amp | The Alliance for Malaria Prevention
Expanding the ownership and use of mosquito ITNs

MULTI-PRODUCT ITN CAMPAIGN IN MALI, 2020

Process evaluation

Evaluators:

Dr Valence Nimbona, Technical Advisor (AMP/PSI)

Mr Bohy Dembélé, Focal Point, NMCP Mali

Dr Yattara Oumar, Focal Point, PSI, Mali

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The insightful remarks and responses have given valuable recommendations for this campaign and lessons learned for future campaigns.

ABBREVIATIONS AND ACRONYMS

AMP	The Alliance for Malaria Prevention
CHW	Community Health Worker
CSCom	Community Health Centre (Centre de santé communautaire)
CSRéf	Health Referral Centre (Centre de santé de référence)
DHIS2	District Health Information Software
DHMT	District Health Management Team
DHSM	Demographic Health Survey in Mali
DTC	Technical Director of the CSCom
HD	Health District
ICT	Information and Communication Technology
IG2	Interceptor G2™
ITN	Insecticide-treated bed nets
LOC	Local Organizing Committee
MCD	District Chief Medical Officer
MIS	Malaria Indicator Survey
NCC	National Coordination Committee
NTC	National Technical Committee
NMCP	National Malaria Control Programme
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PPS	Pre-positioning site
PPE	Personal protective equipment
PSI	Population Services International
RDH/PH	Regional Directorate for Health and Public Hygiene
RHMT	Regional Health Management Team
RDT	Rapid diagnostic test
ROC	Regional Organizing Committee
SBCC	Social and behaviour change communication
SMC	Seasonal malaria chemoprevention
TDC	Technical director of Community Health Centres

1. INTRODUCTION

This document is the product of literature reviews, field visits and interviews undertaken as part of the process evaluation of the June 2020 insecticide-treated bed nets (ITN)[1] distribution campaign in Mali. The process evaluation covers the distribution of ITNs in the Mopti health region, which ran from 1—8 June 2020, and in the Kayes, Koulikoro and Sikasso health regions, from 18—25 June 2020.

This process evaluation aims to assess compliance and alignment in implementing the ITN distribution campaign with the standards described and approved in the key strategic documents for the campaign.

This is essentially a qualitative assessment, with a view to highlight the strengths and weaknesses of different components of the campaign, document best practices and challenges, make recommendations that will improve the effectiveness of future campaigns and thereby broaden the experiences related to the planning and management of ITN multi-product campaigns. Mali is among the first countries to distribute a new type of ITN, the BASF Interceptor G2™ (IG2), which contains pyrethroid and chlorfenapyr insecticides to mitigate the effects of insecticide resistance.

This process evaluation was organized in a rather unusual context, marked by the COVID-19 pandemic with its restrictive measures on movement. Consequently, a remote working approach was adopted, working in collaboration with identified national focal points (existing staff members) from the National Malaria Control Programme (NMCP) and Population Services International (PSI) in Mali. The focal points from these two organizations were supported by remote data collection and by the Technical Advisor from the Alliance for Malaria Prevention (AMP)/PSI. The campaign was implemented by the decentralized bodies of the Ministry of Health with the support of the NMCP and PSI Mali.

The main topics addressed through this evaluation are:

- Planning (macro-micro) and coordination of the campaign
- Logistics (transport, storage and accountability)
- Training sessions
- Social and behaviour change (SBC)
- Household registration, ITN distribution and waste management
- Data management, supervision, monitoring and evaluation
- Payment of campaign actors
- Aspects related to COVID-19 prevention

[1] The abbreviation ITN refers to all types of ITNs: standard and IG2.

2. SUMMARY OF LESSONS LEARNED AND RECOMMENDATIONS

- New communication technologies *(Zoom)* and social networks *(WhatsApp)* are important tools for maintaining coordination at an optimal level despite restrictions related to the COVID-19 pandemic.
- The combination of two distribution strategies within the same mass campaign makes planning of last mile logistics even more complex, i.e. resupplying distribution sites and door-to-door distribution teams. It was noted that a logistics strategy adapted to this context helped to reach all households and that detailed planning facilitated last mile distribution of ITNs.
- In a context dominated by the COVID-19 pandemic, household lists drawn up by village chiefs and CHWs served as an important repository that facilitated ITN allocation to households.
- Considering that data collection for microplanning was organized largely remotely (because of COVID-19), validation of microplans should consider not only the data transmitted from health units (CSCOM) but should also consider data on the lists drawn up and transmitted by village and neighbourhood chiefs and should take the average figures.
- There is no fundamental difference in the organization of a multi-product campaign and a classic campaign for universal ITN coverage. However, certain logistical and communication components relating to the types of ITNs should be considered during the macroplanning stage.
- CHWs and town criers remain a critical resource for campaign SBC activities at the community level.
- Adapting campaign strategies to the context of the COVID-19 pandemic remains essential for prevention of COVID-19 transmission during campaign activities and safe distribution of ITNs to households.
- The waste management of ITN campaign was more complex with both COVID-19 infection prevention personal protective equipment (PPE) waste and waste from IG2 ITNs with individual plastic packages. It is important to have a written plan disseminated to all health levels before campaign is implemented so all campaign actors are informed of what to do with waste generated by the campaign.
- Payment of actors at the operational level by mobile telephone deserves an in-depth analysis in order to ensure that it does not constitute a bottleneck for future campaigns.
- While conducting a process evaluation remotely, the online questionnaire, photographs and scanned supervision forms provided important data for triangulation related to different aspects of the campaign and helped to better understand the context.

3. BACKGROUND

3.1. General information

Mali is a landlocked continental Sahelian country with a surface area of 1,241,238 km^2. It extends from north to south for 1,500 kilometres (km) and from east to west for 1,800 km. It shares 7,200 km of borders with Algeria and Mauritania to the north, Niger to the east, Burkina Faso and Côte d'Ivoire to the south, the Republic of Guinea to the southwest and Senegal to the west.

In 2020, its population was estimated at 20,537,000. This is based on population projections from the National Population Directorate for 2009—2020. According to the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) there were 266,000 internally displaced persons (IDPs) in the Mopti[2] region in August 2020. These numbers have barely changed over the past two years.

The country's epidemiological profile shows that malaria is still a major public health problem in terms of its mortality and morbidity, as well as its socio-economic repercussions on the population as a whole. According to the 2015 Malaria Indicator Survey in Mali (MIS) the national prevalence of parasitaemia was 35.7 per cent.

Rapid diagnostic test (RDT) results indicate a decrease in malaria prevalence between 2012—2013 and 2018, from 47 per cent in 2012—2013 to 31 per cent in 2015 and then to 19 per cent in 2018[3].

Mali, with the support of its development partners, implements a comprehensive package of malaria services including:

- Systematic confirmation of all suspected malaria cases
- Early and appropriate treatment of confirmed cases
- Use of ITNs
- Indoor residual spraying
- Intermittent preventive treatment with sulfadoxine-pyrimethamine in pregnant women
- Seasonal Malaria Chemoprevention (SMC) in children aged 3 to 59 months with sulfadoxine-pyrimethamine and amodiaquine

These strategies are supported by SBC, surveillance, monitoring and evaluation, and coordination of interventions.

The National Strategic Plan for malaria in Mali prioritizes access to and use of ITNs for disease prevention. Since 2011, the NMCP in collaboration with its partners has committed to achieving universal coverage, with one ITN available for every two people in households. At the national level, it is estimated that 75 per cent of households have access to ITNs and 73 per cent of household members slept under an ITN the previous night. According to RDT results, the prevalence of malaria among children 6—59 months is 19 per cent (DHSM-VI, 2018).

[2] Based on the OCHA Humanitarian Bulletin (August 2020).
[3] Figures from the 2018 Demographic and Health Survey in Mali (DHSM-IV).

3.2. **Organization of the ITN distribution campaign, 2020**

The NMCP organized a two-stage mass distribution campaign of ITNs in four regions: Mopti from 1—8 June 2020 and Kayes, Koulikoro and Sikasso from 18—25 June 2020 as part of increasing access to ITNs among targeted populations.

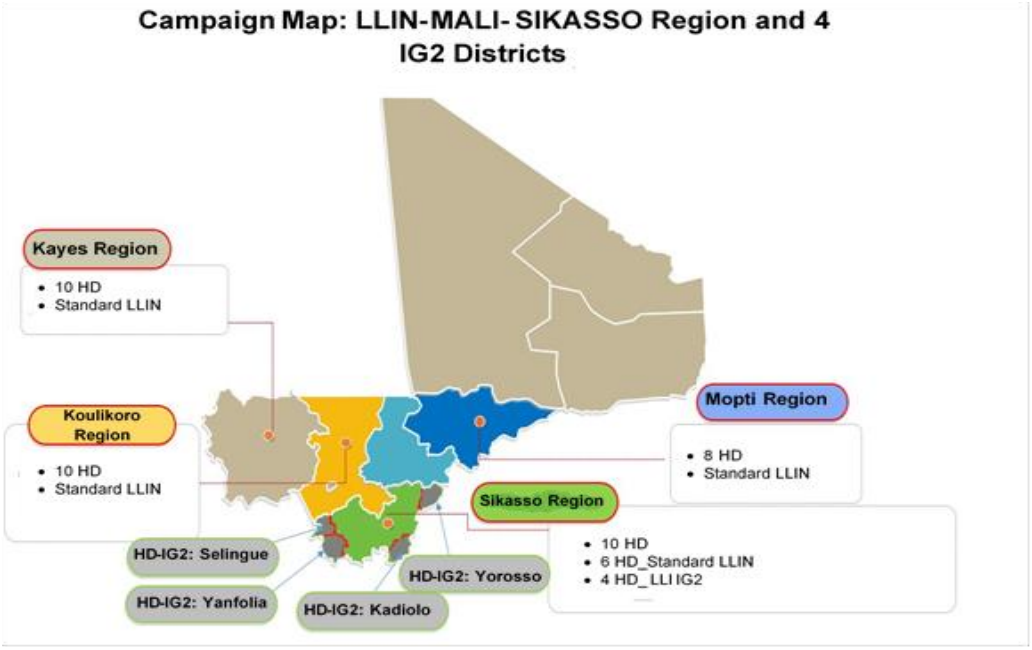


Figure 1 : *Map of Mali with areas affected by the campaign*

Several regions of Mali have shown evidence of mosquito resistance to insecticides used on ITNs that have been distributed to date through campaigns and continuous distribution. Thus, as part of the NMCP's insecticide resistance management plan, four health districts *(Kadiolo, Selengué, Yanfolia and Yorosso)* in the Sikasso[4] region were selected to receive a new type of mosquito ITN, BASF's Interceptor G2™. The Sikasso region has a 30 per cent malaria prevalence rate according to the 2018 Demographic and Health Survey Mali (DHSM) data. In addition, according to studies conducted by Malaria Research and Training Centre (MRTC) and the Laboratoire de Biologie Moléculaire Appliquée (LBMA) the region has been identified as an area with higher insecticide resistance[5]. Other studies in the last decade had already proven the high resistance of *Anopheles gambiae s.l.,* a major malaria vector, to different types of insecticides.

[4] The Segou region was targeted first in 2019 based on insecticide resistance and geographic proximity to the Cascade *(Banfora)* region of Burkina Faso in which the resistance profile aligned with the New Nets project area targets. Due to delays in the delivery of IG2 ITNs to Mali in 2020, Segou was replaced by Sikasso for the 2020 distribution.

[5] VectorLink – Mali; Cissé et al, 2015 ; Keita et al, 2016 ; A S Dao, 2020 (Thèse de Pharmacie).

