



The Alliance for
Malaria Prevention

Webinar - Ensuring ITN Distribution in Complex Operating Environments

AMP Humanitarian and At-Risk Populations
Working Group (HARP)



Webinar Agenda

Agenda Items	Presenters
Introduction	Dr Marcy Erskine Lead Malaria Programs - IFRC
Opening remarks	Dr Estrella Lasry <i>Senior Malaria Advisor – The Global Fund</i> <i>AMP HARP Working Group co-chair</i>
Country presentation 1 - DRC	Joris Likwela <i>Senior Technical Advisor – NMCP DRC</i>
Country presentation 2 - Yemen	Dr Yasser Abdullah Baheshm <i>Manager- NMCP Yemen, Aden</i>
Country presentation 3 - Haiti	Dr Marc-Aurèle Telfort <i>National Coordinator - NMCP Haiti</i>
Panel discussion and Q&A/Menti	Dr Estrella Lasry <i>Senior Malaria Advisor – The Global Fund</i> <i>AMP HARP Working Group co-chair</i> Joseph Lewinski <i>Independent consultant</i> <i>AMP HARP Working Group co-chair</i>
Closing remarks	Dr Marcy Erskine Lead Malaria Programs - IFRC



The Alliance for
Malaria Prevention

Humanitarian and At-Risk Populations (HARP) Working Group

Joseph Lewinski- Co-Chair

Estrella Lasry- Co-Chair



HARP Working Group | Overview

Mandate

Focus: Improve delivery, access, and use of vector control tools for displaced populations (IDPs and refugees).

Collaboration: Support and integrate with cross-disciplinary and AMP working groups (e.g., country support, toolkit and training).



HARP Working Group | Objectives

Objectives

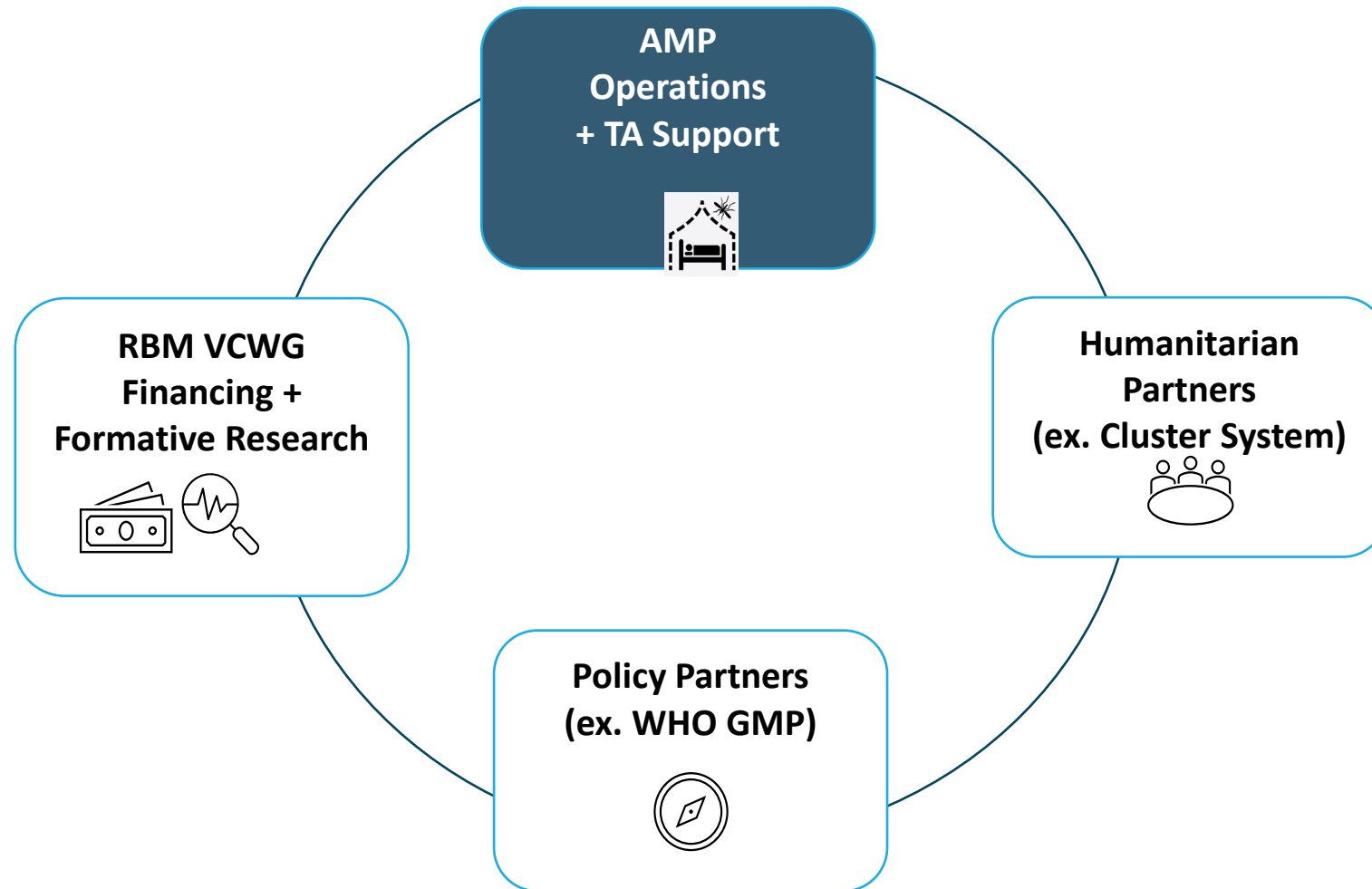
- **Facilitated Discussion:** Highlight adaptations to ITN delivery in countries effected by displacement or with hard-to-reach populations.
- **Advocacy:** Advocate the need for improved ITN delivery and resources needed to ensure effective coverage of ITNs among displaced populations.
- **Coordination:** Utilize the AMP partnership platform to coordinate ITN delivery efforts among different stakeholders and between countries.
- **Guidance:** Help support the inclusion of ITN delivery in emergency settings within AMP technical guidance.
- **TA Support:** Coordinate with AMP TA providers to ensure lessons learned on TA support to different aspects of ITN campaigns in emergency settings are documented and best practices are shared.

