# UNIVERSAL COVERAGE OF LLIN COUPLED WITH SMC IN THE NORTHERN REGIONS OF MALI



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# OVERVIEW OF PRESENTATION

- CONTEXT AND JUSTIFICATION
- OBJECTIVES
- IMPLEMENTATION STRATEGY
- DIFFICULTIES ENCOUNTERED AND CORRECTIONS
- RESULTS
- CONCLUSION

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# CONTEXT AND JUSTIFICATION

- LLIN universal coverage is inscribed in the malaria prevention strategies in Mali
- LLIN universal coverage campaign follows the national strategy region by region: coverage of all regions in the South of the country 2011-2015
- USAID/PMI engagement to cover all the regions of the North in 2016 (Tombouctou, Gao et Kidal)
- Limited use of health structures: insecurity, difficulty accessing care

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# OBJECTIVES

- Implement universal coverage in the Northern regions
- Leverage the keen interest in LLINs to:
  - Protect all children between the ages of 3 and 59 months against malaria especially the severe forms (anemia, neurological forms)
  - Protect children against preventable diseases
  - Diagnose more children between the ages of 6 and 59 months with acute malnutrition who we would not have received passively in the health structures and ensure their treatment
- Optimise the utilization of the available resources.

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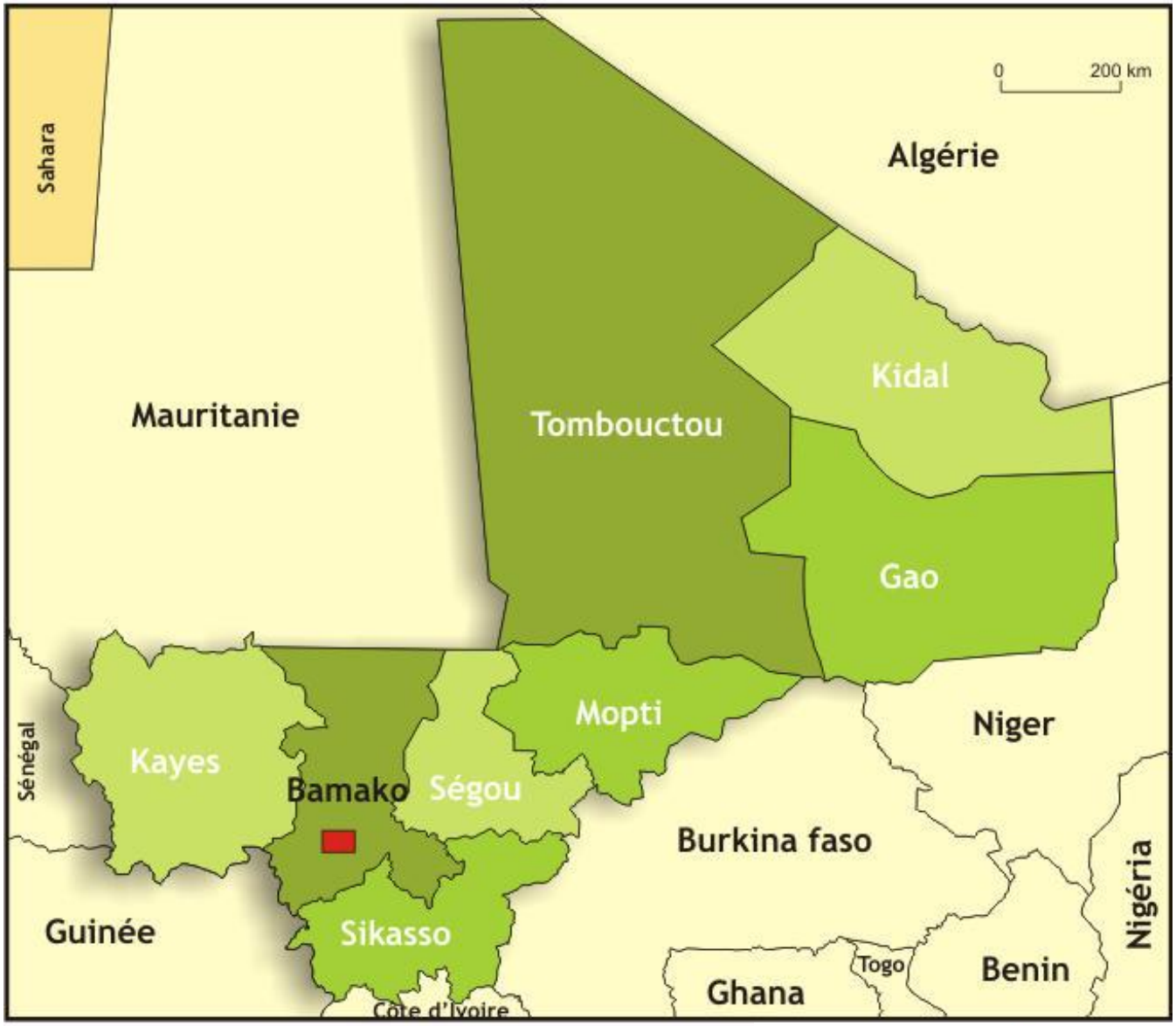


