

# Evaluation of the Routine distribution system and key next steps for strengthening the channel

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# PLAN

- ***Routine challenges***
  - ***Supply chain challenges***
  - ***Facility-Level Practices & Quantification challenges***
  - ***Monitoring and evaluation challenges***

# Mechanisms for Routine distribution of LLINs in Cameroon



Distribution of LLINs to **pregnant women** during antenatal care;



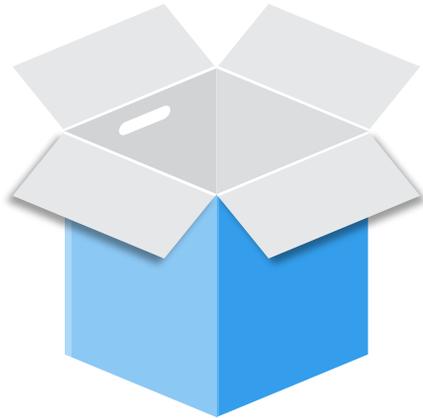
Distribution of LLINs to **children under one year of age** through immunization services;

Distribution of LLINs to **primary school children**;

Distribution of LLINs to **residents of public and private facilities** for children in distress;

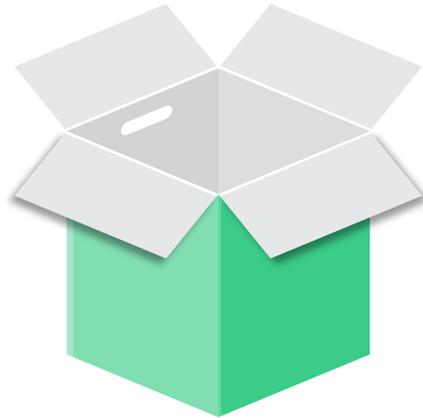
Distribution of LLINs through **social marketing**.

# Source of supply for routine LLINs in Cameroon



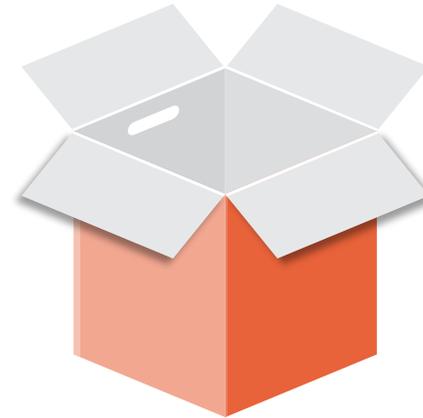
Global Fund

Aligned with the three-year grant, but often funded for only two years.



PMI

Far North and North regions .



State

rarely available due to lengthy procurement procedures.

