Continuous LLIN Distribution in Pakistan: Strengths and Challenges

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Directorate of Malaria Control: M/o National Health Services-Pakistan
Top Priority Diseases of Pakistan

Malaria is the 2nd most prevalent and devastating disease in the country

- Malaria: 16%
- Diarrhoea: 15%
- Dysentery: 8%
- ARI: 51%
- Scabies: 7%
- Others: 3%
Pakistan: District-wise Malaria Endemicity 2013/14

Highly Endemic: API: >5
Districts: 34
Pop: 19.9 M (9.5%)
National Malaria Control Strategy

- **Malaria Control** is one of top priority areas in National Health Policy (2009)

- **National Malaria Control Strategy** based on;
  - Early Diagnosis & Prompt Treatment
  - Multiple Prevention (IRS, LNs, LSM etc)
  - Epidemic Preparedness
  - Behavior Change Communication (BCC)
  - Partnership Building

- Goal: Reduction of malaria burden by 60% in till 2020 using the baseline of 2010 (API: 0.88)
Use of Long Lasting Insecticidal Nets (LLIN) in Pakistan

- Use of LLINs has become a major vector control intervention since 2006/07
- About 8.7 M (94.3% polyester-made, rectangular shape) LLINs have so far been distributed through:
  - internal (public) & external (GFATM/UN Agencies) resources
  - using multiple distribution channels (community-based distribution, ANC services, special campaigns etc)
- Revised National Strategy for LLIN program focusing “Universal Coverage” supported by Contiguous Distribution (CD) approach
- 2015-17, another 4.9 M LLINs will be distributed through TGF under NFM
National Strategy for LLIN (CD) in Pakistan

• Developed 2007 & Up-dated 2012

• Provide all *Strategic Direction & Operational Mechanism* to ensure equitable distribution of LLINs to achieve national target of *Universal Coverage*

• Mainly strengthen the capacities of program at all level for better management of LLIN program which includes;

  ➢ *Defining roles and responsibilities*
  ➢ *Comprehensive need assessment*
  ➢ *Detailed micro-planning based on demographic assessment*
  ➢ *Beneficiary identification, registration*
  ➢ *Timely procurement & distribution*
  ➢ *Supervision*
  ➢ *M&E and Impact Assessment*
Salient Features of National Strategy 2012

• Free of cost distribution of LLINs to cover all population in target areas (1 LLIN/2 individuals)

• Coupon-based “Mass Distribution: Achieve high & equitable coverage”

• Supported by Continuous LLINs Distribution (CD)” approach: Maintain desire level using following multiple channels;
  - Community-Based Distribution using Lady Health Workers (LHWs), community representatives and volunteers
  - ANC Services
  - Special campaign
Salient Features of National Strategy 2012 (Cont...)

- Development of community-based “Distribution Outlet” within existing health system which includes:
  - Basic Health Units (BHU)
  - Rural Health Centers (RHC)
  - Mother & Child Health (MCH) centers
  - Private Clinics etc

- In case of scarcity of available LLINs, “Priority” will be Children <5 and PW

- Free of cost replacement of in case lost/damage (Replacement Strategy)

- Focused BCC/advocacy campaign before & after distribution of LLINs for enhanced utilization and proper maintenance
Provision of LLINs to ALL affected population during emergency (natural disaster, IDPs etc) in malaria endemic areas through special campaign. However, in case of such emergencies in low endemic areas, Children <5 and PW will be prioritized for LLINs.
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Signature of voucher distributor

Signature of outlet Incharge

Signature of voucher distributor

Signature of voucher distributor

Signature/Thumb of Beneficiary
### Continuous LLINs Distribution & Coupon-Management

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- To get LLINs, the beneficiary will produce these two parts of coupon at dist. outlet along with copy of NIC.
- The incharge outlet will keep the Yellow one after getting signed/thumb impression & will provide required number of LLINs.
- Green part will be handed over to beneficiaries after signing by Incharge of outlet.
Continuous LLINs Distribution & Coupon-Management

- Beneficiary will keep these Green parts at home for later M&E of distribution program.
- In case of damage of loss of LLINs, it will be replaced ONLY after the presenting this portion of Coupon (REPLACEMENT STRATEGY).

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Name & designation of voucher distributor: .............

Signature of voucher distributor

Signature of outlet Incharge
Strengths of NMCP for LLIN Operation

• Program has well-defined National LLINs Distribution Strategy 2012

• In light of lesson learnt;
  ➢ Revision of National LLINs distribution strategy 2014 (Final Draft)
    o Addition of School-Based distribution (Planed 2015 onward)
    o EPI services

• Revision of training modules and user guidelines (Final Draft)

• Well established infra structure (Dist. outlets = 662 + 56 = 718)

• Trained & motivated Human resource
  ➢ Community-base Lady Health Workers (N=130,000)
  ➢ Malaria Personal (Up-to Grass root level)
Strengths of NMCP for LLIN program (Cont …)

- Resource availability for 100% coverage of target population of 23 districts with LLINs under New Funding Model of TGF (n=4.9 M LLINs)
- Inclusion of LLINs in new National & Provincial Strategic Plan (2015-2020)
- Maintenance of good coverage
- Availability of:
  - National Annual Workplan
  - Need Assessment
  - National M&E Framework & Impact Assessment
  - Development of new Recording and Reporting Tools
  - Development of “Guidelines for Use of LLINs at Community-level” in local languages
  - Promotion and support of Private Sector for local manufacturing of LLINs (TANA Netting)
Strength of Program: Government Commitment

**Government**

- **Regular Budget**
  - 3-4 Million USD/Year
  - Pays & Allowance including Operational & Non-Operational cost

- **PSDP support**
  - Federal PC-I = 5.6 M USD
  - Provincial PC-Is = 10 M USD

- **Global Fund Support**
  - GF (Rd-7, 2008-11): 21.5 M USD
  - GF (Rd-10, 2010-13): 50.0 M USD
  - GF (NFM 2015-17): 42.0 M USD
Challenges

- Political influence for procurement and distribution
- Policy barrier for involvement of LHWs
- Technical and managerial capacities of program at all levels
- Lack of designated storing facilities in public sector
- Sub-optimal use practices of communities
- Authority conflicts
- Control of malaria in bordering districts
Thank you All

Healthy Pakistan is Our Prime Mission