Republic of Malawi

Ministry of Health

NATIONAL MALARIA CONTROL PROGRAM

A Report on Mass Distribution Campaign of Long Lasting Insecticidal Treated Mosquito Nets in Malawi

September 2012
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<tr>
<td>AMP</td>
<td>Against Malaria Prevention</td>
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<td>Centers for Disease Control and Prevention</td>
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<td>Community Health Sciences Unit</td>
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<td>District Health Management Team</td>
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<td>District Health Officer/District Health Office</td>
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<td>DMO</td>
<td>District Medical Officer</td>
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<tr>
<td>HSA</td>
<td>Health Surveillance Assistant</td>
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<td>IPT:</td>
<td>Intermittent preventive treatment</td>
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<td>IRS:</td>
<td>Indoor residual spraying</td>
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<td>ITN:</td>
<td>Insecticide-treated mosquito net</td>
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<td>LA</td>
<td>Lumefantrine/Artemether</td>
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<td>Local Funding Agency</td>
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<td>LLIN:</td>
<td>Long-lasting insecticidal net</td>
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<td>MoH</td>
<td>Ministry Of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NMCP</td>
<td>National Malaria Control Program</td>
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<td>NMS:</td>
<td>National Malaria Strategic Plan</td>
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<td>NSO:</td>
<td>National Statistics Office</td>
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<td>President’s Malaria Initiative</td>
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<td>RBM:</td>
<td>Roll Back Malaria</td>
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<td>SARN</td>
<td>Southern Africa Regional Network</td>
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<td>UAC</td>
<td>Universal Access Campaign</td>
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<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<td>Voluntary Pool Procurement</td>
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FOREWORD

The Burden

Malaria continues to be a major public health problem in Malawi and is one of the major causes of morbidity and mortality especially in children under the age of five years. With approximately six million suspected cases treated each year, malaria is the number one cause of morbidity and mortality in Malawi. It is responsible for about 40 per cent of all hospitalization in children below five years and 34 per cent of all outpatient visits in all ages. Children less than five years constitute about 50 per cent of the total suspected malaria cases and nearly 60 per cent of all hospital deaths in children under five are due to malaria and anemia.

According to the 2010 Malaria Indicator Survey (MIS), the malaria parasite prevalence rate by slide microscopy is 43 per cent nationally, and severe anaemia prevalence (haemoglobin concentration <8g/dl) is 12.3 per cent in children under five years of age.

With an all-year round transmission in almost all areas, malaria is highly endemic in Malawi. Transmission rates mostly peak during the rainy season between the months of November and April especially in low-lying areas with high temperatures. *Plasmodium falciparum* sp. is responsible for about 98 per cent of malaria infections and the remaining percentage is constituted of *ovale malariae* and *vivax* and the primary mosquito vectors are Anopheles *funestus*, *A. gambiae*, and *A. arabiensis*.

In Malawi, an estimated 80 per cent of the population lives in rural areas with poor access to essential health services and economic activities. The burden of the disease is, therefore, heavily felt the most by vulnerable populations in rural areas, i.e. children and pregnant women due to poor access to health facilities, low stock levels of malaria commodities and a very high patient-Health Care Worker ratio.

A preventable disease

Malaria is preventable and treatable. Scientific evidence shows that mass distribution campaigns aimed at scaling up coverage of the at-risk population promptly with long-lasting insecticide-treated nets (LLINs) are effective in reducing the malaria mortality and morbidity burden.

The government of Malawi through the Ministry of Health and its partners are committed to controlling and preventing malaria in the country. As part of malaria control strategies, the ministry identified vector control and management as one of the critical interventions. One of the activities under this strategy is provision and promotion of the use of Long Lasting Insecticides treated Nets (LLINs). Using this strategy as guidance, the Ministry together with partners conducted countrywide mass distribution of 5,464,000 LLINs between January and June 2012.

