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Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
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الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

AMP 2015, Partners meeting

République Centrafricaine: Distribution de MILDA dans un contexte de crise

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Dr Jean Methode MOYEN, SLP

Olivier NOUPING, FICR

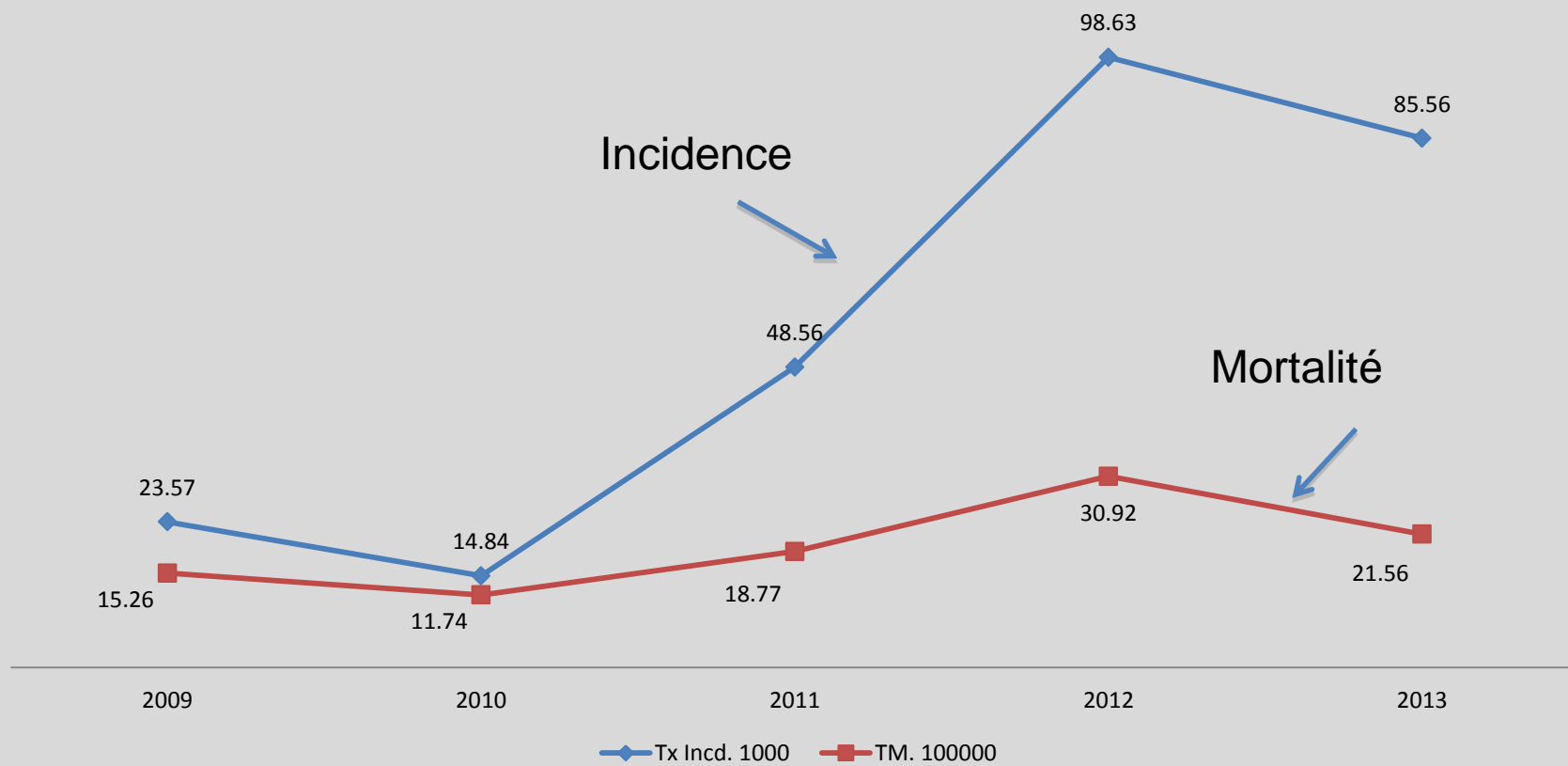
Presentation overview

- Epidemiological situation
- Context: Central African Republic
- Distribution of LLINs in Bangui
- Distribution of LLINs in Region Sanitaire 1
- Other LLIN distribution

Epidemiological situation - malaria

- Malaria is a major public health problem in CAR, with the major burden on pregnant women, children and displaced persons
- In CAR, the number of malaria cases has been increasing among the general population
- According to NMCP routine data, in 2013 malaria represented 59% of outpatient cases among all age groups versus 40% in 2001

Evolution of malaria incidence and mortality in CAR: 2009 – 2013



Context of the country

- History of instability since independence, with periods of calm and crisis
- February 2014: the Government ruled by the Seleka (President Djotodjia) steps down during a period of serious crisis
- February 2014 – January 2015: existing transition Government but the power of President Catherine Samba-Panza is largely localized in Bangui, while the interior of the country is controlled by ex-Seleka, anti-Balaka and armed groups

