



*Synchronization of a mass bed net distribution campaign  
across international borders: Model from The Gambia and  
Senegal , 2019*

**AMP Meeting**


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# Presentation Layout

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# Background (data comparison)

- Data from health systems of both countries in 2017
  - Showed parasite prevalence in children less than 5 years dropped significantly in both countries based on national surveys (MIS)
- 

Country	Incidences (DHIS2/HMIS 2017)	Prevalence, MIS 2017
The Gambia	34.1 per 1000 population	0.1%
Senegal	25.94 per 1000 population	<1%

# Cross border key considerations

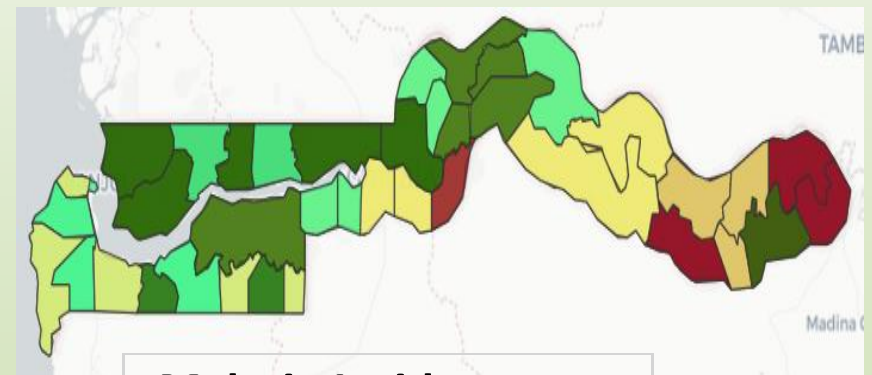
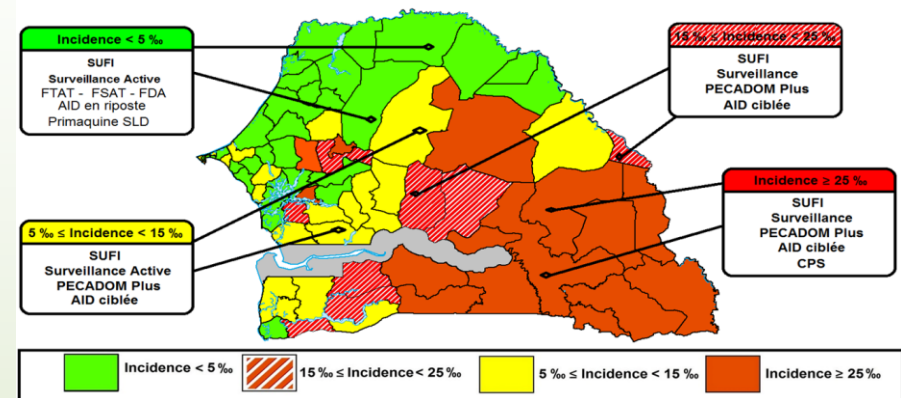
- “Border malaria”; malaria transmission or potential for malaria transmission across or along the land borders
- *Concentration of high transmission*

*In Senegal; South east, includes - 1,110 cross border communities*

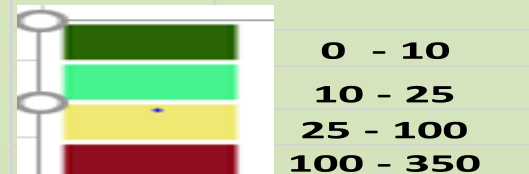
*In Gambia; Upper and central river regions - 354*



Sénégal : Cartographie des interventions par strate sur la période 2017 à 2020



Malaria Incidence per 1000 population



# Introduction: LLIN campaign

- With malaria incidence rates at pre-elimination levels;
- Extensive land border shared between The Gambia and Senegal (748km)
- Extensive population movement between the two countries



The Senegambia Malaria Initiative (SMI) was established by the Ministries of Health of the two nations

This is in recognition of the necessity to:

