI/Futures (FP and HIV/AIDS)	■	■	■	■							
COC PSI (HIV/AIDS - At risk)		■	■	■							
Pathways to Health Project (PTH), PSI HIV/AIDS, RH/FP ORT/ORS					■	■	■	■			
PTH, PSI w/ CARE and Netmark - Malaria Introduced						■					
PTH, PSI (project extension)									■		
PTH, PSI (project extension)										■	
PTH, PSI (project extension) ORS-Zinc Introduced in late 2010											■

[11] *USAID/Mali Health Program Support to High Impact Health Services in Mali, USAID/Mali, February 14, 2011* (unpublished PowerPoint presentation).

SUMMARY OF ACCOMPLISHMENTS OF SOCIAL MARKETING AND OF THE CONTRIBUTIONS OF SOCIAL MARKETING TO MCH/FP, WATER, AND HIV/AIDS STATUS IN MALI

Over the years and since the inauguration of the social marketing program by the USAID/SOMARC project in the mid 1990s, numerous products have been developed and marketed mostly through the private sector (see Figure 2). Currently, and after a broad extension of the range of product interventions by PSI, more than 80% of these products sold to users at an affordable price are dedicated to the reduction of maternal and children-under-5 mortality. The male condom targets the general population as well as persons engaged in high-risk sexual practices. The female condom targets the latter, especially commercial sex workers (CSWs). In addition to the range detailed in the following table, PSI has contributed to the mass distribution of bednets (LLINs) organized by the GoM on a national scale since 2009.

Figure 2. Overview of Sales by Product

Products	Brand Name	Marketed Since	Via Private Outlets	Via Public Outlets	Sales Since 2003 (*)
Male Condom	Protector	1994	1	1	62,187,857
Male Condom	Protector +	2005	1		
Female Condom	Protectiv	2004	1		211,784
CoCs	Pilplan	1997	1		8,103,789
Injectable (DMPA 3 months)	Confiance	1997	1		2,336,472
Cycle beads	Collier	2007	1		14,824
IUD Kits (1)		2009	clinics	clinics	2,615
Implants (2)	Jadelle	2009	clinics	clinics	28,551
ITNS retreatment kits	Bloc	2004	1	1	1,009,351
Watter treatment tablets	Aquatab	2009	1		8,699,276
ORS + Zinc	ORASEL	to be launched End of CY 2011	1	1	N/A
(*) Sales or distribution since 2003 or later if the product is marketed at a later date.					
(1) Provided by the public sector. Kits including IUD, Gloves and Bethadine made by PSI and sold at SDP level. Figures provide number of insertions.					
(2) Provided by the public sector. Sold at SDP level. Figures provide number of insertions.					

The packaging of the products—developed and pretested with users and potential users—has focused on increasing clients' perception of quality associated with these commodities. In the past, specific promotion activities such as road shows have been conducted to strengthen condom brand awareness. While Malian law bans publicity on branded medical products, communication on behavior change on non-medical products in the media is allowed.

Consequently, other channels such as interpersonal communication, information to service providers, and promotional materials are chosen to increase the targeted users' awareness of social marketing products.

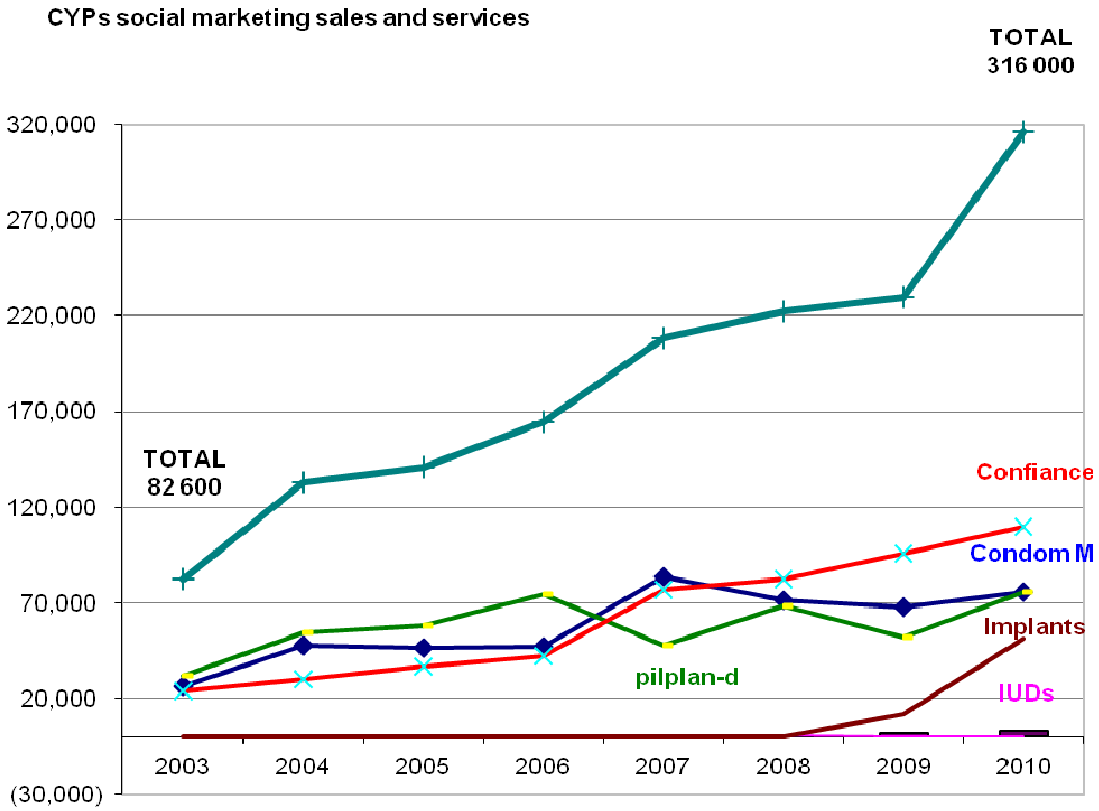
With reference to the extent to which USAID's social marketing program fit within the private sector, the integration, since 2001, of social marketing commodities into the private company Centrale d'Achat des Génériques (CAG) distribution network contributed to the development of the private sector contraceptive market. However, the unanticipated dissolution of the company in 2010 impacted the social marketing program's operations. A positive impact was that the program contracted with the Laborex Company to distribute contraceptives. As the major pharmaceuticals distributor in Mali, Laborex purchases the commodities from PSI and supplies pharmaceutical distributors and wholesalers without subsidies from the program. Although the recent mass free distribution of bednets cannot be seen as a standard social marketing activity, the IP's involvement in the logistics of the distribution has resulted in good coverage in targeted areas contributing to the national plan for the decrease of malaria in Mali. In addition, recent lessons learned from PSI's collaboration with the ProFam private clinic network in providing LTM services at an affordable price has led the MoH and the social marketing program to consider collaboration among the public and private sector in order to better cover population needs with good quality services. The ProFam franchise previously applied to private clinics only will become a brand for the community health centers, known as Centre de Santé Communautaire (CSCOMs), as well. The midwives in the CSCOMs will be branded ProFam, as well as the private providers that have been trained and are supported by PSI/Mali. This strategy should increase the visibility of ProFam and also the geographic coverage, since CSCOMs are often present in areas where private clinics are not.

Between calendar year (CY) 2003 and 2010, the social marketing program has contributed to the increase in couple-year protection[12] (CYP) in Mali. Indeed contraceptive sales over 8 years have generated a total of 1.5 million CYPs, increasing by 400% the initial 82,600 CYPs generated in 2003 to reach 316,000 CYPs in 2010. The Tracking Results Continuously (TraC) FP study conducted in Ségou and Sikasso in 2008[13] concluded that promotion efforts of modern contraception should be linked to communication on the knowledge of FP in general and modern methods in particular. Similarly, it was concluded that messages should strengthen the response to women with unmet need and improve their perception of the availability of modern contraceptive products. By primarily targeting uneducated women and those residing in rural areas, and in association with good supply, these messages should improve access to reproductive health (RH) commodities and services. Although communication campaigns were implemented, procurement and sales data indicate that the shortages of combined oral contraceptives (CoCs) associated with the deterioration in key indicators in counseling[14] (that is confidential consultation on FP) have impacted the sales over the period 2007–2009 (see Figure 3). However, the strategic decision made by PSI and the MoH to introduce the provision of implants and IUD insertion services at an affordable price, associated with the training of service providers since 2008, has contributed to the growth of LTMs in the method mix (see Figure 3 and Annex H). At the same time, sales data suggest that injectables, the primary method chosen

[12] Couple-year protection (CYP) is a widely-accepted means for estimating a nation's protection against unwanted pregnancies provided by contraceptive methods during a one-year period.
[13] Mali (2008): Determinants of the use of modern contraceptive methods among women of reproductive age who have a need for contraception in the regions of Segou and Sikasso, *TRaC SUMMARY REPORT, PSI DASHBOARD.*
[14] *Mystery clients ProFamM clinics, study 2008*: The results of this study indicate that 50% of consultations were held without the confidentiality required in this area. This proportion was 38% in the previous study (Mystery clients ProFam I).

by clients[15] especially in rural areas, kept growing with the availability of products contributing to the natural demand and the decrease of unmet needs. For HIV and AIDS prevention, the promotion of condoms targeting the general population—with an emphasis on young adults since the rebranding of the condom in 2004—and the most at-risk persons, specifically commercial sex workers (CSWs) and their clients, truckers and street vendors associated with the implementation of VCTs and well-targeted communication campaigns were designed and implemented to increase awareness of risks and behavior for safer practices.

Figure 3: CYPs Social Marketing Sales and Services



Over the past decade, USAID/Mali's social marketing programs have applied various mechanisms to assess the extent to which selected initiatives have promoted healthy behaviors. For example, in 2005, three studies focused on the concept of a "dashboard" to provide program managers with timely information on the progress of their initiatives. These studies were commissioned by PSI to assess changes in the consistent use of condoms among, respectively, CSWs,[16] street vendors,[17] and truckers.[18] Based on the studies' findings, 46% of those CSWs who had been exposed to a behavior change communication (BCC) message had switched to consistent use of condoms and that, while both street vendors and truckers indicated that they understood the risks of unprotected sex after having been exposed to communication messages and were open to further behavior change messages, neither group indicated a significant increase in their

[15] *CPS/DNSI and Macro International Inc.,* op. cit. , page 78 : Preferred contraceptive method in the future: CoC 33%, injectables 49%.
[16] PSI Research Division, *Les déterminants de l'utilisation consistante du préservatif avec les partenaires sexuels réguliers chez les professionnelles du sexe au Mali,* May 2006.
[17] PSI Research Division, ibid.
[18] PSI Research Division, *Les déterminants de l'utilisation consistante du préservatif avec les partenaires sexuels réguliers chez les routiers au Mali,* July 2006.

intention to practice safe sex. Other evidence of the extent to which the social marketing program promoted healthy behaviors was gathered from Measuring Access and Performance (MAP) and TraC[19] surveys commissioned by PSI over the years starting in 2006 through 2010. For example, a 2009 summary report[20] on the utilization of ORS by caregivers of children under 5 years of age indicated that, despite having heard the messages on the advantage of using ORS immediately upon the first signs of a child's having diarrhea, only 41% reported having done so. While this report indicated the need for a significant improvement in the promotion of ORS, there was little information available to indicate that the social marketing program's communication program had adjusted its strategy. In addition to the mixed messages of numerous surveys relevant to the adoption of healthy behavior (see Annex I. for a listing of such surveys), the increase in sales of condoms from 3 million in 2003 to more than 9 million in 2010 points to a significant degree of success in promoting healthy behaviors on the part of the social marketing program's clients. Other signs of success include the following:

- More than 137,000 clients volunteered for testing under the program's VCT program
- More than 8,000,000 Pilplan and more than 2 million injectables were utilized
- Within the last two years more than 28,000 implants and 2,615 IUD were inserted
- More than 8,600,000 Aquatab packages were sold between 2009 and 2011
- More than 1,000,000 kits for retreating mosquito nets were distributed social marketing (see Annex I)

As studies conducted under the USAID/Mali-assisted social marketing program provide information restricted to USAID-targeted areas, Mali's DHS,[21] a periodic survey, sponsored by USAID and its bilateral partners in collaboration with the host country to provide data, is the sole means of currently estimating national coverage with reference to selected population, health, and nutrition indicators. However, an end-of-project study conducted in 2006[22] indicated that, between 2003 and 2006, the rate of pill use significantly increased from 5.1% to 7.4%. For injectables, progress was even more marked, with the proportion of users doubling between 2003 (3.8%) and 2006 (8.3%). Similarly, the social marketing programs' communications activities appeared to have been successful in reaching out to 80% of targeted women with a significantly positive increase in behavioral change among those women reached through the program. For example, hormonal contraceptive use was almost twice as high among women who were exposed to communication activities (16.7%) when compared to those who were not (9%).

According to a survey conducted in May 2010,[23] the level of coverage for Protector PLUS ® amounted to 49.3% nationally. Coverage levels vary greatly from one region to another, with the highest coverage in the urban areas of five regions (Kayes, Koulikoro, Sikasso, Segou and

[19] A TRaC survey is a mechanism developed by PSI that compiles information on a client's knowledge, attitude and practices with reference to a specific social marketing product.
[20]PSI Research Division, Maladies diarrhéiques, Etude TRaC Déterminants de l'utilisation des sels de réhydratation orale chez les mères ou femmes en charges des enfants de moins de 5 ans dans la région de Kayes.
[21] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC). et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. (DHS), Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.
The DHS, most recently conducted in Mali in 2006, is scheduled for another round in 2012.
[22] End of FP Project Survey 2006, INFO-STAT (Centre d'Études Statistiques et d'Informatique Appliqués).
[23] *MAP: Mesurer l'Accès et la Performance, Mali (2010):* Mesure de la couverture et de la qualité de couverture du Préservatif masculin Protector PLUS®, du produit de traitement à domicile de l'eau Aquatabs® et de la Méthode de Planification Familiale Collier du Cycle® dans les milieux urbain et rural des 5 régions du Mali et la ville de Bamako.

Mopti), in rural areas (Kayes, Koulikoro and Sikasso), and in the six communes of Bamako; the lowest rates were in the rural areas of Ségou and Mopti. The quality of coverage[24] for Protector PLUS ® is 50% or more within the six communes of Bamako, urban Kayes, Koulikoro, Sikasso, Segou, and Mopti and rural Kayes, while the quality of coverage is low in rural areas of Koulikoro, Sikasso, Segou, and Mopti. Despite the overall good coverage, the penetration of Protector PLUS ®, at 15.2%,[25] remains at low levels. The same assessment for the newly-introduced Aquatab indicated a promising national coverage of 27.1%, with quality coverage reaching 50%. As stated earlier, the distribution system for FP commodities based on the wholesaler's network has not led the social marketing program's being able to establish an information system that provides a measurement of the nationwide availability of pills and injectables. Moreover, budgetary and logistics considerations associated with a nationwide survey have precluded the program's being able to assess coverage in any regular and systematic manner.

ASSESSMENT OF THE EXTENT TO WHICH USAID'S EXPRESSED OBJECTIVES AND DESIRED RESULTS WERE ACHIEVED OVER TIME

With reference to the extent to which program expectations were defined, the social marketing program's successive technical proposals provided information on the cooperating agency's approach to social marketing distribution, to communication, and to the implementation of activities. Each successive proposal provided targets, expected results, and outputs that were intended to be measured through a range of monitoring tools and surveys. However, in the assessment team's review of documentation associated with the transition from each successive social marketing project and in our discussions with current program staff within USAID and within the IP, it was difficult to determine the extent to which targets were based on a systematic, evidence-based review of past results. As noted earlier, the passage of time and the concomitant break in institutional memory represented a clear constraint to the respondents' ability to describe the basis on which targets proposed to USAID by the cooperating agency were established.

With reference to the extent to which USAID assistance in social marketing has been successful in promoting sales, social marketing product sales data over the years are encouraging (see Table 1). For example, when converted to CYPs, sales expectations were exceeded by 10%: the large demand for injectables combined with OC sales resulted in 849,000 CYPs,[26] while the program's performance monitoring plan (PMP) cumulative total for 2003–2010 had called for 776,000 CYPs. Similarly, the average growth of condom sales between 2003 and 2010 was 16% per year, leading to a 100% increase in sales between 2003 and 2006 (from 3 million to 6 million units), reaching 9 million in the year 2010. In addition, LTMs provided at an affordable price since 2008 have largely contributed to a recent increase in CYPs generated by the social marketing products sales and distribution. Finally, in large part due to the IP's innovations in mobile VCT facilities, the IP exceeded its established target of clients served by VCT by 139%.

