AMP The Alliance for Malaria Prevention

Expanding the ownership and use of mosquito nets

Country profile



The work that AMP does is wonderful in regards to technical support. AMP sent very high quality technical support providers to Cameroon who responded to the needs identified by the country.

– Prosper Ndong, NMCP, Cameroon

Background

Cameroon

Population: 19,910,659

Distribution dates: September and November 2011 **Distribution strategy:** Universal coverage, defined as ownership of at least 1 LLIN for every 2.2 household members

Technical assistance provided: Implementation, logistics, monitoring and evaluation and communications **LLINs distributed:** 8 million

Malaria prevalence in country varies from 50 to 75 per cent based on the region. Malaria accounts for 40 to 45 per cent of medical consultations, 57 per cent of hospitalization and 40 per cent of mortality among children below five years.

With the objective of contributing towards the reduction of malaria-related morbidity and mortality, Cameroon embarked on a mass distribution campaign with universal coverage in 2011.

The Alliance for Malaria Prevention (AMP) provided technical assistance to:

- 1. develop a distribution plan
- 2. develop the logistics budget
- 3. detail financial gap for advocacy lobbying purposes
- 4. develop an implementation guide for the planned campaigns
- 5. develop planning tools and training
- 6. develop models for micro-planning
- 7. develop and implement as per timeline
- 8. establish a data management tool for monitoring and evaluation for micro-planning
- 9. suggest recommendations to the country team, Roll Back Malaria (RBM) and AMP.

National coordinating committee and its sub committees: technical, logistics, finance, communication, monitoring and evaluation and security were established and approved by the Ministry of Health.

Crucial factors such as the rainy season (transportation difficulties), presidential elections as well as the safe and secure storage of LLINs were taken into consideration when planning the campaign.

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The Alliance for Malaria Prevention

The Alliance for Malaria Prevention has worked with NMCP and partners to provide a range of support to facilitate the distribution of LLINs to reach universal coverage in Cameroon.

Implementation: To ensure that micro-plans for all districts and areas involved in the campaign were completed, a five day training of regional trainers was carried out. Each of the district chief medical officer's, who attended the regional training of trainers, was in charge of the development and validation of micro-plans for an average of nine health areas. Thirty supervisors and ten central unit regional heads of NMCP also benefited from the trainings. Micro-plans were developed for all of the 177 health districts.

Logistics: Key criteria for selecting warehouses for storing LLINs was that warehouses should be spacious, secure and accessible to large tonnage trucks. A procurement plan for each region was submitted during the tender stage. Cascade training, i.e. training of central teams followed by regional logistics teams was carried out

Monitoring and evaluation: With support from the sub-committee on monitoring and evaluation and validation from the technical sub-committee, canvas work for micro planning was fully revised and adapted. A management system to enable data collection, compilation and analysis from the household listing was established. This included the development of a data entry mask of enumeration which automatically summarized the population and net requirements by region, district, health area and distribution points.

Communications: Members of the subcommittee developed tools and communication activities for the campaign. A training for media owners was carried out. KO Palu was created as an easy to recognize and unified brand for the campaign involving Africa's largest cell phone provider, MTN as well as many famous national artists. National and regional launch events were organized and messages via SMS and on radio and television were broadcasted every night.

Lessons learned:

- 1. Supervision is key to proper implementation of activities. The involvement of security officers must be systematic in urban areas to prevent fighting and guarantee effective distribution.
- 2. It is essential to pre-test campaign messages.
- 3. The training of distributors in pools at district level helped to control the quality of the training.
- 4. Sufficient time needs to be factored in for data analysis to enable any adjustment to the distribution strategy after household registration.
- 5. It is critical to communicate proper use of LLINs to beneficiaries at distribution sites (e.g. airing nets).

A mass distribution campaign of this magnitude was the first of its kind in Cameroon. The campaign entailed the management of more than 15,500 community-based organizations. Over 51,000 agents and supervisors were trained and as such contributed to the success of this campaign.