Context of the country

- The OCHA report of October 2014 shows that:
 - **430 000** people are still internally displaced
 - **423 000** people from CAR are refugees in neighbouring countries
- Access to communities in the central, northern and eastern parts of the country remains difficult without security convoys
- The Southwest part of the country is largely accessible

STATUT DES ROUTES EN PROVINCES

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Distribution of LLINs in Bangui

- Procurement of 454,781 LLINs (UNICEF and the Global Fund)
- National Coordinating Committee established and sub-committees formed to develop plans, supports, tools and key messages (BCC)
- The following activities were implemented:
 - *Training of campaign actors*
 - *Household registration (November 2013)*
 - *Second household registration (April 2014)*
 - *Distribution in 3 stages (June to August 2014)*
 - *Social mobilization during household registration and LLIN distribution*
 - *Campaign launch*



Training, household registration and LLIN distribution in Bangui



1. Formation des volontaires CRCA



3. Le retour du site de distribution



2. Une équipe de dénombrement sur site des déplacés du centre Jean 23

Distribution of LLINs in Bangui: Results

Arrondissement	Population Estimée 2013	Nb de personnes dénombrés	MILD prévue	MILD à distribuer	% de MILD distribuées
1 ^{er} Arrd	14 932	17733	8 296	8 867	107%
2 ^e Arrd	83 724	113090	46 513	56 545	122%
3 ^e Arrd	125 634	194458	69 797	97 229	139%
4 ^e Arrd	127 701	159577	70 945	79 789	112%
5 ^e Arrd	172 819	211452	96 011	105 726	110%
6 ^e Arrd	109 538	172480	60 854	86 240	142%
7 ^e Arrd	60 324	98097	33 513	49 049	146%
8 ^e Arrd	102 539	156703	56 966	78 352	138%
TOTAL	797 211	1 123 590	454 781	561 795	124%

Distribution in Region Sanitaire 1

Revised strategy

- Rural areas: door-to-door distribution by volunteers; 1 LLIN for 2 people with a maximum of 4 LLINs; 3 days
- Urban areas: household registration and attachment of bracelets; distribution points open from 2nd day of household registration; 5 days



Key dates

- **Start of November 2014**: start of planning on basis of revised strategy (quantification of human resources and tools; revision, alignment and reproduction of tools and supports; coordination meetings, etc.)
- **Mid-November 2014**: training of campaign actors
- **Start of December 2014**: implementation of activities in RS1
- **End December 2014**: return of teams from RS1

NB: 8 weeks between the planning and end of distribution

Quantification: Margin of error for the CAR context

- Quantification difficult – base unknown + population movement
- Without household registration figures for the number of nets to pre-position, a margin of error was added to the number of LLINs needed for distribution
 - 10% for sous-prefectures that were closer and largely rural
 - 15% for sous-préfectures that were further and / or largely urban



Alignment of tools

- Sensitivity of the population regarding registration of household names in the context of the crisis
- Low levels of education
- Finalization of tally sheets instead of household registration tools for data collection:
 - Urban areas: tally sheets for household registration and LLIN distribution
 - Rural areas: tally sheet for LLIN distribution

Utilisation of tally sheets instead of registration books



Identification of beneficiaries

Urban areas:

- Use of plastic bracelets
- 1 bracelet = 1 LLIN
- Maximum of 4 LLINs

Rural areas:

- Identification done door-to-door
- No bracelets

Bracelets



Bracelets attached to wrists exchanged for LLINs

Communication and social mobilization



- Communication is critical for the success of this type of activity in the context of the country
- Radio spots in all sous-prefectures
- Radio interviews done by the Ministry of Health and partners to explain the strategy
- Mobilization of households by volunteers