Scale up and align key malaria control interventions across the borders

# Key Collaboration Steps/Processes

- Established MOU between the two countries
- Aligned macro timing of the campaign
- Reviewed operational plans to harmonize LLIN types, household identification, communication tools
- Established methodology of starting household registration on day one along our common borders
- Sub-national meetings; Mobilized governors, police, immigration and customs to facilitate cross border movement of nets and campaign teams
- Mapped and produced ArcGIS maps (administrative boundaries, health facilities and communities)

# Key Steps/processes cont'd

Identified geographical landmarks to select based on the 3 criteria:

Type 1: Hard to reach areas (require transport support)

Type 2: Shared communities - Joint distribution in settlements that straddle both sides of the border

Type 3: Geographical barriers - (waterways, season flooding)

# Mapping Process

Defining the objectives and gather data (health facility coordinates, administrative boundaries, and settlements) - November 2018

Production of initial map with initial spatial analysis by GeoCenter - December 2018

Sub-national meetings in January 2019 to:

- 1) Identify all cross-border populations and listing of health facilities for each country
- 2) Select settlements requiring cross-border collaboration - road access, delivery of LLINs and joint distribution

Ad hoc roll out of region to region and district to district sessions to validate and plan - completed with existing training and supervision visits

Quantification of LLIN requirements and negotiate modalities of “lending”

Some task forces formed between Gambia regions and Senegal health posts



# Spatial Analysis Identification



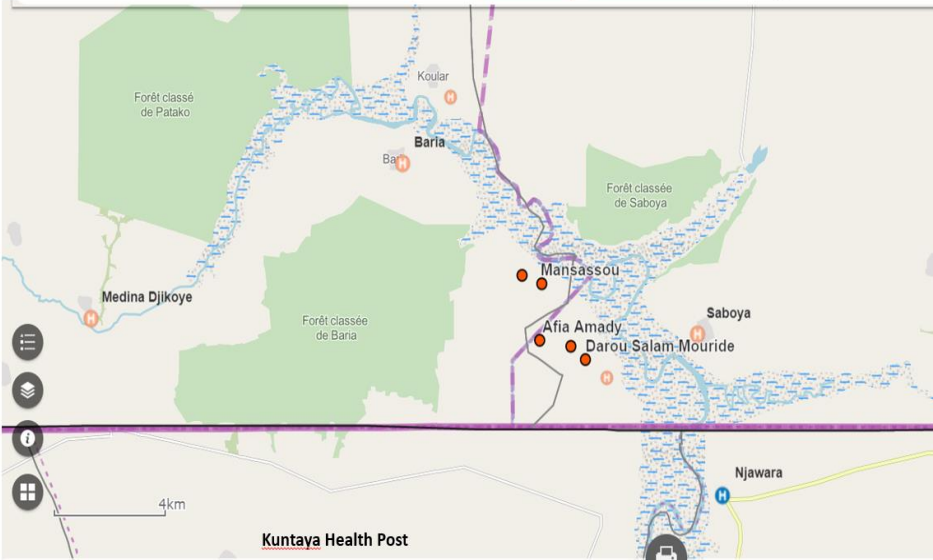
3 joint supervision points (NMCP & PNLP)  
Shared communities