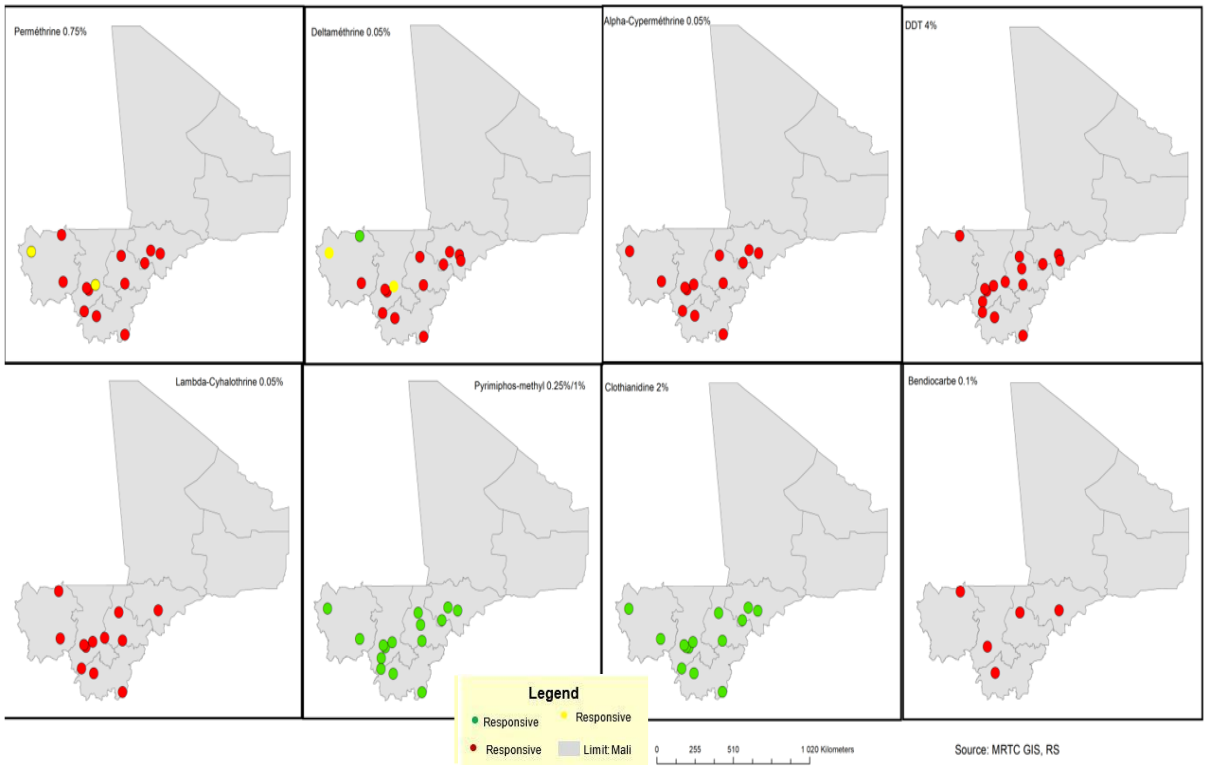


Figure 2: Distribution map of *Anopheles gambiae s.l.* a major malaria vector, resistant to different insecticides (from 2010 to 2019) in Mali

The 2020 campaign was different from previous campaigns in that it was a multi-product campaign with two types of ITNs distributed to address insecticide resistance. Key information about the ITNs distributed during the campaign has been summarized in Table 1.

Table 1: Key information on the campaign

KEY COMPONENTS	QUANTITIES
Total targeted population	12,816,181 inhabitants
Scale of the campaign	Four health regions with 38 districts, including 34 districts with standard ITNs and four districts with IG2 ITNs
Mopti region	**1,728,657** standard ITNs pre-positioned in eight districts
Kayes region	**1,646,200** standard ITNs pre-positioned in ten districts
Koulikoro region	**2,114,587** standard ITNs pre-positioned in ten districts
Sikasso region	**1,631,650** standard ITNs pre-positioned in six districts
	549,150 IG2 ITNs pre-positioned for mass distribution in four districts *(Kadiolo, Selingué, Yanfolia and Yorosso)*
Total number of ITNs	**7,670,244** ITNs pre-positioned in four regions
Distribution dates	Mopti region: From 1—8 June 2020
	Kayes, Koulikoro and Sikasso regions: 18—25 June 2020

Details relating to the quantities of ITNs pre-positioned in each region for the campaign have been summarized in Table 2.

Table 2 : Distribution of target population, households and pre-positioned ITNs by region

Regions	Population in 2020	Number of households (nine persons/household)	ITNs (five ITNs/household)	ITN Type
Mopti sub-total	**2,840,612**	**339,112**	**1,728,657**	**Standard**
Kayes sub-total	**2,814,073**	**312,675**	**1,646,200**	**Standard**
Koulikoro sub-total	**3,424,000**	**380,510**	**2,114,587**	**Standard**
Sikasso (1) sub-total	**2,796,222**	**310,762**	**1,631,650**	**Standard**
Sikasso (2) sub-total	**941,274**	**104,445**	**549,150**	**IG2**
OVERALL TOTAL	**12,816,181**	**1,447,504**	**7,670,244**	

3.3. Process evaluation during the COVID-19 pandemic

Through AMP and with funding from the Unitaid New Nets Project (NNP), a process evaluation was organized to assess how well the procedures for organizing and distributing ITNs, including the IG2 ITNs, within a multi-product campaign were followed and respected, specifically in the Sikasso region.

With the onset of the COVID-19 pandemic in early 2020, mitigation measures were put in place by the government of Mali to slow the spread of the pandemic *(school closure for three weeks, meetings, social or political gatherings limited to 50 people while respecting infection prevention measures).* These mitigation measures affected both the organization of the ITN distribution campaign and the organization of this process evaluation, much of which was conducted remotely by the Technical Advisor (AMP/PSI).

This report describes the background, best practices, lessons learned, challenges and recommendations gathered during the planning and implementation of the campaign. It will serve as a reference for future ITN distribution campaigns in Mali and as a baseline for future process evaluations as part of the NNP.

4. OBJECTIVES

The overall objective of this process evaluation is to assess compliance and alignment with the standards described and approved in the key strategic documents for this campaign during implementation of the ITN distribution campaign at all levels. The specific objectives are twofold:

1. Assess the campaign implementation strategies, processes and outcomes across different campaign thematic areas such as coordination, macro and microplanning, SBC, logistics, training, distribution, monitoring, evaluation, data management, financial management and ITN use at household level, as well as adaptations for implementation of activities during the COVID-19 pandemic.
2. Document successes, challenges and lessons learned and make subsequent recommendations.

5. METHODOLOGY

Due to the COVID-19 restrictions that limited travel between countries, it was necessary to organize this process evaluation remotely, involving all campaign stakeholders. Remote interactions with stakeholders were carried out by two persons called "focal points", who were existing staff designated from NMCP Mali and PSI Mali, the two main organizers of the campaign.

The methodological approach used during the process evaluation consisted of:

5.1 Review of campaign documents

The focal points (NMCP/PSI) provided the AMP/PSI Technical Advisor with all available documents developed during macroplanning, as well as any supporting documents (see Appendix C). This documentation was reviewed and used to develop information collection materials.

5.2 Remote development of information collection materials

Based on the review of documentation, the following tools were developed for the remote process evaluation:

a) Three key questionnaires:
   - A questionnaire for the national, regional and district levels to be administered online through the Google Forms platform
   - A questionnaire at the Community Health Centre (CSCOM) level to be administered in person through interviews
   - A questionnaire at the household level to be administered in person through interviews

b) A reference guide for taking key photographs during the distribution

c) A list of CSCOM for which supervision data collection forms were requested to be scanned for analysis

d) The Terms of Reference for a field mission by the focal points to the Sikasso region to interview selected CSCOM and ITN recipient households

All materials were developed in collaboration with the focal points and validated by the NMCP.

5.3 Information collection and organization of remote interviews

With the COVID-19 pandemic, collection of information through interviews, which was previously done face-to-face using questionnaires, was done remotely. Six channels were used, namely:

- ✓ **Channel 1:** An online survey (*created with Google Forms*) using a single questionnaire for the national , regional and district levels that targeted 64 people who played an active role in the organization and implementation of the campaign.
- ✓ **Channel 2:** Interviews administered by the focal points at the CSCOM level and at the household level using the CSCOM questionnaire and the household questionnaire in the Sikasso region from 3—16 August 2020. These interviews were conducted in four districts, with one urban and one rural CSCOM per district and two urban and two rural households per district. The targeted districts were Kadiolo (IG2), Selingué (IG2), Kignan (standard ITNs) and Sikasso (standard ITNs) respectively.
- ✓ **Channel 3: Review of photographs** taken by focal points to document the different campaign activities during implementation based on the reference guide for photographs during campaign implementation. provided by the Technical Advisor (AMP/PSI).
- ✓ **Channel 4:** Review and analysis of **supervision forms completed during the campaign** scanned and sent by focal points based on a pre-designated list of CSCOM.
- ✓ **Channel 5:** Review and analysis of **distribution results** for ITN access and progress against targets at different levels (region, districts and health areas).

- ✓ **Channel 6: Telephone calls for additional information** with various key actors of the campaign and at different levels: *national with the different members of the commissions, some regional and district managers and some CSCOM managers.*

5.4 Analysis of information and data collected and writing of the report

For the purposes of this report, information collected through the various channels described above was consolidated, reviewed and analysed. It should be noted that most of the information and data collected were qualitative.

5.5 Limitations of the methodology used for this process evaluation

The methodological approach used for this process evaluation is limited in the following areas:

- Not being physically present for face-to-face discussion and observation during implementation of activities and not being able to quickly perform easy data/information checks.
- Interview forms used had very long lists of questions.
- The online survey via the Google Forms had no possibility for respondents to pause and take a break and the questionnaire itself was lengthy. Thus, survey respondents had to complete the ten sections of the questionnaire in one online session and did not have the ability to save and reopen later to finish.
- The reference guide for photographs taken by focal points during the campaign can be seen as biased as the guide stipulates a focus on certain aspects of the campaign.
- The process evaluation timeframe was interspersed with other NMCP activities (SMC campaign), which affected the availability of focal points in the country, as well as of individuals targeted to fill in the online questionnaire. This, in turn, affected response times and rates. The process evaluation took longer remotely than if it had been carried out in person and during the campaign implementation period.
- A period of political unrest in the country happened during the process evaluation.
- Both focal points undertook the process evaluation while at the same time being part of the campaign planning and implementation teams, which may be a source of bias.
- Limited number of households and CSCOM for interviews, hence the information received cannot be considered as representative of the areas targeted for distribution.

These limitations should be considered when assessing evidence and recommendations made through this report.

Table 3: Remarks on the remote collection of information and data

No.	Channel Name	Targets	Limitations	Remarks
1	**An online survey** (*created with Google Forms*) using a single questionnaire for the national, regional, and district levels	68 key campaign players at different national, regional and district levels *(for details, see Appendix B.3)*	Connection problems. Limited guidance on filling out questionnaire. A long questionnaire that should be completed in one sitting without the	Although a large number of targeted individuals did not respond to the online survey (only *16 out of 68 people responded, i.e. a response rate of 23.5%*), a good amount of qualitative and quantitative information was still collected from the national, regional and district levels. This channel is a promising path for gathering a range of perspectives (for both remote or face-to-face process evaluations), targeting a broad field of actors involved in the ITN distribution campaign.

