

---

# Continuous distribution of LLINs: a guide to concepts and strategy

Kate Kolaczinski  
Consultant



# Development

- **Funded by Networks**
- **Developed and reviewed by CDWS**
- **Practical review**
  - Orientation on the tool given to Ghana, Kenya and Nigeria NMCP personnel and partners during a meeting in Nairobi
  - Teams used the guide to support development of draft continuous distributions strategies
  - Comments on the content and structure fed into final modification

# Overview of the document

## Purpose

- A tool to help national programmes maintain high ownership of LLINs through development of continuous distribution strategy

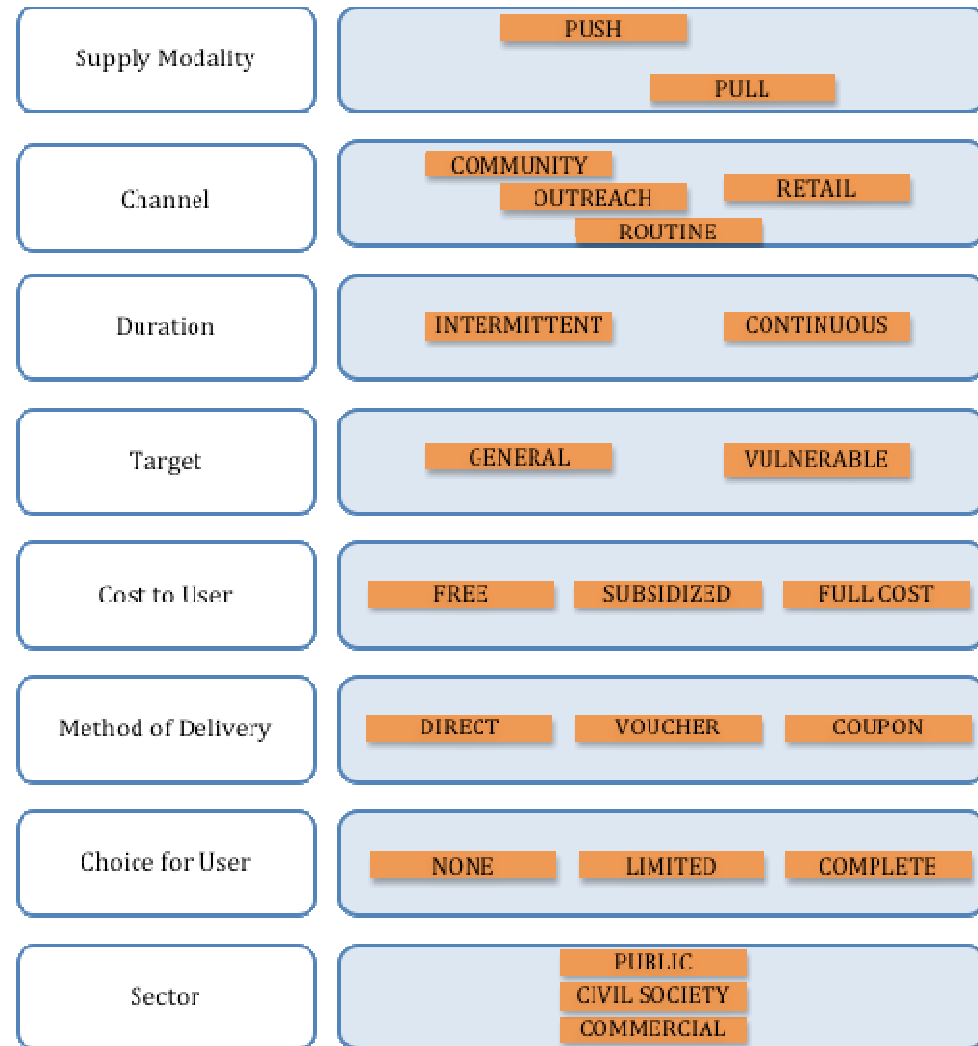
## Overall structure

- Part 1: Background and introduction
  - Including: targets, how to use, rationale for continuous distribution
- Part 2: Overview of continuous distribution mechanisms
- Part 3: Step by Step guide to developing a continuous distribution strategy
  - NetCalc tool to be used alongside
  - Section includes guidance on where to find possible monitoring and evaluation and research needs as well as where to find support

## Part 2: Overview of continuous distribution approaches

### *Descriptive framework*

**Figure 1. Framework for describing LLIN distribution mechanisms.** For each criteria in the left hand column the available options are shown in orange boxes in the right hand column. Note that within any one criteria overlapping orange boxes indicate that the options can co-exist. Taken from (and adapted slightly) Kilian *et al.*, 2009.



