COMMUNICATION AND ADVOCACY PLAN FOR CONTROLLING MALARIA
2014 - 2018
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### ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal consultation</td>
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<tr>
<td>ARI</td>
<td>Acute Respiratory Infections</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>CAFO</td>
<td>Coordinator of Associations and Women's NGOs</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism at the country level of the Global Fund</td>
</tr>
<tr>
<td>CDD</td>
<td>&quot;Cercle&quot; Distribution Depot</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Center</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organizations</td>
</tr>
<tr>
<td>DMOH</td>
<td>District Medical Officer of Health</td>
</tr>
<tr>
<td>DPS-MOH</td>
<td>Division for Planning and Statistics/Ministry of Health</td>
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<tr>
<td>ECC</td>
<td>Essential Care in the Community</td>
</tr>
<tr>
<td>FELASCOM</td>
<td>Local Federation of Community Health Associations</td>
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<tr>
<td>FENASCOM</td>
<td>National Federation of Community Health Associations</td>
</tr>
<tr>
<td>FERASCOM</td>
<td>Regional Federation of Community Health Associations</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GSM</td>
<td>General System for Mobile Communications</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HRD</td>
<td>Human Resources Department</td>
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<tr>
<td>HV</td>
<td>Home Visit</td>
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<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
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<tr>
<td>ILHS</td>
<td>Integrated Light Household Survey</td>
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<tr>
<td>INN</td>
<td>International Nonproprietary Name</td>
</tr>
<tr>
<td>IPC/C</td>
<td>Interpersonal communication/Consulting</td>
</tr>
<tr>
<td>IPT</td>
<td>Intermittent Preventive Treatment</td>
</tr>
<tr>
<td>IRS</td>
<td>Indoor Residual Spraying</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide-Treated Net</td>
</tr>
<tr>
<td>Km</td>
<td>Kilometer</td>
</tr>
<tr>
<td>Km2</td>
<td>Square kilometer</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long-lasting Insecticidal Net</td>
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<tr>
<td>LMIS</td>
<td>Logistics Management Information System</td>
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<tr>
<td>MDHS</td>
<td>Mali Demographic and Health Survey</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<tr>
<td>NHD</td>
<td>National Health Department</td>
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<tr>
<td>NMCP</td>
<td>National Malaria Control Program</td>
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<tr>
<td>PDDSS</td>
<td>Ten-Year Health and Social Development Plan</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>---------</td>
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<tr>
<td>PMD</td>
<td>Pharmacy and Medication Department</td>
</tr>
<tr>
<td>PMI</td>
<td>President's Malaria Initiative</td>
</tr>
<tr>
<td>PPM</td>
<td>Pharmacie Populaire du Mali (Central Medical Store)</td>
</tr>
<tr>
<td>PRODESS</td>
<td>Program for Health and Social Development</td>
</tr>
<tr>
<td>PW</td>
<td>Pregnant Woman</td>
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<tr>
<td>RBM</td>
<td>Roll Back Malaria</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid Diagnostic Test</td>
</tr>
<tr>
<td>RECO/TRADE</td>
<td>Réseau des Communicateurs traditionnels pour le développement (Network of Traditional Communicators for Development)</td>
</tr>
<tr>
<td>RGPH</td>
<td>General Population and Housing Census</td>
</tr>
<tr>
<td>PPR</td>
<td>Program Performance Review</td>
</tr>
<tr>
<td>RHC</td>
<td>Referral Health Center</td>
</tr>
<tr>
<td>RHD</td>
<td>Regional Health Department</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
</tr>
<tr>
<td>SD</td>
<td>Sales Depot</td>
</tr>
<tr>
<td>SDADME</td>
<td>Essential Medicines Supply and Distribution Plan</td>
</tr>
<tr>
<td>SEDPC</td>
<td>Socio-Economic Development Plan for Communes</td>
</tr>
<tr>
<td>SFFP</td>
<td>Strategic Framework for Fighting Against Poverty</td>
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<tr>
<td>SFGPR</td>
<td>Strategic Framework for Growth and Poverty Reduction</td>
</tr>
<tr>
<td>SLIS</td>
<td>Local Health Management Information System</td>
</tr>
<tr>
<td>SMCC</td>
<td>Seasonal Malaria Chemoprevention in children</td>
</tr>
<tr>
<td>SMS</td>
<td>Short Message Sending</td>
</tr>
<tr>
<td>SP</td>
<td>Sulfadoxine Pyrimethamine</td>
</tr>
<tr>
<td>TDC</td>
<td>Technical Director of the Center</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>UH</td>
<td>University Hospital</td>
</tr>
<tr>
<td>URTEL</td>
<td>Union of Independent Radio and Television</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WAEMU</td>
<td>West African Economic and Monetary Union</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHOPES</td>
<td>WHO Pesticide Evaluation Scheme</td>
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</table>
HOW TO USE THIS DOCUMENT

This communication plan has been drawn up to support the strategies identified in the National Malaria Control Program (2013-2017). The overall objective is to implement a strategy that is coordinated between the technical strategies and the behaviors of the targets who need protection against the dangers of malaria. This plan guides, brings together and standardizes the communication and advocacy efforts of the NMCP and its implementing partners. This plan facilitates the standardization of interventions because it contains sections on the role of communication, mini-plans for communication aimed at resolving problems that hinder the prevention and the rapid, appropriate treatment of malaria, and a suggested chronogram for the activities mentioned in the mini-plans.

This plan includes a review of the background to malaria in Mali and a summary of the malaria control program review, in particular those aspects relating to the division of communication and social mobilization. These elements make it possible to more accurately identify the changes in behavior change communication and advocacy in Mali.

It is essential to understand and to carefully consider the important role of communication and advocacy in the fight against malaria. It is beneficial to understand how communication affects the behavior of the targets and there are models to show how effective communication is in meeting the challenges in the fight against malaria. In the section on the role of communication, there is a reminder of the approaches and the materials - both very important for maintaining the high quality of messages sent to targets. We need to understand how the various approaches can be implemented so as to complement each other, thereby ensuring high listenership and exposure to the messages. In communication, multiple sources of credible and appropriate messages also multiply the likelihood of reaching a wide audience with these messages.

In this plan, mini-plans for communication are presented to help players in communication to better focus their malaria-control actions. The mini-plans are presented as follows: a description of a problem, an analysis of the causes of this problem, the targets for a behavior or advocacy change communication, the desired behaviors adopted by the targets, the content of the messages, the activities, the most appropriate channels and materials for getting the messages to the targets, and then the indicators for measuring the effect of the communication, or the progress in the suggested activities.

In the plan, a new group for coordinating communication activities is presented in the hope that those involved will join a coordination division within the communication and social mobilization division of the NMCP. Finally, a chronogram and an action plan are suggested to assist partners in implementing programs that support the National Malaria Control Program (NMCP).
1. BACKGROUND

1.1 Geographical location

Located in the heart of West Africa, Mali is a landlocked country with a surface area of 1,241,238 km². It is 1,500 km from north to south, and 1,800 km from east to west. Mali shares a 7,200-km border with Algeria and Mauritania to the north, Niger to the east, Burkina Faso and Côte d’Ivoire to the south, Guinea to the south-west and Senegal to the west.

1.2 Sociopolitical system

Mali is divided into 8 administrative regions (Kayes, Koulikoro, Sikasso, Ségou, Mopti, Gao, Timbuktu and Kidal) and one District (the capital, Bamako) which has the status of a region. The regions are subdivided into 49 prefectures (formerly “cercles”), and 289 sub-prefectures (formerly "arrondissements"). The district of Bamako is divided into 6 urban communities.

![Figure 1: Administrative map of Mali](image-url)
In the context of decentralization, at the local level Mali is divided into 703 communes, of which 684 are rural and 19 are urban, including the 6 communes in the district of Bamako. Each commune is administered by a communal council under the leadership of a mayor and municipal councilors elected by universal suffrage.

1.3 Demographic data

According to the definitive results of the 4th General Population and Housing Census (RGPH), the resident population was 14,528,662 in 2009. There is a relatively higher percentage of women than men, with women accounting for 50.4% of the population. This results in a masculinity ratio of 98 men for 100 women. Life expectancy at birth is estimated at 55. The vast majority of residents are sedentary (nomads represent 0.92% of the population) and live primarily in rural locations. Urban areas are home to 3,274,727 inhabitants (22.5%) compared to 11,253,935 (77.5%) who live in rural zones. The population density for the country is 12 inhabitants per km². This national average does not reflect very significant regional disparities. Mali’s population grew rapidly between 1976 and 2009. Estimated at an average of 1.7% between 1976 and 1987, the growth rate reached 3.6% from 1998 to 2009. At this rate, the population of Mali will double almost every 20 years, with potential consequences for the well-being of the country's inhabitants.

The population of Mali is very young. Children under the age of 15 account for 46.6% of the population, the 15-64 age group accounts for 48.4% and those age 65 and over account for 5%.

1.4 Ecosystem, environment and climate

Mali is made up of 3 climatic zones: a Sahelian zone (50%), a Saharan zone (25%) and a Sudano-Guinean zone (25%). Rainfall is low (200 to 1300 mm) with extremely varied periods of drought. Relief is uniform, with two major rivers (the Niger and the Senegal) crossing the country, bringing water primarily to the south and a part of the north of Mali. This entire ecosystem determines the living conditions for inhabitants of the Sahelo-Saharan zones. The climate is tropical with a dry season and a rainy season (on average 5 months in the south and 3 months in the north) and extreme temperature variations.

1.5 Socio-economic situation

The Economy of Mali is based on agriculture, fishing and livestock. All three activities are highly dependent on rainfall which is inadequate and very sporadic. The average annual increase in GDP was 4.6% between 2007 and 2009, far below the 7% predicted by the SFGPR. During this period, the structure of the economic fabric was as follows: primary sector 36.5%, secondary sector 18.4%, tertiary sector 38%. Although lower than the SFGPR's prediction of 6.5%, the 4.5% rate of GNP growth observed in 2009 was higher than that for the WAEMU zone. In its ranking based on the HDI (Human Development Index), the UNDP placed Mali 175th out of 187 countries in 2011.

The percentage of the population of Mali considered to be poor dropped from 55.6% in 2001 to 47.4% in 2006 and 43.6% in 2010 based on a poverty threshold in real terms of 165,431 FCFA. According to the same source, the drop in the incidence of monetary poverty during the last decade was more favorable in rural areas (from 65% to 51%). In spite of this drop, extreme poverty (inability to meet basic nutritional needs) still affects 22% of the population.
The socio-health indicators are marked by high levels of mortality (58%), infant and child mortality (98%) and maternal mortality (464 for 100,000 live births according to MDHS-V, 2012-2013). These rates are due to reasons that are usually preventable. The leading five causes of child mortality (under 5 years and over 5 years) are, in order, malaria, acute respiratory infections (ARIs), diarrhea, malnutrition and measles. Mali is a pronatalist country with an annual growth rate of 2.2% and a total fertility rate of 6.1.

The country has 3 TV stations (2 national, 1 private), 328 radio stations (2 national, 326 private and community stations), 1 national telecommunications office and 2 GSM networks.

**Table 1: Primary development indicators**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>RATE/RATIO</th>
<th>SOURCE AND YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude birth rate</td>
<td>49‰</td>
<td>RGPH 98</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>3.6%</td>
<td>RGPH2009</td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td>35‰</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>58‰</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Mortality in children under the age of 5</td>
<td>98‰</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>464 per 100,000 live births</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Women who receive antenatal care</td>
<td>74.2%</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Births assisted by healthcare professionals</td>
<td>59%</td>
<td>MDHS-V 2012-2013</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>65.5 years</td>
<td>(DPS-MOH 2005; 2002-2005 Performance)</td>
</tr>
<tr>
<td>Literacy</td>
<td>29.9% (M=46.9%; W=25.4%)</td>
<td>MDHS-IV 2006</td>
</tr>
<tr>
<td>Population below the poverty threshold</td>
<td>59.2%</td>
<td>SFFP 2007</td>
</tr>
<tr>
<td>Primary school gross attendance rate</td>
<td>74.4%</td>
<td>ILHS 2006</td>
</tr>
<tr>
<td>Percentage of the population living in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rural areas</td>
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<td></td>
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</tbody>
</table>

1.6 National system for the supply and management of pharmaceutical products and other supplies

In 1998 Mali adopted its pharmaceutical policy, which governs the entire pharmaceutical sector. The policy is part of the Ten-Year Health and Social Development Plan as defined by the Health Policy Law, and was revised and adopted in 2010. Its purpose is to guarantee fair access to essential high-quality medications for all inhabitants and to promote the rational use of medications.

It is enforced by the PPM and by local approved wholesalers. With the goal of helping to meet the pharmaceutical policy's objective, an initiative called the Essential Medicines Supply and Distribution Plan (SDADME) was established.
SDADME describes the practical and operational measures that make it possible to implement the essential medications supply component of the health policy, governed by Law no. 02-049 of July 22, 2002. To this end, supply is managed as follows:

- **Import**: import is managed by the PPM, chosen by the State as the preferred tool. PPM must facilitate the distribution of essential generic INN medications within the private sector through the import of blisters.

- **Supply to the regions**: this is managed by the PPM through its regional departments and is based on the request system in terms of logistics. The hospitals in the regions and UHs can be supplied by the regional departments and the central purchasing unit.

- **Supply to the health districts and the CHCs**: the CDDs are supplied by the respective administrative regional departments. The depots (SDs) at the public health facilities (RHC, CHC) are supplied by their CDD.

- **Securing the system**: initial funds serving as working capital have been introduced and the consolidation of the recovery of costs has been launched. As the system is not for profit, no profit is generated from covering costs, and only the fixed and variable costs directly associated with dispensation will be charged to the system (see Decree no. 03-6218/P-RM of May 30, 2003).

- **Enhanced system management**: this involves defining the task of the players as they carry out the functions below:
  - Training and supervision by organizations within the PMD, the National Health Department (NHD) and the respective regional (RHD) and sub-regional (RHC) organizations. The PMD is responsible for coordinating and monitoring the operation of the system at the national level. The RHDs support the CDDs and SDs: the RHCs are responsible for planning, managing and monitoring needs.
  - Control: the administrative aspects of imports are managed by the PMD. The analytical aspects of imports and the national distribution network are managed by the National Healthcare Laboratory.
  - The inspectorate is responsible for verifying compliance with legislation and regulations.
As shown in the figure below, supply takes place as follows:

![Distribution des ME au Mali](image)

Figure 2: Supply circuit in Mali

1.7 Human resources for health

The production capacity of human resources for health and social development has increased significantly over the last 20 years. Public and private training institutions have produced a considerable number of human resources for health. However, much remains to be done in terms of management and improving the performance of these human resources.

- The total number of general doctors is 963 in facilities (hospitals, RHCs and CHCs) of whom 883 are permanent. Most of these doctors work in the district of Bamako and the region of Koulikoro (350 and 161 respectively).
- The number of specialist doctors is 415, of whom 19% are surgeons, 16% are gynecologists and 0.08% are pediatricians. While the percentages for these three specialties are low, they remain concentrated in Bamako, which accounts for 78% of pediatricians, 53% of gynecologists and 64% of surgeons.
- Qualified personnel are available at the facilities but are unevenly distributed among the regions. In addition, there are 688 midwives, more than half of whom (58%) work in Bamako. The total number of nurses registered is 3009.¹

In terms of training, the initial training is lacking in quality, continuing education is not prioritized (training modules) and there is a lack of specialized personnel.

¹ Source: Data from the Strategic Plan 2013 - 2017 NMCP
Two aspects relating to the issue of personnel performance have been identified. These are gaps in staffing due to the uneven distribution of personnel and a failure to develop adequate team spirit in the workplace (with shared goals, shared responsibilities and tasks, etc.).

The assessment of the previous PDDSS reports that overall, 60% of officials surveyed lack motivation. Reasons for this include dissatisfaction with compensation which is the most common reason by far, followed by inadequate resources for the job, lack of consideration and inadequate distribution of the workload. The same assessment indicates that according to other studies carried out in 2002 on the motivation of health workers, among factors for motivation, those associated with responsibility are more important than financial factors.

2. ELEMENTS OF THE PROGRAM PERFORMANCE REVIEW (PPR) – Communication and Social Mobilization Division

The analysis of the Strategic Communication Plan 2007-2011 after the NMCP performance review resulted in the following observations in terms of strengths, weaknesses, opportunities, threats and factors for success.

Strengths:
- financing of activities from partners of the Global Fund, PMI and the State
- availability of an updated Communication Plan (2007-2011)
- existence of a network of traditional communicators for development
- existence of local radio stations
- existence of a large network of community health workers (CHW) and community outreach workers who contribute significantly to the fight against malaria

Weaknesses:
- sociocultural barriers among the population in terms of the true epidemiology of malaria (cause often not associated with mosquitos)
- inadequate monitoring/evaluation of communication activities
- ineffectiveness of the RBM thematic groups
- lack of involvement by private organizations in the promotion of prevention strategies, in particular for obtaining ITNs and using IPT during pregnancy
- termination of financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria
- delay in the implementation of the Communication Plan
- inadequate financing for Communication Plan activities
- lack of coordination between the various players
- lack of measurement indicators in the strategic communication plan

Opportunities:
There are however opportunities in Mali for accelerating the achievement of the objectives in the National Strategic Plan for Controlling Malaria. In Mali, there is a strong political commitment to the fight against malaria. In April 2011, Mali revised the policy document and the treatment guidelines for malaria. In addition, Mali adopted the following decrees and circulars:
- Decree no. 10-627/P-RM of November 29, 2010 setting the delivery and sale prices for Artemesinin-based combination therapies (ACTs)
- Decree no. 10-628/P-RM of November 29, 2010 making means of malaria prevention and treatment for children under the age of 5 and for pregnant women free of charge in public health facilities
- Circular no. 1169/MS-SG of June 15, 2011 setting the price for the rapid diagnostic test (RDT) for malaria in the public and semi-public sectors
- official decision to scale up the prevention of malaria for pregnant women and children under the age of five, at no cost
- removal of the tax on products and equipment for fighting malaria
- existence of a large community network (Outreach workers, CHC) that contributes significantly to the fight against disease in general and malaria in particular
- existence of a framework for operational coordination through the CCM, the National Coordinating Committee.

