

AMP The Alliance for Malaria Prevention

Expanding the ownership and use of mosquito nets

Conference call minutes

26th October 2011

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Minutes and documents are available at www.allianceformalariaprevention.com

Chair: Jason Peat - IFRC
Rapporteur: Melanie Caruso – AMP

Next conference call: Wednesday, 30th October 2011 10:00 EDT, 14:00 GMT / UTC, 15:00 CET

Agenda:

- Introductions
- Review / approval of minutes October 19th 2011
- Country updates
- Working group updates

Participants:

ALMA:	
AMP participants:	Cedric Mingat, Lindsey Grimshaw
BASF:	Silke Rothenhoefer
Bestnet:	Doreen Weatherby, Pascal Pajaniaye
Buy a Net:	
Centre for Interfaith Action:	
CDC / PMI:	
Chemonics International Inc:	
Clarke Mosquito Control:	
CRS:	
Development Finance International:	Jessica Rockwood
Disease Control Technologies:	
GFATM:	
IFRC:	Marcy Erskine
Independent participants:	
Intelligent Insect Control:	Rune Bosselmann
JHU Centre for Communications:	Hannah Koenker, Andrea Brown
JHU School of Public Health:	
JSI – Deliver:	
MACEPA:	Paul Libiszowski
Malaria No More US:	Johanna Simon
Malaria No More UK:	
MCDI:	



For additional information:

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Mentor Initiative:
 National Vaccine Programme Office:
 Net Guarantee: Hugo Gouvras
 Nets for Life: Cletus Asare
 Office UN Special Envoy on Malaria:
 PLAN Canada :
 PSI:
 RBM Secretariat & SRNs: Philippe Verstraete
 Rotarians Action Group on Malaria: Drake Zimmerman
 Sumitomo:
 Syngenta:
 UMCOR:
 UNICEF: Eli Trajkovska
 UN Foundation:
 USAID / PMI:
 VF:
 V.K.A Polymers:
 WHO:
 World Vision:

Total number LLINs distributed via mass campaigns to date in 2011

Country	Number of LLINs distributed	Last updated

Countries that achieved Universal Coverage in 2011

#	Country	Country definition of Universal Coverage

Working group updates:

Behaviour Change Communication (Hannah Koenker - JHU hkoenker@jhsph.edu):

- The BCC working group is looking for a new co-chair – if you are interested, please get in touch with Hannah Koenker hkoenker@jhsph.edu

Emerging issues (Stefan Hoyer – WHO-GMP hoyers@who.int):

- No update

Monitoring and evaluation (David Gittelman - CDC/PMI dmg1@cdc.gov):

- WHO is interested in co-chairing the M&E working group – currently discussing final details.

Net mapping project (John Milliner - USAID/PMI jmilliner@usaid.gov):

- No update

Operational research (George Greer - USAID/PMI ggreer@usaid.gov) and (Sylvester Maleghemi – WHO, Nigeria tojumaleghemi@yahoo.co.uk)

- No update

Sustaining gains (Elena Olivi – PSI olivi@psimalaria.org):

- No update

Toolkit (Marcy Erskine – IFRC marcy.erskine@gmail.com)

- Layout work ongoing.

Trainings – AMP 2011 (Marcy Erskine – IFRC marcy.erskine@gmail.com) and (Jessica Rockwood – DFI Inc. jrockwood@dfintl.com)

- Next call scheduled 3rd November at 10.00 EDT / 15.00 CET
- All information on the AMP 2012 trainings can be accessed on <http://allianceformalariaprevention.com/news.php#3>
- English and French language invitations have been sent to RBM;
- Trainings conference call schedule :
 - On Thursdays at 10.00 EDT/16.00 CET, every 2 weeks until mid-November
 - On Thursdays at 10.00 EDT/16.00 CET, every week as of mid-November
- Marcy Erskine (marcy.erskine@gmail.com) is the focal point for the English language implementation training
- Cedric Mingat (cmingat@yahoo.com) is the focal point for the French language implementation training
- Doug Mole (dougmole@yahoo.com) is the focal point for the English language logistics trainings
- Jean-Marc Grégoire (jmgregoireint@gmail.com) is the focal point for the French language logistics training

Total number of countries AMP provided technical support to to-date in 2011 (in country and remote support): 16

Current AMP TA missions:

Country	Type of technical support requested from AMP	Partners	Mission dates
Malawi	TA requested: 1x Implementation	IFRC/USAID	4 th October 2011 – 4th November

Planned AMP TA missions:

Country	Type of technical support requested from AMP	Partners	Mission dates

Completed AMP TA missions 2010/2011:

Country	Type of technical support requested from AMP	Partners	Mission dates
Benin	TA provided: 1x Implementation and 1x Logistics	RBM OGAC	July 2010
Burkina Faso	TA provided: 1x Implementation and 3x Logistics	IFRC, RBM OGAC	January - March 2010
Burundi	TA provided: 2 x Implementation and 1 x logistics	RBM OGAC, Malaria No More, IFRC	August 2010 January 2011
Cameroun	TA provided: 4 x Implementation and 3 x logistics, 1 x M&E	RBM OGAC	December 2010 March 2011 May-July 2011
CAR	TA provided: 2x Logistics	RBM OGAC, Malaria No More	May - June 2010 August – September 2010
Congo Brazzaville	TA provided: 1 x Implementation and 3 x logistics	RBM OGAC, IFRC, AMP	January 2011 July 2011 August 2011
Côte d'Ivoire	TA provided: 2x Implementation	IFRC, RBM OGAC, Malaria No More	May-June 2010
DR Congo	TA provided: 1x Logistics, 1 x Implementation	RBM OGAC, Malaria No More PSI	April 2010 March-April 2011
Equatorial Guinea	TA provided: 1x Implementation	RBM OGAC, Malaria No More	October 2010
Eritrea	TA provided: 1x Logistics	RBM OGAC, Malaria No More	July-August 2010
Gambia	TA provided: Distance support	AMP	January/February 2011
Ghana	TA provided: 1x Logistics	RBM OGAC	March 2010
Guinea Bissau	TA provided: 2x Implementation, 1x Logistics	RBM OGAC/UNICEF/MNM, AMP	May 2011 August 2011
Liberia	TA provided: 1 x Implementation and 1 x logistics	RBM OGAC, IFRC	January 2011
Malawi	TA provided: 1x Logistics	RBM OGAC / AMP	August/September 2011
Mali	TA provided: 1 x Implementation and 1 x logistics	RBM OGAC, IFRC	December 2010
Nigeria	TA provided: 2x Implementation and 2x Logistics	IFRC, RBM OGAC, Malaria No More	January-April 2010
Sierra Leone	TA provided: 1x Implementation and 2x Logistics	IFRC	May 2010 September 2010 December 2010
Tchad	TA provided: 2 x Implementation and 3 x logistics, 1 x M&E	RBM OGAC, IFRC UNDP, MNM, AMP	January 2011 March 2011 May-July 2011
Togo	TA provided: Distance support	AMP	2010/2011
Uganda	TA provided: 1x Logistics	IFRC	Feb – March 2010

AMP TA summary 2011 - Anticipated Country Needs :

