Cameroon: ITN distribution in the North West Region during a humanitarian crisis – Challenges and lessons learned for reaching the last mile

Presented by

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OUTLINE

- Profile of the North West Region (NWR)
- Epidemiological context
- Security and humanitarian context
- Impact of humanitarian crisis
- Implementation of the mass ITN campaign
- Enabling factors of the ITN campaign
- Achievement of the ITN campaign
- Main challenges and solutions
- Take home message

PROFILE OF THE NORTH WEST REGION

Population = 2,246,302 / 26 million
15.2% = Children under 5
3.46% = Pregnant women

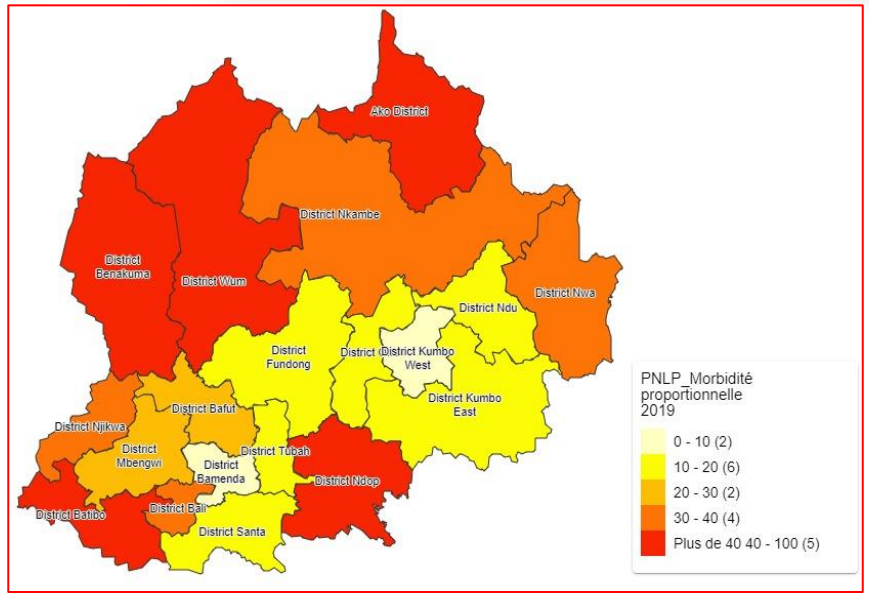
Surface area = 17,000 Km2
Pop density = 130 persons/Km2

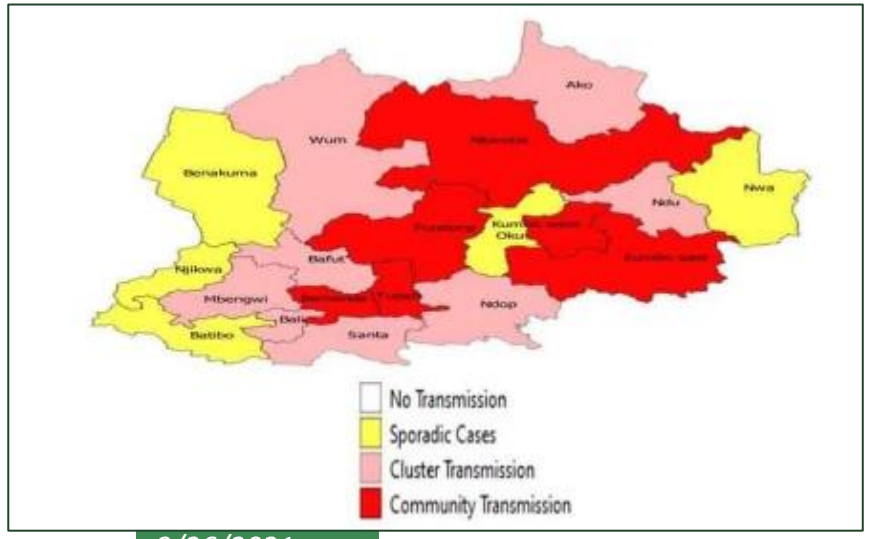
Health Map

19 health districts (HD)
243 health areas (HA)
416 health facilities (61% Public, 21% confessional and 18% Private)

A network of 597 CHW (GF) in 09/19 HD and over 1000 PBF CHW

EPIDEMIOLOGICAL CONTEXT





- Malaria is the leading PH problem in Cameroon;
- HBHI approach implemented throughout the country;
- The NWR was among the lowest burden regions before 2016 with proportional mortality rates of 5,3% in general population at HF level (*national: 18%, NMCP report*);
- Mortality rates in children below 5 years have risen from 7% in 2016 to 21% in 2019 following the same trends at national level due to weakening of the health system;
- COVID-19: 610 cases (95 among HCW) and 61 deaths (July 2020);
- Barrier measures were prescribed by the government;
- WHO recommends sustained high impact interventions despite the COVID-19 pandemic.

