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**TRANSITIONING TO COMMUNITY-BASED  
DISTRIBUTION IN HIGH-BURDEN DISTRICTS  
FOR A LASTING NET COVERAGE:  
*SUCCESSES, CHALLENGES AND RECOMMENDATIONS FROM  
BURUNDI***

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Dr Pierre SINARINZI

National Malaria Control Program Manager / Burundi

# History of ITN distribution in Burundi

In accordance with WHO/RBM recommendations for the prevention of malaria, the following interventions are carried out in Burundi:

1. ITN mass campaign every three years since 2009
2. Distribution to special groups to ensure universal coverage and equity since 2013
3. Routine distribution of ITNs to vulnerable target groups: pregnant women in ANC1 and to children aged 18 months during measles vaccination since 2014
4. IRS in four health districts since 2018

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## Results and lessons learned from mass campaigns

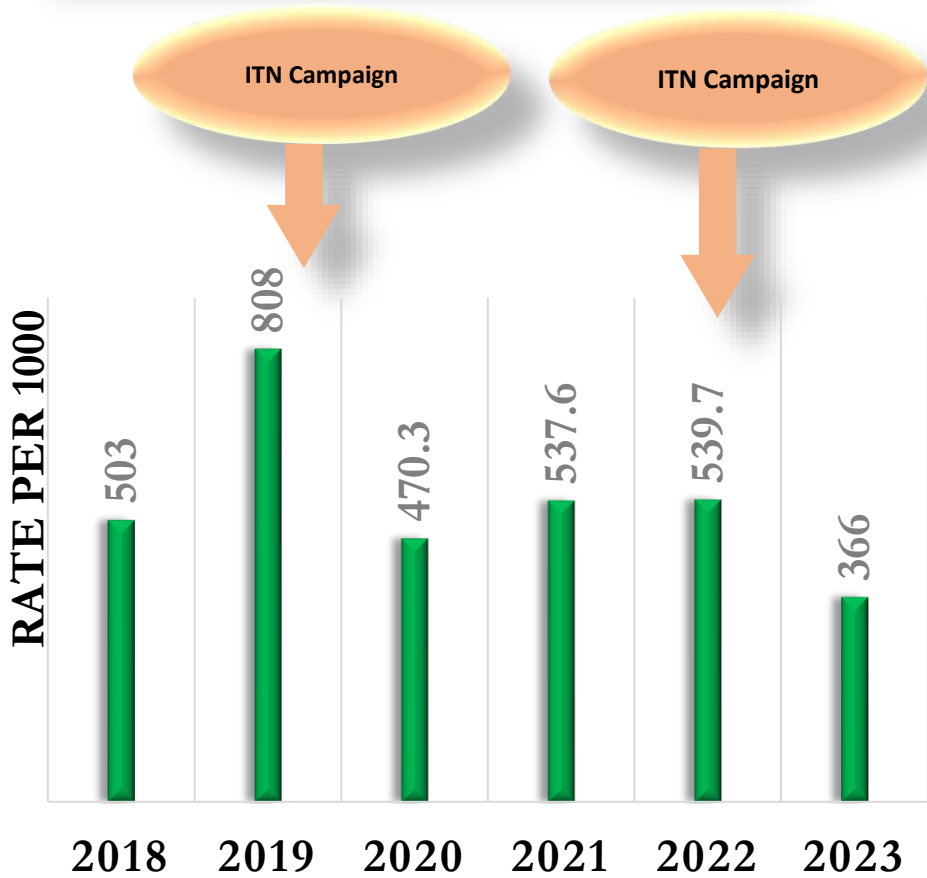
- ✓ Very good coverage of households with ITNs: 93-96%
- ✓ Very high ITN use: up to 88% when the ITN is available in the household (sources: ITN post-campaign survey 2014 and 2017)
- ✓ Reductions in malaria cases: more than 45% the year following the mass campaign

However, significant loss of ITNs: respectively 8%, 20% and 50% of ITNs after the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year following the mass campaign (sold, damaged, lost, disaster, etc.)