Foundiougne & Sokone Districts, Fatick Region

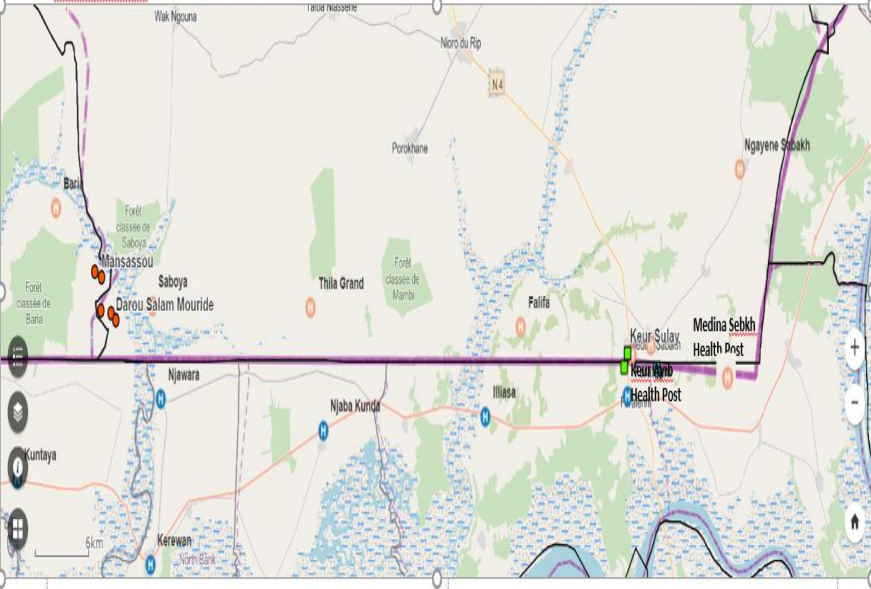
with North Bank cross-border map



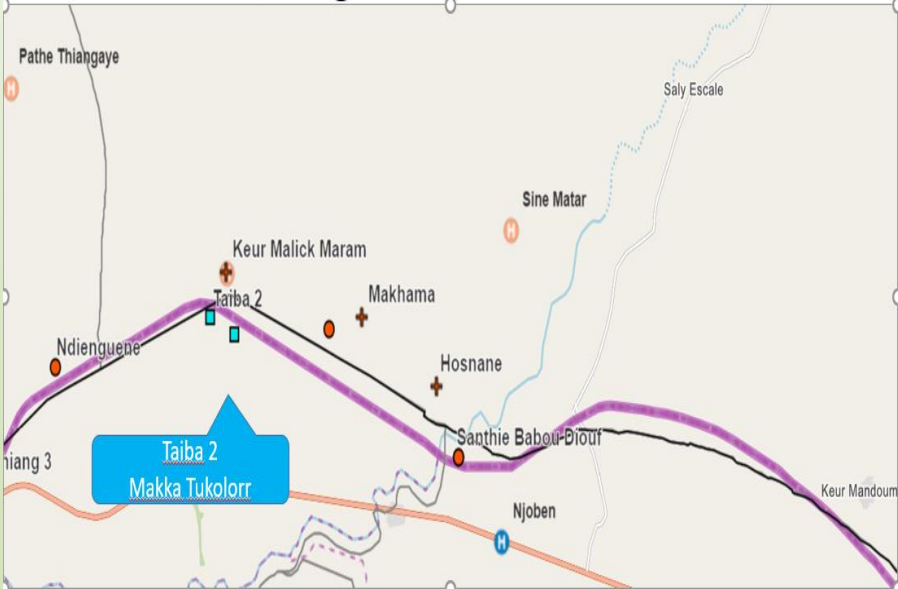
Closer Look – border with Nioro, Kaolack Region



