



Mosquito net usage by children reaches 85% in Tombouctou, Mali

Once synonymous with 'the end of the road', Tombouctou, and neighboring Gao, have dramatically increased coverage of children with long-lasting insecticidal nets (LLINs) as a result of an integrated child survival campaign led by Mali's Ministry of Health.

The Ministry of Health (MOH) in Mali mobilized communities and partners in June/July 2007 to deliver nearly 200,000 LLINs free of charge to children aged between 6 and 59 months, via an integrated health campaign.



Distribution crews move LLIN bales to 4x4s to carry them the last kilometers to health centers.

As a result of this campaign in two of Mali's hardest-to-reach regions, the number of mosquito nets per household doubled to 3.6¹. LLIN usage has also dramatically increased – with 85% of children under five reported to have slept under an LLIN the previous night².

In order to rapidly distribute the LLINs to these remote areas, Mali's MOH built on their experience conducting bi-annual national nutrition week activities supported by UNICEF, Hellen Keller International and the US Agency for International Development (USAID). Additional support for the MOH's effort to distribute nets was provided by

USAID who purchased the LLINs and financed technical support; the USAID/Assistance Technique National (ATN) project which provided implementation support; and Population Services International (PSI) who managed distribution logistics, and assisted with social mobilization and administration in collaboration with national and regional health authorities.

From April to June 2007, the MOH coordinated partner efforts to :

- Develop the distribution plan to move the LLINs to 200 campaign points,
- Hire 2 regional coordinators; and 9 supervisors for the health districts, and
- Develop administrative systems to ensure safe and timely delivery of LLINs.



Each LLIN traveled great distances before reaching campaign posts. Careful planning was essential to prepare for all eventualities of Mali's rugged Northern terrain.

¹ From a survey of 722 households Note: Data are unweighted

² 80% of children under five were report to have slept under an LLIN distributed during the campaign

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As the campaign dates approached, the MOH organized an intensive micro-planning exercise for the 2 regions, from May 29th to June 1st in Gao. Participants arrived with population estimates, distances, budget needs, and other data necessary to develop a distribution plan specifically for each health district.

The MOH mobilized its staff at every level to oversee campaign preparations. District medical officers coordinated and supervised campaign preparations and implementation for all health 'circles' in their district. They worked with community and administrative leaders to ensure that target groups were informed and motivated to attend the campaign. Health center directors monitored in-coming stocks and trained health personnel to manage the administration of Vitamin A drops and Albendazole tablets as well as LLIN distribution.

Delivery of the 200,800 LLINs to Mali's remote northern provinces was no easy task. Nine trucks were rented to transport the LLINs to 9 health districts, and dozens more to carry them to some 200 campaign posts. Each net traveled 900 - 1,600 kilometers from Mali's capital, Bamako, over unpaved roads, deep sand, and flooded areas. To overcome these logistical obstacles, PSI and the MOH coordinated closely; specifically they :

- Worked with existing public health systems
- Assisted health personnel in receiving, storing, and dispatching of the LLINs
- Followed the MOH 3-pronged delivery strategy via fixed, mobile, and advanced sites, essentially 'piggy-backing' on already established delivery of Vitamin A and Albendazole



The campaigns in Tombouctou and Gao drew large crowds, all eager to receive the free health services for children ... and carry home their free LLIN.



Checking Up: Teams of supervisors ensure that children received all three key health interventions.

Distribution took place during the week of 25 June – 1 July 2007. The coordinators and supervisors visited the distribution sites during the week to check preparations for LLIN arrival; to deliver, count and log the LLINs on arrival; and to make sure that administrative procedures of the LLIN distribution were understood. Coordination and supervision were key elements in maintaining momentum days before the campaign was scheduled to begin.

To ensure that the maximum number of children under five attended the campaign and received these 3 key health interventions, social mobilization activities were conducted. These included radio announcements and a system of "town criers" who went from village to village with traditional drums to encourage campaign attendance and let mothers know about the event.

In order to distribute an additional 2.2 million LLINs, the MOH is now applying lessons learned from their experience in the North to its planning process for the rest of the country, via a child survival campaign planned for December 2007. The December campaign will include measles and polio vaccination, Vitamin A drops, Albendazole tablets and LLINs for children under five.

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