No.	Channel Name	Targets	Limitations	Remarks
			possibility of taking a break.	To avoid having a very long online questionnaire, it would be better if aspects of the campaign already accessible in other documents or through other sources were not included.
2	**Interviews at CSCOM and household level** by a team of designated focal points	• 16 households in four districts (four households/district, including two IG2 districts and two standard ITN districts) *(for details, see appendix B.2)* • Eight CSCOM in four districts (two CSCOM/district including, two IG2 districts and two standard ITN districts) *(for details, see appendix B.3)*	Interviews were conducted by people who participated in the campaign and this can bias the results. Small sample not representative of the targeted areas. Long questionnaire that limited the number of CSCOM and households able to be interviewed.	Good channel for collecting qualitative information at the community level. For future remote process evaluations, it would be important to: • Use independent trained agents to organize the interviews and thus avoid bias • Design a concise questionnaire, and focus on a few key questions, thus being able to interview more households and CSCOM • Define the sample and ensure that the choice of households and CSCOM is clearly described, including the level of representativeness of the findings based on the sampling methodology selected
3	**Photographs** taken based on the reference guide for photographs during the campaign	Implementation of activities such as: • Coordination • Logistics • SBC • Supervision • COVID-19 prevention and protection	The taking of photographs was assigned to a third party. The master plan for photos limited the scope of coverage and did not provide for activities or images beyond the master plan.	In the photographs, many aspects relating to how the campaign was conducted could be observed, both good practices and shortcomings, during campaign activities. Promising channel as far as remote process evaluation is concerned. In future, it will be important to have as much coverage of the campaign as possible, including the stages before implementation, as well as several photograph sources. The scope for photographs requested should not be limited to a master plan, in order to avoid a case where all photographs show only positive aspects of the campaign.
4	**Sharing supervision forms** (scanned version) filled out during the campaign)	Eight CSCOM in four districts (two CSCOM/district, including two IG2 districts and two standard ITN districts) (Sikasso region)	A small sample. The printing of supervision forms to be scanned and shared was based on details about the type of ITN (IG2 or standard ITN) and type of CSCOM (urban or rural).	The scanned supervision sheets contain a great deal of information in the event of a remote process evaluation, especially on the findings and recommendations made by supervisors and on the manner in which supervisors fill out forms during supervision. For future remote process evaluations, it will be important to define a representative sample of supervision records to be scanned and shared in advance so that conclusions to be drawn can reflect as much as possible the reality in the field. In addition, it will be

No.	Channel Name	Targets	Limitations	Remarks
				important to conduct interviews with supervisors who completed these forms to discuss elements on the scanned supervision forms in more detail.
5	**Sharing distribution results** (ITN coverage rates at different levels)	All regions and districts and campaign areas	No disaggregation of ITN coverage by lower-level health area (aire de santé)	The shared distribution results file included much information on coverage, limitations etc., and the results can be used to guide recommendations on the management of leftover ITNs post-campaign, as well as on the management of health areas with low coverage.
6	**Telephone calls for remote interviews** and requests for additional information using telephone numbers collected by the NMCP and PSI focal points	Campaign actors at the national, regional and district levels *(for details, see Annex B.4)* CSCOM managers *(for details see Annex B)* Community leaders *(for details see Appendix B.4)*	Some respondents did not answer their calls for interviews. Zoom calls were only possible at the national level.	16 telephone calls were made *(for details see Annex B.4)*

6. ORGANIZATION OF THE MULTI-PRODUCT CAMPAIGN

6.1. Coordination/implementation methods

The campaign was coordinated at the national level by a National Coordination Committee (NCC) through a National Technical Committee (NTC) and subcommittees focused on logistics, communication, and monitoring and evaluation. Subcommittees had the responsibility for drafting macroplanning documents and monitoring the implementation of various phases of the ITN distribution campaign.

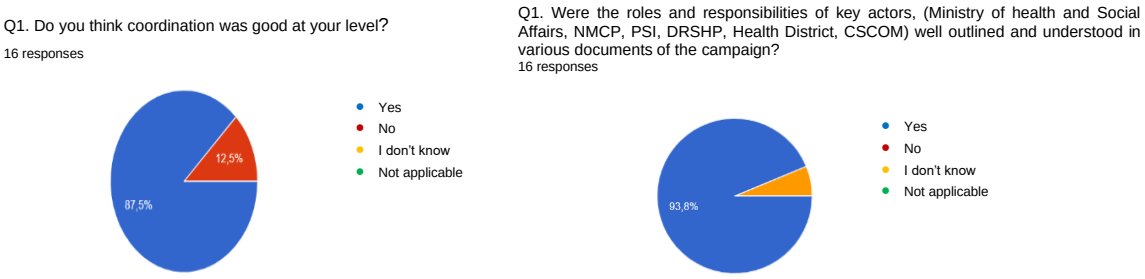
At the regional and district levels, regional and local organizing committees were set up to coordinate and monitor implementation at these levels under the supervision of the NTC.

The Regional Directorate for Health and Public Hygiene (RDH/PH) through the Regional Health Management Team (RHMT) is the technical and coordinating structure responsible for supporting districts in implementing interventions, among which are supervision of activities and preparation of regional reports on the campaign.

The Health District (HD) works through the District Health Management Team which is the technical structure in charge of supporting the CSCOM, including in implementing different interventions relating to the campaign in accordance with the campaign macroplanning documents.

Due to the COVID-19 pandemic, prevention measures put in place by the Government of Mali, particularly restricting travel within the country and face-to-face gatherings, affected the organization of coordination meetings at different levels, as well as meetings between levels. The use of virtual communication platforms *(Zoom, between the national level and regions and WhatsApp, between the ECDs and CSCOMs)* has been a major solution to the situation.

Figure 3: Graphs and remarks from the online survey related to coordination



Remarks: 16 responses related to coordination were collected through the online survey. In summary:

- 87.5 per cent said that coordination of the campaign was good at their level
- 93.8 per cent indicated that the roles and responsibilities of actors were well defined and understood
- 87.5 per cent stated that payment mechanisms for different actors were in place
- 62.5 per cent held that payment of agents was not made on time and 81.3 per cent said payment issues did not impact the distribution of ITNs

Photograph 1: Daily debriefing meeting during the campaign, Sikasso Region.

6.2. Macroplanning/microplanning/timeline

The initial campaign strategy prior to the COVID-19 pandemic was based on the following components:

- Household registration to determine population and household size in advance of ITN distribution and as a stand-alone activity
- Allocation of ITNs to households during household registration:
    - One ITN for every two persons, rounded down in the case of an odd number of persons in the household, with no maximum number of ITNs per household
    - One ITN for a single-person household

- Distribution of ITNs from fixed distribution points at the village and neighbourhood levels

A six-day population and household registration was planned to be carried out by community workers in pairs, involving door-to-door visits and voucher distribution. Teams were expected to reach 40 households in rural areas and 50 households in urban areas each day during the registration.

For the ITN distribution, households with vouchers would go to distribution sites to exchange their vouchers for ITNs. It was estimated that 200 households could be served per day in rural areas and 300 per day in urban areas.

The NTC, in collaboration with the different subcommittees (*logistics, communication and monitoring and evaluation)* had consolidated all details on the campaign strategy into macroplanning documents for the campaign. With the onset of the COVID-19 pandemic, the NTC had to adapt the campaign strategies, which led to the following changes to the implementation model:

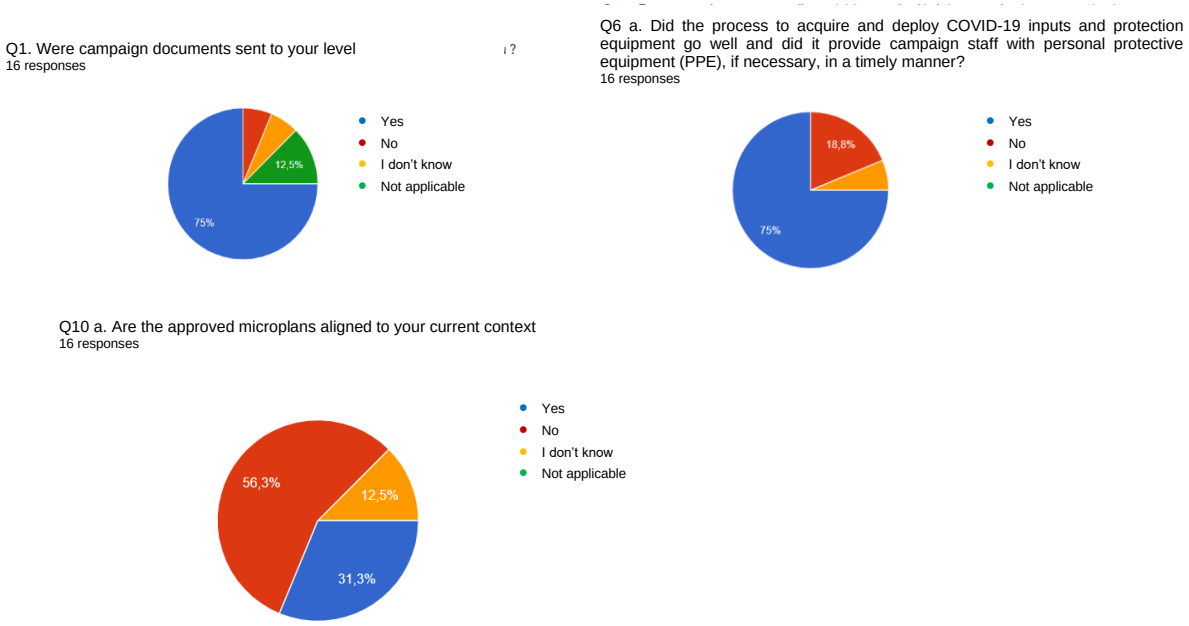
- Cancellation of household registration as a separate phase: In each village, households were identified and registered on household lists by Community Health Workers (CHWs) in collaboration with village chiefs.
- Revised ITN allocation: Using the 2017 household registration results which indicate an average of eleven persons per household, the ITN allocation was revised and set at five ITNs per household in the four regions covered by the campaign.
- Addition of COVID-19 infection prevention and control: Microplans were updated to reflect COVID-19 infection prevention measures, including quantification of COVID-19 materials and PPE.
- Revision of the ITN distribution strategy:
    - In urban areas door-to-door distribution was carried out by pairs of CHWs expected to reach 40 households/day. For last mile logistics, tricycles were rented to ensure the resupply of the CHWs as they progressed to the household level.
    - In rural areas, distribution was carried out at fixed distribution points with a team of three CHWs.
- Adjustment to the timeline: The timeline was updated for a two-stage campaign with distribution dates set respectively from 1—8 June 2020 for the Mopti region and from 18—25 June 2020 for the other three regions of Koulikoro, Kayes and Sikasso. The COVID-19 pandemic began as the Mopti region was about to proceed with its distribution. With confirmed COVID-19 cases and ongoing transmission, it was agreed that the distribution should be postponed until an appropriate strategy could be identified. This postponement was communicated to all actors involved at all levels of the process by the NMCP.

To ensure that all campaign actors were aware of the agreed, adapted strategies for the ITN distribution, the NMCP and its partners drafted a document entitled "Operational Guidelines in the Context of COVID-19", which summarized all campaign activities that had been planned prior to COVID-19 and adapted as a consequence of the pandemic. This was based on AMP and WHO global guidance documents. The validated operational guidelines were disseminated to the regional and district levels by the NMCP.

Adaptations to the overall campaign strategy required updating of other documents, such as CHW data collection forms, supervision and monitoring tools and key communication messages.

The COVID-19 pandemic and infection prevention and control measures put in place to minimize its transmission were a challenge for organizing face-to-face meetings to update macro campaign documents and microplans. Other than the Mopti region, which had already organized microplanning workshops before the outbreak of COVID-19, the Regional Health Team in the other three regions collaborated with the DHMT to organize data collection and proceed to fill in the microplanning templates. Validation of the microplanning data was done through discussion sessions on Zoom with the team at the national level.

Figure 4: Graphs and remarks from the online survey relating to macro and microplanning



Remarks: 16 responses relating to macro and microplanning were collected through the online survey. In summary:

- 75 per cent said that campaign documents were received at their level
- 75 per cent said that the acquisition and deployment of COVID-19 PPE went well
- 56.3 per cent indicated that the validated microplans did not align to their context

6.3. Communication

The communication strategies identified for the campaign focused on advocacy, social mobilization and social and behaviour change communication. These strategies were designed to ensure that all stakeholders were aware of the campaign and contributed to its success, and to engage communities in campaign activities and to adopt behaviours for correct, nightly use of ITNs at the household level.

The main communication activities were advocacy sessions at the community level, posting of communication materials (posters and banners), social mobilization through town criers at the community level and broadcasting of spots and organization of interactive programmes via community radios. In addition, interpersonal communication (IPC) was organized during door-to-door visits to households for ITN distribution (urban areas) and at fixed distribution sites (rural areas).

