

**VOICES FOR A MALARIA FREE FUTURE – MALI:
CLOSE OUT REPORT FOR CORE GROUP**

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I Background and Rationale

In 2005, 800,000 cases of malaria were reported in Mali. In the same year, the disease was responsible for 30% of outpatient clinical visits, 30% of hospital deaths, and 17% of childhood deaths. The need for malaria prevention and treatment is therefore extremely strong, and yet there are many barriers (logistical, political and in terms of knowledge and resources) to better malaria control. For example, the 2006 Demographic and Health Survey revealed that only around 40% of children under 5 years of age slept under an impregnated mosquito net, and, in rural areas, only half of pregnant women had taken Sulfadoxine-Pyremethamine (SP) during pregnancy (EDS Mali IV 2006). Anecdotal evidence also suggests that a large proportion of the Malian population, many of whom, are uneducated, possess misleading information about the cause of malaria and often do not connect it with mosquitoes. It is shown below how widespread and carefully targeted messages orchestrated by the Voices project did much to dispel these myths and to improve behaviors that will prevent malaria transmission and facilitate effective treatment.

In June 2006, CORE Group partnered with the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU CCP) for the VOICES for a Malaria-Free Future (VOICES) project. VOICES strives to educate policymakers about effective strategies for malaria control by highlighting successful programs and evidence-based results. VOICES advocacy projects exist across Africa in Ghana, Kenya, Mali and Mozambique conquer the disease, while breaking down policy barriers that hamper anti-malaria efforts.

VOICES seeks to coordinate a worldwide advocacy program that consists of two major activities: developing in-country advocacy and international advocacy targeted at donor countries. VOICES aims to improve government policy break with regard to malaria at the country level while raising awareness in donor countries about the need to increase and sustain malaria-specific funding.

Since June 2006, CORE Group works with JHU CCP to support Groupe Pivot Santé Population (a coalition of health-related NGOs in Mali) and its member organizations in building capacity and in strengthening the civil society components of the VOICES project. CORE Group signed a sub-agreement with Groupe Pivot in August 2006 to increase commitment and resources for malaria control in national and endemic regional areas; disseminate improved national malaria policies and a coordinated malaria strategic plan; increase visibility of malaria as an urgent issue; and increase the number of celebrity and stakeholder advocates, known as 'Champions', who promote the need for increased resource allocation for malaria.

i. Goals and Objectives and Activities

At the inception of the project, four main goals were established. These comprised:

- 1) The development of a national campaign for malaria prevention and management
- 2) The engagement the media as advocates for malaria treatment and management
- 3) The building of capacity amongst government officials and their mobilization for malaria prevention and management

- 4) The building of capacity among civil society mobiles members as advocates for malaria prevention and management.

These goals reflected the weak position of malaria on the government's agenda, a lack of engagement of local stakeholders and poor communication around the subject by local and national media. In addition, although a national policy of free treatment for pregnant women and children under five existed, it was, in practice, hampered by barriers relating to logistics and a lack of resources.

In 2007, one and a half years after Voices had been operational, the context of malaria prevention and treatment in Mali had changed substantially. Thanks to a training program organized by Voices for members of the media, national journalists have widely reported on malaria and 'infomercials' starring celebrity musicians were shown on national television. Resources for malaria control have been increased as Mali gained financial support from the Global Fund (round 6) and from the President's Malaria Initiative (PMI) in the United States as well as from UNICEF and the World Bank. In addition, Voices played a prominent role in the organization of a massive campaign in December 2007. This included the free distribution of treated bednets for pregnant women and children under five. Backed by the Malian Government and international organizations such as UNICEF, the campaign saw more than two million nets distributed and the profile of malaria was raised considerably. In addition, the impact of Voices' 'Champions' also increased awareness of the disease, together with its treatment and prevention among the general population. Lastly, the President of the Regional Authorities confirmed his commitment to malaria control and offered to facilitate advocacy and training for 75 national representatives. This, in combination with the activities run by mayors and NGOs at a local level, has done much to increase the role of Civil Society in raising awareness about malaria in local communities. These successes, which have seen malaria become a priority on national and local agendas, means that, with the permission of partners and funders, the objectives for year 3 of the project were subsequently amended.

