



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

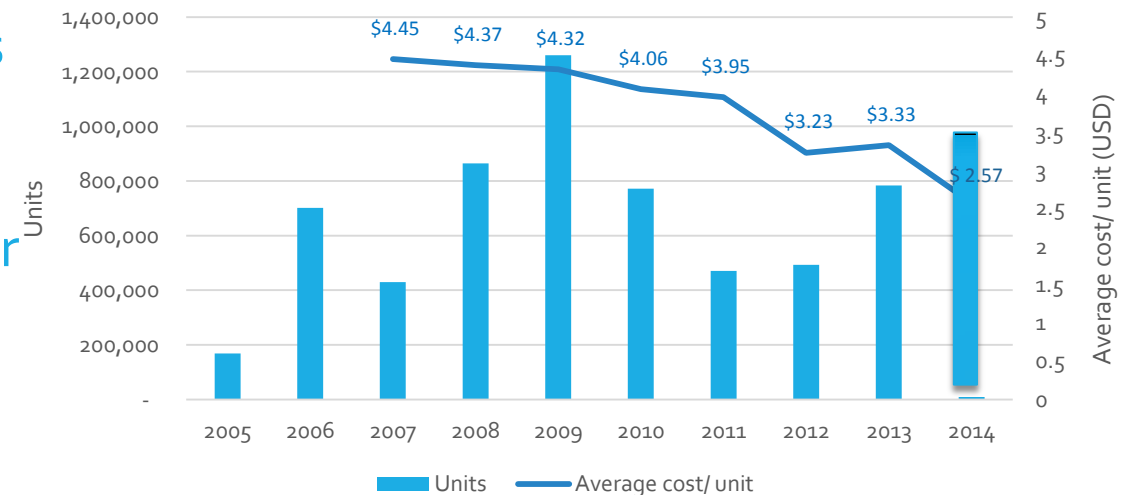
Considering host populations

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

Distribution Strategies during Emergencies

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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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Scenarios



live at
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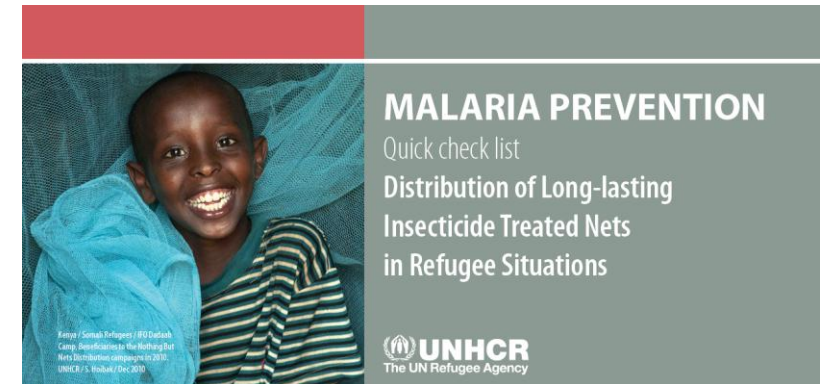


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The UNHCR LLIN Distribution Check-List

- 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.

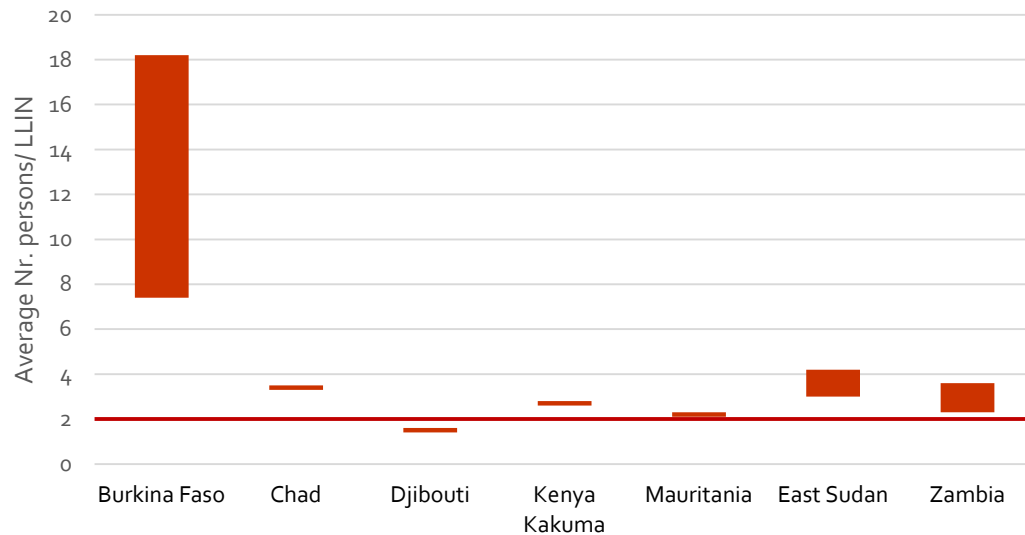
Other Forms of Malaria Prevention

- 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)