Current Situation

- In 2024 there were more than 114 million displaced people globally, with almost two-thirds living in malaria-endemic regions.
- Malaria was the second most common cause of morbidity among refugees in the 20 countries.
- New paradigm shift is needed for vector control/ ITN distribution in emergency settings.



Coordination with Others Working in Malaria and Humanitarian Emergencies

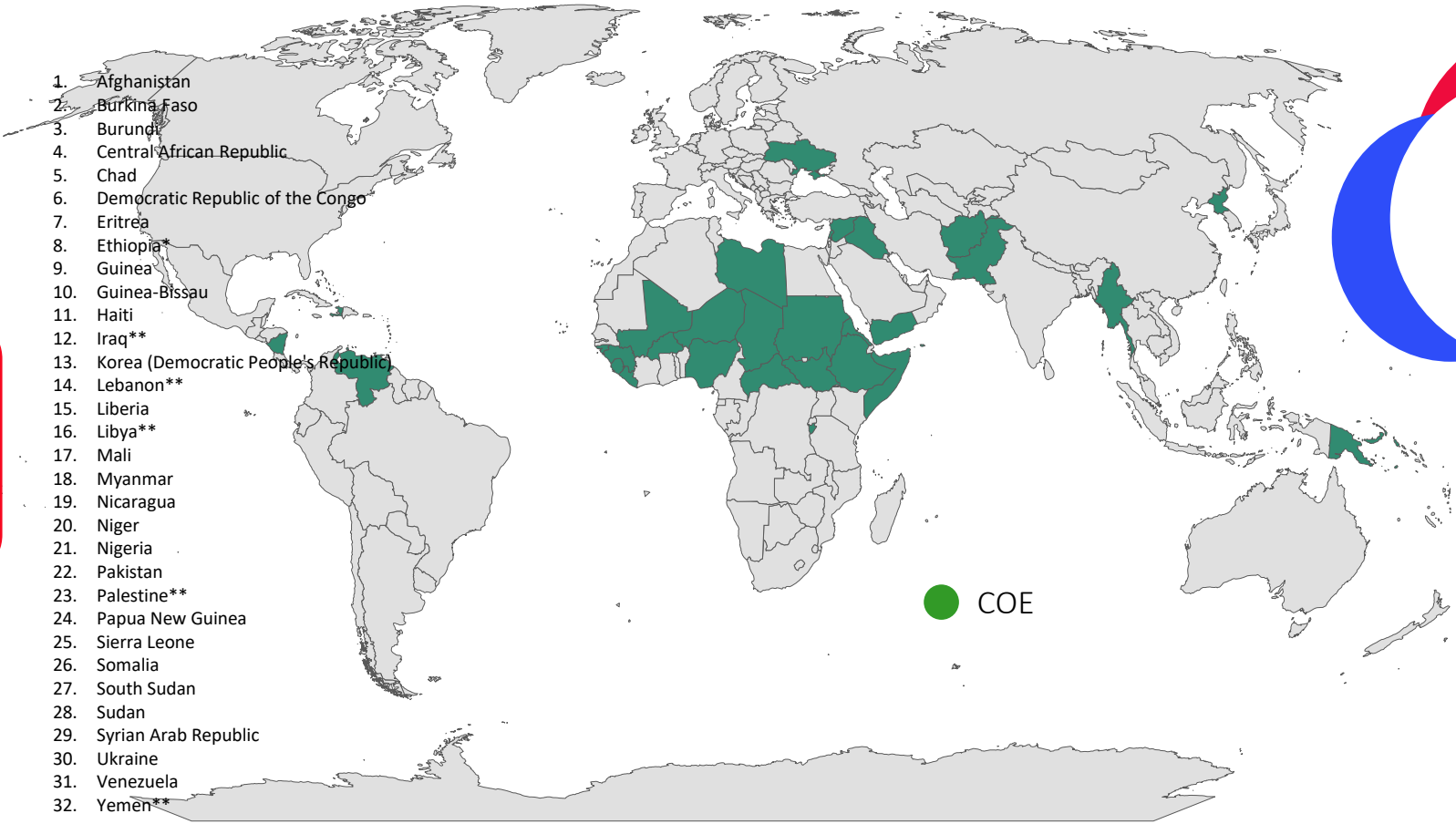


Global Fund Challenging Operating Environments (COE)

16% of the world's population and **1/3** of the world's HIV, TB & malaria burden

83% of the world's population of refugees and asylum seekers and are home to **83% of IDPs**