Nioro District and Central River border

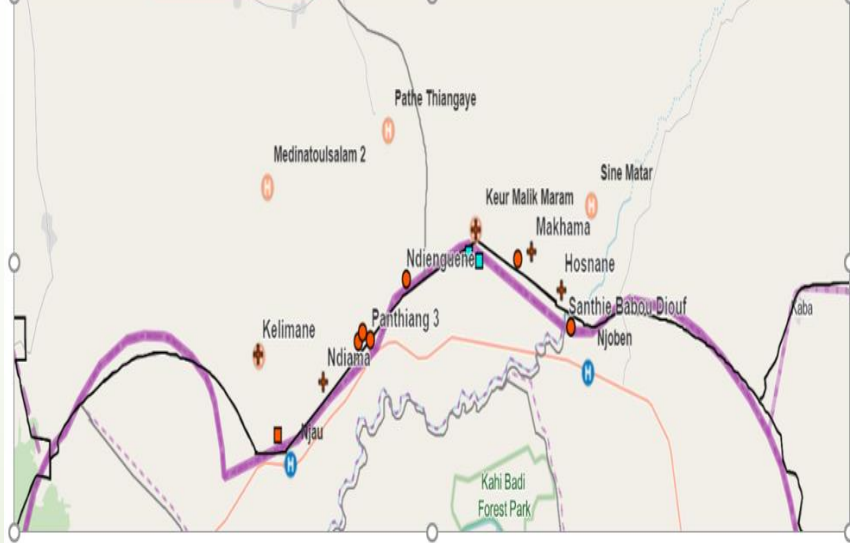


Closer look – Konghuel District border

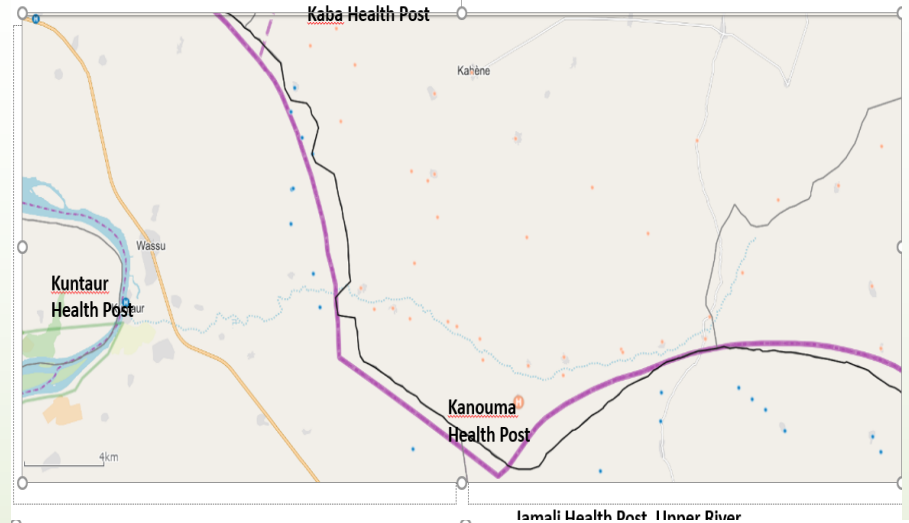




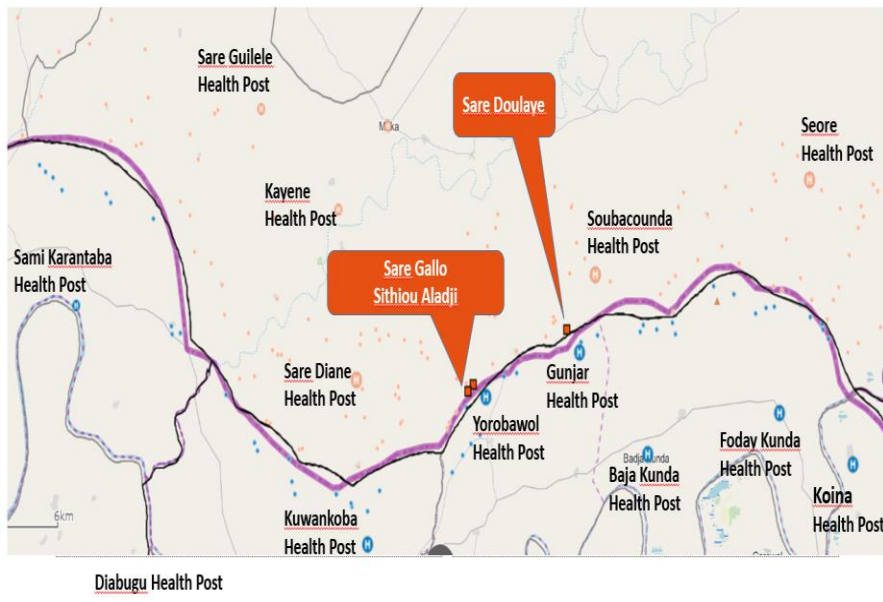
Map – Kaffrine Region Border with CRR,



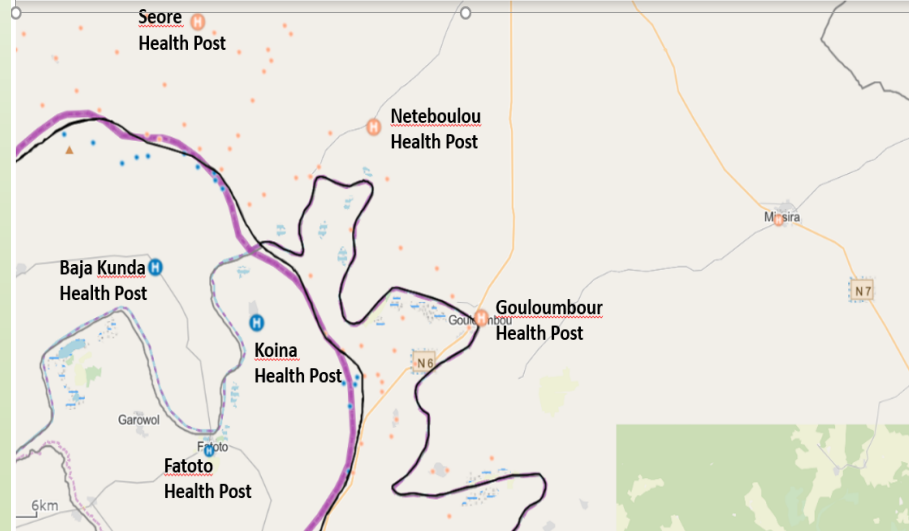