No Technical Assistance Needed*	Technical Assistance Needed**	Technical Assistance Needs To Be Determined***
Benin (WARN) Burkina Faso (WARN) Cape Verde (WARN) Comoros (EARN) Djibouti (EARN) Eritrea (EARN) Ethiopia (EARN) Gambia (WARN) Madagascar (SARN) Mauritania (WARN) Niger (WARN) Rwanda (EARN) Sao Tome & Principe (CARN) Senegal (WARN) Somalia (EARN) South Africa (SARN) South Sudan (EARN) Swaziland (SARN) Zambia (SARN) Zanzibar (EARN)	Burundi (EARN) Cameroon (CARN) Chad (CARN) Congo-B (CARN) Cote d'Ivoire (WARN) Equatorial Guinea (CARN) Guinea (WARN) Guinea-Bissau (WARN) Kenya (EARN) Liberia (WARN) Malawi (SARN) Mali (WARN) Nigeria (WARN) North Sudan (EARN) Sierra Leone (WARN) Togo (WARN) Uganda (EARN) Guatemala (Americas) India (Asia/Pacific)	Angola (CARN) Botswana (SARN) CAR (CARN) DR Congo (CARN) Gabon (CARN) Ghana (WARN) Mozambique (SARN) Namibia (SARN) Tanzania (EARN) Zimbabwe (SARN) Brazil (South America) Haiti (Americas)
20 Countries	19 Countries	12 Countries

* Includes countries where LLIN Technical Assistance is needed but support being provided by partner.

** Although these countries require technical assistance, information on exact needs and timing is not yet known in all cases for various reasons (i.e. timing and specific need based on Global Fund signature or procurement. Country-specific TA will be scheduled as this information becomes available.)

*** Technical assistance needs for these countries are to be determined based on a variety of factors including: no response from NMCP to date; waiting on additional information from NMCP. Country-specific TA will be scheduled as additional information becomes is received

WEST AFRICA REGIONAL NETWORK

WARN countries not included in the update below: Cape Verde, Niger and Mauritania

WARN country updates provided on October 26th AMP call: Guinea, Senegal

Benin:

Distribution Dates: July 2011

Distribution Strategy: Universal coverage (quantification at 1.8; door-to-door distribution of vouchers coupled with administration of Vitamin A and albendazole; voucher redemption at fixed sites; hang up post-distribution)

Target population (geographic area, age range and total number): Countrywide (8,778,648)

LLIN needed: 4,877,027 LLINs based on 1.8 calculation

LLIN available: 562,000 available in country + 4,315,027 ordered (125,000 PNL, 2,738,000 GFATM, 1,200,000 World Bank, 252,025 USAID)

LLIN gap: 0

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP: Implementation, Logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Administrative coverage results have been shared- report will be available soon

Côte D'Ivoire

Distribution Dates: Rolling 4th quarter / 2011 depending on LLIN arrival

Distribution Strategy: Universal coverage (2 LLINs/HH, rounding up in the case of odd-numbers of HH members; door-to-door registration and distribution of vouchers; voucher redemption at fixed sites)

Target population (geographic area, age range and total number): Countrywide (21,991,150)

LLIN needed: Unclear – based on pilot distributions, gap will be significant – TBD post HH registration

LLIN available: 8.9 million

LLIN gap: 1.1 million (if strategy remains at 2 LLINs/HH)

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation

Technical Assistance Provided by AMP: Implementation, logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Abidjan is being completed and distribution went better than expected
- Mop up exercise is now ongoing in Abidjan – Nets are being put into each district for a fixed number of days and a mop up HH registration is being carried out in Abidjan to give people tickets again where they have lost them.
- Finished August distribution in 24 districts. 23 districts left – GF phase one distribution must be complete by end of September
- The 8 month gap between the household registration (November 2010) and the distribution (June-September 2011), as well as the proximity of the HH registration to the sensitive election time are revealing themselves to be major problems. For example:
 1. Many people lost their numbered HH registration tickets, which makes finding their names in the rosters very time consuming. It's necessary to find their names in order to know how many nets to give them.
 2. Many people refused to be registered because it was too close to elections and they suspected bad intentions by the volunteers, but now they want to be served.
 3. Some people who did agree to be registered gave fake names and have since forgotten what names they used, and cannot find their listing in the books without tickets. At the end of the 5 days of distribution the districts find themselves with people who have tickets but aren't "entitled" to nets according to the policy because their names can't be found in the rosters.
 4. The synthesis of the registration, which was only done recently (rather than directly after the HH registration), didn't take into account all household registration rosters, which were not at the district level for various reason
 5. Many people have been displaced during the crisis and now find themselves in a place where they weren't registered.
- LLIN pre-positioning is a bit of a guess due to all these problems. There are significant stock outs in some places while there are significant surpluses in others.
- Country has decided to go for 1 LLIN / 2 people taking into account existing nets, rather than 2 LLIN/HH taking into account existing nets. Makes sense from a health perspective, but it's been a last minute change that is making the logistics and the trainings and the distribution sites very complicated.

Ghana

Distribution Dates: 3rd – 9th May 2010 (20 districts in the Northern region). June/July 2010 distribution of LLINs in 14 of 21 districts in Eastern region. November 2010. 11 districts in Eastern region in 2011 as well as Central, Western, Volta, Ashanti, Upper East and Upper West region

Distribution Strategy: door-to-door stand alone distribution

Target population (geographic area, age range and total number): Under 5's and pregnant women for the Northern and Eastern regions

LLIN needed: Population ~ 24million

LLIN available: 4,388,184 and 650,000 from Global Fund and World Bank respectively

LLIN gap: 0

Budget / Resources / Financial Gap: \$5,542,002.40 operational costs gap (hang-up)

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP: Logistics, implementation (distance), M&E (distance)

Strategy for Sustaining Gains:

Ongoing issues:

- Distribution in the Western region will start on 7th November 2011
- Distribution campaign in the Central region will follow
- NMCP have released report on results of hang-up campaign – details will be shared soon
- Ghana is to distribute 4,388,184 and 650,000 from Global Fund and World Bank respectively. There is an operational cost gap. About \$1.1 is estimated as the operational cost to hang a net. In this regard there is a need of \$1.1 x 5,038,184, which is \$5,542,002.40 total
- Volta region distribution and hang up campaign was completed in all 18 districts in August
- Ghana aims to achieve universal coverage by the end of 2011

Guinea

Distribution Dates: March 2013

Distribution Strategy: universal coverage

Target population (geographic area, age range and total number): 19 prefectures (project areas) under GFATM

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

ALMA – WB funds:

Technical Assistance Requested from AMP: implementation support requested Q3/Q4 2011

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- PMI will launch programme in Guinea in the coming weeks
- David Gittelman will travel to the country and will work with NMCP to identify TA support needs going forward.

Ongoing issues:

- The NMCP in Guinea explained that the nets campaign was originally planned for November 2012, but it is now going to be in March 2013 to coincide with the mass distribution under the Global Fund Round 10 grant. Additionally, the NMCP is working with other partners to mobilize resources for a nation-wide LLIN distribution in March 2013 (as the GF Round 10 project will only cover 19 out of 33 prefectures).

Guinea Bissau:

Distribution Dates: November 1st – 4th 2011

Distribution Strategy: Universal coverage 1LLIN/ 2 people

Target population (geographic area, age range and total number): total population 1,582,496

LLIN needed: 879,164

LLIN available: 880,939 (GFATM R9)

LLIN gap: 0

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation, M&E and Logistics

Technical Assistance Provided by AMP: Implementation and Logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Guinea-Bissau is on track with its planning schedule
- Currently finishing HH registration
- Plan is to distribute on the first week of November just before the start of the heavy rainy season.