34% of the 2023-2025 (GC7) Allocation:
27% HIV
37% TB
52% Malaria

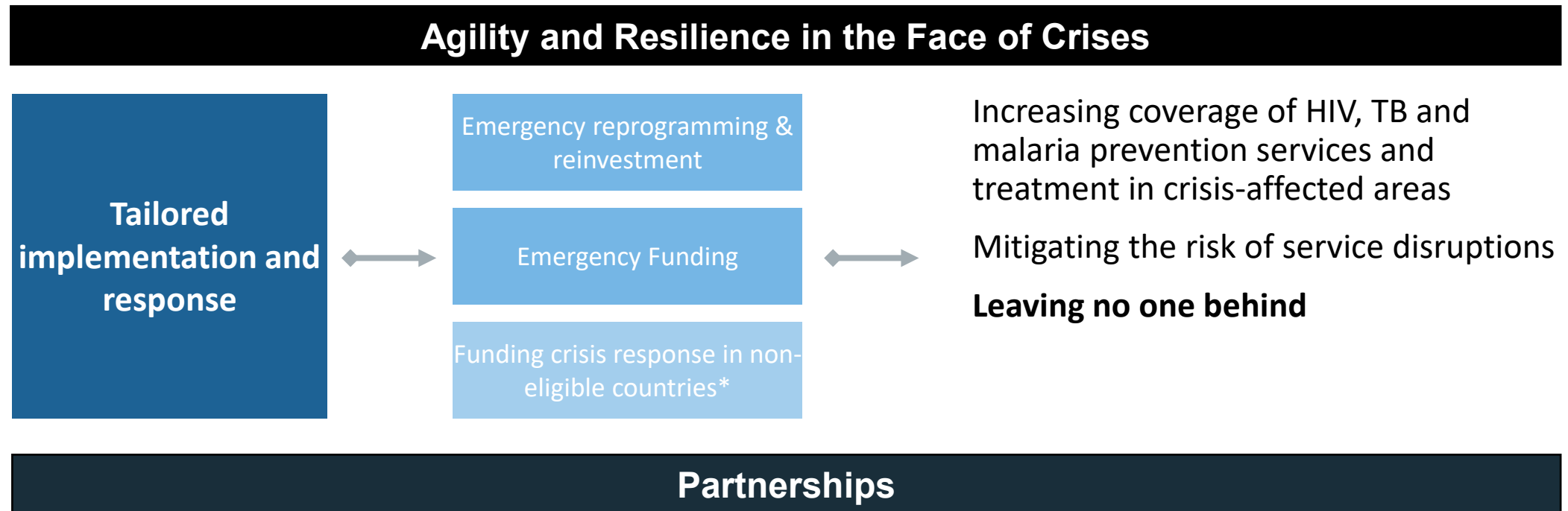


US\$22.6 billion invested in COEs since 2002

* The COE policy was approved by the Board in 2016.
COEs refer to countries or unstable parts of countries, or regions, characterized by **weak governance, poor access to health services, limited capacity and fragility due to man-made or natural crisis.**

The Global Fund's response to evolving settings

Adapting to respond to crises.



* Board Decision GF/B39/DP04: approach to assessing potential Global Fund support to mitigate the health impact of crises in ineligible countries experiencing economic crises, natural disasters, or conflicts that have a health impact that adversely affects people living with the three diseases

Challenging Operating Environments Policy

Innovation

- **Apply new approaches and mechanisms**

[Example]

- Tailored contracting arrangement with local humanitarian organizations for the last mile delivery in a fragile part of Mali.

Flexibility

- Apply **policy exceptions**.

[Example]

- **Process-based flexibilities:** tailored application materials, extended deadlines for PU/PUDR.
- **Operational flexibilities:** Simplified contracting arrangements to deliver services in poorly accessible and unsafe areas.

Partnership

- Optimizing partnerships and coordination.
- Promoting the **Humanitarian-Development-Peace Nexus Approach**.

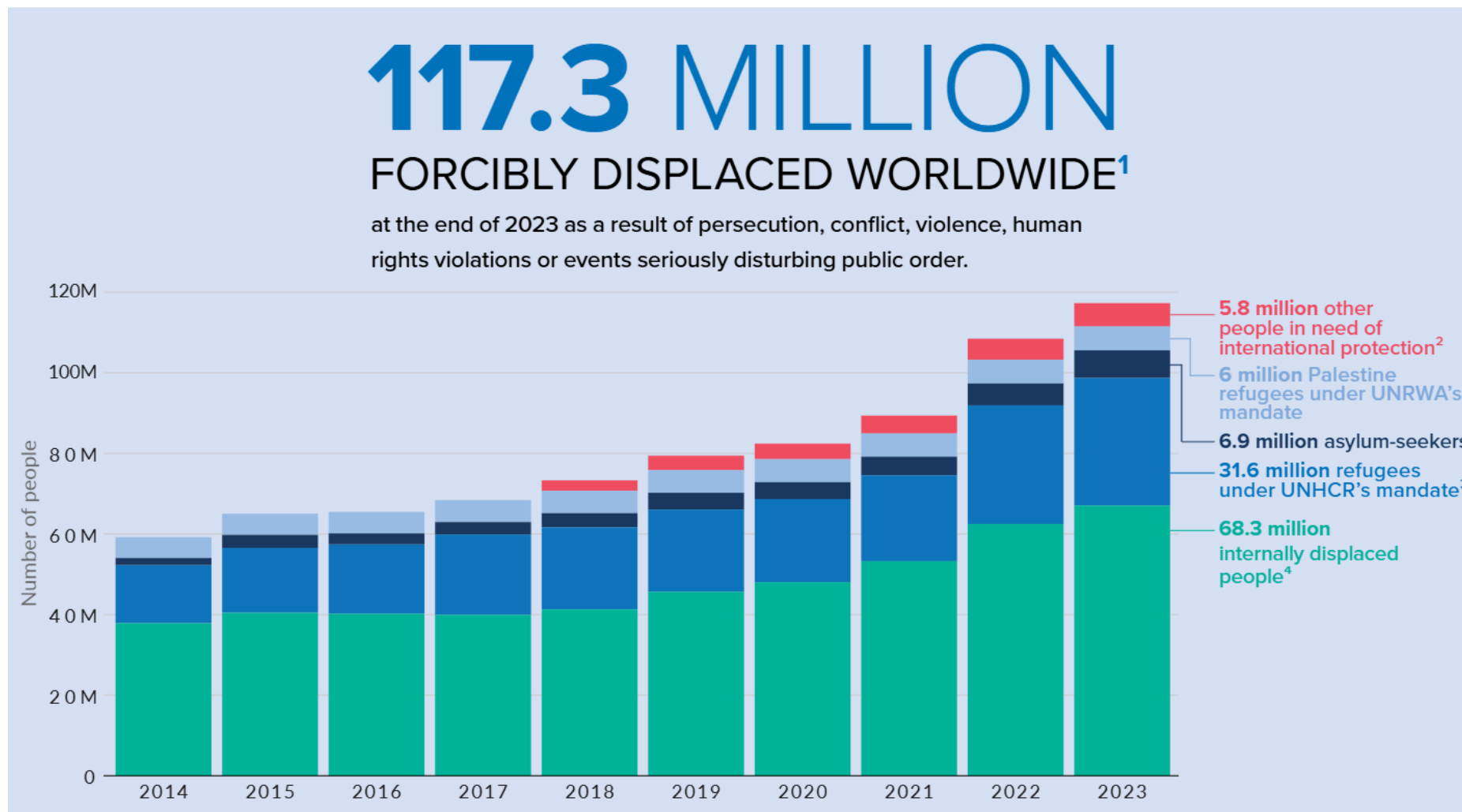
[Example]

- Mainstreaming **Nexus Approach** through CCM Evolution.
- Facilitating synergistic collaboration with **Health Clusters** as well as other clusters.