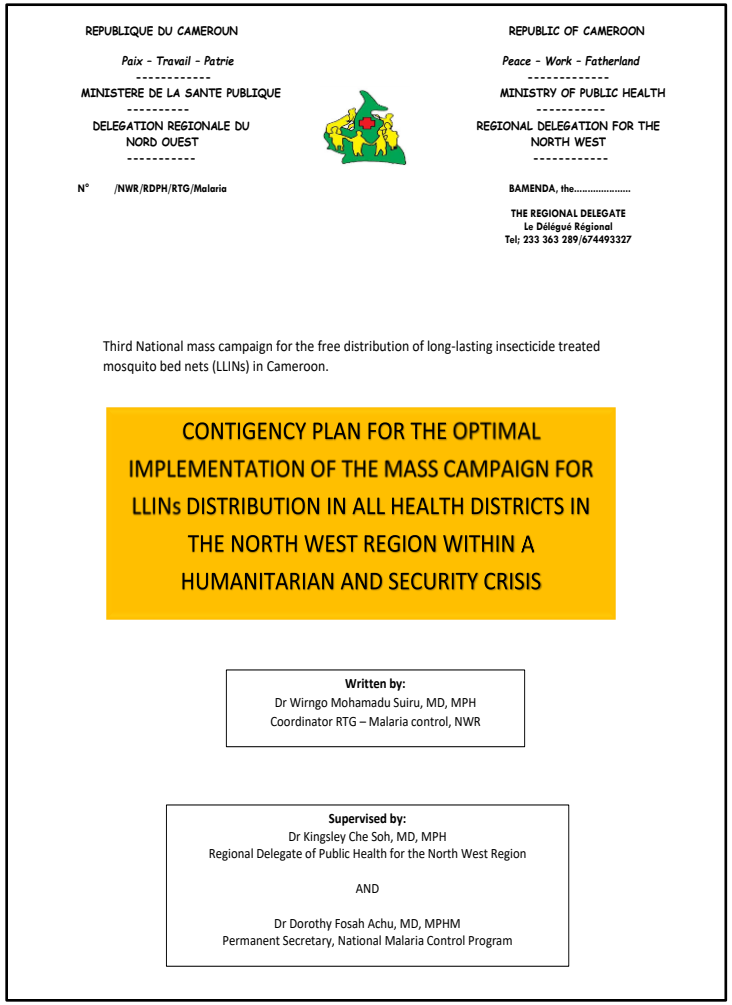
HUMANITARIAN CONTEXT

- Armed conflicts since 2017 (secessionist movement);
- Predominantly led by non-state armed groups (NSAGs);
- 670,000 IDPs, 58,000 refugees (*OCHA, February 2018*)
- 10% of health facilities + absence of qualified staff;
- Many ghost towns, lockdowns and roadblocks;
- Significant disruption of service offer and delivery;
- Deterioration of health indicators;
- Presence of humanitarian NGOs (WHO cluster, MSF);
- ITN ownership by households greatly reduced (48%) DHS 2018.

Health District	Total population 2019	Estimated % of displaced population (if known)	Number of functional health facilities	% functional health facilities	Number of CHW	Gravity of security threat (mild, moderate, severe)
Ako	58862	20%	7	70%	23	Severe
Bafut	60840	20%	17	94%	350	Moderate
Bali	37103	Unknown	9	90%	100	Moderate
Bamenda	429276	0%	46	100%	1500	Mild
Batibo	95150	54%	28	80%	320	Severe
Benakuma	60794	Unknown	6	50%	200	Severe
Fundong	158245	Unknown	30	100%	450	Moderate
Kumbo East	159554	19%	37	93%	300	Severe
Kumbo West	113508	15%	23	100%	310	Severe
Mbengwi	56429	50%	14	64%	300	Severe
Ndop	275603	20%	27	87%	250	Severe
Ndu	95914	Unknown	17	100%	290	Moderate
Njikwa	23017	30%	8	100%	200	Moderate
Nkambe	150424	16%	25	93%	520	Moderate
Nwa	65599	Unknown	13	100%	48	Moderate
Oku	101536	Unknown	25	96%	375	Severe
Santa	101176	40%	16	100%	300	Moderate
Tubah	69999	Unknown	14	100%	120	Moderate
Wum	135546	34%	12	63%	860	Moderate
Total	**2248575**		**374**	**90%**	**6816**	