## Part 2: Overview of continuous distribution approaches

### Overview table

Mechanism	Summary	Criteria for success	Potential effect on ownership and access	Equity	Cost of LLIN to user and Mode of delivery	Provider cost	Country experience
<b>Push Mechanisms</b>							
<b>ANC</b>	<p>The LLIN is given to pregnant women at their 1<sup>st</sup> ANC visit, with counseling and advice on LLIN use included as part of the ANC session.</p> <p>LLIN supply chain management, data collation and reporting, management and supervision of the system may be integrated with other health service activities or separate.</p> <p>The relative role of different sectors can vary. In some settings the public sector and civil society work in partnership, in others a three-way partnership including the commercial sector in a distribution and supply chain management role have been seen (e.g. Mozambique).</p> <p>Some models have provided the LLIN directly to beneficiaries; others have used vouchers. Coupons could also be used.</p>	<p>Functioning health facility (including ANC) network, run by any sector.</p> <p>Good distribution system and supply chain management to avoid stock outs.</p> <p>Good access to ANC.</p> <p>Good awareness of LLIN availability and belief in their benefits.</p>	<p>Low to medium.</p> <p>Turnover is linked to the % of the population that are pregnant at any time (~5%) and the % of these that attend ANC (generally good, 60% or more in most countries).</p>	<p>Free LLINs will be more equitably accessed than those sold.</p> <p>Equity is linked to equity of access to ANC which may not be equal.</p>	<p>Free or subsidized to variable rate.</p> <p>Can be direct, voucher or coupon.</p>	<p>Highly variable based on setting and model used.</p> <p>Transport costs are often a major driver of overall costs.</p>	<p>Many including: DRC, Benin, Burkina Faso, Eritrea, Ghana, Kenya, Malawi, Mozambique, Somalia, Tanzania, Uganda, Zambia</p>

#### Other mechanisms described in the table:

- Push mechanisms: EPI, Schools
- Pull mechanisms: Commercial sector, Social marketing
- Combination mechanisms: Community groups, Voucher systems

# Part 3: Guide to planning a continuous distribution strategy

## Strategy matrix

Strategy Matrix: for completion as you work through Steps 1 – 4.

**STEP 1:**  
See text on page 35. Add to list of groups as appropriate.

**STEP 2:**  
See text on page 35. Whilst working through Table 3 make tick marks for each delivery channel that is appropriate for your country. Put the tick marks against the rows where you think they will be feasible or appropriate for that population group.

**STEP 2:**  
This will also be completed whilst working through Table 3. For each population sub group write in what is the best option from each column heading.

Country area or population sub group	APPROPRIATE DELIVERY CHANNELS							CHOICES FOR DELIVERY MECHANISM DESIGN			
	A	B	C	D	E	F	G	H	I	J	K
	ANC	EPI CWC/NID	Outreach	Schools PRI, JHS, SHS	Retail	Social Marketing	Community Groups CBOs, FBOs	Free or Sold <i>(Sold can be either subsidized or full cost)</i>	Direct, Voucher or Coupon	Targeted or General	Intermittent or Continuous
Urban	X(F,D,T,C)	X(F,D,T,I)		X(SF,D,G,I)	X(SF,D,G,C)						
Rural	X(F,D,T,C)	X(F,D,T,I)	X(F,D,T,C)	X(SF,D,G,I)		X(SS,D,G,C)	X(SS,D,G,C)				
SES	X(F,D,T,C)	X(F,D,T,I)		X(F,D,G,I)							
HIGH Dx BDN	X(F,D,T,C)	X(F,D,T,I)	X(F,D,T,C)	X(F,D,G,I)			X(SS,D,G,C)				
HTRAs	X(F,D,T,C)	X(F,D,T,I)	X(F,D,T,C)	X(F,D,G,I)		X(SS,D,G,C)	X(SS,D,G,C)				

**STEP 3.**  
After using the LLIN-tool to consider the best mix of distribution approaches to meet your LLIN need, cross out the delivery channels that you do not plan to use in any particular area.