We are hopeful that concerted efforts that were done in implementing the nationwide LLINs Mass distribution campaign enabled Malawi to significantly increase the number and utilization of LLINs thereby reduce the health and socioeconomic burden of malaria. Finally, we are hopeful that concerted effort in implementing LLINs mass distribution countrywide was a success.
ACKNOWLEDGEMENT

The Ministry of Health is indebted to many individuals and organizations without whose support and collaboration the implementation of the Long Lasting Insecticide treated Nets mass distribution campaign and development of the report would not have been possible. We are grateful to The Global Fund, President’s Malaria Initiative, Against Malaria Foundation, Malawi Red Cross, Concern Universal, Millennium Village Project, Alliance for Malaria Prevention, Southern Africa Network through Roll Back malaria (RBM) and World Health Organization for the financial and technical assistance provided before, during and after the LLINs mass distribution campaign.

We greatly appreciate the contributions of participants at all levels of planning and implementation of the LLINS mass distribution campaign. The District Health Officers, consultants, supervisors at all levels, District Executive Committee members, Health Surveillance Assistants, Community Health Volunteers, Village heads and not forgetting the entire community that benefitted in receiving the LLINs and most of them did provide important insights into the implementation of the campaign. Finally, we thank the report formulation team comprising of: Dr S. Kabuluzi (Director of Preventive Health Services), Doreen Ali (Deputy Director of Preventive Health Services - Malaria), Wilfred Dodoli (WHO), Mrs. Trinity Kubalasa (ZODIACK), John Chiphwanya (NMCP), John Zoya (NMCP), Gomezgani Jenda (USAID), Clifton Gondwe (NMCP) Misheck Luhanga (NMCP), Patrick Phiri (Malawi Red Cross) and Jones Labana (Population Services International).
1.0 INTRODUCTION

This report outlines the activities and results of the mass distribution of Long Lasting Insecticide-treated Nets (LLINs) that was conducted between June 2011 and June 2012 in Malawi. The Ministry of Health through the National Malaria Control Program (NMCP) and its partners conducted the Universal Access Campaign (UAC) of free LLINs that started from June 2011 and ended on 30th June, 2012. This campaign distributed a total of 5.6 million LLINs countrywide.

The aim of this campaign was to attain universal access to LLINs national wide, which was defined as one net per 1.8 persons. It was anticipated that by increasing the LLIN coverage, household utilization of LLINs would increase as well. Universal Access to LLINs is one of the strategies outlined in the National Malaria Strategic Plan 2011-15 to reduce malaria transmission among all Malawians.

The NMCP and its partners had conducted mass distributions of Insecticide Treated Nets (ITNs) in 2006 targeting the poorest of the poor households. A total of 660,000 ITNs were distributed across the country. In 2008, the NMCP and its partners also targeted pregnant women and under-five children that were not able to receive the ITNs during routine distributions in health facilities across the country and a total of 1,100,000 ITNs were distributed. Drawing from these experiences as well as execution of other limited campaigns like mass immunizations at district level, Malawi was prepared to implement a nation-wide universal access campaign.

This report highlights critical areas that were integral to the implementation of the campaign. These areas include preparatory activities, advocacy and social mobilization, logistical and programmatic arrangements, procurement and delivery of LLINs, actual distribution of LLINs to beneficiaries, documentation of successes, challenges and lessons learnt and finally recommendations.
2.0 BACKGROUND

The RBM recommends that the more you increase coverage of LLINs to 90% or more, the more you expect a utilization rate of 80% at household level. Various international research studies have shown that correct and consistent use of LLINs is an extremely effective means of reducing malaria-related morbidity and mortality. With a recommendation from the WHO, the Malawi Government, in 2007, changed from the conventional nets to Long Lasting Insecticide treated Nets (LLINs) in all public sector distributions.

Malawi has routinely been distributing free LLINs targeting pregnant women and children under the age of five years in Under-Five and Antenatal Clinics. In addition to the routine system, nets have been distributed through social marketing.

