



# TANZANIA ITNs DISTRIBUTION MECHANISM UPDATES

## AMP ANNUAL PATNER MEETING

08 MAY 2023  
NAIROBI KENYA



Mpango wa Taifa wa  
Kudhibiti Malaria



# Presentation outline

## ❖ Background

- Shrinkage in malaria risk epidemiological strata 2018- 2023

## ❖ Distribution channels

- Health Facility ITNs Distribution (HFs)
- School Based ITNs Distribution (SNP)
- Target Mass Replacement Campaign (TRC)
- Alternative ITNs Distribution
- Commercial distribution

## ❖ ITNs quantification & ITNs numbers distributed

Way forward



# Background

- Tanzania is implementing two core malaria vector control interventions; which are **universal ITNs distribution** throughout the country and **targeted IRS** in the limited number of councils.
- The two interventions is supplemented by LSM specifically bio-larviciding using Bs and Bti.
- The ITNs strategic approach is to ensure universal access to ITNs according to malaria transmission settings.
- Different mechanisms are used to deliver ITN to the community in different epidemiological strata which includes; (TRC, SNP, RCH and Alternative channel.
- The implementation of vector control interventions and availability of ACT has led to the shrinkage in malaria risks in Tanzania across different epidemiological strata.



# COUNCIL SHRINKAGE IN MALARIA RISK EPIDEMIOLOGICAL STRATA

Region

Council

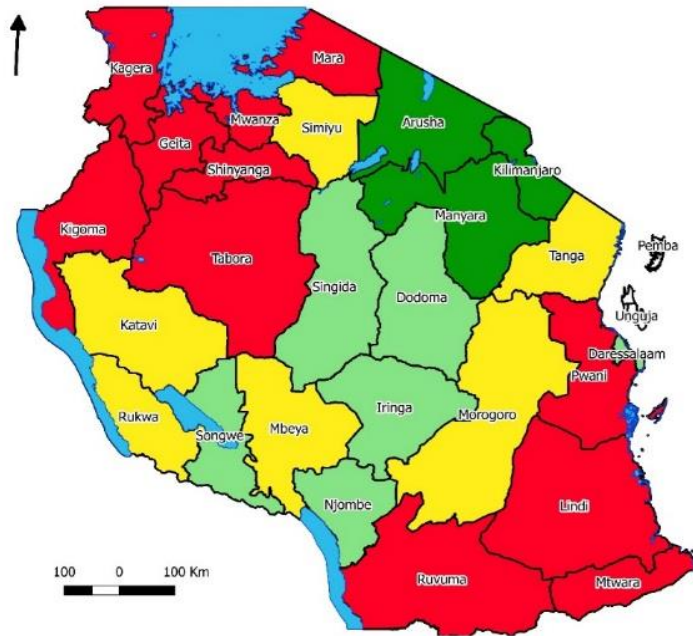
Strata	2018	2020	2023
Very low	3	5	3
low	6	4	5
Moderate	6	10	8
High	11	7	10

Strata	2018	2020	2023
Very low	28	36	38
low	34	32	32
Moderate	49	52	57
High	73	64	57

