



World Vision

CENTRAL AFRICAN REPUBLIC
MINISTRY OF HEALTH AND POPULATION
MALARIA CONTROL SERVICE

Case study for the LLIN mass distribution campaign in the five sub-prefectures of Health Region 1 of the CAR in 2020 in the context of COVID-19

LA MOUSTIQUAIRE IMPREGNÉE DISTRIBUÉE GRATUITEMENT

**VOUS PROTÈGE,
VOUS ET VOS
ENFANTS
PENDANT
AU-MOINS
TROIS ANS.**



Zéro cas en 2030



**INSECTICIDE-TREATED MOSQUITO NETS DISTRIBUTED FREE:
PROTECTS YOU AND YOUR CHILDREN FOR AT LEAST THREE YEARS
Zero cases of malaria by 2030**

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Contents

- ACRONYMS..... 3
- I. SUMMARY 4
- II. OUTCOMES..... 4
- III. LESSONS LEARNED AND RECOMMENDATIONS..... 5
 - a. **Strengths** 5
 - b. **Weaknesses** 5
 - c. **Opportunities**..... 5
 - d. **Threats** 5
 - e. **Recommendations**..... 5
- IV. CONTEXT..... 6
- V. THE REVISED STRATEGY: 8
 - 5.1 Macroplanning and coordination**..... 8
 - 5.2 Budget** 8
 - 5.3 Purchase of LLINs, PPE and other products** 9
 - 5.4 Microplanning and tools**..... 9
 - 5.5 Social communication and advocacy for behaviour change** 9
 - 5.6 Training** 10
 - 5.7 Logistics** 10
 - 5.8 Household registration and distribution** 11
 - 5.9 Supervision and monitoring** 12
 - 5.10 Payment of personnel** 12
 - 5.11 Post-distribution** 12

ACRONYMS

AMP	Alliance for Malaria Prevention
CAR	Central African Republic
CRADEC	African Regional Centre for Endogenous and Community Development
DCMO	District Chief Medical Officer
DMT	District Management Team
GF	Global Fund
IDP	Internally displaced persons
IFRC	International Federation of Red Cross and Red Crescent Societies
IPT	Intermittent preventive treatment in pregnancy
ISF	Internal Security Force
LLIN	Long-lasting insecticidal nets
MCS	Malaria Control Service
MDC	Mosquito Net Distribution Campaign
MHP	Ministry of Health and Population
MINUSCA	United Nations Stabilization Mission in the Central African Republic
NCC	National Campaign Coordination Committee
NGO	Non-governmental organization
NHIS	National Health Information System
PR	Principal recipient
RBM	Roll Back Malaria Partnership
RGPH3	General Population and Housing Census 2003
RMT	Regional Management Team
RT	Reinforcement Team
SG	Special Group
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
ZCP	Zero Cash Policy

I. SUMMARY

Political will: the Central African Government, through the Ministry of Health and Population (MHP), has been clear in making the health sector its policy priority, and has supported initiatives to preserve the health of the population in all its forms by promoting infection prevention measures in the context of the COVID-19 pandemic since it was first notified in the country on 14 March 2020.

The partners of the Ministry of Health (World Vision [WV], the Global Fund, World Food Programme [WFP] and the Alliance for Malaria Prevention [AMP]/Roll Back Malaria Partnership [RBM]) agreed in a telephone conference on 6 April 2020 to support the Malaria Control Service (MCS) in carrying out a mass distribution of LLINs by the end of May 2020 (period of return of the main rainy season and risk of increase in COVID-19 cases).

Coordination: the existence of two committees, the National Coordination Committee (NCC) of the Mosquito Net Distribution Campaign (MDC) and the COVID-19 Technical Monitoring Committee was key. These committees collaborated in defining strategies, developing measures, recommendations, tools and strategic documents. The collaboration between members of the NCC and the COVID-19 Monitoring Committee (some members of the NCC also sit on the COVID-19 Monitoring Committee) made it possible to integrate guidelines and infection prevention measures recommended by the World Health Organization (WHO) and the government to limit the potential spread of the COVID-19 pandemic during the LLIN campaign.

The NCC also carried out a documentary review with the COVID-19 Committee to put together communication materials to produce posters and deliver key messages specific to COVID-19.

Communication: The outcomes of the committees which had worked on specific aspects of COVID-19 (communication, response, etc.) allowed adjustments to update the LLIN mass distribution campaign strategies.

Documentation on the COVID-19 pandemic from partners such as WHO, AMP and the International Federation of Red Cross Red Crescent Societies (IFRC) provided guidelines to adapt campaign strategies and the necessary infection prevention measures.

Financing: Because of the difficult security environment and the short time limit for implementation the country requested a small amendment to the budget, and was able to benefit from full financing from the Global Fund.