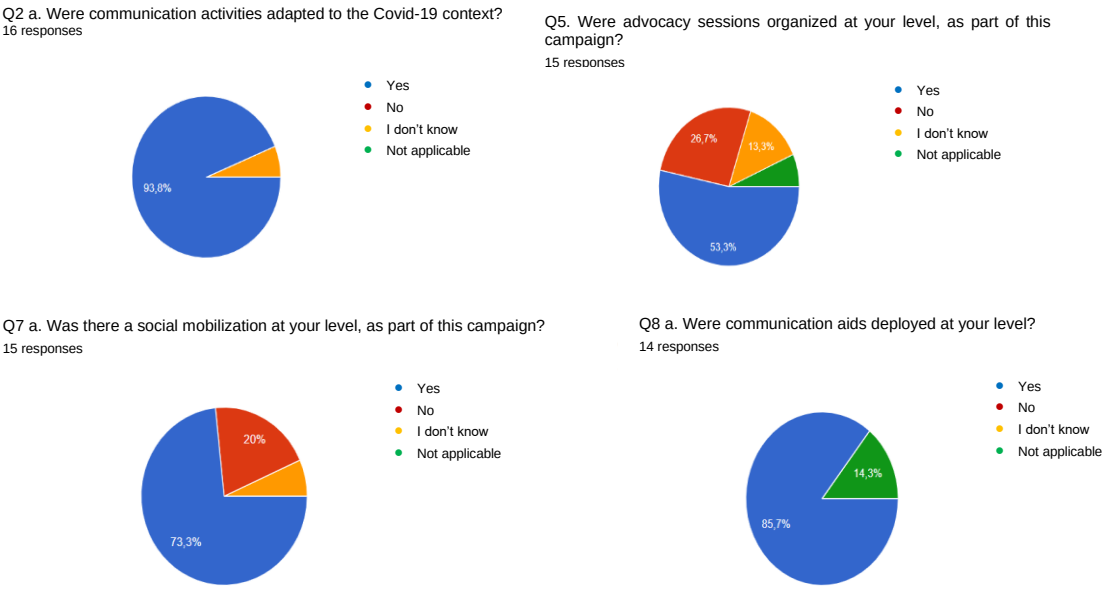
The campaign IPC through CHWs focused on malaria prevention through ITNs, the correct, nightly use of ITNs and the respect for infection prevention measures against COVID-19. IPC messages sent out were well described in the standardized operating procedures (SOP) provided to each distributor. Throughout all communication activities, the NMCP chose not to communicate on the specifics about the different ITN types used in the campaign: standard ITNs and IG2 ITNs.

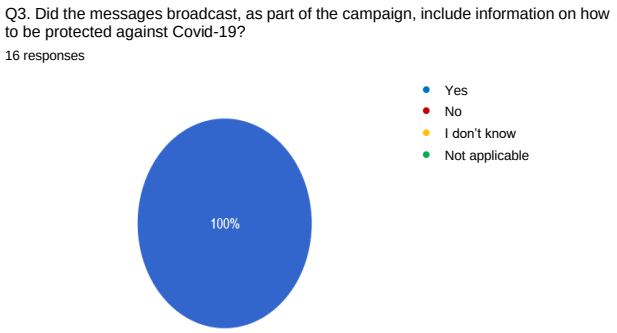
Based on the revised strategy adapted to the COVID-19 pandemic, all communication activities and communication were designed to reflect current measures put in place against the pandemic.

Photograph 2: Town crier-agent in the Massiricoro neighborhood, Sikasso District.

In accordance with the COVID-19 infection prevention measures, some communication activities were either simplified or cancelled. For example, the launch of the campaign was reduced to symbolic activities with respect to prevention and protection measures against COVID-19. To mitigate the risks associated with simplifying some activities, other communication activities were introduced or reinforced, such as community mobilization via town criers, institution of a COVID-19 hot line during the ITN distribution campaign, and the broadcasting of spots and radio programmes on the campaign via community radio stations.

Figure 5: Graphs and remarks from the online survey related to communication





Remarks: 16 responses related to communication were collected through the online survey. In summary:

- 93.8 per cent stated that communication activities were adapted to the COVID-19 context
- 53.3 per cent confirmed that advocacy sessions were organized at their level
- 73.3 per cent confirmed that social mobilization was organized at their level
- 85.7 per cent said that communication materials were distributed at their level
- 100 per cent affirmed that the messages disseminated on the campaign included communication to protect themselves and others from COVID-19

6.4. Logistics: ITN transport, storage and accountability

Logistics strategies implemented relied on an operational logistics body instituted at all levels as outlined in the logistics action plan, including a logistics subcommittee at the national level and logistics teams in each district to support activities at the operational level.

The logistics strategy included identification and training of key supply chain stakeholders, the use of tools for tracking and accountability of ITNs, and definition of roles and responsibilities of different actors within the supply chain. Procurement, order tracking and delivery of ITNs was coordinated by the NMCP, PSI and the Global Fund.

For IG2 ITNs, delivery to the country was expected in 2019 and the initial target region was Segou based on the timelines for the different regional campaigns. Delays in the delivery of IG2 ITNs in 2019 led to the decision to move the targeted areas for the new ITN type from the Segou region to four districts in the Sikasso region as described in this report.

Customs clearance and import fees for the ITNs were waived by the Government of Mali. Upon arrival in the country, the ITNs were stored in two warehouses in Bamako with specific inventory tools (stock sheets) for each type of ITN prior to their transportation directly to health districts.

Throughout the transport and storage of the ITNs, supply chain management tools were in place to track and ensure accountability. For example, stock cards were used to record all receipts and outgoing of ITNs at each warehouse, and waybills, delivery notes and reports (PVs) were filled out during the transport and receipt of ITNs, respectively.

Security at the district warehouses was organized by the local coordination committee. The transport of ITNs from the districts to fixed distribution points or pre-positioning sites was organized by the DHMT. For areas plagued with insecurity, such as the Mopti region, DHMT hired local transporters to transport small quantities of ITNs to the fixed distribution points or pre-positioning sites. The controls in place for the transportation included utilization of delivery slips and reviewing warehouse records. ITNs were received by CHWs and the village chiefs at the pre-positioning sites (for door-to-door distribution) and the distribution points (for fixed site distribution). The security for the ITNs was

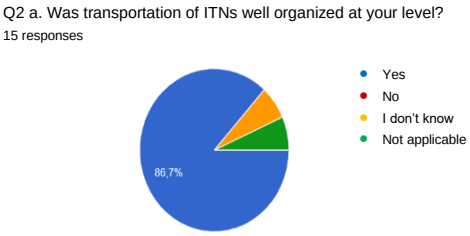
organized by the CHWs and the village chiefs for each location that ITNs were stored at the sub-district level.

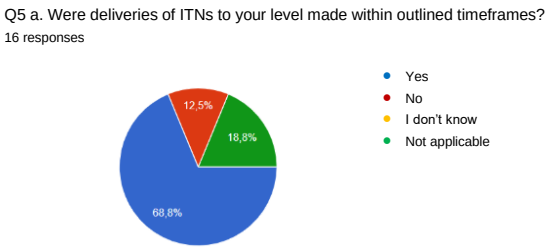
The major difficulties encountered were related to:

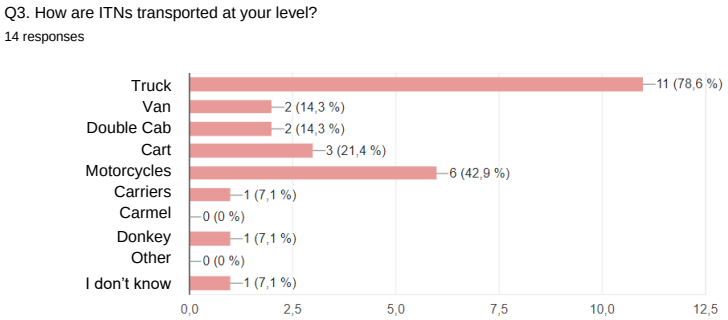
- Last mile logistics: This proved to be a very complex task during the distribution period in urban areas using a door-to-door strategy. It was difficult to coordinate the delivery of ITNs to distribution teams that go from door-to-door at the household level using tricycles
- Waste management: ITNs were handed over to household recipients in their packaging but with the packaging torn open to prevent resale. Communication messages during distribution did not include guidance on what to do with the packaging at the household level
- ITN quantification: The quantification for IG2 ITNs was initially conducted for the Segou region for the 2019 campaign. Owing to delays in ITN delivery to the country, the IG2 ITNs were reallocated to four districts in the Sikasso region. This change led to a large quantity of IG2 ITNs (334,061) being left in the national warehouse in Bamako after the four districts of Sikasso (*Kadiolo, Selengué, Yanfolia and Yorosso)* had been supplied.

Photograph 4: Last mile logistics, Kangara CSCOM, Kadiolo District

Figure 6: Graphs and remarks from the online survey related to logistics







Remarks: 16 responses related to logistics were collected through the online survey. In summary:

- 86.7 per cent said that ITN transportation was well organized at their level
- 68.8 per cent confirmed that ITNs were delivered to their level within the planned timeframe
- Trucks (78.6 per cent of respondents), motorcycles (42.9 per cent of respondents and double-cab pickup trucks (14.3 per cent of views) were the most used means for transporting ITNs

6.5. Training of actors

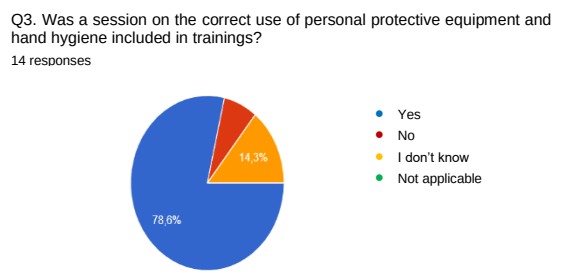
Trainings focused on microplanning, household registration, ITN distribution, campaign logistics and supervision were planned as part of the initial campaign strategy. Due to the COVID-19 pandemic, some trainings were modified and simplified, including those related to microplanning, ITN distribution and supervision. All district-level trainings were conducted face-to-face in rooms with handwashing facilities at the entrance and respect for physical distancing between participants.

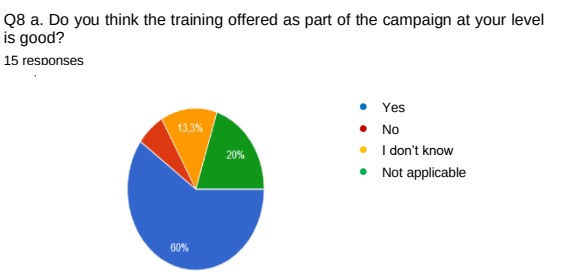
Trainings for CHWs for the ITN distribution and for town criers were organized in the form of short orientation sessions in small groups, with handwashing facilities at the entrance and physical distancing between participants. In some localities, the training of CHWs for distribution and town criers was conducted in open air settings.

Standard operating procedures, developed for both the fixed site ITN and door-to-door distribution strategies, were used as the basis for the training of the CHWs to mitigate potential risks associated with a simplified training. These included:

- For fixed site distribution: COVID-19 infection prevention measures, verification of the names of heads of households, filling in tally sheets and key IPC messages to be communicated
- For door-to-door distribution: COVID-19 infection prevention measures, definition of household and concession[6], verification of the names of heads of household, filling in tally sheets and key IPC messages to be communicated

Figure 7: Graphs and remarks from the online survey related to training





[6] Enclosure for housing with a group of households.

Remarks: 16 responses related to training were collected through the online survey. In summary:

- 78.6 per cent said that the training included a session on the correct use of PPE and on hand hygiene
- 60.0 per cent indicated that the training provided was good

6.6. Household registration and distribution of vouchers

Household registration and distribution of vouchers as an independent phase was cancelled as part of the COVID-19 strategy adaptations. In place of household registration, village chiefs were responsible for providing a list of households in their communities in collaboration with CHWs.

Village chiefs established lists of heads of households and these lists were used at the fixed distribution sites and during the door-to-door distribution. This was done to ensure that each registered household received their allocated five ITNs either at the fixed distribution site or from door-to-door teams.

6.7. Distribution of ITNs

In rural areas at fixed distribution points, distribution teams, based on their SOPs, undertook the following activities:

- Verification of the name of the household representative on the lists provided by CHWs and village chiefs
- Distribution of five ITNs for each household representative present at the distribution site
- Marking of the tally sheet for each ITN distributed to the household representative *(mark five circles for the five ITNs handed over)*
- Delivering key messages to the household representatives before their departure from the distribution point

Photograph 5: Permanent distribution site in the Ouatialy CSCOM, Kadiolo District

In urban areas, during door-to-door visits, distribution teams used the SOP to:

- Introduce themselves to the head of the household or his or her representative
- Identify the head of household on the list provided by the village chiefs and CHWs

- Distribute five ITNs to each head of household or his/her representative
- Mark the tally sheets when handing over the five ITNs *(mark five circles for the five ITNs handed over)*
- Pass key interpersonal communication messages

It should be noted that provisions were made for the management of special cases:

⇒ **Household cases with single occupant:** The instruction was to give one ITN per household

⇒ **For large households** *(defined as 25 or more people in the household):* The instruction was to divide the number of household members by eleven to get the number of sub-households and round down. Then apply the principle of five ITNs to each:

- ***E.g. 25 people / 11 = 2.27 rounded down to two households so ten ITNs***

Photograph 6: Door-to-door distribution, Koko neighborhood, Kadiolo District, a head of household receiving IG2 ITNs

Tables 4 to 9 present the validated results of the distribution of ITNs at the end of the campaign in the four regions.

