



# LLINs HEALTH FACILITY DISTRIBUTION IN SENEGAL: LESSONS LEARNED

AMP Meeting February 2014



## SENEGAL



# CONTEXT

- Great progress from 2005 to 2010 in malaria control
  - scale up of malaria prevention and treatment interventions
  - decrease in all cause child mortality of 40% 2005 to 2010
- ❑ National Strategic Plan 2011-2015: Ambitious objectives for pre elimination
- ❑ Sustain gains/Improve performances
- ❑ Intensify activities and innovative strategies



# INTRODUCTION

- Since 2009, the National Malaria Control Program (NMCP) in Senegal has been engaged in an ambitious plan to achieve Universal Coverage (UC) of long-lasting insecticide-treated nets (LLINs).
- Between 2010 and 2013, 6.9 million LLINs were distributed through mass distribution campaigns in all 14 regions.
  - LLINs ownership: 73% (2012 DHS)
  - LLIN use rate: 41% overall; 51% in HH  $\geq$  1 ITN
- UC mass campaign is labor intensive, costly and cannot be rolled annually in the same regions. **Multi-channel Routine** distribution is required to maintain high coverage.

# CONTINUOUS DISTRIBUTION ROLL OUT

- (CD) assessment on july and october 2012 to assess options for maintaining UC,
- CDA results: combination of health facility, school, private sector and CBO distributions
- **ANC and non ANC distribution** began in **health facilities** while CD assessment was conducted.
- After CDA, pilot was launched in 2 regions (13 health districts) to test the multichannel combination

# LLINs DISTRIBUTION MECHANISM IN HF

- **Antenatal consultations:** nets are free of charge to all pregnant women during their first visit to a facility for antenatal (ANC) care.
- **General health consultations:** During curative or preventive services, nets are proposed to clients at a Subsidized cost 500 CFAs (\$1USD)
- Information recorded on the coupon includes the client's name, date, village or community and the person prescribing the net.
- Information about LLINs is integrated into the facility's patient registers, stock cards, and management records.
- Coupons and stock cards are the primary instruments used for tracking the number of nets distributed and reordered.

# PROCESS

- Materials developed: Guidelines, training manuals, checklists, materials for communication, etc.
- Core activities are:
  - Training
  - Monitoring
  - Supply
  - Communication
- Focal Points from the NetWorks team in Dakar were deployed only to the 2 pilot-regions

# ENROLLED STRUCTURES

Regions	Health centers	Health posts	Health huts/Private posts
Pilot-Regions	13	188	204
Non pilot-regions	77	1 003	ND
Total	90	1 191	-

# INTRANTS PROVIDED TO STRUCTURES

Regions	LLINs	COUPONS (Blocs de 50)	
		Free	Subsidized
Pilot-regions	154 650	1 667	2 470
Non pilot-regions	679 860	9 304	13 064
Total	834 510	10 971	15 534



# LLINs DELIVERED TO END USERS?

Regions	ANC	NON ANC	Total
Régions pilotes	8 177	3 936	12 113
Autres régions	ND	ND	301 087
Total	-	-	313 200
Initial targets	541 202	768 073	1 309 275

# OBSERVATIONS

- The objective was not achieved to distribute 541,000 LLINs to pregnant women
- The objective was not achieved to distribute 768,000 LLINs to other clients
- Free distribution through ANC worked well in all pilot areas
- Sales of subsidized nets to all others seeking care were less successful,
- Eligibility criteria for the pregnant woman: first contact concept non really understood by health care providers
- PW coming from other zones (“hors zone”) are exclude in some health facilities

# OBSERVATIONS

- Information about free MILDA availability for pregnant women is not systematically delivered.
- Many problems with the exchange of coupons for nets in not pilot regions.
- Stock out of the pink coupons for ANC distribution: some pregnant women did not receive a LLIN despite LLINs availability (part of the subsidized net)

# CHALLENGES

- Stock out of LLINs
  - Transportation capacities/coordination from the central level and storage capacities at the peripheral level
  - Availability and promptness of data (distribution and sales revenues management; regularity in LLINs resupply)
- LLINs restricted types (shape, size, color...): enlarge nets offers

# CHALLENGES

- Data collect: Strikes by nurses in all regions affected the quality of data collected and reporting,
- Lack in communication and sensitization
  - Promote the availability of the LLINs locally
  - More interpersonal communication with net recipients (regular use and care)
- Health providers permanent engagement
- Effective coordination /monitoring by local teams

# **PERSPECTIVES/NEXT STEPS**

- Decision from NMCP to scale up multichannel combination countrywide and reinforce the health facility channel
- A new plan is under elaboration
- Data and informations collect underway
  - Quantities distributed for needs estimation and supply consolidation
  - Assess peripheral storage capacities
  - Should we go on prioritize health facility channel everywhere?
- Duplication of pilot-region monitoring and coordination mechanism: Focal Points will be deployed to work closely with the districts

# CONCLUSION

- Health facility channel offers a great opportunity to increase LLINs availability after UC mass campaign
- A realistic combination with other potential channels is needed depending to each region specificities and opportunities
- Health agents commitment and regular and adequate communication activities are critical to succeed this strategy

**THANK YOU FOR YOUR ATTENTION**