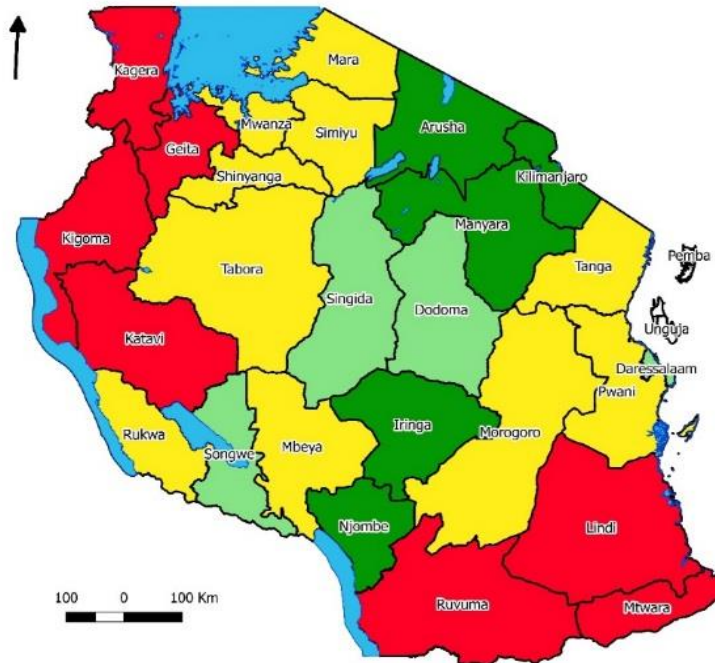


# REGION SHRINKKAGE IN MALARIA RISKS

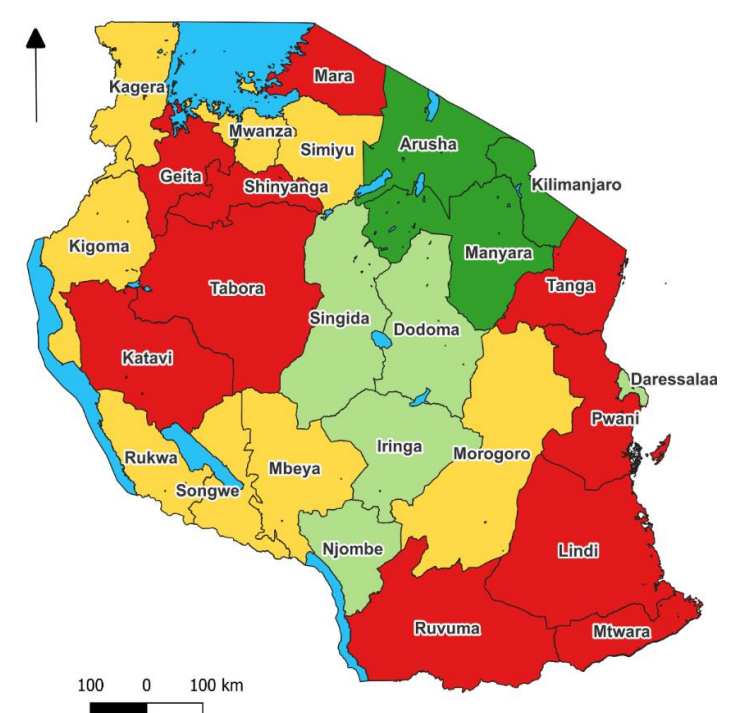
2018



2020



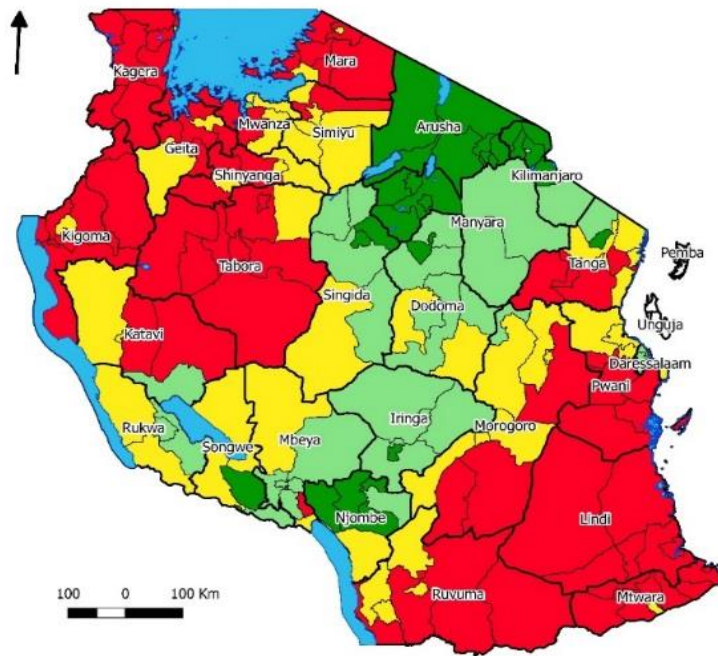
2023



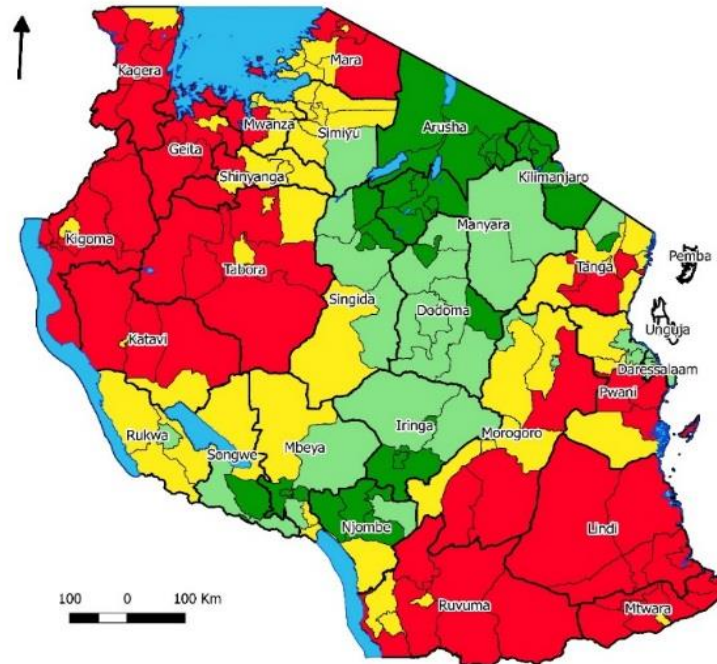


# COUNCIL SHRINKAGE IN MALARIA RISKS

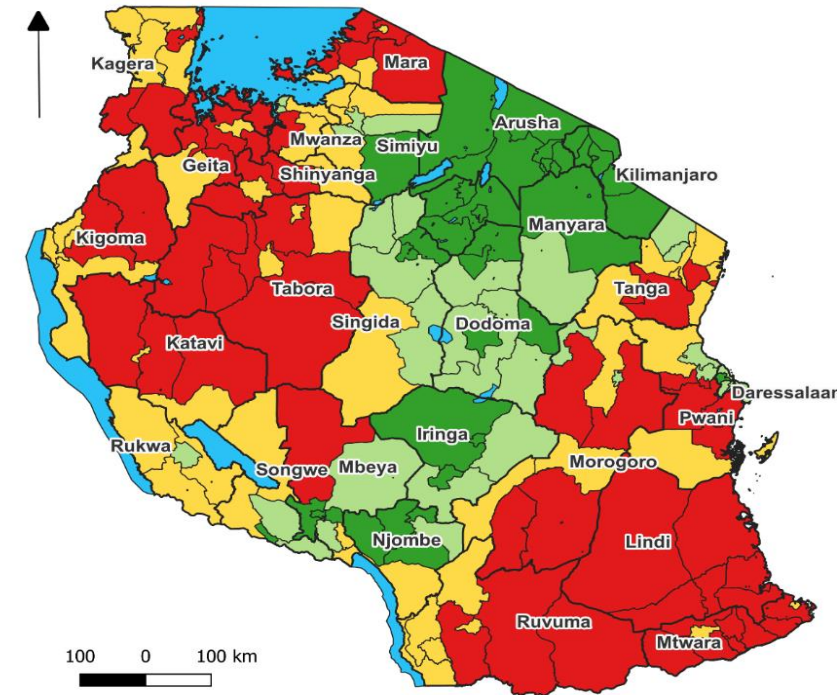
2018



2020



2023



# ITN DISTRIBUTION ACCORDING- STRATIFICATION

Service Delivery Mechanism	Malaria risk stratum
Only RCH and special risk group	Very Low
RCH	Low
Special risk group	Moderate
Targeted Mass Replacement School Net Programme	High
According to epi stratum	Urban