**Threats:**
Unfortunately, the implementation of plans to accelerate the control of malaria is under significant threat. This is due to:
- the politico-economic crisis
- dependence on outside financing

**Proposed solutions:**
The list of management weaknesses above means that there are many challenges to be faced in order to meet the objectives. Therefore, the following proposals have been put forward:
- improving communication and coordination between the various parties involved
- improving local coverage thanks to social and behavior change communication
- strengthening human, material and financial resources in order to successfully carry out social and behavior change communication activities
- carry out social and behavior change communication (SBCC) and advocacy at all levels of the health pyramid to support the services provided with behavior change activities. All this will be reinforced with communication encouraging the targets to become informed and to adopt systematic prevention against malaria as a new habit.

It is important to recognize that in the fight against malaria, factors for success and best practices exist for communication, including:
- "Youth Ambassadors" who carry out, in a school setting, SBCC on preventing malaria
- the guide to establishing community monitoring committees to fight against malaria
- the involvement in the national policy for controlling malaria of journalists and radio personalities from Bamako and the 8 regions of Mali
- training for local radio personalities in the key messages for controlling malaria
- training for RECOTRADE outreach workers in the use of LLINs in the eight regions and in the District of Bamako
• the involvement of the network of parliamentarians in controlling malaria
• the deployment of Community Health Workers
• the involvement of politicians, celebrities and artists in producing media spots and messages for controlling malaria
• covering the monuments in the district of Bamako with LLINs to draw the attention of decision makers to the populations' needs for LLINs

The recommendations from the NMCP performance review were as follows:
• financing the activities of the Communication Plan
• holding regular meetings of the RBM thematic groups
• enhancing the capacity of the community outreach workers
• drawing up the new Communication Plan 2014-2018

Performance Review Conclusion:
Progress has been made towards the achievement of the national objectives. LLIN, SP and IRS use in the zones targeted by the interventions is encouraging. Consideration of the deficiencies noted will make it possible to achieve the objectives. Mali is ready to scale up malaria control interventions.

3. THE ROLE OF COMMUNICATION

3.1 Role of communication in development and in behavior changes

BCC/IEC strategies are essential for the effective implementation of the technical strategies within the NMCP, because they intersect with all the other strategies by promoting positive behaviors for the prevention and control of malaria. They also result in the emergence of a new need because communities can now make informed choices that contribute to better health and to an increase in the demand for services that are more effective.

The purpose of the BCC is to improve the positive evolution in behaviors that contribute to the promotion of the most appropriate methods for preventing and treating malaria.

Academics responsible for carrying out development studies, such as Schramm (1979), Hedebro (1986), Hamelink (1988), Mody (1991), Melkote & Steeves (2001), among others, have long been focused on the causes of change and the way in which changes are carried out. Since changes occur at different times, in different places and under different conditions, no single theory can explain exactly how a change takes place.

It is commonly agreed that for a change to occur, an exchange of information is necessary. This exchange can take place via agents, mass media, observations, an internal catalyst, etc. Ensuring that the exchange of information or the communication is effective can help guarantee an evolution in behavior towards preventing and controlling malaria.

Information plays a vital role in accelerating evolution in any society. If the population receives sufficient information on the need to evolve and on change in itself, these changes will be more easily accepted. On the other hand, if the population does not see the need for change and only receives limited information on the change, it will probably be much more reticent.
Although information is an essential prerequisite for change, it is important to note that simply making the information available will not automatically result in the desired change. Therefore, information is not the only significant factor in the change process. Other factors, such as socio-economic and political conditions, affect the inhabitants' way of life and have a profound impact on changes. This is why the IEC concept has been replaced by BCC, and is now replaced by the term SCBB, meaning social and behavior change communication. Change is needed in our norms, communities, political environment and the facilities responsible for healthcare.

The updated communication plan in the National Malaria Control Program is based on an approach commonly known as strategic communication, which helps guide the program towards its objectives. Strategic communication includes a variety of communication activities that come together as a strategic approach to better serve the program.

In the 1960s, communication programs relied mostly on the use of "monologs" and it was not until the 1970s that "dialog" was introduced. Approaches specific to social marketing appeared in the 1980s. It was at this time that communication for social programs began to apply an approach that was specific to integrated marketing, and which was borrowed from the commercial sector. Today, we are living in the "strategic era", which is defined by multimedia integration, multiple participants, greater focus on assessment and programming based on facts, impact on a national scale, the generalized use of mass media and a communication process that allows "transmitters and receivers" to create together and to share.

Strategy communication is commonly accepted as a promising approach aimed at solving problems in the complicated universe of social development. The strategic approach to communication has helped in the development of communication programs that have transitioned from the status of an emergency mechanism used only when the other approaches have failed, to the status of a mechanism for guiding activities within the program.

What academics specializing in communication mean by "strategic approach" is not limited to a narrow definition of the method for solving a problem or for working towards an objective (Kneeland 1999 in Tayler et al. 2003), but includes other strategic elements. Lessons learnt over 25 years of communication programs throughout the world convinced Piotrow et al. (1997) to specify, in particular, that strategic communication must be conceived on the basis of scientifically collected data and that a change in behavior represents both a societal process and an individual decision-making process.

According to Piotrow & Kincaid (2001), strategic communication relies on data, ideas and theories which are integrated by way of:

- a visionary concept aimed at achieving
- verifiable objectives through
- the allocation of the resources and obstacles that are most likely in behavioral change
- with the active participation of the communicators and the beneficiaries

3.2 Socio-ecological model
To guide the development of strategic communication activities, this plan introduces a model for behavior change: the socio-ecological model.

![Socio-ecological model](image)

**Figure 3: Socio-ecological model**

This model includes aspects from models focused on the individual, on the individual's family and social networks, and on the community, as well as structural aspects that exist in Malian society. It is important to recognize that communication targets in Mali are frequently under pressure from the community or from politico-state structures.

### 3.3 Logical conceptual framework for communication about controlling malaria

When the plan was drawn up, a logical framework was developed in order to guide the development of each of the components: the *Logical Conceptual Framework for Communication about Controlling Malaria*.

The logical conceptual framework describes a process of social evolution influenced in various ways by communication. The model is divided into five vertical columns, each containing specific information that leads to the impact targeted by the program: reducing the burden of malaria. While it is true that the model implicitly presents a left-to-right direction, suggesting a causal link and gradual movement (a path) towards improvement in malaria practices and control, as well as consistency with the shared staggered models for behavior change, it must not be interpreted as a recommendation for a strictly linear communication and change process.

The logical conceptual framework reflects the concept of communication channels that are mutually supportive and that target different levels: the socio-political environment, the service delivery systems, the communities, families and individuals. It also highlights the initial results and the behavioral results.
that precede a genuine reduction in the burden of malaria or an evolution in social norms associated with the prevention of malaria. Finally, it summarizes the various elements that all lead to the desired results over the long term.

*The framework can be summarized as follows:*

**Underlying conditions:** the structural framework for malaria is based on a health-related situation, on resources (human and financial) and on underlying social, political and economic conditions. These conditions are indicated in the first column.

**Communication domains:** resulting from and enhanced (or limited) by these conditions, various types of communication activities can affect behaviors and the program objectives. This communication is carried out in three primary areas: the socio-political environment (favorable environment, policies), the service delivery systems (access to services and products), and among individuals in communities (factors directly linked to individual behaviors).

Many of these factors depend on the individual, such as the level of health-related education and remembering messages, social support/stigmatization, emotional engagement, beliefs, attitudes, norms and values, the extent to which risks and self-efficacy are perceived.

These factors interact with others, such as: access to resources, the level of community assistance and social capital, the quality of services and the characteristics of the overall political environment. All of these factors receive information from the various communication activities listed in the second column.

**Communication on the initial results:** activities in these areas should encourage and facilitate the observation of various changes over time. The initial results or favorable changes in the middle column of the structural model are identified. These results or changes correspond to the initial expected results or to the identified results of the activities.

**Behavioral results:** on the other hand, these initial results facilitate the behavioral changes that are expected in the three primary areas (socio-politics, service delivery, community and individuals).

**Results in terms of sustainable health:** these new behaviors (or modified behaviors) should have positive and sustainable impacts on health, described in the last column. This impact represents the overall objective of the medium-term Strategic Plan of the NMCP and of the communication strategy.
Figure 4: Logical conceptual framework for communication about controlling malaria
3.4 Communication approaches

Communication players rely on approaches, communication channels and materials that are commonly used to reach target audiences through communication activities. This plan presents effective communication activities, aimed at the target audiences and which use appropriate tools and channels. The primary approaches can be found below:

**Interpersonal Communication/Counseling (IPC/C):** this approach improves personal interactions between individuals, includes conversations inside and outside of clinics, with advisers in training and management, peer advisers included, and helps improve the location where communication takes place. IPC/C has proven to be the most credible source, as it involves face-to-face communication and is the most participative approach. It has been selected to play a greater role in improving the knowledge and motivation of individuals in relation to IPT, the use of LLINs and sanitation measures.

**Community mobilization:** this helps the community to participate, actively supports and facilitates the adoption of the desired behaviors. It encourages long-term efforts. On a small scale, the cost is low but this approach can be expensive if expanded or intensified. It would involve organizing support within the community for the work carried out by the service provider by actively engaging the community leaders, the CHWs, the community outreach workers, the traditional media and local radio stations in promoting preventive measures and measures relating to the new therapy guidelines.

**Communication by the media:** this involves sharing information and behavior models with a significant portion of the population. There are various types of media:
- mass media such as television, radio, billboards, and new technologies are the channels that make it possible to reach a large number of people at the same time. Mass media can be used as a political tool as they also make it possible to share important information among decision makers and populations.
- traditional media: such as theater, griots, stories, etc., help the public to better understand the messages because these channels are familiar and highly valued.

**Advocacy** is a process that uses communication to influence decision making as performed by the decision makers. Most often, advocacy uses interpersonal communication at events and meetings to inform decision makers about a problem, the solutions, the consequences of not taking action and the benefits of taking action or making a decision in favor of the solutions. These decisions might change the allocation of resources or change a policy in order to improve access to healthcare services, for example.

**Social Mobilization** is a process that uses communication to call a large number of people, especially civil society, to action in order to achieve a shared social goal through the efforts and contributions of all those involved. In other words, this is primarily a mass movement, i.e. a common action, at the same time, in the same language relating to a well-defined theme. When social mobilization is limited to a community (the primary beneficiary of the resources and the target to be rallied), the term community mobilization is used. Social mobilization is presented as participation in the different types of World Days, public demonstration sessions (the practice of hand washing with soap, for example).

3.5 Communication channels

In the context of the approaches listed above, a certain number of communication channels are used to deliver specific messages. Each of these channels has advantages and limitations depending on when and how they are used. Each one makes it possible to reach a specific audience in its own way and is used according to a certain number of considerations.
Radio and television spots and micro-shows: In a controlled environment, inform and motivate using paid (TV, radio, signs, newspapers and magazines) or unpaid media to communicate with the public in order to positively influence attitudes towards the desired behaviors. Local radio stations are highly participative, and they can be seen as more credible than mass media as they are localized. Costs are generally lower than large national radio stations, but multiple radio stations must be used for broader coverage. Television delivers maximum impact (vision, sound, movement) and makes it possible to involve the audience. Within the home – television can help initiate family discussions. In general, television is very expensive, especially at peak viewing times.

Printed materials (brochures/flyers, posters, cartoons) provide high-quality information especially if the printing is high quality. These materials target specific groups and address a specific subject. They can offer a high level of detail. There is no guarantee that they will be read once they have been delivered. Cartoons provide enjoyment as they educate.

Counseling tools/Job aids support the IPC/C from health workers to ensure that the messages are uniformly appropriate and include images to help in the understanding of information that is sometimes complex.

Mobile units offer sketches, popular songs and games, providing entertainment that is educational and that encourages participation.

Special offers are intended to motivate and encourage the public to react positively to the desired behavior or to take intermediate measures that will result in the desired behavior being adopted (discount coupons, free samples, competitions).

Champions and ambassadors are celebrities with whom a relationship is formed so that they will use their voice to draw attention to a problem and promote a desired behavior.

4. ROLE OF ADVOCACY IN CONTROLLING MALARIA

Advocacy influences the opinion of decision makers in order to mobilize the resources and strengths required for implementing a policy or establishing an interest group. It is intended to secure a commitment from decision makers in politics and administration to supply the resources need for high-quality services and to promote an environment that fosters effective measures of malaria prevention, treatment and control.

Included among decision makers and leaders are all those individuals in the country who have the power at a district level to make decisions that could influence the allocation of resources or the policies to be implemented. Communities, health workers and public opinion in general pay attention to and respect these individuals. Thus, in the context of malaria, decision makers need to:

- be informed
- be convinced of the importance of making malaria a national priority with a view to national development and the elimination of poverty
In the fight against malaria, the public authorities in Mali have already taken important measures which are worthy of being enhanced. This is why, in this plan, these decision makers and leaders will be solicited at different levels, within each individual's area of expertise (government, parliamentarians, community leaders).

4.1 Advocacy approaches in the fight against malaria

The approaches used in advocacy are very similar to the approaches used in behavior change communication – interpersonal communication, mass media such as newspapers, printed materials such as information kits.

However, some approaches are better suited to advocacy. Reflection days are often held to allow decision makers and "activists" to share and discuss important information and data.

The keys to effective advocacy are:
1. visibility
2. the use of reliable data
3. and partnership according to studies carried out by the Voices Project in 2011 in Mali, Uganda, Tanzania and Ghana. To this end, data sharing activities can be organized for decision makers at all levels (mayors, prefects, governors, members of parliament, etc.). Data and recommendations must be shared and media coverage is essential for the effective distribution of information.

Multimedia campaigns also attract the attention of decision makers, especially if the decision makers are campaign spokespersons. Celebrities are also effective champions for drawing the attention of decision makers to the messages of an advocacy campaign.

4.2 Difference between SBCC and advocacy

Advocacy and social and behavior change communication often have different objectives and targets. Social and behavior change communication targets individuals at the level of households or service providers. This type of communication targets the behaviors, habits and practices of the populations in relation to their health. However, the changes often have significant effects when the entire community practices the same behavior. The objectives of advocacy primarily target decision making or the allocation of resources and are aimed at community leaders, politicians or elected officials – all those who are in a position to contribute to financing or to encourage actions through decision making – voting on a law, signing a decree, creating a budget line, etc. Since 2012, the role of advocacy in mobilizing resources in countries where malaria is endemic has been recognized as an activity supported by the board of directors and the other entities of the "Roll Back Malaria/RBM" Partnership.


The malaria control strategies applied by the NMCP in Mali are a strong source of inspiration for the recommendations issued by WHO on a global level.

5.1. Preventing malaria

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2 Malaria Control Effort Index: Measuring Malaria Advocacy. Johns Hopkins University, 2014 (publication pending).
3 Chapter IV is taken from the document for the National Strategic Plan for Controlling Malaria, 2013-2017.
Malaria prevention is a major component in the fight against malaria. It includes preventive measures on an individual and collective scale.

5.1.1. Vector Control

The objective of vector control is to reduce human-vector contact in order to break malaria transmission.

5.1.1.1 Long-lasting Insecticidal Net

Long-lasting Insecticidal Nets (LLINs) are the primary strategy for individual protection.

Use of LLINs by all households is a priority for universal coverage. LLINs must be chosen by a committee of national experts based on recommendations from WHOPES.

LLINs are routinely distributed free of charge to pregnant women during the Antenatal Consultation (1st contact) and to children under the age of one during a vaccination visit or at any other time of contact (National Nutrition Week, prevention consultations for healthy children, social events).

With a view towards permanent and universal coverage with LLINs, mass distribution campaigns must be held periodically in the zones at risk of malaria.

5.1.1.2 Indoor residual spraying

The objective of Indoor Residual Spraying (IRS) is the reduction of the vector population in the targeted zones. IRS must be applied on the basis of epidemiological and entomological criteria that are specific to the targeted zone.

5.1.1.3 Sanitation of the environment and improvements to housing

In addition to the vector control measures adopted, activities for environmental sanitation and management must be put in place to improve the living environment in general and housing in particular.
5.1.2. Preventing malaria in pregnant women

In addition to using LLINs, pregnant women must receive Intermittent Preventive Treatment (IPT) with Sulfadoxine-Pyrimethamine (SP), in at least 3 treatments of 3 tablets taken under supervision and spaced at least a month apart, starting in the 4th month of pregnancy and up to delivery.

The medication for IPT is still SP. IPT must be implemented at all levels of the healthcare system.

Guidelines on the prevention of malaria in pregnant women must be regularly updated on the basis of WHO recommendations.

5.1.3. Seasonal Malaria Chemoprevention in children

Seasonal Malaria Chemoprevention in children (SMCcc) involves giving children aged between 3 and 59 months 4 doses of SP and Amodiaquine at monthly intervals during the period of high malaria transmission.

SMCcc must be implemented in the targeted zones using a community distribution approach.

5.2. Managing cases of malaria

The treatment policy includes guidelines for early diagnosis and for rapid, effective treatment within 24 hours, as well as the availability and rational use of high-quality malaria medications drugs. It must be adopted in a manner that is appropriate for the local context, as necessary.