The year 3 objectives are now :

- 1) To carry out advocacy to remove bottlenecks with regard to the provision of malaria-related commodities.
- 2) To facilitate the planning of the distribution and purchase of malaria-related commodities.
- 3) To increase the resources allocated to control malaria throughout the whole of the Malian population.

The specific activities carried out in Year 3 which relate to these revised goals comprise:

i) ACTIVITIES MENTIONED IN THE WORKPLAN FOR FY3 AND CARRIED OUT

Objective 1: 1) To carry out advocacy to remove bottlenecks with regard to the provision of malaria-related commodities.

Activity 1: Support for political dialogue and partnerships to fight malaria

April 08 – Africa Malaria Day and World Malaria Day activities: Voices participated in the organization of the 8th African Malaria day and 1st World Malaria day. Voices developed resource and information materials and cofinanced a musical event which took place in the

presence of the President of Mali. Voices' 'Champion', singer Abdoulaye Diabaté met with the President and encouraged him to have an annual day of reflection about malaria. Diabaté also suggested to the President, (who is himself a 'Voices malaria champion'), that a meeting should be organized to bring together all the 'Voices malaria champions'. The President was amenable to both ideas. These high profile activities for Africa Malaria Day and World Malaria Day generated substantial press coverage both in national newspapers and online.

April – May 08 – Advocacy and policy review for the preparation of the Presidential decree allowing pregnant women and children under five free malaria medication. The Voices project is a prime lobbyist for the distribution of SP for all pregnant women and ACTs for children under five. Voices liaised with the Ministry of Health by sending 'Champion' advocate Sira Diop (very well known campaigner for women's rights) to meet the Minister. At the same time, a celebrity singer and Voices Champion, Babani Kone made an 'infomercial' 'Santé Plus' putting the case to government leaders. This high profile lobbying from Voices prepared the ground for the Decree which is yet to be signed. Its delay is due to the uncertainty about the availability of stocks of SP and ACT. In the mean time, this pressure on political leaders by Voices, meant that the policy with regard to malaria control was reviewed and a clause introduced that makes SPs available free to all pregnant women and ACTs available free to all children aged 0-5. For other malaria sufferers ACTs will be strongly subsidized. This is a successful precursor to the signed Presidential decree which, it is hoped, will follow shortly.

In order to hasten the signing of the Decree which is contingent on the availability of supplies of drugs in the field, Voices liaised between the National Malaria Control Program, UNICEF and USAID when there appeared to be a communication problem as to the location and availability of the SP and ACT medication.

November 08 - Voices suggests improvement of health service data collection system to European Union. At a meeting convened by the European Union with Technical and Financial partners, Voices suggested that part of the 2009 budget could go towards improving health service statistics with regard to malaria.

September 08 - Sub-regional launch of the Global Malaria Action Plan (GMAP): After participating in the drawing up of the GMAP, Voices collaborated with the National Malaria Control Program in organizing the launch ceremony for the Global Malaria Action Plan to Combat Malaria. Other partners included local representatives from the World Health Organization and UNICEF as well as the regional representative for 'Roll Back Malaria'. Voices then helped to coordinate a press conference with numerous journalists from the "Network of African Media to counter AIDS, Tuberculosis and Malaria" which resulted in substantial press coverage. In addition, Voices wrote an article which was then disseminated by the Roll Back Malaria Website.

September 08 - Release of funds from Global Fund for Communication. Voices played a pivotal role in securing the release of funds from the Global Fund to Groupe Pivot for communication activities. Normally this money (which had been allocated for drugs subsequently purchased by the Malian government) should have been returned to the Global Fund. However, Voices lobbied for it to be kept in Mali for communication activities coordinated by Groupe Pivot. Previous to Voices involvement, discussions about the distribution of this significant financial contribution had been extremely slow. Voices took the initiative to meet with the Minister of Health and his Secretary General and also provided information to a journalist from 'Le Monde' newspaper in France on the situation of malaria control in Mali which drew attention to the length of time funds took to be released. Once this article appeared in the

newspaper, the Minister of Health immediately signed a check allowing the transfer of this contribution to Groupe Pivot to allow their NGO partners to increase and consolidate the communication activities in the field. Voices also alerted the Global Fund Project manager via the Local Fiduciary Agent (LFA) to the situation. The fact that the funds were dispersed in Phase 1 of Rounds 6 boosted Mali's performance in the eyes of the Global Fund which had previously labeled Mali as a 'b' - or a low performing country.