# I. Health Facility ITNs Distribution (HFs)



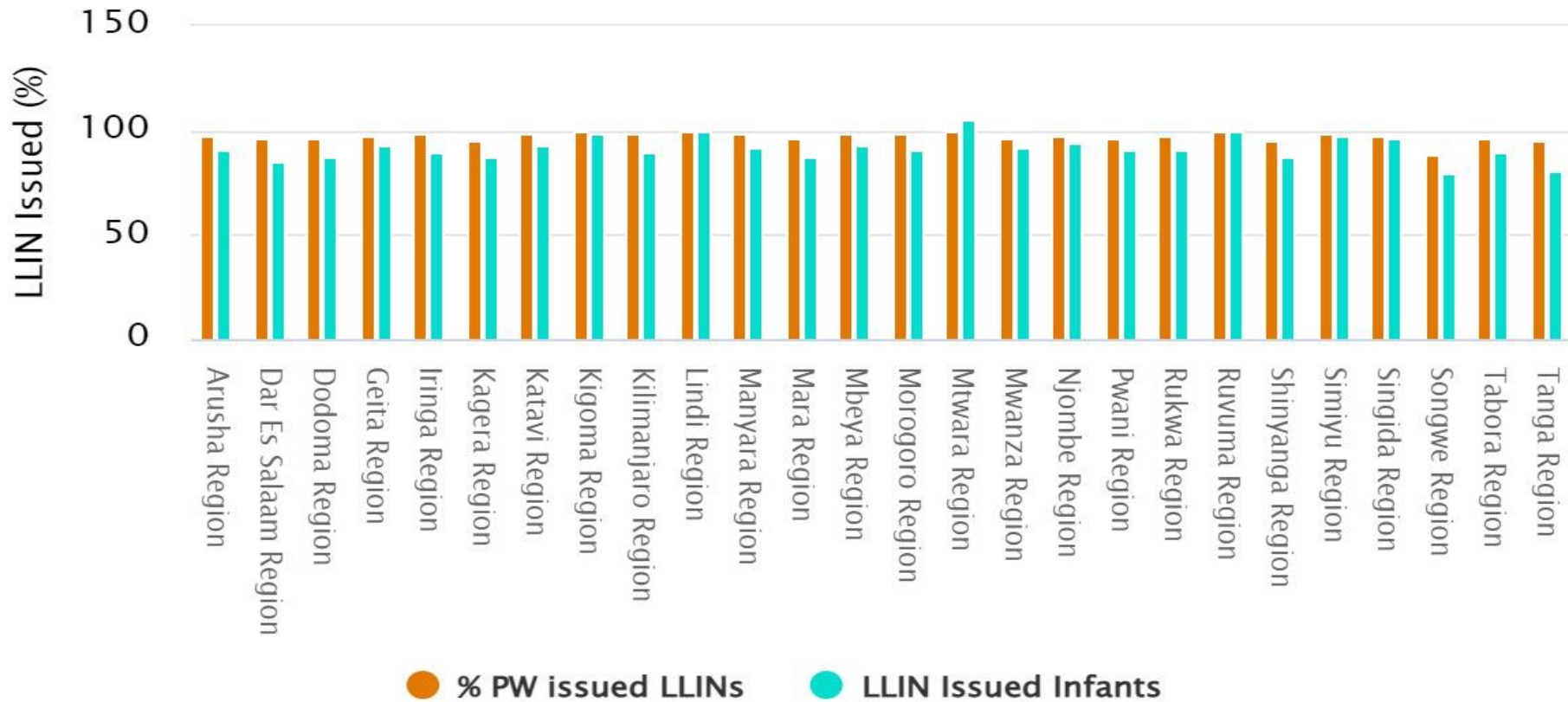
- Beneficiaries;
- Pregnant women during first ANC
  - Infant children during Measles Rubella Immunization
- Tools used;
  - Reg #6 for first ANC
  - Reg # 7 for MRI



# Health Facility Distribution status

Proportion of pregnant women and infants receiving LLIN during ANC and EPI attendances

2022 – Public



What factors contributed to the observed variabilities across regions?

What actions taken to improve distribution program



# Health Facility Distribution implementation challenges



NMCP team conducting mentorship and coaching at Mwendapole Disp, Kibaha TC in Pwani region

Health facility distribution helps to maintain ITN coverage

- **Some challenges;**
  - i. Data quality issues from HFs
  - ii. Improper ordering via R&R
  - iii. Documentations issue
- **Actions taken;**
  - i. Quarterly mentorship & follow up
  - ii. [Operational Research on ITN- uptake](#)
  - iii. Learning forum meeting- NMCP, TVCA, PORALG & MSD

## II. School Based LLINs Distribution (SNP)

A continuous ITNs distribution channels, designed to maintain coverage and access.