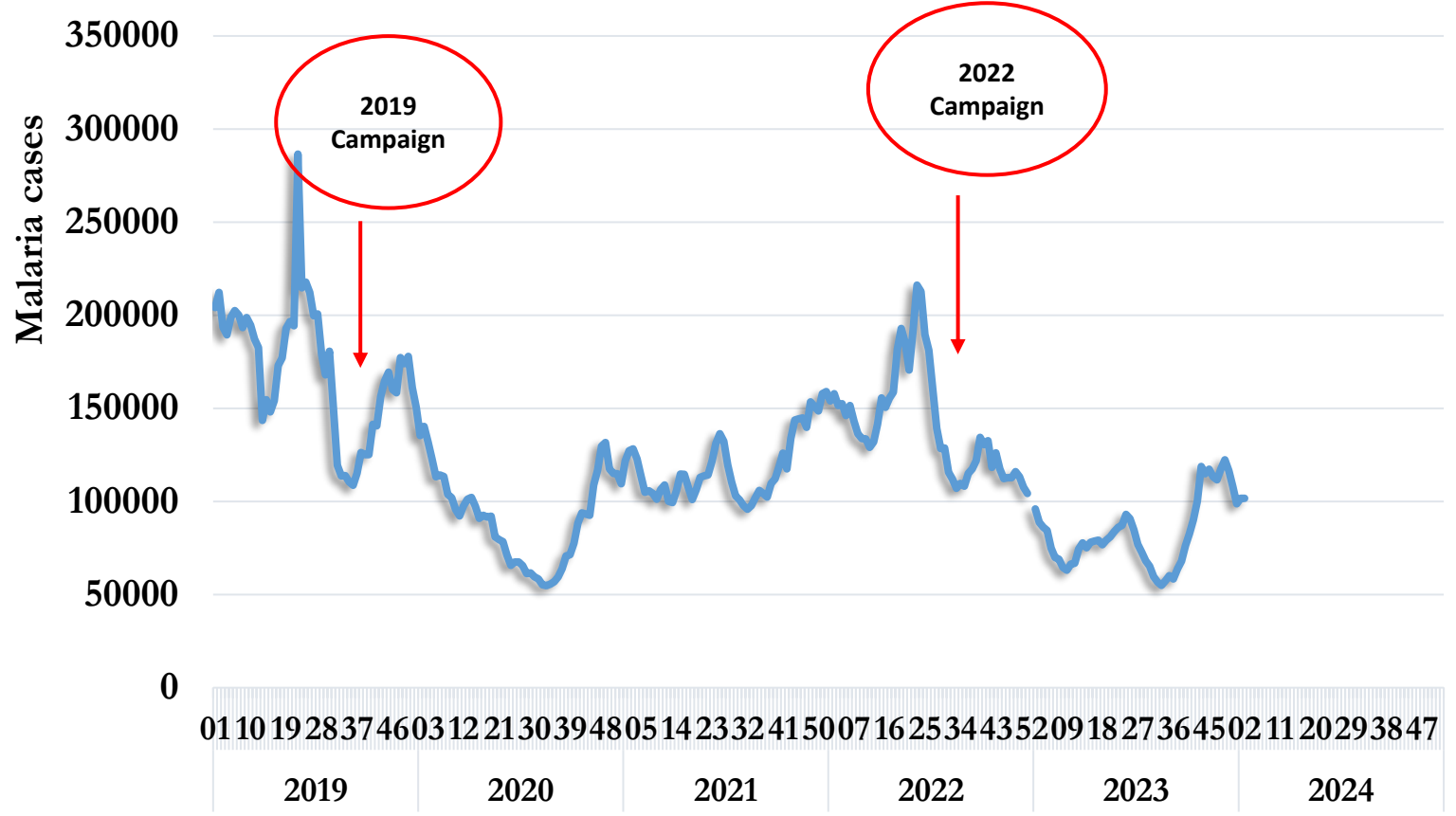
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# Malaria incidence rate



# Trend of malaria cases in Burundi



# Challenges and problems to be solved

## Big challenge:

- ❖ How to maintain the universal coverage obtained during mass distributions (i.e. 1 net for 2 people) ?

