



World Malaria Day 2010

**Working Toward Universal
Coverage**

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World Vision (WV)



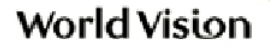
- **World's largest international relief and development NGO**
- **Working in nearly 100 countries; and in 23 malaria endemic countries in SSA**
- **“boots on the ground” include 40,000 staff worldwide and more than 77,000 volunteer caregivers**
- **Implements integrated community development through Area Development Programs (ADPs)**

ADPs



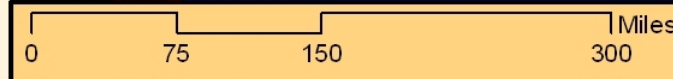
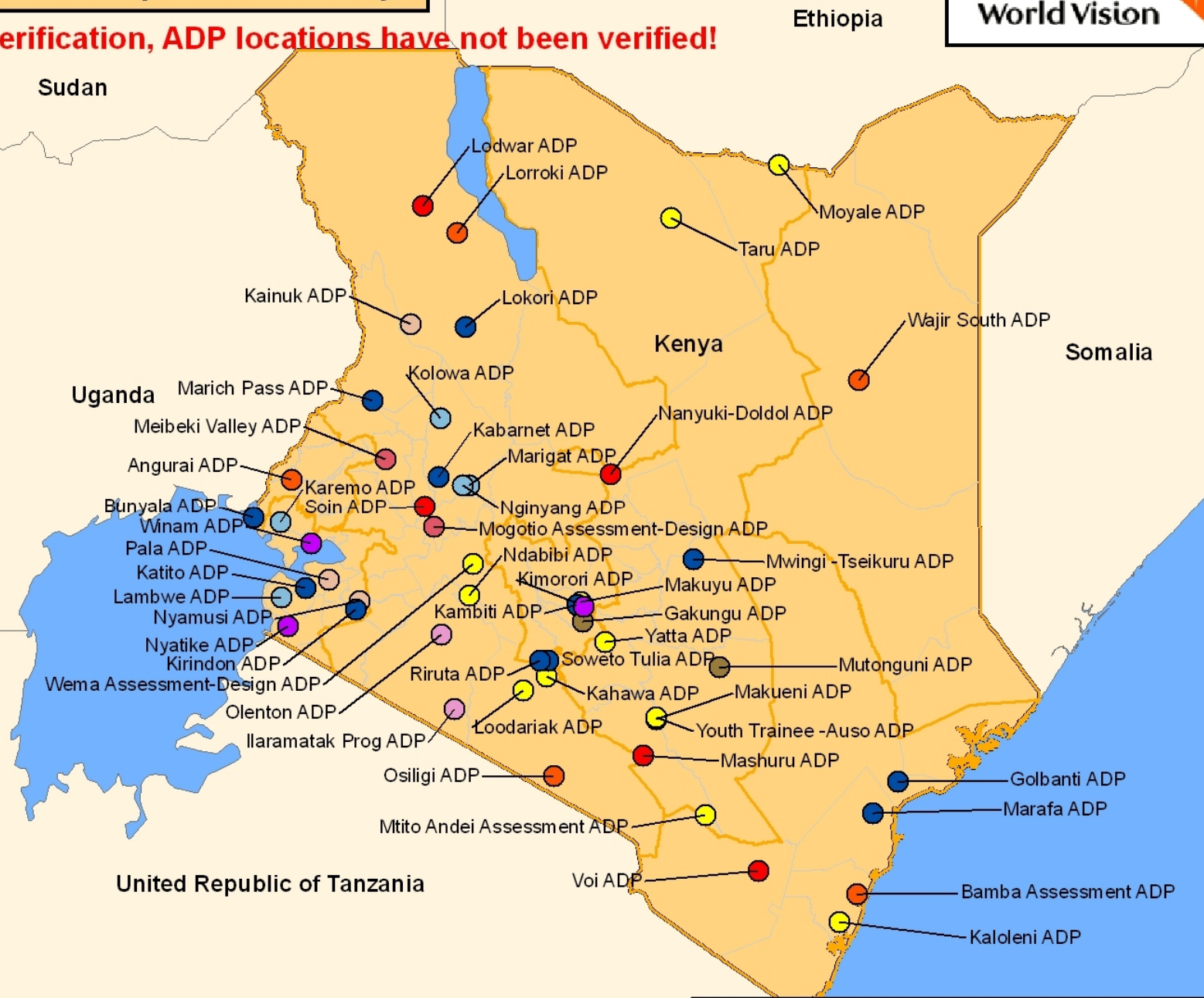
- *Long-term*: 12 – 15 year commitment
- *Multisectoral*: address multiple causes of poverty
- *Multiple funding sources*: child sponsorship, public and private funds
- *Child-focused*: reaching their full potential
- *Community-based*: community relationships and ability to reach the household
- *Empowering*: build capacity and empower communities
- *Sustainable*: promotes community ownership

World Vision Partnership ADPs In Kenya



DRAFT MAP for Verification, ADP locations have not been verified!