Koumpentoum District (Tamba Region) with Central & Upper River Region



Makacolibantang District (Tamba Region) with Upper River Region



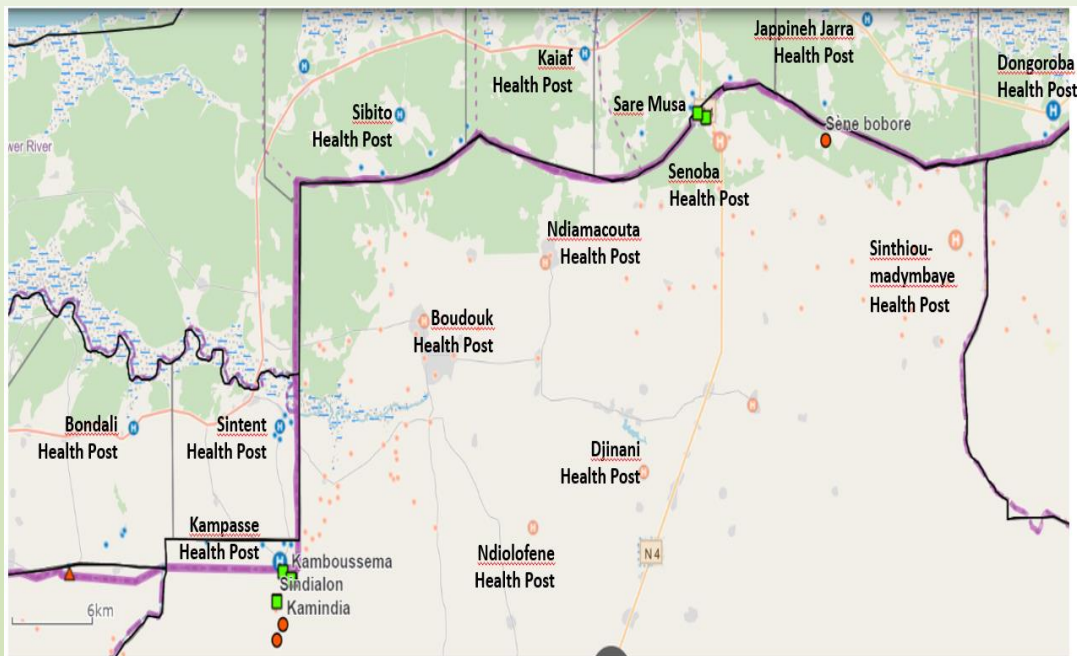
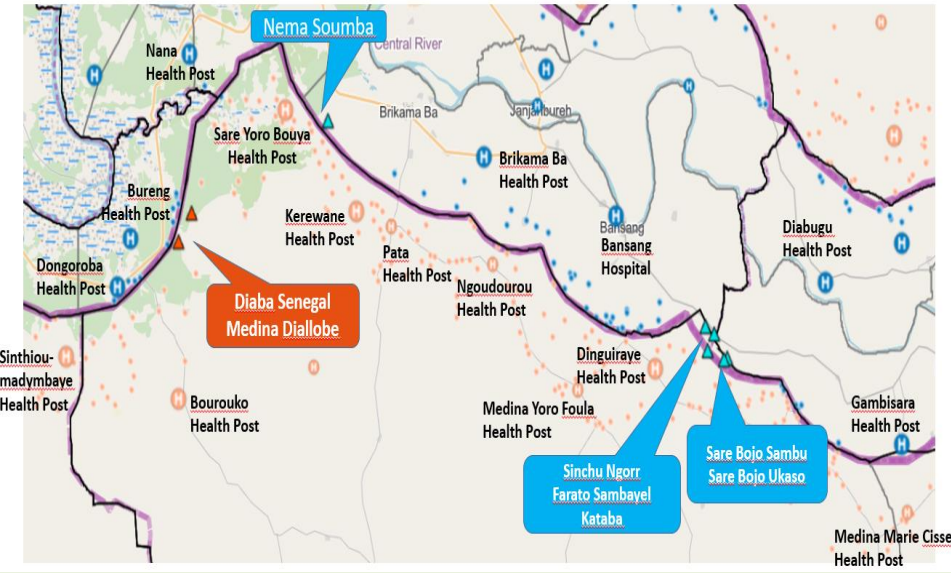
Tambacounda District (Tamba Region) with Upper River Region