Table 4: Validated results of the distribution of ITNs in the MOPTI region

Health district	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Households covered	Household coverage rate %	Distribution rate %	ITN quantity remaining
Bandiagara	439,007	49,908	249,539	262,017	246,053	49,211	98.60	93.91	15,964
Bankass	372,159	42,270	204,160	217,093	180,210	36,042	85.27	83.01	36,883
Djenné	292,782	32,531	162,657	167,193	167,193	33,439	102.79	100.00	-
Douentza	319,436	35,493	135,736	204,194	128,137	25,627	72.20	62.75	76,057
Koro	514,160	73,243	366,215	298,258	288,260	57,652	78.71	96.65	9,998
Mopti	520,571	58,379	291,492	353,171	353,171	70,634	120.99	100.00	-
Tenenkou	231,671	25,741	128,706	138,746	138,746	27,749	107.80	100.00	-
Youwarou	150,825	21,546	107,732	87,985	87,978	17,596	81.66	99.99	7
Total	**2,840,611**	**339,112**	**1,646,238**	**1,728,657**	**1,589,748**	**317,950**	**93.76**	**91.96**	**138,909**

Remarks: ~ 94 per cent of the ITNs available for distribution were received by households. A quantity of 138,909 ITNs remains to be managed in accordance with NMCP directives for managing remaining campaign nets.

Table 5: Validated results of the distribution of ITNs in the KAYES region									
Health district	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Households covered	Distribution rate %	Household coverage rate %	ITN quantity remaining
Bafoulabé	181 645	20 183	115 442	106 000	103 796	22 140	97,92	109,70	2 204
Diéma	299 350	33 261	166 306	174 650	172 677	34 723	98,87	104,40	1 973
Kayes	725 395	80 599	403 005	423 150	418 517	79 401	98,91	98,51	4 633
Kénièba	278 543	30 949	154 746	162 500	162 288	31 871	99,87	102,98	212
Kita	484 917	53 880	272 096	287 300	286 542	46 541	99,74	86,38	758
Nioro	323 599	35 955	179 777	188 800	188 139	40 410	99,65	112,39	661
Oussoubidiagnan	148 622	16 514	82 568	86 700	83 100	15 946	95,85	96,56	3 600
Sagabari	55 026	6 114	30 570	32 100	32 100	6 526	100,00	106,7	-
Séféto	67 460	7 496	37 478	39 400	37 450	6 088	95,05	81,22	1 950
Yélimané	249 516	27 724	139 904	145 600	139 773	29 106	96,00	104,98	5 827
Total	**2,814,073**	**312,675**	**1,581,892**	**1,646,200**	**1,624,382**	**312,752**	**98.67**	**100.02**	**21,818**

Note: ~ 98 per cent of the ITNs available for distribution were received by households, with a high household coverage *(99 per cent).* A quantity of 21,818 ITNs remains to be managed in accordance with NMCP directives for managing ITN campaign leftovers.

Table 6: Validated results of the distribution of ITNs in the KOULIKORO region									
Health district	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Households covered	Distribution rate %	Household coverage rate %	ITN quantity remaining
Banamba	269,348	29,928	149,638	157,150	157,150	46,547	100.00	155.53	-
Dioila	375,560	41,729	173,786	219,100	212,700	39,018	97.08	93.50	6,400
Fana	319,925	35,547	177,736	186,637	186,637	56,989	100.00	160.32	-
Kalaban Coro	349,970	38,886	194,428	261,600	261,442	100,976	99.94	259.67	158
Kangaba	142,606	15,845	79,225	114,650	114,650	22,929	100.00	144.71	-
Kati	710,000	78,949	394,747	469,500	469,500	164,475	100.00	208.33	-
Kolokani	331,190	36,800	184,000	193,200	188,550	46,695	97.59	126.89	4,650
Koulikoro	298,893	33,210	166,052	174,350	174,350	39,816	100.00	119.89	-
Nara	344,600	38,293	38,293	201,050	201,050	63,994	100.00	167.12	-
Ouelessébougou	281,909	31,323	156,616	137,350	137,150	25,998	99.85	83.00	200
Total	**3,424,000**	**380,510**	**1,714,521**	**2,114,587**	**2,103,179**	**607,437**	**99.46**	**159.64**	**11,408**

Note: ~ 99 per cent of the ITNs available for distribution were received by households, with a high household coverage *(159.64 per cent)* and 11,408 ITNs remain to be managed in accordance with NMCP directives for remaining campaign nets.

Table 7: Validated results of the distribution of ITNs in the SIKASSO region									
Health district	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Number of households covered	ITN distribution rate %	Household coverage rate %	ITN quantity remaining
Bougouni	655 825	72 869	364 347	382 600	382 600	75 727	100,00	103,92	-
Kadiolo	341 049	37 894	189 471	198 950	197 471	35 768	94,39	94,39	1 479
Kignan	165 151	18 350	91 751	96 350	96 350	15 922	100,00	86,77	-
Kolondièba	288 272	32 030	160 152	168 200	168 200	34 293	100,00	107,06	-
Koutiala	818 436	90 937	341 917	477 450	475 496	151 561	99,59	166,67	1 954
Nièna	177 227	19 692	98 459	103 400	100 743	20 285	97,43	166,67	2 657
Sélingué	114 833	12 460	65 088	67 400	63 890	12 460	94,79	100,00	3 510
Sikasso	691 949	76 883	384 416	403 650	403 650	108 123	100,00	140,63	-
Yanfolila	183 835	20 656	103 274	107 250	107 250	23 402	100,00	113,30	-
Yorosso	300 921	33 435	167 178	175 550	166 788	39 723	95,01	118,81	8 762
Total	**3,737,496**	**415,207**	**1,966,053**	**2,180,800**	**2,162,438**	**517,264**	**99.16**	**124.58**	**18,362**

Note: ~ 99 per cent of the ITNs available for distribution were received by households, with a high household coverage *(124.58 per cent)* together with proper administrative coverage. 18,362 ITNs were left at the end of the distribution period to be managed in accordance with NMCP directives for managing leftover campaign nets.

For an overview of the key results of the distribution campaign in the four regions, Table 8 presents the summary results on the overall distribution of ITNs in the four regions while Table 9 presents the summary results on the distribution of IG2 nets in the four districts of Sikasso region.

Table 8: Summary of validated results of ITN distribution in the four regions

Regions	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Households covered	Distribution rate %	Household coverage rate %	ITN quantity remaining
Kayes	2,814,073	312,675	1,581,892	1,646,200	1,624,382	312,752	98.67	100.02	21,818
Koulikoro	3,424,000	380,510	1,714,521	2,114,587	2,103,179	607,437	99.46	159.64	11,408
Sikasso	3,737,496	415,207	1,966,053	2,180,800	2,162,438	517,264	99.16	124.58	18,362
Mopti	2,840,612	339,112	1,646,238	1,728,657	1,589,748	317,950	91.96	93.76	138,909
Total	**12,816,181**	**1,447,504**	**6,908,704**	**7,670,244**	**7,479,747**	**1,755,403**	**97.31**	**119.50**	**190,497**

Note: It should be noted that after distribution, there was a residual global stock of approximately 190,497 ITNs, of which 176,746 were standard ITNs in the four regions *(Mopti, Koulikoro, Kayes and Sikasso).*

Table 9: Summary of validated results of IG2 ITN distribution in the four districts of the Sikasso region

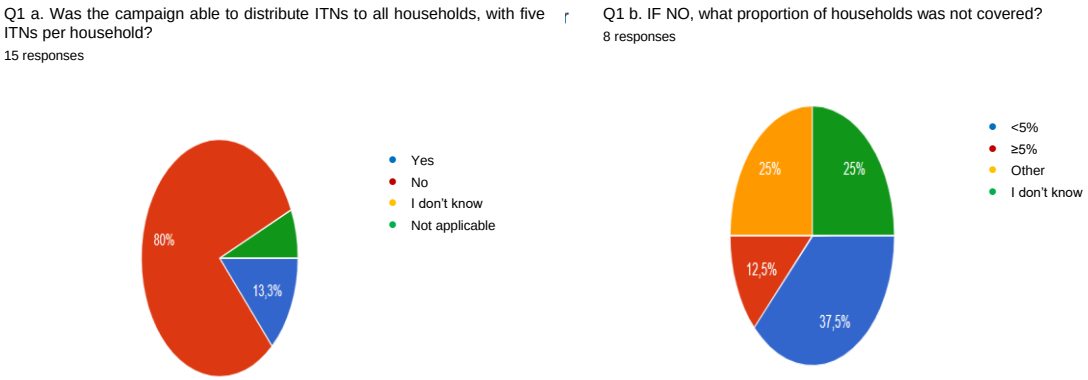
Districts	Population microplanning in 2020	Number of households at microplanning	ITN microplanning quantity	ITN quantity pre-positioned	ITN quantity distributed	Households covered	Distribution rate %	Household coverage rate %	ITN quantity remaining
Kadiolo	341,049	37,894	189,471	198,950	197,471	35,768	94.39	94.39	1,479
Sélingué	114,833	12,460	65,088	67,400	63,890	12,460	94.79	100.00	3,510
Yanfolia	183,835	20,656	103,274	107,250	107,250	23,402	100.00	113.30	-
Yorosso	300,921	33,435	167,178	175,550	166,788	39,723	95.01	118.81	8 762
Total	**940,638**	**104,445**	**525,011**	**549,150**	**535,399**	**111,353**	**96.04**	**106.62**	**13,751**

Note: It should be noted that after distribution, there was a residual global stock of approximately 13,751 IG2 in the four districts *(Kadiolo, Sélingué, Yanfolia and Yorosso).*

The main difficulties observed during the distribution of ITNs were as follows:

- ITN allocation: The fixed quantity of five ITNs allocated to each household was insufficient for the size of some households. During the household interviews, 11 of the 16 households visited (total household members: 331 persons) indicated that the ITNs received were insufficient for their household size (total ITNs received: 127 ITNs)
- Lack of household registration data: It was much more complex to carry out the distribution based on the nominal lists of households provided by the village chiefs and CHWs without first counting the households
- Adherence to COVID-19 infection prevention measures: The populations did not respect the physical distancing measure during distribution at fixed distribution points
- Waste management: Instructions given in relation to the management of packaging waste from the IG2 ITNs seemed inadequate as they stipulated that ITNs should be given only after tearing open just the packaging to prevent resale. No information was provided for final management of the packaging at the household level.

Figure 8: Graphs and remarks from the online survey related to ITN distribution



Remarks: 15 responses related to distribution were collected through the online survey. In summary:

- 80 per cent said that with five ITNs per household, not all household members were covered
- 37.5 per cent estimated the proportion of households not covered to be below five per cent while 12.5 per cent estimated that this proportion exceeded five per cent

6.8. Supervision, monitoring and evaluation/data management

Supervision was designed to support the various campaign actors, at all levels, in the planning and implementation of the different activities leading to the distribution of ITNs. It was carried out by national, regional, district and community supervisors. Supervision tools were developed and used to ensure standardized supervision of the distribution of ITNs.

At the health facility level (CSCOM), local supervision of activities was assigned to heads of CSRef who in turn received support from the Technical Director of the CSCom .

All supervisors were responsible for ensuring, among other things, the effectiveness of training sessions for ITN distribution, correct interpersonal communication and key message dissemination, including ITN hanging demonstrations, proper use of campaign management tools, the correct application of the allocation key of five ITNs per household, and any other activity relating to ensuring a high-quality ITN distribution.

Supervisors at the district, regional and national levels were also responsible for completing the rapid monitoring form to ensure quality and geographic coverage of households.

At the end of each day of ITN distribution, debriefing sessions were held at district and regional levels to take stock of the day's activities and progress against targets and to take any corrective measures necessary. During their activities, all supervisors were required to follow COVID-19 infection prevention and control measures.