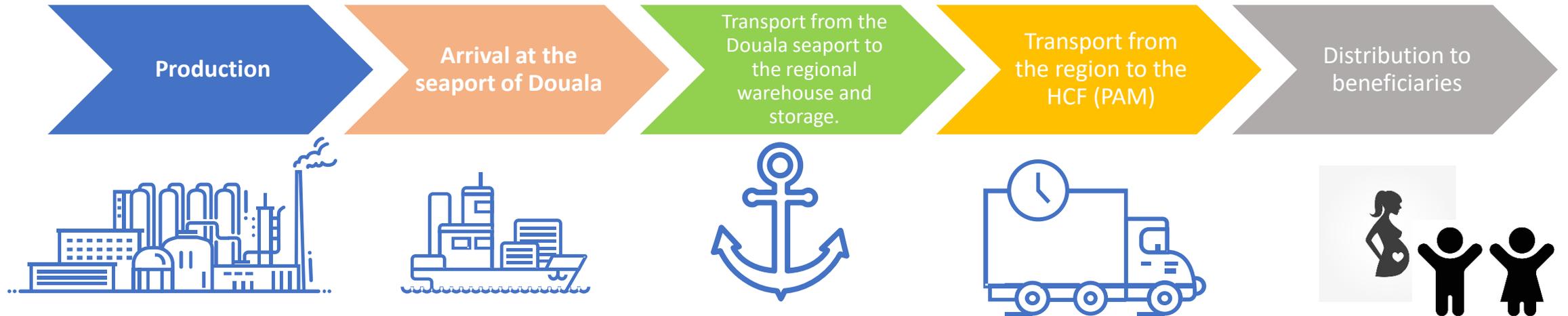


UNICEF and Others

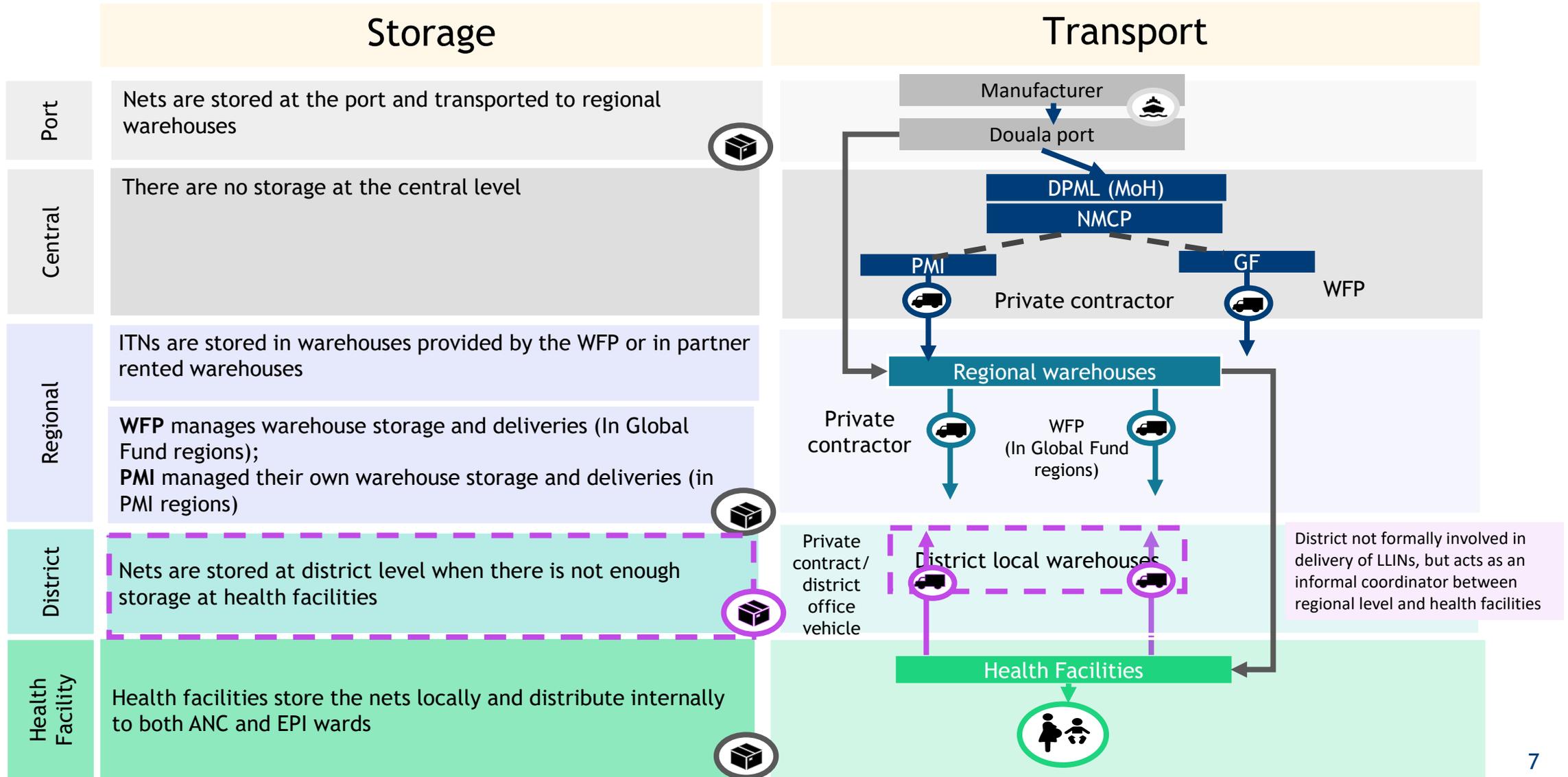
One-off distribution, usually in response to crises and disasters .

# Supply Chain Challenges

# Routine MILDA Supply Chain



# Landscaping of supply, storage and transport systems (1)

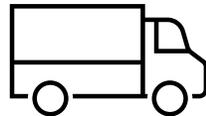


Supply chain and transportation constraints, combined with limited distribution funding, affect stock availability

### Supply Chain: Transport

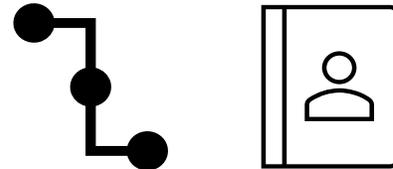
- Transport from district warehouse to facilities is not donor-funded; facilities or districts pay.
- Transport is informal and inconsistent, with no clear responsibility assigned.
- Last-mile transport is unfunded

- **Rainy season inaccessibility** in some regions
- PMI withdrawal left gaps, slowing redistribution in **North and Far North**

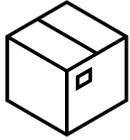


### Financing and Procurement

- Funding, payments, and budgets are not clearly reported at facility or district levels.
- Procurement is handled nationally, but transport and distribution costs are often unfunded, creating a major bottleneck.