Advocacy

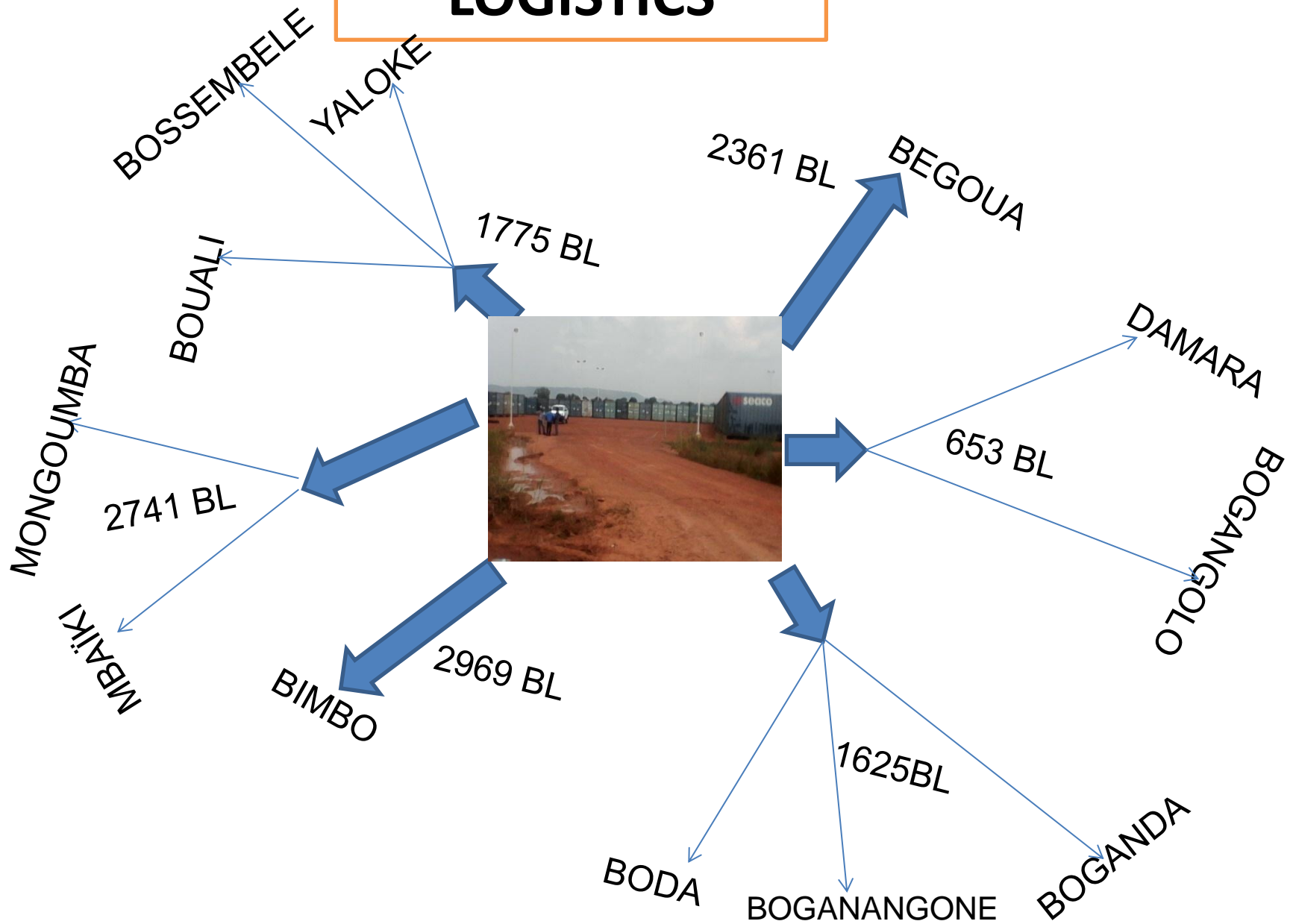
- First activity organized by focal persons following training was an advocacy meeting in each sous-prefecture
- Leaders and persons of influence, including representatives of the armed factions were invited for an information session and discussion regarding the campaign
- Each participant received an advocacy package with information sheets, posters and a t-shirt

Training and reinforcement of capacity

- Reinforcement team put in place to support focal points and local supervisors
- Extension of training from 2 to 3 days
- Two steps in the training cascade to ensure the quality of the training sessions



LOGISTICS



TOTAL MILDA RS 1: 12.124 BL, 606.200 MILDA, 19 TC et plus

Logistics

- Transport and storage capacity is limited in the country and demands are high (MINUSCA, NGOs, etc.) – impossible to mobilize enough trucks to serve an entire region at the same time
- Serious communication problems between Bangui and the interior of the country (areas without cell phone network)
- Storage of LLINs impossible in some sous-prefectures
 - Daily transport to all distribution points
 - Movement of containers to sous-prefectures and use of a « hub and spoke » approach

Many different types of transport used...



Some numbers

- 3,520 volunteers and immediate supervisors
- 660,000 LLINs transported for the distribution
 - 55.000 LLINs more than estimated with the margin of error
 - Data compilation and analysis in progress
- 25 days (from 6 to 31 December 2014) of activities in the field

Other mass distribution strategies

- Identification of opportunities for mass distribution in the security context
- Région sanitaire 3 (sous-préfecture of Kabo):
 - MSF-Spain completed a mass distribution integrated with a mass drug administration (ASAQ) for children under 15 years of age in July / August 2014
 - 17.590 LLINs distribution (versus a planned 27,500 for universal coverage)
- Régions Sanitaires 4, 5 and 6 – integration with vaccination? – waiting to hear about humanitarian convoy organized with MINUSCA

Routine distribution strategies

- Mass campaign distribution will not be possible in some areas because of limited access and insecurity
- LLINs are being distributed at operational health facilities by certain partners, largely MSF sections
- Expanded criteria for routine distribution in line with context:
 - Routine vaccination for children under five (Pentavalent / measles)
 - ANC
 - Children under five and pregnant women admitted to health facilities with severe malaria
 - Children under five registration in malnutrition programs

Thank you!