**STEP 4.**  
Review the mix you have now. If any sub groups will not be reached using this mix then consider reinserting small targeted distribution approaches to reach these groups.

The end product will be a matrix showing which delivery channels you plan to use in which areas and some of the choices for the more detailed design of the delivery mechanisms. You can use this when documenting your strategy mix and as a reference when designing the implementation plans for the delivery mechanisms.

# Part 3: Guide to planning a continuous distribution strategy

## Decision table

No.	Question	Answer	Guidance
1	Is health facility access fair to good in some or most areas of the country?	YES	Consider health facility based channel for inclusion in the strategy. ➤ <b>Go to Question 2</b>
		NO	Consider omitting health facility based distribution from the strategy. ➤ <b>Go to Question 3</b>
2	Is ANC uptake fair or good in some areas of the country? Or, if not, do you consider there is potential for uptake to be increased with the availability of free LLINs?	YES	Consider ANC distribution as an option for inclusion in the strategy. Check 'ANC' in the strategy matrix against the country areas or population subgroups that you think will be able to access this channel. ➤ <b>Go to Question 3</b>
		NO	Consider omitting ANC distribution from the strategy. ➤ <b>Go to Question 3</b>
3	Is EPI uptake fair or good in some areas of the country? Or, if not, do you consider there is potential for uptake to be increased with the availability of free LLINs?	YES	Consider EPI linked distribution as an option for inclusion in the strategy. Check 'EPI' in the strategy matrix against the country areas or population subgroups that you think will be able to access this channel. ➤ <b>Go to Question 3</b>
		NO	➤ <b>Go to Question 3</b>
4	Would it be practical for health facilities or community groups to conduct LLIN distribution as outreach activities? (Consider logistics and previous experience of running outreaches; has it been possible to maintain outreach activities previously?)	YES	Consider outreach distribution as an option for inclusion in the strategy. Check 'Outreach' in the strategy matrix against the country areas or population subgroups that you think will be able to access this channel. ➤ <b>Go to Question 3</b>
		NO	Consider omitting outreach activities from the strategy. ➤ <b>Go to Question 3</b>

- 17 questions taking planners through a consideration of the context and listing all potential appropriate mechanisms
- Once all possible appropriate channels are identified the document gives guidance on prioritization and then guides them in the use of NetCalc to examine which mix will best fit their context

## Dissemination plans

Product	Target Audience	Channels
Strategic Guide	<ul style="list-style-type: none"><li>✓NMCP managers</li><li>✓GF proposal writers</li><li>✓Planners</li><li>✓NGOs</li><li>✓PMI teams, USAID missions</li><li>✓WHO NPRs</li></ul>	<ul style="list-style-type: none"><li>✓SRN presentations</li><li>✓Executive summary email, print, web</li><li>✓Web documents in RBM, VCWG, NetWorks, MC, Swiss TPH, PSI, LSHTM, IFRC</li><li>✓Distance Training module</li></ul>

Name of the Event, followed by the date





## Acknowledgements

- Development was funded by the USAID NetWorks project.
- We thank the following for extensively reviewing and commenting on a number of drafts of the document:

*Matthew Lynch (NetWorks), Albert Kilian (Malaria Consortium, NetWorks), Kojo Lokko (NetWorks), Hannah Koenker (NetWorks), Sarah Hoibak (WHO), Jayne Webster (LSHTM), Lucy Paintain (LSHTM), George Greer (USAID), Tim Piper (MEDA), Mary J Kante (Independent Consultant), Megan Fotheringham (USAID), Michael MacDonald (USAID), Don de Savigny (Swiss THI).*

- We thank the participants from Ghana, Nigeria and Kenya's National Malaria Control Programmes and their partners for useful feedback following a practical review of the guide in Nairobi.