Activity 3: Advocacy with the National Malaria Control Program to reinforce the provision system , monitoring and evaluation, communication and community mobilization.

June – July 08 - Technical assistance given to National Malaria Control Program:

Technical assistance was given by Voices with regard to carrying out a needs assessment for malaria control which would then form the basis of a business plan. Voices liaised with the consultants working with the National Malaria Control Plan and financed two field trips during their visit. It should be noted that the needs assessment provides the basis for all submissions to the Global Fund.

October 08 - Workshop to revise the National Policy for Malaria Control: As indicated above, Voices assisted the National Program for Malaria control by suggesting revisions to the National Policy with regard to ACT use and larvae eradication . Once this document is validated it will help Mali's National Policy be consistent with the objectives stated in the Global Malaria Action Plan.

Activity 4 - Strengthening capacity among NGOs and the Malaria Watch Committees:

April 08 - Organization of a conference and debate on the subject of malaria: On the 8th occasion of African Malaria Day, Voices organized a Conference in collaboration with the 'Cooperative for Women for education, family health and hygiene'. It involved female leaders from six villages and elected officials. The participants testified as to the consequences of malaria and agreed to take action to combat it in their respective zones.

November 2008 - Groupe Pivot renewed contracts with 7 partner NGOs: These NGOs are key to communication and resource mobilization in the field .

December 09 – Participation by Voices local NGO partners in the 'Knowledge fair' run by Groupe Pivot Santé Population: The fair was organized by local NGOs so that they could exchange ideas with regard to HIV prevention. Voices' participation was extremely useful as the NGOs were able to better understand the notion of a 'local response' and apply lessons learned to malaria prevention. The premise behind Voices' participation was that it would explicitly make the link between HIV and malaria and encourage integrated prevention and treatment messages.

December 09 - Field mission to collect information about the achievement of local NGOs: A field mission collected qualitative data and anecdotal evidence as to the performance of the local NGOs in the field. It was noted that they had had a strong impact via their partnerships with local governance institutions such as the Mayors' offices and other elected officials. In many instances the Mayors' offices had instigated budget lines to finance the Malaria Watch Committees. For example, in the remote community of Tenenkou, the Prefect

took the decision to legislate financial support for the Malaria Watch Committees in the Communes under his jurisdiction. The mission also provided important information about the functioning of the Malaria Watch Committees and the context within which they operate as well as highlighting some operational issues pertaining to health centers, their staff and resources. Much of this is evidence is presented below in the sections on 'Impact' and 'Lessons learned' and will be useful for the planning of Voices II.

Objective 2) 2) To facilitate the planning of the distribution and purchase of malaria-related commodities.

Activity 5 – Identification of the obstacles for the supply of commodities for malaria prevention and treatment.

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July 2008 - Workshop on barriers to distribution of commodities : Voices organized a workshop with project partners to identify the barriers which hinder the supply of commodities for malaria prevention and treatment. The National Malaria Program's supply guidelines were reviewed in collaboration with partners from the Global Fund, President's Malaria Initiative etc.

Activity 6 Development of a strategy to counter the barriers to the provision of commodities.

August 08 - Advocacy work with the National Malaria Control Program with regard to the distribution of SP and ACTs: Voices carried out advocacy work with the National Malaria Control Program to find out why the policy of distributing free SP to pregnant women and ACTs to children under five had not been effectively implemented. Voices also investigated why there appears to be a degree of reticence of health care providers to prescribe ACTs which have a AS-AQ combination and found that this is due to a fear of side effects and the fact that it is not available in suspension. Due to this, and the fact that supplies of drugs furnished by USAID/UNICEF often arrived late, SPs, instead of being reserved for pregnant women are being used in the general population and leading to growing drug resistance. Voices worked with the NMCP and partners to repeatedly reiterate that a solution had not been found to these logistical and prescribing difficulties and facilitated discussions to improve the acquisition and distribution of necessary supplies.