However, according to the 2010 Malaria Indicator Survey, Malawi had low ownership and utilization of ITNs/LLINs. The survey showed that 58% of the households owned at least one ITN, 55% of children under the age of five years slept under an ITN the night before the survey and 49% of pregnant women slept under an ITN the night before the survey. With a disease burden of approximately six million suspected and confirmed malaria cases per year, Malawi needed to adopt universal coverage of LLINs, as recommended by the RBM to reduce the malaria disease burden.

Implementation of universal access campaigns started in 2010 in three districts namely; Likoma, Neno and Mwanza reaching universal coverage. In 2011, three other districts, Salima, Nkhotakota and Phalombe conducted mass campaigns and 510,400 LLINs were distributed but did not reach universal coverage. The 2012 campaign covered the remaining 22 districts and the three districts that did not reach universal coverage in 2011.

2.1 Goal and Objective

The main goal of the universal net access campaign was to have 90% of households owning at least one LLIN and achieve a net utilization rate of 80%. In order to achieve universal coverage, it was estimated that approximately 5.6 million LLINs were required nationwide.

2.2 Financing

Malawi implemented the campaign with financial and technical support from various stakeholders including Government of Malawi through the Ministry of Health, The Global Fund, President’s Malaria Initiative (PMI), Against Malaria Foundation (AMF), Millennium Villages Project, World Health Organization (WHO), Southern Africa Regional Network (SARN) and Alliance for Malaria Prevention (AMP). Various other partners participated in the planning and implementation of the campaign through the National Taskforce, district taskforce and community volunteering.

Against Malaria Foundation (AMF) supported the campaign with procurement and distribution of 230,000 of LLINs worth US$1.15 million in Ntcheu district. Besides supporting the routine LLIN distribution in Health Facilities, PMI through Population Services International, supported the campaign with approximately US$4.5 million to procure and distribute about 630,000 LLINs in Lilongwe Rural.

The Global Fund supported the campaign with US$28,197,218 from the Consolidated Grant Round 2 and 7 and Round 9 Malaria grants. A total of 4,740,000 LLINs were procured through the
Voluntary Pool Procurement (VPP). In addition to the procurement and distribution of the LLINs, the above organizations also supported orientations and social mobilization on registration, distribution and utilization of the LLINs.

3.0 PLANNING FOR THE CAMPAIGN

In order for the campaign to be successful, coordination of all activities and partners, and monitoring of progress against timelines was crucial. There were coordination structures at two levels: national and district for macro and micro planning respectively. The country was divided into four zones namely North, Central, East and South for easy coordination and distribution of nets.

3.1 National Level (Macro Planning)

Coordination effort was focused on the national level to provide a basis for the smooth flow of activities at the district and distribution sites.

3.1.1 Coordination Structures

National Task Force

The national task force was established comprising of MoH and its partners. The main role of the NTF was to oversee the implementation of the process of the campaign. The NTF developed macro plans and ensured timely implementation of the campaign. The members of this committee were, in turn, monitoring district campaign planning and implementation, and resolving bottlenecks arising, to maintain the tight timelines for reaching the RBM 2015 targets. The NTF was also responsible for liaising with international development partners to advocate for additional resources human, technical and financial.

The NTF worked closely with the MoH through NMCP, GFATM, Ministry of Finance (MoF) and the MoH Procurement Unit to track LLIN orders and arrival times because some activities depended on the arrival of the nets. The NTF was responsible for the overall campaign reporting, including lessons learned, through compilation of district reports. Prior to the actual implementation, meetings at national level were taking place every fortnight. In order to track progress of the campaign the NTF developed a detailed road map which acted as a guide.