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# IMPLEMENTATION STRATEGY
# 1. TECHNICAL ACTIVITIES

- Combining LLIN distribution with SMC
- Implementation strategy by the Health District Framework Teams with the support of humanitarian NGOs
- Distribution of LLINs following the SMC strategies (fixed and mobile)
- Give out 3 LLIN per household to each mother having received an SMC card during the previous passage of SMC
- Ink marking to avoid duplicates
- Adjustment of number of people per team
- Combined with malnutrition diagnosis
- Regular meetings under the leadership of the NMCP to validate the strategy with the inputs of the technical and financial partners

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# IMPLEMENTATION STRATEGY
# 2. LOGISTICAL ASPECTS (1/4)

- Availability of 819,250 LLIN by USAID PMI
- Paying transport costs of LLINs from the central level to the health districts and LLIN stocking at the central level
- Selection of means of transport for LLINs by district with the significant involvement of the Regional Health Directorates
- Putting in place an information channel and tracking of deliveries
- Warehouses/storage depots identified in advance and communicated to the central level

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# IMPLEMENTATION STRATEGY
# 2. LOGISTICAL ASPECTS (2/4)

- Transport and reception at the community health centers and distribution sites (villages, neighborhoods, fractions)
- Distribution to health districts based on population size in collaboration and with the financial and logistical support of the humanitarian NGOs
- Use of tarpaulin in place of palets for stocking
- The LLINs that were left over after the distribution were donated to the routine distribution system

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# IMPLEMENTATION STRATEGY
# 2. LOGISTICAL ASPECTS (3/4)

**DISTRIBUTION PLAN OF LLINS IN THE NORTHERN REGIONS IN 2016 (TOMBOUCTOU)**

| Health district | Population RGPH 2009 updated in 2014 | Population RGPH 2009 updated in 2016 | LLIN need | Number of trucks |
|---|---|---|---|---|
| Tombouctou | 146 892 | 157 659 | 93 200 | 5,00 |
| Diré | 131 298 | 140 922 | 73 050 | 5,00 |
| Goundam | 177 090 | 190 070 | 98 900 | 6,00 |
| Gourma-Rhaouss | 131 371 | 141 000 | 74 900 | 5,00 |
| Niafunké | 217 349 | 233 280 | 120 900 | 7,00 |
| **Total transportation from central to health district level** | **804 000** | **862 930** | **460 950** | **28** |

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# IMPLEMENTATION STRATEGY
# 2. LOGISTICAL ASPECTS (4/4)

## DISTRIBUTION PLAN OF LLINS IN THE NORTHERN REGIONS IN 2016 (GAO)

| Health district | Population RGPH 2009 updated in 2014 | Population RGPH 2009 updated in 2016 | LLIN need | Number of trucks |
|---|---|---|---|---|
| Gao | 284 763 | 305 635 | 158 500 | 9,00 |
| Bourem | 156 959 | 168 463 | 79 450 | 5,00 |
| Ansongo | 137 670 | 147 761 | 82 400 | 5,00 |
| Menaka | 66 609 | 71 491 | 37 950 | 3,00 |
| **Total transportation from central to health district level** | **646 001** | **693 350** | **358 300** | **22** |