[24] Quality standards are measured with the following indicators: (1) Product availability at the time of the survey (2) Products clearly visible at point of sale (POS) level(3) Products with promotional material clearly visible (4) Retailers filling the first three criteria at once.
[25] The penetration rate is the ratio between the number of points of sale (POS) that sell the product and the number of POS visited.
[26] Calculation based on sales as reported by PSI.

Table 1. SO6 Intermediate Result (IR) 3 Demand for High Impact Services and Practices Increased

Indicators:	Target 203/2006	Achievement	%
I 2.1 Couple years of protection (1)	1,274,142	1,304,657	102%
Number of Pilplan CoCs sold (2)	6,617,000	6,086,791	92%
Number of Confiance Injectables sold (2)	1,340,600	1,771,398	132%
Number of repackaged IUD kits distributed (2)	18,000	4,734	26%
Number of Implants inserted (2)	15,000	9,202	61%
I 2.2 Bednet (ITN) sales (2)	2,695,000	4,019,386	149%
I 2.3 STI clients served	-	-	
I 2.4 Condom sales (2)	45,883,000	48,869,503	107%
I 2.5 VCT clients served	67,630	93,882	139%
I 2.6 New FP users			

(1) CYPs calculation based on contraceptives and condom sales (2) Sales expressed in units

For malaria prevention, insecticide-treated nets (ITNs), and retreatment kits for the nets were marketed by the social marketing program during the first years of the assessed period: LLINs replaced the ITNs starting in 2008. The social marketing sales and distribution data indicate that targets were met and in fact exceeded.[27] Several approaches have been developed to make nets available to the most vulnerable population (pregnant women and children under 5 years) through routine LLIN distribution in public health centers and mass distribution campaigns. Routine distribution at service delivery points (SDPs), community health centers (CSCOMs), and through outreach services such as those provided by relais and NGOs were promoted by communication campaigns that focused on a combined approach to increase access and attendance of women and children at basic services such as immunization and antenatal care (ANC).

Based on the assessment team's review of available documentation and its discussions with respondents, the establishment of a foundation for support for the U.S. Government's GHI[28] is understandably limited, given that the GHI principles were defined only in 2009 and refined, for Mali, in 2011. At the same time, although recently formulated, the GHI and its four expressed principles have significant relevance to Mali's social marketing initiatives both now and in the future. As expressed in the cited reference, these four principles are focused on the following objectives:

Collaborate for impact. Promote country ownership and align our investments with country-owned plans, including improved coordination across U.S. agencies and with other donors, with the aim of making programs sustainable; leverage and help partner governments coordinate investments by other donors; and create and use systems for feedback about program successes and challenges to focus resources most effectively.

[27] For the period 2003–2007, more than 2.8 million ITNs were distributed overreaching the target set at 850,000.

[28] *Implementation of the Global Health Initiative: Consultation Document,* United States Government, 2009.

- **Do more of what works.** Identify, take to scale, and evaluate proven approaches in FP, nutrition, HIV/AIDS, malaria, TB, maternal, newborn, and child health (MNCH), neglected tropical diseases (NTDs), safe water, sanitation and hygiene, and other health programs to improve the health of women, newborns, children, and their families and communities. Phase out strategies that have not produced positive impacts on health outcomes.
- **Build on and expand existing country-owned platforms to foster stronger systems and sustainable results.** Strengthen health system functions to ensure the quality and reach of health services and public health programs in the short and long terms and work with governments to ensure the sustainability of their health programming.
- **Innovate for results.** Identify, implement, and rigorously evaluate new approaches that reward efficiency, effectiveness, and sustainability. Focus particular attention on promising approaches to service delivery, community-based approaches, private-sector participation, performance incentives, costing of service delivery approaches, promotion of positive health behaviors, and other strategies that have the potential for increasing value for money. Increase tolerance for calculated risk-taking, including learning from unsuccessful efforts on the path to success.

As further defined by USAID/Mali[29] and reviewed with the GH Tech assessment team, USAID/Mali has expanded the initial four GHI principles to the following seven principles that will guide the development of USAID/Mali's Mission program for the foreseeable future:

1. Support country ownership and invest in country-led teams
2. Implement a woman- and girl-centered approach
3. Increase impact through strategic coordination and integration
4. Strengthen and leverage multilateral organizations, global health partnerships, and private sector engagement
5. Build sustainability through health system strengthening
6. Improve metrics, monitoring, and evaluation
7. Promote research and innovation

Clearly, a retrospective assessment of USAID/Mali's social marketing program dating back to 2000 cannot be expected to provide an assessment of the program's adherence to principles defined in the 2009. However, in the interest of advancing the discussion of the way forward for USAID/Mali's social marketing program, Table 2 provides the team's assessment of the extent to which USAID/Mali's social marketing program, as implemented, has developed a *foundation* for promoting GHI principles. Subsequent sections of this report will address ways in which the existing foundation can be re-enforced as USAID/Mali's social marketing program moves forward in directly responding to GHI principles.

[29] *USAID/Mali Health Program Support to High Impact Health Services in Mali,* USAID/Mali, February 14, 2011 (unpublished PowerPoint presentation).

Table 2. Setting the Foundation for the GHI's Seven Principles: An Assessment of USAID/Mali Social Marketing Program: 2000–2011

#	GHI's Seven Principles	Evidence of an Established Foundation	Strength of Foundation		
			Weak	Moderate	Strong
1	Support country ownership and invest in country-led teams	With the exception of the social marketing programs membership on national committees, there is little evidence that a foundation exists for this principle.			
2	Implement a woman and girl-centered approach	The social marketing program's emphasis on promoting long-term FP methods on the role of husbands and on FGM is clear evidence that a foundation exists for this principle.			
3	Increase impact through strategic coordination and integration	In the future, the social marketing program will need to address significant attention to coordination and integration.			
4	Strengthen and leverage multilateral organizations, global health partnerships and private sector engagement	Strong established and leveraged engagement international donors (KFW, Dutch Government, and Global Fund) and working with ProFam clinics are positive signs.			
5	Build sustainability through health system strengthening	Sustainability needs to be addressed in the future.			
6	Improve metrics, monitoring and evaluation	Although the social marketing program has been very strong in internal metrics, monitoring and evaluation and dissemination of findings will need to be addressed.			
7	Promote research and innovation	Very strong internal base for research. Innovation should be a future focus.			

In focusing on 36 of Mali's 60 districts, the USAID/Mali social marketing program targets approximately 70% of the nation's population. However, an assessment of the level of population-based coverage that the program has achieved is complicated by the fact that social marketing, by its nature and design, ends up having a nationwide impact. In addition, assessing population-based coverage is further complicated by the fact that the social marketing commodities distribution system is based on sales to wholesalers who cannot provide reliable information of population coverage. Accordingly, for family planning, only a theoretical

assumption can be made in comparing total sales (or CYPs) to the group of WRAs. The same issue exists within the national health information system that is not able to collect reliable data for commodities distribution and health services. Although coverage of bednets at the beginning of the last decade was somewhat limited, recent data indicates a marked improvement in the distribution of this commodity. While it was estimated that the vulnerable population using insecticide-treated bednets in 2004 was not more than 6.8% for pregnant women and 9.4% for children under 5, it grew to reach 26.9% and 27.4% respectively in 2006.[30] Moreover, the provision of bednets implemented through mass distribution and timely delivery allowed the program to achieve significant success. The evaluation of the 2008 LLINs distribution campaign[31] indicated that 81% of households with children under 5 years and 82% of pregnant women had received at least one bednet. In 2005 a media impact survey (TRaC M)[32] was implemented to assess the impact of generic communication campaigns implemented to promote FP. The results indicated that radio and television spots had an estimated national coverage of 60%. In 2008 a study on population exposure to communication activities indicated that 75% of respondents listened more than 10 times to the spots on the prevention of malaria.

In addressing whether the social marketing program achieved greater success in its targeted geographic areas than in non-targeted areas, and based on discussions with IP staff, it appears that no study was conducted to address this issue. However, as the program was not designed as an operations research initiative, no "control" data were collected to differentiate between USAID program areas and those that were not USAID geographic areas. Moreover, there is a valid point to be made that as social marketing initiatives, especially those using the media for dissemination of messages, are by design and nature "cross border," any suggestion that data on coverage or outreach to a specific geographic area can isolate impact on one area as opposed to another would be unfounded and essentially contrary to the basic tenants of social marketing.

With reference to the program's impact on addressing gender issues that influence care-seeking behaviors, while the FP program's primary target is WRA, good access to FP methods and services depends on the willingness of both partners to adopt contraception. In Mali, studies indicate that despite a better exposure to media[33] and a better knowledge of contraception,[34] male willingness to adopt behavior that would contribute to the adoption of birth-spacing or limitation of family size remains somewhat at odds with women's willingness and interest in exploring both RH options.[35] In response, the social marketing program designed FP messages highlighting the role of a responsible husband in the family. At the same time, as the spread between the number of males and females desiring more children is not significantly large, the real issue for the future is to develop an environment in which the demand for reduced family size is shared in common both by women and men. A similar approach to recognizing and responding to the role of the male in bringing about behavior change on an issue important to the family was adopted in the program's promotion of the use of bednets. In addition, with

[30] High Impact Health Services Results Framework: USAID Mali Targets and Results 2004-2008.
[31] *Evaluation de la campagne de distribution des Moustiquaires Imprégnées dans la région de Kayes dans le cadre de la Campagne Intégrée (CI),* PSI Research Division 2008.
[32] *Evaluation de la portée et de la rétention des messages de PF au Mali Résultats d'une enquête légère dénommée TRaC-M*, PSI Research Division Bamako, 31 Octobre 2005.
[33] CPS/DNSI et Macro International Inc., op.cit. The 2006 DHS indicates that one quarter of women (25%) and just over one in ten men (14%) were not exposed to any media. Of all media, radio is listened to by 70% of women and 79% of men at least once a week.
[34] CPS/DNSI et Macro International Inc., ibid. The 2006 DHS indicates that men identified the methods more frequently than women: 94% of men in union as against 76% women in union knew any method. For modern methods, these proportions were 94% against 75%.
[35] CPS/DNSI et Macro International Inc., ibid. The 2006 DHS indicates that men in union are proportionately more likely than married women to want more children (80% against 73%).

leveraged support from the KFW, the program's progress in working with ProFam clinics to address the issue of female genital mutilation (FGM) demonstrated the potential for behavior change linked to the reduction of this prevalent traditional practice.

In assessing the issue of the effectiveness of USAID/Mali assistance in reaching out to those who are unable to pay market rates for social marketing products, it should be noted that the price for FP products (i.e. pills and injectables) is the same in the private social marketing environment as in the public sector (i.e. 100 franc CFA and 300 franc CFA (FCFA) respectively). However, with respect to male condoms, the prices are different: The social marketed Protector Plus condom sells for 100 FCFA for a packet of four condoms, while in the public sector, unbranded condoms sell for 10 FCFA per condom. In addition, given that the social marketed FP commodities pricing structure is dictated by the 'shema directeur,'[36] there is no pricing difference between FP generic products distributed by the MoH and branded social marketing products.[37] With reference to the social marketing of products for the poor and in absence of market segmentation studies, PSI, basing its response to this issue on the 2006 Mali DHS,[38] has estimated that

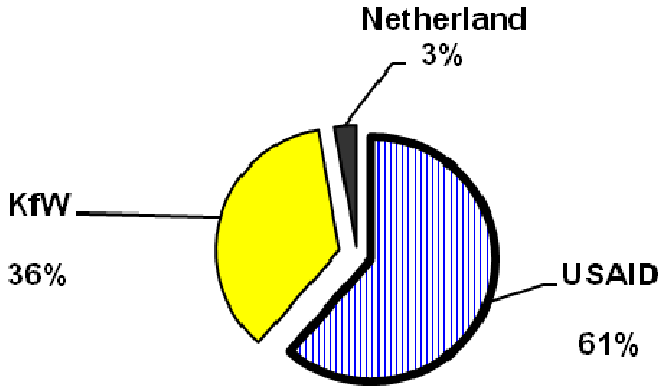
- 43% of those using injectables were within the poorest quintile
- 23% of those using pills were within the poorest quintile
- 43% of those who reported using a condom during the last sexual encounter were within the poorest quintile

With reference to the issue of the economic level of users/consumers and their ability and willingness to pay for condoms and other social marketing products, it is informative to note that, based on information provided in the 2006 DHS,[39] Mali's poverty level is estimated to be 153,310 FCFA per annum. When calculated on a daily basis, those living in poverty have access to only 420 FCFA per day, or approximately 86 U.S. cents, to cover all living expenses, including health, education, transport, lodging, and food. Against this background, it is remarkable that social marketing and the payment for social marketing products has found any foundation for support among Mali's poor. However, as no information is available in the most recent DHS on willingness to pay for social marketing products, the assessment team has had to rely on data provided by the current social marketing program staff to respond to this issue. Unfortunately, no information is available on willingness to pay for pills or injectables. With reference to condoms and marketing decisions based on focus group discussions, PSI changed the packaging for condoms in 2004 and was able to double the price with no decrease in sales. With reference to willingness to pay for ORS, a 2009 study conducted by PSI in Kayes[40] indicated that caregivers for children under 5 years of age were willing to pay as much as 255 FCFA for a package of ORS, which, when compared with the current price (approximately 150 FCFA), suggests that at least this group of respondents was willing to pay 70% more than the current price. With reference to willingness to pay for Aquatab, the social marketing water treatment product, a 2007 focus group discussion,[41] while somewhat inconclusive, indicated that 75% of those participating in the discussion stated that pricing of the product would not affect their decision

[36] « *Schéma directeur* »: Health commodities distribution model for the public sector dictating the prices charged at all levels as applied to social marketing products.
[37] CoC prices: public 100 CFA / cycle – Pilplan 100 / pack containing 1 cycle. DMPA Injectable prices : public 300 CFA / unit – Confiance 300 / box containing 1 vial + 1 syringe.
[38] CPS/DNSI et Macro International Inc., op.cit.
[39] CPS/DNSI and Macro International Inc., ibid.
[40] MALI (2009): Maladies diarrhéiques, Etude TRaC Déterminants de l'utilisation des sels de réhydratation orale chez les mères ou femmes en charges des enfants de moins de 5 ans dans la région de Kayes.
[41] Point of Use Water Treatment Products, Consumer Acceptability Study in Mali, Survey carried out May – June 2007 Bamako and Koulikoro, PSI: Social Marketing *and Communications for Health.*

to purchase the product and that most participants would be willing to pay as much as 100% more (50 FCFA vs. 25 FCFA) for the product they preferred. Finally, with reference to the October 2011 launch of ORS-Zinc, PSI has established that clients are willing to pay as much as 255 FCFA for the packet.[42] Clearly, given the lack of comprehensive data on this issue, ensuring the availability of timely, reliable and comprehensive information on willingness to pay for social marketing products should be of priority interest to the next social marketing program.

Figure 4. Social Marketing RH Product Funding (2001–2011)



SUMMARY OF USAID FUNDING FOR MALI'S SOCIAL MARKETING PROGRAM SINCE 2000

As noted in Section II of this report, financial information on the program provided to the assessment team by USAID/Mali was limited. However, based on the information available on the Reproductive Health Supplies Coalition[43] Web site[44] and additional information provided by PSI/Mali, it was possible to reconstruct the cost of commodities procured by the social marketing program between 2001 and 2011. Table 3 and Figure 4 show the variety of social marketing funding sources. While USAID has been the prime donor for RH commodities, KFW with almost 40% of the share has become the prime source of funding since 2010. The Dutch Government contribution toward commodities financing targeted LTMs.

Table 3. Social Marketing Funding Sources

Cost of Commodities in US$	USAID	KfW	Other Netherland	Total	%
Condoms	3,677,469	1,503,873		5,181,342	46%
Female condoms	90,367	57,960		148,327	1%
CoCs	1,720,176	848,297		2,568,473	23%
Injectables	1,132,069	1,596,170		2,728,239	24%

[42] MALI (2009): Maladies diarrhéiques, Etude TRaC Déterminants de l'utilisation des sels de réhydratation orale chez les mères ou femmes en charges des enfants de moins de 5 ans dans la région de Kayes.
[43] The Reproductive Health Supplies Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to promote improved reproductive health. http://www.rhsupplies.org.
[44] http://rhi.rhsupplies.org/rhi/shipmenthistory.do?fromLogin.