II. OUTCOMES

The main adjustments to take account of the COVID-19 context included:

- Reduction in the number of distribution days from five to three to reduce the length of risk of exposure of personnel to COVID-19
- Increase in the number of personnel (local distributors and supervisors) because of their increased workload
- Reduction in the number of training days and increase in the number of sessions to take account of infection prevention measures
- Acquisition of the equipment necessary to prevent transmission of COVID-19 to campaign personnel and the population, namely handwashing kit, hand sanitizer, face mask, gloves and waste receptacle
- Adaptation of communication with development of co-messaging on malaria and COVID-19

The result was that 213,919 LLINs were issued to cover a population estimated at the microplanning stage at 345,961 inhabitants through a door-to-door distribution strategy. Distribution was also made to internally displaced persons (IDP) and special groups (SG).

Overall, the objectives were achieved for LLINs distributed (97 per cent), households covered (90 per cent) and population covered (98 per cent).

III. LESSONS LEARNED AND RECOMMENDATIONS

a. Strengths

- Determination of those involved to continue the campaign despite the COVID-19 pandemic
- Effective launch of activities in all the sub-prefectures from 5—23 June 2020 as planned in the timetable except for Kabo which started five days later because of lack of security (vandalism and kidnappings by armed groups)
- Respect for COVID-19 infection prevention measures during training and distribution
- Strong involvement of local authorities and the community
- Supervision by Ministry of Health and Population/Senior Leadership Programme (SLP) during implementation
- Utilization of COVID-19 materials (personal protective equipment (PPE), sanitizers, etc.) during implementation
- Increase in the number of local supervisors allowed feedback of data within deadlines

b. Weaknesses

- Reduction in the number of distribution days prevented coverage of all households in some sub-prefectures
- Slowness of resupply of distribution teams by resupply agents
- Difficulty of local monitoring of all seven teams under a local supervisor
- Highly inadequate training time for volunteers
- Non-existence of some special groups and IDPs that were on the microplans
- Lack of infrared thermometers for daily taking of distributors' temperatures
- Lack of representation of partner NGOs in the implementation in some sub-prefectures (Kabo, Kouï)
- Non-payment of personnel: delays recorded in some sub-prefectures

c. Opportunities

- Existence of health services in all the sub-prefectures
- Presence of United Nations Stabilization Mission in the Central African Republic (MINUSCA) units in the five sub-prefectures for personnel security
- Support of Internal Security Forces (ISF) in safeguarding supplies and logistics during the campaign

d. Threats

- Lack of local COVID-19 diagnostic tools in the health services
- Presence of armed groups in all five sub-prefectures
- Security incidents recorded during the campaign in Kabo sub-prefecture

e. Recommendations

- Revise the workload of local supervisors/suppliers to one for four teams instead of seven
- Increase the number of registration/distribution days from three to five

- Restore the number of training days for volunteers to one day instead of four hours
- Strengthen communication at household level on preservation of house markings for monitoring purposes
- Strengthen communication with households on the benefit of LLINs taken out of their packaging before they are handed over to the household, as well as incineration or destruction of packaging by burial
- Add infrared thermometers to COVID-19 equipment for taking temperature of personnel at the start and end of the day
- Take steps with the COVID-19 Committee to have diagnostic kits and assign responsibility for them during the distribution campaign period
- Encourage collaboration with MINUSCA forces and the ISF in zones occupied by armed groups to safeguard the roll-out of the campaign

IV. CONTEXT

Malaria is the leading cause of morbidity and mortality in the Central African Republic (CAR). According to data from the National Health Information System (NHIS), the scale of the disease is constantly rising. It was responsible for 57.5 per cent of medical consultations in 2018 compared with 40 per cent in 2001: this increase is partly due to better data collection

WHO recommends LLINs as effective against malaria, and a distribution campaign was seen as of the utmost importance despite the context of the COVID-19 pandemic. Any interruption to malaria control interventions, even for short periods, will lead to a rise in the transmission of the disease and increase the potential of a malaria epidemic. Maintaining prevention services should avoid this possibility.

To respond to this recommendation, the CAR decided to organize a mass LLIN distribution campaign (MDC) in May 2020 to maintain universal coverage.

Health Region RS3, which was the target of the campaign in December 2019, is situated in the North-West of the country and is made up of eight Health Districts and 13 sub-prefectures, 44 municipalities and 2,540 neighbourhoods/villages.

Five of the 13 sub-prefectures in this region were not covered during the last free LLIN distribution campaign in 2019. That is why, to achieve total coverage of the population of this region, despite the recording of the first case of COVID-19 in March 2020, The Ministry of Health, through the Senior Leadership Programme and its partners (WFP, Plan International, African Regional Centre for Endogenous and Community Development [CRADEC]) organized a catch-up distribution in the remaining five sub-prefectures. This took place over the period 15—18 June 2020. These five sub-prefectures are Kabo, Kouï, Bouca, Bossemptélé and Bozoum, with a population of 345,961 and a requirement of 214,050 LLINs.