A process evaluation was conducted post-campaign, where interviews at the household level were conducted. Of a total of 16 households interviewed in four different districts (see above for information about the districts selected), all said that the ITN campaign went well. Of the 16 households, 14 said that they had received information about the campaign from CHWs, the radio, TV and/or places of worship.

Eleven households indicated that the set of five ITNs they received did not meet their need for ITNs and the size of their households. All households interviewed said they received key messages either at distribution sites or during door-to-door visits. All households interviewed claimed to have other ITNs received through other distribution channels, such as antenatal care (ANC) and expanded programme for immunization (EPI) routine distribution.

In addition, an independent post-campaign follow-up is planned and will be conducted in each region to assess the quality of distribution and to evaluate the impact of ITN use through the next *Malaria Indicator Survey (MIS)* in 2021[7].

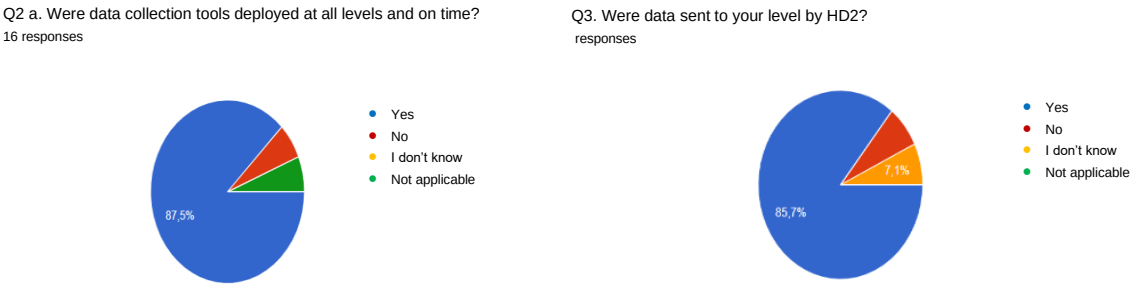
With respect to data collection and reporting, the Technical Director of CSCom (Technical Director of Community Health Centres) summarized daily ITN distribution data from the distribution teams that they recorded in DHIS2. The distribution data were available through DHIS2 each day at all levels (district, regional and national).

The main difficulty encountered was the absence of community supervisors in some localities linked to inadequacies during microplanning.

[7] https://dhsprogram.com/methodology/survey/survey-display-574.cfm

Photograph 7: Supervising NMCP and PSI team in the Kadiolo District

Figure 9: Graphs and remarks from the online survey related to monitoring and evaluation



Remarks: 16 responses related to monitoring and evaluation were collected through the online survey. In summary:

- 87.5 per cent affirmed that data collection tools were deployed at all levels and on time
- 87.5 per cent confirmed that data were transmitted through the DHIS2 platform

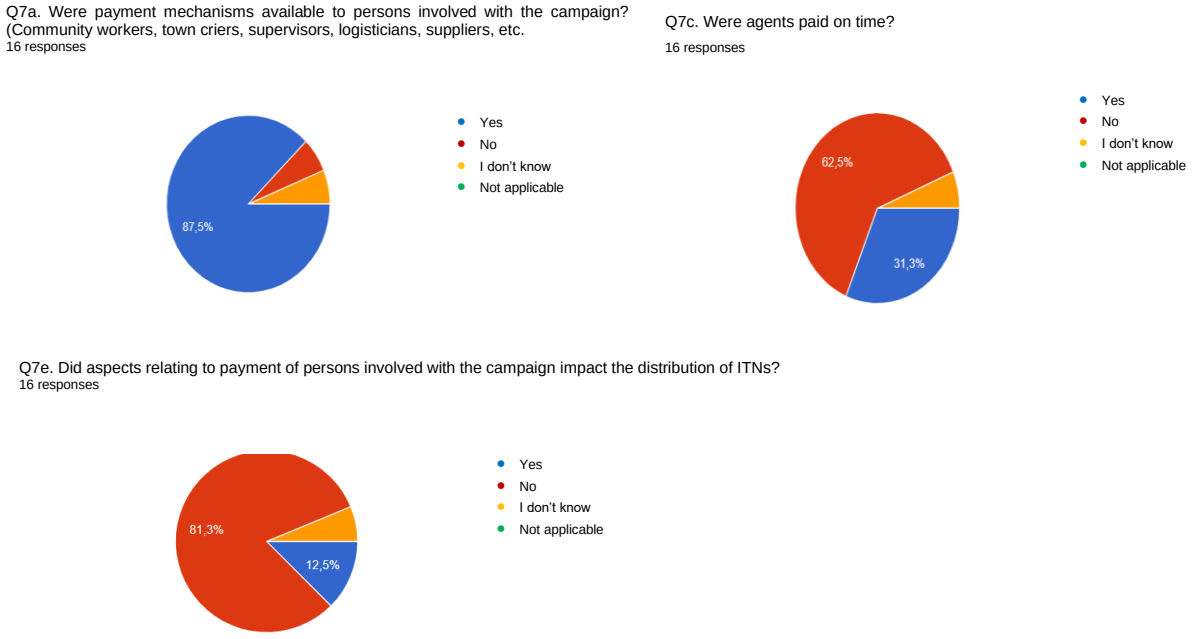
6.9. Financial management

The overall budget for the operational costs of the campaign stands at:

- Mopti region: CFA F 153,074,796 (USD 283,651) or 102 CFA per ITN (USD 0.18)
- Kayes region: CFA F 167,940,528 (USD 311,197) or 94 CFA per ITN (USD 0.17)
- Koulikoro region: CFA F 197,862,840 (USD 366,644) or 90 CFA per ITN (USD 0.16)
- Sikasso region: CFA F 206,792,088 (USD 383,190) or 96 CFA per ITN (USD 0.18)

An important aspect of this multi-product campaign in Mali was the payment of operational level actors by mobile phone *(Orange Money).* Overall payments were on time, though there were some payments that had delays, largely related to late submission of supporting documents by community agents to allow for the disbursement of money by PSI Mali via Orange Money.

Figure 10: Graphs and remarks from the online survey related to payment mechanism



Remarks: 16 responses related to coordination were collected through the online survey. In summary:

- 87.5 per cent stated that payment mechanisms for different actors were in place
- 62.5 per cent held that payment of agents was not made on time and 81.3 per cent said payment issues did not impact the distribution of ITNs

6.10. Waste management

Waste generated during the campaign included the individual packages for the IG2 ITNs, the baling and strapping on the ITNs distributed, and the PPE equipment provided for COVID-19 infection prevention and control. In areas where standard ITNs were distributed, the ITNs were provided without individual packaging.

During the distribution, instructions were provided that five ITNs be handed over to each household after tearing open the packaging *(see standard operating procedures)* but with the ITNs still in the torn open packaging. Households were therefore expected to manage the disposal of the plastic packaging at home, though no instructions were provided on appropriate waste management. Campaign documents do not bear any information on management of packaging waste at the household level.

During the distribution, all waste other than the IG2 ITN packaging was collected *(used masks and gloves)* and then sent for incineration at the CSCOM.

The main difficulties observed in relation to waste management were:

- Insufficient guidelines on what to do with packaging, especially for IG2 ITNs
- Non-functional incinerators at some CSCOM sites *(see interviews with CSCOM managers)*

7. RESULTS OF THE CAMPAIGN'S PROCESS EVALUATION

Table 9: Summary of the process evaluation remarks and recommendations

COMPONENTS	POSITIVE ASPECTS	AREAS FOR IMPROVEMENT	RECOMMENDATIONS
Coordination	⇒ Coordinating bodies were operational at all levels and meetings were held regularly. ⇒ Good collaboration and communication between the different levels of coordination (national technical committee, regional committees and local coordination committees), which proved to be effective, especially on aspects relating to the allocation of ITNs and dissemination of strategic changes caused by the COVID-19 pandemic. ⇒ Involvement of national level managers, regional managers and health district managers *(NMCP executives, Mali PSI executives, Mali governors, prefects, regional health directors, doctors, health district managers)* to coordinate the implementation of the campaign, to adapt campaign strategies to the COVID-19 context and to involve as many partners as possible at all levels. ⇒ The use of new communication technologies (*Zoom between the national level and the regions)* and social media *(WhatsApp between the health districts with CSCOM)* has been a major solution to the ban on gatherings, a restrictive measure imposed because of COVID-19.	⇒ The option of cancelling the household registration was one of the major changes. However, no specific instructions were communicated to the various coordination entities, particularly the Local Organizing Committees, advising them to use the lists of household heads drawn up by village heads and ultimately to validate the results at the level of each district. Strict adherence to these lists could have limited the number of unregistered households.	⇒ Plan to organize debriefing meetings with coordination committees at different levels to compile recommendations to be included in the final report on the campaign. ⇒ For future campaigns, consider the advantages and disadvantages, based on experiences in 2020, of implementing household registration before distribution, while ensuring COVID-19 infection prevention and control.
Campaign implementation modalities	⇒ A clear definition of the roles and responsibilities of the main actors of the campaign and at different levels of organization. ⇛ Adapted campaign process to the COVID-19 pandemic context *(for details, see 6.1)* ⇒ Campaign documents state that the five ITNs should be handed over to the household representative only after tearing open the packaging.	⇒ Campaign materials did not provide guidance on the management of packaging at the household level.	⇒ Through post-campaign communication, address the issue of correct waste management for households that received the individually packaged ITNs *(IG2 ITNs).* ⇒ For future campaigns, reinforce compliance with waste management instructions by sending daily reminders to supervisors and distribution teams via WhatsApp and other communication channels.
Macro- and microplanning	⇒ Macroplanning organized involving all campaign stakeholders. ⇒ Microplanning organized involving operational levels *(district*) and accounting for key campaign areas (*logistics, communication, finance, security, and monitoring and evaluation).* ⇒ Adapting to the COVID-19 pandemic:	⇒ The COVID-19 pandemic has led to the revision of most of the campaign documents. Some initially planned activities were cancelled or revised. Other tasks were added to the campaign	⇒ With such a complex situation (*COVID-19 context, substantial revisions to the distribution strategy, multi-product aspect of the campaign*), a solid risk assessment and mitigation plan, as well as a rumour

	• Drafted "Campaign Operational Guidelines in the Context of COVID-19" - May 2020. • Updated microplans to integrate strategic revisions and inputs against COVID-19 - May 2020. • Updated the timeline, setting new dates for the campaign - May 2020.	process, including the quantification and acquisition of COVID-19 infection prevention and control materials. ⇒ Microplanning started late relative to the planned ITN distribution schedule. During microplanning, the number of expected households was underestimated in some districts *(Yorosso, Sikasso region).* The same underestimation of needs applies to the number of community supervisors in some localities.	management plan, should be put in place and shared with the operational levels to be adapted to local contexts. Risk and rumour plans should be updated periodically. ⇒ Maintain the bottom-up, participatory microplanning approach for future campaigns, with greater involvement of district-level teams. The process should consider the needs and materials related to the prevention of COVID-19. ⇒ When validating microplanning data, ensure that the data recorded for population and estimated number of households are correct. Triangulate with other data sources *(local authorities RGPH (census), recent household counts, EPI data, etc.).* ⇒ Begin microplanning early (*at least 4—6 months before the campaign).*
Communication	⇒ A communication plan was available and disseminated to all levels to inform and engage all stakeholders. ⇒ Communication activities were adapted to the COVID-19 pandemic context, more specifically, with communication on the revisions of the distribution strategy according to zones (urban vs rural), the allocation of five mosquito nets per household and respect of prevention measures *(handwashing, mask wearing and physical distancing)*. ⇒ Communication materials (banners) deployed and radio spots on the campaign broadcast in five local languages *(Bambara, Kassonké, Mamara, Senoufo and Soninké)* and in French. ⇒ Neighbourhoods mobilized by town criers with megaphones. ⇒ Symbolic launch of the campaign in Sikasso with regional authorities utilizing COVID-19 precautions (physical distancing and mandatory mask wearing).	⇒ Given the fact that households had not been registered beforehand, distribution teams involved in the community and district supervisors were tasked to inform and educate the population of the reasons for the change in the number of ITNs distributed per household *(allocation of five ITNs/household)* so that the population could understand the unique circumstances of this year's ITN distribution during COVID-19. ⇒ Microplanning documentation shows that communication aspects were not addressed during the microplanning process.	⇒ Continue post-campaign dissemination of awareness messages promoting the use of ITNs by all family members, every night, throughout the year. ⇒ For future campaigns, consider microplanning for communication activities as part of the overall campaign microplanning process.