Cost of Commodities in US$	USAID	KfW	Other Netherland	Total	%
CycleBeads	242,339			242,339	2%
Implants & IUDs			311,142	311,142	3%
Total	6,862,420	4,006,300	311,142	11,179,862	100%
%	61%	36%	3%	100%	
	USAID	GFATM	Other	Total	
Bednets	1,531,899	12,970,810	1,429,367	15,932,076	
Aquatab	33,349			33,349	
Source: PSI and http://rhi.rhsupplies.org Shipment history 01-Jan-2000 through 31-Dec-2011.					

The procurement and distribution of bednets, estimated at $16 million over the years, represent the largest line item (60% of commodities cost procurement) for products which for the most part have been distributed with PSI's logistics assistance during national campaigns implemented by the malaria program. As a newly marketed product, Aquatab has not represented an important cost, making this product a promising one for the future.

From a technical point of view, it is not easy to respond to the scope of work's question of whether the costs of providing social marketing products has been commensurate with results over time. Nevertheless, measuring performance against established targets indicates a positive value for investments in the provision of services and products through the private sector (see Table 1, Section III). However, had USAID/Mali's social marketing program included a component for addressing national-level policy and advocacy issues, internal evidence would suggest that such a component might have resulted in a more significant improvement in contraceptive prevalence. In addition, the USAID/Mali social marketing program's limited support of a strategy to address non-urban, community-level traditional values neglected an important and potentially significant means of impacting Malian society's support for contraceptive use.

QUALITY AND IMPACT OF THE SOCIAL MARKETING PROGRAM'S DECISION-MAKING AND STRATEGIES

Beginning in 2003 and extending to the present, PSI's approach to social marketing initiatives has been based on a number of methodologies and a significant number of tools to develop strategies as well as to assess the effectiveness of the program's social marketing initiatives (see Annex I):

Tracking results continuously (TRAC): Starting in 2006, PSI employed a research methodology that was designed to address issues that influenced the use of modern contraceptive methods; the effectiveness of messages in the prevention of HIV/AIDS and reduction of stigma; the use of ORS, and the reduction of the practice of FGM. The TRAC assessment methodology was divided into two distinct interventions, with the first intervention (TRAC) measuring the effectiveness of program interventions in terms of coverage and the second (TRAC-M) assessing the clients' exposure to BCC messages and mass media campaigns and the extent of retention and recall of messages associated with the campaigns. In terms of

the utility of information for program formulation and mid-course corrections, the results of TRAC surveys provided timely information to adjust the emphasis of PSI's social marketing programs. For example, with reference to FP, the 2008 TRAC survey identified the need for an increased program emphasis on involvement of males in the social marketing campaign and the need to improve female clients' understanding of periods during their reproductive cycle during when they were most at risk of becoming pregnant. Under the successive procurements, the social marketing program placed a significant emphasis on implementation of the TRAC methodology to address assessment issues across all social marketing interventions. **MAP methodology:** Under Mali's social marketing program, MAP has been applied to the assessment of coverage and the quality of coverage. First instituted in 2007, the MAP methodology assessed such issues as the availability of social marketing products in pharmacies, the availability of condoms in "hot spots" (i.e., locations such as bars, transient rooming accommodations, and local transport), where persons are most at risk, through their personal contacts, of contracting HIV, and the general availability of social marketing products such as condoms or kits to renew the insecticide of treated-mosquito nets.

Focus group discussions (FGDs): With their focus on client knowledge and behavior, especially with reference to VCT and diarrheal disease control, FGDs assumed an important part in this decade's initial development of social marketing interventions. During the latter part of this decade, emphasis on the use of focus groups appears to have tapered off. However, focus group findings in fiscal year (FY) 2004 led to the contractor's stated intentions to adjust the social marketing program on diarrheal disease messages and to extend social marketing of ORT to communities through introducing discussions at baptismal ceremonies on the importance of prevention.

Mystery client methodology: In addition to FGDs, the social marketing program's used the mystery client methodology, applied from 2004–2006 to evaluate the quality of VCTs, Centre l'Eveil, provided by personnel. This led, in 2004, to documented changes in staff interaction applied within one CY, as assessed by a second follow-up mystery client survey. Subsequent to FY 2007, it would appear that no additional mystery client surveys were facilitated by the program.

Miscellaneous reports, surveys and data management: Throughout the last decade, USAID's social marketing programs have applied a number of additional approaches to the assessment of their initiatives, approaches ranging from studies commissioned to assess specific interventions to those designed to establish benchmarks for improving access to social marketing products. Also, as part of the annual project- reporting cycle, USAID's social marketing program maintained data and reported upon progress toward established program targets. Once again, it was difficult to determine whether these assessment initiatives had a discernible impact on program formulation or on ongoing adjustments to program planning on a year-to-year basis.

Well-defined communications plans linked to marketing plans are essential to social marketing initiatives. Defining a clear approach to communications ensures that, as products are marketed, communications initiatives are in place to promote client access to information critical to effective marketing. However, based on a review of documentation and on discussions with the IP's staff, it would appear that, over the past decade, the only detailed communications plan produced was one that, in January 2006, provided plans for both marketing and communications. As a result, management of the various procurements tended to neglect an appreciation for the fact that the way in which a message is communicated is of paramount importance to the marketing of the product itself. As of 2006, specific marketing plans were defined for each product rather than the program relying on a single marketing plan for all products.

With reference to data on users/consumers' willingness to pay for commercially branded products, with 64% of Mali's population living in poverty and with extreme poverty affecting 22% of the population,[45] adopting an appropriate pricing structure for commercially branded products is a key determinant in clients' access to basic commodities promoted and distributed by the social marketing program. However, with the exception of the newly launched products (Aquatab, ORS-Zinc), no willingness-to-pay studies were undertaken during the last decade of the social marketing program. In fairness, given the MoH's policy on price control, the program's ability to effectively use the results of such studies is somewhat questionable. Also, in fairness, it should be noted that USAID determined that the IP's recent request to carry out willingness-to-pay studies on FP products should be held in abeyance pending the development of the Mission's new social marketing program. Had such studies been undertaken, there is an argument to be made that their results could have been used to advocate for a change in MOH policy. Willingness to pay is generally understood to be a determinant to measure client's accessibility to products. Moreover, depending on the segment primarily targeted by the program and assuming that clients accessing the social marketing products are not necessarily the poorest, such information may enable the program to determine the opportunity to increase prices especially for condoms and contraceptive pills. The end-of-project study on FP conducted in 2006[46] indicated that the higher the socioeconomic status of a WRA, the more likely she is to use contraception. The general assumption made by numerous respondents met by the team during this assessment was that the population is willing to pay a fee for products as soon as they are available. Generally speaking, the cost of FP commodities, while poorly documented, has not been identified as a major barrier. A recent study[47] that targeted vulnerable persons (handicapped) indicated that among the reasons for not using condoms, the cost represented only 4.5% while availability represented 32%. In 2006 less than 1% of the WRA[48] indicated the cost of commodities as a reason for not intending to use contraception in the future. While it appears that the two main reasons for not using contraceptives or condoms are generally linked to behaviors and availability, consistent data are missing. However, it should be noted that the pricing structure for RH commodities in the public sector and for social marketing products has not evolved for the last 10 years with the exception of LTMs.

USAID's social marketing program played a key role in the development of GoM policies by building the private sector market for health-related products. As a member of several working groups designated to facilitate the MoH and partners in conceiving and implementing thematic communication campaigns, PSI provided evidence-based information and quality communication products (TV, radio spot) that enabled the IEC group to design appropriate campaigns and strategies. In addition, the program's introduction of a water treatment product (Aquatab), whose marketing was accompanied by a strong promotion campaign, demonstrated the program's success in providing an appropriate response toward the promotion of a high-impact social marketing product: Indeed, the program's success with its promotion of Aquatab led the GoM to integrate the product as part of its national strategic plan (2011–2015) to change behavior with reference to improved hygiene and the reduction of the incidence of diarrheal diseases. In the field of RH, the IP's recent experience in advocating for the reduction of user fees specifically for LTMs (IUDs and implants) has resulted in the GoM revising prices and allowing better access to these methods. USAID/Mali's social marketing program professionalism and its contribution to national

[45] Government of Mali, 2006: *Strategic Framework for Growth and Poverty Reduction 2007-2011*.
[46] *Enquête de fin de Projet de Planification familiale,* Bamako, Mali février 2007. Préparé par : INFO-STAT (Centre d'Études Statistiques et d'Informatique Appliquée).
[47] *Enquête biologique et comportementale sur le VIH/Sida auprès des personnes handicapées dans le district de Bamako et la région de Koulikoro – Mali* ARCAD SIDA-Mali and Handicap International.
[48] CPS/DNSI and Macro International Inc., op. cit., page 71.

priorities is well recognized and appreciated by the government. Although the program's IP was not expected or required to enhance the capacity of national institutions, such as the National Center for Health Information, Education, and Communication (CNIECS), the assessment team believes that, as a best practice and as a means of promoting sustainability, USAID/Mali missed an opportunity to require the IP to include capacity development of appropriate national institutions as a technical cornerstone of its 10-year social marketing program. Nevertheless, the IP is to be commended for its efforts to involve CNIECS in the definition and oversight of its communication interventions.

In leveraging support from the Dutch Government under SALIN, PSI/Mali has, since 2009, begun to address the 30% unmet need for FP in Mali by raising awareness within urban areas among women at clinic infant immunization days and by providing them with high-quality FP services. Working at both public and private clinics, the objectives of the urban outreach model have focused on promoting and driving demand for long-acting reversible contraception (LARC) while increasing quality supply. The program has been implemented in 73 centers, including all 52 community health centers in Bamako and additional centers in the towns of Segou, Kayes, Sikasso, and Kouitala. Under the program, PSI/Mali midwives have inserted close to 15,000 implants and 950 IUDs. In addition, PSI facilitated the integration of FP and HIV activities among private institutions that are members of the ProFam social franchise network. Under this initiative, 683 people were tested for HIV, with the result that a total of 42 tested positive (12 men and 30 women), for a prevalence rate of 6%. In addressing the issue of sustainability of this program, the major challenge rests with ensuring the motivation of the centers to stock the products and dedicate the personnel necessary for providing LARC services.

As illustrated in Annex E, successive social marketing procurements have adopted a significant number of information, advertising, and behavior change strategies over the last decade. Table 4 provides an illustrative overview of the general approach, by intervention, of these strategies. Given the large access of the population to media, various approaches such as large group animations—most of which are implemented by NGOs contracted by the social marketing program-—national and local radio, and TV were used to disseminate information to the population, Media impact surveys have indicated the strong potential for combining radio and TV messages to reach target audiences and effectively communicate information on such issues as the benefits of FP, bednets to prevent malaria, condoms to protect against HIV/AIDS, and ORS to respond to episodes of child diarrhea. A study in 2008[49] indicated the effectiveness of PSI's combined TV/radio campaign against the stigmatization of persons living with HIV/AIDS (PLWHA).

Table 4. Summary of BCC Strategy by Intervention

Intervention	Summary of Strategies	General Themes
HIV	• Media spots (TV and radio) • Discussions with opinion leaders • Concerts and events • Development and dissemination of promotion materials	• Promotion of the use of VCT • Promotion of single partners • Prevention of HIV/AIDS • Reduction of stigma • Use of condoms • Youth promotion • Religion and use of condoms

[49] *Rapport de l'étude sur l'exposition des populations de Sanso aux activités de PSI* Mali, Bamako, Octobre 2008.

Intervention	Summary of Strategies	General Themes
Malaria	• Media spots (TV and radio) • Distribution of information circular • Radio programs centered on launching of program to distribute nets as part of immunization program	• Promotion of consistent use of ITNs • Promotion of kits to renew insecticide in ITNs • Understanding how malaria is transmitted • Involvement of males in the use of ITNs
Family planning	• Radio spots • Jingles • Development and dissemination of promotion materials	• Benefits of Family planning • Promotion of ProFam services • Males and FP • IUD rumors • Knowledge of the menstrual cycle • Advantages of LTMs • Health implications for non-spacing of pregnancies (la naissances précose)
Diarrheal disease	• Radio spots	• Using SRO to prevent diarrheas • Preventing diarrhea at home • Introduction of Orasel-Zinc
Safe water	• Media Spots (TV and radio)	• Launching Aquatab

With reference to strategies adopted by the social marketing program to adjust for urban and rural areas, periodic program assessments were designed to inform social marketing strategies for urban and rural areas specifically for condoms and water treatment product marketing. For example, based on a study conducted in 2010 which indicated that target coverage of 50% set for Protector PLUS was met everywhere except in rural areas of Ségou and Mopti, the social marketing program concluded that specific actions needed to be deployed in the rural regions of Koulikoro, Sikasso, Ségou, and Mopti. However there is limited evidence to suggest that such recommendations were translated into action. Moreover, based on interviews with key stakeholders, the assessment team has not found evidence that a clear market share strategy existed among public and private sector actors to cover specific RH needs in rural areas: A strategy of this type would have allowed the social marketing program to adjust its commodities distribution strategy accordingly.

With reference to the issue of the extent to which analyses have been applied to program adjustments, the IP has implemented a range of surveys throughout the life of the procurements for evaluating all aspects of the program, including access to products, exposure to communications, and geographic coverage. In addition, the annual measurement of achievements against established targets provided ample information on the program's progress as the basis for decisions on program adjustments. For example, in acknowledging the anemic growth of contraceptive prevalence rate (CPR) at the national level and in drawing on sound analysis of the needs of WRA,[50,51] the IP developed and implemented a strategy for the promotion and service provision of LTMs that translated, through social marketing into a significant growth of CYPs and a positive change with reference to the nation's FP method mix. In addition, based on cost-

[50] *Etude sur les avantages perçus du DIU et des implants par les utilisatrices et leurs conjoints, Etude réalisée pour le compte de PSI* – Mali Novembre 2010 par Abdourahmane Coulibaly, docteur en anthropologie.
[51] *Plan de marketing et plan de la communication santé reproductive, Contraceptifs Hormonaux pour la Planification Familiale et Thérapie de Réhydratation Orale pour la survie de l'enfant pour la période de 2006,* PSI Mali.

effective considerations, the program's decision to adjust the distribution strategy to concentrate on the role of wholesalers paved the way for a better sense of ownership among the distributors and contributed to a greater promise for program sustainability. During the first part of the decade, marketing plans developed by the IP resulted in the program's ability to effectively target potential consumers for behavior change. This approach, combined with demonstrated results, increased the program's ability and effectiveness to leverage donor funding available through the Dutch Government and through KFW.

With reference to the ability of the social marketing programs to gauge the success of their campaigns, technical proposals and related PMPs submitted by PSI to USAID, the linked results of a wealth of research initiatives and surveys should have helped determine progress in that regard. For example, in addition to the DHS that provides information on the impact of BCC campaigns, PSI's TRaC surveys were presented as quantitative research initiatives that would assess progress in the key indicators initially set at the beginning of the each stage of the program. In addition, media impact surveys (TRaC M) were intended as assessment tools to measure the impact of LTM promotion within the FP and the branded communication campaigns that will be implemented to launch ORS/Zinc. Mystery client surveys were conducted on a regular basis within the ProFam network and the VCT sites[52] in order to assess client satisfaction, health providers' compliance with reference to counseling guidelines and procedures, and the quality of services provided. Combined with the social marketing product level of sales, this information provided a good indication on the success of social marketing campaigns. However, in the absence of comprehensive baseline data and the absence of formal and rigorous mid-term and final evaluations, assessment of the program's' impact was dependent upon DHS[53] data and on PSI's application of its DALY methodology.[54]

With reference to the effectiveness of the social marketing program's definition and targeting of potential users/consumers for sales, successive procurements starting in 2003 have commissioned a significant number of studies that yielded data of potential importance to defining and targeting potential users and consumers for sales. For example, the IP facilitated a study that defined the behaviors and risks of members of Mali's armed forces; a profile of behavior of persons using the railways; a baseline study of knowledge and use of FP methods and ORT; a study of the use of condoms by CSWs; and numerous MAP studies defining, among other issues, the availability of social marketing products in pharmacies, "hot spots," and in sales points in the programs' target areas are among those that yielded potentially important data relevant to consumer sales. However, in common with many issues associated with this assessment, available documentation (e.g., program extension proposals, annual work plans, and annual reports) failed to indicate sufficient linkage between the availability of data and its actual application. For example, sales targets for each of the social marketing products were generally included in program extension proposals, annual work plans, and program logframes. However,

[52] See the list of studies in Annex I.