[Campaign for the free distribution of insecticide-treated mosquito nets to the population of the CAR
Zero cases of malaria by the year 2030... Count me in!]

V. THE REVISED STRATEGY:

The campaign took place during the height of the COVID-19 pandemic, with the maintenance of a door-to-door strategy for distribution to households, plus deliveries of LLINs to responsible persons or managers of camps for IDPs and SGs. However, thanks to the lessons of previous campaigns organized in 2019 in Health Regions 2 and 3 with the support of technical assistance from AMP/RBM, during the period April to June 2020 the country made adjustments to the door-to-door distribution strategy to take account of WHO recommendations and government guidelines concerning COVID-19 restrictions.

5.1 Macroplanning and coordination



Coordination meeting at local level

The adaptation of macroplanning and coordination of the mass campaign consisted of:

- Review of the macro-documents (campaign plan of action, logistics plan of action, SBC plan, monitoring and evaluation plan, risk and mitigation plan, timetable and budget). The overall campaign plan of action took account of the COVID-19 context with infection prevention measures, protective equipment to be used, review of personnel during training, reduction in the number of working days to expose personnel less to the risk of COVID-19 and development of key messages adapted to the COVID-19 context
- Review of data collection and visibility tools and materials
- Review of training materials (manual, job aids, agendas, PowerPoint presentations)
- The establishment of close collaboration between the LLIN Campaign Coordination Committee and the COVID-19 Technical Management Committee to harmonize interventions and work in line with government guidelines for hygiene measures put in place to limit the spread of COVID-19, and also to continue to maintain the malaria control service provision (routine mass distribution of LLINs, treatment of mild and severe malaria, intermittent preventive treatment (IPT) in pregnancy, etc.)
- Identification and quantification of protective equipment against COVID-19 (handwashing kit, hydroalcoholic hand gel, liquid soap, masks, gloves, waste bins)

5.2 Budget

Following microplanning, the budget and additional costs related to COVID-19 – equipment, coordination activities at central level, management costs of partner NGOs and World Vision's support costs for the zero cash policy (ZCP)¹ approach – were presented to the Global Fund and

¹ Global Fund prohibits advance cash transfers to SRs that pose a particular risk.

approval was obtained to cover all the costs in the light of the country's fragility and financial context.

The budget for distributing 178,623 LLINs to a population of 345,961 inhabitants was revised upwards significantly to take account of the purchase of COVID-19 equipment, the increase in the number of distribution teams, training sessions and advocacy meetings.

5.3 Purchase of LLINs, PPE and other products

The LLINs were purchased through the group purchases mechanism, then shipped through the port of Douala in Cameroon. The Central African Government made arrangements to ensure exemption from taxes on LLINs. However, some transport costs were taken on by the principal recipient (PR – World Vision). The transit formalities for Cameroon and customs clearance for the Central African Republic were completed in Douala and the containers were then loaded on lorries and transported to Bangui, CAR's capital city.

All the LLINs that were ordered were received and stored in Bangui by the PR in partnership with WFP, which is responsible for the logistics management of the LLINs, from the central storage depot to the warehouses at the pre-positioning sites. Tracking tools were designed and deployed to ensure the traceability of the LLINs during loading/unloading, transport and storage.

5.4 Microplanning and tools

Microplanning data from June 2019 were used. These data were obtained during microplanning workshops at the decentralized level with the participation of local authorities, health authorities and local NGO representatives. The data collected on the population through a revised microplanning framework, with the support of AMP/RBM, were based on the projected population of RGPH3, the register of municipalities and health services and the desire not to expose campaign workers to COVID-19 through registration. For the 2020 campaign, the population data were maintained because of the high figures obtained during the last microplanning.

Updates to other microplanning data were guided by the need to reduce the exposure of field workers to any risk of COVID-19. The principal adjustments concerned the number of training and distribution days, the number of volunteers, communication and personal protective equipment against COVID-19.

5.5 Social communication and advocacy for behaviour change

In the context of COVID-19, communication was reinforced by activities carried out before, during and after distribution (communication materials, posters, key messages, job aids containing key messages created in collaboration with partners' communication teams (WHO, UNICEF, etc.). The main communication consisted of raising awareness through the mass media more than a month before the distribution through advertising spots on malaria and COVID-19 broadcast in French and the national language (Sango). Two days before distribution social mobilizers were deployed. During distribution, distributors completed awareness-raising through interpersonal communication (IPC) in households on questions of respect for physical distancing, compulsory wearing of masks and the mode of transmission and symptoms of COVID-19. Post-distribution, the mass media continued advertising spots with key messages on the benefits of using LLINs.