- World Vision ADPs by Funding Office**
- United States
 - Australia
 - Canada
 - Germany
 - United Kingdom
 - Korea
 - New Zealand
 - Hong Kong
 - Switzerland
 - Taiwan
 - Ireland
 - Japan
 - Austria
 - Finland
 - South Africa
 - France
 - Spain
 - Netherlands
 - Singapore
 - Malaysia



WVUS Malaria Initiative

- **WVUS designated malaria a top priority in 2009**
- **Commitment to generate resources and programs needed to protect children**
- **Partnerships:**
 - **multilateral: RBM, GFATM, WHO**
 - **bilateral: USAID/PMI, PEPFAR**
 - **local: MOH/NMCPs, districts, communities**
 - **private: Against Malaria Foundation, MNM, Vestergaard Frandsen**
- **Advocacy: End Malaria Campaign**
 - **reached an estimated 40 million people in 2009**
 - **www.endmalaria.org**



Malaria Programming



- **WV National Offices:**
 - 83% in SSA are implementing malaria programming
- **USG:**
 - USAID/PMI: Senegal, Tanzania, Angola, Kenya
 - USAID/Health: Mozambique, DRC
 - PEPFAR: Zambia (RAPIDS – Africare, CRS, CARE, ECR, Salvation Army, WV)
- **GF:**
 - PR: Rd 9 Mozambique (WVUS will cosign)
 - SR: Tanzania, *Rwanda*, Senegal, Kenya, Sudan
- **Malaria No More: Senegal**
 - WVUS concept – UC of entire Velingara district
 - ≈ 80,000 *twitter* LLINs (also PC, Tostan, MOH/NMCP)



WV Malaria Niche

- Support the national scale-up of LLINs
- Ensure universal coverage of LLINs in all malaria endemic ADP geographic areas
 - ADPs are a perfect platform for distribution
 - most countries have a volunteer network
 - most African NOs have/will have malaria in budget
- Deliver to the community/household, provide IEC, provide proper care instructions, assist in hanging, and follow up
- Support the creation of a *net culture*

RAPIDS Model



- ***Public-Private Partnership (PPP): RAPIDS + Global Business Coalition (GBC) with OGAC, PMI, and Vestergaard (2007)***
- **15,000 volunteer caregivers used to deliver 500,000 LLINs in Zambia to HIV affected households**
- ***Activities: caregivers demonstrated how to hang the net and provided malaria training and IEC materials***
 - **Results: 559 beneficiaries surveyed**
 - 75% slept under the LLIN the night before
 - no difference in *usage* between community (76%) and home-based (74%) methods
 - nets hanging properly:
 - community mass = 58%
 - home-based = 64%

Operation Safety Net (OSN)



- **Scale-up LLIN distribution in four SSA countries over the next 2 years: *Zambia, Mozambique, Kenya, Mali (FY10)***
- **An estimated 3 million LLINs are needed to provide universal coverage to all at risk populations within WV ADP work zones**
- **Zambia: distribution of 301,000 LLINs completed in Feb 2010**
 - fill-in campaign

Zambia Distribution



- **Lessons:**

- caregivers were extremely efficient at organizing and mobilizing communities, dividing up supplies, translating educational information
- caregivers had difficulty quantifying LLINs for universal coverage vs. targeted
- quantification improved with better partnership with the DHMT
- including the malaria focal point, CHWs, environmental technicians, clinic staff, NHC members and headmen helped decrease the work load of the caregivers

WVUS Major Donor Campaign World Vision *for every child*



- Malaria is one of the five focus sectors
- Includes the 4 countries of OSN
- Adds 5 additional countries: *Rwanda, Uganda, Ethiopia, Malawi and India*
- FY10 - Zambia (300,000), Mozambique (500,000)
GFATM: Rwanda (500,000), Uganda (1 mil), Ethiopia (1.3 mil)
- FY11- Kenya (1.2 mil), Mali (950,000)
- FY12 - Malawi (900,000), India (1 mil)
- FY13 – 2015 replace 70% (5.7 mil LLINs)

Major Donor Campaign – *for every child*



- **Sustainability**
 - achieving and sustaining universal LLIN coverage will depend on the community
 - communities must be willing to invest financial resources in replacing nets so universal coverage is maintained
 - **Community Systems Strengthening**
 - builds malaria *competence* by mobilizing a local community response to access and utilize malaria control services

www.rollbackmalaria.org/toolbox/tool_CommunitySystemsStrengthening.html

Opportunities



- **OR**
 - Does CSS increase LLIN ownership and use?
 - How can social norms and community leadership be used to maximize LLIN use?
 - What are the minimum communication strategies needed to increase LLIN ownership/use?
 - What are the trade-offs for the potentially increased costs of house-to-house distribution?
- **Community Surveillance**
 - as malaria cases decline, community surveillance will be critical to elimination



Thank You