[53] The most recent DHS was completed in 2006 and was published in December 2007.

[54] "A DALY (disability adjusted life year) is equivalent to a year of healthy life lost due to a health condition. The DALY, developed in 1993 by the World Bank, combines the years of life lost from a disease (YLL) and the years of life spent with disability from the disease (YLD). Initial attempts to estimate the burden of diseases concentrated on mortality (the number of deaths in a given time or place) only, disregarding the non-fatal burden of many diseases including infectious diseases. DALYs count the gains from both mortality (how many more years of life lost due to premature death are prevented) and morbidity (how many years or parts of years of life lost due to disability are prevented). The advantage of the DALY is that it is a metric that is recognized and understood by external audiences. It helps PSI gauge its contribution relative to overall burden of disease by geographic region or health area. Combined with cost data, DALYs allow PSI to consistently estimate the cost-effectiveness of its interventions in different countries". Source: http://www.psi.org/resources/disability-adjusted-life-years-dalys/daly-faq. See Annex L: DALYs Averted.

none of these planning documents provided any reference to the rationale for arriving at the various targets. Similarly, in reporting on the achievement of targets, successive annual reports failed to indicate whether having not reached, reached, or exceeded targets within a given year should call for an adjustment in targets for the coming year.

SUMMARY OF STRENGTHS, WEAKNESSES AND PRACTICES OF USAID/MALI'S SOCIAL MARKETING PROGRAM

The preceding paragraphs have reported on findings with reference to a significant variety of programmatic and technical issues introduced in the assessment team's scope of work. Each of the findings, paragraph by paragraph, included a mix of strengths, weaknesses, and best practices associated with USAID's 10 years of support for Mali social marketing initiatives, as identified through the assessment team's review of literature and through interviews with the assessment's 65 respondents. As a summary, the following section of this report provides, in bulleted format, a listing of these three elements of the assessments findings.

STRENGTHS OF USAID/MALI'S SOCIAL MARKETING PROGRAMS (2000–2010)

Message Effectiveness and Communication Coverage:

- The program has provided useful information to the public on a variety of social marketing products. It has effectively incorporated mass media and interpersonal communication in its information dissemination strategy.
- A 2008 study on population exposure to communication activities showed that 75% of respondents listened more than 10 times to spots on malaria prevention.
- Among CSWs who had been exposed to a BCC message, 46% had switched to consistent use of condoms.
- The implementing partner's approach to assessing social marketing initiatives has been based on numerous methodologies and tools to assess program effectiveness.
- The idea that child spacing is important has penetrated to rural areas.
- The concept of dual benefit (i.e., protection against HIV/AIDS and promotion of child spacing) associated with the use of condoms has been widely disseminated.

Gender Issues Addressed:

- Social marketing messages on FP and the use of bednets were introduced, with the role and responsibilities of the husband in families highlighted.
- The campaign against FGM has made a positive contribution toward behavior change and the reduction of this prevalent traditional practice.

Program Management Effectiveness:

- Strategies and messages were based on evidence, with studies and messages pre-tested.
- The introduction of LTMs and PSI's advocacy for the reduction of user fees for long-term methods (IUDs and implants) has resulted in the GoM's revising prices and allowing better access to these methods.
- The program's membership in MOH working groups enabled the IEC group to design and implement thematic communication campaigns.

- The program's strength in providing evidence-based information and quality communication products (TV, radio spots) enabled the IEC group to design appropriate campaigns and strategies.
- The promotion of condoms to target multiple segments of the population (e.g., the general population, young adults, and most-at-risk persons (MARPs) was well managed.
- The management of the VCT *L'Eveil* was effective in reaching out to the public.
- By leveraging support from the Dutch Government, the social marketing program's urban outreach model expanded its ability to address the 30% unmet need for FP in Mali.

Promotion of Quality:

- The introduction of the IUD "kit" took into consideration both pricing and quality.
- The packaging of the products—developed and pretested with users and potential users—contributed to the perception that clients were receiving a quality product.
- Increased shelf life for the water treatment product increased the public's perception of quality associated with the product.

Program Impact:

- The recent lesson learned from the ProFam private clinic network on the importance of providing LTM services at an affordable price has led the MOH and the social marketing program to consider a collaboration among the public and private sector to better cover needs with high-quality services.
- The strategic decision made by the program and the MOH to introduce the provision of implants and IUD insertion services at an affordable price – a decision supported by the training of service providers since 2008 – has contributed to the growth of LTM in the method mix.
- The cross-integration of FP, expanded program of immunization (EPI), and VCT activities strengthened all three initiatives.
- The program's contracting with local radio is a win-win situation, given that it promotes information dissemination, provides increased economic stability for local entrepreneurs, and helps promote and support the role of the radio in disseminating information.
- When converted to CYPs, sales have exceeded expectations by 10%.
- Social marketing sales and distribution data show that targets have been met and exceeded for the distribution of bednets.
- The urban outreach model has focused on promoting and driving demand for LARC while increasing quality supply.
- Collaboration with the ProFam social franchise network led to 683 people being tested for HIV, with the result that a total of 42 tested positive (12 men and 30 women), for a prevalence rate of 6%.

Support of GHI Principles:[55]

Principle 2: Implement a woman- and girl-centered approach: The social marketing program has provided a strong emphasis on promoting LTM.

[55] Given that developing a foundation for GHI principles (as defined between 2009-2011) could not have been envisioned as an objective of the social marketing program, comments on all GHI-related issues are solely in response to the fact that this issue was included in the assessment's terms of reference.

- **Principle 4: Strengthen and leverage multilateral organizations, global health partnerships, and private sector engagement:** Strong established and leveraged engagement of international donors (KfW, Dutch Government, and GFATM) increased the impact of the program.

Value of USAID Investment:

- Performance against established targets indicates a positive value for investments in the provision of services and products through the private sector.
- VCT has become a part of national policy.
- Availability of social marketing products and services has increased over time.
- More than 80% of socially marketed products sold to users at an affordable price are dedicated to the reduction of maternal and children-under-5 mortality.
- The program's involvement in distribution logistics has resulted in good coverage in targeted areas, contributing to the national plan for the decrease of malaria in Mali.
- In 2000 it was estimated that the vulnerable population using ITNs was no more than 6.8% for pregnant women and 9.4% for children under 5. By 2006 bednet coverage had grown to 26.9% and 27.4%, respectively. By 2010 estimates of such coverage are at or above the 80% level.

WEAKNESSES OF USAID/MALI'S SOCIAL MARKETING PROGRAMS (2000–2010)

Inadequacy of Communication Campaigns:

- Except for a well-conceived one-year communication plan in 2006, insufficient attention was paid to the importance of a comprehensive, stand-alone communication strategy. This led to the communication plan's being subsumed into a procurement approach to marketing products.
- Procurement and sales data indicate that the shortages of CoCs was associated with the deterioration in key indicators in counseling and a negative impact on sales over the period 2007–2009.

Message Effectiveness:

- While both street vendors and truckers indicated that they understood the risks of unprotected sex after having been exposed to communication messages and were open to further behavior change messages, neither group indicated a significant increase in their intention to practice safe sex.

Value of USAID Investment:

- A more effective investment in high-level policy and advocacy might have produced a more consistent improvement in contraceptive prevalence.
- USAID/Mali social marketing program's limited focus on addressing traditional values neglected an important and potentially significant avenue for increasing contraceptive use.

Product Distribution and Pricing Strategies:

- Despite its participation in the contraceptive security group and efforts to alert decision makers, the social marketing program has not been able to promote the development of forecasting and procurement plans that reduce the potential for product stock-outs.

- While it appears that consumers' nonuse of contraceptives or condoms is generally linked to behavior and availability, consistent data are missing to determine where and how to address bottlenecks in distribution and pricing strategies.
- The pricing structure for RH commodities in the public sector and for social marketing products has not evolved in the last 10 years, except for LTMs.
- There is limited evidence that the results of the social marketing program's assessments to inform social marketing strategies for urban or rural areas were translated into action.

Support of GHI Principles:

- **Principle 1: Support country ownership and invest in country-led themes:** There was little evidence that a foundation exists for this principle.
- **Principle 2: Increase impact through strategic coordination and integration:** Numerous opportunities were missed to work on achieving this principle.
- **Principle 5: Build sustainability through health system strengthening:** As designed and implemented, the social marketing program had limited emphasis on building a foundation for sustainability.

Research:

- Except for newly launched products (Aquatab, ORS), the program has invested limited resources in willingness-to-pay studies to assess opportunities to change the pricing structure of social marketing products.

Program Management and Design:

- As none of the procurements were competed or evaluated, there was limited opportunity for successive program procurements to profit from lessons learned or to gain from proposals that could provide USAID/Mali with new perspective on ways to address Mali's social marketing potential.
- The program monitoring system was not sufficiently rigorous to provide reliable evidence that interventions in program areas were effective when compared to non-program areas.
- Limited coordination between marketing and communication strategies has resulted in the social marketing program's marketing being out of sync with its communications initiatives.
- Lack of timely evaluations on the social marketing program's impact is contrary to accepted program management principles.
- The program has focused limited attention on developing public/private capacity to coordinate forecasting and planning for social marketing commodities.

Missed Opportunities:

- Limited effective linkages between forecasting and procurement resulted in stock-outs and missed opportunities to respond to demand.
- Although annual work plans provided basic information on the marketing and BCC approach, the assessment indicated that more emphasis was put on new initiatives such as the promotion of LTMs, with the promotion of "historical" products such as COCs, injectables, and condoms not benefitting from the same attention.
- Although the program's analyses included significant recommendations for program improvement, there has been a lack of systematic application of the recommendations to adjust the program.
- No information is available on willingness-to-pay for pills and injectables, with limited information on willingness-to-pay for other products

- While sales trends show an increasing willingness of clients to procure contraceptives and condoms, the results remain below expectations when compared to unmet needs.

Collaboration and Sustainability:

- The social marketing program's limited focus on an exit strategy threatens sustainability.
- With limited understanding among stakeholders of the potential contribution of social marketing in meeting national health priorities, the concept of social marketing is not sufficiently anchored into the health system.

Lack of Investment in the Development of Supporting Policy:

- There is no agreement with the MoH on a public versus private pricing strategy for generic FP products distributed by the MoH and branded as social marketing products.
- There is no agreement with the ministry on a market share strategy between the public and the private sector.
- Although the GoM's policy on FP supports birth-spacing, reliance on this policy will not lead to a reduction in the total fertility rate and will exacerbate the nation's continued reliance on ever-diminishing resources across all sectors (e.g., housing, education, agriculture, health, etc.).
- The government's continued reluctance to adopt a proactive FP policy undercuts the potential of the nation's social marketing program.

BEST PRACTICES INTRODUCED AS PART OF USAID/MALI'S SOCIAL MARKETING PROGRAM DEVELOPMENT (2000–2010)

- The TV spot promotion offering the provision of a free mosquito net for women attending prenatal consultations was a best practice that promoted both initiatives and reinforced the concept of integration.
- Messages on reducing HIV/AIDS stigma using well-known people, broadcast in appropriate languages, were both innovative and a best practice that was highly successful in opening up public dialogue on a sensitive subject.
- The program's promotion of long-term FP methods during immunization days represents a best practice that, from an international perspective, reinforces the potential of integrated services with reference to health systems strengthening.
- The social marketing program's proactive involvement with the national program to develop VCT norms and standards and to gain national support for the concept of VCT was a best practice in the sense that it demonstrated the power and impact of investments in policy development and change.
- The social marketing program's innovative approach to the evidence-based introduction of the IUD kit, based on increased quality associated with the use of IUDs, was a best practice. When coupled with the program's proactive promotion of reduced costs for IUDs, the approach resulted in a dramatic increase in IUD utilization and to reasonable expectations related to the method's sustainability as a method of choice among clients.

ANNEX A. SCOPE OF WORK

Global Health Technical Assistance Project
GH Tech

Contract No. GHS-I-00-05-00005-00

SCOPE OF WORK
(Revised: 07-19-11)

I. TITLE

Activity: AFR/SD: MALI SOCIAL MARKETING ASSESSMENT

Contract: Global Health Technical Assistance Project (GH Tech), Task Order No. 01

II. PERFORMANCE PERIOD

Arriving in country no earlier than August 22nd, concluding in-country work no later than September 30th (dependent upon consultant availability).

III. FUNDING SOURCE

This assignment will be fully funded by AFR/SD.

IV. OBJECTIVES AND PURPOSE OF THE ASSIGNMENT

USAID/Mali's Health Team will engage two consultant(s) in social marketing for four weeks to assess and make recommendations on the USAID-assisted social marketing program in Mali. The consultant will focus on the effectiveness and outcomes of USAID's social marketing assistance—past, present, and future—and the contribution of social marketing to maternal health, child health, malaria, family planning, water quality, and HIV/AIDS.

V. BACKGROUND

Between 1993 and 2003 a number of different configurations existed for U.S.-supported socially marketed commodities. All were in partnership with the Government of Mali and had various challenges with increasing CPR and strengthening the quasi-governmental commodity logistics unit (Pharmacie Populaire du Mali), through which all medical commodities must go.

In 2000, USAID/Mali's HIV/AIDS strategy was approved. The overall objective of the strategy was to prevent the emergence of a crisis HIV/AIDS epidemic by targeting high-risk groups/high transmitters and promoting behavior change among those most at risk and the general population. Between 2000 and 2003, HIV social marketing was programmed through a separate mechanism from family planning social marketing. The Corridors of Change (COC) Project was implemented by Population Services International from 2000–2003 with the goal of reducing the spread of HIV/AIDS through behavior change among migrant populations along Mali's migration axes. In July 2003 the project was amended and renamed Pathways to Change (PTH). The original five components of the COC Project consisted of:

1. Consumer-based research;
2. Mass-media education, information and communication (IEC);
3. Interpersonal behavior change communication (BCC);

4. Access to prevention products; and
5. Voluntary HIV counseling and testing (VCT).

Under the PTH Project, the scope of work was expanded to include items 1–4 listed above in the areas of oral rehydration (ORT and family planning, with a continuation of activities in HIV/AIDS. In addition, the social marketing of health products in these three areas was included in the PTH SOW.

As an initial activity of the PTH project implementation, baseline research was conducted in family planning and ORT in order to generate up-to-date information essential to the appropriate and strategic programming and implementation of project activities. Similar follow-on research was conducted in HIV/AIDS to evaluate COC project impact and provide updated information for the programming of PTH HIV/AIDS-related activities. This research revealed that there was a significant gap between the knowledge of the Malian population in the areas of FP, ORT and HIV prevention and behaviors corresponding to this knowledge. Based on the findings of this research and in the context of the activities already planned under the PTH award, USAID again amended the cooperative agreement with PSI to reflect the following goals:

1. Reduced HIV incidence in Mali through increased adoption of safer sexual behaviors among target populations (youth commercial sex workers , truckers, roadside vendors, migrant populations);
2. Improved reproductive health of women in Mali through increased use of modern contraception among women of reproductive age;
3. Reduced infant and child mortality due to diarrheal disease through improved diarrheal disease management and prevention in children under 5;
4. Reduced morbidity and mortality due to malaria in pregnant women and children under 5.

In 2008 PSI received an additional three extended option years and will conclude on September 30, 2011. The extension was encouraged to build upon achievements made to further advance the overall goals of the program by continuing all activities and introducing a point-of-use water treatment product. The project objectives during this period include the following:

1. Reduce maternal and children-under-five mortality by increasing the availability and use of high-quality modern contraceptive methods among women of reproductive age;
2. Reduce infant and child morbidity and mortality by increasing the use of long-lasting insecticide treated nets (LLINs) and other malaria commodities;
   - Reduce infant and child morbidity and mortality due to diarrhea by increasing the use of point of use (POU) water treatment, oral rehydration salts and potentially zinc; and
   - Reduce morbidity and mortality due to HIV/AIDS by increasing the adoption of safer sexual behaviors among persons engaged in high-risk sexual practices.

