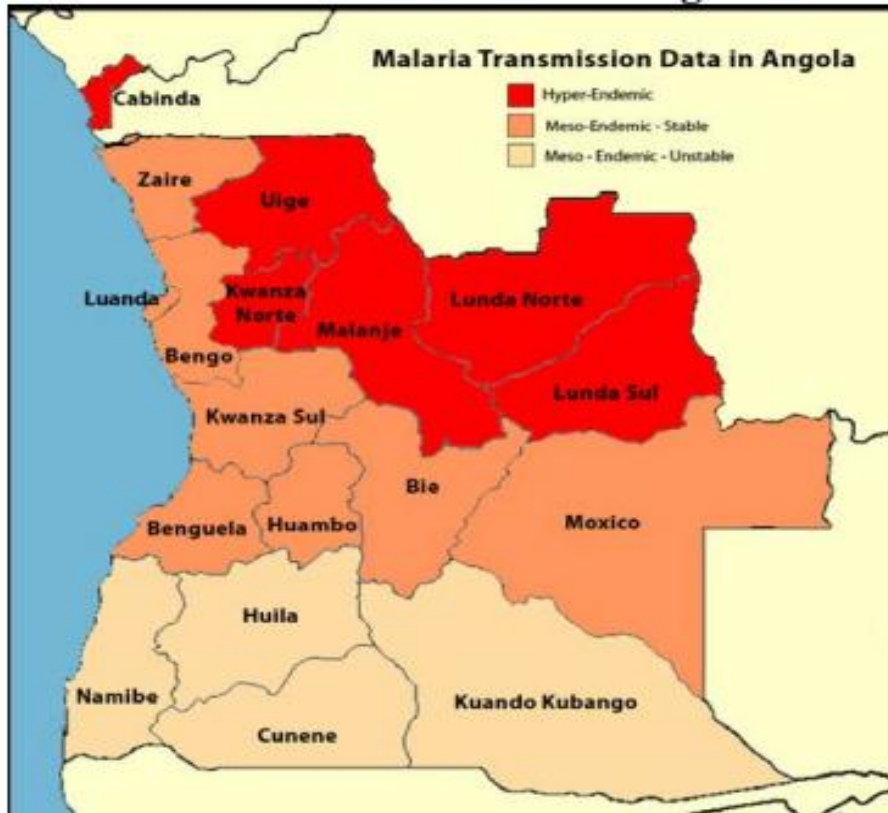


COUNTRY CONTEXT



Population (2014): estimated at
21,234, 356 (*NIS projection*)
18 provinces

**3,314,706 suspected malaria
cases in 2012 (WMR, 2013)**



The northernmost areas bordering DRC are most at risk, especially due to cross-border transmission

- 100% of the population are at risk of malaria (WMR, 2010)
- Malaria accounts for an estimated 35% of mortality in children under the age of five;
- 60 % of hospital admissions for children under five.
- 10% of hospital admissions among pregnant women.



Angola Malaria Indicators

Angola Malaria Indicators	PMI Baseline (MIS 2007)	MIS 2011
All-cause under-five mortality rate ¹	118/1,000	91/1,000
Proportion of households with at least one ITN	11%	35%
Proportion of children under five years old who slept under an ITN the previous night	18%	26%
Proportion of pregnant women who slept under an ITN the previous night	22%	26%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	3%	18%

¹ Both estimates for under-five mortality are derived from the 2011 MIS.

Universal coverage (UC) campaign background



- The objective is to give 1 LLIN = 2 People
- Cover 21.234.356 people Nationwide
- 9.315.812 nets were ordered at the 1st stage to cover 16.768.461 people in Northern and Central Provinces.
- Bulk of GF Funded Nets arrived August-September 2013 - 1 year later after ordering.
- January 2013 UC started with USAID and GoA nets.



UC ANGOLA STRATEGY

- Three key communication strategies: pre-communication, HH registration with vouchers, distributions (fixed point/mobile teams), “hang-it use it” campaigns,
- Activities at village level for peri-urban and rural areas and fixed point distributions in urban areas
- Preposition of LLINs at municipality level
- Existence of National, Provincial and Municipality Malaria Campaign Coordination committees.



FUNDING OF MALARIA CONTROL ACTIVITIES AND THE UC CAMPAIGN

- Funding of malaria control activities and the UC Campaign in Angola is provided primarily by the GoA, with contributions from The Global Fund, USAID, PMI, JICA, WHO, UNICEF, the World Bank & the European Union
- Private partners, such as Exxon Mobil, Chevron, Endiama also contributed



USAID
FROM THE AMERICAN PEOPLE



President's Malaria Initiative



Japan International Cooperation Agency



IMPLEMENTING PARTNERS



- The only UC implementing implementing partner in 2012 and 2013. Will continue in 2014 covering 1 hyper-endemic province and 2nd largest town in Angola (Huambo) with USAID Funding. As part of the Malaria Campaign Committee, PSI will continue its key role in supporting the development of tools, shaping the country strategy and overall training to organizations carrying out UC activities



- **In 2014** 18 NGOs funded by The Global Fund in 4 hyper-endemic provinces + 1 meso-endemic province.