# Storage conditions



## Supply Chain: Storage

- Nets rationed or smaller quantities of LLINs picked up due to limited storage
- ANC/EPI nets often stored/mixed together → confusion and risk of missing a target group
- **District involvement varies** across settings and storage exists only in some locations

# Limited net storage can lead to improvisation and mixing with other commodities

LLINs are stored in multipurpose rooms that also serve as patient areas

Office net storage in a facility in Centre region



Nets being stored at a district office storage room



LLINs are stored together with other items or in areas that offer limited protection, which may not fully align with guidelines

Regional storage facility at a regional delegation's office



Several facilities, however, demonstrated strong compliance, with LLINs properly packaged and stored according to national standards.



# Facility-Level Practices & Quantification

## Weak respect for the distribution strategy

### System Structure & Management of Routine Distribution

- Supply and demand don't always match.
  - Sometimes due to population changes (e.g., IDPs) or estimation challenges.
  - Estimates can be less accurate in areas with displacement or high fertility.
- Redistribution of stock is limited.
  - No formal system to move surplus to facilities with shortages.
  - Transport and multiple approval steps can delay redeployments.

### Net Distribution Practice

#### Facility approaches to distribution vary

- Some follow strict 1st ANC visit policies, even for transfers.
- Distribution often depends on daily intake, which can cause shortages if population shifts occur.
- Guidelines and practices are interpreted differently across facilities and regions, including requesting nets and reporting shortages.

# Quantification system

## Quantification

The system is a **centralised, push-based system** with regional coordination

DHIS2 data are used to evaluate the monthly consumption of health facilities

## Replenishment

Requests by facility staff made to the district → district sends the request to the region → redeployment requires regional level validation and sign off

National stock exists, but redeployment, transport & quantification bottlenecks create ruptures

## Stockouts

**Frequent**, particularly in insecure or hard-to-reach areas

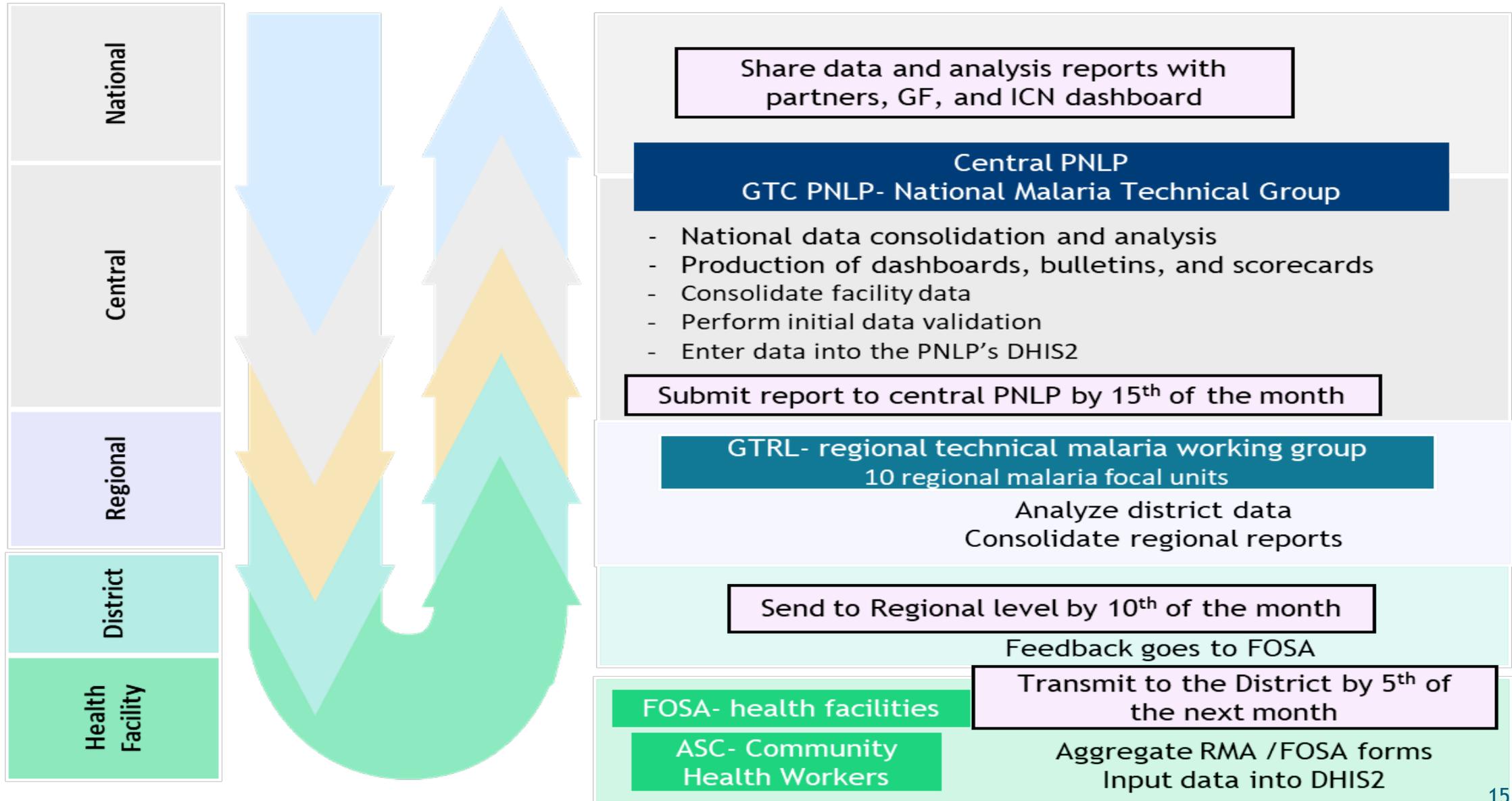
Frequent in the Far North and North regions since PMI withdrawal