- Initial HH registration results suggest that there should be a slight revision to the distribution strategy to address the small gap that has been found. Country is currently studying options that have been provided by AMP.
- The results of the micro planning were consolidated with quite some difficulties for some regions where the central level facilitators did not return with all the required information. Taking advantage of the recent training on the household census, the central level trainers were charged with correcting the errors in the micro plans and since they returned this week, a final update is underway.
- UNICEF recruited 3 full time consultants until end of November who are now all in country
- HH registration will start beginning of October. Nets to be pre-positioned directly from central warehouses to district health centres. Pre-positioning will begin mid October before the rainy season
- Outstanding issues include:
 1. Polio campaign: There's a synchronized polio campaign planned for September (dates not yet set). There's also a de-worming campaign planned for late November, but this one is not synchronized, so maybe it can be pushed back in case LLIN distribution has delays. This increases the lack of staff dedicated full time to the LLIN campaign planning
 2. Human resources: There is a shortage of people dedicated to supporting the campaign.
 3. GFATM expressed questions and concerns on warehousing and security of nets – situation is fairly under control so hopefully won't be a big issue with GF

Liberia:

Distribution Dates: 2010/2011, rolling distribution in phases by County

Distribution Strategy: 1 net per sleeping space

Target population (geographic area, age range and total number): Countrywide

LLIN needed: 351,000 (to sustain UC)

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation (strategy review) and logistics

Technical Assistance Provided by AMP: Implementation and Logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Evaluation is not yet final, but once finalised this will be circulated through AMP
- 351,000 LLINs to be ordered to sustain UC coverage in Liberia. The country is looking at Net Guarantee as a mechanism to procure the 51,000 LLINs needed.
- Just under 1.7 million nets have been distributed in 2010 funded by UNICEF, PMI and the German government
- Strategy changed from 3 nets per HH to 1 net per sleeping space

Mali

Distribution Dates: Rolling distribution as LLINs arrive (campaign scheduled to start 8th March – rolling into late 2011/early 2012)

Distribution Strategy: Universal coverage (1 LLIN for 2 people) – roll out region by region

Target population (geographic area, age range and total number): Countrywide 15.4 million

LLIN needed: 8.67 million

LLIN available: 6.51 million (475,000 MoH, 100,000 UNICEF, 3.66 million PMI, 775,000 World Bank, 1.5 million Islamic Development Bank)

LLIN gap: 1.5 million

Budget / Resources / Financial Gap: To be determined

Technical Assistance Requested from AMP: Implementation, logistics

Technical Assistance Provided by AMP: Implementation (distance and in-country support), logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Distribution in Segou region went ahead from 9-12th September
- Contract for 1.75 million LLINs through DELIVER to cover the rest of Segou, and region of Mopti

- UNICEF financing communication activities for distribution in Mopti
- Islamic Development Bank providing 1.75 million nets and operational costs
- Sikasso completed campaign successfully: 80% administrative coverage achieved judging by current data received. Net gap recorded at 1.5 million LLINs, largely for Bamako and environs
- Mali is conducting a phased universal coverage (1 LLIN/2 people) campaign running from April (launch on World Malaria Day in Sikasso region) into the end of the year/early 2012 depending on availability of funding for operational costs
- There are negotiations to explore using Global Fund nets that are targeted to routine services, and replacing them with future procurements, but decisions haven't been made yet. In sum, the NMCP is using the figure of 1.5m nets as the net gap for advocacy purposes, and we're awaiting figures to indicate the gap in operational funding budgets.
- DHS will take place in November and will cover the portion of the country that will have been covered by the distribution at that time.
- Mali is still facing challenges getting the final numbers for the # of nets registered during the registration.

Nigeria

Distribution Dates: Rolling State-wide distributions as LLINs arrive

Distribution Strategy: Universal coverage (2 LLINs per household; household mobilization and distribution of net cards; net cards redeemed for 2 nets per card at fixed sites; post-distribution hang up promotion).

Target population (geographic area, age range and total number): Countrywide (140 million)

LLIN needed: 72 million (including top up for Cross-River)

LLIN available:

LLIN gap: 5,780,000 LLINs (five states)

Budget / Resources / Financial Gap: Gap in nets for 5 States and gaps in operational costs for 27 million LLINs

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP: Implementation, Logistics

Strategy for Sustaining Gains:

Ongoing issues:

- **42,500,938** LLINs have been distributed in 26 States representing **67%** of the LLIN campaign target as at 12th October 2011.
- With only eleven states left, we still face a **gap of 5.78million LLINs** in the final five states. The NMCP is engaging partners to bridge this gap.
- The national guidelines (assuming 2 LLINs for every house hold and 5 people per household) would set the target for Cross River State at 1,259,066. We use this figure as a target for consistency even though the Cross River State campaign has a different methodology for LLIN mass distribution. This campaign has distributed 556,540 LLINs to date and is ongoing. The national target calculated in this way is therefore **63,608,061** LLINs.
- In August, Lagos, Bayelsa, Taraba, and Benue States commenced LLIN campaign implementation with support of their respective state governments and RBM partners.
- The high level of support which this campaign was given by federal and state actors at all levels who did not hesitate to join the campaign visibly and publicly, despite the security incident on 26th August 2011, is highly commendable.
- Members of both the formal and informal security apparatus took ownership of the campaigns resulting in zero nets going missing during distribution in Bayelsa State and a conducive environment in most of Lagos State.
- In September, Lagos and Bayelsa States completed LLIN campaign implementation with a total of **4,770,656** LLINs distributed.
- The campaigns in Benue and Taraba States are still ongoing.
- There has been a delay in the commencement of the Abia, Imo and Edo campaigns due to an audit at the NMCP accountants' offices and change of accounting staff.
- **MDG States:** There is still a gap of 5.8 million nets. The NMCP supported by SST is actively looking at options to address the challenges resulting from the shortfall in nets in the MDG states in order to guide the implementation of the campaign.

- Micro planning in MDG states has not done been yet. Additionally, only 69% of LLINs full target for MGD states has been ordered and between 14% and 69% delivered to the individual states.
- The personnel available in the SST have reduced. This could result in a reduction in the number of teams available to cover the remaining states concurrently.
- Nigeria LLIN campaign report attached to this week's minutes
- To receive fortnightly updates from Nigeria, please contact Jason Peat (jason.peat@ifrc.org) or George Greer (ggreer@usaid.gov) to be added to the mailing list

Senegal:

Distribution Dates: Rolling distribution by region

Distribution Strategy: 1 LLIN per sleeping space (door-to-door census of population, existing LLINs and sleeping spaces; needs noted on coupon; coupon exchanged for LLINs at a community distribution point).

Target population (geographic area, age range and total number): Countrywide

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- Country is currently wrapping up Phase 4 activities in St. Louis.
- Some areas have had a hard time getting people to pick up nets.
- Has been a need to do a top up of nets.
- Meeting and trainings for HH follow up have started
- Evaluations are being done and a report due Nov. 3rd
- Look to move right into routine distribution in the beginning of Jan. Will wait for GFATM R10 funds (grant not yet signed)
- Sugar company is on board with nets and case management

Ongoing issues:

- Distribution ongoing in Saint Louis and districts and informing the communities on how to get their nets
- Preliminary results from Networks' sleeping space survey have been received– they will be shared this week with the committee de pilotage, and will then be shared more widely
- Phase 4 starting in Saint Louis, covering Saint Louis and Matam
- 300,000 LLINs will be distributed in two of four areas
- Phase 5 in November of 2011. 1.2 million LLINs (less a small portions in Phase 4)
- Partners involved MACEPA, IFRC, NetWorks, UNICEF
- Phase 6 will cover urban Dakar. A lot of discussion on benefits of nets vs lavacide in 2012 urban distribution
- Urban: not clear if nets are the correct solution. Usage is a barrier in Dakar.
- NMCP planning additional fill-in campaigns for universal coverage in several phases.
- Total estimated LLINs to be distributed is 1,660,000
- Routine's planning is still underway, projecting a launch around September.