Sub committees

Two sub-committees were established: logistics and social mobilization. The roles and responsibilities of these sub committees were established to support day to day operations of the campaign. The sub-committees worked closely together, overseen by the NTF, to ensure that timelines and planning were harmonized. The sub-committees tracked progress of the districts and provided any support required for successful implementation.
3.1.2 Orientation

NTF conducted orientation for district executive committee (DEC), personnel from media houses and District Health Management Teams (DHMT). The orientation of the DEC consisting of heads of government department, partners and NGO's at district level and media personnel was done in order to create awareness of the campaign and to woo their support. DHMT's orientation covered logistics, social mobilisation, data collection tools, supervision, management of distribution sites and management of the actual distribution.

3.1.3 Development of guidelines and tools

The NTF in collaboration with Roll Back Malaria, Southern Africa Regional Network (SARN) and Alliance for Malaria Prevention (AMP) consultants developed tools for the campaign. Major tools include implementation guidelines, logistics plan, activities with detailed budget for the campaign and monitoring and tracking tools (see Annex I).

3.1.4 Identification of distribution agents

In view of the magnitude of the campaign, the NTF decided to engage distribution agent(s) that would distribute nets throughout the country. The Ministry of Health through its normal procurement system selected two distribution agents namely: Mulli Brothers and Allied Freight to distribute The Global Fund funded nets. PMI nets were distributed by PSI and AMF nets were distributed by Concern Universal while Millennium Village Project distributed their own nets.

3.1.5 Warehousing

The distribution agents identified regional warehouse one in each zone and NTF conducted assessment to verify the condition and suitability of the warehouses. The Local Fund Agent (LFA) later re-assessed and approved the identified warehouses. PMI and AMF did their own logistics.

The NTF assessed the warehouse to verify the suitability using the following criteria: Overall capacity- Storage facilities with sufficient capacity to hold the total number of LLINs to be received at each level, location, accessibility, condition (dry and protected from weather elements) and proper security (lockable doors, windows, exterior lighting and access control).
3.2 District Level (Micro Planning)

3.2.1 Coordination Structure

At district level the planning process was led by the DHMT and supported by the DEC. The DHMT comprises of District Health Officer (DHO), District Nursing Officer (DNO), District Environmental Health Officer (DEHO), District Malaria Coordinators (DMC), Health services administrator and supervisors. At district level coordination meetings were held once a month.

3.2.2 Orientation

After the NTF oriented the DHMTs, the DHMTs in turn oriented local leaders and community volunteers on awareness of the campaign, their responsibility during registration process and LLIN security during distribution. The district supervisors and Health Surveillance Assistants (HSAs) were oriented on logistics, social mobilisation, data collection tools, supervision, management of distribution sites and management of the actual distribution.

3.2.3 Registration of the beneficiaries

HSAs in collaboration with community volunteers and village heads conducted door to door registration of beneficiaries to determine the number of nets to be distributed per household.

Verification of the household registers was done by the supervisors. If discrepancies were found at this stage, the supervisors were going back to the village in question to resolve the problem. The information collected in each village was compiled into a village summary form, to present a total need for each village. The village summary form included total number of households, total population, number of children, and number of LLINs required for distributions. Numbers of usable active nets was counted in the household as well and was used to determine the number of nets needed per household. The village summaries were compiled into a district summary and shared with the district and NMCP at national level. NTF went around the country and made spot checks in some of the villages.

3.2.4 Identification of distribution sites

Distribution sites were identified by the DHO through HSAs with assistance from local leaders. These distribution sites were identified based on existing service provision structures as well as temporary sites in the community such as EPI mobile clinic sites, churches, Primary schools, market places, health posts and health centres.

A total of 5078 distribution sites were identified throughout the twenty five districts which were earmarked for this campaign.
3.2.5 Warehouse at district level

The DHMT in collaboration with distribution agents identified suitable warehouses which were later verified by the NTF and LFA. Warehouse selection was based on the following criteria: Overall capacity - Storage facilities with sufficient capacity to hold the total number of LLINs to be received at each level, Location, Accessibility, Condition (dry and protected from weather elements), Proper security (lockable doors, windows, exterior lighting and access control).

3.3 Advocacy and Social Mobilization

Advocacy and social mobilization activities began well in advance of, and continued beyond, the LLIN distribution to ensure full engagement and ownership at all levels.