## Problems to be solved:

- ❖ Low access to mosquito nets
- ❖ Low rate of use of mosquito nets by the target population

## Options to solve the problems:

- ❖ Ensure continuous distribution through continuous distribution channels: community, schools and social marketing

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# Strategy adopted in Burundi

Strategy:

Continuous distribution through the community channel

Reasons for choosing this channel:

- ✓ Existence of a functional community network of CHWs
- ✓ Potential opportunity to monitor the services of CHWs
- ✓ This strategy also makes possible to reach populations for whom access is difficult because the strategy passes through an exhaustive identification of all beneficiaries in need due to the involvement of local authorities

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# Principles of CD strategy

- Gradual elimination of mass campaigns
- Technical and financial efficiency :
  - Districts covered through the CD are not covered by mass campaigns because net coverage is ensured all the time
  - Districts covered through the CD don't implement IRS because they both offer the same protection to households when they are correctly carried out

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# Target districts of CD during Pilot Phase

- Two districts selected: Ngozi and Giteranyi
- Selection criteria
  1. Disease burden: Incidence among the highest in the country
  2. Repetitive outbreaks of cases since 2000
  3. The two districts were eligible to IRS but not funded

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# Implementation strategy (1/2)

- Pilot phase: 2021-2023
- Distribution is carried out by community health workers grouped in GCHWs
- Nets are pre-positioned in a health facility stores to serve the community in their area of responsibility
- The implementation of the strategy is monitored by all levels of the health system
- Scaling up from 2024 if the pilot phase is successful (following an evaluation)

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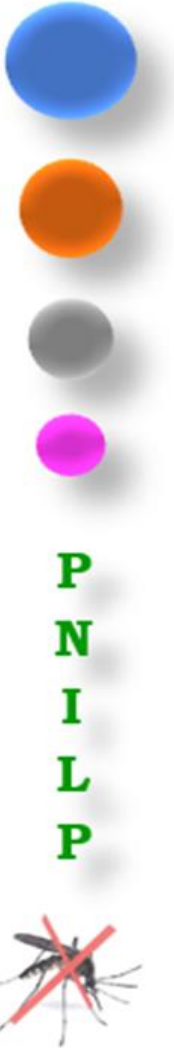
# Implementation strategy (2/2)

- **CHW during home visits identifies**
  - New households without mosquito nets
  - Households with insufficient quantities of ITNs
  - Damaged mosquito nets
- **The CHW gives a voucher to the head of household to redeem the net from the HF**
- **The head of household holds a household card which provides information on the number of nets available in the household, their distribution in relation to sleeping spaces and the need for additional ITNs**
- **The supply system is the same as the routine mosquito nets system**

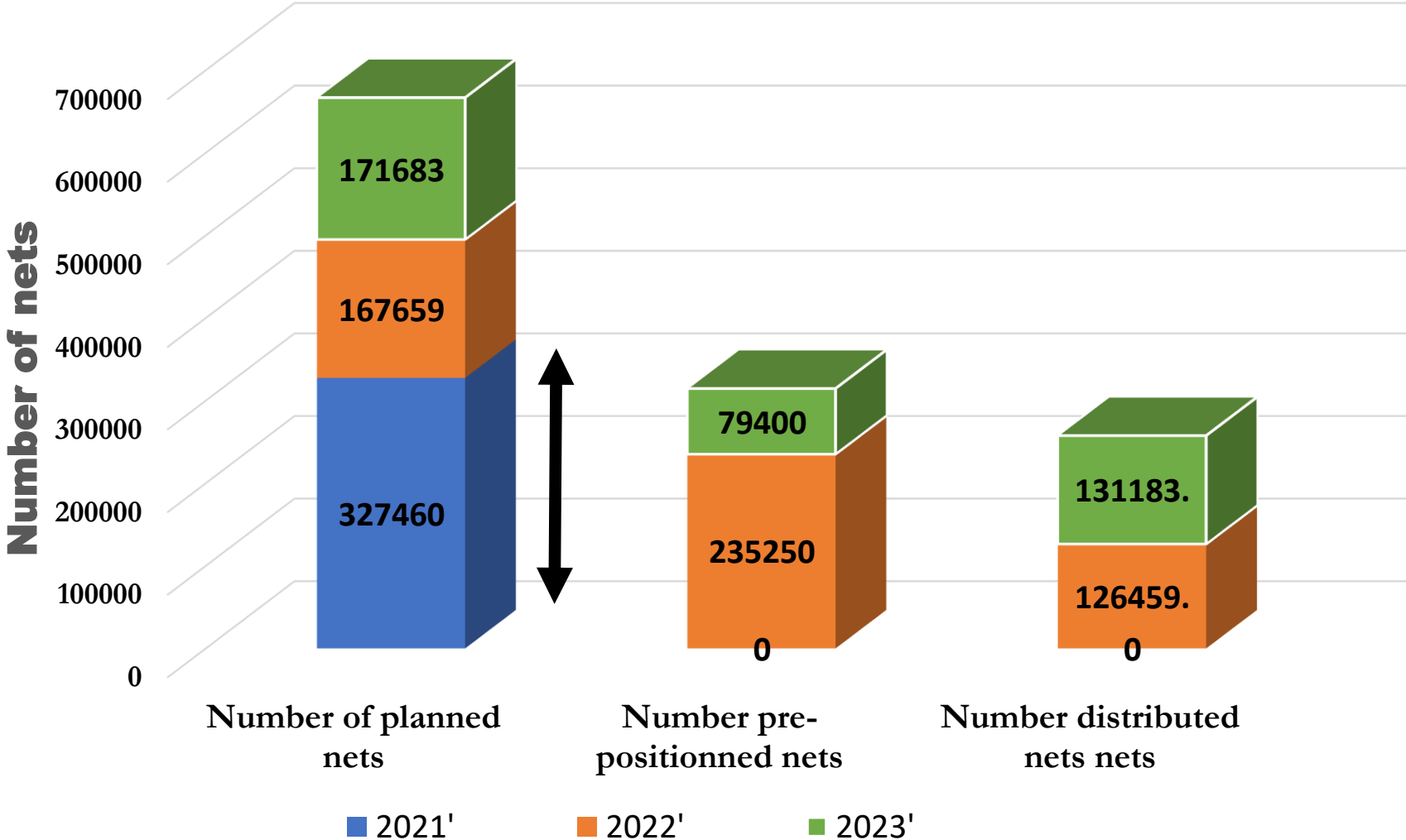
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# Situation of nets coverage over the 3 last years