Started 2013 in Southern regions and rolled out to moderate and high epidemiological strata

Annual ITNs distribution

Pupils- used as a conduit to deliver nets to households

Pupils in classes between 1 and 7 are eligible for ITNs

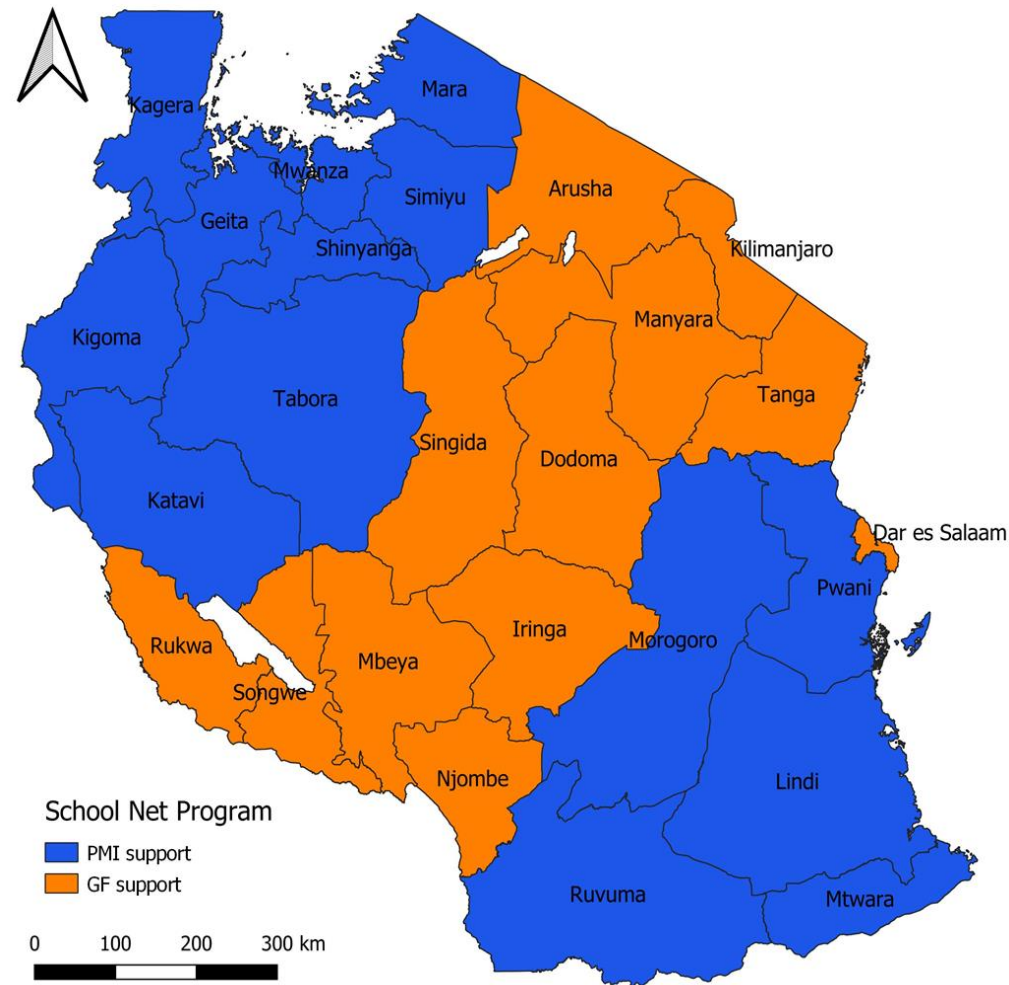




# SNP...

- ❑ RCH & SNP ITNs are continuous distribution.
- ❑ RCH distribution:— 26 regions under GF
- ❑ SNP – 12 regions GF, 14 regions via PMI
- ❑ **School Information System (SIS)** for reporting and accountability of LLINs up to school level
- ❑ FYR 2022, over 4.7 millions nets distributed covered 20k primary schools in both PMI and GF funders