Sierra Leone:

Distribution Dates: November 25th through December 2nd

Distribution Strategy: Universal coverage (1 net per 2 persons to a maximum of 3 nets per HH; HH registration and distribution of vouchers; voucher redemption at fixed sites; post-distribution hang up activities)

Target population (geographic area, age range and total number): Countrywide (5.876.868)

LLIN needed: 3,167,408 LLINs (including 8% buffer stock)

LLIN available: 3.167,408 including 610,000 from UNF/UMCOR - 1 million DFID - 33,000 Nets for Life - 16,000 CARE - 10,500 Global Minimum - 440,000 IFRC (ALMA-WB \$contribution being confirmed)

LLIN gap: 0

Budget / Resources / Financial Gap: 0

Technical Assistance Requested from AMP: Implementation, logistics, M&E, communications

Technical Assistance Provided by AMP: Implementation, Logistics

Strategy for Sustaining Gains:

Ongoing issues:

- The country is preparing for the final steps before actually signing the GF R10 grant.
- LLIN coverage and usage survey conducted in June 2011. Six months post December 2010 distribution.
- Draft survey report has been sent to the AMP M&E working group for comments.

Togo:

Distribution Dates: Phase 1 from July 25th to August 8th. Phase 2 from 22nd-26th August. Phase 3 distribution end September-beginning October 2011

Distribution Strategy: Universal coverage re. Accounting for existing nets

Target population (geographic area, age range and total number): Total population 6,310,000

LLIN needed: 3,333,338

LLIN available: 2,798,753

LLIN gap: 534,585

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation, logistics, M&E

Technical Assistance Provided by AMP: Implementation (distance support)

Strategy for Sustaining Gains:

Ongoing issues:

- Togo completed its distribution except for Golfe and Lome – currently working on gap in Lome and Golfe region
- Working on restitution of their data to be shared soon
- Gap has been identified at 534,585 LLINs
- Phase 1 = vitamin A, ivermectin, mebendazole; 2nd phase praziquantel (for schisto) and vouchers; 3rd phase is nets.

CENTRAL AFRICA REGIONAL NETWORK

CARN countries not included in the update below: Gabon, Sao Tome

CARN country updates provided on October 26th AMP call: Cameroun

Angola:

Distribution Dates: late 2011 / early 2012

Distribution Strategy:

Target population (geographic area, age range and total number): National

LLIN needed: 7 million

LLIN available: 4 million LLINs promised. 1.2 million Procured

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- 630,000 LLIN campaign (via mother and child health days) in the works for 2011. Timeline TBD

Cameroun:

Distribution Dates: 20th August campaign launch. Central and Northern-Western regions distributed mid-September, Eastern region distributing 30th September, Southern region after the elections

Distribution Strategy: 1 LLIN per 2 people (no maximum per family). Door to door voucher distribution. LLINs will be given at fixed points in exchange for a voucher.

Target population (geographic area, age range and total number): National 19,454,296

LLIN needed: 10,807,942

LLIN available: 8,654,730 (GFATM)

LLIN gap: 2.1 million

Budget / Resources / Financial Gap: Operational costs including HH registration, micro-planning, hang-up, post-campaign survey

Technical Assistance Requested from AMP: Implementation and Logistics

Technical Assistance Provided by AMP: Implementation and Logistics

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- Country is working on defining a Hang Up strategy and may need additional TA support.

Ongoing issues:

- Distribution has been completed just about in 4 out of 10 regions.
- Taking break now for the rain, and scheduling meetings to talk about how to improve distribution in remaining regions over the next 3 months
- Issues with number of nets reported and issues at distribution sites have been reported – will need to be discussed further
- Hang up activities were put on hold during the planning of the campaign. Now that distribution, is moving forward, Cameroun is getting in touch with AMP for support on how to plan hang up activities
- HH registration is ongoing nationwide, although some regions are more advanced than others
- Eastern region is starting distribution on 30th September
- Central and North-Western regions are starting this week and next week
- Southern region is going to distribute after the election is completed
- Operational research protocol has been shared, waiting for feedback
- Presidential elections scheduled for 9th of October
- Cameroon is planning a nationwide distribution campaign, with the proposed distribution of 8,654,731 LLINs to a population of 19,454,296 and so an average cover of 1 LLIN per 2 people. The Presidential launch of the campaign will be 20th August 2011 and the subsequent distribution is to be the second week of September.
- News of UN Foundation funding has motivated the country to get moving on H/H registration training - whilst awaiting approval of GF funding. So, first three regions Central, South West and East will get underway next week - 22nd August and the following 7 regions on the 29th
- Communications: Malaria No More US is supporting the NightWatch program in Cameroun which aims to increase mosquito net use through a targeted interactive media campaign that strikes nightly at 9 p.m.

Congo-Brazzaville:

Distribution Dates: 4-18th October 2011

Distribution Strategy: UC 1 LLIN/2 people

Target population (geographic area, age range and total number): National

LLIN needed: 2,244,637

LLIN available: 1,578,000

LLIN gap: 500,000 (fro Brazzaville)

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation, logistics, communications and M&E

Ongoing issues:

- Distribution of 2 million nets in Pool pilot distribution is complete

- Two sources of nets – 700,000 WB (for North) and 1,378,000 from GF (for South).
- Net gap 500,000 for Brazzaville. Covering rest of country first.
- Will adjust distribution dates based on initial pilot.
- There is some inconsistency between numbers in distribution plan and total population figures in some areas. Population numbers still have to be validated by a national organisation or coordination committee
- Local cell phone company will be funding printing of vouchers
- Commitment made for pilot project of 150,000 nets outside of Brazzaville. Pilot project is scheduled on 3rd week August, but HH registration and training needs to take place beforehand, which may delay the pilot until end of August

DR Congo

Distribution Dates: November, December 2010 – 2011 rolling region by region

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed: 35 million nets

LLIN available: 19,094,251

LLIN gap: 13,445,599

Budget / Resources / Financial Gap:

ALMA – WB funds: \$100M

Technical Assistance Requested from AMP: Implementation, logistics.

Technical Assistance Provided by AMP: Implementation, logistics

Strategy for Sustaining Gains:

Ongoing issues:

- Total number of nets to be shipped in 3 provinces Katanga, North and South Kivu - **8.9 million**
- 3.3 million nets in Katanga province, 3.188 million nets to 2 delivery points in North Kivu, 2.411 million nets to 2 delivery points in South Kivu.
- Nets scheduled to arrive in country by mid October latest and hoped that distribution can be done within that month.
- Bas Congo, Kasai Oriental and Kasai Occidental: Bas Congo HH registration is completed and distribution could start this Saturday, while Kasais are further behind
- WB funds have been set aside for LLIN procurement and MoU with UNICEF has been signed.
- Funds for LLIN procurement have not yet been transferred to UNICEF.
- WB and UNICEF MoU for operations costs is still being worked on.
- DFID is planning to fund 2 campaigns in 2011 and 2012 in Equateur, total of 4.25 million nets. A little less than 1 million to Pev Antenne Mbandaka between July and Sept 2011, and the rest of Equateur between July and Sept 2012.