PSI focused its intervention on the following five areas:

Diarrheal Disease Control

- Developing and disseminating evidence-based generic communication campaigns promoting use of ORT and oral rehydration solution (ORS)
- Implementing a formative feasibility study and consumer demand assessment for a diarrhea treatment kit (DTK) that includes 10 zinc tablets and two packets of low-osmolarity ORS, followed by launching a socially marketed DTK pending positive research results

Water and Sanitation

- Launching Mali's first socially marketed household water treatment product (chlorine tabs)
- Developing and disseminating generic communication campaigns on household water treatment and storage
- Developing and disseminating branded communication campaign to promote Aquatabs
- Distributing 8.2 million Aquatabs for the life of the project
- Implementing formative research to assess product acceptability, availability and generic message recall

HIV/AIDS:

- Promoting ***L'Eveil*** voluntary counseling and testing services through IPC activities
- Maintaining high quality standards of the ***L'Eveil*** VCT services through external quality
- assurance of test results, supervisory visits and mystery client surveys
- Implementing HIV/AIDS prevention activities targeting MSMs through ARCAD SIDA
- Continuing HIV/AIDS prevention and anti-discrimination communications campaigns (financed by KfW)
- Social marketing of male condoms (available to the general population for the dual purpose of family planning and HIV/AIDS prevention) and female condoms (available to the general population and distributed to NGOs working with high risk groups)

Family Planning and Reproductive Health

- Continuing to support and enhance the national family planning repositioning campaign through mass media and behavior change communications
- Expanding the client base and providers for the ***ProFam*** social franchise
- Promotion of Post Partum Family Planning services through urban CSCOMs
- Increasing access to a selection of family planning methods including IUDs, implants and cycle beads

Malaria:

- Participating in the mapping efforts prior to the national free LLIN mass distribution campaign
- Estimating with key partners the overall quantity / needs of LLINs given past distribution and population data
- Handling and warehousing of LLINs
- Contributing in the Mass Mobilization Campaign
- Contributing in the design of the LLINs mass distribution campaign plan
- Distributing free long-lasting insecticide treated nets (LLINs) during the mass distribution campaign
- Developing and implementing an evidence-based communication campaign to increase the year round use of LLINs
- Conducting Post Campaign Activities

Population Services International has met or exceeded virtually all sales targets for commodities. While Mali awaits the 2011 DHS to understand how major health status indicators have changed since the previous DHS in 2006, evidence suggests that CPR has increased 1–2%, ORS use has

declined as has exclusive breastfeeding rates, child and maternal mortality have declined significantly, bed net use is high although malarial rates are not declining as much as expected, and the HIV rates remains steady. An objective of this assessment is to assist USAID to orient the new program such that better results can be obtained with future investments in this area.

VI. SCOPE OF WORK

Based on a broad review of the history of USAID social marketing assistance in Mali, the current status, strategies, and activities, and the effectiveness and outcomes of the ongoing social marketing project in the context of MCH/FP status, the consultant will review and assess:

- The history of accomplishments of social marketing, and of the contributions of social marketing to MCH/FP, water, and HIV/AIDS status in Mali, going back to 2000;
- USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results;
- Whether results were commensurate with levels of USAID funding over time;
- The quality of decision making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects; and
- Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing project could address over the next three to five years with regard to the component program and technical areas of MCH/FP, water, and HIV/AIDS.

VII. METHODOLOGY

Based on a broad review of the history of USAID social marketing assistance in Mali, the current status, strategies, and activities, and the effectiveness and outcomes of the ongoing social marketing project in the context of MCH/FP status, the consultant(s) will use existing data[56], key informant interviews/focus group discussions and/or other research methods of the consultant's choice to review and assess:

- The history of accomplishments social marketing, and of the contributions of social marketing to MCH/FP, water, malaria, and HIV/AIDS status in Mali, going back to 2000;
- USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results;
- Whether results were commensurate with levels of USAID funding over time;
- Other social marketing projects in country by other organizations; expertise of organizations in marketing areas (market research, advertising, sales, forecasting, supply chain logistics, market planning, brand strategy, pricing strategy)
- Other possible types of organizations with marketing expertise that can serve as alternatives
- The quality of decision making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects; and
- Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing project could address over the next three to five years with regard to the component program and technical areas of MCH/FP, malaria, water, and HIV/AIDS.
- Ideal expertise and skills needed to effectively manage social marketing projects
- Degree of consistency in messaging throughout life of projects and over successive projects and any possible patterns

[56] Existing data include DHS 2006, MICS 2010, program monitoring data, market assessments, KAP studies, qualitative studies on bed net use and family planning, program files, etc.

- Degree of message coverage and frequency in social marketing campaigns across each product, across each intervention area, and across different areas where appropriate and any possible patterns

Relevant Questions (Illustrative)

A. Social Marketing in the MCH/FP, Malaria, Water Quality and HIV/AIDS Context

Communicated Objectives/Contribution to Strategic Objective 6

- How well understood is the potential of social marketing in Mali and what more can be done to enhance understanding of social marketing contributions to MCH/FP, malaria, water quality and HIV/AIDS objectives?
- Have the expected contributions of social marketing to MCH/FP, malaria, water quality and HIV/AIDS status in Mali been clear to all concerned—management and staff of the successive USAID supported projects, USAID, the implementing organization(s), the GoM and other donors?

Data-Driven Programming

- How well have successive USAID-assisted social marketing projects in Mali assessed MCH/FP, malaria, water quality and HIV/AIDS knowledge, attitudes, perceptions, beliefs and practices, and the environment for MCH/FP, malaria, water quality and HIV/AIDS, and how have any such analyses been used to develop social behavior change, marketing, and sales strategies and activities?
- How well have successive projects utilized MCH/FP, malaria, water quality and HIV/AIDS data in making other programmatic decisions, for example, data over time on contraceptive prevalence and reasons for method switching, continuation/discontinuation of family planning?
- Have intended results from social marketing activities—quantitative and qualitative—been clearly developed and understood by USAID and the implementing organization(s)?
- In developing messaging for campaigns, what was the genesis and rationale for messages development and how were the communication vehicles chosen.
- How were social marketing campaigns determined to be successful? What types of metrics were used if any?
- What are recommended indicators for future evaluations, including external evaluations?

Government Ownership

- How well has the social marketing project reflected GoM policies and planning with regard to MCH/FP, malaria, water quality and HIV/AIDS?
- How have social marketing activities fit in with other MCH/FP, malaria, water quality and HIV/AIDS interventions and programs carried out by the GoM and by private sector organizations overtime?

B. Targeting, Reaching, and Influencing Users

Coverage

- Working with available data sources including the most recent Multiple Indicator Cluster Survey and any more recent MCH/FP, malaria, water and sanitation, and HIV/AIDS projections, have current and potential users/consumers been appropriately targeted by USAID-funded social marketing projects for the largest possible impact? If not, how can targeting for impact be maximized?

- Is it known what level of population-based coverage the projects achieved with their interventions? Did the program reach a high proportion of the populations in the areas where it worked and achieve high coverage of various subgroups such men, women, youth, and high-risk groups?

Data Driven Programming

- What data exist on the economic level of users/consumers and their ability to pay for condoms and other contraceptives, and other social marketing products? On their ability to pay for commercial brand products? Is there evidence of a substitution effect where users/consumers able to pay higher prices have switched to social marketing products? Document any affect that has been seen in PSI's urban outreach model. Is USAID assistance in social marketing therefore appropriately defining and targeting potential users/consumers for behavior changes and sales?
- Have projects appropriately targeted those groups and developed appropriate strategies and tools to reach and influence those groups? Is there evidence that those who are unable to pay market rates for MCH/FP, malaria, water quality and HIV/AIDS commodities, been reached by USAID-funded social marketing projects? Have groups unable or unwilling to access other public and private sector services and facilities been served by social marketing behavior change activities, marketing strategies, and sales outlets—for example, youth? How well are the project activities addressing the underlying gender dynamics that influence care seeking behaviors?
- What kind of data and analyses have successive social marketing projects commissioned overtime and how has this information been used by project managers in decision making? Are there other equally or more appropriate data collection and analyses that USAID should commission under the current project or any future project?

Program Effectiveness

- Have successive social marketing projects promoted healthy behaviors successfully; which behaviors and with what audiences/groups?
- What information, advertising, and behavior change strategies and activities have been adopted by successive projects and have results been measured appropriately over time so that trends and gaps could be identified?
- Has social marketing achieved nationwide coverage in terms of targeted segments of the population and respective products and services?
- Have social marketing strategies been adjusted appropriately for urban and rural areas?

Program Management

- What has been the cost of social marketing products and services over time, and should prices for products and services be adjusted in future?
- Are USAID MCH/FP, malaria, water quality and HIV/AIDS social marketing targets and indicators appropriate for decision making and to measure program results? If not, how can these targets and indicators be improved, or should other targets and indicators be adopted?
- What links should exist between social marketing communication change strategies and activities and other BCC programs in MCH/FP, malaria, and HIV/AIDS?

C. Sustainability

- How has sustainability been defined and addressed by USAID and by successive projects; have the definitions and approaches been appropriate; and are there other ways to make social marketing self-sustaining in the Malian context?

- In envisioning what sustainability looks like, how has the private sector been incorporated? How has the total market approach been utilized in planning?
- How sustainable are current social marketing strategies and activities, and how can USAID address sustainability concerns in future? The GoM has supported free distribution of some MCH/FP, malaria, and HIV/AIDS products and in view of this orientation, what strategies should be pursued by USAID and implementing organizations under a future social marketing project?
- Are there new directions that should be pursued through a new social marketing project in Mali?

D. Global Health Initiative Principles

- How has past programming worked to support the 7 GHI principles[57]; document key successes in operationalizing these principles
- How can future social marketing projects further orient work around these key principles?
- What learning opportunities are there for new programs to understand the impact of programming in alignment with GHI principles on health outcomes?

VIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT

Team Composition

The social marketing consultant(s) will be responsible for assessing and making recommendations on the USAID-assisted social marketing program in Mali. The consultants will focus on the effectiveness and outcomes of USAID's social marketing assistance—past, present, and future—and the contribution of social marketing to maternal health, child health, malaria, family planning, water quality and HIV/AIDS.

Skills/Experience: Each consultant will have at least 10 years' experience working in the areas of social marketing and communication. She or he should have a good understanding of a wide variety of promotion efforts in the area of health and should have a thorough knowledge of market expansion, brand promotion, advertising, and market research. Consultants should be able to work independently in a French-speaking environment, dividing up responsibilities and tasks to maximize data collection opportunities. French fluency is required.

[57] Seven Principles of GHI: Focus on women, girls, and gender equality, Increase impact through strategic coordination and integration, Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement, Encourage country ownership and invest in country-led plans, Build sustainability through health systems strengthening, Improve metrics, monitoring and evaluation, Promote research and innovation

Level of Effort

It is anticipated that this assessment will require 32 days of effort for the Team leader/31 days for the team member, with at least 21 working days in country (illustrative).

Task/Deliverable	Duration (per consultant)
1. Review background documents & literature (offshore preparation work)	3 days
2. Travel to Mali	2 days
3. Team Planning Meeting and meeting with USAID/Mali SO 6 team	1 day
Conduct secondary data analysis	1 day
Draft questionnaires for in-depth interviews, focus group discussions for review by USAID/Mali; questionnaires reviewed and approved by USAID/Mali	2 days
Information and data collection. Includes interviews with key informants (including partners and USAID staff) and site visits.	12 days
Discussion, analysis and preparation of written draft assessment report in country	5 days
Debrief meetings with SO 6 team and key stakeholders (preliminary draft report due to Mission)	1 day
Depart Mali	2 days
USAID & partners provide one set of written comments on draft report within 5 business days	
Review and revise report—final	3 days TL/2 days Team Member
Total LOE	32 days TL/31 days team member

(Note: Dependent upon available resources—may be modified during preparation of the cost estimate).

IX. LOGISTICS

A six-day workweek is authorized while the consultant(s) are in Mali. USAID will be responsible for all in-country logistical support. This includes arranging and scheduling meetings, local travel, printing, and photocopying.

X. DELIVERABLES AND PRODUCTS

1. **A draft assessment report** should be completed and submitted to the mission prior to the consultant's departure from Mali. The written report should clearly describe findings, conclusions, and recommendations assessing past and present USAID assistance in SM, and recommendations to guide future USAID support through a new award. USAID will provide written, consolidated feedback within ten working days of initial draft submission.
2. **A final report** that incorporates the responses to Mission comments and suggestions. The draft final report should be completed within five days after USAID provides its written feedback on the draft report, incorporating the comments received from the review of the draft and sent to the Mission. The final report (excluding executive summary and annexes including list of citations: list of all reviewed/cited sources in final report) should be succinctly written, no more than 30 pages.

3. The consultant will produce a **PowerPoint presentation** (for a **debriefing** prior to departure from country) summarizing his/her major assessment observations and recommendations in briefings for USAID, the Government of Mali/Ministry of Health (GoM/DNS), and other donors. The powerpoint will include notes within each slide for the purposes of replicating the presentation and also to provide the audience the same level of detail given during the presentation.

Once the Mission approves the final unedited report, GH Tech will have the document edited and formatted and will provide the final report to the Mission for distribution (10 hard copies and CD ROM). It will take approximately 30 days for GH Tech to edit/format and print the final document. This will be a public document and posted on USAID/DEC.

XI. RELATIONSHIPS AND RESPONSIBILITIES (OUTLINES THE ROLES AND RESPONSIBILITIES OF GH TECH AND USAID WITH RESPECT TO THIS SCOPE)

USAID/Mali will provide overall direction to the consultant, identify key documents and key informants, and assist in facilitating a work plan. The consultant, with Mission assistance, will arrange in-country travel, set up meetings with key stakeholders identified by USAID prior to the initiation of field work, and manage other logistics as needed. During field work, USAID and Implementing Partners will provide assistance as needed to arrange other meetings as identified during the course of this evaluation. USAID/Mali can assist with hotel arrangements if necessary but the consultant will be responsible for providing its own work space and computers.

USAID/Mali health staff will be made available to the consultant for consultations regarding sources, logistical and technical issues, before and during the assessment process.

Additional Mission responsibilities/roles include the following:

Before In-Country Work

1. Consultant Conflict of Interest. To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for the proposed consultant and provide additional information regarding potential COI with the project contractors or NGOs evaluated/assessed and information regarding their affiliates.
2. Documents. Identify and prioritize background materials for the consultants and provide them, preferably in electronic form.
3. Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
4. Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation) and identify a person to assist with logistics (i.e., visa letters of invitation etc.) if appropriate.

During In-Country Work

1. Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person(s) and provide technical leadership and direction for the team's work.
2. Meeting Arrangements. While consultants typically arrange meetings for contacts outside the Health Office, support local consultant(s) in coordinating meetings with stakeholders.
3. Formal and Official Meetings. Arrange key appointments with national and local government officials and accompany the team on these introductory interviews (especially important in high-level meetings).

4. Other Meetings. If appropriate, assist in identifying and helping to set up meetings with local professionals relevant to the assignment.
5. Facilitate Contact with Partners. Introduce the Evaluation Team to implementing partners, local government officials, and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After In-Country Work

1. Timely Reviews. Provide timely review of draft/final reports and approval of the deliverables

XII. MISSION CONTACT PEOPLE

- Allyson Bear, AOTR for PSI program and social marketing focal point in USAID/Mali:
- Souleymane Sogoba, M&E Specialist
- Oumou Traore, Admin Assistant
- BethAnne Moskov, Team Leader:

XIII. OST ESTIMATE

GH Tech will develop a cost estimate when the SOW is finalized and the consultant selected.