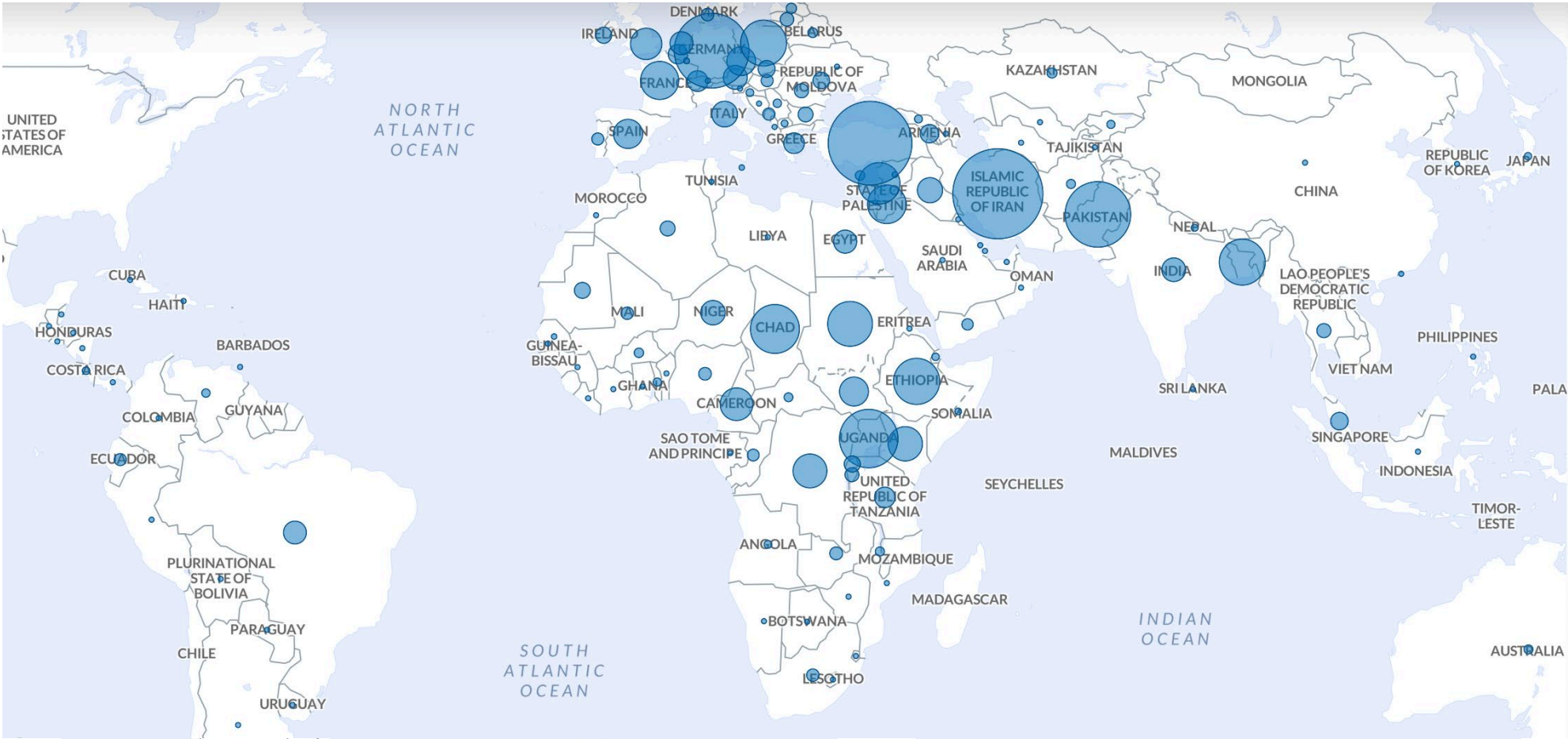
Note that the policy applies not only to COE countries but also to COE contexts

The Emergency Fund is also a method to channel funds for specific emergencies, including humanitarian emergencies and Natural disasters