Equatorial Guinea

Distribution Dates: January/February 2011 (TBD)

Distribution Strategy: TBD

Target population (geographic area, age range and total number):

LLIN needed: 433,000

LLIN available: 449,226

LLIN gap: 0

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation

Technical Assistance Provided by AMP: Implementation

Strategy for Sustaining Gains:

Ongoing issues:

- Continuing distribution of LLINs through antenatal care facilities
- Still on hold with regards to possibility of government funding for the mass distribution of LLINs
- LLIN distributions on the mainland completed three years ago

Tchad:

Distribution Dates: 5th August 2011 until end October

Target population (geographic area, age range and total number): 2011 distribution strategy is 1 LLIN per 2 people

LLIN needed: 6.34 million (does not include non-endemic regions)

LLIN available: 2,845,084

LLIN gap: 3.5 million assuming 1 LLIN/2 people – does not include non-endemic regions

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation, logistics, M&E, communications

Technical Assistance Provided by AMP: Implementation, logistics, M&E

Strategy for Sustaining Gains:

Ongoing issues:

- Concluding distribution in all districts except one where distribution was planned for this year. Last region was put on hold because of rains
- Final report and identification of total coverage achieved to be shared
- Completed distribution in the districts that were accessible.
- Out of 22 regions in Chad, 19 are malaria endemic
- 7 of those regions as well as parts of Logone Oriental are targeted in current universal coverage campaign
- Estimated gap of 3.5 million nets (assuming 1 LLIN per 2 people) – does not include non-endemic regions
- Campaign in 7 regions and Logone has undergone significant delays due to delays in GF disbursement
- Distribution started August 5th and will likely run through to end October
- Fully implemented regions: Lac, Moyen Chari and Logone Oriental regions
- Roll out currently ongoing: Mayo Kebbi East, Mayo Kebby West, Tandjile, Mandoul and Guera regions
- Consolidation of 184,000 LLINs from GF R7 routine distributions into GF R9 universal coverage campaign
- 2,800 distribution points, 530 health centres targeted
- 5,300 health volunteers for HH registration and net distribution
- 2,634,050 LLINs received, accounted for and justified by logistics base
- 211,034 LLINs still to be delivered (awaiting delivery notes from freight forwarder, 4 containers still on the way, LLINs arriving from Cameroun by road that still need to be justified
- Clarity into shipment and delivery status expected next month
- National communications plan created and validated, but not yet implemented
- International consultant for R11 drafting is needed immediately
- Support to improve communications strategy, messaging and tools around net usage (early 2012 TA support required)

EAST AFRICA REGIONAL NETWORK

EARN countries not included in the update below: Comoros, North Sudan, South Sudan, and Zanzibar

EARN country updates provided on October 26th AMP call: None

Djibouti:

Distribution Dates:

Distribution Strategy:

Target population (geographic area, age range and total number): total population 757,074

LLIN needed:

LLIN available: 1.3 million

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Drought-affected areas in Horn of Africa: with 10 million people affected by food security and malnutrition there has been talk on adding LLIN distributions to the emergency response.
- Need to look at ways in which AMP partners can support emergency response to malaria outbreaks in the region
- A group of designated AMP partners have agreed to look into partners' responses, priorities and next steps on possible AMP support and involvement (David Gittelman – CDC/PMI, Eli Trajkovska – UNICEF, Katie Eves – MENTOR Initiative, Stefan Hoyer – WHO)
- According to the most recent data from the net mapping exercise, Djibouti received 1.3 million nets, but with a total population of 757,074 – there could be a net surplus in Djibouti that could go towards the emergency response.

Ethiopia:

Distribution Dates:

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Information has been received from PMI resident advisor in Ethiopia to provide details on the emergency response in Horn of Africa. Discussions are ongoing between state department and PMI staff to look at potential needs for refugees including malaria prevention and control
- Numbers and needs are being assessed during a mission this week. LLIN needs to be determined – there are no PMI funded nets for distribution, but possibilities through UNICEF
- Rainy season will be most acute in November, so it would be reasonable to have nets out before November
- PMI feels that AMP could be involved in in partner advocacy once numbers and needs have been clarified
- Drought-affected areas in Horn of Africa: with 10 million people affected by food security and malnutrition there has been talk on adding LLIN distributions to the emergency response.

Kenya:

Distribution Dates: start date March 9th 2011

Distribution Strategy: rolling campaign

Target population (geographic area, age range and total number): West Kenya, Nyanza, part of Rift Valley

LLIN needed: 11 million

LLIN available: 12.9 million

LLIN gap: 0

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Phase 1 of distribution 11.5 million LLINs (Coast and Western districts a total of 9.2 million)
- Districts have been added to the campaign with an additional 700,000 LLINs funded by PMI.
- MoH is using campaign nets (10.4 M) and routine nets (2.5 M) - there is no longer a 1 million LLIN gap
- 16,700 net distribution points set up in 74 districts

- Areas to be covered are West Kenya, Nyanza, part of Rift Valley. Regarding coastal areas,
- HH registration and voucher distribution were done separately. The strategy was determined post HH registration, and distribution of vouchers at the start of the campaign – has proved less expensive than conducting a double HH visit.
- GFATM nets: 4.5 million LLINs being procured through UNICEF
- Kenya has distributed about 8 million nets and hope to be all done by December
- World Bank nets are going to Coast now.
- Their post-campaign evaluation plan is being reviewed, but idea is to have it cover both Western/Rift and then Coast, to capture the full picture, with results expected early 2012.
- MoH policy for North Eastern Province is not Universal Coverage as transmission rates outside of epidemics is low (2%) UNHCR have distributed 200,000 LLINs in the last 3 years in Dadaab a further 120,000 are en route funded by Nothing but Nets.

Madagascar:

Distribution Dates:

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- NMCP and WHO have a malaria programme review ongoing supporting an audit of the programme. The results, once available will be shared with AMP
- Routine distribution is now underway in areas where 2009 and 2010 campaign took place. Distribution planned to under 1 and pregnant women
- 2012 planned distribution. Have a large LLIN gap due to population increase and the fact they had planned for 1 LLIN covering 2.5 people now will use 1 to 1.8 ratio

Rwanda:

Distribution Dates: November 2010.

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed: 2.5 million

LLIN available: 2.5 million

LLIN gap: 0

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: All TA needs covered by PSI.

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- DHS report will be officially released on 15-16th June
- MoH is planning mop up campaign in July. Assessment is being carried out now and exact LLINs number for the campaign and date will be communicated later.