Velingara District (Kolda Regina)  
with Upper River Region border



Medina Yoro Foula District (Kolda Region)  
with Upper and Central River Regions





# FOUNDATION FOR CREATING CROSS-BORDER MALARIA PARTNERSHIP ZONES

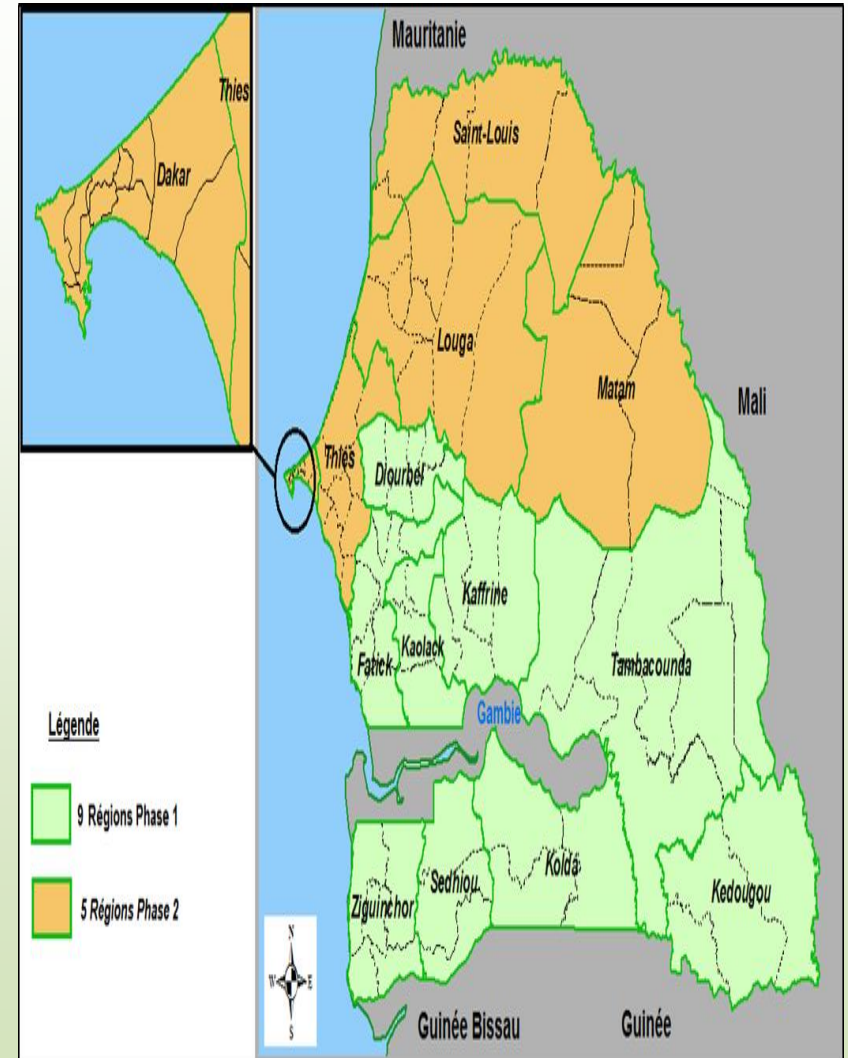
Selection of 34 settlements for cross-border action, including 3 joint distribution sites. Four of the settlements are in the Gambia. Approximate impacted pop. 10,000.