Objective 3) To increase the resources allocated to combat malaria throughout the whole of the Malian population.

Activity 7 Increase the use of radio as an advocacy tool to increase resources allocated to combat malaria at a district level.

April 08 - Increase the use of radio as an advocacy tool to increase resources allocated to combat malaria at a district level : Local NGOs collaborated with local radio stations to develop participatory programs to inform local population about malaria together with its prevention and treatment. For example in the town of Djenne, a program involving the head physician of the health district, the mayor and a representative of the surveillance committee was broadcast. In the commune of Kita, from December 08 – February 09 over 700 radio spots about malaria were broadcast by local radio stations.

Activity 9 : 'Malaria Town Meetings' were held to carry out advocacy for malaria prevention and treatment

April 08 - 'Malaria Town Meetings' were held to carry out advocacy for malaria prevention and treatment The meetings enabled awareness raising among the local population and allowed for advocacy with regard to the authorities. For example in the communes of Togue and Mourrari, town meetings were held to discuss the communes' budget allocation for malaria and how the environment could be made less favorable to mosquitoes. The result was that the Mayors of both communes agreed to adopt budget lines for malaria prevention for the next financial year (2009). The town meetings usually precede the establishing of the Malaria Watch Committees which then follow through these commitments.

Activity 10 - Advocacy with regard to the political authorities

November 08 - Advocacy with the National Representative of the Regional Authorities: At the request of Prof Ogobara Doumbo (a senior expert in malaria research in Mali) addressed 76 national representatives to brief them about the situation with regard to malaria in Mali (prevalence, interventions, challenges). These elected officials were also informed as to what they could do locally with regard to malaria prevention. They subsequently promised to become 'mini-Champions' (the current head of the High Council of Regional Authorities is a Champion), to put in place local action committees to combat malaria in their home areas, to disseminate information about malaria, and to publicly engage in controlling it.

Activity 11 – Capacity building in the private sector to mobilize them as advocates to combat malaria.

October 08 - Conference on public-private partnership with regard to malaria control: Voices continued its commitment to public-private partnerships and participated in a conference on the subject which resulted in a number of recommendations to the heads of relations with the private sector at the Ministry of Health. Voices continues to follow up with interested parties such as a hotel chain which gives the project conference facilities for free.

ii) ACTIVITIES MENTIONED IN THE WORKPLAN FOR FY3 AND NOT CARRIED OUT

Activity 2: Training of 5 new malaria 'champions'

Voices did not carry out this proposed activity as, in fact, the Champions who have already been chosen and trained carried on exceeding the projects' expectations in terms of their enthusiasm and commitment. As these are high-profile public figures, Voices chooses to use them as and when necessary. Thus, women's activist Sira Diop was briefed by Voices before meeting the Minister of Health to discuss the problems with SP distribution. Singer Abdoulaye Diabate, was an active participant in the concert for Africa Malaria Day on April 25th 2008 and is often given messages by Voices to transmit to the audience before going on stage during musical events.

Activity 8 Establish a media platform so that the 'Champions' can carry out state the case for the national government to allocate 15% of its budget to malaria prevention and treatment.

This activity was not carried out as stated in the workplan – ie to advocate with the national government so it should allocate 15% of its budget to malaria prevention and treatment. However, as shown above, substantial media coverage of issues pertaining to malaria occurred directly as a result of Voices work with national and international journalists. This constitutes a good basis for Voices to specifically lobby for the 15% budget allocation in the future. During the last financial year, Voices had looked for sponsorship to organize a forum with the National Assembly on this topic but unfortunately funding had not been forthcoming.