XIV. REFERENCES (PROJECT AND RELEVANT COUNTRY DOCUMENTS)

USAID/Mali will provide the following background documents:

- Pathways to Health award documents, workplans, M&E plans, dating back to 2003
- All Pathways to Health market studies, KAP studies, and other types of evaluation
- Market studies and research performed by previous HIV/AIDS and family planning social marketing projects dating back to 1996
- Demographic and Health Surveys, 1996, 1991
- Multiple Cluster Indicator Survey, 2010
- USAID/Mali Country Strategy
- USG Mali Global Health Initiative Strategy
- USG Mali HIV/AIDS strategy
- USG Malaria strategy
- USAID BEST strategy

ANNEX B. LIST OF RESPONDENTS FOR AFR/SD—MALI SOCIAL MARKETING PROGRAM ASSESSMENT

Name	Title	Organization	Date of Interview
Salif Coulibaly	Technical Advisor	USAID	9/8/2011
Madiou Yattara	Family PlanningProject Management Specialist	USAID	9/8/2011
Madina Ba Sangare	Maternal and Child Health Advisor	USAID	9/8/2011
Allyson Bear	PSI COTR	USAID	9/6/2011
Mariama Ba	Senior Public Health Advisor	USAID	9/8/2011
Nancy Lowenthal	Health Team Leader	USAID	9/6/2011
BethAnne Moskov	GHI Field Deputy/Director Health Program	USAID	9/6/2011
Clint Trout	Senior HIV/AIDS Advisor	USAID	9/8/2011
Souleymane Sogoba	M&E Specialist	USAID	9/6/2011
Aboubacar Sadou	Malaria Specialist	USAID	9/8/2011
Ms. Rodio Diallo	Director	Population Services International (PSI)	9/7/2011
Boureima Maiga	Family PlanningSpecialist	Population Services International (PSI)	9/7/2011
Togola Rokia	Marketing Specialist	Population Services International (PSI)	9/7/2011
Mamadou Bah	Research Specialist	Population Services International (PSI)	9/7/2011
Laura Glish	Family PlanningSpecialist	Population Services International (PSI)	9/7/2011
Mamadou Tieman	HIV Specialist	Population Services International (PSI)	9/7/2011
Gina Smith	Operations/Technical Advisor	Population Services International (PSI)	9/9/2011
Name????	Warehouse Manager	Population Services International (PSI)	9/13/2011
Ibrahima Dicko	Sales Promoter	Population Services International (PSI)	9/13/2011
Dr. Safoura Traore	Reprodutive Health	Care International Keneya Ciwara Phase II Project (PKC II)	9/15/2011

Name	Title	Organization	Date of Interview
Addourhamane Maiga	BCC Advisor	Abt Associate Health Contract (ATN PLUS)	9/15/2011
Konate Ramata Fomba	RH/FP Advisor	Abt Associate Health Contract (ATN PLUS)	9/15/2011
Dr. Timothee Gandaho	Team Leader RH/FP	Abt Associate Health Contract (ATN PLUS)	9/15/2011
Dr. Houleymatou Diarra	Director	Maternal and Child health Ptoject (MCHIP)	9/15/2011
Dr. Diallo Fatoumata Haidara	Technical Advisor for sales and distribution	Strengthening Pharmaceutical Systems Program	9/19/2011
Aminata Kayo	FP/RH Advisor	Save the Children	9/9/2011
Ms. Traoré Fatoumata Touré	Director	Association de Soutien aux Activités de Population	9/16/2011
Souleymane Dolo	Executive Director	Groupe Pivot Santé Population	9/16/2011
Katarina Greifeld	Consultant	KFW	9/29/2011
Dr DEMBELE Bintou KEITA	Directrice Exécutive	ARCAD SIDA	9/16/2011
Dr. Mariam Cissoko	Cluster Leader RH	UNFPA	9/16/2011
Keita Samba	Chef Statistique	Cellule de Planification et de Statistique(CPS)	9/9/2011
Dr. Fode Boundy	Directeur Adjoint	Cellule de Planification et de Statistique(CPS)	9/9/2011
Dr Binta Keita,	Chef Division Santé de la Reproduction	Direction Nationale de la Santé (DNS)	9/12/2011
Dr. Maiga Aboubacar	Division de l'Hygiène et de la Salubrité Publique	Direction Nationale de la Santé	9/14/2011
Mr. Boubeye Maiga, CNIECS	Director	CNIECS	9/12/2011
Dr. Sidibe Maguiraga	Chief of the Animation Department	CNIECS	9/12/2011
Mme. Diallo Assadiakite	Chief of Production Department	CNIECS	9/12/2011
M. L.S. Traore	Chief of Planning	CNIECS	9/12/2011
Dr. Klenon Traore	Director	Direction de Lutte Contre le Paludisme	9/13/2011

Name	Title	Organization	Date of Interview
Dr. Sango Fanta	Division Chief for Quality Assurance	Direction de la Pharmacie et du medicament (DPM)	9/13/2011
Dr Yattassaye Aicha Guindo	President Director General	Pharamacie Populaire du Mali (PPM)	9/14/2011
Yaya Zan Konare	President	Federation Nationale des Associations de Santé Communautaires (FENASCOM)	9/13/2011
Alpha Macki Hiakite	Community Representative	Federation Nationale des Associations de Santé Communautaires (FENASCOM)	9/13/2011
Mamadou Baba Sangene	Treasurer General	Federation Nationale des Associations de Santé Communautaires (FENASCOM)	9/13/2011
Abdoul Wab Toure	Administrative Secretary	Federation Nationale des Associations de Santé Communautaires (FENASCOM)	9/13/2011
Malick Sene	Secretary General	Haut Conseil National de Lutte Contre le Sida (HCNLS)	9/15/2011
Dr. Youssouf Diallo	Technical Advisor	Haut Conseil National de Lutte Contre le Sida (HCNLS)	9/14/2011
Moussa Ag Hamma	Director	Direction Nationale de la Sante	9/14/2011
Dr. Aliou Sylla	Director	Cellule Sectorielle de Lutte contre le SIDA (CSLS)	9/14/2011
Mr. Allassane Boboum	Director	National Director of Social Development (NDSD)	9/15/2011
Dr. Issaka Sangare	Responded by email	Cellule Sectorielle de Lutte contre le SIDA (CSLS)	9/12/2011
Dr. Bagayo	Chief of District Health	District of Baroueli	9/19/2011
Dr. Mamadou Bayo Coulibaly	Medical Director	Community Health Center - Baroueli	9/19/2011
Dr Fanta Siby DIALLO	Directrice	Direction Regionale de la Sante - Bamako	9/16/2011
Alfred Dembele	Former Technical Advisor	CAG	9/15/2011
Ms. Coulibaly	Pharmacist	Pharmacy Keyala	9/19/2011

Name	Title	Organization	Date of Interview
Mohammed Keita	Manager	Radio Kenotie	9/19/2011
Mr Moustaph Diop	Directeur Associé	DFA Communication	9/16/2011
Mr. Daouda Fall	Directeur Associé	DFA Communication	9/16/2011
Mamadou Traore	Secretary General	Laborex	9/16/2011
Samballa CISSE	Commerçant	Autogare de Bamako	9/10/2011
Boubacar SIDIBE	Commerçant	Banankabougou face Bar Koffi	9/10/2011
Soumaila TRAORE	Commerçant	Marché de Sébéninkoro face station Pétrolyaf	9/10/2011
Sidi Mohammed DIAWARA	Commerçant	Marché de Lafiabougou	9/10/2011

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ANNEX C. REFERENCES

Note: The evaluation team has been provided numerous documents in an electronic format. The list below is a summary that highlights the most important documents studied by the team members:

USAID/Mali Internal Documents

USAID/Mali Best Action Plan 2011

USAID/Mali SO6 - Revised Framework - February 2011

USAID/Mali HIV AIDS results Framework

The U.S. Government's Support of Mali's HIV/AIDS National Response: Strategic Plan 2010-2015

Studies and surveys (PSI)

2003 :

Rapport VCT de Décembre 2001 à Juin 2003

Rapport VCT de Juillet à Décembre 2003

Rapport VCT de Janvier 2003 à Décembre 2003

Rapport d'analyse du volet quantitatif IST-VIH/SIDA

2004 :

Clients mystérieux Octobre 2004

End of Project survey (Rap. Pop Gen 2003)

Rapport satisfaction VCT Oct. 2004

Rapport d'analyse enquête de base sur la PF et la Diarrhée (Rapport Final)

Rapport Profil du voyageur sur le réseau ferroviaire Dakar-Bamako

Rapport VCT Avril 2004-Sept. 2004

Rapport VCT Juillet 2003-Mars 2004

Rapport VCT2 Avril 2004-Sept. 2004

2005 :

Clients mystérieux 2005

Mali 2005 Dashboard ambulatory sellers

Mali 2005 Dashboard commercial sex workers

Rapport de satisfaction VCT Mars 2005

Rapport étude d'acceptabilité MMI Olyset et Permanent

Etude sur la disponibilité des Condoms autour de la Gare féroviaire de Kayes(Rapport rail Link)

Rapport VCT 2005 version finale

2006 :

Clients mystérieux Oct. 2006

Clients mystérieux Mars 2006

Mali TRaC-M TRO 2006 Report (29 Mars 2006)

PSI MALI FP Report 2006

PSI MALI HIV High Risk Report 2006

PSI MALI Jeunes Report 2006

Rapport de satisfaction VCT Mars 2006

Rapport de satisfaction VCT Octobre 2006

Rapport LQASI Mali finale

2007 :

Dashboard MGF Mali 27-09-07

Rapport de satisfaction VCT Oct. 2007

Rapport Final Clients mystérieux VCT 23/07

Rapport Final Clients mystérieux ProFam II 23/07

Rapport Final Evaluation SIAN Mali Final

ANNEX D. SOCIAL MARKETING ASSESSMENT METHODOLOGY

August 29– September 30, 2011

METHODOLOGY AND PROCESS

1. **Document Review**: Review key project documents prior to arrival in country (August 29–31)
2. **Team Arrival in Bamako** [September 3 (Emmet) and September 4 (de Metz)]
3. **Team Planning Meeting in Bamako:** Orientation and planning meeting to produce a final work plan, timeline, interview instruments and draft outline of the report to be approved by USAID on September 6. Briefings will be provided by USAID (September 6) and by PSI (September 7). (September 5–7)
4. **Interviews and Site Visits** (September 8–20) ☞ *
5. Field Work in Key PSI sites outside Bamako if agreed upon
6. Key stakeholder interviews in Bamako
7. Technical interviews with USAID staff (September 20)
8. **Prepare summary findings and recommendations** (September 17–22) ‡
9. **Provide preliminary briefing to USAID and PSI** (September 21)
10. **Prepare Draft Report** (September 24–27)
11. **Prepare for oral debrief to USAID** (September 29)
12. **Oral debrief to USAID** (September 30)
13. **Deliver Draft to USAID (**October 7, 2011)
14. **USAID Review of Draft Report** (October 10–17) with comments to Documentation Team by October 17
15. **Assessment Team Response to USAID Review** (October 17–October 21) with final report submitted to GH Tech on October 21
16. **Mission approval of final draft (**October 24–28) with GH Tech final editing and formatting due o/a November 21

☞ During the interviews and site visits, the assessment team may be divided into two teams—A and B. At selected points in the process, the team will be joined by Mr. Souleymane Sogoba, USAID/Bamako, who will facilitate the teams in providing translations and in participating in the interviews themselves. Each of the teams will be provided with standard interview and site visit guidelines to ensure that both teams address the same issues. At the completion of each day of meetings, both teams will meet to compare notes and summarize findings. A formal recap of findings will be held between both teams at the end of each week and in Bamako on September 17.

* Respondents and sites will be selected initially by USAID and PSI and will be finalized once the team is in Bamako. Interviews will generally be with specific individuals but may be with groups or in round tables depending upon the intervention being assessed and the potential for effective group interaction.

‡ As guidance in preparing initial and subsequent drafts leading to the final draft report, the team will refer to the attached matrix which, drawn from the scope of work (pages 4-6) will address issues associated with Mali's USAID-assisted social marketing programs from 2000-2011.

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
General Direction, Development and Analysis of USAID-assisted Social Marketing projects in Mali	Clarity of Purpose and Results	1. How well understood is the concept of Social Marketing	Interviews with stakeholders and review of national policies and plans	Availability of respondents	NGOs Policy makers & Mgrs. Donors will be focus for interviews.
		2. How well understood is the potential of Social Marketing	Interviews and review of national policies and plans	Availability of respondents	NGOs Policy makers & Mgrs. Donors will be focus for interviews.
	Data-Driven Programming: Items 3 and 4 have been changed to a "doable" category with the understanding that this two questions refer to PSI's efforts to assess and use information.	3. How well have Social Marketing initiatives been assessed?	Research study reviews; evaluation reports	Lack of evaluation reports	
		4. How have analyses of Social Marketing initiatives been applied to project formulation?	Project Proposal review; Interview with USAID and PSI; Review of national strategic documents	Lack of USAID institutional memory; limited availability of documentation	
		5. How well have project expectations been defined?	Review of project proposals		Need to define how proposals were solicited
		6. What was the basis and rationale and development process for communications campaigns?	Interviews and review of communication plan for each initiative		Need to define how the communications plans were developed and by which agencies.

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
General Direction, Development and Analysis of USAID-assisted SM projects in Mali	Data-Driven Programming	7. How well have analyses of intervention-specific data been applied to project adjustments?	Review of annual reports		This question will address analyses that projects have commissioned over time and the extent to which project managers have used the data for decision-making purposes and whether the data have been appropriate for project management purposes.
		8. What was the basis for determining the success of Social Marketing campaigns?	Interviews with PSI and USAID and USAID&PSI documentation review		This question will address whether data collection and analyses applied to the projects have been appropriate and effective.
	Data-Driven Programming: Item 9 has been changed to "doable" with the understanding that GH Tech will provide illustrative indicators.	9. What indicators should be used for future assessments, including mid-term evaluations and external evaluations?	Project PMP and USAID PIR and literature overview of indicators for each of the interventions	Given time limitations, answer would be necessarily limited in scope.	This question will address, under recommendations other data collection and analyses that USAID should commission under future projects.
	Government Ownership	10. How well have USAID's social marketing projects reflected GoM policies and planning?	Interviews with stakeholders and review of national policies strategies.		Major issue under GHI

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
		11. To what extent have USAID's social marketing projects fit with GoM and private sector initiatives (MCH/FP, malaria, water quality and HIV/AIDS) overtime?	Interviews with stakeholders and review of health plans for each intervention.		This question will address links that should be developed between social marketing g projects in the future and other BCC programs.
Targeting, Reaching and Influencing Users	Coverage: Items 13 and 14 have been changed to "problematic" unless PSI has the data.	12. How well have USAID's social marketing projects targeted current and potential clients in response to identified needs for MCH/FP, malaria, water and sanitation, and HIV/AIDS products and services?	PSI Marketing analysis and plan review		If indicated by the assessment's analysis, this question will also address ways in which initiatives might be better focused to achieve enhanced impact.
		13. What level of population-based coverage have the projects achieved?	Research and DHS studies review	Lack of unified leadership would make it difficult to assess output.	
		14. To what extent did the projects' interventions achieve greater coverage of target groups in geographic areas where they operated when compared with other geographic areas in which the projects were not implemented?	Review of PMP and project reports matched with national health information system reports for each initiative.		MEASURE information could be useful in addressing this issue.

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
	Data-Driven Programming.	15. What data exist on the economic level of users/consumers and their ability and willingness to pay for condoms and other social marketing products?	Review of PSI Reports		
		16. What data exist on the user/consumer willingness to pay for commercial brand products?	Review of PSI Reports		
		17. What data exist to substantiate whether USAID assistance in social marketing has been appropriate in defining and targeting potential users/consumers for sales?	Review of PSI Reports		
Targeting, Reaching and Influencing Users	Data-Driven Programming: Item 20 remains "problematic" pending USAID response by Thursday, September 8, in terms of whether this item can be effectively addressed in the assessment if it appears that sufficient data is	18. What data exist to substantiate whether USAID assistance in social marketing has been successful in promoting sales?	Review of PSI Reports		

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
	not available.	19. What data exist to substantiate whether USAID assistance in social marketing has been appropriate in defining and targeting potential users/consumers for behavior change?	Review of PSI Reports		
		20. What data exist to substantiate whether USAID assistance in social marketing has been effective in reaching out to those who are unable to pay market rates for MCH/FP, malaria, water quality and HIV/AIDS commodities?	Review of market segmentation studies	Baseline is needed as well as an information system that monitors the performance of the project's initiatives. Problematic because of multiple initiatives.	
Targeting, Reaching and Influencing Users	Data-Driven Programming: A. Item 21 has been changed to "doable" under the premise that, if most if not all commodities are provided through social marketing distribution,	21. What data exist to substantiate whether those who are able to pay market rates for MCH/FP, malaria, water quality and HIV/AIDS commodities have switched to social marketing products?	Review of market segmentation studies	Baseline is needed as well as an information system that monitors the performance of the project's initiatives. Problematic because of multiple initiatives.	