Production of detailed [Senegambia ARCGIS map](#) for planning and analysis



# Phases of the Campaign

- Used a phased approach, starting from border communities for registration
- Data validation process for both countries
- Second phase relates to registration & distribution non-border areas e.g. Banjul, Dakar
- Final distribution in borders areas with Senegal
- Digital data collection using mobile devices-Gambia



# Joint activities



Minister of health and  
NMCP Managers at LLIN  
campaign launching



Joint campaign  
teams at border  
community



Joint LLIN distribution at  
border community by  
Senegal & Gambia teams

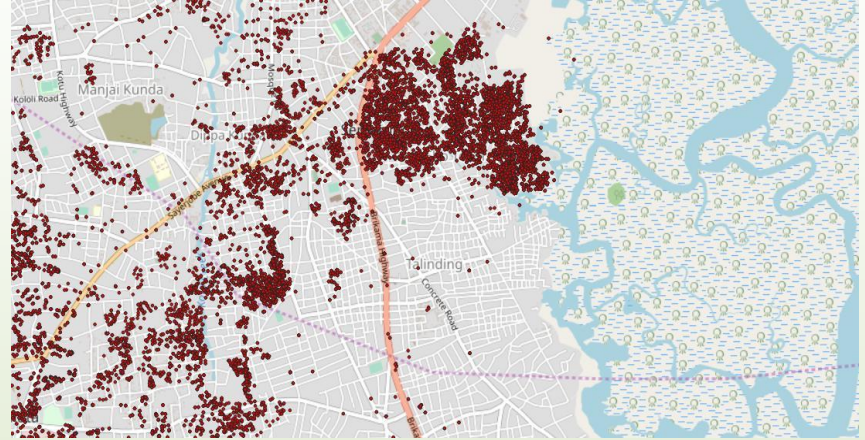
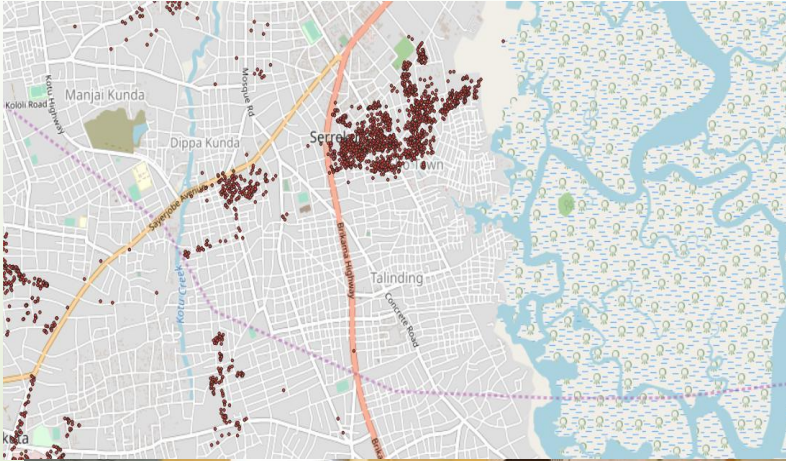