5.2.1. Diagnosing malaria

In accordance with WHO recommendations, any suspected case of malaria seen in a health facility or in the community (community health workers) must first of all be tested for confirmation. The two methods commonly used in Mali for the parasitological diagnosis of malaria are microscopy (Thick drop/Thin smear) and the Rapid Diagnostic Test (RDT).

5.2.2. Treating malaria

Malaria treatment depends on the form of malaria and the level of care provided. The NMCP must specify and update, as necessary, the national technical guidelines for treating cases of malaria.

5.2.2.1. Treating uncomplicated malaria

The objective for treating uncomplicated malaria is to cure the malarial attack. This prevents progression towards a severe form and avoids the mortality and morbidity associated with failed treatment. Artemisinin-based combination therapies are used for treating uncomplicated malaria in accordance with national guidelines. The ACTs must be used in public and private health facilities and in the community. In the zones within the country that are candidates for an elimination program, the treatment guidelines must be adapted in accordance with WHO recommendations.

**Artemisinin-based mono therapies** must not under any circumstances be used in the private and public sectors, in accordance with Resolution WHA60.18 adopted by all WHO member states at the 60th World Health Assembly in May 2007.

5.2.2.2. Pre-transfer treatment for cases of severe malaria
Injectable quinine or Artemisinin derivatives (injectable, suppositories) must be used for treatment prior to transfer to a referral health facility. Artesunate derivatives in suppository form must be used by community health workers (CHWs) in patients presenting signs of severe malaria and who need to be transferred to a health facility.

5.2.2.3. Treating severe malaria

The primary objective of treatment for severe malaria is to prevent death and the adverse complications that hinder the patient's recovery. Injectable quinine and Artemisinin derivatives are used to treated cases of severe malaria. Preference must be given to injectable artesunate if available. As soon as the patient improves and can tolerate oral malaria treatment, a switch is made to parenteral treatment using artesunate or quinine with ACTs, in accordance with the national guidelines for treatment.

5.2.2.4. Treating malaria during pregnancy

For uncomplicated malaria

Quinine tablets are used for treatment during the first trimester of the pregnancy, with ACTs being used starting in the second trimester.

For severe malaria

The primary objective of treatment in pregnant women is to save the life of the mother and the fetus. Parenteral quinine is used during the 1st trimester of the pregnancy and parenteral artesunate starting in the 2nd trimester.

6. STRATEGIC MINI-PLANS FOR COMMUNICATION

In this section, the problems associated with the use of NMCP strategies or interventions have been analyzed to understand how these problems occur. Then mini-plans for solving the problems identified will are suggested. Each mini-plan or mini-strategy includes: the targets, the desired behaviors, the objectives, the activities, the recommended channels/media, the messages and indicators to measure the effect of the activities on the desired behaviors. There are also progress indicators to measure the status of the activities suggested.

The content of the communication and advocacy plan for controlling malaria is presented as follows:

6.1. LLINs and Sanitation
6.2. Intermittent Preventive Treatment (IPT) for pregnant women
6.3. Seasonal Malaria Chemoprevention in children (SMCc)
6.4. Diagnosis and Treatment
6.5. Advocacy and social mobilization

Note: For the initial levels of the indicators and their progress see the performance grid of the strategic plan 2013-2017.

6.1. LLINs and Sanitation

Problem 1: The implementation of measures for controlling malaria vectors is not sufficiently widespread.
Causes: lack of financing for indoor residual spraying (IRS), lack of information on the importance of sanitation in controlling malaria, the populations minimize the impact of malaria and the role played by mosquitoes, the costs of IRS are very high for the community.

Targets:
- Primary: Households, State and Partners
- Secondary: Community leaders

Desired behaviors:
- Households keep their living environment clean.
- Populations work together to improve living conditions in their neighborhood.
- The State and partners finance IRS.

Objectives:
- By the end of 2018, households will practice home hygiene at the household/family and community levels.
- By the end of 2018, the State and its partners will allocate more resources to expanding IRS to three new districts per year.

Activities:
- Adapt or create binders for prompt cards (flip charts) on home hygiene, the use and maintenance of LLINs and other protective measures
- Create radio spots on home hygiene
- Broadcast these radio messages
- Organize community conversations to define local sanitation activities
- Organize "clean household/family or clean village" competitions as part of "cleanliness day" events
- Adopt regulations governing hygiene and sanitation
- Advocate for the mobilization of financial and material resources
- Organize orientation and information days for decision makers
- Share the results of the studies on the effectiveness of IRS on the transmission of malaria

Channels/Media: outreach workers, CHWs, community conversations, communes, radio, TV, binders with prompt cards, billboards, meetings with national decision makers/cooperation days, forums, sketches.
Message content:

- Heads of families, the proliferation of mosquitos increases the risk of malaria in your households. Help prevent malaria in your household by destroying all the breeding sites and by taking out the garbage regularly.
- Parents, breeding sites (pits, abandoned old tires, empty food cans) increase the risk of malaria. Mosquitos use them as nests. Potholes and pits must be filled in, cans and old tires that contain water must be emptied.
- Heads of households, mosquitos are the only vectors that transmit malaria, spray your homes to reduce the number of mosquitos. By doing so you are helping to reduce the number of malaria cases.
- Heads of households, agree to spray your house or to have it sprayed because the products used are not harmful to your health. By doing so you are helping to reduce the proliferation of mosquitos.
- Heads of households, LLINs protect you from getting bitten by mosquitos that transmit malaria. Sleep under a mosquito net and have your family do the same to reduce the cost of medications if you get sick.
- Administrative and political managers, community, association or group leaders, malaria is the primary reason for consultations in your health facilities.
- Join the fight against malaria by helping to finance indoor residual spraying. You will be making a valuable contribution.
- Administrative and political managers, IRS is a reliable method for controlling the proliferation of mosquitos that cause malaria, make it available in your communities. By doing so you will be protecting these communities against this disease.

Indicators:
- Percentage of the population reached by the messages and broadcasts
- Percentage of households who have implemented or benefitted from preventive measures against malaria (LLINs, filled in holes, sprayed the home, etc.)
- Number of villages that have organized cleanliness days
- Proportion of buildings (homes) that have been sprayed in the targeted zones

Problem 2: Some households do not have LLINs

Causes: LLIN prices often high for households that do not have access to free LLINs, controlling malaria is not a priority for households, most households do not feel at risk, lack of knowledge about the harmful effects of malaria.

 Targets:
- Primary: Households
- Secondary: State, partners, community leaders, service providers

Desired behaviors:
- Households make obtaining LLINs a priority
- Households purchase LLINs in stores and at the locations indicated
- Retailers sell LLINs at subsidized prices
The State and its partners guarantee that LLINs are subsidized
- Service providers offer LLINs to clients at the time of ANC/IPT and EPI services

Objective:
- Low-cost LLINs will be available throughout the region
  By the end of 2018, 100% of households will adopt at least one malaria prevention measure

Activities:
- Lobby the State and its Partners for subsidized LLIN prices
- Organize universal LLIN distribution campaigns
- Send SMS messages to cell phone subscribers encouraging them to obtain LLINs
- Remind providers about LLIN distribution via technical notes or job aids

Channels/Media: TV, radio, cooperation days, SMS, technical notes/job aids

Message content:
- Heads of household, LLINs protect members of your family against malaria. Buy and use LLINs to protect them. By doing so, you will reduce the expenses associated with treating the disease.
- Health authorities, continuous availability of LLINs at all levels is your responsibility. Make sure that they are available at all health facilities to prevent stock-outs. By doing so, you will help reduce the incidence of this disease.
- Healthcare providers, make LLINs available at the right time and in the right place to prevent LLIN stock-outs. By doing so, you are making an important contribution to the fight against malaria in Mali.

Indicators:
- Proportion of households with at least 1 LLIN for every 2 people
- Proportion of household members who have slept under an LLIN

Problem 3: Use of LLINs and other measures of protection against malaria by the population is not widespread enough

Causes: lack of knowledge about the benefits of LLINs for prevention as part of the fight against malaria, lack of cooperation between parents to better protect their children against malaria, malaria considered commonplace by the population, the parents have failed to understand the importance of putting their children to bed early under LLINs at an early age and of making sure that arms and legs are fully covered.

Targets:
- Primary: pregnant women and mothers, fathers
- Secondary targets: Households, community leaders

Desired behaviors:
- Households protect themselves against malaria.
- Pregnant women sleep under LLINs every night and during the entire year.
- Households protect themselves using other methods before going to bed.
- Mothers of children under the age of five put their children to bed early and under LLINs.
Objectives:
- By the end of 2018, at least 80% of households will sleep under LLINs every night and during the entire year.
- By the end of 2018, 100% of households will adopt other methods of mosquito protection before going to bed.

Activities:
- Carry out home visits by outreach workers/CHWs
- Produce micro-shows and sketches
- Broadcast these micro-shows and sketches
- Organize televised discussions
- Give model lessons at school and have youth ambassadors continue to educate children

Channels/Media: radio, TV, theatre, CHWs, outreach workers, model lessons, signs, sketches

Message content:
- Parents, make sure you and your children sleep under mosquito nets to protect yourselves against malaria. Do this year round, even in the warm months when the number of mosquitoes drops significantly but when people still become ill with malaria.
- Parents, sleeping under LLINs protects your children against malaria. Agree together to put children to bed early, reducing the risk of the disease. This means they will be healthy as they leave for school each morning and you avoid the costs of medications.
- Parents, make it a rule in your household that children go to bed early under LLINs as a way to protect them against mosquitoes, the only source of malaria.
- Parents, LLINs protect your children against malaria, when you put them to bed under LLINs, make sure that their entire body is under the net.
- Mothers, make sure that your children under the age of 5 sleep under LLINs and check that their entire body is covered by the net. This means they cannot be bitten by mosquitoes and therefore cannot become ill.

Indicators:
- Percentage of households who have been visited at home
- Number of radio/TV spot broadcasts on malaria during the targeted period
- Number of local radio stations that have signed partnership contracts in the context of the fight against malaria
- Number of SMS messages sent to cell phone subscribers about using LLINs
- Percentage of the population reached by the messages and broadcasts
- Percentage of the population who slept under LLINs the previous night

Problem 4: The population does not maintain LLINs properly (LLINs with holes, not washed properly, etc.)

Causes: the population is not told how (or encouraged) to maintain LLINs, lack of knowledge about the risks of LLINs with holes or not washed properly.
Targets:
- Primary: Women and heads of households
- Secondary: Community leaders

Desired behaviors:
- Households maintain the LLINs correctly – properly washed and dried, holes repaired, edges protected.
- Technical departments, NGOs, Associations and Communes raise awareness among households about LLIN maintenance.
- Women and heads of households replace LLINs according to their length of use.

Objective: By the end of 2018, 100% of households will maintain their LLINs correctly (properly washed and dried, holes repaired).

Activities:
- Carry out home visits by outreach workers
- Create radio micro-shows on maintaining nets
- Broadcast the shows produced

Channels/Media: TV, radio, SMS, posters, CHWs, outreach workers, prompt cards (especially on maintaining LLINs).

Message content:
- Parents, follow the advice of health workers for using your LLINs because a poorly maintained net is not effective and will not protect against malaria.
- Mothers, babysitters, remember that LLINs are one of the effective tools in controlling malaria. For this reason, take care of your LLINs by washing them, drying them in the shade and mending holes to reduce the costs associated with buying medications in the case of illness.
- Heads of households, torn LLINs can be repaired while you wait to receive a new one. It is better to sleep under a repaired LLIN than to sleep without a net.

Indicators:
- Percentage of households who have been visited at home
- Number of SMS messages sent to cell phone subscribers about using LLINs
- Proportion of parents and babysitters who understand the benefit of putting children to bed correctly under LLINs

6.2. Intermittent Preventive Treatment (IPT) in pregnant women

Problem 1: Providers do not welcome clients according to standards

Causes: lack of continuing education for health workers on communication and welcoming patients, lack of understanding about the impact of being made to feel unwelcome on the frequency of medical visits

Targets:
- Primary: matrons, nurses in obstetrics, midwives and gynecologists
- Secondary: supervisors (Technical Director of the CHCs, Midwives at the RHCs and in the regions, Malaria Focus Points, NMCP)

**Desired behaviors:**
- Providers welcome clients in accordance with established standards/warmly.
- Supervisors correct the providers and encourage them to offer a warmer welcome.

**Objectives:**
- By 2018, 80% of providers comply with standards for the quality of the welcome offered during ANCs.
- By 2018, at least 70% of pregnant women who use ANC/IPT services will be satisfied with the way they are welcomed.
- By 2018, the quality of services and care for pregnant women will be improved.

**Activities:**
- Create and distribute communication materials on how to make patients feel welcome
- Revitalize the system for competition between health facilities to improve the quality of service (Gold Ciwara, etc.)
- Implement (internally and externally) supervision that provides training at all levels
- Carry out operational surveys for monitoring and evaluating the quality of the welcome offered (mystery client, etc.)

**Channels/Media:** Interpersonal communication/continuing education, posters

**Message content:**
- Health facility managers, implement internal supportive supervision with a view to improving the welcome offered to pregnant women during ANCs at your location.
- Matrons, nurses in obstetrics, midwives and gynecologists, greet your clients with enthusiasm, they are your sisters. By doing so you will win their trust and they will come back as often as necessary.
- Matrons, nurses in obstetrics, midwives and gynecologists: make it a priority to make your clients feel welcome as this is vital for the quality of your service. By doing so, you will become a leading provider.

**Indicators:**
- Proportion of providers who comply with quality standards for welcoming clients (greeting, offering a chair or a bench, introducing themselves, etc.)
- Proportion of pregnant women who are satisfied with their welcome at ANCs

**Problem 2:** Most pregnant women do not receive the full dose of SP during their antenatal consultation (ANC).

**Causes:** women delaying their visit to the health facility for their ANC, SP not available for certain women at their ANC visit.
Targets:
- Primary: Pregnant women, women of reproductive age
- Secondary: Prescribers, RHC, regional and NMCP malaria focus points, husbands, mothers-in-law, communities (women’s groups, benefit societies, etc.)

Desired behaviors:
- Managers of sales depots, CDDs report their average monthly SP consumption.
- The state undertakes to supply the country with SP according to the needs reported in the national budget.
- Women of productive age consult a provider at an early stage (at least 2 weeks after a missed period) to confirm or rule out a pregnancy.
- Pregnant women receive at least 3 doses of SP during their ANC.
- Husbands, mothers-in-law, etc., encourage pregnant women to visit the health center at an early stage to benefit from ANC/IPT.

Objectives:
- By 2018, 80% of SD and CDD managers will report their actual SP needs based on average monthly consumption.
- By 2018, the State will provide a continuous adequate SP supply for the county, free of charge, to all levels including private facilities.
- By 2018, 70% of pregnant women will have their 1st ANC/IPT visit during the 1st trimester and will receive the first dose of SP.
- By 2018, husbands, mothers-in-law and family will encourage and support pregnant women in beginning ANC/IPT in the 1st trimester in order to receive the first dose of SP.
- By 2018, 80% of pregnant women will have at least 3 ANC/IPT visits.

Activities:
- Regularly monitor and supervise trained workers (SD, CHA (Community Health Association) managers, CDD managers and malaria focus points in the RHCs).
- Advocate on the consequences of an inconsistent supply of SP in health centers at the State level.
- Organize educational discussions on the advantages of visiting health facilities at an early stage of pregnancy.
- Organize radio shows on the advantages of visiting health facilities at an early stage of pregnancy.
- Set up a telecommunications system (SMS notifications) to encourage pregnant women to come back after their 1st ANC visit.

Channels/media: IPC, technical sheets, prompt cards, SMS sent to pregnant women

Message content:
- Pregnant women, schedule your 1st ANC visit during the 1st trimester of your pregnancy. By doing so, you will enjoy all the benefits of receiving at least 3 doses of SP.
- Pregnant women, seek ANC services during the 1st trimester of your pregnancy to receive a free LLIN that will protect you and your future baby against malaria.
- Pregnant women, sleep under an LLIN every night in all seasons throughout your pregnancy for the best protection against malaria.
- Providers, begin administering SP in the 16th week of pregnancy at 1-month intervals until delivery. By doing so you will be compliant with guidelines for controlling malaria.
- Pregnant women, you are much more vulnerable to malaria, IPT with SP is a highly beneficial solution. During your ANC, SP will protect you and your child against the dangers of malaria.
- Husbands, encourage your wives to schedule their ANC at an early stage. This means they will receive SP and an LLIN at no cost.

Indicators:
- Proportion of pregnant women who received SP during the 4th month of their pregnancy
- Proportion of women who took their IPT3 before delivery.

Problem 3: Some pregnant women do not visit health facilities for ANC/IPT.

Causes: providers' negative attitudes towards pregnant women, the community (husbands, pregnant women) having misconceptions about providers/health facilities, fear of the costs associated with receiving services, populations not understanding the benefits of receiving services regularly.

Targets:
- Primary: Pregnant women, women of reproductive age
- Secondary: Husbands, mothers-in-law (women's groups, benefit societies)

Desired behaviors:
- Women of reproductive age and pregnant women visit health facilities for ANC/IPT.
- Husbands, mothers-in-law, etc., encourage pregnant women to visit the health center during the 1st trimester to benefit from ANC/IPT.

Objective: By the end of 2018, 100% of pregnant women will have had ANC1/IPT (up from 74% in MDHS-V 2012-2013)

Activities:
- Enhance the role of education discussions led by CHWs/Outreach workers on ANC/IPT in the community
- Organize periodic meetings between CHAs and heads of households on issues relating to maternal health (ANC/IPT)
- Broadcast radio shows on ANC/IPT in the community using local radio stations

Channels/Media: Interpersonal communication, community conversations, radio shows.