Advocacy at national level began in early 2011 such that all Government Ministries and Departments, partners and stakeholders were well informed of the LLIN mass distributions. Following this advocacy efforts, there was more political will as evidenced by the official launching by the Vice President of the Republic of Malawi.

In addition to engagement of political and administrative authorities at national level, the media was engaged to ensure their participation and support. The media was critical in providing information on the LLIN mass distribution campaign. Media personnel received orientation and a briefing package with correct information about malaria, use of nets and the LLIN distribution campaigns. Messages on details of the campaign were disseminated through press releases, jingles, special programmes and news items. IEC materials such as branded T-shirts and cloth, posters, caps, banners and leaflets were produced and distributed to raise awareness.

At community level, HSAs, volunteers and village criers created awareness on the campaign through community structures such churches, mosques market places, village meeting any other social gathering. On the distribution day, HSAs and village heads gave talks on the importance and use of LLINs.

A poster in vernacular language explaining in simple terms the steps in LLIN utilization and care. These posters were distributed across the country.
4.0 LOGISTICS

The National Task force had two subcommittees namely: Logistics and IEC. The logistics subcommittee included NMCP, implementing NGOs, government agencies and other development partners. This committee was responsible for all logistical issues throughout the campaign period. Logistics was divided into Macro and Micro.

**MACRO** logistics referred to supply chain activities from the LLIN supplier to Zone and then to district level warehousing while **MICRO** logistics implied supply chain activities from district warehouses to distribution site and handover of LLINs to programme personnel, (i.e. HSA)

The transportation of the LLINs from the supplier to the zonal warehouses as well as district warehouses depended on approval from the Global Fund. The approval depended on the suitability of the warehouses at all levels.

4.1 MACRO Logistics Activities

4.1.1 Supplier

The responsibility of the supplier, PSI Washington using the Voluntary Pool Procurement (VPP) mechanism was to deliver the nets from the manufacturer (Arusha, Tanzania) to the designated regional warehouses in Malawi. They were also responsible for safety and ensuring good condition of the LLINs up to the delivery points.

The Logistics sub-committee developed a Logistics Plan of Action (LPOA) with the assistance of three Consultants from AMP and SARN. The supplier followed the roadmap timelines outlined in the LPOA in procurement and delivery of the LLINs. The MoH Procurement Unit provided an oversight of the supply chain. The delivery schedule was based on zonal basis thus completing delivery of nets to one zone before moving to the next one.

4.1.2 Clearing

The clearing agent was responsible for monitoring and reporting on the quality of the LLINs as they arrive in the country and at regional warehouses. If discrepancies in terms of numbers and condition of the nets were noted, the clearing agent was notifying the supplier as well as the NMCP. In turn replacements were made accordingly. The clearing agent was also responsible for tracking of LLINs along the supply chain. The MOH Procurement unit worked with the clearing agent and processed the Tax exemption Letter for approval by the Malawi Regulatory Authority to exempt any customs and excise levies on the LLINs.
4.1.3 Distribution Agents

The major responsibility of distribution agents was to store and distribute nets at zonal and district levels. Specific responsibilities included development of distribution plan, security of nets, documentation of the received nets, transport management that included identification of suitable vehicles, alternative plans in case of breakdowns and fuel shortage. The distribution of nets from the regional warehouses to district warehouses did not wait completion of delivery to all zones.

4.1.4 Delivery system

The distribution agents used tools for tracking LLIN movement within the supply chain after receiving from the supplier to zonal warehouses, districts and distribution sites. These detailed tracking tools included waybill, delivery notes and stock cards.

Transport security was extremely important because the large quantities of LLINs involved in this campaign. Transportation guidelines were developed and followed by distribution agents in order to ensure efficiency, effectiveness, security and avoid leakage during transportation and delivery of LLINS. Mapping of routes and knowledge of the areas were valuable and were used in determining schedule for delivery and type of vehicles from zone levels to district warehouses and distribution sites.