## Stockouts were linked to

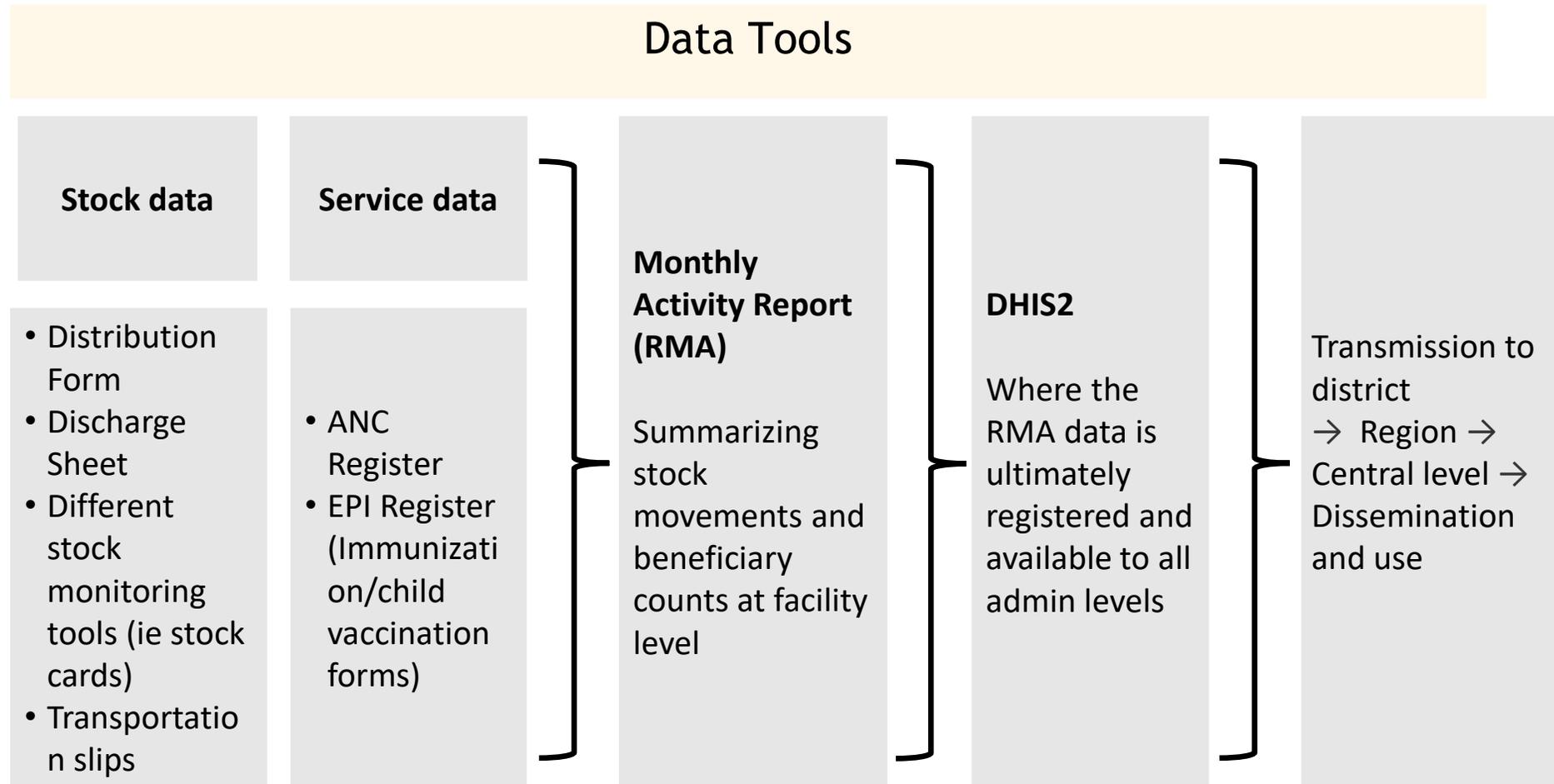
1. **Allocations below expressed need**
2. **Delays in authorization for redeployment**
3. **Transport costs that facilities & districts could not cover**
4. **Insecurities and road conditions limiting deliveries.**