II Accomplishments

The following comprise the major accomplishments of the Voices Mali from its inception to the present day:

- i. Thanks to advocacy by Voices, on the 29th December 2006, the President of Mali renewed a decree exonerating imported mosquito nets, as well as other commodities related to malaria prevention, from import duty.
- ii. In 2008, Voices worked closely with the Baltimore team and the US Embassy in Bamako to include Mali in the 3rd round of the President's Malaria Initiative (PMI). This positive news with regard to the fight against malaria was announced to the President of Mali by His Excellency the American Ambassador to Mali (when?). In collaboration with Voices the PMI has made important contributions to malaria management in Mali, for example, providing 1,000,000 doses of SP in November 2008.
- iii. In September 2008, Thanks to Voices advocacy with the Ministry of Health and because of the project's mobilization of national and international media, the Ministry released Global Fund monies to Groupe Pivot for communication activities with local NGOs which had a substantial impact on the scale and scope of malaria control.
- iv. In 2007, a television campaign was launched with 6 musicians asking their political leaders and the Ministry of Health to work to fight malaria and to enable the Malian population to protect itself against the disease. They advocated that pregnant women get ITNs and SP for free, requested that net distribution be universal and that children get treated quickly. This popular communication campaign improved knowledge of malaria and its prevention and treatment. Importantly, it also made the branding of Voices more easily recognizable both at the local level and among the higher echelons of the political system culminating with an inquiry from the President of Mali requesting more information about the context of the campaign. The response from the Ministry of Health regarding the necessary logistical measures was immediate.
- v. Since the inception of the project, Voices has worked with eight local NGOs to provide grassroots advocacy to support the project and increase local commitment. The NGOs comprise : GRDR, AMPPF, APPF, APROMORS, AMPRODE/SAHEL, YEREDEME, OMAES, Consortium JIGI-AMPRODE-AMADECOM and are located throughout the country. They involve local stakeholders and activists who are well respected in their communities and who

can facilitate mobilization of local populations. In collaboration with these NGOs, Voices has trained 35 field agents in awareness-raising and advocacy. The use of a variety of media to transmit their messages such as local radios and traditional storytellers and have carried out a number of activities for malaria prevention, such as encouraged local populations to clean up environments that favor mosquitoes. Most importantly, in each Commune where they work, they have established local Malaria Watch Committees. These committees engage civil society, elected officials and health personnel and seek to disseminate information about malaria prevention and treatment as well as improving the local environment to make it unfavorable to mosquitoes. In some areas, the committees have lobbied local mayors' offices to establish budget lines in their Annual Operating Plans, thus increasing local engagement and the long term sustainability of the project. These grassroots activities, with NGOs who are members of Groupe Pivot's NGO network helped to consolidate Groupe Pivot's local presence and build upon community relations vital to malaria control and other public health activities.

III Impact

- i. **The fight against malaria is now high on the political agenda in Mali:** Voices has been largely responsible for placing malaria high on the national political agenda and has secured the personal involvement of the President of Mali who is one of the project's 'Champions'. The Ministry of Health is also a committed partner to the project and Voices' excellent relations with the authorities has seen the project able to influence both policy and logistics pertaining to malaria prevention and treatment. For example, Voices facilitated a Presidential decree to exempt imported nets from duty and policy document to allow pregnant women free SPs and free ACTs for children under five. Political commitment has also been very evident at a parliamentary level with members of the National Assembly being trained in malaria prevention. Initiatives at a grassroots level with the Mayors and local government officials have complemented this higher level political commitment and are discussed below.
- ii. **Capacity building and improved coordination of National Malaria Control Program (NMCP):** The NMCP has suffered from a lack of coordination and planning and Voices sought to rectify this. The project provided technical assistance with regard to a needs assessment and future business plan and improved communication with the Ministry of Health with regard to the availability of ACTs and SP for local distribution. Voices also helped the NMCP update its communication plan. Most importantly, Voices prompted the revision of the National Policy for Malaria Control and its validation. At Voices' instigation important elements were included which had not formerly been addressed such as the logistics of ACT distribution and larvae eradication. Voices initiated the creation of the Malaria Partnership Group which then became the steering committee of the NMCP and involves important players such as UNICEF, USAID and WHO. Due to collaboration with Voices, the NMCP is now better integrated with technical partners and better placed to effectively carry out its work.
- iii. **Improved communication around malaria:** One of the major achievements of Voices has been to greatly improve communication around malaria prevention and treatment. The two main ways in which this has been done is through training a