Gambian vehicle  
transports Senegal's  
nets to health post



# Data management

## To enhance HH registration & distribution





# Data Management (digital devices)



Mobile devices during registration & distribution

# Planned Output vs Actual (Results)

## *The Gambia*

**Planned to distribute 1.2 million**  
long-lasting insecticidal nets

A total of **990,413** LLINs was  
distributed across the country

**coverage (82.5%)**

## *Senegal*

**Planned to distribute 10.1**  
million long-lasting insecticidal  
nets

A total of **8,546,871** was  
distributed across the country

**coverage (92%)**

# Best Practices

- **Cross-Border Initiative** between the two countries
- **Successfully synchronized** mass LLIN distribution
- **Electronic data collection during LLIN and DHIS2 Integration:** Development of Malaria Repository, fully integrated into DHIS2 Instance
- **Post campaign evaluation:** Countries met to evaluate the campaign from planning to implementation

# Lessons learnt

- Much fewer eligible settlements than originally perceived, thus monitoring and supervision was much easier than anticipated
- Delivery models remain different - access definition still out there- distance from border, distance from health facility, distance from distribution site
- Management differences - health post vs. region PHC team; NGO vs. system
- Importance of harmonizing data collection methods (paper vs digital)
- Accessing and updating the map - dynamic region, +20 health posts on Senegal border side in past two years; village names known differently across the border

# Lessons learnt

- High acceptance of LLIN (soft texture and size)
- Involvement of community volunteers also helped in community mobilization
- Multi-sector involvement (regional/district administrators, security services, health authorities) helped ease cross border movement
- Phase approach to the campaign allowed validation of household registration data and confirmation of pre-positioned LLINs
- Effective use of Whatsapp by campaign teams enhanced communication

# Key Challenges & Recommendations

Issue	Bottleneck/Challenge	Proposed solutions
<b>Funding</b>	Declining external funding for Malaria Low level of domestic financing for Malaria	Strengthen advocacy for resource mobilization
<b>Huge logistics mobilization</b>	High number of vehicles required and community stores for LLIN pre-positioning	Early planning, allocate funds for vehicle hire & store rental
<b>Administrative procedures</b>	Differences in administrative procedures did not make it easy to hold face-to-face meetings in some regions and health posts	Establish a permanent secretariat its scope for malaria cross-border
<b>Coordination at community level</b>	Poor mobile networking along borders impeded effective synchronization of activities at some cross-border communities	Establish consultation frameworks between districts along the border to improve communication among health workers

# Next Steps

- There are intentions to explore other areas of the malaria control programs for cooperation, including data management, supply chain, IRS, and SMC
- Consider expanding the model to include other bordering nations to Senegal, e.g. Guinea, Guinea-Bissau, Mali etc.
- Encourage special monitoring of communities in selected cross-border settlements as well as those identified in the geospatial analysis
- Advocate for inclusion of a cross-border fever care-seeking study
- Work with The Gambia and Senegal to update prioritization and timing of activities in the cross-border action plan



# Acknowledgement

## The Gambia

### Financial Partners

- GF
- Rotary Malaria



### Technical Partners

- AMP
- CRS
- MRC
- WHO
- Chemonics
- UNICEF



## Senegal

### Financial Partners

- BID
- GF
- GIZ
- OMVS
- PMI



### Technical Partners

- ADEMAs
- AMP
- WHO
- Intra-health





# SeneGambia

# THANK YOU



Health Ministers at Campaign Launching