

## **Key Issues to Consider for LLIN Scale Up**

**Mock TRP – GFATM R10**  
**Dakar, Senegal**  
**Alliance for Malaria Prevention**

### **Shift to Universal Coverage**

- Early mass distributions targeted children under five, often coupled with EPI or MCH activities
  - Facilitated quantification
  - Provided experienced platform for LLIN distribution
  - Still a possible method for maintaining high coverage levels once universal coverage achieved
  - Still relevant where there are resource constraints
- Universal coverage has brought new challenges
  - Quantification (households, persons, existing LLINs)
  - Implementation strategy (HH census, # per HH, etc)
  - Logistics (scale of distributions)

## Quantification of LLIN Needs

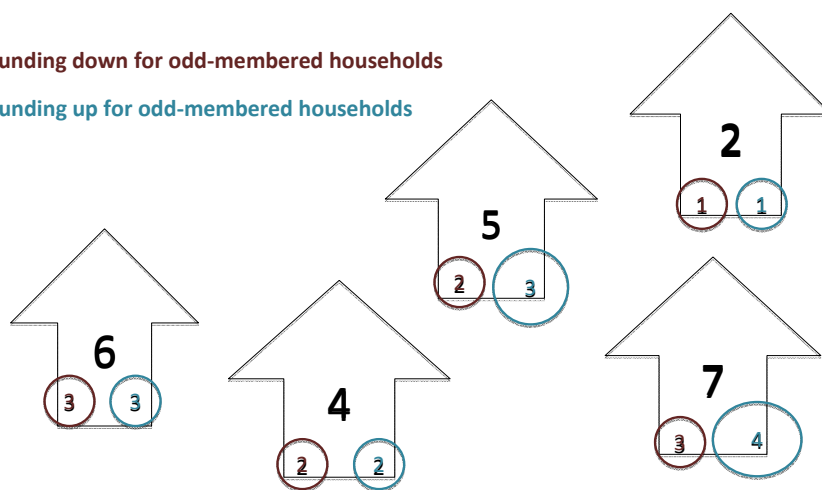
- Need for clear country definition of universal coverage in terms of LLINs to be able to quantify needs
- Quantification should be based on an implementation strategy to ensure sufficient quantities
  - Fixed number of nets per household?
  - 1 LLIN for 2 people → rounding up or rounding down?  
1 LLIN for 1.8 people
  - Mop up – estimated number of nets needed per household to move from low / moderate / high to full coverage

Population = 24

1 LLIN : 2 people → 12 LLINs

Rounding down for odd-membered households

Rounding up for odd-membered households



## **Procurement and Logistics**

- Allocate procurement costs between country and suppliers (e.g. are customs clearing and port fees part of call for bids?)
- Logistics planning should include:
  - Training!! (people cannot use supply chain management tools if not taught how to use them)
  - Micro planning
  - Storage and security
  - Transport and security
  - Supervision and monitoring
  - Commodity management assessment (post-distribution)

## **Advocacy and Communication**

- Advocacy is key – Government, leaders, etc.
- IEC materials will need to be produced
  - Produce IEC materials according to population – e.g. if low literacy, flyers are not a good use of \$
- BCC is crucial to ensure utilization
  - Communication plan should identify activities to increase use and potential barriers (including those that are geographically limited)
- Advocacy and communication are activities that begin prior to the campaign and continue after the LLINs have been distributed to the beneficiaries

## Identification of Beneficiaries

- With UC, there is a need to identify the beneficiaries (households)
  - Household census / registration?
  - Distribution of vouchers / bracelets?
  - Use of traditional structures to identify need?
  - Door-to-door distribution?
  - Other?
- Quantification of personnel needs is key for budgeting purposes
  - If using community volunteers to do household registration, consider adding 10% margin of error to the number of households to have sufficient personnel to reach all households

## Training

- UC more complicated, requires effective training, and supervision of training
  - Plan for appropriate numbers of trainings with a maximum number of participants ~50 (too many will mean less practical, less understanding)
  - Practical work is key if filling in forms – allow sufficient time
  - Household registration done in advance of distribution to allow for logistics micro planning based on registration data – need for 2<sup>nd</sup> training for distribution and post-distribution if gap in activities

## Distribution

- Distribution from fixed sites
  - Determine number of sites based on population and distribution strategy (e.g. village by village, grouping villages, fixed sites based on population density, etc)
  - Key personnel required: site supervisor, distributors / tallying, health education, crowd control / security
  - Plan for adequate crowd control in urban areas (more personnel)
- Door-to-door distribution
  - Plan for security and logistics of LLINs
  - Plan for adequate numbers of personnel for the operation
- Consider pilot distribution in limited districts