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
	then all clients, rich or poor, will access them. Item 22 has been changed to "somewhat problematic" provided that PSI has the data. If not, this item's lack of data would be cited as a weakness.	22. What data exist to substantiate whether those who are unable or unwilling to access public or private sector services or facilities have been served by social marketing change activities, marketing strategies and sales activities?	Review of available reports and data.		
		23. What data exist that project activities are addressing gender issues that influence care seeking behaviors?	Review of PSI reports and interviews with stakeholders such as UNFPA.		
	Effectiveness of program management: Item 25 has been changed to "doable" with the understanding that this question will provide "success stories" where applicable.	24. What have been the effects of PSI's urban outreach model?	Interviews with USAID, PSI, MoH and review of PSI reports.		
		25. Have successive social marketing projects successfully promoted healthy behaviors?	Review of available surveys and interviews with PSI	Very difficult to arrive at definitive findings within the scope of this assessment.	This question will address which behaviors and which audiences and groups.
		26. What information, advertising and behavior change strategies have been adopted over time?	Review of PSI reports and interviews with PSI and USAID staff.	Results of interviews will need to be confirmed with MoH officials.	This question will address how these changes have been measured so that trends and gaps were identified.
		27. Has social marketing achieved nationwide coverage in terms of targeted	PSI Marketing analysis and plan review and progress reports.		

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
		segments?			
		28. Have social marketing strategies been adjusted appropriately for urban and rural areas?	Review of PSI reports and marketing plans and progress reports.		
Targeting, Reaching and Influencing Users	Effectiveness of program management: Item 30 has been changed to "doable" because USAID can provide data on funding streams over time by initiative.	29. What has been the cost of social marketing products over time?	Interviews with USAID and PSI, DELIVER and on-line research.		This question will address whether products and services should be adjusted in the future.
		30. Have the costs of providing social marketing products been commensurate with results over time?	Review of data		Results will be presented in table format.
Sustainability	Sustainability Principles: Items 31 and 32 remain "somewhat problematic" pending clarification from USAID on intent of question and expected	31. How has sustainability been defined by USAID?	Interviews with USAID		
		32.How has sustainability been defined by successive projects?	Interviews with PSI, USAID, review of project proposals and project reports.		This question will discuss the utilization of the total market approach.

Annex D. AFR/SD: Mali Social Marketing Assessment—Scope of Work Methodology Worksheet					
Focus	Sub Focus	Issue Summary	Assessment Approach	Constraints	Observations
	response.	33. How should sustainability be defined?	Brainstorming with PSI and USAID; Review of literature.		This question will be addressed in the recommendations for the future ways in which USAID might want to address the issue of sustainability taking into consideration GOM current free distribution policy of some products. It will also address possible new directions for USAID in Mali.
		34. How sustainable are current social marketing strategies and activities?	Brainstorming with PSI and USAID; Development of dashboard.		The answer to this question will reference the definition of the question above.
Global Health Initiative	Global Health Initiative Principles	35. To what extent has past programming established a foundation for support of GHI's 7 principles?	Brainstorming with PSI and USAID. Review of literature, validation in interviews		Results will be provided in tabular format
		36. To what extent can future projects build on and enhance support of GHI's 7 principles?	Development of recommendations to incorporate future enhancement of GHI's 7 principles based on interviews.		This question will address ways in which future projects can understand and adjust to the need to align with GHI principles while ensuring a continued focus on health outcomes.

ANNEX E. USAID-ASSISTED SOCIAL MARKETING PROGRAMS (2000-2010) : SUMMARY COMMUNICATION CAMPAIGNS BY TECHNICAL AREA

Domaines	CCC Campagnes	Genre	Période
VIH	Promotion du dépistage volontaire et anonyme/ présentation centre l'éveil		2003–2004
	Confiance au partenaire salif et ami		2004
	Le couple, la famille et promotion du dépistage		
	Sponsoring événement et diffusion spot : je sais et peu importe		2004
	Spot le couple/ le mariage		2004
	Leaders religieux s'engagent dans la lutte contre le sida		
	Rôle des Leaders musulmans dans la lutte contre le sida		
	Méga concert TAMANI/ messages artistes		
	Les artistes s'engagent dans la lutte contre le VIH/SIDA		
	Spot PSMAO		
	Spot roulez protéger		
	Confiance au partenaire		2004
	Rail Link		
	Diffusion de spot tout au long de la campagne de lutte contre le SIDA		2005–2010
	MULTI partenariat		
	Spot sur la prévention du SIDA		
	Spot sur la prévention test prénuptial		2005
	Dialogue parent enfant test		
	Négociation du condom		
	Utilisation constante du condom		
	Production et diffusion de l'émission religieuse		
	Production et diffusion de l'émission la sante au bout du fil dans Infos plus		
	Porteurs asymptomatique du VIH		
	Stigmatisation repas		
	Diffusion pièce théâtrale		
	Diffusion de spot mythe autour du VIH		
	STIGMA transmission VIH légumes frais		2007–2011
	STIGMA transmission VIH dibiterie		2007–2011
	STIGMA peur sang		

Domaines	CCC Campagnes	Genre	Période
	STIGMA PVVIH		
MALARIA	Avantages économiques des moustiquaires imprégnées et promotion		
	Les moustiques vecteurs du paludisme		
	Spot publicitaire pour la promotion Bloc en animatrice		
	Diffusion magazine la sante au bout fil		
	Spot de rappel reimprégnation des MII		
	Prévention du palu Permanet		
	Utilisation permanente des MII		
	SPOT palu		
	Implication des hommes dans l'utilisation des MII		
	Prise en charge du palu		
	Publireportage sur le lancement de la campagne nationale de lutte contre le paludisme 25 Avril		
FP	Spots sur la PF		
	Les bienfaits de la PF		
	En faveur du maintien…		
	En faveur des methodes de contraception		
	Production et diffusion émission sur la PF		
	Promo des services ProFam		
	Promo de la méthode du collier pour l'espacement des naissances		
	Diffusion sketch nyogolon		
	Jingle campagne PF		
	Implication des hommes dans l'utilisation des méthodes de contraception		
	Connaissance du cycle menstruel		
	Rumeur DIU		
	Rumeur et avantages de la PF		
	Les méthodes de longue durée pour éviter le séré		2011
MCH	TRO prise en charge de la diarrhée		2005
	SRO		2006
	Spot sur l'ensemble des SRO pour prendre en charge la diarrhée a domicile		2011
	Spot Brand Orasel Zinc pour son lancement		2011
WATER	SPOT Aquatabs pour son lancement		2009
	Spot Aquatabs en animation 3D		2011

Désignations—Liste promo items distribués	Groupe Cible
T-Shirt et Casquettes " Roulez Protégé"	Dépositaires - ONGs
Autocollants " Roulez Protégé "	Dépositaires - ONGs
Pamphlets " Roulez Protégé "	ONGs - Routiers
Affiche "Roulez Protégé "	Promotion-Routiers
Portes-Clés "Amah Djah-Foule"	Promotion-PS
Porte documents "Roulez Protégé"	PE-ONGs
T-Shirt "L'EVEIL"	ONGs - PE
Casquettes " L'EVEIL"	ONGs - PE
Autocollants " L'EVEIL"	ONGs - PE
Stylo "L'EVEIL"	Promotion
Bouton avec le Logo VCT	Promotion
T-Shirt 100% Jeunes	Promotion-Jeunes
Sac Pochette 100% Jeunes	Promotion-Jeunes
Casquette 100% Jeunes	Promotion-Jeunes
Calendriers 100% Jeunes	Jeunes Scolaires
Sac Bandoulière 100% Jeunes	Jeunes
Balladeur FM 100% Jeunes	Jeunes
Stylo 100% Jeunes	Jeunes
Autocollant 100%jeune	Jeunes
Dépliants VIH	Jeunes Scolaires
Dépliants "Que signifient..."	Jeunes, Clients VCT
Dépliants " VCT…	Pop, Coxeurs
Dépliants "Le SIDA est là "	Religieux
Dépliants "IST"	Routiers, Coxeurs
Résolutions de Nioro du Sahel	Religieux
Khoutouba 1-2-3-4-5	Religieux
Dépliants Centres de Soins	Routiers, Coxeurs,PS
Dépliants Pourquoi J'ai fait… F	Routiers, Coxeurs,PS
Dépliants Pourquoi J'ai fait… H	Routiers, Coxeurs
Dépliants Protectiv '	PS, Promotion
Autocollant Protectiv '	PS, Promotion
Notices Protectiv '	Vente condom
Boîtes Protectiv '	Vente condom
T-Shirt Protectiv '	PS

Désignations—Liste promo items distribués	Groupe Cible
Porte monnaie et clés Protectiv '	PS
Boîte à Images "Les Routiers"	Routiers - Cox - App
Boîte à Images "Filles Libres"	PS - ONGs
Boîte à Images Anglais	PS - ONGs
Boîte à Images Protectiv '	ONGs - PE
Boîte à Images sur les IST	PS - ONGs
Mètre ruban "Confiance/Pilplan D"	Prestataires
Porte documents "Confiance/Pilplan D"	Prestataires
Stylo "Confiance/Pilplan D"	Prestataires
T-Shirt "Protector Plus"	Grossistes
Stylo "Protector Plus"	Grossistes
Casquette "Protector Plus"	Grossistes
Pendule Murale "Protector Plus"	Grossistes
Pins "Protector Plus"	Grossistes
Dépliants "Protector Plus"	Pop, Coxer

ANNEX F. AFR/SD: MALI SOCIAL MARKETING ASSESSMENT: DISCUSSION GUIDELINES FOR RESPONDENTS

1. Between 1993 and 2003, a number of different configurations existed for USAID-supported socially marketed commodities. All were in partnership with the Government of Mali and had various challenges related to family planning, diarrheal diseases, and the mitigation of HIV/AIDS. In 2008 Population Services International (PSI), a **social marketing** program with long-standing USAID technical assistance (TA) contracts in Mali, received an additional three years on its existing TA contract, a contract that will now conclude on September 30, 2011. The extension was encouraged to build upon achievements made to further advance the overall goals of the program by continuing all activities and introducing a point of use water treatment product. The project objectives during this extended period called for PSI to:
   - Reduce maternal and children-under-5 mortality by increasing the availability and use of high-quality modern contraceptive methods among women of reproductive age;
   - Reduce infant and child morbidity and mortality by increasing the use of long-lasting insecticide treated nets (LLINs) and other malaria commodities;
   - Reduce infant and child morbidity and mortality due to diarrhea by increasing the use of point of use (POU) water treatment, ORS, and potentially zinc; and
   - Reduce morbidity and mortality due to HIV/AIDS by increasing the adoption of safer sexual behaviors among persons engaged in high-risk sexual practices.
2. Under a contract with USAID/Mali, the GH Tech Project is undertaking to assess and make recommendations on the USAID-assisted social marketing program in Mali. The consultant will focus on the effectiveness and outcomes of USAID's social marketingassistance—past, present, and future—and the contribution of social marketingto maternal health, child health, malaria, family planning, water quality, and HIV/AIDS. During the next four weeks, the two-person team will review and assess:
   - The history of accomplishments of social marketing, and of the contributions of social marketingto MCH/FP, water, and HIV/AIDS status in Mali, going back to 2000;
   - USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results;
   - Whether results were commensurate with levels of USAID funding over time;
   - The quality of decision-making and choice of social marketingstrategies and activities by the management of past and ongoing social marketingprojects; and
   - Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketingproject could address over the next three to five years with regard to the component program and technical areas of MCH/FP, water, and HIV/AIDS.
3. Based on your experience and knowledge of the social marketing for health program in Mali and with reference to the above assessment issues, we would appreciate your comments on the following points:
   - What is your assessment of the history of accomplishments of social marketing and its contribution to family planning, malaria, diarrheal diseases, and HIV/AIDS status in Mali? Please consider:
     - Major strengths and weaknesses

- "Best/Promising Practices" identified and implemented
- Contribution to improved access by key populations to affordable branded products related to:
  - High-quality modern contraceptives
  - Long-lasting insecticide treated nets
  - Other malaria commodities
  - Point of use (POU) water treatment
  - Oral rehydration salts (ORS) and zinc
  - Condoms to promote HIV/AIDS prevention
- Contribution to improved communication related to:
  - Promotion of family planning
  - Prevention of malaria
  - Prevention of diarrheal disease
  - HIV/AIDS prevention
- Contribution to improved client behavior and practice related to:
  - Promotion of FP
  - Prevention of malaria
  - Prevention of diarrheal disease
  - HIV/AIDS prevention and care

– What is your assessment of USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results?

– What is your assessment of whether social marketing program/project results were commensurate with levels of USAID funding over time?

– What is your assessment of the quality of USAID decision-making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects?

– What is your assessment of possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing project could address over the next three to five years with regards to:

- Promotion of family planning
- Prevention of malaria
- Prevention of diarrheal disease
- HIV/AIDS prevention and care

4. Other comments and observations on USAID's Social Marketing for Health Programs.

ANNEX G. AFR/SD MALI
SOCIAL MARKETING ASSESSMENT: USAID AND KEY STAKEHOLDERS INTERVIEW SUMMARY

Evaluation Team Interviewer:

Respondent Name:

Respondent Title and Affiliation:

Interview Location:

Date:

1. Assessment of the history of accomplishments of social marketing and its contribution to family planning, malaria, diarrheal diseases and HIV/AIDS status in Mali?
   - Major strengths and weaknesses
   - "Best/promising practices" identified and implemented

2. Contribution of social marketing to improved access by key populations to affordable branded products related to:
   - General
   - High-quality modern contraceptives
   - Long-lasting insecticide treated nets
   - Other malaria commodities
   - Point of use (POU) water treatment
   - Oral rehydration salts (ORS) and zinc
   - Condoms to promote HIV/AIDS prevention

3. Contribution of social marketing to improved communication related to:
   - General
   - Promotion of family planning
   - Prevention of malaria

- Prevention of diarrheal disease
- HIV/AIDS prevention

4. Contribution of social marketing to improved client behavior and practice related to:
   - General
   - Promotion of family planning
   - Prevention of malaria
   - Prevention of diarrheal disease
   - HIV/AIDS prevention and care

5. Assessment of USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results.

6. Assessment of whether social marketing program/project results were commensurate with levels of USAID funding over time.

7. Assessment of the quality of USAID decision-making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects.

8. Assessment of possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing project could address over the next three to five years with regard to:
   - General
   - Promotion of family planning
   - Prevention of malaria
   - Prevention of diarrheal disease
   - HIV/AIDS prevention and care

9. Other comments and observations on USAID's Social Marketing for Health Programs.

ANNEX H. USAID/MALI-ASSISTED SOCIAL MARKETING PROGRAM PRODUCT SALES FROM 2003 TO 31 JULY 2011

Produits	Années										
	2 003	2 004	2005	2006	2 007	2008	2009	2010	juil-11	août-11	Total
Condom M.	3 152 220	5 747 592	5 555 087	5 682 796	10 000 288	8 576 980	8 099 580	9 044 160	6 329 154	1 271 200	62 187 857
Condom Fém.	13 065	26 378	13 527	30 837	30 165	59 604	13 830	12 174	12 204	1 350	211 784
pilplan-d	480 540	818 676	865 670	1 116 780	717 952	1 021 275	783 124	1 137 583	1 162 189	69 550	8 103 789
Confiance	96 672	121 252	147 858	169 231	308 434	329 487	382 783	438 839	341 916	18 635	2 336 472
VCT	3 334	3 910	4 940	5 814	13 525	18 033	33 571	34 735	19 386		137 248
Bloc	0	294 224	222 438	150 239	156 648	163 100	22 702	0	0		1 009 351
Aquatabs	0	0	0	0	0	0	1 266 356	2 562 420	1 532 500	3 333 290	5 361 276
Collier	0	0	0	0	5 134	2 918	4 783	1 591	398	10	14 824
ITN	0	58 901	90 408	70 676	577 227	654 721	613 914	574 186	2 023 360	294	4 663 393
Planning F	Années										
	2 003	2 004	2005	2006	2 007	2008	2009	2010	juil-11		Total
Nbre d'activités	0	0	0	0	0	0	402	1 408	1 056		2 866
Nbre Personnes touchées	0	0	0	0	0	0	18 212	63 368	42 304		123 884
Nbre DIU insérés	0	0	0	0	0	0	563	950	1 102		2 615
Nbre Implants insérés	0	0	0	0	0	0	3 434	14 734	10 383		28 551

ANNEX I. LIST OF MALI SOCIAL MARKETING PROGRAM ANALYTICAL TOOLS (2003–2010)

2003 :

Rapport VCT de Décembre 2001 à Juin 2003
Rapport VCT de Juillet à Décembre 2003
Rapport VCT de Janvier 2003 à Décembre 2003
Rapport d'analyse du volet quantitatif IST-VIH/SIDA

2004 :