PSI EXPERIENCES IN 2013

- Moved from sub-contracting partners to direct implementation = better oversight, coordination and supervision

****PSI has gone a step further at provincial level:**

- advocate for regular coordination meetings amongst health partners, involve traditional authorities in planning and coordination of activities
- UC teams created at the lowest administration level (comuna) it has been possible to have registration and distribution take place within a maximum of two days = advantage: beneficiaries relate well to the IEC/BCC activities



SUCCESS TO DATE

- **1,839,471** people targeted and **987,689** LLINs distributed in 3 high transmission endemic provinces
- Training and new tools developed in 2013 with support from AMP consultant (tested in 2013 by PSI)
- Successfully completed a major urban area UC activities/lessons learnt documented and shared.
- Microplanning and Training of Provincial Malaria teams in 11 provinces
- Prepositioned of LLINs in **8** provinces (50 municipalities) to be covered by May 2014



SUCSESSES TO DATE

- Launching of pre-elimination activities in the southern region (Namibe)
- UNICEF supported the integration of malaria control in the MoH program of the Revitalization of Municipal Health Services.
- PSI continuing sharing all lessons learnt in efforts to increase knowledge amongst UC partners – Urban Distribution Lessons learnt document, UC Database
- Increased Public-private partnerships with Exxon (funding), Endiama (logistics/admin support), Unitel (communication)



CHALLENGES

- Continued road inaccessibility beyond provincial capitals (use of bicycles, motorbikes, river rafts and porters)
- Limited health facilities in remote locations – health officials at health posts have been key continuity of malaria prevention communication besides access to anti-malarials
- Funding alignment with national campaign strategy - insufficient funding for all key campaign components (IEC/BCC component that needs increased funding)



LESSONS LEARNT

- A need for increased and improved urban campaign planning (PSI has shared with partners its lessons learnt on urban distributions)
- Increased engagement and coordination at all implementation levels
- Seasonal planning – dry season is the most ideal for successful campaigns ensuring that communities that are normally cut-off during the rainy season are adequately covered before the onset of rains.
- Implementing partners capacity assessments
- LLINs acceptance levels in urban areas lower compared to rural areas – IRS and LLIN social marketing could be a solution.



GAPS TORWARDS UNIVERSAL COVERAGE

DONOR	QUANTITIES	YEAR	STATUS		
USAID	423 000	2012	Delivered	Needs 2014 UC	
Gov. of Angola	1 150 000	2012	Delivered	Available/in the pipeline	9 315 812
Fundo Global	2 810 812	2013	Delivered	GAP for Universal Coverage	1 854 675
USAID	412 000	2013	Delivered		
Gov of Angola	850 000	2013	in the pipeline		
JICA	455 000	2013	Delivered		
Armed Forces of	350 000	2013	in the pipeline		
USAID	375 000	2013	Delivered		
USAID	890 000	2013	Delivered		
USAID	600 000	2014	in the pipeline		
Gov of Angola	1 000 000	2013	in the pipeline		
Total Disponivel	9 315 812				



PERSPECTIVE FOR 2014

- 16 NGOs to be engaged in the campaign with PSI support
- 6.9 million people to be covered by 4.3 Million LLINs (all high endemic provinces will be covered)
- Evaluation of 2013 campaign (LQAS Support required for 1 month – Jul/Aug 2014)
- Advocacy for LLIN GAP coverage
- Raising funding for UC campaign activities continuity with NGOs



PERSPECTIVE FOR 2014

- LLINs in country Warehoused or prepositioned:

Location	Quantity	Target Population
Huambo	704000	1267200
Bie	968050	1742490
Lunda Sul	397100	714780
Lunda Norte	568000	1022400
Cabinda	264000	475200
Namibe	504200	907560
Uige	230000	414000
Bengo	146300	263340
TOTAL	3781650	6806970



CARTÃO DE MOSQUITEIRO

Nº 1234567890

Número Folha de Registo

Localidade.....

Bairro.....

Rua.....

Casa..... Data Registo...../...../.....

Nome Responsável da Família

Número de Mosquiteiros a Receber

Frente



Costas



Avental para Mobilizadores



CARTÃO DE MOSQUITEIRO

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Nome Responsável da Família

Número de Mosquiteiros a Receber



República de Angola
Ministério da Saúde



**Durma debaixo
de um Mosquiteiro
e proteja-se da
Malária**



**Campanha Nacional
de Distribuição de Mosquiteiros**



2013 CAMPAIGN PHOTOS



Mobilisers training – at municipality level



2013 CAMPAIGN PHOTOS



House to house
registration



2013 CAMPAIGN PHOTOS

- Improved communications and awareness campaigns



2013 CAMPAIGN PHOTOS



- Village level distributions
 - participation of traditional authorities in community mobilisation
 - LLINs handed to beneficiaries out of bags



2013 CAMPAIGN PHOTOS



- Bad roads and lack of bridges posed major settlement access in all remote locations



2013 CAMPAIGN PHOTOS

LLIN in
use -
Malange