Impact of the humanitarian crisis

- Frequent armed attacks (cross-fire) affecting civilians;
- IDPs and increased number of persons per household;
- Ghost towns, long lockdowns, roadblocks that interrupting socio-economic activities;
- Use of French prohibited by the NSAGs, limiting free movement of some supervisors;
- Prohibition of use of state emblems on documents, requiring their revision;
- Several roadblocks causing increase cost of transport;
- Harassment from both camps.



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REGIONAL DELEGATION FOR THE NORTH WEST

N° /NWR/RDPH/RTG/Malaria

BAMENDA, the.....

THE REGIONAL DELEGATE
Le Délégué Régional
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Third National mass campaign for the free distribution of long-lasting insecticide treated mosquito bed nets (LLINs) in Cameroon.

CONTIGENCY PLAN FOR THE OPTIMAL IMPLEMENTATION OF THE MASS CAMPAIGN FOR LLINs DISTRIBUTION IN ALL HEALTH DISTRICTS IN THE NORTH WEST REGION WITHIN A HUMANITARIAN AND SECURITY CRISIS

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Implementation of the ITN campaign(1)

Objectives:

1. Advocacy at the regional, district and community levels for the safety of persons and commodities and acceptance of the campaign by the population;
2. Ensure the transport, security, pre-positioning of ITNs at the level of HD;
3. Household count and distribution;
4. Carry out communication linked to the ITN distribution campaign;
5. Distribute 1,162,050 ITNs to the pop;
6. Ensure M&E of the campaign.

Allocation: 1 ITN/2 persons/ household

02 strategies:

Door-to-door (COVID-19 and low insecurity)

- Planned for a period of 6 days ;
- Headcount & simultaneous distribution of LLINs;
- Workload, 35 HH/ day in rural and 40 HH/day in urban;
- The teams were supplied multiple times a day with ITNs by a delivery agent

Fixed post Hit & Run (Moderate to High insecurity)

- HH count done separately from distribution;
- Headcount on D1 to D5 & distribution from D2 of headcount until D5 + 1;
- Headcount teams different from distribution teams;
- No coupons were used during HH head count;
- Households were recorded on printed forms and sent to the distribution teams at the end of the day (not in a register).

Implementation of the ITN campaign (2)

Health district	Phase	No Health areas	No health areas in Hit and Run	No Health areas in door to door	% HAs in Hit and Run
Bafut	1	14	14	-	100%
Bali	1	7	7	-	100%
Bamenda	1	18	15	3	83%
Batibo	1	19	16	3	84%
Kumbo East	1	22	22	-	100%
Kumbo West	1	11	11	-	100%
Ndop	1	15	-	15	0%
Santa	1	12	7	5	58%
Tubah	1	11	11	-	100%
Wum	1	17	13	4	76%
Total Phase I		**146**	**116**	**30**	**79%**
Ako	2	7	6	1	86%
Benakuma	2	8	8	-	100%
Fundong	2	17	-	17	0%
Mbengwi	2	18	18	-	100%
Ndu	2	9	2	7	22%
Njikwa	2	6	-	6	0%
Nkambe	2	14	1	13	7%
Nwa	2	7	7	-	100%
Oku	2	11	5	6	45%
Total Phase II		**97**	**47**	**50**	**48%**
Total		**243**	**163**	**80**	**67%**

Coordination

- National Coordination Committee (NCC) headed by the Minister of Public Health
- Regional Coordination Committee (RCC): chaired by the Governor
- Advocacy meetings at district and health area levels (three meetings planned at each level)