Message content:
- Women of reproductive age, visit the nearest health facility as soon as you think you may be pregnant. This will help you confirm your pregnancy.
- Pregnant women, visit your nearest health facility for an antenatal consultation during the 1st trimester of your pregnancy. By doing so you will receive at least 3 doses of SP.
- Future mothers, visit the nearest health facility as soon as you can to ensure your pregnancy is malaria free and that your child is healthy.
- Mothers-in-law and husbands, accompany pregnant women to antenatal consultations starting in the 1st trimester of pregnancy. This means that pregnant women will receive at least 3 doses of SP.

**Indicators:**
- Percentage of women who have received IPT1
- Number of meetings between providers and the community on the benefits of ANC1/IPT
- Number of educational discussions on ANC led by CHWs/Outreach workers in the community
- Number of radio shows broadcast on the importance of IPT using SP during pregnancy

**Problem 4: During ANC, certain PW refuse to take SP under supervision**

**Causes:** the use of a single cup for all pregnant women during their ANC/IPT, rumors on the potential side effects of taking SP, limited understanding of the benefits of taking SP

**Targets:**
- Primary: pregnant women
- Secondary: Matrons, nurses in obstetrics, midwives and gynecologists, husbands and mothers-in-law

**Desired behaviors:**
- Pregnant women agree to take SP under supervision during ANC/IPT
- Husbands and mothers-in-law encourage pregnant women to take SP
- Pregnant women bring a cup to the ANC for taking SP

**Objective:** By the end of 2018, the number of pregnant women who have received at least 3 doses of SP during ANC/IPT under supervision will have increased by 80%

**Activities:**
- Produce radio micro-shows in national languages on the benefits and side effects of taking SP under supervision during ANC
- Raise awareness among pregnant women that they can bring their own cup for taking SP under supervision as early as the 1st ANC
- Produce and broadcast spots highlighting that taking SP under supervision during the ANC is free and beneficial

**Channels/Media:** Television and radio micro-shows, IPC, prompt cards, flip charts.

**Message content:**
• Providers, suggest that pregnant women bring their own cup to their ANC, this will avoid the risk of women refusing to take SP under supervision.
• Husbands, malaria is dangerous for pregnant women, encourage your wife to take her SP doses during ANC to avoid expenses related to treating the disease.
• Pregnant women, SP is safe and effective in fighting malaria. It can even be taken on an empty stomach.
• Providers, ensure that pregnant women take SP under supervision during ANCs to protect themselves and their children against malaria. By doing so you will be contributing to the achievement of the malaria control objectives.

**Indicator:** Proportion of pregnant women who have taken SP under supervision.

### 6.3. Seasonal Malaria Chemoprevention in children between 3 and 59 months of age (SMCc)

**Problem 1:** Some parents do not bring their children to the distribution site for SMCc medications.

**Causes:** lack of time or parents are not available (work in the fields, household tasks, etc.)

**Targets:**
- **Primary:** Mothers, husbands, heads of households
- **Secondary:** Community leaders, religious leaders, women’s groups, etc.

**Desired behaviors:**
- Mothers, fathers, babysitters of children aged between 3 and 59 months accompany their (own) children to the site for administering SMCC medications (AQ/SP)
- Those responsible (mothers, fathers, babysitters) for children between the ages of 3 and 59 months, and who have accompanied these children to the distribution sites monitor the administration of 2 correct doses (once a day) of AQ at home

**Objectives:** By the end of 2018, all children between the ages of 3 and 59 months in the areas where SMCC is required will be accompanied by their parents or guardians to receive their SMCC medications.

**Activities:**
- Organize preparatory meetings with the various stakeholders before the SMCC campaign
- Transmit essential information about the SMCC campaign through town criers
- Carry out home visits so that CHWs and outreach workers can provide better information about the SMCC campaign
- Create appropriate materials for workers involved in the SMCC campaign (leaders, CHWs, outreach workers, volunteers, etc.)
- Train community radio personalities on the SMCC campaign
- Broadcast messages about the benefits of SMCC via local radio stations

**Channels/Media:** IPC, radio stations, technical sheets, banners, town criers
Message content:
- Parents, prevention is better than cure: protect your children against malaria by taking part in the new SMCc campaigns
- Parents, take your children to the distribution point for SMCc medications (AQ/SP). By doing so, you will be helping to keep your children healthy
- Parents, complete the SMCc treatment by giving your children AQ tablets according to the providers' instructions
- Leaders, make a commitment to the success of the campaign. By doing so you are helping to reduce malaria during the periods of high transmission among children aged between 3 and 59 months in your communities

Indicators:
- Proportion of children aged 3 - 59 months who were accompanied by parents/guardians during the SMCc campaign
- Proportion of parents/guardians who know how many doses to give to children at home

Problem 2: Some parents or mothers do not know how to manage the potential side effects of SMCc

Causes: limited understanding of SMCc, lack of interpersonal communication

Targets:
- Primary: Mothers, husbands, babysitters
- Secondary: CHWs, community outreach workers, community and religious leaders, women's groups.

Desired behaviors:
- The CHWs and the community outreach workers know how to manage side effects after SP/AQ is given to children between the ages of 3 and 59 months.
- Mothers, fathers and babysitters of children aged 3 to 59 months who have received SMCc medications and who go to the health center with their children as soon as a side effect is apparent.

Objectives:
- By the end of 2018, 100% of CHWs, outreach workers and parents/guardians will know how to manage the side effects of taking SMCc medications.
- By the end of 2018, at least 80% of children with a side effect will be seen at the health center.
- By the end of 2017, the CHWs and outreach workers will monitor how the parents of children aged between 3 and 59 months administer AQ at home.
- By the end of 2017, the CHWs and the outreach workers will carry out HVs to advise parents on the correct administration of AQ/SP.

Activities:
- Train the CHWs and community outreach workers in the SMCc campaign and in managing side effects after campaign medications have been taken
- Transmit information about the side effects after taking SMCc medications (AQ/SP) via the CHWs/Outreach workers
- Carry out home visits so that CHWs/Outreach workers can provide better information about the side effects of the SMCc campaign
- Carry out home visits so that the administration of AQ can be monitored by the CHWs/Outreach workers
- Use healthcare professionals to broadcast messages on how to manage the side effects of SMCc medications via local radio stations
- Involve telephone companies in the SMCc campaign with the SMS alert system for taking AQ at home

**Channels/Media:** IPC, radio spots, training, SMS, flip charts

**Message content:**

- Parents, be an effective participant in the SMCc campaign by going to the health center as soon as you see the first signs of side effects and to avoid complications
- CHWs and outreach workers, encourage parents to take their children to the health center as soon as they notice their child feeling unwell after taking SMCc medications (AQ/SP). By doing so, you will be helping to reduce malaria during the high transmission periods in your neighborhood.

**Indicators:**

- Proportion of CHWs/outreach workers who have been trained on managing and instructing parents during the SMCc campaign
- Proportion of CHWs/outreach workers who know how to manage side effects that are the result of taking SP/AQ
- Proportion of children seen at health centers because of side effects that are the result of taking SP/AQ
- Number of messages broadcast on how to manage the side effects of SMCc medications

6.4. Diagnosis and Treatment

6.4.1. Diagnosis

**Problem 1:** Providers do not carry out a biological test for all suspected malaria cases

**Causes:** inability of some providers to carry out the test, uncertainty on the part of some providers that the test is necessary or even reliable, belief in treatments on a clinical basis, biological diagnosis not common for providers, providers think they know therefore do not need to carry out more investigations, frequent stock-outs of the supplies.

**Targets:**

- Primary: Providers (CHWs, health staff)
- Secondary: Patients, CHAs, public authorities, health worker training centers

**Desired behaviors:**

- Providers carry out a biological test for all suspected malaria cases.
- Providers treat all cases of fever correctly, in accordance with the results of the biological test.

**Objective:** By the end of 2018, 100% of providers will systematically carry out the test in all suspected malaria cases.
**Activities:**
- Carry out a fundamental qualitative study on the opinions of providers about the use of biological testing for malaria
- Train health providers (CHWs, health staff) about carrying out biological tests (RDT and/or Thick drop) keeping in mind the results of the qualitative study
- Organize activities for the continuous supervision of providers (CHWs health staff, outreach workers)
- Train providers in interpersonal communication including monitoring/evaluation relating to the fight against malaria
- Organize meetings for exchanging information about the need to focus on mandatory biological diagnosis in the fundamental training curriculum for health workers

**Channels/Media:** technical sheets, job aids, meetings for discussions

**Message content:**
- Health providers, carry out a biological test in all cases of fever, before starting treatment. That will help you to confirm or rule out malaria and adapt the treatment as necessary.
- Training center decision makers, pay special attention to biological diagnosis in the fundamental training curriculum for health workers. That will ensure that when providers enter the market, they are able to meet the needs of patients and contribute to improving the treatment of malaria.

**Indicators:**
- Proportion of providers who have systematically tested in all cases of fever
- Number of continuous supervision sessions carried out by the district at the CHCs taking into account the communication aspect of malaria control
- Percentage of staff trained on carrying out a biological test
- Number of district teams trained in communication supervision
- Percentage of training centers that have included the biological diagnosis of malaria in the training curriculum for health workers

**Problem 2:** Populations do not ask for a biological test to be carried out when they consult a health worker for fever.

**Causes:** population's lack of knowledge, cost of the test, self-diagnosis of malaria, health is not a priority for most of the populations, unilateral decision making by the providers, lack of savings that would allow households to pay for medical expenses.

**Targets:**
- Primary: Patients, parents of a sick child
- Secondary: CHAs, providers, outreach workers, health staff

**Desired behaviors:**
- Patients do not diagnose themselves.
- Patients will understand the advantages of the biological tests.
- Patients will request the diagnosis in all cases of fever.
Objectives:
- By the end of 2018, at least 80% of patients will understand the importance of carrying out the biological test.
- By the end of 2018, 50% of patients will request biological diagnosis tests for all cases of fever.

Activities:
- Train providers, CHWs and outreach workers in the use of prompt cards about the importance of the biological test
- Create prompt cards and give them to outreach workers, CHWs and providers
- Produce simple flyers for patients and posters for CHCs
- Produce radio spots and micro-shows
- Develop a multi-media campaign on diagnosis with a logo, image and slogan to remind the populations about the benefits of being tested

Channels/Media: local radio stations, television, groups, men’s groups, radio spots and micro-shows, TV spots, sketches, prompt cards, stickers mentioning the RDT, campaign logo, flyers, signs and posters.

Message content: Members of the community, request a biological test before receiving any malaria treatment. This means you will receive the right treatment and will prevent the unnecessary purchase of medications.

Indicators:
- Percentage of patients or guardians who understand the importance of carrying out a biological malaria test
- Percentage of providers, CHWs, outreach workers trained in the importance of the biological test
- Number of radio spots broadcast
- Percentage of clients who prefer a biological test to self-diagnosis
- Percentage of patients who have requested a test in all cases of fever

Problem 3: The supplies for the biological test and for treating malaria are not always available in the locations where care is provided.

Causes: inadequate management of supplies, insufficient sources of continuous financing for these supplies

Targets:
- Primary: Public authorities, NMCP, PPM
- Secondary: Beneficiary population, CDD, DMOH

Desired behavior:
The Ministry of Health will allocate more resources to purchasing supplies for diagnosing and treating malaria.
Objectives:
Increase the budget allocated to the purchase of supplies by 10% a year from 2015 to 2018.

Activities:
- Lobby the Ministry of Health and Public Hygiene to increase the resources allocated to purchasing supplies and treating malaria.
- Establish or bring into operation the Logistics Management Information System (LMIS).

Channels/Media: interpersonal communication and meetings for discussions

Message content:
- Decision makers, allocate more resources to purchasing supplies for fighting malaria, this will reduce the costs paid by households, contribute to an improvement in the health of the populations and to the economic development of the country.
- Decision makers, if the availability of supplies is continuous and reliable, patients will receive the proper care for fever.

Indicators:
- Percentage of locations where care is provided that have not experienced stock-outs of supplies for the biological diagnosis of malaria
- Performance level of the Logistics Management Information System (LMIS)
- Number of advocacy sessions carried out with the public authorities for an increase in the resources allocated to purchasing supplies for the biological diagnosis of malaria

Problem 4: Certain populations do not have adequate access to diagnosis services

Causes: the costs of the diagnosis for all of the population, the weakness in the alternative system for financing treatment (universal insurance), not knowing that the diagnosis is free for children under the age of five and for pregnant women and is subsidized for the rest of the population.

Targets:
- Primary: public authorities
- Secondary: NGOs, CSOs, providers

Desired behaviors:
- Patients know that the test is free for children under the age of five and for pregnant women and is subsidized for the rest of the population.
- Public authorities make the supplies for the diagnosis free for all the population.

Objectives:
- By the end of 2018, at least 80% of the patient population will be aware that malaria treatment for children under the age of five (5) and for pregnant women is free.
- By the end of 2018, the biological test for malaria will be free for all the population.
Activities:
- Produce radio spots and micro-shows
- Produce flyers explaining that malaria treatment is free
- Organize community conversation sessions led by outreach workers and CHWs to explain that malaria treatment for children under the age of five (5) and for pregnant women is free
- Organize conversation sessions with CSOs and community leaders on the role of village solidarity funds in treating malaria cases

Channels/Media: home visits, local radios, TV spots, flyers, conversation sessions, micro-shows, information kits on the free treatment policy.

Message content:
- Heads of households and parents/guardians, malaria treatment is free. Take your children to the medical center as soon as the first signs of illness are apparent.
- Decision makers, make the malaria diagnosis test free for the entire population. This will help reduce the cost of purchasing malaria medications.

Indicators:
- Proportion of the population who are aware that diagnosis tests for the treatment of malaria are free for children under the age of five (5) and for pregnant women
- Number of broadcasts of radio spots and micro-shows on free treatment for malaria
- Number of households reached by messages from outreach workers, CHWs and health staff about free treatment
- Availability of legislation regarding free biological malaria diagnosis tests for the entire population

6.4.2. Treatment

Problem 1: Providers do not comply with the national guidelines for treating malaria

 Causes: the limited distribution of the policy and of the national guidelines for treatment

Targets:
- Primary: Providers
- Secondary: NMCP, chief doctor, CDD, patients

Desired behavior: Providers comply with the guidelines for treating malaria

Objective: By the end of 2015, 100% of providers will treat confirmed malaria cases in accordance with the treatment guidelines.

Activities:
- Organize sessions for disseminating the policies and national guidelines for treating malaria at all levels of the health pyramid.
- Produce job aids on the guidelines for treating malaria.
Communication and advocacy plan for controlling malaria in Mali

Channels/Media: job aids, prompt cards

Message content: Providers, apply the national guidelines for treating malaria. That will help you achieve a better outcome for your patients and to be compliant with national standards.

Indicators:
- Percentage of providers who systematically apply the national guidelines for treating malaria.
- Number of sessions held for disseminating the policies and national guidelines for treating malaria at all levels of the health pyramid.
- Number of job aids about the malaria treatment guidelines produced and distributed.

Problem 2: Populations delay seeking care when they are sick

Causes: the high cost of treating malaria, not knowing that the diagnosis is free for children under the age of 5 and for pregnant women, recourse to traditional healers as a first step, the common practice of self-medication, treatment is not free for the entire population and geographic inaccessibility.

Targets:
- Primary: parents and/or babysitters, heads of household, mothers-in-law
- Secondary: community leaders, outreach workers, CHWs, traditional healers

Desired behaviors:
- Patients and parents/guardians consult a health worker within 24 hours in all cases of fever.
- Traditional healers systematically refer serious cases of malaria to health workers.
- Outreach workers, community leaders and CHWs urge the population to seek medical attention as soon as the first signs of illness are apparent.

Objective: By the end of 2018, 50% of parents or babysitters of children under 5 will consult a health worker within 24 hours of the outbreak of fever in their children.

Activities:
- Produce radio spots and micro-shows
- Organize conversation sessions with traditional healers on the importance of referring malaria patients to a health center at an early stage

Channels/Media: door to door, local radio stations, TV, groups, men’s groups, SMS push, spots, micro-shows, sketches

Message content: Parents and babysitters, consult a health worker as soon as possible if your child has a fever. By doing so you will avoid complications and minimize the cost of treatment.

Indicators:
- Percentage of children under the age of 5 who have received appropriate treatment within 24 hours of the first signs appearing
- Number of radio spots and micro-shows produced on the benefits of seeking care at an early stage
Number of conversation sessions held with traditional healers on the importance of referring malaria patients to a health center at an early stage

**Problem 3: Providers prescribe malaria medications despite a negative biological test**

**Causes:** uncertainty of the biological test results, providers want to please the patient, providers want to maintain their reputation among clients, clients prefer to receive the treatment (as a shot or a tablet) rather than leave without a prescription.

**Targets:**
- Primary: Providers, CHWs, Outreach workers
- Secondary: Clients, chief doctors, CDD, NMCP, MOH

**Desired behavior:** Providers comply with the guidelines for treating malaria and investigate further when the malaria test is negative.

**Objective:** By the end of 2015, 100% of providers will not prescribe malaria medications if malaria is not confirmed.

**Activities:**
- Train providers (CHWs, outreach workers) on the benefits of not prescribing malaria medication when a test is negative
- Produce and distribute flip charts on the guidelines for treating malaria
- Produce simple flyers and posters on the guidelines for treating malaria
- Produce radio spots and micro-shows on the guidelines for treating malaria
- Organize awareness activities on the guidelines for treating malaria

**Channels/Media:** door to door, local radio stations, TV, groups, men’s groups, SMS push, spots, micro-shows, sketches.