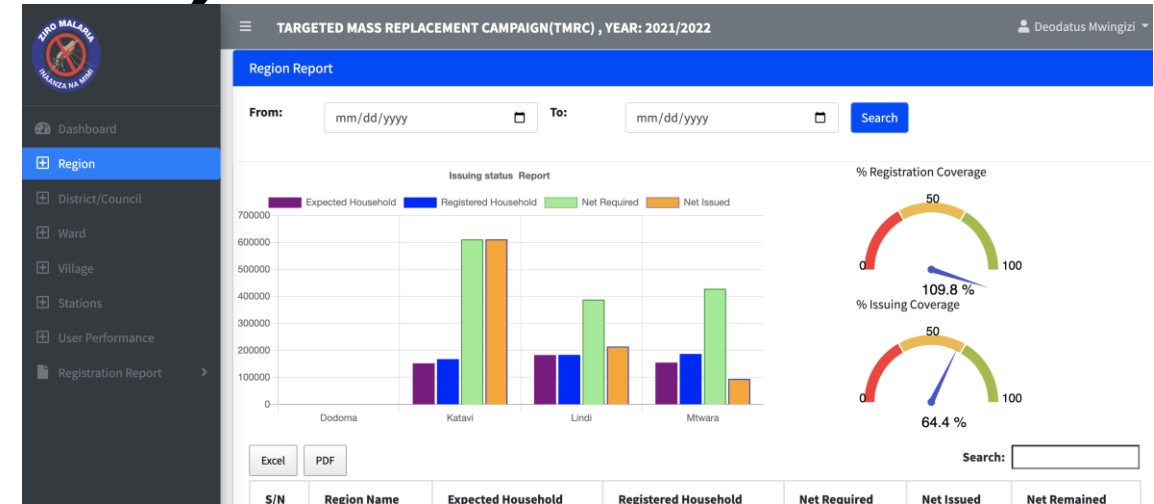
- A map of School net distribution by funder





# III. Targeted Replacement Campaign using Electronic Management Information System (e-TRC)

- Developed locally by MOH- ICT-directorate to assist data management during mass campaigns
- Have both mobile part (can work offline) and web part
- Have dashboard- for visualization
  - Real time data- **compared to the manual paper-based implementation.**
  - Relatively less costs involved
  - Less human resources
  - Short implementation duration
- Accountability
  - Adequate data quality
  - Had checks and balance
- Enable targeted supervision
- NB: Minimize time of person to person contact (COVID-19 prevention)



# Targeted Replacement Campaigns-TRC



- Distribution conducted to geographical areas with **high malaria burden** and ITN access to population **below 40%**
- TRC has been conducted in Katavi, Lindi and Mtwara region & about 1.4 millions nets distributed
- In 2023, TRC will be conducted in Tabora and Kagera with high malaria prevalence and where partial artemisinin resistance (Kagera) has been detected.



# IV. ALTERNATIVE/SPECIAL GROUPS

## ITNs DISTRIBUTION CHANNEL

- A new established distribution channel to *reach socially vulnerable and underserved groups in hard to reach areas*.
  - Implemented as a supplementary distribution channel to (TRC, SNP and ANC/EPI) to reach socially vulnerable groups;
    - Elderly 60 and above years,
    - <5 children-severe malaria &
    - People living with HIV/AIDs (PLHIV-at Care and treatment Centres)

Plan underway to reach other marginalized group (defense camps, selected occupational workforce mobile/nomadic population and orphanage centers.





# Alternative ITNs Distribution...

## A. Elderly channel

- Issuing will be conducted at the elderly window (60 years and above) at the OPD, **every after 2 years**.
- Using MTUHA #5, then transferred to monthly summary report- lastly entered into DHIS2 system.
- Done at all HFs levels; dispensary, H/Centre and Hospital

## B. Under 5 fives children

- ☐ Severe malaria/complicated or anemia due to severe malaria
- ☐ ITNs **any time** during their discharge.
- ☐ Using MTUHA-IPD #14, then transferred to monthly summary report- lastly entered into DHIS2 system.