4.1.5 NMCP Logistics

The NMCP was responsible for production and prepositioning of tools and documents, namely, household registers, village summary sheets, district summary sheets, complaint/unmet need sheets, stock cards and tally sheets. The NMCP was also responsible for coordinating all central level payments, organizing fuel and per diems, processing paperwork of all necessary logistical transactions that required MOH Headquarters’ action.

4.2 MICRO Logistics

4.2.1 Distribution Agents

LLIN logistics activities from the districts downward to selected distribution sites, were the responsibility of the distribution agents with collaboration and guidance from District Health Management Teams (DHMT).

Specifically these distribution agents were responsible for storage at zonal and district warehouses, security of the warehouses and transportation of LLINs to distribution points. Standard warehouse procedures were used at all warehouses. A Warehouse Manager was responsible for training their workers in the use of tracking tools to ensure up to date information and record management and management and prevention of fire. They were also responsible for making sure that they have sufficient capacity and personnel for loading and offloading of LLINs.

4.2.2 DHMT Management of LLIN Logistics

DHMT in collaboration with the distribution agents ensured that the districts had the capacity to receive, store and secure the LLINs and that the distribution sites had the capacity to distribute the
nets to the beneficiaries. In addition, they managed the overall logistics operations such as documentation, supervision, coordination and tracking of nets along the supply chain.

5.0 PROCUREMENT AND DELIVERY OF LLINS

The Global Fund contracted PSI Washington through the VPP mechanism to procure 4.7 million LLINs for the campaign. PSI Washington procured the LLINs from Net-Health Company in Arusha, Tanzania. The company was also responsible for the transportation of LLINs from Tanzania to regional warehouses in Malawi.

The first consignment of LLINs was delivered to a regional warehouse in South zone on 5th April 2012 and the last consignment was delivered on 8th June 2012 in Central Zone. After all the processes for mass campaigns were finalised, the LLINs were transported from regional warehouses to district warehouses by the distribution agents. The delivery of nets to the distribution sites was based on distribution plan which was prepared by DHMT in collaboration with distribution agents.

Apart from Global Fund procured LLINs, Against Malaria Foundation (AMF) procured 260,000 LLINs specifically for Ntcheu district. Besides supporting the routine LLIN distribution in Health Facilities, PMI through Population Services International, supported the campaign with 630,000 LLINs for Lilongwe Rural. Millennium Village Project supported the campaign with 15,000 LLINs in Zomba district.

6.0 DISTRIBUTION PROCESS

The initial plan was to start the mass campaign in October 2011 but due to other factors the distribution of LLINs was delayed. AMF funded LLIN distribution in Ntcheu District was done in January 2012. The distribution of PMI funded LLINs was done in June 2012 in Lilongwe Rural while the distribution of Global Fund funded LLINs started in May 2012.

The distribution of LLINs across the country was done in phases starting with the South and East Zones. Following distribution plan designed by DHMT and distribution agents, the HSAs and village heads used village criers to inform members of the village of the date, time and venue for the nets distribution. In addition to use of village criers the information was also passed on through use of churches, mosques and other community gatherings.

There were 5,078 fixed distribution sites that were selected based on existing service provision structures in the community. Any changes to the distribution schedule after the initial announcement, messages were being communicated to beneficiaries using the aforementioned channels.
At each distribution site there was one supervisor, at least one HSA and one volunteer and village heads. The site supervisor was responsible for management and coordination, HSA was responsible for tallying and recording the number of nets distributed and any unmet need, the volunteer was responsible for the actual distribution of nets while the village heads were responsible in identifying beneficiaries, resolving any misunderstandings, and ensuring transparency and accountability. In most communities, community policing members were used to control the crowds during LLIN distribution. This was done on any day of the week while in major cities the plan was slightly different because during the week days most people were at work hence distribution was done during the week ends.