Somalia:

Distribution Dates: UC distribution planned for 2012 under GF R10

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- MENTOR are supporting IRS campaigns which will start in 15 IDP camps in Mogadishu as soon as commodities have cleared customs
- OCHA are reporting that 4,286 LLINs have been distributed to 40 Hospitals in South Central Zone
- WHO are also reporting 150 Dengue cases in Mogadishu
- UNICEF have distributed approx 200,000 LLINs in the last 3 years in Southern Somalia The gap for UC is 1.6 million LLINs but the agreed priority for malaria prevention is IRS, IPTS and case management There are 120,000 LLINs en route to UNICEF, these are being targeted to riverine populations not normally displaced during flooding.
- The rains have arrived in Mogadishu with malaria cases already reported
- Nets are on their way to Kenya for support to Somalia. 120,000 LLINs on their way and arriving first week of October in Nairobi. 39,000 nets expected to arrive in Mombasa end of September, 55,000 arriving in Somalia now from UNICEF
- ICRC in Somalia is conducting food distribution programme within a catchment area of half a million, as well as food aid by truck to another half a million people
- ICRC is interested in adding LLIN distribution to these food distributions
- Somalia has distributed 200,000 LLINs so far in 2011 and has a further 130,000 in stock
- Negotiations are taking place with Global Fund to allocate resources for a further 120,000 which were earmarked for 2012 distribution. The aim has been stated to increase coverage in Gedo, Bakool and Lower Shabelle Regions.
- MENTOR is advising that IRS and insecticide treated plastic sheeting should be the first line tools used for displaced populations.
- The unofficial latest figures for IDPs from UNICEF from earlier this week are 496,000 Shabelle, 66,000 Gedo, 6,000 Bakool, 40,000 Bay, 51, 000 in Hiran and 372,000 in Mogadishu and 52,000 in Middle Shabelle. Spraying in high risk villages has already started.

Tanzania:

Distribution Dates: January – March 2010 (under 5) August 2010 – April – November 2011 (UC)

Distribution Strategy: Universal coverage (2.5 LLINs per HH) – rolling campaign

Target population (geographic area, age range and total number): Under 5 catch-up campaign completed.

Followed by Universal Coverage campaign

LLIN needed: 18.5 million

LLIN available: 18.3 million

LLIN gap: 200,000

Budget / Resources / Financial Gap: GFATM RCC (2007), PMI, World Bank, Malaria No More

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Tanzania has completed the Dar, Pwani and Tanga distribution in 3rd week of September and will do the last Zone (Arusha, Kilimanjaro and Manyara) Oct 7-9.
- Updated timelines: Northern zone distribution scheduled for August has now been pushed back to November. Coast zone including Dar es Salaam are now planning distribution in October.
- Keep up strategy is currently under revision
- UC coverage campaign started in October 2010
- Country has distributed 11 million LLINs
- Have approval for next phase of distribution from GFATM

- A 2nd registration activity will be needed in Dar es Salaam to follow up on reg. that was done 4 to 6 months ago
- Review of LLIN needs have lead to a request to GFATM for revision of proposal. Initial figures validated by GF: 14.6 million
- GFATM has approved a revision to allow for 18.2 million LLINs of the total need of 18.5 million LLINs
- To sustain the gains achieved during mass LLIN scale up approximately 6 million LLINs would need to go out through routine systems.
- Currently between 2 and 2.5 million LLIN are distributed through routine.
- Tanzania is listed as ineligible to apply for Round 11 due to 'recent funding'.
- Country is following up with GF and the HWG as without a next round of funding, they will not be able to implement any Keep Up strategy prior to the UCC nets expiring in 2014.
- Net Works supported assessment of Keep Up strategies continues.
- Still waiting on GF approval on PSM plan before LLINs are distributed in the last couple of regions

Uganda:

Distribution Dates: Two phases: P1 completed – May 2010-January 2011 (7,293,689 LLINs distributed); P2 distribution planned to start late 2011

Distribution Strategy: P1: registration of all households, eligible persons received LLINs at village-level distribution points. P2: Same strategy (household registration will only need to be done in select areas that did not benefit from P1).

Target population (geographic area, age range and total number): P1 targeted 75 of (then) 80 districts; U5, PW and serving village team members; approximately 30% of population covered. P2: target 108 of 112 districts (4 districts have already attained UC); LLINs allocated to households based on total number of persons (at a ratio of 1 net to two persons, discounting P1 LLINs received); remaining 70% of the population will be covered (estimated 22.4 million persons).

LLIN needed: P2: 11,018,031

LLIN available: 10,371,134 as per GFATM reprogrammed P1 PSM

LLIN gap: 646, 897 LLINs.

Budget / Resources / Financial Gap: Total GFATM R7 budget was \$125,571,990 (P1 allocation: \$51,422,199; P2 not yet signed, requested budget \$74,149,791

Technical Assistance Requested from AMP: P2: implementation strategy for urban areas, logistics and M&E. Round 10: Keep up distribution through ANC/EPI.

Technical Assistance Provided by AMP: Implementation, logistics

Strategy for Sustaining Gains: P2 will provide universal coverage; GFATM R10 and partner support (PMI) routine distribution through ANC/EPI. PMI-supported ANC distribution is already on-going in approximately 40% of the country.

Ongoing issues:

- Distribution Dates: Two phases: P1 completed – May 2010-January 2011 (7,293,689 LLINs distributed); P2 distribution planned to start late 2011.
- Distribution Strategy: P1: Village Health Team utilization with registration of all households, eligible persons received LLINs at village-level distribution points. P2: Same strategy (household registration will only need to be done in select areas that did not benefit from P1). Coupons will no longer be used in phase 2, and mop up will be conducted during hang-up activities
- Target population (geographic area, age range and total number): P1: targeted 75 of (then) 80 districts; U5, PW and serving village team members; approximately 30% of population covered. P2: target 108 of 112 (now subdivided) districts (4 districts have already attained UC); LLINs allocated to households based on total number of persons therein (at a ratio of 1 net to two persons, discounting P1 LLINs received); remaining 70% of the population will be covered (estimated 22.4 million persons).
- LLIN needed: P2: 11,018,031 (rounding per bale of 50 at sub-county level plus 1% for in-country QA/QC).
- LLIN available: 10,371,134 as per GFATM reprogrammed P1 PSM.
- LLIN gap: 646, 897 LLINs.
- Budget / Resources / Financial Gap: Total GFATM R7 budget was \$125,571,990 (P1 allocation: \$51,422,199; P2 not yet signed, requested budget \$74,149,791.

- Technical Assistance Requested from AMP: P2: implementation strategy for urban areas, logistics and M&E. Round 10: Keep up distribution through ANC/EPI.
- Technical Assistance Provided by AMP: P1: Implementation and logistics planning and management (February-March 2010).
- Strategy for Sustaining Gains: P2 will provide universal coverage; GFATM R10 and partner support (PMI)
- LLIN procurement was stalled due to an inquiry from the IGG, this has been cleared; discussions on procurement modality are underway. Decision was taken on VPP this week
- Uganda currently working towards fulfilling conditions precedent to signing P2 grant. These include the revision of the distribution strategy, plan and guidelines for P2.
- Completed the NetWorks "Hang Up Study" in Kamuli and Buyende districts (evaluation of effectiveness of the Hang Up campaign in P1), data analysis ongoing and findings will inform the subsequent hang up exercises.

SOUTHERN AFRICA REGIONAL NETWORK

SARN country updates provided on October 26th AMP call: Malawi, Namibia

Botswana

Distribution Dates: July 2010 (complete - but gap remaining for full coverage)

Distribution Strategy: Universal coverage

Target population (geographic area, age range and total number): Sub-national

LLIN needed: 169,000

LLIN available: 86,000

LLIN gap: 83,000

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Nets have been procured with government funds and with support from partners
- Country partnership meeting took place a week ago
- Gap has been reported for 105,000 LLINs but all endemic areas should be covered

Malawi

Distribution Dates: November 2011

Distribution Strategy: Universal coverage in 2 phases

Target population (geographic area, age range and total number): National (pilot in 2 districts conducted in 2010 (120,000 LLINs)

LLIN needed: 7,229,105

LLIN available: 4,740,480

LLIN gap: 2.7 million w/o taking into account any existing LLINs, or 1.5 million if the nets they assume are there are accounted for during HH registration

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Implementation, Logistics

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- Cedric Mingat is providing implementation support in Malawi for a one month period
- Transport contracts have been signed with distribution agents. Now contract have been signed can start making district specific distribution plans
- GFTAM is still waiting for response from country to a number of questions. All questions are answered

and will be sent to GFATM Geneva in the coming days for review by LFA.