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# IMPLEMENTATION STRATEGY
# 3. SUPERVISION AND MONITORING

- Validation of results by District Framework Teams (DFT) and representatives of NGOs
- Transmission of final results to NMCP
- Supervision of distribution sites DFTs and representatives of NGOs
- Final evaluation post campaign of the coverage rate ad use of LLINs through surveys
- A final report will be presented and shared with all the actors involved (Government and Partners)

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# IMPLEMENTATION STRATEGY
# 4. COMMUNICATION

- Little or no communication before the distribution from the central level and by partners
- Put in place communication channel between NMCP, Regional Health District, DFT and partners to track the transportation of LLINs
- No radio or TV ads nor community mobilization activities
- Home visits for following up use of LLINs in the households with information on hanging up and net care and repair
- National press conference to be done after the end of the campaign

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# RESULTATS OBTAINED (1/3)

**RESULTS OF LLIN DISTRIBUTION**

| PARTNERS | HEALTH DISTRICTS | # HH expected | # beneficiary HH | Proportion of HH reached |
|---|---|---|---|---|
| IMC | GOURMA RHAROUS | 20 659 | 20 431 | 99% |
| AVSF | TOMBOUCTOU | 29 589 | 29 425 | 99% |
| SCI | NIAFUNKE | 38 388 | 21 913 | 57% |
| ALIMA/MCP | DIRE | 23 260 | 24 069 | 103% |
| ALIMA/MCP | GOUNDAM | 31 399 | 29 063 | 93% |
| MDM Be | MENAKA | 12 048 | 11 666 | 97% |
| PUI | ANSONGO | 26 158 | 27 467 | 105% |
| ACF-E | GAO | 50 326 | 45 686 | 91% |
| ACF-E | BOUREM | 25 217 | 23 149 | 92% |
| **TOTAL CCS** | | 257 044 | 232 869 | 91% |

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# RESULTS OBTAINED (2/3)

| RESULTS OF THE SMC OF 6 OUT OF 9 HEALTH DISTRICTS | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| Health Districts | SMC Phase | # Children expected | | | Children reached | |
| | | Children (3-11m) | Children (3-11m) | Total(3-59m) | Total(3-59m) | % |
| GOURMA RHAROUS | 1ère | 4 872 | 22 970 | 27 842 | 28 585 | 103% |
| DIRE | 4ème | 4 884 | 23 027 | 27 911 | 36 309 | 130% |
| GOUNDAM | 2ème | 6 594 | 31 087 | 37 681 | 41 536 | 110% |
| ANSONGO | 1ère | 6 377 | 40 643 | 47 020 | 50 359 | 107% |
| GAO | 1ère | 10 568 | 49 822 | 60 390 | 92 329 | 153% |
| BOUREM | 1ère | 5 251 | 24 755 | 30 006 | 40 807 | 136% |
| TOTAL CCS | | 38 546 | 192 304 | 230 850 | 289 925 | 126% |

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# RESULTS OBTAINED (3/3)

## QUANTITIES OF LLIN DELIVERD TO THE ROUTINE SYSTEM IN 2016 IN THE NORTHERN REGIONS

| Health districts | Delivery 1 | Delivery 2 | Total 2016 |
|---|---|---|---|
| **Gourma Rharous** | 6 134 | 2827 | **8 961** |
| **Tombouctou** | 6 858 | 3329 | **10 187** |
| **Niafunké** | 10 142 | 4402 | **14 544** |
| **Diré** | 6 130 | 3066 | **9 196** |
| **Goundam** | 8 268 | 3802 | **12 070** |
| **Menaka** | 3 115 | 1484 | **4 599** |
| **Ansongo** | 7 326 | 2337 | **9 663** |
| **Gao** | 13 293 | 6017 | **19 310** |
| **Bourem** | 6 428 | 588 | **7 016** |
| Région de KIDAL | **2 000** | **4 000** | **6 000** |
| TOTAL GENERAL | **69 694** | **31 852** | **101 546** |