network of journalists in malaria-related issues and via the stellar work of the Voices 'Champions'; celebrities and well known personalities who lobby for greater political commitment to the fight the disease. In addition, Voices Communications officer has good relations with national journalists and is able to place a story about malaria in the national media about once a month. The priority given to communications has resulted not only in a higher profile for malaria in the national and indeed international press (cf Le Monde article mentioned above) but also in a better branding of Voices and recognition of the project and its aims by its constituency and target audience. In addition, as described above the activities which take place a local level often involve local radio stations and traditional media such as praise singing.

- iv. **Improved support for ACT, SP and ITN acquisition and distribution resulting in lower morbidity and mortality:** Voices continue to play a key role in ensuring the availability and distribution of ACTs and SP by lobbying Ministry of Health officials for their release and initiating plans to include Mali as a PMI country and thus increase resources for the drugs' purchase. The project took the initiative to investigate glitches in distribution and prescribing practices and to rectify them. In the local areas where Voices NGO partners work, health care providers note a reduction in the number of stockouts of products to fight malaria especially SP, ITNs and ACT. As a result, a recent qualitative study in the areas where Voices operates in the field, noted that both local and regional health Centre staff had the impression that deaths from malaria had decreased during the duration of the project. The report commented that "because communities were aware that both rapid testing kits and ACT are readily available and free for children under five, families have more reason to bring their children into the Centre immediately". In Kenieba, the regional health centre noted a distinct drop in the number of severe or complicated cases of malaria since the inception of the project due to better treatment seeking.

- v. **Improved local response, commitment and ownership:** The eight local NGOs which partner Voices in the field have been extremely innovative and creative in the way in which they work. In each Commune where they work they have created an intersectoral 'Malaria Watch Committee' which has representatives from the Mayor's office, women's and youth associations, religious authorities and other members of civil society. The Committees ensure that malaria is firmly on the Mayor's agenda and mobilize local political support for the communication of information as well as for a variety of malaria-related activities. As a result of this local will and engagement, some Committees have instigated the cleaning up of mosquito infested areas and imposed fines for those who dump trash or dirty water; others have promoted ITNs and some have engaged school children in malaria prevention. These Committees guarantee the involvement of local stakeholders and facilitate transparency and mutual oversight between the various actors thus increasing a sense of ownership and providing a firm base for the long term sustainability of Voices' legacy.

IV Lessons learned

- i. **How to predict and manage gaps between policy and practice:** As described above, Voices actively facilitated the development of Ministry of Health Policy (which will later be underscored by a Presidential decree) allowing for the free distribution of SP for pregnant women and ACTs for children under five. However, in the field, at the community health centre level, there are still some major problems with both distribution, due to stock outs and prescribing, due to a fear of side effects. Voices consistently raised the issue of stockouts and suggested logistical methods to avoid them in order to avoid a discord between Policy and reality in the field. A significant lesson learnt therefore is to be able to manage and predict situations where field logistics becomes barriers to services guaranteed by policy.

- ii. **Importance of culture and mass media for popular communication:** An extremely innovative part of the Voices project has been the involvement of well-known musicians in political advocacy for malaria prevention and treatment. Major Malian artists recorded especially written songs by for broadcast on national television in which they lobby political leaders for better resources to fight malaria. The use of well known artists as a vehicle for such messages renders them more accessible in local languages to the general population. In addition, and importantly, it makes the population aware of their 'right' to be protected from malaria and to good health general. It also highlights the importance of the responsibility of political leaders to fight the disease and to make the well-being of the population a priority. Thus, such communication via popular culture not only transmits important health information but complements the advocacy done at a higher level by Voices with Ministry officials and elected leaders and makes a compelling case for their putting malaria prominently on the political agenda.

- iii. **Importance of local political will and community stakeholders for effective grassroots activities and long term sustainability:** A key lesson learned, and one with implications for the replication of the project elsewhere was the ground-breaking approach to engage local political leaders, members of civil society and health care providers at a grassroots level to fight against malaria. The political engagement of local elected officials, including Mayors and counselors means that malaria-related activities become publicly accountable. The fact that some Mayors' offices committed funds to fight malaria in their Communes is proof of their engagement, and is likely to enhance both the long term impact and sustainability of the project as it becomes locally 'owned'.