# Data Systems, Management, and Reporting

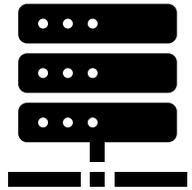
# Data Flow



Multiple types of paper forms are in use for routine distribution



# Enhancing guideline adherence and regular data review to improve data quality



## Data Management

- EPI registers often lack LLIN columns. when harmonized register is not used, making child distribution hard to track
- Paper-to-DHIS2 data entry causes discrepancies
- Staff turnover, poor connectivity, and limited data training cause errors and delays
- Reporting practices and data completeness vary widely across facilities

## Training and Supervision

- Low proportion of staff trained in EPI distribution (this situation is exacerbated by staff turnover)
- **Training sessions are often integrated** and do not contain specific training on RD
- Irregular supervision, due to funding constraints



# Recommendations were workshopped and iterated upon with regional, central and subnational partners

<b>Supply Chain, Storage, Transport</b>	<ul style="list-style-type: none"> <li>• Create or expand on a <b>planning distribution tool</b> for LLIN distribution after procurement in country</li> <li>• Finance <b>district warehouses</b> or support smaller <b>storage upgrades at facility level</b></li> <li>• Provide funding for <b>last-mile transport</b> to HFs.</li> <li>• Establish a dedicated, funded line for net redeployment within the annual operational plan</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Develop national <b>guidance on catch-up eligibility</b> (children &gt;9 months, women post-delivery), increase relevant training + add simple SOP/flyer or manual in HF to improve routine distribution</li> <li>• <b>Strengthen supportive supervision</b> to improve feedback loops btw national ↔ district ↔ facility levels</li> <li>• <b>Increase training</b> especially for EPI distribution and on data management</li> <li>• Develop E-learning modules for LLIN management, integrated into national digital training</li> <li>• Introduce regular review meetings for adjusting allocations based on data trends</li> </ul>
<b>Data Management</b>	<ul style="list-style-type: none"> <li>• Invest in user-friendly, <b>digitized tools</b> for stock and distribution tracking, DHIS2 enhancements</li> <li>• Simplifying paper stock cards; reducing duplicative forms</li> <li>• <b>Add LLIN columns to EPI registers</b> to standardize reporting and streamline stock-card system</li> <li>• Support hybrid <b>quantification models</b> combining DHIS2 consumption, service data, and local facility input</li> </ul>
<b>Community Initiatives</b>	<ul style="list-style-type: none"> <li>• Pilot <b>CHW RD policy for small catch-up stocks</b> for hard-to-reach areas/emergencies at regional level</li> <li>• Finance mobile/ outreach clinics in insecure/remote areas.</li> <li>• Leverage CHWs' census and referral data for better quantification of ITN needs +increased CHW training</li> <li>• <b>Ensure performance-based incentives</b> (ie: airtime or transport stipends)</li> </ul>

**Thank you for your  
kind attention!**