Clients mystérieux Octobre 2004
End of Project survey (Rap. Pop Gen 2003)
Rapport satisfaction VCT Oct. 2004
Rapport d'analyse enquête de base sur la PF et la Diarrhée (Rapport Final)
Rapport Profil du voyageur sur le réseau ferroviaire Dakar-Bamako
Rapport VCT Avril 2004-Sept. 2004
Rapport VCT Juillet 2003-Mars 2004
Rapport VCT2 Avril 2004-Sept. 2004

2005 :

Clients mystérieux 2005
Mali 2005 Dashboard ambulatory sellers
Mali 2005 Dashboard commercial sex workersMali 2005 Dashboard Truckers
Mali TRaC-M 2005 Report (31 Octobre 2005)
Rapport de satisfaction VCT Mars 2005
Rapport étude d'acceptabilité MMI Olyset et Permanent
Etude sur la disponibilité des Condoms autour de la Gare féroviaire de Kayes(Rapport rail Link)
Rapport VCT 2005 version finale

2006 :

Clients mystérieux Oct. 2006
Clients mystérieux Mars 2006
Mali TRaC-M TRO 2006 Report (29 Mars 2006)
PSI MALI FP Report 2006
PSI MALI HIV High Risk Report 2006
PSI MALI Jeunes Report 2006
Rapport de satisfaction VCT Mars 2006
Rapport de satisfaction VCT Octobre 2006
Rapport LQASI Mali finale

2007 :

Dashboard MGF Mali 27-09-07
Rapport de satisfaction VCT Oct. 2007
Rapport Final Clients mystérieux VCT 23/07
Rapport Final Clients mystérieux ProFam II 23/07
Rapport Final Evaluation SIAN Mali Final
Rapport Final MAP Pharmacie 1
Rapport Final MAP Points Chauds Mali
Rapport Final Stigma Qualitatif
Rapport Final Stigma Quantitatif
Rapport MAP Koulikoro Final 19/12/07

2008 :

Rapport Final TRaC-C PF Ségou et Sikasso
Rapport Final Etude SANSO
Rapport Final Evaluation CI Kayes
Rapport Final MAP Pharmacie 2 Octobre 2008
Rapport Final MAP Points Chauds 2 Mali
Rapport MAP Final Sikasso-Ségou
Rapport MAP Kayes Final 13/02/2008

2009 :

Rapport Final de disponibilité des produits en Pharmacies Avril 2009
Rapport Final MAP Kayes juin 2009
Rapport Final TRaC-C Diarrhée Kayes 29/12/09
Rapport Final TRaC-C MGF 23/03/10
Rapport MAP Fana-Kolokani
Rapport TRaC-M Stigma 2009 Final

2010 :

Mali MAP1 2010 Final
Rapport Etude SERE

2011 :

Rapport VCT 2009-2010
Rapport de recherche sur MLD PSI
Rapport Final sur l'évaluation de la possession et de l'utilisation des MILDs (Nov 2008)
TRaC Summary Report Mali PF 2008
DALY graphs 2003-2010
Un rapport d'étude sur l'acceptabilité et de préférence de 3 produits de traitement de l'eau

ANNEX J. EVOLUTION OF USAID-ASSISTED SOCIAL MARKETING PROGRAMS PRODUCT SALES AND DISTRIBUTION (2003–2010)

Figure J-1. Social Marketing Method Mix: 2003–2010

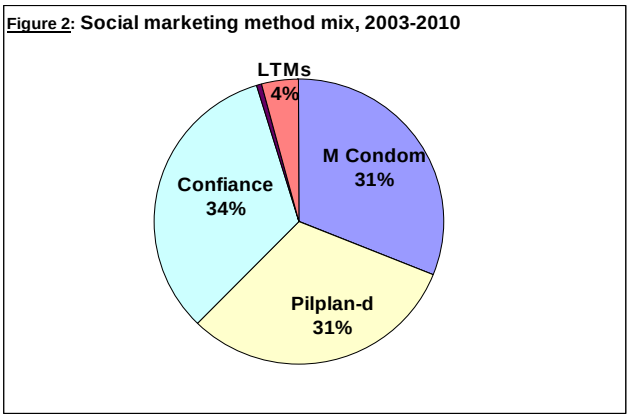
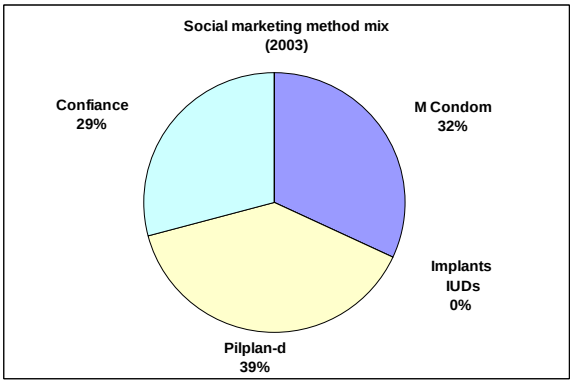


Figure J-2. Evolution of Social Marketing Method Mix 2003–2010



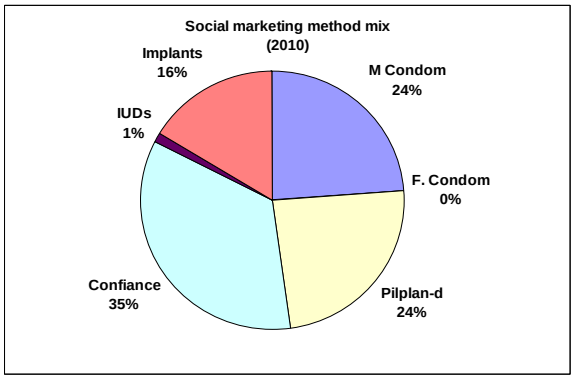
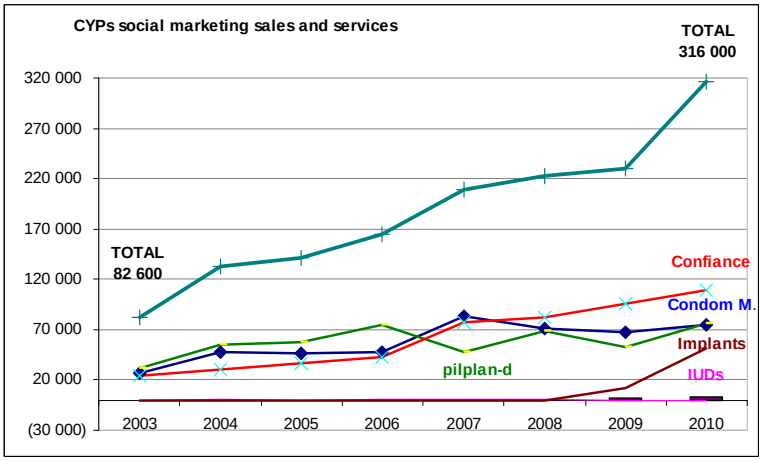


Figure J-3. CYPs Social Marketing Sales and Services



(The figures above have been made with the conversion of social marketing RH product sales and FP LTM delivery into CYPs)

Figure J-3. CYPs Social Marketing Sales and Services

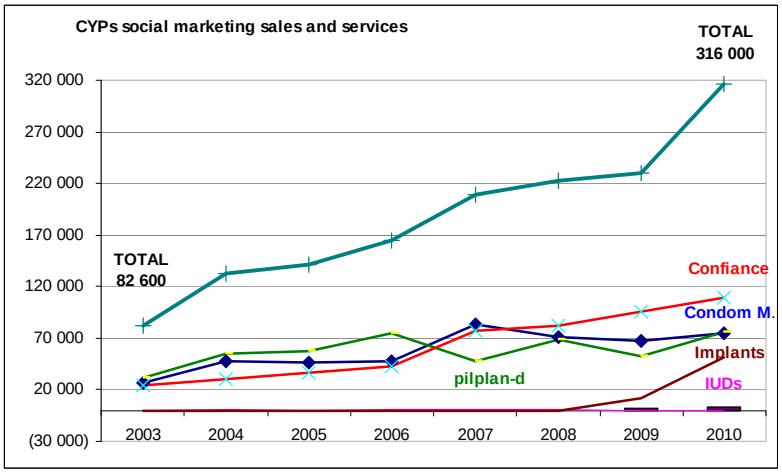


Figure J-4. Protector, Protector+ Condom Sales

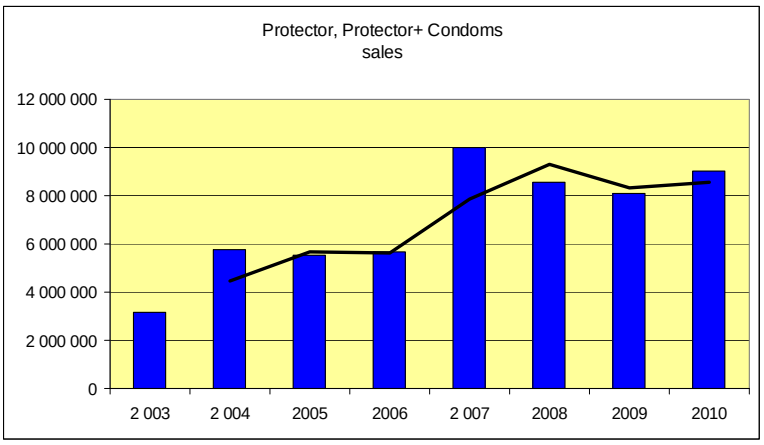
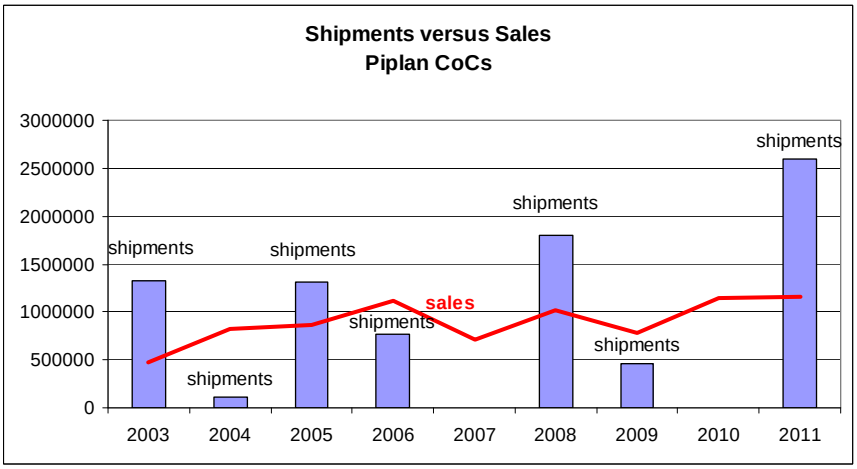
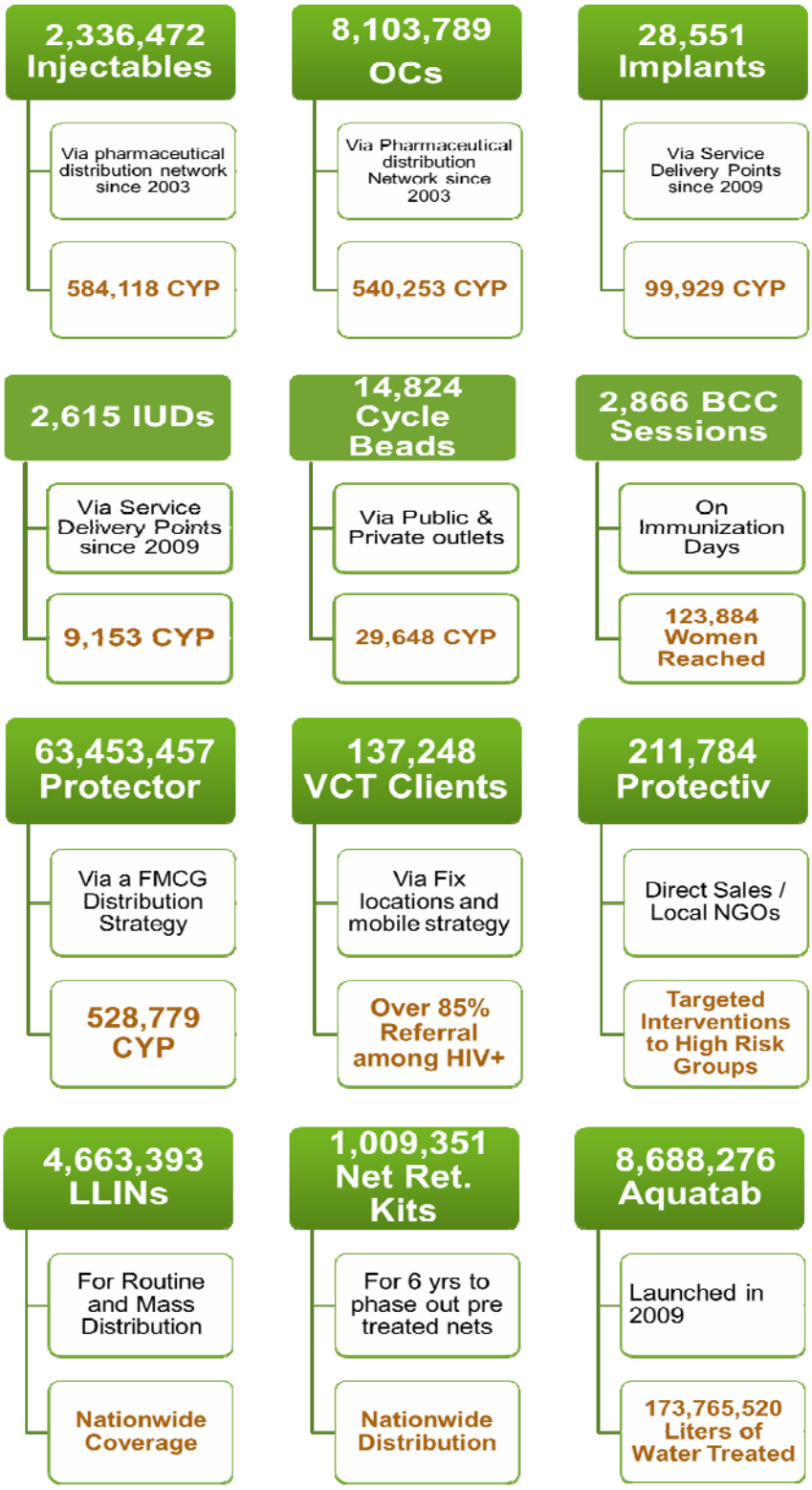


Figure J-5. Shipments Versus Sales Piplan CoCs



Irregular supplies have impacted OC sales

ANNEX K. USAID/MALI—PSI COOPERATIVE AGREEMENT (COAG) CUMULATIVE RESULTS (SOURCE: PSI SEPTEMBER 2011)



ANNEX L. DALYS AVERTED THROUGHOUT THE LIFE OF PROJECT

Product/Service	Units	DALYs
Male Condoms	63,453,457	326,050
Female Condoms	211,784	1,056
OCs (Pilplan-d)	8,103,789	171,586
Injectables (Confiance)	2,336,472	1,106
Cyclebeads	6,772	3,506
IUD insertions	2,615	2,700
Implant insertions	28,551	23,443
Insecticide-Treated Bednets	4,467,126	2,169,141
Net re-treatment kits	1,009,351	55,612
Water Treatment (Aquatabs)	8,688,276	3,545
Total		**2,754,200**

(figures presented are for 2003–2011)

"A DALY is a Disability Adjusted Life Year, and is equivalent to a year of healthy life lost due to a health condition. The DALY, developed in 1993 by the World Bank, combines the years of life lost from a disease (YLL) and the years of life spent with disability from the disease (YLD). Initial attempts to estimate the burden of diseases concentrated on mortality (the number of deaths in a given time or place) only, disregarding the non-fatal burden of many diseases including infectious diseases. DALYs count the gains from both mortality (how many more years of life lost due to premature death are prevented) and morbidity (how many years or parts of years of life lost due to disability are prevented). The advantages of the DALY are that it is a metric that is recognized and understood by external audiences. It helps PSI gauge its contribution relative to overall burden of disease by geographic region or health area. Combined with cost data, DALYs allow PSI to regularly and respectively estimate the cost-effectiveness of its interventions in different countries."[58]

[58] Source: www.psi.org/resources/disability-adjusted-life-years-dalys/daly-faq.

For more information, please visit
http://resources.ghtechproject.net

Global Health Technical Assistance Project
1250 Eye St., NW, Suite 1100
Washington, DC 20005
Tel: (202) 521-1900
Fax: (202) 521-1901
www.ghtechproject.com