As a demonstration of political will and to increase awareness and utilisation, the Vice President, Right Honourable Khumbo Kachale, who is also the Minister of Health, officially launched the campaign in Chiradzulu District on 29 June 2012. The launch was highly publicised and attended by local and international partners, local leaders and communities. The main message from the Vice President was to encourage the public to utilise LLINs all year round. Symbolic distribution of LLINs was made to registered beneficiaries from a selected village.

The distribution of LLINs by all partners finished on 29 June 2012. However, a mop up campaign to fill the gaps identified during the main campaign has been planned to start in November 2012.

In order to ensure security of LLINs during the distribution exercise, distribution trucks were being escorted by Police in some districts while in some districts arrangements were made with security companies. If a delivery truck did not finish delivering LLINs it was being packed at a nearest Police Station and continued with deliveries the following morning. Communities used community policing members for security once the LLINs reached the distribution sites. In rare cases, if nets were not completely distributed on a particular day, community policing members with support from village heads were guarding the distribution sites until distribution resumed the following morning. There were no reports of thefts and diversions of LLINs throughout the distribution exercise.
During distribution the number of beneficiaries was recored on a tally sheet by the HSA that was designed for this purpose. At each distribution site/ village the total number of beneficiraries was recorded on a site/ village summary distribution sheet (see Annex II). The information from all the site/ village distribution summary sheets was agregated on to the district summary sheet (see Annex III). The information on these summary sheets included total number of households in each village, total population, number of children, number of LLINs distributed and LLIN gap.

7.0 SUPERVISION, MONITORING AND EVALUATION AND OUTCOMES

During registration exercise, HSAs in collaboration with community volunteers were responsible for registration of beneficiaries at household level. These HSAs and community volunteers were supervised by the District Supervisors. Before the commencement of the registration process, the NMCP and partners, oriented all DHMTs at zonal level on the registration process and how to conduct verification process. The DHMT inturn oriented the Supervisors in their respective districts. These Supervisors were oriented on how to conduct registration and verification and they in turn oriented the HSAs and community volunteers. In addition to the above, the DHMTs, supervisors, HSAs and community volunteers were also oriented on how to utilize and report on the various data collection forms for the campaign.

The NTF also conducted spot checks accross the country and provided Technical support and guidance where appropriate.

During the actual distribution of the LLINs, each distribution site was manned by a supervisor who was responsible for supervising the activities of the HSAs and the community volunteers. These site supervisors were supervised by the DHMT. At all levels, supervision was focusing on how the data collection forms were being filled and the quality of the data collected, organization of the distribution and the management of LLIN distribution. Supervision was done using a checklist (see Annex IV).

During the distribution of the LLINs, the HSAs were collecting data on log sheet for complaints/unmet needs forms. These forms were then aggregated at district level and then forwarded to the NMCP. The NMCP used this data to conduct a verification exercise and submitted an LLIN gap to the Global Fund.
The flowchart at the distribution site

The figure below shows the activities that were happening at a distribution site.

8.0 COVERAGE OF THE CAMPAIGN

During the campaign, 5,642,108 LLINs were distributed. Prior to the campaign, registration of beneficiaries was done at household level. In relation to the available LLINs that were based on estimation from National Statistics Office (NSO) census and number of beneficiaries registered, there was a gap of 400,000 LLINs. During the actual LLINs distribution, it was realised that the gap might be wider as some unregistered beneficiaries reported at the sites signifying that some households were missed during registration. In relation to field experience during the LLINs distribution period, it was noted that registration missed some households. As such, the National Task Force agreed to undertake LLINs gap validation exercise in the country.

Immediately after the LLINs universal coverage campaign, the NTF agreed to undertake district visits and collect information on district summary and unmet need sheets. Later, the NTF communicated with the District Health Offices in advance to prepare the district LLINs universal access coverage report in readiness for the task force member’s visit.