**Message content:** Health providers, comply with the guidelines for malaria treatment: do not prescribe malaria medications to patients whose test is negative. By doing so you will avoid excessive use of medications and you will be able to investigate other causes of the fever, to the benefit of the patient.

**Indicators:**
- Percentage of confirmed malaria cases that have been treated in accordance with the national guidelines for malaria treatment
- Number of providers (CHWs and outreach workers) trained on the benefits of not prescribing malaria medication when a test is negative
- Number of information sessions held on the guidelines for treating malaria
Problem 4: Some parents and babysitters of children under the age of 5 do not administer the prescribed treatment correctly

Causes: lack of follow-up, stopping treatment when the patient feels better and the presence of side effects from the malaria medications.

Targets:
- Primary: Patients, parents
- Secondary: providers, outreach workers, CHWs

Desired behaviors:
- Patients follow instructions given by the providers.
- The outreach workers or CHWs follow up with patients at home.

Objective: By the end of 2018, at least 95% of patients will comply with the instructions given by health providers for treating malaria.

Activities:
- Organize community conversation sessions on the need to follow the complete treatment correctly
- Increase monitoring of in-home malaria treatment via HVs by outreach workers and CHWs

Channels/Media: door to door, conversation sessions, flyers for babysitters.

Message content:
- Populations, make sure that the full course of medication prescribed by your health workers is taken correctly. This will ensure a quick and complete cure, thereby minimizing the risks of a relapse and malaria-related complications.
- CHWs and outreach workers, visit homes to monitor the instructions given by the providers for effectively treating malaria. This will ensure the treatment is taken correctly and will avoid relapses and complications related to malaria.

Indicators:
- Percentage of parents or guardians of children under the age of 5 who comply with the instructions given by health providers
- Number of households visited by CHWs and outreach workers for monitoring malaria treatment
6.5. Advocacy and social mobilization

Problem 1: Lack of involvement by the commune authorities and CHAs in mass campaigns (LLIN distribution, SMCc, cleanliness)

Causes: lack of a framework for cooperation on malaria at the commune level, failure to include financial resources associated with malaria control in the SEDPCs, lack of political will at the community level, failure to recognize the impact of malaria on the development of the country.

Targets:
- Primary: Elected officials in the commune (mayors and councilors), presidents of "cercle" commissions, CHAs
- Secondary: Community leaders, leaders of women's associations, prefects and sub-prefects

Desired behaviors:
- Elected officials in the commune and the CHAs contribute (finances or logistics) to the organization of the LLIN distribution, SMCc and cleanliness campaigns by mobilizing local resources.
- Elected officials in the commune take over the LLIN distribution and SMCc campaigns.
- Community leaders become involved in the mobilization of resources (financial, material and human).

Objectives:
- By the end of 2018, elected officials in the commune and the CHAs will contribute (finances or logistics) to the organization of the LLIN distribution, SMCc and cleanliness campaigns.
- By the end of 2018, elected officials in the commune will take over the LLIN distribution, SMCc and cleanliness campaigns.
- By the end of 2018, the community leaders will urge the elected officials in the communes and the presidents of "cercle" commissions to mobilize resources (financial, material and human).

Activities:
- Organize days of reflection for elected officials in the commune and CHAs on the mechanisms for mobilizing local resources within the 49 administrative "cercles" and the district of Bamako.
- Organize community discussions with district leaders on the problem of malaria and the roles of the communities.
- Make a documentary on the exemplary commune and the challenges in the fight against malaria as part of the mobilization of local resources for controlling malaria.

Channels/media: Discussion meetings, IPC, posters, documentary, advocacy kit with data, success stories, messages from leaders about the desired behaviors and the benefits for their areas, technical sheets on malaria control strategies.

Message content:
- Elected officials in the commune, malaria is still the cause of death for many children and pregnant women in your community. Take part in the activities for the LLIN distribution, SMCc and cleanliness campaigns. You will be making a valuable contribution to your community.
Mayors, councilors, presidents of "cercle" commissions, protecting children and pregnant women against malaria, in your community, depends on your level of commitment. In your SEDPCs, include a budget line for malaria-control expenses.

Elected officials in communes, help to introduce resource management so that children have better access to medications and nets during distribution campaigns.

Community leaders and women's associations, you have a responsibility to help mobilize human, material and financial resources in your communes. Step up your involvement in reducing the number of malaria cases in your neighborhood.

Prefects and sub-prefects, elected officials in communes and community leaders maintain their commitments thanks to your determination. Become actively involved in the effective organization of distribution campaigns in your neighborhood.

**Indicators:**
- Number of health districts that have been assisted by elected officials during campaigns.
- Proportion of elected officials who included or planned for support for the various distribution campaigns in their SEDPCs.
- Number of reflection days held on the mechanism for mobilizing local resources.

**Problem 2: Continuation of the strategy for using CHWs for Essential Care in the Community is under threat**

**Causes:** failure on the part of the State and the mayors to pay the CHWs' salaries, absence of an institutionalized system for motivation.

**Targets:**
- Primary: State, elected officials in communes (mayors and councilors)
- Secondary: representatives of civil society (federation for the elderly, union for cooperative businesses, etc.), community-based organizations (women's associations), CHAs.

**Desired behaviors:**
- The CHAs put in place a system for motivating the CHWs.
- The representatives of civil society negotiate with/lobby the State and the elected officials for the payment of the CHWs' salaries.
- The community-based organizations support the maintenance of the CHWs.
- The State agrees to pay the CHWs' salaries.

**Objectives:**
- By the end of 2015, the community-based organizations support the maintenance of the CHWs.
- By the end of 2015, the CHAs will put in place a system for motivating the CHWs.
- By the end of 2015, the representatives of civil society will negotiate with/lobby the State and the elected officials for the payment of the CHWs' salaries.
- By the end of 2017, the State will pay the salaries of all the CHWs.

**Activities:**
- Organize regional cooperation meetings to determine the mechanism for motivating the CHWs and to continue the strategy of using CHWs for ECC
- Organize two advocacy sessions for decision makers at the ministries in question and the parliamentary groups responsible for health issues, on the topic of paying the CHWs' salaries
- Organize media coverage for the regional cooperation meetings and the advocacy sessions

**Channels/media:** Forums, meetings, newspapers, Advocacy Kit, radio and television interviews.

**Message content:**
- Administrative and political authorities, commit to proper management of the CHWs in order to save lives in your community.
- CHA, the supporting role played by the CHWs in the health facilities is well established. Help the CHWs stay motivated by setting up mechanisms such as:
  - free health care for the CHWs and their families
  - monthly payment of a lump sum to the CHWs
- Elected officials in the communes and civil societies, lobby the State to pay the CHWs' salaries. By doing so you will be helping to continue the ECC strategy, which has resulted in better health indicators.
- Decision makers in the government, investing in CHWs means women and children will have easier access to health care and also means lower unemployment.

**Indicators:**
- Proportion of community-based organizations that have supported the maintenance of the CHWs
- Proportion of CHAs that have set up a system for motivating the CHWs
- Proportion of representatives of civil society that have taken action to pay the salaries of the CHWs
- Signature of legislation relating to the payment of the CHWs' salaries by the State
- Number of advocacy sessions for the ministries in question on the topic of the State paying the CHWs' salaries
Problem 3: Frequent stock-outs of supplies (ACT, RDT, LLINs, etc.) at health facilities (CHC, RHC, hospitals)

**Causes:** absence of a budget line for the State to systematically purchase all the supplies, inadequate subsidies for malaria medications, unreliable supplies due to defects in the mechanism.

**Targets:**
- Primary: State (Ministry of Health, Ministry of Finance and of the Economy, Ministry of Regional and Local Government)
- Secondary: Partners, local NGOs, FENASCOM, health authorities

**Desired behaviors:**
- The State creates a budget line allocated to the systematic purchase of supplies.
- The partners follow through on their commitment by purchasing supplies.
- The health authorities monitor the proper operation of the availability system for supplies.

**Objectives:**
- By the end of 2015, the State will create a budget line for the systematic purchase of supplies.
- By the end of 2015, the partners will promptly follow through on their commitments to purchase supplies.
- By the end of 2016, the health authorities will monitor the proper operation of the availability system for supplies.

**Activities:**
- Organize advocacy sessions for members of parliament, decision makers at the Ministries of Finance and of the Economy and of Regional and Local Government, on the topic of creating the budget line for the systematic purchase of supplies.
- Organize a national round table with the State and its partners, on the topic of maintaining commitments to purchase supplies.

**Channels/media:** Discussion meetings, information sheets, Internet discussions, advocacy kit.

**Message content:**
- Decision makers in the government, promptly allocate more resources to the purchase of supplies, thereby reducing the risk of stock-outs that could lead to more cases of malaria-related complications or even death.
- Decision makers in the government, invest in the fight against malaria to contribute to a reduction in poverty.
- Partners, stock-outs of supplies used to control malaria put the lives of children under the age of five at risk. Follow through promptly on your commitments to purchase supplies.
- Health authorities, the proper operation of the supply system is your responsibility. Set up an effective tracking and control system to avoid stock-outs that could lead to more cases of malaria-related complications or even death.
- FENASCOM and local NGOs, follow through on one of your moral obligations in the fight against malaria by calling, as applicable, on decision makers in the government and financial partners about the continuous availability of supplies.

**Indicators:**
- Existence of legislation for creating a budget line for the systematic purchase of supplies.
- Proportion of partners who have purchased supplies promptly.
- Proportion of health facilities that have not declared supply stock-outs.
- Number of advocacy sessions organized for members of parliament, decision makers at the Ministries of Finance and of the Economy and of Regional and Local Government, on the topic of creating the budget line for the systematic purchase of supplies.

**Problem 4: Minimal contribution from the private sector in mobilizing resources to control malaria.**

**Causes:** private companies have not been targeted to actively and systematically participate in the fight against malaria, documents about the malaria control policy and strategies have not been widely publicized, certain income-generating sources (taxes, nominal fees) are not used, companies' lack of confidence that the health facilities will manage the resources obtained.

**Targets:**
- **Primary:** Mining companies, Development Offices (Office of the Niger, ODRS (Sélingué Rural Development Office), Mopti Rice Office), Economic and Industrial Operators, Charitable foundations.
- **Secondary:** Media (TV, newspapers, radio stations, etc.), Goodwill Ambassadors, companies that already invest in the fight against malaria.

**Desired behaviors:**
- Members of the private sectors and other partners become aware of their role in mobilizing resources.
- Companies, economic and industrial operators donate 0.5% to 1% of their revenue to the fight against malaria.
- Media and celebrities provide continuous encouragement for companies and economic operators to participate in the mobilization of resources.

**Objectives:**
- By the end of 2018, 60% of private sector members and other partners will participate in the process for mobilizing resources in the fight against malaria.
- By the end of 2018, 20% of companies, economic operators, industrial companies, celebrities etc. will donate 0.5% to 1% of their revenue to the fight against malaria.
- By the end of 2018, media and celebrities will provide frequent encouragement for companies and economic operators to participate in the mobilization of resources.

**Activities:**
- Organize lunch meetings for business leaders, private sectors and companies on the importance of financial contributions in reducing malaria among children and pregnant women
- Establish a body to manage funds donated by contributors
- Select and engage the 4 goodwill ambassadors and celebrities
- Organize a mobile unit to promote mobilization and provide information
- Organize gala dinners featuring the celebrities and goodwill ambassadors to mobilize resources in the fight against malaria
**Channels/media:** lunch meetings, discussion meetings, gala dinners, Internet, technical and information sheets, advocacy kits with accurate data on the malaria situation in the country, items and plaques for acknowledging the champions of the cause and the donor companies.

**Message content:**
- Mining companies, economic operators and charitable foundations, malaria is the leading cause of death and morbidity in children under the age of 5 and pregnant women in Mali. You have a social responsibility to provide the State with the assistance it needs to mobilize resources in the fight against malaria.
- Mining companies, economic operators and charitable foundations, join your peers throughout the world as they protect their employees and their families against malaria. You will save on the expenses associated with the disease and you will establish a good reputation.
- Operators in the private sector, investing in the fight against malaria helps you protect the members of the communities in which you operate. Agree to donate 0.5% to 1% of your revenue to the fight against malaria. By doing so you will be helping to save the lives of potential clients.
- Media, celebrities and private companies, join the international movement to reduce the impact of malaria on the development of our continent’s full resources. Investing in the fight against malaria means investing in our country's future, and helps reduce malaria-related deaths among children.

**Indicators:**
- Number of representatives from private sector companies that have publicly acknowledged the need to protect their employees and families against malaria, and who follow through
- Number of companies, economic operators and industries who have invested in the fight against malaria (education, protection, visibility, advocacy)

**Problem 5: Minimal participation from CSOs and NGOs in malaria-control activities at the community level**

**Causes:** failure to empower other partners, in particular social networks and media, etc., limited cooperation between the NMCP, the CSOs and NGOs.

**Targets:**
- Primary: Health authorities (Ministry of Health and Public Hygiene, professional health boards), International agencies
- Secondary: Women's groups (CAFO), RECOTRADE, FENASCOM, FERASCOM, FELASCOM URTEL, NGO Coordination

**Desired behaviors:**
- Secondary targets participate in the initiative to strengthen partnerships.
- The CSOs and NGOs participate in the implementation of prevention and treatment activities.

**Objectives:**
- By the end of 2018, 60% of the secondary targets will participate in the initiative to strengthen partnerships.
By the end of 2018, 10% of CSOs and NGOs involved in health will sign partnership protocols with the Ministry of Health and Public Hygiene for the implementation of malaria prevention and treatment activities.

**Activities:**
- Organize information days for the secondary targets in order to enhance their capacity.
- Strengthen the framework for the partnership with the CSOs and NGOs by signing an intervention protocol at the community level.

**Channels/media:** discussion meetings, advocacy kits

**Message content:**
- Health authorities and international agencies, give high-performing CSOs and NGOs the opportunity to strengthen preventive and treatment interventions at the community level.
- Health authorities and international agencies, donate funds to the NGOs and CSOs selected to carry out social mobilization activities as part of the fight against malaria at the community level.
- FENASCOM and CAFO, support the initiative to involve NGOs and CSOs in launching social and promotional mobilization activities at the community level, to increase the number of visits to health centers and reduce the number of malaria cases.

**Indicators:**
- Number of partnership protocols signed with CSOs and NGOs.
- Proportion of FENASCOM, FERASCOM, FELASCOM, CAFO that are in favor of partnership.

**Problem 6: Certain community leaders and civil society groups do not actively participate in malaria-control activities.**

**Causes:** not understanding their role in fighting malaria, insufficient information about the various strategies for fighting malaria, district health managers do not give community leaders a major role in organizing activities.

**Targets:**
- Primary: village leaders, religious leaders, association leaders
- Secondary: community development technicians, TDC, NMCP

**Desired behaviors:**
- Community leaders participate actively in mass LLIN, SMCc and cleanliness campaigns and in other special events.
- Technical services agents rally community leaders towards active participation.

**Objectives:**
- By the end of 2018, 80% of community leaders will participate actively in mass campaigns (LLIN, SMC and cleanliness) and in other special events.
- By the end of 2018, 90% of technical services agents will rally community leaders towards active participation in malaria-control activities.
Activities:
- Organize the celebration of Word Malaria Day/Week (multi-media activities: radio, TV, printed media, sketches).
- Include malaria in the celebration of the month for social development solidarity.
- Include malaria in the celebration of World Population Day.
- Include malaria in the celebration of Safe Motherhood Day.
- Make a list of days celebrated by professional boards and associations.
- Use thematic presentations to participate in the celebration of days organized by professional boards and associations.
- Produce technical sheets on the prevention, treatment and control of malaria according to the themes of the days being celebrated.

Message content:
- Health and social development managers, take advantage of the availability of community leaders by having them participate in the various campaign and commemoration activities that tie in with the fight against malaria.
- Community leaders, continue making a valuable contribution to your community by actively participating in the mass campaigns and in social events to defeat malaria. By doing so, you will help protect the women and children in your community against this disease.
- Professional board and association members, include malaria control in the activities for your commemorative days. By doing so you will contribute to reducing malaria-related morbidity and mortality.
- Media personalities and celebrities, you play a vital role in protecting your community against malaria. Continue to include the topic of malaria control in your work, every day.

Indicators:
- Number of days celebrated that included the topic of malaria
- Number of community leaders who participated in mass campaigns and other special events

Other advocacy activities to support the implementation of strategies to improve access to malaria prevention services. See the sections below:
- LLINs and Sanitation p. Adopting regulations governing hygiene and sanitation
- IPT p. Lobbying the State to guarantee a constant supply of SP in health facilities

7. MONITORING - EVALUATION

The global objective for this 2014-2018 communication plan is to offer guidance to all parties and partners, thereby ensuring that efforts, messages and activities are coordinated during the implementation period. There are other global objectives that provide us with information about the expected impact of the actions of all communication partners in Mali. Indicators have been developed by all communication partners (RBM) to measure the impact that communication actions have on behavior change. These indicators served as a basis for the indicators selected for the NMCP communication plan.