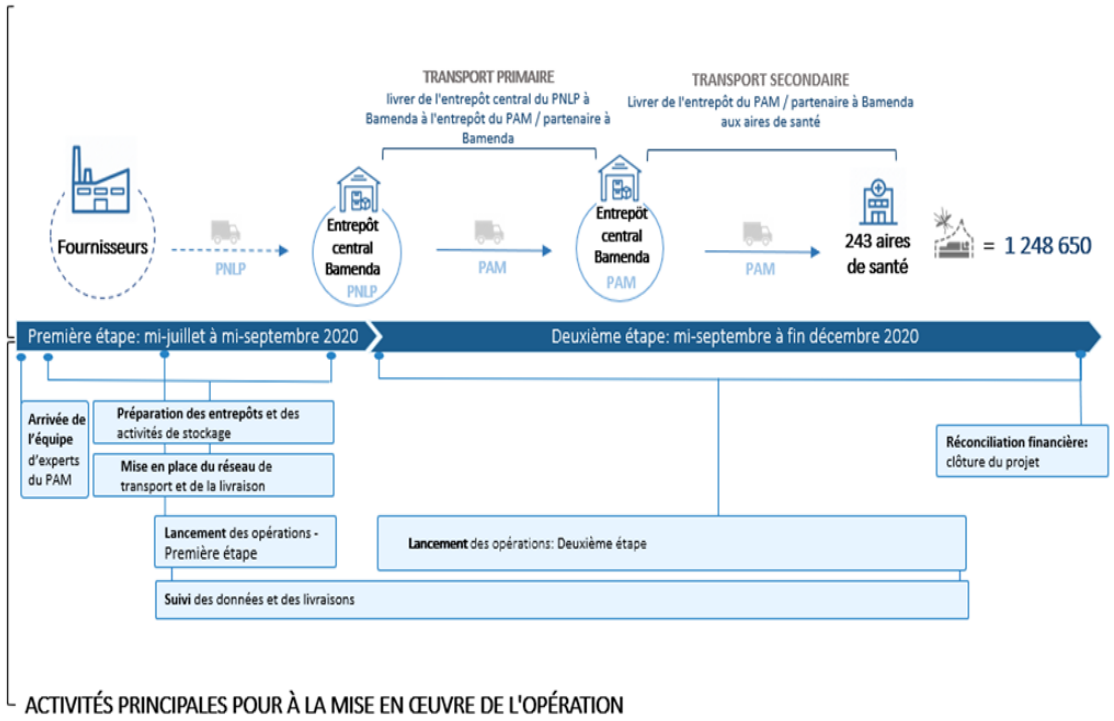
Advocacy and communication

- Advocacy meetings at all levels with pre-determined outputs in terms of demographics, mapping of stakeholders, accessibility, availability of warehouses, communication channels and community health workers
- Cautious use of mass media and social media channels
- No launching ceremonies

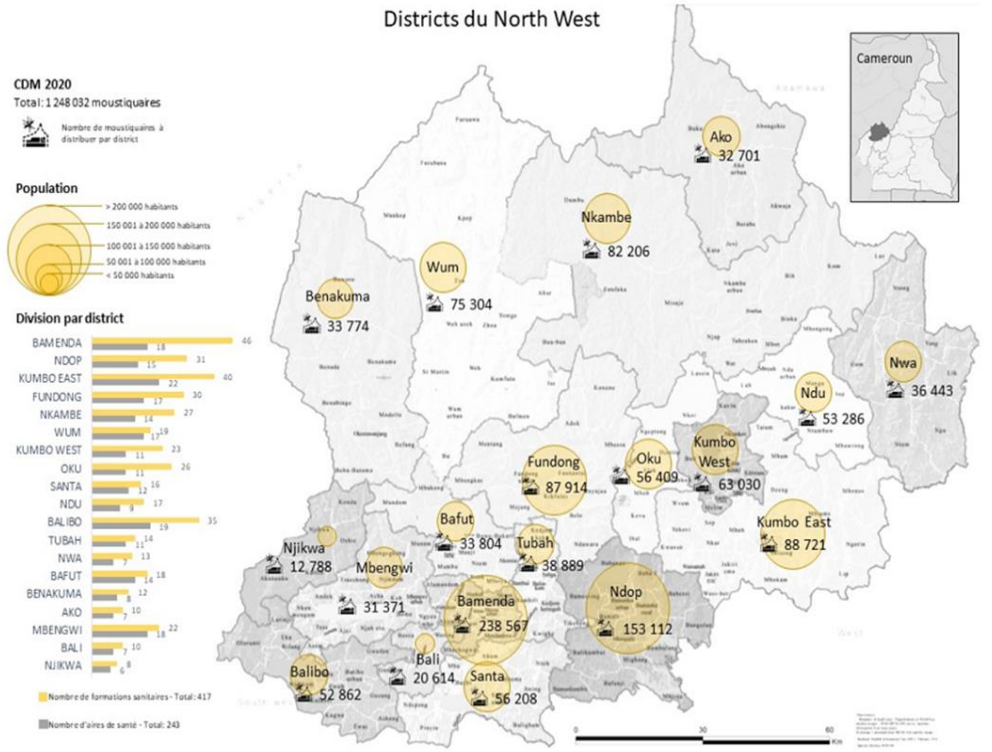
Implementation of the ITN campaign (3)