8.1 Number of LLINs distributed during the campaign and Net Gap by district

A total of 5,642,108 LLINs was distributed across the country. The figure below shows the number of people that were registered that received an LLIN during the exercise. The figure shows that one LLIN was being distributed to 2.0 people nationally (of those registered). The ratio of net per people ranged from 1.6 in Karonga, Rumphi and Lilongwe districts to 2.4 in Dowa, Blantyre and Zomba.
Coverage of registered households with LLINs was also high with a national coverage of 87%. The range of household coverage ranged from 62% in Balaka to 100% in a few districts. Figure 5.2 shows coverage of households per district.

Figure 5.1: ratio of LLINs per number of people

Figure 5.2: percentage of LLIN per household per district
After the distribution of 5,642,108 LLINs, a gap of 795,576 LLINs was identified and the NTF recommended that a mop up campaign be conducted in November 2012 in order to fully achieve universal coverage preferably before the start of the rains in the next malaria peak season.

A coverage assessment of the campaign has been planned after the mop-up campaign. The assessment will cover; process evaluation, net coverage and utilization.

9.0 SUCCESSES

The NTF made several achievements in this campaign. However, a few successes have been listed below:

• Conducting the campaign itself of such a kind it was a success
• It brought oneness amongst partners with a common goal
• Covering other groups than the only ones targeted before through health facility system.
• Managed to reach 87% of the intended target
• Country has gained experience and capacity for conducting mass distribution campaign national wide
• Managed to woo the support of different partners to take part.

10.0 CHALLENGES

A campaign of this magnitude also meant a lot of challenges. These challenges were encountered at multiple levels. Below is a list of the important challenges that were noted:

• Registration process missed other potential beneficiaries
• The nets were supposed to be distributed just before the transmission period to have the impact of the malaria burden. However due to some delays the campaign was conducted at the end of the transmission period.
• Registration and distribution of LLINs in urban areas was more difficult than in rural areas because most people were not available (at work) on registration as well as on distribution day
• There were inadequate nets to cover all registered beneficiaries
• In major cities and towns which are volatile, inadequate security posed a challenge because people were scrambling for the nets.
• Distribution of nets in households with adults of different sex and cannot share sleeping space posed a challenge in relation to our approach of one net per 1.8 persons
• Beneficiaries lost hope due to delays in distribution process despite several publicity and awareness messages.
• Delay in delivery of LLINs in some distribution points
• Accessibility to some sites was difficult due to inappropriate vehicle allocation and impassable roads
• There was slow delivery of nets from the supplier due to inadequate number of vehicles to transport the nets.
• Use of inappropriate vehicles during transportation of nets from supplier resulted in some nets getting soaked and returned for replacement
• Inadequate readjustments between household registration and distribution

11.0 LESSONS LEARNT

The NTF learnt a number of positive and negative lessons. The most notable ones are listed below:

• Multisectoral approach made distribution work easier
• Distribution of nets during dry season made almost all distribution sites accessible
• Supervision is critical in implementation of the campaign because you were able to solve issues on the spot.
• Inadequate security in urban settings creates disorder resulting into havoc.
• Technical support critical to success of campaign

12.0 RECOMMENDATIONS

The NTF and the NMCP are making the following recommendations following the experience from the Universal LLIN Access Campaign:

• Sleeping space should be considered in order to determine the number of nets needed per household
• Distribution of LLINs in urban areas need to be strategized carefully
• Sensitization and awareness need to be enhanced in communities for effective distribution of nets
• Campaign should target the actual malaria peak period
• Use of appropriate vehicles in net distribution should be seriously taken into consideration

13.0 CONCLUSIONS

Malawi has conducted a mass distribution to cover the whole country for the first time. This has been a successful campaign with coverage of 87% for the households registered and 86% for the households’ coverage.
ANNEXES:
(See attachments)

1. **Annex 1**: Implementation guideline (Roadmap), Logistics Plan of Action and District Tracking Tools.

2. **Annex 2**: Site/Village distribution summary sheet

3. **Annex 3**: District tools

4. **Annex 4**: District Supervision checklist