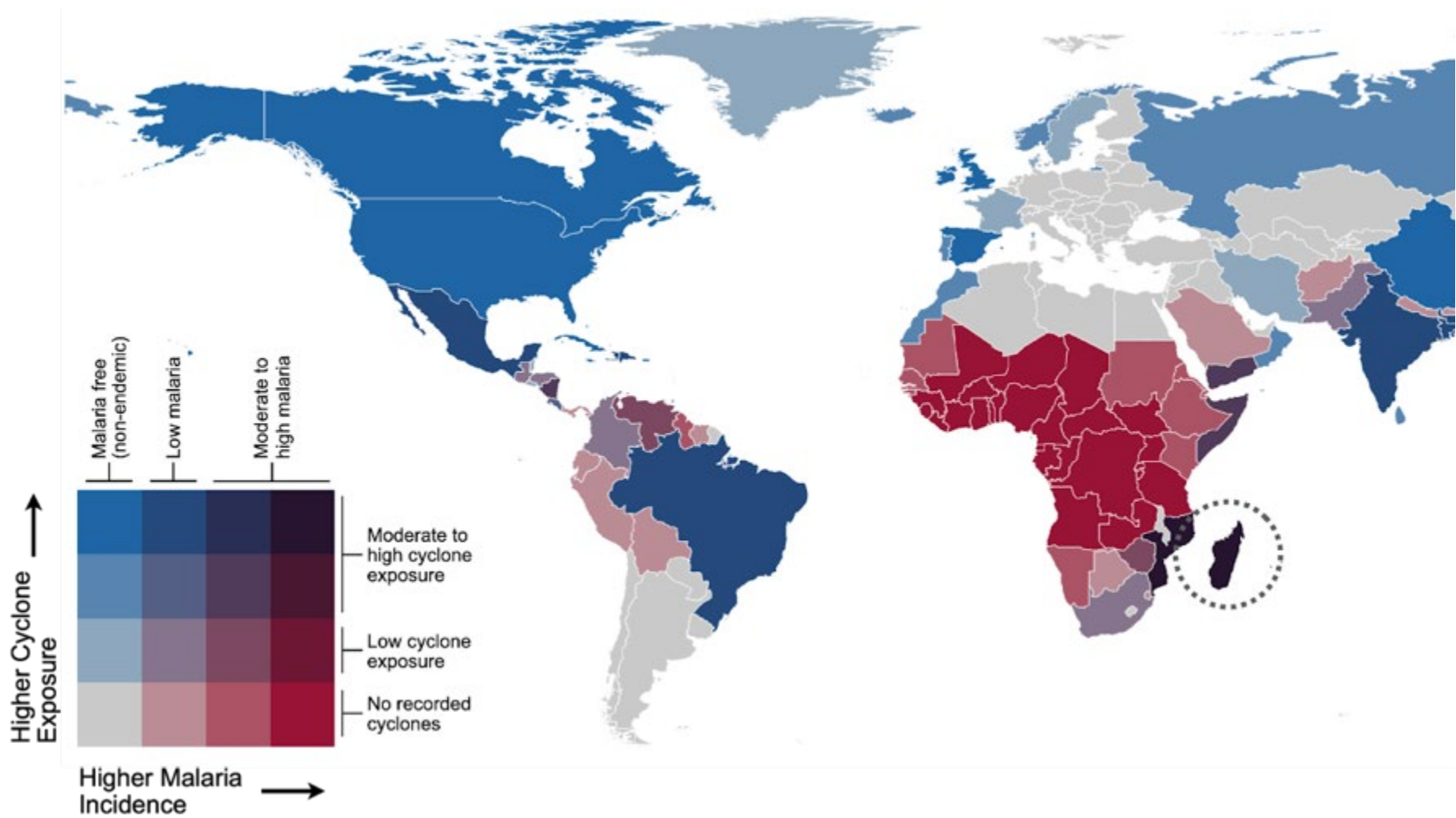
Global IDP and Refugee Populations



Global IDP and Refugee Populations



Malaria and Climate Change | Ex. Cyclone Exposure vs. Malaria Incidence



ITN Mass Campaigns (2024 & 2025)

1. **Burkina Faso** - Global Fund COE
2. **Burundi** - Global Fund COE
3. Cambodia
4. Cameroon
5. **CAR** (Central African Republic) - Global Fund COE
6. **Congo** (Democratic Republic) - Global Fund COE
7. Cote d'Ivoire
8. Ethiopia
9. **Guinea** - Global Fund COE
10. Kenya
11. **Liberia** - Global Fund COE
12. Madagascar
13. Malawi
14. **Mali** - Global Fund COE
15. **Niger** - Global Fund COE
16. **Nigeria** - Global Fund COE
17. Papua New Guinea
18. Philippines
19. Sao Tome Principe
20. Senegal
21. **Sierra Leone** - Global Fund COE
22. **South Sudan** - Global Fund COE
23. **Sudan** - Global Fund COE
24. Tanzania (United Republic)
25. Timor Leste
26. Togo
27. Uganda
28. Zambia
29. Zanzibar
30. Zimbabwe



Thank you

AMP HARP Overview
Ensuring ITN distribution in insecure settings

Yemen

Dr. Yasser Abdullah Baheshm
NMCP Manager-Yemen-Aden
5 December 2024

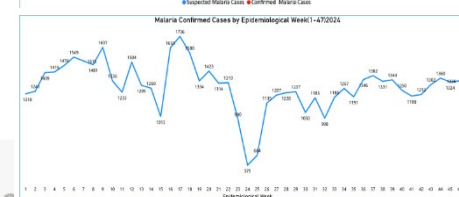
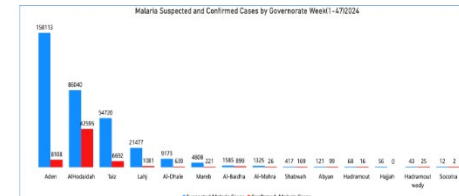
Country Context

- During this periods; the epidemiological situation in Yemen is dramatically affected by the war and the emergency crises.
- Yemen facing complex emergencies: worst humanitarian crises armed conflicts, political instability, economic deterioration, climate changes and health system fragmentation and COVID-19 Pandemic.
- More than 60% of the population in Yemen living in areas at risk for malaria
- Estimated Malaria cases in Yemen is 888,828 and deaths are 2,222 according to WHO WMR 2023.
- In 2024, more than one million cases of malaria were reported in Yemen.
- Many activities are implementing by the NMCP to prevent and control malaria
- Millions of ITNs were distributed as mass campaigns for the targeted population



Population denominator for case incidence and mortality rate, and estimated malaria cases and deaths, 2000-2022