	⇒ Media coverage of the ITN distribution activities by local radio stations, including interviews with various campaign actors during their activities. ⇒ Outreach activities strengthened with town criers, broadcasting of spots and radio programmes on community radio stations to compensate for the fact that some activities were simplified as a result of COVID-19.		
Logistics:	⇒ Clarity of logistics arrangements *(for details, see 6.4).* ⇛ Various logistics committees were involved at different levels in the organization and management of the supply chain. ⇛ The Malian Government waived the costs of import and customs clearance for the ITNs. ⇒ ITNs were pre-positioned in regional warehouses and subsequently at the level of the village chiefs. ⇒ Organization of "last mile logistics" through the deployment of tricycles and carts to supply the door-to-door distribution teams in urban areas. ⇒ Availability of management tools for ensuring ITN accountability prior to the arrival of ITNs.	⇛ The quantities of ITNs pre-positioned in certain localities proved insufficient to meet the needs of the households to be covered *(the urban area of the Sikasso district, for example).* The main reason for this was poor collection of microplanning data, which was often done remotely, and population data from certain districts not being validated. ⇒ In the districts that distributed IG2 ITNs during the campaign, not all CSCOM had been supplied with IG2 ITNs for routine distribution. ⇒ Coordinating supply and resupply to door-to-door teams was very difficult. The number of tricycles deployed in certain CSCOM catchment areas was insufficient to meet demand. ⇒ Change in the distribution area for IG2 ITNs, from the Segou region to the Sikasso region *(for details see 5.5).* ⇒ Absence of available guidelines at the time of campaign for managing leftover campaign ITNs, including 176,746 standard ITNs and 13,751 IG2s in the four regions (*Mopti, Koulikoro, Kayes and Sikasso)*.	⇒ Ensure that all microplanning data are validated and ensure that the quantities of ITNs planned in micro logistic plans are sufficient compared to the number of households expected to be covered in the CSCOM ⇒ Ensure that all CSCOM in districts that distributed IG2 ITNs during the campaign are supplied with IG2 stock for routine distribution. In case these CSCOM still have stocks of standard ITNs, ensure that the two stocks are managed with specific tracking tools for each type of ITN and that procedures are clear in terms of which stock to distribute first. ⇒ For future campaigns, microplanning should focus also on identification of functional waste incineration at the CSCOM level. ⇒ For future campaigns, last-mile logistics organization should take account of functional waste incineration available at the CSCOM level. ⇒ Ensure that guidelines on the management of the stock of 334,061 IG2 ITNs still in the Bamako warehouse are developed and disseminated as soon as possible.

			⇒ Issue guidelines to manage the remaining 190,497 ITNs from the campaign in line with NMCP policies and procedures.
Campaign trainings	⇒ Capacity-building trainings were provided to the main actors *(supervisors, regional logisticians, district logisticians, distribution team members).* ⇒ Training materials and tools *(training modules, standard operating procedures)* were available. ⇒ Training sessions were organized in compliance with infection prevention measures and in small groups with handwashing facilities installed to minimize the risk of transmitting COVID-19 between participants. ⇒ Training sessions were complemented with SOP that included COVID-19 infection prevention measures provided to all the trained campaign actors. The SOPs given to trained distribution team members aimed to improve any shortcomings related to simplifying the training.	⇒ With infection prevention measures in place against COVID-19, time for conducting training in small groups was more limited than during a typical ITN campaign.	⇒ Emphasize practical exercises and role-playing during these trainings, including practising COVID-19 infection prevention measures. ⇒ Information and Communication Technology (ICT) should be used where possible, including organizing training sessions through online platforms such as Zoom. Alternatively, modules in the form of e-learning online or short videos shared through WhatsApp could be considered depending on the level, capacity and availability of technology for campaign actors at each level.
Implementation-ITN distribution	⇒ Distribution of ITNs to households. ⇒ Clear instructions for organizing the distribution of ITNs at fixed distribution points in rural areas *(for details see 6.7).* ⇒ Clear instructions for organizing the door-to-door distribution of ITNs in urban areas. ⇒ Door-to-door distribution agents took care to mark households visited. ⇒ Compliance with infection prevention measures (handwashing with soap, physical distancing of at least one metre and use of protective masks) by both fixed site and door-to-door teams. ⇒ Guidelines exist for the management of specific household contexts, respectively single households and large households (25 or more people in the household).	• Allocating a fixed number to each household based on average household size led to over and under allocation of ITNs to households. • Distribution based on nominal household lists provided by village chiefs and CHWs proved to be much more complex, as some localities ended up with a large quantity of leftover stock while others did not have enough. • There were no guidelines for managing cases of households that went to fixed distribution points or were visited during the door-to-door distribution who were not on the list provided by the CHWs and the village chief. • Strategies for internally displaced persons (IDPs) were not clearly and	⇛ In future campaigns, consider the advantages and disadvantages, based on experiences in 2020, of household registration as a stand-alone phase to determine ITN needs and ITN allocation. If the option of using nominal lists compiled by village chiefs and CHWs is selected, take care to integrate key information about these lists *(number of households, household size, etc.)* with the microplanning model. ⇛ Ensure that clear guidelines are in place for dealing with households that are not on the lists. ⇒ In future campaigns, put in place plans that take IDPs into account, especially in insecure areas.

		sufficiently addressed, especially in insecure areas (Mopti region).	⇒ IDPs and other key populations should be identified during microplanning to ensure that they are registered and ITNs distributed to them.
Waste management:	⇒ Campaign documents included instructions regarding waste management, both for ITNs and for COVID-19 protective equipment.	⇒ IG2 ITNs were handed to households with packaging (*see photograph 6).* ⇒ Information in campaign materials did not provide guidance on the management of packaging from IG2 ITNs at the household level. .	⇒ Post-campaign communication, in addition to aspects related to the correct use of ITNs, should also specifically address the management of IG2 ITN packaging at the household level. ⇒ For future campaigns, put in place very clear instructions on waste management and ensure that supervisors thoroughly check that campaign waste management is carried out according to the instructions given. Supervision checklists and SOPs should include a section on waste management. ⇒ For future campaigns, reinforce compliance with waste management instructions by sending daily reminders to supervisors and distribution team members via WhatsApp and other communication channels.
Monitoring and evaluation and data management	⇒ Clear description of data collection and management, with relevant tools made available at all levels. ⇒ Staff involved in primary campaign data collection and supervision of activities were trained. ⇒ Supervision was implemented with involvement of personnel from all levels *(CSCom, district, regional and national).* ⇒ Standardized tools (forms) were used for supervision. ⇒ Daily debriefing sessions were held in districts and regions. ⇒ Rapid follow-up by supervisors at the district, regional and national levels. ⇒ Use of DHIS2 as a basis for compiling and transferring campaign data from the CSCom to higher levels and ensuring access to data by campaign personnel at all levels for decision-making.	⇒ Insufficient number of local supervisors in some localities due to inadequacies during microplanning. Local supervision was a role assigned to the TDC (Technical Director of Community Health Centres) .	⇒ For future campaigns, plan for sufficient local supervisors, depending on the number of distribution teams deployed, to ensure proper supervision and guarantee quality control of data from the primary data sources. ⇒ Use evidence from rapid monitoring forms in developing recommendations for the final campaign report.

Financial management	⇒ Payment mechanisms were put in place *(mobile payments and bank transfers)* for actors involved in campaign activities. ⇒ PSI Mali's top administrative and financial managers were involved in the supervision of payments to campaign agents. ⇒ Payment of community-level actors through a mobile payment system *(Orange Money).*	⇒ Guidance on the financial management of the campaign and the verification and control mechanisms were not addressed in the various campaign implementation documents. ⇒ Cases of delays or failures in the payment of CHWs through the mobile payment system were recorded and were largely related to delays in sending supporting documents from the community levels.	⇒ Conduct an evaluation of the mobile phone payment mechanism for CHWs used in this campaign and identify bottlenecks and challenges aimed at finding appropriate solutions before the next campaigns. Strengthen guidelines for managing and monitoring community payments. ⇒ Establish direct communication between staff who worked during the campaign (CHWs, town criers, etc.) and supervisors at all levels (CSCOM/CSRef, district, regional and national) to ensure case-by-case follow-up of payment delays or non-payments. If necessary, WhatsApp groups that were used during the campaign can be reactivated to facilitate this communication.
COVID-19 pandemic	⇒ Availability of PPE (hydro-alcoholic gel, masks). ⇒ Clear instructions for COVID-19 infection prevention and control during meetings *(online meetings on Zoom)* and trainings *(handwashing, physical distancing, small groups only).* ⇒ Clear instructions for COVID-19 infection prevention and control at fixed distribution points and during door-to-door visits: • Compliance with infection prevention measures such as physical distancing • Explanation provided as to why ITNs will not be hand delivered ⇒ All communication messages and all communication materials *(radio/TV spots and printed materials)* about the campaign were adapted to take into account COVID-19 pandemic context.	⇒ In some localities, the physical distancing measure of at least one metre was not respected.	⇒ In the post-campaign communication, in addition to addressing aspects on the correct use of ITNs, also investigate attitudes in relation to the use of an ITN by a person with COVID-19 and clarify misconceptions if any.
Monitoring ITN use	⇒ All households *(16 total, of which 15 included pregnant women and/or children under five years of age)* visited at random in the four districts of the Sikasso region reported having slept under a ITN the previous night.	⇒ The majority of households visited said they were not satisfied with the five ITNs allocated to their household. According to	⇒ Involve the CHWs and community radios to continue sensitizing households on the correct use of ITNs in the post-campaign period.

	⇒ All households reported having received key messages on airing of ITNs before hanging, as well as maintenance and use of ITNs.	them, five is insufficient for their needs and they requested more. ⇒ Households have not received instructions on how to manage/repurpose ITNs that are no longer serviceable. Campaign documents also did not address this issue.	⇒ For future campaigns, review ITN allocation in terms of advantages and disadvantages of the approach used. ⇒ Prior to the next campaign, it will be necessary to promote routine distribution as a means of strengthening and maintaining good household ITN coverage. ⇒ Continue to reflect on the management of ITNs that are no longer serviceable to outline a national policy for all malaria partners.

8. CONCLUSION

The key to the successful 2020 campaign in Mali lay first and foremost in the remarkable commitment of actors at all levels under the leadership of the NMCP, as well as the close collaboration and partnership with PSI Mali. The resilience shown by technical teams at all levels and their ability to adapt, in spite of COVID-19 restrictions, was remarkable.

The use of new technologies and social networks to maintain strong coordination in spite of restrictions related to COVID-19 helped to keep the campaign process on track and ensure the distribution of ITNs to households, the ultimate goal of the NMCP and its partners.

For future campaigns, efforts should be made to draft campaign documents and develop microplans based on updated population and household data. For this, collaboration with other bodies *(EPI, statistics)* will be necessary.