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# DIFFICULTIES AND LIMITS

- Exclusion of certain categories: single member households, couples without children, etc.;
- Risk of overestimation or underestimation of the number of people in each household;
- Difficulties of communication from distribution sites to health districts for the compilation of results;
- Considerable delays in the distribution of LLINs
- Difficulties of doing a household survey according to norms
- Supervisions restricted to safe areas only

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# CONCLUSION

- Visible and real impact of combination on both activities: SMC and LLIN distribution
- Efficiency of method
- National consensus between governmental entities and partners on all aspects of implementation
- Excellent preparation and implication of actors under the leadership of NMCP;
- Use of a privileged channel of humanitarian NGOs funded by ECHO: IMC, SCI, MdM BE, ACF-E, MSF-F, AMCP/ALIMA, etc;.

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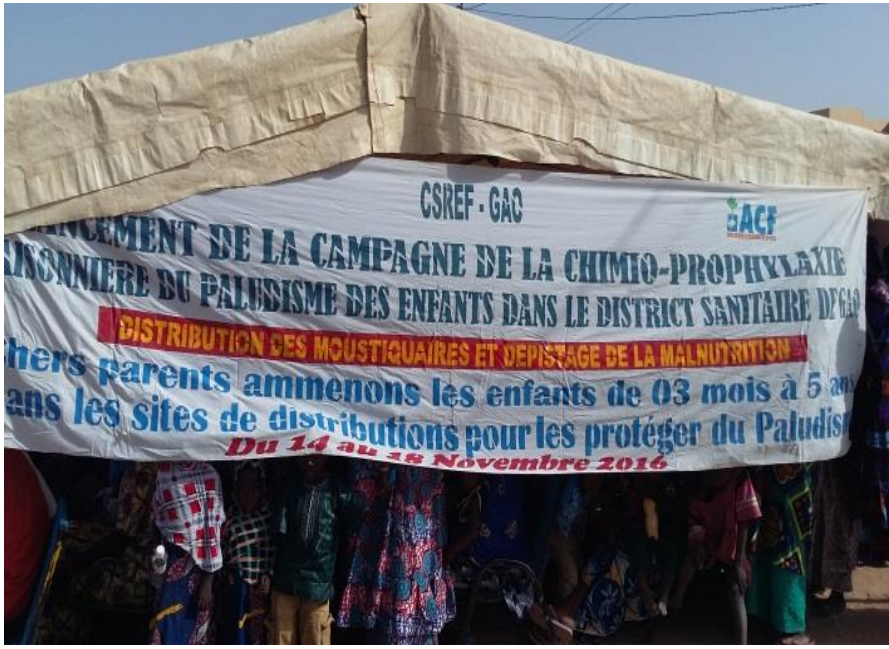


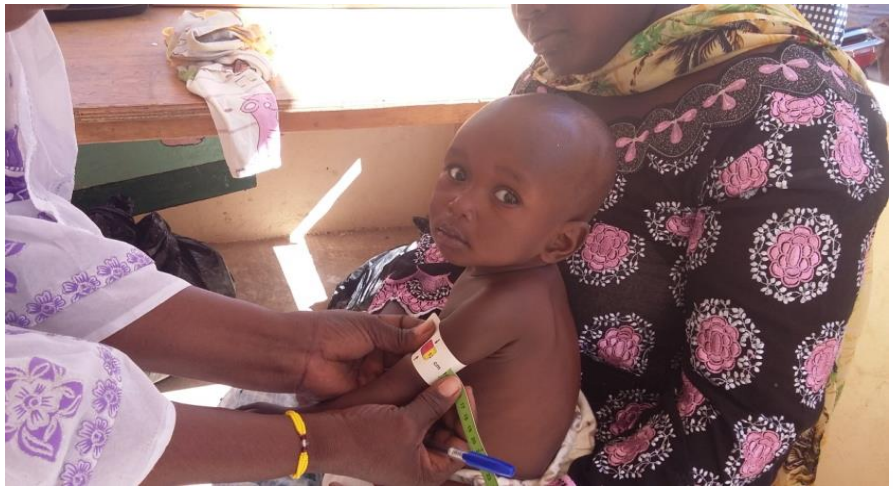

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# THANK YOU FOR YOUR CONTRIBUTIONS TO THE FIGHT AGAINST MALARIA IN MALI


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