## Post-Distribution – Increasing Use

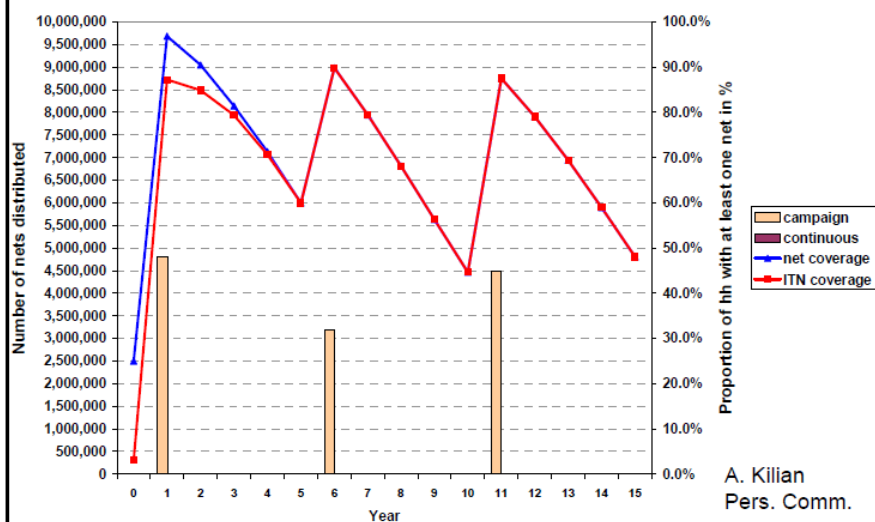
- Post-distribution activities should be based on the country context, including regional variations – net culture or no, populations with special barriers to net use, etc.
- Need to promote utilization of the LLINs received during the campaign
  - Mass media sensitization
  - Community mobilization
  - Door-to-door visits
  - Facility-based health education

## Monitoring and Evaluation

- Ensure supervision and monitoring at all stages – be sure to differentiate the two and allow for independent monitoring during beneficiary identification, distribution, post-distribution
- Define evaluation strategy – immediate post-campaign, start / end of rainy season, 12 months post-campaign?
  - Coordinate with planning for MIS, MICS, DHS

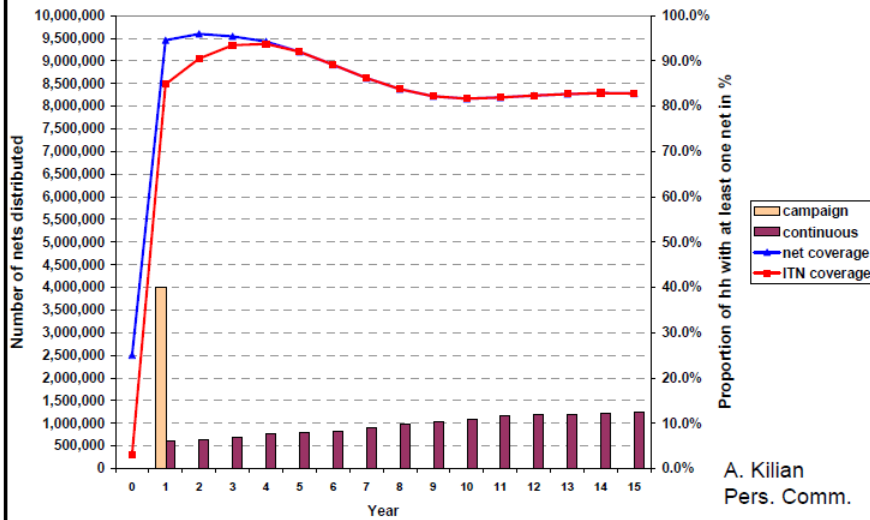
### Modeling Catch-up only (5-year LLIN)

Population 10 million 25% nets, 3% ITN at start, 12.5 million LLIN distributed



## Modeling Catch-up with Keep-up

Population 10 million 25% nets, 3% ITN at start, 18.3 million LLIN distributed



## Channels for Routine Delivery

- Public Sector
  - Via public sector facilities (ANC, EPI clinics)
  - Free or highly subsidized
  - Good way to target most vulnerable populations
  - Excellent opportunity for IPC between nurse and beneficiary
  - Uptake of other routine services may increase
- Social marketing via commercial sector
  - Highly subsidized
  - Access to all populations
  - Encourage HHs to allocate money for net purchase



High transmission malaria countries should seriously consider making LLINs available at low or no cost in all health facilities, as part of the national malaria control program.

### Factors to consider routine delivery via ANC/EPI clinics

- A functional public sector with good supervision
- A system of patient cards
- Good road/river/train infrastructure to maintain supply.
- The ANC and/or EPI attendance must be relatively high in order to reach a large enough proportion of the population.
- MoHs may want to consider subcontracting the logistics and day to day management of a routine LLIN system to reduce the administrative burden on malaria control programs.
- No matter what channel is used for LLIN distribution, sufficient funding for