APPENDICES

Appendix A: LIST OF PROCESS EVALUATION PREPARATION DOCUMENTS

1. The Terms of Reference approved by NMCP Mali
2. The work plan for the process evaluation
3. Tentative list of documents for document review
4. Tentative list of contact persons

Appendix B: LIST OF PEOPLE INTERVIEWED, CONTACTED VIA ZOOM, GOOGLE FORMS, OR PHONE

1. Persons contacted via Zoom teleconference

Name	Given name	Occupation
Dr KONE	Diahara TRAORE	Assistant Director, NMCP
Curt	Von Boguslawski	PSI Mali/ Coordinator of World Bank Subventions
Dr PALATA	Olivier	Head of Monitoring/Evaluation/Data Management, UGP
DEMBELE	Bohy	Focal Point ITN Campaign/ NMCP
Dr YATTARA	Oumar	Head of Malaria Control, PSI/Mali
CAMARA	Gustave	Head of Communication (IEC) UGP

2. Persons interviewed *(via a delegation to the field in Sikasso)*

	Name	Given name	Occupation	Rural area	Urban	Health unit	Health district
1	DOUMBIA	Oumar	CSCOM Manager	N/A	N/A	Kaboila	Sikasso
2	TRAORE	Bakary	Head of household	Kaboila Missirida	N/A	Kaboila	Sikasso
3	TRAORE	Siaka	Head of household	Kaboila Missirida	N/A	Kaboila	Sikasso
4	SOUMAORO	Bintou	CSCOM Manager	N/A	Fama	Momo	Sikasso
5	KANE	Mamadou	Head of household	N/A	Fama	Momo	Sikasso
6	SANOGO	Firima	Head of household	N/A	Fama	Momo	Sikasso
7	TRAORE	Ousmane	CSCOM Manager	Carrière	N/A	Carrière	Selingué
8	KEITA	Mohamed	Head of household	Carrière Millionki	N/A	Carrière	Selingué
9	SYNAYOGO	Numon	Head of household	Carrière Millionki	N/A	Carrière	Selingué
10	DIAKITE	Youssouf	CSCOM Manager	N/A	Kangaré	Kangaré	Selingué
11	COULIBALY	Chaka	Head of household	N/A	Kangaré	Kangaré	Selingué
12	DICKO	Sidi	Head of household	N/A	Kangaré	Kangaré	Selingué
13	KEITA	Ibrahim	CSCOM Manager	N/A	Kignan	Central	Kignan
14	SANOGO	Bréhima	Head of household	N/A	Tienkorola	Central	Kignan
15	KONE	Abdul Karim	Head of household	N/A	Bolibana	Central	Kignan
16	KEITA	Alkaou	CSCOM Manager	Sanzana	N/A	Sanzana	Kignan
17	DIABATE	Youssouf	Head of household	Lafiabougou	N/A	Sanzana	Kignan
18	DIABATE	Siaka	Head of household	Sanzana	N/A	Sanzana	Kignan
19	COULIBALY	Amara	CSCOM Manager	Katèlè	N/A	Katèlè	Kadiolo

20	DIABATE	Alassane	Head of household	Katèlè	N/A	Katèlè	Kadiolo
21	BAMBA	Mariam	Head of household	Katèlè	N/A	Katèlè	Kadiolo
22	MARIKO	Salif	CSCOM Manager	N/A	Noumousso	Central	Kadiolo
23	OUATTARA	Adama	Head of household	N/A	Noumousso	Central	Kadiolo
24	COULIBALY	Barakissa	Head of household	N/A	Noumousso	Central	Kadiolo

3. Persons contacted via a survey through the Google Forms platform

The focal points of this process evaluation identified 68 key campaign actors. The identification was based on the different levels: national, regional and district.

At national level, members of the technical committee and sub-committee, NMCP management and technical team, technical partners and donors and civil society representatives were targeted.

At regional level, members of the regional coordination committee, regional health team, regional supervisor team, technical partners and civil society representatives were targeted.

At district level, members of the Local organizing committee and district health team were targeted.

Persons contacted through the Google Form platform: NATIONAL LEVEL		
No.	**Occupation/title**	**Name and given name**
1	NMCP Director	Dr Idrissa CISSE
2	Head of Division, Planning, Monitoring-Evaluation, NMCP	Dr COULIBALY Madina KONATE
3	Head of Vector Control, NMCP	Abdrahamane DICKO
4	Head of Division, Communication-Social Mobilization, NMCP	Mory CAMARA
5	PSI Mali/ Coordinator of World Bank Subventions	Curt Von Boguslawski
6	Head of Monitoring/Evaluation/Data Management, UGP	Olivier PALATA
7	Head of Supply	Souleymane KONE
8	Head of Communication (IEC) UGP	Gustave CAMARA
Members of the Technical Committee		
1	Assistant Director, NMCP	Dr KONE Diahara TRAORE
2	Head of Division, PPEC	Dr Vincent SANOGO
3	Focal Point ITN Campaign	Bohy DEMBELE
4	Head of Malaria Control, PSI/Mali	Dr Oumar YATTARA
Members of subcommittees (communication, logistics, monitoring and evaluation etc.)		
1	DNDS	Mah DIFEFAGA
2	CNIECS	Joséphine
3	Head of Communication	Cheick TRAORE PSI
National level supervisors not listed above		
1	Head of New Technologies and New Media NMCP	Amadou DIARRA
2	NMCP	TOURE Bassoum TOURE
3	NMCP	COULIBALY Suzanne SOGOBA
4	NMCP	Mrs DIALLO Aissata DOSSOU

5	NMCP	Dr Seybou COULIBALY
6	NMCP	COULIBALY Madjo DIARRA
8	NMCP	KEITA Mariam DIAKITE
TFP/civil society representatives who participated in various degrees in the campaign at the national level		
1	WHO Local Resource Person	Boubacar SIDIBE
2	UNICEF Local Resource Person	Samba DIARRA
3	USAID/PMI Local Resource Person	Jules MIHIGO
4	Civil Society (FENASCOM) Local Resource Persons	Yaya Zan KONARE

Persons contacted through the Google Forms platform: SIKASSO REGION		
No.	**Occupation/Title**	**Name and given name**
1	Regional Director for Health, Sikasso	Dr TRAORE Dramane
2	Malaria Focal Point	Dr SANOGO Dramane
3	Regional Focal Point for Communication	Dr DIARRA Kita Karim
4	Regional Focal Point for Health Information System	Mr COULIBALY Abdoulaye
Members of the Regional Coordination Committee		
1	Head of the Health Division	Dr TRAORE Bénoît
2	Head of DPC	Mr TRAORE Dramane
3	CAAJ	Mr DEMBELE Daniel
4	Pastor	Mr DIARRA Pierre
5	AGM, Hospital	Mr DIALLO Ousmane
Regional supervisors		
1	Head of Planning	Dr DIARRA Kita Karim
2	Focal Point Nutrition	Dr KONE Abdoulaye
3	DRPFEF	Mrs OUONOGO Aoua FOMBA
4	HR Manager, DRS	KEITA Issaka
TFP/civil society representatives who participated in the campaign at the regional level		
1	Resource Person, NGO **(PSI Regional Office, Sikasso)**	Dr DIAKITE Aliou
2	Resource Person, Civil Society Organization (**FERASCOM)**	Mr SANOGO Sounkalo
Other sector representatives who participated in various degrees in the campaign at the regional level		
1	Resource Person, Regional Authority	Mr DEMBELE Daniel
SIKASSO DISTRICT		
1	District Chief Medical Officer	Dr GOITA Aminata
2	Member of the Local Organizing Committee	Mr KONE Abdoul Amara
3	Community or religious leader	Mrs BAGAYOGO Kamissa
4	CSCOM Manager	Mr KONE Oumar CSCOM Banankoda
BOUNGOUNI DISTRICT		
1	District Chief Medical Officer	Dr SYLLA Mala
2	Member of the Local Organizing Committee	Dr DOUMBIA Adolphe
3	Community or religious leader	Mr SAMAKE Benjamin
4	CSCOM Manager	Dr CAMARA Kabinè

KADIOLO DISTRICT		
1	District Chief Medical Officer	Dr DIARRA Emilien (66853907)
2	Member of the Local Organizing Committee	Mr DIARRA Sidi (76208624)
3	Community or religious leader	Mr KONE Mamadou
4	CSCOM Manager (Malaria Focal Point)	Mr BOUGOUDOGO Guédiouma (78726069)
KIGNAN DISTRICT		
1	District Chief Medical Officer	Dr HAIDARA Fousseyni
2	Member of the Local Organizing Committee	Mr NIAMBELE Bakary
3	Community or religious leader	Dr SANGARE Abdramane
4	CSCOM Manager	Mr KONE Abdoul Amara
KOLONDIEBA DISTRICT		
1	District Chief Medical Officer	Dr SISSOKO Lassana
2	Member of the Local Organizing Committee	Mr MAIGA Elmohamoud
3	CSCOM Manager	Mr KONE Dramane
KOLONDIEBA DISTRICT		
1	District Chief Medical Officer	Dr SIDIBE Youssouf Diam
2	Member of the Local Organizing Committee	Mrs OUATTARA Halimata
3	CSCOM Manager	Mr DEMBELE Youssouf (FELASCom)
NIENA DISTRICT		
1	District Chief Medical Officer	Dr MAIGA Oumar Ina
2	Member of the Local Organizing Committee	Mr KEITA Badra Alou (Subprefect)
3	Community or religious leader	Mr KONE Bréhima (Imam)
4	CSCOM Manager	Mr DIAKITE Siaka (Felascom)
SELENGUE DISTRICT		
1	District Chief Medical Officer	Dr COULIBALY Moustapha
2	Member of the Local Organizing Committee	Mr KASSOGUE Jean Marie
3	Community or religious leader	Mr DOUMBIA Sekouba
4	CSCOM Manager	Mr KONE Mamadou
YANFOLILA DISTRICT		
1	District Chief Medical Officer	Dr DIALLLO Kounkoun Salif
2	Head or a Member of the Local Organizing Committee	Dr DOGONI Issa
YOROSSO DISTRICT		
1	District Chief Medical Officer	Dr COULIBALY Moustapha
2	Member of the Local Organizing Committee	Mr YATTARA Agaly Ag Inamoud
3	Community or religious leader	Mr BALLO Mamadou
4	CSCOM Manager	Dr MALLE Youssouf Diam

4. **Persons contacted via telephone**

Name	Given name	Occupation
Abdoul	Namogo	Head of Logistics-Supply
Gustave	Camara	Head of Communication
Dr DIARRA	Emilien	District Chief Medical Officer, Kadiolo
Mrs BAGAYOGO	Kamissa	Community Leader. Sikasso District
Mr DIARRA	Sidi	Member of the Local Organizing Committee, Sikasso District
Mr KONE	Oumar	CSCOM, Banankonda
Mr KONE	Mamadou	Religous Leader, Kadiolo District
Mr BOUGOUDOGO	Guédiouma	CSCOM Manager (Malaria Focal Point)
DOUMBIA	Oumar	CSCOM Manager - Rural - Kaboila/ Sikasso HD
SOUMAORO	Bintou	CSCOM Manager - Urban - Fama/ Sikasso HD
TRAORE	Ousmane	CSCOM Manager - Rural - Carrière Selingué HD
DIAKITE	Youssouf	CSCOM Manager - Urban- Kangaré/ Selingué HD
KEITA	Ibrahim	CSCOM Manager - Urban- Kignan Central/ Kignan HD
KEITA	Alkaou	CSCOM Manager - Rural- Sanzana/ Kignan HD
COULIBALY	Amara	CSCOM Manager - Rural - Katele/Kadiolo HD
MARIKO	Salif	CSCOM Manager - Urban- Noumousso/Kadiolo HD

Appendix C: BIBLIOGRAPHY

1. “Malaria Control Strategic Plan”, Mali 2018—2022
2. Action plan for free distribution campaign of Long-Lasting Insecticide-Treated ITNs (ITNs), Mali, 2020 Edition.
3. Operational Guidelines in the Context of COVID-19
4. Checklist on the fixed strategy for the Relay/Distribution Agent.
5. Checklist on the door-to-door strategy for the Relay/Distribution Agent.
6. Key messages during the COVID-19 pandemic
7. Rapid monitoring form
8. Initial household enumeration module
9. Initial module for distributor training
10. Template of the summary forms
11. Template of supervision forms
12. Scanned supervision forms for eight CSCOMs
13. The content of spots broadcast on the campaign are available via the links below:

    https://www.youtube.com/channel/UC-bnR6UbU_cpDZWKggzCS8Q

    https://www.facebook.com/watch/?v=687670151804289

14. Campaign documents for the five regions of the north of Mali, April 2019

Appendix D: LIST OF QUESTIONNAIRES USED FOR INTERVIEWS AND ONLINE INFORMATION GATHERING

⇒ The single questionnaire used for the national, regional and district levels can be accessed on the following link: https://docs.google.com/forms/d/1Edz7xJ8qQjuen0eakKax3KM47v7e7pZ_XT86uC_T7hk/edit

⇒ The questionnaire for CSCOMs can be accessed on the following link: https://docs.google.com/document/d/1Sqs1sYuDvcdWGHqpDms1eLcyCVY4ziLq/edit

⇒ The questionnaire for households can be accessed on the following link: https://docs.google.com/document/d/1QF21NQAXmAdWD53ZOxNR1YgmqjVJolmD/edit#heading=h.gjdgxs