



**PROCUREMENT AND DELIVERY STRATEGIES**  
**That Work In Emergency Settings**

**Alliance for Malaria Prevention**

**Partners' meeting**

January 26 – 27, 2015

# Planning for Malaria Prevention

## Prioritisation

- World-wide about 6.3 million refugees and 24.8 million IDP are affected by malaria
- UNHCR's annual programme cycle requires a 12-24 months planning in advance
- Refugees in protracted settings are meant to receive replacement nets every 3 years
- Non-annually recurring activities can get deprioritised or forgotten
- In 2012 LLIN were re-classified as Non-Food-Items (NFI) so increasing their operational importance

## Advantages

- LLIN are planned for with other essential commodities such as soap, blankets etc,
- LLIN are among the first items to be supplied and distributed during emergencies

# Does it work?

## Yes and No

### Yes, if

- LLIN are prioritised, planned and budgeted for:
  - South Sudan refugee emergency
    - UNHCR operations in Ethiopia and Uganda budgeted for LLIN during the refugee influx;
    - Kenya tapped into regional stocks

### No, if

- LLIN are not prioritised as in the case of the emergency operation in Cameroon
- Investments in large-scale distribution campaigns continue to be needed when populations are stable.

# Challenges

## Including refugees

- Linkages to national programmes should be established
- Advocacy for the inclusion of refugees into national strategic plans

## Considering host populations

- Distributions of LLIN should include refugees and hosts
- UNHCR is seeking alternatives to camp solutions wherever possible
- Refugees settle in urban centres or rural settlements and live among host populations
- Host populations often have limited resources

# Procurement of LLIN

- With an annual procurement volume of below 1 million LLIN, UNHCR is a small partner
- Frame-agreements (FA) are in place with 4 suppliers
- Unit prices are not fixed for the duration of FA
- Competitive bidding is required
- Our procurement service is monitoring prices
- UNHCR does not do bulk procurement
- Decentralised budget structure requires order to be placed by operation
- Only limited numbers are stockpiled
- If needed, tap into partner stockpiles, i.e. national programmes, UNICEF

Annual Procurement of LLIN/ Average Cost per Unit



2007	2008	2009	2010	2011	2012	2013	2014
\$	\$	\$	\$	\$	\$	\$	\$
1,916,400	4,650,511	6,863,428	5,656,240	2,176,399	1,591,760	2,606,161	2,550,119

# Distribution Strategies during Emergencies

- During emergencies distribution strategies are situation dependent.

## Scenarios



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## Scenarios

People are on the move and scattered



**Distribution not feasible**  
Focus on access to rapid  
diagnostics and treatment

Distribution  
LLIN likely not  
Must include  
Ensure access to RDT/ACT

# Distribution Strategies during Emergencies

- During emergencies distribution strategies are situation dependent.

## Scenarios

People on the move  
scattered

People seek shelter  
in the bush or host  
villages



Distribution not feasible  
Focus on access to rapid  
diagnostics and treatment

- Distribution difficult,
- LLIN likely not being used
- Must include host population
- Ensure access to RDT/ACT

- Hanging
- Shelter kit
- Use of IT plastic sheeting
- Campaigns

# Distribution Strategies during Emergencies

- During emergencies distribution strategies are situation dependent.

## Scenarios



People arrive at a transit centre

People are settled in a camp or settlement

- Distribute as CRI
- Hanging
- Use of IT plastic sheeting
- Distribute as NFI/CRI
- Shelter kit
- Campaigns

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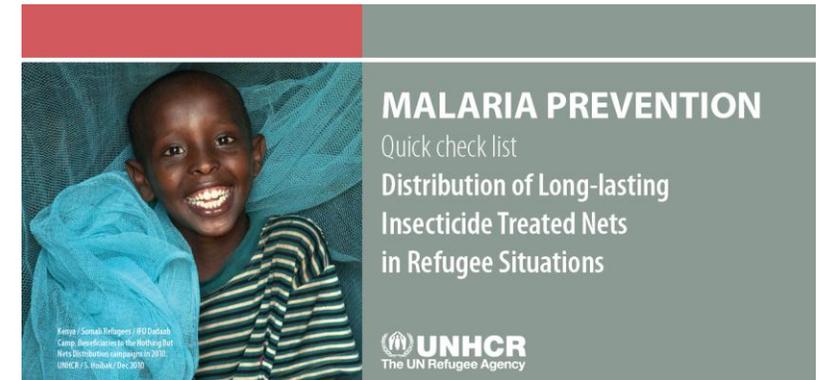