Planned nets vs distributed nets



- **The impact of continuous distribution is slightly visible from the year 2023.**
- **The impact is illustrated by the stability of the trend in 2023 because, in the past, we observed a sharp increase as 2023 was the third year post-campaign.**
- **These benefits could have been sustained if there was no disruption during implementation (due to nets shortage, reporting tools shortage,...)**

# Successes

- Partners supportive of the strategy
- Availability of strategy tools: guidelines, reporting tools, commodities, etc.
- Relative decrease of malaria cases when distribution was ongoing
- A good acceptance level of the strategy by beneficiaries
- Acceptance and ownership of the strategy by CHW
- Strong community health workers network

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# Major challenges (1/2)

**Kick off  
related  
delays**

- Approval of the guidelines delayed
- Delay in securing warehouses at district level
- Delay caused by the rehabilitation of health facilities warehouses (because no budget for equipment)
- Delay in setting the reporting system in DHIS2 platform
- Low ownership of the strategy by the operational level
- Resistance to changes by the health facility workers


**Consequence: Postponement of the evaluation**



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## Major challenges (2/2)



Ongoing  
interruption of  
strategy  
implementation

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Weakness in  
coordination of  
the strategy



- ✓ Lack/inconsistency of data
- ✓ Stock out of management tools (voucher, household cards, ...)
- ✓ Lack of data analysis for decision making and information sharing at operational level
- ✓ Lack of coordination budget at the operational level
- ✓ Supervision by the operational level was not carried out

# Recommendations

- ✓ The key activities such as development of implementation guidelines, the assessment of the warehouse facilities, etc. must be carried out simultaneously, as well as setting up the platform for reporting
- ✓ Strengthen advocacy and social mobilization activities at all levels to ensure buy in
- ✓ Establish close coaching of health facility workers specially in the first months of the strategy
- ✓ A strong focus on data management and data quality to ensure successful supply chain system management
- ✓ Plan a budget for coordination activities and carry out coordination meetings at all levels

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# Conclusion

- The continuous distribution of ITNs via the community channel is a good strategy to maintain a universal ITN coverage in households.
- Continuous community net distribution is not a mini mass campaign: to achieve the goals, robust preparedness and robust coordination are critical in an ongoing manner.
- All stakeholders have to be onboard to protect our population against malaria.
- It is important to strengthen the community health workers network for close monitoring and sustainable impact.
- Continuous distribution is not an unlimited funded strategy; strong oversight is still required

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# Key stakeholders

- ✓ Central level (NMCP and partners)
- ✓ Provinces and districts management teams
- ✓ Health Facility staff
- ✓ Community Health Workers
- ✓ Location administration



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