Table 2: the global objectives of the communication plan and the indicators
### Global objectives of the Communication Plan

To persuade the targeted audiences to implement a positive behavior change in terms of seeking treatment and other vital behaviors in fighting malaria, in order to reduce the prevalence and the transmission of malaria in Mali

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Percentage of the target population who believe that the recommended practice/product will help reduce their risk (EFFICACY OF THE REACTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of the population who believe they are capable of adopting a specific malaria-related behavior (SELF-EFFICACY)</td>
</tr>
<tr>
<td></td>
<td>Percentage of the target population who practice the recommended behavior (TARGETED BEHAVIORS)</td>
</tr>
<tr>
<td></td>
<td>Percentage of the target population who have a favorable attitude towards the product, practice or service (NORMS AND ATTITUDES)</td>
</tr>
<tr>
<td></td>
<td>Percentage of the target population who think that those around them (spouse, friends, family and community) approve of (or reject) the practice (NORMS AND ATTITUDES)</td>
</tr>
<tr>
<td></td>
<td>Perceived percentage of friends and community members who currently practice the behavior, and the perceived trend (whether the percentage is increasing, remaining stable or decreasing) over the last 12 months (NORMS AND ATTITUDES)</td>
</tr>
</tbody>
</table>

To increase the visibility of the malaria issue thanks to advocacy efforts that target politicians, potential partners, community leaders, etc.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Percentage of decision makers and/or of the target population who believe they are at risk of malaria (PERCEIVED RISK)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of decision makers and/or of the target population who believe that the consequences of malaria are serious (PERCEIVED RISK)</td>
</tr>
</tbody>
</table>

Ensure that messages about malaria prevention, distributed to all partners, are consistent and standardized

| Indicators                                                                 | Percentage of the target population who remember having seen or heard a specific message about malaria (COVERAGE/REMINDER) |

To improve the distribution of information intended for target populations, communities and households via carefully selected channels and systematic planned activities.

| Indicators                                                                 | Percentage of the target population who know the cause, symptoms, treatments or prevention measures for malaria (KNOWLEDGE AND ADVOCACY) |

To harmonize and coordinate all communication activities implemented by the various partners and that promote behavior changes in the fight against malaria.

| Indicators                                                                 | Percentage of scheduled meetings that were attended by more than 75% of the partners |

### 7.1. Duration of the plan:

This communication and advocacy plan for controlling malaria covers the period 2014-2018, in parallel with other NMCP normative documents. Throughout the duration of the document, annual operational plans will be drawn up or objectives and activities will be revised or added. Through its communication and social mobilization division, the NMCP and its implementation partners will revisit the plan regularly, revising it as necessary.

### 7.2. Specific communication indicators by technical strategy:
The indicators will be listed in two columns – impact indicators for measuring the impact of the activities on the target audiences, and process indicators that measure progress towards the implementation of activities suggested in this communication plan.

**Table 3: Specific communication indicators by technical strategy**

<table>
<thead>
<tr>
<th>IMPACT INDICATORS</th>
<th>PROCESS INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LLIN</strong></td>
<td></td>
</tr>
<tr>
<td>Percentage of health facilities with no LLIN stock-outs</td>
<td>Number of LLINs subsidized by the State and its partners</td>
</tr>
<tr>
<td>Percentage of the population reached by the messages and broadcasts</td>
<td>Percentage of households who have been visited at home</td>
</tr>
<tr>
<td>Percentage of households who have implemented or benefitted from preventive measures against malaria (LLINs, filled in holes, sprayed the home, etc.)</td>
<td>Number of radio/TV spot broadcasts on malaria during the targeted period</td>
</tr>
<tr>
<td>Proportion of household members who have slept under an LLIN</td>
<td>Number of local radio stations that have signed partnership contracts in the context of the fight against malaria</td>
</tr>
<tr>
<td></td>
<td>Number of SMS messages sent to cell phone subscribers about using LLINs</td>
</tr>
<tr>
<td></td>
<td>Number of villages that have organized cleanliness days</td>
</tr>
<tr>
<td></td>
<td>Proportion of buildings (homes) that have been sprayed in the targeted zones</td>
</tr>
<tr>
<td></td>
<td>Number of visitors to the NMCP website</td>
</tr>
<tr>
<td><strong>IPT using SP</strong></td>
<td></td>
</tr>
<tr>
<td>Proportion of providers who comply with quality standards for welcoming clients (greeting, offering a chair or a bench, introducing themselves, etc.)</td>
<td>Proportion of pregnant women who received SP during the 4th month of their pregnancy</td>
</tr>
<tr>
<td>Proportion of pregnant women who are satisfied with their welcome at ANCs</td>
<td>Proportion of women who took their IPT3 before delivery</td>
</tr>
<tr>
<td>Proportion of pregnant women who have taken SP under supervision</td>
<td>Number of meetings between providers and the community on the benefits of ANC/IPT</td>
</tr>
<tr>
<td></td>
<td>Number of educational discussions on ANC led by CHWs/Outreach workers in the community</td>
</tr>
<tr>
<td></td>
<td>Number of radio shows broadcast on the importance of IPT using SP during pregnancy</td>
</tr>
<tr>
<td><strong>Seasonal Malaria Chemoprevention in children (SMCc)</strong></td>
<td></td>
</tr>
<tr>
<td>Proportion of children aged 3 - 59 months who were accompanied by parents/guardians during the SMCc campaign</td>
<td>Proportion of CHWs/outreach workers who have been trained on managing and instructing parents during the SMCc campaign</td>
</tr>
<tr>
<td>Proportion of parents/guardians who know how many doses to give to children at home</td>
<td>Proportion of CHWs/outreach workers who know how to manage side effects that are the result of taking SP/AQ</td>
</tr>
<tr>
<td></td>
<td>Proportion of children seen at health centers because of side effects that are the result of taking SP/AQ</td>
</tr>
<tr>
<td></td>
<td>Number of messages broadcast on how to manage the side effects of SMCc medications</td>
</tr>
</tbody>
</table>

**DIAGNOSIS AND TREATMENT**
<table>
<thead>
<tr>
<th>Communication and advocacy plan for controlling malaria in Mali</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proportion of providers who have systematically tested in all cases of fever</strong></td>
<td><strong>Number of continuous supervision sessions carried out by the district at the CHCs taking into account the communication aspect of malaria control</strong></td>
</tr>
<tr>
<td><strong>Percentage of training centers that have included the biological diagnosis of malaria in the training curriculum for health workers</strong></td>
<td><strong>Percentage of staff trained on carrying out a biological test</strong></td>
</tr>
<tr>
<td><strong>Percentage of patients or guardians who understand the importance of carrying out a biological malaria test</strong></td>
<td><strong>Percentage of providers, CHWs and outreach workers trained in the use of prompt cards about the importance of the biological test</strong></td>
</tr>
<tr>
<td><strong>Percentage of locations where care is provided that have not experienced stock-outs of supplies for the biological diagnosis of malaria</strong></td>
<td><strong>Number of broadcasts of radio spots and micro-shows on free treatment for malaria</strong></td>
</tr>
<tr>
<td><strong>Proportion of the population who are aware that diagnosis tests for the treatment of malaria are free for children under the age of five (5) and for pregnant women</strong></td>
<td><strong>Number of households reached by messages from outreach workers, CHWs and health staff about free treatment</strong></td>
</tr>
<tr>
<td><strong>Availability of legislation regarding free biological malaria diagnosis tests for the entire population</strong></td>
<td><strong>Number of sessions held for disseminating the policies and national guidelines for treating malaria at all levels of the health pyramid</strong></td>
</tr>
<tr>
<td><strong>Percentage of providers who systematically apply the national guidelines for treating malaria</strong></td>
<td><strong>Number of job aids about the malaria treatment guidelines produced and distributed</strong></td>
</tr>
<tr>
<td><strong>Percentage of children under the age of 5 who have received appropriate treatment within 24 hours of the first signs appearing</strong></td>
<td><strong>Number of conversation sessions held with traditional healers on the importance of referring malaria patients to a health center at an early stage</strong></td>
</tr>
<tr>
<td><strong>Percentage of confirmed malaria cases that have been treated in accordance with the national guidelines for malaria treatment</strong></td>
<td><strong>Number of households visited by CHWs and outreach workers for monitoring malaria treatment</strong></td>
</tr>
<tr>
<td><strong>Percentage of parents or guardians of children under the age of 5 who comply with the instructions given by health providers</strong></td>
<td><strong>Number of reflection days held on the mechanism for mobilizing local resources</strong></td>
</tr>
<tr>
<td><strong>Number of continuous supervision sessions carried out by the district at the CHCs taking into account the communication aspect of malaria control</strong></td>
<td><strong>Number of advocacy sessions for the ministries in question on the topic of the State paying the CHWs' salaries</strong></td>
</tr>
<tr>
<td><strong>Percentage of staff trained on carrying out a biological test</strong></td>
<td><strong>Number of advocacy sessions organized for members of parliament, decision makers at the Ministries of Finance and of the Economy and of Regional and Local Government, on the topic of creating the budget line for the systematic purchase of supplies</strong></td>
</tr>
<tr>
<td><strong>Percentage of providers, CHWs and outreach workers trained in the use of prompt cards about the importance of the biological test</strong></td>
<td><strong>Number of days celebrated that included the topic of malaria</strong></td>
</tr>
</tbody>
</table>

**ADVOCACY AND SOCIAL MOBILIZATION**

| Proportion of health districts that have been assisted by elected officials during campaigns | Number of reflection days held on the mechanism for mobilizing local resources |
| Proportion of elected officials who included or planned for support for the various distribution campaigns in their SEDPCs | Number of advocacy sessions for the ministries in question on the topic of the State paying the CHWs' salaries |
| Proportion of community-based organizations that have supported the maintenance of the CHWs | Number of advocacy sessions organized for members of parliament, decision makers at the Ministries of Finance and of the Economy and of Regional and Local Government, on the topic of creating the budget line for the systematic purchase of supplies |
| Proportion of CHAs that have set up a system for motivating the CHWs | **Number of days celebrated that included the topic of malaria** |
| Proportion of representatives of civil society that have taken action to pay the salaries of the CHWs | **Number of days celebrated that included the topic of malaria** |
| Signature of legislation relating to the payment of the CHWs' salaries by the State | **Number of days celebrated that included the topic of malaria** |
| Existence of legislation for creating a budget line for the systematic purchase of supplies | **Number of days celebrated that included the topic of malaria** |
| Proportion of partners who have purchased supplies promptly | **Number of days celebrated that included the topic of malaria** |
| Proportion of health facilities that have not declared supply stock-outs | **Number of days celebrated that included the topic of malaria** |
| Proportion of private sector companies that have acknowledged the need to protect their employees and families against malaria, and who follow through | **Number of days celebrated that included the topic of malaria** |
| Proportion of companies, economic operators and industries who have invested in the fight against malaria | **Number of days celebrated that included the topic of malaria** |
malaria (education, protection, visibility, advocacy among other private companies, or media)
Number of partnership protocols signed with CSOs and NGOs
Number of community leaders who participated in mass campaigns and other special events

8. COORDINATION OF ACTIVITIES

8.1 Missions of the NMCP:

The fight against malaria in Mali was restructured in 2007 by two presidential decrees with the introduction of the National Malaria Control Program as a Directorate. As a department of the General Secretariat of the Ministry, the NMCP's missions are:

- to contribute to the creation and drafting of national strategies for controlling malaria
- to coordinate research and studies relating to malaria control
- to help draft standards and procedures and to ensure they are applied
- to prepare action plans and ensure they are implemented

Specifically, the communication and social mobilization division of the National Malaria Control Program is responsible for:

- coordinating and monitoring communication with partners about malaria control
- centralizing the results of all activities involving communication about malaria
- promoting malaria-control activities
- drawing up the national communication and social mobilization strategies for malaria control, with the CNIECS and the other partners
- providing technical support for the activities of the other divisions (workshops and supervision)
- participating in Management meetings
- helping in producing the mass media communication materials for the other malaria partners
- supervising communication and social mobilization activities

The communication division is managed as follows:

- weekly division meetings
- sharing information in meetings or via emails
- evaluating the activities of the previous week
- scheduling activities for the current week
- the celebration of World Malaria Day on April 25 each year
Given the importance of regularly coordinating and sharing materials, including advocacy materials, and the results of research, the NMCP provides for a malaria communication working group.

8.2. Malaria Communication Working Group (MCWG):
The mission of the Malaria Communication Working Group is to:
- coordinate the development of malaria communication activities
- coordinate the implementation of multi-media and multi-sector communication campaigns
- monitor/evaluate studies, research and surveys, before and during the implementation of communication activities
- facilitate the pooling and discussion of the program and/or study results
- document the success stories shown by the results of malaria-related communication activities
- help strengthen the collaboration connections between the various parties involved
- highlight the actions of the group via networking and other approaches

The group will meet one time each quarter. This meeting could be hosted by each partner in turn with the possibility of some participants attending remotely (e.g. via Skype). The frequency of the meetings could change as necessary upon request in the run up to activities such as World Malaria Day/Week or mass LLIN distribution or SMCc campaigns.

The institutions that belong to the working group will establish a general secretariat responsible for convening the group and ensuring that information is shared regularly.

The group may also set up electronic tools for sharing documents easily, such as Google docs, Dropbox, etc.
If necessary, the group could be expanded to any type of organizations or individuals.
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>COST OF ACTIVITIES</th>
<th>TOTAL BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LLINs AND SANITATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adapt or create binders for prompt cards (flip charts) on home hygiene, the use and maintenance of LLINs and other protective measures (3,000 copies x 2 years)</td>
<td>Yr1: 38,000,000, Yr2: 38,000,000, Yr3: 0, Yr4: 0, Yr5: 0</td>
<td>76,000,000</td>
</tr>
<tr>
<td></td>
<td>Create 02 radio spots on home hygiene (Bambara)</td>
<td>Yr1: 600,000, Yr2: 0, Yr3: 600,000, Yr4: 0, Yr5: 0</td>
<td>1,200,000</td>
</tr>
<tr>
<td></td>
<td>Broadcast messages on 70 local radio stations (1 radio station/district)</td>
<td>Yr1: 3,500,000, Yr2: 3,500,000, Yr3: 3,500,000, Yr4: 3,500,000, Yr5: 3,500,000</td>
<td>17,500,000</td>
</tr>
<tr>
<td></td>
<td>Organize community conversations to define local sanitation activities</td>
<td>Yr1: 0, Yr2: 3,500,000, Yr3: 3,500,000, Yr4: 0, Yr5: 0</td>
<td>7,000,000</td>
</tr>
<tr>
<td></td>
<td>Organize &quot;Clean household/family or clean village&quot; competitions as part of &quot;cleanliness day&quot; events</td>
<td>Yr1: 0, Yr2: 10,500,000, Yr3: 10,500,000, Yr4: 10,500,000, Yr5: 10,500,000</td>
<td>42,000,000</td>
</tr>
<tr>
<td></td>
<td>Adopt regulations governing hygiene and sanitation</td>
<td>TBD, TBD, TBD, TBD, TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Advocate for the mobilization of financial and material resources</td>
<td>Yr1: 0, Yr2: 1,500,000, Yr3: 1,500,000, Yr4: 0, Yr5: 0</td>
<td>3,000,000</td>
</tr>
<tr>
<td></td>
<td>Organize orientation and information days for decision makers in order to share the results of studies on the effectiveness of IRS in preventing malaria</td>
<td>Yr1: 0, Yr2: 1,000,000, Yr3: 1,000,000, Yr4: 0, Yr5: 0</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>Share the results of the studies on the effectiveness of IRS on the transmission of malaria</td>
<td>Yr1: 0, Yr2: 1,000,000, Yr3: 1,000,000, Yr4: 0, Yr5: 0</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>Lobby the State and its Partners for subsidized LLIN prices</td>
<td>Yr1: 0, Yr2: 1,500,000, Yr3: 0, Yr4: 0, Yr5: 0</td>
<td>1,500,000</td>
</tr>
<tr>
<td></td>
<td>Assist with the organization of universal LLIN distribution campaigns</td>
<td>Yr1: 3,000,000, Yr2: 3,000,000, Yr3: 0, Yr4: 0, Yr5: 0</td>
<td>6,000,000</td>
</tr>
<tr>
<td></td>
<td>Send SMS messages during the universal coverage campaign</td>
<td>Yr1: 2,500,000, Yr2: 2,500,000, Yr3: 2,500,000, Yr4: 2,500,000, Yr5: 2,500,000</td>
<td>12,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce radio and TV spots on the use of LLINs and other methods of protection</td>
<td>Yr1: 4,500,000, Yr2: 4,500,000, Yr3: 0, Yr4: 0, Yr5: 0</td>
<td>9,000,000</td>
</tr>
<tr>
<td></td>
<td>Produce radio and TV spots</td>
<td>Yr1: 9,000,000, Yr2: 9,000,000, Yr3: 9,000,000, Yr4: 9,000,000, Yr5: 9,000,000</td>
<td>45,000,000</td>
</tr>
<tr>
<td></td>
<td>Send SMS messages to cell phone subscribers about using LLINs</td>
<td>Yr1: 2,500,000, Yr2: 2,500,000, Yr3: 2,500,000, Yr4: 2,500,000, Yr5: 2,500,000</td>
<td>12,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce model lessons for elementary schools</td>
<td>Yr1: 0, Yr2: 1,000,000, Yr3: 1,000,000, Yr4: 0, Yr5: 0</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>Produce educational materials for schools</td>
<td>Yr1: 7,000,000, Yr2: 0, Yr3: 7,000,000, Yr4: 0, Yr5: 0</td>
<td>14,000,000</td>
</tr>
<tr>
<td>Activity</td>
<td>2018 Cost</td>
<td>2019 Cost</td>
<td>2020 Cost</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Produce posters to place in CHCs, schools and other community facilities. (3,000 posters)</td>
<td>3,000,000</td>
<td>0</td>
<td>3,000,000</td>
</tr>
<tr>
<td>100% of households will adopt other methods of mosquito protection before going to bed</td>
<td>0</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Organize televised discussions on malaria prevention measures</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Produce micro-shows and sketches (1 per year)</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Organize home visits to households (at the health area level) (Integrated themes for MCH-malaria)</td>
<td>30,000,000</td>
<td>30,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Produce radio micro-shows</td>
<td>0</td>
<td>600,000</td>
<td>0</td>
</tr>
<tr>
<td>Broadcast micro-shows on 70 local radio stations</td>
<td>3,500,000</td>
<td>3,500,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td><strong>SANITATION AND LLIN SUB-TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2018 Cost</th>
<th>2019 Cost</th>
<th>2020 Cost</th>
<th>2021 Cost</th>
<th>2022 Cost</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create and distribute communication materials on how to make patients feel welcome at all levels (70 RHCs and 1,200 CHCs)</td>
<td>25,400,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25,400,000</td>
</tr>
<tr>
<td>Revitalize the system for competition between health facilities to improve the quality of service (Gold Ciwara, etc.), by level</td>
<td>0</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Carry out operation surveys for monitoring and evaluating the quality of care (mystery client, etc.) Random sampling</td>
<td>0</td>
<td>0</td>
<td>5,000,000</td>
<td>5,000,000</td>
<td>0</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Organize educational discussions on the advantages of visiting health facilities at an early stage of pregnancy (Supervision)</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Organize radio shows on the advantages of visiting health facilities at an early stage of pregnancy in order to receive at least 3 doses of SP</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>0</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Lobby the State to guarantee a constant supply of SP in health facilities</td>
<td>0</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>0</td>
<td>0</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Set up a telecommunications system (SMS notifications) to encourage pregnant women to come back after their 1st ANC visit. (Project MUSO)</td>
<td>5,000,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>15,000,000</td>
</tr>
<tr>
<td>Enhance the role of education discussions led by CHWs/Outreach workers on ANC/IPT in the community (2,800/year at the health-area level) (Supervision)</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>10,000,000</td>
</tr>
</tbody>
</table>
### Communication and advocacy plan for controlling malaria in Mali

**By 2018**, a framework will exist for dialog between providers and communities on the benefits of ANC/IPT.

- **Organize periodic meetings between CHAs and heads of households on issues relating to maternal health (ANC/IPT) (1 meeting per health area)**
  - Cost: 0
  - Total: 120,000,000

- **Broadcast radio shows on ANC/IPT in the community using local radio stations (25,000/RHC)**
  - Cost: 1,750,000
  - Total: 8,750,000

**By 2018**, the number of pregnant women who have received at least 3 doses of SP during ANC/IPT under supervision will have increased by 80%.