WHO region Country/Area	Year	Population denominator for incidence and mortality rate	Cases			Deaths		
			Lower	Point	Upper	Lower	Point	Upper
EASTERN MEDITERRANEAN								
Yemen	2000	11 900 187	453 000	1 061 470	4 602 000	810	2 656	13 000
	2001	12 921 505	526 000	1 282 990	5 327 000	930	2 961	14 300
	2002	12 654 393	632 000	1 387 377	5 844 000	1 200	3 283	15 200
	2003	12 904 331	502 000	1 188 478	5 520 000	610	2 864	14 400
	2004	13 344 861	437 000	956 179	4 463 000	770	2 391	11 100
	2005	13 722 890	445 000	1 002 795	4 839 000	790	2 495	12 000
	2006	14 138 401	549 000	1 203 845	5 436 000	950	3 027	15 600
	2007	14 573 022	430 000	892 425	3 799 000	740	2 117	5 300
	2008	15 015 404	279 000	528 960	2 216 000	480	1 361	3 580
	2009	15 466 418	358 000	702 010	1 650 000	640	1 779	4 970
	2010	15 926 208	643 000	1 131 912	2 136 000	1 070	2 866	6 000
	2011	16 387 136	493 000	780 771	1 311 000	800	2 015	4 120
	2012	16 878 439	581 000	860 962	1 314 000	890	2 197	4 220
	2013	17 367 999	495 000	700 432	1 011 000	740	1 766	3 330
	2014	17 863 353	414 000	587 252	843 000	630	1 498	2 780
	2015	18 354 405	361 000	511 836	740 000	550	1 309	2 430
	2016	18 841 936	468 000	661 252	903 000	700	1 681	3 120
	2017	19 331 351	526 000	747 173	1 074 000	780	1 886	3 450
	2018	19 818 023	603 000	871 031	1 262 000	930	2 212	4 120
	2019	20 304 731	585 000	831 533	1 190 000	880	2 108	3 970
	2020	20 779 322	562 000	800 213	1 155 000	860	2 030	3 760
	2021	21 226 322	687 000	979 967	1 405 000	1 040	2 466	4 580
	2022	21 688 509	627 000	888 828	1 278 000	940	2 222	4 190



Distribution of LLINs in Yemen

- More than 2 million LLINs are distributing now in Yemen as mass campaigns to protect about 4 million people in the targeted governorates
- Replacement strategy is applied to cover the targeted population periodically every 3 years with shifting now to the one national campaign for the whole country according to SNT analysis.
- Other ITNs campaigns are specified for IDPs in camps
- IDPs is one of the main challenges facing the program and one of the causes for increase the malaria in the urban areas.
- More than 4.5 millions who represents about 14% of the population in Yemen are IDPs
- NMCP distributed about 600,000 LLINs for IDPs in 578 camps in 10 governorates in 2022
- continuous distribution is applied in some PHC centers for pregnant women and children under 5 years.



Steps of Implementation

- More than 21 steps were achieved by the NMCP before the implementation
- These steps include the planning, preparation of the budget plan, calculating the targeted population, the quantity of the LLINs, submit the request to the donor, contact with targeted governorates, nomination of the workers at all levels
- Then the logistic procure the materials needed, the GIS prepare the road maps, the IT design the electronic forms.
- Then transportation of the LLINs, conduct pre-implementation meeting, inauguration of the campaign, supervision of the work, and data verification during and after finishing the work.
- Evaluation and spot check was conducted by the audits assigned by the donors





الجمهورية العربية السورية
وزارة الصحة العامة و الرفاهية
القطاع الوطني لمكافحة الملاريا

ملاريا: الاستراتيجية الوطنية للسياسة العامة للوقاية والتحكم في الملاريا
مستند العمل
رقم الوثيقة: 01/2011

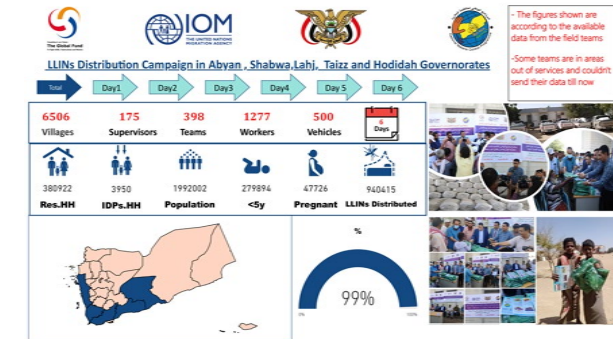
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100	1000	1000	1000	1000	1000



mosquito nets

Adapting ITN Distribution Campaigns

- During the current ongoing conflict NMCP uses many strategies and mechanisms for the implementation to adapt this difficult and insecure situation.
- Digitalization of the campaigns and Employing mobile technology for tracking distribution and monitoring coverage, is one of these strategies.
- Community engagement and education through participation of thousand of CHVs/CHWs in the distribution and awareness campaigns that educate on the importance of ITNs, which can help improve acceptance and usage and at the same time females are respected by the community and don't face the same violence compared with males.
- Coordination with the local authorities and community leaders and the military forces before the implementation and take all the official requested permissions.



Operational Flexibility in ITN Distribution

- Decentralized Distribution Points through establishing multiple smaller distribution points rather than a few large ones and select the participants at the village level to reduce the risk of attacks and improve accessibility..
- Collaboration with Security Forces through partnering with local security forces or to ensure safe passage for distribution teams in insecure areas this some times lead to delivery of few ITNs to the solders at the police check points for those haven't night shift and use these nets during their sleep
- Flexible Timing and Scheduling: Adjusting distribution schedules to avoid times of conflict or insecurity, ensuring that campaigns can be conducted safely.



mosquito nets

Integration/Coordination with Partners

- There is good coordination between the donors to cover the gaps of needs during the grant making to procure the requested quantity GF/WHO.
- Before the implementation of the campaign the NMCP present brief slides in the health cluster meeting about the activity and process.
- During the transportation there is collaboration with WFP to use their trucks to transport the ITNs to all the targeted districts because they are easily move to all the villages for food distribution.
- During the distribution campaigns for IDPs, there is a strong coordination with the executive unit of IDPs and all the international and local NGOs working in shelter.
- There is a collaboration with the NGOs that support the continuous distribution for mothers and children in the PHC centers like ICRC
- There is good integration with the other health sectors like health education, nutrition,



Results and Achievements



LLINs Distribution Campaign for IDPs

Best Practices and Recommendation

- One of the best practice is the distribution of the LLINs to the IDPs in the camps where they are the most vulnerable group who are in urgent need for all the humanitarian aids
- One of the success stories in the current ITN campaign is the distribution in Hajjah Governorate where to reach the targeted people there you should cross the borders to the neighboring country and reach them from more difficult road because the easy road is cut off as a fire line site.
- We recommended to increase the quantity of LLINs because many of the people don't understand the prioritization strategy and they want to be covered
- We recommend to conduct surveys and study to asses the outcome and impact indicators because all the indicators achieved now are output indicators.