## C. People living with HIV/AIDS-CTC

### Descriptions

- Issuing to be done at the CTC- by CTC by data clerk-**every after 2 years**
- Daily register of LLIN issuing will be documented CTC 1-Client card and CTC 2-Client file that remains at the facility
- Both will improvise for documentation on another services column
- Add indicator for issuing of LLINs into CTC -2 database, this will later be integrated into DHIS2

### Sample of CTC-card

Indicator	TOTAL (M+F)															
		Total	<1 Year	1-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years				
TABLE 1: HIV CARE (Pre ART and ART)																
1.13 Number of clients enrolled into care and not started ARV during the reporting month																
1.15 Number of clients who received care and whose LLIN periods were due during the reporting month																
1.16 Number of clients who received LLIN during the reporting month (subset of indicator 1.15)																

# V. Commercial Sector



- NMCP engage and work together with different stakeholders to create enabling environment for commercial market ITNs distribution
- NMCP Strategic plan identifies all cities, municipalities, and urban centers as potential target areas for commercial sales of nets.
- It fill the existing gaps of ITNs in the household and meet **customer preferences** particularly in urban settings.
- It contribute to the high ownership rates of purchased nets
- The NMCP's stated goal is to increase ITN sales to 1.5 million per year while decreasing untreated net sales to 300,000 per year (reversing the current ratio) and then building sales of ITNs to 2-3 million per year



# QUANTIFICATION APPROACH

## RCH

- Estimated 4% of population are pregnant women and another 4% children attending EPI for MRI from the total population of Tanzania mainland, going forward it is factored by the population growth factor
- Assumed out of 8%, 100% attend (ANC and EPI)

## Targeted Replacement Campaign (TRC)

- Mass campaign uses demographic method
- 1 net for 1.8 people to account of people in household
- When ITNs access to population <40%, with high malaria burden in the council/region

## Other channels (SNP and alternative channels)

- Population quantifier assumes: 1 net = 1.8 people, 15% of population covered by other channels annually (SNP & Alternative Channels)-*Hannah K. et al-2021*

# QUANTITIES OF ITNs TO BE DISTRIBUTED IN FYR 2023

QUANTIFIED NUMBERS FOR 2023				
High malaria risk (PMI-target) regions		Standard*	PBO	TOTAL
	RCH	-	2,841,076	2,841,076
	SNP	-	3,600,000	3,600,000
	Alternative Channels	-		-
	TRC	-	3,326,713	3,326,713
	<b>SUBTOTAL</b>	-	<b>9,767,789</b>	<b>9,767,789</b>
Low malaria risk (GF-target) regions	RCH	903,971	1,247,890	2,151,861
	SNP	912,999	459,200	1,372,199
	Alternative Channels	735,955	492,800	1,228,755
	TRC	-	438,553	438,553
	<b>SUBTOTAL</b>	<b>2,552,925</b>	<b>2,638,443</b>	<b>5,191,368</b>
TOTAL	RCH	903,971	4,088,966	4,992,937
	SNP	912,999	4,059,200	4,972,199
	Alternative Channels	735,955	492,800	1,228,755
	TRC	-	3,765,266	3,765,266
	<b>TOTAL</b>	<b>2,552,925</b>	<b>12,406,232</b>	<b>14,959,157</b>



# WAY FORWARD

- Continue with RCH, Alternative/special risk group and SNP nets distribution as keep strategies.
- Distribution of PBO nets in all epidemiological and operational stratum.
- Plan to pilot New generation ITNs in few selected districts to generate local evidence for scaling up.
- Continue monitor ITNs access up to the council level and implement TRC.
- Strengthening surveillance system in urban areas and in areas with low and very low malaria burden to monitor malaria incidence and take appropriate response in case of warning signs of upsurge.



# ACKNOWLEDGEMENT



- **USAID/PMI Tanzania - TVCA**
- **GLOBAL FUND**
- **PMI-VectorLink**
- **Ministerial Officials:**
  - MoH, MSD
  - PORALG, RHMTs and CHMTs
- **NMCP Team:**
- **Research institutions:**
  - KCMUCo, IHI, NIMR, and MUHAS.
- **Public Private Partnerships**
- **WHO, ALMA, AMP, RBM Partnership,**
- **Other Implementing Partners:**