Advocacy meetings were held in each municipality for local authorities before the launch of activities on the ground. In this way local authorities, with the help of an advocacy kit (job aid, key messages, posters, t-shirts, caps) took ownership of the process and contributed effectively to engaging their communities in the successful roll-out of the campaign. During these meetings, the leaders' concerns

related to knowledge of the symptoms of the diseases, means of prevention, training needs and need to have a local system for dealing with COVID-19.

5.6 Training



Training-the-trainers session at sub-prefecture level

Training was a crucial stage of the campaign. It took place on a cascade basis at different levels of the health system while observing physical distancing measures.

- At central level, 25 persons (reinforcement team) composed of staff of the SLP, WV, regional departments, district chief medical officers (DCMO) and representatives of implementing NGOs were trained in one day instead of two in two sessions on 26 May 2020. Briefing of database managers was on 29 May 2020.
- At local level (sub-prefectural), some 345 trainers were trained in two days on programme areas (8 and 9 June) and logistics (9 June)
- At operational level, 2,551 distributors, resupply agents, local and community supervisors were trained in four hours instead of one day.

The following practical measures against COVID-19 were followed by the participants:

- Wearing of masks by all participants including facilitators
- Installation of handwashing kit and plastic waste bins outside each training room
- Respect for physical distancing with 15 participants per session
- Hydroalcoholic gel available for each participant

5.7 Logistics

Logistics arrangements were revised because of COVID-19. LLINs were transported from the central storage depots directly to the warehouses in the sub-prefectures, then to the pre-positioning sites. From this last level, LLINs were transported to the household distribution teams by resupply agents with motorcycles. In certain zones under the control of armed groups, the security forces took part in the transport of the LLINs.



Warehouse at sub-prefectural level

5.8 Household registration and distribution

The household registration and distribution were carried out by volunteer teams simultaneously in three days from 10—12 June 2020 in four sub-prefectures (Bouca, Bossemptélé, Bozoum and Kouï). At households, while respecting COVID-19 infection prevention measures, the distributors conducted interviews, gave out key messages on malaria and COVID-19 and handed out LLINs according to the number of people in the household. Each team had to visit 20 households per day in rural areas and 30 households in urban areas. They were supervised by a local supervisor who was in charge of seven teams of volunteers and a LLIN resupply agent.



Registering and issuing LLINs to a head of household

The strategy was as follows:

- For households contacted door-to-door, LLINs were issued to the head of household or his representative on the basis of one LLIN for two persons
- At camps for IDPs, three LLINs were given per household
- For special groups, LLINs were issued according to the number of beds

The particular feature of this campaign was deferral of distribution in the last sub-prefecture, Kabo, because of the lack of security caused by armed groups. In this sub-prefecture, the distribution took place from 21—23 June 2020.

It was found that three distribution days were not sufficient, and a fourth “mop-up” day was required in some sub-prefectures (Bozoum, Kouï).

At the end of each day, the registration/distribution lists completed by the teams were examined and validated by the local supervisors who accompanied the seven teams on the day to resolve any difficulties and problems which arose on the ground.

5.9 Supervision and monitoring

Supervision at the level of each sub-prefecture was assured by joint teams from central level (two reinforcement team members from the MHP, one WV team member), regional level (one regional management team member), health districts (one district management team member), sub-prefectures (seven focal points) and the implementing partners (one from Global Burden of Disease). However, on the ground, this supervision was complemented by the local supervisors (one MHP representative and one NGO representative) and local supervisors (one for seven teams of distributors).

This system provided day-to-day monitoring of the implementation of the campaign to resolve problems, support the distributions, verification and validation of data, and respect for COVID-19 infection prevention measures.

5.10 Payment of personnel

Several mechanisms were applied for payments during the campaign, as follows:

- Payment of personnel in small groups around the pre-positioning site instead of creating payment sites covering a large number of people
- Establishment of a payment plan to better manage the number of personnel to be paid
- The BURVAL Payment Agency initially chosen for these transactions withdrew because of the permanent lack of security in the five sub-prefectures

5.11 Post-distribution

In the absence of a post-campaign evaluation, the PR organized a meeting on 3 July 2020 on lessons learned on the conduct of the LLIN distribution campaign in the five sub-prefectures of Health Region RS3. As a result, it was observed that certain adjustments to the strategy to respond to the COVID-19 context, other than the infection prevention measures, caused problems in practice, for example:

- The distribution period, which was reduced from five to three days
- The length of volunteer training, which was reduced from one day to four hours
- The workload of local supervisors which rose from four teams of volunteers to seven
- The workload of resupply agents which rose from four teams of volunteers to seven