- **Produce and broadcast radio micro-shows in 5 national languages on the fact that IPT/SP is free, the benefits and side effects of taking SP under supervision during ANC**
  - Cost: 600,000
  - Total: 10,600,000

**Seasonal Malaria Chemoprevention in children (SMCc)**

**By 2018**, all children from 3 to 59 months old will be taken by a responsible adult from their household to receive their 1st doses of SMCc.

- **Organize preparatory meetings with the various stakeholders before the SMCc campaign (5 meetings/RHC/campaign)**
  - Cost: 27,600,000
  - Total: 27,600,000

- **Transmit essential information about the SMCc campaign through Town Criers (5 days)**
  - Cost: 500,000
  - Total: 2,500,000

- **Carry out home visits to provide better information about the SMCc campaign (flat rate of 25,000/health area)**
  - Cost: 14,375,000
  - Total: 71,875,000

- **Create appropriate materials for workers involved in the SMCc campaign (leaders, CHWs, Outreach workers, volunteers, etc.) (Quantity required for the number of CHWs/Outreach workers)**
  - Cost: 500,000
  - Total: 22,500,000

- **Provide guidance on the SMCc campaign to community radio personalities (1 week before the campaign)**
  - Cost: 1,150,000
  - Total: 5,750,000

- **Using local radio stations, broadcast messages on the benefits of SMCc 5 days before and for 5 days during the campaign**
  - Cost: 2,500,000
  - Total: 12,500,000

**By 2018**, 100% of parents/babysitters will know how to manage the side effects of taking SMCc medications.

- **Train the CHWs and community outreach workers in the SMCc campaign and in managing side effects after campaign medications have been taken (1 training session/CHW/Outreach worker/campaign)**
  - Cost: 10,000,000
  - Total: 50,000,000

- **Transmit information about the side effects after taking SMCc medications (AQ/SP) via the CHWs/Health outreach workers during the 5 days of the campaign and for 5 days afterwards**
  - Cost: 500,000
  - Total: 2,000,000

- **Carry out home visits so that CHWs and health outreach workers can provide better information about side effects and monitor the administration of AQ for the 5 days of the campaign and for 5 days afterwards**
  - Cost: 2,000,000
  - Total: 10,000,000

**IPT SUB-TOTAL**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and produce memory aids for pregnant women for the first 3+ IPT visits</td>
<td>250,000</td>
</tr>
<tr>
<td>CHWs and outreach workers remind pregnant women to bring a cup for taking SP under supervision starting at the 1st ANC</td>
<td>TBD</td>
</tr>
<tr>
<td>Broadcast radio shows on ANC/IPT in the community using local radio stations</td>
<td>1,750,000</td>
</tr>
<tr>
<td>Produce and broadcast radio micro-shows in 5 national languages on the fact that IPT/SP is free, the benefits and side effects of taking SP under supervision during ANC</td>
<td>600,000</td>
</tr>
<tr>
<td>Bake breads in health centers for distribution in the community</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Broadcast radio shows on ICTs in the community using local radio stations</td>
<td>1,750,000</td>
</tr>
<tr>
<td>Organize periodic meetings between CHAs and heads of households on issues relating to maternal health (ANC/IPT) (1 meeting per health area)</td>
<td>0</td>
</tr>
<tr>
<td>Total Spending</td>
<td>239,000,000</td>
</tr>
</tbody>
</table>
**Using local radio stations, distribute messages from health professionals on the side effects of SMCc medications for the 5 days of the campaign and for 5 days afterwards**

<table>
<thead>
<tr>
<th></th>
<th>2,500,000</th>
<th>2,500,000</th>
<th>2,500,000</th>
<th>2,500,000</th>
<th>2,500,000</th>
<th>12,500,000</th>
</tr>
</thead>
</table>

**By 2017, the CHWs and outreach workers will know how to better monitor the parents of children aged between 3 and 59 months in the administration of AQ at home**

**Involve telephone companies in the SMCc campaign with the SMS alert system for taking AQ at home for the 5 days of the campaign**

<table>
<thead>
<tr>
<th></th>
<th>5,000,000</th>
<th>2,000,000</th>
<th>2,000,000</th>
<th>2,000,000</th>
<th>5,000,000</th>
<th>16,000,000</th>
</tr>
</thead>
</table>

**SMCc SUB-TOTAL**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>233,225,000</th>
</tr>
</thead>
</table>

## DIAGNOSIS AND TREATMENT

**By the end of 2018, at least 80% of patients will understand the importance of carrying out the biological test.**

**By the end of 2018, 50% of patients will request biological diagnosis tests for all cases of fever.**

<table>
<thead>
<tr>
<th></th>
<th>50,000,000</th>
<th>50,000,000</th>
<th>50,000,000</th>
<th>0</th>
<th>0</th>
<th>150,000,000</th>
</tr>
</thead>
</table>

Train the (3,000) providers, CHWs and outreach workers in the use of prompt cards about the importance of the biological test for 2 days at the CHC level

<table>
<thead>
<tr>
<th></th>
<th>26,400,000</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>26,400,000</th>
</tr>
</thead>
</table>

Create prompt cards and give them to outreach workers, CHWs and providers (13,200*)

<table>
<thead>
<tr>
<th></th>
<th>6,000,000</th>
<th>6,000,000</th>
<th>0</th>
<th>0</th>
<th>12,000,000</th>
</tr>
</thead>
</table>

Produce simple flyers for patients and posters for CHCs on the treatment of malaria (10,000* copies)

<table>
<thead>
<tr>
<th></th>
<th>4,700,000</th>
<th>4,700,000</th>
<th>4,700,000</th>
<th>4,700,000</th>
<th>23,500,000</th>
</tr>
</thead>
</table>

Produce and broadcast radio spots and micro-shows on treating malaria (2 spots)

<table>
<thead>
<tr>
<th></th>
<th>30,000,000</th>
<th>20,000,000</th>
<th>10,000,000</th>
<th>10,000,000</th>
<th>80,000,000</th>
</tr>
</thead>
</table>

Develop a multi-media campaign on diagnosis with a logo, image and slogan to remind the populations about the benefits of being tested

<table>
<thead>
<tr>
<th></th>
<th>10,000,000</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>10,000,000</th>
<th>20,000,000</th>
</tr>
</thead>
</table>

Carry out a fundamental qualitative study on the opinions of providers about the use of biological testing for malaria

<table>
<thead>
<tr>
<th></th>
<th>2,000,000</th>
<th>2,000,000</th>
<th>2,000,000</th>
<th>2,000,000</th>
<th>10,000,000</th>
</tr>
</thead>
</table>

Organize activities for the supportive supervision of providers (CHWs health staff, outreach workers)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>60,000,000</th>
<th>60,000,000</th>
<th>0</th>
<th>0</th>
<th>120,000,000</th>
</tr>
</thead>
</table>

Train providers in interpersonal communication including monitoring/evaluation relating to the fight against malaria (4,000 workers in two days, at the health district level)

<table>
<thead>
<tr>
<th></th>
<th>1,250,000</th>
<th>1,250,000</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>2,500,000</th>
</tr>
</thead>
</table>

Support the PPM in establishing and/or bringing into operation the Logistics Management Information System (LMIS)

<table>
<thead>
<tr>
<th></th>
<th>1,250,000</th>
<th>1,250,000</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>2,500,000</th>
</tr>
</thead>
</table>

Lobby the Ministries in question to increase the resources allocated to purchasing supplies and treating malaria

<p>|                | 1,250,000  | 1,250,000  | 0          | 0          | 0          | 2,500,000   |</p>
<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By the end of 2015</strong></td>
<td>Include the biological diagnosis of malaria in the training curriculum for health workers at the training facility level.</td>
<td>500,000 500,000 0 0 0 1,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>100% of the patient population will be aware that malaria treatment for children under the age of five (5) and for pregnant women is free.</td>
<td>8,000,000 2,000,000 0 0 0 10,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>The biological test for malaria will be free for all the population</td>
<td>3,000,000 0 0 0 0 3,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>100% of providers will treat confirmed malaria cases in accordance with the treatment guidelines</td>
<td>30,000,000 30,000,000 30,000,000 30,000,000 30,000,000 150,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>50% of parents or babysitters of children under 5 will consult a health worker within 24 hours of the outbreak of fever in their children.</td>
<td>52,500,000 52,500,000 0 0 0 105,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>100% of providers will not prescribe malaria medications if malaria is not confirmed</td>
<td>15,000,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong></td>
<td>At least 95% of patients will comply with the instructions given by health providers for treating malaria.</td>
<td>30,000,000 30,000,000 30,000,000 30,000,000 30,000,000 150,000,000</td>
</tr>
</tbody>
</table>

**DIAGNOSIS AND TREATMENT SUB-TOTAL** | | 1,107,900,000 |
<table>
<thead>
<tr>
<th>By the end of 2018, elected officials in the commune and the CHAs will contribute (finances or logistics) to the organization of the LLIN distribution, SMcC and cleanliness campaigns.</th>
<th>Organize days of reflection for elected officials in the commune and CHAs on mobilizing local resources to support campaigns in the 70 health districts (50 participants/district)</th>
<th>35,000,000</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>35,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of 2018, elected officials in the commune will take over the LLIN distribution, SMcC and cleanliness campaigns.</td>
<td>Organize community discussions with leaders in the 70 health districts on the problem of malaria and the roles of the communities.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>By the end of 2018, the community leaders will urge the elected officials in the communes and the presidents of “cercle” commissions to mobilize resources (financial, material and human).</td>
<td>Produce a 15 min. documentary on the exemplary commune to tie in with the mobilization of local resources to support malaria campaigns.</td>
<td>0</td>
<td>7,000,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7,000,000</td>
</tr>
<tr>
<td>By the end of 2015, the community-based organizations support the maintenance of the CHWs.</td>
<td>Organize regional cooperation meetings to determine the mechanism for motivating the CHWs and to continue the strategy of using CHWs for ECC.</td>
<td>36,000,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>36,000,000</td>
</tr>
<tr>
<td>By the end of 2015, the CHAs will put in place a system for motivating the CHWs.</td>
<td>Produce advocacy kits for the various sessions (document folders, posters, CDs on success stories, etc.).</td>
<td>7,500,000</td>
<td>7,500,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15,000,000</td>
</tr>
<tr>
<td>By the end of 2015, the representatives of civil society will negotiate with/lobby the State and the elected officials for the payment of the CHWs’ salaries.</td>
<td>Organize two advocacy sessions for decision makers at the ministries in question and the parliamentary groups responsible for health issues, on the topic of paying the CHWs’ salaries.</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,000,000</td>
</tr>
<tr>
<td>By the end of 2017, the State will pay the salaries of all the CHWs.</td>
<td>Organize media coverage for the 9 regional cooperation meetings and the 2 advocacy sessions.</td>
<td>5,500,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5,500,000</td>
</tr>
<tr>
<td>By the end of 2015, the State will create a budget line for the systematic purchase of supplies.</td>
<td>Organize an advocacy session for decision makers at the Ministries of Finance and of the Economy and of Regional and Local Government, on the topic of increasing the budget allocated to the purchase of supplies.</td>
<td>0</td>
<td>1,000,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>By the end of 2015, the partners will promptly follow through on their commitments to purchase supplies.</td>
<td>Organize a national round table with the relevant ministries of the State and partners, on the topic of maintaining commitments to purchase supplies.</td>
<td>2,500,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,500,000</td>
</tr>
<tr>
<td>By the end of 2016, the health authorities will monitor the proper operation of the availability system for supplies.</td>
<td>Organize lunches for business leaders, private sectors and companies on the importance of financial contributions in reducing malaria among children and pregnant women.</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>10,000,000</td>
</tr>
<tr>
<td>By the end of 2018, 60% of private sector members and other partners will participate in the process for mobilizing resources in the fight against malaria.</td>
<td>Establish a body to manage funds donated by contributors.</td>
<td>0</td>
<td>500,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>500,000</td>
</tr>
<tr>
<td>By the end of 2018, 20% of companies, economic operators, industrial companies, celebrities etc. will donate 0.5% to 1% of their revenue to the fight against malaria.</td>
<td>Select and engage 4 goodwill ambassadors (artists and celebrities).</td>
<td>0</td>
<td>2,000,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,000,000</td>
</tr>
<tr>
<td>By the end of 2018, media and celebrities will provide frequent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>By the end of 2018</td>
<td>Budget CFA (Year/3-Year)</td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Organize one mobile information and mobilization unit per year</td>
<td>0</td>
<td>5,000,000 5,000,000 5,000,000 5,000,000 20,000,000</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Organize gala dinners featuring the celebrities and goodwill ambassadors to mobilize resources in the fight against malaria</td>
<td>0</td>
<td>5,000,000 5,000,000 5,000,000 5,000,000 20,000,000</td>
<td></td>
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</tr>
<tr>
<td>Strengthen the framework for the partnership with 10 CSOs and NGOs with 5,000,000/3-year contract thanks to the signature of an intervention protocol at the community level</td>
<td>0</td>
<td>50,000,000 0 0 50,000,000 100,000,000</td>
<td></td>
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</tr>
<tr>
<td>Organize information days, at the national level including the regions, for the secondary targets in order to enhance their capacity</td>
<td>0</td>
<td>0 4,500,000 4,500,000 4,500,000 13,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organize the celebration of Word Malaria Day/Week (multi-media activities: radio, TV, printed media, sketches, voluntary screening)</td>
<td>32,000,000 32,000,000 32,000,000 32,000,000 32,000,000 160,000,000</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include malaria in the celebration of the month for social development solidarity</td>
<td>1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 5,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include malaria in the celebration of World Population Day.</td>
<td>1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 5,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include malaria in the celebration of Safe Motherhood Day.</td>
<td>1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 5,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make a list of days celebrated by professional boards and associations</td>
<td>TBD TBD TBD TBD TBD TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use thematic presentations to participate in the celebration of days organized by professional boards and associations</td>
<td>TBD TBD TBD TBD TBD TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Produce technical sheets on the prevention, treatment and control of malaria according to the themes of the days being celebrated</td>
<td>2,000,000 2,000,000 2,000,000 2,000,000 2,000,000 10,000,000</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**ADVOCACY AND SOCIAL MOBILIZATION SUB-TOTAL**

455,000,000

**TOTAL BUDGET (CFA)**

2,485,925,000
## YEAR 1 BUDGET (2014)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>YEAR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLINs AND SANITATION</td>
<td>The State and its partners will allocate more resources to expanding IRS to three new districts per year</td>
<td>38,000,000</td>
<td>38,000,000</td>
</tr>
<tr>
<td></td>
<td>Create binders for prompt cards (flip charts) on home hygiene, the use and maintenance of LLINs and other protective measures (3,000 copies x 2 years)</td>
<td>38,000,000</td>
<td>38,000,000</td>
</tr>
<tr>
<td></td>
<td>Create two radio spots on home hygiene (Bambara)</td>
<td>600,000</td>
<td>600,000</td>
</tr>
<tr>
<td></td>
<td>Broadcast messages on 70 local radio stations (1 radio station/district)</td>
<td>3,500,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td></td>
<td>Adopt regulations governing hygiene and sanitation</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Low-cost LLINs will be available throughout the region</td>
<td>3,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td></td>
<td>Assist with the organization of universal LLIN distribution campaigns</td>
<td>3,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td></td>
<td>100% of households will adopt at least one malaria prevention measure</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td></td>
<td>At least 80% of households will sleep under LLINs every night and during the entire year</td>
<td>4,500,000</td>
<td>4,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce radio and TV spots on the use of LLINs and other methods of protection</td>
<td>4,500,000</td>
<td>4,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce radio and TV spots</td>
<td>9,000,000</td>
<td>9,000,000</td>
</tr>
<tr>
<td></td>
<td>Send SMS messages to cell phone subscribers about using LLINs</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce educational materials for schools</td>
<td>7,000,000</td>
<td>7,000,000</td>
</tr>
</tbody>
</table>