- Campaign will be launched on Nov. 12th with vaccination campaign
- PMI and NMCP will work on distribution in rural areas of Lilongwe
- Data from HH registration in 14 districts or half of the country has been submitted. Much larger LLIN gaps than first thought.
- Country won't be able to achieve 1 net for 2 people target
- LLIN gap is not backed up by solid data at this time
- The procurement of LLINs has been through the VPP process, facilitated through the Global Fund and the Ministry of Health
- 4,740,480 nets have been ordered with the strategy of covering 25 of the 28 districts based on 1 net per 1.8 people
- Contribution of 230,000 LLINs from AMF, and 500,000 from PMI (to be confirmed for the campaign)
- Gap for UC between 1 and 2 million nets depending on number of existing nets to be found in HHs during HH registration
- Transport companies/distribution agents have been identified and contracts have been signed. They tasked with taking nets from regional warehouses all the way to distribution points in country
- Most districts have submitted information on number of nets required per district and number of sites for distribution
- HH registration is currently ongoing in Northern part of Malawi and results should be available next week
- 4 regional warehouses have been identified. The 4.7 million nets purchased from GF are still in Tanzania, waiting for green light from GF to ship from Tanzania to regional warehouses
- Hoping to have all questions to GF addressed before end of the week
- Distribution will start with the Southern region and roll out in rest of the country as HH registration results become available and nets are pre positioned in the districts
- Official launch being organised with high level public representation and will be held on 11th November
- Accounting for existing nets – contrary to what was thought, 630,000 nets only were found in good condition –this also accounts for the fact that the gap is higher than expected as the original estimate was as high as 2.1 million.
- Definition of a valid net in Malawi: an LLIN that was distributed in the last 2 years of life.
- Already a gap between 1-2 million nets that will grow due to inflated estimate on number of existing nets
- Not covering some districts at this time is not an option – need to revise number of nets to be given, but cover whole country

Ongoing issues:

- The following logistics development/planning have commenced:
 - Logistics plan of action (draft);
 - Preliminary macro positioning & storage plan based on present numbers of LLINs;
 - Preliminary micro positioning & storage plan
 - Development of tracking tools to assist distribution sites with LLIN tracking during the logistics supply chain phase; and
 - Post distribution commodity management assessment (CMA) template to assist with collection of supply chain data.

Mozambique:

Distribution Dates: Nampula Round 1: May 9-15, Round 2: June 13-26. National distribution before the end of 2011

Distribution Strategy: Universal coverage (3 LLINs per HH, door-to-door registration, signature or fingerprint at distribution pick up)

Target population (geographic area, age range and total number): Nampula (Muecate, Nacarora and Murrupula districts), 361,000 people – National distribution in 43 districts

LLIN needed: 200,000 World Vision

LLIN available: 200,000 World Vision/Nampula – 2.3 million GFATM (national)

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

**Technical Assistance Provided by AMP:
Strategy for Sustaining Gains:**

Ongoing issues:

- 2.3 million nets to be distributed in 43 districts
- Slow down in distribution because of logistical problems, but the country is still aiming to complete distribution before the end of the year.
- In-country partners pulling in more nets – if these extra nets arrive in time, 2.9 million nets should be distributed by the end of the year
- World Vision completed the distribution of 200,000 LLINs in Nampula (remarkable involvement from MoH and logistics planning, good community participation). One of the major challenges was getting consensus on the protocol for hang up and follow up.
- The first two districts World Vision is supported have already been covered
- Distribution in a third district will take place next week.
- WV distribution is linked to a larger GFATM funded distribution

Namibia

Distribution Dates: 2006 – April 2010 over 970,000 LLINs have been distributed

Distribution Strategy: Targeted groups at pension points, ANC /ART /TB clinics support groups

Target population (geographic area, age range and total number): Vulnerable groups in seven epidemic regions

LLIN needed: 200,000

LLIN available: 19,000

LLIN gap: 191,00

Budget / Resources / Financial Gap: Operational costs to support net distribution

Technical Assistance Requested from AMP: Implementation and logistics

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains: Replacement of expired nets, ongoing community awareness

Update provided on October 26th AMP call:

- NMCP policy meeting ongoing. Possible a new policy of malaria elimination by 2020 and split of country in malaria endemic vs. malaria free.
- Will need LLINs to achieve this.

Ongoing issues:

- Namibia is yet to implement Universal Coverage approach. For the past six years the LLIN distribution has been targeting Vulnerable Groups (VGs) e.g. Children under 5, PLWHA, Pregnant Mothers, TB patients & Pensioners. This is due to GF restrictions & guidelines
- Currently, efforts are being made to cover everyone in the malaria regions
- 87 907 LLINs procured through Round 6 phase 2 (Aug 2009-Sept 2012), and the distribution is still ongoing
- From 2006 to April of 2010 973,620 LLINs have been distributed (85% malaria epidemic regions covered) & 19`000 LLINs still to be distributed
- The situation on RCC Fund not yet clear (Need to see what money comes in the next quarter for net coverage)
- So were distributed.
- Out of this total, there is still ~19,000 nets still at the warehouse level that needs to reach their targets.
- The population of Namibia is ~2.2 million, with 40% of the population covered. The 2006(7)(8) nets will be losing their effectiveness and those groups covered those years will need to be accounted for in the next stage of distribution.
- GFATM funded program targeted VG coverage, even with the flooding emergency situations, up to this period. The flooding camps were believed to have full coverage though
- Next distribution cycle will shift to UC.
- Many challenges for this shift. The first being adequate resources. GFATM will not be covering this next round of net procurement, and the program will be looking for donors.

- They have some key documents that we will be announcing shortly with a media release event. This will hopefully entice some organizations to get involved.
- Meeting last week included local NGO partners (DAPP and SFH) that have been assisting the ministry with the net delivery. They were part of a brainstorming session to discuss the best approach to UC, when the time comes.
- Discussion on a possible shift to mass distribution plan, where households would be told to come to the regional stores to pick up their nets, where a registration will take place along with a malaria prevention education component.
- For UC are weighing this option with a more community involved approach with distribution points identified, and community leaders and volunteers chosen to assist in the net coverage of all households within their communities.
- These methods are still being worked out, but further meetings are taking place next week to go over the program budget and total expenditures from the last GF round. With these next meetings can see what resources will be needed for the next ITN distribution stage.

Zambia:

Distribution Dates: July – December 2010

Distribution Strategy: Luapula distribution: house to house distribution (World Vision)

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available: 1 million DFID/World Vision, 800,000 World Bank, 454,000 GFATM

LLIN gap:

Budget / Resources / Financial Gap:

ALMA – WB funds: \$37 M

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- World Vision is providing 1 million LLINs
- Situation with the GF is unclear but there is a chance that funds will be released in near future
- World Vision finished their distribution in the first 5 districts, 2 more districts left (800,000 nets total) – this was a house to house distribution, and best practices and lessons learned are being collected and can be shared with interested partners
- World Vision supporting the distribution of 1 million LLINs in Luapula
- DFID (1 million) nets arrive and passed to districts. Officially handover tomorrow (Luapula and a couple districts in Eastern Province).
- WB (800,000) nets are mostly out now (Northern Province and 3 in Southern Province).
- GF nets (454,000) are sitting in Lusaka (for Eastern Province). GF has asked them to wait before distributing, but SFH is taking them to district and is ready to go. Anglican Council is helping with district to community distribution.
- All 800,000 LLINs procured by UNICEF have arrived at final destination points at provincial level in Zambia. (Northern and Southern province).

