

# ACCESS SMC

Achieving catalytic expansion of seasonal malaria chemoprevention in the Sahel



**Knowledge, Attitude, Behavior  
and Practice Study**

**Executive Summary**

**MALI**



**SpeakUpAfrica.**

## **RESPONDENTS.**

Most respondents are females (93%) and 94.4% of them are married. In almost nine out of ten cases, mothers were between the ages of 25 and 34 (45%). Among these respondents, 28.7% were housewives and 27.4% work in various sectors. Almost all respondents are Muslim (97%) and just over one third are uneducated. There are 20.3% of parents with a maximum level of education at the primary level and 22.8% at the secondary level. Households are made up of children and adults of less than 50 in the clear majority.

## **GENERAL INFORMATION ON HEALTH.**

In Mali, as in several other countries in West Africa, access to health facilities is hampered by a number of factors. For mothers, difficulties related to geographical accessibility are those that most impede the use of care. Indeed, mothers of children living in remote villages cannot always access health care at the right time, sometimes taxi motorcycles are used or they walk long distances to reach health facilities. In addition to distance, there are prejudice views about the effects of treatments received including vaccines limiting the use of care.

Another constraint to access to care is the low availability of health professionals. Doctors are not always present, or if they are, they are difficult to consult. Like access, hospitality is a dimension of care that is of great importance to health targets. Mothers and caregivers are not satisfied with the quality of hospitality in health facilities. They have a unanimous opinion in the care given, criticizing the lack of empathy of the health personnel. They feel that anonymous people, unknown to the staff, are not welcome. However, with regard to care, opinions are a little more mixed. While some are moderately satisfied at this stage, others deplore the presence of trainees in the CSCOMs, whose skills are questioned.

In the case of illness, mothers and caregivers do not automatically resort to health facilities. Poor reception, lack of communication, difficult access to health facilities and the cost of treatment are the main reasons. The first recourse is self-medication with

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plants, medicines and / or the use of traditional healers. The use of health facilities only occurs after these attempts have failed.

## **GENERAL INFORMATION ON MALARIA.**

Mothers and babysitters have a good knowledge of malaria and are very familiar with the disease and its various aspects. With regard to modes of transmission, the target knows that mosquitos are the main cause of the disease (96.3%), as well as dirt (90.1%) that implies stagnant water. However, nearly two-thirds of the population (64.6%) think that consumption of spoiled food can be responsible for malaria, especially in Macina, Nara, Niono and Yanfolila.

The two main means of protection against malaria, which are most widespread in both the neutral zone and the SMC zone, are the mosquito net (93.5%) and the cleanliness of the environment (78.9%). It should be noted that preventing malaria through SMC remains little known to the populations who are 14.4% to cite this method of protection against malaria. More than half of the respondents (63.1%) believe that eating a healthy diet would be an effective means of protecting against malaria, especially in the districts of Macina and Niono.

The use of mosquito nets for children under 59 months of age in households is very high and fairly constant regardless of the season. Both during the rainy season (91.6%) and in general (96.1%), almost all young children in the areas investigated sleep daily under a mosquito net. The main symptoms of malaria are well known in Mali. However, coughing is still considered a symptom by nearly two mothers and caregivers out of ten. The three most important signs cited are vomiting 91.1%, fever 90.1% and headaches 86%. In addition, mothers and caregivers cite lack of appetite, lethargy or drowsiness.

Health centers at 64.2% are the most frequented infrastructure in general as far as malaria is concerned. The areas of Macina and Markala, however, are those where the use of health centers is the least, where hospitals are attended by just under three out of ten mothers and traditional healers who are used by just over one parent in ten. We note that almost two out of ten people consulted a traditional healer during the last 6 months preceding the study.

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## OWNERSHIP OF SMC.

SMC is not widely known in the regions surveyed, and it is noted that just under six out of ten people have already heard of it. However, the districts of Djénné and Nara have higher scores, with respectively 90.6% and 89.2% of respondents reporting the campaign. Koulikoro is the district where the SMC is less known with less than three out of ten people having heard of it. Mothers who heard about SMC have a good knowledge of the SMC campaign targets and identify at 84% that 3-5-month-old children as the only SMC participants and that the campaign lasts 4 months.

72% of mothers also know that SMC prevents malaria, while just over one-quarter think it treats the disease. A good proportion of the population, 85%, know that the treatment lasts three days for each cycle. However, the duration of the treatment protection is not well known. Fewer than two in ten know that SMC protects the beneficiary children for 28 days. A good proportion of women (20.4%) believe that SMC protects the child for more than a year.

75% of SMC beneficiaries are aware that the use of the mosquito net remains important despite the administration of SMC. In the district of Nara however they are a little less than 9 people out of 10 who consider useless the use of the net once the SMC treatment is received. Mothers of children perceive the effectiveness of the treatment given during the SMC campaign and report that the treatment is very effective. The administration of the second and third doses at home is typically done by mothers. Treatment methods differ from one mother to another, but overall beneficiaries encounter very little difficulty in administering the medication. The main constraint, is the difficulty to crush the drugs (4.2%) and the refusal from the child (3.5%).

Administration of the second and third doses is effective in a large majority of mothers and caregivers. However, this follow-up is much less effective in Bougouni, Kadiolo, Koulikoro for the second dose and Djéma and Nioro for the third dose.

Adherence to the campaign was generally effective. All those who had benefited from SMC in the 2015 campaign (96.6%) expressed their intention to re-engage their children. The main reasons for this are drug efficacy (37.3%) and its ability to fight malaria (35.5%).

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Expectations for SMC would mostly be the availability of drugs at the right time (49.1%) and the ease of preparation and administration of treatment (36.6%).

Generally speaking, the treatment is generally taken without any difficulty, as well as for the second (81.5% without difficulties) and the third (88.9% without difficulties). In a few cases (less than once in 10), there is a refusal on the part of the children or difficulties to crush the medicines. The expectations of the beneficiaries vis-à-vis the program relate mainly to its sustainability. The major disadvantage cited by more than half of the beneficiaries (61.6%) is the bitter taste of the drugs.

## **EVALUATION OF THE 2015 COMMUNICATION CAMPAIGN.**

Prior to the distribution campaign, the radio was the main source of SMC knowledge (68.1%). During the cycle, friends and relatives become the main sources of information (50.5%). Pre-administration outreach was done through multiple channels across districts. The mothers knew about the campaign through radio spots, close relatives (husbands, neighbors, children) or community workers and town criers.

"Word-of-mouth" and information sharing has enabled many women to gain knowledge about SMC. Spontaneously, there is a good knowledge of the campaign's message, with almost half of the respondents who know that the intervention protects against malaria and a little less than 25% who know that this strategy targets children. The message is well understood by respondents familiar with the campaign. 87.6% of respondents find the message clear in its content and 85.7% think it gives them the information they need to know about the CPS.

54.2% of respondents wanted to be informed by community health workers. Radio is the preferred media channel for respondents, of whom 67% say they prefer to be informed through radio broadcasts and 37.4% are inclined to radio spots. Television ranked second with 32.2% of respondents.

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