

AMP The Alliance for Malaria Prevention

Expanding the ownership and use of mosquito nets

Country profile

Chad



Background

Population: 10,154,300

Distribution dates: 5 August to end-October 2011

Distribution strategy: Universal coverage 1 LLIN/2 people
Technical assistance provided: Implementation and logistics

LLINs distributed: 2.8 million

LLINs gap: 3.5 million

In Chad, approximately 30 per cent of the population has access to health facilities. The distance between villages and health centres, inaccessibility of certain districts during the rainy season, the shortage of qualified health-care providers, limited financial accessibility to health care, low level of health education in the village communities are among some of the challenges faced which contribute to the lack of basic and quality health care.

To reach the entire population at risk, the objective of the campaign is to equip each household in Chad, with one LLIN for every two individuals.

AMP has a very unique role within malaria control – particularly in the programmatic and operational side in being able to translate all the good science into effective action.

– David Gittelman, Centre for Disease Control/President's Malaria Initiative

1. define the implementation strategy as well as the roles and responsibilities of key players
2. develop an action plan, a schedule of activities and budget at the national level for the mass distribution
3. plan the Logone “pilot” campaign and identify the focal points for participating organizations
4. modify the national implementation strategy(40 to 28 districts) after receiving micro-planning population data
5. identify gaps in human resources and technical capacities
6. share tools and materials from previous campaigns for social mobilization, training, data collection, logistics, monitoring, supervision, and evaluation
7. assist partners in the development of micro-plans.
8. Strengthen the capacity of the NMCP and its partners.



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AMP has worked with NMCP and partners (UNICEF, UNDP, Red Cross) to provide a range of support to build country capacity for LLIN scale-up in Chad.

AMP-specific support to date includes:

Implementation: The campaign was implemented in two parts: a pilot run followed by the mass campaign. The pilot campaign covered two regions of Logone and reached out to 2,084,141 people (approx 347,357 households). The mass campaign covered the remaining seven health regions for 5,560,450 people (approx 926,742 households). All the strategies and tools were harmonized in the interim in order to draw on lessons learned to ensure mass distribution under the best conditions.

Action plan: The action plan for the LLIN scale-up entailed:

1. training of trainers at central level, followed by trainings for district instructors (two per district) and liaisons (all trainings scheduled for two days)
2. recruitment of 5,300 community liaisons, (two per 2,650 Distribution point area of responsibility)
3. ensuring that each community liaison would census an average of 105 households
4. issuance of vouchers to households during the census for redemption for LLINs
5. manage and monitor movement of LLINs through five logistics bases, eight regions, 28 districts, 394 health centres, 2,650 distribution points to reach the population at risk
6. post-training, responsibility for awareness raising and census of households rested with the community liaisons (three days).

Logistics training: In March administrators from the five proposed national logistics bases and Logone district administrators were trained in Moundou, during the Logone pilot project.

Further training was carried out in July with the aim of ensuring that 24 Health District Administrators would be able to manage the logistics operation, i.e. receive, store, plan, monitor and evaluate LLIN shipments; and replicate the training for *Centres des Santé* officers (health centre) to enable effective distribution of LLINs at the planned sites on the scheduled date.

Monitoring and evaluation training: Twenty one representatives from UNDP, NMCP and the health system participated in a workshop on monitoring and evaluation and use of data from national programmes.

With support from AMP and other in country partners, Chad continues to increase local capacity for LLIN scale-up and management. It is envisaged that support to improve communications strategy, messaging and tools around net usage will be carried out in 2012.