Logistics

1,162,050 ITNs planned for distribution to the entire population by over 8,000 community volunteers among whom CHW



ACTIVITÉS PRINCIPALES POUR À LA MISE EN ŒUVRE DE L'OPÉRATION



Enabling factors for the ITN campaign

- High political commitment from the Government and support from the Global Fund;
- Advocacy meetings at community level to improve buy-in of new stakeholders;
- Targeted proximity communication strategies (little mass communication& no use of French);
- High awareness of the population about the severity of malaria and need for ITNs;
- Active network of close to 1,000 trusted community health workers (CHW);
- Community organisation and participation through dialogue structures;
- Detailed microplanning beginning with health area level and consolidation at the Region;
- Strategic execution of the distribution – starting distribution of ITNs with the NSAGs;
- Participatory approach in all communities, including members of the NSAGs as actors;
- Adapting recruitment criteria for actors to the context (more women than men);
- Logistics support by humanitarian agency (WFP) though with mitigated impact.

Achievement of the ITN campaign

- Training of 8,000 actors at all levels;
- Deployment of 54 supervisors from central and regional level to ensure effectiveness of activity;
- Distribution of 1,026,101 out of the 1,162,050 ITNs (88%);
- Coverage of a population of 1,797,112 (including 104,130 IDPs), 80% of estimated population;
- Community engagement through 243 advocacy meetings to facilitate transportation of ITNs enable access to all sites and ensure security during campaign (retrieval of seized PPE by some NSAGs) ;
- Local procurement of about 1,000,000 masks and hand sanitizers for campaign actors;
- Implementation of the campaign in line with WHO COVID-19 prevention measures (*AMP support*);
- Valuable support from the incident management system for COVID-19 in the region; and
- Effective use of mobile money payment modalities despite the limited coverage of the region.

Main challenges faced and solutions used

SN	Main challenges faced	Solutions used
1	Budgetary constraints due to resource-intensive strategies	Reduction of the number of actors in teams, increasing workload in urban dense areas
2	Coordination of logistics operations with the WFP giving the exigences of humanitarian principles	Creation of a situation room on WhatsApp with all the NGOs involved, the DMOs and the regional team
3	Unpredictable population displacements with no headcount done before distribution	Just a proportion of ITNs were sent to the health areas in collaboration with the DMOs
4	Lack of mobile money accounts by many actors especially in enclaved areas with no ID cards	Use of surrogates for the payment of actors that did not have an account and could not establish one
5	Justification of expenses according to the norms and standards of financial management	Waiver of some justification modalities by the GF to ease justification for the service providers
6	Supervision of training and implementation of activities in highly enclaved and insecure zones	Designing of a distance supervision checklist and creation of a call center for distance support
7	Timely payment of actors due to late transmission of reports (Conflict of calendar in the MOH)	Constant supervision and coaching of the district teams.
8	Poor timeliness and completeness in reporting	At least one data manager was based in town to enter data for some HD

Take home messages

1. The characteristics of the armed conflict must be well understood (contingency plan);
2. Humanitarian principles should be contextualized based on the level of risks and should ensure close collaboration with health systems actors;
3. Advocacy meetings with all stakeholders is required to ensure buy-in and proper selection of community actors and acceptance of the activity ;
4. Proper microplanning is important and permits a rational use of resources;
5. Adjustments to strategy should take into account more time needed to train actors and increase in size of households due to IDPs;
6. Strategies used should be adapted to the COVID-19 response;
7. Phasing the campaign permits adjustments to be made in subsequent phases;
8. Distant supportive supervision and mentoring is helpful when security threats limit field visits; and
9. Flexibilities on the use and justification of funds are necessary to adapt to the context.

PICTURES

APPRECIATIONS

The Alliance for Malaria Prevention

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

WFP World Food Programme

World Health Organization

THANK YOU FOR YOUR KIND ATTENTION