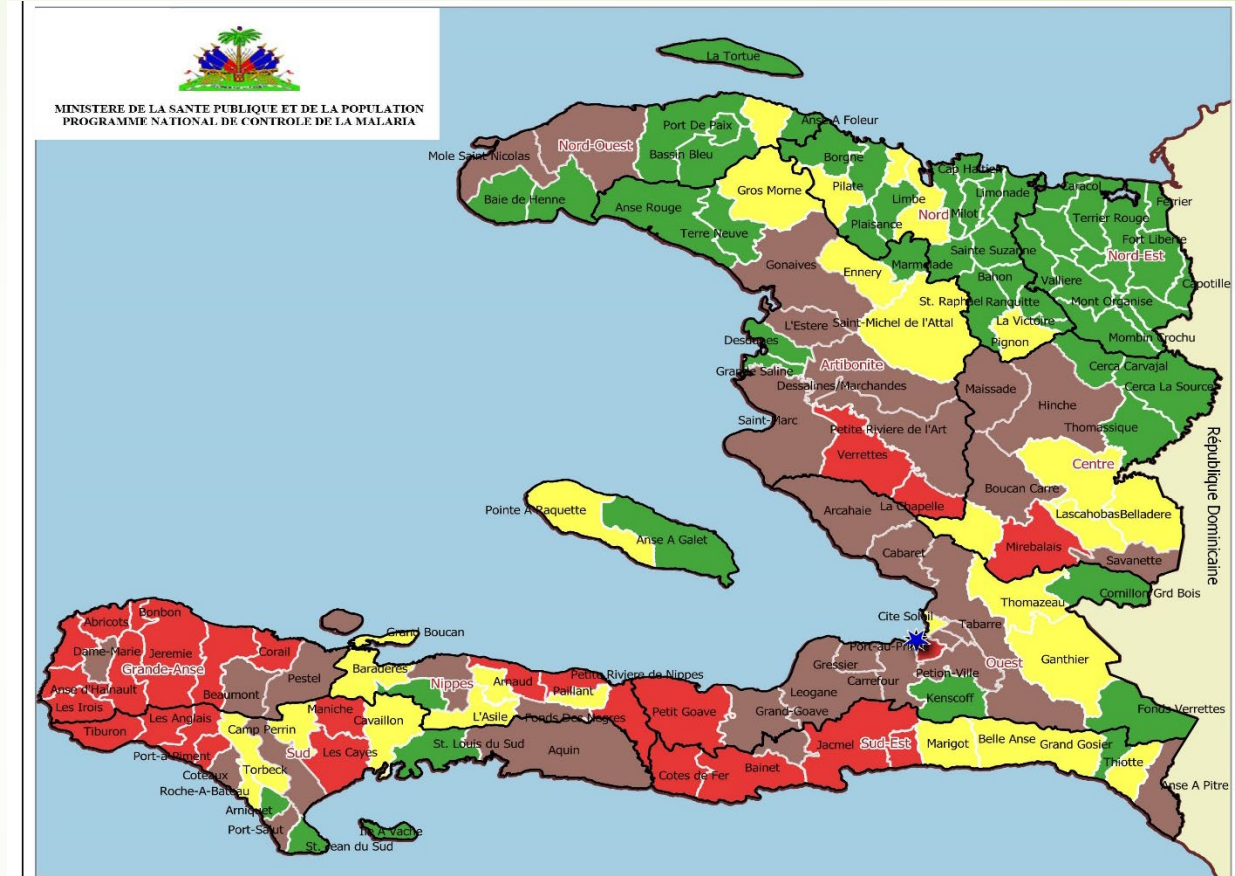
A hand-drawn 'Thank you' message in black cursive script is superimposed over a photograph of a calm river. The river reflects the surrounding green trees and foliage on both banks. A black pen is shown in the upper right corner, as if it just finished writing the message. The sky is overcast and grey.

Thank you

Campagne de distribution de masse de moustiquaires

VS

defis logistiques, securitaires et d'accès



Dr Marc-Aurele Telfort,

Coordonnateur des programmes nationaux de contrôle de la malaria et des maladies tropicales négligées

5 Decembre 2024

Contexte du pays en 2023

- **Territoire** : 27 750 km², / 10 départements / 140 communes.
- **Crise multidimensionnelle**: socio-politique, sécuritaire, économique & de gouvernance :
 - Caducité des mandats et perte de légitimité de tous les élus locaux
 - Prolifération de gangs armés sur les axes routiers (rançonnement, enlèvement, tuerie, pillage et incendie d'entreprises, prise du contrôle de 80 % de territoires de la zone métropolitaine) / Détournement de nombreux camions de marchandises dont des moustiquaires du programme
 - Crise humanitaire avec insécurité alimentaire, grande précarité, désorganisation des transports locaux.
- **Statistiques clés en 2023** :
 - Incidence moyenne du palu en 2023: 1.19 avec des pics à 6 et 14 %
 - 14,435 cas avec 26 communes en strate 4 totalisent 13,802 cas soient 95.6 % de tous les cas;
 - couverture en moustiquaire : < à 50 % et taux d'utilisation 26,9 %
- **Défis spécifiques à la distribution des MII dans le pays**:
 - Pré-positionnement, transport, stockage et distribution (Parvenir à distribuer 947,436 moustiquaires à 361,335 ménages à travers 7 départements du pays).