Zimbabwe:

Distribution Dates: December 2010

Distribution Strategy: universal coverage (1 net per 2 persons)

Target population (geographic area, age range and total number): Universal coverage: 1 LLIN per 2 people.

LLIN needed: 2 million LLINs to cover 30 highly endemic districts

LLIN available: 1.2 million LLINs ordered with GFATM funds. To arrive in-country mid July / end August.

LLIN gap: 800,000 LLINs

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: Logistics, M&E, communications

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- New PMI funding to distribute 400,000 LLINs in one district
- Distribution of 1.2 million LLINs through Global Fund support in the most marginalized and difficult to reach areas.
- Nets are being targeted in 20 medium to high malaria transmission districts with the objective of achieving universal coverage
- Strategy = One net for every two individuals.
- By 1 December, about 88,000 nets (9% of total nets to be distributed) had been distributed in 2 districts (mainly due to delays in delivery of nets to the districts)
- The remaining 900,000 nets (91%) will be distributed in December in Mashonaland Central and East Provinces first, then Mashonaland West, Midlands, and Matebeleland North Provinces.

AMERICAS

Americas country updates provided on October 26th AMP call: Guatemala

Haiti:

Distribution Dates: April 2012

Distribution Strategy: 2 LLINs/HH

Target population (geographic area, age range and total number): 80% total population living below a certain level of altitude

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: TBD

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- 100% population living below a certain level of altitude will be covered by the distribution (approximately 80% of total population). The line of elevation is 300 metres above sea level, but has been decided rather arbitrarily. This will prove complicated as it is not sure how many people live below or above this line
- One possibility is to cover 100% of all interior districts and then see what is left for Port-au-Prince as malaria prevalence and incidence is lower there. Delaying Port-au-Prince or changing strategy there would sound more reasonable as it means carrying out a uniform distribution in each province, and adopting a different strategy for Port-au-Prince.
- Current distribution strategy is 2 LLINs per HH – ongoing debate on what to do with HHs of one or two people
- Nets have not yet been procured (procurement will not be done through VPP but regular PSI procurement)
- The current idea is to buy containers and ship containers directly to each department from the central port
- Given experience in Cameroun and Côte d'Ivoire in changes in population sizes, Haiti will wait until HH registration is complete before moving nets down to the department level
- Haiti has never organised any LLIN campaign before, including targeted campaigns, so there is little experience available in country. There may therefore be challenges in getting coordination structures in place
- Obvious security challenges in a setting like Haiti
- Customs clearance will be a challenge and will need to be factored into calendar of activities
- A pilot distribution is being organised with left over UNICEF nets
- LLINs distributed to refugee populations will not be taken into account as it is assumed that there will be a high rate of damage to those nets
- The country should be in a position to submit their detailed plan of action to GFATM by the end of October
- LLINs are currently scheduled to arrive in port around December in time for an April distribution

- Malaria data is not available in Haiti – it seems that rates in prevalence vary greatly from one place to the other, but the preferred approach is a blanket coverage to cover all potentially endemic areas
- Elena Olivi. PSI will work with NMCP and flag any TA needs that AMP can support with
- Haiti has also been identified as one of the countries to be invited to the AMP 2011 scale up and logistics trainings

Guatemala:

Distribution Dates:

Distribution Strategy: Slow rolling campaign over a one year period in three phases

Target population (geographic area, age range and total number): Targeting high and medium malaria risk areas in 14 health areas of the country that has 29 health areas in total

LLIN needed:

LLIN available: 929,005

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP: implementation and logistics

Technical Assistance Provided by AMP: logistics

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- Meeting has taken place with GFATM country support team to discuss possible TA support from AMP.

Ongoing issues:

- Alain Daudrumez was hired by MSH to review the PSM plan and produce a distribution plan. Both documents were then sent to the GF for approval and the grant was signed in May
- Further TA that AMP could provide was discussed and it was agreed that the implementation phase would definitely require support with logistics, since Guatemala has never had experience with large-scale distribution. The project team is very keen to learn from AMP's experience in Africa and is totally open to use a methodology that has already been successful in many other countries.
- The problem with the contracting of the logistics operator for Malaria had just been solved with the GF authorizing HIVOS to use RANSA (a logs operator already under contract for HIV) and amend their contract to include malaria commodities
- Calculations on transport and storage costs have been done, budget should be finalised next week
- Given scarce human resources in Malaria, some 220 people will be hired to carry out the project: a central mgt unit (27 people) and field Technical Teams comprising 12 persons average (one team per health area). To this date, only the central mgt unit has been hired.
- Nets will start arriving at the end of November (the first 2 shipments will now arrive together – 710,000 nets). As soon as adequate and reliable warehouses are secured in the field, the nets can be moved to the HAs, reducing the high cost of central storage.
- The total nets to be purchase through VPP is : 929,005 broken into 3 deliveries: 364,285 nets in August 2011, 345,039 nets in November 2011, 219, 682 nets in February 2012
- The distribution is a hybrid, not routine neither campaign – but a slow campaign over a year or so. Targeting high and medium malaria risk areas in 14 health areas of the country that has 29 health areas in total. The distribution is split into 3 phases by areas 3 areas in the first- the ones with most malaria, then 4 areas in the 2nd phase and lastly the remaining 7 areas in the final phase. .

ASIA PACIFIC

Asia Pacific country updates provided on October 26th AMP call: India

Papua New Guinea:

Distribution Dates:

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Ongoing issues:

- Rotarians Against Malaria (RAM) has been given the task of coordinating the distribution Long Lasting Insecticidal Nets (LLINs) to every household in PNG
- In the first two years the programme will reach about 66% of the PNG population.
- The distribution of LLINs are being made by RAM in coordination with the Government District Health Authorities and Church Health Services together with other partners
- From November 2009 to April 2011 RAM teams have worked in 33 districts in 12 provinces.
- Have delivered to household level about 1.4 million nets to approximately 2.9 million people.
- In years three, four and five, RAM will do another distribution to reach every household in PNG.
- Global Fund Round Eight with three Principal Recipients (NDOH, PSI and RAM) and two Sub-recipients Divine Word University (DWU) and Institute of Medical Research (IMR)

India:

Distribution Dates:

Distribution Strategy:

Target population (geographic area, age range and total number):

LLIN needed:

LLIN available:

LLIN gap:

Budget / Resources / Financial Gap:

Technical Assistance Requested from AMP:

Technical Assistance Provided by AMP:

Strategy for Sustaining Gains:

Update provided on October 26th AMP call:

- Contact continues with WB on possible AMP TA support to India. Meeting will take place as well with GFATM CST for India.

Ongoing issues:

- World Bank has approached AMP with possible request for technical assistance support – AMP is currently not in a position to support countries outside of Africa because of lack of funds, but if funding does become available, AMP will support India with their upcoming campaign
- Country has also expressed interest in participating in the upcoming AMP 2011 scale up and logistics trainings and will be considered for participation – World Bank may be able to support country participation