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# The UNHCR LLIN Distribution Check-List

- Where population-wide household distribution is not possible or delayed (LLIN stock-outs)  
Immediately distribute LLIN to:
  - Pregnant women
  - Children under-five
  - Malnourished children
  - Persons with chronic illnesses incl. HIV/AIDS
- During emergencies use targeted distributions  
(at reception centres during registration, during ANC or vaccination)
- Mass campaigns should be conducted as soon as populations have settled and are stable to catch up on coverage and sensitise the community
- Identify and engage with community leaders, community health workers before, during and after distributions
- Ensure context-specific adapted IEC materials, messaging and approaches



# Behavioural Change Communication

- The sense of ownership and value of LLIN among displaced populations is different than that of non-affected populations
- During flight, transit and immediately after arrival all attention is on essential commodities, not necessarily on essential life-saving commodities.
- During a prolonged stay in a refugee camp, sense of ownership changes due to the real or perceived dependency on aid.
- LLIN are a good commodity to trade, more so for refugees who have little to no other means of generating income.

**For this reason, UNHCR recommends intensive BCC and active participation of the community in LLIN distributions, including door-to-door campaigns.**

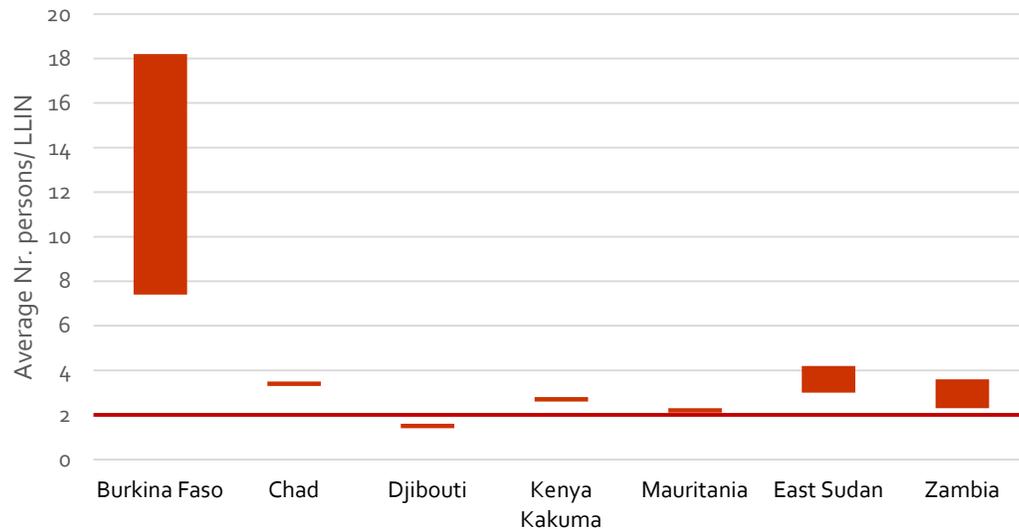
# Other Forms of Malaria Prevention

- Vector control and In-door Residual Spraying (IRS) are recommended but hardly ever consistently done in regular intervals
- Public Health Section in UNHCR is working on IRS Quick Check List similar as for LLIN
- Intermittent Preventative Treatment is fully integrated into ANC services

# Monitoring and Evaluation

- Results from the SENS survey's malaria modules show achievements in LLIN coverage but also reveal room for improvements
- Data improved since the inclusion of the malaria module into the annual nutrition surveys

Average Nr. of persons sleeping under 1 LLIN



LLIN Coverage (at least 1 LLIN/ household in use)