Adaptations par rapport aux campagnes anterieures

Principales Adaptations	Resultats ou impact Adaptations
■ Implementation progressive sur 1 ou 2 departements a la fois ■ Mise a profit de la capacite de stockage, de transport et de securisation du PAM ■ Mise a profit des dispositifs de stockage et des acteurs du reseau de soins dans les departements ■ Utilisation des transporteurs prives locaux ■ Les distributions communautaires ont alterne par endroit quelques points fixes de distribution avec des equipes mobiles de distribution en porte a porte (moins problematiques) ■ La collecte de donnees, par une equipe speciale de volontaire orientee qui utilisait un fichier papier puis les saisissait sur tablette et les postait en fin de journee ou un responsable faisait la verification et la compilation	■ Stocks pre-positionnes au niveau intermediaires mais disponibles dans les aires avant les activites de distribution. ■ Stocks disponibles presque partout et pertes minimisees ■ 4 communes seulement sur 39 n'ont pas pu etre servi a cause interferences de groupes de pression manipulees par des operateurs politiques locaux. ■ Couverture de l'objectif oscillant autour des 100 % ont pu etre obtenu en beaucoup d'endroits. ■ Certaines communes qui avaient fait l'objet de beaucoup d'inquietudes au depart on pu etre couvertes

Intégration aux efforts d'aide humanitaire (système de clusters)

- Mise en place d'un cluster au niveau strategique : identification des potentiels apports efficacies de chaque institution partenaire (Ex.: l'ONG FOSREF : participation des organisations locales de la la societe civile aux activites de la campagne.)
- Support logistique du programme alimentaire Mondial (PAM) a permis de contourner les difficultes liees au transport, la securisation et a la distributions des stocks dans les departements cibles.
- Pas de facteurs limitant a l'intégration
- Plusieurs institutions partenaires du programme ont collabore techniquement a la coordination des activites sur le terrain en delegant des cadres et en mettant leur vehicules de service sur le terrain a contribution (OPS/OMS; CHAI; le projet FHI360).
- CHAI dispose d'un medecin coordonnateur dans le Sud et dans la Grand Anse: Accompagnement de proximite aux coordinations de ces departements en support a la lutte contre la malaria. Ces ressources ont pu integrer les activites de planification, de suivi de la distribution de moustiquaires a travers ces deux departements,

Flexibilité opérationnelle dans la distribution des MII	▪ Le fait que des instances du niveau de decision tant du PNUD que du programme pour le ministere et l'implication de certains directeurs de departements a facilite les ajustements necessaires au fur et a mesure de l'implementation. ▪ Un groupe whatsapp mis en place d'entrée de jeu dans chacun des departements concernes a enormement facilite la coordination entre tous les acteurs impliquees et notamment a travers le debriefing quotidien qui a ete systematiquement conduit.
Leçons tirées	▪ La mise en œuvre d'approches flexibles a permis de constituer des relais opportuns additionnels sur le terrain, d'allegger et harmoniser certaines procedures operationnelles lourdes d'achat local de biens et de services utilisant les fournisseurs sur place ainsi que la resolution de problemes administratifs aigus.
Défis rencontrés et relevés.	▪ Intolerance de certains acteurs locaux qui veulent avoir le controle de tout processus en implementation dans leur zone d'influence. La coordination de la campagne a du faire quelques concession en integrant des proteges dans les equipes de distribution. ▪ Localites innaccessibles dans les communes insecurees ont ete couvertes par des equipes locales ayant une bonne maitrise de ces lieux et des leaders qui y vivent.

Coordination avec les partenaires

- Mise a profit de la capacite de stockage de securisation et de transport du programme alimentaire Mondial (PAM) pour le stockage national, la distribution dans les departements des stocks de moustiquaire.
- L'equipe de coordination de la campagne a utilise comme mecanismes ou plateformes la creation d'un groupe whatsapp avec chacun des departements pris separement et notamment pour le debriefing quotidien. Les reunions de coordination et de suivi ont utilise le zoom.
- Les espaces physiques disponibles des partenaires ont pu etre mobilises pour des rencontres en presentiel, le stockage de certains materiels et intrants.

Principaux résultats et réalisations

	Resultats	Prevus	%
Moustiquaires distribuees	663,412	947,436	70%
Menages couverts	490,346	361,335	136%
Nombre de communes couvertes	35	39	89,8%
Departements couverts	7	7	100%

➤ Des défis qui demeurent malgré les progrès.

- Le taux d'utilisation est influence par plusieurs facteurs et n'est pas garanti par un bon taux couverture (manque de sensibilisation, precarite, ...)
- L'influence de acteurs politiques sur le processus a rendu impossible la distribution sur 4 communes dans deux departements.
- La collaboration des organisations internationaux oeuvrant sur le terrain pourrait nettement aider a contourner les difficultes rencontrees sur le terrain.

Principaux enseignements tirés de l'expérience du pays

- L'engagement des autorités du secteur a tous les niveaux est essentiel pour la conduite et la réussite de la campagne.
- Les campagnes de distribution de moustiquaire doivent compter avec les dispositifs et les staffs existant des programmes mais aussi du système de soins en général en vue de minimiser les coûts d'opération et faciliter la pénétration dans les communautés.
- L'implication aux étapes de planification des acteurs du niveau intermédiaire du système (départements) ainsi que les communautés concernées, peut aider à un meilleur atterrissage de l'activité.
- La campagne de communication avant, pendant et après la distribution est importante pour préparer la population, mais doit mieux exploiter les relais communautaires que sont les leaders, les organisations, les institutions présents sur le terrain.
- Les distributions dans les zones reculées ont eu beaucoup plus de réussite que celle des centres villes et la stratégie devrait être adaptée selon la réalité de chaque zone ;

Plans de campagnes ou d'interventions futures.

- Pour les plans futurs, la microplanification qui concerne les acteurs du niveau intermédiaire (DDS) doit faire l'objet d'un atelier formel avec tous les acteurs de planification comme pour le macroplan.
- La campagne de communication doit être plus consistante et démarrer beaucoup plus de temps avant l'activité.

Appel à l'action pour un soutien ou une collaboration internationale

- Le soutien gracieux des organisations internationales sur le terrain, en fonction des interventions en cours qu'elles supportent peut faire baisser les coûts d'opérations, moyennant l'établissement de la carte sociale et l'obtention d'un accord formel de soutien.



Merci

