Mali Integrated Campaign Results: Measles, Polio, Vitamine A, Albendazole, ITNs

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Coordination Team

Overview of presentation

- Context
- Objectives
- Preparatioins
- Implementation
- Results : measles, polio, ITNs, Vitamin A and Albendazole
- Problems
- Recommendations

Background

- In order to interrupt measles transmission, 95% of children U5 need to be immunized
- A single opportunity for vaccination is insufficient to reach 95% coverage, even with a high routine coverage rate.
- There was a measles catch-up campaign organized in 2001-2002 and a follow-up campaign in 2004
- Existing ITN distribution strategies were inadequate as NMCP data shows only 38,5% U5 sleep under ITNs
- There have been successful experiences with polio eradication, Vitamine A et de-worming during the National Nutrition Weeks (SIAN)

Objectives for the Integrated Campaign

- Reach high coverage (≥95%) of children ages 9-59 mos. regardless of prior vaccination status;
- Reach ≥95% coverage of U5s for polio vaccination;
- Reach 80% coverage of U5 with ITNs;

Campaign objectives (2)

- Reach at least 80% coverage for Vitamin A in children ages 6 to 59 mos. and post-partum women
- Reach at least 80% coverage in de-worming with Albendazol in children ages 12-59 mos and PPW

Preparations (1)

- Developed a workplan
- Advocated with the highest political levels
- Created three sub-committees (Technical, Logistics, Communication/social mob.
- Conducted micro planning
- Mobilized funding
- Sensitized authorities (social/health, administrative, political)
- Verified supplies and funding according to regional and district micro plans

Preparations (2)

- Delivered supplies, verified the cold chain
- Confirmed proper functioning of incinerators;
- Developed campaign cards and reporting forms
- Conducted a pilot in Fana District
- Revised campaign tools
- Trained supervisors, vaccinators and community workers (« relais »)

Campaign Roll-out

- **Conducted social mobilization and communication**
- **Organized an official launch by the President of Mali**
- **Supported supervision by national consultants and MOH supervisors**
- **Investigated suspected cases of adverse events (4 districts: Niono, Koutiala, Mopti, Ouéléssebougou)**
- **Collected, analyzed, transmitted data daily**

Partnership

Under the leadership of the Ministry of Health in Mali, the campaign was the product of close collaboration between diverse local and international partners who contributed nearly six(6) billion francs CFA or roughly 80% of the total budget of the campaign.

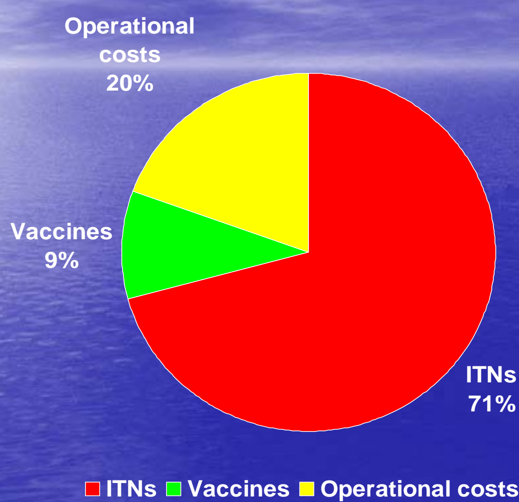
Costs incurred

Item	Amount in CFA	Sources of Funding
Consumables (vaccines, vitamin A, Albendazole, ITNs, markers)	5 337 410 487	UNICEF, PSI/USAID, Red Cross
Micro planning	25 312 200	GOM
Distribution of inputs (minus ITNs)	31 117 717	WHO
Distribution of ITNs	127 836 220	Red Cross, PSI/USAID, UNICEF
Training and Supervision	86 978 348	WHO
Per diem Vaccinators	373 537 847	GOM, WHO, UNICEF, Red Cross
Fuel Vaccinateurs	220 808 000	GOM, WHO

Costs incurred (continued)

Item	Amount in CFA	Source of Funding
Social Mobilization	178 060 125	USAID, ATN, Red Cross, PSI, HKI, VOICES Mali
Supplementary Costs	112 212 073	GOM
Stocking inputs	21 627 000	UNICEF, Red Cross, PSI, GOM
Printed documents – cards, forms, posters, etc.	40 000 000	USAID
Duty Office to collate data and trouble shoot	922 280	GOM, ATN/USAID
Incineration Costs	12 313 000	WHO
Total budget	6 598 499 077	

Inputs – Operational Costs



Vit A and Albendazole not included

Key Results

Item	Target	No. served	Cov (%)	Zero dose (%)	Wastage
Polio	2 800 797	2 957 387	106	5	8
Measles	2 547 819	2 562 537	101	4	4
ITN	2 369 905	2 232 468	94	NA	
Albend.	2 294 407	2 357 238	103	NA	4
Vitamin A	2 676 808	2 628 084	98	NA	3

Post-Campaign

- Performed rapid assessments to identify and respond to inadequately covered areas.
- Analyzed data at the central level.
- Organized a post-campaign evaluation using 40-cluster sampling of at least 15 children in 8 of the 9 regions (analysis in process).

Problems encountered

- Stockouts due to the lack of consensus on denominators (RGHP :1998) or distribution of supplies (particularly ITNs).
- Difficulties in correctly filling out the monitoring and reporting forms and campaign cards, and stock outs of cards.
- Difficulties communicating results each day due to problems transmitting data between the various levels.
- Inadequate logistics (trucks), which delayed the arrival of supplies in campaign sites and the movement of the mobile teams.
- Delay in mobilizing government funds due to long administrative procedures.

Other problems encountered

- Problems estimating children's ages.
- Weak crowd control, preventing interpersonal communication.
- Inadequate training of volunteers and heads of health posts: delayed training, mixing of different health cadres, training plans not followed.
- Inadequate marking of children: missing children, overwork.

Recommandations

- Standardize coverage targets for all interventions in the plan of action
- Have regional supervisors participate in local training sessions to improve their working relationship with campaign site staff
- Ensure that funding arrives on time.
- Improve the systems for transmitting results and for transporting staff.

Strengths noted by outside observers

- Good community involvement.
- Availability of supplies at the service delivery level.
- Good vaccine technique.
- Availability and proper storage of safety boxes.
- Daily reporting of results.
- Central-level team assigned to collect, enter and analyze data.
- Guidelines developed for addressing stockouts.

Weakness noted by observers

- Problems with transmitting data.
- Delays in distributing supplies.
- Inadequate use of operational tools (stocking, distribution, etc.)
- Problems in applying the distribution policies for ITNs.
- Problems in reallocating staff and resources according to needs.

Benefits of an integrated campaign

- Reduces maternal and infant mortality.
- Allows parents to save time and money:
  - campaign sites are often far from homes (>10km)
  - mothers must take time from daily duties
- Reduces implementation costs for MOH and partners (supervision, logistics, training, social mobilization, etc.)