- iv. **The iterative and ongoing need for building and sustaining partnerships advocacy :** During the time of the project Voices has learned that both high and low level political advocacy and lobbying is an ongoing, evolving process requiring the sharing of information, the building and sustaining of partnerships and monitoring of informational needs and impact. Partnerships need not just creating but nurturing and this has been one of the greatest challenges in Mali. In addition, the project has to be flexible to react and adapt to differing timeframes in Geneva, Bamako and in the regions of Mali who move with neither the same speed nor the same bureaucratic approaches. Bridging these differing domains can be one of the most challenging aspects of the Voices' work but also one where it has played the most crucial role which will leave lasting impact. One important legacy of the project is the reciprocal relationship between Voices and Groupe Privot whereby there was a mutual exchange of skills and building of networks. Groupe Pivot is

likely to have benefited from the building of capacity both terms of the reach and impact of its NGO network that will carry over from malaria control to other areas of curative and preventive health.

V Challenges

- i. **Weak coordination by NMCP:** As described, Voices is actively seeking to redress a lack of coordination of malaria control activities among partners and strengthening the NMCP would facilitate efficient planning and use of resources in Mali. To date logistic planning weaknesses with regard to the distribution of ACTs and ITNs procured by Global Fund and PMI are reducing access to these vital commodities. This issue is exacerbated by a lack of supply chain management skills for distributing ACTs, ITNs, and SP for pregnant women.
- ii. **Lack of data to measure impact :** The lack of health information system data means that the impact of interventions co-ordinated by Voices and indeed those implemented by other actors is impossible to measure objectively and, to date, the effect of the project on service delivery and behavior change is only documented anecdotally. Voices is looking at integrating data collection tools related to the project with the SLIS (Système local d'information sanitaire) at the level of the CSREF (Regional Health Centre) and to the possibility of the CSREFS supporting better data collection at the level of the CSCOM (Community Health Centre).
- iii. **Few financial resources for local NGOs:** There is little money available for training and supporting the local Committees to fight malaria even though this is one of the most innovative and successful aspects of the project. Many lacked money for transport to undertake activities in outlying villages. In addition some NGOs wished to hold a forum to exchange ideas about their experiences and best practice and to be able to access small grants to implement local activities.
- iv. **Stock outs of commodities:** Many of the Community Health Centres (CSCOMs) regularly report stock outs of ACTs, SPs and ITNs. A recent qualitative evaluation of the project reported that these stock outs were due to poor road conditions, limits on the number of times a CSCOM can restock, the slowness of the bureaucracy involved in refurbishing supplies and poor population estimates. The qualitative study noted that in some cases stock outs had broken the trust between the local population and the health centre, and made people reticent to seek, for example, free bed nets as they came to believe they were not available. Thus, the problem of stockouts needs to be rectified in order to maintain the credibility of the project at a local level.

VI Post-grant plans

The project will continue with support from the Gates Foundation for Voices 2 due to start shortly. In addition, certain activities such as the network creation and capacity building around the PNLP will be included in the Global Fund application (round 9). Finally, the Malaria Watch Committees undertake low-key, small-scale activities at very little cost. It is hoped that these can continue independently of the Voices project.

VII Other sources of project support

There are a number of sources of small additional financial support mostly in kind. For example a major hotel in Bamako gives the project free conference facilities. A number of trips by the national coordinator to international conferences were paid for by Malaria No More, IFRC and Global Health Action. The time of a Peace Corps Volunteer was given for free to conduct the final qualitative evaluation. Mosquito nets were given out in Djenne to non-target groups by a researcher from the University of London. Most importantly, local Mayors' offices often made significant contributions to the project by inserting lines for malaria control in their local budgets.

VIII Budget variance

Please see Table 2 which indicates that a +11% variance was recorded on salaries due to the exchange rate and a -13% variance was associated with travel and transportation as Groupe Pivot have their own vehicle and did not have to rent one.