Communication and advocacy plan for controlling malaria in Mali
### Communicating and Advocating for Malaria Control in Mali

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce posters to place in CHCs, schools and other community facilities. (3,000 posters)</td>
<td>3,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>100% of households will adopt other methods of mosquito protection before going to bed</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Produce micro-shows and sketches (1 per year)</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Broadcast the micro-shows and sketches produced</td>
<td>30,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Organize home visits to households (at the health area level) (Integrated themes for MCH-malaria)</td>
<td>108,100,000</td>
<td>108,100,000</td>
</tr>
<tr>
<td><strong>Sanitation and LLIN Sub-total</strong></td>
<td>108,100,000</td>
<td>108,100,000</td>
</tr>
</tbody>
</table>

### Intermittent Preventive Treatment During Pregnancy

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create and distribute communication materials on how to make patients feel welcome at all levels (70 RHCs and 1,200 CHCs)</td>
<td>25,400,000</td>
<td>25,400,000</td>
</tr>
<tr>
<td>Organize educational discussions on the advantages of visiting health facilities at an early stage of pregnancy (Supervision)</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Organize radio shows on the advantages of visiting health facilities at an early stage of pregnancy in order to receive at least 3 doses of SP</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Set up a telecommunications system (SMS notifications) to encourage pregnant women to come back after their 1st ANC visit. (Project MUSO)</td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
</tbody>
</table>
### Communication and advocacy plan for controlling malaria in Mali

By 2018, the number of pregnant women who have received ANC1/IPT will have increased by 25%

<table>
<thead>
<tr>
<th>By 2018, the number of pregnant women who have received ANC1/IPT will have increased by 25%</th>
<th>Enhance the role of education discussions led by CHWs/Outreach workers on ANC/IPT in the community (2,800/year at the health-area level) (Supervision)</th>
<th>2,000,000</th>
<th>2,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2018, a framework will exist for dialog between providers and communities on the benefits of ANC/IPT</td>
<td>Broadcast radio shows on ANC/IPT in the community using local radio stations (25,000/RHC)</td>
<td>1,750,000</td>
<td>1,750,000</td>
</tr>
</tbody>
</table>

By 2018, the number of pregnant women who have received at least 3 doses of SP during ANC/IPT under supervision will have increased by 80%

| By 2018, the number of pregnant women who have received at least 3 doses of SP during ANC/IPT under supervision will have increased by 80% | Produce and broadcast radio micro-shows in 5 national languages on the fact that IPT/SP is free, the benefits and side effects of taking SP under supervision during ANC | 600,000 | 600,000 |
| CHWs and outreach workers remind pregnant women to bring a cup for taking SP under supervision starting at the 1st ANC | TBD | TBD |
| Create and produce memory aids for pregnant women for the first 3+ IPT visits | 250,000 | 250,000 |

**IPT SUB-TOTAL**

| IPT SUB-TOTAL | 39,500,000 | 39,500,000 |

### Seasonal Malaria Chemoprevention in Children (SMCc)

By 2018, all children from 3 to 59 months old will be taken by a responsible adult from their household to receive their 1st doses of SMCC

By 2018, 100% of parents/guardians in the areas in question will know the required dosage for children participating in the SMCC program

| Organize preparatory meetings with the various stakeholders before the SMCC campaign (5 meetings/RHC/campaign) | 27,600,000 | 27,600,000 |
| Transmit essential information about the SMCC campaign through Town Criers (5 days) | 500,000 | 500,000 |
| Carry out home visits to provide better information about the SMCC campaign (flat rate of 25,000/health area) | 14,375,000 | 14,375,000 |
| Create appropriate materials for workers involved in the SMCC campaign (leaders, CHWs, Outreach workers, volunteers, etc.) (Quantity required for the number of CHWs/Outreach workers) | 2,500,000 | 2,500,000 |
| Provide guidance on the SMCC campaign to community radio personalities (1 week before the campaign) | 1,150,000 | 1,150,000 |
**Communication and advocacy plan for controlling malaria in Mali**

<table>
<thead>
<tr>
<th><strong>By 2018</strong>, 100% of parents/babysitters will know how to manage the side effects of taking SMCC medications</th>
<th>2,500,000</th>
<th>2,500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 2018</strong>, at least 80% of children with a side effect will have been seen at the health center</td>
<td>10,000,000</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Train the CHWs and community outreach workers in the SMCC campaign and in managing side effects after campaign medications have been taken (1 training session/CHW/Outreach worker/campaign)</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Transmit information about the side effects after taking SMCC medications (AQ/SP) via the CHWs/Outreach workers during the 5 days of the campaign and for 5 days afterwards</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Carry out home visits so that CHWs and outreach workers can provide better information about side effects and monitor the administration of AQ for the 5 days of the campaign and for 5 days afterwards</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Using local radio stations, distribute messages from health professionals on the side effects of SMCC medications for the 5 days of the campaign and for 5 days afterwards</td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td><strong>By 2017</strong>, the CHWs and outreach workers will know how to better monitor the parents of children aged between 3 and 59 months in the administration of AQ at home</td>
<td><strong>SMCC SUB-TOTAL</strong> 68,625,000</td>
<td>68,625,000</td>
</tr>
<tr>
<td><strong>By 2017</strong>, the CHWs and the outreach workers will carry out HVs to advise parents on the correct administration of AQ/SP at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involve telephone companies in the SMCC campaign with the SMS alert system for taking AQ at home for the 5 days of the campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAGNOSIS AND TREATMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By the end of 2018</strong>, at least 80% of patients will understand the importance of carrying out the biological test.</td>
<td>50,000,000</td>
<td>50,000,000</td>
</tr>
<tr>
<td>Train the (3,000) providers, CHWs and outreach workers in the use of prompt cards about the importance of the biological test for 2 days at the CHC level</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By the end of 2018</strong>, 50% of patients will request biological diagnosis tests for all cases of fever.</td>
<td>Create prompt cards and give them to outreach workers, CHWs and providers (13,200*)</td>
<td>26,400,000</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>Produce simple flyers for patients and posters for CHCs on the treatment of malaria (10,000* copies)</td>
<td>6,000,000</td>
</tr>
<tr>
<td></td>
<td>Produce and broadcast radio spots and micro-shows on treating malaria (2 spots)</td>
<td>4,700,000</td>
</tr>
<tr>
<td></td>
<td>Develop a multi-media campaign on diagnosis with a logo, image and slogan to remind the populations about the benefits of being tested</td>
<td>30,000,000</td>
</tr>
<tr>
<td><strong>100% of providers will systematically carry out the test in all suspected malaria cases.</strong></td>
<td>Carry out a fundamental qualitative study on the opinions of providers about the use of biological testing for malaria</td>
<td>10,000,000</td>
</tr>
<tr>
<td></td>
<td>Organize activities for the supportive supervision of providers (CHWs health staff, outreach workers)</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Increase the budget allocated to the purchase of supplies by 10% a year from 2015 to 2018.</strong></td>
<td>Support the PPM in establishing and/or bringing into operation the Logistics Management Information System (LMIS)</td>
<td>1,250,000</td>
</tr>
<tr>
<td></td>
<td>Lobby the Ministries in question to increase the resources allocated to purchasing supplies and treating malaria</td>
<td>1,250,000</td>
</tr>
<tr>
<td><strong>By the end of 2015</strong>, include the biological diagnosis of malaria in the training curriculum for health workers at the training facility level.</td>
<td>Organize meetings for exchanging information about the need to focus on mandatory biological diagnosis in the fundamental training curriculum for health workers (30 workers in one day in Bamako)</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>By the end of 2018</strong>, 100% of the patient population will be aware that malaria treatment for children under the age of five (5) and for pregnant women is free</td>
<td>Produce flyers explaining that malaria treatment is free (10,000 copies)</td>
<td>8,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,000,000</td>
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<tr>
<td>------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>By the end of 2018, the biological test for malaria will be free for all the population</td>
<td>Produce radio spots and micro-shows to explain that malaria treatment for children under the age of 5 and for pregnant women is free</td>
<td>3,000,000</td>
</tr>
<tr>
<td></td>
<td>Organize community conversation sessions led by outreach workers and CHWs to explain that malaria treatment for children under the age of 5 and for pregnant women is free</td>
<td>30,000,000</td>
</tr>
<tr>
<td>By the end of 2015, 100% of providers will treat confirmed malaria cases in accordance with the treatment guidelines</td>
<td>Organize sessions for disseminating the policies and national guidelines for treating malaria at all levels of the health pyramid (140 sessions at the district level)</td>
<td>52,500,000</td>
</tr>
<tr>
<td></td>
<td>Produce job aids on the guidelines for treating malaria (10,000)</td>
<td>7,500,000</td>
</tr>
<tr>
<td>By the end of 2018, 50% of parents or babysitters of children under 5 will consult a health worker within 24 hours of the outbreak of fever in their children.</td>
<td>Produce and broadcast radio spots and micro-shows on seeking early treatment</td>
<td>2,500,000</td>
</tr>
<tr>
<td></td>
<td>Organize conversation sessions with traditional healers on the importance of referring malaria patients to a health center at an early stage (1 meeting 50 people per district)</td>
<td>30,000,000</td>
</tr>
<tr>
<td>By the end of 2015, 100% of providers will not prescribe malaria medications if malaria is not confirmed</td>
<td>Produce simple flyers and posters on the guidelines for treating malaria (10,000 posters + 50,000 flyers)</td>
<td>10,000,000</td>
</tr>
<tr>
<td>By the end of 2018, at least 95% of patients will comply with the instructions given by health providers for treating malaria.</td>
<td>Increase monitoring of in-home malaria treatment via HVs by outreach workers and CHWs</td>
<td>30,000,000</td>
</tr>
<tr>
<td><strong>DIAGNOSIS AND TREATMENT SUB-TOTAL</strong></td>
<td><strong>DIAGNOSIS AND TREATMENT SUB-TOTAL</strong></td>
<td>305,600,000</td>
</tr>
</tbody>
</table>
### ADVOCACY AND SOCIAL MOBILIZATION

<table>
<thead>
<tr>
<th>By the end of 2018</th>
<th>elected officials in the commune and the CHAs will contribute (finances or logistics) to the organization of the LLIN distribution, SMCC and cleanliness campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of 2018</td>
<td>elected officials in the commune will take over the LLIN distribution, SMCC and cleanliness campaigns</td>
</tr>
<tr>
<td>By the end of 2018</td>
<td>the community leaders will urge the elected officials in the communes and the presidents of &quot;cercle&quot; commissions to mobilize resources (financial, material and human).</td>
</tr>
<tr>
<td>By the end of 2015</td>
<td>the community-based organizations support the maintenance of the CHWs</td>
</tr>
<tr>
<td>By the end of 2015</td>
<td>the CHAs will put in place a system for motivating the CHWs</td>
</tr>
<tr>
<td>By the end of 2015</td>
<td>the representatives of civil society will negotiate with/lobby the State and the elected officials for the payment of the CHWs' salaries</td>
</tr>
<tr>
<td>By the end of 2017</td>
<td>the State will pay the salaries of all the CHWs</td>
</tr>
</tbody>
</table>

- **Organize days of reflection for elected officials in the commune and CHAs on mobilizing local resources to support campaigns in the 70 health districts (50 participants/district)**
  - Cost: 35,000,000

- **Organize regional cooperation meetings to determine the mechanism for motivating the CHWs and to continue the strategy of using CHWs for ECC**
  - Cost: 36,000,000

- **Produce advocacy kits for the various sessions (document folders, posters, CDs on success stories, etc.)**
  - Cost: 7,500,000

- **Organize two advocacy sessions for decision makers at the ministries in question and the parliamentary groups responsible for health issues, on the topic of paying the CHWs' salaries**
  - Cost: 1,000,000

- **Organize media coverage for the 9 regional cooperation meetings and the 2 advocacy sessions**
  - Cost: 5,500,000

- **Organize a national round table with the relevant ministries of the State and partners, on the topic of maintaining commitments to purchase supplies**
  - Cost: 2,500,000
| By the end of 2018, 60% of private sector members and other partners will participate in the process for mobilizing resources in the fight against malaria |
|---|---|
| **By the end of 2018, 20% of companies, economic operators, industrial companies, celebrities etc. will donate 0.5% to 1% of their revenue to the fight against malaria** |
| **By the end of 2018, media and celebrities will provide frequent encouragement for companies and economic operators to participate in the mobilization of resources.** |
| **By the end of 2018, 60% of the secondary targets (FENASCOM, CAFO, RECOTRADE etc.) will participate in the initiative to strengthen partnerships** |
| **By the end of 2018, 10% of CSOs and NGOs involved in health will sign partnership protocols with the Ministry of Health for the implementation of malaria prevention and treatment activities** |
| **By the end of 2018 80% of community leaders will participate actively in mass LLIN, SMCc and cleanliness campaigns and in other special events** |
| **By the end of 2018 90% of technical services agents will rally community leaders towards active participation in malaria-control activities** |

| Organize lunches for business leaders, private sectors and companies on the importance of financial contributions in reducing malaria among children and pregnant women | 2,000,000 | 2,000,000 |
|---|---|
| Organize the celebration of Word Malaria Day/Week (multi-media activities: radio, TV, printed media, sketches, voluntary screening) | 32,000,000 | 32,000,000 |
| Strengthen the framework for the partnership with 10 CSOs and NGOs with 5,000,000/3-year contract thanks to the signature of an intervention protocol at the community level | TBD | TBD |
| Organize the celebration of World Malaria Day/Week (multi-media activities: radio, TV, printed media, sketches, voluntary screening) | 32,000,000 | 32,000,000 |
| **Include malaria in the celebration of the month for social development solidarity** | 1,000,000 | 1,000,000 |
| **Include malaria in the celebration of World Population Day.** | 1,000,000 | 1,000,000 |
| **Include malaria in the celebration of Safe Motherhood Day** | 1,000,000 | 1,000,000 |
| **Make a list of days celebrated by professional boards and associations** | TBD | TBD |
Use thematic presentations to participate in the celebration of days organized by professional boards and associations | TBD | TBD |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce technical sheets on the prevention, treatment and control of malaria according to the themes of the days being celebrated</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>ADVOCACY AND SOCIAL MOBILIZATION SUB-TOTAL</strong></td>
<td><strong>126,500,000</strong></td>
<td><strong>126,500,000</strong></td>
</tr>
<tr>
<td><strong>TOTAL YEAR 1</strong></td>
<td><strong>648,325,000</strong></td>
<td><strong>648,325,000</strong></td>
</tr>
</tbody>
</table>
APPENDIX I: COMMUNICATION AND SOCIAL MOBILIZATION DIVISION
FLOWCHART

Head of the Communication and Social Mobilization division

Community mobilization manager

Promotional activity manager

Graphic designer, responsible for new technologies and new media

Research/Evaluation manager for carrying out studies, analyses of behavioral studies
APPENDIX II: JOB DESCRIPTIONS

The job descriptions are as follows for the Communication and Social Mobilization Division:

**Head of the Communication and Social Mobilization Divisions**: responsible for coordinating all activities and for managing staff in the Communication Divisions of the National Malaria Control Program (NMCP). His/her tasks are specified below:
- define the tasks for division staff
- report to the Management
- serve as the contact point within the NMCP for all communication, advocacy and promotional activity
- regularly inform the other NMCP divisions and the administration about the division's activities
- submit requests to the FED (Finance and Equipment Department) via the Administrative and Financial Division of the NMCP
- monitor/Evaluate the activities of the NMCP and the other partners
- represent the Division and the NMCP in dealings with other communication partners
- draw up the major national guidelines for communication and social mobilization relating to malaria
- coordinate the communication and social mobilization activities in the fight against malaria
- promote inter-sector cooperation in terms of communication
- provide quality assurance in the fight against malaria

**The promotional activities manager**: responsible for promotion activities and activities relating to SBCC training within the National Malaria Control Program (NMCP). His/her tasks are specified below:
- manage mass-media activities
- organize activities relating to events
- manage events relating to the organization of campaigns
- prepare the Division's monthly reports and operational programs

**Community mobilization manager**: responsible for community mobilization and for activities to be carried out with the organizations that operate at the community level (NGOs, CSOs, Associations, outreach workers and CHWs). In this capacity, his/her tasks are:
- strengthening the skills of outreach workers, CHWs and community players
- distributing communication materials among these groups
- monitoring activities at the community level

**The graphic designer, responsible for new technologies and new media**: responsible for new information and communication technologies. In this capacity, his/her tasks are:
- creating and producing the Division’s graphic materials
- on behalf of the NMCP, adding content to websites, Twitter, Facebook, etc., to promote the NMCP's activities
- maintaining electronic copies of the communication materials and the images/photos to use in materials for beneficiaries, activities, etc.
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<tr>
<th>No.</th>
<th>NAME</th>
<th>DEPARTMENT</th>
<th>CONTACT INFORMATION</th>
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<td>1</td>
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<td>Ms. Diallo Assa Diakité</td>
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<td>Mr. Kassoum MARIKO</td>
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8. SyllaThiam, V. Kimotho P. Gatonga Why are IPTp coverage targets so elusive in sub-Saharan Africa? A systematic review of health system barriers. Malaria Journal 2013, T.... No ..... 


